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REPORT

Promoting Readiness of Minors in Supplemental Security Income (PROMISE): Wisconsin PROMISE Process Analysis Report

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The opinions and conclusions expressed in this report are solely those of the authors and do not represent the opinions or policy of any agency of the state or federal government.

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ACRONYMS AND ABBREVIATIONS

BPDD	Board for People with Developmental Disabilities
DCF	Wisconsin Department of Children and Families
DHS	Wisconsin Department of Health Services
DHHS	U.S. Department of Health and Human Services
DOL	U.S. Department of Labor
DPI	Wisconsin Department of Public Instruction
DVR	Wisconsin Division of Vocational Rehabilitation
DWD	Wisconsin Department of Workforce Development
ED	U.S. Department of Education
ERI	Employment Resources Incorporated
FA	Family advocate
FSP	Family service plan
IDA	Individual Development Account
IEP	Individualized Education Program
IPE	Individual Plan for Employment
IRIS	Integrated Rehabilitation Information System
LEA	Local education agency
MIS	Management information system
PIC	PROMISE intake coordinator
PROMISE	Promoting Readiness of Minors in Supplemental Security Income
RAS	Random Assignment System
SSN	Social Security number
SSA	Social Security Administration
SSI	Supplemental Security Income
SVRI	Stout Vocational Rehabilitation Institute
UW	University of Wisconsin
VR	Vocational rehabilitation
WDA	Workforce Development Area
WI FACETS	Wisconsin Family Assistance Center for Education, Training, and Support
WIOA	Workforce Innovation and Opportunity Act
WWBIC	Wisconsin Women's Business Initiative Corporation

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EXECUTIVE SUMMARY

PROMISE—Promoting Readiness of Minors in Supplemental Security Income (SSI)—was a joint initiative of the U.S. Department of Education (ED), the Social Security Administration (SSA), the U.S. Department of Health and Human Services (DHHS), and the U.S. Department of Labor (DOL) to fund and evaluate programs to promote positive changes in the lives of youth who were receiving SSI and their families. Under cooperative agreements with ED, six entities across 11 states enrolled SSI youth ages 14 through 16 and implemented demonstration programs intended to (1) provide educational, vocational, and other services to youth and their families and (2) make better use of existing resources by improving service coordination among state and local agencies. Under contract to SSA, Mathematica Policy Research is evaluating how the programs were implemented and operated, their impacts on SSI payments and education and employment outcomes for youth and their families (using an experimental design under which we randomly assigned youth to treatment or control groups), and their cost-effectiveness. In this report, we present findings from the process analysis of the first three years of the implementation and operation of the Wisconsin PROMISE program, known as WI PROMISE. The findings are based on data collected through April 2017 via site visits to WI PROMISE, telephone interviews with and social network surveys of program administrators and staff, and the management information system (MIS) that the program's staff used to record their efforts.

The Division of Vocational Rehabilitation (DVR) in Wisconsin's Department of Workforce Development (DWD) was the lead agency for the statewide WI PROMISE program and contracted with many entities to implement it. The program model emphasized (1) early engagement of youth in traditional DVR services; (2) intensive case counseling; (3) engagement of the whole family in counseling and services, including work incentives benefits counseling; and (4) trainings for youth on soft skills, self-advocacy, health literacy, and financial literacy, as well as a training for parents designed to increase their expectations for their children's employment prospects. Contracted service providers delivered the benefits counseling and most of the trainings. WI PROMISE counselors, who were mostly current or former DVR counselors and hired to work exclusively with the treatment group, conducted case counseling, collaborated with participants to develop employment plans, assembled resource teams to support youth in pursuit of their education and employment goals, and referred participants to trainings and other services that could address their individual needs.

In the following sections, we summarize key findings about how WI PROMISE engaged with youth, the services the program provided to them and their families in the first three years of program operations, and the collaborations the program fostered to support its efforts. We also highlight information about the experiences of control group youth that could have implications for the evaluation's impact analysis.

Engaging with youth with disabilities

WI PROMISE enrolled 2,024 youth in the evaluation of the program, 1,018 of whom were assigned to the treatment group. WI PROMISE contracted with Stout Vocational Rehabilitation Institute to recruit individuals into the evaluation of WI PROMISE. The organization adapted its recruitment strategy over time to achieve the program's enrollment target.

Three years into program operations, WI PROMISE had engaged 86 percent of treatment group youth as participants in the program by completing at least one face-to-face contact with them. Midway through program operations, WI PROMISE hired family advocates (FAs) who, among other responsibilities, were tasked with engaging treatment group youth who had not had contact with a WI PROMISE counselor for at least four months (called "cold cases"), and to promote engagement and retention among those who had inconsistent contact with the program. As of April 2017, about 15 percent of treatment group youth were referred to FAs as cold cases and about 28 percent were referred for help with reengagement and retention. With FAs primarily focusing on engagement and retention, WI PROMISE counselors were able to devote more attention to providing intensive, family-centered case management as the program intended.

Services provided to treatment group youth and their families

WI PROMISE intended to deliver intensive, family-centered case management and employment services to treatment group youth and their family members. The program used Individual Plans for Employment (IPEs) to identify the employment services that could help participants meet their employment goals. Those services included employment supports, such as job development and job coaching provided through DVR, as well as work experiences. As of April 2017, WI PROMISE had developed IPEs for 94 percent of program participants, referred three-quarters of participants to DVR services, and facilitated work experiences for 39 percent.

As part of their case management, WI PROMISE counselors facilitated linkages to PROMISE-specific services, including benefits counseling, financial literacy training, parent training, self-advocacy, and soft skills training. They also personally delivered a health literacy training to participants and provided treatment group youth with tablet computers to make it easier for them to complete online trainings and services. As of April 2017, service take-up rates among participating youth ranged from 28 percent for soft skills training to 36 percent for benefits counseling. Additionally, WI PROMISE counselors were expected to develop a resource team for each treatment group youth. Resource teams consisted of representatives from many of the systems and networks with which the youth and family interacted, including school, church, friends, and case workers from other programs. Resource team members would collaborate on an as-needed basis to identify resources and supports for the youth. As of April 2017, about half of participating youth had a resource team in place.

Program partnerships

DWD partnered with the state's Department of Health Services (DHS), the Department of Public Instruction (DPI), and the Department of Children and Families (DCF), and formed two bodies—an executive committee and a steering committee—to provide programmatic guidance and oversight. Staffing the executive committee with the secretaries or superintendent of the program's partner agencies fostered critical buy-in at the highest levels of state government and during the earliest stage of program design; it also helped publicize the program statewide. The steering committee comprised managerial and supervisory staff from DWD, its state partners, and other key WI PROMISE service providers. The steering committee was vital to the creation of program materials, attainment of enrollment targets, and communication of operational decisions to program staff.

The social network surveys revealed that the WI PROMISE partner organizations were able to communicate effectively and on a regular basis throughout the life of the program. However, the WI PROMISE counselors communicated with their frontline staff counterparts at partner service providers more frequently during early implementation of the program than midway through program operations. Data from the site visits showed that such communication most often occurred at the time of a referral, and as needed thereafter. Barriers to communication between the counselors and the service provider staff included the counselor's limited availability (which the counselors attributed to the extensive effort required to work with both youth and family members) and different expectations about the roles and responsibilities of the various staff and organizations.

Services available to the control group and implications for the impact analysis

The WI PROMISE partners reported that counterfactual services—services other than those provided by WI PROMISE—for youth with disabilities and their families varied greatly across the state, but were generally underutilized. Control group youth, their parents or guardians, and other family members could, in principle, arrange a set of services that would include many of the WI PROMISE services or close approximations of them. However, those services would not be coordinated by a single counselor and would likely not be tailored to the needs and circumstances of the entire family. WI PROMISE limited its counselor caseloads to approximately 60 families, rather than the typical 100 or more cases for a traditional DVR counselor, to enable WI PROMISE counselors to provide intensive case counseling. By design, the intensive, family-centered case counseling and individualized employment services that WI PROMISE counselors were responsible for providing constituted the primary distinction between the services available to the treatment group versus the control group. However, WI PROMISE counselors found it challenging to deliver intensive case counseling and employment services because (1) they were serving the entire family unit and thus more people per case, and (2) the needs of the families were so complex that they needed more services to meet basic needs before being ready to address employment goals.

Several changes that occurred in response to or following implementation of the Workforce Innovation and Opportunity Act (WIOA) increased the opportunities for control group youth to receive services similar to those available to treatment group youth. In early 2017, for instance, DVR began prioritizing serving transition-age youth with disabilities and modifying its traditional services to mirror many of those offered by WI PROMISE. For example, DVR began delivering the same soft skills and self-advocacy training as WI PROMISE, adopted the same approach to benefits counseling (offering more frequent, shorter benefit consultations rather than a longer benefit analysis), and trained its own counselors in the delivery of trauma-informed care as it did PROMISE counselors. Following the implementation of reforms in response to WIOA, the number of youth enrolled in the traditional DVR program increased from approximately 1,000 in 2014 to 4,500 in 2016. In addition, PROMISE counselors began transitioning to becoming traditional DVR counselors in the final years of the program; in doing so, they acquired traditional DVR consumers as part of their caseloads, creating the possibility that control group youth who had enrolled in the traditional DVR program could be served by former PROMISE counselors.

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I. INTRODUCTION

PROMISE—Promoting Readiness of Minors in Supplemental Security Income (SSI)—was a joint initiative of the U.S. Department of Education (ED), the Social Security Administration (SSA), the U.S. Department of Health and Human Services (DHHS), and the U.S. Department of Labor (DOL) to fund and evaluate programs to promote positive changes in the lives of youth who were receiving SSI and their families. Under cooperative agreements with ED, six entities across 11 states enrolled SSI youth ages 14 through 16 and implemented PROMISE demonstration programs intended to (1) provide innovative educational, vocational, and other services to youth and their families and (2) make better use of existing resources by improving service coordination among multiple state and local agencies. Under contract to SSA, Mathematica Policy Research is evaluating how the programs were implemented and operated, their impacts on SSI payments and education and employment outcomes for youth and their families (using an experimental design under which we randomly assigned youth to treatment or control groups), and their cost-effectiveness.[1] In this report, we present findings from the process analysis of the first three years of the implementation and operation of the Wisconsin PROMISE program, known as WI PROMISE.

A. Research objectives, data sources, and methods for the process analysis

Given their substantial investment in PROMISE and the pressing needs of transition-age SSI youth and their families, the federal sponsors of this initiative are keenly interested in whether the PROMISE programs were implemented in ways consistent with their requirements.[2] The sponsors had three key requirements for the programs. First, they required that all programs enroll a minimum of 2,000 youth in the evaluation. Second, they required that all programs include four core services that research suggests are the foundation for good transition programs—case management, benefits counseling, career and work-based learning experiences, and parent training and education. Third, they required that the programs develop partnerships among agencies responsible for providing services to SSI youth and their families. The programs had the liberty to develop their own approaches to implementing these components. This process analysis documents their choices and resultant experiences with respect to enrollment, service delivery, and agency partnerships. Specifically, it addresses the following four broad research objectives and several specific questions within each:

1. **Documenting the PROMISE program—intended design and fidelity to the model.** How did the program conduct outreach to eligible youth and enroll them in the evaluation, and what were the characteristics of enrolled youth and their families? What was the basic structure and logic model for the program? What were its plans for service provision? How closely did the program adhere to its logic model and service plan, and how consistently was the model implemented across local sites?

[1] Each of the PROMISE programs also conducted its own formative evaluation.

[2] These requirements are specified in the request for applications for PROMISE demonstration programs (U.S. Department of Education 2013).

2. **Assessing partner development, maintenance, and roles.** Who were the primary and secondary partners in the program, and what were their roles? What were the contractual or other forms of agreements between the lead agency and its partners? How and how well did the partners communicate, collaborate, and work toward program goals?
3. **Supporting the impact analysis.** To what extent did treatment group members engage in program services, and what might the timing and intensity of services imply for the interpretation of the study's future estimates of program impacts at 18 months and five years after youth enrolled in the evaluation? What was the contrast between the program's services and the counterfactual services (that is, the services available to the control group)? To what extent might the services and partnerships developed through PROMISE have benefited the control group and thus diluted the program's impacts?
4. **Identifying lessons and promising practices.** What lessons can we learn from the process analysis about the factors that facilitate or impede successful implementation of programs for youth with disabilities and their families? What can we learn about the efficacy of certain program components regarding their likely contributions to impacts? What are the lessons about strategies or program components to replicate or avoid in future interventions? What are the lessons for sustaining services once federal funding for the program has ended?

To answer the research questions for the process analysis of WI PROMISE, Mathematica collected and analyzed data from multiple sources, described in the following paragraphs, using protocols that may be found in the *PROMISE National Evaluation Data Collection Plan* (Fraker et al. 2014).

Interviews and site visits. We conducted a one-hour telephone interview with the WI PROMISE program director approximately one month after program implementation. We then conducted visits to WI PROMISE sites 6 and 24 months after program implementation. The visits entailed interviews with administrators and staff of organizations serving treatment and control group youth, a review of program documents and case files, observations of program activities, and focus groups with treatment group youth and their parents or guardians. The focus groups conducted 6 months after program implementation included 7 families (8 youth and 7 parents and guardians); the groups conducted 24 months after program implementation included 10 families (11 youth and 10 parents and guardians). Finally, we conducted telephone interviews with a subset of respondents from the site visits 36 months after program implementation.

Trained Mathematica researchers and analysts facilitated telephone and site visit interviews, as well as focus groups using semi-structured discussion guides that were flexible enough to stimulate free-flowing conversation but structured enough to capture consistent information across respondents. Each interview lasted between 60 and 90 minutes, and each focus group lasted 90 minutes. We used well-established methodologies to analyze the data from these qualitative sources, including preparing narrative descriptions of the interviews and focus groups, and identifying key themes within each; distilling the data into topics bearing on the evaluation's research questions; identifying and interpreting patterns and discrepancies in the data; and triangulating information from different data sources to ensure that the findings from the process analysis were based on mutually confirming lines of evidence.

Social network surveys. We conducted two social network surveys of the administrators and staff of WI PROMISE organizations and partners during the site visits (6 and 24 months after program implementation). Surveys took the form of self-administered hard-copy questionnaires that asked respondents about their relationships with colleagues in other organizations. Using Excel and specialized network analysis software (UCINET 6 and NetDraw), we analyzed data from the social network surveys to document communication and cooperation among organizations involved in WI PROMISE. More details about the surveys are provided in Chapter IV.

The Random Assignment System (RAS). The RAS was a web-based system Mathematica designed and maintained to complete the enrollment of youth in the evaluation of WI PROMISE and assign them either to a treatment or control group. It was accessible to authorized users with personal computers from any location through a high-speed Internet connection. Program staff entered data about an enrolling youth and the enrolling parent or guardian into the RAS. The system first validated the data against lists of eligible youth that SSA provided to Mathematica quarterly to ensure that the fields required for program enrollment and random assignment were complete and that appropriate formats and value ranges for variables such as ZIP codes, dates of birth, and Social Security numbers (SSNs) were used. The RAS then randomly assigned the youth to a study group according to customized algorithms and generated a personalized letter that the program could use as is or customize to notify the applicant of the study group assignment results.

The WI PROMISE management information system (MIS). The MIS contained data on both the program's recruitment and enrollment efforts and its delivery of services to treatment group youth. Data on recruitment and enrollment efforts were maintained in a series of Excel spreadsheets that tracked the communication recruiters had with PROMISE-eligible youth and families. WI PROMISE used the state vocational rehabilitation (VR) agency's electronic case management system, the Integrated Rehabilitation Information System (IRIS), to maintain data on the delivery of program services. WI PROMISE staff entered data into the MIS; the quality and completeness of the data depended on their efforts. Many of the staff were familiar with the MIS, as they had used IRIS in previous roles they performed within the VR agency. PROMISE staff received training on the fields that were added specifically to track program participation. Moreover, the WI PROMISE project manager regularly reviewed the MIS and communicated with PROMISE staff regarding any data entry errors.

Mathematica analyzed data on program services entered through April 2017, three years into program operations. Although the results presented in this report reflect program service delivery as of that time, they captured the experiences of treatment group youth and their families at different stages of their involvement in the program; as of April 2017, the earliest enrollees had been in the program for three years, but the latest enrollees had been in the program for only one year. Using statistical software (Stata), we tabulated data from the MIS and then identified key results pertinent to the research questions.

Monthly calls with ED, SSA, and WI PROMISE program managers. Mathematica participated in monthly calls, during which program managers updated ED and SSA on program activities, progress toward benchmarks, and challenges and plans for addressing them. We

considered information obtained from all calls that occurred during the first 36 months of program operations.

B. Overview of WI PROMISE

The Wisconsin Department of Workforce Development (DWD) was the lead agency for WI PROMISE, with most program activities housed in its Division of Vocational Rehabilitation (DVR). DWD partnered with the state's Department of Health Services (DHS), the Department of Public Instruction (DPI), and the Department of Children and Families (DCF), and contracted with various organizations and consultants to implement WI PROMISE statewide. The cornerstone of WI PROMISE services was intensive case counseling provided by PROMISE counselors, who coordinated with the contractors to deliver services to treatment group youth and their families.

An executive committee and steering committee were formed to provide guidance and oversight to the management and operation of WI PROMISE. The executive committee was composed of department-level secretaries from DWD, DHS, and DCF as well as the DPI superintendent, and was facilitated by the Board for People with Developmental Disabilities (BPDD), a state-legislated advocacy group. The executive committee provided departmental leadership and buy-in for the program. Its members viewed BPDD as unaligned with any of the partner departments and therefore an "honest broker" among the departments, which facilitated their participation.

The steering committee, composed of managerial and supervisory staff from DWD, DHS, DPI, DCF, BPDD, and the University of Wisconsin (UW) Stout Vocational Rehabilitation Institute (SVRI),[3] provided decision-making support for the program. Additional agencies were added to steering committee team meetings from time to time to address specific program needs. For instance, specialists in juvenile justice attended selected meetings to address juvenile justice questions that arose during program operations. However, other entities, such as housing and homelessness organizations, transportation services, and other public assistance benefits agencies (such as the Supplemental Nutrition Assistance Program), were not represented on the committee; during the second site visit, committee members expressed that the program could have benefited from such representation. Some of the committee members also suggested that it would have been helpful for the committee to have included a "consumer" (a youth receiving SSI and/or a family member of such a youth).

The WI PROMISE project director, who was also the director of the Bureau of Consumer Services within DVR, had overall responsibility for the program. The WI PROMISE project manager, a senior scientist at SVRI, handled day-to-day program management. The project manager led the steering committee, monitored implementation progress, and coordinated all WI PROMISE activities. The steering committee collaborated to create and disseminate resources for the program, and provided guidance for program staff housed within DVR. It had subcommittees that dealt with issues in the following areas:

[3] SVRI provided training and technical assistance to soft skills trainers, and led the formative evaluation of WI PROMISE and the recruitment and enrollment processes.

