Center for STUDYING DISABILITY POLICY

Promoting Readiness of Minors in SSI (PROMISE) Evaluation Design Report

June 24, 2014

Thomas Fraker
Erik Carter
Todd Honeycutt
Jacqueline Kauff
Gina Livermore
Arif Mamun

MATHEMATICA Policy Research

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Social Security Administration
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6401 Security Blvd, 3-C-25D Operations
Baltimore, MD 21235
Project Officer: Jeffrey Hemmeter

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: Thomas Fraker

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ACRONYMS AND ABBREVIATIONS

ASPIRE	Achieving Success by Promoting Readiness for Education and Employment
CaPROMISE	California PROMISE
CSC	Career Service Coordinator
DHHS	U.S. Department of Health and Human Services
DOL	U.S. Department of Labor
ED	U.S. Department of Education
IRS	Internal Revenue Service
ITT	Intent to treat
LEA	Local Education Agency
MDI	Minimum detectable impact
MEF	Master Earnings File
MIS	Management information system
NYS PROMISE	New York State PROMISE
PROMISE	Promoting Readiness of Minors in Supplemental Security Income (SSI)
RAS	Random assignment system
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSN	Social Security number
SSI	Supplemental Security Income
TA	Technical assistance
TANF	Temporary Assistance for Needy Families
VR	Vocational Rehabilitation
WIA	Workforce Investment Act
YTD	Youth Transition Demonstration

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I. INTRODUCTION TO PROMISE

PROMISE—Promoting Readiness of Minors in Supplemental Security Income (SSI)—is 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 outcomes of youth ages 14 through 16 with disabilities who receive SSI and their families. Broadly, the objectives of PROMISE are to (1) provide states with funding to design and implement demonstration programs that have the potential for transforming the lives of SSI youth and their families through making better use of existing resources, improving coordination among state agencies and local service providers, and achieving better outcomes for SSI youth and their families; (2) provide rigorous evaluation findings to inform policy decisions; and (3) generate knowledge regarding program delivery and outcomes. ED is responsible for program implementation, including awarding cooperative agreements to states for demonstration programs and monitoring their performance. SSA is responsible for evaluating the demonstration programs and to that end awarded a contract to Mathematica Policy Research in September 2013 to conduct the nine-year national evaluation of PROMISE. DHHS and DOL have supporting roles in the initiative.

A. The Policy Importance of the PROMISE Initiative

The number of children with disabilities who receive SSI payments has been growing rapidly, creating concerns about both the current cost of those payments and the long-term cost of future payments if many of those children continue to receive SSI as adults. In December 2012, slightly more than eight million individuals received SSI payments totaling just under $4.6 billion. Children under age 18 accounted for 1.3 million of those recipients and $858 million of the payments (SSA 2014). The number of child SSI recipients has grown by 55 percent since December 2000. This exceeds the growth rates for adults ages 18 to 64 (30 percent) and adults ages 65 and older (4 percent). Consequently, the share of all SSI recipients who are children increased from 12.8 percent in December 2000 to 15.9 percent in December 2012 (SSA 2013).

The child SSI program is an important pathway to the adult SSI program. Upon reaching age 18, child SSI recipients who want to continue receiving disability assistance must undergo eligibility determination under the adult rules. Although the eligibility rules for adults are more stringent than those for children, approximately 60 percent of child SSI recipients go on to receive SSI as adults (Hemmeter and Gilby 2009). Thus, the rapid growth in the child SSI program has likely contributed to growth in the adult program and in total SSI program costs.

In recent years, the federal government has undertaken two major initiatives to test strategies for stemming the flow of youth from the child SSI program to the adult program. The first of these, SSA's Youth Transition Demonstration (YTD), began in 2005. This initiative targeted youth ages 14 through 25 who were receiving SSI or were at high risk of doing so in the future. Interim results from a random assignment evaluation of six YTD projects show that three of them were successful at increasing the employment of youth with disabilities during their initial year in the study (Fraker 2013). Impacts on the receipt of SSI at that early point were not anticipated and none were found. Final results from the evaluation, focusing on impacts three years after enrollment, are anticipated in fall 2014.

PROMISE is the second recent federal initiative targeting children who are receiving SSI. Although it has elements in common with YTD, including a sharp focus on providing youth with

paid work experience and a rigorous random assignment evaluation design, it differs from the earlier intervention in at least four respects. First, the PROMISE programs are housed in state social service agencies, whereas the YTD projects were housed in universities and private, nonprofit service providers. Second, PROMISE seeks to improve the coordination of services for youth with disabilities across multiple state agencies and local service providers within each participating state, whereas the YTD projects generally focused their interactions with state agencies and other service providers on referrals of participants for financial assistance and services. Third, PROMISE targets not just youth, as was the case with YTD, but also their families. Finally, PROMISE is a larger intervention that will deliver services to over 6,000 youth, whereas the YTD projects served a total of approximately 2,600 youth.

The development of programs and policies to improve education and employment outcomes for child SSI recipients and reduce their dependency on SSI as adults is a high priority for ED, SSA, and the other federal partners in the PROMISE initiative. For SSA in particular, the rapid growth in overall SSI recipients and payments, driven (as documented above) in significant measure by an increasing flow of youth from the child SSI program to the adult program, creates a need for creative, effective, large-scale, and sustainable approaches to promoting employment and self-sufficiency among youth with disabilities. Thus, the successful implementation of the PROMISE programs and their attainment of positive impacts on outcomes in the areas of education, employment, and reduced dependency on SSI are of great policy importance.

B. Lessons from Recent Research

The relatively poor outcomes of child SSI recipients before and after age 18 provide some indication of the challenges they face in moving to adulthood. Nearly one-third of child SSI recipients drop out of high school before reaching age 18, and 43 percent have problems in school that result in suspension or expulsion (Hemmeter et al. 2009). Compared with other young adults, after age 18, former child SSI recipients are substantially more likely to be inactive in employment, school, or service programs; have substantially higher rates of arrests; and have higher dropout rates (Loprest and Wittenburg 2007; Wittenburg and Loprest 2007; Wittenburg 2011).

Interventions to support transition-age SSI recipients must account for their diverse demographic and impairment characteristics, particularly for those who are nearing the age 18 redetermination. For example, most child SSI recipients who were redetermined to be SSI-eligible at age 18 were male, had been on the program since age twelve, and were not working at age 17 (Hemmeter and Gilby 2009). Additionally, most had non-physical impairments, such as intellectual disabilities, other mental disorders (for example, attention deficit disorder), and psychiatric impairments. The experiences of child SSI recipients following the age-18 redetermination further underscores the diversity of the population's health and employment outcomes in young adulthood. Approximately two-thirds of former child SSI recipients remain eligible for SSI following the age-18 redetermination, although redetermination rates vary substantially by individual characteristics (Hemmeter and Gilby 2009). Hemmeter et al. (2009) find that the majority of those who were off SSI at age 19 were employed, but only a small minority had earnings that were sufficient to replace their child SSI payments. Conversely, relatively few of those who remained on SSI had any earnings, which might limit their future prospects for moving off of SSI in the long-term. Additionally, Hemmeter (2011) showed that young adults who had exited SSI were more likely to have unmet needs for health care than those who remained on SSI, with access to care and health insurance coverage (either Medicaid or non-Medicaid), accounting for much of the difference between the two groups.

Many of the challenges faced by SSI youth are experienced more generally by youth with disabilities. Nearly every available portrait of youth with disabilities indicates that important career, college, and community experiences remain elusive for many (Bouck 2012; Carter et al. 2012a; Grigal et al. 2011; Roux et al. 2013; Shattuck et al., 2012; Simonsen and Neubert 2013). One nationally representative study of special education graduates found that less than 40 percent of young adults with autism, intellectual disability, orthopedic impairments, or multiple disabilities were employed eight years after leaving high school (Newman et al. 2011). Data from the American Community Survey show that only 16 percent of young adults (ages 22 to 30) with a cognitive disability who receive SSI are employed, and that most work fewer hours and earn substantially less than their peers with disabilities who do not receive SSI as well as their peers without disabilities (Sulewski et al. 2012). Almost 25 years after the introduction of federally mandated transition services, access to high-quality employment experiences remains an enduring concern. The poor outcomes of youth with disabilities, particularly those who receive SSI, suggest the need for innovation in the service systems charged with helping young people with disabilities transition successfully to adulthood. Such changes could address the important factors that influence adult outcomes, such as youth and family goals and expectations, access to work-based experiences, public services and supports, and community resources and other characteristics.

Most transition-age youth with disabilities have goals that include participation in the workforce (Carter et al. 2014; Rehmn et al. 2012; Shogren and Plotner 2012). But many face significant employment barriers (Luecking and Wittenburg 2009; Quest et al. 2012; Trainor et al. 2011). Young people who receive SSI and their families must weigh their continued eligibility for supports (such as cash assistance, health insurance, and other public benefits) against the pursuit of employment, further education, and other post-school endeavors that could affect their earnings and eligibility for SSI and other public programs. Transition-age youth with disabilities also express uncertainty about the availability of needed supports and services beyond high school. The employment success of these youth is highly variable and is affected by myriad student-related factors. For example, youth with extensive support needs, greater cognitive impairment, challenging behavior disorders, and/or social skill deficits all encounter greater barriers to employment (Carter et al. 2012a; Roux et al. 2013). Other factors—such as gender and race/ethnicity—are also associated with differential employment outcomes (Newman et al. 2011).

The fragmented service delivery system represents another major challenge in promoting employment and education outcomes for child SSI recipients and other youth with disabilities. This fragmentation leads to inefficiencies in service delivery, duplicated expenditures, and conflicting incentives. For example, to obtain necessary supports, parents might need to visit several different local, state, and federal agencies, each of which has its own eligibility rules and administrative oversight (Osgood et al. 2010). Additionally, access to early work experience is among the most consistent predictors of post-school employment (Carter et al. 2012a; Simonson and Neubert 2012; Test et al. 2009), but such experiences are especially rare for adolescents with disabilities (Carter et al. 2011a). For example, less than 9 percent of youth with cognitive disabilities (ages 16 to 21) who receive SSI are employed (Sulewski et al. 2012). Furthermore, large numbers of youth are not accessing career development learning and experiential activities available through their schools and communities (Carter et al. 2010a, 2010b). Research also affirms the necessity of engaging other formal services in tandem with schools as part of collaborative efforts to change the employment landscape (Luecking and Wittenburg 2009; Luecking and Luecking in press; Noonan et al. 2013).

There is evidence from the broader literature that families also play a key role in shaping employment outcomes. A growing majority of parents and caregivers expect their sons and

daughters with disabilities to eventually work—and their high expectations for future work are strongly predictive of adult employment outcomes (Carter et al. 2012a; Doren et al. 2012). To raise these expectations further, it is necessary to understand and address the concerns and issues faced by parents (Blacher et al. 2010; Timmons et al. 2011). Families consistently report encountering difficulties understanding and navigating multiple service systems and programs (Carter et al. 2012b; Francis et al. 2014). Yet families can be critical allies and advocates in promoting career development, access to early work experiences, and job-related supports (Carter et al. 2012; Wandry and Pleet 2012). Engaging families actively in intervention efforts is considered a core element of recommended practice (Landmark et al. 2013; National Collaborative on Workforce and Disability for Youth 2009; Test et al. 2014). Collectively, existing studies suggest that efforts to equip, support, and raise expectations among families hold particular promise for improving the employment outcomes of youth with disabilities.

Community-related differences in services and socio-economic conditions may also affect employment outcomes. Employment opportunities and outcomes are highly variable from one community, state, and region to the next (Butterworth et al. 2012; Honeycutt et al. 2013). This variation may be due to a variety of factors, including the availability of relevant services and supports, the quality of the public education system, the local economy, and cultural factors. Even within particular communities, poverty can differentially affect work opportunities and youth outcomes (Hughes and Avoke 2010; Karpur et al. in press). One in four children with disabilities lives in a family with income below the poverty level (Parish et al. 2010), and about one in three families with children on SSI have incomes below the federal poverty level (Bailey and Hemmeter 2014). Thus, particular attention should focus on families living in high-need and under-resourced communities.

The recent literature affirms that interventions can influence the outcomes of youth with disabilities. Numerous descriptive studies point to an array of malleable factors associated with better youth employment outcomes (Test et al. 2009). An increasing number of smaller-scale intervention evaluations have identified effective avenues for increasing youth employment (Balcazar et al. 2012; Carter et al. 2009, 2011b; Wehman et al. 2014). Rigorous studies of YTD found that providing work-based experiences and system linkages, and promoting youth empowerment and family involvement can significantly improve short-term employment outcomes (Fraker 2013; Hemmeter 2014). To date, however, few large-scale randomized studies have been conducted with a focus on improving youth employment outcomes (Carter et al. 2013). Moreover, most prior studies are limited by a narrow measurement approach, regional participant samples, and an exclusive focus on short-term evaluations of impact.

The programs funded under the PROMISE initiative are intended to address these and other critical issues facing service systems charged with serving youth with disabilities. By intervening early in the lives of these young people, the programs will engage the youth and their families well before age 18 when the SSI medical eligibility redetermination is upon them. Required partnerships among the multiple agencies serving youth with disabilities should produce improved service integration and facilitate handoffs as youth transition from one system to the next. Finally, by requiring the programs to engage families and provide youth with paid work experiences, the initiative is mandating the adoption of critical best practices in promoting successful youth transitions.

C. Core Components of PROMISE Programs

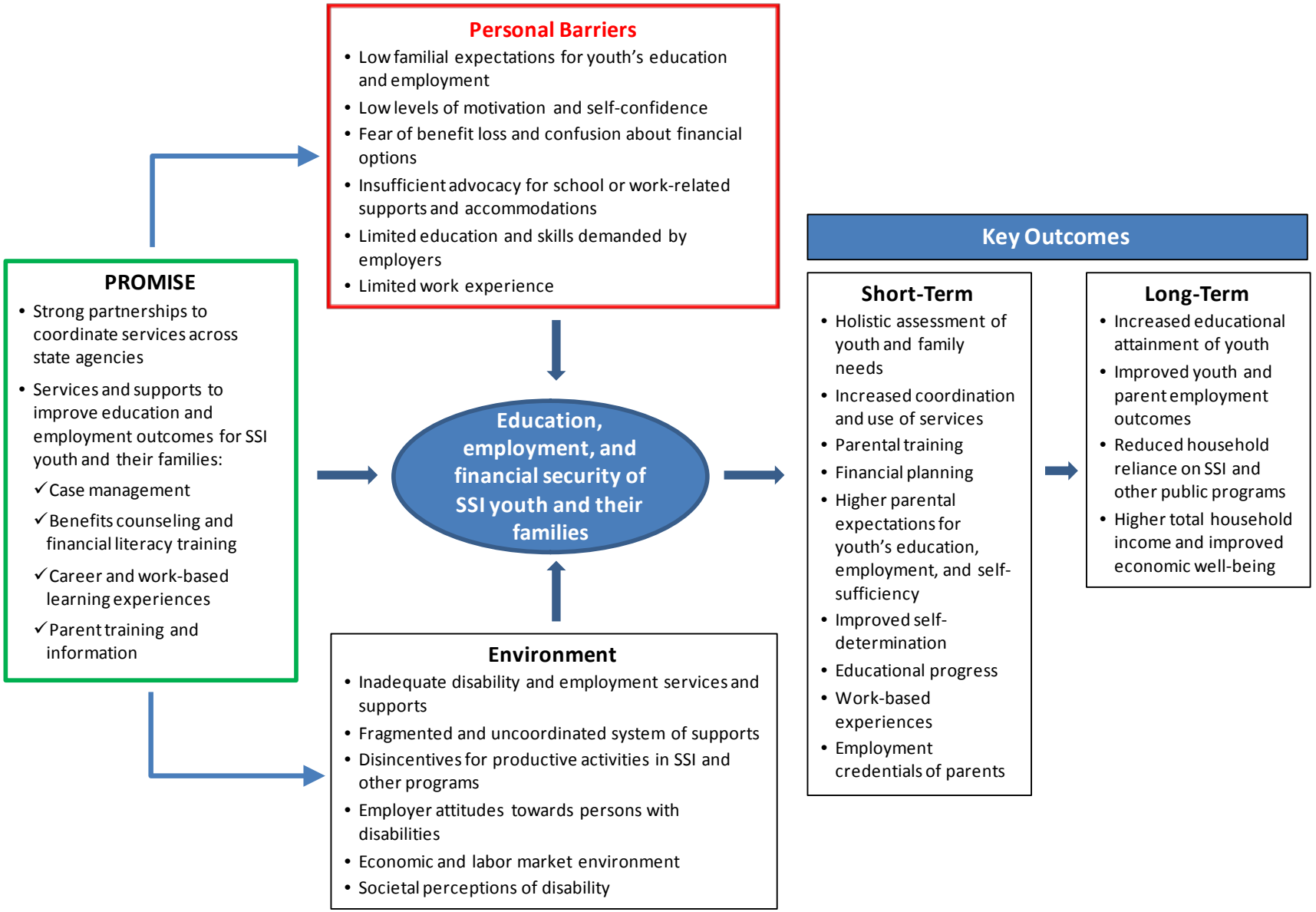
The federal sponsors of the PROMISE initiative expected that the programs would draw on their experience working with the target population and on evidence of best practices to identify

innovative methods of providing services to improve the economic self-sufficiency of child SSI recipients and their families. Based on their review of the literature, input provided by the public, and consultation with subject-matter experts, the sponsors postulated that effective partnerships among agencies responsible for providing services to SSI youth and their families and an individual- and family-centered approach to case management and service delivery would increase the likelihood of success for the PROMISE programs. They also identified a set of services that had the capacity to achieve the desired results, and thus required that the PROMISE programs include the following core components:

- **Formal agency-level partnerships.** At a minimum, the partners in a PROMISE program must include the state agencies responsible for administering programs that provide the following services: State Vocational Rehabilitation (VR) services under Title I of the Rehabilitation Act, special education and related services under Part B of the Individuals with Disabilities Education Act, workforce development services under Title I of the Workforce Investment Act (WIA), Medicaid services under Title XIX of the Social Security Act, Temporary Assistance for Needy Families (TANF) under the Personal Responsibility and Work Opportunity Reconciliation Act, developmental/intellectual disabilities services, and mental health services.
- **Case management.** The programs must provide case management to ensure that PROMISE services for program participants are appropriately planned and coordinated and to assist participants in navigating the broader service delivery system. In addition to service coordination, case management must include transition planning to assist participating youth in setting post-school goals and to facilitate their transition to appropriate post-school services.
- **Benefits counseling and financial literacy training.** The PROMISE programs must provide counseling for youth participants and their families on SSA work incentives, eligibility requirements of various programs, and rules governing earnings and assets. The programs are also required to provide training on financial literacy.
- **Career and work-based learning experiences.** The programs must ensure that participating youth have at least one paid work experience in an integrated setting while they are in high school. In addition, other work-based experiences must be provided in integrated settings, such as volunteer activities, internships, workplace tours, and on-the-job training.
- **Parent training and information.** At a minimum, the PROMISE programs must provide information and training to the families of youth participants with respect to (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.

Figure I.1 shows the conceptual framework underlying PROMISE. The core PROMISE components are in the far left box. These are intended to address a set of personal barriers shown in the red box at the top of the figure (for example, low familial expectations regarding education and employment, fear of benefit loss, and limited education and skills). These personal barriers and the mitigating effects of the PROMISE innovations on them affect the education, employment, and financial security of SSI youth and their families, depicted in the center oval. PROMISE services are

Figure I.1. PROMISE Conceptual Framework



also intended to address some of the environmental factors, depicted in the lowermost box, that are important determinants of the education, employment, and financial outcomes of SSI youth and their families, including inadequate services, limited service coordination, and perceptions of disability. PROMISE services are intended to affect a variety of short- and long-term outcomes listed in the two boxes on the right side of the figure. We discuss these outcomes further in Section E, below.

D. The PROMISE Programs

On September 30, 2013, ED announced the award of $211 million over five years to five individual states and one consortium of six states to design and implement PROMISE demonstration programs. These awards are in the form of cooperative agreements that entail an ongoing working relationship between the funding agency and the awardees to achieve the program objectives. The awardees are all individual state agencies that formed partnerships with other agencies for the purpose of implementing PROMISE. They were selected through a competitive process that included publication of a request for applications in the May 21, 2013, Federal Register (http://www.gpo.gov/fdsys/pkg/FR-2013-05-21/pdf/2013-12083.pdf), preparation and submission of applications by state agencies, and review of the applications by a panel of external peers convened by ED. The lead agencies, participating states, PROMISE program names, and award amounts are shown in Table I.1.

