

Demonstration Descriptions

This appendix summarizes the demonstrations and related evaluations described elsewhere in this book. Listed alphabetically, each summary briefly describes the intervention (changes in policies or programs being evaluated), the intended target population for the intervention, and the findings, if available.

Transitional Employment Training Demonstration (TETD)

Purpose: TETD tested transitional employment services for Supplemental Security Income (SSI) recipients aged 18-40 with intellectual disability to see if those services improved employment and earnings and reduced SSI benefit receipt. It was based on the Structured Training and Employment Transitional Services demonstration, a similar demonstration previously fielded by the Department of Labor.

Timing: Planning began in 1982; enrollment began in 1985; services were provided through 1987.

Intervention: The demonstration staff placed treatment subjects in potentially permanent competitive employment positions that offered on-the-job training. They also provided preparation for those jobs in the form of job development and coaching, and provided or arranged for follow-on support as needed.

Waivers: None

Counterfactual Condition: Business as usual

Location(s): SSA provided funding to eight non-profit training organizations in 13 cities to operate the demonstration. Sites were located in Boston, MA, Seattle, WA, Portland, OR, west central WI, Monmouth County, NJ, Los Angeles, CA, Milwaukee, WI, Chicago, IL, several locations in Pennsylvania (Harrisburg, Lancaster, Philadelphia, Pittsburgh, and York), and Dover, DE.

Number of Participants: 375 Treatment, 370 Control

Research Components: Experimental impact analysis, process analysis, informal (i.e., incomplete) cost-benefit analysis

Impacts: The evaluation of TETD found that in the three-year follow up period the intervention increased earnings in each year, increased employment in the third year, and decreased SSI benefits by two percent over the three years.

Further Reading: Decker and Thornton (1995); Thornton and Decker (1989); ; Thornton, Dunstan, and Schore (1988).

Project NetWork

Purpose: Project NetWork tested the effects of case management on the employment of people with disabilities. The demonstration targeted SSDI beneficiaries, SSI recipients, and applicants for SSI residing in the areas served by Project NetWork.

Timing: Planning began in 1991, and sites operated during the period from 1992 to 1995. Each site operated for 2 years, beginning in 1992 or 1993.

Intervention: Services for the treatment group were delivered according to one of four models, with two sites implementing each of the models. In the first three models, treatment subjects met individually with a case or referral manager who arranged for rehabilitation and employment services, helped develop an

individual employment plan, and provided direct employment counseling services. Models used various staffing approaches, with one staffed by SSA field office staff, another by private contractors, and a third by state VR counselors working in SSA field offices. The fourth model tested a less intensive referral management intervention delivered by SSA field office staff.

Waivers: For SSDI beneficiaries, waivers exempted earnings for a twelve-month period when computing trial work period months and prevented benefit suspension for those who already had exhausted the trial work period. For SSI recipients, the waivers prevented earnings from triggering a medical continuing disability review (CDR) as would happen under current law.

Counterfactual Condition: Volunteers assigned to the control group received the same waivers of SSDI and SSI rules as the treatment group. They could not receive services from Project NetWork but remained eligible for any employment assistance already available in their communities.

Location(s): 8 sites: Dallas, TX, Fort Worth, TX, Phoenix, AZ/Las Vegas, NV, Minneapolis, MN, New Hampshire, Richmond, VA, Tampa, FL, and Spokane, WA/Coeur d'Alene, ID.

Number of Participants: 8,248 volunteers were assigned to either treatment or control status; some analysis of 138,613 eligible nonparticipants at the 8 sites.

Research Components: Process study, participation analysis, experimental impact study, and cost-benefit analysis

Impacts: The Project NetWork services increased treatment group earnings by \$220 per year over the first 2 years following random assignment, but the demonstration had no impact on SSDI or SSI benefit receipt. For the 70 percent of the sample with available 3-year follow-up data, there was no impact on earnings in the third year after randomization.

Further Reading: Kornfeld et al. (1999); Rupp, Wood, and Bell (1996); Kornfeld and Rupp (2000).

