

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

June 15, 2021

Transcript of Panel D: Benefits Counseling & Case Management, Implementation

Panel Chair: Sarah Prenovitz, Abt Associates

4:15 – 4:50 p.m. EDT: Benefits Counseling & Case Management

Presenter: Vidya Sundar, University of New Hampshire

Discussants: John Kregel, Virginia Commonwealth University

Leslynn Angel, Michigan United Cerebral Palsy

Thanks, Austin, and welcome back everyone to the State of the Science Meeting on Lessons Learned from SSA Demonstrations. This is session 7 on benefits counseling and case management. Vidya Sundar has prepared a paper on benefits. Counseling and case management is going to be presenting on her paper for the next 15 minutes. After that we'll have discussion by John Kregel and Leslynn Angel. And then we'll take a very brief break and return with session 8 on implementation. After session 8, we will have a combined question and answer period for both sessions and that will start at approximately a 5:30 Eastern. Now, Vidya Sundar on benefits counseling and case management. Take it away, Vidya.

Hello everyone my name is Vidya Sundar and I'm with the University of New Hampshire. Today, I'll be talking about benefits, counseling and case management within programs. Next slide please. So, I want to start with the definition of benefits, counseling and case management. Benefits counseling is a set of strategies, services and supports that are designed to promote work, preparation, attachment and advancement. And yet the focus is on enhancing self sufficiency and independence by providing accurate information about benefits. And work incentives. Case management is a complementary approach to benefits counseling and it involves mobilization integration and coordination of care in low resource environments. And This definition is very similar to the National Association of social work definition, which is what many SSA programs lean on to decide to design their programs. It should be noted that SSA does not provide case management services outside of its demonstration programs.

Next slide please. So, let's look at the history and policy setting of benefits management and case management programs. The benefits planning and outreach program, which was established through the Ticket Act in 1999 is really the foundational model for providing benefits counseling and case management. Um, in this program, the focus was on providing one time brief interactions or counseling services to beneficiaries. And there were some shortcomings with this particular program. There was some preliminary evidence that maybe the benefits counseling program was negatively impacting employment outcomes. So, in order to address these shortcomings. The work incentives planning and assistance program was established in 2006. And this is operationalized through the community work incentives coordinators. And here the focus is on providing long-term supports. Building education and awareness and monitoring work incentives. And working closely with community agencies, next slide please.

So, next, I'm going to be talking about some major findings from SSA demonstrations and other research outside of SSA demonstrations, and discussing the findings. I will not go into details about each

demonstration program, and I will restrict my findings discussion of the findings to benefits counseling and case management. Next slide please. So the 1st, 1 is benefit, offset national demonstration bond. And if you remember BOND was testing the difference between 3 groups that enhanced work incentives, counseling group, the work incentives counseling group, and a control group. So, beneficiaries in the enhanced work incentives counseling EWIC group received periodic and proactive check ins from the counselors. They also got a written benefit services and benefits summary and analysis plan. They had an employment, they received an employment services plan and information and referral services. Beneficiaries in the WIC group received the written benefit summary and analysis part. And the control group for services, as usual. Unfortunately, there was no significant difference in employment and earnings between the groups. But 1, positive aspect of the study was that the telephone counseling was received well, both by counselors and beneficiary.

Slide please, so promise is the program that was focusing on youth, and it included 5 major components. And as you can see benefits counseling and case management were 2 of those 5 components. Overall, there were weak, uh, there was a weak impact on employment status and earnings. And the challenge with promise was that it was hard to disentangle the impact of case management services. Because of the way the services were bundled together next slide please. State partnership Initiative was a jointly funded program between the SSA and the RSA And here States could choose from a menu of options to menu of services. Based on the barriers that beneficiaries experienced in their state. And the most frequent were benefits, counseling, employment services. And Medicaid waivers, so finding suggest that. Benefits counseling was most effective when it was paired with employment service vouchers. It should be noted that a large percentage of beneficiaries in the state partnership initiative were individuals experiencing mental health issues. And that the intervention might have a differential effect on this particular group. Next slide, accelerated benefits tested the impact of providing health insurance. For uninsured the beneficiaries and specifically.

Looking at the difference between insurance. And insurance, plus, employment, plus benefits counseling. So, compared to the control group, there was some improvement in a ticket to work enrollment, employment, status and earnings. Unfortunately, this impact dissipated by 3 years post randomization much like some of the previous programs. Next slide, please mental health treatment, study, focused on beneficiaries with schizophrenia and affective disorders. And then use the individual placement and support model. Which is a model of supported employment where case management and benefits counseling are integrated into the IPS. Beneficiaries in the treatment group had significant increase in employment status and earnings compared to the control group. But again, the impact of case management and benefits counseling could not be isolated. Because of the integrated nature of services. Next slide, please. So, project network was an older demonstration that tested the use of case management counseling. Employment services and some waivers to program roles. Under this program, there were several services offered to beneficiaries like return to work counseling, physical therapy. Work assessment, et cetera. Finding suggest that there was an increase in earnings for the 1st, 2 years. But again, that effect did not sustain beyond the 2 years. It will also be noted that there was a high cost to deliver case management services, given the range of services beneficiaries received under project network.

Next slide please. Next 1, moving on to findings from empirical research outside of SSA demonstrations. It should be noted that findings from research outside of SSA demonstrations is really scant. And a

handful of studies that looked at the impact of benefits counseling and case management. Did so using SSA administrative data. So, 1st, looking at benefits counseling. Um, personalized attention, building rapport and trust were important components of any counseling program and the timing of services and providing early intervention. Was really important and we talked about this at length, uh, during other sessions today. With regards to case management, there's strong evidence supporting different subpopulations, effectiveness within some populations and that again is something that we've discussed today. Fidelity of implementation is really important when it comes to case management services and I'll talk about fidelity in a bit.