Each of the PROMISE programs has the required core components described in the previous section. Although the federal sponsors of the initiative specified these core components, they did not prescribe details of how they would be implemented; rather, each awardee proposed its own approach to each component and developed its own program logic model as part of its application. Each awardee was also free to specify the service delivery area and organizational structure of its proposed PROMISE program. Below, we describe some unique aspects of each program.

Arkansas PROMISE will deliver services to youth and their families in four multi-county regions of the state. The program will provide education and training through in-school transition classes, supplemented by monthly workshops and the involvement of community colleges. In addition to the core service components that all PROMISE programs are required to provide, the Arkansas program will include mentoring and peer support, mental health services, and health and wellness services. Also, case managers will have access to small discretionary funds that will allow them to address families' emergency needs.

ASPIRE will implement PROMISE in diverse settings—urban, rural, remote, and Native American communities—in six states: Arizona, Colorado, Montana, North Dakota, South Dakota, and Utah. Although the program services and staff training will be standardized across the states, implementation will vary by state with respect to the agencies and staff delivering the services and the delivery methods. In addition to the services that the program will provide, ASPIRE will use Community Conversations to engage community leaders, employers, civic groups, public officials, and others in ways that will increase opportunities for ASPIRE participants and their families to expand their social and labor market assets.[1]

[1] Community Conversations is an existing model for convening forums in which people come together for thoughtful discussion about shared values and to exchange information about important issues.

Table I.1. The PROMISE Programs

Lead Agency	State(s)	Program Name	Award Amount
Arkansas Department of Education	Arkansas	Arkansas PROMISE	$32,427,441
Utah State Office of Rehabilitation	Consortium of states: Utah, South Dakota, North Dakota, Montana, Colorado, and Arizona	Achieving Success by Promoting Readiness for Education and Employment (ASPIRE)	$32,500,000
California Department of Rehabilitation	California	California PROMISE (CaPROMISE)	$50,000,000
Maryland Department of Disabilities	Maryland	Maryland PROMISE	$31,190,076
New York Office of Mental Health	New York	New York State PROMISE (NYS PROMISE)	$32,500,000
Wisconsin Department of Workforce Development	Wisconsin	Wisconsin PROMISE	$32,497,181

Source: ED's press release on PROMISE awards [http://www.ed.gov/news/press-releases/department-awards-211-million-promoting-readiness-minors-supplemental-security-i].

CaPROMISE will attempt to enroll in the PROMISE evaluation and randomly assign to treatment or control status 1,172 more SSI youth than the required 2,000. The program will operate in four regions of California, which together contain 21 local education agencies (LEAs). LEAs will conduct outreach and recruitment; recruitment targets will differ based on the proportion of the eligible population in the LEA. Career service coordinators attached to the LEAs will directly provide the majority of program services. The work of CaPROMISE staff will be leveraged by technology in a range of areas, such as an informational and data management website for participants and staff, video resumes for participants, and assistive technology supports (including smart touch-screen technologies for participants and family members).

Maryland PROMISE will be implemented statewide and will feature a case management model in which multidisciplinary teams deliver intervention services. Each team will consist of a general case manager, a family employment specialist, a benefits specialist, and the LEA staff member responsible for a participant's individualized education program or transition plan. The teams will use aspects of the evidence-based Assertive Community Treatment approach in delivering services and will have access to a flexible case service fund (up to $50,000 per team) to cover gaps in resources that might otherwise impede progress toward participants' goals.

NYS PROMISE will be implemented in three diverse geographic areas—western New York, the capital region (Albany), and New York City—representing rural, suburban, and urban areas of the state. Between 20 and 25 research demonstration sites will be recruited to participate in the program; local schools will be selected based on prior statewide research and high district performance on key transition performance indicators. Local schools will provide case managers and will issue electronic referrals for services to vendors registered in the New York Employment Services System, a data management system across agencies focused on employment services and supports. Payments to vendors will be outcome-based rather than fee-for-service.

Wisconsin PROMISE will be implemented statewide and will establish resource teams for all treatment group youth. The composition of a team will vary depending on the needs of each individual participant; however, it is expected that a team will typically include a school representative, a mental health case manager, a child welfare or TANF case manager, and a VR case manager who would serve as the team leader. As part of the process of engaging treatment group

members in program services, those youth will be offered the opportunity to open individual development accounts into which the program will deposit $25. As an incentive to save, the program will provide them with a 100 percent match of their savings (up to $1,000).

E. Overview of the Evaluation

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 and how the PROMISE programs achieve their goals and whether the benefits of the programs outweigh their costs. To respond to the needs of the program sponsors, the PROMISE evaluation was designed with the following overarching research questions in mind:

- How were the programs designed, implemented, and operated and what factors contributed to the implementation experience?
- Do PROMISE participants receive more and better transition and supportive services than others?
- Are the PROMISE programs successful at:
  - Increasing educational attainment?
  - Increasing employment credentials?
  - Improving employment outcomes?
  - Reducing SSI payments?
  - Reducing use of other public benefits?
  - Increasing total household income?
- Are the PROMISE programs more effective for some youth and families than others?
- Which program features are associated with achievement of the goals of PROMISE?
- Are the benefits of PROMISE, including increased employment and earnings and reduced benefit receipt, large enough to justify its costs?
- How might programs such as PROMISE be strengthened in the future?

Our approach to the evaluation is grounded in our understanding of the existing literature about the circumstances of SSI youth and their families and in the conceptual framework for the PROMISE initiative. We hypothesize that PROMISE will lead to improvements in the short- and long-term outcomes presented in Figure I.1. These outcomes encompass both service-delivery outcomes (for example, a holistic assessment of youth and family needs, and increased coordination and use of services), and youth and parent outcomes (expectations, self-determination, education, employment, public assistance, and income). The PROMISE evaluation will be based on a rigorous design to test these hypotheses. It will determine whether PROMISE led to improvements in outcomes, and will quantify the improvements. Approximately 2,000 youth in each of the six research sites will be randomly assigned to treatment or control groups. Youth in the treatment groups will be eligible for enhanced services from PROMISE, whereas youth in the control groups will be eligible only for those services already available in their communities independent of the interventions. The evaluation will answer the key questions that policymakers have regarding PROMISE through the following three component analyses:

- **The process analysis** will document program models and the environmental context in which they are implemented, assess the relationships among the partner organizations, document whether the programs are implemented as planned, identify features of the programs that may account for their impacts on youth and families, and identify lessons for future programs with similar objectives.
- **The impact analysis** will determine whether youth and families in the treatment groups receive more services than their counterparts in the control groups. It will also determine whether treatment group members have better results than control group members with respect to education, employment, benefit receipt, economic well-being, and other outcomes. The evaluation will assess these outcomes for up to five years after random assignment. Through subgroup analysis, it will assess whether some groups of participants benefit more from the program services than others.
- **The benefit-cost analysis** will assess whether the benefits of PROMISE, including increased employment and reductions in benefit receipt, are large enough to justify its costs. This assessment will be conducted from a range of perspectives, including those of the participants, state and federal governments, SSA, and society as a whole.

In Table I.2 we show the research questions that each of these analysis components will address.

F. Organization of the Report

This report presents a plan for the national evaluation of PROMISE. This evaluation should not be confused with the evaluations that the awardees or their designees will conduct of their respective programs. Those "local" evaluations will generally be limited in scope, with the goal of providing the awardees with formative feedback on their programs that may be the basis for timely improvements to them. Chapter II presents a plan for collecting the types of data that will be analyzed during the national evaluation. Because most of this information has previously been presented in detail in earlier reports, we just summarize it here. Chapters III, IV, and V present plans for the three major analytic components of the evaluation, respectively: a process analysis of program implementation, an impact analysis of youth and family outcomes, and a benefit-cost analysis. Finally, Chapter VI presents the evaluation timeline, covering data collection, analysis, and reporting activities.

Table I.2. Evaluation Research Questions and Analysis Components

Research Question	Process Analysis	Impact Analysis	Benefit-Cost Analysis
How were the programs designed, implemented, and operated and what factors contributed to the implementation experience?	X		
Do PROMISE participants receive more and better transition and supportive services than others?	X	X	
Are the PROMISE programs successful at achieving intended outcomes?		X	
Are the PROMISE programs more effective for some youth and families than others?		X	
Which program features are associated with achievement of the goals of the PROMISE initiative?	X	X	
Are the benefits of PROMISE, including increased employment and earnings and reduced benefit receipt, large enough to justify its costs?		X	X
How might programs such as PROMISE be strengthened in the future?	X		

II. DATA COLLECTION PLAN

During the first four months of the PROMISE evaluation, October 2013 through January 2014, Mathematica prepared and submitted to SSA three technical reports that present detailed plans for collecting the data necessary to implement the evaluation's random assignment design and conduct the required process, impact, and benefit-cost analyses. We do not repeat that information in full detail here, but rather present it in summary form. Readers requiring additional information about the data collection plan for the evaluation are referred to those earlier reports:

- "A Plan for Recruitment and Enrollment, Random Assignment, and Technical Assistance on the PROMISE Evaluation" (Fraker and McCutcheon 2013).
- "Sampling Plan and 18-Month Follow-Up Survey Plan for the National Evaluation of PROMISE Demonstration Programs" (CyBulski et al. 2014).
- "Promoting Readiness of Minors in SSI (PROMISE) National Evaluation Data Collection Plan" (Fraker et al. 2014).

Yet another report under this evaluation, the "PROMISE Generic Recruitment, Enrollment, and Random Assignment Procedures Manual" (referred to below as the "procedures manual"), February 4, 2014, describes in detail the data on youth and their parents or guardians that the PROMISE programs will gather during the study enrollment process. Those data are required in order to assess the eligibility of PROMISE applicants and to randomly assign those who are eligible to the evaluation's treatment or control group.

A. Overview of Data Needs and Sources

The PROMISE evaluation will utilize five types of data—enrollment, survey, administrative, program implementation, and program cost—from many sources. Table II.1 lists the sources of data for the evaluation, describes the data elements, identifies when the data will be collected and/or the time period to be covered, and notes the planned applications of the data. The remaining sections of this chapter flesh out the evaluation's data collection plans for each of the five types of data. As noted above, even more details on those plans are provided in separate reports.

B. Enrollment Data Plan

The PROMISE programs will be responsible for recruiting SSI recipients ages 14 to 16 and enrolling them in the evaluation. SSA and Mathematica will support the programs by providing them with contact data on eligible youth, a web-based random assignment system, and training and technical assistance on recruitment and enrollment. The programs will reach out to youth through two approaches: (1) direct mailings and telephone calls to individual eligible youth based on contact information from SSI files and (2) outreach to groups of potentially eligible youth and their parents or guardians. Under either approach, the programs will provide youth with information about PROMISE and will encourage those who are interested to complete a consent and enrollment form. Appendix F in the above-referenced procedures manual provides a sample form that programs may use to develop their own consent and enrollment forms that will capture the name, Social Security number (SSN), date of birth, and gender of an applicant and his or her parent or guardian. It also captures contact information for those individuals, including their residential address, telephone

Table II.1. Data for the PROMISE Evaluation

Source	Description	Timing of Collection	Applications
Enrollment Data			
PROMISE random assignment system (data from program enrollment forms)	Updated and expanded contact information; consent for enrollment	Time of enrollment	Random assignment Locating for follow-up surveys
Survey Data			
Follow-up surveys by Mathematica	Receipt of services; youth and family outcomes	18 months after enrollment 5 years after enrollment	Analysis of satisfaction with PROMISE services Impact analysis Benefit-cost analysis
Administrative Data			
SSA administrative files	Receipt of SSI; type of disability; contact information	January and July of 2014 and 2015	PROMISE recruitment PROMISE eligibility determination Baseline variables for development of survey nonresponse weights and analysis of impacts Locating for follow-up surveys
SSA administrative files	Monthly SSI and SSDI benefits	Winter 2018 extract covering 1/2013-12/2017 Summer 2021 extract covering 1/2013–6/2021	Impact analysis Benefit-cost analysis
SSA's master earnings file (data from the Internal Revenue Service)	Annual earnings	Winter 2018 extract covering 2015–2016 Fall 2021 extract covering 2015–2020	Impact analysis Benefit-cost analysis
State VR and Medicaid administrative files	Receipt and cost of services	August 2014 March 2018 August 2021	Impact analysis Benefit-cost analysis
PROMISE program management information systems	Implementation of the evaluation and the program	August 2014 March 2016 Other times as necessary	Early assessment of enrollment, random assignment, and support for the national evaluation Process analysis Locating for follow-up surveys
Program Implementation Data			
Interviews with program directors	Program and evaluation implementation	Telephone interviews, winter and spring 2014	Early assessment of enrollment, random assignment, and support for the national evaluation
Interviews and social network survey of PROMISE and partner managers and staff; case reviews; program observations; review of documents	Program and evaluation implementation Interactions with other service providers Counterfactual services (services for control cases)	Round 1 site visits, summer and fall 2014 Round 2 site visits, winter and spring 2016	Early assessment of enrollment, random assignment, and support for the national evaluation Process analysis Analysis of service networks
Focus groups with program participants and their parents or guardians	Participant experiences in PROMISE and satisfaction with program services	Round 1 site visits, summer and fall 2014 Round 2 site visits, winter and spring 2016	Process analysis
Program Cost Data			
Interviews with program managers; program accounting systems	Program costs	Round 2 site visits, winter 2016	Benefit-cost analysis

number(s), email address, and Facebook username. Finally, the program enrollment form obtains the signatures of the youth and parent or guardian, signifying that they consent to participate in the PROMISE evaluation according to the terms specified in the text of the form.

Staff of the PROMISE programs will receive the completed program enrollment forms and enter data from them into the evaluation's random assignment system (RAS), which will confirm the PROMISE eligibility of the youth applicants and randomly assign them to treatment or control groups. The RAS will be a key source of contact information on enrolled youth and their parents or guardians for the evaluation's two follow-up surveys. SSI administrative files and the management information systems (MISs) of the PROMISE programs will be additional sources of contact information.

C. Survey Data Plan

Mathematica will conduct a follow-up survey of approximately 12,000 PROMISE evaluation enrollees (2,000 at each of the six study sites) and their parents or guardians 18 months after their random assignment dates. We will survey the enrollees and their parents again five years after random assignment. The 30-minute interviews will be conducted primarily via computer-assisted telephone interviewing, with field locating and computer-assisted in-person interviewing as necessary.

The surveys will yield data on critical outcomes that are not available at all, or not available for members of the control group, in administrative data. Examples include measures of job quality, parental expectations, household income sources and amounts, youth self-determination, receipt of services, and participant satisfaction with PROMISE services. Although earnings from formal jobs will be available from SSA administrative files, the surveys will collect more current and detailed information about earnings, including wage rates and hours worked in both formal and informal employment. Findings from the YTD evaluation suggest that information on informal employment may be particularly important for an intervention targeting youth with disabilities. At one YTD site, the program had a positive and statistically significant impact on any employment (formal or informal) based on survey data, but no significant impact on formal employment based on administrative data (Fraker et al. forthcoming). The survey data also eliminate the need to collect SSNs on all household members for the purpose of identifying household members in administrative files. Individuals are often reluctant to provide their SSNs because of security concerns, or may have difficulty providing them for all members of their households, so a requirement to collect them could have made it more challenging for the PROMISE programs to reach their enrollment targets. The survey data also reduce the number of administrative data sources needed for the evaluation, access to which can be difficult.

Mathematica is contractually obligated to achieve an 80 percent survey response rate at both follow-up points, but is targeting an 85 percent response rate at 18 months to increase the likelihood of achieving an 80 percent response rate at five years. Additional steps that we will take to maximize response rates include (1) offering a $10 base respondent payment;[2] (2) offering a $10 supplemental payment for sample members who call Mathematica on a timely basis to complete their interviews; (3) interim contacts with sample members 9 months after random assignment and one year and two years after the 18-month survey through postcards, letters, text messages, email, and/or social media; and (4) collection during the 18-month interview of contact information for one or more

[2] SSA plans to propose to the Office of Management and Budget a higher base survey respondent payment of $30.

individuals who would be likely to know the whereabouts of a sample member at the time of the five-year interview. Notwithstanding these steps, some survey nonresponse will be inevitable. We will use enrollment data from SSI administrative files to calculate weights to apply to the respondent cases to adjust for differential rates of nonresponse by baseline characteristics.

The follow-up surveys will focus on outcomes that might be affected by the PROMISE programs and that cannot be obtained readily from administrative data files and other sources. The 18-month survey will cover short-term outcomes such as the receipt of services, parental expectations, self-determination, educational progress, and work-based experiences. The five-year survey will cover long-term outcomes such as high school graduation, employment, and economic well-being. (Table IV.1 in this report provides a more detailed list of the outcomes that will be measured in the surveys.) For both surveys, we will develop two instruments, one for the youth enrollees and the other for their parents or guardians.[3] We will prepare English and Spanish versions of these instruments. When other languages are necessary, bilingual interviewers will interpret questions in the English versions of these instruments "on the fly" and code respondent answers directly into them.

Data gathered by the follow-up surveys will be critical input to several of the evaluation's analytic components. Data from the 18-month survey on treatment group members' satisfaction with PROMISE services will supplement earlier findings from the process analysis of program implementation. Data from the 18-month survey for both treatment and control group members will be the primary basis for the analysis of program impacts on the receipt of services and other short-term outcomes. Data from the five-year survey, along with data from SSA's administrative files, will be the basis for the long-term impact analysis. In addition, the impact estimates will be incorporated in the evaluation's benefit-cost analysis.

D. Administrative Data Plan

The PROMISE evaluation will use data from administrative files of multiple federal and state programs and agencies. SSA administrative files will be the source of data on the monthly SSI benefits and annual earnings of evaluation enrollees. Administrative files for state Medicaid and VR programs will be the source of data on services delivered by those programs to evaluation enrollees and the costs of those services. The MISs of the PROMISE programs will provide the evaluation with data on the delivery of PROMISE services to treatment group members. Table II.1 lists these sources of administrative data, specifies the timing of data extractions, and notes how the data will be used in the evaluation. We flesh out some of these points here, but refer the reader to the above-referenced data collection plan for the PROMISE national evaluation for additional details.

SSA administrative files will identify youth who are eligible for PROMISE and provide contact information for them. Each January and July in 2014 and 2015, SSA will transmit to Mathematica a file containing data on all SSI recipients ages 13 to 16.99 years residing in the catchment areas for the PROMISE programs. Mathematica will load selected data elements from that file into the "back end" of the RAS so that when a program intake worker enters data from an applicant's enrollment form, the system can perform an automated check on the youth's eligibility for PROMISE. We will also use the file to generate six program-specific Excel files containing identifying information for each eligible youth and representative payee (if any), as well as their addresses and telephone

[3] Youth may be living independently of their parents at the time of the five-year survey. Even in these cases we will attempt to interview both youth and their parents or guardians.

numbers. Appendix E of the PROMISE evaluation procedures manual provides a complete list of the variables to be included in these files. Mathematica will transmit the Excel files to SSA, which in turn will transmit them to the respective PROMISE programs. These files will be critical to the outreach and recruitment activities of the programs.

SSA administrative files will also provide data on monthly SSI and Social Security Disability Insurance (SSDI) benefits and annual earnings for the evaluation's impact analyses. Several SSA files, including the SSI Longitudinal File and the SSDI Master Beneficiary Record, will be the sources of the benefit data. In winter 2018, we will obtain benefit data from those files for January 2014 through December 2017.[4] We will present estimates of impacts on benefit receipt and amounts for 18 months following random assignment in the interim impact and services report, which is due to SSA in draft form in June 2018. In summer 2021, we will obtain benefit data for an additional 42 months and thus will have data for January 2014 through June 2021. We will present estimates of impacts on benefit receipt and amounts for five years following random assignment in the long-term evaluation report, which is due to SSA in draft form in January 2022. SSA's Master Earnings File (MEF) will be the source of data on annual earnings in Social Security-covered employment, as compiled from Internal Revenue Service (IRS) records. Following the terms of the data sharing agreement between SSA and IRS, Social Security staff will conduct the impact analyses of the MEF data based on specifications provided by Mathematica. Those analyses will be conducted in winter 2018 based on data for 2015 and 2016, and in fall 2021 based on data for 2015–2020.[5] The earnings impact estimates will be presented in the two aforementioned reports.

