

Supplemental Security Income and Vocational Rehabilitation for Transition-Age Individuals with Disabilities

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ABSTRACT

This study analyzed the 1996 Rehabilitation Services Administration's (RSA) 911 case service database to determine the characteristics of 59,624 transition-age Supplemental Security Income (SSI) program participants and nonparticipants who exited a vocational rehabilitation program with employment outcomes. Analyses focused on vocational rehabilitation closure statuses, major disabling conditions, earnings and benefits, and services and training received. Findings indicated that SSI participants were just as likely to achieve employment outcomes as SSI nonparticipants. Transition-age SSI participants worked fewer hours and earned less than their nonparticipant counterparts, and employed SSI participants who exited the vocational rehabilitation program were most often persons with mental retardation who continued to receive public assistance income while working. These findings and issues are discussed in terms of policies that emphasize increased work and earnings through the use of SSI work incentives and the provision of timely, consumer oriented services through the vocational rehabilitation program.

Although numerous federal and state programs promote employment (U.S. General Accounting Office, 1996), the Supplemental Security Income (SSI) and vocational rehabilitation programs are particularly important for the work choices made by youth and young adults with disabilities. The Social Security Administration's SSI program provides cash assistance, Medicaid linkages, and special work incentives for eligible persons with disabilities. Through the vocational rehabilitation program, state agencies provide training and services designed to assist individuals in achieving employment outcomes. Both programs require that eligible persons have a medically determinable disability. For adults 18 years and over, SSI eligibility is also based on an inability to earn \$500 or more per month, the current criterion for substantial gainful activity. Because SSI eligibility is linked to earned income, decisions regarding vocational rehabilitation and paid employment may be problematic for many transition age persons with disabilities and their families.

Research suggests that youth with disabilities who take advantage of paid employment opportunities during high school have a stronger likelihood of continued employment after graduation (Benz, Yovanoff, & Doren, 1997; D'Amico, 1991; Enchelmaier, Kohler, & Rusch, 1994; Hasazi, Gordon, &

Roe, 1985; Kohler, 1993). However, other data show that only 6.1 % of all SSI participants-or 319,469 persons-were working for pay in 1998 (Pickett, 1998). In addition, persons entering the SSI program tend to remain on the rolls for extended periods of time (Kochhar & Scott, 1995; Rupp & Scott, 1995). Given that the total number of SSI participants has nearly doubled over the past decade (U.S. General Accounting Office, 1995), encouraging youth and young adults with disabilities to pursue work opportunities early in life may generate long-term personal benefits as well as reduce dependency on SSI cash benefits (Brady, 1995; National Academy of Social Insurance, 1996; Social Security Administration, 1995).

Coordination of the SSI program with vocational rehabilitation is critical for improving the employment outcomes of youth and young adults with disabilities. Analysis of the characteristics of young adults with disabilities who work may yield important information for policy makers and practitioners seeking to improve the employment outcomes of youth with disabilities. Therefore, the purpose of this study was to examine the employment outcomes of youth and young adults from ages 16 to 24 years who participated in the vocational rehabilitation and SSI programs. Specifically, the following questions were addressed:

1. What are the employment outcomes for transition-age individuals who participate in the SSI and vocational rehabilitation programs?
2. For those who achieve employment outcomes, what major disabling conditions exist?
3. What are the earnings, income, and benefit characteristics of workers who participate in the SSI and vocational rehabilitation programs?
4. What vocational rehabilitation services and training did SSI participants receive?

To address these research questions, data from the RSA 911 database were analyzed.

Method

Sample

The RSA 911 database includes information on all persons exiting the vocational rehabilitation program during each fiscal year. For FY1996, the total number of persons who exited vocational rehabilitation was 581,486. Of these, 213,780 (36.8 %) cases were closed due to achievement of an employment outcome. The total number of transition-age persons age 16 to 24 years who received SSI benefits and exited the vocational rehabilitation program was 31,819. Of these, 12,649 individuals (39.7%) achieved employment outcomes.

