ANNUAL REPORT TO CONGRESS, FISCAL YEAR 2016

Evaluation of SNAP Employment and Training Pilots

November 23, 2016

CONTENTS

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I. BACKGROUND

The Supplemental Nutrition Assistance Program (SNAP) is a critical work support for many low-income people. SNAP's Employment and Training (E&T) program can provide SNAP participants with needed education, training, and support services so they can obtain meaningful employment that leads to economic self-sufficiency. SNAP E&T provides assistance to SNAP participants in the form of job search support, job skills training, education (basic, post-secondary, vocational), work experience, and workfare. However, these programs are traditionally small, and information on which approaches most effectively connect these participants to gainful employment is limited.

Section 4022 of the Agricultural Act of 2014 authorizes and funds the SNAP E&T pilot projects, which give Congress, the U.S. Department of Agriculture (USDA), and States an opportunity to expand SNAP E&T programs and test innovative strategies to connect SNAP participants with good-paying jobs, thereby increasing their incomes and reducing the need for nutrition assistance benefits.

A. Pilot projects

In March 2015, through a competitive solicitation, USDA awarded grants between $8.9 million and $22.3 million to 10 pilots: California, Delaware, Georgia, Illinois, Kansas, Kentucky, Mississippi, Vermont, Virginia, and Washington.

The pilot projects offer a range of services, as directed by the legislative mandate for these pilots. Strategies include lighter touch approaches as well as job-driven employment and training services that connect participants with in-demand and emerging industries using strategies that are being tested for the first time among the target population. In most of the States, grantees have created new partnerships between State agencies responsible for the administration of SNAP and other entities, including workforce development agencies, employers, community colleges, and community-based organizations.

All 10 pilot projects completed preparation and implemented between January and April 2016. As of September 30, 2016, a total of 9,726 SNAP participants were enrolled across the pilot projects. These participants include treatment group members, who are offered an enhanced set of services under the pilot project, and control group members, who are offered services currently available through traditional SNAP E&T or other workforce development programs in the community.

B. The evaluation

The Agricultural Act of 2014 provided funding for a rigorous, longitudinal evaluation of the 10 pilot projects. USDA contracted with Mathematica Policy Research and its partner MDRC, along with subcontractors Insight Policy Research, Kone Consulting, and Decision Information Resources to conduct the evaluation (referred to as the evaluation team).

As part of the evaluation, grantees progress through three stages. Phase I refers to the pilot planning phase in which the evaluation team, USDA Food and Nutrition Service (FNS), and grantees developed detailed implementation plans and evaluation designs. Phase II is the initial

pilot implementation phase, in which grantees began pilot operations, including randomly assigning pilot participants into one or more treatment groups and a control group. In Phase II, the grantee, evaluation team, and FNS assess key measures of pilot performance to ensure the pilot is operating as expected. This period will likely last six to eight months, on average; however, the evaluation team and FNS will ultimately decide when a pilot project should move to Phase III, which requires full implementation of the pilot and the evaluation. As of September 30, 2016, eight grantees are in Phase II and two are in Phase III.

The evaluation of each pilot includes four components: (1) a random-assignment ***impact analysis*** that will identify what works, and what works for whom, examining impacts on employment and earnings, public-assistance receipt, and other outcomes such as food security, health, well-being, and housing; (2) an ***implementation analysis*** that will document the context and operations of each pilot as well as help interpret and understand impacts within and across pilots; (3) a ***participation analysis*** that will examine the characteristics and service paths of pilot participants and assess whether the presence of the pilots and their services or participation requirements affect whether people apply to SNAP (entry effects); and (4) a ***benefit-cost analysis*** that will estimate the return on each dollar invested.

The evaluation team is collecting data to support the evaluation from multiple sources. The primary sources of data on employment, earnings, receipt of public assistance, and service receipt for all pilot participants are administrative records obtained from SNAP, Unemployment Insurance (UI), and other agencies. Grantees are currently providing SNAP administrative data on an ongoing basis and will continue to do so through about 2020. Similarly, UI agencies will begin providing quarterly earnings records in 2017, extending back to more than one year before pilot launch and continuing through about 2020.

Each consenting pilot participant provides baseline data by completing the baseline information registration (BIR) at enrollment, before random assignment. Recruitment and enrollment are scheduled for completion by spring 2018, at which time baseline data collection ends.

The evaluation team will administer surveys to a random sample of approximately half of the pilot participants (treatment and control group members) at 12 months and 36 months after random assignment. The 12-month surveys are scheduled to begin in January 2017 and continue through 2019. The evaluation team will administer the 36-month surveys from January 2019 through 2021.

Across three rounds of site visits in 2016, 2017, and 2018, the evaluation team will collect implementation data. The site visits will include in-depth interviews with pilot project staff, focus groups with program participants, observation of operational activities, and document reviews. The evaluation team will also conduct focus groups with employers providing training.

All participating pilots are providing cost data either monthly or quarterly and will complete annual staff time-use surveys for the benefit-cost analyses. The evaluation team will collect cost data through 2019.

C. Reports

Study findings will be shared through annual progress reports to Congress, an interim study report, and a final study report. The first annual progress report to Congress described achievements and accomplishments during fiscal year (FY) 2015 (the study's first year), activities planned for FY 2016, and the overall evaluation study timeline. This second progress report presents achievements and accomplishments during FY 2016, pilot-project challenges after the launch of pilot operations and progress made in addressing these challenges, and activities that will take place in or after FY 2017 related to the evaluation. The evaluation team also will develop an interim report in 2019 and a final evaluation report in 2021 for each pilot and summary reports that synthesize findings across pilots.

II. PILOT-PROJECT OVERVIEW

The 10 SNAP E&T pilot projects were selected to represent and serve diverse service areas and target populations with innovative E&T services (Table 1 and Appendix A). Pilot projects vary in the geography of the service areas in which they operate; they span six of the seven FNS regions (there is no pilot project in the Southwest region) and cover both urban and rural communities. The type of service area varies across pilot projects, with some operating statewide, and others operating in select areas of the State, such as counties, community college districts, or local workforce investment areas. Most pilot projects are targeting 3,000 to 5,400 participants; Washington is targeting 14,000.

All pilot projects are targeting work registrants who are unemployed or underemployed, but most target subsets of this population. Some are focusing on able-bodied adults without dependents (ABAWDs) and even more specific populations within the ABAWD population, such as ABAWDs that are noncustodial parents who owe child support. Others are targeting groups with significant barriers to employment. Vermont is targeting the homeless, ex-offenders, and those with substance abuse issues, and Washington is targeting work registrants with barriers such as lack of housing or long-term unemployment.

The services available to the treatment group vary substantially across pilots (Table 1). Some components used by many pilots include (1) a comprehensive skills and/or clinical assessment that ascertains the participants' work readiness, skills, and barriers to employment; (2) case-management services that develop a detailed individualized work and barrier-reduction plan for the pilot participant; and (3) support services, such as transportation and child care, that address participants' barriers to employment. They include a range of other E&T services such as job readiness training, basic education, occupational training, and subsidized employment. Some of the activities, such as subsidized employment, cannot currently be funded by regular SNAP E&T programs.

Table 1. Overview of pilots

Grantee	Target population	Pilot location	Urban/ rural	FNS region	Targeted pilot size[a]
CA	Work registrants	Nine locations in Fresno county	Urban and rural	Western	3,400
DE	New work registrants who are unemployed or underemployed and are low-skilled and/or have limited work experience	Statewide	Urban and rural	Mid-Atlantic	5,292
GA	Originally ABAWDs (18–49) who have been unemployed for at least 12 months but broadened to all ABAWDs	10 counties in or near the Atlanta and Savannah metropolitan areas	Urban	Southeast	5,000
IL	Work registrants who are unemployed or underemployed with low skills/limited work experience; and those working 20 or more hours per week but needing skill upgrades	33 counties across the State (seven local workforce investment areas)	Urban and rural	Midwest	5,000
KS	Work registrants	35 counties organized into four regions	Urban and rural	Mountain Plains	3,890
KY	Work registrants	Eight counties in Eastern Kentucky Promise Zone	Rural	Southeast	4,000
MS	New and existing ABAWDs	Five community college districts	Urban and rural	Southeast	4,950
VA	Work registrants, including ABAWDs, those with low skills, and noncustodial parents who owe child support and face potential jail time	24 locations	Urban and rural	Mid-Atlantic	5,386
VT	Work registrants with barriers such as homelessness, connections to the correctional system and substance abuse	Statewide	Rural	Northeast	3,000
WA	New work registrants with significant barriers to employment: long-term unemployed, homeless, limited English proficiency, veterans, noncustodial parents with delinquent payment history	Four counties (King, Pierce, Spokane, and Yakima)	Urban and rural	Western	14,000

[a] The pilot size represents the sum of the treatment and control groups and, for most grantees, is evenly split between two groups.

ABAWDS = able-bodied adults without dependents.

III. FY 2016 ACCOMPLISHMENTS

In FY 2016, the pilot projects and their evaluation were successfully launched: all 10 pilots began recruiting and enrolling pilot participants and evaluation data-collection activities were conducted.

A. Pilot start-up

All 10 pilots launched between January 2016 and April 2016, with most beginning operations in February and March 2016 (Table 2). Most grantees began pilot operations in all geographic locations in which their pilot was scheduled to offer services. Georgia and Virginia, however, had a staggered rollout in which pilot operations began in a small core set of counties or other areas and expanded to all locations within a few months.

Table 2. Pilot start dates

Grantee	Pilot start date
CA	January 26, 2016
DE	January 21, 2016
GA	February 2, 2016
IL	March 30, 2016
KS	January 25, 2016
KY	April 18, 2016
MS	March 23, 2016
VA	March 9, 2016
VT	March 7, 2016
WA	February 1, 2016

The Phase I planning period leading up to the launch saw many accomplishments. FNS obtained Office of Management and Budget (OMB) approval to allow the evaluation team to conduct the evaluation on January 20, 2016. Mathematica also received approval from its Institutional Review Board (IRB), the New England Institutional Review Board (NEIRB) and from IRBs in seven States. For three grantees, the evaluation team's New England IRB approval was sufficient.

Grantee staff in all 10 pilots completed comprehensive training from December 2015 through March 2016. The trainings focused on pilot-specific study intake procedures including explaining informed consent, registering participants in the system, and conducting random assignment.

