



# Lessons from SSA Demonstrations for Disability Policy and Future Research

Edited by

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## Overview

Over the past several decades, the Social Security Administration has tested many new policies and programs to improve work outcomes for Social Security Disability Insurance beneficiaries and Supplemental Security Income recipients. These demonstrations have covered most aspects of the programs and their populations. The demonstrations examined family supports, informational notices, changes to benefit rules, and a variety of employment services and program waivers.

A “State of the Science Meeting,” sponsored by the Social Security Administration and held on June 15, 2021, commissioned papers and discussion by experts to review the findings and implications of those demonstrations.

A subsequent volume—*Lessons from SSA Demonstrations for Disability Policy and Future Research*—collects the papers and discussion from that meeting to synthesize lessons about which policies, programs, and other operational decisions could provide effective supports for disability beneficiaries and recipients who want to work. This PDF is a selection from that published volume. References from the full volume are provided.

## Suggested Citations

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## Chapter 6

# Youth Transition

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*Mathematica*

The transition to adulthood for youth (ages 14–25) receiving Supplemental Security Income (SSI) is a subject of strong policy interest. These youth face potential barriers related to their health and limited resources that can affect their access to opportunities. Additionally, the SSI eligibility rules change at age 18 from a child-based definition to an adult-based definition. The planning for this transition, especially for the potential loss of benefits, is a major concern for families. On average, almost half of the income for families of children with disabilities comes from SSI (Davies, Rupp, and Wittenburg 2009), which means the potential loss of SSI can have an impact on family resources.<sup>1</sup> The combination of health, resource, and program eligibility issues can create challenges for youth in pursuing activities that can further their development. For example, if a youth engages in substantial work, he or she might no longer qualify for benefits.

Two issues motivate policy interest in providing support during the transition from youth to adulthood. First, the evidence indicating that youth receiving SSI face difficulties in their adult years with employment, education, and independent living outcomes drive interest in improving transition supports (Deshpande 2016a; Hemmeter, Mann, and Wittenburg 2017; Wittenburg 2011). Second, the SSI child caseload has grown relative to other programs that provide income support to low-income families. However, the growth in SSI participation has been consistent with other programs that provide in-kind support, such as Medicaid. Nonetheless, the overall changes in the delivery of SSI benefits have raised questions about ways to provide income supports that have been the subject of policy interest (Boat, Buka, and Perrin 2015; Duggan, Kearney, and Rennane 2015).

A challenge to improving supports for youth receiving SSI is implementing new interventions in a fragmented service system. Large variation exists across localities in the available education, health, and other rehabilitation supports (NASEM 2018). Moreover, there is no single entry point to obtain those services. Families must navigate a complex and fragmented system to obtain supports that can have conflicting incentives for pursuing activities such as work (Hirano et al. 2018; GAO 2012c, 2017).

The Social Security Administration (SSA) has been working with other agencies to identify strategies to deliver transition services and supports to improve the outcomes of youth receiving SSI. This cross-agency interest has emerged over time as

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<sup>1</sup> In 2021, the federal maximum SSI payment is \$794 per month, with 23 states providing an optional supplemental amount (The Policy Surveillance Program, n.d.).

the SSI caseload has grown. For example, SSA partnered with multiple government agencies to support the Promoting Readiness of Minors in SSI (PROMISE) demonstration, representing the largest-ever demonstration involving youth receiving SSI. This demonstration, along with other federal policies, has enhanced the focus on serving transition-age youth with disabilities. A key example is the Federal Partners in Transition task force, established to identify strategies to strengthen interagency policy and service coordination for youth with disabilities.<sup>2</sup>

This chapter reviews the findings from SSA demonstrations and other related initiatives to inform options for improving the transition and adult outcomes of youth receiving SSI. As a starting point, we provide an overview of the SSI program rules and characteristics of youth receiving SSI that might influence the youth's and family's choices. We then describe the factors that could affect the youth's and family's human capital development and employment decisions. Next, we summarize findings from evaluations of interventions designed to support youth receiving SSI and other related populations, and discuss how the findings offer lessons for program and policy implementation. We then identify areas for future learning where more evidence is needed to strengthen services and programmatic strategies. In the final section, we offer concluding thoughts about the key lessons learned from our review.

## **CURRENT PROGRAM RULES**

The SSI eligibility criteria have evolved over time since the program's inception in 1974. These criteria provide important context for understanding the outcomes of youth receiving SSI. The eligibility changes are notable because they have contributed to increases in SSI caseloads for children. Moreover, the eligibility criteria include strict medical, income, and asset criteria that can influence the transition decisions of youth. As a starting point, we provide a summary of changes in eligibility and caseload size for children who receive SSI. We then describe the SSI eligibility rules for children and adults and highlight key characteristics and outcomes of youth receiving SSI.

### **SSI Caseload Size**

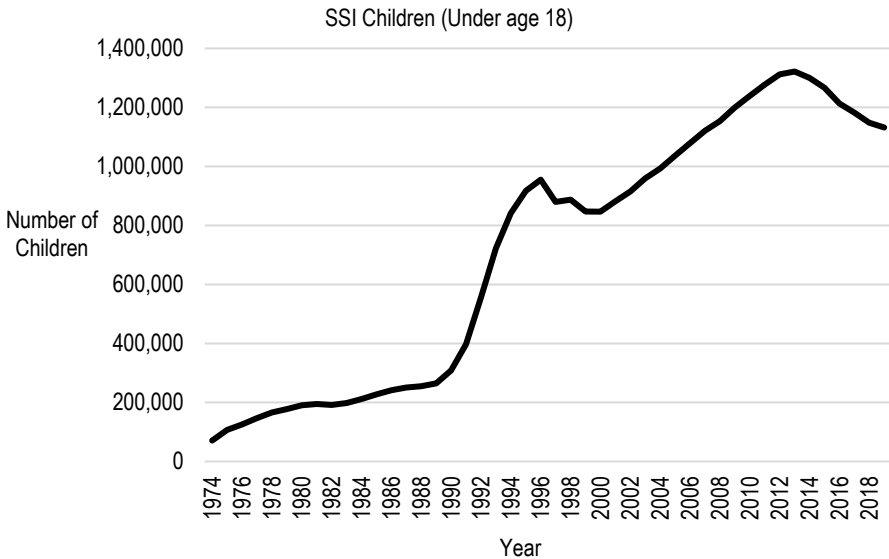
The eligibility rules for SSI children have changed substantially over time. The SSI program began in 1974 and served a modest child caseload through 1989 (approximately 264,000 children). Following a series of legal and policy changes from 1989 to 1995 that expanded eligibility, the SSI caseload grew by more than 300 percent to about 900,000 children (Berkowitz and DeWitt 2013; Davies, Rupp, and Wittenburg

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<sup>2</sup> For more details on the Federal Partners in Transition, see <https://www.dol.gov/agencies/odep/program-areas/individuals/youth/federal-partners> (accessed May 2, 2021).

2009; Wittenburg 2011).<sup>3</sup> In part due to this growth, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 substantially revised the child SSI eligibility criteria and required SSA to conduct an eligibility redetermination at age 18. The changes resulted in caseload declines through 2000 (Exhibit 6.1).

**Exhibit 6.1. Caseload Trends for Children (Ages 0–17) Receiving SSI**



Source: SSA (2019a).

Although the SSI eligibility rules for children have not changed since 1996, there was a steady increase in caseload through 2013. This increase is in contrast to marked declines in other programs' caseloads, such as Temporary Assistance for Needy Families (Schmidt and Sevak 2004, 2017). The factors driving the child SSI program's growth are not well understood, but likely include increases in the number of children living in low-income families, changes in state cash assistance programs, and increasing awareness of childhood disability (Aizer, Gordon, and Kearney 2013; Schmidt and Sevak 2017; GAO 2012c).

<sup>3</sup> A series of policy changes led to revisions to the medical eligibility criteria. First, SSA modified the section of the Listing of Impairments that addressed eligibility for children with mental disorders, moving toward a standard based on functional capacity. Second, in its 1990 *Sullivan v. Zebley* decision, the US Supreme Court decided that SSA's listing-only approach for determining disability in children did not reflect the comparable severity provision of the Social Security Act. The Court ordered SSA to assess children individually, which resulted in SSA regulations to implement an individualized functional assessment to determine whether a child could function "independently, appropriately, and effectively in an age-appropriate manner."

Since 2013, the number of children participating in SSI has declined, and applications dropped sharply during the COVID-19 pandemic. In December 2020, some 1.1 million children participated in the program, down from its peak of 1.3 million children in December 2013. There has been a marked decline in child SSI awards during the COVID-19 pandemic (SSA 2021), which could lead to further declines in future SSI caseloads. An important factor likely driving the decline is the closure of SSA field offices during the pandemic.

### **SSI Eligibility Requirements Differ for Children and Adults**

The SSI child eligibility requirements that apply before age 18 differ from the adult requirements starting at age 18. Prior to age 18, youth and their families must meet the medical criteria for children, and the portion of the family's income deemed to the child must be below the SSI income threshold. At age 18, children receiving SSI who wish to continue receiving benefits must undergo an assessment in which SSA determines if they meet the adult SSI eligibility requirements (referred to as the age-18 redetermination). A large share of children ultimately lose their SSI payments and access to Medicaid through SSI because they do not meet the adult eligibility requirements.

#### ***Child Eligibility Criteria***

The SSI eligibility requirements for children include medical criteria to assess a child's functional capacity. SSA obtains information from medical sources to assess whether a child has

a medically determinable physical or mental impairment, which results in *marked and severe functional limitations* (emphasis added), and which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than twelve months. (Section 1614. [42 USC § 1382c] (a)(3)(C))

The eligibility requirements also include a resource test whereby SSA deems a portion of the parents' income and assets to the child, including earnings, to determine the child's eligibility.

Once eligible, SSA makes a payment for the child to a representative payee. Typically, the representative payee is a parent or other family member. The representative payee's priority is to meet the child's basic needs (e.g., food and shelter). Additionally, there are provisions that the representative payee seek treatment for the child's medical condition when necessary. SSA has a process for annually reviewing how representative payees use funds, though parents are exempt from this review. In general, once approved, there is minimal oversight of representative payees by SSA (Social Security Advisory Board 2016).

SSA conducts medical continuing disability reviews (CDRs) to assess the child's ongoing medical eligibility for SSI. There are mandatory redeterminations at age 18 and for low-birthweight babies. SSA also conducts periodic CDRs, though its ability to do so depends on its discretionary funding. The frequency of CDRs affects benefit durations; there is a negative relationship between the duration of benefit receipt and the number of CDRs conducted (Hemmeter et al. 2021). This relationship is important because it likely contributes to caseload changes through the fluctuations in discretionary funding for CDRs. Since 2015, Congress has substantially increased SSA's discretionary funding to conduct CDRs (SSA 2019a), and the child SSI program has experienced declining caseloads since that time (Exhibit 6.1).

Children must also continue to demonstrate that they meet the income and asset criteria by reporting any changes to their own or their parents' income and assets. The rules for reporting income are like those of the adult SSI program.

The SSI program has provisions to encourage youth to work, though few report any earnings to SSA. Less than 1 percent of children ages 14–17 receiving SSI reported earnings to SSA in 2017 (Honeycutt, Wittenburg, Crane, et al. 2018). Qualitative evidence suggests that youth receiving SSI, and their families, struggle to understand the program provisions governing earnings, including the special rules that allow youth to exclude earnings from their benefit calculations (Hernandez et al. 2006). For example, under the Student Earned Income Exclusion, SSA excludes earnings up to certain amounts (\$1,930 per month, up to \$7,770 per year in 2021) in computing the SSI payments for youth under age 22 who regularly attend school. The GAO (2017) found that less than 2 percent of youth benefited from this provision during 2012–2015. The complexity of the SSI rules regarding earnings creates potential challenges for youth and their families in making informed decisions about working and understanding the implications for their SSI and other benefits.

The SSI program also has a provision (Section 301, which applies to all continuing disability reviews) that allows youth to retain SSI payments after age 18 regardless of the age-18 redetermination outcome, though usage is limited. To qualify for Section 301 benefit continuation, a youth must have an approved plan for ongoing participation in services that will enhance employment, such as Vocational Rehabilitation (VR) or continuing special education services.<sup>4</sup> If eligible, the youth's benefits will continue under Section 301 regardless of the age-18 redetermination until the youth completes or ends participation in the services or SSA determines that the services do not contribute to the youth's long-term self-sufficiency.

Finally, SSA provides informational materials to support youth during their transition through the *Red Book* and annual notices. The *Red Book* is a reference to provide all people receiving SSI and Social Security Disability Insurance (SSDI)

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<sup>4</sup> For details on Section 301 eligibility, see Program Operations Manual System: "DI 14505.010 Policy for Section 301 Payments to Individuals Participating in a Vocational Rehabilitation or Similar Program" (Effective Dates: 01/06/2017–Present." Accessed May 10, 2021. <http://policy.ssa.gov/poms.nsf/lnx/0414505010>.

information about employment support provisions. It outlines eligibility rules and provides links to outside employment support programs, such as Job Corps.<sup>5</sup> SSA also sends notices to children ages 14–17 to identify resources to assist in their transition to adulthood.<sup>6</sup> The notices include information about the age-18 redetermination as well as several other SSA work incentives (e.g., SSI continued payments under Section 301). The notices also include information about how youth can benefit from other programs to support their transition to adulthood.

