

REPORT

Minnesota's SGA Project Demonstration: An Interim Evaluation Report

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The views and opinions expressed here are those of the authors and do not necessarily reflect the views, opinions, or policies of, the Minnesota Department of Employment and Economic Development, ICI, or the Rehabilitation Services Administration. The authors are solely responsible for any errors.

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ACRONYMS

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

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EXECUTIVE SUMMARY

The Institute for Community Inclusion (ICI) at the University of Massachusetts-Boston and Mathematica Policy Research received a grant from the U.S. Department of Education, Rehabilitation Services Administration to develop a demonstration to improve the employment outcomes of nonblind state vocational rehabilitation (VR) clients receiving Social Security Disability Insurance (SSDI) benefits, but not Supplementary Security Income (SSI) benefits. The resulting SGA Project demonstration implements innovations designed to help SSDI-only beneficiaries achieve sustained employment with earnings above the Social Security Administration substantial gainful activity (SGA) level.¹ Two states—Kentucky and Minnesota—were recruited to participate in the SGA Project demonstration. This report presents findings on Minnesota’s experience implementing the SGA Project innovations during the first nine months of operation. The report also presents findings about the early employment-related outcomes of demonstration participants.

The Minnesota VR agency, in collaboration with ICI, developed a rapid engagement coordinated team approach for providing VR services. This approach was comprised of the following innovation components, which were designed to be administered by staff in eight randomly selected local field offices:

1. **Increased pace of services.** VR counselors were to deliver services to clients at an increased pace compared to usual services, including making eligibility determination within two days, maintaining rapid engagement with clients, and developing an individual plan for employment (IPE) within 30 days.
2. **Financial and benefits planning.** Each office was staffed with a financial specialist who was trained to help clients understand how employment would affect their benefits.
3. **Job placement services.** Each office was staffed with a job placement specialist to work with clients to develop employment goals and pursue employment opportunities.
4. **Coordinated team approach.** A VR counselor, the financial specialist, and the placement specialist were to meet with clients together and work collaboratively to address the client’s needs.

Promising practices

VR agency leaders, field staff, and members of the ICI training and technical assistance team reported that the sites successfully implemented the SGA Project innovations in general, and that these innovations were beneficial to most clients. Informants highlighted several promising practices:

- Staff demonstrated that an increased pace of service could be adopted relatively easily and effectively with the right supports. In particular, staff valued having a mechanism for quick identification of SSDI-only clients (that is, access to the Social Security Administration

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

[SSA] area work incentives coordinator [AWIC]).² Staff also viewed embracing the IPE as a “living document” that could be amended and modified, rather than the traditional concept of it as a binding document, as critical to successfully increasing pace of service.

- Greater access to financial and benefit information greatly enhanced the VR experience for counselors and clients; the information provided reduced client anxiety about returning to work and made it easier for clients to make confident and informed decisions about employment.
- Effective teaming allowed VR counselors to focus on providing important counseling services and to develop more effective strategies for assisting clients. The teaming approach also allowed the financial and placement specialists to provide clients with more targeted and precise information. The coordinated team approach was not easily adopted, however. Informants identified training, ongoing support, and strong lines of communication among staff as necessary factors for successful adoption.
- Adopting the new models of service delivery was initially a challenge for field staff. VR counselors, in particular, would have benefited from additional targeted support and technical assistance. A well-informed and engaged office-based manager had a positive effect on staff ability and willingness to adopt the new models of service delivery. These managers however, would have benefited from more upfront training.
- The innovations were perceived as less effective and harder to implement in sites serving large geographic and mostly rural areas. In addition, the model was not believed to be effective or appropriate with clients having certain unique needs and circumstances, such as those with high levels of anxiety; implementation flexibility was essential for these cases.

Early outcomes

Preliminary analysis of VR agency administrative data shows that not all clients served by the sites that implemented the SGA Project innovations achieved key milestones as quickly as planned; however, they often achieved eligibility determination and IPE development more quickly than clients served by the sites implementing usual services. During the first six months following application, clients served by the sites implementing the SGA Project innovations were more likely to receive college or university training, and were more likely to exit VR services with employment. These clients were also more likely to have their case closed within 180 days after application. However, the share of cases that were closed with earnings above SGA did not differ between the sites that implemented the SGA Project innovations and those that provided usual services. It is important to emphasize that it is too soon to draw conclusions about the impacts of the SGA Project innovations. The data used in this report cover only the first six months after application and only a subset of demonstration enrollees.

Current status

As of the date of this report, enrollment into the SGA Project ceased and the Minnesota VR agency began taking steps to sustain and scale certain components of the SGA Project demonstration—in particular, use of the financial specialists. The VR agency adopted several

² As part of the demonstration, the local field offices implementing the intervention were given direct access to the state’s SSA AWIC, who verified SSDI benefit information within days of request.

initiatives prior to the SGA Project demonstration aimed at increasing pace of services and promoting the coordinated team approach. The experience with the SGA Project demonstration is likely to result in further support for these initiatives.

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I. INTRODUCTION

A. Overview of the SGA Project demonstration

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

RSA established several key parameters for the project:

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

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

1. SSDI eligibility and VR services

Social Security Disability Insurance (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 engage in SGA for at least 12 months or until death (the “medical eligibility”) and (2) either meets the earnings history requirement for SSDI eligibility, or is entitled to Social Security as a dependent of another beneficiary (“non-medical eligibility”). Some SSDI beneficiaries are disabled adult children (DAC) or disabled widow(ers) of other beneficiaries. Of particular importance to RSA and state VR agencies, the Rehabilitation Act reauthorization amendments of 1998 stipulate that an individual with a disability receiving SSDI or SSI benefits is presumed to be eligible for VR services, assuming the individual intends to achieve an employment outcome.³ VR agencies help individuals return to work or gain new employment,

³ O’Shaughnessy, C. (2002, January). Rehabilitation act: Summary of 1998 reauthorization legislation. In *Domestic Social Policy Division, CRS Report for Congress Order Code RL* (Vol. 3, No. 1, p. 298).

and many SSA beneficiaries have acknowledged the role of VR in their efforts to return to work. VR agencies may offer information, services and supports (such as counseling), assistive technology, job accommodations, mental or physical restoration, prosthetic or orthotic devices, job-search/placement assistance, transportation, and personal assistance. VRCs also coordinate training-related services, such as vocational assessment and postsecondary education (including graduate-level coursework).

2. Why focus on SSDI-only clients?

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

Another reason to focus on SSDI-only beneficiaries is that their SSDI-only status indicates they have a significant work history. Through prior work efforts, they have presumably amassed skills, knowledge, and experiences that are valued by employers. Although impairments and disabling health conditions might affect their current capabilities and productivity, these individuals possess human capital that might be quickly leveraged to support significant levels of employment if other employment barriers can be addressed.

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

Attainment of SGA-level earnings by SSDI-only VR clients is a significant milestone for benefit receipt. SGA, which is adjusted annually for inflation, is used by SSA in initial and ongoing SSDI benefit-eligibility determinations. In 2016, SGA is defined as unsubsidized monthly earnings of \$1,130 or higher for non-blind beneficiaries; in 2015, it was equal to earnings of \$1,090 or higher.⁴ 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

⁴ The monthly SGA level for blind individuals was \$1,820 in 2015, and remained at that amount in 2016.

earn above SGA.⁵ 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 represent a noteworthy achievement across various perspectives. From the beneficiary's perspective, working above SGA can represent a risky endeavor as well as an important milestone on the path to higher income and financial independence. From the government's perspective, finding ways to encourage and support beneficiaries to work above SGA can lead to reduced government expenditures and increased tax receipts. From society's perspective, increasing the earnings of SSDI beneficiaries increases human capital productivity and can lead to greater financial well-being for individuals with disabilities, though at the cost of providing additional services and expanding agency infrastructure.

Attainment of SGA-level earnings is also an important milestone from the perspective of state VR agencies and other employment service providers. Under SSA's traditional reimbursement system for VR agency services, VR agencies are eligible for SSA payments only after their SSDI beneficiary clients have become employed and achieved nine months of earnings above the SGA level. SGA is also of importance to providers (including state VR agencies) operating as employment networks under SSA's Ticket to Work program, as certain payments are tied to SGA-level earnings or the loss of SSDI benefits that occurs after sustained engagement in SGA.

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

3. Identifying the innovations to be tested

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

⁵ 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.

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

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

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

skilled and experienced at providing client-centered services, some staff have less experience reaching out to the employer community and devising job-development efforts that are sensitive to employer needs.

- **A coordinated team approach.** The client receives services that are coordinated by a team composed of a VR counselor, a financial planning specialist, and a job placement specialist. This team approach is intended to provide a comprehensive, holistic approach to the client's rehabilitation engagement and employment process by bringing together a broad set of expertise from team members, rather than only relying on the judgment and expertise of the VR counselor. Coordinated interventions relating to financial planning, employment assistance, and clinical rehabilitation can address many important employment barriers and improve the likelihood of clients' success.

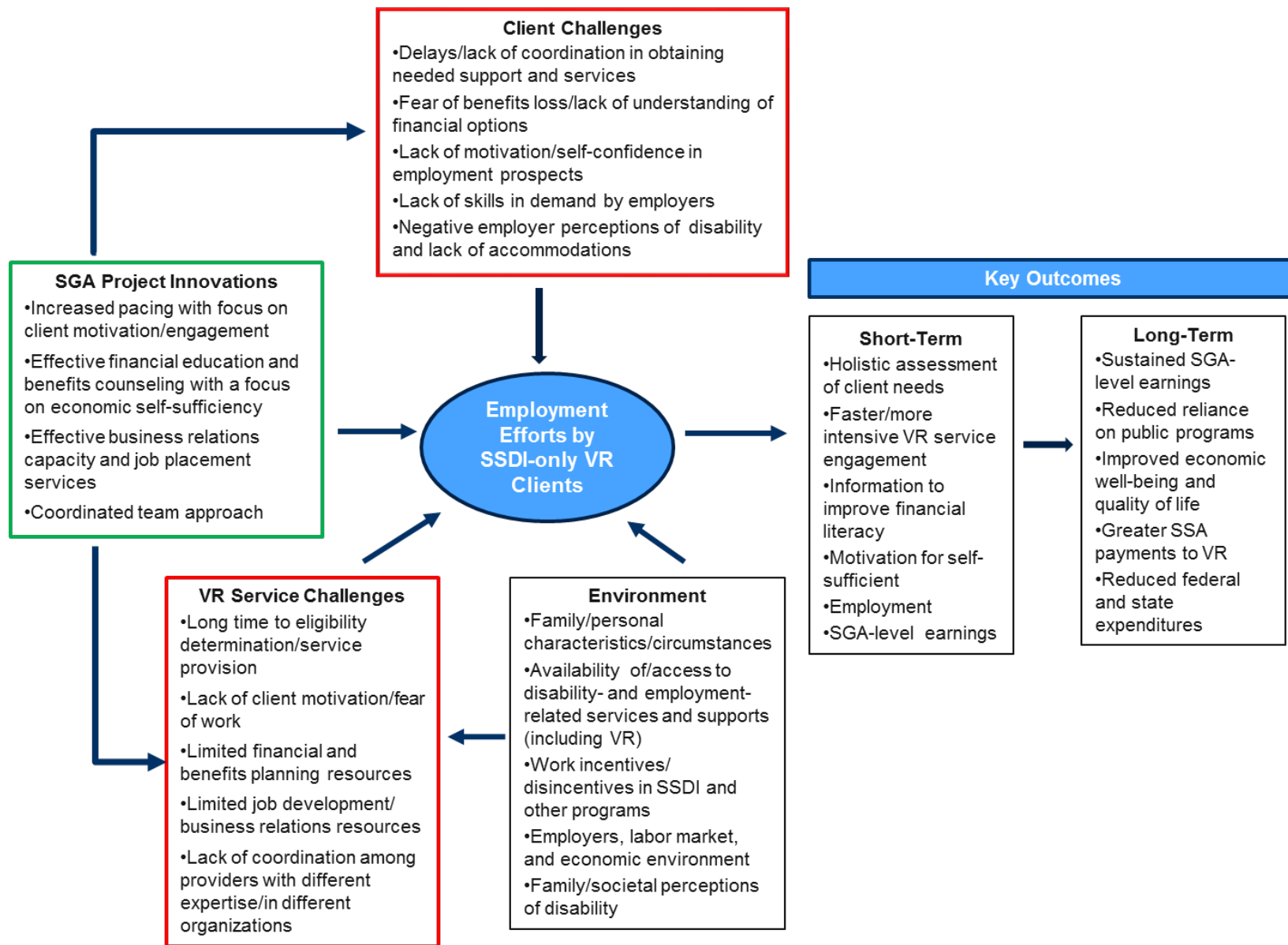
In consultation with ICI and based on these general goals, the two states participating in the SGA Project demonstration customized the specific innovations to be implemented in their respective states, adapting their practices to implement the SGA Project innovations within the constraints of their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

4. Conceptual framework

We hypothesize that implementation of the aforementioned innovations will lead to improvements in a variety of employment-related outcomes for SSDI-only VR clients. In Figure I.1, we provide a conceptual framework of the SGA Project innovations, the barriers they are intended to address, and the short- and long-term outcomes they are hypothesized to affect. The SGA Project innovations are shown in the far left (green) box. A solid arrow points to the set of specific employment and VR service-related barriers they are intended to directly address, shown in the upper and lower red boxes (for example, a long wait for services, lack of service coordination, fear of benefit loss, and employer perceptions of people with disabilities). These barriers, and the mitigating effects of the SGA Project innovations on them, affect the employment efforts of SSDI-only beneficiaries, depicted in the center oval. A variety of environmental factors (shown in the lower black box) also affect the employment efforts of SSDI-only VR clients, as well as the VR services available to them.