Also during the Phase I planning period and prior to the launch of each pilot, the evaluation team and FNS continued to provide guidance and technical assistance (TA) to pilots through conference calls, webinars, and in-person meetings with grantee staff. The evaluation team and FNS worked closely with each grantee to refine program operations plans and evaluation design plans and to negotiate memoranda of understanding (MOUs) that delineated the roles and responsibilities of the grantees and the evaluation team. In addition, the team worked to finalize data use agreements and the processes through which SNAP administrative data and UI data will be exchanged with grantees throughout the evaluation. The evaluation team collaborated with

FNS SNAP Office of Employment and Training (OET) staff who are providing guidance to grantees on SNAP E&T policies and procedures as well as lending their expertise on best practices related to workforce development programs and SNAP E&T programs.

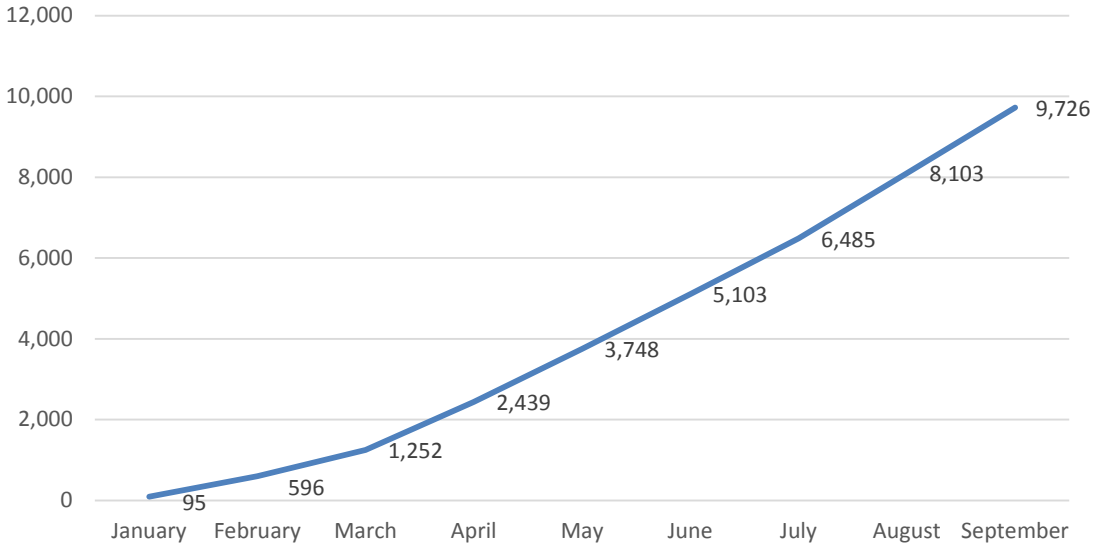
The Phase 1 planning period in FY 2016 included the following additional accomplishments:

- Grantees secured agreements with most of their providers before the launch. Exceptions included grantees such as Washington, which recruited providers for its first year of pilot operations but will further expand the set of providers in the second year, and Kansas, where most provider agreements were established prior to launch but where there have been delays in establishing contracts with some partners that provide specific services, such as occupational skills training. Other grantees finalized agreements with some service providers shortly after the launch, but doing so did not affect the hiring or training of staff for these organizations or the provision of services at the start of the pilot.
- In addition to the comprehensive training provided by the evaluation team on how to conduct random assignment, grantees also provided many forms of training to pilot and provider staff. For example, grantees held trainings to acquaint providers with one another, to share outreach and recruitment strategies, and to train staff on the types of comprehensive assessment models specific to the pilot. In most pilots, staff turnover has required additional trainings of new staff after the launch of the pilot. In addition, in some pilots, such as Illinois, changes in participant intake processes have required additional trainings.
- Grantees developed data systems to track participants' services and to monitor case management. At the time of the launch, most grantees had data systems that are designed to track the receipt of pilot services by treatment group members. Some grantees, however, had to purchase or create new data systems for this purpose. Vermont, for example, developed an in-house data system to track pilot participants' receipt of services and referrals. The State finalized its production and tested it in the first two months of the pilot while using a temporary system to ensure all evaluation data were obtained properly. Once the new system was operational, Vermont seamlessly migrated the data from the temporary system to the new system. Some grantees, such as Mississippi, which had data systems in place at the time of the launch, continued to refine the systems in the first few months of the pilot to make them more user friendly and to ensure all evaluation data were being properly collected.

B. Enrollment

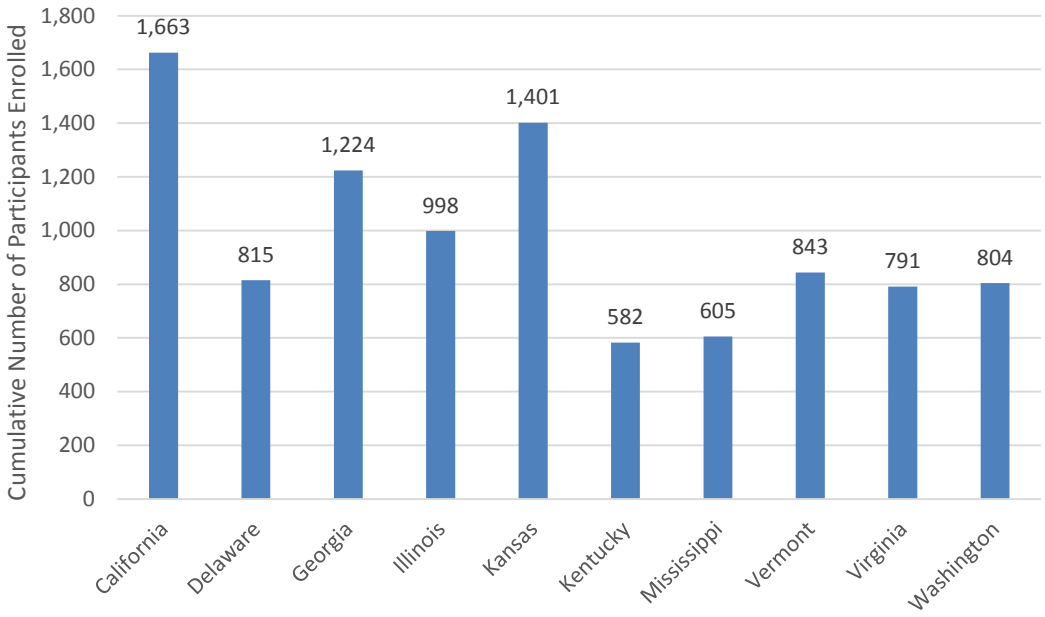
As of September 30, 2016, more than 9,000 individuals were enrolled into the pilot projects, with roughly half of pilot participants randomly assigned to a treatment group and half assigned to a control group. Enrollment across all pilots increased steadily each month, generally increasing by 1,000 to 1,500 participants per month (Figure 1). As Figure 2 shows, grantees generally had strong enrollment, with some grantees such as California, Kansas, and Vermont consistently exceeding their monthly enrollment targets. Differences in enrollment across grantees reflect different target pilot sizes, pilot start dates, recruitment strategies, and pilot-specific challenges that are discussed further in Section IV.

Figure 1. Cumulative number of pilot participants enrolled, by month



Note: Enrollment counts through September 30, 2016.

Figure 2. Cumulative number of pilot participants enrolled, by grantee



Note: Enrollment counts through September 30, 2016. Differences in enrollment across grantees reflect different target pilot sizes and pilot start dates, in addition to recruitment strategies.

C. Service receipt

Grantees made progress in FY 2016 engaging treatment group members in pilot services. Moreover, take-up rates for services continue to increase in most pilots from one month to the

next as pilots strengthen communication with service providers and identify best practices for minimizing barriers to receiving services.

Having pilot participants in the treatment group attend their first appointment after enrollment, which is typically a comprehensive skills or needs assessment, is a point in the service pathway at which participants are likely to drop out of the pilot. Many grantees have been successful in getting most treatment participants to attend these assessments; however, there is variation across States. Almost all treatment participants (98 percent) in California have completed the initial assessment, and more than 85 percent of treatment participants in Vermont have attended the comprehensive assessment. Smaller percentages of participants in some other pilots have completed the assessments—for example, 75 percent in Kentucky.

The take-up rates of services following the initial assessments generally have been lower than the take-up of the assessments, because in many of the projects it takes time for treatment participants to engage in services and there is some drop-off between assessments and services. Between 80 and 90 percent of treatment group members in Vermont have started services after the assessment; these services include education, training, and support services related to housing, mental health, substance abuse, and transportation. About 68 percent of Kansas treatment group members have completed some type of pilot project service after the assessment, including support services, job search and skills training, education, work-based learning experience, or postemployment services. Almost two-thirds (61 percent) of treatment group members in Kentucky have completed an individualized career plan, and about 45 percent have obtained support services intended to reduce barriers to employment. Finally, 30 percent of participants in California have completed a job club workshop series, and 13 percent have started a training or education program.

D. Evaluation data collection

Many types of data are required to address the evaluation's research objectives. In FY 2016, the evaluation team collected baseline data from pilot participants and cost data from grantee and provider staff; conducted the first round of implementation site visits; developed training materials for the 12-month follow-up survey; and finalized the data exchange process for SNAP administrative data, collecting first rounds of administrative data from six grantees.

The evaluation team collected baseline data from the 9,726 pilot participants that enrolled in the pilot from January through September 2016. Table 3 describes each grantee's pilot participants (treatment and control group members combined). The percentage of pilot participants that are female varies from 36 percent in Illinois to 67 percent in Virginia. Pilot participants in Mississippi are 32 years old, on average, and 40 years old in Virginia. The percentage of participants that are Hispanic also varies across States, from a low of 0 percent in Kentucky and 2 percent in Vermont to 15 percent in Kansas and 60 percent in California. The percentage of participants that reported being currently employed at the time of enrollment ranges from 4 percent in Mississippi and 5 percent in Georgia to 25 percent in Virginia and California. The range of estimates across grantees partly reflects the diversity of target populations. When including pilot participants that have ever worked, the percentage that are currently employed or were ever employed increases to between 90 and 97 percent.

