

Implementation and impacts of the substantial gainful activity project demonstration in Kentucky

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Abstract.

BACKGROUND: The Substantial Gainful Activity (SGA) Project demonstration tested innovations to improve the employment of nonblind vocational rehabilitation (VR) clients receiving Social Security Disability Insurance (SSDI) benefits.

OBJECTIVE: We describe the SGA Project model components, the implementation experience in Kentucky, and the impact of the innovations on VR service and employment outcomes.

METHODS: The evaluation used information from site visits and VR administrative data. We estimated impacts by comparing the outcomes of SSDI-only clients who applied for services at randomly assigned offices that implemented the SGA Project innovations to those who applied at other offices.

RESULTS: Participants did not consistently receive all components of the innovations. Nevertheless, the innovations led to a 17 percentage-point increase in clients with a signed individualized plan for employment within 30 days of application, an 8 percentage-point increase in closures with competitive employment, and nearly 6 percentage-point increase in the number of clients with earnings at or above the SGA level.

CONCLUSIONS: The early, positive impacts on key outcomes suggest the SGA Project innovations could hold promise for other VR agencies and for a broader set of VR clients. The evaluation illustrates the potential for random assignment demonstrations to test innovations in VR service delivery.

Keywords: Vocational rehabilitation, disability, SSDI, SGA, employment

1. Introduction

Many Social Security Disability Insurance (SSDI) beneficiaries who return to work acknowledge the support of state vocational rehabilitation (VR) agencies in their efforts (U.S. Government Accountability Office, 2007a). However, there is substantial variation nationwide in the employment and program outcomes of SSDI beneficiaries served by state VR agencies (Stapleton & Martin, 2012). In 2010 the Rehabilitation Services Administration awarded the Institute for Community Inclusion (ICI) a grant to

implement the Substantial Gainful Activity (SGA) Project demonstration, in an effort to identify and promote promising VR agency practices that improve the employment of Social Security Administration (SSA) disability beneficiaries. The goal was to help nonblind SSDI-only beneficiaries attain earnings at or above the SGA level. The project's focus on SSDI-only beneficiaries was due to concerns about the rapid growth in the SSDI program in recent years, and the fact that SSDI beneficiaries have significant work histories that might be leveraged for return-to-work efforts. The demonstration did not target blind SSDI-only beneficiaries because blind individuals are subject to a different set of SSA work incentive provisions and ongoing eligibility criteria related to SGA.

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During the demonstration period, SSA defined the monthly SGA amount for nonblind individuals as \$1,090 (2015), \$1,130 (2016), and \$1,170 (2017). SGA-level earnings represent an important milestone for beneficiaries, SSA, and the VR system. For beneficiaries, SGA-level earnings indicate progress on the path to higher income and financial independence. From the government's perspective, finding ways to encourage and support beneficiaries to work above the SGA level can lead to reduced government expenditures and increased tax revenue. For the many VR agencies that are eligible for reimbursement by SSA for services to beneficiaries, payments occur only if the beneficiary has become employed and achieved nine months of earnings above the SGA level.

ICI developed the SGA Project model, as described by Foley et al. (2020a) and Foley et al. (2020b) in this volume, and recruited two states, Kentucky and Minnesota, to implement the demonstration. With technical assistance from ICI, each state's VR agency customized the model to fit their service delivery environment (Marrone et al., 2020). This article describes the Kentucky SGA Project model components, the extent to which the model was successfully implemented, findings on the impact of the model on participant outcomes, and lessons learned for policy and practice. The implementation and evaluation of the SGA Project in Minnesota is described in a separate article in this volume (Honeycutt & Kehn, 2018).

1.1. Background and intervention

As described in Foley et al. (2019), the literature has shown that a very small percentage of SSA beneficiaries return to paid employment for an extended period of time. Roughly 40 percent of SSA beneficiaries who use VR services increase their earnings in the following year, although a large majority (88 percent) do not earn above the SGA level (U.S. Government Accountability Office, 2007a). There is evidence that some VR agency practices are correlated with better employment outcomes among SSA beneficiary clients (U.S. Government Accountability Office, 2007b). For example, VR agencies that provide clients with specialized benefits counseling, job placement services, and faster service delivery are associated with improved VR outcomes (Honeycutt & Stapleton, 2013; Tremblay et al., 2006). Honeycutt and Stapleton (2013) examined the impact of the amount of time beneficiaries must wait between application and receiving VR services; they found

that, 48 months after application, those who waited longer had fewer months of SGA-level employment and benefits than those served more quickly.

