



# REPORT

REVISED REPORT

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## Supplemental Security Income Youth Formative Research Project: Target Population Profiles

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**ABSTRACT**

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The Office of Disability Employment Policy (ODEP) within the U.S. Department of Labor, along with many other stakeholders, seeks to improve outcomes for youth ages 14 to 24 who receive Supplemental Security Income (SSI) benefits. ODEP is funding a project to recommend potential research questions and promising, testable interventions that will help youth SSI recipients and those at risk of SSI participation transition to sustained, gainful employment. This report identifies potential target populations for interventions and the characteristics of youth SSI recipients who are most likely to benefit from these strategies. We consider three potential target populations: youth involved with SSI, youth involved with programs other than SSI, and other youth with disabilities. The sizes of these populations vary substantially, and the characteristics of each differ and reflect youth's program involvement. An important next step is to match the target population options with promising interventions.

**Keywords:** Supplemental Security Income, youth with disabilities, employment, transition

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## EXECUTIVE SUMMARY

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The Office of Disability Employment Policy (ODEP) within the U.S. Department of Labor (DOL), along with many other stakeholders, seeks to improve outcomes for youth ages 14 to 24 who receive Supplemental Security Income (SSI) benefits (hereafter called youth SSI recipients). By examining existing research and lessons from the field, ODEP wants to identify recommendations for potential research questions and promising, testable strategies that will assist youth SSI recipients and those at risk of SSI participation (that is, those not currently receiving SSI) transition to sustained, gainful employment. The current report aims to identify potential target populations for interventions and the characteristics of youth within these populations who are most likely to benefit from these strategies.

Figure ES.1 shows the three potential target populations considered:

1. **Youth SSI applicants, awardees, and recipients.** These three groups can be identified using Social Security Administration (SSA) administrative records. Each target population contains potential subgroups of interest, based on SSA program status and individual characteristics (for example, child versus adult SSI).
2. **Youth participating in other non-SSA programs.** This group includes youth who receive SSI and those who might be at risk of receiving SSI. A key feature of this population is that we can identify youth through state and local administrative records outside of SSA administrative records, such as state vocational rehabilitation (VR) agency data.
3. **Other youth with disabilities.** Some youth with disabilities might not have any connection to a state or local program but could be identified in other ways, potentially through screening of applicants.

As indicated in the figure, these groups overlap. For example, some youth SSI recipients may also participate in special education, and a program that targeted special education students would include youth SSI recipients.

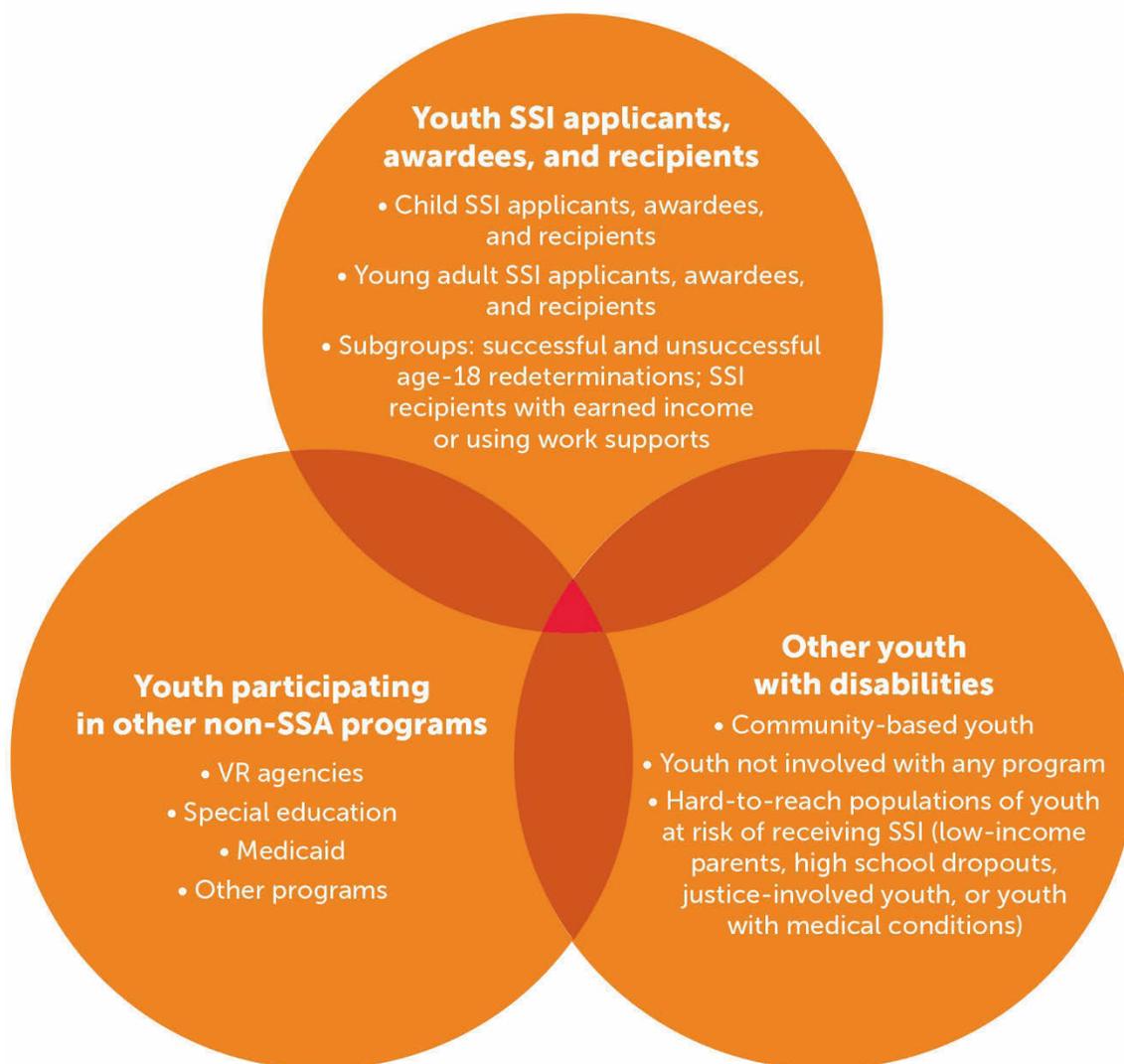
### SSI program features that might influence choice of target population

SSI program features and administrative processes have important implications when choosing whom to target for an intervention. In particular, SSI eligibility rules regarding disability and financial resources differ before and after age 18, and youth SSI recipients must have their eligibility redetermined under the adult standard at age 18 to continue receiving benefits into adulthood. Both the differing adult disability standard (involving work) and change in resource rules (which no longer considers parental resources) lead to a substantial shift in the composition of SSI recipients around age 18.

Youth SSI recipients have diverse demographic, family, and health characteristics that indicate a need for supports, and these needs are far from homogeneous. There is evidence of geographic variation in SSI participation and outcomes for children younger than 18, which is an important consideration in identifying potential target populations by region. Youth SSI recipients might reside in families who also receive either SSI or Social Security Disability

Insurance benefits. Finally, youth SSI recipients might not be aware of SSA incentives that encourage employment.

**Figure ES.1. Potential target populations for interventions for youth SSI recipients and youth at risk of SSI**



### SSI population characteristics

Four groups of youth within the SSA administrative records could potentially be target populations for an intervention. They include (1) SSI recipients (the stock of youth SSI recipients); (2) SSI applicants (all youth who apply for SSI); (3) SSI awardees (all youth who are awarded SSI, or the flow of youth into SSI); and (4) SSI recipients at the age-18 redetermination (child SSI recipients whose benefits are redetermined under the adult SSI criteria at age 18). An intervention targeting the stock of SSI recipients should consider that most young adult SSI recipients first received SSI as children and that relatively few SSI recipients report earned

income to SSA. This group represents the largest population and includes a diverse mix of youth with varying program durations. Flows of SSI applicants or awardees represent a promising opportunity for early intervention; an intervention targeting these groups should be mindful that they differ from stocks of recipients in their diagnoses, thus necessitating specific strategies to those with certain impairments. However, the number of youth in these groups are substantially smaller than the SSI recipient population.

No matter whether an intervention targets the stock of recipients or the flow of awardees, four factors are important to keep in mind:

1. The most common diagnostic categories for all SSI groups involve mental health conditions (such as youth with intellectual disabilities, autistic disorders, and mood disorders).
2. SSI recipients ages 14 to 17 and those ages 18 to 24 differ in significant ways, including on primary diagnosis. For example, SSI recipients ages 18 to 24 have a higher prevalence of intellectual disabilities and schizophrenia and those ages 14 to 17 have a higher prevalence of developmental disorders and disorders not classified elsewhere.
3. Most youth SSI recipients do not use existing supports that SSA offers to promote employment, and they often are not aware of them, even if the youth have reported earned income.
4. Any intervention must consider the potential size of the SSI populations in a geographic area.

### **Target population options outside of SSA administrative records**

A target population of youth with disabilities could be drawn from youth involved in state and local programs or who could otherwise be identified apart from SSA administrative records. Programs that serve youth (whether targeted to those with disabilities or not) have youth who do and do not receive SSI, and those in the latter group with health conditions that interfere with employment could eventually seek SSI benefits if their efforts toward employment and independence are not successful. An advantage of targeting youth identified outside of SSA administrative records is that it creates opportunities to serve youth who might not already be connected to SSI. However, a challenge to including non-SSI youth is accurately identifying the population at risk of poor outcomes, particularly those who are likely to end up receiving SSI.

**Youth participating in non-SSA programs.** By using program administrative data, an intervention to help improve the employment outcomes of program participants could potentially target youth involved with existing state and local programs. Previous research projects have included four potential groups of youth: (1) youth who apply for VR agency services; (2) students receiving special education services; (3) Medicaid recipients; and (4) youth involved with other programs, such as mental health agencies or workforce programs.

**Other options to identify youth with disabilities.** Another option for finding potential target populations is to use screening tools to identify potential intervention enrollees, either as a supplement to administrative records or as a general way to recruit youth for an intervention. This approach has advantages in reaching youth in a geographic area or developing a cross-program intervention to serve youth. Disadvantages to this approach, though, include the

potential difficulties in identifying the target population and obtaining enough volunteers for the intervention.

### **Community of Practice insights on specific target populations**

The project uses a Community of Practice (CoP) composed of more than 70 practitioners, policymakers, researchers, employers, and advocates in the fields of employment, education, health, and financial literacy. We asked for their input on target populations who could benefit from services. Four themes emerged from their input.

1. **Important characteristics of youth SSI recipients.** Many SSI recipients have nonobvious disabilities—particularly mental health or cognitive conditions, such as attention-deficit/hyperactivity disorder—and thus might experience delays in receiving to services. Youth with serious mental health problems, especially those with psychiatric illnesses, and youth with poor physical health might require specific types of supports.
2. **Challenges resulting from the characteristics of youth SSI recipients.** The CoP noted three challenges in serving youth SSI recipients that arise from their characteristics: reliance on benefits, varying educational backgrounds, and difficulties with program engagement.
3. **Targeting subpopulations of youth SSI recipients.** The CoP did not offer any consistent message about targeting subpopulations of youth SSI recipients. On one hand, some CoP members suggested that targeting youth whose SSI ceases after their age-18 redeterminations and who are likely to reenter SSI could be of interest. On the other hand, CoP members discussed targeting all youth SSI recipients rather than a subgroup, given that the SSI population has been largely underserved.
4. **Programmatic considerations for targeting youth SSI recipients.** The CoP members identified two processes that an intervention could include to better serve youth receiving SSI: equipping non-SSA programs with information to identify youth receiving SSI and addressing family needs.

### **Summary and next steps**

This report describes aspects of and potential approaches to identify and reach various target populations. An important starting point is that the sizes of target populations vary substantially across various approaches. The characteristics of each target population differ and reflect youth's program involvement, making it necessary to consider various intervention designs. Deciding on the best approach to reach the target population might depend on whether stakeholders can identify prospective youth from administrative records or from some other source using a screening tool.

