USDA

United States Department of Agriculture

Evaluation of SNAP Employment and Training Pilots: Fiscal Year 2017 Annual Report to Congress

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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, vocational); work experience; and workfare. However, information on approaches that most effectively connect these participants to gainful employment is limited.

Section 4022 of the Agricultural Act of 2014 authorized and funded 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 ranging from $8.9 million to $22.3 million to pilot projects in 10 States: 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. Although strategies include lighter-touch approaches (such as resume and cover letter writing, interviewing and communication skills, and job search strategies), many pilot projects focus on providing enhanced and more intensive services that connect participants with in-demand and emerging industries, using strategies that are being tested for the first time among SNAP E&T participants. These include career assessment, certified occupational skills training at community colleges and other institutions, and work-based learning opportunities, such as work experience or on-the-job training. In most of the States, grantees have created new partnerships between State agencies that administer SNAP and other entities, including workforce development agencies, employers, community colleges, and community-based organizations.

SNAP participants who are enrolled in the pilot projects 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 funded 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).

The evaluation of each pilot uses a random assignment research design to designate participants as either treatment or control group members and includes four components: (1) an *impact analysis* that will identify what works and for whom by 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 for SNAP or continue to receive SNAP benefits; and (4) a ***benefit-cost analysis*** that will estimate the return on each dollar invested.

The evaluation team is collecting data from multiple sources to support the evaluation. The primary sources of data on employment, earnings, receipt of public assistance, and service receipt are administrative records obtained from State and local agencies. Other data sources include baseline information collected from each consenting pilot participant before random assignment; data from surveys of participants administered 12 and 36 months after random assignment; qualitative data from site visits, interviews, and focus groups with participants, employers, and agency staff; and cost data provided by pilot staff.

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). Pilot projects vary in the geography of the service areas in which they operate and cover both urban and rural communities. The service area varies across pilot projects, with some operating statewide and others operating in select areas of a State, such as counties, community college districts, or local workforce investment areas (LWIAs). Each pilot project has set an enrollment goal that ranges from 3,000 to 5,400 participants.

All pilot projects target work registrants[1] who are unemployed or underemployed, but most target subsets of this population. Some projects, like Georgia and Mississippi, focus on able-bodied adults without dependents (ABAWDs). ABAWDs are 18- to 49-year-old adults who are not disabled and do not have dependents. Other projects focus on groups with significant barriers. For example, Virginia serves work registrants, including those who are noncustodial parents who owe child support. Vermont serves work registrants who are homeless, ex-offenders, or dealing with substance abuse issues. Similarly, Washington serves work registrants whose barriers include homelessness and long-term unemployment.

The pilot projects also include mandatory and voluntary E&T programs. Mandatory programs require nonexempt work registrants to participate in assigned activities or face disqualification from SNAP. Voluntary programs do not require participation, but offer people the opportunity to participate in activities if they choose, and they do not face disqualification from SNAP for failing to comply. Among the 10 pilot projects, 3 are mandatory for most or all participants (Georgia, Illinois, and Mississippi) and 7 are voluntary (California, Delaware, Kansas, Kentucky, Vermont, Virginia, and Washington).

The services available to the treatment group vary across pilot projects. Treatment services available through 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 and support a detailed individualized work and barrier-reduction plan for the pilot participant; and (3) support services, such as transportation and training materials (such as books or tools), that support participants' involvement in activities designed to reduce barriers to employment. The pilot projects include a range of E&T activities, such as job readiness training, basic education, occupational training, and subsidized employment. Under current statutes, regular SNAP E&T programs cannot currently fund some of the pilot activities and services, such as subsidized employment, drug and alcohol counseling, and mental health counseling.

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[1] Work registrants are SNAP recipients who have not met any Federal exemptions from SNAP work requirements and are therefore required to register for work. Federal exemptions apply to individuals who are: under age 16 or over age 59; physically or mentally unfit for employment; subject to and complying with work requirements for another program; caretakers for dependent child under age 6 or an incapacitated individual; participating in a drug or alcohol treatment and rehabilitation program; employed at least 30 hours a week; or enrolled at least halftime in a recognized school or training program.

Table 1. Overview of pilots

Grantee	Target population	Pilot location	Urban/ rural	Type of State E&T program	Targeted pilot size[a]
California	Work registrants	9 locations in Fresno county	Urban and rural	Voluntary	3,600
Delaware	New work registrants who are unemployed or underemployed and are low-skilled and/or have limited work experience	Statewide	Urban and rural	Voluntary	5,292
Georgia	Originally ABAWDs (ages 18–49) who have been unemployed for at least 12 months but broadened to all ABAWDs in FY 2016	9 counties in or near the Atlanta and Savannah metropolitan areas[b]	Urban	Mandatory	5,000
Illinois	Work registrants who are unemployed or underemployed with low skills or limited work experience, and those working 20 or more hours per week but needing skill upgrades	33 counties across the State (seven LWIAs)	Urban and rural	Mandatory in 15 counties; Voluntary in 18 counties[c]	5,000
Kansas	Work registrants	35 counties organized into 4 regions	Urban and rural	Voluntary	3,890
Kentucky	Work registrants	8 counties in Eastern Kentucky	Rural	Voluntary	4,000
Mississippi	New and existing ABAWDs	5 community college districts	Urban and rural	Mandatory	4,950
Vermont	Work registrants with barriers such as homelessness, connections to the correctional system, and substance abuse	Statewide	Rural	Voluntary	3,000
Virginia	Work registrants, including ABAWDs and noncustodial parents	24 localities in the Tidewater, south central, and far southwest areas of Virginia	Urban and rural	Voluntary	5,386
Washington	New work registrants with significant barriers to employment: long-term unemployed, homeless, limited English proficiency, veterans, and noncustodial parents with delinquent payment history	4 counties (King, Pierce, Spokane, and Yakima)	Urban and rural	Voluntary	5,088[d]

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

[b] There were originally 10 counties, but Georgia stopped offering pilot services to new participants in one county after January 2017.

[c] The pilot does not exclusively serve mandatory participants because regular SNAP E&T services are not offered in 18 out of 33 counties included in the study. In the remaining 15 counties where regular SNAP E&T program services are offered, pilot participants who have work requirements are mandated to participate in those activities. In Illinois, the largest percentage of the study sample was drawn from the 15 counties where regular SNAP E&T are available, and hence the majority of study participants from Illinois are mandatory.

[d] Washington revised its target pilot size from 14,000 to 5,088 in FY 2017.

ABAWDs = able-bodied adults without dependents; FY = fiscal year; LWIA = local workforce investment area.

III. PILOT-PROJECT PROGRESS AND CHALLENGES

All pilot projects were operational by April 2016. Thus, FY 2017 was the first full year of pilot operations. During the past year of pilot operations, pilot projects have had many accomplishments but also have continued to encounter challenges. The following provides a cross-pilot summary of the key common accomplishments and challenges reported by the pilot project staff.

A. Summary of accomplishments and challenges

In fiscal year (FY) 2017, the pilot projects resolved many of the challenges from the previous year and found successes in several aspects of the pilot project. The accomplishments included building strong partnerships, offering comprehensive support services, launching a range of new and expanded services in their communities, and strong service take up for assessment and supportive services.

Most pilot projects, however, faced challenges, including staff turnover, high percentages of participants leaving the pilot project before completing their services, and low service take-up for more advanced services. The most common accomplishments and successes of the pilot projects included the following:

Strong partnerships. Although developing partnerships began during the grant application process and throughout the early stages of pilot planning, staff in most pilot projects continued to develop and grow their partnerships with service providers over the past year. These strong partnerships and communications with service providers in the community have strengthened the implementation of many pilot projects. Some pilot projects also emphasized how their team-based management approach (involving formal or informal discussions among providers about individual participants) is providing continuity in participants' care.

Generally strong take up of initial engagement activities, including assessment and supportive services. Pilot projects offer comprehensive assessment, case management, and supportive services to support transportation and offset other costs associated with participation in the pilot. This enabled staff to easily access resources to engage and retain participants.

