



REPORT

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

December 11, 2018

Mary Anne Anderson
Gina Livermore
AnnaMaria McCutcheon
Todd Honeycutt
Karen Katz
Joseph Mastrianni
Jacqueline Kauff

Submitted to:

Social Security Administration
Office of Research, Demonstration, and Employment Support
6401 Security Blvd., 4303 Annex Bldg.
Baltimore, MD 21235

Project Officer: Jeffrey Hemmeter
Contract Number: SS00-13-60044

Submitted by:

Mathematica Policy Research
1100 1st Street, NE 12th Floor
Washington, DC 20002-4221
Telephone: (202) 484-9220
Facsimile: (202) 863-1763

Project Director: Gina Livermore
Reference Number: 40304.57B

This page has been left blank for double-sided copying.

ACKNOWLEDGMENTS

The process analysis for Achieving Success by Promoting Readiness for Education and Employment (ASPIRE) was conducted by Mathematica Policy Research as part of the Promoting Readiness of Minors in Supplemental Security Income (PROMISE) national evaluation, under a contract with the Social Security Administration (SSA). Many people at both SSA and Mathematica helped provide the data and conduct the analyses presented in this report. At SSA, Jeffrey Hemmeter, Jackson Costa, and Molly Costanzo facilitated data access, monitored and supported all project work, and provided thoughtful feedback on early drafts of the report. At Mathematica, Thomas Fraker directed the evaluation until 2017 and provided guidance on the design and execution of the process analysis. He and Michael Ponza reviewed the report for quality and provided invaluable feedback. Serge Lukashanets and Adele Rizzuto prepared the data and programmed the analyses, and Christopher Rodger reviewed all programming code. Mathematica also subcontracted with BCT Partners, a research and consulting firm that helped design and execute the focus groups with ASPIRE youth and their parents and guardians. Tonya Woodland at BCT Partners led this effort.

This report would not have been possible without the cooperation and support we received from the directors, managers, and staff of ASPIRE and its partner organizations. These individuals graciously shared their time, experiences, and expertise in responding to telephone and in-person interviews and supporting the focus groups with ASPIRE participants. Other ASPIRE staff worked diligently with us to provide extracts of data from the program's management information system. Staff at the U.S. Department of Education supported ASPIRE in these endeavors and in managing and implementing the cooperative agreement in general. The authors would like to thank all of these individuals for their important contributions to this report and for their useful feedback on an early draft.

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 a state or the federal government.

This page has been left blank for double-sided copying.

CONTENTS

ACRONYMS AND ABBREVIATIONS.....ix

EXECUTIVE SUMMARYxi

I. INTRODUCTION..... 1

 A. Research objectives, data sources, and methods for the process analysis..... 1

 B. Overview of ASPIRE..... 4

 C. Roadmap to the report..... 13

II. ENROLLMENT AND PARTICIPATION IN ASPIRE..... 15

 A. Outreach and recruitment..... 15

 B. Enrollment and random assignment..... 18

 C. Participation in ASPIRE..... 23

III. SERVICES FOR YOUTH WITH DISABILITIES AND THEIR FAMILIES..... 27

 A. Case management..... 27

 B. Benefits counseling and financial education services..... 34

 C. Career exploration and work-based learning experiences..... 39

 D. Parent training and information..... 45

 E. Education services..... 47

 F. Other services..... 49

 G. The possibility that control group members received ASPIRE services..... 52

IV. PROGRAM PARTNERSHIPS..... 57

 A. Administrative partnership networks..... 59

 B. Service partnership networks..... 63

 C. Cross-state networking..... 66

V. LESSONS AND IMPLICATIONS FOR THE IMPACT ANALYSIS..... 69

 A. Lessons about engaging youth with disabilities and their families..... 69

 B. Lessons about delivering program services and facilitating partnerships to improve service coordination..... 70

 C. Considerations for interpreting findings in the impact analysis..... 71

REFERENCES..... 73

This page has been left blank for double-sided copying.

TABLES

I.1	ASPIRE logic model.....	8
I.2	ASPIRE service provider partners, October 2017	11
II.1	ASPIRE recruitment efforts over time	16
II.2	ASPIRE recruitment efforts, by evaluation enrollment status (percentages unless otherwise indicated).....	17
II.3	Summary of final recruitment results for ASPIRE	19
II.4	Rate of enrollment in the ASPIRE evaluation	19
II.5	Characteristics of youth eligible for ASPIRE, by evaluation enrollment status (percentages unless otherwise indicated).....	21
II.6	Characteristics of randomly assigned ASPIRE treatment and control group members (percentages unless otherwise indicated).....	22
II.7	Efforts to engage treatment group youth as participants in ASPIRE as of October 2017 (percentages unless otherwise indicated).....	24
II.8	ASPIRE participant characteristics at enrollment (percentages unless otherwise indicated).....	25
III.1	Case management activities with ASPIRE participants as of October 2017 (percentages unless otherwise indicated).....	29
III.2	Take-up of benefits counseling services among ASPIRE participants as of October 2017 (percentages unless otherwise indicated).....	37
III.3	Take-up of financial education services among ASPIRE participants as of October 2017 (percentages unless otherwise indicated).....	38
III.4	Take-up of career exploration and work-based learning experiences among ASPIRE youth participants as of October 2017 (percentages unless otherwise indicated)	44
III.5	Take-up of parent training services among ASPIRE participants as of October 2017 (percentages unless otherwise indicated).....	47
III.6	Take-up of self-determination training services among ASPIRE youth participants as of October 2017 (percentages unless otherwise indicated).....	52
IV.1	ASPIRE partners that were listed in the network surveys	58
IV.2	Communication and effective working relationships among ASPIRE partners, by implementation period.....	60
IV.3	Activities on which ASPIRE partners collaborated related to and outside of the program, by implementation period	63
IV.4	Activities among Colorado ASPIRE staff and ASPIRE partners, by implementation period	65
IV.5	Activities among North Dakota ASPIRE staff and ASPIRE partners, by implementation period	65
IV.6	Activities among Utah ASPIRE staff and ASPIRE partners, by implementation period	66

FIGURES

I.1	ASPIRE organization and staffing, October 2017.....	5
-----	-----------------------------------------------------	---

ACRONYMS AND ABBREVIATIONS

AJC	American Job Center
APL	ASPIRE project leadership
ASPIRE	Achieving Success by Promoting Readiness for Education and Employment
CWIC	Community work incentives coordinator
DHHS	U.S. Department of Health and Human Services
DOL	U.S. Department of Labor
ED	U.S. Department of Education
EITC	Earned Income Tax Credit
FAFSA	Free Application for Federal Student Aid
GED	General Equivalency Diploma
IAA	Interagency agreement
IDA	Individual development account
IDEA	Individuals with Disabilities Education Act
IEP	Individualized education program
IPE	Individualized plan for employment
MIS	Management information system
MOU	Memorandum of understanding
Pre-ETS	Pre-employment transition services
PTI	Parent training and information
PROMISE	Promoting Readiness of Minors in Supplemental Security Income
RAS	Random assignment system
SSA	Social Security Administration
SSI	Supplemental Security Income
SSN	Social Security number
SWAP	School-to-Work Alliance Program
USOR	Utah State Office of Rehabilitation
VR	Vocational rehabilitation
WIOA	Workforce Innovation and Opportunity Act
WIPA	Work Incentives Planning and Assistance

This page has been left blank for double-sided copying.

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 Achieving Success by Promoting Readiness for Education and Employment program, known as ASPIRE. The findings are based on data collected through October 2017 via site visits to ASPIRE, 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.

ASPIRE was implemented statewide in six western consortium states: Arizona, Colorado, Montana, North Dakota, South Dakota, and Utah. Members of the ASPIRE project leadership (APL)—all of whom were employees of the Utah State Office of Rehabilitation (USOR), the agency to which ED awarded a PROMISE cooperative agreement—provided overall leadership for the program. Each consortium state had (1) a “lead agency” with which USOR contracted to implement ASPIRE statewide and (2) its own ASPIRE site coordinator who managed all aspects of enrollment in the evaluation and delivery of program services in that state. The ASPIRE lead agencies each had agreements with other agencies in their respective states to provide guidance and support to the program at the state level. ASPIRE intended to use case management to connect youth and their families to four ASPIRE core interventions, which were typically provided by subcontractors located in each state that had provided the same or similar services before participating in ASPIRE: (1) benefits counseling, (2) financial education, (3) training and information for parents and guardians (hereafter referred to collectively as parents), and (4) self-determination training. Additionally, case managers were responsible for connecting youth to career exploration activities and work-based learning experiences, as well as educational services.

In the following sections, we summarize key findings about how ASPIRE 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

ASPIRE enrolled 2,051 youth in the evaluation of the program, thus exceeding its enrollment goal of 2,000 youth. In one of the consortium states enrollment was lower than expected. The program addressed this issue late in the enrollment period by intensifying outreach efforts in that state and increasing the enrollment targets of the other five consortium states. Of the youth enrolled in the evaluation, 1,033 were assigned to the treatment group.¹ Three years into program operations, ASPIRE had engaged 86 percent of treatment group youth as participants in the program; we defined youth as participants if they had an intake meeting with a case manager and at least one other substantial contact with program staff. Program staff experienced challenges in delivering case management services because many treatment group families lived in remote areas and faced transportation challenges that limited their participation. Program staff also reported that some families did not engage in services because they were overwhelmed by crises in their lives or did not understand or were skeptical about how services would benefit them. In response to difficulties in engaging youth and their families in program services that required attendance at live trainings, the APL began allowing families to view recorded or live trainings that met the program's requirements online and case managers to deliver some of the interventions directly to family members under certain circumstances. ASPIRE leadership also began encouraging the intervention providers to deliver trainings in ways more convenient to families.

Services provided to treatment group youth and their families

Three years into program operations, ASPIRE was lagging in its goal to deliver intensive case management to youth. By design, case managers dedicated solely to serving treatment group youth were supposed to meet with youth and their families in person for at least 30 minutes once per month. In practice, case managers met face to face with participating families in just under half (47 percent) of all months between intake and the end of the third year of program operations, on average. Of all case management contacts that occurred (2.6 per family per month on average), most were under 20 minutes in duration and occurred by telephone.

The program was on track to meeting one of its two goals for providing career exploration and work opportunities to youth. Under the ASPIRE program model, at least 30 percent of youth age 16 and older were to have a paid, competitive work experience by the third year of program operations, and 95 percent of youth were to engage in career exploration activities during each year of enrollment. ASPIRE met the former goal; 31 percent of participating youth age 16 and older had engaged in competitive employment as of October 2017. It did not meet the latter goal, however. By the end of the third year of program operations, 51 percent of youth had participated in at least one career exploration or employment activity during each year of enrollment.

ASPIRE aimed to provide treatment group families with six hours of training on issues relevant to parents of transition-age youth with disabilities and six hours of financial education each year. Though the program had engaged a nontrivial percentage of participants in these services through October 2017, only a small minority had received the intended level of service.

¹ Of the 1,033 youth assigned to the treatment group, 978 youth were classified as research cases. The 55 nonresearch cases were youth who were siblings of previously enrolled youth.

A little more than one-third (36 percent) of participating families had received parent training and information services, but only 3 percent had received six hours of training per year. About one-quarter (24 percent) of participating families had received financial education, but only 1 percent received six hours of education per year. The program also intended to deliver self-determination training to 95 percent of treatment group youth within their first year of enrollment and to deliver benefits counseling to 80 percent of treatment group families with youth for whom either employment or age 18 was imminent. By the end of the third year of program operations, about half of youth and families had met these service benchmarks.

The progress toward service delivery benchmarks varied widely among the individual consortium states. Although the patterns varied by intervention, service take-up rates were consistently lower in Arizona, the state with the largest share of enrollees, than in the other consortium states. The challenges to family engagement in Arizona involved staff turnover, a lack of coordination across state agencies in the hiring of personnel, delays in intervention implementation, and case managers' lack of awareness of services and intervention referral procedures, along with the challenges noted previously that were common to all consortium states.

Program partnerships

The lead agencies in the six consortium states formally partnered with 36 organizations to deliver ASPIRE services. ASPIRE also partnered with other organizations that had staff who served on the states' advisory committees. Members of the advisory committees included staff from the key government agencies and other organizations in the states that provided services to transition-age youth. The advisory committees shared information about resources in the community, updated partners about ASPIRE, and addressed specific service delivery issues program staff encountered.

The findings of a network analysis of three consortium states—North Dakota, Colorado, and Utah—indicated that both the administrators and the frontline staff of ASPIRE partner organizations increased the amount of contact and the number and types of collaborations with their fellow ASPIRE partners as program implementation progressed. The time patterns of those connections differed across the states—for instance, in North Dakota, administrators of the ASPIRE partner organizations communicated frequently with each other even before ASPIRE services began, whereas administrators in Colorado and Utah had less frequent communication at that time. The network analysis found that contact by both administrators and frontline staff with ASPIRE organizations outside of their own state was relatively infrequent, but this finding is somewhat inconsistent with reports from program staff obtained during our site visits.

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

The case management and linkages to services that ASPIRE program staff provided constituted the primary distinction between the services available to the treatment group versus the control group. The case management available to youth with disabilities through other programs in the consortium states was generally of lower intensity and limited availability. In some states, for example, case management was available only through small programs in certain cities or for youth who qualified for services through a state's developmental disabilities agency.

Because ASPIRE leveraged existing programs and providers for most of its services, in principle, control group youth had access to many of the same services to which case managers referred treatment group youth. Examples of such services include benefits counseling, financial education, and work experiences arranged through the state vocational rehabilitation (VR) agencies and American Job Centers (AJCs). Although these services were available outside ASPIRE, the program's support increased the capacity of these providers to deliver consistent levels of services to treatment group youth in all areas of the consortium states. Another key distinction was that the control group youth had no single entity facilitating their access to those services or communicating with providers and employers on their behalf. They also did not have access to the self-determination training developed specifically for the ASPIRE treatment group.

Changes that occurred following implementation of the Workforce Innovation and Opportunity Act (WIOA) may have increased the opportunities for control group youth to receive services similar to those available to the treatment group. In some of the consortium states, career exploration activities and self-determination training, along with other pre-employment services, became more readily available to youth, and the new partnerships that formed between VR agencies and schools in some states may have increased the likelihood that youth would be connected to such services. The extent to which ASPIRE treatment and control group youth differentially benefited from new and expanded services for youth due to implementation of the WIOA depends on how quickly states adopted programming; whether state VR agency staff promoted those services; and whether services were implemented in schools, and thus made easily accessible to youth. By October 2017, the consortium states varied in how much information they were providing to youth and parents about new or enhanced services, and how far they had progressed in planning and implementing these services. For those states further along in implementation of new or enhanced services, the contrast between the experiences of treatment and control group youth may have been diluted.

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.² In this report, we present findings from the process analysis of the first three years of the implementation and operation of the Achieving Success by Promoting Readiness for Education and Employment program, known as ASPIRE.

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.³ 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?

² Each of the PROMISE programs also conducted its own formative evaluation.

³ These requirements are specified in the request for applications for PROMISE demonstration programs (ED 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 ASPIRE, 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 ASPIRE program director approximately one month after program implementation. We then conducted visits to ASPIRE sites 6 and 24 months after program implementation.⁴ 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 15 families (17 youth and 16 parents and guardians) enrolled in ASPIRE Colorado; the groups conducted 24 months after program implementation included 19 families (19 youth and 23 parents and guardians) enrolled in ASPIRE Arizona and ASPIRE South Dakota). Finally, we conducted telephone interviews with a subset of respondents from the site visits approximately 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

⁴ Six months after ASPIRE implementation, we conducted in-person interviews with the ASPIRE project leadership (APL), in-person site visits to ASPIRE Utah and ASPIRE Colorado, and a telephone site visit to ASPIRE North Dakota. Approximately 24 months after implementation, we conducted telephone interviews with the APL, in-person site visits to ASPIRE Arizona and ASPIRE South Dakota, and a telephone site visit to ASPIRE Montana.

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 ASPIRE organizations and partners in three ASPIRE states (Colorado, North Dakota, and Utah) 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 ASPIRE. 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 ASPIRE 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 ASPIRE management information system (MIS). The ASPIRE MIS contained data on both the program's recruitment and enrollment efforts and its delivery of services to treatment group youth in all consortium states. ASPIRE contracted with the University of Utah to develop its MIS; the ASPIRE project leadership (APL), representatives from each ASPIRE state, and the ASPIRE formative evaluation team provided input on development. Research Electronic Data Capture, a free, web-based data collection application, is the MIS's platform. The system was designed to meet the program's recruitment, case management, monitoring, and formative evaluation needs through a series of data entry forms. Because case managers entered data into the MIS, the quality and completeness of the data depended on their efforts. All case managers were trained extensively on the ASPIRE MIS and the importance of data entry. Site coordinators and APL members would check the status and completeness of the case file information entered on at least a quarterly basis. No significant issues regarding data quality or completeness were raised during our interviews with ASPIRE staff, so we expect that the information about case management services contained in the MIS is reasonably accurate. Case managers obtained information about employment and receipt of the core ASPIRE interventions (benefits counseling, financial education, self-determination training, and parent training) through self-reports from youth and parents during case management meetings. Case managers were trained to be vigilant about following up on and probing about employment, other career exploration activities, and participation in interventions to which case managers had referred youth and

parents. Participants also had an incentive to report their participation in some of the interventions because it would garner them an entry in a monthly prize drawing.⁵ Nonetheless, the self-reports of employment and intervention receipt, as with self-reports in any survey or other context, might be subject to inaccurate reporting.⁶

Mathematica analyzed data on program services entered through October 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 October 2017, the earliest enrollees had been in the program for three years, but the latest enrollees had been in the program for only 18 months. 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 ASPIRE 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 ASPIRE

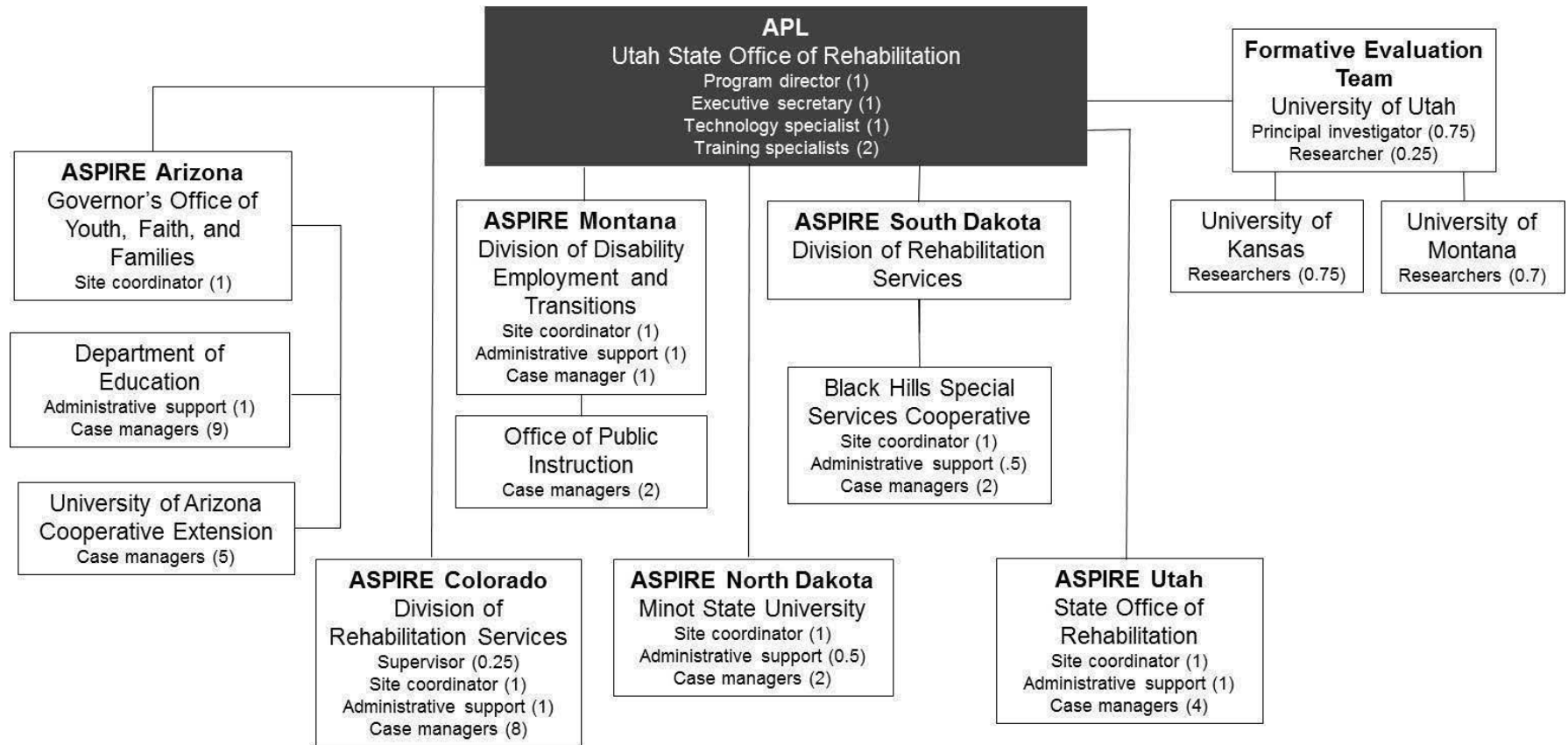
ASPIRE was implemented statewide in six western consortium states—Arizona, Colorado, Montana, North Dakota, South Dakota, and Utah—but led by a single entity. The APL, consisting of the ASPIRE program director, an executive secretary, two trainers, and a technology specialist, provided overall leadership for the program. All were employees of the Utah State Office of Rehabilitation (USOR), the agency to which ED awarded a PROMISE cooperative agreement. The ASPIRE program director reported to the executive director of USOR. USOR contracted with one agency in each consortium state to operate an ASPIRE program (Figure I.1). USOR also contracted with the University of Utah to convene a team consisting of researchers from three universities to conduct a formative evaluation of ASPIRE.