***Adult Criteria (Age-18 Redetermination)***

At age 18, the medical criteria change to an adult, work-based definition. The adult criteria assess a person is

unable to engage in any *substantial gainful activity* (emphasis added) by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than twelve months (Section 1614. [42 USC § 1382c] (a)(3)(A))

Additionally, there is a change in how SSA counts the family resources. After age 18, SSA no longer deems a portion of the parents' earnings and assets to the youth (SSA 2021). This change has implications for parental labor supply decisions because parents' earnings are no longer factored into the eligibility calculation. The parent, however, can remain the representative payee, which has potential implications for sharing the benefit check within the family.

A substantial share of youth do not meet the adult eligibility requirements at age 18, though the rate varies by cohort. Between 2000 and 2015, some 52 to 69 percent of children who received SSI remained eligible after the age-18 redetermination (Hemmeter et al. 2021). One factor contributing to the variation in initial eligibility rates is the variation in the volume of CDRs conducted before the age-18 redetermination. If a youth has not had a CDR until age 18, the probability of remaining eligible for SSI after age 18 is lower than for a comparable youth who passed a prior CDR. Thus, the size and characteristics of the population reaching and passing the age-18 redetermination changes over time with the number of child CDRs completed.

The adult eligibility changes have implications for transition planning and the potential need for intervention supports. As children receiving SSI approach age 18, they and their families might need to plan for a new income source to replace the SSI payment. Additionally, they might need to identify other sources of health insurance should they no longer be eligible for Medicaid. Finally, the change in income

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<sup>5</sup> The *Red Book* (SSA 2020e) is available at <https://www.ssa.gov/redbook>.

<sup>6</sup> The information notice (SSA 2020i) is entitled *What You Need to Know About Your Supplemental Security Income (SSI) When You Turn 18*.



eligibility requirements from a focus on family resources to those of the youth affects financial planning for the youth and family. The family must consider whether a parent or guardian will remain the representative payee and how to use the SSI payment, which can be an especially important issue if the youth needs to use the income to live independently.

### **Characteristics and Outcomes of Youth Receiving SSI**

Analyses of SSA administrative data on a cross-section of youth (ages 14–24) receiving SSI in 2017 provide insights into their characteristics and potential support needs (Honeycutt Wittenburg, Crane, et al. 2018). These youth were predominantly male (64 percent), and most had a primary diagnosis related to a mental impairment (80 percent), which includes intellectual disability, autistic disorders, development disorders, and several other types of disorders (e.g., mood disorders). These characteristics underscore the potential need for impairment-related supports.

Family characteristics are also relevant to transition planning. Data from a 2013 cohort indicate that most children receiving SSI live in one-parent families (71 percent) and with other siblings (74 percent) (Bailey and Hemmeter 2015). Additionally, SSI is a source of income for another member (adult or child) in approximately one-fifth of families.

Another relevant issue in considering supports for youth receiving SSI is the geographic variation in SSI participation. There is a clustering of SSI caseloads for children by state and county, with higher participation rates in northeastern and southern states and lower rates in western states (Wittenburg et al. 2015). Substantial variation also exists in programmatic outcomes across state lines. For example, state age-18 redetermination cessation rates range from 20 to 47 percent, and there is evidence of large cross-state differences in adult program and employment outcomes (Hemmeter, Mann, and Wittenburg 2017). These patterns reflect, in part, geographic variation in characteristics of the population, income, and service differences—areas with high rates of low income also have high rates of youth SSI recipients, particularly in southern and northeastern regions. The variation also reflects geographic differences in other social programs and policies that interact with SSI (Meyers, Gornick, and Peck 2002; Schmidt and Sevak 2017).

The racial composition of youth who receive SSI also varies by geographic region. Overall, about half of youth who received SSI in 2000 were non-White (Wittenburg 2011). SSA no longer publishes statistics on race and ethnicity, so information about more recent cohorts is unavailable (see Martin 2016). Evidence from the PROMISE demonstration implemented in 11 states suggests substantial variation in racial and ethnic composition by geographic location. For example, non-Hispanic Black participants represented from 11 percent (the consortium of six western states) to 62 percent (Maryland) of all enrollees. The variation across states in the percentage of Hispanic participants was similar (8 to 65 percent).

Many former child SSI recipients face challenges in transitioning to adulthood. SSI children experience high dropout rates, unmet health care needs, and low employment rates (Deshpande 2020; Hoffman, Hemmeter, and Bailey 2018; Wittenburg 2011). Former child SSI recipients whose eligibility ceased in adulthood experience greater income volatility later in life, and regardless of cessation, former child SSI recipients have low average lifetime earnings (Deshpande 2016a).

There is descriptive evidence that interventions, such as training and VR services, can enhance outcomes for youth receiving SSI. For example, there is a positive correlation between the use of VR services and the adult earnings of former child SSI recipients (Hoffman, Hemmeter, and Bailey 2018). Similarly, there is evidence of correlations between participation in a private vocational training program, Bridges from School to Work, targeted to urban youth with disabilities and the youth's long-term employment and earnings (Hemmeter et al. 2015). Although the positive correlations are promising, the studies lack a comparison group, which is a key feature of the demonstrations serving youth receiving SSI we review later in this chapter. Aside from the information that SSA provides via the *Red Book* (2020e), SSA does not directly refer youth receiving SSI to specific supports, although it does make known their potential availability; youth and families must proactively identify these supports on their own or with the aid of schools or other programs.<sup>7</sup>

## **THEORY AND IMPLICATIONS FROM ECONOMIC THEORY**

We describe a model of potential determinants of adult outcomes of youth receiving SSI based on theoretical and empirical findings from the literature. This model provides a general framework of factors that influence the outcomes addressed by several of the demonstrations discussed later in the chapter. As a starting point, we review human development and labor supply theory to highlight theoretical factors that influence adult outcomes. We then summarize applications and related literature for youth receiving SSI.

### **Human Development Theory**

Skills and attributes developed during childhood are a factor in determining adult outcomes. Research suggests that at least 50 percent of earnings differences across adults are due to personal characteristics established by age 18 (Huggitt, Ventura, and Yaron 2011). Therefore, parenting decisions and the circumstances during childhood

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<sup>7</sup> When Congress enacted the Ticket to Work and Work Incentives Improvement Act of 1999, SSA lost its ability to refer beneficiaries to state VR agencies to avoid giving preferential treatment to those agencies over other participation Ticket to Work providers. More recently, Congress and other stakeholders have shown interest in finding ways for SSA to encourage and facilitate use of VR services, especially for transition-age youth who are not eligible for the Ticket to Work program (GAO 2017).

are key factors in determining human capital accumulation and must be considered in designing interventions to improve youth's adult outcomes.

Human development theory encompasses the youth's development, parental investments in their children, and parenting style. Fundamentally, this theory posits that parents seek to maximize their children's long-term welfare. Parents decide how much time and money to invest in their children's development based on their preferences and expectations, the child's preferences and human capital endowment, and the family's resource constraints. Skill accumulation by the child depends on parental investments and the child's investments, the technology of skill formation, and environmental factors (such as the influence of schools, neighborhoods, and peers); all of these factors can be influenced by parental choice and parenting style.

There are two notable findings of this literature that relate to youth who receive SSI.<sup>8</sup> First, the youth's cognitive and noncognitive skills influence school and labor market outcomes by age 30 (Francesconi and Heckman 2016; Cunha and Heckman 2008). School completion and postsecondary education depend more on cognitive skills (problem-solving, intellect, and memory). Importantly, cognitive abilities and intelligence develop in early childhood and remain relatively stable into the adult years (Campbell et al. 2001; Heckman 2011; Heckman and Mosso 2014). Noncognitive (personality, social, and emotional) skills can continue to evolve from early childhood through early adulthood. The implication is that early childhood interventions should focus on cognitive skill development, and interventions in the youth's adolescence should focus more on noncognitive skills, given that these skills are still developing and amenable to change.

Second, socioeconomic factors play important roles in skill development and parental support. There are disparities in cognitive and noncognitive skills across socioeconomic groups at early ages, with children from disadvantaged families having lower skills throughout childhood relative to children from advantaged families (Cunha et al. 2006; Cunha and Heckman 2007). Numerous studies find that these early life disadvantages and environments affect various later life outcomes, including employment (Almond and Currie 2011; Cunha et al. 2006; Heckman and Mosso 2014).

The socioeconomic issues are particularly relevant given that youth receiving SSI live in families with limited resources and potentially face systemic issues in accessing supports. Parents with fewer resources often have less education than their peers and face greater time and resource constraints in supporting their child's learning. Parents' circumstances are important because parental time inputs are critical to the child's early development, and parents' decisions and attributes affect a child's formation of skills and success in later life. Youth receiving SSI might need more substantial

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<sup>8</sup> See Heckman and Mosso (2014) and Francesconi and Heckman (2016) for comprehensive reviews.

investments to compensate for the lack of parental knowledge and skill suggested by the literature as being prevalent among low-income families.

### **Labor Supply Theory**

Labor supply theory models the factors that determine the number of hours individuals will choose to work. In this framework, individuals seek to maximize their well-being by consuming goods and leisure (nonwork). Because goods cost money, they must work to earn money to buy them. Consequently, for those who do not work, the economic tradeoff is to consume more leisure; those who work can consume more goods but must give up some leisure.

#### *Youth Incentives*

The age-18 redetermination creates tradeoffs for the youth related to employment before turning age 18. On the one hand, there are incentives to encourage youth to work. For example, the SSI Student Earned Income Exclusion, noted previously, allows youth to make \$1,930 per month (up to \$7,770 per year, in 2021) without the earnings affecting their SSI payments or eligibility. Additionally, youth can qualify for SSDI based on their work history, creating opportunities to receive SSDI benefits and Medicare coverage. Therefore, the additional income from earnings and the potential for Old-Age, Survivors, and Disability Insurance coverage create incentives for youth receiving SSI to work. Early work experience is also a strong predictor of post-school employment among youth with disabilities (Test et al. 2009; Carter, Austin, and Trainor 2012).

However, there are also disincentives for the youth to work because of the different SSI eligibility rules that apply at age 18. At age 18, youth must meet the work-based, adult SSI eligibility criteria to continue receiving benefits. Consequently, if a youth demonstrates the ability to engage in SGA before the age-18 redetermination, a family might mistakenly believe that it could jeopardize the youth's SSI eligibility as an adult. For example, suppose parents believe it unlikely that the youth will be self-sufficient as an adult and are concerned about the youth maintaining SSI and Medicaid eligibility past age 18. They might discourage the youth from working before completing the age-18 redetermination. Their limiting or preventing the youth's work activity could lead to long-term negative impacts on the youth's employment and self-sufficiency.

The labor-leisure tradeoff and potential work disincentives remain for youth who apply for SSI after age 18. Although various program provisions allow individuals receiving SSI to maintain Medicaid eligibility and keep more of their SSI benefits as their earnings rise, some level of earnings will eventually jeopardize SSI eligibility. Modest and consistent earnings might also make the youth eligible for SSDI. If so, the work incentives provisions become even more complicated because of how SSI and

SSDI interact and the different rules of each program governing how earnings affect payments.

National survey data and qualitative interviews with beneficiaries suggest that a lack of knowledge about the SSA work incentives provisions are common (SSA 2018a; O'Day et al. 2016). The lack of understanding of the regulations combined with a fear of benefit loss might prompt some SSI recipients to limit their earnings. For example, although provisions allow SSI and SSDI concurrent beneficiaries to retain SSI eligibility when working above the SGA threshold, one study found that many employed beneficiaries appear to keep their earnings just below that threshold, presumably to avoid jeopardizing their eligibility for benefits (Schimmel, Stapleton, and Song 2011).

### *Parents and Other Household Members*

The SSI program eligibility requirements also have implications for other family members, especially parents, given the deeming rules. The effects of SSI income on parental labor supply and family income will depend on parents' preferences and behavior (Duggan and Kearney 2007). SSI can increase the total family income if parents do not reduce their earnings. The cash benefit can also affect the labor-leisure tradeoff of parents. The nonlabor income reduces leisure costs and allows parents to invest more time in caring for a child receiving SSI. It can also create a disincentive to work with no increase in time invested in the child.

Several studies examined how child SSI payments affect parental labor supply, child well-being, and siblings' earnings. Findings on the effects of child SSI receipt on parental labor supply are mixed. Some studies found no relationship between SSI receipt and parental earnings (Duggan and Kearney 2007; Hemmeter 2015); others found a negative relationship (Deshpande 2016b; Guldi et al. 2018). Studies also show that SSI receipt is associated with improved child outcomes (Guldi et al. 2018; Ko, Howland, and Glied 2020). Finally, there is some evidence that SSI income influences the income of other family members. Deshpande (2020) found that SSI child income supports the SSI child's siblings' future adult earnings. This effect likely occurs through maintaining the overall family income and other resources for the family. As noted previously, the child SSI payments represent a large share of total family income for families receiving the payments.