Most grantees have been successful in providing treatment participants with pilot assessment services. The majority of pilot projects have completed initial assessments with more than 75 percent of their treatment participants, ranging from about 50 percent in Delaware and Georgia to over 90 percent in California (Fresno) and Illinois. Many of the pilot projects experience some drop-off between assessments and services because it takes time for treatment participants to engage in services. However, service take-up rates have improved over the past year.

Take-up rates for support services are generally high, as participants receive these services during their assessment period and when they are meeting other upfront requirements. These include transportation, childcare, financial literacy, materials for training, and work supports (such as clothes for interviews or uniforms for a job). For example, Kentucky has provided supports to over 65 percent of participants. In focus groups, participants also discussed how the support services were key to allowing them to remain in training and employment.

Full implementation of program activities. All of the grantees launched their pilot projects in FY 2016, yet not all aspects of the models were fully operational immediately in some pilots. In FY 2017, the grantees were able to fully implement their service models and offer a range of services, such as comprehensive assessments, soft skills training, intensive case management, community college programs, and work-based learning opportunities (which offer participants subsidized or unsubsidized employment for several weeks to develop general work experience or build skills in certain fields). In particular, among the pilots offering work-based learning opportunities, such as work experience or on-the-job training, many were able to more fully engage participants as providers developed relationships with employers and participants resolved barriers and completed requisite training to become eligible for work-based learning.

Recruitment and enrollment. Pilot project processes and methods to enroll eligible participants showed improvement. As of September 30, 2017, more than 34,000 people 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, increasing by an average of 1,200 participants per month in FY 2016, and by an average of 2,000 participants per month in FY 2017 (Figure 1). As Figure 2 shows, grantees generally have had strong enrollment, with all grantees enrolling more participants per month in FY 2017 than in FY 2016, after refining and improving recruitment and enrollment strategies based on their early pilot project experiences. Grantees' target enrollment levels range from 3,000 to 5,400 (Table 1). Differences in enrollment across grantees reflect different target pilot sizes, pilot start dates, recruitment strategies, and pilot-specific challenges.

Figure 1. Cumulative number of pilot participants enrolled, by month
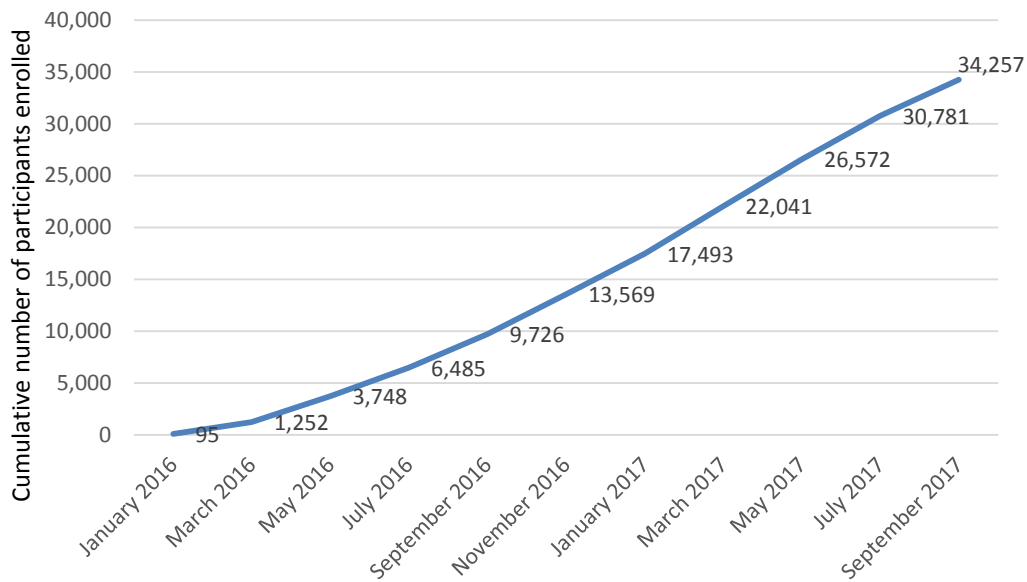
Note: Enrollment counts through September 30, 2017. Counts include those who began participating in pilot services but did not complete all offered pilot services as well as those who enrolled but never participated in any pilot services. The counts also include participants who enrolled in the pilot and continue to participate as well as those who enrolled in the pilot and subsequently chose to revoke their consent to participate in the evaluation. Only a very small number (106 participants, or 0.3 percent) have revoked consent thus far.

Figure 2. Cumulative number of pilot participants enrolled, by grantee
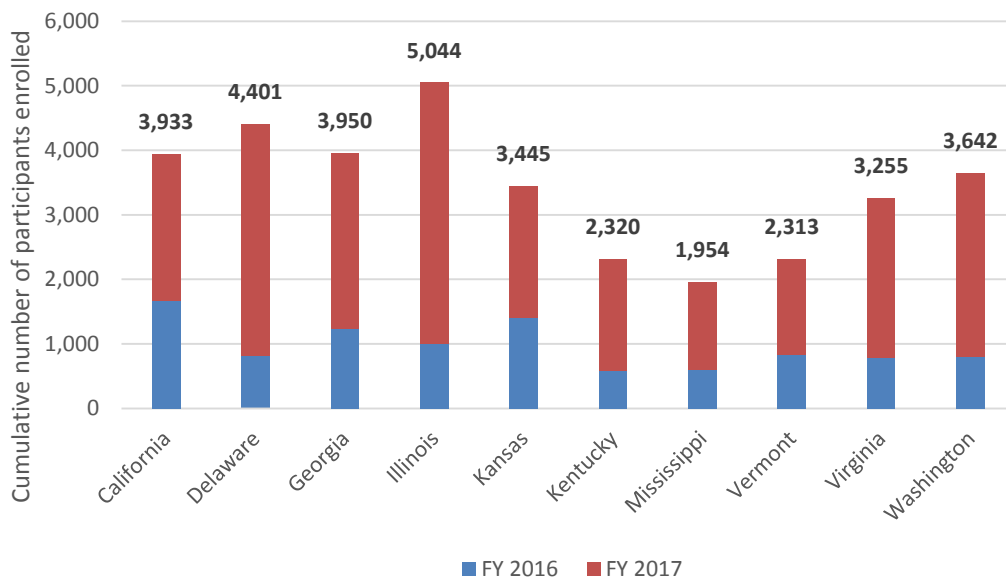
Note: Enrollment counts through September 30, 2017. Differences in enrollment across grantees reflect different target pilot sizes and pilot start dates, in addition to recruitment strategies. Enrollment ended in California in July 2017 and in Illinois in September 2017.

Two grantees have completed enrollment and the remaining grantees will do so by mid-2018 (Table 2). California and Illinois exceeded their total enrollment targets, and three other grantees will meet their targets by early 2018.

Table 2. Pilot-project enrollment periods

Grantee	Enrollment started month and year	Length of enrollment period (months)	Enrollment ended/projected to end month and year
California	January 2016	18	July 2017
Delaware	February 2016	24	January 2018
Georgia	February 2016	24	January 2018
Illinois	March 2016	19	September 2017
Kansas	January 2016	25	January 2018
Kentucky	April 2016	24	March 2018
Mississippi	March 2016	27	May 2018
Vermont	March 2016	23	January 2018
Virginia	March 2016	28	June 2018
Washington	February 2016	24	January 2018

The improvement in enrollment this year was primarily due to changes in recruitment activities or approaches. Some pilot projects engaged community partners, such as food banks, community centers, heating assistance enrollment locations, and eligibility offices, to distribute information about the program or to co-enroll participants. Some pilot projects allowed providers to help with enrollment or to provide referrals. Two pilot projects added recruitment locations to the pilot area, and one site changed its recruitment model altogether, moving away from case managers also taking on recruitment responsibilities and instead identifying separate groups of staff for recruitment and case management. In addition, several grantees indicated that word of mouth had begun to spread about some of the "success stories," and that was a powerful recruitment tool.

The most common challenges of the pilot projects included the following:

Staff turnover. Several pilot projects continued to experience substantial staff turnover, causing disruptions to pilot operations. Several sites lost frontline staff, making it difficult to consistently provide services in certain locations. Some of the grantees also lost key management staff involved in developing and administering the pilot project. As the pilot projects enter their last year of operations, pilot managers are concerned that the staff hired for the pilot might start to seek long-term employment elsewhere and turnover could increase. Grantees and service providers are taking steps to ease fears or are looking for ways to retain staff once the pilot is complete.