The SGA Project model was designed with insights from these findings and data collected and analyzed by ICI and Mathematica (Foley et al., 2020a). The model consists of four innovation components: a faster pace of services and rapid client engagement, financial and benefits planning, job placement services, and a coordinated team approach.

1.2. Kentucky office of vocational rehabilitation service delivery environment

The Kentucky Office of Vocational Rehabilitation (OVR) offered a unique service environment to customize and test the SGA Project model. During the period of the demonstration, Kentucky residents had similar employment rates to the national population but lower levels of educational attainment and higher rates of poverty (U.S. Census Bureau, 2018). Although the Kentucky average household income was less than the national average, the average monthly SSDI benefit amount was almost as high—\$1,138 for Kentucky compared with the U.S. average of \$1,165 (Social Security Administration, 2015). OVR had a slightly lower share of cases that closed with competitive employment compared to closures across all agencies—54 percent versus 59 percent in fiscal year 2014 (Rehabilitation Services Administration, 2016).

OVR agreed to participate in the SGA Project for several reasons. For many years, OVR had been interested in building its capacity with work incentive counseling, and the SGA Project demonstration provided an opportunity to incorporate benefits counseling into day-to-day operations. The SGA Project demonstration also aligned with asset development efforts in Kentucky's State Plan for Independent Living. The SGA Project also offered an opportunity to build on and guide the state's Employment First program goals, which seek to improve the employment rates and quality of life for individuals with disabilities.

1.3. SGA project innovations versus usual VR services

As previously noted, ICI and OVR collaborated to customize the model for implementation in Kentucky. In this section and Table 1, we compare the SGA Project enhanced services with usual VR

Table 1
Substantial Gainful Activity Project Innovations in Kentucky

Enhanced service	Expectation	Usual practice
Rapid client engagement		
Rapid response to referral	Schedule application appointment within 24 hours of referral	n/a
Application appointment	Conduct application appointment within 10 business days of referral	n/a
Presumptive eligibility determination	Determine eligibility within 2 business days of application	Eligibility determination within 60 days of application ^a
IPE development	Develop IPE within 30 calendar days of application	Within 90 calendar days of eligibility
Financial and benefits planning		
Benefits planning query review	Query received within three weeks of application	As needed
Benefits summary analysis coordination	Completed analysis within eight weeks of application	Requested through work incentive coordinator (if needed)
Financial inventory	Completed financial inventory and resource tool, as needed	n/a
Financial plan addendum	Optional	n/a
Follow-up with work incentives coordinator	Ongoing follow-up via coordinated team approach or otherwise	Requested through work incentives coordinator (if needed)
Job placement services		
Pre-IPE meeting	Conduct pre-IPE meeting with client, as appropriate, to discuss job plans, strategies, and services	n/a
Follow-up contact to support job search	Weekly contact with client during job search	As needed
Follow-up during supported employment	Monthly contact with client during supported employment/IPS	As needed
Follow-up meetings/contact during college	Quarterly contact with client during long-term training/college	As needed
Follow-up contact during employment	Weekly contact with client during first 8 weeks of employment	As needed
Coordinated team approach		
Initial team meeting	Team meets with client within 5 business days of eligibility determination	n/a
Follow-up team meeting	Team meets for second time around IPE	n/a
Quarterly team follow-up meetings with client	Meet at least quarterly after second meeting	n/a
Post-employment team follow-up meeting	Team determines mode for quarterly follow-up with client post-employment	n/a

Notes. IPE = individualized plan for employment, IPS = Individualized placement and support, n/a = not applicable. ^aOffice of Vocational Rehabilitation permitted extensions to the 60-day guideline for eligibility determination if exceptional or unforeseen circumstances occurred, and if the client agreed to the extension.

