

PROMISE: PROMOTING READINESS OF MINORS
IN SUPPLEMENTAL SECURITY INCOME

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>> TERRY: Good morning, everyone. Today our presenter is Dr. Ellie Hartman, who is the project manager for the Wisconsin PROMISE project. The title of her present is "Lessons Learned from Wisconsin PROMISE: A focused look at improving employment outcomes for youth receiving SSI."

A couple of notes before I turn it over to Dr. Hartman. For those that have been on the webinars before, this will be old information. For you that are new, please put your questions in the Q & A box. If you have questions about technical issues, put those in the chat box.

This morning's presentation is a live presentation, a bit different than some of our earlier webinars, So the questions will be answered at the end of Dr. Hartman's presentation. Again, Heidi Decker-Maurer and others will let you know that questions that we don't get to we will get answered and will be posting them on our website, but we'll let you know that at the end.

And one last piece. The webinar this morning is -- does qualify for CRC credits. You will be receiving an email tomorrow, those of you that have attended the webinar, with instructions about how to request the CRC credits for this webinar.

With that, I will turn it over to Dr. Hartman for today's presentation. Thank you.

>> ELLIE HARTMAN: Thank you, Terry.

Welcome, everyone. Seems like we have a good number of you folks joining us today. I am going to open things up, make sure everything is ready here. Looks like it. Already. As Terry mentioned, I'm going to be talking about Wisconsin PROMISE lessons learned.

Just to dive right in, Wisconsin PROMISE and the other PROMISE programs which were researched demonstration programs to better identify, connect and engage youth receiving Supplemental Security Income in the transition process in order to increase employment -- education, employment and self-sufficiency outcomes. So, really with these projects -- and this ties into the Project E3 objectives -- is we really needed to better identify and connect youth receiving Supplemental Security Income and their families. We enrolled them when they were 14, 15, 16. Youth receiving SSI had a Social Security disability determination and family income deemed low enough. So, it is that cross intersection between poverty and disability we were looking at and connecting them to employment and income.

So, typically outreach, as we'll get into, wasn't sufficient to connect with youth and families. With all this happening, the other piece to keep in mind is, as I mentioned, we're early intervention. Youth as young as 14, starting no later than 16 in this project. And when thinking about that we have different pieces that have -- some of it was in context when we started in April 2014. Some has emerged since. So, looking at the workforce innovation and opportunity act and preemployment transition services which were coming on board right about the same time we were enrolling folks in PROMISE, so, for that, really helping inform what are doing here in Wisconsin.

In addition, college and career ready individual education programs or IEPs along with those post-secondary transition plans. Most our youth have an IEP, not all, but that's another context to consider. Here in Wisconsin we were adding academic career plans. That's for every youth whether they had a disability or not starting at the age of 14 doing academic career planning then also connecting with other services and supports. For example, school social workers, school nurses, school home liaisons. That's the school side of thing but also, and I'll get into this further, long-term care and mental health resources as well.

So, what is PROMISE? I started talking about this. It's randomized control design. It's really a demonstration project to see what works for youth receiving SSI. Really to increase, as I mentioned before, those education employment and financial self-sufficiency outcomes.

There are six demonstration sites nationally. Wisconsin is one of them and then Arkansas, California, Maryland, New York, and then a consortium of states that included Utah, Colorado, both the Dakotas, Montana and Arizona.

And really services started, as I mentioned, back in April 2014. Enrollment ended April 2016. And then youth and families received services for two-and-a-half to five years. Most services stopped September 30th, 2018. In Wisconsin we did

a couple other things, but that's really the time period. So, now that services have ended we can really talk about lessons learned.

One big benefit of this grant is we did receive a lot of money with the goal of that money mainly to be spent on services and supports not only for youth but the whole family. The other big piece of this grant was inter-agency collaboration, both at the federal and state level. So, the grants that each state received were through the Department of Education as well as the Technical Assistance Center, AUCD, then in partnership with the Social Security Administration that provided the funding for the national research that Mathematica conducted and is continuing to conduct. But also, in partnership with the Department of Labor; thinking specifically of the office of employment and disability policy. And then the Department of Health and Human Services. So, it was an inter-agency collaboration at the national level but also at the state level. So, all those partners were present at the national level. It was also expected that we had all those partners collaborating at the state level. This was really important to ensure that we provided wrap around resources for youth and families as we were working with them. Really coordinating services and connecting to resources and support is already available through the state and supplementing them with the PROMISE services as they made sense.

