Centering communities, constellations and networks of practice to improve youth post-school outcomes through PROMISE

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Abstract.
BACKGROUND: Communities of practice continue to gain in popularity across industry sectors as a method for improving organizational performance and a multi-faceted typology has emerged over time. However, the extant literature has little to say regarding how multiple communities, constellations and networks of practice can form around a central problem in an attempt to address a broad systemic issue.
OBJECTIVE: This article explores the contemporary challenges and limitations of the community of practice model and describes the approach one state took in employing a multi-faceted 'Center of Practice' to address the poor post-school outcomes of youth with disabilities who receive Supplemental Security Income (SSI).
CONCLUSION: The NYS PROMISE Center of Practice is described, as are perspectives on essential core elements, and propositions for consideration when implementing large systems level Centers of Practice to address challenges and limitations described in the literature with communities of practice. Lessons learned and implications for future research end this article.

Keywords: Communities of practice, knowledge management, organizational learning, systems learning, situated learning, transition planning, youth with disabilities, Supplemental Security Income, PROMISE

1. Introduction

Practices in transition to adulthood for youth with disabilities continue to evolve, and recommendations are emerging for specific services to help youth and young adults mitigate barriers, develop human and social capital, and enhance their employability to match the needs of the contemporary labor market (Mazzotti et al., 2016; Rowe et al., 2013; Test et al., 2009). There are continued efforts to identify and promote effective practices to improve outcomes for youth with disabilities at the group level, and studies have continued to demonstrate the need for local-level adaptation of these practices to fit to the living and learning context for these young people. Local-level adaptation of effective practices is especially relevant when programs are scaled up.

Providing developmentally appropriate services for transition age youth with a focus on achieving meaningful and relevant outcomes results in program adaptation during scale-up.. However, substantive local customization may include deviations that can induce heterogeneity in program parameters (Blakely et al., 1987; Quin & Kim, 2017). The landscape of service delivery systems for youth and young adults is evolving in response to the Individuals with Disabilities Education Act (IDEA) and the recently enacted Workforce Innovation and Opportunity Act (WIOA), necessitating micro-level

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adaptation of transition to adulthood programs. In this context, scaling-up transition to adulthood programs and best practices requires a complementary learning system that advances local knowledge, as well as implementation of strategies equipping key stakeholders in education, workforce development, community-based mental health and other pertinent services for youth with disabilities.

Several approaches to customized and continual learning have recently been explored and promoted to engage diverse community-based practitioners to enhance their ability to adapt broad sets of practices to their local contexts (Povenmire-Kirk et al., 2015). In some instances, programs leveraging technology have been examined to understand their ability to create 'learning systems' in transition to adulthood practices. The theory of situated learning and communities of practices is the common underpinning of these approaches. This paper describes a learning system that was established not only to implement evidence-based practices in transition to adulthood for vulnerable youth with disabilities, but also to help support implementation of NYS PROMISE (New York State Promoting the Readiness of Minors in Supplemental Security Income), a large-scale randomized controlled trial measuring efficacy and effectiveness of a model demonstration program. By explicating the theoretical components of 'center of practice' and connecting them to program quality improvement efforts, this paper provides a unique perspective that has potential to enable scale-up of transition to adulthood programs at the county, region, state, or national level. Further, the paper also explores the concept of the "Center of Practice" as a feasible approach in implementation of large-scale randomized control trial model demonstration program for measuring its efficacy and effectiveness.

2. Introduction to situated learning, communities of practice and PROMISE

Lave and Wenger (1991) proposed that the social and cultural context of the learner, i.e., the learner's lived experience on a day-to-day basis, is a foundational element of learning, and that learners become involved in a community of practice (CoP) where there is a shared commitment to develop or improve behaviors needed to effect change. Wenger (1998) further refined the process of CoP into three distinct phases – mutual engagement, where members interact establishing norms and relationships; member engagement, to establish joint enterprise through shared commitment; and production of shared repertoires, in form of artifacts that help reify negotiated meanings or practices.

