



# Engaging transition-aged youth with disabilities receiving SSI

**Improving the Trajectories for Youth with Disabilities and Families Living in Poverty**

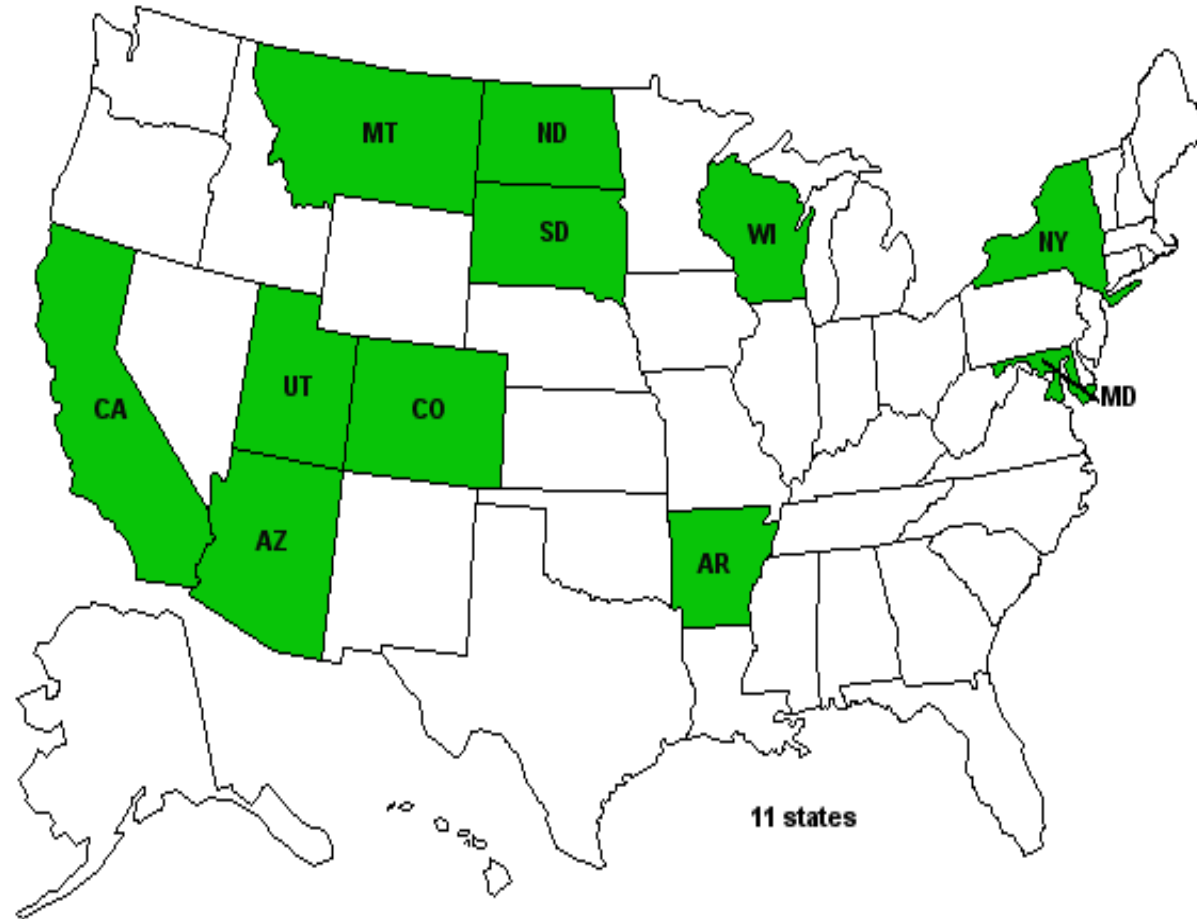
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# Promoting the Readiness of Minors in SSI (PROMISE)

- Target Population: Youth, 14-16 years of age enrolled in the SSI program through the Social Security Administration, and their families.
- Six grant awardees (FY 2013 for 5 years) were required to recruit 13,172 participants for the study (all MDPs were required to recruit 2,000 participants , except CA – 3,172 participants); recruitment ended on 4.30.16 and all MDPs met or exceeded their enrollment targets (total enrollment- 13,444/102%).
- Experimental Research Design: RCT used to test interventions to predict positive outcomes for SSI eligible youth. The control group continues to receive typical services available to them in their state.
- To encourage new ways of providing support to improve education and employment outcomes for youth with disabilities in poverty and their families and to build an evidence base on the effectiveness of promising interventions related to the transition from school to postsecondary education and employment