High exit rates before completion. Some participants exited the pilot project before they completed it. To "exit" the pilot project means the participant stops receiving services; this could be due to many factors, including completing the program, dropping out because of lack of interest or personal issues, or loss of pilot project eligibility (such as losing SNAP benefits or

becoming noncompliant with program or work policies). Participants may re-engage with pilot project at a later point, so exit is not necessarily permanent.

The exit rates in the mandatory programs tend to be much higher than in the voluntary programs, mostly due to case closures for noncompliance. In States with mandatory SNAP E&T programs, there is a 10-day window to comply with requirements before being sanctioned. Those who do not comply and do not have good cause are disqualified from SNAP, resulting in the reduction of SNAP benefits or having their SNAP case closed. In these cases, their participation in pilot services ends until they serve their penalty period (which can vary from one to more than 6 months) and resolve the issue that caused the case closure. This can result in high exit rates. For example, one of the mandatory pilot projects with a very short timeframe for compliance has seen more than 60 percent of participants exit the pilot project, in part due to disqualification for noncompliance.

However, even in the voluntary programs, pilot staff have had challenges in keeping participants engaged in the pilot project and have experienced high pilot exit rates.

There are several factors across mandatory and voluntary projects that may make it difficult to progress from initial engagement activities to training or work-based learning and contribute to exit rates. These include:

- **Staff hand-off.** In several pilot projects, the staff enrolling the participant into the pilot are not the same staff providing services and might not even be in the same location. Participants must often 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.

- **Providing support services before participant can enter training or employment.** Most pilots offer extensive support services designed to reduce barriers before entering training or employment. Where participants are required to complete lengthy processes, some become frustrated and leave the program before entering training or employment.

- **Delay in start of cohort-based training.** 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. Participants can receive other services while they wait, but if they are not interested in these services, they might leave the program before classes begin.

- **High caseloads prevent staff from reengaging participants.** Although most pilot projects have policies for contacting those participants who have disengaged from services, staff in many pilot projects have acquired high caseloads over the past year (due to increased enrollment and staff turnover), and it is difficult for them to serve all of the active participants and reengage those who have stopped participating.

- **Need for immediate employment.** Many participants have come to the providers looking for an immediate job to meet their needs or, once enrolled in training, they realize that they cannot stay in training for the period required without a job to pay their bills. Several pilots reported that participants drop out to accept jobs just to make ends meet before they can benefit from the training and find long-term, stable employment.

Service take-up rates for training or work-based learning opportunities. Participation rates in training or work-based learning opportunities have been lower than anticipated to date, with less than 40 percent of participants engaged in these activities. A few pilot projects have engaged more participants in services: about 60 percent of participants in Kansas have completed job search or job readiness activities; over 50 percent of participants in Kentucky have started or completed training or work-based learning activities; and almost 50 percent of participants in Georgia have completed at least one job search training. Although these numbers are lower than many grantees expected, there are several reasons for low take-up rates, including a shortage of work-based learning slots, prerequisite requirements (such as a lengthy job preparation course), and transportation. Transportation persists as a major barrier even though all pilot projects provide some level of transportation assistance. Lack of transportation availability in many rural sites continues to be a challenge that limits participants' ability to consistently get to training or employment. Participants often drop out because there is no public transportation in the area, and they do not have a reliable car.

IV. PILOT PROJECT SUMMARIES

The following section summarizes grantees' pilot characteristics, target populations, and services. It also describes key accomplishments and challenges for each of the 10 pilot projects.

A. California (Fresno)

The Fresno County Department of Social Services administers the Fresno Bridge Academy pilot project, which provides E&T services to SNAP participants in Fresno County, California.[2] The pilot project launched in January 2016 and serves SNAP work registrants, consisting of those who are unemployed or underemployed, high school dropouts, those with criminal records, disadvantaged people, and those with limited work experience. A local nonprofit organization, Reading and Beyond, operates the Fresno Bridge Academy and provides the following services to participants:

- Work readiness and barriers assessment

- Case management

- Support service payments and referrals

- Four job club workshops that focus on resume and cover letter writing, interviewing skills, and job search strategies

- Working with employer liaisons to develop employment preparation skills-referred to as soft skills-in interviewing, communication and teamwork, and work habits and self-discipline.

- Subsidized employment and nonsubsidized employment referrals

- Vocational training programs

- Education programs, including high school equivalency (HSE) preparation and testing

- Financial incentives for enrollment and participation

FY 2017 Accomplishments and Challenges:

Offered a greater variety of support services. Many pilot participants face multiple barriers to employment at the time of enrollment. Because of the high needs of the participant pool, the grantee's main provider emphasizes barrier removal at the outset of engagement with participants, and it offers a variety of support services to mitigate these barriers. Staff and participants reported that these supports were important to keeping participants engaged and progressing through services. Transportation was the most frequently used support service; other key supports for participants included interview clothes, prescription eyeglasses, and car repairs.

Co-located HSE tutoring with other services. As part of the pilot, the provider began offering HSE classes and tutoring in-house, instead of referring to other locations. Having the

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[2]The California Department of Social Services is the grantee agency and provides general oversight for the project; however, the Fresno County Department of Social Services administers the program.

HSE services co-located with the other services offered enables staff to better engage and retain participants by creating continuity of care. Participants are able to walk down the hall to a tutoring session, which can help develop easy buy-in and ensure attendance in future classes. Providers have reported higher class attendance and course completion this way than when participants attend classes off-site.

Experienced lack of coordinated communication. At the beginning of the pilot project, staff noted they were unclear about program roles and expectations. In addition, a lack of coordination led to each individual staff member developing contacts in the community, which often were duplicative. The County eligibility staff who refer clients to the provider sometimes used inconsistent referral processes and some were not aware of the full set of services available. This inhibited staffs ability to discuss the program's benefits in a meaningful way with potentially eligible clients and limited recruitment efforts.

Experienced delays in offering subsidized employment. The pilot project includes a subsidized employment component. However, few participants were placed in subsidized employment throughout FY 2017. Staff often focused on the demands of recruitment and assessment during the initial stages of the pilot and did not focus on moving participants into subsidized employment. Also, staff were concerned the participants did not have the skills needed to be successful in a job and were slow to refer them to subsidized employment positions. The provider has worked with its staff and the employment placement staff to address these obstacles, and placement in subsidized employment has begun to increase over the past few months.

B. Delaware

The Delaware Division of Health and Social Services administers the Delaware Project Work Opportunity Networks to Develop Employment Readiness (Project WONDER), which provides case management, financial counseling, and E&T services. The pilot project launched statewide in February 2016 and serves new SNAP work registrants. Agencies providing services include APEX, CareerTeam, Eastside Rising, Delaware Technical Community College (DelTech), Food Bank of Delaware, KraftHeinz, and Stand by Me.

Project WONDER provides the following services to participants:

- Comprehensive assessments consisting of a core life functioning assessment that identifies participants' social support networks, an assessment that tests basic skills, and a personality assessment that helps identify their preferences and talents

- Case management

- Support services, including child care and transportation payments

- Financial literacy and coaching and HSE and diploma programs

- Four program tracks depending on the proposed occupation:

  (1) Construction trade pre-apprenticeship: Placement in a U.S. Department of Labor-registered construction laborers' pre-apprenticeship program. Participants receive 3

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.

(2) Culinary arts training: Placement in a 39-week training program provided by a certified trade school. Paid internships, life skills training, and post-graduation services are available.

(3) Manufacturing certificate program and placement: 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.

(4) Traditional, broad-spectrum job placement: Job placement services, including basic education instruction and soft skills training.

FY 2017 Accomplishments and Challenges:

Improved tracking of service receipt. Over the past year, the grantee implemented a cloud-based database for tracking service receipt data and case notes in real time. The new database is much more user-friendly and has reduced the time staff spend documenting participants' services. The new database also indicates to staff and managers where participants are in the service flow, which helps staff monitor the program and ensure participants are not falling through the cracks. This has been especially important given the pilot project has faced high staff turnover rates throughout the pilot period, and managers must redistribute caseloads monthly.