Viewed from this perspective, CoPs have potential applications in the area of transition to adulthood for youth with disabilities. The increasing emphasis on improving the growth and stability in youth employability via collaboration between education, labor programs, businesses, health care and social safety-net programs calls on practitioners from these agencies to have a shared understanding of youth needs and experiences, and to support them with customized services. Practitioners and institutions serving youth face challenges in creating this shared understanding. These challenges emerge not only from their need for information, but also from their institutional cultural environments that can impact the process of sharing and interpreting information across agencies leading to fragmentation of services for youth served. CoPs have the potential to create 'negotiated' understandings to address these challenges, which are crucial to overcoming systemic inertia by practitioners and institutions in improving service coordination and case management. CoPs have shown limited impact in fostering negotiated understandings, mostly resulting from their conceptual limitations and a lack creativity of their application.

Roberts (2011) proposed a typology of CoPs based on a critical review of CoP literature. This typology included situated practice involving mutual engagement (*community of practice*); situated practice achieved through boundary spanners/brokers (*constellations of practice*); and, dislocated practice (*networks of practice which can occur at the local, regional, national, global or virtual level*). This typology of CoPs (Roberts, 2011) is influenced by the understanding that social interactions among CoP members that are spatially distributed often occur without a direct impact on practice. Further, Brown and Dugid (2001) describe a term called "network of practice" to suggest existence of multiple CoPs within a large framework of practice-based communities, creating local communities with access to others 'in-network' and thus creating constellations of practices. However, these interactions may present opportunities for learning across other CoPs through boundary-level processes of harmonizing situated experiences to generalizable principles (i.e., *methods standardization*) and may create *boundary objects* – materials and resources that summarize specific as
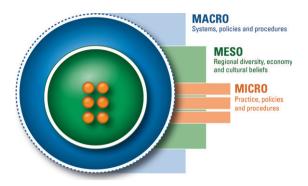
Fig. 1. Nested NYS Learning Construct.

well as generalizable information – that percolate across the CoPs within networks or constellations of practices (Star & Griesemer, 1989). Differentiation of communities of practice recognizes the variance in size, spatial scaling, and nature of practice.

Based on this discourse in the field of distributed CoPs, we describe the multidimensional CoP of the NYS PROMISE program as consisting three primary domains: 1) *community* of practice focused on the local implementation of a program requiring intensive collaborations across education, vocational rehabilitation and pertinent social welfare programs; 2) a broad, *constellation* of practice formed through regional networks and dislocated practice federated at state-levels; and 3) these parts together forming a multi-faceted *center of practice*.

Figure 1 illustrates a construct that bounds the learning domains of the center of practice that needed to be considered.

The deeper understanding gained through this construct of the complexity of the NYS PROMISE initiative aided the learning community architects in understanding that this was not a singular community of practice, constellation of practice or dislocated practice, but rather something new; a collective 'center of practice' purposely formed around a large-scale social issue, "how do we improve the provision and coordination of services and supports for child SSI recipients and their families to enable them to achieve improved outcomes." [PROMISE RFP, 2013]

Next, we discuss how a "Center of Practice" approach was utilized in New York State to re-calibrate the context for systems and organizational learning in a statewide experimental research demonstration project: *Promoting the Opportunities of Minors Receiving Supplemental Security Income (PROMISE).*

3. The NYS PROMISE model

Promoting the Readiness of Minors in Supplemental Security Income (PROMISE) is a joint federal research demonstration launched in 2013 by the I.S. Departments of Education (USDOE), Health and Human Services, and Labor, with evaluation support for the demonstration from the Social Security Administration. As the lead federal partner, the USDOE funded six model demonstration projects to address barriers and obstacles to economic independence and promote successful education and employment post-school outcomes for youth who receive SSI. Youth SSI recipients between the ages of 14 to 16 were eligible to enroll in the PROMISE demonstration. The USDOE provided approximately $230 million over a five to six year period to the demonstration projects in Arkansas; California; Maryland; New York; Wisconsin; and a six-state consortium which included Arizona, Colorado, Montana, North Dakota, South Dakota and Utah.

