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REPORT

Kentucky's SGA Project Demonstration: An Interim Evaluation Report

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The views and opinions expressed here are those of the authors and do not necessarily reflect the views, opinions, or policies of ICI, the Kentucky Office of Vocational Rehabilitation, or the Rehabilitation Services Administration. The authors are solely responsible for any errors.

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TABLES

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ACRONYMS

BPQY	Benefits planning query
BSA	Benefits summary and analysis
CMS	Case management system
CTA	Coordinated team approach
CWIC	Community work incentive coordinator
ICI	Institute for Community Inclusion
IPE	Individualized plan for employment
JPS	Job placement specialist
KWIC	Kentucky work incentive coordinator
OVR	Office of Vocational Rehabilitation
RCD	Rehabilitation counselor for the deaf
RPM	Regional program 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
VRC	Vocational rehabilitation counselor
WIPA	Work Incentives Planning and Assistance

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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 state vocational rehabilitation (VR) clients receiving Social Security Disability Insurance (SSDI) benefits, but not Supplementary Security Income (SSI) benefits (hereafter SSDI-only clients). The resulting demonstration, called the SGA Project demonstration, involves 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, or SGA, level.[1] Two states—Kentucky and Minnesota—were recruited to participate in the SGA Project demonstration. In this report, we present findings on Kentucky's experience in implementing the SGA Project innovations during the first nine months of operation. We also present findings about the early employment-related outcomes of demonstration participants.

The Kentucky Office of Vocational Rehabilitation (OVR), in collaboration with ICI, developed a set of SGA Project innovations, which were administered by staff in seven randomly selected OVR districts.[2] The innovations took the form of the following enhanced services:

1. **Pacing and engagement.** The SGA Project enhanced services were designed to accelerate the VR process for application, eligibility determination, and IPE (individualized plan for employment) development.
2. **Financial planning and coordination.** Kentucky work incentive coordinators (KWIC) were established to provide early and ongoing financial education and counseling. They were to help clients understand the range of state and federal benefits for which they might be eligible, the implications of work and earnings on these benefits, and options for returning to work.
3. **Job placement services.** Job placement specialist (JPS) capacity was enhanced to provide clients with early and ongoing placement information and support, plus periodic follow-up after job placement. JPSs also conducted outreach to employers to build partnerships and facilitate client success.
4. **Coordinated team approach (CTA).** A VR counselor (VRC), KWIC, and JPS were to collaborate to provide clients with in-depth early and ongoing personalized discussions, counseling, and services.

Promising practices and lessons learned

In general, OVR executives and managers had a positive outlook about implementing the demonstration and were receptive to continuing enhanced services beyond the demonstration. Staff praised ICI's technical assistance (TA) team for providing useful feedback and addressing

[1] In 2016, SSA considers SGA for nonblind individuals to be monthly earnings in excess of $1,130.

[2] OVR selected two rehabilitation counselors for the deaf (RCDs) to serve as a separate intervention site. Because they were not randomly assigned, we excluded clients served by RCDs from the analyses conducted for the evaluation.

key issues and concerns. Informants highlighted several promising practices and lessons learned that emerged during the course of the SGA Project demonstration's implementation.

Promising practices

- VR administrators and staff viewed KWICs' involvement as valuable and essential to informing clients about their earnings and ability to work without losing benefits. Many branch managers and VRCs informed us that the SGA Project demonstration highlighted the importance of providing SSDI-only clients with benefits analysis early in the service provision process. As clients learned their financial status and options for work, many were more eager to proceed with the VR process.
- Some VRCs began to look for indicators that new clients would be receptive to the project's innovations, such as a strong desire to work. In adopting a counseling strategy, VRCs moved more slowly and in smaller meetings with clients who were resistant to earning above SGA or moving quickly into employment. This strategy is similar to the "red light, yellow light, green light" tactic that the KWICs use per the suggestion of the ICI TA team. Under this system, "green light" clients are eager to work and get off benefits, "red light" clients are extremely reluctant to get off benefits, and "yellow light" clients lie in between. KWICs were instructed to tailor counseling to their clients based on this schema, such as not attempting to convince a "red light" client to work above SGA in an initial conversation with the client.

Lessons learned

- SGA Project innovations represent a substantial shift in priorities and operating procedures for many staff implementing enhanced services. It has been a challenge to motivate VRCs to change practice patterns related to presumptive eligibility. For future implementation efforts, it may be beneficial to engage VRCs at an early stage to address resistance to enhanced services and allow staff to offer their perspective on the demonstration in advance of implementation.
- Adequate and consistent staffing levels are essential to ensure that faster pacing and teaming objectives can be met. Districts with sufficient staffing levels were more confident about the innovations and spoke more favorably about the demonstration.
- Most VRCs enjoyed the opportunity to collaborate with their JPSs and new KWIC colleagues. However, many experienced difficulty in coordinating and scheduling CTA meetings, which led to delays in meeting the pace of service objectives.
- Involving JPSs early in the rehabilitation process creates a strong and meaningful bond with clients that help expedite employment decisions. When JPSs are involved early, they can make recommendations and provide feedback to the client on the local job market, enhancing informed choice, and potentially influencing the IPE decision-making process.
- Frequent delays in receiving SSA documentation slowed the pace of service delivery. Future projects may wish to develop a collaborative agreement or memorandum of understanding on operating procedures with SSA before implementation to allow for the timely and consistent transmission of client information.
- The majority of staff members viewed their role as providers of information and services that can help clients make informed choices about their future employment, earnings, and

benefits. Staff did not express an intent to help clients achieve earnings just under SGA. However, many staff members stated that, given individual circumstances, it is not always in the best interest of their clients to earn over SGA.

- Local factors affect implementation. In Kentucky, the service delivery context varies substantially across OVR districts, along with economic conditions. Some areas of the state have recently experienced economic growth. Predominantly rural districts have faced challenging economic conditions and claim few large employers or high-paying jobs for VR clients. In addition, transportation is a significant barrier for clients, particularly those residing in rural areas. Staff noted that lack of transportation can affect all aspects of the VR process, from attending application appointments to securing and retaining work.
- Most executive leadership, RPMs and branch managers expressed enthusiasm and support for the SGA Project, but not all. Enthusiastic leaders influenced field staff's willingness to engage in the new innovation and ongoing quality improvement activities. Branch managers with districts that were fully staffed had more resources to commit to their SGA Project activities and their staff were more confident about the innovations and the demonstration.

Early outcomes

Preliminary analysis of administrative data shows that clients served by sites that implemented the SGA Project innovations did not achieve key milestones as quickly as planned; however, they often achieved eligibility determination and IPE development more quickly than clients served by the sites implementing usual services. During the first six months following application, clients served by the sites implementing the SGA Project innovations were more likely to receive transportation and maintenance services and more likely to exit VR services with employment. They were not more likely to achieve earnings above SGA than clients receiving usual services. Clients served by sites that were not implementing the SGA Project innovations were more likely to exit VR as an applicant. SSDI-only clients at usual service sites were also more likely to have their cases be closed before being determined eligible for services. It is important to emphasize that it is still too soon to draw conclusions about the final impacts of the SGA Project innovations based on the VR case report data. The data cover only the first six months after application and only a subset of demonstration enrollees. We expect that the outcomes of the early closure cases will not necessarily be representative of the outcomes observed when all cases have eventually closed.

Current status

As of the date of this report, enrollment into the SGA Project demonstration has ceased, and OVR has begun investigating strategies to sustain components of the SGA Project demonstration—in particular, greater use of work incentive and benefits counseling.

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I. INTRODUCTION

A. Overview of the SGA Project demonstration

The Institute for Community Inclusion (ICI) at the University of Massachusetts-Boston and Mathematica Policy Research received a grant to develop a demonstration to improve the employment outcomes of state vocational rehabilitation (VR) clients receiving Social Security Disability Insurance (SSDI) benefits but not Supplementary Security Income (SSI) benefits (SSDI-only clients). The grant from the U.S. Department of Education, Rehabilitation Services Administration (RSA) funded the development and testing of service innovations designed to improve the employment outcomes of SSDI-only clients. The state VR agencies in Kentucky and Minnesota agreed to participate in the demonstration.

RSA established several key parameters for the project:

- Develop service delivery innovations that will lead to sustained earnings above the Social Security Administration's (SSA) substantial gainful activity (SGA) level for non-blind SSDI-only beneficiaries served by VR agencies.
- The innovations must be within the control and scope of VR agency services and operations.
- The innovations should be based on strategies either currently used in high-performing agencies or proposed by leading practitioners.
- The innovations must be transferrable to state VR agencies not participating in the demonstration.

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

1. SSDI eligibility and VR services

Social Security Disability Insurance 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 engage in SGA for at least 12 months or until death ("medical eligibility") and (2) either meets the earnings history requirement for SSDI eligibility or is entitled to Social Security as a dependent of another beneficiary ("nonmedical eligibility"). Some SSDI beneficiaries are disabled adult children (DAC) or disabled widow(er)s of other beneficiaries. Of particular importance to RSA and state VR agencies, 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, assuming that the individual intends to achieve an employment outcome (O'Shaughnessy 2002). VR agencies help individuals return to work or gain new employment, and many SSA beneficiaries have acknowledged the role of VR in their efforts to return to work (Government Accountability Office 2007). 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 SSDI-only clients?

The project's focus on SSDI-only beneficiaries is warranted for several reasons. First, the recent growth experienced by the SSDI program is unprecedented. Some of this growth can be attributed to the recent economic recession, but it is also due to a variety of other reasons. Typically, once individuals enter the SSDI program, the probability is very low that they will ever leave for reasons other than death or transition to the Social Security retirement program. Even though relatively few individuals leave cash benefits for a job, many have employment goals and engage in employment or employment search and preparation activities. Finding ways to better support these efforts and increase SGA-level employment can help these clients be more independent and more successful economically, and can also contribute to slowing the rapid growth in the SSDI program.

Another reason to focus on SSDI-only beneficiaries is that their SSDI-only status indicates they 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 human capital that might be quickly leveraged to support significant levels of employment if other employment barriers can be addressed.

A final reason to focus on SSDI-only beneficiaries is that VR agency revenues can be enhanced if their SSDI clients more frequently achieve and sustain SGA-level employment. As discussed below, under SSA's Ticket to Work and traditional VR reimbursement programs, SSA makes payments to VR agencies for SSDI-only clients who achieve SGA-level employment for a sustained period. These payments reimburse VR agencies for the costs of providing services to this population.

Attainment of SGA-level earnings by SSDI-only VR clients is a significant milestone for benefit receipt. SGA, which is adjusted annually for inflation, is used by SSA in initial and ongoing SSDI benefit-eligibility determinations. In 2016, SGA is defined as unsubsidized monthly earnings of $1,130 or higher for non-blind beneficiaries; in 2015, it was equal to earnings of $1,090 or higher.[3] 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,

[3] The monthly SGA level for blind individuals was $1,820 in 2015, and remained at that amount in 2016.

[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

because sustained earnings above that level will eventually trigger complete loss of SSDI cash benefits.

SGA-level earnings represent a noteworthy achievement across 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 human capital 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 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.

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. It is important to note that although the focus is on delivering and testing service innovations intended to promote earnings at levels that exceed the SGA amount, 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, but rather, to find ways to support the ability of SSDI beneficiaries to engage in substantial gainful activity in the broader sense of the term.

3. 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 (RSA-911 files) to determine how states historically have ranked in terms of placing their SSDI-only clients in SGA-level employment, controlling for such factors as client characteristics and the state economy

the SGA level after the 36th month once all grace-period months have been used; otherwise benefits continue until terminated for some other reason.

- 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 comprised of four components intended to address specific employment and service-delivery barriers that could be tailored and implemented by the agencies participating in the demonstration. Elements of these components were evident at the high-performing state VR agencies that ICI and Mathematica staff visited for the case studies. In general, the four components are intended to address significant employment barriers faced by SSDI-only beneficiaries, as well as limitations in current VR service-delivery practices. In general terms, the four innovations being tested in the SGA Project demonstration include the following:

- **Increased pacing with a focus on client motivation and engagement.** A focus on pace and momentum is important because both affect client responsiveness. In many VR agencies, it is typical for clients to wait many weeks or months before a plan is developed and services are provided. Increasing the pace and momentum by which clients receive services is believed to lead to improved attachment to VR, better engagement in services, and greater client motivation. The increased pace can reinforce the need to focus as quickly as possible on employment outcomes to both staff and clients. By maintaining momentum, counselors can demonstrate their commitment to clients' success. Specific time frames and standards provide clear expectations for VR personnel and clients.
- **Effective financial education and benefits counseling services with a focus on household economic self-sufficiency.** Financial planning and education about benefits is essential for clients and team members; however, these services are not always available to VR clients or are provided late in the process. Accurate information early in the process is important so that clients and their employment service providers can make informed decisions about services and employment. Clients must develop a vision of how they can become self-supporting through work, and obtain knowledge and tools that will help them maximize their overall financial well-being as their earnings increase. Service providers must understand their clients' circumstances to help them achieve success.
- **Effective job development, placement services, and business relations.** Job development and placement services that focus on employer needs and relationships and client interests are vital. Effective business relationships 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. Though 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.
- **A coordinated team approach.** The client receives services that are coordinated by a team composed of a VR counselor, a financial planning specialist, and a job placement specialist. This team approach is intended to provide a comprehensive, holistic approach to the client's

rehabilitation engagement and employment process 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.

