REPORT

FINAL REPORT

SSI Youth Formative Research Project: Considerations for Identifying Promising and Testable Interventions

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ABSTRACT

The Office of Disability Employment Policy, within the U.S. Department of Labor, is funding the Supplemental Security Income (SSI) Youth Recipient and Employment Transition Formative Research project to identify promising, testable interventions to promote sustained, gainful employment for youth with disabilities.

The purpose of this report is to provide options that policymakers, with input from key stakeholders, could use to select, implement, and test promising interventions for youth with disabilities. To aid policymakers' search for interventions that could substantively improve employment outcomes, we developed a framework to help them assess their priorities for potential interventions. The framework includes questions about how interventions could meet policy objectives, fit within the existing landscape of supports, and ultimately have the greatest impact while remaining cost-effective and sustainable. Policymakers could use the framework to narrow down their intervention options in two ways: (1) by examining promising interventions in light of the specified selection characteristics and (2) by focusing on broad characteristics that are of particular interest and then identifying interventions that have those characteristics.

Our review of the interventions and the evidence of their effectiveness suggests that there are many promising interventions. The questions confronting policymakers are whether and how to move forward to improve the prospects of youth with disabilities, especially those who are receiving or are at risk of receiving SSI.

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EXECUTIVE SUMMARY

The Office of Disability Employment Policy (ODEP), an agency of the U.S. Department of Labor (DOL), is funding an effort known as the Supplemental Security Income (SSI) Youth Recipient and Employment Transition Formative Research project. The purpose of the project is to identify promising, testable interventions to promote sustained, gainful employment for youth with disabilities. This report, the final of three research reports for the project, is intended to provide options that policymakers, with input from key stakeholders, could use to select, implement, and test promising interventions for youth with disabilities. It builds on findings from the project's first two reports, which summarized previous evidence on intervention models for youth with disabilities (Honeycutt et al. 2018a) and options to identify target populations of youth (Honeycutt et al. 2018b).

Policymakers can choose from among many promising, testable interventions for youth with disabilities. Though many such interventions have suggestive evidence of success, there is often limited causal evidence to support them (Honeycutt et al. 2018a). Providing more rigorous evidence would help show whether implementation is justified at a broader scale. In addition, the service needs of youth with disabilities vary, especially for youth who receive SSI (Honeycutt et al. 2018b). These varying needs reflect this population's diverse characteristics, such as impairments and demographics, and their access to other supports, such as vocational rehabilitation (VR) services.

Process worksheet to identify promising interventions and target populations

To aid policymakers' search for promising interventions that could substantively improve employment outcomes, we developed a worksheet to help them assess their priorities for potential interventions (Table ES.1). The worksheet includes questions about how potential interventions could meet policy objectives, fit within the existing landscape of supports, and ultimately have the greatest impact while remaining cost-effective and sustainable. Below, we discuss each step in the assessment process and the intervention selection characteristics to be examined, as shown on the worksheet.

Refine policy objectives. For all interventions identified by this project, the primary policy objective is to promote sustained, gainful employment for a target population. But many employment-related interventions also affect other outcomes, such as dependency on benefits. Policymakers' specific objectives will directly affect which interventions they choose as well as any possible modifications to the service system.

With a focus on youth SSI recipients and youth at risk of receiving SSI, one possible option is to specify objectives for SSI-related outcomes. For youth SSI recipients, these outcomes might include greater use of various SSI work supports or lower SSI cash payments; for youth at risk of receiving SSI, the outcomes might include fewer SSI applications and awards. Other outcomes might be related to education, health, or self-determination—or to the service system itself. A final consideration for policy objectives is how an intervention might help programs address the challenges that youth and families face when accessing public programs.

Table ES.1. Process worksheet for assessing the potential of an intervention

Intervention characteristics	Questions
Refine policy objectives	
Goals	• Is the intervention consistent with the federal agency's mission and activities? • How can federal policymakers use information obtained from the implementation and evaluation of an intervention to improve current programs and policies?
Outcomes	• In addition to substantive employment outcomes, will evidence on other outcomes be important to achieving federal policymakers' goals? • Are the intervention's expected impacts on the target population all consistent with policymakers' goals?
Assess landscape for implementation	
Existing public program context	• How can the existing investments and resources of the federal agency be used to support the intervention and facilitate achievement of its goals? • Which federal agencies have previously invested, or are currently investing, in the funding and research of related initiatives and/or intervention(s)?
Federal agencies' demonstration authority	• Is any federal agency currently testing related interventions under its demonstration authority? Do any federal agencies have plans to do so? • What legislative changes, if any, would be necessary to implement the initiative?
Apply criteria for selecting interventions	
Causal evidence	• Has the federal agency considered the evidence documented by the Clearinghouse for Labor Evaluation and Research, the What Works Clearinghouse, the National Technical Assistance Center on Transition, the National Clearinghouse of Rehabilitation Training Materials, or other resources? • If evidence does not exist, how will a new evaluation produce rigorous evidence?
Costs	• With respect to the demonstration, is the expected value of the information gained likely to exceed the opportunity cost of conducting the demonstration? • Does it make more sense for the federal agency to invest in initiatives that have existing evidence or lack causal evidence but promote innovation and creativity?
Replicability, scalability, and sustainability	• What is the likelihood that the intervention (with similar objectives) can be applied to different populations or in areas that the federal agency serves? • How can the federal agency sustain the intervention at the state and local levels? • What additional capacities are needed for the federal agency to sustain the intervention?

Assess landscape for implementation. After refining the policy objectives for an intervention, the next logical step is to assess the public agency or group of agencies that are already involved or that would likely be involved. Policymakers can pursue interventions that either draw on existing programs (through collaboration, for example) or are created to supplement existing programs.

A critical aspect of fitting into the current landscape is to build programs or services in a way that promotes the policy objectives and does not further fragment or complicate an already fragmented and complex service delivery system. One way to do that is to modify existing programs through coordination between agencies. Any new coordination or intervention effort must comply with the existing federal authorities for conducting demonstrations. Demonstration authorities are important for knowing what is and is not feasible under current law and for identifying changes in demonstration authorities that might be needed to move forward.

Apply criteria for selecting interventions. In selecting an intervention, policymakers may want to consider three factors: (1) causal evidence; (2) costs; and (3) replicability, scalability, and sustainability. *Causal evidence* shows whether an intervention could have the desired impacts on outcomes for the target population, based on existing evidence. *Costs* must be taken into account because policymakers often have limited staff, time, and funding. *Replicability*, *scalability*, and *sustainability* refer to whether an intervention can be deployed in areas other than where it has been previously, for a large number of people, and in a way that can be supported over time. Interventions that are replicable, scalable, and sustainable might attract more policymaker interest because they can be applied to larger populations, using resources that are available or likely to become available if the test is successful.

Practical applications of the worksheet

Policymakers could use the process worksheet to narrow down their intervention options in two ways. One approach is to apply the process to promising interventions, such as those identified in Honeycutt et al. (2018a). With this approach, policymakers could assess the potential of existing interventions and then zero in on one or more of them. Another approach is to focus on broad characteristics that are of particular interest (such as policy objectives) and then identify interventions that have those characteristics. Policymakers could specify that interventions must have certain characteristics before considering them further. This approach would enable them to pursue a common set of interventions as part of a broader research agenda.

Table ES.2 provides four examples of interventions and draws on the worksheet to assess their potential to help youth SSI recipients and youth at risk of receiving SSI. Note that these examples are illustrative; they do not constitute recommendations for future development, testing, or implementation.

Conclusion

Our review of the interventions and the evidence of their effectiveness suggests that there are many promising options. The questions confronting policymakers are whether and how to move forward to improve the prospects of youth with disabilities, especially those who are receiving or are at risk of receiving SSI.

We see two possibly overlapping ways to answer these questions. The first is to select and implement one intervention that would promote policymakers' goals for youth with disabilities. The basic elements of this approach are straightforward: select a promising, feasible intervention; implement it; and assess its effectiveness. The second approach is to design a broad research and development agenda that would guide policymakers' efforts. A broad agenda could help the federal government proceed with a consistent set of approaches to further its goals for youth with disabilities.

Regardless of the approach taken, policymakers may want to consider incorporating two guiding principles: obtaining rigorous evidence and collaborating. To promote better collaboration, policymakers may need to provide more guidance to agencies on the priority they should give to collaborative efforts, their authority to collaborate, and the leadership of such efforts.

Table ES.2. Examples of interventions assessed based on the process worksheet

Intervention characteristics	Proactive benefits counseling	CareerACCESS	VR agency referrals to Job Corps	Extending pre-employment transition services to postsecondary education
Intervention summary	*An intervention that involves proactively calling youth SSI recipients about benefits counseling services and employment supports*	*A community-driven set of proposed reforms that would provide an alternative benefits program for youth with disabilities*	*An intervention in which VR agencies refer youth clients to Job Corps; Job Corps provides employment training and supports*	*An intervention that connects high school students receiving pre-employment transition services to postsecondary institutions*
Refine policy objectives	• Increase use of benefits counseling and other supports; improve employment and program outcomes	• Improve long-term career success; reduce dependency on program benefits, particularly after age 30	• Promote employment, career pathways, and economic independence for youth with disabilities	• Improve educational achievement while increasing interest in employment
Assess landscape for implementation	• Could fit within existing services with relatively limited modifications • Collaboration with SSA could increase buy-in from states and youth SSI recipients • Might need to modify SSA's existing demonstration authority	• Complex model with interdependent components requires substantial cross-agency collaboration • Incremental development approach could help build cross-agency relationships and identify implementation issues • Changes to SSI program rules require SSI waivers	• Combines or blends existing programs (Job Corps and state VR agency services) • Consistent with other broad policy initiatives increasing the emphasis on serving youth participants • Neither testing nor support services require legislative changes	• Cross-agency collaboration to coordinate services between VR agency, local educational agencies, and one or more postsecondary education institutions • Support services do not require legislative changes
Apply criteria for selecting interventions	• Descriptive evidence of benefits counseling is promising • Potentially low cost if part of existing services • Because policymakers can implement the intervention in the existing service environment, it is likely replicable, scalable, and sustainable	• No existing evidence • Likely high cost because it requires systematic reform of existing programs • Potentially replicable because any youth SSI recipient could qualify for the program; scalable because services can theoretically be offered throughout a region	• Causal evidence shows Job Corps increases earnings and reduces SSI benefits for youth with medical limitations • Low cost because it draws on existing services (though actual costs of Job Corps services can be substantive) • Because policymakers can implement the intervention in the existing service environment, it is likely replicable, scalable, and sustainable	• Correlational evidence that certain pre-employment transition services increase employment; ongoing research will produce more rigorous evidence • Medium to high cost because intervention would require new program/staff • Potentially replicable and scalable because similar interventions could be developed in other locations

I. INTRODUCTION

Policymakers are increasingly interested in options to improve the prospects of youth with disabilities. Youth who receive Supplemental Security Income (SSI), a program that provides means-tested cash payments to people who meet certain income and disability criteria, are of particular interest because their current young adult outcomes are relatively poor when compared to those of their peers without disabilities. In a recent National Academies of Sciences, Engineering, and Medicine report, experts cited multiple barriers that could affect these outcomes (National Academies of Sciences, Engineering, and Medicine 2018). The gaps cited included fragmentation in service delivery across programs and over the youths' lifespan, work disincentives embedded in program rules, and a general lack of evidence on effective programs and practices.

The Office of Disability Employment Policy (ODEP), an agency of the U.S. Department of Labor (DOL), is funding an effort known as the SSI Youth Recipient and Employment Transition Formative Research project. The purpose of the project is to identify promising, testable interventions to promote sustained, gainful employment for youth with disabilities. The target population of youth with disabilities includes youth ages 14 to 24 who are SSI recipients (hereafter called youth SSI recipients) and those at risk of SSI participation. Throughout this report, we refer to both potential target populations as "youth with disabilities" unless we are referring to one or another of them.

Mathematica Policy Research is the contractor for this project. Mathematica is developing a series of reports that entail findings from the literature, and it is consulting with experts from a Community of Practice (CoP). The CoP includes more than 70 practitioners, policymakers, researchers, employers, and advocates in the fields of employment, education, health, and financial literacy. Mathematica's role is to facilitate input from the CoP and review findings from the literature in a way that can contribute to the project.

A. Purpose of the report

This report, the final of three research reports for the project, is intended to provide options that policymakers (with input from key stakeholders) could use to select, implement, and test promising interventions for youth with disabilities. Policymakers could receive important input from several potential sources, especially federal interagency workgroups such as the Federal Partners in Transition, the Interagency Working Group on Youth Programs, and the Interagency Committee on Disability Research. These groups are developing promising ideas for interventions, and the supports in this report could facilitate those discussions. For simplicity, we refer to the primary audience of this report as "policymakers," though federal agency staff might be the first to use the information here to propose approaches to policymakers.

The report builds on findings from the project's first two reports, which summarized previous evidence on intervention models for youth with disabilities (Honeycutt et al. 2018a) and options to identify target populations of youth (Honeycutt et al. 2018b). As part of both reports, we reviewed findings from the literature and received input from the CoP on options for intervention and target populations. The report includes a summary of the findings from the two previous reports, which we use to create a menu of intervention and target population options.

We then identify characteristics that policymakers could use more broadly, and federal policymakers specifically, to select interventions that could inform future policy decisions to promote sustained, gainful employment. We offer four examples to illustrate how policymakers could use these characteristics to select options to meet their policy objectives.

B. Organization of report

This report includes six chapters. We first summarize findings from the two previous reports about interventions and target populations, which we use to create an initial menu of intervention and target population options (Chapter II). We then present a framework of intervention characteristics to look for when selecting testable approaches to influencing policy (Chapter III), which we supplement with questions that are specific to federal policymakers (Chapter IV). As part of these characteristics, we highlight considerations about an intervention's potential to (1) address pressing policy and program issues and (2) inform the existing evidence base or development of new evidence on potential practices and policies to serve youth with disabilities. Next, we apply the framework to four interventions. These examples illustrate how policymakers can use the characteristics to choose interventions that meet their policy objectives for a target population (Chapter V). We conclude with a summary of findings and next steps (Chapter VI). We also include two appendices: the first contains summaries of the interventions cited in Chapter II (based on similar tables from Honeycutt et al. 2018a); the second describes detailed aspects of implementation of an intervention, along with its evaluation.

II. BACKGROUND

This chapter begins with a brief summary from our previous reports of the SSI program context, which justifies the potential need for additional intervention supports. The SSI program includes several eligibility features—particularly for work and changes in eligibility at age 18—that might warrant a focus for future intervention efforts. We then summarize our findings from the project's previous reports. In the first report (Honeycutt et al. 2018a), we reviewed the evidence on intervention options, which we defined broadly to include intervention services—such as an outside entity that provides a specific service—along with public programs supporting youth with disabilities. The review also documents the interventions' levels of evidence. In the second report (Honeycutt et al. 2018b), we highlighted target populations of youth with disabilities, which we divided into three groups (youth SSI recipients, youth in non-SSA programs, and other youth with disabilities). The combined options for interventions and target populations lay a foundation for policymakers to consider future intervention opportunities.

A. SSI program context

SSI's eligibility rules—which can have significant effects on youths' employment decisions—are important in selecting elements of an intervention and its potential target population. The strict medical, income, and asset criteria for SSI eligibility influence youth SSI recipients' transition experiences. To qualify for SSI, a child under age 18 must have "a medically determinable physical or mental impairment, which results in marked and severe functional limitations, and which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months" (42 U.S.C. § 1382c[C][i]). The eligibility and payment calculations account for parental income and assets, which are "deemed" to the child (that is, treated as available to support the child). These income restrictions mean that youth SSI recipients most likely face substantial financial resource constraints in addition to their disabilities, which could affect their long-term employment outcomes as adults.

A critical feature of the SSI eligibility rules for youth of transition age is the age-18 redetermination. The Social Security Administration (SSA) reassesses the eligibility of child SSI recipients under the adult SSI criteria at age 18. Eligibility rules for SSI differ for adults and youth in two ways: the disability definition and the application of income and asset criteria. The adult definition of disability relies on an inability to engage in substantial gainful activity (SGA), which in 2018 is defined as monthly earnings above $1,180 for non-blind individuals and $1,970 for blind individuals (SSA 2018c). The child definition is based on marked and severe functional limitations. Additionally, deeming of parent resources no longer applies once youth reach age 18. Basing income and asset criteria only on a youth's resources should make some people newly eligible, while not leading anyone to become ineligible. In determining eligibility for those younger than 18, the youth's resources are assessed along with the parents'.

The age-18 redetermination creates potential uncertainty for families, particularly as the youth's SSI cash benefit often makes up nearly half of the family's income (Davies et al. 2009). From 2010 to 2013, approximately 45 percent of child SSI recipients ceased receiving SSI because of the age-18 redetermination after all appeals were taken into account (SSA 2017). Because SSI eligibility is the only way that young adults without children can become eligible

for Medicaid in some states, youth SSI recipients in these states risk losing health benefits eventually if they fail to become eligible for SSI under the adult criteria.

Depending on their age, SSI recipients are eligible for certain SSA work incentive provisions. The U.S. Government Accountability Office (U.S. GAO) concluded that the use of these provisions is either unknown or low (U.S. GAO 2017). The provisions include incentives to increase earnings (such as the earned income and student earned income exclusions) and savings (such as the Plan to Achieve Self-Support [PASS]). For those under age 18, SSA also provides financial support for training and other services delivered by vocational rehabilitation (VR) agencies. For adult SSI recipients, SSA offers performance-based financial support for employment services delivered by VR agencies or other providers qualified under SSA's Ticket to Work program (SSA 2018a, 2018e).

As documented in Honeycutt et al. (2018a), youth SSI recipients have diverse demographic, family, and health characteristics and relatively poor outcomes as adults, all of which indicate a need for supports. Administrative data show that most child SSI recipients are younger than 10, are male, and have mental impairments (SSA 2017). Relatively few child SSI recipients report earnings or use SSA's work incentives (SSA 2017; U.S. GAO 2017). Youth SSI recipients and their families might not fully understand the existing work incentives that SSA offers or their options for retaining SSI benefits while seeking job opportunities (Hernandez et al. 2006). Finally, the outcomes of former child SSI recipients as young adults, following the age-18 redetermination, are relatively poor when compared to those for other youth, particularly regarding school enrollment and long-term poverty (Wittenburg 2011; Deshpande and Dizon-Ross 2016).

There is also evidence of geographic clustering in SSI participation and geographic differences in outcomes for children younger than 18, which is an important consideration in identifying potential target populations by region. For example, Wittenburg and colleagues (2015) demonstrated evidence of clustering in SSI caseloads by state and by county, with higher rates of participation in northeastern and southern states and lower rates in western states. Additionally, Schmidt and Sevak (2017) pointed out substantial differences in the growth rates of SSI participation by state, as well as differences in the factors influencing those growth rates.

B. Potential interventions

The potential interventions for youth with disabilities fall into four overlapping categories. The first category includes service interventions to improve employment that have been or could be tested for a particular target population. The second category covers interventions that involve existing public programs, such as through adding or coordinating services. Both categories represent unique opportunities to improve employment outcomes for youth with disabilities. In the third category, we consider interventions that have been proposed specifically for youth SSI recipients or for a more general population, but could apply to the population of interest. Finally, the fourth category suggests ways of identifying novel interventions not yet proposed in the literature.

1. Service interventions to improve employment

An important finding from our first report (Honeycutt et al. 2018a) identified a lack of strong evidence on effective transition practices for youth with disabilities generally—and youth SSI recipients specifically—that underscores the need for better data and information. Several providers offer services, such as workforce development agencies, state VR agencies, local education agencies (LEAs), and other community providers. However, there is limited documentation of service delivery and tracking of outcomes to assess the efficacy of these services, especially regarding employment. Such information could lead to a better understanding of effective practices in serving youth with disabilities.

Best practices for the provision of employment services can guide the development of future interventions. Relevant resources for best practices are the *Guideposts for Success* (National Collaborative on Workforce and Disability for Youth 2009) and the more recent effective transition practices and predictors matrix maintained by the National Technical Assistance Center on Transition (2017) (details of both are included in Appendix A). These resources summarize evidence to guide services offered by practitioners (such as staff from local education agencies, VR agencies, or community rehabilitation providers), as well as the services offered to youth and families. The two sources have many similarities, particularly for strategies regarding work, connecting activities and interagency collaboration, and service customization to improve youth autonomy. However, both resources have the following chief limitations: (1) many of their practices are supported by descriptive or anecdotal evidence, and (2) the majority of supporting evidence reflects the experiences of varied populations of youth with disabilities. For this reason, we emphasize interventions that have been tested, rather than best practices *per se*, but many tested interventions include one or more of the best practices identified in these two resources.

We drew from two sources to identify interventions that could help youth with disabilities improve their employment outcomes: (1) two major SSA demonstration projects that target youth SSI recipients exclusively and (2) a larger base of studies in which youth SSI recipients are possibly a subset of a larger population (Table II.1). The second source of studies includes demonstrations targeting adults (of whom young adults are a subset) receiving SSI or Social Security Disability Insurance (SSDI), as well as interventions received by youth and young adults with disabilities (with or without SSI). Table II.1 lists the interventions and the responsible federal agency (when applicable); they are categorized by the level of evidence available regarding employment outcomes.

Table II.1. Service interventions that could improve the employment of youth with disabilities

Intervention (responsible federal organization)	Provider
Interventions (targeted to youth SSI recipients) that have or will have experimental evidence	
Youth Transition Demonstration random assignment projects (SSA)	CRPs, LEAs, postsecondary institutions
Promoting Readiness of Minors in SSI (ED, SSA, DOL, HHS)*	State education, LEAs, VR agencies, workforce development agencies
Interventions (targeted to adults with SSI and/or SSDI benefits) that have or will have experimental evidence	
Accelerated Benefits (SSA)	SSA
Benefit Offset National Demonstration (SSA)	SSA, WIPA

Intervention (responsible federal organization)	Provider
Mental Health Treatment Study (SSA)	SSA, community mental health agencies
Promoting Opportunity Demonstration (SSA)*	SSA
Supported Employment Demonstration (SSA)*	SSA, community mental health agencies
Interventions (targeted to other youth or adults with disabilities) that have or will have experimental evidence	
Demonstration to Maintain Independence and Employment (HHS)	State departments of health, a health policy authority and health insurance organization, and a Medicaid agency
Employment Intervention Demonstration Program (SAMHSA)	Academic, public, and private entities provided supported employment (clinical and VR services and supports)
Job Corps (DOL)[a]	DOL, workforce development agencies
Project SEARCH	LEAs, VR agencies, employers
Transition Work-Based Learning Models in California, Maryland, and Vermont (Rehabilitation Services Administration, or RSA)*	VR agencies, CRPs, LEAs (in Maryland)
Interventions (targeted to youth SSI recipients) with nonexperimental evidence	
Benefits counseling (SSA)	WIPAs, varied organizations
Youth Transition Demonstration nonexperimental projects (SSA)	Each project was led by a varying combination of state agencies
Interventions (targeted to other youth or adults with disabilities) that have or will have nonexperimental evidence	
Back on Track to Success Mentoring Program	Community organizations
Career and technical education	LEAs, institutions of higher education
Jobs for Youth Program	LEAs, VR agencies, institutions of higher education
Marriott Foundation Bridges from School to Work Program	Nonprofit community organization
Maryland Seamless Transition Collaborative	LEAs, VR agencies, state education, state department of disabilities
Supported employment	Nonprofit, multiservice organizations
Think College*	Institutions of higher education, along with community partners such as VR agencies, LEAs, and employers
Transition Work-Based Learning Models in Maine and Massachusetts (RSA)*	VR agencies, CRPs
Utah Pathways to Careers*	CRP
Interventions (targeted to other youth or adults with disabilities) without any evidence	
Individualized Career Planning model (ED)	LEAs
Guided Group Discovery pilots* (Labor)	Led by a national collaborative of organizations focused on disability, workforce, and economic support, in partnership with local job centers, VR agencies
Partners for Youth with Disabilities*	Private organization

Source: Honeycutt et al. 2018a, with two additions (Jobs for Youth Program [Balcazar et al. 2018] and career and technical education [Theobald et al. 2018; Dougherty et al. 2018]).

Note: Appendix A contains details about these interventions.

[a] Job Corps does not target youth with disabilities, but the program does serve this population.

* Currently in the field.

CRP = community rehabilitation providers; DOL = U.S. Department of Labor; ED = U.S. Department of Education; HHS = U.S. Department of Health and Human Services; LEA = local education agency; SAMHSA = Substance Abuse and Mental Health Services Administration; SSA = Social Security Administration; VR = vocational rehabilitation; WIPA = Work Incentives Planning and Assistance

This review of strategies reveals four key findings.

1. **Interventions targeting youth SSI recipients.** The Youth Transition Demonstration (YTD) random assignment projects provide the most comprehensive information on promising strategies to improve the employment outcomes of youth SSI recipients. These projects underscore the potential for employment services to influence employment outcomes for this population, along with the challenges of implementing them successfully. Three of the six YTD projects increased paid employment by about 7 percentage points during the third year after the youth enrolled in the evaluation. Moreover, projects that delivered more hours of employment-focused services to higher proportions of treatment group youth had the largest impacts (Fraker et al. 2015). Additionally, youth SSI recipients with early work experiences had a higher probability of paid employment two years later than other youth (Mamun et al. 2017). Further evidence about serving youth SSI recipients will emerge from the ongoing evaluation of Promoting Readiness of Minors in SSI (PROMISE).
2. **Other SSA demonstration projects.** Random assignment evaluations of federal demonstrations for individuals receiving adult SSI and SSDI showed the positive impacts of case management, health plans, supported employment, work incentives, and other supports on employment outcomes, but did not lead to reductions in SSA program participation. A general finding across projects is that more individually customized interventions had stronger employment effects than projects with less customization (Wittenburg et al. 2013). Also, supported employment practices based on the Individual Placement and Support (IPS) model—a model that offers intensive employment and mental health supports to individuals with severe mental illness—led to improved employment outcomes for adults with psychiatric impairments (Bond et al. 2008; Drake et al. 2009). This latter finding is particularly notable, as the supported employment model has not yet been tested rigorously among youth, though it can be implemented with fidelity for that population (Noel et al. 2018).
3. **Intervention components with emerging evidence.** Various interventions targeted to youth and young adults with disabilities show consistent promising evidence on employment outcomes. Many of these interventions are transition programs for youth with disabilities that offer employment services coupled with other services. A few interventions, such as Job Corps (a U.S. Department of Labor youth training program) and Project SEARCH (an intensive workplace immersion program), have or will have some experimental evidence. Most studies, however, present evidence that is primarily based on descriptive or nonexperimental evidence.
4. **Interventions without evidence.** Other implemented strategies identified in the literature have no documented evidence on either their use or their effectiveness. They offer additional compelling strategies on activities such as employment, mentoring, and job readiness that could be tested to promote the employment outcomes of youth with disabilities.