- Recruitment and enrollment (oversaw recruitment and enrollment activities)
- Communications (created and disseminated media regarding WI PROMISE)
- Connections (supported a wraparound service model for WI PROMISE youth and families)
- Case management (supported the program's counseling services)
- Work experience/career exploration (supported the program's work experience services)
- Financial services (supported the program's financial education services and program-facilitated Individual Development Accounts, or IDAs)
- Data sharing (facilitated data sharing among WI PROMISE partners)
- Evaluation (supported the formative evaluation of the program and cooperation with the national evaluation)

Communication among the steering committee members occurred mostly during committee meetings, which were scheduled to occur weekly during the evaluation enrollment period and monthly thereafter, and through email. Most members consistently attended the committee meetings. The steering committee members made most decisions based on informal consensus. The project manager communicated these decisions and other guidance from the committee to the program staff.

DVR contracted with five organizations and one individual to provide WI PROMISE services: (1) Employment Resources Inc. (ERI), to deliver benefits counseling and provide technical assistance for benefits specialists;[4] (2) Wisconsin Women's Business Initiative Corporation (WWBIC), to deliver financial literacy training; (3) BPDD, to facilitate the WI PROMISE executive committee and administer a subcontract to the UW Waisman Center (an organization that engages in research, training, service, and outreach on human development, developmental disabilities, and neurodegenerative diseases) to employ program staff to support case counselors; (4) SVRI, to employ the project manager, conduct the formative evaluation, provide training and technical assistance to staff for offering soft skills training to treatment group youth, and conduct recruitment and enrollment activities;[5] (5) In Control Wisconsin (a community agency that partners with families, advocacy groups, and government agencies to promote self-determination and self-directed supports for people with disabilities), to deliver customized self-employment services; and (6) the senior outreach specialist from the School of Education, Education Outreach and Partnerships at UW, to adapt a self-advocacy training for use in WI PROMISE.

In addition to directly providing the services cited above, the WI PROMISE program model emphasized early engagement of youth in VR services, intensive case counseling, and

[4] ERI, a private nonprofit organization, was a DVR-approved vendor for benefits counseling before the WI PROMISE program began but received an additional contract for its service delivery and technical assistance for PROMISE. ERI subcontracted with other benefits specialists to provide benefits counseling to PROMISE participants. Initially, ERI contracted with seven providers. As of May 2017, it had contracts with five providers.

[5] SVRI contracted with 50 community-based vocational service providers to deliver the soft skills training to program participants.

engagement of the whole family in counseling and services. WI PROMISE counselors provided this intensive case counseling and were hired to serve PROMISE treatment group members exclusively. The WI PROMISE logic model (Figure I.1) depicts the program as planned and its target outcomes. The first column represents contextual factors that made up the service environment in which WI PROMISE operated, among which were the agencies and organizations that provided services to the target population. These contextual factors provide a backdrop for the next column, which represents the inputs for PROMISE; it depicts the key programmatic features that WI PROMISE offered to participating youth and families, such as the types of staff who delivered program services and other supports received by participants—for example, tablet computers used to access online trainings. The third column lists WI PROMISE activities: recruitment and enrollment into the evaluation, the four core PROMISE services, and formative program evaluation. The fourth column lists the anticipated outputs of the program, including the enrollment target and indicators of the performance of individual youth and families. These outputs were expected to translate into participant outcomes, listed in the final column. Some are shorter-term outcomes, such as obtaining educational credentials, whereas others are longer-term outcomes, such as decreased reliance on SSI and other public benefits, and increased employment and household income.

Figure I.1. WI PROMISE logic model

Contextual factors	Inputs	Activities	Outputs	Outcomes
• Children's long-term care services • Mental health services for youth • Wraparound Milwaukee • Transition planning for youth in schools • Transition improvement grant • Academic career plans • Wisconsin's W-2 program (innovative employment requirement) • Child welfare • Transitional jobs programs • Job centers disability employment initiative • Youth inter-agency agreement (DPI/DVR/DHS) • Parent training	• Project manager • 17 DVR case managers • 5 DVR case coordinators • Technical assistance: START teams • Trainers • Youth, family, and service provider learning communities • Service providers • School parent coordinators/ liaisons/WI FACETS (enrollment) • Tablet computers and data plans • Data entry/storage/ data mart • Accessible online trainings	• Recruitment and enrollment • Case management • Career exploration and work experience • Work incentive benefits counseling/ financial capacity* • Family training • Formative evaluation	• Enroll 2,000 SSI youth ages 14 to 16 and their families • Good working alliance of youth and families with case managers • Increased work motivation (readiness for work or school; increased belief in what is possible) • Improved school attendance, behavior, and academic progress • Paid integrated employment • Soft skills • Self-advocacy knowledge and skills • Increased expectations, knowledge, and participation in transition process • Financial self-efficacy knowledge and stability • Use of work incentives • Asset accumulation	• Increased educational attainment and credentials • Increased employment • Increased household income • Decreased reliance on SSA payments • Decreased reliance on public benefits

Source: WI DVR application for PROMISE funding.

*"Financial capacity" refers to financial literacy services and IDA accounts.

WI FACETS = Wisconsin Family Assistance Center for Education, Training, and Support.

C. Roadmap to the report

The rest of this report presents findings from the process analysis of WI PROMISE. It documents program operations at roughly midway through the five-year PROMISE cooperative agreement period. Five analogous reports will present findings from the process analyses of the other PROMISE programs. This report is organized around the federal sponsors' key requirements of the programs. Chapter II describes WI PROMISE's efforts to enroll youth into the evaluation and the results of those efforts. Chapter III describes the core program services as designed and actually implemented, and how they differed from preexisting services in the community. (Preexisting services are those that were available to both treatment and control group members; we refer to these services throughout the report as counterfactual services.) Chapter IV assesses the quality of the partnerships WI PROMISE facilitated. Chapter V presents lessons learned from the process analysis of WI PROMISE (including promising practices for possible expansion or replication of the PROMISE program) and provides information that will be useful for interpreting findings from the evaluation's impact analysis, to be presented in two future reports.

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II. ENROLLMENT AND PARTICIPATION IN WI PROMISE

SVRI led recruitment of youth and their enrollment in the evaluation from April 2014 through April 2016. In this chapter, we describe the recruitment and enrollment process and summarize the results of SVRI's efforts based on data from the PROMISE RAS, SSA lists of PROMISE-eligible youth, and the MIS that SVRI used to track its efforts. We also present the number and characteristics of those youth assigned to the treatment group who actually participated in the program.

A. Outreach and recruitment

SVRI's main method of recruitment was mailing enrollment packets (containing an introductory letter and intake and consent forms) to each youth on the SSA lists of WI PROMISE-eligible youth. To reach youth on the cusp of aging out of eligibility and focus on the geographic areas expected to account for the greatest number of eligible youth, WI PROMISE initiated the recruitment process by mailing packets only to youth on the SSA lists who were ages 16.5 to 16.75 across the state or who resided in DVR regions—called Workforce Development Areas (WDAs)—with a large number of eligible youth, regardless of age.[6] WI PROMISE then expanded mailings to eligible youth throughout the state. The WI PROMISE MIS indicates that over the entire recruitment period, SVRI sent initial enrollment packets to 99 percent of eligible youth (Table II.1).

Recruiters supplemented the enrollment packets with other methods to meet WI PROMISE enrollment targets. Approximately one year after the start of recruitment, WI PROMISE began mailing postcards in advance of the enrollment packets to increase brand recognition and reduce the likelihood of families ignoring the packets. Recruiters sent follow-up mailings to 78 percent of eligible youth, placed telephone calls to 48 percent, and sent texts to 30 percent.[7] As stated in the introductory letter, a WI PROMISE intake attendant employed by SVRI was available by telephone to connect families with WI PROMISE intake coordinators (PICs) who could meet families in person and help them complete the enrollment forms and answer questions about the program. To further increase the pace of enrollment, in mid-2015, SVRI directed the PICs to conduct home visits to recruit eligible families.

As shown in Table II.1, WI PROMISE used other recruitment methods to reach those who had yet to enroll in the program. A higher percentage of non-enrollees received follow-up mailings (89 percent) and text messages (34 percent) compared with enrollees (42 percent and 16 percent, respectively). Recruiters conducted home visits and telephone calls at equal rates for enrollees and non-enrollees.

[6] WDAs are groupings of adjacent counties across the state with similar workforce characteristics. Those with the largest number of eligible youth were WDAs 1, 2, 4, 5, 10, and 11. Additional information on WDAs can be found in Chapter III.

[7] Recruiters also sent a small number of email messages to eligible youth. Email addresses were not provided on the SSA lists, but recruiters sometimes requested them when they made contact with youth through other methods and then used email for follow-up contacts.

Table II.1. WI PROMISE recruitment efforts, by evaluation enrollment status (percentages unless otherwise indicated)

	All	Evaluation enrollees (A)	Evaluation non-enrollees (B)	Difference (A − B)	*p*-value of difference
Youth sent an initial enrollment packet	98.8	95.1	98.9	-3.8	0.000***
Youth sent a follow-up mailing	78.3	42.0	89.3	-47.3	0.000***
Average number of follow-up mailings per youth sent mailing	1.4	1.4	1.4	0.0	0.355
Youth contacted by telephone	47.6	46.6	47.9	-1.3	0.320
Average number of telephone calls per youth called	2.5	2.5	2.6	-0.1	0.417
Youth contacted by email	0.6	1.5	0.3	1.2	0.000***
Average number of emails per youth emailed	1.1	1.1	1.2	-0.1	0.314
Youth contacted by text	29.5	15.7	33.7	-18.0	0.000***
Average number of texts per youth texted	2.1	2.3	2.1	0.2	0.127
Youth contacted through a home visit	6.4	6.3	6.5	-0.2	0.837
Average number of home visits per youth visited	1.11	1.2	1.1	0.1	0.054
Number of contacts (including initial mailing):					0.000***
1 contact	14.6	41.3	6.4	34.9	
2–5 contacts	64.2	43.2	70.6	-27.4	
6–10 contacts	15.5	10.9	16.9	-6.0	
11 or more contacts	5.8	4.6	6.2	-1.6	
Average number of contacts (including initial mailing) per youth	4.0	3.2	4.2	-1.0	0.000***
Time between initial mailing and first contact (days)[a]					
Average	222.4	205.9	225.5	-19.6	0.000***
Median	197.0	186.5	200.0	-13.5	NA
Time between initial mailing and enrollment (days)[a]					
Average	NA	196.2	NA	NA	NA
Median	NA	111.0	NA	NA	NA
Number	8,657	2,024	6,633	NA	NA

Sources: The WI PROMISE MIS and PROMISE RAS.

Notes: The universe for this table is youth targeted for recruitment (that is, logged in the MIS as having received a contact) or enrolled in the evaluation without contacts logged in the MIS. The table includes all attempted contacts (that is, successful contacts in addition to (1) messages left, no answers, hang-ups, and wrong numbers for telephone attempts; and (2) no answers, wrong addresses, and eligible youth or parents or guardians not at home for in-person attempts). For a continuous or dichotomous variable, the *p*-value represents a *t*-test. For a polychotomous variable, a single *p*-value is presented that represents a chi-square test for the entire distribution of the variable across the various categories. Numbers in the Difference column may differ from the values calculated as A - B due to rounding.

*/**/***Statistically significant difference from zero at the 0.10/0.05/0.01 level.

[a] The average time between the initial mailing and first contact excludes individuals who received the mailing after the first contact. The average time between the initial mailing and enrollment excludes individuals who received the mailing after enrolling. Individuals may have received the initial mailing after the first contact or after enrolling if they proactively contacted WI PROMISE before receiving an initial mailing or if the program started other recruitment efforts before sending an initial mailing.

NA = not applicable.

WI PROMISE implemented several strategies to maximize the success of its recruitment efforts:

- **Providing incentives.** Youth were provided a $15 gift card in return for completing the WI PROMISE enrollment forms and a $15 gift card for completing the intake survey. WI PROMISE advertised the opportunity to receive up to $30 in gift cards in the introductory letter and in subsequent communications with families.
- **Using multiple sources for family addresses.** SVRI matched the SSA lists of PROMISE-eligible youth to Medicaid data. If a match was found, SVRI used the Medicaid address as the primary address for mailings; otherwise, it used the SSA list address. If SVRI proved unsuccessful in delivering an enrollment packet using an address from either of these sources, it searched for an accurate address through PeopleFinder, an online database. Given that PeopleFinder returns results only for adults over age 18, SVRI searched for the youth's representative payee rather than the youth.
- **Marketing the program.** WI PROMISE staff brought branded promotional items, such as pens, backpacks, lip balm, bracelets, and informative flyers, to conferences, local outreach events, and partnering agencies. The program also advertised through television, movie theaters, posters in bus shelters, and local newspapers.
- **Educating community entities.** WI PROMISE conducted mailings to individuals and agencies that served potentially eligible youth, such as schools, child welfare social workers, mental health case managers, and children's long-term care case managers, to inform them about WI PROMISE and alert them to youth they were serving who might be eligible.[8] WI PROMISE also held or attended 74 community events and 56 conferences, made 84 presentations, and sent PROMISE materials to 28 groups to increase brand recognition and awareness of the program among a diverse group of community entities.

B. Enrollment and random assignment

Enrollment in the PROMISE evaluation and random assignment occurred through the PROMISE RAS. After completing the enrollment (intake and consent) forms, the families (or the PICS acting for the families) sent them to SVRI for entry into the RAS and study group assignments. The program mailed study group notification letters to the treatment group youth, and WI PROMISE counselors delivered the gift cards at their first meetings with youth. The PICs held face-to-face meetings with control group youth to inform them of their study group assignment, provide gift cards, and briefly discuss available supportive services other than those provided by WI PROMISE.

WI PROMISE enrolled 2,024 youth, thus exceeding the target of 2,000 (Table II.2). The program proposed in its grant application to enroll 200 youth in the first two quarters of enrollment, 300 youth in the next four quarters, and 400 youth in the final quarter. The pace of enrollment was slower than intended, but WI PROMISE was able to meet the enrollment target

[8] Through data matching between the SSA lists of eligible youth and other agencies with which WI PROMISE had data-sharing agreements, PROMISE was able to identify youth served by other programs, such as Medicaid and child welfare, who were also eligible for WI PROMISE.

by using the entire recruitment period allowed for all PROMISE programs and instituting its postcard and home visit campaign (described earlier in this chapter).

Table II.2. Rate of enrollment in the WI PROMISE evaluation

Quarter	Number of youth enrolled	Cumulative number of youth enrolled	Percentage of enrollment target achieved
Apr–Jun 2014	171	171	8.6
Jul–Sep 2014	194	365	18.3
Oct–Dec 2014	105	470	23.5
Jan–Mar 2015	208	678	33.9
Apr–Jun 2015	188	866	43.3
Jul–Sep 2015	321	1,187	59.4
Oct–Dec 2015	301	1,488	74.4
Jan–Mar 2016	298	1,786	89.3
Apr 2016	238	2,024	101.2

Source: The PROMISE RAS.

On some but not all of the characteristics we measured, the enrollees in the evaluation of WI PROMISE were representative of all eligible youth in the state (Table II.3). Enrollees were 2.5 months younger than non-enrollees. Statistically, enrollees were more likely to speak English or Spanish as their primary language, but the difference in real terms was minuscule. There were no statistically significant differences between enrollees and non-enrollees with respect to gender, primary disabling condition, or age at SSI eligibility determination. Differences in racial and ethnic composition are hard to interpret, given the substantial proportion of youth for whom this information was unknown.[9] Given the self-selection of enrollees into the evaluation, it is likely that they differed from non-enrollees on certain unobserved characteristics not captured in the SSA data, such as youth motivation and resilience; parents' expectations of the youth; or family characteristics, including parents' own employment status or whether the family received other public assistance. Thus, we caution against generalizing the results from the impact evaluation of the program to all PROMISE-eligible youth. However, even though the impact findings may not be strictly generalizable, it is likely that the impact estimates would be broadly applicable to those youth who would choose to participate in a hypothetical voluntary future intervention resembling WI PROMISE.

[9] SSA discourages researchers from using the race variable in its administrative data system for analysis. SSA discontinued the publication of data by race for the SSI program after 2002 in response to changes it made to the process for assigning new SSNs. Most SSNs are now assigned to newborns through a hospital-birth registration process or to lawful permanent residents based on data collected by the Department of State during the immigration visa process. Neither process provides SSA with race and ethnicity data. For the relatively few individuals who apply for an original Social Security card at an agency field office, providing race and ethnicity information is voluntary. "Consequently, the administrative data on race and ethnicity that SSA does collect comes from a self-selecting sample that represents an ever-dwindling proportion of the population" (Martin 2016). Field experience also suggests that many individuals identify as biracial; lack of a biracial category may contribute to the substantial percentage of "other/unknown" responses.

Table II.3. Characteristics of youth eligible for WI PROMISE, by evaluation enrollment status (percentages unless otherwise indicated)

Characteristic	All eligible youth	Enrolled in PROMISE evaluation (A)	Not enrolled in PROMISE evaluation (B)	Difference (A − B)	*p*-value of difference
Average age at end of recruitment period (years)	15.9	15.8	16.0	-0.2	0.000***
Male	68.1	67.3	68.4	-1.1	0.360
Race/ethnicity					0.044
White (non-Hispanic)	5.8	5.0	6.0	-1.0	
Black (non-Hispanic)	13.4	13.1	13.5	-0.4	
Hispanic	3.0	3.2	3.0	0.2	
Asian	0.3	0.2	0.4	-0.2	
American Indian/AK/HI/Pacific Islander	0.5	0.6	0.5	0.1	
Other/unknown	76.9	77.8	76.6	1.2	
Missing	0.0	0.1	0.0	0.1	
Spoken language					0.001***
English	95.8	95.5	95.9	-0.4	
Spanish	3.1	3.4	3.1	0.3	
Other	0.7	0.4	0.8	-0.4	
Missing	0.4	0.8	0.3	0.5	
Primary disabling condition					0.696
Intellectual or developmental disability	37.2	38.4	36.9	1.6	
Other mental impairment	44.4	43.9	44.6	-0.7	
Physical disability	12.8	12.4	13.0	-0.6	
Speech, hearing, or visual impairment	1.5	1.3	1.5	-0.2	
Other	4.1	4.1	4.1	0.0	
Average age at most recent SSI eligibility determination (years)	6.9	6.9	7.0	-0.1	0.305
Number of youth	9,150	2,024	7,126	NA	NA

Sources: The PROMISE RAS and SSA lists of PROMISE-eligible youth.