148 services received by Kentucky clients. More detailed
149 information about the treatment sites that delivered
150 enhanced services and training and technical assis-
151 tance activities is available in Sevak et al. (2017).

152 1.4. Pacing and engagement

153 The aim of the SGA Project enhanced services
154 was to accelerate the VR process for application,
155 eligibility determination, and Individualized plan for
156 employment (IPE) development in ways that differed
157 significantly from usual service provision. Under
158 the enhanced services, VR counselors were to use
159 presumptive eligibility guidelines and complete the
160 eligibility process within two days of application.

Under usual practice, Kentucky VR counselors coor-
161 dinated the eligibility determination process within
162 60 days. Pacing to an IPE was also faster under
163 enhanced services, with counselors encouraged to
164 complete an IPE within 30 days of application; usual
165 VR practice required an IPE within 90 days of
166 eligibility.
167

168 1.5. Financial counseling

169 The SGA Project emphasized financial coun-
170 seling. While under usual service OVR relied on
171 fee-for-service vendors to provide work incentive
172 coordination assistance, the SGA Project allowed for
173 hiring Kentucky work incentive coordinators who

174 were trained and certified to provide a much richer
 175 set of early and ongoing financial counseling. The
 176 work incentive coordinators were co-located with
 177 OVR staff, with each one assigned to two or three
 178 districts to serve exclusively SSDI-only beneficiaries
 179 enrolled in the SGA Project demonstration. Coordi-
 180 nators completed benefit summary analyses for
 181 clients, provided additional supports including the
 182 development of financial inventories, and offered
 183 asset development counseling and related coaching.
 184 These services occurred after IPE development.

185 *1.6. Job placement services*

186 The SGA Project had expectations of earlier and
 187 more frequent client contact with job placement spe-
 188 cialists under enhanced service than usual service.
 189 With enhanced services, the specialists also partici-
 190 pated in team meetings with clients, VR counselors,
 191 and work incentive coordinators before IPE devel-
 192 opment; provided follow-up contact to support job
 193 search activities; and maintained periodic contact
 194 with clients about employment issues.

195 *1.7. Coordinated team approach*

196 A key component of the SGA Project was a coordi-
 197 nated team approach for staff to discuss and deter-
 198 mine the services needed by SSDI-only clients. The
 199 team consisted of a VR counselor, a work incentive
 200 coordinator, and a job placement specialist, with the
 201 VR counselor acting as the team leader for purposes
 202 of scheduling and leading the initial meeting. The first
 203 team meeting was to occur within five days of the
 204 eligibility determination and before IPE completion.
 205 By working as a team, these key OVR staff aligned
 206 their views of the client's goals and needs, resulting
 207 in a mutual understanding on the part of the client
 208 and team about the VR process, work incentives,
 209 vocational abilities, and opportunities for a successful
 210 and timely competitive employment outcome. Usual
 211 service in OVR did not use a team approach.

212 **2. Methods**

213 *2.1. Random assignment and enrollment*

214 We randomly assigned seven of the 14 OVR service
 215 districts in the demonstration to provide enhanced
 216 SGA Project services (treatment) and the remaining
 217 seven districts to provide usual VR services (control).

218 To divide the districts into groups with similar pro-
 219 files, we conducted random assignment within pairs
 220 of districts matched on geographic region, urban ver-
 221 sus rural location, and SSDI-only client employment
 222 outcomes before the demonstration began. We ran-
 223 domized districts, rather than individual counselors
 224 or clients, to minimize the burden of implementing
 225 the demonstration with fidelity.

226 OVR enrolled all eligible individuals who applied
 227 for OVR services between May 1, 2015, and July
 228 29, 2016, into the demonstration. Eligibility criteria
 229 included being ages 18 to 64 at application, having
 230 a disability other than blindness, receiving SSDI on
 231 the basis of one's own employment, and not receiving
 232 SSI at application.

