



# A Collaborative Process to Improve Efforts to Outcomes:

## Lessons Learned from PROMISE Projects

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# Overview

- ❑ **Introduction to PROMISE project**
- ❑ **The national evaluation and collaboration with PROMISE projects**
- ❑ **Maryland PROMISE**
- ❑ **Wisconsin PROMISE**
- ❑ **Concluding thoughts**



# The PROMISE initiative

**❑ Joint initiative of the U.S. Departments of Education, Health and Human Services, Labor, and SSA**

## **❑ Goals**

- ❑ Improve employment and other outcomes
- ❑ Reduce long-term dependence on disability benefits

## **❑ Target population**

- ❑ Youth ages 14–16 and their families
- ❑ SSI recipients

# PROMISE Core Components

## □ Formal agency-level partnerships

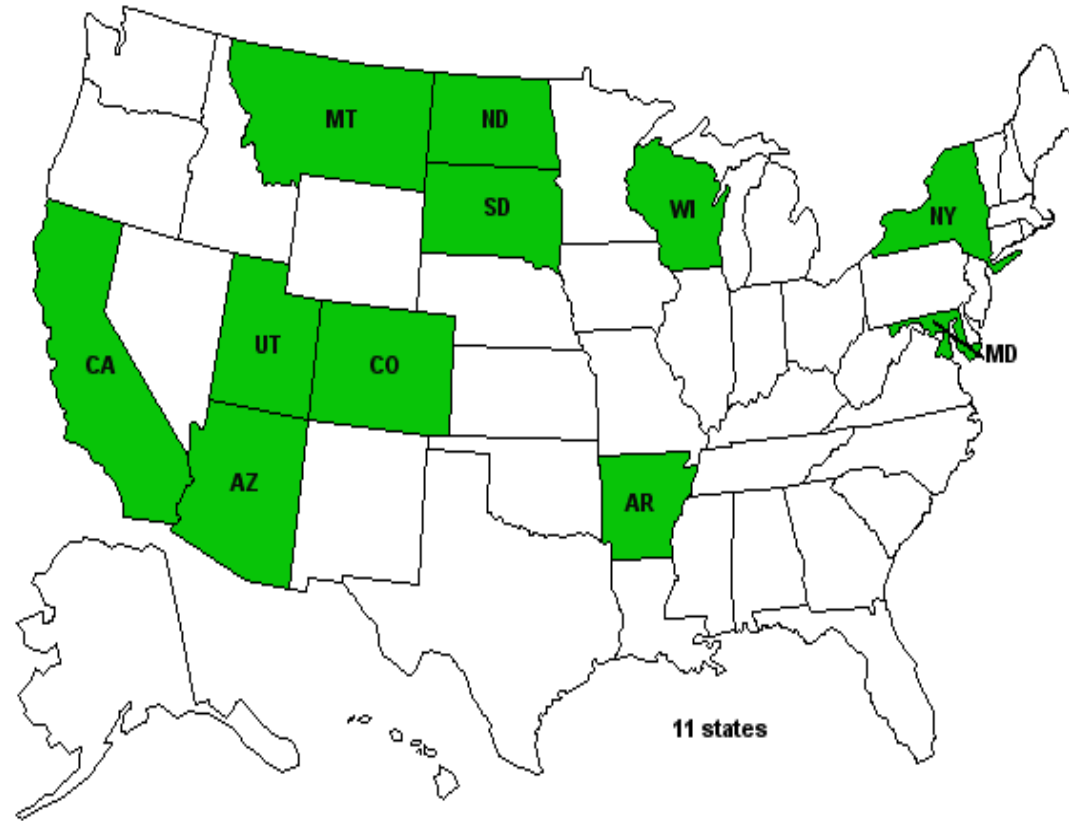
Program	Lead agency	Case management	Benefits counseling	Employment services	Parent training
AR	ED	University of Arkansas	Service provider	VR, WIBs, service providers	University of Arkansas
ASPIRE	VR	VR, ED, service providers	Service providers	VR, ED, service providers	Federal ED-funded Parent Training and Info Centers
CA	VR	LEAs	LEAs	LEAs, VR	Federal ED-funded Parent Training and Info Centers
MD	Other state	Service provider	Service provider	Service provider	Service provider
NY	Other state	LEAs	Service providers	Service providers	Federal ED-funded Parent Training and Info Centers
WI	VR	VR	Service provider	VR, service providers	Service provider

# PROMISE Core Components

- Case management**
- Benefits counseling and financial literacy training**
- Career- and work-based learning experiences**
- Parent training and information**



**ASPIRE**



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# The national evaluation and collaboration with PROMISE projects

# Role of Mathematica

## Conduct a rigorous impact evaluation

- Provide evaluation technical assistance
- Individual-level random assignment to treatment or control group
- Impact analysis at 18 and 60 months after youth enroll in the program

## Conduct a process analysis

- Review of program materials
- Phone conversations with project leadership
- Site visits at 6 and 24 months after enrollment began
- 36 month phone interviews
- Management Information Systems (MIS)



