

DRC BRIEF

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Vocational Rehabilitation: A Bridge to Self-Sufficiency for Youth Who Receive Supplemental Security Income?

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Supplemental Security Income (SSI) recipients are presumed eligible for vocational rehabilitation services and youth who receive SSI may access those services as they prepare for the transition from school to work. Vocational rehabilitation (VR) is intended to help youth with disabilities become employed and maintain employment and thereby lessen their reliance on disability benefits in adulthood. In passing the Workforce Innovation and Opportunity Act in 2014, policymakers sought to expand VR and complementary services for transition-age youth with disabilities, in part to improve their employment outcomes in adulthood and decrease their reliance on benefits. In this brief, we document the rates of participation in VR by youth SSI recipients, describe the characteristics of youth who receive VR, and report on the association between youth's VR participation and their employment and benefit outcomes in adulthood. Our findings indicate that, in 2001, 13 percent of youth SSI recipients ages 14 to 17 reported receiving VR services. Thirteen years later, when these individuals were ages 27 to 30, a higher proportion had substantial earnings and a lower proportion received SSI compared with other SSI recipients who did not receive VR services, holding observable characteristics constant. We cannot determine the extent to which the associations between VR and these adult outcomes reflect unobserved differences between youth who participate in VR and those who do not versus the effect of VR services on outcomes. Nonetheless, the promising associations between VR and long-term adult outcomes highlight the potential benefits of providing early support to transition-age youth.

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Introduction

The passage of the Workforce Innovation and Opportunity Act (WIOA) in 2014 demonstrates an increased emphasis in providing vocational rehabilitation (VR) services to youth with disabilities transitioning from school to the world of work. These services could be particularly valuable for transition-age Supplemental Security Income (SSI) recipients, who are categorically eligible for VR services because of their eligibility for SSI. The expansion of VR to this population through WIOA complements other federal initiatives, including the Youth Transition Demonstration and the Promoting Readiness of Minors in SSI project, both of which generally focus on offering enhanced employment support and other related services to transition-age SSI recipients with the goal of improving adult outcomes.

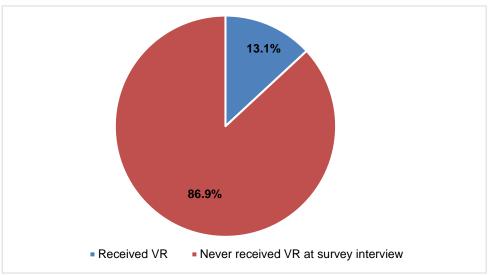
In an environment where policymakers have demonstrated their interest in providing services to help youth with disabilities smooth the transition into adulthood, relatively little information is available on the relationship between VR services and the adult outcomes of SSI recipients. Previous analyses based on administrative data from state VR agencies document outcomes for those who receive VR services, but they do not tell us what the outcomes would have been in the absence of those services (Berry and Caplan 2010; Honeycutt et al. 2016). An examination of the literature on the short-term relationship between VR and early adult outcomes finds no statistically significant relationship between VR services and employment, and either no association or a positive association with SSI receipt at ages 19 to 23 (Loprest and Wittenburg 2007; Hemmeter et al. 2009). That research, however, documents outcomes at a time in life when youth may still be in school or when their SSI benefits are protected while they receive VR services. For these and other reasons, the long-term results might be expected to differ from—and be more meaningful than—short-term results.

For this brief, we have combined data from the National Survey of SSI Children and Families (NSCF) and administrative data from the Social Security Administration (SSA) to provide new findings on the long-term outcomes of transition-age youth SSI recipients when they reach early adulthood. The NSCF data provide information on the demographic characteristics and VR participation of a cohort of youth SSI recipients in 2001. The administrative data allow us to track their participation in SSI and Social Security Disability Insurance (DI) as well as their employment-related outcomes through 2014. Specifically, we measure "any employment" (defined as having earnings above \$0) and track earnings above an annualized measure of substantial gainful activity (SGA), which was \$12,480 in 2014. We use the linked data to estimate the association between past or current VR receipt for SSI beneficiaries interviewed at ages 14 to 17 and their long-term adult employment and disability benefit outcomes 13 years later, when they were between the ages of 27 and 30.

