Disability Employment Initiative Impact Evaluation:
Round 1 through Round 4 Grantees

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ACKNOWLEDGEMENTS

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ACRONYMS

(AJC) American Job Center
(CE) Customized Employment
(CWIC) Community Work Incentives Coordinator
(DEI) Disability Employment Initiative
(DPN) Disability Program Navigator
(DRC) Disability Resource Coordinator
(DRS) Disability Resource Specialist
(DVOP) Disabled Veteran Outreach Program
(EN) Employment Network
(ES) Employment Service
(ETA) Employment and Training Administration
(IEP) Individual Education Plan
(ILP) Individual Learning Plan
(IRT) Integrated Resource Team
(IWP) Individual Work Plan
(JSWDs) Jobseekers with Disabilities
(LPM) Linear Probability Model
(LVER) Local Veterans' Employment Representatives
(MOU) Memorandum of Understanding
(NDI) National Disability Institute
(ODEP) Office of Disability Employment Policy
(PIRL) Participant Individual Record Layout
(PTE) Pathways to Employment
(RCT) Randomized Controlled Trial
(SCCS) Systems Change Coding Scheme
(SDS) Service Delivery Strategy
(SGA) Substantial Gainful Activity
(SSA) United States Social Security Administration
(SSDI) Social Security Disability Insurance
(SSI) Supplemental Security Income
(T/TA) Training and Technical Assistance
(TTW) Ticket to Work
(USDOL) United States Department of Labor
(VIF) Variance Inflation Factor
(VR) Vocational Rehabilitation
(WDA) Workforce Development Area
(WIA) Workforce Investment Act
(WIOA) Workforce Innovation and Opportunity Act
(WIPA) Work Incentives Planning and Assistance
(WIASRD) Workforce Investment Act Standardized Record Data

EXHIBITS IN THE MAIN TEXT

APPENDIX EXHIBITS

Executive Summary

The Disability Employment Initiative (DEI) Round 1 through Round 4 evaluation was conducted by Social Dynamics, LLC, and Mathematica Policy Research, Inc. It was designed to report to the United States Department of Labor's (USDOL) Office of Disability Employment Policy (ODEP) and Employment and Training Administration (ETA) on the implementation, outcomes, and impact of the DEI. The main research questions concern employment outcomes and the impact of the project on jobseekers with disabilities (JSWDs). Other research questions focus on how specific service delivery strategies (SDSs) and grant requirements were embedded within the workforce development systems of participating Workforce Development Areas (WDAs), with the support of both public and private sector partners and service providers.[1]

This report presents findings on the experiences of 31 grantees in implementing the DEI project, the DEI's impact on WDAs, and the employment outcomes of participants. It highlights the perceived successes and challenges related to implementing DEI services, as well as those related to establishing and strengthening systems change through partnerships and collaboration.[2] The findings represent implementation experiences and participant outcomes across four grant periods:

Exhibit 1: DEI Grantee Rounds

Round 1 2010–2013	Round 2 2011–2014	Round 3 2012–2015	Round 4 2013–2016
Alaska, Arkansas*, Delaware*, Illinois, Kansas, Maine, New Jersey*, New York, & Virginia	California, Hawaii, Ohio, South Dakota*, Tennessee, Washington, & Wisconsin	Florida, Indiana, Iowa, Louisiana, Massachusetts, Minnesota*, & Rhode Island	Alabama, Alaska, Connecticut, Idaho*, Illinois, Maine, New York, & Virginia

*Youth grantee

In sum, grantees used a wide array of SDSs across treatment sites and exhibited considerable variability in the way SDSs and grant-funded leadership positions were implemented. While the basic goal of fostering employment for JSWDs was constant throughout, the details of project implementation varied due to staff turnover, limited fidelity in the use of SDSs, and contamination (e.g., capacity-building activities that introduced DEI SDSs to "control" sites). In essence, the DEI in these Rounds was a "living laboratory" of policy and practical insight about the way JSWDs can be served through the AJCs and their partners.

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[1] Throughout the text of this report, we refer to both WDAs and American Job Centers (AJCs). A single WDA may include one or more AJCs that provide core, intensive, and/or Workforce Innovation and Opportunity Act services.

[2] In 2010–2011 (Round 1), Partnerships and Collaboration was included in the list of optional SDSs. From 2011 through 2014, it was a requirement for all grantees. Partnerships and Collaboration include the coordination of various partners who are involved in grantee and related activities at any level of the workforce development system. It may include government agencies, community-based organizations, and nonprofits that assist in improving employment opportunities for JSWDs. Collaboration is a more intensive form of a partnership, as it includes joint planning and shared resources, as well as shared funding and accountability.

What were the DEI project features?

ODEP, in collaboration with ETA, developed a set of project features, requirements, and innovations that DEI grantees implemented in each treatment WDA.

The DEI grant included four program requirements:

1. *Selection of either a youth or adult focus.*
2. *Physical and programmatic accessibility of participating AJCs.*
3. *Implementation of at least two of the following DEI SDSs: Asset Development; Blending and Braiding of Resources; Benefits Planning; Customized Employment; Guideposts for Success; Integrated Resource Teams; Partnerships and Collaborations; Work-Based Learning Opportunities; and Self-Employment/Entrepreneurship.*
4. *Completion of a sustainability plan for after the grant period.*

Further, each DEI Round consisted of the following elements, which will be discussed at length:

1. **Grant-funded positions.** The DEI included two grant-funded leadership positions: one DEI State Lead and one or more Disability Resource Coordinators (DRCs) for each treatment WDA. These positions provided executive leadership and expertise in workforce development, program implementation, use of SDSs, partnership-building, grant finances, benefits counseling, Ticket to Work (TTW) and Employment Network (EN) program management, organizational development, and project sustainability.

2. **Provision and/or coordination of integrated training and support services.** With the implementation of the DEI, USDOL aimed to provide training and support services to adult and youth JSWDs through integrated workforce development systems designed to improve training and employment outcomes. Any individual in a treatment WDA who self-disclosed a disability was eligible to enroll in the DEI. The program did not require individuals to provide documentation regarding the type or severity of their disability. While DEI participants received one-on-one support from a DRC, DEI participants self-disclosed a disability but did not interact directly with a DRC.

3. **Implementation of TTW.** A key component of the DEI was promotion of the United States Social Security Administration's (SSA) TTW program, which provides SSA beneficiaries with free and voluntary employment support services and opportunities to work while they keep their benefits. TTW services include career counseling, vocational rehabilitation, and job placement and training, and beneficiaries maintain Medicare, Medicaid, Supplemental Security Income, and/or Social Security Disability Insurance benefits if still eligible. Grantees were required to create a WDA- or state-level EN, or to engage a commercial EN to which Tickets could be assigned, and which would then collect TTW milestone and outcome payments on behalf of a DEI-sponsored WDA.

4. **Provision or coordination of SSA Work Incentives Planning and Assistance (WIPA) program services.** The WIPA program provided Community Work Incentives Coordinators (CWICs) to deliver benefits counseling to SSA beneficiaries seeking employment. CWICs, many of whom were also DRCs, provided information to help beneficiaries make decisions about the impact of earnings on health care and public benefits.

5. **Engagement with training and technical assistance providers.** DEI grantees had access to the National Disability Institute (NDI) technical assistance team. NDI provided site visits to WDAs, national webinars, in-person meetings with grantees, and created and distributed technical assistance materials.[3]

To what extent were the SDSs implemented as designed?

Implementation of DEI SDSs and operation of grant-funded leadership positions were subject to the level of resources available to each grantee, the areas of personnel expertise, and local preferences for and adaptations of certain SDSs. Grantees were permitted to vary the implementation of grant requirements. Thus, grantees crafted strategies germane to their mission and driven by local innovation, staff experience and training, organizational capacity, and availability of support services. As a result, DEI implementation evolved continuously as SDSs and other promising practices were added by the program developers and/or modified to meet the needs of WDAs or individual jobseekers. Further, grant implementation evolved as staff knowledge increased. DEI projects implemented each required component, identified how and why interventions were customized to the local context, and exhibited basic to advanced knowledge and capacities in the delivery and monitoring of the SDSs and related services (e.g., case management services, career pathways training, etc.).

What were the perceived challenges to the implementation of TTW and ENs?

Grantees had difficulty with the implementation of TTW due to changes in SSA policy, the resources necessary to become an EN, and a lengthy suitability determination process that included an extensive background check. The temporary loss of the WIPA-CWIC program early in Round 2 also hampered implementation of TTW. To further complicate this picture, Round 1 through Round 3 DEI Benefits Planning activities took place within the context of a changing SSA WIPA environment; the funding that allowed for local implementation of the WIPA program lapsed on June 30, 2012. In addition to the persistence that was required of DRCs, DEI State Leads, and WDA leadership to establish and operate TTW, successful implementation required an entrepreneurial approach, such as a willingness to engage in creative risk-taking and evolving, flexible approaches. For example, this situation

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[3] Three states also had access to local disability technical assistance centers: Hawaii (University of Hawaii at Mānoa, Center on Disability Studies), Massachusetts (Institute for Community Inclusion), and Minnesota (PACER Center).

spurred a movement among DEI grantees to make concerted efforts to certify DRCs through the Cornell University or Virginia Commonwealth University benefits planning courses.[4]

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[4] Soon after WIPA was terminated, Round 1 states such as Illinois, New York, and New Jersey leveraged support from ODEP and ETA to provide benefits counseling to DRCs. Similar to Round 1, DEI grantees in Round 2, Round 3, and Round 4 moved quickly to increase the number of DRCs certified as CWICs, while others established key partnerships with local service providers with similar expertise.

What grant-funded positions were created through the DEI?

DEI grants included two grant-funded positions: the DEI State Lead and the DRC. Projects designed and used these positions somewhat differently. Generally, DEI State Leads were responsible for: grant monitoring and finance; oversight of the implementation of DEI SDSs, TTW, and EN development; cultivating state- and local-level partnerships; and capacity building within the overall workforce development system to improve its performance for JSWDs. DRCs were tasked with the implementation of SDSs, as well as SSA beneficiary recruitment; training of AJC employment specialists and other staff; case management services; and facilitating access to Benefits Planning services.

What are the quantitative findings from the outcome and impact evaluations?

At least 21,840 adults with disabilities and 1,270 youth with disabilities were served by AJCs in areas where the DEI was piloted, with a high concentration of customers in a few states. These counts exclude an unknown number of individuals who did not self-disclose a disability, or who received job services in areas that could not be clearly distinguished using the data available for the study. Among grantees with an adult focus, 66 percent of JSWDs were served by AJCs in New York, and another 25 percent were located in three other states (California, Florida, and Iowa). In addition, two out of the five grantees focusing on youth (New Jersey and Minnesota) accounted for 74 percent of youth JSWDs served by DEI WDAs.

We found no evidence indicating that the DEI led to systematic increases in the number of JSWDs served. The evaluation included a randomized controlled trial (RCT) for which most grantees put forward WDAs to be randomly divided into a treatment group—where the DEI was piloted—or a control group, which continued to offer standard AJC workforce services only. The RCT was set up to maximize the comparability of treatment and control WDAs when the DEI grants were awarded; subsequent differences between the two sets of areas could therefore be attributed to the DEI. We compared the average number of JSWDs served by treatment and control WDAs during the operations of Round 1 (R1) through Round 3 (R3) grantees, but did not identify any statistically significant differences. Round 4 (R4) grantees were not included in this or any other RCT analysis because the data used for the report had limited information about the JSWDs served in that Round.

The DEI did not lead to any systematic differences in the types of adult JSWDs served, but AJCs in treatment WDAs enrolled youth with lower rates of previous employment than those in control WDAs. Among R1–R3 grantees with an adult focus, we found no statistically significant differences between the treatment and control groups in measures of demographics, education, English proficiency, past military service, receipt of unemployment compensation, or income. Among all R1–R3 grantees with a youth focus, we found some similarities in the characteristics of JSWDs in the treatment and control groups, but there were also other notable differences. The statistically significant difference in employment rates was particularly striking; less than 4 percent of youth in treatment group were working upon DEI enrollment, compared to almost 20 percent of youth in the control group.

The DEI did not affect the duration of service receipt for adults, but might have resulted in youth receiving services for a longer period of time. We examined the extent to which JSWDs stopped receiving AJC services (or "exited") by June 2016, the end of the follow-up window covered by the data available for this report. Among JSWDs served by R1–R3 grantees with an adult focus, approximately 94 percent of both the treatment and control groups exited from an AJC by that point. Among JSWDs served by R1–R3 grantees with a youth focus, 99 percent of the control group exited by June 2016, but the rate of exit for the treatment group by that point was 8 percentage points lower.

The impact analysis provided no evidence indicating that the DEI led to changes in the extent to which adults exited to employment during the follow-up period. We define "exit to employment" as ceasing to receive AJC services and being employed in the following quarter. Approximately 94 percent of both the R1–R3 treatment and control groups exited during the follow-up period and were employed during the subsequent calendar quarter. After adjusting for potential factors that might have differed between treatment and control groups, we found no evidence of impacts on the rate of exits to employment or other placement outcomes. We also found no evidence that the DEI increased (or decreased) the rate of exits to employment for subgroups of adults differentiated by demographics, education, unemployment compensation receipt, and income. There might have been unmeasured differences between the adults served by treatment and control WDAs given that the JSWDs in our analysis started receiving AJC services after areas were randomly assigned. However, as noted above, we did not find any systematic differences in a range of measurable characteristics when comparing the adults served by treatment and control WDAs. Hence, the most plausible interpretation of our results is that the DEI features implemented by R1–R3 grantees with an adult focus did not produce meaningful short-term improvements in how JSWDs fared in the labor market.

Our analysis of youth indicated that the treatment group had worse placement outcomes than the control group, although the extent to which this reflects the impacts of the DEI is not clear. For youth, our key outcome variable was "exiting to employment or education"—that is, ceasing to receive AJC services and being either employed or enrolled in school during the following quarter. Among R1–R3 grantees with a youth focus, approximately 60 percent of the treatment group exited to employment or education during the follow-up period compared to 78 percent of the control group. That is, we found a statistically significant 18-percentage-point gap between the treatment and control groups. However, part of this difference could reflect the fact that the share of youth who exited at all within the follow-up window was 8 percentage points smaller for the treatment group than for the control group. In addition, as noted, the rate of employment when enrolling in AJC services was 16 percentage points greater among youth in the treatment group compared to those in the control group. Although our analysis included an adjustment for this initial difference, there was no way of accounting for other work-related factors—such as job readiness—that might have also differed between the two groups of youth.

I. Introduction

The Disability Employment Initiative (DEI) is a grant-based program funded by the United States Department of Labor's (USDOL) Employment and Training Administration (ETA) and Office of Disability Employment Policy (ODEP). DEI is designed to "help strengthen the capacity of American Job Centers (AJCs) to increase employment opportunities for people with disabilities."[5] Grant-funded DEI State Leads and Disability Resource Coordinators (DRCs) worked in 31 states to build capacity around DEI service delivery strategies (SDSs), develop staff knowledge, foster collaboration and partnerships, and identify and eliminate system-level barriers to workforce development services for jobseekers with disabilities (JSWDs).

DEI was created in 2010 to increase the focus on systems change in participating Workforce Development Areas (WDAs) and to foster the implementation of additional SDSs, including Asset Development, Blending and Braiding of Resources, Integrated Resource Teams (IRTs), and Work-Based Learning. Prior to DEI, DPNs were stationed at AJCs, most often providing direct services to JSWDs while at times focusing upon systems improvements. In contrast, DEI State Leads and DRCs were more directly charged with increasing partnerships, improving policies, and changing systems in ways that optimize JSWDs' access to AJC employment and training programs.[6]

AJCs—which are housed within WDAs throughout each state—are designed to provide various services to jobseekers that are interested in employment or needing support to advance within their career by acquiring new skills and/or certifications. Services offered include skill-based training and testing, career counseling, accessibility and special accommodations, labor market information, and referrals to support services.

AJCs are financed by a combination of funding streams, each of which has different restrictions, uses, and eligibility rules. As well, various partners within the WDA focus on services to different groups, including veterans, youth, dislocated workers, school dropouts,[7] individuals in poverty, and individuals with disabilities. This fragmentation can frustrate collaborative processes like co-enrollment.

DEI provided AJCs with resources to serve JSWDs through the Workforce Investment Act (WIA), which would become the Workforce Innovation and Opportunity Act (WIOA) in July 2014. WIOA services include educational and skills assessments, job search support, and

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[5] WorkforceGPS. (n.d.). *Disability Employment Initiative*. Retrieved from https://dei.workforcegps.org/

[6] The precursor to the DEI was the Disability Program Navigator (DPN) initiative, which operated from 2003–2011 in 42 states.

[7] USDOL uses the terms "high school equivalency program" and "dropout re-engagement program." U.S. Department of Labor, Employment and Training Administration. (2017). *Third Workforce Innovation and Opportunity Act (WIOA) Title I youth formula program guidance*. Retrieved from https://wdr.doleta.gov/directives/attach/TEGL/TEGL_21-16_Acc.pdf

training for adults and youth. The DEI also supports Ticket to Work (TTW) as a means to leverage additional resources for JSWDs.[8]

SDSs are used by DRCs to facilitate the employment of JSWDs (see Exhibit 2). Some SDSs are promising practices that are supported by expected outcomes and strategies for implementation, including a written explanation. These SDSs can lead to expected outcomes when implemented with fidelity. Others, however, do not have an evidence base that ratifies their efficacy, or are seldom faithfully executed.[9] These strategies include Asset Development Services, Blending and Braiding of Resources, Guideposts for Success,[10] and Self-Employment. Because of the way the DEI is structured and implemented, individual SDSs cannot be tested in isolation as they are used simultaneously and in disparate ways. DEI also confronted the complex task of systems change, including the need to foster changes in roles, attitudes, expectations, and working relationships among agency partners operating within the WDA.

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[8] TTW provides Social Security beneficiaries opportunities to work while they keep their Medicare, Medicaid, Supplemental Security Income (SSI), and/or Social Security Disability Income (SSDI).

[9] King, C. T., Choi, J., & Cerna Rios, A. (2014). *Improving services for persons with disabilities under the Workforce Investment Act and related programs: Challenges, opportunities, and a way forward.* Retrieved from http://raymarshallcenter.org/files/2014/11/Improving-Services-for-Persons-with-Disabilities-under-the-Workforce-Investment-Act-and-Related-Programs_APPAM.pdf

[10] National Collaborative on Workforce and Disability for Youth. (n.d.). *Guideposts for Success.* Retrieved from http://www.ncwd-youth.info/wp-content/uploads/2018/03/Guideposts-for-Success-English-Print-Quality-1.pdf. The five guideposts are school preparation; career preparation; youth development and leadership; connecting activities; and family involvement and supports.

Exhibit 2: DEI Service Delivery Strategies

- **Asset Development/Benefits Planning:**

  Free tax preparation services;
  Individual Training Accounts through state-eligible training providers;
  Financial literacy curricula; and
  Outreach and marketing to nonprofit providers, government agencies, and businesses that partnered with AJCs, focusing on access to housing, health services, and resource acquisition.

- **Customized Employment:**

  Individual and Group Discovery;
  Job carving;
  Task reassignment;
  Job sharing
  Flexible Scheduling.

- **Guideposts for Success:**

  Quality education;
  Information about career options.
  Opportunities to work in internships and apprenticeships.[1]

- **Integrated Resource Teams:**

  Coordinated Services
  Leveraged resources to meet the needs of JSWDs
  Partnerships with vocational rehabilitation and local support services agencies.
  Active resource coordination

- **Self-Employment:**

  Entrepreneurship
  Workplace flexibility

- **Blending/Braiding of Resources:**

  Blending and Braiding of resources;
  Holistic supports such as transportation, housing, and related support services.[2]

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[1] http://www.ncwd-youth.info/wp-content/uploads/2018/03/Guideposts-for-Success-English-Print-Quality-1.pdf. Guideposts focus on "school preparation; career preparation; youth development and leadership; connecting activities; and family involvement and supports. Retrieved on March 25, 2019.
[2] Though the two terms were often used in tandem, "braiding," or the capacity to leverage multiple distinct funding and resources streams to support a single individual, was far more common than "blending," which suggests the capacity to put funding from multiple sources into a single "pot." The latter was far more difficult to accomplish given the rules that dictated how various funders could allocate their resources.

A. Overview of the Workforce Development System and DEI Grant Program Evaluation

The landscape of workforce development systems in the United States evolved during the DEI with the transition from WIA to WIOA. In 2014, WIOA replaced WIA. WIA used a hierarchical service delivery system that required all jobseekers to enroll in basic core services—such as job search, employment placement assistance—and intensive services, including skills assessments and basic educational support, prior to receiving occupational and training services. WIOA changed the structure of AJC services to optimize access to skill-based training, such as career pathways and apprenticeships, without the requirement to start with core and intensive services. It was designed to allocate resources for employment and training services to three categories of participants: disadvantaged adults, dislocated workers, and youth. Federal resources, earmarked for state Department of Labor agencies, are distributed to WDAs to fund WIOA programs. In most WDAs, there is one comprehensive AJC and one or more satellite centers.

WIOA adult authorizes three levels of career services for adults and dislocated workers: basic, individualized, and follow-up. As noted, these services no longer require "graduated" step-by-step progression on the customer's part, but can be accessed as needed under the provisos of the eligibility rules detailed below and within the limits of available local resources. Further, all of what were previously intensive and training services are now included under individualized services, which are designed to be more flexible and take better advantage of resources that can be coordinated through partners. WIOA is aligned with the philosophy and principles that undergird the DEI. The emphasis on inter-systemic coordination—and the capacity for all jobseekers to enter the system in the fashion that best suits their need—both resonate with the intent of the DEI.

AJC basic services—previously known as "core" services—are the most widely available set of services accessible in the AJCs. Though they vary from center to center, they typically include:

- Access to a computer for use in job search, the preparation of résumés, etc.;
- A job board of open positions posted by the AJC's employer partners;
- Basic skills classes on job search, interviewing, résumé development, etc.;
- Supportive services or referrals to such services, including child care; transportation; housing assistance (sponsored through the U.S. Department of Housing and Urban Development); the Children's Health Insurance Program; the state's Medicaid program; support in accessing the Earned Income Tax Credit; assistance and information for filing Unemployment Insurance claims; and support under the Temporary Assistance for Needy Families program;[11]
- Determinations for eligibility for individualized, follow-up, and/or partner-provided services; and
- Referrals and coordination.

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[11] U.S. Department of Labor, Employment and Training Administration. (2015, July 1). *Training and employment guidance letter WIOA no. 3-15*. Retrieved from https://wdr.doleta.gov/directives/attach/TEGL/TEGL_03-15.pdf

WIOA basic services are typically funded by a mix of Wagner-Peyser and WIOA funds. There are no eligibility requirements to use these services; they are open to the general public.[12] However, there is typically a lack of AJC staff availability to support jobseekers in accessing these services, so they are most useful to jobseekers who are self-directed. In addition to being a gateway into WIOA individualized services, basic services may direct jobseekers to other partners in the WDA. Individualized services, previously known as "intensive" and "training" services, encompass a number of different programs and funding streams. These services are delivered to jobseekers with more support from AJC staff, but are typically available only on a limited basis in any given local area.

Unlike WIOA basic services, individualized services require enrollment,[13] which triggers the assignment of a career planner or case manager. There is no specific requirement that a jobseeker first use basic services to graduate into individualized services. Further, eligibility for these services is based on a priority system and on the overall availability of program service dollars.[14] The priority list is as follows: veterans and eligible spouses who are also recipients of public assistance, are low-income, or who are "basic skills deficient;" non-veterans who are recipients of public assistance, are low-income, or are basic skills deficient; and veterans and eligible spouses who are *not* recipients of public assistance, low-income, or basic skills deficient. Services are typically apportioned based on the priority classes and the availability of funds and resources.[15] Nonetheless, WIOA services (Exhibit 3) can support employees in better understanding the workplace or sector in which they have been placed. Moreover, the follow-along component is important because it serves as a "tripwire" function, identifying through conversations where challenges to job retention could arise and creating opportunities to address them preemptively.

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[12] See WIOA Final Rule § 680.150 (a).

[13] See WIOA Final Rule § 680.110 (b).

[14] See WIOA Final Rule § 680.210.

[15] See WIOA Final Rule § 680.150 (c).

Exhibit 3: WIOA Federally Mandated Partners[16]

- WIOA Title I Services: Adult, Dislocated Worker, and YouthBuild
- Job Corps
- Indian and Migrant and Seasonal Farmworker
- Veterans Employment and Training Services
- Wagner-Peyser (Employment Service)[17]
- Adult Education
- Vocational Rehabilitation
- Welfare-to-Work
- Older Americans
- Perkins Act Programs
- Trade Adjustment Assistance & NAFTA TAA
- Disabled Veterans Outreach Programs
- Community Services Block Grant
- U.S. Department of Housing and Urban Development
- Unemployment Insurance[18]

The Wagner-Peyser Act of 1933 established a nationwide system of public employment offices known as the Employment Service (ES), which was integrated into WIOA in 2014.[19] ES provides a variety of employment services to both jobseekers and employers. Services for jobseekers include job search assistance, job referral, and placement assistance. Depending on the needs of the local labor market, ES staff may also provide assessments of jobseeker skills, abilities, and aptitudes; career guidance support; job search workshops; job fairs; and referrals to skill-based training. ES also provides self-service, facilitated self-services, and staff-assisted services to veterans, individuals with disabilities, migrant and seasonal farmworkers, ex-offenders, youth, minorities, and older workers. Since its inception, DEI grantees have used a combination of WIOA basic, individualized, and ES services to develop the job skills of DEI participants and United States Social Security Administration (SSA) beneficiaries.[20]

WIA and WIOA differentiate between youth services for in-school and out-of-school youth, with the latter being the primary focus.[21] WIOA youth services include career exploration, educational support, and skill-based training for in-demand occupations (e.g., career pathways,

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[16] All services must comply with federal regulations that define accessibility. These include Section 504 of the Rehabilitation Act, Title II of the Americans with Disabilities Act, and Section 188 of WIOA. Each WDA must have physical, programmatic, and communications accessibility.

[17] WIOA includes Wagner-Peyser employment services.

[18] *Workforce Investment Act of 1998*, Public Law 105-220.

[19] U.S. Department of Labor, Employment and Training Administration. (2019). *Wagner-Peyser/labor exchange*. Retrieved from http://www.doleta.gov/programs/wagner_peyser.cfm

[20] U.S. Department of Labor, Employment and Training Administration. (2018). *WIOA performance indicators and program specific performance measures*. Retrieved from https://www.doleta.gov/performance/guidance/tools_commonmeasures.cfm

[21] U.S. Department of Labor, Employment and Training Administration. (2017, March 2). *Training and employment guidance letter WIOA no. 21-16; Operating guidance for the Workforce Investment and Opportunities Act*.

apprenticeships, and enrollment in postsecondary education). WIOA youth services are available to individuals between the ages of 14 and 21 who have one or more of the following challenges to employment:[22]

1. School dropout;
2. Deficiency in basic literacy skills;
3. Homeless, runaway, or part of the foster system;
4. Pregnant or a parent;
5. An offender; or
6. Need help completing school or finding and holding a job.[23]

Youth support services include tutoring, study skills training, instruction leading to completion of high school, and dropout prevention strategies.

B. DEI Round 1 through Round 4 Grant Requirements

DEI grantees were required to provide services to either adult or youth participants. The age range for adult jobseekers was 21 years of age or older, while the age range for youth was 14–21. Among Round 1 grantees, Alaska, Illinois, Kansas, Maine, New York, and Virginia selected to focus on adult jobseekers, while Arkansas, Delaware, and New Jersey selected to focus on school-age youth (14–18 years of age). Six Round 2 states focused on adults (California, Hawaii, Ohio, Tennessee, Washington, and Wisconsin) and one—South Dakota—selected youth ages 14–18. Among Round 3 states, six (Florida, Indiana, Iowa, Louisiana, Massachusetts, and Rhode Island) selected an adult focus and one—Minnesota—selected youth 14–18 years of age. In Round 4, two states—Alabama (youth ages 19–24) and Idaho (youth ages 14–24)—chose to focus on youth, while Alaska, Connecticut, Illinois, Maine, New York, and Virginia focused on adults.

Other requirements of the DEI included appropriate physical and programmatic accessibility of AJCs, preparation of a sustainability plan, and the selection of at least two SDSs to be implemented through the grant. DEI grantees were also required to designate a DEI State Lead and one or more DRCs. The DEI State Lead provided leadership and administrative oversight for the grant. Some Leads also provided training and technical assistance (T/TA) in the design and implementation of DEI requirements. DRCs provided disability employment counseling and coordination with WDA services and WIOA-mandated partners. DEI State Leads and DRCs sometimes coordinated TTW implementation and training for AJC staff, covering such topics as sustainability and grant capacity building, organizational development, implementation of SDSs, Benefits Planning, and recruitment of SSA beneficiaries.

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[22] WIOA allows some youth who have a family income that exceeds the eligibility criteria to use their personal income as the criteria for receipt of services. Additionally, 5 percent of youth served in any WDA may be exempted from the income requirement if they also have one of the following challenges: (1) they experience one of the six barriers (listed above); (2) they are below their age-appropriate grade level; (3) they have a disability; or (4) they face a barrier to employment that is identified by the local AJC.

[23] U.S. Department of Labor, Employment and Training Administration. (2018). *WIOA youth formula program*. Retrieved from https://www.doleta.gov/Youth_services/wioaformula.cfm

Grantees were also required to implement TTW and create an Employment Network (EN) for each WDA or their entire state. DEI State Leads, DRCs, and AJC employment specialists were expected to recruit Ticket holders, facilitate Ticket assignment to their WDAs, and provide employment and training services to TTW beneficiaries. DRCs also collaborated with local vocational rehabilitation (VR) agencies to coordinate Ticket services under Partnership Plus arrangements.[24]

DEI grantees were required to select a minimum of two SDSs. As shown in Exhibit 4, all DEI grantees selected IRTs and Blending and Braiding of Funds, as these SDSs were foundational to the project. The percentage of grantees adopting other SDSs varied. For example, Customized Employment was selected by more than three-quarters (78%) of Round 1 grantees, by zero from Round 3, and less than two-thirds (57%) and one-quarter (25%) of Round 2 and Round 4 grantees. Selection of the Self-Employment SDS followed a similar pattern of high uptake among grantees in earlier Rounds, and a decrease in adoption in later Rounds. In Round 1, more than one-half (56%) of states selected Self-Employment, while 86 percent of Round 2, 17 percent of Round 3, and 25 percent of Round 4 grantees selected this strategy. Asset Development services helped individuals to purchase housing and transportation and provided instruction on investing, maintaining savings accounts, and enhancing individual skill sets through career pathways. Along with Benefits Planning, Asset Development was an integral part of recruiting Ticket holders and assigning Tickets because it provided a platform through which jobseekers could attain self-sufficiency through employment and training. Two-thirds of Round 1 grantees, 86 percent of Round 2, 33 percent of Round 3, and 75 percent of Round 4 selected Asset Development as one of their DEI SDSs.

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[24] As the statutory EN, VR agencies can enter into Partnership Plus agreements with DEI grantees, allowing VR to receive outcome payments through case closures. DEI grantees can receive milestone payments to provide for follow-up job retention services.

Exhibit 4: Selection of DEI Service Delivery Strategies by Grant Round[25]
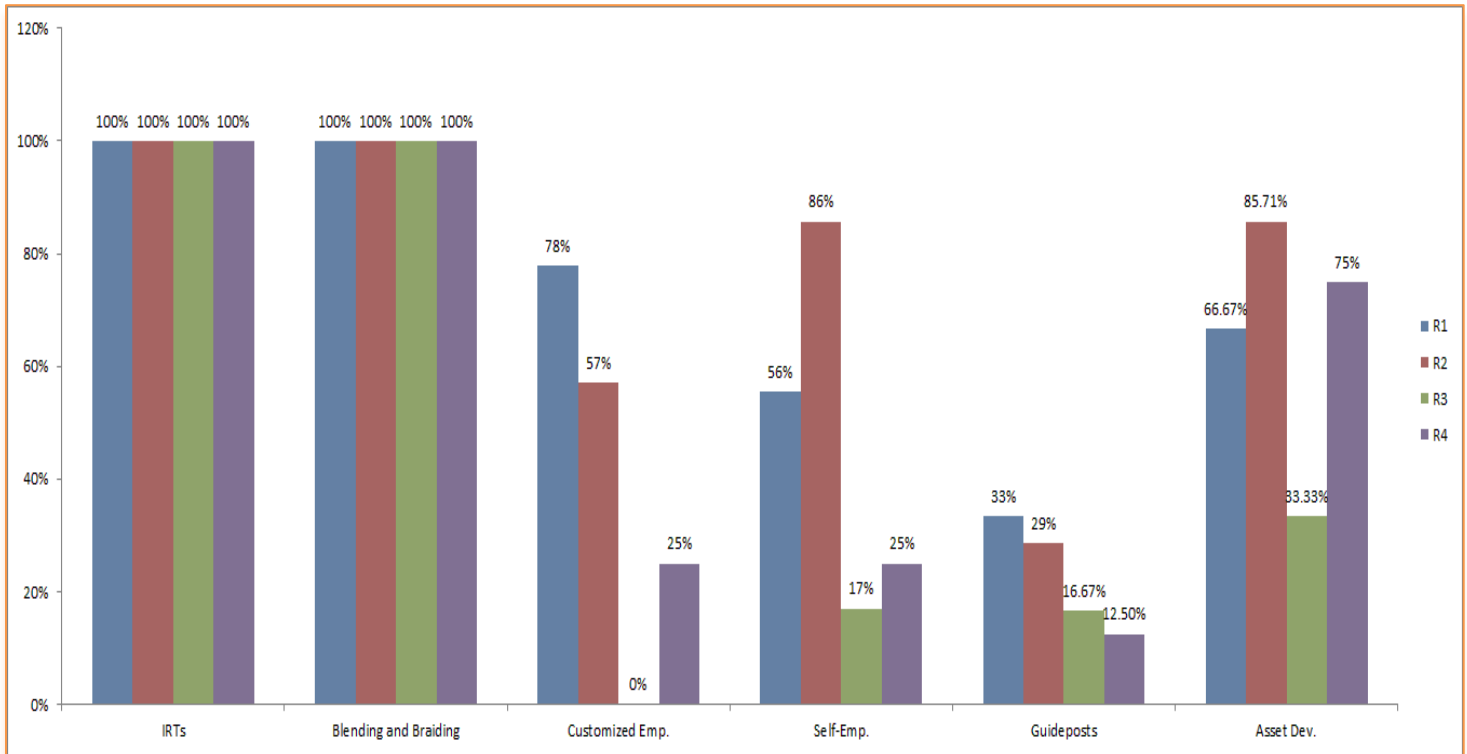
C. Key Features of the Implementation and Impact Analyses

The DEI evaluation is a comprehensive implementation/process, outcome, and impact study. The qualitative implementation component includes collection of information on systems change, assessments of the utilization of SDSs, and documentation of challenges to the implementation of DEI, including grant-funded positions. Qualitative data is used to assess the context in which each DEI grant was implemented, as well as how systems changes may have affected project performance. Through the collection of qualitative data (e.g., site visits, interviews, and focus groups) and research on promising practices in disability employment, we also developed domains and indicators to measure systems changes in WDAs. This process began with creating the USDOL-approved DEI protocol, which we used to collect information from state officials, DEI State Leads and workforce development colleagues, DRCs, and DEI participants. Site visits also included the collection of information on grantee start-up issues, implementation of grant requirements, and utilization of SDSs.

Analyses of site visits, telephone interviews, and focus groups provided descriptions of participating WDAs, including partnerships and collaborative initiatives for JSWDs, the status of existing cross-agency/organizational relationships, and the leaders who influenced disability employment in each WDA. In addition, data captured the social and political context of each WDA, such as system members, existing interagency agreements, memorandums of

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[25] Exhibit 4 includes data from DEI Round 1 through Round 4. It was collected by Social Dynamics, LLC, from DEI grantees.

understanding (MOUs), the degree of inclusiveness, and the current level of service integration. We also collected information on the structure and organization of the DEI in each state and the challenges to the implementation of DEI requirements and strategies.

The impact analysis is based on a randomized controlled trial (RCT) design. As part of the DEI's evaluation requirement, states that applied for R1–R4 grants were asked to propose a set of WDAs to be subdivided into treatment and control groups through random assignment.[26] WDAs assigned to the treatment group could implement and pilot the new, DEI-funded program components and services for JSWDs, whereas WDAs assigned to the control group would continue to offer standard WIA/WIOA services. Hence, we measure impacts by comparing customers with disabilities who began receiving WIA/WIOA services in treatment and control sites during the DEI grant operation periods (after the end of each grantee's initial implementation and planning year). Specifically:

- We examine differences between the treatment and control groups in the number of customers and their pre-enrollment characteristics. Any such differences are likely attributable to the DEI given the evaluation's RCT design, and they measure whether and how the DEI changed the pool of JSWDs receiving WIA/WIOA services.

- We also examine differences in the average outcomes of customers in treatment and control sites. Differences between these groups could reflect impacts of the DEI both on how well JSWDs fared and on the composition of JSWDs served. We use statistical analysis methods to account for observed pre-enrollment factors that differed between JSWDs enrolling in the treatment and control sites (discussed further below). Nonetheless, these methods cannot account for treatment and control group differences in unmeasured factors, such as disability severity and job readiness, that influence JSWDs' outcomes.

The impact analysis results are based on customers served by R1–R3 grantees only. These grantees began serving customers long enough in the past to enable a clear sense of how their customers fared. However, as discussed in greater detail in Section B of Appendix 10, not enough time elapsed when the data for this report were extracted to reliably assess impacts for R4. Consequently, we conducted a separate analysis of early outcomes for R4 grantees.

All quantitative findings are based on information from Workforce Investment Act Standardized Record Data (WIASRD) public use files. We used these files to develop a set of individual-level records containing longitudinal data on each JSWD's period of WIA/WIOA program participation, program exits, and post-exit outcomes. The files used for this study cover a period that started when each customer entered an AJC and ended on June 30, 2016, the final date for which the WIASRD has any information about program participation and exits. As a result, the data have more limited information about the duration of program participation and post-exit outcomes for customers who enrolled in AJCs closer to the end of that follow-up window. Our methods account for differences in the availability of follow-up

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[26] In practice, states could specify either WDAs or other state-defined local areas for potential DEI piloting. For simplicity, we refer to these local areas simply as WDAs in the remainder of this report.

information across customers based on when they enrolled in services (discussed further in Section II and Section C of Appendix 10).

The study's qualitative research questions investigate the staffing of DEI grantees, as well as adoption of SDSs, perceived challenges to implementation, DEI grant requirements, TTW implementation, partnerships and collaborations, and the sustainability of DEI practices in grantee WDAs. The quantitative research questions analyze the number of customers with disabilities served, the extent to which DEI grants affected the number and types of customers with disabilities, and the outcomes and impacts of the DEI project.

Exhibit 5: Key Research Questions

Qualitative Research Questions
What staffing infrastructure did grantees develop for the DEI?
How did grantees implement optional DEI service delivery strategies?
What were the perceived challenges and successes of implementing TTW activities?
What were the requirements of the DEI?
To what extent did DEI grantees coordinate with state VR and other partners?
How did grantees use TTW revenues and other resources to fund DRCs?
To what extent were DEI activities sustained when grant funding expired?
Quantitative Research Questions
How many customers with disabilities were served by DEI grantees?
Did DEI grants affect the number and types of customers with disabilities?
What were the impacts on the characteristics of customers enrolling after random assignment?
How did DEI grants affect the employment services and supports received by JSWDs?
How did DEI grants affect the work-related outcomes of JSWDs?
How did the impacts of DEI grants vary across groups of JSWDs?

D. Roadmap for the Report

Section II provides an overview of the key components of the DEI, including its objectives and funding, as well as a discussion of the infrastructure of job services and supports for JSWDs, grant requirements, SDSs, and grant-funded personnel. In Section III, we focus on the evaluation, which includes a logic model that illustrates the components of the program and the evaluation, and our approach for measuring systems change, program outcomes, and impact. In Section IV, we provide information on the implementation of the grant, including DEI grant staffing, use of SDSs, challenges related to the implementation of TTW, service delivery, and program sustainability. In Sections V and VI, our focus turns to the outcome and impact evaluations. The outcome evaluation assesses the extent to which the program resulted in changes in DEI participants' employment and training outcomes, while the impact evaluation determines the overall impact of the DEI.

The DEI evaluation uses an experimental design in which WDAs were selected by each grantee and randomly assigned to the treatment group or control group. This approach increases the likelihood that, on average, treatment and control sites would have been similar in terms of the availability and effectiveness of training and workforce development services in the absence of the DEI, so that the outcomes and impact of the project can be attributed to the program rather than to preexisting differences between the two groups. Finally, in Section VI, we provide a discussion with key conclusions for the qualitative implementation evaluation and quantitative outcome and impact analyses.

II. Performing the Evaluation

A. DEI Evaluation Logic Model

The DEI Round 1 through Round 4 logic model (Exhibit 6) conveys an understanding of the relationships among the inputs, outputs, and expected outcomes of the DEI evaluation. It was developed in five phases, beginning with the first iteration in fall 2012, followed by subsequent revisions from 2012–2016. As we collected information through site visits, interviews, and focus groups; program documentation; and WIOA data, changes to the logic model were made to illustrate the program's design and its evolution. For example, the first phase of the DEI Round 1 through Round 4 logic model did not incorporate SDSs because they were not fully developed, articulable components of the DEI at the time. As the DEI project matured, project developers provided detailed explanations of the design, purpose, and utilization of each SDS, as well as training designed to help DRCs and other DEI stakeholders understand the relationships among various DEI resources and the systems changes that were expected to occur during the project period.

The DEI logic model specifies relationships among situations/priorities, inputs, outputs, and outcomes at the JSWDs and systems levels, as well as the challenges and facilitators of program implementation. The logic model has five components:

1. Inputs: Investments in the DEI. These include staff knowledge, experience, and skills; T/TA; DEI grant resources, including grant-funded positions; SDSs; partnerships; providers; TTW and EN activities; and WIOA services and data.

2. Outputs: Products and services provided to JSWDs. Individual-level outputs include SDSs, grant-funded positions (e.g., DEI State Leads and DRCs), TTW implementation, and internal staff trainings. Systems-level outputs include WDA engagement, outreach to JSWDs and employers, and partnerships, both internal and external partners, including WIOA-mandated partners, child care, transportation, housing, Work Incentives Planning and Assistance (WIPA) services, and career pathways.

3. Outcomes: Changes in the circumstances (e.g., employment, wages, and job retention) of JSWDs that can be attributed to the DEI. Individual-level outcomes include increases in the number of JSWDs served by AJCs, the employment rate of JSWDs, the disability

self-disclosure rate, SSI/SSDI beneficiary enrollment rate, SSI/SSDI beneficiary public assistance termination rate that is replaced by employment, career pathways training completion, and wages. Systems-level outcomes include increases in partner, provider, and employer engagement, as well as systems change, including integration of resources through blending and braiding of funds and partnerships and collaborations.

4. <u>Program Impact</u>: A primary goal of the DEI evaluation is to identify the impact of DEI activities on employment-related outcomes. To accomplish this, a clustered randomized selection procedure was used to assign WDAs to serve as treatment sites or as pilot sites.[27]

5. <u>Challenges and Facilitators</u>: These are either exogenous or endogenous factors that affect program inputs, outputs, and outcomes. Exogenous factors are external to the DEI. For example, a state hiring freeze that delays the hiring of DEI State Leads and/or DRCs and the discontinuation of the WIPA program are exogenous factors that may have affected program outcomes. Another exogenous factor is whether or not a VR agency is under Order of Selection in a particular state, which may result in constraints on engaging VR as a DEI partner. Other exogenous factors include WDA unemployment rates, types of industries and jobs available in each WDA, quality of local transportation systems and availability of other support services, population density, local politics, and institutions.

Conversely, endogenous factors are dependent variables that change due to a relationship within the model. One of the most important endogenous factors is the capacity of participating WDAs to implement all of the DEI requirements. Capacity is defined as having the appropriate staff expertise, coordination, and management systems in place at the time of the commencement of the grant. Another critical endogenous factor is DEI State Lead and/or DRC expertise and turnover of these positions. These factors may generate ripple effects throughout the DEI that lead to staff retraining, reestablishing partnerships, dealing with the new staff "learning curve," and JSWD attrition during the final two quarters of the DEI.

The program theory for the DEI R1–R4 evaluation is based on the assumption that each grantee utilized two grant-funded positions (e.g., DEI State Lead and DRC) and selected at least two DEI-approved SDSs that were implemented with fidelity, meaning that the implementation of each component of the DEI was implemented according to the way it was designed by the program developers with some variation to customize SDSs for JSWDs. For example, IRTs are designed to provide "*diversified service systems, coordinating services and leveraging funding in order to meet the needs of an individual jobseeker with a disability.*"[28] Likewise, work-based learning opportunities were implemented "*in order to develop*" jobseeker "*aspirations, make*

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[27] Social Dynamics collects the same information that ETA receives on a quarterly basis from each DEI grantee. It was decided in 2010 by USDOL that the DEI evaluation will focus only on customers who received WIOA intensive and/or training services and self-disclosed a disability.

[28] WorkforceGPS. (2017). *Integrated resource team FAQs*. Retrieved from https://disability.workforcegps.org/resources/2016/04/13/14/02/Integrated_Resource_Team_FAQs.

informed choices about careers," and engage in "*training designed to improve job-seeking and work-place skills.*"[29] The expectation was that access to DEI State Leads and DRCs, the two positions that were funded by the DEI, combined with the implementation of SDSs, would improve the employment, job retention, and earnings of DEI participants.

Exhibit 6: DEI Logic Model
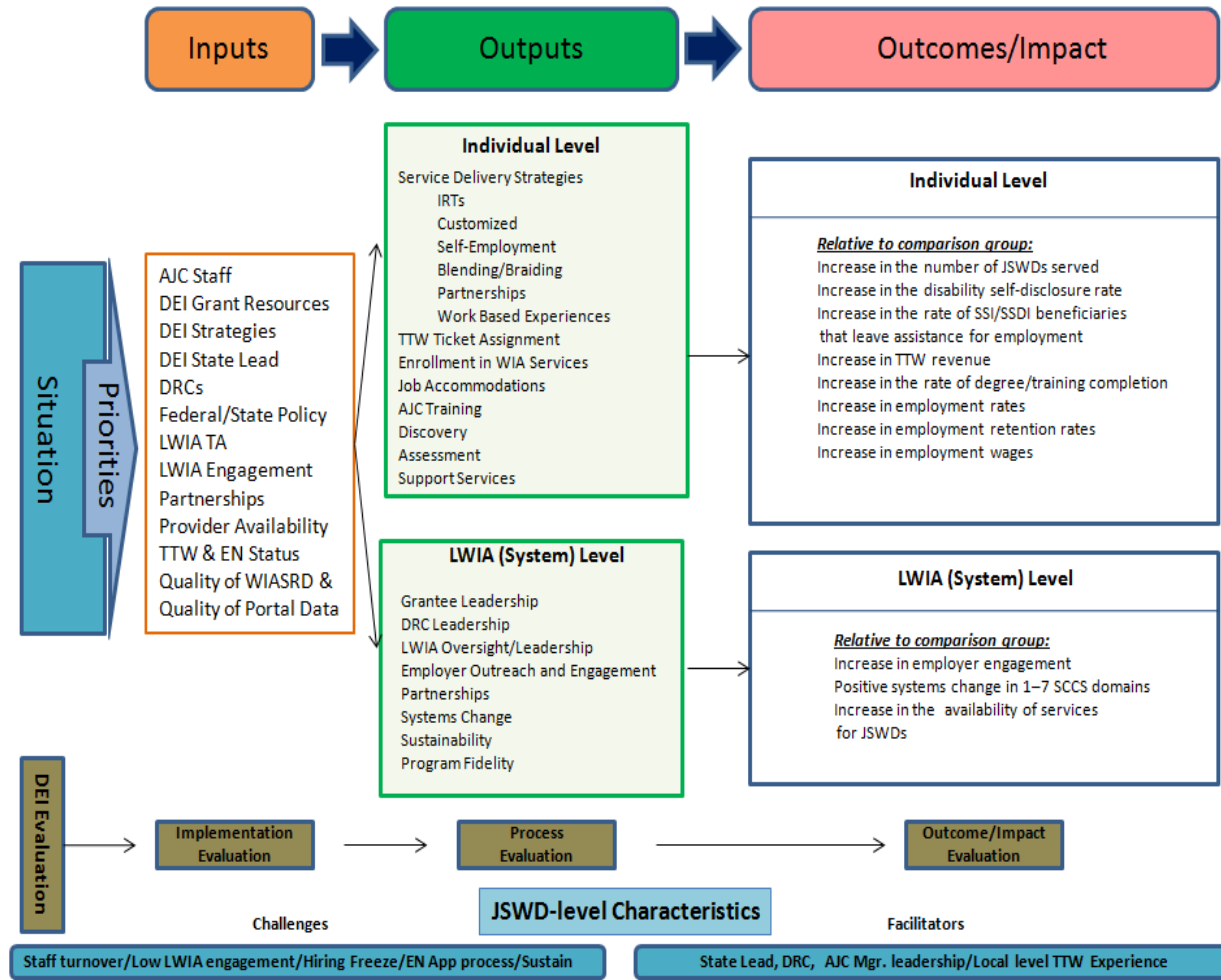
Revised 3-2015

Within the context of the DEI, systems change was an adjustment in the way WDAs made decisions about their policies, programs, and allocation of resources. The purpose of systems change was to maximize each WDA's ability to offer JSWD services that improved the access and availability of job training and employment services by resolving systemic inefficiencies, which may have included identifying JSWDs and enrolling them in training that led to employment. The DEI Round 1 through Round 4 systems change analysis focused on the implementation of DEI grant requirements, in addition to the structure of the system (e.g., WDAs), including changes in its individual and organizational members and leadership.

