

UNH nTIDE Lunch and Learn Webcast - Remote CART Captioning

Friday, February 4, 2022

11:30 a.m. Eastern Time

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>> Hello and welcome everybody to the National Transit Disability employment or nTIDE. Just a few housekeeping items before we begin. This webinar is being recorded. We will post an archive of each webinar each month on our website, at www.researchondisability.org/nTIDE. This site will also provide copies of the presentations, the speakers' bios, full transcripts, and other valuable resources. As an attendee of this webinar, you are a viewer. To ask questions of the speakers, click on the Q&A box on your webinar screen and type your questions into the box. Speakers will review these questions and provide answers during the last section of the webinar. Some questions may be answered directly in the Q&A box. If you have any questions following this recording, please contact us at disability.statistics@unh.edu or toll free at 866-538-9521 for more information. Thanks for joining us. Enjoy today's webinar!

>> ANDREW HOUTENVILLE: Hello, everyone, this is Andrew Houtenville from the University of New Hampshire coming to you from about two inches of ice pellets in New Hampshire. But one of the beauties of remote work is when the university closes people who can work remotely still do work, so there's no such thing as a snow day for us anymore at the University of New Hampshire, for those of us who are able to work remotely. Okay. Just so you know, we recently added ASL interpretation to be more accessible. If you would like to see the gallery of speakers, as well as the interpreter, we recommend that you join by a computer rather than a phone or a tablet, because the gallery view operates a bit better. Some tips for Zoom. Under audio settings, you can pick your speaker. Not the person speaking, but the audio speaker. And you can also click on the closed caption box and show subtitles or even view the full transcript as a running text scroll. Okay. Today, nTIDE Lunch & Learn occurs every noon Eastern time at the first Friday of each month, which coincides with the release of the nTIDE report. It's a joint effort of the University of New Hampshire, Kessler Foundation, and

AUCD. Just a quick promotion or clarification. Some of you may know we have been planning a disability statistics conference, our annual conference, as well as the state of the science for the rehabilitation and training center, that funds nTIDE in part or somewhat. We planned to do an in-person session in March, but we're deferring that to October. The in-person session where we have research findings and research related to data collection methods, we do a two-day scientific conference. We're going to move that part of the event to October 6th and 7th. We're also doing it hybrid, like we had planned. Registration will open March 10th. We are releasing the annual disability statistics collection, that's our new term, rather than just saying the compendium, because we do a lot of different products. We're releasing the annual disability statistics collection via Zoom broadcast on March 10th at noontime Eastern. We're also going to repeat ourselves, not a recording, but we're going to repeat it for March 11th at the same time, just in case people can't make that March 10th date. So, you know, it will be a quick summary of the findings in the compendium and the report, which collects time trends. And we'll have about 15 minutes of presentation, about 15 minutes of Q&A. We can always go longer if people have questions. You can register for both events at ResearchonDisability.org/annual-event. Research on disability is kind of our landing up and down for all of our projects, the compendium being one of them, nTIDE being one of them. Okay, so if you have any questions, please feel free to contact Karen Volle, who is our organizer of nTIDE, too. Today's program will be split into two parts. John O'Neill and I will talk about the numbers, Denise Rozell will do the nTIDE news. And then we have speakers from Office of Disability Employment Policy at the U.S. Department of Labor, Jennifer Sheehy will be talking, as well as Yonatan Ben-Shalom from Mathematica who have been doing work with Jennifer and ODEP. Then we'll have Q&A. We'll have to go fast because I feel like I spent a long time explaining those things. John O'Neill, take it away.

>> JOHN O'NEILL: Hi, everybody. The monthly nTIDE report, which many of you are very familiar with is a press release and an infographic looking at the latest employment statistics. The data is from the jobs report, which is released by the U.S. Bureau of Labor Statistics on the first Friday of each month. Next slide, Andrew.

>> ANDREW HOUTENVILLE: You bet.

>> JOHN O'NEILL: The source of the data is the current population survey. It's the source for the official unemployment rate that the media makes so much of, that we often ignore. Because you oftentimes don't know why it's going up and down. Or it's hard to interpret. The data is on civilians age 16-64, not living in institutions. And it's been available since September 2008 onward when the now not-so-new six questions on disability were added current population survey. The data is not seasonally adjusted. So, that's why traditionally we compared to the same month last year, but since COVID when we've been doing a month-to-month report, just because the most recent data comparing it across time is much more illuminating during this pandemic period. And that's it. Hand it over to you, Andrew.