Policymakers might also consider testing consumer-directed interventions that would help youth with disabilities achieve better employment outcomes. These types of interventions are not covered above because none have been used to improve employment outcomes for youth or disability participants. Nonetheless, there is evidence that this flexible approach involving individual consumer choice with professional guidance has the potential to influence key

outcomes for populations other than youth. The underlying approach for these models is that giving individuals the means and responsibilities to direct the services they receive (that is, more consumer choice) combined with professional guidance leads to those individuals being more invested in those services, thereby obtaining better outcomes. A consumer-directed financing approach to personal assistance services for persons with disabilities (the Cash and Counseling Demonstration) has been shown to be cost effective, to improve the health of participants, and to reduce unmet medical needs (Brown et al. 2007; Carlson et al. 2007). A unique aspect of this demonstration was its flexibility in service provision and allowing participants to manage their own budgets. The model has subsequently been incorporated into many states' Medicaid programs. More recently, DOL's Individual Training Account (ITA) demonstration provided job seekers with counseling and vouchers for services in combination with other aspects of service delivery, with varied results across the models tested (Perez-Johnson et al. 2011). This approach is also being applied to service delivery for individuals with intellectual and developmental disabilities (DeCarlo et al. 2018).

To support further intervention development, it might be fruitful for policymakers to conduct a review that encompasses many rigorous tests of employment interventions targeted at other populations, not necessarily those involving people with disabilities. The fact that the recent evidence about the efficacy of Job Corps for at least some youth with disabilities (Hock et al. 2017) comes from such a study points to the possibility that employment interventions shown to be effective for other populations may also be affective for youth with disabilities. There may be evidence of such efficacy in data that already exist, but even if not, evidence of effectiveness can guide the development and testing of interventions for disability populations.

2. Interventions involving public programs

As noted previously, many different agencies administer programs that support youth with disabilities and are potential options for implementation of future initiatives to improve employment outcomes of youth (Table II.2). The largest programs are vocational rehabilitation and special education services, both of which include a sizeable number of youth SSI recipients. For example, state VR agencies represent an important source of services; about one-third of their clients are transition-age youth, and about one in five youth eligible for VR services receives SSI or SSDI (Honeycutt et al. 2016). In 2016, more than 6 million youth ages 3 to 21 (or 13 percent of all youth enrolled in primary or secondary school) had an Individualized Education Program (IEP) (U.S. Department of Education 2016), and about 22 percent of those with an IEP receive SSI benefits (Lipscomb et al. 2017).

Workforce development agencies provide other job-focused programs that youth with disabilities can access, such as summer youth employment and apprenticeship programs. Though the programs do not exclusively target youth with disabilities, that population represents one of the groups eligible for services, should they meet age and other program requirements. There is little evidence regarding the involvement of youth with disabilities with these programs; one opportunity for better understanding is tracking the access to and outcomes of these programs for the populations of interest.

Additionally, youth with disabilities can access financial supports. A recent program addition in this area is the Achieving a Better Life Experience (ABLE) account (ABLE National Resource Center 2018). An ABLE account allows youth to apply tax-free savings to disability-

related education and employment supports, among other types of support, and it does not affect SSI eligibility or payments.

Table II.2. Large programs and financial incentives that provide additional employment, rehabilitation, education, and asset accumulation supports to youth with disabilities

Intervention (responsible federal organization)	Provider
Public programs accessed by youth with disabilities that are potential options for service coordination	
Vocational rehabilitation (RSA)	RSA, VR agencies
Special education services (ED)	ED, state and local education agencies
Disability Employment Initiative, Employment First, and Workforce development programs (such as YouthBuild, Youth Corps, apprenticeships) (DOL)	DOL, workforce development agencies
Ticket to Work program (SSA)	SSA
WIPA (SSA)	SSA
Partnerships in Employment Systems Change projects	Stakeholder consortia involved state and community agencies and organizations
Tennessee Medicaid 1115 waiver program (TennCare Employment and Community First CHOICES)	State Medicaid agency and state disabilities department
Financial incentives	
ABLE Act	State agencies and financial institutions
SSA work supports (SSA)	SSA

Source: Honeycutt et al. 2018a.

Note: Appendix A contains details about these interventions.

ABLE = Achieving a Better Life Experience; CRP = community rehabilitation provider; DOL = U.S. Department of Labor; ED = Department of Education; LEA = local education agency; RSA = Rehabilitation Services Administration; SSA = Social Security Administration; VR = vocational rehabilitation; WIPA = Work Incentive Planning and Assistance

An important issue in thinking about the existing landscape of other programs is to consider options to coordinate between programs or to modify programs to improve outcomes for youth with disabilities. For example, service coordination could involve combining supports through multiple agencies. To illustrate, Partnerships in Employment, an eight-state systems change initiative, sought to improve competitive integrated employment outcomes for youth with disabilities through changing policies, removing barriers, and improving cross-system and interagency collaboration. It relied on consortia of state and community agencies and organizations such as state developmental disability, VR, and education agencies. As a result, five states passed or expanded Employment First legislation, and all states documented positive efforts to improve collaboration across agencies. More broadly, a more substantial effort could modify existing cash payments and changing program eligibility rules. Some of these changes are already occurring through WIOA (for example, with VR agencies contracting with LEAs and community rehabilitation programs to provide pre-employment transition services [NCD 2017]) or through specific Medicaid waiver programs.

A related approach to improving the employment outcomes of youth with disabilities through existing programs is to directly target their financial incentives for work. This targeting could be done by modifying program rules through the use of waivers or through expanded

supports to encourage or facilitate employment to address components of the SSI program design that might inhibit work. As one example, YTD included waivers that expanded the student earned income exclusion and reduced the benefit offset, thereby allowing participants to retain more of their benefits as their earnings increased than under current law. An alternative approach to changing financial incentives is to substantially expand existing tax incentives, such as is pursued with ABLE Act accounts.

3. Untried interventions for youth SSI recipients and at-risk populations

Government agencies and researchers have also suggested proposals involving interventions for youth with disabilities that have not been tried. In each case, the untried interventions include a very basic outline of an intervention design but do not have a formal model. Nonetheless, they represent potential extensions of the work mentioned above that could be of strong potential interest for policymakers.

In Table II.3, we list these interventions as a way of providing policymakers with a complete list of options for youth with disabilities. Five interventions are specifically designed for youth SSI recipients. SSA included three options in its 2019 budget (SSA 2018b), and it also has requested input on other possible options for the Ticket to Work program through a request for information (SSA 2018d). There is a brief outline for these interventions in each case, though more details would be needed to implement any of them. A final option, proposed by Deshpande and Dizon-Ross (2016), would provide more information to youth SSI recipients and their families on the age-18 redetermination process.

Two other untried interventions include financial incentives and program referrals outside of SSI. One intervention includes a disability income tax credit that extends the Earned Income Tax Credit to offset the cost of disability (Goodman et al. 2013).[1] The second intervention extends a possible policy direction identified in Hock et al. (2017) based on the promising Job Corp findings above, testing the potential for improving outcomes for youth VR clients via referrals to Job Corps and accompanied by VR provision of accommodations.

Finally, several possible directions for comprehensive reform emerge from various untried interventions for youth and adults. The CareerACCESS intervention from the World Institute on Disability, Disability Policy Works, and National Council on Independent Living (2018) represents the most far-reaching example of a comprehensive reform for youth. Under this proposal, the current set of SSI supports for youth SSI recipients ages 18 to 30 would be replaced with a series of vocational and benefits supports to facilitate the long-term transition into an adult career. The supports would include extended access to cash benefits, perhaps through a major expansion of SSI's student earned income exclusion, and the ability to save in ways not currently allowed by SSA. Several other untried interventions would modify income supports more broadly for low-income families and people with disabilities. For example, Besharov (2011) proposed an option that would integrate the many social assistance programs for low-income and at-risk families into a single program stream.

[1] They initially proposed a tax credit for a broad population of adults with disabilities, but policymakers could adapt this approach to youth if they wanted a targeted approach to enhancing financial incentives for that population.

Table II.3. Untried interventions that could promote the employment of youth with disabilities

Intervention	Description
Youth SSI recipients	
Identify medical improvement at the earliest point	The 2019 SSA budget (SSA 2018b) proposes to (a) institute age 6 and 12 initial disability reviews and (b) increase the frequency and effectiveness of continuing disability reviews (CDR) by expanding the CDR diary system for all disability beneficiaries from three to four categories, allowing SSA to conduct CDRs more frequently for those medical impairments that are expected or likely to improve.
Improve SSI youth work incentives	The 2019 SSA budget (SSA 2018b) proposes to eliminate administrative barriers and increase the value of work by proposing to disregard all earned income and eliminate income reporting requirements through age 20, provide a higher disregard of earnings with a gradual phase-down for SSI recipients between ages 21 and 25, and eliminate school enrollment reporting requirements. Wittenburg (2011) proposed an option for eliminating earnings reporting to SSA for child SSI recipients.
Improve access to vocational rehabilitation services for SSI transition age youth	The 2019 SSA budget (SSA 2018b) proposes to allow SSA the ability to refer youth SSI recipients to VR services.
Expand Ticket to Work or another program for child SSI recipients	The Ticket to Work program is currently not available to child SSI recipients, though in a request for information in 2018, SSA asked whether the Ticket program should include children or should create a separate program with a similar mission for children.
Improve information outreach for age-18 redeterminations	Deshpande and Dizon-Ross (2016) proposed personalized information about SSI removal to families using observable characteristics such as diagnosis category and severity.
General	
Expand disability earned income tax credit for people with disabilities	Goodman et al. (2013) propose an expansion of the earned income tax credit for people with disabilities.
Develop referrals from VR programs to Job Corps	Hock et al. (2017) suggest that VR agencies might find it attractive to encourage some of the youth they serve to enroll in Job Corps, perhaps providing accommodations or other specialized supports while they are enrolled.
Reform existing programs	Proposals exist to simplify means-tested cash payments that include SSI and other programs that are part of broader system reform. The World Institute on Disability, Disability Policy Works, and National Council on Independent Living (2018) proposes CareerACCESS, which has a theoretical framework through which to modify SSA work incentives and provide counseling, employment, and other services. Besharov (2011) is one example of several broader proposals in the literature that include more comprehensive reform to several programs, including SSI. For example, Besharov proposes an even broader change to all supports, which would integrate the many social assistance programs for low-income and at-risk families into a single program stream.

4. Approaches to identifying novel interventions

In addition to the above, policymakers could consider two other approaches that identify novel interventions to address the challenges facing youth with disabilities. The first approach would solicit ideas from experts in the field for untried interventions that could be tested. A Youth SSI Solutions Initiative would mirror the SSDI Solutions Initiative, which generated many options for intervention tests related to SSDI. A similar initiative would generate options for SSI, and perhaps specifically for youth SSI recipients. While the ideas could include tests of possible interventions already identified, the approach could also offer novel intervention approaches not yet considered. This approach could produce ideas that bolster the existing interventions presented in this report, as well as offer more details on implementation, including the issues around policymakers' demonstration authority. More formal proposals that result from this type

of initiative could also combine the information about the implementation with a more specific approach for the evaluation.

A second approach to identifying novel interventions is to develop interventions with local program front-line and management staff input. The underlying idea is to identify strategies at the ground level that address the needs of youth with disabilities who are already involved in their programs in ways that are consistent with the program's mission. An example is the Learn, Innovate, and Improve (LI2) approach, which has been used to improve practices at human services offices (Derr et al. 2017). This approach to identifying practical strategies and service changes, developed within an office or district, could result in interventions that can be applied broadly throughout a state, particularly if those interventions are combined with rapid cycle evaluation techniques and targeted technical assistance.

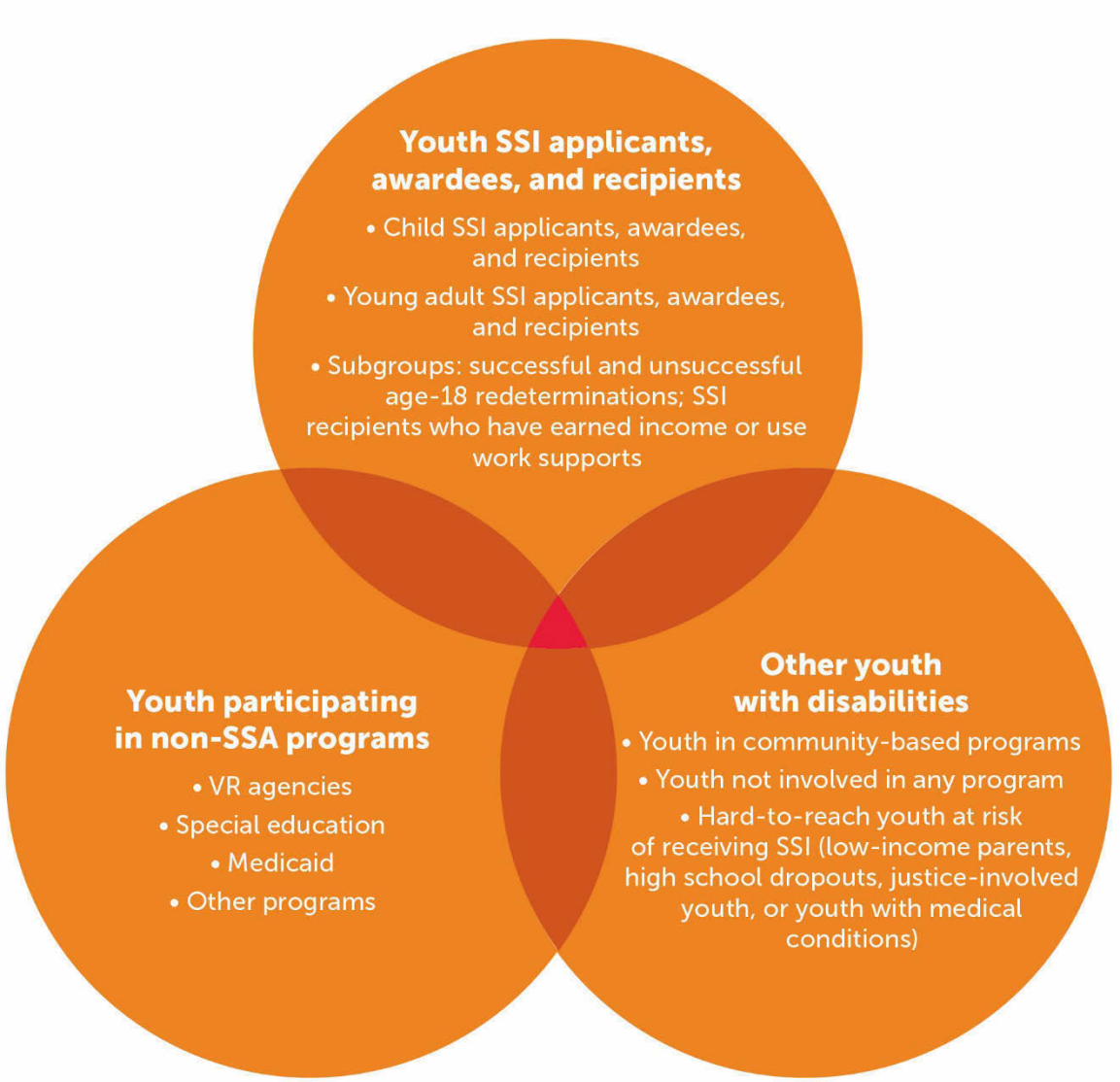
C. Potential target populations

In the project's second report (Honeycutt et al. 2018b), we identified possible target populations with different characteristics and varied needs for intervention supports. Because the policy objectives could differ by the intervention that policymakers select, we considered two broad groups for the target population (those who receive SSI and those at risk of SSI entry), which are further divided into the type of outreach needed (direct outreach from administrative data sources or more indirect methods of outreach through screening without records). As shown in Figure II.1, these groups are not mutually exclusive.

- **Youth SSI applicants, awardees, and recipients represented in SSI data.** SSA administrative records include these three potential subgroups of youth with disabilities. Additionally, SSI recipients can be further divided into those engaged in or nearing the age-18 redetermination process, with some ultimately determined to be eligible and the rest ineligible for SSI as adults. Interventions can successfully use SSA administrative records to identify and recruit youth, as demonstrated by both YTD and PROMISE.
- **Youth with disabilities represented in non-SSA program data.** These youth include those receiving supports through existing programs, such as VR agencies, Medicaid, special education, and workforce programs. A key feature of this group is that an intervention could identify youth through state and local administrative records outside of SSA administrative records.
- **Youth with disabilities identified from community outreach and screening.** Some youth who are at risk of SSI participation, along with some youth SSI recipients, might not have any connection to a program but could be identified through outreach and screening. For example, an intervention could involve a general solicitation to youth and families within a community, which could attract youth who might be at risk of SSI participation as well as youth SSI recipients not involved with other programs.

There are potential trade-offs in including the groups above in a future intervention. SSI recipients represent the largest population and include a diverse mix of youth with varying SSI durations. Although it is possible to increase employment outcomes for these youth, there is no evidence yet that previous interventions have reduced dependency on SSI. In part, this reflects the challenges of serving youth SSI recipients that arise from the complex SSI program rules, work disincentives, and severe barriers to paid employment that these youth face. The lack of

Figure II.1. Potential target populations for interventions involving youth with disabilities



evidence for reduced SSI dependency also reflects that previous interventions did not explicitly emphasize financial independence as a primary objective.

For youth who are at risk of SSI entry, policymakers could consider defining policy objectives both to promote employment *and* to reduce SSI program entry as adults. We have descriptive evidence of the potential of reducing SSI program entry, particularly based on the conceptual frameworks noted above. Promising evidence of the potential of early intervention services comes from findings of a study on Job Corps (Hock et al. 2017), and untried interventions have suggested systems change alternatives to delivering the combination of employment and cash benefits (for example, CareerACCESS) that could improve employment and outcomes such as long-term receipt of SSI benefits. While these other interventions are

conceptually appealing, a major drawback is that they have not yet been tested and, hence, lack a rigorous evidence basis.

The approach that an intervention takes for sample outreach and screening will affect aspects of the evaluation. For example, the youth SSI recipient population is almost four times larger than the youth SSI applicant population during a given year, and more than 10 times larger than the new SSI awardee population. An intervention that targets new awardees might therefore have more difficulty obtaining the number of youth required for statistical purposes than one targeting applicants, particularly in a geographically narrow area.

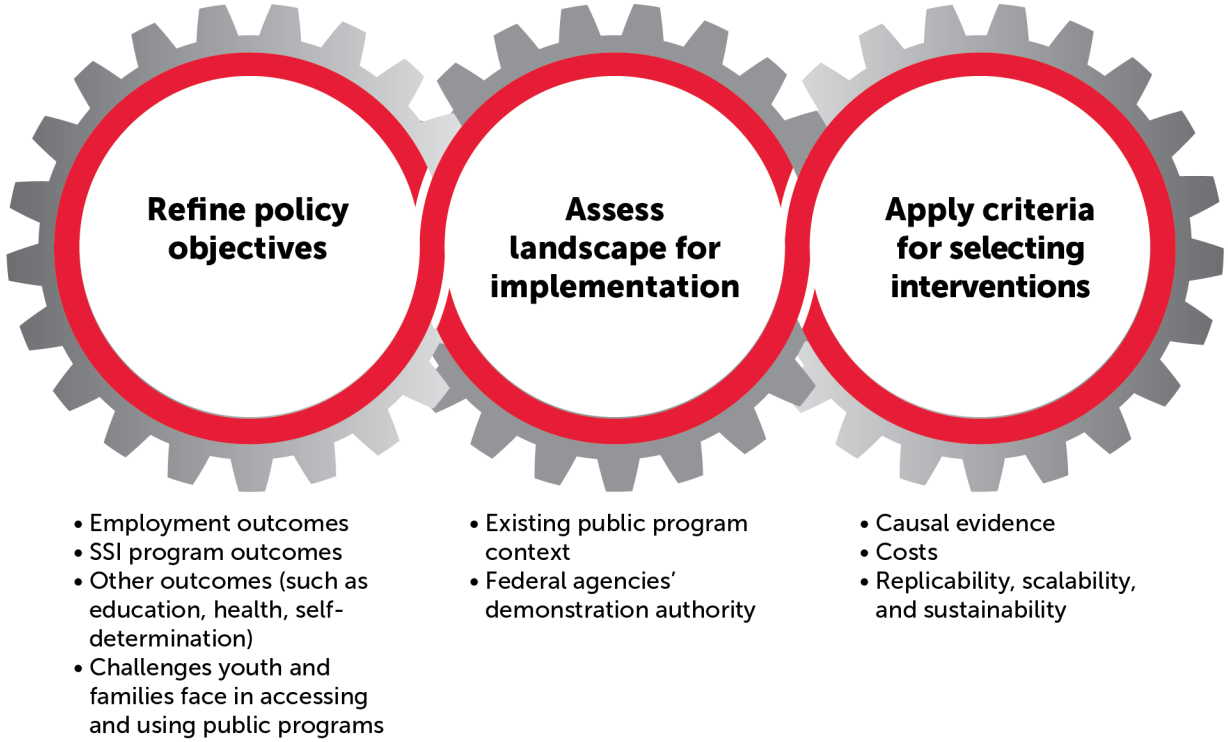
The characteristics and sizes of target populations can vary, making it necessary to tailor intervention designs to those characteristics. For SSI recipients, the potential needs of the target population might differ based on age, particularly for those nearing the age-18 redetermination. Children younger than 18, for example, have different requirements for school and employment supports than those 18 and older who have left secondary school. Additionally, youths' participation in services might signal their interest in supports that are also important for selecting an intervention design. As an illustration, youth SSI recipients involved with VR or workforce agency programs might be more oriented toward work than youth SSI recipients without such involvement, and they might not view themselves as having a disability.

In summary, all of the aforementioned target populations could potentially be candidates for a variety of the possible interventions. That said, policymakers may need to customize the intervention supports and outreach depending on the youths' needs for services and the policymakers' objectives.

III. PROCESS FOR SELECTING INTERVENTIONS

In this chapter, we highlight possible selection processes that policymakers can use in choosing from the various intervention options and target populations presented in Chapter II, as illustrated in Figure III.1. The first step in selecting possible interventions is to refine the policy objectives to be considered in addition to sustained, gainful employment. To assist in this process, we offer other policy objectives for policymakers to consider. These may help narrow down their list of options for interventions and target populations. Once the objectives are in place, the next step is to assess the landscape for implementation, including the policy objectives and missions of the various government agencies that may be involved as well as the available federal demonstration authorities. Finally, we present three criteria for selecting interventions.

Figure III.1. Process for selecting an intervention



A. Refine policy objectives

Although the primary policy objective for this project involves promoting sustained gainful employment for a target population, policymakers may specify additional objectives to narrow the list of intervention options. As shown in Chapter II, several interventions have varying levels of evidence as to whether they improve employment for their target populations. Hence, specifying additional policy objectives can narrow the list of options for further consideration.

Policymakers' specific objectives can directly affect which interventions they choose as well as any possible modifications to the service system. For example, if there is a policy interest in education, health, and self-determination outcomes, the intervention services could be geared to

promote these outcomes. Similarly, policymakers may seek to make additional modifications to the service system—such as waivers to SSI program rules, as was pursued in YTD—to further promote specific outcomes.

With a focus on youth SSI recipients and youth at risk of receiving SSI, one possible option is to specify objectives for SSI-related outcomes. For youth SSI recipients, these outcomes might include greater use of various SSI work supports or lower SSI cash payments; for youth at risk of receiving SSI, the outcomes might include fewer SSI applications and awards.

An important question is whether to target SSI outcomes that reduce caseload size or benefit amounts. YTD resulted in impacts on employment, but none of its projects decreased SSI benefit amounts or SSI caseload size. This lack of impacts in part reflects the designs and target populations for the YTD interventions, which included waivers that were not intended to reduce benefit amounts and target populations of SSI recipients.[2] As outlined in Chapter II, child SSI recipients face several potential issues in transitioning from benefits, which makes it difficult to identify interventions that might substantively reduce these caseloads. However, there is promising evidence from Job Corps (Hock et al. 2017) indicating that intervening with youth with disabilities before SSI might potentially reduce SSI program access. Hence, if policymakers are interested in extending the YTD or other service models, the choice of policy objective could dictate whether to apply those models before or after SSI entry, perhaps as influenced by existing evidence.

A final consideration for policy objectives is how an intervention might help programs address the challenges that youth and families face when accessing public programs. In a recent report on the PROMISE programs for SSA, Honeycutt and Livermore (2018) identified six such challenges based on prior research, summarized in Table III.1 (Fraker et al. 2014; U.S. Government Accountability Office 2012, 2017).

Table III.1. Challenges that youth and families face in accessing and using public programs

Challenge	Description
Different program eligibility rules and incentives	Public programs can differ in their rules for eligibility and in their work incentives, which results in varying access to services and potentially conflicting incentives for program participation and with employment.
Fragmented, uncoordinated transition system	The federal government funds various programs for youth with disabilities, and to navigate them, families must be able to identify and understand them, which can be problematic because of the lack of coordination among the programs.
Limited or delayed access to transition services	Youths' access to public programs might be limited or delayed when services do not exist in the area where a youth resides or when programs cannot accommodate the demand for services.
Lack of information and awareness	Youth and families might not be aware of potential services from public programs or where to go for them if they do know about them, despite public programs' efforts to educate youth and families.
Inadequate preparation for postsecondary education and employment	Youth with disabilities have low access to career development learning and experiential activities that prepare them for life after high school, despite increasing evidence showing the latter's effectiveness.

[2] One YTD project targeted at-risk SSI youth in Maryland, though it did not lead to a reduction in caseload size.

Challenge	Description
Limited use of evidence-based practices	Despite an increasing body of evidence on what leads to better transition outcomes, staff of public programs do not consistently use such practices.

B. Assess landscape for implementation

After refining the policy objectives for an intervention, the next logical step is to assess the public agency or group of agencies that are or could be addressing similar objectives. Based on feedback from the CoP, one logical approach is to align the intervention's services with the missions for an agency. For example, DOL is positioned to deliver workforce supports, whereas SSA is positioned to deliver work provisions related to SSI benefits and evaluation support (such as through providing access to SSA administrative program and earnings data). While SSA can identify SSI recipients, it does not have the infrastructure to provide in-depth employment, education, or rehabilitation supports. DOL and the Department of Education (ED) support such infrastructures.