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[29] U.S. Department of Labor, Office of Disability Employment Policy. (n.d.). *Career preparation and work-based learning experiences*. Retrieved from https://www.dol.gov/odep/categories/youth/career.htm

Researchers also observed the daily operations of AJCs and collected relevant documentation on intake activities, service coordination activities, and the availability of and access to employment-related services and training. Observations of meetings at the state, WDA, and AJC levels also informed the systems change component of the DEI evaluation.[30]

The analysis of DEI implementation includes qualitative data analysis designed to expand the breadth and nuance of enquiry. The qualitative research component focuses on how WDA systems affect systems change.[31] Qualitative data was coded by researchers and aggregated across stakeholder categories. System change in each WDA was rated on a four-point ordinal scale that includes eight domains. The objectives of the Systems Change Coding Scheme (SCCS) were to provide a system for coding interviews and focus groups, beginning with a review of the indicator descriptions associated with each of the eight sub-domains by searching for information in interview and focus group transcripts.

B. Setting up the Randomized Controlled Trial

Based on the evaluation's RCT design, we randomly assigned the WDAs that grantees proposed as potential candidates for piloting the DEI. Some grantees proposed only a subset of the WDAs in the state for a given Round of DEI funding; others proposed all of the WDAs in the state. In addition, two grantees (Alabama and Idaho) opted to create local areas for random assignment that did not align with existing WDAs.

WDAs assigned to the treatment group would implement and pilot the new, DEI-funded program components and services for JSWDs, whereas WDAs assigned to the control group would continue to offer the same workforce services provided in the past. The RCT design was set up to maximize the comparability of treatment and control WDAs at the time the DEI grants were awarded. In particular, random assignment should yield treatment and control WDAs with AJCs that would, on average, have served similar customers and followed similar practices in the absence of the DEI.

To enhance comparability of treatment and control sites, we partitioned the candidate WDAs from each grantee into strata, if possible, before conducting random assignment. Each stratum contained two or more WDAs that were similar based on key factors determined through discussions with representatives from each grantee as being potentially important for customer outcomes. The specific factors differed from grantee to grantee, but two common examples were urban versus rural and geographic location. Among grantees for which this partitioning could not be performed, we formed a single stratum for all of its candidate WDAs. After defining strata, we then randomly assigned WDAs within each stratum to treatment and control groups with approximately equal probability. (In strata with an odd number of WDAs, we set

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[30] Previous USDOL programs designed to improve the employment outcomes of individuals with disabilities through systems change include ETA's Work Incentive Grants, the DPN initiative, and employment service models, such as ODEP's Customized Employment, Workforce Action (Olmstead), START-UP USA (Self-Employment), and State Intermediary Youth grants.

[31] Kaufman, N. J., Castrucci, B. C., Pearsol, J., Leider, J. P., Sellers, K., Kaufman, I. R., … Sprague, J. B. (2014). Thinking beyond the silos: Emerging priorities in workforce development for state and local government public health agencies. *Journal of Public Health Management & Practice, 20*(6): 557–565.

up random assignment so that the treatment group had one more WDA than the control group.) This approach reduces the potential for chance differences in the key stratification factors between treatment and control WDAs, thereby increasing the expected accuracy of comparisons between the two groups. For example, suppose that a state included two urban WDAs and two rural WDAs. In this case, stratifying by urbanicity would ensure that random assignment always resulted in the treatment and control groups each containing one of the urban WDAs and one of the rural WDAs.

Most of the R1–R4 grantees (26 of 31) participated in the random assignment process. However, four grantees (Alaska in both R1 and R4, Delaware, and South Dakota) provided WIA/WIOA services through a single WDA, and one grantee (Rhode Island) was also allowed to pilot the DEI statewide. We excluded these states from the RCT. In addition, two other grantees (Maine and New York in R1) opted to purposively assign specific WDAs (one in each state) to be DEI pilot sites while allowing the others to be randomly assigned to the treatment or control groups. We excluded these purposively assigned WDAs from the impact analysis.

Altogether, we randomly assigned 94 WDAs across 26 grantees to the treatment group. Another six pilot WDAs were part of a statewide DEI implementation, and two were purposively selected to be DEI pilot sites. Among the 26 grantees that participated in random assignment, we randomly assigned 85 WDAs to the control group. Exhibit 7 shows the number of DEI pilot and control areas by adult/youth focus and Round.

Section A of Appendix 10 provides more information about the split of WDAs by grantee, as well as the WDAs that we could not include in the impact analysis for analytic reasons. In addition, Appendix 11 contains tables that list all the WDAs studied for the DEI R1–R4 evaluation by Round, focus, and grantee. Among WDAs that were randomly assigned, the tables note the factors used to group them into strata and whether each WDA was assigned to the treatment group or the control group.

Exhibit 7: DEI Pilot WDAs and Control WDAs by Focus and Round

| Round | DEI pilot WDAs | | | WDAs randomly assigned to RCT control group | Total number of WDAs studied |
	All	Statewide DEI implementation or purposively selected	Randomly assigned to RCT treatment group		
Grantees with an adult focus					
Round 1	25	3	22	21	46
Round 2	23	0	23	19	42
Round 3	26	2	24	24	50
Round 4	12	1	11	9	21
Total	**86**	**6**	**80**	**73**	**159**
Grantees with a youth focus					
Round 1	9	1	8	8	17
Round 2	1	1	0	0	1
Round 3	4	0	4	2	6
Round 4	2	0	2	2	4
Total	**16**	**2**	**14**	**12**	**28**

Source: Authors' tabulations based on the information contained in Appendices 10 and 11.

Note: Some of the WDAs that were randomly assigned had to be excluded from the impact analysis conducted for this report due to data issues or other technical considerations. In addition, as discussed in Section II-D, the main impact analysis included only R1–R3 grantees. The final RCT analysis sample included 110 WDAs for grantees with an adult focus (58 treatment and 52 control) and 21 WDAs in for grantees with a youth focus (11 treatment and 10 control). See Section A of Appendix 10 for additional information.

C. Evaluating Systems Change

The DEI systems change analysis focuses on the particular strategies and outcomes of each grantee. It identifies the pathways by which change is expected to occur and the role that the DEI is expected to play in producing that change. The DEI systems change framework identifies WDA staff and their contributions to systems change. We examined how SDSs were used, the level of DEI stakeholder engagement, and the extent to which that engagement linked JSWDs to services provided by the agencies and the grantees that comprised the DEI. The DEI systems change analysis is also designed to provide an understanding of the challenges of implementing the DEI grant, the use of SDSs, adherence to grantee requirements and grantee challenges, and project outcomes.

1. Conducting Site Visits and Collecting Other Qualitative Data

Site visits and qualitative data analysis were central to the implementation evaluation. The implementation evaluation provided detailed information on the roles, responsibilities, and relationships of grant-funded AJC- and WIOA-mandated partners that participated in DEI implementation. In order to identify the perceived challenges and successes of DEI implementation, we conducted site visits and follow-up telephone interviews on an annual basis. We also prepared site visit agendas, taking into consideration reading materials produced by each grantee. We also held conference calls with stakeholders to learn their perspective on

the progress made by DEI State Leads and DRCs. To honor our promise of confidentiality to each interviewed respondent, we did not attribute observations and comments to specific individuals nor did we reference their names, titles, or organizational affiliations in this report.

The process of collecting qualitative data through interviews and focus groups began with a Senior Evaluation Liaison who was responsible for providing an overview of the site visit process and the collection of qualitative data to the DEI State Lead, DRCs, and their staff. This process involved initial explanatory communications ("Purpose," "What to Expect") and a series of conference calls and "Q & A" sessions prior to the formal site visit. The evaluation team also trained DEI stakeholders from all 31 grantees on the requirements of the evaluation, with the principle challenge being the training and retraining of DEI State Leads and DRCs on the project's reporting requirements and evaluation due, in part, to staff turnover, which was a continuous concern throughout the grant period.

The DEI evaluation team also created state-specific "binders" for each grantee and WDA. The binders included a fact sheet outlining basic grant information, including participating WDAs, grant type (adult/youth), selection of SDSs, names, addresses, and maps of all DEI sites; confidentiality and informed consent protocols; state annual WIOA reports; WDA newsletters; a glossary of federal and state-specific terms and acronyms; and site visit questions and probes.

Site visits began with an orientation for all AJC staff from each WDA to discuss the implementation of the project. Interviews were conducted on an *annual* basis with 65 individual respondents across DEI Round 1 through Round 4, including DEI State Leads, DRCs, AJC managers, business services staff, Local Veterans' Employment Representatives (LVERs), Disabled Veteran Outreach Program (DVOP) staff, youth workforce programs and services staff, and WIOA-mandated partners. Focus groups were conducted with JSWDs in 29 WDAs. A purposive sampling methodology was used to select respondents while on site at each WDA. Site visits were conducted by teams of 3–4 trained researchers, with additional personnel added depending on the number of interviews and focus groups being conducted, as well as state-specific expertise.[32] The research team relied on the opinions of "primary respondents," which included DEI State Leads and DRCs who were responsible for the implementation of the DEI in each WDA.

Qualitative analysis is used to analyze the data from interviews and focus groups. It incorporates "triangulation," which involves the use of multiple data sources to produce a thorough understanding of project implementation. This component of the evaluation focuses on modifications in the way the DEI State Leads and DRCs were implemented, how they developed their skill sets, how SDSs were implemented, and how their use evolved over time. WIOA-mandated and non-mandated partners, communications with employers, and collection of information on the operation of TTW were other key topics of inquiry.

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[32] Researchers also collected "artifacts" such as grantee quarterly reports and written descriptions of procedures or activities observed at WDAs.

2. Developing Domains and Indicators for Systems Change

Within the context of the DEI, systems change is a corollary of numerous federal, state, and local initiatives that address the needs of individuals who are members of disadvantaged and/or disenfranchised groups. The need for systems change is often generated by conditions where improvements in the social, civic, and/or economic circumstances across such groups is made more difficult because of a combination of prevailing attitudes, knowledge, skills, and/or resources that, taken individually or together, inhibit systems change. Fundamentally, systems change requires understanding and reforming or improving policies and services, as well as the active participation of cross-sector stakeholders and those who would benefit from successfully changed systems. More specifically, DEI systems change represents an adjustment in the way WDAs coordinated and allocated resources, revised policies, and sustained promising practices after the grant period.

To better understand the dynamics of systems change, Social Dynamics developed the SCCS, which was revised in 2015 and continuously monitored through the Round 4 project period. The SCCS measures the implementation of DEI requirements, including the implementation of SDSs and the capacity of each WDA to offer JSWDs employment and related services. Definitions of what constitutes systems change vary. However, for our purposes, we referenced ODEP's *Criteria for Performance Excellence in Employment First State Systems Change & Provider Transformation*.[33] Though the focus of the *Criteria* is more related to the developmental disability and VR systems, its relevance in addressing changes to complex systems for individuals with disabilities correlates with the goal of the DEI. The facilitators of cross-systems change include the development or refinement of promising practices, advancements in the legal/policy landscape as it relates to accessibility, accommodations for JSWDs, and strategies that maximize efficiencies through goal alignment, resource coordination, and improvements in program performance.

The SCCS is a conceptual framework with eight domains and indicators that operationalize systems change as it relates to individual WDAs. The coding methodology is enhanced by information from interviews and focus groups, where nuances can be observed that lend greater insight into the challenges inherent in any type of innovative, large-scale initiative. For example, although an AJC might have had assistive technology equipment, observing that it was not easily accessible, or that staff who knew how to use it were not present, or that staff had limited availability or knowledge of the technology could corroborate why a DRC may have had difficulties providing universally accessible services to JSWDs. Therefore, the objective is to achieve reliability and validity in analyzing the impact of systems change by analyzing data from interviews and observations of WDA operations using inter-rater reliability with three raters.

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[33] U.S. Department of Labor, Office of Disability Employment Policy & LEAD Center. (n.d.). *Criteria for performance excellence in Employment First state systems change & provider transformation*. Retrieved from http://www.leadcenter.org/system/files/resource/downloadable_version/Employment_First_Technical_Brief__3_0.pdf

The SCCS is aligned with the conceptual framework of the overall evaluation and linked to the research questions that include the key components of the DEI.[34] The SCCS coding methodology includes a four-point *Program Implementation Rubric* on the y-axis and a *Program Maturation Rubric* on the x-axis. Reliability is achieved when three coders analyze the same data and produce quantifiably consistent results. To achieve reliable coding, we use mutually exclusive and clearly defined coding categories. To achieve validity, we combine discrete items into broader, clearly defined constructs. Our coding methodology focuses on developing a reliable and valid assessment of implementation and maturation or change. This process includes decision rules, a codebook, and an internal review to confirm that the data collection protocol, field experience, and observations are reliable.

Exhibit 8: System Change Indicators

The Program Implementation Rubric is a four-level ordinal scale used to determine the extent to which grantees monitor and implement the requirements of the DEI grant (y-axis).

1	2	3	4
No evidence that this indicator is being met	Some evidence that an effort is underway to implement this indicator	Evidence that implementation of this indicator is partially in place	Evidence that this indicator has been fully implemented

The *Program Maturation Rubric* is a four-level ordinal scale designed to determine the extent to which DEI grant activities achieves sustainability of DEI practices (x-axis):

Start-Up (1)	Implementation (2)	Operational (3)	Sustainable (4)
An element in the earliest planning phases, not yet formally implemented	An element that has been initially implemented, but not yet formalized beyond a trial or experimental phase	An element that has been consistently implemented, often with involvement of staff beyond the DRC	An element that will/has persisted in the operations of the AJC/ WDA/state beyond the grant period

System Change Domains	Definitions	Key Areas of Measurement
1. **Capacity to achieve integrated supported employment for JSWDs**	Development of functional IRTs and resources and workforce development systems that are inclusive and change perceptions, attitudes, and understanding of the issues related to disability and employment. In addition, improvements in access to different types of resources and SDSs, designated staff with expertise supporting JSWDs, policies that facilitate access to services and employment and access to WIOA services, an experienced DEI State Lead and DRCs tasked with managing/coordinating services.	DEI State Lead involvement in systems change DRC involvement in systems change & jobseeker support EN/TTW activity Knowledge of SDS A plan for SDS implementation
2. **Coordination & integration of services**	Coordination of employment services for JSWDs. Integrated workforce development systems that provide SDS and related support services. Partnerships and collaborations that facilitate cross-agency training, interagency partnerships, shared resources, employer cooperation and engagement, and innovative approaches to blending and braiding resources.	Partnerships & Collaboration Blending & Braiding of Funds IRTs Shared resources Employer outreach Asset Development training Benefits Planning

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[34] See Appendix 6: Systems Change Coding Scheme Process and Results.

System Change Domains	Definitions	Key Areas of Measurement
3. Customer choice	Customization of products and services to each JSWD as they make their own decisions about training and the employment process. Customer involvement is part of the design of products and services, the use of financial assistance (e.g., SSA TTW, Medicaid, Medicare, and VR services), and *targeted* training that focuses on the individual's requirements and needs.	Customer choice Services supported by system Existing subsidies/benefits used efficiently Training availability Financial literacy assistance
4. Employer support & employer partnerships	Employers support the recruitment and hiring of JSWDs. WDA provides support for employers in forums to discuss their hiring needs and job candidate pool, development of position announcements, pay scales for employment opportunities, and apprenticeship opportunities and other forms of training such as on-the-job training and career pathways.	Facilitate recruitment & hiring of JSWDs Opportunities to discuss hiring needs Recruitment of SSA beneficiaries Support in developing position announcements Opportunities for enrollment in career pathways, apprenticeships, on-the-job training, & other supportive employment opportunities
5. Use of or enhancements to existing SDSs	Identifying, developing, and/or adapting innovative practices and approaches to the use of IRTs, Customized Employment, Self-Employment, Guideposts for Success, Asset Development, and Partnerships and Collaboration.	IRTs, Customized Employment; Self-Employment; Guideposts for Success; Asset Development; & Partnerships & Collaboration with a DRC or Employment Specialist Using SDSs to facilitate the employment process
6. Dissemination of effective practices & outreach to disability & employer communities	Identifying, developing, and/or adapting practices to the use of IRTs, Customized Employment, Self-Employment, Guideposts for Success, Asset Development, and Partnerships and Collaboration. Knowledge dissemination and transfer of best practices to employers and WDA partners through webinars and other formalized methods of communication to JSWDs and employers.	IRTs; Integrated Resources; Customized Employment; Self-Employment; Guideposts for Success; Asset Development; Partnerships & Collaborations are available to JSWDs with a DRC or Employment Specialist using other SDSs to facilitate the employment process Communication strategies such as webinars, issue briefs, in-person forums, targeting of key audiences: adults with disabilities, youth with disabilities, federal & state agency partners, support service providers
7. Universal design for learning	Provide multiple means of representation. Offer ways of customizing how information is used. Make learning more helpful with multiple representations of course content.	Provide multiple means for representation, development, & dissemination of effective practices & options for self-regulation
8. Sustainability	Sustainability achieved through system members developing access to alternative sources of funding through interagency partnerships, grants, and legislation. Ensuring that TTW ENs and DEI SDSs continue after the grant period. Policy development and policy change that leads to the sustainability of DEI strategies and activities.	Evidence of plans to sustain DEI strategies & activities: formal agreements, MOUs, identified sources of funding, new grants, legislation

Program implementation and program maturation are linked to the systems change indicators. They provide information on the start-up, implementation, operation, and sustainability of each DEI grantee.

Exhibit 9: Program Implementation and Program Maturation

Program Maturation Rubric x-axis	Program Implementation Rubric y-axis			
	Not Implemented (1)	Exploring (2)	Partially Implemented (3)	Fully Implemented (4)
	No evidence that this indicator is being met	Some evidence that an effort is underway to implement this indicator	Evidence that implementation of this indicator is partially in place	Evidence that this indicator has been fully implemented
(1) Start-Up	• Grant-funded positions (e.g., DEI State Lead & DRCs) are in place • DEI State Leads are trained to administer the grant & oversee its implementation • DRCs are trained to monitor the implementation of the program, provide case management support for DEI participants, & engage in systems change activities throughout the grant period • SDSs are selected • Active outreach to WDAs begins • Information on the program is distributed to stakeholders & JSWDs • **Coordination & integration of services** • **Participant customer choice**			
(2) Implementation	• Grantees engage in a strategic process to define goals & objectives • SDSs are implemented with fidelity • DEI requirements are implemented with fidelity • DEI participants receive training, counseling, &/or job placement support • **Capacity to achieve positive employment outcomes** • **Employer engagement** • **Employer support & partnerships** • **Dissemination of effective practices & outreach to the disability community**			
(3) Operational	• DRCs collaborate with WDA staff to implement all program requirements & have a clearly defined agenda that engages the employer community, JSWDs, & WDA personnel & stakeholders • WDA recruits SSA beneficiaries through TTW • WDA TTW milestone payments are received • Implementation fidelity data is used to determine why program outcomes are being/not being met • **Coordination & integration of services, customer choice, & employer support** • **Dissemination of effective practices & outreach to the disability communities** • **Employer & JSWD outreach** • **Development of new or enhancement of existing practices**			
(4) Sustainable	• WDA personnel & local area agencies & support services have developed partnerships & collaborations that improve access to employment & training services for JSWDs • WDA personnel have created impactful relationships that have increased access to key supports services & employment • WDA has a realistic sustainability plan in place • WDA has been able to resolve challenges that hinder progress to implementation & sustainability • Promising practices are sustained after the grant period • WDA outcome payments are received • **Employer partnerships & development of new or enhanced strategies** • **Employer outreach to JSWDs** • **SDSs continue after the grant period**			

D. Assessing How the DEI Affected Customers Based on Quantitative Analyses

1. Using Workforce Data to Study JSWDs Served by DEI Grantees

Use of WIASRD public-use files. As noted in the introduction, our main data source for this report is the WIASRD, which contains information on the demographic and pre-program characteristics of WIA/WIOA customers, the services they received, and their outcomes after exiting. We used quarterly WIASRD public-use files and a WIASRD closeout file covering the WIA/WIOA reporting periods from the second quarter of 2012 through the second quarter of 2016.

These WIASRD extracts provide cross-sectional snapshots of the services customers received and their work and (among youth) education status if they had exited. Using the quarterly extracts, we developed an individual-level dataset, as discussed more extensively in Appendix 10. Each customer's record contains quarterly information about WIA/WIOA service receipt. For customers who stopped receiving services for at least 90 days, the dataset contains information about employment, earnings, and (for youth) educational outcomes during the first few quarters after exit.

The available WIASRD files only capture exits up through the second quarter of 2016. Hence, the data for this report provide an incomplete understanding of the outcomes of customers who started receiving services during the period leading up to that point. JSWDs that participated in WIOA programs received services for two to three calendar quarters, and over 20 percent were still receiving services six quarters after they enrolled. As a result, the data allow for a relatively more complete understanding of how customers fared for cohorts of JSWDs who enrolled in AJC services further in the past. As discussed later in this section and in Appendix 10, our statistical models account for this type of data "censoring." We also limit the impact analysis to customers whose program exits can be tracked for at least six quarters after enrollment.

Customers included in the analysis. We identified "DEI customers" in the WIASRD files as AJC customers who met a series of criteria that partly depended on the focus (adult or youth) selected by DEI grantees. Customers included in the analysis are those who:

1. Enrolled in an AJC in a DEI pilot WDA during the grant operations period.
2. Self-disclosed a disability, as reflected in the WIASRD system.
3. Fulfilled programmatic criteria specific to the focus of the grantee as follows:
   a. For grantees selecting an adult focus, "DEI adult customers" are those who met the two criteria enumerated above and participated in the Adult Program and/or Dislocated Worker Program. Among participants in those two programs, the WIASRD system consistently records information only for those who received staff-assisted services, intensive services, or training. Under WIA, state and local workforce agencies were not required to track customers who took part in self-service or informational activities.

b. For grantees selecting a youth focus, "DEI youth customers" are those who met the
three criteria enumerated above and participated in Youth Program activities.

Based on these criteria, the WIASRD records we used for this study contained information for
approximately 21,840 DEI adult customers and 1,270 DEI youth customers served by R1–R4
grantees (Exhibit 10). These counts exclude an unknown number of additional people who
would have met the criteria to be counted as DEI customers, but who were excluded from the
study because of missing data and because the WIASRD could not be used to identify some
DEI pilot areas. (See Section A of Appendix 10 for additional information.) In addition, as
discussed in Section B.2 of Appendix 10, the study data developed for this report could not
incorporate information from the Participant Individual Record Layout (PIRL) system, which
was the successor to the WIASRD system. Therefore, the counts exclude any JSWDs who
began receiving WIA/WIOA services after June 30, 2016. Finally, we do not have a basis for
estimating how many additional JSWDs received WIA/WIOA services in DEI pilot sites but
did not substantially interact with AJC staff because these customers were not tracked in the
WIASRD system.

Exhibit 10: DEI Customers Included in Analysis Samples by Focus and Round

Round	Number of DEI customers (all)	Number of DEI customers in the RCT analysis sample
Grantees with an adult focus		
Round 1	12,744[a]	6,281
Round 2	2,130	1,745
Round 3	3,868	802
Round 4[b]	3,098	0
Total	**21,840[a]**	**8,828**
Grantees with a youth focus		
Round 1	741	599
Round 2	125	0
Round 3	406	285
Round 4[b]	0	0
Total	**1,272**	**884**

Note: All analysis samples for this study exclude R1 DEI adult customers from two large WDAs in the Chicago
area of Illinois, R3 DEI adult customers from Indiana, and R4 DEI youth customers for the reasons
described in Section A of Appendix 10. The treatment group includes only DEI customers who enrolled in
randomly assigned WDAs, could be tracked for at least six subsequent quarters, and were not part of
entry cohorts with extensive missing data.

[a] Based on the privacy requirements specified for WIASRD public-use files, counts of the total number of DEI adult
customers exclude information about Illinois given the state-level breakout of customers presented in Section V.

[b] Counts for R4 grantees only include customers who began receiving WIA/WIOA services up through June 30,
2016.

DEI customers in the RCT treatment group. We identified for inclusion in the RCT
treatment group a subset of DEI customers who entered AJCs in WDAs that were selected via
random assignment. As discussed in the next subsection, we compared these customers to a

group of AJC customers in WDAs that were assigned to the control group. In defining the RCT treatment group, we also used the following criteria:

- We excluded customers whose outcomes are not typically tracked for program monitoring purposes because they exited from WIA/WIOA services due to death, illness, institutionalization, family care responsibilities, or lack of a Social Security number.
- We limited the analysis to customers who could be tracked using the available WIASRD data for at least six quarters after the quarter in which they started receiving WIA/WIOA services. This condition was intended to allow for a sufficient follow-up period to observe customers' post-exit outcomes.
  - As noted already, our preliminary assessment of the data indicated that over 20 percent of adult JSWDs were still participating in WIA/WIOA services at the end of the fifth quarter after they enrolled.
  - In practice, this criterion meant excluding from the RCT analysis all customers served by R4 grantees, as well as customers who started receiving services during the final three quarters of R3 grantees' operation period.[35] (Appendix 8 presents results from a separate analysis of early outcomes for R4 grantees.)
- We excluded R1 DEI adult customers in New York who enrolled in services before October 2012, and all R3 DEI adult customers from Iowa because of extensive missing data on key characteristics needed for the analysis. (See Section B of Appendix 10 for additional information.)

Customers in the RCT control group. We identified customers for the RCT control group based on the same customer-level criteria used to identify those in the treatment group, but we focused on those who enrolled at AJCs in WDAs proposed by the grantees that were not selected for the treatment group. Although customers in the control group did not have access to DEI-specific services, they could receive the WIA/WIOA services that were otherwise available in the state.

2. Analyzing Outcomes and Impacts

This section provides a high-level overview of the quantitative methods used to produce the findings in this report. Section C of Appendix A contains additional details about these methods.

Selecting primary outcome measures. Our analysis covers a range of process outcomes related to JSWDs' receipt of WIA/WIOA services and placement outcomes that measure how

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[35] As discussed previously in this section and in Section B.2 of Appendix 10, the study data developed for this report are based on information contained in the WIASRD system only; they do not incorporate information from the PIRL. WIASRD files can be used to track customer exits through the second quarter of 2016. Hence, limiting the analysis to customers who we could track for at least six subsequent quarters meant excluding any customers who entered after the last calendar quarter of 2014, which corresponded to the fifth quarter of R3 grant operations and the first quarter of R4 grant operations. The evaluation team and USDOL determined that information about customers entering in a single quarter did not provide a sufficient basis for calculating impacts.

they fared shortly after they stopped receiving services. Prior to the analysis, we selected one primary outcome from each of these domains that in part differed by whether grantees focused on adults or youth:

1. The primary process outcome for grantees with either an adult or youth focus is the number of JSWDs served.
2. The primary placement outcome for grantees with an adult focus is the share of JSWDs they served who exited and were subsequently employed in the following quarter. The primary placement outcome for grantees with a youth focus is the share of JSWDs they served who exited and were subsequently either employed, enrolled in postsecondary education, or enrolled in a non-WIA/WIOA training program in the following quarter.

This approach to preselecting primary outcomes was intended to focus the evaluation, guard against data mining, and reduce the potential for falsely concluding that chance differences reflect impacts of the DEI. As an evaluation examines more outcomes, it becomes increasingly likely that a large difference between the treatment and control groups could arise just by chance. Focusing on a small, pre-established set of primary outcomes helps address this problem of "false positives."

Comparing treatment and control groups after making statistical adjustments. The impact analysis is based on measuring differences between the treatment and control groups. When measuring these differences, we made adjustments that align with the RCT design and reduce the potential for drawing incorrect conclusions about the DEI's impacts, as discussed in the remainder of this subsection.

Focusing on comparisons within randomization strata. As described in Section II.B, we randomly assigned WDAs in each state-specific stratum after creating strata based on substantively important factors. Carrying this approach through to the analysis, our results are based only on differences between the treatment and control groups *within* each RCT stratum. This avoids, say, comparing the treatment group from an urban stratum to the control group from a rural stratum.

We implemented this approach in two ways. First, for customer-level analyses we used post-stratification weights to adjust for potential imbalances in how the control group was distributed across each grantee's strata compared with the treatment group's geographic distribution. This accounts for potential differences in the extent to which the DEI might have led JSWDs to enroll at greater rates in certain types of areas. Second, in all analyses, we used a "fixed effects" model to account for cross-stratum differences in average outcomes. This yielded impact estimates that represent an average of the within-stratum differences between the treatment and control groups.

Accounting for customer characteristics at enrollment. When analyzing JSWDs' outcomes, we adjusted for differences in baseline characteristics between the treatment and control groups. Such differences might have occurred by chance, but they could also arise if the DEI led AJCs to engage with JSWDs in a way that changed the pool of customers with disabilities they

served (as discussed previously). In our impact analysis, we used regression adjustment to specifically account for:

- The timing of enrollment, which could be correlated with macroeconomic factors that affected outcomes.
- Whether adult customers were employed at enrollment.
- Whether youth customers were employed and/or in school at enrollment.
- A pre-enrollment measure of education—high school completion for youth and college attendance for adults.
- A key programmatic indicator—whether adults received services through the Dislocated Worker Program and whether youth were 19 or older (qualifying them as an older youth).
- A measure of the length of time for which customers could be tracked using the available follow-up data, which provides an adjustment for differing degrees of data censoring across customers.

We also accounted for any additional characteristics that we found to be significantly imbalanced between the treatment and control groups through the baseline equivalence tests that we conducted (described in Section B of Section V).

Interpreting the study's impact estimates. Results from the impact analysis apply only to the grantees that sought and received DEI funding. The results might not generalize to a broader population or the nation as a whole because the grantee states could differ in important ways from states that did not submit grant applications or were not awarded a grant. Similarly, the results might not generalize beyond the specific WDAs that grantees proposed for random assignment.

It is also important to recognize that the impact estimates represent the *overall* effects of DEI grant awards in those areas. The random-assignment design allows us to assess the whole package of activities and changes that grantees implemented as a result of receiving DEI funding. However, this design cannot be used to measure the effects of specific features of the DEI, such as DRCs or specific SDSs, because those features were not randomly assigned to a subset of areas or customers.

Finally, the impact estimates for placement outcomes might not only reflect the impacts of the DEI on how well JSWDs fared. The statistical adjustments described in the previous subsection can only account for the attributes measured in the WIASRD; this approach cannot account for other factors that might have differed between the treatment and control sites. For example, DEI grantees made it a priority to conduct extensive outreach efforts to SSA disability beneficiaries who were eligible for the TTW program, as discussed in Section IV. Hence, the DEI might have led treatment WDAs to serve more customers with severe disabilities or who needed more preparation before entering the labor market. In this case, the impact estimates would partly capture differences in outcomes arising from unmeasured changes in the composition of JSWDs served. Hence, these estimates might not accurately convey the impacts of the DEI on the outcomes of any particular group of JSWDs—for

example, those who would have sought out AJC services if their WDA had been assigned to the control group.

Producing results that capture diversity in contexts and implementation. Each DEI grantee developed its own plan for using grant funding that was tailored to their unique local context and the population of JSWDs they served or planned to serve. In addition, early findings from the implementation study revealed substantial differences across grantees in the extent to which they made sustained progress in carrying out their plans.

Three features of our analysis approach allow some of this diversity to be reflected in our results:

1. We conducted the analysis separately for grantees with an adult focus and grantees with a youth focus given the differences in the populations they served and because the DEI imposed an additional requirement (use of Guideposts for Success) for those with a youth focus.
2. We structured the analysis so that each grantee contributed equally to the results rather than contributing in proportion to the number of JSWDs served. This approach avoids producing impact estimates that are primarily the product of contextual and implementation factors for a few large grantees (such as California and New York). Using this approach, the results can be interpreted as the effect for the average grantee.
3. We produced both (1) "pooled" estimates, using information from all three Rounds included in the impact estimates, and (2) Round-specific estimates, which could reflect differences in emphasis and implementation across Rounds. However, we did not produce results for individual grantees based on a pre-analysis assessment of sample sizes, as discussed in Section C of Appendix 10.

Accounting for the clustered design when assessing precision. We use *p*-values to gauge the statistical significance of treatment-control differences. When making such comparisons, there is always the potential to find differences between groups based on happenstance even if they were fundamentally similar. A small *p*-value indicates that the observed difference is large enough that it is probably not just the product of chance. (For example, $p < 0.05$ indicates that the probability of observing such a large difference just by chance is less than 5 percent.) Because our analysis of JSWD outcomes used customer-level data, these *p*-values must account for the fact that WDAs, rather than customers, were randomly assigned. That is, we adjust for the "clustering" of customers within WDAs.

Clustering refers to the tendency of outcomes to be correlated among customers within the same WDA because, for example, they face common local labor market conditions or have access to similar workforce and disability support services. As a result, when random assignment is at the WDA level, larger samples of customers in each WDA do not provide as much distinctive information for the analysis; instead, the number of WDAs is a strong driver of the degree of precision. The method we used to calculate *p*-values accounts for this and appropriately protects against false positives that could otherwise arise because of the smaller effective sample size of the clustered design.

One consequence of the clustered design is that the precision of impact estimates is limited by the number of WDAs that were randomized. This could pose particular challenges for reliably detecting impact estimates for grantees with a youth focus as a whole or for grantees with an adult focus from a specific DEI Round.

III. Implementation of DEI Round 1 through Round 4 Grants

A. What Staffing Infrastructure Did Grantees Develop for the DEI?

The DEI includes two grant-funded positions, the DEI State Lead and DRC. These positions led to grantee variations that identify a wide range of responsibilities, skills, and services that depend on the talents of each individual DEI State Lead and DRC.

1. DEI State Lead

The DEI State Lead was an executive-level position that oversaw the implementation of the grant, including communications with USDOL agencies, project partnership building, leadership, and training and support of DRCs. This position oversaw the creation and maintenance of ENs, recruitment of Ticket holders, and ongoing support of WDA treatment sites. The variations that have accompanied how grants structured and implemented these roles speaks to the larger range of differences across the states involved in Round 1 through Round 4 implementation. We will examine these differences, as well as the impact they had on each grantee, below.

DEI State Leads were principally charged with the implementation of the DEI grant in each treatment WDA. The expectation was that system changes would occur as a consequence of DEI implementation, thus leaving the overall workforce systems better able to deliver coordinated, flexible, and effective training and job search services to JSWDs. Eighteen DEI State Leads facilitated the use of best practices and peer-to-peer support between DRCs, helped arrange Benefits Planning opportunities, arranged and presented AJC training, and monitored grant implementation. As noted, the DEI State Lead was the principal project leader and administrator of the DEI grant as well as the primary point of connection between ETA and the various local DEI treatment WDAs. Based on the skill sets of the DEI State Leads, we identified four variations of this leadership position that were effective in different ways.

In 13 WDAs, DEI State Leads appeared to emulate a hybrid model of the DEI State Lead that encapsulated an "*Executive Leader*" as well as a "*State Lead-DRC.*" This version of the DEI State Lead may have provided hands-on support in a range of topics, including: systems change, DRC training, communications with WDA personnel, and training opportunities that upgraded the skills of case management-oriented DRCs and Employment Specialists. These individuals may have also taken on other responsibilities such as marketing TTW services, processing TTW milestone payments, and recruiting beneficiaries. Four Round 1 states (Alaska, Maine, New York, and Virginia), three Round 2 states (California, Ohio, and Tennessee), two Round 3 states (Indiana and Minnesota), and four Round 4 states (Alaska, Connecticut, New York, and Virginia) had DEI State Leads who functioned primarily as a hybrid of the Executive Leader and State Lead-DRC.

2. Disability Resource Coordinator

DRCs took on a variety of responsibilities ranging from DRCs who exclusively provided case management services, to those who focused on systems change, TTW implementation (e.g., outreach, recruitment, milestone payments, and EN development), and implementation of SDSs. However, DRCs appeared to balance their various tasks differently. For example, case management activities included direct services to JSWDs, which often, though not always, modeled the implementation of SDSs to other AJC staff, built capacity to deliver services, developed Individual Learning Plans (ILP) and Individual Education Plans (IEP), and identified training and employment opportunities for JSWDs. For these individuals, systems change activities reflected efforts to impact policy in a way that would presumably create an effable change in the WDA's capacity to serve JSWDs. These included partnership building, training and mentorship of staff (particularly in the direct use of SDSs), recruitment of JSWDs, and accessing resources (including from TTW) that supported the ongoing delivery of high-quality services to JSWDs. For example, TTW implementation, which was arguably both a direct service and a system change activity, included recruitment of Ticket holders, initiation of Partnership Plus agreements, counseling jobseekers, monitoring program performance, and implementing SSA's e-Processes, such as automatic Ticket assignment and expedited Ticket transfers.

Two types of DRCs developed over the grant period. First was the type of managerial authority of the DRC, resulting from the entity that formally hired and thus partially supervised DRCs. At the local level, some DRCs were employees of the state, while others were employed by the AJC or WDA. Those who worked for the AJC though DEI were involved in day-to-day operations that included DEI and WIOA services and responsibilities. This arrangement had advantages as it appeared to better integrate the DRC into the AJC environment. It also resulted in DRCs taking on certain administrative tasks within the AJC such as TTW and EN activities. On the other hand, DRCs employed by the state were less likely to have additional administrative responsibilities, which allowed them to focus exclusively on DEI-related activities, including the recruitment of TTW beneficiaries, forging collaborations and partnerships, and implementing SDSs. However, state agency DRCs appeared to be less fully integrated into the AJC environment compared to the DRCs hired through DEI resources. These DRCs focused primarily on case management with limited involvement in the process of systems change.

The second type was the simple, consistent presence of trained and motivated staff in the treatment WDAs across the life of the grant—or by comparison, the lack of that consistency due to DRC and leadership turnover. These individuals used SDSs and developed organizational development and leadership skills that included an effective DEI State Lead and a cadre of DRCs who remained in place throughout most of the project period. These grant-funded positions, in collaboration with AJC staff (primarily Employment Specialists), often provided executive leadership and training opportunities as well as the ability to absorb and apply T/TA provided by the National Disability Institute (NDI) and/or other T/TA providers. There were also multiple prevailing "*styles*" for the implementation of the DRC. The "State Supervisory-DRC" was a DRC who took on a leadership role in support of other DRCs. While

not formally taking over the DEI State Lead's activities, this style of DRC provided a cohesive vision to DRCs across multiple WDAs. "Case Management DRCs" spent most of their time counseling jobseekers, identifying support services and resources, and providing support for individuals transitioning to employment.[36]

DRCs provided a wide range of services, from training Employment Specialists, to providing the following services: case management, TTW, systems change, Benefits Planning, implementation of SDSs, T/TA for AJCs and their partners, employer outreach events, and partnerships and collaborations with WIOA-mandated and non-mandated partners. Some DRCs were extraordinary leaders who oversaw other less experienced DRCs and Employment Specialists, coordinated training opportunities for staff and participants, collaborated with VR, utilized Partnership Plus, recruited TTW beneficiaries, and generated TTW revenue.

While systems change, training, and employment were the key goals of the DRC position, case management services remained a necessary corollary of training and eventual employment. Though it makes sense to distinguish, broadly, between DRCs who were more focused on direct services and those who were oriented toward system-related activities, it would be an oversimplification to simply call these two wholly distinct categories. Direct services often have system impacts: a DRC who took a role in an IRT early in the implementation of a DEI grant, while including other AJC staff, was not only implementing an SDS. They also modeled the use of that SDS, creating partnership bonds between AJC and outside partner staff, and generally demonstrated high-quality service provision as a means of building that capacity within WDA staff. Similarly, a DRC who thought of their goals in terms of system change and sustainability may have also pursued those goals by providing benefits counseling services as a Community Work Incentives Coordinator (CWIC). Though this was unmistakably a "*direct service*" activity, it supported the larger systemic goals of increasing the number of AJC customers with disabilities and, in most cases, created the possibility of developing revenue and other resources through TTW.

Many DRCs were involved in the day-to-day administrative operations of the grant by enrolling JSWDs in employment and training programs and facilitating training and job search activities. This arrangement had its advantages as it integrated the DRC position into the AJC environment as a support system for DEI participants. This approach was used primarily during the start-up phase of the project in Round 1 and Round 2, when staff relationships and responsibilities were just beginning to take shape and expectations were not clearly defined or understood by the local areas. Grantees were also tested by the challenges of the realities of DEI implementation due to limited support from some WDA staff, limited knowledge of TTW, and administrative tasks that seemed counterintuitive to the DEI in terms of effecting systems change and embedding SDSs into WDA services.

DRCs, at the direction of their DEI State Lead, played a managerial role in which they would oversee Employment Specialists and provide training on disability etiquette, counseling of

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[36] Initially, R1 and R2 DRCs were involved exclusively in case management activities. This arrangement had the effect of integrating DRCs into the AJC environment and allowing them to take on certain administrative tasks such as enrollment, case management, and TTW administration. And, practically speaking, it allowed DEIs to ramp up outreach to JSWDs.

JSWDs, use of SDSs, TTW implementation, job search, and employment and related supports (Exhibit 11). DEI stakeholders made comparisons to the DPN initiative when describing the DEI DRCs, as they saw the latter in a more TA role rather than as a systems change agent:

> *With the DPN, we focused on providing AJCs with the tools to provide employment and related services. With the DEI, many grantees focused on systems change [and] partnerships with state and local agencies, while Employment Specialists would continue to play a case management role.*

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Exhibit 11: Key Responsibilities of DRCs by Type and State

STATE	Mngmt	Case Mnmt	TTW	Sys Change	Benefits Counseling	SDS	T&A	Employers	Partners
Round 1									
AK	State	•	•	•		•	•	•	•
DE	State	•				•		•	•
IL	State		•			•	•	•	•
ME	State	•		•		•	•	•	•
NY	WDA	•	•	•		•	•	•	•
VA	WDA	•	•	•		•	•	•	•
AR	State						•	•	•
KS	WDA	•				•	•	•	•
NJ	WDA/State	•	•				•	•	•
Round 2									
CA	WDA/State	•	•	•	•	•	•	•	•
OH	WDA	•	•	•		•	•	•	•
SD	State	•	•			•	•	•	•
TN	WDA	•			•	•	•	•	•
HI	State		•			•	•		•
WA	WDA	•	•	•	•	•	•	•	•
WI	WDA	•	•	•	•	•	•		
Round 3									
RI	State	•	•	•	•	•	•	•	•
MN	WDA	•	•	•	•	•	•	•	•
IA	WDA/State	•	•	•	•	•	•	•	
AR	WDA	•			•	•	•		
FL	WDA	•	•	•	•	•	•	•	•
IN	WDA	•		•	•	•	•		
LA	WDA/State	•	•	•	•	•	•	•	•
Round 4									
CT	State	•	•	•	•	•	•	•	•
ID	State	•			•	•	•	•	•
VA	State & WDA	•	•	•	•	•	•	•	•
AL	State	•			•	•	•	•	•
AK	State	•	•	•	•	•	•	•	•
ME	State/WDA	•	•	•	•	•	•	•	•
NY	State/WDA	•	•	•	•	•	•	•	•

Managerial Authority:	Agency-level responsibility for hiring DRCs and supporting the design of DEI program features
Case Management:	Worked with jobseekers to develop an Individual Work Plan (IWP) and directed participants to the services provided at AJCs
Implementation of TTW:	Managed TTW activities, including beneficiary recruitment, Ticket assignment, and milestone and outcome payments
Systems Change:	Facilitated changes that expedited and improved the quality of AJC services
Benefits Planning:	Provided support to SSA beneficiaries who wanted to better understand the effect of employment on their benefits
Implementation of SDSs:	Determined service needs and implemented SDSs and related supports
T/TA to AJC Staff & Partners:	Provided direct support and direction to staff and partners
Outreach to Employers:	Interacted with employers to promote employment of JSWDs
Partnerships:	Sought out potential partners to blend and braid resources and provided additional support services

3. Disability Resource Specialist

Due to the variability in the size and population of participating WDAs, some treatment sites had only one DRC. Some areas had two, while others had one or more DRCs and a Disability Resource Specialist (DRS). The DRS was funded by DEI and served as an assistant to the DRC. DRSs performed many of the same functions as a DRC. In some WDAs where there were two DRCs or a DRC and a DRS, the division of responsibilities ranged from sharing all DEI-related activities, to dividing up responsibilities for specific DEI tasks. In some instances, one DRC may have overseen all TTW activities, while the DRS was responsible for case management. In Tennessee (Round 2), two WDAs employed a DRS in addition to a DRC. Each area developed its own division of responsibilities. In one area, the DRS was responsible for job development, a time-intensive AJC activity. As a part of this, they helped JSWDs develop or update their résumés and communicate with employers to match JSWDs to available positions. In another Tennessee (Round 2) WDA, the DRS focused on clerical work but also provided job coaching services and assisted the DRC in arranging trainings, developing partnerships and collaborations, and implementing SDSs. Maine (Round 1) funded two DRC 1 positions to increase participation of JSWDs in Career Exploration Workshops.

4. DEI Community Work Incentives Coordinator

The SSA WIPA project provided benefits counseling services to help individuals on SSI or SSDI transition to employment. CWICs provide beneficiaries access to SSA work incentives. CWICs educate beneficiaries on how employment may affect their benefits such as SSI, SSDI, Medicare, Medicaid, subsidized housing, and food stamps. CWIC services are free to SSA beneficiaries and may be available under Home and Community-Based Services waivers.

> *Getting the message out to individuals that working on SSI or SSDI is possible. Many beneficiaries are concerned that if they leave benefits for employment it may take years to get back on. Becoming a CWIC has been a big change. I have had customers and colleagues talk to me about Social Security rules, and it's led to more people self-disclosing.*

CWIC services are delivered individually and cannot be "*modeled*" or taught to any other staff who are not certified to offer the service. However, though the provision of benefits counseling is certainly a "*direct*" service, it clearly also has systemic implications. DRCs who were CWICs helped their AJCs provide services that were vital to JSWDs, and in turn tended to increase their recruitment. DRCs who were CWICs were also better-positioned to drive the success of their ENs, and they often created a stream of new resources to support their work. The sustainability of their position contributed further nuance to the distinction between "*case management*" and "*systems change-oriented*" DRCs.

B. What Were the Challenges and Successes of Implementing TTW Activities?

In 2011, ODEP and ETA required all DEI grantees to implement TTW to provide SSA beneficiaries with services designed to help them rejoin the labor market. By 2012, TTW became a revenue generator, as milestone and outcome payments would eventually be

distributed to WDAs that enrolled SSA beneficiaries who returned to work. Many DEI State Leads and DRCs played an integral role in this process, as they were tasked with marketing AJC services, recruiting SSA beneficiaries into their WDAs, monitoring Ticket assignment and recruitment activities, and collecting milestone and outcome payments. Despite the initial challenges reported by DEI State Leads and DRCs regarding the SSA application and suitability determination processes, ETA and ODEP successfully worked with SSA to streamline the application and Ticket assignment processes midway through Round 2 with targeted T/TA.

1. Overview of TTW and Requirements for the DEI

TTW employment services were provided to Ticket holders by "*assigning*" their Tickets to an SSA-approved EN. SSA beneficiaries typically have access to several ENs within their WDA, in addition to a number of national ENs that provide services via remote technology. Once an SSA beneficiary receives a Ticket, a beneficiary may develop an IWP. The IWP lists the Ticket holder's employment goals and services to be provided by the EN, including their job tasks, job readiness, and training services to be delivered to the Ticket holder.

A Ticket may be withdrawn from an EN if the Ticket holder is not satisfied with the services provided. SSA's work incentives are designed to "*ease the transition*" to work without the loss of benefits, including subsidies for work-related expenses; a trial work period during which an SSA beneficiary can work up to full time for 9 months while receiving full disability benefits; and access to Medicare (health insurance coverage) when a beneficiary works full time. TTW requires ENs to compete for Ticket assignments, as would any commercial business, by selling products (e.g., information on job availability), services (e.g., training, job placement, job coaching), and marketing services to beneficiaries (Exhibit 12).

DEI grantees often advised beneficiaries that TTW revenue could be a significant source of funding to be used to sustain DEI activities and/or staff roles. However, during the early Rounds of the DEI, it became apparent that the project would have competition for TTW funds as, by statute, state VR agencies are the designated first TTW option. Negotiating with VR to share TTW revenue became a high-priority task for DEI State Leads, and sometimes DRCs. Partnership Plus was one possible mechanism to accomplish this. Typically, with Partnership Plus, a Ticket is first assigned to VR, which supports the initial placement of the Ticket holder. Later, outcome and milestone payments resulting from employment can then be collected by other entities, including DEI AJCs. While Partnership Plus was not a perfect mechanism for partnership between VR and DEI, as both would have preferred to focus on the initial placement of Ticket holders, some projects found ways to use this mechanism effectively. The success of these arrangements was of course predicated on close collaboration between VR and DEI, which was beginning to emerge in the early Rounds of the project. Work incentives were a key component of the DEI. Designed by SSA, these strategies provided additional support for SSA beneficiaries who would like to return to work.

Exhibit 12: List of Work Incentives Available to SSI and SSDI Beneficiaries[37]

SSA Work Incentives	SSI	SSDI
1. Impairment-Related Work Expenses	Yes	Yes
2. Subsidies and Special Conditions	Yes	Yes
3. Un-Incurred Business Expenses	Yes	Yes
4. Unsuccessful Work Attempt	Yes	Yes
5. Continued Payment under a VR Program	Yes	Yes
7. Trial Work Period	No	Yes
8. Extended Eligibility Period	No	Yes
9. Continuation of Medicare Coverage	No	Yes
10. Medicare for People with Disabilities Who Work	No	Yes
11. Earned Income Exclusion	Yes	No
12. Student-Earned Income Exclusion	Yes	No
13. Blind Work Expenses	Yes	No
14. Plan to Achieve Self-Support	Yes	No
15. Property Essential to Self-Support	Yes	No
16. Special SSI Payments for People Who Work	Yes	No
17. Continued Medicaid Eligibility (1619b)	Yes	No
18. Special Benefits for People Eligible Under Section 1619 (a) or (b) who enter a Medical Treatment Facility	Yes	No
19. Reinstating Eligibility without a New Application	Yes	No

2. Early Issues in Setting up TTW ENs and Improvements over Time

Initially, the implementation of TTW was a challenge for AJCs due to the lack of monetary incentives for implementing the program and the more intensive case management process that was necessary to facilitate the employment of SSA beneficiaries. Many SSA beneficiaries had not engaged in employment for several years; as a result, case management and employment development required a longer time period than the average AJC enrollee. The time it took for marketing, recruitment, and Ticket assignment was also significantly longer than the time it took to arrange WIOA services for individuals who enrolled in DEI but were not SSA beneficiaries. In the early Rounds of the project, many DEI State Leads and DRCs mentioned that the lengthy process of identifying and enrolling SSA beneficiaries may have had an adverse effect on WIOA enrollment *and* common measures performance, in which case WDAs may have de-emphasized recruiting SSA beneficiaries.