>> ANDREW HOUTENVILLE: Great, thank you, John. Let's go through the numbers. The first thing we do is look at the population percentage, people age 16-64, who are employed. It doesn't have to be full-time employment, just employed. In the reference week was, we're talking January, was the week of January that includes the 12th of the

month. So, kind of the secondish week of the January. All right. So, this is December. This is the second week in December really. And you can see the gap between people with and without disabilities. In fact, you may notice I have to break the axis in order to have them fit on the same, you know, page relatively illustratively. The gap between people with disabilities is long sustained. There's other research that shows it pre-dating this time. And you can see the Great Recession at the beginning where there's a fall from ...and I'm being blocked by a box ...from 74.9 to 68.8 for people with disabilities. For people without disabilities. That was for people without disabilities. For people with disabilities, it went from 32.7, and it continued to decline well into 2014, or into 2014, until it hit kind of a rock bottom at 24.1%. So, only one in four people with disabilities were working at that time. After that point, we see a steady increase for people with disabilities. And in fact, there's a period of time in 2016, '17, and partly in '18 where the gap between people with and without disabilities actually decreased, narrowed. Ahh! What did you do, John? I must have blazed through all of my slides quickly, but this is still December. And you see there's a recovery and there's actually a narrowing of the gap. And so it starts to wane. This narrowing of the gap where it increased faster for people with disability, really represented at the time when the U.S. economy went into full employment. Then you see the pandemic hit both people with and without disabilities. The big thing, the big story we've been telling at nTIDE is people without disabilities have surpassed their early, their pre-pandemic level of 31.7%, went down to 26.3%, but now in December was at 33.6%, above the pre-pandemic level, but also above this historical high, way over in September 2008. So, people without disabilities is a different story in the pandemic. They declined, but then also rebounded, but have yet to reach their pre-pandemic level or even the 2008 level. So, in December, they're at 73.9, and people with disabilities are at 33.6. The gap is still enormous. Let's put in some January numbers. So, these were the numbers that were released this morning. Adding January to the graph, people without disabilities declined from 73.9% to 73.1%. So, almost a full percentage point. People without ...sorry. People with disabilities, let's click that in, actually increased a little bit. Only two-tenths of a percent, but it's better than a decline. We can't tell the statistical significance of this yet. I really need the raw data that's released mid month to be able to do some calculations on the statistical significance of this increase. Okay. So, that's the employment-to-population ratio. And of course, the big story is for people with disabilities, this is now, I think John you mentioned in the press release, five months over the historical high back in September 2008. So, that's news! That is really good news. So, another statistic we'll look at is labor force participation rates. This is the percentage of people, age 16-64, who are not only working, but also adds in people who are actively looking for work in the last four weeks as well as people who are on furlough. And that actually, if you watched our mid-month nTIDE report, you saw that furloughing otherwise known as on temporary layoff increased during December in response to Omicron. So, labor force participation is basically engaging in some form of labor market activity. So, here is December. So, you see the similar pattern with the Great Recession and the decline for people with disabilities and somewhat of a narrowing 2017-18, '16, '17, '18. And then you see the pandemic hit. It's particularly noticeable for people without disabilities. Labor force participation is not

as volatile because it includes those people who were on furlough, and that was the big response. About 75% of people in the U.S., workers were on furlough during the lockdown. So, you see a rise for people without disabilities. And then it kind of levels off and there's a bit of improvement but it hasn't really been doing well. It hasn't really increased for people without disabilities. You hear all those stories about various reasons about why people aren't coming back. They cohabitated with someone to pool their income and not necessarily to go back into the labor market potentially. Lots of different stories that you hear, and some of this may reflect that. The labor force participation rate is, for people without disabilities, has not reached its pre-pandemic level of 77.7%. It's at 76.6%. So, almost a little over a full percentage point lower. Okay. So, this is December. For people without disabilities, you see there's a lot of improvement way back till the beginning of 2021 and that in general people with disabilities stayed in the labor market. And, you know, when we talk in the morning when the data is released with folks at Kessler Foundation and UNH, we'll talk about resilience and that people with disabilities didn't leave the labor market. I think there's resilience.

