

# REPORT

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

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September 2017

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## ACKNOWLEDGEMENTS

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Mathematica Policy Research prepared this report under contract to the Institute for Community Inclusion (ICI) at the University of Massachusetts-Boston as part of a grant received from the U.S. Department of Education, Rehabilitation Services Administration. The authors gratefully acknowledge the efforts of many individuals and agencies in developing this report. First, we thank the Kentucky Office of Vocational Rehabilitation, its leadership team, regional and branch managers, and direct service staff, who generously shared their experiences and perspectives during the interviews. We particularly appreciate the assistance of Holly Hendricks, assistant director of program services, and Kellie Scott, SGA Project coordinator, who helped ensure that our site visits were successful and who provided administrative data for the study. At ICI, we thank Susan Foley, Russell Thelin, Linda Mock, Michael Dalto, Rick Kugler, and Kelly Haines for their comments not only on the demonstration's implementation, data, and training and technical assistance activities but also on an early draft of this report. At Mathematica, we thank Annie Doubleday, Joseph Mastrianni, Joanne Lee, and Raúl Torres for programming, quality assurance, and project management support, and Heinrich Hock and David Stapleton for their technical input and comments on an early draft of this report.

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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## ACRONYMS

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AWIC	Area work incentive coordinator
BPQY	Benefits planning query
BSA	Benefits summary and analysis
CTA	Coordinated team approach
CWIC	Community work incentives coordinator
ICI	Institute for Community Inclusion
IPE	Individualized plan for employment
JPS	Job placement specialist
KWIC	Kentucky work incentives coordinator
OVR	Office of Vocational Rehabilitation
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
WIOA	Work Workforce Innovation and Opportunity Act
WIPA	Work Incentives Planning and Assistance

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## EXECUTIVE SUMMARY

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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’s Rehabilitation Services Administration to develop a demonstration to improve the employment outcomes of nonblind state vocational rehabilitation (VR) clients receiving Social Security Disability Insurance (SSDI) but not Supplemental Security Income (SSI). The resulting demonstration, called the SGA Project demonstration, involved the implementation of innovations designed to help SSDI-only beneficiaries achieve sustained employment with earnings above the Social Security Administration’s (SSA) substantial gainful activity (SGA) level.<sup>1</sup> Two states—Kentucky and Minnesota—participated in the demonstration. In this report, we present findings on Kentucky’s experience in implementing the SGA Project innovations and client outcomes during the first two years of the demonstration.

What were the SGA Project innovations?

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

- **Faster pace of services and rapid client engagement.** VR counselors (VRCs) at the enhanced-service sites were expected to complete the VR eligibility determination within 2 days (compared with 60 days at the usual-service sites) and develop the individualized plan for employment (IPE) within 30 days (compared with 90 days at the other sites).<sup>2</sup>
- **Financial and benefits planning.** OVR hired three Kentucky work-incentives coordinators (KWICs) to provide clients with early and ongoing financial education and counseling regarding benefits and financial needs. KWICs were expected to help clients understand the range of state and federal benefits for which they might be eligible, the implications of work and earnings for these benefits, and options for returning to work. Under usual services, VRCs referred clients to vendors for benefits counseling, but broader financial education was not part of this service.
- **Job placement services.** OVR added three job placement specialists (JPSs) to its existing JPS staff and assigned one or more JPSs to each enhanced-service site to provide SGA Project clients with early and ongoing placement information and support. JPSs at enhanced-service sites were expected to meet with clients early in the VR process, maintain regular contact with clients, and provide follow-along assistance once clients obtained jobs. JPS staff at usual- and enhanced-service sites provided similar services, but under usual services, JPSs typically did not engage clients until after IPE development.
- **Coordinated team approach (CTA).** The VRC, KWIC, and JPS were expected to collaborate and function as a team to provide clients with in-depth, personalized discussions, counseling, and services early and throughout the process. The first CTA meeting was to

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

<sup>2</sup> The IPE is a written plan outlining the client’s vocational goal and the services to be provided by the VR agency and its contractors.

occur within five days of eligibility determination and before IPE completion. During the initial meeting, the team identified the client's goals, reviewed important financial information, and discussed ideas for IPE development. Follow-up CTA meetings were to occur around the time of IPE development and then on a quarterly basis post-employment, as deemed necessary by the team. OVR staff at usual-service sites did not use a team strategy to work with clients, although staff did sometimes meet informally to coordinate client services.

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

To what extent were the innovations implemented as designed?

The enhanced-service sites successfully delivered the SGA Project innovations to many clients, but in some districts staff encountered challenges that impeded implementation. These challenges included initial resistance to the enhanced-service procedures by some staff and managerial and staffing shortages that hindered service delivery. There were also data entry delays and errors at the enhanced-service sites.

These challenges might in part explain why the data suggest that some clients did not receive the enhanced services as intended as of April 2017. Among applicants at the enhanced-service sites,

- 40 percent received an eligibility determination within the project goal of 2 days of application;
- 39 percent of those who obtained an IPE did so within the project goal of 30 days of application;
- 56 percent participated in an initial CTA meeting; however, only 27 percent of those clients had that meeting within the project goal of 5 business days of application;
- 64 percent received benefits counseling services, which were to be provided as needed; and
- 31 percent received job placement services, which were to be provided as appropriate.

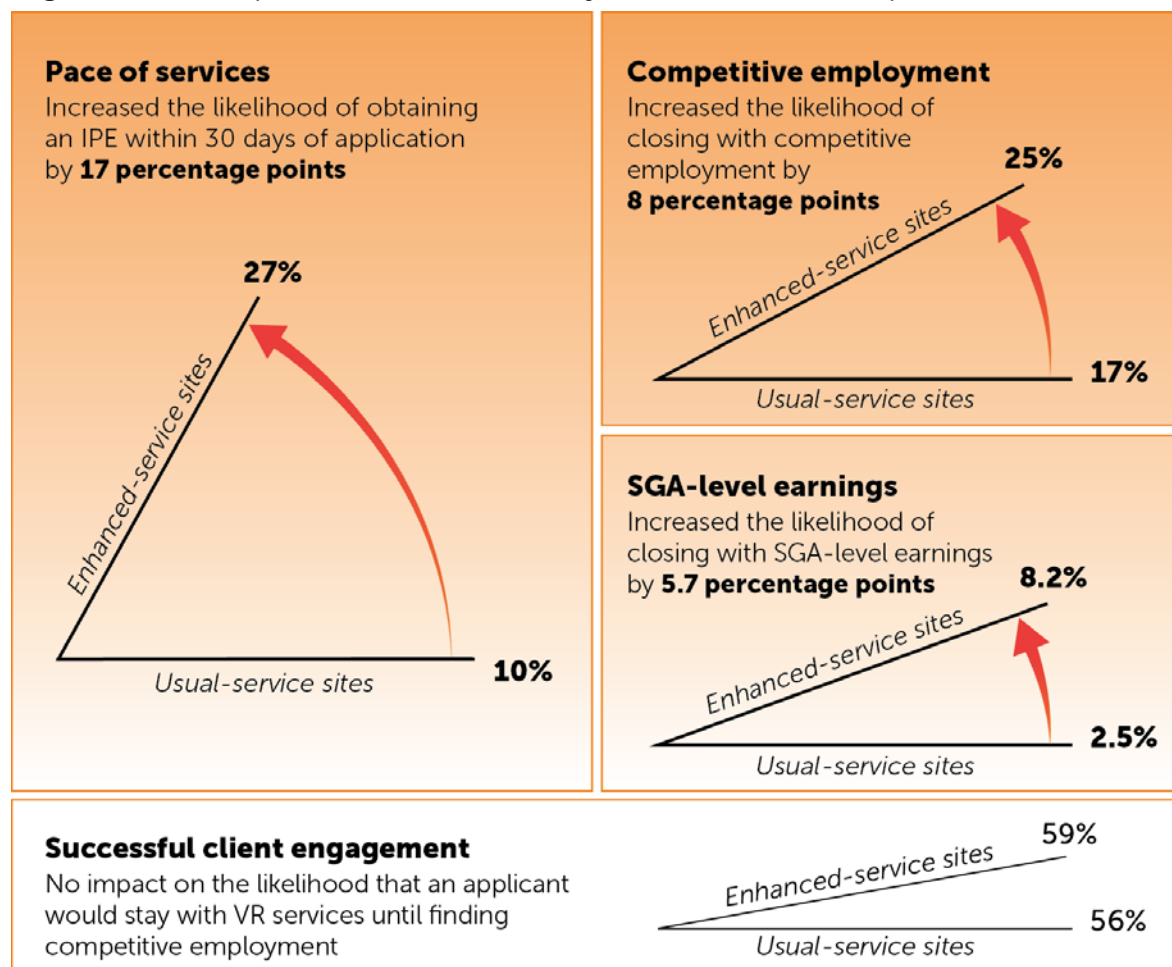
Over time, OVR staff addressed many of the implementation challenges, learned how to improve the pace of service delivery, and came to believe that faster pacing was a desirable goal. Despite the barriers to implementation the staff experienced, agency leadership and managers believed the financial counseling and education innovation was instrumental in helping clients overcome a major barrier to working, namely, concerns about the effect of earnings on benefit receipt. Similarly, the delivery of JPS services early in the process informed clients about the job market and possible employment opportunities. Branch managers said SGA Project innovations increased staff morale, as teams collaborated to solve problems and witnessed client success.

Staff believed the CTA also benefited clients by supporting staff efforts to work with a team of professionals who had varying areas of expertise.

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

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

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



Source: OVR case file data.

Although many clients (37 percent) had open cases at the time of our analysis, our estimates suggest that the open cases at the usual-service sites would need to close with remarkably high rates of employment and SGA-level earnings to eliminate the impacts on these outcomes estimated as of April 2017.

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

We would expect non-SGA Project clients at the enhanced- and usual-service sites to have similar outcomes, because both groups were to receive usual VR services. However, delivery of the SGA Project innovations might have changed the way staff delivered VR services to non-SGA Project clients at the enhanced-service sites because (1) staff delivered SGA Project innovations to non-SGA Project clients (“spillover” of the innovations) and/or (2) staff diverted their attention or program resources away from non-SGA Project clients in favor of their SGA Project clients. Contamination might also have occurred, that is, the SGA Project innovations may have affected service delivery at the usual-service sites. Although we found qualitative evidence that both spillover and diversion occurred in some instances, the quantitative evidence indicates that there were no net impacts of the innovations on non-SGA Project clients at the enhanced-service sites. We also found no evidence of contamination at the usual-service sites.

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

During our interviews with OVR staff, many noted the following lessons learned while implementing the SGA Project innovations:

- OVR staff became more aware of presumptive eligibility guidelines and more adept at dynamic IPE development strategies.
- OVR leadership came to recognize the need to strengthen its relationship with SSA to identify SSDI-only beneficiaries and secure documents on behalf of their clients.
- OVR leadership and local managers believed the KWIC staff to be valuable and essential to the project’s success.
- Field staff noted an increased frequency in their collaborations and knowledge exchange from the SGA Project innovations, most notably via the CTA meetings. Some staff believed that CTA meetings also boosted staff morale and proved beneficial for clients.
- OVR staff attributed the success of the SGA Project primarily to the faster pace of services and the financial counseling and education innovation.

Partly on the basis of their experiences during the demonstration, OVR staff developed strategies to implement and sustain components of the SGA Project innovations system-wide. As OVR leadership began to see positive outcomes for clients in the project, they instituted new guidelines for all districts. The new guidelines address the pace of eligibility determination and IPE development and recommend use of CTA and JPS strategies to help improve the quality and efficiency of services. Although OVR leaders hope to retain their KWIC staff and expand other aspects of the SGA Project innovations, other priorities might limit the agency’s resources for expanding implementation of the innovations.

Implementation considerations for other VR agencies

The evaluation findings and experiences in Kentucky suggest a number of implications for other VR agencies whose leaders might be interested in adopting features of the SGA Project innovations:



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

#### Study limitations and potential extensions

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

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## I. INTRODUCTION

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

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

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

In 2015, the Kentucky Office of Vocational Rehabilitation (OVR) was one of two state VR agencies that implemented the SGA Project demonstration. This report presents findings on the experiences of OVR in implementing the SGA Project innovations and information about the impacts of the innovations on VR services and the employment outcomes of demonstration participants.<sup>3</sup> The findings represent implementation experiences and client outcomes over the period from May 2015, when SGA Project innovations were first implemented, through late-April 2017.

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

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<sup>3</sup> In a companion report, we present findings on the experiences and impacts in Minnesota, the other state participating in the SGA Project demonstration.

## A. Overview of the SGA Project demonstration

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

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

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

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

### 1. SSDI eligibility and VR services

SSDI is an earnings replacement program for workers who become unable to support themselves through work because of a physical or mental impairment. SSDI cash benefits are available—after a five-month waiting period—to people with established work histories who have a medically verified work disability expected to last at least one year or to result in death. To determine SSDI eligibility, SSA assesses whether a person (1) is unable to earn at the SGA level because of a medical condition for at least 12 months or until death,<sup>4</sup> and (2) either meets the earnings history requirement for SSDI eligibility or is entitled to Social Security as a dependent of another beneficiary.<sup>5</sup> SSDI benefits are calculated based on past earnings; individuals with higher lifetime earnings are eligible for higher SSDI benefits. SSDI beneficiaries may also qualify for SSI if their incomes (including SSDI benefits) and resources are low enough to meet the SSI income eligibility criteria.

