The Transition to SSDI: Prospects for Early Early Intervention in California

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Overview

- Why early early intervention?
- Challenges
- Prospects in California
- Preliminary findings using workers' compensation (WC) data



Why *Early* Early Intervention?

- Early intervention can slow SSDI growth by stemming the flow of entrants
- Early early = still connected to an employer
 - Employer cooperation is key to keeping a worker in the labor force (Bevan 2015)
 - Delay causes decay (Autor et al. 2015)
- Not a new idea



Challenges for *Early* Early Intervention

Step 1: Identify early

Step 2: Recruit effectively

Step 3: Intervene effectively



Challenges for *Early* Early Intervention

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Step 2: Recruit effectively

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Prospects for Early Identification in California

- In California, SSDI applicants may first receive state-based disability benefits
 - WC
 - Short-term disability insurance (STDI)
- Can we predict likely SSDI entrants at WC/STDI entry?

California: SSDI Entry

- 2013
 - 72,618 new disabled worker beneficiaries
 - 63,217 new SSI adult recipients
- Many SSDI beneficiaries receive WC or STDI
 - December 2008: 17% of 617,808 disabled workers
 - Relatively new entrants
 - More enter after exhausting their WC/STDI benefits



California: WC and STDI

WC

- Occupational injury/illness
- Financed by employers
- Pays two-thirds of weekly wage for up to two years, related medical costs
- 2013: 150,000 claims with one or more days away from work

STDI

- Nonoccupational injury/illness
- Financed by workers
- Pays 55% of weekly wage up to one year, but no medical costs
- 2014: 470,000 claims



Qualitative Findings

Interviews

- State agencies
- Other organizations

Findings

- WC: State Fund is very proactive; others focus on controlling costs
- STDI: Just administers claims/benefits

Predicting SSDI Entry: Ideal vs. Practical

Ideal

 Administrative WC/STDI records matched to Social Security Administration (SSA) records

Practical

 Proxy measures for likely SSDI entry: 3, 6, and 12 months on WC/STDI

WC Data

- 3.7 million claims (January 2007–June 2012)
- 650,000 (18%) with temporary disability payments
- Mean durations:
 - 139 days for men, 152 days for women
 - Highest: ages 45–54, musculoskeletal (MSK) or psychiatric
 - Fall with weekly wage
- Over 20% lower-back pain (LBP), 35% MSK



Preliminary WC Findings (1)

- MSK, psychiatric conditions are the most likely to exceed 12 months of temporary disability payments (20–28%)
- Certain subdiagnoses (LBP, depression, PTSD) are linked to longer durations (~300 days)

Preliminary WC Findings (2)

- Secondary psychiatric conditions are linked to longer durations, 50% higher chance of exceeding 12 months
- Burns, concussions: probability of exceeding 12 months is much greater after exceeding 3 months

Discussion

- California, other states with STDI are good candidates for early early intervention
- Federal government has a larger incentive than states to fund such interventions
- Timely identification and effective targeting are key—and possible
- Matched state-SSA records can help improve identification



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