Provided successful services through culinary track. Services provided in Track 2-the culinary program provided by an established community provider-have been implemented well. Outreach specialists who provide case management have strong working relationships with the provider, and provider staff have successfully placed many participants in culinary-related employment, including participants with high barriers to employment.

Experienced challenges associated with high caseloads. Staff have had large caseloads caused by high staff turnover and increased enrollment. Each month, outreach specialists served 50 participants on average, and job placement specialists served 100 participants on average. Many staff found that providing intensive case management to this many participants in 40 or fewer hours per week was difficult, and it prevented them from having strong relationships with all of their participants. While supporting engaged participants, staff must also try to contact disengaged participants to reengage them in services, which further limits their time for serving engaged participants. Managers have held staff focus groups to better understand the issues and to strategize about ways to improve morale.

Faced limited and unclear communication. Frontline and partner staff experienced challenges related to communication at all levels. Turnover at the management and outreach specialist levels have made it difficult for partner staff to maintain communication with pilot staff on behalf of participants; the partners often do not know who to contact to address a participant issue. In addition, outreach specialists sometimes faced delays in getting services to participants when their questions or service requests to management went unanswered or needed to pass through multiple layers of management before being answered.

C. Georgia

The Georgia Division of Family and Children Services (DFCS) administers the SNAP Works 2.0 pilot project, which provides coordinated job search, education and training, and barrier-mitigation services. The pilot project launched in February 2016 and serves ABAWDs in nine Georgia counties, including parts of the Atlanta and Savannah metropolitan areas. Agencies providing services include the Georgia Department of Labor (GDOL), and three LWIAs: DeKalb Workforce Services, Atlanta Regional Commission, and Coastal Workforce Services.

SNAP Works 2.0 provides the following services to participants:

- In-depth assessment of participants' skills and career interests

- Coordinated case management across DFCS, GDOL, and the LWIAs

- Individual and supported job search using an online tool with real-time access to labor-market demand

- Access to training and education services through the LWIAs

- Occupational classroom training and on-the-job training

- Adult education and remediation, including HSE preparation and testing

- Coordinated referrals to partner agencies for those in need of employment barrier-mitigation services

FY 2017 Accomplishments and Challenges:

Strengthened pilot project enrollment. The grantee has worked to build and strengthen procedures at its County offices that support recruitment and enrollment of ABAWDs into the pilot project. These efforts have resulted in offices routinely outperforming enrollment expectations starting in the second half of 2016 and running through June 2017. Recently, recruitment operations have slowed somewhat because of a new SNAP eligibility system being deployed throughout Georgia. Despite this, Georgia has enrolled more than 75 percent of its target number of participants and will likely meet its pilot enrollment goal.

Refined and improved service delivery procedures. After fully implementing pilot services in all geographic areas, the grantee began monitoring participation rates, focusing on reducing no-shows, and increasing participation overall. The grantee adjusted policies to improve participation, for instance, to decrease drop-off between appointments, and began allowing participants to complete more steps of its mandatory service sequence during single appointments at the main provider's career centers. The grantee made other small process changes throughout FY 2017 to improve participation.

Experienced low participation in education and training services. The rate at which participants are accessing education and training services-which providers offer to participants after they complete some job search service at the main provider-are much lower than initially expected. Pilot staff have identified various causes, including higher-than-expected educational attainment among pilot participants (and thus, less interest in or need for services such as HSE instruction); greater participant interest in securing short-term employment; significant barriers

to participation and employment; and difficulty identifying and accessing training options that match participants' interests and needs. The grantee is reviewing and adjusting the service flow and procedures in an effort to improve access to training.

Ended enrollment of new participants in Cherokee County. After more than a year of unsuccessful attempts to fill a vacancy at the Cherokee County office, the grantee requested to stop enrolling and serving new participants in the pilot project in this location. The Food and Nutrition Service (FNS) approved the request, and enrollment ceased in January 2017. Although this reduced the number of counties where services were offered to nine, Cherokee County is a relatively remote area and had a small pilot enrollment target. Other pilot counties have increased their enrollment targets to offset this adjustment.

D. Illinois

The Illinois Department of Human Services oversees the Employment Opportunities, Personalized Services, Individualized Training, Career Planning (EPIC) pilot project, which provides job training and education services to SNAP participants based on their needs and backgrounds, career interests, and local labor market demand. The pilot project launched in March 2016 and serves (1) unemployed and underemployed (working 20 hours a week or fewer) SNAP participants with low skills or limited work experience and (2) SNAP participants working more than 20 hours per week who are seeking skill improvements. The pilot project serves SNAP participants in seven of the State's LWIAs, covering 33 counties. Grantee partners include the Illinois Department of Commerce and Economic Opportunity and Southern Illinois University Center for Workforce Development. Twenty-two community-based organizations currently provide services to participants.

EPIC provides the following services to participants:

- Case management

- Support services for transportation, provision of uniforms and work-related supplies, and connections to dependent care resources

- Job readiness training and career planning assistance

- Instructional basic skills programs

- Training that leads to industry credentials or certificates (6 to 20 weeks, depending on the type of training and the provider)

- Subsidized employment or paid work experience

- Post-placement services

FY 2017 Accomplishments and Challenges:

Built strong staff support and partnerships. The grantee and partners have strong buy-in from pilot staff about the program's ability to help participants, and they have cultivated strong relationships with the providers and the community. In addition, the grantee, partners, and providers regularly work together to share information and collaborate. They hold biweekly webinars that often offer training on new procedures and address common issues.

Improved recruitment and increased enrollment. Despite some challenges, pilot project recruitment and enrollment improved throughout FY 2017. In Cook County, where most of the enrollment occurs, Illinois decentralized the intake operations in order to provide more access points to potential participants. In August 2016, Illinois started conducting intake in six locations throughout Cook County instead of in one central office, and it later added two more locations, for a total of eight. Cook County has since experienced an increase in enrollment and, overall, Illinois exceeded its enrollment target by the end of September 2017.

Encountered issues matching participants with community-based organizations. After enrollment, grantee staff connect participants to one of several organizations that provide a range of occupational training opportunities; the specific services available vary by provider, and many offer a variety of occupational training options. Due to the large number of training options in some areas, grantee staff have found it challenging to be fully knowledgeable about each provider's training offerings, entry requirements, and expectations for participating in the training. For instance, in Cook County, which has 15 providers, participants can choose from up to 66 training options. These options are distinct trainings with different lengths, curricula, and accompanying services and requirements. Staff from partner organizations have trained grantee staff on the work of these community-based organizations and about workforce training **in** general. Although matching participants to some organizations has improved, challenges remain.

Experienced challenges in sustaining engagement in services. Despite staff efforts, it remains challenging to keep some participants engaged in services once they begin receiving them. The reasons for this vary: participants' unstable home lives, health issues, low education levels, moving out of the area, and transportation issues. For example, the pilot project provides transportation assistance, but sometimes people do not have access to public transportation or to a car, or they live quite far from their designated provider. In response to concerns that some participants needed more support services, Illinois increased the cap on an individual participant's total available support services from $500 to $1,000. In addition, Illinois has encouraged providers and local SNAP offices to address noncompliance immediately to address lack of engagement.

E. Kansas

The Kansas Department of Children and Families (KDCF) administers the Generating Opportunities to Attain Lifelong Success (GOALS) pilot project, which provides job placement assistance, job readiness training classes, and short-term occupational skills training to SNAP participants. The pilot project launched in January 2016 and serves SNAP work registrants in 35 counties, clustered into four general pilot regions: Northeast (serving the region surrounding Topeka), South Central (Wichita metropolitan area), Southeast, and Southwest. The grantee's main partner is the University of Kansas Center for Public Partnerships and Research. KDCF and a variety of institutions and agencies provide services to participants.