Procedure

Using the FY1996 RSA 911 database, we analyzed variables related to individuals who participated in the SSI and vocational rehabilitation programs. First, the vocational rehabilitation closure statuses of SSI participants and nonparticipants were examined. At the time of closure, persons were classified as not accepted/other, "achieved employment outcomes" (i.e., rehabilitated), or without employment outcomes." Individuals who were placed in the not accepted/other category included those who were determined to be ineligible for vocational rehabilitation services at application, after extended

evaluation, or after being closed from a preservice list. Persons who were classified as achieving an employment outcome had completed their individualized written rehabilitation plan (IWRP) and had been suitably employed for at least 60 days. Those who fell into the without employment outcomes group had received vocational rehabilitation services but did not meet all criteria for achieving a successful employment outcome. In addition to closure status, major disabling conditions for SSI and vocational rehabilitation program participants were tabulated. Specifically, persons who received SSI were coded as having mental retardation, blindness or another visual impairment, deafness or hard of hearing, an orthopedic impairment, mental illness, a learning disability, a speech impairment, a traumatic brain injury, or "other," defined as follows:

1. Persons with mental retardation included those with mild, moderate, severe, and profound levels of retardation.
2. The blindness or another visual impairment category included persons with blindness in one or both eyes or with partial sightedness, cataracts, glaucoma, and other related impairments due to disease, accident, or injury.
3. Individuals identified under the deafness or hard of hearing category had impairments that were the result of a congenital condition, a degenerative or infectious disease, or an injury during any point in the life span (i.e., prelingual, prevocational, postvocational).
4. Orthopedic impairments encompassed cerebral palsy, muscular dystrophy, spinal cord injury, amputation, and other conditions affecting the joints, muscles, and bones.
5. Mental illness included psychotic and neurotic disorders such as schizophrenia, depression, and bipolar disorder.
6. Learning disabilities included any specific developmental disorders that might result in discrepancies between academic ability and achievement.
7. The speech impairment category was applied for those persons who had cleft palate, stuttering, or other speech impairments.
8. Persons classified as having traumatic brain injuries were those with hearing, visual, orthopedic, mental, and/or emotional disorders that originated through head injury.
9. The "other" category included persons with any other major disabling conditions such as deaf-blindness; autism; epilepsy; and circulatory, respiratory, or digestive conditions.

Earnings and income characteristics were calculated for mean hours worked per week, median weekly earnings, median public assistance income, percentage of persons with earnings above the substantial gainful activity level, the percentage of persons who were covered by insurance, and the percentage of persons who received employer-provided health insurance. Mean hours worked were computed by adding the number of hours worked for all employed youth and young adults, dividing the sum by the total number of cases, and multiplying this amount by 100. Rather than mean weekly earnings, median weekly earnings were reported so that skewing due to extreme outliers would be minimized. Both hours worked and weekly earnings reflected the total wages, salaries, tips, and commissions received in the week before case closure (Rehabilitation Services Administration, 1995).

As with weekly earnings, median public assistance income was reported. For the FYI 996 RSA 911 database, public assistance included payments made to the vocational rehabilitation consumer from the SSI program, Aid to Families with Dependent Children, general assistance, and state supplements to SSI. Monthly earnings above substantial gainful activity level were also estimated by multiplying the reported weekly earnings by 4 and determining the percentage of individuals with earnings equal to or

above \$500. Percentages for health insurance coverage of any type and available employer-provided health insurance coverage were also calculated. Service types were broken down into 13 categories:

- assessment; o restoration; o college/university training;
- business/vocational training; o adjustment training;
- on-the-job training;
- miscellaneous training;
- counseling and guidance;
- job-finding services;
- job placement;
- transportation;
- maintenance; and
- other services.

Table I shows RSA 911 definitions for all service and training categories.

Results

Findings are presented under the categories of employment outcomes, disabling conditions, earnings and benefits characteristics, and services and training. The relevant tables are referenced within each of these sections.

Employment Outcomes

Table 2 shows the closure status of SSI program participants and nonparticipants who exited the vocational rehabilitation program in 1996. As displayed, 7.5% of all SSI participants were not accepted into the vocational rehabilitation program after application, including those who were not accepted after an extended evaluation. Compared to the 19.6% of SSI nonparticipants, SSI participants were 2.6 times less likely to not be accepted into the vocational rehabilitation program after application. Also, persons who received SSI benefits at the time of application were more likely to achieve an employment outcome than nonparticipants, 39.7% versus 37.7%, respectively. This finding is tempered, however, when considering the 52.7% of SSI participants who were not employed after their IWRP was in place. Still, given the general perception that the SSI program is a disincentive to employment, the positive employment outcomes of SSI participants involved with the vocational rehabilitation program are noteworthy.