An important next step is to match the target population options identified here with the promising interventions from our earlier report (Honeycutt et al. 2018). In that report, we found a lack of strong evidence on effective practices for youth SSI recipients as a group; most evidence is derived from the larger youth populations with disabilities, and few studies have designs that meet rigorous evaluation criteria. A general strategy in matching the target populations and intervention options could involve three possible overarching options that establish the evidence base for a future evaluation: (1) build where stronger evidence exists; (2) encourage more innovation to expand the evidence base on what works for this population; and (3) develop

enhancements to the existing programs offered at the federal, state, and local levels. No matter the intervention option pursued, choices to implement and test these options should reflect the characteristics of the target population.

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## **I. INTRODUCTION**

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The Office of Disability Employment Policy (ODEP) within the U.S. Department of Labor (DOL), along with many other stakeholders, is working to improve outcomes for youth ages 14 to 24 who receive Supplemental Security Income (SSI) benefits (hereafter called youth SSI recipients). Using existing research and lessons from the field, ODEP wants to identify recommendations for potential research questions and promising, testable strategies for assisting youth SSI recipients and those at risk of SSI participation (that is, those not currently receiving SSI) with their transition to sustained, gainful employment.

The focus of the current report is to identify potential target populations for interventions and the characteristics of youth within these populations who are most likely to benefit from these strategies. The original research questions focus on promoting sustained gainful employment, though several related research questions could affect how ODEP chooses a target population to meet this goal. For example, if the goal is to improve employment and reduce program dependency on SSI, then policymakers might want to target a population before it enrolls in SSI given that no intervention targeting Social Security disability beneficiaries has had a substantive effect in reducing caseload size (Wittenburg et al. 2013) But if the goal is to help youth SSI recipients increase their earnings, the target population might include some youth already involved in SSI, including applicants, new awardees, or recipients.

We begin the report with an overview of SSI program features that could influence the choice of the target population for an intervention. We next summarize the characteristics of youth SSI applicants, awardees, and recipients based on administrative data from the Social Security Administration (SSA). We then consider two potential subgroups: youth SSI recipients who could benefit from intervention services and non-SSI youth who might benefit and are at high risk of applying for and receiving SSI. To identify these subgroups, we could use either program administrative records or conduct general solicitations. We also present a synthesis of the input we received from the project's Community of Practice (CoP) on the target populations that could benefit from services. Results from this report and the intervention strategies outlined in the first report (Honeycutt et al. 2018) will feed into a final product that identifies ways to test strategies for this population.

### **A. Project and report background**

ODEP and its federal partners seek to build the evidence base for promising strategies that can improve employment and other adult outcomes for youth SSI recipients. Under the SSI Youth Recipient and Employment Transition Formative Research project, Mathematica contributes to this effort by identifying (1) promising programs and policies for youth SSI recipients, including research questions for further follow-up; and (2) strategies or models that could be tested for assisting youth SSI recipients with transitioning to sustained, gainful employment. Key findings, research questions, policy implications, and resources developed for this project are informed by a CoP comprising more than 70 practitioners, policymakers, researchers, employers, and advocates in the fields of employment, education, health, and financial literacy.

This report, the second of three reports for the project, identifies and documents target populations that could benefit from interventions designed to support youth SSI recipients ages 14 to 24 transition to sustained, gainful employment. As we describe in more detail, we consider several potential features of alternative target populations who might benefit from additional supports and ways to identify them, including youth SSI recipients and those who might be at risk of applying for and receiving SSI in the future. This report builds from the findings from the first report, which documented promising interventions and strategies to support youth SSI recipients. The final report will merge lessons from the first two reports to create an evaluation plan for the most promising strategies to assist youth SSI recipients and those at risk of SSI participation with their transition to sustained, gainful employment.

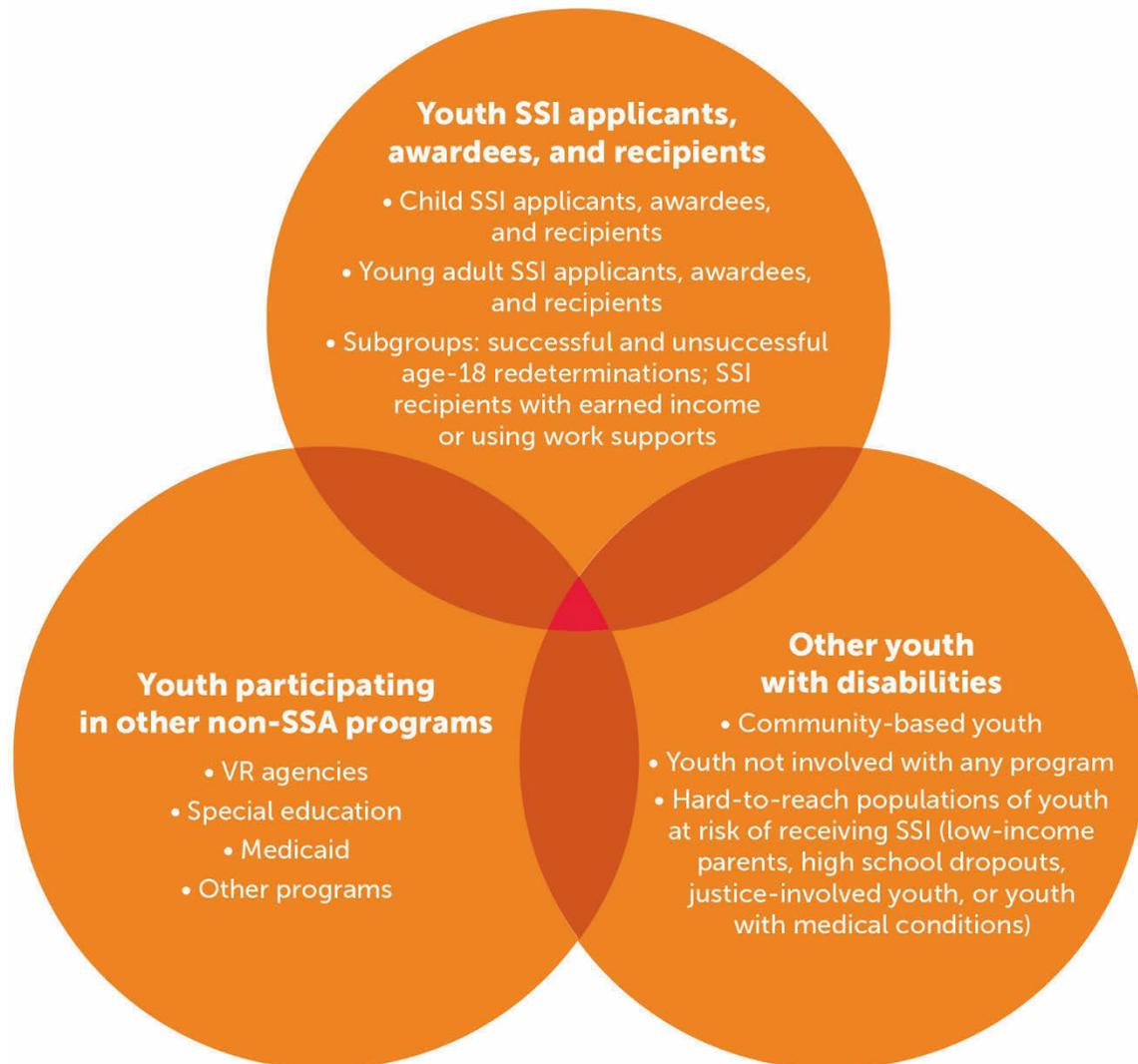
## **B. Methodological approach to identifying target populations**

Figure I.1 shows the three potential target populations considered in this report: youth involved with SSI, youth involved with programs other than SSI, and other youth with disabilities. As indicated in the figure, these groups overlap. For example, some youth SSI recipients may also participate in special education, and a program that targeted special education students would include youth SSI recipients. Depending on perspective and the policy and research goals, these youth could be targeted for additional supports or, because they already have access to services, might not be considered for additional supports because improving their outcomes further might be challenging.

- **Youth SSI applicants, awardees, and recipients.** We can identify these three groups using SSA administrative records. Each of these target populations contains potential subgroups of interest, based on SSA program status and individual characteristics (for example, child versus adult SSI, receipt of earnings). In most Youth Transition Demonstration (YTD) programs and Promoting Readiness of Minors in SSI (PROMISE) demonstrations, SSA used its administrative records to identify SSI target populations (SSI recipients of specific ages). To provide background on possible options for a future demonstration, ODEP and SSA provided a series of tables showing the characteristics of youth SSI recipients in 2017, based on applicant, award, and recipient status. We supplemented this analysis with findings from other SSI target subgroups of possible interest for intervention based on the literature.
- **Youth participating in other non-SSA programs.** These youth include both those receiving SSI and those who might be at-risk of receiving SSI. A key feature of this population is that youth can be identified through state and local administrative records outside of SSA administrative records. These sources include data from vocational rehabilitation (VR) agencies, Medicaid, special education, and other program such as workforce programs. To provide context on these youth, we draw on findings that highlight potential characteristics indicating a risk of current or future SSI participation (such as disability status and low income).
- **Other youth with disabilities.** Some youth with disabilities—both those receiving SSI and those at risk of receiving SSI—might not have any connection to a state or local program but could be identified in other ways, potentially through screening. For example, an approach to identify these youth could involve a general solicitation to youth and families within a community, which could attract both youth who might be at risk of SSI participation and youth SSI recipients not involved with other programs. Similar to the group above for non-

SSA program youth, we draw on findings from the previous literature to identify potential other at-risk youth.

**Figure I.1. Potential target populations for interventions for youth SSI recipients and youth at risk of receiving SSI**



For the above target population options, we consider three primary methodological issues to meet policymakers' needs for the project: size, individual characteristics, and identification. The first issue is the *size of the target population*; that is, whether a sufficient number of youth exists to deliver intervention services, including whether youth live near these services. This consideration is especially salient given that the number of youth with disabilities, particularly youth SSI recipients, varies substantially by geographic area. A potential exception lies with residential programs that serve youth from broader areas. Hence, any planned intervention must consider the sample size sufficiency of its target population and the availability of services to this target population.

The second issue involves the *individual characteristics of youth* who might benefit from interventions outlined in the first report. Specifically, we attempt to identify possible acute and long-term service needs of potential target populations. For example, the acute needs might include case management, family supports (such as foster care), benefits counseling, education, and health supports. The long-term needs might include those acute needs as well as supports for transitions to adulthood that might require customization for the youth to avoid poor outcomes, such as an interaction with the juvenile justice system. We might require additional understanding of the continuum of services depending on the narrowing of the target population definition. After identifying potential service needs, policymakers can use information from the first report to consider the target populations for further implementation, and these ideas will be extended to evaluation issues for the third report.

The third issue, and one that drives our organization of the report, considers *how to identify and reach a target population*. Any intervention requires a process for identifying potential enrollees and informing them about services and opportunities. We divide our review of potential target populations into groups oriented to using SSA administrative data or using other sources, which is important for two reasons. First, identifying potential youth for an intervention varies based on their involvement with SSI. If a youth has applied for or received SSI, a program can use SSA administrative records to reach out to youth and families and offer intervention services and potentially customize supports based on other needs identified in the data. If a youth is at risk of applying for SSI and has never been involved in SSI, a program will need some other mechanism to identify him or her, such as administrative records from another program. Second, intervention services and the outcomes of interest could vary substantially based on a youth's SSI status or his or her involvement with a non-SSA program. For example, as we describe in more detail in the program section, an intervention targeted toward reducing SSI dependency might have much more potential in serving a population before it receives SSI than in serving the same population after it has applied for SSI and received benefits for several years.

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## **II. SSI PROGRAM FEATURES THAT MIGHT INFLUENCE CHOICE OF TARGET POPULATION**

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As outlined in Honeycutt et al. (2018), several SSI program features and administrative processes have important implications when choosing whom to target for an intervention. SSI eligibility rules for our youth sample (ages 14 to 24) differ before and after age 18. The SSI program rules to redetermine disability at age 18 under the adult rules can influence the process for identifying promising target populations. Moreover, geographic differences in SSI application, awards, and receiving benefits could influence where an intervention is implemented. In this chapter, we highlight issues with SSI eligibility rules and geography, which motivate our depiction of the statistics on youth SSI recipients in Chapter III.