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

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<sup>4</sup> During the demonstration period, SSA defined the monthly SGA amount for nonblind individuals as \$1,090 (2015), \$1,130 (2016), and \$1,170 (2017).

<sup>5</sup> Disabled adult children and disabled widow(er)s can be eligible on the basis of a parent’s or spouse’s work history, respectively.

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

## 2. Why focus on SGA?

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

SGA-level earnings is an important criterion for SSDI eligibility. SGA, which is adjusted annually for inflation, is used by SSA in initial and ongoing SSDI benefit-eligibility determinations. In 2017, SGA is defined as unsubsidized monthly earnings of \$1,170 or higher for nonblind beneficiaries. SSDI beneficiaries earning above the SGA level for sustained periods are subject to having their SSDI cash benefits suspended and eventually terminated. SSDI beneficiaries are permitted a nine-month trial work period during which they can earn any amount and not jeopardize their benefits. After completion of the trial work period and a three-month grace period, SSDI cash benefits are suspended if the individual continues to work and earn above SGA.<sup>6</sup> Thus, SGA is an important earnings milestone for both SSA and beneficiaries, because sustained earnings above that level will eventually trigger complete loss of SSDI cash benefits.

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

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

Attainment of SGA-level earnings is also an important milestone from the perspective of state VR agencies and other employment service providers. Under SSA's traditional reimbursement system for VR agency services, VR agencies are eligible for SSA payments only after their SSDI beneficiary clients have become employed and achieved nine months of

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<sup>6</sup> The period during which SSDI benefits are suspended due to earnings above SGA is called the extended period of eligibility. During the extended period of eligibility, SSDI beneficiaries can earn any amount during a consecutive 36-month period without jeopardizing eligibility for benefits. During this period, beneficiaries can receive SSDI benefits in any month in which their earnings are below the SGA level. Benefits are terminated if earnings exceed the SGA level after the 36th month once all grace period months have been used; otherwise benefits continue until terminated for some other reason.

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

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

### 3. Why focus on SSDI-only clients?

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

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

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

Another reason why VR agencies might focus on SSA beneficiaries in general is that their revenues can be enhanced if their SSDI and SSI clients more frequently achieve and sustain

SGA-level employment. As noted previously, SSA makes payments to VR agencies for SSDI and SSI clients who achieve SGA-level employment for a sustained period. These payments reimburse VR agencies for the costs of providing services to this population.

The SGA Project demonstration did not target blind SSDI-only beneficiaries. The primary reason for their exclusion is that blind individuals are subject to a different set of SSA work incentive provisions and ongoing eligibility criteria related to SGA.<sup>7</sup>

#### 4. Identifying the innovations to be tested

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

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

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

- **Faster pacing of services and more frequent communication with clients to improve client engagement and motivation.** In many VR agencies, clients may wait months before an individualized plan for employment (IPE) is developed and services begin.<sup>8</sup> Reducing clients' wait for services is believed to improve engagement with VR services, strengthen client motivation, and reduce the likelihood that clients drop out before attaining employment. A faster pace draws employment outcomes into focus more quickly for both staff and clients, and this momentum emphasizes VR counselors' commitment to the success of their clients.

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<sup>7</sup> The SGA amount for blind individuals is substantially higher than for nonblind individuals. In 2017, the monthly SGA amount for blind individuals is \$1,950.

<sup>8</sup> IPEs specify the client's employment goals and the types of services that a VR agency will provide to help achieve them.

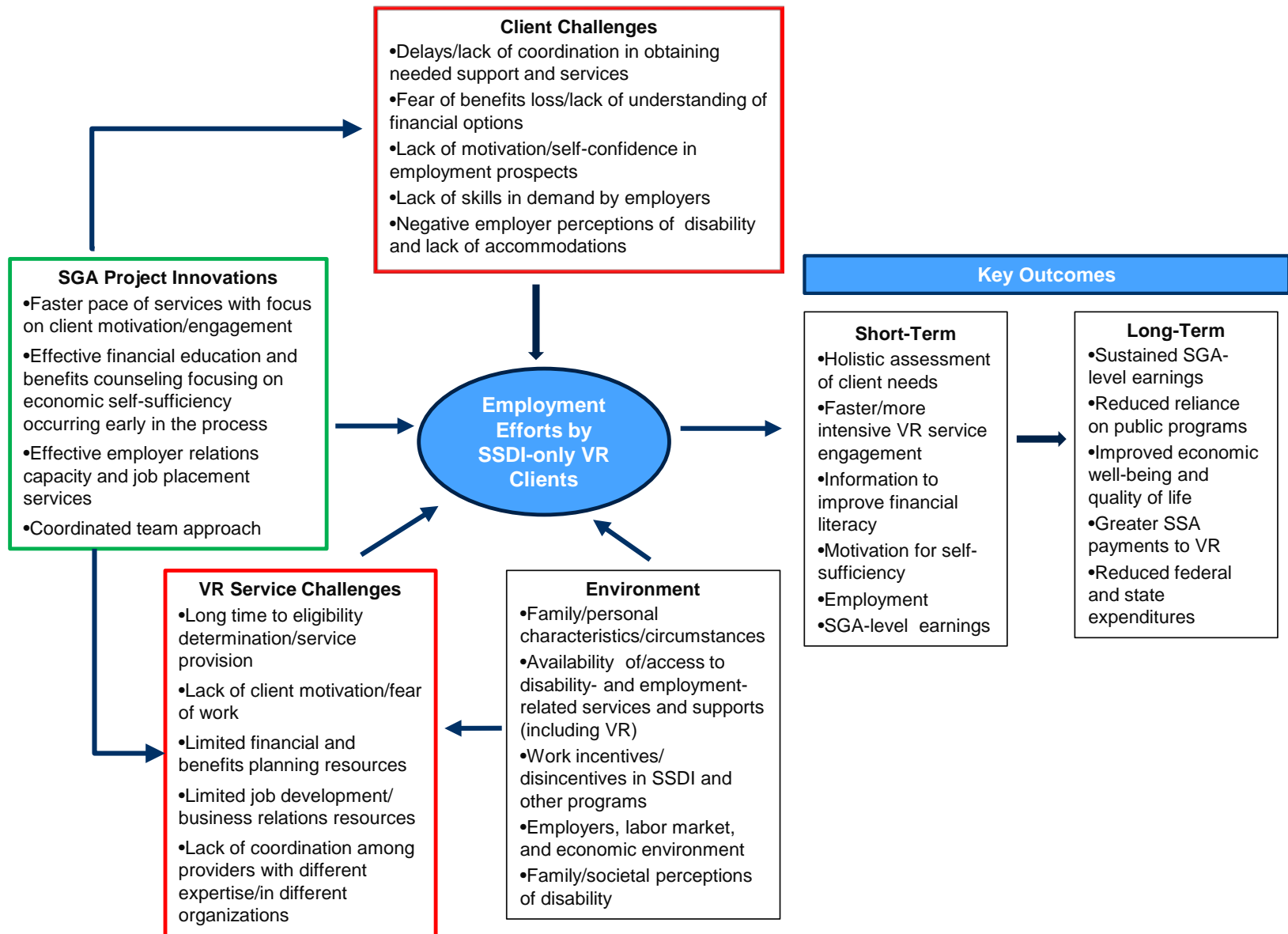
- **Effective financial education and benefits counseling services to inform staff and clients and improve household economic self-sufficiency.** These services are not always available to VR clients or are provided well after key decisions about services or employment are made. An earlier and more complete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

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

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



Figure I.1. SGA Project conceptual framework



## B. Study questions and methods

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

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

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

To understand how the innovations were implemented, we reviewed project documents, observed selected training and technical assistance events conducted by ICI, and conducted two rounds of site visits and multiple interviews with OVR leadership and staff during the SGA demonstration. In 2016 and 2017, we visited 11 VR offices across Kentucky, including offices in six of the seven districts that implemented the SGA Project innovations ("enhanced-service sites"), and offices in five of the seven districts serving as control sites ("usual-service sites").

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

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

To judge the effectiveness of the SGA Project innovations relative to usual services, we selected four outcomes,<sup>9</sup> one in each of four important domains that we hypothesized the innovations would affect:

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

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

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

Readers should note an important caveat when interpreting the findings in this report. At the time the study was conducted, 37 percent of demonstration cases were still open; that is, the clients were still receiving VR services. Thus, the case closure and employment outcomes we report represent only a fraction of the clients who participated in the demonstration. As more cases close, the estimates of the impacts of the SGA Project innovations on the primary outcomes could change. In particular, the employment impacts we estimated might be biased upwards because the enhanced-service clients received services more quickly. In the chapters that describe the impact findings, we provide a discussion of the potential effect additional case closures might have on the estimated impacts presented in this report.

## C. Report contents

This report is the final evaluation report for the Kentucky SGA Project demonstration. The information presented here differs from that presented in the interim evaluation report (Martin et al. 2017) in that it includes updated information on the implementation of the SGA Project in

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<sup>9</sup> The preselection of a single measure to reflect the success of an intervention within a particular study domain is a common practice in program evaluations as a means to focus the impact evaluation on the outcomes that provide the most robust evidence about program effectiveness and minimize the chance of concluding that the innovations had an effect when in fact they did not.

Kentucky and presents estimates of the impacts of the SGA Project innovations based on the full sample of demonstration participants through late-April 2017. It also includes several new analyses that were not presented in the interim report.

The remainder of this report is organized as follows.

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

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

## II. WHAT WAS THE KENTUCKY SGA PROJECT DEMONSTRATION?

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

**Key findings.** To implement the demonstration, Mathematica randomly selected 7 of the state's 14 OVR districts to provide the SGA Project enhanced services. OVR provided usual VR services in the remaining districts. The SGA Project innovations primarily focused on the early stages of the VR process. The demonstration required VR counselors (VRCs) to complete eligibility determination within two days and IPEs within 30 days, which is much faster than usual VR practice. OVR hired financial specialists, called Kentucky work incentives coordinators (KWICs), to provide in-depth financial counseling and education to clients. OVR also hired additional job placement staff, and established expectations for them to engage clients earlier and more consistently throughout the rehabilitation process. Finally, OVR used a coordinated team approach, bringing together the VR counselor, KWIC, and job placement staff with the client to determine the client's needs, exchange information, and develop the service-delivery and employment goals. During the demonstration, OVR experienced a hiring freeze along with several leadership, managerial, and field staff changes. Staff turnover and the inability to fill vacant positions may have weakened the ability of staff to deliver the SGA Project innovations consistently.

### A. OVR agency description and service-delivery environment

Kentucky OVR functioned as a general VR agency during the SGA Project demonstration period.<sup>10</sup> In 2015, OVR reported 7,438 client cases were closed after receiving services. Of that group, 60 percent closed with an employment outcome.<sup>11</sup> For many Kentucky residents, good employment opportunities depend on geographic location, as economic conditions vary substantially throughout the state.<sup>12</sup> Several OVR service-delivery districts, including Ashland, Whitesburg, and West Liberty, are predominantly rural and have experienced challenging economic conditions over the past several years, including limited job opportunities. Many of these rural areas also have limited public transportation, which can affect clients' ability to participate in the VR process and secure or retain employment. According to OVR staff, residents in these areas are often hesitant to relocate, despite the challenging economic

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<sup>10</sup> Kentucky plans to merge its general and blind VR agencies into a single combined VR agency sometime in late 2017 or early 2018.

<sup>11</sup> Rehabilitation Services Administration (2017). RSA 911 data set Ad Hoc Query. Accessed on June 22, 2017, from [https://rsa.ed.gov/ad-hoc-query.cfm?mode=set-query-options&tbl=vw\\_911\\_by\\_dataset](https://rsa.ed.gov/ad-hoc-query.cfm?mode=set-query-options&tbl=vw_911_by_dataset).

<sup>12</sup> See Martin et al. (2017) for a summary of Kentucky's national demographic and economic characteristics compared to national averages.

conditions. Other regions of the state, such as the Golden Triangle region,<sup>13</sup> are relatively prosperous and have experienced economic growth or stability,

**Order of selection.** At the time of the SGA Project demonstration, OVR was in an order of selection. An order of selection is required when a VR agency does not have the funds available to serve all eligible clients. Under an order of selection, the agency serves eligible clients in a priority order based on functional limitations: those with the most significant limitations have the highest priority and others are put on a waiting list for services. When the SGA Project began, OVR waitlisted services only for those with the least significant disabilities (category 3 applicants). Effective July 1, 2016, OVR waitlisted additional eligible clients (category 2 and 3 applicants).<sup>14</sup>

**OVR leadership structure.** The agency'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, three regional program managers, and multiple branch managers who oversee VR service delivery across 14 districts. Each district maintains one or more satellite offices; the district's central office is identified by a location name (for example, Owensboro district). Branch managers are responsible for supervising VR service-delivery staff and the day-to-day operations of client services. Branch managers have a wide latitude and discretion for guiding their districts, as deemed appropriate and based on their professional judgement.