GOALS provides the following services to participants:

- Career and skill level assessments that may include psychological evaluations; substance abuse screening; vocational testing; and assessments of life skills, work attitudes, technical competencies, employment histories, and career interests

- Case management

- Support services for transportation, provision of uniforms and work-related supplies, and connections to mental health and substance use disorder services

- Soft skills and life skills training, postsecondary education preparation, and employment planning

- Short-term occupational skills training

- Subsidized and unsubsidized internships

- Work-based learning

- Job search assistance from dedicated employer liaisons, plus job retention and peer-mentoring services

FY 2017 Accomplishments and Challenges:

Improved recruitment procedures and streamlined enrollment. Kansas generally has met monthly enrollment targets since the start of program operations, and FY 2017 was no exception. Kansas met or exceeded its monthly sample target goals in almost every month. To ensure they would continue to meet enrollment goals, the grantee worked to strengthen the connection between the pilot staff and SNAP eligibility workers. This stronger relationship has resulted in better and easier referrals of eligible participants to the pilot project. Pilot staff no longer need to actively recruit; they are meeting their enrollment targets mostly through referrals from SNAP eligibility workers and from word of mouth. In an effort to streamline the enrollment process, some of the pilot regions also started offering individual orientation sessions so that people do not have to wait for a scheduled group session.

Expanded services and employer relationships. Kansas is offering skill-building activities to interested participants through which SNAP recipients obtain new or upgraded skills that are in demand in the workplace. Over the past year, the grantee has expanded its services to respond to demand for skill building by offering more occupational training programs and increasing the frequency and locations of the 6-week training classes on job readiness. The grantee also finalized pilot project contracts with its mental health and substance abuse counseling partners, which makes referrals to these services easier and more direct. In addition, the pilot project's relationships with employers have expanded and grown stronger this past year, with more employers engaging in job readiness classes (where, for example, they conduct mock interviews); hiring participants; and attending the pilot project's community partnership meetings.

Increased staffing levels and clarity of roles. The pilot project lost and replaced some staff as well as switched others to different positions. Staff reported that the program was generally understaffed in its early implementation, particularly as pilot project managers waited for the number of participants to build up, but the situation was exacerbated by staff turnover. However, staffing is improving and increasingly aligning with the program's needs. Also, the fit of staff within their positions has improved. With additional staff on board, pilot staff have been able to focus more on referring participants to education and training services and offering support services through more intensive case management. The pilot project also made changes to the

supervision structure, which clarified job responsibilities among team members, resulting in a more cohesive team structure.

Experienced challenges in sustaining engagement. Despite robust recruitment and the increased availability of services, the grantee has found it challenging to keep participants engaged in pilot project activities. Pilot staff continue to make efforts to reach out to participants to remind them of the services that are available through the pilot project.

F. Kentucky

The Department for Community-Based Services administers Kentucky's Paths 2 Promise (P2P) pilot project, which provides a comprehensive set of E&T services to SNAP participants. The pilot project launched in April 2016 and serves SNAP work registrants in eight counties in Kentucky (Bell, Clay, Harlan, Knox, Leslie, Letcher, Perry, and Whitley). Grantee partners include the Eastern Kentucky Concentrated Employment Program. Agencies providing services include Kentucky Career Centers, Kentucky Adult Education, and Kentucky Community and Technical College System.

P2P provides the following services to participants:

- Assessment and testing of aptitude and interests

- Coordinated team-based case management

- Supplemental wraparound and support services, including reimbursing transportation and child care, purchasing training- or employment-related materials, and providing mental health and addiction recovery counseling

- Basic adult education programs

- Education and training through the Kentucky Community and Technical College System, including pathways established by Accelerating Opportunity Kentucky

- Work-based learning opportunities, including internships, work experience, work study, and on-the-job training

- Job placements through members of an Employer Resource Network and other employers

- Coaching while in training or employment settings

FY 2017 Accomplishments and Challenges:

Refined the team-based case management model. The pilot project offers team-based case management, in which the case managers and providers serving participants meet to discuss each participant's needs and progress. These team-based case management meetings have been a highly effective and important aspect of the pilot model. Over the past year, counties have worked to find the right format and agenda for these meetings. Because of this effort, now all counties have found the right balance and are allowing partners to collaborate and focus on the needs of the participants being served across different providers.

Increased enrollment from participants' success stories. Several offices are experiencing success stories from the services they have provided. In these offices, many clients come in to ask about services as a result of word of mouth from a family member or friend. This word of mouth has been a large contributor to enrollment levels, particularly in recent months as the success stories proliferated in the community.

Experienced challenges in recruitment and outreach. The grantee faced initial challenges in coordinating outreach and enrollment efforts. However, the grantee and partners have taken steps to improve coordination. One of the main partner agencies has taken responsibility for more of the outreach across the pilot area over the past year. Some challenges remain. For example, in some counties staff lack a cross-provider method to track outreach at the individual level and potential participants may hear from multiple providers. The main partner agency has talked about developing some tools to help county staff better coordinate recruitment and tracking of contacts.

Inconsistent application of pilot processes. For some processes, staff needed additional guidance and support from the grantee throughout the past year. Many staff inconsistently applied certain pilot processes, such as when participants should exit the program, and needed more written guidance, which was provided through an updated policy manual earlier this year. Also, staff do not have a coding manual for the data system, which leaves them with questions about how to code information into the system and has led to inconsistent data entry across staff. Because this may affect the pilot project's ability to monitor participants' receipt of services, the grantee has been working to develop a coding manual and is reviewing data to identify data inconsistency for case managers to address.

G. Mississippi

The Mississippi Department of Human Services administers the Mississippi SNAP E&T pilot project, which provides a combination of career assessment program and various exit pathways to SNAP participants. The pilot project launched in March 2016 and serves ABAWDs in five community college districts throughout the State. The grantee's main partner is the Mississippi State University's National Strategic Planning and Analysis Research Center. Agencies providing services include the East Mississippi Community College, Itawamba Community College, Jones County Junior College, Mississippi Delta Community College, Mississippi Gulf Coast Community College, and Jobs for Mississippi Graduates.

Mississippi has two treatment groups. The first group participates in Ethics, Discipline, Goals, Employment (EDGE), which provides the following services to participants:

- Community colleges provide a four-week EDGE curriculum known as the career assessment program that focuses on the essential skills needed in the workforce

- Case management

- EDGE is followed by voucher-funded pathways based on an individual's career plan. The pathways include academic (HSE or college vocational education), life skills (additional work or behavioral skills), or work (subsidized or unsubsidized employment or internship)

- Support services, including vouchers for transportation, work-related items, and barrier removal

The second treatment group does not participate in EDGE or intensive case management but directly enters the voucher-funded pathways and receives support services.

FY 2017 Accomplishments and Challenges:

Improved enrollment in the pilot project. The grantee has continued to face recruitment and enrollment challenges since early implementation, but enrollment numbers have increased in recent months. In June 2017, Mississippi had its strongest recruitment month, likely due to a number of recruitment efforts that the State implemented in FY 2017 to try to increase pilot participation. The grantee's efforts have included a public service announcement about the pilot project, calls to participants to remind them of orientation appointments, a video that will play in county offices, and sharing success stories for pilot participants. Partner organizations, the community colleges, and Jobs for Mississippi Graduates also have taken a proactive role in outreach activities. These efforts have helped improve enrollment.

Increased transportation options. Early on in the pilot, the grantee identified transportation as one of the most significant barriers for potential participants. To help with recruitment and assist current pilot participants in accessing the college classes, four of the five community colleges added transportation provider partners in the past year. Three community colleges partnered with transportation providers that pick up participants at their homes or have dedicated stops, and one college partnered with a bus service that made dedicated bus stops available for participants. Staff reported that having these additional transportation options has helped increase pilot enrollment.

Faced staff capacity challenges. The grantee planned to implement the pilot using existing staffing and resources for the State and local SNAP offices. As the pilot was implemented, the grantee recognized the staffing demands of the project and the reporting requirements exceeded the resources available. For example, county staff reported that conducting evaluation reporting and participant follow-up on top of their regular duties was challenging. The grantee has adjusted by hiring a dedicated staff person to manage the day-to-day pilot operations, and the director of · program operations has taken a more active role in the pilot project.

Worked on ensuring participants are progressing through services. Data from the colleges show that participants continue to progress slowly through services. To assist participants in moving through services and remaining engaged, college staff have focused on career navigation conversations and removing barriers such as transportation. Other participants have a closed SNAP case and are not eligible to continue participating in services. The grantee and college staff continue to explore and implement efforts to keep participants engaged.

