

Improving the Outcomes of SSI Youth through Information and Counseling

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Introduction and goals

▶ Who we are

- ▶ Researchers at the University of Chicago implementing a pilot program to improve the outcomes of SSI youth
- ▶ Deshpande studies the long-term outcomes of SSI children working with the Social Security Administration
- ▶ Dizon-Ross evaluates interventions to improve the outcomes of disadvantaged youth, especially information-based interventions

▶ Goals

1. Share results from research on the long-term outcomes of SSI youth
2. Solicit feedback on pilot to improve outcomes of SSI youth through information and counseling
3. Find VR and school district partners to participate in pilot

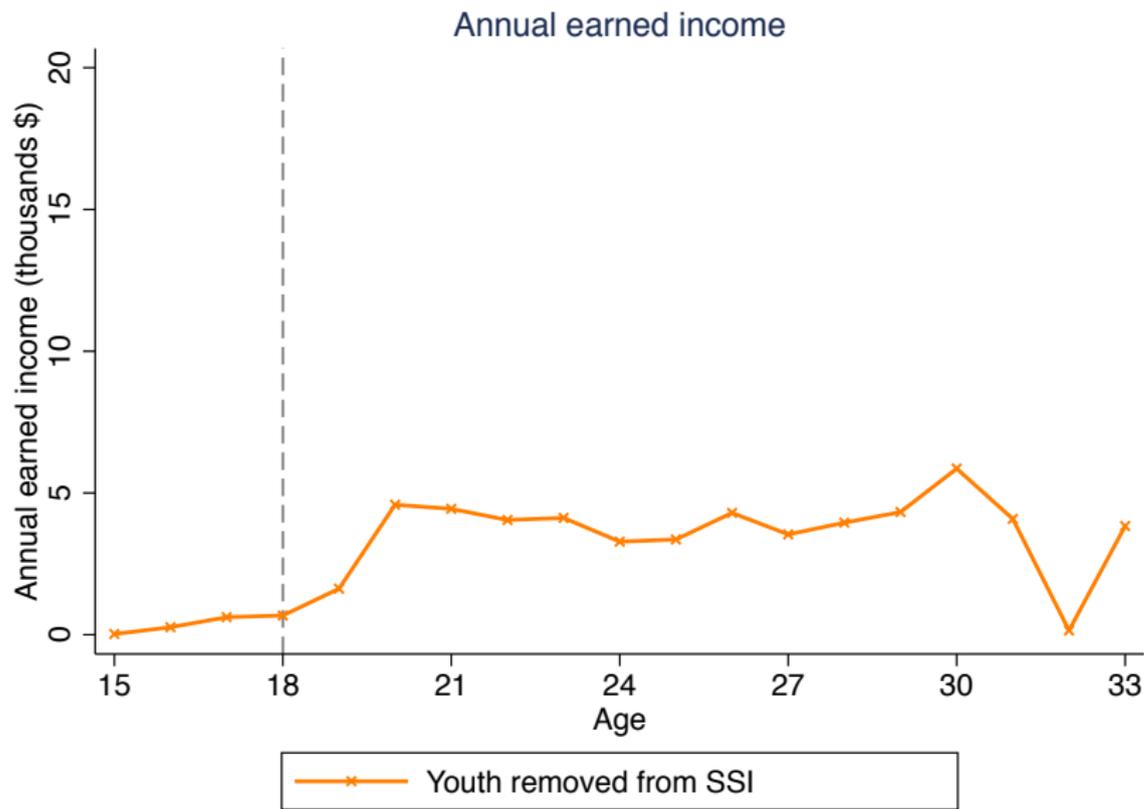
SSI background

- ▶ SSI largest cash welfare program in the United States
 - ▶ Annual expenditures more than double TANF: \$50 billion per year to 8 million recipients, including more than 1 million children
 - ▶ Federal benefit \approx \$9,000/year, categorical Medicaid eligibility
- ▶ SSI youth at risk for poor life outcomes
 - ▶ Households with incomes near poverty, fewer than two parents
 - ▶ Majority diagnosed with behavioral and mental conditions
 - ▶ High dropout and arrest rates, low employment rates in adulthood
- ▶ All children must requalify as adults when they turn 18
 - ▶ Definition of disability changes at age 18
 - ▶ Overall removal rate 40%, but as high as 80% for certain conditions

