Implementation and impacts of the Substantial Gainful Activity Project demonstration in Kentucky

Frank Martin and Purvi Sevak*
Mathematica, Princeton, NJ, USA

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.

*Address for correspondence: Purvi Sevak, Mathematica P.O. Box 2393, Princeton NJ 08543-2392, USA. Tel.: +1 609 945 6596; E-mail: psevak@mathematica-mpr.com.

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. [a]Office 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.

services received by Kentucky clients. More detailed information about the treatment sites that delivered enhanced services and training and technical assistance activities is available in Sevak et al. (2017).

1.4. Pacing and engagement

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

Under usual practice, Kentucky VR counselors coordinated the eligibility determination process within 60 days. Pacing to an IPE was also faster under enhanced services, with counselors encouraged to complete an IPE within 30 days of application; usual VR practice required an IPE within 90 days of eligibility.

1.5. Financial counseling

The SGA Project emphasized financial counseling. While under usual service OVR relied on fee-for-service vendors to provide work incentive coordination assistance, the SGA Project allowed for hiring Kentucky work incentive coordinators who

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

1.6. Job placement services

The SGA Project had expectations of earlier and more frequent client contact with job placement specialists under enhanced service than usual service. With enhanced services, the specialists also participated in team meetings with clients, VR counselors, and work incentive coordinators before IPE development; provided follow-up contact to support job search activities; and maintained periodic contact with clients about employment issues.

1.7. Coordinated team approach

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

2. Methods

2.1. Random assignment and enrollment

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

To divide the districts into groups with similar profiles, we conducted random assignment within pairs of districts matched on geographic region, urban versus rural location, and SSDI-only client employment outcomes before the demonstration began. We randomized districts, rather than individual counselors or clients, to minimize the burden of implementing the demonstration with fidelity.

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

One concern with a treatment and control group design is that contamination can occur if some members of the comparison group receive service changes as a result of the project's implementation. Based on the qualitative interviews we conducted with staff, it appeared that staff at districts providing usual services were familiar with the SGA Project innovations. Nonetheless, they maintained a business-as-usual service delivery approach. Most staff we interviewed at the control sites expressed little interest in implementing the innovations, such as faster pacing. In addition, staff at the control sites did not have access to technical assistance or enhanced benefits planning and early job placement resources implemented at the treatment sites. Hence, we believe the potential for contamination at the control sites was minimal.

2.2. Implementation evaluation

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

2.3. Impact evaluation

Using administrative data from OVRs case management system through April 19, 2017, we examined four pre-specified service and employment outcomes related to the goals of the demonstration. We estimated impacts of the demonstration as a whole, rather than impacts of each of the innovations

separately, because all of the enhanced service elements of the SGA Project were available at treatment sites.

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

To assess the impact of the innovations on employment, we examined two outcomes. We selected the first, the rate at which applicants closed from OVR with a competitive employment outcome because it is an important goal of VR services. We selected the second, closure with earnings at or above the nonblind SGA level because achieving SGA-level earnings was the demonstration's ultimate goal. We measured the employment outcomes at the time clients' cases closed (that is, when they stopped receiving or attempting to receive services); it is possible that employment outcomes could evolve over longer periods of time not covered by our evaluation.

Using a multivariate regression framework, we estimated impacts as the difference in each of these four outcomes between demonstration participants at treatment sites and control sites. We used an "intent-to-treat" design, meaning all applicants meeting the study inclusion criteria at the treatment and control sites are included in the analysis, regardless of whether they received services or disengaged with OVR. While we found little to no differences in client characteristics (Table 2) or pre-demonstration district outcomes, we controlled for pre-demonstration district outcomes and characteristics of the clients, including sex, race, Hispanic ethnicity, age at application, education at application, previous VR application, primary impairment, employment status at application and month of application. The models 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. [a]May 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.

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

3. Results

3.1. Participant characteristics and validity of comparison group

Treatment and control group clients had similar 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

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.

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

Our findings indicate that 59 percent of clients at the SGA Project's treatment offices had been successfully engaged with VR as of April 2017. However, after controlling for client characteristics at application and district-level differences before the demonstration, we found that this rate is not statistically different from the 54 percent rate we observed among control group clients.

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

Finally, the rate of closure with SGA earnings was 8.2 percent among treatment group clients compared to 2.2 percent among control group clients. The 5.7 percentage-point regression adjusted impact estimate, calculated for all applicants and not just those who closed with employment, implies that the SGA Project innovations led to a nearly three-fold increase in the rate of closure with SGA-level earnings among applicants whose cases had closed by April 2017.

Because OVR still had open cases (33 percent at treatment sites and 39 percent at control sites), the large estimated impacts on employment and SGA-level earnings are likely to change as more cases close. If we assume that open cases at treatment sites close at the pre-demonstration rate for competitive employment, then the employment rate for open cases at the control sites would need to more than double (to about 35 percent) to eliminate the impact of the SGA Project innovations. The rate for the open control group cases needing to double to eliminate the estimated impact suggests that the SGA Project's positive impact on competitive employment will likely persist after all cases have closed.

3.4. Lessons learned

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

Second, while we cannot separately estimate the quantitative impact of any individual enhanced service, OVR staff praised a number of the enhanced service elements in particular. Staff believed that the faster pace of services and the consistent and early involvement of the work incentive coordinators were the innovations' most important features. Most executive leadership and local managers praised the use of these coordinators as a valuable innovation that was essential to the project's success. Work incentive coordinators helped reassure clients who frequently expressed apprehension about how earnings would

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

3.5. Limitations

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

4. Conclusions and implications for VR agencies

The SGA Project innovations appear to have generated early, positive impacts on key service delivery and client outcomes in Kentucky. SSDI-only clients at treatment sites experienced shorter times to IPE development and were more likely to obtain competitive employment with SGA-level earnings than would have occurred in the absence of the SGA Project innovations. Together with the more modest estimated impacts in Minnesota (Honeycutt & Kehn, 2018), these large estimated impacts in Kentucky suggest other agencies may consider adopting features of the SGA Project innovations. We conclude with some implications from the evaluation findings in Kentucky that may be of interest for other agencies.

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

IPE strategies. Although the increased pace of service might not be appropriate for all clients, it is a component of the SGA Project model that any VR agency could adopt or adapt for non-SSDI clients. If implementing a faster pace of service is not feasible because of large caseloads, a VR agency's staff could attempt a faster pace for clients who would benefit most from it. For example, a faster pace might benefit individuals who are motivated to return to work or clients who have not yet applied for Supplemental Security Income or SSDI. Early intervention strategies applied in other contexts suggest that getting such people into jobs quickly (or helping them retain their jobs) might reduce the chances of their going onto the disability rolls, and work disincentives associated with receiving such benefits might negatively affect their motivation to work and chances of becoming employed (Ben-Shalom, Burns, Contreary, & Stapleton, 2017).

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

Finally, like VRS in Minnesota, OVR successfully implemented an office-level random assignment evaluation design that might be used by other agencies to rigorously assess the effectiveness of services. Kentucky's successful implementation of an office-level random assignment design permitted a rigorous test of the SGA Project innovations. Other agencies might use this approach to rigorously assess the effectiveness of new services and programs. Such evidence would further our understanding of which VR service approaches work better than others.

Conflict of interest

None to report.

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