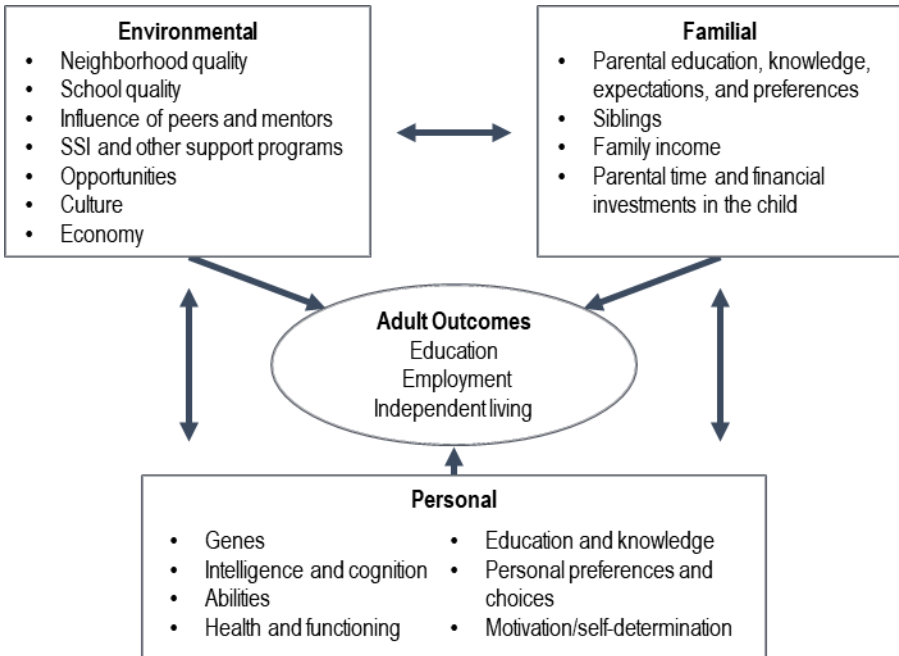
In theory, parents of youth receiving SSI could choose not to invest in their child or could undertake activities intended to ensure that the child continues to meet the SSI medical eligibility criteria to maintain benefits. We are unaware of any evidence supporting this premise. However, the strict resource limits for SSI eligibility might create disincentives for some families to save, which could affect their ability to invest in their children if they lack access to credit or are unaware of mechanisms, such as Achieving a Better Life Experience accounts and SSI's Plan to Achieve Self-Support, that excludes assets used for child investments from SSI eligibility considerations.

Because SSI targets families with limited means, any negative effects of SSI on parental savings and investments in the child are likely limited.

**Summary of Factors That Influence Outcomes of Youth Receiving SSI**

The above discussion suggests that the youth’s personal, family, and environmental factors play an important role in influencing adult outcomes (Exhibit 6.2). The many factors that influence child development and adult success suggest that affecting outcomes of youth receiving SSI is a complex undertaking. There is likely a great deal of heterogeneity across youth and at various ages regarding their needs and circumstances. Focusing on only one or a small set of factors is unlikely to result in meaningful long-term impacts.

**Exhibit 6.2. Determinants of Adult Outcomes of Youth Receiving SSI Suggested by Theory and Literature**



The various factors influencing youth outcomes suggest numerous ways in which policy and practice might improve outcomes of youth receiving SSI. A large body of literature supports methods effective in helping transition-age youth with disabilities achieve better employment and independent living outcomes as adults. These practices seek to address many of the factors shown in Exhibit 6.2. This literature has been compiled by the National Technical Assistance Center on Transition (NTACT). The NTACT matrix (2016) summarizes the evidence on the practices and predictors that

affect the outcomes of transition-age youth with disabilities. Similarly, the National Collaborative on Workforce and Disability for Youth also has compiled evidence on effective transition practices that form the basis for its framework for successful youth transition, called *Guideposts for Success* (NCWD/Y 2019).

NTECT's matrix and the National Collaborative on Workforce and Disability for Youth's *Guideposts for Success* encompass secondary school practices, VR practices, and predictors of postsecondary outcomes related to education, employment, and independent living. The predictors and practices with research evidence linking them to youth outcomes are too numerous to list here. Still, they encompass a wide range of factors related to school curricula, school transition planning, autonomy, self-determination, life skills, academic achievement, career preparation, and work-based learning experiences, as well as support service delivery, cross-agency collaboration and connectivity, parent expectations, family involvement, and work incentives planning and benefits counseling. SSA does not have purview over many services noted above and so would need to collaborate with another entity to expand services to youth receiving SSI. Nonetheless, several have been incorporated in SSA's demonstrations that targeted youth with disabilities, which we describe in the next section.

## **DEMONSTRATION FINDINGS AND POLICY PROPOSALS**

As a starting point to identify intervention lessons, we review four demonstrations that include youth receiving SSI as a target population: Structured Training and Employment Transitional Services (STETS), Transitional Employment Training Demonstration (TETD), Youth Transition Demonstration (YTD), and PROMISE. These demonstrations are notable for their rigorous designs, implementation scale, intervention approaches, and focus on youth with disabilities. The US Department of Labor (DOL) funded STETS in 1981. SSA used its authorities under Section 1110 and Section 234 of the Social Security Act to support TETD, YTD, and PROMISE.

To identify additional lessons, we draw on interventions implemented for other populations of youth and young adults. We review evidence from interventions that served youth with disabilities and low-income families, given these populations' overlapping characteristics with youth receiving SSI. We also review evidence from studies of interventions that targeted young adults, including interventions described in other parts of this book. Finally, we summarize ongoing interventions and policy proposals. These initiatives represent areas where new evidence could emerge in the future.

### **Demonstrations Focused on Youth Receiving SSI**

The implementation areas, target populations, and intervention services of the four demonstrations focused on youth receiving SSI have evolved over the last 40 years. The earliest two demonstrations (STETS and TETD) began in the 1980s and

included transitional employment supports for youth with intellectual disability. The other two experimental demonstrations, implemented since 2006 (YTD and PROMISE),<sup>9</sup> provided intervention services to a broader group of youth. The broader scope of the activities since 2006 reflects an interest in understanding how to provide supports to the growing and changing composition of SSI caseloads. A common theme across all four demonstrations is the strong emphasis on employment services. Below we provide an overview of each demonstration and summarize its key findings.

***STETS: Transitional Employment Supports for Young Adults with Intellectual Disability***

DOL funded the STETS demonstration in 1981 to test the delivery of transitional work supports to youth with intellectual disability. Social service agencies recruited and randomly assigned 467 youth, most of whom received SSDI or SSI at ages 18–24 in five cities. The STETS services included three phases of work supports (job exposure, on-the-job training, and post-employment follow-up). On average, treatment enrollees received 11 months of services (Kerachsky et al. 1985). The study tracked youth at several intervals up to 22 months following enrollment (Kerachsky and Thornton 1987).

The STETS evaluation established the short-term effectiveness of transitional employment supports in increasing employment and earnings (Kerachsky and Thornton 1987; Kerachsky et al. 1985). The intervention increased employment and earnings at 15 and 22 months after enrollment. Of note is that STETS treatment group members were substantially more likely than their control group counterparts to work in competitive jobs and less likely to work in sheltered workshops. The employment impacts (12 percentage points) were large relative to the control group's 19 percent employment rate. The treatment group earned \$16 per week more than the control group. The intervention also led to increased income. However, the employment and earnings effects were not large enough to allow the youth to live independently or replace disability benefits. The study detected no differences in SSI or SSDI receipt or amount at 22 months between the treatment and control groups.

The demonstration findings underscored the effectiveness of transitional employment supports in competitive employment for youth with significant disabilities (Kerachsky and Thornton 1987). This finding is notable given that many control group youth were working in sheltered employment settings. The findings added to the growing descriptive literature at the time demonstrating the viability of

**STETS Findings**

- *Impacts (22 months)*: Increased employment, earnings, and income; no impact on disability benefits
- *Costs*: \$8,800 per participant (\$24,059 in 2020 dollars)
- *Key findings*: Established the efficacy of transitional work services

<sup>9</sup> YTD also included some smaller, non-experimental projects that began in 2003 (Martinez et al. 2010), which we do not describe.



competitive employment as an alternative to sheltered work. The STETS demonstration, and subsequently TETD discussed below, provided strong evidence that competitive employment was a realistic goal for youth with intellectual disability.

### ***TETD: A Bigger Version of STETS***

SSA funded TETD as a follow-up to the STETS demonstration to test customized transition supports to a larger population of youth and young adults receiving SSI at ages 18–40. Like STETS, TETD focused services on youth with intellectual disability. Unlike STETS, TETD service providers used SSA administrative lists to recruit youth receiving SSI with intellectual disability into the study. TETD represents the first of several youth demonstrations to use SSA administrative records to recruit youth participants.

#### **TETD Findings**

- *Impacts (up to 72 months):* Increased employment, earnings, and income; reduced disability benefits
- *Costs:* \$5,600 per participant in 1987 (\$13,016 in 2020 dollars)
- *Key findings:* Reinforced the importance of transitional supports. Larger impacts for subgroups with higher IQs and more likely to be living independently

Enrollment in TETD began in 1985 and services were provided through 1987. Of the 13,800 eligible SSI recipients invited to participate in TETD, 745 (5.4 percent) enrolled. Relative to STETS, TETD had a larger sample and implementation area (13 demonstration communities) and a more extended follow-up period (up to 72 months) (Decker and Thornton 1995).

TETD employment services were like those in STETS, though TETD put a greater focus on transitional (time-limited) supports. The average length of service receipts varied between 6 to 18 months (Prero and Thornton 1991). The specific TETD services included time-limited job development, on-the-job training, and postplacement services. The demonstration also included waiver exclusions for any income earned from a job obtained through it.

TETD documented several qualitative findings related to service delivery and participant perspectives. Intervention providers faced challenges in convincing employers and family members of the benefits of transitional supports and getting youth needed transportation options (Prero and Thornton 1991). For those participants who received services, however, the intervention shifted costs away from expensive sheltered employment, resulting in savings that could offset the TETD intervention costs. Additionally, the evaluation cited favorable qualitative effects on the youth, such as enhanced quality of life, better social interaction, and higher self-esteem.

The TETD evaluation confirmed that transitional services led to increased employment, but not enough for earnings to completely replace SSI payments (Decker and Thornton 1995). The pattern and size of the impacts were like the STETS demonstration. For example, the cumulative impact on earnings over 72 months was \$4,300 (not adjusted for inflation), representing a 72 percent increase. Unlike STETS,

TETD also resulted in a reduction in SSI payments. The decline was modest: just \$870 over the study period. Treatment group participants increased their total family income, but their earnings did not completely replace their SSI payments.

The TETD impacts varied by site and subgroup, underscoring the importance of customizing services to meet youth's specific needs. For example, the employment impacts were larger for youth with higher IQ scores and those living independently. Moreover, the TETD programs that provided customized supports had larger impacts than programs that did not attempt to customize services.

A limitation of TETD (and STETS) was that it was difficult to generalize the findings to a broader set of programs and policies. This challenge reflects the intervention's rollout with a sample of volunteers who participated at relatively low rates. As a result, it was unclear whether the intervention would result in similar effects in other areas. Nonetheless, the evaluation findings provide insights into the potential for interventions to improve the outcomes of youth with intellectual disability, which at the time represented a large portion of youth receiving SSI (some 30 to 40 percent).

***YTD: Services Delivered to a Broad Population of Youth with Disabilities through Service Providers and SSI Program Waivers***

The foundation for funding a larger project involving SSI youth started from the Youth Continuing Disability Review project conducted by Maximus. This project included SSI youth in Maryland and Florida ages 15 and 16 who had a CDR. The project provided youth with access to services on skill assessments, career aspirations, educational goals, health care needs, reasonable accommodations, employment supports, and community and governmental transition supports. The study findings emphasized the importance of individualized strategies to help youth succeed in the workplace (Maximus 2002). The study noted a major issue in providing services was overcoming difficulties associated with the lack of coordinated services across key stakeholders in the school system who were unaware of many special SSA program rules.

**YTD Findings**

- *Impacts (up to 120 months):* In some programs, impacts on any earnings diminished over time. Income and SSI benefits increased, consistent with use of waivers. In some programs, improvements in some social outcomes, such as reductions in arrests
- *Costs:* Ranged from \$5,232 per participant in Erie County to \$8,628 per participant in the Bronx
- *Key findings:* The sites with more intensive employment supports tended to have larger employment impacts. In delivering early intervention services, it is important to have well-defined target populations and services. The YTD service costs were generally less than costs of TETD and STETS, though those two had more limited impacts. The duration of services is also important and highlighted considerations for how to sustain programs beyond the demonstration to enhance both outcomes and options to serve youth.

