

Research BRIEF

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Innovating VR Services to Improve Outcomes for SSDI Clients: Findings from the SGA Project Demonstration

INTRODUCTION

State vocational rehabilitation (VR) agencies are the main source of employment-related services for people with significant disabilities, including many who receive disability benefits from the Social Security Administration (SSA). But the U.S. Government Accountability Office has raised concerns about how few of these beneficiaries earn enough after VR participation to leave the benefit rolls (GAO 2007). In response, the U.S. Department of Education, Rehabilitation Services Administration funded the Institute for Community Inclusion (ICI) at the University of Massachusetts-Boston and Mathematica Policy Research to develop and test service innovations designed to improve the employment outcomes of nonblind VR clients receiving Social Security Disability Insurance (SSDI) benefits. The resulting demonstration, called the Substantial Gainful Activity (SGA) Project, was implemented in Kentucky and Minnesota from 2015 to 2017. This brief describes the experiences of these states in implementing the demonstration.¹

The SGA Project demonstration was an effort to design and test VR service delivery innovations. The innovations, implemented in Kentucky and Minnesota, focused on increasing the pace of services, improving client engagement, providing financial education, involving a job placement specialist early in the process, and delivering services using a coordinated team approach.

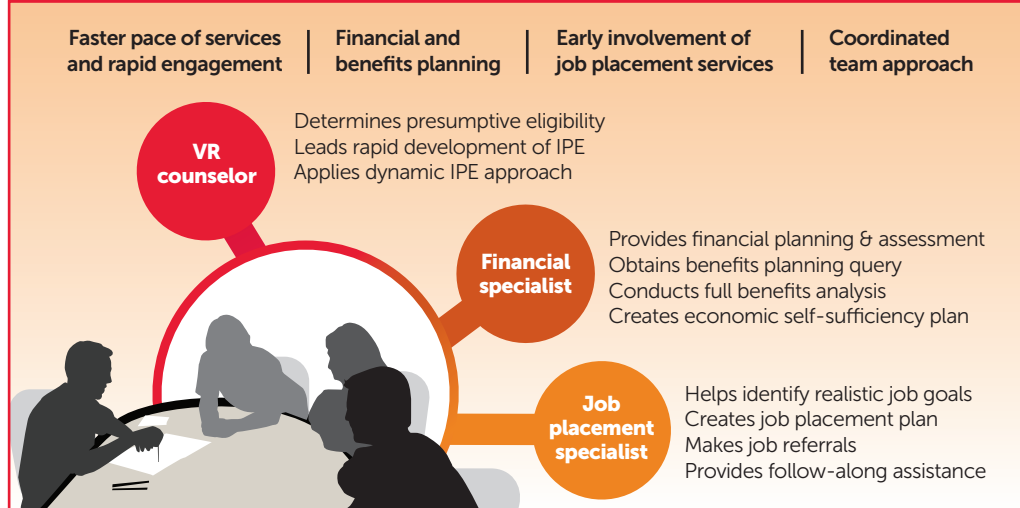
WHAT WAS THE SGA PROJECT DEMONSTRATION?

The SGA Project demonstration was an effort to design and test innovations in VR service delivery intended to improve the employment outcomes of nonblind VR clients receiving SSDI benefits but *not* receiving Supplemental Security Income benefits (that is, SSDI-only clients). The VR agencies in Kentucky and Minnesota, in collaboration with ICI staff, developed and implemented a set of innovations in randomly selected offices in each state.

Figure 1 shows the general components of the innovations implemented by key staff members acting as a team. The innovations focused on increasing the pace of services and improving client engagement; providing enhanced benefits counseling and financial education; involving a job placement specialist (JPS) early on; and having the VR counselor, financial specialist, and JPS work with the client in a coordinated manner.

Mathematica randomly assigned offices in each state to be enhanced-service sites—that is, to provide the SGA Project innovations to eligible SSDI clients. Nearly all offices in each state participated in

Figure 1:
SGA Project innovations



Note: IPE=individualized plan for employment.

the demonstration.² In Kentucky, offices in seven districts provided the enhanced services and offices in another seven districts provided usual services (usual-service sites). In Minnesota, eight randomly selected offices provided the enhanced services, and eight provided usual services. Box 1 provides additional information about the study data and methods.