Consortium states employed different structures for delivering program services. An ASPIRE site coordinator managed all aspects of enrollment in the evaluation and delivery of program services in each state. The site coordinators supervised ASPIRE case managers (who provided program services and conducted recruitment and enrollment activities), enrollment specialists (who conducted only recruitment and enrollment activities through April 2016), and

⁵ ASPIRE entered treatment group youth and parents who attended a parent, financial education, or self-determination training in a monthly drawing for a \$25 gift card. The program would select four winners for each of the interventions.

⁶ Inaccurate reporting of information could occur because of poor recall, the desire of a youth or parent to offer information they thought case managers would find pleasing, or the desire to obtain an entry in the monthly prize drawings. We have no information about the extent to which any of these factors affected the quality of the data entered in the ASPIRE MIS.

Figure I.1. ASPIRE organization and staffing, October 2017



Note: Numbers in parentheses are the numbers of full-time equivalent staff members at the time of the interviews we conducted in fall 2017.

administrative staff (who supported day-to-day program operations) in their respective states.⁷ In Colorado, North Dakota, and Utah, all ASPIRE staff were employees of the agency with which USOR had contracted (the “lead agency”). In Arizona, the site coordinator was an employee of the lead agency, but all other ASPIRE staff were employees of other organizations (the Arizona Department of Education and the University of Arizona Cooperative Extension). In Montana, the site coordinator and two staff members were employees of the lead agency; two additional staff members were employees of another state agency (the Office of Public Instruction). In South Dakota, the lead agency contracted with another organization (Black Hills Special Services Cooperative) to fill all of the ASPIRE positions, including that of site coordinator.⁸ Overall, in four of the consortium states (Colorado, Montana, South Dakota, and Utah), the ASPIRE lead agency was in the same department as the state vocational rehabilitation (VR) agency; in the other two states (Arizona and North Dakota), ASPIRE was housed in state departments or offices that did not include the VR agency.

The ASPIRE lead agencies had agreements with state agencies to provide guidance and support to the program at the state level through their participation on advisory committees. Some of those agreements were informal, whereas others were formalized through memoranda of understanding (MOUs). Advisory committee members varied among states, but typical members included representatives from each state’s VR agency, the department of education’s special education division, mental and behavioral health agencies (including developmental disabilities divisions), human and social services agencies (including those that administer programs such as Temporary Assistance for Needy Families and the Supplemental Nutrition Assistance Program), and the department of labor or workforce (which administers the Workforce Innovation and Opportunity Act [WIOA]).⁹ The ASPIRE advisory committees promoted the program in each state and disseminated information about it to the staff in their own agencies and those of their service provider partners. Committee members also provided information to ASPIRE staff about the programs under their purview and suggestions about how

⁷ In consultation with the APL, each consortium state developed its own staffing plan (including the number and types of staff members) as it prepared its budget for the application to ED that resulted in the ASPIRE cooperative agreement. Staffing was determined in part by each state’s enrollment target (discussed further in Chapter II). Some of the plans were adjusted as the needs of the states became clearer or evolved over time. For example, although the program anticipated one or two enrollment specialists would work in each consortium state, just two states (South Dakota and Utah) actually employed an enrollment specialist; the others elected to hire more case managers in lieu of enrollment specialists. The enrollment specialists are not shown in Figure I.1 because their positions had ended by October 2017.

⁸ This listing of staff for all states here and in Figure I.1 does not include the staff of partner organizations that provided services to ASPIRE participants through subcontracting arrangements.

⁹ WIOA, which superseded the Workforce Investment Act of 1998, was passed by Congress in July 2014 and began taking effect from 2015 through 2017. WIOA is “designed to help job seekers access employment, education, training, and support services to succeed in the labor market and to match employers with the skilled workers they need to compete in the global economy” (DOL 2018a). It coordinates and regulates the employment and training services for adults, dislocated workers, and youth administered by DOL; and the adult education, literacy, and VR state grant programs that assist individuals with disabilities in obtaining employment administered by ED. During PROMISE implementation, state entities—particularly workforce organizations, VR agencies, and local education agencies—began planning for and implementing practices to address WIOA requirements. By the end of data collection for the ASPIRE process analysis, state and local agencies were still building capacity to provide the new services the legislation required.

to navigate them. The committees typically met quarterly to receive program updates and hear success stories. In some of the consortium states, the committees were active during the evaluation enrollment period, but their involvement waned thereafter.

Case management was the cornerstone of the ASPIRE approach to serving youth with disabilities. Enrolled youth who had been randomly assigned to the evaluation's treatment group, along with their families, were assigned an ASPIRE case manager, who assisted them in identifying goals and accessing services, supports, and information to promote their self-sufficiency. ASPIRE intended to use case management to connect treatment group youth and their families to four ASPIRE core interventions (other than case management), which were typically provided by subcontractors located in each state:

- Benefits counseling, which included a full and individualized explanation of the public benefits that the youth and their families received or might receive, and how working and increased earnings would affect those benefits
- Financial education to assist families in clarifying their values and understanding the resources available to help them move from poverty to self-sufficiency
- Training and information for parents related to advocacy, and community resources to help parents support youths' successful educational and employment outcomes
- Self-determination training and support for youth and families to help them understand each youth's strengths and limitations, and build belief in themselves

Case managers also connected youth and family members to other community supports and resources as they identified the need for them during their case management meetings and other communications with family members. For example, they provided referrals to housing, help in paying utilities, food assistance, and state transition conferences; assistance with developing individual development accounts; and assistance with accessibility needs.

The program's logic model (Table I.1) illustrates how ASPIRE planned to meet its six intended goals through case management, the provision of the four core interventions, and additional support to help youth complete secondary school and gain paid employment experiences. To achieve outcomes related to secondary school completion and paid employment experiences, case managers were to coordinate with local school staff around the development and implementation of individualized education programs (IEPs) for those youth who needed them, identify and address other school-related needs, and facilitate postsecondary training and education. Case managers were also responsible for facilitating employment opportunities for youth while they were still in high school. Existing programs (for example, school-based services and those offered by the state VR agency) or employers in the community developed or directly provided the employment opportunities; ASPIRE funds were not used to pay wages, create new positions, or pay for job development services. Program designers anticipated that participation in transition-related activities (the key individual-level program output) would lead to a variety of short-term outcomes (such as increased knowledge, self-determination, engagement and progress in school, and behaviors to enhance their employability and self-sufficiency), which in turn would lead to improved long-term outcomes in employment, educational attainment, training, and personal and family assets.

Table I.1. ASPIRE logic model

Inputs/actors	Activities	Outputs ^a	Outcomes
Case management—goal: create a holistic approach to coordinating services across schools, partner agencies, and core interventions			
Case manager	Case manager provides service coordination	Case manager activities documented in ASPIRE MIS	
Case manager	Case manager tracks data for all service provision	Monthly contact with youth or parent documented in ASPIRE MIS	Youth progress in school; engage in successive developmental activities leading to work; engage in postsecondary education
Site coordinator	Review sample of family assessments and plans	10% of cases reviewed quarterly. Summary of plan quality provided to APL	
Parent; youth	Session(s) with trained CWIC	100% of parents provided with information and referral in person or on phone	Parents and youth increase knowledge of impact of student earnings on public benefits
CWIC	Verify benefits and analyze data	90% of youth/family entering employment receive written benefits summary and analysis	Youth increase use of SSI work incentives
CWIC supervisor	Review sample of written benefits summary and analysis	Summary of plan quality provided to leadership team and case manager	
Self-determination training and support—goal: develop youth’s understanding of their strengths and limitations, and build belief in themselves			
Youth	School self-determination experiences	Pre- and post-assessment scores	Increase in youth self-determination scores on assessment tool
Parent	Implementation of skills learned in promoting youth self-determination	Pre- and post-parent assessment scores	Increase in youth self-determination scores on parent assessment tool
Case manager or trainer	Training on how to promote self-determination in youth’s home	100% of parents attend training; training satisfaction	Increase in youth self-determination by parent assessment
Case manager or trainer	Collaborate with school on promoting self-determination in school	Pre- and post-assessment scores	Increase in youth self-determination by educator assessment
Financial education—goal: provide education to families on how to improve their financial behaviors and identify asset-building strategies			
Case manager	Connect families with financial education	80% of treatment group parents/family members attend financial education training	
Parent	Parents attend financial education program	Participants show improved knowledge on pre- and post-training assessment	Increased knowledge of value of saving; how to utilize IDA and EITC
Financial education provider	Financial education for families	Participants show behavior change on follow-up surveys	Change in behavior: increased use of savings, IDAs, EITC, home ownership

TABLE I.1 (continued)

Inputs/actors	Activities	Outputs ^a	Outcomes
School completion—goal: help youth achieve higher high school graduation rates			
Youth	Student attends school	100% of youth participate in school	Improved attendance rates
Parent	Parent involved in student's transition activities	90% of parents participate in IEP or 504 plan; 100% of students have transition plan or transition IEP	Increase in youth and parents' involvement in IEP or 504 planning; improved graduation rates
Parent training and information provider	PTI center provides training for parents in becoming a partner in student's education process	75% of parents attend training	Parents increase involvement in school
Local education partner	Educator provides education services, including individualized transition services	School assessment of student progress	Students make satisfactory progress in school; students participate in transition services
School counselor partner	Student is counseled about job training or college opportunities; receives instruction in preparing for postsecondary schooling	20% of youth prepare for SAT/ACT; complete FAFSA	Youth are prepared for attending post-high school education/training
Vocational school or community college	Youth attends job training or college	100% of youth who are accepted into post-high school training or college attend	Youth make satisfactory progress in completing job training and/or college
Paid employment—goal: help youth obtain paid, competitive employment before age 18			
Education partner	School provides career awareness and exploration experiences	100% of youth participate in awareness and exploration activities	Students engage in successive career awareness and job exploration experiences
VR partner	VR partner provides postsecondary assessment and planning; supports components transition plan not provided by school	100% of youth have VR eligibility and IPE	Students explore career choices, take successive steps toward work skill development
Workforce partner	Summer Youth Employment program	50% of youth have summer work experience	Youth have temporary work experience
Business partner	Business partner provides work experience opportunities for youth	100% of youth have work experiences while in school	Youth have a variety of work experiences
Case manager	Develop customized employment placements	10% of youth placed in customized or self-employment	Youth are placed in customized employment; youth satisfaction; employer satisfaction

Source: The ASPIRE cooperative agreement application.

Notes: CWIC = community work incentives coordinator; EITC = Earned Income Tax Credit; FAFSA = Free Application for Federal Student Aid; IDA = individual development account; IEP = individualized education program; IPE = individualized plan for employment; PTI = parent training and information; VR = vocational rehabilitation.

^a The outputs shown are as they were articulated in ASPIRE's cooperative agreement application. In many cases, they do not represent the specific service delivery targets ASPIRE ultimately selected for purposes of measuring its performance.

To provide the core interventions, ASPIRE sought to leverage and improve the offerings and capacity of existing local service providers, with the objective of creating an enriched service environment for youth with disabilities that would remain in place after the program ended. The ASPIRE lead agency in each consortium state was responsible for identifying and entering into formal agreements with various entities for the provision of services to treatment group youth (Table I.2). Many of the subcontractors were organizations that had already been providing services similar to the ASPIRE interventions, although with other funding sources. The funds that the program provided to these subcontractors helped the organizations build their capacity to serve the ASPIRE target population and tailor their services to youth with disabilities and their family members as outlined in the program's scopes of work for delivering ASPIRE services.

Payment terms to subcontractors for service provision varied across the states and by partner. For those partnerships that involved payments from the lead agency to the partner organizations for services provided, the agreements were in the form of contracts or interagency agreements. Most agreements specified a flat payment for services, typically on an annual basis. Many also provided for reimbursement for services on a time and materials basis, including travel costs. A few subcontracts provided for reimbursement of travel costs only. Some of the partnerships did not involve payments by the lead agency but were formalized through MOUs. The partner organizations under those agreements leveraged other sources of funding to deliver ASPIRE services.

ASPIRE required its providers to submit quarterly activity reports. During our interviews, the ASPIRE site coordinators noted various other procedures they used to oversee and manage the service provider partners in their respective states. For example, in South Dakota, where only one of five formal partners received ASPIRE payments, the site coordinator communicated informally as needed with each provider to address any issues that arose. In Arizona, the site coordinator encouraged communication and coordination of service delivery by holding quarterly meetings that all of the program's service providers were required to attend. In Utah, to facilitate one-on-one parent training sessions, the site coordinator managed communication among staff from the parent training contractor, case managers, and staff of a third partner that delivered information about guardianship to ASPIRE parents. Also in Utah, a point person in the state's VR agency delivered quarterly reports to ASPIRE program staff to update them on new services for transition-age youth and referral processes for these services.

Across the consortium states, some of the partners that delivered ASPIRE services changed over time; for example, the programs in Arizona, Colorado, and Montana began working with new partners in 2016. Some of these new partners replaced organizations that had failed to meet their service-provision targets. ASPIRE staff in one consortium state reported that because a particular service provider would not deliver services in rural areas, program administrators terminated the relationship with that provider. In another consortium state, a new partner was added in May 2017 to address the need for more in-depth counseling on and assistance with guardianship issues.

Table I.2. ASPIRE service provider partners, October 2017

Partner	Agreement type	Services delivered	Payment terms	Months active
Arizona				
Ability360	IAA	Benefits counseling	Time and materials	Mar 2015–
Ability360	IAA	Financial education	Time and materials	Aug 2016–
Raising Special Kids	MOU	Parent training	No payment	Oct 2014–
University of Arizona 4-H Cooperative Extension	IAA	Self-determination training	Annual fixed payment	Aug 2016–
Colorado				
Ability Connection Colorado	Contract	Benefits counseling	Annual fixed payment	Jun 2015–
Budget Right	Contract	Financial education	Annual fixed payment	Apr 2016–
Mpower	Contract	Financial education	Annual fixed payment	Jun 2015–Aug 2015
PEAK Parent Center	Contract	Self-determination training	Fixed payment per event	Jun 2015–
PEAK Parent Center	Contract	Parent training	Fixed payment per event	Jun 2015–
Montana				
Living Independently for Today & Tomorrow	Contract	Self-determination training	Annual fixed payment	Aug 2015–
Montana Independent Living Project	Contract	Self-determination training	Annual fixed payment	Dec 2015–
Montana Independent Living Project	Contract	Benefits counseling	Fixed plus hourly payment	May 2016–
Montana State University Billings	Contract	Benefits counseling	Travel costs only	May 2016–
North Central Independent Living Services	Contract	Self-determination training	Annual fixed payment	July 2015–
North Central Independent Living Services	Contract	Benefits counseling	Annual fixed payment	May 2016–
Parents Let's Unite for Kids	Contract	Parent training	Annual fixed payment	July 2015–
Rural Dynamics, Inc.	Contract	Financial education	Annual fixed payment	July 2015–
Summit Independent Living Center	Contract	Self-determination training	Annual fixed payment	Aug 2015–
Summit Independent Living Center	Contract	Benefits counseling	Fixed rate per benefits analysis	May 2016–Jun 2017

TABLE I.2 (continued)

Partner	Agreement type	Services delivered	Payment terms	Months active
North Dakota				
Dakota Center for Independent Living	Contract	Financial education	Time and materials	Nov 2014–
Independence, Inc.	Contract	Financial education	Time and materials	Nov 2014–
Options Resource Center	Contract	Financial education	Time and materials	Nov 2014–
Pathfinder	Contract	Parent training	Time and materials	Dec 2014–
Rehab Services, Inc.	Contract	Benefits counseling	Time and materials	Nov 2014–
South Dakota				
Black Hills Special Services Cooperative	MOU	Benefits counseling	No payment	Oct 2014–
Consumer Credit Counseling Services of the Black Hills	MOU	Financial education	No payment	Oct 2014–
Lakota Funds	MOU	Financial education	No payment	Jul 2015–
Lutheran Social Services Ctr. for Financial Resources	MOU and contract	Financial education	No payment	Oct 2014–
South Dakota Parent Connection	Contract	Parent training	Annual fixed payment	Oct 2014–
Utah				
AAA Fair Credit Foundation	Contract	Financial education	Time and materials	Dec 2014–
Ability First Utah	Contract	Self-determination training	Annual fixed payment	Oct 2014–
Active Re-Entry	Contract	Self-determination training	Annual fixed payment	Mar 2015–
Options for Independence	Contract	Self-determination training	Annual fixed payment	Oct 2014–
Red Rock Center for Independence	Contract	Self-determination training	Annual fixed payment	Oct 2014–
Roads to Independence	Contract	Self-determination training	Annual fixed payment	Oct 2014–
Utah Independent Living Center	Contract	Self-determination training	Annual fixed payment	Oct 2014–
Utah Parent Center	Contract	Parent training	Time and materials	Oct 2014–
Utah Work Incentive Planning Services	IAA	Benefits counseling	No payment	Oct 2014–
Working Interdisciplinary Network of Guardianship	IAA	Parent training	Time and materials	May 2017–

IAA = interagency agreement; MOU = memorandum of understanding.

Note: All agreements were active as of October 2017 except those noted otherwise.

A particular challenge for ASPIRE was implementing its program model consistently across the six consortium states, each of which had its own lead agency and distinctive organizational structures and service systems. ASPIRE instituted a number of mechanisms to enhance program fidelity across the six states, including the following:

- A core project team (the APL) that provided leadership and guidance to all of the ASPIRE sites and facilitated regular communication among them
- Standardized staff training modules and a well-developed procedures manual to guide the day-to-day activities of ASPIRE staff; two full-time ASPIRE training specialists provided ongoing training and technical assistance
- A series of monthly telephone meetings, which involved various combinations of program staff and partners. All program staff met once monthly for “Training Tuesday,” a webinar led by the ASPIRE training specialists. The program also convened three-day biannual all-staff meetings for training and relationship building
- Standardized recruitment and promotional materials, customized with each state’s program contact information
- A common web-based MIS used by ASPIRE staff in all six states
- Templates for scopes of work in subcontracts for providers of intervention services
- A formative evaluation team that conducted pre- and post-implementation fidelity assessments and ongoing monitoring of service delivery and outcomes in each state

Another challenge noted by ASPIRE leadership was the varying knowledge and experience of the six site coordinators who managed ASPIRE’s activities in their respective states. Although ASPIRE provided some training targeted specifically to the management team, and the director worked one-on-one with site coordinators as needed, the director acknowledged that there may have been gaps in the site coordinators’ experience that additional training might have addressed.

C. Roadmap to the report

The rest of this report presents findings from the process analysis of ASPIRE. 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 ASPIRE’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 ASPIRE facilitated. Chapter V presents lessons learned from the process analysis of ASPIRE (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.

This page has been left blank for double-sided copying.

II. ENROLLMENT AND PARTICIPATION IN ASPIRE

Processes and timelines for recruitment and enrollment in ASPIRE varied across the consortium states. Although SSA authorized and encouraged all of the PROMISE programs to begin recruitment and enrollment as early as April 2014, ASPIRE did not begin those activities until several months later because of a lengthy planning process and difficulty in hiring staff. Recruitment and enrollment efforts began in late September 2014 in South Dakota and Utah, November 2014 in Colorado, December 2014 in North Dakota, February 2015 in Arizona, and March 2015 in Montana. In this chapter, we describe the recruitment and enrollment process, and summarize the results of ASPIRE's efforts based on data from the PROMISE RAS, SSA lists of PROMISE-eligible youth, and the MIS that the program 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

ASPIRE conducted direct outreach to youth on SSA lists of PROMISE-eligible youth to recruit them into the evaluation. In total, 15,430 youth appeared on the lists, which SSA provided quarterly to ASPIRE; the program attempted to recruit 59.6 percent (9,196) of them (Table II.1). Approximately every two months, the APL executive secretary mailed recruitment packets to a subset of eligible youth on the SSA lists, based on ZIP codes and other criteria determined by each site coordinator (for example, language, tribal geography, and the representative payee's relationship to the youth).¹⁰ Each recruitment packet contained a letter addressed to the representative payee and youth, a trifold color brochure describing ASPIRE, letters from SSA and ED soliciting enrollment, a response form that the family could complete if it wanted to learn more about ASPIRE, and a postage-paid business reply envelope for returning the response form to the relevant state program. When siblings at the same address appeared on the SSA lists, the executive secretary mailed a single packet containing individualized response forms for each sibling. ASPIRE chose not to track or follow up on those packets that were returned undelivered and instead focused its outreach efforts on other eligible youth who had not yet been solicited.

The recruitment approach was generally similar across the consortium states, but specific recruitment activities varied across the states and over time based on the availability of resources and the states' recruitment experiences. Generally, after the APL mailed the recruitment packet, ASPIRE program staff followed up with telephone calls as well as additional mailings, text messages, emails, and in-person visits (Table II.1).¹¹ On average, it took 21 days to successfully contact a family after the initial mailing (Table II.2). Upon successfully contacting the family, the case manager or enrollment specialist would confirm the youth's eligibility and attempt to schedule an enrollment meeting. In all of the states, each youth who wanted to enroll in the ASPIRE evaluation was required to meet with a case manager or enrollment specialist; that

¹⁰ The ASPIRE programs did not recruit in tribal areas until they received approval from a tribal institutional review board or other authority. Some programs also did not recruit individuals with a Spanish language preference indicated on the SSI lists until they hired Spanish-speaking staff. In addition, ASPIRE programs did not recruit individuals who had a social service agency listed as the representative payee on the SSI lists until they conducted outreach to the agency. ASPIRE did not use the youth's age as a criterion for prioritizing mailings.