Next slide, please. So moving on to lessons learned and policy implications. Next slide please. So, in summary it is safe to say that benefits counseling and case management programs are effective when they are paired with VR services. Just providing information, referral services. Was necessary, but not sufficient to impact employment outcomes. Coaching based programs in general tend to be and had a tendency to be successful, rather than providing 1 time information and referral services. Also, there was no clear consensus on the structure and components of benefits, counselling and case management programs and this ties with the fidelity concept that I mentioned earlier. And fidelity is really the process of ensuring that implementation and delivery of interventions. Is true to its original design and that's important for quality control purposes.

Next slide please, so, as far as future research and policy agenda, here are some recommendations. one is to learn more about what works for whom. And that's to say that we need to understand the differential impact on specific subpopulations. Two is to standardize models and define program components. And this also ties to the fidelity. Concept that I mentioned earlier, but this is not to say that we can tailor programs to meet the unique needs of beneficiaries. But rather that there should be some common elements. A common denominator between programs, so we can make comparison across programs. And 3 is to evaluate and design with self sufficiency as the core. And that begins by acknowledging that we need to focus on developing a career and not just placing. Beneficiaries in jobs and if you think about this. The skills that are required for individuals to get hired and get a job. Are really different from the skills that are required to sustain. And advance in that carrier, and along the same lines, when we think about options workers have to increase their earnings potential that comes from either increasing their hours. Or advancing in their careers.

Now with both these options workers have to. Um, really advocate for themselves and also be open to asking and asking on feedback. They have to build new skills on the job. They have to continually meet performance requirements and manage their health and disability. At the same time and if you think about it. All of this requires a lot of mentorship and support and work. And it also takes a really long time. So that plays into the next recommendation, which is to think about long term follow ups. Again, in the context of earnings looking at earnings potential, it takes time for people to build up their earnings potential. And advance their careers, so SSA needs to be thinking about demonstration programs that will follow up with people over the long term. Financial literacy training will also be helpful for some beneficiaries. Some beneficiaries have access to Abel accounts for savings. But in addition to that, they may benefit from, um, more training on budgeting and prioritizing expenses. Last we need to be looking at motivational interview interventions and these are interventions that address. Um, lack of motivation to work fear of return to work and these have been documented as common

barriers for SSA beneficiaries. And SSA is already doing some work in this area with exits. Its exists from disability study. So far the explanation of this topic would be beneficial next time. Please.

So, the next 1 is to embed and expand proven strategies. There is some good evidence about benefits counseling and case management among youth and some sub populations. So, SSA can spend their energy on developing programs and implementing these strategies. With beneficiaries. The last recommendation is to consider interactions between programs and rules. Um, specifically think about what work incentives beneficiaries might be utilizing and when, and how these rules might mediate outcomes in the long term. The last bullet point, um, is really a really a broad picture recommendation. Historically, in the U. S healthcare and social care services. Have been provided through separate siloed channels. We've heard about fragmented services quite a bit in the last hours. There are some newer initiatives, especially by the administration on community living to integrate these 2 systems. Through the community integrated health networks, CIHN, Which takes a social determinants of health approach and tries to bring together health care and social care professionals and that includes employment services. Another example of this can be seen within the mental health world. Specifically within the assertive community treatment model. Where team a team that consists of, um, psychiatrists, case managers, employment professionals, all work together as 1 unit. And their sharing of information that happens in real time. And that's tremendous value in this sharing of information with the doctor says that.

You know, that this patient needs to have their medication changed, and that might impact how they feel groggy in the morning, or it might make them more sleepy. And the work rehab specialist is right there to absorb that information. And possibly advocate for the client in that work plan. So, come up with strategies that might help them. To manage that change in medications. So this is an example of something as they can keep their finger on the pulse in the long term, and learn and leverage. So those were the short term and long term recommendations within the within benefits, counseling and case management programs. Thank you for your time. Now we will hear from John Kregel.

Thank you very much. I'm excited to have the opportunity to speak with you this afternoon and to spend a few minutes discussing Vidya's very insightful paper, and her presentation on benefits counseling and case management and social security's demonstration programs. Next slide please. VCU has been involved as a prime contractor or a subcontractor to Abt Associates on 4 demonstrations 2, which were just recently discussed in Vidya's presentation these included the bond demonstration we also are involved in the promoting opportunities demonstration, the youth transition demonstration and the state partnership initiative and each of these demonstrations, our role included attempting to standardize the delivery of benefit counseling services to establish the fidelity of intervention across multiple sites establishing the, the fidelity of benefits, counseling interventions across multiple sites next slide. Please. Since 2000 VCU has also served as a social security funded training certification, a technical assistance provider to the referral program.

Since 2007 VCU has been the sole provider of social security, sanction, training and certification efforts. I want to 1st point out that, as, as Vidya described, the WIPA program has evolved in major ways since its launch in 2000. social security changed the WIPA service delivery model. In 2006, and in our view fully implemented the new approach beginning in 2009 when social security refocused the program as an employment support. So let's look quickly at some of these changes. Next slide, please, for example,

WIPA programs currently receive approximately 75% of their referrals from the ticket to work helpline. Social Security has reduced the amount of outreach activities conducted by WIPA projects. This has dramatically changed. The population of beneficiaries served by the program, focusing WIPA activities on beneficiaries, working at the time of referral. 2nd, in recent years, over 70 of all participants referred to projects are currently working or have a job offer, pending and 90% of WIPA clients have a work goal after receiving WIPA services. Working beneficiaries along with individuals between the age of 14 and 25 and veterans. Are prioritized 1st for services from the projects. For comparison purposes back in 2008, only 21% of program participants were working, or had a job offer pending at the time of referral and the prior programs spent a large majority of their resources working with beneficiaries, who were contemplating employment, I think that this might add to this, so, to the population effects discussed earlier, looking where in the employment process and individual is when they begin to receive the work incentive, counseling services. 3rd, WIPA programs provide a large percentage of their services remotely. This has occurred for several reasons.