Notes: The universe for this table is all youth on the SSA lists of PROMISE-eligible youth. For a continuous or dichotomous variable, the *p*-value represents a *t*-test. For a polychotomous variable, a single *p*-value is presented that represents a chi-square test for the entire distribution of the variable across the various categories. Numbers in the Difference column may differ from the values calculated as A - B due to rounding. The primary disabling condition categories correspond to SSA's Listing of Impairments. Other mental impairments include disabilities such as chronic brain syndrome; schizophrenia; borderline intellectual functioning; and affective, anxiety, personality, substance addiction, somatoform, eating, conduct, oppositional/defiant, and attention deficit hyperactivity disorders.

*/**/*** Statistically significant difference from zero at the 0.10/0.05/0.01 level.

NA = not applicable.

Table II.4. Characteristics of randomly assigned WI PROMISE treatment and control group members (percentages unless otherwise indicated)

Characteristic	All research cases	Assigned to treatment group (A)	Assigned to control group (B)	Difference (A − B)	*p*-value of difference
Youth					
Average age at enrollment (years)	14.9	14.9	15.0	0.0	0.615
Male	67.4	67.5	67.3	0.1	0.949
Race/ethnicity					0.153
White (non-Hispanic)	5.2	4.6	5.7	-1.1	
Black (non-Hispanic)	13.2	12.1	14.3	-2.2	
Hispanic	3.3	4.0	2.6	1.4	
Asian	0.1	0.0	0.2	-0.2	
American Indian/AK/HI/Pacific Islander	0.6	0.5	0.7	-0.2	
Other/unknown	77.6	78.7	76.4	2.3	
Spoken language					0.427
English	95.4	95.0	95.9	-0.9	
Spanish	3.5	3.6	3.4	0.2	
Other	0.4	0.4	0.3	0.1	
Missing	0.7	1.1	0.4	0.6	
Primary disabling condition					0.657
Intellectual or developmental disability	38.5	38.8	38.2	0.7	
Other mental impairment	44.1	42.7	45.5	-2.7	
Physical disability	12.5	13.0	12.1	0.9	
Speech, hearing, or visual impairment	1.2	1.3	1.1	0.2	
Other	3.7	4.2	3.3	0.9	
Average age at most recent SSI eligibility determination (years)	6.9	6.9	6.9	0.0	0.852
Parent or guardian					
Relationship to youth					0.802
Parent or step-parent	92.7	92.8	92.6	0.2	
Grandparent	4.3	4.1	4.6	-0.4	
Brother or sister	0.2	0.3	0.1	0.2	
Aunt or uncle	0.6	0.7	0.5	0.2	
Other relative	0.0	0.0	0.0	0.0	
Other	2.1	2.0	2.2	-0.2	
Average age at enrollment (years)	40.7	40.7	40.7	0.0	0.947
Male	6.9	7.4	6.5	0.9	0.430
Number of youth	1,896	950	946	NA	NA

Sources: The PROMISE RAS and SSA lists of PROMISE-eligible youth.

Notes: 128 enrolled cases are excluded from this table because they did not go through random assignment. For a continuous or dichotomous variable, the *p*-value represents a *t*-test. For a polychotomous variable, a single *p*-value is presented that represents a chi-square test for the entire distribution of the variable across the various categories. Numbers in the Difference column may differ from the values calculated as A - B due to rounding. The primary disabling condition categories correspond to SSA's Listing of Impairments. Other mental impairments include disabilities such as chronic brain syndrome; schizophrenia; borderline intellectual functioning; and affective, anxiety, personality, substance addiction, somatoform, eating, conduct, oppositional/defiant, and attention deficit hyperactivity disorders.

*/**/*** Statistically significant difference from zero at the 0.10/0.05/0.01 level.

NA = not applicable.

Data from the RAS on study group assignment indicate that random assignment worked as intended for WI PROMISE. Of the 2,024 youth enrolled in the evaluation, 1,896 were classified

as research cases and the remaining 128 as nonresearch cases because they were siblings of previously enrolled youth or had enrolled as wild cards.[10] Among the research cases, 950 youth were assigned to the treatment group and 946 to the control group (Table II.4). This distribution was consistent with the 50/50 random assignment design. Among all youth enrolled in the evaluation (including nonresearch cases), 1,018 youth were assigned to the treatment group.

Data on the characteristics of treatment and control group youth confirm that random assignment worked as intended. Table II.4 summarizes sample baseline characteristics across treatment and control group youth in the research group, illustrating that overall there were no systematic differences.

C. Participation in WI PROMISE

Mathematica advised all of the PROMISE programs about how the rate of participation in the program among members of the treatment group could affect the national evaluation's impact analysis. For evaluation purposes, a treatment group youth was considered to be a participant in PROMISE if he or she had at least one substantive interaction with the program. Based on conversations with the WI PROMISE project manager, Mathematica considered a treatment group youth to be a participant in WI PROMISE if he or she ever had a face-to-face meeting with a counselor or case coordinator (case coordinators provided logistical support to counselors). WI PROMISE used a rating system to track families' contact with the program; it characterized their contact with the program before the counselor identified employment goals and developed a service plan to obtain those goals—the Individual Plan for Employment (IPE). As of April 2017, 86 percent of treatment group youth had at least one face-to-face contact with a counselor or case coordinator before developing the IPE (Table II.5); for evaluation purposes, these youth were considered to be participants in WI PROMISE.

WI PROMISE counselors and case coordinators aimed to (1) attempt initial contact with treatment families on the same day that enrollment in the evaluation (and random assignment) occurred, (2) achieve contact with families within two weeks of enrollment, and (3) meet with families within 30 days of enrollment. In practice, the ability of the WI PROMISE counselors and case coordinators to meet these targets largely depended on the availability and willingness of the treatment families to engage with them. As of April 2017, the median time from enrollment to first contact with a PROMISE counselor or case coordinator was 11 days for all treatment group youth (Table II.6). It took the program substantially longer to attempt contact with nonparticipants than participants. This lag may have been a contributing factor to nonparticipation. It also took the program substantially longer to attempt contact with treatment group youth who lived in the balance of the state than it did for those who lived in the Milwaukee region (see Table A.1 in Appendix A), likely because of a higher concentration of PROMISE counselors in the Milwaukee region and the challenges of fewer staff covering larger geographical regions in the rest of the state (discussed in more detail in Chapter III). Counselors

[10] If data were entered into the RAS for a PROMISE applicant who was a sibling of a previously enrolled youth, the system assigned the applicant to the same research group as the previously enrolled sibling. We employed this approach because PROMISE services were provided to family members, including siblings, as well as youth. PROMISE programs were also able to assign a maximum of five youth to the treatment group nonrandomly, using a wild card system. WI PROMISE exercised this option for three youth. For information on wild cards, see Fraker and McCutcheon (2013).

were able to successfully communicate with most families within 30 days of enrollment; the MIS data do not differentiate meetings from other communications.

Table II.5. Participation ratings, based on pre-IPE level of contact with WI PROMISE

Rating	Percentage of treatment group youth
The counselor or coordinator has not reached the family after multiple contact attempts. Because of this, no first meeting has been set up.	5.2
The counselor or coordinator has held at least one phone conversation with the family, but has not met face to face with the family.	8.6
The counselor or coordinator has had at least one face-to-face meeting with the family, but at times has not been able to contact the family and/or one scheduled meeting has not occurred.	25.2
The counselor or coordinator has had at least one face-to-face meeting with the family and the counselor or coordinator contacts are successfully reaching the family.	61.0
Number of youth[a]	1,013

Source: The WI PROMISE MIS.

[a] Five youth did not have a pre-IPE rating in the MIS and thus are excluded from this table.

Table II.6. Efforts to engage treatment group youth as participants in WI PROMISE as of April 2017

	Number or percentage of all treatment group youth	Number or percentage of participating youth	Number or percentage of nonparticipating youth
Percentage with first contact attempt on the same day as enrollment	6.1	6.3	4.5
Percentage with first contact attempt within 2 weeks of enrollment	58.0	60.5	40.9
Number of days from enrollment to first contact attempt			
Average	34.3	26.9	83.4
Median	11.0	10.0	22.0
Percentage with first communication within 30 days of enrollment	77.5	80.1	60.6
Number of youth[a]	1,006	874	132

Sources: The WI PROMISE MIS and PROMISE RAS.

Notes: Contact attempts may have taken any form (that is, telephone, text, email, home visit, and so on) and may or may not have resulted in actual interaction between WI PROMISE and a youth.

[a] Twelve youth had missing dates for contact attempts and thus are excluded from this table.

Generally, the characteristics of participating and nonparticipating treatment group youth were similar; however, some differences existed. Nonparticipants were more likely than participants to have enrolled in the evaluation during the final year of the enrollment period, were more likely to be Black, and were older than participants at their most recent SSI eligibility determination (Table II.7). Also, compared to parents or guardians of participants, the parents or guardians of nonparticipants were slightly younger at the time of enrollment and had different racial and ethnic compositions.

Table II.7. WI PROMISE participant characteristics at enrollment (percentages unless otherwise indicated)

Characteristic	Assigned to treatment group	Participated in PROMISE services (A)	Did not participate in PROMISE services (B)	Difference (A − B)	*p*-value of difference
Youth					
Average age at enrollment (years)	15.4	15.4	15.3	0.10	0.926
Enrollment timing					0.000***
First 6 months	17.7	19.3	7.9	11.4	
Second 6 months	15.1	16.1	9.3	6.8	
Third 6 months	25.0	26.2	17.9	8.3	
Fourth 6 months	42.1	38.5	65.0	-26.5	
Male	67.1	67.7	63.6	4.1	0.340
Race/ethnicity					0.007***
White (non-Hispanic)	36.2	37.6	27.9	9.7	
Black (non-Hispanic)	48.3	46.0	62.9	-16.9	
Hispanic	10.6	11.4	5.7	5.7	
Asian	0.8	0.7	1.4	-0.7	
American Indian/AK/HI/Pacific Islander	2.1	2.3	0.7	1.6	
Other	1.2	1.1	1.4	-0.3	
Missing	0.8	0.9	0.0	0.9	
Spoken language					0.647
English	94.9	94.6	96.4	-1.8	
Spanish	3.5	3.8	2.1	1.7	
Other	0.4	0.3	0.7	-0.4	
Missing	1.2	1.3	0.7	0.6	
Primary disabling condition					0.362
Intellectual or developmental disability	38.7	39.1	36.4	2.7	
Other mental impairment	42.3	41.3	48.6	-7.3	
Physical disability	12.8	12.9	12.1	0.8	
Speech, hearing, or visual impairment	1.5	1.7	0.0	1.7	
Other	4.5	4.8	2.9	1.9	
Missing	0.2	0.2	0.0	0.2	
Average age at most recent SSI eligibility determination (years)	6.8	6.7	7.8	-1.1	0.002***
Living arrangement					0.687
Two-parent or guardian family	29.1	29.5	26.4	3.1	
Single-parent or guardian family	66.0	65.3	70.7	-5.4	
Other family or guardian	2.5	2.6	1.4	1.2	
Alone or with nonrelatives or guardians	0.1	0.1	0.0	0.1	
Foster care	1.1	1.3	0.0	1.3	
Group home	0.5	0.5	0.7	-0.2	
Other institution	0.4	0.5	0.0	0.5	
Missing	0.4	0.3	0.7	-0.4	
Currently has Individualized Education Program	82.6	82.8	81.4	1.4	0.691
Highest grade completed					0.201
8th grade or less	47.3	47.5	46.4	1.1	
9th grade	28.4	28.9	25.0	3.9	
10th grade	15.5	15.4	16.4	-1.0	
11th grade or more	4.0	3.5	7.1	-3.6	
Other	1.1	1.3	0.0	1.3	
Missing	3.6	3.4	5.0	-1.6	
Employment status					0.452
Worked for pay in last year	5.7	5.9	4.3	1.6	
Never worked for pay	80.8	80.8	81.4	-0.6	

Table II.7. (*continued*)

Characteristic	Assigned to treatment group	Participated in PROMISE services (A)	Did not participate in PROMISE services (B)	Difference (A − B)	*p*-value of difference
Workforce Development Area					0.216
Milwaukee (WDA 1–3)	55.9	55.1	60.7	-5.6	
Balance of the state (WDA 4–11)	44.1	44.9	39.3	5.6	
Enrolling parent or guardian					
Relationship to youth					0.744
Parent or step-parent	92.6	92.3	95.0	-2.7	
Grandparent	4.0	4.4	2.1	2.2	
Brother or sister	0.3	0.3	0.0	0.3	
Aunt or uncle	0.8	0.7	1.4	-0.7	
Other relative	0.1	0.1	0.0	0.1	
Other	2.1	2.2	1.4	0.8	
Missing	0.1	0.1	0.0	0.1	
Average age at enrollment (years)	41.1	41.4	39.2	2.2	0.002***
Male	7.5	8.0	4.3	3 .7	0.123
Household receipt of disability benefits					0.165
SSI (other than treatment group youth)	22.5	23.0	19.3	3.7	
Disability insurance	60.1	60.0	60.7	-0.7	
Both	8.8	9.6	4.3	5.3	
Neither	26.2	26.5	24.3	2.2	
Race/ethnicity					0.016**
White (non-Hispanic)	43.3	45.0	32.9	12.1	
Black (non-Hispanic)	42.9	40.9	55.7	-14.8	
Hispanic	9.4	9.7	7.9	1.8	
Asian	0.8	0.7	1.4	-0.7	
American Indian/AK/HI/Pacific Islander	2.3	2.5	0.7	1.8	
Other	0.6	0.7	0.0	0.7	
Missing	0.7	0.6	1.4	-0.8	
Education					0.920
12th grade or less	26.9	27.1	25.7	1.4	
GED/high school diploma	25.9	25.9	26.4	-0.5	
Some college, no degree	28.6	28.6	28.6	0.0	
Associate's degree	10.6	10.5	11.4	-0.9	
Bachelor's degree	4.7	4.8	4.3	0.5	
Graduate degree	1.5	1.6	0.7	0.9	
Missing	1.8	1.6	2.9	-1.3	
Employment status					0.780
Working full time	18.5	18.3	19.3	-1.0	
Working part time	23.1	22.9	24.3	-1.4	
Not currently working	55.9	56.4	52.9	3.5	
Missing	2.6	2.4	3.6	-1.2	
Number of youth	1,018	878	140	NA	NA

Sources: Italics signify data elements from the WI PROMISE MIS. Data elements not in italics are from the PROMISE RAS or SSA lists of PROMISE-eligible youth.

Notes: Participation in PROMISE services was defined as having an initial substantive interaction with PROMISE. (In WI PROMISE, an initial substantive interaction was defined as having at least one face-to-face meeting with a PROMISE case counselor or coordinator.) For a continuous or dichotomous variable, the *p*-value represents a *t*-test. For a polychotomous variable, a single *p*-value is presented that represents a chi-square test for the entire distribution of the variable across the various categories. Numbers in the Difference column may differ from the values calculated as A - B due to rounding. The primary disabling condition categories correspond to SSA's Listing of Impairments. Other mental impairments include disabilities such as chronic brain syndrome; schizophrenia; borderline intellectual functioning; and affective, anxiety, personality, substance addiction, somatoform, eating, conduct, oppositional/defiant, and attention deficit hyperactivity disorders.

*/**/*** Statistically significant difference from zero at the 0.10/0.05/0.01 level.

NA = not applicable.

III. SERVICES FOR YOUTH WITH DISABILITIES AND THEIR FAMILIES

The actual implementation of program services may or may not conform to their design, and the program resources and inputs identified in the logic model (presented in Figure I.1) may or may not result in the anticipated outputs and, ultimately, outcomes and results. Various contextual factors (such as staff competencies, program management, and the policy environment in which the program operated) may have affected the fidelity of implementation to the program design and mediated the relationships among inputs, outputs, and outcomes. Further, program services could be expected to have yielded outcomes other than those that would have resulted in the absence of the program only if they differed enough from the counterfactual services that were available to control group members. In this chapter, we describe the counterfactual services, how program services were designed, key aspects of how WI PROMISE operationalized the services in practice, utilization of those services, and implications of the program's implementation and utilization for its potential to generate the intended outcomes. Each of sections A through E focuses on a core PROMISE service component. The last section discusses the potential for control group members to receive WI PROMISE services.

The national evaluation's process analysis relied on WI PROMISE MIS data to describe program service utilization among youth in the treatment group who participated in the program. Our main aim was to document the services WI PROMISE provided. Thus, to fully document the program's efforts, we included in the service utilization analysis those nonresearch cases who participated in the program, even though they will not be included in the impact analysis. The statistics presented in this chapter were computed for the participant sample (that is, the youth and other household members in the 86 percent of treatment group families who had at least one face-to-face meeting with a WI PROMISE counselor or case coordinator) and reflect service utilization through the third year of program operations (April 2014 through April 2017).

A. Case counseling

The federal PROMISE program sponsors required that each program provide case management to ensure that PROMISE services for participants were appropriately planned and coordinated, and to assist participants in navigating the broader service delivery system. They expected that case management would also include transition planning to assist participating youth in setting post-school goals and facilitate their transition to appropriate post-school services. In this section, we describe counterfactual services with respect to service coordination and transition planning in Wisconsin and the services WI PROMISE provided in this area.

1. Counterfactual services

Case management through traditional DVR was available to all eligible transition-age youth with disabilities beginning two years before graduation. It typically included assessment; IPE development; and referral to services to help youth secure employment, such as job shadows, vocational assessments, and job coaching. Traditional DVR counselors typically served both transition-age youth and adults, and only served the individual enrolled in DVR services, not his or her family members.

Case management services for youth can also be obtained outside of DVR. For instance, the Substance Abuse and Mental Health Services Administration awarded DHS a five-year Healthy Transitions grant in 2014 to improve access to treatment and support services for 16- to 25-year-olds who had or were at risk of developing a serious mental health condition. As of April 2017, DHS had used the grant to create a framework of best practices for serving youth with mental health needs and disseminated that framework to mental health and other service providers. DHS had also used the grant to pilot Project YES!, an initiative intended to tailor mental health services to youth, in Jefferson and Outagamie counties. Local governments also provided case counseling by contracting with community-based agencies to serve youth with disabilities. The Milwaukee County Behavioral Health Division, for example, administered Wraparound Milwaukee, a program that served youth in Milwaukee County who had complex emotional, behavioral, and mental health needs. In 2016, Wraparound Milwaukee served 1,670 youth, who had an average age of 14 (Wraparound Milwaukee, 2016).

2. WI PROMISE services

Case management in WI PROMISE (called case counseling by the program) was intended to go beyond traditional DVR case management in several ways. WI PROMISE counselors were expected to work closely with youth and family members to provide vocational guidance and counseling, identify employment and education goals, develop IPEs to meet those goals, and provide ongoing support to help youth and family members overcome barriers to meeting their goals. Unlike standard DVR practice, WI PROMISE also provided training on motivational interviewing and trauma-informed care to case counselors, [11] instructed counselors to keep treatment group cases open regardless of their attendance or level of engagement in services, and reduced caseloads to enable intensive, family-centered case counseling.

