

REPORT

Minnesota Substantial Gainful Activity (SGA) Project Demonstration: Final Evaluation Report

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ACRONYMS

| | |
|-------|---|
| AWIC | Area work incentives coordinator |
| BPQY | Benefits planning query |
| CRP | Community rehabilitation placement |
| CTA | Coordinated team approach |
| CWIC | Community work incentives coordinator |
| DB101 | Disability benefits 101 |
| ICI | Institute for Community Inclusion |
| ILC | Independent Living Center |
| IPE | Individualized plan for employment |
| IPS | Individual placement and support services |
| RAM | Regional area manager |
| RSA | Rehabilitation Services Administration |
| SGA | Substantial gainful activity |
| SSA | Social Security Administration |
| SSDI | Social Security Disability Insurance |
| SSI | Supplemental Security Income |
| TA | Technical assistance |
| VR | Vocational rehabilitation |
| VRS | Minnesota Department of Employment and Economic Development, Vocational Rehabilitation Services |
| WIC | Work incentives connection |
| WIOA | Workforce Innovation and Opportunity Act |

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EXECUTIVE SUMMARY

The Institute for Community Inclusion (ICI) at the University of Massachusetts–Boston and Mathematica Policy Research received a grant from the U.S. Department of Education, Rehabilitation Services Administration to develop a demonstration to improve the employment outcomes of nonblind state vocational rehabilitation (VR) clients receiving Social Security Disability Insurance (SSDI) but not Supplemental Security Income (SSI). The resulting demonstration, called the SGA Project demonstration, involved the implementation of innovations designed to help SSDI-only beneficiaries achieve sustained employment with earnings above the Social Security Administration’s (SSA) substantial gainful activity (SGA) level.¹ Two states—Kentucky and Minnesota—participated in the demonstration. In this report, we present findings on Minnesota’s experience in implementing the SGA Project innovations and client outcomes during the first two years of the demonstration.

What were the SGA Project innovations?

Minnesota Vocational Rehabilitation Services (VRS), in collaboration with ICI, developed a set of SGA Project innovations, which VRS staff implemented in eight randomly selected VR field offices. The innovations took the form of the following enhanced services:

- **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 to 90 days at the usual-service sites). Counselors also had to ensure that at least one of the three team members communicated weekly with each client.
- **Financial and benefits planning.** Each enhanced-service site was staffed 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 (CWIC); 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 benefits analyses provided by the Minnesota Work Incentives Connection, which often took weeks or months to obtain.
- **Job placement services.** Each enhanced-service site was staffed with a dedicated in-house job placement specialist 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 job placement specialists previously served as CRPs, who provide VR agency staff and clients with similar services, but only

¹ In 2017, SSA considers SGA for nonblind individuals to be monthly earnings in excess of \$1,170.

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. Staff at the usual-service sites also did not engage job placement CRPs until after their IPEs were finished, whereas the job placement specialists at the enhanced-service sites started working with clients within a week of their application.

- **Coordinated team approach (CTA).** The VR counselor, financial specialist, and job placement specialist were to collaborate and function as a team to give clients in-depth, personalized discussions, counseling, and services throughout the process, starting at its onset. The team members were to meet together with the client within seven days of application. Each team member subsequently worked with the client individually, however, team members were expected to maintain weekly communication with each other to share new information, discuss client progress, and develop and implement 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 rarely occurred before an IPE was developed.

We estimated the impacts of the SGA Project innovations by comparing selected outcomes of SSDI-only clients who applied for services at sites that implemented the SGA Project innovations (enhanced-service sites) to those who applied for services at offices that did not implement the innovations (usual-service sites). We examined outcomes as of April 2017 related to service delivery and employment. We 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 site.

To what extent were the innovations implemented as designed?

The enhanced-service sites successfully delivered the SGA Project innovations to many clients, but many staff encountered challenges that impeded implementation. Challenges included difficulty adopting the CTA because of communication and logistical barriers (particularly in rural areas), confusion regarding roles and responsibilities, and a lack of leadership confidence among some VR counselors. The requirement that the job placement specialist be involved early in the service delivery process was not universally accepted by VR counselors, particularly among those who worked in remote areas and who felt relatively knowledgeable about the local employment options. Most staff did not view increasing the pace of service delivery as a significant challenge, although large caseloads and logistical barriers were an occasional impediment. There were also data entry delays and errors at the enhanced-service sites.

These challenges might in part explain why the data suggest that some clients did not receive the enhanced services as intended. Among applicants at the enhanced-service sites,

- 37 percent received an eligibility determination within the project goal of 2 days of application;
- 44 percent of those who obtained an IPE did so within the project goal of 30 days of application;

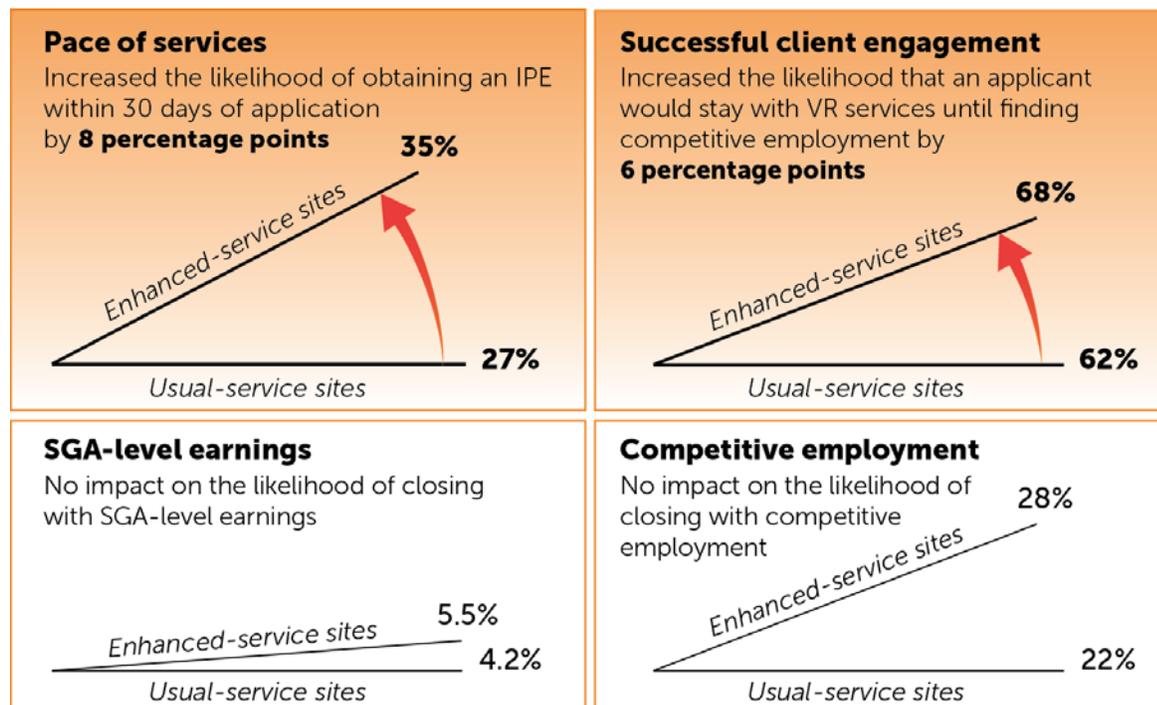
- 53 percent participated in an initial CTA meeting; however, just 26 percent of those clients had that meeting within the project goal of 7 days of application; and
- 48 percent received a financial plan.

Over time, VRS staff overcame many of the implementation challenges and came to embrace and value many of the innovation components. Active encouragement and support from local management and adoption of a dynamic view of the IPE helped improve staff's ability to meet pacing targets. Staff members believed that access to the financial planning and benefits information allowed clients to make more informed choices about employment. In addition, the information provided by the financial specialists helped VR counselors and job placement specialists tailor the services they provided clients. Staff members also generally felt that early involvement of job placement services allowed for a stronger relationship between enhanced-service group members and the placement specialist, earlier establishment of realistic job goals, and brainstorming support for VR counselors.

What were the impacts of the innovations on service delivery and employment outcomes?

We selected four primary outcomes to evaluate the success of the initiative on the pace of services, successful client engagement, competitive employment, and attainment of SGA-level earnings. As shown in Figure ES.1, the SGA Project innovations led to statistically significant increases in the likelihood of obtaining an IPE within 30 days and clients' staying with VR services until becoming employment. The innovations had no statistically significant impact on the likelihood of closing with competitive employment or SGA-level earnings.

Figure ES.1. Impacts of the SGA Project innovations, April 2017



Source: VRS case file data.

It is possible that the innovations were successful in increasing employment and earnings, but that not enough time has passed for the full impact to be measured with statistical precision. We estimated the impacts as of April 2017, just 8 to 20 months after clients in our sample applied for VR services; 41 percent of these clients' cases remained open at that time. Although not statistically significant by conventional standards, the 6 percentage-point difference in the competitive employment rate between the enhanced- and usual-services sites is substantial. Once all cases close, there may be measureable impacts on both employment and SGA-level earnings.

What was the impact of the innovations on non-SGA Project clients?

We would expect non-SGA Project clients at the enhanced- and usual-service sites to have similar outcomes, because both groups were expected to receive usual VR services. However, it is possible that implementation of the SGA Project innovations affected the way staff delivered VR services to non-SGA Project clients at the enhanced-service sites because (1) staff delivered SGA Project innovations to non-SGA Project clients ("spillover" of the innovations) and/or (2) staff diverted their attention or program resources away from non-SGA Project clients in favor of their SGA Project clients. Contamination might also have occurred, that is, the SGA Project innovations may have affected service delivery at the usual-service sites. Although we found qualitative evidence that both spillover and diversion occurred in some instances, the quantitative evidence indicates that there were no net impacts of the innovations on non-SGA Project clients. Although some staff at usual-service sites claimed to have adopted a faster pace of service and stronger teaming with CRPs, it is unclear whether this was because of contamination of usual services with the SGA Project innovations, or whether it was a consequence of VRS policies that were initiated prior to the SGA Project demonstration.

What lessons did VRS staff learn from the SGA Project, and will any of the innovations remain after the conclusion of the demonstration?

Implementation of and exposure to the SGA Project innovations had several effects on the way VRS services were broadly delivered during the demonstration, including expanded support for a dynamic view of the IPE, broader recognition of the value of having office-based job placement staff, and improved knowledge among VR counselors regarding SSA and other benefits.

Although VRS staff valued all of the SGA Project innovation components, leaders invested in sustaining the financial and benefits planning services provided by the financial specialists. The agency contracted with Independent Living Centers to provide these services beyond the demonstration period and used some grant resources to develop a comprehensive training curriculum to improve understanding of benefits information for a range of community and agency stakeholders.

Implementation considerations for other VR agencies

The evaluation findings and experiences in Minnesota suggest a number of implications for other VR agencies whose leaders might be interested in adopting 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 certain non-SSDI-only 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.

Study limitations and potential extensions

There are limitations to this study that readers should keep in mind when interpreting the findings and considering their applicability to other agencies' service delivery practices. First, a large share of demonstration cases were still open at the time we conducted the evaluation, and that might suggest that our estimates as of April 2017 do not accurately reflect the impacts on the employment outcomes. Second, the evaluation was not designed to assess the impacts of each innovation on its own and so the contribution of each of the innovations to the outcomes observed is unknown. And third, VR case closure data do not cover all of the relevant outcomes. The limitations of the current study, along with the promising findings in Minnesota, suggest that undertaking a future assessment of the impacts of the SGA Project innovations on long-term employment, SSA disability benefit receipt, and SSA payments to VRS might be valuable.

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I. INTRODUCTION

State vocational rehabilitation (VR) agencies are the primary source of employment-related services for individuals with significant disabilities. In 2013, 1.37 million individuals with disabilities sought or received services from VR agencies (U.S. Department of Education 2016). VR agency clients include a large number of individuals with disabilities receiving Social Security Administration (SSA) disability benefits; in June 2017, VR agencies were serving nearly 300,000 SSA beneficiaries (SSA 2017).

In recent years, the Government Accountability Office (GAO) has criticized the federal-state VR program for its failure to help SSA disability beneficiaries obtain jobs with substantial earnings. GAO found that although SSA beneficiaries who received VR services increased their earnings, only a small share of them had earnings that were high enough for them to leave the SSA disability rolls (GAO 2007a). Another GAO study noted that employment outcomes among SSA beneficiaries receiving VR services varied substantially by state and that a few agency practices appeared to result in better employment outcomes among SSA beneficiary clients (GAO 2007b). This report recommended that the secretary of education identify and promote promising VR agency practices that improve the employment of SSA disability beneficiaries.

In response to the GAO recommendation, the U.S. Department of Education, Rehabilitation Services Administration (RSA) funded an initiative called the Model Demonstration to Improve Outcomes for Individuals Receiving Social Security Disability Insurance (SSDI) Served by State VR Agencies. The demonstration designed and implemented under this initiative was subsequently named the Substantial Gainful Activity (SGA) Project. The SGA Project innovations were designed to improve the employment outcomes of nonblind VR clients receiving SSDI benefits but not also receiving Supplemental Security Income (SSI) benefits (that is, SSDI-only clients).

In 2015, the Minnesota Department of Employment and Economic Development, Vocational Rehabilitation Services (VRS) was one of two state VR agencies that implemented the SGA Project demonstration. This report presents findings on the experiences of VRS in implementing the SGA Project innovations and information about the impacts of the innovations on VR services and the employment outcomes of demonstration participants.² The findings represent implementation experiences and client outcomes over the period from August 2015, when SGA Project innovations were first implemented, through late-April 2017.

In this introductory chapter, we provide an overview of the SGA Project demonstration, including a discussion of the rationale for its focus on SGA and nonblind SSDI-only beneficiaries and the innovations that were designed and tested. We also highlight the key study questions and the methods we used to address them. The final section of this chapter describes the contents of the remainder of the report.

² In a companion report, we present findings on the experiences and impacts in Kentucky, the other state participating in the SGA Project demonstration.

A. Overview of the SGA Project demonstration

The Institute for Community Inclusion (ICI) at the University of Massachusetts-Boston and Mathematica Policy Research received the grant to develop and test service innovations designed to improve the employment outcomes of SSDI-only beneficiaries receiving services from state VR agencies. RSA established several key parameters for the project:

- It should develop service delivery innovations that will lead to sustained earnings above the SSA-defined SGA level for nonblind SSDI-only beneficiaries served by VR agencies.
- The innovations should be based on strategies either currently used in high-performing agencies or proposed by leading practitioners.
- If not already in place, the innovations must be within the control and scope of VR agency services and operations.
- The innovations must be transferrable to state VR agencies not participating in the demonstration.

The state VR agencies in Kentucky and Minnesota agreed to participate in a demonstration to assess the effectiveness of the innovations that were ultimately developed.

In the remainder of this section, we discuss SSDI eligibility criteria and the nature of VR services, outline the rationale for focusing on SGA and the nonblind SSDI-only population of VR clients, and describe the SGA Project innovations and conceptual framework.

1. SSDI eligibility and VR services

SSDI is an earnings replacement program for workers who become unable to support themselves through work because of a physical or mental impairment. SSDI cash benefits are available—after a five-month waiting period—to people with established work histories who have a medically verified work disability expected to last at least one year or to result in death. To determine SSDI eligibility, SSA assesses whether a person (1) is unable to earn at the SGA level because of a medical condition for at least 12 months or until death³ and (2) either meets the earnings history requirement for SSDI eligibility or is entitled to Social Security as a dependent of another beneficiary. Disabled adult children and disabled widow(er)s can be eligible on the basis of a parent’s or spouse’s work history, respectively. SSDI benefits are calculated based on past earnings; individuals with higher lifetime earnings are eligible for higher SSDI benefits. SSDI beneficiaries may also qualify for SSI if their incomes (including SSDI benefits) and resources are low enough to meet the SSI income eligibility criteria.

SSDI beneficiaries are presumptively eligible for VR services. The Rehabilitation Act reauthorization amendments of 1998 stipulate that an individual with a disability receiving SSDI or SSI benefits is presumed to be eligible for VR services if the individual intends to achieve an employment outcome (O’Shaughnessy 2002). VR agencies help individuals return to work or

³ During the demonstration period, SSA defined the monthly SGA amount for nonblind individuals as \$1,090 (2015), \$1,130 (2016), and \$1,170 (2017).

gain new employment and many SSA beneficiaries have acknowledged the role of VR in their efforts to return to work (GAO 2007a). VR agencies may offer information, rehabilitation counseling, services and supports, assistive technology, job accommodations, mental or physical restoration, prosthetic or orthotic devices, job search/placement assistance, transportation, and personal assistance. Vocational rehabilitation counselors (VRC) also coordinate training-related services, such as vocational assessment, and postsecondary education ranging from trade school to graduate-level coursework.

2. Why focus on SGA?

We named this study the SGA Project because of the focus on SGA-level earnings and in recognition of SGA's significance for SSDI beneficiaries as a milestone on the path to financial independence.

SGA-level earnings is an important criterion for SSDI eligibility. SGA, which is adjusted annually for inflation, is used by SSA in initial and ongoing SSDI benefit-eligibility determinations. In 2017, SGA is defined as unsubsidized monthly earnings of \$1,170 or higher for nonblind beneficiaries. SSDI beneficiaries earning above the SGA level for sustained periods are subject to having their SSDI cash benefits suspended and eventually terminated. SSDI beneficiaries are permitted a nine-month trial work period during which they can earn any amount and not jeopardize their benefits. After completion of the trial work period and a three-month grace period, SSDI cash benefits are suspended if the individual continues to work and earn above SGA.⁴ Thus, SGA is an important earnings milestone for both SSA and beneficiaries, because sustained earnings above that level will eventually trigger complete loss of SSDI cash benefits.