So, we enrolled -- each project was required to enroll at least 2,000 youth and their families, which we did. As I mentioned, they were 14, 15 and 16, receiving Supplemental Security Income when they enrolled. And we enrolled both the youth and their family members. Half received services as unusual and the other half got the treatment package.

So, what that meant in Wisconsin was youth were automatically enrolled in Wisconsin division of vocational rehabilitation or DVR services. And they got a PROMISE DVR counsellor that case managed and insured you got all the PROMISE services in addition to the typical VR services. In addition, families received family service plan through the youth's DVR case and could receive the similar services towards their own education employment and financial self-sufficiency goals.

Then the other piece was each youth we built the PROMISE DVR counsellor built inter-agency team. So, identified the different folks, whether they are -- and that, of course, included the youth and family for youth and family voice of course, DVR, school, long-term care, mental health, foster care, juvenile justice, other natural supports, those were all listed. Providers were included. And then the key components of the grant. Which included employment services. So, the aim was at least one paid job, preferably two, prior to exiting high school.

Then because everyone was receiving SSI and I know

Project E3 just did a series of webinars on this, the work incentive benefits counseling. So, if you are working, what does that mean. Really focused in on, you know, student earned income exclusion. We also utilized the work incentive called section 301 that was our youth got older, not all of them were eligible for SSI as an adult but they could continue the payments as long as they continued in an employment related program, PROMISE or VR. So, we continued youth receiving the benefits as they completed their path to completing their employment goal. Once they had their job, those payments would stop. But it provided them a way of continuing that income as they journeyed on their path to employment.

In addition, PROMISE really sought to increase financial self-sufficiency. Yeah looking at benefits, getting employed and increasing income, but also are they building assets, really looking at budgeting, managing budgeting and increasing that financial picture not only for today but through the future. So, we also included financial coaching, ways to save money through individual development accounts, which I'll talk about later. And then some of those preemployment transition services or pre-ets as they're commonly known through WIOA. On the job social skills training which we did through skills pay the bills which has since been operationalized through our DVR program. In addition, also family and self-advocacy training. Another one of those pre-ets. But we also worked with families to both increase expectations and help with resource navigation.

And then we decided to throw one more piece in Wisconsin. It was the health promotion piece which our youth. And that really focusing in just briefly, just an introduction on the health promotion.

The other thing I wanted to point out, with each PROMISE program, these core components, the employment services, work incentive benefits counseling and financial planning, the preemployment transition services, the connection with families, and the inter-agency collaboration were all core requirements of each PROMISE program.

So, this whole model was demonstrated across the six different sites.

So, what did our folks look like? What were their demographics? This was a bit of a surprise, especially when we looked at primary disability type. I think originally the thought was SSI, we're thinking a lot about individuals with intellectual development disabilities. And about 30% of youth did identify intellectual developmental disabilities as their primary disability on that intake form when they first enrolled. But we actually had a higher percentage, 34%, who identified mental health or behavioral as their primary.

And then another 25% that identified other. This was some of the more non-obvious disabilities. So, speech and language, maybe ADHD, other types of behavioral-related. So that was a large percentage.

Now it was SSI, so it was the whole gamut of any disability qualified through the Social Security disability determination. So, we also had individuals with physical disabilities, long-term care illnesses. We had individuals with sensory disabilities. So, the full gamut. But those were at much smaller percentages.

Race and ethnicity. Yes, this is a Wisconsin project, and yes our primary group was African-American. 49%, almost half our youth identified as African-American. This percentage was even higher in our Milwaukee area. So, we had about 40% of our participants in the Milwaukee area -- in fact we saw higher percentages of individuals in more urban areas compared to rural areas. Although we did have a good number of folks in rural areas as well. We actually serve youth in all 72 Wisconsin counties. We were statewide. So, we did have a diverse makeup. But it definitely leaned more towards urban, African-American, and this was consistent with who is receiving SSI in Wisconsin.