The State Partnership Initiatives (SPI)

Purpose: The State Partnership Initiative identified, implemented, and evaluated innovative projects and strategies to assist SSDI beneficiaries' and SSI recipients' employment opportunities. SPI included 12 state projects funded by the Social Security Administration, as well as an additional six projects funded by the Rehabilitation Services Administration in the U.S. Department of Education, which are not discussed here. The Employment and Training Administration in the U.S. Department of Labor and the Substance Abuse and Mental Health Services Administration in the U.S. Department of Health and Human Services provided supplemental funding. Projects targeted SSDI beneficiaries, SSI recipients, and people with disabilities more broadly.

Timing: Funding was awarded in 1998, enrollment began in 1999, and most programs continued through September 2004.

Intervention: Project components included counseling, case management, supported employment, Medicaid buy-in support, and workforce center collaboration.

Waivers: Some of the states implemented waivers to SSI earnings rules, including decreasing the rate at which SSI benefits are reduced for earnings, increasing the amount of unearned income excluded from benefit calculations, allowing higher asset amounts, and suspending CDRs for SSI-only (non-concurrent) beneficiaries.

Counterfactual Condition: In states that used random assignment to assess the impact of services, the control group was not eligible for those services. The analysis of the effect of SSI waivers used the other SPI states that did not implement waivers as the counterfactual group.

Location(s): California, Illinois, Iowa, Minnesota, New Hampshire, New Mexico, New York, North Carolina, Ohio, Oklahoma, Vermont, and Wisconsin

Number of Participants: Most SPI activities were focused on augmenting and changing systems and as such did not have a discrete number of participants.

Research Components: Impact analysis, analysis of participation, and implementation analysis. The research design varied by state, with most designs not supporting impact analysis. Three states (New York, New Hampshire, and Oklahoma), implementing four support packages, used experimental designs. An analysis of the SSI waiver component of SPI used a non-experimental impact analysis design in which SSI recipients in participating states were compared to those in states that did not adopt the waivers.

Impacts: In New Hampshire and Oklahoma, benefits counseling and employment services increased the proportion of beneficiaries who worked during the year after the randomization year by 9 to 17 percentage points. However, in New York, the proportion employed decreased by 30 percentage points. The interventions had either no effect or a negative and statistically significant effect on the earnings of participants ranging from \$1,080 to \$1,633 per year.

Further Reading: Kregel et al. (2006); Peikes et al. (2005)

The Homeless Outreach Projects and Evaluation (HOPE) Demonstration

Purpose: SSA funded third-party outreach and application assistance for homeless and other under-served populations.

Timing: SSA made HOPE grants in 2004, and HOPE programs continued to operate through 2009.

Intervention: SSA provided grantees with funding and the HOPE Program Orientation Manual, and convened annual conferences for grantee staff. Grantee organizations conducted outreach to people experiencing homelessness and provided assistance completing applications for SSA disability benefits.

Waivers: None

Counterfactual Condition: Half of control group organizations received the HOPE Program Orientation Manual; the other half did not.

Location(s): 41 programs spread across the United States

Number of Participants: Data on SSA applications were obtained for 3,055 HOPE participants (about 60% of those served) and 214 individuals served by control agencies.

Research Components: The evaluation included non-experimental impact analyses, focus groups of program administrators, and in-depth site visits of five sites. Impact analyses compared outcomes for people served by HOPE grantee organizations and those served by similar organizations that did not receive HOPE funding.

Impacts: The evaluation found that people served by agencies that received funding received SSA determination decisions about a month faster than those who were served by matched comparison agencies. There was no difference in determination time between agencies that received only the manual versus those with no intervention, and no impacts of HOPE on allowance rates.

Further Reading: McCoy et al. (2007)

The Benefit Offset Pilot Demonstration (BOPD)

Purpose: The BOPD prepared SSA for the national \$1 for \$2 benefit offset demonstration by testing the administrative procedures involved in operating a benefit offset. The demonstration targeted SSDI-only beneficiaries receiving benefits based on their own work record, who were less than 72 months beyond the end of their Trial Work Period.