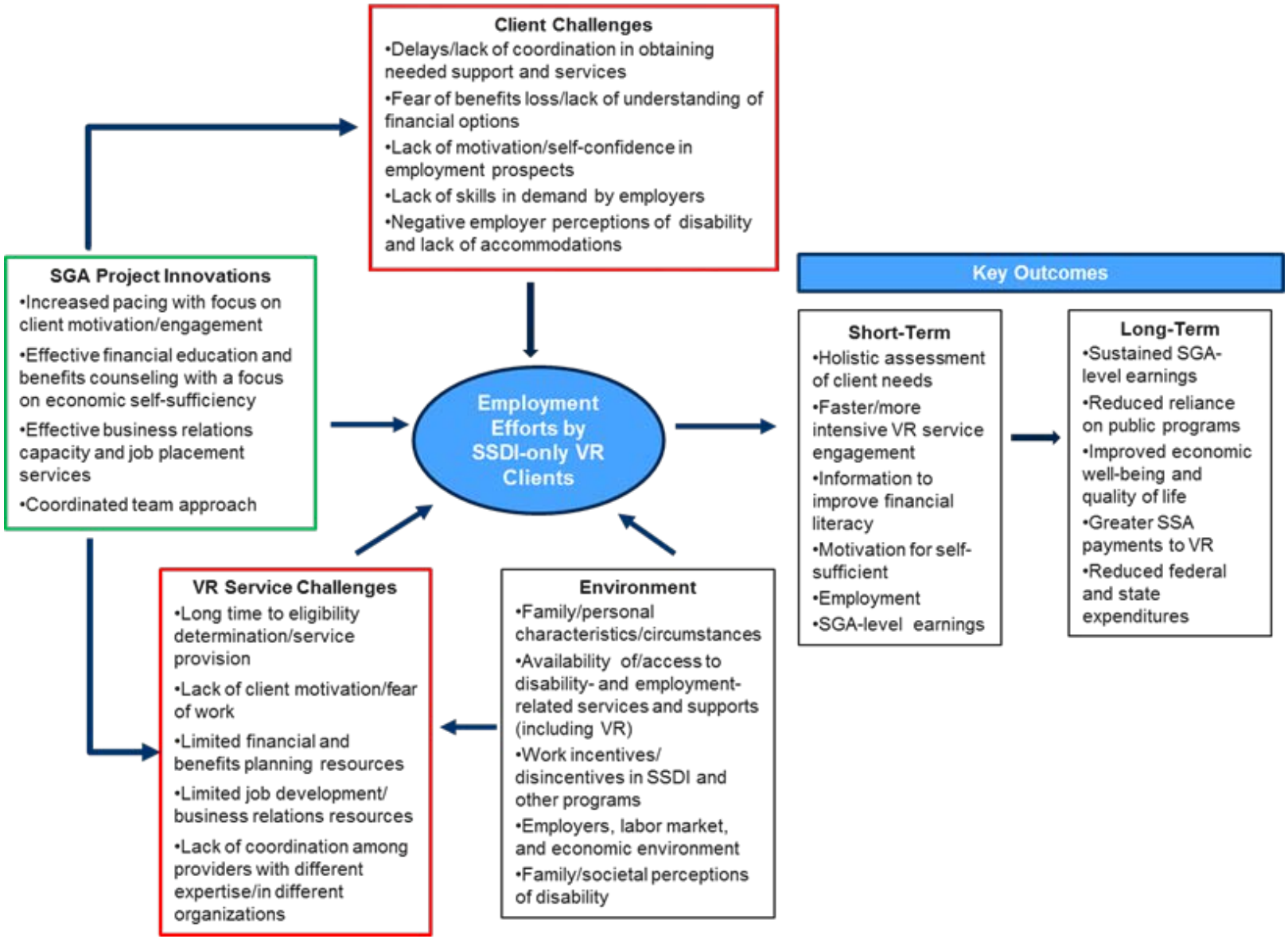
In consultation with ICI and based on these general goals, the two states participating in the SGA Project demonstration customized the specific innovations to be implemented in their respective states, adapting their practices to implement the SGA Project innovations within the constraints of their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

4. Conceptual framework

We hypothesize that implementation of the aforementioned innovations will 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. The SGA Project innovations are shown in the far left (green) box. A solid arrow points to the set of specific employment and VR service-related barriers they are intended to directly address, shown in the upper and lower red boxes (for example, a long wait for services, lack of service coordination, fear of benefit loss, and employer perceptions of people with disabilities). These barriers, and the mitigating effects of the SGA Project innovations on them, affect the employment efforts of SSDI-only beneficiaries, depicted in the center oval. A variety of environmental factors (shown in the lower black box) also affect the employment efforts of SSDI-only VR clients, as well as the VR services available to them.

Through their effects on the employment-related efforts of SSDI-only beneficiaries seeking VR agency services, the innovations are intended to lead to a variety of short- and long-term outcomes listed in the two boxes at the far right. 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).

Figure I.1. SGA Project Conceptual Framework



B. Objectives of this report and study methods

In this report, we present findings on the experiences of the Kentucky Office of Vocational Rehabilitation (OVR) in implementing the SGA Project innovations during the demonstration's first nine months of operation and early information about the employment-related outcomes of demonstration participants.[5] We base the report on information collected from RSA-911 data, site visits and interviews conducted with OVR administrators and staff involved in the demonstration, and administrative data provided by OVR. We describe these sources below and discuss the analytic approach in the technical appendix.

1. RSA-911 data

RSA uses the RSA-911 to collect case file information from states and territories about the individuals who receive VR and supported employment services under programs authorized by Titles I and VI of the Rehabilitation Act. The RSA-911 file contains case-level information about VR applicants, such as demographics, services received, and status at case closure. Each RSA-911 file contains information about all case closures in a particular fiscal year. For our analysis, we used the publicly available version of the RSA-911 file for fiscal year 2014. Our analysis file includes all Kentucky VR applicants who were SSDI beneficiaries (but not SSI recipients) at application. The RSA-911 does not contain information that identifies the specific VR office where the client received services. To identify VR office catchment areas, we used county and zip code information, along with Kentucky VR documentation of the zip codes typically served by specific offices, to associate each case with either an enhanced (receiving SGA Project services) or usual service office. This approach has some degree of inaccuracy because individuals can seek services at any VR office, regardless of where they live. We used this information to assess whether applicants to enhanced and usual services offices differed in terms of their characteristics and outcomes during the fiscal year before the year the SGA Project demonstration began.

2. Site visits and staff interviews

During the second and third weeks of May 2016, we visited 11 VR offices across Kentucky, including 6 of the 7 districts that implemented the SGA Project Demonstration's innovations (hereafter, referred to as the enhanced service sites) and 5 of the 7 districts serving as control sites (hereafter, referred to as usual service sites). Site visit locations included the following:

- Central districts: Bluegrass, Covington, Florence, Lexington, Louisville, and Middletown
- Eastern districts: Ashland and West Liberty
- Western districts: Bowling Green, Elizabethtown, and Owensboro

We conducted one-on-one or small-group interviews with about 65 members of the VR workforce, including regional program managers (RPM), branch managers, VRCs, financial planning specialists, and job placement specialists (JPS). We supplemented the interview information with 11 key informant telephone interviews. We also conducted telephone interviews with four members of ICI's training and technical assistance team and two

[5] In a companion report, we present findings on the experiences in Minnesota.

community work incentive coordinators (CWIC) on OVR's approved vendor list who provide services to VR clients. In addition, we observed ICI's in-person training and technical assistance (TA) activities. Two Mathematica staff members familiar with VR services and SSDI program rules conducted each interview (averaging 45 minutes), using a semi-structured interview guide.

3. Administrative data

OVR provided an extract of its administrative data to Mathematica to facilitate a quantitative description of the study sample, an analysis of services provided to the experimental groups, and a preliminary analysis of early impacts. The data included information on enhanced service group members and on SSDI-only beneficiaries in districts implementing usual services, along with several variables reported in the RSA-911 files and detailed information about SGA Project–specific process and service measures. In contrast to the data available in the RSA-911 files, the data provided by OVR were more recent and included information for members of both study groups regardless of case closure status.

C. Report organization

The remainder of the report is organized as follows. In Chapter II, we provide background on Kentucky state characteristics, OVR's organizational structure, and the types of services typically provided by the agency. In Chapter III, we describe the SGA Project Demonstration's innovations designed for OVR, how they differed from usual practices, and how Kentucky implemented them. In Chapter IV, we describe the nature of and experience with the TA received by staff for purposes of implementing the SGA Project Demonstration's innovations. In Chapter V, we describe the SGA Project Demonstration's implementation experiences in Kentucky, including fidelity to the service model, differences from usual services, implementation challenges, and staff views of the innovations. In Chapter VI, we report early impacts of the SGA Project Demonstration's innovations on service delivery and participants' employment outcomes. In Chapter VII, we discuss whether Kentucky is likely to sustain the SGA Project Demonstration's innovations. We conclude in Chapter VIII with a discussion of promising practices and lessons learned.

II. KENTUCKY VR AGENCY STRUCTURE AND SERVICES

In this chapter, we describe Kentucky's population and economic characteristics and the agency structure of the state's OVR. We then discuss the usual VR services provided by the agency and the staff who provide those services. Finally, we highlight the major reasons behind OVR leaders' decision to participate in the SGA Project demonstration.

A. Kentucky state characteristics

Kentucky's OVR provides employment services in a context noteworthy for relatively high poverty rates and low levels of educational attainment among the target population as compared with the context of many other state VR agencies. Relative to national averages, Kentucky residents had lower levels of income and educational attainment but similar employment rates (Table II.1). Median household income for Kentucky residents ($43,342) was substantially less than the national average ($53,482), resulting in a higher-than-average poverty rate (18.9 percent) for the state. The poverty rate pattern is similar for the percentage of people with disabilities below the federal poverty level; at 28 percent, Kentucky's poverty rate among people with disabilities exceeds the national average of 22 percent. Kentucky's unemployment rate (5.5 percent) is slightly less than the national average (5.8 percent). Kentuckians over age 25 have relatively lower levels of educational attainment than Americans in the same age category, with 84 percent with a high school diploma (relative to 86 percent of Americans) and 22 percent with a bachelor's degree or higher (relative to 29 percent of Americans).

Table II.1. Kentucky and national demographic and economic characteristics

Characteristic	Kentucky	Nation
Population		
Number	4,425,092	321,418,820
Density (number per square mile, 2015)	112.1	91.0
Income		
Median annual household income (dollars, 2014)	43,342	53,482
Residents living below the federal poverty level (percent, 2014)	18.9	15.6
Residents with disabilities living below the federal poverty level (percent, 2014)	27.8	22.3
Residents with a language other than English spoken at home (percent, 2013)	5.0	20.7
Education		
Residents age 25 and older who are high school graduates (percent, 2014)	83.5	86.3
Residents age 25 and older with a bachelor's degree or higher (percent, 2014)	21.8	29.3
Employment		
Employed population in manufacturing (percent, 2014)	13.7	10.4
Employed population in service industry (percent, 2014)	16.6	18.2
Unemployment rate (percent, 2014)	5.5	5.8
Residents using public transit (percent, 2014)	1.1	5.1

Source: American Community Survey, U.S. Census Bureau.

Within Kentucky, the context for service delivery varies substantially across OVR districts, as economic conditions in the state vary across geographic areas. Some areas of the state, such as the Golden Triangle in the central region, have recently experienced economic growth, according

to OVR administrators and staff.[6] OVR districts with large urban cities or universities, such as Bowling Green, have also seen an improving economy and an increase in job opportunities. Predominantly rural districts, such as West Liberty and Ashland, have faced challenging economic conditions and claim few large employers or high-paying jobs for VR clients. In addition, residents in these areas sometimes lack the public transportation or well-maintained road systems needed to access employment opportunities.

SSA data from fiscal year 2014 reveal further differences between Kentucky and national averages across some SSDI beneficiary characteristics. Among residents age 18 through 64, Kentucky had 224,412 SSDI beneficiaries, representing about 8.2 percent of residents in that age category. The rate is almost twice that of the national average (4.8 percent). The diagnosis distribution of Kentucky SSDI beneficiaries was generally similar to the national distribution. For example, the percentage of beneficiaries with a mental disorder in Kentucky was about 33 percent, close to the national average of 35 percent. At 33 percent, the percentage of Kentucky beneficiaries with a musculoskeletal disorder was slightly greater than the U.S. average of 28 percent. For both Kentucky and the nation, SSDI beneficiaries were most likely to have psychiatric disorders, musculoskeletal disorders, or diseases of the nervous system and sensory organs. Although the Kentucky average household income was less than the national average, the average monthly SSDI benefit amount was almost as high—$1,138 for Kentucky compared with the U.S. average of $1,165 (Social Security Administration 2015).