**Leadership changes.** OVR experienced several leadership and managerial changes over the course of the SGA Project demonstration. The agency also was under a hiring freeze, making it difficult to replace staff members who retired or resigned. Key changes included the following:

- OVR hired a new executive director in March 2015, near the start of the demonstration; this individual was reassigned to another state agency in April 2017 as the demonstration neared its end.
- The OVR director of program services retired in 2016 and the position remained vacant throughout the demonstration period.
- OVR's branch manager for the Program Planning and Development Branch retired in May 2017 and was not replaced during the remainder of the demonstration.
- Two branch managers (Whitesburg and Bowling Green) retired in 2016. Regional program managers assumed their positions throughout the demonstration period.

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<sup>13</sup> The Golden Triangle is an economic region in Kentucky that encompasses most of the state's population, urban residential areas, wealth, and economic growth. The region includes Lexington, Louisville, and Cincinnati/Northern Kentucky.

<sup>14</sup> OVR places eligible clients into priority categories based on an assessment of functional limitations. Those with the most significant limitations are placed in category 1. Eligible clients with significant limitations in three major areas are placed in category 2; clients in category 3 have limitations in two major areas; clients in category 4 have one area of limitation; and clients in category 5 have a non-significant disability.

**OVR field staff.** OVR employs professional field staff who provide direct services to clients. Professional staff include vocational rehabilitation counselors (VRCs) who serve as the primary point of contact for clients, ensure coordination of the VR process, and determine when clients' cases are closed. Most districts employ 8 to 10 VRCs. Districts vary in how new VR applicants are assigned to VRCs for application completion and eligibility determination. Most VRCs have general population caseloads—that is, they serve individuals with a range of disabilities rather than specializing in clients with particular disabilities. A few VRCs have specialty caseloads of transition-age youth.<sup>15</sup> There are no VRCs with specialty caseloads consisting of SSDI-only beneficiaries. OVR also has seven rehabilitation counselors for the deaf. Most, but not all, OVR districts have JPS staff, who assist clients with resume writing, job searches, and referrals to potential employers. JPSs also conduct employer outreach activities to promote employment opportunities for OVR clients. In some districts, JPSs have forged relationships with large employers, such as regional manufacturing plants.

**Vendors and purchased services.** In addition to direct services that field staff provide, OVR purchases services from vendors to support clients' employment goals. These services and supports include, but are not limited to, supported employment, medical assessments, rehabilitation technology, and community work incentive coordinators (CWIC). CWIC services include conducting a benefits summary and analysis (BSA) for clients receiving SSDI or SSI, and follow-up support for clients.<sup>16</sup>

#### B. SGA Project innovations compared with usual services in Kentucky

The SGA Project innovations that OVR implemented reflect the four core domains described in Chapter I: service pacing, financial counseling and education, job placement, and a coordinated team approach. To support the SGA Project implementation, ICI provided training and technical assistance to staff at the enhanced-service sites. Appendix B provides a brief description of these activities; more detailed information about the training and technical assistance activities is available in Martin et al. (2017).

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

**Pace of services.** VRCs providing usual VR services adhered to federal service-delivery requirements. Under those requirements, VR eligibility must be determined within 60 days of application and IPEs must be agreed upon and signed by the client and VRC within 90 days of eligibility. The SGA Project encouraged VRCs to move at a faster pace by scheduling an application appointment within 24 hours of a potential client's referral to OVR, with the actual appointment occurring within 10 business days of the referral. VRCs were to determine eligibility for VR services within 2 days of VR application, using presumptive eligibility guidelines to achieve this pacing target. Those guidelines presume that SSI and SSDI

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<sup>15</sup> Information about VRC caseloads and an incentive payment made to VRCs for SSA-reimbursable case closures is presented in Martin et al. (2017).

<sup>16</sup> The 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.

beneficiaries are eligible for VR services because their disability has already been determined by SSA. After VRCs determined that an applicant in the SGA Project was eligible for VR services, they were to complete an IPE within 30 days of VR application.

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

Enhanced services	Expectation	Usual service practice
<b>VRC/pace of services</b>		
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 <sup>a</sup>
IPE development	Develop IPE within 30 calendar days of application	Within 90 calendar days of eligibility
<b>KWIC</b>		
BPQY review	BPQY received within three weeks of application	As needed
BSA coordination	Completed BSA within eight weeks of application	Requested through CWIC (if needed)
Financial inventory	Completed financial inventory and resource tool, as needed	NA
Financial plan addendum	Optional	NA
KWIC follow-up	Ongoing follow-up via CTA or otherwise	Requested through CWIC (if needed)
<b>JPS</b>		
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
<b>Coordinated team approach (CTA)</b>		
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 team determines mode for quarterly follow-up with client post-employment	NA

<sup>a</sup>OVR permitted extensions to the 60-day guideline for eligibility determination if exceptional or unforeseen circumstances occurred, and if the client agreed to the extension.

NA = not applicable.



**Financial counseling and education.** Under usual services, VRCs refer clients to vendors for financial counseling and education services on an as-needed basis. VRCs usually make such referrals to a CWIC or Work Incentive Planning and Analysis (WIPA) vendor. These vendors typically focus on counseling clients about the impact of earnings on their Social Security and other public assistance benefits; they typically do not provide broader financial education. After referral to a CWIC, clients receive a BSA and can receive follow-up services from the CWIC, as stipulated in the purchased service agreement between the vendor and OVR. During the SGA Project demonstration, the timing of the CWIC and WIPA referrals varied by district. Some VRCs waited until after the IPE or after employment was secured to refer clients for benefits counseling. Others referred clients shortly after the eligibility determination, especially when clients were unsure about how earnings from work would affect their disability benefits. Under usual services, VRCs only occasionally participated in meetings with WIPA or CWIC vendors and clients and did not always have the opportunity to collaborate with other providers when reviewing BSAs produced for their clients.

In contrast to usual VR services, OVR used SGA Project demonstration funds to employ staff it named Kentucky work incentive coordinators (KWICs), who were primarily responsible for managing the financial counseling and education innovation delivered to demonstration participants at the enhanced-service sites.<sup>17</sup> 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. They also could provide additional financial education services that were not typically provided by CWICs (described below).

The financial education innovation included several mandatory and optional activities to conduct as part of the SGA Project enhanced services:

- It was mandatory for field staff to obtain a benefits-planning query (BPQY) for clients within three weeks of application to verify benefits and support financial counseling efforts.
- It was mandatory for staff to complete a BSA for eligible clients within eight weeks of VR application.
- Staff were encouraged (but not required) to provide additional financial education—for example, developing financial inventories for clients, offering asset development counseling, and providing related coaching, as needed or time permitted.<sup>18</sup>

OVR referred fewer clients to CWIC vendors at the sites providing enhanced services because of the KWIC staff added for the demonstration. Most CWIC vendors said they were aware of the SGA Project goals, but some were dissatisfied with losing income for their business during the demonstration. However, OVR staff maintained strong ties with the CWIC vendors

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<sup>17</sup> The KWICs participated in and obtained certification from the Virginia Commonwealth University work incentive training program to provide financial counseling to SSA disability beneficiaries. KWICs did not serve non-SGA Project clients.

<sup>18</sup> When the SGA Project demonstration started, the financial inventory was required and a financial addendum was an optional tool. Over the course of the demonstration, KWICs were allowed to use these tools as needed.

and reported no problems with non-SGA Project clients. When the SGA Project ends, OVR may return to the usual VR practice of referring clients to CWIC vendors.

**Job placement specialists (JPSs) and employer relations.** JPS staff at usual- and enhanced-service sites conducted similar service and outreach activities. JPSs at both usual- and enhanced-service sites assisted clients with resume writing, job searches, and referrals to potential employers based on clients' skills, training, and career goals. JPSs also routinely conducted background checks on clients to help guide the job search process. Nearly all JPSs marketed individual clients to a target job and employer instead of maintaining or amassing a pool of job openings. JPS staff at both enhanced- and usual-service sites conducted similar outreach to employers to facilitate client employment.

Under enhanced services, OVR assigned one or more JPSs to each enhanced-service site to provide SGA Project clients with early and ongoing placement information and support.<sup>19</sup> The timing of services also differed. JPSs at enhanced-service sites were expected to meet with clients early in the VR process and 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.

**Coordinated team approach.** OVR implemented the coordinated team approach (CTA) innovation at the enhanced-service sites. The CTA innovation was a significant departure from usual practice. OVR staff at usual-service sites did not use a team strategy to work with clients, although staff did occasionally meet in an informal manner to coordinate client services. Such informal teaming and coordination varied by district. Staff at the enhanced-service sites were required to provide in-depth and personalized counseling using the CTA. The CTA team consisted of the VRC, JPS, KWIC, and the client. The first CTA meeting was to occur within five days of the eligibility determination and before IPE completion. During the initial CTA meeting, the team identified the client's goal, reviewed important financial information, and discussed ideas for IPE development. Follow-up CTA meetings were to be scheduled around the time of IPE development and then on a quarterly basis post-employment when deemed necessary by the team.

### C. Enrollment in the demonstration

All 14 OVR districts participated in the SGA Project demonstration. In this section, we identify the geographic locations where the enhanced and usual services took place and describe the characteristics of demonstration enrollees.

#### 1. Study sites

Mathematica randomly assigned seven districts to provide the SGA Project enhanced services. The remaining seven districts were selected to provide usual services. In Table II.2, we show the areas of the state, OVR districts, and counties that participated in the SGA Project, and each district's assignment under the demonstration to implement either enhanced or usual services.

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<sup>19</sup> At some usual-service sites, there were no JPSs; at those sites VRCs used vendors for job placement services.

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

District	Golden Triangle area	Region and counties served	Random assignment designation
<b>East region</b>			
Ashland	No	Bath, Boyd, Bracken, Fleming, Greenup, Lewis, Mason, Montgomery, Robertson, Rowan	Usual
Bluegrass	Yes	Anderson, Bourbon, Fayette, Franklin, Harrison, Jessamine, Nicholas, Scott, Woodford	Enhanced
Covington	Yes	Campbell, Kenton, Pendleton	Enhanced
Danville	No	Boyle, Casey, Clinton, Cumberland, Estill, Garrard, Lee, Lincoln, Madison, Mercer, Owsley, Pulaski, Rockcastle, Russell, Wayne	Usual
Florence	Yes	Boone, Carroll, Gallatin, Grant, Kenton, Owen, Trimble	Usual
Lexington	Yes	Clark, Fayette, Powell	Usual
West Liberty	No	Breathitt, Carter, Elliott, Floyd, Johnson, Knott, Lawrence, Magoffin, Martin, Menifee, Morgan, Pike, Wolfe	Enhanced
Whitesburg	No	Bell, Clay, Harlan, Jackson, Knox, Laurel, Leslie, Letcher, McCreary, Perry, Whitley	Enhanced
<b>West region</b>			
Bowling Green	No	Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson, Warren	Usual
Elizabethtown	No	Adair, Bullitt, Green, Hardin, LaRue, Marion, Meade, Nelson, Taylor, Washington	Enhanced
Louisville	Yes	Henry, Jefferson, Shelby, Spencer	Usual
Middletown	Yes	Jefferson, Oldham, Shelby	Enhanced
Owensboro	No	Breckinridge, Daviess, Grayson, Hancock, Henderson, McLean, Ohio, Union, Webster	Enhanced
West Kentucky (Madisonville and Paducah)	No	Ballard, Caldwell, Calloway, Carlisle, Christian, Crittenden, Fulton, Graves, Hickman, Hopkins, Livingston, Lyon, Marshall, McCracken, Muhlenberg, Todd, Trigg	Usual

## 2. Enrollee characteristics

Clients enrolled in the SGA Project demonstration in Kentucky from May 1, 2015, to July 29, 2016. VRCs at the enhanced-service sites identified nonblind SSDI-only applicants for services receiving SSDI on the basis of their own employment during the application and eligibility determination processes. Staff used three methods to determine SSDI-only status: (1) asking clients about their status, (2) requesting clients' BPQYs from SSA, and (3) asking the SGA Project assistant to query the SSA Ticket to Work program portal. VRCs at the enhanced-service sites automatically enrolled eligible clients in the demonstration upon confirmation of their SSDI-only status and when they became eligible for services at their respective offices. VRCs at the usual-service sites also documented client status at application based on client self-reports. This information was later updated with information obtained from a BPQY or Ticket to Work portal query. In April 2017, OVR staff screened applicants at the usual-service sites using the most updated SSDI eligibility information in the administrative data to identify those meeting

the demonstration criteria in the data to be sent to Mathematica for analysis. Although identification of demonstration-eligible applicants was conducted more aggressively up front at the enhanced-service sites, and retrospectively at the usual-service sites, the information sources utilized were the same. Thus, we have little reason to believe that there are systematic differences between the enhanced- and usual-service offices in terms of staff's ability to identify eligible applicants for the SGA Project evaluation.

OVR served 522 clients at enhanced-service sites who met the criteria for inclusion in the demonstration and 447 clients at usual-service sites (Table II.3).<sup>20</sup> Just over half of enhanced-service group members (53 percent) were male, 77 percent were white, about 22 percent were black, and less than 1 percent identified as Hispanic. Two percent of enhanced-service clients were transition age (ages 18 to 24); most were ages 45 to 54 or ages 55 to 64 (32 and 28 percent, respectively). Almost half of enhanced-service clients (47 percent) had cognitive or psychosocial impairments as the primary impairment. At the time of VR application, 42 percent of enhanced-service clients had earned a high school diploma, 23 percent had some postsecondary education (but no degree), 10 percent had an associate's degree, and about 14 percent had earned at least a bachelor's degree. At the time of VR application, 15 percent of enhanced-service clients were employed. A majority (53 percent) had previous VR closures prior to the demonstration start.