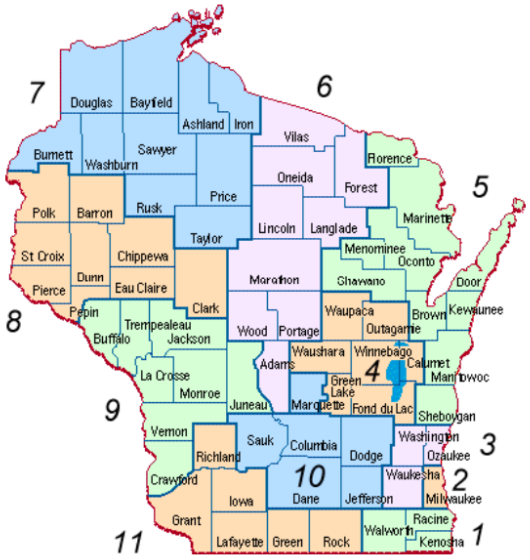
WI PROMISE hired 17 case counselors, most of whom were DVR employees before joining PROMISE, to deliver program services across the state to PROMISE participants only. The program planned to assign roughly 60 families per counselor, compared to the typical 100-person caseload of traditional DVR counselors; however, staff indicated during site visit interviews that caseloads tended to be larger in areas with high concentrations of PROMISE participants. PROMISE counselors serving regions contiguous with those with higher numbers of PROMISE participants sometimes took cases from their overburdened colleagues, particularly when staff turnover occurred. The program also hired five case coordinators to provide logistical support to PROMISE counselors, such as scheduling meetings and reaching out to service providers to initiate referral processes.

WI PROMISE counselors and case coordinators were responsible for specific regions of the state, which coincided with the 11 WDAs created by DVR to group adjacent counties with similar characteristics, as depicted in Figure III.1. Most PROMISE counselors and almost all case coordinators covered multiple WDAs. As shown in Table II.7 in Chapter II, 56 percent of

[11] Motivational interviewing is a counseling style designed to help the client change by empowering the client to become self-motivational (Center for Substance Abuse Treatment, 1999). Trauma-informed care as a model of behavioral health counseling, emphasizes the importance of recognizing prevalence of trauma and its impact on the lives of people being served by practitioners (Substance Abuse and Mental Health Services Administration, 2014).

treatment group youth lived in WDAs 1, 2, or 3 (referred to as the "Milwaukee region"); the other 44 percent lived in the other 8 WDAs.

Figure III.1. Wisconsin Workforce Development Area map



1 Southeast
2 Milwaukee County
3 Washington-Ozaukee-Waukesha
4 Fox Valley
5 Bay Area
6 North Central
7 Northwest
8 West Central
9 Western
10 South Central
11 Southwest

Source: http://dwd.wisconsin.gov/dvr/locations/.

Given the large geographic regions that counselors had to cover, WI PROMISE provided youth with tablet computers and a one-year data plan upon random assignment to the treatment group to facilitate virtual service delivery. Providing tablet computers and data plans exceeded the type of support that traditional DVR participants received. The tablets enabled WI PROMISE counselors and other service providers to hold meetings with youth by using teleconferencing technology and applications. Access to tablets at home also enabled WI PROMISE youth to attend trainings virtually. Despite the potential usefulness of the tablets and accompanying data plans, at the time of the second site visit, some service providers reported that cellular service in rural areas of the state was spotty, making it challenging for youth in some areas to use their tablets to access services.

During both site visits, parent and guardian focus group participants noted that the WI PROMISE counselors were the cornerstone of the program's success—being available when they were needed, advocating for youth within their schools, and linking youth to services. They felt that WI PROMISE helped their children prepare for the future by increasing their independence. Case counselors told us during both site visits, however, that despite smaller caseloads of youth and logistical support, providing intensive case counseling was challenging. They cited two reasons: (1) addressing the needs of family members added to their workload, and (2) PROMISE youth and family members faced many immediate barriers (particularly around basic needs like housing and food security) that took substantial time to address. WI PROMISE did not anticipate that case counselors would need to spend so much time addressing basic needs. Rather, they expected that the primary role of the WI PROMISE counselors would be to develop and monitor employment plans, assemble and convene resource teams, refer

participants to PROMISE services, provide health literacy and self-advocacy training, and continue to engage participants in program services.

Developing and monitoring employment plans. The program required counselors to develop an IPE for each treatment group youth within 90 days of enrollment in the evaluation. As of April 2017, 94 percent of program participants had an IPE in place and, on average, these plans were developed 146 days after enrollment (Table III.1). The IPE was meant to be updated as the youth's goals changed. There was variation in how and when the WI PROMISE counselors developed the IPEs. Some counselors told us they developed generic IPEs with a standard set of WI PROMISE services within the first few meetings with youth and customized them later on, whereas others preferred to have more interaction with youth to develop more customized IPEs from the start.

Table III.1. Case counseling: Employment plan development among WI PROMISE participants as of April 2017 (percentages unless otherwise indicated)

	Participating youth who received service
Had a post-enrollment IPE[a]	94.0
Average number of days from enrollment to first post-enrollment IPE	146.4
Median number of days from enrollment to first post-enrollment IPE	121.0
IPE included the following services:[b]	
Training and education	97.6
Vocational counseling	89.9
Work incentives benefits counseling	81.5
Job development	68.7
Transportation	65.5
On-the-job supports	53.9
Other services	40.0
Assessment	32.7
Had a parent or guardian with an IPE	4.9
Had another household member with an IPE	1.6
Had a parent, guardian, or other household member with an FSP[c]	32.8
FSP included the following services:	
Training and education	81.3
Job development	66.3
Vocational counseling	49.3
Transportation	46.5
Assessment	21.2
Work incentives benefits counseling	19.4
Number of participating youth	878

Source: The WI PROMISE MIS.

[a] WI PROMISE expected all youth to have an IPE developed.

[b] The list includes the most common services but is not exhaustive of all services ever included in IPEs.

[c] Data on FSPs could not differentiate between plans for parents/guardians or plans for other household members.

FSP = family service plan; IPE = Individual Plan for Employment.

Youth IPEs specified service needs to maximize their chances of obtaining and maintaining employment. Almost all (more than 97 percent) of the IPEs for participating youth specified that the youth needed training and education services, such as job readiness training, apprenticeships, trial work experiences, and student on-the-job training (Table III.1). Just under 90 percent of the IPEs specified a need for VR counseling and guidance. Other common employment service needs specified in IPEs were work incentives benefits counseling, job development, transportation assistance, and on-the-job supports.

At any time, WI PROMISE counselors could have developed IPEs for family members eligible for traditional DVR services. For those family members who were ineligible for traditional DVR services, the counselors could develop family service plans (FSPs), which served the same purpose. As of April 2017, roughly 5 percent of participating youth had a parent with an IPE and 33 percent had a family member with an FSP (Table III.1). Many of the service needs specified in FSPs for parents, guardians, and other family members were similar to those in youth IPEs. Fewer youth in the Milwaukee region had a family member with an FSP than in the balance of the state—27 percent compared to 40 percent (see Table A.2 in Appendix A).

Assembling and convening resource teams. WI PROMISE intended that each youth would have a resource team—a group of individuals who would collaborate on an as-needed basis to identify resources and supports for the youth. Teams were intended to include representatives from many of the systems and networks with which the youth and family interacted, including school, church, friends, and case workers from other programs. WI PROMISE counselors could form a new resource team or leverage existing collaborative teams. Counselors told us during site visit interviews that they communicated with family members to identify individuals who should be on a youth's resource team and typically communicated with resource team members individually rather than convening group meetings. As of April 2017, half of participating youth had a resource team in place, with an average of five people per team (Table III.2). More than 60 percent of participating youths' resource teams included a teacher; more than half included a non-PROMISE DVR job developer. Fewer youth in the Milwaukee region had a resource team developed than in the balance of the state—40 percent compared to 64 percent (see Table A.2 in Appendix A).

Table III.2. Case counseling: Resource teams among WI PROMISE participants as of April 2017 (percentages unless otherwise indicated)

	Participating youth who received service
Had a resource team in place[a]	50.2
Average number of members per resource team	4.9
Average number of resource team meetings	3.0
Resource team included the following:	
Teacher	62.4
Job coach or developer (non-PROMISE DVR service provider)	56.0
Other non-PROMISE counselor or case manager	33.1
PROMISE financial coach	32.4
PROMISE family advocate	25.9
Other nonspecified person	20.6
Other service provider	16.8
School counselor	13.8
Transition coordinator	10.4
DVR/PROMISE staff	8.8
Number of participating youth	878

Source: The WI PROMISE MIS.

[a] WI PROMISE expected all youth to have a resource team.

Referring participants to WI PROMISE services. WI PROMISE counselors connected youth and family members to PROMISE services, such as benefits counseling, financial literacy training, self-advocacy training, soft skills training, and work-based learning. Referrals were at the counselors' discretion, though it was expected that all youth and families would be referred to the core WI PROMISE services of career exploration and work-based learning experiences, benefits counseling, financial literacy services, and parent training. Project managers, staff, and service providers agreed during the first site visit that the volume and pace of referrals was initially low. They explained that many of the treatment group families were dealing with homelessness, extreme poverty, multiple family members with disabilities, and other challenges. PROMISE counselors tended to work with the families to manage these issues before addressing employment and educational goals, and referring them to core WI PROMISE services. During the second site visit, service providers noted an increase in referrals, and WI PROMISE counselors reported feeling an increased urgency to refer youth and families to WI PROMISE services. Counselors could also refer participants to non-PROMISE services, such as housing and food assistance programs, as needed. During the first and second site visits, PROMISE youth reported receiving assistance from their PROMISE counselor to obtain their driver's license and were very appreciative of this service. As of April 2017, PROMISE counselors had referred three-quarters of participating youth to PROMISE or non-PROMISE services (data not shown).

Providing health literacy training. By the end of WI PROMISE, all participating treatment group youth were to receive fact sheets on four health literacy topics: (1) healthy sleeping patterns; (2) stress management; (3) physical activity; and (4) nutrition. Initially, participants took these fact sheets home and reviewed them on their own. However, beginning in mid-2016, WI PROMISE started requiring counselors to walk youth through this health literacy training and address their questions or concerns. Some counselors told us they scheduled meetings specifically to discuss the fact sheets, whereas others told us they integrated content from the fact sheets into standard counseling meetings. PROMISE counselors were expected to speak with

youth and family members about setting goals related to each health literacy topic, and assign and review homework related to achieving those goals.

As of April 2017, WI PROMISE counselors had identified approximately one-third of participating youth as ready for the health literacy training, but only 15 percent of those identified as ready had completed the training (Table III.3). It generally took more than a year following enrollment in the evaluation for counselors to consider youth to be ready for the training. This finding is consistent with what counselors told us about needing to initially focus on addressing the basic needs of the youth and their families before turning to PROMISE-specific trainings. Once identified, it took approximately four to five months for youth to complete the training. The share of participating youth identified as being ready for the health training was lower in Milwaukee than in the balance of the state (28 percent compared to 39 percent; see Table A.2 in Appendix A). Moreover, the average time between enrollment and the identification of readiness was longer for youth in the Milwaukee region, and their completion rate was lower. These patterns are consistent with counselors' perceptions that youth and families residing in the Milwaukee region more often required services to address basic needs before they were ready to engage in services specific to WI PROMISE.

Table III.3. Case counseling: Health literacy training among WI PROMISE participants as of April 2017 (percentages unless otherwise indicated)

	Participating youth who received service
Designated ready for health literacy training [a]	32.9
Average number of days from enrollment to designation of readiness	463.4
Completed training	14.9
Average number of days from designation of readiness to completion	149.2
Number of participating youth	878

Source: The WI PROMISE MIS.

[a] WI PROMISE expected that all youth and at least one family member or guardian would receive the health literacy training. The MIS did not capture data on family member participation in health literacy training.

Providing self-advocacy training. All WI PROMISE youth were expected to complete self-advocacy training while enrolled in the program. This training was designed specifically for WI PROMISE and adapted from a curriculum that had been developed for K–12 teachers in Wisconsin to deliver in schools. The training consisted of six modules that covered (1) disability terminology, (2) disability and accommodation needs, (3) finding careers of interest, (4) laws and legal rights, (5) setting goals, and (6) transition planning for postsecondary school and work. WI PROMISE counselors determined when a youth was ready to receive the self-advocacy training and would then either refer youth to complete the training on their own or refer them to family advocates (FAs) for assistance in completing it. In October 2015, WI PROMISE used supplemental funding it received from ED to develop the FA position to support PROMISE counselors.[12] We describe other responsibilities of the FAs later in this chapter.

[12] With the supplemental funding, WI PROMISE increased the value of its contract with BPDD to create 11 full-time equivalent FA positions across the state. BPDD in turn contracted with the UW Waisman Center to hire and employ the FAs. In hiring the FAs, the Waisman Center gave priority to individuals who had experience in

As of April 2017, the program's counselors had referred 40 percent of participating youth for self-advocacy training (Table III.4). On average, those referrals were made about 15 months after enrollment in the evaluation. Just under 20 percent of those youth referred to the self-advocacy training were referred to an FA for assistance in completing the training. About the same percentage completed it, taking an average of about four months to do so. As with many other WI PROMISE services, youth participants in the Milwaukee region were referred for self-advocacy training less frequently than their counterparts in other regions of the state (37 compared to 44 percent), and those referred were less likely to complete it (12 percent compared to 30 percent; see Table A.2 in Appendix A).

Table III.4. Case counseling: Self-advocacy training among WI PROMISE participants as of April 2017 (percentages unless otherwise indicated)

	Participating youth who received service
Referred for self-advocacy training[a]	40.4
Average number of days from enrollment in the evaluation to referral	453.1
Referred to family advocate for help in completing training	19.0
Completed training	20.6
Average number of days from referral to completion	154.5
Number of participating youth	878

Source: The WI PROMISE MIS.

[a] WI PROMISE expected that all youth would receive self-advocacy training.

Continuing to engage youth in WI PROMISE. Not all treatment group youth considered to be participants were actively engaged in the program at all times. After assigning the initial pre-IPE participation rating described in Chapter II, WI PROMISE counselors assigned each youth a current participation rating that they periodically updated over time. As of April 2017, most youth classified as participants for purposes of the national evaluation (91 percent) had a current participation rating, but only 15 percent of nonparticipants did (Table III.5). Counselors reported mostly unsuccessful contact attempts with approximately 14 percent of all youth assigned to the treatment group and inconsistent contact with almost another 20 percent. When the PROMISE counselors were unable to reach anyone in the family after multiple contact attempts, they referred the case to a case coordinator or, after October 2015, to an FA for help with engagement. As of April 2017, 28 percent of all treatment group families had been referred to an FA for support with reengagement. Referral to FAs was much higher among nonparticipating youth. Unlike DVR employees, who were not permitted to go to the homes of PROMISE families to deliver services or to work on weekends, FAs (who were Waisman Center employees) had flexibility to engage with families in informal contexts, such as at their homes, and on weekends.

When counselors were unable to make contact with anyone in the family for four months, they designated the family as a "cold case." As of April 2017, approximately 15 percent of all treatment group families (9 percent of participating families and 55 percent of nonparticipating

advocating and caring for their own children with disabilities. In fact, four of the FAs that the Waisman Center hired were themselves PROMISE-participating parents. The Waisman Center also contracted with the Cooperative Educational Service Agency to hire an FA network coordinator.

families) were referred to an FA as a cold case. More treatment group youth in the Milwaukee region were referred to FAs for help with engagement (32 percent, compared with 23 percent in the balance of state) and as cold cases (19 percent, compared with 11 percent in the balance of the state; see Table A.3 in Appendix A). Though the MIS did not record data about reengagement, during the second site visit, the FAs reported successfully reengaging about half of the families that had been referred to them.

WI PROMISE counselors kept cases open even when they were unable to contact youth or family members except in the following circumstances:

- Sustained efforts to reengage the family had occurred through multiple methods for a year or more, including multiple postcard mailings, phone calls, text messages, emails, and a home visit whenever possible.
- No household members were actively participating in an FSP.
- The WI PROMISE DVR case had been open for at least 2.5 years from the date of enrollment with no activity.

Before closing a case due to nonparticipation, the responsible WI PROMISE counselor presented the case to the PROMISE project manager for approval and developed a follow-up plan to make additional efforts to reengage the participant at least every six months.

Table III.5. Ongoing program engagement in WI PROMISE as of April 2017 (percentages unless otherwise indicated)

	Assigned to treatment group	Participated in PROMISE services	Did not participate in PROMISE services
Most current participation rating			
Consistently low (more often than not): The counselor or coordinator is unsuccessful with family contact attempts, scheduled meetings, and assignment follow-up	14.1	15.7	4.3
Inconsistent (as often as not): The counselor's or coordinator's family contact attempts, meetings, or assignment follow-ups are sometimes successful, but other times not	18.6	21.0	3.6
Consistently high (more often than not): Usually (with some exceptions) the counselor's or coordinator's family contact attempts, meetings, and assignment follow-ups are successful	48.0	54.6	7.1
Missing	19.3	8.8	85.0
Referred to a family advocate			
As a cold case[a]	15.3	9.0	55.0
For help with engagement	27.9	19.7	79.3
Number of youth	1,018	878	140

Source: The WI PROMISE MIS.

[a] A cold case was a case that had not had contact with a PROMISE counselor for at least four months and needed additional attention for reengagement.

WI PROMISE cases were otherwise closed once the youth completed all PROMISE services. Completion of a service was determined by the counselor or service provider. Once the PROMISE cases were closed, youth were transferred to traditional DVR, where their cases remained open until they achieved the 90 days of employment required for successful traditional DVR case closure. MIS data indicate that as of April 2017, only 22 youth or family members who had a DVR case opened after enrollment in PROMISE had their DVR case closed for any reason (data not shown). Some youth who transferred to traditional DVR remained with their WI PROMISE counselors, but others transitioned to a different traditional DVR counselor.[13] At the time of the second site visit, PROMISE counselors reported that for some families, this transition was worrisome and caused disappointment and stress, whereas other families were more flexible. For youth who transitioned to a different traditional DVR counselor, the PROMISE counselor met with the traditional DVR counselor before the transition to review the WI PROMISE program, the best methods of engaging the family, and the traditional DVR services available to PROMISE youth and family members. The PROMISE counselor also wrote a short synopsis of the family's case to share with the traditional DVR counselor. The PROMISE counselor might also have met with the family and the traditional DVR counselor together to ensure a warm hand-off.

B. Benefits counseling and financial literacy services

ED and its federal partners required that each PROMISE program provide counseling for treatment group youth and their families on SSA work incentives; eligibility requirements of various other assistance programs; as well as rules governing earnings and assets, and their implications for benefit levels. They also required that the programs provide financial education. Education may cover a range of topics related to promoting families' financial stability, such as budgeting, saving and asset building, tax preparation, consumer credit, and debt management. In this section, we describe counterfactual services in these areas for youth with disabilities and their families in Wisconsin and the services WI PROMISE provided.