I think there's also some people with disabilities coming back into the labor market to help the family. I think, you know, if you followed our other research, the poverty level of people with disabilities is about three times larger than people without disabilities of working age. And so, families are scrapping for income. And so people returning to work are staying, returning to the labor force are staying in the labor force. It's important to a family and its resources. So, you see also just like employment, it starts to rise and it actually reaches past its 2008 level, September 2008 level. Last month we kind of ticked down below it a little bit.

So, I'm going to put in December to see what happened this past month. But in December, we had a slight tick down. That's pretty good after so many months of increase. You expect some reversion to the mean or some sampling variation to come in. Let's snap in and add January. For people without disabilities, basically the labor force participation rate stayed about the same about 76.4%. Again, Omicron won't necessarily impact this as much, because so many people didn't leave the labor market. They were on furlough. For people with disabilities, when we add in January, we're back up. And we're back up past the 2008, September 2008 level. It went up from almost a full percentage point. So, again, now we're back above the historic high. We love using those kinds of things. Historic high, record breaking. It's a really fascinating and potentially really good story for the role of people with disabilities going into the labor market and the post-pandemic. We may never get past COVID. It may become like a flu, but we will get past the pandemic, I believe. This is really encouraging for people with disabilities moving forward as the economy continues to come back from the pandemic impact. All right. I'm going to turn it over to Denise. Denise, I think we'll have to go pretty fast. I think this might have been the longest I've ever gone.

>> DENISE ROZELL: (Laughing) Well, I've got a bunch of webinars, which are quick. Let's go on. Hi, everybody, it's Denise Rozell. Interestingly enough, we always start out with the federal policy update. And this week actually was Ground Hog Day, and this slide is exactly the same the one I showed you last month because nothing has

happened. Build Back Better is still stalled. The disability community is still promoting home and community-based services, and to the extent you can help people understand what that means, there is still an opportunity there. There is a continuing resolution that is through February 18th. We think there will probably be another continuing resolution after that. In terms of appropriations. But we're still in it. The existing one. And I still want to draw your attention to transformation to competitive integrated employment. That's what I told you last month. It's what I'm telling you this month. Washington is taken up right now by Supreme Court nominations, potential war in Europe, a lot of things that are beyond our issues. I don't know whether it's beyond, but bigger than maybe. But they're sucking the oxygen out of the air. It actually is Groundhog Day and we're repeating last month. Let's move on from the policy for now. The one thing I did mention on the mid-month call if you were on it. If you weren't, good news on the 14c front. So, North Carolina Department of Health and Human Services reached a settlement on 14c with the folks from Disability Rights North Carolina and the Center for Public Representation were the ones who were bringing the lawsuit and there's now a settlement. There will be no new admissions to 14c sub minimum wage in North Carolina after July 1st this year. They will phase out completely the use of those certificates over five years. They figure that's going to assist at least 1,000 disabled employees who are currently in sheltered work, many of them making less than minimum wage to move toward competitive integrated employment. It does say that implementation is, and I put the quote in, because it's important, subject to availability of funds, and NCDHHS, the department in North Carolina, will pursue a funding request to the North Carolina General Assembly for competitive integrated employment efforts. There is a settlement, to move providers from providing sub minimum wage and sheltered work to competitive integrated employment. It will take some funding, and they're looking to get the legislature some funding. The department of HHS will be working on that. I assume the disability community will be all over that. If you're in North Carolina, reach out to one of your local organizations, because I think they're going to be working on it. It's important. But this is another big one and we've had a number of wins around 14c this year. I want to always be sure and bring this to you. Okay, next slide. I've got a couple of things on long COVID, and I always like to bring this up if I see something. EEOC, I've talked to you about the EEOC guidance in the past. The one at the bottom was put out in July from the Department of Justice on long COVID. And EEOC has added some sections to their TA guidance on when long COVID can be considered a disability. And it gives some examples. You know, of disabilities caused by or worsened by COVID. It talks about possible reasonable accommodations. And it reinforces that ADA applies to all job applicants.

>> ANDREW HOUTENVILLE: I'm going to click on that now.

