

**Choices, Challenges, and Options:
Child SSI Recipients Preparing for the Transition to Adult Life**

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Abstract

This paper uses the newly released National Survey of Children and Families (NSCF) to study the transition experiences of child Supplemental Security Income (SSI) recipients just prior to and after age 18. Since reforms passed in 1996, child SSI recipients must now have their eligibility for benefits redetermined at age 18 using the adult disability standard. We study the work preparation activities and family circumstances of a pre-transition cohort of young people ages 14 to 17 in 2000. We also examine a post-transition cohort of young people ages 19 to 23 in 2000, comparing income, work, personal and family circumstances of those on SSI benefits after age 18 to those who no longer receive these benefits.

We find that the pre-transition SSI recipients come from economically disadvantaged families in which many parents are not working, have low levels of education, or do not speak English. Only a minority of these recipients had ever participated in vocational training or vocational rehabilitation (VR) and many had never heard of SSI work incentive provisions. In addition, more than one in six reported serious behavior problems in school or trouble with the juvenile justice system.

Our findings for the post-transition cohort show that those who no longer receive SSI at age 18 (“off SSI”) are in better health and more likely to be working than those who continue on benefits (“on SSI”). We also find that some who are off SSI at age 18 are replacing that income from alternative sources, though most continue to have incomes below poverty and about one-half dropped out of school and a third have been arrested. Interestingly, we find that participation in vocational training or VR was not correlated with continuation of SSI benefits after age 18, though it was correlated with working past age 18.

These findings should be relevant to ongoing efforts to improve the transition process for child SSI recipients and to understand some of the circumstances of young people after the age 18 redetermination.

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Executive Summary

For young people receiving Supplemental Security Income (SSI), a means-tested cash benefit for children with disabilities, the transition into young adulthood is complicated for several reasons. Health issues, service needs, and lack of access to supports can complicate planning and preparing for future schooling, work, and independent living. These issues are especially pressing at age 18 because, following legislative changes in 1996, child SSI recipients have their benefits redetermined under the adult disability criteria. Some child SSI beneficiaries lose eligibility at this redetermination because they do not meet the adult SSI disability criteria.

This paper uses newly released data from the Social Security Administration (SSA), the National Survey of Children and Families (NSCF), to study this transition period for cohorts of child SSI recipients just prior to and after the age 18 redetermination. To date, information on the transition experiences of child SSI recipients has been hampered by data limitations. Our analysis addresses this gap by providing detailed information on an array of program, school, training, rehabilitation, and employment issues facing youth during this transition period.

We first examine the characteristics of child SSI recipients who are between the ages of 14 to 17 in 2000, which we refer to as the “pre-transition cohort.” This analysis provides a snapshot of the characteristics and activities of child SSI recipients just prior to their age 18 redetermination.

The second part focuses on those who were receiving child SSI benefits in 1996 and are between the ages of 19 to 23 in 2000, which we refer to as the “post-transition cohort.” We stratify the post-transition cohort into subgroups of those remaining on SSI after age 18 (“on SSI”) and those who were cut or left SSI at the age 18 redetermination (“off SSI”). This analysis provides important insights on the potential longer-term prospects for program participation, employment, and independent living, as well as addresses often cited concerns regarding whether former child SSI recipients who leave SSI are able to find other sources of support.

Our analysis of the demographic and economic characteristics of pre- and post-transition age SSI recipients reinforces the idea that these young people come from economically disadvantaged families. Many parents are not working, rely on welfare, have low levels of education, or do not speak English, all of which can be barriers to accessing services and helping children with disabilities make a positive transition to adulthood. While many of these families are low-income, surprisingly, approximately two-thirds of child SSI recipients do not receive food stamps. The low rate of food stamp participation combined with their low income levels suggests that potential outreach strategies to child

SSI recipients, as well as young adult SSI recipients, might be necessary to ensure potential eligibles are receiving the appropriate benefits.

The initial transitions after age 18 suggest that some who are off SSI at 18 are finding alternative sources of income, but many are also struggling to make ends meet. Those who are off SSI have on average about the same income-to-needs ratio as those who remain on SSI, but a significantly larger percent are below poverty. Additionally, living arrangements change after age 18 and are related to economic well-being. We find that, post-transition, young adults living in a two-parent family have significantly higher incomes relative to other former child SSI recipients regardless of SSI status. While the majority of child SSI recipients before and after transition live in a family with at least one parent, and approximately one-fourth live in a two-parent family, those who no longer receive SSI are more likely to be living alone or with another relative. In designing interventions, it is important to consider how these arrangements could influence the delivery of important services.

A major concern is the high rates of reported school problems, dropouts, and previous arrests across the pre and post-transition cohorts. A sizable percentage of pre-transition cohort recipients show signs of troubled behavior in school, such as cutting classes multiple times in the year or being suspended or expelled in the past year. More importantly, approximately half the post-transition cohort has not finished secondary school, including 48 percent of those off SSI who have completely dropped out of school. Potentially more importantly, almost 15 percent of those under 17 have been arrested or report some type of trouble with the courts. The problems for those over age 18 are even higher, especially for those who are off SSI (32 percent). These problems in school and with the juvenile justice system likely represent a direct impediment to the achievement of positive transition goals for these young people.

We find mixed evidence on the potential value of expanding preparation activities, such as vocational training and vocational rehabilitation (VR). A minority of SSI recipients in the pre-transition cohort participated in either vocational training or VR (21 percent). However, participation in these activities is significantly lower for those with a more serious health limitation, suggesting that these activities could be less available or be of less interest for certain segments of the population.

Participation in these activities is not correlated with lower likelihood of continuing on to the adult SSI program. For the post-transition cohort, we find no significant differences in training programs across those off and on after age 18. We find that participation in VR is higher among those who stay on, which likely reflects that many former recipients do not start receiving these services until they leave school. These results suggest that an “across the board” increase in participation in vocational training or VR may not result in a decrease in the number of former child SSI recipients participating in the adult SSI program.

However, we do find that participation in vocational training is correlated with employment past age 18. We find the relationship between vocational training and “any” and “full-time” employment is especially strong. Some of these results likely represent

unobserved differences in characteristics across those who participate in vocational training (e.g., taste for work). However, the size of this effect suggests that educators and administrators might want to closely examine vocational training opportunities for youth with disabilities, particularly in a time where these opportunities appear to be shrinking as school districts move to more standardized testing.

Our comparisons within the post-transition cohort of those who remain on SSI as adults to those who leave SSI at age 18 illustrates some important differences across these groups and also highlights some possible additional areas for policy intervention. Youth off SSI after 18 are in better health, are more likely to be working, and are more likely to be working full-time compared to those on SSI. These results follow from the concept that those who do not meet the adult SSI disability criteria have greater capacity for work than those who do meet these criteria. However, our findings suggest there are still subsets of young people losing benefits that might need some level of continued support. The nature of the data does not allow for us to shed light directly on the impact of the age 18-redetermination decision or whether that policy should be altered. However, the findings do suggest that policy makers might wish to consider intervention options in smoothing the transition for those who lose benefits.

In summary, these findings should be relevant to SSA's ongoing efforts to improve the transition process for child SSI recipients. They provide insights on the child SSI recipients' participation in transition activities, the connection to employment after redetermination, and the differences across those on and off SSI after age 18. This information can be used by policy makers in designing interventions to serve child SSI recipients through SSA programs or in collaboration with other agencies, especially the Department of Education.

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Introduction

For young people with disabilities, especially those in low-income families, the transition to adulthood can be complicated. Health issues, service needs, and lack of access to supports can complicate planning and preparation for future schooling, work, and independent living. Past studies have documented poor outcomes for this group including high levels of unemployment, economic instability, involvement with the juvenile justice system, and low levels of post-secondary education (Wittenburg and Maag 2002).

For young people receiving Supplemental Security Income (SSI), a means-tested cash benefit for children with disabilities, the transition is further complicated by SSI program rules, including recent changes in program eligibility. In 1996, the Personal Work Responsibility and Work Opportunity Reconciliation Act (PRWORA) required child SSI recipients to have their benefits redetermined under the adult disability criteria when they turn age 18.

A major area of concern since the passage of this legislation is whether child SSI recipients and their families are receiving the necessary services and supports to prepare for the transition from school and, for some, off SSI. While several programs, including special education and vocational rehabilitation (VR), provide services to youth with disabilities, the types and availability of these supports vary significantly (Wittenburg, Golden, and Fishman 2002; Aron, Loprest, and Steurle 1996).

The choices made by children and their families during this transition process are critical to human capital development. Given that a large number of former recipients will likely need some support to replace their SSI benefits, it is important that they have the appropriate skills as they prepare to leave secondary school. Further, it is important to develop the human capital of former child SSI recipients who remain on the rolls as adult SSI recipients, but who may have some future capacity to work with further training and/or rehabilitation assistance.

This paper uses newly released data from the Social Security Administration (SSA), the National Survey of Children and Families (NSCF), to study this transition period for cohorts of child SSI recipients just prior to and after the age 18 redetermination. To date, information on the transition experiences of child SSI recipients has been hampered by data limitations. Our analysis addresses this gap by providing detailed information on an array of program, school, training, rehabilitation, and employment issues facing youth during this transition period.

We first examine the circumstances and preparation activities of SSI child recipients in the years before transition (ages 14 to 17). This analysis provides insights on the preparation activities and other important characteristics of child SSI recipients just prior to their age 18-redetermination decision. Specific research questions include:

- What are the characteristics of this group that might influence transition outcomes, including family income, parental work and education, experience with the juvenile justice system, health, unmet service needs, knowledge of SSI work incentive provisions, and parental expectations?
- To what extent do pre-transition-age SSI recipients take part in job preparation activities such as vocational training, career planning, and VR? How does participation in these activities vary by characteristics? Does participation vary by receipt of special education services?

We then examine the differences between those who no longer receive SSI benefits and those who continue SSI benefits after the age 18 redetermination (ages 19 to 23). This analysis provides information on the characteristics and transition patterns of former child SSI recipients just after age 18, the post-transition cohort. Specific research questions include:

- What are the initial outcomes of former child SSI recipients, including their continued participation in SSI, schooling, employment, and experience with the juvenile justice system?
- How do the descriptive comparisons of transitions compare across those who remain on SSI and those no longer receiving these benefits? Are there differences in demographic characteristics, family structure, health, and income post-transition across those who stay on and those who left?
- How does participation in activities such as training and special education vary across those who do and do not continue to receive SSI after age 18? How do current activities, including continued education, training, and employment, vary across these groups?

Our findings are relevant to SSA's ongoing efforts to improve the transition process for child SSI recipients. They provide insights on participation in transition activities, the connection to employment after redetermination, and differences between those who continue and do not continue benefits as adults. This information can be used by policy makers in designing interventions to serve child SSI recipients through SSA programs or in collaboration with other agencies, especially the Department of Education.

We begin our analysis by providing background information on the child SSI program, including a summary of the 1996 legislation, and summarizing lessons from other studies of transitional experiences of youth with disabilities, including those in special education. Next, we describe the data and methods we use for our descriptive analysis. We then present our findings for the "pre-transition cohort" of SSI recipients

ages 14 to 17 and the “post-transition cohort” of former child SSI recipients ages 19 to 23. We conclude with a discussion of these findings and their implications for future policy and research.