Below, we explore two aspects of assessing the landscape for implementation. The first aspect is to consider the existing public program context. Policymakers can pursue interventions that either draw on existing programs (through collaboration, for example) or are created to supplement existing programs. The second aspect is to understand the major demonstration authorities that federal agencies could use to serve youth with disabilities. Demonstration authorities are important for knowing what is and is not feasible under current law and for identifying changes in demonstration authorities that might be needed to move forward.

1. Existing public program context

A critical aspect of fitting into the current landscape is to build programs or services in a way that promotes the policy objectives and does not further fragment or complicate an already fragmented and complex service delivery system. Ideally, the opposite would happen—less fragmentation and complexity. One way to do that is to modify existing programs through coordination between agencies at the federal, state, or local levels (for example, DOL and SSA working jointly). A second way is to have a new intervening entity that provides new services, the model used in the YTD and some PROMISE demonstrations. Regardless of the approach, it is best to design any new coordination or intervention effort so as to avoid conflicting with existing public services or supports in ways that would make the intervention more difficult to administer, potentially influence access by youth, or lead to unintended negative outcomes.

Using or building on existing programs provides a strong starting point for intervention implementation for several reasons. It can be easier to replicate and scale the intervention after testing. WIOA promotes flexibility in testing new approaches to serve individuals through encouraging collaboration and innovation. Any new intervention that works with or proposes to modify existing programs must do so in a way that is consistent with the program's mission and legislative authority. Finally, intervention tests that leverage existing programs have clear implications for programs and policies that will resonate with policymakers and program administrators.

In Table III.2, we summarize approaches to leveraging existing public programs, by which we mean changing existing programs without the addition of new outside services. These approaches include (1) adding services that could be delivered by existing agencies, (2) altering program rules, and (3) combining and blending existing programs. For each approach, we illustrate both proposed and hypothetical interventions based on the background information in Chapter II.

The alternative to program coordination is to have an outside intervening entity develop a new intervention. This approach might be preferable for policymakers if it becomes difficult to coordinate existing services between agencies or there is a need for supports not already provided by existing entities. A potential challenge, however, is creating a new intervention that does not cause further fragmentation or complexity.

Table III.3 shows this alternative view of options for individual intervention services. The options listed include (1) extending the evidence on comprehensive transition programs, (2) evaluating interventions that have emerging, strong evidence, and (3) testing interventions that are untested but have theoretical support or have been tested but have limited empirical support.

The differences between modifying existing programs and establishing new intervening programs is blurry. For example, policymakers could modify components of Job Corps (Table III.2) or create provisions that identify new service target populations through referrals from other agencies (Table III.3), which could be pursued by the agency itself (such as a VR agency) or an intermediary that can screen potential eligible cases (such as a service provider).

Any intervention that policymakers pursue can address one or more of the challenges that youth and families face in accessing services, depending on its design and policymaker objectives. An intervention that seeks to improve coordination of workforce programs, VR agencies, and WIPAs, for example, could address the challenges with fragmented service systems and with information and awareness, as well as the challenges with preparation for postsecondary education and employment.

Table III.2. Approaches for adding to or modifying existing programs

Existing program approaches	Description	Intervention proposal from Chapter II	Hypothetical intervention proposal
Add new services to existing programs	Test what additional supports might be needed for an existing program to better serve youth with disabilities participating in the program.	None	Test the effect of adding benefits counseling to youth SSI recipients receiving Pre-Employment Transition Services or enrolled in an apprenticeship program.
Alter program rules	Change or alter current program rules and assess the effects for youth with disabilities.	SSA's 2019 budget includes modifications of work incentives for youth SSI recipients.	Test modifications of existing SSI program eligibility rules, such as the age-18 redeterminations (for example, conducting the determination earlier, thereby allowing youth and families time to prepare for the decision results).
Combine or blend existing programs so that they supplement each other, furthering collaborations	Combine or blend existing programs in ways that supplement each other, furthering collaborations that are already emphasized by WIOA. The idea behind this approach is that no one program should provide all of the services needed by a youth, but mechanisms could be in place to ensure that youth receive all needed services from existing programs to help them achieve their transition goals.	CareerACCESS is an untested proposal to modify SSA cash payments into young adulthood and provide counseling, employment, and other supports.	Enhance VR agencies' ability to work with LEAs and community rehabilitation programs in delivering Pre-Employment Transition Services.

Table III.3. Approaches to intervention services

Intervention service approaches	Description	Intervention proposal from Chapter II	Hypothetical intervention proposal
Extend the evidence on comprehensive transition-program interventions	Comprehensive transition-program interventions offer students and young adults an array of employment, transition services, and other supports in a variety of settings.	YTD, PROMISE, and the Maryland Seamless Transition Collaborative are all formal examples that have tested the provision of a comprehensive package of transition services.	Develop a transition program intervention that includes a stronger emphasis on postsecondary education and training, more detailed financial education and benefits counseling, or more intensive employment services such as work-based learning experiences and employer apprenticeships. For example, policymakers could design a hypothetical YTD- or PROMISE-like program that addresses the needs of special populations—such as high school dropouts, justice-involved youth, or minority youth—or that is designed to be more cost-effective while retaining its more essential service aspects (a program that could be considered "YTD-light").
Evaluate interventions supported by emerging, strong evidence	Several interventions have emerging evidence that suggests positive employment impacts, but do not yet have evidence derived from rigorous evaluations.	Results from Job Corps, Project SEARCH, and supported employment have emerging, strong evidence for various target populations. There are proposals to link VR referrals to Job Corps (Hock et al. 2017) and to evaluate Project Search so that the findings can be generalized (Mamun et al. 2016).	Multiple hypothetical options could extend interventions with strong evidence to several potential target populations, depending on the policy objectives.
Develop and test untried interventions from literature or the field that have theoretical support or interventions without strong empirical support	Some interventions have strong theoretical support for their potential effects or are used widely but without strong quantitative evidence.	Interventions such as supported education and benefits counseling, which have limited evidence, could be evaluated and tested, often on a small scale and perhaps with pilot testing, to delineate the intervention, the challenges with its implementation, and its effects. An advantage of examining these types of interventions is that their components are well specified.	Policymakers could pursue an active effort to promote more evidence with the potential to confirm the efficacy of the practices presented in the *Guideposts for Success* and the National Technical Assistance Center on Transition's effective practices matrix, especially as applied to youth SSI recipients.

2. Federal agencies' demonstration authority

Any intervention must comply with the existing federal authorities for conducting demonstrations, including adhering to the Common Rule, developing waivers, and delivering services. Many federal agencies, including those involved in delivering services to youth, adhere to regulations defined in the Common Rule (Subpart A of 45 Code of Federal Regulations [CFR] Part 46). These regulations help policymakers pursue research options that protect human subjects (that is, people involved in tests of policy changes). Federal agencies may also have specific demonstration and waiver authorities that allow them to conduct research and adapt rules to obtain improved outcomes for program participants. It is possible to modify these authorities to operate demonstrations, including some of the untried interventions outlined in Chapter II. However, such modifications require waivers, which could take time to implement.

We did not conduct a formal review of the demonstration authority for all potential agencies that could be involved in an intervention for youth with disabilities. However, Ben-Shalom et al. (2017) provide a recent review of demonstration authority. They documented specific authorities for multiple agencies, including DOL, SSA, the Centers for Medicare & Medicaid Services (CMS), the Department of Health and Human Services (HHS), and ED.

Based on our review of this summary, three parts of the demonstration authority under different government agencies are relevant to the interventions for youth with disabilities.

- The SSA demonstration authority under Section 1110 of Title XI allows SSA to pay for research activities and support demonstration projects under specific conditions. For the PROMISE demonstration, for example, SSA provides research assistance to support ED's implementation of that demonstration. This support includes identifying potential PROMISE participants and conducting evaluation activities that include SSA administrative records. The authority for SSA to operate on its own is also notable because SSA must adhere to certain requirements under current law, unless the agency obtains waivers. Of particular note is the requirement of voluntary written informed consent from participants, which could substantially affect the recruitment effort for any intervention under existing demonstration authority.
- WIOA Section 129 allows states to use allocated federal funds to conduct research and demonstrations around youth workforce investment. The demonstrations can target (1) youth with disabilities who are in school and between the ages of 14 and 21 and (2) youth with disabilities who are not in school and are between the ages of 16 and 24, with the objective of increasing career readiness and entry into early-career positions. This authority allows for a wide array of services to these populations.
- WIOA Section 156 gives the Secretary of Labor broad authority to conduct demonstrations involving Job Corps, including any needed waivers. This authority is particularly relevant to any intervention that includes Job Corps as a possible service component.

Given the general movement toward interagency service collaboration for youth with disabilities, we anticipate other federal agencies will likely need to be involved in any implementation effort. Ultimately, it will be up to the Office of Management and Budget (OMB),

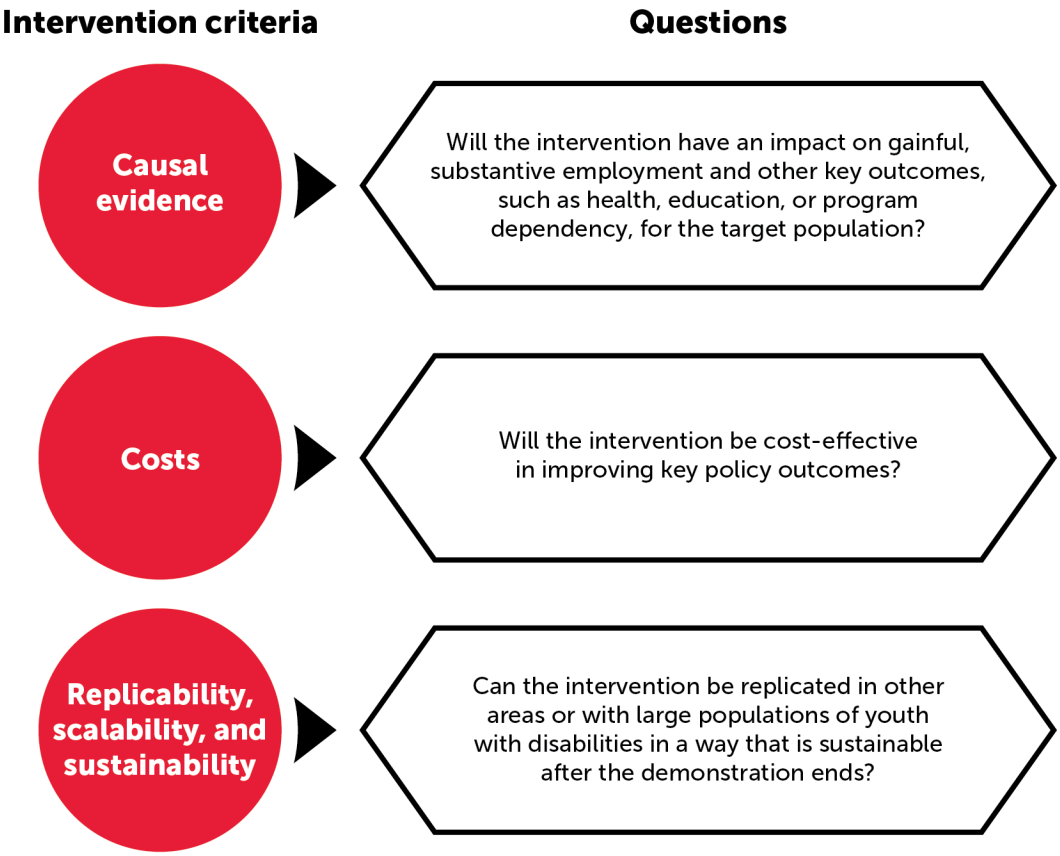
agency leaders, and leaders of relevant congressional committees to decide whether any specific demonstration can be authorized under existing law and associated regulations.

Clarification of policy objectives and assessment of the landscape are likely to lead to multiple interventions for potential development and testing. In the next section, we consider criteria that program administrators can use to select interventions to pursue further.

C. Apply criteria for selecting interventions

In selecting a target population and intervention approach from the options outlined in Chapter II, policymakers could use a range of options and values as criteria for selection. We propose three criteria as important factors for selecting interventions: (1) causal evidence; (2) costs; and (3) replicability, scalability, and sustainability (Figure III.2).

Figure III.2. Criteria for selecting interventions



These criteria are similar to the model used by the Laura and John Arnold Foundation. Specifically, as part of its funding criteria for new projects, the Foundation requires that applicants document that an intervention has "highly-promising prior evidence, suggesting it could produce sizable impacts on outcomes of recognized policy importance" (Laura and John Arnold Foundation 2018). The Foundation also includes an alternative criterion if the first one is not satisfied: there is a compelling reason that the effectiveness of an intervention should be evaluated, such as a social program or policy that has widespread use.

1. Causal evidence

The first criterion indicates whether past research is sufficiently credible to suggest that an intervention could have the desired impacts on outcomes for the target population. This assessment should be based on more than a logic model that suggests an outcome will result from the activities of an intervention. The model itself should have clear existing causal evidence that documents its impacts on the intended outcomes. When existing evidence is required as a foundation for other comprehensive demonstration efforts, interventions can have a higher chance of success. Alternatively, the fact that an intervention is widely used suggests there is presumably a great deal of support for the intervention, despite the absence of highly or even moderately rigorous causal evidence. Investing in causal evidence could presumably either convince skeptics that the services should be continued and even expanded, or convince believers that they should be doing something else.

In our first report (Honeycutt et al. 2018a), we identified the level of evidence available for the interventions presented in relation to employment outcomes. Many of the interventions identified have correlational evidence as the basis for their effectiveness. Few interventions have evidence derived from random assignment evaluations or other rigorous approaches for establishing causal effects, and fewer still have been applied to youth SSI recipients.

The criteria for evidence from the Clearinghouse for Labor Evaluation and Research (CLEAR) and the What Works Clearinghouse (WWC) provide a useful guide for the level of causal evidence. CLEAR tracks studies involving labor and employment; WWC pursues a similar approach for education programs and practices. Studies with rigorous evidence—meaning that the impact of a program or practice is derived from a randomized control trial or other comparison approach that minimizes confounding factors and has low attrition—meet the highest standard of evidence. Other studies with a comparison group that is sufficiently similar to the treatment group may be assessed as meeting a lower standard if the studies have no confounding factors. Without a comparison group, or with a comparison group that does not represent a reliable counterfactual for the treatment group, the study would not meet review standards and should be interpreted with caution. For purposes of this criterion, we rely on CLEAR for its definition of causal evidence (Table III.4).

Table III.4 CLEAR guidelines for evidence

Evidence level	Description
High causal evidence	This means there is strong evidence that the effects estimated in this study are solely attributable to the intervention being examined. This does not necessarily mean that the study found positive impacts, only that the analysis meets high methodological standards and that the causal impacts estimated—whether positive, negative, or null—are credible. Currently, only well-implemented randomized controlled trials can receive this rating.
Moderate causal evidence	This means there is evidence that the effects estimated in the study are attributable at least in part to the intervention being examined. However, there may be other factors that were not accounted for in the study that might also have contributed. Causal studies that meet CLEAR evidence guidelines for nonexperimental designs (including randomized controlled trials with high attrition) can receive this rating.

Evidence level	Description
Low causal evidence	This means there is little evidence that the effects estimated in the study are attributable to the intervention being examined, and other factors are likely to have contributed to the results. This does not imply that the study's results are not useful for some purposes, but they should be interpreted with caution. Causal studies that do not meet criteria for a high or moderate evidence rating receive this rating.

Source: CLEAR 2015.

An important caveat is that many promising interventions might not have evidence. For example, untried systems change approaches, such as CareerACCESS, do not have well-established evidence, but they still have the potential for influencing policy change. We identify interventions for which no information is yet known about their evidence (for example, for interventions that are currently being evaluated or have not yet been implemented).

2. Costs

Policymakers often have limited staff, time, and funding, so any intervention decisions must take into consideration the costs of resources. In other words, the use of resources for implementing an intervention must be weighed against the value of alternative uses of those resources—their opportunity cost.

When considering the value of the resources invested in the intervention, it is important to consider the potential long-term benefits as well. A resource-intensive test might be worthwhile if its potential long-term payoff is sufficiently high. Of course, long-term benefits are also relevant in the consideration of alternative uses of the same resources.

Published information on an intervention might not be sufficient for understanding its cost for implementation or for assessing its cost relative to its benefits. Many interventions have not been fully studied, so neither costs nor the benefits can be fully assessed.

We propose the following schema to assess an intervention's costs; it relies on a qualitative assessment of the resources needed to implement an intervention. Policymakers might need to further consider whether these costs are small enough to be offset by the expected benefits (an issue explored in Appendix B). If policymakers do not have enough information to make this assessment, they might choose to pursue incremental assessments or small tests to assess whether the benefits will be sufficient to offset the costs.

- High cost: the intervention would require a new program, service delivery, and/or staff to implement.
- Moderate cost: the intervention would require additional services and staff (or staff training) but could be applied through an existing program.
- Low cost: the intervention might involve additional services and staff training but would not require either the addition of a new program or new staff; it could involve modifying existing programs and policies.

3. Replicability, scalability, and sustainability

An additional issue is whether an intervention can be deployed in areas other than where it has been previously, for a large number of people, and in a way that can be supported over time. Interventions that are replicable, scalable, and sustainable might attract more policymaker interest because they can be applied to larger populations, using resources that are available or likely to become available if the test is successful. Public programs already meet these criteria.

Regarding replicability, interventions likely should have the potential to be applied to other populations, settings, and geographic areas to be worth policymakers' investments. If an intervention is too narrowly designed to fit a specific population, a specific setting, or a specific geographic area, or it relies on a special group of leaders or staff for its success, potential for further investment or tests will be limited.

Scalability means that an intervention can be applied widely to many settings besides the setting in which it was tested. For example, ideally a school-based intervention can be implemented by any school, which implies that it could be implemented at a regional, state, or national level and therefore could involve a large number of individuals. Interventions that can only be applied in a boutique fashion with a limited number of participants might not serve policymakers' objectives, even if those interventions have strong positive effects on outcomes. The core idea underlying scalability is that an intervention could be applied everywhere the program operates, so that everyone who is eligible has access to it.

Finally, sustainable interventions are those that can be maintained over time and institutionalized by a program. Sustainability of an intervention involves two overlapping but distinct concepts:

- First, does the long-term implementation of an intervention require a federal or state legislative change in policy, funding, or staffing? If so, then it might be difficult to obtain that legislative change. Once it is obtained, however, the intervention itself might be sustained because it is institutionalized by law. If the intervention can be implemented through executive action, it might be easier for a program to pursue the intervention, but it might not be institutionalized and could be changed or dropped as executives change. Ideally, a successful intervention could be widely implemented and sustained under current law and without an executive order that might later be changed or dropped.
- Second, related to the cost criterion above, does the intervention require a high or low investment of resources? Interventions that require a low investment—a policy change, for example, or staff time to promote interagency partnerships and collaboration—might be more sustainable than programs that require a high investment of resources, such as significant staff additions or infrastructure changes. Most sustainable of all are interventions that demonstrably reduce use of programmatic resources or public outlays.

The schema we use in our consideration of interventions to promote the employment outcomes of youth with disabilities is as follows:

- **Replicable** identifies interventions that can potentially be applied to any population or geographic location.

- **Scalable** indicates interventions that can potentially be applied at a more regional level (such as throughout a municipality, county, or state).
- **Sustainable** denotes an intervention that a program could take up and institutionalize without needing legislative or executive actions that are likely to be problematic and without new funding.

D. Assessment of criteria for the interventions reviewed

Table III.5 presents our assessment of the above-defined selection criteria for the reviewed interventions: the quality of existing evidence, if any; costs; and replicability, scalability, and sustainability. In the case of past or ongoing research efforts, the criteria described are for the target populations of those efforts, which in many instances differ from the populations that are the focus of this report. It seems reasonable to assume, however, that variants of these interventions that target youth SSI recipients or those at risk for SSI would have similar characteristics.

For each criterion, we use the schema presented in Section C of this chapter. A number of the interventions are ongoing, so there is no information yet on the quality of their evidence or their effects on employment. However, we present our best estimate for the costs; the replicability, scalability, and sustainability; and the populations tested for ongoing interventions, based on our understanding of how they are or will be implemented. Note that the table excludes existing public program interventions, as few have been rigorously evaluated and all meet the criteria for being low cost (in the context of our schema) as well as replicable, scalable, and sustainable.

The table also incorporates measures for the level of causal evidence on employment ("employment impact") and the population tested from Appendix A. The employment impact evidence is a measure of an evaluation's internal validity, and the population tested is a measure of its external validity (for further discussion, see Appendix B). Evidence from an intervention with high causal evidence is a more reliable predictor of future employment gains than evidence from an intervention with low causal evidence. In identifying the employment impact, we note the actual effects of the intervention on employment, based on the information in Appendix A. This caveat is important because some studies, such as YTD, included site-level impact estimates. Additionally, for studies with low causal evidence, the low causal evidence is frequently related to the fact that the evaluation did not have a comparison group (and hence, no way of generating impacts). The population findings provide some potential insights into generalizability. We characterize the population according to whether the intervention evaluation involved four groups: youth SSI recipients, youth at risk of SSI, youth with disabilities, and adults with disabilities. The last two groups might have included some youth SSI recipients or youth at risk of SSI, but neither population was a focus of the reviewed studies.

The table separates "untried interventions"—interventions that have been suggested but never implemented—from other interventions. Interventions that have been tried comprise the bulk of the table. All have been implemented in some form, for some target population with disabilities, and many have produced causal evidence, but the evidence of causal effects varies in quality. The list of interventions provides policymakers with current ideas from the literature and in proposed budgets. A consumer-directed service approach—not identified in this table but

mentioned in Chapter II—could also be developed as an aspect of an intervention for youth with disabilities to let them purchase the vocational and other services they believe that they need to assist in their transition from school to work, following counseling and consistent with an approved plan.

Interventions that might be particularly appealing to policymakers are those where no reliable evidence exists yet and that are not too costly. Interventions such as the Back on Track to Success Mentoring Program, and Think College, for example, have not been evaluated in a rigorous fashion, but participants in these interventions have achieved successful employment outcomes.[3] Pursuing a more rigorous evaluation of these types of programs would allow policymakers to assess employment outcomes relative to the outcomes these youth would have achieved in the absence of the program, which is essential for understanding the program's effectiveness. Moreover, these interventions all leverage existing service infrastructures to provide personalized support services to help youth with disabilities achieve employment at a relatively low cost.

Most interventions with high quality, causal evidence have a high cost, typically because they represent a new program with dedicated staff who provide services. The primary exception to this pattern is Job Corps, which we classify as moderate cost because the program is well established and any intervention targeting youth with disabilities would represent a modest modification to the program. Although interventions like YTD and Project SEARCH have high cost, for each there is some evidence of positive impacts on outcomes, and these interventions could presumably be applied to diverse populations of youth on a relatively large scale. With a sufficiently large budget, adapting or applying these high-intensity service models could be a worthwhile approach. Alternatively, testing variants of the models to improve efficacy or to lower costs could be attractive to policymakers. Several large, ongoing demonstrations will further enhance the evidence base on whether high-cost interventions can improve employment for youth and young adults with disabilities—including PROMISE, the Supported Employment Demonstration, and RSA's Transition Work-Based Learning Model Demonstrations. Policymakers could leverage the knowledge gained from these demonstrations once their findings become public.

Some of the interventions with high quality causal evidence are not assessed as replicable, meaning that they might not apply to a diverse population of youth. The Mental Health Treatment Study and the Employment Intervention Demonstration Program interventions, for example, were developed for young adults with specific kinds of disabilities. Interventions that offer services tailored to particular characteristics of youth, such as disability type, may be especially effective but could have limited replicability to broader populations. It is possible, however, that their intervention approaches would be successful for other populations, if appropriately modified. Implementing interventions that are targeted to particular subgroups of youth with disabilities requires further thought about the target population; when there is no rigorous evidence of efficacy on any population, it may be more attractive to first test the intervention for a narrow target population before proceeding to tests for a broader population.

[3] Note that achieving a successful employment outcome is different from having an effect on employment; the latter requires a comparison to a counterfactual, which the two evaluations do not report.

All of the listed interventions are assessed as potentially scalable, which means that they can be applied at some regional level. All of the interventions, whether offered through private institutions (such as a community provider) or public institutions (such as a VR agency) can presumably be implemented more broadly without resource constraints.

The listed interventions also have implications for the target population of interest. Some interventions inherently focus on a particular age group. For example, the Maryland Seamless Transition Collaborative served youth who were still in high school and were about to start the school-to-work transition process. Other interventions may work better for a specific target population (for example, benefits counseling for youth who already receive SSI). If policymakers are interested in a specific target population, some of the interventions presented in the table may be more applicable than others.

The untried interventions in the final section of Table III.5 include modest improvements to existing programs as well as more comprehensive systems change efforts. Among the program changes are those that involve SSA directly and include information dissemination efforts (such as for the age-18 redetermination process) and changes to SSI work incentives (such as SSA's upcoming tests with the elimination of earnings and education reporting requirements for youth SSI recipients). These interventions tend to be low cost because they build on existing program infrastructure, and they meet the criteria for replicability, scalability, and sustainability. More substantive systems change efforts include CareerACCESS and comprehensive reforms that would attempt to address structural issues in the landscape of existing programs (Besharov 2011). These reforms would initially be very costly, because they would reshape a long-standing, highly complex infrastructure. In the long run, they might pay for themselves, because their eventual costs could be lower than the costs for the infrastructure replaced. Costs of systems changes could potentially be offset, at least in part, by gains in the efficiency of the delivery of supports (for example, by leveraging advances in information technology). It is not feasible to fully predict the costs, or benefits, of such comprehensive changes, but the uncertainty about the outcomes of such efforts can be substantially narrowed through more modest research and demonstration efforts in support of an incremental approach to change.

