



# The Family Empowerment Model: Improving Employment for Youth Receiving Supplemental Security Income (SSI)

April 30, 2021

Catherine Anderson,\* Ellie Hartman,\*\* and D.J. Ralston\*\*\*

---

\* University of Wisconsin-Stout

\*\* Behavior Evaluation Consultation, LLC

\*\*\* The George Washington University

*The U.S. Department of Labor's Office of Disability Employment Policy funded the SSI Youth Solutions Initiative. The project sought potential solutions to improve employment outcomes for young adults ages 14 to 24 who apply for or receive Supplemental Security Income. This report is one of 12 developed for this project.*

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

## Acknowledgements

This report was prepared for the U.S. Department of Labor (DOL), Office of Disability Employment Policy, by Mathematica, under contract number 1605DC-18-A0020. The views expressed are those of the authors and should not be attributed to DOL, nor does mention of trade names, commercial products, or organizations imply endorsement of same by the U.S. Government.

The authors thank the leadership and staff at the Wisconsin Division of Vocational Rehabilitation and related state partners involved with implementing the PROMISE project. Specific thanks to Wisconsin's Board for People with Developmental Disabilities and the Waisman Center at the University of Wisconsin for developing the PROMISE family training and advocacy services. The authors recognize the innovation of the Wisconsin PROMISE family advocacy staff who served as pioneers, demonstrating the usefulness of their lived experience as mentors in helping other families navigate transition services. This interventional work was key in informing elements of the proposed SSI Youth Solutions model. Likewise, the authors also thank Dr. Maureen McGuire-Kuletz and George Washington University for their encouragement and support in incorporating integrated resources teams into the model. In addition, the authors appreciate the comments and support of staff from ODEP and its federal partners, Mathematica project staff, and two anonymous peer reviewers who reviewed earlier drafts.

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

## **Abstract**

This paper proposes a model that provides a systemic infrastructure to change the current trajectory for youth receiving SSI and facilitate a path to effective engagement in transition services and employment outcomes into adulthood. Youth receiving Supplemental Security Income (SSI) face multiple challenges in accessing necessary support services, including employment services. The Family Empowerment Model uses a combination of evidence-based and novel solutions involving (1) targeted outreach to youth receiving SSI and their families, (2) family empowerment specialists, and (3) integrated resource teams that strategically connect eligible youth with relevant employment supports and provide peer-based systems coordination to improve access, engagement, and outcomes. Targeted and increased engagement with this population can improve youth outcomes in educational achievement, employment, and financial self-sufficiency (Hartman and others 2019). The strategies recommended in this paper encompass two evidence-based practices and one emerging practice, collectively designed to address current systems fragmentation challenges and create a comprehensive model to engage, empower, and propel youth receiving SSI on a pathway to long-term employment.

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

## I. Introduction

Empowerment has been defined as “the process of gaining freedom and power to do what you want or to control what happens to you” (Cambridge Dictionary n.d.). It is the ultimate objective of the Rehabilitation Act of 1973, further reinforced in the Workforce Innovation and Opportunity Act of 2014 (WIOA). That legislation offers equal opportunities for youth with disabilities to achieve integrated community experiences and economic and financial independence yet acknowledges that many individuals with disabilities require services and support to fully participate in the classroom and workforce. As the government, communities, and businesses recognize the diverse skills and experience that people with disabilities contribute, access to these services is critical in addressing both workforce demand and supply needs (Stewart, Shanbacker, and Wills 2013). However, the public programs designed to assist youth in achieving successful employment outcomes are often complicated to access, unknown to those who could benefit, and confusing to navigate once engaged. These challenges are particularly relevant for those experiencing poverty, as both the time and financial resources needed to traverse systems can be scarce, contributing to disempowerment and marginalization.

### A. Policy proposal and motivation

Teenagers with disabilities represent a large untapped talent pool for employers, resulting in missed opportunity for improving economic mobility. Even with increased training and employment services available, youth with disabilities experience difficulties in navigating complex systems, which can negatively impact their engagement and lead to their disconnection from the labor force (Schuster, Timmons, and Moloney 2003). In 2019, 16- to 19-year-olds with disabilities had an employment rate of 17.4 percent, compared with the 31.1 percent rate of their counterparts without disabilities (Bureau of Labor Statistics 2020). Among 20- to 24-year-olds, the employment rate for individuals with disabilities was 37.8 percent, almost half that of those without disabilities (67.4 percent). Employment rates for working-age adults (ages 18 to 64) receiving Supplemental Security Income (SSI) are typically even lower than employment rates for those with disabilities more broadly, which were as low as 5.4 percent in 2017 (Winsor and others 2019). Despite the availability of postsecondary transition plans in individualized education programs (IEPs) and pre-employment transition services through WIOA, many youth receiving SSI and their families remain disconnected from these resources (Fraker and others 2014; Hartman and others 2019).

As an example, the Social Security Administration (SSA) does not currently have a systematic way to connect youth receiving SSI with the public vocational rehabilitation (VR) program. Though most recipients ages 14 to 18 are presumptively eligible for VR services, less than 1 percent had an open case with this public program in 2015 (Government Accountability Office 2017). Rangarajan and colleagues (2009) noted that between 2000 and 2009, more than half of young adults ages 19 to 23 receiving SSI were not enrolled in education programs, were unemployed, and were not receiving VR services, and approximately one-fifth had been arrested. Therefore, a contemporary approach to service design and delivery is essential to better connect this population with the support necessary to increase the achievement and maintenance of substantial, gainful employment.

The proposed model builds on research-based findings and lessons learned through the Wisconsin Promoting the Readiness of Minors in Supplemental Security Income (PROMISE) project and leverages the existing infrastructure to expand and sustain PROMISE-like services to youth receiving SSI and their families. To address the systemic disconnection of youth receiving SSI and improve their employment outcomes, this project proposes a family empowerment model with three main components:

1. **Targeted outreach** to youth receiving SSI and their families through both direct contact and community-based outreach. Direct contact includes mailings, postcards, emails, texts, phone calls, and in-person visits informing youth and their families about employment services, including VR, school transition services, school-to-work programs, WIOA Title I youth services, youth apprenticeship and internship programs, and other similar locally available employment and training services and supports. Community-based outreach includes organizing community outreach events and sharing information through existing community events and information-sharing processes. At this time, there is insufficient knowledge about what type and sequence of outreach is best, so differing types of outreach should be tested to determine which are most effective and account for variation among communities. Wisconsin PROMISE researchers found that mailings followed by reminders in the form of postcards, emails, and texts were sufficient for getting some youth and families to respond, whereas other youth and families did not respond until research staff reached out via direct phone calls and, occasionally, through in-person (door-to-door) outreach (Hartman and others 2019; Selekman and others 2018).
2. **Family empowerment specialists (FESs)** to engage and empower youth and families. A key role for FESs is to ensure that youth and families are informed about available school-to-work transition services. FESs have lived disability experience and use a person-family centered, motivational interviewing, and trauma-informed approach to enhance working alliance, trust, and cultural responsiveness.
3. **Integrated resource teams (IRTs)** to assimilate and align transition resource support for youth and their families. IRTs coordinate and connect youth to needed employment supports including pre-employment transition services, paid work experiences, SSA work incentives and benefits counseling, and financial empowerment and asset-building resources. The approach is consumer driven, facilitates cross-program collaboration, and involves multiple service programs collaborating around youth's needs to achieve their employment goals.

The Family Empowerment Model (FEM) presents an ideal option for youth and families with complex resource needs who may be overwhelmed and disempowered by programs intended to help people living in poverty, such as SSI and Medicaid. The model promotes strategies that have been demonstrated as reasonable and feasible independently. For example, the PROMISE national demonstration provided targeted outreach, integrated case management, and family advocates, resulting in significantly increased early employment outcomes (Hartman and others 2019). This proposed intervention would expand and sustain the program supports identified in the PROMISE demonstration, as well as add IRTs for additional supports. The Rehabilitation Services Administration's (RSA's) Targeted Communities project implemented IRTs for transition-age youth with disabilities. Combining these strategies in an innovative manner is feasible and strengthens the

model by creating a robust and holistic approach to engaging and supporting youth receiving SSI and their families in meeting their long-term employment goals.

## **II. Background**

Youth receiving SSI face multiple challenges in accessing necessary support services. According to Davies and colleagues (2009), almost one-third of the parents of youth receiving SSI have less than a high school education, and half of these youth live in households with at least one other person with a disability. Furthermore, youth receiving SSI and their family members often lack basic information on work incentives that could enhance self-sufficiency (Davies, Rupp, and Wittenburg 2009).

With building evidence, research continues to demonstrate that youth development during the teenage and young adult years does not happen in a vacuum. Family support and engagement can enhance youth's education, employment, independent living, and financial self-sufficiency in adulthood (Sharabi and Marom-Golan 2018; Wehman and others 2015). In efforts to enhance family engagement, the need to use culturally sensitive approaches is clear, especially with youth and families from minority backgrounds (Saleeby 2014b). Family supports that consider the local culture can enhance families' expectations and, ultimately, the outcomes of youth with disabilities (Daly and others 2015; MacPhee, Miller-Hey, and Carroll 2014). The use of trauma-informed approaches that inherently support cultural sensitivity, in combination with the use of evidence-based approaches by FESs with lived disability experience FESs with lived disability experience, , can promote the value and benefits of work. They can also help youth and families navigate support systems, making work possible while ensuring that youth and families have access to necessary services, health care, and support.

Community-based approaches can support youth's development by enhancing positive identity, self-sufficiency skills, and supportive relationships (Lemberger and Clemens 2012; Walker and Gowen 2011). A positive working alliance is crucial for successful outcomes (Lundahl and others 2010; Lustig and others 2002). Alliances require an ongoing, balanced exchange of communication. Many contemporary evidence-based and promising practices focus on promoting alliances through engagement (Lequerica and others 2006). Engagement involves helping people express their perspectives clearly, as well as helping them to assess their satisfaction with their life situations, or their wish to make changes, and to examine their options for making change. Some of the greatest challenges for youth include feeling motivated to change and believing that one has the capacity to be successful. Iwanaga and colleagues (2019) found that motivation and outcome expectancies positively influence engagement in the VR process.

