

7. Independent Living for People with Disabilities and Other Special Populations

Vocational Rehabilitation Title I Formula Grants

Chafee Independence Program

Vocational Rehabilitation: Supported Employment

Independent Living Centers

Young Adults in the Workplace

Ticket-to-Work and Work Incentives Improvement

Vocational Rehabilitation Title I Formula Grants

Statutory Authority	Rehabilitation Act of 1973, as amended, Title I, Parts A and B; 29 U.S.C. §§ 720-724 and 730-731
Federal Agency	Office of Special Education and Rehabilitative Service (OSERS), Department of Education
Program Type	Formula grants to states to assist individuals with disabilities in preparing for and engaging in gainful employment.
Eligibility, General	State agencies in all states (including territories/possessions) that are designated as the sole state agency to administer the Vocational Rehabilitation (VR) program may apply for these grants. State agencies must prepare a five-year state plan for vocational rehabilitation services (meeting federal requirements established under the Act). States must provide matching funds — 20 percent of the federal dollars received.
Eligibility, Severity of Condition	<p>The law requires that priority be given to people with the most significant disabilities. To be eligible for VR services from a state VR agency, a person must:</p> <ul style="list-style-type: none"> ◆ have a physical or mental impairment that is a substantial impediment to employment; ◆ have the ability to benefit from VR services in terms of their employment prospects; and ◆ require VR services to prepare for, enter, engage in or retain employment. <p>Individuals receiving SSI benefits are automatically eligible for VR services.</p>
Youth in Transition	Youth in transition could benefit from this program. The youth would need to meet the disability requirements of the state program. Schools also may refer students with disabilities for VR services as part of the student's transition plan.
Services	The VR program provides a wide range of services and job training to people with disabilities who want to work. State VR agencies must provide comprehensive rehabilitation services that go beyond those found in routine job training programs. This frequently includes work-evaluation services, assessment for and provision of assistive technology, job counseling services, and medical and therapeutic services. Title I funds can also be used for supported employment programs.
Services include:	<ul style="list-style-type: none"> ◆ assessments for determining eligibility and VR needs; ◆ vocational counseling, guidance and referral services; ◆ physical and mental restoration services; ◆ vocational and other training, including on-the-job training; ◆ maintenance for additional costs while receiving VR services; ◆ transportation related to VR services; ◆ services to assist students to transition from school to work; ◆ personal assistance services while receiving VR services; ◆ rehabilitation technology services and devices; ◆ supported employment services; and ◆ job-placement services.

Each individual served by a VR agency has an individualized plan for employment (IPE), that authorizes the services to be provided or funded by the VR agency. This plan supports informed choice by the individual in the selection of the IPE's employment outcome, specific services, service providers and methods to procure the services. In theory, the planning processes for a student with disabilities' individual education program (IEP) and the IPE should be coordinated and some of the members for each team should be the same individuals.

State VR agencies assist individuals with disabilities in locating employment by developing and maintaining close relationships with local businesses.

Funding

FY 2007, \$2.837 billion; FY 2008, \$2.874 billion

Evaluation

In 2004, the VR program helped more than 213,000 individuals with disabilities achieve employment outcomes, with over 92 percent entering the competitive labor market or becoming self-employed. Approximately 74 percent of the people who achieve an employment outcome each year report that their own income is their primary source of support (as opposed to entitlement or through personal relationships).

Relevance for Youth with Serious Mental Health Conditions

This multi-billion dollar program has been severely criticized by families and advocates for people with serious mental health conditions for its failure to address this population's needs. Despite the mandate that the program serve those with the most severe disabilities, people with serious mental health conditions generally are either not accepted for services or are inappropriately served.¹ VR counselors are rewarded for the number of people they place in permanent employment, particularly if this outcome is achieved quickly, creating a disincentive to serve people with cyclical illnesses or those who need ongoing supports on the job.

Nonetheless, for some youth, VR agencies may provide valuable services. This may be particularly true for youth with an IEP from their special education programs that are referred to VR by their school. VR agencies are used to working with schools around transition issues for youth with other disabilities, and may be more receptive in these cases than when a young adult with a serious mental health condition seeks services directly.