SSA funded YTD programs to test the delivery of employment and other services with waivers to broad target populations of youth with disabilities. The first enrollment into YTD programs began in 2006. The full evaluation tracked outcomes for each project annually for three years (Fraker, Mamun, et al. 2014; Fraker et al. 2018). Additionally, a follow-up study examined outcomes for up to 10 years after enrollment using administrative data only (Hemmeter and Cobb 2018).<sup>10</sup>

The YTD service components followed a modified version of the effective practices outlined in *Guideposts for Success*.<sup>11</sup> The customized services in *Guideposts for Success* addressed the need for individualized services highlighted in the Youth Continuing Disability Review project. The features included work-based experiences, youth empowerment activities, family involvement, system linkages, and benefits counseling. The YTD services emphasized the work-based supports, given their importance in improving employment outcomes as identified in the literature. The intervention also included waivers that modified SSI program rules related to reporting income, the age-18 redetermination, and CDRs. For example, one of the waivers removed the age restriction on the student earned income exclusion.

YTD included several organizations that led service implementation (including private providers, non-profits, and a university) to target populations in six sites: Colorado, Florida (Miami), Maryland, New York (Erie County and the Bronx), and West Virginia.<sup>12</sup> Five YTD programs served youth receiving SSI; one program (Maryland) focused on serving youth at risk of SSI entry. In total, the six YTD programs enrolled 5,103 youth (Fraker, Mamun, et al. 2014). The implementation and evaluation scope allowed for analyses of a broader population of youth receiving SSI residing in a mix of rural and urban areas, compared with the previous youth demonstrations.

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<sup>10</sup> Hemmeter and Cobb (2018) estimated 8-year earnings impacts for all YTD programs and estimated 10-year impacts for a subset of programs.

<sup>11</sup> The framework was based on a modified version of the *Guideposts for Success*. The YTD program and technical assistance teams adapted *Guideposts for Success* to meet the needs of youth receiving SSI (e.g., by adding benefits counseling), though retained the emphasis on the importance of work-based experiences identified in prior studies (see Luecking and Wittenburg [2009] for more details).

<sup>12</sup> SSA ultimately selected six programs for implementation of larger-scale interventions (Fraker and Rangarajan 2009). SSA selected the programs based on proposals and a pilot, where the evaluation team reviewed and made recommendations for how each program could implement and scale its interventions. The six programs had latitude to serve youth receiving or at risk of receiving SSI between the ages of 14 and 25 using service models that fit the *Guideposts for Success* model. Additionally, the evaluation provided technical assistance to programs to support the implementation according to the *Guideposts for Success* model. YTD also included non-random assignment programs in other states (see Martinez et al. [2010] for more details). Camacho and Hemmeter (2013) summarizes findings on service receipt and outcomes from two of the non-random-assignment programs, including detailing the experience of one youth.

The YTD evaluation team used SSA administrative data and worked locally in partnership with the programs to recruit and enroll participants. The onsite work with partners was essential in the intervention to families and building trust in the effort. YTD program and evaluation staff reported that waivers were a strong inducement for youth to enroll, underscoring a critical service component. The enrollment rates ranged from 16 to 30 percent across programs (Fraker, Mamun, et al. 2014).

Nearly all YTD youth received some services, though the intensity of services, particularly employment services, varied by program (Fraker et al. 2018). As one example, service delivery ranged from 7 to 43 hours. The three programs with the most considerable employment impacts also had the most employment service hours. A technical assistance team monitored service delivery and used metrics on the type and amount to support program staff in delivering services. This technical assistance helped program staff provide consistent services with a focus on employment during the demonstration. The evaluation noted that sharpening the focus on employment service supports could be beneficial to other service providers.

In all programs, the YTD interventions increased the likelihood of employment service use. Despite the increase, YTD did not increase the total hours of service use across all providers (YTD or non-YTD). Thus, there appeared to be some substitution of participation in YTD services (focusing on employment) away from non-YTD services.

The estimated employment impacts varied by program and diminished over time (Hemmeter 2014; Fraker, Mamun, et al. 2014; Hemmeter and Cobb 2018).<sup>13</sup> In year one, three programs increased employment (the Bronx, Florida, and West Virginia). The impacts in two of the programs (the Bronx and West Virginia) were initially large (16 and 24 percentage points, respectively) compared with impacts in later years. In part, the large impacts represent aspects of YTD services that included employment as an extended part of services, especially in the Bronx program, which offered summer youth employment programs. The third program (Florida) had relatively modest employment impacts in year one (6 percentage points). In the second year, two programs (the Bronx and West Virginia) continued to sustain employment gains. The impacts decreased from the year one estimates (6 and 8 percentage points, respectively) (Hemmeter 2014). In year three, two programs (Florida and West Virginia) continued to have employment gains on the order of 6 to 8 percentage points

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<sup>13</sup> The evaluation included measures of *any employment* from the survey, *any earnings* from administrative records, and *earnings levels* from earnings records. For simplicity, we summarize the *any earnings* outcomes here given they are available for all years whereas the survey findings are available only in years one and three. Some programs had impacts on *any employment* from the survey, but not administrative records (e.g., Erie County in year three; see Fraker, Mamun, et al. [2014]). However, the point estimates are all below 8 percentage points, so there is no substantive difference in the broad interpretation between the *employment* and *any earnings* measures shown here.

(Fraker et al. 2018). However, no program had an impact on employment after year three (Hemmeter and Cobb 2018).<sup>14</sup>

The evaluation cited a strong relationship between service intensity and employment impacts for two programs that generated employment impacts through year three (Florida and West Virginia). These two programs were also the only programs that had impacts on “productive activities,” which included participation in employment, education, and training. The evaluation noted that these two programs also had intensive employment service delivery interventions that differentiated them from the other programs (Fraker et al. 2015; Fraker et al. 2018). Conversely, the programs that did not have as strong a focus on employment were less likely to generate impacts on employment and other productive activities.

The five programs that included youth receiving SSI support produced sustained increases in SSI benefit amounts, which increased income. The cumulative impacts on SSI benefits ranged from about \$3,000 to \$6,000 in the seventh year after enrollment (Hemmeter and Cobb 2018). These benefit increases are not surprising given that the waivers offered under YTD provided protections for income and from eligibility redeterminations that increased benefit duration.

The findings of the sixth program (Maryland), which did not generate employment or benefit impacts for at-risk youth, provide insights into the challenges of providing early intervention services. The program offered intensive services, but qualitative findings documented that the counterfactual service environment was already strong. The youth in this program used YTD services to supplement existing supports that were already available. The lack of impacts likely reflects that other similar supports were available in the area. This finding further underscores the importance of developing customized approaches that fill a specific need among well-targeted populations.

Another notable finding was that two YTD programs (the Bronx, Florida) achieved reductions in youth arrests, though one program (Colorado) increased arrests.<sup>15</sup> The results are notable given the relatively high arrest rates among young adults with disabilities relative to those without disabilities (Wittenburg 2011). The evaluation could not specifically identify the components of the interventions that generated these results, though it noted large service differentials between these three programs that could influence impacts (Fraker, Mamun, et al. 2014). The programs with more intensive services generated larger impacts. The evaluators hypothesized

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<sup>14</sup> The Hemmeter and Cobb (2018) results are based on unpublished slides. The findings reported that employment increased in year 6 for West Virginia and in year 10 for the Bronx, with effect sizes of 6 to 7 percentage points. All other results were not statistically significant. The authors concluded there were limited sustained impacts on employment after the intervention period, like effects in other training programs.

<sup>15</sup> Regarding other primary outcomes, no program had impacts on youth self-determination. The final evaluation report noted that the methods for measuring self-determination were limited at the time of the YTD evaluation (Fraker, Mamun, et al. 2014).

that, as with intensive employment supports, well-designed and intensive other services might support youth in reducing contact with the justice system.

In summary, the findings show the potential for intensive services and waivers to improve the outcomes of broader populations of youth receiving or at risk of receiving SSI than those served by previous demonstrations. Well-designed and targeted interventions generally led to promising impacts, particularly in the demonstration's first few years. The YTD service costs were substantially lower than the costs of its STETS and TETD predecessors, though YTD's impacts were also more limited and diminished more substantially over time. These findings raise the important issue of how to determine the optimal intensity and duration of services needed for youth receiving SSI to succeed.

***PROMISE: Supports Delivered through State Agencies to Children Receiving SSI and Their Families***

Beginning in 2013, PROMISE tested state-based intervention services delivered to a large sample of children receiving SSI who were age 14 to 16 when they enrolled in the study. The ongoing PROMISE evaluation measures impacts for a wide range of youth and family outcomes at 18 months and five years after enrollment. To date, 18-month impact findings are available; future evaluations will include five-year impact estimates (Fraker, Carter, et al. 2014; Mamun et al. 2019).

Five features differentiate PROMISE from the youth demonstrations described above (Fraker, Carter, et al. 2014). First, the US Department of Education (ED) funded and provided oversight for the implementation, and SSA funded the evaluation. ED funded six PROMISE programs that encompassed 11 states.<sup>16</sup> Second, state agencies led the implementation of services and were required to engage in cross-agency collaboration on services

**PROMISE Findings**

- *Impacts (18 months, long-term impacts forthcoming):* Eighteen months after enrollment, each program increased youths' use of transition services and family members' use of support services. None increased youth school enrollment, but all had increased youth's receipt of job-related training and employment. Four programs increased youth's earnings and total income, but only one reduced youth's federal disability payments. One program increased parents' receipt of education and training, but none affected parents' employment, earnings, or income.
- *Costs:* Annual cost per enrollee ranged from \$5,490 to \$9,148 across programs.
- *Key findings:* Providing services to families in addition to youth has the potential to improve youths' outcomes; however, there are challenges to engaging families and sustaining family-focused services.

<sup>16</sup> Two PROMISE projects were implemented statewide (Maryland and Wisconsin), three were implemented in selected geographic areas of a state (Arkansas, California, and New York), and one included a consortium of six western states that implemented PROMISE statewide in each (Arizona, Colorado, Montana, North Dakota, South Dakota, and Utah).

provision. Third, PROMISE services targeted a generally younger population of children receiving SSI (ages 14–16) than the populations targeted by the previous demonstrations. Fourth, PROMISE had a much stronger focus on providing services to family members as well as the youth, particularly on providing parent training and education.<sup>17</sup> Finally, PROMISE included more youth receiving SSI ( $N=13,444$ ) than any other SSI demonstration.

PROMISE recruitment began in 2014. SSA provided the PROMISE programs with lists for recruitment of eligible youth receiving SSI residing in the programs' service areas. The programs had to enroll at least 2,000 youth and their families over two years. The evaluator worked with the programs to randomly assign youth to either the treatment group or the control group at enrollment. Using various methods, including phone, mail, and in-person outreach and incentive payments, the six programs enrolled a total of 13,444 youth, representing between 16 and 43 percent of the eligible youth they contacted (Livermore et al. 2020). The enrolled youth were generally representative of the broader population of youth receiving SSI in the catchment areas.

The PROMISE programs delivered services for approximately five years. ED required the programs to deliver four core services at a minimum: (1) case management to youth and their family members, (2) benefits counseling and financial education, (3) career and work-based learning experiences for youth, and (4) parent training and information to help parents support and advocate for their youth, as well as resources for improving the education and employment outcomes of the parents themselves. Case management was the cornerstone of the intervention, used to identify youth and family needs and connect them to services and information that would improve their education, employment, and self-sufficiency. Each program developed collaborations with existing public service providers, including the state VR, Medicaid, and developmental disability agencies; high schools; workforce centers; Work Incentives Planning and Assistance projects; and independent living centers. Service providers encouraged youth to apply for services and supports, such as Section 301, that might benefit them. These collaborators served on project advisory committees and, to varying degrees, partnered with the PROMISE programs to provide services. The service arrangements varied from formal contracts with public and private providers to less formal referral arrangements with existing services.

All programs experienced challenges in getting some of their services in place (Anderson et al. 2018; Honeycutt et al. 2018; Kauff et al. 2018; Matulewicz, Katz, et al. 2018; McCutcheon et al. 2018; Selekman et al. 2018). The challenges arose from the need to identify providers of some services or develop them from scratch. In most areas, the services did not exist in the community or were not of a scale across the catchment areas to serve all PROMISE enrollees.

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<sup>17</sup> YTD included family involvement components of services, though the emphasis on this type of service was substantially less than in PROMISE.

The programs also faced challenges in convincing parents to participate in services. For example, some parents viewed the program as being for their youth and were less willing to participate in services for themselves. Relatedly, some parents believed their children were too young to engage in services related to employment. Finally, some were preoccupied with addressing crises arising from their limited income or their child's or their own poor health. These factors limited the time and energy of some parents to engage in PROMISE services.