B. OVR agency structure

OVR is a general VR agency based in Frankfort, Kentucky that operates within the Kentucky Career Center system. Kentucky Career Centers provide residents with access to a wide range of unemployment services, training programs, and workforce investment board agencies and community partners. In fiscal year 2015, OVR received a federal grant of $48.5 million to provide VR services (Rehabilitation Services Administration 2016a). OVR's organizational structure includes the executive director, the director and assistant director of program services, the director of the Carl D. Perkins Vocational Training Center, and a cadre of RPMs and branch managers who oversee direct VR service delivery across 14 districts.[7] In fiscal year 2014, OVR counted 15,759 program-eligible VR applicants for services, and more than half (54 percent) of applicants who exited from VR after receiving services that year were employed—that is, they maintained employment for a minimum of 90-days, or more, as appropriate, just before case closure. Nationally, the average general agency had 12,101 program-eligible applicants, and 59 percent of those who received services were employed at program exit. Kentucky's average cost of services per each program exit with employment was

[6] The Golden Triangle refers to an economic region that includes Lexington, Louisville, and Cincinnati/Northern Kentucky.

[7] Several notable changes to OVR's organizational structure occurred during the period of SGA Project implementation. First, the Kentucky state government consolidated information technology services across agencies into one unit shortly before SGA Project enrollment began. Second, one week after the start of project enrollment OVR created three RPM positions and staffed them with former branch managers. Internal hires filled the vacancies created by these promotions. Finally, Buddy Hoskinson replaced David Beach as the executive director of OVR in March 2016, as the SGA Project was starting.

$4,243, which was similar to the national general agency average of $4,280 (Rehabilitation Services Administration 2016b).

In Table II.2, we identify each district by region, the counties served, and the district's assignment in the SGA Project demonstration (discussed further in Chapter III). Seven districts

Table II.2. SGA Project demonstration districts, counties, and assignment to enhanced or usual services

District	Region and counties served	Random assignment designation
Central region		
Bluegrass	Anderson, Bourbon, Fayette, Franklin, Harrison, Jessamine, Nicholas, Scott, Woodford	Enhanced
Covington	Campbell, Kenton, Pendleton	Enhanced
Danville	Boyle, Casey, Clinton, Cumberland, Estill, Garrard, Lee, Lincoln, Madison, Mercer, Owsley, Pulaski, Rockcastle, Russell, Wayne	Usual
Florence	Boone, Carroll, Gallatin, Grant, Kenton, Owen, Trimble	Usual
Lexington	Clark, Fayette, Powell	Usual
Louisville	Henry, Jefferson, Shelby, Spencer	Usual
Middletown	Jefferson, Oldham, Shelby	Enhanced
Eastern region		
Ashland	Bath, Boyd, Bracken, Fleming, Greenup, Lewis, Mason, Montgomery, Robertson, Rowan	Usual
West Liberty	Breathitt, Carter, Elliott, Floyd, Johnson, Knott, Lawrence, Magoffin, Martin, Menifee, Morgan, Pike, Wolfe	Enhanced
Whitesburg	Bell, Clay, Harlan, Jackson, Knox, Laurel, Leslie, Letcher, McCreary, Perry, Whitley	Enhanced
Western region		
Bowling Green	Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson, Warren	Usual
Elizabethtown	Adair, Bullitt, Green, Hardin, LaRue, Marion, Meade, Nelson, Taylor, Washington	Enhanced
Owensboro	Breckinridge, Daviess, Grayson, Hancock, Henderson, McLean, Ohio, Union, Webster	Enhanced
West Kentucky (Paducah and Madisonville)	Ballard, Caldwell, Calloway, Carlisle, Christian, Crittenden, Fulton, Graves, Hickman, Hopkins, Livingston, Lyon, Marshall, McCracken, Muhlenberg, Todd, Trigg	Usual

were assigned to provide enhanced services. The remaining seven districts were randomly selected to provide usual services. To serve deaf clients, OVR employs seven rehabilitation counselors for the deaf (RCD)[8] who are assigned by counties rather than by districts. Deaf clients are permitted to request a specific RCD or location.

Each region is led by an RPM, who is a former branch manager with an in-depth understanding of VR agency programs and services. Under the SGA Project demonstration, the RPMs supervised both enhanced and usual service sites. Districts maintain one or more satellite offices; the district's central office is identified by a location name (for example, Covington district). Branch managers are responsible for supervising VR service delivery staff and the day-to-day operations of client services. All branch managers are long-time OVR employees, and many branch managers and VR staff members are individuals with disabilities. Branch managers conduct periodic case reviews and provide feedback to the VRCs to ensure quality and adherence of services to agency guidelines and federally mandated timelines. Most, but not all VRCs, are certified rehabilitation counselors. VR staff in each central and satellite office within a district report to a single branch manager, who reports in turn to one of three RPMs. RCDs report to the branch manager and statewide coordinator for deaf services.

As part of ongoing professional development, most OVR managers and staff participate in periodic training events sponsored by state rehabilitation counseling associations and professional associations, such as the Kentucky Association of People Supporting Employment First. OVR also sponsors internal training, such as the staff training in motivational interviewing offered in summer 2016.

C. OVR usual services

In this section, we describe usual VR services received by Kentucky clients and the chief VR staff or vendors who provided those services.

1. Application and eligibility

New applicants self-refer or are referred (by family members, physicians, educational institutions, or others) to a VR district or satellite office. Most OVR districts employ 8 to 10 VRCs, and districts vary in how new applicants are assigned to VRCs for application completion and eligibility determination. In most districts, a receptionist or VR assistant records the referral, with the client assigned to a VRC according to his or her county of residence. Some districts rely on a rotating calendar to assign clients. For deaf clients, the application process differs slightly. As noted, deaf clients may request a specific RCD or location.

The assigned VRC coordinates the VR eligibility determination process, with eligibility determined within 60 days.[9] The process includes a determination of disability and the

[8] OVR selected two of the seven RCDs to provide enhanced services for deaf clients. For purposes of this report, we focus primarily on VRCs because RCDs are few and perform the same functions as VRCs. In addition, for reasons noted later, clients served by RCDs were excluded from the analyses conducted for the evaluation.

[9] Kentucky OVR was in an order of selection at the time of the SGA Project implementation with services closed to only category 3. Effective July 1, 2016, during the last month of SGA Project enrollment, services were closed to category 2 as well. Order of selection does not affect the presumptive eligibility process.

individual's likelihood of benefiting from VR services for employment. As noted, VR applicants who receive SSDI are presumed eligible for VR services. Although several branch managers and VRCs providing usual services expressed an interest in increasing the pace of services for their clients, OVR has no specified timelines associated with presumptive eligibility.

2. Developing the individual plan for employment

After a client is determined eligible for VR services, the VRC develops an individual plan for employment (IPE) in collaboration with the client within a required 90 days from eligibility. The IPE details the client's employment goals and the range of services to be provided, as identified through counseling with the VRC, to help realize those goals. Using the IPE as a guide, the VRC coordinates the delivery of or referral to services, including but not limited to continuing rehabilitation counseling, assistive technology, supported employment, work incentive/financial counseling, physical or mental health restoration, transportation, job search/placement, and other services. IPEs may also include vocational or postsecondary training to expedite employment.

3. Approaches to service provision

For eligible clients, OVR provides services both directly through program staff and indirectly through a network of approved vendors. Vendors are individuals, businesses, or agencies that provide OVR clients with services intended to facilitate employment. Vendors may include but are not limited to community rehabilitation providers, supported employment agencies, diagnostic or medical examiners, transportation providers, work incentive coordinators, and others. Client IPEs typically specify the vendors that provide employment services or training.

4. Chief OVR staff providing usual services

VRCs coordinate the IPE process and serve as a primary point of contact for clients. VRCs are responsible for managing client cases and determining when clients' cases are closed. Although most VRCs have worked for the agency for many years, OVR employs some VRCs who are recent graduates of master's degree–level rehabilitation programs. The majority of VRCs carry caseloads comprised of a general client population, that is, clients with a full range of disabilities or impairments. A few districts employ VRCs with specialized caseloads, such as transition-age youth or individuals who are deaf or hard-of-hearing. Most VRCs carry caseloads ranging from 175 to 300 clients, though recently hired and less experienced VRCs carry smaller caseloads. VRCs vary in their knowledge of SSA disability program rules and work incentives. No VRCs have caseloads comprising SSDI-only clients exclusively, and OVR does not operate with service models specifically intended for the SSDI-only population. OVR treats SSDI-only clients similarly to other VR clients, with two exceptions: SSDI-only clients are presumed eligible for services at application, and VRCs are eligible for a financial award when a client becomes employed at a level that triggers a reimbursement from SSA.[10]

[10] The award is $850 for the VRC who closes the case. More than one award may be received per year, with a $2,500 cap on the annual total. VRCs have the option of sharing the award(s) with other staff who may have assisted with the case(s).

Under usual services, most districts rely on one or more JPSs to cover designated geographic areas within their districts. JPS staff vary in terms of their professional backgrounds and experience. Before joining OVR, most held positions as job recruiters in the private sector or worked for disability service providers. JPSs assist clients with resume writing, job searches, and referrals to potential employers based on clients' skills, training, and career goals. JPSs also routinely conduct background checks on clients to help guide the job search process. Nearly all JPSs market individual clients to a target job and employer instead of maintaining or amassing a pool of job openings. In general, JPSs do not discuss a client's SSDI status with potential employers; rather, they emphasize clients' earlier or transferable work experiences. The size of JPS caseloads varies across districts, ranging from 25 to 75 cases. Many JPSs in the Louisville area participate in the Coalition for Workforce Diversity, a statewide initiative that fosters partnerships among supported employment providers, community rehabilitation programs, OVR, employers, and individuals with disabilities. To a lesser extent, OVR also collaborates with the Bluegrass Workforce Diversity Coalition, a similar initiative in the Lexington area. OVR is less involved with this group because it is a new.

JPSs are responsible for promoting business relationships and are an important public point of contact with employers for OVR and clients. Most JPSs have an in-depth understanding of their local job markets and economic environments. JPSs across the state conduct outreach on an ongoing basis to engage employers, using various strategies to network with businesses on behalf of OVR and to promote and foster employment for VR clients. For example, staff conduct outreach calls to employers, participate in local chambers of commerce and regional employment groups, and use networking events to promote VR clients. In some districts, JPSs have forged relationships with large employers, such as regional manufacturing plants. Several JPSs said that, as part of their outreach role, they work to reduce stereotypes about hiring people with disabilities.

5. Supported employment services

OVR collaborates with community rehabilitation providers and vendors to provide supported employment services to individuals with the most significant disabilities. Supported employment refers to competitive work in an integrated setting and typically includes services and supports that are intensive, specialized, and ongoing. Supported employment services and jobs are based on the unique needs, strengths, and capabilities of the individual. Across all districts, JPSs maintain minimal involvement or follow-up with clients who require supported employment from vendors to achieve their employment outcome. According to the JPS staff we interviewed, the usual service sites have not introduced any major changes in their supported employment service practices since the outset of SGA Project demonstration.

6. Community work incentive coordinator services

OVR maintains a list of fee-for-service vendors who provide work incentive coordination assistance and SSA-funded Work Incentives Planning and Assistance (WIPA) programs. The fee-for-service vendors are certified CWICs who report good working relationships with VRCs throughout the state. Some CWICs travel statewide to work with VR clients; others limit their work to a few districts. Typically, CWIC services include a benefits summary and analysis (BSA) and limited follow-up support to clients, as stipulated in Kentucky's contractual

agreement with CWIC vendors.[11] In August 2015, SSA funded two WIPA programs in Kentucky, one at the Center for Accessible Living and another at Goodwill Industries of Kentucky. WIPA services are available to eligible clients at no charge. Under usual services, VRCs often request a benefits planning query (BPQY) from the Social Security Office on behalf of the client for the work incentive coordinator's use.[12] Under usual OVR services, work incentive coordinators provide services after developing the IPE.

