



Minority Youth and Centers for Independent Living (MY-CIL)

MY-CIL Practice Brief #1

Date: July 30, 2021

Grant #: 90DPGE0013

Promising Practices to Help Minority Youth with Disabilities Make the Transition to Postsecondary Life

About the MY-CIL Project: Minority Youth and Centers for Independent Living (My-CIL) is a collaborative effort of Hunter College; the Center for Independence of the Disabled, New York (CIDNY); Independent Living Research Utilization; and Mathematica. It seeks to produce and share new knowledge that empowers Centers for Independent Living (CILs) to improve outcomes for youth and young adults with disabilities who have minority backgrounds and have completed or otherwise left secondary education.

MY-CIL practice briefs: MY-CIL practice briefs are one of the tools that the project will use to share new knowledge as it is generated. This brief is the first of a series in which MY-CIL will share key takeaways from its research with CILs and other stakeholders about promising, evidence-based, and evidence-informed practices. Over the next four years, MY-CIL will release additional briefs as it identifies useful findings from its research and technical assistance activities.

Clarifying the term “minority youth”: MY-CIL uses the term “minority youth” to refer to youth from nationally recognized racial and ethnic minority groups. The National Institute on Disability, Independent Living, and Rehabilitation Research and the Administration for Community Living funded this project to improve outcomes for out-of-school youth with disabilities who are from nationally recognized racial/ethnic groups and are historically underserved by CILs nationwide.

Why the focus on minority youth: The transition from school to postsecondary life can be difficult. Research shows that youth with disabilities are less likely than their nondisabled peers to successfully make this transition. Compared with their same-age peers without disabilities, youth with disabilities who are out of secondary school are less likely to be engaged in the community through employment, education, or job training.¹

The disparities in these community outcomes are larger for youth with disabilities who are from racial and ethnic minority groups. For example:

- 62 percent of White youth with disabilities are employed, but the same is true for only 42 percent of African American and 36 percent of Hispanic youth.²

- White youth with disabilities enroll in college at higher rates than do African American and Hispanic youth with disabilities.
- Living in poverty in urban communities, high rates of transient residency, limited English proficiency, and exposure to community violence are social and contextual factors that limit transition outcomes for minority youth with disabilities.³

Major disparities also exist in the delivery and outcomes of vocational services. This is the case in many job-related and quality-of-life measures as well. For example:

- Poor planning for the transition from high school poses many challenges for African American students when they pursue jobs and educational opportunities. For instance, researchers found that some African American and Hispanic American students “were steered toward vocational education programs more frequently than their European American peers...(and) were assigned to vocational tracks despite students’ expressed desire to attend college.”⁴
- Black people with disabilities are less likely to be accepted for government-funded vocational rehabilitation (VR) than their White peers, and they tend to have lower salaries. Minorities are also less likely to receive training, have their cases closed successfully, or find gainful employment. Furthermore, among clients screened for mental health conditions, Black clients were more likely to have their cases closed as “non-rehabilitated.”⁵
- The National Longitudinal Transition Study-2 revealed that among surveyed Black students with disabilities, 86 percent had been employed; however, they most likely worked as service providers or in cleaning and maintenance. Compared with their White co-workers, they worked fewer hours per week, were less likely to receive benefits (such as sick leave, paid vacation, or retirement benefits), and were more likely to report that they did not like their jobs much.⁶
- In terms of indicators of independence, according to the National Longitudinal Transition Study-2 findings, African American youth with disabilities are less likely than White youth to have driving privileges (78 percent vs. 40 percent) or a personal checking account (40 percent vs. 22 percent).⁷

Minority youth are also more likely to be disconnected: About one in nine people ages 16 to 24 in the United States is currently disconnected from school and employment. These disconnected young people, also called “opportunity youth,” are at high risk for long-term emotional, behavioral, and health problems. Compared with connected youth, opportunity youth are nearly twice as likely to live in poverty and to receive Medicaid.