Through their effects on the employment-related efforts of SSDI-only beneficiaries seeking VR agency services, the innovations are intended to lead to a variety of short- and long-term outcomes listed in the two boxes at the far right. These outcomes encompass both service-delivery outcomes (for example, a holistic assessment of client needs and faster, more intense engagement in VR services) and client outcomes (such as motivation, employment, and earnings).

Figure I.1. SGA Project conceptual framework



B. Objectives of this report and study methods

This report presents findings on the experiences of the VR services division of the Minnesota Department of Employment and Economic Development implementing the SGA Project innovations during their first nine months of operation, and early information about the employment-related outcomes of demonstration participants.⁶ The report is based on information collected from RSA-911 data, site visits and interviews conducted with staff involved in the demonstration, and administrative data provided by the Minnesota VR agency. We describe these sources below and discuss the analytic approach in the technical appendix.

1. RSA-911 data

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

2. Site visits and staff interviews

During a site visit conducted in May 2016, we visited nine VR offices across the state, including six of the eight offices that implemented the SGA Project innovations (hereafter, referred to as “enhanced service” sites) and three of the nine offices serving as control sites (hereafter, referred to as “usual service” sites). We conducted one-on-one or small-group interviews with about 60 members of the VR workforce, including office regional area managers (RAMs), VR counselors, financial specialists, and job placement specialists. Following the site visit, we conducted phone interviews with five members of the VR agency’s leadership team, including the director of vocational rehabilitation services. We also conducted interviews with the four-member ICI team that provided Minnesota with training and technical assistance (TA). All interviews were led by an experienced moderator using a semi-structured interview guide.

3. Administrative data

The Minnesota Department of Employment and Economic Development provided an extract of its administrative data to Mathematica to facilitate a quantitative description of the study sample, an analysis of services provided to the experimental groups, and a preliminary analysis

⁶ In a companion report, we present findings on the experiences in Kentucky.

of early impacts. Information was provided for the enhanced service group members as well as for SSDI beneficiaries receiving services at offices implementing usual services. The data include several variables that are reported in the RSA-911 files, as well as additional detailed information about SGA project-specific process and service measures. In contrast to the data available in the RSA-911, the data provided by the department were more recent and included information for members of both study groups regardless of their case closure status.

C. Report organization

The remainder of the report is organized as follows. In Chapter II, we provide background on Minnesota, including state characteristics, the organizational structure of the VR agency, and the types of services typically provided by the agency. In Chapter III, we describe the SGA Project innovations designed for Minnesota, how they differed from usual practices, and how they were implemented. In Chapter IV, we describe the nature of and experience with the training and TA received by staff for purposes of implementing the SGA Project innovations. In Chapter V, we describe SGA Project implementation experiences in Minnesota, including implementation challenges, unanticipated consequences, and staff views of the innovations. In Chapter VI, we report early impacts of the SGA Project innovations on service delivery and participants' employment outcomes. In Chapter VII, we discuss the likelihood that Minnesota will sustain the SGA Project innovations. We conclude in Chapter VIII with a discussion of promising practices and lessons learned.

II. MINNESOTA VR AGENCY STRUCTURE AND BACKGROUND

A. State characteristics

Relative to the national average, Minnesota has higher levels of income and educational attainment and a lower rate of unemployment (Table II.1). Median household income for Minnesota residents in 2014 (\$60,828) was greater than the national average (\$53,482) and the poverty rate for the state (11.5 percent) was below the national average (15.6 percent). The poverty rate for people with disabilities (20.7 percent) was also below the national average for this group (22.3 percent). Minnesota's unemployment rate of 4.5 percent was less than the national average of 5.8 percent. Minnesotans over age 25 had relatively higher levels of educational attainment than average Americans in the same age category, with 92.3 percent having completed high school (relative to 86.3 percent of Americans) and 33.2 percent having earned a bachelor's or higher degree (relative to 29.3 percent of Americans).

SSA data from fiscal year 2014 reveal some further differences between Minnesota and national averages across some SSDI beneficiary characteristics. Among those ages 18 to 64, Minnesota had 138,888 SSDI beneficiaries, representing 4.1 percent of residents in that age category. This level is similar to the national average (4.8 percent). Overall, the diagnosis distribution of Minnesota SSDI beneficiaries was rather similar to the national distribution, though there were a few substantive differences. Most notably, the percentage of beneficiaries with a mental disorder in Minnesota was 46.2 percent, which was greater than the national average of 35.0 percent. At 21.6 percent, the percentage of Minnesota beneficiaries with a disease of the musculoskeletal system and connective tissue was less than the national average of 28.2 percent. For both Minnesota and the nation, SSDI beneficiaries were most likely to have diagnoses of mental disorder, disease of the musculoskeletal system and connective tissue, or disease of the nervous system and sense organs. Minnesota's average monthly DI benefit amount of \$1,156 was within \$10 of the national average of \$1,165.⁷

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

	Minnesota	National
Population (2015)	5,489,594	321,418,820
Population density (number per square mile) (2015)	68.9	91.0
Median annual household income (2014)	\$60,828	\$53,482
Percentage of residents living below the federal poverty level (FPL) (2014)	11.5	15.6
Percentage of residents with disabilities living below the FPL (2014)	20.7	22.3
Percentage of residents with a language other than English spoken at home (2013)	10.7	20.7
Percentage of residents ages 25 and older who are high school graduates (2014)	92.3	86.3
Percentage of residents ages 25 and older who have earned a bachelor's or a higher degree (2014)	33.2	29.3
Unemployment rate (2014)	4.5	5.8
Percentage of employed population in manufacturing (2014)	13.6	10.4
Percentage of employed population in services (2014)	16.6	18.2
Percentage of residents using public transit (2014)	3.5	5.1

Source: American Community Survey 2015, U.S. Census Bureau.

⁷ Social Security Administration. "Annual Statistical Report on the Social Security Disability Insurance Program, 2014," 2015. Available at https://www.ssa.gov/policy/docs/statcomps/di_asr/2014/di_asr14.pdf. Accessed August 25, 2016.

B. VR agency structure

In Minnesota, VR services are funded and overseen by the state Department of Employment and Economic Development. Services are provided locally through 17 field offices across the state. Some of these offices, particularly those covering large and mostly rural counties, have satellite locations. Each office is staffed with VR counselors and administrative staff who are managed and supervised by a regional area manager (RAM). The office RAM is responsible for helping staff implement new directives, providing guidance and support, fostering a culture of innovation, and elevating important issues to the attention of agency leadership. Local field offices are grouped together to form three VR regions: the metro region (which comprises the Minneapolis and St. Paul area), the northern region, and the southern region. Each region is managed by a regional manager. Office RAMs report to the regional manager, who is part of the state VR leadership team, which also includes the director of strategic initiatives and partnerships, the field services director, and Minnesota's director of vocational rehabilitation.

VR offices contract with local community rehabilitation providers (CRPs) to provide job placement and employment support services to consumers with disabilities served by the state's VR program. CRPs are companies, nonprofit organizations, agencies, or individuals under contract. In general, there are several CRPs serving each VR field office. The involvement of a CRP occurs at the discretion of the VR counselor, who helps the client select a CRP that meets his or her unique needs. Some VR offices have contracted CRPs based in-house at the VR office.

In fiscal year 2015, Minnesota's VR agency received a federal grant of \$52.4 million for VR.⁸ Among the 7,439 program-eligible VR applicants served in fiscal year 2014, more than half (61.4 percent) received services and exited with employment—that is, they maintained employment for the 90-day period before case closure. Nationally, the average general agency served 12,101 program-eligible applicants, 59 percent of whom received services and were employed at program exit. Minnesota's average cost of services per program exit with employment was \$4,243, which was similar to the national agency average of \$4,838.⁹

C. Recruitment and agency decision to participate in the demonstration

According to members of the VR agency's leadership team, the Minnesota VR system, like much of the state's government, operates within a culture that values innovation. Agency leaders have widespread willingness to experiment with new ways of delivering services. The VR agency's leadership team considered the number of clients dropping out of VR services without employment to be unacceptably high, so there was openness to exploring new service delivery innovations such as those included in the SGA Project model. The perception that SGA Project model components could be easily implemented in Minnesota also heavily influenced the VR agency's decision to participate in the SGA Project demonstration. The leadership team believed that the individual SGA Project innovations—increased pacing and rapid engagement, financial

⁸ Rehabilitation Services Administration. "Vocational Rehabilitation State Grants," 2016a. Available at <http://www2.ed.gov/about/overview/budget/statetables/17stbyprogram.pdf>. Accessed August 25, 2016.

⁹ Rehabilitation Services Administration. "FY 2014 State Vocational Rehabilitation Performance," 2016b. Available at <http://www2.ed.gov/programs/rsabvrs/resources/fy2014-state-voc-rehab-performance.pdf>. Accessed August 25, 2016.

and benefits planning education, early involvement of a job placement specialist, and teaming—were already being adopted to some degree through other state-supported initiatives. They therefore saw the SGA Project as an opportunity to further other ongoing efforts to reform the VR system in Minnesota, as well as an investment for developing long-term system capacity. The related ongoing initiatives, summarized below, provide an important context for understanding the state’s experience with the SGA Project demonstration.

1. Pre-SGA Project efforts to increase pacing and promote teaming

Availability of and experience with the Individual Placement and Support Services (IPS) model was a significant factor in the VR agency’s decision to participate in the SGA Project demonstration. IPS is an evidence-based practice that promotes the recovery of people with serious mental illness through work. IPS involves a collaborative team for each client, composed of a mental health services provider, a CRP, and a VR counselor. Adults receiving mental health treatment services through an approved provider are able to work with this collaborative IPS team to rapidly access employment services. In fact, services are delivered at a faster pace than the schedule used in the SGA Project demonstration. For example, under IPS, the individual plan for employment (IPE) is developed within seven days of the referral, compared with 30 days under the SGA Project.

IPS services first became available in Minnesota in 2006 through a grant from the Johnson & Johnson Dartmouth Psychiatric Research Center, which funded six Minnesota county IPS programs. In 2013, the state approved legislation to support IPS expansion in 18 additional counties. Although IPS is not available statewide, nearly every local VR office serves at least one county with an IPS program. As a result, each VR office has at least one VR counselor dedicated to serving IPS clients. Consequently, some staff had experience with, and most were at least exposed to, the concepts of teaming and faster pacing before SGA Project implementation.

In summer 2015, the VR agency implemented the Next Generation Placement Methodology, an initiative aimed at promoting teaming between VR counselors and CRP contractors. Although the initiative did not alter the model for delivering VR services, it did require 60-day check-ins between VR counselors and contracted CRP staff. The VR agency’s leadership team believed that stronger teaming would lead to improved VR outcomes. The Next Generation initiative, as well as the state’s participation in the SGA Project, exemplify that belief.

