

4. Basic Supports

Supplemental Nutrition Assistance Program

Supplemental Nutrition for Women, Infants and Children (WIC)

Title IV-E Payments for Children in Foster Care

SSI Childhood Disability Benefits

SSI Youth Transition Demonstration

Supplemental Nutrition Assistance Program

Statutory Authority	Food Stamp Act, as amended by P.L.108-269, 7 U.S.C. §2011 et seq. and P.L. 110-246, the Food and Nutrition Act of 2008
Federal Agency	Food and Nutrition Service, Department of Agriculture
Program Type	Entitlement
Eligibility, General	The Supplemental Nutrition Assistance program, formerly known as the Food Stamp program, provides electronic benefits for low-income households and individuals to use like cash at grocery stores to purchase food and similar items.
Eligibility, Financial	<p>The gross monthly income of most households must be 130 percent or less of the federal poverty guidelines. Households in which all members are receiving SSI or TANF are considered to meet income-eligibility standards.</p> <p>All households participating in the SNAP can have up to \$3,000 dollars in liquid assets, although many states have raised this federal limit. Texas allows all clients \$5,000 of liquid assets and Massachusetts allows up to \$17,000 of assets for elderly clients and clients with disabilities. Exempted from being counted as assets are retirement and educational savings accounts.</p>
Eligibility, Other	Most able-bodied adult applicants must meet certain work requirements. In general, able-bodied adults between 16 and 60 are required to register for work, accept suitable employment, and take part in employment and training programs to which they are referred by the SNAP office. Different rules apply regarding eligibility for people with disabilities and the elderly (see below).
Eligibility, Severity of Condition	<p>Individuals with disabilities and families with a disabled member are permitted to have more resources than other individuals, their deductions for medical expenditures are more lenient, and the application requirements can be adjusted if the person is unable to go to the SNAP office in person. Also, people with disabilities who live in certain nonprofit group-living arrangements may be eligible for Food Stamps even though their meals are prepared for them.</p> <p>A person is considered to be disabled for Food Stamp purposes if he or she:</p> <ul style="list-style-type: none"> ◆ receives federal disability benefits under Supplemental Security Income program or Social Security Disability Insurance; or ◆ receives state disability payments based on SSI rules; or ◆ receives a disability retirement benefit from a governmental agency because of a disability considered permanent under the Social Security Act; or ◆ is a veteran who is totally disabled, permanently housebound or in need of regular aid and attendance; or ◆ is a surviving spouse or child of a veteran who is (or was) receiving VA benefits and considered to be permanently disabled.
Youth in Transition	Not targeted. However, youth in transition are able to access supplemental nutrition in several ways. In general, those under 22 who are living with their natural or adoptive parents or step-parents are included in the household. A child (other than a foster child) who is under 18 and living under the parental control of a household

member other than his or her parent is included in that household. Youth living in certain group settings would also be eligible for Food Stamps.

Services Covered

Eligible households or individuals receive a monthly allotment of benefits. These can then be used to purchase food and related products. Also allowable is purchase of seeds and plants which produce food for the household to eat. A few states also allow recipients with disabilities who cannot cook for themselves to use food stamps at approved restaurants; however this is not a widespread practice.

SNAP does not provide for beer, wine, liquor, cigarettes or tobacco. Also off limits are non-food items, such as pet food, soap, paper products, vitamins, medicines, or household supplies.

Funding

FY 2007, \$38.2 billion; FY 2008, \$39.8 billion

Evaluation

Estimates in 2004 showed that more than 10 million households (covering 29 million individuals) received supplemental nutrition (then still called Food Stamps). Over half of the recipients were children. The average monthly benefit per person was \$86.04.

Relevance for Youth with Serious Mental Health Conditions

Youth living in low-income households and youth living independently who can qualify as a household of one for SNAP purposes may be eligible. Youth receiving SSI or TANF are automatically considered eligible. Those who reside in non-meal-providing rooming houses, group homes, residential facilities, non-correctional halfway houses, and drug or alcohol recovery residences are eligible for the SNAP if they purchase, store, prepare, and eat their own food separately, and in some cases may be eligible even if the facility does provide meals. The SNAP can help enable youth with serious mental health conditions to live independently and obtain food that meets nutritional needs.