D. OVR decision to participate in SGA Project demonstration

OVR staff described several reasons for participating in the SGA Project demonstration, including an interest in enhancing services and OVR's favorable experience with other innovation projects. First, for many years, OVR has been interested in building its capacity with work incentive counseling, and the SGA Project demonstration provided an opportunity to incorporate benefits counseling into day-to-day operations. Second, the SGA Project demonstration aligns with recent asset development efforts outlined in Kentucky's State Plan for Independent Living. Third, OVR's familiarity with ICI's reputation and its work on projects such as the Research and Training Assistance Center on VR Program Management Learning Collaborative was a major consideration; through the Learning Collaborative, OVR refined its performance evaluation indicators. Fourth, OVR staff noted that the SGA Project demonstration offered an opportunity to build on and guide the state's Employment First program goals, which seek to improve the employment rates and quality of life for individuals with disabilities. Finally, participation in the SGA Project demonstration provided OVR with an opportunity to increase program income from SSA by increasing positive employment outcomes for SSDI-only clients.

[11] BSA is a tool that helps individuals understand their benefit status as it pertains to paid employment; it includes an assessment of all public benefits, including SSA benefits.

[12] A BPQY is an SSA report that verifies types of benefits received (for example, cash and health insurance), earnings history, medical review dates, and work incentives used to date.

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III. SGA PROJECT INNOVATIONS

In this chapter, we describe the intervention services and other major features of the SGA Project. We also discuss how the demonstration was implemented in Kentucky, including client enrollment.

A. SGA Project structure and services

The SGA Project demonstration began on April 1, 2015, with a one-month "soft implementation." During the one-month period, each enhanced service site selected two clients to test identification and eligibility procedures. OVR officially began full implementation on May 1, 2015. Demonstration services are expected to continue through June 30, 2017. The enhanced service innovations include (1) increasing the pace with which VR services are delivered, (2) providing all clients with the services of benefits planning/financial education staff, (3) delivering intensive job services through a JPS, and (4) using a team approach to deliver services. In Table III.1, we present the details of these innovations. In addition, the SGA Project demonstration provided OVR with funds to increase staff capacity for the demonstration, including three additional JPSs, three dedicated work incentive counselors (called Kentucky Work Incentive Counselors or KWICs), one central office administrative assistant, and a percentage of the full-time equivalent salaries for key staff members, such as the SGA Project coordinator, to support demonstration evaluation and data collection activities. In the sections that follow, we further describe the SGA Project innovations and staff involved in delivering them.

1. Pacing and engagement

The aim of the SGA Project enhanced services was to accelerate the VR process for application, eligibility determination, and IPE development in ways that differed significantly from usual service provision. In Table III.1, we identify the target timelines for VR process milestones. The project encouraged VRCs to schedule an application appointment at least 24 hours after a potential client's referral to OVR, with the actual appointment occurring within 10 business days of the referral. After completion of the application, VRCs were to use presumptive eligibility[13] guidelines and complete the eligibility process within 2 days of application. Presumptive eligibility was available for both enhanced and usual service office staff; however, the SGA Project specified a timeline for completing the process. Finally, clients served under enhanced practices were to complete an IPE within 30 days of application. Under usual practice, VRCs had to complete an IPE within 90 days of eligibility.

2. KWICs

The SGA Project relies on KWICs to provide early and ongoing financial counseling. Unlike the CWICs who provide benefits counseling to clients at the usual service sites, KWICs were considered OVR staff members. OVR hired three individuals specifically to provide work incentive and financial counseling to SGA Project demonstration clients enrolled at the enhanced service sites. KWICs reviewed BPQYs, completed BSAs for clients, provided additional

[13] Clients who are beneficiaries of either SSI or SSDI are presumed to have already experienced a thorough review of their disability status and are therefore eligible to receive OVR services.

supports including the development of financial inventories, and offered asset development counseling and related coaching. KWICs engaged in in-depth discussions of clients' finances to help clients understand the range of state and federal benefits for which they might be eligible, the impact of work and earnings on such benefits, and options for returning to work and working above the SGA level.

Table III.1. SGA Project innovations

Enhanced service	Expectation	Usual service practice
VRC/pace of services		
Rapid response to referral	Schedule application appointment within 24 hours of referral	NA
Application appointment	Conduct application appointment within 10 business days of referral	NA
Presumptive eligibility determination	Determine eligibility within 2 business days of application	Eligibility determination within 60 days of application[a]
IPE development	Develop IPE within 30 calendar days of application	Within 90 calendar days of eligibility
KWIC		
BPQY review	BPQY received within 10 business days of application	As needed
BSA coordination	Completed BSA	Requested through CWIC (if needed)
Financial inventory	Completed financial inventory and resource tool	NA
Financial plan addendum	Optional	NA
KWIC follow-up	Follow-up	Requested through CWIC (if needed)
JPS		
Pre-IPE meeting	Conduct pre-IPE meeting with client, as appropriate, to discuss job plans, strategies, and services	NA
Follow-up contact to support job search	Weekly contact with client during job search	As needed
Follow-up during supported employment	Monthly contact with client during supported employment/IPS	As needed
Follow-up meetings/contact during college	Quarterly contact with client during long-term training/college	As needed
Follow-up contact during employment	Weekly contact with client during first 8 weeks of employment	As needed
Coordinated team approach (CTA)		
Initial CTA meeting	CTA team meets with client within 5 business days of eligibility determination	NA
Follow-up CTA meeting	Team meets for second time around IPE	NA
Quarterly CTA follow-up meetings with client	Meet at least quarterly after second CTA	NA
CTA post-employment follow- up meeting	CTA determines mode for follow-up with client 8 to 12 weeks post-employment	NA

[a] Exceptions to the 60-day guideline for eligibility determination were made if exceptional or unforeseen circumstances occurred that could not be controlled by OVR and if the client agreed with the extension.

Two of the three KWICs had several years of experience working as CWICs for WIPA agencies. The third was less experienced and recently earned certification through Virginia Commonwealth University's WIPA training program (Work Incentive Planning and Assistance National Training Center). Each KWIC was assigned to two or three enhanced service districts to serve exclusively SSDI-only beneficiaries enrolled in the SGA Project demonstration.

To accelerate the speed of services further, VRCs were encouraged to receive BPQYs for clients within 10 days of application (to verify that clients were SSDI beneficiaries). Given that BPQYs might reveal new information about clients (such as primary disability for the purpose of SSDI eligibility), VRCs were expected to update and revise documentation about clients and IPEs as appropriate. For other financial and benefit innovations, KWICs had no prescribed timelines.

3. Business relations and job placement specialists

Though JPSs were available to clients in both the enhanced and usual service sites, JPSs in enhanced service sites had expectations of earlier and more frequent contact with clients. Under enhanced services, JPSs participated in CTA meetings with clients, VRCs, and KWICs before IPE development, provided follow-up contact to support job search activities, and maintained periodic contact with clients about employment issues. JPSs were expected to maintain weekly contact with clients during their job search, monthly contact during supported employment, quarterly contact during long-term training, and weekly contact during the first eight weeks of employment.

Most JPSs served both enhanced and usual service clients and conducted similar employer and business outreach activities for all clients. The three JPSs hired as part of the SGA Project demonstration were employed at enhanced service sites that did not have a JPS on staff before the demonstration. As with other JPSs, they served SSDI-only and other clients. Sites with existing JPSs maintained the same staffing levels for the demonstration. Experienced JPSs supported recently hired JPSs at enhanced service sites.

4. Coordinated team approach

Staff at the enhanced service sites used a CTA to discuss in detail and determine the services needed by SSDI-only clients. The CTA consisted of the VRC, KWIC, and JPS, with the VRC acting as the team lead for purposes of scheduling and leading the initial meeting. The first CTA meeting was to occur within five days of the eligibility determination and before IPE completion. ICI's training and technical assistance staff recommended that all key team members attend CTA meetings in person, unless the client was likely to be overwhelmed by or become anxious in the presence of several people in the meeting. Though in-person meetings were preferable, KWIC team members had the option of participating in CTA meetings by telephone if driving distances were unreasonable. During the initial CTA meeting, the team identified the client's goal, reviewed important financial information, and discussed ideas for IPE development. By working as a team, key OVR staff aligned their views of the client's goals and needs, resulting in a mutual understanding on the part of the client and team about the VR process, work incentives, vocational abilities, and opportunities for successful and timely competitive employment outcomes.

As part of the teaming process, members maintained contact with the client through telephone calls. Follow-up CTA meetings were scheduled around the time of IPE development and then on a monthly or quarterly basis post-employment; however, the meetings took place at the discretion of the team members.

B. Random assignment and enrollment in evaluation

The SGA Project demonstration implemented a set of enhanced services in 7 of 14 OVR district offices. In this section, we describe the processes by which districts were selected to provide the enhanced services, how clients enrolled in the demonstration at both the enhanced and usual service locations, and the characteristics of enrolled clients.

1. Random assignment process

Mathematica randomly selected OVR districts to provide enhanced or usual services (Table II.2). Random assignment is a strategy for dividing a sample into groups to ensure that, on average, the two types of service sites are similar except for any differences arising from random chance. The project used a district-level randomization strategy rather than individual counselor- or client-level randomization in order to make it easier to implement the SGA Project model (training staff, administering TA, 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 service groups were assigned to the same sites. To divide the districts into groups with similar profiles, Mathematica conducted random assignment by first analyzing district characteristics, economic conditions, and pre-demonstration performance outcomes and client characteristics. The groups reflected specific geographic regions and urban/rural status. Within each group, Mathematica created pairs according to district performance defined in terms of clients' employment outcomes. After creating the pairs, Mathematica used statistical software to randomly select one site to be an enhanced service site and the other to be a usual service site.

OVR selected two RCDs to provide enhanced services to clients residing in counties that primarily aligned with the enhanced service sites. Before the demonstration, these RCDs were responsible for many but not all of the counties that were designated as enhanced service sites. The remaining RCDs were assigned to counties that align with the usual service sites.[14]

2. Client enrollment in the demonstration

Clients were enrolled in the SGA Project demonstration in Kentucky from May 1, 2015, to July 29, 2016. VRCs identified SSDI-only applicants for OVR services during the application and eligibility determination processes. Staff used three methods to determine SSDI-only status: (1) asking clients about their status, (2) asking SSA for clients' BPQYs, and (3) asking the SGA Project assistant to query the SSA ticket portal. Eligible clients were enrolled in the demonstration upon confirmation of their SSDI-only status and when they became eligible for services at their respective district offices. OVR used slightly different enrollment procedures for

[14] Because deaf clients were permitted to select a specific RCD or location, there is a potential for misclassifying treatment and control group members. Thus, we excluded clients served by the RCDs from the quantitative analyses conducted for this report. Deaf clients served by VRCs were included in the analyses.

clients who were deaf. Deaf SSDI-only clients were enrolled in the demonstration based on their county of residence.

With random assignment at the district level, the SGA Project demonstration did not rely on any specific client outreach, recruitment, or informed consent procedures.[15] Target enrollment for the demonstration was 500 SSDI-only beneficiaries in the enhanced service group and a comparable number in the usual service group. A case management system (CMS) tracked client enrollment. OVR added fields to its existing CMS to indicate cases for which the SGA Project protocol should be applied. Kellie Scott, an OVR program evaluator and SGA Project Coordinator, provided biweekly data updates to branch managers for program monitoring purposes through July 31, 2016. Effective August 1, 2016, she provided monthly updates.

3. Enrollee characteristics

For this preliminary evaluation, we examined data on clients who enrolled in the demonstration from May 1, 2015, to January 31, 2016. Given that the data come from an August 4, 2016, OVR data extract, we are able to assess the experiences of all members of the enrollee cohort for up to six months after their application. Below, we present descriptive statistics that compare the characteristics of the clients enrolled from May 2015 through January 2016 at the enhanced and usual service sites.

As of January 31, 2016, the enhanced service sites had served 321 SSDI-only clients, and the usual service sites had served 247 SSDI-only clients (Table III.2). Just over half (51 percent) of enhanced service group members were male, 77 percent were white, about 22 percent were black, and fewer than one percent identified as Hispanic. Just one percent of enhanced service clients were transition age (age 18 to 24), and most were age 45 to 54 or age 55 to 64 (32 and 27 percent, respectively). At the time of VR application, about 89 percent of enhanced service clients had earned a high school diploma, 36 percent had some postsecondary education (but no degree), and 11 percent had earned at least a bachelor's degree. Almost half (47 percent) of enhanced service clients had physical impairments. Finally, 15 percent of enhanced service clients were employed at the time of application, and almost all of the rest were neither employees nor students.

Among the baseline characteristics analyzed, we found that enhanced and usual service clients mostly had similar demographic and background characteristics (Table III.2). The two groups differed significantly on four characteristics. Enhanced service group members were one percentage point more likely to be Hispanic, 4 percentage points less likely to be transition age, 3 percentage points less likely to have an unknown impairment, and 3 percentage points less likely to be in school at the time of application.

[15] ICI's Institutional Review Board determined that informed consent was not necessary.