People, including teenagers transitioning from school to adulthood, approach life changes differently. Grounded in over 35 years of research, the Transtheoretical Stages of Change model provides a framework to engage and empower youth and families through an integrative, biopsychosocial approach that conceptualizes and measures intentional behavior change (Norcross, Krebs, and Prochaska 2011; Prochaska and DiClemente 1983). The Transtheoretical Stages of Change model combines key constructs from other theories into a comprehensive theory with flexible application across a variety of populations and settings. Given that only an estimated 20

percent of individuals are ready for action at any given time (Norcross, Krebs, and Prochaska 2011), change theory focusing solely on action is misguided and misses opportunities for earlier engagement. The key stages of change are precontemplation (not ready in next six months; presents as resistant or unmotivated), contemplation (intending action in next six months; presents as ambivalent), preparation (ready to engage), action (engaged), and maintenance (persistent engagement). Evidence-based strategies such as motivational interviewing, person-centered planning, and trauma-informed care are effective in supporting movement from earlier stages into action (Farro, Clark, and Hopkins Eyles 2011; Hartman and others 2019; Levoy, Salani, and Buck 2019; Manthey, Jackson, and Evans-Brown 2011; Schlegelmilch and others 2020).

Motivational interviewing, person-centered planning, and trauma-informed care can increase the employment expectations and engagement of youth. Motivational interviewing, for example, can increase youth's likelihood of seeing the potential of creating change, including getting a job (Torres, Frain, and Tansey 2019). When implemented with fidelity, motivational interviewing can prompt youth to talk more about why they want to work, which increases their likelihood of working (Miller and Rose 2009). Motivational interviewing is a person-centered approach, increasing the working alliance between youth and the professionals providing employment services (Torres, Frain, and Tansey 2019). Person-centered planning adapts to culturally diverse youth, ensuring that career planning focuses on their goals and desires, thus discovering jobs that align with their skills and interests and further increasing their motivation to work (Hasnain, Sotnik, and Ghiloni 2003). Finally, trauma-informed care aims to provide a safe, comfortable environment by removing possible trauma triggers for youth or members of their families who have experienced one or more types of trauma (Costello and others 2002; Ko and others 2008). Experiences of trauma are more likely for youth and families living in poverty and coming from minority backgrounds (Marcin and others 2003). The use of trauma-informed approaches emphasizing respect, empowerment, and community connections in public programs has also been shown to improve outcomes for populations facing multiple and complex challenges (Bombard and others 2018; Booshehri and others 2018; Overstreet and Chafouleas 2016).

#### A. Challenges experienced by youth receiving SSI and their families

Youth receiving SSI and their families are living at the intersection of poverty and disability, both of which shape and influence the youth and family's landscape. The effects of poverty are complex, including immediate income and earnings needs and extending to influence longer-term health outcomes, educational access, food and housing security, and social and economic isolation (Anderson, Owens, and Nerlich 2017; Halfon and others 2014; Nye-Lengerman and Nord 2016). Poverty also permeates family systems, with generational poverty (commonly defined as a lack of multiple resources for more than one generation) resulting in increased risk for poorer physical and mental health (Emerson and Hatton 2007).

Youth with disabilities are less likely to explore work and acquire a job when familial expectations are low or their families have a limited view of their possible employment options. Family engagement and peer-to-peer support can change what youth and families believe is possible. High school employment experience and parental expectations are the strongest predictors of

postsecondary employment (Wehman and others 2015). Family training and coaching aimed at increasing the belief that work is possible can move youth and families from precontemplation and contemplation to preparation and action (Molfenter and others 2017; Hartman and others 2019).

Additionally, difficulties in navigating transition services and supports may prevent youth from fully realizing employment outcomes (Schuster, Timmons, and Moloney 2003). Administrative rules regulating access to public benefits and services present challenges to recipients in completing necessary paperwork and reporting requirements. Limited service hours and locations, rigid rules, and other administrative considerations present a variety of personal and administrative burdens (Burden and others 2012; Herd and others 2013). Targeted outreach and systemic information sharing may ease learning burdens regarding awareness and program identification, and individualized support may help ease compliance burdens. For example, asking someone to provide verification of their income increases compliance cost, whereas using administrative processes to verify the information can reduce administrative burden (Sommers and others 2012). Providing individualized support to complete program applications can also reduce administrative burden and increase access and program participation (Aizer 2007).

## B. Existing programs designed to help youth receiving SSI

A network of comprehensive transition services and supports currently exists for youth receiving SSI. WIOA places a specific focus on serving youth, including requiring VR agencies to offer pre-employment transition services. These services are available through state VR programs and local job centers and are implemented in partnership with secondary schools, where IEP postsecondary transition planning can start as early as age 14. Poverty programs, such as the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and Department of Housing and Urban Development programs, assist youth and their families in meeting basic needs such as financial and child support, food, and housing, though they have an increasing focus on employment services and support.

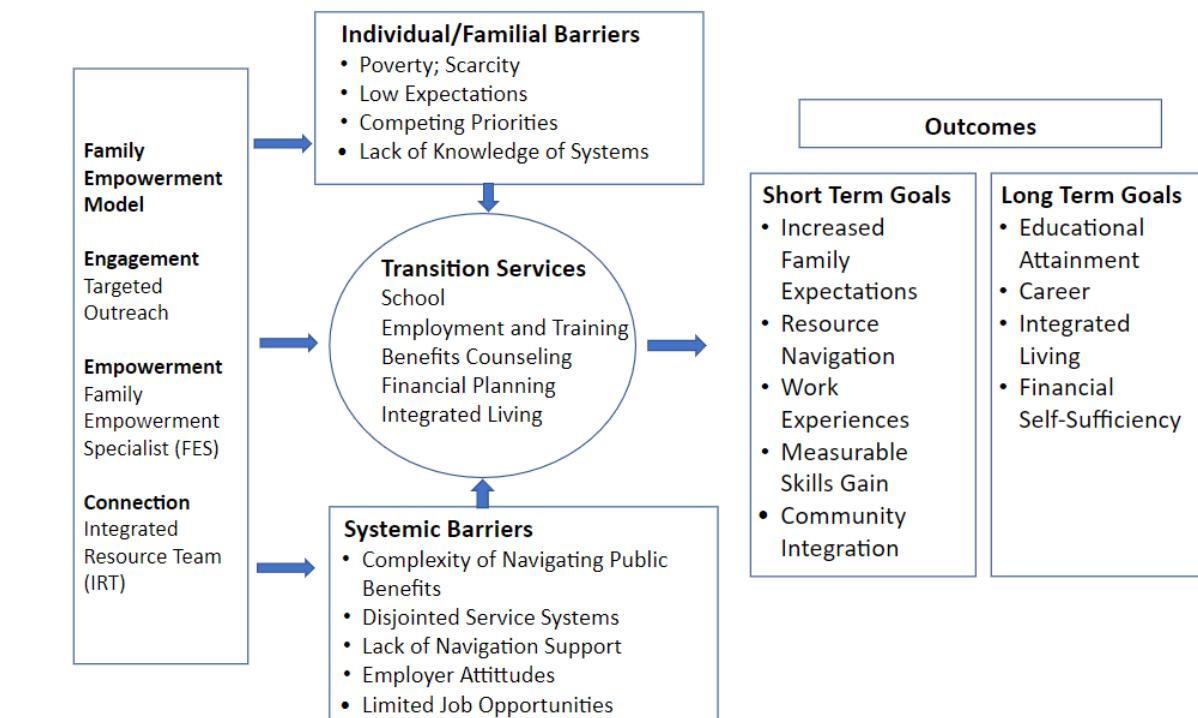
However, the programmatic landscape involving SSA, schools, VR, community-based service providers, and other providers presents a maze of complex and often disjointed services. Despite their eligibility, transition-age SSI recipients and their families are often disconnected from these services, and access to systems and programs is frequently fragmented (Hartman and others 2019; Livermore and others 2020). Strategic federal and state partnerships can address gaps in access by intentionally connecting youth and family members to programs and establish a path to interagency resource coordination.

Collaboration across existing federal and state partners and programs will support a cohesive and coordinated approach to transition service implementation. Because an infrastructure of supports already exists, and adding a new program or support may increase the complexity of systems and supports, changes should be focused on increasing engagement with and easing the navigation of existing services and supports. The following section provides a detailed description of how the FEM will assist youth and families to better engage with existing services and systems and ultimately improve the postsecondary outcomes of youth receiving SSI.

### III. Detailed description of the policy proposal

This section provides an overview of the intended target population, along with detailed descriptions for each of the key interventions proposed in the FEM. Collectively, the information illustrates how the strategic coordination and implementation of two evidence-based practices and one novel practice can better engage youth receiving SSI and their families in employment-focused programs, resulting in improved financial empowerment and economic outcomes. The FEM logic model depicts how each component of the model and the surrounding context can influence postsecondary education or training, long-term employment, greater financial stability, and reduced poverty (see Figure 1). Historically, youth receiving SSI have had difficulty achieving these outcomes because of individual, familial, and systemic barriers (Schuster, Timmons, and Moloney 2003). The FEM addresses these collective barriers through a coordinated series of activities, services, and supports to engage and empower youth receiving SSI and their families.

**Figure 1. Family empowerment logic model**



#### A. Target population and identification

Youth between the ages of 14 and 24 receiving SSI benefits, along with their families, are the primary target population in this proposal. SSA and the local state Medicaid agency will be responsible for providing contact information for eligible youth. The goal is to implement strategic and systematic targeted outreach when youth are between 14 and 16 years old. Engaging youth early in the transition process, as early as age 14, is associated with better employment outcomes (Cimera, Burgess, and Bedesem 2014).

## B. Implementation of the Family Empowerment Model

The FEM consists of three strategies: (1) conducting targeted outreach, (2) connecting youth and their families to FESs, and (3) coordinating transition services through IRTs. The goals of the FEM are to improve engagement and coordination with transition services to subsequently improve the long-term employment outcomes of youth receiving SSI. Secondary goals include increasing self-sufficiency and reducing chronic poverty.

### 1. Strategy 1: Targeted outreach

Targeted outreach is needed to connect youth and families to services and supports, promoting preparation and action. The PROMISE project, which used targeted outreach to enroll a substantial portion of the eligible population of youth receiving SSI in identified sites into a program aimed at increasing their employment, demonstrated the effectiveness of this strategy (Mamun and others 2019). Targeted outreach consists of a two-prong approach. First, the agency employing FESs will aim to enter data-sharing agreements with SSA and/or the state Medicaid agency to obtain contact information for youth receiving SSI and their families. FESs will use this information to proactively reach out to youth receiving SSI and their families. FESs will mail information packets with pre-stamped and addressed return envelopes, mail postcards, email, text, call, and visit eligible youth receiving SSI and their families. Second, FESs will conduct outreach in partnership with local community organizations. FESs will organize frontline, neighborhood-focused community outreach events and partner with local community organizations to provide outreach via existing community events and/or outreach and information-sharing opportunities.