The VR agency made training on motivational interviewing available to all VR counselors beginning in 2010. Motivational interviewing is a goal-oriented, client-centered counseling technique for changing behavior by helping clients explore and resolve ambivalence. Although training on motivational interviewing was not required, state leaders strongly encouraged staff to seek certification. The SGA Project model, which promotes rapid engagement and focused goal development, was viewed as complimentary to the use of motivational interviewing.

Finally, on July 22, 2014, President Obama signed the Workforce Innovation and Opportunity Act (WIOA), designed to strengthen and improve the public workforce system and help individuals with significant barriers to employment obtain high quality jobs. The VR agency implemented some of the WIOA requirements before the SGA Project demonstration began, including the requirement that IPEs be developed within 90 days of application. As with teaming, members of the agency’s leadership team believed that faster pacing would lead to

improved VR outcomes. VR staff, therefore, were encouraged to move quickly in developing a client's IPE. Before the SGA Project, WIOA inspired a paradigm shift among VR staff regarding how the IPE was viewed. Historically, the IPE was viewed as a binding agreement—a document that would only be executed after a comprehensive assessment, development of clearly defined goals, and a full understanding of services needed and their employment implications. The VR agency's interpretation of WIOA prompted staff to view the IPE as a living document, one that evolves and is modified as circumstances change and new information is obtained. The SGA Project was viewed as an opportunity to further shift staff mindset in this direction.

2. Pre-SGA Project efforts to improve knowledge around financial and benefit planning

Participation in the SGA Project was also motivated by the VR agency's ambition to expand counselor and client access to important financial and benefits planning information. Minnesota used its SSA Work Incentives Planning and Assistance grant to establish the Work Incentives Connection (WIC).¹⁰ Goodwill-Easter Seals, which operates as the state WIPA, employs community work incentive coordinators (CWICs) who provide clients with in-depth counseling about SSA benefits through a personalized full benefits summary and analysis. Information provided by CWICs can be critical to helping clients and their VR counselor determine appropriate employment goals and make informed decisions. The WIC, however, has limited capacity to provide CWIC services; as a result, it can take weeks or even months for a CWIC to deliver the benefits summary and analysis. Delayed receipt of this information is perceived as detrimental to some clients' ability to make informed choices regarding employment options.

In 2002, to help improve accessibility of financial planning and benefit information, the VR agency invested in the development of Disability Benefits 101 (DB101), a web-based resource that helps people with disabilities learn how increased earnings can affect their benefits.¹¹ DB101 provides information about federal and state benefit programs and rules around work, includes an estimator that produces tailored results, and allows users to connect to a live representative at the Disability Linkage Line, a contractor of the VR agency that provides free information and referral services. DB101 has been a valuable resource to both clients and VR counselors. However, the DB101 website does not provide client-specific financial and benefit information and, thus, is of limited use for complicated cases.

The SGA Project was viewed as an opportunity for the VR agency to overcome the limitations of the WIC and DB101 and to experiment with more direct access to clients' financial and benefit information.

¹⁰ The Ticket to Work and Work Incentives Improvement Act of 1999 authorized SSA to award state grants to provide community-based work incentives expertise to Social Security beneficiaries. The goal of the grant program, called the Work Incentives Planning and Assistance program, is to enable beneficiaries with disabilities to make informed choices about work and to support working beneficiaries to make a successful transition to self-sufficiency.

¹¹ The Minnesota Department of Human Services and Department of Employment and Economic Development, through their Pathways to Employment partnership, contracted with the World Institute Disability to develop DB101 Minnesota, which is available at <https://mn.db101.org/>.

III. SGA PROJECT INNOVATIONS

A. SGA Project structure and services

Prior to implementation of the SGA Project demonstration, VR offices were randomly selected to provide either enhanced (SGA Project innovations) or usual services. The randomization process ensured a proportionate and diverse selection of offices based on three factors: (1) geography (based on the three VR service regions), (2) location type (urban, suburban, or rural), and (3) VR unit performance before demonstration implementation, defined in terms of VR client employment outcomes.¹² Eight offices were selected to provide the enhanced services; the remaining nine offices provided the usual services (Table III.1). Enhanced services comprised four broad types: increased pacing of services, financial and benefits planning, job placement, and a coordinated team approach (CTA). We describe each of these components in more detail below and summarize them in Table III.2.

Table III.1 SGA Project demonstration offices and assignment to enhanced or usual services

Office	Random assignment designation
Metro Region	
Anoka*	Enhanced
Burnsville*	Enhanced
Hennepin North	Usual
Hennepin South	Usual
North Minneapolis*	Enhanced
North St. Paul*	Usual
South Minneapolis	Usual
St. Paul	Usual
Woodbury	Enhanced
North Region	
Cambridge*	Usual
Crookston	Enhanced
Duluth*	Enhanced
Fergus Falls	Usual
South Region	
Mankato*	Enhanced
Marshall*	Enhanced
Rochester	Usual
St. Cloud*	Usual

* Site visit location

¹² The employment outcome used to determine performance was the three-year average of the percentage of SSDI-only VR clients who achieved employment with wages above the SGA level.

Table III.2. SGA Project innovations

Project innovation	Enhanced service expectation	Usual service practice
Increased pace of services		
Presumptive eligibility	Made by VR counselor within 2 days of application and intake	Standard is 60 days maximum from date of application for eligibility determination
IPE development	Within 30 days of application	Maximum of 90 days of date of eligibility
Financial and benefits planning (provided by financial specialist)		
Financial planning orientation	Provided orientation to financial planning and SSA work incentives within one week of eligibility	NA
Disability Benefits 101	Completed preliminary financial inventory within 2 weeks of application	Performed by VR counselor (when needed)
Benefits planning query requested and received	Requested within 3 weeks of application	NA
Financial plan	Coordinated development of economic self-sufficiency plan to be included in IPE within 30 days	NA
Benefits analysis	Provided full benefits analysis within 8 weeks of application (when needed)	Requested through WIC (when needed)
Follow-up	Met with client at key employment milestones	NA
Job placement services (provided by job placement specialist and CRP)		
Job development/ placement plan	Coordinated job development and placement plan to be integrated into IPE at 30 days	CRP coordinated job development and placement plan at counselor's discretion
Employment interviews	Helped set-up job interviews for client following IPE	CRP helped set-up job interviews for client at counselor's discretion CRP works with client
Follow-along services	Conducted regular follow-ups during first employment month	Conducted regular follow-ups during first employment month
Coordinated team approach		
First CTA meeting	Within 7 days of application	NA
Engagement	VR counselor ensures that at least one member of team made weekly contact with client	NA

NA = Not applicable

1. Increased pace of services

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

benefit information and provided the benefits planning query within days of request.^{13,14} In contrast, in usual service sites, it often takes weeks to receive the benefits planning query.

Counselors were to coordinate the first CTA meeting within seven days of application. The CTA meeting brought the client together with his or her VR team, which included the VR counselor along with the financial and job placement specialists discussed below. Counselors were also tasked with coordinating the development of the IPE within 30 days of application. Under the enhanced services model, VR counselors were to take the lead in ensuring rapid engagement with clients and coordinating with the financial and job placement specialists to meet the SGA Project pacing benchmarks. The only comparable benchmark targeted by usual service staff was developing an IPE within 90 days of eligibility determination (or within 7 days for IPS clients).

None of the enhanced service sites had VR counselors dedicated to serving only SGA Project clients. Instead, VR counselors maintained a caseload of both SGA Project and non-SGA Project clients. VR counselors were assigned SGA Project clients based on staff availability and client location; at the time of our interviews, SGA Project caseloads varied among counselors from 2 to over 20. The state VR agency reported that the average overall active caseload for VR counselors was 66 cases, ranging from a small handful to over 120.

2. Financial and benefits planning

The SGA Project demonstration funds were used to staff a financial specialist in each of the enhanced service sites. The financial specialists were to help SGA Project clients understand how employment would affect their SSDI and other benefits. Financial specialists were to meet regularly with clients and provide a range of services, including an orientation to financial planning and SSA work incentives, a full benefits inventory and assessment, review of the client's SSA benefits planning query report, and development of an economic self-sufficiency plan that was added to the IPE. Although the financial specialists were located in the VR offices, all were employed by one of the state's Independent Living Centers or by the Disability Linkage Line.¹⁵ The financial specialists who were CWICs were able to perform a full benefits summary and analysis when needed. The financial specialists who were not CWICs worked with a designated representative at the Disability Linkage Line who maintained direct access to the state VR data systems and, thus, was able to help financial specialists perform a full benefits summary and analysis when needed. Unlike VR counselors, financial specialists worked only with SGA Project clients.

¹³ The AWIC is a position established by SSA to improve service to SSDI beneficiaries and SSI disability recipients who wish to work. The AWICs manage and coordinate work incentives, public outreach, and service programs at a regional level.

¹⁴ The benefits planning query, or BPQY, is a personalized report produced by SSA to inform SSDI beneficiaries and SSI recipients about their disability benefits and the use of the work incentives.

¹⁵ Goodwill-Easter Seals, the official state WIC, opted not to pursue a contract to provide financial specialist services for the SGA Project.

3. Job placement services

The enhanced service offices each had a dedicated in-house job placement specialist to engage SGA Project clients early in the process to develop employment goals and pursue potential employment opportunities. The placement specialists were to work closely with the SGA Project client and the rest of the team to develop appropriate employment goals and a placement plan that was integrated into the IPE. The placement specialist was also tasked with conducting community outreach to develop a network of potential employers. The services to be provided by the placement specialists were not necessarily new. Before the SGA Project, VR offices contracted with CRPs for these services—and continued to do so for clients not in the SGA Project. The contracted CRP staff worked in some of the enhanced service sites before the SGA Project. In fact, many of the SGA job placement specialists were employed by CRPs prior to the demonstration. What differed from before the SGA Project—as well as from the usual service sites—was the level of involvement of the placement specialist. Like the VR counselor and the financial specialist, the placement specialist was to meet with the client early in the process and then maintain a presence throughout the service period. In the usual service sites, CRP staff were involved at the discretion of the VR counselor, typically not until the client was ready for placement.

SGA Project clients, like all clients, were to be given a choice of whom to work with for placement services. A few SGA Project clients opted to work with an external CRP instead of the SGA Project placement specialist. This occurred if the client had an existing relationship with a CRP, or if a CRP specialized in working with clients who had specific needs or was more deeply connected to the employers of the client’s community.

4. Coordinated team approach

At the enhanced service sites, the VR counselor, financial specialist, and placement specialist were to work collaboratively to address SGA Project client needs. The client’s assigned VR counselor was the designated lead for coordinating the first CTA meeting, which was to occur within seven calendar days of application. After this initial team meeting, the VR counselor ensures that a member of the team contacts the client at least once a week. Different clients worked more closely with different members of the team, based on their unique service needs. Team members were expected to keep each other up-to-date on their client interactions through case notes entered into Workforce One, the data system used to track VR service delivery, and through use of “the huddle,” a teaming technique in which the team comes together to debrief, brainstorm challenges, and collectively confirm how best to move the client forward. Teaming was not commonly used in the usual service sites because VR counselors typically worked with clients one-on-one, although, as noted, teaming between counselors and CRPs was being promoted through the VR agency’s Next Generation Placement Methodology initiative.

B. Participant enrollment

Clients were recruited and enrolled into the SGA Project demonstration through the preexisting VR application and eligibility process. For enrollment in enhanced services, clients who met the SGA Project demonstration eligibility criteria (applicants ages 18 to 64 who were SSDI-only beneficiaries and not on SSDI due to visual impairments or by reason of death or disability of a parent or spouse) and who sought services at the enhanced service sites were

automatically enrolled in the demonstration. Eligible individuals served by the usual services sites were identified through administrative data and passively enrolled in the demonstration usual services group. The VR agency enrolled a total of 656 clients into the enhanced service group between August 4, 2015, and August 3, 2016, surpassing the goal of 500 clients. The agency enrolled 647 clients at the usual services during the same time period.

Minnesota's VR agency provided Mathematica with data on all clients enrolled in the SGA project. We analyzed data for those clients who were enrolled for at least six months or were enrolled as of January 31, 2016. This included 329 enhanced service clients and 316 usual service clients. As shown in Table III.3, for the enhanced services group, about 50 percent of the clients were male, 85 percent were white, 9 percent were black, and less than 2 percent identified as Hispanic. About 1 percent of enhanced services group members were ages 18-24, 14 percent were ages 25-34, 22 percent were ages 35-44, 31 percent were ages 45-54, and the remaining 33 percent were ages 55-64. By the time of VR application, 91 percent of the enhanced services group had received a high school diploma, 45 percent had some post-secondary education (but no degree), and 12 percent had earned at least a bachelor's degree. Over half (56 percent) of the enhanced services group had applied to VR at least twice in the prior 36 months. Enhanced services group clients had various types of impairments: 65 percent had cognitive or psychosocial impairments, 28 percent had physical impairments, 3 percent had sensory or communicative impairments, and 4 percent had an unknown impairment. At application, about 22 percent of enhanced services group clients were employed and less than 1 percent were students.