Problem: Poor life outcomes of SSI youth

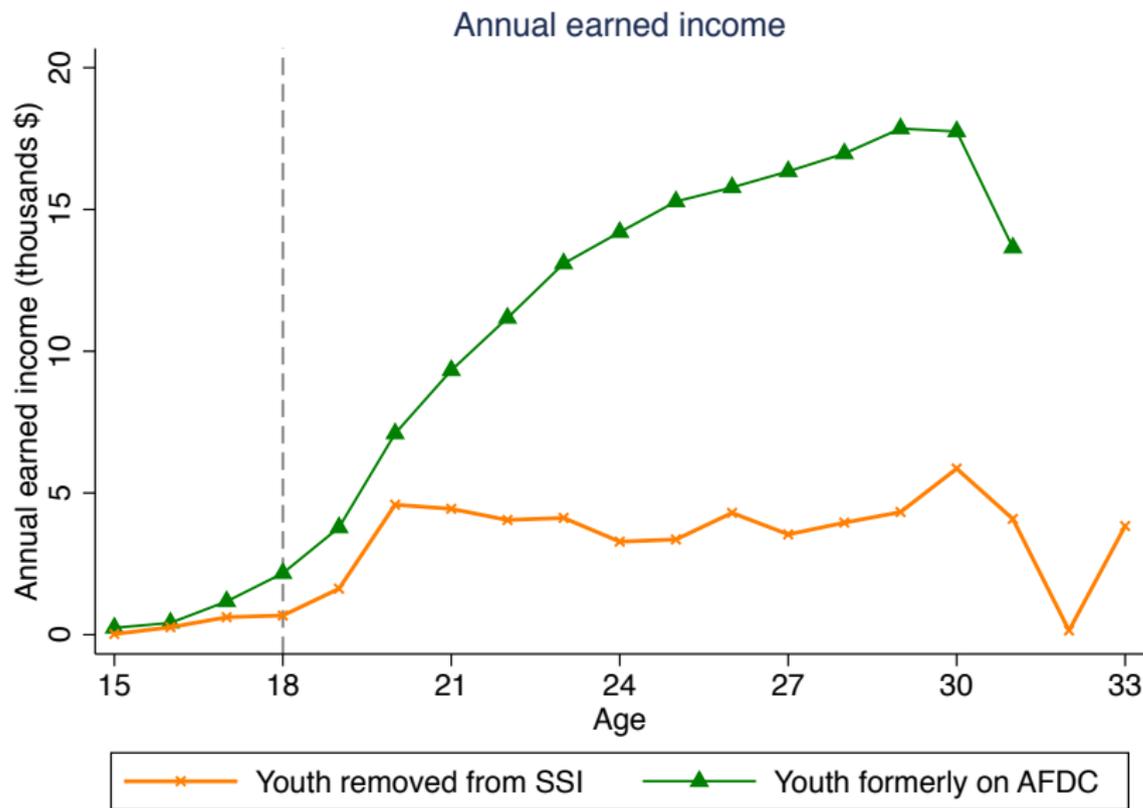
- ▶ SSI youth with mental conditions other than intellectual disability
 - ▶ High school drop-out rates of 45% and arrest rates of 30% in adolescence (Hemmeter et al. 2009)
 - ▶ Low employment rates in adulthood (Davies et al. 2009)
- ▶ Deshpande (2015) studies the effect of removing SSI youth at age 18
 - ▶ Lose on average \$8,000/year in SSI income
 - ▶ Recover only \$2,600/year (one-third of loss) in earnings
 - ▶ Lose additional \$1,000/year in DI income
 - ▶ Low lifetime earnings and minimal earnings growth over time

Problem: Poor life outcomes of SSI youth



Source: Deshpande (2015)

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Hypothesis: Misinformation contributes to poor outcomes

- ▶ Qualitative evidence: families poorly informed about likelihood of SSI removal when child turns 18 and what removal means for child
 - ▶ Johnson et al. (2007): Families have limited understanding of SSI and age 18 redetermination process, often comes as a surprise
 - ▶ Discussions with VRs, advocates, ALJs, and other professionals who work with SSI youth suggest lack of information or misinformation
 - ▶ Feedback: Are these accounts consistent with your experience?