Table III.5. Selection criteria for intervention options

Intervention and evidence on employment outcomes (responsible federal agency)	Causal evidence	Costs	Replicability, scalability, sustainability	Employment impact	Population tested
Have or will have experimental evidence					
Accelerated Benefits (SSA)	High[a]	Moderate	Replicable, scalable	No impacts on employment related to health plan only. Additional employment services significantly increased any earnings by 5.3 percentage points two years after enrollment.	Adults with disabilities
Benefit Offset National Demonstration (SSA)	High[a]	Moderate	Replicable, scalable	Employment in later years was significantly higher (by 2 percentage points) for those assigned to the BOND offset than those in the control group. No impacts on average earnings.	Adults with disabilities
Demonstration to Maintain Independence and Employment (HHS)	High[a]	High	Scalable	None	Adults with disabilities
Employment Intervention Demonstration Program (SAMSHA)	High	High	Scalable	Participants ages 25 to 30 had almost three times the odds of working in competitive employment than older adults. No employment impact for those ages 18 to 24.	Adults with disabilities
Job Corps (DOL)[a]	High[a]	Low	Replicable, scalable, sustainable	Youth with medical limitations in Job Corps worked an average of 21 more weeks and 998 more hours than those not in the program. Job Corps participation for these youth also increased earnings by $9,708 over a four-year period, a 29 percent increase relative to those not in the program.	Youth at risk of SSI

Intervention and evidence on employment outcomes (responsible federal agency)	Causal evidence	Costs	Replicability, scalability, sustainability	Employment impact	Population tested
Mental Health Treatment Study (SSA)	Moderate[a]	High	Scalable	Employment at 24 months was significantly different for the treatment and control groups (61 percent and 40 percent, respectively). Earnings, wages, hours worked, and months employed were also different for the two groups.	Adults with disabilities
Project SEARCH	Low to high	High	Replicable, scalable	21 individuals with autism were hired into competitive employment jobs, compared with one individual in the control group.	Youth with disabilities
Promoting Opportunity Demonstration (SSA)	Evaluation in progress	Moderate	Replicable, scalable	No data available	Adults with disabilities
Promoting Readiness of Minors in SSI (ED, SSA, DOL, HHS)	Evaluation in progress	High	Replicable, scalable	No data available	Youth SSI recipients
Supported Employment Demonstration (SSA)	Evaluation in progress	High	Scalable	No data available	Adults with disabilities
Transition Work-Based Learning Models in California, Maryland, and Vermont (Rehabilitation Services Administration, or RSA)	Evaluation in progress	Moderate	Replicable, scalable, sustainable	No data available	Youth with disabilities
Youth Transition Demonstration random assignment projects (SSA)	High[a]	High	Replicable, scalable	By Year 3, the annual employment rate increased at three of six programs (by 7 to 8 percentage points).	Youth SSI recipients; youth at risk of SSI

Intervention and evidence on employment outcomes (responsible federal agency)	Causal evidence	Costs	Replicability, scalability, sustainability	Employment impact	Population tested
Have or will have nonexperimental evidence					
Back on Track to Success Mentoring Program	Low	Low	Scalable	No comparison group	Youth with disabilities
Benefits counseling (SSA)	Low[a]	Low	Replicable, scalable, sustainable	Participants had earnings gains of $34 and income increases of $37 in each quarter of a two-year period. The employment rate increased 1.1 percent each quarter.	Adults with disabilities
Career and Technical Education	Low[a]	Low	Replicable, scalable, sustainable	None	Youth with disabilities
Jobs for Youth	Low	Moderate	Replicable, scalable	No comparison group	Youth with disabilities
Marriott Foundation Bridges from School to Work Program	Moderate	High	Replicable, scalable	73 percent of all Bridges participants had earnings by age 30, and 50 percent of youth receiving SSI at age 17 had earnings by age 30 (compared with 34 percent of the comparison group).	Youth with disabilities
Maryland Seamless Transition Collaborative	Moderate	Moderate to High	Replicable, scalable	42 percent of students exited from VR with employment, compared with 23 percent of a matched comparison group. Youth in the program worked slightly fewer hours and earned less per week at closure than those in the comparison group.	Youth with disabilities
Supported employment	Moderate	High	Scalable, sustainable	Supported employment was associated with a 12.5 percent higher employment rate, with more positive effects observed for youth receiving Social Security benefits	Youth with disabilities
Think College	Low	Moderate	Scalable	No comparison group	Youth with disabilities

Intervention and evidence on employment outcomes (responsible federal agency)	Causal evidence	Costs	Replicability, scalability, sustainability	Employment impact	Population tested
Transition Work-Based Learning Models in Maine and Massachusetts (RSA)	Evaluation in progress	Moderate	Replicable, scalable, sustainable	No data available	Youth with disabilities
Utah Pathways to Careers	Low	High	Scalable	No comparison group	Adults with disabilities
Youth Transition Demonstration nonexperimental projects (SSA)	No data available	High	Replicable, scalable	No data available	Youth SSI recipients; youth at risk of SSI
Implemented, but no evidence provided					
Individualized Career Planning model (ED)	No evidence yet available	Moderate to High	Replicable, scalable	No data available	Youth with disabilities
Guided Group Discovery pilots (DOL)	No evidence available	Moderate	Replicable, scalable, sustainable	No data available	Adults with disabilities
Partners for Youth with Disabilities	No evidence available	Moderate	No data available	No data available	Youth with disabilities
Systems change efforts					
Partnerships in Employment Systems Change projects	Low	High	Scalable	No comparison group	Youth with disabilities
Tennessee Medicaid 115 waiver program (TennCare Employment and Community First CHOICES)	No evidence available	High	Scalable	No data available	Adults with disabilities

Intervention and evidence on employment outcomes (responsible federal agency)	Causal evidence	Costs	Replicability, scalability, sustainability	Employment impact	Population tested
Untried interventions					
Age-18 redetermination counseling (SSA)	No evidence available	Low	Replicable, scalable, sustainable	No data available	Youth SSI recipients
Age-18 redetermination changes/work reporting changes (SSA)	No evidence available	Low	Replicable, scalable, sustainable	No data available	Youth SSI recipients
CareerACCESS	No evidence available	High	Replicable, scalable	No data available	Youth SSI recipients; youth at risk of SSI
Expand disability earned income tax credit for people with disabilities	No evidence available	High	Replicable, scalable, sustainable	No data available	Adults with disabilities
SSA reform: Identify medical improvement at the earliest point (SSA)	No evidence available	Low	Replicable, scalable, sustainable	No data available	Youth SSI recipients
SSA reform: Improve SSI youth work incentives (SSA)	No evidence available	Low	Replicable, scalable, sustainable	No data available	Youth SSI recipients
SSA reform: Improve access to vocational rehabilitation services for SSI transition-age youth (SSA)	No evidence available	Low	Replicable, scalable, sustainable	No data available	Youth SSI recipients
SSA reform: Expand Ticket to Work or another program for child SSI recipients	No evidence available	Low	Replicable, scalable, sustainable	No data available	Youth SSI recipients

Intervention and evidence on employment outcomes (responsible federal agency)	Causal evidence	Costs	Replicability, scalability, sustainability	Employment impact	Population tested
Reform existing programs	No evidence available	Unknown	Replicable, scalable, sustainable	No data available	Youth SSI recipients, youth with disabilities

Notes:

Causal evidence:

High. Strong evidence that the effects are solely attributable to the intervention. This does not necessarily mean that the study found positive impacts, only that the analysis meets high methodological standards and the causal impacts estimated, whether positive, negative, or null, are credible.

Moderate. Estimated effects are attributable at least in part to the intervention being examined. However, other factors that were not accounted for in the study might also have contributed. Causal studies that meet CLEAR evidence guidelines for nonexperimental designs (including randomized controlled trials with high attrition) can receive this rating.

Low. Little evidence that the effects estimated in the study are attributable to the intervention, and other factors are likely to have contributed to the results. This does not imply that the study's results are not useful for some purposes, but they should be interpreted with caution.

Costs:

High. The intervention would require a new program, service delivery, and/or staff to implement.

Moderate. The intervention would require additional services and staff (or staff training) but could be applied using an existing program.

Low. The intervention might involve additional services and staff training but would not require either a new program or new staff; involves modifying existing programs and policies.

Replicability, scalability, sustainability:

Replicability refers to whether an intervention could be applied to any population or geographic location.

Scalability indicates whether an intervention could be applied at a more regional level (such as throughout a municipality, county, or state).

Sustainability refers to whether a program could take up and institutionalize an intervention without needing legislative or executive actions that are likely to be problematic, and without new funding.

Employment impact:

Positive. The intervention was shown to have a statistically significant and positive effect on employment, relative to a comparison group.

None. The intervention was not shown to have a statistically significant and positive effect on employment, relative to a comparison group.

No comparison group. The intervention evaluation did not include a comparison group, so the employment impact has not been assessed.

No data available. The intervention either has not been evaluated or is currently being evaluated.

Population tested:

Youth SSI recipients. Study includes youth ages 14 to 24 who are already receiving SSI benefits.

Youth at risk of SSI. Study includes youth ages 14 to 24 who may not be receiving SSI benefits, and a key outcome of interest is SSI receipt.

Youth with disabilities. Study includes youth with disabilities ages 14 to 24, without regard for SSI participation.

Adults with disabilities. Study includes people with disabilities ages 18 and older, with no emphasis on those younger than 24.

[a] Causal evidence assessment from CLEAR.

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IV. PROCESS WORKSHEET FOR SELECTING AN INTERVENTION

This chapter contains a worksheet of questions that federal policymakers can ask themselves when identifying and developing interventions to improve employment-related outcomes for youth with disabilities. The worksheet provides a consistent framework for applying the information outlined in the previous chapter to select an initiative. Hence, one major benefit of the worksheet is that it gives policymakers a common construct to share ideas, especially when developing interventions and collaborations for cross-agency initiatives. For example, key stakeholders at different federal agencies, such as DOL, SSA, and ED, could develop a more coordinated approach to decision making by using the worksheet.

Table IV.1 summarizes a potential process for selecting interventions via an applied framework. The intervention characteristics in the first column are identical to the headings and subheadings in Chapter III, the broad headings of which are (1) refine policy objectives, (2) assess the landscape for implementation, and (3) apply criteria for selecting interventions. With input from ODEP staff, we developed the corresponding questions to identify the specific areas most relevant for federal agencies regarding the selection and development of an intervention.

Policymakers can use the worksheet in two ways. The first way is to apply the worksheet to any of the promising interventions identified in Chapter II. This will allow policymakers to develop and assess the potential of different interventions, thereby narrowing their options related to selection and implementation. In the next chapter, we provide illustrative examples that respond to the worksheet questions using specific intervention ideas.

The second way that policymakers can use the worksheet is the obverse of the first: decide on the answers to the questions, and then identify interventions that address the policy questions in the worksheet. Specifically, policymakers could specify that interventions must meet certain characteristics in the worksheet (such as policy objectives) before considering them further. For example, a federal agency could choose reducing program dependency as a key policy objective alongside improving employment outcomes, with additional requirements that interventions (1) operate under existing demonstration authority (assessing the landscape characteristic) and (2) have a minimum threshold of causal evidence (selecting the intervention characteristic). Advantages of this approach are that it allows for a more cohesive set of interventions to be grouped together, and it establishes a core set of characteristics to which all interventions can adhere. The second approach might be especially helpful if policymakers create a longer-term strategy for developing initiatives, particularly around the area of policy objectives, or if cross-agency collaboration is required.

Table IV.1. Process worksheet for assessing the potential of an intervention

Intervention characteristic	Questions
Refine policy objectives	
Goals	• Is the intervention consistent with the federal agency's mission and activities? • How can federal policymakers use information obtained from the implementation and evaluation of an intervention to improve current programs and policies?
Outcomes	• In addition to substantive employment outcomes, will evidence on other outcomes be important to achieving federal policymakers' goals? • Are the intervention's expected impacts on the target population all consistent with policymakers' goals?
Assess landscape for implementation	
Existing public program context	• How can the existing investments and resources of the federal agency be used to support the intervention and facilitate achievement of its goals? • Which federal agencies have previously invested, or are currently investing, in the funding and research of related initiatives and/or interventions?
Federal agencies' demonstration authority	• Is any federal agency currently testing related interventions under its demonstration authority? Do any federal agencies have plans to do so? • What legislative changes, if any, would be necessary to implement the initiative?
Apply criteria for selecting interventions	
Causal evidence	• Has the federal agency considered the evidence documented by the Clearinghouse for Labor Evaluation and Research (CLEAR), the What Works Clearinghouse (WWC), the National Technical Assistance Center on Transition, the National Clearinghouse of Rehabilitation Training Materials, or other resources? • If evidence does not exist, how will a new evaluation produce rigorous evidence?
Costs	• With respect to the demonstration, is the expected value of the information gained likely to exceed the opportunity cost of conducting the demonstration? • Does it make more sense for the federal agency to invest in initiatives that have existing evidence or in initiatives that lack causal evidence but promote innovation and creativity?
Replicability, scalability, and sustainability	• What is the likelihood that the intervention (with similar objectives) can be applied to different populations or in areas that the federal agency serves? • How can the federal agency sustain the intervention at the state and local levels? • What additional capacities are needed for the federal agency to sustain the intervention?

Refine policy objectives. Federal policymakers can reflect on important goals for their agency to pursue. They might select interventions that will eventually strengthen an agency's ability to fulfill its mission via programs and policies concerning the target population. While we assume that promoting employment outcomes is the primary consideration for an agency, other goals and outcomes might be equally important, though they might differ by agency. SSA, for example, might be interested in increasing earnings sufficiently to reduce reliance on disability benefits, or in testing modifications to SSI work incentives. ED might be more focused on early career goals, such as attainment of credentials or degrees, or on enhancements to state VR agency services. DOL might be more focused on leveraging state workforce services

Assess the landscape for implementation. Federal policymakers likely wish to pursue interventions that fit in the broader federal landscape for youth with disabilities and are

consistent with their own demonstration authority. Policymakers may first want to consider whether any test of an intervention overlaps or conflicts with existing services or supports, especially given the large number of transition-related programs and substantive fragmentation in services described in Chapter III. With this in mind, policymakers might consider partnering with other federal agencies on a demonstration, especially in the case of youth SSI recipients who receive cash benefits from SSA and could potentially benefit from rehabilitation or employment supports from other agencies. The PROMISE demonstration, for example, obtained input from expert stakeholders before it was designed, and ED partnered with SSA, DOL, and HHS on the demonstration's implementation. In addition, sometimes an intervention could seem to fit, but the authority might not yet exist. As an example, SSA demonstration authority requires that participants receiving SSI or SSDI be volunteers who provide written informed consent. These requirements imply that the types of interventions SSA could operate on their own must include this consent, which affects the type of potential outreach to potential participants. For example, it might be costly to recruit participants receiving SSI to provide written informed consent that meets SSA's demonstration authority requirements for certain types of interventions, particularly interventions that are difficult to describe to prospective participants.

Apply criteria for selecting interventions. As the final step in the process, federal policymakers could consider whether there is sufficient evidence to justify a test of an intervention and whether the results of a demonstration could lead to a policy or program change. These decisions include weighing the expected benefits with the expected costs, both for the test of the intervention and for any eventual incorporation of the intervention as part of the federal agency's program options. In the absence of established evidence, which is the case for many interventions for youth with disabilities, policymakers could seek out more descriptive evidence or use the logic of the intervention to assess the potential for success. Additionally, in testing interventions, they could consider how an evaluation can provide answers regarding the ability of an agency, or cooperating agencies, to replicate the intervention and scale it up. If policymakers find significant challenges with incorporating an intervention into its offerings while in a consideration stage, they might be able to weigh the extent to which a specific challenge could deter implementing an intervention.

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V. FOUR EXAMPLES OF IMPLEMENTING AND EVALUATING AN INTERVENTION

In this chapter, we consider four illustrative examples of potential interventions for target populations of youth SSI recipients and broader populations of youth with disabilities using the summary framework documented in the previous chapters. The four examples are intended to illustrate how policymakers could proceed, given limited resources, toward evidence-based policy and programmatic changes that would further the policymakers' objectives with the target population. We present examples for the two broad target populations covered in this project (youth SSI recipients and youth at risk of SSI receipt). For each intervention example, we provide an overview of the intervention, including how it addresses the key features for intervention development identified in the previous chapters (policy objectives, landscape for implementation, and criteria for selecting interventions).

The examples are intended to be illustrative only; they do not constitute recommendations for future development, tests, or implementation. As noted elsewhere in this report, policymakers have multiple interventions to consider, with limited empirical evidence for most. We chose the examples because they cover a range of feasible intervention options: multiple target populations, differing levels of existing evidence, and varying scope. Ultimately, policymakers will want to select interventions that fit their unique goals, needs, and situations, which could include these interventions or other options.

A. Examples of interventions for youth SSI recipients

As documented in Chapter II, youth SSI recipients have characteristics and needs that differ from youth with disabilities more generally and so require tailored interventions. In this section, we present two interventions specifically for youth SSI recipients. The first, proactive benefits counseling, represents a support that could help youth and families navigate the current transition program landscape. The second, CareerACCESS, represents a fundamental restructuring of transition programs.

1. Proactive benefits counseling

Our first intervention illustration, a proactive approach to providing benefits counseling, presents an option to help youth SSI recipients and their families better understand how working could affect the lifetime economic well-being of the youth, including the youth's receipt of SSI and other public support as an adult. Currently, youth SSI recipients can obtain benefits counseling from state work incentives planning and assistance (WIPA) providers, and they may be referred to WIPAs by school or service provider staff. Youth and their families might be unaware of WIPA services or not familiar with the potential benefits to the youth. One option is to have WIPA counselors proactively provide benefits counseling and other supports, which is a change from the current model where WIPA counselors wait for people in need of services to contact them. The goal of this support is to promote a better understanding of SSI benefits. The support could also include referrals to other services locally, such as VR and workforce development agencies, that could enhance employment outcomes.

Wisconsin recently piloted a program, Let's Get to Work, which included benefits counseling supports (Hartman 2018). The Let's Get to Work program included a component to

connect youth with intellectual and developmental disabilities in select high schools to benefits counseling services in tandem with employment and other services.

Below, we summarize several factors to consider when deciding whether to implement proactive benefits counseling, based on the characteristics in our worksheet (Table V.1). More rigorous evidence regarding proactive benefits and employment counseling supports could be beneficial for policymakers. A small-scale, randomized controlled trial where WIPA providers conduct outreach to youth SSI recipients could produce evidence about the effectiveness of targeted benefits counseling services, relative to accessing WIPA services.

Table V.1. Process worksheet example: Proactive benefits counseling

Intervention characteristics	Description
Intervention summary	A WIPA could provide a proactive approach to benefits counseling by reaching out to youth SSI recipients. Youth in the treatment group would receive a call about potential benefits counseling services and employment supports in the area, including an assessment, from the state WIPA provider. Youth in the control group would not receive the targeted outreach, but could still seek out existing services and supports on their own, including through the WIPA.
Refine policy objectives	
Goals	Promote better understanding of benefits counseling and other available supports for youth and families
Outcomes	WIPA usage Individuals' understanding of SSI program rules and work provisions, such as an understanding of the age-18 redetermination process Youths' understanding of available employment, education, and rehabilitation supports Employment, earnings, and career development Employment, education, and rehabilitation service usage SSI receipt and payment amounts SSA work provision usage
Assess landscape for implementation	
Existing public program context	WIPAs could potentially expand their outreach approach to benefit youth Collaboration with SSA would help with buy-in from state WIPA provider and youth SSI recipients, along with access to administrative data to evaluate the intervention
Federal agency demonstration authority	Could potentially operate under SSA's existing demonstration authority, though a major challenge is that the sample would need to include volunteers who provide written informed consent. If there were an interest in proactively connecting to youth SSI recipients without a written consent process, there would need to be a modification to the demonstration provisions (for example, an opt-out without a formal notification of written consent prior to service delivery).
Apply criteria for selecting interventions	
Causal evidence	Descriptive evidence suggests improved employment outcomes, though no study rigorously documents the effects of benefits counseling on its own without other supports
Costs	Low implementation cost because it leverages existing infrastructure
Replicability, scalability, and sustainability	If successful, the model could be replicated by other WIPA entities and sustained as part of the funding for WIPA grants

a. Refine policy objectives

The primary policy objective is to test whether proactive benefits counseling increases usage of those and other supports and, ultimately, improves employment and program outcomes. Currently, SSA funds WIPAs to provide SSI recipients and SSDI beneficiaries with guidance on program rules, benefits issues, employment, and use of SSA work provisions. The proposed intervention would continue to support WIPAs, though WIPAs would proactively contact youth SSI recipients and their families as opposed to waiting for youth to contact the WIPA for support. If the evaluation shows that the intervention helps youth access SSI program provisions and vocational and rehabilitation services, better understand their benefits options, and improve their employment and career development, policymakers could adopt a similar proactive approach to WIPA services in other locations. Additionally, if the intervention successfully connects youth to more employment, education, and rehabilitation services, it could help other state agencies, such as VR agencies, meet related goals to increase service provision to youth with disabilities under WIOA. Finally, for SSA, if youth have better knowledge of program requirements and options, it could enhance adherence in the timely reporting of earnings and other information needed for SSA processes that might affect benefit amounts, potentially affecting both earnings and benefit payment amounts.

b. Assess landscape for implementation

The proposed intervention could fit within the existing set of WIPA services with relatively limited modifications. WIPAs can deliver the intervention supports and coordinate with other state entities as needed (such as educational institutions, state workforce agencies, and VR agencies). Hence, the intervention would not require substantive changes regarding WIPA coordination with providers.

However, developing a test for the intervention might be more challenging given the current SSA demonstration authority. Proactive benefits counseling would involve WIPA outreach to current youth SSI recipients to inform them about WIPA benefits counseling services. However, the current demonstration authority requires informed consent for volunteers in SSA demonstrations. Because all members of the demonstration, including those in the treatment and control groups, would need to provide informed consent, those who sign up to receive proactive benefits counseling would already be expressing an interest in receiving benefits counseling. Additionally, those assigned to the control group might become more likely to seek out existing services offered through a WIPA. The results of the intervention might therefore meaningfully differ from a model where SSA were to proactively offer benefits counseling to all SSI recipients unless there were a change in the demonstration authority to require informed consent. One potential option to improve generalizability is to modify the demonstration authority to include volunteers with an opt-out provision. This option would have the added benefit of reducing the costs of obtaining written consent from all prospective volunteers (including those randomized to the control group).

c. Apply criteria for selecting intervention

Descriptive evidence indicates some promise for implementation. For example, in the Accelerated Benefits demonstration, Bailey and Weathers (2014) found that proactive benefits counseling combined with employment supports and a health plan led to an increase in employment relative to an intervention with just a health plan. However, the intervention did not

test benefits counseling and employment supports on their own, so it is difficult to separately assess the effects of benefits counseling. Similarly, there is evidence that enhanced benefits counseling in conjunction with work supports, though they did not increase earnings, did increase employment, as well as earnings among some higher-earning groups relative to an intervention without those supports in the Benefit Offset National Demonstration (Geyer et al. 2018). Finally, previous studies analyzing the effects of benefits counseling did not use a rigorous methodology, as assessed using CLEAR standards (Delin et al. 2012; Gruman et al. 2014; Tremblay et al. 2004, 2006). These analyses all use simple comparisons of those who received benefits counseling to those who did not, but they cannot fully account for possible selection effects. The proposed study could identify the impact of proactive benefits counseling, but might also point to the need to deliver benefits counseling in conjunction with employment supports.

The cost of this example intervention is potentially low if policymakers can implement the changes within existing services provided under WIPAs. For example, one simple approach is to assign a benefits counselor within WIPA providers to proactively contact youth and summarize existing supports, as opposed to waiting for youth to contact the WIPA. Random assignment could occur either at the WIPA level, where counselors are randomly assigned to contact either a subset of youth (such as those in a specified area) or no youth, or at the individual level, where the counselor is randomly assigned to contact a select set of youth who make up the treatment group.

Finally, because policymakers can implement the intervention within the existing service environment, it is likely replicable, scalable, and sustainable elsewhere. Namely, if there are positive effects in one state, it is possible to apply the lessons learned to other states, with similar results, depending on the quality of WIPA services from state to state.

d. Alternative implementation approaches

An alternative approach would test referrals to benefits counseling via existing pathways (such as students receiving specific vocational services), similar to one of the components of PROMISE. This referral-based approach would be simpler to implement because it would not require changes to the demonstration authority to produce generalizable results. It would also help to disentangle the effects of the broader suite of transition-based support services offered as part of PROMISE and YTD. However, the intervention would be smaller in scale and would offer less novel evidence than a proactive benefits counseling approach.

Another alternative test of benefits counseling could be one where benefits counseling is part of a suite of intervention services. A more comprehensive intervention could have multiple treatment arms—for example, one offering benefits counseling only, one offering benefits counseling and other services such as employment and case management, and a control arm. Such a three-armed trial would directly address multiple key questions: the effects of benefits counseling alone (comparing those receiving only benefits counseling with a pure control group), the effects of both services (comparing those receiving benefits counseling and case management with a pure control group), and the marginal impact of case management above benefits counseling (comparing those receiving both services to those receiving only benefits counseling). Although such a design would be more complex to implement, it could help address several

outstanding questions about the effectiveness of various services intended to improve employment outcomes of transition-age youth.

A final variation could expand the target population to include youth with disabilities more generally. Under this approach, a counselor could inform youth of available services in the area, such as VR services, which might serve as an earlier intervention approach to connecting youth to potentially needed services, especially as they prepare to transition from school to work.

2. CareerACCESS

Our second example for youth SSI recipients, CareerACCESS, draws from the interventions that could improve services and the coordination of public programs. CareerACCESS is a community-driven proposed program of reforms that would provide an alternative benefits program for youth with disabilities, ages 18 to 30. The intervention would remove the focus of current eligibility rules on the incapacity to work, particularly as youth move into the critical phases of young adulthood where developing employment opportunities is central to their long-term outcomes.

The CareerACCESS initiative is designed to promote career success for new SSI recipients ages 18 to 30, with the goal of economic independence thereafter. As designed, it would support participants through career coaching, counseling on benefits and asset building, employment support services, and the development of an individualized career plan. CareerACCESS would also help increase the financial well-being of young adults with disabilities by adjusting SSI program rules to encourage work in three ways. First, it would eliminate the requirement that individuals be "unable to engage in any substantial gainful activity"; this would allow people with medically determinable impairments that are just as significant as those of current SSI recipients to work while receiving benefits. Second, it would eliminate SSA's asset limitations (that is, countable resources of no more than $2,000 for an individual and $3,000 for a couple). Third, it would change the way that SSI cash benefits are phased out with earnings, allowing youth SSI recipients to earn substantially more before benefits are gradually reduced.[4]

Table V.2 summarizes the factors to consider when deciding whether to implement CareerACCESS, based on the characteristics from our process worksheet. The objectives of the proposal are ambitious, as it aims to substantively improve long-term career success of youth with disabilities. To meet those objectives, policymakers might want to pursue a careful and systematic approach to developing services and supports before conducting a pilot. We anticipate the costs of implementation could be high to meet the ambitious goals of more systematic reform, though incremental changes could occur more immediately through state pilots. Policymakers may want to first take an incremental development and testing approach for individual components of the CareerACCESS model, which is what we describe below.