VR services are a key component of the logic models for several of the PROMISE programs. Some of the programs may also incorporate Medicaid-funded services, such as long-term care to support employment and independent living. To support analyses of impacts on the receipt of these services by evaluation enrollees, we will obtain extracts from the VR and Medicaid administrative files of the PROMISE states. We will conduct a test of the data transfer process in August 2014 and obtain full production extracts in March 2018 and August 2021. Impact estimates based on the production extracts will be presented in the interim impact and services report and the long-term evaluation report. As part of the same data transfer process, we will also obtain data on Medicaid costs, which we will use in the benefit-cost analysis.

All of the PROMISE programs are developing MISs that will capture data on services provided to individual treatment group youth and on milestones achieved by those youth. Additionally, we believe that most or all of the programs will use their systems to track their PROMISE recruitment efforts and record enrollment outcomes. Mathematica plans to obtain initial extracts from those systems in August 2014.[6] This will allow us to test the data transfer process, improve our understanding of the structure and content of the systems, assess the quality of the data, and monitor the recruitment process. We will present these preliminary findings in site-specific early assessment reports on evaluation implementation, which are due in draft form to SSA in winter 2015. The next scheduled transfer of data from the MISs will occur in March 2016. We will use

[4] Chapter VI provides schedules for all data collection, analysis, and reporting activities of the PROMISE evaluation.

[5] By the fall of 2021, when the impact analysis for the long-term evaluation report will be conducted, we expect that the 2020 MEF earnings data will be about 98 percent complete.

[6] Receipt of the administrative data extracts for some PROMISE programs may occur several months after August 2014 because of delayed enrollment start-up. This would not affect the timing of the early assessment reports, which are due to SSA in draft form in winter 2015.

those data to document the delivery of PROMISE services. Those findings will be presented in site-specific reports on the process analysis that we will deliver to SSA in draft form in fall 2016 and winter 2017. In addition to the scheduled transfers of data, we will request updated contact information on specific enrollees as necessary to facilitate the completion of follow-up survey interviews.

E. Implementation Data Plan

Mathematica will collect qualitative data on the logic models of the individual PROMISE programs and on their staffing structures, service delivery, counterfactual services, and participant experiences through early telephone interviews with program directors, two rounds of site visits, and two rounds of focus groups with participating youth and their parents or guardians. A designated Mathematica staff member will serve as the evaluation team's liaison to each PROMISE program. These liaisons will conduct the telephone interviews and site visits. The MISs of the PROMISE programs, described in the previous section, will be additional sources of data on service delivery. In the site-specific early assessment reports, we will present findings from the telephone interviews and the first round of site visits and focus groups. We will present findings from both rounds of site visits and focus groups in the site-specific reports on the process analysis.

The telephone interviews with PROMISE program directors will occur in winter and spring 2014, approximately one month after a program begins recruiting youth into the evaluation. They will last about an hour and will be guided by a protocol that is provided in Appendix A of the evaluation's data collection plan (Fraker et al. 2014). The interviews will cover the program's logic model, partner roles and responsibilities, program management, recruitment, and program implementation. The latter topic will encompass the hiring and training of staff and the initiation of services.

The first round of site visits will occur in fall 2014, when the programs will be simultaneously conducting recruitment and delivering services. The second round of visits will occur in winter and spring 2016, by which time recruitment will have ended and the programs will be focusing exclusively on delivering services to treatment group members. (SSA has specified that recruitment must be completed by the end of April 2016.) The evaluation's liaison to a PROMISE program will conduct each of the two site visits over 3.5 days, starting at the location of the program's lead agency and then moving to two local program sites. The liaison will conduct the following five types of data collection activities, all of which will be guided by the site visit protocols in Appendix B of the evaluation's data collection plan:

1. **Individual and small group interviews with PROMISE and partner managers and staff.** These interviews will last no more than an hour each. They will cover recruitment and enrollment, satisfaction of evaluation data requirements, the program's logic model and fidelity to it, service delivery, partner relationships, and counterfactual services. During the second round of visits only, we will also explore issues related to program costs, focusing on costs that may not be recorded in program accounting systems (such as volunteer labor and in-kind costs).
2. **A social network survey of PROMISE and partner managers and staff.** During the last 10 minutes of the interviews described above, the evaluation liaison will ask the interviewees to complete hard-copy questionnaires to assess the strength and capacity of organizational collaborations associated with PROMISE.

3. **Case reviews with program staff.** The liaison will meet with front-line staff members to review three PROMISE cases. The reviews will cover the process of recruiting and enrolling the youth, the services identified for them, their participation in those services, and objectives or milestones achieved.
4. **Program observations.** At local program sites, the evaluation liaison will observe activities such as enrollment interviews, RAS data entry, education and training activities, soft-skills workshops, and employment services. Guided by structured instruments, the liaisons will assess the fidelity of the observed activities to the program's logic model.
5. **Review of program documents.** The evaluation liaison will work with PROMISE managers to identify program documents for review prior to or following the site visits. Examples include internal management reports and quarterly progress reports to ED.

The evaluation team will collect data on PROMISE youth and their parents or guardians through focus groups that will take place during both rounds of site visits. These will complement other sources of data for the process analysis by fleshing out the experiences of program participants and their satisfaction with PROMISE services. The evaluation site liaison will be joined by an analyst from Mathematica's subcontractor, BCT Partners, to conduct concurrent focus groups with approximately 10 youth and, separately, with their parents or guardians. During each site visit, they will conduct one youth and one parent focus group in the five single-state sites, and three of each type of group in the multi-state ASPIRE site. The discussions, which will last about 90 minutes, will cover the topics specified in the protocols included in Appendix C of the evaluation's data collection plan (Fraker et al. 2014).

F. Cost Data Plan

To inform the benefit-cost analyses, we will collect data on PROMISE program costs through staff interviews during the second round of site visits and from accounting systems of the lead agencies.[7] During the cost-focused interviews, the site liaison will describe the types of cost data required for the evaluation and the time period for which the data are needed (either a calendar year or a fiscal year), and request that the program director confer with accounting staff to gather the data and report it to us using our standardized forms. These forms will capture labor costs, other direct costs, indirect costs, and the implicit costs of donated labor and materials, by program component and partner organization. The program director and accounting staff will complete the forms following the site visit and return them to the liaison. The liaison will conduct follow-up telephone and email discussions with the program director and accounting staff as necessary to ensure their understanding of our cost data needs and to obtain answers to our outstanding cost-related questions.

[7] Information on the benefits of PROMISE will be derived from the impact analysis described in Chapter IV.

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III. PROCESS ANALYSIS

A strong process analysis will be a critical component of the PROMISE evaluation. All of the PROMISE programs will deliver services based on a common set of core components that research suggests are the foundation for good transition programs. Each program has taken this theoretical framework and developed its own approach to implementing the components. The process analysis will document those choices, which together constitute the intended program design. It will assess how and how well the programs were implemented and the fidelity of the interventions to the intended design. By drawing on extensive quantitative and qualitative data, the analysis will allow us not only to understand the implementation successes and challenges, but also to interpret estimated program impacts in the context of the treatment delivered and to identify ways that policymakers and program sponsors could strengthen such programs in the future. In this chapter, we describe our plan for the process analysis. In the sections that follow, we identify the key objectives and research questions, outline our plans for data analysis, and present a structure for reporting the findings.

A. Objectives and Key Research Questions

The process analysis will address five broad research topics and these related, more-refined questions:

1. **Documenting the program.** What is the basic structure and logic model for each program? What is the service environment for program operations? How did programs conduct outreach to potentially eligible youth and enroll them in the evaluation? What are each program's staffing structure and plans for service provision? To what extent do treatment group members engage in program services, and what are the characteristics of participating youth and their families?

2. **Assessing partner development, maintenance, and roles.** How were potential partners identified and approached to participate in PROMISE? Who are the major and secondary partners? What are their roles? What is the nature of the relationships among the partner organizations? How do the partners communicate? What are the contractual or other forms of agreements between each lead agency and its partners, and between the partners and service providers? To what extent do the agreements encourage or discourage the partners to work toward program goals?

3. **Assessing the fidelity of activities to the program model.** How closely do the programs adhere to their plans and logic models? In what ways do they use their logic models to guide services, and track and manage inputs, outputs, and outcomes? How consistently are the models implemented at local sites? How do programs collect operations and service information and use it for management and evaluation purposes? What are the programs' plans and objectives for their formative evaluations, and what are the findings?[8]

[8] The PROMISE programs are required under the terms of their cooperative agreements with ED to conduct formative evaluations independent of the national evaluation to assess their performance and progress, inform their decision-making, and allow for mid-course corrections to ensure fidelity in the implementation of the service delivery model.

4. **Interpreting impact estimates.** What do the program logic models imply about the sequence and timing of impacts? What is the contrast between each program's services and the counterfactual services (that is, the services available to the control group)? What differences in services or program implementation across the six programs might explain differences in their impacts?
5. **Identifying lessons and promising practices.** What lessons can we learn about factors that facilitate or impede successful implementation of programs for youth with disabilities and their families? What can we learn about the efficacy of particular program components in terms of their likely contributions to impacts? What are the lessons about promising strategies to replicate or avoid in future programs? What are the lessons for sustaining services after the cooperative agreements end?

The data sources to be used in the process analysis and our data collection methodologies are described in detail in the PROMISE national evaluation data collection plan (Fraker et al. 2014) and reviewed in Chapter II of this report. Table III.1 identifies which data sources will address each of the above five research topics.

B. Analytic Approach

Site visit data—from interviews with PROMISE staff and non-PROMISE staff who provide counterfactual services, case file reviews, program observations, document reviews, focus groups, and a social network survey of service providers—will be the cornerstone of the process analysis. Analysis of these data presents the challenge of combining information that is often unstructured and provides different perspectives on similar issues. Although process analysis does not follow the highly structured methodology that the impact analysis does, we will use the following principles to structure the analysis and increase the reliability of our findings:

- **Identifying and explaining observed differences.** As we collect the site visit data, we may obtain responses that are inconsistent with one another or do not align with our understanding of an issue. Probing about the reasons for such differences can open up new lines of inquiry and uncover underlying issues. We will focus on three potential areas of differences—variations in reports about a topic from different data sources, differences between the planned and actual implementation of the program, and changes over time in the implementation of the program.
- **Triangulating the data.** In the process analysis, we can triangulate data sources so that the findings are based on mutually confirming lines of evidence. One program staff member's description of practices, for example, can be compared with descriptions from other staff and from program participants, as well as with direct observations. For some issues, staff reports can be compared with available quantitative data. For example, perceptions of service take-up can be compared with data from a program's MIS.
- **Drafting narrative site descriptions**. Before each round of site visits begins, we will develop an outline for a summary site visit report based on the key research topics. Soon after each visit, the evaluation team's liaison to that program will use the outline to prepare a narrative description of program implementation, drawing on all data collected during the visit. The description will highlight themes, provide examples and illustrative quotes, and identify discrepancies and areas of agreement among data sources.

Table III.1. Process Analysis Research Topics and Data Sources

	Research Topics									
	(1) Documenting the Program				(2) Assessing Partnerships			(4) Interpreting Impacts		
Data Sources	Outreach, Enrollment, Population	Services and Staffing	Service Take-up	Perspectives on Services	Roles and Relationships	Agreement Types	(3) Assessing Fidelity	Timing and Sequence	Counter-factual Services	(5) Identifying Promising Practices
Site visits										
Interviews with staff of lead agency and partners	X	X	X	X	X	X	X	X	X	X
Interviews w/ non-PROMISE providers				X					X	
Case-file reviews	X	X					X			X
Program observations	X	X					X	X		X
Document review	X	X			X	X	X	X	X	
Focus groups of youth and parents	X	X		X			X		X	X
Social network survey					X					
RAS	X									
Program MIS	X		X				X			
Quarterly program progress reports and formative evaluations	X	X	X		X	X	X	X		X

- **Constructing theme tables**. We will develop tables with consistent themes for the site-specific reports on the process analysis. This will allow us to distill large volumes of data into well-defined topics bearing on the evaluation's research questions (Coffey and Atkinson 1996). For each program, we will organize preliminary findings under each main study topic and the sources of evidence for each. The inclusion of the sources of evidence will enable us to either confirm a consistent picture of an issue or identify inconsistencies and seek to explain their nature and rationale.

Quantitative data on program recruitment efforts, participant characteristics, and services provided will supplement the qualitative data from site visits and round out our understanding of each program's implementation. The MIS that each PROMISE program is developing is potentially the richest source of quantitative data for the evaluation. At a minimum, the programs will use these systems to record information on the services that they will deliver to treatment group youth and their families, and potentially, their recruitment efforts and outcomes. Beyond this, four of the programs (ASPIRE, CaPROMISE, NYS PROMISE, and Wisconsin PROMISE) plan to use their MISs to record the characteristics of both treatment and control group members, obtained through expanded program consent and enrollment forms. These characteristics will be more extensive than those in the RAS and the SSI lists of PROMISE-eligible youth.

Because the PROMISE programs are currently developing their MISs, the specific data elements that will be available in them and the quality and completeness of the data are unknown at this time. We will request initial extracts from those systems in summer 2014, which we will use to assess the nature, quality, and utility of the data. For those data elements that meet our standards for quality (based, for example, on internal consistency among data elements, rates of missing data, and values within range) and convey useful information, we will prepare tables presenting descriptive statistics. Even if we find that some of the MISs contain little or no high-quality useful data, we will still have access to fairly extensive data from the RAS and the SSI lists, which we will use to generate a minimum set of descriptive statistics on program participants.

The progress reports that the PROMISE programs must provide quarterly to ED are another potential source of quantitative data for the process analysis. Each program must develop and report on a set of performance measures that will reflect the program's progress toward its ultimate objectives, including the attainment of milestones and benchmarks consistent with its logic model. Examples of possible performance measures include program attrition, school attendance, participation in a work experience, enrollment in a workforce development program, and the use of partner-provided services. The narrative section of a progress report must include an explanation of the underlying data, covering topics such as what data collection methods were used, when the data were collected, how any samples were drawn, response rates, and missing or incomplete data. We will review the tabulated performance measures along with the explanation of the underlying data in these reports and conduct follow-up conversations with program administrators for clarifications and additional details, as warranted. When necessary and when we are comfortable with the data, we will present summary statistics from the program quarterly progress reports on recruitment efforts, participant characteristics, and program services in lieu of descriptive statistics from our own direct analysis of program MIS data.

In the remainder of this section, we describe how we will use the qualitative and quantitative data that we will collect from and about the PROMISE programs and the youth and families that participate in them to meet the objectives of the process analysis.

1. Documenting the Program

A basic goal of the process analysis is to describe the structure and design of each PROMISE program and the environment in which it was implemented. The former includes plans for staffing, service provision, and program implementation. The latter includes characteristics of the broader environment (such as the unemployment rate and the existing array of services), as well as characteristics of the organizations implementing the intervention (such as leadership, staffing structure, resources, and organizational culture). We will produce the following types of exhibits to help us document a program:

- **A descriptive list of program services.** We will prepare a short description of each service included in the program's design. These will identify the service provider(s), document the processes for entry into and exit from the service, and explain how the service relates to the program's ultimate goals.
- **Graphical and pictorial displays**. We will develop various graphical and pictorial displays of a program's design and structure. For instance, we will construct flow charts of typical pathways through a program from recruitment and enrollment, to various service components, to case closure. We will develop charts displaying the program's organizational and staffing structure. We will also present a program logic model that will update and refine the one in the program's proposal to ED.
- **Tabulations of participant characteristics, service use, and the service environment**. We will prepare tables displaying descriptive statistics from a program's MIS (or alternative sources, as noted above) on participant characteristics and service take-up rates. Shells for these tables are presented in Tables A.1 and A.2 in Appendix A. We will use published statistics from the American Community Survey, the U.S. Bureau of Labor Statistics, and SSA to prepare a table describing the demographic and economic characteristics of the program's service delivery area (a state, regions within a state, or multiple states). A shell for this table is presented in Table A.3.

2. Assessing Partnerships

A distinguishing feature of PROMISE is the establishment of formal partnerships among state agencies responsible for programs that serve the target population. At a minimum, these partnerships must include the agencies responsible for programs that provide VR, special education, workforce development, Medicaid, TANF, developmental/intellectual disabilities, and mental health services. Most programs also proposed to partner with community-based service providers. Therefore, a key objective of the process analysis is to assess the nature of the relationships and communication among the partners in each PROMISE program. Ultimately, in a qualitative way, we expect to relate the overall strength of the agency network and certain of its specific features to observed program impacts.

The primary source of data for this analysis will be the social network survey of partner agencies and service providers. We are grounding the survey in network theory, which focuses on the relationships and ties among actors or organizational entities (Wasserman and Faust 1994). Two versions of the survey—one for program directors and managers and one for service provider staff—will yield information on the nature of networks at both an administrative and a line staff level. The survey will ask respondents about the extent of communication they have with staff at

other PROMISE partners, how effective their relationships with those staff are, and the specific ways in which they collaborate with those staff.[9] The analysis will use quantitative methods to assess the extent to which PROMISE enlists and engages the PROMISE partners around issues pertaining to youth with disabilities and their families.

We will use software called Net Draw (Borgatti 2002) to analyze the social network survey data. This software will allow us to graphically display communication among the PROMISE partners before and after implementation of the program. Organizational prominence (sometimes referred to as centrality) and density are two common metrics used in the study of social networks to characterize the relationships among stakeholders. We will use communication diagrams in conjunction with these two metrics to present our findings on ties among the PROMISE partner organizations, as detailed below:

- **Communication diagrams.** For each PROMISE program, we will display communication among the partner organizations at several key points in time in a series of social network communication diagrams. The first diagram in a series will represent a point in time prior to PROMISE implementation, and illustrate the strength of pre-existing ties among the organizations; the second a point in time during early implementation; and the third a point in time during steady-state program operations. We will collect data for the first diagram in a series (the baseline diagram) through questions in the survey to be administered during the first site visit. Those questions will assess the respondent's communication and relationships with other PROMISE organizations one year earlier (before the implementation of PROMISE). Appendix Figure A.1 presents an example of a communication diagram based on hypothetical data. Lines connecting any two organizations represent the communication between them around issues pertaining to youth with disabilities and their families. Black lines represent reciprocal communication, whereas gray lines represent unilateral communication (when only one of the organizations reported communicating with the other). Thicker lines represent more-frequent communication. We will produce two series of these diagrams; one series will display administrative-level communications and the other will display staff-level communications.

- **Organizational prominence.** Prominence—measured by how many respondents report frequent communication with another organization—is a general measure of organizational connectedness within a social network. For each PROMISE program, we will prepare a table, such as Appendix Table A.4, showing for each partner the number of other partners with which it communicated and the frequency of that communication. (The survey questionnaire will present respondents with a complete list of the PROMISE partners and ask respondents to indicate their level of communication with each, leaving the rating for their own organization blank.) The table will also show the percentages of communications for each organization that were at least every month or two and at least every week or two, as these frequencies are more meaningful indicators of prominence than reports of having any communication at all. For these calculations, the denominator will be the number of organizations about which each respondent reported (10 in the example in Appendix Table A.4) and the numerator will be the

[9] We will derive one response per organization at each level (program directors and service provider staff), either by selecting one respondent to represent the organization or by averaging the responses of multiple respondents within an organization.

number of organizations with which the respondent reported communicating at least every month or two (or at least every week or two).

- **Network density.** Density is a calculation of the total amount of communication present in a network divided by the total amount of communication possible in that network. It may be used as a measure of group cohesion, or how unified or tight-knit the group is. We will calculate density values based on binary data—whether or not a respondent reported communicating with each other organization at least every month or two. Values will range from zero to 100 percent, with 100 percent signifying communication with all organizations in the network.

The network surveys will also yield information on the extent to which organizations perceive having effective relationships with others in the network and how those perceptions change over time. Whereas communication, prominence, and density are measures of the *quantity* of interactions among organizations, effectiveness is a measure of the *quality* of organizational relationships. We will present results in the graphic format illustrated in Appendix Figure A.2. A row displays how one organization rates its relationship with each of the organizations listed in the columns. The darker the shading, the more effective the organization rated its relationship with another.