Among the baseline characteristics analyzed, we found that enhanced- and usual-service clients had similar demographic and background characteristics (Table II.3). The two groups differed significantly on only three characteristics: enhanced-service group members were roughly half a percentage point more likely to be Hispanic, three percentage points less likely to be transition age, and six percentage points less likely to have an unknown impairment.

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<sup>20</sup> These counts exclude clients who received services from rehabilitation counselors for the deaf and who were otherwise eligible for the demonstration. Deaf clients were permitted to request a specific rehabilitation counselor or location. Because the type of services they would receive (enhanced versus usual) was not necessarily determined randomly, we excluded these clients from the demonstration sample analyzed for this report.

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

Characteristic	Enhanced services	Usual services	Difference <sup>a</sup>
Number of applicants	522	447	
Sex (%)			
Male	53.3	53.7	-0.5
Female	46.7	46.3	0.5
Race (%)			
White	77.0	71.6	5.4
Black	21.8	27.3	-5.4
Other	1.1	1.1	0.1
Hispanic ethnicity (%)	0.8	0.4	0.4**
Age (%)			
18–24	2.1	5.4	-3.3***
25–34	13.6	11.3	2.3
35–44	23.4	25.6	-2.2
45–54	32.6	31.6	1.0
55–64	28.4	26.1	2.2
Education (%)			
No high school diploma	10.3	12.3	-1.9
High school diploma	42.3	36.1	6.2
Some postsecondary education	23.4	26.1	-2.7
Associate's degree	10.2	8.7	1.5
Bachelor's degree or more	13.8	16.9	-3.1
Previous VR applicant (%)	53.4	53.7	-0.2
Primary impairment (%)			
Sensory/communicative	6.1	3.6	2.5
Physical	43.5	42.3	1.2
Cognitive/psychosocial	47.1	44.7	2.5
Missing impairment	3.3	9.4	-6.2***
Employment status at application (%)			
Employed	15.1	15.6	-0.4
Not employed	84.9	84.4	0.4

Source: OVR case file data.

<sup>a</sup>May not equal the simple difference between the enhanced- and usual-service figures shown due to rounding.

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

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

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

In this chapter, we present statistics and describe the extent to which the enhanced-service sites implemented the SGA Project innovations as designed, identify barriers encountered, and discuss how OVR staff addressed challenges during implementation. We show statistics on VR process milestones, provision of KWIC services, and CTA indicators. Note that the data in some districts were incompletely entered or missing and, therefore, may be inconsistent with staff descriptions of implementation activities. Incomplete or missing data may lead to an inaccurate portrayal of the extent to which the SGA Project innovations were delivered to clients. Nonetheless, we present the information that was available at the time of the study and discuss OVR's experiences implementing each aspect of the SGA Project model.

**Key findings.** We found that enhanced-service sites successfully delivered many of the SGA Project innovations; however, in some districts, they encountered challenges that affected implementation. The challenges ranged from initial resistance to the enhanced-service procedures from some VRCs and branch managers, to managerial and staffing shortages, which affected service delivery. OVR also encountered data entry delays and potential errors. These challenges might explain the low rates of enhanced-service delivery. With respect to the demonstration's required service-delivery milestones, the data on clients at the enhanced-service sites indicate the following:

- 40 percent of applicants were determined eligible within the project goal of 2 days of application
- 27 percent of applicants received an IPE within 30 days of VR application; among those with an IPE, 39 percent received it within the project goal of 30 days
- 56 percent of applicants participated in an initial CTA meeting; however, just 27 percent of those who participated in a meeting had it within the project goal of 5 business days of eligibility

Over time, OVR staff addressed many of the implementation challenges. Many staff learned how to improve the pace of service delivery and came to believe that faster pacing was a desirable goal. Although OVR experienced barriers to implementation, leadership and managers said the financial counseling and education innovation was instrumental in helping clients overcome a major barrier to working, namely concerns about the effect of earnings on benefit receipt. Likewise, the delivery of JPS services early in the process informed clients about the job market and possible employment opportunities. Branch managers said the SGA Project innovations increased staff morale, as teams collaborated to solve problems and witnessed client success. The CTA also benefited clients by supporting their efforts to work with a team of professionals.

## A. Pace of services

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

**Eligibility determination.** One goal of the SGA Project innovations was to determine individuals' eligibility within two business days of application. However, OVR experienced several barriers to achieving this goal. Many VRCs and some branch managers viewed the SGA Project pacing innovations as contradictory to their longstanding training and usual VR practice and were resistant to implementing the innovation. Many VRCs noted that under usual VR practice, they were reprimanded for incorrect eligibility determinations. As a result, many were reluctant to use presumptive eligibility procedures without definitive documentation to establish SSDI status and confirm that a client was eligible for services. Other VRCs were apprehensive about relying on their clinical judgement to determine eligibility status. Over time, VRCs grew comfortable relying on their judgment to determine eligibility, after branch managers informed them that they would not be reprimanded for incorrectly determining that a client was eligible to receive services. VRCs also faced barriers when requesting documents for determining eligibility. Many VRCs experienced long waits from SSA when requesting information on clients' disability benefit status. To address these barriers, several VRCs required all clients to bring any relevant paperwork (such as medical records and SSA documents) to their initial meeting in order to establish presumptive eligibility and immediately begin IPE development.

The barriers to determining eligibility impeded VRC efforts to achieve the pace-of-service milestones. Across the enhanced-service sites, the percentage of individuals who received eligibility determinations within 2 days of application ranged from 18 to 61 percent, with an average of 40 percent (Table III.1). Overall, the average time between application and eligibility was 11 business days.

**IPE development.** A second goal of the SGA Project innovations was to develop each client's IPE within 30 days of VR application. However, this goal was difficult for many VRCs to achieve. According to branch managers, many VRCs preferred a deliberate and methodical approach to IPE development, resulting in an extended period to develop the IPE. Other VRCs said it was challenging to complete an IPE within the 30-day timeframe for certain clients, including those who were medically unstable or required formal assessments. Other clients required detailed employment plans or requested more time to identify vocational goals. After the demonstration began, many VRCs expressed concern that faster pacing could cause some



clients to start jobs that were not right for them. To address these concerns, ICI and branch managers provided VRCs with training and technical assistance on the use of dynamic IPEs.<sup>21</sup>

Our findings on the speed of IPE development at the enhanced-service sites might be related to the challenges mentioned above. Although a majority of VR clients received an IPE (69 percent), only 39 percent of those who received one obtained it within 30 days of application. The average number of days from application to IPE was 62 days.

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

Measure	Enhanced-service districts							
	Bluegrass	Covington	Elizabethtown	Middletown	Owensboro	West Liberty	Whitesburg	All
Number of clients	97	49	90	141	76	38	31	522
<b>Eligibility determination<sup>a</sup></b>								
Percentage of applicants determined eligible	99.0	98.0	95.6	97.9	98.7	100.0	100.0	98.1
Percentage of applicants determined eligible within 2 days of application	60.8	24.5	57.8	21.3	47.4	18.4	32.3	39.5
Average number of business days between application and eligibility	6.8	17.8	6.5	12.1	7.4	18.8	15.2	10.7
<b>IPE development</b>								
Percentage of applicants with a signed IPE	70.1	67.3	65.6	67.4	77.6	76.3	58.1	69.2
Percentage of applicants (with or without IPE) who obtained a signed IPE within 30 days of application	33.0	28.6	26.7	22.0	32.9	26.3	16.1	27.0
Percentage of those with a signed IPE who obtained it within 30 days of application	47.1	42.4	40.7	32.6	42.4	34.5	27.8	39.1
Average number of days between application and a signed IPE	57.8	62.7	53.6	71.7	52.4	63.8	70.8	61.5

Source: OVR case file data.

<sup>a</sup>Individuals not eligible for services exited VR as applicants.

**Other challenges to the pacing innovations.** OVR staff identified other factors that may have affected the delivery of pacing innovations. Many branch managers and VRCs said the pacing innovations may have been inappropriate for some clients; they believed that inclusion of these clients in the enhanced-service group detrimentally affected statistics on pacing. Such clients included the following:

<sup>21</sup> A dynamic IPE is a flexible approach to individualized planning that can be used to increase the pace of the VR process. VRCs use dynamic IPEs to develop and transform clients' job goals and service plans over time on an as-needed basis.

- Those referred to a supported employment vendor for whom several weeks was required to complete the person-centered employment plan used to inform the IPE.
- Those who received postsecondary services or training before joining the workforce.
- Those with a goal of self-employment. The VR process for these clients entailed a series of activities and achievements clients were required to complete over a substantial amount of time to receive ongoing OVR assistance.
- Those with complex medical conditions or who were not medically stable enough to work.

Staffing and geography-related issues also affected OVR. Some districts were unable to replace departed VRCs, and reported challenges to delivering the innovations as designed due to low staffing. In these districts, clients receiving enhanced services were distributed among the remaining VRCs, resulting in large caseloads.<sup>22</sup> SGA Project activities in many ways also 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 for meetings. 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. The consequences of these challenges were not limited to the service-pacing innovations; such challenges may have affected delivery of all types of enhanced services.

## B. Financial counseling and education

Many SSDI beneficiaries are reluctant to return to work because they are unsure of how earnings will affect their benefits and health insurance. To help clients make informed choices about employment, OVR provided clients with financial counseling and education services early in the rehabilitation process. In this section, we describe the barriers OVR experienced implementing the financial counseling and education innovation, and present statistics on the extent to which mandatory and optional tasks for this innovation were delivered as designed. Required activities included requesting BPQYs and completing BSAs. Optional activities included developing financial inventories and delivering follow-up financial education services.

**Challenges to implementing the financial counseling and education innovations.** Prior to the start of the demonstration, OVR faced barriers to recruiting qualified KWICs. Three KWICs were hired and each was assigned to work with two or three enhanced-service districts. However, one KWIC resigned in September 2016 and the position remained vacant. Before his departure, the KWIC inconsistently recorded data on case progress, making it difficult to determine which clients had received services. Beginning in January 2017, the two remaining KWICs were each assigned an assistant to help with paperwork and catch up on tasks for the departed KWIC's caseload, such as data entry. The low number of clients who received KWIC services according to data supplied by OVR might reflect these inconsistencies and lags in data entry. In addition, districts that were without an assigned KWIC for several months may have incomplete data on

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<sup>22</sup> Most VRCs carry caseloads ranging from 175 to 300 clients, though recently hired and less experienced VRCs carry smaller caseloads.

financial counseling and education services. During this period, VRCs referred enhanced-service clients to CWIC vendors, because there were no official guidelines during the SGA Project demonstration for providing financial counseling and education services in the absence of a KWIC.<sup>23</sup>

**BPQY receipt.** Staff providing enhanced services were to obtain and review BPQYs within three weeks of application for all enhanced-service clients. However, it was often a challenge for KWICs to receive BPQYs—which are essential for developing BSAs—in a timely fashion from SSA. The time between BPQY request and receipt varied by district. VRCs received some BPQYs promptly. However, repeated turnover in the SSA area work incentive coordinator (AWIC) position impeded consistently prompt BPQY receipt.<sup>24</sup> To expedite BPQY receipt, some VRCs contacted SSA colleagues personally for assistance, rather than using the AWIC to secure BPQYs.

The difficulties staff experienced obtaining documentation from SSA might explain some of the statistics on the delivery of this innovation component shown in Table III.2. We found that about half of all enhanced-service clients (47 percent) received BPQYs, although the rates varied substantially by location. Among those clients for whom VRCs received them, 51 percent obtained them within the project goal of three weeks after application.

**BSA.** KWICs were to complete a BSA for eligible clients within eight weeks of VR application. However, the KWIC staffing challenges mentioned above may have affected OVR's ability to deliver BSAs as intended to clients at the enhanced-service sites. The data we received indicate that about half (47 percent) of enhanced-service clients received a BSA. Districts varied from 13 percent to 57 percent on this measure. The stated goal of the SGA Project was to complete BSAs within eight weeks of application. Staff achieved that goal for 44 percent of those who received BSAs.

**Financial inventory.** Although it was not required, the SGA Project model encouraged KWICs to develop a financial inventory for clients. The inventory was a tool designed to identify financial issues, determine financial goals, and connect clients with relevant resources. Approximately one-third of enhanced-service clients received financial inventories, although this varied widely across districts, from 2 percent to 53 percent.

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<sup>23</sup> Financial counseling and education services provided to clients by a vendor are not reflected in the statistics presented in Table III.2.

<sup>24</sup> SSA employs AWICs to improve service to SSDI and SSI beneficiaries who are interested in working. AWICs manage and coordinate work incentives, public outreach, and service programs. During the demonstration, the AWICs facilitated OVR access to BPQYs.