# Interaction with PROMISE programs

## **Mathematica → PROMISE programs**

- Provide evaluation technical assistance
- Share Process Analysis results

## **PROMISE programs → Mathematica**

- Survey coordination
- Administrative data collection

# Mathematica → PROMISE Programs

## ❑ Technical Assistance

- ❑ Random Assignment
  - ❑ Developed system and provided training
- ❑ Recruitment and Engagement
  - ❑ Webinars on recruitment and engagement strategies
  - ❑ Developed templates for intake paperwork, consent forms, FAQs
  - ❑ On-site training to program staff
  - ❑ Designated site liaisons to provide on-going TA as needed

# Mathematica → PROMISE Programs

## □ Process Analysis results

- Data collected from phone and in-person interviews, program observations, case file reviews, and MIS data
- TA needs
  - Reducing recruitment challenges (reviewing the intake process, expanding recruitment efforts, recruiting younger participants)
  - Engaging treatment group members in services
  - Improving data entry into RAS and MIS
  - Developing data sharing agreements with partner agencies

# PROMISE programs → Mathematica

- ❑ **Coordinated timing of surveys**
- ❑ **Provided updated contact information**
- ❑ **Provided state Vocational Rehabilitation and Medicaid Data**
- ❑ **Collected and shared program participation data in MIS**

# Concluding Thoughts

- ❑ Unique structure of grantee and evaluation funding could have created challenges to coordination**
- ❑ Mathematica TA efforts were developed in direct response to program needs**
- ❑ Sharing reports gave programs the opportunity to address evaluation fidelity concerns**

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*It pays to work!*



# History/Mission



- The Maryland Department of Disabilities was created in 2004
- Only cabinet level department in the United States representing all disabilities
- Charged with coordinating and improving the delivery of services to individuals with disabilities in Maryland
- The Department is informed by the Maryland Commission on Disabilities
- Changing Maryland for the better by promoting equality of **opportunity, access, and choice** for Marylanders with disabilities.

# Employment Focused:

MDOD collaborates with DLLR, DDA, DORS, MSDE, BHA and others around a number of employment related efforts. Some of which include:

- Disability Employment Awareness Month Executive Order
- Implementation of State Hiring Preference
- MD Equal Employment Opportunity Act 2016 eliminating subminimum wage
- Employment First
- Medicaid Buy In (EID), NTACTION, DEI, Workplace Learning, and more
- Maryland PROMISE





# What is Interagency Coordination and Collaboration?

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- ❖ Education, vocational rehabilitation and other key partners each have separate mandates to assist students to prepare for, obtain and keep employment.
- ❖ Successful coordination and collaboration is often seen when two or more agencies or partners have clearly identified roles and coordination efforts.
- ❖ Ensuring multiple partners (agencies) are on the "same page" i.e. consistent messaging and are working together to alleviate potential problems at the student level where the path to adult employment may be complicated.

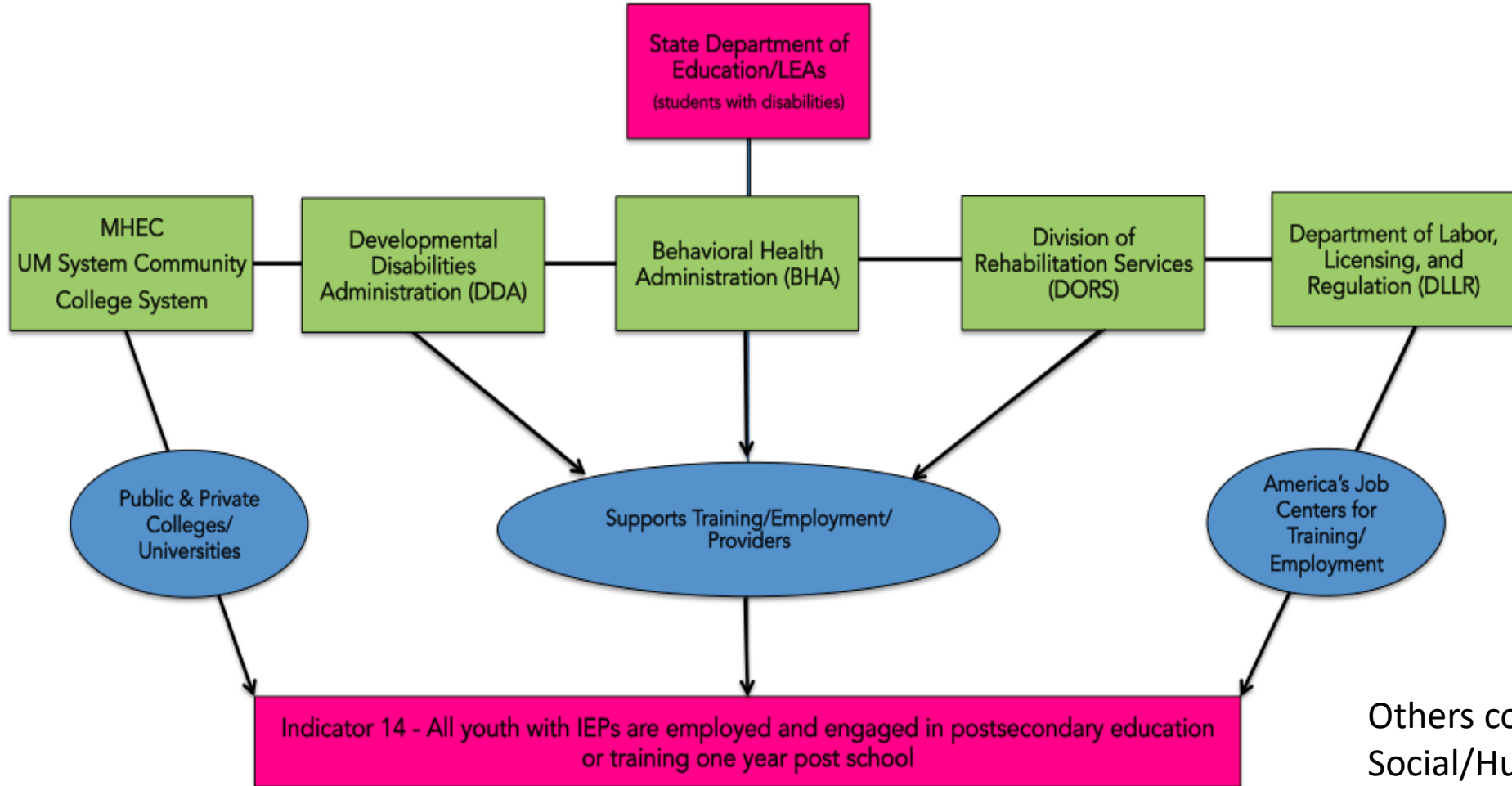
# Why is Collaboration Important?