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 - ▶ Discussions with VRs, advocates, ALJs, and other professionals who work with SSI youth suggest lack of information or misinformation
 - ▶ Feedback: Are these accounts consistent with your experience?
- ▶ Substantial variation in removal rates by diagnosis: 40% overall, but 70% or higher for certain mental conditions (Hemmeter & Gilby 2009)
- ▶ Overestimating likelihood of continued benefits may cause underinvestment in children's education and health

Pilot: Provide information about removal and resources

- ▶ Work with SSA and state VR agencies to provide families of SSI children with information:
 - ▶ Likelihood of removal from SSI
 - ▶ Based on child's state, primary and secondary diagnosis, medical diary reason (severity), and years on SSI
 - ▶ E.g., "70% of SSI children in the same diagnosis and severity category as your child are removed from SSI when they turn 18"
 - ▶ What removal means
 - ▶ Loss of SSI cash benefits and categorical Medicaid eligibility
 - ▶ Resources available to help family
 - ▶ Higher earnings among those who finish high school
 - ▶ How to learn about and enroll in VR services
 - ▶ SSA work incentives

Pilot: Target youth with high likelihood of removal

- ▶ Sample: SSI children ages 13-17 who have non-permanent conditions
 - ▶ Send low-cost written information to all
 - ▶ Target higher-cost counseling treatment to those with highest likelihood of removal
 - ▶ We expect larger effects for younger children because they receive greater exposure to treatment, and have more time to take action
- ▶ Feedback: is this the age range and sample that you would choose?

Pilot: Transmit information via letters and counselors

- ▶ Currently, communicate information through two channels:
 1. Written communication
 - ▶ Annual letters mailed to family
 - ▶ Continuation notices following child continuing disability review
 - ▶ Feedback: How can we make letters as effective as possible?
 2. Counseling
 - ▶ Benefits counselors or VR counselors call families to reinforce and clarify information, answer questions, and refer to VR
 - ▶ Counselor will help families understand and internalize information and make a plan to act on it
 - ▶ Outreach may encourage families to enroll in VR
 - ▶ Feedback: How can we make counseling as effective as possible?

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 - ▶ Outreach may encourage families to enroll in VR
 - ▶ Feedback: How can we make counseling as effective as possible?
- ▶ Next, we want to partner with school districts to provide this information through schools

Pilot: Partner with school districts

- ▶ In addition to letters and counseling, potentially add a third treatment: information delivered through schools
 - ▶ Since schools are familiar environments, we think families are likely to trust and act on information delivered by schools
 - ▶ Schools would provide families with information on removal and resources through existing interactions, e.g., IEP meetings
 - ▶ Benefits to schools: increased student achievement, low staff time and monetary costs
 - ▶ Randomize at school level for logistical and ethical reasons
- ▶ What questions would school districts have about participating?

Pilot: Given limited resources, randomize youth into groups

- ▶ Control Group: Written communication with information about resources available to SSI children
- ▶ Resources Counseling Group (T1): Receives same written communication as Control, plus contact from counselor to reinforce and clarify information
- ▶ Information Letter Group (T2): Receives same written communication as Control, plus personalized written information about likelihood and consequences of removal
- ▶ Full Treatment Group (T3): Receives same written communication as T2, plus contact from counselor to reinforce and clarify resources information and removal information

Pilot: Evaluate long-term outcomes and mechanisms

- ▶ Long-term outcomes in administrative data
 - ▶ Educational achievement (e.g., test scores, high school completion)
 - ▶ Employment and earnings
 - ▶ Criminal record
- ▶ Intermediate outcomes and channels through survey data
 - ▶ Understanding of age 18 process (e.g., likelihood of removal)
 - ▶ Planning and goals (e.g., want child to finish high school, seek employment after high school)
 - ▶ Behavior changes (e.g., parental involvement, child effort in school)

Questions for discussion

- ▶ Do you think the pilot will be effective in improving outcomes? What would make it more effective?
 - ▶ Letters vs. counseling
 - ▶ Different VR models (e.g., benefits vs. VR counselors, in-house or contracted)
- ▶ What is your experience when communicating with SSI families?
- ▶ How can we maximize the effectiveness of letters?
 - ▶ E.g., frequency, language, framing, etc.
- ▶ How can we maximize the effectiveness of counselor calls?
 - ▶ E.g., frequency, content, structured vs. open discussion, etc.
- ▶ Please contact us: mdeshpande@uchicago.edu, rdr@chicagobooth.edu

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Are you interested in participating?