Background

Child SSI Program

The purpose of the child SSI program is to offset the costs of a child’s disability faced by low-income families. In 2005, eligible children and their families can receive up to the maximum federal SSI payment of \$579 per month, and many states provide a state supplement to the federal payment, ranging from a few dollars to approximately \$150. The value of SSI is enhanced for most recipients because they are categorically eligible for Medicaid coverage. To receive benefits, children (and their families) must meet strict income, asset, and disability eligibility criteria during the application process. There are no time limits to benefits as long as children (and their families) continue to meet these eligibility requirements during periodic continuing disability reviews (CDRs). Children can remain eligible for benefits until age 18.

Over the last 15 years, the disability criteria for the child SSI program have undergone several major changes. In the early nineties, these criteria were greatly expanded in response to court challenges and legislative changes. The expanded definition gave greater weight to functional limitations and developmental, behavioral, and emotional disorders.¹ From 1990 through 1996, the number of child SSI recipients increased by over 250 percent, from 265,000 to 955,000 (SSA 1997a). This growth was

¹ In addition, in 1992, SSA made changes to the deeming rules for parental earnings that expanded the non-medical eligibility criteria and increased the value of the benefit for some families. Hannsgen and Sandell (1996) found that this more generous treatment of income significantly increased the amount of payments and the number of children on SSI.

attributable to a number of factors, though the largest was likely the expanded child disability eligibility requirements (Stapleton, Wittenburg, Fishman, and Livermore 2002).²

In part in reaction to this growth, especially among children with apparently moderate disability conditions, the child disability eligibility criteria were tightened in 1996 through the passage of PRWORA. The legislation required that children show "a medically determinable physical or mental impairment, which results in marked and severe functional limitations." SSA was ordered to redetermine the eligibility of children who were most likely to be impacted by the definition change, and approximately 260,000 children had their eligibility redetermined under the new legislation.³

The 1996 legislation also required child SSI recipients to have their benefits redetermined under the adult disability criteria when they turn age 18. These require that an individual (1) have a medically determined disability expected to last at least 12 months or result in death and (2) be unable to engage in "substantial gainful activity" (SGA), which is defined as earnings above \$830 in 2005 for all non-blind disability applicants. SSA was ordered to conduct the redetermination within one year of the eighteenth birthday (or in the place of a CDR). SSA estimated that approximately 60,000 redeterminations would be conducted each year because of this provision.

² Stapleton, Wittenburg, Fishman and Livermore (2002) identify other possible factors including the economic downturn in the early nineties, changes in state welfare programs, changes in the adult SSI program (increasing joint applications from child and adults), and efforts by disability advocates. Unfortunately, effect of individual factors on the overall caseload is not known.

³ After an initial review of the early redetermination process by SSA (1997b), a re-review of certain cases was ordered in 1997. SSA ordered the following cases be reviewed: redetermination cessations and new cases that had been denied that involved a disability diagnosis of mental retardation; cessation decisions based on a failure to cooperate; and other cases in states and disability categories with higher error rates.

Studies of transitions at age 18 after this legislation passed suggest that approximately two-thirds of child SSI recipients continue to receive adult SSI benefits after age 18. In a comprehensive evaluation of the effects of the 1996 changes on SSI caseloads, Rogowski, Karoly, Klerman, Inkelas, Rowe, and Hirscher (2002) found that among those cases redetermined at age 18 (from the sample turning 18 in the year after the legislation passed), 55 percent continued to receive benefits. Of the 45 percent that lost benefits at redetermination, 8 percent had pending appeals. The report also detailed the reason for cessation among those that lost benefits at redetermination. Approximately 70 percent of the denied cases did not meet the adult definition for benefits (i.e., they could engage in SGA). An additional 11 percent lost benefits because of “failure to cooperate”, which could include not providing necessary information. The reason for cessation for the remaining 20 percent was unknown.⁴

However, as the authors state, continuation rates are likely to be higher in future cohorts than the 55 percent found in their study. This is because the cohort turning 18 in the year after the legislation includes children who originally became eligible for SSI under the more expansive child definition in effect up until August 1996. Some of these children would likely not have been eligible for SSI as children under the more restrictive post-legislation child eligibility criteria. These same children are also likely to have lost benefits at the age 18 redetermination, leading to an overestimate of the cessation rate. In a separate estimate for a later cohort, the Ticket to Work and Work Incentives Advisory Panel (2001) found that approximately one-third of a recent cohort of transition-age child SSI recipients did not continue receiving benefits after age 18 (including appeals).

⁴ Of the authors’ original sample of child SSI recipients turning 18 and therefore subject to redetermination, 5.4 percent were ceased for non-disability reasons (including not meeting income eligibility). These are

Rogowski and others (2002) showed that the likelihood of remaining eligible for benefits after age 18 varies significantly across certain characteristics, especially diagnosis. Children who had a diagnosis of mental retardation were much more likely to be continued relative to cases with other diagnoses, especially respiratory or psychiatric problems (other than schizophrenia). Young people living in an institution and girls in general were more likely to remain eligible for benefits which could potentially be related to the distribution of diagnoses across gender and living arrangements.

Limited information exists on economic status and income sources of former child SSI recipients after age 18, though there is some evidence that families that lost benefits appear to be coping. Rogowski and others (2002) found that children and their families who lose benefits turn to a variety of possible sources to replace the lost SSI benefit, such as earnings (parents and youth), welfare assistance, and other income (e.g., child support). Their results, however, were inconclusive because of data limitations.⁵

Understanding these issues has important long-term implications because for many the move onto SSI as an adult means a lifetime of program participation. Rupp and Scott (1998) projected that adult SSI recipients between the ages of 18 to 34 would have an average expected duration of approximately 20 years. Long program durations for adult SSI recipients are due in part to the severe impairment levels of some recipients. However, they also reflect the potentially large loss of cash and health care benefits

not included in their calculation of percent continuing benefits or ceasing benefits at redetermination.

⁵ They examined the characteristics of those who had lost benefits using qualitative interviews and survey information from the Survey of Income and Program Participation (SIPP). They found some evidence that families appeared to be coping in the short run after finding other sources of income—a significant share appear to actually have more income than they did while on SSI—but their methodology for assessing these effects were not conclusive, in large part because of limitations in samples sizes with the SIPP.

facing those who go to work and the recipients' fears of facing a lengthy re-application process if return to the program is necessary after an exit.

To promote work among child SSI recipients, SSA has developed several work incentive programs. The largest of these incentives is the Student Earned Income Exclusion (SEIE). The SEIE allows a child who is regularly attending school to exclude earnings from the calculation of their SSI benefit. In 2003, a child recipient could exclude up to \$1,340 per month in earnings or up \$5,410 for the year. Two other work incentive programs, Plan for Achieving Self Support (PASS) and Impairment Related Work Expenses (IRWEs) deductions, generally allow SSI recipients to deduct certain expenses from their earnings while working in calculating the SSI benefit.

Unfortunately, data limitations have prohibited researchers from more fully examining several aspects of the transition process for child SSI recipients as they near age 18. Program administrative data are generally limited to providing caseload information and do not include detailed background characteristics on participants' families or information on participation in other programs or other activities (e.g., continuing education). Surveys provide some information on these topics, though the information available on SSI recipients in existing nationally representative surveys is generally limited because of survey content on youth activities and/or sample sizes (Wittenburg and Maag 2002; Ireys et al. 2004).

Overlaps Between SSI and the School System

The school system has also changed significantly over the past 20 years, especially for youth with disabilities enrolled in special education programs, which has important implications for the transition experiences of child SSI recipients. Children can

become eligible for special education services if they meet certain disability criteria, which are generally less restrictive than the SSI disability criteria. Presumably, most child SSI recipients qualify for these services, though some portion of recipients might not receive these services for various reasons (e.g., unaware of eligibility, stigma, etc.). Children who are eligible for special education services receive an Individual Education Program (IEP), which outlines the special education and related services (e.g., clinical and therapeutic services) that school districts will provide for the child. In theory, the IEP provides a full plan to assist a transition-age youth in making a smoother transition from school by outlining the necessary services and supports.

While the overlap between the child SSI program and special education is not well understood because of the data limitations mentioned above, some anecdotal evidence suggests that available supports might not be sufficient for some child SSI recipients, especially those living in low-income areas with limited resources (Wittenburg and Loprest 2003). Another concern is that IEP team members may not fully understand all of the implications associated with a child's participation in SSI, particularly during the transition stage. The role for SSA in providing transition planning assistance in the IEP process is likely limited given the relatively minimal overlap between the school system and SSA. For example, while it is likely that an IEP will account for a child's participation in SSI, SSA does not necessarily have a formal arrangement with schools in all states for a representative to advise and/or promote special SSA work incentive programs, such as the SEIE and PASS.

Findings from a recent small scale demonstration project in Maryland and Florida that attempted to better coordinate the provision of services from schools and other

systems to transition age child SSI recipients underscored these concerns (Maximus 2002).⁶ Maximus found that some early intervention strategies worked quite well. However, a major issue in providing services is overcoming difficulties associated with the lack of coordinated services across key stakeholders in the school system who were unaware of many special SSA program rules. They advocated taking a more holistic approach, coordinating school system administrators, teachers, service providers, and employers around the special rules and incentives for child SSI recipients. The need for this coordination is particularly important given one of the study's other findings that many of these transition age youth already had a record with the juvenile justice system (17 percent reported a previous arrest). Because of the study's small scope, these findings may not be nationally representative, though they do identify potential areas of concern.

Related Findings on Transition Experiences of Youth with Disabilities

The most comprehensive information available on the transition experiences of youth with disabilities comes from the special education literature. While the size and composition of special education programs vary from the SSI program, the experiences of former special education students after age 18 provide insights into the possible transition outcomes and the factors that might influence these transitions.

Findings from the special education literature suggest that transition experiences after age 18 vary significantly, particularly across youth with different diagnoses. Wagner, Hebbler, and Newman (1993) found that the majority of special education students, three to five years following the completion of school, participated in competitive employment at some point and approximately one-fourth enrolled in post-

⁶ Child SSI recipients ages 15 and 16 were given enhanced opportunity to gain information on skill assessments, career aspirations, educational goals, health care needs, reasonable accommodations,

secondary education. They also found a high rate of problems with the juvenile justice system, as 30 percent reported a difficulty with the law.

Several studies have attempted to examine correlations between individual and school characteristics and post-school outcomes for children in special education. Blackorby, Hancock, and Siegel (1993) examined a sample of students with a learning disability or emotional disturbance and found that they generally had higher rates of post-school success, while those with mental retardation and physical disabilities had lower rates of post-school success. They also noted that post-school success was positively correlated with several characteristics of school programs, including the expectations of parents and administrators and the youth's participation in vocational education and therapy sessions. In a separate study, D'Amico (1991) found that in a sample of children in special education, participation in vocational education during the last year of secondary school was associated with higher employment rates, though these youth were also less likely to participate in other activities, such as post-secondary education.

These findings underscore the potential difficulties faced by child SSI recipients and youth with disabilities more generally during the transition after age 18. This experience can be influenced by several factors, including a youth's health, demographic, and family characteristics; potential work disincentives from SSA programs; expectations of key stakeholders; and participation in a variety of school, training, and rehabilitation activities. Of particular concern is that anecdotal evidence suggests some recipients might be slipping through the cracks of the social safety net and into the juvenile justice system. While some information exists on initial outcomes, including transitions onto the adult

employment supports, and community and governmental transition services.