¹¹ In Arizona only, program staff also conducted group informational events to recruit youth and their families.

meeting nearly always occurred in person. ASPIRE offered a \$40 gift card as an incentive to attend the meeting, whether or not it resulted in an actual enrollment. A relatively small number of youth (136) and their parents who attended an enrollment meeting ultimately decided not to enroll in the evaluation. On average, it took approximately four actual or attempted contacts (including the initial mailing) and 57 days from the initial mailing to enroll a youth in the evaluation (Table II.2). Program staff also expended a substantial effort (over 32,000 contact attempts) to recruit more than 7,000 youth who ultimately did not enroll in the ASPIRE evaluation.

Table II.1. ASPIRE recruitment efforts over time

Recruitment effort	Calendar quarter since ASPIRE's start of recruitment								Total
	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	
Newly eligible youth on SSA lists	9,923	1,104	953	1,041	985	969	455	0	15,430
Number of efforts directed to individual youth									
Youth targeted for recruitment	135	902	1,298	1,776	1,210	1,929	2,374	47	9,196
Recruitment packets mailed to youth	135	933	1,316	1,771	1,196	1,948	2,315	43	9,657
Telephone calls made to youth	0	1,800	2,695	3,808	3,397	3,164	5,558	1,743	22,435
Emails sent to youth	0	8	23	35	64	54	92	42	318
Text messages sent to youth	0	78	182	726	655	577	1,246	320	3,784
Other outreach attempts to youth ^a	0	136	269	613	663	637	1,237	121	3,676
In-person recruitment meeting	0	147	345	402	370	240	440	232	2,176

Sources: The ASPIRE MIS and PROMISE RAS.

Notes: The number of youth targeted for recruitment includes one record for each youth recorded as receiving a contact in the MIS data. The table shows 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) by quarter. Quarter 1 is a partial calendar quarter corresponding to September 2014. Quarters 2–7 correspond to calendar quarters starting October 2014 and ending March 2016. Quarter 8 is a partial quarter corresponding to April 2016.

^a Includes letters and postcards, home visits to distribute informational materials, and group informational events.

Table II.2. ASPIRE recruitment efforts, by evaluation enrollment status (percentages unless otherwise indicated)

Recruitment effort	All	Evaluation enrollees (A)	Evaluation non-enrollees (B)	Difference (A – B)	p-value of difference
Youth sent an initial mailing	98.9	97.7	99.2	-1.6	0.00***
Average number of initial mailings per youth sent mailing ^a	1.0	1.0	1.0	-	-
Youth sent a follow-up mailing	6.0	2.2	7.1	-4.8	0.00***
Average number of follow-up mailings per youth sent mailing	0.1	0.0	0.1	-0.1	0.00***
Youth contacted by telephone	92.2	97.3	90.7	6.6	0.00***
Average number of telephone calls per youth called	2.7	2.4	2.7	-0.3	0.00***
Youth contacted by email	2.6	4.3	2.1	2.2	0.00***
Average number of emails per youth emailed	1.3	1.4	1.3	0.1	0.54
Youth attended an enrollment meeting	23.7	100.0	1.9	98.2	0.00***
Number of contacts (including initial mailing):					
1 contact	7.6	2.7	9.0	-6.3	0.00***
2–5 contacts	58.6	76.1	53.6	22.5	
6–10 contacts	32.9	20.0	36.5	-16.5	
11 or more contacts	1.0	1.2	0.9	0.2	
Average number of contacts (including initial mailing) per youth	4.3	3.9	4.5	-0.6	0.00***
Average time between initial mailing and first contact (days) ^b	21.0	18.0	22.0	-4.0	0.00***
Average time between initial mailing and enrollment (days) ^b	NA	56.5	NA	NA	NA
Number	9,203	2,051	7,152	NA	NA

Sources: The ASPIRE 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). The *p*-value for a continuous or binary variable is based on a two-tailed *t*-test. The *p*-value for a polychotomous variable, which we present in the row for the first category, is based on a two-tailed chi-square test across all 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 test statistic was not estimated because of insufficient variation between the groups.

^b 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 ASPIRE before receiving an initial mailing or if the program started other recruitment efforts before sending an initial mailing.

NA = not applicable.

ASPIRE also supported the recruitment effort by doing the following:

- **Informing the broader community about ASPIRE.** ASPIRE conducted outreach to state and local service agencies, schools, and other organizations to inform them about it and generate referrals of potentially eligible youth to the program. ASPIRE staff also made presentations, distributed brochures and flyers, and set up booths at conferences to generate interest.
- **Conducting outreach to Native American tribal organizations.** Before conducting recruitment efforts on Native American lands, ASPIRE conducted outreach to all tribal authorities in the consortium states to inform them of the program and request their approval to recruit and enroll their members. ASPIRE program staff noted that there were 49 Native

American reservations located in the six consortium states and that ASPIRE ultimately obtained approval from 13 tribes. In some cases, establishing relationships with and obtaining approval from tribal authorities took many meetings with tribal staff and many months to achieve. It also often entailed a formal submission of the study protocols for review by and approval from a tribal institutional review board.

B. Enrollment and random assignment

Enrollment in the PROMISE evaluation and random assignment occurred through the PROMISE RAS. Each consortium state had a target number of enrollments in the evaluation based on the expected number of eligible SSI youth in the state.¹² Because ASPIRE Arizona struggled to remain on pace to achieve its target, near the end of the enrollment period the other five states agreed to increase their targets by approximately 10 percent. Thus, the final enrollment counts in all of the states except Arizona exceeded the original targets. The original average enrollment target per recruitment staff varied by state, ranging from a low of 25 in North Dakota to a high of 88 in Arizona, with the other four states ranging from 40 to 50. The enrollment target differences primarily reflect the differences in the planned number of case managers and their caseloads. By design, the states with smaller shares of their populations in urban areas had smaller average caseloads than those with higher shares to accommodate the need for case managers in the more rural states to travel longer distances to meet with the family members on their caseloads.

ASPIRE enrolled 2,051 youth, thus exceeding the program-wide target of 2,000. ASPIRE continued to enroll families through April 2016—the last month in which SSA authorized the PROMISE programs to conduct recruitment for the national evaluation. The efficiency of the recruitment effort, as measured by the shares of youth sent a recruitment packet who enrolled in the evaluation, varied across the consortium states (Table II.3). ASPIRE Colorado enrolled the largest share of recruited youth (30 percent), whereas ASPIRE Arizona enrolled the smallest share (19 percent). Across the states, 22 percent of recruited youth and 13 percent of eligible youth enrolled in the evaluation.

¹² The original ASPIRE program enrollment targets (including treatment and control group youth) were as follows: Arizona (1,050); Colorado (400); Montana (130); North Dakota (50); South Dakota (120); and Utah (250).

Table II.3. Summary of final recruitment results for ASPIRE

Recruitment result	Arizona	Colorado	Montana	North Dakota	South Dakota	Utah	Total
Number of eligible youth on the SSA lists	7,883	3,421	923	365	910	1,928	15,430
Number of eligible youth sent a recruitment packet	5,303	1,482	470	214	493	1,234	9,196
Number of youth enrolled in evaluation	1,000	447	137	58	131	278	2,051
Percentage of eligible youth sent a recruitment packet	67.3	43.3	50.9	58.6	54.2	64.0	59.6
Percentage of eligible youth enrolled in evaluation	12.7	13.1	14.8	15.9	14.4	14.4	13.3
Percentage of recruited youth enrolled in evaluation	18.9	30.2	29.1	27.1	26.6	22.5	22.3

Sources: The ASPIRE MIS and PROMISE RAS.

The pace of enrollment was slow during the first two quarters of the enrollment period (Table II.4) but accelerated and remained steady and high during Quarters 3 through 5, when all of the consortium states were actively recruiting. The enrollment pace slowed a bit in Quarter 6, after some of the states had achieved their original enrollment targets and suspended their recruitment efforts. The pace then picked up again in Quarter 7, reflecting the efforts of all of the states to meet their adjusted individual targets and the overall target of 2,000 evaluation enrollees.

Table II.4. Rate of enrollment in the ASPIRE evaluation

Calendar quarter	Number of youth enrolled	Cumulative number of youth enrolled	Percentage of enrollment target achieved
Sep 2014	0	0	0.0
Oct–Dec 2014	140	140	7.0
Jan–Mar 2015	338	478	23.9
Apr–Jun 2015	359	837	41.9
Jul–Sep 2015	340	1,177	58.9
Oct–Dec 2015	243	1,420	71.0
Jan–Mar 2016	403	1,823	91.2
Apr 2016	228	2,051	102.6

Source: The PROMISE RAS.

On some but not all of the characteristics we measured, the enrollees in the evaluation of ASPIRE were representative of all eligible youth in the ASPIRE service area (Table II.5). Relative to non-enrollees, ASPIRE enrollees were younger, more likely to be white and non-Hispanic, less likely to be Native American, and more likely to have English as their spoken language. The smaller share of youth identifying as Native American among ASPIRE enrollees may reflect the fact that ASPIRE did not conduct recruitment on tribal lands without first obtaining permission from the tribes, and the program was unable to obtain permission from all of the tribes located in the consortium states. However, differences in racial and ethnic

composition are hard to interpret, given the substantial proportion of youth for whom this information was unknown.¹³ 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 ASPIRE.

¹³ 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.5. Characteristics of youth eligible for ASPIRE, by evaluation enrollment status (percentages unless otherwise indicated)

Characteristic	All eligible youth	Enrolled in ASPIRE evaluation (A)	Not enrolled in ASPIRE evaluation (B)	Difference (A - B)	p-value of difference
Average age at end of recruitment period (years)	15.8	15.6	15.8	-0.3	0.00***
Male	67.0	66.9	67.0	-0.2	0.86
Race/ethnicity					
White (non-Hispanic)	6.7	8.7	6.4	2.3	0.00***
Black (non-Hispanic)	5.0	5.2	5.0	0.3	
Hispanic	9.7	8.3	9.9	-1.6	
Asian	0.3	0.3	0.3	0.0	
American Indian/AK/HI/Pacific Islander	3.8	2.1	4.1	-2.0	
Other/unknown	74.5	75.3	74.4	1.0	
Spoken language					
English	87.8	91.9	87.2	4.8	0.00***
Spanish	9.4	7.0	9.7	-2.8	
Other	1.5	0.5	1.7	-1.2	
Missing	1.3	0.6	1.4	-0.8	
Primary disabling condition					
Intellectual or developmental disability	43.2	44.7	43.0	1.6	0.58
Other mental impairment	29.7	29.2	29.8	-0.6	
Physical disability	18.9	18.7	18.9	-0.2	
Speech, hearing, or visual impairment	2.6	2.4	2.7	-0.3	
Other	5.6	5.1	5.7	-0.6	
Average age at most recent SSI eligibility determination (years)	6.7	6.7	6.7	0.00	0.99
Number of youth	15,430	2,051	13,379	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. The *p*-value for a continuous or binary variable is based on a two-tailed *t*-test. The *p*-value for a polychotomous variable, which we present in the row for the first category, is based on a two-tailed chi-square test across all 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.

RAS data on study group assignment indicate that random assignment worked as intended. Of the 2,051 youth ASPIRE enrolled in the evaluation, 1,953 were classified as research cases and the remaining 98 as nonresearch cases because they were siblings of previously enrolled youth.¹⁴ Among the research cases, 978 youth were assigned to the treatment group and 975 to the control group (Table II.6). This distribution is consistent with the 50/50 random assignment design. Among all enrolled youth (including nonresearch cases), 1,033 were assigned to the treatment group (not shown). There were no significant differences in the baseline characteristics

¹⁴ 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 program 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, but ASPIRE did not exercise this option for any youth. For information on wild cards, see Fraker and McCutcheon (2013).

of the randomly assigned treatment and control group youth, confirming that random assignment worked as intended.

Table II.6. Characteristics of randomly assigned ASPIRE treatment and control group members (percentages unless otherwise indicated)

Characteristic	All enrolled 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	14.9	0.0	0.89
Male	67.2	66.2	68.3	-2.15	0.31
Race/ethnicity					
White (non-Hispanic)	8.8	8.5	9.0	-0.5	0.23
Black (non-Hispanic)	5.1	5.3	4.9	0.4	
Hispanic	8.4	8.7	8.1	0.6	
Asian	0.3	0.5	0.0	0.5	
American Indian/AK/HI/Pacific Islander	2.0	2.4	1.6	0.7	
Other/unknown	75.5	74.6	76.3	-1.7	
Spoken language					
English	91.7	92.1	91.3	0.8	0.61
Spanish	7.2	7.1	7.3	-0.2	
Other	0.5	0.4	0.6	-0.2	
Missing	0.6	0.4	0.8	-0.4	
Primary disabling condition					
Intellectual or developmental disability	44.6	45.9	43.2	2.7	0.26
Other mental impairment	28.9	26.9	31.0	-4.1	
Physical disability	19.1	19.7	18.4	1.4	
Speech, hearing, or visual impairment	2.5	2.2	2.8	-0.6	
Other	5.0	5.3	4.7	0.6	
Average age at most recent SSI eligibility determination (years)	6.7	6.6	6.9	-0.2	0.23
Parent or guardian					
Relationship to youth					
Parent or step-parent	88.4	88.5	88.4	0.0	0.15
Grandparent	7.5	7.7	7.4	0.3	
Brother or sister	0.3	0.3	0.2	0.1	
Aunt or uncle	1.2	1.5	0.8	0.7	
Other relative	0.4	0.5	0.2	0.3	
Other	2.3	1.5	3.0	-1.4	
Missing	11.9	12.2	11.7	0.5	
Average age at enrollment (years)	43.3	43.1	43.5	-0.4	0.36
Male	10.2	10.3	10.1	0.3	0.84
Number of youth	1,953	978	975	NA	NA

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

Notes: 98 enrolled cases are excluded from this table because they did not go through random assignment. The p-value for a continuous or binary variable is based on a two-tailed t-test. The p-value for a polychotomous variable, which we present in the row for the first category, is based on a two-tailed chi-square test across all 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.

C. Participation in ASPIRE

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 ASPIRE program managers, Mathematica considered a treatment group youth to be a participant in ASPIRE if he or she had an intake meeting and at least one other substantial contact with a case manager. Based on the data available in the ASPIRE MIS, we defined a substantial case management contact as one of at least 21 minutes duration.¹⁵

An intake meeting, during which program staff—usually a case manager—assessed service needs for a youth and his or her family, was generally the first ASPIRE activity to take place. Program leadership expected the intake meeting to occur within 30 days of enrollment in the evaluation; 45 percent of the intake meetings occurred within that time frame. On average, it took about two months (67 days) after enrollment to complete the intake meeting, though the median amount of time was a little over one month, at 34 days (Table II.7). The program in Arizona took the longest to complete intake (96 days, on average), whereas the program in North Dakota took the least time (24 days, on average).

Of the 1,033 youth assigned to the treatment group (including both research and nonresearch cases), we classified 86 percent (893 youth) as participants based on their completion of an intake meeting, along with a successful contact with program staff of at least 21 minutes as of October 2017 (Table II.7). The share of enrolled youth classified as participants was 95 percent or more in all states except Arizona, where participation was substantially lower (77 percent). The lower participation rate in Arizona relative to the other consortium states might be partly attributed to ASPIRE Arizona's substantially larger average caseloads during the first two years of implementation (discussed further in Chapter III). The larger caseloads in Arizona, combined with the need to focus heavily on recruitment during the final months of the enrollment period, may have contributed to that state's substantially longer average time between enrollment and intake, which in turn may have contributed to the lower participation rate.

¹⁵ As discussed further in Chapter III, ASPIRE required case managers to meet in person with families for at least 30 minutes each month at a minimum. For our participation measure, we considered a 30-minute contact as substantial, regardless of whether it occurred in person. However, because the ASPIRE MIS documented meeting duration in 20-minute intervals, we could not identify meetings of at least 30 minutes in duration. To compute our participation measure, we used meetings lasting 21 minutes or longer as a proxy for this threshold for purposes of identifying a substantial contact with the program after intake. ASPIRE leadership noted that contacts of 20 minutes or less were primarily texts, emails, or telephone messages.

Table II.7. Efforts to engage treatment group youth as participants in ASPIRE as of October 2017 (percentages unless otherwise indicated)

Service delivery measure	Arizona	Colorado	Montana	North Dakota	South Dakota	Utah	Total
Youth with an intake meeting	89.9	98.2	100.0	100.0	98.5	95.7	94.0
Time from evaluation enrollment to intake (days)							
Average	96.4	36.6	55.4	24.1	46.6	42.0	67.0
Median	49.0	26.0	36.0	22.0	24.0	27.0	34.0
Intake meeting occurred within 30 days of evaluation enrollment ^a	27.3	67.0	42.0	71.4	63.1	58.6	45.3
Youth with a successful contact	90.7	98.2	100.0	100.0	100.0	98.6	94.9
Youth with a successful contact of 21 minutes or more	78.1	95.6	95.7	96.4	95.5	96.4	87.1
Youth with an intake meeting and a successful contact of 21 minutes or more (participant group)	77.3	95.1	95.7	96.4	95.5	95.0	86.4
Number	506	225	69	28	66	139	1,033

Source: The ASPIRE MIS.

^a ASPIRE intended for the intake meeting to occur within 30 days of enrollment.

Participating and nonparticipating treatment group youth and their families differed on several characteristics (Table II.8). Compared with participating youth, nonparticipating youth more often enrolled in the evaluation during the last six months of the enrollment window and were more likely to be of Hispanic or Latino ethnicity. The parents of nonparticipating youth were more likely to have less than a high school level of education, their households had more children under age 18 on average, but were less likely to have another household member (other than the youth) receiving SSI. Most nonparticipants were enrolled in ASPIRE Arizona, partly because of the lower participation rate in ASPIRE Arizona noted previously, and because the largest share of all enrollees was in Arizona.

Table II.8. ASPIRE participant characteristics at enrollment (percentages unless otherwise indicated)

Characteristic	Assigned to treatment group	Participated in ASPIRE services ^a (A)	Did not participate in ASPIRE services (B)	Difference (A – B)	p-value of difference
Youth					
Average age at enrollment (years)	15.4	15.3	15.4	-0.1	0.56
Male	65.8	65.7	66.4	-0.7	0.87
<i>Race^a</i>					
<i>White only</i>	54.3	55.5	46.4	9.1	0.23
<i>Black only</i>	12.4	11.8	16.4	-4.6	
<i>American Indian/Alaskan/Hawaiian/ Pacific Islander only</i>	7.4	7.5	6.4	1.1	
<i>Other/multiple</i>	18.9	18.4	22.1	-3.7	
<i>Unknown</i>	7.1	6.8	8.6	-1.8	
<i>Hispanic or Latino ethnicity</i>	36.0	33.9	49.3	-15.4	0.00***
<i>Native American tribe member</i>	6.3	6.3	6.4	-0.1	0.94
<i>Spoken language</i>					
English	92.4	92.6	90.7	1.9	0.76
Spanish	6.9	6.7	7.9	-1.2	
Other	0.4	0.3	0.7	-0.4	
Missing	0.4	0.3	0.7	-0.4	
<i>Primary disabling condition</i>					
Intellectual or developmental disability	45.9	46.5	42.1	4.4	0.69
Other mental impairment	27.2	26.5	31.4	-4.9	
Physical disability	19.4	19.5	18.6	0.9	
Speech, hearing, or visual impairment	2.0	1.9	2.9	-1.0	
Other/unknown	5.5	5.6	5.0	0.6	
Average age at most recent SSI eligibility determination (years)	7.0	7.0	7.1	-0.1	0.69
<i>Highest grade completed</i>					
<i>Grade 8 or lower</i>	53.8	54.0	52.9	1.1	0.22
<i>Grade 9</i>	26.4	26.9	23.6	3.3	
<i>Grade 10</i>	17.4	17.2	18.6	-1.4	
<i>Grade 11</i>	2.0	1.7	4.3	-2.6	
<i>Unknown</i>	0.3	0.2	0.7	-0.5	
<i>School enrollment status</i>					
Enrolled	96.8	96.6	97.9	-1.3	0.42
Dropped out	1.1	1.0	1.4	-0.4	
Other	2.1	2.4	0.7	1.7	
<i>State</i>					
Arizona	49.0	43.8	82.1	-38.3	0.00***
Colorado	21.8	24.0	7.9	16.1	
Montana	6.7	7.4	2.1	5.3	
North Dakota	2.7	3.0	0.7	2.3	
South Dakota	6.4	7.1	2.1	5.0	
Utah	13.5	14.8	5.0	9.8	
<i>Enrollment timing</i>					
Month 1–Month 6	22.9	25.1	9.3	15.8	0.00***
Month 7–Month 12	34.4	34.7	32.1	2.6	
Month 13–Month 19	42.7	40.2	58.6	-18.4	

TABLE II.8 (continued)

Characteristic	Assigned to treatment group	Participated in ASPIRE services ^a (A)	Did not participate in ASPIRE services (B)	Difference (A – B)	p-value of difference
Enrolling parent					
Relationship to youth					
Parent or step-parent	88.5	88.1	90.7	-2.6	0.64
Grandparent	7.6	8.0	5.0	3.0	
Brother or sister	0.3	0.2	0.7	-0.5	
Aunt or uncle	1.7	1.7	2.1	-0.4	
Other relative	0.5	0.6	0.0	0.6	
Other	1.5	1.5	1.4	0.1	
Average age (years)	43.7	43.9	42.4	1.5	0.07*
Male	10.0	10.4	7.1	3.3	0.23
Race ^b					
White	59.8	61.0	52.1	8.9	0.13
Black	11.7	11.0	16.4	-5.4	
American Indian/Alaskan/Hawaiian/Pacific Islander	7.2	7.4	5.7	1.7	
Other	13.8	13.2	17.9	-4.7	
Unknown	7.5	7.4	7.9	-0.5	
Hispanic or Latino ethnicity ^b	30.8	28.6	45.0	-16.4	0.00***
Native American tribe member ^b	6.4	6.3	7.1	-0.8	0.70
Education ^b					
Less than high school level of education	22.2	21.1	29.3	-8.2	0.01***
High school graduate or GED	24.4	25.2	19.3	5.9	
Some college	24.7	24.7	24.3	0.4	
Two-year or technical school graduate	16.5	16.6	15.7	0.9	
Four-year college degree	8.0	8.0	8.6	-0.6	
Postgraduate education	3.3	3.8	0.0	3.8	
Unknown	1.0	0.7	2.9	-2.2	
Household					
Average number of people in household	4.5	4.5	4.7	-0.2	0.11
Average number of people under age 18 in household	2.5	2.5	2.8	-0.3	0.03**
Receipt of public assistance ^a					
SSI (other than enrolled youth)	36.1	37.6	26.4	11.2	0.01***
Social Security Disability Insurance	8.9	9.2	7.1	2.1	0.43
Temporary Assistance to Needy Families	2.6	2.7	2.1	0.6	0.71
Section 8 Housing	9.8	9.9	9.3	0.6	0.83
Supplemental Nutrition Assistance Program	37.6	37.4	38.6	-1.2	0.79
Number of youth	1,033	893	140	NA	NA

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

Notes: Participation in ASPIRE was defined as completing the program intake meeting and having at least one other contact with a program staff member of 21 minutes or longer. The p-value for a continuous or binary variable is based on a two-tailed t-test. The p-value for a polychotomous variable, which we present in the row for the first category, is based on a two-tailed chi-square test across all categories. Numbers in the Difference column may differ from the values calculated as A - B due to rounding. Enrollment in the evaluation of ASPIRE began in October 2014 and ended in April 2016. 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.