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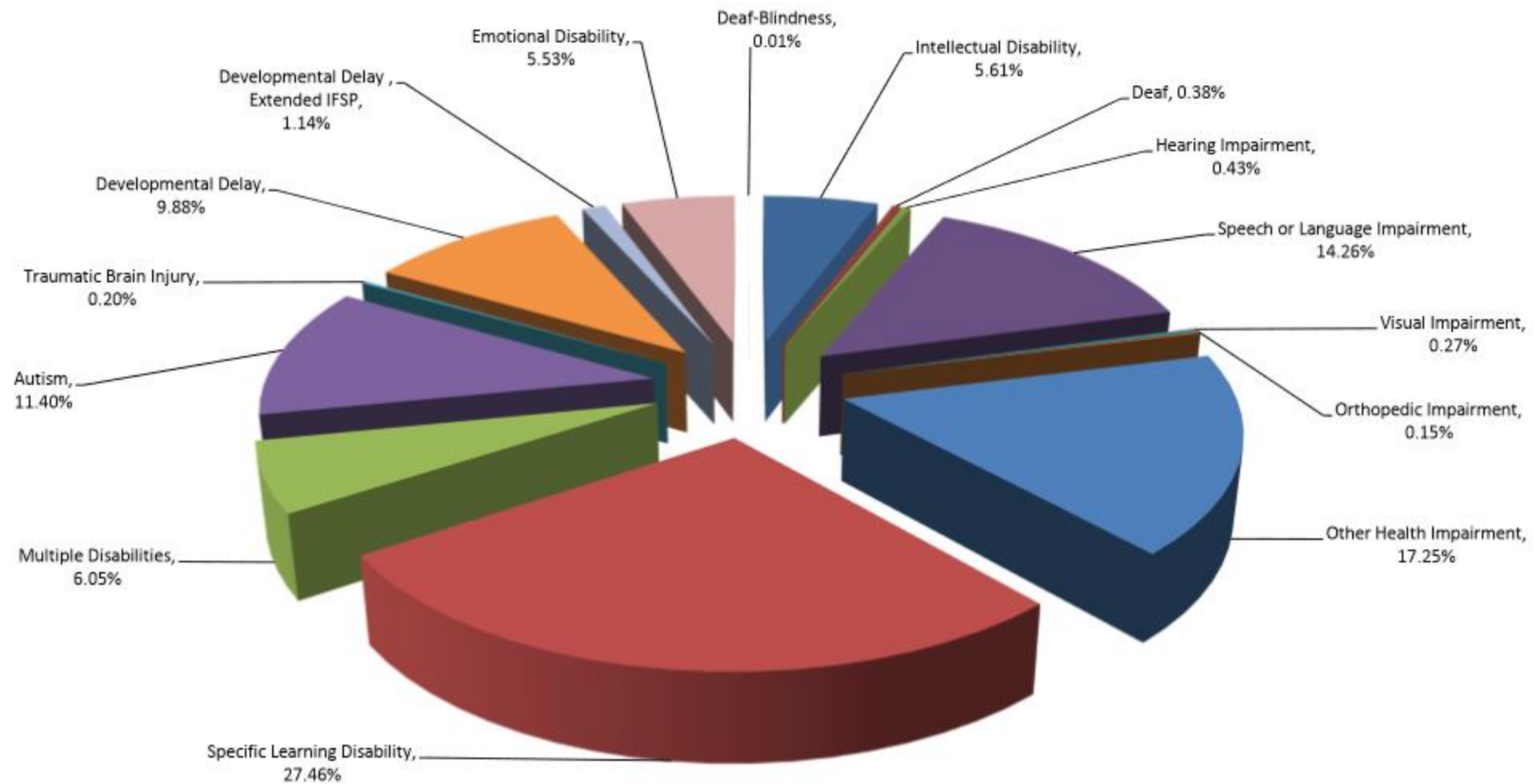
- Better understanding of partners limitations and requirements results in better policies and practices.
- Proactively able to identify and resolve issues and concerns in systemic manner vs addressing same issue over and over again on individual level.
- Maximizes use of limited resources and ensures consistent messaging.
- Fosters relationships that yield results.