### **A. Child eligibility definitions**

To qualify for SSI benefits, children younger than 18 must meet the definition of disability and have sufficiently low family income and resources. To meet the child disability criteria, one must have “a medically determinable physical or mental impairment which results in marked and severe functional limitations, and which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months” (42 U.S.C. §1382c(C)(i)). Income and eligibility criteria account for both the child’s own income and assets and parental income and assets, which are “deemed” to the child (that is, treated as the child’s own). SSA periodically re-assesses eligibility with continuing disability reviews (CDRs) and nonmedical redeterminations. SSA is required to perform a CDR “at least once every three years for SSI recipients under age 18 who are eligible by reason of an impairment that is likely to improve” (SSA 2017). In practice, however, CDRs do not occur at this frequency. Between 2005 and 2014, SSA conducted an average of 35,000 full medical CDRs per year—covering less than 3 percent of the average 1.2 million recipients over this period. About 25 percent of these CDRs resulted in cessation of benefits, after accounting for appeals. More recently, in 2015 and 2016, the number of CDRs for child SSI recipients increased to over 200,000 per year.

SSI benefits may be particularly appealing to low-income families that have a child with a disability because the maximum SSI benefit is relatively large compared with other cash transfer programs. In 2017, the maximum SSI benefit was \$735 per month. Nearly all states provided supplemental benefits in addition to the federal SSI payment, averaging \$48 per month (for the states where data are available). The average federally administered payment to SSI youth in 2017 was \$636.50 (as reported in Table III.2 in the next chapter). In contrast, in 2015, the national average monthly household benefit from Temporary Assistance for Needy Families (\$398) was about \$200 less than the average individual SSI benefit paid to all youth under age 18 (\$643) (U.S. Department of Health and Human Services 2018; SSA 2015).

The incentives for individuals to apply for SSI in lieu of TANF are not new and, in fact, strong evidence exists that families have been making these financial choices to apply for SSI for more than 20 years (Wiseman 2011). Parents living in states that pay low TANF benefits have more financial incentive to apply for SSI and, not surprisingly, the movement from TANF to SSI is substantially larger in states in which the difference between the SSI and TANF benefit checks is large (Schmidt and Sevak 2004). States also stand to gain financially from moving youth from state TANF programs to federally funded SSI, which is especially important as states balance

their own spending. Because TANF is funded by a block grant, every dollar saved by a transfer of a TANF recipient to SSI remains with the state.

## **B. Age-18 redeterminations and adult SSI eligibility definitions**

Youth SSI recipients must have their eligibility redetermined under the adult standard at age 18 to continue receiving benefits into adulthood. Age-18 redeterminations and adult SSI application decisions are made using the same medical, income, and resource standards. SSA field offices first collect relevant medical, functional, and other information, which are forwarded to a state-administered Disability Determination Service (DDS). The DDS makes the initial eligibility determination after reviewing the information. Since 2010, more than half of age-18 redeterminations resulted in the individual being found initially ineligible under the adult SSI medical eligibility criteria, though about half of those who lose benefits subsequently appeal the decision (and of those, roughly one-third are subsequently determined eligible) (SSA 2017). Hemmeter and Bailey (2015) show that most children have a redetermination at age 18 (82 percent), though some have determinations after 18 for various reasons. From 2010 to 2013, approximately 45 percent of youth had a cessation in SSI because of the age-18 redetermination after accounting for all appeals (SSA 2017). Fewer people ceased to receive SSI as a result of an age-18 redetermination in the early 2000s (about 35 percent); the increase in cessations more recently might reflect a lower number of continuing disability reviews conducted for children, potentially indicating that the composition of beneficiaries who reach the age-18 redetermination may differ over time (Deshpande 2016).

Eligibility rules for SSI differ for adults and youth in two important ways: the disability definition and the application of income and asset criteria. The adult definition of disability relies on an inability to engage in Substantial Gainful Activity (SGA), which is defined as earnings above \$1,180 for nonblind individuals and \$1,970 for blind individuals (SSA 2018). The child definition is based on marked and severe functional limitations. This difference can lead people who were not eligible as youth to become eligible according to the adult definition, and can lead people who were eligible as youth to no longer be eligible when they turn 18. Additionally, deeming of parent resources no longer applies once youth reach age 18. Basing income and asset criteria only on a youth's resources should make some people newly eligible, while not leading anyone to become ineligible; the youth's own resources are included in determining eligibility in addition to the parents' for those younger than 18.

Both the differing adult disability standard and change in deeming rules lead to a substantial shift in the composition of SSI recipients around age 18. Many child SSI recipients do not meet the adult criteria of SSI during their age-18 redeterminations, and there is a large influx of new awardees because of the change in deeming rules. Applications in the month of one's 18th birthday are roughly 10 times as high as in the months immediately preceding becoming an adult and remain nearly double the age-17 application rate for the ensuing two years (Hemmeter 2015).

## **C. Previous literature on the characteristics and outcomes of youth SSI recipients**

Youth SSI recipients have diverse demographic, family, and health characteristics that indicate a need for supports, and these needs are far from homogeneous (Hemmeter et al. 2017).

Administrative data show that most child SSI recipients are younger than 10, are male, and have mental impairments (SSA 2017). Additionally, based on survey data from a 2000 cohort of SSI recipients, 71 percent lived in single-parent families, and almost half of all recipient families included another family member with a disability. Finally, Rupp and Ressler (2009) document that the family caregiving needs vary substantially among child SSI recipients.

There is also evidence of clustering of SSI participation and differences in outcomes by regions for children younger than 18, which is an important consideration in identifying potential target populations by region (see Appendix Figure A.1 for a map of SSI participation). For example, Wittenburg et al. (2015) showed evidence of clustering of SSI caseloads by state and by county, with higher rates of participation in northeastern and southern states and lower rates in western states. Additionally, Schmidt and Sevak (2017) showed substantial differences in the growth rates by state, as well as differences in the factors influencing those growth rates. This clustering in participation and the differences in factors influencing participation are important considerations because they indicate that the potential needs of youth target populations might vary substantially by region.

Additional research suggests that youth SSI recipients might reside in families who also receive either SSI or SSDI benefits. In 2010, more than 20 percent of child SSI recipients lived in a family with another child SSI recipient, and about 20 percent of SSI recipients younger than 18 lived with an adult SSI recipient (Stegman and Hemmeter 2014). As a result, interventions that include youth SSI recipients and provide intervention services to the whole family might reach another family member with a disability. Additionally, support needs might be greater in families with multiple SSI recipients, a factor to consider when designing an intervention.

Another program feature is the effect of the SSI program on poverty. This feature is not surprising given the income requirements to receive SSI. Expansions of the child SSI program in the 1990s reduced the probability that a child lived in poverty by 11 percentage points. By 2006, researchers estimated that 160,000 fewer children lived in poverty than had there been without the large expansions of the child SSI program in the early 1990s (Duggan and Kearney 2007). Another key indicator of the program's effect on poverty is that the child's SSI benefit check, on average, represents about half of the income for the family (Davies et al. 2009).

The outcomes of former child SSI recipients following the age-18 redetermination as young adults have also received considerable attention in the literature and in policy debates. Wittenburg (2011) found that 57 percent of former SSI children ages 19 to 23 were not enrolled in education programs, receiving VR services, or employed. They also had high secondary school dropout rates (39 percent) and low employment rates (22 percent). Similarly, Deshpande and Dizon-Ross (2016) studied SSI children and observed that they have low incomes as young adults, regardless of whether they are determined eligible for SSI at age 18. However, the main difference between those who are and are not found eligible for adult benefits is that those removed from SSI at age 18 face substantially greater income volatility as adults than those who continue receiving SSI. Although many are employed, few earn at or above the SSI benefit amounts that they received as children, and one-fourth of these recipients eventually applies for adult SSI benefits.

Finally, related to the above findings, work outcomes for those younger than 18 are limited. For example, relatively few child SSI recipients report earnings or use SSA's work incentives (SSA 2014; U.S. Government Accountability Office 2017). Youth with disabilities might not fully understand the existing work incentives that SSA offers or their opportunities to retain their SSI benefits while seeking job opportunities (Hernandez et al. 2006).

Many features of the SSI program and the local service and economic environment might influence trends noted above. On the program side, state management of DDS review processes, hiring and compensation of disability examiners, and other factors might influence allowance rates, which vary substantially by state (Rupp 2012; Maestas et al. 2013; Liebman 2015). Additionally, state differences in their economic, education, and policy environments might influence youth's ability to access other supports and, hence, the need for SSI. According to Schmidt and Sevak (2017), local area poverty rates, health conditions, and special education participation account for approximately 25 percent of the growth in child SSI participation since 2003, though much of the remaining variation remains influenced by unobserved factors that could be related to other issues in the local and state environment (such as the quality of schools, other available programs, and advocacy differences).

#### **D. Implications**

Given the above noted SSI program features, interventions could target one or more different SSI populations: child or adult recipients, applicants, and new awardees. Because eligibility rules differ for adults and children, it is important to consider the different program rules because they could affect which people are targeted for an intervention. For example, adult applicants and awardees who did not receive SSI as children may come from households with higher income because their parents' income could have made them ineligible for SSA as a child.

An important issue in considering SSI target populations is the population size and needs in any particular geographic area. The size of the SSI population might influence the ability to implement interventions within a specified geographic area. In addition, the needs of youth who receive SSI might vary from area to area depending on other factors (such as local economic conditions), which might be important to consider when choosing an intervention and subsequent target population.

The descriptive analysis in the next chapter provides some indications of the overall size and potential needs of the population that federal and state policymakers could target, especially as they consider more localized service interventions.

### III. SSI POPULATION CHARACTERISTICS

In this chapter, we present descriptive statistics on possible target populations currently or formerly receiving SSI or with a record of applying for SSI. The statistics come from SSA administrative records. A major advantage of SSA administrative records is that they can be used to identify prospective participants for a demonstration.

Four possible groups within the SSA administrative records could potentially be a target population. We order them below by population size based on the administrative data (Table III.1). For all groups, we stratify by age (child SSI recipients ages 14 to 17 and young adult SSI recipients ages 18 to 24) to reflect the changes in the SSI eligibility definition at age 18 (see Chapter II). Throughout this chapter and the remaining report, we refer to SSI recipients ages 14 to 24 as *youth SSI recipients*, SSI recipients ages 14 to 17 as *child SSI recipients*, and SSI recipients ages 18 to 24 as *young adult SSI recipients*.

- **SSI recipients**, representing the “stock” of youth SSI recipients. In December 2017, SSA made SSI payments to 889,345 youth ages 14 to 24.
- **SSI applicants**, which include all youth who applied for SSI. In 2017, there were 222,496 applicants. Data on applicants are limited to sample counts (Table III.1) and state of residence (Appendix Table A.1).
- **SSI awardees**, which include all youth who were awarded SSI. This group represents the “flow” of youth into SSI. In 2017, there were 74,551 awardees.
- **SSI recipients at the age-18 redetermination**, which include child SSI recipients whose benefits are redetermined under the adult SSI criteria at age 18. This group is of special policy interest for the reasons outlined in Chapter II.

**Table III.1. SSI recipients, applicants, and awardees**

Potential target group	Total	Number ages 14–17 (child)	Number ages 18–24 (young adult)
SSI recipients <sup>a</sup>	889,345	336,324	553,021
SSI applicants <sup>b</sup>	222,496	52,783	169,713
SSI awardees <sup>b</sup>	74,451	16,210	58,241
Age-18 redeterminations <sup>c</sup>	81,025	Not applicable	81,025

Source: Supplemental Security Record.

<sup>a</sup> As of December 2017.

<sup>b</sup> January to December 2017.

<sup>c</sup> January to December 2016.

Not surprisingly, given the findings cited in Chapter II, the number of recipients, applicants, and awardees also varies by state (Appendix Tables A.1 and A.2). These tables might be helpful in identifying promising states to consider for future implementations of a demonstration, as they provide some bounds on the overall sample size.

In Figure III.1, we provide a graphical summary of the variation in SSI participation by child and adult SSI status to summarize the geographic variation by state. We plot the percentage of



young adults receiving SSI in a state (vertical axis) against the state's percentage of children ages 14 to 17 (horizontal axis). The exact values for each state are reported in the first two columns of Appendix Table A.1. In general, many states follow similar patterns in their youth and young adult ratios, which is consistent with the clustering of child SSI recipients noted in Chapter II (and shown in Appendix Table A.2). For example, southern states, such as Louisiana, Kentucky, Mississippi, and Arkansas, have particularly high youth and adult ratios, whereas Hawaii, North Dakota, and Colorado tend to have low ratios for youth and young adults. These patterns reinforce the findings from Chapter II regarding the substantial geographic variation and clustering of participation that are important factors in selecting a potential target population that includes SSI recipients.