Table 3. Characteristics of pilot participants at enrollment

	CA	DE	GA	IL	KS	KY	MS	VT	VA	WA
Average age (years)	36	35	34	34	38	33	32	39	40	38
Female (%)	63	42	48	36	61	57	49	45	67	44
Black or African American (%)	17	51	83	66	26	3	62	6	70	30
Asian (%)	6	1	1	1	1	1	0	1	2	5
American Indian or Alaskan Native (%)	4	3	2	2	8	2	1	3	2	12
Native Hawaiian or other Pacific Islander (%)	1	1	1	0	1	0	0	0	1	3
White (%)	28	48	15	28	67	95	38	93	26	57
No race reported (%)	48	1	1	5	5	1	0	1	2	4
Hispanic (%)	60	10	4	9	15	0	2	2	5	13
Speak English as primary language (%)	91	96	99	98	95	100	99	99	96	85
Married or cohabiting (%)	18	9	5	5	16	33	73	8	14	12
Average household size	3	3	3	2	3	3	2	2	3	2
Living in household with children (%)	50	25	6	8	47	48	4	15	49	17
Without a high school diploma (%)	21	25	19	23	25	23	28	21	23	25
Currently employed (%)	25	15	5	8	17	12	4	15	25	9
Currently or ever employed	94	97	93	90	98	91	92	97	90	95

Source: SNAP E&T Random Assignment System (January through September 2016 data)

Note: Pilot participants consist of all treatment and control group members that completed a baseline enrollment registration.

The evaluation team collected for the cost-benefit analysis several rounds of cost data in FY 2016 from grantee, partner, and provider organizations. The team developed and provided cost data-collection workbooks to each pilot project to collect costs incurred during the Phase 1 planning phase and two quarters after pilot implementation (for most pilots). The evaluation team developed a web-based, time-use survey to collect data on how frontline staff—the staff responsible for direct service provision and interactions with participants—spend their time. Pilot staff in Washington and California completed the survey; the remaining pilots will receive it in fall 2016.

The evaluation team conducted sites visits to all 10 pilots to collect implementation data through interviews of key pilot staff and observations in order to document the context and operations of each pilot as well as help interpret and understand impacts within and across pilots. Currently, the team is documenting in memoranda the pilots' successes, challenges, and lessons learned to date.

The evaluation team also completed the development of training materials as preparation for the 12-month follow-up survey that will be administered beginning in 2017. These materials provide information that interviewers need to conduct the telephone survey, including an overview of the data-collection process and survey content, instructions for administering the surveys using computer-assisted telephone interviewing, and best practices for gaining cooperation from potential respondents.

The evaluation team finalized data exchange processes for SNAP administrative data with 9 out of 10 grantees. These processes ensure that grantees provide data for all pilot participants, that a consistent set of information is provided across grantees, and that grantees are able to provide the data in a timely manner. Satisfying these requirements will help to maximize the reliability of the analysis findings and to compare findings across grantees. The evaluation team also continued finalizing data use agreements for collecting UI wage records for each of the pilots. Signed agreements are in place with Georgia, Kansas, Mississippi, and Virginia, and the evaluation team is currently receiving test files from these States to ensure they contain the required data. The team is continuing to work on securing agreements with UI agencies in the other six pilots.

IV. PILOT-PROJECT CHALLENGES AND PROGRESS

Like many organizations that develop new programs and participate in evaluations, the grantees in the SNAP E&T pilot projects also encountered challenges during the planning period (Phase I) and the early implementation period (Phase II). Many of these challenges had implications for the evaluation, including delays in pilot start-up, lack of a treatment and control contrast, ability to provide quality data, low enrollment, and low service take-up. The evaluation team and FNS worked closely with the grantees to resolve issues as they arose. Although many of these challenges were overcome, some persist. The following section summarizes major challenges reported by multiple pilot projects during the pre-implementation period and in the first few months after the launch of the pilots, as well as discusses the progress grantees have made to overcome these challenges. Appendix A includes details about specific challenges encountered by each pilot project.

A. Pre-implementation challenges

Delays in pilot start-up. All of the grantees encountered delays in starting their pilot projects. Although all targeted October 2015 as their launch date, they faced various challenges that delayed the project launch to late January through mid-April. Delays that occurred in early 2016 were primarily due to the unanticipated time needed to create new programs, form partnerships with E&T providers in the community, and hire new staff. Contributing factors to these challenges include the following:

- **Creating new programs.** Some States had very limited SNAP E&T services from which to base their pilots, meaning there was little existing infrastructure on which to develop these pilots. Georgia, Kentucky, Mississippi, and Virginia had no core E&T services in some or all of their pilot areas and thus needed to develop new capacity, partnerships, and policies specifically for this pilot.

- **Forming partnerships and contracts.** All of the pilots required partners, often multiple partners, to provide E&T services and grantees needed to develop contracts with each of the partners. Negotiating agreements was time-consuming and sometimes complicated by grantees needing to adhere to State procurement processes. Two grantees encountered delays due to their State's procurement process. For others, the role or involvement of the

partners changed after the initial application, and grantees had to renegotiate agreements prior to the launch of the pilot.

The evaluation team and FNS worked closely with the pilots to provide guidance on developing the infrastructure and partnerships for the launch of the pilots. Ultimately, all of the grantees implemented their pilot projects in early 2016.

Lack of treatment and control contrast. A strong differential between the services offered to members of the treatment and control groups is necessary for an informative evaluation. However, some sites initially encountered challenges creating clear distinctions between groups. These challenges were primarily due to:

- **Some states in which pilot projects operated already offered extensive SNAP E&T services.** In some States, the existing SNAP E&T services or the workforce development services offered to everyone in the community were already quite extensive, which limited the potential contrast. Washington, for example, already had a large SNAP E&T program, while Kentucky offered workforce development services through American Job Centers or community-based providers similar to those offered in the pilot. In these States, the pilot projects needed to offer either a new service or more intensive services. Washington offered treatment group members additional case management and support services, as well as work-based learning. Kentucky offered treatment participants team-based case management, support services, and work-based learning not offered to the control group.
- **Heavy presence of services outside the pilot.** Some States have additional pilots and grants in the E&T pilot areas that could result in participants receiving services or benefits from other sources that are similar to those offered by the pilots. For example, Washington, Kansas, Kentucky, Illinois, and Virginia are running other employment service pilots in some of the same regions in which the E&T pilot project is operating. In addition, Kentucky has had an influx of training funds flowing into the pilot area to serve the communities broadly.

Smaller contrasts between the treatment and control groups will narrow the impacts the evaluation team might find, and other programs and services offered in the pilot area might limit recruitment or make it difficult to identify whether an improvement in participant outcomes is due to the E&T pilot services or these other programs and services. The evaluation team talked extensively with pilot staff about ways to strengthen the contrast and minimize the effects of other pilots and funds and emphasized during pilot staff training sessions the importance of differences in services offered to the treatment and control groups. The evaluation team will continue to ensure the differences are implemented widely and consistently by all providers. The evaluation team also worked with the evaluation staff of other pilots internally and across organizations to identify ways to limit overlap in pilot services.

Development of data-tracking systems. All of the grantees had to develop new data systems or add variables to their current systems to track pilot data. About half of the pilots (for example, Illinois and Washington) had in place tracking systems that could be modified for the pilot, leaving the rest to develop new systems and train staff to use them. Most grantees underestimated the time and resources needed for development, testing, and training. Currently, all the grantees have operating data systems, but four grantees did not have them fully in place at

the start of the pilot, and two (Washington and Virginia) are still developing portions of their system. These states are using interim databases to collect required evaluation data and plan to backfill the new systems with participant data once the systems are fully operational.

The lack of data-tracking systems specific to the pilot project meant that it was challenging for most grantees to provide data on the services a pilot participant accessed. These data are important, because they provide information on whether the pilot projects were operating as intended. Therefore, one of the evaluation team's top priorities was to support the grantees, as needed, in developing these systems and providing guidance and review of the systems to make certain they met the needs of the pilot project and the evaluation. The team also continues to review the data reports to identify gaps or inconsistencies in the data that need further clarification. Grantees are committed to providing high quality data and continually work with their staff to make improvements as needed.

B. Post-implementation challenges

Since launching their pilots, many grantees have encountered challenges related to recruiting and enrolling SNAP participants into the pilot, members of the treatment group taking up the offer of pilot services, and retaining pilot staff.

Recruitment and enrollment. Although some grantees have met their monthly enrollment targets after implementation, most have struggled to recruit and enroll their targeted number of pilot participants. In September 2016, for example, two grantees exceeded their monthly target, while eight fell short by about 50 percent, on average. This effect may be attributed to several factors. Some pilots are targeting individuals with significant barriers to employment. In addition, workforce programs generally are not focused on actively recruiting participants; instead, individuals typically seek out services or are required to participate. Also, clients that currently seek out these services are often not part of the population targeted for the pilot projects. Therefore, providers needed to identify new methods for reaching pilots' target populations. Some pilots have met this challenge effectively (for example, Kansas hired a consultant to help develop recruitment methods and materials); others have encountered more challenges.

Most grantees used multiple methods—letters, telephone calls, in-person contact, and home visits—to directly recruit the pool of eligible pilot participants. Grantees often found that letters were much less effective than in-person contact. Some grantees, such as California, Delaware, and Washington, have found success coordinating with local SNAP offices, asking staff to share information about the pilot when clients are at the office or stationing pilot staff at the offices to enroll on-site. Others, such as Illinois, developed pilot-specific videos to show to clients waiting in the SNAP offices.

Although recruitment is slower than expected in some pilot projects, sites closely monitor their enrollment and explore alternative recruitment strategies when needed. The evaluation team provided grantees with sample enrollment tools to help them identify how many eligible individuals they must enroll each month to meet their goals. Using these data, the evaluation team works with the grantee each month to assess the trends and to offer assistance when needed. In addition, grantees are often reviewing enrollment by location and holding discussions

with individual sites that struggle to determine how they may help the site better target and reach the pilot population.