Supplemental Nutrition for Women, Infants and Children (WIC)

Statutory Authority	Child Nutrition Act of 1966, 42 U.S.C. § 1786-1787; 7. C.F.R. Part 246
Federal Agency	Food and Nutrition Service (FNS), Department of Agriculture
Program Type	Formula-grant program to states
Eligibility, General	Grants are awarded to state health departments (or a comparable state agency), Indian tribal governments, intertribal councils and groups recognized by the Bureau of Indian Affairs or the Indian Health Service (IHS). The grantees, in turn, award subgrants to local agencies to certify applicants' eligibility for WIC program benefits and to deliver benefits to eligible persons.
Eligibility, Age	<p>Pregnant or postpartum women, infants and children up to age 5 are eligible. The WIC target population is:</p> <ul style="list-style-type: none"> ◆ pregnant women (through pregnancy and up to six weeks after birth or after pregnancy ends); ◆ breastfeeding women (up to infant's first birthday); ◆ non-breastfeeding postpartum women (up to six months after the birth of an infant or after pregnancy ends); ◆ infants (up to first birthday); ◆ children up to their fifth birthday.
Eligibility, Financial	Participants must meet income guidelines. Applicants' gross income must fall at or below 185 percent of the U.S. poverty income guidelines. While most states use the maximum guidelines, a state may set lower income-limit standards. A person or a member of a family who participates in other benefits programs, such as the Food Stamp program, Medicaid or Temporary Assistance for Needy Families (TANF), automatically meets the income-eligibility requirement.
Eligibility, Other	<p>Participants must meet a state residency requirement and be individually determined to be at "nutritional risk" by a health professional. Two major types of nutritional risk are recognized for WIC eligibility:</p> <ul style="list-style-type: none"> ◆ medically based risks (designated as "high priority") such as anemia, underweight, maternal age, history of pregnancy complications or poor pregnancy outcomes; ◆ diet-based risks such as inadequate dietary pattern. <p>Nutritional risk is determined by a health professional such as a physician, nutritionist or nurse, and is based on federal guidelines. Federal WIC nutrition-risk criteria were developed by the Department of Agriculture and state and local WIC agency experts. WIC state agencies are not required to use all of the nutrition-risk criteria. FNS updates the criteria, as necessary, when new scientific evidence shows that the condition can be improved by providing WIC program benefits and services.</p>
Youth in Transition	Youth in transition can receive services through the WIC program if they are female and pregnant.
Activities Funded	The health screening for eligibility determination is free to program applicants.

Services Covered

Grantees can use the funds to purchase supplemental food for participants or to purchase vouchers, and for warehouse costs when supplemental food is distributed directly. In addition, funds can be used for breast pumps, nutrition education, breast-feeding promotion, referral to other social and medical service providers, participant certification, caseload management, food-benefit delivery, vendor management, voter registration and program management.

WIC participants receive:

- ◆ supplemental nutritious foods;
- ◆ nutrition education and counseling at WIC clinics; and
- ◆ screening and referral to other health, welfare and social services

WIC food is high in the nutrients often lacking in the diets of the low-income target population: protein, calcium, iron and vitamins A and C. WIC foods include iron-fortified infant formula and infant cereal, iron-fortified adult cereal, vitamin C-rich fruit and/or vegetable juice, eggs, milk, cheese, peanut butter, dried beans or peas, tuna fish and carrots. Special infant formulas and certain medical foods may be provided when prescribed by a physician or health professional for a specified medical condition. Different food packages are provided for different categories of participants..

In most states, WIC participants receive checks or food instruments to purchase specific foods each month to supplement their diets. A few state WIC agencies distribute WIC foods through warehouses or deliver WIC foods to participants.

The term “nutrition education” means individual and group sessions and the provision of material designed to improve health status and achieve positive change in dietary and physical-activity habits, and that emphasize the relationship between nutrition, physical activity and health, all in keeping with the personal and cultural preferences of the individual.