Finally, the network surveys will yield data on the specific ways in which organizations collaborate around issues pertaining to youth with disabilities and their families. We will present these results in tabular format as illustrated in Appendix Table A.5.

To enrich the assessment of PROMISE partnerships, we will supplement the network survey findings with findings from a review of program documents and the analysis of site visit data. Specifically, we will examine the memoranda of understanding signed by the program partners to identify their commitments and anticipated contributions to PROMISE and we will probe respondents during site visit interviews about whether and how partners have carried out their roles and responsibilities. We will also compare findings from the network surveys with findings from the site visits about communication and relationships between partners.

3. Assessing Fidelity

Although each PROMISE program has developed a logic model for its services and an approach to the recruitment and enrollment of youth, the actual implementation of the programs may deviate from those designs. Deviation can happen for positive reasons, such as correcting a weakness in a service component that became apparent over time, or for negative reasons, such as inadequate training of staff. Thus, a careful assessment of fidelity to the planned intervention—that is, was a program implemented as intended and if not, in what ways and for what reasons—will be a critical component of the process analysis. In this section, we describe our approach to assessing fidelity first in recruitment and enrollment and then in service delivery.

a. Recruitment and Enrollment

Each PROMISE program has developed marketing and outreach approaches for enrolling youth in PROMISE. In addition, Mathematica has developed enrollment tools and procedures that the programs are either required or strongly encouraged to use, as presented in the PROMISE procedures manual. We will review each program's marketing materials and written plans for reaching out to youth and their families. In addition, we will interview program managers and staff to gain insights into each program's recruitment and enrollment approach, the extent to which

processes are implemented consistently across locations and staff, and how and why initial strategies might have been modified with experience.

Some of the PROMISE programs are developing MISs in which staff will record efforts to recruit youth into the evaluation and engage treatment group members in program services. Subject to availability, we will use the data in those systems to analyze the intensity and types of efforts that staff expend on recruitment and engagement, as shown in Appendix Tables A.6 through A.9. Table A.6 will document recruitment efforts over time. It may reveal shifts in strategies as the process unfolds, such as a shift away from letters and telephone calls and toward texting and social media messages. Table A.7 will provide summary statistics on recruitment results once the entire process has been completed. Table A.8 will compare recruitment efforts directed to youth who ultimately enroll in the evaluation with those directed to youth who never enroll but were recruited. The differences could provide insights into the types of efforts that are more or less effective. They might also reveal deviations in fidelity to the planned recruitment strategy and their possible negative (or positive) ramifications in terms of youth enrollment outcomes. For those youth who enroll in the evaluation, Table A.9 will document where they completed the program consent and enrollment form and how they delivered it to the PROMISE program.

We will analyze whether youth who enrolled in the evaluation are different from those who were eligible to enroll (that is, they were on the SSI lists and in the allowable age range) but did not do so. We show the structure for this analysis in Appendix Table A.10. It will be based on data available from SSI files. The findings, combined with those from other components of the process analysis, may help us understand whether a program targeted or excluded youth with certain characteristics (as specified or not in its recruitment plan) and whether it was more or less successful at enrolling certain groups of youth. Note that a finding of significant differences between enrollees and non-enrollees would have no implications for the internal validity of the evaluation's impact analysis.

Once youth have enrolled in the study, it will be necessary for program staff to reach out to those in the treatment group to engage them in services. As shown in Appendix Table A.11, we will document the number and duration of those efforts separately for youth who ultimately engage in services and for those who do not. For programs that do not record sufficient recruitment and engagement data in their MISs, we will assess their recruitment and engagement efforts by comparing their actual experiences, as described by program staff and any aggregate data they are able to provide, with program-established benchmarks such as enrollment targets by region or quarter.

b. Service Delivery

Weiss et al. (2013) note: "The connection between the treatment that is planned for clients and the treatment that is offered to and received by clients is where implementation, or 'the process of putting a defined practice or program into practical effect' (Fixsen et al. 2005), comes into play." A treatment plan defines what a program is expected to offer to participants. In the context of PROMISE, we will consider a program's treatment plan to consist simply of the activities it intends to offer and the share of participants it intends to engage in each. An implementation plan is "the set of instructions on how the treatment plan is to be realized" (Weiss et al. 2013). Elements that are typically addressed in an implementation plan include (1) staff recruitment and selection, (2) staff training, and (3) staff monitoring and/or supervision and supports. Implementation plans may be very detailed, specifying program curricula and other materials as well as activity structure, or relatively general.

One aspect of analyzing fidelity in service delivery will be to assess how well program realities reflect treatment plans. To characterize their treatment plans, we will use each program's logic model along with target performance measures developed by the programs for purposes of their quarterly progress reports to ED. We will measure fidelity to the treatment plan by confirming through staff interviews whether each intended activity was indeed offered in the field and by comparing the actual level of participation in each activity with the intended level of participation using program MIS data (or outcome data in quarterly progress reports if high-quality MIS data are unavailable).

Another aspect of analyzing fidelity in service delivery will be to assess how well programs applied the concepts and precepts included in their implementation plans. We will supplement data from onsite staff discussions with information from program staffing plans and training manuals to characterize program's implementation plans. We will then create narratives that map plans to actual practice with respect to who provided services, how, when, how often, and to whom. In addition, we will create tables with data that are discrete and quantifiable. A sample table shell for this analysis is provided in Appendix Table A.12 (Table A.12 also demonstrates how we can illustrate the treatment contrast, a concept described in Section B.4, below). We will derive some of the quantitative data elements included in the table from the program MIS, to the extent the MIS captures the information. For instance, we will base typical duration of participation in a particular service on the average length of time between the start and end date recorded for that service among each participant in that service. The program MIS will not capture other quantitative data elements; therefore, we will base them on reports from staff during site visit interviews. For instance, we will rely on staff reports for information on how many sessions of a particular service are typically offered each month and on the amount of time each of those sessions typically lasts. Still other data elements in the table will be more qualitative, such as the curriculum used to deliver a particular service or the credentials of the staff delivering the service. We will rely on staff interviews for this information as well. Whenever possible, we will compare reports from staff interviews with program observations and reports from program participants during focus groups.

Subject to the availability of MIS data, we will also attempt to develop standardized scores for each program to measure the fidelity of service delivery to implementation plans. We will identify a list of program-specific key indicators for each service component that map to the intended intervention approach. For instance, a program's intended approach to case management may entail low caseloads and community-based service delivery. In this case, indicators pertaining to fidelity in case management may include the ratio of actual average caseload size to the target average caseload size and the percentage of case management contacts that occur in a participant's home, workplace, or other community location. If a program intends to provide youth with two six-week work experience placements during their participation in PROMISE, the related indicator would be the percentage of youth who are assigned to two six-week placements. The process analysis team leader will compare the narrative site visit summaries and other source data with the fidelity indicators and their inputs to ensure that the ratings match the implementation description.

4. Interpreting Impacts

Treatment contrast is the difference between the receipt of program services plus other existing services (what the treatment group experiences) and the receipt of other existing services only (what the control group experiences). Weiss et al. (2013) note:

> A program can change clients' outcomes only by changing their treatment receipt and thereby producing a treatment contrast. If a treatment contrast does not exist—that is, if clients have the exact same experience in a program as they would have had had they not

> been in the program—then there cannot be a program effect. Thus a treatment contrast is *necessary* for a program effect to occur. On the other hand, the mere existence of a treatment contrast does not guarantee a program effect. Consequently, a treatment contrast is not *sufficient* for a program effect to occur.

The research team will interpret estimated impacts of the programs in the context of the treatment contrast. If there are no observed impacts, for instance, it may be because the treatment contrast was nonexistent or not strong enough. If there are observed impacts, the team will use the process study findings to assess the extent to which, and which dimensions of, the treatment contrast—content, quantity, quality, and conveyance (described below)—may have driven the impacts.

We will have more data about the nature of program services than the counterfactual services available to the control group. Although we will interview providers of both PROMISE and counterfactual services, we will not have an opportunity to observe counterfactual services during site visits, and most programs plan to collect administrative data only about services provided to treatment group members. To the extent we have comparable data for the treatment and control groups, we will display the treatment contrast in tabular form, as shown in the last two columns of Table A.12. If we have more limited information on counterfactual services, we will describe what we are able to glean about the treatment contrast in narrative form. We will likely be able to document some dimensions of the treatment contrast better than others. The dimensions we will consider, as put forward by Weiss et al. (2013), include the following:

1. **Content.** Within each PROMISE component, which services are available to the treatment group but not to the control group? If certain services are available to both groups, how do the features of the services provided to the treatment group differ from those provided to the control group? For example, if financial literacy training is available to both groups, is the curriculum used the same or different? What topics are covered in benefits counseling sessions for treatment group participants and in sessions for control group participants? We will use site visit data, including data obtained through interviews with PROMISE and non-PROMISE program staff, to develop descriptive side-by-side comparisons of PROMISE with the counterfactual on each service component.
2. **Quantity.** Quantity refers to how much of each service is provided, and is defined in terms of the prevalence, frequency, intensity, and duration of services. Prevalence is the percentage of clients who receive each service. Frequency represents how often each service is received during any given period (a day, week, month, or year). Intensity refers to the length of a typical service session, and duration is the total period of time over which a service is received. We will use MIS data supplemented with site visit interview data to document service quantity for the treatment group. In the two states (New York and Wisconsin) that will collect selected service-use information on control group members through systems that will integrate PROMISE MIS data with state interagency data warehouses, we may be able to use administrative data to compare and contrast service quantity for the treatment and control groups. In the other states, we will use staff interview and focus group data to characterize service quantity for control group members.[10]

[10] The 18-month follow-up survey will collect data on service quantity for both treatment and control group members, but because the process study reports are due to SSA about one year before the 18-month survey will be completed, the information cannot be used for those reports.

3. **Quality.** Quality refers to how well a program provides each service to clients. It encompasses the accuracy of the information conveyed, the timeliness of services provided, and whether the service elicits the desired response (for instance, client engagement and effective interactions between participants and staff). The assessment of quality is challenging and prone to subjectivity. Our evaluation design will keep subjectivity in check by having each site visitor use a standardized tool to observe, record, and assess the services provided to treatment group members. We will use information from site visit interviews with PROMISE and non-PROMISE staff, as well as data from focus group participants, to help characterize differences in service quality between PROMISE and counterfactual services. We will use data from the program's MIS to assess the timeliness dimension of quality.
4. **Conveyance.** How and by whom is each service provided? For instance, are services provided to clients individually or in large or small groups? By teachers, counselors, or others, and what are their qualifications? Are services provided in person, over the telephone, online, or through hard-copy written materials? We will use information from site visit interviews with PROMISE and non-PROMISE staff, as well as data from focus group participants, to help characterize differences in conveyance between PROMISE and counterfactual services, though it is unlikely we will be able to gather much insight about conveyance for counterfactual services.

In addition to the measures of treatment contrast discussed above, we will use the following analytical tools to organize the process study data in a way that is conducive to interpreting impacts:

- **Program timelines**. We will prepare chronologies of program development and implementation that will help us pinpoint practices that seem most relevant to program successes or challenges. The chronologies will assist researchers in assessing whether trends in outcomes and impacts measured with administrative data correspond to key events in the program's implementation or operations. We will also include contextual information on the timeline—such as policy changes at SSA or other agencies involved in the intervention, or an infusion of or cuts to program funds at partner agencies—so that the research team can map their relationship with observed outcomes and impacts.
- **Evaluation integrity checklists**. Given their extensive contact with the programs during planning and early implementation, the evaluation site liaisons will be well positioned to assess whether the programs are implementing the evaluation properly. The liaisons will assess compliance with the evaluation's customized procedures manuals. We will develop evaluation integrity checklists and train the liaisons on using them during their site visits to record aspects of evaluation implementation. The checklist for the first site visit will focus on issues pertaining to enrollment and random assignment and the entry of data into the program MIS. The checklist for the second site visit will focus on issues pertaining to evaluation aspects of service delivery, such as cross-over and contamination.

5. Identifying Lessons and Promising Practices

Promising practices are activities or processes for delivering services that may be considered successful, as indicated by quantitative measures combined with systematically gathered qualitative data. For each PROMISE program, we will develop a list of potentially promising practices by focusing on areas in which the programs have met benchmarks or performance targets and then probing into the mechanisms that contributed to those outcomes. Two examples of benchmarks are

monthly evaluation enrollment targets and a target for the proportion of youth who complete a service module on workplace soft skills. Additionally, we will ask program administrators and staff about perceived successes and challenges in program implementation and whether and how they were able to address them, as well as about factors that they believe to be critical for sustaining and replicating the program.

C. Reporting Findings

The process analysis is a critical component of the PROMISE evaluation. It will provide valuable input for understanding the programs and interpreting their impacts. Findings from the analyses of treatment contrast and fidelity in recruitment and service delivery may help explain overall impacts and impacts on subgroups of evaluation enrollees. The process analysis is also closely tied to learning about program costs, which will in turn be a critical piece of the benefit-cost analysis. In addition, the process findings will be a key tool for future replication efforts and will provide information on the degree to which the evaluation's impact estimates may be generalized to other programs targeting youth with disabilities. For these reasons, the process analysis must communicate findings in a way that is accessible to policymakers, program administrators, and sponsors.

We will report the findings from the process analysis in two phases. First, we will prepare a series of early assessment reports—one for each PROMISE program—that will focus on implementation of the evaluation. Second, we will prepare a series of program-specific reports that will synthesize implementation data from all available sources to address the research objectives of the process analysis. We provide outlines for each type of report in Appendix B. Additional details on the timing and content of the reports follow below:

- **Early assessment reports.** We will deliver drafts of the early assessment reports in the second quarter of fiscal year 2015 and final versions in the third quarter. We will base these reports on telephone interviews with PROMISE program directors, the first site visit to each program, the experiences and observations of evaluation site liaisons in providing technical assistance to the programs, data from the evaluation's random assignment system, and data from the programs' MISs. The focus of these reports will be on data systems and fidelity to the evaluation design. They will address (1) issues that arose with recruitment, enrollment, and random assignment; (2) issues associated with the collection and delivery of evaluation data to Mathematica; (3) remedies suggested and/or implemented; and (4) issues that may require future attention or additional technical assistance.
- **Process analysis reports.** We will deliver the drafts of the process analysis reports in the first quarter of fiscal year 2017 and final versions in the second quarter. We will base these reports on all data collected during the two rounds of site visits, the social network surveys, and data from the administrative systems developed or used by the programs or the evaluation (the evaluation's RAS, the programs' MISs, and the SSI lists of PROMISE-eligible youth). The reports will be comprehensive, covering all of the objectives of the process analysis and the related research questions.

IV. IMPACT ANALYSIS

The PROMISE evaluation's impact analysis will provide rigorous evidence on each PROMISE program's effectiveness in improving the lives of young SSI recipients and their families. We will take advantage of the random assignment of youth enrolled in the evaluation to either the treatment or control group to estimate a program's impact on a range of outcomes for both the youth and their families. This chapter presents the key considerations for the PROMISE impact analysis by identifying its objectives and research questions, describing the analytic approach, presenting the outcome domains and measures, assessing statistical power and other analytic issues pertaining to the estimation of impacts, and presenting the structure for reporting the findings. The impact analysis will be conducted based on data that will be collected at two points in time: 18 months and five years after youth enroll in the evaluation; these are the **interim impact and services analysis** and the **long-term impact analysis**, respectively. Here we present a unified design for these analyses and identify outcome measures that may be specific to one or the other of the two points in time.

A. Objectives and Research Questions

The two fundamental objectives of the impact analysis are to produce evidence on whether the PROMISE programs are successful in facilitating (1) youth's receipt of more and better services to promote successful transitions from secondary school to postsecondary education, employment, and ultimately to productive adult lives, and (2) improvements in the living standards of the youth and their families while reducing their reliance on Social Security disability benefits. To attain these objectives, the impact analysis will answer the following four research questions:

1. **Do youth assigned to the PROMISE treatment groups and their families receive more and better transition and support services than those assigned to the control groups?** Some treatment group youth may never actually participate in PROMISE services and others may only participate infrequently. In addition, some control group members may seek similar services from other providers. The impact analysis will determine whether the PROMISE programs increased the receipt of services by youth and their families relative to what they would have received in the absence of the programs. It will also assess the extent to which treatment and control group members rate the services that they receive as useful, and the extent to which the two groups report unmet service needs. This information will provide context for interpreting the impact estimates for other outcomes and for understanding why some programs may have been more effective than others.
2. **Are the PROMISE programs successful at achieving intended outcomes?** We will assess the success of the programs in improving youth and parental expectations, employment credentials, employment, hours of work, earnings, household income, receipt of SSI and SSDI, and participation in other public assistance programs. We will also estimate the impacts of the programs on the educational attainment of youth as well as their health status, health insurance coverage, self-determination, and engagement in risky behaviors.
3. **Are the PROMISE programs more effective for some youth and families than for others?** We will estimate program impacts on key subgroups of youth and their families. These subgroups will be defined by baseline characteristics of the youth (such as type of disabling condition) and of parents or guardians (such as receipt of SSI or

SSDI). Comparisons of program impacts across these subgroups may help future programs tailor their efforts to particular subsets of youth and families.

4. **Which program features are associated with stronger program impacts?** To the extent that the key features of the PROMISE programs vary across the evaluation sites, we will assess which features are associated with stronger program impacts on the critical outcomes under the PROMISE initiative. We will also assess whether their success is influenced by the quality of program implementation.

B. Analytic Approach

Our approach to the impact analysis will combine the rigor of a random assignment design with statistical modeling to improve the efficiency of the impact estimates. Statistical modeling will also allow us to address additional research questions.

1. Assessing Whether Treatment and Control Groups Are Equivalent at Baseline

Because PROMISE evaluation enrollees will be randomly assigned to treatment or control groups, we expect that, on average, the members of these two groups will have equivalent baseline characteristics. We will use data on the youth's baseline characteristics from SSA's administrative records and from the MISs of some PROMISE programs (those that collect extended baseline data[11]) to assess whether the treatment and control groups are indeed equivalent. We will conduct the treatment–control comparisons for the full sample of evaluation enrollees and for the subsamples of enrollees who respond to the follow-up surveys. We will conduct statistical tests of the differences between the treatment and control groups on the baseline characteristics and assess whether the incidence of significant differences exceeds what we would expect on the basis of chance alone. To the extent we find such differences, our basic approach of estimating impacts will allow us to control for them using regression adjustment.

2. Basic Approach: Regression-Adjusted Estimation of Impacts

We will begin the impact analysis by computing simple differences in the mean values of outcomes between the treatment and control groups. However, more precise impact estimates can be obtained by estimating regression models of the following form:

$$(1)\quad Y_i = \alpha + X_i'\beta + \gamma T_i + \varepsilon_i,$$

where i is an index for evaluation enrollees, Y_i is an outcome measure, X_i is a vector of baseline or pre-baseline characteristics of the enrollee or the enrollee's family, T_i is an indicator of research group membership (1 for treatment and 0 for control), a, β, and γ are parameters to be estimated, and ε_i is a random disturbance term. The estimate of the parameter γ is the regression-adjusted estimate of the impact of a PROMISE program on the outcome measure. The PROMISE impacts estimated using this approach apply to all youth who are offered an opportunity to participate in the

[11] Four of the PROMISE programs plan to collect baseline information on all evaluation enrollees through expanded study enrollment forms or baseline surveys. We will use these data in the national evaluation to the extent that they can be obtained from the programs, are of high quality, and are found to improve the analyses conducted for the national evaluation.

program. In other words, the estimated impacts are for all youth whom the programs intend to treat (ITT impacts), irrespective of their actual participation in program services.

The statistical technique used to estimate Equation 1 will depend on the form of the outcome measure, Y_i. If the outcome is continuous (such as the enrollee's earned income), then ordinary least squares regression will produce estimates of the parameter γ that are both unbiased and efficient (that is, as precise as possible). However, if the outcome is binary (such as whether the enrollee expects to be employed in the future), then regression estimates, although unbiased, will not be efficient. The lack of efficiency could lead us to incorrectly conclude that a PROMISE program had no impact. In this situation, logit or probit models will generate estimates that are unbiased and, under correct parametric assumptions, efficient. For categorical variables (such as living arrangement), we will use multinomial logit models to estimate impacts of the PROMISE programs. Because probit and logit estimates in their raw form can be difficult to interpret, we will present marginal effects that will be more accessible to less technically inclined readers.

