

**Connecting the Dots: Provider  
Networks of Youth Receiving  
Supplemental Security Income**

Final Report

March 26, 2014

Todd Honeycutt  
David Wittenburg



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Submitted to:  
University of New Hampshire  
Institute on Disability/UCED  
Suite 101, 10 West Edge Dr.  
Durham, NH 03824  
603-862-4320  
Project Officer: Andrew Houtenville

Submitted by:  
Mathematica Policy Research  
P.O. Box 2393  
Princeton, NJ 08543-2393  
Telephone: (609) 799-3535  
Facsimile: (609) 799-0005  
Project Director: David Wittenburg

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**ABSTRACT**

This study provides quantitative evidence on the employment, education, and service receipt outcomes of transition-age youth (ages 14 to 25) who enrolled in the Social Security Administration's Youth Transition Demonstration (YTD). The findings are based on five projects in which eligible youth were assigned to a treatment group who received YTD services and a control group who did not receive any additional services. In all projects, youth engagement in activities and services was lower following high school, and the YTD interventions increased youth engagement, particularly among post-high school youth compared to youth in high school. The findings point to the challenges that youth with disabilities face after they leave high school and enter a fragmented service environment. The findings also illustrate the important role that interventions that target transition-age youth can play in helping youth become productively engaged, especially following high school.





## I. INTRODUCTION

The services and supports available to transition-age youth (ages 14 to 25 years old) with disabilities change substantially as these youth move out of high school (Currie and Kahn 2012); limited quantitative evidence exists, however, on how this fragmentation influences program participation, education, and employment outcomes. Following high school, transition-age youth must navigate a fragmented system of supports, with many service agencies (each with different eligibility requirements and funding streams) providing varied services.

This study provides quantitative evidence on the outcomes and engagement in the service delivery system of transition-age youth who enrolled in the Social Security Administration’s (SSA) Youth Transition Demonstration (YTD). Our analysis includes five YTD projects (the Bronx, Colorado, Erie County, Miami-Dade County, and West Virginia) that primarily targeted youth who received SSI benefits, a cash benefit for low-income adults and children who meet income, asset, and disability criteria.<sup>1</sup> In each of these projects, eligible youth were randomly assigned to a treatment group who received YTD services and a control group who did not receive any additional services.

We use information from the YTD one-year follow-up survey to examine how a youth’s engagement with the service system changes following high school, including the impact of YTD on “productive engagement” (participating in school, working, or receiving services) and “service receipt” (receiving services from a specific provider, such as a vocational rehabilitation [VR] agency). The experiences of the control group youth illustrate the experiences of the existing service system in the absence of YTD in these five sites and, hence, presumably capture how youth used services in high school and post-high school. The comparisons of the control group to the treatment group provide an assessment of YTD’s impact on the outcomes of youth, including employment, education, and their use of existing services (such as VR) and YTD services available only to the treatment group. Finally, we use social network figures to illustrate the many connections between service providers and outcomes in one project (West Virginia) that had relatively large impacts.

We find the YTD impacts were larger for post-high school youth on productive engagement, especially service receipt, in all projects, although impacts on specific outcomes (such as employment) varied substantially by project. The large impacts for post-high school youth relative to high school youth reflect that, in most regions, existing services for post-high school youth are limited. Our depiction of the service environment in West Virginia illustrates how the YTD interventions facilitated connections to services and activities for all youth, although the connections made for post-high school youth were particularly noteworthy given YTD’s centrality in connecting youth’s to many services and outcomes.

We present our findings as follows. We first provide background information on our analysis sample, including a description of the SSI program and the initial findings from the YTD evaluation. We then describe how our methodological approach builds on those initial findings to produce new information on the activities of youth during and after high school. We next describe our findings and then conclude by discussing their potential policy implications.

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<sup>1</sup> As we describe later, the eligibility criteria differ for adults (over age 18) and children (under age 18).

## II. BACKGROUND

The focus in this paper on youth who are receiving, or at risk of receiving, SSI is important because of SSI's growing importance as a safety net program for low-income children and their families. In 2014, more than 1.3 million youth with disabilities ages 13 to 25 received benefits from SSI at a cost of \$864 million a month, or \$10 billion when annualized to the year (Social Security Administration 2014).<sup>2</sup> For people who continue to receive these benefits into adulthood, these costs continue to rise, along with the additional costs for those who remain in poverty due to lack of independence and economic self-sufficiency.

The child and adult SSI programs have differing eligibility requirements, although both provide cash supports to low-income people with severe disabilities.<sup>3</sup> After a person is enrolled in SSI, there are no time limits or work requirements. In 2013, the maximum individual federal SSI benefit was \$710 a month; several states provide supplementary funds.<sup>4</sup> Most SSI recipients are categorically eligible for Medicaid in nearly all states. In addition, because of their relatively limited incomes, many live in families eligible for other means-tested supports, such as the Supplemental Nutrition Assistance Program (SNAP). When a child SSI recipient reaches age 18, SSA conducts a benefit redetermination using the adult definition of disability; about one-third are found ineligible because they do not meet the adult criteria (Hemmeter and Gilby 2009). The uncertainty of the outcome of this redetermination might influence a youth's decision to seek education, training, and work skills prior to age 18, as well as family decisions regarding work and investment in human capital.

The relatively poor outcomes of child SSI beneficiaries before and after age 18 provide some indication of the challenges these youth face in moving to adulthood. Nearly one-third of child SSI beneficiaries drop out of high school before reaching age 18, and 43 percent reported a problem in school that resulted in suspension or expulsion (Hemmeter et al. 2009). Compared to other young adults, former child SSI beneficiaries after age 18 were substantially more likely to be inactive in employment, school, or service programs; had substantially higher rates of arrests; and had higher dropout rates (Loprest and Wittenburg 2007; Hemmeter et al. 2009; Wittenburg 2011).

One challenge is that the service delivery to people with disabilities is highly fragmented in general, because several programs with varying administrative structures are involved (U.S. Government Accountability Office 2012). This fragmentation leads to inefficiencies in service delivery, duplicated expenditures, and adverse incentives. For example, to obtain necessary supports, parents might need to visit several different local, state, and federal agencies, each of which has its own eligibility rules and administrative oversight (Osgood et al. 2010).

SSA initiated the YTD projects to develop services and supports to help youth make successful transitions into adulthood and to test the impacts of certain SSI waivers (see Luecking and Wittenburg 2009 for more details). The YTD projects provided a broad array of transition-related services and supports for youth ages 14 to 25 who received disability benefits or were potentially likely to apply for

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<sup>2</sup> "Monthly Statistical Snapshot, January 2014." Available at [[http://www.ssa.gov/policy/docs/quick\\_facts/stat\\_snapshot/](http://www.ssa.gov/policy/docs/quick_facts/stat_snapshot/)]. Accessed March 10, 2014.

<sup>3</sup> For a detailed review of the child and adult SSI eligibility requirements, see [<http://www.socialsecurity.gov/ssi/text-eligibility-ussi.htm>]. Accessed August 30, 2013.

<sup>4</sup> "SSI Federal Payment Amounts for 2013." Available at [<http://www.ssa.gov/OACT/cola/SSI.html>]. Accessed August 30, 2013.

them (nearly all participants received SSI) (Martinez et al. 2008). The projects, which could coordinate with schools and existing service providers in their communities, emphasized promoting employment as a key outcome. Although the projects varied in many ways, all used the guideposts for effective transition programs developed by the National Collaborative on Workforce and Disability for Youth (2005).

Six of the funded projects, five of which primarily targeted youth on SSI and are the focus of this paper, included an experimental design (Table 1). The model for YTD services varied by project, but, for all projects, it included work-based experiences (such as job training and volunteer experiences), empowerment activities (such as self-advocacy training), family involvement, and system linkages (connecting youth to other providers) (Luecking and Wittenburg 2009). The one project that did not primarily target disability beneficiaries was in Montgomery County, Maryland; that program targeted youth with mental impairments who were at risk of receiving disability benefits. Of the five projects that served youth on SSI, two served broad geographic areas (Colorado and West Virginia), and the others served smaller, more densely populated areas (the Bronx and Erie, Miami-Dade, and Montgomery counties). One project (in the Bronx) included youth only up to age 19; the remaining projects included youth up to age 22 or 25.