Service take-up. The core of the pilot projects consists of the provision of services designed to increase earnings and employment and decrease the need for nutrition assistance benefits; much of the success of the pilots will be determined by the actual effectiveness of these services and participants' interest and engagement in receiving them. As discussed earlier, pilot projects have had challenges in consistently engaging participants in certain services. Generally, after enrollment, participants are moving to intake and assessment services, but some sites have struggled upfront and have experienced significant drops in engagement in training services after the initial assessment. There are several factors contributing to this decline, including:

- **Connecting to services.** In several pilot projects, including Georgia, Mississippi, Illinois, and Virginia, the staff enrolling the participant into the pilot are not the same staff providing services. Participants must travel to a new location and meet with different staff to receive services, generally at community colleges, American Job Centers, or community-based organizations. These pilot projects often experience a drop in engagement among participants between enrollment and provision of services.
- **Timing**. Most pilots offer extensive support services designed to reduce barriers to employment prior to entering training. Depending on the severity of barriers, participants may receive services for several weeks or months before moving to training.
- **Upfront assessments and readiness programs.** A few of the pilot projects have involved assessment processes that take weeks to complete before moving to training. Mississippi's pilot includes a four-week assessment and job-readiness program in which the treatment group participates before referral to a career or education pathway. Washington requires all participants to attend a six-week soft skills training course before moving into training, and many participants may need to work on reducing their barriers before they attend this training. Vermont offers multiple assessments and meetings before service referral that could take weeks to complete. Although participants in these programs are not moving into employment and training quickly, they are receiving assessments and job readiness skills that may better prepare them for training and employment. Some of the grantees speculate, however, that the slow entry into training and employment services has caused some participants to disengage.
- **Cohorts**. Pilot projects that offer training based on cohorts, in which a certain number of participants must be recruited before a class will begin, can often slow entry into training. Most of the pilot projects have at least some training based around cohorts. Pilot projects have struggled with aligning enrollment to class schedules and, with the lower than expected enrollment, often find it difficult to fill classes. This can be a particularly acute challenge for pilot projects offering education and training through community colleges due to rigidities in class schedules. Participants are offered other services while they wait, but if they are not interested in these services, they may leave the program before classes begin.
- **Noncompliance with work requirements.** In states with mandatory SNAP E&T work requirements, there is a small window of time to comply with requirements before being sanctioned. Those that do not comply and do not have good cause for doing so have their case closed, or are individually disqualified and their household SNAP benefits are reduced.

In these cases, their participation in pilot services ends until they serve their penalty period (e.g. 1-3, 3-6, or 6 or more months) and resolve the issue that caused the case closure. Thus, in a state with mandatory work requirements, a drop in service receipt following the initial assessment may reflect noncompliance in addition to the challenges related to connecting to services, timing, upfront readiness programs, and the need for cohorts.

Grantees acknowledge that service take-up rates have been a challenge, and continue to identify and address the bottlenecks. Some reasons for slow take-up, such as trainings based on cohorts, are more challenging, as they involve careful coordination between providers and the need to enroll participants at certain times to fill classes; others are being addressed through operational changes and staff training.

Staff turnover. A few of the pilot projects have experienced substantial staff turnover since the start of the pilot. Although turnover in social service programs is not uncommon, for some of the sites, it has caused disruptions to pilot operations. Several sites have lost frontline staff, making it difficult to consistently provide services in those areas. Some of the grantees also have lost key management staff involved in developing and administering the pilot project.

This level of turnover during a pilot can cause interruption in enrollment, service provision, and oversight. Grantees are working to develop plans to replace staff quickly and provide a transition period, when possible. Many also are exploring why turnover is happening to identify preventative measures for the future.

V. EVALUATION- RELATED ACTIVITIES FROM FY 2017 TO FY 2021

The following key evaluation activities are planned for FY 2017:

- **Baseline data collection.** The evaluation team will continue to collect information on the pilot project participants at random assignment through its random assignment system. All pilots are scheduled to complete enrollment by spring 2018.
- **Monitoring and corrective TA.** The evaluation team will conduct monitoring and corrective TA activities for all pilots, covering both pilot operations and evaluation procedures. Grantees will transition from a more intensive monitoring and corrective TA period (Phase II) to reviewing performance based on monitoring in the third and final phase of the project with TA needs being identified and provided as needed. It will include review of reports and data on participants' enrollment and service receipt and some in-person visits and conference call meetings with pilot project staff to ensure that pilots are operating successfully and following evaluation protocols and procedures.
- **Collecting cost data.** The evaluation team will continue to collect cost data from the 10 pilots through 2019. Mathematica will submit to FNS memoranda on data quality of the cost data in early 2018 and late 2020. The team will administer the first round of the time-use survey to frontline pilot staff in the remaining eight pilots in fall 2016. The second and third rounds will be administered to all grantees in summer 2017 and in summer 2018, respectively.

- **Follow-up survey data collection.** Mathematica and staff from Decision Information Resources will prepare for, train for, and begin administering the 12-month follow-up survey to a random subsample of evaluation participants. The follow-up survey will begin in January 2017 and will continue to be administered until approximately one year after enrollment ends for all grantees. The survey will be administered in a staggered order according to when grantees began implementation, starting with California in January 2017. Mathematica will administer a second round of follow-up surveys 36 months after participants are randomly assigned, among those individuals that responded to the 12-month survey. These surveys will be conducted from January 2019 through 2021.
- **Round 2 implementation data-collection site visits.** The evaluation team will conduct the second round of implementation data-collection site visits beginning around May 2017 and the third round of visits beginning around May 2018. During these visits, the team will conduct a combination of participant focus groups, employer focus groups, and case studies with SNAP E&T pilot participants and providers.
- **Collecting participant administrative data.** The evaluation team will finalize the data-exchange processes with all grantees in fall 2016 and will obtain SNAP administrative data monthly or quarterly. The team also will finalize the data use agreements with the remaining six grantees for the acquisition of UI wage records.
- **Collecting service receipt data.** The evaluation team will continue to collect service receipt data from grantees to monitor the participants' take-up of pilot services. These data also will be used in the participation analysis to describe the services that treatment-group participants receive, document entry and exit dates for specific E&T activities, and identify the employment obtained during the pilot participation period.
- **Technical working group meetings.** The evaluation team will conduct the second and third of three technical working group meetings in Washington, DC, in early 2019 and 2021. (The first meeting was conducted in 2015.) The second meeting will focus on interim findings and the third on final findings.
- **Reports and briefings.** The evaluation team will prepare reports, including annual reports to Congress and interim and final reports for each pilot. It will also submit interim and final summary reports that synthesize findings across pilots (to be submitted to FNS in March 2019 and April 2021, respectively).

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APPENDIX A

PILOT-PROJECT SUMMARIES

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CALIFORNIA (FRESNO) PILOT

Summary

The Fresno Bridge Academy pilot project serves SNAP participants in Fresno County, California. The California Department of Social Services (CA DSS) is the grantee agency and provides general oversight for the project; however, the Fresno County Department of Social Services (Fresno County DSS) administers the pilot project through a contract with local nonprofit organization Reading and Beyond (RAB), which operates the Fresno Bridge Academy. RAB provided SNAP E&T services in Fresno County prior to the pilot and has expanded on those services for pilot participants, mainly through incentives and subsidized employment placements. Table A.1 summarizes the pilot services and characteristics, target populations, and other pilot details. This summary also includes a description of the most significant pilot challenges and accomplishments over the last fiscal year.

Table A.1. California (Fresno) pilot summary

Intervention: Fresno Bridge Academy

- Career-oriented program, with education, training, support and retention services
- Subsidized employment and nonsubsidized employment referrals
- Case management
- Financial incentives for enrollment and participation

Target populations

- Work registrants: families with children, unemployed/underemployed, high school dropouts, those with criminal records, disadvantaged individuals, and those with limited work experience

Target number of pilot participants and enrollment period

- 3,500 over 18 months[1]

Type of State E&T program

- Voluntary

Location of pilot

- Fresno County
- Urban (six sites) and rural (three sites)

Major partners and providers

- Fresno County Department of Social Services (Fresno County DSS) (partner)
- Reading and Beyond (RAB) (provider)

Pilot start date

- January 21, 2016

[1] The sample size represents the sum of the treatment and two control groups and is split by 1,500 in the treatment group, 1,500 in control group 1, and 500 in control group 2.

Challenges and accomplishments

Met monthly enrollment goals after initial challenges. The enrollment and recruitment process in the early months of the pilot presented some challenges, including a delayed start and difficulty receiving lists of potential participants from Fresno DSS. Monthly enrollment figures consistently increased after the launch of the pilot in January 2016, in part due to the implementation of new and enhanced strategies to increase enrollment. One strategy that has contributed to increases is RAB staff attending county staff meetings to promote the program and

encourage eligibility workers to complete the SNAP E&T screening and referral process. Although enrollment was steadily increasing during the first six months of the pilot, RAB and Fresno DSS recognized that their enrollment goals were not realistic in light of early delays. Therefore, in July, RAB adjusted its enrollment projections to rebalance its enrollment goals, reallocating some of the target enrollment sample to later in the original 18-month enrollment period. Following this adjustment, RAB has continued to increase enrollment, and in August 2016, had its highest month of enrollment yet.

Developed database for the pilot and worked on enhancements for creating reports. Before the start of the pilot project, RAB collected service receipt data in a system that was shared with other programs within its organization. In preparation for the pilot, RAB needed greater ability to customize the collection of service receipt data for all pilot participants; therefore, it developed a new stand-alone data system using customizable off-the-shelf software to capture all the data required for the pilot evaluation. RAB developed and customized this database in time for the pilot launch and has since been collecting service receipt data using this tool. Although the system is collecting all required data, it is not currently exporting all data into usable report formats. RAB pilot staff have been working with RAB's system developers to make the enhancements needed to create all service receipt data reports required by pilot staff and the evaluation team.

Worked to improve participant progress through services. Study participants are currently progressing through services in both the treatment and control group as expected. All participants have started their initial intake assessment (as it occurs immediately following consent and random assignment into the study), and 98 percent have completed this initial assessment, which includes an individualized career plan. The service receipt performance data also demonstrates that participants are completing their three- and six-month assessments, when goals are reviewed and updated. Additionally, 30 percent of treatment group participants have completed the job club workshop series, and 17 percent have started a training or education program. Participants who have completed the assessment, but have not yet completed the job club workshop series or a training or education program, have faced barriers to participation related to child care and transportation. For participants that are employed, there also have been scheduling challenges. In addition, RAB has had difficulty finalizing contracts with subsidized employment providers, which has limited their ability to offer this enhanced service to participants. Also, prior to entering subsidized employment, participants must be work ready and have completed all workshops and assessments, so lower subsidized employment rates are expected early in the pilot. Finally, in August 2016, RAB saw a small percentage of closures or "dropouts" for the first time among treatment-group participants. RAB staff are working to re-engage participants to limit these dropouts in each stage of the pilot using a combination of both email and telephone contact, as well as in-person home visits to assess and address the reasons for dropping out.

DELAWARE PILOT

Summary

The Delaware Division of Health and Social Services (DHSS) administers the Delaware Project Work Opportunity Networks to Develop Employment Readiness (Project WONDER), which it launched statewide in February 2016, serving new SNAP work registrants. Project WONDER includes four program tracks—three provided by partners and one developed by DHSS. After its launch, Delaware limited recruitment and enrollment initially while it trained staff and partners, created data systems, and established pilot processes; Delaware expanded their outreach efforts in July 2016. Table A.2 summarizes pilot services and characteristics, target populations, locations of services, and major partners and providers. This summary also includes a description of the major pilot challenges and accomplishments over the last fiscal year.