In addition, 36% identified as white. And that was 8% in Milwaukee. And then statewide it's about the same, 10-11% identified as Hispanic. Most youth and families identified as primary English speaking, 95%. But we did have a good number of families who spoke Spanish and some a couple other different languages. So, we of course provided those accommodations as needed. Two-thirds of the population was male. This is consistent with the numbers who are receiving SSI.

So that gives you somewhat of a sense of when we're talking about youth 14-16 who enrolled in PROMISE who we were working with.

In addition, remember to be eligible the household income needed to be deemed low enough. So, most households had lower income, 33% statewide, 40% in Milwaukee identified less than \$10,000 a year annually. This is not only earned income; this is any income. Then additional 37% statewide, 35% in Milwaukee between \$10,000 to \$25,000 a year. Then some over \$25,000 a year but it wasn't that much more over. So, it wasn't a lot of money coming in.

The other thing is most families identified as single-parent households. 66% statewide, 67% in Milwaukee. Most youth reported a good at least physical health, 85%. Most students had an IEP, individual education program, at school, at enrollment. 84%. There were some without. Not everyone was going to a public school. Not everyone's disability was impacting their education. Unfortunately, we didn't collect information on 504 plans.

In addition, looking at long-term care which we thought was

going to be a higher percentage but about on 10% were connected to children's long-term care services. That does increase throughout the project. And we look specifically at the sub-population as well. Other benefits that families are receiving. Two-thirds reported receiving Food Share also commonly referred to as SNAP benefits. The other pieces are 60% reported other household members receiving SSDI or Social Security Disability Insurance. Some also had household members who were also receiving SSI. 22%. And then 12% reported housing assistance. Then a smaller percentage reported connected to TANF. 4% as part of Wisconsin works. This might be because of the work requirements associated with the program. Whereas SSI does not have such requirements, which lends itself to show that some of the families were really dependent on the youth's SSI check to maintain household expenses.

So, no wrong door?

Each state is trying to operate so that there's no wrong door. That inter-agency services run smoothly. How is that working for Wisconsin PROMISE? And what we found is even though we have a lot of services that supports and folks were eligible for a lot of services and supports, when youth receiving SSI, with poverty in life every day in poverty that can just get in the way. Living day-to-day makes it difficult to jump through all the required hoops to access services needed. Just getting somewhere to fill out an application or filling out an application online, attending appointments as needed. Sometimes other things come up that are higher priority when you are worried about enough food on the table and roof over the head. So, we really started to think through in the PROMISE program, how can we better reach out and meet families where they're at. The other thing was training and services were not as user-friendly as we would like them to be. When we start to account for those hardships of poverty.

So, youth and families had histories of trauma; So, were they trauma informed? We were really ensuring in the environments they walked into, how we responded to folks, how services were delivered. Basic needs. If their basic needs aren't being attended to, it's really hard to engage in the services and supports available. So how do we connect to those resources? Ambivalence. Folks were on the fence. Yes, they wanted to increase employment, but can that really happen. And there's all these competing factors. So, we're utilizing structures like motivational interviewing to really get the input of where folks want to go and how they want to get there; super important service, dictating that path and giving that met with resistance.

Training structure.

So, use to training knowledge and lessons learned through theory, but our youth and families and families benefitted more

from hands on practical instruction. Which skills to pay the bills provides formats to do that. Are we adjusting those curriculum to make sure that hands on learning is available no matter the disability? So, really looking at that hands-on practical instruction not only for that social skills on the job social skills training but also for things like financial planning and capability building. Are we implementing a more practical instruction?

As I mentioned before, are we truly meeting the youth and family where they're at and moving from that place.

So, one of the things we really demonstrated in Wisconsin PROMISE -- now Wisconsin PROMISE was unique in that really the way it was structured was through our division of vocational rehabilitation. So, I am going to focus on the importance of that and why our youth and families really benefitted from that structure. Knowing that the exact structure that we utilized in Wisconsin is not always possible state to state. But really understanding the important component of connecting youth receiving SSI to voc rehab services if that's possible.

So, with treatment group, 100% were connected to voc rehab. And we also saw higher employment rates. In addition, when we looked at the controlled group who did connect to VR, we saw higher employment rates. Then also with the treatment group, those what had paid work experiences, training on the job also had higher employment rates. So, getting those early employment experiences, whether it's through the sport of voc rehab, through school transition programs, project search, or even local WIOA Title 1 programs available to youth through Title 1 job centers, youth apprenticeship programs, internships, how are we connecting youth to those early work experiences. Of course, voc rehab helps navigate that especially with WIOA and pre-employment transition services but also connecting to the youth programs available through local job centers or employment and training programs.