Table III.2. Financial counseling and education services

Measure	Enhanced-service districts							
	Bluegrass	Covington	Elizabethtown	Middletown	Owensboro	West Liberty	Whitesburg	All
Number of clients	97	49	90	141	76	38	31	522
<b>BPQY</b>								
Percentage of applicants with a BPQY	42.3	0.0	45.6	66.0	69.7	13.2	35.5	46.7
Percentage of those with a BPQY who received it within 3 weeks of application	63.4	NA	80.5	36.6	56.6	40.0	0.0	51.2
<b>BSA</b>								
Percentage of applicants with a BSA	53.6	22.4	42.2	57.4	56.6	13.2	48.4	46.9
Percentage of those with a BSA who received it within 8 weeks of application	82.7	45.5	26.3	21.0	37.2	100.0	80.0	44.1
<b>Financial inventory</b>								
Percentage of individuals with a financial inventory	42.3	2.0	11.1	50.4	52.6	15.8	29.0	34.1

Source: OVR case file data.

### C. Job placement and employer relations

Under the SGA Project innovations, JPSs were to meet with clients before development of the IPE and to follow up with job search assistance and post-employment support. Here, we describe the challenges OVR experienced implementing the job placement innovation. Note that OVR did not collect data specific to the JPS involvement in the IPE development, other than documentation of the initial CTA meeting that occurred (described in the next section). OVR did collect information on job search, job training, and job placement services related to the SGA Project staff; however, the data for these measures appear to be significantly incomplete for some districts. For these reasons, we do not report statistics on JPS service delivery.

**Primary challenges encountered.** OVR's experience with this innovation varied depending on whether an enhanced-service site was fully staffed with JPSs. There were many JPS staffing shortages because of staff turnover during the demonstration period. Enhanced-service sites that were fully staffed with a JPS had fewer problems implementing the innovation as designed. At enhanced-service sites that were not fully staffed or that did not previously have a JPS, VRCs often performed business relations and job placement functions informally or referred clients to vendors as part of their usual VR practice. There was also a lack of understanding among some JPS staff about data entry requirements for the SGA Project. Staff at some enhanced-service districts did not record data on client contacts, or incorrectly recorded data. In addition, many staff said JPS innovations were inappropriate for clients who already had jobs and only needed OVR assistance with a modification or assistive technology.

Other challenges to providing JPS services were no different than those found at usual-service sites. For example, JPSs said the lack of reliable transportation was a substantial barrier to finding or retaining employment for clients who lived in rural areas.

**Early JPS involvement with clients.** Most JPSs said they met with clients prior to the IPE meeting to discuss job goals. For most, meeting with clients earlier in the VR process and participating in CTA meetings represented the primary change from usual VR practice.

**JPS follow-up contacts.** Many of the JPSs said they did not adhere to the follow-up contact schedule as designed (see Table II.1), for several reasons. First, many were unclear about guidelines for follow-up contact with clients who were referred to college, training, or supported employment services. Although clients referred to college or training can benefit from understanding the employment landscape, JPSs said these clients may not seek work for months or years and therefore do not benefit from frequent follow-up contacts. For clients receiving supported employment, most JPSs said their role duplicated the supported employment vendor's role. Ultimately, some JPSs stayed in contact with these clients but rarely provided services, whereas other JPSs tried to remain more involved.

#### D. Coordinated team approach

The CTA innovation required VRC, KWIC, and JPS staff to meet with the client within five business days of eligibility determination and to conduct a follow-up meeting around the time of IPE development. Staff also were encouraged to conduct follow-up meetings as needed.

**Initial CTA meeting within five business days of eligibility.** Staff were expected to provide intensive services to clients during CTA meetings held shortly after the eligibility determination. However, VRCs encountered several barriers that affected the delivery of this innovation component. Staff said scheduling CTA meetings presented a major challenge. Many staff working in the field lacked tools to facilitate scheduling, such as access to a laptop with email, electronic calendars, and the case management system. The KWICs were understaffed, which made it difficult to consistently implement CTA meetings, because each KWIC was responsible for a large geographic area and a substantial caseload.<sup>25</sup> KWICs often traveled and worked long hours to provide service in a timely manner. 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 the meetings. It also inconvenienced clients for whom those days were not optimal. Occasionally, clients would miss CTA meetings, requiring staff to reschedule in the near future to stay within pacing guidelines. In addition to these implementation challenges, several staff expressed uncertainties regarding who was responsible for data entry after a CTA meeting.

The CTA statistics we report in Table III.3 may reflect the scheduling and data entry challenges encountered by OVR field staff. Slightly more than half (56 percent) of clients

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<sup>25</sup> The remaining KWICs maintained a caseload of up to 250 clients in the final year of the demonstration. Based on personal communications (August 12, 2016) with Virginia Commonwealth University WIPA technical assistance consultants, CWICs are recommended to take on no more than 100 new active cases per year.

received a CTA meeting, and only 27 percent of those who participated in these meetings did so within the goal of 5 business days after eligibility. Although the data suggest that a large share of clients did not participate in CTA meetings, most field staff we interviewed believed that they were implemented consistently. Hence it is possible OVR's data underestimate the share of SGA Project clients who participated in a CTA meeting.

Table III.3. Initial CTA meetings

Measure	Enhanced-service districts							
	Bluegrass	Covington	Elizabethtown	Middletown	Owensboro	West Liberty	Whitesburg	All
Number of clients	97	49	90	141	76	38	31	522
Percentage of applicants participating in a CTA meeting	67.0	32.7	50.0	60.3	63.2	23.7	71.0	55.6
Percentage of those who participated in a CTA meeting that did so within 5 business days of eligibility	29.2	50.0	31.1	12.9	33.3	44.4	27.3	26.9

Source: OVR case file data.

**Follow-up CTA meetings.** OVR staff were expected to conduct follow-up CTA meetings near the time of IPE development, and were also encouraged to conduct follow-up meetings post-employment. However, interviewees noted that follow-up CTA meetings did not occur frequently and often only involved one or two members of the team. According to staff, the CTA follow-up meetings occurred inconsistently for several reasons. In some districts, staff said follow-up CTA meetings were difficult to schedule, or occurred without the entire team when only particular members were needed. Several VRCs said they regularly met informally with a JPS as part of their usual VR practice and, therefore, JPS presence at CTA meetings was unnecessary. Many staff were also uncertain if follow-up CTA meetings were mandatory or optional components of the SGA Project demonstration. Despite the challenges, staff described many successful follow-up CTA meetings. Some VRCs said they convened follow-up CTA meetings for the majority of their clients and used the meetings to collaboratively draft the IPE. In another case, a KWIC scheduled a follow-up CTA around completion of the BSA to discuss key information for the team. According to staff, barriers to conducting CTA meetings could have been reduced if a designated person was assigned to the time-consuming task of coordinating CTA meetings.

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

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

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

- Increased the likelihood of applicants' obtaining a signed IPE within 30 days of application by 17 percentage points (from 10 percent to 27 percent)
- Did not affect the likelihood that applicants would drop out before obtaining competitive employment
- Increased receipt and pacing of benefits counseling services, job-placement services, and other employment-related services

##### A. Pace of services

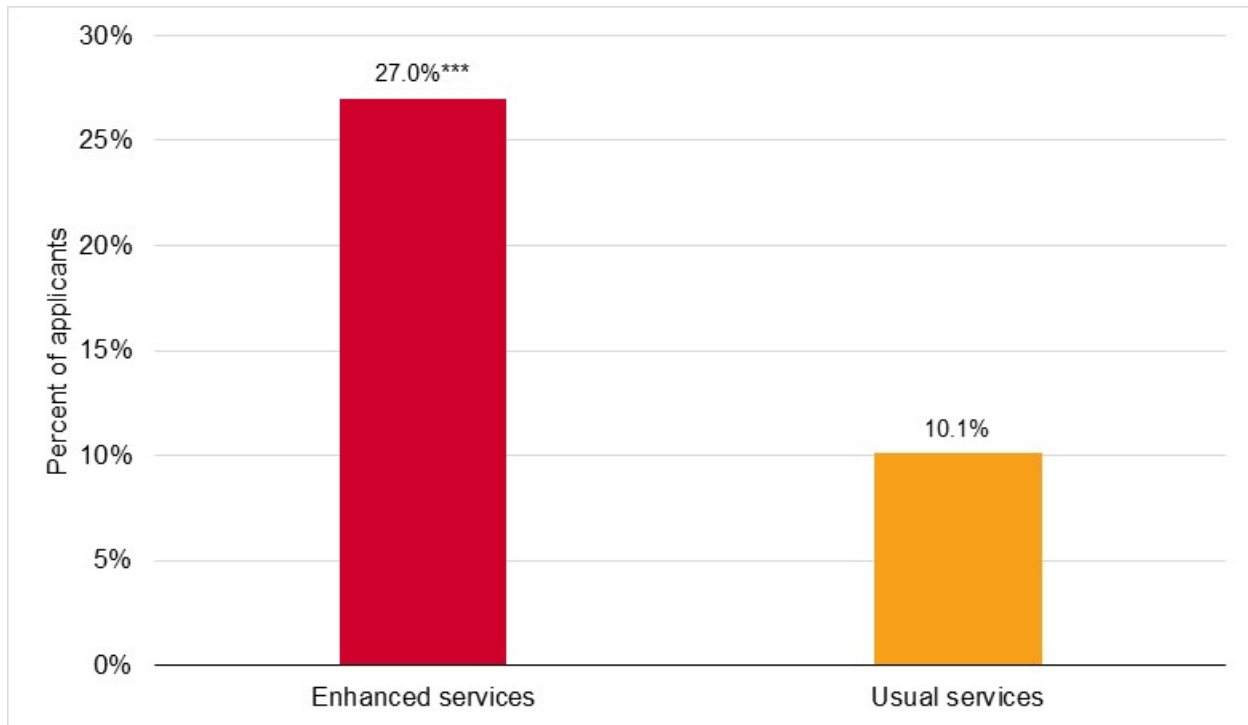
One goal of the SGA Project demonstration was to increase the pace by which SSDI-only clients began receiving services. To assess whether the innovations had such an impact, we compared the rates at which SSDI-only applicants at the enhanced- and usual-service sites obtained a signed IPE within 30 days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

We found that the SGA Project had a large and statistically significant impact on the pace of services. At enhanced-service sites, 27 percent of applicants obtained a signed IPE within 30 days of application (Figure IV.1). After accounting for client characteristics and site differences in pacing before the demonstration period, we found that this rate was significantly higher than the estimated 10 percent rate that they would have experienced in the absence of the SGA Project innovations. This 17 percentage-point impact indicates that the SGA Project innovations more than doubled the rate of IPE development within 30 days of application.<sup>26</sup>

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<sup>26</sup> The potential bias noted in Chapter I associated with the large share of open cases at the time of the study does not apply to this outcome. This is because the outcome is measured at 30 days after application and the data for all clients in our sample represent a period much longer than 30 days.

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



Source: OVR case file data.

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

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

A faster pace of services occurred along a number of dimensions at the enhanced-service sites. For example, compared with the usual-service sites, the average time from application to eligibility determination was 15 days shorter and the average number of days between application and IPE, 40 days shorter (Appendix Table C.1).

Our findings are consistent with the intended effects of the SGA Project innovations: First, the SGA Project encouraged VRCs to schedule an application appointment within 24 hours of a potential client's referral to OVR. Second, VRCs were encouraged to use presumptive eligibility guidelines to improve pacing for SSDI beneficiaries. The large differences in the pace of services between the enhanced- and usual-service sites provide strong evidence that these innovations had the intended effect on service pacing.

## B. Successful client engagement

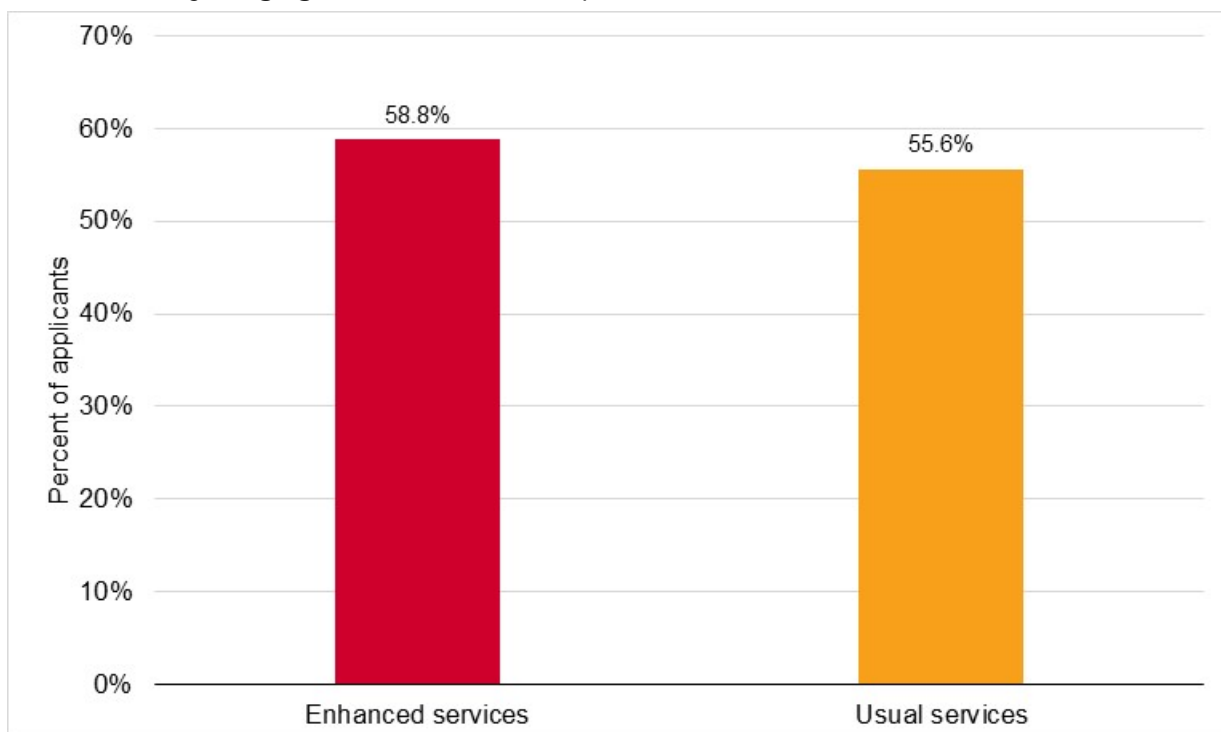
Another goal of the SGA Project innovations was to increase client engagement in VR services. To assess whether the innovations had an impact in this domain, we defined successful engagement as not dropping out of services before attaining competitive employment. By this definition, clients whose cases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



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

Our findings indicate that 59 percent of clients receiving the SGA Project’s enhanced services had been successfully engaged with VR as of April 2017 (Figure IV.2). However, after controlling for client characteristics at application and district-level differences before the demonstration, we found that this rate is not statistically different from the 56 percent rate we estimated clients would have experienced in the absence of the SGA Project demonstration.

