

2021 Annual Report on Section 234 Demonstration Projects



Contents

I. Introduction	2
II. Current Section 234 Demonstration Projects	3
A. Benefit Offset National Demonstration (BOND)	3
B. Promoting Opportunity Demonstration (POD).....	4
C. Ohio Direct Referral Demonstration (ODRD).....	5
D. Lessons Learned from SSA Demonstrations	7
III. Completed Section 234 Demonstration Projects.....	8
A. Youth Transition Demonstration (YTD)	8
B. Benefit Offset Pilot Demonstration (BOPD)	9
C. Accelerated Benefits Demonstration (AB).....	10
D. Mental Health Treatment Study (MHTS).....	11
E. Technical Expert Panels (TEPs) for SSDI Demonstrations.....	12
IV. Section 1110 Demonstration Projects.....	12
A. Promoting Readiness of Minors in SSI (PROMISE).....	12
B. Supported Employment Demonstration (SED)	13
C. Retaining Employment and Talent After Injury/Illness Network (RETAIN)	15
D. Promoting Work through Early Interventions Project (PWEIP)	16
V. Extended Research Authority	18
VI. Conclusion.....	19
VII. Additional Research Products	19
A. Youth Transition Demonstration	19
B. Benefits Offset Pilot Demonstration.....	20
C. Accelerated Benefits Demonstration	21
D. Mental Health Treatment Study.....	21
E. PROMISE	23

I. Introduction

Section 234 of the Social Security Act (Act) gives us the authority to conduct research and demonstration projects designed to test Social Security Disability Insurance (SSDI) program changes that may encourage disabled beneficiaries to work. Congress extended this authority through December 31, 2022 in the Bipartisan Budget Act (BBA) of 2015. Section 234 of the Act requires us to report annually to Congress by September 30 of each year on the progress of the experiments and demonstration projects that we carry out under this authority. This report presents the status and findings on the following projects funded under Section 234 of the Act:

- Benefit Offset National Demonstration (BOND);
- Promoting Opportunity Demonstration (POD);
- Ohio Direct Referral Demonstration (ODRD); and
- Lessons Learned from Social Security Administration (SSA) Demonstrations.

We are also providing summaries on the following five completed projects funded under Section 234 of the Act. While these five projects have technically ended, we occasionally receive and respond to questions related to these projects and include information in this report for reference purposes. If we perform additional analyses on these projects, we will include updates in future reports:

- Youth Transition Demonstration (YTD);
- Benefit Offset Pilot Demonstration (BOPD);
- Accelerated Benefits Demonstration (AB);
- Mental Health Treatment Study (MHTS); and
- Technical Expert Panels (TEPs) for SSDI Demonstrations.

In addition, we are providing information on other demonstration projects authorized by Section 1110 of the Act, which provides authority to conduct demonstrations of the Supplemental Security Income (SSI) program and early intervention demonstrations. Our inclusion of these projects provides a complete perspective on our interventional research supporting work for SSDI beneficiaries and SSI recipients, as well as applicants and potential applicants. These projects include the:

- Promoting Readiness of Minors in SSI (PROMISE);
- Supported Employment Demonstration (SED);
- Retaining Employment After Illness/Injury Network (RETAIN); and
- Promoting Work through Early Interventions Project (PWEIP).

For project reports and more information on these and other demonstrations, please visit our website at <https://www.ssa.gov/disabilityresearch/>.

We have included relevant information on how the COVID-19 pandemic affected each demonstration in our report.

Finally, we have also included a list of additional research products (excluding contractor reports available on our website) related to our demonstration projects at the end of this document.

II. Current Section 234 Demonstration Projects

A. Benefit Offset National Demonstration (BOND)

We designed BOND to test the effectiveness of benefit offset and enhanced benefit counseling to address the low rate of return to work among SSDI beneficiaries. BOND replaced the complete loss of cash benefits that occurred when a beneficiary performed substantial gainful activity (SGA) with a more gradual reduction in benefits. Under current SSDI rules, beneficiaries who are disabled may work up to nine months, called a trial work period (TWP), while they continue to receive benefits, regardless of how much they earn. After the 9-month TWP, the beneficiary begins a 36-month extended period of eligibility (EPE). During the EPE, beneficiaries who work at the SGA level will lose their entire monthly payments, except for the first three months (called the grace period) in which they continue to receive full benefits.

In the BOND project, we tested the effect of an alternative to withholding full benefits when beneficiaries perform SGA during the EPE. When participants perform SGA after the TWP and the three-month grace period, we reduce their benefits by \$1 for every \$2 that their earnings exceed the annualized SGA threshold amount.

Project Background

As part of the Ticket to Work and Work Incentives Improvement Act of 1999, we were directed to conduct a benefit offset demonstration for SSDI. In 2004, we awarded a design contract for the project. We then used a full and open competition procurement process to award a nine-year implementation and evaluation contract in December 2009. We published a notice in the *Federal Register* announcing the BOND project in November 2010 (75 FR 71171).