^a Percentages sum to more than 100 because multiple responses are possible.

^b Enrolling parent characteristic is based on ASPIRE MIS data associated with the first parent or guardian, who was nearly always the enrolling parent according to ASPIRE staff.

*/**/** 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 inputs and activities identified in the logic model (presented in Table I.1) may or may not result in the anticipated outputs and, ultimately, outcomes. 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 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 ASPIRE 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 F focuses on a core PROMISE service component. The last section discusses the potential for control group members to receive ASPIRE services.

The national evaluation's process analysis relied on ASPIRE 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 ASPIRE 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 national evaluation impact analysis. The statistics presented in this chapter were computed for the participant sample (that is, the youth and other household members in the 86.4 percent of treatment group families who had an intake meeting and at least one successful contact with program staff lasting at least 21 minutes), and they reflect service utilization from enrollment start through the third year of program operations (October 2014 through October 2017). We present service use statistics overall and by consortium state. We found substantial variation across the states in participant use of many ASPIRE services. When applicable, we note factors identified during the site visit interviews that might have contributed to the variation, but we are not able to offer possible explanations for all differences observed.

A. Case management

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 the consortium states and the services ASPIRE provided in this area.

1. Counterfactual services

Case management services were not broadly available to transition-age youth in the consortium states; those that were available tended to be less intense and had a different substantive focus than ASPIRE case management services. State agencies that specialized in developmental disabilities provided case management services to targeted youth in the

consortium states. Youth typically qualified for such services through the use of Medicaid waivers and had to meet certain eligibility requirements that were more restrictive than those for ASPIRE. Those requirements included having a physical or mental impairment that rendered a youth incapable of living independently without supports. Furthermore, the case management services that youth could receive through this avenue may have been of lower intensity than those offered by ASPIRE, and primarily focused on independent living rather than employment. In one consortium state (Colorado), certain other Medicaid enrollees were assigned case managers—for example, those enrolled in behavioral health plans. According to the Medicaid representative interviewed in that state, however, these case managers did not stay in active contact with the families and focused primarily on medical needs.

Case management services were also available in limited geographic areas of the consortium states through local programs, but each of those programs typically served only a small number of youth. For example, the Montana Independent Living Project, an independent living center (and an ASPIRE intervention provider), offered case management to people age 16 and over with developmental disabilities. The program had only a few staff members providing a wide variety of services to individuals of all ages and so likely did not provide comprehensive case management to a large number of youth with disabilities. In South Dakota, a small, foundation-funded pilot program provided case management services to 20 youth in Rapid City who were receiving SSI. In Arizona, a pilot program affiliated with Arizona State University provided case management services to 45 incarcerated youth in Maricopa County who had IEPs to help them continue their education or find employment after release.

2. ASPIRE services

The case management services offered through ASPIRE were more intensive and broad-based than the counterfactual services available in the consortium states and, unlike the latter, were intended to address the needs of youth as well as their family members. Several state agency staff we interviewed noted how the ability of ASPIRE case managers to focus on a variety of family needs that cut across service delivery systems and programs distinguished ASPIRE from other services available to youth with disabilities. The program specified caseloads that would allow this level of service, given each state's enrollment target and the expected geographic dispersion of enrollees within the states. For example, in North Dakota, the enrollment target was small, but the drive between families living in rural areas was several hours. In contrast, the Arizona enrollment target was large, but treatment group families tended to be concentrated in metropolitan areas. As a result, the originally proposed caseload targets for case managers varied across the consortium states, ranging from a low of 13 in North Dakota to a high of 53 in Arizona. Caseload targets in the other four states averaged about 30.

During program implementation, actual average caseloads by state deviated from the targets. In particular, according to interviews with program staff in Arizona, the program's early experience suggested that it needed to increase its case management capacity, so it used supplemental funding it received from ED late in 2015 to add two case manager positions. Early in 2016, ASPIRE also sought an alternative agency in Arizona capable of hiring new case managers more quickly than could the Arizona Department of Education. ASPIRE contracted with the University of Arizona Cooperative Extension to fill this role. New case managers replacing those that left the Department of Education positions were filled by the University of

Arizona Cooperative Extension. At the time of our interview with the ASPIRE Arizona site coordinator in late October 2017, the two new case managers established with the supplemental funding had been hired and trained, which contributed to a reduced average caseload in that state. Actual average caseloads also differed from the targets because enrollment in the evaluation was lower than planned in Arizona and higher than planned in the other five states, as explained previously. As of October 2017, average caseloads ranged from 12 in North Dakota to 33 in Arizona (Table III.1). According to our interviews with program staff, some states also experienced turnover in case managers; in particular, Arizona had several case managers turn over during program implementation and experienced challenges in hiring new staff to replace them because of a lack of coordination across state agencies. The contract with the University of Arizona Cooperative Extension allowed ASPIRE to replace these staff more quickly.

Case managers were responsible for conducting an intake meeting with treatment group families, continuing to communicate regularly with families, and maintaining families' engagement in the program. The remainder of this section provides details on how ASPIRE trained the case managers and how case managers implemented their responsibilities.

Table III.1. Case management activities with ASPIRE participants as of October 2017 (percentages unless otherwise indicated)

Service delivery measure	Arizona	Colorado	Montana	North Dakota	South Dakota	Utah	Total
Average case manager caseload (number of families) ^a	33	26	22	12	20	32	29
Average number of contact attempts per family per month after intake	2.6	2.9	2.9	4.3	4.2	2.9	2.9
Successful monthly contacts after intake							
Average number per family per month	2.3	2.6	2.8	4.1	3.3	2.8	2.6
Distribution of contacts, by mode ^b							
In-person	15.3	28.0	22.2	20.5	28.4	17.6	21.2
Telephone	58.0	37.9	35.1	53.4	34.2	41.1	45.4
Text	4.0	10.6	3.0	3.8	18.8	3.4	7.1
Letter	3.5	10.3	35.5	12.4	18.5	10.0	10.6
Email	35.8	20.1	7.5	22.8	11.1	28.9	25.3
Other or missing	4.4	4.2	5.1	10.2	7.0	5.5	5.1
Distribution of contacts, by duration ^b							
20 minutes or less	79.9	69.3	73.1	76.3	70.5	79.4	75.3
21 to 40 minutes	7.0	7.9	6.6	12.1	11.0	10.5	8.4
41 to 60 minutes	5.2	11.8	10.3	7.0	10.1	6.4	8.1
61 minutes or more	3.1	9.5	9.3	2.7	5.1	2.5	5.4
Missing	4.8	1.4	0.8	1.8	3.5	1.2	2.7
Successful contacts of 21 minutes or longer after intake							
Received at least one per month	3.6	28.5	13.6	37.0	28.6	6.1	13.4
Received at least one in person per month ^c	2.3	18.2	1.5	7.4	20.6	1.5	7.4
Average percentage of months with at least one	38.2	68.8	64.4	80.4	74.6	52.2	53.4
Average percentage of months with at least one in person	34.4	62.8	55.4	65.1	69.5	39.8	47.0

TABLE III.1 (continued)

Service delivery measure	Arizona	Colorado	Montana	North Dakota	South Dakota	Utah	Total
Assessments conducted							
Any	97.2	99.5	100.0	100.0	100.0	98.5	98.4
Youth education	91.8	97.6	100.0	96.3	100.0	95.5	95.0
Youth employment	87.5	95.8	98.5	100.0	98.4	88.1	91.4
Youth independent living	82.3	95.3	93.9	100.0	98.4	76.1	87.0
Other assessment	75.8	75.3	62.1	92.6	95.2	62.6	74.6
Goals developed							
Any	82.1	90.2	93.9	81.5	95.2	88.6	86.8
Youth employment	42.4	59.4	76.8	45.3	74.1	57.1	53.0
Youth independent living	33.6	66.2	75.4	63.4	80.1	33.6	48.0
Youth education	33.6	59.4	49.8	39.2	60.5	40.3	43.7
Youth other	13.1	25.3	54.1	39.2	45.3	16.7	22.1
Parent or family member	22.5	30.8	32.7	54.4	48.4	23.5	28.0
ASPIRE interventions discussed							
Youth employment	83.1	91.1	95.5	96.3	98.4	90.9	88.6
Self-determination training	70.3	98.6	95.5	100.0	96.8	95.5	85.4
Financial education	56.8	79.0	92.4	77.8	85.7	54.5	67.1
Benefits counseling	48.3	60.7	86.4	92.6	63.5	65.9	59.1
Parent training	80.8	90.7	84.8	96.3	95.2	89.4	86.2
Number of participating families	391	214	66	27	63	132	893

Source: The ASPIRE MIS.

^a Authors' calculation based on the October 2017 caseload summary report generated by ASPIRE. Caseload counts are based on the number of treatment group families enrolled in the evaluation of ASPIRE as of October 2017, regardless of participation status.

^b Percentages may not sum to 100 because of rounding.

^c ASPIRE intended for all families to have at least one in-person monthly contact of at least 30 minutes duration. Contacts of that duration cannot be identified in the ASPIRE MIS. We used contacts of at least 21 minutes duration as a proxy.

Training and oversight. To promote consistent implementation of case management activities, the two ASPIRE training specialists conducted initial and ongoing training of the case managers in monthly webinars. A procedures manual and other materials supplementing the trainings were also available to staff on an internal portion of the program's website. Twice each year, ASPIRE hosted an all-staff training at a location in one of the consortium states. During this approximately week-long event, sessions were devoted to staff training on specific issues, in addition to trainings on general ASPIRE procedures. Training topics included cultural sensitivity and ethnic diversity, compassion fatigue,¹⁶ dropout prevention, SSA work incentives, motivational interviewing, information and strategies based on *Bridges out of Poverty* (Payne et al. 2006), ethics, and ending therapeutic relationships. The ASPIRE program director, site coordinators, formative evaluators, and training specialists monitored the performance of the case managers, primarily through quarterly reviews of ASPIRE MIS data. They assessed services

¹⁶ "Compassion fatigue" refers to a phenomenon sometimes experienced by professionals who work with victims of trauma, illness, poverty, or other catastrophic events. The condition may be characterized by decreasing compassion, depression, anxiety, hopelessness, and reduced productivity.

that had been delivered to case managers' assigned cases relative to the program's service delivery goals, accounting for how long each case had been engaged with ASPIRE. They also reviewed case managers' case files and provided them with written feedback, followed by one-on-one discussions.

During our early interviews with ASPIRE program staff, some noted that the training they had received was good, but also thought it was rather general. Much of the learning they needed occurred on the job while working with families. ASPIRE leadership noted during an interview conducted three years into program operations that, although the ASPIRE staff probably knew more about serving youth with disabilities and their families than anyone else in their respective states, they were still learning new things every day.

Intake and case management meetings. Case managers used the intake meeting to establish rapport with the family, discuss the benefits of the program, and obtain the family's authorization to attend the youth's IEP meetings and obtain information from the youth's school and service providers. Two key objectives of the meeting were to assess the family's needs and work with the youth and his or her family to set goals related to employment, independent living, education, or other areas. Across all consortium states, case managers conducted at least one assessment with nearly all participating families (Table III.1). The assessments most frequently conducted related to youth education and employment; case managers conducted these types of assessment with more than 90 percent of participating families. Although youth employment and education were the primary focus of the assessments, case managers documented assessments of other needs, including the needs of other family members, for 75 percent of participating families. In some instances, ASPIRE offered participant support funds to help families with specific needs related to their program activities. These funds were most commonly used to help families with costs related to transportation (for example, mileage reimbursement, driver's education courses, bus tokens, gas cards) and youth education or training (for example, graduation caps and gowns, clothing and toiletries to participate in a residential training program). The importance of having funds to address family needs that fell outside of the supports offered by ASPIRE and its partners led the program to include participant support funds of \$600 per family per year in its request for supplemental funding, which ED awarded in late 2015.

Case managers developed at least one goal with most participating families (87 percent). The most frequently developed goals related to youth employment (53 percent), youth independent living (48 percent), and youth education (44 percent). Case managers developed goals with parents or family members other than the SSI youth for 28 percent of participating families. The types of goals developed differed somewhat across the consortium states. For example, goals related to youth independent living and parents or other family members were less common in Arizona and Utah than in the other consortium states. According to interviews with program staff, it was often the case that a youth would set high-level goals, such as graduating from high school and securing a job, and the case manager would work with the youth to translate those goals into SMART goals (that is, goals that are specific, measurable, achievable, realistic, and timely).

Ongoing communication. ASPIRE leadership expected case managers to conduct at least one face-to-face case management meeting of at least 30 minutes with youth and other family

members per month. These meetings were to occur at a location in the community near where the families resided—for example, at the youth’s school, a local library, or local eating establishment; ASPIRE leadership discouraged case managers from conducting the meetings at the family’s home.¹⁷ Only a small share of participants (7 percent) had in-person case management meetings of 21 minutes or longer during each month between intake and October 2017 (Table III.1).¹⁸ Case managers in Colorado and South Dakota were more successful in meeting that target than those in the other consortium states. On average, participants had in-person case management meetings of at least 21 minutes in nearly half of the months (47 percent) between intake and October 2017. Participants in all states except Arizona and Utah had in-person meetings of 21 minutes or longer with case managers in more than half of the months during this period (55 to 70 percent) on average. The case managers in Arizona and Utah may have lagged behind those in other states because their caseloads were the largest, which might have reduced their ability to engage families more intensively. However, none of the case managers in Utah and only one in Arizona with whom we spoke during the site visits expressed anxiety about the size of their caseloads. The staff turnover in Arizona noted previously also likely hampered case manager efforts to engage youth in that state, as did the need for case managers to focus heavily on recruitment through April 2016.

Regular in-person case management meetings focused on tracking and facilitating progress toward identified goals, setting new goals, and discussing and connecting the youth and family with ASPIRE interventions. Case managers most frequently discussed youth employment, self-determination training, and parent training with participating youth and their families (Table III.1). Overall, 85 percent or more of participating families had discussions with their case managers about these interventions as of the end of the third year of program operations. Fewer families had discussions with case managers about financial education (67 percent) and benefits counseling (59 percent).

Although generally focusing on the needs of the youth, the case manager would refer the youth’s parents to the ASPIRE interventions designed for them (parent training, benefits counseling, and financial education), and assist them or family members other than the youth with their own issues if requested. Based on interviews with ASPIRE staff and service providers, and the focus groups we conducted with parents, ASPIRE provided limited services to the parents and family members of treatment group youth. During the site visits, several case managers reported that the parents of some of their assigned treatment group youth did not attend any case management meetings. Among the parents who participated in focus group discussions during site visits, most had not personally received any ASPIRE services beyond case management, and some were not aware of the interventions available to them through the program.

In-person meetings were not the only contact case managers had with participants. On average, case managers successfully contacted families 2.6 times per month (Table III.1).

¹⁷ This prohibition was to encourage youth participation in the community and ensure the safety of case managers.

¹⁸ As noted in chapter II, the manner in which the ASPIRE MIS records the duration of contacts does not allow us to identify contacts of at least 30 minutes. We considered contacts of at least 21 minutes as a proxy for this measure. Contacts of shorter duration primarily represent texts, emails, and telephone message.

Contacts with families occurred most frequently by telephone (45 percent), followed by email (25 percent), but use of various contact modes differed across the consortium states. For example, letters were a frequent contact mode in Montana (36 percent) as was email in Arizona (36 percent), but these modes were used less often in other states. Most contacts with families (75 percent) lasted for 20 minutes or less.

Ongoing engagement. Engaging treatment group youth in case management was more challenging for case managers in some consortium states than others. Interviewees in South Dakota believed such engagement was high, estimating that only a few youth statewide were not engaged with the program at the time of our visit in late 2016. At the same time in Arizona, each of the 12 case managers had several youth who were either not engaged or had requested to terminate from program services. Case managers in that state cited several reasons contributing to their difficulty in engaging families: their need to focus on recruitment during the enrollment period (through April 2016); their belief that some families enrolled only to receive the \$40 incentive payment offered by ASPIRE, and some thought the ASPIRE interventions were irrelevant to their youth; and case managers' perceived need for more training on how to conduct meetings with families, the ASPIRE services offered, and the referral processes for VR and other available employment services.

ASPIRE staff in other states noted additional reasons for lack of regular engagement in services by families on their caseloads, including the long distances that case managers had to travel to meet with certain participants, which made it difficult for them to achieve the program's monthly meeting goal; the constraints put on case managers' workday schedules by state government regulations in some states (case managers in most of the states were state employees), which restricted the times when they could meet with youth and families; lack of interest in ASPIRE services, especially by the parents of some treatment group youth; and families prioritizing immediate needs or the resolution of short-term crises over engaging in ASPIRE services. Several case managers we interviewed noted that the families on their caseloads frequently experienced a variety of crises related to their poverty and other circumstances that distracted families and case managers alike from ASPIRE's core services. During our interviews, ASPIRE leadership noted the importance for staff to remain mindful of the primary goals of the program and their responsibility to help empower families to stay on track to meet those goals despite the frequent crises ASPIRE families faced in their lives.

Geographic dispersion of treatment group youth and families was consistently reported as a challenge during our interviews. Although case managers were typically assigned to youth who were clustered geographically, those clusters could be located one to four hours of driving time from where the case managers were located. To reduce their overall driving time, the case managers sometimes visited remote locations on a regular schedule and remained in one area for several days, meeting with as many youth in a cluster as possible. In late 2015, ASPIRE received supplemental funding from ED, part of which it used to fund in-state travel, including gas, lodging, meals, and other travel expenses, so its case managers could visit youth more frequently at locations convenient to them (such as their schools or at locations close to their homes). The participant support funds described above were used in part to support family travel costs. Although the travel aspect was challenging, during the site visits a few case managers reported that youth and their families in rural or suburban areas seemed more eager to engage in the program than those in cities. The case managers believed that those youth and families had fewer

resources to draw upon and thus were more enthusiastic than their urban counterparts about taking advantage of ASPIRE's offerings. Despite these travel challenges, we did not hear of examples of case managers using technology, such as video via the Internet or face-time calling, to engage with families. Text and telephone were used extensively, as noted above, but these modes were not supposed to substitute for the required face-to-face monthly meetings that were central to ASPIRE's model. Families generally had limited or no access to technology that would permit staff to simulate the in-person meeting remotely.

ASPIRE also implemented efforts to counter the engagement challenges attributed to a lack of understanding by families of how the program could benefit them, and youth or family members not having time to engage in it. ASPIRE offered an engagement incentive that involved entering youth and other family members in monthly prize drawings if they participated in the program's core interventions. In one consortium state, the program began offering orientation workshops to introduce participants to the ASPIRE intervention providers and inform participants about the benefits of the interventions. Starting in mid-2016, case managers were permitted to deliver components of certain program interventions themselves (financial education, parent training, and youth self-determination training) during their case management meetings with treatment group youth and their families. Families could also receive some trainings in different formats (for example, viewing recorded or live trainings that met the program's requirements online) rather than solely through in-person training by the intervention provider. However, both of these activities were intended to encourage families to participate in the live, in-person trainings offered by ASPIRE.