**Improves processes/outcomes for youth and families.**

# Examples of Potential Partners for Transition Age Youth on IEPs



Others could include:  
Social/Human, Juvenile  
Services, Medicaid, and  
more



# PROMISE Demographics N=997

## Race/Ethnicity\*

20% White

54 % Black

5% Other

5% Hispanic

15% Unreported

## Disability \*\*

10% Autistic

5% Sensory Disabilities

26% ID & DD

6% Medical Disabilities

49% Mental Health/  
Behavioral Disabilities

4% Other

\* SSA categories

\*\* Luecking, R., Crane, K., Gingerich, J. (in press) *Intervention fidelity in a large-scale model demonstration project: Lessons from Maryland PROMISE*. Journal of Vocational Rehabilitation, special issue PROMISE

# Core Interventions: % of 997

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Coordinated Case Management/Family Plan 94%

Positive Personal Profile 87%

Individual Job Development Plan 87%

Work Experience 81%

Paid Work 73%

Benefits Counseling 81%

Financial Education 52%

# Perspectives

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## **Front line staff:**

The diverse needs of many youth with disabilities and their families, particularly those in poverty, can't be met by any one school, provider, community service agency or family.

Focused and committed efforts across the broad range of partners at the state, local and school level are essential to achieving positive outcomes.

## **State:**

Strong collaboration requires focused time, face to face and requires an ongoing commitment and engagement. It is difficult to measure, easy to be the first thing that gets dropped when faced with other pressing priorities, and reduction in funding/staffing at all levels have made it even more challenging. PROMISE provided the resources for this important activity to be a priority and for innovation to occur.

# PROMISE Fidelity Report as a Tool

Provided aggregate data directly from the intervention report (MIS) for both performance outcomes as well as accomplishment of the activities that in turn impacted the outcomes.

Assisted PROMISE leadership in comparing activity levels within fidelity interventions between regions and as a whole

- *at-a-glance*

Allowed PROMISE leadership to compare changes in outcomes over time

- Month-by-month and year-by-year

Aided the leadership team in identifying the need for training and technical assistance on how to collaborate, who to collaborate with, what to expect and the need for modelling/ facilitation of collaboration and coordination. Result was a cross partner event where regional/local partners defined processes for coordination and collaboration which in turn improved linkages to existing services and outcomes.



# PROMISE Fidelity Report

Region	Fidelity Component (n/%total enrolled)						
	Enrollment	Family Plans	Positive Personal Profile	Job Development Plan	Benefit Counseling	Unpaid Work Experience	Paid Work Experience
Baltimore	233	214 (92%)	194 (83%)	190 (82%)	185 (79%)	190 (82%)	180 (77%)
Eastern	150	143 (95%)	136 (91%)	137 (91%)	116 (77%)	121 (81%)	111 (74%)
Northern	194	180 (93%)	175 (90%)	177 (91%)	165 (85%)	165 (85%)	154 (79%)
Southern	158	145 (92%)	132 (84%)	132 (84%)	118 (75%)	117 (74%)	98 (62%)
Western	262	252 (96%)	227 (87%)	230 (88%)	227 (87%)	213 (81%)	181 (69%)
Total	997	934 (94%)	864 (87%)	866 (87%)	811 (81%)	806 (81%)	724 (73%)
Goals		100%	100%	100%	95%	80%	70%

# Fidelity Reports captured more then outcomes ie:

114	<b>Education Related Services</b>	
115	1) # and types of education service total	
116	2) # and types of education service per region	
117	Baltimore City	
118	Eastern Shore	
119	Northern MD	
120	Southern MD	
121	Western MD	
123	<b>Post-Secondary Education Linkage</b>	<b>25%</b>
124	1) # and types of education service total	
125	2) # and types of education service per region	
126	Baltimore City	
127	Eastern Shore	
128	Northern MD	
129	Southern MD	
130	Western MD	
131	<b>Linkages to Services</b>	<b>20%</b>
132	1) # and types of linkages total	
133	2) # and types of linkages per region	
134	Baltimore City	
135	Eastern Shore	
136	Northern MD	



# Digital Tracker in Development

To be required under ESSA and will include

- Signed Consent (uploaded)\*
- Demographic Data
- SSI/SSDI ---if known\*\*
- Exit Date/Type and  
Anticipated post school outcomes
- IEP date
- Unpaid/Paid Work: DORS, School, AJC, Other
- External Service Referrals:  
DORS, DDA, BHA, AJC, Other
- Data of referral, initiation date, Point of Contact
- Pre-ETS start date, type of services,
- VR Application, Date of Determination, Date of IPE, start date
- Point of Exit/Indicator 14 data: External Service Linkage and type, postsecondary, military, employment

# How Collaboration Impacts/Improves Outcomes

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Ensures consistent messaging across partners that results in more consistent messaging to families and youth instead of mixed messages, particularly about work as an outcome.

***Everyone can work with the right supports and services!***

Improves quality of transition planning, makes a confusing process less so which better serves families and youth.

Ensures activities provided through schools, DORS, and others build on and complement one another.

Streamlines processes, can reduce paperwork for youth, families and partners.

Can allow for more effective use of limited resources and can aid multiple partners in meeting their required outcomes such as Indicator 14.