Each state deployed the SGA Project innovations in its own way. Below, we describe separately how Kentucky and Minnesota implemented the innovations and how they affected four key outcomes.

KENTUCKY'S INNOVATIONS AND THEIR IMPACTS

The leaders of the Kentucky Office of Vocational Rehabilitation (OVR) were interested in testing new approaches to service delivery designed to make the agency more effective and to address the fact that many clients drop out of VR services before they find a job. The SGA Project gave OVR the opportunity to test innovations that could increase the program's reimbursements from Social Security Administration (SSA) by improving employment outcomes for SSDI-only clients. In addition, OVR had long been interested in building its capacity to provide clients with work incentive counseling, and the SGA Project offered a chance to incorporate benefits counseling into day-to-day operations. Finally, OVR saw participation in the SGA Project as a vehicle to build on and guide ongoing efforts to reform the VR system through the state's Employment First program.³

The SGA Project innovations implemented in Kentucky

In consultation with ICI, OVR designed and implemented the following innovations at the enhanced-service offices. Most represented major changes to the usual services OVR provided.

Faster pace of services and rapid client engagement. VR counselors at the enhanced-service sites were expected to complete the VR eligibility determination within 2 days (compared with 60 days at the usual-service sites) and to develop an individualized plan for employment (IPE) within 30 days (compared with 90 days at the other sites).⁴

Financial and benefits planning. OVR hired three Kentucky work incentive coordinators (KWICs) to provide clients with early and ongoing financial education and counseling on benefits and financial needs. KWICs were expected to help clients understand the range of state and federal benefits for which they might be eligible, the implications of work and earnings for these benefits and their gen-

The SGA Project gave Kentucky's Office of Vocational Rehabilitation the opportunity to build its capacity for work incentive counseling, incorporate benefits counseling and financial education into day-to-day operations, and reform the VR system.

eral financial well-being, and options for returning to work. Under usual services, VR counselors referred clients to vendors for benefits counseling, but broader financial education was not part of this service.

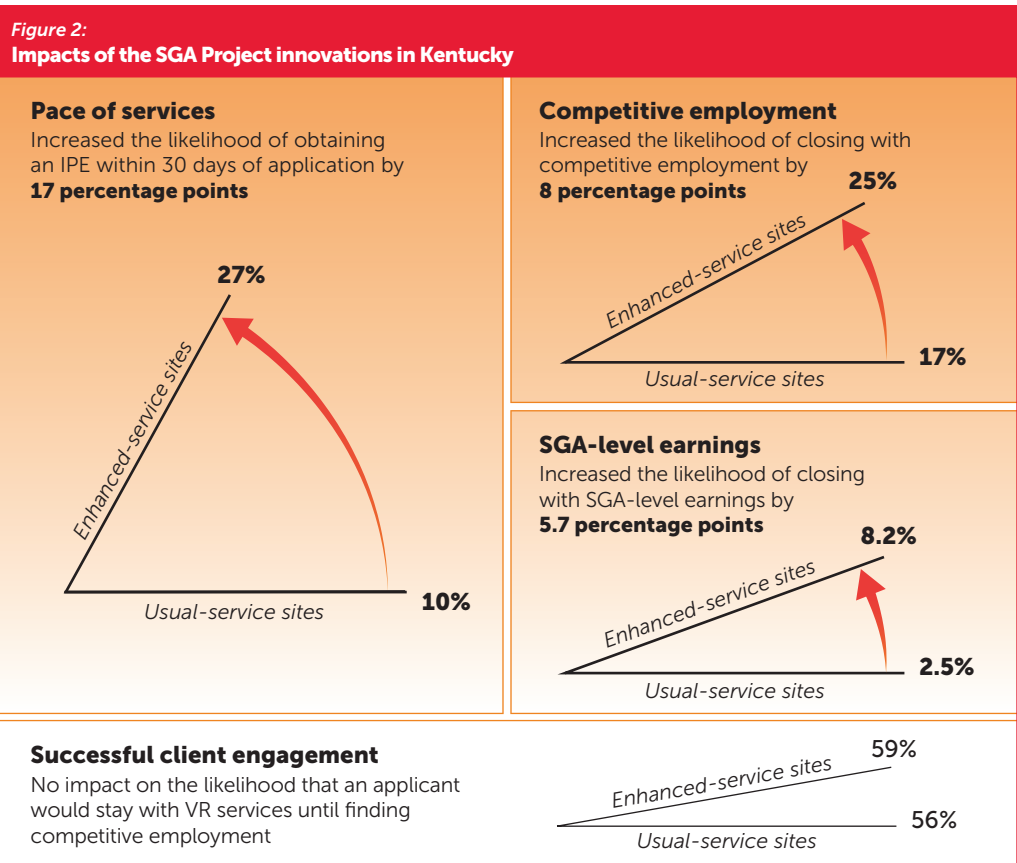
Job placement services. OVR added three JPSs to its existing JPS staff and assigned one or more to each enhanced-service site to provide clients with early and ongoing placement information and support. JPSs at enhanced-service sites were expected to meet with clients early in the VR process, maintain regular contact with clients, and provide follow-along assistance once clients obtained jobs. JPS services at usual- and enhanced-service sites were similar, but under usual services, JPSs typically did not engage clients until later in the process, after IPE development.