TABLE I
SERVICES AND TRAINING TYPES PROVIDED THROUGH THE VOCATIONAL
REHABILITATION PROGRAM

Assessment	Includes diagnosis and evaluation to determine applicant eligibility for vocational rehabilitation services and/or to determine the nature and scope of services to be provided.
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Restoration	Includes services such as surgery, therapy, treatment, and hospitalization needed to correct or substantially modify a physical or mental condition.
College/university training	All academic training beyond secondary education including courses university conducted by university, college, or junior college.
Business/vocational training	Includes training in business/commercial schools or colleges and vocational vocational trade schools.
Adjustment	Training designed to help the individual adjust to a particular situation hindering his or her disability, such as work conditioning, training, literacy training, lip reading, and Braille.
On-the-job training	Training by a prospective employer in which the individual usually works training for wages while learning job skills.
Miscellaneous	Includes training that does not readily apply into other training groups training (e.g., academic training at the secondary education level).
Counseling	Counseling and guidance provided to the individual to a substantial degree; that is, counseling was of overriding importance in the totality of rehabilitation services delivered as determined by the substantial level of such services provided.
Job-finding	Services that include sufficient information provided to the individual services to permit or arrange for a job interview with a potential employer.
Job placement	Services rendered when the individual is referred to and hired by an employer. Does not include situations when the individual found a job on his or her own without training or support. Also, persons who are already employed at the time of application are not included.
Transportation	Includes any service (e.g., vans, taxicabs, private cars) provided or arranged for by the state vocational rehabilitation agency to enable the individual to arrive at appointments for assessment, medical services, training, or any other rehabilitation service, as well as to permit the individual to get work.
Maintenance	Includes services provided to cover the additional costs incurred by the individual while he or she is undergoing rehabilitation.
Other	Services that cannot be categorized in any other classification. Includes occupational tools and equipment, initial stocks and licenses, and services to family members to benefit the individual.

Note. Source is the Reporting Manual for the RSA 911 Case Service Report (1995).

Disabling Conditions

Major disabling conditions among employed vocational rehabilitation consumers are shown in Table 3. An important finding was that workers with mental retardation were approximately 30% more likely to have also participated in the SSI program than SSI nonparticipants. The SSI youth and young adults with mental retardation were the largest disability group to exit the vocational rehabilitation program

with an employment outcome (49%). For employed SSI participants, mental illness and orthopedic impairments were the second and third most prevalent disabilities reported, at 12.5% and 11.3%, respectively.

For persons not enrolled in the SSI program at the time of application, workers with learning disabilities composed the largest disability group, at 29.3%. As with the SSI program participants, for non-SSI participants, the mental illness and orthopedic impairments groups were ranked second and third in terms of their relative proportions. At 17.6%, the group of employed persons with mental retardation were fourth, which again demonstrated that workers with mental retardation were more likely to be enrolled in the SSI program. Similarly, workers with traumatic brain injury, deafness/hard of hearing, and blindness or another visual impairment were nearly twice as likely to have also participated in the SSI program.

TABLE 2
CLOSURE STATUS BY SSI PROGRAM PARTICIPATION FOR PERSONS AGES 16-24 YEARS AT APPLICATION EXITING THE VOCATIONAL REHABILITATION SYSTEM IN 1996

Service and training type	SSI at application		No SSI at application		Total	
	%	n	%	n	%	n
Not accepted/other	7.5	2,391	19.6	24,413	17.1	26,804
Employment outcome	39.7	12,648	37.7	46,976	38.1	59,624
Not employed'	52.7	16,780	42.7	53,103	44.7	69,883

Note. Percentages may not equal 100 due to rounding. In = 31,819. bn = 124,492. cn = 156,311. 'Includes those not accepted after application, not accepted after evaluation, and closed from preservice list. Includes those who both received and did not receive vocational rehabilitation services.