Timing: Contracts were awarded in 2004 and enrollment occurred from August 2005-December 2006. The treatment group was covered by the alternate earnings rules for six years following their Trial Work Period.

Intervention: Alternate earnings rules for SSDI benefits, which replaced the “cash cliff” with a \$1 reduction in benefit for every \$2 in annual earnings above annualized SGA.

Waivers: See Intervention

Counterfactual Condition: Business as usual

Location(s): Connecticut, Utah, Vermont, and Wisconsin

Number of Participants: 923 Treatment and 897 Control

Research Components: Experimental impact analysis conducted by SSA by pooling the data for the four states. Each state also conducted impact analyses for their own state. Process analysis was conducted at state level.

Impacts: The benefit offset tested in the BOPD led to a 25 percent increase in the proportion of beneficiaries with earnings above the annualized SGA amount, had no effect on earnings, and increased benefit payments.

Further Reading: Weathers II and Hemmeter (2011), Tremblay et al. (2011), Chambliss et al. (2011); Porter et al. 2009, Delin et al. 2010; State of Connecticut 2009.

The Mental Health Treatment Study (MHTS)

Purpose: The Mental Health Treatment Study tested the effectiveness of Supported Employment and mental health treatment on the employment of SSDI beneficiaries and SSI recipients with severe mental illness. The study recruited a sample of SSDI beneficiaries whose primary impairment was schizophrenia or affective disorder aged 18-55 who lived within 30 miles of a treatment site. Individuals were excluded if they were already working in a competitive job or receiving supported employment services, they had a life-threatening or terminal physical health condition, lived in a nursing home, or had a legal guardian.

Timing: Recruitment began in November 2006, and implementation continued to July 2010. The final report was released in 2011.

Intervention: The treatment group received employment services delivered according to the Individualized Placement and Support (IPS) model. They also received systematic medication management, comprehensive health, nurse coordinator counseling, and assistance with mental health and return to work expenses. The program also covered costs resulting from obtaining services and prescription medications associated with behavioral health care that were not paid for by other sources.

Waivers: Treatment group participants received a three-year suspension of medical continuing disability reviews.

Counterfactual Condition: The control group received a manual detailing local and national supports and services, and \$100 in exchange for participating in interviews.

Location(s): 23 sites nationwide except for the Southwest

Number of Participants: 1,121 Treatment, 1,117 Control

Research Components: Experimental impact analysis, implementation analysis of fidelity to the treatment's supported employment model, analysis of gross costs, analysis of utilization of provided services. In addition, scales were used to assess each site's medication management services.

Impacts: Study services increased employment (the treatment group had an employment rate at 24 months of 60.5 percent, compared to 40.3 percent for the control group), and reduced hospitalization rates as of 24 months after randomization. The intervention had no discernable effect on SSDI benefits. The treatment group had significantly higher monthly earnings (\$148.16, compared to \$97.41 for the control group), significant improvement in mental health status and quality of life but a slight decline in physical health status. The intervention had no detectable effect on SGA: 8.2 percent in the treatment group and 8.8 percent in the control group earned above the SGA threshold.

Further Reading: Frey et al. (2011).

The Youth Transition Demonstration (YTD)

Purpose: The Youth Transition Demonstration tested various employment supports to increase the employment and earnings and reduce the need for SSDI and SSI benefits among youths aged 14-25 who received or were considered at risk of receiving SSI.

Timing: The first site began enrollment in 2006 and the last ceased operations in 2012. An earlier study not covered here was a precursor to YTD.

Intervention: Sites received SSA funding, technical assistance, and a manual for providing the core service components based on *Guideposts for Success*. Each site designed its own program. Services for the treatment group included case management, benefits counseling and financial literacy training, individualized work-based experiences, links to additional supports, family supports, and added social or health services, but varied in intensity across sites.