The NYS PROMISE intervention model is designed to support schools and communities in providing high quality transition services to youth who receive SSI, while recognizing that the needs of each community and student are unique (Karpur, Brewer, & Golden, 2013). The NYS PROMISE project engaged existing local, regional and state transition stakeholders in the implementation of the demonstration, including: local school-based and community-based case managers; Parent Center family coaches; and a network of community service providers. Across three diverse regions of NY State (i.e., Western NY, the NY Capital Region, and New York City), the following program features are core to the NYS PROMISE:

a. Intensive case management, which requires a comprehensive understanding of the context and needs of the program participant and the design of a customized package of services for the young person and the family as a single unit;

b. Cross-system collaboration with service providers to support vocational training, financial management and benefits counselling, to meet other welfare information needs including job-supports for parents/caregivers, and in some instances to provide ancillary services such as access to affordable housing etc.

c. Utilization of an electronic database of outcomes-based service delivery systems to

facilitate joint fiscal and operational account-
ability across service systems;

d. Tracking of youth and family outcomes to
ensure program success and continual accrual
of human and social capital for youth and family
as unit.

In addition to this complicated structural arrange-
ment, the case managers, family coaches and service
providers developed contextually grounded strate-
gies for communications to ensure youth are engaged
in the program, and services and ancillary services
meet families' expectations. The Center of Practice
approach supported the advance brokering of local
solutions, enhanced cross-system learning among
practitioners embedded across systems and facilitated
the development of strategies at regional- and state-
level to standardize implementation of the 'core'
program components of the NYS PROMISE. Fig-
ure 2 outlines the activities that make up the NYS
PROMISE intervention model and describes the spe-
cific domains and practices for the NYS PROMISE
center of practice.

Beyond managing the inherent geographical dis-
tances among key implementation partners, the NYS
PROMISE also had to knit together the youth and
adult disability systems that have direct bearing on
not only the quality of services provided, but also
the quality of outcomes achieved. The entitlement-
driven approach to service provision within schools
suddenly shifts to an individual responsibility-driven
approach in the adult serving system. The WIOA
and its requirements to serve youth while in-school
has required state vocational rehabilitation agen-
cies to realign practices and approaches in order
to serve people within school systems. These dif-
ferences in approach create a mosaic of services
delivered in ways that affect the overall quality of
services and resulting outcomes. A recent needs
assessment conducted by Cornell University for the
New York State Vocational Rehabilitation agency
(ACCES-VR) identified substantial regional varia-
tions in the ability of state vocational rehabilitation
agencies to be responsive to youth and young adults
(Chang, Cook, Golden, Karpur, Malzer, Saleh & Van-
Looy, 2018). Regions that were most effective in
delivering services to youth were more likely to have
higher levels of experience in serving diverse popu-
lation of youth and to have an open organizational
climate that allowed for customization in delivery
mechanisms. Therefore, the meso-level regional col-
laborating units of the NYS PROMISE, while rooted

in similar systems, are sufficiently heterogeneous in
terms of their practices in offering seamless transition
to adulthood services.

4. NYS PROMISE Center of Practice

The NYS PROMISE represents a multi-faceted
center of practice at the macro, meso, and micro
levels. This includes the state-level *learning com-
munity* at a broad macro or systems level, as well
as the project as a whole across the three regional
demonstration sites. The three *regional demonstra-
tion sites*, representing geographic communities of
practice engaged in regionally-based issues and activ-
ities, are the meso-level of the community of practice.
The final facet of this community of practice includes
the specific, or micro, practice domains within the
demonstration sites – case managers, family coaches,
services providers, etc.