SSI youth's participation in VR

In 2001, 13.1 percent of our sample of youth ages 14 to 17 reported that they were currently receiving or had previously received VR services (Figure 1), as measured by receipt of an Individual Written Rehabilitation Plan (IWRP). VR counselors work with their clients to develop an IWRP (IWRP has since been replaced by Individualized Plan for Employment), that outlines employment goals and steps to achieve those goals. Previous analyses based on the same definition and survey data identify similar rates of VR receipt among transition-age youth (Loprest and Wittenburg 2007; Hemmeter et al. 2009).

Figure 1. Proportion of SSI youth ages 14 to 17 who reported receiving VR in 2001



Source: Authors' calculations based on linked NSCF and SSA data files.

Youth who received VR services resembled those who did not receive VR in terms of their demographic and household characteristics, but they differed substantively in their need for and use of health services (Table 1). There were no statistically significant differences between the two groups in their gender, living arrangement, parental employment status, or urban residence status. In addition, there were no statistically significant differences in their general health, primary disabling impairments, or the severity of their health condition, nor in the proportion who reported limited ability relative to their peers. VR recipients were, however, about half as likely to need help with personal care or use special medical equipment in comparison with those who did not receive VR. It is also possible that VR recipients differ from non-recipients on characteristics that are not included in the survey data, such as motivation.

Table 1. 2001 Characteristics of transition age (14 to 17) SSI recipients, by receipt of vocational rehabilitation services

| | Never received VR at survey interview | Received VR | Difference |
|------------------------------------|---------------------------------------|-------------|------------|
| Male | 64 | 60 | -4 |
| Living arrangement | | | |
| Living with two parents | 22 | 31 | -8 |
| Living with one parent | 61 | 54 | 7 |
| Other/missing | 16 | 15 | 1 |
| At least one parent employed | 49 | 45 | 4 |
| Resides in urban area | 73 | 68 | 5 |
| General health status is fair/poor | 38 | 32 | -6 |
| Primary disabling impairment | | | |
| Intellectual disability | 26 | 26 | 0 |
| Other mental disorder | 44 | 43 | -1 |
| Physical disability | 30 | 31 | 1 |
| Health condition is severe | 54 | 49 | -5 |
| Limited in ability | 71 | 69 | -2 |
| Needs help with personal care | 25 | 12 | -13*** |
| Uses special medical equipment | 15 | 7 | -8*** |
| Sample size | 913 | 141 | |
| Weighted sample size | 184,892 | 27,920 | |

Source: Authors' calculations based on linked NSCF and SSA data files.

***** Indicates significance at the 10-, 5-, and 1-percent level. Statistical significance is determined by a chi-square test for categorical variables and a two-tailed t-test for binary outcomes.

Association between VR services and adult outcomes

When other factors are held constant, youth VR receipt is associated with several positive outcomes at ages 27 to 30 (Figure 2). Although there is no statistically significant association

between VR receipt at ages 14 to 17 and an increased likelihood of any annual employment at ages 27 to 30, youth VR receipt is associated with a statistically significant increase in the proportion of recipients with earnings that are above annualized SGA at ages 27 to 30. Among those who never received VR at the time of the survey, 16 percent have earnings above SGA, and for those who did receive VR, this figure is 25 percent. This 9-percentage point increase means that those who received VR during youth were over 50 percent more likely to achieve earnings above annualized SGA as adults compared with those who did not receive VR.

Methods

We use multivariate models to estimate the association between youth's VR receipt and their longterm employment and benefit outcomes, controlling for observable beneficiary characteristics that might influence those outcomes. This approach allows us to determine whether there are substantial associations between VR and adult outcomes after we control for observable characteristics. In this brief, we present the mean values of adult outcomes for sample members who did not participate in VR as youth. We present adjusted outcomes for those who did receive VR, which we calculated as the mean values for those who did not receive VR plus the marginal effects of the association between VR receipt and a given adult outcome, as predicted by our multivariate models. More information on our data and methods is available in Hoffman et al. (2016).