Earnings and Benefit Characteristics

Table 4 displays earnings and benefit characteristics of SSI participants and nonparticipants. For persons not participating in the SSI program at application, mean work hours during the week prior to exiting the vocational rehabilitation program was 35.3 hours. On average, this group worked 11 more hours per week than those who received SSI benefits. In addition, SSI participants earned less per week than their SSI nonparticipant counterparts? \$104 versus \$210. When hourly wages are calculated based on dividing the median earnings by the mean number of hours worked, a wage estimate of \$3.95 per hour was found for SSI participant workers. This figure was substantially less than the \$5.95 per hour estimate for employed SSI nonparticipants.

In terms of public assistance received upon completion of the vocational rehabilitation program, SSI participants were still collecting a median amount of \$345 per month. Although the term public assistance includes SSI, Aid to Families with Dependent Children, general assistance, and state supplemental income, it appears that workers who initially participated in the SSI program may have

continued receiving benefits while earning income through paid employment. This was not verified, however, given that all public income sources were aggregated.

TABLE 3
PERCENTAGES OF MAJOR DISABLING CONDITIONS BY SSI PROGRAM PARTICIPATION FOR EMPLOYED PERSONS AGES 16-24 YEARS AT APPLICATION EXITING THE VOCATIONAL REHABILITATION SYSTEM IN 1996

	SSI at application	No SSI at application	Total
Service and training type	(%)	(%)	(%)
Mental retardation	49.0	17.6	24.3
Blind or another visual impairment	4.9	2.8	3.3
Deafness/hard of hearing	8.2	4.6	5.4
Orthopedic impairment	11.3	12.3	12.1
Mental Illness	12.5	20.5	18.8
Learning disability	5.9	29.3	24.4
Speech impairment	0.2	0.5	0.4
Traumatic brain injury	2.2	1.5	1.7
Other	5.8	10.8	9.7

Note. Percentages may not equal 100 due to rounding. a n = 12,649. b n = 46,976. 'n = 59,624.

We used the substantial gainful activity amount of \$500 per month as a benchmark for potential eligibility and multiplied weekly earnings by 4 to estimate monthly earned income. The percentage of SSI participants with earnings above the substantial gainful activity amount was 40.5%. In contrast, 83.5% of SSI nonparticipants were earning above \$500 per month. It is important to note that earnings for the majority of the SSI participants were low and did not seem to approach numbers that would jeopardize their SSI eligibility. Results for health insurance coverage indicated that SSI participants were more likely to have such coverage at the time of their leaving the vocational rehabilitation program (74.7% versus 52.1% of SSI nonparticipants). However, only 30.1% of those persons who received SSI benefits were provided health insurance through their employer, which is 18.7 percentage points less than that of SSI nonparticipants. These findings suggest that health insurance coverage for SSI participants was obtained through other sources, such as Medicaid.

Services and Training

Percentages of provided services and training are displayed in Table 5. For all groups-SSI participants, SSI nonparticipants, employed after services, and not employed after services- assessment and counseling were the most frequently provided vocational rehabilitation services. For the comparison of SSI participants and nonparticipants who achieved employment outcomes, a key finding was the inverse relationship between the provision of college/university training and business/ vocational training; that is, SSI participants received these types of training about half as often as SSI nonparticipants. For example, college/university training was provided to 13.7% of SSI participants, whereas 26.2% of SSI nonparticipants received such training. Further, the 13.7% of employed SSI participants receiving college/university training constituted a smaller percentage when compared to the 15.8% of SSI participants who received this training but did not obtain an employment outcome.

TABLE 4

EARNING CHARACTERISTICS BY SSI PROGRAM PARTICIPATION FOR EMPLOYED PERSONS AGES 16-24 YEARS AT APPLICATION EXITING THE VOCATIONAL REHABILITATION SYSTEM IN 1996

	SSI at application	No SSI at application	Total
Mean hours worked weekly	26.3	35.3	33.4
Median weekly earnings	\$104.00	\$210.00	\$200.00
Median public assistance income	\$345.00	\$0.00	\$0.00
Percentage with health insurance coverage	74.7	52.1	56.9
Percentage with employer-provided insurance	30.1	48.8	44.8
Percentage with earnings above \$500 per month	40.5	83.5	74.4

a n = 12,648 . b n = 46,974. cn = 59,622.