Table A.2. Delaware pilot summary

Intervention: Project WONDER

Project WONDER offers intensive case management, criminal history expungement services, financial counseling, and employment and training services under four tracks:

- Construction trade pre-apprenticeship (Track 1): Placement in a U.S. Department of Labor (DOL)-registered construction laborers pre-apprenticeship program. Participants will receive three weeks of mentoring services and job placement services, in addition to a 5-week full-time paid placement in an apprenticeship area aligned with their skills.
- Culinary arts training (Track 2): Placement in a 39-week training program provided by a certified trade school. Paid internships, life-skills training, and post-graduation services are available.
- Manufacturing certificate program and placement (Track 3): 90-day job placement in a full-time entry-level position at KraftHeinz Foods upon completion of a self-directed certificate program at a community college.
- Traditional, broad-spectrum job placement (Track 4): High-intensity job placement services, including basic education instruction and soft skills training.

Target populations

- New work registrants

Target number of pilot participants and enrollment period

- 5,292 over 24 months[1]

Type of State E&T program

- Voluntary

Location of pilot

- Statewide
- Urban, suburban, and rural

Pilot start date

- February 1, 2016

Major partners and providers

- APEX (provider)
- CareerTeam (provider)
- Eastside Rising (provider)
- DelTech (provider)
- Food Bank of Delaware (provider)
- KraftHeinz (provider)
- $tand by Me (provider)

[1] The sample size represents the sum of the treatment and control groups and is evenly split between the two groups.

Challenges and accomplishments

Modified Track 4 operations in response to partnership changes. Delaware DOL agreed in the grant application to provide the Track 4 broad-based job readiness and placement services. However, after award, Delaware DOL requested modification to its scope of work, scaling back its proposed involvement in the pilot. Given the changes to the partnership, DHSS developed a partnership with CareerTeam to provide remedial education and services, and DHSS opted to directly hire staff to serve as job placement specialists. DHSS was able to establish this new set-up before the pilot launch in February.

Overcame initial challenges moving participants through the assessment phase. Under the WONDER model, all participants complete the computer-administered CASAS assessment, which determines math and reading proficiency. Initially, the pilot's outreach specialists faced challenges encouraging participants to complete the assessment, and as a result, assessments became a drop-off point for participant engagement. DHSS staff worked to address this challenge by modifying procedures to reduce barriers for participants. Initially, participants needed an additional appointment to complete assessments, often in another location. Participants can now complete assessments immediately after intake and in computer labs at the pilot offices. Since this change, more participants are completing the assessment.

Worked on enrollment goals and enrolling participants in tracks. The pilot is facing difficulty meeting its overall enrollment goals, as well as track-specific enrollment. Pilot staff had some success enrolling pilot participants by coordinating with SNAP eligibility offices and participating in group eligibility orientations; however, DHSS is changing its SNAP eligibility process (outside of the pilot) and phasing out these sessions and this may impact enrollment efforts. Additionally, enrollment remains low in Tracks 1 and 3. DHSS and the provider believe based on anecdotal conversations with pilot participants that interest in Track 1 has been low due to the intensity of the training. Track 3 has yet to enroll participants due to miscommunication about the background check process and needs of the employer. DHSS is working to improve this communication to increase the number of pilot participants in the track. Track 2 has steadily had strong enrollment and in some locations has a waitlist due to the limited class sizes; most of the remaining participants are enrolled in Track 4.

Worked on procedures, and systems development. At launch, DHSS had not finalized the processes and systems needed to support the pilot and the evaluation, which created multiple challenges for outreach specialists and partners. Staff and partners continued to be trained on policies and procedures after February 1, 2016, and DHSS continued to develop a management information system and documentation after the launch. Since its completion in July, the system has limited how the grantee and evaluation team monitor the pilot and requires follow-up with partner and pilot staff to ensure that data files are both correct and complete. Delaware has therefore contracted with a third-party vendor to develop a cloud-based management information system. The new system, which likely will launch in early 2017, should simplify data tracking for pilot staff and partners and will include numerous checks to ensure high quality data.

GEORGIA PILOT

Summary

The Georgia Division of Family and Children Services (DFCS) administers the SNAP Works 2.0 pilot, which provides coordinated job search, education and training, and barrier-mitigation services to able-bodied adults without dependents (ABAWDs) in 10 Georgia counties. After a staggered rollout in these counties from February through June of 2016, the pilot has established its recruitment and enrollment operations and is on track to recruit its targeted number of participants within the original enrollment period. Pilot staff continue to monitor participation and case management via a cross-agency database, ensuring participants are engaged in services and barriers are addressed. Table A.3 summarizes pilot services and characteristics, target populations, locations of services, and major partners and providers. This summary also includes a description of the major pilot challenges and accomplishments over the last fiscal year.

Table A.3. Georgia pilot summary

Intervention: SNAP Works 2.0

- Services provided to SNAP Works 2.0 participants include coordinated case management; individual and supported job search using a robust online tool with real-time access to labor-market demand; in-depth assessment of participant skills and career interests, and access to training and education services through Local Workforce Investment Agencies (LWIAs) that historically have not served the target population.
- Coordinated referrals to partner agencies are provided to participants in need of barrier mitigation services.

Target populations

- ABAWDs (18–49 years old)

Target number of pilot participants and enrollment period

- 5,000 over 24 months [1]

Type of State E&T program

- Mandatory

Location of pilot

- 10 counties including parts of the metro Atlanta and Savannah areas: Bulloch, Chatham, Cherokee, Clayton, DeKalb, Douglas, Glynn, Gwinnett, Henry, Rockdale
- Urban

Major partners and providers

- Georgia Department of Labor (GDOL) (provider)
- Three LWIAs: DeKalb Workforce Services, Atlanta Regional Commission, Coastal Workforce Services. (provider)

Pilot start date

- February 2, 2016

[1] The sample size represents the sum of the treatment and control groups and is evenly split between the two groups. The initial enrollment period of 27 months was changed to 24 months in July 2016 to reflect the staged rollout of random assignment across geographic areas and to ensure services are completed before the end of the evaluation period.

Challenges and accomplishments

Completed launch of study enrollment and service delivery in all 10 pilot counties as of June 2016. Georgia launched the pilot first in two large Atlanta counties in February 2016, and

staggered the roll out across the remaining counties through June 2016. Although the staggered rollout was delayed in some places due difficulty in hiring pilot case managers, the pilot is now on track and projected to enroll its pledged sample of 5,000 participants within a 24-month period.

DFCS staff developed successful enrollment operations following a reassessment of the target population. Georgia initially planned to target a subset of ABAWDs who were unemployed for at least 12 months prior to their SNAP certification or recertification; however, they found that the pool of eligible clients was smaller than anticipated. Pilot staff realized during pilot orientation sessions that some attendees likely qualify for exemptions from the requirement—due to physical or mental disabilities, or caring for an incapacitated adult. SNAP E&T staff consequently referred such individuals back to the SNAP eligibility staff for work requirement reassessments. As a result, Georgia was concerned it would not be able to enroll sufficient numbers of pilot-eligible clients. With approval from FNS, the Georgia pilot broadened its target population to include all ABAWDs, regardless of their recent work history. This change, coupled with improved marketing and recruitment efforts on the part of pilot staff, has contributed to Georgia exceeding its enrollment target beginning in August 2016 and continuing into September 2016.

Customized and rolled out a cross-agency management information system (MIS). GDOL achieved its goal of modifying and launching a unified, cross-agency participant service-delivery tracking database, called the Georgia Workforce System (GWS). The system enables case workers at DFCS, GDOL, and the associated LWIAs to monitor and report on participant progress throughout Georgia's pilot services system.

Worked on increasing participation in pilot services. Although it may still be too early to assess the extent of participation in some services, such as education and training services coordinated by the LWIAs, participation in Georgia's job search services is low. Despite an increased focus on assisting participants to access transportation support services, many participants appear to be facing transportation barriers. DFCS has taken steps to mitigate this issue, contracting with a van service in areas where public transportation options are poor, for instance. Also, GDOL relocated staff to an additional career center location to better serve participants in one county. Still, many participants are dropping out of the pilot's supported job search services before or soon after service receipt. Pilot staff are developing procedures for re-engaging such clients in services and are weighing strategies for maximizing participation.

Staffing levels. Georgia's enrollment operations are sensitive to disruption by turnover among SNAP E&T case managers, particularly in DFCS offices that serve less populous counties and have lower staffing levels. For instance, in one county, SNAP E&T operations have recently been executed entirely by State-office staff—including delivery of the regular SNAP E&T program and monitoring of pilot participants—following the departure of the sole case manager. Across all 10 pilot counties, Georgia DFCS will continue to be challenged to maintain and strengthen its SNAP E&T staff organization due to low staffing levels and historically high turnover rates.

ILLINOIS PILOT

Summary

The Illinois Department of Human Services (IDHS) oversees the Employment Opportunities, Personalized Services, Individualized Training, Career Planning (EPIC) pilot serving SNAP participants in seven of the state's 26 Local Workforce Investment Areas (LWIA) that span all five of the State's Department of Human Services regions. The pilot was launched in March 2016 and has since used data from its customized portal in the State's workforce management information system (MIS) to monitor sample enrollment and program participation. Using timely information from the MIS, Illinois has responded flexibly to restructure and streamline the enrollment process and address issues related to program participation. Table A.4 summarizes pilot services and characteristics, target populations, locations of services, and major partners and providers.

Table A.4. Illinois pilot summary

Intervention: EPIC

- The EPIC pilot provides job training and education services to SNAP recipients based on their needs and backgrounds, career interests, and local labor market demand. At program entry, participants choose among a number of training opportunities. Across the state, 24 community-based organizations (CBO) are responsible for delivering training to EPIC participants; training is intended to lead to industry credentials or certificates. Training can last from 6 to 20 weeks, depending on the type of training and the provider. Service duration is also based on the skills training but could range from three months to one year. In addition, EPIC participants have access to paid work experience, supportive services (transportation), and 90 days of post-placement services.