>> DENISE ROZELL: Yeah. All employees, regardless of if they have a disability or not. There's the "regarded as" standard. If someone regards you as having a disability, there's a disability there. This is a good one to have. I think I've given you the EEOC guidance before, but they have updated it just in the last month, and this is important stuff as we learn more about long COVID. Next slide is another long COVID one. This is an article. This one is, it's a small sample to focus group with four

certified rehab counselors and rehab physicians in outpatient rehab centers and they talked to them about long COVID, what they're seeing, what the variabilities are, some examples of modifying workplace policies, especially around gradual return-to-work. That's frequently mentioned as an accommodation. I thought this was interesting. Like I said, it's a very small survey, but you know what? With long COVID, we don't know a lot. So, any time we see something on this and it has stuff about return-to-work for those folks and disability definitions, I want to bring it to you around employment. Okay, next slide, Andrew. There are a couple of slides here about some, if you downloaded the slides last month, you will have seen these next two. But somehow I missed them on the call last month, so I just stuck them in here again. And they're both on transition-age youth. This one is determinants of employment outcomes for transition-age youth with depressive disorders. I don't know if we talk enough or if I bring you enough articles around mental health, so I wanted to give you this one. 4, 772 participants drawn from the RSA dataset. It shows you how the outcomes varied by race and ethnicity, severity of disability, and level of education. Highlights the promise of the state-federal programs for supporting youth with depressive disorders. This one was interesting in the mental health arena. The next one is around transition-age youth. A lot of times I'll bring things that has to do with race and ethnicity, because I don't think we look at that one enough either. This one is a scoping review on the relationship between race, ethnicity, and school and work outcomes. This has no surprises. I mean seriously, we know this stuff. But I really think it's useful to know that you have a research article that's relatively new that can show it because sometimes we don't have that. Sometimes we don't have it. You know, the finding of this one, no surprise, there's an urgent need for further research to understand the lived experiences, to address the gaps that are there because there clearly are gaps. Ethnic and minority youth with disabilities had poorer school outcomes, compared to white youth without disabilities compared to white disabled youth. I don't think that's a surprise, but to have the research that shows it is validating. Next slide, please, Andrew. Sustainability. Interesting, we look a lot and there's a lot of research out there about, "Do you have a job?" Are you employed? But there's not a lot of research, and that's what this was looking at, about sustainability. And typically when they look at sustainability, there's no static or standardized definition for that and it usually looks at duration of employment, not progress or trajectory. And my colleague, Liz Weintraub, is talking to me in my brain because she's forever talking about career ladders, not just jobs. They didn't find progress or trajectory. Again, it points out some work that needs to be done for all of you researchers out there on sustainability and what that means and what we can learn from it and what influences it.

>> ANDREW HOUTENVILLE: Yeah. That's interesting. That's really interesting. It shows there's a lack of longitudinal data, which allows that kind of research.

>> DENISE ROZELL: Yeah. This one was also, it was an international study done out of Sweden, I think. But it looked international. So, anyway, I thought this was fascinating and I talk a lot about sustainability in some other work I do. So, this one was important. Okay, next slide, Andrew. And then, like I said, I've got a series of webinars. A series of webinars, but there's some really good ones. Advancing competitive integrated employment through MLTSS, managed long-term services and

supports. I've been looking for information on this. So, I'm signed up for it, I'll tell you honestly. They're having an employer, a self-advocate, a DD council person on how they're working through it. It's through the disability employment TA center. There's your information. I'm looking for more stuff about employment through MLTSS, and I don't know that we have a lot of good examples. That's okay. This is a JAN webinar. I haven't talked about JAN in a while. I wanted to bring this one back in. This is ADA and accommodations lessons specifically around stay at work, return to work. I thought this was good. JAN always had great, great webinars and great information. The Job Accommodation Network, this one is coming up on February 10th. Next one, Andrew. The next one is, this one was good, too. In expanding your talent pool: Disability inclusion in advanced manufacturing. I had to look up what that was. The creation of components of cutting-edge technologies, energy systems, and vehicles. And what they're saying in here, I think what they're talking about or going to talk about, sponsored by our friends at EARN. Industry needs new workers. This industry in particular needs new workers. How do we make that happen? And how are folks with disabilities being included? And how are folks, what are the strategies to work with community organizations to develop these workers in an industry that needs them? And then it gives some examples. So, I thought that was really good, too. And then this one ...you're fine. That's okay. I'm about done. The last one. Autism Speaks is sponsoring something called the Autism Employment Connector Challenge through a crowdsourcing platform. They're looking at aiding autistic job searchers in the process. What are the structural barriers, how do you identify them and get rid of them? What are you doing? What can you do? Go look at this. Submissions are open between January 18th and March 1st. I just thought again it was an interesting one and particularly through a crowdsourcing platform. I think it's going to be fascinating to see what they get from inside and outside the community, autistic people in general, and outside the community might be really interesting. But if you got ideas, go. And that, I think, is the end of my slides, Andrew. Oh, that was out of order. No backward. Back the other way. I'm sorry.