In addition to the need for more intensive case management services for Ticket holders, grantees expressed concerns about the EN application process, describing it as an "*onerous process that requires the submission of WDA personnel Social Security numbers and other security requirements*." Round 1 and Round 2 grantees experienced considerable delays due to changes in the EN application that included "*invasive*" security clearance requirements (i.e., fingerprinting, background checks, collection of Social Security numbers of AJC/EN staff) that led to lost EN applications and the submission of sometimes erroneous EN identification numbers provided to WDAs. As a result, some WDAs reported having to resubmit their EN application twice, as some Round 1 through Round 3 applications took as much as 1.5 years to be cleared by SSA. New Jersey (Round 1) stopped the application process when informed of

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[37] U.S. Social Security Administration. (n.d.). *Work incentives – General information*. Retrieved from
https://www.ssa.gov/disabilityresearch/wi/generalinfo.htm

these new requirements, which they termed an "*invasive process.*" A California (Round 2) DRC also disapproved of what they felt was a very slow process.

> *The entire process of the suitability determination was frustrating. When we did the EN application, we had to get the Assistant Director of our AJC to sign off. We did this in November 2013. The e-QIP application [was] very tedious.[38] We were being asked to provide basically a life history of our agency. We got through that, but in order for the process to continue, we had to be fingerprinted. No one informed us of this requirement. It was just a challenging process—something we thought was going to be real simple turned into months of headaches. All of this is holding us up.*

In Massachusetts (Round 3), several WDAs implemented TTW but reportedly "*got locked in a void by SSA. We were in a category whereby SSA was revamping the program and could not complete our application, so we eventually were behind seven months into the grant.*"

Communicating with SSA staff and with Maximus, the contractor that assists SSA in the implementation of TTW, was also a challenge:

> *The SSA office doesn't readily work with us. We've tried to schedule meetings with our local SSA office and they're not very supportive. We found out that local SSA office staff members do not really know about the application process or the SSA work incentives.*

Another DEI stakeholder commented that some of the SSA staff were not familiar with the basic components of TTW and provided incorrect information to beneficiaries:

> *It's not going to be the program it is now when the grant is over. Because we've done an incredible job of creating a new system, we're trying to drive that home as being sustainable. We have two WDAs using the cradle-to-grave process for TTW. One WDA is using TTW extensively. They love it. It works for a smaller area. But the EN application process has been difficult. We had difficulties working with SSA. The local areas do not feel that Ticket is the be-all/end-all that will allow them to sustain the DRCs and service delivery strategies. It is extra revenue which is nice, but it's not going to make this thing sustainable.*

Round 2 and Round 3 stakeholders reported difficulty with the suitability determination process. Three months after submitting their first EN application, one state was told that SSA changed the application form and required the grantee to start over and complete a new application. While the state submitted the new application, which was approved 3 months later, during the same period the suitability determination process had changed, which led to a delay in processing the application. The grantee inquired about the delay and was told by SSA that the process was revised to require EN staff to submit their Social Security number. Due to this change in protocol, the DEI State Lead decided to withdraw the state's EN application. The

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[38] e-QIP is a web-based system used for conducting background investigations for federal security, suitability, fitness, and credentialing purposes. For more information, visit: www.opm.gov/investigations/e-qip-application/.

result of the delay and change in EN application and suitability determination requirements resulted in two of three DEI WDAs not being able to implement TTW during the grant period. The state's third treatment site completed its own EN application and suitability determination and accepted 76 Tickets during the grant period.

IV. Identifying, Recruiting, and Screening TTW-Eligible Customers

Identifying and recruiting TTW beneficiaries became a priority for all DEI grantees. Being able to attract Ticket holders when most AJCs had not previously provided outreach services to this population required thoughtful and deliberate planning. Initially, DEI grantees used Ticket "*mailers*" to inform beneficiaries that the AJCs served Ticket-eligible beneficiaries. DRCs also invited SSA beneficiaries to work incentives events and to learn more about AJC WIOA services and employment opportunities. To attract SSA beneficiaries, most WDAs used the SSA Beneficiary Referral CD, which includes data on Ticket holders who reside within each WDA. The CD provided during DEI Round 1 through Round 4 included state VR agency service information, number of Tickets available for assignment by zip code, and information on the availability of EN services. In some WDAs, Ticket holders responded to the mailers, but overall the number of customers following up in this manner was low. Several DRCs organized workshops that provided information on TTW and SSA work incentives. Others used "*email blasts*" to connect with large numbers of beneficiaries. However, as one DRC commented, "*We put up banners. We have had workshops, and we do email blasts. But when we send the email to 800 people about four beneficiaries show up*."

One Round 2 site relayed the situation thusly:

> *In our area, we just don't have the volume of beneficiaries. We had over 3,000 beneficiaries on our monthly beneficiary CD. We filter by earnings, by those aged 18– 65, and got 208. Out of the 208, we got just five calls from beneficiaries. It is very discouraging. And those who do call aren't interested in working full time and ending their disability benefits. They want to work part time and keep their Social Security benefits. Individuals who are on SSDI or SSI disability benefits—they probably could survive on disability benefits out here—we have a very low cost of living. They're just not interested in working full time and getting off benefits. This could be unique to our area and population.* DRC

Many WDAs also used SSA's e-Processes, including e-Data Share, to search for beneficiaries who self-disclose a disability during AJC enrollment and have an unassigned Ticket. E-ticket assignment allows DRCs to automatically have their Tickets assigned to an AJC on the 15th and 30th day of each month. Automated payment to beneficiaries occurs through e-Pay, which creates a WDA payment file with the Social Security numbers of Ticket beneficiaries who have quarterly earnings at the trial work level or above. E-pay automatically pays beneficiaries with paperwork submitted by an EN. Nine grantees, including Alaska (Rounds 1 and 4), Massachusetts (Round 3), New York (Rounds 1 and 4), Virginia (Rounds 1 and 4), Iowa (Round 3), and Connecticut (Round 4) began piloting one or more of the e-Processes to identify Ticket beneficiaries, automatically assign Tickets, and receive milestone payments.

DRCs reached out to a variety of agencies with the goal of educating them about TTW. These organizations, both governmental and non-governmental, would have the AJC in mind if they assisted a beneficiary seeking employment. The grantees New York (Round 1), Wisconsin (Round 2), and Rhode Island (Round 3) engaged in intensive outreach initiatives that targeted community-based agencies. The DRCs did presentations to 15 agencies to discuss services that are available through DEI. The presentations led to numerous WDAs working with Ticket holders before finalizing the EN application/suitability determination process so that it could assign Tickets on the first day the EN application was approved. In the first year of the grant period, Rhode Island assigned 95 Tickets that they attributed to the "*continuous building of relationships in the community and word of mouth.*" A common perceived challenge, however, was the lack of understanding and commitment encountered by Ticket holders to go back to work. DRCs learned during the implementation of TTW in their WDA that:

> *Outreach [to public and community-based agencies] is so important because if other agencies don't know how TTW works they can't effectively refer people to the AJC. We do get a lot of referrals and walk-ins due to word of mouth. But we also see customers who are not on SSI/SSDI and many who are Ticket holders but aren't work-ready. We still refer them to the resources they need. Not everyone who comes in here is someone who doesn't want to work and thinks they can get something for free. We're getting a better pool of candidates who want to work. Over half of our Ticket enrollees are co-enrolled with WIOA. They'll be going into sustainable work and [will] come off their benefits at some point. The outreach we do for TTW beneficiaries is important because it helps them understand disability and how going to work affects benefits.*

One of the lessons WDA staff learned about TTW was that not every Ticket-eligible customer who enters the AJC should have his/her Ticket assigned. Some Ticket beneficiaries are reluctant to return to work and many are reluctant to work full time due to the risk of losing their benefits. Ticket beneficiaries preferred part-time employment and, therefore, were not appropriate for TTW because of the cost-to-benefit of providing EN services that generate relatively small milestone payments. To gauge the level of interest of Ticket beneficiaries who assigned their Tickets to an EN, eight projects, including Alaska (Round 1), Illinois (Round 1), New York (Round 1), Virginia (Round 1), California (Round 2), Ohio (Round 2), Washington (Round 2), and Wisconsin (Round 2), developed TTW screening forms designed to determine if an individual was committed to the goals of the program.

Alaska (Round 1 and Round 4) was a bit more selective in terms of the Tickets they accepted in order to ensure that their investment in case management and job readiness services would eventually generate revenue through the completion of a milestone or outcome. Ohio (Round 2) and Massachusetts (Round 3) reported having screened beneficiaries who did not want to go back to work; while beneficiaries were hired, some quit their job within a short period of time. Stakeholders in Massachusetts (Round 3) indicated that while it was fine to use some discretion in screening customers, if the Ticket holder did not follow through with the IWP in the beginning, the AJC may decide not to provide services to the beneficiary.

In Wisconsin (Round 2), California (Round 2), and Massachusetts (Round 3), projects received feedback from AJCs indicating that some TTW beneficiaries were not interested in full-time work while others expected to be compensated for their lack of job readiness with an additional financial subsidy. As a result, grantees used more detailed "screeners" to increase the likelihood that beneficiaries enrolled in an AJC were interested in full-time employment. To assist in this process, AJCs began to contact beneficiaries to discuss how TTW and employment would affect their benefits. If a TTW beneficiary is engaged in substantial gainful activity (SGA), SSA will determine that the individual is not disabled and therefore not eligible for TTW. If an individual is not working at SGA, a determination would be made using the Disability Determination Services system, which takes into consideration the severity of a disability. Nonetheless, individuals who engage in work after the trial work period will eventually see a decrease in SSA benefits. Indiana (Round 3) reported having 18 Tickets assigned in the second year of their grant:

> *Some individuals who have shown interest in TTW were either not eligible…or not ready for employment… Out of about 18 people who have attended the workshops, about three or four went online and had already started learning about TTW. The rest eventually dropped out.*

A. Coordination with State Vocational Rehabilitation

Partnership Plus is an arrangement whereby ENs (including AJCs, WDAs, and commercial entities acting as ENs on behalf of DEI projects) collaborate with local VR offices to provide post-placement job retention services to Ticket holders. VR receives the TTW payments associated with job training and placement services, and the AJC receives TTW payments for providing job retention services. Originally described by one DEI stakeholder as the "*gateway to both WIOA and Ticket services*" for JSWDs, Partnership Plus was underutilized by DEI grantees due in part to long-standing relationships with existing ENs that had been in operation since 2002. DEI and VR are both suited to job placement services, while job retention services (i.e., job coaching) is a WIOA-mandated service provided by AJC staff.

When a VR Partnership Plus JSWD is placed in a job, there is a 90-day period that begins immediately after job placement. During this time period, VR is still the responsible agency for the customer, and the AJC is not authorized to provide services to VR clients before the waiting period has elapsed. As a result, many Ticket holders struggle to make it through the 90-day waiting period before they can assign their Ticket to an EN that will provide job coaching services in exchange for milestone payments. Several DRCs recommended that support services should begin during the 90-day waiting period in order to build relationships with the Ticket holders and help them succeed in their employment situation. The relationship between the WDA and local VR office is paramount. If a participant receives services from VR, they have to wait 90 days post-job placement to transfer a Ticket to another EN such as an EN operated by a DEI grantee. The local VR office can decide to hand over responsibility to an AJC-EN prior to the completion of the 90-day waiting period, but that does not always happen:

> *We know WDAs want to see VR customers succeed. It takes a relationship between the WDA and the local VR office to make this happen. It's about instilling in the DRCs the*

importance of working with VR and its clients so they can meet with them during the 90-day waiting period. In most situations, a WDA takes over only after the 90-day period. Although in some instances, WDAs have been able to provide support services for beneficiaries during the 90-day period.

Regarding the relationship between WDAs and VR, numerous DEI stakeholders commented that they "*wanted that relationship to be better.*"

> *I think the challenge stems from TTW and sharing those resources. VR doesn't want to share the milestone payments and will serve JSWDs themselves and not utilize WDAs. But you can't get around not utilizing us because the customers themselves will choose to come to us when they are ready to work. When I originally started with the Ticket program in our WDA, I went to VR myself and I was told to my face, 'no, we have everything we need here.' So, I thought we could partner, and they said, 'no, we don't need a partnership.' But you can't get around looking at what the customer's needs are. It's supposed to be about the customer, not the money.*

Partnership Plus was driven primarily by relationships forged between WDA staff and VR. A "*working relationship*" with VR reduces the need for extensive outreach to Ticket holders and reluctance on the part of VR to send all or most of their transitioning JSWDs to a WDA for EN services rather than a commercial or community-based EN. "*The collaboration between VR and the WDAs was at first difficult to pull off.*" However, DEI grantees forged relationships with VR early in the grant period while working on their suitability determination application.

Twelve grantees, including New York (Round 1), Virginia (Round 1), California (Round 2), Tennessee (Round 2), Washington (Round 2), Wisconsin (Round 2), Indiana (Round 3), Iowa (Round 3), Massachusetts (Round 3), Connecticut (Round 4), Maine (Round 4), and Virginia (Round 4), collaborated with their VR agencies. One DEI stakeholders commented that:

> *Partnership Plus has been brought up often. Our situation is a work in progress. Becoming an EN didn't really impact our relationship with VR. There's still tension between us and them. But once they come to the table and understand the partnership, the tension will abate. It can only happen, one VR office at a time, so we are working hard to make the relationship work for everybody.*

A total of 16 grantees, including five Round 1 (Alaska, Maine, New Jersey, New York, and Virginia), four Round 2 (California, Ohio, Tennessee, and Wisconsin), four Round 3 (Florida, Indiana, Iowa, and Massachusetts), and three Round 4 grantees (Connecticut, Maine, and Virginia), implemented Partnership Plus by establishing nonexclusive agreements with VR. Although many grantees expressed an interest in an exclusive Partnership Plus agreement in which VR would allow WDAs to provide services to all VR clients, its preference was to maintain competition from both the AJC and private sector EN communities. In Ohio (Round 2), a *nonexclusive agreement* was created between AJCs and VR offices that stated that all ENs may compete for Tickets in order to create competition for SSA beneficiaries. Wisconsin (Round 2) DEI stakeholders:

Asked VR to allow them to recruit all SSA beneficiaries that complete the 90-day waiting period. But right now, all they will do is mail out a flyer telling Ticket holders about our services and the services of all other ENs in the area. We are not allowed to contact anyone until after the 90-day waiting period.

According to DEI stakeholders, VR was not in favor of exclusive Partnership Plus agreements because it would create an unfair advantage by excluding other commercial ENs from competing for Ticket assignments. Alaska (Round 1) created a nonexclusive MOU with VR that allowed them to compete for SSA beneficiaries. But in a state with fewer EN options than most, there was limited competition for Ticket beneficiaries as only seven Partnership Plus cases statewide were transferred to the state's administrative EN.

California's (Round 2) DEI leadership instructed AJC staff to maintain a relationship with their local VR office to increase the likelihood of receiving Partnership Plus cases. AJC staff provided WIOA services and referred eligible customers to VR on a regular basis for additional training, assistive technology, and job readiness services that were unavailable through the AJCs. According to several California (Round 2) stakeholders, "*through this process, a relationship among AJC staff, VR, and each beneficiary was created.*" Having received AJC services and support from VR, the JSWDs were more likely to return to the WDA after their case was closed, and job retention services and monitoring through WIOA was provided.

Wisconsin (Round 2) implemented an "expedited Ticket" pilot program that allowed ENs to work with beneficiaries during the 90-day waiting period to maintain the continuity of support services and eventually transfer the Ticket to another EN:

Lots of times they don't make contact with the Ticket holder until after file closure. And with an expedited Ticket, they're making contact before file closure and SSA is aware of it. So, it takes about a week. Without expedited Ticket, it could be 1–2 months before Ticket closure, which could delay payment to the EN. With expedited Ticket, an EN can provide support services, but the actual transferal of the Ticket to an EN happens only after the 90-day period.[39]

Among Round 3 states, Florida, Indiana, Iowa, and Massachusetts reported implementing Partnership Plus. In Florida, one treatment site applied for Partnership Plus soon after the grant started:

We had a lot of difficulty with the process. The other Florida regions were looking to us as an example. We had Maximus, NDI, and VR work with us to see if we can smooth out the rough edges with VR. We got our agreement done and other regions followed our lead. But getting through the process was challenging.

[39] Iowa's (Round 3) administrative EN initially kept 5 percent of Ticket revenue and checked Ticket eligibility automatically through SSA. The state's EN also had a nonexclusive agreement with VR to transfer Tickets after the 90-day waiting period.

B.   Achieving Self-Sufficiency of TTW ENs

Initially, providing TTW and WIOA services within the same AJC was difficult, in part, because WDAs were not initially incentivized to implement TTW, and there was a difference in the level of case management needed for SSA beneficiaries relative to other WIOA participants. Beneficiaries required a longer period in which to counsel and prepare clients for employment. This process included Ticket assignment, initial assessment, career exploration, analysis of potential barriers to employment, receipt of Benefits Planning services, and information on the purpose and structure of SSA work incentives.

Financial incentives for implementing TTW were initially perceived as an obstacle to full implementation of the program. At the time, in the case of the state EN model, in which a state agency provides EN administrative services to a WDA, payments to AJCs for meeting milestones and outcomes were retained by a state's Departments of Labor. The state EN model offered an advantage that reduced the administrative burden on WDAs when processing Ticket revenue, but it also restricted WDAs from receiving Ticket revenue. In 2011, apart from Virginia and New York (Round 1), all Ticket revenue remained with the state's administrative EN. By 2012, DEI State Leads and DRCs recognized the need to distribute Ticket revenue to the WDAs as an incentive for implementing the program. By the end of Round 1, all state ENs had made arrangements for the distribution of a portion of their Ticket revenue to the treatment WDAs. By 2014, some state ENs distributed all of their Ticket revenue to treatment WDAs, while others took a "processing fee" of 1–5 percent to cover the administrative costs of operating the EN and transferring the remaining funds. By 2016, all Ticket revenue was provided back to the WDAs.

Incentivizing WDAs through TTW created a secondary source of revenue. Initially, the structure and culture of the AJCs; their historical reliance on WIA core, intensive, and training services; and limited experience with incentive-based employment programs made the implementation of TTW challenging. Several WDAs had begun to show marked improvement in TTW implementation and their understanding of the program, beneficiary recruitment activities, and revenue generation. When asked about the implementation of TTW in 2015, the final year of Round 3, Indiana stakeholders were optimistic: "*We're absolutely, positively thriving in one of our three treatment WDAs. We have a hefty program in operation with one WDA that became its own EN. They'll sustain their DRC with Ticket revenue.*" Among the Round 3 grantees that had yet to implement TTW in their second year of the grant, Iowa (Round 3), Louisiana (Round 3), and Massachusetts (Round 3) moved forward with the program successfully. Round 4 grantees made considerable progress in the recruitment of TTW beneficiaries due in part to their experiences in Round 1. For example, Alaska (Round 1), Illinois (Round 1), Maine (Round 1), New York (Round 1), and Virginia (Round 1) initiated TTW and Partnership Plus agreements and had experience coordinating support services such as Benefits Planning services.

Initially, there appeared to be reticence on the part of WDA staff to work with *all* Ticket holders due in large part to their lack of work readiness and the length of time it takes to generate milestone and outcome payments. In 2015, TTW's four Phase 1 milestones could be

achieved through part-time work (about 26.5 hours per week) at a minimum wage of $8.00 per hour.[40] The first milestone requires beneficiary gross earnings to be greater than or equal to $780 for one calendar month. To achieve this milestone, a newly reemployed beneficiary would need to work about 106 hours in 1 month or 26.5 hours per week to earn enough to generate a milestone payment. Milestones 2–4 are similarly structured. Milestone 2 requires about 318 hours of work in 3 months within a 6-month period; milestone 3 requires 637 hours in 6 months within a 12-month period; and milestone 4 requires 955 hours in 9 months within an 18-month period. At the time, all four milestones generated about $848 per month and for each milestone achieved, an EN received $1,377, for a total of $5,508.[41] Payments to ENs continue in phases 2 and 3 when beneficiaries work at the SGA (or full-time) level; SGA earning levels in 2015 were as follows: $1,090/month for Ticket holders with disabilities other than blindness and $1,820 for blind individuals.[42] Phase 2 EN maximum payments were $4,543 under SSI and $4,284 under SSDI. EN payments increase with "*outcome*" payments that total $14,868 and $14,280 for SSI and SSDI, respectively (Exhibit 13).

Exhibit 13: TTW Detailed Milestone Payment Structure (2015 Figures)[43]

	Performance Payment to EN	
	SSDI beneficiary	SSI beneficiary
PHASE 1		
Milestone 1: Beneficiary gross earnings greater than or equal to Trial Work Level ($780/mo in 2015) for 1 calendar month	$1,377	$1,377
Milestone 2: Beneficiary gross earnings greater than or equal to $780/mo for 3 months within 6 months	$1,377	$1,377
Milestone 3: Beneficiary gross earnings greater than or equal to $780/mo for 6 months within 12 months	$1,377	$1,377
Milestone 4: Beneficiary gross earnings greater than or equal to $780/mo for 9 months within 18 months	$1,377	$1,377
TOTAL Potential Phase 1 Payments	$5,508	$5,508
PHASE 2		
A beneficiary must earn at or above the applicable SGA level ($1,800 for Blind and $1,070 for non-Blind)	An EN can qualify for up to 11 months of payments at the rate of $413/month	An EN can qualify for up to 18 months of payments at the rate of $238/month
TOTAL Potential Phase 2 Payments	$4,543	$4,284
OUTCOME PAYMENTS		
Available when a beneficiary has earnings above SGA and the disability benefits cease due to work and earnings	An EN can qualify for up to 36 months of outcome payments at the rate of $407/month	An EN can qualify for up to 60 months of outcome payments at the rate of $234/month

[40] U.S. Department of Labor, Wage and Hour Division. (2015, February 24). *Minimum wage laws in the states - January 1, 2015*. Retrieved from http://www.dol.gov/whd/minwage/america.htm

[41] U.S. Social Security Administration, Ticket to Work. (n.d.). (2015, February 24). *The milestone/outcome payment system*. Retrieved from https://yourtickettowork.com/web/ttw/milestone/outcome-system

[42] U.S. Social Security Administration, Ticket to Work. (n.d.). (2015, February 24). *Outcome payments under the milestone-outcome payment system*. Retrieved from https://yourtickettowork.com/web/ttw/outcome-payments

[43] U.S. Social Security Administration, Ticket to Work. (n.d.). (2015, February 24). *The milestone/outcome payment system*. Retrieved from https://yourtickettowork.com/web/ttw/milestone/outcome-system

	Performance Payment to EN	
	SSDI beneficiary	SSI beneficiary
TOTAL Potential Outcome Payments	$14,868	$14,280
Total Potential Payout Once Ticket holder has satisfied all milestones and phases	**$24,919**	**$24,072**

C. Using TTW Revenues and Other Resources to Fund DRCs

Based on the success of DEI TTW activities, some Round 2 through Round 4 DRCs were retained through Ticket revenue. Round 2 showed greater numbers of Ticket assignments and milestone payments than Round 1, while Round 3 and Round 4 reported even higher revenues. They also implemented TTW with a more streamlined suitability determination process, and states shared information with one another about the challenges of creating their own EN. This was due in large part to NDI, which created numerous opportunities to share information and promising practices with grantees. As a result, some grantees began to sustain DRCs, many of whom became CWICs. They also developed extensive networks of providers, employers, and Ticket holders, which made them feel indispensable:

> *We felt that it was important to keep DRCs on staff due to their experience working with individuals with disabilities. Through TTW revenue, many DRC-CWICs were rehired, occasionally in a different capacity than a DRC, such as a WIOA counselor or Employment Specialist, but they still provided Benefits Planning, outreach, and TTW management activities.*

Alaska (Round 4) used funds from the state's Mental Health Trust Authority to sustain two DRCs, including one CWIC. Their DRC training program offered Employment Specialists the opportunity to enroll in the Alaska-certified DRC program and then return to their original positions with additional skills. Illinois (Round 4) sustained two DRCs through TTW revenue, while New York's (Round 4) vibrant TTW program was able to sustain most of its DRCs, all of whom were CWICs. After the grant period, DRCs were transferred to pilot or control sites if positions were available. In Maine (Round 4), where TTW was operated by a state-level TTW coordinator, Ticket processing and direct Ticket holder support continued after the grant period through existing DRCs, while Virginia (Round 1 and Round 4) recruited three DRCs to work in DEI control sites. Others found jobs in non-DEI WDAs by taking on a variety of responsibilities, including working with individuals who do not have disabilities.

Finally, Tennessee (Round 2) created its own EN. Tennessee reported that all participating WDAs kept their DRCs "*mostly*" through Ticket revenue. Washington (Round 2) sought to develop a partnership to provide follow-along services to Ticket customers whom AJCs placed in employment. According to one Washington DRC, "*Once the WDA realizes the profits from Tickets, that will help institutionalize the program. Staff is trained, comfortable, and confident working with JSWDs. Hopefully it will keep going.*" Wisconsin (Round 2) reported sustaining two DRCs through Ticket revenue, while South Dakota (Round 2-youth), which had not assigned any Tickets during the grant program, sustained one DRC.

D. Time Frame of the Grant

In 2015, the time frame of the DEI grant posed an obstacle in terms of sustaining DEI projects. The grant period for Round 1 through Round 3 was 36 months, including a 1-year implementation period, while Round 4 was 36 months with a 6-month implementation period. This time frame may have been too short to create a self-sustaining "*pipeline*" of Ticket holders and EN payments that could sustain the DRCs.

TTW payments to ENs are made on certain "milestones" that occur through the course of a successful job development, placement, and retention process. The four phase-1 TTW milestones combined can be achieved in as little as 19 months or as many as 36 months, yet all four milestone payments generate a total of just $5,508 for the EN.[44] Payments to ENs may continue in phase 2 if an SSDI beneficiary works 11 months at the SGA (full-time) level. Completion of phase 2 generates $4,543 for the EN. For an SSI beneficiary, the work requirement is 18 months at the SGA level, which generates $4,284 for the EN. At this point, an SSDI beneficiary would have had to work a minimum of 30 months (19 part-time plus 11 at the SGA level) for an EN to receive a phase 2 payment. An SSI beneficiary would have had to work at least 37 months (19 part-time plus 18 at the SGA level) to generate a phase 2 payment.

After phase 2 is completed, outcome payments are available to the EN if beneficiaries work at SGA for a sustained period of time. An SSDI beneficiary would have to work consistently at the SGA level for another 36 months to generate an outcome payment for the EN of $14,868, while an SSI beneficiary would have to work 60 months for a slightly lower payment to the EN of $14,280. The total number of months from Ticket assignment to the phase 2 EN outcome payment for SSDI ranges was ($19^{\text{Milestone}} + 11^{\text{Phase 2}} + 36^{\text{Outcome}}$) 66 months to ($36^{\text{Milestone}} + 11^{\text{Phase 2}} + 36^{\text{Outcome}}$) 83 months. For SSI beneficiaries, the phase 2 EN outcome payment time line ranged from ($19^{\text{Milestone}} + 18^{\text{Phase 2}} + 60^{\text{Outcome}}$) 97 months to ($36^{\text{Milestone}} + 18^{\text{Phase 2}} + 60^{\text{Outcome}}$) 114 months.

DRCs in several states were able to recruit Ticket holders and assign Tickets to their ENs, but the time between completion of milestones and EN payments was significant. In order for a WDA to be self-sufficient through TTW, it would need a steady flow of both incoming Ticket holders and Tickets holders nearing completion of their last milestone or outcome payment. To reach self-sufficiency, the program may need an initial funding source to create and maintain the technical staff needed to run the operation; according to several DEI stakeholders, getting to a self-sustaining level of Ticket revenue takes about 24–30 months unless the WDA has completed the EN application prior to award of the grant, in which case grantees may begin receiving TTW revenue in less than 24 months.

> *I didn't want a situation where I recruited a bunch of people and then had to leave them high and dry in the middle of the process with the grant ending soon. I didn't want to leave anybody in a hard spot or add to any negative consumer perceptions about TTW.*

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[44] U.S. Social Security Administration, Ticket to Work. (n.d.). *The milestone/outcome payment system*. Retrieved from https://yourtickettowork.com/web/ttw/milestone/outcome-system

While all Round 1 through Round 4 WDAs planned to continue TTW after the grant period, the amount of time needed to maintain the administrative components and provide intensive case management services, combined with the potential for long delays in receiving milestone and outcome payments, made it less likely that they would continue with the program after the grant period. In the final months of the grant period, 12 WDAs discontinued outreach to SSA beneficiaries because they would not be able to continue to provide Ticket services. While the DEI grant period may not have given all WDAs enough time to implement and operate TTW at sustainable levels, interviews with DEI stakeholders who had operated ENs for several years indicated that the workload decreases as the program matures, especially as the number of Ticket holders reaches a saturation point and the WDA gains a reputation for successfully placing beneficiaries in sustainable employment. The short time frame of the DEI grant and the multiple delays incurred by Round 1 through Round 3 led one DEI State Lead to advise that future grantees start the EN suitability determination process prior to applying for a DEI grant.

V. Customers Served by DEI Grantees

A. How Many Customers with Disabilities Were Served by DEI Grantees?

In this section, we examine how DEI customers were distributed across grantees and their patterns of enrollment in WIA/WIOA services over time. We present these results for the full set of DEI customers that we identified in the R1–R3 DEI pilot sites.[45]

1. Distribution of Customers across Rounds and Grantees

As shown previously in Section II, a total of 18,742 DEI adult customers and 1,272 DEI youth customers received services from the WDAs in which the R1–R3 grantees piloted DEI services. The number of DEI customers enrolled differed substantially across grantees and was concentrated in a small number of them:

- A substantial majority of DEI adult customers were enrolled by just one or two grantees within each Round (Exhibit 14): New York accounted for 97 percent of the DEI adult customers we identified for R1, California accounted for 64 percent of DEI adult customers for R2, and Florida and Iowa together accounted for 86 percent of the DEI adult customers for R3. Customers in these four states constituted 91 percent of all DEI adult customers that we identified for the analysis, with customers in New York comprising the majority (66%) of the sample. Data limitations prevented us from identifying customers in the Chicago area of Illinois and Indiana. Although inclusion of this populous area would have reduced the concentration of the sample in the four states noted, a handful of grantees would still likely have accounted for most of the DEI adult customers included in the analysis.

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[45] As with the findings for the impact analysis, we produced these descriptive results about the distribution of customers for R1–R3 grantees only. The data available for this report provide information about customers who enrolled in WIA/WIOA services up through the end of July 2016. Therefore, we could not produce complete counts of DEI customers served by R4 grantees, whose grant operations period extended into 2017.

- As with adult-focused grantees, the number of DEI youth customers enrolled differed markedly across states (Exhibit 15). The largest number were served by AJCs in New Jersey, which accounted for 73 percent of Round 1 youth customers and 42 percent of all DEI youth customers. The next largest was served by Minnesota, which accounted for 32 percent of all DEI youth customers.

These differences across grantees partly reflect population sizes and the number of workforce system participants.

Exhibit 14: Distribution of R1–R3 DEI Adult Customers by Grantee
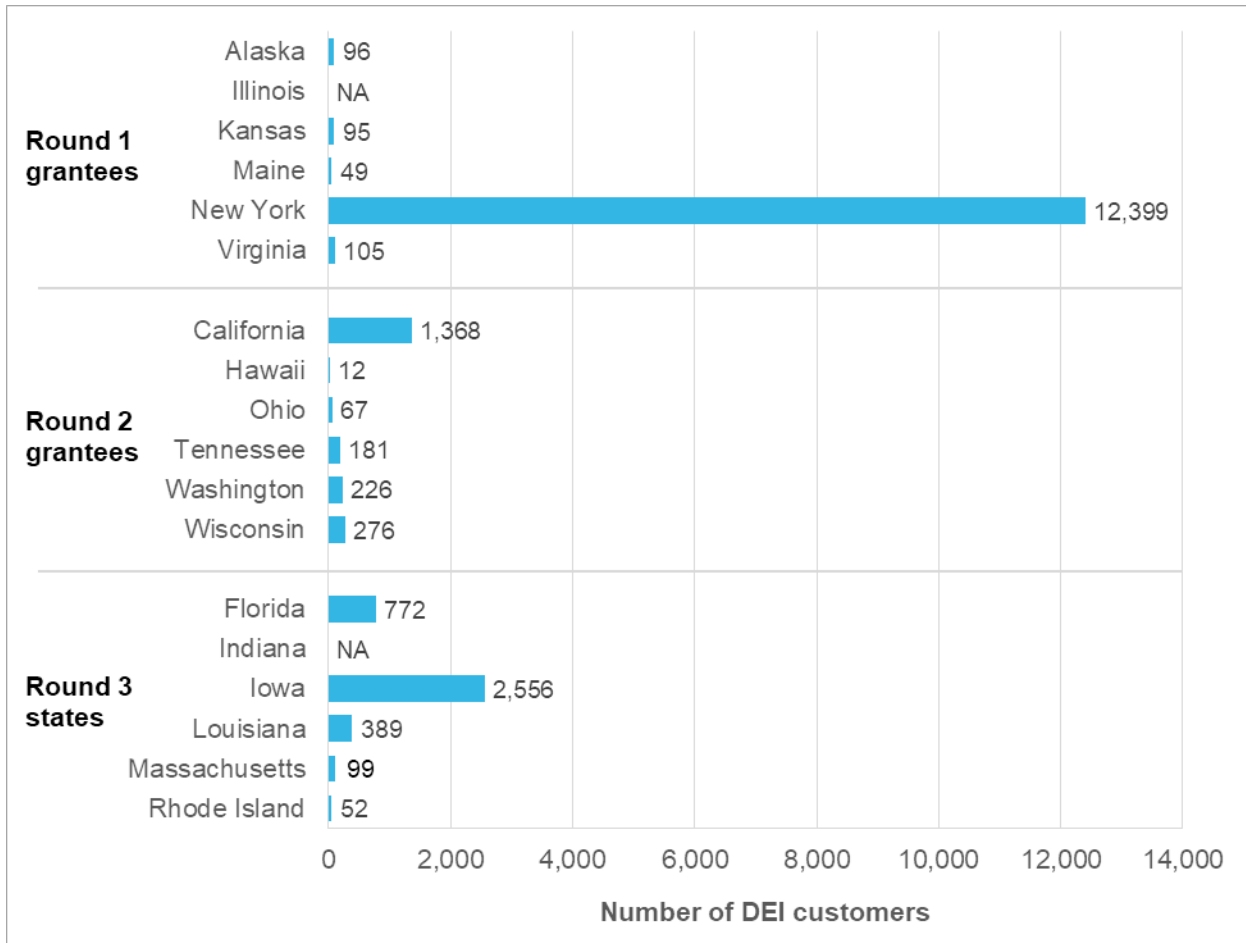
Source: DEI analysis file created from public-use WIASRD extracts.

Note: The graph displays unweighted counts. Information for Illinois is not reported because there were too few DEI adult customers in this state to meet the privacy requirements of the WIASRD public-use files. Information from Indiana is not reported because of substantial inconsistencies over time in the number of customers tracked in the WIASRD system (see Section B of Appendix 10). NA = not available.

Exhibit 15: Distribution of R1–R3 DEI Youth Customers by Grantee
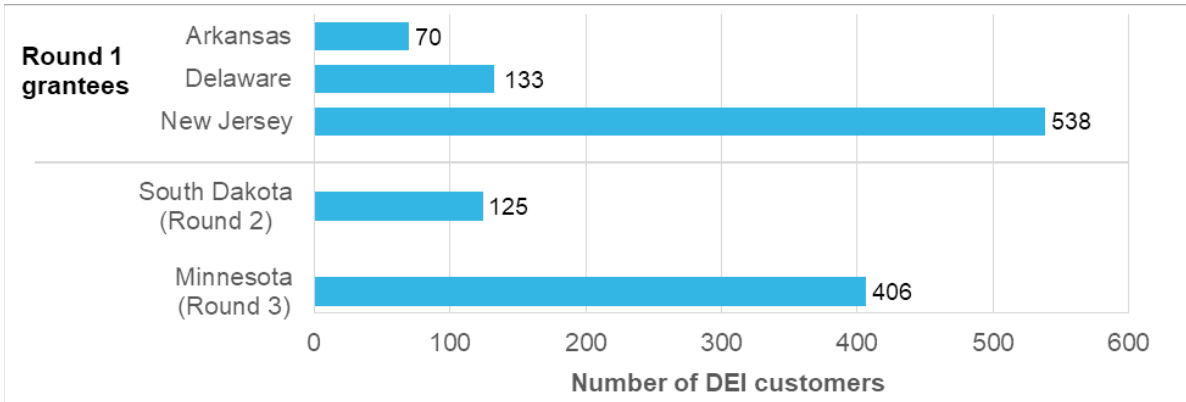
Source: DEI analysis file created from public-use WIASRD extracts.
Note: The graph displays unweighted counts.

The above findings suggest that simple summary statistics would be disproportionately determined by a small subset of the R1–R3 grantees. Hence, except where otherwise noted, we present summary statistics and other estimates based on weighted data that allow each grantee to contribute equally to the results (as discussed in Section II).

2. Entry Flow of Customers during the DEI Grant Operations Period

The number of DEI customers enrolling in states with an adult focus increased during the grant operations periods of those states. Exhibit 16 depicts the number of DEI adult customers who enrolled by quarter, with the operations periods of R1–R3 grants overlaid onto a common eight-quarter scale. Fewer than 2,200 customers enrolled in the first four quarters, on average. Average enrollment increased during the final four quarters to nearly 2,500. This pattern is consistent with the evidence presented elsewhere in this report that grantees faced initial challenges in launching some DEI activities but subsequently resolved them. Intake of DEI adult customers did not discernibly taper off in the last few quarters, suggesting the sites were able to sustain their increased provision of AJC services to JSWDs through the end of their grant operations periods.[46]

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[46] Although the distribution of total counts across entry quarters could largely be driven by the entry flow in New York (the grantee with the largest number of DEI adult customers), we also found a similar pattern among other grantees. For example, considering the entry flow of adult customers for R1–R3 grantees besides New York, we found average enrollments of 746 customers across the first four grant operations quarters and 840 customers across the final four quarters.

**Exhibit 16: Entry Flow of DEI Adult Customers by Grant
Operations Quarter (R1–R3)**
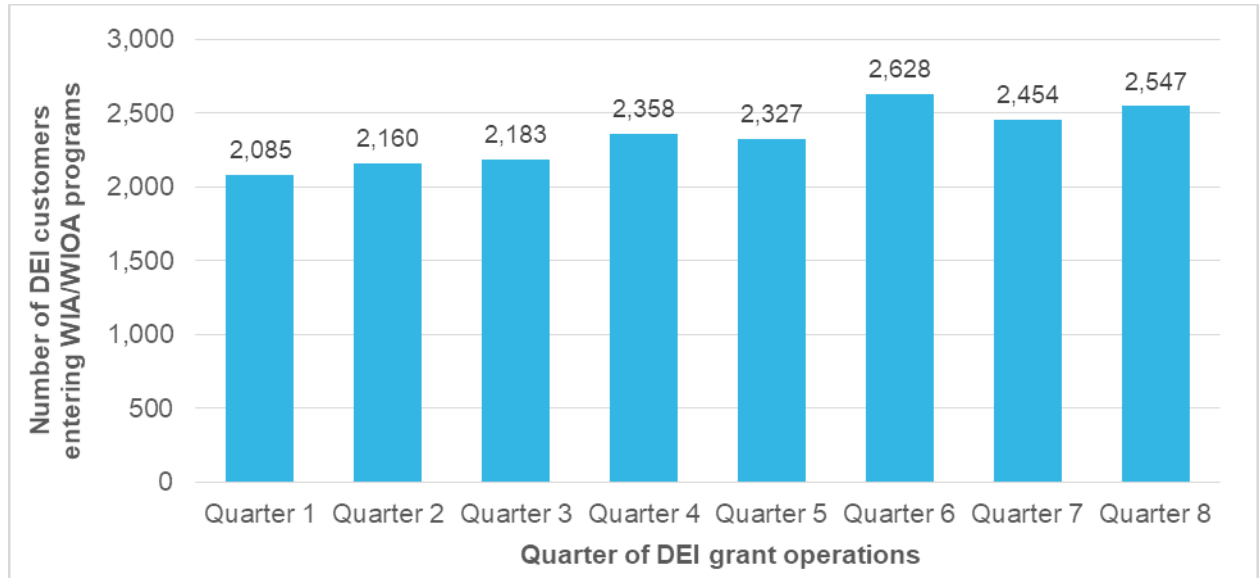
Source: DEI analysis file created from public-use WIASRD extracts.

Note: The graph displays unweighted counts. Data from each DEI Round are overlaid so that "quarter 1" represents the first quarter of each grantee's operations period regardless of the grant year in which operations began.

Enrollment of DEI customers in states with a youth focus was more variable over time than in states focusing on adults and exhibited a seasonal pattern that might have been related to the school year (Exhibit 17). The number of DEI youth customers enrolled during each grant operations quarter ranged from 76 in the sixth quarter to 251 in the seventh quarter, a more than three-fold difference. (In contrast, the number of DEI adult customers entering AJCs changed by less than 15 percent from quarter to quarter.) The largest numbers of DEI youth customers enrolled in the third and seventh quarters of grant operations, which for all sites correspond to the summer months (July through September). The smallest numbers enrolled in the second and sixth quarters, which correspond to the winter months (January through March). This pattern accords with our understanding of how intake into youth training and employment programs fluctuates in relation to the school calendar, although it may also be attributable to other seasonal factors.

**Exhibit 17: Entry Flow of DEI Youth Customers by Grant
Operations Quarter (R1–R3)**
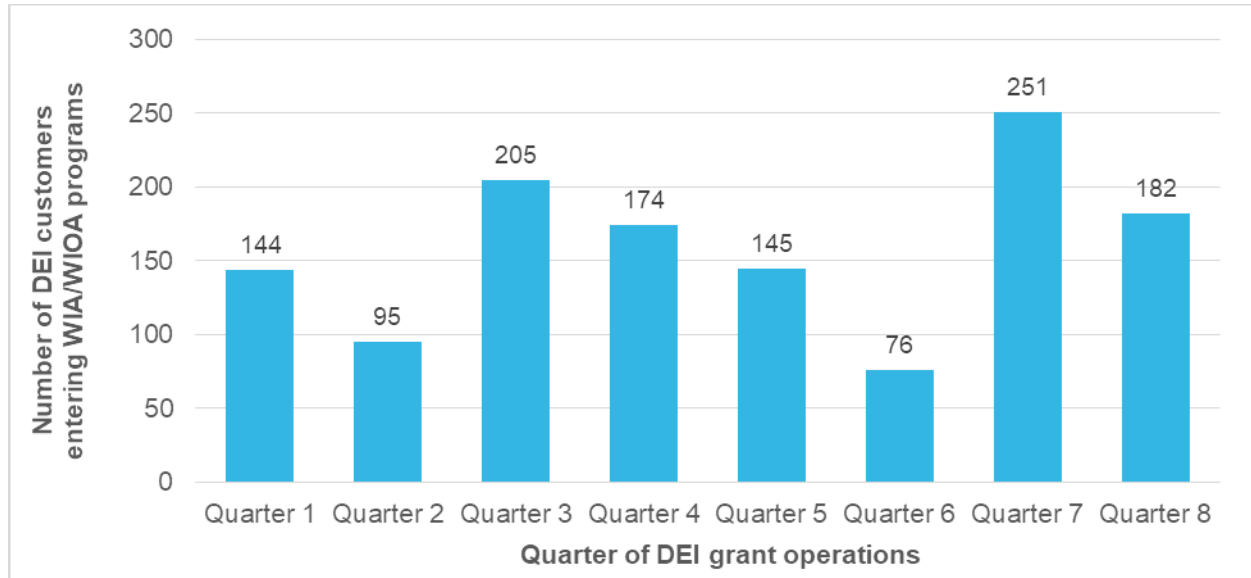
Source: DEI analysis file created from public-use WIASRD extracts.

Note: The graph displays unweighted counts. Data from each DEI Round are overlaid so that "quarter 1"
             represents the first quarter of each grantee's operations period regardless of the grant year in which
             operations began.

B. Did DEI Grants Affect the Number and Types of Customers with Disabilities Served?

In this section, we assess whether the DEI led to differences in the number or composition of
JSWDs served in RCT treatment sites compared with RCT control sites. To assess
compositional changes, we examined the timing of enrollment, demographics, and baseline
characteristics of these customers measured when they initially enrolled at an AJC. If the DEI
led to systematic differences in the types of JSWDs served in treatment and control sites, this
could alter the interpretation of differences in the outcomes of the two groups of customers.

1. Impacts on the Number of Customers Served

Some features of the DEI program could have increased the number of JSWDs served in the
sites where the initiative was piloted. For example, as illustrated in the logic model presented
in Section II, the DEI could have fostered greater outreach to JSWDs and strengthened
partnerships with agencies that serve people with disabilities. In addition, the DEI might have
encouraged greater self-disclosure of disabilities among AJC customers.

However, we found no evidence that the DEI led to systematic increases in the number of
JSWDs served. We analyzed the number of JSWDs served per WDA during the R1–R3 grant
operations period using the RCT analysis sample described in Section II. Based on the RCT
design, differences between treatment and control WDAs in this measure would reflect impacts
of the DEI, but our analysis indicated that such differences were statistically insignificant for
both R1–R3 grantees with an adult focus and those with a youth focus (Exhibit 18). We also

examined impacts by Round and using an alternative way to weight grantees (scaling them in proportion to the number of JSWDs served rather than equally); all estimated differences between treatment and control WDAs were statistically insignificant (Appendix Exhibit 9-1).

Exhibit 18: Estimated Impacts of the DEI on the Number of JSWDs Served (R1–R3)
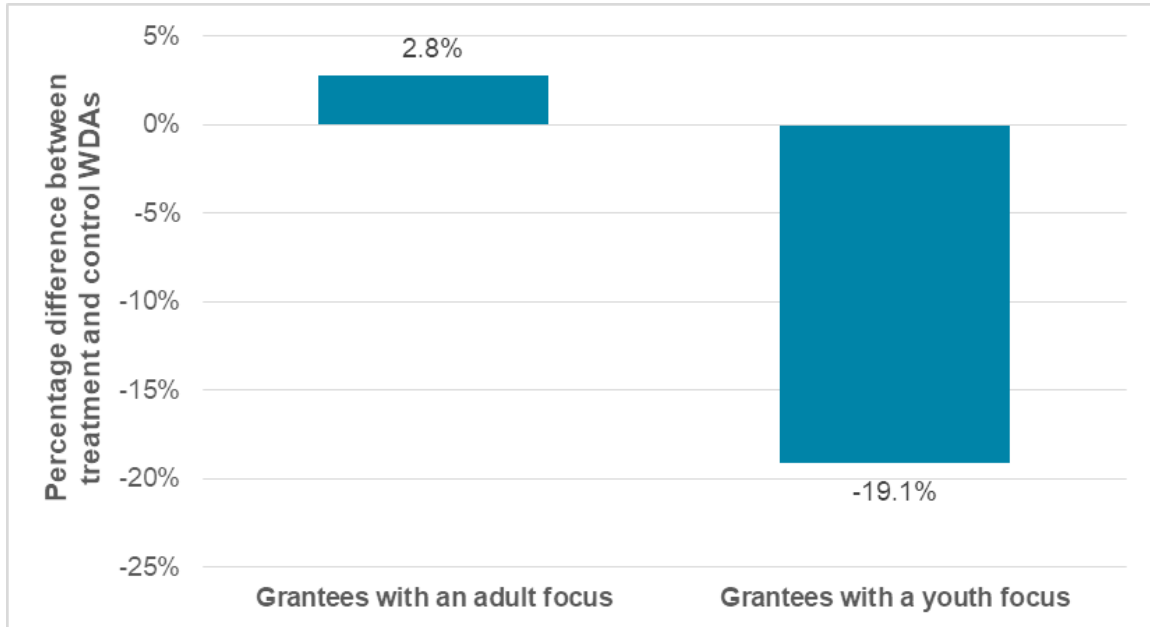
Source: DEI analysis file created from public-use WIASRD extracts.

Note: Estimated percentage differences are based on all JSWDs who (1) enrolled in treatment and control WDAs during the R1–R3 DEI operations period, and (2) either were DEI customers or would have the criteria to be classified as DEI customers had they enrolled in a treatment site. Both estimates shown are statistically insignificant. See Appendix Exhibit 9-1 for additional information and estimates by Round.

2. Impacts on the Characteristics of Customers Enrolling after Random Assignment

Key findings from the evaluation are based on comparing outcomes between the treatment and control groups, so it is important to understand the extent to which these two groups differed from one another prior to receiving WIA/WIOA services. As discussed previously, this evaluation focuses on customers who entered *after* the grant operations period began—and the DEI may have led AJCs in pilot WDAs to serve different types of JSWDs than those they otherwise would have served. We assess this by comparing the characteristics of the RCT treatment and control groups at program enrollment.

Baseline characteristics of adults. Among all grantees with an adult focus, we found differences between the treatment and control groups in their timing of enrollment, but the two groups were otherwise generally similar (Exhibit 19). Compared with the control group, larger shares of the treatment group enrolled early and late in the R1–R3 grant operations period covered by this analysis. However, we found no statistically significant differences between the groups in program participation, demographics, education, English proficiency, past military service, receipt of unemployment compensation, or a measure of low income

maintained for the purposes of WIA/WIOA reporting. Although there might have been differences in unmeasured factors between the treatment and control groups, these findings suggest that the DEI did not lead to systematic changes in the extent to which treatment sites engaged with specific types of adult JSWDs.