Implementation of the projects occurred in two phases. Three Phase 1 projects (the Bronx, Colorado, and Erie County) were implemented in 2006 and 2007. These projects were under way before the start of random assignment and before SSA contracted with Mathematica Policy Research to undertake the YTD evaluation. The three Phase 2 projects (Miami-Dade County, Montgomery County, and West Virginia) were initiated after the evaluation contract was in place and after implementation of a pilot phase of development. The Phase 2 projects had an opportunity to apply lessons learned from the Phase 1 projects, which were communicated through conference meetings and intensive technical assistance. These lessons included the need for a heavier emphasis on tracking and recording service delivery, which resulted in a substantially higher number of recorded service hours for Phase 2 projects, particularly for employment services (Fraker 2013).

**Table 1. Description of Selected Youth Transition Demonstration Projects**

Project	Target Population	Brief Project Description
<b>Phase 1 Projects</b>		
Bronx County, NY	SSA beneficiaries 15 through 19 years old	Delivered work-based experiences, youth empowerment, family support, social and health services, SSA waivers, and benefits counseling through workshops located at two CUNY campuses
Colorado	SSA beneficiaries 14 through 25 years old	Provided system navigation, benefits counseling and assistance, case management, and employment services through three- to five-person Independence Teams based in local One-Stop Workforce Centers
Erie County, NY	SSA beneficiaries 16 through 25 years old	Provided training on self-determination and self-advocacy for youth and their families, transition planning, work-based experiences, family support and instruction on organizing the materials needed to apply for benefits, social and health services, SSA waivers, and benefits counseling
<b>Phase 2 Projects</b>		
Miami-Dade County, FL	SSA beneficiaries 16 through 22 years old	Offered customized employment services, benefits counseling, individual development accounts (IDAs) and financial literacy training
Montgomery County, MD	High school juniors and seniors with severe emotional disturbances	Delivered broad case management services related to employment and individualized employment services; emphasized competitive employment and connections to employers
West Virginia	SSA beneficiaries 15 through 25 years old	Delivered person-centered planning, benefits counseling, family supports, individualized job development and job placement, and post-employment follow-up services

Note: A full summary of all six random assignment projects is available in Martinez et al. (2008).

Fraker (2013) showed that, one year following random assignment, all but one intervention led to increased use of employment services, although wide variations existed in employment and earnings impacts (Table 2). Youth in all projects except the Bronx were more likely than their counterparts in the control group to receive both employment-related and non-employment-related services. Impacts on both employment and earnings during the first year after random assignment were observed only for the two Phase 2 projects that served disability beneficiaries (Miami-Dade County and West Virginia). The Bronx project also had an impact on employment, but not on earnings; it also was the only project to have an impact on school enrollment.

Fraker (2013) noted that four projects (the Bronx and the three Phase 2 projects) had more intensive employment service delivery, which in three cases might have contributed to larger employment impacts. The one exception was Montgomery County, which had a relatively large number of service delivery hours, particularly relative to Phase 1 projects, but no impacts. This lack of impact likely reflected two factors: (1) fewer youth were SSA beneficiaries, meaning they had fewer initial barriers to employment; and (2) control group members had stronger access to services and supports relative to control group members in other projects.

**Table 2. Impacts of Youth Transition Demonstration Projects**

Project	Employment	School Enrollment	Service Use
<b>Phase 1 Projects</b>			
Bronx County, NY	9 pp increase in employment (control group mean = 21.5 percent) No impact on earnings (control group mean = \$530)	5 pp increase on school enrollment (control group mean = 84.0 percent)	No impact in any service use (control group mean = 84.8 percent)
Colorado	No impact on employment or annual earnings (control group mean = 33.1 percent for employment; \$1,848 for earnings)	No impact on school enrollment (control group mean = 46.9 percent)	7 pp increase in any service use (control group mean = 79.2 percent)
Erie County, NY	No impact on employment or annual earnings (control group mean = 40.7 percent for employment; \$1,807 for earnings)	No impact on school enrollment (control group mean = 49.0 percent)	9 pp increase in any service use (control group mean = 77.1 percent)
<b>Phase 2 Projects</b>			
Miami-Dade County, FL	9 pp increase in employment (control group mean = 13.4 percent) \$306 increase in annual earnings (control group mean = \$590)	No impact on school enrollment (control group mean = 58.6 percent)	10 pp increase in any service use (control group mean = 70.6 percent)
Montgomery County, MD	No impact on employment or annual earnings (control group mean = 57.6 percent for employment; \$2,937 for earnings)	No impact on school enrollment (control group mean = 70.0 percent)	13 pp increase in any service use (control group mean = 76.6 percent)
West Virginia	19 pp increase in employment (control group mean = 23.6 percent) \$524 increase in annual earnings (control group mean = \$1,035)	No impact on school enrollment (control group mean = 36.2 percent)	21 pp increase in any service use (control group mean = 57.5 percent)

Note: A summary of the results is available in Fraker (2013); specific details can be found in the six project-specific reports (Fraker et al. 2011a, 2011b, 2011c, 2012a, 2012b, 2012c).

pp = percentage point.

### III. METHODS

Similar to the YTD evaluation, our findings are based on survey data collected one year following random assignment.<sup>5</sup> Baseline data include detailed demographic and schooling characteristics that can be used to identify school enrollment for youth (Table 3). The follow-up data include detailed information on service provider use and other measures of productive engagement, including employment and education (Table 3).

**Table 3. Key Study Variable Definitions**

Measure/Category	Definition
<b>High School Enrollment Status (baseline survey)</b>	
High school youth	Youth was enrolled in high school at the time of the baseline survey.
Post-high school youth	Youth was not enrolled in high school at the time of the baseline survey but may have been enrolled in postsecondary school or training program.
<b>Productive Engagement (12-month follow-up survey)</b>	
Paid employment in last 12 months	Youth reported having paid employment in the period between the baseline interview and the 12-month follow-up survey.
Enrolled in school in last 12 months	Youth reported being enrolled in secondary or postsecondary school in the period between the baseline interview and the 12-month follow-up survey.
Received vocational or employment services from a provider in the last 12 months	Youth reported receiving vocational or employment services from a YTD, education, VR agency, One-Stop Center, employment service agency, disability services agency, or community residential agency in the period between the baseline interview and the 12-month follow-up survey. These services included talking to someone about their futures or future plans, developing life skills, career counseling, finding or applying for a job, job shadowing, getting into a school or training program, school or work accommodations, or understanding Social Security benefits and rules.
Not employed, enrolled in education, or receiving provider services in last 12 months	Youth did not report having paid employment, being enrolled in school, or receiving services in the period between the baseline interview and the 12-month follow-up survey.
<b>Receipt of Vocational and Employment Services by Provider Type</b>	<b>In the period between the baseline interview and the 12-month follow-up survey</b>
YTD	YTD program (only applicable to treatment group youth)
Education	School, school district, high school, or college
VR agency	State VR agency
One-stop center	One-Stop Center or workforce development center
Employment services	Providers delivering work-related or job training services, sheltered workshops, or employment agencies
Disability agency	Agency (other than those listed above) with a primary mission involving serving persons with disabilities
Community/residential	Services received by or through homes, group homes, residential facilities, community centers, after-school programs, camps, nonprofit organizations, churches

<sup>5</sup> The baseline survey was conducted as part of the evaluation’s sample intake process. The survey included information on demographic characteristics and personal and family background for all youth enrolled in the evaluation. The follow-up survey gathered information on measures for the year following random assignment that may have been affected by YTD, such as receipt of employment-related services and employment and education outcomes. The response rates for the follow-up survey varied by project and treatment group status, ranging from 84 to 91 percent.

Measure/Category	Definition
Other	Any other provider not specified above, such as legal services, other public or private setting, prison, or juvenile offender program
None	Youth reported receiving no services from any of the above provider types during the 12-month period

As in the YTD evaluation, we measure impacts of the YTD intervention by comparing the outcomes of the control and treatment groups. We estimate those impacts using a linear regression adjustment similar to the one used in the evaluation to control for any chance differences in baseline characteristics between treatment and control group members. We present estimates of impacts in percentages.<sup>6</sup> To provide some context for the magnitudes of the impacts, we show the percent change in the outcome by comparing the estimate for the impact to the mean for the control group. All analyses, unless otherwise indicated, include the sampling weights developed for the demonstration evaluation to account for 12-month interview nonresponse. Throughout the text, we report statistical significance at the 5 and 10 percent levels.

We present outcomes for the control and treatment groups in our five selected sites that expand on the YTD findings in three ways. First, we examine differences by high school enrollment status, defined as either being enrolled or not enrolled in high school at baseline (all those not enrolled are termed post-high school). This analysis shows changes in the transition service system following high school.