H. Vermont

The Vermont Agency of Human Services administers the Jobs for Independence (JFI) pilot project, which provides a comprehensive set of education and barrier reduction services to SNAP participants. The pilot project launched statewide in March 2016 and serves SNAP work registrants with barriers such as homelessness, connections to the correctional system, and

substance abuse. Agencies providing services include: Vermont's Community Action Agencies, the Vermont Department of Labor, Vermont Division of Vocational Rehabilitation, and the Community College of Vermont.

JFI provides the following services to participants:

• Comprehensive assessment by clinicians to determine barriers and employment needs

• Coordinated case management

• The Governor's Career Readiness Certificate program

• Basic adult education and literacy programs, including HSE preparation and testing

• Progressive Employment services targeted to people with limited or no work histories that provide participants options for low-risk training placements in real competitive job settings, including apprenticeships, on-the-job training, work experience, and job shadows. The services are provided sequentially to allow a participant to progressively become involved in a profession.

• Workforce Innovation and Opportunity Act-funded job training

• Support services including financial counseling, housing relocation and stabilization, and addiction recovery.

FY 2017 Accomplishments and Challenges:

Increased focus on partnering to better utilize employment services. Although pilot participants always have received a comprehensive clinical assessment at entry, the main provider has increasingly involved employment counselors from its own agency and another organization earlier in the process to provide employment services. In addition, after the launch of the pilot project, both organizations identified specific staff to support pilot participants in case management and develop and continually update employment plans. The teaming of these organizations has developed into common practice in every region to deliver clinical counseling, employment counseling, and progressive employment services.

Unrestricted support service funding. Plentiful funding for support services has enabled staff to easily access resources at other community organizations. Other local programs have strict eligibility criteria for these services that screen out the target populations that the pilot project serves, so this pilot project gives staff more flexibility to meet the needs of participants and is a key aspect in engaging the target population and removing barriers to employment. The most valuable uses of support services include driving licenses, car repairs, rental assistance, and work clothing and materials.

Faced staffing shortages. Staff capacity is the grantee's biggest challenge. Of all partners, the main provider faced the most significant staffing shortage. The staffing plan requires most counselors to cover multiple regions, leaving limited time to meet with participants at each location. In response to time constraints, the other providers in the region have assumed some responsibility for keeping participants engaged in services.

Experienced changes to community college enrollment. During the first year of the pilot project, the counselors were responsible for referring appropriate participants to the community colleges for classes. Few participants received referrals, and those who did often did not begin services. Upon referral, the college coordinators contacted the prospective student to request that he or she complete enrollment paperwork, and then called the participant back to confirm interest and recruit for the start of a class. This required a greater time commitment than coordinators anticipated, and many students dropped out during this process. To address this challenge, the grantee started to enroll new participants into the pilot project and referred participants to colleges immediately after random assignment. In addition, college coordinators began attending pilot project orientations so that participants found out about the classes at the point of enrollment. Since implementing this new process in March 2017, more participants are starting classes.

I. Virginia

The Virginia Department of Social Services administers the EleVAte SNAP E&T pilot project, which provides education, training, and career-preparedness services to SNAP participants. The pilot project launched in March 2016 and serves work registrants including ABAWDs and those who are noncustodial parents. The pilot project serves SNAP participants in 24 localities in the Tidewater, south central, and far southwest Virginia areas. Grantee partners include the Virginia Department of Social Services, Division of Child Support Enforcement, and the Virginia Adult Learning Resource Center through Virginia Commonwealth University. Organizations providing services include the Virginia Community College System (covering seven community college regions) and the Virginia Department of Education.

EleVAte provides the following services to participants:

- Case management

- Access to education, training, and career-preparedness services through three participant tracks customized to participants' skill levels at entry:

  (1) Self-paced and supported online learning in math and reading, and digital literacy certification

  (2) Industry-recognized vocational training and soft skills training

  (3) Advanced vocational training that participants can combine with HSE preparation, if needed (PluggedinVA)

FY 2017 Accomplishments and Challenges:

Improved enrollment. After initially struggling to meet the pilot-wide and local enrollment targets in many of the pilot regions-especially in densely populated areas with higher targets-pilot management invested substantial effort in growing the recruitment capacity of the local agencies conducting enrollment. These efforts included pressing local agencies to complete the hiring processes for dedicated recruitment staff, holding a pilot-wide training in sales and marketing strategies, creating a new central management position to coach select local staff, adding staff positions to increase capacity in select areas, and emphasizing in-person outreach in

the community in lieu of passive marketing. As a result, the Virginia pilot project has been consistently meeting its monthly enrollment targets since March 2017.

Assessed and adjusted services at community colleges. Toward the end of 2016 and beginning of 2017, staff at the main partner assessed the state of implementation and each college's service capacity. Each college refined its service offerings in response to the needs and preferences of people enrolled into the pilot, local economic trends, and early experiences of providing services. This led, to a varying extent across the seven colleges, to the following: offering some vocational training via third-party training providers, expanding the locations of service offerings to make participation more convenient, and changing the vocational training options in response to local labor market demand. Moreover, in response to its capacity assessment, one college serving increasingly large numbers of participants received additional budget resources to hire additional adult education instructors, adult career coaches, and other staff.

Experienced low participation in services. As the pilot project progressed, several participation challenges emerged, including high rates of exits before completing services; low rates of completion for certain services, such as digital literacy and career readiness and vocational skills courses; and low levels of enrollment into and completion of adult basic education instruction. The grantee used a variety of approaches to address these participation challenges, including clearly understanding and troubleshooting participant barriers and challenges at the start of service delivery, adjusting class schedules in response to participant preferences, sequencing services so that participants consistently have an activity to work on while waiting for vocational skills training courses to begin, and improving overall communications with participants around program expectations and individual barrier management.

Experienced staff turnover. Although all involved organizations encountered staff turnover, staffing at the main partner was less stable. As examples, the full-time project director departed in spring 2017 and was replaced a few months later; one college had a 3-month gap between its only adult career coach departing and hiring a replacement; and one college serving a large volume of participants had significant difficulty hiring and retaining staff in some positions. In many cases, staff turnover resulted in other staff assuming extra responsibilities, leading to higher caseloads, greater workloads, and increased classroom sizes.

J. Washington

The Washington Department of Social and Health Services administers the Resources to Initiate Successful Employment (RISE) pilot project, which builds upon the State's existing Basic Food Employment and Training program by offering additional services to people with major barriers to employment. The pilot project launched in February 2016 and serves new work registrants with critical and general barriers to employment, including long-term unemployed, homeless, those with limited English proficiency, veterans, and noncustodial parents with delinquent payment history. The pilot project serves SNAP participants in four counties (King, Pierce, Spokane, and Yakima). Grantee partners include several agencies within the State, such as the Division of Child Support, the State Board of Community and Technical Colleges, the State Workforce Board, and local workforce development councils. Agencies providing services

include 17 community-based organizations offering E&T, 2 community and technical colleges covering King and Pierce counties, and the Washington State Employment Security Department.

RISE provides the following services to participants:

- Case management

- Extensive wraparound and support services to address barriers

- Basic Food Employment and Training services including job readiness training, basic skills/English as a Second Language training, vocational training, job search assistance, job placement, and participant reimbursement for support services

- Mandatory 6-week life skills course (Strategies for Success [SFS])

- Work-based learning opportunities (on-the-job training, subsidized and regular employment, and internships and externships)

FY 2017 Accomplishments and Challenges:

Improved recruitment and enrollment. Participant enrollment improved in FY 2017 after pilot stakeholders adjusted their recruitment and outreach strategies to attract more participants. The grantee began supplying providers with work registrant lists in fall 2016 and continues to provide updated lists every quarter. With these lists, providers can conduct targeted outreach to potential participants, though the contact information from the lists is not always accurate due to ongoing changes in the life circumstances of work registrants. As pilot caseloads increased, case management staff had less time to dedicate to outreach. Providers responded by hiring dedicated outreach staff that could focus solely on bringing new participants to the program. Providers continue to conduct extensive outreach in their local communities by presenting the pilot project to local organizations that serve the target populations, sitting in SNAP-eligibility offices to provide information to participants, and obtaining internal referrals from their own agencies.