Study Design

We implemented the various treatments of the benefit offset program for SSDI-only beneficiaries and concurrent beneficiaries (i.e., those who receive both SSDI and SSI benefits based on disability) in 10 sites around the country. We selected these sites based on the geographic areas supported by our regions.

The BOND project has two stages. Offset treatment participants in both Stage One and Stage Two participated in BOND for a maximum of 60 months upon completion of a TWP. Participants must have completed their TWP on or before September 30, 2017 to qualify for the project. We compared employment status, earnings, and benefits paid across the different groups to evaluate the effectiveness of the treatment groups.

- **Stage One:** 968,530 beneficiaries (non-volunteers) assigned to two groups
 - \$1 for \$2 offset and Work Incentives Counseling; or
 - Control (no offset).
- **Stage Two:** 12,744 beneficiaries (volunteers) assigned to three groups
 - \$1 for \$2 offset and Work Incentives Counseling; or

- \$1 for \$2 offset with Enhanced Work Incentives Counseling; or
- Control (no offset).

Progress to Date

We completed the Final BOND Evaluation Report in October 2018. In December 2018, we extended the nine-year contract to continue work incentives counseling services for those eligible to use the offset until December 31, 2022.

As of May 2021, a total of 5,448 participants have been in offset for one month or more.

Findings

The Final BOND Evaluation Report found:

- Absence of evidence of an increase in participants' average earnings at this time;
- Strong evidence of an increase in benefits paid;
- Strong evidence of an increase in the proportion of beneficiaries with earnings above the level at which they become eligible for the offset;
- Strong evidence of an increase in the proportion of beneficiaries employed;
- Evidence that enhanced benefits counseling services are no more effective than current services;
- Evidence of an increase in the number of overpayments, in part attributable to administrative processes for BOND participants; and
- Evidence of a decrease in the average amount of overpayments, attributable to the nature of the benefit offset.

Next Steps

Throughout calendar year (CY) 2022, we will continue to offset benefits and provide work incentive counseling services. By year's end, all remaining participants will return to current rules. In CY 2023, we will complete project wind-down activities and continue to assist former BOND participants with their return to current rules.

B. Promoting Opportunity Demonstration (POD)

Section 823 of the BBA of 2015 amended Section 234 of the Act by instructing our agency to carry out a demonstration project testing a new \$1 for \$2 benefit offset for SSDI beneficiaries. As Congress directed, in POD, we offset benefits each month by \$1 for every \$2 of earnings above the greater of the TWP threshold or Impairment-Related Work Expenses (IRWE) (up to the SGA), and eliminated the TWP and EPE. Further, the BBA of 2015 states that we may terminate benefits once benefits reach \$0 under the offset; however, a beneficiary whose benefits are terminated will maintain Medicare Part A benefits for a period of no longer than 93 months after termination, or until he or she medically improves. Participation in this demonstration is voluntary and individuals can withdraw from the project at any time.

We randomly assigned volunteers into one of three equal groups:

- The **control group** is subject to current program rules;
- The **first treatment group** is eligible for the offset, and if benefits are reduced to \$0 for 12 consecutive months, we will terminate benefits; and
- The **second treatment group** is also eligible for the offset, but we will not terminate benefits because of earnings from work.

The evaluation will include process, participation, impact, and cost-benefit analyses. We conduct surveys of participants at the time of enrollment, then 12 and 24 months after enrollment. We implemented the project in all counties of Alabama, Connecticut, and Vermont and in select counties of California, Maryland, Michigan, Nebraska, and Texas. In each POD site, we provide POD-specific benefits counseling and assist beneficiaries in submitting earnings and IRWEs to our agency to adjust benefits each month.

Progress to Date

We began designing the demonstration and developing the systems and operational processes immediately following passage of the BBA of 2015. We awarded an evaluation contract for POD in December 2016 and awarded a separate implementation contract in January 2017. From January 2018 through December 2018, we conducted recruitment and enrolled 10,070 beneficiaries into the demonstration. We completed the first interim evaluation report for 2019, the first full calendar year after beneficiary enrollment into the project. The interim report, released in April 2021, showed there were no meaningful differences in the earnings and benefit outcomes between treatment and control group members. This year, we also completed our second follow up survey of participants. POD implementation ended in June 2021 and all remaining participants returned to current rules.

Next Steps

We extended the POD implementation contract through November 2022 to complete project wind-down activities and to assist former participants as needed with their transition to current rules. We expect to complete the final evaluation report by the end of CY 2021.

C. Ohio Direct Referral Demonstration (ODRD)

ODRD is a joint demonstration with an Ohio state agency, Opportunities for Ohioans with Disabilities (OOD). The goal of ODRD is to test the effectiveness of providing direct referrals to vocational rehabilitation services for 18 and 19 year-olds who are, or may become, SSI or SSDI beneficiaries. Participants in the demonstration include individuals ages 18 and 19 at the time of enrollment, who are either (1) applying for SSDI or SSI or (2) undergoing an age-18 redetermination of SSI eligibility. OOD's Division of Disability Determination (DDD) and the Bureau of Vocational Rehabilitation (BVR) will share information to conduct ODRD. OOD and SSA will each contribute staff time to the demonstration and SSA will not incur additional costs.