Second, we present findings on receipt of vocational and employment services (service receipt) by provider types (defined in Table 3). We use vocational and employment services in our analysis because, like education and employment, they represent some measure of a youth's progress toward accumulating human capital. This issue is particularly important, given concerns that youth with disabilities might be inactive. The YTD evaluations showed the frequency of use of specific provider types, but they did not show the aggregate number of service provider types. Our analysis closely tracks service use from provider types and total number of provider types in an attempt to examine a youth's broad use of services and YTD's impacts on individual- and aggregate-level service use.

Finally, we use social network statistics and diagrams to depict these multidimensional outcomes for one project (West Virginia) that had the largest impacts in the YTD evaluation (see Table 2). This multidimensional analysis extends our other analyses by illustrating the multiple connections for youth that exist between employment, school, and service environments and YTD's impacts on those outcomes. It also shows how provider types themselves are linked by providing services to the same youth. These analyses rely on frequency tables of two-mode networks, where youth are shown as rows and activities and provider types are shown as columns; these data are not weighted, given the relational nature of the data and binary representation of the network. A technical appendix, available from the

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<sup>6</sup> Our covariates include gender, age, race and ethnicity, employment status at baseline, receipt of job training services at baseline, self-reported health, disability type, a binary indicator of the youth requiring help with personal care needs, and a binary indicator of having ever receiving special education services. The approach and the covariates in the model are similar to, but do not exactly follow, those used for the YTD evaluation. The YTD evaluation varied the covariates for each project based on differences in the baseline characteristics between the treatment and control groups, along with project-specific measures (such as the time of random assignment), because each project was evaluated on its own. Our analysis focuses on cross-project comparisons; therefore, we used the same covariates for each project, selected because of their use in the YTD evaluation or consistent differences between treatment and control groups, in order to adjust the estimates for each project in a similar manner.

corresponding author, includes figures for the other four YTD projects, along with the tables underlying all of the figures.

We present our results with a few caveats. First, the YTD sample, which is comprised primarily of SSI recipients who volunteered for demonstration services, was not nationally representative of either youth with disabilities or SSI recipients. Hence, the findings here cannot be generalized to the behavior of all SSI recipients, although they do provide some indication of how those interested in services might fare with additional supports. Second, the analysis is based on self-reports of provider use; respondents might have forgotten about some services they received and thus understated service receipt. As we discuss in detail later in this report, one example of this error is illustrated by the fact that many YTD participants did not note their receipt of YTD services, even though project administrative records showed that these youth received services. This latter issue may have been especially problematic in Miami-Dade County, because youth there may not have known the program by its official name.

## IV. RESULTS

The characteristics of the YTD sample members varied by project, reflecting the diversity of the target populations in each project (Table 4). For example, most Bronx project youth were under age 18 and still enrolled in high school.<sup>7</sup> Conversely, the other projects, which included youth between ages 14 and 25, had more diverse schooling and employment characteristics, reflecting the transition from high school. Two urban projects (the Bronx and Miami-Dade County) included a majority of youth who were nonwhite; the projects that covered broader geographic areas (Colorado, Erie County, and West Virginia) included a higher proportion of youth who were white. The diverse characteristics of YTD participants in these projects reflected the broader demographic composition of all SSI recipients in those areas (see Fraker et al. 2011a, 2012b, and 2012c).

**Table 4. Selected Baseline Characteristics for All Treatment and Control Group Members, by High School Enrollment Status (percentages unless otherwise indicated)**

	Bronx County, NY <sup>a</sup>	Colorado	Erie County, NY	Miami-Dade County, FL	West Virginia
<b>High School</b>					
<b>N</b>	<b>670</b>	<b>286</b>	<b>279</b>	<b>325</b>	<b>214</b>
Age (years)	16.1	17.2	17.6	18.3	17.7
Male	67.2	57.9	66.5	60.1	63.8
Race/ethnicity					
White, non-Hispanic	1.5	53.0	43.0	6.3	76.8
Black, non-Hispanic	26.4	8.7	37.3	46.2	10.6
Hispanic	69.7	27.6	11.0	42.4	4.2
Other	2.4	10.8	8.7	5.2	8.4
Enrolled in postsecondary school	0.0	0.0	0.0	0.0	0.0
Ever received special education	86.9	94.1	92.2	83.6	84.5
Worked for pay in the month before interview	7.4	11.6	12.5	4.9	10.7
Mental illness	10.6	13.0	8.4	9.3	11.7
Treatment group	54.9	56.0	57.5	52.5	53.4
<b>Post-High School</b>					
<b>N</b>	--	<b>422</b>	<b>433</b>	<b>366</b>	<b>478</b>
Age (years)	--	21.6	21.4	19.9	21.6
Male	--	55.3	58.2	58.9	52.6
Race/ethnicity		--	--	--	--
White, non-Hispanic	---	62.8	56.7	8.8	79.9
Black, non-Hispanic	--	5.4	28.9	45.6	7.4
Hispanic	--	22.0	8.1	42.1	1.3
Other	--	9.8	6.2	3.4	11.4
Enrolled in postsecondary school	--	13.1	20.5	23.2	10.6
Ever received special education	--	79.1	75.9	70.7	67.2
Worked for pay at baseline	--	27.3	21.7	11.1	12.9
Mental illness	--	19.8	21.4	21.4	24.1
Treatment group	--	54.3	52.7	54.0	51.8

Source: YTD baseline and 12-month restricted access files.

<sup>a</sup> The Bronx County sample for youth not enrolled in high school at baseline was too small to show project statistics.

<sup>7</sup> A small number of youth originally enrolled in the Bronx County project were dropped from this analysis because they were no longer in high school at baseline and because the size of this subgroup was too small to analyze separately.



Despite the demographic and age differences, the projects had some similarities that mirrored trends in the broader SSI caseload (see Hemmeter et al. 2009 for a comparison of overall SSI recipients to child SSI recipients). In all projects, most participants were male, had received special education services, and had not worked for pay in the month before their interview. In addition, nearly all (95 percent) received SSI benefits at the time of enrollment (data not shown).

## A. Productive Engagement

In this section, we present data on the engagement of youth with employment, school, and program activities, as well as measures of activity (that is, “any activity” and “inactivity”), to assess productive engagement (Table 5). We focus on comparisons within projects between high school and post-high school youth in the control group, which provides an indication of how the transition environment changes in the absence of YTD as the youth leaves high school. The impact estimates compare the experiences of the treatment group and control group, illustrating how the YTD intervention influenced engagement.

### 1. High School and Post-High School Control Group Comparisons Across Projects

**High school youth.** High school control group youth were primarily engaged in school and services from providers and less involved with paid employment. At least 76 percent of high school youth in the control group were enrolled in school in each project, and a similar proportion received some type of education, vocational, or employment service.<sup>8</sup> Employment rates for the control group varied substantially, ranging from 11 percent (Miami-Dade County) to 34 percent (Erie County), although control group members in the remaining projects all had employment rates above 22 percent. Hence, youth in Miami-Dade County had a substantially lower employment rate than all other YTD projects. The inactivity levels, which reflect a combination of employment, education, and service activities, were generally low (7 percent for Miami-Dade County and below 5 percent for the other five projects).

**Post-high school youth.** Compared to high school youth, post-high school control group youth were more frequently inactive, although inactivity rates did vary substantially by project (Table 5). Most post-high school youth were not enrolled in education; enrollment rates ranged from 16 percent (West Virginia) to 37 percent (Miami-Dade County). There was also sizable variation in employment rates, ranging from 18 percent (Miami-Dade County) to 45 percent (Erie County). Finally, reported service receipt ranged from 37 percent (West Virginia) to 61 percent (Erie County). It is perhaps not surprising that the areas with relatively higher education and employment rates (Colorado and Erie County) had much high rates of service receipt relative to areas with lower rates (for example, West Virginia). These differences also influence the inactivity rates, which ranged from approximately just over 20 percent (Erie County and Colorado) to over 35 percent (Miami-Dade County and West Virginia).

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<sup>8</sup> As Table 6 shows, most control group youth received education services, presumably from their schools.