# Core Features

- **Develop partnerships** with multiple state agencies and organizations
- **Provide services and supports** which include:
  - case management
  - benefits counseling and financial capability services
  - career and work-based learning experiences, to include paid employment in integrated settings
  - parent training and information
- **Participant outreach and recruitment**
- **Provide technical assistance and training** to include professional development for stakeholders

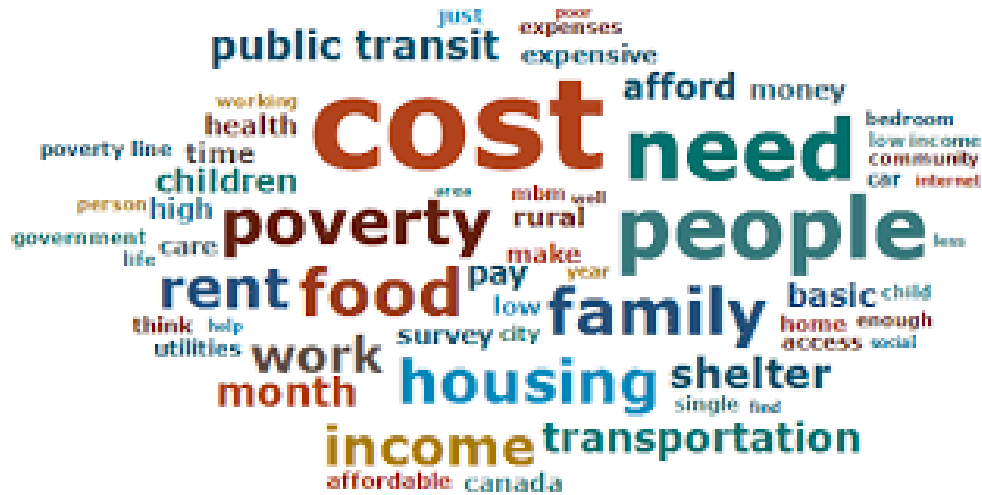
## *Of note:*

- All youth received SSI (Supplemental Security Income), meaning their **household incomes are deemed low enough to be eligible**
- **Not all youth had IEPs or 504 Plans**

# Demographics/Key Characteristics

Project	Predominant Race/Ethnicity	Predominant Disability
Arkansas	Black	Other Mental Impairments, I/DD
ASPIRE	White, Hispanic, Native American	I/DD, Other Mental Impairments
California	Hispanic	I/DD, Other Mental Impairments
Maryland	Black	Other Mental Impairments, I/DD
New York	Hispanic	Other Mental Impairments, I/DD
Wisconsin	Black, White	Other Mental Impairments, I/DD