Background

We are committed to improving adult employment outcomes and financial independence for SSI recipients and SSI and SSDI applicants who are in the process of transitioning to adulthood. ODRD incorporates lessons learned from our YTD and the PROMISE demonstration.

This demonstration will allow us to learn about the effectiveness of providing direct referrals to vocational rehabilitation programs as a method of intervention for transition-aged adults who allege disabilities. This strategy may lead to decreased reliance on our disability programs, thereby increasing labor force participation for those individuals who want to work, and potentially producing long-term cost savings for the agency. We will use SSA and BVR program data to evaluate the demonstration project.

We do not have the authority to refer SSDI or SSI beneficiaries to vocational rehabilitation agencies, but we will waive this limitation under both of our demonstration authorities (Sections 234 and 1110).

Study Design

We are conducting this demonstration using a random assignment design. The DDD will invite and receive consent to participate from at least 750 participants from the date of execution of the jointly financed cooperative agreement (JFCA), January 2020, up to October 31, 2022 if needed. Under the normal course of business, DDD receives medical files for disability benefit applications and continuing disability reviews under SSI or SSDI for the state of Ohio. The DDD processes these cases under their normal procedures. In addition, they identify claimants who would be appropriate for the demonstration because of their age and residence.

In order to recruit participants, DDD sends a document titled “Invitation and Consent to Join the Ohio Direct Referral Demonstration” to identified potential participants. The invitation and consent forms explain the demonstration and give potential participants information necessary for informed consent. In addition, DDD sends potential participants an SSA-3288, Consent for Release of Information form to obtain their consent for the DDD to transfer their contact information to BVR. This information comprises the direct referral to BVR.

Once DDD receives consent, it randomly assigns participants to one of two groups, the usual services group (control group) and the program services group (test group). DDD sends a letter to the participants describing their group assignment and sends SSA information that identifies the participants and their group assignment.

Members of the control group do not receive a direct referral to BVR, but instead receive general information about BVR’s services. The control group participants have the option to contact BVR or any service provider on their own, but BVR does not initiate contact after the initial mailing of general information.

Once BVR receives information about program services group participants from DDD, BVR contacts the treatment group members to set up an appointment. If the participant is eligible for services, BVR requests medical records from DDD and provides vocational rehabilitation services until case closure. BVR tracks each participant’s progress and shares information with us on participants’ use of services. We will submit a final report to Congress at the end of the project, which we expect will be in CY 2022.

Objectives

As part of our evaluation, we will attempt to answer the following questions:

- How many individuals from the treatment group applied for BVR services after the direct referral?
- How many individuals have employment outcomes such as job placement and earnings?
- What is the average length of time from application for BVR services to BVR's eligibility decision?
- What general vocational rehabilitation outcomes did participants achieve?
- What was the number of closed cases resulting in employment, and what was the number of cases closed for other reasons?

Next Steps and Timeline

The Ohio DDD began recruitment in January 2020. Due to the COVID-19 pandemic and local shutdowns, the DDD stopped recruiting for the ODRD in early March 2020. ODRD resumed recruitment in July 2020. Once recruitment and enrollment are complete, we expect to continue to conduct the evaluation over two years (CYs 2021 and 2022), finalizing the necessary analyses, and releasing reports.

D. Lessons Learned from SSA Demonstrations

For more than 30 years, we have conducted several tests of new policies and programs to improve beneficiary work outcomes. These demonstrations have covered most aspects of the SSDI and SSI programs and populations, have addressed topics including family support, children, informational notices, changes to benefit calculations, and a variety of employment services and program waivers. These demonstrations have generated many reports about which policies work, and which do not, but there has yet to be a synthesis of the findings from the entire body of work apart from a few cursory reviews in academic survey articles or brief reports. There remains a need for a comprehensive review to identify cross-demonstration lessons about which policies, program, and other operational decisions would provide effective supports for disability beneficiaries who want to work.

We plan to synthesize the lessons learned from these tests to highlight promising strategies policymakers can implement. By taking stock of the full scope of lessons learned from these demonstrations, policymakers will understand what policies and programs we have tested and whether and why they were effective. This will enable us to implement policies that work in multiple settings, propose alternatives to policies that may not have worked for identifiable reasons, and identify policies and strategies for future demonstrations. The synthesis will help us identify ways to implement demonstrations (in terms of methodology and analytical approaches) that maximize the amount of useful information within reasonable timeframes and budgets.

Next Steps and Timeline

We held a state-of-the-science meeting in June 2021. Over 450 people participated in the meeting, during which disability and social policy and evaluation experts and practitioners presented and

discussed the lessons from previous demonstrations. We will disseminate the findings in a published volume in fiscal year (FY) 2022.