¹ Noble, John H., Honberg, Ronald, S., Lee Hall, Laura & Flynn, Laurie (January, 1997). *A Legacy of Failure: The Inability of the Federal-State Vocational Rehabilitation System to Serve People with Severe Mental Illnesses*. A Report of the National Alliance for the Mentally Ill, Arlington, VA

Chafee Independence Program

Statutory Authority	Title IV-E of the Social Security Act (formally known as the Independent Living Initiative), the Chafee Independence Program, was first enacted in 1999; 42 U.S.C. § 677.
Federal Agency	Administration for Children and Families, Department of Health and Human Services
Program Type	Capped entitlement. Allocation formula is based on the number of children in foster care for the most recent fiscal year, with a minimum allotment of \$500,000 for every state.
Eligibility, General	Funds flow to states, which must provide a 20-percent match. Eligible children are those who are in (or have been in) foster care, without regard to their eligibility for Title IV-E.
Eligibility, Age	States may serve youth who are likely to remain in foster care and those who have aged out of foster care, until they reach the age of 21. States must use a portion of their funds for assistance and services for former foster children between 18 and 21 who left foster care because they reached age 18. The program also gives states the option of allowing youth who have left foster care on or after their 18th birthday to remain eligible for Medicaid up to age 21 and to use up to 30 percent of their program funds for room and board for these former foster children. Except as explicitly specified, all other services authorized may be funded for eligible youth both before age 18 and up to 21.
Services Covered	The Chafee Independence Program provides flexible resources for states to fund a range of services. States may use these funds in “any manner that is reasonably calculated to accomplish the purposes” of the program. Among the services that can be funded are: <ul style="list-style-type: none">◆ financial services;◆ housing;◆ counseling;◆ employment;◆ education;◆ life-skills training;◆ case management; and◆ other appropriate services. States may amend their Medicaid state plan to cover youth up to age 21 who were in foster care at 18. States have flexibility in the extent of coverage, including presumptive eligibility.
Funding	FY 2007, \$137.9 million; FY 2008, \$137.9 million
Evaluation	The law requires HHS to develop outcome measures for these programs as well as data elements to track outcomes. HHS has outlined a plan for a National Youth in Transition Information System (NYTIS) — a comprehensive system that will integrate

information about the characteristics of youth served through independent living programs, the services delivered and the outcomes achieved. The final version of this outline was completed in April, 2008.

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

For transition-age youth who have been in foster care, this program has the potential to be extremely helpful. First, it continues Medicaid eligibility up to age 21 and thus allows these youth to access important treatment and rehabilitation services (e.g. social skills and communications-skills training) that can aid them with independent living. In addition, the program can provide resources for meeting critical needs, including housing, financial-management services and employment services.

Drawbacks include the optional nature of the provisions. While the program is open at the national level to youth up to age 21, eligibility is limited to those who currently qualify for Medicaid. As not all states extend Medicaid eligibility to this age, not all targeted at-risk youth are eligible for the program. Resources are also an issue, since the program is a capped entitlement and states do not receive sufficient funds to serve all eligible children.

Vocational Rehabilitation: Supported Employment

Statutory Authority	Rehabilitation Act of 1973, as amended, Title V, Part B; 29 U.S.C. § 795g
Federal Agency	Office of Special Education and Rehabilitative Services, Department of Education
Program Type	Formula grants. Funds are distributed based on state population. No state receives less than \$300,000 or one third of one percent of the sums made available for the fiscal year, whichever is greater.
Eligibility, General	State vocational rehabilitation agencies designated in the state plan may apply.
Eligibility, Severity of Condition	Supported Employment programs are for individuals with the most severe disabilities who have been evaluated for their rehabilitation potential and have been determined to be able to engage in a training program leading to supported employment.
Youth in Transition	Youth in transition could benefit from this program if they meet the disability eligibility criteria and are judged to have the capacity to achieve the outcome of supported employment.
Services	<p>Funds are use to complement services under Title I of the Rehabilitation Act (see separate fact sheet). Supported employment programs (which can also include transitional employment programs) place individuals in jobs after negotiation with the employer. The Supported Employment program then provides the necessary on-the-job or off-site services that ensure that the person succeeds and is able to keep the job. Unlike sheltered workshops, supported employment jobs are competitive jobs that can be permanent positions. Transitional employment jobs are also competitive in the local economy, but in this case they are temporary (generally for six months) and an individual may hold a succession of transitional employment jobs before moving on to permanent employment. Generally, transitional employment is a technique employed in mental health systems, not in systems serving people with other disabilities.</p> <p>Supported employment programs:</p> <ul style="list-style-type: none"> ◆ provide skilled job trainers for intensive on-the-job training; ◆ foster job development; ◆ provide follow-up services that are necessary to maintain employment; ◆ provide supervision at training sites; and ◆ deliver other services related to serving an individual in supported employment.
Funding	FY 2007, \$29.7 million; FY 2008, \$29.2 million
Evaluation	<p>Approximately 36,500 individuals are served annually.</p> <p>Major outcomes for supported employment programs include:²</p> <ul style="list-style-type: none"> ◆ full inclusion into the business workforce; ◆ improved employment retention; ◆ competitive employment earnings; and ◆ enhanced fringe benefits.