[4] A full summary of the CareerACCESS proposal is available at https://www.ncil.org/wp-content/uploads/2014/06/CareerACCESS-IndependenceThroughEmployment2014.pdf.

Table V.2. Process worksheet example: CareerACCESS

Intervention characteristics	Description
Intervention summary	Incremental testing of a model for new SSI recipients ages 18 to 30; model components include career coaching, benefits counseling and asset building, employment support services, the development of an individualized career plan, and changes to SSI program rules
Refine policy objectives	
Goals	Promote career success after age 30 of new SSI recipients ages 18 to 30 Make SSI more effective for its recipients Reduce SSI and SSDI dependency
Outcomes	Employment, earnings, and career development SSI receipt and payment amounts SSDI receipt and payment amounts
Assess landscape for implementation	
Existing public program context	Complex model with interdependent components requires substantial cross-agency collaboration with SSA, workforce agencies, VR, and Centers for Independent Living Collaboration with SSA for program rule changes and access to administrative data
Federal agency demonstration authority	SSI program rule changes require SSI waivers Support services require coordination between multiple state agencies, though do not require legislative changes
Apply criteria for selecting interventions	
Causal evidence	No existing evidence; could conduct pilot tests for aspects of the service model and program coordination Pilot test could help identify potential issues that could be addressed for a larger demonstration
Costs	High costs result from new professional staff to provide intensive employment services, along with additional SSI cash payments because of more generous program rules High costs have the potential to be offset by high benefits to youth and federal agencies
Replicability, scalability, and sustainability	SSA would need to redefine eligibility for SSI and program rules, requiring substantial agency changes; implementation of full model would replace many aspects of other federal agency policies and programs, which would require substantial legislative changes

a. Refine policy objectives

CareerACCESS aims to improve long-term career success and reduce dependency on program benefits, particularly after age 30, through systematic reform of existing supports. All components of the model are designed to increase career opportunities for transition-age youth, including changing eligibility for SSI to promote work, continuing service offerings beyond age 18, and coordinating multiple supports.

These ambitious objectives require a long-term window for planning activities and piloting programs. As originally proposed, CareerACCESS would begin with pilot projects that include a

12-year window for development, in part because of the need to modify several systems and supports (World Institute on Disability 2016). We discuss an incremental development and testing approach for CareerACCESS that would address questions about how the model's critical components would affect employment outcomes.

b. Assess landscape for implementation

An incremental development approach for implementation at the state level would be necessary to address the significant coordination between CareerACCESS and public programs. A nonprofit entity might staff the CareerACCESS coach role; that staff would support youth and help them coordinate existing programs and supports (such as VR agencies, workforce programs, higher education, Medicaid, and the Supplemental Nutrition Assistance Program) to achieve their goals.

An initial step could include a state pilot of individual components within CareerACCESS for SSI youth. A proof-of-concept pilot could follow the approach described in Chapter III, Table III.2 ("Develop and test untried interventions that have not been implemented but have support from a logic model"). The primary goals of the pilot would be to (1) learn about the feasibility of implementing the model, (2) determine the best ways to implement each aspect of the CareerACCESS model, and (3) identify obstacles for implementing a full-scale model and examine how to address those challenges. It would rely on formative evaluation techniques, such as monitoring service delivery and rapid cycle evaluation (Appendix B), to track early efforts and outcomes to ensure fidelity. The complexity of the various interdependent components of the model likely means that implementation would involve substantial challenges, which would increase the risk of not having impacts on the outcomes of interest.

A proof-of-concept test of the intervention, perhaps without a randomized control trial, could help identify potential issues that would reduce the effectiveness of a full-scale demonstration, and at a lower financial risk for federal agencies. Administrative data on earnings and SSI cash benefits paid under current law could provide descriptive evidence on outcomes for those who participate in the pilot. Testing the intervention incrementally could provide evidence on whether efforts to integrate and coordinate supports across systems, by themselves, would improve adult earnings for young adults with significant disabilities. Tests of various coaching strategies, including transition plans, could determine which strategies show the most promise for improving adult earnings.

If the state pilot proves promising, full-scale implementation would require federal agencies to obtain waivers and would involve substantial cross-agency coordination. For example, it would be necessary to involve SSA because of the changes in eligibility and benefit rules for the SSI program. SSA might be able to provide SSI waivers through its demonstration authority under Section 1110 of Title XI.

c. Apply criteria for selecting intervention

CareerACCESS is based on a conceptual model that has not been tested. Because there is no evidence assessing its efficacy, any implementation would produce new evidence on the effects of this type of service coordination. Presumably, the earnings effects of a well-designed and

well-implemented intervention would be large and positive for youth SSI recipients and SSA, but whatever such effects are, they must be weighed against program costs.

CareerACCESS is likely "high cost" because it requires systematic reform of existing programs, including hiring new professional staff to provide intensive employment services and additional SSI cash benefits paid. The incremental approach noted above, to analyze support services, is also likely high cost because of the investments associated with the individual components of the overall model. These costs might be offset by drawing on existing resources for youth with disabilities. The program is potentially replicable because, as proposed, any youth SSI recipient could qualify for the program, and it is scalable because services can conceptually be offered throughout a region. Its replicability could be costly, as well; if the program is shown to be effective and rolled out broadly, it would likely require a one-time investment for its development.

d. Alternative implementation approaches

As an alternative to a pilot test, policymakers could take an even more incremental approach. The idea would be to select small, individual components of the CareerACCESS model, such as career coaching or employment support services, to test in a larger demonstration. The evaluation could use a randomized control design to assign new youth SSI recipients to receive these services (treatment group) or to receive supports as usual (control group). Administrative data from SSA on SSI cash benefits paid and earnings could be used to track these important outcomes in the absence of a change to current SSI rules.

A separate test could focus on changing SSI earnings rules in combination with some form of counseling or coaching. This test could be framed as a test of changes to the Student Earned Income Exclusion (SEIE), aspects of which SSA is proposing to test in its 2019 budget. The SEIE allows students below age 22 to exclude earnings up to $1,790 per month and $7,350 annually from SSI cash benefit calculations (SSA 2018c). The tested changes could, for instance: (1) specify that youth SSI recipients be willing to collaborate with a qualified counselor to develop and pursue an approved career plan, with that plan qualifying them as a student; (2) increase the maximum eligibility age by several years; (3) increase or remove the annual earnings limit; (4) increase the monthly earnings limit; and (5) reduce the share of earnings above the limit that is counted against SSI (currently 50 percent). Multiple combinations of age, annual and monthly earnings limits, and the rate at which earnings above the limit are counted could be tested. Attention must also be paid to how these rules are likely to affect SSDI eligibility and benefit payments. The design might address which SSI or SSDI rules, if any, need to be changed or established to avoid a potentially unintended consequence: an increase in transitions from SSI to SSDI and, eventually, Medicare.

Apart from feasibility and relatively low cost, the main benefit of focusing narrowly on individual components of the model rather than the full model is that policymakers would learn how effective each component is on its own. Information would also be obtained on how best to implement the component within the full CareerACCESS model if it is implemented, and the results could lead to the strategies being adopted for existing programs. The main limitation is that there are likely to be interaction effects between components of the model (for example, coaching and coordination may only work well when accompanied by changes to SSA earnings rules), so that caution must be exercised in generalizing to the full CareerACCESS model.

B. Examples of interventions for youth at risk of receiving SSI

Interventions for youth at risk of SSI can have different outcomes and supports than those for youth SSI recipients. First, the sample population for the intervention might involve a broader group of youth with disabilities. Second, the outcomes include SSI application and receipt, and so might require an observation period of sufficient length to observe these outcomes. We present two potential interventions for this group: one that combines Job Corps with VR agency services, and another that connects students receiving pre-employment transition services from VR agencies to postsecondary education institutions. Both examples represent interventions where youth with disabilities in programs are served alongside a broader youth population, and thus represent inclusive, integrated service approaches.

1. VR agency referrals to Job Corps

Our first example for an intervention for youth at risk of receiving SSI draws from the interventions for public programs to improve service coordination. We selected Job Corps and VR agencies for the example because they are existing programs that both have evidence of effectiveness and represent complementary services for youth.

The specific intervention would involve referrals from VR agencies to Job Corps, as outlined initially by Hock et al. (2017). Under this option, VR agencies could identify their youth clients who might be interested in Job Corps and refer them to the program. Job Corps would then be responsible for employment training and supports, along with a stipend, per their program, but the VR agency would provide accommodations and other supports that youth may need to succeed at a Job Corps center—just as the agency would for clients enrolled in other education and training programs. VR clients would be randomized into a treatment group that is referred to Job Corps and a control group that receives VR services as usual. The evidence from Hock et al. (2017), for youth with medical limitations but not necessarily significant disabilities, suggests that the positive impact on employment and negative impact on disability benefit receipt could be substantial. An important difference in the suggested test, relative to the earlier test, is that the alternative is usual services from the VR agency, not the absence of services. Job Corps services conform to the *Guideposts* in many respects, and Job Corps centers are better prepared to serve youth with significant disabilities than they were during the analysis period for the Hock et al. (2017) study.

Table V.3 summarizes the factors to consider when deciding whether to implement the proposed VR-Job Corps intervention, based on the characteristics in our process worksheet. The objectives of the proposal are to increase employment and reduce dependency on SSI benefits by providing youth with disabilities an alternative to an SSI pathway. To meet these objectives, policymakers could develop a referral system from VR programs to Job Corps services that leverages existing programs, though some interagency cooperation is necessary to develop a reliable set of referrals. Although earlier Job Corps findings suggest that the proposed approach could achieve the policy objectives, the applicability of these results to youth with significant disabilities is unknown because Job Corps screened out most youth with disabilities, and the earlier findings are based on a cohort from the 1990s. If the intervention were successful, policymakers could replicate the approach in essentially any other state using a similar type of referral mechanism. Collaboration of Iowa's VR agency with Job Corps provides a useful model for such a mechanism.

Table V.3. Process worksheet example: VR agency referrals to Job Corps

Intervention characteristics	Description
Intervention summary	VR agencies refer youth clients to Job Corps; youth accepted into Job Corps would receive both Job Corps services and VR-provided accommodations
Refine policy objectives	
Goals	Promote employment, career pathways, and economic independence of youth with disabilities Encourage Job Corps and VR agencies to collaboratively serve youth with disabilities
Outcomes	Employment, earnings, and career development SSI receipt and payment amounts SSDI receipt and payment amounts
Assess landscape for implementation	
Existing public program context	Substantial cross-agency collaboration between Job Corps and VR agency Collaboration with SSA for access to administrative data to track SSA outcomes
Federal agency demonstration authority	Neither testing nor support services require legislative changes
Apply criteria for selecting interventions	
Causal evidence	Rigorous evidence on effectiveness of Job Corps for low-income youth with health conditions and other disadvantages Correlational evidence on effectiveness of VR agency services for youth with disabilities
Costs	Low cost because intervention leverages existing service; would require no new programs or staff
Replicability, scalability, and sustainability	If successful, collaborative model could be applied by Job Corps and VR agencies in other states

a. Refine policy objectives

The proposed VR-Job Corps intervention could provide support for policy objectives related to promoting employment and career development as well as reducing program dependency. Specifically, based on the findings from Hock et al. (2017), it is possible that, depending on how VR participants are included in the target population, the intervention could reduce entry into SSI; that would require inclusion of VR participants who are at risk for SSI receipt. It could also reduce SSI receipt for those receiving SSI at Job Corps enrollment.

b. Assess landscape for implementation

Two important features of the intervention are promising for fitting within the current landscape of services. First, the intervention would combine or blend existing programs (that is, Job Corps and state VR services). Second, the proposed intervention is also consistent with other broad policy initiatives, such as the Workforce Innovation and Opportunity Act of 2014, which increased the emphasis on serving youth participants.

Implementation of the intervention would require interagency support. The Departments of Labor and Education are necessary to coordinate service delivery.[5] SSA can play an important role in providing administrative data to track program participation and earnings for an evaluation.

c. Apply criteria for selecting intervention

No direct causal evidence exists yet about the effects of referring youth from VR agencies to Job Corps, though Hock et al. (2017) found promising evidence for the potential of the intervention. The study team analyzed a subgroup of study volunteers who were randomly assigned to Job Corps in the early 1990s and had medical limitations at enrollment. On average, Job Corps substantially increased their earnings and reduced their SSI dependency. Although the findings are promising, the applicability of these results to youth with significant disabilities is unknown because Job Corps screened out most youth with disabilities at the time of the original study. Subsequent DOL efforts have opened Job Corps to youth with disabilities, but there have been no efforts to establish the program's effectiveness for this group.

Because both VR agencies and Job Corps are existing programs, the intervention can be replicated, scaled, and sustained at potentially low cost; it would use funding streams that already exist. We rate the costs as "low" given that the main costs apply to identifying individuals from VR agencies who can be referred to Job Corps services. Although the costs of the initial referral are not high and the intervention leverages existing programs (Job Corps and VR agencies), the actual costs of Job Corps services for participants can be substantive. Hence, costs here focus primarily on the additional costs incurred as a result of the intervention—primarily, setting up the supports. We do not include the overall costs of all services delivered by VR agencies and Job Corps centers because those services are offered irrespective of the intervention. If service offerings are expanded, such as states enrolling more youth into Job Corps because of these referrals, then the costs of implementation would be higher.

State VR agencies would have to develop a system for identifying promising youth and referring them to Job Corps. The resulting influx of new enrollees in Job Corps would likely increase costs to that program and potentially crowd out enrollment of other disadvantaged youth. VR agencies would likely spend less on those who enroll in Job Corps, which would potentially free up resources to serve other clients. Another circumstance that makes this proposal promising is that one state VR agency, in Iowa, already has a relationship with Job Corps centers in its area and refers clients to Job Corps routinely. Both programs are satisfied with the arrangement. Hence, the proposed test will provide evidence on whether a relationship that one state already deems attractive is, in fact, having positive impacts on outcomes for these

[5] Before the start of this project, Mathematica proposed a test in which two VR agencies would randomly refer enrolled volunteers to either Job Corps or usual VR services, and has been pursuing support for the evaluation from the Laura and John Arnold Foundation. The Illinois and North Carolina VR agencies have tentatively agreed to refer their clients to Job Corps for the test. Additionally, at the federal level, the national director of Job Corps pledged cooperation, designating a staff member to facilitate coordination with local Job Corps contractors and arrange access to administrative program data; executives at DOL's Office of the Chief Evaluator and RSA have expressed support for the test; the Council of State Administrators of Vocational Rehabilitation has facilitated planning; and SSA's Office of Research, Demonstration, and Employment Support has provided a letter expressing its interest and willingness to facilitate access to SSA administrative data about enrollees.

VR clients. If the test finds positive impacts (such as on competitive, integrated employment or case closure from VR with employment), state VR agencies and Job Corps centers in other areas will have strong motivation to follow suit.

One important implication of these features is that policymakers could move relatively quickly toward both an implementation and an evaluation because of the established services and existing evidence. Specifically, the VR agency and Job Corps components are fully specified, so the only "new" service is the addition of the referrals from the VR agency to Job Corps.

d. Alternative implementation approaches

An alternative test involving Job Corps and VR agency services could test ways to enhance Job Corps services delivered to youth at risk for SSI—such as Job Corps adding VR-delivered accommodations and specialized vocational supports for their clients or adding benefits counseling delivered by WIPA grantees. This approach could also use a randomized control design, with the treatment group including Job Corps plus enhanced services and the control group including Job Corps usual services. Study enrollees could include only those who apply for Job Corps services on their own, but the demonstration could also conduct outreach to stimulate applications for Job Corps (for example, sending letters to youth SSI recipients or reaching out to special education students who are in high school or are recent graduates).

2. Extending pre-employment transition services to postsecondary education

A second example for an intervention for youth at risk of SSI receipt extends pre-employment transition services, which VR agencies provide to students with disabilities enrolled in secondary or postsecondary schools. As a requirement under WIOA, VR agencies are to make pre-employment transition services available to all students with disabilities (typically up to age 21) who are potentially eligible for VR services. Agencies must spend a minimum of 15 percent of their annual federal allotment on these services. The services include: (1) job exploration counseling, (2) workplace readiness training, (3) work-based learning experiences, (4) counseling on postsecondary enrollment, and (5) instruction in self-advocacy. VR agencies frequently partner with local education agencies and community rehabilitation providers to deliver these services (Miller et al. 2018). Although postsecondary education students are eligible for pre-employment transition services, VR agencies thus far have prioritized serving secondary education students.

Policymakers could test the effectiveness of a collaborative program that connects high school students receiving pre-employment transition services to postsecondary education institutions upon leaving high school. Postsecondary education options could include a range of institutions and opportunities, from four-year and community colleges to vocational training and licensure programs. Students who enroll in postsecondary education would then receive tailored pre-employment transition services, including work-based learning experience options. The intervention would aim to provide supports to youth with disabilities that systematically improve their educational achievement, while also increasing their interest in employment. Rather than individual-level random assignment, the intervention could be tested by randomizing VR offices or school districts, an approach used by the evaluation of the Substantial Gainful Activity Project (Sevak et al. 2017a, 2017b). All high school students receiving pre-employment transition services in the areas covered by VR offices selected for the intervention would be eligible for

treatment, while students receiving pre-employment transition services in the areas covered by VR offices not selected for the intervention would receive services as usual. The intervention addresses challenges that youth have with accessing and using federal programs in terms of the lack of information they have, the fragmented and poorly coordinated service system, and inadequate preparation for life after high school.

We provide an overview of the intervention considerations for the proposed pre-employment transition services example in Table V.4. The objectives of the proposal are to promote the employment and economic independence and the educational attainment of youth with disabilities. To meet these objectives, policymakers could develop a program that facilitates postsecondary education enrollment for high school students receiving pre-employment transition services and continue to provide supports during school enrollment. Such a program would require collaboration between the VR agency, local educational agencies, and postsecondary educational institutions. If the intervention is successfully implemented and achieves the intended results, policymakers could apply a similar intervention in other locations.

Table V.4. Process worksheet example: Postsecondary pre-employment transition services

Intervention characteristics	Description
Intervention summary	VR agencies refer high school students receiving pre-employment transition services to postsecondary education program upon high school graduation; students who enroll in postsecondary education would receive tailored pre-employment transition services
Refine policy objectives	
Goals	Promote employment, career development, and economic independence and educational attainment of youth with disabilities
	Test collaboration between VR agency and postsecondary education institutions to promote outcomes for youth with disabilities
Outcomes	Employment, earnings, and career development
	Educational attainment
	SSI receipt and payment amounts
	SSDI receipt and payment amounts
Assess landscape for implementation	
Existing public program context	Cross-agency collaboration between VR agency, local educational agencies, and one or more postsecondary education institutions
	Collaboration with SSA for access to administrative data to track SSA outcomes
Federal agency demonstration authority	Support services do not require legislative changes
Apply criteria for selecting interventions	
Causal evidence	Correlational evidence on effectiveness of postsecondary education services
	Pre-employment transition services have not been evaluated, though there is support for work-based learning experiences
Costs	Medium to high cost because intervention would require new program/staff to facilitate connections for students to postsecondary education institutions
Replicability, scalability, and sustainability	Similar programs based on the intervention could be developed by VR agencies and postsecondary education institutions in other locations

a. Refine policy objectives

An intervention that encourages high school students receiving pre-employment transition services to enroll in postsecondary education institutions could provide support for policy objectives related to improving educational attainment, as well as employment outcomes and SSA program involvement. The potential for collaboration and positive employment outcomes is supported by evidence from Think College (Grigal et al. 2017a, 2017b) along with research on the outcomes of youth receiving postsecondary education supports through VR agencies (Honeycutt et al. 2017).

b. Assess landscape for implementation

An intervention that develops a specific channel between VR agencies and postsecondary education institutions to serve students with disabilities builds on existing programs. VR agencies currently oversee pre-employment transition services, likely focusing on high school students over postsecondary education students. Postsecondary education institutions enroll students with disabilities, though such students have lower completion rates and face challenges that their peers without disabilities do not (Gilmore et al. 2001). Developing a program that encourages and supports high school students with postsecondary education and training can be a positive addition to the options that youth with disabilities have.

Testing the intervention could fit under existing agency practices and would not require legislative changes or supports. VR agencies are currently authorized to deliver the types of services that the intervention would require; they could develop a specialized program of postsecondary supports taking a similar approach, as they do with high school transition program or Project SEARCH sites. In addition, developing model transition projects are allowed as an additional authorized pre-employment transition service; the intervention could be proposed as such a project. Because students would enroll in existing education courses and programs, postsecondary education institutions would not need to develop any new coursework or programs. The intervention would require that VR agencies, local education agencies, and postsecondary education institutions develop interagency agreements to share data and to specify roles and services. The VR agency might also engage SSA as a partner if policymakers were interested in examining the effects of the intervention on SSA program involvement, particularly if the intervention has promise to divert youth from SSI or SSDI applications.

c. Apply criteria for selecting intervention

This intervention has the advantage of leveraging programs and services through the existing transition environment. Pre-employment transition services themselves have not been rigorously tested; VR agencies are still in the process of rolling out these services and refining their implementation. VR agencies in five states are currently testing work-based learning experience models for high school students, one of which (in Vermont) combines work experiences with special community college courses. The results from these demonstration projects could inform this proposed intervention. Higher educational achievement is associated with positive employment and earnings for youth with disabilities, and many educational programs to help youth with disabilities have been tested (O'Neill et al. 2015; Substance Abuse and Mental Health Services Administration 2011). The cost itself might be moderate to high, as it might require the VR agency to invest resources and staff for a new program to connect students to postsecondary education institutions. If this is found effective, developing a program

that extends pre-employment transition services into postsecondary education could provide a potentially replicable model for other states.

d. Alternative implementation approaches

Policymakers interested in examining or building on pre-employment transition services could create better interagency collaborations with workforce centers that promote work-based learning experiences during high school or referrals upon high school graduation. These types of interventions could help high schools and VR agencies increase opportunities for youth with workforce center programs, including Job Corps, apprenticeships, summer work programs, and other programs for youth with disabilities. Interventions that involve work-based learning experiences during high school could increase workforce center involvement as part of the pre-employment transition services environment. Interventions that involve referrals at high school graduation could facilitate post-high school connections.

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VI. CONCLUSION

This report identifies promising, testable interventions for assisting transition-age youth with disabilities who receive or are at risk of receiving SSI. It summarizes previously implemented interventions and their target populations (Honeycutt et al. 2018a, 2018b) and also presents other possible interventions that have not yet been implemented. It lays out a framework for selecting an intervention given the federal transition environment, the evidence regarding the effectiveness of the possible alternatives, and the issues involved with implementation and evaluation. It also provides federal policymakers with specific questions to ask using the framework. Finally, using this framework, the report presents four examples that illustrate how interventions for transition-age youth with disabilities could be implemented and evaluated.

Our review of the interventions—and the evidence of their effectiveness—suggests that there are many promising options for policymakers to consider, but no single approach is best for achieving policymaking objectives with respect to youth with disabilities. Instead, policymakers can choose from among the available interventions based on three considerations: (1) their specific objectives beyond the overarching goal of improving employment outcomes for youth with disabilities, (2) where the selected interventions would reside in the federal program environment, and (3) the need to generate additional evidence on the effectiveness of the interventions.

As documented in Chapter III, the current federal program environment presents numerous challenges for youth with disabilities and their families, as well as for policymakers who might seek to improve those programs. The challenges for youth and their families include lack of information, poor coordination, inadequate preparation for life beyond high school, and disincentives to work that are imbedded in the program structures. At the same time, policymakers interested in this population encounter challenges in designing and implementing program changes that are consistent with administrative rules, in applying new ideas within the existing program and demonstration environments, and in ensuring that the changes will achieve the desired outcomes while maintaining mandated services and systems.

Extending the *Guideposts for Success* (the "*Guideposts*") to address the needs of youth SSI recipients could help policymakers as they move forward. As documented in this report and elsewhere, this population encounters additional challenges in transition, beyond those faced by the broader population of youth with disabilities. Those challenges might require supports, such as benefits counseling and work incentives. These are not well documented in the *Guideposts*, which identifies five broad categories of transition needs for youth and youth with disabilities.[6] This project's CoP involved five affinity groups, three of which (employment, education, and systems linkages) corresponded to categories in the *Guideposts*. The other two affinity groups had no counterparts in the *Guideposts* and were more specific to the particular needs of youth SSI recipients: health and benefits counseling/financial literacy. This specification of affinity groups suggests a structure for an extended version of the *Guideposts* that would incorporate the unique challenges of SSI youth.

[6] The *Guideposts for Success* categories are: (1) school-based preparatory experiences, (2) career preparation and work-based learning experiences, (3) youth development and leadership, (4) connecting activities, and (5) family involvement.

The questions confronting policymakers are whether and how to move forward to improve the prospects of youth with disabilities, especially those who are receiving or are at risk of receiving SSI. We see two possibly overlapping ways to answer these questions: (1) select and implement a single intervention from among those described in this review and (2) design a broad research agenda with respect to SSI youth. Below, we touch briefly on aspects of each approach.

The first approach is to select and implement one intervention that would promote policymakers' goals for youth with disabilities. The basic elements of this approach are straightforward: select a promising, feasible intervention; implement it; and assess its effectiveness. An intervention that is successfully implemented and is shown to achieve the specified goals could then be widely applied. This report details many of the more granular elements of this approach.

The second approach that policymakers could take to improve the prospects of youth with disabilities is to design a broad research and development agenda that would guide their efforts. A broad agenda could help the federal government use its limited resources to move forward as quickly as feasible toward evidence-based policy and programmatic changes that would further its goals for youth with disabilities. Pursuing such an agenda would likely be more efficient and productive in promoting positive outcomes for those youth than pursuing one intervention in isolation or a series of independent, uncoordinated interventions. The first of two elements in this approach would be the development of a statement of policy goals that identifies the outcomes and challenges that policymakers want to address. The second element would be the development of a vision for how a reformed policy and program landscape would address those outcomes and challenges. The more concrete the vision, the easier it would be to design, implement, and evaluate interventions that would support the attainment of that vision or that would help policymakers recognize whether and how to modify that vision.