We will use the basic model specified in Equation 1 to determine whether youth and families assigned to the PROMISE treatment groups receive more services and achieve higher levels of self-sufficiency and well-being than their control group counterparts. In so doing, we will answer the first two research questions posed in the previous section.

3. Subgroup Analysis: Determining Whether Impacts Are Greater for Certain Subgroups

To estimate the impacts of the PROMISE programs on subgroups of SSI youth and their families, we will modify the basic model by adding explanatory variables formed by interacting the treatment group indicator with subgroup indicator variables. In other words, we will estimate an equation of the following form:

$$(2)\quad Y_i = \alpha + X_i'\beta + \theta S_i + \gamma S_i * T_i + \varepsilon_i,$$

where S_i is a subgroup indicator and the other variables are as defined earlier for Equation 1. The estimate of the parameter γ is the estimated impact of the PROMISE program for subgroup S.

We will construct the subgroup indicators from baseline data. The indicators may include categories of disabling condition or receipt of disability benefits by the parent or guardian. We will estimate this revised model on data for all of the evaluation enrollees in a research site. Under reasonable assumptions, this approach will yield more statistical power than estimating the basic model separately for each subgroup and then testing for differences in the estimates of γ. We will conduct statistical tests to gauge both the statistical significance of the subgroup impact estimates and the differences in impacts across subgroups.

4. Determining Which Program Features Are Associated with Stronger Impacts

If we find that several of the PROMISE programs have positive impacts on key outcomes, then policymakers will want to know whether certain features of the PROMISE programs are associated with stronger impacts. This is an important question, but one that we could be confident of answering only if youth were randomly assigned to different program features in the same site. Absent those conditions, we will use what we learn from the process analysis about the key features of the PROMISE programs, their approaches to implementing core components, as well as the fidelity of the implemented services to the program models (Chapter III), in combination with the impact estimates, to make the best possible qualitative judgments regarding whether certain of the

program features are associated with stronger impacts. For example, different PROMISE programs may approach provision of work-based experiences differently: some may focus on connecting youth to competitive jobs, whereas others may provide supported work experiences. To the extent there is such variation, the process analysis will capture it and we will use those findings to group programs according to their approach to providing work-based experiences. We will then assess which approach is associated with greater impacts. In our reports, we will appropriately qualify those assessments as resting on a less-solid methodological foundation than conclusions based strictly on the impact estimates.

C. Outcome Domains and Key Measures

In Table IV.1, we present a list of outcome domains for the impact analysis, and recommended measures within those domains. The measures include those that will be obtained through the evaluation's two follow-up surveys (Chapter II.C), as well as those that that will be obtained from federal and state program administrative systems (Chapter II.D). The measures will pertain to the SSI youth enrolled in the study (both treatment and control group members), their parents, and in some instances other household members. We will conduct the surveys 18 months and five years after youth enroll in the evaluation. The administrative data will cover at least three and as many as five years following enrollment.[12]

To accurately determine the effectiveness of each PROMISE program and to understand why some programs may be more effective than others, we will analyze a comprehensive set of short-term and medium-term/long-term outcomes.

1. Short-Term Outcomes

The first and most basic question the impact analysis will answer is: "Were treatment group members more likely than their control group counterparts to receive services?" If the treatment group proves to be no more likely than the control group to receive services, then it is unlikely that a PROMISE program would have any effect on other outcomes it was designed to influence. We will analyze short-term measures in two outcome domains—service receipt and attainment of employment credentials—to answer this important question. We will also analyze additional measures in the domains of self-determination and expectations that the PROMISE programs are expected to influence in the short term.

Service receipt. We will use data on the services received by treatment and control group members to (1) analyze whether the PROMISE programs actually resulted in youth and their families receiving more, and more useful, services than they would have in the absence of PROMISE and (2) interpret estimated impacts of the programs on longer-term outcome measures. We will obtain data on the full range of transition and family support services received by all evaluation enrollees and their parents from the 18-month follow-up survey. This survey will capture the type, intensity, and usefulness of the full set of services obtained from any source. We will supplement the survey data with administrative data (from state VR and Medicaid administrative

[12] Although most of the administrative data for the long-term impact analysis will cover the entire five-year period following enrollment, annual earnings data from SSA administrative files will not cover the five-year period for all sample members. Specifically, data on annual earnings is expected to be available through December 2020, which would cover four years following enrollment for all sample members. Only for a subset of the sample will the annual earnings data through December 2020 cover five years following enrollment.

Table IV.1. Parent and Youth Outcome Domains and Measures for the PROMISE Impact Analysis

Domains	Measures
Service Receipt	
Transition services	Receipt of transition services, by type (special education, employment, benefits counseling, financial literacy, other non-employment, case management) and overall receipt of transition services; intensity of services; usefulness of services types of service providers; unmet service needs; receipt of VR services; receipt of Medicaid-funded services
Parent training and information	Receipt of family support services, by type (outreach, training, employment, information) and overall; intensity of services; unmet service needs; type of service providers
Employment Credentials	
Parents' education and training	Whether parent completed any education or training; whether father and mother had any postsecondary degree, certificate, or license; type of highest degree, certificate, or license (bachelors, associates, certificate, or license) achieved by father and mother
Youth's work-based experiences	Job shadowing, apprenticeship/internship; participation in skills training, by type (basic skills training, computer classes, problem solving, and social skills training) and overall work-based experience
Self-Determination and Expectations	
Self-determination	Index of self-determination; indices of autonomy, self-regulation, psychological empowerment, and self-realization
Expectations	Youth's expectations about future education and employment; parent's expectations about youth's household responsibilities; parent's expectations about youth's future education, employment, and independence; youth's perceived barriers to work
Education	
Secondary education	School enrollment status; type of school attended; grade completion; high school completion; type of diploma; receipt of a General Educational Development credential
Postsecondary education	Postsecondary school enrollment and completion, by type of institution
Employment	
Youth's employment experience	Employment in paid and unpaid jobs; hours of work; earnings; employment status at the time of survey
Parents' employment and earnings	Fathers' and mothers' employment in paid jobs; hours of work; earnings; employment in jobs with fringe benefits
Contact with the Justice System	
Arrested or charged	Arrested or charged with delinquency or criminal complaint; type of charge (violent, property, drug-related, or other crimes);
Conviction and incarceration	Ever convicted of or plead guilty to a charge; currently incarcerated (in jail, prison, or detention home); currently on probation or parole
Health and Health Insurance Coverage	
Health status	Self-assessment of health status; functional limitations
Health insurance	Any private and public health insurance coverage; Medicaid costs
Substance use and treatment	Smoking; drug use; alcohol use; participation in a drug or alcohol treatment program
Teen parenthood	Became a teen parent
Individual and Family Well-Being	
Income	Youth income; household income
Program participation	Receipt and amount of SSA disability benefits; participation in other public-assistance programs; connections to adult services
Living arrangement	Lives alone or with friends, with family, in group home or other institution; married or cohabiting

files for all of the PROMISE programs, and from linkages with the data systems of other state agencies for the New York and Wisconsin programs), to obtain more detailed information about specific services. The survey will also capture information about unmet service needs to further assess differences in the quality of services received by treatment and control group members.

Employment credentials. Early work-based experience is an important determinant of later employment for youth with disabilities, and attainment of employment credentials such as degrees and certificates can likewise affect the labor market success of their parents. For youth, work-based experiences (such as work-site tours and job shadowing) are considered to be a key area of intervention (National Alliance for Secondary Education and Transition 2005), and there is growing evidence that employment during the secondary school years is an important predictor of post-school employment success for youth with disabilities (Test et al. 2009; Carter et al. 2012a; Gold et al. 2013). Also, there is strong evidence that having postsecondary education credentials nearly doubles adult earnings compared with having less than a high school diploma (Bureau of Labor Statistics 2013). However, about one-third of parents of child SSI recipients have less than a high school education (Davies et al. 2009). If PROMISE could improve the education and training of the parents of SSI youth, that would likely result in increased family earnings, thus contributing to the resources and general well-being of the youth targeted by the program. This, in turn, could result in improved employment and other outcomes for the youth in the long term. The follow-up surveys will also collect data on the work-based experiences of youth and the attainment of employment credentials in the form of degrees and certificates by their parents.

Self-determination and expectations. Over the last few decades, a considerable amount of attention has focused on the importance of self-determination in improving the transition outcomes of youth with disabilities, including employment and independent living (Wehmeyer 2014; Shogren et al. 2013; Wehmeyer and Palmer 2003; Wehmeyer and Schwartz 1997) and quality of life and life satisfaction (Lachapelle et al. 2005; Shogren et al. 2006). We hypothesize that the PROMISE interventions will lead to greater self-determination among youth and to improved expectations about their future education and employment. The follow-up surveys, in particular the 18-month survey, will collect data on aspects of self-determination. The specific questions that we use to gather this information will be based on one of two methodologies for assessing self-determination: either The Arc's self determination scale (Wehmeyer 1996) or the American Institutes for Research self-determination scale (Mithaug 1993). Shogren et al. (2008) provide a useful comparative analysis of these two methodologies. The follow-up surveys will also collect data on youth and parental expectations regarding the education, employment, household responsibilities, and independence of the youth, as well as the youth's perceptions of barriers to work.

2. Medium- and Long-Term Outcomes

The PROMISE programs will provide services designed to improve the educational outcomes of targeted youth in the medium term, as well as to enhance their employment in the long term. The medium- and long-term outcomes to be assessed by the impact analysis reflect these and a number of other objectives for both youth and their families. We will obtain data on some of these outcomes from federal administrative systems; the follow-up surveys will capture the rest.

Education. Existing research provides evidence that transition services can improve education outcomes for youth with disabilities. From the YTD evaluation, there is evidence that enhanced transition services in the Montgomery County, Maryland, site resulted in greater enrollment in postsecondary education even in a service-rich environment (Fraker et al. 2012b). In a survey of former special education students, the New York State Education Department (1999) found higher

rates of attainment of high school diplomas, greater preparedness for postsecondary education, and higher levels of enrollment in postsecondary education among those who had received transition services while in high school. The PROMISE evaluation offers an opportunity to obtain more definitive evidence of the effectiveness of transition services in improving educational outcomes. We will develop key secondary and postsecondary education outcome measures (such as school enrollment status, high school completion, and postsecondary enrollment by type of institution) using data from the follow-up surveys.

Employment. Research evidence suggests that transition services for youth with disabilities can lead to improved medium- and long-term labor market outcomes. Recent analysis of YTD impacts at twelve months and 24 months following random assignment shows that in three of the six research sites, the transition services resulted in increased paid employment among youth ages 14 through 25 at each time interval, with two sites having impacts at both time periods (Fraker 2013; Hemmeter 2014). D'Amico (1991) found that participation in vocational education during the final year of secondary education by students with disabilities was associated with higher subsequent employment rates. More recently, Carter et al. (2012a) found that paid work while in high school is predictive of post-school employment for youth with disabilities. However, youth who are SSI recipients may be less responsive to interventions than youth with disabilities who are not recipients (Berry 2000). We will measure the labor market outcomes of PROMISE enrollees and their parents using annual earnings data from SSA administrative records and in more detail using data from the follow-up surveys. The surveys will provide information on employment status, earnings, and job characteristics (such as hours of work, hourly wage rate, and fringe benefits).

Contact with the justice system. Through counseling youth and engaging them in positive activities to promote their education and employment, the PROMISE programs may reduce the likelihood that they will have contact with the justice system. Youth with disabilities are more likely than their peers without disabilities have such contacts (Wittenburg and Loprest 2007; Wagner et al. 1993), which are associated with poor educational and employment outcomes (Honeycutt and Mann 2013). We will measure arrests and convictions in the follow-up surveys and analyze whether the PROMISE programs reduced their incidence.

Health and health insurance coverage. By providing referrals for social and health services and helping participating youth to become productively employed, the PROMISE programs may improve their health status. In addition, benefits counseling may help youth and their families obtain health insurance coverage under the Patient Protection and Affordable Care Act of 2010 or through other means. The follow-up surveys will collect data on self-reported health status, functional limitations, and health insurance coverage. Considering the still-evolving regulatory framework for health insurance, we will take extra care in developing survey questions that will appropriately capture health insurance coverage among the PROMISE evaluation enrollees. For example, the follow-up survey will ask about the source of health insurance coverage for youth and their families; that is, whether they have employer-provided health insurance, unsubsidized private health insurance obtained through the health insurance exchanges or other sources, subsidized private health insurance obtained through the exchanges, or publicly provided health insurance (Medicaid and Medicare). In addition, if the PROMISE interventions are successful, we hypothesize that they will reduce Medicaid costs in the long term by improving health status and increasing private insurance coverage through employment. Data from Medicaid administrative records will allow us to estimate PROMISE impacts on Medicaid costs and incorporate the findings in the benefit-cost analysis. Moreover, we will use data from the surveys to estimate impacts of the programs on tobacco, alcohol, and drug use, and becoming a teen parent.

Individual and family well-being. The PROMISE programs could potentially influence measures of the well-being of participating youth and their families. We will use data from the follow-up surveys to estimate impacts on the income and living arrangements of the youth and on their total household income, including income received by their parents and other family members. A key long-term objective of the intervention is to reduce the dependence of participants on SSA disability programs and other public assistance programs. SSA administrative files will be the principal source of data on the receipt and amount of disability benefits. The follow-up surveys and state administrative systems will provide data on participation in other public assistance programs. In addition, using follow-up survey data, we will analyze impacts on youth's connections to adult services. Research suggests that special education students who received transition-planning services were more likely to be connected to adult services after leaving high school (New York State Education Department 1999).

3. Primary Data Sources for the Impact Analysis

As discussed previously, we will use data from administrative sources as well as from the two follow-up surveys in the impact analysis (Table IV.2). Baseline data on the evaluation enrollees will be available from SSA administrative files and from the MISs of some PROMISE programs. The baseline data will allow us to assess whether random assignment resulted in treatment and control groups that are equivalent in their observed characteristics and to construct weights to correct for nonresponse to the follow-up surveys. Furthermore, as discussed in Section B of this chapter, baseline data will enable us to obtain more precise impact estimates and conduct subgroup analysis by controlling for baseline characteristics through regression adjustment. Data on outcomes for youth and their families will primarily be available from the follow-up surveys, but will be supplemented by data from SSA administrative files and from state Medicaid and VR administrative files. Specifically, SSA administrative files will provide data on monthly SSI and SSDI benefits and annual earnings, and the state Medicaid and VR administrative files will provide data on Medicaid costs and whether youth received Medicaid-funded services and VR services. The follow-up surveys will provide data on measures that will not be available from other sources, such as the self-determination and expectations of youth. Furthermore, the surveys will be a secondary source of data on some measures that we will also collect from administrative systems—a useful redundancy, given the likelihood of unavailability, gaps, and inconsistencies in state-level systems.

D. Statistical Power and Precision

Even with an experimental design, sample sizes must be large enough to provide sufficient statistical power for the impact estimates to be statistically significant in cases where the program produces impacts large enough to be meaningful to policymakers or practitioners. The PROMISE evaluation will have samples of 2,000 SSI youth in each of five sites and 3,100 in the sixth site (California). Half of the evaluation enrollees in each program will be randomly assigned to a treatment group and the other half to a control group. Based on these sample sizes, in Table IV.3 we present the minimum impacts we will be able to detect using administrative or survey data on five key outcomes for youth: (1) employment in paid jobs, (2) annual earnings, (3) enrollment in school, (4) SSI benefit receipt, and (5) annual SSI benefit amount.

The minimum detectable impacts (MDIs) in Table IV.3 suggest that the planned study samples will support the detection of meaningful impacts. For example, in five of the six sites, we will be able to detect program impacts of five percentage points or larger on employment in paid jobs estimated using administrative data and six percentage points or larger using survey data for the full samples; we will be able to detect impacts of four percentage points or larger using administrative data in the

Table IV.2. Data Sources for the PROMISE Impact Analysis, by Domain

Domain	PROMISE Program MIS [a]	18-Month Follow-Up Survey	Five-Year Follow-Up Survey	SSA Adminis-trative Files	State Medicaid and VR Adminis-trative Files
Baseline characteristics	X			X	
Service receipt	X	X			X
Employment credentials		X			
Self-determination and expectations		X	X		
Education		X	X		
Employment		X	X	X	
Risky behaviors			X		
Health and health insurance coverage		X	X		X
Individual and family well-being			X	X	

[a] Four of the PROMISE programs will collect baseline data on evaluation enrollees through expanded program consent and enrollment forms or baseline surveys and record the data in their management information systems.

Table IV.3. Minimum Detectable Impacts

	Outcome				
Sample Size	Employed in Paid Jobs	Annual Earnings	Enrolled in School	SSI Receipt	Annual SSI Payments
Assumed mean value of outcome for control group members	23%	$900	88%	99%	$6,500
Follow-Up Data from Administrative Records					
California					
3,100 (full sample)	4%	$287	n.a.	1%	$220
1,550 (50% sample)	6%	$405	n.a.	1%	$311
Other sites					
2,000 (full sample)	5%	$357	n.a.	1%	$274
1,000 (50% sample)	7%	$505	n.a.	2%	$387
Follow-Up Data from Surveys					
All sites					
1,600 (full sample)	6%	$399	4%	n.a.	n.a.
800 (50% sample)	8%	$564	6%	n.a.	n.a.
400 (25% sample)	11%	$798	9%	n.a.	n.a.

Notes: MDI calculations assume (1) an equal number of treatment and control members, (2) a 95 percent confidence level with an 80 percent level of power, (3) a two-tailed test, (4) a reduction in variance of 10 percent owing to the use of regression models, (5) standard deviations of annual earnings and annual SSI payments of $3,000 and $2,300, respectively, (6) administrative data obtained on 100 percent of the sample, and (7) survey response rates of 80 percent. Mean values of outcomes for control group members are based on findings from the YTD evaluation's twelve-month impact analysis.

n.a. = not applicable.

California site because of its larger sample size. Evaluations of interventions providing transition services to youth with disabilities have found short-term impacts on employment rates that are larger than these MDIs. For example, in the YTD evaluation, three of the six projects had estimated impacts on the likelihood of being employed in a paid job during the twelve months following enrollment of between nine and 19 percentage points (Fraker 2013).

The study samples will also be sufficient to detect policy-relevant impacts for important subgroups. For example, we would be able to detect a program impact of eight percentage points or larger on paid employment using 50 percent samples of the survey respondents, such as female or male evaluation enrollees. We would be able to detect an impact of eleven percentage points or larger on the likelihood of being employed in paid jobs during the year following enrollment even using 25 percent survey samples, such as youth who had any work experience prior to enrollment in the evaluation. However, we note that for two of the three YTD projects that had statistically significant impacts on employment during the year following enrollment, the impacts were nine percentage points (Fraker 2013). Table IV.3 indicates that we would not be able to detect impacts of that magnitude by the PROMISE programs at the 95 percent confidence level based on 25 percent survey samples.

E. Analytic Issues

Below, we discuss five analytic and data-related issues that we will address in the impact analysis.

1. Survey Nonresponse

We will use data from the 18-month and five-year follow-up surveys to estimate program impacts on selected outcomes; however, survey nonresponse could be an issue for this analysis. It could reduce effective sample sizes, with corresponding losses of statistical power to detect impacts. It could also result in biased impact estimates (estimates that are not representative of all evaluation enrollees) if nonrespondents are systematically different from respondents in their observed baseline characteristics. To minimize the potential negative ramifications of this issue, we will take steps to achieve high survey response rates (our response rate target is 85 percent for the 18-month survey and 80 percent for the five-year survey) as discussed in Section III.G of CyBulski et al. (2014). We will also manage the surveys to keep the response rate differentials between treatment and control group members below five percentage points. We will assess whether nonrespondents differ systematically from respondents by comparing these groups with respect to baseline characteristics and follow-up outcome measures from administrative records. If, as is often the case with surveys, we find systematic differences between respondents and nonrespondents, we will adjust for nonresponse by weighting the respondent cases to make them more representative of the total sample (both the respondents and the nonrespondents). We will derive the weights by using regression models to predict a sample member's likelihood of being a survey respondent. The explanatory variables in these models will include both baseline characteristics and follow-up outcome measures from administrative records.