233 One concern with a treatment and control group
 234 design is that contamination can occur if some mem-
 235 bers of the comparison group receive service changes
 236 as a result of the project's implementation. Based on
 237 the qualitative interviews we conducted with staff,
 238 it appeared that staff at districts providing usual ser-
 239 vices were familiar with the SGA Project innovations.
 240 Nonetheless, they maintained a business-as-usual ser-
 241 vice delivery approach. Most staff we interviewed at
 242 the control sites expressed little interest in implement-
 243 ing the innovations, such as faster pacing. In addition,
 244 staff at the control sites did not have access to tech-
 245 nical assistance or enhanced benefits planning and
 246 early job placement resources implemented at the
 247 treatment sites. Hence, we believe the potential for
 248 contamination at the control sites was minimal.

249 *2.2. Implementation evaluation*

250 We evaluated the implementation of the demon-
 251 stration based on: (a) VR administrative data on
 252 eligible applicants through April 19, 2017; (b) data
 253 collected in Spring 2016 and 2017 during two rounds
 254 of site visits featuring multiple interviews with OVR
 255 leaders and staff at districts across the state providing
 256 enhanced and usual VR services; and (c) interviews
 257 with staff at ICI who provided training and technical
 258 assistance to OVR throughout the demonstration.

259 *2.3. Impact evaluation*

260 Using administrative data from OVRs case man-
 261 agement system through April 19, 2017, we examined
 262 four pre-specified service and employment out-
 263 comes related to the goals of the demonstration. We
 264 estimated impacts of the demonstration as a whole,
 265 rather than impacts of each of the innovations

266 separately, because all of the enhanced service ele-
 267 ments of the SGA Project were available at treatment
 268 sites.

269 To assess whether the innovations had an impact
 270 on service pace, we compared the rates at which
 271 SSDI-only applicants at the treatment and control
 272 sites obtained a signed IPE within 30 days of appli-
 273 cation. We selected this outcome for pace of services
 274 because the IPE is an important service-delivery
 275 milestone—services generally do not begin until such
 276 a plan is in place and the 30-day window was a goal
 277 in the SGA Project innovations. To assess whether
 278 the innovations had an impact on client engagement,
 279 we examined whether clients disengaged from VR
 280 before attaining competitive employment. By this
 281 definition, clients whose cases had closed for reasons
 282 other than competitive employment were classified
 283 as not being successfully engaged in services. We
 284 selected this measure for client engagement because
 285 it is common for VR applicants determined eligible
 286 for services to drop out before services have begun
 287 or are completed.

288 To assess the impact of the innovations on employ-
 289 ment, we examined two outcomes. We selected the
 290 first, the rate at which applicants closed from OVR
 291 with a competitive employment outcome because it
 292 is an important goal of VR services. We selected the
 293 second, closure with earnings at or above the nonblind
 294 SGA level because achieving SGA-level earnings
 295 was the demonstration’s ultimate goal. We mea-
 296 sured the employment outcomes at the time clients’
 297 cases closed (that is, when they stopped receiving
 298 or attempting to receive services); it is possible that
 299 employment outcomes could evolve over longer peri-
 300 ods of time not covered by our evaluation.

301 Using a multivariate regression framework, we
 302 estimated impacts as the difference in each of these
 303 four outcomes between demonstration participants at
 304 treatment sites and control sites. We used an “intent-
 305 to-treat” design, meaning all applicants meeting the
 306 study inclusion criteria at the treatment and con-
 307 trol sites are included in the analysis, regardless of
 308 whether they received services or disengaged with
 309 OVR. While we found little to no differences in client
 310 characteristics (Table 2) or pre-demonstration dis-
 311 trict outcomes, we controlled for pre-demonstration
 312 district outcomes and characteristics of the clients,
 313 including sex, race, Hispanic ethnicity, age at
 314 application, education at application, previous VR
 315 application, primary impairment, employment status
 316 at application and month of application. The mod-
 317 els also include adjustments to standard errors to

Table 2
 Characteristics at Application of Clients at Treatment and Control Sites

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

Note. From Office of Vocational Rehabilitation case file data. ^aMay not equal the simple difference between the treatment and control estimates due to rounding. **/** indicates significantly different from zero at the .10/.05/.01 level.