Table III.2. Characteristics of enhanced and usual service enrollees at application

Characteristic	Enhanced services (E)	Usual services (U)	Difference (E-U)
Number of clients	321	284	37
Sex			
Male	51.1	55.3	-4.2
Female	48.9	44.7	4.2
Race			
White	76.6	73.9	2.7
Black	22.1	24.3	-2.2
Other	1.3	1.8	-0.5
Hispanic	0.9	0.0	0.9***
Age			
18–24	1.3	4.9	-3.6***
25–34	13.7	13.0	0.7
35–44	26.2	24.7	1.5
45–54	31.5	29.6	1.9
55–64	27.4	27.8	-0.4
Education			
No high school diploma	10.6	13.4	-2.8
High school diploma	42.1	41.2	0.9
Some postsecondary education	36.1	34.2	1.9
Bachelor's degree	11.2	11.3	-0.1
Primary impairment			
Sensory/communicative	7.8	3.5	4.3
Physical	47.2	47.0	0.2
Cognitive/psychosocial	42.5	43.8	-1.3
Missing impairment	2.5	5.7	-3.2**
Employment and school enrollment			
Employed	15.0	15.6	-0.6
In school	0.3	3.5	-3.2**
Not employed or in school	84.7	80.9	3.8

Note: This table contains Kentucky VR applicants under age 65 who received SSDI-only benefits at application and applied between May 1, 2015, and January 31, 2016.

**Significantly different from zero at the .05 level.

***Significantly different from zero at the .01 level.

IV. TRAINING AND TECHNICAL ASSISTANCE NEEDS

To ensure that OVR staff delivered the SGA Project's innovations as intended, ICI conducted training sessions before the start of the demonstration and delivered ongoing TA throughout the demonstration period. Training and TA activities took place either in-person or by teleconference. ICI's TA team in Kentucky included two former state VR directors with several years of experience working as rehabilitation counselors and managers. The trainers' experience and familiarity with VR culture helped establish credibility and rapport with OVR staff. In addition, ICI's implementation team included two financial education specialists who worked primarily with the KWICs.

To maintain consistency among enhanced service sites, all training and TA events for executives, managers, and the staff in the sites did not vary in either content or methods across districts. No training or TA activities were offered to OVR staff in districts that provided usual VR services.

Below, we describe the types of training and TA provided to staff, the major topics covered, and staff impressions of the training and TA.

A. Training events

ICI conducted four primary training events during the demonstration period.

- **SGA Project demonstration kick-off training (Lexington, Kentucky; March 2015).** The initial SGA Project demonstration training launched the demonstration and provided instructions to enhanced service staff. The majority of SGA Project demonstration staff participated in the two-day kick-off training, which focused on the nature of the SGA Project's enhanced service innovations, issues specific to SSDI benefit receipt, and the steps involved in providing enhanced services. In addition, ICI and OVR provided a reference manual to support the demonstration. The manual contained details on innovation delivery, timelines for service delivery, and forms, tools, and procedures for serving clients. Per questions and feedback received at the kick-off training, OVR and ICI staff revised the manual for redistribution in April 2015.
- **Leadership and management training (Frankfort, Kentucky; January 2016).** The second training session refined aspects of specific innovations, such as pacing and teaming. Management and agency leaders discussed their experiences in implementing SGA Project services at the enhanced service sites. OVR staff addressed several challenges encountered by staff assigned to the project, such as the VRCs' large caseloads, implementation of presumptive eligibility, and the development of IPEs within the targeted time frame. ICI staff then provided training to address these issues and discussed how leaders might improve staff buy-in to project innovations. Participants also discussed strategies to support clients who would enroll later in the demonstration and so require services after the demonstration's conclusion.
- **Kentucky and Minnesota joint staff training (Frankfort, Kentucky; March 2016).** The third training session brought together SGA Project staff from both Kentucky and Minnesota. As requested by the two states' SGA Project personnel, staff interacted

collectively and in small groups to share lessons learned and discuss plans for future project efforts. Important topics addressed at the training included common barriers to implementation, state differences, and client experiences. Participants also discussed the potential for using telework strategies as an option for serving clients living in rural areas.

- **KWIC trainings.** KWICs received extensive training from ICI and other regional and national sources. In addition to the kick-off training described above, ICI provided KWICs with a one-week training session on a set of financial topics that must be addressed even before the delivery of services. Throughout the demonstration period, KWICs participated in occasional training sessions offered by ICI on technical issues such as taxation's effects on the earnings and benefits considered during benefits analyses.

B. TA approach

TA delivered by ICI consisted of monthly conference calls with supervisors and several visits to the enhanced service sites in each district. Before each monthly call, ICI's TA team distributed an agenda listing common implementation challenges identified by supervisors, such as delayed receipt of records from SSA. During the calls, the TA team addressed the challenges, and branch managers presented updates on their respective sites. During the site visits, the TA team conducted group meetings with branch managers, VRCs, and JPSs. Most TA visits were organized around a topic or set of topics, including pacing and engagement, presumptive eligibility, strategies for effective teaming, management of the client base, comprehensive assessments, and IPE reconceptualization. The TA team also reviewed enrollment statistics, discussed pace of service, and offered recommendations to improve implementation procedures and client outcomes. Often, the TA team conducted these activities in group sessions; however, the particular staff in attendance, such as VRCs, JPSs, and KWICs, dictated the topics per their TA needs. TA activities began at the start of the demonstration and continued under the grant through September 30, 2016.

TA activities covered several topics for relevant OVR staff:

- **VRCs.** Presumptive eligibility, management of the client base, comprehensive assessment, IPE reconceptualization, and teaming
- **KWICs.** Use of technology for earlier engagement, discretionary use of specialists, and long-term reliance on KWICs
- **JPSs.** Job placement team meetings

ICI also provided training to all service delivery staff in two major areas:

- **CTA.** Workload distribution/reduction, coordinated documentation, balancing counselor lead with team members' specialties, and leadership and management techniques to facilitate CTA
- **Pace of service.** Form review, policy review/revision, organizational culture assessment and change, and leadership impact on pacing

Below, we provide further details about TA approaches and content.

1. TA to VRCs

Over time, the TA provided to VRCs shifted from a focus on the basic elements of enhanced services to more complex implementation issues. Early TA concentrated on the implementation of innovations, such as incorporating presumptive eligibility into operating procedures and completing IPEs within the shorter time frame associated with the rapid pace of service innovation. Over time, TA activities shifted to address the role of the team and common challenges such as managing large caseloads. More recent TA efforts emphasized maintaining ongoing engagement with clients.

Although the TA topics generally changed over time, ICI staff noted that presumptive eligibility and IPE reconceptualization represented significant changes to usual services that warranted TA throughout the demonstration. According to all involved, VRCs were reluctant to revisit and revise eligibility paperwork and IPEs. Resistance to these innovations might stem, in part, from the training many VRCs received at the University of Kentucky's Clinical Rehabilitation Counseling Programs, which emphasizes comprehensive assessment before completing IPEs.

2. TA to KWICs

In addition to the TA provided by ICI, KWICs received periodic TA from Becky Banks and Lucy Miller of Virginia Commonwealth University's Work Incentive Planning and Assistance National Training Center. TA ranged from providing written feedback on KWICs' completed benefits analyses to training in specific topics such as special Medicaid beneficiaries and accountable earnings. KWICs supplemented official TA with informal assistance by providing each other with support. For example, a KWIC with substantial experience provided support to the least experienced KWIC by reviewing his BSAs before distribution to clients.

3. TA to JPS

TA for JPSs primarily focused on teaming, such as techniques for facilitating CTA meetings and how to balance responsibilities among CTA participants. Because most JPSs were experienced and their role in the SGA Project demonstration did not differ substantially from usual practice, ICI did not provide JPSs with any formal TA. However, JPSs did participate in the monthly TA site visits.

C. Staff impressions of training and TA

RPMs and branch managers praised the ICI TA staff for providing project staff with useful TA, feedback, and encouragement about the SGA Project demonstration's staff performance. According to ICI staff, most OVR staff at the enhanced service sites were responsive, appreciative, and engaged during the TA and training visits.

Interviewed staff indicated that the SGA Project demonstration's kick-off training largely accomplished its goals of informing them about the SGA Project demonstration and the innovations that constitute enhanced services, though they did express some concerns. First, the training could have benefited from greater involvement of the Kentucky OVR staff in the planning phase. Trainees knew little about the SGA Project's purpose or scope prior to the kick-off training and branch managers reported that they did not have the opportunity to prepare and

answer questions from their staff. Second, many staff mentioned that the training was slightly confusing and raised many questions that went unanswered until after implementation or until the later delivery of TA. Third, several interviewees noted that additional training for VRCs was needed to explain the purpose for the demonstration.

Staff typically viewed the second and third ICI training events favorably. Most managers and administrators praised the training sessions for providing useful feedback and addressing significant issues and concerns. The joint state meeting earned particular praise for allowing the Minnesota staff in attendance to exchange new ideas and approaches.

Interviewed VRCs and JPSs enjoyed the meetings with the ICI TA team and used the visits as an opportunity to discuss implementation challenges and receive feedback on performance. Most interviewed OVR staff viewed the meetings as a form of monitoring and evaluation. The majority indicated that the TA visits offered sufficient assistance for implementation, and they noted that they did not make additional TA requests beyond regular conference calls and group meetings. However, a small number of staff described the need for additional training in the assessment tools provided for the demonstration.

V. IMPLEMENTATION AND FIDELITY TO THE SERVICE MODEL

In this chapter, we use quantitative and qualitative data to:

- Discuss enhanced service sites' fidelity to the SGA Project service innovations and contrast the experiences of clients at the enhanced service sites to those receiving services at the usual service sites
- Identify major challenges experienced by enhanced service sites as they implemented the SGA Project innovations as well as any spillover or unintended consequences
- Consider staff perceptions of the SGA Project innovations

A. Fidelity to the service model

In this section, we present statistics derived from the data supplied by OVR to describe project implementation and fidelity to the SGA Project service model, that is, the extent to which the SGA Project innovations were implemented as intended. In Table V.1, we provide statistics related to VR process milestones and the pace of services, the provision of KWIC services, and CTA indicators. OVR did not collect any data on the activities of JPSs.

VRCs and pace of services. The SGA Project Demonstration's innovations were intended to move members of the enhanced service group from application to eligibility within 2 days. Across the enhanced service sites, the share of individuals determined eligible within 2 days of application was 39 percent (Table V.1). The percentage determined eligible within 2 days varied substantially across districts, from 10 percent (Middletown) to 62 percent (Elizabethtown). The median number of days between application and eligibility ranged from 2 days (Bluegrass, Elizabethtown, and Owensboro) to 20 days (Whitesburg), averaging 4 days across all districts. Three of the seven enhanced service districts had a median number of days to eligibility that was equal to the goal of 2 days.

Most enhanced service group members did not receive an IPE within 30 days of application—the intervention's stated goal. Across districts, 68 percent of enhanced service group members received an IPE, including 22 percent who received an IPE within 30 days of application. The percentage receiving an IPE within 30 days ranged from 5 percent (Whitesburg) to 29 percent (Elizabethtown). The median number of days between application and receipt of an IPE varied from 35 days (Covington) to 122 days (Whitesburg) and averaged 42 days across districts. None of the enhanced service districts had a median number of days to IPE that was equal to or less than the goal of 30 days.

Financial planning and assistance. KWICs requested BPQY reports and provided BSA data for a minority of all SSDI-only clients, although rates varied substantially by enhanced service site. More than one-third (37 percent) of enhanced service group members had a BPQY request, but just 16 percent had a BPQY request within the stated goal of three weeks after application (Table V.1). The BPQY request rate was greatest in Middletown (73 percent) and smallest in Covington (0 percent). The median number of days to BPQY request was 25, ranging across sites from 15 days (Elizabethtown) to 54 days (Whitesburg). Two of the seven districts had a median number of days to BPQY that was at or below 21 days.