# Impacts of Poverty on Decision Making



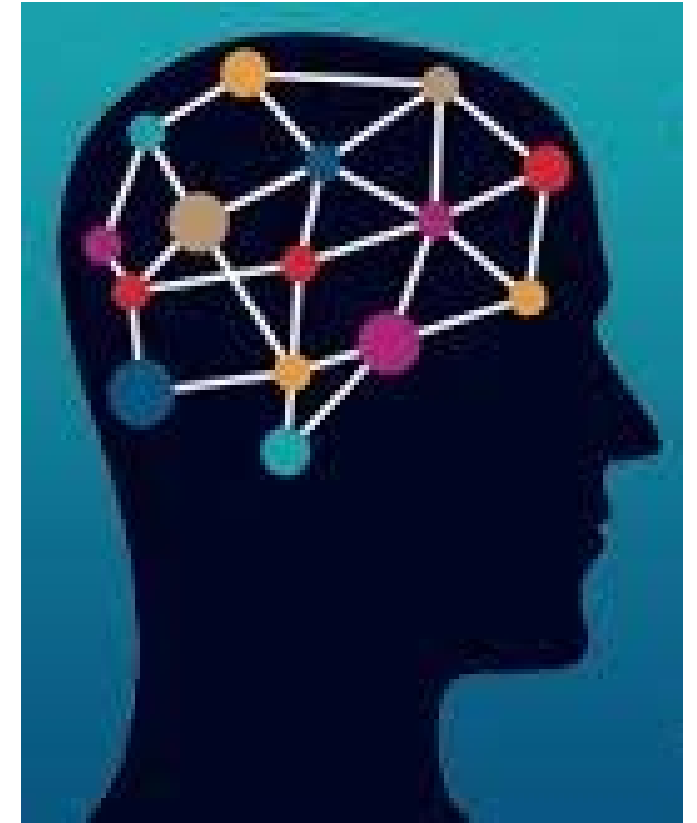
- **Resource scarcity**

- **Scarcity is distracting** (attention, time, money) - managing resources requires increased attention and self control, which leads to cognitive “depletion”.
- **Depletion is associated with present decision making** - a focus on the current short term problems as opposed to forethought and action to avoid long term issues.

# Behavioral Economics Research

## Findings

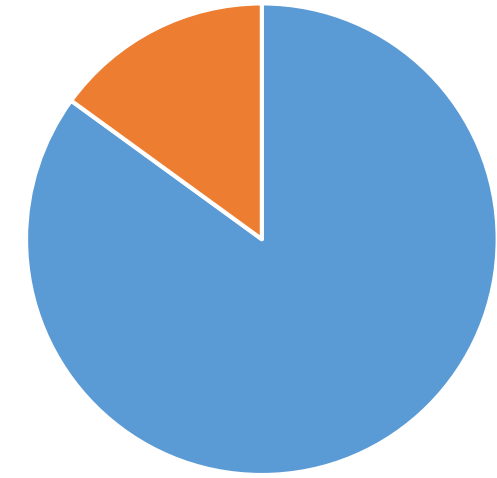
- Poverty depletes parents' cognitive resources = little space for making everyday decisions about parenting.
- Low-income parents are at greater risk for depression and anxiety - poverty's "mental tax".
- When parents are distracted or depressed, there is more emotional withdrawal and conflict.
- Impulsive behavior, poor performance in school, poor financial decision-making may be products of a feeling of scarcity.
- Just thinking about scarcity taxes the mind and increases stress.
- Policies and programs need to consider scarcity-induced behavior in their designs.



# Finite Cognitive Capacity

- Present vs Future decision making
  - If time and effort is needed to meet basic needs in the present, there is less energy for decision-making focused on the future.
  - Inventions targeting present-thinkers need to be delivered in a way that solves an immediate problem or need
  - The intersection of disability and poverty increases present thinking

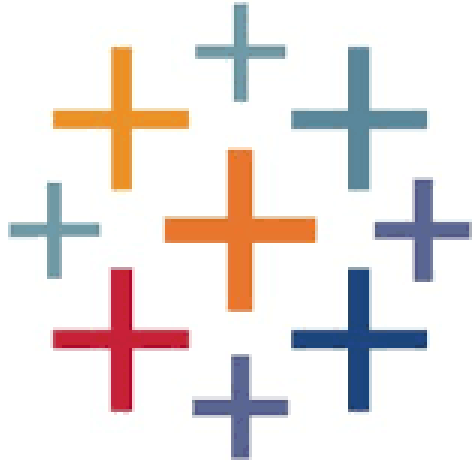
Finite Cognitive Capacity



- Present thinking
- Future thinking



# PROMISING Services for Employment



- Face-to-face case management meetings
- Career exploration activities
- Participation in PROMISE training
- Connections to community services and supports

# Employment indicators (ASPIRE)

## April, 2016 to March, 2019

These data show significantly different levels of service intensity for employed vs not-employed ASPIRE youth.