**Table 5. Estimated One-Year Impacts on Employment, Education Enrollment, and Service Receipt, by Project and High School Enrollment Status**

	Bronx County, NY		Colorado		Erie County, NY		Miami-Dade County, FL		West Virginia	
	Control Group	Impact	Control Group	Impact	Control Group	Impact	Control Group	Impact	Control Group	Impact
<b>High School</b>										
<b>N</b>	<b>304</b>	<b>366</b>	<b>125</b>	<b>161</b>	<b>118</b>	<b>161</b>	<b>153</b>	<b>172</b>	<b>101</b>	<b>113</b>
Paid employment	22.1	8.6**	24.6	5.5	34.3	4.2	11.3	2.2	24.4	19.3**
Enrolled in school in last 12 months	86.7	4.5*	77.0	1.6	75.7	7.0	83.1	-0.7	79.9	-1.7
Any service receipt (received vocational or employment services)	76.9	7.2**	91.2	2.2	86.6	1.3	77.9	4.7	85.1	5.2
Inactivity: Not employed, enrolled in school, or receiving services	4.1	-0.4	2.1	-1.5	1.9	0.4	7.0	-0.7	2.2	1.8
<b>Post-High School</b>										
<b>N</b>	a--	--	<b>191</b>	<b>231</b>	<b>198</b>	<b>235</b>	<b>160</b>	<b>206</b>	<b>228</b>	<b>250</b>
Paid employment		--	37.5	2.3	45.4	2.1	17.6	13.7**	24.5	18.8**
Enrolled in school in last 12 months	--	--	25.4	-2.6	31.0	-1.4	37.4	-1.1	15.8	0.7
Any service receipt (received vocational or employment services)	--	--	59.8	16.0**	60.7	18.2**	42.3	26.9**	36.9	30.1**
Inactivity: Not employed, enrolled in education, or receiving services	--	--	22.9	-8.3**	20.6	-7.1**	35.0	-15.6**	45.7	-23.7**

Source: YTD baseline and 12-month restricted access files.

Note: The table shows the proportion of control group youth by productive engagement categories during the period between baseline and 12-month follow-up interviews, along with the project impacts for treatment group youth. The impact column N is the sample size for the treatment group. Data shown for youth enrolled and not enrolled in high school are at baseline. The impact column shows the effect of being in the treatment group as measured using a regression model predicting the outcome variable in the given row. The covariates include gender, age, race, ethnicity, employment status at baseline, receipt of job training services at baseline, self-reported health, disability, requiring help with personal care needs, and having received special education services.

<sup>a</sup> The Bronx County sample for youth not enrolled is not included in the analysis because the sample of post-high school youth was small.

\*  $p < .10$ ; \*\*  $p < .05$ .

YTD = Youth Transition Demonstration.

These findings about the control group point to two important considerations. First, as noted in Fraker (2013), the projects differed in the baseline outcomes of YTD participants. Specifically, the Miami-Dade County and West Virginia projects served a target population that might have had relatively more needs for services or were more isolated from provider services than the populations served by other projects. Second, the activities—and levels of inactivity—were substantially more different for post-high school youth than for high school youth across projects, reflecting the important role of a central provider (secondary education) in ensuring the productive engagement of youth with disabilities. For example, post-high school control group youth had larger differences in outcomes, particularly on employment and inactivity.

## 2. Treatment and Control Group Comparisons

**High school youth.** In general, the YTD project impacts on inactivity were small and statistically insignificant. The lack of impacts was largely due to the high rates of various reported engagement activities, and the low rates of inactivity, in those projects among control group members.

The employment impacts for high school youth largely followed the pattern observed for the YTD results summarized in Fraker (2013). We found positive impacts on paid employment in the Bronx and West Virginia projects, which had reported increases of 9 and 19 percentage points, respectively. In Miami-Dade County, our employment estimate is insignificant; this is the only notable deviation from the pattern of impacts in the overall sample across all projects (see Table 2). The coefficient estimate, however, is positive (as in the original evaluation).<sup>9</sup>

The impacts on education and service receipt were statistically insignificant for all projects except the Bronx. The lack of impacts in most projects is not surprising, given the high rates of school enrollment and service receipt for the control group. In the Bronx, there was a small positive impact of 5 percentage points on school enrollment that was statistically significant at the 10 percent level and a 7 percentage point impact on service receipt. The significant impact on service receipt is notable in the Bronx project, given that it represents a 10 percent increase in services relative to the control group.

**Post-high school youth.** All projects had a strong impact on engagement for post-high school youth (Table 5). Across all four projects that had post-high school youth, the proportion of post-high school treatment group youth that was inactive was significantly lower than that for their counterparts in the control group. In the Miami-Dade County and West Virginia projects, the inactivity level declined by 16 and 24 percentage points, respectively, which represented a 43 and 51 percent relative decrease in inactivity in these sites, respectively. There was also a decline in inactivity in the Colorado and Erie County projects of 8 percentage points (a relative decline of 36 percent) and 7 percentage points (a relative decline of 33 percent), respectively.

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<sup>9</sup> In the 12-month impact evaluation, the overall impact for the Miami-Dade County project was positive, as were the impacts for subgroups of youth who were enrolled in any school at baseline or younger than age 18 at baseline. Our analysis and samples differ from the original analysis in that we focus on youth who were enrolled in high school (a subset of the original analyses subgroup enrolled in school), and a majority of these youth in this project who were enrolled in high school were age 18 and older. Our results suggest that the impact for the Miami-Dade County project may have largely been on youth who had left high school, with little impact on youth age 18 or older who were still in high school.

The large impacts on inactivity in Miami-Dade County and West Virginia were directly related to the impacts on employment and service receipt in both projects. These two projects had statistically significant impacts on paid employment of 14 and 19 percentage points, respectively, which represented a relative increase of more than 75 percent in paid employment in these projects. In addition, these projects increased service receipt by 27 and 30 percentage points, respectively; this represented a 64 and 81 percent increase, respectively, in service receipt in these projects.

The impacts on inactivity in Colorado and Erie County were directly related to both projects' relatively large impacts on service receipt, although neither project had an impact on employment or education enrollment. The magnitude of the service impacts were similar in Colorado (16 percentage points) and Erie County (18 percentage points), which represented approximately a 30 percent increase in service receipt.

## B. Provider Type Use

In this section, we present information on provider type use (Table 6). First, we show the average number of provider types used, which we expect would increase for the treatment group given that these youth could access employment supports from a YTD provider. We supplement this measure with another that calculates the number of provider types used, but excludes YTD providers from the calculation for the treatment group. Second, we detail use of specific providers, including YTD services for the treatment group. These data expand on the information shown in Table 5 by getting beyond a simple dichotomous value of service use to illustrate the variation in the numbers and types of providers delivering services. The data also point to the way the transition system—the types of supports available to youth—is structured in each community, such as the prominence of specific providers. As in the previous section, we describe variations in outcomes for high school and post-high school subjects and the impacts of YTD on those outcomes.

### 1. High School and Post-High School Control Group Comparisons Across Projects

**High school youth.** The majority of high school youth in the control group reported that they received vocational or employment services, with the largest portion receiving these services from an education provider (ranging from 57 percent in Colorado to 69 percent in Miami-Dade County) (Table 6). The average number of providers was generally lower in metropolitan projects (the Bronx and Miami-Dade County), which had an average of approximately one provider per youth. Youth in the other projects reported using from 1.3 to 1.4 provider types. Disability agencies and other agencies were the next most commonly cited sources of support, although no more than 30 percent of these types of supports were used by the control group in any project.

Relatively few youth received support from VR agencies, which is notable given that VR is a prominent provider of supports to adults with disabilities (serving more than one million people annually [U.S. Department of Education 2012]). VR service use ranged from just 2 percent (the Bronx) to 12 percent (West Virginia). Note, however, that the VR agency in Florida was in order of selection and had wait lists for services during the demonstration, and the agency in Colorado was in order of selection, although it had no wait list for services. Even though people receiving SSA benefits likely are assessed as at a higher priority, YTD treatment group youth may still have encountered barriers to receiving VR services when the agencies had limited resources to serve all applicants.

**Post-high school youth.** Not surprisingly, compared to the high school groups, post-high school groups reported substantially lower use of providers in all projects. Post-high school youth in

the Colorado and Erie County projects reported involvement with slightly less than one provider type on average, a reduction of about one-third compared to their high school counterparts. In the Miami-Dade County and West Virginia projects, the differences in use of any provider between high school and post-high school treatment group were more substantial (approximately one-half); control group youth in these projects reported an average service use of approximately 0.5 to 0.6 providers in each site.