III. Completed Section 234 Demonstration Projects

A. Youth Transition Demonstration (YTD)

YTD is a research study that evaluated the effects of enhanced youth transition programs and modified SSI rules on youths between the ages of 14 and 25 who have disabilities. YTD projects included service delivery systems and a broad array of services and supports to assist youth with disabilities in their transition from school to employment and to help them gain economic self-sufficiency.

Project Background

YTD began in 2003, with seven projects in six States: California, Colorado, Iowa, Maryland, and Mississippi each having one, and two projects in New York. Maryland and Iowa terminated early, while California and Mississippi completed their participation. In 2007, we piloted three new projects in Florida, Maryland, and West Virginia. Combined with the three projects that were still running from the original seven (one in Colorado and two in New York), we had six projects in place. These projects produced the first empirical evidence of the effects of youth transition programs and modified SSI work incentives.

The modified SSI program rules that we tested under YTD include the following five program waivers.

- We continued paying benefits for as long as the individual continued to be a YTD participant, despite the finding of a continuing disability review or an age-18 medical redetermination that an individual is no longer eligible for benefits.
- We applied the student earned income exclusion (Section 1612(b)(1) of the Act), which normally applies only to students who are age 21 or younger, to all participants who met school attendance requirements.
- We expanded the general earned-income exclusions guidelines. The general earned-income exclusions (Section 1612(b)(4) of the Act) permit the exclusion of \$65 plus half of what an individual earns in excess of \$65; however, for YTD, we excluded the first \$65 plus three-fourths of any additional earnings.
- We extended the SSI program's treatment of federally supported Individual Development Accounts (IDA) to IDAs that do not involve Federal funds.
- We modified the guidance pertaining to development of a plan to achieve self-support (PASS). Ordinarily, a PASS must specify an employment goal that refers to getting a particular kind of job or starting a particular business. For YTD, we approved an otherwise satisfactory PASS that had either career exploration or postsecondary education as its goal. Income and assets that an individual used for PASS expenses did not count when we determined SSI eligibility and payment amount.

Findings

YTD projects in Colorado and New York ended in 2010, while the Florida, Maryland, and West Virginia projects ended in 2012.

This demonstration produced mixed results on the effects of YTD on sustained employment. Two of the six projects (Florida and Bronx County, New York) showed an increase in employment three years after random assignment. New York showed positive effects on paid employment during the year after participants entered the evaluation. In Florida, 23 percent of participants in the program group worked for pay during that year, compared with just 13 percent of control group members. In the Bronx, 33 percent of program group members had paid employment, compared with 25 percent of the control group members. Participants of five of the six projects had higher total income from earnings and disability benefits in the third year after random assignment. These effects ranged from \$1,010 higher total income in West Virginia to \$1,729 higher total income in Bronx, New York. YTD showed that substantial support in the form of well-designed services to youth with disabilities could improve key transition outcomes in the medium term.

Our findings from YTD influenced the development of the PROMISE project, a joint initiative involving our agency, and the Departments of Education (ED), Health and Human Services (HHS), and the Department of Labor (DOL).

In an effort to share our findings with policymakers, we presented our YTD findings at a variety of conferences and other arenas including:

- Association for Public Policy Analysis and Management annual conference, November 2013 and 2018;
- Division on Career Development and Transition conference, November 2012;
- Mathematica Disability Policy Forums in 2011 and 2013;
- National Transition conference, May 2012;
- Pathways to Adulthood conference, June 2012; and
- Welfare Research and Evaluation conference, May 2013.

Next Steps

The results indicated the programs had very little impact on employment after the intervention and did not find evidence of a reduction in benefits in early adulthood. We plan to follow participants' outcomes using administrative data and conduct cost-benefit-analyses for longer follow-up periods to test the longer-term outcomes of these projects.

B. Benefit Offset Pilot Demonstration (BOPD)

We completed the four-State (Connecticut, Utah, Vermont, and Wisconsin) BOPD, but continue to disseminate the findings to policymakers.

In BOPD, we tested the feasibility of a national demonstration providing a \$1 reduction in SSDI benefits for every \$2 in earnings, in combination with employment supports. We did not design the pilot to provide nationally representative estimates. The project provided beneficiaries with a gradual reduction in their benefits, eliminating the normal sudden loss of cash benefits in the SSDI program when a beneficiary works and has earnings over a specified amount. The demonstration provided us with preliminary evidence of the potential for a benefit offset national demonstration to increase work and earnings among a select group of volunteers.

We completed the BOPD evaluation in 2010 and the four States in the pilot have all submitted their final reports.

Additional Research

While we completed the evaluation in 2010, we used the data collected from the project to provide new information to researchers and policymakers. We do not have plans to pursue future research on the BOPD.

C. Accelerated Benefits Demonstration (AB)

We developed AB to study the effects of offering newly entitled SSDI beneficiaries health insurance and employment services during the 24-month Medicare waiting period. AB provided information on the effects of altering the 24-month waiting period for hospital insurance benefits under Section 226 of the Act. It also provided information on the effects of programs that develop, perform, and otherwise stimulate new forms of rehabilitation. While not part of the original design, AB provided information on the potential effects of the Patient Protection and Affordable Care Act on individuals eligible for SSDI benefits.