### 2. Strategy 2: Family empowerment specialists

Family support provided by those with similar lived experiences, such as FESs, is critical to youth's development and engagement (Sharabi and Marom-Golan 2018; Wehman and others 2015). Furthermore, cultural and psychosocial supports enhance the family expectations and outcomes of youth with disabilities (Daly and others 2015; MacPhee, Miller-Hey, and Carroll 2014; National Academies of Sciences, Engineering, and Medicine 2015; Saleeby 2014a). After connecting to youth receiving SSI and their families via targeted outreach, the FESs will develop strong working alliances with youth and families based on trust, flexibility, follow-through, high expectations, and meaningful participation to help moderate trauma impact and support improved outcomes in education, employment, and financial sufficiency using a peer-based and supportive approach (Anderson and others 2021; Carter and Blanch 2019). As they build these alliances, that trust will increase the likelihood that FESs will connect youth to existing transition services and supports, including VR services. IRTs will work with the youth and their families to coordinate transition services, leading to improved employment outcomes (Hartman and others 2019; Iwanaga and others 2019).

FESs will work with youth and families on increasing expectations and navigating transition services and supports until those youth and families are ready to move to their IRT. This is an individualized process that depends on the youth's age, situation, needs, and goals. The goal of FESs' services is to empower youth and families to move forward in the transition process through their IRT. Although time spent with the FES will be individualized on the basis of need, FESs should aim to transition

youth and families to an IRT no later than two years after youth start working with the FES. This will allow time to increase expectations and help with systems navigation, as well as allow for caseload movement so that FESs can work with more youth receiving SSI and their families. The FES will use motivational interviewing to ensure youth and families are ready for the transition to their IRT within this two-year time frame.

The qualifications of FESs include having lived experience as either a youth or family member who has navigated disability transition services in their local area and having the skills and flexibility to work with the existing transition service system. The FES has three primary responsibilities: (1) increasing the expectations of youth and family concerning education, employment, and financial self-sufficiency; (2) assisting youth and families in navigating transition services and supports; and (3) connecting youth to IRTs comprising existing transition and employment service providers.

Training, onboarding, and continued technical assistance will teach and maintain FESs' skills in person-centered planning, motivational interviewing, trauma-informed care, increasing expectations, self-determination, advocacy, and service navigation, all of which will help FESs to establish trust and increase empowerment. Initial training can utilize and build on an already established three-module format developed and used in previous research projects (Hartman and others 2019; Molfenter and others 2017). The first learning module covers employment planning for families, creating positive descriptions of youth with disabilities, and identifying their interests, transferable skills, and ideal conditions for work. The concept supports the theory that people find jobs by focusing on their interests and strengths, not their deficits. The same should hold true for youth with disabilities. Each youth has interests and strengths that can help employers. Discovering these strengths increases the likelihood of raising youth and family employment expectations and ultimately finding the right jobs for youth. The second learning module emphasizes overcoming barriers to employment by navigating transition services, including education and training, job seeking, and job supports; overcoming employer concerns; and figuring out transportation. The third learning module focuses on identifying potential careers, considering potential employment opportunities, and outlining next steps—all formative components of preparing for change.

To achieve impacts, FESs will need to be culturally responsive. FESs' lived experiences within the same neighborhoods as the youth and families they are serving will help them respond in culturally relevant ways, but additional training and technical assistance will enhance their ability to respond to youth and families from a variety of backgrounds and cultures. FESs should receive training in diversity, equity, and inclusion, with specific emphasis on diversity in terms of disability, race, ethnicity, and socioeconomic status (Wilt and Morningstar 2018). Wisconsin PROMISE demographic statistics provide a sampling of the diversity of youth receiving SSI who enroll in programs enhancing their transitions (Hartman and others 2019). Of the more than 1,000 youth receiving SSI who were part of Wisconsin PROMISE, 34 percent reported a primary disability of mental or behavioral health, 30 percent reported a developmental or intellectual disability, 25 percent reported other disabilities (such as learning disorders, speech disorders, or attention deficit hyperactivity disorder), and 11 percent reported a long-term illness, a physical/mobility or sensory disability, or head injury or did not report a disability. Almost half (49 percent) of youth identified as African American, about one-third (36 percent) as White non-Hispanic, 10 percent as Hispanic, and

the remainder either identified as another race or reported no race or ethnicity. Two-thirds of PROMISE participants identified as male, 66 percent reported residing in a household with a single parent or guardian, and 70 percent reported having an annual household income at or below \$25,000 (Hartman and others 2019). In addition to diversity, equity, and inclusion training, FES training in person-family centered planning, motivational interviewing, and trauma-informed care will increase cultural responsiveness (Blitz, Yull, and Clauhs 2020; Achola and Greene). These approaches focus on understanding youth and their families, including their cultural context. Providing services on the basis of individual needs, desires, and context allows for services to not only be culturally responsive but also address specific needs, meeting youth and their families where they are at and helping them achieve goals reflecting their individual strengths and interests.

### **3. Strategy 3: Integrated resource teams**

For youth receiving SSI and their families, the IRT model is the bridge that creates a smooth transition from navigating and accessing myriad programs with the support of the FES to enrolling and participating in those programs. The IRT is recognized as a novel and promising practice with potential for use with youth receiving SSI and their families. The IRT was originally developed through the Department of Labor's (DOL's) Disability Program Navigator and Disability Employment Initiative, then further refined, adapted, and implemented through the RSA Technical Assistance Center for Targeted Communities. The IRT promotes the “no wrong door” intent of WIOA. Preliminary evidence suggests the IRT is sustainable at the local level (Klayman and others 2019).

The IRT is particularly useful for fostering cross-program collaboration across multiple systems and service providers. It is designed to bring key partners together around the focused employment needs and goals of an individual who is already involved with (or potentially eligible for) multiple services. Consistent with empowerment models, the IRT is centered around a meeting that is led by the individual and driven by her or his unique situation and needs. At this meeting, each of the program representatives discusses and collaborates in identifying and supporting the youth’s mutually agreed-upon employment goal. Effective communication and sequencing of services ensure efficiency and prevent unnecessary duplication. The IRT meeting is an organic opportunity to promote systems capacity building through experiential and informal knowledge translation, with each agency learning from others while simultaneously building a comprehensive network of support for the youth. Additionally, as members from other agencies participate in the IRT meeting, they learn how to initiate and facilitate an IRT meeting through modeling by the FES. Simultaneously, each service provider learns about the other programs and resources available in their community as other members of the IRT discuss how they are working with the youth and what resources they can offer. In other words, the IRT model sustains itself as a result of the informal and incidental learning that occurs during the process for those involved. The experience of participating in the IRT is an example of experiential learning in itself, generating knowledge of how the model may be used in working with youth and families in the future.

The IRT model is the vehicle for tangible implementation of cross-program, multisystem partnerships and collaborations. No single program or system is asked to do more than what is

allowable and feasible within its current policies and procedures. Rather, the IRT provides flexibility for professionals and practitioners to form important collaboration across systems and service providers in the field by leveraging existing programmatic resources. As the network of partnering agencies expands to meet the youth's needs, new partnerships are established, thereby building systems connections and developing comprehensive and coordinated support systems inclusive of service providers across multiple systems. Because agency IRT involvement varies according to a youth's needs, the entity that houses the FESs will be responsible for providing training and technical assistance to participating agencies. This agency will also monitor the transfer from FES to IRT, ensuring that an individual is identified to lead the IRT and that IRT meetings continue as the FES's service fades.

The IRT strategy comprises three distinct phases. The first phase is active resource coordination (ARC); the second phase involves the initial IRT meeting; and the last phase provides continuous support and engagement of the IRT to encourage the youth on their employment path.

*a. Phase 1: Active resource coordination*

ARC is the process of actively assisting an individual to engage, coordinate, and secure agreement from the multiple programs to participate in the initial IRT meeting. ARC is a combination of activities that includes resource or needs assessment, identification of resource gaps, systems navigation, information and referral, and advocacy. In the context of the FEM, the FES will initiate the ARC process. Depending on the identified needs and goals of youth and their families, the FES will approach and connect youth receiving SSI to an agency that can lead continued integrated resource coordination as a first step in the ARC phase. As the foundation of the IRT strategy, ARC provides a series of steps and supports for individuals to understand, identify, and access the services needed to achieve their employment goal. The culmination of ARC leads to Phase 2, the initial IRT meeting.

*b. Phase 2: Initial IRT meeting*

The initial IRT meeting involves a representative from each program or service identified by the youth and his or her family during the ARC phase. Ideally, the youth will facilitate the IRT meeting, but depending on his or her level of comfort, the FES can also facilitate the meeting or co-facilitate it with the youth and his or her family. The FES helps prepare the youth to facilitate as much of the meeting as possible as part of building self-advocacy and empowerment skills. The FES also simultaneously models how to conduct the meeting, facilitate dialogue, and reach consensus about goals, lines of communication, and the sequence of services.

The purpose of the IRT meeting is to establish a mutually-agreed upon employment goal for the youth and to create a communication plan for moving forward. Once the goal is mutually agreed upon by the youth, her or his family, and the various programs and service providers identified during the ARC phase, the group defines the methods for effective communication moving forward. Establishing methods of communication for the group is a crucial component of the meeting. A clear communication plan, in conjunction with the sequence of services, helps to determine how and when subsequent meetings occur. Youth and their families will pick a single point of contact who

agrees to update the rest of the team. This cuts down on the amount of time youth and their families have to spend trying to get their needs met, and it simultaneously ensures that all programs and providers stay up-to-date per their own program guidelines.

The final aspect of the initial IRT meeting is focused on developing the sequence of services needed to support the youth's employment goal. The sequence of services should clearly describe the necessary steps and how and when each respective program's resources can be applied to support successful achievement of the identified employment goal. After establishing the sequence of services, the group develops a collaborative, multi-partner agreement. At the end of the initial IRT meeting, the FES relinquishes the role of being the main point of contact and advocate for the youth and his or her family. This role is transferred to the single point of contact who is identified as part of this meeting. This single point of contact will be from the agency identified as the lead agency in the establishment of the sequence of services. This point of contact will also monitor the transfer from FES to IRT, ensuring an individual and agency is identified to lead the IRT and IRT meetings continue as the FES service fades. The communication plan also indicates who will become the single point of contact to organize further meetings when challenges arise, which is consistent with the identified lead agency as the family transitions from working predominantly with the FES to the lead agency of the IRT. The youth moves forward with services, and future IRT meetings are based on the multi-partner agreement that specifies the youth's employment goal and the services and supports that will aid her or him in reaching this goal. These future meetings will be coordinated and convened by the identified lead agency in the establishment of the sequence of services. This process allows the youth to effectively transition to the existing program and service provider supports available.