The WIPA projects do understand the value of face to face counseling. However, they serve of a large population of working individuals. And many of these individuals prefer remote counseling, as has been mentioned, because of their work schedules, work and staff counselors have much less time to travel and given their large caseloads. In terms of the demonstrations. We are considering both the bond and the pod demos made wide use of remote service, delivery of benefits counseling. Or community work incentive coordinators, serve a dynamic, as opposed to static case, though, the average full time CWIC works with over 150 new beneficiaries each year, somewhere around 3 to 5, new clients per week. About 2 thirds of those individuals require in depth work incentive counseling services in contrast in several demonstrations work incentive counselors will work with a very large number of beneficiaries during the initial onboarding and enrollment process. Then their caseloads become relatively static or stable for the remainder of the demonstration. However, we see, we've seen recently in POD, for example, multiple work incentive counselors and several sites dealing with caseloads of over 200 beneficiaries in the, the demonstration. In short when reviewing the results of prior benefits counseling evaluations, factors such as referral source. Employment status at referral and caseload sides must be considered. With all these factors that we emphasize again, it's the counseling. That's most important is the development of understanding, trust and respect that is essential for effective services.

Next slide please. So how effective is benefits counseling and the absence of employment services, and supports. In most demonstrations benefits counseling services are paired with various types of employment services and policy waivers. Vidya did an excellent job describing the similarities and differences across the various service packages. However, not enough studies in my view, have been conducted that focus exclusively on the, um. On the, the benefits of benefits counseling services. Uh, alone and in isolation, there met a couple of studies that have been done on the WIPA program, tracking cohorts of people for short periods of time or long periods of time. But I think we should look at why benefits counseling might be beneficial for certain groups of people next slide. Please. Benefits counseling addresses some, but not all barriers to employment for social security disability beneficiaries. I reviewed several demonstration reports to look at barriers to employment, identified by participants. These barriers obviously included a variety of obstacles, many of, which are described by Vidya in detail, such as current health status, help finding a job, et cetera So, 3 of them, I think are particularly important when you're looking at benefits counseling: fear of losing benefits, fear of losing health insurance and fear of overpayments or sudden benefit loss. If the demonstration is focused on

beneficiaries with limited prior employment experiences. Who can request employment services and supports such as some transition age youth.

The benefits counseling by itself may be necessary, but certainly insufficient service. However, benefits, counseling can be very effective at providing accurate information that will lessen beneficiaries concerns about increasing their earnings that can provide assistance that can alleviate benefits issues when they may arise. We shouldn't assume that these fears are irrational. They do happen even when beneficiaries are attempting to follow all the rules or when they do follow all the rules. And when they occur, they can be devastating for people's careers, in terms of overpayments, a termination of benefits and, and other related issues. Next slide, please benefits planning in SSA demonstrations. I would basically argue that benefits planning in SSA demonstrations frequently has several weaknesses. 1st, there's a lack of standardization that makes it difficult to aggregate data across programs or sites. There are fidelity standards there should be fidelity standards to ensure all sites included in an analysis, need a basic level of treatment fidelity in order to be included. Otherwise, instead of saying, we had 1 that was very much an outlier, but we're going to include them in the analysis as well.

Next slide. Please. The benefit planning treatment fidelity, in terms of what we've tried to do recently has multiple parts. We agree on the standardization of training. All counselors receive the same rigorous testing that leads to certification in the delivery of work incentive counseling. There are a develop a met of social security approved service, delivery protocols. From ongoing engagement protocols to information gathering to obtaining the BPQY to report development and off boarding. There are web based training modules that outline rules, pertaining to particular components of a demonstration that might include waivers for offsets referrals and that type of thing. And then we provide intensive. Bi monthly national webinars, intensive to technical assistance, video conferences each month with all site members. We do follow up of monthly, individual counselor video conferences for case reviews and use that as the mechanism for attempting to maintain integrity of service delivery, across multiple projects. Thank you. For this opportunity to share this information and look forward to talking with you further.

Thanks, John. Now we'll hear from Leslynn Angel. Good afternoon my name is Leslynn Angel, and I am the president and CEO at Michigan United Cerebral Palsy, MI-UCP. I am delighted to be part of the panel discussion for today and to have the opportunity to provide feedback on after Dr. Sundar's, presentation on benefit counseling and case management. This is such an honor for me, because for the past 22 years, I have had the opportunity to be directly involved with the projects that include BPAO. Um, from the very beginning, WIPA which I'm currently involved in the bond demonstration project, and now the, the POD project. Therefore, my perspective comes directly from working with beneficiaries as well as providing supervision to staff. We have worked on the, uh, demonstration projects, providing direct case management, benefit counseling and the combination of both.

Over the past 40 years SSA has conducted many demonstration projects, which have incorporated. Benefit counseling and case management and for most of those demonstrations, the goal has been to identify as identify ways to help reduce the number of individuals on the SSA rolls. But that has continued to be a challenge As we see the number of people receiving benefits, continuing to grow. In 1999, through ticket to work, um, benefit counseling was recognized as a core service. For those receiving SSI and SSDI, but since the ticket to work in 1999 benefits counseling has transition as John mentioned. Um, we have moved to the, from the model of the BPAO project. Um, which was more of

providing an accurate information to individuals to where we're focusing on. doing more than just providing accurate information, but focusing on providing counseling services and supports to individuals who are actively seeking work or have a work goal in mind. Um, we know that the implications that ticket to work had for so many beneficiaries was major um, it is really given the opportunity for people to have greater choice, through and in the employment networks through choosing to be part of a benefit counseling.