Target populations

- Unemployed and underemployed (working 20 hours a week or less) SNAP recipients with low skills and/or limited work experience
- SNAP recipients working more than 20 hours per week, still eligible for SNAP benefits, requiring skill improvements

Target number of pilot participants and enrollment period

- 5,000 over 14 months[1]

Type of State E&T program

- Mandatory and voluntary (based on geographic location and exemption from SNAP work requirements)

Location of pilot

- Seven LWIAs, covering 33 counties
- Mixture of urban, rural and small towns, across the State

Pilot start date

- March 30, 2016

Major partners and providers

- Illinois Department of Commerce and Economic Opportunity (DCEO) (partner)
- Southern Illinois University Center for Workforce Development (SIUCWD) (partner)
- 24 CBOs (providers)

[1] The sample size represents the sum of the treatment and control groups and is evenly split between the two groups.

Challenges and accomplishments

Developed a robust MIS portal, designed for the pilot. To track work participation activities among SNAP recipients, IDHS contracted with SIUCWD to customize part of the State's workforce MIS. This customization allows IDHS and DCEO staff to track the study enrollment process and determine where drop-off is occurring, so they can more easily identify

bottlenecks and address issues. The system also allows IDHS staff to refer EPIC participants to appropriate CBOs for training, based on a number of parameters including career interest, training availability and start date, proximity to the participant's residence and entry requirements. Once referred, the MIS notifies the CBO of the participant's interest in the training class; the case is then effectively transferred from IDHS to the CBO, which becomes responsible for case management and providing services. CBOs can enter data on participants' EPIC plan and participation in activities. Further, EPIC management and CBO staff can use the MIS to track performance against agreed-upon goals.

Adjusted intake process to increase sample enrollment. At the launch of pilot services, Illinois' intake process included a 1-2 hour assessment test (the NOCTI 21st Century Skills Assessment), requiring individuals to return to the IDHS office for a second visit to complete random assignment. This process was designed to promote an accurate match of individuals randomly assigned to receive EPIC services with the most appropriate CBO training providers. Effectively, the process resulted in low study enrollment. After several months of low intake, the EPIC management team eliminated the assessment test, reducing the study enrollment process to one visit. Since implementing a streamlined process in late June, enrollment in Illinois' pilot has increased significantly. During this same period, IDHS also substantially changed the intake process in Cook County, where most study enrollments will occur. Originally, study enrollment occurred in one centralized office that, for some individuals, was difficult to reach. During mid-July, Illinois began to decentralize EPIC intake operations, stationing staff in six intake locations throughout the county. The decentralization process required locating and preparing space, training additional staff on SNAP E&T policies and procedures, and educating staff on EPIC program services and study intake procedures. The new approach was implemented in late August and Illinois is expected to increase sample enrollment.

Undertook efforts to increase early engagement in pilot services. The central component of the EPIC model is occupational skills training. As more referrals are made to CBOs for training, IDHS/DCEO are finding that some EPIC participants are not interested in the training offered. The Illinois management team is focusing on two issues that are contributing to the drop in continuing participation. One relates to EPIC participants' lack of information on the requirements and expectations of the CBO to which they are referred. Although EPIC participants are required to engage in career exploration as part of the intake process, they are often making quick decisions on training, with limited knowledge of the commitment required. When they arrive at a CBO and learn more about the CBO's expectations and services available, they stop participating. To address this problem, the Illinois management team is setting up meetings between the CBOs and IDHS staff involved in study intake, so IDHS can better inform EPIC customers about their training options and requirements and a better match can be made prior to making a CBO referral. A related issue is EPIC participants' challenges in supporting themselves while enrolled in training, even short-term training. Again, management staff are working on establishing paid work-based learning and internships in conjunction with training, so the opportunity costs associated with training do not become a barrier to training participation.

KANSAS PILOT

Summary

The Kansas Department of Children and Families (KDCF) administers the Generating Opportunities to Attain Lifelong Success (GOALS) pilot, which serves SNAP participants in 35 counties throughout Kansas. Pilot services were launched at the end of January 2016 and since inception, Kansas has been successful in meeting pilot enrollment goals. Recently, management staff has finalized most service contracts with outside providers, allowing more GOALS participants to be enrolled in substantive job readiness training classes as well as occupational skills training. The Kansas site has an efficient system to track participation in GOALS services and the service differential (the difference between services received by the treatment and control groups). Table A.5 summarizes pilot services and characteristics, target populations, locations of services, and major partners and providers. This summary includes a description of the major milestones achieved by the site as well as some challenges the site addressed over the fiscal year.

Table A.5. Kansas pilot summary

Intervention: GOALS

- GOALS provides new strategies to stabilize, train, place, and sustain motivated SNAP recipients. Services are tailored to individuals' education and work experience. At the core of the GOALS pilot is intensive case management. Career navigators will assist treatment group members in accessing components of the GOALS services offerings based on need and interests. Individuals will have access to soft skills training, short-term occupational skills training, internships, job placement, job retention, and peer-mentoring services.

Target populations

- All SNAP work registrants.

Target number of pilot participants and enrollment period

- 3,890 over 24 months[1]

Type of State E&T program

- Voluntary

Location of pilot

- 35 (out of 105) counties, clustered into four general pilot regions: Northeast (serving the region surrounding Topeka), South Central (Wichita Metro area), Southeast, and Southwest
- Urban and rural

Major partners and providers

- Kansas Department of Children and Families (KDCF) (provider)
- University of Kansas Center for Public Partnerships and Research (KU-CPPR) (partner)

Pilot start date

- January 25, 2016

[1] The sample size represents the sum of the treatment and control groups and is evenly split between the two groups.

Challenges and accomplishments

Met pilot enrollment goals in almost every month since pilot launch. Kansas has been successful at enrolling SNAP recipients into the pilot since the start of program operations. Prior to program launch, Kansas worked with a professional marketing firm to convene focus groups with SNAP recipients and agency staff; the focus groups provided input on messaging and draft marketing materials. Based on this input, Kansas developed a marketing strategy and professional materials that have been used in a variety of settings. The marketing materials, coupled with the Kansas teams' proactive recruitment strategy, have been key to Kansas meeting enrollment targets. With the exception of the two summer months, Kansas has exceeded its monthly enrollment goals. Due to staff turnover in the Northeast region during June and July, Kansas intentionally slowed its intake so that staff could serve the existing caseload while new staff were hired. Further, Kansas slowed intake in the South Central region to better serve existing clients while additional staff were hired. Overall, Kansas is on track to meet its sample enrollment target within the 24-month intake period.

GOALS clients began participating in skill-building activities. Kansas is offering skill-building activities to interested GOALS participants that allow SNAP recipients to obtain or upgrade new skills in demand in the workplace. As of August, approximately 17 percent of GOALS participants were scheduled to attend a skill-building activity. Enrollment has been limited due to a small number of providers offering these services. Kansas is in the process of negotiating contracts with more training providers and anticipates the percentage of participants engaged in activities will increase with more service provider contracts in place. Kansas plans to continue to finalize contracts with training providers, so in the near future, more classes will be available for program participants in all four regions.

Staff turnover. Kansas experienced challenges with staff turnover in the Northeast region, resulting in the need to temporarily bring in staff from other regions. Because intensive and individualized case management is a key component of the pilot project, Kansas decided to slow enrollment to focus on managing caseloads with the current staff levels. Kansas is planning to hire new staff to both fill vacancies as well as to increase the overall staffing level of the program.

KENTUCKY PILOT

Summary

The Department for Community Based Services (DCBS) administers Kentucky's Paths 2 Promise (P2P) pilot project, which serves new and current SNAP work registrants in the eight eastern Kentucky Promise Zone counties. Because Kentucky did not offer SNAP E&T services in this area before the pilot, it established an infrastructure to administer SNAP E&T services while it developed policies for its pilot. Working with existing workforce development providers in the community, DCBS launched the pilot in April 2016. The pilot project was successful establishing relationships and contracts with several providers and developing a new management system to track pilot data, but challenges continue in recruiting, meeting enrollment targets, and ensuring staff are implementing the pilot policies consistently. Table A.6 summarizes pilot services and characteristics, target populations, locations of services, and major partners and providers. This summary also includes a description of the major pilot challenges and accomplishments over the last fiscal year.

Table A.6. Kentucky pilot summary

Intervention: Paths 2 Promise

- Services available to all pilot clients: (1) development of an individualized education and/or employment plan (IEP); (2) comprehensive team-based case management; (3) basic adult education programs; (4) education and training through the Kentucky Community and Technical College System (KCTCS), including pathways established by Accelerating Opportunity Kentucky; (5) work-based learning opportunities, including job shadows, internships, work study, and on-the-job training; (6) job placements through members of an Employer Resource Network (ERN) and other employers; and (7) success coaching at training or employment settings.
- Supplemental wraparound and support services for clients in each of the pilot's target populations may include (1) reimbursements for monthly transportation and child care costs, (2) provision of training or employment related materials, such as clothing, equipment, licenses, and fees, and (3) vocational rehabilitation services, such as mental health and addiction recovery counseling.

Target populations

- SNAP work registrants

Target number of pilot participants and enrollment period

- 4,000 over 18 months[1]

Type of State E&T program

- Voluntary

Location of pilot

- Kentucky Promise Zone: Bell, Clay, Harlan, Knox, Leslie, Letcher, Perry, and Whitley counties
- Rural

Pilot start date

- April 18, 2016

Major partners and providers

- Eastern Kentucky Concentrated Employment Program (EKCEP) (partner)
- Kentucky Career Centers--Workforce Innovation and Opportunity Act (WIOA) (provider)
- Kentucky Adult Education (KYAE) (provider)
- Kentucky Community and Technical College System (KCTCS) (provider)
- Jobs for the Future (JFF) (partner)

[1] The sample size represents the sum of the treatment and control groups and is evenly split between the two groups.

Challenges and accomplishments

Established partnerships with community partners and facilitated collaboration. Kentucky did not have SNAP E&T services in place prior to award of the pilot grant, so DCBS had to recruit partners and develop new SNAP E&T infrastructure in a short period of time. (The start of the pilot was delayed about two month due to staff needing more time to develop policies and procedures and train frontline staff.) DCBS relied heavily on the existing workforce development infrastructure in the area by partnering with WIOA service providers, adult education providers, and community colleges. Although many of these organizations had loose partnerships in the past, the pilot has created a collective impact and team-based case management approach that has strengthened these relationships and improved communication. Some providers cited biweekly team-based, case-management meetings with partners serving participants in the community as revolutionizing the way they serve clients.