Exhibit 19: Baseline Characteristics of Adults in the DEI Treatment and Control Groups (R1–R3)

	Mean for DEI treatment group	Mean for control group	Difference in group means (treatment minus control)	
			Estimate	p value
Period of enrollment				
October 2011–September 2012	17.8	12.2	5.6**	0.022
October 2012–September 2013	50.4	54.2	-3.8	0.259
October 2013–September 2014	27.6	32.0	-4.4***	0.005
October 2014–December 2014	4.2	1.6	2.6**	0.018
Enrolled in WIA Adult Program	65.2	70.4	-5.2	0.340
Enrolled in WIA Dislocated Worker Program	38.7	30.9	7.7	0.204
Age (years)				
24 and younger	7.3	10.1	-2.8	0.103
25 to 34	22.2	23.5	-1.3	0.737
35 to 44	23.7	24.2	-0.5	0.833
45 to 54	23.9	23.0	0.9	0.817
55 and older	22.9	19.1	3.7	0.151
Female	42.8	41.2	1.6	0.733
Race/ethnicity				
Hispanic	10.1	5.8	4.3	0.147
Non-Hispanic, black	21.9	17.2	4.7	0.158
Non-Hispanic, white	55.3	61.6	-6.2	0.105
Non-Hispanic, other race	6.8	8.9	-2.1	0.273
Non-Hispanic, race not reported	5.8	6.5	-0.7	0.783
Educational attainment				
Less than high school	8.1	9.6	-1.5	0.268
High school or equivalent	44.8	40.3	4.5	0.408
Postsecondary education	31.1	34.3	-3.2	0.582
Bachelor's degree or beyond	16.0	15.9	0.2	0.956
Limited English proficiency	1.5	0.7	0.9	0.225
Veteran	19.5	23.3	-3.8	0.294
Employed	9.3	11.6	-2.3	0.259
Unemployment compensation recipient	37.1	32.8	4.3	0.310
Low income	58.9	58.0	0.9	0.835
Number of customers	8,828	8,266		
Number of WDAs	58	52		

Source: DEI analysis file created from public-use WIASRD extracts.

Note: Exhibit entries for means are percentages, and entries for differences are percentage points; both types of entries have been rounded for the purposes of presentation. All of the characteristics reported in the table were measured at the time customers enrolled in a WIA/WIOA program, and missing values were imputed. All summary statistics and estimates are based on the RCT sample after applying post-stratification weights that were scaled so that each grantee contributed equally to the analysis. The reported *p*-values are based on a model that includes stratum fixed effects and accounts for the clustered random assignment design. See Appendix 10 for more information.

* / ** / *** denotes an estimated difference that is significantly different from zero at the .10 / .05 / .01 level.

Although we found no statistically significant differences in characteristics between the treatment and control groups when we pooled the Rounds, we found some evidence of differences in baseline characteristics when we analyzed each Round separately. Some of these might translate into meaningful differences in adult outcomes. For example, as shown in Appendix Exhibits 9-2, 9-3, and 9-4, compared with the corresponding control group:

- A larger share of the R1 treatment group was age 55 or older (21% versus 15%).
- A larger share of the R2 treatment group was between the ages of 45 and 54 (29% versus 19%), and a smaller share was employed at the time of AJC enrollment (6% versus 13%).
- Larger shares of the R3 treatment group participated in the Dislocated Worker Program (39% versus 21%), were women (56% versus 43%), and were receiving unemployment compensation (40% versus 21%). Smaller shares of the R3 treatment group identified as non-Hispanic and White (50% versus 58%) and had previously served in the military (13% versus 29%).

The imbalances we observed for R3 in particular might have implications for interpreting the results of the impact analysis. Some of these differences are likely the product of chance, given that we are comparing multiple characteristics across multiple Rounds, and we accounted for these differences in the impact analysis. Nonetheless, the extent of the differences we found suggests interpreting differences in outcomes between customers in the treatment and control groups from R3 with a measure of caution.

Baseline characteristics of youth. Among all R1–R3 grantees with a youth focus, we found statistically significant differences between the treatment and control groups in the share who were age 15 or younger and in the share who were employed at enrollment (Exhibit 20). We also found a statistically significant difference in the share who were non-Hispanic and identified as a single race other than Black or White. The difference in the employment rates at enrollment is particularly striking—less than 4 percent of the treatment group was working compared with almost 20 percent of the control group. We also found other statistically insignificant differences that, nonetheless, indicate sizeable differences between the specific youth in the treatment and control groups when considering age, high school completion rates, and school attendance. Although this could both be the product of chance and the result of DEI outreach and engagement activities, a larger fraction of the treatment group appears to have been still in the process of finishing high school at the time of AJC enrollment. For example, 89 percent of youth in the treatment group and 53 percent of those in the control group were attending school at the time of enrollment. Additionally, 4 percent of the treatment group and 28 percent the control group were high school graduates at the time of enrollment.

We found a generally similar pattern of results when comparing the R1 treatment and control groups of youth (Appendix Exhibit 9-6). For R3 youth, employment rates did not differ discernably between the treatment and control groups, and the age distribution was similar between the two groups, but high school dropouts were more common among the youth served in treatment sites than in control sites in that Round. In addition, although differences between the groups in race and ethnicity were not statistically significant for R3 youth, a substantially smaller share of the specific youth in the treatment group identified as non-Hispanic and Black than those in the control group (53% as compared to 82%).

Exhibit 20: Baseline Characteristics of Youth in the DEI Treatment and Control Groups (R1–R3)

	Mean for DEI treatment group	Mean for control group	Difference in group means (treatment minus control)	
			Estimate	p value
Period of enrollment				
October 2011–September 2012	30.8	31.6	-0.8	0.932
October 2012–September 2013	35.9	35.1	0.8	0.932
October 2013–September 2014	24.7	31.7	-7.0	0.140
October 2014–December 2014	8.7	1.6	7.0	0.140
Age (years)				
15 and younger	16.5	4.5	11.9*	0.055
16 to 17	54.0	47.2	6.8	0.334
18	17.6	23.0	-5.4	0.384
19 and older	11.9	25.2	-13.4	0.198
Female	35.1	38.2	-3.1	0.573
Race/ethnicity				
Hispanic	12.8	8.3	4.5	0.534
Non-Hispanic, black	22.0	12.2	9.8	0.432
Non-Hispanic, white	48.4	61.8	-13.4	0.347
Non-Hispanic, other race	6.9	3.9	3.0***	0.010
Non-Hispanic, race not reported	10.0	13.9	-3.9	0.858
Completed high school	5.9	22.7	-16.8	0.335
High school dropout	7.4	13.2	-5.8	0.400
Attending school	88.6	65.6	23.0	0.209
Limited English proficiency	3.5	1.4	2.2	0.377
Employed	3.9	19.9	-15.9**	0.038
Number of customers	884	359		
Number of local areas	11	10		

Source: DEI analysis file created from public-use WIASRD extracts.

Note: Exhibit entries for means are percentages, and entries for differences are percentage points; both types of entries have been rounded for the purposes of presentation. All of the characteristics reported in the table were measured at the time customers enrolled in a WIA/WIOA program, and missing values were imputed. All summary statistics and estimates are based on the RCT sample after applying post-stratification weights that were scaled so that each grantee contributed equally to the analysis. The reported p-values are based on a model that includes stratum fixed effects and accounts for the clustered random assignment design. See Appendix 10 for more information.

* / ** / *** denotes an estimated difference that is significantly different from zero at the .10 / .05 / .01 level.

VI. Impacts of the DEI on Customer Outcomes

A. How Did DEI Grants Affect the Employment Services Received by JSWDs?

In this section, we examine the extent to which the DEI produced changes in which JSWDs engaged with WIA/WIOA services once they enrolled in an AJC. For both adults and youth, we consider the length of time they participated in WIA/WIOA services. For adults, we also assess receipt of intensive services, job training, and supportive services.

Our findings indicate that the DEI did not affect the duration of service receipt for adults, but it might have resulted in youth receiving services for a longer period of time.

- As shown in Exhibit 21, considering JSWDs served by R1–R3 grantees with an adult focus, approximately 94 percent of both the treatment and control groups had exited by June 2016. Among all R1–R3 adults who exited, the number of days from enrollment to exit did not differ meaningfully between the treatment and control groups (Appendix Exhibit 9-7). Considering R3 adults who exited, our estimates indicate that the treatment group had a shorter participation duration than the control group. However, this might partly be related to the imbalances we found in Section V. It could also be the product of chance given the number of impact estimates we produced and how few of the individual results were statistically significant.

- The findings for JSWDs served by R1–R3 grantees with a youth focus show that just over 90 percent of the treatment group had exited by June 2016 compared with almost 99 percent of the control group (Exhibit 21). Although this might partly reflect chance differences, as noted above, the finding is bolstered by our analysis of time to exit. This analysis suggests that R1 youth in the treatment group who exited might have received services for twice as long as those in the control group (Appendix Exhibit 9-8).

The impact analysis findings do not indicate that the DEI led to systematic changes in the extent to which adult JSWDs received intensive services, job training, or supportive services (Appendix Exhibit 9-7). The overall impact estimates across R1–R3 grantees were statistically insignificant for each of these measures, as were more Round-specific impact estimates. We did find that the training rate was significantly higher in the R1 treatment group than in the R1 control group, but found the opposite pattern (lower training rates in the treatment group than in the control group) for R2 grantees. The different patterns might be related to differences in practices or populations served across the two Rounds; it could also reflect chance variation given the large number of Round-specific estimates produced for the analysis.

Exhibit 21: JSWDs No Longer Receiving Services as of the End of June 2016 (R1–R3)
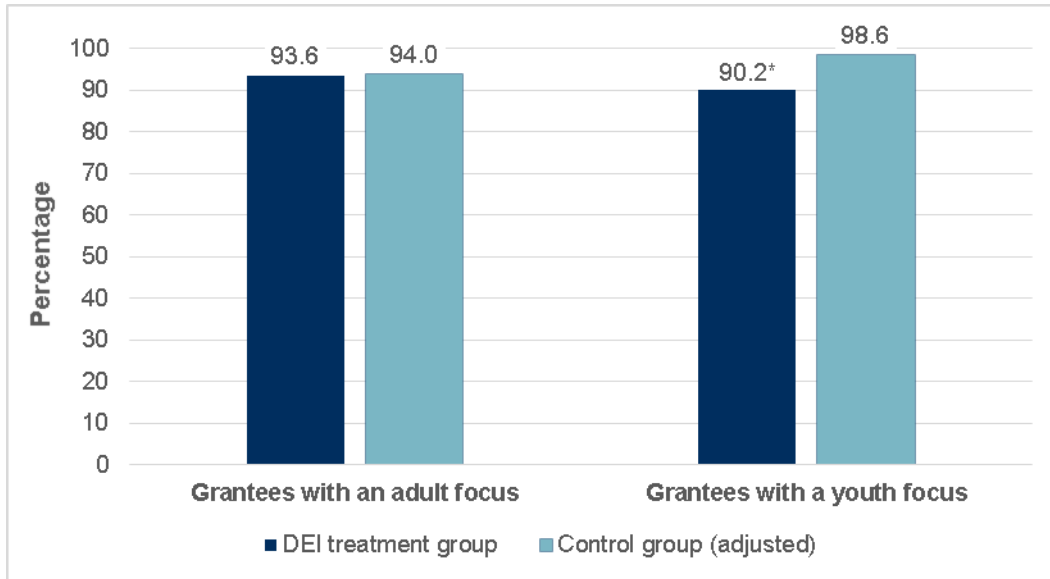
Source: DEI analysis file created from public-use WIASRD extracts.

Note: Percentages in the figure are for the RCT treatment and control groups defined in Section II and are based on program exits measured up through June 2016. Adjusted percentages for the control group were calculated as the corresponding actual DEI treatment group percentage minus the estimated impact reported in Appendix Exhibits 9-7 and 9-8.

* / ** / *** denotes an estimated difference between the treatment and control groups that is statistically significant at the .10 / .05 / .01 level.

B. How Did DEI Grants Affect the Work-Related Outcomes of JSWDs?

In this section, we consider how the DEI affected the extent to which JSWDs exited services and achieved positive work and (for youth) educational outcomes during the one to three quarters after exit. These are placement outcomes that can provide an understanding of how JSWDs fared shortly after they stopped receiving WIA/WIOA services. However, they do not reflect the extent to which the DEI affected work or school attendance while participants were receiving WIA/WIOA services, and they do not represent the long-term impacts of the DEI.

Adult placement outcomes. The impact analysis does not provide any evidence that the DEI led to changes in placement outcomes among customers served by R1–R3 grantees with an adult focus. As shown in Exhibit 22, virtually identical shares of the treatment and control groups exited during the follow-up period and were employed during the subsequent calendar quarter. We found no impacts on the rate of such exits to employment overall or for each Round of grantees analyzed separately. Further, we did not find any significant impacts for: (1) the share of JSWDs who exited, became employed, and retained employment through the third quarter after exit; or (2) the average amount earned by those who were employed in all three post-exit quarters (Appendix Exhibit 9-9).

Exhibit 22: Adult JSWDs Who Exited to Employment by June 2016 (R1–R3)
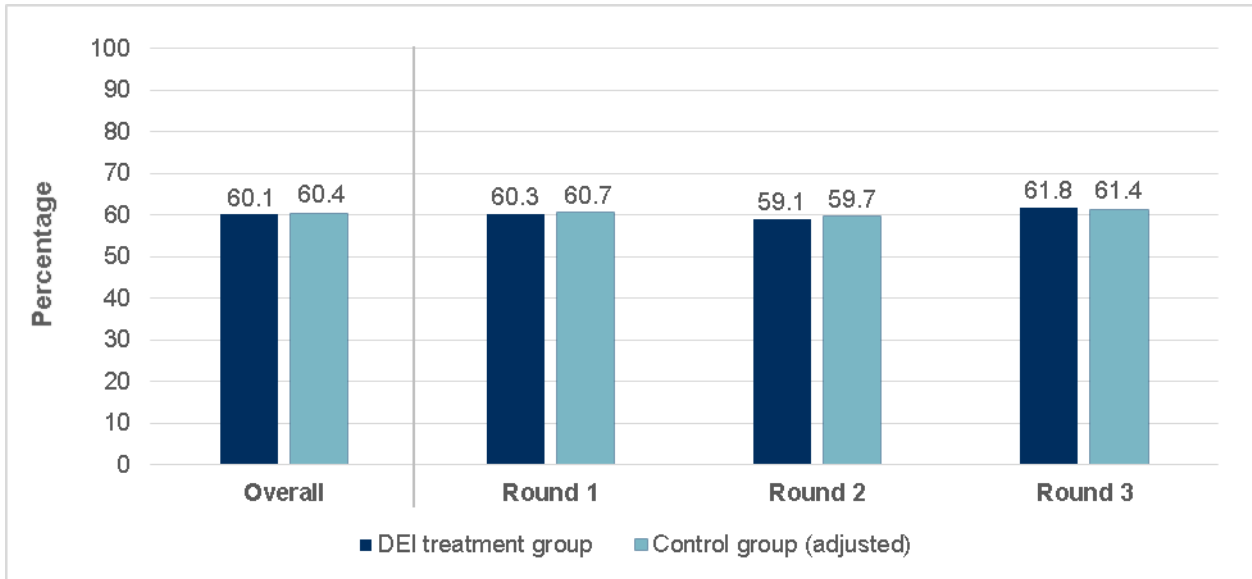
Source: DEI analysis file created from public-use WIASRD extracts.

Note: The graph presents information for JSWDs in the RCT treatment and control groups, as defined in Section II, for grantees with an adult focus. Each percentage indicates the share of people who exited from WIA/WIOA services by June 2016 and were employed during the following calendar quarter. Adjusted percentages for the control group were calculated as the corresponding actual DEI treatment group percentage minus the estimated impact reported in Appendix Exhibit 9-9.

* / ** / *** denotes an estimated difference between the treatment and control groups that is statistically significant at the .10 / .05 / .01 level.

An additional sensitivity analysis indicated that our overall results for exits to employment—the study's primary placement outcome for adults—would have been similar under alternative statistical modeling options than what we selected for the impact analysis (Appendix Exhibit 9-10). For each of those alternatives we found that the rate of exits to employment was similar between the treatment and control groups and the impact estimates were statistically insignificant.

We also examined the extent to which the DEI might have been effective for specific types of JSWDs, but found no evidence of impacts on the rate of exits to employment for any of the subgroups we examined (Appendix Exhibit 9-11). We estimated impacts for subgroups of adult JSWDs defined according to the following baseline characteristics: age (44 and younger versus 45 and older), college attendance, receipt of unemployment compensation, and having a low income based on the indicator used for WIA/WIOA reporting. The estimated impacts were insignificant for almost every subgroup. The one exception was that we found a negative impact estimate for unemployment compensation recipients, but this could simply reflect chance variation.[47]

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[47] Our analysis indicates that there is a slightly less than 1 in 10 percent probability that such a large effect could arise for a single subgroup if there were truly no effect of the program. However, this analysis does not account for the fact that we estimated eight different impacts (one for each subgroup).

Taken together, these findings suggest that R1–R3 DEI funding likely did not have any substantial effects on adult JSWDs' placement outcomes. We cannot firmly rule out such effects because of the potential for the DEI to have affected the composition of the JSWDs served in treatment sites relative to the control sites. For example, the DEI could produce positive (or negative) impacts for JSWDs that would have been served even if grantees had not received funding, but such an effect would be masked if the DEI also led treatment sites to serve more JSWDs facing stronger (or weaker) labor market barriers. However, there is little evidence to support such scenarios. The baseline equivalence tests reported in Section V did not indicate systematic differences between customers served by treatment and control WDAs. One possible exception was for R3 grantees, but placement outcomes for the two groups in that Round are similar, both to one another and to what we observed for the other Rounds. Hence, the most plausible interpretation of our results is that the DEI activities implemented by grantees with an adult focus did not produce meaningful short-term improvements in JSWDs' work outcomes.

Youth placement outcomes. Results from the impact analysis indicate that youth in the DEI treatment group had worse placement outcomes than youth in the control group (Exhibit 23). Across all R1–R3 grantees with a youth focus, 60 percent of the treatment group exited during the follow-up period and were either employed or enrolled in school during the subsequent calendar quarter. The comparable number for the control group was almost 78 percent—a difference of 18 percentage points. We observed an even larger gap (25 percentage points) between youth in the treatment and control groups for R3 when we analyzed the Rounds separately.

We also examined the subset of youth who were high school dropouts or attending school when they enrolled in WIA/WIOA services to assess the share who exited within the follow-up period and attained a degree or certificate during the following three quarters. We found that the treatment group also fared significantly worse than the control group according to this measure; the gap was almost 19 percentage points (Appendix Exhibit 9-12).

An additional sensitivity analysis indicated that our overall results for exits to employment or education—the study's primary placement outcome for youth—would have been similar if we had used alternative statistical modeling options (Appendix Exhibit 9-13). Implementing each of those alternative options, we found rates of exits to employment or education that were 17 to 21 percentage points lower in the treatment group than in the control group, and these estimated differences between groups were all statistically significant.

**Exhibit 23: Youth JSWDs Who Exited to Employment or Education
by June 2016 (R1–R3)**
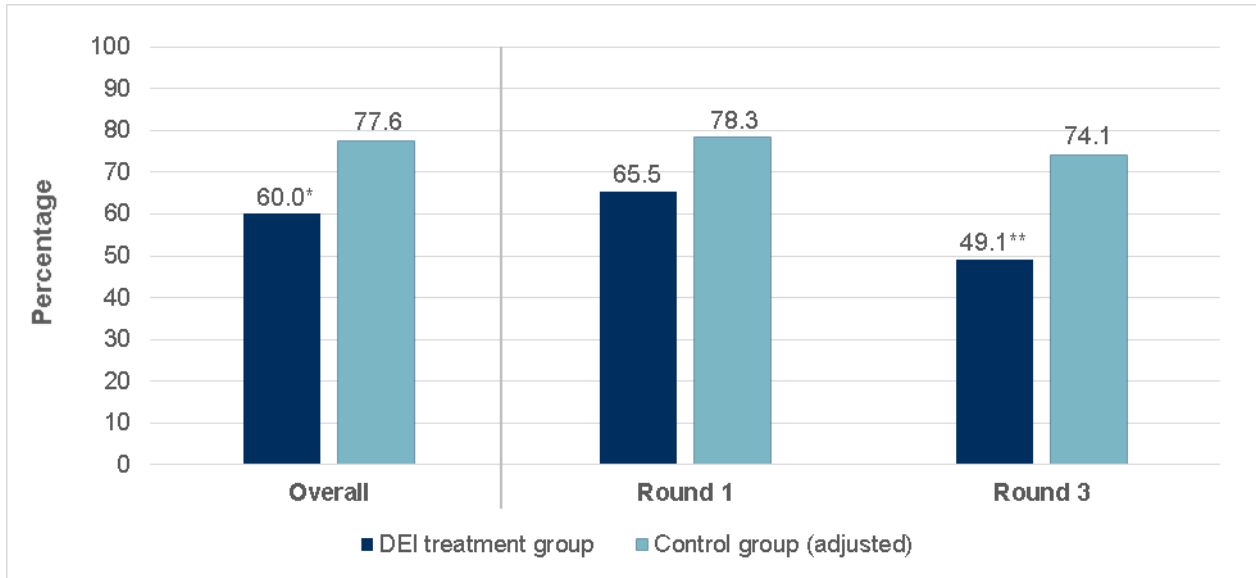
Source: DEI analysis file created from public-use WIASRD extracts.

Note: The graph presents information for JSWDs in the RCT treatment and control groups, as defined in Section II, for grantees with an adult focus. Each percentage indicates the share of people who exited from WIA/WIOA services by June 2016 and were employed or enrolled in school during the following calendar quarter. Adjusted percentages for the control group were calculated as the corresponding actual DEI treatment group percentage minus the estimated impact reported in Appendix Exhibit 9-12.

* / ** / *** denotes an estimated difference between the treatment and control groups that is statistically significant at the .10 / .05 / .01 level.

We also examined the extent to which impacts on youth exits to employment or education differed by age (Appendix Exhibit 9-14). We found that the rate of exit to employment/education was significantly lower in the treatment group than in the control group for youth ages 17 and younger but did not differ significantly for youth ages 18 and older. However, the relatively smaller sample sizes for the latter group might limit the precision of our estimate, and we cannot rule out the possibility that the treatment-control gap was the same for those 18 and older as it was for those 17 and younger.

The extent to which these findings reflect negative impacts of the DEI for R1–R3 grantees versus other factors that differed between youth in the treatment and control groups is unclear. Most notably, based on the results of the previous section, the share of youth who exited within the follow-up window—a precondition for exiting to employment or education—was 8 percentage points smaller for the treatment group than for the control group. Over a longer follow-up period, more treatment group members would stop receiving services and some share of these additional exiters would likely become employed or be attending school. In addition, the results for the baseline characteristics reported in Section V indicate that the rate of employment at the time of AJC enrollment was 16 percentage points smaller for the treatment group than for the control group. Although our analysis included an adjustment for this initial difference, there was no way to account for other work-related factors that might have differed between the two groups and contributed to the observed impacts.

APPENDIX 1
Variation in DEI Grant-Funded Positions

In order to describe the variation in the way DEI State Leads and DRCs function, we created descriptive titles and assigned roles and responsibilities for DRCs:

DRC Variations

1. Supervisory DRC: An experienced DRC that provides T/TA to less experienced DRCs and Employment Specialists. This role includes expertise in the implementation of DEI grant requirements, case management and systems change;

2. Case Management DRC: Provides primarily case management services to JSWDs.

DRCs and employment specialists receive training on a variety of topics from case management services, TTW implementation, systems change and benefits planning, to the implementation of SDSs, employer outreach, and partnerships and collaborations. Three Round 1 states (AK R1, DE R1, and ME R1) and five Round 2 states (California R2, Tennessee R 2, Hawaii R2, South Dakota R2 and Ohio R2), engaged in partnerships and collaborations, training for Employment Specialists on disability etiquette, including Section 188, training for VR staff, including Tribal VR programs, and Partnership Plus agreements. Other grantees (IL R1, NY R1, VA R1, CA R2, FL 3, IN R3, IA R3, LA R3, MN R3, RI R3 and VA R4) upgraded the DRC position to more of a Supervisory-DRC role that functions as a WDA-level leader that provides T/TA to less experienced DRCs and Employment Specialists.

One DEI State Lead-DRC described her role as "*facilitating training and employment with JSWDs, working with community organizations, leveraging funds. . . . I make sure we market the program, basically being involved in the lives of JSWDs to get them employment and training, and also employment with self-sufficient wages.*"

California (Round 2) includes both a DEI State Lead Supervisory-DRC, and DRCs that conduct site visits to local areas, arrange T/TA for quarterly DEI planning meetings, and meet regularly with other DEI stakeholders to discuss state-level and WDA strategy as it relates to statewide programming, TTW- *Keys to Success*, Partnership Plus, Sequential Services,[48] Employment Network Agreements, Peer Mentoring and enrollment in Career Pathway. Rhode Island's (Round 3) DEI State Lead-DRC functions as the statewide coordinator for the project, oversees five DEI-funded Customer Services Representatives and two Business Services Specialists. As the DEI State Lead-DRC, he develops MOUs that formalize partnership arrangements across agencies and coordinates T/TA and TTW activities across the state. He also is responsible for completing the state's EN application, designing and providing training on a range of issues including self-disclosure, identification of JSWDs, ticket assignment issues and AJC customer flow protocols. This DEI State Lead-DRC also provides trainings for AJC staff on disability etiquette and techniques for presenting information to community partners related to employment, job retention, job coaching and support services. In regular monthly meetings with Customer Services Representatives and Business Services Specialists, the DEI State Lead-DRC also coordinates staff caseloads, prepares JSWD progress reports and Individual Work Plans for newly enrolled individuals.

In Idaho (Round 4), the DEI State Lead works in combination with DRCs to support employment for individuals with disabilities. We refer to this arrangement as a Supervisory DEI State-Lead because the DEI State Lead is a member of several committees, including the Idaho Interagency Council and the Employment First Consortium. Through these and other partnerships, he oversees all local DRCs and coordinates their roles and responsibilities.

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[48] Service delivery combines services sequentially (e.g., counseling, case management, work-based learning, training and employment). It may also include individualized support services such as subsidized housing, food, transportation, child care and clothing. https://abilitiesservices.org/what-is-a-disbility/ retrieved on January 9, 2019. Other services include housing subsidies based on income and Housing and Community Renewal payment requirements. http://www.nyshcr.org/ retrieved on January 9, 2019.

During the DPN initiative, "*DPNs were more alone in what they were doing. But with DEI it's been really helpful to work as a group as our plan was to develop events and conferences for individuals with disabilities.*"

Due to the variability in the size and population density of participating WDAs, some treatment sites hired two or more DRCs, as well as a Disability Resource Specialist (DRS). For example, Tennessee (Round 2) funded a DRS as an assistant to the DRCs performing many of the same functions, with an emphasis on administrative activities related to TTW. In WDAs where there were two DRCs and a DRS, the division of labor ranged from sharing all DEI-related activities, to dividing-up responsibilities for specific DEI tasks. In some instances, one DRC focused on TTW, while the other was responsible for DEI activities and service delivery implementation. DRSs also worked with JSWDs to develop or update participant résumés, communicate with employers, arrange training opportunities, and develop partnerships and collaborations.

In California (Round 2), the State Supervisory-DRC provides and/or arranges T/TA for quarterly DEI committee meetings and meets regularly with DRCs and other DEI stakeholders. At the beginning of the grant, the State Supervisory DRC conducted site visits to local areas, which helped AJC staff become more knowledgeable about the DEI and its strategies. This State Supervisory-DRC emphasized that "*the local areas know what is best for them so my intent is not to tell them how to implement the grant, but to support them and help them examine what is and is not working for their local area.*" DEI state-level staff in California (Round 2) spoke about the variation in DRC responsibilities: "*No matter what the specific role of the DRC is, the DEI team has worked to ensure that all AJC staff receives training related to JSWDs.*" This allows JSWDs to be "*served by anyone in the AJC, rather than waiting to work with one designated person. Our role is to train and educate.*"

The DRC in South Dakota (Round 2-youth), works not only with JSWDs, but also with teachers, students and families throughout the local public school system. He attends IEP and ILP meetings and provides T/TA to special education teachers regarding access to WIOA services. He is also involved in career development forums for 18–24-year-olds, development of educational and work related resources such as teacher toolkits, online resources for service providers and disseminating information about DEI services and employment opportunities. South Dakota's career development forums cover a range of topics including self-advocacy, development of employment goals and career plans, managing employer expectations and disability disclosure in the workplace. A teacher toolkit was created by South Dakota (Round 2-youth). It targets high school special education students as well as teachers and counselors. It provides ideas and materials for classroom lessons as well as "Skills to Pay the Bills" and "411 on Disability Disclosure," a WIOA registration form, and an interactive Prezi lesson for teachers to use when teaching students about registering and using SDWorks (South Dakota's online job search system) and other AJC services. One DEI stakeholder from South Dakota described the role of the DRC as "*someone who brings employers and additional services into the AJC, coordinates cross-training of team staff and provides training to the employees of the AJC.*"

DRCs in Washington (Round 2) provide case management services to JSWDs who self-disclose a disability. These individuals meet with a DRC for intake and to begin the case management process. DRCs meet with each customer to discuss AJC resource availability and assign a WIOA case manager. If JSWDs require resources from another service provider, such as VR or a private sector service provider, the DRC creates an IRT and/or makes referrals that access important support services such as remedial academic training, child care and housing opportunities. DRCs also support AJC staff by training them on how to serve JSWDs. These trainings include customer self-disclosure, availability of support services for JSWDs, opportunities for Blending and Braiding resources and information on the implementation of DEI service delivery strategies. Washington AJCs also hold monthly trainings with their NDI T&TA liaisons.

Wisconsin (Round 2) functions with DRCs that provide primarily case management services. There has been considerable turnover in the DEI State Lead position, while only two DRCs turned over during the grant period. DRCs in Wisconsin engage in employer outreach, IRTs, and benefits planning and worked with treatment WDAs to provide benefits counseling, assess the accessibility of WDA facilities and services, and provide training to WDA staff. One DRC in Wisconsin is responsible for conducting Section 188 compliance inspections and providing training on assistive technology and job center services. Another DRC is a certified benefits planner who visits WDAs on a monthly basis to recruit Ticket holders and discuss how employment would affect their SSA benefits. The consistent support offered by the DRCs to AJC staff appears to have fostered tangible changes

in the way services are delivered in the WDA. Discussing the impact of the DEI on service delivery to JSWD, one WDA representative said the following:

"Job center personnel don't just send JSWDs away. Depending on the individual, the job Center should have all kinds of programs available; it just depends on the particular individual and what their needs are. The resource specialist at each of our Job Centers basically finds out exactly what they're looking for and if it's something specific such as a benefits planning, then they would be referred to a CWIC. Most of the time they are eligible for other programs right there in the Job Center; they may be eligible for WIOA services, for example."

Florida Round 3 states utilized the State Supervisory DRC model, with Local-Area-Only DRCs providing support services to JSWDs. Florida focuses on TTW implementation. All DRCs are required to identify, recruit, counsel and support TTW beneficiaries in "gainful employment situations." The five DRCs in Florida are overseen by Regional Leads, which are similar to DEI State Leads and function as State Lead Supervisory DRCs for the WDAs in their regions. Local-Area-Only DRCs work directly with JSWDs, connecting them to resources, implementing DEI service delivery strategies, and providing case management services. Strategic plans are developed to design and implement Asset Development services, which is a key feature of the Florida DEI. DRCs are involved in the planning and implementation of Asset Development Summits in their regions, including arranging and facilitating meetings with local employers. One DRC commented on a "business-as-usual" approach as all of the WDAs in Florida have been operating TTW for several years:

"To be honest, the WIOA staff has not seen many differences in how we work with people with disabilities because we really have always done this, other than the fact that we can now accept Tickets. There has not been a huge change in how we do business, which I think is a good thing."

There are five DRCs in Indiana (Round 3), which is a Local-Area-Only DRC state. Indiana DEI stakeholders report initial challenges related to the role of the DRC versus existing AJC employment counselors. In their second year, several Indiana DEI stakeholders raised the concern that the responsibilities of the DRC position may overlap with those of management and business services specialists working in the AJCs, and therefore may have reduced the latter's workload in the AJC. However, since the decision by state leadership to have the DRCs primarily work with TTW beneficiaries, the demarcation between the two roles is more defined and led to a DRC/AJC Employment Specialist partnership. According to one Indiana DEI stakeholder, *"the DRCs are not employment counselors. They serve as a resource for Ticket beneficiaries and AJC Employment Counselors. The AJC employment counselors are invited to all DRC-JSWDs meetings so that an IWP and employment and related services are coordinated according to customer needs."*

With the exception of one rural WDA in the state, most Indiana DRCs have had success with the implementation of TTW. According to one DEI stakeholder, *"The DRCs are very good and have had great leadership and guidance from the WDA. One of our DRCs has 14 assigned Tickets now and has professional relationships with AJC staff.*"

Other Indiana DRCs report considerable interest in TTW among SSA beneficiaries:

"We have assigned three Tickets and another will be assigned next week. We are dealing right now with 18–20 ticket beneficiaries. Out of about 18 people who have attended the latest TTW and work incentives workshop, I've run across about three or four who went online and had already started learning about TTW."

"It's been a busy year. We've assigned three Tickets at this point, and another one next week. We are dealing right now with 18–20 individuals. Some individuals who have shown interest [in Ticket] are not eligible due to their age. We have [also] developed a monthly TTW orientation at WorkOne centers and case managers are made aware of when those meetings are and are doing a pretty good job of getting the SSI/SSDI individuals registered for an AJC orientation; we have also struggled with turnover among our DRCs."

There are five Local-Area DRCs in Iowa (Round 3) who work closely with an engaged State Lead Supervisory DRC.[49] State-level DEI staff emphasized that DRCs are not the only AJC staff working with JSWDs. Iowa DRCs provide training and technical assistance to AJC employment counselors and outreach to employers and other agencies. Training on asset development, SDSs, and TTW are provided on an ongoing basis. The DEI State Lead described an evolution of the DRC role since the beginning of the grant: "*When the DRC was new, they focused more on direct services to customers and once they blaze the trail… and establish expertise in the role they can step back and start looking at the broader systemic features of their job connecting the dots and organizing support services and systems such as IRTs, Blending and Braiding resources, and enrolling customers in TTW.*" Iowa DRCs also do a lot of training with local partners; one noted 30 agencies on their WDA leadership team, which meets quarterly to discuss benefits counseling/training, recruiting job candidates from AJCs, training employers and local government agencies, and providers on TTW and WDA employment resources.

The Louisiana (Round 3) DEI State Lead works closely with Local-Area-Only DRCs, who provide WIOA services, implement SDSs and monitor ticket enrollment. Louisiana (Round 3) has been slowed by turnover of DRCs in three of their five treatment WDAs. The DRC role is described as a mix of direct service/referral and training/capacity-building roles. DEI leadership places emphasis on creating balance in the responsibilities of the DRCs so that the latter has time to provide job coaching, upgrade the skills of employment counselors, increase their capacity-building efforts, and outreach to community-based providers and employers. According to one Louisiana DRC:

"*The first step is to begin educating our AJC staff on assisting people with disabilities. We have created a resource guide that is utilized by AJC employment specialists. For example, if a JSWD needs transportation services the resource guide provides information on where to obtain the service. Eventually, we may look into getting this 'statewide bible' out across the entire state.*"

Louisiana (Round 3) has a "membership" program for all of its AJCs to engage both JSWDs and employers in their work and mission. Members receive an array of job preparation services such as soft skills, résumé writing, and job search support, while employers receive assistance in the recruitment and screening of job candidates. Louisiana DRCs conduct needs assessments to collect information on AJC staff members' knowledge of TTW and community resources. WDA staff also support DRCs and other AJC staff with T/TA on self-disclosure and identification of JSWDs.

> "*I'm learning that being a DRC requires wearing different hats at different times. I have to become familiar with every program and service of the AJC and EN.*" Round 3 DRC

In Massachusetts (Round 3), the DEI State Lead works closely with a state-level advisory team that provides strategic support to the DEI. The team consists of a DEI State Lead and members of the Institute for Community Inclusion (ICI), selected community-based providers and VR personnel. ICI provides T&TA to optimize the customer flow of JSWDs and SSA beneficiaries. On behalf of Massachusetts, ICI has provided T&TA on the use and implementation of SSA's e-Processes, including e-Data Share to check ticket "*assignability*", e-Ticket assignment to automatically assign multiple tickets and e-Pay to automatically pay AJC ENs without the submission of "proof of earnings." Four Local-Area-Only DRCs coordinate resources for individual JSWDs as well as AJC employment counselors and community-based providers for each treatment WDA. DRCs create, manage and coordinate IRTs and work closely with local CWICs to help JSWDs understand the effects of employment on SSDI benefits. Massachusetts DRCs recruit JSWDs who are ticket eligible. They then utilize an "*eco-map*", which is similar to "*discovery*" (the process used in Customized Employment to identify the skills, interests, and conditions of employment for each jobseeker) to identify social and job-related supports, how employment may affect SSA benefits and how work incentives can be used to maximize employment income. DRCs prepare an IWP, or "*Career Action Plan*" as it is known in Massachusetts, for each ticket beneficiary once the ticket is assigned.

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[49] The DEI State Lead left the position in January 2015. A new DEI State Lead was assigned in February 2015.

One Massachusetts DRC expressed concern about the time consuming and complex system of services that are available to them: *"What I have learned is how difficult negotiating the system as a person with a disability is. It is a large part of what DRCs have to spend their energy on. It takes away from energy they could use helping people find employment. The time and energy it takes to gather everything for disability status and reporting consumes a lot of time. There are other barriers too, such as limited internet access and transportation, and having limited income. Most JSWDs need a case manager to help them get their life together enough to accept these challenges."*

In Minnesota (Round 3), the DEI State Lead plays the role of the DEI State Lead-DRC and oversees three DRC-Case Managers. The main role of the DRC is to conduct outreach to youth with disabilities, VR, and service providers in the community. Several stakeholders, including DEI State Leadership, DRCs, State officials, and affiliated providers, remarked that the role DEI has played within the Minnesota public workforce development system has changed since the grant was awarded. State officials reported that "*they have really started to gain traction*" in the local areas:

"It was a little hard in the beginning because we were told DEI was not a program, but was meant to enhance other programs. I think the DEI service delivery strategies and requirements have become more important to everyone when they work with youth with disabilities. That has been a change—people are calling me rather than me calling them for information and resources. According to several Minnesota stakeholders, there is a greater awareness among parents, youth, and providers of the availability of services for youth with disabilities through the AJCs.

A similar viewpoint was shared by a DRC, who stated that *"as far as my role is concerned, it's kind of hard to pinpoint because things just kind of evolved, but looking back, I think of all the connections I've made, those that included many different organizations and school and youth counselors, and helping them with IRTs to collaborate were the most helpful. I guess I've become more involved in making connections and reaching out. It's been our biggest step; connecting them with our youth counselors to create a better team for each of the youth we serve is what I've been able to do well."*

VR staff members found the collaborative nature of the DEI to be useful in terms of arranging services for youth with disabilities. One VR Youth Counselor, when asked what gaps in services DEI has addressed, stated that "*DEI has helped youth with disabilities [gain access to] training programs and related supports such as job coaching. For one youth who is deaf and had never had a job, through DEI we were able to get interpreters so he can attend training; having DEI means getting services that they couldn't before*."

Rhode Island's (Round 3) DRC functions as the statewide coordinator of DEI and oversees five DEI-funded Customer Services Representatives and two Business Services Specialists located in the state's treatment WDA. The DEI State Lead, which functions as a State Lead-DRC, develops MOUs that formalize partnership arrangements across agencies and coordinates TTW recruitment, work-incentives and EN services. He completed the EN application and trains DEI staff on a range of issues including self-disclosure, identification of JSWDs, ticket assignment, and AJC customer flow protocols. The Rhode Island DRC also provides trainings for AJC staff on disability etiquette and techniques for presenting information to community partners. In order to strengthen existing relationships and establish new partnerships, the DRC conducts partner outreach presentations during which he presents detailed information on the DEI, including specifics on TTW and opportunities for partnering on job retention and support services. In regular monthly meetings with the Customer Services Representatives and Business Services Specialists, the DRC coordinates staff caseloads, customer progress, challenges, and potential solutions to barriers to providing needed services, developing Individual Work Plans, IRTs, and Ticket assignment.

Alabama (Round 4) focused on the implementation of *"positive changes in WDAs"* with the goal of providing *"opportunities for individuals with disabilities to access training and employment as anyone else."* DRCs work closely with AJC staff and partners to develop IRTs to reach out to JSWDs that start with WIOA services. *"There has been an increasing flow of individuals with disabilities, cultivating an environment where joint resources are utilized, changing the atmosphere of the ACJs and providing training to staff."* Alabama DRCs also worked to *"foster good working relationships with JSWDs in and around the WDA".*

DRCs have improved documentation issues such as the TTW application *"and learning curve associated with federal programs housed at the AJC and the resources that are available in nearby communities."* DRCs reported attitudinal barriers from some families regarding access to SSA benefits as they tend to play an important role in continuing to access benefits and promote or inhibit employment. Families often have an *"unrealistic fear of losing government benefits but even educating those family members about the benefits from working doesn't change the attitude of those around the individual with a disability."*

Alabama has also worked with JSWDs to help them access available resources and services such as registering at an AJC and helping individuals get financial resources to enroll in training programs. Alabama (Round 4) DRCs also help JSWDs access training, conduct job searches, and engage in discovery. Referral services are provided to ensure that JSWD have access to housing, child care, transportation and food, as some JSWDs *"are struggling on a small income to survive. Food, shelter and electricity are all things that are needed.*" Alabama also reaches out to employers to explore avenues for possible referrals and to build working relationships with community-based agencies as well as coordinating support from mental health providers.

The Connecticut (Round 4) DEI State Lead functioned is emulative of the role of the DEI State Lead-DRC. The DEI State Lead focuses on "*strengthening partnerships, particularly with VR"* and engages in collaborations with the Connecticut Employment and Training Commission, the Transition Community of Practice, VR, the State Department of Education, the CT Tech Act Assistive Technology Steering Committee, and the CT Business Leadership Network. The DEI State Lead also attends Job Development Leadership Network North and Western chapter meetings, and attends the Governor's Committee on Employment of People with Disabilities. She is also a member of the Statewide Employment Network (EN) Supports Committee, and the State Rehabilitation Council to which she has been nominated.

DRCs focus on the development of partnerships and collaborations to facilitate the blending and braiding of resources and access to employment and training opportunities. Connecticut DRCs formed partnerships with the Green Jobs Funnel (GJF), the Department of Mental Health and Addiction Services (DMHAS)/Young Adult Services (YAS), and others. Through blending and braiding of resources, 10 Youth services specialists received specialized training that led to industry credentials in OSHA 10, Lead Renovation, Repair, and Painting, Green Construction and general interior painting and maintenance/repair. DRCs also engage CWICs and provide resources on financial capability and asset management to address how AJC services can assist DEI participants in obtaining employment.

Connecticut DRCs report that the "*biggest challenge is that SSI/SSDI beneficiaries have concerns or fears about losing their benefits when they go back to work and worry whether they can be successful at work. Some would rather work part-time to start."*

Connecticut has a Partnership Plus agreement with VR and works with local agencies on Mental Health, Universal Design and cognitive limitations among DEI participants. Connecticut also completed a training session on deafness and deaf culture, where tips and strategies were offered on working with deaf customers. The grantee also partnered with a number of agencies to provide resources to employers at their first *"Diverse Ability"* event which included staff from the Department of Mental Health and Addiction Services, Department of Developmental Disabilities, Department of Rehabilitation Services, Bureau of Education and Services for the Blind, Department of Labor and Business Services, New England Assistive Technology and the CT Business Leadership Network among others. The grantee also commented that JSWDs *"are seeking part-time jobs because they're concerned that they can't do full-time work."* DRCs also coordinated a Young Adult Services cohort group on a painting, maintenance and repair training program for which they received a certification with DEI providing training materials. Partner agencies provided transportation.

Idaho (Round 4) DRCs focus on employer outreach with each DRC having responsibility to *"follow leads to businesses and participants that can result in employment or training opportunities. This type of collaboration and teamwork has been an interesting difference between DEI and the DPN. VR is an important partner."* The DEI State Lead is a member of the State Rehabilitation Council and served as chair of the council, which led to a partnership with VR. The DEI State Lead collaborates with the local VR managers which *"made it much easier to*

get VR staff to connect with our DRCs. The DRCs also followed- up on and have held meetings with local VR staff in their area."

The State Lead works with the Idaho Assistive Technology Project as an advisory board member; *"we are a big state with a small state population, so I see a lot of the same people from group to group that I participate in."* For example, Idaho Commission for the Blind and Visually Impaired are also part of the Assistive Technology Project. Because we meet so often for different projects, we can carry projects in different groups and create a lot more synergy." Other partners include the Interagency Council on Secondary Transition and the Idaho Department of Education. The DEI State Lead implemented Career Chat Camps that provide youth age 14-24 employment preparation activities and tours of local businesses. The DRCs follow up after the job tours with additional employment preparation activities through Chat Camps. DRCs provide training on presentations and interviewing skills, sessions on WIOA and help with resume writing.

DRCs also work with community-based agencies and CWICs to help with benefit planning issues. Events for parents focused on employment and training opportunities, half-day internships, and job shadow events. Idaho's American Job Links Alliance (AJLA) track youth WIOA activities through 24 years of age. Idaho (Round 4) also completed its EN security clearance, *"but the SSA process was slow, slow, slow."*

Maine's (Round 4) DEI State Lead created an EN and several DRCs completed CWIC training *"to meet the needs of SSA beneficiaries."* According to the DEI State Lead, "*we are hands on assisting individuals with TTW. It's one-on-one and working with the administrative components of the process.*" The state's Bureau of Employment Services manages the EN with a TTW trained *"person in each career center to make it sustainable such that there is a TTW presence everywhere in the WDA."* A DRC commented that "*there's a lot of conversation about sustainability and we want to have a culture at the end of this that supports the work that we do.*" Each WDA accepts TTW beneficiaries. "*We're pretty pleased about where we are. Our expectations are realistic, too. We're not sure how long it will take to support a full-time DRC through TTW revenue but we are hoping to sustain my position by the third year.*"

The DEI State Lead commented that *"the economy should be turning around soon but it's hard for anyone to find employment in Maine right now. We're working with employers to make sure they're engaged and interested and focused on hiring JSWDs. We've done some employer outreach and tried to encourage beneficiaries through workshops that provide information on how to work while on benefits."* According to one DRC, "*there are a lot of myths floating around. JSWDs are fearful of losing benefits. I go to all career centers to provide information. The challenge is reaching individuals and getting them engaged. We've done a pretty good job with outreach to ticketholders.*"

Outreach includes establishing and sustaining partnerships with each VR agency in the WDA. Staff makes phone calls and sends emails to employers and JSWDs. They also contact local TTW beneficiaries signed "*up in our job bank where we have posters and press releases.*" The DEI State Lead described TTW as an "*important aspect of sustainable employment for individuals.*" Through Partnership Plus, "*we initially thought about using our EN, but we're seeing that there's a partnership going into it and we're meeting with JSWDs and realizing they might be a better fit for VR than for our EN. It is working both ways. Partnership Plus is seen as a real benefit to the state. When we work together we're working to identify and help steer JSWDs where they can best be served.*"

Maine Round 4 DRCs also developed cross-agency partnerships; *"My big three objectives are creating effective IRTs, working on asset development and expanding partnerships and collaborations."* Maine also has done a lot of training to ensure the sustainability of DEI practices after the grant period such as employer outreach, which is an important part of the state's marketing activities: *"We are based at a WDA career center in Augusta, ME. We cover five WDAs and we have one person that is responsible for two WDAs on the other side of the state, and I handle two. We cover all of our treatment WDAs."* Maine DRCs also provide active resource coordination and IRTs. DRCs set up the process and make contact with JSWDs to create the IRTs. The DEI State Lead coordinates TTW with the assistance of the DRCs who developed a manual for using assistive technology for JSWDs; staff also attends resource fairs to build connections with employers and JSWDs.

New York (Round 4) sought to increase AJC capacity to serve JSWDs and TTW beneficiaries. Several DRCs became CWICs and conducted outreach to community-based and state and local government agencies. DRCs also provide case management support to JSWDs while the DEI State Lead oversees a successful TTW EN, which provide monthly metrics to DEI stakeholders. The DEI State Lead is engaged in partnerships and collaborations with community-based and government agencies with one DEI State Lead-DRC tasked with providing *"guidance to DRCs and assisting them with exercising their roles."* This State Level-DRC also *"provided training to AJC personnel, including launching the first local WISE-like events in several New York WDAs."* According to the DEI State Lead, *"DRCs are the face of the grant at the AJCs. TTW beneficiaries are directed to a DRC when they enroll in DEI. Most DRCs are CWICs that provide community-based and government agencies with Benefits Planning services."*

DRCs also hold Work Incentive Seminar Events (WISE) and provide access to Individual Development Accounts, Financial Literacy Training and tax preparation services. A subset of WDAs created Asset Coalitions with the United Way, NYS Department of Taxation and Finance, Internal Revenue Services and credit unions. The latter led to *"CA$H Coalition,"* a Volunteer Income Tax Assistance (VITA) site. New York IRTs also included partnerships with ACCES-VR, Section 8 Housing, transportation agencies, social services and Independent Living Centers.