SGA-level earnings represents a noteworthy achievement from various perspectives:

- From the beneficiary's perspective, working above SGA can represent a risky endeavor as well as an important milestone on the path to higher income and financial independence.
- From the government's perspective, finding ways to encourage and support beneficiaries to work above SGA can lead to reduced government expenditures and increased tax receipts.
- From society's perspective, increasing the earnings of SSDI beneficiaries increases productivity and can lead to greater financial well-being for individuals with disabilities, though at the cost of providing additional services and expanding agency infrastructure.

Attainment of SGA-level earnings is also an important milestone from the perspective of state VR agencies and other employment service providers. Under SSA's traditional reimbursement system for VR agency services, VR agencies are eligible for SSA payments only

⁴ The period during which SSDI benefits are suspended due to earnings above SGA is called the extended period of eligibility. During the extended period of eligibility, SSDI beneficiaries can earn any amount during a consecutive 36-month period without jeopardizing eligibility for benefits. During this period, beneficiaries can receive SSDI benefits in any month in which their earnings are below the SGA level. Benefits are terminated if earnings exceed the SGA level after the 36th month once all grace period months have been used; otherwise benefits continue until terminated for some other reason.

after their SSDI beneficiary clients have become employed and achieved nine months of earnings above the SGA level. SGA is also of importance to providers (including state VR agencies) operating as employment networks under SSA's Ticket to Work program, as certain payments are tied to SGA-level earnings or the loss of SSDI benefits that occurs after sustained engagement in SGA.

It is important to note that although the focus of the SGA Project is on delivering and testing VR service innovations intended to promote SGA-level earnings, the ultimate goal is to find better strategies to help SSDI beneficiaries improve their quality of life and maximize their economic independence. Because of the attendant loss of benefits, attainment of earnings at the SGA level alone is unlikely to lead to significant gains in economic well-being and quality of life for most SSDI beneficiaries. Individuals must earn at much higher levels to improve their economic well-being and become truly self-sufficient. The focus of the project on SGA does not imply that the goal is for SSDI-only clients to earn only at the SGA amount; rather, it is to find ways to support the ability of SSDI beneficiaries to engage in substantial gainful activity in the broader sense of the term.

3. Why focus on SSDI-only clients?

The project's focus on SSDI-only beneficiaries is warranted for two primary reasons: (1) the SSDI has experienced rapid program growth in recent years and (2) disabled worker SSDI-only beneficiaries have significant work histories that might be leveraged for return-to-work efforts.

SSDI program growth. The recent growth in the number of individuals receiving SSDI is substantial. In 2000, about 8.6 million individuals ages 18 to 64 received SSDI and/or SSI benefits. By 2014, that number had reached nearly 13 million (SSA 2015). Some of the growth can be attributed to the 2007–2009 economic recession, but it is also due to a variety of other reasons, including the aging of the baby boom generation and increased labor force participation by women (Ruffing 2014). Once individuals enter the SSDI program, the likelihood is low that they will ever leave because of work and earnings (Liu and Stapleton 2011). Even though relatively few individuals leave cash benefits for a job, many have employment goals and engage in employment or job search and preparation activities. Beneficiary surveys indicate that about 40 percent of SSDI-only beneficiaries are interested in returning to work; among those interested in work, about half were engaged in work preparation activities or had been recently employed (Livermore 2011). Finding ways to better support beneficiary return-to-work efforts and increase SGA-level employment can help SSDI-only VR clients become more independent and successful economically and can also contribute to slowing the rapid growth in the SSDI program.

Significant work histories. The SSDI-only status of disabled workers receiving SSDI suggests that most have a significant work history. Through prior work efforts, they have presumably amassed skills, knowledge, and experiences that are valued by employers. Although impairments and disabling health conditions might affect their current capabilities and productivity, these individuals possess skills and work experience that might be quickly leveraged to support significant levels of employment if other employment barriers related to their health conditions can be addressed.

Another reason why VR agencies might focus on SSA beneficiaries in general is that their revenues can be enhanced if their SSDI and SSI clients more frequently achieve and sustain SGA-level employment. As noted previously, SSA makes payments to VR agencies for SSDI and SSI clients who achieve SGA-level employment for a sustained period. These payments reimburse VR agencies for the costs of providing services to this population.

The demonstration did not target blind SSDI-only beneficiaries. The primary reason for their exclusion is that blind individuals are subject to a different set of SSA work incentive provisions and ongoing eligibility criteria related to SGA.⁵

4. Identifying the innovations to be tested

To identify promising practices that could be implemented by state VR agencies for purposes of this study, ICI and Mathematica did the following:

- Consulted with experts, including several VR agency directors, to obtain their input on factors likely to affect the employment outcomes of SSDI-only VR clients
- Analyzed VR agency data to determine how states historically have ranked in terms of placing their SSDI-only clients in SGA-level employment, accounting for such factors as client characteristics and the state economy
- Compared states that had above-average outcomes to those with below-average outcomes to attempt to identify service patterns that might contribute to better employment outcomes
- Conducted case studies (site visits and staff interviews) of eight state VR agencies identified as having above-average outcomes based on the RSA-911 analysis or as having special initiatives that might be relevant to the SGA Project demonstration

Based on the findings of these activities, ICI developed a rapid-engagement, coordinated team approach comprising four innovations intended to address specific employment and service-delivery barriers. In general, the four innovations were intended to address significant employment barriers faced by SSDI-only beneficiaries, as well as limitations in current VR service-delivery practices. The innovations tested in the SGA Project demonstration included the following:

- **Faster pacing of services and more frequent communication with clients to improve client engagement and motivation.** In many VR agencies, clients may wait months before an individualized plan for employment (IPE) is developed and services begin.⁶ Reducing clients' wait for services is believed to improve engagement with VR services, strengthen client motivation, and reduce the likelihood that clients drop out before attaining employment. A faster pace draws employment outcomes into focus more quickly for both

⁵ The SGA amount for blind individuals is substantially higher than for nonblind individuals. In 2017, the monthly SGA amount for blind individuals is \$1,950.

⁶ IPEs specify the client's employment goals and the types of services that a VR agency will provide to help achieve them.

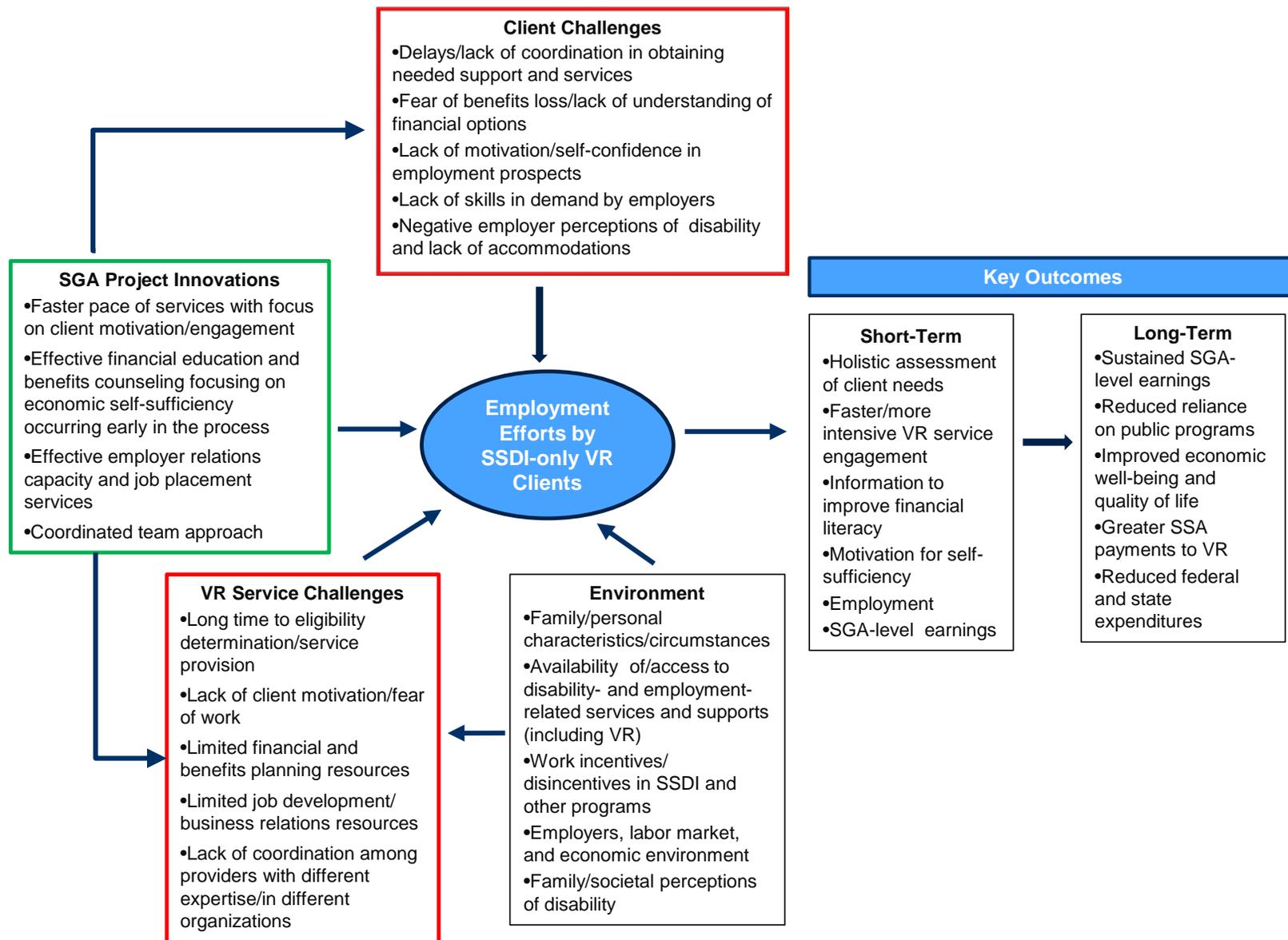
staff and clients, and this momentum emphasizes VR counselors' commitment to the success of their clients.

- **Effective financial education and benefits counseling services to inform staff and clients and improve household economic self-sufficiency.** These services are not always available to VR clients or are provided well after key decisions about services or employment are made. An earlier and more complete understanding of financial and employment issues can help clients and their service providers establish a clearer path toward becoming self-supporting through work. Based on a detailed understanding of the clients' circumstances, service providers can also help clients maximize their overall financial well-being as their earnings increase.
- **Effective job development, placement services, and employer relations to increase the likelihood of employment.** Although most VR agencies have staff who are very skilled and experienced at providing client-centered services, some staff have less experience reaching out to the employer community and devising job development efforts that are sensitive to employer needs. Job development and placement services that focus on employer needs and client interests are vital. They require intensive and consistent client-centered services that focus on employment and high quality outcomes from the start, combined with a demand-side focus to better engage employers and provide them with high quality job candidates who will meet their needs.
- **A coordinated team approach to more effectively plan and deliver services.** Typically, the VR counselor develops the IPE and then refers the client to the planned services, which may include benefits planning and job development. The staff providing these services do not interact with one another and the VR counselor does not benefit from their input in developing the IPE. Services that are coordinated by a team composed of a VR counselor, a financial planning specialist, and a job placement specialist provide a comprehensive, holistic approach to the client's services by bringing together a broad set of expertise from team members, rather than only relying on the judgment and expertise of the VR counselor. Coordinated interventions relating to financial planning, employment assistance, and clinical rehabilitation can address many important employment barriers and improve the likelihood of clients' success.

We hypothesized that implementation of these innovations would lead to improvements in a variety of employment-related outcomes for SSDI-only VR clients. In Figure I.1, we provide a conceptual framework of the SGA Project innovations, the barriers they are intended to address, and the short- and long-term outcomes they are hypothesized to affect. These outcomes encompass both service-delivery outcomes (for example, a holistic assessment of client needs and faster, more intense engagement in VR services) and client outcomes (such as motivation, employment, and earnings).

In consultation with ICI and based on these general goals, the two states participating in the SGA Project demonstration customized the specific innovations to be implemented in their respective states. Each adapted their practices to implement the SGA Project innovations within the constraints of their existing structures and local environments and in ways they believed would best serve their clients.

Figure I.1. SGA Project conceptual framework



B. Study questions and methods

The SGA Project evaluation addressed two types of questions: those related to how the demonstration was implemented and others related to the impact of the innovations on VR services and employment-related outcomes. The broad study questions included the following:

1. How did the SGA Project innovations differ from usual practices?
2. To what extent did the VR agency implement the SGA Project innovations according to their design?
3. What was the impact of SGA Project innovations on VR service delivery and the employment-related outcomes of clients?
4. What was the impact of SGA project innovations on non-SSDI-only clients?
- What aspects of the SGA Project innovations will be sustained after the demonstration ends?

We addressed the above questions using information collected from site visits and interviews conducted with VRS administrators and staff involved in the demonstration, as well as VR case file data provided by VRS. Here, we briefly describe the study methods. Appendix A provides further detail about the evaluation's analytic approach.

To understand how the innovations were implemented, we reviewed project documents, observed selected training and technical assistance events conducted by ICI, and conducted two rounds of site visits and multiple interviews with VRS leadership and staff during the SGA demonstration. In 2016 and 2017, we visited 9 VR offices across Minnesota, including 6 of the 8 offices that implemented the SGA Project innovations ("enhanced-service sites"), and 3 of the 8 offices serving as control sites ("usual-service sites").

To rigorously assess the impact of the innovations on key outcomes, the demonstration used a clustered random assignment design. Under this design, we randomly selected VRS offices to provide either SGA Project enhanced or usual services. All VRS offices in the state participated in the study. Random assignment creates groups of service sites that should be similar except for differences arising from random chance or the SGA Project innovations. We randomized offices, rather than individual counselors or clients, to minimize the burden of implementing the demonstration (for example, the effort associated with training staff, administering technical assistance, and addressing implementation issues). It also minimized the potential for contamination: enhanced- and usual-service staff and clients would be more clearly separated than if both groups were assigned to the same sites. To divide the offices into groups with similar profiles, we conducted random assignment within pairs of offices matched on geographic region, urban versus rural location, and SSDI-only client employment outcomes before the demonstration began.

We calculated the impacts of the SGA Project innovations by comparing the outcomes across the matched pairs of offices; that is, we compared the outcomes of clients receiving services at offices that implemented the SGA Project innovations to those receiving services at offices that did not. Our methods control for differences in the characteristics of the clients receiving services at both types of offices as well as pre-demonstration client outcomes in each district.

To judge the effectiveness of the SGA Project innovations relative to usual services, we selected four outcomes,⁷ one in each of four important domains that we hypothesized the innovations would affect:

- **Pace of services.** The share of applicants who obtained a signed IPE within 30 days of application
- **Successful client engagement.** The share of applicants who did not drop out of services before obtaining competitive employment
- **Competitive employment.** The share of applicants whose cases closed with competitive employment
- **SGA-level earnings.** The share of applicants whose cases closed with earnings above the SGA level

In the chapters that describe the impacts of the SGA Project innovations on these outcomes, we discuss the rationale for their selection as the primary outcomes with which to measure the success of the innovations. Appendix C contains statistics on other selected outcomes; however, we only discuss these secondary outcomes to the extent that they help support or explain the findings with respect to the four primary outcomes listed above.

Finally, because it is possible that implementation of the SGA Project innovations affected the services and outcomes of non-SGA Project clients receiving VR services at the enhanced-service site during the demonstration period, we conducted an analysis of the impacts of the innovations on this population in the same manner as described above for the demonstration participants. We also qualitatively assessed the likelihood of contamination at the usual-service sites.

Readers should note an important caveat when interpreting the findings in this report. At the time the study was conducted, 41 percent of demonstration cases were still open; that is, the clients were still receiving VR services. Thus, the case closure and employment outcomes we report represent only a fraction of the clients who participated in the demonstration. As more cases close, the estimates of the impacts of the SGA Project innovations on the primary outcomes could change. In particular, the employment impacts we estimated might be biased upwards because the enhanced-service clients received services more quickly. In the chapters that describe the impact findings, we provide a discussion of the potential effect additional case closures might have on the estimated impacts presented in this report.

C. Report contents

This report is the final evaluation report for the Minnesota SGA Project demonstration. The information presented here differs from that presented in the interim evaluation report (Kehn et

⁷ The preselection of a single measure to reflect the success of an intervention within a particular study domain is a common practice in program evaluations as a means to focus the impact evaluation on the outcomes that provide the most robust evidence about program effectiveness and minimize the chance of concluding that the innovations had an effect when in fact they did not.

al. 2016) in that it includes updated information on the implementation of the SGA Project in Minnesota and presents estimates of the impacts of the SGA Project innovations based on the full sample of demonstration participants through late-April 2017. It also includes several new analyses that were not presented in the interim report.

The remainder of this report is organized as follows.

- In Chapter II, we provide background on the VRS organizational structure, describe the SGA Project innovations and demonstration sites, and summarize the demographic characteristics of demonstration participants.
- In Chapter III, we describe the extent to which VRS implemented the SGA Project innovations as planned, and staff experiences implementing the innovations.
- In Chapter IV, we describe the impacts of the SGA Project innovations on service-related outcomes.
- In Chapter V, we report on the impacts on participants' employment outcomes.
- In Chapter VI, we describe the impact of the SGA Project innovations on non-SGA Project participants who were also receiving services from VRS during the demonstration period.
- In Chapter VII, we discuss how the SGA Project affected VRS' system and practices, as well as VRS plans to sustain features of the SGA Project innovations after the demonstration ends.
- In Chapter VIII, we discuss implications for other VR agencies that might be interested in implementing similar innovations and note limitations and potential extensions of the study.

Three appendices provide details about the evaluation methods (Appendix A), the technical assistance and training ICI provided to the enhanced-service sites (Appendix B), and additional statistics on study outcomes (Appendix C).