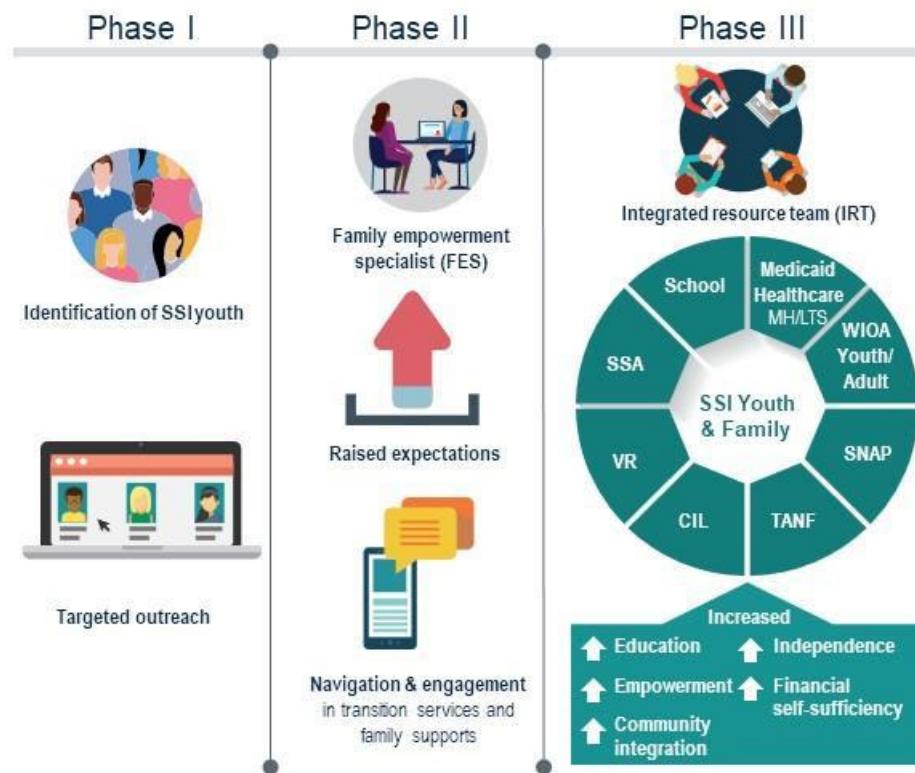
c. *Phase 3: Continuous support and engagement of the IRT*

The third and final phase of the IRT strategy involves implementing the coordinated services and supports identified in the multi-partner agreement. The coordination of services includes a meeting schedule and communication plan. The point of contact identified during the initial IRT meeting as the lead agency organizes meetings and coordinates IRT communication. IRT meetings and services are tied to specific activity milestones, such as the completion of a work-based learning experience, vocational assessment, or training course. As the youth meets with the IRT, the team discusses and agrees upon the next steps and ensures that all necessary resources are in place to support the progression toward employment. The youth, the single point of contact from the lead agency who was identified on the basis of the sequence of services, or other IRT members can also initiate a meeting to discuss any changes to the multi-partner agreement, modifying the employment goal and services and supports as needed. Once the youth achieves her or his employment goal, the IRT meets again and discusses the process for program closure and/or a plan for long-term support to maintain employment success.

The subsequent visual flow depicts the three phases of the FEM, displaying how the project will reach its intended goals and outcomes (see Figure 2). The model's flow places youth receiving SSI and their families at the center of the process, consistent with person-centered theory and design. The integration of the three main strategies—(1) targeted outreach, (2) FESs, and (3) IRTs—engages

youth and their families with multiple systems and associated programs, thus increasing the number of youth who enter and maintain employment over time.

**Figure 2. Family Empowerment Model service flow**



CIL = Centers for Independent Living; MH/LTS = mental health/long term services; SNAP = Supplemental Nutrition Assistance Program; SSA = Social Security Administration; SSI = Supplemental Security Income; VR = vocational rehabilitation; WIOA=Workforce Innovation and Opportunity Act

### C. Challenges to implementation

Targeted outreach will depend on obtaining and using personally identifiable information (PII) in order to direct outreach to youth receiving SSI. Data sharing will help make the transition from the FES to the IRT more seamless. Therefore, the extent of system collaboration and interagency data-sharing agreements will influence the success of implementing the FEM. Given the sensitive nature of the PII involved in conducting targeted outreach, data-sharing agreements and security clearance will be required for FESs to access youth contact information. Without this contact information, identifying youth receiving SSI will be difficult, and outreach efforts will likely miss eligible youth and families. Therefore, the entity housing the FESs must have the capacity to negotiate data-sharing agreements with SSA and/or the state Medicaid agency. Further, FESs, as system “outsiders” by conventional standards, may require enhanced flexibility to work within and across systems, which could present challenges.

Another challenge of building the FEM is identifying and providing the right organizational home to support and fund the FESs. In order to ensure this model accomplishes its aim of streamlining the current transition landscape as opposed to creating yet another separate service delivery mechanism, it is crucial that the FES is placed within a singular entity that is part of the broader transition landscape (that is, VR, Medicaid, workforce development, centers for independent living [CILs], and other agencies serving youth) and not connected to a specific disability population (for example, individuals with intellectual and developmental disabilities or mental or behavioral health issues). The role of the FES is to support youth from across the spectrum of disability by providing an avenue into the existing transition landscape. Table A.1 in the appendix lists the benefits and limitations of various agencies that could host the FESs. Agencies and potential funding sources can use this information to determine where to house FESs before implementing the FEM.

Success of the FEM depends on identifying an agency that is well connected to transition services and has the ability to hire and employ people with lived disability experiences to provide peer-to-peer support without requiring specific academic credentials. Depending on the state, this requirement can be challenging for an agency. The state Medicaid agency may be hesitant to increase targeted case management services to all youth receiving SSI, considering that very few youth already utilize these services. State VR agencies are limited to providing pre-employment transition services only to students, and even when students or youth are determined eligible and are enrolled in VR, services to their families are limited. Employment and training program staff have limited experience implementing targeted programming for individuals with disabilities outside the Disability Employment Initiative and would be new to providing support to a family as a unit. SNAP provides benefits to households, but employment and training supports are a newer feature. Though most youth receiving SSI also receive SNAP benefits, not all do. Similarly, not all youth receiving SSI have a school IEP or even attend public school, making it difficult for schools to house and employ the FESs.

CILs likely have the most flexibility to hire individuals with lived disability experience and provide peer-to-peer support, but they will need sufficient support to adequately fund and provide the technical assistance needed to implement this service. As service providers operating outside of the state system, CILs will need help coordinating FES services with state agencies to ensure a successful handoff from the FES to the IRT. If FESs are employed outside of an existing state infrastructure, states will need to be especially careful not to accidentally develop a conflict between the family advocacy system and state service systems.

Although these considerations make finding an entity to house FESs challenging, Table 1 provides possible options for agencies to consider in overcoming these limitations. Most solutions require interagency collaboration coupled with sufficient training, technical assistance, and funding for the FES infrastructure. With agencies struggling to adequately meet current service needs, concern regarding sufficient funding for the FEM may become evident. One potential solution to address funding concerns is to develop a Ticket to Work program for youth SSI recipients. Ticket funding could provide a base for administration of the program. Outcome payments as youth achieve employment milestones could further support the training, technical assistance, case management, data collection, and additional infrastructure needed for FESs and IRTs. If a youth version of Ticket

to Work is established, youth milestones will need to be identified to determine outcome-based payments. Youth milestones to consider include an earnings amount (likely at a threshold less than substantial gainful activity for youth still in school), number of paid competitive integrated employment experiences, credential attainment, measurable skills gains, completion of written or visual resume requirements, establishment of requirements in a portfolio of work experiences and trainings, or other milestones correlated with youth working off of SSI as adults.

Existing groups for parents of children with disabilities and community organizations could provide a model, support, or source for identifying FESs. Youth receiving SSI have a variety of disabilities, such as intellectual and developmental, mental health, physical, long-term illness, and sensory disabilities (Hartman and others 2019), so a variety of disability and parent groups could serve as resources or models, including University Centers for Excellence in Developmental Disabilities ([www.aucd.org/](http://www.aucd.org/)), state developmental disability boards, local chapters of the National Alliance on Mental Illness (<https://nami.org/>), parent-to-parent organizations ([www.p2pusa.org/](http://www.p2pusa.org/)), and school-based family and parent engagement, assistance, and training centers and grants ([www.parentcenterhub.org/](http://www.parentcenterhub.org/)). In addition, states might have local family disability organizations (for example, Wisconsin Family Ties [[www.wifamilyties.org/](http://www.wifamilyties.org/)] and Family Voices of Wisconsin [<https://familyvoiceswi.org/>]). Although these groups are helpful, one should not assume that existing parent groups regularly connecting with youth receiving SSI and their families. In fact, during the recruitment, enrollment, and engagement efforts of Wisconsin PROMISE, staff found that youth receiving SSI were not necessarily connecting to either existing agency system supports or existing parent groups (Hartman and others 2019; Selekman and others 2018). Youth and families were more likely to be engaged with non-disability-specific local community groups and supports such as Boys & Girls Clubs of America, YMCAs, Community Action Programs, and other local groups. For example, youth and families in Milwaukee were connected to local community centers, the Urban Underground, Running Rebels, Our Next Generation, and other local community organizations. Providing family empowerment support means understanding existing community organizations, networks, and connections and providing supports to help youth and families navigate existing systems and supports they may or may not be currently connected with.

As youth transition from the FES to the IRT, the FES could face several challenges. Part of the success of the IRT is dependent on the ability to leverage participation and commitment of other programs' resources. FESs are present to facilitate resource commitments, but they may not have resources to directly commit themselves. This is why it will be especially important for the FES to work with the youth and her or his family to identify a point of contact for the IRT, and for IRT members who can commit resources to the implementation of the multi-agency agreement to implement services and supports to meet the youth's employment goal. Equally important will be the support from the agency employing the FESs in supporting the transition from FES services to IRTs. The agency must commit and collaborate with partner agencies to ensure sufficient training and technical assistance so that partner agencies implement the IRT with fidelity. The agency will benefit from using online FES case management to collect data to monitor a smooth transfer from the FES to the IRT. Experience gained through past IRT initiatives has demonstrated that specialist positions that reside outside of the more permanent program structures struggle with coordinating and leveraging existing resources. One option to address this is to position the FES within an

established transition service program and ensure that participating youth are also enrolled in the program where the FES is housed. This would provide the FES the ability to negotiate with partner programs as a peer.