You're the one going backward. I get to introduce the speakers and I'm really excited about this. Jennifer Sheehy is the Deputy Assistant Secretary in the Office of Disability Employment Policy or ODEP. And we talk about their programs all the time at the Department of Labor. Prior to that, Jennifer spent 10 years at the Department of Education in many leadership roles. She's been recognized by more than one White House as a policy advisor to disability-related issues within the White House and within the administration. Today she'll be talking about an important initiative of ODEP called RETAIN. And Yonatan Ben-Shalom is with Mathematica. Looking at people who acquire disability in adulthood, such as workers or veterans. He currently leads the evaluation of the RETAIN program that you're going to be hearing about today. I'm going to toss it to Jennifer and Yoni.

>> JENNIFER SHEEHY: Thank you, Denise. And first of all, thank you for the multiple shout outs for some of ODEP's work like JAN and EARN. And Andrew, it's always good to see you. Thank you for the invitation to talk to you about RETAIN today. As you all know, ODEP is a small federal agency that promotes policies and makes recommendations for policies for programs we don't even run. So, that means we have

to have very, very strong relationships with partners in order to both develop those policies and promote them and persuade entities to adopt them. So, partners like the institute, Mathematica, are so important in our work and we follow your work with avid interest. Thanks, again. Next slide, please. Today, I'm going to talk about, give you a brief background about ODEP, go over the background and rationale for our work, how we do it, provide an overview of the retain demonstration, and conclude with activities of both phase one and phase two of RETAIN. Next slide, please. I told you a little bit about ODEP. We were established a little over 20 years ago and it was to fill a gap in the employment space for people with disabilities. Congress recognized that there were multiple programs and services and enforcement agencies that interacted for employment for people with disabilities, but no one coordinating policy agency. So, that is the origin of ODEP. So, our mission is to develop and influence policies that increase the number and quality of employment opportunities for people with disabilities. And today I'm going to talk to you about one such effort called our Retaining Employment and Talent After Injury/illness Network or RETAIN. Next slide, please. So, why did we start RETAIN? Well, let me just give you a little bit of context. There are approximately four million non-fatal work-related injuries or illnesses a year. And the cost associated with those is estimated to be more than 170 billion dollars. And that does not even take into account non-work related illnesses or injuries. So, you can see this is a major problem that affects our country and Americans. So, in 2019, another contextual bullet, the Social Security Administration received almost \$2 million SSDI applications from people with disabilities, workers with disabilities. And of those, 1.2 million were denied benefits. So, next slide, please. We started RETAIN because there were no programs, federally funded programs that interacted before people applied for SSDI at the earliest stages of following an illness or injury that affected work. And I'll talk about this in a bit. We felt it was really important to get that intervention to workers when they make the decisions about whether they can work or can't work. And often that is within the first 12 weeks of an illness or injury. So, this slide that's up here gives you a sense of how complicated the interaction is when someone has an illness or injury and is contemplating or trying to figure out what's next and whether they can work. There's multiple systems, including their healthcare provider interacting with that individual. Next slide, please. And what are the consequences if someone can't go back to work. Of course, it affects the individual. It affects the employers. They have to train or retrain. They are constantly managing their costs associated with disability management. There are costs to states and the federal government. And of course, that leads to the cost on the economy. And our demonstration is meant to improve the employment outcomes of people who are newly injured or ill. And that illness or injury starts affecting work. Next slide, please. All right. So, we started the RETAIN initiative and it was based on research that we did in stay-at-work, return-to-work starting in about 2013. And the particular model that we looked at was the run in the workers' comp program in Washington state. So, our RETAIN demonstration has three components. I'm talking about the grants right now. We also have a technical assistance contract. And my friend, Yoni, is going to talk about the independent third-party evaluation that Mathematica is running. Next slide, please. What are the goals and the purpose of RETAIN? So, the purpose is to