Developed new data-management system. In the grant application, Kentucky indicated that for pilot service receipt data collection, it would use the data management system that the State's Office of Employment and Training (OET) was developing. Kentucky understood this system would be in place across the State well before the pilot launched. However, this system did not materialize, and there were delays in selecting a vendor and creating the system for the pilot. Once the vendor was selected, DCBS, its partners, and the evaluation team worked to provide the vendor with the needed data elements and were involved in testing and refining the tool. EKCEP also led the development of documentation and training for staff using the data system. This system was in place before the launch of the pilot project.

Worked to address low enrollment and service take-up. Despite a strong start in the first month, Kentucky has not met its monthly enrollment targets since the pilot launch. In recent months, DCBS and EKCEP have been working closely with their providers to explain the importance of recruitment and to share best practices that have worked for different providers, which seems to be having an impact. In September 2016, all but two counties met their enrollment targets, and several counties mentioned seeing more "word-of-mouth" clients who heard about the program from someone they know.

Although most participants receive assessments, not all are moving to the next step, including entering training. However, those who do continue in the pilot tend to receive robust services, often including adult basic education or other remediation services, significant help with transportation issues, intensive case management, and other barrier removal services such as housing stabilization and mental health and addiction illness treatment. Kentucky is working with its partners to understand this finding and to educate frontline staff on how to re-engage participants and properly refer them to services.

Inconsistent data entry and application of services. Although provider staff were trained on pilot policies and the new data system, some staff struggled with implementing the policies and documenting the services participants received. Because the pilot project relied heavily on WIOA agencies to provide services to participants, staff sometimes deferred to WIOA policies instead of pilot-specific policies. For example reimbursing for transportation costs instead of providing payments upfront or waiting for clients to walk-in instead of actively recruiting them in the community. DCBS and their partners have worked to retrain provider staff on WIOA and

pilot policy differences and reinforce the importance of providing the proper services to pilot participants. In addition, because the data management system for the pilot is new, some staff struggled to understand the system and properly enter participant data. EKCEP has conducted additional training on these systems and plans on more trainings to ensure staff are properly entering information.

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MISSISSIPPI PILOT

Summary

The Mississippi Department of Human Services (MDHS) administers the Mississippi SNAP E&T pilot, which serves SNAP recipients in 29 counties who are able-bodied adults without dependents (ABAWDs). Mississippi launched its pilot in March 2016 and created a new case-management system but continues to face challenges in meeting its monthly enrollment targets and with participants engaging in and progressing through services. Table A.7 summarizes pilot services and characteristics, target populations, locations of services, and major partners and providers. This summary also includes a description of the major pilot challenges and accomplishments over the last fiscal year.

Table A.7. Mississippi pilot summary

Intervention: Ethics, Discipline, Goals, Employment (EDGE)

- Community colleges provide four-week Ethics, Discipline, Goals, Employment (EDGE) curriculum, formally known as the career assessment program; program includes intensive case management.
- EDGE is followed by voucher-funded exit pathway based on individual career plan. Pathways include academic (GED or college vocational education); life skills (additional work or behavioral skills); or work (subsidized or unsubsidized employment or internship).
- Supportive services, including vouchers for transportation, work related items, and barrier removal.
- A second treatment group receives vouchers for pathway and supportive services and limited case management but not EDGE or intensive case management.

Target populations

- New and existing ABAWDS

Target number of pilot participants and enrollment period

- 4,950 over 18 months[1]

Type of State E&T program

- Mandatory

Location of pilot

- Five community college districts
- Urban and rural

Pilot start date

- March 23, 2016

Major partners and providers

- Mississippi State University's National Strategic Planning and Analysis Research Center (nSPARC) (partner)
- East Mississippi Community College (EMCC) (provider)
- Itawamba Community College (ICC) (provider)
- Jones County Junior College (JCJC) (provider)
- Mississippi Delta Community College (MDCC) (provider)
- Mississippi Gulf Coast Community College (MGCCC) (provider)
- Jobs for Mississippi Graduates (JMG) (provider)

[1] The sample size represents the sum of the treatment and control groups and is evenly split between the three study groups: two treatment and one control.

Challenges and accomplishments

Rolled out EDGE curriculum at all five community colleges. Mississippi was successful in implementing the EDGE curriculum. Staff at all five community colleges were trained on the curriculum and have been providing the four-week program to pilot participants as designed.

Developed a new case-management system. Mississippi's partner nSPARC developed a new case-management system for collecting case-management information and service-receipt data for the pilot. Working with MDHS, the community colleges, and the evaluation team, nSPARC developed a system that would meet the needs of all groups. County and college staff have been using the system to collect case management information, and Mississippi has provided the service receipt data to the evaluation team for monitoring. To improve functionality and to ensure the system is collecting all of the necessary data, nSPARC has continued to make changes.

Developed pilot and mandatory State E&T program simultaneously. MDHS implemented a statewide mandatory E&T program for ABAWDs in January 2016, about two months before launching the pilot. Prior to the pilot, SNAP eligibility staff had little experience enrolling participants in regular E&T services and were trained on both regular E&T and pilot procedures at the same time. Once the pilot began, staff faced challenges marketing the pilot opportunities to eligible clients at the same time as explaining the new regular E&T program requirements.

Low enrollment since pilot launch. Pilot enrollment has consistently lagged behind monthly enrollment targets. To support enrollment levels at the local level and improve monitoring, Mississippi adopted county-specific enrollment targets weighted by the county ABAWD caseload and shared them with the counties. Mississippi also took steps to increase recruitment and outreach efforts for the pilot. In July 2016, the grantee distributed a flyer to all pilot county offices and colleges to advertise the pilot and modified the pilot recruitment processes by embedding pilot promotion discussions within the E&T orientation at the county offices. MDHS also instructed colleges to coordinate with local SNAP offices and present information at existing E&T orientations for all mandatory E&T clients. Colleges also promoted the pilot to students that self-report participation in SNAP, working with community colleges to promote reverse referrals as another way to engage potential pilot participants. While enrollment remains under the county targets, it is hoped that all of these efforts will increase engagement and enrollment.

Worked on ensuring participants are progressing through services. Data from the colleges show that participants have been slow to progress through services, although numbers have improved each month. As of September 2016, 77 percent of participants in one treatment group (EDGE) and 65 percent of participants in the other treatment group (non-EDGE) had started services. However, activity completion is still very low. Administrative data show that an increasing percentage of pilot participants are either still active on the SNAP caseload, but are not participating in services, or have had their SNAP case closed. Mississippi was concerned that this lower level of engagement was connected to clients who were referred to the pilot despite facing challenges to participation that could not be addressed through pilot services, such as those who lacked reliable transportation or who had educational barriers. To mitigate this

challenge, MDHS staff created an upfront assessment, and beginning in July 2016, instructed all counties to assess clients' fitness for the pilot before completing pilot enrollment. MDHS also is exploring transportation options to assist clients who wish to participate but do not have access to reliable transportation. MDHS is continuing to work with the evaluation team to further analyze these data to understand when participants may be disengaging and to identify what steps can be taken to help participants fully engage. MDHS is currently reviewing case files of participants who have started services at the community colleges to understand their progression over time.

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VERMONT PILOT

Summary

The Vermont Agency of Human Services (AHS) administers the Jobs for Independence (JFI) pilot, which serves SNAP participants statewide in Vermont. Since its launch in March 2016, the pilot has had consistent recruitment and enrollment; developed a database system to track services participants receive under the pilot; and increased uptake of program services for participants receiving treatment services. Table A.8 summarizes pilot services and characteristics, target populations, locations of services, and major partners and providers. This summary also includes a description of the major pilot challenges and accomplishments over the last fiscal year.

Table A.8. Vermont pilot summary

Intervention: Jobs for Independence

- All pilot participants are eligible for (1) comprehensive assessment, (2) case management, (3) the Governor's Career Readiness Certificate (GCRC) program, (4) basic adult education and literacy programs, (5) Progressive Employment services, and (6) Workforce Innovation and Opportunity Act (WIOA) job training.
- Support services for participants in each of the pilot's target populations: (1) financial capability, (2) housing relocation and stabilization, (3) addiction recovery, and (4) fidelity bonding services.

Target populations

- Work registrants with barriers such as homelessness, i connections to the correctional system, and substance abuse

Target number of pilot participants and enrollment period

- 3,000 over 20 months[1]

Type of State E&T program

- Voluntary

Location of pilot

- Statewide
- Primarily rural

Pilot start date

- March 3, 2016

Major Partners and Providers

- Vermont Department of Labor (VDOL) (provider)
- Vermont Division of Vocational Rehabilitation (VR) (provider)
- Vermont's Community Action Agencies (CAAs) (partner)
- Community College of Vermont (CCV) (provider)

[1] The sample size represents the sum of the treatment and control groups and is evenly split between the two groups.

Challenges and accomplishments

Met pilot enrollment goals each month since pilot launch. Vermont has had successful recruiting and enrollment since the start of the pilot. CAA recruitment specialists have created referral networks and outreach materials tailored to their local communities. The JFI pilot exceeded enrollment targets in each of the first five months of the pilot and has exceeded the cumulative target to date. (The original 18-month enrollment period was extended to 20 months before pilot operations began to spread recruitment over time.)

Developed a management information system (MIS) to collect service receipt and monitoring data. Vermont needed to collect timely and accurate service receipt data for all pilot

participants receiving JFI services, which was critical to effective monitoring and case management across partner organizations. The system had to be flexible enough to capture information about services that were still being defined in the final stages of the pilot planning. AHS staff created a Management Information System (MIS) for JFI providers within its existing ACCESS database and spent the summer training providers to use the ACCESS database and providing technical assistance to ensure the data are complete in all areas of the State. AHS staff have now provided several rounds of service receipt data to the evaluation team, including retrospective data from clients enrolled during system development.

Worked on ensuring early engagement in pilot services. Transportation barriers faced by many clients living in rural areas have made it challenging for clients randomly assigned to receive JFI services to attend the first core pilot service—a comprehensive assessment of work readiness and barriers to work performed by clinical staff at VR's Employee Assistance Program (EAP). The percentage of clients that attended their first appointment with a VR-EAP counselor was lower than expected. Vermont identified possible reasons for this finding through discussions with VR-EAP staff around the State, verified that data was being correctly entered into the tracking system, and provided technical assistance to several regions over the summer. AHS staff also began distributing to providers lists of clients who did not attend their scheduled appointment to strengthen follow-up with those clients. The percentage of treatment clients attending their first VR-EAP appointment has increased to around 85 percent. Vermont continues to work with the evaluation team to analyze the characteristics of clients who do not attend their first appointment with EAP to help identify strategies for further improving client progression through this first step in services.

