

# Early Intervention Policies and Practices

Evidence from and Status of SSA Demonstrations

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# Definition of and Motivation for Early Interventions (EIs)

- Policies or practices that result in allowing individuals with disabilities to maintain or achieve meaningful employment and earnings and to forgo applying for or re-applying for disability insurance (SSDI or SSI) benefits
- Benefits: reduce benefit payments, increase payroll tax receipts, reduce administrative expenses, improve service efficiency for future applicants/beneficiaries

# Target Population for EIs

- Adults aged 25 to 64 with disability
- Current or former job holders who have some likelihood of maintaining or regaining employment but whose disability or illness is a significant barrier to employment that needs to be overcome or accommodated
- Estimated target population inflow of between 1.1 to 2.0 million individuals per year

# Target Population Characteristics

Disproportionately –

- Over 45
- Persons of color
- Unskilled or semi-skilled occupations
- Lower levels of education

# Logistical Enigmas

- SSA has no contact information for potential applicants
- SSA may have poor contact information and may have no influence over potential re-applicants (who have been denied)
- Consequently, SSA may need to collaborate with state/local agencies and/or with a decentralized medical system

# Demonstrations Reviewed

- Demonstration to Maintain Independence and Employment (DMIE)
- TANF-SSI Disability Transition Project (TSDTP)
- Supported Employment Demonstration (SED)
- Retaining Employment and Talent After Injury/Illness Network (RETAIN)
- Promoting Work through Early Intervention Project (PWEIP)

# Additional Evidence/Papers Reviewed

- International experiences (Netherlands, Sweden, England)
- Early intervention chapter (three papers) from McCreery-Pomeroy Initiative proceedings
- Miscellaneous literature

# Demonstration to Maintain Independence and Employment (DMIE)

Implemented and overseen by Center for Medicare & Medicaid Services (CMS)

**Treatment(s):** Medical benefits that varied across 4 states; financial assistance for health care; career counseling

**Evaluation design:** Randomized controlled trial (RCT)

**Sample size:** 900 in treatment groups in TX and MN; much smaller in KS and HI

**Findings of note:** No impact on employment/earnings – not surprising because eligibility was conditioned on working at least 40 hours/mo.

TX had reduction in SSI/SSDI applications and SSI recipients.



# TANF-SSI Disability Transition Project (TSDTP)

SSA collaboration with HHS Administration for Children and Families (ACF)

**Treatment(s):** In Phase 2, Ramsey County, MN implemented Families Achieving Success Today (FAST) (essentially Individual Placement and Support (IPS))

**Evaluation design:** RCT

**Sample size:** 241 in treatment; 148 in control

**Findings of note:** slight reduction in Temporary Assistance for Needy Families (TANF) reciprocity; no reported findings re: SSI/SSDI applications or benefits

# Supported Employment Demonstration (SED)

**Treatments:** (Full-service) IPS employment services, systematic medication management, nurse care coordinator, and health care cost-sharing

(Basic service) IPS employment services and health care cost-sharing

**Eligibility:** SSDI/SSI denied applicants with mental health issues

**Evaluation design:** RCT

**Sample size:** 3000 spread across 30 sites (Community Mental Health (CMH) agencies)

**Findings of note/Status:** No results yet; enrollment completed.

Enrollment analysis suggests following characteristics related to take up: males, higher levels of education, limited work experience, higher local unemployment rate and average wage growth

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

SSA Collaboration with DOL Office of Disability Employment Policy

**Treatment(s):** Based on principles developed in Washington State Centers of Occupational Health & Education (COHE); main components are timely intervention; health service coordinators; centralized, accessible data

**Evaluation design:** Phase 1 – pilots in 8 states; Phase 2 – 5 states; RCT on individuals in 4 states; randomized clusters in other state

**Sample size:** tbd

**Findings of note/Status:** RETAIN Phase 1 outcomes not published; Phase 2 impact and benefit-cost analyses due in FY2026.

# Promoting Work through Early Intervention Project (PWEIP)

SSA collaboration with ACF, where it is called Innovative Strategies for Addressing Employment Barriers Portfolio

Note this project comprises two initiatives – Building Evidence on Employment Strategies (BEES) and Next Generation of Enhanced Employment Strategies (NextGen).

**Status:** BEES has identified 8 sites tad focusing on substance use disorder; mental health issues

NextGen – 5 interventions selected to date; special focus on sites that involve employers

**Evaluation design:** BEES – “RCT, where possible”; NextGen – will produce impact analyses

**Sample size:** tbd

**Findings of note/Status:** BEES site in San Diego is extension of prior U.S. DOL Workforce Innovation Fund (WIF)-funded RCT using IPS. Evaluation report indicated no impact on SSI/SSDI receipt.