Particularly for workers exiting the vocational rehabilitation program, on the job training, adjustment training, job finding services, and job placement services were more often provided to SSI participants. For example, job finding services were provided to 57.7% of SSI participants versus 43.2% of nonparticipants, and for job placement services, the percentages were 51.8% and 33.3%, respectively. Transportation services were more frequently available to SSI participants than to

nonparticipants (37% versus 28.9%). Across nearly all categories, services and training were provided less frequently to persons who did not achieve employment outcomes, which suggests that the level of service provision and/or timing of these services may not have been sufficient for assisting both SSI participants and nonparticipants to move toward paid employment outcomes.

TABLE 5
PERCENTAGES OF PROVIDED SERVICES AND TRAINING BY SSI PROGRAM PARTICIPATION
FOR PERSONS AGES 16-24 YEARS AT APPLICATION EXITING THE VOCATIONAL
REHABILITATION SYSTEM IN 1996

Service and training type	SSI at application		No SSI at application	
	Employed after services	Not employed after services	Employed after services	Not employed after services
Assessment	85.7	86.1	87.3	86.4
Restoration	16.6	16.0	18.8	14.0
College/university training	13.7	15.8	26.2	20.8
Business/vocational training	9.6	10.0	19.3	13.6
Adjustment training	40.1	32.9	22.4	19.2
On-the-job training	25.0	7.0	8.1	4.5
Miscellaneous training	30.6	23.1	21.4	16.7
Counseling	84.4	81.9	89.1	84.9
Job finding	57.7	24.4	43.2	18.1
Job placement	51.8	16.5	33.3	9.6
Transportation	37.0	33.2	28.9	25.6
Maintenance	18.9	16.3	19.7	13.7
Other services	29.4	23.8	24.3	19.0

a n = 12,649 . b n = 10,584. In 46,976 . d n30,926.

Discussion

Several important findings resulted from these analyses. First, workers with mental retardation comprised nearly half of all transition-age employed persons exiting the vocational rehabilitation system, and they were approximately 30% more likely to have also participated in the SSI program

than SSI nonparticipants. Second, SSI participants worked fewer hours, earned amounts substantially less than nonparticipants, and still continued to receive public assistance after employment. Another finding was that employed SSI participants were more likely to have health insurance coverage than nonparticipant workers but less likely to have employer-provided health insurance. Fourth, SSI participant workers were much less likely to receive college/university or business/vocational training and more likely to receive on-the-job training, work adjustment training, job-finding services, and job placement services than SSI nonparticipant workers.

These findings expand upon results from previous research regarding workers who participate in the SSI program. Similar to other research findings, this study showed that many SSI workers were persons with mental retardation (Nelson, 1994; Pickett, 1998; Prero & Thornton, 1991; Scott, 1992). Also, although they successfully attained an occupational goal, most persons who received SSI were earning below the substantial gainful activity level. In addition, the majority of workers who received SSI when they entered the vocational rehabilitation program were still receiving public income assistance when they exited. The low earnings of SSI workers who received vocational rehabilitation services could be explained by the individual's need to maintain SSI eligibility; that is, workers may intentionally work fewer hours and earn less money in order to stay eligible for SSI cash assistance and health insurance coverage. On the other hand, and as established by the Social Security Administration's eligibility determination process, low earnings and continued receipt of public income assistance may indeed be influenced by work limitations that result from a disabling condition. In either or both instances, a major policy emphasis should be placed on increasing work and earnings through the use of SSI work incentives and the provision of services tailored to individual needs.

It should be noted that the SSI work incentives provide tools for transition-age participants to maintain SSI program eligibility while working (Berry, 1998; Brady, 1995; Bruyere, Ferrell, & Golden, 1995; Halloran, 1991; Prero, 1993; Social Security Administration, 1992, 1995). These incentives are designed to encourage employment by expanding program eligibility requirements and increasing the personal advantages of earned income. The Student Earned Income Exclusion, for example, allows youth with disabilities under the age of 22 years to exclude up to \$400 per month and \$1,620 annually from their earned income. Similarly, the Impairment Related Work Expense permits the deduction of items and services (e.g., attendant care, transportation, equipment) that enable a person to work. Another work incentive, Section 1619(a) of the Social Security Act, provides for the gradual reduction of the SSI cash payment as the SSI worker's earnings increase. Section 1619(a) also permits earned income to exceed the substantial gainful activity level while maintaining SSI eligibility. When an individual's earnings have increased to a point where SSI cash payments have been reduced to zero, the 1619(b) work incentive permits workers in most states to remain eligible for their Medicaid benefits and services. The Plan for Achieving Self-Support is still another work incentive that allows SSI participants to set aside earned and unearned income toward the achievement of an individualized occupational goal.