II. WHAT WAS THE MINNESOTA SGA PROJECT DEMONSTRATION?

Each of the two states participating in the SGA Project demonstration implemented the core innovations in its own manner. In this chapter, we briefly describe the service-delivery context in Minnesota, including the VRS agency structure and service-delivery environment. We then describe specifically how VRS implemented the SGA Project innovations, and how they differed from usual VR services. We also identify the areas where the SGA Project innovations were implemented and the demographic characteristics of VR clients who were enrolled in the SGA Project innovations.

Key findings. Minnesota’s VRS is a general VR agency whose leaders viewed the SGA Project demonstration as an opportunity to build on their progress to improve the effectiveness and efficiency of VR service delivery. Before the SGA Project, the Minnesota VR agency adopted a number of initiatives that embodied the underlying concepts of the SGA Project demonstration, including efforts to promote an increased pace of VR service delivery and teaming between VR counselors and placement staff. The agency also sought ways to improve access to financial and benefits planning services.

To implement the demonstration, Mathematica randomly selected 8 of 16 VRS field offices to provide the SGA Project enhanced services. The remaining field offices in the state provided usual VR services. Clients in enhanced-service sites received services from a three-member team that included a VR counselor and two SGA Project-specific staff: a financial specialist who provided financial and benefits counseling and a job placement specialist who provided employment services at a rapid pace. The randomization process resulted in broadly comparable groups of clients in enhanced- and usual-service sites.

A. VR agency description and service-delivery environment

In Minnesota, the state Department of Employment and Economic Development funds and oversees VR services provided through VRS. Among the 7,439 program-eligible VR applicants served in fiscal year 2014, more than half (61.4 percent) received services and exited with employment—that is, they maintained employment for the 90-day period before case closure. Minnesota’s average cost of purchased services per program exit with employment was \$4,243, which was slightly below the national agency average of \$4,838.⁸

Office structure and leadership. VRS provides its services through 17 field offices across the state. The state VR leadership team includes Minnesota’s director of vocational rehabilitation, the director of strategic initiatives and partnerships, the field services director, and regional managers. The state is divided into three VR regions—the metro region (Minneapolis and St. Paul), the northern region, and the southern region—each overseen by a regional manager. Some field offices, particularly those covering large and mostly rural counties, have satellite locations.

⁸ Rehabilitation Services Administration. “FY 2014 State Vocational Rehabilitation Performance,” 2016b. Available at <http://www2.ed.gov/programs/rsabvrs/resources/fy2014-state-voc-rehab-performance.pdf>. Accessed August 25, 2016.

Within each office, a regional area manager (RAM) manages VR counselors and administrative staff. The RAMs are responsible for helping staff implement new directives, providing guidance and support, fostering a culture of innovation, and elevating important issues to the attention of agency leadership.

Community rehabilitation providers. In addition to direct service provision, VR field offices contract with local community rehabilitation providers (CRPs) to provide job placement and employment support services to VRS clients. Depending on location, field office staff may have access to several CRPs, which include contracted companies, nonprofit organizations, agencies, or individuals. CRP involvement occurs at the discretion of the VR counselor, who helps the client select a CRP that meets his or her needs. Some VR field offices contract with a CRP to have staff based within the VR office.

Innovative culture. According to members of the VRS leadership team, the Minnesota VR system, as with much of the state's government, operates within a culture that values innovation. Agency leaders have widespread willingness to experiment with new ways of delivering services. VRS leadership considered the number of clients dropping out of VR services without employment to be unacceptably high, so they explored new service-delivery innovations such as those included in the SGA Project model.

The perception that SGA Project model components could be easily implemented in Minnesota also heavily influenced the VR agency's decision to participate in the SGA Project demonstration. The leadership team believed that the individual SGA Project innovations were already being adopted to some degree through other state-supported initiatives. They, therefore, saw the SGA Project as an opportunity to further ongoing efforts to reform the Minnesota VR system, as well as an investment in developing long-term system capacity. The related ongoing initiatives, summarized below, provide an important context for understanding the state's experience with the SGA Project demonstration and how its innovations could have improved the existing service environment.

1. Previous VRS efforts to increase the pace of services and promote teaming

Participation in the SGA Project demonstration was motivated, in part, by the VRS's interest in furthering their work on the pace of service delivery, rapid client engagement, and stronger teaming between VR counselors and contracted CRPs.

Individual Placement and Support Services (IPS) for clients with mental health conditions. Availability of and experience with the IPS model was a significant factor in the VR agency's decision to participate in the SGA Project demonstration. IPS is an evidence-based practice that promotes the recovery of people with serious mental illness through employment and other support services. IPS involves a collaborative team for each client composed of a mental health services provider, a job placement specialist, and a VR counselor. Adults receiving mental health treatment services through an approved provider are able to work with this collaborative IPS team to rapidly access employment services. IPS is delivered at a faster pace than both typical VR services and the schedule used in the SGA Project demonstration. For example, under IPS, the timeline for developing the individualized plan for employment (IPE) is within 7 days of the referral, compared with 90 days for usual services and 30 days under the SGA Project.

IPS services first became available in Minnesota in 2006 through a grant from the Johnson & Johnson Dartmouth Psychiatric Research Center, which funded IPS programs in 6 of Minnesota's 87 counties. In 2013, the state approved legislation to support IPS expansion in 18 additional counties. Although IPS was not available statewide during the SGA Project demonstration, nearly every local VR field office served at least one county with an IPS program. As a result, each VR office had at least one VR counselor dedicated to serving IPS clients, so staff had experience with (or were at least exposed to) the IPS concepts of teaming and faster pacing before SGA Project implementation.

Next Generation Placement Methodology. In summer 2015, VRS implemented the Next Generation Placement Methodology, an initiative to promote teaming between VR counselors and CRP contractors to improve client outcomes. Although the initiative did not alter the model for VR service delivery, it required 60-day check-ins between VR counselors and contracted CRP staff for each client served. Before this initiative, the level and frequency of communication between VR counselors and CRPs was not regulated and varied by office and staff.

Motivational interviewing. VRS offered motivational interview training to all VR counselors beginning in 2010. Motivational interviewing is a goal-oriented, client-centered counseling technique for changing behavior by helping clients explore and resolve ambivalence. Although VR staff were not required to receive the training, state leaders strongly encouraged them to seek motivational interviewing certification.

Workforce Innovation and Opportunity Act (WIOA). WIOA, signed into law on July 22, 2014, was designed to strengthen and improve the public workforce system and help individuals with significant barriers to employment obtain high quality jobs. VRS implemented some WIOA requirements before the SGA Project demonstration began, including the requirement that IPEs be developed within 90 days of application. In addition to timing, WIOA inspired a paradigm shift among VR staff regarding their view of the IPE. Historically, they viewed the IPE as a binding agreement—a document executed only after completing a comprehensive assessment, developing clearly defined vocational goals, and understanding all services needed and their employment implications. VRS's interpretation of WIOA prompted staff to view the IPE as a living document, one that evolved and could be modified as circumstances changed and new information was obtained.

2. Previous VRS efforts to improve knowledge around financial and benefits planning

Participation in the SGA Project was also motivated by the VR agency's ambition to expand counselor and client access to financial and benefits planning information. Minnesota used its SSA Work Incentives Planning and Assistance (WIPA) grant to establish the Work Incentives Connection (WIC).⁹ Goodwill-Easter Seals, which operated as the state WIPA, employed community work incentive coordinators (CWICs) to provide clients with in-depth counseling about SSA benefits through a personalized full benefits summary and analysis. Information

⁹ The Ticket to Work and Work Incentives Improvement Act of 1999 authorized SSA to award state grants to provide community-based work incentives expertise to Social Security beneficiaries. The goal of the grant program, called the Work Incentives Planning and Assistance program, is to enable beneficiaries with disabilities to make informed choices about work and to support working beneficiaries to make a successful transition to self-sufficiency.

provided by CWICs can be critical to helping clients and their VR counselor determine appropriate employment goals and make informed decisions. The WIC, however, had limited staff to provide CWIC services; as a result, it could take weeks or months for a CWIC to deliver a benefits summary and analysis. This delayed receipt was perceived as detrimental to some clients' abilities to make informed choices regarding employment options.

In 2002, to help improve accessibility of financial planning and benefit information, VRS invested in the development of Disability Benefits 101 (DB101), a web-based resource to help people with disabilities learn how increased earnings can affect their benefits.¹⁰ DB101 provided information about federal and state benefit programs and rules around work, and included an estimator with individualized results. The tool allowed users to connect to a live representative at the Disability Linkage Line, a contractor that provided free information and referral services. Though staff viewed DB101 as a valuable resource to both clients and VR counselors, the tool did not provide client-specific financial and benefit information needed for individuals with more complicated benefits issues.

B. SGA Project innovations compared with usual services in Minnesota

The SGA Project innovations implemented in Minnesota reflect the four core domains described in Chapter I: service pacing and client engagement, financial and benefits planning, job placement, and a coordinated team approach (CTA). To support the SGA Project implementation, ICI and local organizations contracted by VRS provided training and technical assistance to staff at the enhanced-service sites; the RAM in each enhanced-service site was responsible for ensuring implementation of the innovation components. Appendix B provides a brief description of the technical assistance activities; more-detailed information about the training and technical assistance activities is available in Kehn et al. (2016).

The SGA Project enhanced services primarily focused on the early stages of the VR process, and differed from usual VR services in several important ways. Table II.1 summarizes those differences; we describe them further below.

¹⁰ The Minnesota Department of Human Services and Department of Employment and Economic Development, through their Pathways to Employment partnership, contracted with the World Institute on Disability to develop DB101 Minnesota, which is available at <https://mn.db101.org/>.

Table II.1. SGA Project innovations compared with usual services

| Enhanced services | Expectation | Usual-service practice |
|--|---|--|
| Pace of services | | |
| Presumptive eligibility | Made by VR counselor within 2 days of application and intake | Maximum of 10 days from date of application for eligibility determination |
| IPE development | Within 30 days of application | Maximum of 90 days from date of eligibility determination |
| Financial and benefits planning (provided by financial specialist) | | |
| Financial planning orientation | Provided orientation to financial planning and SSA work incentives within one week of eligibility | NA |
| Disability Benefits 101 | Completed preliminary financial inventory within 2 weeks of application | Performed by VR counselor (when needed) |
| Benefits planning query | Requested within 3 weeks of application | NA |
| Financial plan | Coordinated development of economic self-sufficiency plan to be included in IPE | NA |
| Benefits analysis | Provided full benefits analysis within 8 weeks of application (when needed) | Requested through WIC (when needed) |
| Follow-up | Met with client at key employment milestones or as needed | NA |
| Job placement services (provided by job placement specialist and CRP) | | |
| Job development/ placement plan | Coordinated job development and placement plan to be integrated into IPE | CRP coordinated job development and placement plan following IPE and at counselor's discretion |
| Employment interviews | Scheduled job interviews for client following IPE | CRP scheduled job interviews for client at counselor's discretion; |
| Follow-along services | Conducted regular follow-ups during first employment month | Conducted regular follow-ups during first employment month |
| Coordinated team approach | | |
| First CTA meeting | Conducted within 7 days of application | NA |
| Engagement | VR counselor ensured that at least one member of team made weekly contact with client | NA |

NA = Not applicable

Pace of services and rapid engagement. The SGA Project model expected VR counselors at the enhanced-service sites to coordinate and deliver services to clients at an increased pace relative to usual-service sites. VR counselors were central to the SGA Project VR process. Upon submitting an application for service, clients were assigned to a VR counselor who was responsible for conducting a needs assessment, navigating the client through the VR process, helping identify work-related goals, and coordinating receipt of needed services. A counselor's first step was to determine a client's eligibility for service. Counselors in the enhanced-service sites were to determine presumptive eligibility within two days of application using information provided by the client. To enable this, staff these sites had direct access to the state's SSA Area Work Incentives Coordinator (AWIC), who verified SSDI benefit information and provided the

benefits planning query (BPQY) within days of the request.^{11,12} In contrast, staff at usual-service sites had up to 10 days to determine eligibility and it often took weeks to receive the BPQY because of SSA backlogs.

Under the enhanced-service model, VR counselors took the lead in ensuring rapid engagement with clients and coordinating with the financial and job placement specialists to meet the SGA Project pacing benchmarks. In particular, counselors coordinated IPE development within 30 days of a client's application. The only comparable benchmark targeted by usual-service staff was developing an IPE within 90 days of eligibility determination.

None of the enhanced-service sites had VR counselors dedicated to serving only SGA Project clients. Instead, VR counselors maintained caseloads of both SGA Project and non-SGA Project clients (that is, VR clients who did not meet the criteria for SGA Project participation). VR counselors were assigned SGA Project clients based on staff availability and client location; at the time of our first round of interviews, SGA Project caseloads varied among counselors from 2 to over 20. VRS reported that the overall active caseload for VR counselors averaged 66 cases, ranging from a few cases to over 120.

Financial and benefits planning. VRS deployed a financial specialist to each of the enhanced-service sites to work with SGA Project clients and help them understand how employment would affect their SSDI and other benefits. Financial specialists were expected to meet regularly with clients and provide a range of services, including an orientation to financial planning and SSA work incentives, a full benefits inventory and assessment, a review of the client's BPQY, and an economic self-sufficiency plan that was included in the IPE. The financial specialists who had CWIC certification were able to perform a full benefits summary and analysis when needed. The financial specialists without such certification worked with a designated representative at the Disability Linkage Line, which maintained direct access to the state VR data systems and was able to help financial specialists perform a full benefits summary and analysis. Unlike VR counselors, financial specialists worked only with SGA Project clients.

In contrast, the usual-service sites did not have a designated staff member to provide these services. Instead, VR counselors encouraged clients to use DB101 for any benefits-related questions and referred them to a CWIC for a full benefits analysis. VR counselors at the usual-service sites felt frustrated by the length of time it took for clients to receive the financial and benefits planning information. Many clients were unwilling to pursue employment options until reviewing their benefits analysis; staff at usual-service sites noted that delays in receiving this information from the CWIC often prevented them from taking advantage of client momentum. Further, VR counselors and clients often had to reassess employment goals once they received the full benefits analysis results, causing inefficiencies and delays in the process. Although CWIC representatives were available by phone to address client questions about benefits, VR counselors

¹¹ The AWIC is a position established by SSA to improve service to SSDI beneficiaries and SSI disability recipients who wish to work. The AWICs manage and coordinate work incentives, public outreach, and service programs at a regional level.

¹² The BPQY is a personalized report produced by SSA to inform SSDI beneficiaries and SSI recipients about their disability benefits and the use of the work incentives.

in usual-service sites, who were often the client's preferred points of contact, often felt ill-prepared to address these questions.

Job placement services. The enhanced-service sites each had a dedicated in-house job placement specialist to engage SGA Project clients on employment goals and potential employment opportunities. The placement specialists worked closely with SGA Project clients and other team members to develop appropriate employment goals and a placement plan that was integrated into the IPE, set employer interviews, and provide follow-along assistance once clients obtained jobs. Job placement specialists were also tasked with conducting community outreach to develop a network of potential employers.

The role of the job placement specialists was not novel for the enhanced-service sites, but the level and timing of their involvement was. Before the SGA Project, enhanced-service sites contracted with CRPs for similar services; during the demonstration, they continued to do so for their clients other than those with SSDI-only benefits. Many of the SGA Project job placement specialists were employed by CRPs before the demonstration. In the usual-service model, VR counselors referred clients to CRPs at the discretion of the VR counselor and in accordance with the IPE; these referrals did not typically occur until after IPE development and the client's readiness. In enhanced-service sites, and similar to the VR counselor and the financial specialist, the job placement specialist was more involved, meeting with the client early in the process and maintaining a presence throughout the service period.

SGA Project clients, like all VRS clients, had a choice of whom to work with for placement services. Some enhanced-service clients opted to work with a CRP for job placement services instead of the SGA Project placement specialist. This process occurred if the client had an existing relationship with a CRP, a CRP specialized in working with clients who had specific needs, or a CRP was more deeply connected to the employers of the client's community.

Coordinated team approach. At the enhanced-service sites, the VR counselor, financial specialist, and job placement specialist worked collaboratively to address SGA Project client needs. The SGA Project model specified that VR counselors convene an initial CTA meeting within seven days of application. The CTA meeting brought the client together with his or her VR team, which included the VR counselor along with the financial and job placement specialists. After the initial CTA meeting, the VR counselor ensured that a member of the team contacted the client at least weekly. Different clients worked more closely with different members of the team, based on their individual service needs. Team members informed each other about their client interactions through case notes entered into VRS's case management data system. They also used huddles, a teaming technique in which the team meets to debrief, brainstorm challenges, and collectively explore how best the client can move forward.

Although VRS promoted teaming between VR counselors and CRPs in the usual-service sites through the Next Generation Placement Methodology, interaction between these staff was reported as being less frequent and not occurring until after IPE development.

C. Enrollment in the demonstration

A total of 16 VRS field offices participated in the demonstration. In this section, we identify the enhanced- and usual-service sites and describe the characteristics of demonstration enrollees.

1. Study sites

Mathematica randomly assigned eight offices to provide the SGA Project enhanced services. The randomization process ensured a proportionate and diverse selection of sites based on three factors: (1) geography (the three VR service regions), (2) location type (urban, suburban, or rural), and (3) VR unit performance before demonstration implementation, defined in terms of VR client employment outcomes.¹³ We excluded one office (St. Paul) because it served a hearing-impaired population. The remaining eight offices provided usual services (Table II.2).