2. Sensitivity of Impact Estimates to Regression Adjustment and Survey Nonresponse Weights

We plan to use survey nonresponse weights and regression adjustment to compute the impact estimates that we will present in the main text of the two planned reports on the PROMISE impact analysis. However, we will first assess the sensitivity of the impact estimates to these methodologies. Regression adjustment is generally appropriate when the sample is split fairly evenly between the treatment and control groups (Schochet 2010), which we expect to be the case in this evaluation. We will estimate impacts with and without regression adjustment, and qualitatively assess whether they are substantively different from each other. We will conduct similar sensitivity tests to determine whether impact estimates are substantively different when survey nonresponse weights are used, compared with when they are not. We will present the weighted and adjusted estimates in the main

text of our reports on PROMISE impacts and the unweighted and unadjusted estimates in appendices. If we find no substantive differences in the impact estimates with and without regression adjustment and use of nonresponse weights, then we will note the robustness of the estimates across the methodologies. On the other hand, a finding of substantive differences would constitute evidence that regression adjustment and/or the use of nonresponse weights is necessary; thus, we would not alter our plan to present the regression-adjusted and weighted estimates in the main text of our reports.

3. Missing Data

We will use multiple strategies to deal with item-specific missing data on outcome and baseline variables. For outcome variables, we will usually exclude cases with missing information from the impact analyses of those outcomes. However, when an outcome is known to have a specific value for some cases conditional on the value of another outcome, the exclusion of cases with missing observations could result in bias. For example, because earnings for evaluation enrollees who did not work are known to be zero, earnings information would be missing only for those who worked but did not report their earnings. In this example, the elimination of cases with missing earnings data would imply the elimination of only cases with employment (as cases without employment would be assigned a value of zero for earnings), which would result in an underestimate of average earnings among all enrollees. To reduce the risk of such bias, we will use a multiple imputation procedure (Puma et al. 2009) for outcomes for which information is missing conditional on another outcome.[13] For the control variables in our regression models, only a small fraction of observations are likely to have missing information because those variables will generally come from either the program consent and enrollment forms or administrative records, both of which are expected to have minimal missing data. Nevertheless, if any control variables do have missing values for more than 5 percent of the enrolled youth, we will include dummy explanatory variables in our regression models to indicate that the values are missing. For control variables that have missing values for less than 5 percent of enrollees, we will replace the missing data with the mean values from the enrollees with nonmissing values.

4. Finding a Balance Between Obtaining Comprehensive Findings and Avoiding Spurious Impact Estimates

To gain a comprehensive understanding of the effectiveness of the PROMISE programs, we will collect and analyze data on many outcome measures. However, we must be mindful of the statistical problem of "multiple comparisons." This problem may arise when researchers estimate impacts on a large number of outcomes: at least a few of the estimates are likely to be statistically significant by chance, even if no true impacts occurred. For example, if we were to examine 100 independent outcomes, we would expect to find statistically significant impact estimates (at the 5 percent level of statistical significance) for five outcomes simply by chance, even in the absence of any true program impacts.

We will take a balanced approach to addressing the multiple comparisons problem while retaining the evaluation's ability to provide a broad assessment of the impacts of PROMISE. This will entail a tradeoff between reducing the likelihood of getting "false positives" (that is, finding

[13] We will not impute outcome values when data are missing not conditional on other outcomes, or when data are missing due to survey nonresponse. Furthermore, we will specify the outcomes for which we will impute data in the analysis plans, prior to carrying out the impact analyses.

statistically significant impacts by chance even when no true impacts exist) and maintaining our ability to avoid "false negatives" (that is, the statistical power to avoid incorrectly inferring no impacts when true impacts exist). Prior to conducting the impact analysis, we will work with SSA and other stakeholders to identify parsimonious sets of outcome domains separately for youth and their parents, and specify one or two primary outcomes in each domain. The primary outcomes will be the basis for tests of the main hypotheses. By limiting the number of main hypotheses being tested, this approach will reduce the likelihood of finding impacts by chance alone, without significantly undermining the evaluation's statistical power to detect true impacts.

Figure I.1 (the PROMISE conceptual framework) and Table IV.1 constitute the starting point for this process, which will culminate with the full specification of outcome domains and primary outcomes in the analysis plans for the evaluation's two reports on program impacts. With separate sets of domains for youth and their parents, our inferences about impacts of PROMISE on primary outcomes for youth will not be affected by tests conducted on primary outcomes in domains for the parents, and vice versa. We will analyze multiple supplementary outcomes in each domain to explore impacts on additional outcomes. However, we will only highlight the findings for the supplementary outcomes if we find statistically significant impacts on the primary outcomes or if we find a credible pattern of statistically significant impacts on the supplementary outcomes. Our experience conducting the impact analysis on the YTD evaluation (for example, Fraker et al. 2012a), as well as guidance from ED's Institute of Education Sciences (2014), suggest that this approach strikes the right balance in addressing the multiple comparisons problem while maintaining the evaluation's ability to detect policy-relevant impacts.

5. Identifying subgroups of interest and drawing conclusions from subgroup findings

We will identify subgroups of interest prior to conducting the impact analysis, and will draw conclusions from the subgroup analysis after carefully taking into account issues of statistical power and multiple comparisons. The subgroups for the impact analysis will be determined by key characteristics that are of policy relevance and reflect the composition of the youth enrolled in the PROMISE evaluation (for example, the primary disabling condition of the youth, the youth's prior work experience, and receipt of disability benefits by the parent or guardian). We will determine the subgroups of interest before we carry out the impact analysis and specify them ahead of time in the impact analysis plan. A key consideration for subgroup analysis will be the subgroup sample sizes. As noted in Section IV.D, any subgroup with less than 25 percent of the survey sample will have limited statistical power to detect impacts that are large enough to be meaningful for policymakers and practitioners. Consequently, the discussion of subgroup impacts will focus on subgroups with at least 25 percent of the survey sample. If there is a subgroup pair with, say, an 80-20 split, the estimated impacts for the 80 percent subgroup will drive the discussion, but for completeness we will also present the estimates for the other subgroup in the pair (that is, the 20 percent subgroup). Lastly, the subgroup analysis will focus on the primary outcome in each domain for youth and parents or guardians. By limiting the number of subgroups to be analyzed and focusing on the primary outcomes, we will minimize the risk of drawing spurious conclusions due to multiple comparisons.

6. Treatment Youth Who Do Not Receive PROMISE Services and Control Youth Who Do

As noted in Section B of this chapter, our presentation of the basic approach to the impact analysis focuses on the estimation of impacts of the PROMISE programs on those whom the programs intend to treat. However, some youth who are randomly assigned to the treatment and the control groups may deviate from those assignments. That is, some treatment group members may

not actually engage in PROMISE services and some control group members may end up receiving PROMISE services. Policymakers are likely to be interested in impacts on those who are treated—those who actually received services irrespective of their study group assignment—in addition to being interested in impacts on those whom the programs intend to treat.

For programs whose MISs capture the receipt of PROMISE services by youth without regard to their study group status, we could address deviation from study group assignment by using an instrumental variables approach to the estimation of impacts (Angrist et al. 1996). This approach utilizes the exogenous increase in service receipt resulting from random assignment to the treatment group to estimate the average impact on those who participated in PROMISE services, regardless of their study group assignment. Through the process analysis, we will assess the extent to which evaluation enrollees deviate from their original assignments. If none or just a few of the control group members deviate from their study group assignment, we will consider a simpler alternative to the instrumental variables approach to estimate program impacts on those who actually participated in PROMISE. Bloom (1984) developed this approach, which involves dividing the ITT impact estimates by the proportion of treatment group members who received PROMISE services. Use of the more complicated instrumental variables approach would be warranted only if we were to find that a relatively large number of control group members received PROMISE services.

F. Reporting Findings

We will conduct the impact analysis in two phases: (1) using data on outcomes 18 months after study enrollment and (2) using data on outcomes five years after enrollment. We will conduct the impact analysis for each PROMISE program separately in each phase. Findings from the analysis in each phase will be presented in one comprehensive report covering all of the programs. The first of these reports, the interim impact and services report, is due to SSA in draft form in August 2018. The second report, the long-term evaluation report, is due to SSA in draft form in January 2022.

A common outline for the interim impact and services report and the long-term evaluation report is presented in Appendix Tables B.3 and B.4. The reports will begin with two chapters containing introductory material about PROMISE and describing the evaluation design and methods. These will be followed by six program-specific chapters; in each of these, we will provide an overview of the specific program, give descriptive statistics on the research sample, summarize earlier findings from the process analysis, review findings from the 18-month impact analysis (in the long-term evaluation report only), present new findings from the impact and cost-benefit analyses, and conclude with a discussion of the findings for that program. In the final chapter, we will compare findings across the programs and present general conclusions. In addition to these chapters, the report will include an executive summary and two appendices, which will present additional statistics and discussion pertaining to the impact analysis.

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V. BENEFIT-COST ANALYSIS

An important analytic component of the PROMISE study is the evaluation of the benefits of the interventions relative to the costs. Combining information gathered during the process analysis site visits with estimates from the impact analysis, the benefit-cost analysis will determine whether the benefits of the PROMISE programs are large enough to justify their costs. The analysis will seek to provide a full accounting of the consequences of the interventions from four perspectives: the youth and families receiving services, the federal government, the state programs delivering services, and society as a whole. The findings will be useful to ED, SSA, state agencies, and policymakers in making decisions about expanding PROMISE or initiating similar interventions.

The benefit-cost analysis will answer the following basic research questions:

- What are the benefits and costs of the PROMISE programs from the perspectives of the participants, SSA and its federal partners, state and local partners, and society?
- Do the benefits of the programs outweigh their costs? The costs and benefits to be analyzed will correspond to key PROMISE services and outcomes.

We begin the discussion of our technical approach to the benefit-cost analysis by describing the different perspectives that will be captured in the accounting framework. Next, we describe a seven-step approach to the collection of program cost data and calculation of unit costs. We go on to explain how we will develop measures of program benefits based on findings from the evaluation's impact analysis. We then discuss the integration of the cost and benefit inputs in the calculation of net benefits, with particular attention to several analytic issues. We conclude the discussion with our plan for reporting the findings from the benefit-cost analysis.

A. Developing an Accounting Framework That Captures Multiple Perspectives

The findings from a benefit-cost analysis will vary depending on the perspective from which benefits and costs are measured; often benefits from one perspective are costs when viewed another way. We will develop an accounting framework incorporating four perspectives to guide the benefit-cost data collection, analysis, and reporting:

1. **PROMISE participants and their families.** Most of the benefits of PROMISE programs will accrue to the youth and their families who engage in program services. Assessing benefits and costs from this perspective will allow us to address whether participating in PROMISE programs is a good investment for those whom the programs are intended to directly help.
2. **The federal government.** Four federal agencies are supporting the PROMISE demonstration, most notably ED and SSA, which are providing the funding for the programs and the national evaluation. Benefits from the demonstration could accrue to SSA in the form of reduced SSI payments. Federal agencies not directly involved in PROMISE could also benefit from the demonstration, such as through decreased expenditures on Medicaid and other assistance programs. To account for the varied perspectives within the federal government, we will document benefits and costs of PROMISE separately for SSA, the other federal PROMISE partners, and the federal government as a whole.

3. **State and local PROMISE partners.** Each PROMISE program incorporates and extends the services of multiple state and local government entities, each of which will have costs and benefits related to its involvement in the demonstration. The benefit-cost analysis will therefore need to collect information specific to each of those entities. For the ASPIRE program, we will aggregate this information across the partner states to obtain estimates that will be comparable with those for the five single-state programs, but where possible, we will develop separate state estimates.
4. **Society as a whole.** To compare benefits and costs from the perspective of society as a whole, we will aggregate benefits and costs across the first three perspectives (youth and families, the federal government as a whole, and state and local PROMISE partners). This analysis will reveal the extent to which the benefits of PROMISE programs offset the costs, regardless of to whom they accrue. A finding of a positive net social benefit would imply that a program was successful in the sense that it increased the overall resources available to society; hence, this perspective may be useful to policymakers.

B. Collecting and Analyzing Cost Data

As part of the PROMISE evaluation, we will conduct a cost analysis to determine the true economic cost of each program. The analysis will include costs not directly paid by a program, such as for volunteer labor and donated materials. Thus, the measure of total cost may exceed the funding that each program receives as part of its involvement in the PROMISE initiative. This measure will represent what it would cost society to implement a similar program.

Guided by the accounting framework, we will use the approach developed by Handwerger and Thornton (1988) to collect cost data for program inputs such as labor and vendor payments, sum all the input costs to obtain a measure of total program cost, and then calculate the unit cost of the program (that is, a measure of total program cost adjusted for the intensity of participation). We describe the application of this seven-step approach in the context of PROMISE in detail in Table VI.1 and summarize it here. We will begin by identifying the key components of each PROMISE program, such as benefits counseling (Step 1), and gather data from program administrative records, program staff interviews, and published reports on the costs of delivering these components, which we will classify into four categories (Step 2). We will assess these costs for a specific steady-state accounting period with few start-up or close-out activities (Step 3). We will then assign dollar values to resources that a program used but for which no internal dollar-denominated values are available (Step 4). Using the information from Steps 1 through 4, we will calculate the cost of a PROMISE program during the accounting period for each of the four cost categories identified in Step 2 and in the aggregate (Step 5), and the costs associated with the key program components (Step 6). Finally, we will combine the measure of total program cost with data on participation (the number of youth involved and the duration of their involvement) to calculate two measures of unit cost: the average cost per participant and the average cost per participant month (Step 7).

Table V.1. PROMISE Program Cost Analysis Framework

Step	Approach for the PROMISE Cost Analysis
1. Identify program cost components	We will determine which key program components (examples include program administration, employment services, education services, case management services, and financial and benefits counseling) to include in the cost analysis. We may include services delivered to participants directly by program staff, services delivered by contractors, and program services delivered through formal but nonmonetary agreements between the lead agency and other organizations.
2. Collect and classify cost data	We will collect information about the costs associated with delivering program services; that is, the cost of inputs (such as staff, office space, and purchased services) required to provide the components identified in Step 1. Data collection procedures will involve working with program staff to obtain relevant financial documents and conducting interviews with the financial administrator, counselors, and others involved in the demonstration about costs and the time they spent on the program and additional services that participants may have received. We will assign the costs to four overarching categories: (1) personnel or labor costs, including wages and fringe benefits, (2) other direct costs of providing services to participants (payments made directly to participants or made on behalf of participants receiving services), (3) indirect costs (e.g., administrative costs and overhead costs such as rent and internet service), (4) and unbudgeted costs (e.g., volunteer labor and donated office space).
3. Assess costs for a steady-state period	We will assess costs for a twelve-month period of relatively steady-state program operations. This accounting period will be one of ongoing program operations—a period without costs associated with planning implementation, an exclusive focus on enrollment, or closing out of the program—to indicate the basic operating cost of the program.
4. Determine the market value of resources used	For unbudgeted costs for which no internal program valuations are available, we will assign dollar values equal to what it would have cost to purchase those resources in the open market. We will obtain those values either through staff assessments or published data (such as on average wages by labor category and average rental rates for office space).
5. Calculate total program cost	We will compile the information gathered from the above steps to calculate the cost of the program during the accounting period for each of the four cost categories (labor, other direct costs, indirect costs, and unbudgeted costs) identified in Step 2 and in the aggregate.
6. Calculate component costs	We will assign costs to the key program components identified in Step 1 following either of two approaches: (1) When the cost of a program input (for example, job coaching services) is clearly and exclusively related to a specific component, we will allocate all of the item's costs to that component. (2) When the cost of a program input component (for example, rent and utilities) is not clearly and exclusively related to a specific component, we will use a formula based on the activities reported by staff members to allocate the costs across several components.
7. Calculate unit costs	We will standardize the measure of total program cost from Step 5 by converting it to two measures of unit cost: the average cost per participant and the average cost per participant-month. To do this, we will combine the measure of total program cost with administrative data that identifies (1) the number of youth and families involved in the program during the cost accounting period, and (2) the average number of months that they received services. These unit cost measures will facilitate comparisons across the PROMISE programs and may be valuable for planning similar interventions in the future.

Note: In Steps 1-3, "costs" refers to the resources used to operate a program. These resources may be measured in dollars or in other units, such as staff hours or square feet of office space. In Step 4, dollar valuations are applied to the resources used to obtain dollar-denominated measures of costs. In Steps 5–7, all costs are measured in dollars.

C. Estimating Benefits and Additional Costs

We will use findings from the evaluation's impact analysis to develop the estimates of the benefits associated with the PROMISE programs and of potential additional costs for participants and their families and various levels of government. Benefits and costs of primary interest are described below.

- **Earnings, fringe benefits, payroll taxes, and work-related costs.** We expect that the PROMISE programs will result in increased earnings from employment, with associated increases in fringe benefits and work-related costs (both of which we will calculate by applying standard multipliers to the earnings impact based on data for low-skilled or

part-time workers). Also as a result of increased earnings, youth will be subject to increased payroll taxes, which will be a cost to the youth but a benefit to the federal government.

- **Income and sales taxes.** With increased earnings, youth will be subject to increased federal and state income taxes, which represent a cost to youth but a benefit to governments. Similarly, increased income—either through earnings or cash benefits—could result in youth having higher costs due to their increased purchasing power and the associated sales taxes. We will use standard multipliers, based on income levels, to calculate these impacts.

- **SSI, SSDI, and other public cash supports.** We expect that overall public cash benefit levels will decrease for youth and families as a result of increased earnings due to the PROMISE programs. We will use administrative and survey data to assess the implications of such changes for youth and families (and correspondingly, for federal and state governments). Any changes in public cash supports will also be accompanied by associated changes in the administrative costs of providing those supports, which will represent a net benefit (if supports are reduced) or cost (if supports are increased) to society.

- **Health insurance.** Health insurance coverage may change as a result of youth and family involvement with the programs, but it may also change as a result of state and employer offerings of coverage in response to the Patient Protection and Affordable Care Act of 2010. PROMISE may shift health insurance coverage for program participants from Medicaid and Medicare to private coverage (including coverage through the health insurance exchanges). However, to the extent it increases subsidized health insurance coverage through the exchanges, it may result in increased (or shifted) costs from the perspectives of state and federal governments. We will use survey data to track youth and family access to four categories of health insurance coverage: 1) employer-provided health insurance, 2) unsubsidized private health insurance obtained through exchanges or other sources; 3) subsidized private health insurance obtained through exchanges; and 4) public insurance through Medicaid and Medicare. We will apply cost statistics from public sources to our estimates of changes in these four types of health insurance coverage to understand the cost implications of PROMISE for state and federal governments.

- **Service receipt outside of PROMISE.** Youth and family involvement in PROMISE may result in the use of services that are not directly part of a PROMISE program. For example, parents may use more VR services and youth may use more transitional programs in school, neither of which would be accounted for through the PROMISE program itself. Such impacts represent additional costs to federal and state governments.

- **Education-related costs.** Potential program impacts on expenses such as college tuition (due to increased enrollment in post-secondary education programs) may represent costs rather than benefits to participants and their families. These may also be costs to state governments.

We will use findings from the evaluation's impact analysis, supplemented with findings from the process analysis and external data (such as published data on state sales tax rates and education costs), to assign monetary values to benefits and costs that are not directly measured in dollar-denominated amounts in the evaluation's primary data sources. Many of these items represent transfers—a benefit for one group that is an equal cost for another group. An example of a transfer

is a reduction in SSI payments associated with an increase in earnings due to a PROMISE program. This is a cost for youth and an offsetting benefit for SSA. Program effects of transfers redistribute funds from one perspective in the benefit-cost accounting framework to another, and do not affect the total resources available to society as a whole.

We will use estimates of a program's impacts on all youth and families who were eligible for PROMISE, were offered the opportunity to participate in a PROMISE program, and actually engaged in program services (that is, on all program participants) as the basis for measuring the net benefits of PROMISE. As discussed in Chapter IV.E.5, this will entail converting the evaluation's ITT impact estimates to estimates of impacts on program participants. With this conversion, the benefits and costs of a PROMISE program will be expressed in the same units (that is, per participant). We will measure benefits using the point estimates of the program impacts even if the estimates themselves are not different from zero at conventional levels of statistical significance. We will obtain a more accurate and complete accounting of the benefits of a program by using the best evidence available on the size of its impacts—our point estimates—even if they are imprecise. However, we will test the sensitivity of our calculations of the aggregate benefits of a program to alternative plausible values of the impacts by using information on the standard errors of the impact estimates (see Section E, below).