SSI program, more detailed information is necessary on participation in human capital investment activities (e.g., education, training) and initial outcomes, such as work and economic status, for child SSI recipients for policy makers to develop effective interventions to serve this population through a potentially difficult transition process.

Data

We use recently released survey data from SSA's National Survey of Children and Families (NSCF) to examine the activities of child SSI recipients during this transition process. These data are ideal for our analysis because they include detailed information on a large nationally representative sample of current and former child SSI recipients that is not available in any other data source. It is the first nationally representative survey of current and former child SSI recipients and applicants since 1978.

SSA contracted with Mathematica Policy Research (MPR) to collect the NSCF to evaluate the effects of welfare reform on SSI children (Gilcrest and Edson 2004). The survey, which was fielded between August 2001 and July 2002, consists of children and young adults in the SSI applicant and reciprocity files who were eligible in December 1996 (at the time of welfare reform) or in December 2000.⁷ The only SSI recipients excluded from the sample included those who had died before the interview, were living outside of the United States or were living in a Medicaid institution (and/or were determined to be wards of the state). In total, MPR interviewed 8,726 eligible respondent

⁷ MPR processed the 100 percent SSI extract files for these two time points and the "children's universe" file of children subject to redetermination as required by welfare reform. Children that were not recipients at either of these time points were also eligible for this study if the child either had been a recipient or applied for SSI, and the application date was after January 1, 1992. After extensive locating efforts, which included identifying respondents from administrative records, community database searches, and other contacts (e.g., information from relatives or neighbors), MPR located 84 percent of all cases in the target population.

households by telephone or in-person.⁸ An additional 516 households were contacted but were determined to be ineligible for one of the aforementioned reasons.

The content and sampling design make the NSCF a particularly useful data source to examine the experiences of youth just prior to and after the age 18 redetermination decision. These data include detailed information on program, work, and education experiences of current and former child SSI recipients unavailable in any other data source (Ireys et al. 2004). Parents or guardians provide responses for all recipients under age 18. In general, parents and guardians also provide responses for those over age 18 living at home, while those living away from home independently answer the questions themselves (or, in a small number of cases, through a proxy).

MPR used a complex clustered sampling design to oversample populations of particular interest, including youth (age 17 to 18) who were approaching the redetermination age in 1996 and in 2000. The final sample includes eight sampling strata that can be weighted to produce nationally representative statistics of current and former child SSI recipients from the 1996 and 2000 cohorts. Because of the complex sample design, we use appropriate methods to generate nationally representative estimates with appropriate variances for our target populations.⁹ The survey questions themselves were for the most part taken from a variety of existing survey instruments. Ireys, Kazprzyk, Takyi, and Gillcris (2004) compared key results from the NSCF with three other national surveys.

⁸ A Spanish-language version of the survey was also used.

Methods

Our analysis focuses on the following two populations of current and former child SSI recipients:

- **Pre-transition cohort**, which includes child SSI recipients who were between the ages of 14 to 17 in 2000 and who received SSI during the month of the NSCF interview. The pre-transition sample includes 895 SSI recipients.¹⁰
- **Post-transition cohort**, which includes those between the ages of 19 to 23 in 2000 and who received child SSI benefits in 1996. These young people were between the ages of 14 and 18 in 1996.¹¹ Our post-transition cohort includes a total sample of 1,283 young adults.¹²

We first conduct a descriptive analysis of the pre-transition cohort, which provides an overview of the characteristics and activities of a cohort of child SSI recipients just prior to their age 18 redetermination. We identify the pre-transition cohort by including respondents who had reported SSI receipt in the month (from SSA administrative records) of the NSCF interview. We present detailed demographic, family, and income characteristics to provide insights on potential background characteristics that might influence the transition. We also examine the youth's participation in specialized human capital activities, such as special education and training courses, to gain insights on the types of programs that child SSI recipients might

⁹ We calculate standard errors for our estimates with a Taylor series linearization procedure using the variance estimation specifications developed by MPR. See Gilcrest and Edson (2004) for a more detailed description of the NSCF's survey design. All comparisons discussed in the text are significantly different using a t-test at the 95 percent significance level, except where otherwise stated.

¹⁰ We exclude those who were in jail at the time of the interview because these individuals were asked a much smaller set of questions, and their sample size was extremely small.

¹¹ The sample of post-transition cohort includes some 23-year-olds because the sample used to select the 1996 cohort was drawn from an earlier month than the actual survey date in 2000.

¹² Our sample of respondents includes a large sample of those age 22, because respondents who were age 17 and 18 in 1996 at the time of welfare reform were oversampled in the NSCF. The survey weights used in our analysis adjust for this oversampling.

access during the transition. Finally, we present information on a variety of other factors that might influence the transition process, including parental expectations and knowledge of SSA work incentives.

We then examine the characteristics and early transition experiences of the post transition cohort, which we split into two subgroups: those still on SSI at the time of the interview (“on SSI”) and those who are not on SSI at the time of the interview but left or were cut at age 18 around the time of redetermination (“off SSI”). We identify those on SSI using information on SSI receipt in the month of the NSCF interview. There are 978 post-transition young adults on SSI and 305 post-transition young adults who are off SSI. We make demographic comparisons across those on and off SSI within this cohort, which we also use to compare to findings Rogowski and others (2002). We also make comparisons across their economic status and initial outcomes, including participation in human capital investment activities (such as schooling, employment, training, and rehabilitation).

Our post-transition cohort includes those who no longer receive SSI for several reasons including not meeting the adult disability criteria at redetermination, not meeting the income eligibility criteria, and not completing the redetermination process. This final reason includes those categorized by SSA as ceasing benefits because of “failure to cooperate”. This could include those who did not provide necessary information during the redetermination process or those who decided not proceed with the redetermination process. We cannot distinguish among these reasons for no longer receiving SSI in these data. However, as noted above, among an early group of child SSI recipients who were redetermined at age 18, Rogowski et al (2002) found that 70 percent of those who did not

continue to receive SSI benefits after age 18 failed to meet the adult disability criteria. This suggests that the majority of those in our “off SSI” post-transition group lost benefits due to redetermination.

There is a third group of 19 to 23 year olds who were interviewed but whom we exclude from this analysis. This group was receiving SSI in 1996 and were not on SSI at the time of the interview, but had stopped receiving SSI before age 18 because of medical improvement or, more likely, due to the child eligibility redeterminations under PRWORA.¹³ Because this group did not face age 18 redetermination and may not be similar to our “off SSI” group, we do not include them. To separate this group from those who did face redetermination, we use self-reported information on whether the respondent had received SSI around their 18th birthday. Respondents who said they were not receiving SSI at age 18 are excluded from the analysis. Because the survey is asking young adults ages 19 to 23 to remember their SSI status at age 18, recall error could affect our sample. We expect the more common form of recall error would be respondents not on SSI at the interview mistakenly reporting they were not on at age 18, resulting in an undercount of the off SSI group included in this study. Consequently, we expect NSCF estimates of the percent of former child SSI recipients who do not continue to receive SSI benefits after age 18 could be an underestimate of the true percentage.

Some limitations of the public use NSCF are worth noting because they influence our ability to conduct certain types of analyses. First, we do not have access to detailed information on the impairment characteristics of current and former recipients.¹⁴ These

¹³ This group included 533 unweighted sample respondents, which represented approximately 110,000 former child SSI recipients.

¹⁴ This information is available on restricted use files that are linked to administrative information on the impairment status of recipients.

characteristics could be especially important in explaining differences in participation in both pre- and post- age 18 redetermination activities, such as participation in training, employment, and the adult SSI program. Second, we do not have longitudinal data to directly observe transitions before and after the redetermination decision, thereby limiting our ability to examine the effect of specific factors on transition outcomes. Finally, because some of our samples are relatively small, our ability to further stratify our results is limited without a significant loss in the precision of our estimates.

Despite these limitations, our analysis provides the first comprehensive examination of the characteristics of transition-age child SSI recipients. These findings should provide an important benchmark in developing future policies to serve child SSI recipients, as well as further analyses of this population using NSCF data.

Pre-Transition Cohort Findings

A number of different factors can positively or negatively influence transition outcomes for young SSI recipients nearing age 18. In this section, we examine characteristics of the child and his/her family, the child's participation in vocational preparation activities, and parental expectations and knowledge of SSA work incentives.

Demographic characteristics of child and family

The characteristics of SSI recipients nearing transition and of their families can influence activities and preparation in this pre-transition phase and subsequent transition outcomes (table 1). About two-thirds of the pre-transition group are male (63 percent), more than half are non-white (48 percent black and 4 percent other), and 14 percent are Hispanic. Only a quarter of pre-transition SSI recipients live in a two-parent family. An

additional 59 percent live in single-parent families and 14 percent live with a relative or guardian. A small number, only 1 percent of the sample, lives alone or in an institution.

Language, citizenship, and parental education can all affect a child's participation in activities and their transition outcomes. In part, these factors may impact parents' knowledge of SSI rules or their ability to navigate the educational or vocational system. Those parents who do not speak English, are not citizens, or have low levels of education may be at a disadvantage compared to other parents in accessing and understanding relevant information for their child. In our sample, a small minority of child SSI recipients lives in a household where a language other than English is the primary language or where a parent is foreign-born and about 7 percent of these children live in a household where English is not the primary language.¹⁵ The vast majority of households speak primarily English or a combination of English and Spanish.¹⁶ Slightly more children, about 9 percent, have a parent who is foreign-born. A relatively large percent of children (43 percent) live with parents that have not graduated high school.

In general, the characteristics of older SSI recipients and their parents are similar to younger SSI recipients (ages 0 to 13). The only significant exceptions are that older SSI recipients are more likely to live with other relatives or guardians and are more likely to have parents with low levels of education.

Employment and Income of Families

¹⁵ We do not have direct information on citizenship of parents. Foreign-born serves as an upper bound on the percent of children in this sample with a non-citizen parent.

¹⁶ The public use data file does not allow us to separate out households that use primarily English from those using a combination of English and Spanish. The Non-English primary category includes households that primarily speak a language other than English or speak a combination of English and some language other than Spanish. The survey was conducted in English and Spanish.

Parental employment may also influence a child's activities and outcomes, but the relationship is complex. In general, parental work can serve as an example to children, leading to a higher level of work or work preparation, all else equal, and earnings can provide additional resources to the family. However, parents of children receiving SSI face a disincentive to work since parental earned income is deemed for SSI recipients and could lead to reduction or loss of benefits. In general, as table 2 shows, a large group of these children live in families without a worker and with low levels of resources.