So, in Wisconsin, 89% of our promised youth -- so 100% connected to VR. 89% had at least one face-to-face meeting with their Wisconsin DVR counselor. An additional 8% had at least one phone conversation.

So, 88% -- so most connected with their promise DVR counselor at least once. Obviously our preference was face-to-face if at all possible, but still have that connection with a few that we were unable to get face-to-face. With that, 88% had an individual plan for employment through VR. So, their IPE. After that IPE was written we looked at engagement rate. When they highly engaged? About half were. 23% had mixed engagement. In and out, in and out. 27% had low engagement. So that really meant we had to structure our services and supports to promote engagement across all those groups throughout the project.

With all of our efforts, 71% of promise youth did receive employment services.

Here's the outline of the different services -- or the numbers. So, 914 youth had any service. I mentioned IPEs. Most had a family resource team identified as well. And then we had in addition to that we had 487 family service plans written for 652 family members. And I forgot to mention earlier, if we could, if the family members were eligible, we also connected them to their own VR case. So, additional 109 family members were connected to VR. I mentioned 713 with employment service. And then here's the promise specific services. Almost 600 met with a PROMISE family advocate. That family advocacy piece. And a good number of them completed the family advocacy modules. Almost that much, the same number met with the financial coach. 377 identified having a savings account. Just over 500 met with a work instead of benefits specialist and completed the skills to pay the bills training. Almost 500 completed the self-advocacy modules and a about a third completed the health promotion piece.

When all was said and done connecting and engaging youth and families to VR and PROMISE services led to increases in employment rates for youth. So, we see with the treatment group two-thirds, 67% if you look from April 2014-September 18th, did they ever have a job according to our UI wage records, 67% in the treatment group compared to 57% in the control group. That's a 10%-point difference of youth with paid work experience early on in high school.

If you look at the control group that never connected to voc rehab -- so I mentioned about a third did, well two third didn't. If you look at that you see even lower employment rates. Just over half had some paid work experience. So, this combination of services and supports had an impact on youth who received a paid job during this early transition period.

In addition, a small percentage, about 78 youth earned substantial gainful activity.

We found that when we identified inter-agency folks and had that wrap around service and worked with other agencies we saw higher employment rates. So, if there's a school person identified, that employment rate jumped to 70%. If there was a long-term case manager identified, that jumped to 71%.

Then we saw, if we looked over for the long-term care population, you can remember at enrollment about 10% were with long-term care. Since then more youth connected to long-term care services. So, that increased. And then when we looked at employment rates, that increased more in the treatment group than the control group. When we looked at employment rates, rates were higher in the treatment -- For treatment 52% of those in long-term care and also in PROMISE had a job during that period compared to

a third in the control group. So, employment rates were a little lower for those with long-term care services, but we were able to increase treatment group employment rates for those in long-term care by quite a bit more treatment service control.

What this graph provides is a look across quarters. So that was whether they were employed at all throughout the period from April 2014 to September 2018. You can see looking at this graph increases started right as folks started to enroll. So, here's the enrollment period. You see employment rates starting to rise already for the treatment group. And even more so once enrollment ended and everyone was on board. And these spikes are summer months. So, we saw more employment during summer months which makes a lot of sense. Then that compares to the control group -- the full control group and then also the control without a VR case. So, you can see the changes quarter by quarter.

Then when you look at whether or not they connected to employment service, you also see that employment rates are higher when folks connected to an employment service. So, assessments, skills to pay the bills, job exploration counseling, higher employment rate, 77%, 81%, and even higher when they start to have on the job types of training. Like child work experiences, work-based learning experiences, on-the-job training. We didn't connect a lot of youth -- didn't connect a lot of youth during this period about 20. You see more participated in the child work experiences and other options. But, when we did, we actually had 100% employment rate.