	Range	Employed (n = 355)	Not Employed (n = 521)	P-value
Face-to-face meetings	0-36	20 mtgs	12 mtgs	p <= .001
Career exploration activities (by qtr)	0 - 12	3.2 qtrs	1.2 qtrs	p <= .001
Hours of training *	0 – 54	13.9 hours	6.7 hours	p <= .001
Benefits plan		57%	39%	p <= .001

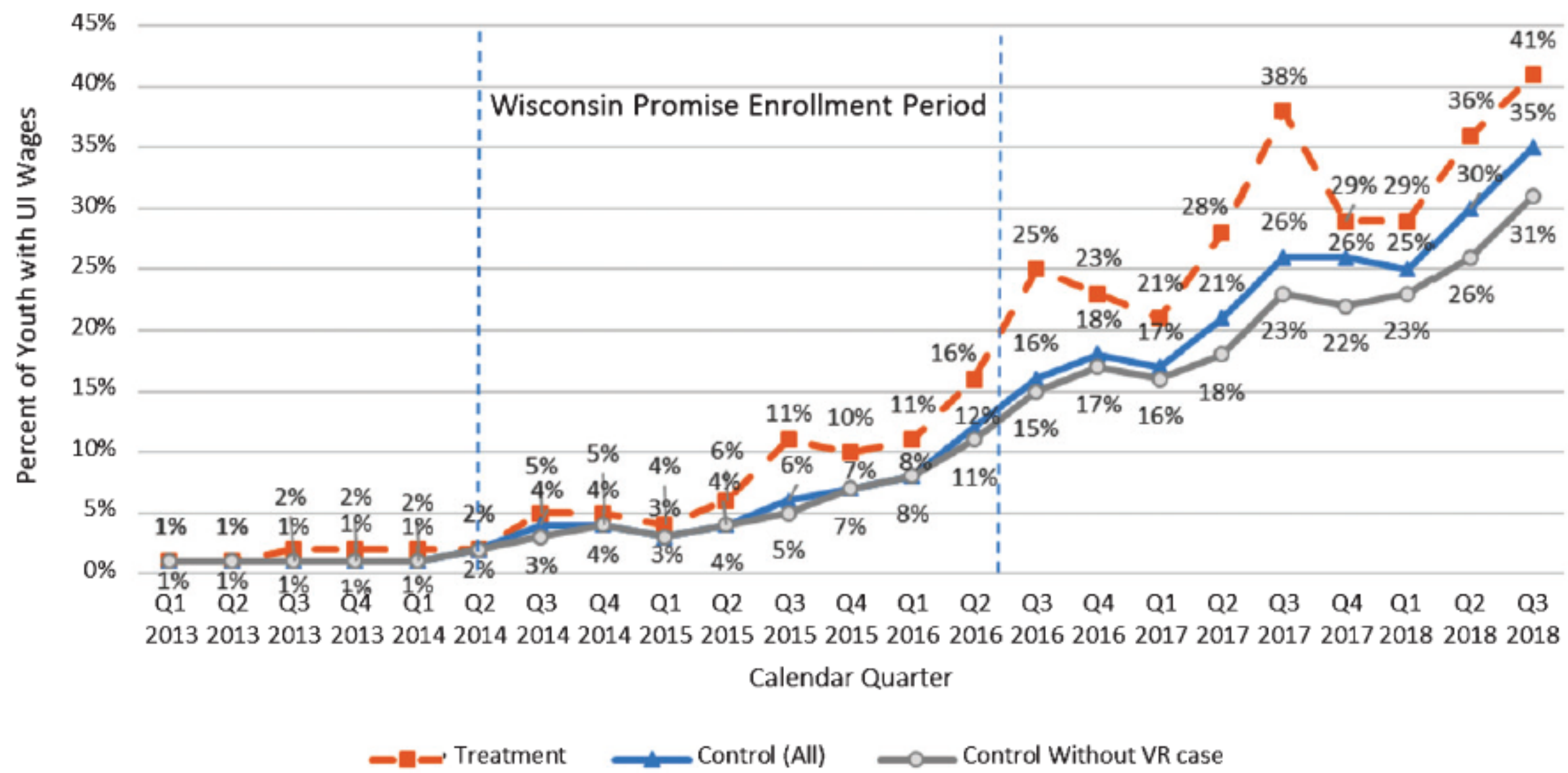
# Promise Participation in Wisconsin Division of Vocational Rehabilitation (DVR)

- Wisconsin Promise is demonstrating the importance of connecting youth receiving Supplemental Security Income (SSI) to Vocational Rehabilitation (VR).
  - Treatment group youth show higher VR participation and employment rates.
  - In addition, treatment group youth who have had paid work experiences and training on the job, have higher employment rates.