Table II.2. SGA Project demonstration areas and assignment to enhanced or usual services

| Office | Random assignment designation | Area type |
|---------------------|-------------------------------|-----------|
| Metro Region | | |
| Anoka | Enhanced | Suburban |
| Burnsville | Enhanced | Suburban |
| Hennepin North | Usual | Suburban |
| Hennepin South | Usual | Suburban |
| North Minneapolis | Enhanced | Urban |
| North St. Paul | Usual | Suburban |
| South Minneapolis | Usual | Urban |
| St. Paul | Usual ^a | Urban |
| Woodbury | Enhanced | Suburban |
| North Region | | |
| Cambridge | Usual | Rural |
| Crookston | Enhanced | Rural |
| Duluth | Enhanced | Rural |
| Fergus Falls | Usual | Rural |
| South Region | | |
| Mankato | Enhanced | Rural |
| Marshall | Enhanced | Rural |
| Rochester | Usual | Rural |
| St. Cloud | Usual | Rural |

^a Because of its specialized hearing-impaired case load, we excluded St. Paul from the evaluation analyses.

2. Enrollee characteristics

The SGA Project targeted clients who met the study's selection criteria and who applied for VR services between August 3, 2015, and August 3, 2016. These selection criteria included receiving SSDI-only benefits at application, not receiving SSDI-only benefits because of visual impairment or by reason of parent or spouse death or disability, and being ages 18 to 64. All enhanced- and usual-service sites were required to confirm SSDI eligibility with SSA. However,

¹³ The employment outcome used to determine performance was the three-year average of the percentage of SSDI-only VR clients who achieved employment with wages above the SGA level.

staff at the enhanced-service sites had direct access to the SSA AWIC who was readily available to confirm eligibility. Staff at the usual-service sites submitted their requests to SSA using the general guidelines.

Enhanced-service sites served 674 clients who met these criteria, and usual-service sites served 682 such clients (Table II.3). Just over half of enhanced service group members (52 percent) were male, with the large majority reported as white (84 percent). Less than 2 percent of enhanced-service clients were transition age (ages 18 to 24); most were ages 45 to 54 (30 percent) or 55 to 64 (32 percent). At the time of VR application, 27 percent had obtained a bachelor's degree, 8.8 percent had earned an associate's degree, 20 percent had some postsecondary education (but no degree), and 37 percent had a high school degree as their highest level of education. Over half (56 percent) of the enhanced-service group had experience with VRS, meaning that they had applied within the prior 36 months. The majority of enhanced-service group members (67 percent) had cognitive or psychosocial impairments. About 14 percent of enhanced-service group clients were employed at the time that they applied for VR services.

Enhanced- and usual-service group members had similar demographic and background characteristics for most baseline measures that we could observe, with a few exceptions (Table II.3). At the time of application, enhanced-service group members differed from usual-service group members on four characteristics: enhanced-service group members were three percentage points less likely to have reported a race of other, three percentage points more likely to not have obtained a high school diploma, six percentage points less likely to have been a previous VR applicant, and two percentage points less likely to have missing impairment information.

Table II.3. Characteristics at application of clients at enhanced- and usual-service sites

| Characteristic | Enhanced services | Usual services | Difference |
|------------------------------|-------------------|----------------|------------|
| Number of applicants | 674 | 682 | |
| Sex (%) | | | |
| Male | 51.8 | 52.4 | -0.6 |
| Female | 48.2 | 47.6 | 0.6 |
| Race (%) | | | |
| White | 83.8 | 84.8 | -0.9 |
| Black | 9.3 | 11.1 | -1.8 |
| Other | 6.8 | 4.1 | 2.7* |
| Hispanic ethnicity (%) | 2.4 | 2.3 | 0.1 |
| Age (%) | | | |
| 18–24 | 1.6 | 3.3 | -1.7 |
| 25–34 | 13.2 | 14.0 | -0.8 |
| 35–44 | 20.8 | 19.9 | 0.9 |
| 45–54 | 30.1 | 29.3 | 0.8 |
| 55–64 | 32.2 | 30.8 | 1.4 |
| Education (%) | | | |
| No high school diploma | 7.9 | 5.2 | 2.7** |
| High school diploma | 36.5 | 37.8 | -1.3 |
| Some postsecondary education | 20.2 | 18.4 | 1.8 |
| Associate's degree | 8.8 | 9.8 | -1.0 |
| Bachelor's degree or more | 26.7 | 28.9 | -2.2 |

| Characteristic | Enhanced services | Usual services | Difference |
|--------------------------------------|-------------------|----------------|------------|
| Previous VR applicant (%) | 56.1 | 62.2 | -6.1** |
| Primary impairment (%) | | | |
| Sensory/communicative | 2.5 | 1.8 | 0.7 |
| Physical | 27.2 | 25.5 | 1.7 |
| Cognitive/psychosocial | 67.4 | 67.7 | -0.3 |
| Missing impairment | 3.0 | 5.1 | -2.1* |
| Employment status at application (%) | | | |
| Employed | 13.9 | 17.3 | -3.3 |
| Not employed | 86.1 | 82.7 | 3.3 |

Source: VRS case file data.

*/**/** indicates significantly different from zero at the .10/.05/.01 level.

III. TO WHAT EXTENT DID VRS DELIVER THE SGA PROJECT INNOVATIONS AS PLANNED?

The ability of the evaluation to determine whether the SGA Project innovations had any impacts relies in part on the extent to which the innovations were delivered to clients as intended. Assuming that they are effective, the more that clients at the enhanced-services sites receive the innovations as intended, the more likely it is that the services will lead to the hypothesized impacts.

In this chapter, we present statistics and describe the extent to which the SGA Project innovations were implemented as intended, identify barriers encountered, and discuss how VRS staff addressed challenges as they implemented the innovations. The statistics shown are based on VR case file data that record VR process milestones, the provision of financial services, and CTA indicators. Note that in some sites, the data were incompletely entered or missing and therefore may be inconsistent with staff descriptions of implementation activities. Incomplete or missing data may lead to an inaccurate portrayal of the extent to which the SGA Project innovations were delivered to clients. Nonetheless, we present the information that was available at the time of the study and discuss VRS's experiences implementing each aspect of the SGA Project model.

Key findings. Use of presumptive eligibility, direct access to the SSA AWIC, active encouragement and support from local management, and adoption of a dynamic view of the IPE, helped improve staff ability to meet pacing targets. Staff believed that access to the financial planning and benefits information allowed clients to make more informed choices about employment. In addition, the information provided by the financial specialists helped VR counselors and job placement specialists tailor the services they provided clients. Staff also generally felt that early involvement of job placement services allowed for a stronger relationship between enhanced-service group members and the placement specialist, earlier establishment of realistic job goals, and brainstorming support for VR counselors.

With respect to the demonstration's required service-delivery milestones, the data on clients at the enhanced-service sites indicate the following:

- 38 percent of applicants were determined eligible within the project goal of 2 days of application
- 35 percent of applicants received an IPE within the project goal of 30 days of VR application; among those with an IPE, 44 percent received it within 30 days
- 48 percent of applicants received a financial plan; among those who did, 87 percent received it within 30 days
- 53 percent of applicants participated in an initial CTA meeting, however, just 27 percent had that meeting within the project goal of 7 days of application

VRS encountered several challenges to implementing the SGA Project innovations. Staff identified teaming as the most difficult innovation component to adopt because of several

challenges, including communication and logistical barriers (particularly in rural areas), confusion regarding roles and responsibilities, and a lack of team coordination skills and leadership confidence among some VR counselors. Adoption of the teaming model improved over time, which staff ascribed to several contributing factors, such as team building, open and regular communication, and active RAM support. With increased pacing, challenges included large caseloads and logistical barriers (particularly in rural areas). The requirement that the job placement specialist be involved early in the service delivery process was not universally accepted by VR counselors, particularly among those who worked in remote areas and who felt relatively knowledgeable about the local employment options.

A. Pace of services

The faster pace of services provided early in the VR process was an important innovation hypothesized to improve client engagement and employment outcomes. Here, we present a variety of measures that reflect how quickly clients moved through the eligibility and IPE development process at the enhanced-service sites. These measures describe the extent to which VRS implemented the pace of services as intended. We also describe staff perceptions on the success and barriers to implementing pacing innovations.

Eligibility determination. The SGA Project innovations intended to move members of the enhanced-service group from application to eligibility within 2 days. Across the enhanced-service sites, 38 percent of clients were determined eligible within 2 days of application, varying from 26 percent to 56 percent across the sites (Table III.1). The mean number of days between application and eligibility ranged from 3 to 14 days, and averaged 7 days across all enhanced-service group members.

IPE development. Most enhanced-service group members did not have a signed IPE within 30 days of application, the stated target of the intervention. Across sites, 80 percent of enhanced-service group members signed an IPE, but only 35 percent of those with an IPE signed it within 30 days of application (Table III.1). Among those with a signed IPE, the percentage of clients who met the 30-day target varied substantially by site, from 29 percent to 55 percent, with an average of 44 percent among all sites. The mean number of days between application and IPE among those who received an IPE also varied substantially by site, from 35 days to 86 days, and averaged 49 days among all enhanced-service sites. None of the eight enhanced-service sites had mean days to IPE that were below the goal of 30 days.

Staff perceptions of pacing targets. Staff strongly believed that they successfully adopted an overall increased pace of service when compared to their practices before the SGA Project began. VR counselors perceived that the increased pace of service and rapid engagement approach was embraced by the majority of clients—most of whom expressed a desire to move quickly—though they felt the increased pace was not appropriate for clients with particular conditions, such as heightened anxiety. In those situations, counselors appreciated the flexibility to adjust the speed of service delivery for those clients who preferred a more gradual pace. Many enhanced-service staff felt that the 30-day timeline for IPE creation was, if not always attainable, at least reasonable. Staff ability to meet the 30-day IPE timeline was, in part, aided by the state’s increasingly dynamic view of the IPE. However, not all VR counselors accepted this view of the IPE, and some counselors acknowledged that it took time for them to become comfortable

embracing the increased pacing approach and learning how to develop an IPE under the revised framework. The initial resistance among many staff in embracing the increased pace of service may be reflected in the share of clients with an IPE developed within 30 days of application.

RAM support of pacing. A contributing factor to successful adoption of the increased pace of service was the presence of an active and engaged RAM. Many VR counselors identified the importance of working under a RAM who actively embraced the increased pacing model and who encouraged them to be creative and flexible in developing strategies with their clients. The ability to brainstorm and discuss strategies and best practices with their RAM gave many VR counselors the confidence needed to adopt the faster-paced approach.

Table III.1. Pace of eligibility determination and IPE development

| Measure | Enhanced-service sites | | | | | | | | |
|--|------------------------|------------|-----------|--------|---------|----------|----------------|----------|------|
| | Anoka | Burnsville | Crookston | Duluth | Mankato | Marshall | N. Minneapolis | Woodbury | All |
| Number of clients | 108 | 76 | 77 | 61 | 146 | 79 | 62 | 65 | 674 |
| Eligibility determination ^a | | | | | | | | | |
| Percentage of applicants determined eligible | 98.1 | 98.7 | 100.0 | 95.1 | 97.3 | 94.9 | 100.0 | 100.0 | 97.9 |
| Percentage of applicants determined eligible within 2 business days of application | 32.4 | 31.6 | 55.8 | 37.7 | 26.0 | 32.9 | 54.8 | 47.7 | 37.7 |
| Average number of business days between application and eligibility | 6.1 | 4.3 | 3.1 | 13.6 | 8.9 | 7.1 | 3.9 | 3.6 | 6.5 |
| IPE development | | | | | | | | | |
| Percentage of applicants with a signed IPE | 63.9 | 82.9 | 85.7 | 72.1 | 81.5 | 84.8 | 88.7 | 80.0 | 79.4 |
| Percentage of applicants (with or without IPE) with a signed IPE within 30 days of application | 18.5 | 34.2 | 46.8 | 23.0 | 37.0 | 46.8 | 30.6 | 43.1 | 34.7 |
| Percentage of applicants with a signed IPE who obtained it within 30 days of application | 29.0 | 41.3 | 54.5 | 31.8 | 45.4 | 55.2 | 34.5 | 53.8 | 43.7 |
| Average number of days between application and a signed IPE | 68.4 | 42.1 | 37.2 | 86.2 | 46.6 | 34.8 | 54.5 | 37.7 | 49.4 |

Source: VRS case file data.

^a Individuals not eligible for services exited VR as applicants.

B. Financial and benefits planning

Many SSDI beneficiaries are reluctant to return to work because they are unsure of how earnings will affect their benefits or health care insurance. To help clients make informed choices about employment, VRS provided clients with financial counseling and benefits-planning services early in the vocational rehabilitation process. In this section, we describe the

delivery of the financial and benefits-planning innovation and present statistics on the financial plan and benefits analysis aspects of the innovation.

Financial plan. The SGA Project model proposed that financial specialist would develop a financial plan within 30 days of application, a target met by most of those who received a plan. Just over 48 percent of all clients served by the enhanced-service sites developed a financial plan (Table III.2). Among those who received a financial plan, 87 percent received it within the target of 30 days.

Benefits analysis. Financial specialists were expected to conduct a full benefits analysis within eight weeks of application for those clients with particularly complex financial and benefits-related circumstances. The analysis was not mandatory for all clients. Across all sites, 10 percent of clients received a benefits analysis. Among clients who received a benefits analysis, 79 percent received within eight weeks of application.

Perceived positive impact of financial specialists for clients and staff. Staff believed that the accessibility and availability of the financial specialists contributed to improved client understanding of benefits information. In addition to helping clients make more informed choices about employment, most staff believed that the services provided by the financial specialists had a positive impact on the quality of the services delivered by the VR counselors and job placement specialists. In most of the enhanced-service sites, the financial specialists were viewed as an important resource in addressing client-specific questions and educating staff more broadly about the impact of employment on SSA and other benefits. As a result, many VR counselors reported feeling increased confidence that they were providing clients with sound and accurate advice. Before the SGA Project, many VR counselors described avoiding using or discussing DB101 with clients for fear that clients would ask questions that staff would be unable to answer. By the end of the implementation period, many enhanced service site VR counselors reported increased comfortability using DB101. Placement specialists also reported that the information provided by the financial specialists allowed them to more appropriately target employment options. For example, the financial specialist could help determine a salary range that would not jeopardize benefit eligibility, which was important for some clients. This information was useful to job placement specialists, who could tailor their job search accordingly.

Table III.2. Financial and benefits planning service delivery

| Measure | Enhanced-service sites | | | | | | | | |
|--|------------------------|------------|-----------|--------|---------|----------|----------------|----------|------|
| | Anoka | Burnsville | Crookston | Duluth | Mankato | Marshall | N. Minneapolis | Woodbury | All |
| Number of clients | 108 | 76 | 77 | 61 | 146 | 79 | 62 | 65 | 674 |
| Financial plan | | | | | | | | | |
| Percentage of applicants with financial plan | 25.9 | 48.7 | 35.1 | 49.2 | 43.8 | 64.6 | 58.1 | 76.9 | 47.9 |
| Percentage of applicants with financial plan who received it within 30 days of application | 92.9 | 94.6 | 96.3 | 80.0 | 70.3 | 88.2 | 100.0 | 88.0 | 87.0 |
| Benefits analysis | | | | | | | | | |
| Percentage of applicants with full benefits analysis | 9.3 | 13.2 | 10.4 | 13.1 | 6.2 | 11.4 | 1.6 | 15.4 | 9.6 |
| Percentage of applicants with full benefits analysis who received it within 8 weeks of application | 70.0 | 100.0 | 62.5 | 87.5 | 44.4 | 77.8 | 100.0 | 100.0 | 78.5 |

Source: VRS case file data.

C. Job placement services

Under the SGA Project innovations, job placement specialists were to meet with clients before development of the IPE and to follow up with job search assistance and post-employment support. Here, we describe the challenges VRS experienced implementing the job placement specialist innovation. VRS did not collect data specific to the job placement specialist's involvement with the demonstration; therefore, we do not report statistics on service delivery by these specialists.

Perceived value of job placement specialist. Most staff agreed that early inclusion of the job placement specialist in client meetings and IPE development improved the overall efficiency of the VR delivery process and aided the sites in meeting pacing targets. This early involvement allowed the job placement specialist to develop personal and trusting relationships with clients before actively pursuing employment opportunities. The job placement specialist could help clients identify realistic employment goals, which increased the likelihood of developing an appropriate and implementable IPE. Job placement specialists felt that their early interactions with clients led to reduced anxiety about job interviews and reentering the workforce.

Challenges with the job placement specialist. Enhanced-service staff in sites serving geographically large and mostly rural areas encountered logistical challenges in implementing the placement component of the SGA Project model. Some of these sites served over a dozen counties; a single job placement specialist could not be well informed and knowledgeable regarding the individual labor markets and employment opportunities in all of the communities in such a vast territory. For these reasons, VR counselors in rural sites often preferred the usual-service approach, which involved engaging a CRP from the local community. In other cases, VR

counselors who served rural areas—particularly those working in satellite locations—tended to have deep roots in the communities they served and were relatively well informed about local employment opportunities. These VR counselors, many of whom were accustomed to providing job placement support to clients, seemed less likely to embrace the requirement of working with a job placement specialist who was often based hundreds of miles away in the main field site.

Regardless of office location, some VR counselors remained unconvinced of the value of having a job placement specialist involved from the beginning of the VR service-delivery process. These counselors preferred the usual-service model of introducing placement at their discretion, especially for clients who were not perceived to be immediately ready for employment. An example given was the case of a repeat client who applied to VRS with the goal of obtaining employment, yet had a history of not being able to keep a job. In this case, the VR counselor would have preferred to first focus on identifying the underlying issues preventing long-term success before discussing employment options.

D. Coordinated team approach

The CTA innovation required the VR counselor, financial specialist, and job placement specialist to meet with the client within seven days of application, and for one member of the team to have weekly contact with the client. Below, we describe CTA implementation successes and challenges.

CTA receipt. A majority (53 percent) of enhanced-service group clients received an initial CTA meeting, although only 27 percent of those with an initial CTA meeting had it within the target of 7 days from application (Table III.3). For those who received an initial CTA meeting, the mean number of days between application and the meeting ranged from 13 to 43 days across sites and averaged 23 days overall. None of the eight sites had a mean day count that was within the 7-day target.