increase retention and employment, get people back to work or make sure they can stay at work as soon as medically feasible. It is also to reduce the long-term disability among workers and hopefully if they are able to work, reduce the need for Social Security disability insurance. We want SSDI to be funded and available for those of you who really, really need it. If you're able to work, someone like me who has a spinal cord injury and needs significant support in the beginning to get back in a medical way and be recovered to a healthy enough point to work again, if someone can work, they are almost always better off continuing to work than having to go on SSDI benefits. But those benefits are critical for people who need that. And I just wanted to make that point here. So, what does ODEP do? We do demonstrations to test policies that are effective or test practices that are effective, and then we look at policies that could scale those practices. Next slide, please. Phase one was eight states who were given pilot and planning grants. The point was to test coordinated early intervention services. As I said, in the first 12 weeks of someone experiencing a work-related disability, next slide, please, and this graph just shows you it is critical to intervene early because the possibility of going to work diminishes radically after 12 weeks. And that is really the premise of RETAIN. Next slide, please. So, this is just a map of the grants that we have going on now. We have eight pilot planning grants and now we have five fall implementation grants for a total of \$103 million. One added element that we have incorporated into phase two of RETAIN is equity. And I've heard you all talk about that and the importance of it, of equity and serving underrepresented, people with disabilities from underrepresented groups. And we feel the same way. So, in the phase two projects, the grants are required to reach out to new partners that can help them access workers who are experiencing work disability from opportunity zones or in areas that have a high prevalence of people from underrepresented groups. Next slide, please. And I do want to say that the grants are underway. We're excited about it. We hope to learn quite a bit from this demonstration. But it does go through May 2025 and the evaluation will be critical and that is what Yoni is going to talk to you about now. Thank you very much!

>> YONATAN BEN-SHALOM: Thank you, Jennifer. Next slide, please. Hi, everyone. It's great to be here and have a chance to talk to you about the evaluation. I'll just take five minutes or so to describe the evaluation. Next slide. So, this is really a large, multi-state demonstration with random assignment. And something that is somewhat unique about this demonstration is that while the Department of Labor is funding the grants to states, as you heard from Jennifer, the Social Security Administration is funding the independent evaluation. So, we, Mathematica, are under contract with SSA to conduct that evaluation. And one of the advantages of SSA funding the evaluation is we can more readily access the data on outcomes such as program participation and earnings and data. Given that we have a random program assign and the data we have from SSA and that we'll receive from states and participants, this evaluation will produce rigorous evidence on the impact of early intervention on employment and reliance on disability benefits. And these findings will be critical as policymakers and other parties consider whether to scale up the program to other states. So, as Jennifer mentioned, enrollment for this phase of the demonstration is underway. It began in the fall of 2021 and will continue through May 2024. Next slide.

So, all five states are implementing a random assignment design. Four states, Kansas, Kentucky, Minnesota, and Ohio are implementing an individual random assignment where they will either be assigned to the control or the treatment group. Kansas has 4,000 and then the other states 3200 each. And then Vermont is doing something a bit different. It's still doing random assignment, but instead of randomizing each individual participant, they're randomizing clinics to be either treatment clinic or control clinic. A treatment clinic will be providing the coordination services and the control clinic would not. These are really large targets and assuming the states will research those targets, that should really allow us to provide credible estimates of the impact of RETAIN for each of these states individually. Next slide? So, the evaluation has four components, each of these addresses certain key research questions. The process study will look into how the RETAIN projects are implemented, what factors are influencing them. The participation study will document who is enrolling, what kinds of services they receive. The impact study will look into whether the projects increased employment and earnings, and whether they reduce applications for SSDI and SSI. And finally, a benefit-cost analysis will estimate whether the benefits of RETAIN are large enough to justify their cost. Next slide. So, the data for this evaluation comes from multiple sources. Data on annual leave outcome will come from enrollment that the states are collecting, federal administrative data that will be shared with the evaluation team, and annual leave surveys that our team is conducting. And then we have data on treatment. And we'll have interviews that they will conduct in the states. And then for program implementation, we'll collect information through site visits, a first round of site visits will be virtual, given the pandemic, but a later site visit we're hoping will be in person. And then we're administering the survey of the medical providers that provide service in RETAIN. We'll be collecting information from states and program cost data and staff activity logs, as well as program performance data. Next slide. And so we're still very early in the evaluation and you can expect to see various reports and publications coming out of the evaluation team over the next 3-4 years. This includes an evaluation design report in spring of this year and an early assessment report in the summer or fall of this year. And after that, we expect one major report in each year starting in 2023. So, 2023. So, that will be a process study. In 2024, it will be a study on short-term impacts and experiences, and then in the summer of 2025, a final impacts report. Along the way, we'll come out with several special topics reports or issue briefs. We already have one issue brief that we conducted or developed during phase one during the pilot phase. And it's available at this link. The focus of that brief is on practical implications or variations across states and SSDI and what that means for the states are implementing the program. Next slide. Questions. That concludes my presentation and evaluation. Thank you for the time and I think we have some time for both Jennifer and I to answer some questions.