Table V.1. Fidelity to the enhanced service model by enhanced service sites

Measure	Enhanced service districts							
	Bluegrass	Covington	Elizabethtown	Middletown	Owensboro	West Liberty	Whitesburg	All
Number of clients	63	30	63	84	37	25	19	321
VR process milestones								
Percentage of individuals who were eligible	100.0	96.7	95.2	96.4	97.3	100.0	100.0	97.5
Percentage of individuals eligible within 2 days of application	57.1	26.7	61.9	9.5	56.8	32.0	21.1	38.6
Median number of business days between application and eligibility	2.0	10.0	2.0	6.0	2.0	14.0	20.0	4.0
Percentage of individuals with IPE	68.3	53.3	74.6	67.9	73.0	80.0	42.1	67.9
Percentage of individuals with IPE within 30 days of application	22.2	23.3	28.6	20.2	27.0	16.0	5.3	22.1
Median number of days between application and IPE	41.0	35.0	37.5	45.0	41.0	65.0	121.5	42.0
Financial planning and assistance								
Percentage of individuals with BPQY requested	36.5	0.0	6.3	72.6	64.9	8.0	21.1	36.8
Percentage of individuals with BPQY requested within three weeks of application	23.8	N/A	4.8	25.0	32.4	0.0	0.0	15.9
Median number of days between application and BPQY request	17.0	N/A	14.5	29.0	23.5	29.5	53.5	25.0
Percentage of individuals with benefits analysis (staff-provided)	55.6	6.7	3.2	58.3	56.8	20.0	47.4	38.3
Percentage of individuals with benefits analysis within eight weeks of application (staff-provided)	49.2	3.3	3.2	8.3	21.6	20.0	31.6	18.7
Median number of days between application and benefits analysis	23.0	90.0	45.0	85.0	59.0	35.0	42.0	58.0
Team approach								
Percentage of individuals with a CTA meeting	66.7	36.7	47.6	60.7	62.2	32.0	63.2	55.5
Percentage of individuals with first CTA meeting within 5 business days of eligibility	23.8	20.0	19.0	6.0	18.9	16.0	15.8	16.5
Median number of days between eligibility and first CTA meeting	9.0	4.0	7.0	15.0	10.0	5.0	11.5	10.0

Note: This table contains information on Kentucky VR applicants under age 65 who received SSDI benefits at application and applied between May 1, 2015, and January 31, 2016. For number of days between application and eligibility and between eligibility and CTA, the number of days is business days. All other measurements in days are calendar days. All statistics pertain to the period within 180 days of application.

The percentage of enhanced service group members who received a benefits analysis varied widely across districts, from 3 percent (Elizabethtown) to 58 percent (Middletown). On average, 39 percent of enhanced service group members received a benefits analysis. The stated goal of the SGA Project was to complete benefits analyses within eight weeks (56 days) of application. The project achieved that goal for 19 percent of enhanced service group members. Among those receiving an analysis, the median number of days to a benefits analysis for districts ranged from 23 (Bluegrass) to 90 (Covington), with an average of 58 days. Four of the seven districts had a median number of days to benefits analyses at or below 56 days.

CTA. A majority (56 percent) of enhanced service group members participated in a CTA meeting, with 17 percent participating in a CTA meeting within the stated goal of 5 business days after application. For those participating in a CTA meeting, the median number of days between application and the CTA meeting ranged from 4 days (Covington) to 15 days (Middletown), averaging 10 days across all offices.

B. Differences from usual practice

Although members of the enhanced service group typically did not achieve key milestones as quickly as intended, they often realized better eligibility and IPE outcomes than members of the usual service group. In Table V.2, we present findings on eligibility and IPE milestones for the enhanced and usual service group members. All eligibility and IPE outcomes in Table V.2 differed (by a statistically significant amount) between the two groups. Furthermore, all differences in outcomes were in the direction intended by the intervention, with the enhanced service group members achieving milestones more quickly than usual service group members. The enhanced service group was 32 percentage points more likely to become eligible within 2 days of application. The average median number of days between application and eligibility was 27 days shorter for the enhanced service group relative to the usual service group. For IPE outcomes, enhanced service group members were 10 percentage points more likely to receive an IPE and 16 percentage points more likely to receive an IPE within 30 days of application. A 28-day difference separated the median number of days from application to IPE between the experimental groups. Though members of both groups were highly likely to be eligible for services, evidence indicated that enhanced service group members were 3 percentage points more likely to be eligible for services.

Table V.2. Comparison of service pacing between enhanced and usual service sites

Measure	Enhanced services (E)	Usual services (U)	Difference (E-U)
Number of participants	321	284	37
Percentage of individuals who were eligible	97.5	94.4	3.1**
Percentage of individuals eligible within 2 days of application	38.6	6.7	31.9***
Median number of days between application and eligibility	4.0	30.5	-26.5***
Percentage of individuals with IPE	67.9	57.8	10.1***
Percentage of individuals with IPE within 30 days of application	22.1	6.0	16.1***
Median number of days between application and IPE	42.0	70.0	-28.0***

Note: This table contains Kentucky VR applicants under age 65 who received SSDI benefits at application and applied between May 1, 2015, and January 31, 2016. For number of days between application and eligibility, the number of days is business days. All other measurements in days are calendar days. All statistics pertain to the period within 180 days of application.

**Significantly different from zero at the .05 level.

***Significantly different from zero at the .01 level.

C. Implementation challenges to fidelity

OVR faced numerous challenges in implementing the innovations, including but not limited to delays in receiving SSA and medical documentation, insufficient KWIC resources, and resistance among some field staff in implementing enhanced services. Challenges beyond the control of OVR also affected implementation.

1. Challenges to implementing the SGA Project innovations

Pacing. According to administrators and branch managers, VRCs faced several challenges in their attempts to increase the pace of services. First, many VRCs were unfamiliar with the presumptive eligibility guidelines and required TA and encouragement from branch managers to adhere to the guidelines. Second, many VRCs suggested that their large caseloads slowed the process of helping SGA Project demonstration clients—a situation exacerbated by understaffed districts. In response, branch managers and ICI provided ongoing TA to inform VRCs of the federal regulations regarding presumptive eligibility and offered instruction in how to implement faster-paced services. Third, staff noted that many clients lacked transportation, preferred a slower pace, or did not cooperate with VR efforts to increase the pacing. Transportation is a significant barrier for clients, particularly for those residing in rural areas. Staff noted that the lack of transportation can affect all aspects of the VR process, from attending application appointments to securing and retaining work. Many clients who reside in rural areas must rely on family for transportation. Many VRCs and staff suggested that future SGA Project demonstrations should incorporate a transportation component for clients, particularly for rural residents. Finally, VRCs in both enhanced and usual service districts said that clients' misconceptions about SSDI benefits and work incentives were a major barrier to success. VRCs

suggested that many clients did not want to engage in SGA-level work for fear of losing their benefits.

Enrollment challenges. OVR experienced a few implementation challenges related to client enrollment. In March and April 2016, the SGA Project coordinator and ICI TA team discovered that 14 clients over age 65 were erroneously enrolled in the demonstration.[16] To address this issue, the SGA Project coordinator directed frequent requests to the branch managers and field staff to review client information and make changes in the CMS. Staff gradually shifted the non-eligible clients from enhanced services to usual services. However, if an enhanced service was in progress, staff completed delivery of the service. As a result, some SGA Project demonstration resources and staff time were diverted to non-SGA clients, perhaps delaying the pace of service receipt for intended enrollees. By June 2016, the majority of clients over age 65 were excluded from enhanced services.

In addition, some clients who enrolled in the demonstration were employed at the time of VR application and were not interested in the SGA Project innovations. Many of these clients applied to VR for rehabilitation technology services. Hence, the innovations were not as applicable for these clients as for unemployed clients.

KWIC challenges. KWIC staffing levels presented a major challenge. During the demonstration's planning stage, OVR conducted outreach to Kentucky CWICs to identify potential candidates for the KWIC positions, attracting only a small pool of applicants. OVR hired three KWICs and assigned each to work with two or three enhanced service districts. As a result, KWIC travel requirements were substantial, with some KWICs traveling up to two hours each way to attend CTA meetings. To overcome the staffing shortage, KWICs sometimes maintained a regular schedule at designated enhanced service sites and required all CTA meetings to be held on the days they worked at those locations. This approach limited flexibility in scheduling CTA meetings and potentially delayed CTA meetings. It also inconvenienced clients for whom those days were not optimal.

A further complication was KWICS' high caseloads, which ranged from 95 to 225 cases. The variation in caseload size likely resulted from the uneven distribution of SSDI-only enrollees across districts. According to Virginia Commonwealth University's Work Incentive Planning and Assistance National Training Center, an appropriate caseload size is approximately 100 clients for a new CWIC. As a result of differential caseloads, some KWICs struggled to complete BSAs in a timely manner, with completion times ranging from one hour to two weeks.

JPS challenges. Given staff shortages and turnover, OVR encountered challenges in providing enhanced services. In one district, termination of the JPS meant that no JPS was on staff to provide enhanced services in that district for a few months. During that period, SGA Project demonstration clients were referred to a vendor for job placement, as is the usual practice. Other districts experienced JPS staff shortages, placing a substantial burden on the

[16] OVR clients over age 65 are excluded from the SGA Project because they have reached or are near full retirement age, which is between ages 66-67 for most people born after 1943. At full retirement age, individuals transition from SSDI to SSA retirement benefits.

remaining staff. Kentucky was under a hiring freeze, making it difficult to replace staff members who retired or resigned.

CTA concerns. As noted, VRCs were tasked with leading the CTA meetings. Most VRCs enjoyed the opportunity to collaborate with their JPS and new KWIC colleagues; however, many experienced difficulty in coordinating and scheduling CTA meetings, leading to delays in meeting the pace of service objectives. Staff indicated that CTA meetings were frequently cancelled, occurred without all team members present, or were conducted via telephone. Although the SGA Project did not require in-person CTA meetings, face-to-face meetings were the preferred mode for the initial CTA meeting, according to ICI's training and TA staff. In addition, most JPSs said that they seldom attended follow-up CTA meetings for clients who were receiving supported employment services or postsecondary training because those clients had less need for JPS services than clients seeking employment. In addition, many staff suggested that CTA meetings were potentially challenging for clients with social anxiety or psychosocial disabilities. One interviewee noted that many clients were dissatisfied with the frequent number of meetings and constant follow-ups.

RCD challenges. Issues related to RCDs potentially affected the integrity of the experimental evaluation design. First, RCDs were not randomly assigned to enhanced or usual service offices. Instead, OVR purposively selected two RCDs to provide enhanced services to clients based on the client's county of residence. Second, OVR permitted deaf clients to select an RCD. In at least one instance, an SSDI-only deaf client who applied at an enhanced service site requested a usual service RCD. As a result, the deaf client was enrolled in usual services rather than in enhanced services.

2. Factors beyond OVR control

OVR administrators and staff faced several barriers to implementation that were beyond their control, including difficulties in obtaining documents from other agencies and delays in purchasing and data access.

SSA documentation. Obtaining medical and other records from SSA was a common challenge mentioned by most staff, and the delays in access affected the SGA Project demonstration in several ways. Even though OVR had arranged to send BPQY requests to the SSA Area Work Incentives Coordinator to expedite document delivery, OVR managers reported that repeated turnover in the Area Work Incentive Coordinator position limited OVR's opportunity to build continuity and partnership with SSA. Some staff reported delays of up to six weeks after submitting requests to SSA. As a result, VRCs faced challenges in maintaining consistent pacing timelines for the project. In particular, delays in receiving SSA medical diagnostic information created uncertainty about the basis of disability determination for some VRCs. For other VRCs, the lack of knowledge about co-occurring mental health disorders complicated IPE development. In addition, late receipt of BPQYs impeded KWICs' progress in providing all clients with timely benefits analyses.

State restrictions on purchasing and limitations on data access. Some Kentucky state regulations also led to a few delays. OVR received funds to acquire a computer-based vocational assessment tool to use in enhanced service sites but then encountered delays in the purchasing approval process because of the requirements of the state's centralized finance department. In

addition, during the demonstration period, Kentucky's information technology department experienced staff shortages, which affected OVR's access to data. The lack of staff limited the SGA Project coordinator's ability to retrieve and check the accuracy of data on the demonstration's enrollees.

3. Spillover and contamination

Providing faster-paced services to non-demonstration clients at the enhanced service sites. Two issues might have affected districts providing enhanced services. First, many branch managers strongly believed that a faster service pace would potentially benefit all clients regardless of their SSDI status. Several of the same branch managers from enhanced service districts encouraged their staff to increase the pace of service delivery for all clients (including SSI recipients and non-SSA clients). Likewise, many VRCs in enhanced service districts said that they attempted to increase the service pace with their non-demonstration clients. Hence, it is possible that, in districts providing enhanced services, non-demonstration clients might have received faster pacing, although other innovation components (for example, the CTA and KWIC services) were not available to non-demonstration clients. Although such spillover might have occurred, it does not in general pose a problem for the SGA Project demonstration's evaluation because we are analyzing impacts exclusively for SSDI-only clients.

Contamination between districts providing usual and enhanced services. The potential for contamination of the usual service sites appears to be minimal. Many staff at districts providing usual services were familiar with the SGA Project demonstration; however, these staff have maintained a business-as-usual service delivery approach. Some staff at usual service sites used presumptive eligibility (a usual service option), but most expressed little interest in implementing other aspects of the model, such as faster pacing. CWIC vendors reported no changes in their service delivery approach since the outset of the demonstration, suggesting no spillover in their role from the demonstration services.

D. Staff members' perceptions of enhanced services

We asked OVR administrators and staff about their perceptions of the enhanced service innovations.

1. Pacing

Overall, VR leaders and managers held positive views on the faster pacing of services; however, some VRCs resisted faster pacing and expressed ethical concerns regarding some demonstration activities. For example, a few VRCs suggested that enhanced services might not be appropriate for all SSDI-only clients, particularly those with psychiatric or mental health disabilities whose conditions might necessitate a longer period for the VR process. Others expressed ethical concerns about the lack of informed consent procedures for clients participating in a research study or disagreed with the study's focus on enhanced services for SSDI-only clients as opposed to enhanced services for all clients. Another concern was the increased pace of services as staff members juggled large caseloads.