**Table 6. Estimated One-Year Impacts on Employment and Vocational Providers, by Project and High School Enrollment Status**

	Bronx County, NY <sup>a</sup>		Colorado		Erie County, NY		Miami-Dade County, FL		West Virginia	
	Control Group	Impact	Control Group	Impact	Control Group	Impact	Control Group	Impact	Control Group	Impact
<b>High School</b>										
<b>N</b>	<b>304</b>	<b>366</b>	<b>125</b>	<b>161</b>	<b>118</b>	<b>161</b>	<b>153</b>	<b>172</b>	<b>101</b>	<b>113</b>
Average Number of Provider Types	0.96	0.4**	1.26	0.6**	1.38	0.4**	1.12	0.3**	1.27	0.5**
Average Number of Provider Types (excluding YTD)	0.97	-0.1*	1.27	0.2**	1.39	0.1	1.12	0.0	1.24	0.1
Provider Type Use (percentage)										
YTD	n.a.	44.2	n.a.	33.8	n.a.	37.2	n.a.	27.9	n.a.	50.5
Education	67.4	-9.0**	57.3	12.0**	58.3	0.5	69.4	-17.5**	66.3	-10.3
VR agency	1.9	1.7	7.6	3.9	4.4	2.3	4.7	2.1	12.5	0.8
One-Stop Center	0.6	-0.3	5.2	0.0	3.1	1.3	2.0	2.6	3.7	-0.5
Employment services	1.2	0.6	5.5	-3.2	8.1	-1.7	1.9	1.4	5.5	0.1
Disability agency	8.9	-0.4	25.6	-5.2	30.5	0.7	9.1	3.2	12.5	4.5
Community	5.9	1.3	8.2	8.7**	12.5	0.5	10.4	2.8	3.9	3.9
Other provider	11.1	-2.6	17.4	5.5	21.9	3.6	15.1	9.1**	19.7	6.6
<b>Post-High School</b>										
<b>N</b>	--	--	<b>191</b>	<b>231</b>	<b>198</b>	<b>235</b>	<b>160</b>	<b>206</b>	<b>228</b>	<b>250</b>
Average Number of Provider Types	--	--	0.83	0.5**	0.86	0.5**	0.59	0.5**	0.50	0.5**
Average Number of Provider Types (excluding YTD)	--	--	0.83	0.1	0.86	0.1*	0.59	0.1	0.47	0.1*
Provider Type Use (percentage)										
YTD	--	--	n.a.	36.6	n.a.	33.6	n.a.	33.8	n.a.	37.8
Education	--	--	15.3	0.7	15.2	1.5	14.9	-1.5	9.6	-0.2
VR agency	--	--	13.3	0.0	10.9	-4.3	13.8	-1.6	9.2	-2.9
One-Stop Center	--	--	4.0	3.3	2.0	3.1	3.1	4.8*	2.0	3.7**
Employment services	--	--	4.3	0.2	4.9	0.5	2.1	1.5	2.4	1.1
Disability agency	--	--	25.9	-1.8	32.5	-4.2	6.4	4.2	11.4	-0.4
Community	--	--	7.2 [	5.6*	6.6	5.3*	5.0	3.3	2.8	4.0**
Other provider	--	--	12.6	2.2	13.5	12.3**	13.7	1.7	9.8	5.7*

Source: YTD baseline and 12-month restricted access files.

Note: The table shows the average number of provider types used by control group youth during the period between baseline and 12-month follow-up interviews and the proportion of control group youth that received services from specific provider types. The impact column N is the sample size for the treatment group. Data shown for youth enrolled and not enrolled in high school are at baseline. The impact column shows the effect of being in the treatment group as measured using a regression model predicting the outcome variable in the given row. The covariates include gender, age, race, ethnicity, employment status at baseline, receipt of job training services at baseline, self-reported health, disability, requiring help with personal care needs, and having received special education services.

<sup>a</sup>The Bronx County sample for youth not enrolled in high school at baseline was too small to show project statistics.

\*  $p < .10$ ; \*\*  $p < .05$ .

VR = vocational rehabilitation; YTD = Youth Transition Demonstration.

n.a. = not applicable.

## 2. Treatment and Control Group Comparisons

**High school youth.** All projects had a positive impact on the average number of provider types used, which largely reflects the addition of the YTD providers to the support systems of these youth. YTD service usage ranged between 28 percent (Miami-Dade County) and 51 percent (West Virginia) (Table 6). The survey estimates shown in Table 6 likely understate service use by both treatment and control groups, because youth might not have fully recalled all the services they received in the past year.<sup>10</sup> The average number of provider types used ranged from 0.3 (Miami-Dade County) to 0.6 (Colorado). When excluding YTD providers, the impact remains positive for all except the Bronx County project and is significantly different from the control group impacts for Bronx County (at  $p < .10$ ) and Colorado.

In three of the projects, there was an impact on educational providers, although the direction of those impacts differed by project. In the two urban projects (the Bronx and Miami-Dade County), there was a decline in the use of education providers (9 and 18 percentage points, respectively), indicating that the YTD projects in those locations acted as a potential substitute for providing employment or vocational services. In Colorado, there was a positive impact on education providers of 12 percentage points, perhaps reflecting the strong coordination of employment and case management services with schools in this project compared to the other projects.

**Post-high school youth.** The number of service providers for post-high school youth increased across all projects, although the relative magnitudes of the estimates were much larger for the post-high school group compared to the high school youth estimates shown above. Just over one-third of post-high school treatment group youth in every project reported receiving employment services from YTD, and there were other smaller impacts on specific provider types that varied by project. The increase in YTD services is the key driver in increasing the overall increase in service receipt. As shown above for high school youth, these findings indicate that the YTD projects were important in ensuring that youth had access to at least one additional service provider. In every project, there was a 0.5 increase in the number of providers. The relative impacts are particularly large when considering the control group's participation rates in Miami-Dade County and West Virginia (0.6 and 0.5 providers, respectively), indicating a nearly doubling of providers in these areas. The impact on the number of providers was more modest when excluding YTD providers; treatment group youth had 0.1 more providers than control group youth, although this number was significant at  $p < .10$  only for the Erie County and West Virginia projects.

In general, the pattern of coefficients is positive across most service providers, although in most cases it is close to zero, indicating that YTD played an important role in generally facilitating access to potentially underused services more broadly (although its impacts on specific providers were more limited). This pattern is partially supported by the analysis of the number of provider types used excluding YTD; this number was positive for all but one project, although not consistently significant.

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<sup>10</sup> Although overall service use is understated, we do not anticipate any errors regarding provider type, because that question was asked only if a youth noted receiving specific types of employment or vocational services, a question asked of both treatment and control groups. For example, in the West Virginia project, more than 80 percent of the treatment group received at least one YTD service based on management information system records. This finding indicates that the survey data on provider use is likely influenced by recall error, which causes measurement error in our estimates.

Among individual projects, the West Virginia project is notable because of its impacts on many service provider types. Specifically, this project had positive impacts between 4 and 6 percentage points on services from One-Stop Centers, community agencies, and other uncategorized agencies. Although smaller than the YTD service increase, these impacts on multiple providers underscore the important role that the West Virginia project may have played in connecting youth to services that may have been underused before the implementation of YTD.

### **C. Social Network Analysis of Service Receipt: West Virginia**

To provide a more in-depth analysis of the impacts on service receipt, we use social network analysis techniques to graphically illustrate how YTD created networks to connect youth to activities and services in West Virginia, where there were the largest impacts. This analysis provides more context on the specific connections between services and outcomes, which can be useful in more qualitatively assessing how YTD influenced the service delivery system in West Virginia.

Figures 1a and 1b illustrate connections for high school youth in the control and treatment groups, respectively, to provider types and engagement; Figures 2a and 2b do the same for post-high school youth. Lines connect youth (circles) to provider types (triangles) and engagement types (squares).<sup>11</sup> The size of the shapes represents the relative proportion of youth who participate in the services or activities. For example, we know that some activities, such as school enrollment and school activities, will be prominent for high school youth in all projects. The lines from the graphic here show how YTD was associated with these outcomes, which is important in understanding the YTD project's role in coordinating services. An increase in the density (or number) of lines connecting services and outcomes provides a graphical illustration of the centrality of the YTD project in connecting services and activities.

The patterns in Figure 1a underscore the prominence of education providers, school enrollment, and, to a lesser extent, employment for youth with disabilities in the results for the control group discussed earlier. Educational enrollment was the largest activity (that is, the largest square), and education was the largest provider (that is, the largest triangle). Employment and other types of providers were small in comparison. Only a small number of youth had no connections to school, employment, or any providers; these youth are shown to the left of the no provider shape in Figure 1a.