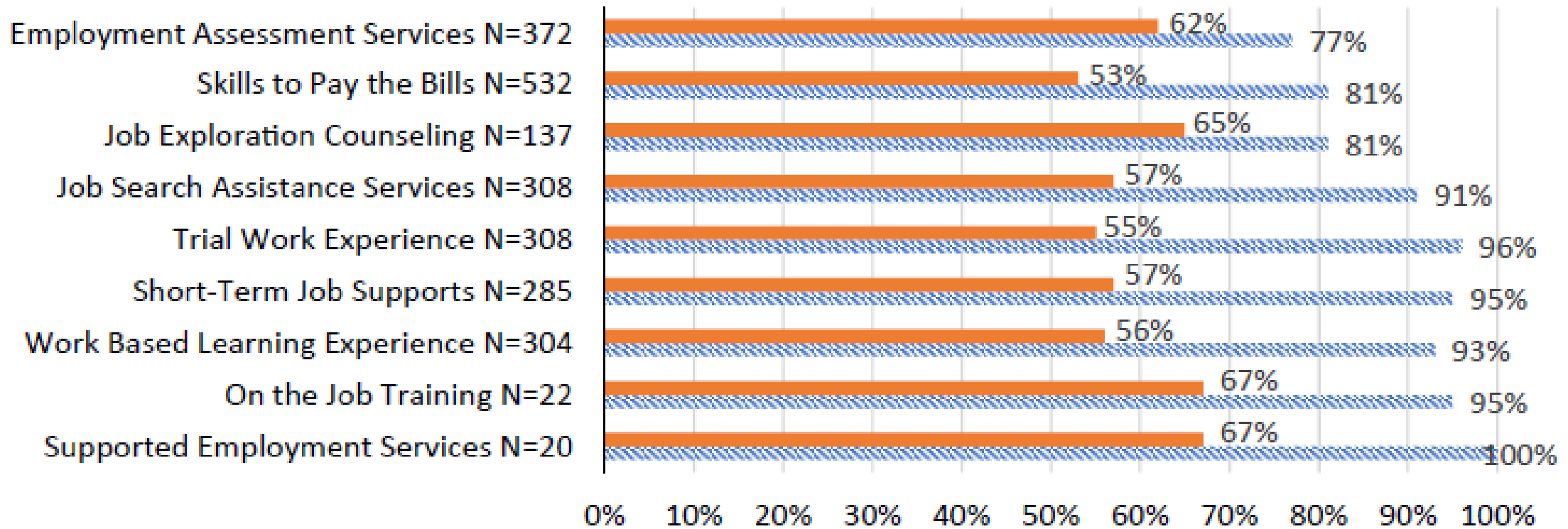
# Promise Participation in Wisconsin Division of Vocational Rehabilitation (DVR)

- 89% of PROMISE youth had at least one face to face meeting with their Wisconsin PROMISE DVR Counselor.
  - An additional 8% at least one phone conversation
- 88% Individual Plan for Employment (IPE)
  - After the initial IPE was written, engagement ratings:
    - 50% highly engaged in services
    - 23% mixed engagement
    - 27% low engagement
- 71% of PROMISE youth received employment services.

# Youth (14 or Older) Employment Rates by Quarter



## PROMISE Employment Services and Outcomes



Percent of Youth who had UI wages in at least 1 quarter of PROMISE

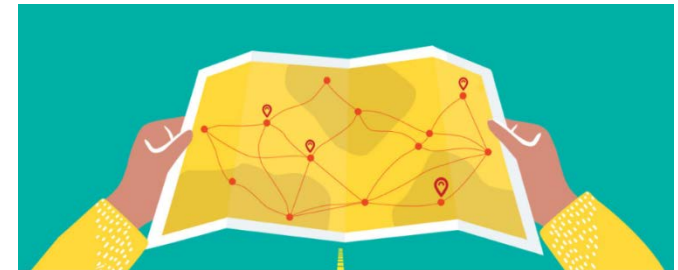
■ No did NOT utilize the service    ▨ Yes utilized the service

See JVR Double Special Issue Featuring PROMISE Projects:

<https://content.iospress.com/journals/journal-of-vocational-rehabilitation/51/2?start=0>