Waivers: SSA waived or altered some SSI program rules. The waivers offered a \$1 reduction in benefit for every \$4 in earnings (rather than \$1 for \$2), extended the student earned income exclusion to youth aged 21 and older, waived benefit cessation if the youth was found to be ineligible at the age 18 redetermination, offered additional opportunities for using a Plan for Achieving Self Support, and excluded contributions to Individual development Accounts from SSI calculations.

Counterfactual Condition: Business as usual

Location(s): 6 sites: four counties in CO; Miami-Dade County, FL; Montgomery County, MD; several counties in WV; Erie County, NY; and Bronx Borough, NY.

Number of Participants: 5,103, with about 800 per site.

Research Components: Experimental impact analysis, cost study, process analysis

Impacts: YTD did not significantly increase the total number of hours of services from all services. The package of YTD services improved at least one measure of employment outcomes three years after randomization in three of the sites, but not in the other three. Across six programs, earnings were about

\$200 higher annually (but the overall impact on earnings was not statistically significantly different from zero), employment increased about 4 percent and disability benefits were over \$500 higher per year, at the end of three years. Unpublished long-term analyses find no substantive impacts on earnings in years 3 through 8 following randomization.

Further Reading: Fraker et al. (2014); Fraker et al. (2018).

The Accelerated Benefits (AB) Demonstration

Purpose: The Accelerated Benefits Demonstration tested whether providing health insurance to new SSDI beneficiaries would improve their health and earnings outcomes. The demonstration recruited a sample of [new SSDI beneficiaries, age 18-54, without health insurance, and with at least 18 months of the Medicare waiting period remaining.](#)

Timing: [Enrollment took place from 2007-2009, and the demonstration continued until participants had completed the 24-month Medicare waiting period. Reports were released in 2010 and 2011.](#)

Intervention: [Participants were randomly assigned to three groups: a control group, a treatment group that received healthcare coverage \(the AB group\), and a second treatment group that received healthcare coverage as well as care management and benefits counseling \(the AB Plus group\). The AB health plan offered up to \\$100,000 of coverage, and was more generous than Medicare \(covered more services, had lower co-pays, offered higher reimbursements to providers\).](#)

Waivers: None

Counterfactual Condition: Business as usual

Location(s): 53 sites in the metropolitan statistical areas with the largest number of new SSDI beneficiaries.

Number of Participants: 400 [AB treatment group](#); 611 [AB Plus treatment group](#); 986 [Control group](#).

Research Components: Experimental impact analysis; implementation analysis, which included participation studies; and cost analysis (gross costs only).

Impacts: [Access to healthcare coverage through the demonstration increased the use of medical services and decreased out of pocket medical costs and unmet care needs. Access to the AB Plus services increased the likelihood of searching for work, but did not further increase health care use, and did not increase employment in the year after randomization. Ongoing research will evaluate the effect of AB through 11 years for employment outcomes and 13 years for SSA disability benefit outcomes.](#)

Further Reading: Michalopoulos et al. (2011); Weathers et al. (2010)

The Benefits Entitlement Services Team (B.E.S.T.) Demonstration

Purpose: The Benefits Entitlement Services Team assisted people experiencing chronic homelessness in applying for SSA disability benefits to determine if it improved timeliness of application processing.

Timing: Implementation ran from 2009-2013. Results were published in 2014.

Intervention: Each site included both medical and case-management staff, who completed applications, requested existing medical documentation, provided physical and mental health evaluations, and assisted with other tasks such as identifying a representative payee.

Waivers: None

Counterfactual Condition: NA

Location(s): Four sites in and around Los Angeles.

Number of Participants: 1,134 initial or reconsideration applications were submitted through BEST.

Research Components: The demonstration was a proof of concept study to see if the project would result in increased program entry and quicker determinations. The non-experimental evaluation compared outcomes of persons served by BEST grantees to national averages.

Impacts: Allowance rates were substantially higher than the national average (85 percent initial and 90 percent final, compared to 47 percent initial and 57 percent final for all applications in 2010.) BEST applications also had lower processing times than the national average: 45 days compared to 90 on average during the same period.