To address challenges and limitations associated
with the community of practice model and to embrace
the collective of communities of practice needed to
achieve the intended outcomes, the NYS PROMISE
Center of Practice developed and implemented the
following strategies:

4.1. Standardizing methods

The emphasis of this approach is on "how" more
than "why," as articulated in Star & Griesemer (1989),
in order to encourage practices that are compat-
ible across disparate systems and allow for local
customization of processes. Specific strategies for
standardization include:

- *Identifying, considering and embracing* regional
  and cultural variations across the demonstration
  sites to identify challenges and solve problems
  using tools such as group concept mapping;
- Formally *ascribing* power and authority across
  all facets of the center of practice;
- *Federating* the levels of the CoP with rep-
  resentation at higher levels for cross level
  communication and knowledge sharing;
- Implementing and evaluating a *multi-
  dimensional communication plan* including
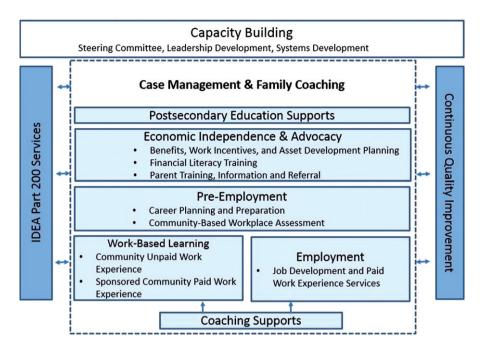 sharing of learning at annual learning
  communities;

Fig. 2. NYS PROMISE Intervention Domains.

4.2. Boundary objects

These include materials, resources, and administrative structures that abstract specific as well as generalizable information for CoPs to learn from. Regional- and state-level resources enabling boundary-level interactions for problem-solving and for the NYS PROMISE include:

- sharing via a dedicated password-protected Online Technical Assistance Center (OTAC), a website that serves as a repository for materials. These include on-boarding and specific coaching materials on case management practices, archives of webinars, outputs from the learning community such as documents, reports and tools, and other shared evidence-based practices in transition to adulthood;
- engaging 'more knowledgeable others' and providing modeling across all communities;
- employing management by data approaches to inform community members and providing opportunity to reflection;
- evaluating effectiveness and degree of networking and collaboration across community members and sectors;
- engaging a continuous quality improvement process for ensuring high quality implementation

The following sections provide more in-depth descriptions of standardization methods and boundary objects that facilitated a Center of Practice approach in implementation of NYS PROMISE.

5. Standardization methods

5.1. Group concept mapping (GCM) for articulating challenges and opportunities

Concept mapping is a structured conceptualization method where a set of diverse stakeholders develop a conceptual model or map that can be used for a variety of strategic planning, problem solving, and evaluation purposes. This project employed Group Concept Mapping (GCM), a type of structured conceptualization developed by William Trochim of Cornell University (Novak 1998, Trochim 1989a). Employing the Concept System® typically involves six defined steps: (a) brainstorming by key stakeholders around a focus prompt to generate a list of statements, (c) unstructured sorting of similar statements and rating of statements (d) computation of the map utilizing multidimensional scaling, (e) interpretation of the cognitive maps, and (f) implementation of the cognitive insight gained from the maps and process. A full step-by-step description of this method is

out of the scope for this article, but can be found in Trochim & Trochim (2007).

The project conducted multiple GCMs to support continuous quality improvement across policy, practice, and partnership in the NYS PROMISE initiative. At the micro level, the GCMs annually helped to identify the facilitators of and challenges to achieving student, family, and project success across the project community. They also supported the state (macro) level Steering Committee in identifying opportunities for enhanced partnership, policy, and practice across state agency partners and developing a strategic plan for continuous quality improvement at the regional (meso) and state (macro) level. The GCMs were implemented at three-levels:

- NYS PROMISE Steering Committee (macro)
- NYS PROMISE Stakeholders (Learning Community) (meso)
- NYS PROMISE Service Providers (micro)

Figures 3 and 4 illustrate the strategic planning and partnership framework outputs from the GCM.

5.2. *Federated communities of practice*

The NYS PROMISE Center of Practice included multiple communities of practice with a collective singular focus, operating at the macro, meso, and micro levels. A state-wide steering committee consisting of representatives of different agencies serving transition-aged youth (e.g., Vocational Rehabilitation, Office of Persons with Developmental Disabilities, Department of Labor, Department of Health, Office of Mental Health, Office of Temporary and Disability Assistance, etc.) met quarterly, including bi-annually in-person. The goals of these meetings were to troubleshoot any differences in policies or practices causing barriers to access for services and to provide snapshot reports of progress in program implementation. At the regional-level, teams consisting of representatives from Research Demonstration Sites (RDS) met quarterly to troubleshoot implementation challenges and share regionally relevant practices for schools, ACCES VR, and community-based service providers. These meetings were facilitated by regional leads from the Office of Mental Health (co-leads of the NYS PROMISE) with the aim of practice standardization and accurate data collection for implementation and research. At the local level, RDS teams consisting representatives from schools, regional parent centers, ACCES VR youth counselors, and community-based service

providers met on a monthly basis to ensure uniform implementation of the program and to adapt program guidance to local needs.