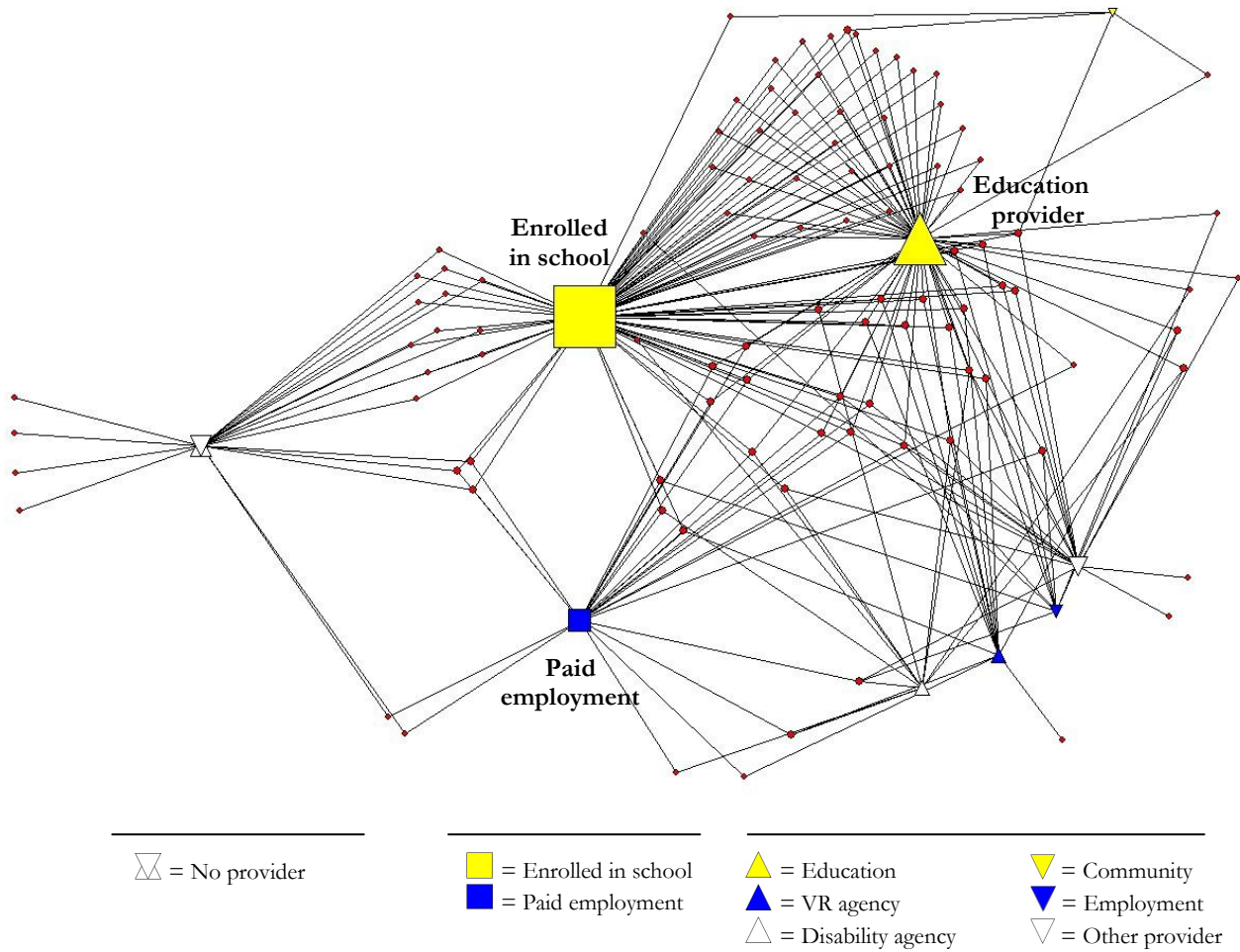
In Figure 1b, we observe the important role of YTD in connecting youth to employment and other services for high school youth. One striking finding is the increase in the number of lines in Figure 1b for the treatment group, compared to the control group results shown in Figure 1a. The education provider remained in a central role, although the YTD provider joined it as a key connector of services. Consistent with our impact findings for productive engagement, the figure also shows that relatively few treatment group members had no connections to provider types at all.

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<sup>11</sup>We combined One-Stop Centers with the employment services provider type.



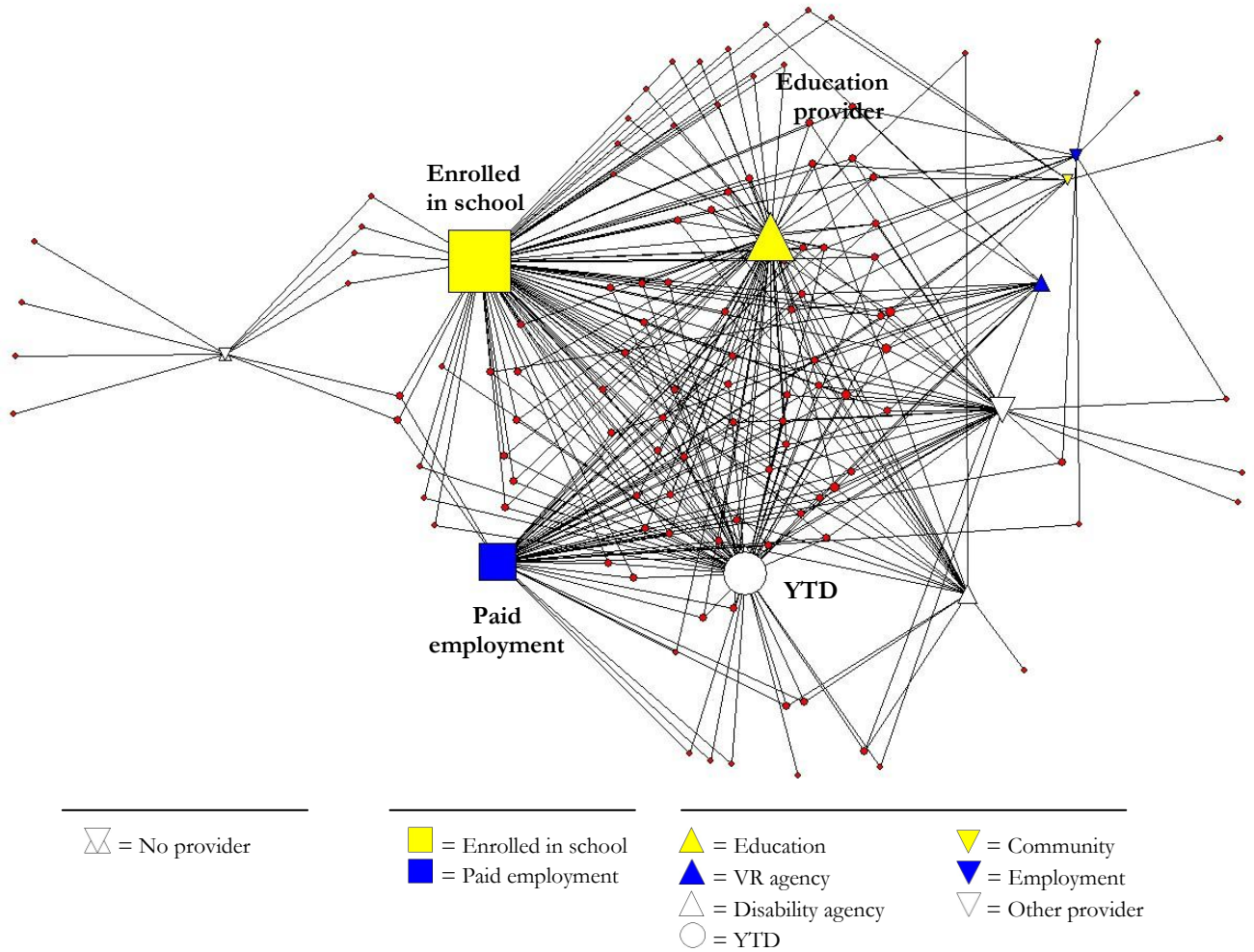
**Figure 1a. Provider Types Used by, and Productive Engagement of, West Virginia High School Control Group Youth One Year After Random Assignment**



Source: YTD 12-month restricted access files.

Note: N = 101. Figure shows the provider types (as triangles) and productive engagement types (as boxes) of high school control group youth (circles) in West Virginia. Lines connect youth with the provider and engagement types they reported. The size of the provider and engagement shapes reflects the number of youth reporting connections. Youth reporting no services from a provider type are also shown (far left).