Stimulates innovation and replication.



# promISE

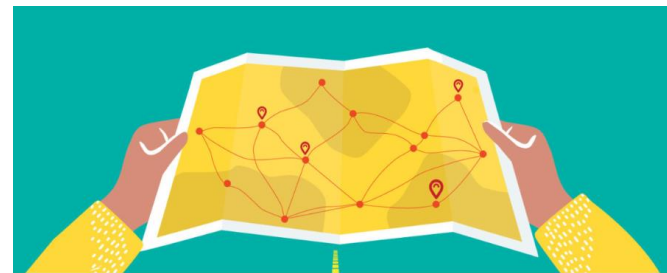
WISCONSIN



**Innovation,  
Collaboration and  
Independence**

# Connecting Youth Receiving SSI and their Families to Services and Supports

- Medicaid
  - Healthcare, Long Term Care, Mental Health
- School
  - Academic Career Plans, Individual Education Programs (IEPs), Post-Secondary Transition Plans (PTPs)
- Workforce Support
  - Division of Vocational Rehabilitation (DVR)
    - Individual Plan for Employment (IPE)
  - Youth Apprenticeships
  - Employment and Training Programs at Job Centers
- Child Welfare
  - Independent Living Centers
- Wisconsin Works (W2)
  - Transitional Jobs Programs



# Importance Interagency Collaboration

- Wisconsin Interagency Agreement – 2010
  - Division of Vocational Rehabilitation
  - Department of Public Instruction
  - Department of Health Services
  - [https://dwd.wisconsin.gov/dvr/pdf\\_files/dpi\\_interagency\\_agreement.pdf](https://dwd.wisconsin.gov/dvr/pdf_files/dpi_interagency_agreement.pdf)
- Transition Action Guide:
  - [https://dwd.wisconsin.gov/dvr/pdf\\_files/tag.pdf](https://dwd.wisconsin.gov/dvr/pdf_files/tag.pdf)
  - [https://dwd.wisconsin.gov/dvr/pdf\\_files/tag\\_short\\_version.pdf](https://dwd.wisconsin.gov/dvr/pdf_files/tag_short_version.pdf)
  - <https://dwd.wisconsin.gov/dvr/tran.htm>
- Let's Get to Work (school/DVR collaboration)
- Wisconsin Promise (built on earlier collaboration to make services more accessible for teenagers receiving SSI and their families)