Mothers participating in WIC are encouraged to breastfeed their infants if possible, but WIC agencies will provide formula to mothers who choose otherwise. WIC agencies pay the lowest possible price for infant formula due to a rebate system with manufacturers to provide one brand of infant formula. As a result, the brand of formula provided by WIC varies from state to state, depending on which company has the rebate contract in a particular state.

The WIC program receives over a billion dollars in rebates each year from infant formula manufacturers. From October 2001 to September 2002, nearly \$1.5 billion was given back to state WIC agencies by infant formula manufacturers and this money was used to serve about 2.1 million additional eligible women, infants and children.

Funding

FY 2007, \$5.517 billion; FY 2008, \$6.301 billion

Evaluation

One-half of a percent of appropriations, not to exceed \$5,000,000, is made available for evaluating program performance and health benefits, preparing reports on program-participant characteristics, providing technical assistance to improve state agency administrative systems, administration of pilot projects (including projects designed to meet the special needs of migrants, Indians and rural populations) and research evaluation projects of WIC programs.

According to USDA figures current as of June 2008, average monthly participation in WIC for the 2007 calendar year was about 8.4 million.

**Relevance for Youth
with Serious Mental
Health Conditions**

Transition-age youth with serious mental health conditions are not identified as a primary target group of the WIC program, but their age and disorders would qualify many young women as having medically based risks. The nutrition education and the medical and social services referrals have the potential to be especially beneficial to transition-age youth.

Title IV-E Payments for Children in Foster Care

Statutory Authority	Title IV-E of the Social Security Act, 42 U.S.C. § 670 et seq. The Adoption Assistance and Child Welfare Act of 1980, P.L. 96-272, expanded the federal Foster Care Program under a new Title IV-E program and created the Adoption Assistance Program.
Federal Agency	Administration for Children and Families, Department of Health and Human Services
Program Type	Entitlement to states to reimburse maintenance costs of children in foster care. States may also claim administration and training costs.
Eligibility, General	<p>Title IV-E provides federal reimbursement to states for the costs of children placed in foster homes or other types of out-of-home care, either under a court order or in a voluntary placement agreement.</p> <p>All children determined to have “special needs” who are adopted under this Title are eligible for reimbursement of certain nonrecurring costs under the Adoption Assistance Program. Only TANF- or SSI-eligible special-needs children qualify for these federally matched adoption assistance payments.</p>
Eligibility, Age	Foster care assistance is available for children under 18. States, however, have the option to extend coverage to include 18-year-olds who are expected to complete secondary school or the equivalent level of vocational or technical training before turning 19. The age limit for eligibility for adoption assistance payments is 21 if a child has a mental or physical handicap.
Eligibility, Income	Financial eligibility is based on AFDC criteria in place in the state on July 16, 1996.
Eligibility, Other	Eligibility is based on information obtained when the child is initially removed from the home and the child welfare agency obtains legal responsibility. It is re-determined annually. If the child returns home for more than six months and was initially found ineligible, a new episode begins if the child reenters care; a new eligibility determination is then made.
Youth in Transition	Not targeted. For children in state care, Title IV-E funds can be used to assist with transition. Each child must have a written case plan that is reviewed periodically. For children 16 or older, the plan, when appropriate, must include a written description of programs and services that will help the child prepare for the transition from foster care to independent living.
Services/Activities	<p>Title IV-E assists states with the costs of maintaining eligible children in foster care, preparing children to live on their own, and finding and supporting adoptive homes for children with special needs who are unable to return home. It has three areas of funding: maintenance, administration and training.</p> <p>Maintenance payments under Title IV-E are to cover the costs of food, shelter, clothing, daily supervision, school supplies, general incidentals, liability insurance and reasonable travel to the child’s home for visits. These payments may be made on behalf of a child living either in a foster family home or in an institution. Maintenance payments do not include the cost of services. Case management and services to assist foster families and the child can be funded.</p>

Although Title IV-E does not provide direct funding for mental health services, procedural protections do require that the state provide both services needed while children are in care and programs and services to help them transition into adulthood. States that fail to meet these requirements would be in violation of federal rules and could have Title IV-E funding reduced.

