

## **Early Intervention Mental Health Demonstration Federal Expert Panel Report**

### **Early Intervention Mental Health Demonstration Overview**

The Social Security Disability Insurance (DI) program provides benefits for disabled workers and their families. The Social Security Administration (SSA) paid more than \$141 billion in DI benefits to almost 11 million people in 2014. The Supplemental Security Income (SSI) program guarantees a minimum level of income support to financially needy individuals who are aged, blind, or disabled. In 2014, SSA paid nearly \$54 billion in Federal SSI benefits to more than 8 million people.<sup>1</sup> Given the large number of individuals who rely on the DI and SSI programs to make ends meet and the interest in supporting employment efforts of those with disabilities, it is helpful for policymakers to have an evidentiary base from which to consider potential program improvements and innovations that can strengthen the ability of individuals with disabilities to work. Part of SSA's stewardship role involves finding ways to promote work and increase independence. Section 1110(a) of the Social Security Act gives the Commissioner of Social Security the authority to develop and carry out experiments and demonstration projects designed to prevent and reduce dependency, such as by testing the relative advantages and disadvantages of interventions that facilitate an applicant's return to work.

A promising area for investigation is that of mental impairment. Since individuals with mental illnesses often need long-term supports to maintain employment, they may be considered "hard-to-serve" by providers of employment services. However, many forms of mental illness are treatable, and there are promising findings from research on interventions that integrate treatment with rehabilitation services. There is evidence that many applicants with mental impairments do not receive the treatment and rehabilitation services that could help them recover and enjoy a more productive life.<sup>2</sup> SSA proposes to study the impact that better access to these services would have on outcomes such as benefit receipt, employment, medical recovery, and functioning. SSA has previously studied this population in the Mental Health Treatment Study (MHTS). The current project can be seen, to some extent, as an extension of that study to the denied applicant population.

Demonstrations on early intervention, defined as a policy treatment applied after the onset of one or more health impairments but before an individual is determined eligible for benefits in either the DI or SSI programs, may lead to innovative approaches for assisting people with disabilities to succeed in the workforce. SSA's past demonstrations have identified certain interventions after the point of disability award that can yield positive outcomes for beneficiaries, but earlier interventions, before an individual acquires DI or SSI benefits, may be more effective. While

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<sup>1</sup> Social Security Administration (2015). Annual Statistical Supplement to the Social Security Bulletin, 2014. <http://www.ssa.gov/policy/docs/statcomps/supplement/>

<sup>2</sup> Jans, L., Stoddard, S. & Kraus, L. (2004). Chartbook on Mental Health and Disability in the United States. An InfoUse Report. Washington, D.C.: U.S. Department of Education, National Institute on Disability and Rehabilitation Research. Retrieved October 21, 2009, [Chartbook on Mental Health and Disability](#)

several demonstrations for existing DI beneficiaries and SSI recipients have yielded positive results, such as increased earnings, they have not identified interventions that would return beneficiaries to substantial and sustained employment.

SSA is planning a solicitation for a contractor to implement and evaluate the Early Intervention Mental Health Demonstration (EIMHD). The preliminary scope of work includes the following:

- Refine the final design of the demonstration and evaluation;
- Conduct the demonstration in multiple sites;
- Recruit participants to be divided between a treatment group and a control group;
- Develop and implement a random assignment protocol;
- Recruit a network of providers to provide medical and employment supports;
- Ensure that medical treatment and employment supports are fully integrated; and
- Perform an evaluation of the demonstration and an analysis of its outcomes that will allow SSA to determine the feasibility of long-term programmatic changes.

With the exception of Individual Placement and Support (IPS), SSA does not intend to develop or require the use of a specific treatment protocol. Interventions must be designed to meet the specific needs of each participant and each participant will receive a medical and employment support package designed specifically for him or her. The contractor will be responsible for delivering services directly or through a network of providers at each site. The networks should offer the same package of services to each participant, but be flexible enough to allow participants to identify and use the services most appropriate to their individual needs.

### **EIMHD Federal Expert Panel**

SSA convened a Federal Expert Panel (FEP) to provide independent guidance on the design of the implementation and evaluation of the EIMHD. The purpose of the FEP is to gather recommendations that will strengthen the project and to gather lessons learned from experts in other federal agencies. The group was charged with reviewing the design of the demonstration, its anticipated outcomes, and identifying potential barriers to a successful demonstration. SSA sought specific feedback on the proposed services for demonstration participants, the evaluation, partnerships, and other issues.