Across the consortium states, the ASPIRE site coordinators and case managers reached out to unengaged youth but reported focusing most of their time and energy on those youth active in case management (that is, those willing to talk at least monthly with their case managers). Case managers notified their ASPIRE site coordinators of families that requested to withdraw from program services; the site coordinators typically followed up with these families to try to persuade them to stay in the program. If a family still wanted to withdraw, ASPIRE designated the case as a withdrawal in the MIS and all ASPIRE service provision ceased.¹⁹

B. Benefits counseling and financial education 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 the consortium states, and the services ASPIRE provided.

¹⁹ As of October 2017, 79 treatment group families had withdrawn from ASPIRE. A large share of these withdrawals (42 percent) were because the family had moved out of the ASPIRE service area or the youth had died. The impact analyses conducted for the national evaluation of PROMISE will include most withdrawn cases. Therefore, the lack of service provision to withdrawn treatment group families could reduce the distinction between the treatment and the counterfactual, and reduce the likelihood that the evaluation will detect impacts of ASPIRE.

1. Counterfactual services

Benefits counseling. In all of the consortium states, benefits counseling was available through Work Incentive Planning and Assistance (WIPA) providers (many of which were also ASPIRE service providers) to youth who were age 14 or older, receiving SSI, and working or planning to work. WIPA staff we interviewed in some of the consortium states noted that before their involvement with ASPIRE, they had served few youth under age 18. Take-up of counseling among control group youth may have been limited for several reasons. First, even though any transition-age youth could have accessed benefits counseling through the WIPA providers, absent the encouragement and referrals provided by the ASPIRE case managers to treatment group members, it is unlikely that many youth did so, according to interviews with ASPIRE program staff. Second, each of the consortium states included large geographic areas served by only a few WIPA staff. Moreover, because ASPIRE funded WIPA providers in most states, treatment group members received preference for benefits counseling if WIPA staff were scarce. The WIPA providers that partnered with ASPIRE were expected to deliver follow-up services to treatment group members (including family members of the youth); such services were not the norm for other WIPA clients.

Financial education. The availability of financial education services for transition-age youth and their families varied across the consortium states. In North Dakota, no entities delivered the level of financial education expected by the program, so ASPIRE North Dakota partnered with independent living centers in the state to have their staff attend training that would enable them to deliver a more comprehensive financial education curriculum to ASPIRE participants than they had previously offered. In Arizona, the ASPIRE financial education service provider (Ability360) had not provided such services until doing so under ASPIRE, though other financial education providers, such as United Way, were active in some of the urban areas of the state. In the other ASPIRE states, the financial education services offered through the program were also available to other individuals; according to the ASPIRE and financial education provider staff we interviewed, however, the availability of those services was generally scarce in thinly populated areas. The providers in these states also offered other types of financial counseling services—for example, one-on-one counseling and help in negotiating debt resolution with creditors—apart from the services they provided for ASPIRE.

2. ASPIRE services

Benefits counseling. Benefits counseling delivered under ASPIRE was intended to address families' concerns about losing their disability and other benefits if they were to increase their earned income. Community work incentives coordinators (CWICs) provided counseling to ASPIRE participants based on the WIPA model of CWIC services.²⁰ An ASPIRE case manager referred a family for benefits counseling when (1) employment of the participating youth was imminent, (2) the youth was approaching age 18, or (3) there were significant changes in the family's income. CWICs usually worked with the youth and parent together, as youth were generally not aware of the benefits received by the family.

²⁰ Under a contract with SSA, Virginia Commonwealth University provides CWIC training and certification. CWICs are trained on the SSI and SSDI work-related provisions, and a process for developing benefits summaries and analysis for SSDI and SSI beneficiaries who are working or planning to work.

After receiving a referral, a CWIC met with the family, typically at the CWIC's office, to gather information for a benefits analysis and secure consent to share the findings from the analysis with the ASPIRE case manager. During the meeting, the CWIC shared information about benefits planning; answered the family's questions; and gathered information on current benefit receipt and income sources, number of people in the household, and employment goals. The CWIC then prepared an individualized written summary, which would explain the impact of earnings on the youth's SSI benefits, and met with the family to explain it. The CWIC was to follow up with the family over the telephone at six-month intervals (or more frequently, if requested by the family or case manager) to provide new information or assess the implications of changes in the circumstances of the youth or family. The CWIC also worked with some youth to set up a Plan to Achieve Self-Support, which allows individuals with disabilities to set aside money to pay for items or services needed to achieve a specific work goal; SSA excludes these funds when computing SSI payments.

Each of the consortium states except Montana had a single benefits counseling provider (Montana had three providers serving different parts of the state in October 2017). In five of the states, a university or community-based organization were the providers; in Utah, an entity within the USOR Division of Rehabilitation Services—the Utah Work Incentive Planning Services—was the benefits counseling provider. In South Dakota, two of the ASPIRE case managers also were trained as CWICs and provided benefits counseling services to families on their caseloads. Other than those two case managers, the CWICs served both ASPIRE and non-ASPIRE clients. Overall, and in all states except South Dakota, ASPIRE subcontractors delivered the large majority of benefits counseling sessions attended by treatment group families (Table III.2). Case managers recorded in the MIS that some families reported receiving benefits counseling from non-ASPIRE providers. About 42 percent of the sessions involved a written summary; just under 5 percent were for long-term follow-up purposes. The nature of the majority of the sessions (53 percent) was not documented in the ASPIRE MIS.²¹

As of October 2017, 37 percent of participating families had received benefits counseling services (Table III.2). ASPIRE's goal was to begin benefits counseling with at least 80 percent of youth (in conjunction with their parents) before age 18 or when employment was imminent, whichever came first. Of the approximately 60 percent of youth who were age 17.5 or older, or had been employed as of October 2017, 46 percent had received benefits counseling services. Only in North Dakota did the program meet the 80 percent target as of October 2017 (88 percent of the target group had received benefits counseling); the service receipt rate for the target group also was relatively high in Montana (74 percent).

During the site visits, ASPIRE staff in several states reported challenges in engaging families in benefits counseling. Case managers and CWICs said that limited referrals had been made to benefits counseling, partly because neither employment nor age 18 were imminent for many youth at the time of the interviews. In Arizona, the case managers we interviewed thought that follow-up by benefits specialists was limited due to a perceived lack of interest or engagement on the part of the families that had participated in an initial benefits counseling meeting, but the provider staff we interviewed believed they were not receiving many initial

²¹ This information was based on family self-reports.

referrals from ASPIRE. In response, the benefits counseling provider held follow-up trainings to refresh case managers on how these services could benefit families and encourage more referrals. Program staff reported during site visits that parents sometimes thought that benefits counseling was not relevant if youth were not planning to work in the immediate future, even if the youth were older. In North Dakota—the state that had engaged the largest share of participants in benefits counseling by October 2017—staff noted that as the program had progressed and youth had aged, families started meeting with benefits counselors more often to understand how benefits would change once youth started working.

Table III.2. Take-up of benefits counseling services among ASPIRE participants as of October 2017 (percentages unless otherwise indicated)

Service delivery measure	Arizona	Colorado	Montana	North Dakota	South Dakota	Utah	Total
Received benefits counseling	22.0	37.9	63.6	85.2	42.9	55.3	37.2
Average number of meetings	1.6	1.8	2.5	3.9	2.2	2.3	2.1
Distribution of meetings, by provider type ^a							
ASPIRE staff	0.0	0.0	0.0	0.0	78.0	0.0	6.5
ASPIRE contractor	97.8	93.2	92.5	90.0	20.3	94.1	87.8
Non-ASPIRE provider	0.7	4.8	6.5	4.4	3.4	7.7	4.8
Missing	1.4	3.4	0.9	5.6	0.0	0.6	2.0
Distribution of services, by type ^a							
Written analysis	49.6	19.7	55.1	47.8	30.5	47.3	41.9
Long-term follow-up	2.2	3.4	8.4	12.2	8.5	1.2	4.9
Missing	48.2	76.9	36.4	40.0	61.0	51.5	53.2
Youth who worked or were over age 17.5	47.6	69.2	63.6	59.3	77.8	65.2	59.0
Began benefits counseling ^b	26.9	46.6	73.8	87.5	53.1	60.5	45.9
Number of participating families	391	214	66	27	63	132	893

Source: The ASPIRE MIS.

^a Percentages may not sum to 100 because of rounding and because multiple response options were possible for a service episode.

^b ASPIRE intended for 80 percent of youth who worked or were over age 17.5 to have begun benefits counseling.

Financial education. ASPIRE partnered with local providers to make financial training available to participating families. The program’s financial education curriculum covered topics such as values and beliefs around spending and saving behaviors; the influence of media, marketing, and community on financial decision making; and saving, budgeting, and creating healthy financial habits. It was initially targeted to parents of ASPIRE youth, but was also made available to youth as they became young adults. The curriculum was generally delivered in person, workshop style, in multiple sessions—the number of sessions varied depending on the provider and the location of the training. In one consortium state (Colorado), the program also offered one-on-one financial counseling.

Four of the consortium states had a single financial education provider,²² the others partnered with several providers to deliver the curriculum. The financial education providers with whom we spoke noted that, in addition to the ASPIRE curriculum, they also made available their regular services, such as other types of financial education classes and one-on-one counseling, typically for free or a low fee, to program youth and their families. Of the financial

²² Colorado had two different financial education providers but they did not deliver services during the same time period.

education sessions delivered to program participants, 90 percent were delivered by an organization contracted to provide these services under ASPIRE; only in South Dakota was a large share of the sessions delivered by non-ASPIRE providers (45 percent) (Table III.3).²³

By October 2017, just under one-quarter of ASPIRE families had received any financial education services (Table III.3). Those who participated in such services received 2.1 hours on average. There was wide variation in the receipt of financial education services across the consortium states. In Montana and North Dakota, 56 percent of families had received such education, compared with 17 percent of families in Arizona and Utah. Among those families who received financial education services, average service hours ranged from one hour in Montana to nearly four hours in North Dakota. ASPIRE aimed for 75 percent of treatment group families to receive at least six hours of financial education services annually. Among ASPIRE families enrolled in the program for at least one year, just under 1 percent had received six or more hours of financial education services in each year of enrollment; this statistic ranged from zero percent in Colorado and Montana to 9 percent in North Dakota.

Table III.3. Take-up of financial education services among ASPIRE participants as of October 2017 (percentages unless otherwise indicated)

Service delivery measure	Arizona	Colorado	Montana	North Dakota	South Dakota	Utah	Total
Received family financial education/capability training	17.4	27.1	56.1	55.6	20.6	16.7	23.9
Average number of hours	2.0	2.0	1.0	3.8	3.3	3.0	2.1
Trainings, by provider type ^a							
ASPIRE staff	3.1	6.5	0.0	2.9	0.0	3.3	3.6
ASPIRE contractor	79.2	89.4	94.7	91.2	60.0	90.0	86.1
Non-ASPIRE provider	16.7	1.6	3.5	5.9	45.0	6.7	9.2
Missing	1.0	2.4	1.8	0.0	0.0	0.0	1.4
Received at least six hours of financial education per year of enrollment (among participants enrolled at least one year) ^b	0.6	0.0	0.0	8.7	1.7	1.6	0.8
Number of participating families	391	214	66	27	63	132	893

Source: The ASPIRE MIS.

^a Percentages may not sum to 100 because of rounding and because multiple response options were possible for a service episode.

^b ASPIRE intended for 75 percent of parents/families to complete six hours of financial education per year. To compute this statistic, we calculated the time from intake through October 2017 to determine the number of whole years (12-month periods) of enrollment and then divided the total number of service hours (regardless of when they were received) by the number of whole enrollment years. Partial years of enrollment were not included in the calculation.

Because of difficulties in procuring a contractor to deliver financial education services, implementation of that intervention in Arizona was delayed until August 2016, which likely contributed to the relatively low take-up in that state.²⁴ At the time of the site visit in late 2016,

²³ In South Dakota, the financial education providers were unpaid partners (see Table I.2). It is unclear whether ASPIRE South Dakota staff categorized these providers' services as non-ASPIRE because they did not receive payment or if the trainings were actually delivered by providers that were not ASPIRE partners.

²⁴ ASPIRE Arizona was unable to identify a qualified provider to deliver ASPIRE's financial education intervention. The program ultimately contracted with its benefits counseling provider, Ability360, to offer financial

the financial education provider (which also provided benefits counseling services in Arizona) had surplus program funds because it had received fixed payments up front from the lead agency, but fewer referrals than anticipated (for both financial education and benefits counseling services). To increase the number of referrals, the subcontractor conducted several trainings for ASPIRE case managers to refresh their knowledge of the services it offered and how its services could benefit program participants.

According to our interviews with ASPIRE case managers and financial education provider staff in several of the consortium states, getting parents to attend the financial education trainings was challenging. ASPIRE program staff said that some parents did not respond well to the curriculum and often dropped out of the trainings before completion. Some interviewees speculated that the curriculum may have been too advanced for some of the parents and not applicable to the financial circumstances of others. Some program staff also noted that parents seemed reluctant to discuss their financial situations because this information was highly personal and sensitive. One financial education provider noted that lack of reliable child care caused some parents to miss trainings for which they had signed up; in other instances, the parents would bring their children to the sessions, which sometimes disrupted the trainings. She also described having particular difficulty in delivering the curriculum in rural areas. She reported traveling long distances to the training sites, only to find few or no parents in attendance, although many had signed up for the trainings in advance. Additionally, the training offerings in that state were limited during the winter months because the risk of severe weather inhibited travel by provider staff. The site coordinator in North Dakota noted that after families had completed the entire ASPIRE financial education curriculum, it was a challenge to continue to offer something relevant to them in subsequent years to meet the six-hour per year target. At the time of the interview in fall 2017, she was considering how the program might do so in the future.

Families' low participation in financial education led the APL to allow the consortium states to design and implement alternative formats for delivering the training, and prompted some providers to modify their curricula. In some of the states, the ASPIRE case managers delivered certain financial education services themselves during case management meetings with families. In Montana, program staff reported that parents did not respond well to the financial education services because they thought the topic was irrelevant to them, given their low levels of income and assets. The providers of those services revised their approach, focusing on topics such as how families could make the most of small amounts of money. ASPIRE program staff in that state also worked with the financial education provider to break down the original curriculum into shorter sessions.

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

education services. Staff of Ability360 had not provided this service previously and had to receive training before being able to deliver services to ASPIRE participants.

section, we describe counterfactual services with respect to career exploration and work-based learning experiences for youth with disabilities and their families in the consortium states, and the services ASPIRE provided in this area.

1. Counterfactual services

Career exploration and work-based learning experiences were generally available to transition-age youth with disabilities in the consortium states. State VR agencies, often in partnership with high schools, were the primary source of those services, which included job search and development, job placement, job coaching, and employment retention. At the time of the site visits in 2016, some of the VR agencies were beginning to enhance their services for youth in response to requirements under WIOA, which had become a federal law in 2015; by the time of the phone interviews in 2017, the states were further along in implementing such services. The legislation required states to increase funding for employment services focused on youth with disabilities. State departments of labor and VR agencies were responsible for responding to this federal mandate by implementing new services or enhancing existing ones. In targeting youth with disabilities, WIOA-funded pre-employment transition services (Pre-ETS) fell into five categories: (1) job exploration counseling and career assessment, (2) work-based learning (such as an internship or summer employment experience), (3) counseling on opportunities for postsecondary education or comprehensive transition programs, (4) workplace readiness activities (such as work etiquette or social skills needed in the workplace), and (5) self-advocacy instruction. (We further describe WIOA Pre-ETS implementation in Section G of this chapter.) Below, we describe the employment-related services available to transition-age youth with disabilities offered by state VR agencies, as well as other sources we identified during our interviews with ASPIRE and other program staff.

State VR programs. State VR programs were a primary source of employment-related transition services in all consortium states. Each state's VR agency differed in how it offered services to transition-age youth, but all engaged in efforts to connect with high schools to identify and enroll youth in services. In some of the consortium states, those efforts appeared more extensive than in others. In addition, services to transition-age youth may have been limited in some states because they were operating in an order of selection during all or part of the ASPIRE implementation period.²⁵

- In Arizona, the Transition from School to Work program placed VR counselors in high schools to work with students on career exploration, self-advocacy skills development, and job development, including paid and unpaid job placements and work assessments. Only 27 school districts (of more than 600 public school districts, charter holders, and private schools) offered this program as of 2016. The Arizona VR agency operated under an order of selection during much of the first three years of ASPIRE implementation.

²⁵ When state VR agency resources are limited and the agency cannot provide services to all eligible individuals, they are required to implement an order of selection, whereby individuals with the most significant disabilities are given a higher priority for services; other eligible individuals are put on a waiting list for VR services. An agency implementing an order of selection may limit service provision only to Category 1 individuals (those with the most significant disabilities) or to both Category 1 and Category 2 individuals (those with significant disabilities). Category 3 individuals (those with the least significant disabilities) are generally not able to be served.

- In Colorado, the VR agency offered the School-to-Work Alliance Program (SWAP), which served youth ages 16 through 25 (later changed to include youth as young as age 15) who had mild-to-moderate needs for employment supports. School districts implemented SWAP at their discretion and not all of them offered it; as of September 2017, 35 school districts out of more than 200 in Colorado were participating in the program. Employees of local school districts delivered SWAP services, which included career exploration, job development, job placement, case management, and one year of follow-up services after job placement. Other than SWAP, VR services were not offered in schools; as of October 2017, however, ASPIRE program staff reported that VR counselors had started interacting with school staff and attending IEP meetings more frequently. (Earlier in the implementation period, ASPIRE service providers reported that VR counselors rarely communicated with school staff or attended IEP meetings.) The Colorado VR agency did not operate under an order of selection during the first three years of ASPIRE implementation.
- In Montana, the VR agency contracted with school districts to provide employment-related services to students with disabilities under a fee-per-student model. The districts had wide latitude in how they could use the VR funding to provide career counseling, counseling about postsecondary education, job readiness training, self-advocacy training, work-based learning experiences, paid internships, work experiences, referrals to other providers, and other related services. The Montana VR agency operated in an order of selection during most of the first three years of ASPIRE implementation.
- In North Dakota, schools could refer students with disabilities to VR services, which were provided by human services centers around the state. The students were assigned VR counselors, who attended IEP meetings and coordinated pre-employment and employment services. A summer employment program was available for older high school students through the VR agency. The North Dakota VR agency did not operate under an order of selection during the first three years of ASPIRE implementation.
- In South Dakota, the VR agency sponsored two programs for transition-age youth with disabilities—Project Skills and Project Search (discussed below). Project Skills was a partnership between VR and local schools to provide pre-employment services, job opportunities, and employment supports to students age 16 and over. High schools could opt into the Project Skills program, but not all did so; as of September 2017, the program served about 450 youth per year statewide. The South Dakota VR agency did not operate under an order of selection during the first three years of ASPIRE implementation.
- In Utah, schools could refer students with disabilities to the state VR agency to receive services from counselors; the VR agency also offered an in-school job readiness curriculum for youth with disabilities. Other than this curriculum, typical services included job placement, assistive technology, and training and education. The Utah VR agency operated under an order of selection during most of the first three years of ASPIRE implementation.

School programs. Some school districts offered their own career exploration and work-based experience programs for special education students apart from the programs they co-sponsored with the state VR agency. Such programs offered vocational training and work-based learning experiences (jobs and internship opportunities) that sometimes also offered course credits for youth with disabilities up to age 22.

Project Search. Project Search sites were operating in three of the six consortium states (Arizona [four sites], Colorado [three sites], and South Dakota [three sites]) during the program period. Project Search provided on-the-job and soft skills training to high school students with developmental disabilities ages 18 to 21. Youth were typically embedded with a host organization, often a health care or hospitality facility, for work assignments, while also receiving job-relevant classroom instruction and on-site job coaching. The goal of the program was for the youth to obtain competitive employment after graduation, possibly (but not necessarily) with the host organization. Project Search programs were typically sponsored by a school district, a VR agency, or both; each site usually served 10 to 12 youth per year.

Workforce programs. American Job Centers (AJCs) in the consortium states offered employment services that, in principle, could be accessed by transition-age youth with disabilities. Depending on the state, those services included summer workshops, soft skills training, interviewing practice, and resume writing. However, engagement in those services by youth with disabilities appeared limited, according to site visit interviews with ASPIRE program staff and career services providers. For the most part, the AJCs either were engaging a broader population of youth than those with disabilities or were still in the process of designing services for youth with disabilities in response to the changes mandated by WIOA. AJCs also focused their services on out-of-school youth, whereas most youth enrolled in the ASPIRE evaluation still attended high school during the initial years of program implementation. When youth were older (ages 16 through 24) Job Corps was an option. Job Corps is a DOL program, available in all states, that offers a range of career preparation and development activities to low-income youth, including academic instruction; vocational training; resume building; job search; and assistance with housing, transportation, and family support resources after students graduate and find jobs.

Other state agencies and community-based organizations. Other state agencies and community-based organizations also provided employment services for transition-age youth with disabilities. For example, the developmental disabilities agency in Arizona funded supported employment and transitional employment programs that offered job search, skills training, job placement, and case management services to transition-age youth who qualified for the agency's services. The administrators of the developmental disability agencies in one consortium state noted that, under WIOA Pre-ETS, their services for youth with disabilities would be broadened and the number of contractors delivering those services expanded. An example of community-based services for youth with disabilities was the independent living centers in Montana, which offered work-based learning opportunities, such as job shadowing, and classroom-based career exploration and preparation activities. A center operating in the Helena area also sponsored Green Corps, a small program funded by the VR agency that provided about 10 high school students with disabilities each year with the opportunity to participate in a farm work experience.