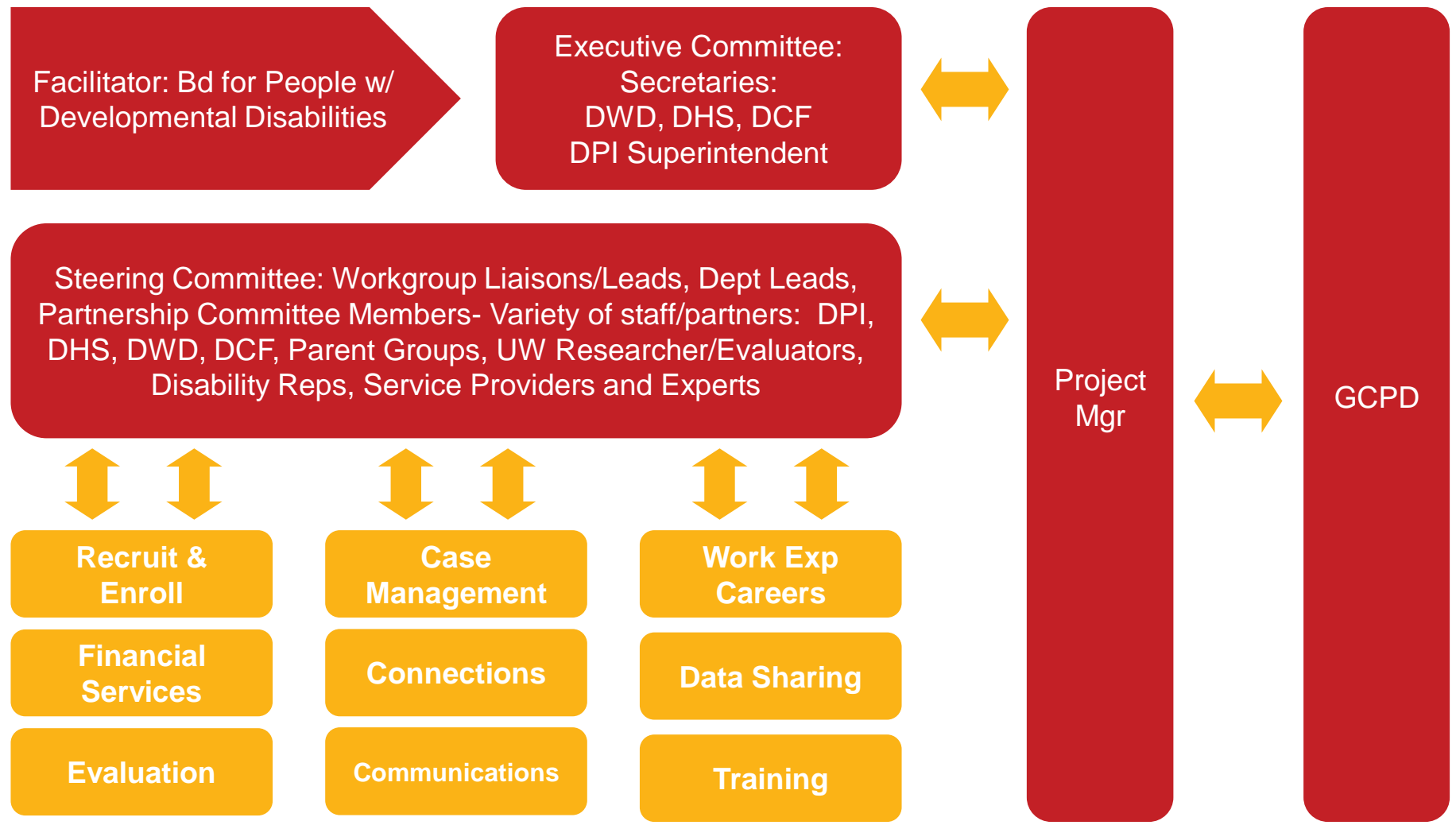


# Identify and Connect

- Poverty and Disability
  - Employment and Income
- Youth receiving Supplemental Security Income (SSI)
  - Social Security Disability Determination
  - Family Income Deemed Low Enough
- Early Intervention – Youth
  - Workforce Innovation and Opportunity Act (WIOA)
    - Pre-Employment Transition Services
  - College and Career Ready Individual Education Programs (IEPs)
    - Post-secondary Transition Plans (PTPs)
  - Children’s Long Term Care Services
    - Think Possible!
    - <https://www.dhs.wisconsin.gov/children/think-possible.htm>



# Wisconsin Promise Structure





# Recruitment and Enrollment

- Direct Mailings (added postcards)
- Informational Materials (brochures, one pagers), Consent, Intake
- DWD/DHS/DPI/DCF and other partners spread the word
- Media Campaign
- Social Media Campaign
- Website
- Promise Intake Coordinators (PICs)
  - Family Training and Parent Engagement Centers
- Promise Intake Attendant (toll free number)
- Tracked progress and gathered feedback
- Added more direct contacts via phone calls, texts, knocking on doors
  - Community Connectors, Our Next Generation



# Coordination of State Partner Outreach Efforts

- **Department of Workforce Development (DWD)**
  - DVR counselors, DVR START Team, Business Services Consultants, WIA & WIA Youth, Job Centers, and others.
- **Department of Public Instruction (DPI)**
  - Transition Improvement Grant (TIG), superintendents, special education directors, school nurses, occupational therapists, physical therapists, speech & language therapists, guidance counselors, social workers, school psychologists, and others.
  - Additional family and parent-specific outreach efforts include: Wisconsin FACETS and WSPEI.
- **Department of Health Services (DHS)**
  - Long-Term Care including CLTS Waivers, ADRCs (need to send out to local contacts), Family Care, IRIS, Legacy waivers; Area Administration; Medicaid and Income Maintenance (need assistance in making contact); local long-term care contacts including county waiver agencies and Wisconsin Compass: Threshold and Care4Kids; mental health partners including statewide IPS and CPS expansion efforts and Wraparound Milwaukee; Independent Living Centers, CYSHCN, and others.
- **Department of Children and Families (DCF):**
  - W2, Foster Care, Child Welfare