SSA selected FEP members from various federal agencies to provide expert opinions and recommendations on EIMHD issues. FEP members had a range of relevant experience in disability policy, research design and evaluation, mental health policy and research, labor and employment policy, and rehabilitation and employment services. The FEP included the following individuals:

- Kirsten Beronio, Director, Division of Behavioral Health and Intellectual Disabilities Policy, Office of Disability, Aging, and Long-Term Care Policy, Office of the Assistant Secretary for Planning and Evaluation, US Department of Health and Human Services

- Jerry Elliot, Management and Program Analyst, Rehabilitation Services Administration, Office of Special Education and Rehabilitative Services, US Department of Education
- Tom Finch, Director, Training and Services Programs Division, Rehabilitation Services Administration, Office of Special Education and Rehabilitative Services, US Department of Education
- Nick Hart, Senior Program Examiner, Income Maintenance Branch, Education, Income Maintenance and Labor Division, Office of Management and Budget
- Robert K. Heinssen, Acting Chief, Adult Treatment and Preventive Intervention Research Branch, Division of Services and Intervention Research, National Institute of Mental Health
- Cynthia Kemp, Chief, Community Support Programs Branch, Division of Service and Systems Improvement, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration
- Dan Rosenbaum, Senior Economist, Economic Policy Division, Office of Management and Budget
- Jennifer Sheehy, Acting Assistant Secretary, Office of Disability Employment Policy, US Department of Labor
- Jack Smalligan, Acting Deputy Associate Director, Education, Income Maintenance and Labor Division, Office of Management and Budget
- Savi Swick, Director, Division of Policy Planning and Research, Office of Disability Employment Policy, US Department of Labor
- Kimberly Vitelli, Chief, Division of National Programs, Employment and Training Administration, US Department of Labor

The FEP members convened in-person for a half-day meeting in Washington, DC on June 3, 2015. Representatives from SSA facilitated the meeting. Prior to the meeting, FEP members were provided an overview of the EIMHD project and the scope of work. The meeting included four sessions on appropriate services, evaluation, partnerships, and other issues. The FEP was charged with providing their insights and making recommendations on each topic. SSA asked FEP members to provide written comments after the meeting if they had additional thoughts on any issues; these were incorporated into this document as well.

The remainder of this report summarizes the input and recommendations made by the FEP.

## **APPROPRIATE SERVICES**

SSA requested the panel focus on the proposed services to determine their appropriateness for the population and to gain information on the panel's prior knowledge and experience with these services. SSA asked about their prevalence in the existing service environment and potential alternatives that might be more appropriate or lead to outcomes that are more successful. The topics included the evidence base for the proposed services, alternatives to IPS, and whether these services already exist.

## ***1. What is the evidence base for the proposed services?***

The panel discussed the proposed services in the context of the population, adults with mental illness. One member recommended having more than one package of services depending on the severity of impairment, as services should not be the same for everyone. The panel member suggested if the population is large enough, SSA could stratify the population by those with psychosis and those without. Another member noted that the largest potential effects could be among younger participants and recommended narrowing the age range of the population to at least under 40 years of age.

There is currently research being conducted on early intervention services for individuals with schizophrenia. These services include supported employment and a range of relevant therapies also aimed at enhancing the ability to work, among other important goals to improve quality of life.

It was noted that job development is a crucial part of supported employment and it is important to have high-quality job development. Job developers should be knowledgeable not only about the needs of the individuals but also the employment landscape in the local area. Quality job development can improve the opportunities available to participants and enhance their experiences in gaining successful employment.

Many of the supported employment outcomes are long-term goals, such as employment and job retention. The panel noted the importance of the interim or short-term goals, such as education. Educational goals are often disrupted by disabilities. There are three studies on adapting the supported employment model for supported education. Supported education is associated with greater return to school and greater completion of academic goals but there is still a question of whether it has been adapted in the best way. Several panel members agreed with the idea of providing supported education. It could be especially important for younger participants. A panel member also noted that another option could be the use of apprenticeships.

The panel made the following recommendations:

- Consider stratifying the population by impairment or severity of impairment and targeting younger individuals by narrowing the age range.
- Ensure the quality of the job development.
- Focus on short-term or interim goals along with long-term goals.
- Consider the use of supported education along with supported employment.

## ***2. Are there alternatives to the IPS model?***

SSA sought information from the FEP on whether there are alternative supported employment models that would be as effective or more effective than the proposed IPS model. The panel shared important information from their experience with supported employment and IPS. IPS is considered an evidence-based model and increasingly being used as an effective model for supported employment. They considered whether it was feasible to determine the most

important components of IPS since it is an expensive intervention and whether it could help individuals to earn substantial gainful activity or stay off disability benefits. A panel member noted that IPS is not associated with large increases in wages and another suggested temporary wage subsidies to support the employers as they train and get familiar with employees. After an 18-month period, the employer then covers the entire salary.