A broad research agenda could be developed by a single federal agency or by multiple agencies, such as those involved with the Federal Partners in Transition (FPT). For example, FPT could build on its 2020 federal interagency strategy (FPT 2015)—in particular, its section on policy areas for future strategic focus—to identify specific goals, activities, and research that federal agencies could pursue as part of a more unified and collaborative approach to building the evidence on serving youth with disabilities in relation to the SSI program.

Regardless of the approach taken, policymakers could consider incorporating two guiding principles: obtaining rigorous evidence and collaborating with other agencies. First, as noted in this and earlier project reports, few interventions have been tested explicitly either for youth SSI recipients or with SSI outcomes. Existing evidence often involves comparison groups that do not eliminate the possibility that factors other than the intervention could account for study results. Rigorous evidence on programs and services for this population would go a long way toward providing information, and dispelling misinformation, that guide the decisions of practitioners and policymakers. Second, given the multiple public programs delivering supports to the target populations, collaborating with partner agencies to develop, implement, and evaluate new interventions could be beneficial in applying the findings for an intervention and sustaining it. To promote better collaboration, policymakers may need to provide more guidance to agencies on the priority they should give to collaborative efforts, their authority to collaborate, and the leadership of such efforts.

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APPENDIX A:

SUMMARY OF EFFECTIVE TRANSITION PRACTICES AND INTERVENTIONS FOR YOUTH WITH DISABILITIES

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Appendix Table A.1. Guideposts for Success policies and practices

Guidepost	Policies and practices
School-based preparatory experiences, including access to high-quality, standards-based education for all students	To perform at optimal levels in all education settings, all youth need to participate in educational programs grounded in standards, clear performance expectations, and graduation exit options based on meaningful, accurate, and relevant indicators of student learning and skills. These should include the following: • Academic programs that are based on clear state standards • Career and technical education programs that are based on professional and industry standards • Curricular and program options based on universal design of school, work, and community-based learning experiences • Learning environments that are small and safe, including extra supports such as tutoring, as necessary • Supports from and by highly qualified staff • Access to an assessment system that includes multiple measures • Graduation standards that include options In addition, youth with disabilities need to do the following: • Use their individual transition plans to drive their personal instruction, and use strategies to continue the transition process post-schooling • Have access to specific and individual learning accommodations while they are in school • Develop knowledge of reasonable accommodations that they can request and control in educational settings, including assessment accommodations • Be supported by highly qualified transitional support staff who may or may not be school staff
Career preparation and work-based learning experiences, including classroom and community-based experiences as well as information about career options	Career preparation and work-based learning experiences are essential in order for youth to form and develop aspirations and to make informed choices about careers. These experiences can be provided during the school day or through after-school programs, and will require collaborations with other organizations. All youth need information on career options, including the following: • Career assessments to help identify students' school and post-school preferences and interests • Structured exposure to postsecondary education and other lifelong learning opportunities • Exposure to career opportunities that ultimately lead to a living wage, including information about educational requirements, entry requirements, income and benefits potential, and asset accumulation • Training designed to improve job-seeking skills and workplace basic skills (sometimes called "soft skills") To identify and attain career goals, youth need to be exposed to a range of experiences, including the following: • Opportunities to engage in a range of work-based exploration activities, such as site visits and job shadowing • Multiple on-the-job training experiences (paid or unpaid), including community service, that are specifically linked to the content of a program of study and school credit • Opportunities to learn and practice their work skills (so-called "soft skills") • Opportunities to learn firsthand about specific occupational skills related to a career pathway In addition, youth with disabilities may need to do one or more of the following: • Understand the relationships between benefits planning and career choices • Learn to communicate their disability-related work support and accommodation needs • Learn to find, formally request, and secure appropriate supports and reasonable accommodations in education, training, and employment settings

Guidepost	Policies and practices
Youth development and leadership through mentoring and other engagement opportunities	Youth development is a process that prepares young people to meet the challenges of adolescence and adulthood through a coordinated, progressive series of activities and experiences that help them gain skills and competencies. Youth leadership is part of that process. To control and direct their own lives based on informed decisions, all youth need the following: • Mentoring activities designed to establish strong relationships with adults through formal and informal settings • Peer-to-peer mentoring opportunities • Exposure to role models in a variety of contexts • Training in skills such as self-advocacy and conflict resolution • Exposure to personal leadership and youth development activities, including community service • Opportunities that allow youth to exercise leadership and build self-esteem Youth with disabilities also need the following: • Mentors and role models, including persons with and without disabilities • An understanding of disability history, culture, and disability public policy issues as well as their rights and responsibilities
Connecting activities to both informal and formal service systems	Young people need to be connected to programs, services, activities, and supports that help them gain access to chosen post-school options. All youth may need one or more of the following: • Mental and physical health services • Transportation • Housing • Tutoring • Financial planning and management • Post-program supports through structured arrangements in postsecondary institutions and adult service agencies • Connection to other services and opportunities (e.g., recreation) Youth with disabilities may need one or more of the following: • Acquisition of appropriate assistive technologies • Community orientation and mobility/travel training (e.g., accessible transportation, bus routes, housing, health clinics) • Exposure to post-program supports such as independent living centers and other consumer-driven, community-based support service agencies • Personal assistance services, including attendants, readers, interpreters, or other such services • Benefits-planning counseling, including information regarding the myriad of benefits available and their interrelationships so that youth may maximize those benefits in transitioning from public assistance to self-sufficiency
Encouraging family involvement and supports	Participation and involvement of parents, family members, and/or other caring adults promotes the social, emotional, physical, academic and occupational growth of youth, leading to better post-school outcomes. All youth need parents, families, and other caring adults who do the following: • Have high expectations that build upon the young person's strengths, interests, and needs and that foster each youth's ability to achieve independence and self-sufficiency • Remain involved in their lives and assist them toward adulthood • Have access to information about employment, further education, and community resources • Take an active role in transition planning with schools and community partners • Have access to medical, professional, and peer support networks In addition, youth with disabilities need parents, families, and other caring adults who have the following: • An understanding of the youth's disability and how it may affect his or her education, employment, and daily living options • Knowledge of rights and responsibilities under various disability-related legislation • Knowledge of and access to programs, services, supports, and accommodations available for young people with disabilities • An understanding of how individualized planning tools can assist youth in achieving transition goals and objectives

Source: NCWD/Y (2009) as presented in Honeycutt et al. (forthcoming).

Appendix Table A.2. NTACT effective practices and predictors for postsecondary employment outcomes, as of January 2018

Level of evidence	Practice
Employment outcomes	
Evidence-based practices and predictors	**Secondary school student-focused planning practices** - Published curricula to teach student involvement in the individualized education program (IEP) **Secondary school student development practices** - Self-determined learning model of instruction to teach goal attainment
Research-based practices and predictors	**Secondary school student-focused planning practices** - Self-advocacy strategy to teach student involvement in the IEP meeting - Self-directed IEP to teach student involvement in the IEP meeting **Secondary school student development practices** - Response prompting to teach employment skills - Self-management instruction to teach specific job skills - Simulation to teach social skills - Whose Future Is It? to teach self-determination skills **Vocational rehabilitation collaborative practices** - Counseling and a working alliance between the counselor and the consumer - Interagency collaboration **Vocational rehabilitation employment practices** - Supported employment **Vocational rehabilitation professional training practices** - Impact of counselor education and consumer outcomes **Vocational rehabilitation service delivery practices** - Services to a target group **Predictors of postsecondary outcomes** - Inclusion in general education - Occupational courses - Paid employment/work experience - Vocation education - Work study
Promising practices and predictors	**Secondary school student-focused planning practices** - Check and connect to promote student participation in the IEP meeting - Computer-assisted instruction to teach participation in the IEP process - Whose Future Is It? to teach student knowledge of transition planning **Secondary school student development practices** - Community-based instruction to teach employment skills - Computer-assisted instruction to teach specific job skills - Constant time delay to teach specific job skills - Extended career planning services to teach finance skills - Mnemonics to teach completing a job application - System of least-to-most prompts to teach communication skills - System of least-to-most prompts to teach job-specific skills **Vocational rehabilitation organizational practices** - Data driven - Employer relations - Excellent Service, Every Consumer, Every Time (E-3) - Incubator units - Organizational skills enhancement - Rapid response and internal service specialized coordinators, counselors, and caseloads - Share point - Strong business model

Level of evidence	Practice
Promising practices and predictors *(continued)*	**Vocational rehabilitation service delivery practices** - Acquired brain injury program - Career exploration services - Choose to Work - Community Rehabilitation Program certification - DARSforce - Embedded training programs - Essential elements of service delivery - Individual placement and support - Maryland Seamless Transition Collaborative - Soft skills training - Utah Defendant Offender Workforce Development Taskforce - Valforce - Work incentive planning and benefits counseling **Vocational rehabilitation environmental and cultural factors** - Organizational culture - Increasing visibility and communication/constituent relations - Agency leadership - Partnerships - Rehabilitation counselor and unit autonomy - Resources - Return on investment - Service integration and business model - Staff training and development - Support for innovative and promising practices - Working alliance and client-centered services **Other vocational rehabilitation promising practices** - Empowerment and customer self-concept **Predictors of postsecondary outcomes** - Career awareness - Community experiences - Exit exam requirements/high school diploma status - Interagency collaboration - Parent expectations - Parental involvement - Program of study - Self-advocacy/self-determination - Self-care/independent living - Social skills - Student support - Transition programs - Travel skills - Youth autonomy/decision making

Source: NTACT (2017) as presented in Honeycutt et al. (forthcoming).

Note: Evidence-based practices are the highest level of evidence for NTACT. The assessment is based on research that used a rigorous research design, demonstrated a strong record of success for improving outcomes, underwent a systematic review process, and adhered to quality indicators related to a specific research design.

Research-based practices are derived from research that used a rigorous research design, demonstrated a sufficient record of success for improving outcomes, may or may not have undergone a systematic review process, and may or may not adhere to quality indicators related to a specific research design.

Promising practices are based on research that demonstrates limited success for improving outcomes, may or may not have undergone a systematic review process, and may or may not adhere to quality indicators related to a specific research design.

Appendix Table A.3. Interventions with experimental evidence Intervention

Intervention	Target population	Strategy description	Primary organizations involved	Employment impacts	Study purpose and analysis method	Key findings	Source
Interventions targeted to youth SSI recipients							
Youth Transition Demonstration random assignment projects	Youth ages 14 through 25 at enrollment who were receiving or at risk of receiving SSI, with six programs in five states (Colorado, Florida, Maryland, New York, and West Virginia). Additional target population characteristics varied by site. All but one of the evaluated sites (Maryland) enrolled SSI recipients exclusively. Implemented from 2006 to 2012.	Provided youth with (1) employment-related services (based on the Guideposts for Success framework) that varied by site and (2) waivers of certain SSI and SSDI program rules.	SSA; private institutions and public organizations.	By Year 3, the annual employment rate increased at three programs by 7 to 8 percentage points YTD impact reports reviewed by CLEAR were given the highest evidence rating.	Study purposes: to determine effective service strategies for assisting youth with disabilities improve their economic self-sufficiency in their transition to adulthood, and to determine the impact of early work experience on employment outcomes of youth with disabilities. The research aimed to determine whether the YTD projects provided youth with services that would promote employment, and whether the YTD projects improved employment and other transition outcomes for those youth as compared to their outcomes without YTD project participation. RCT across six sites (treatment = 2,756; control = 2,347).	Youth with disabilities are more likely to receive employment-promoting services participating in YTD projects. Increases in provided service hours correlated with stronger employment outcomes.	Fraker et al. 2014, 2016; Hemmeter 2014; Mamun et al. 2017
Promoting Readiness of Minors in SSI	SSI recipients ages 14 to 16 in six programs across 11 states (Arkansas, California, Maryland, New York, Wisconsin, and a consortium of six states [Arizona, Colorado, Montana, North Dakota, South Dakota, and Utah]). Implemented from 2013 to 2018.	Core strategies: formal agency-level partnerships; case management; benefits counseling and financial literacy training; career and work-based learning experiences; and parent training and information.	ED, SSA, DOL, and HHS; state agencies (disability, education, mental health, or VR).	Currently in the field.	Study purpose: to document program implementation, differences in service receipt and changes in educational attainment, employment credentials and outcomes, SSI payments, public benefits, and total household income. RCT; from about 2,000 to 3,330 enrollees per site (half in the treatment group and half in the control group).	None (demonstration is still in the field, no impacts reported yet)	Fraker et al. 2014; Honeycutt et al. forthcoming

Intervention	Target population	Strategy description	Primary organizations involved	Employment impacts	Study purpose and analysis method	Key findings	Source
Interventions targeted to young adults with SSI and/or SSDI benefits							
Accelerated Benefits Demonstration	New SSDI beneficiaries without insurance ages 18 to 54. Implemented from 2007 to 2011.	Provided health benefits before Medicare eligibility to otherwise uninsured beneficiaries. A subset of participants received telephone-based employment and benefits services.	SSA; 53 metropolitan areas were included in the study.	No impacts on employment related to health plan only. Additional employment services significantly increased any earnings by 5.3 percentage points two years after enrollment.	Study purpose: to determine the effectiveness of health care benefits provided through the demonstration for SSDI beneficiaries without insurance. RCT; about 2,000 new SSDI beneficiaries (assigned to one of two treatment groups or to a control group).	Participants used health benefits and had reduced unmet health care needs.	Michalopoulos et al. 2011; Bailey and Weathers 2014
Benefit Offset National Demonstration	SSDI beneficiaries. Implementation occurred from 2011 through 2016.	Participants offered a $1 for $2 benefit offset for earnings, with some provided enhanced work incentives counseling. Implemented in 10 sites.	SSA; incentives counseling services provided by WIPA projects.	Employment in later years was significantly higher for those assigned to the BOND offset (by 2 percentage points) than those in the control group. No impacts on average earnings.	Study purpose: to highlight estimated impacts of the demonstration on benefits paid to SSDI beneficiaries. RCT; 968,713 and 12,744 beneficiaries across the two-stage design.	The intervention led to an increase in benefit amounts and employment, but did not affect average earnings. However, the percentage of people with earnings above the BOND yearly amount increased. Enhanced work incentives counseling had no detectable incremental effect above traditional work incentives counseling.	Geyer et al. 2018; Croake et al. 2017
Mental Health Treatment Study	SSDI beneficiaries with a primary impairment of schizophrenia or an affective disorder. Implemented from 2006 to 2010.	Participants in 23 study sites received access to health and supported employment services for a 24-month period. The study included SSA benefits waivers (continuing disability review suspension for three years).	SSA; services delivered primarily by community mental health agencies.	Employment at 24 months was significantly different for the treatment and control groups (61 percent and 40 percent, respectively). Earnings, wages, hours worked, and months employed were also different for the two groups.	Study purpose: to determine whether SSDI beneficiaries with schizophrenia or an affective disorder would be supported in returning to work via supported employment and systematic medication management services. RCT; 2,238 SSDI beneficiaries.	Supported employment can be implemented with fidelity to this population of SSDI beneficiaries. Fourteen percent of those eligible enrolled in the study.	Frey et al. 2011

Intervention	Target population	Strategy description	Primary organizations involved	Employment impacts	Study purpose and analysis method	Key findings	Source
Promoting Opportunity Demonstration	SSDI beneficiaries. Implementation to occur from 2018 through 2021.	Demonstration will test simplified benefits offsets and work incentives and will offer benefits counseling; projects planned for eight sites.	SSA.	Currently in the field.	Study purpose: to test a simplified work incentives and a benefit offset for SSDI beneficiaries to determine its effect on earnings, employment, and benefit payments. RCT; 15,000 individuals assigned to one of two treatment groups or to a control group.	None (demonstration is still in the field, no impacts reported yet)	None
Supported Employment Demonstration	Individuals ages 18 to 50 who have applied for SSDI or SSI and are interested in working. Implementation to occur from 2017 through 2022	The demonstration will test the provision of integrated vocational, medical, and behavioral health services using an IPS model to enrollees for 36 months; to be implemented in 30 sites.	SSA; services provided by community mental health agencies.	Currently in the field.	Study purpose: to assess whether offering evidence-based interventions of integrated vocational, medical, and behavioral health services to individuals with behavioral health conditions can increase employment outcomes and reduce the demand for disability benefits. RCT; 3,000 individuals assigned to one of two treatment groups or to a control group.	None (demonstration is still in the field, no impacts reported yet).	None

Intervention	Target population	Strategy description	Primary organizations involved	Employment impacts	Study purpose and analysis method	Key findings	Source
Interventions targeted to other youth or adults with disabilities							
Demonstration to Maintain Independence and Employment	Workers with potentially disabling health conditions. Implemented from 2006 through 2009.	Four sites (Hawaii, Kansas, Minnesota, and Texas) offered wrap-around health services, employment supports, and case management.	The programs were led by two state departments of health, a health policy authority and health insurance organization, and a Medicaid agency.	None of the programs had earnings impacts	Study purpose: to determine the impact of the demonstration on participant employment outcomes, use of federal disability benefits, health status, and earnings. RCT; programs ranged from 190 to 1,793 enrollees.	Positive effects in some programs on functional limitations and SSA benefit receipt.	Whalen et al. 2014
Employment Intervention Demonstration Program	Individuals ages 18 and older with psychiatric disabilities in seven states. Implemented from 1996 to 2001.	Supported employment program with clinical and VR services and supports that varied across the programs.	SAMHSA; academic, public, and private entities.	Participants ages 25 to 30 had almost three times the odds of working in competitive employment than older adults. No employment impact for those ages 18 to 24.	Study purpose: to determine the impact of supported employment on employment outcomes for youth and young adults. RCT. *N* = 1,272 participants; 47 percent of those age 18–24 (*n* = 81) were SSI recipients and 50 percent of those age 25–30 (*n* = 168) were SSI recipients.	Younger individuals with mental health issues had an advantage in seeking employment over those who were older. Duration of supported employment programs was correlated with positive work outcomes.	Burke-Miller et al. 2012
Job Corps	Job Corps participants with medical limitations. Study data were taken from the original National Job Corps Study undertaken in the 1990s. Analysis for those with medical limitations was conducted in 2017.	Provides youth and young adults with employment and educational services, training, and support in a residential setting.	DOL; workforce development agencies.	Youth with medical limitations in Job Corps worked an average of 21 more weeks and 998 more hours than those not in the program. Job Corps participation for these youth also increased earnings by $9,708 over a four-year period, a 29 percent increase relative to those not in the program.	Study purpose: to determine the impact of the program on employment outcomes and reliance on disability benefits for youth with limitations from medical conditions. RCT; *N* = 472 youths with medical limitations (271 in the treatment group and 201 in the control group). SSI receipt not identified at baseline.	Job Corps could help meet policy goals for improving work outcomes for youth with disabilities and reducing their dependence on disability benefits. The participating youth with medical limitations observed a collective 52 percent reduction of total SSI received.	Hock et al. 2017

Intervention	Target population	Strategy description	Primary organizations involved	Employment impacts	Study purpose and analysis method	Key findings	Source
Project SEARCH	Youth with autism ages 18 to 21. The study was conducted over a three-year period.	Project SEARCH is a high school work-to-transition program for youth with disabilities; it integrates employers and businesses with other educational and community rehabilitation service providers to engage youth with disabilities in paid work experiences.	LEAs, VR agencies, workforce development agencies, and employers.	21 individuals with autism were hired into competitive employment jobs, compared with one individual in the control group.	Study purpose: to determine the impact of the program with supports for autism spectrum disorder on employment outcomes and work support requirements for youth with autism. RCT. *N* = 40 (24 in the treatment group and 16 in the control group).	Participants were significantly more likely to be employed than those not in the program.	Wehman et al. 2014b
Transition Work-Based Learning Model (California)	Serving approximately 800 California students with disabilities. Implemented from 2017 to 2022.	Volunteer and paid work-based learning experiences to prepare students for successful employment and postsecondary education.	RSA, VR agency, university, LEAs, community organizations, and local employers.	Currently in the field.	Study purpose: not yet identified. RCT. Enrollment goal of 800 students equally divided into four treatment groups, with a matched comparison control group	None (demonstration is still in the field, no impacts reported yet).	California Department of Rehabilitation 2016
Transition Work-Based Learning Model (Maryland: Way2Work Maryland)	High school students with an IEP or 504 Plan. Implemented from 2017 to 2022.	Incorporates four empirically supported strategies associated with post-school success for students and youth with disabilities.	University, VR agency, and LEAs.	Currently in the field.	Study purpose: to document program implementation and assess differences between the treatment and control group students in service receipt, employment outcomes, and postsecondary education enrollment. RCT. Enrollment goal is 400 students equally divided between treatment and control groups.	None (demonstration is still in the field, no impacts reported yet).	None
Transition Work-Based Learning Model (Vermont: Linking Learning to Careers)	High school students who are VR clients. Implemented from 2017 to 2022.	Provides work-based learning experiences in integrated settings under the VR program to improve students' post-school outcomes.	VR agency and community college system.	Currently in the field.	Study purpose: to document program implementation and assess differences between the treatment and control group students in service receipt, employment outcomes, and post-secondary education enrollment. RCT. Enrollment goal is 800 students equally divided between treatment and control groups.	None (demonstration is still in the field, no impacts reported yet).	None

Appendix Table A.4. Interventions with nonexperimental evidence

Intervention	Target population	Strategy description	Primary organizations involved	Employment impacts	Study purpose and analysis method	Key findings	Source
Interventions targeted to youth SSI recipients							
Benefits counseling	Individuals receiving Social Security disability benefits.	SSA-funded return-to-work projects: Wisconsin Pathways to Independence and Wisconsin SSDI Employment Pilot. The projects focused on developing employment support service programs to create job opportunities for individuals with disabilities, improve community resources, and decrease reliance on SSDI and SSI.	SSA; jointly led by state Department of Independence and Employment along with the state Department of Health Services	Across the two projects, benefits counseling led participants to earnings gains of $34 and income increases of $37 in each quarter of a two-year period. The employment rate increased 1.1 percent each quarter.	Study purpose: to determine the impact of a program's benefits counseling on SSDI beneficiaries' employment outcomes. Descriptive analysis with a comparison group. Analysis sample of 911 people across the two studies. One hundred twenty-three individuals received SSI and 788 received SSDI.	Service intensity was highly correlated to strong employment outcomes.	Delin et al. 2012
YTD nonexperimental projects	Youth ages 14 through 25 at enrollment who were receiving or at risk of receiving SSI. Additional target population characteristics varied by program. Two of the seven programs operated for the full five-year period from 2003 to 2009, two projects ended services early, and three participated in the random assignment evaluation.	Provided youth with (1) employment-related and other services such as benefits counseling (based on Guideposts for Success) that varied by site and (2) waivers of certain SSI and SSDI program rules.	SSA; each project was led by a varying combination of state agencies such as VR and education, local agencies such as education boards and school districts, and private organizations.	The evaluation did not include results on employment.	Study purpose: to highlight the design and implementation lessons learned from the seven original YTD projects supporting employment-focused interventions for youth with disabilities. Mixed-method process evaluation.	Strong partnerships between vocational and educational service providers are important for youth transition programs. Bold initiatives to address systems change are difficult to implement. Small programs can be scaled to operate in multiple sites and with a larger population. Intervention strategies should be clearly defined and linked to outcomes, and both should be measured. Delivering support services (such as case management and benefits counseling) without employment services is not likely to result in positive employment outcomes.	Martinez et al. 2010

Intervention	Target population	Strategy description	Primary organizations involved	Employment impacts	Study purpose and analysis method	Key findings	Source
Interventions targeted to other youth with disabilities							
Back on Track to Success Mentoring Program	Young adults ages 16 to 26 years with a recently acquired disability (such as traumatic brain injury, spinal cord injury, and other neurological disorders) in 17 California counties. The study focused on program data from 2005 to 2010.	Mentees were matched with a community-based mentor who facilitated check-ins and follow up assessments to track progress on goals.	Community agencies	Of the 79 participants, 29 returned to school and 13 worked.	Study purpose: to determine the impact of the mentoring program on the number of youth and young adults with disabilities accessing educational or employment opportunities and to highlight increases in community integration between program enrollment and exit. Pre-post analysis of *N* = 131 young adults; no comparison group.	For individuals with traumatic brain injuries, spinal cord injuries and other neurological disorders, mentoring can yield positive results for achieving educational and vocational goals, as well as community integration and independence.	Kolakowsky-Hayner et al. 2012
Career and technical education (CTE)	High school students with disabilities.	Vocational instruction, education, and training delivered during high school.	Secondary schools, regional vocational and technical schools	Participation in CTE does not affect employment for youth with learning disabilities.	Study purpose: to examine the effects of participation in CTE on outcomes, including on-time graduation and employment. Comparison designs of students in or not in CTE, controlling for observable characteristics.	CTE associated with increased high school graduation rates. Among students with learning disabilities enrolled in CTE, those enrolled in a "concentration" (four or more credits of CTE in high school) had higher rates of employment six months after the expected graduation year.	Theobald et al. 2018; Dougherty et al. 2018
Jobs for Youth Program	High school students (juniors and seniors) with disabilities ages 18 to 22 from low-income communities at a charter school for dropouts.	Program provided students with employment and vocational training; included practices related to case management, inclusion in general education, paid internships, and family engagement.	University, VR agency, and charter school.	Of the 116 students, 43 obtained paid internships, and 41 exited from VR with employment.	Study purpose: to describe an intervention developed to implement best transition practices with a high-risk/high-need population. Descriptive study with no comparison group.	110 students graduated from high school, and 65 students obtained training certificates	Balcazar et al. 2018

Intervention	Target population	Strategy description	Primary organizations involved	Employment impacts	Study purpose and analysis method	Key findings	Source
Maine Transition Work-Based Learning Model Demonstration	Transition-age youth within two years of high school graduation. Implemented from 2017 to 2022.	Expanding a Progressive Employment model and extending programs and services provided by Jobs for Maine's Graduates to five new schools.	RSA, VR agency, local rehabilitation providers, LEAs, and employers.	Currently in the field.	Study purpose: not yet identified. Matched comparison evaluation design.	None (demonstration is still in the field, no impacts reported yet).	None
Marriott Foundation Bridges from School to Work Program	Youth with disabilities participating in the Bridges programs.	The program enhances employment opportunities for youth with disabilities by developing permanent, competitive placements and incorporating individual career development plans with the potential for quantifiable vocational advancement.	Nonprofit community organization	73 percent of all Bridges participants had earnings by the age of 30, and 50 percent of youth who were receiving SSI at age 17 (compared with 34 percent of the comparison group).	Study purpose: to determine if participation in the program led to positive short- and long-term outcomes for employment, earnings, and receipt of SSI and SSDI benefits for youth participants under 30, and to determine the characteristics that may predict whether a Bridges participant would gain competitive employment and the extent to which certain characteristics can predict Bridges job placement rates. Descriptive studies, one with a comparison group. Fifteen to 18 percent of participants were SSI recipients.	Bridges participation was associated with increased earnings capacity for participants.	Hemmeter et al. 2015; Fabian 2007; Gold et al. 2013; Dong et al. 2016