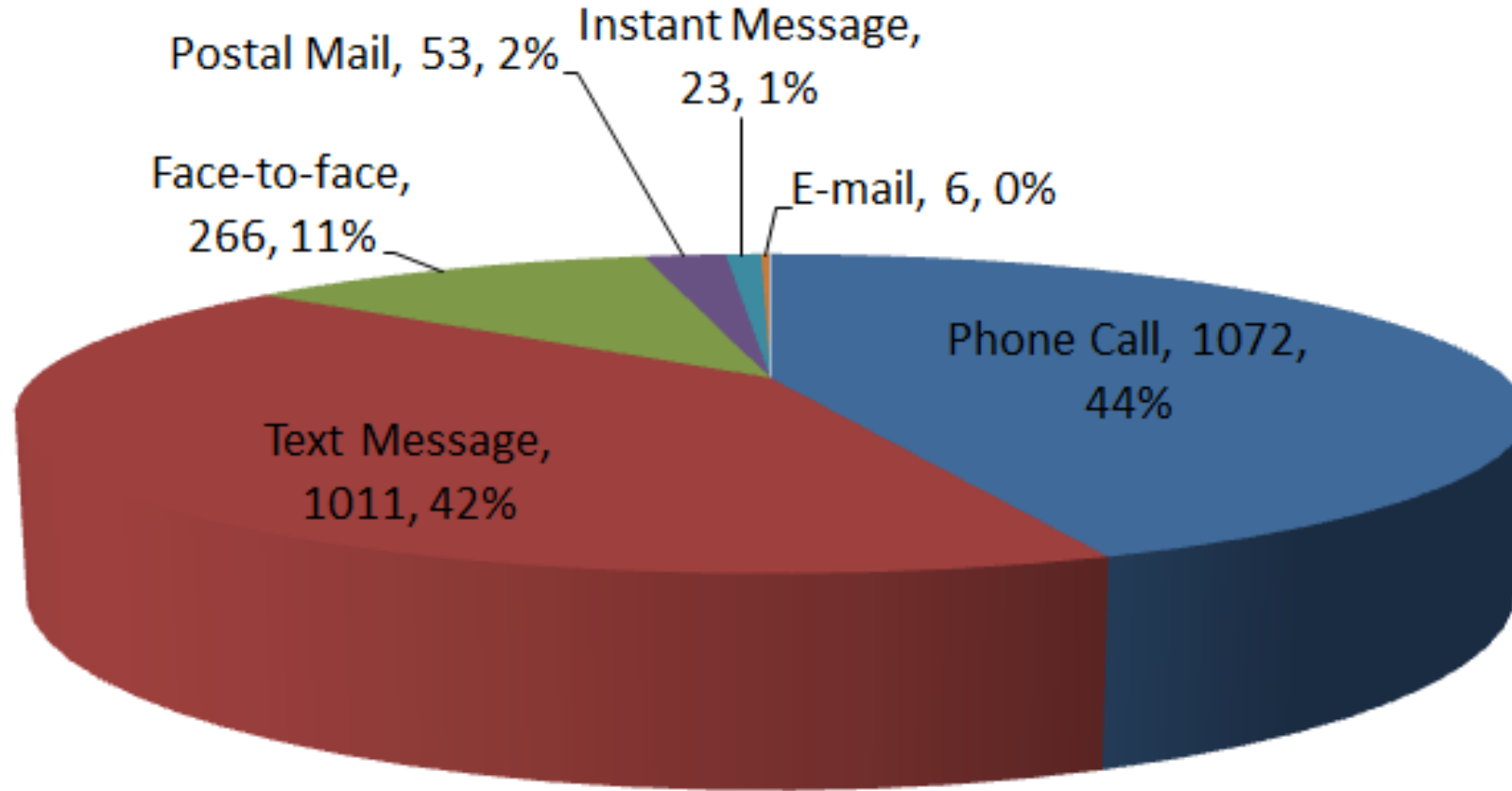


# Federal Support for Recruitment and Enrollment

- **Department of Education**
  - Progress Measures
- **Mathematica**
  - Random Assignment System
  - Recruitment and Enrollment Manuals and Technical Assistance
- **Social Security Administration**
  - List of eligible youth; including contact information
- **Other PROMISE States and AUCD**
  - Shared strategies; Moral support



# April 2016 Contacts by Type



Picture of a pie graph showing the mode of contact that recruiters used in the month of April 2016. Recruiters made 1,072 phone calls (44%), 1,011 text messages (42%), 266 door knocks (11%), 53 follow-up mailings (2%), 23 instant messages (1%), and 6 e-mails (less than 1%).



# Enrollment Demographics

(2024 Total Enrolled; 853 Milwaukee)

- Primary Disability Type
  - Mental Health/Behavioral: 34%
  - Intellectual/Developmental: 30%
  - Other: 25%
- Race/Ethnicity:
  - African American: 49% (78% in Milwaukee)
  - White: 36% (8% in Milwaukee)
  - Hispanic: 10% (11% in Milwaukee)
  - Primary English Speaking: 95% (92% in Milwaukee)
- Gender: Male: 67%





# Enrollment Demographics

**(2024 Total Enrolled; 853 Milwaukee)**

- Family Households
  - Most single-parent households: 66% (77% in Milwaukee)
  - Most low income
    - 33% <\$10K a year (40% in Milwaukee)
    - 37% between \$10K and \$25K (35% in Milwaukee)
- Overall Health Status
  - Most reported good health: 85%
- IEP at Enrollment: 84%
- Children's Long Term Services (CLTS): 10%
- Families reported
  - Food Share: 67%
  - Other household members receiving Social Security Disability Insurance (SSDI): 60%
  - Other household members receiving SSI: 22%
  - 12 percent reported housing assistance: 12%
  - Wisconsin Works (W2): 4%







# I Enrolled in Promise Because...

(Reported by Youth)

- ❖ It will help me be a better me.
- ❖ I felt it was a good fit for me and I could use the training and help because my mom can only help so much and its not the same when mom helps me and because of my disabilities it would be hard for me to sometimes meet a jobs expectations and they would fire me and I would go through a lot of jobs. I feel Promise can help me with all of that.
- ❖ I was looking for help to achieve my goals in life and my parents needed some guidance.



# I Enrolled in Promise Because...

(Reported by Family Members)

- ❖ To help my son find a job/career that he likes and can sustain him financially throughout his life...and help him become more social...and learn how to interview well...what steps he needs to take to become independent...financial / budget money...
- ❖ I need help finding a job.
- ❖ My son has a chance to overcome his disabilities and really be someone. With the right mentor, there is hope. He is unique. There are many unique people like him, that end up on the streets because they need someone to watch over them, but have the ability to function highly under the right circumstances.
- ❖ Promise believes in my youth's future.

# Wisconsin PROMISE

- Enrolled 2,024 youth ages 14, 15, and 16 receiving Supplemental Security Income (SSI) and their families
  - Half received services as usual
  - Half received **Wisconsin Promise Services** through **DVR** with interagency Resource Teams for at least 2.5 years
    - Employment Services (at least one paid job)
    - Work Incentives Benefits Counseling
    - Financial Coaching
    - On the Job Social Skills Training
    - Family and self-advocacy training
    - Health Promotion
  - Interagency Resource Teams included youth, family, DVR, school, **long term care**, mental health, foster care, juvenile justice, etc.