2. ASPIRE services

ASPIRE provided no funding for career exploration and work-based learning experiences; rather, the program's case managers assisted participating youth in accessing such experiences through existing resources, including those described above. In all of the consortium states, the ASPIRE case managers we interviewed said they most often relied on VR agencies to access employment-related services and activities for youth participants. Typically, youth began their

engagement in VR with an assessment of their interests and abilities, followed by participation in a progression of activities, such as career exploration, job shadowing, soft skills training, and work experiences.

Under the ASPIRE program model, 95 percent of youth participants were to engage in career exploration activities each year. Overall, 57 percent of youth had participated in at least one career exploration activity by October 2017, and only slightly fewer (51 percent) had participated during each year after enrollment (Table III.4). As with other interventions, participation in career exploration activities, both overall and by type, varied across consortium states. Participants in North Dakota were most likely to have participated in any career exploration activity (82 percent) and those in Arizona were least likely (43 percent). The largest share of youth (42 percent) participated in activities classified as “other” in the ASPIRE MIS. Common activities specified in this category include assistance with resume building and job applications, conducting mock interviews, applying for and meeting with VR agency staff, and reviewing soft skills. Career assessments and volunteer activities were the next most common types of career exploration activities, with 22 percent of youth participating in each. Consistent with ASPIRE’s model of relying on existing resources for employment-related services, most career exploration services (58 percent) were provided by non-ASPIRE providers. Provider type information was missing for a large share of activities (25 percent). It is likely that these services also were delivered mostly by non-ASPIRE providers that could not be identified based on the participants’ self-reports. Among the non-ASPIRE providers for which staff noted a specific provider, a VR agency was specified in more than half (54 percent) of the instances.²⁶ Among those who participated in career exploration, the average number of activities was 3.6 overall. This average was substantially higher in South Dakota (6.1) and lower in Arizona (2.3).

ASPIRE case managers also facilitated paid employment experiences for youth participants. Overall, 28 percent of youth had been employed in at least one job as of October 2017 (Table III.4).²⁷ As with career exploration activities, youth in South Dakota were most likely to have been employed in at least one job (56 percent) and youth in Arizona were least likely (15 percent). Most of the jobs held by youth (68 percent) were classified as being in competitive, integrated settings. For about one-quarter of the jobs held, ASPIRE staff did not or could not report the job type (recall that this information was provided via participant self-reports). During the third year of implementation, ASPIRE leadership expected that 30 percent of youth participants age 16 and over would have paid employment at minimum wage or higher in an integrated setting. This target was selected in consultation with ED based on the employment rates of youth ages 16 to 19 without disabilities (DOL 2018b).²⁸ As of October 2017, ASPIRE had slightly exceeded its target; 31 percent of youth age 16 and over and enrolled in the program

²⁶ This statistic is based on a review of the text fields completed in instances when the non-ASPIRE provider option was selected in the ASPIRE MIS. The text field did not indicate the type of non-ASPIRE provider in all instances.

²⁷ The jobs recorded in the ASPIRE MIS could have been obtained with or without the assistance of ASPIRE staff.

²⁸ According to ASPIRE leadership, because the program was not directly funding paid employment opportunities for youth, but rather was leveraging existing resources for such opportunities, ED did not expect ASPIRE to ensure that all youth had paid jobs while in high school, as was the expectation stated in the *Federal Register* notice for the PROMISE programs. ASPIRE’s goal was to help treatment group youth achieve paid employment at a rate similar to their counterparts without disabilities.

for at least two years had held a competitive job. The programs in all states except Arizona met this target; in three of the ASPIRE states, the percentages employed were substantially higher than the target (42 to 57 percent).

Table III.4. Take-up of career exploration and work-based learning experiences among ASPIRE youth participants as of October 2017 (percentages unless otherwise indicated)

Service delivery measure	Arizona	Colorado	Montana	North Dakota	South Dakota	Utah	Total
Participated in career exploration activities							
Any	43.0	69.6	45.5	81.5	76.2	72.0	57.3
Job shadowing	4.3	11.7	12.1	29.6	6.3	13.6	9.0
Career assessment	11.0	27.1	16.7	25.9	33.3	39.4	21.5
Career mentoring	3.1	6.5	1.5	11.1	6.3	17.4	6.4
Job fair	1.0	8.4	4.5	0.0	6.3	3.8	3.8
Volunteer activity	16.1	22.9	18.2	48.1	34.9	26.5	21.7
Informational interviewing	7.7	17.3	3.0	7.4	14.3	19.7	11.9
Internship	1.3	5.6	10.6	0.0	1.6	2.3	3.1
Other	28.6	52.8	31.8	59.3	65.1	51.5	41.5
Type unknown	7.7	18.2	15.2	25.9	20.6	18.9	13.9
Average number of career exploration activities	2.3	4.3	4.3	4.7	6.1	3.3	3.6
Distribution of activities, by provider type ^a							
ASPIRE staff	31.8	61.0	2.3	16.3	14.9	32.7	36.4
ASPIRE contractor	9.6	2.2	7.8	0.0	2.0	5.1	4.4
Non-ASPIRE provider	53.0	40.2	86.8	69.2	80.7	64.4	58.1
Missing	31.5	11.0	31.0	27.9	31.9	34.9	24.9
Employed in at least one job	14.6	34.6	47.0	48.1	55.6	29.5	27.9
Distribution of jobs, by type ^a							
Competitive and integrated	64.7	67.4	69.9	60.0	69.5	77.0	68.1
Work center	1.1	0.6	1.5	0.0	0.9	0.0	0.7
Self-employment	4.9	3.1	4.5	1.7	0.0	2.6	2.8
Supported employment	3.8	3.6	15.0	3.3	18.3	0.0	7.1
Enclave	0.0	0.6	0.8	0.8	0.5	1.3	0.6
Missing	28.8	27.0	18.8	35.8	17.4	20.4	24.6
Participated in at least one career exploration or employment activity per year of enrollment (among participants enrolled at least one year) ^b	34.6	63.0	56.5	60.9	65.0	64.8	50.9
Youth age 16 and older enrolled at least 2 years	32.0	82.7	43.9	51.9	65.1	68.9	53.4
Had been competitively employed ^c	17.6	32.2	48.3	57.1	41.5	31.9	30.8
Number of participating youth	391	214	66	27	63	132	893

Source: The ASPIRE MIS.

^a Percentages may not sum to 100 because of rounding and because multiple response options were possible for a service episode.

^b ASPIRE intended for 95 percent of youth to participate in at least one career exploration or employment activity per year of enrollment. To compute this statistic, we calculated the time from intake through October 2017 to determine the 12-month periods of enrollment (enrollment years) and then computed the percentage of youth participants who had at least one career exploration activity in each enrollment year. Partial years of enrollment were not included in the calculation.

^c ASPIRE intended for 30 percent of youth age 16 and older to have been competitively employed during the first two years after enrollment. To compute this statistic, we measured enrollment as of the date of intake and computed the percentage of youth participants who had been competitively employed since intake among those age 16 and older who had been enrolled in ASPIRE for at least two years as of October 31, 2017.

Although case managers noted that state VR programs were a key source of employment services for ASPIRE youth, several ASPIRE program and service provider staff we interviewed

across the consortium states reported that some VR counselors were reluctant to serve youth younger than age 16. Interviewees believed their reluctance stemmed from the fact that they historically had not served youth that young and so were unaccustomed to doing so. They also noted the belief among some VR counselors that younger youth would not benefit from VR services as a reason for their reluctance. ASPIRE Arizona initially experienced some difficulties in referring youth to VR services; the VR agency had somehow lost some of the referrals. This issue was addressed later by better tracking of the referrals within the VR agency and establishing designated points of contact within the agency with whom ASPIRE case managers could follow up regarding the status of their referrals.

ASPIRE case managers also assisted parents and other family members with employment, when requested. Although we heard examples of these activities during our interviews with case managers, we do not know their extent because they were not documented in the ASPIRE MIS in a manner that would allow us to easily analyze them. Promoting parental employment was not a part of the program's logic model (see Table I.1), and ASPIRE had no performance measures related to parental employment.

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 the consortium states and the services ASPIRE provided.

1. Counterfactual services

Parent Training and Information (PTI) centers in each consortium state provided training that was available to all parents of transition-age youth with disabilities. As with benefits counseling, however, absent the encouragement and referrals provided by the ASPIRE case managers to the parents of treatment group youth, it is unlikely that many of them took up the training, according to site visit interviews with ASPIRE program staff. ED funded the PTI centers, which provided free training, technical assistance, and resources to parents of youth with disabilities through workshops and one-on-one counseling. The topics covered included legal obligations and rights for youth transitioning to adulthood and their parents, finding and maintaining competitive employment, self-determination, and independent living. Staff of the PTI centers we interviewed believed they typically engaged more than 1,000 parents each year. For example, Arizona's PTI center staff believed it served 1,200 to 1,800 families per year. PTI staff in South Dakota and Utah estimated that they served 1,500 families and 6,000 families, respectively, each year. The PTI staff with whom we spoke across the ASPIRE states did not know how often the parents of SSI youth made use of the centers' services but generally believed it to be infrequently. Further, access to the in-person resources at the PTI centers (such as trainings and one-on-one counseling) typically was limited in rural areas.

2. ASPIRE services

ASPIRE partnered with PTI centers to deliver parent training. In each of the consortium states, ASPIRE either contracted with a PTI center to provide these services to the parents of its participants or developed an agreement with the PTI to provide them at no cost. The PTI centers did not develop and use a special curriculum with ASPIRE participants. Although the contracts and agreements the ASPIRE state programs had with these organizations specified the topics that the parent trainings were to cover,²⁹ those topics were generally addressed in the organizations' usual offerings, rather than packaged as special trainings for ASPIRE parents. During our interviews, ASPIRE case managers reported that they typically referred parents to trainings they thought would be especially relevant, such as those dealing with guardianship options, medical and health care transition, community employment options, and IEP planning. Families could also receive parent training and information from case managers or other sources. Later in the implementation period, ASPIRE Utah also contracted with an organization to provide families with more in-depth counseling on and assistance with guardianship issues. The organization, affiliated with the Utah state court system, originally focused on guardianship issues for seniors, but adapted its services to address such issues for youth with disabilities for purposes of providing services to ASPIRE families. ASPIRE Utah referred families to this resource as needed.

Although the PTI centers did not create new or customized trainings for ASPIRE parents, according to interviews with program staff, they did modify their typical procedures to provide services to program families. For example, staff from all of the PTI centers traveled to remote or rural areas to conduct trainings specifically for ASPIRE parents; further, the PTI center in South Dakota coupled several parent training sessions in remote locations with youth trainings on self-determination to encourage attendance by entire ASPIRE families. Some of the PTI centers also provided special services as part of their collaboration with ASPIRE. For example, the PTI center in South Dakota gave each ASPIRE parent a "MyFile" record-keeping system to use with and eventually pass onto their youth. The PTI center designed these sturdy accordion folders to help transition-age youth and their parents keep track of information and paperwork related to school, employment, health, medical care, and ASPIRE and other services.³⁰ To better address family needs and promote participation in the interventions, ASPIRE Utah changed its contract with the PTI center to include one-on-one counseling to program parents; the counseling was facilitated by group information events, in which families learned about ASPIRE service providers. In addition, the case manager conducted a warm handoff³¹ to introduce PTI staff to ASPIRE families.³² In North Dakota, ASPIRE planned to hire a former PTI staff person to

²⁹ The broad topic areas included understanding rights and responsibilities, the changing role of parents, transition to adulthood, self-determination for the whole family, facilitating family and youth empowerment, navigating service systems, and independent living.

³⁰ The MyFile folders, developed by the South Dakota PTI, were used in five of the consortium states and distributed by a variety of means (PTIs, case managers, and self-determination trainers). ASPIRE Arizona used a similar type of folder developed by the state's Department of Health Services.

³¹ "Warm handoffs" are a referral practice in which participants are personally introduced to partners by staff of the referring organizations.

³² The changes in Utah were implemented with all ASPIRE service providers.

conduct all of the parent trainings to ensure the availability of the ASPIRE intervention (at the time of our interviews in fall 2017, this plan had not yet been implemented).

As of October 2017, 36 percent of ASPIRE families had received parent training (Table III.5). Families in North Dakota were substantially more likely to have attended parent training (67 percent) than those in the other consortium states. Among those receiving parent training, families in North Dakota also received the most hours, on average (nearly 6 hours compared with 1 to 4.5 hours in the other states). The ASPIRE contractors delivered most of the trainings (73 percent). Program staff delivered only a small share of the training sessions (7 percent). ASPIRE set a goal that 75 percent of parents would receive at least 6 hours of parent training per year while enrolled in the program. Overall, just 3.4 percent of families had received this level of training in every year of enrollment. This statistic ranged from zero percent in Montana to 13 percent in North Dakota.

During site visit interviews, some case managers reported that parents seemed to be interested in the information they could receive from the PTI centers but found it hard to make the time to attend trainings because of other obligations. In response to this finding, the case managers began sharing some of the information covered in the trainings with parents during their case management meetings and directing them to training videos available at the websites of the PTI centers.

Table III.5. Take-up of parent training services among ASPIRE participants as of October 2017 (percentages unless otherwise indicated)

Service delivery measure	Arizona	Colorado	Montana	North Dakota	South Dakota	Utah	Total
Received parent training services	28.9	43.9	33.3	66.7	39.7	37.1	35.9
Average hours of training	4.5	2.8	1.1	5.6	2.7	2.7	3.4
Trainings by provider type ^a							
ASPIRE staff	8.0	8.2	0.0	8.3	2.3	4.3	6.7
ASPIRE contractor	66.2	78.1	77.8	62.5	77.3	79.3	73.2
Non-ASPIRE service provider	31.9	11.0	19.4	18.8	18.2	12.0	19.5
Missing	1.4	4.6	2.8	10.4	2.3	6.5	4.0
Received at least six hours of parent training per year of enrollment (among participants enrolled at least one year) ^b	4.3	3.4	0.0	13.0	1.7	1.6	3.4
Number of participating families	391	214	66	27	63	132	893

Source: The ASPIRE MIS.

^a Percentages may not sum to 100 because of rounding and because multiple response options were possible for a service episode.

^b ASPIRE intended for 75 percent of parents to receive at least six hours of parent training per year of enrollment. To compute this statistic, we calculated the time from intake through October 2017 to determine the number of whole years (12-month periods) of enrollment and then divided the total number of service hours (regardless of when they were received) by the number of whole enrollment years. We excluded partial years of enrollment from the calculation.

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 the consortium states and the services ASPIRE provided in this area.

1. Counterfactual services

Schools and school districts provided most of the education services available to transition-age youth with disabilities in the consortium states. In particular, state education agencies monitored the compliance of student IEPs with federal requirements under the Individuals with Disabilities Education Act and provided technical assistance to special education teachers, staff, and school administrators related to IEPs and transition planning. An IEP specifies a youth's goals for a school year, based on his or her identified strengths and needs; starting at age 14, an IEP must include at least one postsecondary transition goal. The Act mandates that all public schools design career or postsecondary plans for students with IEPs, but during site visit interviews, several school system staff members across the consortium states believed that the requirement may have been poorly implemented in some instances.

According to interviews with school district and program staff during site visits, some districts offered educational opportunities designed specifically for transition-age students with disabilities. In Colorado, for example, some jobs and internship opportunities were available for credit to students with disabilities, and schools offered classes in personal finance and vocational education for those students. In certain school districts in Arizona and Utah, youth with disabilities could spend all or part of each school day at career and technical education campuses studying vocational topics, such as automotive technology and culinary skills. In North Dakota, South Dakota, and Utah, schools and school districts provided information about postsecondary education options and hosted college fairs for students with disabilities. Also in North Dakota, under an ED-funded program, transition-age youth ages 18 to 26 with intellectual disabilities could qualify for postsecondary education services offered by Minot State University.

Staff at school districts and advocacy organizations that partnered with ASPIRE in two states noted specific gaps in education services for youth with disabilities during site visit interviews. In Arizona, interviewees noted that schools were highly locally controlled and believed that some lacked meaningful services for students with disabilities, thus allowing some students to leave high school without realistic plans for employment or education. In Montana, the state provided funding to school districts for special education students only through age 19 (most other states fund special education students through age 21). Individual school districts in the state could choose to use local tax revenues to provide special education services to students ages 20 and 21. The Montana legislature planned to consider a bill in 2017 that would provide state funding for special education for students through age 21; as of the time this report was written, that law had not passed.

2. ASPIRE services

Case management services to promote youth's educational attainment were a key component of the ASPIRE logic model (Table I.1), but those services were not standardized. The ASPIRE case managers interacted with parents, teachers, counselors, and other school staff to discuss issues relevant to the educational progress of the youth on their caseloads—most notably by preparing for, attending, and following up on IEP meetings for those youth who had IEPs. Case managers also set educational goals with youth and referred them to opportunities to

explore postsecondary education. As noted previously, program case managers had set educational goals with a large share (44 percent) of participating youth as of October 2017, but such goals were somewhat less common than those related to youth employment (53 percent) and youth independent living (48 percent) (see Table III.1). Through its efforts, ASPIRE sought to achieve the following educational outcomes: at least 75 percent of youth would remain in school or graduate, all would have a written plan about life after high school, at least 75 percent would engage in postsecondary education exploration, and at least 35 percent would participate in some type of postsecondary education. ASPIRE tracked these youth outcomes via surveys it conducted with families 12, 24, and 36 months after enrollment.

During site visit interviews, ASPIRE case managers reported that they spoke with their assigned youth about graduating from high school; taking vocational training; and, in the case of youth who had left school before attaining a high school diploma, returning to school or obtaining a GED. Case managers also worked with treatment group youth, their families, and school staff in the development of IEPs and transition plans. A school staff member in one consortium state noted that the case managers played an important role in the transition planning process by conducting activities that school staff generally could not—namely, connecting students and their families with a broad array of resources and addressing family barriers to successful transition, such as poverty, guardianship, and parental unemployment—all of which were beyond the school’s purview.

Case managers also discussed and explored postsecondary education options with youth and families. Arizona and Colorado case managers offered college tours for ASPIRE families as a way to inspire youth to consider postsecondary education. In some of the consortium states, the case managers encouraged ASPIRE participants to engage in ongoing programs about postsecondary education that were open to all transition-age youth with disabilities. For example, a day-long program called Catch the Wave was offered in South Dakota several times each year; it featured speakers, information, and resources on attending college. Case managers in Colorado encouraged ASPIRE youth to continue attending school until age 21 through the state’s “transition” program, which teaches independent living skills to youth with disabilities. ASPIRE leadership noted that this was done across the ASPIRE states as appropriate for youth.

F. Other services

Increasing youth’s self-determination was an important goal of ASPIRE. The program defined self-determination as youth’s understanding their own capacities and abilities, and having self-confidence in their potential for success. As with education services, federal PROMISE program sponsors did not specify self-determination 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 of self-determination services include information and activities to help youth practice decision making, self-advocacy, and self-awareness. In this section, we describe the counterfactual self-determination services for youth with disabilities in the consortium states and the services ASPIRE provided in this area.

1. Counterfactual services

The availability of self-determination training to youth with disabilities varied across the consortium states. For the most part, this type of training was not available to transition-age

youth, although certain elements were sometimes covered in high school special education classes. In Arizona, Colorado, and South Dakota, schools did not typically offer self-determination training. In Montana, one of the subcontractors for this intervention also delivered the training in Missoula-area high schools. In North Dakota, some of the high schools offered self-determination training, but ASPIRE service providers reported during site visit interviews that the special education teachers usually devoted little class time to it. In Utah, trainings were not typically available in schools. Some independent living centers offered classes in self-determination, but the classes did not necessarily target transition-age youth.

Components of self-determination training also became more common in some of the consortium states as a result of WIOA implementation; in some cases, schools received more funding to do this training, whereas in others, the state VR agency employed contractors to provide the services. In addition, in all of the consortium states except Colorado and South Dakota, the ASPIRE trainings were open to all youth in the area who wanted to attend.

The Youth Leadership Forum, a national initiative funded at the option of individual states, seeks to empower transition-age youth with disabilities to develop their self-determination and leadership skills. It was active in three of the consortium states—Arizona, Montana, and South Dakota—during ASPIRE’s implementation period. The number of participants in the forum was strictly limited through a competitive application process, and the program operated for only a brief period each summer.

2. ASPIRE services

Self-determination training for youth was a core ASPIRE intervention (Table I.1); members of the APL said during site visit interviews that they included self-determination training in the program design because they considered it to be a critical missing piece in the service system for transition-age youth with disabilities. The content of the in-person self-determination training was standardized across the consortium states, but the specific materials used for the trainings varied. The objective of the training was to promote choice making, autonomy, and self-awareness among youth and, more specifically, encourage them to develop a vision of working in the future. Across the consortium states, self-determination training for youth was generally delivered through a series of classroom training sessions, but the number of sessions varied. For example, in Montana, self-determination training was typically delivered in three two-hour classes on weekday evenings. In South Dakota, it was delivered in two- or three-hour blocks on weekends at the same time and location as parent training classes, to facilitate attendance by both youth and parents.