As of 18 months after enrollment, the PROMISE programs had increased youth use of transition services (Mamun et al. 2019). Most control group youth received some transition services. Nonetheless, the PROMISE programs generated impacts ranging from 27 to 69 percent greater than the control group means for specific types of services. The largest impacts were on PROMISE's core services, which were generally the least-used types of services among control group youth and families. The most common services used by control group youth were transition planning services and life skills training. These represent services that most special education students are likely to receive in the ordinary course of attending high school. However, services that might be more applicable to youth receiving SSI and their families (and the focus of the PROMISE demonstration), including case management, work-based learning experiences, benefits counseling, and financial education, were less commonly accessed under the status quo.

All programs increased the likelihood that youth received job-related training and engaged in paid employment. The employment impacts were substantial for some programs, ranging from 26 to 184 percent greater than the control group means. The programs with larger impacts had contracts with providers or hired dedicated staff to deliver employment-related services and offered wage subsidies. The programs with smaller effects relied more on referrals to existing employment services. These findings underscore the importance of proactively engaging and funding providers to enhance impacts. Notably, the program that generated the largest impact on employment and earnings had the highest cost per enrollee.

Four of the programs (Arkansas PROMISE, CaPROMISE, MD PROMISE, and WI PROMISE) increased youth's earnings and total income, but only one (CaPROMISE) reduced federal disability payments. One program increased the likelihood that the youth had health insurance (from any source) by one percentage point.

None of the programs affected youth expectations, self-determination,<sup>18</sup> or the number of months enrolled in Medicaid. Although the evaluation found some statistically significant differences across subgroups of youth defined by sex,

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<sup>18</sup> Self-determination is a concept that encompasses attitudes and abilities that lead individuals to set goals and take actions toward achieving them. The PROMISE 18-month evaluation assessed autonomy, psychological empowerment, and self-realization—three of the four subdomains of the ARC Self-Determination Scale (Wehmeyer 1995) using youth's responses to the 18-month survey.



impairment, and age, there were no consistent subgroup differences across the programs.

All PROMISE programs increased other family members' use of support services. Examples of services included the same core services offered to youth (case management, benefits counseling and financial education, and employment-promoting services) as well as parent training on the youth's disability.

No program had a statistically significant effect on parental employment, earnings, or income, and only one generated an impact on training. The lack of impacts on parental employment and earnings might reflect the challenges noted above in serving parents. Nonetheless, the evaluation found a favorable relationship between youth outcomes and family service use (Levere et al. 2020). This finding suggests that family engagement might favorably affect youth outcomes by increasing youth participation in services as well as through other indirect means.

The early findings suggest that PROMISE services fill essential gaps in services. For example, some services, especially benefits counseling and financial education, were not widely available in the community. The promising early impacts also indicate that the services meet short-term needs. Despite the potential need for services, it remains challenging to engage families in ways that make even larger potential impacts possible. The low-income families whose children receive SSI experience regular crises related to the youth's health condition or the family's limited resources. These crises can disrupt families' and case managers' focus on the ultimate goals of interventions such as PROMISE. Moreover, some parents believed that PROMISE was for their youth and not themselves, which likely limited the programs' ability to address fundamental family issues that could affect the long-term outcomes of the youth. The link between a parent's knowledge, behavior, and circumstances and the youth's outcomes might not have been evident to parents except with respect to services that were directly related to the youth (e.g., assistance with guardianship issues).

Another early lesson is that collaboration across agencies is potentially beneficial in addressing fragmentation in existing supports. Formal contracts between entities, including service benchmarks and funding, appeared to be more effective in ensuring that youth received intended services than were more informal collaboration types (Livermore et al. 2020).

Finally, intensive, family-based interventions are challenging to sustain without funding and incentives to support them. Family case management was the central feature of PROMISE and represented the largest service cost; PROMISE case managers' small caseloads (about 30 or fewer families) contributed to the costs.<sup>19</sup> Although often affiliated with a state agency, these case managers functioned independently from any state program. None of the PROMISE states has continued to provide family-focused case management to youth receiving SSI and families offered

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<sup>19</sup> In contrast, state VR counselors typically have caseloads of 100 or more.

under PROMISE. Existing programs face challenges in adopting more intensive targeting and case management services due to cost. Additionally, it is difficult to integrate comprehensive family case management services in the existing system because of programs’ other priorities and legal mandates to serve individuals rather than families. Staff affiliated with the Wisconsin PROMISE program proposed a means for incorporating this case management in state VR programs (Anderson, Schlegelmilch, and Hartman 2019). Based on the PROMISE experience, others have also proposed interventions for incorporating system-wide, family-focused case management into the transition landscape (Anderson, Hartman, and Ralston 2021; Karhan and Golden 2021).

***Evidence from Other Interventions***

Several other interventions have offered supports to people who share some characteristics with youth receiving SSI. These populations include other youth with disabilities, youth with limited resources, and adults with disabilities. In this section, we also briefly review evidence from interventions implemented in other countries. Several of these promising interventions could be viable options for improving the outcomes of youth receiving SSI.

***Employer and Residential Interventions for Youth with Disabilities***

Descriptive evidence from recent studies underscores the promise of long-term, comprehensive transition supports improving outcomes for youth with disabilities (Honeycutt, Wittenburg, Crane, et al. 2018). Examples include the Maryland Seamless Transition Collaborative Program, Utah Pathways to Careers, and Marriott Foundation Bridges from School to Work. Like the YTD and PROMISE interventions, the programs in the field provide participants with employment services coupled with other services. However, we cannot say whether the transition programs alone influenced the outcomes because these studies lacked valid comparison groups. Hence, these program interventions represent a potential opportunity for developing further evidence, given their promising descriptive evidence.

There is some evidence of the favorable effects of residential and employer-based training interventions on the employment of youth with disabilities. A study of Job

<p><b>Evidence from Other Interventions</b></p> <ul style="list-style-type: none"> <li>• <i>Impacts:</i> Targeted interventions with intensive supports show promise for sustaining impacts. Research shows promising impacts for residential models, employer-based supports, sectoral training, population-specific approaches, and models that tie in specific profiling options</li> <li>• <i>Costs:</i> Vary by intervention approach</li> <li>• <i>Key findings:</i> More-intensive supports are associated with stronger outcomes. There is promise in focusing on residential and job sector training initiatives, such as Job Corps and Year Up, which have provided supports unlike those tested in SSA demonstrations. Other promising supports for youth with disabilities have not been rigorously tested and so offer opportunities for future learning</li> </ul>
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Corps, the largest free residential education and job training program for youth ages 16 to 24, found employment impacts for youth with medical conditions that were larger than the impacts on other youth (Hock et al. 2017). The study also found a decline in SSI participation resulting from Job Corps participation. Descriptive and experimental studies of Project SEARCH, a business-led one-year employment preparation program for youth with disabilities that takes place entirely at the workplace, found that the program increased the rate of employment (Wehman et al. 2014). A common feature of both interventions that differentiates them from the SSA demonstrations described above is the intensive immersion of youth in services delivered in environments (residential facilities and employer sites) that are different from their usual home and school environments. The compelling evidence from Job Corps and Project SEARCH suggests that they might be worthwhile programs to test referrals involving youth receiving SSI.

### *Intensive and Sectoral Training Interventions for Other Youth Populations*

The evidence from interventions tested with other youth populations, particularly job training interventions, indicates a pattern of impacts that are like the SSA demonstrations; program impacts emerge early on but diminish over time (Treskon 2016). Critical components of successful programs include paid work interventions, financial incentives, and service coordination among education, training, and employment supports.

Interventions that provide intensive training and other supports have proven to be effective among low-income populations (McConnell, Perez-Johnson, and Berk 2014). The rationale for offering intensive training along with other supports to youth with disabilities is that these youth might face several challenges in addition to a lack of occupational skills, including low cognitive and noncognitive skills. There are two reasons why these more intensive programs are likely to be effective for youth receiving SSI. First, they allow youth to move out of their usual environments and receive mentoring and socialization that can contribute to job success. For example, in Job Corps, participants talked about their peers' negative influences in their home neighborhoods; Job Corps removed this influence by relocating youth to the residential Job Corps sites. Second, the programs involve full-time immersion in intensive services (youth.gov, n.d.). The full-time immersion reduces the opportunity for other influences, including family financial and other crises, to interfere with the youth's education and job training. Family crises were a common reason why some PROMISE youth were unable to participate in services as intensively as intended (Hall et al. 2020).

The second strand of evidence is emerging about the potential for workforce development that focuses on specific sectors (sectoral job training), such as information technology, influencing long-term outcomes (Arnold Ventures 2020; Fein, Dastrup, and Burnett 2021). The Year Up program is a notable example because it offers findings from a five-year experimental follow-up evaluation. The Year Up

intervention is an intensive year-long program that trains low-income youth for jobs in high-demand fields, such as information technology and financial services. Year Up increased average earnings by 30 to 40 percent (\$7,000–8,000) (Fein, Dastrup, and Burnett 2021). There are also other promising findings of sectoral job training programs, though with shorter follow-up periods. Examples of these other programs include Per Scholas, Project QUEST, and Nevada’s Reemployment Eligibility and Assessment program (Arnold Ventures 2020).

### ***Population-Specific Approaches for Adults***

The lessons from other SSA demonstrations for adults outlined in this book further emphasize the importance of customizing supports to well-targeted populations. The demonstrations without customized supports, such as the Benefit Offset National Demonstration, Accelerated Benefits, and the SSI Work Incentives Demonstration Project, did not produce long-term employment effects (see Chapters 3, 4, and 5 in this volume). Although the overall employment impacts were limited in these demonstrations, younger participants generally had higher employment and participation rates, underscoring the demand for services by this group (see Chapter 7). Another feature of the interventions that targeted adults is that they differ in their service focus. For example, they lacked a strong focus on family, independent living, self-determination, and education compared with youth interventions, reflecting the different presumed needs of adults and youth.

One area where adult-based demonstrations provide some insights into potential youth intervention options is impairment-specific supports. The Mental Health Treatment Study showed the potential to increase employment for people with mental health conditions through a supported employment intervention and by providing other supports tailored to their needs (Frey et al. 2011). Through its Supported Employment Demonstration, SSA is testing the effects of providing supported employment to people with mental health conditions who are denied disability benefits (Taylor et al. 2020). However, the supported employment model has not yet been tested widely and rigorously among youth (Noel et al. 2018), though one YTD site served youth with severe emotional disturbances at risk of receiving SSI or SSDI. The Mental Health Treatment Study findings, along with those of STETS and TETD described above, suggest the potential for approaches that are tailored to other specific impairments among youth populations, especially those that represent increasing shares of the child SSI caseload, such as youth with autism.

### ***International Evidence***

Findings from programs for youth in Europe and Latin America underscore many of the experiences and themes discussed above for programs in the United States (Ibarraran et al. 2014; Kluve et al. 2016). Programs that provided multiple types of services that youth and families could choose from were more likely to have an impact

than those that had a more limited set of services. The ability to provide multiple types of services were common features of programs that had the largest effects (Kluve et al. 2016). There was also evidence that profiling individuals to determine their service needs was beneficial. Under profiling, a provider would group participants based on the level of service need as opposed to, say, specific types of services. For example, a provider would group participants based on the number of services they need (low, moderate, and high). This grouping was helpful to right-size services, determine provider incentives for outcomes, and monitor service delivery. The combination of profiling and incentives is important in identifying services to keep youth engaged in the program, as well as in creating alerts to providers when youth drop below expected service engagement.

### Ongoing SSA and Cross-Agency Initiatives

As of this writing, SSA and other federal agencies are supporting several initiatives to improve the outcomes of youth with disabilities. Below, we review both ongoing and proposed initiatives that highlight efforts to support youth receiving SSI, particularly during their adult transition.

#### *SSA Initiatives to Support Youth*

SSA is supporting an initiative to coordinate VR services for youth in the Ohio Direct Referral Demonstration (SSA 2019b). The effort involves a collaboration between the Ohio Department of Disability Determination and the state's VR agency. The demonstration is testing the effect of providing direct referrals to VR for youth ages 18 and 19 who either are applying for SSI or SSDI or are undergoing the SSI age-18 redetermination. This ongoing experimental study involving 750 youth will assess the impact of the direct referrals on youth's use of VR services, employment, and reliance on disability program benefits.

SSA has also proposed policy initiatives in its budget to test other ways to support youth in the future (SSA 2020g). These include supporting youth receiving SSI through work incentives and referrals to other services. For work incentives, the budget outlines an initiative to disregard all the youth's earned income and eliminate income reporting requirements through age 20. Finally, building on the Ohio initiative and other demonstrations, SSA proposes for Congress to restore its authorization to refer transition-age youth receiving SSI (along with all other SSI recipients and SSDI beneficiaries) to VR services to improve those youths' access to employment-related services.

