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NO TIME FOR FALSE CHOICES

Low-Income Children with Disabilities Need Both Economic Security and Vital Services

Supplemental Security Income Must Be Preserved

The undersigned organizations are concerned that Nicholas Kristof's December 7 *New York Times* op-ed, "Profiting from a Child's Illiteracy" paints a dangerous false choice between investing in early education and supporting families with children with disabilities. In truth, both are necessary to ensure economic opportunity for vulnerable children and families. It is ironic that Mr. Kristof's column is being praised by some as a "brave" bipartisan call to arms. Let's step back and see this proposal for what it is: a misguided recommendation to take vital resources away from the most vulnerable population in this country – low-income children with disabilities.

Mr. Kristof reports anecdotal information that some low-income Kentucky families may be pulling their children out of literacy programs in hopes that they'll qualify for SSI. If some parents are doing what Mr. Kristof suggests, that is unacceptable. However, before leaping to broad conclusions about a vital program, let's get the facts straight.

Illiteracy is not a basis for SSI eligibility. A child must have a medically documented impairment that results in "marked and severe functional limitations" in order to qualify for benefits. Inability to read at grade level may be an indicator of a learning disorder or other mental impairment, but on its own is not sufficient to qualify for SSI. Likewise, doing well in school doesn't mean a child will lose benefits. Academic performance is just one evidentiary factor among many considered in evaluating a child's eligibility for SSI.

Media-driven claims alleging supposedly widespread fraud in the SSI program have sadly become a time-honored tradition. Yet at each juncture, they've been shown to be unsupported by the facts. In the mid-1990s, a flurry of media reports accusing parents of "coaching" their children to "act disabled" for purposes of SSI eligibility led Congress to narrow the eligibility rules, causing more than a hundred thousand children with disabilities to lose critically needed benefits. Those claims were later shown by the Government Accountability Office, SSA's Inspector General, and a score of other

investigations¹ to be baseless – but the damage had already been done. Congress had already legislated by anecdote.

More recently, media allegations that some parents might be seeking prescriptions of psychotropic medications for their children in hopes of SSI eligibility, were similarly debunked by studies by the Government Accountability office (GAO)² and the Social Security Administration,³ finding that children were actually *less* likely to be found eligible if they were taking such medications, and that a prescription for medications on its own would never make a child eligible for SSI.

Mr. Kristof’s column, in which he dismisses childhood mental impairments as “fuzzy intellectual disabilities,” is no different from prior media frenzies attacking SSI for children with disabilities. What it sadly reflects is an epidemic of denial regarding the reality of mental impairments in 21st century America: if you have a visible physical impairment, you’re “truly disabled”; if you have an invisible mental disorder, then, well, we can’t be sure, can we?

The truth is that only the most severely impaired children qualify for SSI – the majority of children who apply are denied, and fewer than 1 in 4 children with disabilities receive benefits. The program was intended from the get-go to help children with physical as well as mental impairments. Indeed the share of kids receiving SSI for mental impairments including intellectual disabilities (about two-thirds) mirrors the picture of childhood disability in the US and worldwide. According to the World Health Organization, 68% of young people with disabilities have a mental disorder, and mental impairments are the leading causes of disability worldwide.⁴

The reason many families caring for children with disabilities need assistance is because raising a child with a disability in the U.S. is extraordinarily expensive. Research shows that families caring for children with disabilities are more than twice as likely as families with nondisabled kids to face material hardships like homelessness, food insecurity, and utility shutoff.⁵ The income support from SSI helps offset some of the costs of raising a

¹ For a listing of studies debunking the mid-1990s “coaching” claims, see Community Legal Services, “Crazy Checks Debunked: National Studies and Investigations Show Media Allegations of Coaching ‘Not Substantiated’ by the Evidence” (Jan. 2011), available at <http://www.clsphila.org/files/SSI%20-%20Coaching%20Not%20Substantiated.pdf>.

² Better Management Oversight Needed for Children’s Benefits, GAO-12-497, Government Accountability Office (June 2012), available at <http://gao.gov/products/GAO-12-497>.