For this training, ASPIRE either contracted with providers to deliver an existing curriculum or facilitated the creation of a new curriculum (either in house or in partnership with an external provider). In two of the consortium states (Montana and Utah), the ASPIRE program contracted with independent living centers to provide self-determination training for youth. Those centers augmented their existing curricula to address ASPIRE requirements to incorporate cultural sensitivity and specific topics, such as autonomy, self-regulation, psychological empowerment, self-realization, motivation to work, and visions for the future. In Utah, the independent living center adapted a training program that had been designed for 18- to 27-year-olds to make it suitable for the younger ASPIRE participants. The contractors in these states also typically

offered trainings more often than usual; in Montana, they would travel extensively to deliver the trainings statewide.

In Colorado, ASPIRE partnered with the PEAK parent training center to deliver the self-determination training after unsuccessfully attempting to identify a provider through the state's general procurement process. PEAK had not worked directly with youth or provided self-determination training in the past. The organization developed a self-determination curriculum, hired and trained staff, and delivered the trainings at eight locations statewide.

In Arizona, North Dakota, and South Dakota, ASPIRE staff either designed their own curriculum or partnered with another organization to develop a new curriculum because of a perceived lack of existing providers. Staff in North Dakota and South Dakota collaborated to develop their trainings. In South Dakota, the training was delivered by one of the three case managers (who had a lighter caseload to accommodate this additional responsibility). Four out of the nine youth who participated in a focus group in South Dakota reported receiving self-determination training and said they enjoyed it and found it informative. Non-ASPIRE staff of the North Dakota Center for Persons with Disabilities, housed at Minot State University, delivered the training in North Dakota. The provision of self-determination training in Arizona was delayed because the ASPIRE program in that state had difficulty in finding an organization that could both design and deliver the training, according to interviews with program staff. The program in Arizona ultimately partnered with the University of Arizona 4-H Cooperative Extension to design and deliver self-determination training, which began in August 2017.

As of October 2017, just under one-half of youth (48 percent) had participated in self-determination training, for an average of 4.9 hours (Table III.6). More than half of the youth (56 to 67 percent) in all states except Arizona had received self-determination training. The delay in implementing the self-determination trainings in Arizona likely contributed to the lower share of youth receiving such training (29 percent) relative to the other consortium states. ASPIRE intended for 95 percent of youth to begin self-determination training within a year of enrollment; 50 percent of youth who were enrolled at least one year as of October 2017 did so.

To encourage more youth to engage in self-determination training, in 2016 and 2017, case managers across the consortium states delivered some of the material during case management meetings with youth. As of October 2017, program contractors had delivered most of the self-determination trainings (56 percent), but ASPIRE staff had delivered 27 percent (Table III.6). The majority of services were delivered by ASPIRE contractors in all states except Arizona and South Dakota. In Arizona, most trainings were delivered by ASPIRE staff and non-ASPIRE providers, likely because of the delay in contracting self-determination services in that state. In South Dakota, where the role of one of the case managers was to deliver self-determination training, 68 percent of services were delivered by program staff. ASPIRE staff provided very little of the training in Montana, but to promote attendance there, self-determination training providers offered transportation to youth to attend classes at independent living centers.

Table III.6. Take-up of self-determination training services among ASPIRE youth participants as of October 2017 (percentages unless otherwise indicated)

Service delivery measure	Arizona	Colorado	Montana	North Dakota	South Dakota	Utah	Total
Received youth self-determination training	29.2	65.4	63.6	66.7	57.1	56.1	47.5
Average hours of training	5.7	3.1	6.7	6.6	7.7	4.5	4.9
Trainings, by provider type ^a							
ASPIRE staff	27.7	28.3	2.4	29.8	68.0	12.4	26.9
ASPIRE contractor	41.8	60.1	78.6	55.3	1.0	80.0	55.9
Non-ASPIRE service provider	31.9	12.3	17.9	10.6	21.4	10.5	17.1
Missing	0.9	1.7	1.2	6.4	9.7	3.3	2.8
Began self-determination training within one year of enrollment (among participants enrolled at least one year) ^b	30.6	67.3	66.1	69.6	56.7	57.0	49.5
Number of participating youth	391	214	66	27	63	132	893

Source: The ASPIRE MIS.

^a Percentages may not sum to 100 because of rounding and because multiple response options were possible for a service episode.

^b ASPIRE intended for 95 percent of youth to begin self-determination training within one year of enrollment. To compute this statistic, we measured enrollment as of the date of intake.

In addition to the self-determination trainings, case managers supported youth in a variety of activities they believed would promote youth self-determination and independence. Examples mentioned by case managers during our interviews included helping youth to obtain driver's licenses, take hunter safety training, attend summer camp, and learn to use public transportation.

G. The possibility that control group members received ASPIRE 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.

ASPIRE's approach to engagement in program services ensured that youth assigned to the control group could not access services from ASPIRE. Although the ASPIRE case managers conducted the recruitment of youth into the evaluation, they had no contact with control group members after they enrolled. The case managers worked with ASPIRE treatment group youth and their families exclusively; they had no other clients. Also, because ASPIRE operated independently of other state programs, including those housed within the same state agency, there was no systematic way control group youth could unintentionally receive ASPIRE services. Thus, those youth who enrolled in the evaluation and were assigned to the control group were not able to access case management services or any specific intervention services through ASPIRE.

ASPIRE was designed to be a conduit to and coordinator of existing services; only the case management and referrals to services that the program provided were distinct from those available to control group youth and their families. Aside from the youth self-determination

training that three of the state programs had designed and offered independently, ASPIRE did not develop any new services for the treatment group. Some existing services were enhanced or tailored for the treatment group; in general, however, similar services were available from existing providers for youth and their family members who were not in that group. Although the program services other than the broad-based, intensive case management were generally available to all youth with disabilities and their families in the consortium states (though to a varying extent across and within the states), most of the program and service provider staff interviewed during site visits expressed doubt that control group members would access these services on their own. That doubt stemmed in part from the challenges they faced in engaging treatment group youth and their families, who had the benefit of information and encouragement from their case managers. It also appears that, although services existed in the community, active outreach by those programs to SSI youth and their families generally did not occur. An exception might be with respect to the relationships state VR agencies had with schools in some of the consortium states, which appear to have grown stronger after implementation of WIOA. As schools and VR agencies began to collaborate more closely, referrals of youth with disabilities to VR services may have increased.

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 ASPIRE 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 ASPIRE 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 October 2017, ASPIRE leadership had no specific plans for sustaining discrete aspects of the program's service model beyond the end of the cooperative agreement. However, in some—but not all—of the consortium states, the program may have brought about lasting systems-level changes by reshaping relationships among its partners in ways that affected both treatment and control group youth. The improved relationships may have facilitated more referrals of youth with disabilities to state VR agencies and other service providers for people with disabilities, and also shaped the general service delivery approaches of some of the providers implementing ASPIRE interventions. For example, during the final round of telephone interviews in Colorado, VR agency staff reported that their counselors had increased their communication with school staff and participation in IEP meetings after observing the depth of school-level involvement of some of the ASPIRE case managers (case managers in Colorado were located in VR agency offices). During our site visit interviews in fall 2016, independent living center staff in Arizona believed that their organization's partnership with ASPIRE had prompted an increased focus of the organization as a whole on providing services to youth. Most ASPIRE and non-ASPIRE staff with whom we discussed this topic were unable to point to any specific system changes resulting from the program, and expressed doubts that ASPIRE would lead to any significant changes after it ended. One noted that any system changes resulting from ASPIRE were more likely to be "subconscious" than knowingly attributed to it. Program leadership viewed the effort as an experimental study; systems change within the context of the

demonstration was neither a goal nor an expectation. With six different states and their respective services systems involved in the effort, ASPIRE leadership believed that systems change was unlikely program-wide but possible for individual states.

Finally, systems-level changes that ASPIRE 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 ASPIRE. WIOA, which included systems-change elements and was implemented while ASPIRE was operational, could have implications for the program's impacts.

WIOA required that VR agencies spend 15 percent of their funding on Pre-ETS for youth with disabilities. For the most part, VR agencies in the consortium states responded to this requirement by expanding or creating services for younger transition-age youth (ages 14–15). The extent to which ASPIRE treatment and control group youth may have benefited differentially depended on the quality and reach of implementation of new or enhanced services under Pre-ETS. Factors that could have influenced whether youth benefited from Pre-ETS during the program period include how quickly states adopted new or enhanced programming; whether state VR staff promoted those services; and whether the services were implemented in schools, allowing youth to access them more easily.

At the time of the final round of telephone interviews in 2017, the consortium states varied in how much information they were providing to youth and parents about Pre-ETS, and their progress in planning and implementing Pre-ETS services. Here we briefly summarize the status of Pre-ETS implementation as of fall 2017 in each of the consortium states, relying on information gathered during the site visits and final telephone interviews with state VR and workforce agency staff.

- In Arizona, the VR agency planned to contract with at least one vendor in each county to provide Pre-ETS to youth with disabilities throughout the state. As of October 2017, these contracts had not yet been awarded, but staff reported that they expected to make awards to vendors in December 2017, with the expectation that vendors would begin implementing Pre-ETS in early 2018. The VR agency continued to make services available for youth through its Transition from School to Work program and other normally available programs; as of October 2017, however, service take-up by youth ages 14–16 was limited.
- In Colorado, the SWAP program began serving youth as young as age 15 in approximately fall 2016; previously, the program had served youth starting at age 16. As of October 2017, the VR agency had not yet contracted with vendors to provide Pre-ETS throughout the state. Agency staff expected a request for proposals to be distributed in a few months after our telephone interviews, which implied that vendor-provided Pre-ETS would not be available until well into 2018.
- In Montana, the VR agency contracted with schools to provide Pre-ETS to students with disabilities. Pre-ETS became available in the state starting in 2015. The agency provided funding based on the number of students served by a school and imposed few restrictions on how the schools could use those funds. VR staff we interviewed in 2016 noted that the services provided under these contracts might have been somewhat duplicative of those provided by the state's ASPIRE program. By 2017, the VR agency had contracts with 92

schools serving about 4,000 students with disabilities statewide; however, the contracts ended in July 2017 due to state budget cuts.

- In North Dakota, VR counselors assigned to the schools delivered Pre-ETS. The VR agency also contracted with some schools to provide Pre-ETS to students with disabilities. These schools would either deliver the services using their own staff or hire subcontractors to provide these services.
- In South Dakota, VR staff reported that their agency had been spending approximately 15 percent of its funding on services for youth with disabilities even before the enactment of the WIOA Pre-ETS provisions. An interviewee from the state's workforce system believed that after WIOA enactment, the VR and workforce agencies began to collaborate more closely on programming; this collaboration was continuing as of October 2017. For example, VR staff and the staff of an AJC reported communicating about specific youth clients to share resources and funding for them. VR had also partnered with the state's Department of Labor to offer employer-paid work experiences to youth. Some AJCs also offered youth summer programs explicitly inclusive of youth with disabilities.
- In Utah, as of fall 2017, the VR agency had awarded six contracts to vendors to provide Pre-ETS in different venues, including schools, vendor offices, and other community locations. Youth who needed more individualized or intensive assistance than offered under Pre-ETS had to apply to the state VR agency for such assistance. After WIOA was implemented, the VR agency experienced higher demand from schools to deliver its 10-session job readiness curriculum for youth with disabilities. VR agency staff reported that even before WIOA implementation, some services had been provided to youth as young as 14, and VR counselors regularly attended IEP meetings.

The changes WIOA prompted also appear to have improved relationships among the stakeholder agencies in some of the consortium states. Because planning for the WIOA Pre-ETS provisions overlapped with the period of performance for ASPIRE, the same agencies that were members of ASPIRE advisory committees also typically met to discuss WIOA implementation. During the site visits, some of the staff of those agencies and ASPIRE program staff reported that the collaboration prompted by both ASPIRE and WIOA strengthened relationships among agency stakeholders. In Montana, for example, ASPIRE staff reported increased coordination between the ASPIRE lead agency (the Division of Disability Employment and Transitions) and the Department of Labor and Industry due to planning for changes related to WIOA implementation. In Arizona, a statewide working group that included representatives of a number of state agencies and advocacy groups began meeting in 2016 to plan for WIOA Pre-ETS implementation; according to several respondents during site visits, those meetings strengthened connections among the stakeholders.

This page has been left blank for double-sided copying.

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. In each state, ASPIRE established partnerships with each of these agencies, as well as the community-based organizations that provide direct services. In this chapter, we describe the quality of these partnerships in three consortium states and changes in communication and collaboration among the partners over time.

Data from two social network surveys of the ASPIRE lead agency and administrators and frontline staff within three ASPIRE states (Colorado, North Dakota, and Utah) provided an opportunity to quantify their partnerships before ASPIRE and how those partnerships changed as they implemented the program.³³ 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 ASPIRE. 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 ASPIRE, 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 ASPIRE partner organizations within their states.³⁴ The list of partners included is shown in Table IV.1; the listing for each state includes the lead agency, state partners on the advisory committees, and

³³ We selected a subset of the consortium states because we planned to collect the data only from states where we conducted Round 1 site visits, in part because of the difficulties in initiating network surveys outside of a site visit. We administered the first-round surveys during site visit interviews and distributed them electronically to telephone interview respondents. We administered all of the second-round surveys electronically because we did not conduct a second site visit or telephone interviews with staff in the three states included in the ASPIRE network analysis.

³⁴ Because these surveys differ from typical surveys (they ask about relationships between the respondent and all other ASPIRE state 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.

Table IV.1. ASPIRE partners that were listed in the network surveys

Colorado	North Dakota	Utah
Lead agency		
<ul style="list-style-type: none"> Colorado Department of Human Services, Division of Vocational Rehabilitation^{1*, 2*} 	<ul style="list-style-type: none"> North Dakota Center for Persons with Disabilities, Minot State University^{1*, 2*} 	<ul style="list-style-type: none"> Utah State Office of Vocational Rehabilitation^{1*, 2*}
State-level partners		
<ul style="list-style-type: none"> Colorado Department of Education or local schools^{1*, 2*} Colorado Department of Labor and Employment (non-VR office/division) or local workforce centers^{1*, 2*} Colorado Department of Health Care Policy and Financing, Office of Client and Community Relations^{1*, 2*} Colorado Department of Human Services, Division of Child Welfare² Colorado Department of Human Services, Division of Behavioral Health^{1*, 2*} Colorado Developmental Disabilities Council² State Independent Living Council or local independent living centers² 	<ul style="list-style-type: none"> North Dakota Department of Human Services, Developmental Disabilities Division^{1, 2} North Dakota Department of Human Services, Division of Vocational Rehabilitation^{1*, 2*} North Dakota Department of Human Services, Economic Assistance Division^{1, 2} North Dakota Department of Human Services, Medical Services Division^{1*, 2} North Dakota Department of Human Services, Division of Mental Health and Substance Abuse¹ North Dakota Department of Labor, Job Service North Dakota or local workforce centers^{1, 2*} North Dakota Department of Public Instruction or local schools^{1*, 2*} 	<ul style="list-style-type: none"> Utah Center for Assistive Technology¹ Utah Department of Health² Utah Department of Human Services, Substance Abuse and Mental Health Services² Utah State Office of Education or local schools^{1*, 2*}
Local partners		
<ul style="list-style-type: none"> Ability Connections Colorado^{1, 2*} Budget Right² Colorado Disability Benefits Support² Mpower¹ PEAK Parent Center^{1, 2} University of Colorado, Colorado Springs² 	<ul style="list-style-type: none"> Dakota Center for Independent Living² Independence, Inc. Center for Independent Living² Indian Affairs Commission and tribal authorities^{1, 2} North Dakota Community Action Partnership¹ Options Resource Center for Independent Living² Pathfinder Services North Dakota^{1, 2} Rehab Services, Inc.^{1, 2} 	<ul style="list-style-type: none"> AAA Fair Credit Foundation^{1*, 2} Ability First Utah² Active Re-entry² Options for Independence² Red Rock Center for Independence² Roads to Independence² Tribal authorities^{1, 2} Utah Independent Living Center^{1*, 2} Utah Parent Center^{1*, 2*} Utah Work Incentive Planning Services^{1*, 2*}

Note: For the Colorado analysis, we combined the responses for Budget Right and Mpower, as the former replaced the latter at the time of the second survey.

¹ Organization listed in Round 1 survey.

² Organization listed in Round 2 survey.

* Survey respondent.

local partners involved with service delivery.^{35, 36} The lists of partners included in the surveys reflected the evaluation team’s understanding of the agencies and organizations involved in ASPIRE at the time of each survey, and so varied from the first round to the second. The survey instructed respondents to add organizations with which they interacted that were not included on the list. Our analysis assessed relationships for all of the organizations involved in ASPIRE either at the time of the first survey or the second (13 organizations in Colorado, 15 in North Dakota, and 15 in Utah). We captured information about the ASPIRE networks during the following periods:

- Before ASPIRE 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)
- Middle implementation (about 12 months after enrollment in the evaluation began, which was 12 months before we conducted the second round of the survey)³⁷
- 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 indicate that both the administrators and the frontline staff of ASPIRE partner organizations in each of the three consortium states surveyed increased the amount of contact and the number and types of collaborations with their fellow ASPIRE partners as program implementation progressed. The time patterns of those connections differed across the states—for instance, in North Dakota, administrators of the ASPIRE partner organizations communicated frequently with each other even before ASPIRE services began, whereas administrators in Colorado and Utah had less frequent communication at that time. Contact by either administrators or frontline staff with ASPIRE organizations outside of their own state was relatively infrequent, but this finding is somewhat inconsistent with reports from program staff obtained during our site visits.

A. Administrative partnership networks

When the program rolled out, communication and effective working relationships increased among ASPIRE partners at the administrative level about issues pertaining to youth with disabilities in each of the three states, most notably in Colorado and Utah. The increases were

³⁵ We excluded the University of Utah from the Utah network analysis because its primary role in ASPIRE was as the formative evaluator.

³⁶ Although we surveyed frontline staff from some partner organizations in Colorado and Utah, we excluded those responses from this analysis to focus on the primary ASPIRE service delivery staff.

³⁷ In the analyses for other PROMISE programs, we included findings from three implementation periods (before services, early implementation, and late implementation). For the ASPIRE network analysis, we show the results for a fourth period (middle implementation), reflecting the year before the second survey. We added this period because the ASPIRE list of partners changed substantially in some of the states from the first to the second survey. The partner lists for the other PROMISE programs did not substantively change from the first to second round, so we did not ask respondents associated with those programs to report on their relationships for one year before the second survey if they had previously responded to the first survey.

largely sustained as the program matured. Table IV.2 shows the relationships reported by the ASPIRE administrative partner organization respondents with the other partner organizations in their respective states. The table section heading identifies the question asked, the first column indicates the level at which we assessed the responses, the second column identifies the ASPIRE state, and the percentages represent the share of in-state partner organization relationships at the level indicated for each period. For example, before ASPIRE services began, each of the four respondents in Colorado reported on their communication with each of the other 12 Colorado ASPIRE partner organizations, for a total of 48 reported relationships. Twelve of the 48 reports (25 percent) indicated the communication occurred at least monthly.

Table IV.2. Communication and effective working relationships among ASPIRE partners, by implementation period

Response assessed	ASPIRE state	Before ASPIRE services	Early implementation	Middle 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	Colorado	25%	21%	44%	65%
	North Dakota	39%	45%	41%	52%
	Utah	18%	27%	48%	45%
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	Colorado	19%	13%	19%	31%
	North Dakota	41%	38%	32%	41%
	Utah	18%	18%	38%	39%
Effective working relationship to some or a considerable extent	Colorado	29%	29%	77%	88%
	North Dakota	73%	73%	84%	84%
	Utah	35%	33%	73%	70%

Notes: Respondents for four Colorado ASPIRE administrative partners completed interviews in the early and late implementation periods (the early interview also covered the period before ASPIRE services began and the late interview covered the middle implementation period) to describe their relationships with each of the other 12 Colorado ASPIRE partner organizations. North Dakota ASPIRE had respondents for four administrative partners in both the early and late implementation periods; they described their relationships with each of the other 14 North Dakota ASPIRE organizations. Utah ASPIRE had respondents for six administrative partners in the early implementation period and for four administrative partners in the late implementation period; they described their relationships with the other 14 Utah ASPIRE organizations. More than one person from the Colorado Division of Vocational Rehabilitation responded regarding all periods, more than one person from the North Dakota Department of Labor responded regarding middle and late implementation, and more than one person from the USOR 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.

Communication among ASPIRE partners at the administrative level about issues pertaining to youth with disabilities was relatively low before ASPIRE services began and increased slightly as the program was implemented (Table IV.2). Few respondents communicated with other partners at least monthly before the implementation of ASPIRE; the state statistics ranged from 18 percent in Utah to 39 percent in North Dakota. For Colorado and North Dakota, communication was highest by late implementation, and respondents in each state communicated at least monthly with more than half of their state's other partners. In Utah, communication

peaked during middle implementation, although the statistics for middle and late implementation were similar. These patterns might reflect the increasing development of the programs in each state:

- During early implementation, Colorado was still in the process of contracting with its intervention providers, as the state’s procurement process delayed getting the ASPIRE contractors in place.
- North Dakota partners reported communication at least monthly with many of their ASPIRE partners at a moderate level from before ASPIRE services began; that communication increased by late implementation. The Minot State University center that implemented ASPIRE North Dakota had a history of working with state agencies that serve people with disabilities on a variety of initiatives. The administrators in North Dakota who responded to the survey noted during our site visit interviews that because the state’s population is small, individuals working in the disability service community were well known to one another and interacted on a regular basis.
- Though intervention providers were in place in Utah as of early implementation, ASPIRE Utah staff were still enrolling eligible youth and developing service plans and goals with the early program participants but not making referrals to partner organizations. Local providers became increasingly involved in Utah by late implementation.