The primary aim of AB was to identify the effect of health insurance coverage on the health, employment, earnings, and economic self-sufficiency of newly entitled SSDI beneficiaries who lacked health insurance coverage during the Medicare waiting period. A secondary aim was to estimate how adding rehabilitation and counseling services might increase the employment, earnings, and economic self-sufficiency of participants.

The project included three randomly assigned groups of newly entitled beneficiaries:

- AB group that received a health insurance package;
- AB Plus group that received the health insurance package plus additional rehabilitation and counseling services; and
- A control group.

The additional rehabilitation and counseling services that we provided to AB Plus participants addressed the barriers that some newly entitled beneficiaries face as they attempt to return to work.

Specifically, AB Plus participants received:

- Medical care management along with the health insurance package to treat or stabilize their disabling health condition;
- A program called the Progressive Goal Attainment Program to encourage participants to participate in activities that will eventually lead to work; and
- Employment and benefits counseling services to inform participants of employment services and programs.

The results from AB show that providing health insurance for newly entitled beneficiaries can lead to an increase in health care use, a reduction in unmet medical needs, and improved health; however, the results do not show any effect on short-term mortality. Additional rehabilitative

services provided to these beneficiaries led to increased use of employment services and slight increases in employment and earnings levels.

We completed AB in January 2011. In addition to the final report, we worked with contractors to produce policy briefs and research articles. We also presented our findings at conferences, policy forums, and other agencies. We are exploring options to pursue future research on the long-term impacts of the AB intervention on health utilization and health outcomes.

In January 2014, we presented our findings on the effect of AB on the employment of SSDI beneficiaries at the American Economic Association's annual meeting.

D. Mental Health Treatment Study (MHTS)

We completed the MHTS in July 2010 and submitted the final report in 2011, but we continue to research the study population and to conduct outreach activities to promote best practices and encourage additional research in this area.

Disabled workers with mental illness, excluding those with an intellectual disability, represent about 26 percent of SSDI beneficiaries. Many persons with mental illness want to work and will respond to treatment. In the MHTS, we tested the effectiveness of providing quality medical care and employment support in facilitating the return to work for a sample of SSDI beneficiaries with schizophrenia or affective disorders.

The study found that the MHTS package of interventions (e.g., systematic medication management, supported employment, services of a nurse-care coordinator) resulted in overall better outcomes for the treatment group over the control group. For example, the MHTS services resulted in fewer hospitalizations and improved quality of life, as well as increased employment, hours of work, and earnings. However, monthly earnings among beneficiaries receiving the MHTS services were generally below the SGA level. We found that the MHTS services had no effect on increasing earnings above SGA or on reducing SSDI benefit payments among beneficiaries.

We currently have a contract to maintain the MHTS data. In conjunction with that research, the National Institute of Mental Health awarded a grant to several researchers to analyze Centers for Medicare and Medicaid Services' data on MHTS participants. We are working with those researchers to conduct this research. Additionally, we are conducting work under our Retirement and Disability Research Consortium to study the long-term employment and earnings outcomes of MHTS participants. This ongoing arrangement has resulted in multiple publications that advance findings from the MHTS.

The planned research includes analyzing MHTS's effects on employment and the implications of these impacts on the length of employment, job stability, level of work participation, and types of jobs. The researchers will also analyze factors associated with job attainment, job retention, and job quality, and investigate the effects of education and previous employment on employment, health, and functioning.

Research and publications under these agreements have been wide ranging, and include work on: 1) participation and uptake rates for the demonstration project; 2) impacts on earnings from the intervention versus treatment as usual; 3) barriers to employment for SSDI beneficiaries; 4) risk

factors for psychiatric hospitalization for SSDI beneficiaries; 5) the importance of client factors in employment; and 6) the role of cognitive functioning in employment for people with serious mental illness. As researchers publish their papers, we will continue to share the results with public and private organizations interested in the findings.

E. Technical Expert Panels (TEPs) for SSDI Demonstrations

As part of our research on new ideas for demonstrations to test policies to support SSDI beneficiaries' work efforts, we convened three TEPs. These TEPs provided independent, informed recommendations on the criteria for potential demonstration projects. These recommendations included, but were not limited to: policy alternatives; design criteria (e.g., random assignment versus quasi-experimental designs); potential populations these demonstrations should recruit; outcome measurement; and optimal length of time to field the demonstrations.

The first TEP met in February 2019 to discuss options for a demonstration supporting individuals exiting SSDI due to medical improvement. These individuals currently receive no further support from SSA and may not receive support or services from other providers. Additionally, research suggests about 20 percent of recipients will return to the program within eight years. The TEP recommended additional study about the services this population needs to support continued or improved self-sufficiency. We are planning further data collection on the needs of this population through the Exits from Disability Study, which we plan to begin in FY 2022.