#### D. Testing and evaluating the intervention

We propose studying each phase of the FEM. Specifically, we suggest measures focusing on (1) targeted outreach efforts; (2) empowerment of youth and families; (3) increased expectations around employment; (4) systems navigation of youth transition services for the family; (5) contemporary engagement strategies that support the needs of youth and their families; and (6) education, employment, independence, community integration, and financial self-sufficiency outcomes.

Researchers will evaluate the effectiveness of the combined impact of FESs and IRTs using a randomized controlled trial. Regions will enroll a sufficient number of participants (e.g., 2,000 youth) and randomly assign them to three groups: (1) services as usual, (2) FES, and (3) FEM—combining an FES with an IRT. Those in the services-as-usual group will receive research-related information and information about available transition services and supports within their region (a brochure or other information-sharing mechanism). Those in the FES and FEM group will receive similar information and will be automatically assigned an FES who will provide additional navigation support. In the FEM group, the FES will subsequently transition the youth to an IRT.

To measure the potential impact of targeted outreach, researchers will identify regions that are geographically and demographically similar to those regions implementing the randomized research demonstration project. Researchers will compare available regional education and employment data (such as data from school indicators, RSA-911, the American Community Survey, and StateData.info) to observe differences in education and employment data in regions implementing the research design, including targeted outreach, FESs, and IRTs, relative to regions not implementing the research design. Data analyses for comparisons will aim to control for differences across regions, especially those present before research implementation.

The following outline provides a process flow of the research design:

1. Select regions
2. Randomly assign individual youth and families to services-as-usual, FES, or FEM conditions
3. Measure
  - a. Treatment components (fidelity)
  - b. Outcomes
    - Special Education IEP Indicators 1 (graduation rate), 2 (dropout rate), 13 (postsecondary transition plan compliance), 14 (postsecondary outcomes)
    - VR pre-employment transition services and cases (RSA-911)
    - Employment rates and wages (unemployment insurance [UI] wage records; RSA-911; survey)
    - Postsecondary education rates (National Student Clearinghouse; survey)

- Public benefits: Medicaid, SNAP, TANF, SSI, Social Security Disability Insurance
- Tax revenue (Internal Revenue Service [IRS] or National Bureau of Economic Research TaxSim module)
- Independence (survey)
- Community integration (survey)
- Financial self-sufficiency (survey)

Measuring targeted outreach will consist of recording the method used in identifying eligible youth, the number of eligible youth, the frequency and mechanism of targeted outreach for each eligible youth, and the number of youth who enroll in the project. Researchers will compare available demographics of enrolled youth with those of eligible youth to determine if the study sample is representative of the eligible population. As part of enrollment, youth and their family members will complete an intake form in which they report their contact information, standard demographic information, attitude, knowledge, and action items regarding youth employment and transition services and sign a form to consent to participate in research and share data for up to 20 years.

Researchers will develop a case management system to track FES contacts with youth and their family members. This system will track counts, frequency, and mechanism of contacts between youth and FESs. FESs will also record youth and their families' education, employment, and financial goals and which services youth and families connect with. FESs will also check youth and family expectations, knowledge, self-determination, and actions regarding the transition process every six months. An online system will track this information, allowing researchers to pull and monitor data, making modifications to training and technical assistance as needed. The online case management system will also track the activities of the IRT. The IRT point of contact will track IRT team members, communications, meetings, service milestones, and employment outcomes.

To allow comparison with the control (services-as-usual) group, researchers will survey both treatment (FES and FEM) and control group members on similar measures two and five years after enrollment. Surveys will ask youth and their family members about their connection to transition services, expectations, knowledge, self-determination (as a measure of empowerment), and actions regarding the transition process, including paid work experience. Further, researchers will pull administrative data to compare the education, employment, and financial self-sufficiency of control and both treatment (FES and FEM) group members. Data agreements with the local state education agency will establish an approach to collect data on secondary education for youth in the two treatment groups. National Student Clearinghouse data will be used to compare postsecondary enrollment and attainment of youth. VR data will be used to compare VR pre-employment transition services and VR case engagement. State UI wage data will be used to compare employment and wage differences. Medicaid, SNAP, TANF, and SSA data will be used to compare use of public benefits, and IRS data will be used to compare differences in tax revenue.

Researchers will monitor whether core components are implemented as instructed and track any variations in implementation (planned or otherwise). In addition, researchers will measure the time, resources, and technical assistance needed for training implementation. Professional trainers

providing technical assistance will note their assistance through an activity tracker system developed by researchers.

Researchers will compare family and youth expectations, knowledge of transition resource navigation, and youth employment rates. Researchers will correlate those factors with variation in training implementation to determine if further modifications to the intervention need to be made. Finally, researchers will calculate the costs of implementation and compare these to the benefits in increased expectations, service navigation, and employment rates, providing local communities with a model for implementation in the future.

Given that implementation depends on catering to the needs of local youth and their families in culturally responsive ways, feedback from those youth and their families will be vital to successful implementation. Therefore, researchers will request feedback from FESs, IRT points of contact, families, and youth through focus groups and interviews, specifically asking participants what they liked and how each service could be improved to better meet their needs.

#### E. Potential intervention costs and justification relative to benefits

The costs and benefits of implementing targeted outreach, FESs, and IRTs can be comprehensively calculated for the model to indicate whether the model is an effective use of resources. The estimated costs discussed below were calculated as part of the Wisconsin PROMISE project, which provided services to youth receiving SSI and their families (see Anderson, Schlegelmilch, and Hartman [2019] for detailed calculations).

Anderson and colleagues (2019) estimated the total costs of the federal SSI payment, Wisconsin SSI state supplement, and Medicaid expenditures to be \$24,534 annually for each youth in the program. Alternatively, the estimated costs per youth for targeted outreach, family navigation, and case management average approximately \$1,700 annually (Anderson, Schlegelmilch, and Hartman, 2019).<sup>1</sup> This cost per individual is a fraction of state and federal systems' overall annual spending on youth receiving SSI. The FEM holds the potential to help youth move from SSI and a high likelihood of future poverty to achieving sufficient earnings. The reduction in SSI benefit payments, coupled with the attainment of private health care, holds potential for tremendous cost savings with a relatively small investment. Beyond the basic cost savings noted, states and the federal government will generate additional tax revenue. If this model is considered for demonstration, a comprehensive

---

<sup>1</sup> The estimates assume that 33 percent of the eligible population of youth SSI recipients enrolls following targeted outreach and that 80 percent engage in services (based on the Wisconsin PROMISE experience). Targeted case management costs are based on an average caseload size of 60 (comparable with that of Wisconsin PROMISE). The authors estimated the cost of targeted case management using the salary and fringe benefit costs of a project director, regional case managers, and case managers employed through the Wisconsin Medicaid agency; added travel and training expense estimates; and assumed an organizational overhead rate of 12 percent. To ensure the FES model is implemented with fidelity and efficiently, a specified training schedule is recommended, with a focus on youth- and family-centered case management, rapid engagement, motivational interviewing, trauma-informed care, poverty, disability, competitive employment, and financial self-sufficiency (Anderson and others 2019).

cost-benefit analysis is recommended to ensure appropriate modeling inclusive of necessary federal and state resource considerations.

Cost savings could be further increased by funding the FEM through a Ticket to Work program for youth SSI recipients. If programs receive further payment when youth meet employment and earnings milestones, the FEM program can be monitored, managed, and developed to increase these outcomes, thus increasing overall cost savings of the program. Inclusion of fiscal considerations concerning youth tickets are also recommended for inclusion in a comprehensive cost-benefit analysis.

#### F. Potential for replicability, scalability, and sustainability

Given the flexibility and creativity in leveraging existing systems and resources, the intervention design of the FEM is replicable, scalable, and sustainable. The model takes into account the varied landscape of existing federal and state programs, including state variations of disability and poverty programs. Embedding FESs into existing programs and working within their structure increases the feasibility of the FEM.

Once the model has been piloted in multiple sites and modifications made on the basis of a robust formative evaluation, replication is plausible. In considering replication, it may be advantageous to establish multiple implementation options to accommodate variations in state infrastructure. Furthermore, developing fidelity measures based on the core components of each model will support quality and consistency in implementation. The fidelity measures will also inform development of the necessary training and technical support needed to effectively create a manual for replicating the model(s), scale up a site for statewide implementation, and embed the model as an evidence-based practice to support future sustainability based on established effectiveness, efficiency, and efficacy. The demonstration period will be critical in effectively evaluating the three primary components of the model, determining initial and ongoing training and support needs at the state and local levels, and measuring short- and longer-term outcomes. A strong formative evaluation providing central coordination and oversight efforts will be key, but it is also critical to actively involve local stakeholders who understand state-level systems, interactions, infrastructure, and politics to support effective replication efforts. This process will ensure inclusion of the triad of required model components while providing flexibility to place the model within varying state system infrastructures.

A further consideration regarding sustainability of the model will be ensuring that FESs' caseloads continuously change over time. The FES is not intended to serve as a permanent support but rather as a peer support and navigator, helping youth and their families increase postsecondary expectations and connect to available transition and support services during a defined time frame. To ensure that all youth and their families have the opportunity to receive this family peer support, and to allow for flexibility with individual needs, FESs will be trained in motivational interviewing and rapid engagement to ensure that the navigation of services and supports leads to the development of an IRT within a reasonable time frame—specifically, within two years. Within the two-year window, the youth's IRT should be developed and functional. Research on Individual

Placement and Support—supported employment demonstrates that constant movement toward achieving employment goals and rapid engagement are key components in the effectiveness of employment services and supports (Cohen and others 2020; Noel and others 2018; Swanson and others 2020).

A robust cost-benefit analysis is also recommended to determine sustainability of the model in preparation for national replication and scaling. As noted previously, the infrastructure and legislation needed to implement the model already exist. The additional resources required to successfully replicate, scale up, and sustain it will depend on effectively manualizing the FEM intervention. Manualization should include a fidelity tool for implementation to ensure implementation includes sufficient resources, effective targeted outreach, adequate training and support for staff, and data coordination across system partners.