#### Current Initiatives and Proposals

##### SSA

- Enhance service linkages to other agencies (Ohio Direct Referral Demonstration)
- Predictable CDRs, work incentives and other supports (2021 policy proposals)

##### Other Agencies

- Improved information related to age 18 redetermination (National Institutes of Health)
- Generate ideas for new interventions to serve youth receiving SSI (Department of Labor)

***Cross-Agency Initiatives to Support Youth Receiving SSI***

Two cross-agency projects include initiatives to support the transition to adulthood for youth receiving SSI. The first is a National Institutes of Health–supported project to provide more information to families nearing the age-18 redetermination about SSI payments’ future availability (Deshpande and Dizon-Ross 2020). The planned random assignment study will provide information to families about youths’ potential to retain benefits after age 18, along with other informational resources. The information is intended to address inaccurate beliefs about the future availability of SSI for the youth that might lead to underinvestment in the child’s health and human capital. The second is a DOL funded project to identify promising interventions to help youth receiving SSI transition successfully to adulthood (Honeycutt, Contreary, and Livermore 2021). The proposed interventions developed by researchers and practitioners include case management and vocational service interventions, youth and family empowerment curricula, a cross-agency data-sharing tool, scholarships for youth receiving SSI, and delaying use of the SGA criterion in the SSI/SSDI disability determination until age 22.

***Policy Lessons***

We identify policy lessons from the interventions above and discuss how government agencies have used these lessons to refine services and supports. We first discuss demonstration lessons that inform intervention service design, implementation, and evaluation. Next, we describe our understanding of how government agencies have used the findings from prior demonstrations to reform programs and services, in essence, translating the knowledge gained from the research to policy.

***Demonstration Lessons***

We identify five lessons for future demonstrations. The lessons address topics related to both the design of demonstrations and the implementation of services.

***1. Design: Youth service and support needs differ from those of adults***

A general lesson from our review is that youth have different service and support needs than adults. The differences have important implications

<p><b>Demonstration Lessons</b></p> <ol style="list-style-type: none"> <li>1. <i>Design:</i> Youth service and support needs differ from those of adults</li> <li>2. <i>Recruitment:</i> Local staff and program incentives enhance enrollment</li> <li>3. <i>Intervention services and outcomes:</i> Intensive service models with clear focus on specific outcomes generate larger impacts</li> <li>4. <i>Outcomes:</i> Long-term impacts through expansion in training and employment opportunities that address systemic gaps</li> <li>5. <i>Interagency collaboration:</i> Formal agreements with financial incentives enhance collaboration</li> </ol>
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for service design, particularly meeting the multiple needs of the youth and family. Relative to adults, youth have a more extensive set of needs related to their education and cognitive and noncognitive skill development, which continue to evolve as they age. Thus, a larger set of potential outcomes can be precursors to employment, including self-determination, education, and social engagement. Additionally, families, especially parents and guardians, play a crucial role in supporting and making decisions for the youth; their knowledge, needs, and behavior are also highly relevant in considering how to improve the adult outcomes of youth receiving SSI.

## ***2. Recruitment: Local staff and program incentives enhance enrollment***

A second lesson is that recruitment can be enhanced when outreach includes a local presence and program incentives. Incentives to participate in programs might be necessary because youth receiving SSI and their families might fear losing benefits as a consequence of participation. Because the SSI payment often represents a central source of income for the entire family, its potential loss can be a major concern. This concern may be exacerbated by families' confusion about program rules and the implications of the rules for youth outcomes. These factors likely contribute to the low participation rates in demonstrations, which are usually well below 50 percent.

The YTD and PROMISE demonstrations achieved high participation rates (ranging from 16 to 43 percent across sites) relative to the other SSA employment-focused youth demonstrations (about 5 percent). In both demonstrations, a local provider presence was cited as helpful in bolstering recruitment compared with mailings and recruitment originating from a central, non-local source. Additionally, the YTD evaluation cited waivers as being key in reassuring participants about the financial benefits of participation. PROMISE did not include waivers; however, the CDR protection provided through a waiver in YTD was provided as policy in PROMISE.

## ***3. Intervention Services and Outcomes: Intensive service models with a clear focus on specific outcomes generate larger impacts***

For those who participate in SSA demonstrations, there is recurring evidence that customized, intensive services improve outcomes. The size of the impacts varies by intervention and population, though all previous SSA demonstrations generated employment gains. A feature that led to generally larger effects was the focus on customized and intensive supports. In general, the more expensive interventions in PROMISE and TETD generated larger impacts.

There is also evidence that having a sharp focus on employment in service delivery improved outcomes. For example, in YTD, there was correlational evidence showing that interventions with more intensive employment services had larger employment impacts. In PROMISE, there was evidence of larger employment impacts for programs that contracted for employment services or had dedicated staff to provide

those services compared with programs that relied on referrals to existing employment services in the community.

**4. *Outcomes: Long-term impacts through expansion in training and employment opportunities that address systemic gaps***

The SSA demonstration findings provide mixed evidence on the potential to influence long-term outcomes. The early STETS and TETD findings suggest the potential to affect long-term outcomes beyond the demonstration period. Within YTD, there was also some evidence that longer periods of service delivery (Miami) resulted in more sustained impacts than the more intense, shorter intervention models (e.g., West Virginia). However, even with the longer-duration YTD interventions, none of the projects sustained impacts beyond the demonstration period.

Outside of the SSA demonstrations, there is evidence that residential or sectoral training supports can improve employment and other long-term outcomes. The Job Corps and Year Up programs resulted in larger employment impacts that persisted beyond the intervention period compared with impacts found in the SSA demonstrations. Additionally, there was evidence that Job Corps reduced reliance on SSI.

A theme that connects the long-term impacts in SSA and other demonstrations is they offered opportunities not available in a youth's environment. In STETS and TETD, youth moved from sheltered to competitive employment environments. Similarly, in the Job Corps and Year Up interventions, the youth had opportunities for training and employment supports that might not have been available in their immediate areas. In providing those opportunities, the interventions fill gaps that might limit a youth's advancement.

**5. *Interagency Collaboration: Formal agreements with financial incentives enhance collaboration***

Finally, the SSA demonstrations provide some insights into creating stronger partnerships among service delivery organizations through the use of contracts and tracking systems to support implementation. In YTD, the technical assistance provider tracked service intensity and types to provide feedback to the implementation partners. This quantitative feedback was useful in conversations with partners and front-line staff about balancing service delivery to ensure all participants received the services as intended.

In PROMISE, there were multiple examples of formal or semi-formal contracting arrangements in supporting collaborations that provide possible examples for future interagency collaborations. Providers used multiple types of arrangements (e.g., fee-for-service and lump-sum payments) to specify services, and, in some cases, payments were small. Even token financing demonstrated the PROMISE program's desire to enhance service capacity and provided a basis for developing a formal scope of work



and reporting between two agencies. Lead agencies could use this information to monitor service delivery and, as necessary, make modifications to services, and identify areas for continued communication and collaboration across agencies (Livermore et al. 2020; Nye-Lengerman et al. 2019).

## Translating Research to Policy

We identified two lessons for program and service reforms at SSA and other agencies in service transition-age youth. We identified these lessons based on interviews with key stakeholders at government agencies who noted how the research findings informed service or program modifications. Within SSA, there is now more focus on youth in the delivery of benefits counseling. At other agencies, particularly at DOL, there are service guides to support the general implementation and service delivery to youth with disabilities.

### Translating Research to Policy

1. *SSA programs*: WIPAs increased benefits counseling focus on youth and families
2. *Other agencies*: SSA demonstrations informed WIOA implementation and future policy proposals

### ***1. SSA Programs: WIPA programs' enhanced benefits counseling focuses specifically on youth and families***

The YTD findings informed modifications to SSA information materials and prompted a focus of benefits counseling services on youth through the Work Incentives Planning and Assistance (WIPA) program. Prior to YTD, there was more limited information available to support youth in transition. Based on the YTD experience, SSA enhanced the information it provides in the *Red Book* (2020e) and annual notices by adding information about the age-18 redetermination, work supports, and non-SSA programs (e.g., VR) that offer service to youth. For WIPAs, SSA implemented changes that placed more emphasis on youth in service delivery and began convening quarterly calls for WIPA staff to discuss youth transition services. Additionally, the WIPA program manuals were updated to include several references to youth and lessons from YTD.<sup>20</sup>

Despite the changes prompted by YTD, the PROMISE experience suggests there remains a need to continue providing information and increasing access to benefits counseling for youth. When the PROMISE demonstration began, many WIPA programs contracted to provide youth services were not focused on youth receiving SSI. Benefits counseling was a critical service offered under PROMISE and one of the service types infrequently used by control group youth, contributing to the large impacts of PROMISE programs on families' use of this service.

<sup>20</sup> See, for example, *WIPA & Community Partner Work Incentives Counseling Training Manual*, Module 1. "Supporting Increased Employment and Financial Independence Outcomes for Social Security Disability Beneficiaries." Virginia Commonwealth University. Updated September 26, 2021. <https://vcu-ntdc.org/resources/ntcmanual.cfm>.

## 2. Other agencies: SSA demonstrations informed WIOA implementation and future policy proposals

Other agencies have used the findings from SSA demonstrations to influence their programs and policies. DOL cited lessons from YTD in working with other agencies to support the implementation of Workforce Innovation and Opportunity Act (WIOA) (DOL, “Employment,” n.d.). Some of the PROMISE states incorporated features of their PROMISE interventions into their WIOA services. To continue policy development for youth, a DOL report (n.d.) cited the importance of work-based experiences and the continuity of supports through the transition period from YTD.

The PROMISE experiences have also influenced three policy proposals developed under DOL’s SSI Youth Solutions project. Two of the proposals offer ideas for implementing and sustaining PROMISE-like services, particularly family case management, within the existing transition service landscape (Karhan and Golden 2021; Anderson, Hartman, and Ralston 2021). The third proposal describes a tool that links data across state and local programs to track the service delivery and outcomes of transition-age youth with disabilities (Gingerich and Crane 2021).

## SUGGESTIONS FOR SSA’S FUTURE LEARNING AGENDA

We provide eight suggestions for SSA’s future learning agenda to enhance outcomes for youth. The suggestions represent ways to address gaps in current knowledge and enhance the experiences of youth and their families in future demonstrations. We first discuss suggestions for future demonstrations and then offer ideas to test modifications to SSA program rules.

### Future Demonstration Considerations

We identified four areas for future demonstrations to test interventions that support youth receiving SSI. They cover topics related to leveraging service models, data, and options to enhance outcomes that were not fully addressed in prior demonstrations.

#### 1. *Adapt Existing Models with Strong Evidence for SSI Youth*

#### Future Demonstration Considerations

1. Adapt existing models with strong evidence for SSI youth
2. Expand SSA data use among other public and private agencies
3. Identify and test interventions that improve family outcomes
4. Enhance understanding of diversity, equity, and inclusion

A potentially useful starting point for future interventions is to adapt features of promising existing models to SSI youth. Year Up and Job Corps are examples of such models. SSA could identify and explore partnerships with entities implementing promising models to test whether referrals of SSI youth to those services and potentially augmenting the services with components, like benefits counseling, that

address needs that are unique to SSI youth, improves the outcomes of SSI youth. Programs that have not traditionally served youth with disabilities might need training or technical assistance to effectively serve youth who receive SSI. SSA's new Interventional Cooperative Agreement Program offers a possible vehicle for SSA to partner with non-federal entities to conduct tests of interventions for youth as well as other populations.

A related area for future learning might be to test the provision of longer-term supports to improve youth outcomes. All of the interventions we reviewed were of relatively short duration (less than five years). A successful transition to adulthood might require different types of services delivered at different stages of transition over a longer period. In later sections, we describe examples: a longer-term case management intervention that begins when families first enter the SSI program and a similar model delivered through an expanded WIPA role.

## ***2. Expand SSA Data Use among Other Public and Private Agencies***

One of SSA's key assets is its store of historical program and earnings data. These data allow SSA to track outcomes for decades after demonstration evaluations have concluded. For example, SSA has tracked the program and earnings outcomes of youth participating in YTD for ten years. However, the use of SSA data by other agencies to track the outcomes of populations they serve in common with SSA is more limited. This is partly due to the need to establish formal data use agreements, which can take many months, or years, to develop. Because of the complexity of SSA program data, their use also requires a substantial learning investment for other agencies to use them appropriately.

Linking SSA data with other programs can help SSA understand where SSI youth and families obtain services and how participation in those services affects youths' outcomes. An area for future consideration is how SSA might facilitate data-sharing agreements with other entities, building on its experience doing so for other research and demonstration efforts. For example, in PROMISE, SSA developed data use agreements with the 11 PROMISE states to link SSA data with state VR and Medicaid agency data. State and even private entities who have evaluation ideas could work more cooperatively with SSA to develop ways to share data to track how their interventions influence the long-term outcomes of youth receiving or at risk of receiving SSI. SSA has created data exchanges for operational purposes with several states (SSA, n.d.).<sup>21</sup> These exchanges are notable because they might already include

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<sup>21</sup> Currently, federal, state, and local agencies interested in obtaining SSA data can request them by submitting SSA's data exchange request form (SSA-157). An outside agency's use of the data must be consistent with the administration of SSA's own programs, and the agency must meet SSA's data security requirements. There is also typically a cost in obtaining the data. The process for establishing a data exchange can take 18 months or longer to complete.

linkages across multiple systems to track cross program participation. Thus, one option would be for SSA to document and more widely publicize these linkages to encourage future usage. For example, if a state already has a data use agreement in place with SSA, it could amend it to incorporate its needs for delivering and evaluating transition services to youth receiving SSI.