Virginia (Round 4) continued their DEI activities from Round 1 by developing partnerships and collaborations, IRTs, and Asset Development services; *"Typically, when we report partnerships and collaboration, we talk about it from the Executive Management Committee level and state level. That then gets implemented at the local level. So there are things we present to our Executive Management Committee for buy-in and recommendations to move forward that help us. Another asset development event included training through a collaborative partnership from the Benefit Bank."* Through this opportunity, some DEI staff became Asset Development Train-the-Trainers *"so they can go out and conduct trainings with DEI participants."*

Three additional Asset Development Summits identified a need for financial literacy training. The grantee recruited a speaker from the Governor's Office, the Executive Director of the Board of Workforce Development and panelists from the United Way and VR; *"These summits brought a lot of partners together who were finding out more about each other, not just the financial community."* Virginia implemented a financial literacy model called *Financial Success at Work* through a training that included DRCs and members of the Asset Development community that included a presentation that *"covered IRTs and how they're working. We developed case studies as examples of how Asset Development works and how it fits together with other pieces of the DEI like IRTs and Partnerships and Collaboration. It seemed to resonate with a lot of people in that room, I thought."*

The DEI State Lead commented that *"there is much more of a focus on barriers to employment and customers with multiple barriers than before DEI. And this kind of strategy really benefits that kind of customer, because they need more partnerships. A VR counselor now sits in an AJC."* Virginia now has a full-time VR counselor at an AJC: *"But we're also learning that you don't have to spend a lot, once these systems start working together, to get somebody set up and into employment. The IRTs continue to be the glue that holds them together. So, with First Dollar Down, we found that if you put a dollar down first, everybody else feels relieved of that requirement and then they're all willing to put something on the table."*

> *"We did a customer service frontline staff training with the ADA Mid-Atlantic DBTAC center. The DRCs feel that it had an impact on frontline staff having a better understanding of customers, disabilities and feeling more comfortable at the AJC."* DEI Virginia

DEI State Lead Turnover

DEI grantees experienced moderate to high turnover in the DEI state lead position. The turnover rate for Round 1 through Round 4 was 63.89%, meaning that across all 4 Rounds, about two-thirds of grantees experienced turnover in this position.[50] The DEI state lead turnover rate was 77.78% for Round 1, 185.71% for Round 2, 22.22% for Round 3 and 140% for Round 4. The rates for one instance of DEI state lead turnover per Round was 66.67% for Round 1, 95.24% for Round 2, 22.22% for Round 3 and 90% for Round 4.

Exhibit 1-1: Turnover in the DEI State Lead Position

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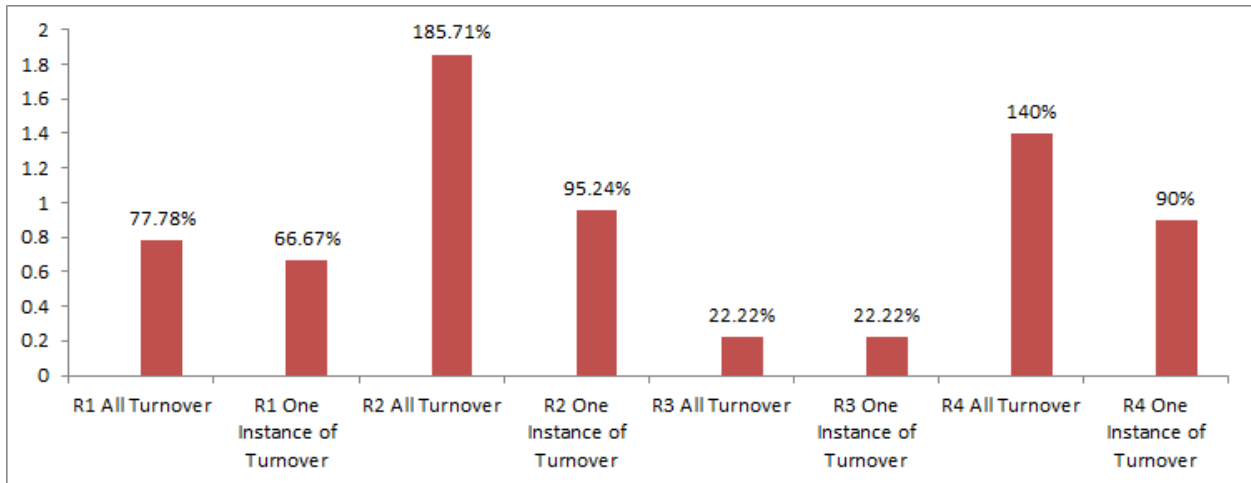
[50] The DEI State Lead turnover rate was based on information provided by NDI from the Project Leads Contact Information form, dated July 21, 2017. Social Dynamics, LLC, is solely responsible for the findings presented in the chart.

APPENDIX 2
Service Delivery Strategies

DEI grantees are required to select at least two of the following six service delivery strategies.

1. <u>Integrated Resource Teams</u>: IRTs originated in the DPN initiative when charged with bringing together WIOA mandated partners and other partners from different local agencies. The purpose was to promote collaboration in serving jobseekers with Service Delivery Strategies and in leveraging resources. An IRT is a core DEI component that brings together private and public sector representatives in each WDA to improve communication and coordination of services and supports for JSWDs. The focus on the individual jobseeker is paramount and differentiates IRTs from typical employment case management services where partner services are 'brokered.' Each member of an IRT from any of the WIOA mandated partners actively participates in an individual's employment plan. IRTs are preceded by Active Resource Coordination (ARC) that is a 'discovery and services alignment' process indicating what types of employment, training and supportive services are necessary to be actively leveraged through an IRT to support an individual's employment goal.

2. <u>Blending & Braiding of Funds and Leveraging Resources</u>: This requirement refers to the contribution of funds from two or more state and/or Federal agencies toward a jobseeker's goals in education, training, and/or job placement. Blending refers to arrangements that pool funds from multiple sources and make the funding streams indistinguishable. Braiding also refers to pulling together resources from different sources, but keeps the funding streams clearly separated. The use of funds from multiple sources is believed to provide more effective and personalized services to the jobseeker, as different funding streams can address the differing needs of JSWDs.

3. <u>Customized Employment</u>: Customized Employment uses a flexible and individualized process for matching employer needs to jobseekers' needs by creating positions that are 'customized' to meet the needs of both; one jobseeker and one employer at a time. Customized Employment is built around a process called *Discovery*, which leads to the development of an individualized employment profile. Among the components of Customized Employment, task reassignment, job carving, job sharing, and self-employment that help JSWDs engage in employment.

   - *Task Reassignment:* job tasks that are reassigned so that a new employee can focus on primary job responsibilities germane to her/his skill set.
   - *Job Carving:* a modification in the job description, thus reducing the number of responsibilities from an existing job description.
   - *Job Sharing:* Allow two or more workers to share the responsibilities of one job based on each worker's strengths.[51]

4. <u>Self-Employment</u>: Self-Employment is a form of Customized Employment that allows individuals to discover their best attributes to become business owners, and provides both personal and business related supports. ODEP funded Self-Employment programs in three states under the START-UP/USA initiative (New York, Florida and Alaska). Self-Employment may be particularly beneficial for individuals with significant disabilities, who may have difficulties working in wage-based work environments. In addition to business planning assistance, Benefits Planning, SSA work incentives and the ability to retain benefits, while obtaining income through Self-Employment are critical to successful self-employment opportunities.

5. <u>Guideposts for Success</u>: All DEI grantees with a youth focus must include one or more of the Guideposts for Success in their grant implementation plan. The Guideposts include research-based activities in education and

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[51] U.S. Department of Labor, Office of Disability Employment Policy. (n.d.). *What is customized employment?* Retrieved from http://www.dol.gov/odep/categories/workforce/CustomizedEmployment/what/index.htm

career development that can have a positive impact on all youth, including youth with disabilities.[52] The Guideposts are based on the following principles:

- "High expectations for all youth, including youth with disabilities;
- Equality of opportunity for everyone, including nondiscrimination, individualization, inclusion, and integration;
- Full participation through self-determination, informed choice, and participation in decision-making;
- Independent living, including skills development and long-term supports and services;
- Competitive employment and economic self-sufficiency, which may include supports; and
- Individualized, person-driven, and culturally and linguistically appropriate transition planning."[53]

6. <u>Asset Development Strategies</u>: Asset Development strategies help JSWDs navigate and take full advantage of a variety of benefits, programs, and incentives that are available to them. JSWDs can benefit from SSA work and tax incentives that reduce some disability and work-related costs, or even incentives provided to JSWDs to start their own businesses.[54] Asset development is not the same as benefits planning, although they should be done in coordination. Asset development includes helping people to develop financial literacy skills and obtain access to low-income entitlements and other services. These can include housing, childcare assistance, health care, nutrition, free income tax preparation, and other areas not directly related to employment. Asset Development programs are funded by a variety of sources at different levels of government or other private sector organizations. [55]

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[52] U.S. Department of Labor, Office of Disability Employment Policy (n.d.). *Youth: the Guideposts for Success*. Retrieved from http://www.dol.gov/odep/categories/youth/

[53] National Collaborative on Workforce and Disability for Youth. (n.d.). *Key principles to remember.* Retrieved from http://www.ncwd-youth.info/guideposts/key-principles

[54] U.S. Department of Labor, Office of Disability Employment Policy. (n.d.). *Financial education, asset development, and work and tax incentives*. Retrieved from http://www.dol.gov/odep/topics/FinancialEducationAssetDevelopment.htm

[55] As the statutory EN, VR agencies can enter into Partnership Plus agreements with DEIs, allowing VR to receive outcome payments through case closures and the DEI to receive milestone payments for Ticket holders for follow along job retention services.

APPENDIX 3
Sustainability Findings[56]

To what extent were DEI activities sustained when grant funding expired?

DEI grantees were asked to discuss the sustainability of their DEI project to determine the extent to which DEI State Leads and DRCs coordinated and continued TTW and EN implementation and training, use of SDSs, continued availability of DRCs and the overall sustainability of the project. Thirty-one interviews were conducted within six months of the end of the grant period with DEI State Leads and DRCs to determine if DEI Round 1 through Round 4 grantees sustained their selected DEI practices. At the beginning of each call, DEI State Leads were asked to confirm their selected service delivery strategies, treatment and control WDAs, and service populations (e.g. adults or youth). We then proceeded to discuss the sustainability of the DEI, including the continued use of SDSs, DRCs or similar support role, TTW, and, finally, challenges and recommendations for the project. Each DEI State Lead discussed their programs freely. Probing questions were guided by background information collected from grantee abstracts, site visit reports, quarterly narrative reports, and DEI Quarterly Report Summaries.

Exhibit 3-1: DEI Grantees by Round

Round 1 2010–2013	**Round 2** 2011–2014	**Round 3** 2012–2015	**Round 4** 2013–2016
Alaska, Arkansas*, Delaware*, Illinois, Kansas, Maine, New Jersey*, New York, & Virginia	California, Hawaii, Ohio, South Dakota*, Tennessee, Washington, & Wisconsin	Florida, Indiana, Iowa, Louisiana, Massachusetts, Minnesota*, & Rhode Island	Alabama, Alaska, Connecticut, Idaho*, Illinois, Maine, New York & Virginia

*Youth Grantee

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[56] *Please note:* Researchers collected information 3-6 months after the expiration of each grant period to determine the extent to which grantees sustained their DEI practices; *sustainability findings are subject to change and should be revised annually.* Each synopsis includes information from grantee leaderships, AJC staff, WDA leaders, WIOA mandated partners, staff from community-based agencies and individuals that enrolled in DEI.

Exhibit 3-2: Sustainability-Alaska Round 1

Service Delivery Strategies	Sustained Service Delivery Strategies
Service Delivery Strategies	
Asset Development	*Sustained in certain locations*
Blending & Braiding of Funds	*Sustained in certain locations*
Customized Employment	*Sustained in certain locations*
Integrated Resource Teams	*Sustained in certain locations*
Partnerships and Collaboration	*Sustained in certain locations*
Self-Employment	*Sustained*
TTW, DRC and Benefits Planning	
Employment Networks	*Sustained*
DRC Availability	*Sustained*
Sustainability Score: 5 of 5 (100%)	

AK (Round 1) worked with the state's WDA and Employment Security Division to incorporate sustainable strategies for serving adults with disabilities. By building upon previous systems change efforts, AK implemented the state's Medicaid Infrastructure Grant (MIG) and Alaska Works Initiative, the goal of which is to ensure JSWDs employment at a rate that is close to that of the general population.[57] The MIG supported the development and implementation of a statewide EN. It also expanded services and resources provided by community rehabilitation providers, including WIOA, VR and Behavioral Health Care. AK created an innovative DRC-1 curriculum that prepares Employment Specialists to provide services for JSWDs through a web-based training program leading to certification for EN coordinators and DRCs. Administrative meetings held by the state's Services Integration Committee began in 2011with the State's Employment Security Division, VR, Behavioral Health Care systems, Public Assistance, Small Business Development Centers and various private sector partnerships, to provide updates on the grant and gather feedback to build an employment system that addresses the needs of JSWDs.

The state's Employment Security Division oversaw the implementation of sustainable strategies for serving adults with disabilities, including partnerships with individuals and family members, state agencies, advocacy organizations, employers and service providers. Expanded services and resources were provided by community rehabilitation providers through Alaska's Mental Health Trust Authority, senior and disabilities services programs. AK also incorporated IRTs, Blending and Braiding of resources, Customized Employment, Self-Employment, Asset Development and Partnerships and Collaborations.

Exhibit 3-3: Sustainability-Arkansas Round 1 (Youth)

Service Delivery Strategies	Sustained Service Delivery Strategies
Service Delivery Strategies	
Guideposts for Success	*Not Sustained*
Integrated Resource Teams	*Not Sustained*
Self-Employment	*Not Sustained*
TTW, DRC and Benefits Planning	
TTW/Employment Networks	*Not implemented*
DRC Availability	*Not Sustained*
Sustainability Score: 0 of 5	

Arkansas (Round 1-Youth)) sought to facilitate the integration of youth with disabilities into the state workforce development system. Although the grantee did not have DRCs or DPNs with experience providing WIOA

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[57] The Medicaid Infrastructure Grant was authorized under Section 203 of the Ticket-to-Work and Work Incentives Improvement Act. It provides funding to states for Medicaid infrastructure development to support JSWDs who wish to enter the labor market.

services to youth, Arkansas initiated career fairs and job fairs, and utilized the *Guideposts for Success* as the focal point of their DEI grant, which led to a training conference for high school students expected to form a leadership club for youth with disabilities. Arkansas initiated four *"Youth Leadership Summits"* modeled on California's *"Youth Leadership Forum for Students with Disabilities."* These events focused on introducing youth and school staff to resources available for individuals with disabilities and provided seminars focusing on career preparation and self-advocacy. Arkansas also developed a *"transition class"* for junior and senior high school students who had an IEP or 504 Plan. Arkansas partnered with several community-based and state agencies, such as the Department of Health and Human Services, TANF, local school systems, and Parent Training and Information Centers.

Most AR DRCs were previously DPNs that had a considerable amount of experience using IRTs and career pathways training for JSWDs. Events included the facilitation and formation of *"Job Clubs"* to reinforce the ideas presented at various youth summits. Although AR included customized employment, the support they provided to youth aligned more with business creation than the customization of jobs with existing employers. The grantee did not implement the discovery or business plan development components as part of CE. Instead, informal discussions with youth, referrals to employment opportunities and financial support for the purchase of equipment helped three entrepreneurs successfully engage in employment.

According to the DEI State Lead, *"we've had people come in to talk to youth about starting a business and had one guy who started a grass cutting business. He's mentally challenged. He started with a bike and a lawn mower and now has all the equipment it takes to have a successful business, and he makes cash through contracts with the state's Agency on Aging."* Other youth engaged in entrepreneurship, such as car washes and lawn-mowing businesses. One youth entered a state-facilitated welding program.

Although the Arkansas Youth Leadership Summits and record expungement events were reportedly well attended, there was only moderate follow-up with the youth participating in these events and no evidence that these practices continued after the grant period or if youth were enrolled in WIOA or connected in some way to the local WDA.

Staff at one WDA reported ongoing collaboration between one WDA and its local school systems, and by the end of the second year of the grant, Arkansas developed a protocol for school outreach, a youth-focused pocket guide, and an agenda for a statewide conference of students with disabilities who would form a disability leadership group. While the DEI State Lead noted the impact of a loss of resources in the second year of the grant that included the closure of several WDAs, WDA staff explained that forging new partnerships was difficult when the number of WIOA youth providers had dropped from 11 to 2 over the last few years. An EN coordinator was hired mid-way through the grant period; the EN was not fully implemented until the final year of the grant.

Exhibit 3-4: Sustainability-Delaware Round 1 (Youth)

Service Delivery Strategies	Sustained Service Delivery Strategies
Service Delivery Strategies	
Guideposts for Success	*Not Sustained*
Integrated Resource Teams	*Not Sustained*
Self-Employment	*Not Sustained*
TTW, DRC and Benefits Planning	
Employment Networks	*Not implemented*
DRC	*Not implemented*
Benefits Planning	*Not implemented*
Sustainability Score: 0 of 5	

Delaware (Round 1) examined barriers to employment and community inclusion through its "Connecting Activities" initiative, which focused on youth involved in the juvenile justice and mental health systems. Youth encountered significant barriers including access to adequate housing, health care, skills (including both 'hard' and 'soft' skills) and the potential impact of a criminal history on future work opportunities. Delaware staff linked

JSWDs to job opportunities, particularly in the area of health care. To identify youth who might benefit from these services, staff liaised with community workers at the state pediatric hospital, alternative schools for at-risk youth, and Delaware's juvenile justice facilities. Youth within the juvenile justice system had limited family support and hiring restrictions due to their criminal histories.

DEI, Delaware health care and housing support staff, provided instruction in financial literacy, employment interview support, work expectation coaching and explored the criminal record expungement process with applicable youth. DRCs assisted youth with job application development and résumé workshops, as well as volunteer opportunities to prepare them for employment. DE hired two part-time Employment Specialists to provide job placement services for youth. However, according to DEI stakeholders, the Employment Specialist position was short-lived as it was *"underutilized"* by AJC staff.

There is no evidence that practices funded by the DEI continued after the grant period. Early in the project, the DRCs attempted to reach out to at-risk youth, but they found it challenging due to the need to be granted releases to speak with underage individuals; if releases were not approved by a parent or guardian, the DRCs could not provide services. In some cases, support from school staff and probation officers had borne positive results such as improvements in behavior and participation in academic and related activities.

Exhibit 3-5: Sustainability-Illinois Round 1

Service Delivery Strategies	Sustained Service Delivery Strategies
Service Delivery Strategies	
Asset Development	*Not Sustained*
Blending & Braiding Funds	*Sustained in certain WDAs*
Customized Employment	*Not Sustained*
Integrated Resource Teams	*Sustained in certain WDAs*
Partnerships & Collaboration	*Sustained in certain WDAs*
TTW, DRC and Benefits Planning	
Employment Networks	*Sustained*
DRC	*Not Sustained*
Benefits Planning	*Not implemented*
Sustainability Score: 2 of 5	

Illinois (Round 1) started in the latter part of the first year of the grant due to a grant modification that was subject to approval of USDOL. Because of the delay in the implementation of the grant, WDAs were initially not able to hire DRCs. By the second year of the grant, the Illinois' grant modification was approved. The grantee focused on the expansion of employment opportunities and relationships with employers, in collaboration with the Department of Commerce and Economic Opportunity. DRCs were put in place to provide services for JSWDs through the state's WorkNet Centers; *"an internet portal and disability resource pathway."*

Illinois engaged in early intervention approaches that included Medicaid Buy-In,[58] CWIC[59] services and assistance to clients in developing Plans to Achieve Self Support (PASS).[60] Illinois also provided financial management, housing and transportation support along with employment and training services. In rural areas of

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[58] Medicaid Buy-In provides health care coverage for individual with disabilities who are working and whose earnings and resources might otherwise make them ineligible for Medicaid. For more information, visit: https://nationaldisabilitynavigator.org/ndnrc-materials/fact-sheets/fact-sheet-15/

[59] CWICs provide individual counseling to SSA beneficiaries that are considering employment. CWICS provide services to people with disabilities who receive SSI and/or SSDI. CWICs also provide information to beneficiaries on how employment may affect access to benefits.

[60] PASS is an SSI work incentive that allows individuals to use their own income or assets to set aside money for school or to reach their employment goals. PASS is designed to help beneficiaries obtain services or skills needed to return to work or obtain access to training opportunities. For more information, visit: https://www.ssa.gov/disabilityresearch/wi/pass.htm.

the treatment WDAs, where public transportation was limited, DEI resources were used to engage community organizations, school districts, religious organizations and public transportation agencies to explore collaborative approaches to address multiple needs. Illinois also focused on ways to work more effectively with VR through a referral system for JSWDs who do not qualify for VR services. This included development of individual assessments to determine the types of referrals needed that are available within the WDA, such as a protocol for referring and tracking referrals from VR to participating WDAs.

While Illinois struggled with several leadership changes during the grant period, they made a concerted effort to upgrade the skills of AJC Employment Specialists by providing training on case management for JSWDs. DRCs shared resources and training with community support service agencies to increase access to TA without requiring additional resources. They also arranged employment and job readiness workshops, WIOA-funded orientations and employment related training. Illinois implemented customized employment but reported challenges with the strategy due to limited knowledge of the DRCs. Toward the end of the project period, the DEI State Lead commented that "…*we're beginning to build capacity for integrated, competitive employment through a number of concurrent grant initiatives that includes Employment First, DEI, Workforce Innovation Grants and a job-driven National Emergency Grant.*"

Exhibit 3-6: Sustainability-Kansas Round 1

Service Delivery Strategies	Sustained Service Delivery Strategies
Service Delivery Strategies	
Asset Development	*Sustained in certain WDAs*
Blending & Braiding Funds	*Sustained in certain WDAs*
Integrated Resource Teams	*Sustained in certain WDAs*
Partnerships & Collaboration	*Sustained in certain WDAs*
Self-Employment	*Not Sustained*
TTW, DRC and Benefits Planning	
Employment Networks	*Implemented*
DRC	*Sustained*
Benefits Planning	*Not implemented*
Sustainability Score: 3 of 5	

Kansas (Round 1) spent the better part of its implementation year in a statewide hiring freeze that prohibited the grantee from implementing the DEI. As soon as the hiring freeze was lifted, KS began developing partnerships and collaborations with a wide range of organizations and agencies, including the School for Adaptive Computer Training (SACT) located on the Prairie Band Nation Reservation. SACT provides courses for both adults and youth that range from remedial classes aimed at students with little or no computer experience to more advanced topics such as the use of desktop software. SACT also provides opportunities for students to practice soft skills by learning how to interact with customers through a Business Fundamentals for Youth (BFY) class that helps students develop computer skills and attain certifications. BFY enrolls students in college and/or helps them meet their vocational goals that may include career pathways training and certification. The initial SACT group of students from the Potawatomie Nation completed a training course on desktop publishing and customer relations.

In addition to its DRCs, Kansas hired four additional positions through the DEI: 1. DEI Coordinator; 2. Employment Network Administrator; 3. Provider Leadership Network Administrator; and 4. a Business Leadership Network (BLN) administrator. The latter positions focused on reaching out to employers to access job training opportunities, cultivating support and engagement among the business community and helping JSWDs find suitable employment opportunities. BLN also provided presentations to the Chamber of Commerce and Kansas' CPRF[61] which helps individuals with disabilities find employment, disability benefits analysis, housing opportunities, job placement, transportation support and a Microsoft Office Word Certification training program developed for adaptive learners.

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[61] CPRF is no longer an acronym; it acts as the full formal name of the organization.

Kansas completed an EN application and suitability determination process, and continued to cultivate working relationships with grant partners including VR, Transitional Assistance for Needy Families (TANF), corrections agencies and WIOA mandated partners. AJC accessibility, supported employment, computer training, self-employment training, financial education and employer and provider recruitment and partnerships, were upgraded with online materials and assistance from trained Employment Specialists operating out of each WDA. Key Kansas strategies include on-the-job training with local employers, job coaching, group discovery, and skill-based activities. Kansas worked closely with the Kansas Department of Corrections to develop a strategy to help incarcerated individuals with disabilities prepare for their impending release dates, while DRCs spent most of their time assisting JSWDs to enroll in AJC training programs with the long-term goal of employment. SDS included IRTs, ILPs and asset development. Two of the three DRCs continue to be employed in their WDAs after the grant period through ticket revenue. In two WDAs, leadership expressed that DRCs add significant value to the workforce services available in Wichita, while trained Employment Specialists provide DRC-like roles that have been expanded to serve a variety of 'underserved' job-seekers.

Exhibit 3-7: Sustainability-Maine Round 1

Service Delivery Strategies	Sustained Service Delivery Strategies
Service Delivery Strategies	
Asset Development	*Sustained in certain WDAs*
Blending & Braiding of Funds	*Sustained in certain WDAs*
Integrated Resource Teams	*Sustained in certain WDAs*
Partnerships and Collaboration	*Sustained in certain WDAs*
TTW, DRC and Benefits Planning	
Employment Networks	*Sustained in certain WDAs*
DRC	*Sustained in certain WDAs*
Benefits Planning	*Sustains in certain WDAs*
Sustainability Score: 4 of 5	

Maine (Round 1) included two key partners: the Bureau of Employment Services (BES) and the Division of Vocational Rehabilitation, which was the recipient of a DPN grant. Maine funded two Resource Coordinator 1 positions to increase participation of JSWDs in Career Exploration Workshops. DRCs focused on building employer/community awareness and partnerships with community-based agencies, as well as providing guidance, assistance and disability related training to WDA staff. An important resource shared among WDAs was a cadre of trained CWIC staff, of which Maine (Round 1) had five that collectively provided statewide coverage. CWICs operated out of Maine Medical Center which included an EN. Maine (Round 1) funded a DEI State Lead, DEI State Lead-DRC, an AJC Liaison that supported the work of the DRCs. Maine's Bureau of Rehabilitation Services enrolls TTW beneficiaries from SSA and VR and launches services in 5 of 16 treatment WDAs across the state.

Maine's VR was under an Order of Selection; the waitlist for VR services was one year. Although the waitlist issue was resolved in the second year of the grant, the federal government requires states to maintain an Order of Selection for 1–2 years after eliminating the waitlist. When the waitlist was in place, several DEI partners worked with Maine in an effort to provide "VR-like" services for JSWDs that were not eligible for the Order of Selection.[62] This situation precipitated a shift in which VR served JSWDs in AJCs for *"immediate and specific services."* The *"presence"* of VR within the WDAs, as well as the partnership between VR and other agencies, varied from WDA to WDA. In some WDAs, VR played a key role providing support for JSWDs. In other WDAs,

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[62] JSWDs that are eligible for services under an Order of Selection are assigned to a priority of service category based on disability severity as opposed to the type of disability. An Order of Selection prioritizes service categories that are either available or closed. In the event that some service categories are closed, WDAs may provide services to VR clients. https://www2.ed.gov/about/offices/list/osers/rsa/faq.html. Retrieved on May 1, 2019.

VR was less of a presence in the AJCs but made referrals for services for individuals that are covered by the state's Order to Selection.

The state's Reemployment Eligibility Assessment grant targeted Unemployment Insurance (UI) recipients at 5 and 10 weeks after receiving SSA benefits as beneficiaries were required to go to a WDA for an Eligibility Review Interview and review of the Work Search Log to continue receiving UI benefits. The Maine Job Bank was the *"intake"* system for all other WDA and related programs including the BES funded Rapid Response system in which a WDA staff member supported laid off workers in their search for employment, support services and enrollment in a Competitive Skills Scholarship Program for individuals that have incomes below 250% of the poverty level. Maine also created and marketed a *"Rainy Day Savings Account"* program as an asset development strategy and a common registration form to identify JSWDs, including SSI/SSDI beneficiaries.

Maine's BLN was a key partner having provided support for upgrades to the AJC website along with resources and information for businesses interested in hiring JSWDs. Maine also developed VR-specific Partnership Plus referral procedures, Disability Disclosure Workshops and trainings on the use of assistive technology. The state's training program on Partnership Plus (SIX EASY STEPS) facilitated the process for both WDA and VR staff and accessed free tax preparation services through the DEI grant. Challenges included the state's Office of Information Technology, which stakeholders described as having difficulty *"deploying adaptive software combined with a lack of resources for computers that can support large files that are required for the adaptive software programs."*

Exhibit 3-8: Sustainability-New Jersey Round 1 (Youth)

Service Delivery Strategies	Sustained Service Delivery Strategies
Service Delivery Strategies	
Blending & Braiding of Funds	*Not Sustained*
Customized Employment	*Not implemented*
Guideposts for Success	*Not Sustained*
Integrated Resource Teams	*Not Sustained*
Self-Employment	*Not implemented*
TTW, DRC and Benefits Planning	
Employment Networks	*Sustained*
DRC	*Not Sustained*
Benefits Planning	*Not Implemented*
Sustainability Score: 1 of 5	

The New Jersey (Round 1-youth) DEI State Lead, a senior staff member of the state's VR agency, served as the DEI State Lead and liaison to the treatment WDAs. The goal of the grant was to work on *"new initiatives"* and coordinating *"LearnDoEarn,"* a program that is designed to help middle and high school students develop academic and behavioral foundations for success in college and work. The program was designed to improve student academic success; increase interest in STEM courses and careers; improve motivation and attitude and help ensure employability. The LearnDoEarn curriculum includes adult readiness workshops, entrepreneurship, and financial literacy modules provided in a two-week intensive course taught by employers to *"build the academic and behavioral foundations they will need for success in college and/or work."* According to DEI state lead, (Round 1-Youth) and DRCs, LearnDoEarn resulted in behavioral changes among several participating youth. However, due to funding restraints, the program was not sustained after the grant period, *"although the same kind of information the program provided may continue to be offered to youth that enroll in an AJC."* New Jersey also developed an MOU with VR to establish a partnership along with the Commission for the Blind and Visually Handicapped; Office for Persons with Developmental Disabilities; Office for Alcohol and Substance Abuse Services; Office for the Aging and Office for Mental Health.

Due in part to VR being the lead agency for the DEI in New Jersey, it was critical to connect service delivery strategies, such as Asset Development, IRTs and support services to JSWDs to the project. One WDA, Cumberland County, was praised by state leaders as the state's strongest example of an IRT, as the DRC integrated all DEI service delivery strategies with existing practices, including an IRT coordinator position. In other WDAs, a 'model intake registration form' and an 'integrated customer service system' made IRTs a sustainable service that is available to all JSWDs with the help of an IRT coordinator. Resource for support services included housing, child care, transportation, employment programs and career pathways. New Jersey also implemented a Process Mapping Study to lay the groundwork for a sustainable system of care and that engaged the Juvenile Justice Commission (JJC) to work with ex-offenders to help them gain access to training and employment opportunities. The grantee also engaged the John J. Heldrich Center for Workforce Development and *DiscoverAbility,* which is New Jersey's Strategic Plan designed to create a comprehensive employment system for people with disabilities.*"* The Heldrich Center also provides leadership in the development and maintenance of the state's disability benefits planning website known as DB101.

Exhibit 3-9: Sustainability-New York Round 1

Service Delivery Strategies	Sustained Service Delivery Strategies
Service Delivery Strategies	
Asset Development	*Sustained in certain WDAs*
Integrated Resource Teams	*Sustained in certain WDAs*
Blending & Braiding Funds	*Sustained in certain WDAs*
Customized Employment	*Sustained in certain WDAs*
Guideposts	*Sustained in certain WDAs*
Partnerships & Collaboration	*Sustained in certain WDAs*
Self-Employment	*Sustained in certain WDAs*
TTW, DRC, and Benefits Planning	
Employment Networks	*Sustained*
DRC Availability	*Sustained in certain WDAs*
Benefits Planning	*Sustained in certain WDAs*
Sustainability Score: 5 of 5	

New York (Round 1) began with an experienced DEI State Lead that worked primarily in a *"field capacity"*. When she left her position, another NY state official and expert in EN development, became the *"team captain"* of the DRCs and implemented TTW and a statewide EN. The new DEI State Lead developed an EN and assisted local field offices struggling with DEI participant challenges as well as the implementation of TTW. The DEI State Lead also provided expertise in the implementation of TTW across the state through webinars and video conferences. He prepared memos for the Deputy Commissioner of the NY Department of Labor and supported DRCs involved in state-wide and local meetings, capacity building in local AJC and VR offices, facilitated access to assistive technology and monitored and revised AJC accessibility in participating locations. New York DRCs were required to send monthly reports to the DEI State Lead that included TTW enrollment, employment and training activities, arranging and holding Work Incentive Seminar Events (WISE), keeping track of SSA tickets, and providing access to asset development training and IRTs. Participating WDAs also collaborated with the state's VR agency, Section 8 Housing Authority, Department of Social Services offices, SSA, State Chamber of Commerce, Independent Living Centers, transportation agencies, United Way, and the Homeless and Travelers Aid Society.

Exhibit 3-10: Sustainability-Virginia Round 1

Service Delivery Strategies	Sustained Service Delivery Strategies
Service Delivery Strategies	
Blending & Braiding Funds	Sustained
Customized Employment	Sustained
Integrated Resource Teams	Sustained
Self-Employment	Sustained
TTW, DRC and Benefits Planning	
TTW	*Sustained*
DRC Availability	*Sustained*
Benefits Planning	*Sustained in certain areas*
Sustainability Score: 5 of 5	

The Virginia Community College System, the state's administrator of WIOA services, signed a Memorandum of Agreement (MOA) with the VA Department of Rehabilitation Services (DRS). The purpose of the MOA was to support Virginia (Round 1) DEI project activities with DRS-funded DRCs, many of whom had previously been DPNs. Virginia built on the *"strengths and lessons learned from the activities of the DPN"* which included the following six service delivery strategies: Asset Development, Benefits Planning, Blending & Braiding of Funds, Customized Employment, Self-Employment, and Integrated Resource Teams. Virginia had access to a flexible spending account that was used as the *"first dollar down"* to leverage partnership funds and resources that allow DEI resources to be used to initiate services, allowing other agencies to provide support or address gaps in services. Virginia also engaged in a resource mapping project in each WDA to identify available resources and career assessments for JSWDs. Several WDAs also became ENs within a few months of project implementation with partnerships that included the Veterans Administration, Medicaid Infrastructure Grant, Veterans Outreach, the Mid-Atlantic ADA Center, TANF, Work Incentive Planning and Assistance Program and Virginia's Individual Development Accounts (VIDA) Program.

The DEI State Lead and DEI State-Lead DRC, worked closely with DRCs and WDA staff to provide guidance and direction during the implementation of the grant. Although implementation of TTW was initially challenging, Virginia succeeded in implementing the program, with some WDAs accruing substantial revenues. Virginia also implemented Partnership Plus while the DEI State Lead assisted DRCs in accessing benefits counseling that increased the number of JSWDs willing to assign tickets to the WDA. Virginia was one of the first grantees to develop a screening process for beneficiaries *"to make sure they are a good match for TTW."* The DEI State Lead commented that JSWDs *"have to be interested in full-time employment to avoid training individuals that were not interested in full time work, but instead preferred to work part-time and keep their benefits."* Virginia Round 1 DRCs also identified individuals that may want to assign their ticket to avoid a disability review process by SSA, which is suspended when a beneficiary assigns a ticket to an EN. In the second year of the grant, Virginia hired an EN specialist *"to walk all DRCs through the ticket to work payment system and follow up on problems and technical difficulties they had been experiencing"* such as long delays in receipt of payments to the EN.

By the second year of the grant, Virginia had assigned dozens of tickets with support from the DEI State Lead, DEI State Lead-DRC and DRCs as they *"crisscrossed the state delivering TA and training to staff."* DRCs also coordinated in-house and third-party trainings on the use of IRTs, Blending and Braiding of resources and Asset Development services. Virginia also provided training on Universal Design (UD) and hired a UD consultant to provide support to partners and organizations located within the treatment WDAs. The UD consultant arranged 7 presentations while DRCs provided 11 trainings to WDA staff and partners. DRCs, many of which were CWICs, provided benefits planning services and helped with asset development training, Medicaid Works enrollment and access to Individual Development Accounts.

Exhibit 3-11: Sustainability-California Round 2

Service Delivery Strategies	Sustained Service Delivery Strategies
Service Delivery Strategies	
Asset Development	*Sustained in certain WDAs*
Blending & Braiding Funds	*Sustained in certain WDAs*
Customized Employment	*Sustained in certain WDAs*
Integrated Resource Teams	*Sustained in certain WDAs*
Self-Employment	*Sustained in certain WDAs*
Partnerships and Collaboration	*Sustained*
TTW, DRC and Benefits Planning	
Employment Networks	*Sustained*
DRC Availability	*Sustained*
Benefits Planning	*Sustained*
Sustainability Score: 5 of 5	

California (Round 2) was led by the state's Employment Development Department, Workforce Services Branch which focuses on universal access, AJC staff development, outreach to employers, and development of a statewide EN. California engaged in partnerships and collaborations with SSA that led to the development of peer mentoring program and access to career pathways through the state's on-the-job-training program. California also conducted quarterly training meetings with DRCs that provided opportunities Employment Specialists, AJC managers and staff to *"collaborate, receive specialized training related to the DEI, and brainstorm and discuss best practices."* The Department of Rehabilitation (DOR), SSA, and California Health Incentives Improvement Project attended quarterly meetings and on occasion, other partners, including Cerritos College, Disabled Students Organization, TANF, Social Security Administration, and Rio Hondo Department of Mental Health personnel attended meetings to provide updates on the status of their services, personnel and outcomes.

California also engaged DOR to identify job leads and training opportunities, including on-the-job training and partnerships with local businesses that *"resulted in permanent positions in competitive fields above minimum wage pay."* One partnership with the Burbank, California SSA office led to several opportunities to discuss programming for SSA beneficiaries. *"It was an extraordinary achievement because many of the other WDAs were not able to get into to SSA to get to know the local staff."* A DEI mentoring program provided opportunities to practice job interviews, identify business development opportunities, recruit JSWD and access services including resume development, housing opportunities, and access to training.

"A lot of the customers have told us that they've benefited from some of the workshops like skills discovery. And we really try and sell it to them because it's in a group setting, and I think they feel more comfortable and open up about their personal situations."

A key challenge for California (Round 2) was the implementation of TTW, due in part to delays related to the submission of the application and suitability determination process. California (Round 2) conducted several on-the-job trainings that resulted in employment in *"competitive fields that pay above minimum wage."* A partnership with the Burbank WDA allowed one grantee *"to make presentations at monthly meetings and collaborate through Partnership Plus. This was an extraordinary achievement as many WDAs had difficulty arranging similar events."*

California (Round 2) also organized a Peer Advisory Team that planned and conducted *"mentoring meetings"* with DRCs and partners from other community-based agencies with expertise that included asset development, interviewing skills, resume writing, access to affordable housing and child care, building self-esteem, and providing employment and training services to JSWDs. One WDA provided employment services to ex-offenders through *"transitional job opportunities offered through the current ex-offender grant."* The DEI State Lead and DEI Supervisory DRC created a Traveling DRC that provided oversight of treatment WDAs and *"interactive trainings and practical information based on successful models currently operating statewide."*

Exhibit 3-12: Sustainability-Hawaii Round 2

Service Delivery Strategies	Sustained Service Delivery Strategies
Service Delivery Strategies	
Asset Development	*Not sustained*
Customized Employment	*Not sustained*
Integrated Resource Teams	*Not sustained*
Blending and Braiding	*Not sustained*
Partnerships and Collaboration	*Not sustained*
TTW, DRC and Benefits Planning	
Employment Networks	*Not sustained*
DRC Availability	*Not sustained*
Benefits Planning	*Not sustained*
Sustainability Score: 0 of 5	

Hawai'i (Round 2) focused on *"bridging gaps to streamline the path to employment and building partnerships between disability and employment related organizations."* Hawai'i served adults with disabilities, including ex-offenders, TANF recipients and Veterans. A Business Relations Inclusion Coordinator organized events for employers that included job fairs, work-based learning opportunities and internships, while the University of Hawai'i Center on Disability Studies (COD) provided T/TA on the implementation of the DEI grant, as well as training for DRCs and Employment Specialists through the Disability 101 training program.[63] Hawai'i also leveraged resources from state, county and community-based agencies to recruit individuals with significant disabilities through direct mail.

The COD provided Job Search and Placement Assistance; On the Job Training; career pathways opportunities; Financial Counseling, TTW trainings, orientation workshops and Asset Development Summits. Other Hawai'i resources supported beneficiary access to Medicaid, Medicare, SNAP and Housing assistance. Hawai'i also engaged in partnerships and collaborations with the state's Department of Labor, Department of Human Services, Vocational Rehabilitation Services, Benefits and Employment Support Services, and Med-Quest, which provides low-income adults and children access to health and medical coverage. Hawai'i also engaged the Senior Community Service Employment Program, which provides training to unemployed *"low-income individuals who are 55 years and older and who have poor employment prospects."*

Exhibit 3-13: Sustainability-Ohio Round 2

Service Delivery Strategies	Sustained Service Delivery Strategies
Service Delivery Strategies	
Asset Development	*Not sustained*
Blending & Braiding of Funds	*Sustained in certain WDAs*
Customized Employment	*Not sustained*
Integrated Resource Teams	*Sustained in certain WDAs*
Partnerships and Collaboration	Sustained in certain WDAs
TTW, DRC and Benefits Planning	
Employment Networks	*Sustained in certain WDAs*
DRC Availability	*Sustained in certain WDAs*
Benefits Planning	N/A
Sustainability Score: 3 of 5	

The Ohio (Round 2) DEI focused on collaborating with WDA staff. The DEI State Lead and DRCs assigned tasks to each DRC which served as a resource for the WDA. The Ohio DRC position was designed in part, *"to be*

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[63] Benefits planning services includes information on employment, health insurance coverage, information on TTW and disability awareness training.

playing a systems change and case management function for JSWDs." The DEI State Lead initiated the hiring of Customized Employment (CE) vendors and reached out to employers, arranged job fairs, and provided opportunities for JSWDs to meet in-person with employers. Ohio used IRTs *"to bring resources together to come up with strategies to leverage funds to support JSWDs."* The grantee also implemented Individual Development Accounts (IDA) to help JSWDs engage in asset development.[64]

Ohio worked with TANF beneficiaries and created partnerships with the latter to help them meet work requirements. Most Adult TANF recipients are required to participate in some form of employment in order to receive cash benefits.[65] Ohio created a corrective action plan approved by the state to increase the number of TANF recipients that receive WDA services. The state used DEI resources to target TANF beneficiaries and also participated in statewide meetings, including Transportation Round Tables, which were made up of organizations that work to ensure that JSWDs have access to adequate transportation. Ohio also developed a DEI sustainability plan to maintain the use of DEI service delivery strategies and DRCs and attended statewide meetings, provided presentations for Ohio Benefits Taskforce meetings and at the local level facilitated orientations for DEI partners. DRCs also developed marketing plans that included strategies for reaching out and marketing to JSWDs, Job Center staff, community providers and employers.

Ohio implemented flexible funding which to provide specific employment supports to Ohio beneficiaries. It is available to JSWDs that participate in an IRT. WDAs were authorized to use flexible funding to improve communication and programmatic access to WDA services for JSWDs. It can also be used for JSWDs transportation, emergency repair or replacement of assistive technology and adaptive equipment, purchasing of work attire, benefits planning, and improvements that support programmatic accessibility. Ohio Round 2 focused on marketing and outreach with state and local partners and education, training, and support services coordinated by DRCs and partners to ensure that JSWDs needs are met. Benefit planners worked with SSA beneficiaries to help them understand the impact of work on benefits. Service delivery strategies included: Integrated Resource Teams; Blending and Braiding of Funds; Partnerships and Collaborations; Customized Employment; and Asset Development Strategies.

Ohio partnerships included the Ohio Rehabilitation Services Commission; Department of Developmental Disabilities; Work Incentives and Planning and Assistance projects; and Community Rehabilitation providers. Ohio Round 2 focused on training Employment Specialists as several DRCs and employment counselors received their *"Association of Community Rehabilitation Educators National Basic Certificate of Achievement in Community Employment."* In addition, 26 DRCs and AJC staff members participated in Customized Employment training and one WDA reached its goal of using Customized Employment with 10 JSWDs, while another began to use Customized Employment in its WDAs for the first time on a regular basis in the final year of the grant.

During the grant period, one of three WDAs became an EN. The others contracted with commercial ENs or collaborated with VR under the Partnership Plus model. Availability of AJC and VR staff was reduced significantly during the grant period reportedly due to a lack of resources.

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[64] Individual Development Accounts. https://www.ssa.gov/ssi/spotlights/spot-individual-development.htm. Retrieved on May 2, 2019.

[65] Improving Employment and Earnings for TANF Recipients. Published: March 15, 2012 https://www.acf.hhs.gov/opre/resource/improving-employment-and-earnings-for-tanf-recipients.

Exhibit 3-14: Sustainability-South Dakota Round 2 (Youth)

Service Delivery Strategies	Sustained Service Delivery Strategies
Service Delivery Strategies	
Guide Posts for Success	*Sustained in certain locations*
Integrated Resource Teams	*Sustained in certain locations*
Partnerships & Collaboration	*Sustained in certain locations*
TTW, DRC and Benefits Planning	
Employment Networks	*Sustained in certain locations*
DRC Availability	*Not sustained*
Benefits Planning	*Not implemented*
Sustainability Score: 1 of 5	

South Dakota (Round 2) focused on bringing employers and employment related services to the AJC to coordinate cross-training of DRCs and Employment Specialists. South Dakota was a youth focused grant. The *Guideposts for Success* was a key component of the grantee's effort to support pre-employment strategies for youth. The grantee focused on Guidepost 2: *"Career Preparation and Work-Based Learning Experiences."* DRCs developed a *"Career Development Forum"* to provide participants with training in job seeking, workplace basic skills, and soft skills, as well as structured exposure to post-secondary education opportunities. All DEI South Dakota youth participated in an IRT.

In order to increase the number of resources available to South Dakota youth, grantee leadership created a Web-based resource map with agency names, contacts, and services. This *"electronic rolodex"* was designed to provide local staff the *"who, what, where and why"* of services that can be marshaled to support JSWDs throughout the IRT process. DRCs worked on expanding outreach to local school systems and reported that *"the schools' recent successful experiences participating in IRTs made school enrollment easier for students with disabilities."* South Dakota also built upon its previous efforts in developing *"School-Based Preparatory Experiences"* which included using the ACT National Career Readiness Certificate program as a preparatory tool for students preparing to transition out of special education services.

DRCs worked not only with customers in the AJCs, but also with teachers, students and families throughout the public school system. They attended IEP meetings and provided T/TA to special education teachers on services available through the workforce development system and how to enroll students in WIOA. South Dakota was also involved in career development forums, creation of resources such as a teacher toolkit, an online resource of service providers, and disseminating information about services provided by local agencies. The state's career development forums covered a range of topics including self-advocacy, the development of employment goals and career plans, employer expectations, and disability disclosure in the workplace.

A teacher toolkit was designed to support high school special education students and counselors with materials for classroom lessons. The toolkit included resources such as "*Skills to Pay the Bills*," "*411 on Disability Disclosure*," a WIOA registration form, a consideration checklist, and an interactive Prezi lesson for teachers to use to teach their students about registering and using SDWorks (South Dakota's online job search system) and other AJC services.

IRTs *"had a lasting impact on the policies and procedures of the state."* The IRT practice is detailed in the state's WIOA plan, and is used broadly. The practice is not only used for JSWD but for all customers who require more in-depth and comprehensive services. South Dakota has also developed an *"Agency IRT",* wherein agency representatives meet periodically to discuss individual youth. Individual IRTs are conducted less formally, with representatives being able to coordinate services using informal meetings, phone calls, add/or email.

Exhibit 3-15: Sustainability-Tennessee Round 2

Service Delivery Strategies	Sustained Service Delivery Strategies
Service Delivery Strategies	
Asset Development	*Sustained in certain WDAs*
Customized Employment	*Sustained in certain WDAs*
Integrated Resource Teams	*Sustained in certain WDAs*
Partnerships and Collaboration	*Sustained in certain WDAs*
TTW, DRC and Benefits Planning	
Employment Networks	*Sustained in certain WDAs*
DRC Availability	*Sustained in certain WDAs*
Benefits Planning	*Sustained in certain WDAs*
Sustainability Score: 3 of 5	

Tennessee Round 2 focused on adults with disabilities, offenders with special needs, veterans and partnerships with several agencies including the Tennessee Departments of Mental Health, Human Services, Corrections and Vocational Rehabilitation. Other partners included Vanderbilt University's Kennedy Center for Excellence in Developmental Disabilities and support from the University of Tennessee. Specific objectives for Tennessee included partnerships and collaborations across systems designed to provide effective and efficient employment, increase the use of self-direction in service and funding and self-directed career accounts that improve *"economic self-sufficiency through the leveraging of resources, increases in the use of a universal design and customized employment."* Tennessee Round 2 built upon the DPN initiative by adding CWICs and an EN to support SSI and SSDI beneficiaries. Other service delivery strategies included: group discovery, job carving, task reassignment, and blending and braiding of resources.

Exhibit 3-16: Washington Round 2

Service Delivery Strategies	Sustained Service Delivery Strategies
Service Delivery Strategies	
Asset Development	*Sustained in certain WDAs*
Blending & Braiding of Funds	*Sustained in certain WDAs*
Integrated Resource Teams	*Sustained in certain WDAs*
Customized Employment	*Sustained in certain WDAs*
Partnerships and Collaboration	*Sustained in certain WDAs*
TTW, DRC and Benefits Planning	
Employment Networks	*Sustained*
DRC Availability	*Sustained in certain WDAs*
Benefits Planning	*Sustained in certain WDAs*
Sustainability Score: 4 of 5	

Washington (Round 2) implemented a DEI project for adults and youth in transition with disabilities. Four service delivery strategies were selected: Partnerships and Collaboration; Integrated Resource Teams; Integrated Resources; and Customized Employment. One DRC was hired for each treatment WDA with support from AmeriCorps/VISTA volunteers. Two WDAs recruited a certified mental health peer counselor to help people with mental health disabilities achieve their employment goals. Washington also leveraged resources through TTW with support from AmeriCorps volunteers that received training on TTW incentives and benefits. Some AmeriCorps volunteers and DRCs also became certified CWICs. Although the State's Employment Security Department (ESD) was already an EN, Pac Mountain WDA created its own EN and participated in the *Stop Ticket Success Pilot Project* in which DRCs recruited individuals with assignable Tickets to enroll in TTW and work with a DRC to develop an Individual Work Plan (IWP). The IWP is submitted to an Operations Support Manager (OSM) to help working individuals track wages. Washington also had a DSA with Maximus, the TTW contractor, to exchange data, including SSNs. Washington regularly uploaded files to Maximus to identify individuals without assigned Tickets, which was used to target potential beneficiaries. The grantee also reported that the DEI

led to increased awareness of support services for JSWDs, better equipment such as accessible workstations and Braille keyboards, more referrals for jobseekers and more efficient coordination of resources and understanding and recognition of Universal Design.