## **IV. Summary and conclusion**

The employment rate of youth receiving SSI remains low despite various initiatives, resulting in lost talent for employers and the workforce and lost opportunity for millions of individuals with disabilities to improve their independence, financial empowerment, and economic well-being. In this paper, we have proposed a model grounded in evidence-based practices and prior research using existing system infrastructure at the federal and state levels. The FEM includes the implementation of (1) targeted outreach to youth receiving SSI and their families, (2) integration of FESs, and (3) use of IRTs to strategically connect eligible youth with relevant employment supports. The FEM provides peer-based systems coordination to improve access, engagement, and outcomes. Although the model requires thoughtful consideration to design the detail needed for demonstration purposes, lessons learned through both the PROMISE and Targeted Communities projects offer sound guidance on replicating and expanding sustainable efforts both administratively and in the field. Overall, the FEM proposes a cost-effective methodology focusing on youth during a critical developmental time defining their future as workers.

The FEM is grounded in evidence-based and promising practices previously developed and tested with varying populations. Several of the practices, including person-centered planning, trauma-informed care, motivational interviewing, increasing youth and family expectations, and supporting families in resource navigation, have proved effective in increasing engagement and employment outcomes with youth receiving SSI and their families, as evidenced through the Wisconsin PROMISE demonstration. Expanding the PROMISE model as implemented in Wisconsin to include additional sites as well as IRT supports holds tremendous potential to enhance outcomes. Existing system partners including DOL, SSA, the Centers for Medicare and Medicaid Services, and the Department of Education are well situated to collaboratively support the model. Additionally, the existing WIOA and Individuals with Disabilities Education Act provide a strong framework delineating authority and providing guidance at the federal, state, and local levels.

The FEM provides a mechanism to connect youth receiving SSI and their families to existing services and supports. A diverse array of federal policies intended to encourage employment among individuals with disabilities already exists. Legislatively authorized and funded work incentives,

benefits counseling, educational and employment supports, income continuation programs, and other public benefits have the potential to effectively support meaningful employment and career paths for youth receiving SSI, if they access those supports. However, capacity building regarding how best to effectively connect these systems at the federal and state levels and encourage administrative and practice collaboration at the agency and community levels is critical in operationalizing effectual change. The FEM provides a mechanism for federal, state, and local partners to build this capacity, increasing engagement in transition services that will lead to improved postsecondary education, employment, and financial outcomes for youth receiving SSI.

## References

- Achola, Edwin O., and Gary Greene. 2016. "Person-Family Centered Transition Planning: Improving Post-school Outcomes to Culturally Diverse Youth and Families." *Journal of Vocational Rehabilitation* 45, no. 2: 173–183. <https://doi.org/10.3233/JVR-160821>.
- Aizer, Anna. 2007. *Wages, Violence, and Health in the Household*. NBER Working Paper No. 13494. National Bureau of Economic Research.
- Anderson, Catherine A., Laura Owens, and Andrea Perkins Nerlich. 2017. "Poverty, Disability, and Vocational Assessment of Youth with Disabilities." *Vocational Evaluation and Work Adjustment Association Journal* 41, no. 2: 3–13.
- Anderson, Catherine A., Emily Brinck, Audrey Trainor, Ellie Hartman, Amanda Schlegelmilch, and Matthew Roskowski. 2021. "Connecting Youth Receiving SSI to Transition Services: The Role and Perspective of Family Advocates." Manuscript submitted for publication.
- Anderson, Catherine A., Amanda Schlegelmilch, and Ellie Hartman. 2019. "Wisconsin PROMISE Cost-Benefit Analysis and Sustainability Framework." *Journal of Vocational Rehabilitation* 51, no. 2: 253–261. <https://doi.org/10.3233/JVR-191043>.
- Blitz, Lisa V., Denise Yull, and Matthew Clauhs. 2020. "Bringing Sanctuary to School: Assessing School Climate as a Foundation for Culturally Responsive Trauma-Informed Approaches for Urban Schools." *Urban Education* 55, no. 1: 95–124.  
<https://doi.org/10.1177/0042085916651323>.
- Bombard, Yvonne, G. Ross Baker, Elaina Orlando, Carol Fancott, Pooja Bhatia, Selina Casalino, Kanecy Onate, Jean-Louis Denis, and Marie-Pascale Pomey. 2018. "Engaging Patients to Improve Quality of Care: A Systematic Review." *Implementation Science* 13, no. 98: 1–22.  
<https://doi.org/10.1186/s13012-018-0784-z>.
- Booshehri, L.G., Dugan, J., Patel, F., Bloom, S. & Chilton, M. 2018. "Trauma-informed Temporary Assistance for Needy Families (TANF): A Randomized Controlled Trial with a Two-Generation Impact." *Journal of Child and Family Studies* 27: 1594–1604. <https://doi.org/10.1007/s10826-017-0987-y>.
- Burden, Barry C., David T. Canon, Kenneth R. Mayer, and Donald P. Moynihan. 2012. "The Effect of Administrative Burden on Bureaucratic Perception of Policies: Evidence from Election Administration." *Public Administration Review* 72, no. 5: 741–751. <https://doi.org/10.1111/j.1540-6210.2012.02600.x>.
- Bureau of Labor Statistics. 2020. "Employment Status of the Civilian Noninstitutional Population by Disability Status and Age, 2018 and 2019 Annual Averages." Retrieved from  
<https://www.bls.gov/news.release/disabl.a.htm>.
- Cambridge Dictionary. n.d. "Upcycling."  
<https://dictionary.cambridge.org/us/dictionary/english/empowerment>.
- Carter, Patsy, and Andrea Blanch. 2019. "A Trauma Lens for Systems Change." *Stanford Social Innovation Review* 17, no. 3 (Summer): 48–54.

- Cimera, Robert E., Sloane Burgess, and Peña L. Bedesem. 2014. "Does Providing Transition Services by Age 14 Produce Better Vocational Outcomes for Students with Intellectual Disability?" *Research and Practice for Persons with Severe Disabilities* 39, no. 1 (March): 47–54. <https://doi.org/10.1177/1540796914534633>.
- Cohen, Deborah Ann, Vanessa Vorhies Klodnick, Laura Stevens, Marc A. Fagan, and E-Shawn Spencer. 2020. "Implementing Adapted Individual Placement and Support (IPS) Supported Employment for Transition-Age Youth in Texas." *Community Mental Health Journal* 56: 513–523. <https://doi.org/10.1007/s10597-019-00508-3>.
- Costello, E. Jane, Alaattin Erkanli, John A. Fairbank, and Adrian Angold. 2002. "The Prevalence of Potentially Traumatic Events in Childhood and Adolescence." *Journal of Traumatic Stress* 15, no. 2: 99–112. <https://doi.org/10.1023/A:1014851823163>.
- Daly, Louise, Danika Sharek, Jan DeVries, Colin Griffiths, Fintan Sheerin, Padraig McBennett, and Agnes Higgins. 2015. "The Impact of Four Family Support Programmes for People with Disability in Ireland." *Journal of Intellectual Disabilities* 19, no. 1: 34–50. <https://doi.org/10.1177/1744629514564584>.
- Davies, Paul S., Kalman Rupp, and David Wittenburg. 2009. "A Life-Cycle Perspective on the Transition to Adulthood Among Children Receiving Supplemental Security Income Payments." *Journal of Vocational Rehabilitation* 30, no. 3: 133–151. <https://doi.org/10.3233/JVR-2009-0459>.
- Emerson, Eric, and Chris Hatton. 2007. "The Socio-economic Circumstances of Children at Risk of Disability in Britain." *Disability & Society* 22, no. 6: 563–580. <https://doi.org/10.1080/09687590701560154>.
- Farro, Samantha A., Colleen Clark, and Cary Hopkins Eyles. 2011. "Assessing Trauma-informed Care Readiness in Behavioral Health: An Organizational Case Study." *Journal of Dual Diagnosis* 7, no. 4: 228–241. <https://doi.org/10.1080/15504263.2011.620429>.
- Fraker, Thomas, Erik Carter, Todd Honeycutt, Jacqueline Kauff, Gina Livermore, and Arif Mamun. 2014. *Promoting Readiness of Minors in SSI (PROMISE) Evaluation Design Report*. Washington, DC: Mathematica Center for Studying Disability Policy.
- Government Accountability Office. 2017. *Supplemental Security Income: SSA Could Strengthen Its Efforts to Encourage Employment for Transition-Age Youth*. GAO-17-485. Washington, DC: U.S. Government Printing Office.
- Halfon, Neal, Kandyce Larson, Michael Lu, Ericka Tullis, and Shirley Russ. 2014. "Lifecourse Health Development: Past, Present and Future." *Maternal and Child Health Journal* 18: 344–365. <https://doi.org/10.1007/s10995-013-1346-2>.
- Hall, Jean P., Noelle K. Kurth, and Suzanne L. Hunt. 2013. "Employment as a Health Determinant for Working-Age, Dually-Eligible People with Disabilities." *Disability and Health Journal* 6, no. 2: 100–106. <https://doi.org/10.1016/j.dhjo.2012.11.001>.