While the majority of parents work, the majority of child SSI recipients live in low-income families (table 2). About half of all the pre-transition SSI recipients have a working parent (51 percent). Employment rates are much higher among two-parent families (70 percent) relative to those in other living arrangements. Average household income is \$1,528, approximately equal to the federal poverty threshold. The average income-to-needs ratio is 1.06. More than a third, 38 percent, have incomes below the official poverty threshold (\$1,145 per month for a family of three in 2000).¹⁷

We find that many of these families receive support from government programs in addition to SSI for the pre-transition child. About 17 percent of children live in families receiving welfare benefits, and roughly a third live in families receiving food stamps. A small portion receives some form of housing assistance (11 percent). Other sources of income include 21 percent receiving other SSA benefits (retirement, survivors, or Disability Insurance), 19 percent receiving child support, and 2 percent receiving pension

¹⁷ The advantage of presenting income as a percent of the poverty level is it takes into account household size. One caveat is that the survey asks for monthly income, but the poverty thresholds use annual income, so the figures presented here are from annualized monthly income. Further, unlike other surveys that calculate income based on a number of sources, the NSCF only asks one general question about household income. Consequently, not only is this potentially less precise than measures available in other surveys, we have to calculate a poverty status using a "household" rather than a family. Nonetheless,

and annuity payments. These findings likely understate the amount of other government transfers, because information on SSI receipt by other family members is not currently available on the public use file. Not surprisingly, Medicaid covers 93 percent of recipients.

Health, Schooling, and Experiences of Pre-transition Cohort

The health and disability of an SSI recipient can have a direct impact on eventual transition outcomes and participation in work and work preparation. There are many dimensions of health that can be relevant, including limitations to specific activities; need for additional and/or special therapies, medication, equipment, or services; and the chronic or episodic nature of problems.

The NSCF survey uses a screener developed by the Foundation for Accountability (FACCT) and widely used to identify children with special health care needs. The screener identifies children who fall into one or more of five different areas that indicate special health care needs.¹⁸ To be identified as having a special health care need, the child must meet one of these criteria, and the need or limitation must be due to a medical, behavioral, or other health condition that has lasted or is expected to last 12 months or longer.

We find that 91 percent of children ages 14 to 17 receiving SSI are identified by the screener as having a special health care need (table 3). This is similar to the finding by Ireys et al. (2004) that 10.1 percent of all SSI children in the NSCF are not identified

these amounts provide a general indication of well being adjusting for family size. The annual poverty level for a family of three is \$13,738. We derived a monthly measure by dividing this amount by 12.

¹⁸ The five items are (1) child needs or uses more services than most children of the same age, (2) needs or uses prescribed medications, (3) is limited in the ability to do things like most children of the same age, (4) needs or gets special therapy, and (5) needs or gets treatment or counseling for any kind of emotional, developmental, or behavioral problem. See Bethell et al. (2002) for more information on the screener.

as having a special health care need from the survey. Further analysis by Ireys et. al (2004) using diagnoses information from SSA administrative records (not available in the restricted public release data) found that of these ten percent, 52.5 percent had mental retardation, 8.3 percent had speech disturbances, 3.7 percent had other specific learning difficulties, 3.7 percent had ADD/ADHD, and the remaining had a wide range of other conditions. These findings are consistent with research that suggests some children diagnosed with cognitive disorders may not use health-related services more frequently than other children, do not need more medication or therapies, or have no activity limitations. In addition, some parents/guardians may not define their child as qualitatively different from other children and therefore would not answer positively to the screener questions (Bethell et al. 2002).

The screener criteria most commonly met by pre-transition-age SSI recipients is elevated use or need for services (73 percent) and limitation in abilities compared to other children of the same age (65 percent). Smaller percentages of SSI recipients report more restricted levels of functioning. About one-quarter of these child SSI recipients report they need help with personal care needs, such as eating, bathing, dressing, or getting around inside the home. A much larger group (79 percent) of SSI recipients aged 17 report they need help with handling routine needs, such as preparing meals, managing money, doing housework, or managing medication.¹⁹ When asked how often health conditions and problems have limited their activities relative to peers, almost a third (31 percent) say “always,” and when asked how much their disability affects their ability to do things, 37 percent answer “a great deal.” The overlap across these measures is high.

¹⁹ Only sample members ages 17 and older were asked this question.

A minority of SSI recipients in this age group report very little or no limitations. For example, about 9 percent say they are never limited compared to other young people, and slightly more than a fifth report that their health condition has very little impact on their ability to do things. Because these are self-reported assessments, they incorporate the specific circumstances of each child, such as their own (or parents') interpretation of the comparison to others and the activities being considered.

While most child SSI recipients are in school, a large portion reports school problems and difficulties with the juvenile justice system (table 4). Most report being enrolled in a specific school grade (about a fifth are in middle school, and 63 percent are in high school) and a small percentage report they are in special education in lieu of reporting a specific grade (7 percent).²⁰ However, 6 percent of the sample reports that they have dropped out of school. The same estimate for the sample of 16 and 17 year olds is 11 percent (not shown in table). Further, among 14- to 16-year-olds, 15 percent either cut classes, skipped school without parental permission, or refused to go to school more than once in the past year. Of 17-year-olds still in school, almost a third (32 percent) were suspended or expelled from school in the past year.

While the level of these results is cause for concern, they are not necessarily higher than for the broader group of young people without disabilities. Of all children ages 12 to 17 in 1999, 15 percent cut classes, skipped school, or refused to go to school more than once in the past year and 14 percent were suspended or expelled (Moore et al. 1999). For low-income children (under 200% of poverty), the same study found the

²⁰ Only 1 percent of sample members ages 16 and 17 report being in middle school and only 0.4 percent of the whole sample report being in fifth grade or less. Additionally 1 percent report graduating.

percentages were higher: 20 percent and 22 percent, respectively.²¹ While results for SSI recipients may not be higher than for all low-income children, in absolute terms a large percentage of young SSI recipients experience what might be early indicators of future problems.

Of additional concern is that 16 percent of 14- to 16-year-olds report they almost always or sometimes were in trouble with the police or courts in the last year. Another 11 percent also say they were in trouble with the police or courts in the past year but not often. Of 17-year-olds, 16 percent report they have ever been arrested. This level is as high or higher than for the broader population of youth without disabilities. A national study of youth (without regard to disability) found that in 1997, 12 percent of 16-year-olds reported they had ever been arrested (Snyder and Sickmond 1999). These findings suggest that possible outreach strategies to child SSI recipients have to go beyond ensuring that these children are in school and address potential delinquency issues before they become serious.

Participation in special education can also be an important factor in a child's transition. As described earlier, the IEP for transition-age children must incorporate transition planning, providing access for these young people to appropriate services that could improve future outcomes. However, not all children with a disability will participate in special education because not all disabilities lead to a need for specialized educational or related services.

Of all SSI recipients ages 14 to 17, three-quarters report they are in special education now or were in special education in the past year. An alternate question

²¹ The question used in the NSCF is taken from the National Survey of America's Families, which is the data used by Moore et al (1999).

attempting to assess the same issue is whether the child has an IEP. Because all children in special education must have an IEP, this question should identify the same group. However, only 64 percent of our sample reports having an IEP now.²² This difference could represent parent or student lack of familiarity with the term IEP²³ or parent or student misreporting an educational service received that was not special education as special education. This suggests that 64 percent is a lower bound and 75 percent is an upper bound on the true percentage receiving special education services.

Using these estimates, approximately one-quarter to one-third of pre-transition SSI recipients is not in special education. Of this group, some may not be eligible for special education, some may have decided not to participate, and some may not be aware of their potential eligibility. In addition, a small percentage of them are no longer in school. A greater percentage has participated in special education at some time in the past. We find that 72 percent of SSI recipients report having ever had an IEP.²⁴ An additional number of SSI recipients (6 percent) report that they are on a waiting list for special education.

Participation in Vocational Training and Vocational Rehabilitation

One of the ways a young person can prepare for the transition from school to work is to participate in some kind of vocational training (table 5). In our sample of pre-transition SSI recipients, 13 percent report being in vocational training now and 21

²² A small percentage of this difference could be due to the fact that special education is asked for the past year for those ages 14 to 16, but this same group is asked about having an IEP now. Those age 17 are asked about both for the time of the interview.

²³ In the survey, an explanation of IEP is offered to those interviewees who express confusion over the term. The explanation is “a plan developed by special education providers and is revised annually. It sets out annual education goals for the child and lists the services the school will provide.”

percent report having ever participated in vocational training. Vocational training is broadly defined to include training in specific or basic job skills, vocational education, career counseling, or help finding a job. Not surprisingly, those young people closer to transition are more likely to be in vocational training. Among young people ages 16 and 17, 19 percent are in vocational training and 30 percent have ever received vocational training, much higher than participation for 14- and 15-year-olds.

Of those who report ever receiving vocational training, the type of training received is varied. About two-thirds of this group report receiving specific skills training, such as car repair or food service. A slightly higher percentage (70 percent) report receiving basic skills needed for work, such as counting change, telling time, or using transportation to get to work. Some young people received other types of help, such as career counseling to figure out what job best suits them (60 percent) and job placement/job hunting skills to help them find work (59 percent), and 5 percent report receiving other types of job training.

The amount of time participating SSI recipients are involved in training in the past year varies from a few days to most of the year.²⁵ About one-fifth of those who ever received vocational training received only a few days in the past year. A little more than a quarter of participants received a few weeks of training and roughly an additional quarter participated for a few months. The remaining quarter participated in vocational training for most or all of the year.

²⁴ SSI recipients who are age 17 were asked separately whether they receive special education now or have ever received special education. The difference here is even greater: 71 percent report receiving special education now compared to 85 percent reporting having ever received it.

²⁵ A small percentage, 1.9 percent, report no training in the past year, presumably because they received their training in some earlier time period.

Although the percent in vocational training at the time of the survey is relatively modest, an additional 10 percent of SSI recipients tried to get training or get additional training in the past year. Almost half (4 percent) of this number report being on a waiting list for training services. This suggests that there is an unmet need or demand for training services that, if met, could increase training receipt among this group by 75 percent.

A different source of vocational preparation is receipt of VR services from a VR agency. Typically, a person receiving VR services, beyond initial assessments, will have an Individual Written Rehabilitation Plan (IWRP), which lays out the services necessary to move toward the goal of work (or reentry to work). VR services are most often provided to individuals no longer in post-secondary schooling who have the potential to work. However, 9 percent of 14- to 17-year-olds receiving SSI report they have an IWRP now and 11 percent report they have ever had an IWRP (an additional 2 percent) (table 6). A relatively large percent of those asked this question, about a tenth, answers, “don’t know,” potentially reflecting lack of familiarity with the term IWRP. This could mean the actual receipt of these services is underreported. An individual could easily report receipt of vocational training and VR services, as VR agencies provide vocational training. However, we find the overlap is relatively small; only 1 percent of our sample report receiving both of these services now and 3 percent report participating both of these ever.

Our results also suggest that most young people participating in VR are not coming through referrals by SSA. Only 5 percent of 17-year-olds say SSA has referred them for VR services and only 2 percent say they were accepted by VR.²⁶ We do not

²⁶ Unfortunately, the group of young people referred to VR by SSA but not accepted is too small for independent analysis.

have information on how those not referred by SSA connected to VR services. It is possible schools or other agencies provided referrals.

Parental Expectations and Knowledge of Work Incentives

On average, parents and guardians of pre-transition SSI recipients ages 14 to 16 expect their children to attain some degree of success by age 18 in attaining independent transition outcomes. Parents and guardians were asked whether they expect that at age 18 the child will attend school or training; will work at a job; could live independently if he or she wanted to. More than half of respondents expect the child is somewhat or very likely to attain each of these outcomes, although responses vary by each outcome (table 7). More parents report the child SSI recipient is “very likely” to attend school or training (49 percent) than report this outcome is “not true at all” (12 percent). Parents are similarly positively inclined when reporting expectations about working at a job at age 18 (38 percent report “very likely” compared to 14 percent reporting “not true at all”). Fewer parents expect the child could live independently at age 18. Only 19 percent report this outcome is “very likely” compared to 28 percent reporting this as “not true at all”. Almost two-thirds of parents report they believe at least one of the three outcomes is very likely for their child. However, over a third (37 percent) report that at least one of the statements is not true at all.