Coordinated team approach (CTA). The VR counselor, KWIC, and JPS were expected to collaborate and function as a team to provide clients with in-depth, personalized discussions, counseling, and services both early on and throughout the process. The first CTA meeting was to occur within five days of eligibility determination and before IPE completion. During that meeting, the team identified the client's goals, reviewed important financial information, and discussed ideas for IPE development. Follow-up CTA meetings were to occur around the time of IPE development and then on a quarterly basis as deemed necessary by the team. OVR staff at usual-service sites did not use a team strategy to work with clients, although staff did sometimes meet informally to coordinate client services.

In Kentucky, the SGA Project innovations increased the likelihood of clients obtaining an IPE within 30 days of application, and increased the likelihood of clients' cases closing with both competitive employment and SGA-level earnings.

Impacts of the SGA Project innovations on client outcomes in Kentucky

As shown in Figure 2, the SGA Project innovations had substantial and statistically significant impacts on several primary outcomes of interest. The innovations increased the likelihood that an applicant obtained an IPE within 30 days of application. The innovations also increased the likelihood that an applicant's case closed with both competitive employment and SGA-level earnings. But we found no statistically significant impacts on the likelihood that an applicant would stay with VR services until he or she found competitive employment. However, at the time of the analysis, 37 percent of participants'



cases were still open. Once all cases close, there may be measurable impacts on that outcome. Finally, we found no impacts on these outcomes for non-SGA Project clients, suggesting that enhanced-service staff neither diverted their attention away from their other clients, nor delivered the innovations to them.

MINNESOTA'S INNOVATIONS AND THEIR IMPACTS

Before the SGA Project, Minnesota's Vocational Rehabilitation Services had launched several service delivery innovations. The SGA Project offered the opportunity to build on these efforts and expand the agency's capacity to provide financial education to clients.

Like Kentucky's OVR, the Vocational Rehabilitation Services (VRS) office within Minnesota's Department of Employment and Economic Development wanted to test new service delivery approaches, with the goal of improving agency effectiveness and keeping VR clients from dropping out before they find a job. Before the SGA Project, VRS had launched several initiatives designed to improve client outcomes, some similar to the SGA Project innovations. These included individual placement and support services for clients with serious mental illness; teaming VR counselors with contracted community rehabilitation providers (CRPs); conducting motivational interviewing training; and viewing the IPE not as a fully developed, binding agreement but as a living document that can change based on shifting circumstances and new information.

VRS also wanted to expand counselors' and clients' access to information on financial and benefits planning. Before the SGA Project began, the process of receiving a full benefits analysis from the Minnesota Work Incentives Connection (WIC) often took weeks or months. VRS thought this delay interfered with some clients' ability to make informed choices about employment.