VR receipt at ages 14 to 17 is associated with a 12-percentage point decrease in the likelihood of SSI receipt at ages 27 to 30, and it is not associated with a change in the likelihood of DI receipt at the same ages. Among those who had not received VR at the time of the survey, 53 percent received SSI as adults. In comparison, 41 percent of those who received SSI as a youth received SSI as adults, a 23-percent decrease relative to their counterparts who did not receive VR.

The differences in adult outcomes reported in Figure 2 may reflect variation in factors other than youth VR receipt that are not captured in the survey data we analyze. For example, it could be that VR recipients have higher levels of motivation, and this could make them both more likely to be employed and less likely to receive SSI benefits. However, because motivation is unobserved, we cannot control for this factor, and we cannot assert that VR service receipt, and not motivation or other unobserved factors, accounts for the estimated differences in adult outcomes.

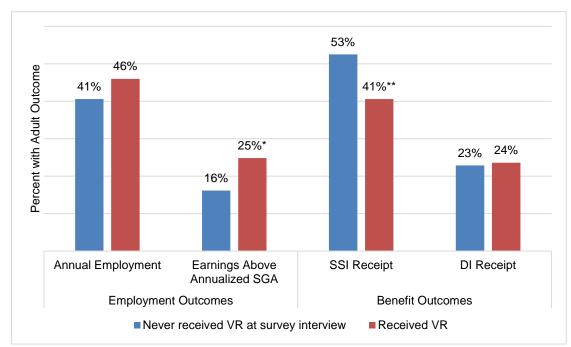


Figure 2: Adult employment and benefit outcomes by receipt of youth VR

Source: Authors' calculations based on linked NSCF and SSA data files.

Note: Adult outcomes for those who never received VR are unadjusted mean statistics. Adult outcomes for VR recipients are the sum of the mean values for those who never received VR plus the marginal effects of the association between VR and a given adult outcome.

*** Indicates difference between outcome for those who did not receive VR and VR recipients is significant at the 10-and 5-percent level.

Discussion

Previous research identified either no association or a positive association between youth VR receipt and SSI receipt at ages 19–23 (Loprest and Wittenburg 2007; Hemmeter et al. 2009). We examined results in the longer term, at ages 27 to 30, and our findings were different. We discovered that participating in VR in youth is associated with an increased likelihood of earnings above annualized SGA and with lower levels of SSI receipt at these older ages. This highlights the importance of analyzing these outcomes at a later point in adulthood, when former SSI recipients are less likely to be in school or receiving special protections of their benefits because of youth participation in VR.

Overall, the associations between VR receipt at ages 14 to 17 and adult outcomes at ages 27 to 30 that are revealed here indicate that VR helps smooth the pathway to self-sufficiency. It is important to note that these results are associations only, and they do not necessarily demonstrate a causal link between youth VR service receipt and adult outcomes. Although we cannot assert that VR helps youth SSI recipients achieve SGA employment and leave the SSI rolls in adulthood, the findings show the potential for these services to positively affect long-term employment and independence from disability benefits.

VR services were used only by a select, narrow population of SSI youth, however, and it is unclear how much of the program's potential benefits would transfer to a wider population. Only 13 percent of SSI recipients ages 14 to 17 in our sample received VR services, and they had less need for and use of health services compared with their SSI counterparts who did not receive VR services. If WIOA is successful, the population of youth served by VR could expand. If, however, the SSI recipients with the most to gain from VR services are already receiving VR services, we might expect any positive effects of the VR services offered because of WIOA to be smaller than those estimated here. Nonetheless, the differences between adult outcomes for those who received VR services as youth and those who did not are large enough that even a diminished effect could be quite substantial.

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