We also find that children whose parents have high expectations for their future work are more likely to have participated in vocational education or VR than children whose parents have lower expectations for work. Of children whose parents said they were very likely to work at age 18, 20 percent ever participated in vocational training and

15 percent had a VR IWRP. The percentages for those whose parents thought work at age 18 was not at all likely were less than half.

Knowledge of work incentives

SSA work incentives to encourage work among SSI recipients are not well known among the group of pre-transition recipients. When asked whether they had ever heard of SSA work incentives or discussed them with an SSA representative, only 22 percent said “yes” (table 8). Among this group with some knowledge, which incentive they had heard of varied from a high of 31 percent having heard of a allowances for continued eligibility for Medicaid after SSI to a low of only 9 percent having heard of the exclusion for property essential for self-support. There is some indication that having knowledge of these incentives is correlated with greater participation in vocational training. The percent of recipients who had ever participated in vocational training was significantly higher among those who had heard of incentives than among those who had not (28 percent versus 19 percent). However, it is not clear whether knowledge of SSA work incentives encourages participation or whether participation in vocational training increases access to knowledge of these incentives.

Understanding Who Participates in Vocational Training or Vocational Rehabilitation

Given the large percentage of young people who do not participate in vocational training or VR, we examined whether specific characteristics or circumstances of young people were significantly related to receiving these services, while controlling for other factors. The full results are reported in appendix table A1.²⁷

²⁷ Separate linear probability models for vocational training and vocational rehabilitation were run including indicators for male, black, Hispanic, single parent, foreign-born parent, English not primary

We found that a few characteristics of the individual or their parents/guardians were significantly related to participation in vocational training or VR. Young people whose parent(s) are foreign-born are 14 percentage points less likely to have ever participated in vocational training. Those for whom English is not the primary language in the household are 14 percentage points less likely to have ever participated in VR. Both of these suggest the possible difficulties non-native or non-citizen parents can have navigating programs to support their child with disabilities. Families receiving welfare are more likely to receive both vocational training and VR, 9 and 7 percentage points respectively. This could indicate that families with contact with a social services agency may be more likely to connect to other services (such as VR) or that these families are the most needy, in terms of income, among this group of low-income families. The severity of health limitations of the child is also significantly related to participation in vocational training and VR. In particular, those young people who need help with personal care needs (about one-quarter of the sample) are 8 percentage points less likely to participate in vocational training and 6 percentage points less likely to receive VR services. This could indicate a group of children who are less likely to benefit from these programs or a lack of access to these programs for those with more severe limitations. In addition, young people in special education are 8 percentage points more likely to participate in vocational training, possibly reflecting a greater level of coordinated effort or planning for those in special education.

language, parent education less than high school, parent employed, need help with personal care, low parental expectations for child, heard of SSA work incentives, family receives welfare, child had trouble with police or courts, and participates in special education. Only statistically significant results are discussed in the text.

In addition, children whose parents had low expectations for them in at least one area were 10 percentage points less likely to participate in vocational training and 3 percentage points less likely to receive VR services. Those who had heard of SSA work incentives were 7 percentage points more likely to participate in vocational training. All of the factors discussed here are interconnected and affects are difficult to disentangle. But these results do suggest that further investigation into the access to or knowledge about vocational training and VR for some of the subgroups that are significantly less likely to receive these services might be beneficial for efforts to increase participation.

Post-Transition Cohort Findings

Given the important and complex decisions facing youth in transition on SSI, we turn to examining the circumstances of young people after transition (aged 19 to 23) who received SSI before age 18. We present detailed information on the characteristics and early transition experiences of this cohort focusing on the comparison of those on and off SSI after the age-18 redetermination.

We find that 74 percent of this cohort of young adults transitioned from the child to the adult SSI program (table 9). This estimate is consistent with estimates in Rogowski et al (2002) and Ticket to Work and Work Incentives Advisory Panel (2001).

The demographic characteristics of those off SSI are similar to those on SSI post-transition, with the exception of gender. We find that males are more likely to be off SSI at age 18 (67 vs. 51 percent), but there are no significant differences across race and ethnicity. These results are similar to findings for a comparable cohort in Rogowski and others (2002). Overall, the characteristics of the post-transition cohort are similar to those of the pre-transition cohort. The majority is male (58 percent), white (53 percent), and

non-Hispanic (86 percent). Relative to the pre-transition cohort, this older cohort is somewhat less likely to be male and more likely to be white although the differences are not significant.

We do find evidence of changing living arrangements after the age 18 transition, which likely has important implications for economic status and other aspects of the transition experience. Those on SSI are more likely to be living in a two-parent family than those no longer on SSI (27 vs. 17 percent), though the majority of both groups continue to live with their parent(s), either in a one- or two-parent family. About a quarter of this cohort live with relatives or other guardians post-transition and about a tenth live alone. A smaller percentage of those on SSI live alone or in an institution than those who are off (11 vs. 15 percent), but the difference is not significant. By comparison, 85 percent of child SSI recipients in the pre-transition cohort live in a one or two-parent family and only 1 percent live alone or in an institution.

We also find that those who remain on SSI generally self-report more problems with health than those who are off after age 18 (table 10). Among those on SSI, 88 percent report a special health care need, using the FACCT screener described earlier, with the largest portion reporting a limitation in the ability to do things like most people his/her age (70 percent). Almost 40 percent of those on SSI say that their health condition limits their ability to do things a “great deal” and 37 percent report they are always limited in what they can do compared to peers. Three out of four report needing help with routine needs, such as preparing light meals and managing medication, and 29 percent need help with personal care needs such as eating, bathing, or dressing. For all the measures of health we consider, those on SSI after age 18 are significantly more likely to

report health problems than those off SSI. The generally worse health conditions for those on SSI are expected given that they must meet the adult SSI disability criteria to remain eligible.²⁸

Still, it is important to note that over 70 percent of those off SSI after age 18 report having a special health care need, and 16 percent say their health limitation limits their ability to do things by a great deal and are always limited relative to peers. Consequently, a portion of these youth continues to have a major health problem that could have important long-term implications for their economic status.

Household incomes of former child SSI recipients are generally low and there are relatively limited differences across those on and off SSI (table 11). The overall household income as a percent of the poverty level is approximately 115 percent for both those on and off SSI. Despite these similarities in average income, more young adults on SSI fall below poverty than those off SSI (37 vs. 29 percent). These findings are generally consistent with those from Rogowski et al (2002), who found that the overall changes in income for those who left the program were generally inconclusive, though there appeared to be some portion of recipients that had more income than when they were on SSI.

Many of those off SSI have replaced, at least in part, the SSI benefit with their own earnings or earnings from a family member. A large portion is still without any health insurance. By comparison, those on SSI are less likely to live in a household with earnings (46 vs. 62 percent), are more likely to live in a household that receives cash transfers (31 vs. 19 percent) and are more likely to receive Medicaid themselves (93 vs.

²⁸ The reported health measures for those who continue on SSI after age 18 are similar to the pre-transition cohort, although slightly lower for most measures.

25 percent). Some respondents who are off SSI after age 18 have private health care coverage (10 and 15 percent, respectively), but over half report no health care coverage.²⁹ Similar to child SSI recipients ages 14 to 17, a minority of households in each group receives food stamps (approximately 29 percent) and a relatively small proportion receives housing assistance (9 percent overall for both groups combined).

The distribution and sources of income vary across living arrangements, as those living in a two-parent family tend to fare better relative to other groups (table 12).³⁰ Relative to post-transition young adults in other living arrangements, those living in two-parent families generally report higher household adjusted incomes (152 vs. 115 percent of the poverty line) and are less likely to be living in poverty (21 vs. 35 percent). Over two-thirds of two-parent families have at least one full-time worker as compared to 35 percent of other families, which likely explains some of the differences in economic well-being. This is important considering that fewer young people who are off SSI after age 18 live in two-parent families. Income comparisons across more specific family structures, such as living alone, as well as within living arrangements across those remaining on SSI and off after age 18 are generally insignificant because of small sample sizes.

Continuing Human Capital Investment

Continuing to invest in and develop human capital is important for those who off SSI after age 18 as well as for those who remain on SSI to potentially reduce future dependence on cash benefits. These activities include education (both completing

²⁹ PL 105-33 reinstated Medicaid benefits for children who were receiving SSI in August 1996 and subsequently lost benefits because they did not meet the revised SSI childhood disability standard. The same reinstatement of Medicaid eligibility was not made for young people who lost SSI benefits after being redetermined at age 18 using the adult disability criteria.

³⁰ Because of sample size restrictions, we group all other families for comparisons to two-parent families.

secondary and attending post-secondary schooling), employment, and participation in training or rehabilitation activities.

A major concern is that the majority of young people in both groups have not graduated from high school (table 13). A little less than half have graduated, 41 percent of those on SSI and 45 percent of those off SSI. Young adults on SSI are also more likely to continue to be in secondary school (17 vs. 2 percent). These differences might reflect health differences across the groups, as those with more severe disabilities could potentially have access to continued secondary school opportunities through special education.³¹ In comparison, those who are off after age 18 are more likely to have completely dropped out of school (48 percent) than those on SSI (35 percent).

Participation in continuing human capital development activities, such as post-secondary education, employment, and training/rehabilitation activities, is generally low among the post-transition cohort. Young adults who are off SSI are more likely to be working (41 percent) than those on SSI (15 percent). This is not surprising given the need for income to replace cash benefits among those no longer receiving SSI. Among workers off SSI, over half are working full time (22 percent of all those off SSI). By comparison, the vast majority of those on SSI who are employed are working part-time.

Few young adults in this post-transition cohort are participating in post-secondary school or vocational training and the differences across those on and off SSI are not significant. Only 6 percent of young adults are enrolled in post-secondary school and 13 percent are participating in vocational training. Significantly more youth on SSI are receiving VR services (10 percent) than those off SSI (2 percent), but this could be a

³¹ Eligibility for special education continues until age 22.

reflection of differences in health. A concern is that the majority of young adults in both groups are not participating in any work, education, training or rehabilitation activities. Of those off SSI, 52 percent do not work, attend school, or participate in vocational training or rehabilitation. This lack of investment could have important effects on their future prospects for employment, program participation, and independent living.

Concerns over low-rates of participation in continuing human capital activities are compounded by the large numbers of young people with arrest histories, especially those who are off at 18. Rates of having ever been arrested for those who are off SSI are significantly higher than for those on SSI (32 vs 19 percent), though the high rates of past arrests for both groups suggests that many youth with disabilities could be slipping through the cracks at this important transition stage.

Patterns of past participation in special education programs and training services across those on and off SSI post-transition can provide insight into the role these programs play in the preparation and transition decisions of young SSI recipients. We find that while levels of past participation are substantial, past participation is for the most part similar across both groups (table 14). Approximately two-thirds of both groups report ever having participated in special education, similar to the reports for the pre-transition group ages 14 to 17. About 40 percent of the entire cohort participated in vocational training and 17 percent attempted to obtain specific job training. The only significant difference between the groups is those on SSI were more likely to have received VR services (15 vs. 8 percent).