# Selected International Evidence

**The Netherlands and Sweden** – reforms placed more responsibility on employers; also centralization of and timely employability determinations

**United Kingdom** – toughened work capability assessment; time-limited benefits for those assessed as having “limited capability for work”

# Early Interventions Suggested in Literature

- Experience-rating employer portion of SSDI payroll tax
- Mandatory private disability insurance
- New institutions – Stapleton et al. Employment/Eligibility Service; Christian et al. Health & Work Service
- Transition jobs

# Lessons Learned/Promising Practices (1)

- Importance of coordinator/case manager and centralized data system  
--(COHE; being tested in RETAIN)
- Timely intervention  
--(COHE; Swedish reform)
- Individual placement and support (IPS)  
--(employment efficacy supported by several studies; however no impact on employment or SSDI/SSI in TSDTP or WIF-funded Breaking Barriers in San Diego; being tested in SED, BEES, and NextGen)

# Lessons Learned/Promising Practices (2)

- Targeting may be feasible
  - (SED enrollment analysis; RETAIN evaluator analysis of SSDI application rates; Manchester analysis of state variation in SSDI/SSI beneficiary medical records)
- Employer responsibility
  - (Dutch and Swedish reforms; suggested interventions in the literature. Need to be careful not to exacerbate discrimination, question of whether employers should be responsible for nonwork-related disabilities)



# What Can/Should SSA Do?

A demonstration proposal:

**Treatment:** Job development and job search assistance for denied applicants 50 and over

**Evaluation design:** work with agencies that facilitate employment of seniors (e.g., AARP Back to Work 50+)

**Rationale:** Seniors disproportionately represented in target population; seniors with disabilities face two barriers: age and disability

# Conclusion

Ekman (2016) “there is neither completed research nor an evidence base upon which to enact nationwide early intervention or work support programs.”

Seems to be two options underway:

1. Standardization and coordination at the regional level (RETAIN)
2. Individualized assistance (SED)

Not necessarily in opposition or mutually exclusive. Unfortunately, experimental impacts won't be known for a few years.



# Questions?

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# Discussion: Early Intervention Policies and Practices

Discussant: Jeffrey Liebman, Harvard University



# Discussion: Early Intervention

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

Discussant: Jennifer Sheehy, U.S. Department of Labor



# Evidence highlights the importance of designing targeted early interventions

- There is some evidence that we can improve stay at outcomes with early interventions but no one-size-fits-all solution
- Early interventions varied in terms of services offered and participant characteristics
  - Timing of participation relative to a person's work disability onset
  - Connection to the workforce
  - Application to SSDI or SSI
  - Medical condition and disability type
  - Risk factors
- Looking forward to findings of ongoing early intervention demonstrations

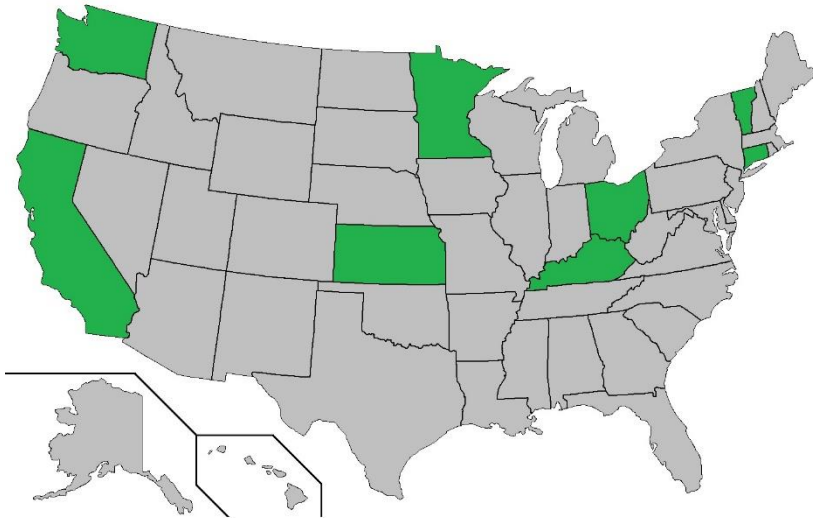
# Lessons learned from early interventions