We describe in detail demographic, diagnostic, and program characteristics for the three groups who received benefits in Table III.2 (recipients, awardees, and those who had an age-18 redetermination). Characteristics for recipients and awardees were developed by SSA for this report. SSA identified recipients as those who received a payment in December 2017, and awardees as those who were awarded benefits from January 2017 to December 2017. Characteristics of SSI recipients at the age-18 redetermination draw on existing studies. For recipients and those who reach the age-18 redetermination, we also provide some characteristics on work outcomes during the previous calendar year.

## **A. SSI recipients**

SSI's stock—current SSI recipients—represents a primary starting point as a target for interventions. The characteristics contained in SSA administrative data, though limited, can help in understanding potential interventions that might support youth. The data reveal differences between child (ages 14 to 17) and young adult (ages 18 to 24) SSI recipients that reflect the program's eligibility requirements, as described in Chapter II. In this section, we describe two types of characteristics of youth SSI recipients: (1) demographic, diagnostic, and program characteristics and (2) earned and unearned income.

### **1. Demographic, diagnostic, and program characteristics**

Table III.2 presents information on the demographic, diagnostic, and program characteristics of SSI recipients. Approximately two-thirds of young adult SSI recipients received SSI as children, which in part explains some of the similarities in characteristics between child and young adult SSI recipients. For example, both child and young adult SSI recipients are predominantly male (about 64 percent) and receive similar SSI benefit amounts.

Most youth SSI recipients (nearly 80 percent) have a primary diagnosis of some type of mental disorder.<sup>1</sup> Such youth might benefit from impairment-specific supports directly targeted at those with mental conditions. This includes 25 percent with intellectual disabilities, 14 percent with autistic disorders, and smaller percentages in a wide array of categories, including 14 percent with "childhood and adolescent disorders not elsewhere classified (NEC)." About 13

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<sup>1</sup> An important caveat to the diagnostic category in SSA's administrative data is that it represents the condition that qualified youth for SSI; youth might have multiple diagnoses or other conditions that affect their functioning.

percent have a systems disorder, most commonly of the nervous system and sense organs (data not shown).

**Table III.2. Demographic, diagnostic, and program characteristics of child and young adult SSI recipients, as of December 2017**

Characteristic	Total	Ages 14–17 (child)	Ages 18–24 (young adult)
<b>Gender</b>			
Male	63.8	67.1	61.8
Female	36.2	32.9	38.2
<b>Has representative payee</b>			
Yes	87.3	99.7	79.7
No	12.7	0.3	20.3
<b>Age of initial SSI eligibility</b>			
Average age at eligibility (years)	9.99	6.69	11.99
Categorical ages of eligibility			
Younger than 14	66.3	93.2	50.0
14–17	10.8	6.8	13.2
18 and older	22.9	n.a.	36.8
<b>Diagnosis categories</b>			
Congenital anomalies	3.6	3.1	3.9
Endocrine, nutritional, and metabolic diseases	0.5	0.5	0.5
Infectious and parasitic diseases	0.1	0.1	0.1
Injuries	0.8	0.4	1.0
Mental disorders	79.4	82.0	77.5
Autistic disorders	14.3	12.5	15.3
Developmental disorders	7.9	14.4	3.9
Childhood and adolescent disorders not elsewhere classified	13.6	25.4	6.4
Intellectual disability	25.1	15.8	30.7
Mood disorders	7.3	6.5	7.8
Organic mental disorders	3.1	2.0	3.7
Schizophrenic and other psychotic disorders	2.7	0.6	4.0
Other mental disorders	4.8	4.2	5.1
Neoplasms	0.6	0.6	0.6
Systems disorders	13.4	10.6	15.3
Other	1.4	2.1	0.9
Unknown	0.8	0.9	0.7
<b>SSI payment monthly amounts</b>			
Average payment (dollars)	636.50	641.65	633.36
Payment equals full FBR	59.9	59.2	60.3
Payment is less than full FBR	40.1	40.8	39.7
<b>Total number of recipients</b>	<b>889,345</b>	<b>336,324</b>	<b>553,021</b>

Source: Supplemental Security Record.

Note: Percentages unless otherwise noted.

n.a. = not applicable; FBR = Federal Benefit Rate.

Young adult SSI recipients and child SSI recipients differ along some potential characteristics that could factor into intervention supports. First, more than 99 percent of SSI

recipients ages 14 to 17 have a representative payee, whereas about 80 percent of recipients ages 18 to 24 do. This pattern reflects the independent status of people once they turn 18, which is important in considering intervention supports around potential financial planning for the young adult and the family. Second, the two groups differ in primary diagnoses, potentially because of differences in new awardees who enter the program after age 18 (shown below) and because primary diagnosis codes can change as a result of the age-18 redetermination. Child SSI recipients have nearly four times the rates of developmental disorders or childhood and adolescent disorders NEC as do young adult recipients. Intellectual disabilities and schizophrenic and other psychotic disorders are more prevalent for young adult recipients. Differences in prevalence of these disorders across children and young adults could be driven by three possible factors: (1) the age of first onset for these disorders, (2) the prevalence of conditions among those not eligible before age 18 due to excess parental income and resources, or (3) differences in the adult and child SSI eligibility criteria. Finally, young adult and child SSI recipients qualified at different ages. More than one-third of young adults first qualified after age 18. Those first eligible as adults would not be part of an intervention targeting child SSI recipients, and many may only be eligible after their parents' income and resources are no longer relevant.

## 2. Earned and unearned income

Table III.3 shows the proportions of youth SSI recipients with earned or unearned income during the past year, along with sources of income, and income amounts and work incentive use for those with earned income. The levels and types of earned and unearned income youth SSI recipients receive can be important factors for interventions. For example, an intervention could target youth with earned income to capitalize on the employment skills they have already developed. Youth receiving income from other programs might have additional supports or disincentives related to employment that an intervention could potentially address.

Most child SSI recipients have no reported earned or unearned income and do not use SSA work incentives. Less than 1 percent of child SSI recipients have reported earnings to SSA. As a share of those with earned income, the majority of child SSI recipients do not use any SSA work incentives. For child SSI recipients, the most frequently used incentive is the Student Earned Income Exclusion (SEIE).<sup>2</sup> Of those with unearned income (30 percent of SSI recipients), the most common sources of unearned income are support from absent parents (55 percent) and Social Security benefits (34 percent).

Though similar shares of young adult and child SSI recipients have no earned or unearned income, more young adult SSI recipients report earned income than child SSI recipients (9 percent versus 1 percent). However, fewer young adult SSI recipients report unearned income than child SSI recipients (22 percent versus 31 percent). Of those with unearned income, the most common sources are Social Security benefits (59 percent) and support and maintenance (23 percent).

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<sup>2</sup> The SEIE allows young adult SSI recipients younger than 22 who are full-time students to have limited earnings that are excluded from SSI cash benefit calculations. In 2018, full-time students can exclude up to \$1,820 per month, though not more than \$7,350 total in the year.

Managing youth's sources of support, including unearned income, could be an important factor in an intervention, particularly if earnings would affect these other sources of support. A substantial share of youth seems to live in families where someone receives a Social Security benefit. Well-designed interventions thus should consider the role such sources of income play in supporting a youth and how work disincentives may affect a youth's willingness to work.

**Table III.3. Earned and unearned income for child and young adult SSI recipients, as of December 2017 (percentages)**

Outcomes	Total	Ages 14–17 (child)	Ages 18–24 (young adult)
<b>Has no earned or unearned income</b>	<b>70.1</b>	<b>68.9</b>	<b>70.8</b>
<b>Has earned income</b>	<b>6.0</b>	<b>0.7</b>	<b>9.3</b>
Sources of income			
Wages	98.2	98.9	98.2
Self-employment income	2.0	1.2	2.0
Earnings category (December 2016)			
Less than \$500	58.3	57.3	58.3
\$500 to \$999	28.9	34.8	28.6
\$1,000 or more	12.9	7.9	13.1
Work incentives			
Section 1619(a)	5.0	2.8	5.1
Section 1619(b)	3.5	2.3	3.5
Student Earned Income Exclusion	11.1	39.1	9.8
Plan to Achieve Self-Support (PASS)	0.2	0.0	0.2
Impairment-Related Work Expenses (IRWE)	0.9	(L)	1.0
Blind Work Expenses (BWE)	0.2	0.0	0.2
<b>Has unearned income</b>	<b>25.3</b>	<b>30.7</b>	<b>22.0</b>
Sources of unearned income			
Social Security benefits	47.5	34.4	58.5
Veterans' benefits	2.5	2.6	2.4
Income based on need	1.6	2.7	0.7
Workers' compensation	0.0	0.0	0.0
Support from absent parents	26.6	54.6	2.9
Pensions	0.0	0.0	0.0
Support and maintenance	18.6	13.9	22.6
Asset income	0.4	0.2	0.6
Other	10.6	1.5	18.4
<b>Total number of recipients</b>	<b>889,345</b>	<b>336,324</b>	<b>553,021</b>

Source: Supplemental Security Record.

(L) = Cell not reported to avoid disclosing individual information as the numerator was too small.

## B. SSI awardees

Because new SSI awardees (and likewise, applicants) have either not received benefits or have received them for only a brief period, early intervention could help decrease the need for long-term reliance on SSI. However, the flow of new SSI recipients is substantially smaller than the stock of all SSI recipients (Table III.1), which may make them harder to target in a demonstration. We consider the characteristics of the flow into SSI in two ways: (1) comparing

child and young adult SSI awardees<sup>3</sup> and (2) comparing the flow of awardees with the stock of recipients. The former comparison is helpful to understand how the needs of new awardees might differ by age; the latter comparison indicates ways that an intervention might need to differ if targeting the flow of awardees rather than the stock of recipients.

Table III.4 contains information on gender, representative payee status, and primary diagnoses for new awardees.<sup>4</sup> Relative to young adult SSI awardees, child SSI awardees have higher rates of diagnostic categories such as childhood and adolescent disorders NEC and developmental disorders and mood disorders, and they have lower rates of autistic disorders, intellectual disabilities, schizophrenia, and nervous system disorders. In addition, more child SSI awardees have representative payees (97 percent) than do young adult SSI awardees (65 percent), which likely explains the difference in representative payee status between child and young adult recipients noted above.

In comparing the characteristics of awardees in Table III.4 with the characteristics of recipients in Table III.2, three themes emerge that indicate how the potential needs of awardees might differ from recipients. First, fewer new awardees than existing recipients have developmental disorders, childhood and adolescent disorders NEC, and intellectual disability. Second, more awardees than recipients have mood disorders or schizophrenic and other psychotic disorders, particularly children. Third, fewer new young adult SSI awardees than recipients have a representative payee. This latter finding might reflect either differences in independence and functioning or SSA administrative practices when transferring children to adult benefits.

**Table III.4. Demographic, diagnostic, and program characteristics of child and young adult SSI awardees, January–December 2017 (percentages)**

Characteristic	Total	Ages 14–17 (child)	Ages 18–24 (young adult)
<b>Gender</b>			
Male	60.5	57.2	61.3
Female	39.5	42.8	38.7
<b>Has representative payee</b>			
Yes	72.0	97.0	65.0
No	28.0	3.0	35.0
<b>Diagnosis categories</b>			
Congenital anomalies	3.4	1.9	3.8
Endocrine, nutritional, and metabolic diseases	0.8	0.8	0.9
Infectious and parasitic diseases	0.2	0.1	0.3
Injuries	1.9	1.2	2.1
Mental disorders	74.6	81.9	72.4
Autistic disorders	17.4	11.3	19.1
Developmental disorders	2.6	6.5	1.5
Childhood and adolescent disorders not elsewhere classified	5.4	17.2	2.0

<sup>3</sup> We focus on awardees only because most characteristics are only available for applicants if they have received an award.

<sup>4</sup> Though child recipients who continue receiving benefits into adulthood must have had a favorable age-18 redetermination, such people are not new awardees and are thus not considered in this section.