Geographic barriers to effective teaming. Adoption of the teaming approach was challenging for the sites serving large geographic and rural areas. These sites typically had staff spread across various satellite locations or working from home. As a result, these staff encountered coordination and communication barriers that challenged their ability to establish effective working partnerships with each other. In addition, these staff primarily met clients in their homes or communities, rather than at the site, and at times drove more than two hours each way for appointments. Staff in these situations often found it more practical to cluster some CTA meetings on a specific day at the expense of not meeting the pacing targets. The difficulty faced by these sites is visible in the data; the three most rural-based sites—Crookston, Mankato, and Marshall—had the smallest percentage of clients with a CTA within seven days.

CTA role confusion. Beyond logistics, VR counselors across enhanced-service sites initially expressed uncertainty about how their roles and responsibilities differed from the other staff on the team, particularly the placement specialist. Many VR counselors were accustomed to working autonomously. RAMs reported that some VR counselors resented what they perceived to be an outsider taking over their job duties, and did not initially see the value of involving these individuals as part of the team. Specifically, some counselors thought they were no longer providing counseling services and that this responsibility was being taken by (not ceded to) the job placement and financial specialists. It took time for staff in each of the enhanced-service sites

to develop an effective teaming dynamic, and most staff believed that the VR agency and ICI did not adequately provide sufficient training or technical assistance around the teaming approach.

Need for better communication. With time and experience, most site staff felt that they established an effective working dynamic by adopting some type of formal communication mechanism. For example, use of the huddle was identified as a best practice, but was used more regularly in urban and suburban sites than in rural sites. Some sites had weekly team meetings to discuss the status and next steps for each case, which was particularly important in sites serving large and rural areas. These exercises greatly improved communication among staff. The teaming dynamic varied by site, but improved over time for those sites that adopted these types of regular formal communication mechanisms. According to some staff, the extent to which this occurred was heavily influenced by the RAM, who established the structure through which staff collaborated.

Challenges with team leadership. Many VR counselors could have benefited from team management and leadership training. Even with role clarification, some VR counselors struggled to adopt the team leadership and coordination responsibilities assigned to them. ICI staff, some RAMs, and members of the VR agency leadership team observed that these responsibilities could be challenging for VR counselors who did not have team management and leadership training or experience. RAMs also noted that some counselors were self-conscious of their abilities and not accustomed to displaying their counseling skills in front of peers. As a result, these counselors may have taken a passive role on the team. According to some RAMs, when counselors were unable or unwilling to adapt to their expanded demonstration role, the financial and placement specialists essentially became a two-person team that provided the VR counselor with occasional updates.

Perceived benefits of CTA. Despite the challenges in using CTA, most staff grew to value the innovation over the course of the demonstration. Many VR counselors appreciated having colleagues with whom to brainstorm and discuss challenging cases. Having staff devoted to addressing financial and placement needs allowed some VR counselors to feel free to focus more on what they were trained to do: counseling.

Table III.3. CTA service delivery

| Measure | Enhanced-service sites | | | | | | | | |
|---|------------------------|------------|-----------|--------|---------|----------|----------------|----------|------|
| | Anoka | Burnsville | Crookston | Duluth | Mankato | Marshall | N. Minneapolis | Woodbury | All |
| Number of clients | 108 | 76 | 77 | 61 | 146 | 79 | 62 | 65 | 674 |
| Percentage of applicants with a CTA meeting | 50.9 | 56.6 | 39.0 | 50.8 | 39.7 | 63.3 | 69.4 | 70.8 | 52.8 |
| Percentage of applicants who participated in a CTA that did so within 7 days of application | 27.3 | 32.6 | 23.3 | 32.3 | 6.9 | 18.0 | 39.5 | 41.3 | 26.7 |
| Average number of days between application and first CTA meeting | 27.1 | 12.8 | 15.9 | 16.4 | 42.6 | 21.3 | 14.9 | 18.5 | 22.6 |

Source: VRS case file data.

IV. WHAT IMPACT DID THE INNOVATIONS HAVE ON SERVICE DELIVERY?

The pace of services, degree of client engagement, and types of services contribute to the client outcomes that result from contact with a VR agency. Clients who experience a slow process for eligibility determination and IPE development, or are slow to receive services, lose interest in finding employment or seek other paths. When staff engage quickly with clients and provide services that address their needs, clients might be more likely to find a job or find one faster. In this chapter, we describe the impact the SGA Project innovations had on VR service outcomes in regard to pace of services, client engagement, and service receipt.

Key findings. The findings indicate that the SGA Project innovations had the following effects on VR service outcomes:

- Increased the share of clients who obtained a signed IPE within 30 days of application by 8 percentage points
- Decreased the likelihood that applicants would drop out of services before obtaining competitive employment
- Decreased the rate of referrals for job placement and benefits counseling services, likely because the financial and job placement specialists provided similar services directly

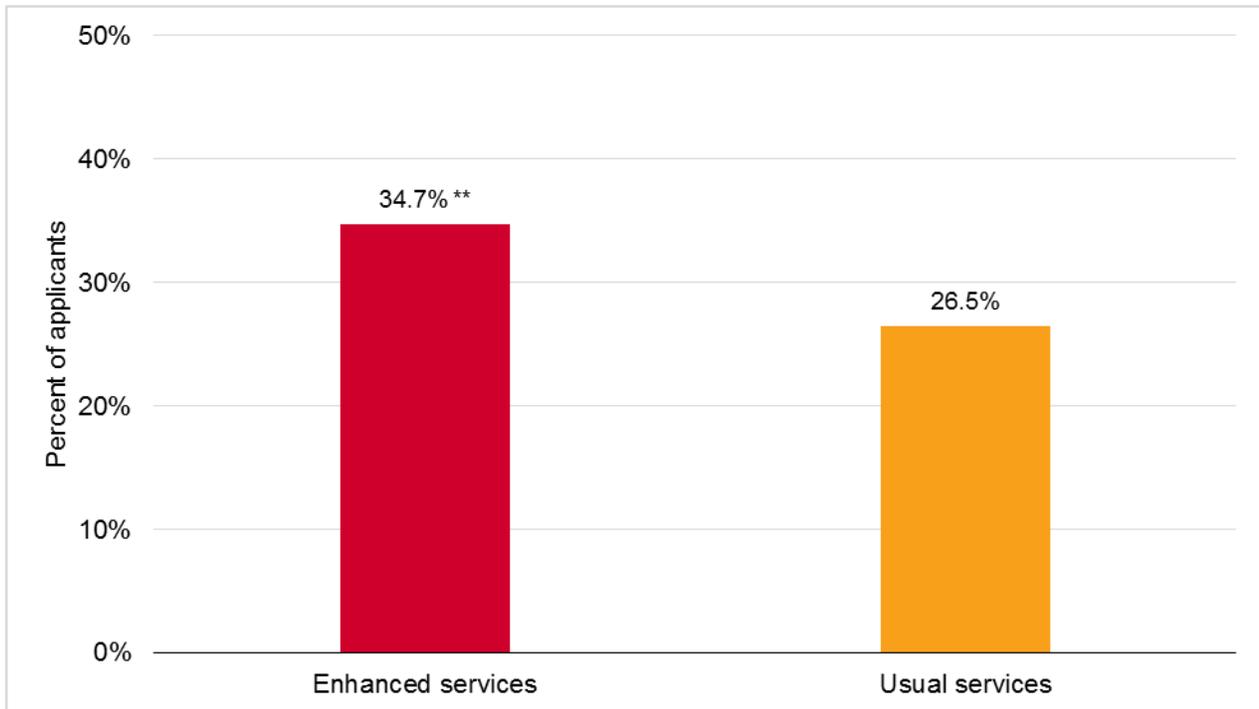
A. Pace of services

One goal of the SGA Project innovations was to increase the pace by which SSDI-only clients began receiving services. To assess whether the innovations had an impact on this pace, we compared the rates at which SSDI-only applicants obtained a signed IPE within 30 days of application at the enhanced- and usual-service sites. We selected this outcome as the primary pace-of-service measure because the IPE is an important service-delivery milestone—services generally do not begin until such a plan is in place. As noted previously, the 30-day threshold was an expectation established for the SGA Project’s enhanced services.

The SGA Project had a large and statistically significant impact on the pace of services. At enhanced-service sites, 35 percent of applicants obtained a signed IPE within 30 days of application (Figure IV.1). After accounting for client characteristics and site differences in pacing before the demonstration period, we found this rate to be significantly higher than the estimated 27 percent rate applicants would have experienced in the absence of the SGA Project innovations. This 8 percentage-point impact indicates that the innovations increased the rate of IPE development within 30 days of application by about one-third.¹⁴

¹⁴ The potential bias noted in Chapter I associated with the large share of open cases at the time of the study does not apply to this outcome. This is because the outcome is measured at 30 days after application and the data for all clients in our sample represent a period longer than 30 days.

Figure IV.1. Impact of SGA Project innovations on the percentage of applicants who obtained a signed IPE within 30 days of application, April 2017



Source: VRS case file data.

Note: We report the actual rate for clients at enhanced-service sites. The usual-service rate we report is an estimate of what clients at enhanced-service sites would have experienced without access to the SGA Project innovations. See Appendix A for more information about the impact estimation methods.

*/**/** indicates significant differences between enhanced- and usual-service outcomes at the .10/.05/.01 level.

Faster pacing at the enhanced-service sites also occurred at the eligibility stage. The innovations increased the proportion of applicants determined eligible within two business days by 13 percentage points (Table C.1). In addition, they reduced the mean time between application and eligibility by nearly five days.

These findings are consistent with the intended effects of the SGA Project innovations and the experiences of SGA Project staff. The staff encouraged counselors to determine eligibility within two days of application, and VR counselors were strongly encouraged to embrace a dynamic view of the IPE as an evolving document to be developed quickly and amended as circumstances changed. Although staff in all sites had exposure to the dynamic IPE approach, the enhanced-service staff had stronger incentives to adopt the approach because of the increased pace of the SGA Project targets.

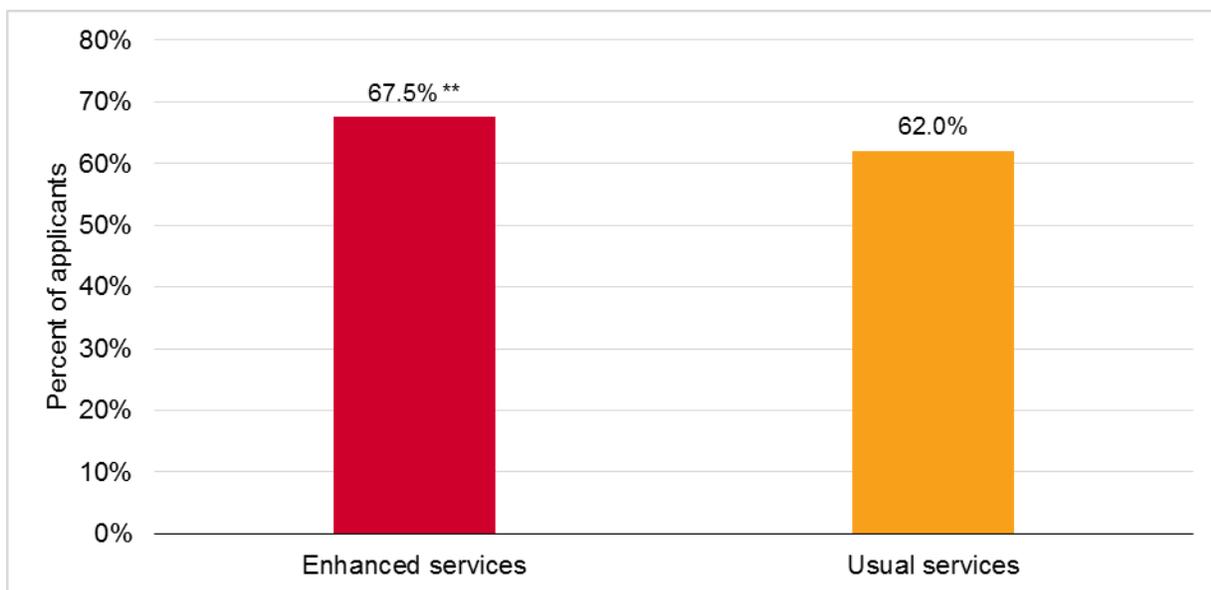
B. Successful client engagement

Another goal of the SGA Project innovations was to increase client engagement in VR services. To assess whether the innovations had an impact in this domain, we defined successful engagement as not dropping out of services before attaining competitive employment. By this definition, applicants whose cases had closed for reasons other than competitive employment

were classified as not being successfully engaged in services. This measure was selected as the primary measure of client engagement because it is common for VR applicants determined eligible for services to drop out before services have begun or are completed. The SGA Project established expectations for a faster pace of services and earlier and more frequent involvement of clients with their VR counselor, financial specialist, and JPS. These expectations were intended to keep clients motivated and engaged with services and reduce their likelihood of leaving for reasons other than becoming competitively employed. We recognize that this measure is limited in its ability to truly reflect clients' involvement in services; clients remaining enrolled in services does not mean they are actively engaged in them. Despite its limitations, the measure captures a fundamental aspect of client engagement and successful service delivery—clients not dropping out.

The SGA Project had a significant impact on successful client engagement. As of April 2017, 68 percent of enhanced-service clients had successfully engaged with VR (Figure IV.2). After accounting for client characteristics and site differences before the demonstration began, we found this rate to be statistically different from the 62 percent rate that clients would have experienced in the absence of the SGA Project demonstration.

Figure IV.2. Impact of SGA Project innovations on the percentage of applicants successfully engaged in services, April 2017



Source: VRS case file data.

Note: We report the actual rate for clients at enhanced-service sites. The usual-service rate we report is an estimate of what clients at enhanced-service sites would have experienced without access to the SGA Project innovations.

*/**/** indicates significant differences between enhanced- and usual-service outcomes at the .10/.05/.01 level.

The impact of the project's innovations on successful client engagement should be interpreted with one caveat in mind. As noted in Chapter I, 41 percent of cases remained open and when these cases eventually close, many will do so without the client obtaining competitive employment. (Appendix Table C.2). Thus it is possible that, once all cases have closed, the

impact of the innovations on the percentage of applicants who dropped out without achieving competitive employment will be larger or smaller than the estimated impact as of April 2017.

C. Delivery outcomes for purchased services

To better understand the differences in service delivery between the enhanced- and usual-service sites, we assessed four authorized purchased-service categories most closely aligned with the SGA Project innovations:

- Benefits counseling services
- Job placement services
- Employment services other than job placement services (such as job search and on-the-job supports, referred to as “other employment-related services”)
- Training (college training, occupational or vocational training, or other training)

VRS provided information on purchased services (those to be delivered by community providers) but not staff-provided services. That gap in our service-delivery knowledge—not knowing the extent to which VRS staff directly provided similar services—is an important one, largely because of the SGA Project’s emphasis on specialized staff’s involvement with clients at the enhanced-service sites. For purchased services, we could not assess the extent to which clients actually received those services, because of the limited study period, so instead we examined whether VRS authorized those services for clients as a proxy for eventual receipt. For each service category, we calculated two measures: the percentage of clients with authorization of the service and the time between application and authorization. We also computed the average authorized cost per applicant of all purchased services. The findings we discuss here and present in Table C.3 account for differences in client- and site-level characteristics between the enhanced- and usual-service group members.

Enhanced-service clients had patterns of service receipt in ways that were consistent with the SGA Project innovations. Enhanced-service clients were less likely to be referred out for job placement and benefits counseling—10 and 13 percentage points less likely, respectively, than they would have been in the absence of the demonstration (Appendix Table C.3). These reductions were likely due to VRS staff providing these or similar services directly to their clients. Regarding training and other employment-related services, the innovations had no significant impacts as of April 2017. Nor did they have an impact on the time between application and first service authorization for job placement and training services, the two service categories for which we had sufficient sample sizes to analyze timing.

Finally, the innovations led to lower average costs for authorized purchased services (Appendix Table C.3). On average, enhanced-service clients had total authorized purchased-service costs per applicant of \$1,577, which was \$669 lower than the cost would have been in the absence of the demonstration. These lower costs are consistent with the SGA Project model: fewer purchased services were needed because dedicated specialists at enhanced-service sites provided some job placement and benefits counseling services directly. We note two important caveats to interpreting the cost calculations. First, when clients do not follow through with the service, actual costs of purchased services might be lower. Second, the costs shown do not reflect

those of staff-provided services. We expect such services to cost more for the enhanced-service group, given the costs associated with the financial specialists and JPSs sponsored by the demonstration, who serve clients only at enhanced-service sites. The evaluation did not assess those costs directly.¹⁵

¹⁵ The evaluation did not assess these costs directly. ICI provided us with an estimate of the monthly costs associated with the additional staff at the enhanced-service sites that were funded by the demonstration, which ranged from \$42,000 to \$90,000 per month.

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V. WHAT IMPACT DID THE INNOVATIONS HAVE ON EMPLOYMENT AND EARNINGS?

The SGA Project innovations were designed with the goal of increasing the likelihood that SSDI-only clients would become employed and sustain earnings above the SGA level. Most SSDI beneficiaries have significant work histories, suggesting they have skills, knowledge, and experience valued by employers. By applying to VRS, they are also signaling that they have employment goals. If the SGA Project innovations could better support these individuals in their employment efforts and increase SGA-level employment, they could become more financially independent. If successful, the innovations might serve as a model in the effort to slow the rapid growth of the SSDI program. In this chapter, we describe our findings on the impacts of the SGA Project innovations on employment and earnings as of April 2017.

Key findings. In Minnesota, the SGA Project innovations:

- Did not yet have a statistically significant impact on the share of clients who closed with competitive employment
- Did not yet have a measurable impact on the share of clients who closed with average monthly earnings at or above SGA.

