

**Youth in Transition Task Force  
Call Notes  
March 28, 2006**

Pamela Loprest, Principle Research Associate at the Urban Institute, was on the call to discuss her research on the transition to adulthood of child SSI recipients. (see accompanying PowerPoint slides and article Executive Summary)

Pam used SSA survey data on young SSI beneficiaries who are in transition. Currently there is very little data available about this population, especially on the national level, and little research has been conducted. In 2001-2002, a national survey was conducted interviewing these young SSI recipients, both pre- and post- transition ages, and their families. (For the purpose of the study, 18 was the pivotal age: pre-transition youth were 14-17 and post-transition youth were 19-23- some post transition youth were still receiving SSI, others were not.) The research hoped to gain an understanding about the experience of youth at age 18 with the re-determination process, using the adult definitions of disability, and analyze its impact on youth.

The study looked at:

- Family characteristics of pre-transition youth: the youth included tended to be from poor (over 1/3 under FRL), often single-parent households (more than half), often with a low level of education.
- Problems associated with the pre-transition youth: many of the youth had dropped out of school (6%), been expelled or suspended (32%), and many had been involved in the juvenile justice system or had police reports(16%).
- Preparation for employment, and access and use of these programs: 3/4 were in special education – which includes transition planning; 21% had at some point had some kind of voc. ed or training; 11% had an IWRP.
- Awareness of SSA work preparation programs: 23% had ever heard of any of the programs.
- Characteristics and activities of post-transition youth, both still receiving and no longer receiving SSI. These two groups were compared. More post-transition youth no longer receiving SSI are employed (41% as compared to 15 percent of those still on SSI). A high percentage of both groups have dropped out of school, and very few were in post-secondary education. More than half of both groups were not employed or in post-secondary education. 32% no longer receiving SSI reported having been arrested.

The survey did not have access to specific diagnostic information. There is some indication that youth with behavior problems were more likely to be cut off from benefits in the redetermination. Individuals who no longer continue to receive SSI after the transition are less likely to come from families below FPL. They are more likely to be uninsured, because losing SSI eligibility means loss of eligibility for Medicaid. A large percentage of post-transition you are in need of health services.

The study found a positive correlation between work preparation pre-transition and employment post-transition, illustrating that value of work-preparation endeavors. No correlation was found with a continuation of SSI benefits. However those who received the training may have been more likely to be employed after transition for other reasons.

Conclusions of the study were:

- SSI youth nearing transition receive little work preparation, and those who do receive some preparation are often involved for only a short period of time.
- Those off SSI after 18 are more likely to work and live in families with higher incomes, but a significant portion are not working, in any type of school, and have involvement of the JJ system. But many are still not accessing health insurance.
- A high percentage of those who remain in SSI after 18 are not working, in school, and have problems with the JJ system.
- There needs to be more of a focus on completing secondary education, and more help with transitioning and target specific groups.

For future research, Pam is trying to connect the data collected for this study with actual long term records of work and earnings for these young people, to assess the impact of the re-determination process. More info on diagnostic categories is also sought.

Following Pam's presentation was a question-and-answer session that yielding interesting discussion on the subject matter. Participants asked about the job retention post transition (for those who are employed); number of post-transition SSI recipient youth still in school (17% of those still on SSI, 2% of those no longer on SSI); data on the types of disability among those going off SSI (this information is not currently available, hopefully will come out of future research); the wording of SSI work incentive programs questions in the survey; the definition of disability and its impact; and transition demonstrations.

Next on the call, Linda Long from the Massachusetts MICEO grant asked some questions about what other states have done on case management and care coordination.

Massachusetts is looking into care coordination with clinicians and trying for case-management reimbursement.

Specifically, her questions were:

**How are other states approaching the youth population, particularly transition-age youth 14-21?**

**Are other states trying to get Medicaid case management payment for their transition work or doing work with care coordinators/case managers? Are other states looking at redesigning their Medicaid case management to obtain payment for activities related to employment, either for youth or adults?**

**Are any other states training care coordinators/case managers on employment-related issues for either youth or adults?**

California indicated that they have done some outreach through their Youth Leadership Forum. They have organized sessions on benefits planning, the Working Disabled program, and more, and had success with these endeavors. They also developed a brochure for high school students about available resources for career and college choices. The brochure is posted on the CWD webpage for the Youth in Transition Task Force.

Nebraska conducted a pilot with 4 community teams, key stakeholder were brought into the process. Teams were trained on how individuals with disabilities can maintain Medicaid and find work, and what programs and services were available in the state. This initiative bridged the communication gap between stakeholder and state agencies.