Enhanced and usual services group members had similar demographic and background characteristics (Table III.3). We tested for differences between the characteristics of enhanced services and usual services group members and found three statistically significant differences. At the time of application, usual services group members were more likely to have been ages 18-24 or students and were less likely to have dropped out of high school. For all other characteristics examined, the enhanced and usual services groups did not differ substantively.

Table III.3. Characteristics of enhanced and usual service group members

Characteristic	Enhanced services (E)	Usual services (U)	Difference (E-U)
Number of cases	329	316	13
Sex (%)			
Male	49.4	52.1	-2.7
Female	50.6	47.9	2.7
Race (%)			
White	85.2	80.7	4.5
Black	8.9	14.6	-5.7
Other	5.9	4.8	1.1
Hispanic ethnicity (%)	1.8	1.2	0.6
Age			
18–24	0.9	3.6	-2.7**
25–34	13.6	12.5	1.1
35–44	21.6	20.8	0.8
45–54	31.1	31.0	0.1
55–64	32.8	32.1	0.7
Education (%)			
No high school diploma	8.9	6.3	2.6*
High school diploma	34.0	34.5	-0.5
Some post-secondary education	45.3	44.6	0.7
Bachelor's degree	11.8	14.6	-2.8
Previous VR applicant (%)	55.6	62.5	-6.9
Primary impairment (%)			
Sensory/communicative	2.7	2.7	0.0
Physical	28.1	25.0	3.1
Cognitive/psychosocial	65.1	65.8	-0.7
Missing impairment	4.1	6.6	-2.5
Employment status at application (%)			
Employed	21.9	19.6	2.3
In school	0.3	1.8	-1.5**
Not employed	77.8	78.6	-0.8

Note: This table contains data on Minnesota VR applicants who (1) applied for services between August 1, 2015, and January 31, 2016; (2) were receiving SSDI-only benefits at application; and (3) were under age 65.

* Significantly different from zero at the 0.10 level.

** Significantly different from zero at the 0.05 level.

IV. TRAINING AND TECHNICAL ASSISTANCE

A. Training and TA structure

Implementation of the SGA Project demonstration in Minnesota was a collaborative effort between ICI and the VR agency. Prior to implementation, the two teams worked closely together to design the service innovations and plan the rollout process. The demonstration was launched through two three-day staff training sessions conducted in August 2015. The training sessions were jointly organized by staff from ICI and the VR agency, with all staff from the enhanced service sites attending, including the financial specialists, job placement specialists, VR counselors, and RAMs. The first two days of the training focused on teaching staff to use engagement strategies and techniques, such as motivational interviewing. These sessions were led by staff from the VR Development Group, and independent contractor of the VR agency that specializes in VR best practices. The third day of the training was led by staff from ICI and provided the basics regarding the SGA Project innovations, research design, and demonstration procedures. SGA Project enrollment began immediately after these trainings.

The approach to providing enhanced service site staff with TA and support was also a collaborative effort between ICI and the VR agency. ICI assigned three team members with significant past experience in VR agency leadership to work closely with members of Minnesota's leadership team. As noted earlier, the VR agency simultaneously implemented several other initiatives, including IPS, the Next Generation Placement Methodology, and WIOA-inspired changes. The leadership team wanted to ensure that ICI's TA efforts did not conflict with, take away from, or overlap with existing efforts. Instead, the teams worked to ensure that the SGA Project-related TA would complement and build upon other TA and training efforts.

As a result, enhanced service site staff received TA and support from ICI as well as from other organizations contracted by the VR agency. The level and frequency of TA that was provided varied based on staff role and, to a lesser extent, office location. The following is a summary of the TA made available to each SGA Project field staff group:

- **Financial specialists.** The training and TA targeted to these staff were provided collaboratively by staff from the Disability Linkage Line, ICI, and Griffin-Hammis Associates, a contractor of the VR agency that specializes in providing TA related to employment and disability initiatives. The financial specialists met with the TA team every other week by phone and once a month in person. These sessions were devoted to learning about various benefits and service systems; exploring tools, resources, and other means for accessing important financial information; and sharing best practices for presenting complex financial information to clients and agency staff.
- **Job placement specialists.** Beyond the initial rollout training, no additional curriculum or training was developed for this group. Most of these staff previously worked as CRPs and were not new to the enhanced service sites. In addition, the services they provided were being provided prior to the SGA Project. As a result, no SGA Project-specific training protocol was developed and targeted to the job placement specialists. The VR agency did, however, conduct quarterly TA meetings with these staff to ensure cross-office consistency

and to address any service delivery challenges. On occasion, ICI staff attended these meetings to discuss or address any SGA Project-specific concerns.

- **RAMs.** ICI staff visited all eight enhanced service sites within the first two months of implementation and made several additional visits during the year. These visits primarily targeted the RAMs, who were responsible for SGA Project oversight in their respective offices. Additionally, RAMs could raise SGA Project-related concerns with their regional managers, who were members of the VR agency leadership team.
- **VR counselors.** Beyond the initial training, VR counselors were not targeted with SGA Project-specific training or TA. Unlike the financial and job placement specialists, VR counselors were not working exclusively with SGA Project clients; many had no more than a small handful of such cases. In addition, the counselors were not providing new services specific to the SGA Project. They also had been the target of significant training efforts related to other initiatives. Counselors were expected to seek support from their RAM, however, and from ICI staff when those staff conducted office visits. In June 2016, ICI coordinated the first TA meeting exclusively for VR counselors.

B. Experience with TA and training

ICI staff and the VR agency leadership had different visions for the initial training program. ICI preferred to focus on providing staff with clear guidance and techniques for implementing the components of the SGA Project innovations, such as how to team, keep up with pacing, and make use of the services and information provided by the financial and job placement specialists. Members of the VR agency leadership did not want staff to be burdened with too many new protocols and, thus, wanted the training material to be compatible with other initiatives. Ensuring broad use of motivational interviewing was of particular importance to the VR agency. The state was already investing in providing counselors with motivational interviewing training and thought it important that the financial and job placement specialists, who were mostly new to VR, be equipped with the same training. In addition, the VR agency leadership did not want to be overly prescriptive to their staff. Although everyone agreed that it was important for each of the enhanced service sites to implement the SGA Project model with fidelity, the VR agency wanted to grant sites flexibility in operationalizing the SGA Project innovation components. The resulting rollout training sought to provide both a baseline level of motivational interviewing training and the basics of the SGA Project. To avoid providing VR counselors with redundant motivational interviewing material, staff from the VR Development Group—which led the training—focused heavily on covering engagement techniques that could be implemented in a team environment.

Nearly all of the enhanced service staff we interviewed felt that the rollout training did not sufficiently prepare them for implementing the SGA Project innovations. Staff perceived the training as overly focused on motivational interviewing. This view was particularly common among VR counselors, many of whom believed they were already well versed in using motivational interviewing techniques. Instead, these staff would have preferred clearer guidance on how to administer the SGA Project innovations, such as how to approach the first CTA meeting, how to work effectively as a team—which was a new concept to staff—and how to think about and approach the pacing targets. In retrospect, the VR agency leadership and staff at ICI recognized that the rollout training did not meet the needs of staff, and agreed that a training program with more hands-on and structured guidance would have been more valuable.

Staff experience with subsequent TA efforts was more varied, depending on their SGA Project role.

- **Financial specialists.** The financial specialists valued the targeted and intensive training they received, along with having access to ongoing TA. These staff felt prepared and able to help clients process complicated financial information. Several financial specialists emphasized the value of having a support network to brainstorm ideas and address challenges. For example, these staff maintained a close relationship with staff at the Disability Linkage Line, who were available to provide support and guidance. The financial specialists also viewed their TA calls as an opportunity to seek and share best practices.
- **Job placement specialists.** The job placement specialists agreed that additional training or TA beyond the rollout and quarterly check-in calls led by VR agency staff would not have been necessary, since they were not providing services that differed from the usual services that they provided. However, the working relationship between job placement specialists and VR counselors changed under the SGA Project, and several job placement specialists identified an unmet need for training on how to establish effective working partnerships.
- **VR counselors and RAMs.** Because the VR counselors played such a central role, many of them expressed frustration that they did not receive ongoing TA. In the months immediately following the rollout, many staff struggled to understand their role and responsibilities within the SGA Project team. This uncertainty led many counselors to cede their responsibilities to the financial and job placement specialists who were fully dedicated to SGA Project clients and more knowledgeable about the demonstration innovations and procedures. Staff at ICI and members of the VR agency's leadership team initially hoped that the RAMs would provide strong clinical support and guidance to the VR counselors. Many of the RAMs, however, were similarly uncertain about how to implement the SGA Project innovations. Some initially deferred to the financial and job placement specialists who were receiving more frequent SGA Project-related training and support.

Although most staff would have appreciated more up-front and prescriptive instructions, many pondered whether they would have made a difference. By the time of our site visit, staff generally believed that they had mastered implementation of the innovations and that this success was due to the flexibility they were granted to identify and develop an approach that reflected the uniqueness of their office, while meeting the requirements of the SGA Project. What was missing, according to some staff, was not technical training but rather clear expectations and operational parameters and early feedback from management. Over time, staff confidence and support for the SGA Project innovations increased as expectations became clearer and the teaming partnerships were more established.

ICI and VR agency leadership staff agreed that the initial training deficiencies did not prevent the enhanced service sites from implementing the innovations as intended. Leaders identified three ways that they would improve on their initial approach if they were to do it again. First, they would have focused more heavily on teaching staff how to function and operate as a team. Effective teaming is an essential ingredient of the SGA Project model. The lack of targeted training around this component contributed to initial implementation challenges. Second, the VR counselors should have received training and TA that matched the importance of their roles. In particular, training related to group facilitation would have been valuable, as many

staff did not have team coordination and leadership responsibilities. Finally, the RAMs would have benefited from receiving targeted training on the SGA Project model before the rollout. The RAMs were often the first—and sometimes the only—point of contact for staff with questions about implementation, yet these staff received the same level of training as the VR counselors. Better trained RAMs could have lessened the initial confusion among staff and ensured broader consistency in implementation.

All staff received the same level of SGA Project training for their roles, and staff had access to the same level of ongoing TA regardless of their office. What varied, to some extent, was how frequently staff took advantage of the available TA opportunities. As noted, financial and job placement specialists had regularly scheduled TA calls. VR counselors, however, needed to seek out assistance and support, primarily through their office RAM. The extent to which this occurred varied. As noted, many of the RAMs struggled to understand the SGA Project model themselves, particularly during the early months of implementation. Staff also had the opportunity to seek assistance from ICI staff during their office visits. Over the first nine months of implementation, ICI staff made two to three visits to each of the enhanced service sites. VR counselors were not required to participate in these visits, and few did. According to several RAMs, counselors felt uncomfortable bringing their concerns to these meetings because they did not want to offend their colleagues; many of the counselors' concerns involved the role of the financial and job placement specialists who were in attendance at these TA visits.

V. IMPLEMENTATION AND FIDELITY TO THE SERVICE MODEL

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

- Discuss enhanced service sites' fidelity to the SGA Project service innovations, and contrast the experiences of clients at the enhanced service sites to those receiving services at the usual service sites
- Identify major challenges enhanced service sites' experienced in implementing the SGA Project innovations, and any spillover or unintended consequences that transpired
- Discuss staff perceptions of SGA Project innovations they delivered at the enhanced service sites.

A. Fidelity to the service innovations and service contrast

1. Fidelity to the SGA Project service innovations

We analyzed data provided by Minnesota's VR agency to assess SGA Project implementation and fidelity to the service innovations by analyzing key fidelity benchmarks at the enhanced service sites and comparing selected service delivery outcomes at the enhanced and usual services sites. These statistics cover the first 180 days after VR application. Some clients obtained these benchmarks after this period; thus, these statistics represent a lower bound for implementation and fidelity.