The lack of estimated impacts on employment and earnings might be because not enough time had elapsed since clients applied for services to observe impacts large enough to be statistically significant. We estimated impacts as of April 2017, 8 to 20 months after clients in our sample applied to VR; 41 percent of these clients' cases remained open at that time. It is possible that once all cases close, there will be measureable impacts on employment and SGA-level earnings.

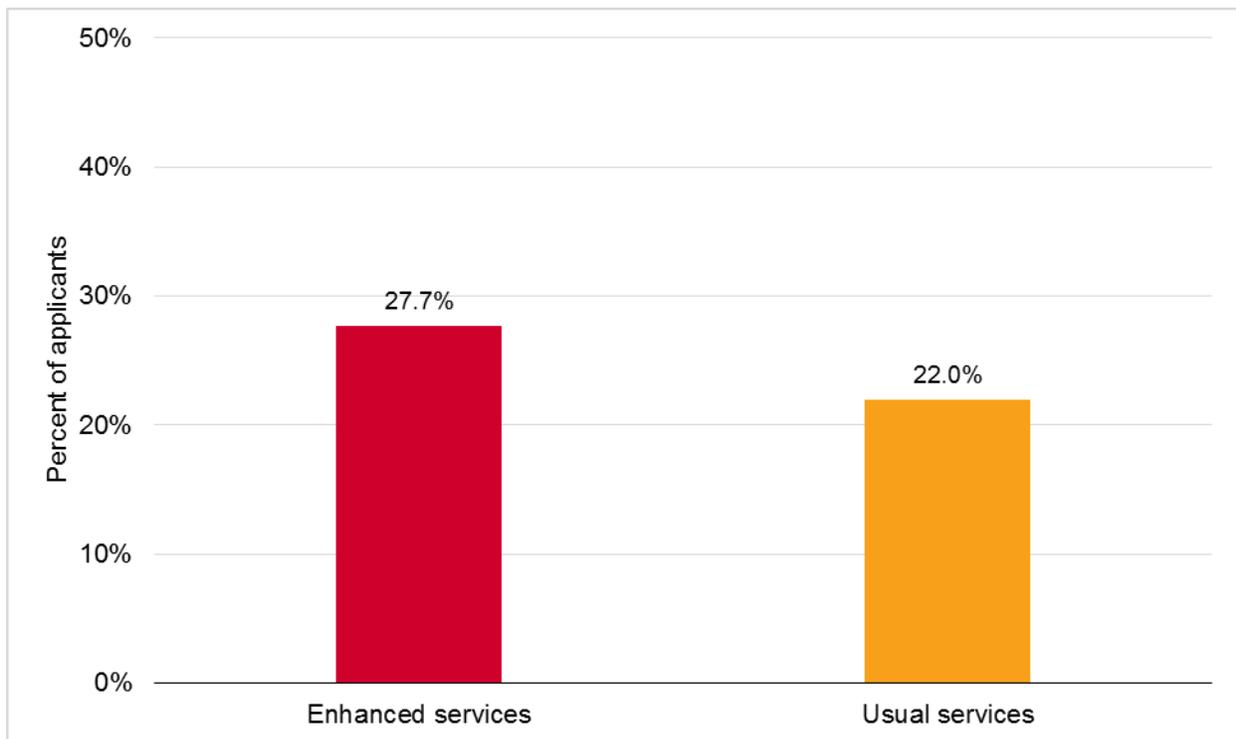
The lack of estimated impacts could also be due to inconsistent implementation of innovations. As discussed in Chapter III, a substantial share of clients at enhanced-service sites may not have received all of the enhanced services as intended. More consistent implementation of the innovations might have led to measurable impacts. A sensitivity analysis we conducted (described in Appendix A) provides some support for this.

A. Competitive employment

To assess the impact of innovations on employment, we examined the rate at which applicants closed from VRS with a competitive, integrated employment outcome (that is, employment in an integrated setting and with hourly wages at minimum wage or above). We selected this outcome as a primary indicator of the success of the SGA Project innovations because (1) it is an important goal of VR services and (2) competitive employment for SSDI-only clients is necessary for their achieving SGA-level earnings—the demonstration's ultimate goal. We measured competitive employment at closure as of April 24, 2017—8 to 20 months after clients in our demonstration sample applied for VR services. The roughly 41 percent of all VRS clients whose cases were still open at that time are included in the analysis and coded as not having closed with competitive employment.

Our findings indicate that the SGA Project innovations did not lead to a measurable increase in the percentage of cases that closed with competitive employment. The rate by April 2017 was 28 percent among clients at the enhanced-service sites. After accounting for client characteristics and site differences before the demonstration, we found this rate was not statistically different from the 22 percent rate that clients would have experienced in the absence of the demonstration (Figure V.1). The nearly 6 percentage-point difference was just shy of conventional standards for statistical significance ($p = 0.11$). Nonetheless, an increase of this magnitude might be substantively meaningful for VR practice.

Figure V.1. Impact of SGA Project innovations on the percentage of cases closed with competitive employment, April 2017



Source: VRS case file data.

Note: We report the actual rate for clients at enhanced-service sites. The usual-service rate we report is an estimate of what clients at enhanced-service sites would have experienced without access to the SGA Project innovations. The difference between the enhanced- and usual-service sites is not statistically significant.

B. SGA-level earnings

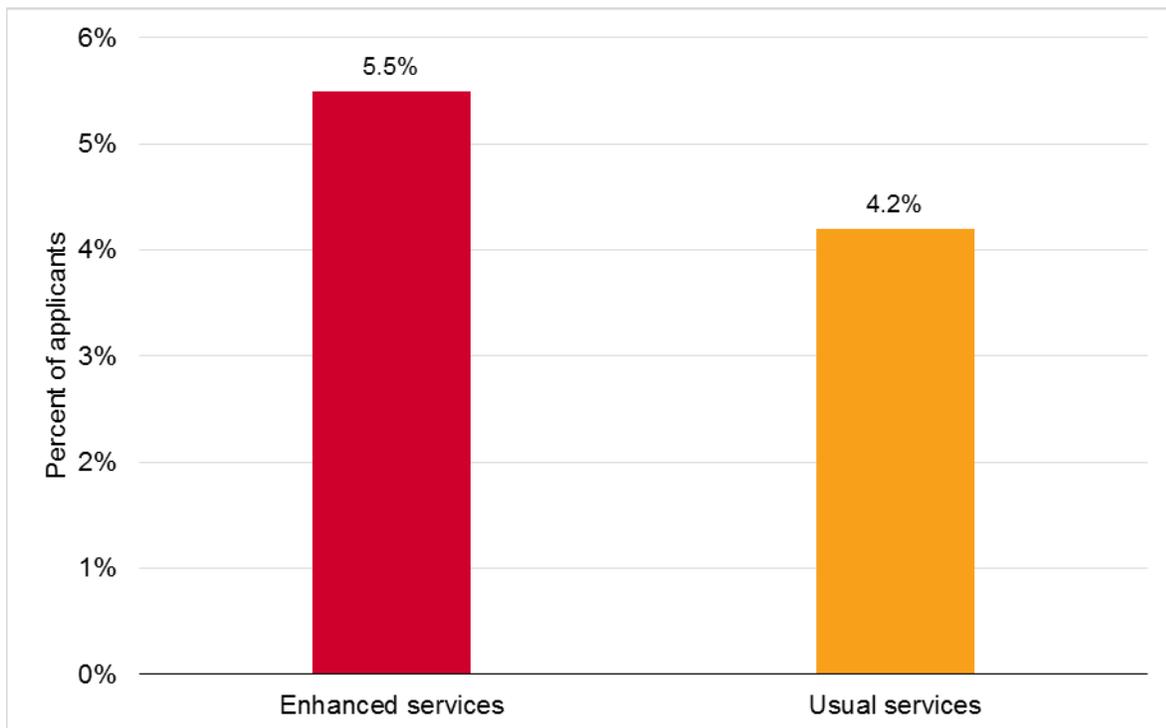
To assess the impact of the SGA Project innovations on attainment of SGA-level earnings we used the monthly nonblind SGA level in effect at the time of case closure.¹⁶ We examined the share of clients in enhanced-service sites whose cases had closed with earnings at or above this

¹⁶ During the period covered by our study, the nonblind SGA levels were \$1,090 (2015), \$1,130 (2016), and \$1,170 (2017).

threshold by April 2017. The rate of closure with SGA-level earnings was 5.5 percent among clients who received enhanced services, which, although larger, is not different statistically from the 4.2 percent rate that they would have experienced had they received usual services. (Figure V.2).

Although the rates of closure for those with SGA-level earnings may seem low, they partly reflect that a substantial share of clients were still receiving services or had left VR without employment (Appendix Table C.2). As noted previously, because 41 percent of applicants still had open cases with VRS, the estimated impact is likely to change as more cases close.

Figure V.2. Impact of SGA Project innovations on the percentage of cases closed with SGA-level earnings, April 2017



Source: VRS case file data.

Note: We report the actual rate for clients at enhanced-service sites. The usual-service rate we report is an estimate of what clients at enhanced-service sites would have experienced without access to the SGA Project innovations. The difference between the enhanced- and usual-service sites is not statistically significant.

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VI. WHAT IMPACT DID THE INNOVATIONS HAVE ON NON-SGA PROJECT CLIENTS?

In principle, we would expect non-SGA Project clients at the enhanced- and usual-service sites to have similar outcomes because both groups were to receive usual VR services.¹⁷ However, it is possible that implementation of the SGA Project innovations affected the way VR services were delivered to non-SGA Project clients at enhanced-service sites in at least two ways:

- VR counselors at the enhanced-service sites may have delivered SGA Project innovations to non-SGA Project clients. We refer to this as “spillover” of the innovations. If the innovations had the effects that were intended, spillover might have led to positive impacts on non-SGA Project clients’ outcomes relative to non-SGA Project clients at the usual-service sites.
- VR counselors at the enhanced-service sites may have diverted their attention or program resources away from non-SGA Project clients in favor of their SGA Project clients, particularly in light of the large caseloads and the short timelines for achieving some SGA Project milestones. A reduced focus on or allocation of resources to non-SGA Project clients, intentionally or unintentionally, likely would lead to poorer outcomes among non-SGA Project clients at the enhanced sites relative to those at the usual-service sites.

It is also possible that contamination occurred, that is, service delivery to clients at the usual-service sites changed because of the SGA Project innovations, either intentionally or unintentionally. In this chapter, we assess the qualitative and quantitative evidence to determine whether the SGA Project innovations had significant impacts on non-SGA Project clients at the enhanced- and usual-service sites.

Key findings. Although we found qualitative evidence that spillover and diversion occurred at the enhanced-service sites in some instances, we did not find any quantitative evidence that the SGA Project innovations affected key outcomes among non-SGA Project clients; the outcomes of clients at the enhanced- and usual-service sites did not differ significantly. Although some staff at usual-service sites claimed to have adopted a faster pace of service and stronger teaming with CRPs, it is unclear whether this was because of contamination of usual services with the SGA Project innovations, or whether it was a consequence of VRS policies that were initiated prior to the SGA Project demonstration.

A. Impacts on non-SGA Project clients at the enhanced-service sites

1. Qualitative evidence

With respect to spillover of the SGA Project innovations to non-SGA Project clients at the enhanced-service sites, some VR counselors at those sites acknowledged that they attempted to

¹⁷ Non-SGA Project clients include individuals receiving SSI, blind individuals receiving SSDI, and non-SSA beneficiaries ages 18–64 who applied for VR services during the demonstration period.

apply the innovations to their non-SGA Project clients, in particular the increased pace of service and rapid engagement approach. In part, staff provided these services because of their perceived value. In addition, several counselors noted that it was easier for them to take the same approach with all clients rather than provide innovations to a subset of clients. To some extent, the availability of the financial specialist also benefited non-SGA Project clients. Most of the enhanced-service sites reported using their financial specialists as a resource; when available, these specialists helped VR counselors address financial issues related to non-SGA Project clients.

With respect to diverting resources away from non-SGA Project clients, a few VR counselors at the enhanced-service sites acknowledged prioritizing SGA Project clients over non-SGA Project clients to meet the increased pacing timelines. However, this admission was uncommon and primarily heard early in the implementation period, when staff were still adapting to the SGA Project model.

2. Quantitative evidence

Despite the anecdotal evidence that the SGA Project innovations might have had both positive and negative effects on some non-SGA Project clients at the enhanced-service sites, we found no quantitative evidence of a net effect in either direction. Table VI.1 presents estimates of the innovations' impact on the four primary study outcomes. In all cases, the outcomes for non-SGA Project clients at the enhanced- and usual-service sites were similar. It is possible that some non-SGA Project clients experienced positive effects of spillover and others experienced negative effects of service diversion, but the two effects canceled out, on average. However, given the relatively infrequent occurrence of either spillover or diversion suggested by the qualitative findings, we think the findings in Table VI.1 suggest that the SGA Project innovations had no effect on non-SGA Project clients at the enhanced-service sites.

Table VI.1. Impacts of SGA Project innovations on non-SGA Project clients at enhanced-service sites, April 2017

| Measure | Enhanced services | Usual services | Regression-adjusted difference |
|---|-------------------|----------------|--------------------------------|
| Number of applicants | 2,732 | 3,106 | |
| Applicants with a signed IPE within 30 days of application (%) | 16.7 | 18.0 | -2.5 |
| Applicants who did not drop out before obtaining competitive employment (%) | 68.3 | 66.7 | 1.8 |
| Applicants who closed with competitive employment (%) | 13.7 | 13.0 | 1.3 |
| Applicants who closed with SGA-level earnings (%) | 7.3 | 7.0 | 0.6 |

Source: VRS case file data.

Note: The differences between the enhanced- and usual-service sites are not statistically significant.

B. Potential for contamination at the usual-service sites

Contamination can occur when an intervention produces change for the comparison group as a result of the project's implementation. The RAMs and the VR counselors at the usual service sites were aware of the SGA Project and of their control group status. These staff varied in how

knowledgeable they were of the innovation components; at a minimum, most VR counselors had a high-level understanding that the treatment sites adopted an increased pace of service and had access to staff that were providing financial and benefits planning. The structure of the demonstration however, was designed to preclude any direct contamination. In particular, the usual-service sites did not have access to financial specialists nor was there a requirement or an incentive to adopt an increased pace of service. Although VR counselors in those sites were encouraged to team with CRPs—through the pre-existing Next Generation Placement Methodology discussed in Chapter II—early involvement was unlikely because CRPs were paid by post-IPE milestones.

Awareness of the SGA Project innovations, paired with some disappointment in not being randomly selected as an enhanced service site, led some usual-service staff to attempt to implement aspects of the SGA Project innovations to a limited extent. For example, staff we interviewed at some of these sites mentioned implementing a faster pace of service and developing stronger teaming with CRPs, to the extent they could with their available resources. Staff believed that these practices were linked to improved outcomes. However, as noted, all sites were being encouraged to adopt an increased pace of service and to improve teaming efforts with CRPs through other pre-existing initiatives. There was also an expectation that future statewide guidelines would emphasize faster pacing and teaming, which further motivated RAMs to promote these approaches among their staff. Therefore, it is unclear whether knowledge of the SGA Project interventions actually produced contamination at the usual-service sites. The large and significant impacts with respect to service pacing described in Chapter IV suggest that widespread implementation of faster pacing at the usual-service sites did not occur.

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VII. WHAT LESSONS DID STAFF LEARN AND WHAT SGA PROJECT FEATURES WILL VRS SUSTAIN AFTER THE DEMONSTRATION ENDS?

During our interviews with VRS staff, many noted lessons that they had learned while implementing the SGA Project innovations. In this chapter, we summarize some of those lessons and describe VRS's plans to sustain particular features of the SGA Project innovations after the demonstration ends.

Key findings. Implementation of the SGA Project innovations affected staff and VR practices in several general ways, above and beyond implementing the innovations themselves:

- Exposure to the SGA Project innovations had several important and lasting effects on the way VRS services were broadly delivered during the demonstration. These changes included:
 - Expanded support for a dynamic view of the IPE
 - Broader recognition of the value of having site-based placement staff
 - Improved knowledge among VR counselors regarding SSA and other benefits
- Although VRS valued each of the SGA Project innovation components, leaders used some grant resources for sustaining the financial and benefits-planning services provided by the financial specialists. More specifically, the agency contracted with Independent Living Centers (ILC) to provide these services beyond the demonstration period and developed a comprehensive training curriculum to improve understanding of benefits information for a range of community and agency stakeholders.

A. What lessons did VRS staff learn while implementing the SGA Project innovations?

VRS leadership and staff described three key lessons learned as a result of their participation in the SGA Project. These implementation lessons involved their perceptions of the IPE, the value of site-based job placement staff, and gains in benefits knowledge.

VRS staff gained additional support for a dynamic view of IPE. As discussed in Chapter III, most VR counselors came to embrace the IPE as a living document that could be drafted with available information and amended as needed, rather than treated as a binding contract. The agency's involvement with the SGA Project furthered and expanded VRS's preexisting efforts to shift local field staff views of the IPE. For VR counselors, embracing the more dynamic view of the IPE was critical to successfully implementing the SGA Project innovations. By the end of the implementation period, most VR counselors acknowledged that adopting the dynamic view of the IPE made sense because it freed them to move more quickly and take advantage of client momentum. As a result, some VR counselors in the enhanced-service sites acknowledged that they applied the dynamic view of IPE development to their non-SGA Project clients.

VRS staff recognized the value of stronger collaboration with job placement staff. As a result of the SGA Project experience, the few RAMs who did not previously have in-house CRP placement staff considered ways to establish such an arrangement. Though some VR counselors

questioned the value of early involvement of the job placement specialist for certain clients, most came to believe that the IPE was strengthened by incorporating input from placement staff. In addition, both VR counselors and placement specialists valued being able to consult each other throughout the service-delivery process. In-house CRP placement staff would not be permitted to help VR counselors develop the IPE, because CRPs are paid to meet post-IPE milestones; however, their proximity to VR counselors would promote increased teaming and relationship building, which was perceived to have a positive effect on staff morale and efficiency in service delivery.