So, these last two graphs, this one and this one, actually come from a recently published journal article that is in the journal of vocational rehabilitation. And they actually have a new special double issue on PROMISE. It's actually open access. Anyone can read not only about Wisconsin PROMISE but all the different PROMISE projects. Don't let this fool you. If you scroll down, all of these are open access to anyone. You will see it unlocked so you can get the PDF. The early intervention article I mentioned is on here as well as we did a publication on work instead of benefits counseling. You see here's Maryland's -- one of Maryland's articles. The early -- here's the early findings. So those two graphs come from this article. Then we did a cost-benefit analysis on continuing some of these services now that PROMISE is over. How much will that cost and what's the benefit of doing so. But there's also wonderful publications, I can't get into all of them, without taking too much time, from the other PROMISE projects as well that you can please feel free to check out.

All right. So, in addition to the employment services, when youth and families engaged in the other PROMISE-specific services, like benefits counseling, financial coaching, having a

savings account, competing those modules and self-advocacy, we also saw increases in employment rates.

We also have a one pager available promisewi.com/success if you want to see some of our results. It also includes a lessons learned document on that.

One of the things we were able to pull together with all these specific services and supports and having an impact in knowing that there's a lot to coordinate at the transition level. You have Medicaid. So, healthcare, long-term care, mental health services. You have school. As I mentioned the IEPs and the post-secondary transition plans and even the academic career planning. You have workforce support. So, voc rehab, youth apprenticeships, employment and training programs. You have child well care. So, a good number of youth actually were in foster care, child welfare programs and eligible for independent living center supports. And then Wisconsin works. We had transition jobs. It's a lot to navigate. So, actually in PROMISE what we did was developed a transition guide. This is Wisconsin specific. But I know other states have talked. Employment resources incorporated developed this for PROMISE. We actually didn't put any PROMISE logos on it because we wanted -- schools are actually requesting this. And other folks are requesting this guide. And you can go through here and navigate here. But it really has the core components that we included in PROMISE and also links to resources.

A paper copy is kind of nice. It is a nice size. It's got fold out activities, fun things there. But we also have PDF versions in English, Spanish and Hmong. If you are in Wisconsin that might be interest to you right now. We are printing them -- the grant is paying for all printed copies and we're monitoring those orders. Like I said, we just did a presentation at the transition academy for Wisconsin special educators and we've got a lot of positive response on putting this. And it was really a collaborative effort across the different agencies to build this and definitely based on lessons learned in PROMISE. So, wanted to share that.

I wanted to highlight a couple of our services that's come up again and again. Very specific to PROMISE that really helped contribute and were unique factors.

So, one of the things when we are talking about poverty, there was a lot of different crises that were happening in families. So, we tried to set up these family advocacy group trainings to talk about increasing expectations, navigating resources. Even though folks were signing up we were getting low attendance. Well things were happening. There was one training where one family didn't show up because another family member in their -- another youth in their family got shot. So, definitely the priority to attend

to that. Another one because one of her kids left an infant with her and she wasn't sure if she could bring the infant to the training. Which, of course, we would have welcomed the baby, but, you know, didn't know us very well. And so, what we found with all of this stuff going on in life, we needed to build in supports more one-on-one. So, we transferred the model of training to family peer support. And actually, hired peer -- we call them PROMISE family advocates. But they were peers. Folks with lived experience. Folks with a youth with a disability. Folks who have navigated the system before. Some of them were even PROMISE parents. And they really helped to navigate -- identify and navigate supports, increase those expectations of what's possible, help youth with their self-advocacy, and really meeting the families where they're at.

Then the important piece of that was not only to help with immediate concerns, but then also work with the family to go from emergency to emergency to really working towards those employment goals, those long-term goals. So, we can help you with this this month, but what are we going to do next month? What's the plan? So, really taking and -- the family advocates and the DVR counsellors would walk with the families through that path.

The other feature I wanted to highlight was the Wisconsin PROMISE individual development accounts that we had available. And with work instead of benefits counselling, the financial capability building, we wanted to provide a way for folks to start thinking and saving money. So, we had PROMISE individual development accounts. And in those they would -- we helped with the initial \$25 deposit. Then they saved up to \$250 in that account. Once they reached that savings goal, we'd matched \$1,000. So, a four to one match there. And towards the purchase of help with their education, employment and financial goals. So that could be transportation focus. A lot of folks bought cars. Maybe housing. Employment focused. So, like equipment for employment like camera system, a storage organization system to help youth get the job. A big one was financial debt. Especially family members were in debt that were preventing them with getting a job because of financial background checks. So, we helped with financial debt. As long as that occurred prior to starting their IDA of course. And we had 525 IDAs open. 290 of them were youth. 214 parents. And 21 in the household. And they used them. We had quite a few IDAs where they -- this is the total participant balance. Over \$131,000 denied. And that ranged from 10 -- almost \$3,000. One individual was really saving a lot. And averaged \$250. Which makes sense because that was the goal.