**Table III.4. (continued)**

Characteristic	Total	Ages 14–17 (child)	Ages 18–24 (young adult)
Intellectual disability	19.9	14.2	21.5
Mood disorders	11.5	19.7	9.1
Organic mental disorders	2.4	1.6	2.6
Schizophrenic and other psychotic disorders	8.4	2.7	10.1
Other mental disorders	6.4	8.1	5.9
Neoplasms	2.1	2.6	1.9
Systems disorders	15.7	10.5	17.1
Other	0.4	0.4	0.4
Unknown	1.6	1.2	1.7
<b>Total number of awardees</b>	<b>74,451</b>	<b>16,210</b>	<b>58,241</b>

Source: Supplemental Security Record.

### C. SSI recipients at the age-18 redetermination

Youth experiencing an age-18 redetermination represent an important potential target population, in part because they are at a critical age for making a potential lifetime decision regarding program participation. As discussed in Chapter II, 45 percent of youth have benefits ceased due to no longer being eligible under the adult criteria, suggesting that close to 36,000 people will have a cessation of SSI as a result of the age-18 redetermination in the next year. Three potential subgroups of youth who go through an age-18 redetermination could be targets for an intervention: (1) youth who continue to receive SSI after the age-18 redetermination, (2) youth whose SSI ceases as a result of the age-18 redeterminations, and (3) youth whose SSI ceases as a result of the age-18 redeterminations who return to SSI. In general, child SSI recipients who have intellectual disabilities, sensory disabilities, schizophrenia, or psychoses are more likely to remain eligible than other child SSI recipients after age 18 (Hemmeter and Gilby 2009). Hemmeter and Gilby also present a mechanism for using predictive models to identify youth who might continue to receive SSI after age 18.

**Youth who continue to receive SSI after the age-18 redeterminations.** Youth with who continue to receive SSI as a result of their age-18 redeterminations must have initially qualified for benefits as a child even accounting for parental income and resources. These youth, relative to young adults who receive SSI for the first time after turning 18, might come from relatively lower-income households, which could make them relatively disadvantaged in ways unrelated to their disability. For example, they may be less likely to have had resources for activities to promote their human capital development, such as continued education and early employment experiences, which would in turn facilitate a strong transition to adulthood. These disadvantages likely mean that youth who continue to receive SSI after their age-18 redeterminations might benefit from additional vocational, benefit, and other supports to encourage independence. For example, PROMISE provided services to the entire family, not just the child SSI recipient.

**Youth whose SSI ceases as a result of the age-18 redeterminations.** Youth whose SSI ceases under the adult criteria have disproportionately higher rates of mental conditions, employment histories, and problems with school or the justice system than youth who continue to receive SSI (see Appendix Table A.2; Hemmeter et al. 2009). These youth might lose support services as they transition into adulthood and so might benefit from targeted supports that help with their transition and loss of SSI. As noted in the next paragraph, youth who lose SSI as adults are unlikely to return to SSI; resources targeted toward them would not have a substantial effect

on SSI participation, though such resources could have positive returns on their employment and independence.

**Youth whose SSI ceases as a result of the age-18 redeterminations who return to SSI.**

Within 10 years of the age-18 redetermination process, 14.4 percent of youth whose SSI ceased as adults return to SSI (Hemmeter and Bailey 2015).<sup>5</sup> Five percent begin receiving SSDI, though more than 80 percent of these SSDI beneficiaries also concurrently receive SSI. Thus, only about 5,000 people from each annual cohort who undergo the redetermination process will have a cessation of SSI as adults and then return to SSI within 10 years. Relatively few recipients could be targeted for an intervention, even if they could be identified beforehand. Former child SSI recipients who return to the SSI rolls as adults disproportionately have intellectual disabilities and shorter times receiving child SSI benefits, relative to those who remain off the rolls (Hemmeter and Bailey 2015). An intervention could potentially work with former child SSI recipients once they re-apply for SSI, rather than attempting to target those assessed as more likely to re-apply.

**D. Implications**

Our summary above indicates several potential target populations of individuals involved with SSI in some way and that vary in size and potential service needs. An attractive feature of this target population is that SSA administrative data can be used to identify individuals to solicit for an intervention. SSI recipients represent the largest population and include a diverse mix of youth with varying program durations. There are likely sufficient samples of SSI recipients in several geographic areas to more narrowly target interventions. Other SSI populations, such as awardees, applicants, and those at the age-18 redetermination, are substantially smaller than the SSI recipient population.

An intervention targeting the stock of SSI recipients should consider that most young adult SSI recipients first received SSI as children and that relatively few SSI recipients report earned income to SSA. More than half (63 percent) of young adult SSI recipients ages 18 to 24 first received child SSI. Targeting adult SSI recipients who first qualified as children might help reach the most vulnerable adults; these people come from relatively less well-off backgrounds than those who first qualify as adults (due to parental deeming rules) and also likely had a decision to be continued at the age-18 redetermination.<sup>6</sup> Low reported earnings and low use of work incentives have important potential implications for thinking about interventions. On the one hand, the lack of reported information might reflect low employment rates of these youth. On the other hand, some youth might not report their earnings because they are too low (below \$85 a month), because youth and families misunderstand earnings reporting requirements, or

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<sup>5</sup> The estimate of 14.4 percent returning to SSI benefits is artificially low because some cohorts included in the authors' analysis were observed for fewer than 10 follow-up years; among the cohorts awarded more than 12 years before the end of the data used, approximately 19.1 percent returned to benefits within 10 years. We prefer only incorporating those with more than 12 years of follow-up data to allow for time to fully process applications, which can entail a multi-year appeal process. When including additional cohorts that were awarded at least 10 years before the end of the data used, a total of 17.3 percent returned to SSI benefits within 10 years.

<sup>6</sup> Some people can leave benefits, either before or because of the age-18 redetermination and then reapply after age 18. However, the latter population is quite small.

because they find the burden of reporting too high. Potential interventions could test enhanced work incentives or interventions that simplify or do not require reporting earnings to SSA.

An intervention targeting the flow of SSI applicants or awardees should be mindful that flows represent an opportunity for early intervention and that flows of awardees differ from stocks of recipients in their diagnoses. First, targeting adult SSI applicants and awardees could provide people with intervention services before they become dependent on SSI. Second, important differences in diagnosis categories exist between the stock of recipients and the flow of awardees; thus, interventions might incorporate services specific to or exclusively target those with certain impairments.

No matter whether an intervention targets the stock of recipients or flow of awardees, four factors are important to keep in mind:

- The most common diagnostic categories for all SSI groups involve mental health conditions. Designing special intervention supports could assist those who have these conditions.
- Child and young adult SSI recipients differ in significant ways, including on primary diagnosis; young adult SSI recipients have higher prevalence of intellectual disabilities and schizophrenia.
- The majority of youth SSI recipients do not use existing SSA work incentives, and are often not aware of the existing work incentives, even if they have reported earned income.
- Any intervention must consider the potential size of the SSI populations in a geographic area; interventions in small states might not be able to recruit enough youth to support an evaluation, particularly if the interventions target a subset of youth SSI recipients. States with more SSI recipients could be considered for interventions, though assessing state factors, such as the economic or social service environments, that might lead youth to seek SSI might be worthwhile.

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## **IV. TARGET POPULATION OPTIONS OUTSIDE OF SSA ADMINISTRATIVE RECORDS**

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In this chapter, we consider youth involved in state and local programs or who could otherwise be identified apart from SSA administrative records. Youth identified outside of SSA administrative records can consist of two subgroups: youth SSI recipients who could benefit from intervention services and youth not currently participating in SSI who might be at greater risk of applying for and receiving SSI. Programs that serve youth (whether targeted to those with disabilities or not) have youth who do and do not receive SSI, and those in the latter group with health conditions that interfere with employment could eventually seek SSI benefits if their efforts toward employment and independence are not successful.

An advantage of targeting youth identified outside of SSA administrative records is that it creates opportunities to serve youth who might not already receive SSI. Interventions that divert youth from entering SSI by helping them become substantially employed may be more successful than interventions that help youth who have already become dependent on SSI. For example, intervention services directed toward at-risk youth may have greater potential to increase employment levels and thus reduce interest in SSI participation than if provided to current SSI recipients because services would be delivered before the youth's involvement with SSI.

However, a downside to including non-SSI youth is accurately identifying the population at risk of poor outcomes, particularly in identifying those who are likely to end up receiving SSI. Previous federal demonstrations, such as the Demonstration to Maintain Independence and Employment and one YTD program, provided services to at-risk populations. However, the services provided by these demonstrations showed limited efficacy and did not produce any substantive impacts on the employment, health, and benefit outcomes of interest for these at-risk populations. The at-risk populations that were targeted had relatively better outcomes than people receiving disability benefits, and thus the intervention began with less room for improvement. Most notably, the Maryland YTD project targeted youth with severe emotional disturbances residing in a high-income county (but not necessarily receiving SSI), and 58 percent of the control group had paid employment in the first year after enrollment (Fraker et al. 2015). Employment rates among the control groups in the other five YTD projects, all of which served youth SSI recipients, were at least 17 percentage points lower.

### **A. Youth participating in non-SSA programs**

By relying on program administrative data, youth involved with existing state and local programs can potentially be targeted for interventions to help improve the employment outcomes of youth SSI recipients and those at risk of SSI participation. We consider four potential groups of youth that have been included in other previous research projects (see Honeycutt et al. 2018 for examples of intervention services provided to those in each group): (1) youth who apply for VR agency services; (2) students receiving special education services; (3) Medicaid recipients; and (4) youth involved with other programs.

## 1. Youth who apply for VR agency services

Youth who apply for VR agency services have disabilities that affect their employment and seek employment supports, so they might be an ideal target population for three reasons. First, as part of the VR application process, youth might disclose SSI receipt, and that receipt is included in the VR administrative records. Second, these youth have already demonstrated an interest in employment and may also receive vocational services. Third, with the implementation of the Workforce Innovation and Opportunity Act (WIOA), more youth receive VR services at earlier ages. VR agencies now play larger roles in the state and local transition landscape by providing pre-employment transition services to secondary and postsecondary education students (National Council on Disability 2017). In this section, we describe selected characteristics of youth VR applicants by their SSI status and the potential of an intervention to leverage VR.

The number of youth who seek VR services each year is sizeable, particularly relative to the number of youth who receive SSI. Approximately 160,000 transition-age youth close from VR each year (Mann et al. 2017); more people may be involved given recent provisions to expand VR services.<sup>7</sup> Of those youth who are eligible for VR services, one-fifth receives SSI (Honeycutt et al. 2017). Of those eligible for VR who do not receive SSI, 1 in 10 will go on to receive SSI (or benefits from Social Security Disability Insurance [SSDI]) within 48 months of their VR application. Thus, many, though not most, VR applicants already receive SSI and others are at risk of applying for SSI.

Many youth involved with VR agencies have successful outcomes, but those with SSI are less likely to exit with employment. Though approximately two-thirds of youth VR applicants with and without SSI benefits receive services, youth SSI recipients exit from VR with employment less frequently than those not receiving SSI (29 percent versus 40 percent) (Honeycutt et al. 2017). Youth VR applicants with SSI are also more likely than their counterparts to have other characteristics associated with lower employment outcomes, such as applying after high school and neither working nor being in postsecondary school at the time of application, being black, or having intellectual and developmental disabilities. Note that these statistics represent the delivery of VR service before WIOA; the experiences of youth SSI recipients might differ in the post-WIOA environment.

## 2. Students receiving special education services

Youth who receive special secondary education services through either individualized education programs (IEP) or 504 plans have disabilities that require accommodations and considerations while in school, and so might be worthwhile to consider for several reasons. First, a large portion of youth involved in special education receives SSI benefits. In 2016, more than

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<sup>7</sup> WIOA might increase the interactions that VR agencies have with youth SSI recipients who are enrolled in secondary school and could affect their outcomes. Through the provision of pre-employment transition services, more youth, including youth SSI recipients, are receiving transition services before graduation. These services include work-based learning experiences and postsecondary education counseling. It will be important to track both the extent to which youth SSI recipients receive these new services relative to their peers and the outcomes that result from receiving these services. Youth SSI recipients who receive these additional supports might need other support services, such as benefits counseling and case management, to help them with better employment and other transition outcomes.