318 account for clustering due to office level, rather than
 319 individual-level random assignment. We used a wild
 320 cluster-bootstrap percentile-t procedure (Cameron
 321 et al., 2008). This approach uses bootstrapping to
 322 address issues present when estimating cluster-robust
 323 standard errors with a small number of clusters (5 to
 324 30); in our analysis each of the 14 offices represented
 325 a cluster. The approach is conservative and as such
 326 it reduces the probability of falsely concluding the
 327 demonstration had significant impacts.

3. Results

3.1. Participant characteristics and validity of comparison group

331 Treatment and control group clients had sim-
 332 ilar demographic and background characteristics

Table 3
Fidelity of Delivery of Enhanced Substantial Gainful Activity Project Services at Treatment Sites

Enhanced service	
Eligibility within 2 days of application (% of all applicants)	39.5
Number of business days between application and eligibility (mean among all clients with an eligibility determination)	10.7
Signed IPE within 30 days of application (% of all applicants)	27.0
Number of days between application and signed IPE (mean among clients with a signed IPE)	61.5
Benefits counseling (% of all applicants)	63.6
Job placement services (% of all applicants)	30.7
Participation in a coordinated team meeting (% of all applicants)	55.6
Participation in a team meeting within 5 business days of eligibility (% of clients that had a team meeting)	26.9

Notes. From OVR case file data. IPE = individualized plan for employment.

(Table 2), affirming our confidence in the random assignment and the credibility of the control group. OVR served 522 nonblind SSDI-only clients at treatment sites and 447 nonblind SSDI-only clients at control sites. Just over half of control group members were male, 77 percent were white, about 22 percent were black, and less than 1 percent identified as Hispanic. Two percent of treatment clients were transition age (ages 18 to 24); most were ages 45 to 54 or ages 55 to 64 (32 and 28 percent, respectively). Almost half of treatment group clients had cognitive or psychosocial impairments as the primary impairment. At the time of VR application, 42 percent of treatment group clients had earned a high school diploma, 23 percent had some postsecondary education (but no degree), 10 percent had an associate's degree, and about 14 percent had earned at least a bachelor's degree. A majority (53 percent) had previous VR closures prior to the demonstration start. The two groups differed significantly on only three characteristics: treatment group members were roughly half a percentage point more likely to be Hispanic, three percentage points less likely to be transition age, and six percentage points less likely to have an unknown impairment.

3.2. Implementation

Data collected during the demonstration revealed that while treatment sites successfully delivered many of the SGA Project innovations, participants did not fully or consistently receive all components of the innovation (Table 3). We summarize implementation findings here; additional findings including office to office differences are included in the interim and final evaluation reports (Martin et al., 2017; Sevak et al., 2017).

While the goal was for eligibility determination to occur within two days of application, that goal was met for about 40 percent of all nonblind SSDI-only

applicants and the average time between application and eligibility was 11 business days. Roughly a quarter had a signed IPE within the project goal of 30 days of VR application and the average number of days from application to IPE was 62 days. More than 60 percent received benefits counseling, and one-third received job placement services, each which were to be provided as appropriate. And although over half of clients participated in an initial team meeting, just 27 percent of those who had a meeting completed it within the project goal of 5 business days after application.

Information we learned from site visits and interviews is consistent with these findings. Staff at the treatment sites encountered challenges that affected their clients' access to the innovations. First, because the pacing innovation was a major shift from their usual, more deliberate approach to IPE development, some counselors resisted adopting the faster approach at first. Second, delays in obtaining documentation from SSA needed for eligibility determinations and benefits analyses prevented some staff from meeting the pacing targets. Large caseloads and staff turnover also made it difficult for staff to meet the SGA Project's targets for pacing and service delivery for some clients. Finally, some staff struggled to effectively adopt the coordinated team approach because of logistical barriers related to scheduling team meetings and confusion about the roles and responsibilities of the team members. But over time and with technical assistance from ICI, counselors grew more adept and were better able to meet the pacing and service goals.