We also know that both the programs provide economic security for so many people who are living below the federal poverty level. So, the idea of just working itself, um. Often comes with challenges. People have often waited months or sometimes years to become eligible for benefits. So, it is truly a scary reality. So, employ and so promoting employment and economic stability is a challenge from the very beginning. In doctor Sundar's findings directly related to BOND. Promise state partners, systems, change initiatives. Um, the SPI project, um, accelerated benefits, mental health treatment study and project network, we learned that supporting various populations require different approaches. So using a 1 size fits all approach to supporting individuals receiving benefits will more than likely not garner, positive results. We learn that incorporating a person centered approach based on the person's individual circumstances. We'll get those best results.

As we compare the utilization of benefit counseling and case management or the combination of both. We learned that incorporating case management works well, for specific populations. We also know that the navigation of the complex social security rules is very difficult for the average person. So having trained benefit counselors is critical and providing much needed information as Dr. Sundar discussed. There's also evidence the case management works for certain populations, such as those with mental illness and if both benefits counseling and case management are paired with VR services that it's often most effective for many populations. If we place a greater emphasis on subpopulations and identifying what works and what does not work, we will likely have a greater impact on service delivery. Um, Dr. Sundar also indicated that, um, the need to promote to self sufficiency for financial literacy. Literacy is another important tool. Um, but I think as it was brought out earlier today, many of the folks who, um, who I've worked with, and who my staff have worked with often experience other issues. Aside from gaining financial self sufficiency, um, they have so many other barriers to employment that, um, again, there are so many challenges. That need to be directly addressed. It's also recognized that. Timing is an important factor, for example, working with transition age, youth and incorporating benefit counseling, as part of the transition plan can make the process of handing. Handing an individual off to the, uh, the, our counselor 1 that is so much easier also, as discussed in the earlier presentation on early intervention.

Meeting people at the right time is important. Um, and it was discussed looking at the beginning of eligibility and providing benefit counseling and case management. Um, that that is something that is definitely worth exploring. Um, in conclusion, it is clear that both benefit counseling and case management, coupled with employment supports and addressing other barriers. Related to employment is critical, and as John mentioned, as we look at, benefit counseling and having been involved, and in with benefit counseling for over 22 years, it is clearly recognized that. Benefit counseling can be extremely beneficial for beneficiaries and I think again, looking at that individually and how that, can impact and really look at measuring and studying benefit counseling in itself. Um, I also feel that benefit counseling. Or case management without benefit counseling. Is definitely not a

direction that we should go in. Um, again, understanding those benefits are critical and important for people to even consider to return to work or go to work. Thank you Leslynn, thank you. Thanks to the presenters. We're now going to take a short break. We'll be back for session 8. At 4:55 Eastern, see you soon.

4:55 – 5:30 p.m. EDT: Implementation

Presenters: Michelle Wood, Abt Associates

Debra Goetz Engler, U.S. Social Security Administration

Discussants: David Stapleton, Tree House Economics

Calvin Johnson, U.S. Department of Housing and Urban Development

You will begin shortly Welcome back everyone. To the State of the Science Meeting on Lessons Learned from SSA Demonstrations this is our final session of the day to be followed by a question answer session. And then some concluding remarks. In this next session we have a recorded video of 1 of the presentations. So it's even more important to connect through your laptop or desktop computer to either use the desktop app or application out of the browser because the audio will not be audible unless you're using that computer link up. So we will still be taking questions in the same way as before with that question and answer button in the lower right hand side of your computer and we will come back to those questions and answers at the end. But, let me now turn it over to Sarah Prenovitz our chair for this last session.

Austin, you've covered, Austin covered most of the introductions for the session, but I want to let everyone know that. This is now session 8 on implementation and essay demonstrations. We're going to be hearing about a paper by Debbie Engler and Michelle Wood on this topic. And we're going to be viewing a pre-recorded video by Michelle wood. After this presentation. We'll hear discussion by Dave Stapleton and Calvin Johnson. And then we'll have a period of question answer. So, I think we can load up the video and go ahead and get started and be joined with Michelle Wood via recording. Thank you for that presentation we're going to move on to comments from Dave Stapleton. So Dave if you could turn on your camera. Um, I did you don't see it. Maybe we need just a minute to get set up. There we go now I can see you. Okay, so I have to warn you that we're about to hit by a thunderstorm. So at best you're gonna hear some thunder in the background at worst. I'm going to lose my power. So, let me go ahead through here.

For context I've been conducting research on employment of people with disabilities for almost 30 years much of it related to SSDI and SSI, and Michelle and Debra deserve a great deal of credit for drafting an extensive and valuable review of the implementation experiences from several decades of SSA supported demonstration projects. I've been significant currently involved in 3 of the 12 demonstrations they reviewed as a designer and evaluator. And sometimes with Michelle and Debra, although that means, I knew a lot about implementation before reading their paper, I've learned a lot more, the many implementation lessons, they have drawn via careful comparison of experiences, across demonstration struck me as fundamentally correct. So, rather than critique their lessons, I'm going to suggest some of my own. These lessons draw on their lessons in various ways, and they focus on strategies for optimizing the value of SSA's demonstration and research resources, going forward.

The 1st point I want to make is their findings reinforce a view I've held for a long time and that is that SSA employment demonstration should focus exclusively on testing relatively early interventions, designed for people at risk for application or applicants themselves and new beneficiaries rather than designed specifically for longer term beneficiaries. Several other speakers today have essentially made the same point for various programmatic or policy reasons, but the author's 1st, implementation finding adds a very practical argument in favor of testing early interventions. And that is that past demonstrations that have targeted SSI youth, Applicants and new beneficiaries have all achieved much greater recruitment yields than those that have recruited the broad adult beneficiary population. There seems to be more interest and more capability to recruiting those individuals. My 2nd point is a test of any intervention should initially be targeted at narrowly defined groups for which the intervention is most likely to yield substantial impacts. This is related to comments made earlier by Robert Moffatt and Till von Wachter and Howard Goldman. But until we know that an intervention works well, for a group for which we expect it to work well, we need to worry about whether it will work for other groups. If evidence shows that an intervention works. Well, for narrowly targeted group. It then makes sense to expand test other groups. The authors' recruitment findings reinforced this view. Recruitment yields are higher when populations most likely to exploit an intervention are targeted.