² Wehman, P., Revell, G., & Kregel, J. Supported Employment: A Decade of Rapid Growth Impact, *American Rehabilitation*, Spring 1998

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

Supported employment and transitional employment programs are highly successful approaches for helping people with serious mental health conditions to obtain and retain employment. While supported employment can also be funded under Title I of the Vocational Rehabilitation Act, state VR agencies generally do not invest significant Title I resources in this approach, particularly for people with serious mental health conditions. As a result, the separate authority for supported employment has been a very important part of the federal government's contribution to promote employment for this population.

Independent Living Centers

Statutory Authority	Rehabilitation Act of 1973, as amended, Title VII, Chapter 1, Part C; 29 U.S.C. §§ 796f-796f-6
Federal Agency	Office of Assistant Secretary for Special Education and Rehabilitative Services (OSERS), Department of Education
Program Type	Competitive grants to non-profit Independent Living Centers and to states for establishing a system of independent living centers.
Eligibility, General	<p>Independent Living Centers may receive funding from the federal government to serve a specific population, and may also receive federal funds through the state as part of a system of independent living. Independent Living Centers must be nonprofit organizations that receive funding from other sources outside of the federal government to serve that specific population.</p> <p>Each center has its own general eligibility rules, such as those specific to a certain age or type of disability. There is a good deal of variability in the population focus of independent living centers.</p> <p>Grants are also awarded to states to develop statewide systems of independent living.</p>
Eligibility, Age	There are no age requirements; however, each individual center may serve a specific disabled population or a specific age group.
Youth in Transition	An Independent Living Center may target youth in transition or youth with specific disabilities and receive federal funding.
Services Covered	<p>Independent Living Center services vary greatly and depend on the population being served. The common theme is a reliance on consumer involvement, choice and autonomy. Core services must include:</p> <ul style="list-style-type: none"> ◆ information and referral; ◆ training in independent living skills; ◆ peer counseling; and ◆ individual and system advocacy. <p>The majority of staff and individuals in decision-making positions must be individuals with disabilities.</p>
Funding	<p>State Grants — FY 2007, \$22.6 million; FY 2008, \$22.2 million</p> <p>Centers for Independent Living — FY 2007, \$74.6 million; FY 2008, \$73.3 million</p>
Evaluation	States must demonstrate that the centers constitute a statewide system of independent living. The states must also report the Independent Living Centers' effectiveness in the core services areas.
Relevance for Youth with Serious Mental Health Conditions	Although by statute independent living centers could target youth in transition with serious mental health conditions (or a broader population of individuals of all ages with serious mental health conditions) these centers have a history of primarily focusing on people with physical disabilities. Some centers also serve significant numbers of individuals with developmental disabilities. Serious mental health

conditions are less often addressed. However, if part of the target population of an Independent Living Center, youth with serious mental health conditions can benefit significantly from the center's services.