# Connecting Youth Receiving SSI and their Families to Services and Supports

- Medicaid
  - Healthcare, Long Term Care, Mental Health
- School
  - Academic Career Plans,
  - Individual Education Programs (IEPs), Post-Secondary Transition Plans (PTPs)
- Workforce Support
  - Division of Vocational Rehabilitation (DVR)
    - Individual Plan for Employment (IPE)
  - Youth Apprenticeships
  - Employment and Training Programs at Job Centers
- Child Welfare
  - Independent Living Services
- Wisconsin Works (W2)
  - Transitional Jobs Programs



<https://promisewi.com/transition-guide/>

# Issues of Engagement

- Many PROMISE youth and families did not engage in available services

ASPIRE Participation Rates	Year 1	Year 2	Year 3	Unique Participants
<b>2+ hrs self-determination training</b>	19%	21%	13%	37%
<b>6+ hrs</b>	6%	9%	4%	14%
<b>2+ hrs parent transition training</b>	12%	10%	9%	22%
<b>6+ hrs</b>	4%	3%	2%	8%
<b>2+ hrs financial literacy training</b>	6%	9%	56%	60%
<b>6+ hrs</b>	1%	2%	53%	54%
<b>6+ face-to-face mtgs</b>	50%	50%	55%	70%
<b>9+ mtgs</b>	26%	28%	33%	44%
<b>1+ job exploration activities</b>	49%	55%	49%	44%



# Low Engagement

- Initial engagement was defined as completion of a combined/family youth plan.
  - Maryland defined ongoing engagement as making contact every 60 days.
- Required active field based engagement versus sitting behind a computer screen.
  - Staff were used to be able to “close” unresponsive cases.
  - Some staff were not comfortable going into communities.
- Individuals lack minutes for cell phones, or used burner phones which meant numbers changed, access to computers limited
- Individuals started from a place of mistrust based on previous experiences.

# No Wrong Door?



- Youth and families eligible for lots of services and supports, but POVERTY can get in the way:
- Living day to day makes it difficult to jump through all the required hoops to access needed services
- Training/services are not always user friendly, and do not always account for hardships of poverty:
  - Trauma/Crisis
  - Basic Needs (food, shelter, communication, transportation)
  - Competing Family Demands
  - Ambivalence
  - Training structure (theory vs. hands on/practical instruction)
  - Truly meeting youth/family where they are at

# Crisis Management: From Training to Support

- Family Advocacy group trainings
  - Low attendance
- Need for support to connect to resources

## **Transform from a model of Training to Family Peer Support**

- Wisconsin PROMISE Family Advocates
  - Help identify and navigate supports
  - Increase expectations of what is possible
    - Work, integration, increased independence, living
  - Help youth with self-advocacy
  - One on one family support; When and where families are at

# PROMISE Family Advocates

- Hired for lived experience, not professional qualifications
- Family members of youth with disability
- Bilingual
- Peers of Promise participants
  - 5 of the 10 are Promise participants
- Work with a coach to fill in content
- Flexible scheduling: available evenings and weekends
- Flexible meeting locations: people's homes, library, fast food restaurants, parks, school
- Cultural competence
- Personal experience/empathy



# As the family advocates see it...

- Team facilitator
- Connector
- Mediator
- Teacher and Mentor
- Supporter and Cheerleader
- “I am anything they need me to be.”



# Trauma Informed Targeted Case Management

- Ensuring to continue to connect to SSI youth and families to education, employment, and financial services and supports
  - Outreach to SSI youth and families about existing services/supports (**postcards**, other outreach)
  - Targeted Case Management to connect youth and families to supports?
    - Employment Focused
    - Strength-Based/Empowerment (Person Centered, Rapid Engagement, Motivational Interviewing, Trauma Informed Care)
      - **Important balance of crisis management and goal attainment**
    - SSA Navigation
  - Inter-agency Data Sharing
- Community Conversations: Empowering Local Communities

# Holistic Family Approach to Case Management

- Services to the entire family
  - “You worked with their parents, grandparents, extended family, whoever else may be involved in their life”
- Collaborations with multiple social support systems to address family issues
- PROMISE services while working through family crisis
  - Help families meet physiological and safety needs, and build their trust for engaging in higher level needs.