These results suggest that participation in these activities may not be an accurate predictor of whether or not a child SSI recipient will remain on SSI after age 18. To

further investigate this connection, we estimate a linear probability regression model of service receipt on the probability of receiving SSI after age 18, controlling for several other individual characteristics, including gender, living arrangement, and health status.³² Results are reported in appendix table A2. We find that past participation in special education, vocational education, job training, and VR are not significantly associated with SSI receipt after age 18.

Because vocational training and VR would likely impact future SSI receipt through increasing employment, we also directly examine the connection between receipt of these services and employment after age 18. We estimate two additional linear probability regression models, for employment at any hours level and for full-time employment (35 hours or more per week).³³ While participation in these programs is not significantly associated with SSI status after age 18, we do find correlations between past participation in vocational training and employment after age 18. After controlling for individual characteristics and current SSI status, we find that those who participated in vocational training in the past were 18 percentage points more likely to be working at all, and 17 percentage points more likely to be working full-time. These results are consistent with those from the special education literature, which suggests that participation in vocational training is strongly correlated with work activity after age 18. Unfortunately, we cannot determine whether these results represent the direct impact of vocational training or unobserved differences across the populations who participate in vocational training (e.g., motivation to work).

³² The model we estimate controls for gender, race, family structure, health status (help with personal care needs and help with routine needs), special education, vocational training, specific job training and VR.

Discussion

Our analysis provides important insights on the characteristics and initial transition experiences of child SSI recipients as they move into young adulthood. These experiences might be influenced by a multitude of demographic, health, and family characteristics, as well as various preparation activities, such as participation in training and employment. Our data do not allow for the examination of the effects of specific factors on outcomes, though we do identify some specific areas of concern based on descriptive trends.

Our analysis of the demographic and economic characteristics of pre- and post-transition age SSI recipients reinforces the idea that these young people come from economically disadvantaged families. Many parents are not working, rely on welfare, have low levels of education, or do not speak English, all of which can be barriers to accessing services and helping children with disabilities make a positive transition to adulthood. While many of these families are low-income, approximately two-thirds of child SSI recipients do not receive food stamps. The low rate of food stamp participation suggests potential outreach strategies to child SSI recipients, as well as young adult SSI recipients, might be necessary to ensure potential eligibles are receiving the appropriate benefits.

The initial transitions after age 18 suggest that some who are off SSI after age 18 are finding alternative sources of income, but many are also struggling to make ends meet. Those who are off SSI have on average about the same income-to-needs ratio as

³³ These models control for the same variables as the previous model with the addition of an indicator for being on SSI after age 18. We find similar results when we exclude SSI status from our equations. See

those who remain on SSI, but a significantly larger percent are below poverty. In addition, living arrangements change after age 18 and are related to economic well-being. We find that, post-transition, young adults living in a two-parent family have significantly higher incomes relative to other former child SSI recipients regardless of SSI status. While the majority of child SSI recipients before and after transition live in a family with at least one parent, and approximately one-fourth live in a two-parent family, those who off SSI were more likely to be living alone or with another relative. In designing interventions, it is important to consider how these characteristics could influence the delivery of important services.

A major concern is the reported school problems of current child recipients and high dropout rates among former child SSI recipients. A sizable percentage of pre-transition cohort recipients show signs of troubled behavior in school, such as cutting classes multiple times in the year or being suspended or expelled in the past year. More importantly, approximately half of all former child SSI recipients in the post-transition cohort have not finished secondary school. Of those who are no longer on SSI, 48 percent have completely dropped out of school. Previous research emphasizes the important role education plays in future outcomes for young people with disabilities (Loprest and Maag 2003).

A related concern is the high percentage of problems among current and former child SSI recipients involved with the juvenile justice system. Almost 15 percent of those under 17 have been arrested or report some type of trouble with the courts. The problems for those over age 18 are even higher, especially for those no longer receiving SSI (32

appendix table A2 for the full set of results.

percent). These high arrest rates are a direct impediment to the achievement of positive transition goals for these young people. The limited literature on children with disabilities and the juvenile justice system points to the lack of prevention and early intervention efforts in schools, although research suggests such programming “may be the only effective method for reducing the involvement of youth with disabilities in the juvenile justice system.” (National Council on Disability 2003). These problems are compounded for many former recipients, especially those no longer receiving SSI, because many are not participating in employment, post-secondary education, training, or rehabilitation activities. All of these suggest negative long-term implications for economic well-being.

One option to address these concerns is to better coordinate service delivery to these youth prior to age 18. Because about three-quarters of the pre-transition cohort report has been in special education at some point, working through this system has potential for increasing preparation for transition. Although transition planning is technically part of the special education process for pre-transition youth, actual availability and access to services varies considerably across areas (Wittenburg and Maag 2002). One possibility is to increase information sharing between SSI and special education. For example, the information on SSA’s work incentives could be better integrated into the IEP, as relatively few child SSI recipients or their families were familiar with these incentives. However, additional coordination efforts, especially with the juvenile justice system, should be considered given the potential long-term implications of these transition issues. For example, the National Council on Disability (2003) outlined a number of recommendations to help youth with disabilities at risk of delinquency or already involved with the juvenile justice system.

We find mixed evidence on the potential value of expanding preparation activities, such as vocational training and VR. A minority of SSI recipients in the pre-transition cohort has ever participated in either vocational training or VR (21 percent). Approximately, two-thirds of those receiving training had specific job skills training, but almost half of all receiving training only participated for a few days or weeks. These results and the fact that an additional 10 percent have attempted to get training in the past year suggests that in absolute terms, access to vocational training and VR could be expanded among this group of young adults. However, participation in these activities is significantly lower for those with more serious health limitations, suggesting that these activities could be less valuable or available for certain segments of the population.

Participation in these activities does not guarantee a lower likelihood of continuing on to the adult SSI program. For the post-transition cohort, we find no significant differences in training programs across those on and off SSI after age 18. We find that participation in VR is higher among those who stay on, which likely reflects that many former recipients do not start receiving these services until they leave school. These results suggest that an “across the board” increase in participation in vocational training or VR will likely not result in a decrease in the number of former child SSI recipients participating in the adult SSI program.

However, we do find that participation in vocational training is correlated with employment past age 18. We find the relationship between vocational training and “any” and “full-time” employment is especially strong. Some of these results likely represent unobserved differences in characteristics across those who participate in vocational training (e.g., taste for work). However, the size of this effect suggests that educators and

administrators might want to closely examine vocational training opportunities for youth with disabilities, particularly in a time where these opportunities appear to be shrinking as school districts move to more standardized testing.

Our comparisons within the post-transition cohort of those on and off SSI after age 18 illustrates some important differences across these groups and also highlights some possible additional areas for policy intervention. Young adults no longer receiving benefits are in better health, are more likely to be working, and more likely to be working full-time compared to those remaining on SSI. These results follow from the concept that those who do not meet the adult SSI disability criteria have greater capacity for work than those that do meet these criteria. However, our findings suggest there are still subsets of young people losing benefits that might need some level of continued support. As noted above, about half of those off SSI are neither working nor in post-secondary schooling or training, many have dropped out of school, and a significant percentage have incomes below the poverty level. Further, over half do not have any health insurance. Because many of those off SSI continue to have some health problems, the low level of public health insurance (only 25 percent with Medicaid) is also a cause for concern. It is possible that in the long run, deterioration of health and inability to sustain family support might lead some of these young people to reapply for and be eligible for SSI in the future. Some targeted supports, possibly transitional, could help those leaving the program remain off SSI. The nature of the data does not allow for us to shed light directly on the impact of the age 18 redetermination decision or whether that policy should be altered. However, the findings do suggest that policy makers might wish to consider intervention options in smoothing the transition for those who lose benefits.

In summary, our findings provide an important “first look” at the transition experiences of child SSI recipients. These findings should be helpful in informing future intervention efforts, as well as building the general knowledge on transition issues facing youth with disabilities. Researchers should be able to use the NSCF to examine several other aspects of the experiences of child SSI recipients, including the impact on child care and labor market decisions of parents. Restricted use versions of the NSCF, which include program information on conditions and impairments, also should be valuable in adding to the information in this report. These data would help especially in understanding differences across important impairment groups, such as those with mental retardation or mental illness, and whether services should be targeted to specific groups of child recipients.

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Table 2
Parental Employment and Household Income of SSI Recipients Ages 14-17

	Percent	Standard Error
Parent Employment^a		
<i>All Households</i>		
At Least One Parent Working	51.3	(1.89)
At Least One Parent Unemployed	11.9	(1.30)
Parent(s) Not in Labor Force	36.7	(1.92)
<i>Single Parent Households</i>		
Working	44.7	(2.46)
Unemployed	14.6	(1.95)
Not in Labor Force	40.7	(2.35)
<i>Two-Parent Households</i>		
At Least One Parent Working	69.5	(3.10)
At Least One Parent Unemployed	10.4	(2.06)
Both Parents Not in Labor Force	20.1	(2.70)
Income		
Total Household Income (average \$)	1,528	(29)
Ratio of Total Household Income to Poverty Level ^b	1.06	(0.02)
Percent Below Poverty	38.0	(1.82)
Percent Receiving Income Source		
<i>Government Transfers</i>		
Welfare ^c	16.8	(1.53)
Other SSA Benefits ^d	20.5	(1.30)
<i>Other Sources of Income</i>		
Child Support	18.6	(1.46)
Pension and Annuity	2.1	(0.46)
Percent Receiving Other Benefits		
Food Stamps	31.3	(1.96)
Medicaid ^e	93.0	(1.01)
Housing Assistance ^f	10.7	(1.27)

Source: Authors' calculations using the National Survey of Children and Families, 2001.

^a Employed is defined as working at time of survey. All households includes children living with other relatives/ guardians. Single and Two-parent families include only children living with parents.

^b Ratio is calculated using total reported household income and the reported number of people in the family as household size compared to the official 2000 poverty threshold weighted averages.

^c Welfare includes a small percent of children (0.9 percent) whose families receive general assistance.

^d Other SSA benefits include retirement, survivors, or Disability Insurance (DI). It does not include receipt of SSI by sample member or other household members.

^e Percent includes sample member Medicaid eligibility. Includes a small number of children who are eligible for the State Child Health Insurance Program (SCHIP).

^f Includes respondents who reported receiving government assistance for rent payments or who lived in government-sponsored housing.

Table 3
Health and Disability of SSI Recipients Ages 14-17

	Percent	Standard Error
Child has a Special Health Care Need^a	90.6	(1.05)
Needs or uses more services compared with children of same age	73.1	(1.84)
Needs or uses medicine prescribed by a doctor	51.0	(2.01)
Limited in ability to do things like most children his/her age	64.6	(1.91)
Needs or gets special therapy	41.0	(1.87)
Needs or gets mental health treatment or counseling	56.1	(1.89)
Uses Special Medical Equipment	16.0	(1.26)
Needs Help with Personal Care Needs^b	25.7	(1.59)
Needs Help with Handling Routine Needs^c (age 17 only)	79.3	(3.19)
Limited by Health Condition Compared to Peers^d		
never	8.7	(0.91)
sometimes	38.8	(2.11)
usually	18.0	(1.70)
always	30.9	(1.78)
Health Condition Affects Ability to Do Things^d		
very little	21.2	(1.69)
sometimes	38.0	(1.94)
great deal	37.0	(1.91)

Source: Authors' calculations using the National Survey of Children and Families, 2001.