The accelerated benefits and promoting opportunity demonstrations are like Polar opposites in this regard. The enrollment. Yield for accelerated benefits, as Michelle said was 98% they were targeting uninsured SSDI awardees The enrollment you for pod which targeted beneficiary is the bulk of whom we know are not going to be interested in the intervention was just 2.4%. My next point is a follow on point, it's, it is potentially worthwhile to expand tests to other populations when, and only when a demonstration achieves favorable results for narrowly targeted population, the author's point to a string of SSA demonstrations to illustrate the value of expansion following an initial success, concerning approaches to reducing barriers to entry. I also think that SSA interventions for youth can arguably be characterized gradually building on initial successes as Dave Wittenburg has described. And Howard has talked about the value of expanding, which has already been demonstrated to be quite successful in the case of serious mental illness. I want to use bond to illustrate the opposite. Why we should not test an intervention on a broad population until favorable results have been found for a more targeted population. As, as they did, in fact, test the BOND benefit offset.

Something very close to it on for target populations for which the offset was expected to have substantial impacts under something called the benefit offset pilot demonstration or BOPD. Each of these 4 recruited beneficiaries who had signaled an interest in work via an interaction with a specific state agency. 1 of the 2 unfavorable results from was in the implementation domain as Michelle and Deborah, and pointed out, there were major problems in the processing of benefit adjustments, led to mistakes and long delays and the adjustment of benefits for the treatment subjects in the BOPD. The other unfavorable findings are based on the impact analysis from Bob weathers and Jeff Hemmeter. There was no significant impact on mean earnings and there were positive impacts on mean benefits. Now purely, from a research perspective, I now think it was a mistake for SSA to move forward with bond given the unfavorable findings. I know that SSA expected to fix the implementation problems, identified under the BOPD prior to the implementation of bond, and was under great pressure from Congress and others to move forward. But the BOND evaluation findings are unfavorable in the same way is that the findings were in the BOPD. There were large problems with implementation of the benefit offset. And despite enormous effects effects, the efforts to fix them., And also, as Robert

previously pointed out today impacts on mean, earnings and mean, benefits were not favorable in the same way that they were not favorable for the BOPD.

Although I don't think it would be fair to criticize the agency for moving forward with BOND, despite the unfavorable findings from BOPD I think it is at least arguable that would have learned more and saved time and valuable resources. If it had instead pursued a 2nd, set of narrowly targeted demonstrations, designed to verify that the implementation problems could be adequately addressed. And if so that the impact results would be more favorable. Despite all of the research that we've had on his benefit offset to this day, I cannot confidently rule out the possibility that better implementation of the bond benefit offset would result in much more favorable impacts. I think Michelle might disagree with me on that point. But I think it's at least arguable. So, my next point is that SSA demonstrations need high quality, implementation partners to be successful. This may be obvious, but it is so important that deserves explicit attention. Other speakers today have spoken about the value of SSA collaboration with other federal agencies state agencies, and private organizations, Michelle and Debra point to attributes of partners that are important to success, including leadership with strong working relationships among partner organizations, ability to innovate ability to implement an intervention with fidelity ability to make mid course corrections and ability to support recruitment. Experience provides many examples of the importance of these attributes. In revising the chapter, I think it would be helpful and I would encourage Michelle and Debra to review and draw lessons from the many different approaches. That SSA has taken to engage partners to find the partners in the 1st place to reach agreements with them through contracts, or cooperative agreements, or grants, or whatever, whatever.

Finally the authors point to the need for us to say demonstrations to include and potentially test novel ways to address 2 limitations on the ability of some disadvantaged individuals to make use of the tested interventions. The 1st limitation is the ability to access information technology broadly speaking, the pandemic has accelerated the pace of improvements and infrastructure and methods to deliver virtual services. It's also heightened awareness of the need to increase access to the most vulnerable populations to Information technology. Wisconsin PROMISE demonstration did this by providing tablet computers and data plans to students in rural areas. I've come across another instance of providing tablet computers. It seems to help a lot in rural areas. And so, I think going forward, it'd be great if demonstrations systematically did the same for many other services, such as applications of earnings rules, benefits, counseling and deliberately early interventions, final, find concerns, concerns, meeting the basic needs of individuals. Interventions that are designed to help participants temporarily meet their basic needs, so that they have the bandwidth to take advantage of the intervention see more likely to succeed and those that leaves such needs on that. And I think it's really important the demonstrations going forward do this. When subjects in the intervention have many other unmet needs is really relates back to the point made by Jeff Liebman of suggesting that SSA always include a control arm in which participants receive a cash stipend. that's equivalent to the cost of the intervention. That's it my Time's up. So thank you very much for the opportunity. I hope my comments have helped a little bit, and I'm sure that this chapter adds value to the whole enterprise of the book.

Thank you now, we will hear from Calvin Johnson. Thank you, thank you for taking me off mute. I couldn't find the button and then even thanks for having me. I'm actually delighted to be here and to share thoughts on the chapter has been written. I am going to kind of just talk about this from the work that we're doing at HUD and as I was reading through the chapter, I couldn't help, but to kind of look at.

Some of the challenges that we're facing, and try to make the connection between some of the implementation challenges that were in the chapter. So specifically I want to talk about 3 areas. 1 is about recruitment. The other 1 is about a collection of services as an intervention. And the final point that I want to talk about is planning for long term tracking. And so, 1st, let me start off with response recruitment and take up. And so, as we have heard from the presenters, the implementation of demonstrations, as a tool for evidence building is challenging, we are dealing with this. Among the challenges is getting enough people to respond to a notification, announcing the demonstration. And we all know that without sufficient response to a notification. And there is not enough to study.