So, 70 percent of the youth continued to save in their IDAs after PROMISE. So, continued engagement in those IDAs. They all had to be done by the end of March 2019, but that was something

they continued to do even after most the PROMISE services have been done. So, there's definitely motivation for utilizing those accounts. And that's really helping youth and families towards their path to financial self-sufficiency.

Another key component that I haven't mentioned yet was the community.

So, we were really a big piece is connecting youth and families to their communities. Some were disconnected and really starting to have that conversation at the community level of what's possible. What employment is possible. And how could community members increase the possibilities for youth with disabilities to work right in their own community. So, we did this in urban communities. We did this in Milwaukee. We did this in rural communities. We did this in multiple places.

In addition, in that final year, right after services were over. So, from October 2018 through the end of July of 2019, 97 of our PROMISE youth and family members became part -- actively started on a project to increase employment for youth with disabilities in their own community. They did a variety of different projects.

For example, one PROMISE youth connected other students with disabilities in her high school and helping them apply for local internships and apprenticeships. And these didn't have to be disability specific but they might be eligible for those and she helped them find and apply for them. There was a PROMISE youth who worked with the City Council to improve road safety for biking to and from work. Another PROMISE mom who negotiated with a local cab company for assistance for drop off, pick up and negotiated a lower cost for individuals with disabilities.

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>> ELLIE HARTMAN: Okay. That was actually one of the -- we had small grants for community conversations. I don't know if grant is the right word, but small amounts of money who wanted to follow through on their own community goals to increase employment opportunities for youth in their communities. And that is one of the projects that Milwaukee did. But, like I said, we were statewide. We even had a community conversation up on a reservation. We had a community conversation in every single part of our state. Like I said, urban and rural areas as well.

So, it wasn't only about connecting youth and families but also the whole community. Because really what we're showing and demonstrating over and over again, that youth and their family members have so much to give to the community. They are part of the solution to the workforce needs throughout the state. The employers are looking for good, dependable employees. And our youth and families fit in, you know, according to their interests,

abilities, skills, of course. But once you make that match, they're helping to solve a lot of workforce needs across the state. We want to be able to demonstrate that over and over again.

So, specifically, trying to keep an eye on the clock here, lessons learned.

So, what we've found was that, yes folks are out there, yes they're eligible for services and supports, but they're not necessarily connected. So how can we do that? So, we want more targeted outreach for SSI youth and their families.

And what we found in Wisconsin PROMISE that even something as simple as postcards, something you can read on your way to the trash can is what I like to say. Because one of our community connectors shared with this us. Not a lot of words but like, hey, this might be helpful for you. And they're reading it as they're about to throw it away and they're like wait a minute I want to check this out. So, better outreach strategies to really get at youth and families.

And some states are like we don't know who they are. So, one nice thing in Wisconsin is Medicaid. You can be eligible for Medicaid because youth are on SSI. So, we actually built a partnership with our Medicaid department in order so they could pull a list. We have the Social Security list for this project, but the Medicaid addresses were actually more up to date. So that's something we can continue to do in the future.

In addition, that targeted case management or family navigators to really help connect families. Youth and families to supports. Especially voc rehab services, but other employment services that are available in the state, what makes sense for the youth and family members. Definitely being person-centered about that. Strength based, person centered, building an empowerment, using rapid engagement, motivational interviewing, trauma informed care. If you are going to do case management making sure it's employment focused and incorporating that SSA navigation piece. To make sure folks are getting the services and support they need but also making sure they're maximizing their income to financial self-sufficiency.

Is there a way to build target case management for SSI families? Yes, they're eligible for different services and support but there's not a main mechanism for doing that. Our article regarding the cost of doing something like that and the benefits of doing something like that is highlighted in that JBR double special issue.