Worked to increase the number of clients receiving Community College of Vermont (CCV) services and attending CCV Governor's Career Readiness Certificate (GCRC) classes. Referrals to and the take-up of services by JFI participants to CCV GCRC classes has been lower than anticipated. This finding reflects that (1) many clients were not ready for community college services given that the three target populations face severe barriers to work; (2) there have been logistical difficulties enrolling clients in CCV before they can access GCRC services due to limited staff availability to assist in completing applications; and (3) the availability of class offerings required minimum cohort sizes. Vermont has taken many steps to address this challenge, including increasing the percentage of work-ready SNAP participants that are enrolled into the JFI pilot; compared with nonwork ready clients, these individuals that have fewer barriers to participating in community college services. Vermont is also working with counselors to increase awareness of GCRC course availability and eligibility requirements. In addition, Vermont is exploring expediting the enrollment process for clients and bringing them into CCV locations to improve connections with staff and other community college services. Finally, Vermont is considering increasing the size of cohorts by teaming with other State programs for which CCV GCRC is a core service. This strategy will allow for larger and more frequent cohort formation around the State and will increase availability of CCV services to JFI participants.

VIRGINIA PILOT

Summary

The Virginia pilot, EleVAte SNAP E&T, targets work registrants and able-bodied workers without dependents (ABAWDs) in 22 counties. Since launching services in March 2016, the grantee agency—Virginia Department of Social Services (VDSS)—has developed a collaboratively administered study enrollment process involving staff from VDSS, Virginia Community College System (VCCS), and the Virginia Department of Education. Virginia also has expanded the occupational training course offerings across the seven community college regions and customized the management information system (MIS) database used to track participant activities and outcomes. Table A.9 summarizes pilot services and characteristics, target populations, locations of services, and major partners and providers. This summary also includes a description of the major pilot challenges and accomplishments over the last fiscal year.

Table A.9. Virginia pilot summary

Intervention: EleVAte SNAP E&T

- Services provided to all EleVAte participants: intensive case management from adult career coaches located at community colleges and access to education, training, and career-preparedness services through three components or tracks customized to participant skill levels at entry: (1) self-paced and supported online learning and digital literacy certification; (2) industry-recognized certification, job readiness, and soft skills training; (3) contextual GED preparation combined with professional soft skills training (PluggedInVA).
- Service components may be combined or sequenced for a given participant—for example, a participant with a need for specific reading or math remediation could complete the online learning component before continuing to other services.

Target populations

- Work registrants, including ABAWDs, those with low skills, and noncustodial parents who owe child support and face potential jail time

Target number of pilot participants and enrollment period

- 5,386 over 28 months[1]

Type of State E&T program

- Voluntary

Location of pilot

- 24 localities served by 22 local DSS agencies in the Tidewater area, south central and far southwest Virginia, involving 7 community college regions
- Urban and rural

Major partners and providers

- Virginia Community College System (partner)
- Virginia Department of Education (provider)
- Virginia Adult Learning Resource Center through Virginia Commonwealth University (provider)
- Virginia Department of Social Services, Division of Child Support Enforcement (partner)

Pilot start date

- March 2016

[1] The sample size represents the sum of the treatment and control groups and is evenly split between the two groups.

Challenges and accomplishments

Worked to improve sample enrollment. Virginia has struggled to meet its overall monthly sample enrollment goal since the pilot launched. However, as staff have joined the pilot and gained more experience, community college regions with lower goals have started to meet or

exceed their sample enrollment targets; community college regions with the highest goals continue to refine outreach strategies. Lack of sufficient pilot staff to mount aggressive outreach campaigns has been the most significant factor limiting regions' ability to attract and enroll study participants. Compounding this problem, community colleges and VDSS agencies faced delays in securing approval for new pilot positions. Until new pilot staff came on board, pilot community college staff have had to assume more responsibility for outreach than they had planned, and nonpilot VDSS staff had to take on some pilot outreach and enrollment responsibilities. Similarly, VDSS staff have had to learn new marketing and outreach methods not normally required for their work. The lack of adequate transportation in more rural areas also has made it difficult for some SNAP participants to travel to study orientation sessions.

Virginia has taken steps to improve sample enrollment, including engaging a marketing expert to create an enrollment plan, hiring additional part-time staff at the colleges and VDSS agencies to focus exclusively and intensively on outreach, and establishing new relationships with community organizations and state agencies that can refer prospective study participants to orientation sessions. Virginia also has built more flexibility into its orientation and study enrollment process by enabling staff to administer consent to and randomly assign someone "on the spot" rather than require everyone to attend a scheduled group orientation session. Finally, to formally assess its first six months of activity, Virginia has recently convened pilot staff in a full-day work session to critique current practices and identify successes; they have developed more effective plans to quickly test, modify, and implement across the regions.

Expanded occupational training options. In some cases, limited choices and long courses have discouraged people from volunteering for the pilot. Virginia responded by adding more varied credit and noncredit courses across the community college regions. Interest in component 2, the jobs skills training model, appears to be greatest due to the shorter 8- to 12-week duration of the courses. Participants can earn a credential and secure employment more quickly than through component 3, the PluggedInVA model, which requires a six- to eight-month commitment. At the same time, Virginia has found that enrollment in the pilot courses has been limited due to other factors; either the field being male-dominated (e.g., CDL), treatment group members' inability to pass a drug test (e.g., CDL, Nurse Aide), participants' criminal background (e.g., Nurse Aide) or lack of a valid driver's license (e.g., CDL). In addition, even after participants volunteer for the pilot, the duration of some courses is longer than some treatment group members are willing to be enrolled in a course, so fewer select this option at some colleges. In the case of one college, due to lack of interest by pilot participants, there has been no enrollment in some courses since the launch of the pilot (HVAC Technician, Electrical, Basic Carpentry, Emergency Medical Technician).

Experienced low enrollment into online learning services for low-proficiency students. Enrollment into and participation in component 1 (EleVAte Virginia Online, which consists of self-paced instruction with built-in support) has been much lower than expected. Virginia has struggled to engage study participants in these services, because this component lacks an occupational training option; participants have expressed a desire to earn a credential in addition to taking advantage of contextualized Adult Basic Education, digital literacy, and other services. In response, Virginia is considering offering short-term certificate programs suitable for the skill

level and aptitude of participants assigned to this component to make this component more appealing and increase and sustain participation.

Customized the Virginia Education Wizard case-management system. Virginia planned to complete customization of the community college's case-management system, Wizard, to document participant activities and outcomes and to generate program monitoring reports. This was not complete before the pilot began, so the State used spreadsheets as an interim database to document this information. Virginia recently completed the system modifications, and VCCS staff trained career coaches and instructors to use the system. VCCS also quickly backfilled the new system with participant data from spreadsheets, enabling centralized monitoring of pilot activity in real time. Although detailed reporting on service participation has not yet been possible, going forward, Virginia will be able to submit monthly reports to the evaluation team.

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WASHINGTON PILOT

Summary

The Washington Department of Social and Health Services (DSHS) oversees the Resources to Initiate Successful Employment (RISE) pilot serving SNAP participants in four counties across the State: RISE builds upon the State's existing Basic Food Employment and Training (BFET) program by offering additional services to people with major barriers to employment. Since its launch in February 2016, the pilot developed a comprehensive program model and promoted communication and collaboration among providers but faced challenges achieving its enrollment goals and finalizing pilot processes and systems. Table A.10 summarizes pilot services and characteristics, target populations, locations of services, and major partners and providers. This summary also includes a description of the major pilot challenges and accomplishments over the last fiscal year.

Table A.10. Washington pilot summary

Intervention: RISE

- Participants assigned to the treatment group receive RISE services, which include the BFET employment and training services and a set of enhanced services. The enhanced services include a life-skills course, comprehensive case management, extensive wraparound services to address barriers, work-based learning opportunities (on-the-job training, subsidized and regular employment, and internships and externships), and supportive services.

Target populations

- New work registrants with critical and general barriers to employment: long-term unemployed, homeless, those with limited English proficiency, veterans, noncustodial parents with delinquent payment history

Target number of pilot participants and enrollment period

- 14,000 over 24 months[1]

Type of State E&T program

- Voluntary

Location of pilot

- Four counties: King, Pierce, Yakima, and Spokane
- Urban and rural

Pilot start date

- February 1, 2016[2]

Major partners and providers

- 17 community-based organizations offering employment and training (provider)
- 2 community and technical colleges (provider)
- Employment security department (provider)
- Seattle Jobs Initiative (partner)
- Workforce development councils (partner)

[1] The sample size represents the sum of the treatment and control groups and is evenly split between the two groups.

[2] Washington allowed providers to implement the RISE pilot on December 1, 2015. However, recruitment was limited, and the evaluation did not include participants recruited before February 1, 2016.

Challenges and accomplishments

Fostered strong provider collaboration and communication. There is broad support for the RISE program model from DSHS staff, service providers, and other referral agencies. Providers in all four pilot counties leveraged new and existing partnerships to implement the pilot. RISE providers within each county are working together to increase outreach and recruitment, with some providers building on their existing networks as BFET providers. Despite low participant enrollment, providers are not competing for participants by coordinating which provider is reaching out to each client. DSHS and service providers established open communication channels and meet regularly—through biweekly meetings with case managers and DSHS, monthly meetings among providers within each county, and quarterly, in-person meetings with all agencies—to share information, exchange best practices, and solve problems.

Experienced difficulty meeting participant enrollment goals. Stringent pilot eligibility criteria and a lack of targeted participant outreach have led to challenges in achieving participant enrollment goals. The target population for this study faces significant barriers to employment and is more specific than the clients many providers had engaged prior to the pilot. Identifying and finding these groups has been difficult for most providers. Even though providers conducted extensive outreach in their local communities by presenting RISE to local organizations that serve the target populations, sitting in SNAP eligibility offices to provide information to clients, and obtaining internal referrals from their own agencies, enrollment remained below expected targets. In July 2016, DSHS received approval to share lists of work registrants with service providers, making it easier to target outreach. Washington also plans to increase participant enrollment by hosting regular orientation sessions for participants in each pilot county.

Worked on system modifications. Although DSHS had a comprehensive management system for tracking BFET data, it had to make several changes to the system to track RISE service receipt data. These system changes took longer than anticipated. Many of the changes were not in place at the time the pilot began, and some changes are still in progress. These upgrades are scheduled for completion in January 2017. DSHS created an interim tracking system using paper forms for providers while the system is being modified. However, it is anticipated that the automated management system will improve monitoring and oversight of the pilot.