Another member suggested suspending appeals and announcing the demonstration to applicants in the denial letter. The panel member wondered whether it is feasible for SSA's operational groups to implement this. SSA representatives noted that many denied applicants do not appeal. Further, SSA does not have the authority for this demonstration to suspend appeals.

The panel made the following recommendations:

- Consider testing components of IPS to determine the most important aspects of the model.
- Look at the outcomes in prior research on IPS to consider how to improve on the outcomes that are not as successful.
- Consider the use of wage subsidies.
- Explore the idea of suspending appeals for participants.

### ***3. Do agencies already provide similar services on a large scale?***

The panel shared that several states are currently using some version of the IPS model for supported employment. It was suggested that we could determine the landscape in potential sites by requesting state level information on the use of IPS in the request for proposals during the contractual process.

Another panel member noted that some services are supported employment but they are not always categorized as that. Workforce Investment Opportunity Act (WIOA) programs have many services that would constitute supported employment, and some Vocational Rehabilitation (VR) agencies use supported employment.

The panel made the following recommendations:

- Supported employment services are widespread but it may not be referred to as supported employment. Therefore, consider the facets of supported employment when determining what exists in the service environment.
- Request state level information during the contractual process on the use of IPS.

## EVALUATION ISSUES

SSA requested feedback on plans for the evaluation of the demonstration. Specific topics included proposed outcomes for measurement, the methods for measurement, and data sources.

### *1. What additional outcomes should SSA measure?*

The panel suggested measuring Medicare and Medicaid costs and asked if there was a way to guarantee access to this data, such as making it a condition of participating states to provide the data. A member noted that if the individual is under the Affordable Care Act, it is often a managed care plan and data would be limited. SSA should consider obtaining available data from Centers for Medicare and Medicaid Services (CMS) or states could possibly be a resource for certain CMS-related data. It was noted that sometimes surveys are the best information obtainable on this type of data.

A member mentioned calculating cost to society, family members, and caregivers. It would be useful to understand how the illness affects the family and their burden. Many panel members agreed and recommended the family-related information come from qualitative interviews on a subset of the population.

Another FEP member shared multiple ideas that SSA should collect data on race and ethnicity to identify disparities in treatment effects between racial and ethnic subgroups. The panel member suggested assessing the number of days to first job and job tenure as specific employment outcomes to measure and also suggested considering an individual's intent to appeal. SSA should gather information on whether individuals plan to appeal during the recruitment phase of the demonstration.

It is important to identify moderating effects, such as length of illness, as they can be predictors of effects of treatment. This information can help determine the timing of interventions, as SSA would want to enroll individuals early in the duration of their illness. The panel noted that it might be helpful to focus on individuals that have not claimed permanent disability status yet and are still able to consider a pathway to recovery. This could be another study arm. A member noted that this information could come from the VR system. VRs could be a partner and refer clients to the project. SSA representatives noted that there might be issues for our demonstration because of the size of the population receiving both VR services and benefits from SSA. Another panel member noted that many VR participants are already on DI before they apply for VR services, and the composition of those with both varies across agencies and states.

The panel suggested having multiple treatment arms because IPS has limitations in terms of outcomes. Other arms could be a combination of services, low cost vs. high cost treatment options, wage subsidy, or waiving appeal rights. They also mentioned Maryland as an example of a state that provides IPS, as Medicaid pays for it for SSI beneficiaries.

Also in response to the evaluation design, the FEP had other advice regarding sites, reporting, and validity. SSA could establish a minimum number of sites the contractor needs to select in order to obtain a representative sample. Along with the final evaluation report, SSA could also

incorporate an interim report, detailing any preliminary impact estimates. SSA must also be aware of potential validity threats. The contractor should account for other services available and being used by the treatment and control groups in each site.

The panel made the following recommendations:

- Calculate Medicaid and Medicare costs.
- Measure costs to family members and caregivers.
- Consider outcomes related to race and ethnicity, additional specific employment-related outcomes, and the intent to appeal.
- Identify moderating effects to inform the provision of interventions.
- Consider expanding the demonstration with multiple treatment arms.
- Ensure the contractor is aware of validity threats from other services available to the treatment and control groups.

***2. Are there specific modes of measuring these outcomes (e.g. previously used and validated scales)?***

The panel discussed that the IPS model has its own fidelity scale and the existence of prior research studies using IPS would provide valuable information on measuring outcomes. The panel made the following recommendation:

- Use the available research on IPS for fidelity scales and modes of measuring outcomes.

## **PARTNERSHIPS**

The panel members were tasked with sharing information on their own agencies or other entities that would be valuable partners in this demonstration. SSA sought information on how to enhance the demonstration through partnerships, for implementation and evaluation purposes.