Together, these work incentives provide transitioning youth and young adult SSI participants with a range of income and benefit strategies that may be considered when weighing employment and career options. Technical assistance and user-friendly media illustrating the application of work incentives should be provided to SSI participants early in the transition planning process mandated by the Individuals with Disabilities Education Act (IDEA). Outreach and information should also include students with disabilities who are not receiving special education services (e.g., students served

through Section 504 of the Rehabilitation Act of 1973). Currently, the Office of Special Education Programs (U.S. Department of Education, 1997) funds research projects that are investigating the effectiveness of differing technical assistance strategies designed to increase awareness and utilization of the SSI work incentives. Information generated from these projects may assist professionals, consumers, and families involved in the transition process to increase the employment outcomes and quality of life for transition-age SSI participants.

Another policy focus should address the provision of effective, timely services through the vocational rehabilitation program. As shown, vocational rehabilitation services appear to make a difference for consumers who achieve employment outcomes. Given that persons who exit the vocational rehabilitation program without an employment outcome tend to receive fewer services, these data suggest that individualized services should be provided sufficiently and in a time-effective manner. The Rehabilitation Act 1998 amendments providing presumptive eligibility for SSI and Social Security Disability Insurance participants may assist in streamlining the vocational rehabilitation process by eliminating unnecessary assessments and focusing on consumer-oriented service delivery. Although this provision does not guarantee that SSI participants will receive services, improved access should provide increased opportunities for vocational rehabilitation and employment. In addition, as discussed by Bellini (1998), tracking SSI participation status may help ensure that persons with the most significant disabilities receive equitable opportunities for vocational rehabilitation services through the order of selection process. Finally, study findings showing that on-the-job training, adjustment training, job-finding services, and job placement services are provided more often to persons who achieve employment outcomes underscores the importance of these services for SSI participants.

Given the range of available services to address the individual needs of vocational rehabilitation consumers, ensuring that persons receive adequate assistance to find, experience, and keep jobs should be a key priority for all transition-age SSI participants. Given the findings of this study, future research should focus on special education participation, work incentive utilization, and state systems change. While not addressed in this study, special education participation and the mandated transition planning requirements of the IDEA may have an important impact on the coordination of service delivery for transitioning youth with disabilities. Future research should examine the employment outcomes and effective transition practices for special education students who participate in both the vocational rehabilitation and SSI programs. Also, because this study did not address SSI work incentives specifically, further research should focus on the outcomes of transition-age SSI participants who apply the SSI work incentives during their early employment experiences. Although this study was national in scope, future research should also address state-specific differences among SSI program participants and their families. Collaborative federal-state initiatives focused on state systems change (Social Security Administration, 1998; U.S. Department of Education, 1998), for example, should critically evaluate reform activities aimed at the coordination of health, education, and employment services for this population.

Finally, an important emerging research issue involves the provisions of the Personal Responsibility Work Opportunity Act of 1996, also known as the Welfare Reform Act. The Act requires all children receiving SSI to undergo a redetermination of eligibility at age 18; that is, youth who received childhood SSI must be reevaluated at age 18 using adult eligibility criteria that emphasize the individual's inability to earn income above the substantial gainful activity threshold. Information from

the Social Security Administration (1998) has indicated that 56% of the 61,400 initial redeterminations at age 18 resulted in recommendations for cessation.

Given that the SSI adult eligibility criteria emphasize inability to work, it appears that there is an assumption of employability for those young adults recommended for cessation. However, the redetermination requirements do not call for a referral to vocational rehabilitation or other programs providing community-based training and employment services. Future research should therefore investigate the employment status and quality of life for those persons removed from SSI as a result of the age 18 redetermination process. In addition, the extent to which these individuals participate in the vocational rehabilitation program after leaving the SSI rolls should be examined.

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