With a more deliberate effort to link and share data SSA could be in a stronger position to support and learn from evaluations of efforts by public and private entities that affect SSI youth. SSA could also use the linked data in work with other agencies to track and report on cross-agency coordination efforts.

### ***3. Identify and Test Interventions to Improve Family Outcomes***

Another area for consideration relates to improving supports for family members. PROMISE emphasized family-focused case management and offered services to all family members of the youth receiving SSI. The early findings from PROMISE and the theoretical literature suggest that there is merit to engaging parents and providing them with training and resources to improve outcomes for their youth receiving SSI. The literature also suggests that starting at age 14 might be too late, given the importance of parental influence and behavior in shaping children's outcomes.

A promising avenue is to build on supports SSA already offers (e.g., *Red Book* and annual notices). Currently, there is one intervention in the field that is providing more intensive updates to parents at key points throughout the child's development about available resources and actions they should be taking concerning the youth (Deshpande and Dizon-Ross 2020).

A second option is to provide more guidance and oversight concerning parental training and control of resources, especially representative payees. SSA currently requires representative payees to complete an annual accountability report (Form SSA-623-OCR-SM), but parents of a child who receives SSI are exempt from this requirement. The form asks representative payees to describe how the SSI payments were spent on behalf of the recipient. A similar type of form could be used to remind parents and hold them accountable for specific actions that would be in the best interests of the youth at different ages. For example, having parents describe what they are doing to support the youth's functional development, school completion, and participation in work-based learning experiences. It would be labor intensive for SSA to monitor and follow up on the information, but making parents consider the options for their youth on a regular basis, coupled with information about resources, might serve to nudge parents to act in ways that are beneficial to the youth.

A third option is providing case management to support parents' ability to navigate the support system for their youth with disabilities and invest in the youth's development, not unlike the case management provided under PROMISE. However, this case management would begin when the family first begins to receive SSI and

continue in some form until the child turns age 18.<sup>22</sup> As in PROMISE, a final potential area for further learning is how to improve the education and income of SSI parents, again, starting at the time when families first enter SSI.<sup>23</sup>

#### ***4. Enhance Understanding of Diversity, Equity, and Inclusion***

A fourth area for future learning is enhancing understanding of diversity, equity, and inclusion in efforts to improve employment outcomes for youth receiving SSI (Gary et al. 2019; National Disability Institute 2020). As documented above, youth receiving SSI are more likely to live in low-income families, be non-White, and have lower educational attainment relative to youth and young adults in the general population. There are other characteristics related to the youth's identity, such as sexual orientation and disability, that are not well understood even in descriptive statistics. None of the SSA demonstrations we reviewed examined whether the enrollment and service delivery differed by racial or ethnic subgroups. Nor was there a review of how the specific demographic characteristics of the service providers might have influenced enrollment, service delivery, or outcomes. Thus, an area for future learning is to develop a better understanding of racial and other differences in the outcomes of youth receiving SSI and the potential sources of any differences. Such a focus would be consistent with the President's Executive Order on Advancing Racial Equity and Support for Underserved Communities through the Federal Government (Biden 2021). Disparities in service participation and outcomes might arise for many reasons, including the ways in which organizations recruit and deliver services to culturally diverse populations. However, one must first identify whether such disparities exist before being able to identify and address their causes.

#### **Modifications to SSA Programs and Services**

We offer three suggestions to learn more about the effects of changes to SSA program rules and services. The first offers options to test program rules through waiver-only demonstrations. The

#### **Modifications to SSA Programs and Services**

1. Tests to support changes to SSI program rules
2. Test expanded benefit counseling services
3. Expand testing of informational outreach

<sup>22</sup> Case management is not a current function of SSA, but SSA could contract for case management services in ways similar to how it funds state Disability Determination Services, WIPA services, and services provided by Protection and Advocacy for Beneficiaries of Social Security programs.

<sup>23</sup> These types of interventions might have limited potential for a couple of reasons. First, the child SSI payment's primary purpose is to provide parents with more resources to care for a child with a disability, which might include spending more time investing in (or spending time with) the child and less time in the labor market. Second, it is unclear if marginal improvements in parents' education and income will translate into meaningful improvements for the youth in the long term; the effect is less direct than interventions that seek to improve parent's knowledge and actions that directly affect the youth receiving SSI.

other two examine the potential for more proactive outreach to recipients to better inform youth and families about program rules.

### *1. Tests to Support Changes to SSI Program Rules*

In the past, SSA has implemented waivers to program rules in testing interventions for youth, but it has not conducted tests of rule changes on its own. “waiver-only” demonstrations could provide SSA and policymakers important insights into how (untested) administrative changes affect outcomes. For example, there is no rigorous evidence on the potential effects of several SSI eligibility provisions, such as the age-18 redetermination, CDRs (particularly fluctuations in the timing of CDRs), and earnings reporting, that could influence youth employment and program outcomes.

Examples of waivers to SSA rules that could serve as a waiver-only test include:

- **CDRs.** SSA’s discretionary funding for CDRs changes over time, which has implications for the number of CDRs completed. The result is that the CDR schedule might be unclear to many families, which can create challenges for their long-term outcomes. SSA could test waiving CDRs until age 18 for a subset of youth and compare their experiences and outcomes to those who undergo CDRs on a regular schedule.
- **Delaying the age-18 redetermination.** The age-18 redetermination is not aligned with other federal agencies’ definitions of the age at which a child is considered to be an adult and no longer eligible for child services. For example, youth are eligible for special education services under the Individuals with Disabilities Education Act until age 22. SSA could test the impact of delaying the adult redetermination until age 22. This change, which is one of the policy proposals under DOL’s SSI Youth Solutions initiative (Larson and Geyer 2021), would align the age of children across federal agencies and allow SSI youth to continue receiving income support for a longer period while they develop their capacity to support themselves as adults.
- **Employment and earnings of youth and parents.** The SSI program has several provisions that allow recipients to retain more of their benefits as their earnings increase, however, their use is limited. One option is to test eliminating earnings reporting for the youth and/or parent. Such a test would provide information to SSA about how the program rules influence the labor outcomes of children and their caretakers and demonstrate their capacity to work in the absence of work disincentives created by the program rules.

SSA could also conduct tests of the policy proposals included in its budget request described earlier (SSA 2020g). The findings would provide important exploratory evidence that would allow policymakers to examine modifications to programmatic

rules or changes in administrative funding (e.g., CDRs) that could affect benefit durations and eventual outcomes.

## ***2. Test Expanded SSA Benefits Counseling Services***

A second area for exploration is reviewing whether youth can benefit from expanded services from the WIPA program. Currently, SSA has limited means to provide or facilitate services to youth directly, which is why we suggest a focus on the WIPA program; it offers an existing mechanism SSA could use to deliver direct services. For example, in previous youth demonstrations (e.g., YTD and PROMISE), SSA relied on other entities to deliver case management, employment promoting, and other services. A demonstration could test expanding the role of WIPA programs to provide more intensive case management and referrals for youth and families. WIPA counselors trained specifically to serve youth receiving SSI and families in a manner as PROMISE did might be a means for sustaining PROMISE-like services. WIPA programs could provide more proactive outreach and comprehensive counseling for youth and families than they do currently and act as central means for families to obtain information and connections to services.

Although SSA could test such an intervention under its demonstration authority, a change in the legislation authorizing the WIPA program would be required to permanently implement such a program. Specifically, the Ticket to Work and Work Incentives Improvement Act of 1999 limits the total amount of WIPA funding to \$23 million. Hence, Congress would seemingly need to expand this funding to support an expanded role of WIPA programs.

## ***3. Expand Testing of Informational Outreach***

A final idea is for SSA to substantially expand information outreach tests to youth and their families. SSA sends several types of notices to recipients and their families about SSI, including information on redeterminations. In other contexts, SSA has tested the impact of outreach to those receiving SSI and SSDI. For example, Zhang et al. (2020) found that more periodic reminders of wage reporting increased the likelihood of wage reporting by adult SSI recipients. SSA could assess whether a more frequent distribution of its current annual notices to youth could better preparing them for their age-18 redetermination. SSA could also test whether shortening the notices, which are 20 pages long, improves youth participation in work incentives and preparation for their redetermination.

## **CONCLUSIONS**

SSA's youth demonstrations have generated evidence that has informed practices and policies in serving youth receiving SSI. The early demonstrations (STETS and TETD) proved the feasibility and importance of competitive employment placements for individuals with significant disabilities and demonstrated them to be a viable

alternative to sheltered work settings. In providing this evidence, these early demonstrations set the stage for later cultural and policy changes that reflect the idea that those with significant disabilities can work in integrated, competitive jobs. The more recent demonstrations (YTD and PROMISE) represent the most extensive and rigorous tests ever conducted of interventions for youth with disabilities. They contributed additional rigorous evidence on the effectiveness of employment-focused, comprehensive service interventions to the literature and policy considerations regarding how to improve youth outcomes. Their findings influenced the WIOA implementation and will likely continue to affect youth programs and policies in the future.

Despite the influence of the demonstration findings on broader policy, the evidence has not led to changes in SSI program rules or services. The lack of reform might be because the interventions tested exhibited diminishing impacts over time, particularly on employment. Additionally, other agencies would need to be involved in the delivery of the intervention services, which further complicates scaling. From a programmatic perspective, SSA has tested waivers to program rules though not separate from intervention services. Hence, it is not possible to say how specific programmatic rule changes, such as excluding earnings from benefit calculations, would affect youth outcomes or program costs from prior demonstrations.

A focal point going forward is to improve the long-term outcomes for youth receiving SSI. This issue is important given that many youth receiving SSI tend to have limited incomes into adulthood. In general, the most promising interventions that generated long-term impacts for other youth populations, including Job Corps and Year-Up, offered youth new opportunities for services and development that were not readily available in the existing service environment. We also offered up ideas for additional consideration to develop, form, and evaluate new interventions and cross-agency collaborations. Finally, we identified options to test waivers to programmatic rules governing earnings, CDRs, and the age-18 redetermination in ways that could inform the youth's long-term development.

In summary, efforts to help youth who receive SSI achieve their full potential are worthwhile. The descriptive evidence indicates that youth likely will continue to experience challenges in navigating a fragmented system of supports without more substantive intervention and programmatic reform support. There are promising avenues for moving forward, with priority needed on options that can demonstrate long-term impacts into adulthood. Our suggested recommendations around intervention and evaluation offer options to meet the goal of improving long-term adult outcomes for youth receiving SSI.



## Contributors

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**Gina Livermore**, Senior Fellow and Director, Center for Studying Disability Policy, Mathematica—Dr. Livermore’s work focuses on improving the economic well-being of transition-age youth and working-age people with disabilities and includes numerous studies on the employment of Social Security disability beneficiaries.

Chapter 6

## Comment

Lucie Schmidt

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Youth Supplemental Security Income (SSI) recipients often struggle with the transition to adulthood. This period is often also difficult for their families, particularly given that a large share of income in these families comes from the children's SSI benefits. Because of these issues, a number of demonstrations have been aimed at improving this transition and at generating better adult outcomes for this population. This chapter by Wittenburg and Livermore provides an excellent introduction to the issues associated with this important population of SSI recipients, as well as to the lessons learned from four demonstration projects targeted directly at teenagers and young adults receiving SSI benefits: Structured Training and Employment Transitional Services (STETS), Transitional Employment Training Demonstration (TETD), Youth Transition Demonstration (YTD), and the Promoting Readiness of Minors SSI (PROMISE) demonstration.

Two findings that emerge from the youth transition demonstrations seem particularly important. First, we know that the SSI program is complex. While there are a number of supports available to recipients, services vary across localities and are fragmented in their delivery. The demonstrations show that services and supports are important, and that more intensive services seem to have larger effects. Some of the most encouraging findings in this area come from the PROMISE demonstration, which had a direct focus on case management, and on helping connect families to services they needed. PROMISE improved on previous demonstrations by having state agencies lead the implementation of services and requiring collaboration across agencies, reducing the complexity faced by recipients and their families.

A second important lesson is that children on SSI have different service and support needs than adults. This point is critical, and calls to mind the discussion by Berkowitz and DeWitt (2013) in their history of the SSI program, where they note that benefits for children with disabilities were "slipped into the legislation" (34) without full discussion of the implications. As Wittenburg and Livermore (in "Youth Transition") clearly lay out, successful interventions for children on SSI require an understanding of child development processes (both cognitive and noncognitive) and of parental investments. Both child development and parental investments might be affected by benefit receipt and by program rules.