>> ANDREW HOUTENVILLE: Yeah, if you have questions for Yoni or Jennifer or the earlier speakers, put them in the Q&A box. When we get cut short at the end, you can find an archive of these slides. You can go to researchondisability.org/home/nTIDE. As we're waiting for people to type in questions, I have a question. As you set out the design, you picked kind of outcome variables that you're going to track and target as markers of success of the program. Can you give an example of one of those and kind

of do you have a pre-estimate now? Or an idea of what it is now and where you hope to get it later?

>> YONATAN BEN-SHALOM: Yeah, that's a great question. There's two primary outcome measures we're looking at. One is based on SSA administrative data. Did this person end up applying for SSDI or SSI within 12 months after they enrolled in this program? So, we, of course, have statistics on how many people apply. The challenge is we don't really have a benchmark for this population. Right? It's not very easy to find who are the workers who experience an injury or illness that require this type of support. There's no great way to track that population. We don't know for this specific population. Unfortunately, even for workers compensation cases, we only have some statistics based on small studies in specific states, but nothing very representative. Another example of an outcome is based on follow-up surveys. One after 2-3 months and another after 12 months.

And in that follow-up survey they will be asked are you back at work? Or how long have you been working? And again, with a benchmark, again we don't have a great benchmark and that's why it's so critical that we have the random assignment where we can have a credible comparison between the treatment group that's receiving services and the control group that is essentially a similar population and then we can use their outcome as a benchmark.

>> ANDREW HOUTENVILLE: Yeah. Yeah, it's hard to find that comparative group because you have to go so far to be able to recruit subjects, right? Of a very specific inclusion criteria and from a very specific sampling frame. And to back that out to the general population is very hard.

>> YONATAN BEN-SHALOM: We wish there were a sampling frame.

>> ANDREW HOUTENVILLE: Yeah, the NIDLLER work on their model systems for spinal cord injury and TBI, they can be sampling frames sometimes, but the rehab hospital sampling frame is hard to get to.

>> YONATAN BEN-SHALOM: I'll just add that it's very interesting every state is taking a different approach. There's different data sources, different systems in each state, and they want to make the most out of it, including through social media and various other means.

>> ANDREW HOUTENVILLE: Okay. So, we're getting some questions from Annette Robraradi. I can never pronounce her last name. Sorry, Annette. Are you including any home and community-based services in the supports provided to workers returning to work?

>> JENNIFER SHEEHY: They're not eligible for HCBS services because this is a population that has not applied for SSDI and by requirement is not on benefits. This is designed as early intervention. And it is a coordinated intervention coordination between the healthcare provider, the employer, the worker, and employment services. All coordinated by a return-to-work coordinator. And those employment services could be job accommodations or also any of the services you can access in the public workforce system. Does that help?

>> ANDREW HOUTENVILLE: Transportation included?

>> JENNIFER SHEEHY: Ah, transportation. Well, that really includes on the local availability of transportation programs. So, again, it would be any type of transportation

benefit, but at a local level. Not transportation that Medicaid or Medicare or Medicaid would pay for.