The other piece was inter-agency data sharing. So, what we were able to pull off and promise is we pulled agency data from DVR, employment training programs, DHS, so Medicaid, long-term care, school data, child welfare data, so we've got all that pulled together. Add not only did that help us track outcomes and

engagement, inter-agency collaboration, but it's also letting us look at okay what is that combination of services and supports, how can we better provide services and supports for youth and their families. We're continuing to analyze that data. But we're also talking at the state level is this something that makes sense. If we want to increase competitive integrated employment for all individuals with disabilities in our state, is an interagency data sharing option, does that make sense moving forward.

I talked about community conversations.

Other lessons learned. Providing services where youth are at. Which might mean at the schools. So, the preemployment transition services is a good mechanism for that. And the corroboration across plans. And if needed that long-term care. Is that bridge happening.

Then we started dabbling -- and I'm not going to have a lot of time to talk about -- but improving the capacity around customized employment and support employment. You saw that when we did connect youth to supported employment services that they got jobs. Can we better provide that capacity to ensure that youth that might need those additional supports to help on matching those interests, the skills, connecting them to employers really increases. And the service provider is able to do that and does the funding structure support service providers to do that. Meeting the needs of our consumers.

In addition, improve service to delivery and accessibility for SSI youth and their family members. So, implementing best practices learned through PROMISE. And that family support piece. Where does that fit in? Work across agencies to ensure family members with youth and SSI have the support needed to navigate services systems and information on post school possibilities. So, the trick is, a lot of service programs are focused on the individual who is eligible, but sometimes, for example, when you are working with transition-aged youth, working with the whole family can make a huge difference. So, where do we build that into our service systems?

We currently have a bill introduced to possibly provide that additional support. We'll see if that gets passed or not. But that's a big question after PROMISE.

Then I mentioned over and over again and I'll just highlight it here, that PROMISE, especially in Wisconsin, really helped our DVR with their preemployment transition services. So, utilizing what the tech specks we used for the technical specifics we used for skills to pay the bills, soft skills training and promise are just right back in DVR.

Work inside benefits counseling. We found a full-blown analysis sometimes was too much information for families all at once and a little overwhelming. So, we did more of a consult

model. Really meeting families where they're at and working through issues over time. So that's now incorporated within our voc rehab.

Now DVR is looking at financial -- a statewide system to ensure financial capability training. It's possible right now but sometimes folks don't even think of that as a possible service and how that fits in with everything else. And so, do you make it more apparent and promote it more or provide more information on the benefits of utilizing financial capability trainings. Self-advocacy trainings. We had an online module and we really found that the in-person training, hands-on experience practice was the better way. So, we also were formed a lot in this project in the use of technology.

Those face-to-face meetings, those building relationships were so important, but then in between meetings and communication, technology was so important. Texting to keep youth engaged, family membered engaged. Knowing how to connect with families. Even when some of their forms of communication changed. They moved. Their phone number changed. Our family advocates found setting up a professional Facebook account so they could message family members was a good way to continue to connect with youth and family members whose phone numbers might change on a regular basis. So, the phone number might change but the Facebook account doesn't so they could still message them. That's just one example.

So, we're learning different ways to communicate and engage with youth and families. Again, that face-to-face, meeting families where they're at, so important, but how do we supplement that with technology to make it -- that communication ongoing and we don't lose that good communication that's happening.

I talked about these other pieces already. The importance of relationships with schools and other service programs and, of course, how we implemented the services made a big difference. Rapid engagement. Meaning are we constantly making progress, moving forward towards their goals. The motivational interviewing especially for those who were ambivalent and trauma informed care, trauma informed care, trauma informed care.

Then also looking at moving forward and expanding. Credentials and measurable skills gains. Implementing best practices. And I think I already mentioned the family support. Some of these are repeated.

So, I shared some of the employment that was happening during high school. And I'm trying to decide, there's so many videos we have and I'm going to open this up. I'm leaning toward maybe sharing Daviantae's story. We highlight his journey to going all the way to post-secondary. But we have a lot of good videos here. So, promisewi.com/videos. You will see we have some family stories. So, if you want to look at the full families, that's a

fun way to look at it. The Clemens, the Clarks, the Boston baileys. Matthew has a great story up in Northwestern Wisconsin. And then there's some good Milwaukee stories. Craig's story. Reyna, there's a focus on trauma informed care here. Xavi in the green bay area. Cody, working on welding with some of these physical disabilities had to do some welding one handed but still on the pathway to welding. And then Robert. The most enthusiastic employee you will ever see. He was working at a car wash and the employer just so excited for his working. But I'm going to share the post-secondary one. Oh, wait it's 12:28. All right. Well you guys are going to have to watch because I think I'm running out of time. Sorry.