1. Counterfactual services

Benefits counseling. Benefits counseling for all youth in Wisconsin receiving SSI was available through Wisconsin's Work Incentives Planning and Assistance project. ERI, the benefits counseling service provider for WI PROMISE, was also a provider for this project under a cooperative agreement with SSA. ERI also had a contract with DVR to provide benefits counseling to non-PROMISE DVR consumers. As a provider to traditional DVR consumers, ERI did not serve family units and typically did not serve youth.

Financial literacy services. At the time of the first and second site visits, financial literacy services were not a typical DVR service provided to adults or youth. DVR managers told us during the second site visit, however, that to meet Workforce Innovation and Opportunity Act (WIOA) requirements, they planned to incorporate financial literacy as a typically available

[13] WI PROMISE counselor positions were created as temporary positions lasting for four years, with the understanding that the counselors would transition into permanent positions as traditional VR counselors when WI PROMISE ended. The WI PROMISE counselors began transitioning into traditional VR roles in early 2017 as permanent positions became available. Some counselors retained their entire PROMISE caseload after the transition, whereas others transferred some or all of their PROMISE families to other traditional VR counselors.

service for traditional DVR consumers. Financial literacy services available outside of DVR were typically utilized by adults and associated with programs provided by service providers that do not specifically target individuals with disabilities or their families, such as local housing authorities. WWBIC, which furnished financial literacy services under WI PROMISE, was a main provider of those services to low-income adults more broadly.

2. WI PROMISE services

Benefits counseling. Benefits specialists trained by the Wisconsin Disability Benefits Network provided benefits counseling through WI PROMISE.[14] ERI benefits specialists were the main providers of benefits counseling, along with five individual subcontractors. A total of 11 work incentives benefits specialists delivered benefits counseling to WI PROMISE participants; most of the specialists split their time between WI PROMISE and other consumers. In addition to serving participants, ERI provided PROMISE-specific training and technical assistance to the subcontracted benefits specialists. In interviews during the second site visit, benefits specialists reported caseloads that ranged from 8 consumers at a time in more rural areas of the state to 20 consumers at a time in more highly populated areas.

Benefits counseling through WI PROMISE was intended to address families' concerns about increasing their earned income and provide guidance on what employment choices would have the most positive impacts on their economic well-being. After receiving a referral from a WI PROMISE counselor, a benefits specialist set up an orientation with the family and counselor. Benefits specialists held orientations with individual families; these orientations served as a warm hand-off of the family to the specialists, in which they introduced themselves and described the services they offered. Benefits specialists explained during site visit interviews that counseling meetings frequently took place in person at public locations, such as libraries, and that they usually worked with the youth and parent or guardian together, as youth were often unaware of the benefits they and their family members received. The benefits specialist gathered information on current benefit receipt and income sources, number of people in the household, and youth employment goals. The benefits specialist also requested that the parent or guardian complete a form that would allow the specialist to contact SSA on behalf of the youth and receive information about his or her SSI case.

Benefits counseling evolved over the life of WI PROMISE. Initially, it entailed a full analysis, consisting of an in-depth review of a family's benefits and income sources. The product of this analysis was a document that assessed the impact of hypothetical employment of a family member on benefits. In November 2014, eight months after enrollment began, a benefits consultation report replaced the full benefits analysis as the main benefits counseling service. During the second site visit, benefits counselors reported that the full benefits analysis proved to be insufficiently flexible to address the needs of WI PROMISE families, given their frequent changes in employment status and benefit receipt. . Consultations consisted of at least three shorter meetings with a family after the orientation, resulting in a more user-friendly written summary of the issues addressed. DVR modified its contractual agreement with ERI due to the change in the service model; benefits specialists needed more time than initially budgeted to hold

[14] The Wisconsin Disability Benefits Network is a program offered by ERI that provides training and technical assistance and a professional forum for benefits specialists throughout Wisconsin.

multiple meetings with WI PROMISE participants. Benefits specialists told us that they typically held just over four meetings per family over three to six months to complete a consultation. PROMISE families were able to use their tablets for meetings with benefits counselors if they were unable to meet the counselors in person. Families that completed their three consultations could reengage with a benefits specialist at any time during participation in PROMISE.

As of April 2017, just over one-third of participating youth had some contact with a benefits specialist; about the same share had received at least one benefits consultation (Table III.6). On average, initial contact occurred about 10 months after enrollment in the evaluation. Substantially fewer youth in the Milwaukee region had contact with a benefits specialist compared with youth in the balance of the state (18 percent compared to 59 percent; see Table A.4 in Appendix A). Youth who had any contact with a benefits specialist had an average of five contacts. Those who had any benefits consultation had an average of one consultation and spent an average of 4.6 hours across all consultation meetings with the benefits specialist. Few youth received a full benefits analysis. Parents or guardians typically attended benefits consultations with their youth but could also arrange to meet separately with a benefits specialist; however, less than 3 percent did so.

Table III.6. Take-up of benefits counseling services among WI PROMISE participants as of April 2017 (percentages unless otherwise indicated)

	Participating youth who received service
Had any benefits counseling contact[a]	36.4
Average number of contacts	4.7
Average number of days from enrollment in the evaluation to first contact	287.3
Had at least one benefits consultation	36.2
Average number of consultations	1.1
Average number of hours per consultation	4.6
Had at least one benefits analysis	2.1
Average number of benefits analyses	1.0
Average number of hours per analysis	3.3
Had a parent or guardian who had individual contact with a benefits counselor	2.7
Number of participating youth	878

Source: The WI PROMISE MIS.

[a] WI PROMISE intended that 100 percent of youth would receive benefits counseling.

Financial literacy services. Financial coaches from WWBIC provided literacy services through WI PROMISE to treatment group youth and family members. During the recruitment phase, when referrals to services were slow, only one financial coach worked on a part-time basis with PROMISE families. When recruitment ended and referrals increased, the financial coach transitioned to PROMISE full time. At the time of the second site visit, five financial coaches were actively serving PROMISE youth, with another two in training. WWBIC anticipated hiring up to three more coaches before the end of WI PROMISE. In interviews during the second site visit, coaches reported having caseloads ranging from 30 to 100 families, with most handling 40 to 50 families. Training for financial coaches working on PROMISE was

informal, consisting primarily of conversations with WWBIC staff involved in PROMISE and shadowing existing financial coaches as they served their families.

Financial coaches delivered services to youth and their family members individually, either in person or virtually, though orientations were sometimes held in group settings. Compared to the other WI PROMISE services, financial coaches reported commonly delivering services over telephone or video conferencing technology because few coaches were located in rural regions, making face-to-face contact challenging. Coaches described usually meeting with either the youth and the parent or guardian together or with only the parent or guardian for 30 minutes to an hour. During the first few coaching sessions, the financial coach gathered information about the youth's and family members' employment and financial goals, and requested that the family members complete a form authorizing the financial coach to access their credit reports. Financial coaches also addressed any immediate financial needs of the family, such as an inability to afford rent or food. The coaches then made referrals to community resources and worked with the WI PROMISE counselor to stabilize the family before engaging in other financial coaching activities.

WI PROMISE financial literacy services primarily included financial education, individual coaching, and development and management of IDAs, which were used to save money for purchasing items that could help youth meet their employment goals. Similar to benefits counseling, financial literacy services also changed over the course of the program. Initially, WI PROMISE provided financial education through a group-based, nine-hour training for youth called *Make Your Money Talk.*[15] Even though the group trainings occurred on different days of the week and during different blocks of time, financial literacy staff reported turnout as low. Consequently, WWBIC moved away from group trainings and integrated *Make Your Money Talk* into one-on-one conversations and follow-up emails between the financial coaches and participating youth. DVR modified its contract with WWBIC in the second year of the project to reflect the change in the service model. However, as of April 2017, with participation in financial literacy services on the rise, WWBIC staff reported considering offering group trainings again.

After youth received the curriculum content and worked with the financial coaches to develop financial goals and a budget, the financial coaches helped them open IDAs. Initially, IDAs were available only to youth and offered one-for-one matching of savings by WI PROMISE. In February 2017, WI PROMISE made changes to (1) allow family members to open IDAs, (2) allow family members to use the IDAs to pay down debt, and (3) increase the matching from one-for-one to four-for-one. WI PROMISE contributed the first $25 to the savings account. Once participants saved $250, the program provided a matched contribution of $1,000. WI PROMISE required youth and family members who opened an IDA to make monthly contributions to their IDAs; financial coaches told us that most participants with IDAs saved the targeted $250 within three to six months. A centralized financial coach tracked the IDAs for all participants. If a youth or family member missed two consecutive months of contributions, the centralized coach notified the participant's financial coach, who worked with the participant to begin saving again. Financial coaches reported that they were hesitant to close IDAs for noncompliance with the monthly contribution requirement because once an IDA was

[15] *Make Your Money Talk* is a comprehensive money management course developed by WWBIC, designed to help low-income families maximize their incomes.

closed, it could not be reopened; at the time of the second site visit, no families had been noncompliant.

Participation in the financial literacy training component was low, with less than one third of participants having any contact with a financial coach. As shown in Table III.7, as of April 2017, almost 30 percent of participants had any contact with a financial coach but less than 20 percent of participating youth attended a financial coaching meeting, and only a handful had attended a *Make Your Money Talk* class, though more could have received curriculum context during coaching meetings. Though IDAs were designed to be an attractive opportunity, particularly as WI PROMISE increased the match rate, MIS data indicate that only 7 percent of all participating youth opened an IDA as of April 2017. Overall, the MIS analysis shows that as of April 2017, service delivery patterns for Milwaukee region participants and participants in the remainder of the state were similar (see Appendix Table A.5, in Appendix A).

Table III.7. Take-up of financial literacy services among WI PROMISE participants as of April 2017 (percentages unless otherwise indicated)

	Participating youth who received service
Had any contact with a financial coach[a]	28.2
Average number of days from enrollment in the evaluation to first contact	381.1
Attended a financial coaching meeting	19.0
Average number of meetings	4.4
Attended a *Make Your Money Talk* class	1.6
Opened an IDA[b]	7.4
Number of participating youth	878

Source: The WI PROMISE MIS.

[a] WI PROMISE intended that 100 percent of youth and at least one family member or guardian would meet with a financial coach and/or receive the financial literacy services.

[b] The program expected 75 percent of youth to have an IDA while enrolled in PROMISE. Although IDAs were made available to parents or guardians of enrolled youth in February 2017, the option had been available for only two months at the time of data delivery; thus, no parents or guardians had opened an IDA at that point.

C. Career exploration and work-based learning experiences

The federal sponsors stipulated that each PROMISE program was to ensure that participating youth had at least one paid work experience in an integrated setting while they were in high school. They also required that other work-based experiences be provided in integrated settings, such as volunteer activities, internships, workplace tours, and on-the-job training. In this section, we describe counterfactual services with respect to career exploration and work-based learning experiences for youth with disabilities and their families in Wisconsin and the services WI PROMISE provided in this area.

1. Counterfactual services

All youth with disabilities, regardless of PROMISE enrollment, could enroll in traditional DVR two years before high school completion. DVR liaisons, assigned to all high schools in the state, could attend Individualized Education Program (IEP) meetings (especially those for youth

nearing high school completion) and connect youth to traditional DVR services, such as career counseling, job development, job coaching, job shadowing, and assistance planning for postsecondary education.[16] Youth enrolled in DVR could access an array of employment opportunities and programs, such as the following:

- **The Youth On-the-Job Training Hiring Initiative.** DVR partnered with businesses to offer an individualized training program through which youth ages 14 and older worked at a job site and received specific training required to secure permanent employment. DVR paid up to 100 percent of wages and fringe benefits for as many as 500 hours of training. The employer was expected to hire the trainee as a regular-status employee upon program completion.
- **Project SEARCH.** This program was a business-led collaboration that included local education agencies (LEAs), DVR, and businesses. It provided employment experiences for youth with developmental disabilities in their last year of high school. The youth were typically embedded within a host organization, often a health care facility, for work assignments. The LEA provided a special education teacher to deliver job-relevant classroom instruction, and DVR provided a job coach to support the youth in their work assignments. The goal of the program was for the youth to obtain competitive employment after high school completion, possibly (but not necessarily) with the host organization.
- **The Walgreens Retail Employees with Disabilities Initiative.** DVR partnered with Walgreens to offer this program, intended to help youth and adults with disabilities gain retail and customer service skills. During the four-week program, participants worked in a Walgreens store and received on-site job support and soft skills training from a DVR service provider. DVR paid the participants' wages.

Other employment opportunities for youth with disabilities were available outside of DVR, such as the Youth Apprenticeship Program. As part of the DWD School-to-Work initiative, this program was designed to give high school students a paid, hands-on learning experience at work sites in selected occupational areas, along with supplementary classroom instruction. In addition to being paid for their work, students received school credit for participating in this program. Employers were responsible for paying wages to the youth apprentices.

2. WI PROMISE services

Employment experiences. WI PROMISE counselors helped participating youth and their family members achieve their employment goals by providing vocational guidance and counseling. The PROMISE counselor was responsible for ensuring that PROMISE youth participated in at least one paid work experience before the end of the program. To meet that benchmark, counselors often used DVR-approved employment providers for job development and placement services, and to provide job training, coaching, or other employment supports. To refer participating youth and families to job coaching and job development services, PROMISE counselors contacted job coaches or job developers directly at provider organizations. The selection of a particular coach or developer was based on proximity and availability. When a

[16] An IEP specifies the goals a student with disabilities intends to accomplish during the school year, based on his or her identified strengths and needs.

service provider was identified, the PROMISE counselor attempted to achieve a warm hand-off by convening an in-person meeting with the job coach or job developer and the youth or family member. Following that meeting, the coach or developer worked directly with the youth or family member to identify employment goals, opportunities, and needed supports. The coaches and developers who worked with PROMISE families typically had caseloads made up of both PROMISE and non-PROMISE participants. They received no formal training specific to serving PROMISE participants. In some WDAs, there was only a limited number of employment service providers or the providers had waiting lists. To address this challenge, WI PROMISE contracted with an associate from In Control Wisconsin to work with PROMISE participants in developing a person-centered business plan[17] when traditional employment service providers were not available.

Though there were no specified employment services or a sequence in which youth needed to receive services, the first service was typically an assessment of youths' interests and abilities through job shadowing and trial work experiences. During the second site visit, job developers explained that job shadowing experiences were brief opportunities intended to provide exposure to different types of jobs. They typically lasted one to two days and were unpaid. During the first and second focus groups, PROMISE youth reported that they participated in job shadowing activities; job shadowing, however, was recorded in the MIS as part of job development services. 64.6 percent of participating youth were referred for job development services (MIS data do not capture the percentage who participated in job development services or the specific services to which they were referred) (Table III.8). Trial work experiences were designed to impart in-depth knowledge of day-to-day work requirements. Placements typically lasted 90 days, and participants received competitive wages subsidized by DVR.

WI PROMISE aimed to engage all participating youth in at least one paid work experience (that is, a trial work experience or competitive job) within three years of their enrollment in the evaluation (or by the end of the program, whichever came first). As of April 2017, 39 percent of participating youth had a paid work experience (Table III.8). Just over one-third of youth in the Milwaukee region and 44 percent in the balance of the state had a paid work experience (see Table A.6 in Appendix A). As of April 2017, approximately 17 months remained for WI PROMISE to engage the remaining 61 percent of participants in work experiences. WI PROMISE leadership hypothesized that younger youth may have been slower than older youth to participate in employment services and obtain paid employment because they wanted to postpone employment until they were older. Younger youth who wanted to work required additional supports to obtain employment, such as work permits, which could also have delayed take-up of employment services and paid employment. Almost all of the youth with paid work

[17] The person-centered business plan is defined as a "customized self-employment process [that] unites person-centered planning strategies with the development of a business plan. The goal of the planning process is to develop an individualized, profitable and sustainable microenterprise. This process does not require the individual to get ready to go to work but instead focuses on the talents, interests, and assets of the individual" (Wisconsin Division of Vocational Rehabilitation 2013).

experiences had begun them after enrollment in the evaluation.[18] Of those with a work experience, about one-third had worked in a competitive job.

WI PROMISE also aimed for 50 percent of participating youth to have a family member or guardian who received a paid work experience by the end of the program. As of April 2017, the program was on track to meet this goal; 45 percent of participating youth had parents, guardians, or other family members with a paid work experience (Table III.8). More than half had experiences that began after enrollment in the evaluation, and half were in competitive jobs. Fewer family members in Milwaukee had work experiences after program enrollment than those in the balance of the state (40 percent compared to 52 percent; see Table A.6 in Appendix A).

Among those with paid work experiences, participating youth worked just under 20 hours per week on average, whereas their parents, guardians, and other family members averaged almost 27 working hours per week (Table III.8). A comparison of weekly hours and earnings suggests that these youth and family members earned more than the WI state minimum wage of $7.25 per hour (National Conference of State Legislatures). Employed youth in the Milwaukee region worked more hours per week and had higher weekly earnings than their counterparts in the balance of the state; in contrast, the hours and earnings of working family members were similar across the state (see Table A.6 in Appendix A).

Table III.8. Take-up of career exploration and work-based learning experiences among WI PROMISE participants as of April 2017 (percentages unless otherwise indicated)

	Participating youth who received service	Participating youth with parents or guardians or other household members who received service
Referred to job development services	64.6	21.7
Ever had a paid work experience[a]	38.5	45.4
Ever had a work experience before enrollment in the evaluation	5.0	62.2
Ever had a work experience after enrollment in the evaluation	98.2	53.4
Average number of hours worked per week	17.4	26.5
Average weekly earnings	$136.70	$291.50
Type of work experiences		
Trial work experience	66.3	7.7
Competitive employment without on-the-job training	26.5	51.3
Competitive employment with on-the-job training	6.0	1.7
Number of participating youth	878	878

Source: The WI PROMISE MIS.

Note: WI MIS data did not allow us to distinguish parent or guardian work experiences from other household member work experiences.

[a] WI PROMISE intended that 100 percent of youth would have at least one paid work experience while enrolled in PROMISE. The program also intended that 50 percent of youth would have at least one family member or guardian who had a paid work experience.

[18] Counselors recorded in the MIS all work experiences that began after enrollment in WI PROMISE or that began before enrollment but continued afterward.

Soft skills training. As part of the program's career exploration services, WI PROMISE counselors referred youth to soft skills training. PROMISE used a curriculum called *Skills to Pay the Bills*, which teaches concepts to help youth with disabilities secure and maintain employment. DOL's Office of Disability Employment Policy developed the *Skills to Pay the Bills* curriculum, which covers communication, enthusiasm and attitude, teamwork, networking, problem solving, and professionalism. By design, the training entails classes that combine lectures, individual activities, small group activities, and videos to convey and reinforce the concepts.