- ▶ Please contact us if your VR agency or school district is interested in participating
 - ▶ Manasi Deshpande: mdeshpande@uchicago.edu
 - ▶ Rebecca Dizon-Ross: rdr@chicagobooth.edu
- ▶ If you can't participate, knowing what barriers to participation you face would be helpful to us
- ▶ We welcome any and all feedback in the design of this pilot—thank you!

Appendix

Why do we expect information to be effective?

- ▶ Information has been shown to improve outcomes in broad variety of human capital contexts
 - ▶ Informing students about "return to schooling" most cost-effective education intervention evaluated (Nguyen 2008; Jensen 2010)
 - ▶ Informing parents about children's school performance decreases drop-out and increases achievement (Bergman 2014; Dizon-Ross 2015)
 - ▶ Effects of information likely even larger in this context because evidence suggests highly inaccurate knowledge
- ▶ Information may increase take-up and effectiveness of training and employment supports
- ▶ Information relatively easy to implement and scale, politically feasible

Pilot: Measure each step in process

- ▶ Steps that need to occur for intervention to be effective
 1. Families must receive and understand information
 2. Families must change beliefs about removal
 3. Families must change plans regarding human capital investment
 4. Families must carry through on plans to change investment behavior
 5. There must be a return to human capital investment

Pilot: Measure each step in process

- ▶ Steps that need to occur for intervention to be effective
 1. Families must receive and understand information
 - ▶ For letters: Track returned mail, ask families to text code on letter for prize, refer families to website for info
 - ▶ For counselor calls: Use VR data on calls
 - ▶ For both: Ask about information in endline survey
 2. Families must change beliefs about removal
 3. Families must change plans regarding human capital investment
 4. Families must carry through on plans to change investment behavior
 5. There must be a return to human capital investment

Pilot: Measure each step in process

- ▶ Steps that need to occur for intervention to be effective
 1. Families must receive and understand information
 2. Families must change beliefs about removal
 - ▶ Baseline and endline surveys of beliefs
 - ▶ Ask about beliefs of own removal and others' removal
 3. Families must change plans regarding human capital investment
 4. Families must carry through on plans to change investment behavior
 5. There must be a return to human capital investment

Pilot: Measure each step in process

- ▶ Steps that need to occur for intervention to be effective
 1. Families must receive and understand information
 2. Families must change beliefs about removal
 3. Families must change plans regarding human capital investment
 - ▶ Parent and child goals for education and employment and how they plan to meet goals
 - ▶ Lab-in-the-field measures of investment: e.g., real-stakes choice between child scholarship or family vacation
 4. Families must carry through on plans to change investment behavior
 5. There must be a return to human capital investment

Pilot: Measure each step in process

- ▶ Steps that need to occur for intervention to be effective
 1. Families must receive and understand information
 2. Families must change beliefs about removal
 3. Families must change plans regarding human capital investment
 4. Families must carry through on plans to change investment behavior
 - ▶ Survey data: child behavior (e.g., study habits, school effort, training and employment), parent behavior (e.g., involvement in school, time spent with child), rehabilitation efforts (e.g., therapy)
 - ▶ School records: test scores, grade completion, disciplinary action
 - ▶ SSA and VR data: take-up of vocational rehabilitation, work incentives
 - ▶ IRS data: college attendance
 5. There must be a return to human capital investment

Pilot: Measure each step in process

- ▶ Steps that need to occur for intervention to be effective
 1. Families must receive and understand information
 2. Families must change beliefs about removal
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 4. Families must carry through on plans to change investment behavior
 5. There must be a return to human capital investment
 - ▶ SSA: earnings in adulthood, disability receipt
 - ▶ State and local: arrests and incarceration spells