# DVR Promise Staffing



Case Coordinators

VR Counselors

Picture of a Wisconsin map showing where the Wisconsin Promise DVR Counselors and Coordinators are located. Promise DVR Counselors: There are 2 in Racine, 7 in Milwaukee, 1 in Janesville, 2 in Madison, 1 in the Fox Valley, 1 in Green Bay, 1 in Eau Claire, 1 in La Crosse, 1 in North Central/West Wisconsin. Promise DVR Case Coordinators: 3 in the southeast, and 2 covering the rest of the state.



# Wisconsin PROMISE Service Rates

- 914 youth with any service
- 889 Individual Plans for Employment (IPE) Written
- 884 Family Resource Teams Identified
- 487 Family Services Plans Written for 652 Family Members
  - 109 Family members with regular DVR case
- 713 Promise youth with employment services
- 594 Promise Families met with a Family Advocate
  - 414 completed Family Advocacy modules
- 576 Promise Families met with a Financial Coach (Make Your Money Talk)
  - 377 had a savings accounts
- 535 met with Work Incentives Benefits Specialist
- 532 completed Social Skills Training (Skills to Pay Bills)
- 476 completed the Self-Advocacy Modules
- 351 completed Health Promotion



# Employment Outcomes

- Percent employed during the PROMISE service period: April 2014 to September 2018 (based on percent with employer reported wages in Wisconsin's Unemployment Insurance, UI)
  - Control with no DVR case - 51%
  - Control - 57%
  - Treatment - 67%
- *\*Of Note: 78 (8%) Promise Youth Earned Substantial Gainful Activity*
- Percent enrolled in Long Term Care (LTC) and Employed during service period:
  - Control:  $79/183 = 43\%$
  - Treatment:  $125/220 = 57\%$ 
    - Employment rates were higher for treatment youth who had a LTC Case Manager identified on their PROMISE Resource Team:  
 $40/56 = 71\%$

# Evaluation Collaboration

- Federal Evaluation: Mathematica (contract with SSA)
- State Formative Evaluation: State Specific (grants from DOE)
  
- Common Treatment Elements
  - Implementation Flexibility
- Consistency of data/measurement?
  - Mathematica surveys, SSA data, vocational rehabilitation data, Medicaid data
  - State project data: Project Measurement Flexibility
  
- Federal/State Collaboration
- State/State Collaboration
- AUCD (TA grant from DOE): Qualitative study of Lessons Learned

# Interagency Lessons Learned

- Ensuring to continue to connect to SSI youth and families to education, employment, and financial services and supports
  - Employment Focused
  - Strength-Based/Empowerment (Person Centered, Rapid Engagement, Motivational Interviewing, Trauma Informed Care)
  - SSA Navigation
- Inter-agency Data Sharing
- Improve Service Delivery and Accessibility for SSI youth and family members
  - Providing services where youth are at (including in schools)
  - Collaboration across plans IEP to IPE to (if needed) Long Term Care
  - Customized Employment and Supported Employment (including Systematic Instruction) Capacity Building
- Community Conversations: Empowering Local Communities



# COMPETITIVE INTEGRATED EMPLOYMENT

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## WISCONSIN ACT 178 BACKGROUND

- Signed into law March 28, 2018
- Develop a system to collect and analyze common participant data
- Set statewide benchmarks and evaluate progress:
- Identify and use promising evidence-based employment practices for systems change and collaboration in partner service delivery systems
- Wisconsin CIE Website: <https://dwd.wisconsin.gov/dvr/cie/>

# PERFORMANCE IMPROVEMENT STRATEGY HIGHLIGHTS

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- Collaborate to implement the Pay for Performance Initiative for members and participants enrolled in adult long-term care programs to increase rates of CIE
- Create efficiencies within the DVR referral system to streamline referrals of potential consumers to DVR in collaboration with DHS and train staff from both DHS and DVR on the updated DVR referral system
- Add mechanism for youth, adult, and family voice and input into CIE planning to ensure outreach materials are consumer friendly and service systems are consumer driven

# PERFORMANCE IMPROVEMENT STRATEGY HIGHLIGHTS CONTINUED

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- Develop and carry out a strong plan for professional, cross-agency development that includes both in-person training and technical assistance, including online resources
  - Joint trainings to address provider capacity and best practices
  - DVR-led Service Provider Capacity Workgroup
- Showcase schools and programs that are effective in connecting students to early work experiences through local school districts and DVR

# Concluding Thoughts

- Ensuring youth on SSI engage in IEPs and how to connect with youth on SSI without IEPs
- Expanding collaboration beyond disability partners i.e. social services and recognizing disability partners can't do it all (at least in some states)
- Shifting from service based measures to outcome based measures.
- Measuring and recognizing value of time spent collaborating
- PROMISE allowed for variance across differing state systems and collaboration between the research/evaluators and the project staff. More research efforts need to be approached in such a manner.
- Federal partners reinforcing more strongly provision of data from state partners would be helpful.

# Questions?

# For more information

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# Impact Findings

- Each program increased treatment group youth's receipt of transition services**
- Each program increased youth's paid employment**
  - Some programs increased youth's earnings in the past year**
- Each program increased receipt of support services by youth's family**
- Interim impact report**