3.3. Impact estimates

We found that the SGA Project had a large and statistically significant impact on the pace of services (Table 4). At treatment sites, 27 percent of applicants obtained a signed IPE within 30 days

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Table 4
Regression Adjusted Estimates of Impact of Substantial Gainful Activity Project Innovations on Primary Outcomes

Measure	Treatment	Control	Regression-adjusted difference
Number of applicants	522	477	
Applicants with a signed IPE within 30 days of application (%)	27.0	8.2	16.9**
Applicants who did not drop out before obtaining competitive employment (%)	58.8	53.8	3.2
Applicants who closed with competitive employment (%)	25.5	14.4	8.2**
Applicants who closed with SGA-level earnings (%)	8.2	2.2	5.7**

Notes. From Office of Vocational Rehabilitation (OVR) case file data. IPE = individualized plan for employment. Regression models include the predemonstration district mean for the given outcome and client characteristics at application, including age, gender, race, education, primary impairment, previous OVR closure and month of application, which ranged from May 2015 to July 2016. */**/**** indicates significantly different from zero at the .10/.05/.01 level.

409 of application while 8 percent of control group
410 clients met that target. After accounting for client
411 characteristics and site differences in pacing before
412 the demonstration period, this translates to a 17
413 percentage-point increase, which indicates that the
414 SGA Project innovations more than doubled the rate
415 of IPE development within 30 days of application.

416 Our findings indicate that 59 percent of clients
417 at the SGA Project’s treatment offices had been
418 successfully engaged with VR as of April 2017. How-
419 ever, after controlling for client characteristics at
420 application and district-level differences before the
421 demonstration, we found that this rate is not statisti-
422 cally different from the 54 percent rate we observed
423 among control group clients.

424 The SGA Project innovations led to a substan-
425 tial increase in the percentage of cases that closed
426 with competitive employment. The rate of closure
427 with competitive employment as of late April 2017
428 was nearly 26 percent among clients at the treatment
429 group sites while it was 14 percent at control group
430 sites. We calculated this rate among all applicants and
431 not just those who closed. The regression-adjusted
432 estimates indicate the demonstration increased com-
433 petitive, integrated employment at closure over this
434 time period by 8.2 percentage points.

435 Finally, the rate of closure with SGA earnings
436 was 8.2 percent among treatment group clients com-
437 pared to 2.2 percent among control group clients. The
438 5.7 percentage-point regression adjusted impact esti-
439 mate, calculated for all applicants and not just those
440 who closed with employment, implies that the SGA
441 Project innovations led to a nearly three-fold increase
442 in the rate of closure with SGA-level earnings among
443 applicants whose cases had closed by April 2017.

444 Because OVR still had open cases (33 percent at
445 treatment sites and 39 percent at control sites), the
446 large estimated impacts on employment and SGA-
447 level earnings are likely to change as more cases

448 close. If we assume that open cases at treatment sites
449 close at the pre-demonstration rate for competitive
450 employment, then the employment rate for open cases
451 at the control sites would need to more than double
452 (to about 35 percent) to eliminate the impact of the
453 SGA Project innovations. The rate for the open con-
454 trol group cases needing to double to eliminate the
455 estimated impact suggests that the SGA Project’s pos-
456 itive impact on competitive employment will likely
457 persist after all cases have closed.

458 3.4. Lessons learned

459 OVR staff described several key lessons learned
460 while implementing the SGA Project innovations.
461 First, counselors became more accepting and bet-
462 ter skilled at delivering the enhanced services over
463 time. VR counselors became aware of presumptive
464 eligibility guidelines and more adept at dynamic
465 IPE development strategies. OVR staff also accepted
466 faster pacing as a best practice when they observed
467 clients who were more engaged and saw the first
468 successful VR closures among clients who received
469 faster pacing. Field staff increased the frequency of
470 their collaborations and knowledge exchange with
471 colleagues, most notably via the coordinated team
472 meetings.

473 Second, while we cannot separately estimate the
474 quantitative impact of any individual enhanced ser-
475 vice, OVR staff praised a number of the enhanced
476 service elements in particular. Staff believed that the
477 faster pace of services and the consistent and early
478 involvement of the work incentive coordinators were
479 the innovations’ most important features. Most exec-
480 utive leadership and local managers praised the use
481 of these coordinators as a valuable innovation that
482 was essential to the project’s success. Work incentive
483 coordinators helped reassure clients who frequently
484 expressed apprehension about how earnings would

485 affect their disability benefits. Some staff believed
 486 that team meetings also boosted staff morale and
 487 proved beneficial for clients. Because these features
 488 represented significant departures from the usual ser-
 489 vices, they likely contributed to the observed impacts,
 490 even if we cannot quantify their contributions apart
 491 from the other innovations.