A key component of this challenge might be how much we know about and understand the ways in which targets of a demonstration experience the services we deliver. Or are administered through an intermediary. And perception is everything now, we might say that it's reasonable for targets who actually perceive the existing service delivery as less than desirable to be less than inspired to respond to recruitment notices for a demonstration. It is equally reasonable that targets who have a similar perception of existing service delivery might be inspired to actually respond to a recruitment notice, hoping that their involvement with the demonstration or in the demonstration. Will result in improvements, both in terms of service delivery and the provision of benefit. Now that's saying that that's the way that the world works. So, that's the way that things are, but. It's reasonable maybe the most reasonable expectation is that targets don't find participating in demonstrations to be fun at all. Right and that's just the way it is.

Now, we can go down a continuous path of what motivates targets to actually respond to our, to our recruitment notices. But we know that effective recruitment is in is an evaluation hurdle that we must clear. So we have to clear. Effective recruitment, you have to clear that hurdle and I believe that we need to spend more time perhaps doing our. Perhaps doing our implementation evaluations, understanding the relationships between perceptions about our programs and responses to our to our recruitment efforts. Now, this raises the question, or just raises questions about how much do we know about how beneficiaries. Perceive our programs, and when we reach out to them about a demonstration, what behavioral insight. Do we have to actually effectively promote participation in our demonstrations and increase response rates to our recruitment efforts? Now, let me spend the balance of of at least this 1st section. Let me spend the balance of the time on the 1st section focusing on where I believe behavioral insight might be helpful with respect to demonstrations' recruitment efforts. Like SSA, HUD works with office of evaluation sciences to bring behavioral insight to bear on low cost light, touch, nudge experiments. HUD's interest, in the use of behavioral insight is the test varying approaches that might inform outreach efforts, or the way that we message information to the beneficiary of our programs. More specifically are there better approaches to delivery of information? And better messaging of the information that will motivate beneficiaries to take an action. Like, respond to a, like respond to a recruitment effort.

Get kids to school on time, or gets to get kids to school more regularly. Applying for financial student aid, consuming less energy among other things. Now, we spent a lot of time trying to understand. Whether there is varying impact of nudge messaging that is the way that information gets disseminated. Gets disseminated and we spent a lot of time thinking about that by mode message delivery, whether it's by mail postcard. Uh, versus letter, email, text phone, we even customized messages and say, hey, look, perhaps we put it in a personal voice. Perhaps we use the official voice. We also think about the

Messenger, like who's really delivering the message right? Is it a celebrity? Someone who's well known a trusted public official a government agency responsible for actually administering a program. And all of this might be to some. You know, boring work it is the basis for which we convey. Hey, you want to participate in this demonstration. It is hard work and I applaud SSA and particularly I really enjoyed the chapter and the authors applaud them for, for kind of pointing this out and talking about some of the challenges that we face in terms of recruitment. Now, I, I imagine we could take the same approach to understand responses to recruitment efforts. That is. We can think about, do we know what it is that beneficiaries or the representatives might kind of feel towards. The organizations who are actually administering program is there trust the issue with the, with the organization, even when the organization is trying to help. We also know that in many instances, incentives are effective ways of getting individuals to actually participate in demonstration, especially with respect to the time commitment that is often involved. And so we can kind of go down that path, but I want to just say that we could potentially think about running a series of experiments to tests how beneficiaries respond to messaging mode of delivery.

Messenger and recruitment, and we can vary the message so that we can learn whether there are specific content that results in greater response. We can think about differences that we might see in terms of mode of delivery. And we can also determine whether it matters who the messenger is. And who's doing the outreach and the recruitment. Clearly we want to understand how this plays out across demonstrations and whether there are and whether there are observed patterns for specific classes, or groups of interventions as well as for. Target populations across interventions. The challenge here however, is perhaps. You know, we have to realize that what we learned today might not be applicable 5 years from now or 2 years from now. So we got to keep at this. Yeah, so the balance of my time I'm going to looks like, I'm going to just have a few minutes to talk about these next 2 areas. And 1 is the collection of the programs. Is a collection of program services as an intervention. And so, in many instances, we have an intervention that is a collection of services. So, when we think about economic self sufficiency, we think about financial literacy, skill, building, time, task management, job search coaching, resume writing and interviewing. And as we design demonstrations that have a collection of services as the intervention, we need to ask ourselves, whether there is value to understanding what each component contributes. So we might start by thinking about whether there's room to start pruning services during the demonstration and learn whether a pared down collection of services might be effective. Or, as effective as large collections of services, do we need to implement the full and pared down model of the intervention at the same time? Or can we administer them iteratively? That is do we learn, do And then pare down, right? Or do we learn, then do, again, and then pare it down.

Essentially, we need to consider whether what we want to learn will require a more iterative learning approach whereby the demonstration. Is taking advantage of prior learning and building that prior learning into the demonstration. Then finally really quickly just wanted to talk about demonstrations with a focus on long term impact. So often we're interested in understanding the longer term impacts of intervention or in, or interventions. So, I'll briefly talk about a few things with the minute or so I have left here. So, as part of the, as part of the evaluation plan, we need to clearly identify outcomes of interest and determine which are primary and secondary. Or which are primary, and which are exploratory and then determine, which are the ones that we want to track over a longer term. Um, and when we draft our informed consent, we need to also certain that the sunset period is appropriate, given our data collection efforts. So, we don't want to have our informed consent. Sunset until such a time when

we believe that there is no greater value in the collection of longer term Outcomes. Our and our ability to assess longer term impact assumes that we have implementation procedures in place to stay in contact with program participants well beyond the initial baseline and follow up periods. So we need to be thinking about the strategy for doing that, and then finally tracking participants is hard. So the, and so the implementation plan should have contingencies built in, for interview data collection that consider a priori benefit. Cost decisions that really hinges on our ability to track folks and stay in contact with them over time. And, you know, those contingencies also need to think about well, where is the greatest value in case? You don't have. Enough response rate and those that you have been tracking so I'll stop there.