Exhibit 3-17: Sustainability-Wisconsin Round 2

Service Delivery Strategies	Sustained Service Delivery Strategies
Service Delivery Strategies	
Asset Development	*Sustained in certain areas*
Benefit Planning	*Sustained*
Blending & Braiding Funds	*Not Sustained*
Case Management	*Sustained*
Customized Employment	*Not Sustained*
Integrated Resource Teams	*Sustained*
Partnerships & Collaboration	*Sustained*
Self-Employment	*N/A*
TTW, DRC, and Benefits Planning	
Employment Networks	*Sustained*
DRC Availability	*Sustained in certain WDAs*
Benefits Planning	*Sustained in certain WDAs*
Sustainability Score: 3 of 5	

Wisconsin (Round 2) served adults with disabilities, including ex-offenders; TANF recipients; Native Americans and disabled veterans. Its primary focus was to support JSWDs with training and related support services, including career pathways in a variety of high growth, high demand industry sectors. Facilitated by the DRCs, case managers and AJC personnel, provided training on case management and occupational skills training that leads to a certificate or diploma. DEI participants also had access to financial literacy and asset development training, information on income tax requirements and hiring incentives. Wisconsin worked with a State Consortium to identify program/policy modifications to assure *"people with disabilities are linked to gainful employment; removing any accessibility barriers within the One Stop System."* Partners included: Departments of Workforce Development, Corrections; Health Services, Children and Families, a new Economic Development Council and Workforce Development Boards, Community Councils and Advisory Boards. All DRCs became CWICs. Wisconsin collaborated with the state's Office of Financial Literacy to provide WIOA Roundtables to discuss the convergence of WIOA and financial literacy and how it might be implemented within the AJCs. The grantee also created a template for each WDA that has a starting point for updating DRC requirements used as a tool for WDAs to assist in accessing services for JSWDs. This collaboration *"was extremely useful as it assisted the individual WDAs with identifying and accessing local resources."*

Exhibit 3-18: Sustainability-Florida Round 3

Service Delivery Strategies	Sustained Service Delivery Strategies
Service Delivery Strategies	
Asset Development	*Sustained in certain WDAs*
Blending & Braiding of Funds	*Sustained*
Integrated Resource Teams	*Sustained*
Partnerships and Collaboration	*Sustained*
TTW, DRC and Benefits Planning	
Employment Networks	Sustained
DRC Availability	Sustained in certain WDAs
Benefits Planning	Sustained in certain WDAs
Sustainability Score: 4 of 5	

Florida (Round 3) served adults with disabilities through Partnerships and Collaborations, Integrated Resource Teams, Blending and Braiding/Leveraging Resources, and Asset Development training. The grantee also focused on facilitating SSA beneficiaries enrolling in DEI. The DEI State Lead technical assistance to Regional Leads that oversee the WDAs. The Regional Leads, which function as DEI State Leads, facilitate discussions with WDAs to identify and provide resources and information concerning the use of service delivery strategies. Early in the life of the grant, Regional Leads served as DRCs. Eventually, Florida transferred the DRC role to AJC Employment Specialists leaving the Regional Leads responsible for hiring DEI State Leads that oversee DEI related AJC activity and have managerial oversight of the implementation of DEI strategies. Other staff titles used by Florida include the following: disability program success coach, job developer, account manager (monitors TTW revenue), and business development manager who recruit SSA beneficiaries and enroll them in TTW. DRCs are primarily responsible for the implementation of the DEI in their regions.

Exhibit 3-19: Sustainability-Indiana Round 3

Service Delivery Strategies	Sustained Service Delivery Strategies
Service Delivery Strategies	
Asset Development	*Sustained in certain WDAs*
Blending & Braiding of Funds	*Not sustained*
Integrated Resource Teams	*Not sustained*
TTW, DRC and Benefits Planning	
Employment Networks	*Sustained in certain WDAs*
DRC Availability	*Not sustained*
Benefits Planning	*Sustained in certain WDAs*
Sustainability Score: 2 of 5	

Indiana (Round 3) focused on Asset Development, Blending and Braiding of Resources and Integrated Resource Teams. DEI participants are referred to VR, WIOA services and/or TTW based on their skills, employment interests and beneficiary status. Indiana also created a streamlined TTW recruitment process that provides ongoing support that focuses on *"appropriate work incentives"* and/or the use of an IEP or ILP to provide career pathways and eventual employment. The grantee also partnered with the state's mental health centers to provide employment and training for individuals with psychiatric diagnoses while Benefits Planning services were provided by CWIC accredited DRCs: *"We do need more mental health center support since a lot of disabilities are psychiatric."*

During the first two years of the grant, each Indiana WDA became an EN. According to the DEI State Lead, *"it took about a year for the paperwork to be accepted, complete the suitability determination process and receive access to the SSA portal."* In the second year of the grant, Indiana created a TTW marketing and outreach plan to resolve the *"common challenge"* among beneficiaries of favoring part time rather than full-time employment: *"TTW has to be a good fit for each Beneficiary before we move forward. The ones that are committed, who show up to workshops and answer phone calls, are usually a good fit. It means they are committed to returning to work and willing, independently to look for a job. They also show up for workshops and training opportunities and are open to constructive criticism; it's ok that they want to work part time to start."*

While Indiana collaborated with VR through quarterly task force meetings their *"relationship with VR had initially been rocky due to limited access to beneficiaries that co-enroll in VR. The AJCs do share participants and it's important to know what each partner does for the beneficiary. Initially, there was no clarification regarding who was doing what so we didn't always know what a beneficiary was getting when transferred to VR."* This relationship improved in the second year of the grant when VR collocated with the AJCs to collaborate more effectively on *"what VR and WIOA services and supports were available to each participant."*

Indiana (Round 3) also collaborated with community mental health centers that provide support to beneficiaries for benefit analysis and assigning Tickets. Two Indiana (Round 3) regions coordinated *Money Smart* events to promote financial literacy and DEI services. Money Smart provides information on the Earned Income Tax

Credit, Housing and Urban Development, home ownership opportunities, college planning, Asset Development events and resume building workshops.

"The one thing I would have included was internships. It would have helped our customers a lot more, especially when it comes to employers. The employers would feel less hesitant about hiring persons with disabilities. Internships would have helped both the employer and the customer. But, the most important change in the region is that people are actually feeling comfortable with the services being provided."

Exhibit 3-20: Sustainability-Iowa Round 3

Service Delivery Strategies	Sustained Service Delivery Strategies
Service Delivery Strategies	
Asset Development	*Sustained in certain WDAs*
Integrated Resource Teams	*Sustained in certain WDAs*
Partnerships and Collaboration	*Sustained in certain WDAs*
TTW, DRC and Benefits Planning	
Employment Networks	*Sustained*
DRC Availability	*Sustained in certain WDAs*
Benefits Planning	*Sustained in certain WDAs*
Sustainability Score: 5 of 5	

Iowa (Round 3) was designed in part to increase the awareness of SSA beneficiaries, facilitate the ticket assignment process and provide the support necessary to assist JSWDs to seek opportunities for training and eventual employment. The objective of the grant was to create *"a more welcoming environment for people who have self-disclosed a disability and have work restrictions as defined by a medical practitioner. Our goal is to give them some one-on-one attention to help find what they need in terms of accommodations and make sure that we're not making them feel singled-out as disabled."* Iowa staff compared the DEI to the DPN initiative, stating that *"while the DEI is similar to the DPN, DRCs have a role to play that is more administrative in nature. It is to make sure that the DEI is connected to other agencies in the area to develop partnerships and collaborations."*

The DEI State Lead position was managed by two experienced state agency executives. While the level of effort was shared, the position functioned much like a *"DEI State Lead Supervisory DRC"* who provides guidance, training and facilitation of local leadership teams to identify state-level partners and expand the reach of the DEI to all participating WDAs. The DEI State Lead position led to local training opportunities for DRCs and Employment Specialists. One executive level staff member shared that the DEI State Lead role is to managing the grant and its administrative components, such as TTW, partnerships and collaboration and identification of training opportunities. One DEI State Lead became a CWIC and continues to provide financial and benefits planning support, while "Skilled Iowa", a state-based branch of a national career readiness certification agency, provides career readiness certifications and identifies jobseekers with an interest in enrolling in career pathways.

Exhibit 3-21: Sustainability-Louisiana Round 3

Service Delivery Strategies	Sustained Service Delivery Strategies
Service Delivery Strategies	
Asset Development	*Sustained in certain WDAs*
Blending and Braiding Resources	*Sustained in certain WDAs*
Partnerships and Collaboration	*Sustained in certain WDAs*
Self-Employment	*Sustained in certain WDAs*
TTW, DRC and Benefits Planning	
Employment Networks	*Sustained*
DRC Availability	*Sustained in certain WDAs*
Benefits Planning	*Sustained in certain WDAs*

Sustainability Score: 3 of 5

Louisiana (Round 3) included Asset Development Strategies, Blending and Braiding of Resources, Partnerships and Collaboration, and Self-Employment training. The grantee worked on AJC accessibility with the implementation of universal design, SDS and training for JSWDs that included career counseling, resume-development, educational scholarships, TTW and EN services. Louisiana also worked intensively with TTW beneficiaries beginning with skill-based training, part-time employment and eventually, full-time employment. Louisiana beneficiaries accessed WIPA services from Louisiana Benefits Planning services agency, the goal of which was to help beneficiaries make informed decisions about their return to employment. Benefits Planners also provided work incentives and planning assistance support, outreach through SSA's Beneficiary Access and Support Services (BASS), marketing of TTW and collaborations with state and local non-profit agencies. Louisiana WDAs provide accessible technology such as enlarged viewing screens and scanners. The grantee partnered with municipal and non-profit agencies including Families Helping Families, Helping Hands, Louisiana Rehabilitation Services (LRS) and local churches and Community Action Agencies. LRS helped to arrange resources for JSWDs and worked closely with WIOA staff providing information on universal design and disability etiquette.

DRCs worked on project sustainability in partnership with the business services team. DRCs described having a *"good rapport"* with staff and employers as they *"know what's going on and what's available in terms of training and employment opportunities in and around the WDAs."* The Business Services team also has a good rapport with employers and jobseekers: "*We've been letting employers and DEI participants know what's available for those interested in employment by focusing on sustainable arrangements that continue after the grant period.*"

DRCs created a resource guide that consists of a list of community-based and state agencies to determine what services are available to beneficiaries, such as transportation, child care and housing. The resource guide provides information on where to obtain services and is regarded as the "*statewide bible*" for Louisiana. A disability newsletter was created by the Department of Health and the Governor's Office of Disability Affairs, with support from the DRCs. The Louisiana Internal Revenue Service, Families Helping Families, Goodwill and community colleges located in each treatment WDA were also instrumental in recruiting JSWDs and accessing services.

"We've met with several AJC staff. We have folks who do memberships because customers actually become members of our AJC. We provide assistance and training on résumé writing and interviewing. We also have special days where they come in and do targeted workshops. On the flip side, we have staff members who work directly with employers. We assist them in posting vacancies and testing services to determine where they are in terms of their employment interests and skills."

Exhibit 3-22: Sustainability-Massachusetts Round 3

Service Delivery Strategies	Sustained Service Delivery Strategies
Service Delivery Strategies	
Blending & Braiding of Funds	*Not sustained*
Integrated Resource Teams	*Not sustained*
Partnerships and Collaboration	*Not sustained*
TTW, DRC and Benefits Planning	
Employment Networks	*Not sustained*
DRC Availability	*Not sustained*
Benefits Planning	*Not sustained*
Sustainability Score: 0 of 5	

The Massachusetts (Round 3) DEI State Lead provides managerial oversight and technical support to the WDAs. Initially, the DEI State Lead position was shared between two state agency executives; a DEI State Coordinator and a Senior State Official that provided oversight of the DEI grant and administrative support to the project. The DEI State Lead was tasked with conducting regular site visits to each WDA to address challenges experienced by

DRCs and WDA staff as they pertain to the implementation of the grant. The DEI State Lead and DRCs coordinate regular DEI team meetings to discuss the strategic direction of the grant and to maintain contact with DEI staff. DRCs coordinate with partners, jobseekers and other stakeholders *"to conduct IRTs and ensure that customers are aware of all of the resources available through the DEI."*

The DEI State Lead facilitates meetings with DRCs on a monthly basis and convenes monthly strategy meetings that include partner agencies such as the Institute for Community Inclusion (ICI) and Work Without Limits. While WDAs are authorized to make decisions with regard to the specific role of each DRC, the DEI State Lead selected DRCs depending on the needs of each WDA, the skills of each DRC, the characteristics of local jobseekers and access to training and employment opportunities. DRCs implemented case management services which was described as the "*heart and soul of the process of working with JSWDs.*" DRCs focused on creating partnerships and providing information to jobseekers and stakeholders. "*DRCs have done better with more clients and services, things like helping with job searches, identifying training needs and training opportunities.*"

Massachusetts accessed two technical assistance centers during the grant period. ICI and NDI "*helped DEI ENs get up and running.*" The level of TTW activity among beneficiaries varied. The more successful WDAs used the SSA portal to send letters requesting the names of people who are ticket eligible. According to one DRC, "*letters to beneficiaries have been successful in getting tickets assigned*" despite some challenges communicating with SSA. One WDA decided not to continue trying to assign tickets because it was "*such a hassle to process payments and there were often mistakes made by SSA.*" As a result, one WDA did not implement TTW. Instead, they focused on serving JSWDs that were not Ticket holders. Another Massachusetts (Round 3) WDA reported that "*we haven't been able to get our staff to pass the SSA security clearance requirements. We might use TTW in the future, but it is unclear at this time we will not move forward with TTW.*" Despite these challenges, by the end of the first year of their Round 3 grant, two of the three Massachusetts (Round 3) WDAs successfully implemented TTW.

There were also some challenges regarding the ticket assignment process as some ticket holders initially assigned their tickets to VR rather than one of the DEI WDAs: "*when this happens the ticket is unassignable to the WDA and the customer cannot be helped by DEI unless they forfeit access to milestone payments. Someone should develop a policy that says that if a ticket is assigned, but customers are not getting services, then that ticket will be automatically assigned elsewhere.*"

The Massachusetts grantee included a Statewide Coordinating Committee whose purpose was to "*connect with other disability groups and agencies and play a role in making people aware of the services available to jobseekers in each WDA.*"

According to the DEI State Lead, the number of customers with disabilities that receive core and/or training services increased during Round 3, as more customers with disabilities were placed in jobs than prior to the grant. This is due in part to the DRCs. "*If the DRCs go away, the WDAs will be able to serve customers with disabilities, but not at the level of WDA staff and DRCs are currently serving them. DRCs provide more intensive one-on-one services than WDA staff. While WDA staff serve JSWDs they are more likely to continue with core and basic services than WIOA services that are more robust.*"

Exhibit 3-23: Sustainability-Minnesota Round 3 (Youth)

Service Delivery Strategies	Sustained Service Delivery Strategies
Service Delivery Strategies	
Guideposts for Success	*Sustained in certain WDAs*
Integrated Resource Teams	*Sustained in certain WDAs*
Partnerships and Collaboration	*Sustained*
TTW, DRC and Benefits Planning	
Employment Networks	*Sustained in certain WDAs*
DRC Availability	*Sustained in certain WDAs*
Benefits Planning	*Sustained in certain WDAs*

Sustainability Score: 3 of 5

Minnesota (Round 3) embedded the Guideposts for Success into its youth transition practices. As such, the model has been added to the standard practices of the state's Community Transition Interagency Committees (CTICs), which are regional groups in Minnesota staffed by teachers, parents, youth in transition, representatives from community-based agencies, county representatives and other community members. The goal of the CTICs is to create awareness of transitional supports to young adults with disabilities. Working in collaboration with the CTICs, DEI enhanced School-Based Preparatory Experiences, Career Preparation and Work-Based Learning Experiences for participating youth by providing additional support through WIOA and DEI-sponsored activities such as skills development, career counseling, and job readiness. Minnesota, a state with significant history of collaboration between its workforce and educational systems, saw the IRT process as *"parallel"* to the IEP process that students with disabilities participated in. The two were combined to collect information related to resource needs and educational and workforce planning.

Minnesota stakeholders expressed concerned that there is no youth model for TTW, and many of the focus areas within the program do not apply to youth. The PACER Center located in Minnesota, has extensive experience in youth in transition and program development and contributed to the *Guideposts for Success* on behalf of NCWD. The main role of the DRC was to conduct outreach to youth with disabilities, VR, and service providers in the community. VR staff members reported that they have found the collaborative nature of the DEI to be useful in terms of arranging services for youth with disabilities. DRCs also embarked on activities necessary to develop partnerships with local community providers. The primary service providers of interest were Minnesota's Community Transition Interagency Committees (CTICs) which are organized by the state to support the transition of high school students with disabilities into the community. Program support was provided by school personnel and state agencies such as the Department of Labor and Industry - VR unit, and other community providers.

Exhibit 3-24: Sustainability-Rhode Island Round 3

Service Delivery Strategies	Sustained Service Delivery Strategies
Service Delivery Strategies	
Blending & Braiding of Funds	Sustained
Integrated Resource Teams	*Sustained*
Partnerships and Collaboration	*Sustained*
TTW, DRC and Benefits Planning	
Employment Networks	*Sustained*
DRC Availability	*Sustained in certain areas*
Benefits Planning	*Sustained*
Sustainability Score: 5 of 5	

The Rhode Island (Round 3) DEI State Lead oversaw the administrative components of the grant as well as the implementation of SDS. As a former DPN, the DEI State Lead provides training and technical assistance to DRCs and Employment Specialists, monitors the state's EN, and develops beneficiary recruitment activities such as the use of SDS. The DEI State Lead provides managerial and technical support to the sole DRC. He also reviews and approves invoices, and monitors project timelines and deliverables. The DEI State Lead, is responsible for the EN application process and supports the DRCs in participant outreach activities, counsels the DRC and recommends WIOA services that meet the needs of both DEI participants and SSA beneficiaries. As the statewide coordinator, and a former DPN, the State Lead is the primary contact for current and potential partnerships. The State Lead is also responsible for the Customer Resource Specialists (CRS) and Business Services Specialists (BSS).

As a part of his role in developing partnerships, the DEI State Lead develops MOUs to create partnerships and collaborations with state and community-based agencies, conducts training sessions on DEI implementation of SDS, including disability etiquette and techniques for presenting information to community partners. According to the DEI State Lead, "*experts in different subject matter areas were accessed on a regular basis as training is continuous. All training has a focus on peoples' functionality not disability. As our main goal is quality service.*"

According to the state's executive level staff "*at the beginning of the DEI grant, about 80% of WDA staff had no experience working with JSWDs.*" The DEI State Lead designed and led four weeks of training to provide the knowledge and skills necessary to serve JSWDS with disabilities in pursuing and obtaining sustainable employment. The DEI State Lead created an *"Action Step Plan"* (ASP) designed to encourage JSWDs to be accountable for engaging in training and eventual employment. The ASP helped JSWDS "*see their progress as they reached previously agreed upon goals.*" IRTs were integral to the success of many JSWDs. It's the "*big component that helps the customer be successful. The IRT is critical. In addition, Job Coaches were integral to keeping JSWDs employed. It also speeds up the employment process as things go faster with more personal contact.*"

The DRC commented that *"some JSWDs have some hesitation about returning to work while others have grandiose ideas such as requesting executive level employment opportunities.*" The DRCs and Employment Specialists do not "*discourage these hopes, but they also address the reality of work. Some customers apply for jobs that they're not qualified to do and then they get discouraged when they are rejected. So the counselors present the reality of the job market, the short vs. long term goals. The range of customers goes from janitors to attorneys and engineers.*"

Community-Living of Rhode Island (CLRI), is a diversified agency that supports Individuals with Intellectual Disabilities. The main objective of CLRI is to encourage self-advocacy and the development of other social, behavioral, and daily living skills. The DEI State Lead also organized *"ProAbility"* day programs and other residential facility programs to "*market DEI and AJC services*".

ProAbility provides family support services that enhance skill development with opportunities to develop job skills and keeping an individual with their family. Through individualized services, the program offers skill development services in the areas of Self Care; Independent Living Skills; Social Skill Development; and Other Identified Areas of Need.

In order to strengthen existing relationships and create new partnerships, DRCs conduct outreach presentations that include information on DEI, ticket assignment issues and opportunities for partnerships with state, county, and local agencies. In addition, the DEI State Lead, in conjunction with the DRCs, lead monthly meetings with Customer Resource Specialists (CRS) and Business Services Specialists (BSS). Both CRS and BSS staff oversee service delivery to JSWDs. They also provide structured feedback in which DRCs and Employment Specialists discuss jobseekers' progress, challenges and possible resolutions to barriers to employment. BSS also provides skill-based training, targeted job placements, resume support, training in effective interviewing, and outreach to employers and information on job matching.

Exhibit 3-25: Sustainability-Alabama Round 4 (Youth)

Service Delivery Strategies	Sustained Service Delivery Strategies
Service Delivery Strategies	
Asset Development	*Sustained in certain WDAs*
Blending & Braiding of Funds	*Sustained in certain WDAs*
Customized Employment	*Not sustained*
Guideposts for Success	*Sustained in certain WDAs*
Integrated Resource Teams	*Sustained in certain WDAs*
Partnerships and Collaboration	*Sustained in certain WDAs*
TTW, DRC and Benefits Planning	
Employment Networks	*Sustained in certain areas*
DRC Availability	*Not sustained*
Benefits Planning	*Not sustained*
Sustainability Score: 2 of 5	

Alabama (Round 4) included two "programmatic leads" with experience in workforce development and disabilities. Eight more DRCs were hired to monitor DEI participants from enrollment to exit and manage access

to WIOA programming. The DEI State Lead monitors TTW beneficiaries to ensure *"they're getting services that will lead to employment as well as follow-up support from the WDA."* An Assistant Program Manager and former DPN that worked in Special Education and Career Technology mentioned that *"motivation is a key issue. That is getting a youth jobseeker to follow up on tasks, keep appointments and things like that. There can also be challenges from families, some push-back at the idea of an adult child getting a job with the question of 'will my benefits be lost?'"*

Alabama implemented a youth focused DEI project to focus on individuals with psychiatric and related challenges. Two DRCs had responsibility for tracking participants and preparing JSWDs for training and eventual employment. Each DEI participant was assigned a case manager that oversaw the use of SDSs, job training and job placement. ADMH hired two DRCs to manage the DEI grant and a statewide EN. While staff initially had difficulty completing the suitability determination process, accessing the SSA portal, and recruiting local beneficiaries, TA provided by Maximus expedited the suitability determination process, helped with beneficiary outreach, and facilitated access to milestone payments.

The Alabama DEI included the use of IRTs, Benefits Planning, Customized Employment, Blending and Braiding of Resources and the Guideposts for Success. According to one Alabama DRC, *"IRTs have been particularly useful in terms of arranging resources that can help JSWDs with housing or clothing needs or to access training in 'soft skills' or resource mapping so they know what agencies and groups are in their area."* However, the Guideposts were somewhat challenging to implement *"because the 19-24 age group was very diverse in terms of their needs. They will say that they want to go to college or join the military, but they really haven't made any plans to move forward."* An important part of working with JSWDs, particularly youth, is access to and support from family members concerned about a potential loss of benefits if they choose employment.

Throughout the grant period, *"DRCs tended to follow a natural progression of services that they've gotten to know and have been able to fit into the AJC so that they are part of the overall WDA team."* Alabama created a class for transitional youth to focus on school-to-work transition, soft-skills and career training, while DRCs conducted outreach to the Chamber of Commerce, community based organizations and middle and high school staff and students.

Alabama developed partnerships with VR and homeless veteran agencies: *"They're both important partners. What improved our relationship with VR was that we asked questions in a way that made them our mentor. They came to view our DRCs as an asset rather than some sort of competition. Now there are open lines of communication and we're able to work constructively together."* Other partners include: the Opportunity Centers, which help with the structure and development of IRTs; ARC, which provides programs and services for JSWDs; and the Calhoun Cleburne Mental Health Center. Alabama DRCs have also worked with a variety of other groups and agencies including homeless shelters and group homes. DRCs also created a Resource Map that provides information for DRCs, WDA staff and JSWDs to help them identify resources such as transportation, housing, child care, job training and individualized support.

Marketing was another focus of the DRCs. Outreach was designed to recruit and meet as many JSWDs as possible in order to have the needed resources to help them acquire job skills and engage in employment. DRCs marketed the project to local school systems and colleges, and helped students prepare resumes and conduct job searches.

"We get a variety of reactions from very open to the idea of hiring JSWDs to immediately closing any possibility of hiring an individual with a disability. It's a matter of finding a match for what the client can do for an employer. We had one person who was illiterate but could do beautiful wood working, so we found her a job that related to those skills."

DRCs also helped JSWDs access to soft skills and employment training: *"One JSWDS couldn't read but wanted to work at Dairy Queen."* DRCs worked with the jobseeker to *"help them learn the DQ menu; this was focused training along with some soft-skills. She got the job and still has it. The training gave her an edge."*

"Many of the successful cases have been with VR. That agency can be somewhat territorial; some offices are very open to working with the DRCs and others are not. Also, the DRCs are not 'regular employees' of the WDAs and they have to learn the forms used by the WIOA system."

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Exhibit 3-26: Sustainability-Alaska Round 4

Service Delivery Strategies	Sustained Service Delivery Strategies
Service Delivery Strategies	
Blending & Braiding of Funds	*Sustained*
Customized Employment	*Not sustained*
Guideposts for Success	*Not sustained*
Integrated Resource Teams	*Sustained*
Partnerships and Collaboration	*Sustained*
Self-Employment	*Not sustained*
TTW, DRC and Benefits Planning	
Employment Networks	*Sustained*
DRC Availability	*Sustained*
Benefits Planning	*Sustained*
Sustainability Score: 3 of 5	

The Alaska (Round 4) WDAs and Employment Security Division set out to develop sustainable strategies for adults and youth with disabilities. The grantee created a logic model in partnership with the Medicaid Infrastructure Grant, *"Alaska Works Initiative."* Alaska focused on sustaining state-level policy development, capacity building and resource leveraging. It also expanded services and resources provided by VR and community based agencies, including Alaska's Mental Health Trust Authority and senior and disability service systems. Alaska grant included an EN in four locations across the state. Service delivery strategies included: Asset Development Strategies, which included the "Money Smart" curriculum, and asset development summits, partnerships with the Anchorage Financial Partnership Network to provide "Fitness Days" and "Super Saturday" free tax preparation services while IRTs were used by DRCs and Veterans Representatives to provide wraparound services.

Alaska was the first DEI grantee to create a DRC-1 training program that is updated on an annual basis so that each local area has at least one DRC available at all times with the skills to develop additional regional and local DRCs as needed. All Employment Specialists were required to take a minimum of 30 hours of training in the areas of disability training, awareness, accessibility, Integrated Resource Teams, customized wage and self-employment, asset development, partnerships and collaboration, blending and braiding of resources and resource leveraging to complete the DRC-1 requirements. Alaska also provided a certification on Customized Employment that all DRCs participated in.

Alaska's DRC training program allowed AJC employment counselors to become Alaska-certified DRCs and then return to their original positions. The Round 4 grant allowed the state to continue this process as well as develop a Job Center Services Integration Committee to share information across systems, while a group of DRC-2s were trained to work with regional DEI State Leads providing staff resources and training opportunities for local WDA staff. Alaska used a selective approach to accepting tickets *"to ensure that their investment in case management and job readiness services would eventually generate revenue for the WDA."*

"*Customized employment was not used much. As a workforce agency we do not have VR counselors and we do not hire rehabilitation providers who would go and be on site with a customer to make it true customization*."

WDA staff commented that "*because the CE process can take a long time, customers sometimes become impatient*" and drop out. Another local DEI stakeholder in Alaska explained that CE activities "*were more in line with the activities VR already conducts with customers.*"

Others described CE activities as "*not quite job carving*" but finding a good employment fit for a customer or talking with an employer about the specifics of a job opportunity that might not be a perfect fit for a certain customer. Most of the local-level discussions centered on 'informal' IRT activities such as "*walking down the hall*

with a DEI participant to talk with someone from another agency, or making phone calls to other agencies regularly regarding resources or services for a jobseeker."

Exhibit 3-27: Sustainability-Connecticut Round 4

Service Delivery Strategies	Sustained Service Delivery Strategies
Service Delivery Strategies	
Asset Development	*Sustained in certain WDAs*
Blending & Braiding of Funds	*Sustained in certain WDAs*
Customized Employment	*Sustained in certain WDAs*
Integrated Resource Teams	*Sustained in certain WDAs*
Guideposts for Success	*Sustained in certain WDAs*
Partnerships and Collaboration	*Sustained*
Self-Employment	*Sustained in certain WDAs*
TTW, DRC and Benefits Planning	
Employment Networks	*Sustained in all WDAs*
DRC Availability	*Sustained in all WDAs*
Benefits Planning	*Sustained in all WDAs*
Sustainability Score: 5 of 5	

The Connecticut (Round 4) DEI State Lead and DRCs focused on strengthening partnerships, particularly with VR and the Connecticut Employment and Training Commission (CETC), [66] which is an active participant in the state's Transition Community of Practice (TCP). TCP includes both VR and Department of Education staff.

The DEI State Lead is a member of the Connecticut Technology Act Assistive Technology Steering Committee[67] and has partnered with the Connecticut Business Leadership Network to provide access to employers. The DEI State Lead regularly attends Job Development Leadership Network North meetings, the Governor's Committee on Employment of People with Disabilities and the Connecticut steering committee for transition age youth and adult JSWDs. The DEI State is also a member of the Statewide Employment Network (EN) Support Committee and attends meetings of the State Rehabilitation Council to which the DEI State Lead was nominated. DEI State Lead is also involved in organizing and presenting training opportunities for DRCs and Employment Specialists, and oversight of Case Managers and use of IRTs and blending and blending and braiding of resources.

According to the DEI State Lead, the DRC role *"is an ever evolving position that requires experience providing technical assistance to both staff and participants."* Two DRCs were tasked with developing partnerships and collaborations to facilitate blending and braiding of resources and IRTs. In one WDA, there was a pilot study formed in partnership with the Green Jobs Funnel (GJIF), the Department of Mental Health and Addiction Services (DMHAS), Young Adult Services (YAS) and DEI. Through the blending and braiding of resources, 10 YAS participants received specialized training that led to industry credentials in OSHA 10, Lead Renovation, Repair, and Painting, Green Construction and general interior painting and maintenance/repair. Connecticut also hosted a Diverse Ability event where several state agency personnel and service providers meet JSWDs to discuss employment opportunities.

The Northwest WDA had success with TTW implementation while another EN closed and referred Ticket holders to the Northwest WDA. In order to recruit and engage beneficiaries, DRCs conduct presentations on the DEI and create marketing materials and web pages for SSA beneficiaries. According to the DEI State Lead, one significant challenge is the reluctance on the part of SSI/SSDI beneficiaries to seek full-time work. "*The majority of beneficiaries appear to want part-time employment to start rather than go right into full-time employment.*" To allay the fears of Ticket holders, DRCs and Benefits Specialists are available to discuss how employment may

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[66] CETC provides Connecticut's workforce policy and planning guidance to the state's Governor and General Assembly. It also coordinates the state's workforce investments and programs.

[67] Connecticut's Assistive Technology Guidelines define the process for considering, implementing, and evaluating technologies that ensure access for students of all abilities.

impact benefits and work incentives. The DRCs provide resources that determine each beneficiary's financial capability and asset management skills, as well as how AJC services can assist them in gaining access to training and employment. DRCs also have close relationships with local CWICs who have been very responsive.

"One struggle with the grant is that we have had difficulty getting beneficiaries to assign their Tickets. We think the fear of leaving beneficiary status is too great."

According to the DEI State Lead, Connecticut has been slow in the recovery from the 2008 recession and *"people are scared to leave the beneficiary roles despite our attempts to council them. They are scared that a ticket assignment will result in loss of benefits."* To increase Ticket enrollment, Connecticut created a state-wide EN network to share best practices with the state's WDAs *"but that petered away after a while."* The DRCs however, have maintained close relationships with the state's TTW lead and eventually reconvened EN meetings: *"Now we meet quarterly and it's been fantastic."* Connecticut also implemented Partnership Plus and IRT workshops that included VR, DEI and WIOA staff.

According to the DEI State Lead, *"the VR relationship has definitely improved with doing referrals and training for DEI participants."* Through the Statewide Employment Network Supports Committee they meet with other ENs and develop Partnership-Plus Agreements. The DEI State Lead regularly reaches out to other agencies to participate in training on topics such as mental health, Universal Design, cognitive limitations, deafness, deaf culture, and strategies related to working with deaf individuals. Connecticut's "Diverse Ability" event included information on DEI-Business Engagement, VR partners, Diverse Ability Career Fairs and opportunities for discussion around strategies for inclusive Job Fairs and partnerships. Partner agencies include the Department of Mental Health and Addiction Services, Department of Developmental Disabilities, Department of Rehabilitation Services, Bureau of Education and Services for the Blind, Department of Labor Business Services, New England Assistive Technology and the CT Business Leadership Network.

Connecticut also reached out to other special populations, such as the HIV community and the city of Hartford. DEI brought the Partnership Plus model into homeless shelters and programs for individuals on the autism spectrum. According to Connecticut DRCs, "*VR is one of our more important partnerships. It allows for better opportunities for blending and braiding resources as well as access to employment readiness which can be combined with VR's fabulous on-the-job training model. It's been a great success*." Connecticut *"Myth-busters"* training was also highly regarded by DRCs, Employment Specialists and JSWDs as it focuses on "*how work impacts benefits and work incentives and how staff capacity and training helps with sustainability.*"

Exhibit 3-28: Sustainability-Idaho Round 4 (Youth)

Service Delivery Strategies	Sustained Service Delivery Strategies
Service Delivery Strategies	
Blending & Braiding of Funds	*Sustained*
Guideposts for Success	*Sustained*
Integrated Resource Teams	*Sustained*
Self-Employment	N/A
TTW, DRC and Benefits Planning	
Employment Networks	*N/A*
DRC Availability	*Sustained*
Benefits Planning	*N/A*
Sustainability Score: 4 of 5	

Idaho (Round 4) collaborated with organizations that support employment for youth with disabilities with support from DEI DRCs and two statewide committees: the Idaho Interagency Council and the Employment First Consortium. According to the DEI State Lead, these relationships have been vital to the development of the ID DEI grant.

The DEI State Lead focuses on *"keeping folks informed"* from parents of youth to interagency committees that develop policy related to individuals with disabilities. DRCs are tasked with coordinating employment and related activities by developing distinct roles for each one: "*We've really morphed into a team approach. During the Disability Navigator grant, the DPN was more alone in what they were doing with their local offices, but with this DEI it's been really helpful to work more as a group on activities and events. Part of our grant work plan was to develop additional events and conferences for youth with disabilities*." Idaho (Round 4) assigned one of its DRCs to be a "*business representative, although other DRCs pitch in at those times and follow leads to local employers. This type of collaboration and teamwork has proven to be an interesting difference between DEI and the DPN grant*." VR is also the primary partner for Idaho (Round 4). The DEI State Leads and DRCs are "*deeply involved in VR as a member of the State Rehabilitation Council*." The DRC State Lead also "*was afforded good opportunities for connecting more closely with VR. "Since I know VR local managers it's much easier to get them connected with the local DRCs. Then the local DRCs follow up on that and hold meetings with local VR staff in the area*." The DEI State Lead is also an Advisory Board Member for the Idaho Assistive Technology Project and participates in the Idaho Commission for the Blind and Visually Impaired Assistive Technology Project.

Idaho also partners with the Interagency Council on Secondary Transition and the Idaho Department of Education, which serves as the statewide coordinator for special education services. Through the Department of Education, Idaho hosted a workshop on College and Career Readiness and brought in subject matter experts including Principals and Special Education staff who participated and worked in teams to develop a plan for improving youth in transition programs. In their presentation on the *Guideposts for Success*, DRCs provided assistance to AJC staff on disability-related issues including disability awareness training and a week-long Career Chat Camp that brings in youth ages 14-24 for about 4-5 hours per day.

"*The event included employment preparation activities and a tour of a local business. Most of the participants haven't had a chance to see what a business is actually like and the employers have been incredibly helpful. The DRCs follow up after the job tours with additional employment preparation activities*."

Another event called Wood River Works provided employment related activities such as job searches and sessions on youth with disabilities that included VR and WIPA program representatives. Idaho also implemented TTW and Partnership Plus with their local VR agencies and eventually created a state-wide agreement with VR. According to the DEI State Lead, "*DRCs have been very effective at connecting WIOA folks with VR*" to access Partnership Plus.

Exhibit 3-29: Sustainability-Illinois Round 4

Service Delivery Strategies	Sustained Service Delivery Strategies
Service Delivery Strategies	
Asset Development	*Sustained in Certain areas*
Blending & Braiding of Funds	*Sustained in Certain areas*
Customized Employment	*Not sustained*
Guideposts for Success	*Sustained in Certain areas*
Integrated Resource Teams	*Sustained in certain areas*
Self-Employment	*Sustained in certain areas*
TTW, DRC and Benefits Planning	
Employment Networks	*Sustained*
DRC Availability	*Not sustained*
Benefits Planning	*Sustained in certain areas*
Sustainability Score: 3 of 5	

The Round 4 Illinois DEI State Lead is an employee of the Department of Commerce, overseeing a physically "*disparate system that has WIOA in one place and Wagner-Peyser in another, and rehabilitation in another agency; we're very spread out which makes it challenging to communicate across systems.*" WIOA is administered by four different state agencies; "*So the whole unified planning thing and, really, a lot of the front*

line services and relationships, are something that folks don't have a need for. That's been one of the exciting things for somebody who has worked at all levels of the Workforce System." Illinois Round 1 "*relied on a lot of the technical assistance from NDI. Those guys had it together so well. And they have been great in walking our WDAs through the process to get the DEI Round 4 strategies going.*" Illinois also created partnerships with nonprofit agencies, banks and WDAs, and developed an assessment to determine "*what WDAs need in terms of resources and support. We focused on Benefits Planning around tax credits, around all that stuff, banking, and financial literacy. And then we started with workshops and then turned them into a regular set of services that addressed asset development.*"

Illinois got off to a slow start. One DRC was not hired until mid-way through 2014 and it took close to 1 year to create an EN and enroll individuals in TTW, due to a lengthy suitability determination process. According to one Illinois DRC, "*accessing TTW beneficiaries had everything to do with SSA providing information to us and getting us through the TTW application process. Without that help, we may not have been able to complete and implement our EN.*" By the end of 2014, the grant was "*in a good position to hit our TTW metrics*" although the implementation of the various components of the DEI grant went very slowly. Illinois worked on systems change and partnerships and collaborations with community-based agencies, WDAs, and state leaders. "*In our area, JSWDs meet the qualifications for jobs in healthcare, transportation, logistics and high-skilled manufacturing. But we did not have access to any of career pathways training until DEI.*" Illinois implemented IRTs with support from the DEI State Lead which helped develop a partnership with WIOA and VR that "*has really helped the IRT approach in forging relationships with WDAs and state agencies. They worked in tandem with WIOA staff to implement Partnership Plus and recruit SSA beneficiaries.*"

However, a change in the state's elected leadership during the grant period was seen as "*a really big deal.*" Illinois had been a state that has been under one political party's control for a long time. "*So, having a bunch of new folks in the executive branch shook up a lot of staffing and state level agencies. We just got a new Secretary of the Department of Human Services and that's the agency that controls rehabilitation, mental health and TANF. But we don't yet have a deputy director that's permanent so state leadership was not very involved in the DEI and we had to move slowly during the first two years of the grant.*"

A lack of self-disclosure created additional challenges for some DRCs. They encountered individuals that they "*knew*" had a disability but were unwilling to self-disclose. DRCs conducted outreach to JSWDs through discussions with WDA staff that were able to allay the concerns of some JSWDs that were reluctant to self-disclose a disability.

DRCs also engaged in outreach to adults with disabilities using an online marketing vehicle called Illinois WorkNet Centers. This system generates avenues for employment and training opportunities including the State's disabilityworks website, which provides information on job availability, access to skill-based training, benefits planning, a step-by-step guide for individuals seeking employment, and access to services available through the Medicaid Infrastructure Grant (MIG)[68] and the Disability Employment Initiative. Illinois also engaged in marketing to the business community, chambers of commerce and industry associations to promote access to employment for JSWDs.

"We're still not jumping in with two feet, as far as doing fully-enrolled WIOA services because they had always had policies in place where they only enrolled folks that want full time work. We are working on changing that because I want them to enroll everyone and to pilot these services so that we can go on something when we do statewide rollout for WIOA implementation, so we can become closer with VR across the state." Illinois had flexible spending dollars for an innovative program supporting an Individual Placement and Support (IPS) provider under DHS and a Balancing Incentive Program (BIP)[69] provider under VR, and were a DEI provider under the grantee.

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[68] Medicaid Infrastructure Grants (MIG) provides funding to states to create support services for people with disabilities who would like work. It also increases the availability of personal assistance services, creates partnerships that provide employment supports.

[69] A Balancing Incentive Program (BIP) allows Medicaid matching funds sent to states to increase access to non-institutional long-term services and supports. Illinois' BIP application was approved June 12, 2013.

Exhibit 3-30: Sustainability-Maine Round 4

Service Delivery Strategies	Sustained Service Delivery Strategies
Service Delivery Strategies	
Asset Development	*Sustained in certain WDAs*
Blending & Braiding of Funds	*Sustained in certain WDAs*
Integrated Resource Teams	*Sustained in certain WDAs*
TTW, DRC and Benefits Planning	
Employment Networks	*Sustained*
DRC Availability	*Sustained in certain WDAs*
Benefits Planning	*Sustained in certain WDAs*
Sustainability Score: 4 of 5	

Maine (Round 4) served older youth (18-24) and adults. The grant included a Rehabilitation Counselor that functioned as a liaison between VR and the WDAs with three DRCs covering Central Maine, Western Maine and Augusta, Maine. The grantee implemented three service delivery strategies: Partnerships and Collaboration, Asset Development, and IRTs. A Flexible Employment Fund (FEF) was provided through the grant to supplement WIOA and other resources such as transportation, child care, housing, employment related equipment, clothing and related expenses.

By the second year of the grant, IRTs became a staple through which the grantee would "*pull together all of the players who are working with an individual to jointly develop an employment plan that includes training and job placement support.*" The FEF also provided business attire and resources to purchase equipment, repair a car and/or enroll in training. According to the DEI State Lead, the FEF "*helps motivate staff to consider enrolling JSWDs in WIOA instead of shuttling them over to VR.*" Maine reports having success with the FEF: "*There are definitely JSWDs that DRCs might have been reluctant to enroll in WIOA because they wouldn't have seen the desired outcome in a short enough period of time. Sometimes money helps change behavior.*" Maine funds one CWIC with five CWICs working out of the Maine Medical Center in Portland. In addition to DRCs and a Rehabilitation Counselor, Maine funded two Resource Coordinator 1 positions to increase participation of JSWDs in Career Exploration Workshops.

Maine (Round 4) also included financial fitness fairs, money management workshops, My Money Matters and Super Saturdays which are morning events that focus on money and financial issues. The grantee also developed a resource list for staff to identify partners and help JSWDs access the services they need. Asset Development classes were provided for deaf or hard of hearing individuals. A flyer serves as a model for increasing access to local resources for individuals who are deaf of hard of hearing; "*Even if there's shyness about serving JSWDs, they have coworkers in their midst with obvious and significant disabilities- I think that's good for them.*"

Exhibit 3-31: Sustainability-New York Round 4

Service Delivery Strategies	Sustained Service Delivery Strategies
Service Delivery Strategies	
Asset Development	*Sustained in certain WDAs*
Integrated Resource Teams	*Sustained in certain WDAs*
Blending & Braiding of Funds	*Sustained in certain WDAs*
Customized Employment	*Sustained in certain WDAs*
Guideposts	*Sustained in certain WDAs*
Partnerships and Collaboration	*Sustained in certain WDAs*
Self-Employment	*Sustained in certain WDAs*
TTW, DRC and Benefits Planning	
Employment Networks	*Sustained*
DRC Availability	*Sustained in certain WDAs*
Benefits Planning	*Sustained in certain WDAs*
Sustainability Score: 5 of 5	

New York (Round 4) continued the work of New York (Round 1) in many respects. Establishing partnerships was mandated at the commissioner level *"and gets trickled down to this unit. We don't reach out as much because the partners come to us at the commissioner level."* A partnership with the Office of Mental Health (OMH) continued after the grant period as the agency indicated that DOL managed the DEI after the grant period with OMH providing support services. New York was proactive in getting correspondence out to WDAs to explain the purpose of TTW; "*Some areas struggled but the technical assistance available was amazing! We have direct links to Maximus and Kevin Nickerson, who has been going on site to WDAs to do WISE events.*" TTW outreach has been successful in several areas: "*The number one factor for successful WDAs is outreach and advertising and promotion of TTW. Ulster, NY uses Facebook for* advertising, *Tompkins, NY uses PSAs and Chautauqua, NY uses local newspapers and publications."* Regional DRC events were led by the DEI State Lead which included "*pulling information from OSOS on the DEI tab to help us manage the project from a data entry perspective and provide technical assistance to local areas.*" New York also prepared a 5 year strategic plan that is designed to sustain DEI services without DEI.

Exhibit 3-32: Sustainability-Virginia Round 4

Service Delivery Strategies	Sustained Service Delivery Strategies
Service Delivery Strategies	
Asset Development	*Sustained in certain WDAs*
Blending & Braiding of Funds	*Sustained in certain WDAs*
Customized Employment	*Sustained in certain WDAs*
Guideposts for Success	*Sustained in certain WDAs*
Integrated Resource Teams	*Sustained in certain WDAs*
Self-Employment	*Sustained in certain WDAs*
TTW, DRC and Benefits Planning	
Employment Networks	*Sustained in certain WDAs*
DRC Availability	*Sustained in certain WDAs*
Benefits Planning	*Sustained in certain WDAs*
Sustainability Score: 5 of 5	

Virginia (Round 4) continued TTW and EN activities after the grant period and implemented the Work-World decision making online tool to assist SSA beneficiaries with work incentives. Virginia held financial management workshops, and a partnership with AJC staff to provide case management and referrals to partner agencies. Participating WDAs continued to use the AJC certification system which provides information on compliance procedures, the AJC certification process, Section 188 and programmatic access to build collaboration with key

partners. Virginia also received Ticket revenue that was used to continue employment of DRCs after the grant period. The Common Intake Form (CIF) that was created during Virginia Round 1 continued to be used by Round 4. The CIF captures information that is not part of WIA/WIOA or PIRL extracts, in addition to Asset Development Summits with 15 agencies that are part of the state's "*partner network.*"

The grantee also maintained the use of DEI SDSs, including Asset Development, Blending and Braiding of Resources and IRTs. Virginia incorporated Benefits Planning, Work-Based Strategies (e.g. apprenticeships, internships) and Case Management (wraparound) services. Virginia DRCs contracted with Goodwill Industries to manage TTW and EN activities which led to partnerships with local VR agencies that leveraged resources and referrals for SSA beneficiaries. Employer outreach was another important component of Virginia's DEI, as it focused on employer engagement strategies that offered businesses technical assistance on the use of job accommodations, job fairs and access to Work Incentives Specialist Advocate (WISA) training that was coordinated through a partnership with VR and Cornell University; three DRCs received a WISA certification; one became CWIC certified.

WDA staff mentioned that the EN suitability determination process was initially "*time consuming and confusing.*" Virginia hired a TTW consultant to complete the application, and manage referrals to WISA training for TTW and IRTs. The grantee also certified its WDAs as GED testing sites and began work with the adult education program to make sure that GED outreach and services for DEI participants were available during the grant period. DEI flexible funding was used as the "*first dollar down*" to leverage funds to create a DRC position with responsibility for managing TTW and EN activities. As Virginia implemented TTW, one DRC was transitioned into a TTW role in which she managed and supported beneficiaries and arranged work incentives events. Likewise, given the need to blend/braid services and leverage funds, Virginia modified the structure of its grant to create a DRC position that works exclusively with veterans with disabilities.

APPENDIX 4
Service Delivery Strategy and Promising Practices

In the following section, we provide a review of each of the SDSs, and how they were implemented in various DEI grant Rounds and sites. SDSs include the following:

- Customized Employment
- Self-Employment
- The Guideposts for Success
- Asset Development
- Integrated Resource Teams
- Blending and Braiding of Resources

Customized Employment

R1: Alaska, Arkansas, Illinois, Kansas, Maine, New York
R2: California, Hawaii, Ohio, Tennessee, Washington
R3: Not selected by any Round 3 grantees
R4: Alaska, Alabama

Customized Employment (CE) is designed to personalize the employment relationship between a job candidate and an employer in a way that meets the needs of both. It is arguably one of the more efficacious SDSs, although it is potentially more time consuming. CE is based on an individualized match between the strengths, conditions, and interests of a job candidate and the identified business needs of an employer: *"one person at a time, one employer at a time"* (ODEP, 2014.) CE is comprised of several steps, including discovery, planning, and outreach to and negotiation with employers regarding task reassignment, job carving, and job sharing options. CE is an expanding practice for servicing JSWDs, as evidenced by its inclusion in WIOA.

Three grantees from Round 1, five from Round 2, and two from Round 4 selected CE as one of their DEI strategies. Round 1grantees, Alaska, Arkansas, and Illinois, found the strategy initially challenging to implement within the structure and culture of the AJCs. Alaska's (Round 1) efforts to implement CE were impacted by limited knowledge and the misperception that few JSWDs would benefit from a process that has several components, as mentioned above. This concern was appropriately addressed when Alaska (Round 1) received technical assistance from the LEAD Center Alaska (Round 1 and Round 4), T/TA from Griffin Hammis Associates (GHA) and a CE training program developed by the University of Alaska-Anchorage. Illinois (Round 1) also developed innovative adaptations of CE, such as group discovery, which provides opportunities for JSWD to work together to discuss their employment and training goals.