Heidi, do I need to --

>> HEIDI: So far we only have two questions. So, I think you are good to run a couple videos if you'd like.

>> ELLIE HARTMAN: Do I have time?

>> HEIDI: Yes.

>> ELLIE HARTMAN: Then I will.

[Video playing]

>> ELLIE HARTMAN: All right. Heidi, you said we had time for a couple. What time do we get done here?

>> HEIDI: We usually wrap it up around 12:30. We've lost a few people, if you can't stay any longer that's perfectly fine. We will go ahead and get written answers to the questions and make those available with all those other materials.

So, the questions that we had, we'll go ahead and just take two. One of them was did you face more negative from employers -- so did there seem to be a difference center the employers who had people with mental health issues rather than physical issues?

>> ELLIE HARTMAN: That's a good question. What we tend to find with employers overall is for youth they tend to be more open to different options knowing it's going to be -- they like the idea of employing youth knowing that it doesn't always run smoothly. That said, were there specific situations where -- we had some youths who tried a bunch of different jobs and were fired from a bunch, and those were typically more mental health behavioral related. Maybe even some of the past trauma getting in the way there. So, with those youth, finding that really good job match was so vital. So, a good, you know, individual placement support model makes a lot of sense for those individuals. I know in Wisconsin we want to get better at that for our youth having a mental health diagnosis or having behavioral-related concerns. I think with PROMISE we demonstrated we made a lot of gains in that area but it's definitely an area we want to continue to grow in.

The good news is when we have the community conversations and really talking about potential that we had a lot of employers

who came to the table willing to try. And had lots of success. So, if you look at -- if you have a chance to watch Robert's video, and I'm trying to remember what his disability is, you will see a very energetic and enthused employer. But it is a good question. I think we need to continue to work on the stigma related to mental health behavioral and really working to find that good job match. I think it's out there. It's sometimes a little trickier. But continuing to have those community conversations opens a lot more employers open to the possibilities. Especially in our workforce economy today.

>> HEIDI: That's a great answer. Thanks, Ellie. It segues into the next question. This will be our last question. There are two more after that but in respect to everybody's time we'll have Ellie type up answers to those and they'll be included with all the materials from today's webcast.

The question that we have: How are businesses recruited to participate?

>> ELLIE HARTMAN: So, that's a good question.

So, it was through the division of vocation rehabilitation. So, with that, every job was individualized. So, we have employment providers throughout the state who do job placement, supportive employment, customized employment services. So, they work individually with the student to connect the student to jobs, to trial work experiences.

One thing I will say is what worked really well, and which is increasing in VR now is connecting youth to job shadows. When the employment provider connected them to job shadows that usually led to trial work experience which usually led to a more permanent job. So, it was individualized for each youth with employment provider.

I think if you are interested in getting a lot of employers engaged and maybe doing a summer youth program, things like that, Arkansas model was more outreach to employers and connecting youth to summer jobs. And I believe, I could be wrong, but I believe one of their JVR articles speaks specifically to that type of model.

>> HEIDI: Super. Well, Ellie, we're a little bit over time and thanks so everybody who was able to stay for a little bit. Terry I'm going hand it over to you. Anything to add before we let everybody get on with their day?

>> TERRY: No. Thanks very much. We'll leave the site open up briefly. Jan put information in the chat box about obtaining your CRC credits. Again, those of who attended you will get an email tomorrow and there will be instructions about that but Jen also put additional information in the chat box. She also added links in the chat box for those who may not have been reviewing it with links to the Journal Vocational Rehabilitation special

issue that Ellie mentioned in her presentation as well as a couple other things.

So, again, we'll leave the site open for a while for those that may want to scan through the chat and check those links. Otherwise, thanks very much. We will be having additional webinars through the rest of this year as well as all of 2020. If you have registered to are any of our webinars you will get notice of those and we expect them to be at the same level of quality that Ellie delivered for us today.

So, thanks, everybody. And we are done.

>> HEIDI: Thank you, Ellie.