Thank you, thank you, Kevin and thanks to all the presenters. Now we're going to enter a question and answer period for both sessions. So, I'd like to start by giving the authors an opportunity to respond to any comments from the discussants that you'd like to respond to. So Vidya. Would you like to go 1st or is there anything you'd like to respond to from your discussants? Sure, thank you Sarah. I first wanted to acknowledge John's comment about how the program has been responsive to the evolving needs of beneficiaries. Um, and how it now includes, um, phone counseling and managing high case loads. I also want to point out that VCU has done a tremendous job in standardizing the training for counselors and somehow we have to be able to take lessons from that program and be able to implement that in the actual implementation situation. And Leslynn, thank you for sharing your insights about barriers to employment. And your suggestion that a 1 size fits all solution for case management and benefits counseling will not work. That's fairly valuable. And, um, you pointed out the need for services to be person centered. And, um, I also acknowledge that.

Thank you both. Thanks Vidya. Now, Michelle and Debra. would you like to respond to your discussants. I wanted to thank both Calvin and Dave for their really thoughtful and detailed comments. It's really helpful and we'll definitely use this as we. Revise and review the paper again. A couple of things. And I could note, and then Debbie might have some ideas as well. I thought it was really interesting. The comments Calvin made about recruitment and understanding reactions and of beneficiaries and perceptions and ways to learn about that. And to use that information to inform recruitment methods we. In the paper, we talk a little bit about some of the work that SSA is doing with the general Services Administration to test behavior to test these rapid informational interventions. And there's been a lot of findings already. Um, some really important insights about, um. Simple information going out to older people who are eligible for society to try to encourage application for emphasizes that seeing some, some important results. And 1 of the things we found is we reviewed the implementation studies. Some of the demonstrations have actually try to understand reasons for not enrolling.

They've actually tried to talk to people who've chosen not to enroll and that's 1 of the things that was strongly recommended by the researchers in the New York works SPI project as a way to understand the, the demonstrations that have looked at those things have really found. That beneficiaries concerns about the complexity of rules are an important factor. Concerns about the legitimacy of the offer, the trust issues that you mentioned are also important. And so I think that that is definitely something that we came across as we reviewed the studies, and that we can even highlight even more and definitely. Thinking ahead, thinking early on about how to set up demonstrations and position the demonstration to collect longer term, follow up data, doing informed consent in a way that permits longer term follow up can be really important, especially for demonstrations.

Particularly for demonstrations that are targeting youth, but other populations where findings might take time to manifest. Um, so that seems really important to look at. Um, and Really appreciate Dave Stapleton's comments. I think particularly we were as Debbie, and I reviewed findings. It was really interesting to note that the accelerated benefits was a demonstration that sort of. Tried a telephone mode of providing services kind of out of necessity because that demonstration was operating in a large number of metropolitan areas. Um, but the timeliness of that kind of lesson given service provision concerns now and, and the, in that COVID-19 pandemic has, you know, it's really important. And I think we can I think that's really important and we definitely will take your advice to delve a little deeper and talk about lessons from work to engage with different partners. Debbie, did you have anything else you wanted to add on the comments from. Okay, yeah, thank you very much. I'd like to ask a question. We have received several questions about overpayments over the course of the day and have. Relocated them to this session, because they seemed most relevant to this session, but What is the role of overpayments in benefits counseling and case management. And that's directed to Vidya. And then what's the importance of overpayments in terms of implementing demonstrations? Or what role could overpayments play in intervention success?

So, Vidya, if you'd like to take the 1st, half of the question, that's That's focused on benefits counseling and case management. Yeah, sure, you know, based on my understanding, it seemed like there was definitely some confusion among beneficiaries when I came to overpayment and that had an impact on how the counseling services were provided because there was also. Um, some implementation challenges and misunderstanding, so, there was definitely a clouding of impact that the overpayment problem had within BOND. Um, you know, I, I would go back to thinking about how the program can be implemented. Um, in a way that it provides adequate information and training and resources to. Um, the counselors and beneficiaries themselves, so they're aware of and they can manage that better. John or Leslynn, do you have any comments on the topic of the importance of Over payments for benefits, counseling and case management or benefits counseling case management for the topic of payments. Relationship goes in both directions, hearing no response Michelle and Debbie would. Sorry, this is something that Social Security has focused a lot of attention on in the design, and the implementation of the demonstrations.

Overpayments are a very real thing in a particular situation where we're trying to adjust benefits on a month to month basis. Social Security has designed a lot of things to facilitate that happening. Lots of internal processes that they've developed also within the administration of the demonstrations. There are offices that the, that Abt as the prime contractor staff to facilitate the processing of that. And then the benefits counselors. The counselors have a role as well in terms of dealing with with overpayments that relate to specifically to, as the individual reported earnings, accurately and timely. And then when that, when a overpayment's occur, then the counselor can assist in helping the individual, develop a plan for dealing with the overpayment and that type of thing. The rules are that the benefits counters cannot represent somebody, for example, and an appeal, but they can assist the individual and answer their questions related to the development of a waiver request for an overpayment. Yeah, just a 2nd, what John noted, and then the benefit asset national demonstration and bond the benefits counselors were such a key component, because they could also explain to beneficiaries how the offset rules work, and kind of help prepare beneficiaries for how benefits might be adjusted. But, definitely overpayments a concern for beneficiaries. Under current law rules as well and. I think that I think that information and the benefits counseling provided through the demonstrations was an effort to try to help mitigate and

try to encourage. I mean. There are a lot of components that go into it. Beneficiaries need to report earnings timely.