Maintained strong partnerships. Communication and collaboration between partners remained strong over the past year. The grantee, service providers, and other partners worked together regularly to share information, collaborate on outreach activities, exchange best practices, and solve problems. Partnerships between the grantee and provider staff improved as well, as the grantee assigned a project consultant to each pilot county to provide technical assistance to the pilot providers in that area.

Experienced difficulty keeping participants engaged in the pilot project. The target population for this study faces significant barriers to employment and to participation in pilot services. For example, housing barriers are difficult to resolve for people experiencing homelessness due to inadequate rental assistance, limited shelters, long waitlists for public housing, and the high cost of living in Washington. Without stable housing, participants are often unable to attend SFS classes, complete a work-based learning opportunity, or stay otherwise engaged in the pilot project. As a result, many drop out of the program. Some aspects of the SFS classes, such as the 96 hour commitment and limited availability of classes, make it challenging for participants to remain engaged in the pilot project as well. The grantee and provider staff are brainstorming about ways to address these challenges.

Experienced staff turnover. Staff turnover among pilot case managers and employment navigators impeded pilot implementation. The employment navigator positions in King and Pierce counties experienced turnover, which impeded case managers' ability to connect their participants with work-based learning opportunities. Most providers experienced some level of staff turnover in the past year. For those providers with only one or two staff, turnover often slowed or halted pilot implementation while the organization worked to hire a replacement.

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V. EVALUATION PROGRESS IN FY 2017

Many evaluation activities took place in FY 2017, as pilot projects continued to recruit pilot participants and provide program services. These included monitoring pilot projects' performance, providing technical assistance where necessary, and collecting a variety of data to address the evaluation's research objectives.

A. Monitoring and technical assistance

All pilot projects began conducting random assignment, enrolling participants, and providing services in January through April 2016 and have thus been operating for at least 18 months. In FY 2016, the evaluation team and FNS worked closely with each grantee to refine plans for program operations and evaluation design, negotiate memoranda of understanding that delineated the roles and responsibilities of the grantee and the evaluation team, start random assignment, and work with grantees on evaluation activities. In FY 2017, the evaluation team has continued to conduct monitoring and technical assistance activities for all pilot projects, covering both pilot operations and evaluation procedures. However, as all grantees have transitioned to a stage of full pilot implementation, their monitoring and technical assistance needs have declined. Nevertheless, periodic conference calls with pilot project staff continued in FY 2017. During these calls, the evaluation team and pilot project staff discuss ongoing performance and review monthly reports from grantees that describe their progress in achieving enrollment targets, increasing service utilization rates, improving communications with providers and partners, and providing requisite data to the evaluation team. For each pilot project, the evaluation team also has conducted several in-person monitoring visits with pilot project staff These meetings and visits helped ensure that pilot projects were operating successfully and following evaluation protocols and procedures.

B. Evaluation data collection

The evaluation requires many types of data to address its research objectives. All analyses will use baseline data collected from pilot participants at the time of enrollment before their random assignment to a treatment or control group. The analyses will also use participant survey data, administrative records from State and local agencies, and qualitative interview data. Although the evaluation collected some types of data in FY 2016, it began collecting most types of data in FY 2017.

1. Baseline data collection

So far, the evaluation team has collected baseline data from the 34,000 pilot participants who enrolled in the pilot from January 2016 through September 2017. (Enrollment is scheduled for completion by summer 2018, at which time baseline data collection ends.) Table 3 describes each grantee's pilot participants (treatment and control group members combined). State variation in the participants' characteristics reflects the diversity of the populations targeted in each State. The percentage of female pilot participants, for example, varies from 35 percent in Illinois to 74 percent in Virginia. The average age of pilot participants varies from 31 in Mississippi to 39 in Vermont. The percentage of participants who are Hispanic also varies across States, from a low of 0 percent in Kentucky and 1 percent in Mississippi to 15 percent in Kansas and 61 percent in California. The percentage of participants who reported being currently

employed at the time of enrollment ranges from 5 percent in Mississippi and 6 percent in Georgia to 23 percent in California and 27 percent in Virginia. Almost all pilot participants had some work experience as of pilot enrollment: the percentage who reported being currently employed or employed previously ranges from 89 and 98 percent.

Table 3. Characteristics of pilot participants at enrollment

	CA	DE	GA	IL	KS	KY	MS	VT	VA	WA
Female (%)	60	42	48	35	61	60	47	43	74	43
Average age (years)	35	34	33	34	37	32	31	39	37	38
Black or African American (%)	16	52	83	67	27	4	70	6	75	29
Asian (%)	5	1	1	1	1	0	0	1	1	4
American Indian or Alaskan Native (%)	5	2	2	3	8	1	1	5	2	11
Native Hawaiian or other Pacific Islander (%)	1	1	1	1	1	0	0	0	1	3
White (%)	29	45	15	27	67	95	30	92	23	58
No race reported (%)	47	2	2	5	4	1	0	1	2	6
Hispanic (%)	61	8	3	13	15	0	1	3	3	14
Speak English as primary language (%)	92	97	99	98	95	100	100	99	98	89
Married or cohabiting (%)	17	7	4	4	15	30	30	10	11	11
Average household size	3	2	2	2	3	3	2	2	3	2
Living in household with children (%)	47	21	5	10	42	51	5	14	54	19
Without a high school diploma (%)	25	25	20	23	23	24	30	19	20	27
Currently employed (%)	23	13	6	7	16	14	5	14	27	8
Currently or ever employed (%)	93	97	94	90	98	92	89	97	94	92

Source: SNAP E&T Random Assignment System (January 2016 through September 2017 data).

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

2. Impact data collection

The impact analysis examines the effects of the pilot on employment and earnings, public assistance receipt, and other outcomes such as food security, health, well-being, and housing. It also assesses how impacts vary for different groups of participants. The primary sources of data on employment, earnings, receipt of public assistance, and service receipt are administrative records obtained from SNAP, Unemployment Insurance (UI), and other agencies. The impact analysis also uses baseline data from pilot participants after enrolling in and consenting to the evaluation and surveys administered to pilot participants 12 months and 36 months after random assignment.

SNAP administrative data. The evaluation team finalized data exchange processes for SNAP administrative data for all grantees. These processes ensure that grantees provide data for all pilot participants, that the information is consistent across grantees, and that grantees can periodically provide the data in a timely manner. Satisfying these requirements will help maximize the reliability of the analysis findings and promote consistency in the analysis across

grantees. Grantees are currently providing SNAP administrative data on an ongoing basis and will continue to do so through about 2020. Six grantees have submitted several quarters of SNAP, Temporary Assistance for Needy Families (TANF), and Medicaid data. For the remaining four grantees, the data files are still preliminary and under review by the evaluation team to ensure they contain the requisite information for all pilot participants.

UI wage record data. In FY 2017, the evaluation team negotiated to receive UI wage record data containing quarterly earnings records from grantees. State UI agencies are currently providing quarterly earnings records on an ongoing basis for grantees in 7 of 10 States, and 3 of the other States will provide earnings records by summer 2018. For all grantees, the administrative records extend back to more than one year before pilot launch and will continue through about 2020.

Participant follow-up survey data. The evaluation team is administering surveys to pilot participants (treatment and control group members) at 12 months and 36 months after random assignment. The 12-month surveys began in January 2017 and will continue through December 2018. From January to September 2017, the evaluation team collected 12-month survey data from more than 4,000 pilot participants. The team will administer the 36-month surveys from January 2019 through December 2020.

In early 2017, shortly before the 12-month survey fielding began, the evaluation team held extensive in-person training sessions for telephone interviewers and field locating staff. The trainings provided interviewers with information needed 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 provided a project overview and a review of the questions in the survey, discussed how to handle cases in which participants initially refuse not to participate in the survey, enabled staff to practice interview techniques, and gave experts an opportunity to share tips and successful strategies with newer interviewers.