The second TEP met in April 2019 to discuss a potential demonstration that would alter the incentives for representatives to work with applicants at the reconsideration level of adjudication. We planned to use Section 1110 and Section 234 to design a demonstration (including any required system development) to test the effect of an alternative payment structure for representatives and access to claimants' case files on outcomes. As we began to develop the Appointed Representative demonstration, we discovered that the systems and staffing resources required to carry out the demonstration substantially outweighed the potential lessons we would learn during the short timeframe allowed under our current demonstration authority. Accordingly, we decided to devote our systems and staffing resources to the Interventional Cooperative Agreement Program, a new project that we plan to begin in FY 2022. This program offers the opportunity to work with external partners, including, for example, unpaid representatives.

The third TEP met in May 2019 to discuss potential options for a demonstration related to the simplification of how we treat post-entitlement earnings in the SSDI program. The TEP discussed whether SSA should continue to test offset-style demonstrations or test larger changes to the program. The TEP also discussed the value of testing the removal of all post-entitlement earnings rules as part of any test to allow us to better understand the upper limits of realistic expectations for work among beneficiaries.

All TEPs under this project are complete.

IV. Section 1110 Demonstration Projects

A. Promoting Readiness of Minors in SSI (PROMISE)

PROMISE is a joint pilot demonstration project with ED, HHS, and DOL. The goal of PROMISE is to test interventions that improve the health, education, and post-school outcomes of children who receive SSI resulting in long-term reductions in the child's reliance on SSI. In addition to providing support for youth education and employment outcomes, we also hope to improve family or household outcomes through improved services and supports, such as education and job training for parents.

Background

In FY 2013, ED's Office of Special Education and Rehabilitation Services awarded cooperative agreements to five states (Arkansas, California, Maryland, New York, and Wisconsin) and one consortium of six states (Arizona, Colorado, Montana, North Dakota, South Dakota, and Utah). The States used these funds to improve the provision and coordination of services intended to improve education and employment outcomes for which children receiving SSI and their families are already eligible. These services were available through the Individuals with Disabilities Education Act, the Vocational Rehabilitation State Grants program, Medicaid's care coordination services, Job Corps, and other Workforce Investment Act programs.

Study Design

Developing and conducting a rigorous evaluation to guide implementation and gather policy-relevant evidence is a key component of PROMISE. We enrolled at least 2,000 SSI recipients aged 14-16, and their families in each project. Participants were randomly assigned to either a treatment group (which received program services) or a control group (which received the usual services available in their communities).

The evaluation included process, impact, and cost-benefit analyses. We conducted surveys of participating youth and parents 18 months after enrollment and are conducting a second survey 60 months after enrollment, which, when combined with administrative data, management information, and focus groups, will inform these analyses.

Next Steps

The ED-funded sites ceased serving youth and their families by the end of FY 2019. In April 2019, ED hosted a panel on PROMISE presenting the accomplishments and challenges of the projects.

We expect the 60-month survey to close in late FY 2021 and to receive the final impact analysis in FY 2022. We will also produce two special topic reports providing a comprehensive summary and integration of PROMISE findings into the broader youth transition literature and on the pathways behind long-term outcomes in FY 2022.

Several of the PROMISE states are also conducting related research on implementation and service delivery within their specific projects.

B. Supported Employment Demonstration (SED)

Project Background

SED is a demonstration project that evaluates whether offering an evidence-based package of integrated vocational, medical, and mental health services to recently denied disability applicants fosters employment that contributes to self-sufficiency, improved mental health and quality of life, and a reduced demand for disability benefits. The demonstration focuses on individuals with mental illness under the age of 50 who applied for SSI or SSDI benefits and received initial denials. In August 2016, we awarded a contract to implement and evaluate SED. Recruitment started in November 2017 and ended in March 2019. SED will operate through December 2022.

Eligible individuals live within one of 30 community mental health centers (20 urban and 10 rural) distributed across the United States. Recently denied applicants in 20 states (California, Colorado, Florida, Illinois, Kansas, Kentucky, Massachusetts, Maryland, Michigan, Minnesota, Missouri, New York, North Carolina, Ohio, Oregon, South Carolina, Tennessee, Texas, Washington, and Wisconsin) received invitation letters to participate in SED. Participation in the SED is voluntary, and the contractor obtained informed written consent from all enrollees. Participants receive services for 36 months.

The contractor worked with cooperating community-based organizations and health centers to recruit and randomly assign 3,000 enrollees into one of three groups:

- 1) the Full-Service Treatment Group;
Receive Individual Placement and Support (IPS) employment services, services of a nurse care coordinator, systematic medication management, and assistance with cost sharing for medications and for behavioral health and work-related expenses.
- 2) the Basic Service Treatment Group; or
Receive IPS services and assistance with behavioral health and work-related expenses, but do not receive the services of a nurse care coordinator or systematic medication management.
- 3) the Control Group (usual services).
Have access to all standard behavioral health or employment-related services available at other community health centers and receive a local Community Resources information book to identify where other services are available.

Near the end of the first year of implementation, the contractor convened a meeting with the SED site directors and state vocational rehabilitation and mental health agency leaders from the Council of State Administrators of Vocational Rehabilitation (CSAVR) and from the National Association of State Mental Health Program Directors (NASMHPD). CSAVR and NASMHPD leaders have committed to help disseminate findings and lessons learned from the SED in their communities and throughout their networks when the study ends.