# PROMISE Family Supports Video





# Strategies to Address Barriers to Engagement

- MD Supplemental Case Managers focus could be only on engagement.
- Tools to track engagement helped to identify when staff were getting stuck.
- All community based staff were expected to go into any and every community.
- Flexibility and persistence and multi modes were key.
  - Phone, text, in person over and over.
  - Holiday and birthday cards and outreach across every type of mode.
  - Needed to have a win/solution to an issue early in the process to demonstrate staff could help.
  - Staff needed to have their “office” on the go.



# Targeted Messaging



- While incentives were important for initial engagement, could not rely on them on an ongoing basis.
- Staff needed to be able to respond quickly and effectively when engagement was made.
  - Cut down on paperwork
  - Call back immediately - having to wait for a response or follow-up increased the likelihood of disengagement.
- Expectations

# Tailored strategies

- Rural vs urban
- Native Americans/Indian Reservation
- Non obvious
- I/DD
- Extreme poverty means things such as food, childcare, and transportation are needed to be provided when having trainings
- Across all sites traditional models of delivering services and trainings were not effective, Needed to develop alternatives, break information down into smaller, more manageable chunks and provide more one-on-one than group based or even “on line”.



# Using Incentives to Increase Engagement



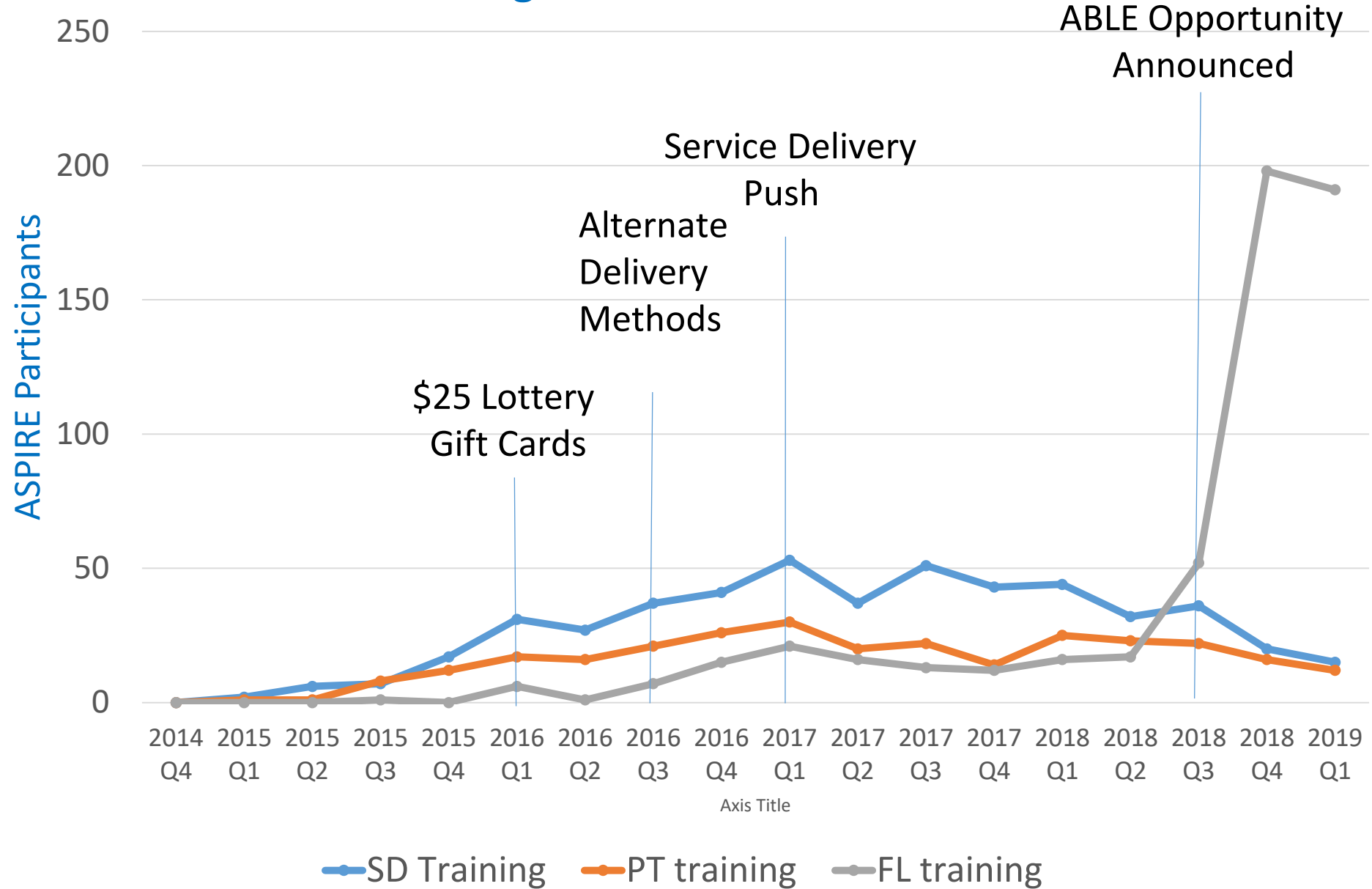
- Strategy to overcome “optional” engagement with services and address present-thinking
- Incentive strategies
  - Immediate vs delayed
  - Guaranteed vs chance
  - Large vs small
  - Monetary vs non-monetary