A variety of service providers and formats were used to deliver the *Skills to Pay the Bills* training. WI PROMISE contracted with SVRI to provide the training. SVRI, in turn, contracted with employment service providers throughout the state. SVRI trained the providers on the substance and delivery of the curriculum, and reinforced the training through optional quarterly conference calls and an online learning community. At the time of the second site visit, 50 providers held contracts with SVRI to offer the training, though SVRI staff estimated that only about half were actively providing the training. Initially, WI PROMISE planned to offer training during six classes held once a week for three hours, typically on a Saturday. However, due to low take-up and retention rates, over time WI PROMISE began offering the six classes over a one-week period as well as during or immediately after the school day.

The training was available to both WI PROMISE and non-PROMISE youth. PROMISE counselors identified program participant youth who could benefit from the *Skills to Pay the Bills* training based on their employment goals and history. Ideally, counselors would have referred youth to the training before they participated in a work experience so they would be able to apply lessons from the training on the job. However, as the training was not rolled out until approximately one year after enrollment began, some youth participated in work experiences before receiving the training. Initially, WI PROMISE aimed to have at least six youth enrolled in each training, but this target was challenging to meet in rural areas due to the small numbers of program participants. Consequently, SVRI respondents reported allowing non-PROMISE youth to attend trainings with PROMISE youth. For example, if the training was offered in a school and there were not enough PROMISE youth to fill the class, it would be opened up to other students with disabilities in the school. Though including non-PROMISE youth in trainings was more common in rural areas, this practice also occurred in urban areas.

As of April 2017, 28 percent of participating youth (248 youth) had been referred to the soft skills training; only about half of those referred to the training had completed it (Table III.9). WI PROMISE considered youth to have successfully completed the training if they attended four of the six classes. WI PROMISE aimed for 500 youth to complete the training by September 2017 and for all treatment group youth to complete it by September 2018. Because referrals to soft skills training could not begin until providers were selected through a competitive proposal process and trained by SVRI, the delayed availability of the training may have been a contributing factor to the low rate of referrals. Youth in the Milwaukee region had higher rates of referral to this training and were referred sooner than those in the balance of the state, perhaps reflecting the greater number of service providers in the Milwaukee region (see Table A.7 in Appendix A). The average duration between enrollment in the evaluation and referral was about one year among all youth who had received referrals.

Table III.9. Take-up of soft skills training among WI PROMISE participants as of April 2017 (percentages unless otherwise indicated)

	Participating youth who received service
Referred for soft skills training[a]	28.2
Average number of days from enrollment in evaluation to referral	343.1
Completed training	48.8
Number of participating youth	878

Source: The WI PROMISE MIS.

Note: The soft skills training was a youth-specific service, so no data for household members exist for this service.

[a] WI PROMISE intended that 500 youth (roughly 50 percent of the treatment group) would complete the training by September 2017 and that 100 percent of youth would complete the training by the end of the program.

D. Parent training and information

The federal sponsors specified two areas in which they expected PROMISE programs to provide training and information to the families of youth participants: (1) the parents' or guardians' role in supporting and advocating for their youth to help them achieve their education and employment goals; and (2) resources for improving the education and employment outcomes of the parents or guardians, and the economic self-sufficiency of the family. In this section, we describe counterfactual services in this area for families of youth with disabilities in Wisconsin and the services WI PROMISE provided.

1. Counterfactual services

The primary sources of training and information for the parents and guardians of youth with disabilities in Wisconsin were two nonprofit organizations that operated statewide. The first—the Wisconsin Family Assistance Center for Education, Training, and Support—had a grant from ED to serve as Wisconsin's Parent Training and Information Center, and three grants from DPI to (1) provide training and information on the state's system of dispute resolution for special education, (2) provide feedback to staff who work with students with disabilities by engaging families with the state's system of professional development for those staff, and (3) help families in Milwaukee make decisions about their children's education.[19] The second organization—the Wisconsin Statewide Parent-Educator Initiative—was funded by a DPI grant and worked with Wisconsin's Cooperative Educational Service Agencies (discussed further under Section E of this chapter) to promote collaboration between schools and the families of students with disabilities. Because both of these organizations offered their services for parents through grants from federal or state education agencies, they were more narrowly tailored to education issues than the services for parents or guardians offered by WI PROMISE.

Additionally, a statewide organization called Family Voices of Wisconsin offered information on health care and community supports to the parents of youth with disabilities. This organization had a grant from DHHS to serve as Wisconsin's Family-to-Family Health

[19] Supported by the U.S. Department of Education, Office of Special Education Programs, Parent Training and Information Centers are charged with providing training and information to parents of children with disabilities from birth through age 26.

Information Center,[20] as well as a DHS grant to serve as the family leadership hub for Wisconsin's Children and Youth with Special Health Care Needs Program.[21] Because Family Voices of Wisconsin offered its services for parents through grants from federal and state health agencies, its services were tailored to health care issues.

2. WI PROMISE services

WI PROMISE provided training specifically for parents and guardians to increase their expectations for the employment of their youth. The program developed the *My Child Can Work* curriculum, which drew on other Wisconsin initiatives that aimed to improve employment outcomes for transition-age youth with disabilities. The training consisted of three modules. The first focused on helping one's child plan for employment, building a positive description of the child, and identifying the child's transferable skills and ideal conditions for employment. The second focused on overcoming barriers to employment for one's child, such as lack of transportation, employer attitudes toward hiring individuals with disabilities, availability of postsecondary education and training, job experiences, and on-the-job supports for youth with disabilities. The third module focused on legal issues and transitioning from youth to adult services, including health care decisions, supportive decision making, the IEP process, and protections under the Individuals with Disabilities Education Act and the Americans with Disabilities Act.

Initially, WI PROMISE planned to conduct five large group trainings per year, but in response to poor attendance at early trainings, in 2016 the program began using FAs to help families complete an online version of the training. The FAs received training on the *My Child Can Work* curriculum, IEPs, self-advocacy, trauma-informed care, and motivational interviewing. As part of their training, FAs also participated in a resource mapping exercise to familiarize themselves with the community resources available to families of children with disabilities, such as Aging and Disability Resource Centers, Children and Youth with Special Health Care Needs programs, local libraries, food pantries, and LEA information sources.[22]

Although the program did not have a benchmark for receipt of the *My Child Can Work* training, it did expect that by the end of the program 80 percent of treatment group youth would have parents or guardians who would agree that their children could work—the central objective

[20] Family-to-Family Health Information Centers are family-staffed organizations that assist families of children with special health care needs and the professionals who serve them. These centers provide assistance to families, including support and referrals, advocating for and connecting families with resources, running listservs and websites, and developing newsletters and family-friendly publications.

[21] Wisconsin's Children and Youth with Special Health Care Needs Program collaborates with national, state, and community-based partners to link children to appropriate services, close service gaps, reduce duplication, and develop policies to better serve families. The program ensures that children and youth with special health care needs are identified early, receive high quality coordinated care, and receive, along with their families, the supports they need.

[22] Aging and Disability Resource Centers provide information, advice, counseling, and assistance to empower people to make informed decisions about their long-term services and supports, and help them access public and private programs. Aging and Disability Resource Centers are part of the No Wrong Door system model, a collaboration among the Administration for Community Living, the Centers for Medicare & Medicaid Services, and the Veterans Health Administration.

of the parent training. As of April 2017, WI PROMISE counselors had referred the parents or guardians of just over one-quarter of youth participants to FAs specifically for this training (Table III.10).[23] Of those who had been referred, only 14 percent had completed all three modules; the remaining 86 percent had not completed any modules. Completion rates may have been low because the FAs needed time to build rapport with families before delivering the training or because their other responsibilities left little time to deliver the parent training. Referral and completion rates were lower in the Milwaukee region than in the balance of the state (see Table A.8 in Appendix A).

Table III.10. Take-up of parent training services among WI PROMISE participants as of April 2017 (percentages unless otherwise indicated)

	Participating youth with parents or guardians who received service
Referred to FA for training	27.6
Percentage who completed:	
0 of 3 trainings	85.5
1 of 3 trainings	0.0
2 of 3 trainings	0.4
3 of 3 trainings	14.0
Number of participating youth	878

Source: The Wisconsin PROMISE MIS.

E. Education services

The federal PROMISE program sponsors did not specify education services as a core program component, but programs were free to implement them in the context of or separate and apart from other program services. Examples include activities to expose participating youth to postsecondary education and assistance with individual transition planning in schools. In this section, we describe counterfactual education-related services for youth with disabilities in Wisconsin and the services WI PROMISE provided in this area.

1. Counterfactual services

DVR offered training grants to consumers who had employment goals that required post-secondary education or vocational training. The amount of the training grant depended upon the financial need of the students but could be up to $5,000 per academic year for full-time students or up to $208.34 per credit for part-time students. To be eligible for the training grant, consumers needed to complete the Free Application for Federal Financial Aid (Wisconsin Division of Vocational Rehabilitation, 2017).

Other education services typically available to transition-age youth with disabilities in Wisconsin were mandated by DPI and provided by LEAs. Beginning in the 2017–2018 school year, DPI required LEAs to work with all students (with and without disabilities) in grades 6 through 12 to develop postsecondary academic and career plans. For students with disabilities, these plans were integrated into their IEPs and used in the transition planning process, which

[23] The MIS did not capture data on parents or guardians who attended group trainings during early program implementation.

began with the creation of postsecondary transition plans when the students reached the age of 14. Like academic and career plans, postsecondary transition plans identified students' postsecondary education and employment goals. They also identified the services that students needed to achieve their goals and, starting in the 2017–2018 school year, documented the services students had already received. Beginning in 2013, DPI supported the transition support activities of the LEAs through a Transition Improvement Grant, which provided technical assistance and professional development in the area of transition planning to LEAs, teachers, parents, and students.

Other Wisconsin organizations that provided education services pertaining to youth with disabilities include the following:

- **Cooperative Educational Service Agencies**. The Wisconsin state legislature created these regional entities to help LEAs (1) collaborate with each other and share resources; (2) provide students with alternative education programs;[24] and (3) provide students with disabilities with assistive technology, orientation and mobility training, physical and occupational therapy, and other related services.
- **Think College Wisconsin**. This initiative of the Waisman Center developed partnerships across the state between communities and institutions of higher education to increase access to postsecondary education for youth with disabilities.

2. WI PROMISE services

Assisting participating youth and their parents or guardians to achieve their education goals was an important part of WI PROMISE. WI PROMISE counselors connected youth and their family members to the DVR training grants available to all DVR consumers with employment goals that required post-secondary education or vocational training. DVR funded the training grants for WI PROMISE youth and for family members who were eligible for DVR services, whereas WI PROMISE funded the training grants for family members who were ineligible for DVR services. As of April 2017, the households of three percent of youth participants had received WI PROMISE-funded training grants (Table III.11). The households of less than one percent had received DVR-funded training grants.

PROMISE counselors and FAs also connected treatment group families to other regularly available services; they also worked with representatives from the school system through resource teams and attended IEP meetings to ensure that youth had access to the supports they needed to succeed in school. According to FAs, parents and guardians in the program struggled with challenges related to their youth's education, such as a lack of engagement with their youth's school, disagreements with the school about the youth's IEP, and difficulty in homeschooling their youth; youth truancy was also a common challenge. PROMISE counselors and FAs helped the parents and guardians address these challenges. For the most part, PROMISE counselors were able to access students and staff in schools; however, PROMISE staff reported

[24] Alternative education programs are defined by Wisconsin state law as "an instructional program, approved by the school board, that utilizes successful alternative or adaptive school structures and teaching techniques and that is incorporated into existing, traditional classrooms or regularly scheduled curricular programs or that is offered in place of regularly scheduled curricular programs" (Wisconsin State Legislature).

that Milwaukee Public Schools restricted outside visitors due to safety concerns for their students. In that area, coordination between the PROMISE and school staff was limited.

Table III.11. Take-up of training grants among WI PROMISE participants as of April 2017 (percentages unless otherwise indicated)

	Participating youth with households that received service
Received WI PROMISE-funded training grant	3.4
Received DVR-funded training grant	0.5
Number of participating youth	878

Source: The Wisconsin PROMISE MIS.

F. The possibility that control group members received WI PROMISE services

Adherence to a study design that maintains and maximizes a distinction between the treatment and control groups throughout program operations is critical for an evaluation to be able to detect program impacts (that is, statistically significant differences in outcomes between the treatment and control groups). The more a program inadvertently provides services to control group members, the less likely average outcomes will differ between the treatment and control groups.

In the early years of the program, there was little risk that control group members would receive the same type of case counseling that occurred through WI PROMISE because the PROMISE counselors' caseloads consisted entirely of treatment group youth. However, as the PROMISE counselors transitioned to traditional DVR counselor positions in the final two years of the program, some added traditional DVR consumers to their caseloads, thus creating the possibility that control group youth enrolled in traditional DVR could be assigned to former PROMISE counselors. An analysis of MIS data from April 2017 indicates that 23 percent of control group youth applied to traditional DVR and 11 PROMISE counselors had caseloads that included 16 control group members. Though these counselors could not offer intensive, family-centered case counseling to traditional DVR consumers, they might have integrated approaches learned through their PROMISE experience into their traditional DVR case counseling practice, such as the use of motivational interviewing. The national evaluation's impact analysis will more completely assess the extent to which control group youth received DVR services but will not be able to describe the nature of those services to determine how similar or different they were from WI PROMISE services.

A program model that intends to create lasting change in the service environment, as expected by federal PROMISE partners, can also be challenging for an experimental impact evaluation. Sustaining improvements in the service delivery environment and certain components of WI PROMISE may become the program's greatest legacy if the results are more effective services for future cohorts of transition-age youth with disabilities and their families. As those outside of the treatment group begin to benefit from such enhancements, however, the impacts of the program within the context of the random assignment evaluation may diminish. Consequently, any sustainment of WI PROMISE could have problematic implications for the

evaluation's five-year impact analysis and any longer-term impact analyses that SSA or other organizations might choose to undertake.

As of April 2017, the leadership of WI PROMISE sought to facilitate sustainment of components of the program by gathering and disseminating the lessons learned from it and encouraging the incorporation of selected components into ongoing service systems. They gathered and disseminated information through the following means:

- **Focus groups with program staff.** Following the original design for the formative evaluation of WI PROMISE, in 2016, SVRI conducted focus groups with the program's counselors and case coordinators. In 2017, WI PROMISE modified the budget of the program's executive committee to add funding for additional focus groups with counselors, case coordinators, FAs, and other service providers. Those groups concentrated on staff experiences in delivering services and identifying lessons relevant to sustaining components of the program.
- **Youth and Family Advisory Committee.** The modification to the budget of the executive committee also provided funding for the formation of a Youth and Family Advisory Committee, which consisted of 10 families and began meeting in June 2017. Its mandate was to provide feedback from youth and family members who participated in WI PROMISE, leading to recommendations for sustaining components of the service model.

Finally, systems-level changes that WI PROMISE facilitated or that occurred apart from but concurrently with it may dilute the impacts of the program if they result in enhanced services for members of the control group similar to those provided by WI PROMISE. Several initiatives that included systems-change elements and were implemented while PROMISE was operational could have implications for the program's impacts. These include WIOA and community conversations conducted by BPDD.

WIOA. In response to the WIOA legislation, DVR implemented changes to its usual services and approach that mirror aspects of the WI PROMISE program. Changes included training traditional DVR counselors in motivational interviewing and trauma-informed care; offering three benefits consultations instead of a longer, single benefits analysis; and offering, for the first time, the soft skills training curriculum, *Skills to Pay the Bills*. Moreover, because of WIOA, DVR increased its efforts to engage with youth at younger ages—a central facet of WI PROMISE.

Community conversations. WI PROMISE provided financial support to BPDD to conduct community conversations aimed at increasing employment opportunities for youth with disabilities throughout the state. Though these events were not exclusively for program participants, the community conversations provided opportunities for local stakeholders and employers to discuss the promotion of employment opportunities for youth with disabilities, and thus may have resulted in more employment opportunities for these youth generally. BPDD agreed to conduct at least 11 community conversations—one in each WDA; however, it expected to hold more than 11. BPDD reported that between October 2014 and April 2017, 6 community conversations took place in five locations—Milwaukee, Green Bay, La Crosse, Racine, Madison, and Fox Valley. WI PROMISE anticipated conducting the remaining 5 conversations in other

parts of the state. BPDD agreed to conduct additional conversations with remaining contract funds.

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IV. PROGRAM PARTNERSHIPS

As noted in Chapter I, a key objective of the PROMISE programs was to improve service coordination among multiple state and local agencies. The federal sponsors required recipients of PROMISE cooperative agreements to establish formal partnerships among state agencies responsible for programs that serve the target population, encouraging them to cultivate new partnerships and expand existing ones with community-based disability providers. At a minimum, these partnerships needed to include the agencies responsible for programs that provide VR, special education, workforce development, Medicaid, Temporary Assistance for Needy Families, services for those with developmental or intellectual disabilities, and mental health services. WI PROMISE established partnerships with each of these agencies as well as SVRI, BPDD, and community-based organizations that provide direct services. In this chapter, we describe the quality of these partnerships and changes in communication and collaboration among the partners over time.

Data from two social network surveys of administrators and frontline staff of WI PROMISE partners provided an opportunity to quantify and graphically depict their partnerships before PROMISE and how those partnerships changed as they implemented the program. The surveys were grounded in network theory, which focuses on the ties among individuals or organizational entities (Wasserman and Faust 1994). Survey data from administrators (who did not provide services directly to participants) provided insight into system changes that supported service delivery and might extend beyond the end of the cooperative agreement for WI PROMISE. Survey data from frontline staff (who provided services directly to participants) illuminated the service networks that may have facilitated or impeded program implementation and operations. Changes in relationships that occurred concurrently with program implementation and operations cannot necessarily be attributed entirely to PROMISE, as other initiatives (such as WIOA) and environmental factors may have been driving or contributing forces.

The social network surveys asked respondents to report their involvement with seven WI PROMISE partner organizations.[25] They included the lead agency (DWD); PROMISE service providers (ERI and WWBIC, with the addition of the Waisman Center[26] and benefits specialists outside of ERI during late implementation); and state-level partners on the steering committee (BPDD, DCF, DHS, and DPI). Respondents to the survey of administrators included staff from seven partners (BPDD, DCF, DHS, DPI, DWD, ERI, and WWBIC), with an additional response from the Waisman Center during late implementation. No administrators from DPI and WWBIC provided responses about their involvement with other WI PROMISE partners before

[25] Because these surveys differ from typical surveys (they ask about relationships between the respondent and all other WI PROMISE partner agencies), we used network analysis computations to quantify the results. Network analysis is an approach to examine relationships among a set of actors. In the network analysis computations, we excluded the respondent's own organization. For the administrative network analysis, when more than one person from an organization responded, we used the highest value across respondents to represent the organization's response. In these instances, the analysis reflects the "best" relationship reported. We then computed the average percentage across all organizational respondents. The average percentage is reported in the tables and figures.