The contractor currently conducts evaluation activities and delivers participant services remotely, although some in-person SED staff-participant contacts occur (following safety precautions) to meet enrollees' needs for resources or to address their critical support needs. The demonstration sites maintained the delivery of treatment services throughout pandemic restrictions following social distancing guidelines and conducting phone and virtual meetings and pursuing telemedicine with participants to the extent possible.

Next Steps

Intervention services and field operations (e.g., technical assistance, training, and data collection activities for process and outcome evaluations) are set to continue through March 2022, when all

participants will have received 36-months of intervention services. The final evaluation reports, including a process evaluation and impact and cost-benefit analyses will be available in FY 2023.

C. Retaining Employment and Talent After Injury/Illness Network (RETAIN)

RETAIN is a joint demonstration with DOL that will test promising early intervention approaches to improve the labor force participation and retention of individuals with recently acquired injuries and disabilities and to reduce their future need for disability benefits. DOL is funding the intervention approaches and the programmatic technical assistance for the demonstration. SSA is funding the evaluation of the demonstration, including evaluation-related technical assistance.

Background

The projects implemented as part of RETAIN are modeled after promising programs operating in Washington State, including the Centers of Occupational Health and Education (COHE), the Early Return to Work (ERTW), and the Stay at Work programs. While the programs in Washington state have primarily been in the workers' compensation system, RETAIN is expanding these types of services to people who are in the labor force and experience an occupational or non-occupational injury or illness.

Central to these projects is the early coordination of health care and employment-related support and services to help injured or ill workers remain in the workforce. Projects are directed to use their funds to create an integrated network of partners to provide services that must include workforce development entities, health care systems/provider networks, and other partners as appropriate.

The primary goals of RETAIN are:

- To increase employment retention and labor force participation of individuals who acquire, and/or are at risk of developing, work disabilities; and
- To reduce long-term work disability among project participants, including the need for SSDI and SSI.

The demonstration includes two phases. In Phase 1, DOL funded the implementation and programmatic assistance for eight states to conduct the planning and start-up activities, including the launch of a small pilot demonstration. The Phase 1 RETAIN grant recipients were:

- California Employment Development Department
- Connecticut Department of Labor
- Kansas Department of Commerce
- Kentucky Department of Workforce Investment
- Minnesota Department of Employment and Economic Development
- Ohio Department of Job and Family Services
- Vermont Department of Labor
- Washington Employment Security Department

During Phase 1, SSA’s evaluation contractor created an evaluability report for each of the Phase 1 projects. Similarly, DOL’s implementation contractor created programmatic readiness reports. At the end of the planning and piloting stage (Phase 1), DOL awarded additional funding to five states to expand and implement these projects as part of Phase 2, the full implementation. The evaluability and programmatic readiness reports developed in Phase 1 assisted DOL’s grant selection panel in awarding the Phase 2 grants. The RETAIN Phase 2 grant recipients are:

- Kansas Department of Commerce
- Kentucky Department of Workforce Investment
- Minnesota Department of Employment and Economic Development
- Ohio Department of Job and Family Services
- Vermont Department of Labor

Study Design

During Phase 1, SSA’s evaluation contractor finalized the evaluation design for each of the RETAIN projects. Each Phase 2 project is utilizing an experimental design by randomizing at either the individual level (KS, KY, MN, OH) or provider level (VT).

The evaluation includes process, participation, impact, and cost-benefit analyses. We will conduct two rounds of surveys for both enrollees and one round of survey for health care providers. The survey data, combined with SSA administrative data, state-level administrative data, management information, and site visits will inform these analyses.

Next Steps

Mainly due to the COVID-19 pandemic, DOL issued an extension to the Phase 1 pilot grants and delayed the Phase 2 competition by 6 months. DOL also increased the duration of the Phase 2 grants to allow more time for enrollment activities. These changes also increased the evaluation period by an equivalent number of months.

All grantees will begin recruiting participants into the full program by FY 2022. Grantees will enroll participants into the RETAIN demonstration through spring of FY 2024 and provide services through summer of FY 2025. The evaluation contractor will produce an interim impact report in FY 2025 and the final evaluation impact report in FY 2026.

D. Promoting Work through Early Interventions Project (PWEIP)

The goal of the PWEIP is to foster a better understanding of the effects of early interventions that aim to improve the employment and economic outcomes of low-income individuals with little or no work history, current or foreseeable disabilities, and ties to the U.S. safety net, who have not yet applied for SSI. SSA and the Administration for Children and Families (ACF) within HHS will support rigorous evaluation of existing early interventions and work models.

Background

As part of this multi-year effort, we will support the evaluation and/or service provisions of two existing ACF projects, the Building Evidence on Employment Strategies for Low-Income Families (BEES) project and the Next Generation of Enhanced Employment Strategies (NextGen) project.