D. Estimating Net Benefits

As the final step in the benefit-cost analysis, we will combine the cost calculations and benefit estimates in a comprehensive assessment of the net benefits of a PROMISE program. The rows in panel 1 of Table IV.2 show the quantitative outcome measures on which a program might have an impact. The rows in panel 2 show the program cost components. (Panels 3 and 4 are discussed below.) The entries in the cells of column A show the directions of the program's anticipated impacts on the outcome measures and cost components. The remaining columns, B–G, represent the perspectives in the accounting framework for the benefit-cost analysis: PROMISE participants and their families, the federal government (presented in three parts—SSA, other federal PROMISE partners, and the federal government as a whole), state and local PROMISE partners, and society as a whole. The entries in the cells of columns B–F show whether the program's anticipated impacts on the outcome measures and cost components are expected to be benefits (+), costs (-), or neutral (0) from the various accounting perspectives. The entries in the cells of column G show whether the anticipated impacts on outcomes and cost components are benefits to society (+), costs to society (-), or transfers that produce no net benefits or costs for society as a whole (0). We will present this information in a separate table for each PROMISE program.

Panel 3 of Table VI.2 provides two statistics comparing the benefits and costs of a PROMISE program, by accounting perspective. The first statistic, the net benefit, is computed by subtracting program costs (panel 2) from program benefits (panel 1). A positive value of this statistic signifies that a program's benefits exceed its costs, both measured in dollars. The second statistic, the benefit-cost ratio, is calculated as the sum of all program benefits (panel 1) divided by the sum of all program costs (panel 2). This statistic represents the return per dollar spent on the program. A value of this ratio in excess of 1.0 is indicative of a program that produced positive net benefits, whereas a value below 1.0 is indicative of a program that was not cost beneficial. Question marks are shown in the cells of panel 3 for both of these statistics because we do not have strong priors on whether the PROMISE programs will yield positive net benefits or have benefit-cost ratios greater than 1.0.

The benefit-cost analysis will focus on impacts on outcome measures and costs that can be readily measured in dollars. However, there may also be impacts of the PROMISE programs on

qualitative outcomes that are more difficult—if not impossible—to measure in dollars, such as improvements in health status and self-determination. Impacts on such qualitative outcome measures will be displayed as shown in panel 4 of Table VI.2. We will not include these impacts in the quantitative analysis of net benefits; however, we will note findings of any benefits or costs associated with such impacts and present a qualitative assessment of their contribution to overall net benefits to provide policymakers with a sense of whether these effects represent additions to or subtractions from the quantitative measures of net benefits.

E. Analytic Issues

We will address several analytic issues that are common to benefit-cost analyses. These issues are (1) the timing of the benefit-cost analyses, (2) the projection of net benefits beyond the observation period, (3) the comparison of benefits and costs that occur in different time periods, and (4) the lack of precision in some of the underlying estimates of benefits and costs.

1. Timing of the Benefit-Cost Analyses

The interim impact and services report will include findings from the cost analysis but not the benefit-cost analysis. The interim impact analysis will be based on data for youth who will be ages 15 to 18 during the reference period, when almost all of them will still be enrolled in secondary school. The beneficial impacts of PROMISE, many of which will be driven by increases in paid employment, will therefore almost certainly be small at that time and are unlikely to exceed program costs. Such interim benefit-cost findings might be easily misinterpreted if presented in a formal evaluation report. They would give the impression that the PROMISE programs are not cost effective; however, it would be too soon to come to that conclusion because the findings would not reflect the potential long-term impacts of the programs on earnings and benefits. Thus, we will include only findings from the cost analysis in the interim impact and services report. We will present findings from the benefit-cost analysis in the long-term evaluation report.

2. Projection of Net Benefits Beyond the Evaluation's Observation Period

An issue commonly encountered in benefit-cost analyses is that the benefits of an intervention may extend beyond the evaluation's observation period. One possible response for the PROMISE national evaluation would be to calculate the sizes of the impacts on earnings and SSI payments in future years that would be necessary for program benefits to outweigh costs within a given timeframe. They would likely be larger than the observed impacts during the evaluation period, given the young ages of the target youth and the fact that most of them will have little labor market experience even by the end of the evaluation's five-year observation period. Additional years of data on program benefits will be available through SSA administrative records after the national evaluation has been completed. Although we will calculate the future impacts on earnings and SSI payments that would be needed for a program to achieve positive net benefits, we recommend that SSA conduct a long-run impact analysis of those outcomes and incorporate the findings in a long-run benefit-cost analysis. In conjunction with the long-term evaluation report, we propose providing SSA with documentation and analytic frameworks for both the impact analysis and the benefit-cost analysis so that the agency would be able to generate estimates of the net benefits of PROMISE after the evaluation contract has ended. Although SSA did not specify this, we believe this information would compensate for the reduced effort on the benefit-cost analysis in the interim report and would provide a better value for SSA in its ability to track the long-run benefits and costs of the PROMISE programs.

Table V.2. Expected Benefits (+) and Costs (-) of a PROMISE Program, by Accounting Perspective

		Accounting Perspective					
			Federal Government				
	Expected Direction of Program Impact (A)	PROMISE Participants and Families (B)	SSA (C)	Other Federal PROMISE Partners (D)	Federal Government as a Whole [a] (E)	State and Local PROMISE Partners (F)	Society as a Whole (G=B+E+F)
Panel 1: Quantitative Outcome Measures							
Earnings	Higher	+	0	0	0	0	+
Fringe benefits	Higher	+	0	0	0	0	+
Payroll taxes	Higher	-	+	+	+	0	0
Work-related costs (such as commuting expenses)	Higher	-	0	0	0	0	-
Income and sales taxes	Higher	-	+	+	+	+	0
SSI and SSDI benefits and administrative costs	Lower	-	+	0	+	+	+
Medicaid and Medicare payments and administrative costs	Lower	-	0	+	+	+	+
Private health insurance coverage	Higher	+	0	0	0	0	+
Other public supports (such as TANF)	Lower	-	0	+	+	+	+
Service receipt outside of PROMISE (such as VR)	Higher	0	0	-	-	-	-
Education-related costs (such as tuition)	Higher	-	0	0	0	-	-
Panel 2: Costs of Program Components							
Program administration	Higher	0	0	-	-	-	-
Employment services	Higher	0	0	-	-	-	-
Education services	Higher	0	0	-	-	-	-
Case management services	Higher	0	0	-	-	-	-
Financial and benefits counseling	Higher	0	0	-	-	-	-
Panel 3: Benefit-Cost Statistics							
Net benefits (benefits minus costs)		??	??	??	??	??	??
Benefit/ cost ratio		??	??	??	??	??	??
Panel 4: Qualitative Outcome Measures							
Health status	Higher	+	0	0	0	0	+
Educational attainment	Higher	+	0	0	0	?	+
Risky behavior	Lower	+	0	0	0	0	+
Non-market time	Lower	-	0	0	0	0	+
Self-determination and expectations	Higher	+	0	0	0	0	+

Note: The cells in this illustrative table present our a priori guesses regarding the direction of PROMISE program impacts and the benefits and costs of those impacts from various accounting perspectives. The actual tables in the evaluation reports will present empirical findings from the impact analysis and from our analysis of program costs.

[a] The perspective of the federal government as a whole incorporates the perspectives of SSA, the other federal PROMISE partners, and other federal agencies that may experience benefits or costs due to PROMISE.

3. Comparison of Benefits and Costs in Different Time Periods

The benefits and costs of interventions can and often do occur at different times, typically with costs being incurred earlier and benefits being realized later. This creates challenges for benefit-cost analyses because a dollar today is worth more than a dollar in the future, due to inflation, and a dollar today can be invested to yield a return and thus is worth more than a dollar in the future. Because of these challenges, we will adjust the dollar values of costs and benefits in the following two ways:

- To correct for inflation, we will use a price deflator to convert all benefits and costs into constant dollars. Because this analysis is being conducted for SSA, we will use the same index that SSA uses as the basis for its annual cost-of-living adjustments to SSA benefits—the consumer price index for urban wage earners and clerical workers. All dollar-denominated measures in the interim impact and services report and the long-term evaluation report will be converted to values in constant 2016 dollars, the year for which most of the cost data will be collected.
- To account for the opportunity cost of investing resources in PROMISE, we will use a discount rate to convert all future benefits and costs to their present values. We will use the real rate of return on 30-year Treasury bonds as the discount rate, following the U.S. Government Accountability Office (1991) recommendation. We will ensure that our assumptions regarding these rates are consistent with current approaches for other SSA benefit-cost analyses.

4. Lack of Precision in the Underlying Estimates of Some Benefits and Costs

The benefit-cost analysis will have uncertainties that could affect our estimates of the net benefits of the PROMISE programs, so it will be important to test the sensitivity of the estimates to these uncertainties. We will provide benchmark estimates of the benefits and costs of the PROMISE programs that in our judgment are based on the most appropriate data, the best available impact estimates, and the most appropriate assumptions. However, recognizing the inherent uncertainty in the benefit-cost estimates, we will also conduct sensitivity tests to document how the net benefit estimates would be affected by changes in specific underlying impact estimates and valuation assumptions. For example, we will replace point estimates of program impacts on quantitative outcome measures with values one standard deviation above and below the point estimates.

Other approaches to assess the sensitivity of our benchmark benefit-cost estimates will involve varying the values of key parameters in the analysis that are not based directly on the PROMISE evaluation results, such as fringe benefit rates, tax rates, costs of certain program inputs, and the discount rate. The alternative values of these parameters will be based on supplementary sources of information and approaches taken in other benefit-cost analyses, particularly those for other SSA demonstration programs.

F. Reporting Findings

We will present findings pertaining to the benefit-cost analysis in both the interim impact and services report and the long-term evaluation report. We propose to present limited findings in the interim report, focusing on program costs, as we feel that it would be premature and misleading to present findings from a full benefit-cost analysis at that early point in the evaluation. In the long-term evaluation report, we will review the findings from the earlier cost analysis and present full

findings from the benefit-cost analysis based on impacts estimated on five years of follow-up data. In an appendix to this report, or in an accompanying memo, we will provide a framework and instructions for SSA to use in conducting future long-term impact and benefit-cost analyses. We present a common outline for these reports, including sections on the cost analysis and benefit-cost analysis, in Appendix Tables B.3 and B.4.

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VI. EVALUATION TIME LINE

The PROMISE national evaluation activities will span nine years, from October 2013 through September 2022. In the sections that follow, we describe the planned timeline for key data collection activities, analytic activities, and reports.

A. Data Collection Activities

The primary data collection efforts for the PROMISE national evaluation include participant enrollment data collected via the random assignment system, three rounds of staff interviews, two rounds of participant focus groups, the 18-month and five-year surveys, and the periodic collection of PROMISE MIS, state VR, state Medicaid, SSA administrative, and IRS earnings data.[14] Table VI.1 notes the approximate time periods during which these data collection activities will occur, by data source. Note that the schedule includes approximate dates for the actual collection of the data and does not include time periods associated with instrument development, procedure testing, or any other activities conducted in preparation for the data collection.

Table VI.1. Schedule of Data Collection Activities

Data Source	Dates of Data Collection Activity or Extract Delivery
Program Implementation and Cost Data	
Staff Interviews	Director interviews: Spring 2014 Site visit 1: Fall 2014 Site visit 2: Winter/spring 2016
Participant focus groups	Site visit 1: Summer/fall 2014 Site visit 2: Winter/spring 2016
Administrative Data	
Enrollment data	Winter 2014 – winter 2016
PROMISE MIS data	Summer 2014 Spring 2016 Spring 2018 (as necessary)
State VR and Medicaid data	Summer 2014 Spring 2018 Summer 2021
SSA administrative data	Winter 2014 – summer 2015 Winter 2018 Summer 2021
IRS earnings data	Winter 2018 Fall 2021
Survey Data	
18-month survey	Fall 2015 – summer 2017
Five-year survey	Spring 2019 – winter 2021

[14] SSA staff will create extracts of the IRS earnings data and analyze them with assistance from Mathematica staff.

B. Analytic Activities

The primary analytic activities of the PROMISE national evaluation are the early assessment and the process, interim impact and services, long-term impact, and benefit-cost analyses. These analytic activities will occur at various times throughout the evaluation after the relevant data required for a particular analysis become available. In additional to these analyses, SSA has planned for the development of two special topic reports, the analyses and schedules for which will be determined as the evaluation progresses. Table VI.2 lists the key analytic activities and the expected time frames during which the analyses will be conducted. The dates shown in Table VI.2 exclude time frames during which data collection or preparation activities will be conducted.

Table VI.2. Schedule of Analytic Activities

Activity	Approximate Dates of Performance
Early assessment	Fall 2014 – winter 2015
Process analysis	Summer 2014 – fall 2016
Interim impact and services analysis	Fall 2017 – summer 2018
Interim benefit-cost analysis	Fall 2017 – summer 2018
Long-term Impact analysis	Winter 2021 – fall 2021
Long-term benefit-cost analysis	Winter 2021 – fall 2021
Special topic analyses (2)	To be determined

C. Reports

We will present the findings from the national evaluation in up to 16 reports that will become publicly available. Separate early assessment and process analysis reports will be developed for each of the six PROMISE programs. The interim impact and service report and the long-term evaluation report will each include the findings for all six PROMISE programs. The content of these reports will be as described in the previous chapters. In addition to these primary reports, SSA has planned for the development of two special reports, the topics and schedules for which will be determined as the evaluation progresses. Table VI.3 presents the approximate completion dates for the final versions of the reports on the national evaluation findings that SSA intends to make available to the public.[15]

Table VI.3. Report Schedule

Report	Approximate Date for Final Version of Report
Early assessment reports (6)	Winter 2015 - spring 2015
Process analysis reports (6)	Fall 2016 - winter 2017
Interim impact and services report (1)	Summer 2018
Long-term evaluation report (1)	Winter 2022
Special topic reports (2)	To be determined

[15] Numerous design reports have been or will be developed for the PROMISE evaluation. Table VI.3 shows only the reports presenting findings from the evaluation data analysis activities that SSA intends to make available to the public. We will deliver initial drafts of these reports to SSA one to three months prior to the dates shown in the table.

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APPENDIX A

TABLE SHELLS AND MOCK FIGURES FOR THE PROCESS ANALYSIS

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Table A.1. PROMISE Program Participant Characteristics (percentages unless otherwise indicated)

Characteristic	Assigned to Treatment Group	Participated in PROMISE Services[a] (A)	Did Not Participate in PROMISE Services[a] (B)	Difference (A-B)	P-Value of Difference
Youth					
Average age (years)					
Gender					
Male					
Female					
Race/ethnicity					
White (non-Hispanic)					
Black (non-Hispanic)					
Hispanic					
Asian					
American Indian/Pacific Islander					
Other					
Language					
English					
Spanish					
Other					
Primary disabling condition					
Mental illness					
Cognitive/developmental disability					
Learning disability					
Physical disability					
Speech, hearing, or visual impairment					
Other					
Average age at earliest SSI receipt (years)					
Average monthly SSI amount ($)					
Living arrangement					
Two-parent/guardian family					
Single-parent/guardian family					
Other family/guardian					
Alone or with nonrelatives/guardians					
Foster care					
Group home					
Other institution					
Currently has IEP					
Highest grade completed					
8th grade or less					
9th grade					
10th grade					
11th grade or higher					
Ungraded program					
Employment status					
Currently working for pay					
Worked for pay in last year					
Never worked for pay					
Parent or Guardian					
Guardianship					
Parent					
Other guardian					
Relationship to youth					
Parent or stepparent					
Grandparent					
Brother or sister					
Aunt or uncle					
Other relative					
Other					

Table A.1 *(continued)*

Characteristic	Assigned to Treatment Group	Participated in PROMISE Services[a] (A)	Did Not Participate in PROMISE Services[a] (B)	Difference (A-B)	P-Value of Difference
Average age (years)					
Gender					
Male					
Female					
Receipt of Disability Benefits					
SSI					
DI					
Race/ethnicity					
White (non-Hispanic)					
Black (non-Hispanic)					
Hispanic					
Asian					
American Indian/AK/HI/Pacific Islander					
Other					
Marital status					
Married, living with spouse					
Married, living apart from spouse					
Unmarried, cohabiting					
Unmarried, not cohabiting					
Education					
High school graduate					
Employment status					
Currently working for pay					
Worked for pay in last year					
Never worked for pay					
Household					
Average number of people in household					
Household income					
Less than $10,000					
$10,000 – $24,999					
$25,000 or more					
Receipt of public assistance					
TANF					
Supplemental Nutrition Assistance Program					
SSI or SSDI (non-youth)					
Unemployment Insurance					
Other assistance					
Number					

Sources: Italics signify data elements that may be available for some PROMISE programs from their MISs. Data elements not in italics will be available for all programs from the evaluation's RAS or from SSI lists of PROMISE-eligible youth.

[a] Participation in PROMISE services is defined as receipt of at least one PROMISE service.

Table A.2. Program Service Take-Up Rates

Service	Percentage of Program Participants Who Received Service
Case management	
Any	
Supportive services	
Support 1	
Support 2	
Etc.	
Any	
Referrals to service providers	
Provider type 1	
Provider type 2	
Etc.	
Any	
Benefits counseling or financial literacy training	
Service 1	
Service 2	
Etc.	
Any	
Work-based learning experiences	
Experience 1	
Experience 2	
Etc.	
Any	
Education services	
Service 1	
Service 2	
Etc.	
Any	
Parent information and training services	
Service 1	
Service 2	
Etc.	
Any	
Number	

Source: PROMISE program MIS.

Note: The universe for this table will be treatment group youth who participated in at least one program service, corresponding to Column A in Table A.1.

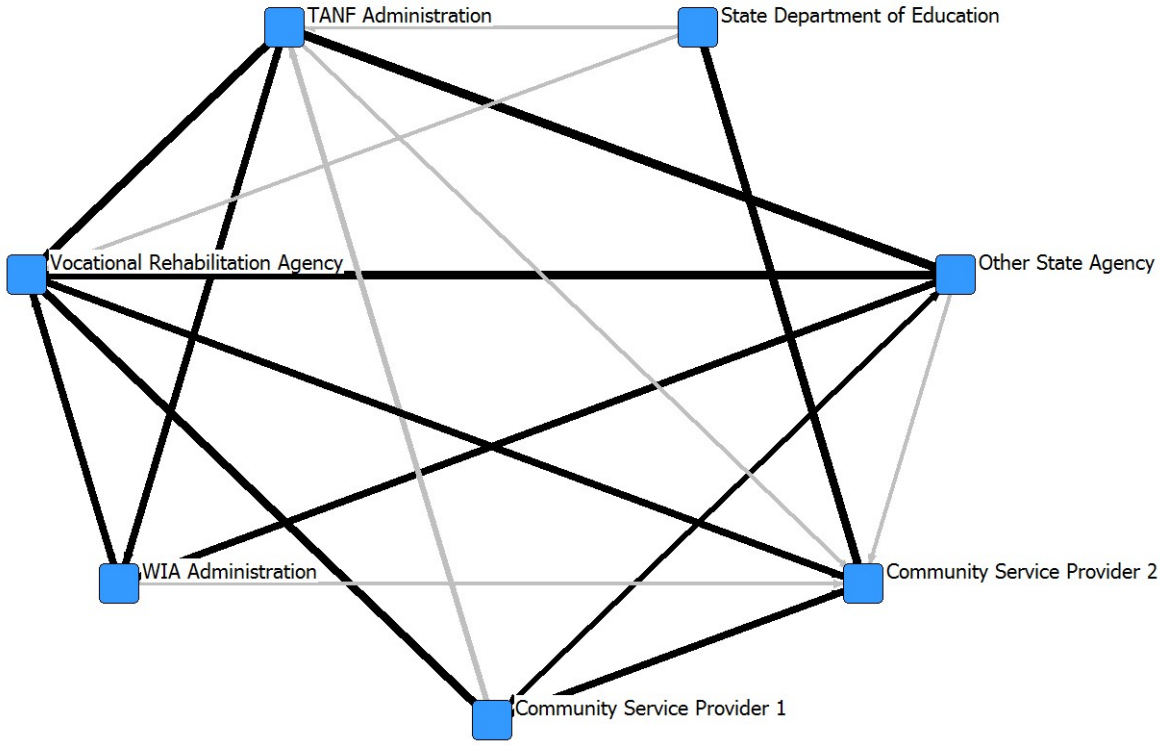
Table A.3. Characteristics of the PROMISE Service Environment (percentages unless otherwise noted)

	Program Service Delivery Area	United States
Demographic and Economic Characteristics		
Population (number)		
Median annual household income ($)		
Residents below the federal poverty level		
Residents with disabilities below the federal poverty level		
Residents who speak a language other than English at home		
Residents over age 25 who are high school graduates		
Residents over age 25 with a bachelor's degree or higher		
Unemployment rate, 2014		
Percentage of employed population in manufacturing		
Percentage of employed population in services		
Percentage of workers who use public transportation to travel to work		
Characteristics of SSI Recipients		
Age under 18 years		
Number		
Percentage of population under age 18		
Age 18 years or older		
Number		
Percentage of population age 18 or older		

Sources: Published statistics from the U.S. Census Bureau's American Community Survey, the U.S. Bureau of Labor Statistics, and SSA.