Further Reading: Kennedy and King (2014)

The Benefit Offset National Demonstration (BOND)

Purpose: In the Ticket to Work and Work Incentives Improvement Act of 1999, Congress directed SSA to test the effects of a \$1 for \$2 benefit offset on SSDI beneficiaries' work efforts. BOND conducted this test. Stage 1 used a nationally representative sample of SSDI beneficiaries under age 60, and Stage 2 recruited a sample of SSDI beneficiaries who did not also receive SSI benefits who were expected to be most likely to use the offset.

Timing: Enrollment took place from 2011 through 2012 and the final evaluation report was issued in 2018 (though some in the treatment group remain subject to BOND benefit rules until 2022).

Intervention: In Stage 1, subjects were randomly assigned to an offset treatment group (with standard work incentives counseling) or to a current-law control group. The Stage 1 treatment group was subject to the offset benefit rules, which reduced benefits by \$1 for each \$2 in annual earnings above the annualized SGA level after beneficiaries exhausted their Trial Work Period and Grace Period. This replaced the "cash cliff" that faces SSDI beneficiaries under current-law rules. In Stage 2, volunteers were randomly assigned to be covered by the BOND rules and receive standard work incentives counseling (WIC), be covered by the BOND rules and receive enhanced work incentives counseling (EWIC), or be in the control group.

Waivers: See Intervention.

Counterfactual Condition: The Stage 1 control group was subject to current-law earnings rules, under which SSDI benefits are reduced to \$0 for earnings above the SGA level after the Trial Work Period and Grace Period have been exhausted. Analyses compare the Stage 2 enhanced work incentives counseling group to (1) volunteers who were subject to the BOND earnings rules who received standard work incentives counseling and (2) beneficiaries subject to the current-law earnings rules.

Location(s): 10 sites: Alabama, Arizona/Southeast California, Colorado/Wyoming, DC Metro area, Greater Detroit, MI, Greater Houston, TX, Northern New England, South Florida, Western New York/Northern Pennsylvania, Wisconsin

Number of Participants: Stage 1: treatment group=77,101; control group=891,429. Stage 2: WIC treatment group=4,854; EWIC treatment group=3,041; control group=4,849

Research Components: Experimental impact analysis, process analysis, participation analysis, and cost-benefit analysis.

Impacts: The BOND evaluation found no evidence of an impact of the benefit offset on average earnings in either the nationally-representative Stage 1 or in the Stage 2 sample of volunteers. In contrast, the evaluation found that the benefit offset policy increased SSDI benefits due in the five-year follow up period, in both Stage 1 and Stage 2. Eligibility for enhanced benefits counseling increased the use of those services, but did not increase use of the offset, generate higher earnings, or reduce SSDI benefits.

Further Reading: Gubits et al. (2018).

The Homeless with Schizophrenia Presumptive Disability (HSPD) Pilot

Purpose: SSA tested the effect of providing assistance applying for SSI, as well as presumptive disability benefits, on award timeliness among individuals experiencing homelessness who had a confirmed diagnosis of schizophrenia or schizoaffective disorder.

Timing: The pilot was implemented from 2012-2014. The report was published in 2016.

Intervention: Community partners provided assistance applying for SSI and recommended presumptive disability benefits while applicants were waiting for a decision.

Waivers: SSA allowed presumptive disability payments (up to nine months of benefits) for the treatment group.

Counterfactual Condition: Business as usual

Location(s): Three locations in California.

Number of Participants: 260 individuals were served. Analyses are based on a sample of 238 treatment group members, 1,038 individuals from the same site who applied for SSI in the previous 2 years (C1), 676 individuals who applied for SSI from surrounding areas in the same period as the treatment group (C2), and 857 individuals who established claims in the pilot area in the same period (C3).

Research Components: Non-experimental impact analysis. People served by HSPD were compared with three comparison groups with similar characteristics.

