

## Appendix

# Demonstration Descriptions

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This appendix summarizes the demonstrations and related evaluations described elsewhere in this book.<sup>1</sup> Listed alphabetically, each summary briefly describes the demonstration's intervention (the change in policies or programs being evaluated), the intended target population for the intervention, and the evaluation findings, if available.

### Accelerated Benefits (AB)

**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, ages 18–54, without health insurance and with at least 18 months of the Medicare waiting period remaining.

**Timing:** Enrollment took place from 2007 to 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 treatment group that received health care coverage (the AB group), a second treatment group that received health care coverage as well as care management and benefits counseling (the AB Plus group), and a control group. The AB health plan offered up to \$100,000 of coverage and was more generous than Medicare (covered more services, had lower copays, 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, 611 AB Plus treatment, 986 control.

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<sup>1</sup> *Key:* SSA=Social Security Administration. SSDI=Social Security Disability Insurance. SSI=Supplemental Security Income.

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

**Impacts:** Access to health care 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); Weathers and Bailey (2014).

### **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's Stage 1 used a nationally representative sample of SSDI beneficiaries younger than age 60. 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. The final evaluation report was issued in 2018 (though some in the treatment group remain eligible for 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 Substantial Gainful Activity level after beneficiaries exhausted their Trial Work Period and Grace Period. This replaced the "cash cliff" that SSDI beneficiaries face under current-law rules. In Stage 2, volunteers were randomly assigned to (1) be covered by the BOND rules and receive standard work incentives counseling; (2) be covered by the BOND rules and receive enhanced work incentives counseling; or (3) be in the control group.

**Waivers:** See "Intervention" above.

**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 Substantial Gainful Activity level after the Trial Work Period and Grace Period have been exhausted. Analyses compared the Stage 2 enhanced work incentives counseling (EWIC) group versus volunteers who were subject to the BOND earnings rules who received standard work incentives counseling (WIC) and versus beneficiaries subject to the current-law earnings rules (control group).

**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; and Wisconsin.

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

**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 either in the nationally representative Stage 1 or in the Stage 2 sample of volunteers. In contrast, the evaluation found that the benefit offset 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. (2018a/b).

### **Benefit Offset Pilot Demonstration (BOPD)**

**Purpose:** The BOPD prepared SSA for the national \$1 for \$2 benefit offset demonstration (Benefit Offset National 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 to 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 Substantial Gainful Activity.

**Waivers:** See “Intervention” above.

**Counterfactual Condition:** Business as usual.

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

**Number of Participants:** 923 treatment, 897 control.

**Research Components:** Experimental impact analysis conducted by SSA by pooling the data for the four states. Each state also conducted its own impact analysis. Process analysis was conducted at the 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 Substantial Gainful Activity amount, had no effect on earnings, and increased benefit payments.

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

### **Benefits Entitlement Services Team (BEST)**

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

**Timing:** Implementation ran from 2009 to 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, CA.

**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 whether the project would result in increased program entry and quicker determinations. The non-experimental evaluation compared outcomes of persons served by BEST grantees versus national averages.

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

**Further Reading:** Kennedy and King (2014).

### **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 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).

### **Homeless Outreach Projects and Evaluation (HOPE)**

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

**Timing:** SSA awarded 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 it 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 percent of those served) and for 214 applicants 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 versus those served by similar organizations that did not receive HOPE funding.

**Impacts:** The evaluation found that people served by agencies that received HOPE funding received SSA determination decisions about a month faster than people 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).

### **Homeless with Schizophrenia Presumptive Disability Pilot (HSPD)**

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

**Timing:** The pilot was implemented from 2012 to 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 sites 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 two 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 versus three control groups with similar characteristics. The intervention 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. 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, Goetz Engler, and Hemmeter (2016).

### **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 ages 18–55 who lived within 30 miles of a treatment site. Beneficiaries 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 Individual Placement and Support model. They also received systematic medication management, comprehensive health care, nurse coordinator counseling, and assistance with mental health and return-to-work expenses. The program also covered costs 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 statistically significantly higher monthly earnings (\$148.16, compared to \$97.41 for the control group), statistically 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 Substantial Gainful Activity: 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).

**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 be more timely in reporting their wages, to reduce improper payments. The target population was SSI recipients who were ages 18–50, spoke English as their primary language, were neither institutionalized nor had a representative payee, had been SSI recipients for less than six years, and were somewhat likely to be selected for a continuing disability review.

**Timing:** Nudging letters were sent on April 15, 2015. Analyses covered calendar year 2015.

**Intervention:** The study assigned sample members either to a control group or to one of four treatment groups. Each of the treatment groups received a different 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. The control group received no letter.

**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 of the letter, but the effect decayed over time. There were no differences between the effects of the four messages.



**Further Reading:** Zhang et al. (2020).

### **Ohio Direct Referral Demonstration (ODRD)**

**Purpose:** ODRD tests whether direct referrals to Vocational Rehabilitation providers increased Vocational Rehabilitation take-up among youth ages 18–19 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 Division of Disability Determination 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 (2019b).

### **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 two 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 Vocational Rehabilitation 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 12-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 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. The control group could not receive services from Project NetWork but remained eligible for any employment assistance already available in their communities.