OH (Round 2) also received training from GHA and made it available online. OH (Round 2) reported that 26 AJC staff members participated in CE training in 2014 and one WDA reached its goal of providing CE services for 10 JSWDs using CE extensively in the final year of Round 2. A third OH WDA included job developers trained in CE and met with community-based agencies, VR and the Department of Development Disabilities (DD) to create employment opportunities for individuals interested in CE. They also provided train the trainer opportunities for DD staff that facilitated a partnership between the two agencies that *"increased the rate of DD referrals to the AJC."* Ohio also developed a CE handbook entitled *Tips for Customized Employment Contracting*. The handbook provides a framework for the development of Requests for Proposals for CE services and includes *Key Definitions*, *Introduction and Purpose*, *Target Population*, *Overview*, *Anticipated Goals and Outcomes*, *Scope of Work*, *Deliverables*, *Vendor Requirements*, *Reporting*, *Funding and Payments*. The handbook includes detailed instructions on discovery, job search planning, job development/negotiation, and post-placement support services.

In Tennessee (Round 2), AJC job developers and job services representatives were trained to provide CE services to JSWD through Michael Callahan of Marc Gold & Associates (MG&A), a provider affiliated with the LEAD Center which is funded by ODEP. TN (Round 2) state leadership commented that that *"we do not want to hear about Customized Employment theoretically anymore. We want hands-on experience."* Funding for CE was provided by the state's VR agency and, though designated for employees of the **Department of Intellectual and**

Developmental Disabilities (DIDD) and DRCs at two WDAs, the training was made available to other staff through a partnership with the state's Employment First State Leadership Mentoring Program (EFSLMP) and the Administration on Intellectual and Developmental Disabilities (AIDD). One DRC secured an employment opportunity with AFLAC. DRCs *"were able to place a client who couldn't be helped by VR, and through the Discovery process we found skills and talents that he had and placed him in a job that matched his desires."*

Iowa (Round 3), in spite of not selecting Customized Employment as a DEI strategy, implemented CE in several WDAs and coupled the strategy with IRTs as a way to access resources for basic needs such as transportation and child care. *"We're very interested in CE and we've done it previously. It's not one of the DEI strategies we initially selected. But it's now a major focus for us in the IA Coalition for Integrated Employment and the Employment First State Leadership Mentoring Project, through which we created CE pilot studies. We also looked at CE as a natural way for IRTs to occur. We started with the development of an IRT and for each WDA to experience that as a tool. People are looking at CE differently – including job coaching, discovery, etc. One of our WDAs received approval for flex funding to support discovery and for CE. We hope that it will happen in all five regions."*

The impact of this effort was a larger role for CE in the state and greater opportunities for partnerships: *"VR integrated a discovery piece in our WDA services. We've had several joint trainings talking about what CE is, what discovery is. We have a monthly webinar that brings together all interested parties to talk about CE. The first 2 months we shared examples of projects and experiences in CE. Through Employment First we now have 6 pilot sites that perform customized employment and now we've rolled that out to providers in the state. With CE, the benefits planning piece is a crucial effort that's been really woven in through the DEI. We were also able to place a client who couldn't be helped by VR. But, through the discovery process we found skills and talents that he had and placed him in a job that matched his desires."*

"Our job developer really uses customized employment when she is approaching employers about internships and jobs. She does discovery to pitch to the customer. ...We see employers who had never hired a person with a disability now hiring them."

DRCs in Iowa also expect to see even more integration of CE due to changes in state policy through Employment First. One DRC commented that *"we have a huge push to use customized employment instead of sheltered workshops. I like that we're seeing that. I do think customized employment is going to be more and more necessary. I expect in our state a big push for more employment specialists will also happen so that we can move more people into community jobs."*

Though none of the Round 3 states selected CE, Alabama and Alaska (Round 4) selected CE as a key strategy for their DEI grants. Several AL (Round 4) and AK DRCs (Round 4) indicated that they were familiar with CE and had participated in a training session conducted by NDI after learning they were awarded a DEI grant.

"We're using CE. I have a participant that we're doing discovery with and I suggested self-employment but she is not into it. So we went down the CE road instead. While she has been having some difficulty staying with a job because of her needs and limited employment readiness, CE has been a nice tool to have in our pocket. It is a challenge to have longevity with this process but I have been trying to look at it as a modified approach and customize it to the jobseeker. For example, this customer will need a modified discovery process, not the whole thing. Sometimes because it takes a long time to get through the process, people get impatient. I think it is a great thing and makes sense but have not gotten all the way through it yet unless we shorten the process a bit."

Self-Employment

R1: AK, DE, KS, NJ
R2: CA, WA
R3: LA
R4: AK

Self-Employment, or entrepreneurship, is a strategy focused on the development of an individual's capacity to work independently, providing them the ability to choose the environment, number of hours, and form of work they wish to do. Though similar to any instance of an individual electing to build a small business, rather than seeking standard employment, the emphasis of the strategy for JSWD is the level of flexibility around tasks, work environment, and support that is inherent in entrepreneurship; rather than needing to cultivate flexibility in wage employment, self-employment is inherently and almost entirely flexible, and puts the individual in a situation where their capacity to contribute value to the marketplace occurs directly, and on their own terms. Components of this strategy commonly include a business plan, start-up resources, provision of supports related to disability, and to the business, business support services (i.e., accounting, legal guidance, transportation, shipping, etc.) and the pursuit of clientele. Among Round 1 grantees, Alaska, Delaware, Kansas, and New Jersey selected Self-Employment as one of their DEI Strategies. Alaska and Kansas worked closely with partner agencies such as VR, Small Business Administration, and community colleges, with Alaska receiving additional support through the START-UP/USA Self-Employment grant funded by ODEP. As part of its Round 4 continuation grant, Alaska's DRCs completed training in self-employment.

California (Round 2) and Washington (Round 2) also selected Self-Employment. In an approach similar to that used by Alaska (Round 1) and Kansas (Round 1), California (Round 2) created and utilized strategic partnerships to obtain support and guidance for Self-Employment services. California (Round 2) reported three successful small businesses being formed through the DEI, with one supported through a successful partnership between VR and a local WDA. While implementation of Self-Employment was challenging due to *"a highly bureaucratic process that involved resources from two agencies,"* several JSWD persevered and were able to become self-employed in a variety of fields and roles, including as an insurance broker and a chef. Louisiana (Round 3) also explored Self-Employment. Partnerships were developed in two WDAs and a Small Business Development Center, Operation Hope Center, and a local community college provided support for JSWD interested in Self-Employment. IA reported 55 case closures attributed to self-employment.

Barriers to increased use of the practice include limited interest among certain DEI grantees, the cost of and time of training in entrepreneurship, and risk tolerance that is necessary to build a sustainable business. Self-employment options are also challenged by the capacity of DEI staff to support new entrepreneurs.

One DRC described these early steps thusly:

"In November we did a two-day self-employment training for beneficiaries and discussed the benefits of self-employment, brainstorming how much capital is needed to launch business ideas. It included benefits planning and helping JSWDs understand how their benefits are affected by employment. DRCs assisted in coordinating it, and NDI came to provide the training. We're going to host another self-employment seminar for community-based agencies. That's still in the works but the basic guideline is helping partners understand that if they have a client looking for self-employment, we know how to help them with that process and can be an advocate for pointing them in that direction."

Guideposts for Success

R1: AR, DE, NJ (youth grantee)
R2: SD (youth grantee)
R3: MN
R4: ID (youth grantee)

The ODEP-funded National Collaborative on Workforce Disability for Youth (NCWD/Youth) identified a series of thematic findings from the research literature focusing on youth transitioning into adulthood. These thematic findings formed the basis of the *Guideposts for Success*, and its five areas of youth development: (1) School-Based Preparatory Experiences; (2) Career Preparation and Work-Based Learning Experiences; (3) Youth Development and Leadership; (4) Connecting Activities; and (5) Family Involvement and Supports. Though the *Guideposts* are ideally to be used in concert, they can be used individually, and Round 1 and Round 2 grantees placed particular emphasis on the selection of one *Guidepost*, rather than all five. This was typically due to programmatic alignment with a youth developmental practice or initiative already in place or being developed independently of the DEI. Though broad impact of the Guideposts for Success may have been hampered by this approach, focusing on one component of the strategy and aligning it with IRTs, Asset Development, and/or Work-Based Learning, contributed to greater sustainability of the practice.

For example, South Dakota (Round 2), built upon the state's previous efforts in developing "School-Based Preparatory Experiences" which included using the ACT National Career Readiness Certificate as a preparatory tool for students preparing to transition out of special education services. One SD stakeholder discussed the influence that the *Guideposts* have had over the way they serve customers: *"We've taken a lot from the Guideposts which say that all youth need certain things and specifically, individuals with disabilities also need specific things. That's how we put it together here. Resources can be used by any jobseeker. We've used* Guideposts *extensively as a guide for developing the teacher toolkit and for "SD Resources 4 You," which is a search engine developed to search for resources related to employment and training."*

Minnesota (Round 3), through its long-standing partnership with the PACER Center (itself a longstanding partner on NCWD/Youth, and a contributor to the *Guideposts)*, embedded the *Guideposts* into its youth transition practices. As such, the model was added into the standard practices of the Community Transition Interagency Committees (CTIC) in MN. CTICs are regional groups in Minnesota that are staffed by teachers, parents, young adults, representatives from community-based agencies and county representatives. The goal of the CTICs is to create awareness of transitional supports to young adults with disabilities. Working in collaboration with the CTICs, DEI has been able to enhance the *"School-Based Preparatory Experiences"* and *"Career Preparation & Work-Based Learning Experiences"* available to this cohort of customers by providing additional support through WIOA and DEI sponsored activities.

Idaho, a Round 4 grantee, shares some structural similarities with South Dakota and Minnesota. Like South Dakota, Idaho possessed strong linkages between its school districts and state government. This has led to active participation in students' IEP meetings by Department of Labor personnel. *"We were going out to schools and working with counselors and special education teachers and students, we were doing disability mentoring days, we were collaborating with many different agencies on committees to make those mentoring days and different events happen."*

Similar to Minnesota (Round 3), the state sponsored Idaho (Round 4) Interagency Council on Secondary Transition has developed close relationships with its AJCs and school districts. Though a statewide initiative, rather than multiple regional groups such as Minnesota's CTIC's, it served a similar function; to identify transition resources for youth with disabilities. These existing structures align with (1) School-Based Preparatory Experiences; (2) Career Preparation and Work-Based Learning Experiences; and (4) Connecting Activities components of the *Guideposts*. Early DEI activities, linked to the *Guideposts*, have included sponsored field trips to employers for WIOA youth participants to deepen their knowledge of local employers and to obtain advice and guidance from the leadership of those employers.

Asset Development

R1: AK, IL, KS, ME, NY, VA
R2: CA, HI, OH, SD, TN, WI
R3: FL, IN, IA, LA
R4: AK*, CT, IL, ME, NY, VA

Asset Development consists of strategies designed to help individuals navigate the financial benefits, programs, and incentives available to encourage employment, and to maximize the impact of earnings on personal financial stability. These supports include information on, and facilitating access to, tax incentives, such as the Earned Income Tax Credit (EITC) and Child Tax Credit, as well as SSA and U.S. Department of Health and Human Services (DHHS) sponsored programs such as "Assets for Independence Individual Development Accounts" (IDA) and SSA's "Plan to Achieve Self-Support" (PASS) programs. Each of these support individual to accrue assets that can be used to purchase a home, start a business, or acquire the skills and/or equipment necessary to enhance employability.

Asset Development invariably includes financial literacy, including support in accessing banking services (e.g. checking, savings, and money market accounts, certificates of deposit, and retirement savings strategies, etc.), and a general knowledge of how to manage earned income, savings and debt. Additional supports include tax preparation, housing and child care assistance, health care, nutrition, and other kinds of supports that can facilitate the process of returning to work, and retaining employment.

Due to program requirements associated with the work incentives related to social security benefits, as well as the complicated relationship between those benefits and a beneficiary's attempts to earn and save money, some DEI stakeholders view benefits counseling as an integral component of Asset Development. By this definition, of course, every DEI grant has engaged in some degree of Asset development work. However, for the purposes of this section, we will limit our exploration to grantees who focused explicitly on Asset Development strategies beyond (though potentially inclusive of) benefits planning support.

Asset Development programs are funded by various federal agencies, including SSA and the DHHS, and are available through community-based agencies. For example, DHHS' IDAs help low-income families save earned income to purchase a first home or start a business, or pay for postsecondary education or training. SSA's PASS plans allows SSA beneficiaries with disabilities to accumulate income and/or assets without losing benefits or having their benefit amount reduced. This allows PASS participants to work toward an occupational goal that requires training or enrollment in an educational program. The aforementioned EITC provides tax relief until a maximum credit is reached based on the number of children in a family while the Child Tax Credit extends the credit allowed through the EITC.

Seventeen states, including all the five Round 4 continuation states, selected Asset Development as one of their DEI strategies. Round 1 (AK, IL, KS, ME, NY, & VA) and Round 2 (CA, HI, OH, TN, WA, WI) placed significant focus on the financial literacy and tax preparation aspects of the strategy. Grantees gradually began placing more emphasis on the role of tax credits and personal finance, particularly in how they relate to SSI/SSDI benefits. In order to provide services immediately, grantees commonly developed partnerships with outside organizations or used DEI resources to expand capacity within concurrent Asset Development initiatives. Examples of this include financial literacy "forums", (often cosponsored by local banks, the IRS, and/or the Federal Deposit Insurance Corporation), or local agency services such as the "Money Smart" and "My Money Works" curricula, the Volunteer Income Tax Assistance Program (VITA), and "MyFreeTaxes". Prominent examples of programmatic impact of these partnerships were seen in Illinois (Round 1), where two sites reported providing tax preparation support to 262 AJC customers, and Hawaii (Round 2) which provided similar services to more than 100 customers during the third year of their DEI grant.

As with the Round 1 grantees, Round 2 states placed particular emphasis on the financial literacy aspects of Asset Development. Partnerships with outside agencies supported these efforts at several WDAs. Other grantees focused on Individual Development Accounts (IDA) for customers, assisting them in putting money aside for needed tools

or training to enhance their employability. Interest in attending Asset Development events was mixed, but, importantly, the focus on developing AJC knowledge of Asset Development strategies has broad applicability to jobseekers both with and without disabilities.

Examples of Round 2 Asset Development activities include Ohio's (Round 2) development of a guide for WDAs about Asset Development activities and requiring them to develop action plans that include timetables. Some WDAs in Ohio relied heavily on partner agencies to provide AD services due to their expertise in that area. AJCs also held some financial fitness fairs that were sparsely attended. Nonetheless, DEI leaders expressed that many WDAs enthusiastically supported Asset Development as a worthwhile strategy for addressing financial barriers to employment.

"We've embraced asset development close to the heart. Each area has realized that helping an individual who has been long-term unemployed or never employed and never had a paycheck that lasted to the next paycheck, giving them info on how they can actually start saving, budgeting, dealing with bank accounts, fraud issues, filing taxes, different tax breaks, has been a real help to establish relationships with the individual and having them feel like the case manager truly cares about them as a whole."

Individual sites in California, similar to Tennessee, have participated in the IRS VITA tax program and have developed partnerships with local banks to provide financial literacy seminars for both DEI and other WIA customers. In that particular pilot site, all customers who completed the series of trainings within that month received incentives from Wells Fargo and a certificate of completion from the AJC. This site, in partnership with Wells Fargo, expanded its program with staff described financial literacy seminars occurring with incarcerated individuals at a nearby prison.

California (Round 2) and Washington (Round 2) worked with IDAs. Using a subcontractor, a Washington WDA enrolled 21 participants, with another 15 at different stages of the enrollment process, into Asset Development training. As part of the program, $50,000 was available for participant matches that can be used for purchases that mitigate barriers to employment. These may include transportation, computers, uniforms, assistive technology, etc. Participants were required to save half of the money required for the purchase in a custodial bank account with the purchase made by the AJC upon reaching half the value of the equipment or service. During their enrollment, customers participated in financial literacy seminars for a minimum of three months before matching funds were made available.

Hawaii (Round 2) described financial literacy instruction as a necessary component of benefits planning, stating that *"if people want to go back to work and they have a goal, money comes into it somehow. This is part of a larger discussion around benefits – what happens when money starts coming in the door."* To further develop their capacity to implement the Asset Development strategy, stakeholders partnered with Hawaii Community Assets-Ho'owaiwai-to receive specialized training from the LEAD Center.

Wisconsin (Round 2), perhaps due to repeated state leadership turnover during Round 2, described difficulty in enhancing or extending their Asset Development services during the grant period. Nonetheless, an Asset Development Guidebook was completed late in the third year of the grant while efforts to introduce financial literacy services into the AJCs were hindered by low participation where *"five of the six DRCs said it was difficult to do this and hard to get customers to show up."* One theory suggested that low participation was due to the distance necessary to travel to the WDAs. One stakeholder noted that it was necessary to drive four hours, in some cases, to obtain these services.

Among Round 3 grantees, both Louisiana and Indiana described delays in instituting Asset Development services, but progress was made in implementing the strategy during their second year of funding. Louisiana (Round 3) placed significant emphasis on developing the capacity to enhance self-sufficiency through TTW. This has largely been accomplished through the development of strategic partnerships with benefits counseling services. The DRC and director at one site conducted TTW orientation sessions with potential DEI customers, placing great emphasis on the goal of reducing dependency on SSI/SSDI benefits. They stated that *"part of the TTW orientation is to explain to individuals that our EN is designed to work with individuals who want to limit their dependency on*

SSI/SSDI with the goal of becoming self-sufficient. If their goal is not to decrease their dependency on SSI/SSDI, we may not be the agency for them."

Indiana (Round 3) reported that initial asset development activities were hindered by a limited understanding of the strategy and limited interest among JSWD. State leadership provided technical support in this area and a series of regional asset development fairs were offered. The fairs, though open to all AJC customers, focused on connecting low-income JSWD to services that can enhance economic security. Viewing programs focusing on financial literacy as being too narrow, DEI regions invited representatives from subsidized housing agencies, low-cost medical providers and staff to discuss Asset Development opportunities.

In their first year of implementation, Florida (Round 3) DEI staff attended a two day workshop conducted by NDI, followed by individual technical assistance meetings with each region to gather information on existing asset development strategies and planning for future activities. WDAs questioned the viability of particular focal points of the training, but the stakeholders came to a more clear understanding of each other's roles in the process. During their second year, Florida (Round 3) developed outreach materials for employers describing available tax incentives for hiring employees with disabilities, instituted financial literacy and surveys into their intake procedures, and developed weekly tip sheets provided to customers on "Money Mondays." Tutorial services, through programs such as Money Smart, as well as forums on tax preparation, budgeting, and asset development are at varied stages of planning. One WDA sustained the use of Money Smart by developing strategic plans for not only building partnerships that provide asset development services, but maintaining them over time despite the low turnout of JSWD.

Iowa (Round 3) provided outreach and advertisements concerning financial literacy. In a partnership with United Way, an advertising campaign generated interest in financial literacy and asset development services. WDAs also used social media, television and radio for announcements, ads and factoids related to financial literacy. There have also been a number of trainings focused on the EITC and assistance with preparing and filing taxes.[70] Specific methods varied by region as offered group trainings to agency staff and individual training while another WDA offered a monthly "Money Smart" class with WDAs offering monthly financial literacy trainings.[71]

In Round 4, three new grantees, AL, CT and ID, and 6 continuation grantees (AK, ID, IL, NY, ME, VA) developed various financial literacy and tax credit assistance services opportunities. Alaska's (Round 4) Governor's Council provided support to the Asset Development Coalition in Anchorage which operates an asset development service for single parents and people on SSI or SSDI. It includes matched savings accounts, pooled accounts and a matching fund for the Assets for Independence Act.[72]

<div style="border:1px solid black; padding:8px; display:inline-block; background-color:#f5dede;">

Integrated Resource Teams

</div>

R1: All
R2: All
R3: All
R4: All

The most used SDS was the IRT, which is a process designed to bring representatives of different agencies and services together in order to examine the needs of individual JSWD holistically, and then coordinate services and funding streams to address those needs. IRTs began during the DPN initiative in 2003 with the development of customer-focused processes to assist the workforce system and its WIOA-mandated and non-mandated partners to identify and obtain needed resources, expertise, and services relevant to JSWDs. IRTs are influenced by context

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[72] The Assets for Independence Act (AFIA) provides $125 million to fund individual development accounts that are matched savings accounts that help people save for a home, education, or self-employment opportunities. https://www.acf.hhs.gov/ocs/resource/afi-legislation-0. Retrieved on November 15, 2018.

with variability introduced by the needs and roles of the partners, the physical location of those partners, and the time commitment given to the process.

IRTs are led by the interests of the JSWDs, but typically coordinated by a DRC. DRCs bring mandated and non-mandated partners; such as parents or family members, educational providers, community support providers, etc., together in order to identify needs and potential support resources. IRT meetings are often used to leverage resources from participating agencies on behalf of JSWDs. This contributes to not only a JSWD finding employment, but also having the supports necessary to address barriers to employment that are hindering that effort and/or reducing the likelihood of maintaining employment once secured.

Grantees described positive experiences developing IRTs for JSWD. Grantees such as Virginia (Round 1 and Round 4) and Maine (Round 1 and Round 4), allowed DEI funds to be used to initiate services through initiatives such as "First Dollar Down" and "Flexible Spending Funds," allowing other agencies to provide support or address gaps in services not covered by the multiple funding streams brought together by the IRT.

Among Round 2 grantees, IRTs were seen as an important practice. One Wisconsin DRC stated that *"most of them have been extremely beneficial, but there are a few that could have worked out better in one form or another."* An approach used by several DRCs in WI, as well as by some stakeholders in TN and HI, was to re-work the practice to make it less formal and time-intensive, and to encourage partners from other agencies to participate in the IRT despite the time it had previously taken to organize the process. In some cases, WIOA mandated partners were reluctant to participate as they *"were stretched too thin and didn't want to be on yet another team or be responsible for the IRT."* In order to minimize the burden of the IRT, DRCs called informal meetings. *"We were kind of doing IRTs already anyway. I did them all. I documented them, and that sort of thing. But did everything by phone to place less effort on mandated partners?"*

Early grantees reported that the IRT concept had not reached maturation in their WDAs; stakeholders in Ohio (Round 2), Washington (Round 2), and Wisconsin (Round 2) attributed this to a lack of knowledge early on concerning what constituted an IRT and what the goals of the practice were. Confusion on this topic was resolved by NDI, with one Washington (Round 2) DRC crediting NDI and ODEP as the source of clarification as efforts were made to communicate *"that the true leaders of the process were the JSWDs themselves."* At one site, explanation of the strategy was made during a 12-week job readiness program in which they explored both individual goals through traditionally defined IRTs, with significant support from VR, and developed peer support through sharing these goals in "group" IRT sessions.

"For the last job readiness class we held a group IRT which was interesting. It was more of a sharing session. We talked about everyone's short and long-term goals and how they would be achieving them through different support networks. They would establish a timeline. We tried to explain to them that the responsibility lies with them. They are the IRT leader, and they would need to be the driver and have us be the support to their goals. We would just provide them with advice and guidance along the way. That's basically how we did the individual ones too."

As IRTs became more embedded in the WDAs, WIOA case managers began to lead small groups of the IRTs. Round 2 grantees, particularly those that were located in less densely populated regions, embraced nontraditional IRT staffing structures in order to accommodate the locations and scheduling requirements of partners. Technology was the most common tool used to accomplish this as South Dakota (Round 2), whose WDA encompassed its rural western expanse, used several means to staff its IRTs. One stakeholder stated that *"It's a combination of all methods of communication. Face-to-face time is going to be the number one priority. Most often we can do that with the initial meeting and then later on when trust is developed it's easier to communicate electronically or by phone."*

State officials indicated that the development of trust was essential to building relationships with mandated and non-mandated partners. Particularly in working with VR, it was essential to demonstrate that the intention was to collaborate, rather than to compete for customers and outcomes.

Findings from Years 1 and 2 indicate that IRTs were less likely to be held in a group environment, but rather through electronic means, such as Skype, FaceTime and/or other video conferencing technologies, to accommodate JSWDs, family members, and mandated partners located in distant locations. Efforts have also been made to video record training on the use of IRTs, as well as other DEI practices, and save them on a state data server so that it can be provided to future employees during their onboarding.

As evidenced, by Hawai'i's (Round 2) introduction of the *"group IRT"* concept, and South Dakota's (Round 2) use of video conferencing technologies, variation in IRT structure continued. One of the sites in Ohio (Round 2), in recognition of the difficulty associated with scheduling meetings for each IRT, modified the structure so that much of the work could be done asynchronously.

"A couple of IRTs have had everyone sitting at the table. Those caused delays in planning so most have been done after making a referral. We'll communicate with them. They write us in their plan. We write them in ours, so not all of them have been asked to sit at the table, some of them have been more via email or phone conversations. There are ongoing communications for most IRTs."

Another site indicated that the needs of particular clients, in addition to staff availability, influenced the depth and frequency of the IRT meetings offered.

"We have a meeting if we have new JSWD. They're in person meetings. Depending on the customer we'll determine how often they need an IRT- if they have barriers or challenges we'll come back to the table and brainstorm to problem solve. Customers have had positive feedback about the IRTs. We meet once a week and we have the new customer come to talk to the partners. We have the same core people at the meetings, and sometimes we'll bring in someone for a particular customer. It can be difficult to schedule partners to attend a standing IRT meeting. If a client can't attend the meeting we involve them in other ways."

In Wisconsin (Round 2), a DRC had begun to strengthen partnerships developed during the course of the grant: *"Another IRT connection is the TANF program that's our Job Centers. I am now trying to get some vocational stuff. A lot of JSWD were told they can't work and the TANF case managers were unclear about this, so they came to me for clarification. Their clients were scared of losing SSI/SSDI benefits if they went to work. So let's talk to people about smart work placement, enabling JSWD to work to their capacity with an employer who knows and is prepared for their skill levels."*

The majority of Round 3 grantees implemented the strategy at an earlier point in their grant than many of the previous grantees. Evidence of this is present in Rhode Island (Round 3) where the state lead commented that *"now we can provide additional services in our centers without referring. We're using the IRT to bring the partners into the center to meet with the customer instead of making a referral."* Other grantees, recognizing similarities in practice between IRTs and veterans and/or special education initiatives are using the strategy as a second stage of case management. Examples of this include Louisiana (Round 3) whose partners remarked that *"the mental health center, the vet reps, VR—there is a lot of overlap between the taskforce and IRT involvement. It's not always necessary to bring everybody in."* Minnesota (Round 3), a state with a significant history of collaboration between their workforce and educational systems, saw the IRT process as "parallel" to the IEP process that students with disabilities participate in. These meetings were frequently extended so that the IRT could be incorporated into the process. One Minnesota DRC stated that:

"We've all been able to meet together. A lot of times it'll be at the IEP meeting and include a SEMCIL representative, a VR representative, and a representative from the WDA, along with the youth and their parents, and we'll go through our youth action plan that includes the 5 Guideposts, and go through and talk about how we can work together to achieve the youth's goals."

Interviews showed that Round 3 WDAs have included various agencies in their IRTs, influenced strongly by the needs and interests of the JSWDs. One stakeholder in Rhode Island (Round 3), described the process thusly:

"I believe the goal is, whatever is in the best interest of the JSWD. I believe that part of that is bringing together everyone who has an interest in that jobseeker—other agencies, social workers, business services, and obviously

the customer should be involved at some level depending on the needs of the jobseeker. The customer is making the decisions. We have an IRT coming up next week. We had a previous meeting in January and this is a follow-up meeting to review his progress in the program. We are bringing in everyone who is involved with him, and we offer direction, but it's on the customer—ownership and responsibility. It's very customer-driven"

A DRC in Florida (Round 3) similarly stated that*: "The goal of an IRT is to make sure that resources are available for all customers. You want to make sure that you have all the information you need to service a customer, and the only way to do that is to build teams and keep communications open. IRTs depend on everyone's schedule, but its conference calls, emails, going over and meeting with different agencies one-on-one. Anything you need to do. The customer is the main point of the IRT, so we make sure we communicate with them what their needs are, and ask them to follow through."*

A DRC in Massachusetts (Round 3) stated that *"My customers are complicated. Those from other agencies haven't wanted that type of collaboration. It comes back to case management – implementing the IRT is time intensive because we draw everyone together. I work with my customers and it's hard for me to spend additional time on their case outside of that."*

Iowa (Round 3) stakeholders shared that there has been uneven development in the capacity to provide IRTs. Though DRCs at two sites had conducted approximately 12 IRTs each, others attributed challenges to limited interest on the part of JSWD, often compounded by limited resources, amongst their partners. One state leader summarized the state of IRTs in Iowa thusly:

One Alabama (Round 4) DRC stated that: *"The goal of an IRT is to improve employment outcomes by bringing resources together. I'm looking for community resources to break down any barriers there might be for someone going back to work."*

A Connecticut (Round 4) DRC, whose site had been using IRTs since the DPN grant, recognized the ability of the IRT to bring resources together and maximize their use*: "We've been doing IRTs for the past 5 years. It just made sense. We had been doing that as a best practice, I just didn't know the official name - IRT. We've had a lot of success.*
No one agency can fulfill all your needs. I don't have the funding that VR has for example OTJ training. When you present an IRT to the customer, it looks very inviting. It's the menu. I'm so invested in this model because I believe in it, but you have to have someone at the helm, it's very important that there is a good leader involved. When we come to the table, it's consumer-driven and we each bring our piece of the pie. Let us do what we're experts in."

One Round 4 state lead envisioned the IRT practice being adopted by partner agencies with meetings being led by their personnel when appropriate, a practice emerging in Washington (Round 2) and South Dakota (Round 2)*: "Already we've talked to VR and they thought it would be something the DRCs would always run but the way I understand it via webinars and training is that we might model how to do them but if someone from another agency wants to be the chairman they can do it. My idea is for everyone to get together so the customer knows who all the players are. Later it could be done via email or phone call. Initially it should be in person meetings. The customer has to speak up for themselves – that's a big part of this because eventually they won't have all the support. They have to learn to say what they want to do."*

> ### Blending and Braiding of Funds/Leveraging Resources

R1: AK, IL, KS, ME, NY, NJ, VA
R2: CA, HI, OH, WA
R3: FL, IN, LA, MA, RI
R4: AL, CT, ID

Blending and Braiding/Leveraging Resources refers to the coordinated use of multiple funding streams to better support JSWD by addressing service needs and *"filling the gaps"* presented by partner agencies as they develop a plan to transition an individual into employment. Ideally, these resources are brought together seamlessly for the jobseeker by a collaborative team from the WDA, working with the individual. For grantees who have developed Memoranda of Understanding, or less formal agreements and guidance, that created opportunities for blending and braiding, this DEI strategy has been used to compensate for resource scarcity, initiate services by addressing *"funder of last resort"* rules, and supporting training of staff across agencies.

Emphasis is often on leveraging resources from federal or state agencies. DEI grantees often interpreted the strategy as an extension of partnership and collaboration activities. These site level approaches did not represent a pooling of resources, or blending, but rather braiding; the thoughtful application of multiple agencies' services and monetary support to achieve maximum, as well as complimentary, utility from each. This approach was a reaction to the restrictions associated with the scheduling, eligibility qualifications, and funding parameters intrinsic to federal, state, and local programs. Ohio (Round 2), for example, used DEI funds to support JSWDs who did not receive WIOA services.

Iowa (Round 3) supported JSWDs encountering barriers to training and employment. DEI funds were used to supplement what was available from the AJC's partners. *"We had a JSWD who needed skill upgrading. She wanted to go to college but one of her concerns was managing her home and children. We contacted VR to set up an IRT and we were able to leverage WIOA resources for her tuition costs while VR purchased assistive technology for her computer. We had another JSWD who needed interview clothing and a hearing aid. He's now making a high hourly wage and doing well."*

Several JSWD have accessed job coaching and transportation services through blending and braiding of resources. *"VR has a strong partnership with a local medical center and we had a client who needed a job readiness program for a placement with the medical center, but she had severe seizures so we partnered with VR and Goodwill to negotiate a rate to fund part of her transportation for the six-week job readiness program and we picked up the rest. When she completed the program, VR will place her in a work experience program at the medical center for direct hire. It was a good IRT because everyone came together and picked-up different pieces.*

States such as New Jersey (Round 1), Wisconsin (Round 2), and Iowa (Round 3) have successfully merged funding streams. New Jersey (Round 1) received support from the state's Medicaid Infrastructure Grant (MIG) and the Kessler Foundation while state officials in Iowa (Round 3) explored opportunities with Medicaid which is supportive of self-employment opportunities; *"when they submitted new service definitions they thought it was a natural fit as a vocational choice for folks. We are also working on developing a network of benefit planners across the state to be supported through Medicaid waivers. That's an important piece to get people working more."*

Sharing of resources, particularly training, was a common way for agencies to support each other without having to develop formal funding agreements. States such as Illinois (Round 1), Tennessee (Round 2), California (Round 2), MA (Round 3), FL (Round 3) and Illinois (Round 4) utilized this approach as well as job readiness workshops and WIOA-funded orientation and training. Tennessee was able to obtain CE training for its DRCs through the Department of Intellectual and Development Disabilities (AIDD), and paid for through EFSLMP or an AIDD.

One California site described the use of DEI flexible funds to provide training across WDAs: *"In our AJCs we have EmployAbility Partnerships where every center has a disability coordinator for our customers to see on an*

as-needed basis. Staff meets quarterly with our mandatory and other partners, and provides training. There's also LEGACY Training – a disability sensitivity training – through which we trained 130 people this year. We used the flex funding to pay for the training. We're having one last class that will be funded from DEI."

Several of the grantees, including Virginia (Round 1), Maine (Round 1), Hawaii (Round 2), California (Round 2), and Iowa (Round 3) and Maine (Round 4) used DEI funds to facilitate braiding of resources among various state agencies and to address gaps in services. Virginia, in particular, utilized their *"First Dollar Down"* policy to initiate services among its collaborating service partners. By providing the initial funding, additional state agencies were allowed to contribute resources, accommodating their requirements to be the *"funder of last resort"*.

Other grantees viewed their funds as "flexible," allowing discretion in the way they're used to address service gaps and, in some cases, enhance the effectiveness of services. In an instance of one SDS contributing to the effectiveness of another, Blending and Braiding allowed some grantee IRTs to begin services outside of the WIOA appropriation schedule and reduce the impact of multiple funding streams and service restrictions. Hawai'i (Round 2) utilized its DEI *"flexible funding"* provisions to address service gaps associated with purchasing equipment or services required to increase the benefits achieved through enrollment in agencies or programs identified through the IRT process. As such, the availability of flexible funding through DEI created a context within which other resources could be leveraged that might otherwise have been unavailable to the JSWD.

Similarly, one California (Round 2) site described its use of these funds thusly*: "There are still some restrictions, but IRTs are very flexible. For example, it could be used for support services like Fast Passes and for holding events. For our TTW outreach events, we were able to purchase food – that was huge. Some of the money we've used to pay for training. Typically, for WIOA-funded training, the provider needs to be on the eligibility list. With this money we didn't have to follow those guidelines. Like I said, that was huge."*

In spite of the individual successes, Blending & Braiding/Leveraging of Resources continues to be a challenge to implement systemically. As previously stated, restrictions associated with the scheduling, eligibility qualifications, and funding parameters intrinsic to Federal, State, and local programs hinders full implementation of this DEI strategy within many of the grantee states. One DRC summarized the challenge as follows: *"Money is a challenge always when you talk about someone else's funding. There are difficulties with identifying resources and funding with changing allocations and different fiscal year calendars. With blending and braiding, some organizations are willing to try, but sometimes the money isn't there. There's also a misunderstanding that VR and AJCs have all this money."*

In spite of the challenge that "blending" represents, many states have shown that "braiding" is possible, particularly when effective collaborative partnerships are developed at the state and/or local level. This is occurring among grantees that selected this strategy formally, as well as those that did not as evidenced by findings in Tennessee (Round 2), Wisconsin (Round 2) and Iowa (Round 3). Evidence suggests that 'braiding' is a more practical solution to the challenges faced by partner organizations. By thoughtfully combining resources from multiple partners, while allowing those partners to contribute in ways that their policies and priorities support, is a more realistic than seeking funds from multiple sources to be placed into a single 'pot' and used with nearly complete flexibility.

APPENDIX 5
SDS Slow Down during DEI Grant Period

DEI employment outcomes are likely to occur with increases in the efficiency of the assessment, training, job placement and job coaching processes. While SDSs may prepare JSWDs for the labor market, when compared to the job placement efficiency of the control group, which does not provide access to DEI SDSs, treatment group outcomes may lag behind the control group because of the time it takes to implement and utilize certain SDSs. In the case of work-based learning (WBL), a job placement may be delayed from 1-3 months. Although WBL has been shown to be an effective strategy for improving employment opportunities for *youth* who enroll in programs that include specific components of WBL (alignment of classroom and workplace learning; application of academic, technical, and employability skills in a work setting; and support from classroom or workplace mentors), based on interviews with DRCs and focus groups, we found very few adult participants whose WBL incorporated all of the above mentioned components and led to employment. While WBL and other SDSs may enhance job prospects, they may also have the effect of slowing-down the employment process for treatment group individuals while control group individuals are provided with a shorter path to employment. Asset development training, blending & braiding of resources, and IRTs are less time intensive SDSs. Benefits planning; customized employment; guideposts for success; work-based learning; and self-employment/entrepreneurship, require training and/or logistical support prior to employment.

APPENDIX 6
Systems Change Coding Scheme Process and Results

Overview:
- Create a system for coding DEI interviews by hand based on the attached SCCS;
- Develop a process that can be easily translated into MAXQDA for increased productivity
- Ensure that the process has inter-rater/-coder reliability.

Tools and data:
MS Word
MS Excel
Systems Change Coding Scheme (SCCS)
Final interview protocols
Interview transcripts
SCCS
Protocol
Transcripts

SCCS Transcript Coding Instructions
1) Review all indicator descriptions associated with each sub-domain; indicator descriptions are to the right of each sub-domain. You will find that rows 1-4 and columns A-B are frozen to improve navigation of the SCCS. The indicators should be attached in columnar format by domain for easier reading and scrolling.
2) As you search for and find information in the transcripts, highlight and color code the information as indicated for the domain. Only highlight portions with fewer than ten words such that it can be coded as a search term for MAXQDA; that is hoped for but not required. If the best solution is to highlight whole paragraphs, please do so, but have a bias toward brevity.
3) Please use the color scheme below to color code text that addresses each of the eight domains:

Domain	Color Code
1. Capacity	
2. Coordination/Integration	
3. Customer Choice	
4. Employer Support	
5. Service delivery strategies	
6. Dissemination	
7. Universal Design	
8. Sustainability	

You can select this color set from the Home Tab in MS Word using the paint bucket as presented in the image below.
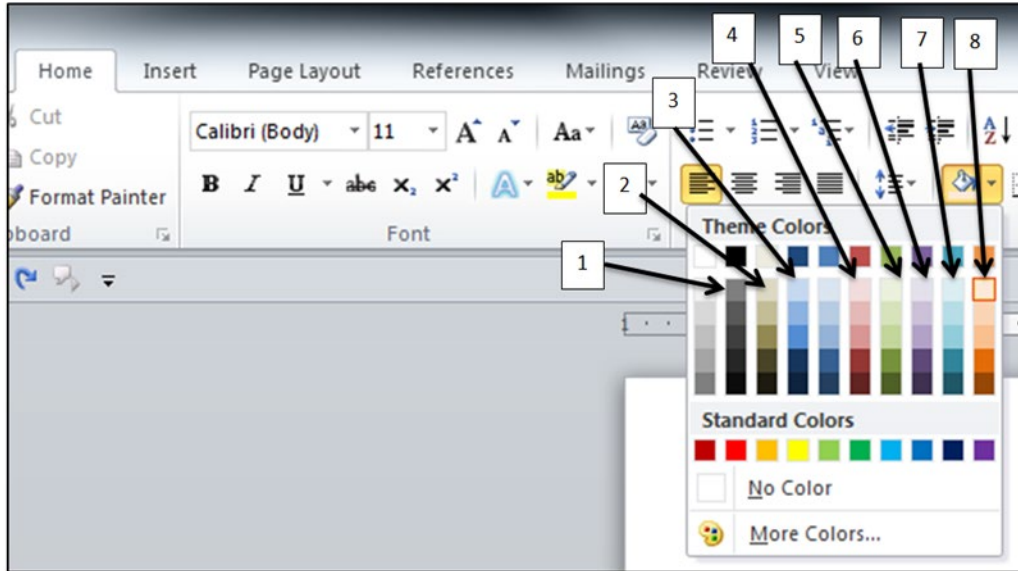
Simply mark the text with you cursor, go to home, right click paint bucket on the button, and choose the appropriate color for the domain.

4) Please insert comments to identify the sub-domains that you are coding after highlighting the color associated with the broader domain. For example, if you have highlighted in **orange** the text associated with sustainability, and those highlighted portions refer to sub-domain "8A," then insert a comment on that portion of text with the alphanumeric "8A" only. If, however, the segment of the interview refers to more than one domain, please identify all relevant sub domains in the same comment section.

5) As you highlight a segment of text and code as an indicator, copy the text and place it into the associated row of the SCCS spreadsheet in column "Z". This step allows you to compile quoted language from interview transcripts that can be used to design a coding system for MAXQDA that is informed by the data.

6) Please do not insert comments other than naming the sub-domain in the color coded transcript. If you have comments on the transcript itself, compile all of your concerns in a separate document starting with "On page #, lines #-# of [Interviewee's] transcript and provide the appropriate information.

7) Numerous instances of the same DEI element may be distracting as they often pile up on the document. If you do not want to see them while reading a transcript, go to the review tab above MS Word, select the drop down menu for Show Markup and deselect "Comments."

8) After you have exhausted your search and coding of the information in the transcript that aligns with the indicator descriptions for a particular sub-domain, based on the information from the transcripts, make a decision as to the level of implementation of the sub-domain. You should review the coded portions for the sub-domain you identify based on the excerpt from the SCCS below, rate what level of implementation is suggested by the coded content.

9) Please enter your implementation ratings in merged cells in column D-G of the SCCS. The rating scale includes the following four levels: Not Implemented (1), Active Planning for Implementation (2), Partially Implemented (3), and Fully Implemented (4). The SCCS provides further guidance and criteria for your rating decisions. As shown in the graphic above, the SCCS provides an explanation for each rating score. For example, "Not Implemented" with a rating of 1 is described as "There is little to no evidence that this sub-domain is being met. No effort is being made to implement this sub-domain." Cells D4-G4 in the SCCS provides similar guidance and criteria for each implementation rating decision.

10) If the interview transcript suggests there is clearly "No Intention to Implement", please note that information in column C with "NI." If you do not have enough information to make an" NI" or a scored implementation rating, please note that with an "X" in column H.

11) Start with Domain 1, "Capacity to achieve positive employment outcomes for customers with disabilities (PWD)," and its associated sub-domains. A tab was created tab in excel that lists the domains, sub-domains, and indicators in each column, as shown below, for those who prefer to read them in that layout.

1. Capacity to achieve positive employment outcomes for customers with disabilities (PWD).
1C
WDA communications are inclusive and sufficient. 4.2, 39, 40, 42
1. WDA and/or its AJC policy requires that all communication in all media (print, audio, visual, web-based, etc.) is universally accessible.
2. The AJC's communications, and information including Internet websites, are accessible (e.g. use of section 508 requirements).
3. Communications from the WDA and One Stop staff use appropriate language when discussing individuals with disabilities / disability issues.
4. One Stops staff in this WDA have received training on effective strategies for communicating with PWD.
5. Materials are available in formats that account for a variety of learning styles, and are also accessible to people who have limited or no reading skills (e.g., pictures, videos, audio-tapes)
6. As part of its efforts to provide universal accessibility, the AJC Center does outreach to people with disabilities, as required by WIA regulations. For example: the AJC holds Job Fairs, school-based events for youth, and/or disseminates information via brochures and social media.
7. Customers perceive the AJC communications as accessible. Data for this indicator will come from the Focus Groups.
8. AJC communications are accessible for PWD with different kinds of disabilities.
9. AJC communications directed towards employers use common language/methods that are approopriate to employer needs

12) Code one of the eight domains at a time while working across transcripts; you will finish in eight cycles and will likely become more adept at coding a particular domain as you work from one transcript to another.

13) In the end you will have
   a. a series of marked-up transcripts that are color coded to describe domains and are noted with comments that detail the alphanumeric identifier of the sub-domain for the portion of text you have color coded,
   b. an excel workbook of completed rating sheet that reports your implementation score for each sub-domain for a given interview—one interview per tab, and
   c. an edited version of the SCCS where you have copied text that is LE10 words and is descriptive of the each sub-domain in column Z of the SCCS [Please save and name this file with your initials].

14) The next step in the process is to bring the group of coders together to discuss your scores. We will begin with an overall inter-rater reliability score. If the score is determined to be reliable, no additional information is needed. If the score is determined to be unreliable, coders will discuss the issues that led to their scores and make decisions on how to resolve differences across coders.

15) The SCCS Rating Sheet is excerpted from the SCCS and is designed for you to record your various implementation ratings in one workbook; indicator information is not listed in the rating sheets. In each tab, use cell B3 to identify the interviewee(s) and their position title (e.g., DRC, State Lead, Employment Counselor, Partner, etc.), and use cell B4 to identify the WDA by adding the WDA name, number, and location. As you make your ratings, please add notes and comments to describe your thinking in the column next to your ratings labeled "Comments and rationale for ratings." Keep in mind that one of the next steps is to resolve inconsistency among raters. Having a shared understanding of each coder's reasoning for a particular rating is essential to that task.

16) Start with Domain 1, "Capacity to achieve positive employment outcomes for customers with disabilities (PWD)," and its associated sub-domains. An MS Word document was created that lists the domains, sub-domains, and indicators in columns.

17) After you have completed coding of an interview transcript, save the file with your initials added and place it in the "SCCS Coding Team" folder named "Coded Interviews." Put your implementation ratings workbook in the folder named "Implementation Ratings (with rater ID)" in the same location. Please update the saved workbook on the drive as you add completed implementation ratings worksheets to the workbook.

18) In the end, for each state, you will have the following: a series of marked-up transcripts that are color coded to indicate reference to domains and are noted with comments that detail the alphanumeric identifier of the sub-domain for the portion of text you have coded, b. an Excel workbook of completed rating sheets that reports your implementation scores for each sub-domain for each given state interviewee. This workbook should be updated as you progress through the each individual interview ratings, which will be aggregated to describe the WDA, and c. an edited version of the SCCS where you have copied phrases from interviews into the SCCS (column Z); the phrases should be ten or fewer words and descriptive of the sub- domain next to the inserted text. Please save and name this file with your initials. This compilation may, alternatively, be created through a shared file that will be placed on the G-drive rather than documents created by each individual coder.

19) The next step in the process is to bring the group of coders together to discuss scores. We will begin with an overall inter-rater reliability score on the implementation scale, fidelity scales, and checklist. If the scores are determined to be reliable, no additional information is needed. If the scores are determined to be unreliable, coders will discuss the issues that led to their scores and make decisions on how to resolve differences across coders. Our goal is 80% or higher reliability/agreement across three coders.