Young Adults in the Workplace

Statutory Authority	Section 501(d)(5) of the Public Health Service Act, as amended; 42 U.S.C. § 290aa(d)(5)
Federal Agency	Center for Substance Abuse Prevention (CSAP), Substance Abuse and Mental Health Services Administration, Department of Health and Human Services
Program Type	Discretionary grant
Eligibility, General	<p>Eligible applicants are public and private for-profit and nonprofit entities, including state, local or tribal governments, public or private universities and colleges, community- and faith-based organizations and tribal organizations.</p> <p>Applicants must have promising practices in place for at least one year prior to application and there must be at least some anecdotal evidence that the practice is effective.</p>
Eligibility, Age	Young adults between 16 and 24
Eligibility, Other	<p>Grants are awarded in two phases (see below). While all applicants must submit a combined application for Phase I and Phase II, Phase II funding is not automatic. Phase II grantees are selected from among Phase I grantees who have successfully enhanced their workplace-based substance abuse programs and provided sufficient data from these workplaces to determine effectiveness.</p> <p>Program recipients must also be employed.</p>
Youth in Transition	Targeted
Activities Funded	<p>These grants are intended to foster greater understanding of prevention/intervention programs for young adult employees. The grants do not fund new programs or services but are used to study workplace prevention and early intervention programs. Recipients of the awards enhance existing prevention programs and collect survey data to determine their effectiveness.</p> <p>The Youth Transition into the Workplace Grant program is one of SAMHSA's Service-to-Science Programs, providing funding to organizations to document and evaluate innovative but unevaluated practices that address critical substance abuse and mental health service gaps. The grants help organizations that have identified promising new practices to evaluate and package those innovations for review and inclusion in the National Registry of Effective Programs (NREP).</p> <p>In Phase I, the first two years, grantees are expected to collect baseline survey and administrative data and develop/enhance and document an existing intervention. In Phase II (years 3-5), the intervention/program is fully evaluated. Phase II includes follow-up survey and administrative data collection. Grantees completing the five-year process will have sufficient documentation to apply for NREP status.</p> <p>Allowable activities include:</p> <ul style="list-style-type: none"> ◆ strategic planning; ◆ training; ◆ stakeholder meetings;

- ◆ participant recruitment;
- ◆ documentation of elements of practices being studied;
- ◆ development of practice support systems, partnerships, practice manuals, logic models, management information systems, data collection and quality assurance, accountability mechanisms, and
- ◆ dissemination of evaluation findings.

Funding

FY 2007, \$2 million; FY 2008, \$2 million

In 2004, HHS awarded 13 Phase I grants totaling \$4 million. The awards were for up to \$150,000 per year for two years. Phase II proposals were submitted in 2006 and six of the original thirteen grants were renewed for up to three years.

Evaluation

Grantees are expected to work with a national steering committee to share early findings, apply agreed-upon methodologies and analysis techniques, and write cross-cutting documents and articles. They will also be expected to participate in an OMB-approved confidential survey of employees that is administered by the cross-site contract evaluator.

By the end of Phase I, grantees must have developed:

- ◆ a logic model;
- ◆ a practice manual;
- ◆ documentation of stakeholder involvement;
- ◆ a description;
- ◆ statistical and demographic information about the population served;
- ◆ information about training;
- ◆ a process evaluation; and
- ◆ preliminary outcomes and findings.

By the end of Phase II, grantees will have:

- ◆ key outcome measures;
- ◆ data-collection systems that include demographics, practice outcomes, service utilization, service-delivery costs, a fidelity scale and service-satisfaction information;
- ◆ documentation and analysis of stakeholder participation in the evaluation; and
- ◆ a five-year sustainability plan.

Relevance for Youth with Serious Mental Health Conditions

Although these programs can improve the effectiveness of substance abuse services for transition-age youth with serious mental health conditions who are employed, they will not provide new services. The benefit is therefore indirect, but potentially valuable.