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



Source: OVR case file data.

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

There may be at least two reasons for the lack of a significant impact on the measure of client engagement. First, the innovations designed to affect client engagement were not implemented consistently. As described in Chapter III, not all clients received IPEs, initial CTA meetings, or benefits analyses as quickly as planned. Second, as noted in Chapter I, a large share of cases remain open and are likely to close eventually without the client obtaining competitive employment. The share of open cases is greater among clients receiving usual services than it is among clients receiving enhanced services (Appendix Table C.2). Thus, it is possible that, once all cases have closed, the percentage of applicants dropping out without achieving competitive employment will be greater at the usual-service sites than at the enhanced-service sites.

### C. Other service-delivery outcomes

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

- Benefits counseling services (including follow-up services for work incentives)
- Job placement services
- Employment services other than job placement services (referred to as “other employment-related services”)
- Training (college training, occupation or vocational training, or other training).

OVR provided us with information on both staff-provided and purchased services (those to be delivered by community providers). For the latter set of services, we could not assess the extent to which clients actually received those services, because of the limited study period, so we examined whether OVR authorized those services for clients. For each service category, we calculated two measures—the percentage of clients with either receipt or authorization of the service and the time between application and first service. We also computed the average authorized cost per applicant of all purchased services. The findings we present account for differences in client and site-level characteristics between the enhanced- and usual-services group members.

Consistent with the SGA Project innovations, enhanced-service clients were more likely to receive staff-provided and/or purchased job placement services, other employment-related services, and benefits counseling services than they would have in the absence of the SGA Project demonstration. Enhanced-service clients’ service receipt rates were 18, 14, and 41 percentage points higher, respectively, as a result of the demonstration (Appendix Table C.3). The increase in receipt in benefits counseling resulted in a rate almost three times higher than it would have been in the absence of the demonstration (64 percent versus 22 percent). These differences were due largely to direct service provision by OVR staff. For receipt of training services, the two groups did not differ.

The time to first service receipt for the services we analyzed proceeded at a faster pace for enhanced-service clients, as intended by the SGA Project innovations. Enhanced-service clients received job placement, other employment-related services, and benefits counseling services 82, 47, and 29 days faster, respectively, than they would have in the absence of the SGA Project

demonstration (Appendix Table C.3). The demonstration did not affect the timing of training services.

Finally, the demonstration increased costs of authorized purchased services (Appendix Table C.3). On average, enhanced-service clients had a total cost per applicant for authorized purchased services of \$1,846, which was \$339 higher than estimated costs in the absence of the demonstration. These higher costs might be a function of enhanced-service clients obtaining an IPE more quickly and, as a result, receiving services more quickly. We note two important caveats in interpreting the cost figures. First, the actual costs of purchased services might be lower if clients do not complete or follow through with a service. Second, the costs shown do not reflect the costs of staff-provided services. We expect such costs to be higher for the enhanced-service group because of the costs associated with the financial specialists and JPSs sponsored by the demonstration who serve clients only at the enhanced-service sites.<sup>27</sup>

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<sup>27</sup> The evaluation did not assess these costs directly. ICI provided us with an estimate of the monthly costs associated with the additional staff at the enhanced-service sites that were funded by the demonstration. These monthly costs ranged from \$20,000 to \$49,000.

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

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

**Key findings.** The SGA Project innovations had the following impacts in Kentucky:

- Increased the likelihood of applicants' closing with competitive employment by 8 percentage points (from about 17 percent to nearly 26 percent)
- Increased the likelihood of applicants' closing with SGA-level earnings by nearly 6 percentage points (from 2.5 percent to 8.2 percent)

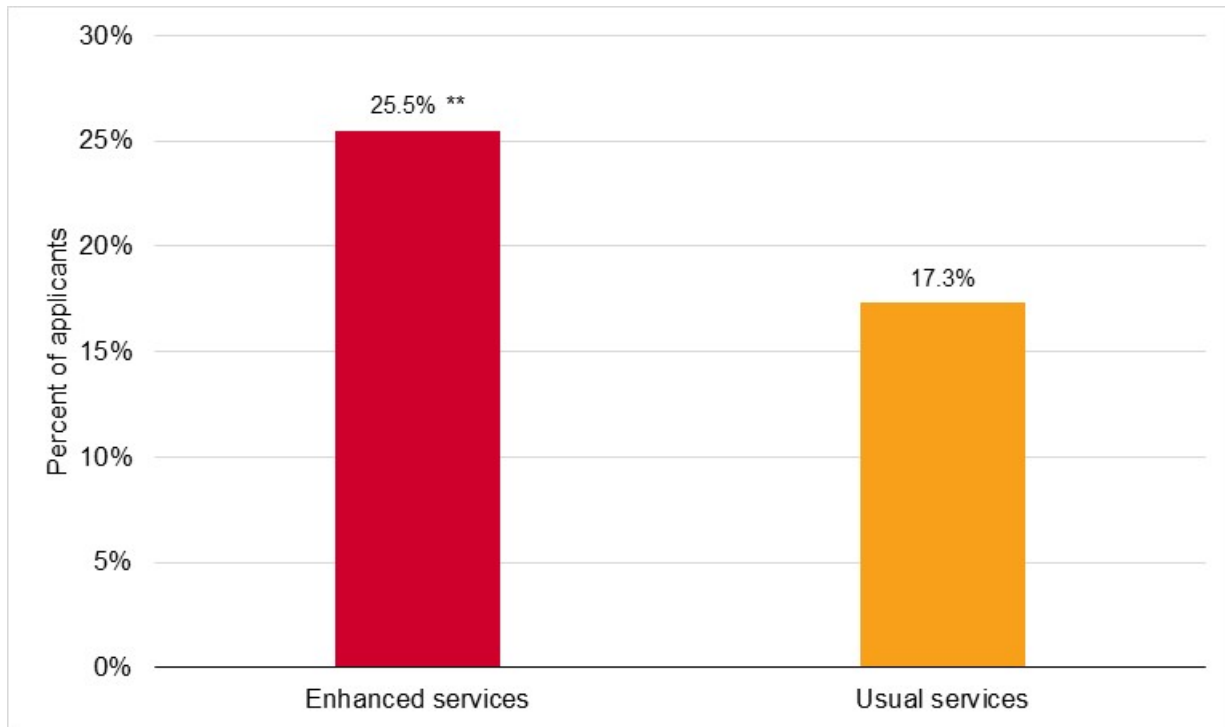
The impacts on employment and earnings manifested within roughly eight months to two years after VR application. The innovations led to significant impacts even though many clients (37 percent) still had open cases. Our estimates, as of April 2017, suggest that the closure rates for competitive employment and SGA-level earnings for the remaining open usual-service cases would need to be unrealistically high to eliminate the impacts of the SGA Project innovations on these outcomes.

### A. Competitive employment

To assess the impact of the innovations on employment, we examined the rate at which applicants closed from OVR with a competitive employment outcome. We selected this outcome as one of our primary indicators of the success of the SGA Project innovations because (1) it is an important goal of VR services and (2) competitive employment for SSDI-only clients is necessary for their achieving SGA-level earnings—the demonstration's ultimate goal. We measured competitive employment at closure as of late April 2017—8 to 23 months after clients in our demonstration sample applied for VR services. The roughly one-third of clients whose cases were still open at that time are included in the analysis and coded as not having closed with competitive employment.

Our findings indicate that the SGA Project innovations led to a substantial increase in the percentage of cases that closed with competitive employment. The rate of closure with competitive employment as of late April 2017 was nearly 26 percent among clients at the enhanced-service sites. After controlling for client characteristics and site differences from before the demonstration, we found that this rate is significantly higher than the 17 percent rate clients would have experienced in the absence of the demonstration (Figure V.1).

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



Source: OVR case file data.

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

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

Because OVR still had open cases—33 percent at enhanced-service sites and 39 percent at usual-service sites (Appendix Table C.2)—the estimated impact is likely to change as more cases close. If we assume that open cases at enhanced-service sites close at the pre-demonstration rate for competitive employment, then the closure rate for open cases at the usual-services sites would need to double (to about 35 percent) to eliminate the impact of the SGA Project innovations (as of our April 2017 estimate). The rate for the open usual-service cases needing to double to eliminate the estimated impact suggests that the SGA Project’s positive impact on competitive employment will likely persist after all cases have closed.

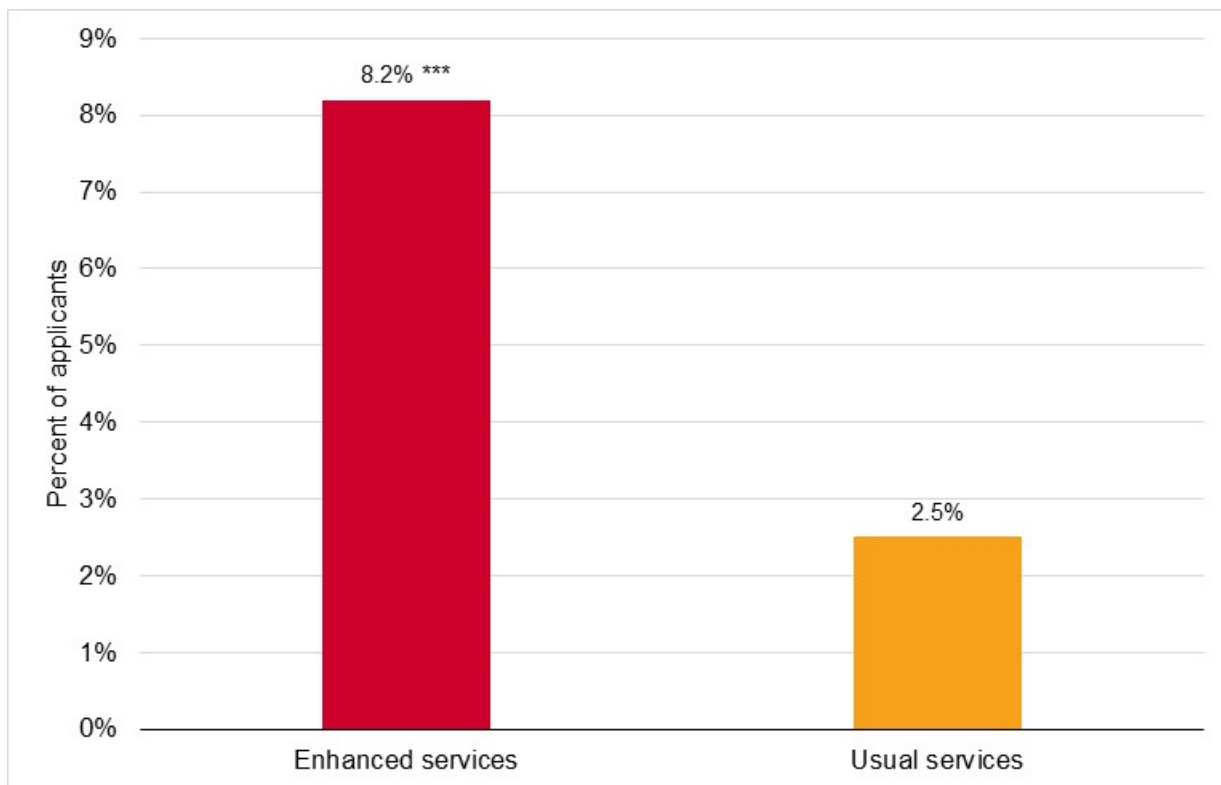
## B. SGA-level earnings

To assess the impact of the SGA Project innovations on attainment of SGA-level earnings, we used the monthly nonblind SGA level in effect at the time of case closure.<sup>28</sup> We compared the share of applicants in the enhanced- and usual-service groups who had closed with earnings at or above this threshold by April 2017. The rate of closure with SGA earnings was 8.2 percent among applicants who received enhanced service—5.7 percentage points higher than the 2.5

<sup>28</sup> During the period covered by our study, the nonblind SGA levels were \$1,090 (2015), \$1,130 (2016), and \$1,170 (2017).

percent rate they would have experienced in the absence of the SGA Project innovations (Figure V.2). This statistically significant estimate, calculated for all applicants and not just those who closed with employment, implies that the SGA Project innovations led to a nearly three-fold increase in the rate of closure with SGA-level earnings among applicants whose cases had closed by April 2017.