The tiered Center of Practice ensured not only locally or regionally relevant standardization of practices. Participation of select members from the micro-tier in meso-tier groups ensured cross regional dissemination of strategies, ensuring successful transfer of boundary objects across regions. Further, the legitimacy derived from participation in such groups, especially the participation from the Office of Mental Health, provided necessary leverage for participants to address within-unit changes in practices necessary for implementation. The structure of required meetings allowed for the implementation of multidimensional communication plans to ensure high program fidelity through necessary course corrections, as well as exposing new participants to situated learning environments and engaged learning.

6. Boundary objects

6.1. *OTAC web-resource, project manuals, and structured coaching including expert inputs for modelling*

The NYS PROMISE developed an Online Technical Assistance Center (OTAC) www.nyspromise.org/ secure was designed to track data and provide ongoing support to the Center of Practice by serving as a repository for boundary objects developed by the CoP. OTAC is a password protected site used by all project staff. It provides varying access to materials depending on the individual's project role and responsibilities, and is an archive of project-related materials, tools, and created trainings. The OTAC supported sharing of information through summary reports across all three regions.

The NYS PROMISE project was divided into four distinct, yet overlapping, phases: Outreach and Recruitment, Case Management and Service Delivery, Retention and Engagement, and Quality and Assessment. Each phase was represented in OTAC as a dial with five categories; Discussion, Tools, Evidence, Innovations, and Training. As resources were created, they were added to the appropriate dial and category, and made available for use by the NYS PROMISE project community (Figure 5).

The implementation of this model was supported by instructional scaffolding, such as manuals and tools, and implemented across the center of practice
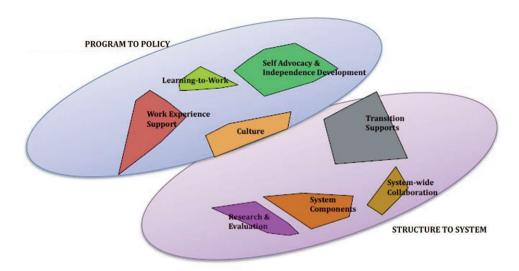
Fig. 3. Current Presence, importance and Viability Rating Data Comparison. NYS PROMISE (2016). Discovery and strategic partnership group concept mapping: 2014–2015 progress report. Concept Systems Inc., and Cornell University: Ithaca, NY, p. 5.
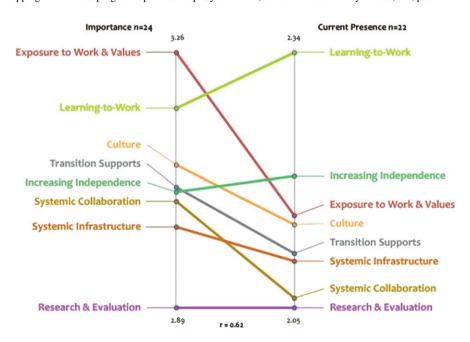

Fig. 4. Relative Pattern Match Comparing Importance and Current Presence: All Participants. NYS PROMISE (2016). Discovery and strategic partnership group concept mapping: 2014-2015 progress report. Concept Systems Inc., and Cornell University: Ithaca, NY. p. 5.