- Hartman, Ellie, Amanda Schlegelmilch, Matthew Roskowski, Catherine A. Anderson, and Timothy N. Tansey. 2019. "Early Findings from the Wisconsin PROMISE Project: Implications for Policy and Practice." *Journal of Vocational Rehabilitation* 51, no. 2: 167–181.  
<https://doi.org/10.3233/JVR-191036>.
- Hasnain, Rooshey, Paula Sotnik, and Claire Ghiloni. 2003. "Person-centered Planning: A Gateway to Improving Vocational Rehabilitation Services for Culturally Diverse Individuals with Disabilities." *Journal of Rehabilitation* 69, no. 3 (July-September): 10.
- Herd, Pamela, Thomas DeLeire, Hope Harvey, and Donald P. Moynihan. 2013. "Shifting Administrative Burden to the State: The Case of Medicaid Take-up." *Public Administration Review* 73, issue S1, S69–S81. <https://doi.org/10.1111/puar.12114>.
- Honeycutt, Todd, Purvi Sevak, and Adele Rizzuto. 2019. "Provision of Pre-Employment Transition Services: Vocational Rehabilitation Agency Variation in the First Program Year of Reporting." *Mathematica*. file:///C:/Users/AHarrati/Downloads/VRAgencyPreETS%20PY2017%20RB.pdf
- Iwanaga, Kanako, Fong Chan, Timothy N. Tansey, David Strauser, Ellen Ritter, Malachy Bishop, and Jessica Brooks. 2019. "Working Alliance and Stages of Change for Employment: The Intermediary Role of Autonomous Motivation, Outcome Expectancy, and Vocational Rehabilitation Engagement." *Journal of Occupational Rehabilitation* 29: 315–324.  
<https://doi.org/10.1007/s10926-018-9787-5>.
- Jackson, Yanina, Jill Kelland, Theodore D. Cosco, Diane C. McNeil, and John R. Reddon. 2009. "Nonvocational Outcomes of Vocational Rehabilitation: Reduction in Health Services Utilization." *Work* 33, no. 4: 381–387. <https://doi.org/10.3233/WOR-2009-0886>.
- Klayman, Douglas, Cori Di Biase, Aaron Searson, and Heinrich Hock. 2019. *Disability Employment Initiative Impact Evaluation: Round 1 through 4 Grantees*. Report submitted to the Office of Disability Employment Policy, U.S. Department of Labor. [www.dol.gov/odep/topics/CompleteDEI1-4Report.pdf](http://www.dol.gov/odep/topics/CompleteDEI1-4Report.pdf).
- Ko, Susan J., Julian D. Ford, Nancy Kassam-Adams, Steven J. Berkowitz, Charles Wilson, Marleen Wong, Melissa J. Brymer, and Christopher M. Layne. 2008. "Creating Trauma-informed Systems: Child Welfare, Education, First Responders, Health Care, Juvenile Justice." *Professional Psychology: Research and Practice* 39, no. 4: 396–404. <https://doi.org/10.1037/0735-7028.39.4.396>.
- Lemberger, Matthew E, and Elysia V. Clemens. 2012. "Connectedness and Self-Regulation as Constructs of the Student Success Skills Program in Inner-City African American Elementary School Students." *Journal of Counseling & Development* 90, no. 4: 450–458.  
<https://doi.org/10.1002/j.1556-6676.2012.00056.x>.
- Lequerica, Anthony H., Lisa J. Rapport, R. Douglas Whitman, Scott R. Millis, Steven J. Vangel, Jr., Robin A. Hanks, and Bradley N. Axelrod. 2006. "Psychometric Properties of the Rehabilitation Therapy Engagement Scale When Used among Individuals with Acquired Brain Injury." *Rehabilitation Psychology* 51, no. 4: 331–337. <https://doi.org/10.1037/0090-5550.51.4.331>.

- Levoy, Kristin, Deborah A. Salani, and Harleah Buck. 2019. "A Systematic Review and Gap Analysis of Advance Care Planning Intervention Components and Outcomes among Cancer Patients Using the Transtheoretical Model of Health Behavior Change." *Journal of Pain and Symptom Management* 57, no. 1: 118–139. <https://doi.org/10.1016/j.jpainsympman.2018.10.502>.
- Livermore, Gina, Todd Honeycutt, Arif Mamun, and Jacqueline Kauff. 2020. "Insights about the Transition System for SSI Youth from the National Evaluation of Promoting Readiness of Minors in SSI (PROMISE)." *Journal of Vocational Rehabilitation* 52, no. 1: 1–17. <https://doi.org/10.3233/JVR-191056>.
- Lundahl, Brad W., Chelsea Kunz, Cynthia Brownell, Derrik Tollefson, and Brian L. Burke. 2010. "A Meta-analysis of Motivational Interviewing: Twenty-five Years of Empirical Studies." *Research on Social Work Practice* 20, no. 2: 137–160. <https://doi.org/10.1177/1049731509347850>.
- Lustig, Daniel C., David R. Strauser, N. Dewaine Rice, and Tom F. Rucker. 2002. "The Relationship between Working Alliance and Rehabilitation Outcomes." *Rehabilitation Counseling Bulletin* 46, no. 1: 24–32. <https://doi.org/10.1177/00343552020460010201>.
- MacPhee, David, Jan Miller-Hey, and Jan Carroll. 2014. "Impact of the DARE to be You Family Support Program: Collaborative Replication in Rural Counties." *Journal of Community Psychology* 42, no. 6: 707–722. <https://doi.org/10.1002/jcop.21647>.
- Mamun, Arif, Ankita Patnaik, Michael Levere, Gina Livermore, Todd Honeycutt, Jacqueline Kauff, Karen Katz, AnnaMaria McCutcheon, Joseph Mastrianni, and Brittney Gionfriddo. 2019. *Promoting Readiness of Minors in SSI (PROMISE) Evaluation: Interim Services and Impact Report*. Washington, DC: Mathematica.
- Manthey, Trevor, Casey Jackson, and Peg Evans-Brown. 2011. "Motivational Interviewing and Vocational Rehabilitation: A Review with Recommendations for Administrators and Counselors." *Journal of Applied Rehabilitation Counseling* 42, no. 1: 3–14. <https://doi.org/10.1891/0047-2220.42.1.3>.
- Marcin, James P., Michael S. Schembri, Jingsong He, and Patrick S. Romano. 2003. "A Population-based Analysis of Socioeconomic Status and Insurance Status and Their Relationship with Pediatric Trauma Hospitalization and Mortality Rates." *American Journal of Public Health* 93, no. 3: 472–476. <https://doi.org/10.2105/AJPH.93.3.461>.
- Miller, William R., and Gary S. Rose. 2009. "Toward a Theory of Motivational Interviewing." *American Psychologist* 64, no. 6: 527–537. <https://doi.org/10.1037/a0016830>.
- Molfenter, Nancy F., Ellie Hartman, Jennifer Neugart, and Shannon Webb. 2017. "Let's Get to Work Wisconsin: Launching Youth with Intellectual and Developmental Disabilities into the Workforce." *Journal of Vocational Rehabilitation* 47, no. 3: 379–390. <https://doi.org/10.3233/JVR-170910>.
- National Academies of Sciences, Engineering, and Medicine. 2015. *Mental Disorders and Disabilities Among Low-Income Children*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/21780>.

- Noel, Valerie A., Eugene Oulvey, Robert E. Drake, Gary R. Bond, Elizabeth A. Carpenter-Song, and Brian DeAtley. 2018. “A Preliminary Evaluation of Individual Placement and Support for Youth with Developmental and Psychiatric Disabilities.” *Journal of Vocational Rehabilitation* 48, no. 2: 249–255. <https://doi.org/10.3233/JVR-180934>.
- Norcross, John C., Paul M. Krebs, and James O. Prochaska. 2011. “Stages of Change.” Special issue, *Journal of Clinical Psychology: In Session* 67, no. 2: 143–154. <https://doi.org/10.1002/jclp.20758>.
- Nye-Lengerman, Kelly, and Derek Nord. 2016. “Changing the Message: Employment as a Means Out of Poverty.” *Journal of Vocational Rehabilitation* 44, no. 3: 243–247. <https://doi.org/10.3233/JVR-160794>.
- Overstreet, Stacy, and Sandra M. Chaouleas. 2016. “Trauma-Informed Schools: Introduction to the Special Issue.” Special issue, *School Mental Health: Trauma-Informed Schools* 8: 1–6. <https://doi.org/10.1007/s12310-016-9184-1>.
- Prochaska, James O., and Carlo C. DiClemente. 1983. “Stages and Processes of Self-Change of Smoking: Toward an Integrative Model of Change.” *Journal of Consulting and Clinical Psychology* 51, no. 3: 390–395.
- Rangarajan, Anu, Thomas Fraker, Todd Honeycutt, Arif Mamun, John Martinez, Bonnie O’Day, and David Wittenburg. 2009. *The Social Security Administration’s Youth Transition Demonstration Projects: Evaluation Design Report*. Submitted to the Office of Program Development and Research, Social Security Administration. [www.mdrc.org/sites/default/files/full\\_576.pdf](http://www.mdrc.org/sites/default/files/full_576.pdf).
- Saleeby, Patricia W. 2014a. “The Need for Culturally Appropriate Strategies in Promoting Self-determination among Individuals with Disabilities.” *Review of Disability Studies* 8, no. 1. <http://hdl.handle.net/10125/58512>.
- Saleeby, Patricia Welch. 2014b. “Applying the Capabilities Approach to Disability, Poverty, and Gender.” In *Capabilities, Gender, Equality: Towards Fundamental Entitlements*, edited by Flavio Comim and Martha C. Nussbaum, 308–321. Cambridge, UK: Cambridge University Press.
- Schlegelmilch, Amanda, Matthew Roskowski, Emily A. Brinck, Catherine A. Anderson, Ellie Hartman, Fong Chan, Timothy Tansey, and Heidi Decker-Maurer. (2020). “Stages of Change Scale to Measure Work Readiness of Transition-Age Youth with Disabilities: A Promising Approach.” *Rehabilitation Counseling Bulletin*. Published ahead of print. <https://doi.org/10.1177/0034355220970619>.
- Schuster, Jennifer L., Jaimie Ciulla Timmons, and Mairead Moloney. 2003. “Barriers to Successful Transition for Young Adults Who Receive SSI and Their Families.” *Career Development and Transition for Exceptional Individuals* 26, no. 1: 47–66. <https://doi.org/10.1177/088572880302600104>.