Fidelity to aspects of the SGA Project innovations that were observable in state administrative data varied across the offices that delivered the enhanced services (Table V.1). The SGA Project innovations were intended to move members of the enhanced services group from application to eligibility within two days. Across the enhanced services sites, 45 percent of clients were determined eligible within two days of application, varying from 25 percent to 73 percent across the sites. The median number of days between application and eligibility for those who were eligible within 180 days of application ranged from one day to five days and averaged three days overall; the median at three of the eight enhanced service sites was equal to or less than the program goal of two days.

Most enhanced service group members did not have an IPE developed within 30 days of application, the stated goal of the intervention. Across offices, 79 percent of enhanced service group members had an IPE developed, but only 37 percent had one developed within 30 days of application (a statistic that includes individuals who did not receive an IPE). The percentage receiving an IPE within 30 days varied substantially by office, from 20 percent to 55 percent. The median number of days between application and IPE among those who received an IPE within 180 days of application also varied substantially, from 20 days to 40 days, and averaged 31 days among all enhanced services offices. As with the days-to-eligibility measure, three of the eight enhanced services offices had median days to IPE that were equal to or less than the goal of 30 days.

Although a minority of enhanced services group members received a benefits analysis, among those who did, the analysis often occurred within the stated goal of eight weeks after application. Across offices, 14 percent of enhanced services group members received a benefits

analysis. The rate of completed benefits analyses varied across offices from 3 percent to 27 percent. Overall, 11 percent of enhanced services group members received a benefits analysis within eight weeks of application. Among those who received a benefits analysis within 180 days of application, the median days to receiving the benefits analysis was 36 days. In all offices, the median number of days to benefits analyses among those who received them was within the eight-week period.

A majority (57 percent) of enhanced services group members received an initial CTA meeting, although only 21 percent received an initial CTA meeting within the goal of 7 days of application. For those who received the initial CTA meeting within 180 days of application, the median number of days between application and the meeting ranged from 7 to 18 business days across offices and averaged 11 business days overall. Only one of the eight offices had a median business day count that was within the goal of 7 days.

Although the enhanced services sites generally did not achieve SGA Project milestones as quickly as intended, their clients experienced better eligibility and IPE outcomes compared with members of the usual services group. Table V.2 presents eligibility and IPE milestones for both the enhanced and usual services groups. Except for the percentage eligible outcome, all eligibility and IPE outcomes were different (by a statistically significant amount) between the enhanced and usual services groups. Furthermore, all statistically significant differences in outcomes were in the direction intended by the SGA Project, with the enhanced services group members achieving milestones more quickly than usual services group members. The enhanced services group was 21 percentage points more likely to become eligible for services within 2 days of application. The median days between application and eligibility for those eligible within 180 days of application was 4 days shorter for the enhanced service group compared with the usual services group median. Enhanced services group members were 11 percentage points more likely to have an IPE, as well as 11 percentage points more likely to have it within 30 days of application. Among those with an IPE within 180 days of application, the median days from application to IPE was 11 days shorter for the enhanced services group compared with those receiving usual services.

Table V.1. Fidelity to enhanced services model within the first 180 days of application by enhanced services sites

Measure	Enhanced services offices								
	Anoka	Burnsville	Crookston	Duluth	Mankato	Marshall	N. Minneapolis	Woodbury	All
Number of participants	52	30	44	35	76	33	34	34	338
Increased pace of service									
Percentage of individuals determined eligible ^a	98.1	100.0	100.0	94.3	96.1	93.9	100.0	100.0	97.6
Percentage of individuals determined eligible within 2 days of application	44.2	36.7	72.7	34.3	25.0	42.4	67.7	55.9	45.3
Median number of days between application and eligibility (for those who were eligible)	3.0	3.0	1.0	3.0	5.0	3.0	2.0	2.0	3.0
Percentage of individuals with IPE	65.4	86.7	84.1	65.7	80.3	81.8	88.2	82.4	78.7
Percentage of individuals with IPE within 30 days of application	26.9	43.3	54.6	20.0	34.2	45.5	29.4	47.1	37.0
Median number of days between application and IPE (for those with IPE)	38.0	30.5	19.5	39.0	33.5	29.0	40.0	25.5	31.0
Financial and benefits planning									
Percentage of individuals with benefits analysis	19.2	26.7	11.4	17.1	9.2	12.1	2.9	17.7	13.9
Percentage of individuals with benefits analysis within 8 weeks of application (among those with completed analyses)	13.5	26.7	9.1	14.3	4.0	6.1	2.9	17.7	10.7
Median number of days between application and benefits analysis (for those with benefits analysis)	37.0	22.0	35.0	28.0	55.0	55.0	44.0	35.5	36.0
Team approach									
Percentage of individuals with a CTA meeting	61.5	83.3	40.9	54.3	32.9	72.7	70.6	79.4	57.4
Percentage of individuals with first CTA meeting within 7 days of application	25.0	26.7	13.6	25.7	5.3	15.2	38.2	38.2	21.0
Median number of days between application and first CTA meeting (for those with a CTA meeting)	10.0	10.0	13.0	9.5	17.5	14.0	7.0	8.0	11.0

Note: This table contains data on Minnesota VR applicants who (1) applied for services between August 1, 2015, and January 31, 2016; (2) were receiving SSDI-only benefits at application; and (3) were under age 65. For number of days between application and eligibility, the number of days is business days. All other measurements in days are calendar days. Eleven cases had their first CTA meeting before their eligibility date and one had a benefits analysis before his or her eligibility date; these cases were dropped from CTA meeting and benefits analysis calculations respectively. All statistics calculated within 180 days of application. Unless noted otherwise, each statistic was computed using all enhanced service group members.

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

Table V.2. Comparisons of service pacing within the first 180 days of application between enhanced and usual service sites

Measure	Enhanced services (E)	Usual services (U)	Difference (E-U)
Number of participants	329	316	
Percentage of individuals who were eligible	97.6	98.8	-1.2
Percentage of individuals determined eligible within 2 days of application	45.3	24.4	20.9***
Median number of days between application and eligibility (for those who were eligible)	3.0	7.0	-4.0**
Percentage of individuals with an IPE	78.7	67.9	10.8**
Percentage of individuals with an IPE within 30 days of application	37.0	26.2	10.8*
Median number of days between application and IPE development (for those with an IPE)	31.0	42.0	-11.0*

Note: This table contains data on Minnesota VR applicants who (1) applied for services between August 1, 2015, and January 31, 2016; (2) were receiving SSDI-only benefits at application; and (3) were under age 65. For the number of days between application and eligibility, the days are business days. All other time measurements represent calendar days. All statistics calculated within 180 days of application.

*Significantly different from zero at the .10 level.

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

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

2. Differences between enhanced and usual services

As described in Chapter III, Minnesota's SGA Project demonstration incorporated four innovations that differed somewhat from the VR agency's usual practices. Below, we summarize how each innovation differed from usual services, and elaborate on field staff's experiences with the innovations.

a. Enhanced service sites adopted faster pacing

As illustrated by the findings in Table V.2, the enhanced service sites adopted a faster pace related to eligibility determination, IPE development, and client engagement, compared with the usual service sites; however, staff did not always meet the specific targets established for the SGA Project. Staff experiences related to pacing targets include the following:

- Eligibility determination.** According to usual service site staff, the process for identifying and verifying SSDI clients can take weeks as counselors wait for benefits information from various sources. As part of the SGA Project innovations, staff at the enhanced service sites presumed client eligibility more quickly, often within two days of application, using information reported by the client and obtaining confirmation from the SSA AWIC assigned to Minnesota. To enable this, staff had direct access to the SSA AWIC, who verified SSDI benefits information. Enhanced service site staff emphasized this as critical for making a quick eligibility determination. Furthermore, staff no longer waited for all of the relevant client records and files, such as medical records, to be received before moving an application forward. Through the SGA Project demonstration, enhanced service site staff were encouraged to move with presumptive eligibility at their own discretion.

- **IPE development.** Under enhanced services, the nature of the IPE document and the timeline for its development changed. As noted previously, the time frame for IPE completion under usual services was reduced to 90 days following the implementation of WIOA in July 2014. Under enhanced services, cases were expected to move from application to IPE development within 30 days. Although the preliminary data indicate that only 37 percent of IPEs were completed within the 30-day time frame, staff generally thought they could meet this accelerated timeline by changing how they viewed and approached the IPE. Staff were encouraged to view the IPE as a living document that could be modified and amended as needed. Staff in the usual service sites acknowledged the broader evolution of the IPE, but were still abiding by the pacing targets established under WIOA.
- **Client engagement.** Under the SGA Project model, a member of the enhanced services team was required to interact with the client on a weekly basis. This level of interaction aimed to improve the ability of enhanced service staff to implement the faster pace of services. In comparison, usual service staff reported that the expectations for client engagement varied based on client need. Usual services staff indicated that client interactions tended to be more frequent early in the VR process, but generally believed that interactions occurred on a monthly basis. Enhanced service staff generally believed that weekly contacts were maintained. We were unable to observe the frequency of meetings in the data received from Minnesota to date.

b. Enhanced service site staff received increased financial and benefits planning support

Each enhanced service site had a designated financial specialist who helped identify and address financial barriers to employment, and counseled clients on how earnings would affect their benefits. Both enhanced and usual service site staff reported that accessing benefits and financial information was extremely challenging under the agency's usual practice. With the addition of the financial specialists, enhanced services staff had timely access to crucial financial and benefits-related information that was deemed valuable for job counseling and placement. For instance, staff could easily obtain information about how a client's benefits might be affected by working full versus part time.

As noted previously, counselors at all sites had access to the DB101, which was considered a valuable resource for basic disability benefits information but less useful for complex cases. For some clients, a full benefits summary and analysis was necessary for making employment decisions. Usual service sites relied on Goodwill-Easter Seals, the state WIC, for the full benefits summary and analysis. This report was delivered to the client and counselor in person by a Goodwill representative.

Although staff in the usual service sites found the information in the benefits summary and analysis to be extremely valuable, they described several challenges to obtaining this information:

- Ordering a benefits summary and analysis was expensive; each cost the agency about \$850 to obtain.

- It took two to three months on average to receive the information. This delay was due to limited capacity by Goodwill staff; there were believed to be only six or seven representatives statewide. Furthermore, all of these representatives were based in the Minneapolis-St. Paul metro area. For VR offices located outside of the metro area, delivery of these reports took longer, because representatives waited until they had several to deliver before making the journey. Because of the delays, by the time the benefits summary and analysis was received, in some cases the information was no longer relevant due to a change in client circumstances. The delay in providing this information also had serious implications for maintaining client momentum.
- Meetings with the Goodwill staff who delivered the benefits summary and analysis were long, and involved reviewing a great deal of complicated information. This experience could be overwhelming for some clients. Although Goodwill representatives were available by phone for follow-up, they were sometimes inaccessible due to their busy schedules. In addition, many clients felt uncomfortable reaching out to Goodwill and would bring their follow-up questions to the VR counselor instead.

For these reasons, some usual services site counselors preferred to rely on DB101 to the extent possible, and requested the full benefits analysis infrequently and only for clients with particularly complicated circumstances. Staff noted that they valued the information in these reports and would likely request them more frequently if not for these challenges.

In comparison, enhanced service site staff reported that for many cases, access to the financial specialist averted the need to conduct a full benefits summary and analysis. The financial specialist was usually able to provide sufficiently detailed information about the client's benefits and to answer all questions. In cases where the full benefits summary and analysis was deemed necessary, there was less of a delay because the financial specialists were immediately available to develop one. In addition, the financial specialists had the advantage of being able to present financial information to enhanced service site clients gradually over the course of several meetings. The specialists also had adequate time to build rapport with clients so that they felt comfortable reaching out to them directly with follow-up concerns.

c. The job placement specialist was involved earlier and was more consistently engaged in the VR process

Unlike the financial specialist, the job placement specialist role was familiar to both usual and enhanced service site staff. However, under usual services, involvement of the job placement specialist was at the discretion of the counselor, and these services were not deemed necessary for every client. Furthermore, the job placement specialist was generally consulted only after developing the IPE, when clients had a marketable job goal. Under enhanced services, clients met with job placement specialists early in the VR process. The job placement specialist contributed significantly to IPE development, enabling the team to address placement and job development issues earlier than under the usual practice.