^a Meets one of the five items on the FACCT Screener determining child has a special health care need (CSHCN). In addition to having the specific need or limitation, the need or limitation must come from a medical, behavioral, or other health condition that has lasted or is expected to last 12 months or longer. For each of the five item sets listed, percentages reported are those children who meet all three of these criteria.

^b Limitations include eating, bathing, dressing, or getting around inside the home.

^c Limitations include preparing meals, managing money, doing housework, or managing medication.

^d Questions were asked only of children meeting the CSHCN criteria.

Table 4
Education-Level and Problems at School or with Juvenile Justice System
Child SSI Recipients Ages 14-17

	Percent	Standard Error
Education Level^a		
Middle School (6th-8th Grade)	19.1	(1.57)
High School (9th-12th Grade)	62.8	(1.96)
Special Education	7.3	(0.98)
Graduated High School	0.3	(0.19)
Dropped Out/Out of School	5.6	(0.88)
Other	4.8	(0.91)
Number of times in last year skipped school, cut classes, or refused to go to school (ages 14-16 only)		
Never	76.3	(1.52)
Once	5.5	(1.00)
Two or more times	14.6	(1.52)
Suspended or Expelled from School in Last 12 months^b	31.7	(1.76)
Ever Been Arrested (age 17 only)	15.9	(2.91)
Trouble with Police/Courts in Last Year (ages 14-16 only)		
Almost always/sometimes	16.0	(1.52)
Not Often	10.6	(1.10)
Never	73.4	(1.59)
Special Education Participation		
Special Education Now or Past Year ^c	74.8	(2.06)
Individualized Education Plan (IEP) Now	64.4	(2.23)
Individualized Education Plan (IEP) Ever	72.4	(2.24)
On Waiting List for Special Education	5.7	(0.71)

Source: Authors' calculations using the National Survey of Children and Families, 2001.

^aOther includes 3.8 percent dk/rt and 1 percent either in fifth grade or below or home schooled.

^bExcludes children age 17 who are not in school.

^cSample members ages 14 to 16 years are asked if they received special education in the past year while those age 17 are asked if they receive special education now.

Table 5
Use of Vocational Services by SSI Recipients, Ages 14-17

	Percent	Standard Error
In vocational training now^a	13.0	(1.46)
Received vocational training ever^a	21.0	(1.80)
Of those ever received training, type of training received		
Specific job skills training ^b	67.0	(3.42)
Basic skills needed for work ^c	69.8	(3.23)
Career counseling	60.4	(4.14)
Job placement/job hunting skills	58.7	(3.31)
Other job training	5.0	(1.43)
Of those ever received training, amount of training in past year		
Few days	20.1	(3.53)
Few weeks	26.1	(2.91)
Few months	26.2	(3.58)
Most or all of year	25.8	(3.29)
None	1.9	(0.94)
Tried to get any or additional training in past 12 months	9.8	(1.81)
On waiting list for training services^d	4.4	(1.41)

Source: Authors' calculations using the National Survey of Children and Families, 2001.

^a Question asked is "Have you ever received or are now receiving training in job skills, vocational education, career counseling, or help finding a job?" The percentage for "ever received" includes those now receiving. One percent or less answered "don't know".

^b Specific job skills training. For example car repair, food service, or training for another kind of job.

^c Basic skills needed for work. For example, counting change, telling time, using transportation to get to work.

^d Only asked of those who attempted to access training services.

Table 6
Receipt of Vocational Rehabilitation Services
for SSI Recipients Ages 14-17

	Percent	Standard Error
Has an Individual Written Rehabilitation Plan (IWRP) Now		
yes	9.1	(1.21)
no	80.9	(1.70)
DK	10.0	(1.24)
Ever Had an IWRP		
yes	11.4	(1.43)
no	79.4	(1.69)
DK	9.2	(1.25)
Has Ever Been Referred by SSA for VR Services (age 17 only)		
	4.6	(1.56)
Was Accepted for VR Services^a		
	1.7	(1.06)

Source: Authors' calculations using the National Survey of Children and Families, 2001.

^a Only asked of those who had been referred by SSA for VR services.

Table 7
Parental Expectations for Child SSI Recipients Ages 14-16

	Very Likely Percent (Standard Error)	Somewhat Likely Percent (Standard Error)	Not Very Likely Percent (Standard Error)	Not True at All Percent (Standard Error)
At age 18, likelihood child^a				
will attend school or training	49.2 (2.26)	28.4 (1.78)	10.6 (1.49)	11.9 (1.34)
will work at job	37.6 (1.92)	35.6 (2.43)	12.4 (1.14)	14.4 (1.59)
could live independently if wanted to	19.0 (1.80)	32.8 (1.90)	20.1 (1.58)	28.1 (1.99)
At least one of the above very likely	63.2 (1.99)			
At least one of the above not true at all	36.7 (2.27)			
Of parents who expect child will work at job				
Percent received vocational training ever	20.1 (3.10)	19.7 (3.65)	14.9 (4.79)	9.8 (3.80)
Percent with IWRP ever	14.8 (2.68)	12.3 (2.84)	11.0 (4.00)	6.4 (2.70)

Source: Authors' calculations using the National Survey of Children and Families, 2001.

^a DK/RF ranges from 3.1 to 5.2 percent for these questions. Percentages shown remove these respondents.

Table 8
Knowledge of SSA Work Incentives of Parent/Recipients of SSI Ages 14-17

	Percent	Standard Error
Heard of or Discussed SSA Work Incentive	21.5	(1.53)
Of Those Reporting Some Knowledge, Percent Heard of Specific Incentives		
Plan for achieving self-support (PASS)	28.2	(3.20)
Individual development account (IDA)	15.3	(2.72)
General earned income exclusion	22.7	(3.27)
Student earned income exclusion	18.0	(3.22)
Property essential to self-support (PESS) exclusion	8.5	(2.12)
Impairment-related work expenses (IRWE) and blind work expenses (BWE) exclusions	10.7	(2.52)
Continued eligibility for Medicaid after SSI	31.4	(4.06)

Source: Authors' calculations using the National Survey of Children and Families, 2001.

Table 9
Characteristics of Post-Transition Young Adults Ages 19-23,^a
by Current SSI Status

	All Percent (Standard Error)	On SSI Percent (Standard Error)	Off SSI Percent (Standard Error)
Sample Size			
Unweighted N	1,283	978	305
Weighted N	225,787	166,743	59,044
Percent (Weighted)	100.0	73.8	26.2
Gender			
Female	41.7 (2.07)	44.9 (2.35)	32.6 (3.41)
Male	58.3 (2.07)	55.1 (2.35)	67.4 (3.41)
Race			
Black	39.0 (3.81)	39.0 (3.88)	38.9 (5.03)
White	52.7 (3.51)	52.9 (3.58)	52.2 (5.22)
Other	8.3 (1.56)	8.1 (1.42)	9.0 (3.96)
Ethnicity			
Hispanic	14.5 (2.19)	15.5 (2.21)	11.7 (3.25)
Non-Hispanic	85.5 (2.19)	84.5 (2.21)	88.3 (3.25)
Living Arrangement			
Two-Parent Family	24.4 (1.96)	27.0 (2.19)	17.1 (2.69)
Single-Parent Family	38.0 (2.27)	37.3 (2.55)	40.1 (4.18)
Other Relative/Guardian	24.6 (2.43)	23.9 (2.54)	26.4 (3.89)
Alone/Institution	11.8 (1.46)	10.6 (1.26)	15.3 (3.85)

Source: Authors' calculations using the National Survey of Children and Families, 2001.

^a Post-transition young adults includes young people ages 19 to 23 who were on SSI in 1996. See text for further sample definition.

Table 10
Health and Disability of Post-Transition Young Adults Ages 19-23,^a
by Current SSI Status

	All Percent (Standard Error)	On SSI Percent (Standard Error)	Off SSI Percent (Standard Error)
Has a Special Health Care Need^b	83.9 (1.58)	88.3 (1.63)	71.4 (3.22)
Needs or uses more services compared with children of same age	60.5 (2.16)	66.5 (2.43)	43.6 (4.25)
Needs or uses medicine prescribed by a doctor	51.1 (1.95)	56.4 (2.02)	36.3 (4.01)
Limited in ability to do things like most children his/her age	64.2 (2.35)	69.7 (2.42)	48.7 (4.61)
Needs or gets special therapy	23.7 (1.95)	27.2 (2.23)	13.8 (2.90)
Needs or gets mental health treatment or counseling	39.3 (1.65)	41.5 (1.88)	33.0 (3.59)
Uses Special Medical Equipment	13.9 (1.18)	16.1 (1.54)	7.8 (1.92)
Needs Help with Personal Care Needs^c	22.7 (1.64)	28.9 (2.06)	5.4 (1.44)
Needs Help with Handling Routine Needs^d	66.0 (2.13)	74.8 (1.95)	41.1 (4.56)
Limited by Health Condition Compared to Peers^e			
never	5.9 (0.87)	6.5 (1.11)	4.2 (1.15)
sometimes	36.8 (2.28)	33.9 (2.37)	44.8 (1.15)
usually	18.0 (1.50)	17.9 (2.37)	18.2 (2.97)
always	31.9 (1.65)	37.4 (2.11)	16.3 (2.56)
Health Condition Affects Ability to Do Things^e			
very little	20.7 (2.07)	20.2 (2.01)	22.2 (4.37)
sometimes	37.1 (1.42)	35.3 (1.78)	42.1 (3.41)
great deal	33.2 (1.99)	39.1 (2.16)	16.5 (2.38)

Source: Authors' calculations using the National Survey of Children and Families, 2001.

^a Post-transition young adults includes young people ages 19 to 23 who were on SSI in 1996. See text for further sample definition.

^b Meets one of the five items on the FACCT Screener determining child has a special health care need (CSHCN). See table 3 for more information.

^c Limitations include eating, bathing, dressing, or getting around inside the home.

^d Limitations include preparing meals, managing money, doing housework, or managing medication.

^e Questions were asked only for those meeting the CSHCN criteria.

Table 11
Household Income and Income Sources of Post-Transition Young Adults Ages 19-23,
by Current SSI Status^a

	All Percent (Standard Error)	On SSI Percent (Standard Error)	Off SSI Percent (Standard Error)
Total			
Total Household Income (average \$)	1,473 (61)	1,520 (70)	1,338 (100)
Ratio of Total Household Income to Poverty Level ^b	1.15 (0.05)	1.17 (0.05)	1.10 (0.09)
Percent Below Poverty	34.8 (2.43)	37.0 (2.57)	28.7 (4.22)
Sources of Income			
Earnings			
Parental Earnings	39.5 (2.19)	41.1 (2.46)	35.0 (5.05)
Own Earnings	19.8 (1.46)	13.2 (1.84)	38.4 (3.73)
Any Earnings (parent or own)	50.3 (2.33)	46.3 (2.82)	61.7 (4.18)
Government Transfers			
Welfare	12.0 (1.40)	13.5 (1.72)	8.0 (2.13)
General Assistance	1.3 (0.48)	1.1 (0.46)	1.9 (1.29)
Other SSA Benefits ^c	17.0 (1.61)	19.0 (1.86)	11.4 (1.74)
Any Government Transfer	27.9 (1.99)	30.9 (2.27)	19.4 (2.52)
Other Income			
Child Support	9.9 (1.43)	9.6 (1.41)	10.9 (3.39)
Pension and Annuity	3.5 (0.69)	3.3 (0.65)	4.3 (1.85)
Other Supports			
Food Stamps	29.4 (2.36)	29.4 (2.97)	29.2 (3.49)
Housing Assistance ^d	8.5 (1.25)	7.7 (1.45)	10.9 (2.88)
Health Insurance			
Medicaid ^e	74.8 (1.79)	92.5 (1.45)	24.8 (3.61)
Any Private Insurance	11.8 (1.54)	10.5 (1.56)	15.3 (3.05)
None of the Above	17.0 (1.68)	3.5 (1.03)	55.2 (4.16)

Source: Authors' calculations using the National Survey of Children and Families, 2001.