VR counselors gained knowledge on SSA and other benefits. As discussed in Chapter III, VR counselors appreciated having access to staff who were knowledgeable about how earnings affect SSA and other benefits. Before the SGA Project, many VR counselors felt uncomfortable discussing SSA and other benefits with clients, and avoided active use of DB101. Most staff in the enhanced-service sites reported using their financial specialist as a resource beyond their SGA Project clients; when available, these staff helped VR counselors address financial issues related to non-SGA Project clients. At times, this assistance allowed VR counselors to avoid requesting a full benefits summary and analysis from the WIPA for those clients. By the end of the demonstration period, many VR counselors felt more confident engaging all of their clients in high-level discussions about benefits issues, as well as using the DB101 resource.

B. What features of the SGA Project innovations will VRS sustain after the demonstration?

VRS leadership and field staff believed that the services provided by financial specialists were invaluable to clients and counselors alike by enriching clients' experiences and helping clients make confident and informed employment decisions. As a result, VRS invested some of its SGA Project grant dollars into a two-pronged strategy for ensuring continued access to the information and services provided by the financial specialists: revising existing ILC contracts and developing a financial curriculum for staff.

Revision of existing ILC contracts. The VR agency amended its existing contracts with seven state ILCs to reallocate their funding so that they could offer services similar to those provided by the SGA Project financial specialists. The ILCs will train 48 of their staff to provide financial benefits and planning services, which they will provide to all VR clients in all 17 field offices beginning in September 2017. The ILC staff will receive the same level of training as the SGA Project financial specialists and will be supported by staff at the Disability Linkage Line (who also provided support to the financial specialists during the SGA Project demonstration). The ILCs may not be able to provide these services after the expiration of their current contracts, and VRS agency leaders were cautious in their long-term expectations, since sustaining the ILC role will require funding from the legislature, which was not assured. VR agency leaders hope to develop evidence that demonstrates a link between the availability of the financial and benefits-planning services and improved VR client outcomes. This evidence is viewed as necessary for securing state funding for long-term sustainment of permanent financial specialist staff.

Financial curriculum development. As an alternative way of sustaining financial and benefits-planning knowledge, VRS invested some of its SGA Project demonstration funding to develop a multi-tiered curriculum that could be used by a range of stakeholders. The curriculum

includes multiple levels of competencies, each targeted to different stakeholder groups. As of the writing of this report, the agency only had the resources to formally train ILC staff, although the curriculum was available to other interested stakeholders. As noted, long-term sustainment of the ILC's expanded role relied on sufficient funding from the legislature, which could not be guaranteed. That uncertainty has led the agency to invest in the development and compiling of various online, video, and written training resources. As resources and opportunities change, VRS administrators believe they can rely on the curriculum to provide staff with the benefits and financial planning knowledge they need to best serve clients.

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VIII. WHAT MIGHT OTHER VR AGENCIES CONCLUDE FROM THE SGA PROJECT EXPERIENCE?

The SGA Project innovations appear to have generated early, positive impacts on key service delivery and client outcomes in Minnesota. SSDI-only clients at enhanced-service sites experienced shorter times to IPE development and were less likely to drop out of services early. The share of clients closing with employment was also larger at enhanced-service sites than at usual-service sites, although this difference was not statistically significant.

The evaluation findings and VRS staff's experiences in implementing the innovations suggest a number of implications for other VR agencies who might be interested in adopting features of the SGA Project innovations. In this chapter, we discuss considerations for implementation that relate to the following:

- The feasibility of delivering services at a faster pace
- Targeting the SGA Project innovations to other populations
- Implementing the financial education and CTA strategies
- Providing technical assistance to ensure services are provided as intended
- Monitoring to improve implementation and outcomes
- Using a random assignment approach to rigorously test service delivery innovations

We also highlight limitations of the study of which readers should be aware when interpreting the findings and considering the applicability of the SGA Project innovations to other populations and service delivery environments. The limitations relate to (1) the large share of demonstration cases that were still open at the time we conducted the evaluation, (2) the inability of the evaluation to assess the impacts of each innovation on its own, and (3) the limited scope of the VR case closure outcomes that we evaluated.

A. Implementation considerations

Administrators interested in applying the SGA Project innovations to their own VR agencies might consider the following lessons that emerged from Minnesota's SGA Project experience:

Delivering services at a faster pace is feasible. Although many staff initially expressed concerns about increasing the pace of services, most were able to adopt the SGA Project timelines. Clients at the enhanced-service sites obtained IPEs at a faster rate. There was no evidence that the accelerated process resulted in negative consequences for SGA Project clients, and fewer enhanced-service clients dropped out before attaining competitive employment. Although the increased pace of service might not be appropriate for all clients, it is a component of the SGA Project model that any VR agency could adopt. If implementing a faster pace of service is not feasible because of large caseloads, a VR agency's staff might consider ways to identify clients who would benefit the most from faster service delivery. For example, clients who have not yet applied for SSI or SSDI may benefit from a rapid approach. Early intervention strategies applied in other contexts suggest that getting such individuals into jobs quickly (or

helping them to retain their jobs) might reduce their chances of going onto the disability rolls—and work disincentives associated with receiving such benefits that might negatively affect their motivation to work and chances of becoming employed (Ben-Shalom et al. 2017).

The SGA Project innovations could be adapted for populations other than SSDI-only clients. The SGA Project innovations were designed to facilitate SSDI-only clients' attainment of better employment outcomes, but the innovations could be applied to other VR client populations as well. As discussed above, VR clients who have not yet applied for SSI or SSDI might benefit from an increased pace of services. SSI recipients might also benefit from the innovations. Presumptive eligibility is applicable to this group; thus, aggressive timelines for determining eligibility and developing IPEs might be more feasible for them than for other populations. Financial and benefits counseling services would similarly be useful to SSI recipients, as they were to SSDI-only clients in the demonstration. Although similar in these respects to SSDI-only clients, SSI recipients—many of whom lack skills and work experience—likely face a different set of work-related challenges; therefore, modifying the job development and placement function to better suit their needs might be required.

Relative to the other innovations, the financial education and CTA strategies could be more difficult to adopt. Enhancing the capacity to provide financial education services was an initial challenge for both states participating in the SGA Project demonstration. The supply of available CWICs was too limited to support the SGA Project and the focus of CWIC services too narrow to address the project's broader goals for financial education. Minnesota addressed this challenge by hiring and training its own financial specialists. This and other strategies for increasing these services might facilitate other agencies' implementing this aspect of the SGA Project model. In addition, the CTA sometimes proved difficult to implement because of challenges in coordinating team members' efforts and confusion about roles; even scheduling initial meetings within the suggested timeline was not a simple task. Implementing both the financial education and CTA strategies may require significant additional staff training and assistance.

Technical assistance is important to ensuring that staff provide services as intended. Both the initial training and the ongoing technical assistance ICI provided were important to promoting the staff's understanding and application of the innovations. Minnesota's experience highlights the importance of all relevant staff being involved in these efforts. Because VR counselors did not receive technical assistance as intensively as other staff did, some struggled to understand their role on the project and how to work with the job placement specialists. Although most counselor practices remained the same, some aspects of the innovations, such as leading a team and delegating the job development function, were new responsibilities that took time and effort to learn. To offset possible staff resistance to adopting new or unproven strategies (especially staff who believe they are ceding their responsibilities to others), training and periodic technical assistance for all staff involved in early implementation could address concerns and help launch initiatives successfully.

Monitoring innovation delivery could improve implementation. We found large differences across the enhanced-service sites in the extent to which clients received the innovations; this difference was due either to confusion about data entry or to innovations not being implemented as planned. Management staff might have monitored the data more closely,

in real time, to ensure that the VRS staff entered them correctly and delivered the innovations as intended, to reach the best possible implementation and outcomes. To the extent that implementation was inconsistent in Minnesota it would have diluted the potential impact of the innovations. By the same token, more consistent implementation might have led to more substantial impacts. A sensitivity analysis we conducted (described in Appendix A) provides some support for this. Compared to all enhanced-service clients, we found that those who, the data show, received at least one of the SGA Project innovations had better pacing, engagement, and employment outcomes. In addition, the competitive employment closure rate for the subset of enhanced-service clients recorded as receiving SGA Project innovations was substantially and significantly larger than the rate for the usual-service clients.

VRS successfully implemented an office-level random assignment evaluation design that might be used by other agencies to rigorously assess the effectiveness of services. Few studies about VR services have used random assignment designs to assess the impacts of services. Concerns about ensuring that VR clients anywhere in the state have access to the same services and that counselors provide the same service options to all clients on their caseloads have limited VR agencies' use of random assignment designs. Studies of the effectiveness of VR practices are often descriptive or qualitative in nature, thus providing weak evidence (Fleming et al. 2013; Leahy et al. 2014). Minnesota successfully implemented an office-level random assignment design, which permitted a rigorous test of the SGA Project innovations. Office-level random assignment has a number of advantages over client- or counselor-level random assignment, including ease of implementation. However, a limitation of this approach is that it may not work well for some types of interventions or when there are few offices or areas to randomize. For some innovations, such as changes to outreach strategies or eligibility criteria, the innovation could substantially change the client pool. In such instances, office-level random assignment might not yield comparable groups of clients across treatment and control sites. This was not the case for the SGA Project demonstration. In addition, the fewer the number of offices or areas there are to randomize, the more difficult it is to detect all but very large impacts. In Minnesota, we were able to detect moderate impacts with a total of 16 sites. Agencies with a similar number of sites or more might use this approach to rigorously assess the effectiveness of new services and programs. Such evidence would further our understanding of which VR service approaches work better than others.

B. Study limitations and potential extensions

Readers should note some important limitations to this study when interpreting the findings and considering the applicability of the SGA Project innovations to their agencies' service delivery practices. The limitations relate to the large share of demonstration cases that were still open at the time we conducted the evaluation, the inability of the evaluation to assess the impacts of each innovation on its own, and the limited scope of the VR closure outcomes we evaluated. Below, we also note potential extensions to the study that would produce information about the ultimate impacts of the SGA Project innovations and help determine their benefits relative to their costs.

Many cases remained open at the time of the analysis. The data we used in the analysis reflect the outcomes of applicants who had been enrolled in the SGA Project demonstration for between 8 and 20 months. Many of these applicants were still receiving services or had not yet

dropped out as of late April 2017, the date of the VRS case service data we used to conduct the evaluation. As of that date, roughly 40 percent of VRS cases remained open.

As the clients with open cases exit from services, we would expect the estimates of the SGA Project impacts to change on employment and SGA-level earnings. Because the innovations increased the speed by which enhanced-service clients received their services, it is possible that those most likely to obtain employment anyway (even in the absence of the innovations) simply did so sooner at the enhanced-service sites. Therefore, the differences in employment we observed as of April 2017 could be due more to the increase in the pace of services than to any substantive effects of the innovations. If this were the case, then the impacts we estimated would be biased upward, in favor of the enhanced-service sites. But it is also possible that the differences in the rates of employment and SGA-level earnings between the enhanced- and usual-service clients will increase and become statistically significant as more clients with open cases exit services.

The contribution of each individual innovation is unknown. The evaluation design does not permit us to assess the impact of each innovation on its own. Therefore, we cannot know which features of the SGA Project innovations had the greatest influence on the impacts we observed. In Minnesota, the staff believed that the faster pace of services and the consistent and early involvement of the financial specialist were the innovations' most important features. Because these features represented significant departures from the usual services, they likely contributed to the observed impacts, even if we cannot quantify their contributions apart from the other innovations.

The analysis was limited in scope. For the impact analysis, we used VRS case file data on services and case closures. These data allowed us to assess intermediate service delivery and closure outcomes. However, the data reflect clients' status only at the time their cases closed and not their subsequent long-term employment. The data also do not reflect the subsequent employment and earnings of clients who dropped out, of which VRS staff would have no knowledge. Therefore, we were unable to assess the impact of the SGA Project innovations on employment more broadly defined.

The VRS case file data, along with the short study period, did not permit us to assess the innovations' impact on SSDI benefits suspended or terminated because of earnings, nor on SSA reimbursements to VRS. Impacts on these outcomes could be assessed using SSA administrative data; however, given the nature of SSA work incentives and how SSA processes earnings information, more time would need to elapse before we could observe these impacts. The nine-month SSDI trial work period and lags in processing SSDI benefit adjustments and VR reimbursement claims suggest that another year or two must elapse before those impacts might be evaluated. Nonetheless, analysis of these outcomes is necessary to determining the impacts of the SGA Project innovations and their benefits relative to their costs.

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APPENDIX A

METHODS

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In this appendix, we summarize the qualitative interview process used to inform the process evaluation and describe the methods we used to produce the quantitative estimates that inform the impact analysis of the SGA Project demonstration.

A. Qualitative interviews

We conducted two rounds of site visits and multiple interviews with Minnesota VRS leadership and staff during the SGA Project demonstration. Two Mathematica staff members familiar with VR services and SSDI program rules conducted each interview (ranging from 45 to 90 minutes), using a semi-structured interview guide. The interviews covered a range of topics, including staff structure and organization, experience with training and technical assistance, experience with implementation, lessons learned and best practices, perceived effect on client experience and outcomes, potential spillover, and sustainment and broader systems change.

In 2016 and 2017, we visited 9 and 5 VR field sites respectively, representing 6 of the 8 districts that implemented the SGA Project innovations (enhanced-service sites) and 3 of the 8 sites serving as control sites (usual-service sites). Site visit locations included:

- Metro region: Anoka, Burnsville, North Minneapolis, and North St. Paul
- North region: Cambridge and Duluth
- South region: Mankato, Marshall, and St. Cloud

We conducted multiple one-on-one or small-group interviews with about 65 members of the Minnesota VR workforce, including RAMs, VR counselors, financial specialists, placement specialists, and VR agency leaders. We also conducted telephone interviews with members of ICI's training and technical assistance team. In addition, we observed selected ICI in-person training and technical assistance activities.

B. Random assignment

The impact evaluation relied on a stratified, clustered, random assignment design whereby VRS service areas were matched into pairs and then randomly assigned to implement either the SGA Project enhanced services or usual services. Before implementing random assignment, ICI staff discussed the site selection process with VRS representatives and collected information about the VRS service areas across the state. We used the information collected during these discussions to implement the area-level random assignment. All VRS offices in the state participated in the study.

ICI confirmed that all participating VRS offices would be randomly assigned to enhanced- or usual-service status and that each was willing and able to implement the SGA Project innovations if selected as an enhanced-service site. ICI also asked VRS representatives to characterize the service areas in its state. Of particular concern, given the relatively small number of sites, was that simple random selection of VRS service areas might result in unbalanced distribution of site characteristics across enhanced- and usual-service offices: for example, one group might consist predominantly of urban areas and the other of non-urban areas. Not only would this unbalanced distribution potentially cause difficulties in implementation, it would also

make enhanced- and usual-service sites less similar, reducing the statistical power of the impact analysis. Accordingly, we randomly selected sites within smaller predefined groups, or strata.

With the information provided by VRS in 2014, we divided the 17 VRS areas into groups, each containing 2 or more sites that were characterized as similar. The group definitions reflected geographic regions and urban versus rural areas. Within each group, we created pairs according to VR unit performance, defined in terms of client employment outcomes. In Minnesota, the employment outcome used was the three-year average percent of SSDI-only clients who achieved employment with wages above the SGA level. These pairs were the sampling strata. Within each stratum, we randomly selected one site to be an enhanced-service site and the other to be a usual-service site. One geographic group contained an odd number of sites. In this case, we developed pair-wise matches of the VR units that were most similar in the group and then left the odd unit to be randomized on its own. The unmatched VR district was assigned to usual services. Because of its specialized caseload of hearing-impaired clients, we subsequently excluded this odd unit from the analysis, thus resulting in a total of 16 VRS areas included in the analysis, with 8 assigned to implement enhanced services and 8 assigned to implement services as usual.

Stratification and random assignment within each stratum substantially increased the likelihood that the enhanced- and usual-service sites would be balanced across a number of key characteristics that were likely to be correlated with study outcomes. Although the selection of strata and the pairing of sites within strata was necessarily a judgment call, random assignment helps ensure that assignment to enhanced- or usual-service status was not biased by that judgment.

C. Data sources

We used administrative data that VRS provided on individuals who applied for VR services at the enhanced- or usual-service sites. VRS provided two sets of files:

- Case file data on clients who applied to VRS in the year prior to the demonstration, from April 1, 2014, to September 30, 2014. These files included data on all services and closures through October 6, 2016.
- Case file data on demonstration and nondemonstration clients who applied to VRS during the demonstration period, from August 3, 2015 to August 3, 2016. These files include data on all services and closures through April 24, 2017.

D. Evaluation sample

We constructed the sample for the impact evaluation by imposing the eligibility criteria for the SGA demonstration. These criteria include:

- An application date from August 3, 2015, through August 3, 2016
- Having a disability other than blindness
- Receiving SSDI on the basis of one's own employment, and not receiving SSI at application
- Age 18–64 at application

We then identified clients in enhanced- and usual-service sites by the site location where the client applied for services.

The sample reflects an “intent-to-treat” evaluation design, where all individuals who could have received enhanced services are included in the treatment group, regardless of whether they ultimately received enhanced services or not. Some individuals may not have received enhanced or usual services for a number of reasons, including that they were deemed ineligible for VR, they were no longer interested in receiving services, or counselors failed to identify them as eligible for the SGA demonstration.

To examine whether the demonstration had impacts—positive or negative—on non-SGA Project clients, we also examined VR process outcomes for clients who were not eligible for the demonstration. These include clients who had an application date between August 3, 2015, and August 3, 2016; were age 18–64 at application; and were SSI recipients or nonbeneficiaries.