Both enhanced and usual service site clients received a choice of job placement provider, including internal job placement specialists (if available at the specific office) and external CRP options. Enhanced service site staff reported that nearly all SGA Project clients chose to work with the in-house SGA Project job placement specialist. Although some of these specialists were

contracted from an outside organization, they were considered part of the SGA Project team and were generally based at the VR office. As a result, these placement specialists worked closely with the VR counselors and financial specialists throughout the service delivery process. In comparison, usual service site staff reported that once the CRP was introduced, there was generally a handoff and the VR counselor became less involved. In these cases, the level of communication and collaboration between the CRP and the VR counselor typically did not reach the levels found among the enhanced service site teams.

d. Enhanced service site staff adopted a teaming approach to serving clients

The coordinated team approach used by enhanced service staff was a significant departure from usual practice. The VR counselor, job placement specialist, and financial specialist worked together to deliver services. The team structure expanded the role of the VR counselor to include new coordination responsibilities. Enhanced service site counselors were the client's main point of contact and the team lead responsible for coordinating with job placement and financial specialists. In contrast, VR counselors in usual service sites had the primary responsibility for ensuring clients received all services. Though counselors at usual services sites coordinated at some level with other service providers, such as CRPs, these interactions generally occurred at the counselors' discretion.

The team approach allowed counselors at enhanced service sites to focus more squarely on counseling issues, such as addressing the underlying factors that impeded clients from obtaining and keeping a job, transportation issues, training needs, assistive technology support, and housing. In comparison, counselors in usual service sites often juggled issues associated with job placement and financial benefits along with traditional counseling activities.

B. Implementation

In this section, we describe the challenges that enhanced service sites encountered in implementing the SGA Project Demonstration and discuss some unintended consequences and spillover effects associated with implementation.

1. Implementation challenges

In general, enhanced service site staff believed that with time and experience they were ultimately able to successfully implement the SGA Project innovations. However, staff initially encountered several implementation challenges, some of which we have noted previously:

- Staff reported receiving insufficient rollout training and TA
- Many staff members, particularly counselors, struggled to adopt the coordinated team approach
- Many counselors struggled to properly incorporate the job placement specialist role
- The teams reported early challenges meeting and adapting to the pacing targets
- Many staff thought that the SGA Project innovations did not meet the needs of all clients and found it necessary to adapt the model in some cases
- Sites located primarily in rural areas experienced notable environmental barriers

We discuss each of these challenges in detail below. Despite the challenges staff experienced, all informants interviewed believed that the eight enhanced service sites eventually adopted an effective process for delivering the SGA Project innovations. Staff at each site described developing a greater understanding of the innovations over time and said they were able to determine how best to implement them in their unique settings.

a. Unmet training and TA needs

ICI staff and members of the VR agency leadership team struggled to find the right balance between being prescriptive and providing sites with flexibility in how they implemented the SGA Project innovations. As noted in Chapter IV, the rollout training provided high-level guidelines for each position and innovation, while allowing latitude for how the SGA Project innovations would be operationalized at each site. VR counselors who needed more prescriptive support were expected to receive that from their office RAM. However, RAMs received the same level of SGA Project-specific training as VR counselors, and several RAMs indicated they were not given appropriate tools and training to deal with the issues that emerged during early implementation. Many VR counselors reported that RAMs were not initially able to adequately answer questions that staff had about the innovations or demonstration procedures.

As noted, RAMs and staff at the enhanced service sites reported that they would have preferred more prescriptive guidance, training, and support early in the implementation process. Staff primarily struggled with the lack of a framework for how they should do things differently from the usual practice. For example, many counselors thought it would have been helpful to have an example of what the first CTA meeting should accomplish and how the various team members should be incorporated into the existing service delivery approach. Staff believed that this additional guidance would have helped address early uncertainties and ease anxieties about the changing service structure.

ICI and VR agency leadership noted that differences in office management across the enhanced service sites may have affected implementation success as well. More specifically, leaders observed that counselors with more supportive, engaged, and enthusiastic RAMs appeared to struggle less because they had someone in the office actively helping them adopt the innovations. Conversely, sites where RAMs seemed less engaged appeared to have more counselors that did not fully understand or embrace the SGA Project innovations.

b. Adopting the team approach

Many enhanced service staff, particularly VR counselors, struggled to adopt the coordinated team approach. Staff reported being unclear about their respective roles and responsibilities at the beginning of the demonstration. Because of this uncertainty, some counselors defaulted team leadership to the financial specialist or job placement specialist. According to several counselors, because the specialists were targeted with SGA Project-specific training and TA, these staff seemed more informed about the project and the service delivery innovations. Role uncertainty affected counselors' ability to successfully adopt the team approach.

Even with role clarification, some counselors struggled to adopt the new leadership and coordination responsibilities assigned to their role. ICI staff, some RAMs, and members of the VR agency leadership team observed that these responsibilities could be challenging for

counselors who did not have team management and leadership training or experience. RAMs also noted that the counselor's personality was a critical factor affecting the ability to successfully team with the specialists and to adjust to their enhanced role. For example, some counselors were self-conscious of their abilities and not accustomed to displaying their counseling skills in front of peers. As a result, these counselors may have taken a passive role on the team. According to RAMs, when counselors were unable or unwilling to adapt to their expanded demonstration role, the financial and placement specialists essentially became a two-person team that provided the counselor with occasional updates.

These issues were further exacerbated by the fact that many counselors were used to working autonomously. RAMs reported that some counselors were resentful of what they perceived to be an outsider taking over their job, and did not initially see the benefits of involving these individuals as part of the team. Specifically, some counselors thought they were no longer doing counseling and that this responsibility was being taken by (not ceded to) the placement and financial specialists. Many counselors also thought they had been providing financial and job placement information prior to the SGA Project demonstration and preferred having control over when to involve the CWIC or CRP. Some also were uncomfortable with the idea of sharing case decisions with financial and job placement specialists who lacked a counseling background. Many counselors described feeling out of touch and becoming disengaged during the first CTAs when the specialists were discussing placement and financial matters with clients, which otherwise would have been their responsibility.

The nature of the staffing structure also affected the success of teaming. Financial specialists and job placement specialists worked exclusively with SGA Project clients, whereas counselors worked with both SGA Project and non-SGA Project clients. As a result, financial and job placement specialists each worked with as many as eight or nine counselors. Consequently, the specialists collaborated and communicated more regularly with each other than with any given counselor. Counselors with few SGA Project cases may have felt less invested.

Many RAMs thought that teaming was challenged if the financial and placement specialists were employed by an outside agency. For instance, staff employed by other organizations did not have access to Workforce One, the database staff used to track services provided to clients. Similarly, staff employed by other organizations were not always able to share calendars with VR staff. This added to coordination challenges. RAMs would have preferred having direct supervision responsibilities for all members of the SGA Project team instead of needing to consult with the management of another organization.

c. Incorporating the job placement specialist

The introduction of a more active job placement specialist was a challenge for many VR counselors. Even after nine months of implementation, there were several enhanced service site counselors who remained unconvinced of the value of having a job placement specialist involved from the beginning of the VR service delivery process. These counselors preferred the old model of introducing placement at their discretion, especially for clients who were not perceived to be immediately ready for employment. An example given was the case of a repeat client who entered VR with the hope of obtaining employment, yet had a history of not being able to keep a job. In this case, the counselor would have preferred to first focus on identifying the underlying issues preventing long-term success before discussing employment options. Another example

was the client who needed to address medical issues, such as having surgery, before seeking employment. In situations such as these, many counselors did not see a reason for the job placement specialist to be involved or in some cases found their involvement a distraction.

In contrast, job placement specialists valued their early involvement because it allowed them to learn more about the client and to establish a relationship that made the eventual placement process more effective and efficient. Some VR counselors also appreciated the early involvement of placement specialists because they could provide clients with options about which the counselor was unaware, and helped ensure that clients established realistic job goals from the beginning of the service delivery process.

d. Meeting pacing targets

Staff found it a challenge to embrace and adapt to the faster pacing, and it was initially a persistent source of stress. Many staff members, particularly those who did not have experience working with IPS clients or who had more time vested in the traditional VR model, worried that the pacing targets were too aggressive. Staff were concerned that the faster pacing could challenge their ability to develop rapport with clients, by limiting the time needed for learning about the client's needs. A few staff thought that some clients were overwhelmed during the intake meeting when the counselor was introducing services, requesting multiple release documents, and asking sensitive questions. At that point, the client and counselor had not yet developed a relationship, and many clients were still deciding if they even wanted to proceed with services.

e. Addressing unique client needs

Many staff thought that the SGA Project innovations did not meet the needs of all clients. As with usual practice, many team members believed it was important to adapt their approach in response to specific client needs. For example, most staff maintained that there were clients who could not be rushed and did not benefit from the accelerated SGA Project pacing. Clients with chronic pain, for instance, might prefer a slower approach, working with a counselor to determine if they could truly handle the demands of active work. For these cases, staff adapted the pacing to fit the client's needs, while endeavoring to keep as close to the SGA Project targets as possible. Similarly, staff at a site that worked with many clients experiencing homelessness noted that the SGA Project agenda and pacing often had to take a back seat while staff focused on helping these clients meet more basic needs.

Staff reported that a few clients did not respond well to the coordinated team approach. Clients with anxiety or concentration issues, for example, could be easily overwhelmed by the idea of working with a team rather than an individual. This was most frequently an issue in the context of the initial CTA and other meetings where the client and the members of their SGA Project team were expected to meet together face to face. To address this issue, individual team members could meet separately with the client or hold meetings by phone. For all clients, staff tried to make the initial CTA more of an introductory meeting; substantive issues were covered in subsequent one-on-one meetings with members of the team. VR staff reported that this was very important in increasing client comfort with the demonstration approach.

Enhanced services staff noted that SGA Project innovations were difficult to implement with certain populations, particularly with individuals who were deaf or hard of hearing. Pacing and engagement was challenging for this population because of communication barriers and the need to involve interpreter services. In addition, the financial counseling involved complicated information that could be hard to understand in spoken English; it was sometimes difficult to find sign language interpreters able to understand the content well enough to translate it accurately. Staff reported that meetings with deaf and hard-of-hearing clients often took much longer and were more difficult to coordinate and schedule because of the large number of parties involved. Staff also noted that a slow and steady pace could be beneficial for clients with certain mental disorders, like schizophrenia or bipolar disorder. Rushing into services too fast when the client was not medically or psychiatrically stable could set the client up for failure.

f. Environmental barriers

Enhanced service sites serving large geographic and rural areas experienced unique challenges implementing the SGA Project innovations due to their environmental context. These environmental challenges slowed pacing, impeded effective teaming, and prevented the effective use of a single job placement specialist. Sites in these areas typically had staff spread out in various satellite offices or working from home; their staff encountered coordination and communication challenges associated with working in multiple locations. For instance, when the financial specialist, placement specialist, and counselors were based in different locations, they found relationship building and the ability to establish effective working partnerships challenging. To address this issue, staff adopted a schedule of more frequent phone meetings supplemented with in-person meetings whenever remote staff visited the office.

Furthermore, in sites that covered large territories, staff often met clients primarily in the field rather than having them come into the office. Staff in these sites described driving more than two hours each way for appointments. As a result, some of the sites found it necessary to modify the pacing approach to account for their environmental setting. For example, holding the initial CTA meeting within one week of the referral was not always possible due to the difficulties of scheduling a time when the client and all three team members could be in the same location. For logistical purposes, it was often more practical to cluster some client meetings together regardless of the pacing schedule, rather than travel long distances for an individual meeting. One site reported occasionally using videoconferencing or phone conferencing technology in order to meet the SGA Project pacing targets, although in-person interactions were preferable if they could be arranged in a timely manner.

Staff in sites serving large geographic areas also found it challenging and impractical for a single SGA Project-dedicated placement specialist to become an expert in the labor market details and employment opportunities for so many different counties and communities. At these sites, many counselors preferred the approach used prior to the SGA Project demonstration, where they relied on a network of CRPs located throughout their territory. In fact, one enhanced service site serving a dozen primarily rural counties used the SGA Project placement specialist only for the first month of the demonstration, to be in accordance with protocol. After that, the placement specialist worked only with those SGA Project clients located in two nearby counties; all other SGA Project clients began working with CRPs with closer ties to their respective communities.