^a Post-transition young adults includes young people ages 19 to 23 who were on SSI in 1996. See text for further sample definition.

^b Ratio is calculated using total reported household income and the reported number of people in the family as household size compared to the official 2000 poverty threshold weighted averages.

^c Other SSA benefits include retirement, survivors, or Disability Insurance (DI). It does not include receipt of SSI by sample member or other household member.

^d Includes respondents who reported receiving government assistance for rent payments or who lived in government sponsored housing.

^e Percent includes sample member Medicaid eligibility. Includes a small number of children who are eligible for the State Child Health Insurance Program (SCHIP).

Table 12
Household Income of Post-Transition Young Adults Ages 19-23,
by Current SSI Status and Household Composition^a

	All Percent (Standard Error)	On SSI Percent (Standard Error)	Off SSI Percent (Standard Error)
Two-Parent Family			
Income			
Ratio of Total Household Income to Poverty Level ^b	1.52 (0.07)	1.57 (0.08)	1.39 (0.15)
Percent Below Poverty	20.7 (3.31)	18.5 (3.10)	27.0 (9.42)
Summary Sources of Income			
Any Full-time Earnings (parent or own)	68.7 (3.95)	69.2 (4.66)	66.6 (7.28)
Any Part-time Earnings (parent or own)	13.7 (2.95)	13.7 (3.57)	13.8 (6.96)
Any Earnings (parent or own)	82.2 (2.78)	82.8 (3.01)	80.4 (9.10)
Any Government Transfer	23.8 (3.76)	25.0 (4.35)	20.3 (6.47)
Other support (child support/pension)	9.3 (2.31)	11.6 (2.83)	3.0 (1.77)
Other Families			
Income			
Ratio of Total Household Income to Poverty Level	1.15 (0.05)	1.17 (0.05)	1.10 (0.09)
Percent Below Poverty	34.9 (2.44)	37.1 (2.57)	28.8 (4.25)
Summary Sources of Income			
Any Full-time Earnings (parent or own)	35.7 (2.18)	33.75 (2.35)	41.06 (4.69)
Any Part-time Earnings (parent or own)	15.1 (1.50)	13.0 (1.58)	21.0 (3.25)
Any Earnings (parent or own)	50.8 (2.32)	46.8 (2.82)	62.0 (4.23)
Any Government Transfer	28.1 (2.03)	31.2 (2.31)	19.4 (2.51)
Other support (child support/pension)	13.4 (1.39)	12.7 (1.48)	15.3 (3.87)

Source: Authors' calculations using the National Survey of Children and Families, 2001.

^a Post-transition young adults includes young people ages 19 to 23 who were on SSI in 1996. See text for further sample definition.

^b Ratio is calculated using total reported household income and the reported number of people in the family as household size compared to the official 2000 poverty threshold weighted averages.

Table 13
Outcomes and Current Activities of Post-Transition Young Adults Ages 19-23,
by Current SSI Status^a

	All Percent (Standard Error)	On SSI Percent (Standard Error)	Off SSI Percent (Standard Error)
Education			
Graduated secondary school	42.3 (2.07)	41.2 (2.45)	45.3 (3.69)
Graduated, in post-secondary school	6.3 (1.02)	7.0 (1.31)	4.4 (1.40)
In secondary school	12.9 (1.38)	16.7 (1.80)	2.1 (0.59)
Dropout	38.5 (2.21)	35.0 (2.66)	48.2 (3.63)
Current Activities			
Employed	21.6 (1.60)	14.5 (2.01)	41.4 (3.97)
<i>Full-time^b</i>	7.2 (1.21)	1.9 (0.70)	21.9 (3.80)
<i>Part-time</i>	11.4 (1.48)	10.1 (1.65)	15.1 (2.83)
Enrolled in School	19.2 (1.82)	23.7 (2.40)	6.5 (1.44)
<i>In secondary school</i>	12.89 (1.38)	16.72 (1.80)	2.07 (0.59)
<i>In post-secondary school</i>	6.31 (1.02)	6.99 (1.31)	4.42 (1.40)
In Vocational Training ^c	12.5 (1.73)	13.6 (2.14)	9.1 (2.61)
Has an Individual Written Rehabilitation Plan (IWRP)	7.5 (1.13)	9.5 (1.42)	2.0 (0.65)
None of the above	57.3 (2.03)	59.3 (2.52)	51.7 (4.13)
Other Issues			
Ever Arrested	22.0 (1.79)	18.6 (1.81)	31.8 (3.50)

Source: Authors' calculations using the National Survey of Children and Families, 2001.

^a Post-transition young adults includes young people ages 19 to 23 who were on SSI in 1996. See text for further sample definition.

^b Full-time and part-time percentages do not add up to employed. The remaining percent is for those who are working but do not report hours.

^c Question asked is "Are you now receiving training in job skills, vocational education, career counseling, or help finding a job?" The percentage for "ever received" includes those now receiving.

Table 14
Past Activities of Post-Transition Young Adults Ages 19-23,
by Current SSI Status^a

	All Percent (Standard Error)	On SSI Percent (Standard Error)	Off SSI Percent (Standard Error)
Ever Participated in Special Education	68.6 (2.08)	68.9 (2.52)	67.6 (3.56)
Ever Participated in Vocational Training^b	40.5 (2.32)	41.4 (2.71)	38.2 (3.97)
Ever Received Specific Job Training^c	24.7 (2.03)	25.4 (2.37)	22.7 (3.00)
Ever Received Vocational Rehabilitation Services	13.1 (1.08)	15.0 (1.35)	7.6 (2.13)

Source: Authors' calculations using the National Survey of Children and Families, 2001.

^a Post-transition young adults includes young people ages 19 to 23 who were on SSI in 1996. See text for further sample definition.

^b Question asked is "Have you ever received or are now receiving training in job skills, vocational education, career counseling, or help finding a job?" The percentage for "ever received" includes those now receiving.

^c This variable is a subset of those who receive vocational training. It includes training in specific job skills—for example, car repair, food service, or training for another kind of job.

Appendix Table A1
Multivariate Estimates for the Probability of Participating
in Vocational Training or Vocational Rehabilitation, for SSI Recipients Age 14 to 17^a

	Ever received vocational training	Ever received Vocational Rehabilitation services
Male	0.014 (0.032)	-0.004 (0.022)
Black	-0.050 (0.034)	0.030 (0.027)
Hispanic	-0.010 (0.065)	0.115 *** (0.051)
Living in single parent family	0.020 (0.030)	-0.049 (0.032)
Living with non-parent relative/guardian	0.107 ** (0.057)	-0.046 (0.050)
Parent foreign born	-0.140 *** (0.038)	0.004 (0.054)
English not primary language	0.077 (0.074)	-0.139 *** (0.048)
Parent education less than HS	-0.046 (0.031)	0.005 ** (0.032)
Parent employed	0.023 (0.030)	0.017 (0.029)
Needs help with personal care needs	-0.079 *** (0.032)	-0.057 *** (0.020)
Low parental expectations^b	-0.102 *** (0.032)	-0.034 ** (0.021)
Knowledge of SSA work incentives^c	0.071 ** (0.041)	0.015 (0.030)
Family receiving welfare	0.093 *** (0.043)	0.071 ** (0.043)
Trouble with police/courts in last year^d	0.001 (0.046)	-0.004 (0.028)
In special education	0.075 ** (0.039)	0.047 (0.034)
Constant	0.175 ** (0.045)	0.096 ** (0.054)
R-squared	0.058	0.039

Source: National Survey of Children and Families, 2001.

^a Each column represents a separate regression and dependent variable. Ever received vocational training defined as ever received or now receiving training in job skills, vocational education, career counseling, or help finding a job. Ever received Vocational Rehabilitation services is defined as reporting having ever had or currently has an individual written rehabilitation plan. Standard errors are reported in parentheses. Estimates are from a linear probability model adjusted for the complex sample design.

^b Parent/guardian reports "not true at all" for at least one of the expectation questions (see table 7).

^c Parent/guardian reported they had heard of or discussed any SSA work incentive.

^d Reported almost always/sometimes having trouble with police/courts in last year. Defined only for 14 to 16 year olds.

**Statistically significant at 10% level.

***Statistically significant at 5% level.

Appendix Table A2
Multivariate Estimates for the Probability of Being on SSI, Employed or Employed Full Time after
Age 18 for Post-Transition Young Adults Ages 19 to 23^a

	On SSI	Any Employment	Full Time Employment
On SSI	---	-0.279 ***	-0.446 ***
	---	(0.044)	(0.076)
Male	-0.112 ***	-0.033	-0.018
	(0.029)	(0.025)	(0.040)
White	-0.038	0.112 ***	0.134 ***
	(0.033)	(0.030)	(0.043)
Two-parent Family	0.070 **	0.065	0.092
	(0.032)	(0.040)	(0.048)
Needs Help with Personal Care Needs	0.160 ***	-0.078 **	-0.051
	(0.031)	(0.037)	(0.041)
Needs Help with Routine Needs	0.235 ***	0.029	-0.034
	(0.041)	(0.038)	(0.063)
Ever in Special Education	-0.042	-0.041	-0.038
	(0.036)	(0.029)	(0.046)
Ever Participated in Vocational Training^b	0.003	0.182 ***	0.168 **
	(0.054)	(0.045)	(0.074)
Ever Received Specific Job Training^c	0.021	0.019	0.049
	(0.057)	(0.051)	(0.079)
Ever Received Vocational Rehabilitation Services^d	0.067	0.028	0.028
	(0.041)	(0.047)	(0.052)
R-squared	0.142	0.182	0.175

Source: National Survey of Children and Families, 2001.

^a Each column represents a separate regression and dependent variable. A person is on SSI if they are receiving SSI in the current month. A person is employed if s/he reports any hours of work. A respondent is employed full-time if s/he reports at least 35 hours of work. Standard errors are reported in parentheses. Estimates are from a linear probability model adjusted for the complex sample design.

^b Question asked is "Have you ever received or are now receiving training in job skills, vocational education, career counseling, or help finding a job?. The percentage for "ever received" includes those now receiving.

^c This variable is a subset of those who receive vocational training. It includes training in specific job skills—for example, car repair, food service, or training for another kind of job.

^d Defined as reporting having ever had or currently has an individual written rehabilitation plan.

**Statistically significant at 10% level.

***Statistically significant at 5% level.