- Early interventions should:
  - Take place as soon as possible after a work-threatening injury or illness occurs
  - Be case managed/coordinated
  - Involve health care professionals who have been trained in and accept staying at work or returning to work as a desirable treatment outcome
  - Target individuals/regions with characteristics that data suggest are likely to succeed

# RETAIN

Retaining Employment  
and Talent After  
Injury/Illness Network

## RETAIN Phase 1 Recipients

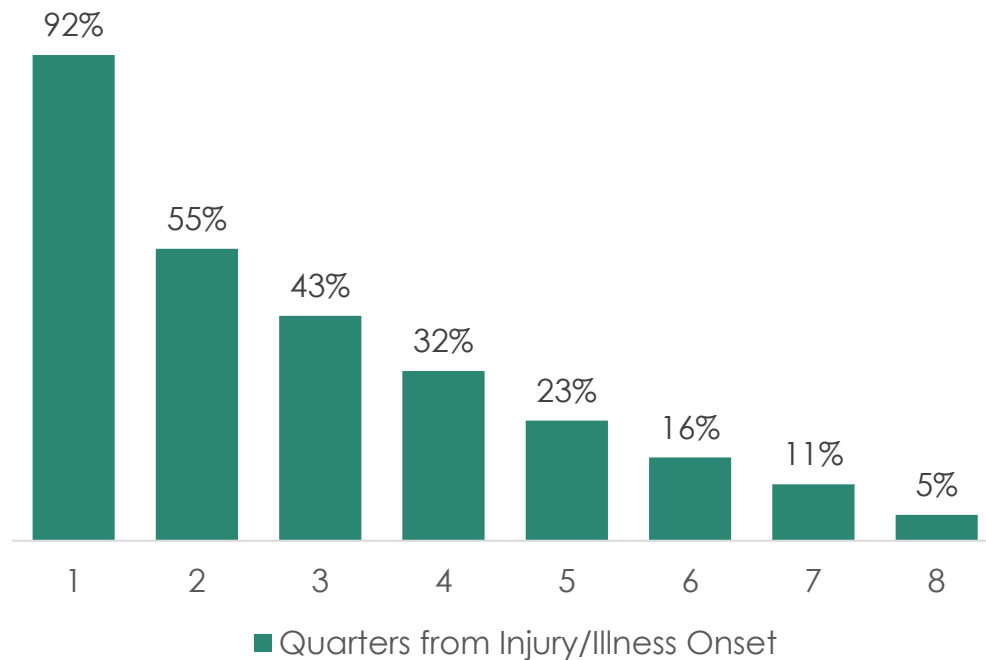


- RETAIN provides early coordination of health care and employment services through an integrated network of partners
- Goals:
  - Improve employment outcomes of newly injured or ill workers and reduce the need for SSDI and SSI
  - Develop evidence on the effectiveness of early intervention SAW/RTW efforts
- Modeled after Washington State's COHEs
  - Broader target population and services



# RETAIN is enrolling individuals within 12 weeks of work disability onset

Probability of Returning to Work in 8 Quarter Period if Not Returned in Prior Quarter



Source: Washington State Department of Labor and Industries, 2013

- Based on evidence that the probability of returning to work after missing 12 weeks of work drops dramatically
- Effective services for people out of work for extended periods may differ from RETAIN services

# Key features of RETAIN

- RETAIN enrollees must be in the labor force at the time of work disability onset and have not applied for or received SSDI or SSI
- Workers are eligible if they experience a recent medical condition that inhibits their ability to work
  - Initially focused on workers with musculoskeletal conditions but most programs have expanded to serve workers with any condition that inhibits their work
  - Serving those with work-related AND non-work-related conditions

# Key Challenges

- The early stages after work disability onset shape the trajectory of the worker's outcome
- Health care professionals are typically not trained in occupational health best practices and may not be thinking of work as a positive health outcome
- The systems that serve individuals at risk of dropping out of the labor force and/or applying for SSDI/SSI are fragmented and typically do not coordinate
- The target population is diverse and challenging to reach
- Engaging employers

# Opportunities for shaping early interventions

- Establishing policies to integrate key networks to help workers stay at or return to the workforce after injury or illness
- Integrating SAW/RTW services into paid family and medical leave policies
- Providing targeted SAW/RTW information to workers, employers, and medical professionals
- Longitudinal survey and administrative data analysis to learn more about this diverse population



# Thank you!!

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# Lessons Learned from SSA Demonstrations: A State of the Science Meeting



## Panel B: Question & Answer

# Lessons Learned from SSA Demonstrations: A State of the Science Meeting



We are on a break.  
Content will resume shortly.