The BEES project supports states moving towards rigorous evaluations of innovative programs designed to promote employment and build self-sufficiency for low-income individuals. It prioritizes the evaluation of efforts, which work with individuals who struggle with opioid dependency, abuse of other substances, and/or mental health issues. Interventions for evaluation may also include programs that serve Temporary Assistance for Needy Families (TANF) recipients or, more broadly, individuals and their families who are at risk of TANF dependency. NextGen builds on the BEES project by expanding the focus to a broader population with ties to multiple U.S. safety net programs. The project will evaluate the effectiveness of innovative employment interventions for highly vulnerable populations with complex barriers to employment.

The SSA and ACF partnership aims to be mutually beneficial and synergistic. SSA has authority to use Section 1110 funds to support program services and evaluation activities while ACF can use Section 413 funds for only evaluation activities. In FY 2019, SSA transferred Section 1110 funds to ACF to support program services and improve the evaluability of ACF projects that are of value to SSA. By the conclusion of the project in FY 2026, ACF will contribute funds for program evaluation services and serve as the Federal lead of BEES/NextGen project management and contract oversight. As the project progresses, we will provide technical assistance and later exchange data with ACF to support rigorous evaluations and research that will inform both agencies and contribute meaningfully to the broader field of disability and self-sufficiency research.

Through the PWEIP partnership, SSA and ACF will be able to scale innovative programs and prepare them for rigorous evaluations. SSA is interested in understanding the types of interventions that effectively connect or reconnect potential SSI applicants to work. We do not typically have a method for identifying these individuals before they apply for benefits; ACF brings expertise in identifying such individuals. ACF is interested in understanding what types of interventions improve outcomes for individuals with complex barriers to employment, including disabilities; however, many innovative programs for this population have been too small for rigorous impact evaluation. By the conclusion of the PWEIP, SSA and ACF aim to generate findings that will inform both agencies and contribute meaningfully to the broader field of disability research.

Study Design

SSA and ACF will support rigorous evaluation of existing employment support and training programs informed by evidence and shown to be promising for SSA and ACF's population of interest. The BEES project will involve up to 21 programs while the NextGen effort will involve up to nine programs. ACF evaluation will randomly assign participants of BEES/NextGen programs to a treatment or a control group. The control group will receive the services and interventions normally offered by a given program. The treatment group will receive services offered as a part of early intervention(s) and work model(s) tested under a specific PWEIP program. Evaluations of each program will include impact evaluation and implementation research. A select number of evaluations will also include cost analysis. ACF contractors will conduct baseline, interim, and final surveys of participants at the time of enrollment, 12 months later, and at the conclusion of the testing period, respectively. ACF will implement the PWEIP across various states and regions.

Progress to Date

In FY 2017 and FY 2018, ACF’s Office of Planning, Research, and Evaluation awarded contracts for BEES and NextGen, respectively. In FY 2019, SSA and ACF finalized a Jointly Financed Cooperative Arrangement (JFCA) to facilitate the exchange of funds and data, and to ensure the fulfillment of SSA and ACF’s priorities and interests. On a rolling basis, ACF has shared initial program proposals with SSA. As of June 2021, we have approved participation and funding of ten PWEIP programs and have committed 72 percent of SSA funds.

Approved PWEIP programs include:

BEES

- Addiction Recovery Center, Kentucky
- Central City Concern, Oregon
- IPS in Federally Qualified Health Centers, Illinois and New Hampshire
- IPS in Substance Use Disorder Treatment Provider Setting, Ohio and Oklahoma
- IPS in Temporary Assistance for Needy Families and Supplemental Nutrition Assistance Program Provider Setting, Washington State
- The Journey, Franklin and Stark Counties, Ohio

Next Gen

- Bridges from School to Work, operates programs in Atlanta, Baltimore, Boston, Chicago, Dallas/Fort Worth, Los Angeles, New York City, Oakland, Philadelphia, San Francisco, and Washington, DC. A select number of Bridges programs will participate in the evaluation.
- Families Achieving Success Today, Ramsey County, Minnesota
- IPS for Individuals with Justice Involvement, locations pending
- Mental Health Outreach for Mothers Program, Massachusetts

Next Steps

By December 2021, we intend to complete most of our program identification, assessment, and selection activities as well as decisions about the use of SSA funds. Due to enrollment delays caused by COVID-19, ACF and its contractors will finish program evaluations during FY 2025. Furthermore, ACF will conclude PWEIP analyses and deliver a final evaluation report by the end of FY 2026.

V. Extended Research Authority

We continue to support a legislative change to extend our Section 234 demonstration authority beyond the December 31, 2022 expiration and provide sufficient time for us to carry out any initiated demonstrations for up to ten years. This will allow us to continue to test innovative policies that enable policymakers to make evidence-based decisions about potential policies and programs before they are enacted on a national scale.

VI. Conclusion

These demonstration projects allow us to explore ways to help beneficiaries enter or re-enter the workforce. We appreciate your support of our efforts to maximize the self-sufficiency of beneficiaries with disabilities.

VII. Additional Research Products

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