There are also racial and ethnic disparities in rates of disconnection. For example, one study team found disconnection among 6.6 percent of Asian American young people and 9.7 percent of White young people, compared with 13.7 percent of Latino, 17.2 percent of Black, and 25.8 percent of American Indian/Alaska Native young people. Even after controlling for income, disparities persisted. This suggests that structural racism and discrimination could be factors in youth disconnection. The same study team also found geographic disparities in youth disconnection, which affected 11.3 percent of young people in suburban areas and 12.9 percent in urban areas, compared with 19.3 percent in rural areas.⁸

These disparities and the growing diversity of the U.S. population highlight the need for new evidence-informed practices, especially those that are effective and culturally relevant for minority youth with disabilities.

In this brief: This brief summarizes a review of the literature and shares selected findings about two **promising practices**. For the purpose of this brief, promising practices are defined as strategies that were based on research, described in detail, and found to contribute to positive outcomes for participants. This information could help CILs as they expand and improve services for youth and young adults with disabilities from minority backgrounds who have completed or otherwise left secondary education.

Two promising practices are described: collaborative partnerships and culturally competent services.

Promising Practice 1: Collaborative Partnerships

The following two programs are examples of how well clients are served when agencies work together in strong collaborations.

The Jobs for Youth Program

Who was served?

The program served 116 Chicago-area students with disabilities from low-income minority communities. During the five cohort years (2012 to 2016), most of the youth served (84 percent) were African American. Ten percent were Latino, 3 percent were Caucasian, and 3 percent self-identified as “other race.”

Who were the partners?

- University of Illinois at Chicago, through a grant from the Office of Disability Employment Policy, U.S. Department of Labor
- The state VR agency
- A local charter school

What did the program provide?

- Transition planning
- A case manager and intensive case management support
- Certification training in many areas (including Occupational Safety and Health Administration, food service, and retail customer service certifications)
- Paid internships
- Transportation (as needed)

What were the outcomes?

- 95 percent of the youth graduated high school
- 100 percent enrolled in VR
- 56 percent obtained certificates for employment

- 37 percent obtained paid internships

How can other programs do this?

Collaborations should consist of agencies and organizations that will work together to achieve common goals. This can be facilitated through a formal memorandum of understanding that clearly defines each partner's roles and responsibilities. The demands on members should be shared equitably and be simple and realistic. Not only will each organization need strong team leaders, but the collaboration should also have an effective leadership structure. This will increase the chance that the agencies will work together closely, meet regularly, tackle challenges as they arise, and make necessary changes to improve outcomes.

Promoting Readiness of Minors in Supplemental Security Income (PROMISE)⁹

Who was served?

The program served youth with disabilities ages 14 to 16 who received Supplemental Security Income and their families. At least 66 percent of participants were racially, ethnically, and culturally diverse. PROMISE served 12,584 youth in urban, suburban, and rural communities. The 11 participating states were Arkansas, California, Maryland, New York, Wisconsin, and the 6 states in the Achieving Success by Promoting Readiness for Education and Employment (ASPIRE) consortium: Arizona, Colorado, Montana, North Dakota, South Dakota, and Utah.

Who were the partners?

- At the federal level: U.S. Department of Education, Social Security Administration, U.S. Department of Health and Human Services, and U.S. Department of Labor
- At the state level: state departments of education, offices of rehabilitation, local educational agencies, workforce investment boards, divisions of VR, program providers, and institutions of postsecondary education (including colleges and universities), and CILs in Arkansas and California

What did the program provide?

- Case management
- Formal partnerships
- Benefits counseling and financial education
- Career and work-based learning experiences
- Training and information resources for improving education and employment outcomes

What were the outcomes?

During the first 18 months after enrollment, all sites saw increases in positive outcomes in:

- Youth's receipt of transition services
- Youth's receipt of job-related training
- Youth's paid employment
- Family members' receipt of support services

Across these four categories, states saw the following percentage-point increases: Arkansas (13–36 percent), ASPIRE six-state consortium (5–19 percent), California (4–22 percent), Maryland (6–19 percent), New York (3–9 percent), and Wisconsin (5–20 percent). Of all the PROMISE sites, Arkansas had the highest percentage-point impact in each category.

How can other programs do this?