492 **3.5. Limitations**

493 Readers should note some limitations of this study
 494 when interpreting the findings and considering the
 495 applicability of the SGA Project innovations to
 496 their agencies' service delivery practices. First, as
 497 mentioned earlier, the large share of demonstration
 498 cases that were still open at the time we conducted
 499 the evaluation mean that the long-term impacts of
 500 the demonstration are currently unknown. Second,
 501 because all of the innovations were available in treat-
 502 ment sites, we were unable to assess the impacts of
 503 each innovation on its own. Third, while the demon-
 504 stration could have an impact on many outcomes, our
 505 findings are limited to the VR service and closure
 506 outcomes documented in OVR administrative data.

507 **4. Conclusions and implications for VR**
 508 **agencies**

509 The SGA Project innovations appear to have gen-
 510 erated early, positive impacts on key service delivery
 511 and client outcomes in Kentucky. SSDI-only clients
 512 at treatment sites experienced shorter times to IPE
 513 development and were more likely to obtain com-
 514 petitive employment with SGA-level earnings than
 515 would have occurred in the absence of the SGA
 516 Project innovations. Together with the more mod-
 517 est estimated impacts in Minnesota (Honeycutt &
 518 Kehn, 2018), these large estimated impacts in Ken-
 519 tucky suggest other agencies may consider adopting
 520 features of the SGA Project innovations. We conclude
 521 with some implications from the evaluation findings
 522 in Kentucky that may be of interest for other agencies.

523 First, consistent with findings in Minnesota, our
 524 findings show that delivering services at a faster pace
 525 is feasible. Although some staff expressed concerns
 526 about increasing the pace of services, most were able
 527 to apply the innovations over time, with no evidence
 528 that the accelerated process resulted in negative con-
 529 sequences for staff or clients (Sevak et al., 2017).
 530 We recommend that other state VR agencies con-
 531 sider in-service training on faster pacing and dynamic

532 IPE strategies. Although the increased pace of ser-
 533 vice might not be appropriate for all clients, it is a
 534 component of the SGA Project model that any VR
 535 agency could adopt or adapt for non-SSDI clients. If
 536 implementing a faster pace of service is not feasible
 537 because of large caseloads, a VR agency's staff could
 538 attempt a faster pace for clients who would bene-
 539 fit most from it. For example, a faster pace might
 540 benefit individuals who are motivated to return to
 541 work or clients who have not yet applied for Supple-
 542 mental Security Income or SSDI. Early intervention
 543 strategies applied in other contexts suggest that get-
 544 ting such people into jobs quickly (or helping them
 545 retain their jobs) might reduce the chances of their
 546 going onto the disability rolls, and work disincentives
 547 associated with receiving such benefits might nega-
 548 tively affect their motivation to work and chances of
 549 becoming employed (Ben-Shalom, Burns, Contreary,
 550 & Stapleton, 2017).

551 Second, technical assistance and monitoring is
 552 essential to ensuring that staff provide innovation
 553 services as intended. While we estimate that the
 554 demonstration led to large impacts, our finding that
 555 not all of the demonstration components were deliv-
 556 ered as intended was also true in Minnesota, and it
 557 suggests that the impacts could have been larger.

558 Finally, like VRS in Minnesota, OVR successfully
 559 implemented an office-level random assignment eval-
 560 uation design that might be used by other agencies to
 561 rigorously assess the effectiveness of services. Ken-
 562 tucky's successful implementation of an office-level
 563 random assignment design permitted a rigorous test
 564 of the SGA Project innovations. Other agencies might
 565 use this approach to rigorously assess the effective-
 566 ness of new services and programs. Such evidence
 567 would further our understanding of which VR service
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581 **Conflict of interest**

582 None to report.

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