2. Spillover and unintended consequences

Spillover occurs when the reach of a program extends beyond its target population. Spillover in sites not selected to implement the innovations being tested can make it challenging to accurately measure their impact, and has implications for how results should be interpreted. Spillover in Minnesota's SGA Project demonstration occurred to some extent at usual service sites and within the enhanced service sites with respect to services provided to non-SGA Project clients. In addition, the demonstration might have caused some unintended consequences, such as reduced quality of service provided to non-SGA Project clients and less of a need for requesting full benefits summary and analysis reports in enhanced service sites.

a. Spillover to usual service sites

Some staff at the usual service sites claimed to have adopted elements of the SGA Project innovations that they thought would be beneficial to their clients. RAMs and staff in all of the usual service sites were aware of the SGA Project demonstration and its innovations. This awareness, paired with disappointment in not being randomly selected as an enhanced service site, led some usual service staff to attempt to implement some SGA Project components to a limited extent. For example, staff at some of these sites mentioned implementing a faster pace of service and developing stronger teaming with CRPs, to the extent they could with their available resources. Staff believed that these practices were linked to improved outcomes. There was also an expectation that future statewide guidelines would emphasize faster pacing and teaming, which further motivated RAMs to promote these approaches among their staff.

b. Spillover within enhanced service sites to non-SGA Project clients

At the enhanced service sites, some counselors attempted to apply the SGA Project innovations to non-SGA Project clients, particularly the faster pacing. In part, staff provided these services when they perceived value in the innovations; in addition, several counselors noted that it was easier for them to take the same approach with all clients rather than provide innovations only to a subset of clients. Staff acknowledged that the IPS program's presence was also a motivating factor.

To some extent, the availability of the financial specialist also benefited non-SGA Project clients. Most of the enhanced service sites reported using their financial specialist as a resource; when available, these staff helped counselors address financial issues related to non-SGA Project clients. There were some cases where having the financial specialist as an internal resource for benefits questions and troubleshooting on a non-SGA Project client's case helped address issues that otherwise would have resulted in a request for the full benefits summary and analysis.

c. Unintended consequences

One unintended consequence of the SGA Project might have been a lower level of services provided to non-SGA Project clients, particularly during the early stages of implementation. The SGA Project brought many rapid and significant changes to usual practice at enhanced service sites. Some counselors reported that they were not always able to adequately keep up with their non-SGA Project cases while maintaining the pacing and other requirements for SGA Project clients. As a result, some counselors prioritized SGA Project clients over those who were not part of the SGA Project. The extent to which this occurred however, is unknown.

Enhanced service site staff indicated that as a result of having the financial specialist, fewer full benefits summary and analysis were requested, saving the client time and saving the agency money. In many enhanced service sites, the financial specialist was able to address the benefits-related issues that emerged for clients without requesting a formal benefits summary and analysis.

C. Staff views of the innovation components

For many VR counselors, the SGA Project was a transformative experience, changing the way they viewed VR services. Compared to the usual service model, SGA Project counselors reported feeling more confident that the information they were providing clients was accurate and valuable. Counselors felt more equipped to help clients make decisions about employment. Although staff had a positive perception of the SGA Project innovations overall, opinions varied when discussing the innovations individually.

1. Increased pacing of services

Although staff encountered challenges in adopting the pacing targets, they generally supported the concept of faster pacing. The majority of counselors agreed that, over the implementation period, the faster pacing proved to be less burdensome than initially feared. Direct access to the SSA AWIC resulted in immediate access to the benefits planning query, which was regarded as a game changer by most counselors because it allowed for a faster pace.

Most staff thought the 30-day timeline for the IPE was a reasonable goal. Staff noted that the shift to thinking of the IPE as a living document was particularly helpful. Many counselors who had initial challenges with the IPE timeline also indicated that, with time, they became more efficient at developing these documents. More importantly, staff believed that the increased pacing was beneficial to most clients because it allowed them to build momentum. The RAMs regarded the pacing targets as a motivator for both the client and the counselor, and most agreed that staff were able to adapt to the accelerated schedule.

2. Financial and benefits planning

Staff overwhelmingly expressed strong support for the services provided by the financial specialist. The perceived impact on client services was more significant than the VR leadership and workforce staff anticipated. According to many counselors, the financial specialists provided them with new information, allowing them to provide clients with more precise guidance. Compared to usual services, SGA Project clients received critical financial information early in the VR process. According to counselors, the information provided by the financial specialists reduced client anxiety about going back to work and allowed for options that otherwise might not have seemed open to them.

Staff also identified two advantages to having the financial specialist available to conduct and present the full benefits summary and analysis. First, the financial specialists were able to complete the benefits summary and analysis more quickly than under the usual service environment with the WIC. Under usual services, the delayed completion of the benefits summary and analysis prevented some clients from taking advantage of momentum and seeking employment. Second, the financial specialists were more readily accessible to clients needing follow-up consultations. The benefits summary and analysis contains a significant amount of

complicated information, and because the financial specialists were based in the enhanced service sites, they were able to deliver this information to clients over several meetings, as necessary, and respond easily to follow-up questions. In the usual service sites, clients had to wait for the WIC representative to travel to the office for a one time consultation. Although WIC staff were generally available by phone for follow-up discussions, staff believed that SGA Project clients were more engaged and informed because of the immediate accessibility and availability of the financial specialists.

3. Job placement services

As noted, staff perceptions of the early involvement of placement specialists was more mixed, relative to the other innovation components. Many counselors questioned the value of having placement specialists involved with clients who were not ready for active placement. Placement specialists—most of whom were active CRPs prior to the demonstration—preferred the SGA Project approach because they were able to establish a relationship with the client early in the service process.

4. Team approach

All staff types were supportive of the team approach, despite its implementation challenges. The team approach introduced another paradigm shift in the VR service model. Many counselors admitted that they were initially uncomfortable with the perceived loss of control over their cases; however, most came to appreciate the approach because they valued being able to consult and brainstorm with others. Many counselors believed that the team approach improved their ability to provide effective counseling to clients. For example, counselors felt more educated as a result of working with the financial specialist. All of the RAMs we spoke with preferred the team approach, but agreed that it was not embraced equally by all counselors. In nearly all cases however, RAMs and staff reported that the teams became more cohesive over time. Counselors came to better understand their role and embraced their SGA Project responsibilities. In turn, the specialists became more accustomed to working closely with counselors and learned how to adapt differently to each counselor's style, approach, and strengths. In some offices, the financial and placement specialists developed a separate collaborative partnership. This was due, in part, to these staff having a dedicated caseload of SGA clients. Staff believed that this working partnership produced more targeted and precise information for clients. For example, the placement specialist would often consult with the financial specialist about the effect of a potential job opportunity on a client's benefits. ICI staff and VR agency leadership noted that sites regarded as having an effective teaming model had operational similarities. RAMs in these offices were advocates that emphasized strong and frequent communication between all team members and required regular team meetings. Several of these offices adopted use of the huddle, where the three-member team came together to discuss and strategize about a case. Other offices that embraced the team approach had more formal SGA Project team meetings where staff discussed each SGA client and provided a report on their cases. Effective teaming was a product of strong communication.

VI. IMPACTS ON SERVICES AND EMPLOYMENT

In general, all staff interviewed believed that the SGA Project innovations led to better outcomes for clients, compared with usual services. Specifically, staff thought that the innovations improved client knowledge and clarity regarding employment options and impact on benefits. Most clients were open to the faster pacing, especially those genuinely eager for employment. Staff also reported that the pacing can be a particular advantage in areas where job opportunities are limited; speed is paramount when an employment opportunity presents itself. Clients also appreciated having the specialized support from multiple team members. Staff noted that the SGA Project approach frequently resulted in a more engaging and efficient process for the client; counselors said that many of their returning clients preferred the new approach to traditional VR practice. In turn, staff believed the innovations reduced client anxiety and stress, allowing clients to make more confident and informed choices about employment. Although staff did not know whether any SGA Project clients had ultimately worked enough to leave benefits during the study period, they generally believed that clients were increasingly open to doing so.

To complement the qualitative views of staff regarding the effectiveness of the SGA Project innovations, we used quantitative data to assess the SGA Project demonstration's impact on service receipt and employment outcomes during the first 90 and 180 days after application. Because offices were randomly assigned to the enhanced and usual services, any statistically significant differences in outcomes can be attributed to the SGA Project innovations. We present the findings of the quantitative impact analysis in this chapter. Note that the findings represent very preliminary and early estimates of the impacts of the SGA Project. The data do not include all SGA Project enrollees and only consider outcomes during the first six months of services. In a future evaluation report, we will present findings that represent the full sample of SGA Project enrollees and consider impacts over a longer time period.

A. Impact on services at six months after application

We found two significant differences between the service receipt experiences of the enhanced and usual service group members as of six months after application (Table VI.1). Relative to usual services group members, enhanced services group members were approximately:

- one percentage point more likely after 90 days, and 2 percentage points more likely after 180 days, to receive college or university training, and
- 11 and 14 percentage points less likely to receive 'other' services, that is, services other than the specific services listed in Table VI.1, by 90 and 180 days after application, respectively.

It is difficult to relate these differences to any specific hypotheses about the impacts of the SGA Project innovations, however, as noted, the analysis was limited to service use outcomes at three and six months after application, and for only the early demonstration enrollees. These limitations prevent the analysis from providing a useful assessment of the extent to which the SGA Project innovations affect the types of services received by SSDI-only VR clients.

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

Variable	Within 90 days of application			Within 180 days of application		
	Enhanced services (E)	Usual services (U)	Difference (E-U)	Enhanced services (E)	Usual services (U)	Difference (E-U)
Number of cases	338	336	2	338	336	2
Received services (percent)	94.5	92.6	1.9	94.6	92.9	1.7
Purchased services authorized (percent among those who received any services)						
Assessment	66.9	67.3	-0.4	69.2	70.2	-1.0
Transportation and maintenance services	20.1	14.9	5.2*	27.8	21.7	6.1
Job-related services	19.5	25.6	-6.1	24.3	33.6	-9.3
Training	4.1	2.1	2.0	7.4	5.4	2.0
Occupational or vocational training	1.5	0.9	0.6	1.8	1.5	0.3
College or university training	1.2	0.0	1.2***	1.8	0.0	1.8***
Diagnosis and treatment	0.3	0.3	0.0	0.2	0.2	0.0
Other services	14.8	25.9	-11.1**	21.6	35.7	-14.1***

Note: This table contains data on Minnesota VR applicants who (1) applied for services between August 1, 2015, and January 31, 2016; (2) were receiving SSDI-only benefits at application; and (3) were under age 65. "Within 90 days of application" is restricted to individuals who received services within 90 days of application, and "Within 180 days of application" is restricted to individuals who received services within 180 days of application. Services include purchased services as well as receipt of an IPE.

*Significantly different from zero at the .10 level.

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

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

B. Impact on employment at six months after application

The analysis of employment outcomes is based on the sample of clients observed for at least 180 days after application. Relative to usual service group members, outcomes for enhanced services group members as of 180 days differed in some respects from those for usual services group members. Compared with the usual service sites, a larger percentage of cases served by the enhanced service sites were closed at six months (21.9 versus 16.7 percent), and a larger percentage were closed with competitive employment (4.7 percent versus 2.1 percent) (Table VI.2). The percentage of cases closed with earnings above the SGA amount was higher for the enhanced services group, but the difference was not statistically significant (1.2 percent versus 0.6 percent). As noted above, these outcomes should be interpreted with caution due to time and sample-related limitations.

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

Table VI.2. Enhanced and usual services differences in VR closure outcomes within 180 days of application

Variable	Enhanced services (E)	Usual services (U)	Difference (E – U)
Number of cases	338	336	2
Closure outcome (percent of all cases):			
Closed within 180 days	21.9	16.7	5.2*
Closed from an order of selection waiting list	0.0	0.3	-0.3 ^a
Closed without employment, after eligibility, before signing an IPE	12.4	12.5	-0.1
Closed without employment, after signing an IPE, before receiving services	0.9	0.0	0.9 ^a
Closed without employment, after receiving services	3.9	1.8	2.1
Closed with an employment outcome	4.7	2.1	2.6*
Closed with competitive employment	4.7	2.1	2.6*
Closed with earnings above non-blind SGA (\$1,130)	1.2	0.6	0.6
Reason for closure (percent of all cases)			
Achieved employment outcome	4.7	2.1	2.6*
No longer interested	10.1	8.0	2.1
Individual incarcerated	0.3	0.3	0.0
Institutionalized (not prison/jail)	0.3	0.6	-0.3
Unable to locate or contact	2.7	2.1	0.6
Transferred to another agency	0.3	0.0	0.3 ^a
All other reasons	3.6	3.6	0.0
Not closed at 180 days	78.1	83.3	-5.2*
Time from application to closure (mean, in days, for closed cases)	150	153	-3

Note: This table contains data on Minnesota VR applicants who (1) applied for services between August 1, 2015, and January 31, 2016; (2) were receiving SSDI-only benefits at application; and (3) were under age 65. All statistics calculated within 180 days of application.