³ Community Legal Services, “ADD/ADHD Children Taking Medications Are No More Likely to Be Approved Than Children Not On Medications To Be Approved For SSI Benefits,” data prepared and analyzed by Social Security Administration (June 2011), available at <http://www.clsphila.org/files/SSA%20Data%20Show%20Meds%20Are%20No%20Shortcut.pdf>

⁴ Fiona M. Gore et al., *Global Burden of Disease in Young People Aged 10–24 Years: A Systematic Analysis*, 37 *Lancet* 2093 (2011) (finding that mental impairments account for 68 percent of disabilities among 10 to 24 year-olds).

⁵ Susan L. Parish et al., “Material Hardship in U.S. Families Raising Children with Disabilities,” *Exceptional Children*, Vol. 75, No. 1 (2008): 71-92 and “Material Hardship in U.S. Families Raising Children with Disabilities: Research Summary and Policy Implications,” (Chapel Hill: University of North Carolina, 2009).

child with special needs – such as special therapies, diapers for larger children, adaptive equipment, and transportation to doctors and specialists, many of which are not fully covered by insurance or have high copays. It also partially offsets the household income lost when a parent must stay home or reduce her hours to care for the child.

Moreover, the data show that SSI increases family economic security for kids with disabilities, without reducing parental employment, and supports parents' efforts to care for their children with special needs at home instead of in costly and isolating institutions.⁶

Rather than pit income assistance for disabled kids against investing in critical early learning opportunities, let's instead recognize that *both* are crucial ingredients to breaking the cycle of poverty. If there are misperceptions about how a child is found eligible for SSI, we should work to correct them. But let's not waste time blaming our nation's educational challenges on a program that serves as a vital lifeline to our nation's most vulnerable children and youth.

ON BEHALF OF:

ACCSES

Alliance for Children's Rights

American Academy of Child and Adolescent Psychiatry (AACAP)

American Counseling Association

Asian Law Alliance

Autism National Committee

Center for Civil Justice

Center for Law and Social Policy (CLASP)

Center for Women Policy Studies

Childcare Law Center

Children's Disability Project of Greater Boston Legal Services,
On Behalf of Eligible Clients

Children and Adults with Attention Deficit Hyperactivity Disorder (CHADD)

The Children's Leadership Council

Child Welfare League of America

Coalition on Human Needs

Community Justice Project

Community Legal Services, Inc.

Connecticut Legal Services, Inc.

Council of Parent Attorneys and Advocates, Inc. (COPAA)

Disability Law Center

Disability Rights Education and Defense Fund

Easter Seals

Empire Justice Center

⁶ Shawn Fremstad and Rebecca Vallas, Supplemental Security Income for Children with Disabilities, Social Security Brief No. 40, National Academy for Social Insurance (Nov. 2012), available at http://www.nasi.org/sites/default/files/research/SSI_For_Children_Disabilities.pdf.

Family Voices
Greater Hartford Legal Aid
The Half in Ten Campaign, Center for American Progress
Health & Disability Advocates
Homeless Advocacy Project
JustChildren, a Program of the Legal Aid Justice Center
Judge David L. Bazelon Center for Mental Health Law
LAF, Formerly Legal Assistance Foundation of Metropolitan Chicago
Legal Aid Society
Legal Assistance Resource Center of CT
Massachusetts Law Reform Institute
Mental Health America
National Association of Councils on Developmental Disabilities
National Association of Disability Representatives
National Association for Mental Illness (NAMI)
National Association of School Psychologists
National Association of State Directors of Special Education (NASDSE)
National Center for Law and Economic Justice
National Center for Learning Disabilities
National Council for Community Behavioral Healthcare
National Disability Rights Network
National Law Center for Homelessness and Poverty
National Organization of Social Security Claimants' Representatives
National Respite Coalition
Sargent Shriver National Center on Poverty Law
School Social Workers Association of America
Statewide Poverty Action Network, Seattle
Success Against All Odds
The Arc of the United States
Virginia Poverty Law Center
Voices for America's Children
Western Center on Law and Poverty
Youth Law Center

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