In addition, low-income children who are eligible for Title IV-E are automatically eligible for Medicaid (see Medicaid fact sheet). States can combine Title IV-E and Medicaid funds for certain programs. For example, states may claim Title IV-E reimbursement for room-and-board costs and other maintenance payments for children in therapeutic foster homes, therapeutic group homes and residential treatment centers, while claiming service costs for those children from Medicaid.

Administrative Title IV-E costs are defined broadly to include general overhead activities as well as a range of child-placement activities. A portion of staff time involved in case planning is reimbursable. A case assessment might consider information regarding psychological, developmental, behavioral and educational factors and examine the child's needs, strengths, resources and existing support system. Time spent analyzing specialized assessments to inform the case plan is an allowable cost. Similarly, time spent gathering information on the child's past history, current adjustment, direct observations and family history, including the need for transition services, is also reimbursable. However, specialized assessments, such as psychiatric, medical or educational assessments, are not allowable under Title IV-E.

Title IV-E training funds may be used to educate staff and foster parents about the special needs of children and youth. However, states must allocate their expenditures in relation to the number of Title IV-E children being served in the state. Federal law provides a 75-percent match for the training of agency staff and for the short-term training of current or prospective foster or adoptive parents and members of the staff of state-licensed or -approved child care institutions that provide care to foster and adopted children to increase the individuals' or institutions' ability to support and assist foster and adoptive children.

Title IV-E training covers the cost of trainees' and trainers' attendance and participation as well as the costs of developing or conducting training programs. Some state child welfare agencies have invited experts in mental health to train participants about strengths-based planning and services or about the special needs of transition-age youth with serious mental health conditions. This not only raises awareness among child welfare staff, foster parents and institutions, but also facilitates collaboration among child welfare and mental health. To be reimbursed under Title IV-E, training activities and costs must be included in the state agency's training plan.

A portion of the Title IV-E entitlement funds is reserved for a grant program to the highest state courts to assess and improve certain child welfare proceedings. Courts use their grant funding to assess the effectiveness of their procedures for determinations regarding foster care placement, termination of parental rights and recognition of adoptions. They can also use the funds to implement changes found necessary as a result of the assessments.

The Act also authorizes the Adoption and Foster Care Analysis Reporting System. This mandatory system collects information from the states on all children in foster

care who are the responsibility of state child welfare agencies and all children adopted with the involvement of state child welfare agencies.

The Title IV-E programs, including foster care, are linked to Title IV-B programs (the Child Welfare Services State Grant and the Promoting Safe and Stable Families Program). Taken together, these programs are intended to provide a continuum of services to assist children and their families.

Funding

The foster care assistance program is an open-ended entitlement that guarantees federal reimbursement to states for part of the cost of maintaining an eligible child in foster care.

Foster Care: FY 2007, \$4.5 billion; FY 2008, \$4.6 billion

Adoption Assistance: FY 2007, \$2.0 billion; FY 2008, \$2.2 billion

Evaluation

In 2001, the Administration for Children and Families (ACF) launched the Child and Family Services Review process to improve its monitoring efforts, which had been criticized for focusing exclusively on states' compliance with regulations rather than on their performance over a full range of child welfare services. The review process combines a statewide self-assessment, an on-site case file review that is coupled with stakeholder interviews, and the development and implementation of a two-year PIP with performance benchmarks to measure progress in improving noted deficiencies. ACF has completed the review process in all 50 states and is in the process of scheduling the second round of reviews.

Data from the FY 2003 review indicate that states were meeting (or exceeding) four of the six measured targets (such as moving children to permanency and ensuring stability in foster care placements). Performance in the two measures where targets were not met (increasing the number of adoptions and reducing repeat maltreatment) remained stable or are trending in the right direction.

Relevance for Youth with Serious Mental Health Conditions

Title IV-E provides substantial sums to states to address the needs of children and youth in foster care. However, to qualify, the child must be removed from the family. Title IV-E children from low-income families are also eligible for Medicaid, which can fund social and independent-living skills training and mental health treatment (see Medicaid fact sheet). Title IV-E funds can also be used for training, and a number of states have used that authority to improve the training of child welfare case managers in mental health issues.