Impacts: The evaluation of the HSPD compared those served by the program to three control groups with similar characteristics, and found that the demonstration increased the allowance rate, decreased requests for consultative examinations, and increased cumulative benefits. Effects on adjudication time varied by the component of the adjudication process and comparison group used, and there was no discernable effect on mortality. The fraction in payment status was 23 to 39 percentage points higher after a year in the treatment group.

Further Reading: Bailey, Engler, and Hemmeter (2016).

The Promoting Readiness of Minors in SSI (PROMISE) Demonstration

Purpose: SSA and the Departments of Education, Labor, and Health and Human Services tested whether providing a variety of services to youth and their families improved earnings and employment, reduced reliance on public benefits, and improved other aspects of life. The target group was youths aged 14-16 currently receiving SSI benefits, living in an area covered by a PROMISE site, and not residing in an institution.

Timing: The first sites in the demonstration began enrollment in 2014, and the last ended services in 2019. Final report due in 2022.

Intervention: Each Department of Education-funded site designed its own intervention program based on federal requirements including providing four required services: case management, benefits counseling and financial education, career and work-based experiences, and training and other resources for parents. PROMISE placed particular emphasis on encouraging family involvement and creating partnerships between relevant state agencies.

Waivers: None

Counterfactual Condition: Business as Usual

Location(s): Arkansas, California, Maryland, New York, Wisconsin, and a consortium of Utah, North Dakota, South Dakota, Montana, Colorado, and Arizona.

Number of Participants: 1,805 to 3,097 in each of the 6 sites, 13,444 total.

Research Components: Process analysis, experimental impact analysis, and cost analysis; there will later be a cost-benefit analysis

Impacts: 18 months after randomization, PROMISE had increased youths' receipt of transition services and family receipt of support services at all sites, as well as youth employment. Only one site found a reduction in SSA payments, and 4 programs found an increase in total youth earnings income. No impacts were found on youths' expectations, self-determination, or Medicaid use, or parental earnings, employment, or income.

Further Reading: Mamun et al. (2019).

The Promoting Opportunity Demonstration (POD)

Purpose: Section 823 of the Bipartisan Budget Act of 2015 directed SSA to test the effects of a monthly \$1 for \$2 benefit offset on SSDI beneficiaries' employment outcomes and benefit receipt.

Timing: The demonstration is taking place from 2017-2021. Recruitment took place between January 2018 and December 2018.

Intervention: Volunteers were randomly assigned to one of two treatment groups or a control group. For the treatment groups, POD replaces the SSDI cash cliff and several work incentive policies with a policy that reduces benefits by \$1 for every \$2 of earnings above the Trial Work Period level (or the amount of Impairment-Related Work Expenses up to the SGA threshold). Both treatment groups are subject to the POD earnings rules and receive POD-specific benefits counseling. Volunteers can withdraw from the treatment group and return to current-law rules at any time. In one treatment group benefit entitlement continues when benefits are reduced to zero because of earnings. In the other treatment group SSA terminates SSDI entitlement after 12 consecutive months of zero benefits.

Waivers: See Intervention

Counterfactual Condition: Business as usual

Location(s): Alabama, Connecticut, and Vermont, and parts of California, Maryland, Michigan, Nebraska, and Texas

Number of Participants: Treatment Group 1= 3,343, Treatment Group 2= 3,357 Control Group= 3,370.

Research Components: Experimental impact analysis, process analysis, participation analysis, and cost-benefit analysis.

Impacts: As of the interim evaluation, which examines outcomes one year after enrollment was complete, POD did not have significant effects on earnings, employment, benefits, or income. However, being in either POD treatment group did increase employment, and the likelihood of being either employed or looking for work. A final evaluation report on longer-term impacts will be released in the future.

Further Reading: Mamun et al. (2021); Hock et al. (2020); Wittenburg et al. (2018).

The Supported Employment Demonstration (SED)

Purpose: SED tests the effects of supported employment and other services on employment and benefit receipt for denied applicants for SSA disability benefits. The demonstration targets people aged 18-50 who applied to SSDI or SSI on the basis of a mental impairment and were denied benefits at the initial level.

Timing: Enrollment occurred from 2017-2019, with services provided for 36 months following enrollment. The evaluation report is due in 2022.