***1. What is the role of other agencies in the demonstration?***

Much of the discussion focused on the availability of data. Wage records and unemployment insurance data were offered as ideas. Often federal agencies do not have data on individuals in certain federal programs, but maintain only aggregate data they receive from states. States are often the source of individual data on program participation and services. This information could be helpful to learn about the control group and what services they are receiving. Data may also be available from the states using the IPS model on their programs and individuals receiving services.

The panel also discussed programs that give tax reimbursements to businesses. A member noted a current reimbursement program, the Work Opportunity Tax Credit. The panel mentioned that job developers do not usually offer the tax credit to employers on an individual basis. It has been

more successful to present the idea to employers in general and not as an incentive to hire a certain individual. A member also mentioned that WIOA programs have funding for on the job training, a program that offers employers a partial reimbursement to offset the cost of training workers.

The panel made the following recommendation:

- Pursue data sharing agreements with states for data on programs and individual participation in services.

### ***2. Are waivers needed for any agency, or any state or local agencies funded by the federal government, to participate?***

SSA representatives asked if the participation incentives from surveying individuals several times per year could affect other benefits. The panel did not have any examples of this being an issue. There were no recommendations.

### ***3. Are there barriers to data sharing?***

The panel noted high rates of comorbidity as an issue, such as mental health and substance abuse. There are often limitations to individual data on substance abuse. There may be a research exception to providing this information, but members have also run into issues and are currently working to resolve them.

It is important to consider how the data is stored as SSA usually needs it by Social Security Number. SSA has other projects that rely on data from states and it can be difficult to form data sharing agreements with them. In addition, state level data often varies by state.

The panel made the following recommendation:

- Consider the impact of limitations on substance abuse data.

## **OTHER ISSUES**

SSA gave the FEP the opportunity to have an open discussion of other issues relevant to EIMHD. The focus was on other policies that should be tested and other populations that should be studied.

### ***1. What other policies should SSA test in the future?***

Panel members again noted the importance of interim goals and services. They mentioned skills assessments and testing literacy, housing, transportation, and education. A panel member remarked on the value of case management to coordinate these services and facilitate these goals.

Another member noted that testing sheltered workshops vs. competitive employment could provide interesting information.

The panel discussed other demonstration ideas relevant to SSA that other entities have proposed and upcoming research forums to attend. A panel member discussed the Section 223 Demonstration Program, part of the Medicare Act. Eight states are implementing certified community behavioral health services.

They also discussed the option to conduct smaller-scale, less expensive projects. This type of project could help to test smaller policy changes in a potentially faster, cheaper manner.

The panel recommended the following:

- Focus on interim goals for testing.
- Consider the importance of case management services.
- Look at existing research proposals and attend related forums.
- Conduct smaller-scale projects along with long-term demonstrations.

## ***2. What other populations should SSA include in future demonstrations?***

The panel discussed other populations such as veterans and that another group could be convened to focus on targeting services to these other populations, such as vocational rehabilitation, health care, and workers' compensation. Other members agreed with the use of workers' compensation, noting that since it is temporary, it could be considered an early intervention that has bearing on future DI benefits.

Panel members shared the work of their own departments, including a group that is learning where there are knowledge gaps and how to fill in those gaps. They are preparing literature reviews and increasingly collaborating with other federal agencies on various projects.

It would be valuable to capture characteristics of the DI population before they apply, such as five years prior to application. If SSA could identify those most at risk, perhaps through a modeling project, then there would be better confidence regarding the population to serve and how to craft interventions.

States also have set aside funding from the Mental Health Block Grants to develop early intervention programs with an emphasis on psychosis and coordinated specialty care. By the end of 2016, there will be over 100 sites focusing on identifying individuals in early psychosis and moving them into referral pathways. There is a train-the-trainer model to expand services within the states. The states are not required to use one model and there is flexibility with the number of individuals served and the number of staff. The panel member recommended identifying a few states that are farther along in this process to partner with. A member also added that schools and pediatricians would be critical in identifying this population, for the purpose of gaining knowledge of individuals before they go into specialty care.

The panel made the following recommendations:

- Another population to study is veterans.
- Consider how workers' compensation can be studied for early intervention purposes.
- Figure out how to determine who is at risk for becoming a DI beneficiary at least five years prior to getting benefits.
- A potential partner could be states that have infrastructures for early identification of mental illness.

## **SUMMARY**

The FEP provided valuable information and guidance on SSA's plans for the implementation and evaluation of the EIMHD. SSA will review the panel's recommendations on the proposed services for demonstration participants, the evaluation, partnerships, and other issues and incorporate them whenever feasible. SSA will continue to have ad hoc meetings with FEP members and other federal representatives about these and other concerns throughout the EIMHD project.