2. KWIC

OVR administrators and branch managers viewed KWICs' involvement and BSAs as among the most significant and beneficial innovations of the demonstration. Several branch managers said that the early provision of financial advice was a "huge win" for clients. VR administrators and staff viewed KWICs' involvement as valuable and essential to informing clients about their earnings and ability to work without the loss of benefits. Others noted that KWICs' services helped ease client anxiety and increase motivation to proceed with the VR process and achieve employment goals.

3. JPS

Staff viewed early JPS involvement as an important innovation. For example, branch managers said that, with enhanced services, JPS involvement before completion of the IPE helped ensure improved client outcomes. JPSs were highly positive about their involvement in the demonstration, particularly the early partnering with the VRC, KWIC, and client at the initial CTA meeting. Although JPSs were to maintain regular contact with all clients, many suggested that only minimal JPS involvement was needed after the initial CTA meeting for clients who either received supported employment or pursued postsecondary education.

4. CTA

Most staff members enjoyed the CTA and viewed it favorably. For example, in one district, each member of the CTA team added his or her signature to the client's closure letter as a sign of partnership and positive reinforcement. The jointly signed letter illustrated OVR team support for the client's efforts. Despite the positive view of the CTA, many staff expressed concerns that CTAs were difficult to schedule and that frequent CTA meetings were burdensome.

VI. IMPACTS ON SERVICES AND EMPLOYMENT

In this chapter, we describe the SGA Project's impact on service receipt and employment outcomes during the first 90 and 180 days after application for those who applied during the demonstration's first eight months. Given that sites were randomly assigned to the enhanced and usual service groups, any statistically significant differences in outcomes may be attributed to the SGA Project intervention. The results are preliminary in that they do not include all clients who participated in the demonstration and consider outcomes for only a limited period. In a future evaluation report, we will present findings that cover the full sample of SGA Project demonstration enrollees and track outcomes for up to 12 months after enrollment.

A. Impacts on services six months after application

With its increased pace of services, the SGA Project Demonstration offered the potential of improving the level of clients' service receipt, especially soon after application. We examined whether clients in enhanced service sites were more likely to receive services or to receive specific types of services than clients in the usual service sites (Table VI.1). The OVR administrative data allowed us to consider both purchased services and services provided by OVR staff.

Purchased services. The SGA Project innovations had no significant impact on the share of clients receiving purchased services. However, we observed a significant difference in the likelihood of receiving one particular purchased service. Relative to usual service group members, enhanced service group members were significantly more likely to receive transportation and maintenance services. For this service category, significant differences were evident at both 90 and 180 days after application.

Staff-provided services. At both 90 and 180 days after application, enhanced service clients were significantly more likely than usual service clients (3 percentage points) to receive staff-provided services. We also observed significant differences between the groups in the receipt of four services: job-related services, training, benefits counseling, and "other" services. For these service categories, the enhanced service group was significantly more likely to receive them than the usual service group. The magnitude of the differences at 180 days after application was 22 percentage points for job-related services, 19 percentage points for other services, 10 percentage points for training, and 50 percentage points for benefits counseling. These early findings for staff-provided services are consistent with the intended effects of the SGA Project innovations that were designed to keep clients motivated and engaged in services and to ensure the provision of benefits and other financial counseling.

Table VI.1. Enhanced and usual service differences in service receipt within 90 and 180 days of application

Service outcome	Within 90 days of application			Within six months of application		
	Enhanced services (E)	Usual services (U)	Difference (E-U)	Enhanced services (E)	Usual services (U)	Difference (E-U)
Number of clients	321	284	37	321	284	37
Purchased services						
Number receiving services	181	161	20	207	180	27
Percentage receiving services	56.4	56.7	-0.3	64.5	63.4	1.1
Purchased services received (percent of all receiving services)						
Assessment	46.4	51.4	-5.0	49.2	55.6	-6.4
Transportation and maintenance	9.0	4.2	4.8**	16.2	8.5	7.7***
Job-related services	5.3	2.1	3.2	9.7	5.6	4.1
College or university	4.7	2.8	1.9	5.9	3.9	2.0
Diagnosis and treatment	2.8	2.5	0.3	5.3	4.6	0.7
Training	2.2	1.1	1.1	2.8	2.8	0.0
Occupational or vocational training	1.3	1.4	-0.1	2.5	2.8	-0.3
Other services	6.9	4.9	2.0	11.5	8.1	3.4
Staff-provided services						
Number receiving services	313	268	45	313	268	45
Percentage receiving services	97.5	94.4	3.1*	97.5	94.4	3.1*
Staff services received (percent of all receiving services)						
Assessment	97.2	94.7	2.5	97.2	94.7	2.5
Counseling or guidance	99.1	99.7	-0.6	99.1	99.7	-0.6
Benefits counseling	48.0	1.1	46.9***	51.1	1.1	50.0***
Job-related services	24.9	5.6	19.3***	30.5	8.8	21.7***
Training	12.2	1.4	10.8***	13.4	3.5	9.9**
Diagnosis and treatment	0.3	0.7	-0.4	0.3	1.4	-1.1
Transportation and maintenance	0.0	0.4	-0.4***	0.3	0.7	-0.4
Other services	17.8	1.4	16.4***	22.1	2.8	19.3***

Note: This table contains Kentucky VR applicants under age 65 who received SSDI benefits at application and applied between May 1, 2015, and January 31, 2016. "Within 90 days of application" is restricted to individuals who received their first service within 90 days of application, and "Within 180 days of application" is restricted to individuals who received their first service within 180 days of application.

*Significantly different from zero at the .10 level.

**Significantly different from zero at the .05 level.

***Significantly different from zero at the .01 level.

B. Impacts on employment six months after application

The impact analysis is based on the sample of clients observed for at least 180 days after application. Relative to usual service group members, outcomes for enhanced services group members as of 180 days differed in several respects. A smaller percentage of the enhanced cases had already closed (24.9 versus 29.9 percent). However a larger percentage had closed with competitive employment (4.1 percent versus 1.8 percent), and smaller percentages had closed as an applicant or before signing an IPE. The share of the enhanced services group that closed with earnings above the SGA amount did not differ significantly from that of the usual services group (1.9 percent versus 0.7 percent). The percentages for outcomes at closure will change as the agency closes the cases of more demonstration clients.

The early findings are generally consistent with the intent of the SGA Project innovations to keep clients motivated and engaged in services, and to move them more quickly to employment. Although some of the early estimates of impacts on employment are encouraging, it is too early to know whether the enhanced services will ultimately lead to a significant increase in the percentage engaged in SGA-level employment.

Table VI.2. Enhanced and usual service differences in VR closure outcomes within six months of application

Variable	Enhanced services (E)	Usual services (U)	Difference (E-U)
Number of cases	321	284	37
Closure outcome (percent of all cases):			
Closed within 180 days	24.9	29.9	-5.0
Closed as applicant	2.5	5.6	-3.1**
Closed without employment, after eligibility, before signing an IPE	17.1	20.8	-3.7
Closed without employment, after signing an IPE, before receiving services	1.3	1.8	-0.5
Closed with an employment outcome	4.1	1.8	2.3*
Closed with competitive employment	4.1	1.8	2.3*
Closed with earnings above non-blind SGA ($1,130)	1.9	0.7	1.2
Reason for closure (percent of all cases)			
Achieved employment outcome	4.1	1.8	2.3*
No longer interested	11.5	17.3	-5.8
Individual incarcerated	0.6	0.0	0.6[a]
Unable to locate or contact	3.7	6.3	-2.6
Transfer to another agency	0.3	0.0	0.3[a]
Death	0.3	0.4	-0.1
Disability too significant	0.3	0.0	0.3[a]
Ineligible–does not require VR services	0.0	0.4	-0.4[a]
Ineligible–no impediment to employment	0.3	0.0	0.3[a]
All other reasons	3.7	3.9	-0.2
Not closed at 180 days	75.1	70.1	5.0
Time from application to closure (mean, in days, for closed cases)	156	156	0

Note: This table contains Kentucky VR applicants under age 65 who received SSDI benefits at application and applied between May 1, 2015, and January 31, 2016. All statistics pertain to the period 180 days after application.

*Significantly different from zero at the .10 level.

**Significantly different from zero at the .05 level.

[a] Significance not calculated because of a zero value in one of the two groups.

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VII. SUSTAINABILITY

As part of the interviews we conducted, we asked executives, managers, and staff for their opinions and preferences about continuing the SGA Project innovations—or some aspect of them—after the demonstration concludes. We also asked what might be needed for the successful continuation of the model. Such insights might be useful both for OVR in considering how to proceed with the innovations and for other agencies considering the implementation of similar changes for their clients.

A. Potential for sustaining SGA Project innovations

1. OVR leaders

OVR executive staff and branch managers were generally receptive to continuing enhanced services beyond the demonstration period and were actively considering strategies to incorporate techniques such as presumptive eligibility and teaming into their usual service delivery practices. For example, managers frequently mentioned a preference for continuing the early involvement of JPSs and benefits counselors. Although managers expressed similar sentiments about the other innovations, several warned that those innovations might be difficult to sustain without buy-in from VRCs or an improved process for securing medical records from SSA. Three branch managers revealed their plans for continuing the SGA Project innovations by giving VRCs the option of offering clients the model of enhanced service delivery, encouraging staff to continue using the CTA and presumptive eligibility, or expanding the use of enhanced services to other clients.

2. VRCs

In comparison to other OVR staff, VRCs expressed mixed feelings about sustaining the innovations. Many VRCs reported that they understood the value of enhanced services and praised the CTA for bringing different perspectives to the service provision process. Several staff members discussed their plans to include JPSs or work incentive coordinators early in the service provision process once the demonstration concludes. Some VRCs believed that the benefits of enhanced service innovations could be sustained beyond the period of the demonstration only by making the services available to all clients. However, the majority of VRCs was opposed to continuing or expanding enhanced services beyond the demonstration without additional staff to serve clients. Because the innovations involved service provision at an accelerated pace, most VRCs expressed concern that the demonstration added to already substantial workloads, making it difficult to expand the innovations to all clients.

3. JPSs and KWICs

JPSs and KWICs expressed positive attitudes toward the SGA Project demonstration and a desire to continue providing enhanced services in the future. Job placement specialists reported that their role could continue past the demonstration period without difficulty. By contrast, KWICs, similar to VRCs, indicated that their high caseloads and large coverage areas presented significant challenges to providing similar benefits counseling services.

B. Challenges to continuing SGA Project innovations

1. Inadequate resources

Several branch managers and VRCs indicated that they intended to provide benefits analyses to most or all clients receiving SSDI and/or SSI benefits after the end of the demonstration period, although one branch manager preferred to rely on a vendor to do so in the future. Nearly all staff pointed to several interrelated barriers to sustaining the benefits analysis innovation after the demonstration period, namely (1) low staffing levels, which required OVR to assign KWICs to several sites; (2) large geographic coverage areas assigned to each KWIC, which increased travel times and made it difficult to schedule CTA meetings; and (3) large caseloads, which made it difficult for KWICs to find the time to participate in CTA meetings and develop reports for clients in a timely fashion. Although the majority of staff held favorable opinions about providing benefits analysis services to OVR clients, they recognized that these challenges must be resolved before sustaining or expanding the demonstration's innovations.

Even though OVR's leaders and managers were interested in sustaining the SGA Project enhanced services, they were unsure about their ability to sustain the effort after the demonstration period. OVR's plan to retain KWICs on staff after the demonstration will depend on increased program income from SSA reimbursements. Furthermore, several OVR leaders expressed uncertainty about OVR's ability to provide enhanced services to adult clients in the future, in part because of the Workforce Innovation and Opportunity Act, which established fiscal mandates for state VR agencies to serve transition-age youth.

In addition, a commonly cited barrier to sustaining enhanced services beyond the demonstration period was the perceived lack of resources among VRCs. Given the statewide hiring freeze, OVR was not allowed to replace VRCs who left the agency. At the time of our visit, several district sites were 10 to 20 percent below full staffing capacity. As a result, many VRCs were serving large numbers of clients and did not believe they had the capacity to sustain or expand the demonstration's model of service delivery after the demonstration's conclusion.

2. Ethical concerns about enhanced services

Ethical concerns about offering preferential treatment to SSDI-only clients at the expense of other clients contributed to some VRCs' unease about sustaining enhanced services. These VRCs expressed a belief that it was unethical to continue providing superior services to a subset of clients and that the additional time and effort devoted to SSDI-only clients degraded services for other clients. According to these VRCs, enhanced services should be extended past the demonstration period only if they are expanded to all clients.