The PROMISE interventions included strong agency partnerships and individual- and family-centered approaches to intensive case management and service delivery. Note that the provider that increased program spending and delivered most of its services directly, Arkansas PROMISE, saw the greatest impacts. By providing services directly, Arkansas PROMISE avoided potential “siloeing” of services.

Promising Practice 1: Implications for Policy and Practice

What does promising practice 1 mean for my CIL?

Both Jobs for Youth and PROMISE achieved positive outcomes for minority youth, with effective agency collaborations playing a vital role. For your CIL, such relationships are realistic even without new grant funds. Consider reaching out to organizations with whom you already work at the federal, state, and/or local levels. Together, your agencies could create a small pilot program with realistic goals and little to no additional resources needed. For instance, in ASPIRE PROMISE, when necessary, staff members’ work responsibilities changed to meet the needs of the program. Recruiters were converted to retention staff whenever more staff were needed to re-engage youth and families. The same strategy could be used to re-allocate staff to serve in the roles needed by your CIL’s pilot program. Remember that collaborative members need to work together closely, meet regularly, tackle challenges as they arise, and make necessary changes to improve outcomes.

How does promising practice 1 affect minority youth and young adults with disabilities?

In both programs, intensive case management was key to youth using and benefiting from transition services. In Jobs for Youth, the program provided access to services that were previously inaccessible to youth. For instance, their school had not participated in the VR’s transition preparation program. Also, in their communities and home environments they faced multiple barriers to accessing employment and/or vocational training on their own. For PROMISE students, the problem was not that services were unavailable at school (as shown by the number of services used by students who were not in the program). But, because Jobs for Youth and PROMISE focused on collaborative service delivery and intensive, individualized support, youth were able to connect to providers, receive more services, and have improved outcomes.

Promising Practice 2: Culturally Competent Services

This promising practice is highlighted by study that researched best practices for making cultural adaptations to programs. It selected an existing program for families of transition-age youth with autism spectrum disorder (ASD), made the adaptations to the ASD program, and measured how it met the needs of the participants. Although this program included youth in school, CILs

can still use these suggestions to support the development of culturally competent services for out-of-school youth and young adults.¹⁰

Making Cultural Adaptations to Programs

Who was the focus?

The program focused on Latino families of transition-age youth and young adults with ASD.

What was researched?

The study explored the steps necessary to make cultural adaptations to multifamily programs (such as programs for families of youth with ASD).

What were the culturally competent practices?

The research team studied seven cultural adaptation models that all used the ecological validity framework (EVF). The EVF suggests adaptations be made in the following areas:

1. Language—Culturally appropriate verbal and written communications, including translation services
2. People—Training of staff to build rapport and deliver culturally competent services (for example, using active listening to avoid making cultural assumptions)
3. Metaphors—Use of symbols, sayings, and concepts that are culturally relevant to participants
4. Content and concepts—Content that incorporates cultural knowledge, values, customs, and traditions; topics can be expanded or switched to reflect participants' needs (for example, adding information on immigration for groups that tend to have high immigrant populations)
5. Goals—Treatment or service goals that are created in the context of the intended populations' family values, customs, and traditions (for example, recognizing that in certain cultures, a goal is to live with parents and contribute to the family's finances, rather than to live independently)
6. Methods—Program development and implementation that is flexible to meet the needs of the community (for example, placing value on developing relationships between program developers and the stakeholders whose input shapes the adapted program)
7. Context—Adapting social, political, economic, acculturative, and other contexts to meet the needs of families (for example, providing supervision and activities so that siblings can attend events with the rest of the family)

How can programs make these changes?

To make these adaptations, the researchers suggest the following steps:

1. Select an appropriate intervention, and check whether it needs to be culturally adapted. This includes reviewing the data and outcomes to identify disparities (there are disparities if, when the data and/or outcomes are broken down into racial, ethnic, or cultural groups, there are clear differences between the outcomes of two or more groups).
2. Form relationships with program staff and community members so they can learn from one another and collaborate to develop adaptations to the program.

3. Conduct needs assessments through interviews, focus groups, or surveys.
4. Review relevant literature and gather culture-specific knowledge.
5. Collaborate with program content area experts to review literature on content areas.
6. Make cultural adaptations, present them to stakeholders for feedback, and revise based on the feedback.
7. Carefully select staff who will be trained to pilot test the adapted program.
8. Evaluate the adapted program and continue refining it based on ongoing feedback and advances in the applicable fields.