# ASPIRE Incentives to Promote Training Attendance



- Small incentives
  - Food and caretaking (non-monetary)
  - Training venue with built in “mini-vacation”
  - Lottery gift cards
  - Recognitions
- Large incentive
  - ABLE deposits
  - Contingent on meeting financial capability training requirement (6 hours) and benefits planning.

# Training Attendance Over Time



# Wisconsin PROMISE Individual Development Accounts (IDAs)

- Increasing Financial Self-Sufficiency
  - Work Incentive Benefits Counseling
  - Financial Capability Building
  - Individual Development Accounts (IDAs)

# Wisconsin PROMISE Individual Development Accounts (IDAs)

- Initial \$25 deposit
- Save \$250
- Match \$1000 towards purchase to help with education, employment, financial goals
  - Transportation, Housing, Employment, Financial Debt, etc.
- 525 IDAs
  - 290 Youth; 214 Parent; 21 Household
  - Total participant balance: \$131,498.57 (ranging from \$10 to \$2971, average \$250)
  - 204/290 (70%) Youth continued saving in their IDAs after PROMISE (continued engagement after PROMISE Services ended 9/30/18)



# Interagency Lessons Learned

- Providing services where youth are at (including in schools)
- Collaboration across plans IEP to IPE to (if needed) Long Term Care
- **Customized Employment and Supported Employment (including Systematic Instruction) Capacity Building**
  - Focus on matching interests, skills, abilities with workforce needs of local businesses
- Improve Service Delivery and Accessibility for SSI youth and family members
  - Implement Best Practice learned through PROMISE service delivery
- **Family Support** – Work across agencies to ensure the family members of youth with SSI have the support needed to navigate services and systems and information on post-school possibilities

# PROMISE Lessons Learned Influence Policy and Practice

- Pre-Employment Transition Services
  - Skills to Pay the Bills Soft Skills Training
    - <https://www.dol.gov/odep/topics/youth/softskills/>
  - Self-Advocacy Training
    - Youth Engagement in Service Delivery
    - Use of Technology (Communication/Connecting to Services/Delivery of Services)
- Work Incentives Benefits Counseling
  - Financial Capability Trainings
- Relationships with Schools, DVR, Long Term Care, and Mental Health
- Rapid Engagement, Motivational Interviewing, and Trauma Informed Care

# Intersection of Poverty and Disability

- Strong correlation between poverty and disability but more work needs to be done to integrate the disability knowledge and resources into the poverty world.
- Human services invest a significant amount of time on helping youth and families onto SSI, and as a result, often view them as being unable to work.
- Many youth with non obvious disabilities don't identify and so are not connected/unwilling to connect to disability services.

- Order of selection and waiting lists mean youth in poverty with the least significant disabilities, particularly those who are not found eligible at age 18, are not able to access Vocational Rehabilitation.
- Families in poverty often are in crisis and need intensive support to link to/apply for any sort of resources.
- Housing and utilities are a significant source of family stress/poverty.



# Questions?

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