The SGA Project innovations implemented in Minnesota

The SGA Project gave VRS the opportunity to rigorously test new strategies for improving VR services and client outcomes. The SGA Project innovations implemented by VRS were similar to those implemented in Kentucky, but they differed in some ways, including the extent to which the innovations deviated from usual VRS practice.

Faster pace of services and rapid engagement with clients. VR counselors at the enhanced-service sites were expected to determine a candidate's eligibility for VR services within 2 days (compared with 10 days at the sites providing service as usual) and develop the candidate's IPE within 30 days (compared with 90 days at the other sites). Counselors also had to ensure that at least one of the three team members communicated weekly with each client.

Financial and benefits planning. VRS staffed each enhanced-service site with a trained financial specialist who provided ongoing benefits counseling and financial education starting early in the process. Most of the financial specialists were certified community work incentives coordinators (CWICs); those who were not received direct support from a remote CWIC. Financial specialists were expected to help clients understand the range of state and federal benefits they might be eligible for, the implications that work and earnings would have for continued receipt of these benefits, and the clients' options for returning to work. Staff and clients served by the usual-service sites continued to rely on the WIC for this information.

Job placement services. Each enhanced-service site was staffed with a dedicated in-house JPS who worked closely with clients and the other team members to (1) help clients develop appropriate employment goals and a placement plan to be integrated into the IPE, (2) schedule interviews with prospective employers, and (3) provide follow-along assistance once clients obtained jobs. Many JPSs previously served as CRPs, who provide VR agency staff and clients with similar services but only after the development of the IPE. VR counselors at the usual-service sites continued to use their discretion to engage local CRPs for these services.

Coordinated team approach. As in Kentucky, the VR counselor, financial specialist, and JPS were expected to work as a team to give clients in-depth, personalized discussions, counseling, and services throughout the process, starting at its onset. Team members were to meet together with the client within seven days of application. Each team member subsequently worked with the client indi-

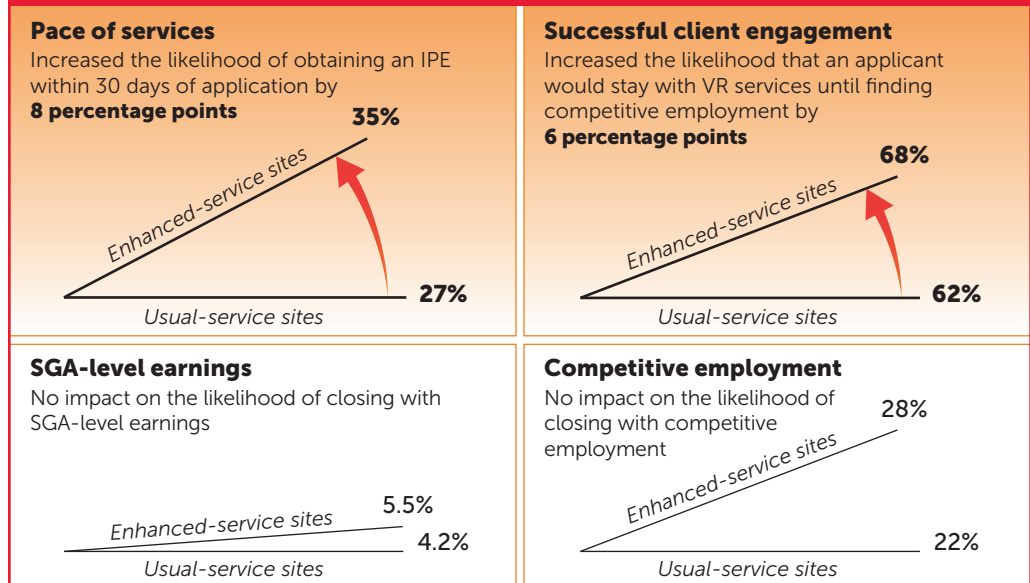
vidually, though team members were expected to maintain weekly communication with each other to share new information, discuss client progress, and develop and use a comprehensive strategy to help the client achieve his or her vocational goal. Teaming between VR counselors and CRPs at the usual-service sites was encouraged but not required, and it rarely occurred before an IPE was developed.