[26] During early implementation, BPDD contracted with the Waisman Center to conduct community conversations, so their survey responses were combined. During full implementation, the Waisman Center took on the additional role of supervising and contracting for the FA positions, which required including the Center in the network analysis as an organization separate from BPDD.

implementation. Respondents to the survey of frontline staff included WI PROMISE counselors and case coordinators, benefits specialists from ERI and other providers, employment service providers,[27] and FAs; the analysis excluded their involvement with BPDD, as that organization lacked corresponding frontline staff with whom service staff could connect. We captured information about the WI PROMISE networks during the following periods:

- Before WI PROMISE services began (about 6 months before enrollment in the evaluation began, which was 12 months before we conducted the first round of the survey)
- Early implementation (about 6 months after enrollment in the evaluation began, which was when we conducted the first round of the survey)
- Late implementation (about 24 months after enrollment in the evaluation began, which was when we conducted the second round of the survey)

The findings we present below reflect a program that matured during implementation. Among WI PROMISE administrative-level partners, communication at least monthly increased as the program was implemented, particularly among PROMISE service providers. These partners had consistently positive views of the effectiveness of their working relationships. However, collaboration on specific types of PROMISE and non-PROMISE activities for administrative-level partners declined over time, which could indicate a more focused involvement of service providers during late implementation. The PROMISE program's frontline staff (counselors and case coordinators) quickly assumed their program roles, as evidenced by the frequency of their communications and involvement with multiple partner organizations. In contrast, other PROMISE frontline staff maintained relatively infrequent communications with partner organizations.

A. Administrative partnership networks

Communication and effective working relationships among WI PROMISE partners at the administrative level about issues pertaining to youth with disabilities were relatively high when the program rolled out. Table IV.1 shows the relationships reported by the WI PROMISE administrative partner organization respondents with the other partner organizations. The first column identifies the question asked, the second column indicates the level at which we assessed the responses, and the percentages represent the share of partner organization relationships at the level indicated for each period. For example, before PROMISE services began, each of the five respondents reported on their communication with each of the other six partner organizations, for a total of 30 reported relationships. 22 of the 30 reports (73 percent) indicated the communication occurred at least monthly.

Generally, partners built on preexisting relationships; most of the respondents' communication with other partners was at least monthly before the implementation of WI PROMISE services (73 percent of partner organization relationships) and the quality of most of the relationships was positive, whether measured as effective to a considerable extent (the highest response option, representing 53 percent of partner organization relationships) or to some

[27] Employment service providers included in the analysis delivered the *Skills to Pay the Bills* curriculum as well as job coaching and job development services.

or a considerable extent (83 percent of partner organization relationships). These findings align with the description of partnerships before WI PROMISE that respondents offered during the first site visit. PROMISE steering committee members described that before PROMISE, the Medicaid Infrastructure Grant was instrumental in improving the partnership between DWD and DHS, and the Let's Get to Work initiative enhanced and extended that partnership to include DPI and BPDD.

Survey data indicated that, as the program was implemented, the share of partner organization relationships with at least monthly communication or a positive working relationship increased slightly.[28] For example, communication at least monthly increased from 73 percent of relationships before PROMISE began to 81 percent during late implementation. As a supplemental analysis, we limited the responses only to the respondents and partner organizations represented in the "before PROMISE services" period. The observed relationships were similar to those using the full sample, though the statistics for the early and late implementation periods were somewhat higher (data not shown). The findings of the survey align with observations during the first site visit, during which the steering committee was highly engaged in WI PROMISE. Its efforts were critical to meeting the program's enrollment target (by advocating for creative recruitment initiatives) and creating high quality program resources and materials before and during early implementation.

[28] This pattern differed slightly for communication but not effective working relationships when we restricted the analysis to reciprocal relationships among the organizational respondents (that is, those relationships in which the respondents were in agreement). Pairs of organizations reported at least monthly communication with each other 75 percent of the time before PROMISE services began, 71 percent of the time during early implementation, and 79 percent of the time during late implementation. These statistics are not substantively different from the analysis using the full data.

Table IV.1. Communication and effective working relationships among WI PROMISE partners, by implementation period

Relationship question	Response assessed	Share of partner organization relationships		
		Before PROMISE services	Early implementation	Late implementation
How frequently did administrative staff from your organization communicate with administrative staff in the following organizations about issues pertaining to youth with disabilities and their families?	Communication at least monthly	73%	79%	81%
To what extent did your organization have an effective working relationship with each of the following organizations on issues related to youth with disabilities and their families?	Effective working relationship to a considerable extent	53%	60%	63%
	Effective working relationship to some or a considerable extent	83%	88%	89%

Notes: Respondents for five WI PROMISE administrative partners completed interviews in the before PROMISE services period, seven administrative partners in the early implementation period, and eight administrative partners in the late implementation period to describe their relationships with each of the other PROMISE partner organizations (seven in the before PROMISE services and early implementation periods; nine in the late implementation period). More than one person from DCF responded regarding the before PROMISE services and early implementation periods, more than one person from the Waisman Center responded regarding late implementation period, and more than one person from DWD, SVRI, and DHS responded regarding all periods; however, in each instance, we used the highest value reported to represent the organization's response. Thus, it was as if there was one respondent for each organization.

These patterns of relationships were not substantively different for the types of partners involved with WI PROMISE, with one exception. As implementation progressed, dramatic increases occurred in communication with agencies providing PROMISE services, despite the effective working relationships being relatively high and static (Table IV.2). This change might reflect the involvement of these agencies with direct provision of PROMISE services. All partners communicated with DWD (the WI PROMISE lead agency) at least monthly before PROMISE services began, as well as during late program implementation. Communication and effective working relationships with the steering committee agencies was high in all three implementation periods and relatively stable over time.

Table IV.2. Communication at least monthly and effective working relationships among WI PROMISE partners, by implementation period

Relationship/implementation period	Share of partner organizations with which respondents reported relationship			
	All PROMISE partners (7 before and early; 9 late)	DWD (1)	PROMISE service agencies (2 before and early, 4 late)	Steering committee agencies (4)
Communication at least monthly				
Before PROMISE services	73%	100%	33%	88%
Early implementation	79%	83%	72%	83%
Late implementation	81%	100%	76%	82%
Effective working relationship to some or considerable extent				
Before PROMISE services	83%	100%	89%	76%
Early implementation	88%	100%	83%	88%
Late implementation	89%	100%	86%	89%

Notes: Respondents for five WI PROMISE administrative partners completed interviews in the before PROMISE services period, seven administrative partners in the early implementation period, and eight administrative partners in the late implementation period to describe their relationships with each of the other PROMISE partner organizations (seven in the before PROMISE services and early implementation periods; nine in the late implementation period). Each responded to the questions, "How frequently did administrative staff from your organization communicate with administrative staff in the following organizations about issues pertaining to youth with disabilities and their families?" and "To what extent did your organization have an effective working relationship with each of the following organizations on issues related to youth with disabilities and their families?" For each group of PROMISE partner organizations, we computed the percentage of those organizations with which each organizational respondent reported communication "at least every month" or effective working relationships "to some or a considerable extent." More than one person from DCF responded regarding the before PROMISE services and early implementation periods, more than one person from the Waisman Center responded regarding the late implementation period, and more than one person from DWD, SVRI, and DHS responded regarding all periods; however, in each instance, we used the highest value reported to represent the organization's response. Thus, it was as if there was one respondent for each organization. Responses are shown for all WI PROMISE partners as well as by three mutually exclusive partner types (DWD—the lead agency, PROMISE service providers, and steering committee members).

As WI PROMISE matured, the administrative partners collaborated less frequently with each other on program-specific activities related to client referrals, service delivery, resource sharing, and data sharing. As reported during the second site visit, during full implementation the steering committee reduced the frequency of its meetings and focused on issues around encouraging engagement and participation of youth and family members in PROMISE services. The recruitment and enrollment work group was disbanded, and other subcommittee purposes shifted to provide support to PROMISE on an as-needed basis. For example, the work experience/career exploration and connections work groups did not hold regular meetings after their key resources were developed; however, if case managers needed updated or new resources, the work group members would meet to respond to these needs. Table IV.3 shows the share of partner organization relationships in which the respondents reported working on four specific activities (shared resources, service delivery, data sharing, and client referrals) both

related to and outside of PROMISE during early and late implementation.[29] Their collaboration on these activities outside of PROMISE also decreased over time. During early program implementation, partners collaborated with each other at about the same levels outside of PROMISE as within. In contrast, during late implementation, collaboration within PROMISE was slightly higher than outside of it for three of the four activities we measured.

Table IV.3. Activities on which WI PROMISE partners collaborated related to and outside of the program, by implementation period

Relationship question	Collaborative activity	Share of partner organization relationships	
		Early implementation	Late implementation
In the past year, and related to your work on PROMISE, with which of the following organizations has your organization [conducted the activity]?	Service delivery	73%	63%
	Shared resources	57%	55%
	Client referrals	57%	45%
	Data sharing	53%	44%
In the past year, and outside of your work on PROMISE, with which of the following organizations has your organization [conducted the activity]?	Service delivery	70%	55%
	Shared resources	63%	52%
	Client referrals	60%	47%
	Data sharing	53%	38%

Notes: Respondents for five WI PROMISE administrative partners completed interviews in the before PROMISE services period, seven administrative partners in the early implementation period, and eight administrative partners in the late implementation period to describe their relationships with each of the other PROMISE partner organizations (seven in the before PROMISE services and early implementation periods; nine in the late implementation period). We computed the percentage with which each administrative partner reported conducting the specified activity. More than one person from DCF responded regarding the before PROMISE services and early implementation periods, more than one person from the Waisman Center responded regarding the late implementation period, and more than one person from DWD, SVRI, and DHS responded regarding all periods; however, in each instance, we used the highest value reported to represent the organization's response. Thus, it was as if there was one respondent for each organization.

B. Service partnership networks

The relationships that WI PROMISE frontline staff had with the program's partner agencies varied both by staff type and time. We asked WI PROMISE counselors, case coordinators, and other frontline staff (benefits specialists, employment service providers, FAs, and a financial coach) about their relationships with seven to nine partners that employed frontline staff who worked directly with clients. 15 staff members responded to the questions about early implementation and 14 about late implementation; 12 of the respondents provided information about both periods. In Table IV.4, we show the share of frontline partner organization

[29] For survey brevity, we did not assess the extent of collaborative activities before PROMISE services began.

relationships in which frontline staff reported communicating at least monthly or conducting collaborative activities during early or late implementation.[30] For example, during early implementation, 11 staff members reported on their communication with each of the other six partner organizations (the organizations other than their own), and 4 staff members reported on their communication with the seven partner organizations, for a total of 92 reported relationships.[31] 57 of the 92 reports (62 percent) indicated that communication occurred at least monthly.

In half or more of their relationships during early and late implementation, WI PROMISE frontline staff reported communication at least monthly (Table IV.4). However, less communication occurred during late implementation than during early implementation. These differences are likely due to changes in the respondents, along with the addition of two partners during late implementation. Restricting the sample to respondents and partner organizations involved in both periods (that is, looking at an equivalent network over time), the levels of communication at least monthly are similar—54 percent in early implementation and 53 percent in late implementation (data not shown).

During early implementation, WI PROMISE frontline staff collaborated with partner organizations most often to discuss consumers' needs, goals, and services; refer youth and families to their services; and share consumer data (Table IV.4). WI PROMISE counselors and case coordinators were more involved with the program's partner organizations on collaborative activities than other frontline staff, particularly around sharing consumer data (data not shown). Similar to the pattern for communication at least monthly, WI PROMISE frontline staff had less frequent collaboration with partner organizations during late implementation than during early implementation for all activities (from 10 to 16 percentage points). Examining the same respondents and partner organizations during both early and late implementation (that is, an equivalent network), we observed the same ranking of responses and a similar, though smaller, decline across periods (from 4 to 8 percentage points) for all activities except conducting joint training, which increased by 4 percentage points by late implementation (data not shown).

[30] We did not assess frontline staff relationships before WI PROMISE services began because, though some staff were employed by their organizations at that point, none was yet delivering program services.

[31] Two of the possible 94 relationships were missing, resulting in 92 reported relationships.

Table IV.4. Activities among WI PROMISE frontline staff and partners, by implementation period

Relationship question	Response assessed/collaborative activity	Share of partner organization relationships	
		Early implementation	Late implementation
How frequently did you communicate with frontline staff (who work directly with clients) in the following organizations about client issues?	Communication at least monthly	62%	50%
Related to your work with youth or adults with disabilities, how often did you do the following with each organization?	Discuss clients' needs, goals, and services	61%	49%
	Refer clients to partner organization	56%	40%
	Share client data	52%	39%
	Meet for transition planning	47%	37%
	Conduct joint training	46%	36%
	Receive referrals from partner organization	29%	16%

Notes: A total of 15 respondents completed interviews during early implementation to describe their activities with seven WI PROMISE partner organizations, and 14 respondents completed interviews during late implementation to describe their activities with nine WI PROMISE partner organizations.

The percentages shown in Table IV.4 offer summary information about relationships but do not reflect the variations between individual frontline staff and WI PROMISE partner organizations. Figure IV.1 uses a graphical representation of relationships (a sociogram) to depict at least monthly communication (shown as lines) that program frontline staff (shown as red circles) reported having with WI PROMISE partner organizations (shown as blue squares) during late implementation. Communication at least monthly during early implementation is similar to late implementation and thus not shown. This pattern suggests that the frontline staff quickly assumed their roles in the program, including the establishment of relationships with the partner organizations, and maintained those relationships throughout implementation. Four patterns emerge from this figure:

1. During late implementation, each WI PROMISE counselor and case coordinator communicated at least monthly with four to six partner organizations.
2. Compared to WI PROMISE counselors and case coordinators, most other frontline staff of PROMISE (employment consultants, benefits specialists, FAs, and financial coaches) communicated less frequently and with fewer other partners (from one to five).[32] All of these staff, with the exception of a financial coach and an FA, communicated at least

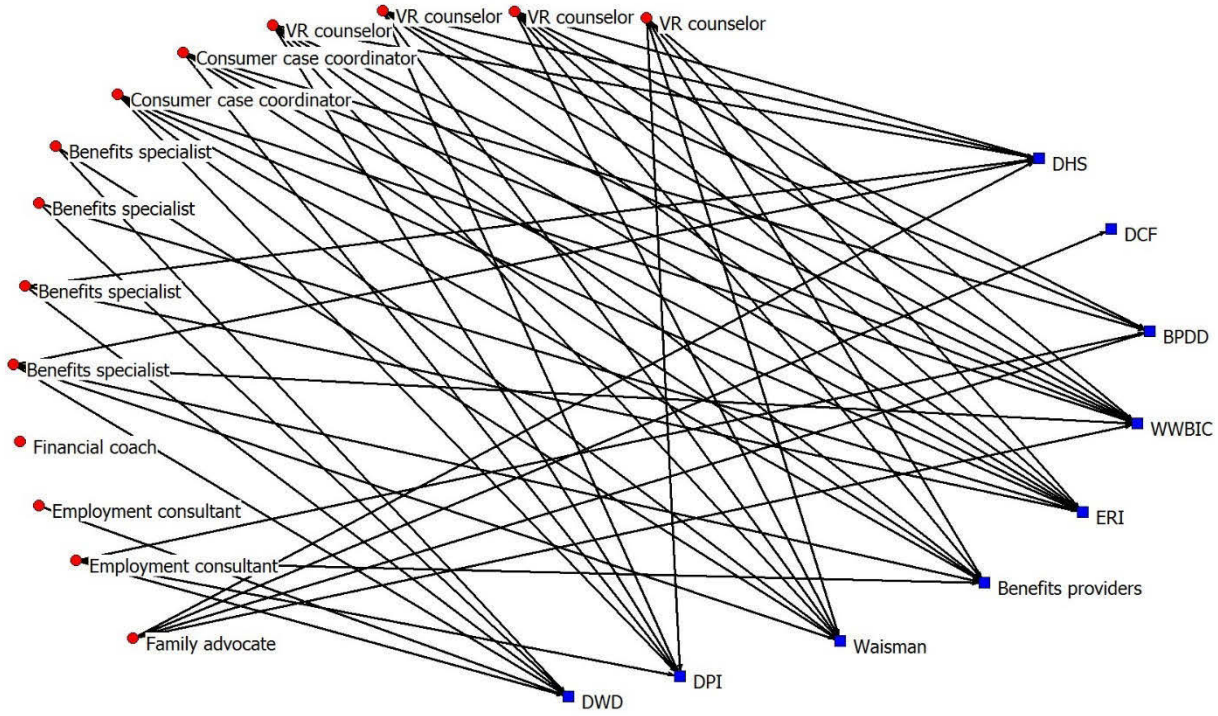
[32] The financial coach had no communication at least monthly with any WI PROMISE partner because that position in PROMISE had been established only shortly before our collection of the social network data.

monthly with DWD (a partner excluded from the counselor and case coordinator connections because DWD is its own organization).

3. During late implementation, almost all WI PROMISE counselors and case coordinators communicated at least monthly with the three PROMISE service providers and FAs from the Waisman Center. However, during our site visits, counselors and FAs reported challenges in interacting, largely due to conflicting interpretations of each other's roles. FAs also faulted the counselors for their inaccessibility, whereas counselors felt FAs could be hasty and cross professional boundaries.
4. Although DCF and DPI served youth with disabilities, they were not key service provider partners in WI PROMISE. Among PROMISE counselors and case coordinators, and other frontline staff, monthly communication with DCF was less frequent than with the other PROMISE partners. Among frontline staff other than counselors and case coordinators, frequent communication with DPI was also less common. The roles of these agencies in WI PROMISE were to support the recruitment effort and accept referrals for services, which were infrequent. DWD and its contract service providers and vendors delivered the majority of PROMISE services.

Partnerships among WI PROMISE counselors and other PROMISE service providers varied within and across regions, but were particularly weak in Milwaukee, where the large number of cases and staff limited opportunities to develop relationships, and the relatively low engagement rate necessitated more focus on reengagement than service provision. Both in Milwaukee and elsewhere, PROMISE counselors tended to communicate with benefits counselors, financial literacy coaches, and FAs at the time of a referral and as needed thereafter, though finding time for meetings and providing updates on referrals was challenging (data not shown).

Figure IV.1. Communication at least monthly during late implementation among WI PROMISE frontline staff and partners



Notes: A total of 14 respondents completed interviews during late implementation. The figure shows responses of "at least every month" from the WI PROMISE frontline staff to the question, "How frequently did you communicate with frontline staff (who work directly with clients) in the following organizations about client issues?" Red circles represent frontline staff; blue squares represent WI PROMISE partner organizations. Respondents did not report on communication with staff from their own organization.