6 million youth ages 3 to 21 (or 13 percent of all youth enrolled in primary or secondary school) had an IEP (U.S. Department of Education 2016), and about 22 percent of those with an IEP receive SSI benefits (Lipscomb et al. 2017).<sup>8</sup> In contrast, only 9 percent of those who have a 504 plan and 6 percent of those with neither an IEP nor a 504 plan receive SSI benefits.

Second, students receiving both special education services and SSI more often have intellectual disabilities or multiple disabilities relative to the general population receiving special education services. Students in special education who received SSI in the two years before completing a survey have rates of intellectual disabilities that are nearly three times the rates of the special education population without such SSI involvement (Appendix Table A.3). The former also have lower rates of specific learning disabilities or speech or language impairments than the latter.

Youth who receive special education services may also be a particularly attractive target population because of the risk of seeking SSI benefits upon reaching age 18. Specifically, research using the National Longitudinal Transition Survey-2 showed that students in special education coming from households with income less than \$25,000 were nearly nine times as likely to receive SSI benefits as children than those coming from households with income greater than \$50,000 (Wagner et al. 2003). This finding suggests that parental income and resources may be a primary factor keeping some youth receiving special education services from SSI benefits. Once these youth reach adulthood and parental deeming rules no longer apply, a large share may be eligible to receive SSI benefits. However, identifying students in special education who might qualify for SSI based on administrative records alone can be challenging.

Another consideration for targeting students in special education is that many might already be eligible for and receiving pre-employment transition services along with other vocational services. As noted previously in this chapter, VR agencies provide pre-employment transition services to high school students, often targeting these services to students involved with special education. Some students in special education might be involved with other vocational programs, such as Project Search. Interventions targeted to students in special education could leverage these additional supports as part of their service packages.

However, about 25 to 30 percent of SSI recipients do not participate in special education (Rupp et al. 2005/2006; Wittenburg and Loprest 2007). It is unclear why these youth do not receive special education services. One possibility is that some of these youth might not have health conditions that affect their school participation. An intervention that only targets students receiving both special education and SSI will omit a substantial share of youth SSI recipients.

### **3. Medicaid recipients**

State Medicaid records could be used to identify youth SSI recipients as an alternative to using SSA administrative records. Most youth SSI recipients are enrolled in Medicaid due to programmatic rules. In most states, an application to SSI is a simultaneous application to

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<sup>8</sup> This number might not be an accurate estimate of the true share of youth with an IEP receiving SSI benefits. This information is based on self-reported data, and the question from the National Longitudinal Transition Survey 2012 survey about SSI benefits may have been interpreted to be applicable to anyone in the household.

Medicaid. In a few states, youth SSI recipients need to submit a separate application upon SSI award to qualify for Medicaid, and most youth SSI recipients who apply are eligible for Medicaid.<sup>9</sup> Medicaid administrative data reports the basis of eligibility, which could be used to identify those who receive Medicaid because they also receive SSI.

Though most youth SSI recipients receive Medicaid, only a small portion of Medicaid beneficiaries receives SSI. About 35 million children younger than age 18 received Medicaid in 2014 (Kaiser Family Foundation 2018). Though most do not receive SSI benefits, many come from households with low incomes and also have significant health conditions, so potentially could be at risk of seeking SSI (Musumeci 2017). Almost half (44 percent) of the 11 million children with special health care needs have coverage under Medicaid or other public insurance. Medicaid recipients might be worthwhile to target both because of the ability to identify youth SSI recipients outside of SSA administrative records and the potential to target an at-risk population. Policymakers could potentially identify populations who are more at risk of SSI involvement by examining areas of Medicaid participation with higher proportions of youth already participating in SSI (for example, the northeast and southern regions, as noted in Chapter II).

#### **4. Youth involved with other programs**

Youth SSI recipients and youth at risk of receiving SSI benefits may also be identified through other service programs, such as mental health agencies or workforce programs. Youth with disabilities may seek out these types of services independently or as a result of participation in SSI. Because most youth SSI recipients have mental conditions, many may receive services at mental health agencies. Workforce programs, such as Job Corps, could be another avenue; though not targeted to youth with disabilities, a portion of youth who receive services from these programs will either be youth SSI recipients or youth with health conditions. Leveraging administrative records from these types of programs presents a source other than SSA administrative data to identify subgroups of SSI recipients, and could help identify additional youth at risk of receiving benefits. Other programs that policymakers could consider include institutionalized youth (such as those involved in the juvenile or criminal justice system); youth in long-term care facilities, psychiatric facilities, or residential programs; and youth who open Achieving a Better Life Experience (ABLE) savings accounts.

Leveraging administrative records for other types of programs to target youth SSI recipients or those at risk of receiving SSI might result in smaller target populations and have many of the same advantages and disadvantages as described for youth involved with VR agencies or special education. These programs might collect information from youth on whether they receive SSI, and the programs have existing mechanisms for outreach and service provision. However, youth SSI recipients might not be accurately or consistently identified (a process that could be rectified with SSA administrative data or Medicaid records). In addition, the number of youth in the target population might be smaller. Fewer youth might be involved in these types of programs than are

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<sup>9</sup> States where a new SSI award results in automatic enrollment in Medicaid are called 1634 states (34 states plus Washington, D.C.). States where a new Medicaid application is required after an award, though the beneficiary will be accepted automatically, are called SSI criteria states (7 states). States where a new application is required after an award and the beneficiary is subject to more stringent income standards are called 209(b) states (9 states).

involved with VR agencies or with special education programs in schools because these other programs might specialize in a specific youth population or serve a larger group of youth than only those with disabilities.

## **B. Other options to identify youth with disabilities**

Another option for finding potential target populations is to use screening tools, either as a supplement to administrative records or as a general way to recruit youth for an intervention. For example, a screening strategy could identify volunteers from programs, such as through the school system or community initiatives. The advantage of a screener is that it collects information not available in administrative records, such as the youth's potential interest in working. But a downside is that it might be expensive to administer. It is important to note that this tactic could be useful both for youth SSI recipients and for youth involved with other programs. In addition, this identification strategy could be used outside of administrative records if policymakers wish to target, say, a particular geographic area. As an example of the use of this option for an intervention, teachers could identify and encourage students to sign up for an intervention that might help students achieve better transition outcomes, without regard for special education or SSI status.

Characteristics of the target population would vary depending on the approach taken and the research goals. If the focus is on community-based youth who receive SSI, the characteristics of the youth in the intervention would reflect those of youth SSI recipients more broadly. If the focus is on youth at risk of seeking SSI, the characteristics of the sample would reflect either youth in the geographic area who apply for SSI or the screening tool used to identify youth to include in the demonstration. If the target population relied on existing programs (such as mental health agencies), the sample would reflect either type of youth involved with those programs. Regardless, any intervention that intended to address the needs of youth at risk of receiving SSI would likely include youth with more significant disabilities and with fewer household resources than the general youth population with disabilities, reflecting SSI's eligibility requirements.

This approach has several advantages. Policymakers could pursue a more general outreach strategy to reach youth in an area, which is important given the clustering of disability reporting and SSI participation. A general outreach can take a cross-program approach to serving youth. This approach might be especially important as not all youth SSI recipients access programs, and a sizeable portion access no programs at all, especially after leaving high school. Such interventions would not need to rely on SSA or other administrative records to identify youth receiving SSI. In addition, this approach might help recruit participants in geographic areas not well represented by SSI, and it could identify hard-to-reach populations of youth at risk of receiving SSI, such as low-income parents, high school dropouts, justice-involved youth, or youth with medical conditions who receive services from health care providers.

Disadvantages to this approach, though, include the potential difficulty identifying the target population and obtaining volunteers. Obtaining enough volunteers can be challenging as it might require more intensive efforts to establish the legitimacy of the intervention, particularly if not being offered through any of the programs described above. Therefore, it might take multiple attempts to educate youth and their support network about an intervention before they apply. Some might not readily sign up for a program related to their SSI benefits without a trusted

stakeholder that encourages their participation. People without access to advocacy or support services through which such direct outreach would be advertised might not be aware such an intervention exists, and thus the intervention might miss a substantial portion of the target population. General outreach also might not identify populations in need of the supports that an intervention offers.

### **C. Implications**

Targeting program-involved or other community-based youth could include both current SSI recipients and youth at risk of receiving SSI. Targeting the latter group could greatly affect long-term SSI participation if, through the early provision of key supports, it can facilitate gainful employment and the ability to support oneself. For example, students in special education who have significant disabilities and are not receiving SSI may be particularly at risk of qualifying for SSI upon reaching age 18 due to differing income eligibility rules for adult and child SSI recipients; however, we are not aware of any such statistics, suggesting a possible avenue for future research. The downside of targeting program-involved or community-based youth is that accurately identifying those who receive SSI or are likely to eventually receive SSI might not be as accurate as with SSA records. Predicting the incidence of receiving SSI, in particular, might be difficult and costly, as the administrative records likely have limited power to predict an individual's risk of SSI participation. For example, given that 10 percent of youth VR applicants not receiving SSI at application go on to receive benefits, an intervention might have to include the additional 90 percent of VR applicants (or some portion thereof) not receiving SSI to reach those who would end up receiving benefits.

Targeting program-involved youth has an additional advantage of leveraging the programs themselves to assist with the mechanics of an intervention. Programs have an existing infrastructure—staff, existing services, and current and past clients—on which to reach out and provide intervention services. We identified four groups that could be a potential target population: VR applicants, students receiving special education services, Medicaid recipients, and youth involved with other programs. Each represents a sizeable population of youth to target for an intervention, and the program records could be supplemented with SSA administrative records to identify youth SSI recipients and track outcomes.

Prior interventions relying on programs and program records to target SSA populations underscore the success of using this method. For example, the Substantial Gainful Activity Project demonstration provided faster service timing, staff teaming, employment services, and benefits services to adult SSDI beneficiaries who applied to two state VR agencies (Kehn et al. 2017). SSDI beneficiaries were identified through VR agency administrative data (self-reported by VR applicants) and confirmed through SSA administrative records. Early results from the demonstration showed that this approach led to faster pacing of services and more engagement in services at both agencies, and higher earnings for clients of one agency.

Finally, using general solicitations to target community-based youth who are not associated with any program has its own advantages and disadvantages. One strength of this approach is that finding volunteers outside of specific programs would help identify certain youth who slip through the cracks, such as those who are not actively involved in existing programs or who reside in areas with lower SSI participation. However, such strategies have significant

drawbacks. Without the existing infrastructure specifically described above to help youth learn about and trust possible interventions, it might be difficult to recruit enough volunteers to proceed with evaluating the intervention. Volunteer rates even for demonstration projects with ties to existing programs are low. Enrollment rates for YTD, for example, which used existing lists of SSI program recipients, were as low as 16 percent (Fraker et al. 2012), underscoring the difficulty of finding enough youth and families to agree to participate in a study. A compounding challenge might be obtaining enough volunteers within a specific geographic location needed for an evaluation.

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## V. COP INSIGHTS INTO INTERVENTIONS FOR SPECIFIC TARGET POPULATIONS

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We asked CoP members for their input on target populations who could benefit from services. We obtained their input through online discussions using SharePoint, a webinar on this topic, and a post-webinar survey. In this section, we provide a synthesis of the input we received from the CoP members around four themes: characteristics of youth SSI recipients, challenges resulting from the characteristics of youth SSI recipients, targeting subpopulations of youth SSI recipients, and programmatic considerations for targeting youth SSI recipients. Because their input came via online and webinar conversations, the responses largely represent the members' individual experiences, and so we cannot quantify or weight the importance of or level of consensus for each idea.

### A. Important characteristics of youth SSI recipients

In this section, we describe three key characteristics of youth SSI recipients that the CoP mentioned. Although some of these characteristics correspond to those identified in earlier chapters, others represent characteristics that might be difficult to quantify through administrative or survey data. These characteristics could affect the design of an intervention; alternatively, interventions might need to anticipate these characteristics to better serve youth SSI recipients, and potentially screen for them early.

**Nonobvious disabilities.** Many SSI recipients have nonobvious disabilities—particularly mental health or cognitive conditions, such as attention-deficit/hyperactivity disorder—and thus might experience delays in being connected to services, if they are connected at all. One CoP member described many youth with nonobvious disabilities being served under PROMISE, some of whom did not see themselves as having a disability. Youth with nonobvious disabilities might be less likely to meet the adult SSI requirements as part of the age-18 redetermination. The CoP emphasized the importance of ensuring these youth end up on the radar of service providers at an earlier stage.