Intervention	Target population	Strategy description	Primary organizations involved	Employment impacts	Study purpose and analysis method	Key findings	Source
Maryland Seamless Transition Collaborative	High school students eligible for VR services and receiving special education or 504 services. Services began in the 10th grade. Each site was able to tailor its target population. Implemented from 2007 to 2012 in 11 Maryland school districts.	The model delivered transition services during the final three years of a student's secondary education. A VR counselor was actively involved throughout services. The intervention included aspects of the Guideposts for Success framework (NCWD/Y 2009).	State VR agency, state education agency, department of disabilities, and 11 school districts.	Of 124 students included, 26 percent achieved individualized, paid inclusive employment, 23 percent were enrolled in postsecondary education, and 14 percent were employed. Follow-up quasi-experimental study found that 42 percent of 377 students exited from VR with employment, compared with 23 percent of a matched comparison group. Youth in the program worked slightly fewer hours and earned less per week at closure than those in the comparison group.	Study purpose: to describe the implementation of the model and how youth ultimately transitioned from public education to post-secondary education or employment. Descriptive study and quasi-experimental study. Quasi-experimental study included 377 youth (24 percent of whom received SSI); the matched comparison group had 6,111 youth (24 percent who had SSI after weighting).	Model participants experienced a shorter time from eligibility to development of the Individual Plan for Employment, but longer open cases; received more job-related services and less assessment and diagnostic services; and cost less to serve. Program intervention promotes the early involvement of VR, which may allow for more rapid information sharing between students and families. The information sharing may allow for better coordination of resources between schools and community partners, resulting in cost savings of VR funds.	Luecking et al. 2015, 2017

Intervention	Target population	Strategy description	Primary organizations involved	Employment impacts	Study purpose and analysis method	Key findings	Source
Project SEARCH	High school students and young adults with intellectual and developmental disabilities.	Project SEARCH is a high school work-to-transition program for youth with disabilities; it integrates employers and businesses with other educational and community rehabilitation service providers to engage youth with disabilities in paid work experiences.	LEAs, VR agencies, workforce development agencies, employers.	Six out of 10 participants were offered permanent jobs within three months of program conclusion. Participants' scores in their entry-level job skills and workplace behavior increased. Project SEARCH program data for the 2013–2014 school year indicates that 67 percent of participants engaged in paid employment after completing the program.	Study purpose: to determine the impact of the program on rates of job readiness and employment for 10 young adults with disabilities. Descriptive study with quantitative and qualitative data. Sample included ten young adults with disabilities ages 17 to 24. Evaluability assessment outlines impact evaluation design options.	Participation in Project SEARCH may contribute to improving participants' job readiness and employment prospects.	Müller and VanGilder 2014; Mamun et al. 2016; Project SEARCH website (www.ProjectSEARCH.us/)

Intervention	Target population	Strategy description	Primary organizations involved	Employment impacts	Study purpose and analysis method	Key findings	Source
Supported employment	Individuals ages 17 to 24 with serious mental health conditions; individuals with autism spectrum disorder; youth with intellectual and developmental disabilities ages 16 to 25 who received public VR services.	Supported employment program adapted for young adults with specific conditions; supported employment delivered by VR agencies.	Nonprofit, multiservice organizations; specialized residential treatment programs; state VR agencies.	Participants involved in the model were more likely to work (relative to a comparison group) during the study period. For the VR study, supported employment was associated with a 12.5 percent higher employment rate, with more positive effects observed for youth receiving Social Security benefits.	Study purpose: to determine the vocational and educational impacts of an adapted supported employment model for participants with psychiatric conditions. Descriptive analyses, with the samples for some studies not exceeding 36 people (some of whom received SSI). Case-control study of VR youth (*N* = 23,298), of whom 43 percent received SSI or SSDI.	While variations in policies and programs can create obstacles to service, the model can be adapted for people with certain conditions. Supported employment can be used to support VR outcomes of youth.	Ellison et al. 2015; Ferguson et al. 2012; Wehman et al. 2012, 2014a
Transition Pathways Services Work-Based Learning Model Demonstration (Massachusetts)	VR-eligible high school students with disabilities living in Massachusetts. Implemented from 2017 to 2022.	Students participate in customized work-based learning activities that encourage employment or postsecondary education after high school. Services include mentoring, job placement, assistive technology, benefits counseling, and related supports.	RSA, VR agency, job centers, and educational programs.	Currently in the field.	Study purpose: not yet identified. Service description; 651 students will be served over the five-year project.	None (demonstration is still in the field, no impacts reported yet).	ExploreVR 2018

Intervention	Target population	Strategy description	Primary organizations involved	Employment impacts	Study purpose and analysis method	Key findings	Source
Think College	Individuals with intellectual disabilities and autism. Implemented beginning in 2010.	The Transition and Postsecondary Education Program for Students with Intellectual Disabilities (TPSID) model demonstration programs provide coordination, training, and evaluation services to promote high-quality, inclusive postsecondary education options for individuals with intellectual disabilities. Think College also supports the Think College Transition (TCT) project, a model for developing inclusive college-based transition services for students with intellectual disabilities ages 18 to 22.	Institutions of higher education, along with community partners such as VR agencies, LEAs, and employers.	For TPSID, in Year 5 (2015), 888 students participated in 52 programs. Of the 324 students who exited the program in Year 5, 110 worked in a paid job and an additional 121 participated in unpaid career development activities. TCT is still in the data collection phase.	Study purpose: to describe the program in terms of institutions that received grants, participant characteristics, employment and educational outcomes, and program sustainability and evaluation. Descriptive studies with quantitative and qualitative data.	Employment is positively related to longer length of time in the program and enrollment in more academically inclusive programs. Eighty percent of program exiters earned one or more credentials.	Grigal et al. 2017a, 2017b
Utah Pathways to Careers	Individuals ages 18 and older with intellectual and developmental disabilities living in Davis County, Utah. Implemented beginning in 2012. Expanded to three other sites (Maryland, Michigan, and Virginia) in 2015.	Program helps youth and adults secure employment opportunities in their communities. Services include assessments, paid internships lasting 8 to 12 weeks, employment and post-employment supports, and a payroll tax adjustment for employers.	Community organization.	In the first four years of implementation, 130 internships were completed by 67 participants. Forty-six of the internships resulted in job offers, and 32 participants accepted offers. Participation in the Pathways program is associated with increased employment rates and earnings.	Study purpose: to describe the approach, services, costs, and impacts of the program. Descriptive analysis of participants enrolled through 2016 (*N* = 91).	The employment and earnings results reduced disability benefits collected by Pathways participants by $162 and $178, on average, at post-intake follow-ups at the one-year and two-year marks, respectively.	Mathematica Policy Research 2017

Appendix Table A.5. Interventions without evidence

Strategy	Target population	Description	Primary organizations involved	Study purpose and key findings	Source
Individualized Career Planning model	Students ages 14 (or younger, if appropriate) through age 21 or high school graduation. Implemented from 2001 to at least 2008.	The model incorporates the Discovery process and a Vocational Profile to be used as a resource for guiding the employment process; a Customized Employment Planning Meeting in which the student, family, school staff, VR staff, and employers meet to develop a tailored employment plan; and a final Representational Portfolio that presents all of the information gathered in the preceding phases into a marketing tool.	The model was conceptualized, implemented, and field-tested in nine Montana schools. The work was supported by two U.S. Department of Education grants. Services varied slightly between schools.	Study purpose: to provide an overview of the model and its components, and detail how the model supported students with vocational goals and in making use of Social Security work incentives over the course of program implementation in Montana schools. The authors claim the strategies are effective and well received by individuals with disabilities, their families, adult services, and schools, but note that incorporating the tools into existing practices requires a larger commitment from school staff than expected.	Condon and Callahan 2008
Guided Group Discovery pilots (Kanas, Maryland, Tennessee, and Oregon,)	Individuals with disabilities (Kansas, Maryland, and Oregon) and veterans with disabilities (Tennessee). Implemented beginning June 2015 (Kansas and Maryland), September 2017 (Oregon), and December 2017 (Tennessee).	Job seekers are supported in developing job search plans and securing employment that matches their skills and business needs. Facilitators are trained to lead Guided Group Discovery sessions with job seekers and support their aims to gain employment and other forms of support such as VR and housing. Guided Group Discovery workshops assist individuals with disabilities seeking employment and those facilitating their employment through the process of understanding and preparing for customized employment and competitive integrated employment.	DOL, workforce development agencies, VR agencies, and (in Tennessee) military occupational specialists and disabled veterans programs.	None (demonstration is still in the field, no impacts reported yet).	LEAD Center 2015, 2017a, 2017b
Partners for Youth with Disabilities (PYD)–Youth Enrichment Program (YEP)/ Career Readiness Program	Eighty-five students with disabilities ages 13 to 19 are served annually in YEP in Boston. Implemented beginning in 2001.	A weekly program aimed at improving job readiness by providing academic instruction, practical educational experiences, and mentoring services.	Private organization.	No evaluation conducted to date. PYD has served over 800 youth and claims the YEP yields improvements in the career development and independence skills of participants through evidence from pre- and post-survey results, but no specific evidence is available.	Partners for Youth with Disabilities 2018

Appendix Table A.6. Interventions offered by federal and state programs

Intervention	Target population	Description	Primary organizations involved	Employment impacts (level of evidence)	Study purpose and analysis method	Key findings	Source
Interventions targeted to youth SSI recipients							
Ticket to Work and Work Improvement Incentives Act of 1999 (Ticket Act)–Ticket to Work (TTW) program	For quasi-experimental design (QED), SSDI-only beneficiaries (excluding SSI) ages 18 to 39. TTW is available to all SSI and SSDI beneficiaries. The program has been active since 1999.	The TTW program supports SSI recipients and SSDI beneficiaries with employment services through providers of employment placement services and supports.	SSA in partnership with state VR agencies and other rehabilitation service providers.	Participants are more likely than nonparticipants to experience nonpayment of cash benefits due to suspension or termination from work (5.1 percent compared with 2.7 percent).	Study purpose: to highlight findings from the seven studies completed under the TTW and Self-Sufficiency Program from 2011 to 2013, and to detail employment and benefit outcomes for TTW participants as compared to nonparticipants. QED and several descriptive studies.	Service enrollment increased, but there was no consistent evidence for increases in suspension of benefits or termination due to work.	Livermore et al. 2013; Schimmel et al. 2013
Student Earned Income Exclusion	SEIE has been available for all SSI recipients age 22 and under since April 1, 2005. Before that, SEIE was available only for child SSI recipients. The analysis focused on SSI recipients who received SEIE in any month during 2004 or 2005.	SEIE seeks to improve the employment and self-support prospects of SSI recipients attending school or receiving other formal training. SEIE excludes earnings up to $1,790 per month (in 2017) from being counted against the SSI payment amount.	SSA.	SEIE did not have a strong impact on total income for SSI recipients with a small amount of earned income. SSI recipients with high levels of earned income may have had larger effects.	Study purpose: to highlight SEIE and information about recipient characteristics, as well as with metrics and variations of SEIE use. Descriptive analysis with no comparison group. About 26,000 recipients included in the analysis.	SEIE recipients do not often meet or exceed the annual SEIE limit: one-third of SEIE recipients used less than 10 percent of the potential amount and half used less than 20 percent. Only 4–5 percent of SEIE recipients reached the limit. Ten percent of SEIE recipients received it throughout the calendar year, whereas 70 percent received it for six or fewer months.	Kemp 2010; US GAO 2017

Intervention	Target population	Description	Primary organizations involved	Employment impacts (level of evidence)	Study purpose and analysis method	Key findings	Source
WIPA	Individuals receiving SSA disability payments	SSA funds WIPA projects to provide information to SSDI beneficiaries and SSI recipients about benefits and work supports to facilitate employment outcomes.	SSA; local providers.	Positive employment outcomes and use of work supports associated with WIPA services, although this relationship is not causal.	Study purpose: to highlight findings regarding services received, use of SSA work supports, employment, earnings, and benefit reductions from an analysis of WIPA beneficiaries, in addition to highlighting findings from organizations that received WIPA grants. Descriptive analysis.	WIPA can support those receiving SSDI and SSI, but the level of support received by those who use the projects is modest, and the timing is relatively brief. Those who use more WIPA services are more likely to access SSA work supports and have higher earnings; they are also more likely to have benefits suspended or terminated due to work than those who use WIPA services less.	Livermore et al. 2011; Schimmel et al. 2011; SSA 2018c
Other SSA work incentives not identified above	SSI recipients	Impairment-related work expenses, subsidies, and special conditions; unincurred business expenses; unsuccessful work attempts; continued payments under a vocational rehabilitation program; expedited reinstatement; blind work expenses; earned income exclusion; plan to achieving self-support; property essential to self support; special SSI payments for people who work; reinstating eligibility without a new application; 1619(b) continued Medicaid eligibility.	SSA.	None reported.	No evaluation conducted to date. Descriptive.	Statistics on use in SSA annual reports.	SSA 2018c

Intervention	Target population	Description	Primary organizations involved	Employment impacts (level of evidence)	Study purpose and analysis method	Key findings	Source
Interventions targeted to other youth with disabilities							
ABLE accounts	Individuals with disabilities. Enacted in 2014.	Tax-free savings account for individuals with disabilities, which do not count toward the assets cap for SSI, SNAP, and Medicaid eligibility. ABLE accounts allow individuals with disabilities to save money with a lower risk of losing SSI eligibility or payment amounts. ABLE accounts can be used toward medical expenses, education, transportation, housing, and employment expenses.	State agencies and financial institutions.	None reported.	Study purpose: to provide an overview of the ABLE National Resource Center, including state- by-state resources. Policy overview.	No evaluation conducted to date.	ABLE National Resource Center (http://ablenrc.org/)
Disability Employment Initiative	Youth and adults who receive Social Security disability benefits and are unemployed or underemployed. The Initiative has been active since 2010. DOL awarded $123 million to 49 projects in 28 states as of September 2016.	DEI grants support projects nationwide that are geared toward education, training, and employment for youth and adults with disabilities, with a focus on improving collaboration.	DOL, workforce development agencies.	For adults, positive employment and earnings effects were not statistically different from those in the control group. For youth, an imbalance in the characteristics of those in the treatment and control groups resulted in unreliable impact estimates.	Study purpose: to document implementation practices and challenges, system change efforts, service utilization and exits, employment and earnings outcomes, and educational gains. Implementation, descriptive, and RCT evaluations.	Identified challenges and successes related to TTW and benefits counseling and variation in implementing service strategies. Programs increased the number of adults receiving services.	Department of Labor, Employment and Training Administration (https://www.dol.gov/odep/topics/DEI.htm); Bleimann et al. 2016
Employment First	Youth and adults with significant disabilities.	Systems change effort to promote policy, practice, and funding opportunities for community-based, integrated employment	DOL, workforce development and other state agencies.	No key findings to date.	Study purpose: to provide an overview of pilots launched across four states and highlight key findings and results. Implementation and descriptive studies.	Identifies specific policy and practice changes conducted within states.	LEAD Center 2015

Intervention	Target population	Description	Primary organizations involved	Employment impacts (level of evidence)	Study purpose and analysis method	Key findings	Source
Partnerships in Employment Systems Change projects	Youth and young adults with intellectual and developmental disabilities transitioning from school to postsecondary education and employment. Implemented from 2011 through 2017 in eight states (Alaska, California, Iowa, Mississippi, Missouri, New York, Tennessee, and Wisconsin).	Five-year grants were awarded to eight states to improve competitive integrated employment outcomes through objectives such as changing policies, removing barriers, and improving cross-system and interagency collaboration. Six of the eight states implemented 50 model demonstration projects; the remaining two states developed other programs targeting individuals with disabilities.	Stakeholder consortia involved state and community agencies and organizations such as state developmental disability, VR, and education agencies.	In Mississippi, 70 students were trained in employment skills, and 55 students found employment from 25 employers. In Wisconsin, the number of students in the program with paid jobs after one year more than tripled (from 5 to 18 students). The number of employers hiring program students doubled.	Study purpose: to evaluate the eight programs and the outcomes observed for youth and young adults with intellectual and developmental disabilities and determine their effectiveness and best practices.	In all states, relationships improved between individuals with intellectual and developmental disabilities and their families, service providers, and employers. Alaska, California, and Mississippi consortia worked to pass Employment First legislation in their states. In Mississippi, New York, and Tennessee, Employment First Executive Orders were signed.	Tucker et al. 2017
Pre-employment transition services (pre-ETS)	High school and postsecondary students with disabilities.	WIOA requires state VR agencies to spend at least 15 percent of their federal allocations on providing pre-ETS to students. Required pre-ETS include job exploration counseling, work-based learning experiences, counseling on transition or postsecondary education opportunities, workplace readiness training, and instruction in self-advocacy.	RSA, state VR agencies, LEAs, and community rehabilitation providers.	No key findings to date.	Study purposes: to provide an overview of the impact of new requirements concerning pre-employment transition services implemented under WIOA, including the scope of pre-ETS recipients and services and implementation challenges and successes.	No key findings or lessons to date.	NCD 2017; Miller et al. 2018

Intervention	Target population	Description	Primary organizations involved	Employment impacts (level of evidence)	Study purpose and analysis method	Key findings	Source
Tennessee Medicaid 1115 waiver program (TennCare Employment and Community First CHOICES)	Individuals with intellectual or developmental disabilities. The program has been active since July 2016.	The program assists individuals in preparing for, seeking out, and sustaining employment. Services include individual and small group employment supports, prevocational training, independent community living supports, family caregiving supports, and self-advocacy supports.	State Medicaid agency and state disabilities department.	No key findings to date.	Study purpose: to provide an overview of the program and services. None (demonstration is still in the field, no impacts reported yet).	No key findings or lessons to date.	TennCare—Employment and Community First CHOICES overview (https://www.tn.gov/tenncare/long-term-services-supports/employment-and-community-first-choices.html)
Vocational rehabilitation services	Transition age youth (typically ages 16 to 24) who applied for VR services and subsequently exited the program. All combined and general state VR agencies (excluding U.S. territories). One study focused on Ohio VR customers only.	Vocational rehabilitation services and supports.	State VR agencies.	Employment associated with receipt of on-the-job support services (4.3 times higher likelihood), job placement (3.15 times higher likelihood), and occupational and vocational training (1.67 times higher likelihood).	Study purpose: to highlight differences in service practices and transition outcomes across state VR agencies serving youth with disabilities, in addition to determining correlations between VR recipient characteristics and VR outcomes. Descriptive studies. Percentage who were SSI recipients or SSDI beneficiaries varied (when measured) from 21 to 33 percent.	Positive competitive employment outcomes correlated with higher levels of education, the number of VR services received, and not collecting Social Security disability benefits. Receipt of job search and job placement services was associated with successful outcomes for youth with disabilities. State VR agencies had substantial variation in employment outcomes for youth.	Honeycutt et al. 2015a, 2015b, 2016; Alsaman and Lee 2017; Kaya et al. 2016; Oswald 2010; Wehman et al. 2014a

Appendix Table A.7. Untested interventions for federal and state programs

Intervention	Target population	Description	Primary organizations involved	Study purpose and key findings	Source
CareerACCESS	Young adults ages 18 to 30 with disabilities who are current or future SSI recipients. The program was proposed in 2013.	CareerACCESS initiative will support participants through career coaching, benefits and asset building counseling, and employment support services. Participants will be able to receive SSI federal cash benefits, health care, and the ability to build and keep their assets.	World Institute on Disability, National Council on Independent Living, and Policy Works	Study purpose: to provide an overview of the program and services for young adults with disabilities. The project has not yet been implemented.	World Institute on Disability, Disability Policy Works, and National Council on Independent Living (http://www.ourcareeraccess.org/)
Age-18 redetermination counseling	Families of SSI children ages 13 to 17 with a high likelihood of not receiving SSI as adults.	Provide families with information and counseling on the age-18 redetermination process, including the likelihood of the child's removal from SSI and resources to help before the redetermination.	SSA, VR agencies, school districts	Policy proposal no evaluation conducted to date.	Deshpande and Dizon-Ross 2016
Age-18 redetermination changes/work reporting changes	Child recipients of SSI.	Conduct early redeterminations to provide youth more time to adjust to the decision. Eliminate work reporting for child SSI recipients to promote work.	SSA	Policy proposal; no evaluation conducted to date.	Wittenburg 2015

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APPENDIX B:

IMPLEMENTATION AND EVALUATION CONSIDERATIONS

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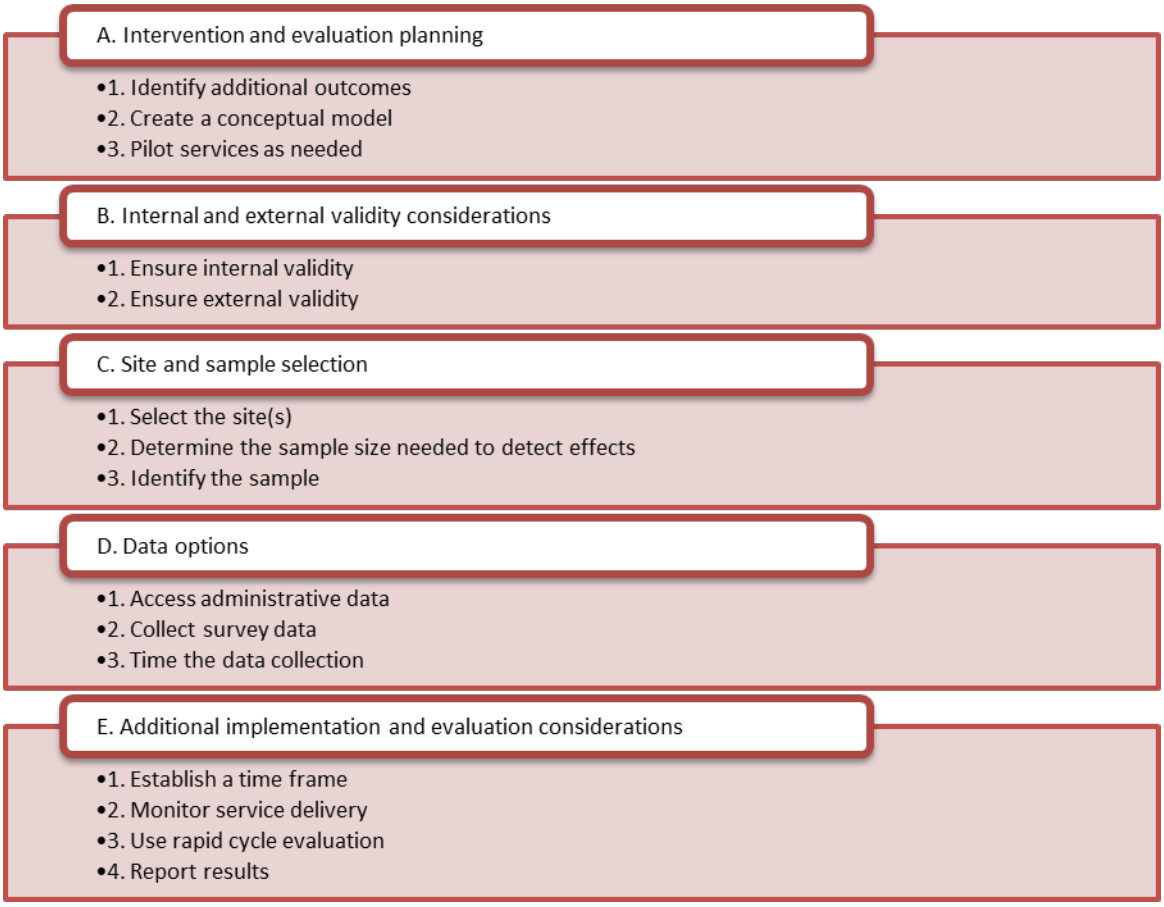
In this appendix, we present several considerations for planning and completing an evaluation of an intervention, which we summarize in Figure B.1. We first review issues associated with planning a rigorous evaluation, particularly in defining a conceptual model to address policy questions. We then review various strategies to provide evidence of the efficacy of the model (internal validity) and issues to consider in generalizing the results (external validity). Next, we consider options for selecting participants for the intervention, such as volunteers. Then we describe issues with obtaining data from administrative sources and surveys. Finally, we conclude with other considerations regarding implementing and testing an evaluation, especially the need to produce timely evidence on intervention or intervention components to improve policy.

Throughout the decision process, it is important to find the appropriate balance between the need to provide rigorous evidence and the cost and other practical considerations. For example, an intervention that uses a randomized controlled trial can produce rigorous evidence for interventions that are implemented with fidelity to design, but requirements of random assignment, especially at the individual level, may prevent certain interventions from being implemented with fidelity. Some such issues can be addressed through clustered (for example, site-level) random assignment, but that is a more costly option and may not be feasible in many situations. Although some quasi-experimental designs may support implementation with fidelity and produce rigorous evidence, it may not be as rich in terms of the outcomes considered, the evidence for subpopulations, or other domains.

Figure B.1 Implementation and planning considerations



A. Intervention and evaluation planning

An important component in designing an evaluation for any intervention is establishing a clear set of benchmarks for measuring the success of the intervention. A conceptual model ensures that all stakeholders agree on the way that the intervention services will affect the main outcomes of interest. They will need to select sites in which to implement the intervention. Additionally, policymakers will weigh how to pilot the intervention on a small scale before full implementation. As part of the evaluation, they can consider options for service delivery and fidelity, rapid cycle evaluation, and other research questions that should be answered in addition to the primary question.

1. Identify additional outcomes

As discussed in Chapter III, the primary policy objective considered for this report is improving employment outcomes of a target population. However, policymakers might be interested in tracking additional outcomes related to an intervention. These outcomes and the additional research questions they generate might require adjustments to the target population or the interventions, such as through the provision of additional supports. Therefore, these outcomes need to be identified early in the design process.

Given the focus on youth SSI recipients and youth at risk of receiving SSI, policymakers might want to select outcomes related to SSI. If the emphasis is on benefit reduction among SSI recipients, then the target population for the intervention would be current SSI recipients, and relevant outcomes could be SSI monthly or annual amounts, SSI receipt, or receipt of SSI work incentives. If an intervention targets youth SSI recipients ages 17 and younger, then a potential interest could be the outcomes of the SSI age-18 redetermination. If the emphasis is on SSI diversion, then the target population for the intervention would be youth at risk of SSI receipt, and the relevant outcomes would be applications to SSI and SSI receipt. For both types of outcomes, the evaluation would benefit from collaboration with SSA to obtain its administrative records to track these variables in the short and long term.