Title IV-E is an important component of a system of care for transition-age youth up to age 18 who have serious mental health conditions. Title IV-E funds combined with the Medicaid-entitlement for Title IV-E children can support a wide array of needed services.

However, youth in foster care often do not receive the services that would enable them to make a successful transition to adulthood and they are not eligible for basic Title IV-E services beyond the age of 18. For these reasons, the law was amended to create the Chafee Independence Program (see the fact sheet in the section on Independent Living for Special Populations) to assist youth exiting from foster care.

Supplemental Security Income Childhood Disability Benefits (SSI)

Statutory Authority	Title XVI of the Social Security Act, 42 U.S.C. § 1381 et seq.
Federal Agency	Social Security Administration (SSA)
Program Type	Entitlement to cash assistance for low-income people with disabilities
Eligibility, General	Individuals must meet income and resource standards and also meet the federal definition of a person with a disability.
Eligibility, Age	Individuals of any age may be eligible. There are different rules for adults and children under 18.
Eligibility, Financial	<p>A child may be eligible for SSI disability benefits if he or she lives in a family whose income and resources meet the federal requirements. In calculating family income and resources, an allowance (exclusion) is made for the parent(s) and for other children in the home. There is a maximum limit on earned and unearned income, but these amounts vary by state. In addition, the family's resources cannot exceed \$3,000. Financial eligibility must be documented every month.</p> <p>Children in families whose income is too high to qualify them for SSI might be able to qualify once they turn 18. At this point, SSA can consider them as adult heads-of-household and their income, rather than parental income, determines eligibility.</p>
Eligibility, Severity of Condition	<p>SSA considers a child disabled if:</p> <ul style="list-style-type: none"> a) the child has marked and severe functional limitations from a physical or mental condition, and b) the condition has lasted or is expected to last at least 12 months or to result in death. <p>SSA regulations define Listings of Medical Impairments that describe the physical and mental conditions that are severe enough to disable a child. The most straightforward way for a child to qualify is because of a condition covered by the listings. If the child's condition is not covered, it is assessed to determine whether the condition (or a combination of conditions) is as medically serious or functionally as serious as a listed impairment. If either is the case, the child is considered disabled.</p> <p>Mental conditions in the listings for childhood disability are: organic serious mental health conditions, mood disorders, mental retardation, anxiety disorders, somatoform, eating and tic disorders, personality disorders, psychoactive substance dependence disorders, autistic and other pervasive developmental disorders, attention deficit hyperactivity disorder, and developmental and emotional disorders of newborn and younger infants (birth to age 1).</p> <p>Adult listings are: organic serious mental health conditions, schizophrenic, paranoid and other psychotic disorders, affective disorders, mental retardation, anxiety-related disorders, somatoform disorders, personality disorders, substance addiction disorders and autistic and other pervasive developmental disorders.</p>

Functional criteria for children are defined by age, with different standards regarding functioning for children in different age cohorts—i.e., birth to 1, 1-3, 3-6, 6-12 and 12-18. With respect to those between 12 and 18, functional criteria that measure severity relate to cognitive/communications, social, personal, and concentration, persistence or pace. Generally, these criteria measure whether the child is functioning at age-appropriate levels in the various domains of their life.

The functional criteria for adults address the ability to engage in activities of daily living (e.g. bathing, cooking, paying bills), social functioning, and concentration, persistence and pace. In addition, SSA looks at episodes of decompensation.

While there are some congruencies between the adult and children's Listings of Impairments, they diverge in other areas.

- ◆ Diagnoses that appear in both the childhood and adult listings are: organic serious mental health conditions, affective disorders, mental retardation, anxiety-related disorders, somatoform disorders, personality disorders, and autistic and other pervasive developmental disorders.
- ◆ Schizophrenic, paranoia and other psychotic disorders are adult diagnoses not on the children's list.
- ◆ Eating and tic disorders, psychoactive substance dependence, attention deficit hyperactivity disorder, developmental and emotional disorders of newborn and younger infants (birth to age 1) are child diagnoses that are not on the adult list.

The main difference is the omission in the adult listings of eating and tic disorders and attention deficit hyperactivity disorder. Major differences in how functioning is measured include the lack of any age-related criteria (so that a 19-year-old is assessed against the same standards as someone of 55).

