INTRODUCTION

The Institute for Community Inclusion at the University of Massachusetts-Boston and Mathematica Policy Research received a grant from the U.S. Department of Education’s Rehabilitation Services Administration to develop and test service innovations designed to improve the employment outcomes of nonblind vocational rehabilitation (VR) clients receiving Social Security Disability Insurance (SSDI) benefits. The resulting demonstration, the Substantial Gainful Activity (SGA) Project, was implemented in Kentucky and Minnesota from 2015 to 2017. This brief describes the experiences of the Kentucky Office of Vocational Rehabilitation (OVR) in implementing the SGA Project.¹

OVR WAS MOTIVATED TO TEST INNOVATIONS IN SERVICE DELIVERY

OVR leaders were excited about testing new approaches to service delivery that were designed to make their agency more effective and to address the fact that many clients drop out of VR services before they find a job. The SGA Project demonstration gave OVR the opportunity to test innovations that could improve employment outcomes for SSDI-only clients and, as a result, increase the reimbursements OVR receives from the Social Security Administration (SSA). In addition, OVR had long been interested in building its capacity to provide clients with work-incentive counseling, and the SGA Project offered a chance to incorporate benefits counseling into day-to-day operations. Finally, OVR saw participation in the SGA Project as a vehicle to build on and guide ongoing efforts to reform the VR system through the state’s Employment First program.²

OVR TESTED FOUR INNOVATIONS

For the demonstration, Mathematica randomly assigned seven OVR districts to provide the SGA Project innovations to eligible SSDI clients (enhanced-service sites) and randomly assigned another seven districts to provide their usual services (usual-service sites). More information about the study’s data and methods can be found in Box 1.

As shown in Figure 1 and described below, the SGA Project innovations had four components delivered by a three-member team.
Faster pace of services and rapid client engagement. VR counselors (VRCs) at the enhanced-service sites were expected to complete the VR eligibility determination within 2 days (compared with 60 days at the usual-service sites) and develop the individualized plan for employment (IPE) within 30 days (compared with 90 days at the other sites).

Financial and benefits planning. OVR hired three Kentucky work incentives coordinators (KWICs) to provide clients with early and ongoing financial education and counseling regarding benefits and financial needs. KWICs were expected to help clients understand the range of state and federal benefits for which they might be eligible, the implications of work and earnings for these benefits, and options for returning to work. Under usual services, VRCs referred clients to a vendor for benefits counseling, but broader financial education was not part of this service.

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

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

EVALUATION FINDINGS REVEAL NOTABLE IMPACTS OF THE SGA PROJECT INNOVATIONS ON CLIENT OUTCOMES

As shown in Figure 2, the SGA Project innovations significantly increased the likelihood that an applicant obtained an IPE within 30 days of application. The innovations also increased the likelihood...
that an applicant’s case closed with both competitive employment and SGA-level earnings. But we did not find a significant impact on the likelihood that an applicant would stay with VR services until he or she found competitive employment. However, at the time of the analysis, 37 percent of participants’ cases remained open. Once all cases close, we may see a measurable impact on that outcome.

IMPLEMENTATION CHALLENGES AFFECTED DEMONSTRATION OUTCOMES

Data collected during the demonstration suggest that participants did not fully or consistently receive all components of the innovation. About 40 percent of applicants were determined eligible within the project goal of 2 days of application, and one-quarter (27 percent) received an IPE within the project goal of 30 days of VR application. About half (47 percent) of clients received a benefits analysis. And although most clients participated in an initial CTA meeting (56 percent), just 27 percent of those who had a meeting completed it within the project goal of 5 business days after application.

Staff at the enhanced-service sites encountered challenges that affected their clients’ access to the innovations. First, because the pacing innovation was a major shift from their usual, more deliberate approach to IPE development, some VRCs resisted adopting the faster approach at first. But over time and with technical assistance from the Institute for Community Inclusion, VRCs grew more adept with presumptive eligibility procedures and better able to swiftly develop and modify IPEs. Second, delays in obtaining documentation from SSA needed for eligibility determinations and benefits analyses prevented some staff from meeting the pacing targets. Large caseloads and staff turnover also made it difficult for staff to meet the SGA Project’s targets for pacing and service delivery for some clients. Finally, some staff struggled to effectively adopt the CTA because of logistical barriers related to scheduling CTA meetings and confusion about the roles and responsibilities of the team members.
OVR LEADERS AND STAFF LEARNED SEVERAL LESSONS FROM THEIR EXPERIENCE IMPLEMENTING THE SGA PROJECT

As a result of participating in the SGA Project, OVR staff became more aware of presumptive eligibility guidelines and more adept at using dynamic strategies to develop IPEs. Many VRCs came to embrace the IPE as a living document that could be drafted with available information and amended as needed. Many VRCs also accepted faster pacing as a best practice when they observed clients who were more engaged and saw the first successful VR closures among clients who received faster pacing. To further disseminate knowledge, OVR held a statewide training conference in March 2017 to teach OVR staff throughout the system about presumptive eligibility guidelines and dynamic IPE strategies.

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

OVR staff learned the value of early collaboration and knowledge exchange with other key providers. Under the usual VR practices, VRCs lead the rehabilitation process and refer clients to other service providers as needed. But through the SGA Project innovations, VRCs collaborated with their colleagues and learned about new resources and strategies to help their clients. For example, many staff believed that the financial counseling and education innovation made OVR staff members more aware about SSA work-incentive provisions relevant to SSDI-only clients at risk of losing their benefits. By the end of the demonstration, many VRCs felt more confident discussing benefit issues with their clients.

Finally, OVR leaders recognized the need to strengthen linkages with SSA. The SGA Project increased OVR’s demand for information about benefit receipt, which is critical both to making timely presumptive eligibility decisions and to understanding the implications of work and earnings for clients. Field staff also encountered barriers to implementing faster-paced services, due in part to delays in receiving SSA documents for assessment and eligibility determinations. Based on the experience with the SGA Project, OVR plans to establish an electronic data exchange and stronger ties with SSA.

BOX 1: DATA AND METHODS

We randomly assigned OVR districts in the demonstration to provide either the enhanced SGA Project services or their usual services. OVR enrolled nonblind SSDI-only applicants for VR services into the demonstration from May 1, 2015, through July 29, 2016. The evaluation was based on: (1) VR administrative data on these individuals from application through April 19, 2017; (2) data collected in spring 2016 and 2017 during two rounds of site visits featuring multiple interviews with OVR leaders and staff; and (3) interviews with staff at the Institute of Community Inclusion who provided training and technical assistance to OVR throughout the demonstration.

We estimated the impacts of the SGA Project innovations by comparing the outcomes of SSDI-only clients who applied for services at offices that implemented the SGA Project innovations to those who applied for services at offices that did not. We examined outcomes as of April 19, 2017, and measured the employment outcomes at the time clients’ cases closed (that is, when they stopped receiving or attempting to receive services). Our methods account for differences in the characteristics of the clients at both types of offices, as well as pre-demonstration differences in client outcomes by office.