to promote effective demonstration implementation. These manuals and tools included: a Policy and Procedures Manual detailing specific policies and procedures associated with the intervention; an Outreach and Recruitment Manual describing the recruitment and outreach process and practical guidance; an Intervention and Implementation Guide providing information about New York State's PROMISE program and field implementation; and

a Program Fidelity Rubric and Site Visit Protocol to track the degree to which the NYS PROMISE interventions were implemented by partners as prescribed, the confidence and satisfaction of partners in implementation, and regional and cultural differentiation. The Policy and Procedure Manual clearly articulated processes for implementation of the program and was a reference source commonly referred to and accessed frequently across training

and capacity-building efforts. The Intervention and Implementation Guide became a field resource for practitioners across all levels of the CoP for ensuring that treatment and dosage held to specific guidelines—ensuring continuity across the state, regions and disciplines. Finally, a Case Manager Field Guide was created to standardize practice by case managers and family coaches in navigating day-to-day roles, functions, and expectations, while adhering to high quality standards. The Field Guide ensured that all case managers and family coaches were equipped to perform their job in a manner that led to the expected youth and family outcomes of the NYS PROMISE intervention—holding to a common measure of fidelity.

6.2. Management by data and reflexive engagement for quality improvement

The NYS PROMISE project is data intensive, with a focus on collecting data on program implementation that include the dimensions of adherence, quality of delivery of program services, exposure and engagement of participants in services, and treatment differentiation by comparing the treatment and control conditions. Multiple methods were deployed to collect this data and Table 1 summarizes various data collection processes in the program.

These strategies were incorporated across the core elements for the center of practice and are described in further detail below. Outputs from the analysis of various sources of data allowed for a reflective engagement through the PROMISE Learning Communities leading to action planning and change. Figure 6 illustrates the longitudinal change in the patterns of one aspect of the programs –student recruitment.

This figure illustrates the way in which periodic reflection at bi-annual learning communities, coupled with continual sharing of this information led to overall project achieving its recruitment target ahead of the schedule time. Similar outputs continue to be developed to enable key program implementation activities.

6.3. Continuous quality improvement process by shared accountability through an outcomes-based process

The process of the NYS PROMISE is rooted in the implementation of an outcomes-based system that reimburses providers for services that lead to tangible

outcomes validated by the case manager. This system, realized through an interactive case management data base – the New York State Employment Service System (NYESS), allows for shared accountability for ensuring student outcomes across key partners within each CoP. The information, when aggregated at regional and state-level provides additional insights for cross CoP learning. These data collection efforts through NYESS were enhanced through in-person site visits by Cornell University faculty to assess program fidelity. These visits, besides collecting observational data, provided an opportunity for the local RDS to reflect on progress and identify strategies that might be shared across other RDSs.

Continuous quality improvement was further bolstered through bi-annual in-person Learning Communities. Representatives from each of the RDS joined the two-day, bi-annual meetings to reflect on data derived from program evaluation activities such as site visits and focus group summaries. Regional teams met to discuss strengths, weaknesses, opportunities, and threats in their approach towards implementation. Each regional teams created a bi-annual action plan to create a structure for accountability and provide a roadmap for future action. Action plans were referenced in required monthly RDS meetings and quarterly regional meetings to ensure follow-through. Meetings also identified emergent issues, and provided a base for a new action plan at the subsequent bi-annual Learning Community meeting. Data played a pivotal role in providing information on referrals, service receipt status, service completion status, and other challenges faced by students and families in the program and was central to action planning. Other data sources such as the youth and family survey, as well as qualitative evidence from focus group discussions, training and TA evaluations, and surveys provided richer understanding of the state of the project. Bi-annual learning community reflection activities were facilitated by project leads, including both state and academic partners.

7. Discussion and implications

The purpose of this paper was to describe an approach to the Center of Practice concept, grounded in the theory of Communities of Practice, utilized in the implementation of a large-scale experimental design program to support vulnerable youth and young adults in transition to adulthood. While the

Fig. 5. NYS PROMISE Online Technical Assistance Dashboard Source: http://www.nyspromise.org/secure/lcDials.cfm.