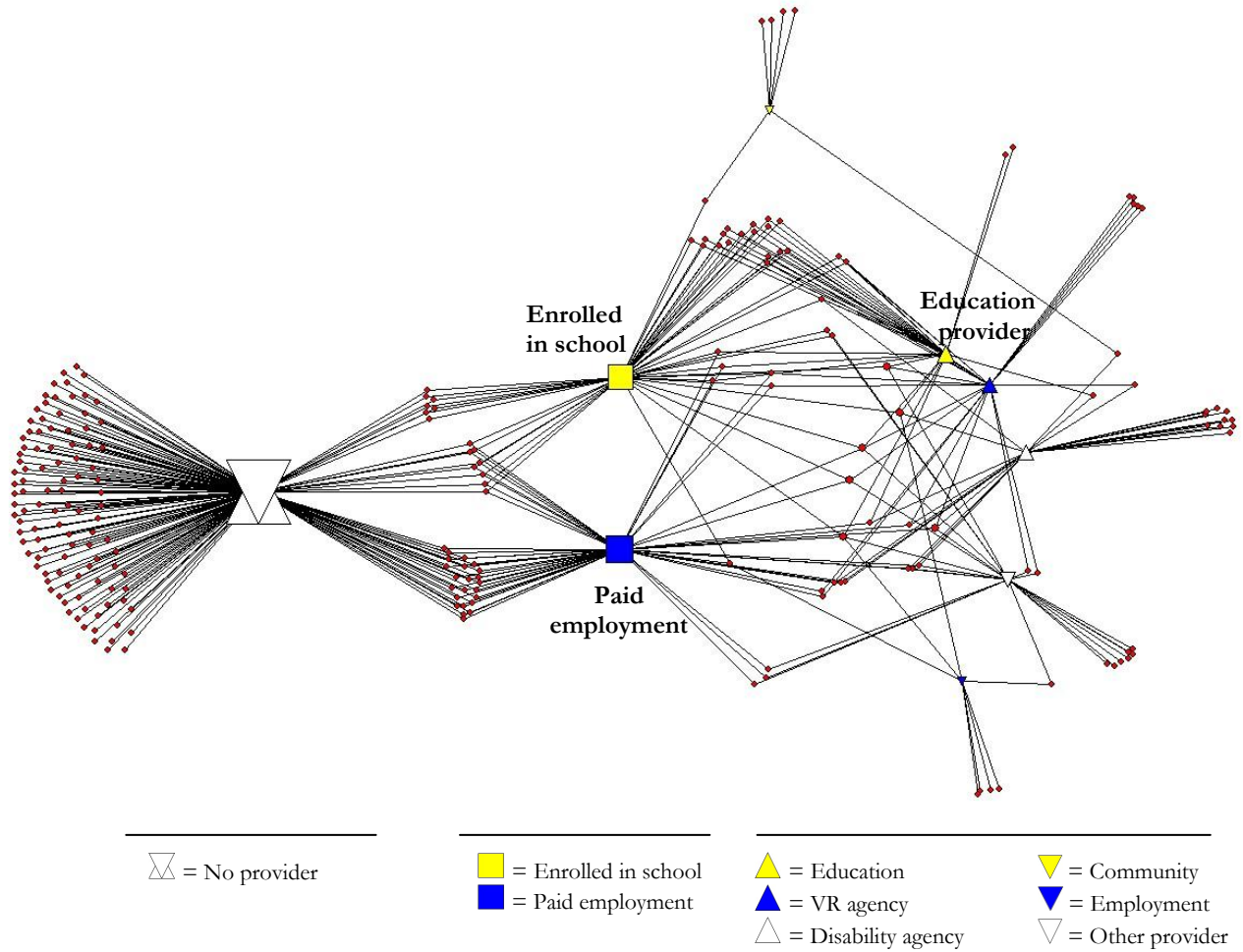
**Figure 1b. Provider Types Used by, and Productive Engagement of, West Virginia High School Treatment Group Youth One Year After Random Assignment**



Source: YTD 12-month restricted access files.

Note: N = 113. Figure shows the provider types (shown as triangles) and productive engagement types (boxes) of high school treatment group youth (circles) in West Virginia. The YTD provider is shown as a white circle. Lines connect youth with the provider and engagement types they reported. The size of the provider and engagement shapes reflects the number of youth reporting connections. Youth reporting no services from a provider type are also shown (far left).

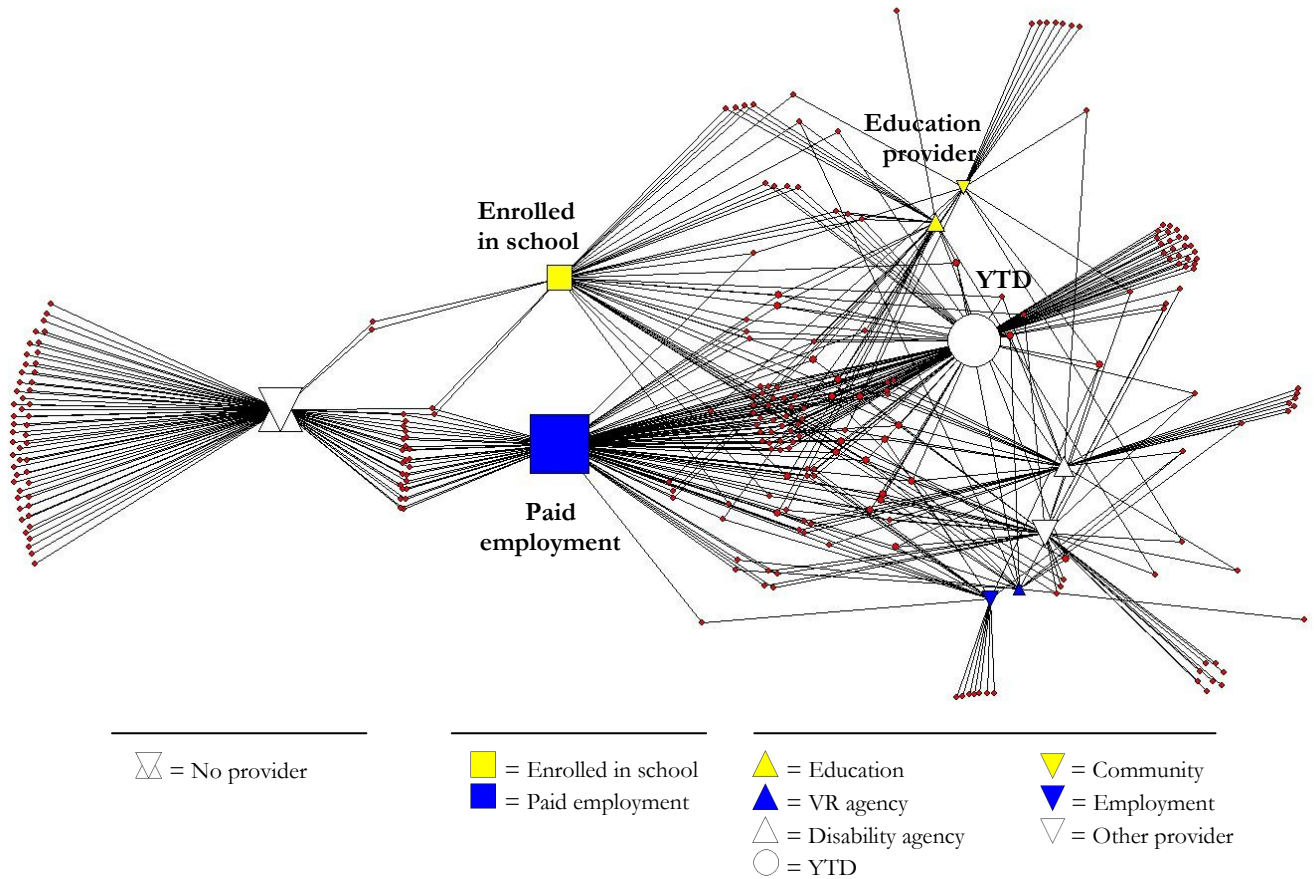
**Figure 2a. Provider Types Used by, and Productive Engagement of, West Virginia Post-High School Control Group Youth One Year After Random Assignment**



Source: YTD 12-month restricted access files.

Note: N = 228. Figure shows the provider types (shown as triangles) and productive engagement types (boxes) of post-high school control group youth (diamonds) in West Virginia. Lines connect youth with the provider and engagement types they reported. The size of the provider and engagement shapes reflects the number of youth reporting connections. Youth reporting no services from a provider type are also shown (far left).

**Figure 2b. Provider Types Used by, and Productive Engagement of, West Virginia Post-High School Treatment Group Youth One Year After Random Assignment**



Source: YTD 12-month restricted access files.

Note: N = 250. Figure shows the provider types (shown as triangles) and productive engagement types (boxes) of post-high school treatment group youth (diamonds) in West Virginia. The YTD provider is shown as a white circle. Lines connect youth with the provider and engagement types they reported. The size of the provider and engagement shapes reflects the number of youth reporting connections. Youth reporting no services from a provider type are also shown (far left).