E. Primary outcomes

Although our analysis examined a large number of program and employment outcomes, we based our conclusions about the impact of the SGA project innovations on the differences between the clients at enhanced- and usual-service sites with respect to a prespecified primary outcome in each of four domains. The purpose of selecting a set of primary outcomes was to (1) focus the impact evaluation on the outcomes that would provide the most robust evidence about program effectiveness and (2) reduce the chance of falsely concluding the innovations had an effect, which could happen due to random chance when testing many hypotheses.

With every additional hypothesis we test, we increase the cumulative probability of concluding that the program had an impact when it did not; our evaluation balances this risk in its design. We followed a framework recommended by Schochet (2009) for addressing multiple comparisons in policy evaluations. Specifically, we selected domains of interest to stakeholders and limited ourselves to one test for estimating whether the innovations had an impact in that domain. By limiting the evaluation to one test per domain, we eliminate the need to adjust standard errors for multiple comparisons within a domain. However, we do provide statistics on a large number of other service delivery and employment outcomes in Appendix C of this report, for descriptive purposes only and to help interpret the impact findings. We describe these secondary outcomes in the next section. The four domains and primary outcomes we selected to measure the success of the SGA Project innovations are shown in Table A.1. We discuss the rationale for selecting these four outcomes in the body of the report.

Table A.1. Primary outcomes

| Domain | Primary outcome measure |
|------------------------------|---|
| Pace of services | Percentage of applicants with a signed IPE within 30 days of application |
| Successful client engagement | Percentage of applicants who did not drop out before obtaining competitive employment |
| Competitive employment | Percentage of applicants whose cases closed with competitive employment |
| SGA-level earnings | Percentage of applicants whose cases closed with SGA-level earnings |

F. Secondary outcomes

We estimated means and differences between enhanced- and usual-service sites for a number of additional outcomes. These additional outcomes provide descriptive information to better understand the SGA Project innovations and to support or explain the findings with respect to the four primary outcomes. We grouped the other outcomes obtained from the VRS case file data into the following four domains. Table A.2 lists these secondary outcomes.

Table A.2. Secondary outcomes

| |
|--|
| Pace of services |
| <ul style="list-style-type: none"> Percentage of applicants with eligibility determination within two business days after application Average number of business days between application and eligibility determination Average number of days between application and IPE development Average number of days from application to closure |
| Successful client engagement |
| <ul style="list-style-type: none"> Percentage closed without employment, after signed IPE Percentage closed without signed IPE Percentage closed as an applicant or from an order of selection waiting list Percentage close because no longer interested in services Percentage closed because not able to contact Percentage closed with other closure reasons (incarceration, other institutionalization, transfer to other agencies, other reasons) |
| Service receipt |
| <ul style="list-style-type: none"> Percentage with purchased services for the following four service categories: benefits counseling, job placement, other employment services, or training (including college training, occupational or vocational training, or other training) Average number of days from application to first service authorization for each selected service categories that contained adequate sample sizes (among those for whom the service category was authorized) Average total authorized purchased-service costs |
| Job characteristics of clients who closed with employment |
| <ul style="list-style-type: none"> Average weekly hours worked Average monthly earnings (inflation adjusted to 2017 dollars) Percentage with earnings less than 50 percent of SGA Percentage with earnings 50 percent to 99 percent of SGA Percentage with earnings 100 percent of SGA or more |

G. Estimation methods

For all outcomes, we estimated the differences in mean outcomes between applicants at enhanced- and usual-service sites who were enrolled in the demonstration. As noted previously, we used an “intent-to-treat” design, where all applicants meeting the study inclusion criteria at the enhanced- and usual-service sites are included in the analysis, regardless of whether they received services. The estimated difference in the mean outcomes represents an estimate of the impacts of the SGA Project innovations.

Credible comparison group. The approach we used to estimate impacts of the SGA Project innovations relies on the extent to which the usual-service clients represent a credible comparison group for clients served at the enhanced-service sites—that is, their experiences represent what would have occurred with clients at the enhanced-service sites in the absence of the SGA Project innovations. For several reasons, we believe that the outcomes of clients in usual-service sites closely represent the outcomes that clients at enhanced-service sites would have experienced had it not been for the SGA Project innovations:

- Sites were randomly assigned to deliver enhanced or usual services
- The characteristics of clients in both sets of sites are statistically similar across nearly all demographic and impairment characteristics (see Table II.3)
- The similarity in the characteristics and primary outcomes between these groups during a baseline period before the SGA Project was implemented increases our confidence that differences between the groups we observe during the demonstration period can be attributed to the SGA Project innovations (Tables A.3 and A.4).

Accounting for differences in client characteristics at enhanced- and usual-service sites. Despite the similarity in the characteristics of clients at the enhanced- and usual-service sites, we controlled for the observed differences to improve the precision of estimates by using multivariate regression models to estimate the impacts of the SGA Project innovations. The regression models include client characteristics at application, including age, gender, race, education, primary impairment, and previous VR closure. The models also control for month of application, which ranged from August 2015 to August 2016, using a variable equal to the number of months from the date of application through April 2017 (the month through which we have data on services and closures). This is important because clients who applied earlier are more likely to have had their cases closed by April 2017.

Accounting for pre-demonstration site-level difference. The regression models for the four primary outcomes included the pre-demonstration district mean for the given primary outcome. Although there were no statistically significant differences in primary outcomes between enhanced- and usual-service sites during the pre-demonstration period (Table A.4), we included these means as additional controls to reduce the chances that differences in outcomes at the enhanced- and usual-service sites observed during the demonstration period reflect preexisting site-level differences. The regression models for the secondary outcomes included the pre-period value for the primary outcome that was most relevant to the particular outcome’s domain. Our models also account for the stratified random assignment design so that the

estimated impacts are based on comparisons between applicants in the districts that were paired within each stratum.

Table A.3. Characteristics of clients at enhanced- and usual-service sites during the pre-SGA Project period

| Characteristic | Enhanced services | Usual services | Difference ^a |
|--------------------------------------|-------------------|----------------|-------------------------|
| Number of applicants | 346 | 428 | |
| Sex (%) | | | |
| Male | 51.7 | 54.4 | -2.6 |
| Female | 48.3 | 45.6 | 2.6 |
| Race (%) | | | |
| White | 84.4 | 81.7 | 2.7 |
| Black | 8.7 | 12.8 | -4.2 |
| Other | 6.9 | 5.5 | 1.5 |
| Hispanic ethnicity (%) | 3.5 | 2.6 | 0.9 |
| Age (%) | | | |
| 18–24 | 2.9 | 1.4 | 1.4* |
| 25–34 | 13.9 | 14.6 | -0.8 |
| 35–44 | 22.0 | 20.0 | 2.0 |
| 45–54 | 28.9 | 31.1 | -2.2 |
| 55–64 | 32.4 | 32.8 | -0.4 |
| Education (%) | | | |
| No high school diploma | 5.8 | 5.0 | 0.8 |
| High school diploma | 38.4 | 37.9 | 0.5 |
| Some postsecondary education | 20.5 | 17.8 | 2.8 |
| Associate's degree | 22.8 | 25.0 | -2.2 |
| Bachelor's degree or more | 12.1 | 14.4 | -2.2 |
| Previous VR applicant (%) | 53.8 | 61.4 | -7.6 |
| Primary impairment (%) | | | |
| Sensory/communicative | 2.3 | 4.5 | -2.2 |
| Physical | 22.5 | 23.6 | -1.0 |
| Cognitive/psychosocial | 69.4 | 64.7 | 4.6 |
| Employment status at application (%) | | | |
| Employed | 14.5 | 14.8 | -0.3 |
| Not employed | 85.5 | 85.2 | 0.3 |

Note: This table contains data on individuals who applied for services between April 1, 2014, and September 29, 2014 (pre-period) and met the criteria for inclusion in the SGA Project demonstration.

*/**/** indicates significantly different from zero at the .10/.05/.01 level.

aMay not equal the simple difference between the enhanced- and usual-service figures shown due to rounding.

Table A.4. Estimated differences in primary outcomes between applicants at enhanced and usual-service sites during the pre-SGA Project period

| Measure | Enhanced services | Usual services | Regression-adjusted difference |
|---|-------------------|----------------|--------------------------------|
| Number of applicants | 346 | 428 | |
| Applicants with a signed IPE within 30 days of application (%) | 18.8 | 17.5 | 1.3 |
| Applicants who did not drop out before obtaining competitive employment (%) | 51.2 | 48.8 | 2.3 |
| Applicants who closed with competitive employment (%) | 31.8 | 32.5 | -0.7 |
| Applicants who closed with SGA-level earnings (%) | 5.8 | 6.5 | -0.8 |

Source: October 2016 case file data on applicants who applied for services between April 1, 2014, and September 29, 2014; were receiving SSDI-only benefits at application; and were age 18–64 at application.

Note: Regression-adjusted differences are not statistically significant.

Computing standard errors. To account for the fact that randomization occurred at the district, rather than the client, level, we adjusted all standard errors to account for clustering at the district level. We calculated the regression-adjusted differences based on a linear model with a wild cluster-bootstrap percentile-t procedure (Cameron et al. 2008). This approach uses bootstrapping to address issues present when estimating cluster-robust standard errors with a small number of clusters (5 to 30). The approach reduces the rate of falsely rejecting the null hypothesis of no impacts.

Sensitivity analysis. As a sensitivity analysis (not presented in this report), we estimated outcomes among the subset of the evaluation sample in enhanced-service sites for whom SGA Project staff had documented receipt of at least one SGA Project innovation in VRS' case management system. In general, the estimated differences in outcomes between this subset of clients who received enhanced services and clients who received usual services were of a larger magnitude than the estimates for the full sample. The larger magnitude is consistent with what we would expect if the enhanced services were in fact effective, but some clients in the enhanced-service sites did not receive any enhanced services.

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APPENDIX B

TECHNICAL ASSISTANCE AND TRAINING

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Technical assistance (TA) overview

Before the SGA Project started, VRS and ICI worked collaboratively to design the implementation process. The demonstration was launched through two three-day staff training sessions conducted in August 2015. The training sessions were attended by all staff from the enhanced-service sites, including financial specialists, job placement specialists, VR counselors, and RAMs. The first two days of the training focused on teaching staff to use engagement strategies and techniques, such as motivational interviewing. These sessions were led by staff from the VR Development Group, an independent contractor of the VR agency that specializes in VR best practices. The third day of the training was led by staff from ICI and provided the basics regarding the SGA Project innovations, research design, and demonstration procedures. SGA Project enrollment began immediately after these trainings.

ICI staff conducted planned TA visits to all eight enhanced-service sites within the first two months of implementation, and made several additional visits throughout implementation. These visits primarily targeted the RAMs, who were responsible for SGA Project oversight in their respective offices. They also provided opportunities for check-ins with VR counselors, financial specialists, and job placement specialists, and provision of any needed technical assistance. Enhanced-service site staff also received TA and support from other organizations contracted by VRS. The level and frequency of TA varied based on staff role and, to a lesser extent, site location. Below, we summarize the TA that was available to each SGA Project field staff group.

TA to VR counselors

Beyond the initial training provided before enrollment began, VR counselors received no SGA Project-specific training or TA. VRS and ICI did not develop targeted training for these staff for three reasons. First, unlike the financial and job placement specialists who handled all SGA Project clients for their assigned office, each VR counselor had a relatively small caseload of SGA Project clients. Second, the VR counselors had been the subject of significant training efforts related to other preexisting initiatives, such as motivational interviewing, and VRS did not want these staff burdened with further training. Third, VRS and ICI did not anticipate that the SGA Project model would significantly alter the services provided by the VR counselors. Instead, VR counselors sought support from their RAMs and from ICI staff when those staff conducted office visits. Most VR counselors, however, believed that they did not receive sufficient training, particularly related to the teaming component; in response, about a year after implementation, ICI organized a technical assistance session directed exclusively to the VR counselors to identify and discuss best practices.

TA to financial specialists

VRS and ICI provided training and technical assistance to financial specialists through a collaboration of staff from ICI, the Disability Linkage Line, and Griffin-Hammis Associates, a VRS contractor that specializes in providing technical assistance related to employment and disability initiatives. The financial specialists met with technical assistance staff every other week by phone and once a month in person. The content of these sessions included descriptions of benefits and service systems; explorations of tools, resources, and other means for accessing important financial information; and staff discussions of best practices for presenting complex financial information to clients and agency staff.

TA to job placement specialists

Beyond the initial rollout training, VRS and ICI provided no additional curriculum or training to job placement specialists. Most staff in this position previously worked for CRPs and thus were not new to either the enhanced-service sites or the job placement specialist role. In addition, the services provided were similar to those being provided under the usual-service environment, although the job placement specialists provided them earlier in the client process. As a result, no SGA Project-specific training protocol was developed for the job placement specialists. VRS did, however, conduct quarterly technical assistance meetings with these staff to ensure cross-site consistency and to address service delivery challenges. On occasion, ICI staff attended these meetings to discuss or address SGA Project-specific concerns.

APPENDIX C

STATISTICS ON STUDY OUTCOMES

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Table C.1. Eligibility and IPE development outcomes, April 2017

| Measure | Enhanced services | Usual services | Regression-adjusted difference |
|---|-------------------|----------------|--------------------------------|
| Number of applicants | 674 | 682 | |
| Eligibility | | | |
| Number of applicants who were eligible | 660 | 666 | |
| Percentage of applicants who were eligible | 97.9 | 97.6 | -0.9 |
| Percentage of applicants determined eligible within 2 business days of application | 37.7 | 23.7 | 13.2** |
| Average number of business days between application and eligibility (among those who were eligible) | 6.5 | 11.1 | -4.6* |
| IPE Development | | | |
| Number of applicants with an IPE | 535 | 488 | |
| Percentage of applicants with an IPE | 79.4 | 71.0 | 4.7* |
| Percentage of applicants with an IPE within 30 days of application | 34.7 | 25.8 | 8.2* |
| Average number of days between application and IPE development (for those with an IPE) | 49.4 | 60.8 | -11.3 |

Source: VRS case file data.

Note: Bold type indicates a primary study outcome.

*/**/** indicates significantly different from zero at the .10/.05/.01 level.

Table C.2. VR case closure outcomes, April 2017

| | Enhanced services | Usual services | Regression-adjusted difference |
|--|-------------------|----------------|--------------------------------|
| Number of applicants | 674 | 682 | |
| Closure outcome (percentage of all applicants) | | | |
| Not closed | 39.8 | 42.7 | -0.7 |
| Closed | 60.2 | 57.3 | 0.7 |
| Closed with competitive employment | 27.7 | 21.3 | 5.7 |
| Closed without employment, after signed IPE | 16.0 | 16.4 | -1.4 |
| Closed without employment, before signed IPE | 14.4 | 16.6 | -4.1* |
| Closed as an applicant or from a waiting list | 2.1 | 3.1 | 0.4 |
| Reason for closure (percentage of all applicants) | | | |
| Achieved employment outcome | 28.2 | 21.4 | 6.0* |
| No longer interested | 16.2 | 19.1 | -4.4*** |
| Unable to locate or contact | 4.7 | 4.2 | 0.0 |
| All other reasons | 11.1 | 12.7 | -0.9 |
| Other closure outcomes (percentage of all applicants, unless otherwise specified) | | | |
| Average number of days from application to closure (among closed cases) | 212.1 | 213.1 | -10.2 |
| Closed with SGA-level earnings | 5.5 | 4.4 | 1.3 |
| Did not drop out before obtaining competitive employment | 67.5 | 63.9 | 5.5** |

Source: VRS case file data.

Note: Bold type indicates a primary study outcome.

*/**/** indicates significantly different from zero at the .10/.05/.01 level.

Table C.3. Other service delivery outcomes, April 2017

| Other service outcomes | Enhanced services | Usual services | Regression-adjusted difference |
|--|-------------------|----------------|--------------------------------|
| Number of applicants | 674 | 682 | |
| Benefits counseling services | | | |
| Percentage of applicants authorized to receive service | 1.3 | 14.5 | -12.9*** |
| Job placement services | | | |
| Percentage of applicants authorized to receive service | 31.3 | 40.3 | -9.7* |
| Days between application and first authorization for service (for those authorized to receive service) | 96.3 | 89.4 | 9.0 |
| Other employment-related services | | | |
| Percentage of applicants authorized to receive service | 3.4 | 7.8 | -4.1 |
| Training services | | | |
| Percentage of applicants authorized to receive service | 13.8 | 13.4 | -1.5 |
| Days between application and first authorization of service (for those authorized to receive service) | 142.0 | 202.4 | -59.5 |
| Average authorized purchased-service costs (\$) | 1,577.2 | 2,134.0 | -669.1 |

Source: VRS case file data.

Note: Service statistics include purchased services that were authorized as of April 24, 2017.

*/**/** indicates significantly different from zero at the .10/.05/.01 level.

Table C.4. Employment characteristics of applicants who exited with employment, April 2017

| | Enhanced services | Usual services | Regression-adjusted difference |
|--|-------------------|----------------|--------------------------------|
| Number employed at closure | 187 | 146 | |
| Average weekly hours worked at closure | 20.7 | 20.7 | 0.6 |
| Average monthly earnings at closure (\$2017) | 1,049.4 | 1,123.6 | -23.6 |
| Average hourly wage at closure (\$2017) | 11.3 | 12.2 | -0.7 |
| Earnings relative to SGA (%) | | | |
| Closed with earnings less than 50% of SGA | 13.9 | 12.0 | 2.3 |
| Closed with earnings 50%–99% of SGA | 66.3 | 65.7 | -4.1 |
| Closed with earnings 100% of SGA or greater | 19.8 | 22.3 | 1.7 |

Source: VRS case file data.

Note: The differences between the enhanced- and usual-service sites are not statistically significant.

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