Table 1
Summary of NYS PROMISE Data Collection Activities

New York State Employment Services System (NYESS)	Documenting individual program activities and services and for making PROMISE service referrals
Youth and Family Survey (YFS)	Gathers first-hand information and impressions from both the youth participating in PROMISE and their parents
Program Fidelity Qualitative Site Visits	Ascertain program structure, completeness in recordkeeping and adherence to program processes, as well as to provide critical on-site and in-person technical assistance for parent centers (PC) and Research Demonstration Sites (RDS)
OMH Audit of Service Providers	Document individual participant program activities and services and for making PROMISE service referrals
Focus Group – PROMISE Youth and Families	Gathers first-hand information and impressions from both the youth participating in PROMISE and their parents
Parent Center Core Training Evaluations	Includes attendance, usefulness and uptake of training,

overall purpose of NYS PROMISE was to identify effective practices in transition to adulthood for SSI youth, our utilization of the Center of Practice concept for cross-site program adaptation and implementation is unique in ensuring the fidelity of our program to key programmatic elements while allowing the customization necessary for achieving full implementation. The concept of a Center of Practice further facilitated standardizing knowledge about solutions needed for common problems across systems and structuring communications to navigate the mosaic of different organizational mission, cultures, and practices among agencies striving toward a common purpose of serving vulnerable youth and young adults receiving supplemental security income.

While such strengths make a Center of Practice a viable approach to solving complex problems of adolescent transition, it is also a resource intensive approach, requiring significant expertise in strategic cross system planning, and a backbone organization with the capability to generate cross system data for continued reflection by program participants on program achievement. The NYS PROMISE Center of Practice was made possible not only by the PROMISE funding support, but by decades of prior
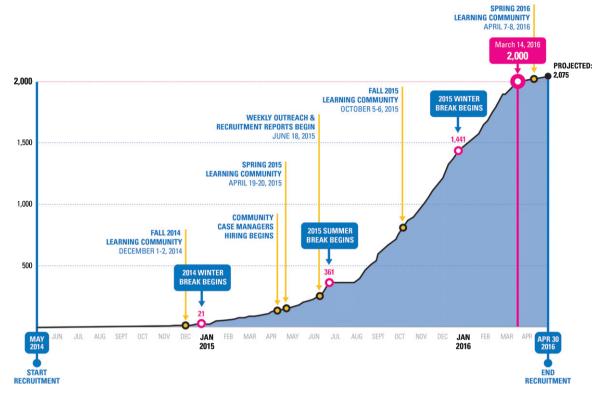
Fig. 6. Longitudinal changes in student recruitment.

history and experience in the New York State systems in rehabilitation. Without those key ingredients, the proposed model would be in jeopardy of being less effective as a cross system implementation of complex intervention.

The methods employed by the NYS PROMISE leadership and project community present a viable roadmap and design for other large scale research demonstrations seeking to address a common problem or issue across multiple stakeholders at the macro systems level, meso organizational or regional level, and micro level of practice and individual agency. In establishing a Center of Practice, several priorities must be attended to:

1. A well-defined problem or issue must be identified and articulated in a manner that there is consensus, as well as understanding across critical stakeholders needed to contribute to developing solutions and strategies to address the problem;
2. Analysis must be done to understand and identify the universe of stakeholders at the macro, meso and micro levels who potentially could contribute to identifying and contributing to

the development and implementation of needed solutions and strategies—including those individuals trying to be impacted;
3. Identification of the state desired in response to the problem or issues. This involves not only developing a baseline understanding of the problem, but also the desired state that is sought, preferred outcomes and impact, as well as mapping of intervention needed to span the proximal distance between the baseline and desired states;
4. Establishment of fidelity measures to gauge implementation of the desired intervention; and,
5. A continuous quality improvement approach that that enables innovation to emerge, stakeholder voices to be elevated, interpretation of data regarding progress in solving the problem or issue, and agility in making needed modifications to the intervention to maximize desired state.

The data on impact of implementation of this intervention and its outcome is currently being compiled, with initial evidence suggesting positive impact of intervention. Future research will examine the impact

of the overall program on improving employment, post-secondary education, health and economic well-being of vulnerable youth and their family members. Finally, the impact assessment research will provide evidence on what works, for whom, and in which circumstances to allow for further replications and scale-up transition to adulthood interventions for minors receiving supplemental security income.

Acknowledgments

Conflict of interest

None to report.

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