Partners in North Dakota began their ASPIRE work with stronger preexisting relationships compared with the partners in Colorado and Utah. Among the administrators of ASPIRE partner organizations, perceptions of working relationships were consistent with their reported communication patterns. Respondents to the social network surveys were asked to characterize the effectiveness of their working relationship with other ASPIRE partners on issues related to youth with disabilities and their families (Table IV.2).

- Administrators in Colorado and Utah reported more effective working relationships by middle and late implementation relative to earlier periods. When assessed relative to a threshold of “effective to a considerable extent” (the highest response option), the assessments before services began were no more than 19 percent of partner organization relationships in either state. The assessment increased to 31 percent in Colorado and 39 percent in Utah by late implementation. When assessed relative to a threshold of “effective to some or a considerable extent,” the assessments were higher and showed similar increases over time (from 29 percent to 88 percent of partner organization relationships in Colorado and from 35 percent to 70 percent of partner organization relationships in Utah).
- Administrators in North Dakota typically reported relatively higher levels of effective working relationships than administrators in Colorado and Utah. This pattern was true across three of four time periods for either of the assessed thresholds. Unlike the pattern for the other two states, the assessment of effective working relationship by North Dakota administrators either did not increase (for the threshold of “effective to a considerable extent”) or increased more modestly (for the threshold of “effective to some or a considerable extent”) from before ASPIRE services began to late implementation. This pattern suggests the presence of a relatively more developed network among the ASPIRE

partner organizations in that state from before program services began and continuing throughout the program's implementation.

As ASPIRE matured from early to late implementation, different patterns emerged across these three states regarding collaboration among the administrators of the partner organizations on four specific activities (Table IV.3).

- In Colorado, the administrators of the ASPIRE partner organizations collaborated more frequently with one another on specific activities during late than early implementation; this was the case for activities both within and outside of ASPIRE. This increase is partly explained by the fact that ASPIRE Colorado had not yet contracted with its intervention service providers at the time of the early implementation survey. During late implementation, the administrators were most likely to collaborate on sharing resources and delivery of services.
- In North Dakota, administrators collaborated on specific activities within ASPIRE at about the same frequency during early and late implementation, even as activities outside of the program declined. That collaboration most often involved client referrals and service delivery. During late implementation, the frequency of collaboration on specific activities was generally greater within ASPIRE than outside.
- Compared with their counterparts in the other two states, the administrators of the ASPIRE partner organizations in Utah collaborated less frequently on specific activities within the program during both early and late implementation. Furthermore, the frequency of their collaboration on those activities within ASPIRE was generally lower than the frequency of their collaboration on the corresponding activities outside of the program.

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

Collaborative activity	Share of in-state partner organization relationships					
	Colorado		North Dakota		Utah	
	Early implementation	Late implementation	Early implementation	Late implementation	Early implementation	Late implementation
In the past year, and related to your work on ASPIRE, with which of the following organizations has your organization conducted [activity]?						
Resource sharing	15%	46%	16%	16%	5%	5%
Client referrals	13%	25%	21%	25%	5%	5%
Service delivery	13%	35%	32%	37%	12%	20%
Data sharing	8%	27%	18%	10%	2%	13%
In the past year, and outside of your work on ASPIRE, with which of the following organizations has your organization conducted [activity]?						
Resource sharing	15%	38%	21%	11%	13%	13%
Client referrals	15%	23%	20%	14%	11%	36%
Service delivery	17%	38%	36%	25%	23%	30%
Data sharing	8%	27%	16%	11%	1%	9%

Notes: Respondents for four Colorado ASPIRE administrative partners completed interviews in the early and late implementation periods (the early interview also covered the period before ASPIRE services began and the late interview covered the middle implementation period) to describe their relationships with each of the other 12 Colorado ASPIRE partner organizations. North Dakota ASPIRE had respondents for four administrative partners in both the early and late implementation periods; they described their relationships with each of the other 14 North Dakota ASPIRE organizations. Utah ASPIRE had respondents for six administrative partners in the early implementation period and for four administrative partners in the late implementation period; they described their relationships with the other 14 Utah ASPIRE organizations. More than one person from the Colorado Division of Vocational Rehabilitation responded regarding all periods, more than one person from the North Dakota Department of Labor responded regarding middle and late implementation, and more than one person from the USOR 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 network survey data indicate that relationships between ASPIRE frontline staff (case managers) and their counterparts at state and local partner organizations grew throughout program implementation, but the patterns of growth varied across Colorado, North Dakota, and Utah. We asked about their relationships with the partner organizations that employed frontline staff who worked directly with clients. Five case managers from Colorado responded to the questions about early implementation and four about middle and late implementation; four of the respondents provided information about all periods. North Dakota employed two case managers, both of whom provided information about all periods. In Utah, four case managers responded for each period, though only two respondents provided information about all periods.

In Tables IV.4, IV.5, and IV.6, we show the share of frontline partner organization relationships in which case managers in Colorado, North Dakota, and Utah, respectively, reported communicating at least monthly or conducting collaborative activities during early or

late implementation.³⁸ For example, during early implementation, 5 Colorado staff members reported on their communication with each of 12 partner organizations, for a total of 60 reported relationships. Of these reports, 10 (17 percent) indicated that communication occurred at least monthly.

The first section of survey findings in each of the respective tables shows that communication at least monthly by the ASPIRE case managers with their counterparts in partner organizations increased in all three of the surveyed states between early program implementation and late implementation.

- Communication at least monthly with partners was initially low in Colorado and North Dakota; however, it increased markedly over the course of program implementation. By late implementation, the ASPIRE case managers in these states were communicating at least monthly with their counterparts in about half of the programs' partner organizations.
- The initial level of at-least-monthly communication by case managers with partners in Utah was high relative to the levels in Colorado and North Dakota; however, the increase over time was small. By late implementation, the Utah case managers were communicating at least monthly with their counterparts in 38 percent of the program's partner organizations.

The second part of the survey findings in the tables for the three ASPIRE states shows that collaboration by the program case managers with their counterparts in partner organizations increased in all three of the states from early to late program implementation. By late implementation, collaboration with partners was most common for case managers with respect to making referrals for ASPIRE clients and discussing clients' needs, goals, and services.

- The ASPIRE case managers in Colorado and North Dakota had almost no collaboration with partners on any type of program activity during early program implementation. However, as a result of substantial increases in collaboration on all activities except receiving referrals and (in Colorado) joint training, by late implementation the case managers in these two states were collaborating with between roughly 40 and 60 percent of the programs' partner organizations.
- As was the case with communication, the initial levels of collaboration by case managers with their counterparts in partner organizations were higher in Utah than in Colorado and North Dakota. Again, the increases over time were relatively small, however, resulting in levels of collaboration during late implementation that were lower than or about the same size as those in the other two states, depending on the specific type of program activity.

³⁸ We did not assess staff relationships before ASPIRE services began because the staff had not yet begun working for the program.

Table IV.4. Activities among Colorado ASPIRE staff and ASPIRE partners, by implementation period

Relationship question	Response assessed/ collaborative activity	Share of in-state partner organization relationships		
		Early implementation	Middle 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	17%	31%	54%
Related to your work with youth or adults with disabilities, how often did you do the following with each organization?	Meet for transition planning	5%	23%	33%
	Discuss clients' needs, goals, and services	3%	35%	48%
	Refer clients to partner organization	0%	33%	54%
	Share client data	0%	21%	42%
	Conduct joint training	0%	15%	17%
	Receive referrals from partner organization	0%	0%	0%

Notes: A total of five case manager respondents completed interviews during early implementation and four during middle and late implementation to describe their activities with 12 Colorado ASPIRE partner organizations.

Table IV.5. Activities among North Dakota ASPIRE staff and ASPIRE partners, by implementation period

Relationship question	Response assessed/ collaborative activity	Share of in-state partner organization relationships		
		Early implementation	Middle 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	11%	29%	46%
Related to your work with youth or adults with disabilities, how often did you do the following with each organization?	Meet for transition planning	11%	18%	43%
	Discuss clients' needs, goals, and services	0%	57%	61%
	Refer clients to partner organization	0%	43%	50%
	Share client data	0%	21%	50%
	Conduct joint training	0%	15%	46%
	Receive referrals from partner organization	0%	4%	14%

Notes: A total of two case manager respondents completed interviews during all implementation periods to describe their activities with 14 North Dakota ASPIRE partner organizations.

Table IV.6. Activities among Utah ASPIRE staff and ASPIRE partners, by implementation period

Relationship question	Response assessed/ collaborative activity	Share of in-state partner organization relationships		
		Early implementation	Middle 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	27%	14%	38%
Related to your work with youth or adults with disabilities, how often did you do the following with each organization?	Meet for transition planning	25%	36%	38%
	Discuss clients' needs, goals, and services	13%	32%	46%
	Refer clients to partner organization	13%	20%	43%
	Share client data	11%	34%	57%
	Conduct joint training	9%	9%	23%
	Receive referrals from partner organization	4%	9%	2%

Notes: A total of four case manager respondents completed interviews during all implementation periods to describe their activities with 14 Utah ASPIRE partner organizations.

C. Cross-state networking

Because the ASPIRE consortium consisted of six states implementing a single program design, there was considerable potential for the staff of those programs to learn from their counterparts in the other states. It was in recognition of this potential that ASPIRE held semiannual multiday trainings of the program staff from all of the states. Those trainings were designed to foster networking across the states and peer-to-peer sharing of best practices. Unquestionably, a great deal of cross-state networking did occur during those trainings. We wanted to investigate whether additional cross-state networking occurred outside of those trainings, so we included questions in the social network surveys regarding contacts by ASPIRE administrators and frontline staff in Colorado, North Dakota, Utah, and the APL with their counterparts in the other consortium states outside of the semiannual trainings.³⁹ Here, we summarize the general findings (detailed statistics are not shown).

Networking among staff of the ASPIRE state programs. The network surveys revealed that cross-state networking among ASPIRE staff outside of the semiannual trainings was more common during early than late program implementation, but in no period did a majority of the survey respondents report contact with ASPIRE staff outside of their own states. This finding was the case for both program administrators and frontline staff. During early implementation, 4

³⁹ We asked respondents, “As part of your work on ASPIRE, have you had any contact with agencies or organizations from other ASPIRE states?” Those who answered affirmatively were asked with which organizations from other ASPIRE states they had worked; for each organization, respondents answered questions about the frequency of communication, the extent of effective working relationships, and the types of activities on which they collaborated.

of the 10 state program administrators who responded to the survey reported contacts with ASPIRE staff in other states on topics such as cross-state trainings and recruitment and enrollment strategies. During late implementation, only 2 of 11 administrator respondents reported any cross-state contacts with ASPIRE staff. Similarly, frontline staff were more involved in cross-state contacts with ASPIRE staff during early than late implementation. During early implementation, 5 of the 11 frontline staff who responded to the survey reported contact with staff outside of their own states. During late implementation, 3 of 10 did so.

These findings are somewhat inconsistent with reports from program staff obtained during our site visits. During interviews, staff reported formal and informal contacts with their counterparts in other states. This inconsistency might arise from a combination of three factors. First, survey respondents might have interpreted the initial survey question as applying to organizations in other states outside of ASPIRE partner organizations. Second, the activity levels reported during early implementation might be lower because not all partners were active at the time of the first site visit. Third, the second round survey did not ask first-time respondents about their cross-site activities one year earlier, only about their current cross-site activities.

Networking between APL staff and staff of the ASPIRE state programs. The APL staff were an exception to the above pattern of declining contact over time with other ASPIRE staff in the consortium states. The APL staff reported a steady number of contacts with ASPIRE staff in the consortium states during early and late implementation. This finding is consistent with the leadership roles that those staff played across the states. During our interviews, APL staff noted that a multistate program like ASPIRE was particularly challenging to implement, in part because each state had its own systems, processes, and challenges associated with helping youth with disabilities access services. Although APL provided oversight, support, and training, it was ultimately the responsibility of each state's lead agency and site coordinator to ensure that the ASPIRE interventions were in place, case managers could navigate their unique systems and successfully work with families, and the program delivered the services consistent with its model. The information presented in Chapter III suggests that the states' success in these areas varied.

This page has been left blank for double-sided copying.

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 ASPIRE 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

Engaging youth with disabilities and their families in program services may require innovative approaches in geographically large but thinly populated states. Families in remote areas may have less access to services than those in cities and therefore be more excited about participating in services; however, those families may face transportation challenges that limit their participation. It is incumbent on programs to address such challenges by ensuring that staff can travel to deliver services and devote sufficient time to engaging those families. For instance, it may be prudent to designate funds specifically to cover the cost of long-distance and overnight travel so that case managers can remain in one remote area for several days to accommodate multiple appointments, including cancellations and rescheduled meetings. It may also be helpful to assign fewer cases to those case managers who must travel more frequently and farther distances.

Flexibility in the mode of service delivery may increase the take-up of services by clients in remote areas. In response to difficulties in engaging youth and their families in program services, ASPIRE began allowing the intervention providers to deliver certain trainings via the Internet and case managers to deliver the content of interventions directly to family members. This approach increased the likelihood that families could access parent training and financial education, for example, even if the intervention providers could not deliver the trainings in person. ASPIRE also began encouraging the intervention providers to conduct trainings for youth concurrently and in the same facilities as trainings for parents to facilitate participation by all family members.

Allow sufficient time and incorporate cultural awareness to effectively reach and serve Native American populations. ASPIRE staff and administrators engaged with a number of Native American tribes to seek their approval to enroll their members in the evaluation and deliver services to them. This was often a lengthy process that involved multiple meetings with tribal leaders and sometimes in-person hearings. In some cases, it takes years to obtain tribal IRB or council approval. The 2.5-year PROMISE enrollment period was insufficient for ASPIRE to establish relationships with some tribes. Programs like ASPIRE that seek to serve Native American families should therefore consider budgeting adequate time and resources to appropriately engage with tribes. Cultural sensitivity training for program staff who are not members of the tribe or community, such as that provided by ASPIRE, also might help them better serve this population.

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

Multisite programs may benefit from having a centralized management structure and supports to help local managers be effective leaders. The ASPIRE APL represented a unique management structure for facilitating consistent program implementation across the six consortium states. Designers of future programs with multiple sites and multiple contractors per site may want to consider adopting a comparable management structure. Specifically, the following may promote consistency in program implementation across multiple program sites: having a compact, centralized management team; common staff training protocols, program forms, and materials; a single MIS; monthly team meetings with different levels of program staff; periodic all-staff training and networking events; and one set of trainers to deliver technical assistance. Additionally, when a program's sites are spread across different states, formally partnering with just one agency per state may circumvent challenges that could arise from contracting with several agencies. When local managers come from a variety of backgrounds and have varying management experience, they may need training and support to help them develop the knowledge and skills to provide effective leadership. Also, incorporating a lean management structure, in which one lead manager per state reports to the overall program lead, may facilitate the communication of a clear vision for the program to all staff. Nonetheless, multistate partnerships can encounter many challenges, a key one being the very different service systems in each state and the fact that central program management lacks direct authority over the staff and operations outside of its own state.

Advisory committees may facilitate a program's engagement with state agencies and service providers. Programs such as ASPIRE may find it useful to create advisory committees and then leverage them to secure the cooperation of state agencies, recruit program staff, and engage existing service providers. Such committees may be venues for collaboration and strategic planning, especially for programs that rely heavily on referrals to existing service providers. They can facilitate linkages and improve the flow of information between the program and critical state agencies and service providers. For programs that face challenges in engaging participants, advisory committees may be valuable forums for high-level brainstorming on innovative techniques to increase engagement.

Leveraging existing services while ensuring priority access for program participants may be an efficient model for service delivery. ASPIRE delivered case management directly but relied on existing services in the consortium states for the delivery of the program's other components by providing payment to most of these service providers to ensure ASPIRE participants' access. The use of case management to link youth and families to such services may be an efficient and cost-effective way of ensuring that those eligible for and likely to benefit from such services are aware of and can access them. It is important for case managers to be knowledgeable about the array of services that are available and how to access them. Initial and ongoing training, especially for new programs, is necessary to ensure this level of knowledge.

Flexibility in delivering services is necessary in the face of recurring family challenges, but improving transition outcomes should remain the primary focus. ASPIRE families often faced crises and chaotic circumstances that compromised their ability to participate in program services and maintain a focus on the transition-related needs of their youth with disabilities.

These circumstances required the ASPIRE case managers to be flexible in their approach to providing services. Because the ASPIRE program model had a family focus, the case managers were afforded a high degree of latitude to respond to family crises by providing referrals to an array of community resources. Given the wide range of family needs and frequent crises, however, it was possible for case managers to become distracted from the program's central mission of improving transition outcomes for youth with disabilities. Ongoing training and reinforcement of the mission to case managers in similar programs may be needed to help staff remain mindful of the fundamental objectives of their programs and to serve families in ways that promote attainment of those objectives. The long-term relationships and consistent interactions ASPIRE case managers could maintain with families under the program model provided ample opportunities for them to help keep families on track.

C. Considerations for interpreting findings in the impact analysis

The key intervention that the impact analysis will assess is intensive case management. ASPIRE strove to provide intensive, holistic case management to all of the youth in the evaluation's treatment group; in contrast, site visit interviewees reported that the availability and take-up of case management services for other youth with disabilities in the consortium states was limited. Additionally, ASPIRE case management encompassed the entire family, whereas other case management services tended to focus narrowly on the youth and specific types of services. Aside from case management and youth self-determination training (implemented by ASPIRE in all of the consortium states, including three states in which no comparable services existed), ASPIRE did not provide any new services. However, a key expectation of the program was that its intensive case management and funding of certain services would facilitate work experiences for treatment group youth as well as the take-up of existing services in the areas of benefits counseling, parent training, and financial education. Although those services and work opportunities were available to other youth with disabilities, albeit to a limited extent, take-up rates were reportedly low in the absence of intensive case management.

The integrity of the random assignment evaluation of ASPIRE appears strong. There is virtually no risk that control group youth received case management services through ASPIRE. Although the ASPIRE case managers were also evaluation recruiters, they did not serve any clients other than the program treatment group youth and their families, and there were no systematic avenues through which control group youth could unintentionally receive ASPIRE services. The receipt of services similar to the four ASPIRE interventions was reportedly limited for nontreatment group youth and their families in the consortium states. Though most ASPIRE service providers did not limit their services just to treatment group participants, take-up of these services by nontreatment group youth and families was reportedly low because these youth and their family members either lacked awareness of the services or were not motivated to seek them out. These findings suggest the existence of marked differences in the service experiences of treatment and control group youth. The national evaluation's 18-month impact analysis will be able to determine whether utilization of transition services by control group youth was as low as perceived by the staff we interviewed during the site visits.

Take-up rates for some ASPIRE services were low, 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 case management meetings, career exploration

activities, and the interventions offered by ASPIRE were low relative to the program's expectations. This finding may reflect the variety of staff-reported challenges in meeting regularly with families and providing intervention services. Moreover, disparities in service take-up across states may have important implications for program impacts; participation and service take-up rates were generally lower in Arizona, where almost half of treatment group youth resided, compared to the other five consortium states. The additional case managers hired during the third year of the project, along with other concerted efforts to improve service delivery in that state, might strengthen ASPIRE's overall capacity to generate impacts.

REFERENCES

- Fraker, Thomas, Gina Livermore, Jacqueline Kauff, and Todd Honeycutt. “Promoting Readiness of Minors in Supplemental Security Income (PROMISE) National Evaluation Data Collection Plan.” Washington, DC: Mathematica Policy Research, January 2014.
- Fraker, Thomas, and AnnaMaria McCutcheon. “A Plan for Recruitment and Enrollment, Random Assignment, and Technical Assistance on the PROMISE Evaluation.” Washington, DC: Mathematica Policy Research, December 2013.
- Martin, Patricia P. “Why Researchers Now Rely on Surveys for Race Data on OASDI and SSI Programs: A Comparison of Four Major Surveys.” *Research and Statistics Note*, no. 2016-1, Social Security Administration, 2016.
- Payne, Ruby K., Philip E. DeVol, and Terie Dreussi Smith. *Bridges Out of Poverty: Strategies for Professionals and Communities*. Highlands, TX: aha! Process, Inc., 2006.
- U.S. Department of Education. “Applications for New Awards; Promoting the Readiness of Minors in Supplemental Security Income (PROMISE).” *Federal Register*, vol. 78, no. 98, May 21, 2013, pp. 29733–29748. Available at <https://federalregister.gov/a/2013-12083>. Accessed January 7, 2018.
- U.S. Department of Labor. “WIOA Overview.” Available at <https://www.doleta.gov/WIOA/Overview.cfm>. Accessed January 7, 2018a.
- U.S. Department of Labor. “Youth Employment Rate.” Washington, DC: U.S. Department of Labor, Office of Employment Disability Policy, 2018b. Available at <https://www.dol.gov/odep/categories/youth/youthemployment.htm>. Accessed June 21, 2018.
- Wasserman, S., and K. Faust. *Social Network Analysis: Methods and Applications*. Cambridge, UK: Cambridge University Press, 1994.

This page has been left blank for double-sided copying.

www.mathematica-mpr.com

**Improving public well-being by conducting high quality,
objective research and surveys**

PRINCETON, NJ ■ ANN ARBOR, MI ■ CAMBRIDGE, MA ■ CHICAGO, IL ■ OAKLAND, CA ■
SEATTLE, WA ■ TUCSON, AZ ■ WASHINGTON, DC ■ WOODLAWN, MD



Mathematica® is a registered trademark
of Mathematica Policy Research, Inc.