The survey has a cohort-based design in which a new sample of participants is released each month. The first cohort, released in January 2017, consisted of people randomly assigned in January 2016; the second cohort, released in February 2017, consisted of people randomly assigned in February 2016, and so on. The survey collects data through telephone interviews with pilot participants. If a pilot participant cannot be located by phone and does not reply to survey reminders sent to their residential address, then the evaluation team performs field locating by sending field staff to the residential address on file and requesting that the participant complete the survey. The evaluation team has faced two challenges in FY 2017: (1) not having valid telephone contact information for all participants; and (2) not having valid residential street address information for all participants. Pilot participants provide their telephone and address information when they enroll into the pilot, but many change addresses during the following year. The evaluation team is working with grantees to obtain updated contact and address information to maximize survey participation and response rates have increased as a result.

3. Implementation data collection

The implementation analysis documents the context and operations of each pilot project and helps interpret and understand the pilot projects' impacts. The data come from three rounds of site visits, which include in-depth interviews with pilot project staff, focus groups with program participants and employers providing training, observation of operational activities, and document reviews.

The evaluation team conducted a second round of site visits to all 10 pilot projects in FY 2017 to collect information from staff on pilot project operations during the first full year of implementation. Each visit included interviews with key pilot staff, interviews with participants and observations of activities in which the participants were involved, and focus groups with participants and employers providing training.

During the site visits, the evaluation team interviewed staff from grantee offices and key partner sites and service providers. For each of the 10 pilots, the team conducted approximately 30 interviews with grantee staff, provider administrators, provider frontline staff, and non-provider staff who facilitate the pilot but do not provide direct services to participants. The interviews took place in most of the locations where the pilot is administered and services are provided.

The site visits were also an opportunity for the evaluation team to interview 20 participants (2 participants in each of the 10 pilots) to better understand their experiences in the pilot projects and what challenges they face in participating in training and finding employment. At the time of these interviews, the evaluation team also observed some activities in which the participants were involved, including mock job interviews, comprehensive assessment appointments, or classroom training. The team also interviewed pilot staff who work with the participant, such as career navigators, case managers, or main service provider staff.

The evaluation team also conducted participant focus groups for all 10 pilot projects and, for 4 of them, employer focus groups. The participant focus groups discussed the type of services received, their goals for participation, their perceptions of the program, and the types of barriers they face. Focus groups in all 10 pilot projects took place with pilot participants who were actively receiving services. For the mandatory pilot projects, the evaluation team also conducted focus groups with pilot participants who had disengaged from program services, to understand reasons for disengagement and their experiences with the pilot services and staff. The employer focus groups discussed topics such as the local employment conditions, employers' motivation for participating in the program, the services offered to participants, and the benefits and costs to participating employers.

In FY 2017, the evaluation team submitted the second round of implementation research memoranda to FNS. The memoranda presented the key findings from the implementation visits to each pilot project and the reasons why the findings were significant to the evaluation. Each memorandum provided background about the visit, including what locations were targeted and why they were targeted and the types and numbers of people who were interviewed. The evaluation team described pilot project developments since the early implementation period, focusing on processes, policies, and strategies that changed as well as changes to the pilot structure and organization, staffing, recruitment and enrollment, and service provision. Each

memorandum described factors that caused these changes; and the perceived significance of the changes to the pilot staff. The evaluation team also described participant and employment focus groups and case study interviews conducted as part of the Round 2 data collection.

4. Participation data collection

The participation analysis will examine the characteristics and service paths of pilot participants. For each pilot, provider staff document the types of training, education, and services they provide to each treatment group participant and, in some cases, control group participant in the study. These data include entry and exit dates for specific E&T activities. Grantees store this information in their management information system and submit extracts to the evaluation team for analysis.

In FY 2017, the evaluation team worked with grantee staff to identify the data fields needed to describe participants' receipt of pilot services. All grantees have submitted data files to the evaluation team, which are currently under review for completeness.

5. Cost data collection

The benefit-cost analysis estimates the return on each dollar invested in each pilot project. All participating pilots are providing cost data quarterly and are completing annual staff time-use surveys for the analysis.

The evaluation team continued to collect cost data in FY 2017 from grantee, partner, and provider organizations. The team developed and provided each pilot project with cost data-collection workbooks to collect costs incurred implementing the pilot throughout the year. The evaluation team has received and processed data for all pilot projects.

The evaluation team also developed a web-based, time-use survey to collect data on how frontline staff-the staff who provide services directly to and interact with participants-spend their time. The time-use survey includes three rounds of administration. Round 1 was administered to 2 grantees in late FY 2016 and 8 grantees in early FY 2017. This survey collected information about how staff spent their time during the first year of pilot implementation. Round 2 was administered to all 10 grantees in late FY 2017 and early FY 2018 and collected information about staff time use in the second year of implementation. Round 3 will be administered in 2018.

VI. EVALUATION-RELATED ACTIVITIES FROM FY 2018 TO FY 2021

The following evaluation activities are planned for FY 2018, organized according to the pilot project's four evaluation objectives and the reporting of evaluation findings.

A. Impact data collection

- **Baseline data collection.** The evaluation team will continue to collect information on the pilot project participants at the time of enrollment through its random assignment system. Two pilots have completed enrollment, and three pilots plan to complete enrollment by March 2018. The remaining five plan to complete enrollment by June 2018.

- **Follow-up survey data collection.** Mathematica and staff from Decision Information Resources will continue administering the 12-month follow-up survey to participants. The follow-up survey will be administered through December 2018. This data collection timeline has been updated to better align with the timing of the Interim Report due in 2019. Thirty-six months after random assignment, Mathematica will administer a second round of follow-up surveys to people who responded to the 12-month survey. These surveys will take place from January 2019 through December 2020.

- **SNAP, TANF, and Medicaid administrative data collection.** The evaluation team will continue to collect administrative data describing program participation for all grantees through 2020.

- **UI wage records data collection.** The evaluation team will continue to obtain quarterly UI wage data from State UI agencies for 7 of the 10 grantees. The team will start collecting data from two other grantees in summer 2018 and will finalize the data exchange process with the final grantee in the coming months and begin collecting data.

B. Implementation data collection

- **Monitoring and technical assistance.** The evaluation team will continue to review performance for all pilots. This work will include reviewing reports and data on participants' enrollment and receipt of services, and in-person visits and conference call meetings with pilot project staff to ensure that pilots are operating successfully and following evaluation protocols and procedures.

- **Round 3 implementation data-collection site visits.** The evaluation team will conduct the third round of implementation data-collection site visits in 2018. During these visits, the team will interview key staff about activities over the past year and plans for the pilot closeout. The team will also conduct a combination of participant focus groups, employer focus groups, and case studies with SNAP E&T pilot participants and providers. The team will summarize research findings in memoranda submitted to FNS.

C. Participation (service receipt) data collection

- **Collecting service receipt data.** The evaluation team will continue to collect service receipt data from grantees that will inform the participation analysis. The team will process and clean data and prepare analytic data files to describe the types and duration of services that

participants receive. The team will submit to FNS a memorandum on the participation data's quality in June 2018.

D. Cost data collection

- **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 the cost data's quality in early 2018 and will administer the third and final round of the time-use survey to frontline pilot staff in August 2018.

E. Reviewing and reporting study findings

- **Congressional reports.** The evaluation team will share study findings through annual progress reports to Congress. The first annual progress report to Congress described achievements and accomplishments during FY 2015 (the study's first year), activities planned for FY 2016, and the overall evaluation study timeline. The second progress report presented achievements and accomplishments during FY 2016, pilot project challenges after launching pilot operations and progress made in addressing these challenges, and activities planned for FY 2017. This third progress report covers progress in FY 2017 and activities related to the evaluation that will take place in or after FY 2018. The evaluation team will prepare similar reports in subsequent fiscal years.

- **Technical working group meetings.** The evaluation team will conduct the second and third of three technical working group meetings in Washington, D.C., in 2019 and 2021. (The first meeting took place in 2015.) The second meeting will focus on interim findings and the third on final findings.

- **Reports.** For each pilot, the evaluation team will share study findings through an interim study report in 2019 and a final study report in 2021, as well as a summary report that synthesizes findings across pilots. Each report will discuss all four study components-implementation, impact, participation, and benefit-cost analyses-and ensure that each component's findings can be linked to tell a comprehensive story and fully address the evaluation's research objectives.