Intervention: Volunteers were randomly assigned to a control group, a partial-services treatment group, and a full-services treatment group. Treatment group subjects receive employment services based on the Individual Placement and Support (IPS) model, as well as medication management and health care coordination.

Waivers: None

Counterfactual Condition: Business as usual

Location(s): 30 sites in California, Colorado, Florida, Illinois, Kansas, Kentucky, Massachusetts, Maryland, Michigan, Minnesota, New York, North Carolina, Ohio, Oklahoma, Oregon, South Carolina, Tennessee, Texas, Washington, and Wisconsin.

Number of Participants: 3,000

Research Components: Process analysis, participation analysis, experimental impact analysis, cost-benefit analysis

Impacts: Evaluation results have not yet been released

Further Reading: Taylor et al. 2020.

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

Purpose: RETAIN is a joint project between SSA and the Department of Labor testing whether early post-injury/illness health and employment supports increase employment retention and labor force participation and reduce the need for SSDI or SSI benefits.

Timing: RETAIN is taking place in two phases. DOL awarded Phase 1 Grants to plan and pilot programs in September 2018, and enrollment in pilot programs began in 2019. DOL awarded Phase 2 grants in 2021 to support broader implementation and more rigorous evaluation, which are expected to end in 2025.

Intervention: State grantees are designing programs modeled on the COHE program. RETAIN programs serve populations of workers who experience injuries or illnesses, and include several key features: (1) training for medical professionals in occupational health best practices, (2) a return to work coordinator, (3) efforts to improve communication between the worker, employer, and medical professionals, (4) job accommodations and modifications, and (5) retraining and vocational rehabilitation.

Waivers: None

Counterfactual Condition: Business as Usual

Location(s): 8 sites participated in Phase 1: California, Connecticut, Kansas, Kentucky, Minnesota, Ohio, Vermont, and Washington. 5 states received Phase 2 grants: Kansas, Kentucky, Minnesota, Ohio, and Vermont.

Number of Participants: TBD

Research Components: participation analysis, process analysis, experimental impact analysis, cost-benefit analysis

Impacts: Evaluation results have not yet been released

Further Reading: McLaren (2021).

The Ohio Direct Referral Demonstration (ODRD)

Purpose: ODRD tests whether direct referrals to vocational rehabilitation (VR) providers increased VR take up among 18 to 19 year olds receiving or applying for SSI or SSDI.

Timing: Recruitment began in January 2020. The evaluation is expected to continue through December 2022.

Intervention: The Ohio disability determination services office will directly refer members of the treatment group to the Ohio Bureau of Vocational Rehabilitation

Waivers: Direct referral requires a waiver of existing SSA rules.

Counterfactual Condition: The usual services group will receive information about vocational rehabilitation.

Location(s): Ohio

Number of Participants: 750 (planned)

Research Components: Experimental impact analysis

Impacts: Evaluation results have not yet been released

Further Reading: SSA 2019

The Promoting Work through Early Interventions Demonstration/Project (PWEID/P)

Purpose: SSA is supporting two existing projects being conducted by the Administration for Children and Families under the name Innovative Strategies for Addressing Employment Barriers Portfolio. Both projects provide services to low-income individuals with limited work history, to see if the funded services reduce SSI applications.

Timing: This demonstration is composed of two projects. The Building Evidence on Employment Strategies for Low-Income Families Project takes place from 2017-2022, and the Next Generation of Enhanced Employment Strategies Project takes place from 2018-2023.

Intervention: Both BEES and NextGen are examining multiple programs in order to generate evidence on their impacts, operations, and costs. Programs include Bridges from School to Work, Families Achieving

Success Today, Individual Placement and Support for individuals with justice involvement, Work Success, and Wellness, Comprehensive Assessment, Rehabilitation, and Employment.

Waivers: None

Counterfactual Condition: Varies by site

Location(s): Sites include San Diego, CA, Portland, OR, Nashua, NH, Chicago, IL, a regional program headquartered in Louisa, KY, Franklin County, OH, New York, NY, Utah, and Ramsey County, MN.