VIII. PROMISING PRACTICES AND LESSONS LEARNED

In this chapter, we consider the promising practices that developed during the course of the SGA Project demonstration's implementation and the lessons for future implementation of this or similar service models.

A. Promising practices

At the time of the site visits, OVR had implemented the SGA Project demonstration for approximately nine months. The collective experience of ICI staff, OVR leaders, and field staff suggests two promising practices with the potential to facilitate the SGA Project's intended outcomes.

Early benefits analysis and counseling. Many branch managers and VRCs informed us that the SGA Project demonstration highlighted the importance of providing SSDI-only clients with benefits analysis early in the service provision process. Under usual services, clients with complex benefit situations are referred to benefits analysis vendors after the completion of IPEs. VRCs rarely receive client benefit summaries before IPE development. Early involvement of KWICs revealed (1) that complex benefit status was common among SSDI-only recipients, (2) that client apprehension about an increase in income through employment often resulted from fear of the loss of medical or other benefits, and (3) that expert advice on benefits and related financial concerns tailored to the client reduced the fear of seeking employment. Although several respondents intend to continue early benefits analysis for clients with complex benefit situations, they reported that KWICs and the teaming aspects of enhanced services were not required for such clients. Instead, they believed that it would be sufficient to refer clients to vendors for benefits analysis services before IPE completion.

Identification of strong candidates for enhanced services. VRCs reported that, although many clients responded favorably to enhanced services, a subset was intimidated by the innovation's aggressive pacing and large team sizes. To ensure that clients received appropriate services, some VRCs began to look for indicators that new clients would be receptive to innovations, such as a strong desire to work. As a counseling strategy, VRCs moved more slowly and in smaller meetings with clients who demonstrated resistance to earning above SGA or moving rapidly into employment. Such a strategy is similar to the "red light, yellow light, green light" tactic that the ICI TA team taught KWICs to use. Under this system, "green light" clients are eager to work and get off benefits, "red light" clients are extremely reluctant to get off benefits, and "yellow light" clients lie in between. KWICs were instructed to tailor discussions to the client based on this schema, such as not attempting to convince a "red light" client to work above SGA in their first conversation with a client.

B. Lessons learned

Kentucky OVR experienced a number of successes and challenges in implementing the SGA Project innovations. The lessons can guide future OVR efforts and VR agency administrators who are considering the design and implementation of the SGA Project innovations.

Involving VR staff managers and staff in planning the SGA Project demonstration's kick-off training to improve the likelihood of success. Many interviewees described the SGA Project Demonstration's kick-off training as informative but flawed. Interviewees made several recommendations for improving future iterations of the initial training. The first suggestion is to brief branch managers early in the process so that they can prepare for and answer questions from their staff. Second, implementing agencies should hold meetings with all relevant staff before the kick-off training to explain the fundamental aspects of enhanced services, including the demonstration's overall goal and the reasoning behind each innovation. Third, the length of the kick-off training needs to be reduced and the intensity of training moderated. Fourth, the schedule should allow staff two or three months after the kick-off training to become proficient with the delivery of enhanced services before the official implementation start date.

Conducting pre-implementation outreach to secure buy-in among VRCs and SSA field office staff who are essential to project operations. Many branch managers noted that VRCs were often resistant to demonstration activities. To avoid these problems with future implementation, it may be beneficial to engage VRCs at an early stage to address resistance to enhanced services and allow staff to provide input on the demonstration before implementation. For example, project implementers should solicit VRCs' opinions or concerns about enhanced services. The data could be used for improving communication with VRCs and developing strategies to improve buy-in.

Establishing processes for obtaining timely information from SSA. Any effort to increase the pace of state VR agency services must ensure the timely delivery of SSA documents that inform BSAs and the IPEs developed by VRCs. In Kentucky, frequent delays in receipt of needed documentation slowed the pace of service delivery. Future projects may wish to develop a collaborative agreement or memorandum of understanding on operating procedures with SSA before implementation to allow for the timely and consistent transmission of needed information.

Providing adequate and consistent staffing levels is essential to ensuring that faster pacing and teaming objectives are met. Districts with sufficient staffing levels were more confident about the innovations and spoke more favorably about the demonstration. Districts with staff shortages were often frustrated by the SGA Project requirements and did not wish the project to continue beyond the demonstration period.

Specifying the essential qualifications for KWICs should focus on CWIC experience, effective oral and written communication skills, and the ability to build rapport with coworkers and clients. All respondents universally praised the experienced KWICS and their ability to build rapport with other OVR staff and clients. These KWICs were well suited for their role; they demonstrated content expertise and outstanding communication skills. Districts without access to an experienced KWIC reported low satisfaction with the provision of enhanced services such that many VRCs did not look forward to continuing the project.

Involving experienced KWICs early in the process can help reduce client fears about loss of benefits and help clients clarify the amount they can earn when taking advantage of work incentives. Most VRCs and managers said that SSDI clients were afraid to return to work for fear of loss of benefits. The early involvement of KWICs can be address these fears by

providing clients with timely information about how earnings can affect benefits and how eligibility for SSDI and public health insurance can be maintained as earnings increase.

Ensuring appropriate KWIC staffing levels is essential to support the volume of clients and several sites throughout a given state. Lead WIPA TA consultants from Virginia Commonwealth University recommend no more than 100 new active cases per year for a CWIC.[17] Hence, states should evaluate their CWIC staffing needs and hire accordingly before implementing a project such as the SGA Project.

Involving JPSs early in the rehabilitation process creates a strong bond with clients that can guide and facilitate employment decisions. When JPSs are involved early in the service provision process, they can make recommendations and provide feedback to the client about the local job market, potentially influencing the IPE decision-making process.

Recognizing that SGA Project Demonstration innovations might not be appropriate for all clients. In general, clients receiving supported employment and clients receiving postsecondary training did not use JPS innovations as intended. Many staff believed that these clients should be excluded from enhanced services. Several branch managers and VRCs expressed concerns that their service statistics on pace were skewed by clients who did not fit within the SGA Project framework, such as clients destined for supportive employment, skills training, or further education. These clients were often easily identified at intake or early in the service provision process and did not access the array of innovations offered under the SGA Project demonstration. In addition, some individuals applied to VR primarily to receive assistive technology to support their existing jobs and did not require enhanced services.

Reducing the caseload size and geographic coverage areas for staff might improve implementation outcomes. Successful implementation of enhanced services in many ways depended on local or geographic factors. According to staff in large and rural districts, many clients traveled considerable distances over poorly maintained roads to visit OVR sites. By contrast, clients in larger cities such as Lexington and Louisville had greater access to public transportation, though more clients in these areas were homeless or indigent, presenting other challenges for follow-up and nonresponse.

Leadership and enthusiasm can influence implementation success. Most executive leadership, RPMs and branch managers expressed enthusiasm and support for the SGA Project. Their enthusiasm influenced field staff's willingness to engage in the new innovation and quality improvement activities. Most branch managers at sites providing usual services were also enthusiastic and respected by their field staff, and seem equally capable implementing enhanced services.

[17] Personal communication with Virginia Commonwealth University WIPA technical assistance consultants.

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TECHNICAL APPENDIX

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, Rehabilitation Services Administration to develop a demonstration to improve the employment outcomes of state VR clients receiving SSDI benefits. The resulting effort, called the SGA Project demonstration, was implemented in Kentucky in May 2015. Mathematica Policy Research conducted an independent evaluation of the demonstration's implementation. To conduct the evaluation, we used both qualitative and quantitative methods. In this technical appendix, we provide additional detail on the data sources used and analyses conducted.

A. Data sources

The evaluation draws on two types of data: semistructured interview data from staff and others involved in the demonstration and administrative data provided by the Kentucky Office of Vocational Rehabilitation (OVR).

1. Semistructured interviews

As described in Chapter I, we conducted site visits in May 2016 to 11 VR district offices across Kentucky, including 6 enhanced service sites and 5 usual service sites. At each office, we conducted a one-on-one interview with the branch manager and a small-group interview with selected members of the workforce. The composition of the small-group workforce interview varied by office and staff availability. At the enhanced service sites, interviewees included three to four VR counselors and the job placement specialists. At the usual service site, the interviewees included three to four VR counselors and the job placement specialists, as applicable. We also conducted interviews with two regional program managers, three Kentucky work incentive coordinators, the SGA program coordinator, and two state leaders, including Kentucky's assistant director of program services and the manager of program planning and development. We also conducted telephone interviews with two community work incentive coordinators on OVR's approved vendor list and four members of the ICI technical assistance team. Two members of the Mathematica evaluation team (Frank H. Martin and Eric Morris)—experienced in conducting field interviews and familiar with state and federal disability programs—led the interviews. One team member moderated the discussion, and the other took notes.

Before the site visit, we developed a semistructured interview guide that covered a range of topics, including experience in administering the innovation components, experience in training and TA, perceived client experience, potential effects, and long-term sustainability. The interview guide was motivated by the following questions that the evaluation team developed in consultation with ICI:

- How does the agency usually provide services?
- To what extent did sites implement their assigned conditions with fidelity to design?
- For each innovation, how do enhanced practices differ from usual practices?
- Which elements of each innovation were more likely to be delivered, and why?

- Did later applicants receive different services than early applicants?
- Has there been any "spillover" to the usual service offices?
- How has staff adapted to increasing the pace of services?
- Which offices had the most success in implementing enhanced services?
- Have there been any staff turnover or retention issues since the demonstration began?
- Do staff encourage clients to achieve SGA-level employment?
- What were the challenges in implementing the innovations?
- How does the local economy affect each office's success?
- Do offices vary in their experience in requesting BPQYs?
- Were there any unintended consequences associated with implementing the innovations?
- How did counselors perceive the enhanced practices?
- What would be needed for other state VR agencies to implement the program successfully?
- What training was offered to VR staff?
- How did training vary by site and by counselor?
- How did staff rate the training format and the trainers?
- How likely are the innovations to be sustained beyond the demonstration period?
- What factors are notable barriers and facilitators of sustainability?
- What lessons can other VR agencies learn from the demonstration?

2. Administrative data

In July 2016, the evaluation team received the first data extract from OVR. The extract included information for all SSDI-only beneficiaries who applied for VR services from May 1, 2015, through the date of the extract as well as the large share of the data needed to construct the baseline characteristics and outcomes presented in this report. The evaluation team carefully reviewed the file to understand its contents and consider how measures should be created. After review, the evaluation team requested additional information and variables. OVR sent another, updated extract in early August 2016. The second data extract was the one used to create Kentucky's baseline characteristic and outcome measures. It contained a range of information covering topics such as characteristics at application, purchased services received, status at closure (if applicable), and (for treatment group members) intervention services received.

B. Analysis

1. Semistructured interviews

Following each interview, we reviewed and updated the notes to account for anything that was initially missed or not fully explained. Both interviewers reviewed the final notes for accuracy and completion and then reviewed the notes for relevant themes, locational features,

and commentary. They extracted the themes, organized them according to the above research questions, and summarized the themes and key findings presented in this report.

2. Administrative data

The first step in the analysis was to identify which client records should be included in the impact analysis sample. The data extract sent to us included a variable denoting experimental group status, which we used to identify treatment and control group members. The evaluation team decided that the analysis sample should include those who applied to VR early enough to have at least six months of process and outcome (that is, post-application) information. Given that we received data through July 2016, the six-month restriction meant that the interim report analysis sample included those who applied to VR from May 1, 2015—the intervention start date—through January 31, 2016. We further restricted the analysis sample to capture the SGA Project demonstration's target population. We excluded from the analysis sample applicants who (at application) were not age 18 to 64 or were not SSDI-only beneficiaries. We also excluded from the analysis sample deaf clients served by RCDs. Although two RCDs were designated to provide enhanced services, deaf clients were permitted to select a specific RCD or location. Thus, with the potential for misclassifying treatment and control group members, we excluded these clients. Deaf clients served by VRCs were included in the analysis sample.

After we identified the analysis sample, we created the baseline characteristics and outcome measures and then estimated the demonstration's impacts. For almost all baseline characteristics and outcome measures described in the report, we calculated the average value across all offices for each experimental group as well as the difference between group averages. To determine whether the differences across groups were statistically significant, we estimated linear regressions (for continuous outcomes) and logistic regressions (for binary outcomes) in which the outcome was the dependent variable and the only independent variable was an indicator for treatment group status. The estimated coefficient is equivalent to the difference in the outcome mean across the two groups. We adjusted the regression standard errors for the office-level clustering of random assignment. We will expand this approach for the more comprehensive analysis conducted for the final evaluation report by adding baseline characteristics as control variables in equations designed to produce impact estimates for final outcomes. We conducted tests for each outcome independently of the other tests, even for categorical variables. We reported SGA Project demonstration process measures, which apply only to treatment group members, by office (as well as overall), but did not compare them to any control group measures. We wrote the variable construction and analysis code by using the SAS analytic software program. To help ensure quality, a programmer who did not write the analysis code reviewed the code for errors.

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