To make its determination of disability, SSA uses medical evidence from treating physicians (SSA considers clinical psychologists equivalent to medical doctors for this purpose) and consultative physicians hired by SSA, along with evidence of functioning from medical sources, school officials, parents and others who know the child well. Disability status is reviewed periodically (generally once every three years).

Youth in Transition	Not targeted. At age 18, all new applicants for SSI disability benefits, and all individuals who previously qualified as children, must meet the adult standards set by SSA. Youth in transition who received SSI benefits as children are at risk of losing them when eligibility is re-determined after their 18th birthday.
Services Covered	SSI disability benefits are payable monthly. For those receiving full benefits, the maximum monthly federal benefit was \$579 in 2005. States may supplement this benefit in varying degrees.
Activities Funded	SSI disability provides a monthly cash benefit.
Work Incentives	Youth who wish to begin working while remaining on SSI may also receive important benefit from several provisions in SSI law designed to encourage recipients to engage in work or work-related activities, including some provisions specifically aimed at youth. SSI work incentives include: <ul style="list-style-type: none"> ◆ Young adults found ineligible during a re-determination may continue to receive SSI if they began receiving state vocational rehabilitation agency services before their 18th birthday.

- ◆ Youth between 18 and 21 who are participating in an individualized education program (IEP) under the Individuals with Disabilities Education Act (IDEA) may continue to receive SSI benefits without regard to a re-determination.
- ◆ Under Section 1619, cash benefits can continue, but at a reduced rate, even as an individual begins to earn income. This section also permits Medicaid coverage to continue despite earnings as long as the individual: (a) still meets the SSI criteria for disability; (b) needs Medicaid services in order to work, and (c) earns too little to pay for health care and other needed services.
- ◆ A Plan for Achieving Self Support (PASS) can be an important source of funds in families of children and youth who have enough resources to set aside funds for a youth's transition needs. A PASS allows the exclusion of income and resources that would otherwise be counted when determining financial eligibility for SSI. A PASS is a written plan, approved by SSA, that sets a realistic work goal, a timetable for meeting it and a description of money that will be needed to reach the goal. PASS funds can then be used to pay for various vocational, educational and work-related expenses.
- ◆ Students under age 22 have a special earned-income exclusion that can help them qualify financially for SSI. To qualify, students must not be married or a head of a household and must regularly attend school, university or college, or a course of vocational or technical training.

SSA refers SSI-eligible individuals to state vocational rehabilitation agencies, starting at age 16.

Funding

FY 2007 federal funding, \$6.659; FY 2008 federal funding estimate, \$ 7.741 billion

The large increase in funding for FY 2008 is mostly due to there being only 11 monthly SSI payments during the prior fiscal year.

Evaluation

According to SSA data, at the end of 2001 nearly 300,000 youngsters under age 18 received SSI disability benefits as a result of mental impairment other than mental retardation (i.e., as a result of a psychiatric disability). Another 61,300 youngsters ages 18-21 and 137,000 young adults ages 22-29 received SSI disability benefits due to psychiatric disability.

A study of SSI re-determinations at age 18 in 1997 found that 45 percent of recipients lost benefits, and that in 70 percent of those cases the reason was failure to meet the adult definition of disability.¹

In 2003, 41 percent of all youngsters on SSI were initially found ineligible by SSA at age 18. Although the success rate for those who appeal this decision is also high (over half), appeals are filed by only about half of the youth who have lost benefits. Overall, over a quarter lost their SSI.²

Relevance for Youth with Serious Mental Health Conditions

SSI provides critical income support for low-income individuals with significant disabilities resulting from physical or mental impairments. Unfortunately, a substantial percentage of youth lose their SSI benefits when they turn 18 and are re-assessed by

1 Rogowski, Jeannette, Karoly, Lynn, Klerman, Jacob et al. (2002). *Final Report for Policy Evaluation of the Effect of the 1996 Welfare Reform Legislation on SSI Benefits for Disabled Children*. Prepared for the Social Security Administration.