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



Source: OVR case file data.

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

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

Although the rates of closure with SGA-level earnings may seem low, they partly reflect that a substantial share of clients were still receiving services and that many had closed without employment (Appendix Table C.2). As noted previously, because 37 percent of all applicants still had open cases with OVR, the estimated impact is likely to change as more cases close. If we assume that the open cases at the enhanced-service sites close at the pre-demonstration SGA-level employment rate, the rate of such closures among the open cases at the usual-service sites would need to be more than six times higher (roughly 16 percent) to eliminate the impact of the SGA Project innovations (as of our April 2017 estimate). The usual-service rate needing to be so high to eliminate the estimated impact suggests that the positive impact on SGA-level employment will likely persist after all cases have closed.

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

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In principle, we would expect non-SGA Project clients at the enhanced- and usual-service sites to have similar outcomes, because both groups were to receive the usual VR services.<sup>29</sup> However, it is possible that implementation of the SGA Project innovations affected the way VR services were delivered to non-SGA Project clients at enhanced-service sites in at least two ways:

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

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

**Key findings.** Although we found qualitative evidence that both spillover and diversion occurred in some instances, the quantitative evidence suggests that, on net, there were no impacts of the SGA Project innovations on non-SGA Project clients. We also found no evidence that contamination occurred at the usual-service sites.

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

#### 1. Qualitative evidence

With respect to potential spillover of the SGA Project innovations to non-SGA Project clients at the enhanced-service sites, several OVR staff indicated that they provided the innovations to some of their non-SGA Project clients on a periodic basis. According to these staff, this was most likely to happen later in the demonstration, after the SGA Project innovations had become routine. The innovation most commonly mentioned as being delivered to non-SGA Project clients was faster pacing for eligibility determination and IPE development. At least one KWIC extended financial counseling and education services to a small number of non-SGA Project clients who were either accidentally identified initially as demonstration clients or were referred by VRCs at enhanced-service sites who requested assistance despite being aware that

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<sup>29</sup> Non-SGA Project clients include individuals receiving SSI, blind individuals receiving SSDI, and non-SSA beneficiaries ages 18–64 who applied for VR services during the demonstration period.

they were referring non-demonstration clients. However, VRCs we interviewed believed such instances to be rare.

With respect to diverting attention or resources away from non-SGA Project clients at the enhanced-service sites, although VRCs' generally large caseloads might have affected their ability to serve all clients effectively,<sup>30</sup> most VRCs we interviewed said they were able to manage both SGA Project and non-SGA Project clients without significant difficulty. However, some counselors at the enhanced-service sites believed that the demonstration negatively affected services to their non-SGA Project clients.

## 2. Quantitative evidence

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

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

Measure	Enhanced services	Usual services	Regression-adjusted difference
Number of applicants	6,458	5,421	
Applicants with a signed IPE within 30 days of application (%)	15.1	14.8	1.6
Applicants who did not drop out before obtaining competitive employment (%)	55.9	55.7	-0.4
Applicants who closed with competitive employment (%)	21.6	18.2	1.5
Applicants who closed with SGA-level earnings (%)	17.4	13.4	1.6

Source: OVR case file data.

Note: Regression-adjusted differences for all outcomes are not statistically significant.

### B. Potential for contamination at the usual-service sites

Contamination can occur when an intervention produces change for the comparison group as a result of the project's implementation. Based on the qualitative interviews we conducted with staff, it appeared that staff at districts providing usual services were familiar with the SGA Project innovations. Nonetheless, they maintained a business-as-usual service delivery approach. Most staff we interviewed at the usual-service sites expressed little interest in implementing the innovations, such as faster pacing. In addition, staff at the usual-service sites did not have access

<sup>30</sup> See Martin et al. (2017) for discussion of VRC caseload size and work environment.

to technical assistance or enhanced benefits planning and JPS resources implemented at the enhanced-service sites. Hence, we believe the potential for contamination at the usual service sites was minimal.

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

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

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

- OVR leadership and VRCs became more aware of presumptive eligibility regulations and dynamic IPE development strategies. Over time, many VRCs learned to embrace faster pacing and engagement strategies for their VR clients.
- OVR leadership came to recognize the need to improve their relationship with SSA to secure documents on behalf of their clients.
- Executives and branch managers believed the KWIC staff to be valuable and essential to the project's success.
- Field staff increased the frequency of their collaborations and knowledge exchange due to the SGA Project innovations, most notably the CTA meetings. CTA meetings also boosted staff morale and proved beneficial for clients.
- OVR staff attributed the success of the SGA Project primarily to the faster pace of services and financial education innovation.

Based in part on experiences during the demonstration, OVR developed strategies to implement and sustain components of the SGA Project innovations system-wide. As OVR leadership began to see positive outcomes for clients in the SGA Project, they instituted new policy and best-practice guidelines for all districts. The new best-practice guidelines address the pace of eligibility determination and IPE development and recommend use of CTA and JPS strategies to help improve the quality and efficiency of services. Most branch managers supported these changes; however, several noted that sustaining SGA Project innovations in all districts will be difficult without additional staff. This might explain why the new best-practice guidelines are optional rather than mandatory. OVR hopes to retain its KWICs and expand other aspects of the SGA Project innovation; however, the 2014 Workforce Innovation and Opportunity Act (WIOA) will require OVR to allocate at least 15 percent of its federal matching grant funds to serve transition-age youth, which may affect plans to expand implementation of the SGA Project innovations.

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

During the site visit interviews, we asked OVR staff about their insights or changes to their service-delivery patterns that were a result of their participation in the SGA Project. Staff noted that their experiences implementing the innovations affected them in several ways.

**The SGA Project increased VRC awareness, knowledge, and use of presumptive eligibility guidelines and dynamic IPEs.** As noted, many staff preferred a more methodical and time-consuming approach to eligibility determination and IPE development. Over time, many VRCs accepted faster pacing as a best practice when they observed clients who were more engaged and saw the first successful VR closures among clients who received faster pacing. Other VRCs noted that clients who were highly motivated welcomed the faster pace and benefited from the innovation more than clients who were ambivalent about returning to the workforce. To further disseminate knowledge, OVR held a statewide training conference in March 2017 to teach OVR staff throughout the system about presumptive eligibility guidelines and dynamic IPE strategies.<sup>31</sup>

**OVR leadership recognized the need to improve linkages with SSA as the agency sought to increase the pace of services for SSDI-only clients.** The SGA Project increased OVR's demand for accurate and timely information about VR clients' SSA disability status. This information is critical both to making timely presumptive eligibility decisions and to understanding the implications of work and earnings for clients. Field staff encountered barriers to implementing faster-paced services, due in part to delays in receiving SSA documents for assessment and eligibility determinations. During site visit interviews, OVR leadership expressed the need for more effective communication with SSA and a more efficient strategy to exchange documents with SSA. Based on the experience with the SGA Project, OVR plans to establish an electronic data exchange and stronger ties with SSA.

**Staff viewed the KWIC staff to be valuable and essential to the success of the SGA Project.** Soon after the demonstration began, staff at enhanced-service sites came to appreciate the value of providing clients with financial counseling and education. The majority of staff said financial counseling and education services were advantageous early in the VR process and helped reduce clients' uncertainty. Branch managers and staff said that KWICs helped reassure clients who frequently expressed apprehension about the effect of employment on benefit receipt. Staff described this as a "light bulb moment"—that is, a development that helped win "buy-in" among skeptical OVR staff. KWICs also offered several advantages over the vendors who deliver similar services to usual-service clients. In particular, staff noted that they completed BSAs more quickly and were more readily available for consultation with VRCs, JPS, and clients.

**OVR staff learned the value of early collaboration and knowledge exchange with other key providers.** Under usual VR practice, VRCs lead the rehabilitation process and refer clients to other key staff as needed. Through the SGA Project innovations, VRCs collaborated with their colleagues and learned of new resources and strategies to help their clients. For example, the financial counseling and education innovation led to an increase in OVR staff members' awareness of work incentive rules at enhanced-service sites. VRCs said learning about work incentive rules was useful for their jobs because it improved their ability to guide clients who may be at risk of losing benefits. VRCs also said that learning about work incentives made them less reliant on KWICs or CWICs. Staff said the JPS component had a similar effect—the early

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<sup>31</sup> Kentucky OVR used SGA Project funds to conduct the "Tools for Success" statewide training conference. The two-day conference included sessions on pacing and engagement, SSA disability program rules and work incentives, online assessment tools, case management strategies, and other topics.

involvement of JPS staff increased knowledge and information exchange among team members about employment opportunities and planning for specific clients. The effects mentioned above occurred at sites that provided enhanced services. The SGA Project innovations did not affect the intra-office collaboration or system-level practices of usual VR practice sites. However, OVR provided training to VRCs at usual-practice sites to increase their awareness of the SGA Project innovations, enhanced pacing and engagement, SSA disability program rules, and work incentives for SSA disability beneficiaries.

**OVR staff attributed the success of the SGA Project primarily to the faster pace of services and financial education innovation.** The majority of executive leaders and branch managers believed that the service pacing and financial education were the most important innovations that affected client outcomes. Of particular importance, these enhanced services were generally provided very early in the VR process (prior to IPE completion).

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

In March 2017, OVR's executive leadership team announced new policy and best-practice guidelines intended for all OVR clients.<sup>32</sup> The new guidelines emphasize faster pacing and a coordinated team approach, and were developed based on Kentucky's experience with the SGA Project innovations. The new guidelines will:

- Limit staff to requesting one extension of no longer than 60 days during eligibility determination, rather than allowing multiple extension requests.
- Limit staff to one extension beyond the 90-day limit for IPE development, rather than allowing multiple extension requests.
- Encourage, but not require, staff to use the CTA strategy with clients when and where possible to improve engagement and support service delivery.
- Encourage VRCs to refer clients to a JPS as quickly as possible during the VR process, especially when clients are job ready. The JPS and CTA guidelines are optional and not mandatory because OVR does not have the staff resources to implement in all districts.

OVR leadership also expressed interest in retaining the KWIC innovation and staff after the demonstration ends. As another means to augment its financial education capacity and the client engagement skills of VRCs, in early 2017, OVR began developing Disability Benefits 101 and providing motivational interviewing training to VRCs at both enhanced- and usual-service sites.<sup>33</sup> Funded by the SGA Project demonstration, these resources and trainings were designed to enhance VRCs' ability to motivate clients and provide benefits counseling even if the KWICs are not retained after the demonstration. OVR leaders expressed uncertainty about sustaining the

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<sup>32</sup> The new guidelines will not apply to clients who were enrolled in the SGA project's enhanced- or usual-service districts until the SGA demonstration is complete.

<sup>33</sup> Disability Benefits 101 will be available to OVR staff in January 2018. It provides tools and information resources on employment, health coverage, and benefits. VRCs can use Disability Benefits 101 to help clients make informed choices about the impact of income on their benefits.

full range of SGA Project innovations in the future, in part because of WIOA requirements that established fiscal mandates for state VR agencies to serve transition-age youth; the mandates will require OVR to reallocate more resources to that client population.



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

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The SGA Project innovations appear to have generated early, positive impacts on key service delivery and client outcomes in Kentucky. SSDI-only clients at enhanced-service sites experienced shorter times to IPE development and were more likely to obtain competitive employment with SGA-level earnings than would have occurred in the absence of the SGA Project innovations.

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

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

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

### A. Implementation considerations

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

**Delivering services at a faster pace is feasible.** Although some staff expressed concerns about increasing the pace of services, most were able to apply the innovation. Clients at the enhanced-service sites obtained IPEs and services at faster rates, with no evidence that the accelerated process resulted in negative consequences for staff or clients. Although the increased pace of service might not be appropriate for all clients, it is a component of the SGA Project model that any VR agency could adopt. If implementing a faster pace of service is not feasible because of large caseloads, a VR agency's staff might consider ways to identify clients who would benefit the most from faster service delivery. For example, a faster pace might benefit individuals who are motivated to return to work or clients who have not yet applied for SSI or SSDI. Early intervention strategies applied in other contexts suggest that getting such people into jobs quickly (or helping them retain their jobs) might reduce the chances of their going onto the disability rolls—and work disincentives associated with receiving such benefits that might

negatively affect their motivation to work and chances of becoming employed (Ben-Shalom et al. 2017).

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

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

**Technical assistance is essential to ensuring that staff provide innovation services as intended.** Both the initial training and the ongoing technical assistance ICI provided were necessary to promoting the staff's understanding and application of the innovations. In Kentucky, training and technical assistance on presumptive eligibility procedures and IPE development were particularly important. To offset possible staff resistance to adopting new or unproven strategies (especially staff who are unconvinced of the benefits), training and periodic technical assistance for all staff involved in early implementation could address concerns and help launch initiatives successfully.