*Significantly different from zero at the .10 level.

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

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VII. SUSTAINABILITY AND SYSTEMS CHANGE

The VR agency leadership believed that the SGA Project furthered its goal of innovating and improving Minnesota's VR system. The agency is considering ways to sustain the SGA Project innovations; however, at the time of our interviews, the agency leadership had not made final decisions regarding which SGA Project features would be maintained. Below is a summary of the agency's intentions at the time of our interviews.

Pacing targets. VR staff viewed increased pacing and rapid engagement as an important component of their strategy for improving VR outcomes. As mentioned, the agency had taken steps to increase the pace of services before the SGA Project demonstration. The SGA Project allowed the VR agency to experiment with a pace of service that was faster than the WIOA standard and targeted to a broader client base than IPS. Although agency leaders believed that staff at the enhanced service sites successfully demonstrated capacity for meeting the pacing targets, leadership remained hesitant to adopt and expand them to other staff or client populations. As noted, some counselors acknowledged prioritizing SGA Project clients over non-SGA clients in order to meet the demonstration's pacing targets. Counselors may not be able to apply those targets to a larger caseload. Regardless, agency leaders continue to pursue ways to encourage faster pacing. For example, agency staff have negotiated an arrangement with the SSA AWIC to continue to provide rapid access to the benefits planning query beyond the SGA Project demonstration.

Financial and benefit specialists. At the time of our interviews, VR agency leadership was considering ways to sustain the financial specialist role. Agency leadership and field staff widely believed that the services provided by financial specialists were invaluable to clients and counselors alike by enriching clients' experiences and helping clients make confident and informed employment decisions. Agency leadership and ICI hope to receive approval from RSA to use no-cost extension funding to maintain the current staff of financial specialists and to expand the availability of these services to the usual service sites. At the time of our interviews, a decision regarding this request had not yet been announced. In the long term, the VR agency leadership hopes to develop evidence that demonstrates a link between the availability of the financial specialist and improved VR client outcomes. This evidence will be necessary for securing additional state funding from the legislature for long-term sustainment.

Coordinated team approach. The VR agency leadership believed that teaming is an effective strategy for improving VR outcomes. However, they had not decided whether to maintain the teaming approach. The agency was promoting broader use of teaming through the Next Generation Placement Methodology, which requires regular communication between VR counselors and CRPs.

Job placement specialists. The job placement specialist services were not a new innovation, and will continue to be available through CRPs. The VR agency does not have plans to require early involvement of placement specialists, as was required in the demonstration.

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VIII. PROMISING PRACTICES AND LESSONS LEARNED

A. Promising practices

At the time of the site visit, Minnesota had implemented the SGA Project for approximately nine months. Over that time, staff encountered a number of implementation challenges, as described in this report. However, ICI staff, members of the VR agency leadership, and field staff all generally perceived the state's experience as a success. Their collective experience with the demonstration revealed a number of promising practices that could inform efforts by other state VR agencies to improve services to SSDI-only and other clients:

- **A mechanism for quick eligibility determination allowed staff to take advantage of client momentum.** Access to the state's SSA AWIC, who verified SSDI eligibility and provided rapid access to the benefits planning query, allowed staff to start the VR service process quickly and confidently.
- **Transforming the view of the IPE into a living document (rather than a binding contract) allowed staff to increase the pace of services more easily.** Enhanced service staff viewed the IPE as a document that could be modified and amended as needed. As a result, counselors developed the IPE at a faster pace, compared to usual services, allowing clients to access services more quickly.
- **Greater access to financial and benefit information greatly enhanced counselors' perceived effectiveness.** VR counselors in the enhanced service sites had timely access to client financial and benefits-related information that they found invaluable for providing effective job counseling and placement.
- **Effective teaming allowed VR counselors to focus on providing important counseling services and to develop more effective strategies for assisting clients.** The teaming approach also allowed the financial and placement specialists to provide clients with more targeted and precise information. Implementing the coordinated team approach was a challenge for staff; however, most VR counselors ultimately felt more confident because the placement and financial specialists were available to help brainstorm and develop client strategy. Additionally, the team approach allowed counselors to stay focused on providing good counseling, rather than on addressing financial and placement-related issues.
- **Establishing strong lines of communication among staff produced more effective teaming and a greater sense of overall success.** The enhanced service sites that leaders regarded as being high performing employed structured communication procedures (such as use of the huddle) or regularly scheduled meetings to discuss and provide updates on shared cases.
- **A well-informed and engaged office-based manager improved staff ability and willingness to adopt the service delivery innovations.** Enhanced service sites that were overseen by an active and involved RAM had fewer implementation-related challenges. Staff viewed RAMs as critical for helping them establish and clarify program structure and goals.

B. Lessons learned

Nearly all interviewees believed that Minnesota's SGA Project demonstration was a success and that the model was ultimately implemented as planned and to the benefit of most clients. As described in this report, the state encountered many implementation challenges. The state's experience provides several lessons that might be useful to other agencies considering service delivery changes similar to those implemented under the SGA Project.

1. Planning and preparation

Field staff would have preferred clearer guidance on how to administer the SGA Project innovations. VR agency leadership did not want staff to feel burdened or overwhelmed with too many new protocols and trainings, and erred on the side of being flexible rather than prescriptive. Staff, however, would have preferred more direct and clearer instructions on how to approach the SGA Project innovations, such as how to administer the first CTA meeting, how to work effectively as a team, and how to think about and approach the pacing targets.

VR counselors would have benefited from targeted support and TA. VR counselors were not expected to have significant TA needs because they would not be providing new services and would be serving a small number of SGA Project clients. For many VR counselors, however, the SGA Project was a transformative experience, changing the way they viewed VR services. In retrospect, ICI and VR agency leaders agreed that counselors would have benefited from more targeted training and assistance.

Strong lines of communication between field staff and management facilitated successful implementation. According to staff at ICI and the VR agency, the enhanced service sites that were perceived as high performers had RAMs that were active and engaged in helping staff understand, embrace, and adopt the SGA Project intervention components. Many office RAMs, however, felt ill-equipped to address questions posed by staff during the early months of implementation. RAMs would have benefited from receiving more targeted training on the model prior to the rollout.

2. SGA Project innovations

Staff demonstrated that a faster pace of service could be adopted relatively easily and effectively. The faster timelines were initially a stress to staff and not viewed as realistic. The ICI team and VR agency leaders encouraged staff to view the pacing targets as goals, and helped them adopt an evolved view of the IPE that allowed the targets to be met more easily. Analysis of administrative data showed that although members of the enhanced service group did not reach key milestones as quickly as intended, as a group they reached them more quickly than members of the usual services group.

Improved access to financial and benefits planning information greatly enhanced VR service delivery. VR counselors universally expressed strong support for the services provided by the financial specialists. According to counselors, the information reduced client anxiety about returning to work and made it easier for clients to make confident and informed decisions about employment.

Active and early involvement of the job placement specialist was most valuable for clients deemed ready for immediate employment. Many counselors recognized that early placement resulted in more realistic employment goals and allowed the client to take advantage of momentum and pursue employment opportunities more quickly. For some cases, however, early involvement of the placement specialist was deemed unnecessary and counterproductive.

The team approach enhanced both client and staff experience, yet this technique was not easily adopted. Effective teaming required regular communication and engagement, a clear understanding of roles and responsibilities, and trust and good working relations between staff. These, however, took time to develop.

3. Environmental considerations

The SGA Project model was perceived as less effective and harder to implement in sites serving large geographic and mostly rural areas. Teams in these offices found pacing targets more difficult to meet because staff and clients were based in different communities and traveled long distances for meetings. These logistical and coordination barriers challenged staff ability to establish a strong working team dynamic. Staff also found it impractical to expect a single placement specialist to be an expert in the labor market details and employment opportunities for so many different counties and communities; consequently, they relied on greater use of local external CRPs. Videoconferencing technology could help overcome these challenges, but was not being broadly used in most sites.

4. Client considerations

To be effective, the innovations need to be flexible and account for unique client needs and circumstances. The large majority of field staff felt that the SGA Project innovations were beneficial to most clients; however, staff felt it critical that they be empowered to adjust the model for clients with unique needs.

5. Long-term systems change

Sustaining and expanding the SGA Project innovations for long-term systems change requires leadership, commitment, data, and resources. Implementation success, in part, was due to the VR agency leadership's commitment and openness to rethinking how services are delivered. Sustainment will require additional funding, particularly for the agency to permanently expand use of the financial specialists. Success will require continued commitment among agency leaders to seek the necessary resources. It also requires evidence of effect, particularly on achieving and sustaining earnings that are substantially above the SGA level. Members of the leadership team emphasized that additional resources can only be secured if the agency can demonstrate a link between the innovation and improved client outcomes.

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TECHNICAL APPENDIX

The Institute for Community Inclusion at the University of Massachusetts-Boston and Mathematica Policy Research received a grant from the U.S. Department of Education, Rehabilitation Services Administration to develop a demonstration to improve the employment outcomes of state VR clients receiving SSDI benefits. The resulting effort, called the SGA Project demonstration, was implemented in Minnesota in August 2015. Mathematica Policy Research conducted an independent evaluation of the implementation of the demonstration. To conduct the evaluation, we used both qualitative and quantitative methods. In this technical appendix we provide additional detail on the data sources used and analyses conducted.

A. Data sources

The evaluation draws on two types of data: semi-structured interview data from staff and others involved in the demonstration, and administrative data provided by the Minnesota Department of Employment and Economic Development (DEED).

1. Semi-structured interviews

As described in chapter I, we conducted site visits in May 2016 to nine VR offices across the state, including six enhanced service sites and three usual service sites. At each office, we conducted a one-on-one interview with the office regional area manager, and a small-group interview with select members of the workforce. The composition of the small-group workforce interview varied by office and staff availability. At the enhanced service sites, these interviews included two to four VR counselors, the financial specialist, and the placement specialist. At the usual service site, these interviews included two to four VR counselors and one or two staff from community rehabilitation providers of purchased services. We also conducted a small-group phone interview with five state leaders, including the Minnesota VR director, and one-on-one phone interviews with each of the four members of the ICI technical assistance team. The interviews were led by two members of the Mathematica evaluation team (Matthew Kehn and Liz Babalola) with experience conducting field interviews and familiarity with state and federal disability programs. One team member moderated the discussion and the other took notes.

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

- How does the agency usually provide services?
- To what extent did sites implement their assigned conditions with fidelity to their design?
- For each innovation, how do enhanced practices differ from usual practices?
- Which elements of each innovation were more likely to be delivered, and why?
- Did later applicants receive different services than early applicants?
- Has there been any “spillover” to the usual service offices?

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

All interviews were recorded with the permission of those being interviewed. These recordings were saved on Mathematica's secure network in a restricted location accessible only to members of Mathematica's SGA Project demonstration evaluation team. All files will be destroyed upon completion of this evaluation.

2. Administrative data

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

B. Analysis

1. Semi-structured interviews

Following each interview, we reviewed the interview recording and updated the notes to account for anything that was initially missed or not fully explicated. Both interviewers reviewed the final notes for accuracy and completion. They then reviewed the notes for relevant themes, locational features, and commentary. They extracted the themes and organized them using the above research questions. Finally, the interviewers summarized the themes and key findings that are presented in this report.

2. Administrative data

The first step of the analysis was to identify which client records should be included in the impact analysis sample. The data extract sent to us included a variable denoting experimental group status, which we used to identify treatment and control group members. The evaluation team decided that the analysis sample should include those who applied to VR early enough to have at least six months of process and outcome (that is, post-application) information. Given that we received data through July 2016, the six-month restriction meant that the interim report analysis sample included those who applied to VR from August 1, 2015—the intervention start date—through January 31, 2016. We further restricted the analysis sample to capture the SGA project’s target population. Excluded from the analysis sample were applicants who (at application) were not ages 18 to 64, were SSI recipients, or were not SSDI beneficiaries.

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

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