**Serious mental illness.** Consistent with the diagnostic descriptions in Chapter III, the CoP highlighted youth with serious mental health problems, especially those with psychiatric illnesses, as a population in need of services. This population is perceived as not accessing the service system very frequently, and thus service program staff lack the knowledge to help these youth attain reasonable accommodations. The CoP also highlighted a substantial increase in mental health as a common cause of or association with disability, which can also affect youth's ability to access services.

**Poor physical health.** The CoP flagged poor physical health as another characteristic necessitating additional supports for this population. Exacerbated physical conditions with a corresponding lower quality of life can significantly affect an individual's socioeconomic standing. This issue is particularly true for those youth with conditions that can worsen over time and, in turn, limit their ability to participate in employment activities. In addition, this population might struggle to access health care if other factors such as transportation, health insurance, and communication ability are not present.

## **B. Challenges resulting from the characteristics of youth SSI recipients**

The CoP noted three challenges in serving youth SSI recipients that arise from their characteristics: reliance on benefits, varying educational factors, and difficulties with program engagement.

**Reliance on benefits.** Youth SSI recipients and their families might have concerns about their reliance on SSI for income and health supports that make them fear losing benefits. These issues might be intertwined with intergenerational poverty and employment, along with geographic clusters of people receiving disability benefits from SSA. CoP members highlighted that youth SSI recipients might fear losing benefits because of the family's dependence on that income. This fear can significantly affect youth SSI population's expectations of employment and subsequent employment outcomes, as many youth will not move toward employment if they think they will lose their monthly cash payments. Youth might become particularly reliant on benefits and fearful of losing them if they continue to receive SSI as adults after the age-18 redetermination.

**Varying educational factors.** Education is another important factor to consider when planning interventions, as educational involvement and attainment among youth SSI recipients varies widely. As documented in Chapter IV, a substantial portion of youth SSI recipients, particularly those with nonobvious disabilities, will not have an IEP or 504 plan, and so will not receive any support services from secondary schools, thus impeding the task of identifying youth who may need services. Additionally, the education system might not challenge or set high expectations for the secondary and postsecondary education aspirations of youth SSI recipients involved in special education services. Many such youth are likely to be on a career pathway in high school with a transition plan that emphasizes employment but not postsecondary education goals. Furthermore, this population often lacks access to specific transition supports outside the classroom, putting them at a disadvantage for employment.

**Difficulties with program engagement.** As seen with the implementation of YTD and PROMISE, engaging youth SSI recipients in services can be challenging because of family concerns, low expectations, and benefit concerns. Because program staff might tend to deliver more services to those who are easiest to serve, programs that involve youth with and without SSI benefits might find that they serve non-SSI youth more frequently than youth receiving SSI. As such, staff might need to invest in additional resources to ensure both groups are engaging equally in services.

## **C. Targeting subpopulations of youth SSI recipients**

The CoP did not offer any consistent message about targeting subpopulations of youth SSI recipients. On one hand, some CoP members suggested that targeting youth whose SSI ceases after their age-18 redeterminations and who are likely to reenter SSI could be of interest. On the other hand, CoP members discussed not targeting subpopulations of youth SSI recipients at all. Instead, interventions could focus on the SSI population as a whole, given that the SSI population has been largely underserved because of challenges that youth with disabilities have had accessing and using existing services and supports. Within the existing transition system, the SSI population might be overlooked or encounter more challenges related to accessing, receiving, and experiencing the benefits of services.

#### **D. Programmatic considerations for targeting youth SSI recipients**

Making adjustments to the programs themselves could help target youth SSI recipients and address the challenges they face in transitioning to employment. The CoP members identified various processes that an intervention could include to better serve youth receiving SSI. These recommendations included equipping programs with information to identify youth receiving SSI and addressing family needs.

**Identifying youth SSI recipients.** State and local programs face a fundamental challenge in identifying which of the youth they serve receives SSI. SSA could consider providing information to programs to ensure they can identify these youth. For example, PROMISE successfully targeted youth receiving SSI after SSA shared this population's information with program staff. In addition, CoP members noted potential opportunities to (1) use state Medicaid data to better identify and target youth SSI recipients and (2) encourage SSA to help schools identify and target services to their students who receive SSI.

**Addressing family needs.** The role of the family is critical for this population, and transition programs would benefit by aligning themselves to address the needs of the family. The family's needs can directly affect a youth's education and path to performance. For example, a family might need connections to services as it could be facing housing, food, or transportation obstacles. Parents and guardians whose children have higher support needs often face employment challenges themselves. Health insurance is also often a common challenge, as insurance can be costly and not fit the family's needs. Interventions that serve families and equip them to address immediate crises and support their children could have an advantage in transitioning youth SSI recipients to adulthood. PROMISE programs, which delivered services to families, could serve as models on how to incorporate such services into interventions.

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## VI. SUMMARY AND NEXT STEPS

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In this report, we have described the size, individual characteristics, and potential approaches to identify and reach various target populations. An important starting point is that the sizes of target populations vary substantially across various approaches, which could include SSA programs, non-SSA programs, and other youth with disabilities. We show large differences between the stock of SSI recipients and the flow of SSI awardees, which has potential implications for where policymakers could implement an intervention to conduct a rigorous evaluation. A notable consideration for the size of the target population is whether there is a clustering of potentially eligible youth. As noted in Chapter II, the size of the SSI population differs by area, which could influence how policymakers potentially reach youth for an intervention. For example, community-based approaches to addressing the needs of SSI youth might be promising in areas with high clusters youth, but would be less effective in areas with fewer youth.

The characteristics of each target population differ and reflect youth's program involvement, making it necessary to consider various intervention designs. For SSI recipients, the potential needs of the target population might vary based on age, particularly for those nearing the age-18 redetermination, possibly affecting policymakers' considerations for the target population and intervention design. For example, children younger than 18 have different requirements for school and employment supports than those 18 and older who have left secondary school. Additionally, youth's participation in services might signal their interest in supports that are also important for selecting a target population and intervention design. As an illustration, youth involved with VR or workforce agency programs might be more oriented toward work than youth SSI recipients without such involvement.

Deciding on the approach to reach the target population might depend on whether policymakers can identify prospective youth from administrative records or from some other source using a screening tool. Without an immediate source of information to identify potential youth, policymakers might require a special process to screen potentially eligible youth into the evaluation.

In considering these issues, the CoP identified other characteristics of youth SSI recipients not readily identifiable through administrative records but did not come to a consensus on whom to target. Youth SSI recipients often face a range of challenges, such as poverty, a reliance on benefits, and a need for services for the whole family, that might need to be addressed through an intervention. Screening tools and related services addressing these challenges might promote youth outcomes for an intervention. In addition, the CoP did not offer strong recommendations on the youth whom policymakers should target. Although it identified some specific groups, one view that emerged is that all youth SSI recipients require additional resources and so would benefit from novel service interventions. This recommendation, though reflecting the broader concerns of youth SSI recipients, might result in a missed opportunity for an intervention to have meaningful impacts. Reaching out to a large population, particularly those with limited expressed interest in working, could result in low intervention take-up rates and limited impacts, particularly if the resources for recruitment are insufficient. Conversely, more targeted interventions for youth who are interested in pursuing employment goals might have higher

employment rates, though it might be more difficult to generate an impact, particularly if the employment rates of the target population are very high at baseline.

An important next step is matching the target population options identified here with the promising interventions from our earlier report (Honeycutt et al. 2018). In that report, we found a lack of strong evidence on effective practices for youth SSI recipients as a group; most evidence is derived from the larger youth populations with disabilities, and few studies have designs that meet rigorous evaluation criteria. However, several interventions have promising evidence that suggests the benefits of a rigorous evaluation. Additionally, the report identifies opportunities to develop or refine existing interventions. A promising approach in designing or modifying interventions is to use information from well-established transition frameworks, such as Guideposts for Success. These frameworks emphasize strategies to promote early work experience approaches and coordinated approaches to service delivery.

A general strategy in matching the target populations and intervention options could involve three possible overarching options that establish the evidence base for a future evaluation. The first option is to build where stronger evidence exists. The programs assessed through YTD and PROMISE are the only ones that explicitly focus on youth SSI recipients, and these service models can be expanded or refined. The second option is to encourage more innovation to expand the evidence base on what works for this population. The third option is to develop enhancements to the existing programs offered at the federal, state, and local levels, such as VR and Job Corps, and private programs such as Marriott Bridges and Project Search. Supplementing current services with targeted supports that reflect the characteristics and needs of youth SSI recipients could be a low-cost model for promoting the outcomes of youth SSI recipients.

No matter the intervention option pursued, choices to implement and test these options should reflect the characteristics of the target population. For example, any intervention will need to consider whether a sufficient sample of youth exists for an evaluation. Depending on the area, there may be important differences in service needs based on where youth reside, such as whether sufficient services—or the capacity for services—exist, which might be more relevant for rural as opposed to urban settings. Intervention take-up rates, which will likely be no more than 30 percent (Fraker et al. 2014), and clients' engagement with services might differ depending on youth characteristics. Accordingly, messaging for enrolling in and receiving services can be tailored to specific types of youth to encourage participation and keep them engaged. Finally, it is important to consider the characteristics and outcomes of the target population, particularly the potential of interventions to influence ultimate outcomes. For example, another important finding from YTD was that the program tended to have a larger impact on youth who had relatively poor employment rates and lived in relatively resource-poor sites, compared with youth who had better employment rates and more resource-rich environments at baseline (Fraker et al. 2014). However, even here there is a balance, as it might be extremely difficult to influence outcomes for youth who face so many barriers that only the most intensive services make any marginal improvements.

Our next report for this project will have two goals. First, it will tie the interventions with the most potential among those identified in the first report to the target populations identified in this report. Second, it will further the field's understanding of the approaches to promoting the

postsecondary employment and education pathways and outcomes of youth SSI recipients by framing rigorous evaluations for promising interventions. That report will build on the findings from this and the previous report by offering strategies to test with youth SSI recipients, potential populations to consider, and ways to design evaluations of these strategies that will provide evidence that meets the highest standards. The report will also present various criteria of interventions and evaluations for policymakers to consider as they select options for testing.

An important consideration in making recommendations within one of the three evaluation strategies identified above is to refine the evaluation questions that reflect the key outcomes of interest to policymakers. The original evaluation questions have a clear focus on employment, creating various options for identifying both target populations and interventions from the previous literature. For example, policymakers could presumably choose from any of the target populations in this report to provide services that improve their employment outcomes. Refining or building on this evaluation question can lead to further decisions on whether to improve employment of target populations with low employment rates (such as child SSI recipients) or those who have expressed work interest (such as those youth SSI recipients involved with VR agencies). In addition, policymakers could decide to pursue supplemental outcomes, such as increased program participation or improved social engagement. One supplemental outcome could be reducing dependency on SSI benefits, including potentially diverting youth from SSI before they apply; a decision to pursue these types of outcomes will drive choices around the intervention and target population.

If policymakers were interested in refining the estimates here for more specific populations, they have several options to leverage existing data. These analyses would be particularly important for identifying groups at risk of SSI participation. For example, one option is to link program records between systems (for example, Medicaid and SSI or VR and SSI) to identify models that predict the likelihood of eventual SSI participation. These models would be particularly helpful in screening potential populations for future demonstrations. Additionally, policymakers might pursue additional statistics to identify potential target populations within SSI than those shown in this report. For example, one option is to refine the analyses shown in Chapter III to identify when a recipient *first* applied for or received SSI, as opposed to examining a cohort in a given year. The resulting findings could provide information on groups that might need specific services, such as youth who wait to apply for SSI until after age 18 because their parents' resources were too high to qualify for child SSI.