Note: In sites that serve part of a state, a column will be added to display data for the entire state.

Figure A.1. Communication Among PROMISE Partners Before PROMISE Implementation—Administrative Level



Source: Network survey of PROMISE partners (based on hypothetical data)

Note: Black lines represent reciprocal communication and gray lines represent unilateral communication (when only one of the organizations reported communicating with the other). Thicker lines represent more frequent communication. Communication may be of any nature (i.e., telephone discussions, in-person meetings, referrals, etc.)

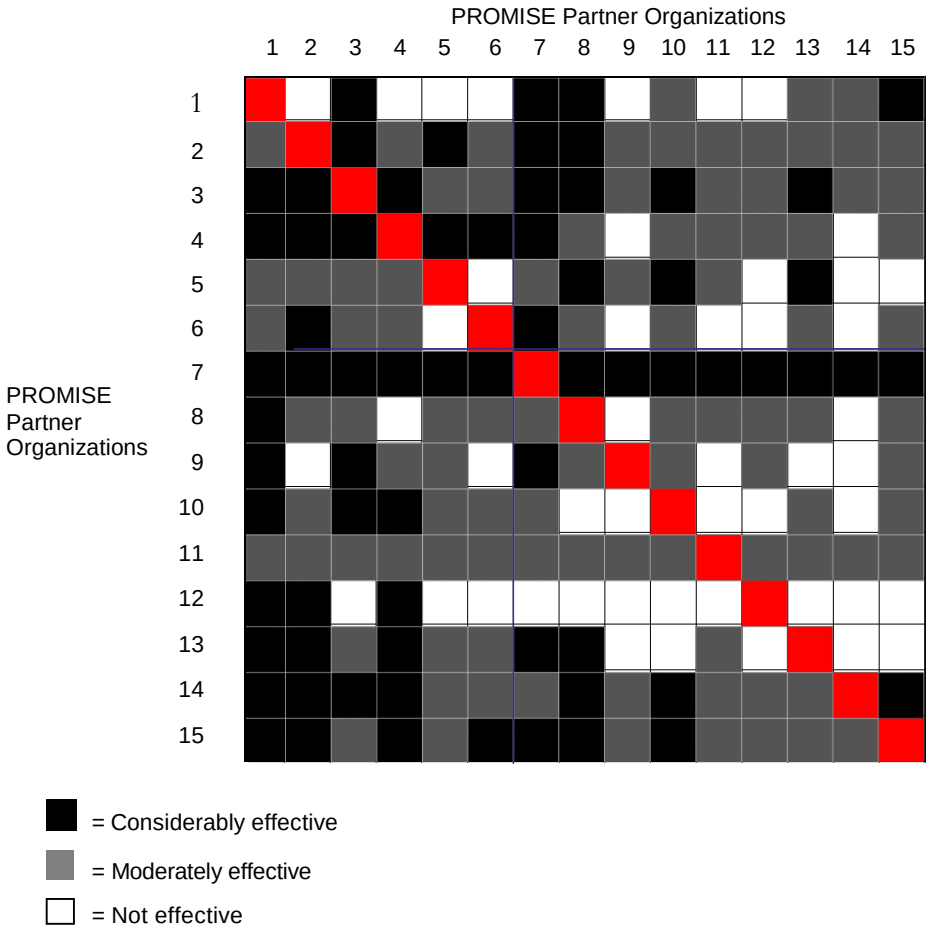
Table A.4. Organizational Prominence Before and After PROMISE Implementation—Administrative Level

	Number of Other PROMISE Partners with Which Organization Communicates					Percentage of Communication That Is at Least…	
Organization	Never	Once or Twice a Year	Every Month or Two	Every Week or Two	More Than Once a Week	Every Month or Two	Every Week or Two
Point in Time Before PROMISE							
Dept. of Developmental Disabilities	2	4	2	1	1	40	20
Vocational Rehabilitation Agency	5	3	1	0	1	20	10
State Department of Education	0	7	3	0	0	30	0
TANF Administration	3	6	1	0	0	10	0
WIA Administration	1	2	3	3	1	70	40
Medicaid Administration	1	2	4	2	1	70	30
Department of Juvenile Services	2	5	2	1	0	30	10
Other State Agency 1	6	3	1	0	0	10	0
Community Service Provider 1	2	4	2	1	1	40	20
Community Service Provider 2	5	2	3	0	0	30	0
Community Service Provider 3	5	1	4	0	0	40	0
Point in Time During Early Implementation of PROMISE							
Dept. of Developmental Disabilities	0	0	5	3	2	100	50
Vocational Rehabilitation Agency	0	1	4	1	4	90	50
State Department of Education	0	1	2	4	3	90	70
TANF Administration	1	3	3	3	1	70	40
WIA Administration	1	2	3	3	1	70	40
Medicaid Administration	0	1	2	5	2	90	70
Department of Juvenile Services	0	2	6	2	0	80	20
Other State Agency 1	3	4	1	2	0	30	20
Community Service Provider 1	0	1	5	1	3	90	40
Community Service Provider 2	0	2	4	2	2	80	40
Community Service Provider 3	1	4	3	1	1	50	20

Source: Network survey of PROMISE partners (based on hypothetical data).

Note: Although there are eleven organizations listed in column 1, the numbers in columns 2 through 6 sum to ten because the survey does not ask respondents to report about communication with their own organization. The survey questionnaire will present respondents with a complete list of the PROMISE partners and ask respondents to indicate their level of communication with each, leaving the rating for their own organization blank.

Figure A.2. Perceptions of the Effectiveness of Working Relationships—Administrative Level



Source: Network survey of PROMISE partners (based on hypothetical data).

Note: There are 15 organizations in the network. Each row displays how an organization rated its relationship with each of the other organizations listed in the columns. The red cells would be empty in an actual analysis, as an entry in one of these cells would be an organization's rating of its relationship with itself; in practice this would not be assessed.

Table A.5. Nature of Collaboration among PROMISE Partners

	Number of Mutual Responses: Confirmed Collaboration	Number of Unilateral Responses: Potential Collaboration	Number of Mutual Responses: No Collaboration
Administrative Level			
Shared resources (such as staff, facilities, or funding)			
Developed or improved data sharing capacities			
Developed or improved client referral processes			
Worked to improve service delivery to clients			
Staff Level			
Participated in joint training			
Shared intake or assessment data on clients			
Conducted cross-agency referrals			
Discussed a specific client's needs, goals, and/or services (over the phone, in person, or via email)			
Met to discuss transition planning for a client			
Number			

Source: Network survey of PROMISE partners.

Note: The universe for this table will be the organizations that responded to the network survey. We will derive one response per organization at each level (administrative and line staff) either by selecting one respondent to represent the organization or by averaging the responses of multiple respondents within an organization.

Table A.6. PROMISE Recruitment Efforts over Time

Recruitment Effort	Calendar Quarter Since Start of Recruitment by the Program								Total
	Q1	Q2	Q3	Q4	Q5	Q5	Q7	Q8	
Efforts Directed to Individual Youth									
Number of eligible youth released for recruitment[a]									
Number of initial letters mailed to youth									
Number of follow-up letters mailed to youth									
Number of phone calls made to youth[b]									
Number of emails sent to youth									
Number of text messages sent to youth									
Number of home visits made to youth									
Number of youth enrolled in evaluation									
Efforts to Increase Public Awareness of Program									
Number of flyers distributed									
Number of outreach events									
Number of television advertisements									
Number of radio advertisements									
Number of social media messages									

Sources: PROMISE program MIS and PROMISE evaluation RAS.

[a] Eligible youth released for recruitment are those whose names appear on the SSA list and are provided to recruitment staff for outreach efforts.

[b] In this table, all attempted phone contacts are included (i.e., successful contacts in addition to messages left, no answers, hang-ups, and wrong numbers) to capture the program's level of effort in recruitment.

Table A.7. Summary of Final Recruitment Results

Recruitment Result	Number or Percentage
Number of eligible youth[a]	
Number of eligible youth released for recruitment	
Number of youth enrolled in evaluation	
Percentage of eligible youth enrolled in evaluation	
Percentage of released youth enrolled in evaluation	

Sources: PROMISE program MIS and PROMISE evaluation RAS.

[a] The number of eligible youth is the number of unique youth included in all SSI lists provided to the program, without regard for whether they were released for recruitment. PROMISE age criteria will be applied.

Table A.8. PROMISE Recruitment Efforts, by Youth's Final Evaluation Enrollment Status

	All	Evaluation Enrollees (A)	Evaluation Non-Enrollees (B)	Difference (A-B)	P-Value of Difference
Contact by Mail					
Percentage of youth with undeliverable SSI address					
Percentage of these youth for whom a third party was engaged in locating[a]					
Percentage of these youth for whom third-party locating yielded a valid address[a]					
Percentage of youth sent initial mailing that was not returned as undeliverable					
Average number of unreturned mailings per youth					
Percentage of youth contacted by mail who enrolled		**n.a.**	**n.a.**	**n.a.**	**n.a.**
Contact by Telephone					
Percentage of youth with incorrect SSI telephone number					
Percentage of these youth for whom a third party was engaged in locating[a]					
Percentage of these youth for whom third-party locating yielded a valid phone number[a]					
Percentage of youth contacted by telephone [b]					
Average number of telephone calls per youth [b]					
Percentage of youth contacted by telephone who enrolled		**n.a.**	**n.a.**	**n.a.**	**n.a.**
Home Visits					
Percentage of youth who received a home visit					
Average number of home visits per youth					
Percentage of youth receiving a home visit who enrolled		**n.a.**	**n.a.**	**n.a.**	**n.a.**
Other Types of Contact					
Percentage of youth who received other contacts					
Average number of other contacts per youth					
Percentage of youth receiving other contacts who enrolled		**n.a.**	**n.a.**	**n.a.**	**n.a.**
All Types of Contact					
Percentage of youth who received any contact					
Average number of contacts per youth					
Percentage of youth who received any contact who enrolled		**n.a.**	**n.a.**	**n.a.**	**n.a.**
Number					

Sources: PROMISE program MIS and PROMISE evaluation RAS.

Note: The universe for this table will be all youth on the SSI lists of eligible youth who were released for recruitment.

[a] Third parties include private vendors that provide locating services as well as state agencies that administer public benefit programs (such as Medicaid or vocational rehabilitation services)

[b] In this table, telephone contact is defined as a program staff member speaking with a youth, parent, or guardian over the telephone. This definition will facilitate comparisons of how youth responded to various outreach methods.

n.a. = not applicable.

Table A.9. Mode for Completing and Submitting a Program Consent Form

	Evaluation Enrollees
Percentage of enrollees who completed and returned a program consent form at a community event	
Percentage of enrollees who completed a program consent form at home and handed it to a visiting PROMISE recruiter	
Percentage of enrollees who completed a program consent form and hand-delivered it to a PROMISE office	
Percentage of enrollees who completed a program consent form at a PROMISE office and submitted it on the spot	
Percentage of enrollees who mailed a completed program consent form to a PROMISE office	
Number	

Sources: PROMISE program MIS and PROMISE evaluation RAS.

Table A.10. Characteristics of PROMISE-Eligible Youth, by Evaluation Enrollment Status (percentages unless otherwise indicated)

Characteristic	All Eligible Youth	Enrolled in PROMISE Evaluation (A)	Did Not Enroll in PROMISE Evaluation (B)	Difference (A-B)	P-Value of Difference
Average age (years)					
Gender					
Male					
Female					
Race/ethnicity					
White (non-Hispanic)					
Black (non-Hispanic)					
Hispanic					
Asian					
American Indian/AK/HI/Pacific Islander					
Other					
Language					
English					
Spanish					
Other					
Primary disabling condition					
Mental illness					
Cognitive/developmental disability					
Learning disability					
Physical disability					
Speech, hearing, or visual impairment					
Other					
Average age at earliest SSI receipt (years)					
Average monthly SSI amount ($)					
Number					

Source: SSI administrative files.

Note: The universe for this table will be all youth on the SSI lists of eligible youth, without regard for whether they were released for recruitment. PROMISE age criteria will be applied.

Table A.11. Efforts to Engage Treatment Group Youth in PROMISE Services

	All Treatment Group Members	Engaged in PROMISE Services (A)	Did Not engage in PROMISE Services (B)	Difference (A-B)	P-Value of Difference
Number of contacts by program staff to engage youth in services					
Total					
Average per youth					
Median per youth					
Number of days from random assignment to first contact					
Average per youth					
Median per youth					
Number of days from first contact to engagement in services					
Average per youth	n.a.		n.a.	n.a.	n.a.
Median per youth	n.a.		n.a.	n.a.	n.a.
Number of days from random assignment to engagement in services					
Average per youth	n.a.		n.a.	n.a.	n.a.
Median per youth	n.a.		n.a.	n.a.	n.a.
Number					

Sources: PROMISE program MIS and PROMISE evaluation RAS.

Note: For "number of contacts by program staff to engage youth in services" and "number of days from first contact to engagement in services," we will conduct tests for differences between treatment group members who did/did not engage in services based on the average values, not on the total and median values.

n.a. = not applicable.

Table A.12. Service Fidelity and Treatment Contrast

	Fidelity		Treatment Contrast
	Intended Program	Program as Implemented	Counterfactual Services
Case Management			
Typical caseload size			
Typical length (in minutes) of contacts			
Typical number of monthly contacts per participant			
In person			
In home or workplace			
In community setting			
In office			
By telephone			
Other			
All			
Share of participants with an employment plan			
Share of participants with a family development plan			
Service 1 (for example, financial literacy training)			
Curriculum for Service 1			
Credentials of staff providing Service 1			
Share of participants engaged in Service 1			
Typical number of Service 1 sessions offered per month			
Typical length of a Service 1 session			
Typical duration of participation in Service 1			
Service 2 (for example, work experience)			
Typical number of *Service 2* placements per participant			
Typical length of *Service 2* placement per participant			
Share of participants in Service 2 within X months of program entry			
(continue with additional services)			

Sources: PROMISE program MIS, program observations, and site visit interviews with PROMISE and non-PROMISE program staff.

Note: We will have more data about the nature of program services (both intended and as implemented) than about counterfactual services. We will interview staff of both PROMISE service providers and counterfactual service providers but we will not have an opportunity to observe counterfactual services during site visits, and most of the programs plan to collect administrative data on services provided to treatment group members only. To the extent that we have comparable data about program services and counterfactual services, we will include the data in the table to measure the treatment contrast. If we have more limited information on the counterfactual services, we will describe what we are able to glean about the treatment contrast in narrative form only.

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APPENDIX B

OUTLINES FOR EVALUATION REPORTS

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Table B.1. Outline for an *Early Assessment Report*

Executive summary

I. Introduction

A. Overview of PROMISE: the intervention and the evaluation

B. Overview of PROMISE in [state]

1. Program context
2. Program structure and services

C. Objectives of this report

II. Recruitment and enrollment

A. Conducting outreach

1. Through the SSA list
2. Through marketing and community events

B. Obtaining consent from youth and parents

C. Conducting random assignment

1. Use of the RAS and quality of data entry
2. Notification to youth of group assignment

D. Characteristics of treatment and control group members

E. Engaging treatment group members in PROMISE services

1. Use of the program MIS and quality of data entry
2. Procedures for validating study group assignment before service provision

III. Data systems

A. Program MIS

1. File transfer process
2. Structure and content
3. Assessment of data quality

B. State administrative data

1. File transfer processes
2. Structure and content
3. Assessment of data quality

IV. Summary and conclusions

A. Integrity of research design

1. Potential for meeting enrollment targets
2. Quality of random assignment
3. Potential for cross-over and contamination
4. Early assessment of program take-up

B. Ability to measure program outcomes and impacts

1. Program service receipt
2. Vocational rehabilitation and Medicaid service receipt

C. Recommendations for evaluation-related TA

Table B.2. Outline for a *Process Analysis Report*

Executive summary

I. Introduction

A. Introduction to the national PROMISE initiative
B. Introduction to the PROMISE program in [state]
C. Research objectives, methods, and data sources
D. Roadmap to report

II. Documenting the program

A. Overview of the PROMISE site and partners
B. State and local context and infrastructure
C. Program structure and logic model
D. Program services
    1. Case management
    2. Benefits counseling and financial literacy services
    3. Career exploration and work-based learning experiences
    4. Parent training and information
    5. Education services
    6. Other services
E. Enrollment in the evaluation
    1. Outreach and recruitment
    2. Enrollment and random assignment
    3. Characteristics of evaluation enrollees
F. Service use
    1. Take-up rates
    2. Timing and intensity of services
    3. Opinions of services

III. Assessing partner development, maintenance, and roles

A. Partner roles and responsibilities
    1. Contractual agreements
    2. Non-contractual agreements
B. Network development
    1. Communication among partners
    2. Collaboration among partners

IV. Assessing fidelity to the program model

A. Recruitment, enrollment, and engagement
    1. Outreach
    2. Consent
    3. Random assignment
    4. Engagement in services

Table B.2 *(continued)*

- B. Service delivery
  1. Case management
  2. Benefits counseling and financial literacy services
  3. Career exploration and work-based learning experiences
  4. Parent training and information
  5. Education services
  6. Other services

V. Interpreting impact findings

- A. Evaluation integrity
- B. Treatment contrast
  1. Case management
  2. Benefits counseling and financial literacy services
  3. Career exploration and work-based learning experiences
  4. Parent training and information
  5. Education services
  6. Other services
- C. Sequence and timing of program activities

VI. Lessons and promising practices

VII. Conclusions

Table B.3. Chapter-Level Outline for the *Interim Impact and Services Report* and the *Long-Term Evaluation Report*

Executive summary
I. Introduction
Table: Programs participating in the PROMISE evaluation
II. Evaluation design, data sources, and methods
Table: Outcome measures for the impact analysis, by domain
Table: Control variables for impact regression models
III. Arkansas PROMISE
IV. ASPIRE
V. CaPROMISE
VI. Maryland PROMISE
VII. NYS PROMISE
VIII. Wisconsin PROMISE
IX. Conclusions
Appendix A: Baseline characteristics of respondents and nonrespondents to the follow-up survey (one table for each program)
Appendix B: Descriptive statistics on outcome measures, by treatment status, and unadjusted impact estimates (one table for each program)

Note: Table B.4 provides a section-level outline for the site-specific chapters (Chapters III–VIII).

Table B.4. Section-Level Outline for a Site-Specific Chapter (Chapters III–VIII) in the *Interim Impact and Services Report* and the *Long-Term Evaluation Report*

A. Program overview
Figure: Program logic model
B. Baseline characteristics of the analytic Sample
Table: Baseline characteristics of treatment and control group members
C. Review of findings from the process analysis
D. Review of impacts 18 months after enrollment (long-term evaluation report only)
Table: 18-month impacts on service receipt and selected outcome measures
E. Impacts 18 months (or five years) after enrollment in the evaluation
Table: Impacts on Outcomes in Domain #1
Table: Impacts on Outcomes in Domain #2
etc.
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F. Cost analysis results (interim impact and services report only)
Table: Cost by program component
Table: Average cost per participant
G. Benefit-cost analysis results
Table: Benefits, costs, and benefit-cost ratio, by perspective
H. Discussion of findings

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