The comparisons of the post-high school control and treatment groups in Figures 2a and 2b provide a more striking contrast of how the YTD provider integrated into a highly fragmented service system lacking a centralized support system. Compared to Figure 2a, Figure 2b shows greater density of connections; the number of lines between youth and provider types is strikingly greater for the treatment group than for the control group. This is due in large part to the YTD project; the symbol for the YTD project is larger than that for any other provider type. Furthermore, most youth connected to the provider were also engaged in employment or education activities. More broadly, employment as an activity became more prominent for post-high school treatment group youth, and fewer post-high school youth in the treatment group were not connected to any provider type. As a result, fewer were not actively engaged.

These figures show how the YTD provider acted as a potential centralized source of support for post-high school youth, similar to education providers for youth in high school. In the absence of YTD, the control group had relatively low use of services and generally poor productive engagement outcomes. With YTD, there was an important connection between both services and outcomes, especially for the post-high school group who did not have any type of centralized system of support.

We present two types of statistics from our social network analysis that provide a quantitative addition to the qualitative findings above (Table 7). Density is a measure of the number of connections in the network as a proportion of all possible connections: a value of one indicates that all youth were connected to all provider and activity types, and a value of zero indicates that no youth were connected to any provider and activity types. (We exclude the “no provider type” option from the density statistic to calculate the network more accurately.) In the control group, the density statistic is larger for high school youth (0.28) than for post-high school youth (0.12) (showing the greater number of connections that youth have to providers, mainly education, when in high school); a similar pattern is observed for treatment group youth. Confirming our earlier observation of the added value of YTD in the transition network, the density is greater for treatment group youth than for control group youth. The absolute value of the difference is similar for both high school and post-high school youth (a difference of 0.06 for both). However, because density for the post-high school control group is lower to begin with (0.12, compared to 0.28 for the high school control group), the percentage change between the treatment and control groups is much greater for post-high school than high school youth (51 percent for post-high school youth, compared to 21 percent for high school youth).

The second statistic is the normalized closeness centrality, which measures the importance of each activity and provider type. This measure also has a value between zero and one (Table 7). Closeness centrality measures how connected one type of activity or provider is to other types as a result of connections to youth; higher scores indicate more connectedness and greater importance in the network (Borgatti and Everett 1997). For high school youth in the control group, school enrollment and education providers (0.74 and 0.59, respectively) had the highest closeness centrality. Closeness centrality scores for the YTD provider for the treatment group underscore two important points. First, the YTD provider held a similar role as educational providers; their closeness statistics were 0.52 and 0.55, respectively. Second, the closeness statistic for paid employment activities increased substantially (from 0.43 to 0.51). The implications for high school youth are that employment was a more prominent focus for the treatment group than for the control group and that the YTD provider also had a central role in the overall transition network. For the post-high school group, the centrality scores of all service providers were larger than those of the control

group, with YTD becoming the most central service provider (it had the highest score, 0.40). In addition, as with the high school group, there was a strong increase in the centrality of employment within the network, indicating its increased connections to other activities and provider types. Taken together, these findings underscore the qualitative findings that the YTD provider became an important component of the transition network in West Virginia.

**Table 7. Social Network Statistics for West Virginia High School and Post-High School Youth**

	High School		Post-High School	
	Control	Treatment	Control	Treatment
Density	0.28	0.34	0.12	0.18
Closeness Centrality Score				
	Provider Type			
YTD	--	0.52	--	0.40
Education	0.59	0.55	0.28	0.33
VR agency	0.38	0.39	0.28	0.31
Employment services	0.38	0.37	0.27	0.32
Disability agency	0.38	0.39	0.28	0.33
Community	0.35	0.38	0.24	0.32
Other provider	0.40	0.43	0.28	0.34
No provider	0.38	0.35	0.48	0.35
	Productive Engagement Type			
Paid employment in last 12 months	0.43	0.51	0.41	0.49
Enrolled in school in last 12 months	0.74	0.72	0.41	0.39

Source: YTD baseline and 12-month restricted access files.

Note: The table shows the density of the provider type use and productive engagement of West Virginia high school and post-high school youth, along with the closeness centrality scores for each provider and productive engagement type. Density is an overall measure of the connections among provider and productive engagement types through youth; closeness centrality is a measure of how prominent each type is within the transition network.

VR = vocational rehabilitation; YTD = Youth Transition Demonstration.

## V. DISCUSSION

Our estimates provide empirical findings on the variation in supports and activities of youth by high school status and geographic location. Not surprisingly, because activity includes enrollment in school over the previous 12 months, few high school youth were inactive. However, we do find that the transitional experiences of youth vary substantially by project, which provides empirical evidence on the use of services across geographic areas. For example, productive engagement rates for post-high school control group youth ranged from 54 percent (West Virginia) to 79 percent (Erie County). This finding illustrates the variation that exists in post-high school activity regionally, which in part reflects the characteristics of the youth and the services available to them.

Our finding that larger YTD impacts on productive engagement are concentrated among those in the post-high school group than among the high school group is notable, particularly in considering service supports. A major factor driving these differences is the access that high school youth had to employment and vocational services through school and the fewer options that those in the post-high school group had for these services. The impacts on employment, service provision, and the number of providers were particularly large in Miami-Dade County and West Virginia, where the reported use of existing services by the control group was limited. In addition, using the data from the West Virginia project, we showed how the YTD project could lead to multidimensional connections to other service providers, potentially underscoring the role of YTD in providing both service and activity coordination for many unengaged youth.

YTD consistently improved provider usage across all projects, but the effects were not consistent across projects in either significance or magnitude. These variations might be related to the approach each project took to adhere to the YTD model. Although all projects used a similar framework for developing their service models, each varied somewhat in the types of services delivered. The findings in this report provide more details on the interaction of YTD projects with both the existing service system and youth activities. In future papers, it will be interesting to assess how the network of providers changes for both treatment and control groups following the completion of the YTD program. Of particular importance will be understanding whether youth continue to have more active participation in employment and service delivery and whether there are linkages between these factors.

Our findings are relevant to other broad policies and demonstration projects that target transition-age youth. Of particular note is the Promoting Readiness of Minors in SSI (PROMISE) demonstration, which will provide supports to state agencies to collaborate in serving youth with disabilities and their families. This project will focus resources on youth who are initially 14 to 16 years old; as the demonstration sample ages, the project may find that post-high school youth, who likely have little access to other supports, have a strong demand for services; therefore, program success may hinge on providing or maintaining supports after youth leave school, particularly if youth are relying on school-based supports. Another finding from our study relevant for programs like PROMISE is that the transition network itself is sparse both in the number of youth served and the sharing of participants among service providers. Building connections among providers might help youth served by two or more agencies, but the number of those individuals is relatively small. The exception, of course, is for programs involving high school youth; for them, the school system is a primary provider and one to which all other providers are connected.

The relative sparseness of this transition network, particularly for post-high school youth, points to the need for both additional supports and increased connections among providers. An important aspect of YTD, not mentioned earlier, is its aggressive outreach to and enrollment of youth and families among disability benefit recipients who were interested in employment services. Given their interest in

employment, it is striking how few post-high school youth in the control group used any services and how few high school youth used services other than those offered through the school system. The increase in provider usage for many youth across all projects underscores the demand for services, although this increase was largely related to their use of services through the YTD projects. New programs to promote transition will need to consider this need for services, along with the difficulty in identifying youth with disabilities outside of the education system. Connecting with VR agencies or One-Stop Centers might result in the identification of a relatively limited group of youth.

A final policy consideration, which builds on the last point, involves the role of VR agencies. In theory, VR agencies play a critical role in the transition process; many have strong connections with secondary schools and are involved in the transition-planning process for many youth. Transition-age youth with disabilities comprise about one-third of all individuals seeking services from agencies (Honeycutt et al. 2013). Given this background, the data presented here suggest that the role of VR agencies in the transition environment is relatively limited over a particular year. From 2 to 14 percent of youth received services from a VR agency across the five YTD projects, with no substantive differences between high school and post-high school youth. Although the YTD projects represent just five communities, the consistency of these statistics point to a relatively limited role that VR agencies have in the overall transition process, even among a group of youth presumed to be eligible for VR services because of their benefit receipt. Continued reliance on VR agencies to promote transition will require expansion of agency goals and resources dedicated to transition at either the federal or state level. It is not likely that the agencies would have sufficient funds at current levels for such expansion.



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