V. LESSONS AND IMPLICATIONS FOR THE IMPACT ANALYSIS

In the absence of findings from the evaluation's ongoing impact analysis, it is premature to assess whether WI PROMISE was successful in reducing SSI payments and improving education and employment outcomes among transition-age youth with disabilities. Nonetheless, the process analysis revealed several lessons on the benefits and challenges of the program's approach to engaging youth with disabilities, delivering services to them and their families, and facilitating partnerships to improve service coordination. It also identified important considerations about how administrators and staff implemented the program in practice that may have implications for its ability to generate impacts.

A. Lessons about engaging youth with disabilities and their families

Targeted recruitment efforts can help programs meet their enrollment goals. WI PROMISE initially struggled to achieve an adequate pace of enrollment when relying primarily on mailings of enrollment packets to eligible youth and their families. Then, a year into its recruitment effort, the program added an introductory postcard mailing to increase brand recognition and home visits to better reach families. These strategies were instrumental in the program's achievement of its goal of enrolling 2,000 youth in the evaluation.

A holistic service model that allows for flexibility in responding to family challenges can encourage engagement in program services. WI PROMISE's whole-family service model and persistent efforts to engage families despite their lapses in program attendance were beneficial aspects of the program. PROMISE counselors worked to reduce participation barriers by providing referrals to program-specific services after they had addressed the more immediate basic needs of treatment group families, and continued to do so whenever they arose. This approach was designed to provide families with intensive, ongoing services in a holistic manner without penalizing them for delays in initial engagement or subsequent lapses in engagement. Counselors reported that in many instances, families that had been disengaged eventually reengaged. Compared with the traditional Wisconsin DVR service model, under which consumers would be suspended or terminated after periods of disengagement, the WI PROMISE service model was more responsive to families in crisis, in that it encouraged them to remain in contact with their counselors for ongoing support.

Built-in peer support can increase engagement but may complicate relationships with service providers. WI PROMISE sought to increase engagement with the program by hiring FAs with backgrounds similar to those of the parents of the treatment group youth. The FAs reported that they had been able to establish close relationships with the parents. However, despite promoting program engagement, those relationships were a source of tension between the FAs and the WI PROMISE counselors. The counselors felt that the FAs' interactions with parents sometimes crossed professional boundaries and disrupted the sequence of case counseling.

Engaging youth with disabilities and their families may require different approaches in different community contexts. WI PROMISE served youth from a variety of community contexts. To accommodate transportation challenges and other barriers to accessing services in rural areas, the program offered several of its services online, including youth self-advocacy

training and financial literacy services and provided treatment group youth with tablet computers and data plans to facilitate their engagement. Cellular service was spotty in some rural areas of the state, however, making it challenging for youth in those areas to access some PROMISE services. To address this challenge and others in engaging youth participants in online trainings, WI PROMISE enlisted the FAs to encourage the youth and work with them to complete the trainings.

To serve families residing in urban areas, in which many services were available but not frequently accessed, reportedly due to a distrust of service systems, WI PROMISE counselors reported needing to spend more time building rapport with participants and their trust in PROMISE. One way in which these counselors built trust was to help families through times of crises and continue reaching out to them even when the family had become disengaged for an extended period of time. When growing caseloads made it difficult for the counselors to spend time encouraging engagement, PROMISE enlisted the FAs to offer peer support to build trust in the program.

B. Lessons about delivering program services and facilitating partnerships to improve service coordination

Oversight committees may be valuable vehicles for program management. The oversight of WI PROMISE by an executive committee and a steering committee proved to be a valuable management structure. Staffing the executive committee with the secretaries or superintendents of the program's partner agencies fostered critical buy-in at the highest levels and earliest stage of program design; it also helped publicize the program statewide. Contracting with an organization not connected with any of the partner agencies to chair the meetings of the executive committee facilitated its decision making. The steering committee was vital to the creation of program materials, attainment of enrollment targets, and communication of decisions to program staff. Having the project manager act as the main point of contact for the committee (directing its activities and communicating its decisions externally) was important in keeping the committee organized and productive.

Enhanced communication with LEAs can facilitate program access within schools. WI PROMISE faced a significant challenge in delivering services in schools in certain LEAs. LEA officials reported that restrictions on access to schools were necessary for security reasons, especially in urban areas, but those restrictions compromised the ability of PROMISE counselors to coordinate with school staff who were supporting participating youth and members of their resource teams. Enhanced communication between the program's partner agencies and the LEAs about this challenge might have facilitated access for program staff (for example, by providing them with access badges) while maintaining important security measures.

Tailoring the mode of service delivery to the needs of participants can increase a program's reach. Throughout the program, WI PROMISE adjusted its plans for delivery of several core services. For example, WI PROMISE initially delivered parent training in group sessions. After experiencing low participation in early sessions, the program leaders restructured the parent training to a one-on-one format. This approach had the desired result of increasing participation in the training and the added advantage of providing more personalized service for parents and guardians, which was appropriate, given the pressing challenges confronting the

families of many treatment group youth. If WI PROMISE had not adapted to the preferred service delivery mode of the parents and guardians, many of them would not have received the important information provided through the parent trainings. Likewise, PROMISE endeavored to better meet participants' needs by modifying its approaches to (1) financial literacy, by providing individualized coaching instead of classes; (2) self-advocacy training, by offering different class times and schedules; and (3) benefits counseling, by providing shorter consultations rather than full benefits analyses.

A mandate to serve family members may tax the capacity of counselors. Although WI PROMISE counselors had fewer youth on their caseloads than traditional DVR counselors, they often had greater demands on their time because they also were expected to serve the family members of those youth. The resultant large sizes of their workload made it difficult for them to deliver intensive case counseling.

C. Considerations for interpreting findings in the impact analysis

The key interventions that the impact analysis will assess are family-centered case counseling and employment services. WI PROMISE aimed to implement an intensive case counseling program that would connect both the participating youth and their family members to key services to improve their employment outcomes. Although WI PROMISE was able to execute family-centered counseling, serving the whole family unit offset the reduced youth caseload size, thus inhibiting PROMISE counselors' ability to provide intensive counseling. Also, even though the program developed a service array that included benefits counseling, financial literacy services, soft skills training, self-advocacy training, and supports from FAs, family crises around basic needs often delayed connections to those services. Thus, any observed impacts on employment, particularly in the shorter term (at 18 months), will likely be due primarily to the efforts of the WI PROMISE counselors and FAs to stabilize the family units and work with family members to identify employment goals and necessary supports. The extent to which FAs were able to provide counselors with more time to deliver intensive case counseling might result in a different interpretation of the five-year impacts of the program. The work experiences that the counselors facilitated for participating youth may also be a key driver of potential impacts on employment.

Take-up rates for specific WI PROMISE services were low, thus muting the distinction between the treatment and the counterfactual, and potentially weakening the program's capacity to generate impacts. Analysis of MIS data revealed that three years into program operations, the take-up rates for most of the specific services offered by WI PROMISE were low[33]. This finding primarily reflects the program's practice of meeting the immediate or basic needs of families before connecting them to services specific to WI PROMISE; however, it also suggests that it needed to substantially increase its service delivery rates to meet its own benchmarks. Moreover, disparities in service take-up across WDA regions may have implications for program impacts; take-up rates for most services were lower in the Milwaukee region, where more than half of treatment group youth resided, than in the balance of the state.

[33] Although the results presented in this report reflect program service delivery three years into program operations, they capture the experiences of treatment group youth and their families at different stages of their involvement in the program; as of April 2017, the earliest enrollees had been in the program for three years, but the latest enrollees had been in the program for only one year.

The modifications DVR made in response to WIOA (tweaking select services to mirror those offered by WI PROMISE and ramping up efforts to engage youth in VR services to meet Pre-ETS requirements) also may have muted the distinction between the treatment and the counterfactual, and may have implications for longer-term (five-year) impacts.

Despite these concerns, forthcoming aspects of the national evaluation will provide valuable information on whether WI PROMISE, as implemented, improved outcomes for youth with disabilities above the usual service environment, and at what cost. Because implementation of WIOA strengthened the traditional service environment, in effect, the evaluation of the five-year impacts of WI PROMISE will compare the experiences of PROMISE youth to control group youth who had access to a stronger array of employment services. The WI PROMISE process analysis provides important contextual information that is key to interpreting the findings from the forthcoming impact and benefit-cost analyses.

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APPENDIX A

SUPPLEMENTARY ANALYSES OF PROGRAM SERVICE DATA

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Table A.1. Efforts to engage treatment group youth as participants in WI PROMISE as of April 2017, by region

	Number or percentage of all treatment group youth	Number or percentage of Milwaukee youth	Number or percentage of balance-of-state youth
Percentage with at least one face-to-face meeting before developing the IPE[a]	85.7	84.6	88.1
Percentage with first contact attempt on the same day as enrollment	6.1	6.7	5.2
Percentage with first contact attempt within 2 weeks of enrollment	58.0	66.5	46.9
Percentage with first meeting within 30 days of enrollment	77.5	87.5	64.7
Number of days from enrollment to first contact attempt			
Average	34.3	17.8	55.6
Median	11.0	8.0	16.0
Number of youth[c]	1,006	567	439

Source: The PROMISE RAS and WI PROMISE MIS.

Note: Contact attempts may have taken any form (that is, phone, text, email, home visit, and so on) and may or may not have resulted in actual interaction between WI PROMISE and a youth.

[a] WI PROMISE intended to have at least one face-to-face meeting with 80 percent of WI PROMISE youth/families.

[b] A cold case was a case that had not had contact with a PROMISE counselor for at least four months and needed additional attention for reengagement.

[c] Twelve youth had missing dates for contact attempts and thus are excluded from this table.

IPE = Individual Plan for Employment.

Table A.2. Take-up of case counseling services among WI PROMISE participants as of April 2017, by region (percentages unless otherwise indicated)

	All participating youth who received service	Milwaukee youth who received service	Balance-of-state youth who received service
Employment planning			
Had a post-enrollment IPE[a]	94.0	92.8	95.4
Average number of days from enrollment to first post-PROMISE enrollment IPE written	146.4	146.9	145.7
Median number of days from enrollment to first post-enrollment IPE	121.0	126.0	113.0
IPE included the following services:[b]			
Training and education	97.6	99.3	95.5
Vocational counseling	89.9	95.1	83.8
Work incentives benefits counseling	81.5	81.3	81.6
Job development	68.7	66.6	71.3
Transportation	65.5	63.0	68.4
On-the-job supports	53.9	42.8	67.3
Other services	40.0	48.1	30.3
Assessment	32.7	17.8	50.5
Had a parent or guardian with an IPE	4.9	5.4	4.3
Had another household member with an IPE	1.6	1.0	2.3
Had a parent, guardian, or other household member with an FSP[c]	32.8	26.9	40.1
FSP included the following services:			
Training and education	81.3	86.9	76.6
Job development	66.3	70.8	62.7
Vocational counseling	49.3	65.4	36.1
Transportation	46.5	50.8	43.0
Assessment	21.2	10.8	29.7
Work incentives benefits counseling	19.4	23.8	15.8
Resource team development			
Had a resource team in place[d]	50.2	39.5	63.5
Average number of members per resource team	4.9	4.4	5.2
Average number of resource team meetings	3.0	2.6	3.3
Resource team included the following:			
Teacher	62.4	56.0	67.2
Job coach or developer (non-PROMISE DVR provider)	56.0	44.0	65.2
Other non-PROMISE counselor or case manager	33.1	29.8	35.6
PROMISE financial coach	32.4	26.7	36.8
PROMISE family advocate	25.9	15.7	33.6
Other nonspecified person	20.6	22.0	19.6
Other service provider	16.8	13.6	19.2
School counselor	13.8	9.9	16.8
Transition coordinator	10.4	20.9	2.4
Healthy literacy training			
Designated ready for health literacy training[e]	32.9	28.1	38.8
Average number of days from enrollment to designation of readiness	463.4	523.9	409.7
Completed training	14.9	5.1	23.5

TABLE A.2 *(continued)*

	All participating youth who received service	Milwaukee youth who received service	Balance-of-state youth who received service
Average number of days from designation of readiness to completion	149.2	76.0	163.4
Self-advocacy training			
Referred for self-advocacy training[f]	40.4	37.2	44.4
Average number of days from enrollment in the evaluation to referral	453.1	468.1	437.5
Referred to family advocate for help in completing training	47.0	12.6	26.9
Completed training	20.6	11.7	29.7
Average number of days from referral to completion	154.5	109.4	171.6
Number of participating youth	878	484	394

Source: The WI PROMISE MIS.

[a] WI PROMISE expected all youth to have an IPE developed.

[b] The list includes the most common services but is not exhaustive of all services ever included in IPEs.

[c] Data on FSPs could not differentiate between plans for parents/guardians or plans for other household members.

[d] WI PROMISE expected all youth to have a resource team.

[e] WI PROMISE expected that all youth and at least one family member or guardian would receive the health literacy training. The MIS did not capture data on family member participation in health literacy training.

[f] WI PROMISE expected that all youth would receive self-advocacy training.

FSP = family service plan; IPE = Individual Plan for Employment.

Table A.3. Ongoing program engagement in WI PROMISE as of April 2017, by region (percentages unless otherwise indicated)

	All treatment group youth	Milwaukee youth	Balance-of-state youth
Most current participation rating			
Consistently low (more often than not): The counselor or coordinator is unsuccessful with family contact attempts, scheduled meetings, and assignment follow-up	14.1	17.9	9.3
Inconsistent (as often as not): The counselor's or coordinator's family contact attempts, meetings, or assignment follow-ups are sometimes successful, but other times not	18.6	18.3	18.9
Consistently high (more often than not): Usually (with some exceptions) the counselor's or coordinator's family contact attempts, meetings, and assignment follow-ups are successful	48.0	41.3	56.6
Missing	19.3	22.5	15.1
Referred to family advocate			
As a cold case[a]	15.3	19.0	10.7
For help with engagement	27.9	31.6	23.2
Number of youth	1,018	569	449

Source: The WI PROMISE MIS.

[a] A cold case was a case that had not had contact with a PROMISE counselor for at least four months and needed additional attention for reengagement.

Table A.4. Take-up of benefits counseling services among WI PROMISE participants as of April 2017, by region (percentages unless otherwise indicated)

	All participating youth who received service	Milwaukee youth who received service	Balance-of-state youth who received service
Had any benefits counseling contact[a]	36.4	17.8	59.4
Average number of contacts	4.7	3.5	5.2
Average number of days from enrollment in the evaluation to first contact	287.3	358.0	261.3
Had at least one benefits consultation	36.2	18.4	58.1
Average number of consultations	1.1	1.1	1.1
Average number of hours per consultation	4.6	4.7	4.6
Had at least one benefits analysis	2.1	0.4	4.1
Average number of benefits analyses	1.0	1.0	1.0
Average number of hours per analysis	3.3	8.5	2.7
Had a parent or guardian who had individual contact with benefits counselor	2.7	1.7	4.1
Number of participating youth	878	484	394

Source: The WI PROMISE MIS.

[a] WI PROMISE intended that 100 percent of youth would receive benefits counseling.

Table A.5. Take-up of financial literacy services among WI PROMISE participants as of April 2017, by region (percentages unless otherwise indicated)

	All participating youth who received service	Milwaukee youth who received service	Balance-of-state youth who received service
Had any contact with a financial coach[a]	28.2	25.0	32.2
Average number of days from enrollment in the evaluation to first contact	381.1	391.9	370.8
Attended a financial coaching meeting	19.0	17.6	20.8
Average number of meetings	4.4	4.2	4.6
Attended a *Make Your Money Talk* class	1.6	1.7	1.5
Opened an IDA[b]	7.4	7.5	7.3
Number of participating youth	878	484	394

Source: The WI PROMISE MIS.

[a] WI PROMISE intended that 100 percent of youth and at least one family member or guardian would meet with a financial coach and/or receive the financial literacy services.

[b] The program expected 75 percent of youth to have an IDA while enrolled in PROMISE. Although IDAs were made available to parents or guardians of enrolled youth in February 2017, the option had been available for only two months at the time of data delivery; thus, no parents or guardians had opened an IDA at that point.

Table A.6. Take-up of career exploration and work-based learning experiences among WI PROMISE participants as of April 2017, by region (percentages unless otherwise indicated)

	All participating youth who received service	All participating youth with parents or guardians or other household members who received service	Milwaukee youth who received service	Milwaukee youth with parents or guardians or other household members who received service	Balance-of-state youth who received service	Balance-of-state youth with parents or guardians or other household members who received service
Ever had a paid work experience[a]	38.5	45.4	34.3	40.1	43.7	52.0
Ever had a work experience before enrollment in the evaluation	5.0	62.2	6.0	65.6	4.1	59.0
Ever had a work experience after enrollment in the evaluation	98.2	53.4	98.2	46.9	98.3	59.0
Average number of hours worked per week	17.4	26.5	19.7	28.0	15.2	25.4
Average weekly earnings	$136.70	$291.50	$147.70	$294.80	$126.10	$289.10
Type of work experiences						
Trial work experience	66.3	7.7	72.4	7.9	60.4	7.6
Competitive employment without on-the-job training	26.5	51.3	21.5	50.4	31.4	52.2
Competitive employment with on-the-job training	6.0	1.7	3.7	1.5	8.3	1.8
Number of participating youth	878	878	484	484	394	394

Source: The WI PROMISE MIS.

Note: WI MIS data did not allow us to distinguish parent or guardian work experiences from other household member work experiences.

[a] WI PROMISE intended that 100 percent of youth would have at least one paid work experience while enrolled in PROMISE. The program also intended that 50 percent of youth would have at least one family member or guardian who had a paid work experience.

Table A.7. Take-up of soft skills training among WI PROMISE participants as of April 2017, by region (percentages unless otherwise indicated)

	All participating youth who received service	Milwaukee youth who received service	Balance-of-state youth who received service
Referred for soft skills training[a]	28.2	34.3	20.8
Average number of days from enrollment in evaluation to referral	343.1	322.7	383.6
Completed training	48.8	49.4	47.6
Number of participating youth	878	484	394

Source: The WI PROMISE MIS.

Note: The soft skills training was a youth-specific service, so no data for household members exist for this service.

[a] WI PROMISE intended that 500 youth (roughly 50 percent of the treatment group) would complete the training by September 2017 and that 100 percent of youth would complete the training by the end of the program.

Table A.8. Take-up of parent training services among WI PROMISE participants as of April 2017, by region (percentages unless otherwise indicated)

	All participating youth with parents or guardians who received service	Milwaukee youth with parents or guardians who received service	Balance-of-state youth with parents or guardians who received service
Referred to FA training	27.6	25.0	30.7
Percentage who completed:			
0 of 3 trainings	85.5	92.6	78.5
1 of 3 trainings	0.0	0.0	0.0
2 of 3 trainings	0.4	0.0	0.8
3 of 3 trainings	14.0	7.4	20.7
Number of participating youth	878	484	394

Source: The WI PROMISE MIS.

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