There's a lot of interest in current law but also, then, in demonstration, when new earnings rules are being tested, there are a lot of operational steps that have to be taken there. Have been some efforts, the pod demonstration uses simplify some of the earning goals more so than bond and that. So that's been an attempt to try to simplify the process. That demonstration has also experienced some overpayments. But I think, as John said, having benefits counselors who understand the rules and are working closely with beneficiaries, can help to explain the process and help them get any. Information that they need to provide us to say thank you. Our next question coming from the audience is how would. Employers recruiters or other business facing groups best be included in interventions, designed to connect beneficiaries with work. Anything or in a demonstration, or in a new policy. And what kind of outreach might be needed to include these parties. Um, and how could that take place? Yeah, that's a really good question when you think about including employers and recruiters we're reaching beyond the traditional networks that, as a say demonstrations have included in the past 1 strategy that I can think of in the top of my head is maybe. working close to home and thinking about federal employers and contractors who might experience disabilities, and just working with an federal government programs and thinking about how you might support workers with disabilities and think of that as a test environment to outreach. And demonstration programs, and then go from there.

As far as the impact relative the case management or healthcare based interventions, I don't necessarily see that as 1 versus the other competing against each other. These are different approaches. That are complimentary to each other. Um, obviously there is a need for case management services and information and referral during the early stages of job search. healthcare based interventions, you know, they probably will span across the lifetime of an individual, depending on their specific healthcare needs and these newer approaches of reaching out employers might be more valuable when you think about retaining a job or advancing or increasing potentials for earning. So, I feel like these interventions might be helpful at different points in time. Um, rather than pitching it against each other. I think another area where employers might take a. Sort of more front and center role is in the retain demonstration and it would be really interesting to see how those demonstrations are implemented in the services. They offer, like a big part of that might be. Because when the objective, like, and retain is to help workers, stay connected to that, to the labor force and to employers, looking at things like accommodations and the role of coordinating information, between healthcare providers, employers. And also, I think that There'll be a lot to learn from the experiences that the states have with retain and other attempts to. Involve employers in this in, in efforts to help workers, stay at work and remain working.

What I mentioned what other potential opportunity that we're exploring under the next gen, project with that, which I've been involved in and somebody mentioned it earlier today that. You know, there are increased number of vendors who. Provide disability, inclusion services to employers so they help employers. Make their workplace a more welcoming place for people with all kinds of disabilities and also help them recruit and onboard people with disabilities work with accommodations and that sort of thing. And I think those services of a great deal of potential to help employers hire people with disabilities. And I think we're, we're looking at a test where we will. Test the ability of services to, to, to actually connect people who are at high risk for us to jobs that are available at those employers. So

that's another example, I think of where employers can be involved. I also wanted to add that another avenue possibly explore with is through the account. 1st, you know, mostly our agencies also kind of outreach to employers. I think it's the demand model where counselors provide 1 on 1 training and education to employers HR managers. So that could be another existing connection that we could leverage on.

Thank you all another question from the audience. Can you describe the impact of benefits counseling, paired with local and state benefits and public assistance. So does the benefits counseling fidelity model take into account local and state benefits and public assistance. And particularly, I think this question was about being very specific about what we mean, when we say fidelity and what we mean, when we say benefits counseling, what benefits we're referring to and what fidelity means. I think Vidya if you'd like to take the 1st response to this, and if others are welcome to weigh in after. Yeah, sure. So, um, among the studies that I reviewed, I actually did not come across any that looked at the impact of, um. Uh, the combined impact of benefits, counseling for both the state and federal benefits. So that's something that you might need that the overlap of state and federal benefits might be something that we need to dig deeper into. And as far as the fidelity model, um, what that is, is making sure that, you know, when we design an intervention. Um, you know, with certain theoretical underpinnings in mind with certain target population and target outcomes, the way the program is implemented. Um, it actually matches the original researchers design or intention. And there are definitely challenges when we're moving from a highly controlled environment where we're conducting research to real world implementation and, like you pointed out that overlap between state benefits and public assistance and federal benefits. That's definitely will be an issue.

I'm thinking about what goes into a fidelity metric. It includes 2 components 1 is the content of the intervention, the different components the intervention and the 2nd, is the structure of the intervention under structure of intervention is where we would specify things like, how often does a counselor meet with the beneficiaries what modality they use to communicate with the beneficiaries what kind of training is required for the counselors. And these are things that might be, easily standardized and can be described in a way that meets the requirements of different states and different programs where it says, we might need to have some flexibility as part of the content is concerned. So, we can accommodate for variations at the state, local and federal level. So, you know, like I mentioned previously, it's not about having a 1 size, fit all a uniform metric for fidelity but having minimum requirements that, say that counseling program should include these components at minimum. And based on the unique needs of states or populations, we could add additional components or modify content departments. If I could just jump in here as well, so, state and local benefits are included in every benefits summary and analysis that is done. It's a requirement of the program. You can't just worry about the federal benefits. You can't just worry about the healthcare benefits.

The each of those benefits, some of those benefits are very specific to states if, you know, 1 Medicaid program you know one Medicaid program it also impacts very, very important. So that every time a benefits analysis is done the impact on local. Benefits and state benefits is included in that you can some of these, uh, uh, benefits. Are based on, like, family eligibility and so, depending upon what happens in terms of an individual's increasing employment and increasing in earnings may negatively impact. A family's eligibility for certain benefits. So, housing food stamps, all of these things are included as a part of that. The National training a data center maintains a database of State benefits, according to a

format that's required. Uh, in our, in our in our contract with Social security, um, that is that is accessible by individuals with that are working in the, the WIPA projects. And so this type of thing is just a crucial component. You can't do benefits counseling without analyzing the effect of employment on state and local benefits. Okay, that's all the time we have for questions today. We have a record of every question that's been posed and they will be forwarded to the presenters for their reference as they revise the remarks and publication. We will now turn to Jeff Hemmeter and Austin Nichols for concluding remarks.