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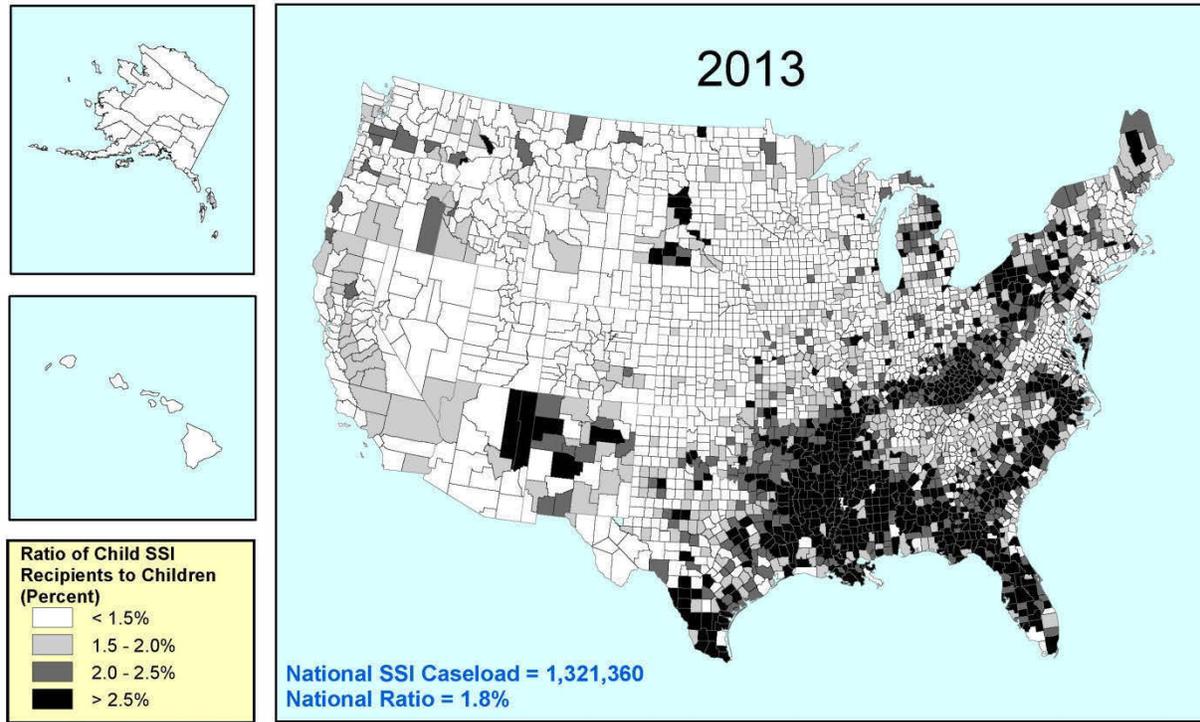
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## **APPENDIX A**

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**Figure A.1. SSI-child population ratios by county, 2013**



Sources: Wittenburg et al. (2015).

Note: An SSI-child population ratio is calculated as the number of child SSI recipients divided by the number of children.

**Table A.1. Number of applications, awards, and current recipients, by state and age**

State	Applications <sup>a</sup>		Awards <sup>a</sup>		Current recipients <sup>b</sup>	
	Ages 14-17	Ages 18-24	Ages 14-17	Ages 18-24	Ages 14-17	Ages 18-24
Alabama	1,090	3,497	251	899	6,825	10,880
Alaska	64	280	38	180	349	992
Arizona	890	3,062	236	1,006	5,147	9,174
Arkansas	882	2,296	267	579	6,553	7,761
California	4,295	16,596	1,254	6,279	27,347	57,919
Colorado	354	1,703	128	696	2,458	5,271
Connecticut	501	1,789	136	801	2,396	5,480
Delaware	227	450	51	175	1,032	1,561
DC	138	526	56	125	1,198	1,949
Florida	4,146	10,249	1,267	3,106	25,718	32,969
Georgia	2,565	5,859	571	1,848	11,347	18,269
Hawaii	61	344	25	150	365	1,044
Idaho	237	1,050	88	471	1,493	3,391
Illinois	1,706	6,009	628	2,246	11,176	20,923
Indiana	1,147	3,832	261	1,124	6,304	11,392
Iowa	580	1,604	170	538	2,144	5,127
Kansas	413	1,488	164	530	2,569	4,524
Kentucky	1,033	3,022	335	862	7,694	10,901
Louisiana	1,372	3,494	385	909	9,737	12,172
Maine	207	939	69	354	1,211	2,918
Maryland	715	3,488	335	1,283	5,426	10,145
Massachusetts	916	3,791	352	1,702	6,437	12,875
Michigan	1,744	5,904	496	2,240	10,743	21,049
Minnesota	587	2,573	233	1,040	3,626	7,783
Mississippi	1,126	2,633	224	608	5,703	7,247
Missouri	906	4,168	312	1,241	5,630	10,467
Montana	108	450	36	150	667	1,427
Nebraska	247	924	72	420	996	2,666
Nevada	362	1,191	91	349	2,596	4,026
New Hampshire	115	771	55	368	642	2,179
New Jersey	1,190	3,566	301	1,492	6,768	12,533
New Mexico	315	973	115	364	2,483	3,913
New York	2,961	10,143	1,039	3,432	22,648	32,984
North Carolina	1,660	5,744	466	1,693	10,795	17,441
North Dakota	58	273	23	151	266	805
Ohio	1,882	6,938	586	2,322	13,008	22,988
Oklahoma	755	2,372	209	691	4,944	7,499
Oregon	448	1,928	198	810	3,056	7,165
Pennsylvania	3,020	8,830	862	2,600	19,096	25,152
Rhode Island	174	714	68	287	1,212	2,428
South Carolina	1,028	2,665	181	705	4,813	7,680
South Dakota	97	440	35	183	654	1,262
Tennessee	1,119	3,619	348	1,120	6,268	11,278
Texas	5,539	13,708	1,922	4,449	42,845	50,462
Utah	342	1,091	131	529	1,413	3,884
Vermont	76	379	31	180	470	1,358
Virginia	1,189	3,902	420	1,777	6,817	13,224
Washington	852	3,412	273	1,415	4,531	10,498
West Virginia	411	1,322	104	342	2,372	4,013

**Table A.1.** (continued)

State	Applications <sup>a</sup>		Awards <sup>a</sup>		Current recipients <sup>b</sup>	
	Ages 14-17	Ages 18-24	Ages 14-17	Ages 18-24	Ages 14-17	Ages 18-24
Wisconsin	806	3,274	289	1,309	6,032	11,164
Wyoming	48	250	18	98	223	682
<b>Total</b>	<b>52,783</b>	<b>169,713</b>	<b>16,210</b>	<b>58,241</b>	<b>336,324</b>	<b>553,021</b>

Source: Supplemental Security Record.

Note: The total does not always equal the sum across all states because some people are classified as other or missing states.

<sup>a</sup> January to December 2017.

<sup>b</sup> As of December 2017.

**Table A.2. Percentage of youth applications, awards, and current recipients, by state and age**

State	Applications <sup>a</sup>		Awards <sup>a</sup>		Current recipients <sup>b</sup>	
	Ages 14-17	Ages 18-24	Ages 14-17	Ages 18-24	Ages 14-17	Ages 18-24
Alabama	0.43	0.76	0.10	0.20	2.67	2.37
Alaska	0.16	0.37	0.10	0.24	0.87	1.32
Arizona	0.24	0.46	0.06	0.15	1.39	1.36
Arkansas	0.55	0.81	0.17	0.21	4.11	2.75
California	0.21	0.43	0.06	0.16	1.34	1.50
Colorado	0.13	0.32	0.05	0.13	0.87	0.99
Connecticut	0.27	0.51	0.07	0.23	1.27	1.56
Delaware	0.49	0.53	0.11	0.20	2.22	1.82
DC	0.67	0.66	0.27	0.16	5.78	2.43
Florida	0.43	0.59	0.13	0.18	2.69	1.90
Georgia	0.44	0.58	0.10	0.18	1.96	1.82
Hawaii	0.10	0.27	0.04	0.12	0.58	0.81
Idaho	0.24	0.67	0.09	0.30	1.51	2.17
Illinois	0.25	0.49	0.09	0.18	1.64	1.72
Indiana	0.32	0.58	0.07	0.17	1.73	1.72
Iowa	0.35	0.50	0.10	0.17	1.31	1.59
Kansas	0.26	0.50	0.10	0.18	1.62	1.52
Kentucky	0.45	0.72	0.15	0.21	3.36	2.60
Louisiana	0.55	0.79	0.16	0.21	3.94	2.75
Maine	0.33	0.85	0.11	0.32	1.96	2.65
Maryland	0.23	0.64	0.11	0.23	1.77	1.86
Massachusetts	0.28	0.54	0.11	0.24	1.95	1.83
Michigan	0.33	0.61	0.09	0.23	2.04	2.16
Minnesota	0.21	0.51	0.08	0.20	1.27	1.53
Mississippi	0.68	0.89	0.14	0.21	3.45	2.45
Missouri	0.29	0.72	0.10	0.21	1.78	1.81
Montana	0.22	0.45	0.07	0.15	1.33	1.44
Nebraska	0.24	0.48	0.07	0.22	0.98	1.38
Nevada	0.24	0.48	0.06	0.14	1.73	1.61
New Hampshire	0.18	0.60	0.08	0.29	0.99	1.71
New Jersey	0.25	0.45	0.06	0.19	1.45	1.59
New Mexico	0.28	0.49	0.10	0.18	2.23	1.95
New York	0.31	0.53	0.11	0.18	2.37	1.73
North Carolina	0.31	0.59	0.09	0.18	2.04	1.81
North Dakota	0.17	0.30	0.07	0.17	0.77	0.88
Ohio	0.31	0.65	0.10	0.22	2.12	2.14
Oklahoma	0.36	0.62	0.10	0.18	2.35	1.96
Oregon	0.23	0.53	0.10	0.22	1.56	1.96
Pennsylvania	0.48	0.74	0.14	0.22	3.04	2.12
Rhode Island	0.35	0.62	0.14	0.25	2.42	2.12
South Carolina	0.41	0.57	0.07	0.15	1.93	1.64
South Dakota	0.22	0.52	0.08	0.22	1.47	1.49
Tennessee	0.33	0.59	0.10	0.18	1.83	1.83
Texas	0.34	0.50	0.12	0.16	2.66	1.82
Utah	0.17	0.32	0.07	0.15	0.72	1.13
Vermont	0.26	0.56	0.11	0.27	1.63	2.00
Virginia	0.28	0.48	0.10	0.22	1.62	1.63
Washington	0.24	0.52	0.08	0.21	1.27	1.59
West Virginia	0.47	0.82	0.12	0.21	2.74	2.48

**Table A.2.** (continued)

State	Applications <sup>a</sup>		Awards <sup>a</sup>		Current recipients <sup>b</sup>	
	Ages 14-17	Ages 18-24	Ages 14-17	Ages 18-24	Ages 14-17	Ages 18-24
Wisconsin	0.27	0.58	0.10	0.23	2.01	1.99
Wyoming	0.16	0.45	0.06	0.18	0.76	1.24
<b>National average</b>	<b>0.31</b>	<b>0.55</b>	<b>0.10</b>	<b>0.19</b>	<b>2.01</b>	<b>1.79</b>

Sources: Supplemental Security Record; U.S. Census Bureau.

<sup>a</sup> January to December 2017.

<sup>b</sup> As of December 2017.

**Table A.3. Characteristics of previous child SSI recipients, by benefits status at age 19 (percentages)**

Characteristics	Receiving SSI at age 19	No longer receiving SSI at age 19
<b>Gender</b>		
Male	64.3	60.4
Female	35.7	39.6
<b>Age of initial SSI eligibility</b>		
Younger than 10	63.2	46.1
10 to 13	22.1	35.7
14 to 18	14.8	17.9
<b>Diagnosis categories</b>		
Intellectual disabilities	52.2	44.9
Other mental disorders	18.8	38.2
Systems disorders	19.1	7.1
Other disabilities	9.9	9.6
<b>Employment outcomes</b>		
Ever employed at ages 16 or 17	32.3	55.7
Ever earned more than \$2,000 at ages 16 or 17	7.5	17.9
Ever had a work plan	13.1	13.4
<b>Percentage of recipients with age-18 redetermination</b>	64.1	35.9

Source: Authors' calculations derived from tables in Hemmeter et al. (2009).

Note: Sample includes people who were receiving benefits at age 17. All rows (except the final row) report characteristics as the percentage of people who are receiving SSI at age 19 or the percentage of people who are off SSI at age 19. The final row reports the percentage of all recipients who continue receiving SSI or no longer receive SSI at age 19.

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