**Monitoring innovation delivery could improve implementation.** We found large differences across the enhanced-service sites in the extent to which clients received the innovations; this difference was due either to confusion about data entry or to innovations not being implemented as planned. Management staff might have monitored the data more closely, in real time, to ensure that the staff entered them correctly and delivered the innovations as intended, to reach the best possible implementation and outcomes. To the extent that implementation was inconsistent in Kentucky, it would have diluted the potential impact of the innovations. By the same token, more consistent implementation might have led to more substantial impacts. A sensitivity analysis we conducted (described in Appendix A) provides

some support for this. Compared to all enhanced-service clients, we found that those who, the data show, received at least one of the SGA Project innovations had better pacing, engagement, and employment outcomes.

**OVR successfully implemented an office-level random assignment evaluation design that might be used by other agencies to rigorously assess the effectiveness of services.** Few studies about VR services have used random assignment designs to assess the impacts of services. Concerns about ensuring that VR clients anywhere in the state have access to the same services, and that counselors provide the same service options to all clients on their caseloads, have limited VR agencies' use of random assignment designs. Studies of the effectiveness of VR practices are often descriptive or qualitative in nature, thus providing weak evidence (Fleming et al. 2013; Leahy et al. 2014). Kentucky successfully implemented an office-level random assignment design, which permitted a rigorous test of the SGA Project innovations. Office-level random assignment has a number of advantages over client- or counselor-level random assignment, including ease of implementation. However, a limitation of this approach is that it may not work well for some types of interventions or when there are few offices, areas, or other distinct units to randomize. For some innovations, such as changes to outreach strategies or eligibility criteria, the innovation could substantially change the client pool. In such instances, office-level random assignment might not yield comparable groups of clients between those receiving the innovations and those receiving usual services. This was not the case for the SGA Project demonstration. In addition, the fewer the number of offices or areas there are to randomize, the more difficult it is to detect all but very large impacts. In Kentucky, we were able to detect impacts for all outcomes of interest with a total of 14 areas. Agencies with a similar number of sites, or more, might use this approach to rigorously assess the effectiveness of new services and programs. Such evidence would further our understanding of which VR service approaches work better than others.

#### B. Study limitations and potential extensions

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

**Many cases remained open at the time of the analysis.** The data we used in the analysis reflect the outcomes of applicants who had been enrolled in the SGA Project demonstration for between 8 and 23 months. Many of these applicants were still receiving services or had not yet dropped out as of late April 2017, the date of the OVR case service data we used to conduct the evaluation. As of that date, a larger share of usual-service cases (39 percent) remained open compared to enhanced-service cases (31 percent).

As the clients with open cases exit from services, we would expect the estimates of the SGA Project impacts to change for employment and SGA-level earnings. Because the innovations increased the speed by which enhanced-service clients received their services, it is possible that

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

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

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

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

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APPENDIX A

METHODS

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

## A. Qualitative interviews

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

In 2016 and 2017, we visited 11 VR sites across Kentucky, including six of the seven districts that implemented the SGA Project innovations (enhanced-service sites) and five of the seven districts serving as control sites (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 multiple one-on-one or small-group interviews with about 70 members of the OVR workforce, including regional program managers, branch managers, VRCs, financial counselors, and job placement specialists. We supplemented the interview information with 13 key informant telephone interviews. We also conducted telephone interviews with members of ICI's training and technical assistance team and two community work incentive coordinators on OVR's approved vendor list who provide services to VR clients. In addition, we observed selected ICI in-person training and technical assistance activities.

## B. Random assignment

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

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

unbalanced distribution potentially cause difficulties in implementation, it would also make enhanced- and usual-service sites less similar, reducing the statistical power of the impact analysis. Accordingly, we randomly selected sites within smaller predefined groups, or strata.

With the information provided by OVR in 2014, we divided the 15 participating state VR sites into groups, each containing 2 or more sites that were characterized as similar. The group definitions reflected geographic regions and urban versus rural areas. Within each group, we created pairs according to VR unit performance, defined in terms of client employment outcomes. In Kentucky, the employment outcome used was the one-year average weekly earnings at closure among all eligible SSDI-only VR clients. These pairs were the sampling strata. Within each stratum, we randomly selected one site to be an enhanced-service site and the other to be a usual-service site. One geographic group contained an odd number of sites. In this case, we developed pair-wise matches of the VR units that were most similar in the group and then left the odd unit to be randomized on its own. The unmatched VR district was assigned to usual services. By 2016, OVR had merged the unmatched district with another VR site that was also randomized to usual services, thus resulting in a total of 14 districts, with 7 assigned to implement enhanced services and 7 assigned to implement services as usual.

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

#### C. Data sources

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

- Case file data on clients who applied to OVR in the year prior to the demonstration, from April 1, 2014, to September 29, 2014. These files included data on all services and closures through October 16, 2016.
- Case file data on demonstration and nondemonstration clients who applied to OVR during the demonstration period, from May 1, 2015, to July 29, 2016. These files include data on all services and closures through April 19, 2017.

#### D. Evaluation sample

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

- An application date from May 1, 2015, through July 29, 2016
- Having a disability other than blindness
- Receiving SSDI on the basis of one's own employment, and not receiving SSI at application
- Age 18–64 at application

We then identified clients in enhanced- and usual-service sites by the site location where the client applied for services. We excluded clients who received services from rehabilitation counselors for the deaf at all sites, because the location where those clients received services was not necessarily determined randomly.

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

To examine whether the demonstration had impacts—positive or negative—on non-SGA Project clients, we also examined VR process outcomes for clients who were not eligible for the demonstration. These include clients who had an application date between May 1, 2015, and July 29, 2016; were age 18–64 at application; and were SSI recipients or nonbeneficiaries.

#### E. Primary outcomes

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

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

Table A.1. Primary outcomes

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

## F. Secondary outcomes

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

Table A.2. Secondary outcomes

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

## G. Estimation methods

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

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

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

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

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

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

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

Characteristic	Enhanced services	Usual services	Difference
Number of applicants	241	244	
Sex (%)			
Male	53.1	51.3	1.8
Female	46.9	48.7	-1.8
Race (%)			
White	80.9	72.2	8.7
Black	19.1	27.4	-8.4
Other	0	0.3	-0.3
Hispanic ethnicity (%)	0.4	0.3	0.1
Age (%)			
18–24	4.6	6.5	-1.9
25–34	12.4	11.7	0.8
35–44	23.2	21.6	1.7
45–54	29.9	33.9	-4.0
55–64	29.9	26.4	3.5
Education (%)			
No high school diploma	10.8	12.3	-1.5
High school diploma	44.0	40.7	3.2
Some postsecondary education	22.8	27.2	-4.4
Associate's degree	10.4	9.7	0.6
Bachelor's degree or more	12.0	9.9	2.1
Previous VR applicant (%)	49.8	48.6	1.2
Primary impairment (%)			
Sensory/communicative	4.6	6.2	-1.6
Physical	44.0	45.9	-1.9
Cognitive/psychosocial	51.5	47.9	3.5
Employment status at application (%)			
Employed	8.3	8.8	-0.5
Not employed	91.7	91.2	0.5

Note: This table contains data on individuals who applied for services between April 1, 2014, and September 29, 2014 (pre-period) and met the criteria for inclusion in the SGA Project demonstration. Differences between clients at enhanced- and usual-service sites are not statistically significant.

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

Measure	Enhanced services	Usual services	Regression-adjusted difference
Number of applicants	241	244	
Applicants with a signed IPE within 30 days of application (%)	6.2	5.7	0.1
Applicants who did not drop out before obtaining competitive employment (%)	35.7	36.9	0.2
Applicants who closed with competitive employment (%)	20.7	17.2	3.7
Applicants who closed with SGA-level earnings (%)	1.7	3.3	-1.7

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

Note: Regression-adjusted differences are not statistically significant.

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

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

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APPENDIX B

TECHNICAL ASSISTANCE AND TRAINING

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**Technical assistance (TA) overview.** 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. Training and TA activities took place either in person during 18 quarterly site visits to district and executive leadership offices 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 KWIC staff. ICI did not provide training or TA to usual-service sites. However, all VR field staff were offered Motivational Interviewing and Disability Benefits 101 training near the end of the demonstration. Staff at enhanced- and usual-service sites were also invited to attend the statewide SGA Project training conference to learn about pacing and engagement strategies and SSA disability program rules.

ICI provided field staff at enhanced-service sites with ongoing training and TA on pacing and engagement and on using the coordinated team approach. Below, we describe additional types of training and TA provided to staff, and the major topics covered.

**TA to VR counselors.** ICI provided training and TA to VR counselors during site visits and on three coordinated TA calls with staff and regional managers. In-person site visit TA was provided during group meetings with branch managers, financial specialists, and job placement specialists. 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, dynamic IPEs, and common challenges, such as managing large caseloads.

**TA to financial specialists.** Training and TA to financial specialists was primarily offered by ICI via teleconference and occasional in-person sessions. In addition, financial specialists 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 completed benefits analyses to training in specific topics such as special Medicaid beneficiaries and accountable earnings. Financial specialists supplemented official TA with informal assistance by providing one another with support. For example, a financial specialist with substantial experience provided support to the least experienced financial specialist by reviewing his BSAs before distribution to clients.

**TA to job placement specialists.** Because most job placement counselors were experienced and their role in the SGA Project demonstration did not differ substantially from usual practice, ICI did not provide these staff with any formal TA. However, job placement specialists did participate in the quarterly TA site visits, where ICI provided TA primarily focused on teaming.

**TA to branch and regional managers.** ICI conducted monthly conference calls with branch and regional managers. 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. Additionally, branch managers participated in the quarterly TA site visits.

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APPENDIX C

STATISTICS ON STUDY OUTCOMES

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

Measure	Enhanced services	Usual services	Regression-adjusted difference
Number of applicants	522	447	
<b>Eligibility</b>			
Number of applicants who were eligible	512	420	
Percentage of applicants who were eligible	98.1	93.7	0.0
Percentage of applicants determined eligible within 2 business days of application	39.5	6.9	32.7***
Average number of business days between application and eligibility (among those who were eligible)	10.7	25.4	-15.0***
<b>IPE Development</b>			
Number of applicants with an IPE	361	252	
Percentage of applicants with an IPE	69.2	56.1	9.0*
<b>Percentage of applicants with an IPE within 30 days of application</b>	<b>27.0</b>	<b>8.2</b>	<b>16.9***</b>
Average number of days between application and IPE development (for those with an IPE)	61.5	105.2	-39.6***

Source: OVR case file data.

Note: Bold type indicates a primary study outcome.

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

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

	Enhanced services	Usual services	Regression-adjusted difference
Number of applicants	522	447	
<b>Closure outcome (percentage of all applicants)</b>			
Not closed	33.3	39.4	-8.9
Closed	66.7	60.6	8.9
<b>Closed with competitive employment</b>	<b>25.5</b>	<b>14.4</b>	<b>8.2**</b>
Closed without employment, after signed IPE	13.6	9.3	5.7***
Closed without employment, before signed IPE	24.5	28.5	-4.8
Closed as an applicant or from a waiting list	3.1	8.3	-0.3
<b>Reason for closure (percentage of all applicants)</b>			
Achieved employment outcome	25.9	14.6	8.5**
No longer interested	21.3	25.8	0.1
Unable to locate or contact	11.5	12.2	-0.9
All other reasons	8.0	7.9	1.2
<b>Other closure outcomes (percentage of all applicants, unless otherwise specified)</b>			
Average number of days from application to closure (among closed cases)	237.3	217.9	-1.1
<b>Closed with SGA-level earnings</b>	<b>8.2</b>	<b>2.2</b>	<b>5.7***</b>
<b>Did not drop out before obtaining competitive employment</b>	<b>58.8</b>	<b>53.8</b>	<b>3.2</b>

Source: OVR case file data.

Note: Bold type indicates a primary study outcome.

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

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

Other service outcomes	Enhanced services	Usual services	Regression-adjusted difference
Number of applicants	522	447	
Benefits counseling services			
Percentage of applicants who received service	63.6	19.6	41.1***
Days between application and first service receipt (for those who received service)	33.9	61.9	-28.6
Job placement services			
Percentage of applicants who received service	30.7	11.5	17.7***
Days between application and first service receipt (for those who received service)	99.5	185.1	-81.5***
Other employment-related services			
Percentage of applicants who received service	38.7	23.6	13.6**
Average days between application and first service receipt (for those who received service)	105.6	152.8	-46.8***
Training services			
Percentage of applicants who received service	14.0	12.9	1.2
Days between application and first service receipt (for those who received service)	127.7	122.2	-0.7
Average authorized purchased-service costs (\$)	1,846.3	1,467.6	339.3

Source: OVR case file data.

Note: Service statistics include both staff-provided and purchased services authorized as of April 19, 2017.

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

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

	Enhanced services	Usual services	Regression-adjusted difference
Number employed at closure	133	60	
Average weekly hours worked at closure	24.0	21.7	1.6
Average monthly earnings at closure (\$2017)	1,145.0	974.3	225.2*
Average hourly wage at closure (\$2017)	10.6	10.0	1.1**
Earnings relative to SGA (%)			
Closed with earnings less than 50% of SGA	11.3	13.6	-0.6
Closed with earnings 50%–99% of SGA	56.4	72.9	-11.9
Closed with earnings 100% of SGA or greater	32.3	13.6	12.4

Source: OVR case file data.

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



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