The youth SSI demonstrations take place in the broader context faced by low-income families in the United States. A growing body of research points to a number of hardships faced by these families. For example, evidence suggests that individuals facing conditions of scarcity suffer reduced cognitive load and functioning (Mani et al. 2013). Low-income families endure longer waiting times for necessary goods and

services (Holt and Vinopal 2021). These hardships interact with the challenges faced by parents of children with disabilities, as well as with the complexity and fragmentation of services provided through SSI.

The youth SSI demonstrations can also be viewed through the lens of the growing literature on administrative burden. As described by Herd and Moynihan (2018), administrative burden occurs when the design of public programs makes it more difficult for families to access resources. This administrative burden comes in the form of learning costs (costs incurred in learning about program rules, what services might be available, and how to access those services), compliance costs (the burden of following program rules and regulations), and psychological costs (stigma from program receipt and stress due to dealing with administrative processes) (Moynihan, Herd, and Harvey 2015). All of these costs are likely to be high for youth SSI recipients and their families, and compounded by physical and mental disabilities. Herd and Moynihan (2018) make the important point that while this burden might not be intentional, it is constructed by the way government programs are designed, and can therefore be reduced by policy interventions.

When we think about SSI children in the context of these broader challenges, two important questions arise: First, we know that the complexity and fragmentation of SSI-related services and supports generates administrative burden for youth recipients and their families. To what extent should SSI interventions be trying to reduce these burdens? And second, to what extent is the success of SSI youth demonstrations dependent on the ability to do so? Some of the most successful elements of the youth demonstrations actively seek to reduce administrative burden for youth SSI recipients and their families. In particular, the focus of the PROMISE demonstration on family case management and the push for collaboration across state agencies are likely to meaningfully reduce administrative burden and to improve outcomes for children and their families.

The introductory chapter of this volume looked at the body of evidence from the overall demonstrations and suggested that we ask big picture questions about the goals of these demonstrations. These kinds of questions could be particularly helpful in the youth SSI context. For example, what would a successful transition to adulthood for children on SSI look like? While several of the previous demonstrations focused on employment and earnings, the excellent discussion in this chapter about the specific needs of child SSI recipients suggests that perhaps a broader set of outcomes might be worth targeting. For example, Wittenburg and Livermore point out that children with disabilities might require additional parental investments at critical ages to support their development, but that the low-income parents of children on SSI might be constrained in making those additional investments. Should SSI demonstrations directly target development of cognitive and/or noncognitive skills, with the understanding that improving those skills is likely to improve adult outcomes? Should SSI demonstrations directly target parental investments? Quasi-experimental evidence suggests that SSI income for low birth weight infants can improve measured parenting

behavior (Guldi et al. 2018), but additional evidence from targeted demonstrations would be helpful.

Thinking about a broader set of outcomes also raises additional questions for future demonstrations. The demonstration evidence shows the importance of interventions that focus on both the SSI recipient and their family. But what is the optimal timing of interventions? If interventions are focused narrowly on preparing youth SSI recipients to enter the labor market, then it makes sense to begin them during the late teens. However, as Wittenburg and Livermore point out, starting in the teen years might be too late given the importance of the role of parents and of early investments in children. Some of the most exciting efforts mentioned in this chapter are interventions aimed at younger children and their families. For example, Deshpande and Dizon-Ross (2020) are providing additional information to families at important points during the child's development. Other possible interventions described would expand on the family case management found to be successful in the PROMISE demonstration, but instead begin when the child first begins SSI benefit receipt. Overall, the evidence from the youth SSI demonstrations suggests a number of ways in which future interventions can be used to improve the outcomes for children with disabilities and their families.

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## Chapter 6

**Comment**

Manasi Deshpande  
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Wittenburg and Livermore (in “Youth Transition”) provide a comprehensive overview of demonstration projects aimed at improving the outcomes of youth receiving Supplemental Security Income (SSI) benefits. Their chapter demonstrates that existing Social Security Administration (SSA) demonstrations focused on this population, including the Youth Transition Demonstration and the Promoting Readiness of Minors in SSI (PROMISE) demonstration, have provided important lessons on helping young people successfully transition to adulthood. The existing demonstrations have also highlighted critical areas of focus for future demonstrations. In this discussion, I put proposed future demonstrations, including those discussed in the chapter, into a broader conceptual framework and discuss how to prioritize the demonstrations.

**DETERMINING THE GOALS OF THE SSI PROGRAM**

The first step in prioritizing demonstration projects involving youth receiving SSI benefits is to determine the goals of the SSI program. As with most social safety net programs, policymakers may have several different objectives for the SSI program: providing income to recipients that is sufficient for their consumption and well-being, encouraging recipients who can work to work, and limiting program expenditures. These goals may be in conflict:

- SSI could provide a sufficient income and limit expenditures by, e.g., phasing out benefits quickly as recipients earn money in the labor market. However, this policy could discourage recipients from working.
- Alternatively, SSI could limit expenditures and encourage recipients to work by, e.g., cutting SSI benefits. However, this policy would provide less income to recipients.
- Or SSI could encourage recipients to work and provide sufficient income by, e.g., providing work subsidies and supports. However, this policy would likely increase program expenditures.

The priority for potential future demonstration projects depends on which goals are considered most important. This decision in turn requires evidence on the work capacity of youth receiving SSI benefits when they turn age 18. To this end, I present three potential models of SSI youth transition that speak to the work capacity of this population.

## POTENTIAL MODELS OF SSI YOUTH TRANSITION

The three potential models of SSI youth transition tell different stories about the work capacity of youth receiving SSI benefits when they reach 18 years of age. Which model is correct has implications for the goals of the SSI program and therefore for demonstration project priorities. I discuss each model in turn and then discuss evidence on which model best reflects reality. Of course, it could be that different models apply to different parts of the SSI youth population. In that case, the goal would be to determine which model is most prevalent, or whether observable characteristics can predict which model is relevant for a particular child.

### *Model 1: The SSI Children's Program Is Well Targeted, So Youth Who Receive SSI Benefits Have No or Little Work Capacity at Age 18*

Under this potential model, SSA excels at identifying and enrolling youth who are likely to have limited work capacity as adults, because of either disability or poverty or both. This would mean that youth who receive SSI benefits have no or little work capacity at age 18—not because of the effects of the SSI program, but simply because of selection. If this model is correct, then it could be reasonable for SSA to focus on the goal of providing recipients with a sufficient income. In this case, the most relevant demonstration projects would be those that keep more youth on SSI for a longer period, and those that phase benefits out quickly as earnings increase. Specific demonstrations include:

- Pushing the age-18 redetermination to age 22 or above
- Changing the age-18 redetermination criteria to weight vocational factors (such as skills) more heavily

### *Model 2: Youth Who Receive SSI Have Work Capacity at Age 18 but Avoid Productive Activities Like Work and School in Order to Demonstrate Disability and Stay on SSI*

Under this potential model, youth who receive SSI have work capacity at age 18 but intentionally limit their productive activities such as school and work out of fear of losing their SSI benefits. If this model is correct, then it could be reasonable for SSI to focus on encouraging work among transition-age recipients. In this case, the most relevant demonstration projects would be those that reduce explicit and implicit work penalties or even subsidize work, and those that build a stronger safety net outside of SSI. Specific demonstrations include:

- Cut SSI benefits or turn a fraction of them into work supports
- Raise Substantial Gainful Activity (SGA) or change the way SGA capacity is assessed for SSI youth transitioning to the adult program<sup>24</sup>

Although building a stronger safety net outside of SSI is outside of SSA's scope, natural experiments could provide evidence on whether strengthening the safety net outside of SSI can encourage work. For example, the expanded child tax credit and recent Medicaid expansions could make losing SSI less consequential and thereby encourage work.<sup>25</sup>

*Model 3: Youth Who Receive SSI Are Physically Capable of Work but Lack the Skills to Work*

Under this potential model, youth who receive SSI are physically capable of work but lack the skills to be productive in the labor market. If this model is correct, then the logical goal of SSI is building skills early to encourage work later. One possible approach is to build on existing demonstration projects such as YTD and PROMISE that intervene in adolescence and conduct demonstration projects that intervene earlier (e.g., in early childhood). Specific demonstrations include:

- Eliminate child continuing disability reviews, which could potentially encourage skill formation
- Sponsor skill-building programs, such as literacy and “intensive” or “high-dosage” tutoring starting from a young age. The PROMISE demonstration finds that most youth receive several services (Mamun et al. 2019), so it would be important not to duplicate them<sup>26</sup>
- Provide information to families to create realistic expectations about whether children will receive SSI benefits as adults

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<sup>24</sup> For example, regarding step 5 of the disability determination process, CFR §404.1566 states: “We will determine that you are not disabled if your residual functional capacity and vocational abilities make it possible for you to do work which exists in the national economy, but you remain unemployed because of—(1) Your inability to get work; (2) Lack of work in your local area; (3) The hiring practices of employers; (4) Technological changes in the industry in which you have worked; (5) Cyclical economic conditions; (6) No job openings for you; (7) You would not actually be hired to do work you could otherwise do; or (8) You do not wish to do a particular type of work.” Some of these factors could be modified to take into account barriers to employment for youth receiving SSI benefits, such as labor market discrimination, difficulty of moving to another area, or inadequate skills or preparation for the labor market.

<sup>25</sup> Schmidt, Short-Sheppard, and Watson (2020) find no effect of ACA Medicaid expansions on disability applications.

<sup>26</sup> See, for example, Nickow, Oreopoulos, and Quan (2020).

## WHICH MODEL OF YOUTH TRANSITION BEST REFLECTS REALITY?

As each of the three models has different implications for SSI goals and demonstration projects, it is important to determine which model best reflects reality. Though more research is needed to answer this question, current research finds substantial heterogeneity in the outcomes of youth receiving SSI benefits. YTD finds low baseline rates of employment and a minimal long-term impact of supports and services on employment rates. Similarly, Deshpande (2016a) finds that the vast majority of youth who are removed from SSI at age 18 do not earn anywhere close to SGA levels, even though they were removed because they were determined to be capable of SGA. For this group who are unlikely to earn at self-sufficiency levels even when not receiving SSI, Models (1) and (3) are most relevant. From Deshpande (2016a), about 20 percent of youth who are removed from SSI do earn at SGA levels in adulthood. For this group, Model (2) is likely the most relevant. However, it is difficult to predict using characteristics in SSA data which group a particular child receiving SSI will fall into. Improving this prediction exercise could improve the targeting of demonstrations and policies for youth receiving SSI benefits.

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## Chapter 6

**Comment**

Jennifer Sheehy

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The chapter authored by Livermore and Wittenburg (“Youth Transition”) is an excellent summary of the state of the science on young Supplemental Security Income (SSI) recipients’ transition to adulthood. As they note, youth with disabilities often have different needs from adults and, regardless of whether they receive SSI, they face a confusing set of services with different definitions, timelines, and rules. The authors highlight three strategies that can help young people with disabilities obtain employment as they transition into adulthood:

1. Place a strong emphasis on employment services, e.g., skill assessments, career aspirations, educational goals, on-the-job training, post-employment services and follow-ups.
2. Provide customized supports for youth, e.g., meet health care needs, reasonable accommodations, employment supports, and community and governmental transition supports.
3. Focus on providing services to the entire family unit, e.g., provide case management to youth and their family members; benefits counseling; financial education; career training for youth; parental training on available supports for their youth; and career resources for parents.

However, there are many challenges in implementing these strategies. Chief among them is that existing systems are fragmented, creating challenges for ensuring that youth have access to supports they need to be successful. For instance, some families have difficulty accessing all the services offered under past demonstrations. There may be administrative burdens, trust issues, different expectations about what will be offered or can be accomplished, child safety, and other concerns. An open question is how to structure programs and systems to ensure all families and youth have access to promising practices. It is important not to think of supports for youth with disabilities as standalone policies; these supports are often most effective when integrated throughout general youth-related policies.

Post-pandemic, America’s recovery needs to be powered by inclusion. Focusing on improving services and programs for youth with disabilities is critical as we recover from the COVID-19 pandemic to avoid simply returning to the status quo, which failed many young people with disabilities. As a country, we have a unique opportunity to

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<sup>27</sup> The views expressed in this chapter are those of the author and do not necessarily represent the views of the Department of Labor or the US federal government.

build upon what works to ensure systems are more inclusive and support all youth with disabilities.

The SSI Youth Solutions effort from the US Department of Labor (DOL), Office of Disability Employment Policy (ODEP), is developing knowledge by engaging subject matter experts to develop 12 novel policy, program, or service solutions to improve employment outcomes for youth with disabilities who apply for or receive SSI. The proposals are diverse—including training and apprenticeship transition supports, case management models, and postsecondary education and employment training curricula. DOL is currently assessing these proposals to determine their likely effectiveness and estimated cost for demonstration projects. These new projects may provide substantial opportunities for future SSI Youth demonstration efforts.

There has been a broad movement toward increased cooperation across agencies over the past decade or more, which presents new opportunities to increase coordination of services and reduce the thicket of fragmented programs faced by youth. DOL is committed to working with the Social Security Administration in the future to contribute to novel interagency efforts as part of the current administration's commitment to making our country more equitable and inclusive.

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