Number of Participants: TBD

Research Components: Experimental impact study, descriptive study, cost study, case study. These projects encompass up to 22 evaluations, each which will include one or more of these components.

Impacts: Evaluation results have not yet been released

Further Reading: Martinson et al. (2021).

The Demonstration to Maintain Independence and Employment (DMIE)

Purpose: The Centers for Medicare & Medicaid Services tested whether early medical assistance and employment supports could increase employment and reduce reliance on SSDI or SSI. The demonstration focused on working-age adults who were not yet qualified to receive federal disability benefits. Each participating state determined its own specific target population. Hawaii focused on a population with diabetes, Minnesota and Texas focused on those with mental health impairments, and Kansas included a variety of subgroups

Timing: Enrollment and services took place from 2006 to 2009. The final evaluation report was first released in 2011

Intervention: Each participating state designed its own program that included case management, health coverage, and employment services

Waivers: None

Counterfactual Condition: Business as usual

Location(s): Hawaii, Kansas, Minnesota, and Texas

Number of Participants: Minnesota 1,155; Texas, 1,585; Kansas 500; Hawaii 184; divided between the treatment and control groups

Research Components: Experimental impact evaluation

Impacts: The Kansas and Minnesota interventions had modest positive impacts on employment, whereas the Texas and Hawaii interventions did not. None of the interventions discernably affected average earnings.

Further Reading: Whalen et al. (2012).

Nudging Timely Wage Reporting: Field Experimental Evidence from the United States Social Supplementary Income Program

Purpose: SSA partnered with the White House's Social and Behavioral Sciences Team to test whether SSI recipients could be nudged to report their wages more timely to reduce improper payments. The target

population was SSI recipients who were aged 18 to 50, spoke English as their primary language, were neither institutionalized nor had a representative payee, had been SSI recipients for less than 6 years, and were somewhat likely to be selected for a continuing disability review.

Timing: Letters were sent on April 15, 2015 and analyses covered calendar year 2015.

Intervention: The study assigned sample members to a control group or one of four treatment groups. Each of the treatment groups received different form of a reminder letter about wage reporting– (1) simple information only, (2) simple information and social information on reporting behavior, (3) simple information and information about the penalties for non-compliance, and (4) all three types of information.

Waivers: None

Counterfactual Condition: Business as usual

Location(s): National

Number of Participants: 50,000

Research Components: Experimental impact study and cost effectiveness analysis

Impacts: Receiving a letter increased the likelihood of reporting earnings and the amount of earnings reported in the three months following receipt, but the effect decayed over time. There were no differences between the effects of the four messages.

Further Reading: Zhang et al. (2020)

The Structured Training and Employment Transitional Services (STETS) Demonstration

Purpose: The Department of Labor funded STETS to test the effects of supportive employment services on employment and earnings for youth with intellectual disabilities. The demonstration targeted youths aged 18-24 with intellectual disabilities, no other impairments, limited work experience, and who were receiving SSDI, SSI, or other support from public programs.

Timing: Programs operated from Fall 1981 through December 1983. Reports were released in 1985 and 1987.

Intervention: Participants received transitional work services in three phases. The first phase entailed training and support in a work environment. The second phase involved on-the-job training, and the third follow-up support for those working in unsubsidized competitive positions.

Waivers: None

Counterfactual Condition: Business as usual

Location(s): Cincinnati, OH, Los Angeles, CA, New York, NY, St. Paul, MN, and Tucson, AZ

Number of Participants: 497

Research Components: Experimental implementation analysis, impact analysis, cost-benefit analysis

Impacts: STETS increased earnings and employment as of 22 months after assignment. Employment in the treatment groups was 31 percent compared to 19 percent in the control group, and earnings in the treatment group were \$36 per week, compared to \$21 per week in the control group. There was no significant change in SSDI or SSI benefit receipt or income.

Further Reading: Kerachsky et al. (1985); Kerachsky and Thornton (1987).