In Minnesota, the SGA Project innovations increased the likelihood of clients obtaining an IPE within 30 days of application and staying with VR services until finding competitive employment.

Impacts of the SGA Project innovations on client outcomes in Minnesota

As shown in Figure 3, the SGA Project innovations significantly increased an applicant’s likelihood of (1) having an IPE within 30 days of application and (2) staying with VR services until he or she found competitive employment. But we did not find significant impacts on applicants’ likelihood of closing out services with either competitive employment or with SGA-level earnings. At the time of the analysis, however, 41 percent of participants’ cases were still open. Once all cases close, there may be measurable impacts on these outcomes. Finally, as in Kentucky, we found no impacts on these outcomes for non-SGA Project clients.

Figure 3:
Impacts of the SGA Project innovations in Minnesota



KENTUCKY AND MINNESOTA HAD SIMILAR IMPLEMENTATION CHALLENGES

Data collected during the demonstration suggest that some clients at enhanced-service sites in both states did not fully or consistently receive all components of the innovation. Only about one-third of enhanced-service clients in each state received an IPE within the project goal of 30 days of VR application. About half (47 percent) of clients received a benefits analysis in Kentucky, a similar percentage (48 percent) received a financial plan in Minnesota. And in both states, about half of the enhanced-service clients took part in an initial CTA meeting, but just 27 percent of those who had a meeting completed it within the project goal of one week after application.

Staff at the enhanced-service sites in both states encountered challenges that affected their clients’ access to the innovations. In Kentucky, the faster pacing was a major shift from the usual, more deliberate approach to IPE development, and some VR counselors initially resisted adopting the faster approach. But over time and with technical assistance from ICI, VR counselors grew more

adept with presumptive eligibility procedures and better able to swiftly develop and modify IPEs. Delays in obtaining documentation from SSA needed for eligibility determinations and benefits analyses also prevented some staff from meeting the pacing targets.

Staff in both states struggled to effectively adopt the CTA because of logistical barriers related to scheduling CTA meetings and confusion about the roles and responsibilities of the team members. Adoption of the CTA improved in both states over time, but in Minnesota, the requirement to involve the JPS early in the service delivery process was not universally embraced by VR counselors, particularly those who worked in remote areas and considered themselves well-informed about the local employment options.

Finally, large caseloads and logistical barriers (particularly for sites covering large and rural areas) prevented some staff from meeting the pacing and service delivery targets in both states.

LESSONS LEARNED FROM THE SGA PROJECT

VR staff in Kentucky and Minnesota learned several lessons from participating in the SGA Project.

Presumptive eligibility and dynamic IPEs. The project helped Kentucky OVR staff become more aware of presumptive eligibility guidelines. VR counselors in both states also came to embrace the IPE as a living document that could be drafted with available information and amended as needed—instead of seeing it as a binding contract.

Value of benefits counseling. VR counselors in Minnesota learned about SSDI and other benefits, and they appreciated having access to knowledgeable staff who could tell them how earnings affect SSDI and other benefits. Before the SGA project, many VR counselors were uncomfortable discussing these topics with clients and avoided using DB101, a web resource designed to help people with disabilities learn how increased earnings can affect their benefits. The availability of a financial specialist meant that information got to clients faster and often eliminated the need for a full benefits analysis by the WIC. By the end of the demonstration, many VR counselors were more comfortable using DB101 and more confident engaging all of their clients in high-level discussions about benefits.

Kentucky OVR staff also recognized the value of providing financial counseling and education to SSDI-only clients. The majority of staff said that delivering these services early in the VR process helped reassure clients who frequently expressed apprehension about how earnings would affect their disability benefits. Furthermore, staff noted that KWICs completed benefit analyses more quickly and were more readily available for consultation than vendors who delivered similar services to usual-service clients.