- Selekman, Rebekah, Mary Anne Anderson, Todd Honeycutt, Karen Katz, Jacqueline Kauff, Joseph Mastrianni, and Adele Rizzuto. 2018. *Promoting Readiness of Minors in Supplemental Security Income (PROMISE): Wisconsin PROMISE Process Analysis Report*. Washington, DC: Mathematica Policy Research. <https://www.mathematica.org/our-publications-and-findings/publications/promoting-readiness-of-minors-in-supplemental-security-income-promise-wisconsin-promise>.
- Sharabi, Adi, and Dafna Marom-Golan. 2018. "Social Support, Education Levels, and Parents' Involvement: A Comparison between Mothers and Fathers of Young Children with Autism Spectrum Disorder." *Topics in Early Childhood Special Education* 38, no. 1: 54–64. <https://doi.org/10.1177/0271121418762511>.
- Sommers, Ben, Rick Kronick, Kenneth Finegold, Rosa Po, Karyn Schwartz, and Sherry Glied. 2012. "Understanding Participation Rates in Medicaid: Implications for the Affordable Care Act." *Public Health* 93: 67–74.
- Stewart, Lauren, Elise Shanbacker, and Meghan Wills. 2013. *A Better Bottom Line: Employing People with Disabilities. Blueprint for Governors*. Washington, DC: National Governors Association. [https://askearn.org/wp-content/uploads/docs/nga\\_2013\\_better\\_bottom\\_line.pdf](https://askearn.org/wp-content/uploads/docs/nga_2013_better_bottom_line.pdf).
- Swanson, Sarah J., Deborah R. Becker, Gary R. Bond, Kimberly E. Reeder, and Marsha L. Ellison. 2020. *IPS Supported Employment for Transition Age Youth: Helping Youth with Serious Mental Health Conditions to Access Jobs, Education, and Careers*. Worcester, MA: University of Massachusetts Medical School, Department of Psychiatry, Transitions to Adulthood.
- Torres, Ayse, Michael Frain, and Timothy N. Tansey. 2019. "The Impact of Motivational Interviewing Training on Rehabilitation Counselors: Assessing Working Alliance and Client Engagement. A Randomized Controlled Trial." *Rehabilitation Psychology* 64, no. 3: 328–338. <http://dx.doi.org/10.1037/rep0000267>.
- Walker, Janet S., and L. Kris Gowen. 2011. *Community-based Approaches for Supporting Positive Development in Youth and Young Adults with Serious Mental Health Conditions*. Portland, OR: Research and Training Center for Pathways to Positive Futures, Portland State University. <http://archives.pdx.edu/ds/psu/15834>.
- Wehman, Paul, Adam P. Sima, Jessica Ketchum, Michael D. West, Fong Chan, and Richard Luecking. 2015. "Predictors of Successful Transition from School to Employment for Youth with Disabilities." *Journal of Occupational Rehabilitation* 25, no. 2: 323–334. <https://doi.org/10.1007/s10926-014-9541-6>.
- Wilt, Courtney L., and Mary E. Morningstar. 2018. "Parent Engagement in the Transition from School to Adult Life through Culturally Sustaining Practices: A Scoping Review." *Intellectual and Developmental Disabilities* 56, no. 5: 307–320. <https://doi.org/10.1352/1934-9556-56.5.307>.
- Winsor, Jean, Jaimie Timmons, John Butterworth, Alberto Migliore, Daria Domin, Agnes Zalewska, and John Shepard. 2019. *StateData: The National Report on Employment Services and Outcomes*. Boston, MA: Institute for Community Inclusion, University of Massachusetts Boston.

## **APPENDIX A**

### **Table of benefits and limitations of potential programmatic locations for embedding the FESs**

**Table A.1. Benefits and limitations of potential programmatic locations for embedding the FESs**

Benefits	Limitations	Potential ways to address limitations
<b>State VR agencies</b>		
<ul style="list-style-type: none"> <li>States can use the youth focus of WIOA funding and requirements for pre-employment transition service spending within the state's VR program (Honeycutt and others 2019)</li> <li>VR counselors will likely become IRT points of contact, so locating the FES within the state's VR program would ease the transition from an FES to an IRT.</li> </ul>	<ul style="list-style-type: none"> <li>VR services are for VR consumers, so FESs might not be able to provide services to family members who are not potentially eligible for VR services.</li> <li>Some states have waiting lists for services, so youth may not be able to immediately access VR services.</li> </ul>	<ul style="list-style-type: none"> <li>Determine which FES services are "services to family members necessary to the vocational rehabilitation of the individual" and therefore can be implemented by VR programs.</li> <li>Create a federal waiver to test the impact of FES on individual VR.</li> <li>Partner with Title I youth programs when youth receiving SSI are on a waiting list for VR services.</li> </ul>
<b>WIOA Title I youth services</b>		
<ul style="list-style-type: none"> <li>States can utilize the youth focus of WIOA funding and place FES within the state's employment and training system.</li> <li>The concept of IRTs originated in the Disability Employment Initiative funded by DOL in response to the need for coordinating cross-program efforts with individuals enrolled across multiple workforce programs.</li> <li>If a Title I youth program becomes the IRT point of contact, locating the FES within the state's employment and Title I youth program would ease the transition from an FES to an IRT.</li> <li>Employment and training system partnership with state VR programs should also help to integrate VR participation on IRTs.</li> </ul>	<ul style="list-style-type: none"> <li>Requires seamless collaboration, support, and transition between Title I youth programs, VR programs, and local schools</li> <li>May depend on working relationships between Title I youth and state VR programs</li> <li>Because of Title I youth programs' focus on out-of-school youth (OSY), youth SSI recipients who are still in school (ISY) may not get the same rate of access as OSY receiving SSI, depending on availability of program space.</li> <li>Title I youth program staff may lack experience, expertise, or confidence in working with transition-age youth with disabilities.</li> </ul>	<ul style="list-style-type: none"> <li>Provide training and/or technical assistance to state Title I youth and VR programs to improve collaboration and seamless support for transition-age youth receiving SSI.</li> <li>Provide a waiver that omits ISY receiving SSI from the ISY/OSY count.</li> <li>Transferring Ticket to Work to the state public workforce system and creating a youth Ticket to Work program could improve the capacity of the state public workforce system to work with youth with disabilities if this change is accompanied by sufficient funding, training, technical assistance, and effective working relationships with Work Incentives Benefits Specialists.</li> </ul>
<b>SSA</b>		
<ul style="list-style-type: none"> <li>As the entity that provides SSI, SSA can identify and seek to engage transition-age youth receiving SSI.</li> <li>SSA could contract with local providers by duplicating funding support like that of the Work Incentives Planning and Assistance program (WIPA), which currently offers services to navigate and understand benefits.</li> </ul>	<ul style="list-style-type: none"> <li>SSA's focus is on tracking and delivering benefits, particularly as it pertains to eligibility and benefit payments, not on case management or referrals.</li> <li>Traditionally, SSA rules and communication have been difficult to navigate.</li> <li>SSA and its field offices might have restrictions on funding for staff, limiting the potential to add FESs as additional staff.</li> </ul>	<ul style="list-style-type: none"> <li>Provide enough funding to incorporate case management, along with training and TA needed to develop FES services within the SSA infrastructure.</li> <li>SSA to contract directly with governmental and/or nonprofit entities that can provide FES services (as under the WIPA infrastructure). Would need enough funding to ensure capacity meets demand.</li> </ul>

Benefits	Limitations	Potential ways to address limitations
<b>Medicaid targeted case management</b>		
<ul style="list-style-type: none"> <li>In states where youth receiving SSI automatically qualify for Medicaid, they have access to targeted case management through Medicaid, which could provide a structure for FES.</li> </ul>	<ul style="list-style-type: none"> <li>Sixteen states require an application separate from the SSA application for SSI for Medicaid.</li> <li>Few youth receiving SSI receive targeted case management through Medicaid (only 2 percent in Wisconsin PROMISE, for example). Therefore, Medicaid programs may be hesitant to use targeted case management as a mechanism to provide FES services.</li> </ul>	<ul style="list-style-type: none"> <li>Medicaid agencies may be more open to providing Medicaid targeted case management that includes FESs for youth receiving SSI within a social-determinants-of-health framework, knowing employment is a social determinant of health and with the understanding that employment predicts improved health and has been shown to decrease Medicaid expenditures (Hall, Kurth, and Hunt 2013; Jackson and others 2009).</li> </ul>
<b>SNAP employment and training programs</b>		
<ul style="list-style-type: none"> <li>Wisconsin PROMISE data indicate that about 67 percent of the families of youth receiving SSI received SNAP benefits (Hartman and others 2019).</li> <li>SNAP is now required to provide employment and training supports to recipients.</li> <li>FES can help all family members navigate employment and training services, with the aim of increasing employment and reducing reliance on SNAP benefits.</li> <li>SNAP will become a WIOA partner, and that partnership can aid the transition to an IRT lead through VR or Title I youth employment and training programs.</li> </ul>	<ul style="list-style-type: none"> <li>SNAP employment and training programs are relatively new, and their effectiveness is unknown.</li> <li>The extent to which SNAP employment and training programs work with individuals with disabilities or transition-age youth is unknown.</li> <li>Not all youth receiving SSI receive SNAP benefits.</li> </ul>	<ul style="list-style-type: none"> <li>Partner with Title I youth and state VR programs when implementing employment and training programs for youth receiving SSI.</li> <li>Partner with Title I youth and/or Medicaid targeted case management when youth receiving SSI are not receiving SNAP benefits.</li> </ul>

Benefits	Limitations	Potential ways to address limitations
<b>CILs</b> <ul style="list-style-type: none"> <li>CILs provide peer-to-peer support and self-advocacy to disability communities, so they are well positioned to expand to family-to-family support through the FES.</li> <li>CILs are already connected to Medicaid-funded disability resource centers and state VR programs.</li> <li>CILs provide independent living services for people with disabilities, including pre-employment transition services for potentially eligible VR youth, and so can provide a bridge to VR services.</li> </ul>	<ul style="list-style-type: none"> <li>CILs operate outside of the state system, so they would function as an outside partner, which may make transition to IRTs difficult.</li> <li>CILs are traditionally not centered around employment, and they often do not have personal relationships with employment programs.</li> </ul>	<ul style="list-style-type: none"> <li>CILs could contract with SSA, VR, Title I youth, Medicaid, or SNAP programs when providing FES services. This would provide a direct connection to federal and/or state systems.</li> <li>Locate FES staff within the local job center and/or VR office and provide cross-training and TA with job center and/or VR staff to ensure integration with state employment and training services.</li> </ul>
<b>State and local education agencies</b> <ul style="list-style-type: none"> <li>Most youth receiving SSI (over 80 percent) have an IEP (Hartman and others 2019).</li> <li>State grants for family engagement could help fund the work of the FES.</li> <li>Schools could partner with family assistance, education, and support centers to aid in this work.</li> <li>Schools could partner with staff from other schools (such as school nurses, homeless education liaisons, counselors, and social workers) to help provide youth and their families with needed assistance.</li> </ul>	<ul style="list-style-type: none"> <li>Not all youth receiving SSI have an IEP.</li> <li>Schools do not have, nor want, a mechanism to identify youth receiving SSI. Schools try to limit this ability because of privacy concerns (FERPA).</li> </ul>	<ul style="list-style-type: none"> <li>Partner with family training center and/or SEA family engagement grants when implementing FES services.</li> <li>Include FES staff in WIOA youth program and VR collaboration activities for increasing student participation in WIOA pre-employment transition services.</li> </ul>

CIL = center for independent living; DOL = Department of Labor; FERPA = Family Educational Rights and Privacy Act; FES = family empowerment specialist; IEP = individualized education program; IRT = integrated resource team; SEA=State Educational Agencies; SSI = Supplemental Security Income; VR = vocational rehabilitation; WIOA =Workforce Innovation and Opportunity Act