>> ANDREW HOUTENVILLE: Yeah. Okay. Thank you. I have another question, although there's an emoji in it. I've never seen this emoji. Will something times months, X months of increase, jobs with disabilities two or more fields. Call centers, full time, part time. So, I think how are you measuring the increase? Number of months? Are you looking at kind of the quality of the job? Whether it's call center or part-time/full-time? And probably also benefits.

>> YONATAN BEN-SHALOM: Actually, I wasn't sure if that question was about your statistics that you showed earlier or our measures. If we're asking about our measures, you know, the measures that we talked about, whether you applied for SSDI or whether you returned to work, those are pretty generic measures. There's a pretty rich survey that asks questions of people about their jobs. So, there will be more nuance there in terms of I think full-time or part-time. And there will be more information on the personal characteristics and circumstances of people. So, I don't know if that answers the question, but we will be collecting a rich set of information both on the surveys and administrative data and then also qualitative data collection through semi-structured interviews with both beneficiary and staff.

>> ANDREW HOUTENVILLE: You're right. It could be from my work and statistics I presented. The increase that we see in employment over or any change in employment that we observe in the current population survey, it's a very low threshold for employment. It can be any hours. It could be one, two, three jobs. It doesn't distinguish. In terms of the type of job, the occupational codes and industry codes for the monthly data is really slim. When we do that work, we usually use the American Community Survey, which gives us a very large sample of people with disabilities and we can look at very detailed occupations by disability type. And so that's when we do that work. And we have some of that in the annual disability statistics compendium. I'm going to just keep going with the questions that we currently have. We have about four minutes. People with disabilities is a broad measure. If you tune in to the mid-month nTIDE, I'm going to be trying to present some of our year-end statistics by disability type. I've been working on disability type and race/ethnicity by disability status. So, looking at 2019, compared to 2020 compared to 2021 to see what the last three years looked like for subgroups. Barbara Cornblough, one of our long-time nTIDE viewers, do you think the numbers for people with disabilities because of the increased availability of remote work. That's certainly a hypothesis to test. ODEP has done some work with this survey and the meager occupational codes and industry codes that we get to try to piece apart two things. One is the essential workers and then also workers likely in jobs that have remote capacity. And I'm not sure ODEP, too many plugs for ODEP. I'm not sure you guys have increased or have revisited that work, but that's really good work, if you go to ODEP's publications.

>> JOHN O'NEILL: Andrew, I have a quick question for Jennifer and Yoni.

>> ANDREW HOUTENVILLE: Okay. Two minutes left. Go quick!

>> JOHN O'NEILL: How are you defining early intervention? What are the parameters around that? Folks who are not yet applied for Social Security benefits? Or is it time since onset?

>> JENNIFER SHEEHY: It's time since onset. Basically it has to be 12 weeks within the person's inability to work because of the illness or injury or at that critical point where that work disability is affecting their ability to work.

And maybe Yoni can talk about that from a evaluation perspective.

>> YONATAN BEN-SHALOM: Jennifer has it exactly right. We are evaluators and DOL is making the parameters around those requirements. But I will take depending on, there is a relationship between applications to SSI or SSDI. Some people may, if they think they have no better option, they may decide to apply very quickly after they realize they have challenges working. So, while we think most people will not be there yet in terms of thinking of SSDI, the idea is to catch them before that. It might be that some people maybe when they know that RETAIN is available and they have supports, that might really make the difference for them early on.

>> ANDREW HOUTENVILLE: Thank you. Well, that's all for time. We do have one quick Facebook question that I didn't see in the chat area. Whether the 1.2 million applications, initial applications also included reconsiderations or second and third first applications. I think that sounded like it was the initial application number. But that data is available on data.gov in a data set called the MOWL. If people are interested, I actually upload that frequently and look at the trends. And can get you more recent data. So, that's all the time we have for question and answer. I want to thank Jennifer and Yoni for their presentation and thanks again to Denise and John. And everybody at the nTIDE team that makes this possible. Stay tuned to our mid-month where we're going to release some of our statistics on the year-end review. So, we're looking back at 2021 and comparing it to 2020 and pre-pandemic 2019. Thanks again, Jennifer.

>> JENNIFER SHEEHY: Bye, thank you.

>> ANDREW HOUTENVILLE: Everybody have a good, safe weekend. Almost everybody is impacted by some kind of weather. Have a great weekend and we'll see you next time on nTIDE. Bye-bye.