2 Data on SSI participation rates for children and changes in eligibility when youth turn 18 are based on SSI data on the Social Security Administration's website: <http://policy.ssa.gov/>

SSA under the adult criteria. Given the high percentage of youth with mental impairments on SSI and the discrepancies between the child and adult criteria for mental impairments, it is likely that a significant number lose benefits upon reaching majority. However, many regain benefits on appeal. Some may also qualify for SSI for the first time once they are emancipated, since only their own income and resources (not their parents') will count.

SSI Youth Transition Demonstration

Statutory Authority	Social Security Act of 1935, Title II and Title XVI, Section 1110, as amended; 42 U.S.C. 401-433, 902, 1310, 1381-1388c.
Federal Agency	Social Security Administration
Program Type	Discretionary grant
Eligibility, General	SSA is funding demonstration projects to help youth with disabilities prepare for the transition from school to work and maximize their opportunities to achieve economic self-sufficiency. In September 2003, SSA entered into five-year cooperative agreements with California, Colorado, Iowa, Maryland, Mississippi and New York to carry out these youth transition demonstration projects. As of September 2008, only three of the original seven projects will still be in operation (one in Colorado and two in New York), however starting in 2008, new three new demonstration programs were implemented, with one each in Florida, Maryland, and West Virginia. Each of these programs will receive funding until 2012.
Eligibility, Age	Youth from 14 to 25
Eligibility, Severity of Condition	Projects serve youth who receive SSI, Social Security Disability Insurance or Child Disability Benefits and those at risk of receiving such benefits, including those who have a progressive disability, who have a prognosis for decreased functioning, or who have disabling conditions existing prior to age 18 that would render them eligible for SSI except for deemed parental income.
Youth in Transition	This program is targeted to aid youth in making a transition to adulthood.
Services and Activities Covered	<p>These demonstration programs are intended to blend state, federal and local funding for education, rehabilitation, health care and employment services. Covered services include benefits planning, service coordination, outreach, counseling, career exploration, peer mentoring, and assistance with transportation, independent living, health care, transition planning, life skills and higher education.</p> <p>In addition to providing the funds for the demonstration projects, SSA established alternative SSI-related rules designed to remove disincentives that might discourage program participants from continuing to pursue opportunities that will make them more successful in their transition from school to work. These alternative rules allow:</p> <ul style="list-style-type: none"> ◆ continued payment of SSI benefits for as long as the youth is participating in the demonstration project, even if a continuing disability review or eligibility review at age 18 finds that the youth no longer meets the SSI disability criteria; ◆ extending the student earned-income exclusion to all project participants (current law provides this exclusion only to those who are under age). The upper limit is \$1,550 per month and no more than \$6,240 per year in 2008 and is adjusted annually for inflation; ◆ an increase in the amount of general earned-income exclusion for participants from \$65 a month plus half of the remaining earnings to \$65 a month plus three-fourths of the remaining earnings; ◆ disregard of earnings placed in an individual development account (IDA) and exclusion of the IDA's full value from resource tests;

- ◆ more flexibility for Plan for Achieving Self Support (PASS) accounts that have career exploration or post-secondary education as a goal.

Funding

FY 2007, \$11.9 million; FY 2008 budget estimate, \$14.2 million

In addition to SSA funding, programs are expected to blend other state, federal and local funding for education, rehabilitation, health care and employment services to supplement the program's resources.

Evaluation

The YTD program sites are currently under an eight-year evaluation begun in 2005 that will examine outcomes such as program participation's effect on employment and earnings, receipt of disability benefits, and educational attainment. Aspects of overall program implementation, administration, and program benefits and costs will also be examined.

Relevance for Youth with Serious Mental Health Conditions

While only a demonstration, this project has several attractive features. First, it waives some of the most problematic SSI rules with respect to transition-project participants. SSI benefits are payable as long as the individual participates in the program and benefits are not cut off at age 18 even if a review at that age would find the person ineligible. Second, the waivers and rule changes provide incentives for youth to pursue education, training and employment without risking immediate loss of their SSI income benefit, as might normally be the case. Third, the project encourages grantee states to blend other resources to provide a more comprehensive package of services that support education, training and other critical activities for youth in transition.