Collaboration with other staff. Minnesota VRS staff recognized the value of stronger collaboration with job placement staff. For certain clients, VR counselors questioned the value of involving the JPS early on, but most VR staff came to believe that incorporating early input from placement staff made for a stronger IPE. In addition, both VR counselors and JPSs valued the opportunity to consult each other throughout service delivery. In Kentucky, OVR staff also came to see the value of early collaboration and knowledge exchange with other key providers. Under the agency's usual practices, VR counselors lead the rehabilitation process and refer clients to other service providers as needed. But through the SGA Project innovations, VR counselors worked with their colleagues and learned about new resources and strategies to help their clients. Many staff believed that collaborating with the KWICs increased their awareness of SSA work-incentive provisions relevant to SSDI-only clients at risk of losing their benefits.

Linkages with SSA. In Kentucky, OVR leaders recognized the need to strengthen linkages with SSA. The SGA Project increased OVR's demand for information about benefit receipt, which is critical both to making timely decisions on presumptive eligibility and to understanding the

implications of work and earnings for clients. Field staff encountered barriers to implementing faster-paced services, due in part to delays in receiving SSA documents for assessment and eligibility determinations. Based on these experiences, OVR plans to establish an electronic data exchange and stronger ties with SSA.

IMPLEMENTATION CONSIDERATIONS FOR OTHER VR AGENCIES

The evaluation findings suggest a number of implications for other VR agencies that might wish to adopt features of the SGA Project innovations:

- A faster pace of services is possible without negative consequences. But it might not be feasible for all clients because of large counselor caseloads and because not all clients qualify for presumptive eligibility consideration.
- The SGA Project innovations might be well-suited for other types of clients. VR clients who have not yet applied for SSI or SSDI might benefit from a fast pace of services. SSI recipients might also benefit from the innovations. Presumptive eligibility is applicable to this group, and thus aggressive timelines for determining eligibility and developing IPEs might be more feasible for them than for other populations. Early financial and benefits counseling services would also be useful to SSI recipients.
- The financial counseling and education and the CTA strategies might be more difficult to implement than the other SGA Project innovations because of the investment needed to build the skills and capacity to deliver them.
- Technical assistance and monitoring are important to executing innovations in a way that maximizes their potential impacts. In the demonstration, the enhanced-service sites varied widely in the extent to which they delivered the innovations. More consistent implementation might have led to greater impacts.
- The random assignment design used in the demonstration is a feasible approach that other VR agencies could use to rigorously test the effectiveness of service delivery innovations.

BOX 1: DATA AND METHODS

We randomly assigned offices participating in the demonstration to provide either enhanced SGA Project services or the usual services. Each state enrolled nonblind applicants for VR services into the demonstration; these applicants were all receiving SSDI on the basis of their own earnings and were not receiving Supplemental Security Income. Kentucky enrolled applicants from May 1, 2015, through July 29, 2016, and Minnesota enrolled applicants from August 3, 2015, through August 3, 2016. The evaluation was based on: (1) VR administrative data on demonstration enrollees in both states through late April 2017; (2) data collected in spring 2016 and 2017 during two rounds of site visits featuring multiple interviews with OVR leaders and staff; and (3) interviews with ICI staff members who provided training and technical assistance to OVR throughout the demonstration.

We estimated the impacts of the SGA Project innovations by comparing the outcomes of SSDI-only clients who applied for services at offices that implemented the SGA Project innovations to those who applied for services at offices that did not. We examined the outcomes as of late April 2017, and measured the employment outcomes at the time clients' cases closed (that is, when they stopped receiving or attempting to receive services). Our methods account for differences in the characteristics of the clients at both types of offices as well as pre-demonstration differences in client outcomes by office.

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ENDNOTES

- ¹ The brief is based on findings presented in Kehn et al. (2016), Martin et al. (2017), and Sevak et al. (2017a, 2017b).
- ² Only one office in each state was excluded from the study because these offices served specialty client caseloads.
- ³ Kentucky's Employment First program requires state agencies to prioritize competitive employment in integrated settings as an outcome for people with disabilities.
- ⁴ The IPE is a written plan outlining the client's vocational goals and the services to be provided by the VR agency and its contractors.