Other individual outcomes might be worthy of consideration, though any such outcomes should reflect the intended effects of a selected intervention. Education-related outcomes, such as high school completion, postsecondary education enrollment, training, credential gain, and educational attainment might be important, particularly given the strong links between education and employment. Health outcomes and those related to self-efficacy, satisfaction, future orientation, and empowerment might also be relevant for an intervention. In addition, if the intervention is focused on the family as well as the youth, then it might examine family or household employment, earnings, and service receipt.

Another strand of outcomes relates to the implementation of the intervention. Relative to the counterfactual, were youth more likely to receive any transition service or a specific type of service? Were they more likely to receive services from a provider, such as a VR agency? What challenges were there in implementing the intervention? These outcomes might also reflect service fidelity issues, intervention reliability and scalability, and program cost. The information obtained for these types of questions can help with the design and implementation of future interventions.

Finally, policymakers might be interested in aspects of an intervention that touch on systems changes, either within a program or between programs. Examples of research questions that might interest policymakers include the following: (1) what systems changes were needed for implementation? (2) how did state and local programs collaborate to promote the intervention? (3) what were the obstacles to collaboration on the part of state and local programs?

2. Create a conceptual model

The conceptual model, or how an intervention will lead to the outcomes of interest, can ensure that the test of an intervention answers the questions of interest. Conceptual models go by many different names (such as theories of change, roadmaps for change, logic models, and blueprints), but they all contain similar information: detailed short-term and long-term changes in outcomes, specification of intervention activities that will lead to those changes, the mechanisms for delivering those activities, and the capacities needed to implement an intervention. By clearly defining the relationship between activities and outcomes, key stakeholders (such as funders, program administrators, and service staff) are more likely to understand the importance of each program component. Following the YTD and PROMISE examples, funding agencies might propose a broad conceptual model of the intervention to be funded and the intended outcomes, from which individual programs could then build to develop localized conceptual models that are more specific about the activities they will pursue.

Alternatively, funders could propose a more detailed model to which local programs have to adhere.

Various tools can help policymakers and program administrators design a good conceptual model. Both the Annie E. Casey Foundation (Organizational Research Services 2004) and the Kellogg Foundation (2004) published easy-to-use guides to help those involved with local programs to develop models. The CDC maintains a list of publications related to logic models as part of its collection of evaluation resources (CDC 2018).

An important aspect of conceptual models is that they identify components of the intervention that can be measured, both for activities and outcomes. The model therefore becomes a way of designing the intervention evaluation, tracking activities that are expected. The PROMISE evaluation relied on the conceptual models developed by the individual programs to help measure what the programs intended to do against what they actually did. For example, Maryland PROMISE included in its conceptual model concrete and measurable expectations for case manager caseload size and weekly contact attempts, connections to service providers, planning documents, paid and unpaid work experiences, and services such as benefits counseling. The evaluation used the program's administrative data to measure and assess the program's adherence to its aspirations for service delivery, which were largely met through its first three years of operations (Kauff et al. 2018).

3. Pilot services as needed

Before intervention services are fully implemented, pilot service delivery can help ensure that there are no barriers to implementation and that recruitment yields are as expected. Running a pilot can help detect potential issues that could reduce the effectiveness of an intervention, and it can help identify the infrastructure needed for successful implementation. Piloting services before implementation at scale allows broad changes to be effected before substantial investments are made.

Though pilots may take time to implement and may delay the assessment of effects, they could ultimately reduce costs by identifying issues before they adversely affect the intervention. For example, GAO (2004) argued that running a smaller pilot of the Ticket to Work evaluation might have helped SSA identify problems that affected the program's overall effectiveness and develop solutions in response. Identifying these before full-scale implementation could have saved time and effort that was spent in evaluating the intervention. SSA applied this lesson by piloting the Benefit Offset National Demonstration before full implementation, which helped address challenges in administering the benefit offset (Wittenburg et al. 2013).

Piloting services can also be useful in identifying sites to include in the full evaluation. For example, YTD initially did a pilot of five sites, three of which were selected for the full evaluation. Projects were chosen based on "the capacity to serve the large number of youth required by the evaluation" (Fraker et al. 2014), which would have been difficult to accurately predict without observing program capacity during the pilot period.

B. Internal and external validity considerations

In selecting an implementation and evaluation design, policymakers must make key choices that will affect the reliability and generalizability of the estimated effects of the intervention. The most important of these is whether to use a randomized controlled trial (RCT) or an alternative evaluation approach. Although an RCT produces the most reliable estimate of the effects of the intervention among the study subjects, there are potential drawbacks to this approach. Quasi-experimental designs often cost less and involve fewer implementation hurdles, such as ensuring adherence to assigned treatment status.

1. Ensure internal validity

Internal validity refers to whether the effects of an evaluation are a reliable estimate of the true impact of the intervention among those who participate in the study. For an estimate to be internally valid, the counterfactual must be a reliable estimate of the intervention group's outcomes in the absence of the services. If the counterfactual is reliable, then the difference between observed and counterfactual outcomes is the causal impact of the intervention.

RCTs are the most certain approach for producing internally valid estimates for all subjects enrolled in the study. Because subjects are randomly assigned either to a treatment group (that receives the intervention) or a control group (that receives either no services or services as usual), any differences between the two groups are a result of the assignment to the two groups. If services to both groups are delivered with fidelity, then any differences represent the impact of the intervention. The control group is a valid counterfactual because subjects in that group represent what the treatment group would have looked like in the absence of the intervention. Both YTD and PROMISE used randomized controlled trials because they produce the most rigorous evidence on the effectiveness of an intervention.

In implementing an RCT, it is essential that those who are assigned to receive control services do not in fact receive treatment services. When the actual intervention received (treatment services and either no services or usual services) aligns with the assigned intervention (treatment or control), this is called adherence to random assignment. Non-adherence to random assignment (referred to as crossover or contamination) threatens the validity of the impact estimate because the control group no longer represents a valid counterfactual; when some subjects assigned to not receive the intervention actually do receive the intervention service, they no longer represent what the treatment group would have looked like in the absence of the intervention.

If using random assignment as the experimental design, it is important to determine whether to conduct random assignment at the individual or group level. Individual-level assignment is often preferred because statistical power is greater than under cluster-level assignment with the same number of study subjects. However, individual-level assignment can have major limitations. For example, if demonstration service providers or partners serve both treatment and control subjects, youth in the treatment and control groups can directly or indirectly affect each other, or can affect the broader community required for implementation. Cluster-level random assignment, such as random assignment of local offices, works better in these situations, but maintaining the same statistical power as individual-level random assignment would require more people and clusters to participate.

In demonstrations with volunteers, an overarching ethical concern is that some volunteers may experience harm due to disappointment if assigned to the control group. Study designs typically help the control subjects receive usual services (for example, via referrals to qualified providers) or provide scaled-down services that control subjects would not regularly receive (for example, a self-help guide). Study participants typically receive modest compensation for the burden of having enrolled in the study, regardless of treatment assignment. Nonetheless, disappointment can cause harm, particularly if the perceived value of the intervention is high and volunteers are psychologically fragile. The experience of YTD projects indicated that youth and parent concerns about random assignment were not prevalent and did not represent a significant barrier to recruitment (Fraker et al. 2014).

A common alternative to random assignment is a quasi-experimental design (QED). A QED compares those who receive intervention services to those who did not, but the selection into treatment and control groups is not random. For example, an intervention could involve a program in which slots are limited and based on need or other objective characteristics. An evaluation using a QED could compare individuals who just met the threshold (and so received the intervention) to those who just missed the threshold (and therefore were in the control group). For a QED to produce an internally valid estimate, the same basic requirement is necessary: those in the control group must represent a valid counterfactual for what those in the treatment group would have looked like without the intervention. Because the selection of treatment and control is non-random, this can be difficult to prove in a QED.

QEDs tend to be simpler administratively and less costly to implement than RCTs; they also do not introduce political issues about who is and is not able to receive the service. Adherence to assigned treatment status is less of a concern because a QED can compare those who received the intervention to those who did not, regardless of whether they were intended to receive the intervention. As long as there is information about receipt of services, perhaps collected through process analyses, and those who did not get services are a valid counterfactual for those who did, then the method of assignment does not affect the internal validity of the estimate.

The drawback of QEDs is that the main assumption necessary for internal validity is difficult to prove. It is essential to compare the treatment and control groups before the receipt of intervention services to assess the similarity of the two groups on observable characteristics. However, even if they look similar on those characteristics, one can never rule out that unobservable differences exist between those in the treatment and control groups. The characteristic that influences whether the person receives treatment services or no services may also influence the effectiveness of those services, such as motivation or things that cannot easily be measured by existing administrative or survey data. If such differences exist between the treatment and control groups, any differences in outcomes cannot necessarily be attributed to the impact of the intervention, which makes it difficult to draw inference about the effectiveness of the intervention.

Another evaluation approach is to compare outcomes for the same group of people *before* receiving intervention services to outcomes *after* they receive the services. Such a “pre-post” design requires that the pre-period outcomes represent a valid counterfactual for the post-period outcomes, thereby allowing a precise measurement of the causal impact of the intervention. Especially for youth and young adults, this assumption seems unlikely to be met because

changes in outcomes over time would likely occur simply because of aging. For example, if an intervention occurred over the course of the year the subjects were age 18, comparing earnings outcomes at age 19 to the same people's earnings at 17 would not produce a valid estimate of the impact because earnings at 19 tend to be higher than at 17 regardless of whether or not an intervention occurred. Instead, such evidence is a less reliable estimate of the effectiveness of an intervention, though it still can be informative.

2. Ensure external validity

External validity refers to whether the estimated effects from the evaluation are a reliable estimate of the impact of the intervention if implemented among a different group of people or in a different setting. Estimates with external validity should be replicable if implemented in other settings. External validity is especially important to policymakers as they consider whether to implement an intervention more widely. If the study has external validity, policymakers can be confident that when the intervention is implemented with a similar population in another location, the effects will be similar to those observed during the evaluation.

For the results of any demonstration to effectively mimic behavior among all SSI youth or a subpopulation, study participants must be representative of the overall population (or the subpopulation) of SSI youth. Achieving representativeness can be difficult for several reasons.

First, if the intervention is implemented in a particular set of geographic regions, it may not necessarily be generalizable to other geographic regions. SSI participation and other services available to youth differ across states and regions (Schmidt and Sevak 2017; Wittenburg et al. 2015), which could lead the effects of an intervention to differ depending on where it is implemented. Both YTD and PROMISE operated in multiple sites to ensure there was geographic variation in where the interventions were implemented.

Second, if the intervention is voluntary, beneficiaries who sign up to participate may differ from those who do not. Participation may be more likely among those who stand to gain the most from the intervention or who are better positioned to sign up, in which case the results of the intervention may vary if implemented more widely. To make the intervention more generalizable, implementers can try to oversample particular groups of the target population to make their characteristics closely aligned with as broad a population as possible.

C. Site and sample selection

Implementing an intervention involves the important process of selecting sites where implementation is feasible, determining the power needed for the evaluation, and identifying the sample for participation. We describe issues with each of these concepts below.

1. Select the site(s)

Once an intervention has been chosen, the precise location(s) for implementation must be identified. Several factors can play a role in site selection, including the size of the local target population, management capacity, willingness to implement research protocols, and local characteristics. For a detailed description of how site selection was implemented in the YTD evaluation, see Chapter IV of Rangarajan et al. (2009).

First, the target population within a site must be large enough to meet evaluation criteria. There must be enough people in the local catchment area to meet enrollment targets, accounting for the fact that not everyone who is eligible for the intervention will ultimately sign up. In YTD, one of the original sites (Mississippi) was not included in the national impact study because it was not able to serve enough youth (Rangarajan et al. 2009).

Second, sites should have substantial management capacity. The organizations that will lead the intervention should be well entrenched in the local area so they can adapt the intervention to its environment or work to adapt the environment to the intervention. Organizations will also need the experience and capacity to manage the demonstration. In particular, they will need to communicate directly with and manage the staff involved in delivering the intervention to participants. Organizations should have stable leadership with lead staff committed to delivering services consistently and as prescribed for the duration of the intervention. Stable leadership was a key criterion in the selection of YTD sites; a lack of strong leadership and high staff turnover resulted in the termination of one of the original sites.

Third, sites need to be willing and able to implement research protocols. Staff must be willing to implement the research design selected, which potentially includes randomly assigning youth to treatment and control groups. As discussed later in this chapter, assignment to a control group can lead to disappointment, but staff must be willing to assign people to the control group if that is what the research design entails. Staff must be willing to adhere to the assignment and not provide treatment services to anyone who is assigned to be in the control group. In YTD, one of the original sites was not included in the national impact study because it was unwilling to randomly assign youth to participate in the demonstration.

Fourth, it is important to consider local characteristics of the site. Some interventions might require existing supports; if so, sites could be selected conditional on the ability of those supports or the potential to add them. It may be useful to select sites that reflect diverse program and service environments from varied geographic regions in order to maximize external validity. Additionally, sites included in the demonstration should not have ongoing demonstrations that target similar groups of people. If intervention participants are also receiving services from other interventions, disentangling the effects of each one can be difficult. Even if the individual people who participate are required to not participate in other interventions, ongoing interventions in the local area would affect the people eligible to participate; those remaining who are eligible may not be representative of other areas in the country, in which case the findings would not be replicable.

2. Determine the sample sizes needed to detect effects

With any evaluation design, sample sizes must be large enough to provide sufficient statistical power to detect impacts large enough to be meaningful to policymakers or practitioners. Given too few cases, the impact of an intervention must be very large in order to be detectable, and that impact might be unrealistic. Given too many cases, the impact estimate will be more precisely estimated, but at the expense of cost and participants. The goal is to find the right sample size for an intervention's implementation, given its evaluation design and the expected impact on each of the outcomes of interest (that is, the minimum detectable effect). Conducting valid and informed power calculations can help make decisions about the sample size needed.

To inform the power calculation, it is useful to come up with an estimated effect size for the outcomes associated with the intervention. Once that is determined, then required sample sizes and an enrollment target to reach that effect size can be inferred. Research often overlooks the distinction between economically important and statistically significant effect sizes, though the difference is important to inform policy.

3. Identify the sample

After designing the intervention, determining the sample needed, and setting up the infrastructure to deliver services, the next step is to recruit participants and enroll them into the intervention. Participants may be volunteers, or they could be enrolled automatically if an Institutional Review Board deems that the intervention has no capacity to do harm. Interventions that connect multiple systems have additional considerations for recruiting participants and designing the intervention.

Many potential demonstrations require the use of volunteers to adhere to ethical standards in research. The Common Rule sets out research requirements for obtaining and documenting the informed consent of human subjects as well as requirements for assuring compliance. Informed consent is necessary if there is the potential for adverse effects from participation in the intervention relative to the status quo, and may be required generally. People may sign up for a demonstration because they think that the demonstration is particularly likely to help them, which can affect the generalizability of the findings; as described in Section B.2 of this appendix, the effects of the intervention may differ when implemented more broadly to include people who are dissimilar from those who choose to sign up.

In addition to concerns about generalizability, volunteer enrollment rates should be high enough to ensure that there is a high probability of statistically detecting a significant effect, if one exists. The size of a target population within a given geographic area is not the same as the number of people who will take up an intervention. Enrollment rates for PROMISE, for example, ranged from 16 percent to 43 percent using an active outreach that relied on lists of youth SSI recipients provided by SSA (Honeycutt and Livermore forthcoming). Enrollment of volunteers will entail considerable, active effort on the part of program staff.

To improve enrollment rates, a demonstration could draw on lessons of behavioral science to use creative recruitment approaches. A pilot period could also be useful to test the effectiveness of different recruitment strategies. Also, use of enrollment goals, tracking, and intensive technical assistance benefited the enrollment in both YTD and PROMISE programs (Fraker et al. 2014; Kauff et al. 2018).

For interventions that seek to improve collaboration and delivery of services at the systems level, an alternative design might be needed that does not rely on individual-level random assignment and enrollment. Designing the evaluation in this setting introduces new challenges in connecting various agencies and services across the whole service environment. Individual random assignment may not be feasible—for example, if the same staff works with people in both the treatment and control groups, and if staff may be tempted to provide treatment services to their control group members if the intervention is thought to be helpful. This control group contamination would then threaten the validity of the study, and could have the perverse result of suggesting the intervention has no effect because there would be no differences between

treatment and control groups if both got the intervention. This approach could be applied when the intervention involves several people in an administrative unit, or procedures that are natural to implement at the group level.

Instead, system-level tests might be most successful if using cluster-level random assignment, perhaps by assigning offices, or if using a pre-post design. An important distinction is that every individual meeting certain criteria is considered a participant and may or may not receive the intervention, and informed consent (and enrollment) is not required. A pre-post design would likely compare outcomes of people in the offices *before* the intervention went into effect with different people who were in the offices *after* it went into effect. As discussed in the section on internal validity, pre-post designs are not ideal for comparing the same individual over time because factors such as age can affect individual outcomes over time. Alternatively, entire clusters (such as offices) are assigned to provide an intervention to all individuals served in that cluster (that is, cluster-level assignment), rather than random assignment at the individual level. For example, the SGA Project evaluation randomly assigned VR agency offices to either a usual services group or an enhanced services group; all new VR applicants who were SSDI beneficiaries received either enhanced or usual services based on the office where they received VR services, and informed consent was not needed (Sevak et al. 2017a, 2017b).

The use of clusters comes with a statistical disadvantage relative to assignment of individuals, however: loss of power to detect small but possibly important effects. More specifically, the minimum size of the effects of the intervention that can be detected with a high probability is larger than under assignment of individual clients. This is due in part to the relationship of the outcome of interest with local environmental effects (such as labor market composition) or with how staff in each unit operate. Analysis of historical data illustrates the loss of power relative to random assignment of clients.

D. Data options

Measuring the effectiveness of an intervention relies on having complete and accurate data on key outcomes for those who participate. There are trade-offs between using administrative and survey data to conduct the evaluation. Early in the intervention planning process, policymakers should determine whether administrative data, survey data, or a combination best captures outcomes as determined by the conceptual model.

1. Access administrative data

Administrative data have several advantages for use in an evaluation. They are more accurate and less costly than survey data, they place less burden on participants, they can be frequently reviewed, and they might be more complete (that is, represent 100 percent of participants). However, administrative data might not contain complete information on the intervention or on the variables needed to answer the key research questions. If an evaluation cannot use any administrative data for the key variables, that will raise the cost of the evaluation.

Gaining access to all administrative data, however, may be difficult. Though it might be easy to access local program data, obtaining federal administrative data, such as SSA data on benefit receipt and earnings, might be more difficult. A plan to acquire administrative data should be developed early in the demonstration planning, as establishing data sharing agreements

can be quite time-consuming due to the sensitivity of agencies' sharing their personally identifiable information.

2. Collect survey data

Survey data might help supplement administrative data, especially for variables not captured by administrative data, such as health, self-determination, and nonwage compensation. These data could be useful in assessing impacts of the intervention. They could also provide a richer set of participants' baseline characteristics to control for in estimating the effects on key outcomes.

If survey data are to be collected, it is important to select variables of interest and carefully design the questions to address these variables, while being mindful to keep the survey length reasonable to minimize participant burden. Variables should be chosen based on importance from a policy perspective, the likelihood of finding impacts, and whether the information gained from survey data differ sufficiently from administrative outcomes to warrant data collection.

Implementers must determine whether to gather baseline data from participants. In a randomized controlled trial, baseline data is not strictly necessary because random assignment ensures that the groups should be balanced. It is still nonetheless common to measure baseline characteristics to demonstrate balance. In a quasi-experimental design, baseline data are required to demonstrate that the control and treatment groups are similar before the intervention occurs, which lends credibility to the validity of any estimates. Baseline data also provide descriptive characteristics of the study participants and help program staff with service provision. If the intervention requires volunteers, baseline data collection can be relatively inexpensive if the information is collected during enrollment.

3. Time the data collection

A plan should be made for how frequently to collect follow-up survey data. Data are typically gathered following the completion of intervention services to measure the impacts when they are likely to be greatest; people will have received the complete dosage of services, without having had time for the effects to potentially dissipate. The timing of data collection may also depend on the length of the intervention and whether impacts will be measured while the intervention is ongoing—for example, to conduct an interim impact analysis. It can also be useful to gather data several years after the intervention is complete to detect whether the intervention has long-term impacts. The frequency of follow-up data collection can depend on whether administrative data are used; if the main outcomes of interest are administrative, it is easier to conduct multiple rounds of analysis than if data need to be collected through a survey. Also, all rounds of data collection do not need to use the same outcomes. For example, it may make sense to conduct a survey for the follow-up period, while relying on administrative data for baseline analysis.

E. Additional implementation and evaluation considerations

Designing, implementing, and evaluating an intervention involve additional considerations not yet covered. In this section, we discuss the time frame over which the intervention will be implemented, monitoring service delivery, rapid cycle evaluation options, and reporting results.

1. Establish a time frame

Selecting an appropriate duration for the intervention is important to ensure that it generates meaningful results. A shorter intervention often provides quicker results, which can be beneficial if the goal is to implement widely and more quickly. However, the intervention may require a longer time frame to generate impacts. First, impacts may not emerge from a small dosage of services, and to provide the larger dosage may require more time. Second, it might take time for impacts to emerge, particularly if the primary outcome of interest is sustained employment. Hence, it is often useful to analyze interim impacts on short- or medium-term outcomes to better understand how the intervention is progressing, and to project longer-term impacts from the findings.

An alternative consideration on the time frame involves the duration of an intervention from the participant's perspective. Participants who know that the supports provided through an intervention are limited might be less likely to make a behavioral change than if they knew those supports would be available for a longer period, or even permanently.

2. Monitor service delivery

Service delivery is an important aspect of the success of an intervention. A program that fails to deliver services or whose participants drop out will have more difficulty achieving its outcomes. Concrete, measurable services can lead to concrete, measurable outcomes, and tracking both can help program management and service staff deliver services with fidelity to the intervention's conceptual model. Moreover, monitoring service delivery and ensuring that services are delivered as intended also means that the implemented intervention should be substantially different that the status quo of usual services and supports available to the comparison group.

Regular and consistent monitoring will allow program staff to identify early any gaps or implementation challenges amenable to adjustment or technical assistance, which will improve the intervention and maximize replicability and sustainability. The actual implementation of any intervention might deviate from its design. Deviations 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 staff training. Thus, a careful assessment of fidelity to the planned intervention—that is, the extent to which the program was implemented as intended, and if it was not, in what ways and for what reasons—is critical for any evaluation.

If the evaluation can measure service delivery of the comparison group during the intervention (with administrative data, for example), it could ensure that the intervention does not create opportunities for comparison group subjects to obtain services and supports that are comparable to the intervention. For instance, this situation might occur because non-intervention providers adopt the intervention or demonstration treatment providers deliver the intervention to some control subjects.

Three important lessons derive from YTD regarding service delivery and service fidelity. First, defining and measuring outcomes is an important accountability tool. This lesson emerged both from observing the original YTD projects and through the impact analysis of the projects that participated in random assignment (Martinez et al. 2010; Fraker et al. 2014). Second, the

random assignment projects that provided more substantial doses of services to youth, including employment services, were more likely to improve key transition outcomes in the short to medium term (Fraker et al. 2014). This lesson underscores the need to monitor service delivery to ensure that the intervention is implemented as intended. Third, staff from the random assignment projects benefited from technical assistance and monitoring tools by keeping them focused on delivering activities relevant to their interventions (Fraker et al. 2014).

3. Use rapid cycle evaluation

As the intervention is implemented, rapid cycle evaluation can be a useful tool to test activities and outcomes in a rigorous but timely fashion. Rapid cycle evaluation uses a similar analysis methodology as a general impact analysis framework; it differs only in the timing and the outcomes analyzed (Cody and Asher 2016). An important feature of rapid cycle evaluation is that it provides information at an early stage of development so that the intervention can be improved. For example, rapid cycle evaluation can help answer whether recruitment strategies are more or less effective at enrolling volunteers while recruitment is occurring or whether services are being delivered as intended. Rapid cycle evaluation is also particularly useful in evaluating behavioral interventions that are expected to yield immediate results. Rapid cycle evaluation is not ideal for long-term outcomes because the effects on key outcomes of interest, such as employment, may take some time to emerge. The technique can be used to assess whether the intervention is working as intended through early results on activities and short-term outcomes.

Rapid cycle evaluation involves testing the effects of an intervention on an easy-to-measure outcome over a short time frame. The outcome should be already captured as part of administrative processing so that it can be evaluated quickly and easily. For example, if service providers record data on the services that they provide in real time and the data can be easily accessed, then a rapid cycle evaluation could analyze how much more likely, if at all, those assigned to treatment are to get the services associated with the intervention.

Conducting rapid cycle evaluations can be useful to test smaller components of an intervention and potentially modify approaches based on immediate feedback. If services are piloted, rapid cycle evaluation can be helpful in understanding barriers to service delivery so that these barriers can be addressed and give the intervention the greatest chance of success. It can also help document service fidelity to later link any longer-term impacts with the underlying mechanism.

Another advantage of rapid cycle evaluation is that it could shorten any proof-of-concept pilot. In other words, it could be used during the pilot phase to identify implementation successes and challenges and to address problems as they emerge, thereby assisting policymakers to reach a level of confidence to move toward a larger test of the intervention.

4. Report results

To significantly influence policy, it is important to effectively communicate the results of the intervention throughout implementation. The timing and content of the results will depend on the audience. During the early phases of implementation, the funder, program administrators, and service delivery staff require information on the success and challenges of implementation

through early assessment and formative reports. As noted, this information can help redirect and improve implementation to deliver the best version of the intervention possible. Reports on early impacts can provide initial indications of the success of an intervention, and reports on long-term outcomes contain more definitive findings on the effects of the intervention. All of these types of reports offer important perspectives on whether and how to proceed with implementing the intervention in other locations.

For all reports, strategies can be used to communicate clearly with policymakers and other intended audiences to increase the likelihood of the results being noticed. For example, issue briefs, executive summaries, and the use of effective graphics can help reach people who do not have the time or energy to read long reports. The use of social media and videos can also help increase audience access to the results. Interventions have the greatest policy impact only if others can easily access and understand the implications, in addition to having meaningful results.

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