Promising Practice 2: Implications for Practice and Policy

What does promising practice 2 mean for my CIL?

The study discusses ways that culturally competent transition services meet the needs of youth and families who are racially, ethnically, and culturally diverse. Your CIL may find that it already has a head start on making culturally inclusive adaptations. For example:

- Minority youth could be invited to and supported while serving on advisory boards.
- Past or current clients could serve as peer mentors to clients who are similar racially, ethnically, or culturally.
- One or more multilingual staff members could be hired so that translation support is more readily available to linguistically diverse clients and their families.
- Literature that your CIL has created can be translated and distributed. Contact organizations to get multi-lingual versions of their literature that you make available.

As your CIL does this work, remember that one-size-fits-all “minorities” models are unlikely to work. For that reason, your organization must find meaningful and authentic ways to work with people from diverse communities.

How does promising practice 2 affect minority youth and young adults with disabilities?

Compared with other non-tailored programs they had attended, the culturally tailored program helped participating parents gain more knowledge and skills to help their children transition to adulthood. In the same way, when youth are provided with programs or services that are culturally adapted, they tend to reap greater benefits. In the short term, it may appear more cost-effective to provide transition supports that meet the needs of the majority of clients. But in the long term, it is worthwhile to deliver services that are culturally tailored and designed to engage (or re-engage) youth and young adults with minority backgrounds. Research has shown that doing so is worth it, not only to the youth themselves, but to society as a whole. For example, a 2012 study on opportunity youth found that over half are black or Hispanic and that each disconnected young adult costs taxpayers \$13,900 per year and \$235,680 over his/her lifetime.¹¹ Similarly, numerous studies in health care show the benefits of culturally competent services. For example, a large-scale research project analyzing 76 studies on mental health found that participants had better outcomes when they received services that were culturally or linguistically tailored.¹² For instance, for participants whose native language was not English, interventions were twice as effective if they were conducted in the client’s native language.

Learning Collaborative Updates

The MY-CIL Learning Collaborative involves much more than training. From April 2021 to November 2021, facilitators will work with a dedicated group of six to eight CILs to support one another as they plan to create or expand programs and services for youth and young adults with disabilities who are out of postsecondary school, with an emphasis on racial and ethnic minority groups. The collaborative will require a commitment of time and resources to complete a workable plan. Participants will have access to:

- Leaders who are well-versed in working with youth with disabilities who are out of postsecondary school and from racial and ethnic minority groups
- Opportunities to learn, share promising practices, and brainstorm solutions to challenges with CIL peers
- Monthly meetings and additional workshops and coaching sessions
- Resources to help with goal setting and organizational planning

Feeling overwhelmed?

Sign up for the next Learning Collaborative.

We are here to help you.

Stay tuned for the next practice brief: The next brief will share CILs' practices and challenges related to serving out-of-school, out-of-work young adults from minority backgrounds, identified through a 2020 survey of CILs.

To learn more about the MY-CIL Learning Collaborative, including the work completed in Phase I, please visit: <https://minorityyouthcil.com/>

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Harrison, S., Sandy-Hanson, A., & Freeman, G. (2021). *Promising practices to help minority youth with disabilities make the transition to postsecondary life*. MY-CIL Practice Brief #1. Administration for Community Living, U.S. Department of Health and Human Services. <https://minorityyouthcil.com/>

This brief uses a mix of terms (such as African American and Black). These terms are used to maintain consistency with the articles or studies being referenced.

DISCLAIMER: Funding for this study was provided by the Disability and Rehabilitation Research Project on Minority Youth and Centers for Independent Living at Hunter College, City University of New York. This project is jointly funded under grant number 90DPGE0013 as a cooperative agreement between the Office of Independent Living Programs and the National Institute on Disability, Independent Living, and Rehabilitation Research, both in the Administration for Community Living, U.S. Department of Health and Human Services (DHHS). The contents do not necessarily represent the policy of DHHS, and you should not assume endorsement by the federal government.

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