**Location(s):** Eight 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 eight 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 two years following random assignment, but the demonstration had no impact on SSDI or SSI benefit receipt. For the 70 percent of the sample with three-year follow-up data available, there was no impact on earnings in the third year after randomization.

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

### **Promoting Opportunity Demonstration (POD)**

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

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

**Intervention:** Volunteers were randomly assigned to one of two treatment groups or to a control group. For the treatment groups, POD replaces the SSDI cash cliff and several work incentives 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 Substantial Gainful Activity 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” above.

**Counterfactual Condition:** Business as usual.

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

**Number of Participants:** 3,343 treatment 1; 3,357 treatment 2; 3,370 control.

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

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

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

### **Promoting Readiness of Minors in SSI (PROMISE)**

**Purpose:** SSA and the US 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 ages 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 is due in 2022.

**Intervention:** Each 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 six 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 four found an increase in total youth earnings income. No impacts were found on youths' expectations, self-determination, or Medicaid use, nor on parental earnings, employment, or income.

**Further Reading:** Mamun et al. (2019).

### **Promoting Work through Early Interventions Project (PWEIP)**

**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 histories, to see whether 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 (BEES) takes place from 2017 to 2022. The Next Generation of Enhanced Employment Strategies Project (NextGen) takes place from 2018 to 2023.

**Intervention:** Both BEES and NextGen are examining multiple programs that deliver different interventions 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; a regional program headquartered in Louisa, KY; Franklin County, OH; New York, NY; Utah; and Ramsey County, MN.

**Number of Participants:** To be determined.

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

**Impacts:** Evaluation results have not yet been released.

**Further Reading:** Martinson et al. (2021).

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

**Purpose:** RETAIN is a joint project between SSA and the US 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 Centers of Occupational Health & Education (COHE) program. RETAIN programs serve populations of workers who experience injuries or illnesses. They 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):** Eight sites participated in Phase 1: California, Connecticut, Kansas, Kentucky, Minnesota, Ohio, Vermont, and Washington. Five states received Phase 2 grants: Kansas, Kentucky, Minnesota, Ohio, and Vermont.

**Number of Participants:** To be determined.

**Research Components:** Participation analysis, process analysis, experimental impact analysis, cost-benefit analysis.

**Impacts:** Evaluation results have not yet been released.

**Further Reading:** DOL (n.d.).

## **State Partnership Initiative (SPI)**

**Purpose:** The State Partnership Initiative identified, implemented, and evaluated innovative projects and strategies to provide employment services to SSDI beneficiaries and SSI recipients. SPI included 12 state projects funded by SSA, as well as an additional six projects funded by the Rehabilitation Services Administration (RSA) in the US Department of Education, which are not discussed here. The Employment and Training Administration in the US Department of Labor and the Substance Abuse and Mental Health Services Administration in the US Department of Health and Human Services provided supplemental funding. Projects targeted SSDI beneficiaries, SSI recipients, and people with disabilities more broadly. (Of the 12 projects funded by SSA, 10 reported impact estimates. The six additional projects funded by RSA focused on systems change, so the 18 projects together are sometimes referred to as the *State Partnership Systems Change Initiative*, even though the abbreviation SPI is still used for the combined projects.)

**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 continuing disability reviews for SSI-only (non-concurrent) beneficiaries.

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

**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 they 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 Demonstration Project component of SPI used a non-experimental impact analysis design in which SSI recipients in participating states were compared to SSI recipients 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 (2006b); Peikes et al. (2005).

### **Structured Training and Employment Transitional Services (STETS)**

**Purpose:** The US Department of Labor funded STETS to test the effects of supportive employment services on employment and earnings for youth with intellectual disability. The demonstration targeted youths ages 18–24 with intellectual disability, with no other impairments, and with 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: (1) training and support in a work environment; (2) on-the-job training; and (3) 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, and cost-benefit analysis.

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

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

### **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 ages 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 to 2019, with services provided for 36 months following enrollment. The evaluation report is expected in 2022.

**Intervention:** Volunteers were randomly assigned to a control group, a partial-services treatment group, and a full-services treatment group. Treatment group members receive employment services based on the Individual Placement and Support 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, and cost-benefit analysis.

**Impacts:** Evaluation results have not yet been released.

**Further Reading:** Taylor et al. (2020).

### **Transitional Employment Training Demonstration (TETD)**

**Purpose:** TETD tested transitional employment services for SSI recipients ages 18–40 with intellectual disability to see whether 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 project previously fielded by the US 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. Staff also provided preparation for those jobs in the form of job development and coaching, and they 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 Wisconsin; 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 2 percent over the three years.

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

### **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 youth ages 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* (NCWD 2019). 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 certain SSI program rules. The waivers offered a \$1 reduction in benefits for every \$4 in earnings, extended the student earned income exclusion to youth ages 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 to Achieve Self-Support, and excluded contributions to Individual Development Accounts from SSI calculations.

**Counterfactual Condition:** Business as usual.

**Location(s):** Six sites: four counties in Colorado; Miami-Dade County, FL; Montgomery County, MD; several counties in West Virginia; Erie County, NY; and Bronx Borough, NY.

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

**Research Components:** Experimental impact analysis, cost study, and process analysis.

**Impacts:** YTD did not statistically significantly increase the total number of hours of services from all providers. 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 more than \$500 higher per year, at the end of three years. Unpublished long-term analyses find no substantive impacts on earnings in years three through eight following randomization.

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