Ticket-to-Work and Work Incentives Improvement

Statutory Authority	Ticket to Work and Work Incentives Improvement Act, P.L. 106-170; 42 U.S.C. § 1320b-19
Federal Agency	Social Security Administration (SSA)
Program Type	Entitlement
Eligibility, General	Ticket-to-Work is a voluntary program for individuals with disabilities who receive disability cash benefits under either SSI or SSDI and who have completed their age-18 redetermination and, if medical improvement was expected, have had their first continuing disability review (CDR).
Eligibility, Age	Youth 18 and over
Eligibility, Other	For youth who are not employed, an alternative criterion for eligibility is attending a secondary education institution.
Youth in Transition	Transition-age youth meeting the above criteria would be deemed eligible. Each youth on SSI automatically receives a ticket in the mail upon reaching age 18 (after the age-18 redetermination). Young adults do not have to assign their tickets immediately but can wait until they leave school at age 21.
Services Covered	<p>The goal of the Ticket-to-Work program is to increase employment opportunities for individuals with disabilities and to improve their access to, and choice of, vocational rehabilitation and other support services. Ticket holders may use their ticket to obtain vocational rehabilitation, employment or other support services from an approved provider of their choice to help them go to work and achieve their employment goals.</p> <p>Any private entity or agency or a state or political subdivision that takes responsibility for the delivery of services or for service coordination and referral is eligible to apply to be an Employment Network (EN), including One-Stop career centers. ENs are responsible for providing pre- and post-employment services to ticket-holders who choose to go to work. Their role is to coordinate or offer a variety of essential job placement, vocational rehabilitation, job preparation and skills training, support and retention services to help ticket holders be successful in the workplace.</p> <p>Secondary education institutions can become ENs, thereby increasing the funds they have available to help students make the transition from school to work. Schools may also collaborate with an EN and share EN payments. Program funding can be used to offset expenses of providing transition services.</p> <p>The Act seeks to remove many of the barriers that previously influenced decisions about going to work because of individuals' concerns about losing health care coverage and other federal benefits. Once individuals have tickets and are actively participating, they will not have to go through another SSA continuing-disability review. In addition, individuals holding a ticket remain eligible for Medicaid.</p>
Activities Funded	<p>The Ticket to Work and Work Incentives Improvement Act also authorizes:</p> <ul style="list-style-type: none"> ◆ an expedited process for the reinstatement of disability benefits so that individuals are not discouraged from seeking employment for fear of losing their job and being unable to promptly regain benefits;

- ◆ a state option to extend Medicaid eligibility to disabled individuals with higher incomes and to establish a Medicaid buy-in program for individuals with incomes about 250% of the federal poverty level;
- ◆ Medicare eligibility for individuals on SSDI who work by extending Part A (hospital) coverage premium-free for an additional four years beyond the usual limit of 39 months; and
- ◆ a community-based work-incentives planning and assistance program in SSA to disseminate information about work incentives and to give beneficiaries more choice. SSA provides work-incentives specialists in local Social Security offices and has cooperative agreements and contracts to provide benefits-planning and assistance to all Social Security disability beneficiaries.

Funding

FY 2007, \$3.5 million; FY 2008, \$5.7 million

Relevance for Youth with Serious Mental Health Conditions

The Ticket-to-Work program is potentially a significant benefit for youth in transition. However, the program has several fundamental problems as it has been implemented to date.

One objective of the law was to open up the sources of rehabilitation services for people with disabilities beyond the traditional state Vocational Rehabilitation agencies. However, in most states VR agencies generally control the great majority of tickets and are a poor source of support for people of all ages who have serious mental health conditions, either by not serving them or by offering inappropriate services. Psychiatric rehabilitation programs have found it difficult to act as Employment Networks under the payment system set up by SSA. ENs are not paid for services rendered until the individual succeeds in work, and most small psychiatric rehabilitation or other mental health agencies are unable to offer services without ongoing payment.³

Some youth with serious mental health conditions may benefit through the link between schools and secondary education institutions and the Ticket-to-Work program, particularly if they are identified as students with disabilities and have an IEP with a transition plan.

While SSA reports that almost one million youth under 18 receive SSI benefits and that approximately 70 percent of them will be eligible for tickets when they reach 18, it is far from certain that youth with serious mental health conditions will be able to access the type of services they need through this system.

³ See Testimony of the Consortium for Citizens with Disabilities before the House Ways and Means Social Security Subcommittee, Hearing on the Social Security Administration's Implementation of the Ticket-to-Work & Self-Sufficiency Program, March 18, 2004.

8. Generic Independent Living

Workforce Investment Act Youth Formula Grants

One-Stop Career Centers

Job Corps

American Conservation and Youth Service Corps

National Guard ChalleNGe Program

YouthBuild