Exhibit 6-1: System Change Results for Round 1 Grantees

Systems Change Coding Scheme Rubric			
Y-Axis			
Not Implemented (1)	Exploring (2)	Partially Implemented (3)	Fully Implemented (4)
No evidence that this indicator is being met	Some evidence that an effort is underway to implement this indicator	Evidence that implementation of this indicator is partially in place	Evidence that this indicator has been fully implemented
Program Maturation Coding Scheme Rubric			

Program Maturation Rubric

		Not Implemented (1)	Exploring (2)	Partially Implemented (3)	Fully Implemented (4)
1	**Start-Up**		R1-NJ R1-KS R1-AR	R1-IL R1-ME R1-DE	R1-AK R1-NY R1-VA
	Grant funded positions in place				
	DRCs trained				
	SDS selected				
	Active Outreach to WDAs				
	Information on program distributed				
2	**Implementation**		R1-DE R1-NJ R1-AR R1-IL	R1-KS	R1-AK R1-ME R1-NY R1-VA
	Grantees engage in a strategic process to define goals and objectives				
	Service delivery strategies are implemented with fidelity				
	DEI requirements are implemented with fidelity				
	DEI participants receive training, counseling and/or job placement support				
3	**Operational**	R1-AR R1-DE	R1-NJ R1-IL R1-KS R1-ME		R1-VA R1-AK R1-NY
	DRCs collaborate with WDA staff to implement program requirements, engages stakeholders				
	WDA recruits SSA Beneficiaries through Ticket to Work				
	WDA TTW milestone payments are received				
	Implementation fidelity data is used to determine why program outcomes are being/not being met				
4	**Sustainability**		R1-IL R1-KS R1-AR R1-DE R1-NJ		R1-NY R1-VA R1-ME R1-AK
	WDA personnel, and local area agencies and support services have developed partnerships and collaborations				
	WDA personnel have created impactful relationships that have increased access to key supports services and employment				
	WDA has a realistic sustainability plan in place				
	WDA have been able to resolve challenges that hinder progress to implementation and sustainability				
	All identified promising practices are sustained after the grant period				

Exhibit 6-2: System Change Results for Round 2 Grantees

Systems Change Coding Scheme Rubric			
Y-Axis			
Not Implemented (1)	Exploring (2)	Partially Implemented (3)	Fully Implemented (4)
No evidence that this indicator is being met	Some evidence that an effort is underway to implement this indicator	Evidence that implementation of this indicator is partially in place	Evidence that this indicator has been fully implemented
Program Maturation Coding Scheme Rubric			

Program Maturation Rubric

R2-HI   R2-SD   R2-WI   R2-WA   R2-CA   R2-OH   R2-TN

1 Start-Up
Grant funded positions in place
DRCs trained
SDS selected
Active Outreach to WDAs
Information on program distributed

2 Implementation
R2-HI   R2-SD   R2-WI   R2-WA   R2-CA   R2-OH   R2-TN
Grantees engage in a strategic process to define goals and objectives
Service delivery strategies are implemented with fidelity
DEI requirements are implemented with fidelity
DEI participants receive training, counseling and/or job placement support

3 Operational
R2-HI   R2-SD
DRCs collaborate with WDA staff to implement program requirements, engages stakeholders
WDA recruits SSA Beneficiaries through Ticket to Work
WDA TTW milestone payments are received
Implementation fidelity data is used to determine why program outcomes are being/not being met

4 Sustainability
R2-HI   R2-SD   R2-WI   R2-WA   R2-OH   R2-TN   R2-CA
WDA personnel, and local area agencies and support services have developed partnerships and collaborations
WDA personnel have created impactful relationships that have increased access to key supports services and employment
WDA has a realistic sustainability plan in place
WDA have been able to resolve challenges that hinder progress to implementation and sustainability
All identified promising practices are sustained after the grant period

Exhibit 6-3: System Change Results for Round 3 Grantees

Systems Change Coding Scheme Rubric			
Y-Axis			
Not Implemented (1)	Exploring (2)	Partially Implemented (3)	Fully Implemented (4)
No evidence that this indicator is being met	Some evidence that an effort is underway to implement this indicator	Evidence that implementation of this indicator is partially in place	Evidence that this indicator has been fully implemented
Program Maturation Coding Scheme Rubric			

Start-Up	
Grant funded positions in place	R3-FL R3-MN
DRCs trained	R3-IN R3-IA R3-IA R3-MA
SDS selected	
Active Outreach to WDAs	
Information on program distributed	

Implementation	
Grantees engage in a strategic process to define goals and objectives	R3-FL R3-MN R3-MA
Service delivery strategies are implemented with fidelity	R3-IN R3-IA R3-IA
DEI requirements are implemented with fidelity	
DEI participants receive training, counseling and/or job placement support	

Operational	
DRCs collaborate with WDA staff to implement program requirements, engages stakeholders	R3-FL R3-MN
WDA recruits SSA Beneficiaries through Ticket to Work	R3-IN R3-IA R3-IA R3-MA
WDA TTW milestone payments are received	
Implementation fidelity data is used to determine why program outcomes are being/not being met	

Sustainability	
WDA personnel, and local area agencies and support services have developed partnerships and collaborations	R3-IN R3-MA R3-FL R3-IA R3-MN R3-IA
WDA personnel have created impactful relationships that have increased access to key supports services and employment	
WDA has a realistic sustainability plan in place	
WDA have been able to resolve challenges that hinder progress to implementation and sustainability	
All identified promising practices are sustained after the grant period	

Exhibit 6-4: System Change Results for Round 4 Grantees

Systems Change Coding Scheme Rubric			
Y-Axis			
Not Implemented (1)	Exploring (2)	Partially Implemented (3)	Fully Implemented (4)
No evidence that this indicator is being met	Some evidence that an effort is underway to implement this indicator	Evidence that implementation of this indicator is partially in place	Evidence that this indicator has been fully implemented
Program Maturation Coding Scheme Rubric			

1 Start-Up — Fully Implemented (4): R4-AL R4-AK R4-CT R4-ID R4-IL R4-ME R4-NY R4-VA

Grant funded positions in place
DRCs trained
SDS selected
Active Outreach to WDAs
Information on program distributed

2 Implementation

Partially Implemented (3): R4-AL R4-IL R4-ID
Fully Implemented (4): R4-AK R4-CT R4-ME R4-NY R4-VA

Grantees engage in a strategic process to define goals and objectives
Service delivery strategies are implemented with fidelity
DEI requirements are implemented with fidelity
DEI participants receive training, counseling and/or job placement support

3 Operational

Partially Implemented (3): R4-AK R4-CT R4-ME R4-NY R4-VA R4-AL R4-IL R4-ID

DRCs collaborate with WDA staff to implement program requirements, engages stakeholders
WDA recruits SSA Beneficiaries through Ticket to Work
WDA TTW milestone payments are received
Implementation fidelity data is used to determine why program outcomes are being/not being met

4 Sustainability

Partially Implemented (3): R4-AK R4-CT R4-ME R4-NY R4-VA R4-AL R4-IL R4-ID

WDA personnel, and local area agencies and support services have developed partnerships and collaborations
WDA personnel have created impactful relationships that have increased access to key supports services and employment
WDA has a realistic sustainability plan in place
WDA have been able to resolve challenges that hinder progress to implementation and sustainability
All identified promising practices are sustained after the grant period

APPENDIX 7
Implementing Optional Strategies

As the DEI expanded to four Rounds, grantees were asked to incorporate additional SDSs and to reach out to serve harder-to-reach populations that have limited access to job training and employment. Grantees targeted individuals with histories of incarceration, employer- and jobseeker-facilitated employment fairs, state initiated career pathways programs, veterans with disabilities and websites that aligned education, workforce, and economic development.

Incarcerated individuals: New York (Round 1), New Jersey (Round 1), and Wisconsin (Round 2) engaged with their local federal bonding program for incarcerated individuals with disabilities, including ex-offenders with disabilities. The Federal Bonding Program provides 6 months of employment at no cost to the employer, providing an opportunity for individuals with a limited work history to gain experience in private sector employment. Wisconsin (Round 2) developed a website that provides links to information on "ReEntry Mythbusters," developed by the Federal Interagency Reentry Council. The website includes fact sheets on federal policies that affect formerly incarcerated JSWDs and their families, as well as 30-second trainings on employment. New York's (Round 1) Federal Bonding Program also created 30-second trainings that include information on the legislative background of bonding, eligibility criteria, employment, and the process of bonding. New York (Round 1 and Round 4) and Wisconsin (Round 2) also supported discharged military veterans and individuals who have limited work histories. According to the New Jersey Round 1 DEI State Lead*:*

> *We felt it was important to emphasize work with the youth ex-offender population especially since the youth experience a high rate of disabilities and there is not much support to assist with connections to employment or to help reduce the recidivism rate.*

The DEI State Lead initiated a partnership with the State Juvenile Justice system and continued to collaborate with state-level leadership to negotiate more effective ways for DRCs and AJCs to work with the juvenile justice system.

New York's Pathways to Careers: New York (Round 1 and Round 4) created "Pathways to Employment," (PTE) "*a person-centered, comprehensive career planning and support service that provides assistance for participants to obtain, maintain or advance in competitive employment or self-employment.*" PTE engages JSWDs in the identification of career options, instruction and training in pre-employment skills, and in competitive, integrated employment at or above minimum wage. **PTE staff work with each jobseeker, often in classroom settings, to explore** employment opportunities that "*match the skills and interests of the person receiving the service.*" The PTE staff provide access to work-based learning opportunities, internships, and/or customized employment "*that advance each person's strengths and skills to develop an individualized employment plan leading to employment*" that incorporates job accommodations, job development, resource coordination, and employer engagement activities. PTE helps individuals with disabilities who have limited employment experience through **pre-employment skill development, integrated community vocational experiences, development of career plans, and self-employment.**

Collaborations with employers and employment fairs: Indiana (Round 3), Iowa (Round 3), and Minnesota (Round 3) collaborated with their employer communities to develop asset development summits and reverse employment fairs. Through a partnership with the FDIC's Money Smart program and a local mall, Indiana (Round 3) provided handouts and facilitated group discussions "*about a variety of financial issues from opening a checking account to a fashion show that displayed work attire.*" The asset development fair included breakout sessions and also provided information on résumé building and banking and partnerships with local colleges to provide asset development courses and employment fairs. Iowa (Round 3) implemented an asset development strategy in five pilot WDAs to "*establish the basis for blending and braiding resources across programs to support DEI participants.*" These events involved SSA staff and CWICs who discussed TTW and benefits planning, opportunities for self-employment, and financial literacy classes "*designed to provide individuals with the confidence they may need to raise their standard of living while advancing in their careers.*" Minnesota (Round 3) designed and implemented reverse job fairs, collaborating with their local VR agencies, WDAs, DEI staff, and local employers. Trainings on "job-ready skills" and Adult Basic Education, résumé workshops, and job interview skills were also provided.

Veterans with disabilities: Each WDA has a LVER and/or a DVOP. In Ohio (Round 2) and Iowa (Round 3), these individuals focus on outreach and case management for veterans with and without disabilities. LVERs provide support to veterans through WDA services, including employment services, counseling, employment-related testing, access to training and employment opportunities, support for individuals who need work-specific training, and access to prosthetics. Many LVERs and DVOPs also deal with the misconception that individuals with disabilities are ineffective employees. DVOPs promote "community and employer support" and provide access to apprenticeship and on-the-job training opportunities. LVERs and DVOPS work with veterans with significant barriers to employment to help them become self-sufficient; find resources to help with homelessness, housing, transportation, disability, and employment; and access to WIOA services.

The Alaska DEI Checklist: The DEI Checklist was designed to provide information for DRCs and the public workforce investment system. It was based on a previous ETA and ODEP project designed to improve the "*outcomes and self-sufficiency of individuals with disabilities and others with multiple challenges to employment.*" Its goal was to provide DRCs with information that could be used to implement and monitor DEI projects and provide DEI-specific knowledge and information for the development and implementation of a strategic plan for each WDA.

Alignment of education, workforce, and economic development: Through Iowa's (Round 3) Future Ready Iowa initiative, state leadership develops new ways to align education, workforce, and economic development programs. Iowa WDAs, in partnership with the Iowa Economic Development Authority, the Iowa Department of Education, and the Iowa College Student Aid Commission, created the Future Ready Iowa website, which provides information to youth and adults to "*evaluate different career opportunities in Iowa and plan their path to landing a rewarding job by helping to identify education and training needed opportunities and access to resources and support services.*"

The DEI strategies and focus areas include service delivery strategies selected by senior ODEP staff. Each Round of DEI grantees included Asset Development, Blending and Braiding of Resources, Customized Employment, Integrated Resource Teams, Guideposts for Success, Partnerships and Collaborations, and Self-Employment. As the DEI progressed, Round 2 through Round 4 added additional service delivery strategies and focus areas, which include the following: Program Accessibility, Resource Leveraging, TTW, ENs, Benefits Planning, and Support for Ex-Offenders and Veterans.

Exhibit 7-1: Round 1 through Round 4 Strategies and Focus Areas

	Strategies	Focus Areas
Round 1 SDS (pick at least 3)*		
a. Asset Development	Strategy	
b. Blending and Braiding of Resources	Strategy	
c. Customized Employment	Strategy	
d. Guideposts for Success (Youth only)	Strategy	
d. Integrated Resource Teams	Strategy	
e. Partnerships	Strategy	
f. Self-Employment	Strategy	
Round 2 SDS and Focus Areas* *		
a. All Round 1 Service Delivery Strategies	Strategy	
b. Program Accessibility		Focus Area
c. Resource Leveraging	Strategy	Focus Area
d. Ticket to Work Implementation/Employment Networks	Strategy	Focus Area
Round 3 SDS and Focus Areas		
a. All Round 1 Service Delivery Strategies (Optional)	Strategy	
b. Benefits Planning and Analysis	Strategy	
e. Certified Work Incentive Counselors	Strategy	
h. Collaborations with Employers	Strategy	
i. Employment Fairs	Strategy	
k. Ex-Offenders		Focus Area
g. Ticket to Work Implementation/Employment Networks	Strategy	
j. Veterans		Focus Area
Round 4 SDS and Focus Areas		
a. All Round 1-3 Strategies and Focus Areas Optional	Strategy	Focus Area

*WIPA/CWIC started than cancelled due to a lack of funding
**WIPA/CWIC restarted slowly with funding for CWIC training

APPENDIX 8
Assessment of Early Outcomes for Round 4 Grantees

The main findings of this report exclude information about R4 DEI grantees because the WIASRD files used for the analysis only contain information up through June 2016.[73] At that point, the operations period of R4 was still underway, so we could not use WIASRD data to fully characterize the JSWDs served by R4 grantees. In addition, the available data does not allow us to provide a meaningful assessment of the DEI's impacts for the R4 customers who enrolled in AJCs by June 2016 because of the limited follow-up period for tracking their outcomes. Based on past work studying JSWDs served by DEI grantees from Rounds 1 through 3, we determined that at least six quarters of follow-up information was needed to produce reliable evidence about outcomes. However, only customers who enrolled in the first quarter of R4 grant operations (October–December 2014) could be tracked for six subsequent quarters using the available data; the follow-up window is progressively shorter for those who enrolled in each subsequent quarter.

In this appendix, we examine the outcomes of the R4 grantees in order to provide a snapshot of emerging patterns in the outcomes of JSWDs served by R4 sites where the DEI was piloted. To provide initial context, we describe the distribution of customers who enrolled in DEI pilot sites by June 2016 across the R4 grantees and across grant operations quarters. We then describe the demographic characteristics of these customers, comparing them to the customers who received services in R1–R3 pilot sites. Finally, we assess the experiences of customers who enrolled in services during the first year of R4 grant operations and provide information about: (1) their engagement with workforce services once they enrolled in an AJC, (2) their duration of service receipt, and (3) the extent to which they exited to employment. As in the main text, we define an "exit to employment" as ceasing to receive AJC services and being employed in the following calendar quarter.

Throughout this appendix, we focus exclusively on DEI customers served by adult grantees. As discussed in Section II and Appendix 10, these customers are defined as people who:
(1) enrolled in an AJC in any area in which the DEI was piloted, (2) self-disclosed a disability, and (3) participated in Adult Program and/or Dislocated Worker Program services under WIA or WIOA. In addition, the study data available from WIASRD public-use files allowed us to track customers who received staff-assisted services, but not those who only took part in self-service or informational activities at an AJC. We do not present results for youth served by R4 grantees because the WIASRD files did not allow us to identify the specific local areas in which R4 grantees with a youth focus piloted the DEI. (See Appendix 10 for more information.)

A. The Distribution of R4 Customers across Grantees and Their Entry Flow Over Time

We identified a total of 3,098 DEI adult customers who enrolled in R4 pilot WDAs during the first seven quarters of the R4 grant operations period. As was true for the previous Rounds,

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[73] As discussed in Section B.2 of Appendix 10, the study data developed for this report could not incorporate information from the PIRL system, which was the successor to the WIASRD system.

enrollment of these DEI customers differed substantially across grantees (Exhibit 8-1). The vast majority (87%) were served by a single grantee: New York. This parallels our finding from Section V that New York accounted for 97 percent of the DEI adult customers served by R1 grantees.

Exhibit 8-1: Distribution of R4 Adult Customers by Grantee
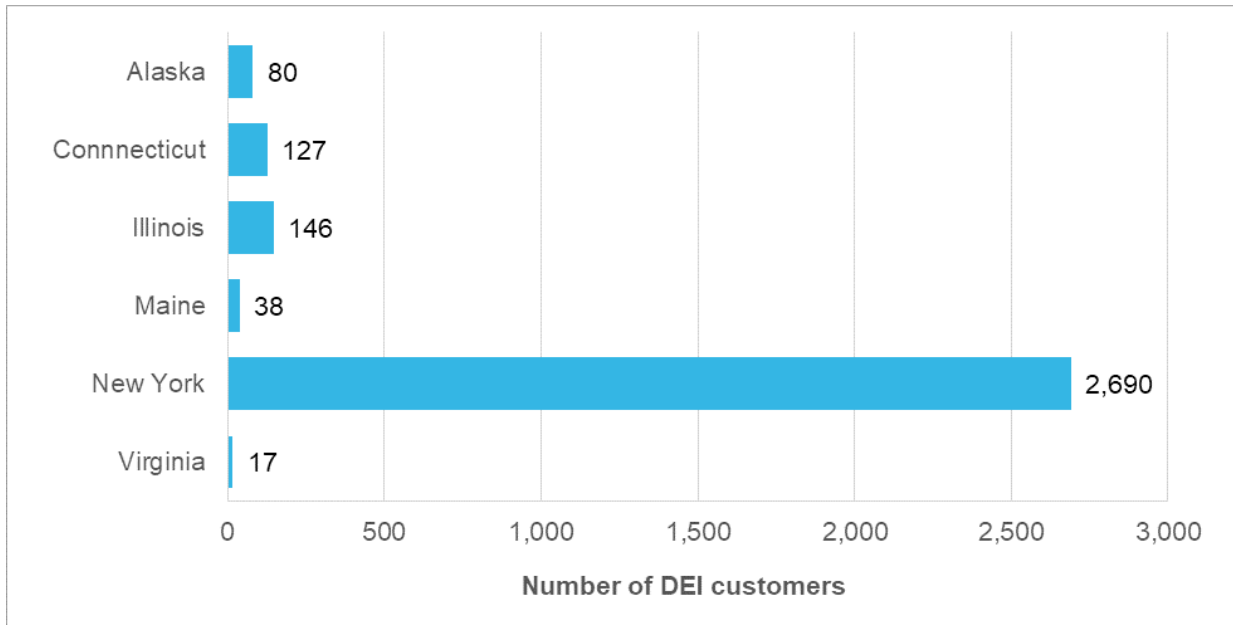
Source: DEI analysis file created from public-use WIASRD extracts.

Note: The graph displays unweighted counts based only on customers who entered during the first seven quarters of the R4 grant operations period.

The relatively large share of customers served by New York potentially reflects a broader difference between that state and other grantees in population sizes and the number of workforce system participants. For example, we examined the full population of customers who exited from an AJC in 2015 after participating in local Adult and Dislocated Worker Programs, including those without disabilities and those receiving services in WDAs that were not part of the DEI evaluation. Among states receiving R4 grants, New York accounted for almost 95 percent of this broader population of adult exiters.

Across all R4 grantees with an adult focus, the number of DEI customers enrolled remained relatively steady during the first four grant operations quarters, ranging from 439 to 484 (Exhibit 8-2). After that, the enrollment flow appears to have tapered off, averaging 420 enrollments per quarter over the subsequent three quarters.

Exhibit 8-2: Entry Flow of R4 Adult Customers by Grant Operations Quarter
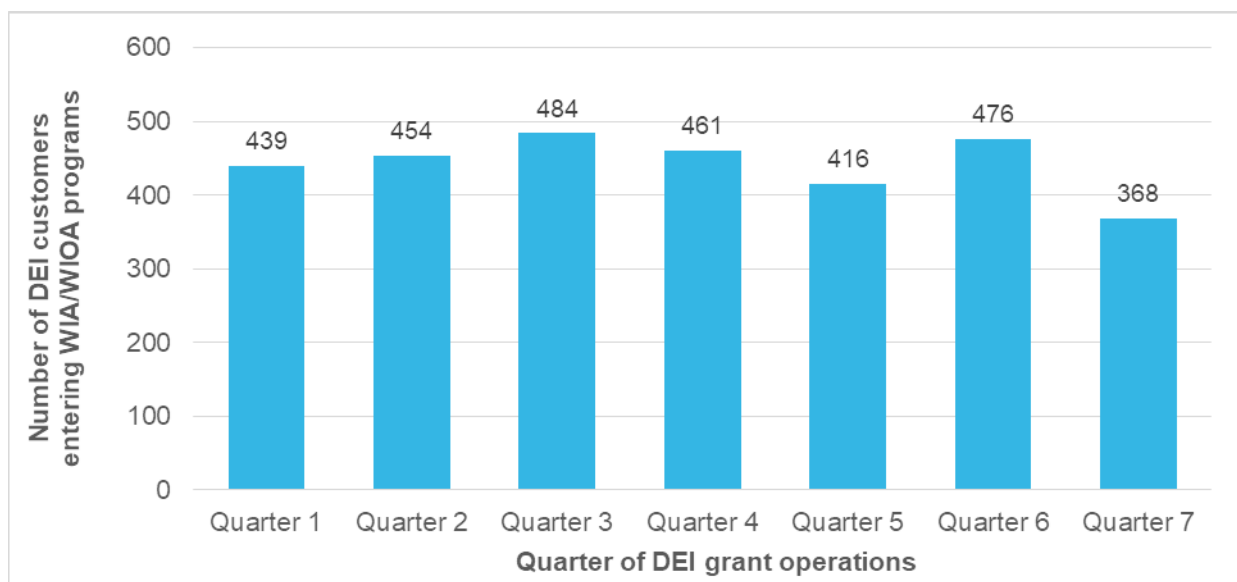
Source: DEI analysis file created from public-use WIASRD extracts.

Note: The graph displays unweighted counts. "Quarter 1" represents October–December 2014—the first quarter of the R4 grant operations period.

B. Demographic Characteristics of R4 DEI Adult Customers

The DEI adult customers served by R4 grantees were a diverse group of JSWDs, much like DEI adult customers who were served in previous Rounds (Exhibit 8-3). R4 DEI adult customers were relatively evenly distributed across age groups, and roughly half of them were women. Paralleling trends in the national population of adults served by WIOA programs,[74] the majority of R4 DEI adult customers identified as non-Hispanic Whites, and about one-fifth identified as non-Hispanic Blacks. The age, gender, and racial and ethnic distributions are also generally similar between DEI customers served by R4 grantees and R1–R3 grantees.

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[74] Information about the national population of participants in the WIA/WIOA Adult and Dislocated Worker Programs can be found in: Social Policy Research Associates. (2017). *PY 2015 WIASRD data book*. Retrieved from https://www.doleta.gov/performance/results/WIASRD/PY2015/PY2015-WIASRD-Data-Book.pdf

**Exhibit 8-3: Demographic Characteristics of Adults Served by
R4 Grantees and by R1–R3 Grantees**

	DEI adult customers served by R4 grantees	DEI adult customers served by R1 R3 grantees
Age (years)		
24 and younger	8.6	8.8
25 to 34	24.3	19.4
35 to 44	22.5	21.3
45 to 54	24.1	28.2
55 and older	20.5	22.3
Female	49.5	48.3
Race/ethnicity		
Hispanic	7.8	9.2
Non-Hispanic, Black	19.3	20.1
Non-Hispanic, White	64.5	57.4
Non-Hispanic, other race	4.4	7.9
Non-Hispanic, race not reported	3.9	5.5
Number of customers	3,098	16,195

Source: DEI analysis file created from public-use WIASRD extracts.

Note: Exhibit entries for each characteristic are percentages calculated for customers with valid data for the given characteristic; missing values were excluded from each percentage. All of the characteristics reported in the table were measured at the time customers enrolled in a WIA/WIOA program. Percentages were calculated after applying weights that were scaled so that each grantee contributed equally to the analysis. In addition, the percentages for R1–R3 were calculated based on customers who enrolled in AJCs during the first seven quarters of each grantee's operations period.

C. Early Outcomes for R4 DEI Adult Customers

Our analysis of early outcomes for R4 adult grantees focuses on DEI customers who enrolled in an AJC during the first year of grant operations (October 2014–September 2015). Because the WIASRD contains information up through June 2016, we are able to track these JSWDs for at least three calendar quarters following their enrollment date.

Engagement with workforce services. We examined the extent to which DEI adult customers engaged with WIA/WIOA services by measuring the share who received intensive services and training. We focus on service receipt during the period from the enrollment date to the end of the third quarter after enrollment. Using a fixed-length reference period makes the measures comparable across customers with different enrollment dates.[75]

We found that over 90 percent of R4 adult customers received intensive services and approximately 20 percent received training during reference period (Exhibit 8-4). A smaller share of R1–R3 adults received intensive services (76%), although almost 34 percent of R1–R3 adults received training. These differences across Rounds could reflect a range of factors,

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[75] Without this restriction, we might find lower rates for customers with relatively more recent enrollment dates simply because there was less time to observe them between when they enrolled and the end of the follow-up window.

including funding, geography, the state of the economy, and the specific populations served by each Round.

Exhibit 8-4: Receipt of Intensive Services and Training Among Adults Who Enrolled during R4 and R1–R3 Grantees' First Year of DEI Operations

	DEI adult customers served by R4 grantees	DEI adult customers served by R1 R3 grantees
Received intensive services by the third quarter after enrollment	90.6	75.9
Received training by the third quarter after enrollment	20.4	33.9
Number of customers	1,838	8,786

Source: DEI analysis file created from public-use WIASRD extracts.

Note: Exhibit entries are all percentages calculated using weights scaled such that each grantee contributed equally to the analysis. Percentages for both R4 grantees and R1–R3 grantees were calculated for adult customers who enrolled in an AJC during the first year of each grantee's DEI operations period.

Exits to employment. As already noted, R4 customers who entered WIA/WIOA programs more recently can be tracked for correspondingly less time. To address this differential availability of follow-up data, we used "survival analysis" models to analyze exit outcomes for these customers:

- In each of up to five post-enrollment quarters, we analyzed exit rates using data from all customers who: (1) had not yet exited by that point, and (2) had sufficient follow-up data to be tracked into the next quarter.
- We then combined the quarterly exit rates to estimate the cumulative rate of customer exits by each post-entry quarter.

Section 3 of Appendix 10 provides more details about this approach. To put the exit rates for R4 customers into context, we produced a similar set of quarterly exit rates for R1–R3 customers.[76]

As shown in Exhibit 8-5, the share of adult customers who exited to employment in the quarter of enrollment was low (9%), but it increased in each successive quarter. By the fifth quarter after enrollment, almost 57 percent of R4 customers had exited to employment. The corresponding number for R1–R3 customers was 50 percent. This difference could reflect a variety of factors, including the extent to which the two sets of DEI customers received intensive services versus training. However, as noted previously, there might also be important, unmeasured differences between the populations of DEI customers served across Rounds.

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[76] We calculate rates for R1–R3 customers using simple summary statistics because all of these customers could be tracked for at least five quarters after entry.

Exhibit 8-5: R4 Adults Exiting to Employment by Quarter after Enrollment

	Quarter of enrollment	1st quarter after enrollment	2nd quarter after enrollment	3rd quarter after enrollment	4th quarter after enrollment	5th quarter after enrollment
R4	8.8%	26.4%	44.0%	48.2%	53.5%	56.7%
R1–R3	9.3%	21.3%	30.7%	39.7%	46.7%	49.9%
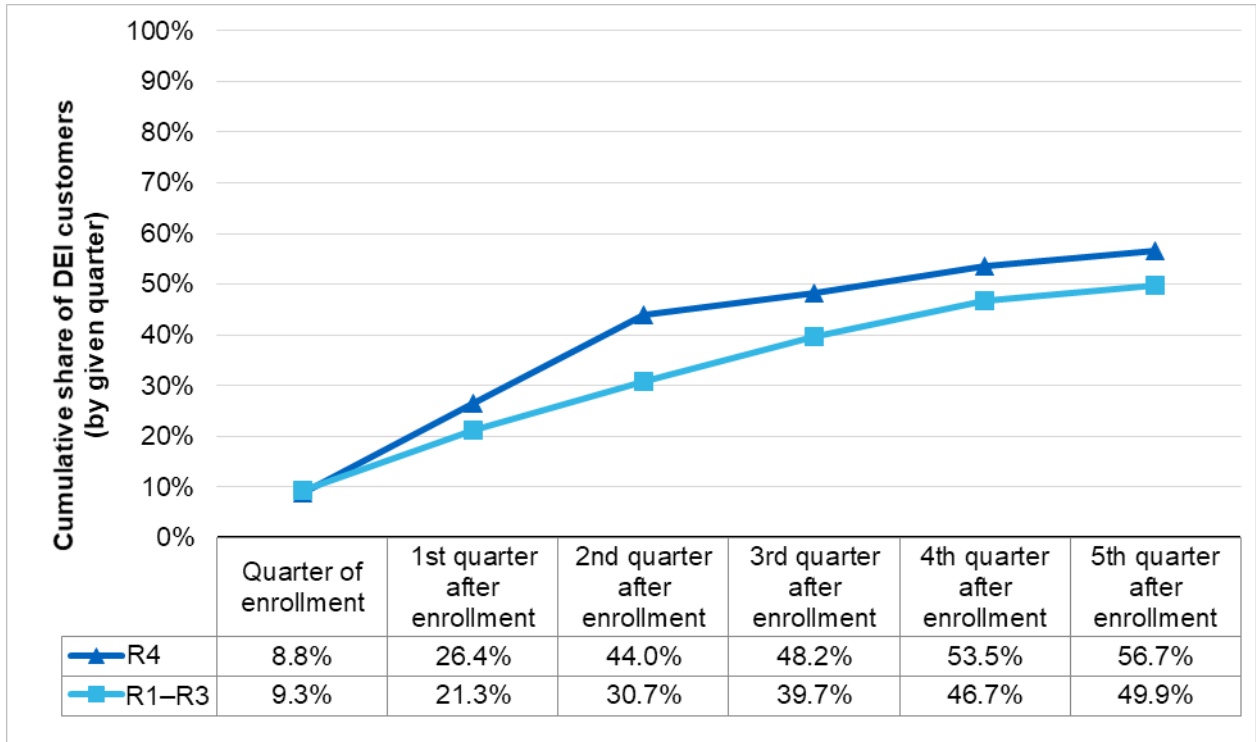
Source: DEI analysis file created from public-use WIASRD extracts.

Note: The graph depicts the cumulative share of DEI adult customers served by each group of grantees who exited to employment in the quarter of entry and for up to five post-entry quarters. The table below the graph reports the corresponding cumulative exit rates for both groups. These rates were calculated for the same customers included in Exhibit 8-4 using the methods described in the text after applying weights scaled such that each grantee contributed equally to the analysis.

APPENDIX 9
Detailed Exhibits of Results from the Impact Analysis

Exhibit 9-1: Differences between Treatment and Control Groups in the Number of JSWDs Served per WDA (R1–R3)

	Grantees with an adult focus		Grantees with a youth focus	
	Estimated percentage difference	p value	Estimated percentage difference	p value
Weighting grantees equally				
Overall	2.8	0.939	-19.1	0.856
Round 1	-18.9	0.611	-23.8	0.864
Round 2	-4.5	0.909	n.a.	n.a
Round 3	76.8	0.112	-8.8	>0.999
Weighting grantees by the number of JSWDs in control sites				
Overall	-33.8	0.657	-21.3	0.945
Round 1	-33.7	0.516	-26.3	0.920
Round 2	-42.3	0.916	n.a.	n.a.
Round 3	-10.1	0.929	-8.8	>0.999

Source: DEI analysis file created from public-use WIASRD extracts.

Note: Estimated percentage differences are based on all JSWDs who (1) enrolled in treatment and control WDAs during the R1–R3 DEI operations period and (2) either were DEI customers or would have the criteria to be classified as DEI customers had they enrolled in a treatment site. These estimates are weighted averages across RCT strata of the proportionate treatment-control differences in the number of JSWDs served per WDA. Each of a given grantee's strata were weighted in proportion to the number of JSWDs served by control WDAs in that stratum. Grantees were then either weighted equally or according to the total number of JSWDs in the state's control group. p-values are based on a permutation test. See Appendix 10 for more information.

* / ** / *** denotes an estimated difference that is significantly significant at the .10 / .05 / .01 level.

† / †† / ††† indicates that the difference between estimate for a given Round and the estimate for the other two Rounds combined is statistically significant at the .10 / .05 / .01 level.

n.a. = not applicable.

Exhibit 9-2: Baseline Characteristics of Adults in the DEI Treatment and Control Groups for R1

	Mean for DEI treatment group	Mean for control group	Difference in group means (treatment minus control)	
			Estimate	p value
Period of enrollment				
October 2011–September 2012	49.8	34.1	15.7**	0.015
October 2012–September 2013	50.2	65.9	-15.7**	0.015
Enrolled in WIA Adult Program	68.1	66.1	2.0	0.883
Enrolled in WIA Dislocated Worker Program	40.6	34.6	6.0	0.791
Age (years)				
24 and younger	6.1	8.4	-2.3	0.378
25 to 34	26.2	22.2	3.9	0.495
35 to 44	27.8	26.6	1.2	0.814
45 to 54	18.4	27.8	-9.4	0.199
55 and older	21.5	15.0	6.5***	0.001
Female	36.9	39.3	-2.4	0.862
Race/ethnicity				
Hispanic	3.6	5.9	-2.3	0.667
Non-Hispanic, black	20.9	14.3	6.6	0.382
Non-Hispanic, white	62.8	70.4	-7.6	0.300
Non-Hispanic, other race	3.9	2.2	1.7	0.344
Non-Hispanic, race not reported	8.8	7.2	1.6	0.830
Educational attainment				
Less than high school	8.3	9.3	-1.0	0.703
High school or equivalent	47.7	44.7	3.0	0.917
Postsecondary education	32.1	26.9	5.2	0.810
Bachelor's degree or beyond	11.8	19.0	-7.2	0.202
Limited English proficiency	0.1	0.1	0.0	0.395
Veteran	24.6	25.1	-0.5	0.935
Employed	12.0	10.7	1.3	0.691
Unemployment compensation recipient	39.8	45.1	-5.3	0.584
Low income	56.5	56.7	-0.2	0.984
Number of customers	6,281	6,729		
Number of WDAs	21	20		

Source: DEI analysis file created from public-use WIASRD extracts.

Note: Exhibit entries for means are percentages and entries for differences are percentage points; both types of entries have been rounded for the purposes of presentation. All of the characteristics reported in the table were measured at the time customers enrolled in a WIA/WIOA program, and missing values were imputed. All summary statistics and estimates are based on the RCT sample after applying post-stratification weights that were scaled so that each grantee contributed equally to the analysis. The reported p-values are based on a model that includes stratum fixed effects and accounts for the clustered random assignment design. See Appendix 10 for more information.

* / ** / *** denotes an estimated difference that is significantly different from zero at the .10 / .05 / .01 level.

**Exhibit 9-3: Baseline Characteristics of Adults in the DEI
Treatment and Control Groups for R2**

	Mean for DEI treatment group	Mean for control group	Difference in group means (treatment minus control)	
			Estimate	p value
Period of enrollment				
October 2012–September 2013	75.8	71.6	4.2	0.117
October 2013–September 2014	24.2	28.4	-4.2	0.117
Enrolled in WIA Adult Program	64.5	69.6	-5.0	0.582
Enrolled in WIA Dislocated Worker Program	36.9	32.7	4.2	0.645
Age (years)				
24 and younger	8.1	11.2	-3.1	0.255
25 to 34	15.9	26.7	-10.8*	0.057
35 to 44	22.2	23.4	-1.2	0.752
45 to 54	28.8	19.3	9.5**	0.015
55 and older	25.1	19.4	5.7	0.301
Female	41.0	41.7	-0.7	0.798
Race/ethnicity				
Hispanic	13.2	7.1	6.1	0.142
Non-Hispanic, black	19.1	14.4	4.7	0.343
Non-Hispanic, white	51.7	56.0	-4.2	0.538
Non-Hispanic, other race	10.7	13.8	-3.1	0.442
Non-Hispanic, race not reported	5.4	8.8	-3.4	0.119
Educational attainment				
Less than high school	8.8	10.6	-1.8	0.407
High school or equivalent	44.2	42.5	1.7	0.727
Postsecondary education	29.2	35.1	-5.9	0.181
Bachelor's degree or beyond	17.8	11.9	6.0*	0.070
Limited English proficiency	3.1	1.5	1.6	0.350
Veteran	18.3	18.7	-0.3	0.946
Employed	5.9	13.1	-7.2***	0.004
Unemployment compensation recipient	33.3	28.0	5.3	0.339
Low income	63.0	57.7	5.3	0.450
Number of customers	1,745	1,090		
Number of WDAs	23	19		

Source: DEI analysis file created from public-use WIASRD extracts.

Note: Exhibit entries for means are percentages and entries for differences are percentage points; both types of entries have been rounded for the purposes of presentation. All of the characteristics reported in the table were measured at the time customers enrolled in a WIA/WIOA program, and missing values were imputed. All summary statistics and estimates are based on the RCT sample after applying post-stratification weights that were scaled so that each grantee contributed equally to the analysis. The reported p-values are based on a model that includes stratum fixed effects and accounts for the clustered random assignment design. See Appendix 10 for more information.

* / ** / *** denotes an estimated difference that is significantly different from zero at the .10 / .05 / .01 level.

**Exhibit 9-4: Baseline Characteristics of Adults in the DEI
Treatment and Control Groups for R3**

	Mean for DEI treatment group	Mean for control group	Difference in group means (treatment minus control)	
			Estimate	p value
Period of enrollment				
October 2013–September 2014	80.6	92.7	-12.1**	0.010
October 2014–December 2014	19.4	7.3	12.1**	0.010
Enrolled in WIA Adult Program	61.8	79.3	-17.5***	0.007
Enrolled in WIA Dislocated Worker Program	39.0	21.3	17.7***	0.009
Age (years)				
24 and younger	7.5	10.5	-2.9	0.598
25 to 34	28.4	19.5	8.9	0.218
35 to 44	20.0	22.0	-2.0	0.576
45 to 54	23.4	22.6	0.8	0.780
55 and older	20.7	25.4	-4.7	0.226
Female	56.4	43.4	13.0**	0.040
Race/ethnicity				
Hispanic	14.7	2.9	11.8	0.107
Non-Hispanic, black	29.5	27.9	1.5	0.814
Non-Hispanic, white	50.1	57.9	-7.8**	0.031
Non-Hispanic, other race	4.0	10.4	-6.4*	0.069
Non-Hispanic, race not reported	1.7	0.8	0.9	0.470
Educational attainment				
Less than high school	6.1	8.0	-1.9	0.604
High school or equivalent	41.3	28.5	12.8	0.134
Postsecondary education	33.2	44.9	-11.8	0.177
Bachelor's degree or beyond	19.4	18.6	0.8	0.859
Limited English proficiency	0.9	0.0	0.9	0.114
Veteran	13.3	29.4	-16.1**	0.034
Employed	11.7	10.1	1.7	0.735
Unemployment compensation recipient	40.2	21.6	18.5**	0.017
Low income	54.9	61.0	-6.0	0.344
Number of customers	802	447		
Number of WDAs	14	13		

Source: DEI analysis file created from public-use WIASRD extracts.

Note: Exhibit entries for means are percentages and entries for differences are percentage points; both types of entries have been rounded for the purposes of presentation. All of the characteristics reported in the table were measured at the time customers enrolled in a WIA/WIOA program, and missing values were imputed. All summary statistics and estimates are based on the RCT sample after applying post-stratification weights that were scaled so that each grantee contributed equally to the analysis. The reported p-values are based on a model that includes stratum fixed effects and accounts for the clustered random assignment design. See Appendix 10 for more information.

* / ** / *** denotes an estimated difference that is significantly different from zero at the .10 / .05 / .01 level.

**Exhibit 9-5: Baseline Characteristics of Youth in the DEI
Treatment and Control Groups for R1**

	Mean for DEI treatment group	Mean for control group	Difference in group means (treatment minus control)	
			Estimate	p value
Period of enrollment				
October 2011–September 2012	46.2	47.4	-1.2	0.925
October 2012–September 2013	53.8	52.6	1.2	0.925
Age (years)				
15 and younger	18.4	1.9	16.5*	0.058
16 to 17	55.3	41.2	14.1	0.156
18	16.1	25.4	-9.3	0.222
19 and older	10.3	31.5	-21.3	0.188
Female	29.7	37.2	-7.5	0.315
Race/ethnicity				
Hispanic	14.3	8.6	5.6	0.632
Non-Hispanic, black	19.4	16.2	3.2	0.785
Non-Hispanic, white	45.9	51.7	-5.8	0.706
Non-Hispanic, other race	5.4	2.6	2.8*	0.075
Non-Hispanic, race not reported	15.0	20.9	-5.9	0.848
Completed high school	3.9	28.1	-24.2	0.423
High school dropout	7.7	19.4	-11.7	0.196
Attending school	89.2	53.0	36.1	0.165
Limited English proficiency	1.8	0.7	1.1	0.523
Employed	0.7	24.1	-23.5**	0.019
Number of customers	599	247		
Number of WDAs	7	8		

Source: DEI analysis file created from public-use WIASRD extracts.

Note: Exhibit entries for means are percentages and entries for differences are percentage points; both types of entries have been rounded for the purposes of presentation. All of the characteristics reported in the table were measured at the time customers enrolled in a WIA/WIOA program, and missing values were imputed. All summary statistics and estimates are based on the RCT sample after applying post-stratification weights that were scaled so that each grantee contributed equally to the analysis. The reported p-values are based on a model that includes stratum fixed effects and accounts for the clustered random assignment design. See Appendix 10 for more information.

* / ** / *** denotes an estimated difference that is significantly different from zero at the .10 / .05 / .01 level.

**Exhibit 9-6: Baseline Characteristics of Youth in the DEI
Treatment and Control Groups for R3**

	Mean for DEI treatment group	Mean for control group	Difference in group means (treatment minus control)	
			Estimate	p value
Period of enrollment				
October 2013–September 2014	74.0	95.1	-21.1	0.148
October 2014–December 2014	26.0	4.9	21.1	0.148
Age (years)				
15 and younger	12.6	9.8	2.9	0.755
16 to 17	51.6	59.3	-7.7	0.240
18	20.7	18.3	2.4	0.642
19 and older	15.1	12.7	2.4	0.682
Female	46.0	40.1	5.8*	0.059
Race/ethnicity				
Hispanic	9.8	7.6	2.2	0.788
Non-Hispanic, black	27.0	4.2	22.9	0.543
Non-Hispanic, white	53.3	81.9	-28.6	0.496
Non-Hispanic, other race	9.8	6.3	3.5	0.120
Non-Hispanic, race not reported	0.0	0.0	0.0	n.a.
Completed high school	9.8	11.9	-2.1	0.681
High school dropout	6.7	0.7	5.9**	0.034
Attending school	87.4	90.8	-3.4	0.385
Limited English proficiency	7.0	2.7	4.3	0.629
Employed	10.5	11.4	-0.9	0.922
Number of customers	285	112		
Number of WDAs	4	2		

Source: DEI analysis file created from public-use WIASRD extracts.

Note: Exhibit entries for means are percentages and entries for differences are percentage points; both types of entries have been rounded for the purposes of presentation. All of the characteristics reported in the table were measured at the time customers enrolled in a WIA/WIOA program, and missing values were imputed. All summary statistics and estimates are based on the RCT sample after applying post-stratification weights that were scaled so that each grantee contributed equally to the analysis. The reported p-values are based on a model that includes stratum fixed effects and accounts for the clustered random assignment design. See Appendix 10 for more information.

* / ** / *** denotes an estimated difference that is significantly different from zero at the .10 / .05 / .01 level.

n.a. = not applicable.

Exhibit 9-7: Estimated Impacts on Service Receipt Outcomes for Adults

	DEI treatment group			Control group			Regression adjusted estimates	
	Number of JSWDs	Number of WDAs	Mean of outcome	Number of JSWDs	Number of WDAs	Mean of outcome	Impact	*p* value
Received intensive services (%)								
Overall	**8,828**	**58**	**80.8**	**8,266**	**52**	**81.3**	**-0.1**	**0.979**
Round 1	6,281	21	82.7	6,729	20	83.2	-0.0	0.996
Round 2	1,745	23	83.4	1,090	19	83.1	0.4	0.950
Round 3	802	14	72.7	447	13	74.4	-1.3	0.603
Received job training (%)								
Overall	**8,828**	**58**	**45.4**	**8,266**	**52**	**51.0**	**-5.0**	**0.291**
Round 1	6,281	21	56.3	6,729	20	46.1	10.5*†††	0.055
Round 2	1,745	23	32.6	1,090	19	54.2	-19.7***†††	0.001
Round 3	802	14	52.9	447	13	52.6	-0.5	0.928
Received supportive services (%)								
Overall	**8,828**	**58**	**0.2**	**8,266**	**52**	**0.7**	**-0.5**	**0.295**
Round 1	6,281	21	0.0	6,729	20	0.0	0.0	0.607
Round 2	1,745	23	0.4	1,090	19	0.6	-0.2	0.246
Round 3	802	14	0.0	447	13	2.1	-2.3	0.463
Stopped receiving services by end of follow-up period (%)								
Overall	**8,828**	**58**	**93.6**	**8,266**	**52**	**93.4**	**-0.4**	**0.758**
Round 1	6,281	21	99.0	6,729	20	98.2	0.0	0.986
Round 2	1,745	23	89.4	1,090	19	88.5	-0.4	0.892
Round 3	802	14	92.8	447	13	95.2	-1.2	0.663
Number of days from enrollment to exit, among those who exited[a]								
Overall	**8,628**	**58**	**288.4**	**8,202**	**51**	**307.7**	**-17.2**	**0.436**
Round 1	6,269	21	282.9	6,717	20	302.6	-22.4	0.699
Round 2	1,631	23	319.2	1,046	19	323.4	-3.7	0.896
Round 3	728	14	236.2	439	12	284.8	-39.1**	0.040

Source: DEI analysis file created from public-use WIASRD extracts.

Note: Estimates in the table are for the RCT treatment and control groups defined in Section II and are based on outcomes measured up through June 2016. All summary statistics and estimates were calculated after applying post-stratification weights that were scaled so that each grantee contributed equally to the analysis. Regression-adjusted impact estimates are based on a model that included RCT stratum fixed effects and accounted for JSWDs' characteristics at the WIA/WIOA enrollment date, whether they received services through the Dislocated Worker program, their timing of entry, and the length of the follow-up period that could be used to track them. *p*-values account for the clustered random assignment design. See Appendix 10 for more information.

[a] The estimated number of days from enrollment to exit could only be measured for those who exited by the end of the follow-up period. Differences in this measure between the treatment and control groups might reflect both impacts on the duration of participation and differences between groups in in the types of customers who exited.

* / ** / *** denotes an impact estimate that is statistically significantly at the .10 / .05 / .01 level.

† / †† / ††† denotes a difference in impact estimates for the given Round and the other two Rounds combined that is statistically significant at the .10 /.05 /.01 level.

Exhibit 9-8: Estimated Impacts on Service Receipt Outcomes for Youth

	DEI treatment group			Control group			Regression adjusted estimates	
	Number of JSWDs	Number of WDAs	Mean of outcome	Number of JSWDs	Number of WDAs	Mean of outcome	Impact	*p* value
Stopped receiving services by end of follow-up period (%)								
Overall	**884**	**11**	**90.2**	**359**	**10**	**98.1**	**-8.4***	**0.053**
Round 1	599	7	92.4	247	8	100.0	-8.2	0.189
Round 3	285	4	86.0	112	2	94.2	-8.8	0.284
Number of days from enrollment to exit, among those who exited[a]								
Overall	**812**	**11**	**496.6**	**351**	**10**	**309.5**	**145.2**	**0.224**
Round 1	567	7	573.0	247	8	257.5	267.8*††	0.082
Round 3	245	4	343.7	104	2	413.6	-49.2††	0.373

Source: DEI analysis file created from public-use WIASRD extracts.

Note: Estimates in the table are for the RCT treatment and control groups defined in Section II and are based on outcomes measured up through June 2016. All summary statistics and estimates were calculated after applying post-stratification weights that were scaled so that each grantee contributed equally to the analysis. Regression-adjusted impact estimates are based on a model that includeed RCT stratum fixed effects and accounted for JSWDs' characteristics at the WIA/WIOA enrollment date, whether they qualified as older youth for WIA/WIOA reporting purposes, their timing of entry, and the length of the follow-up period that could be used to track them. *p*-values account for the clustered random assignment design. See Appendix 10 for more information.

[a] The estimated number of days from enrollment to exit could only be measured for those who exited by the end of the follow-up period. Differences in this measure between the treatment and control groups might reflect both impacts on the duration of participation and differences between groups in in the types of customers who exited.

* / ** / *** denotes an impact estimate that is statistically significantly at the .10 / .05 / .01 level.

† / †† / ††† denotes a difference in impact estimates for the given Round and the other two Rounds combined that is statistically significant at the .10 /.05 /.01 level.

Exhibit 9-9: Estimated Impacts on Placement Outcomes for Adults

	DEI treatment group			Control group			Regression adjusted estimates	
	Number of JSWDs	Number of WDAs	Mean of outcome	Number of JSWDs	Number of WDAs	Mean of outcome	Impact	*p* value
Exited and employed in the subsequent calendar quarter (%)								
Overall	**8,828**	**58**	**60.1**	**8,266**	**52**	**60.4**	**-0.3**	**0.878**
Round 1	6,281	21	60.3	6,729	20	60.7	-0.4	0.921
Round 2	1,745	23	59.1	1,090	19	60.0	-0.6	0.885
Round 3	802	14	61.8	447	13	60.8	0.4	0.924
Exited and employed in the following three quarters (%)								
Overall	**8,828**	**58**	**52.5**	**8,266**	**52**	**50.6**	**1.9**	**0.445**
Round 1	6,281	21	51.1	6,729	20	50.1	1.0	0.848
Round 2	1,745	23	52.2	1,090	19	50.3	1.7	0.683
Round 3	802	14	55.5	447	13	51.9	3.9	0.236
Average earnings in the three quarters after exit, among those working in all three quarters ($)[a]								
Overall	**3,470**	**54**	**7,389**	**2,885**	**47**	**7,627**	**49**	**0.874**
Round 1	2,192	20	6,393	2,310	19	6,673	26	0.959
Round 2	841	20	7,777	420	17	7,884	-74	0.825
Round 3	437	14	8,073	155	11	8,471	302	0.773

Source: DEI analysis file created from public-use WIASRD extracts.

Note: Estimates in the table are for the RCT treatment and control groups defined in Section II and are based on exits measured up through June 2016. All summary statistics and estimates were calculated after applying post-stratification weights that were scaled so that each grantee contributed equally to the analysis. Regression estimates are based on a model that included RCT stratum fixed effects and accounted for JSWDs' characteristics at the WIA/WIOA enrollment date, whether they received services through the Dislocated Worker program, their timing of entry, and the length of the follow-up period that could be used to track them. *p*-values account for the clustered random assignment design. See Appendix 10 for more information.

[a] This measure reflects the average quarterly earnings during the three quarters after exit for adults who exited and had positive earnings in all three of those quarters. Differences in this measure between the treatment and control groups could reflect both (1) impacts on earnings and (2) differences between groups in in the types of customers who exited and then maintained employment in the following quarters. As explained in Appendix 10, analyses of this average earnings measure could not contain information about customers in Hawaii and Illinois due to small sample sizes.

* / ** / *** denotes an impact estimate that is statistically significantly at the .10 / .05 / .01 level.

† / †† / ††† denotes a difference in impact estimates for the given Round and the other two Rounds combined that is statistically significant at the .10 /.05 /.01 level.

Exhibit 9-10: Estimated Impacts on Exits to Employment for Adults—Sensitivity Analysis

	DEI treatment group			Control group			Regression adjusted estimates	
	Number of JSWDs	Number of WDAs	Mean of outcome	Number of JSWDs	Number of WDAs	Mean of outcome	Impact	*p* value
Primary approach[a]	**8,828**	**58**	**60.1**	**8,266**	**52**	**60.4**	**-0.3**	**0.878**
Cluster-robust standard errors to assess precision	8,828	58	60.1	8,266	52	60.4	-0.3	0.859
Logistic model[b]	8,828	58	60.1	8,266	52	60.4	-0.8	0.809
Weighting grantees proportionately[c]	8,828	58	49.1	8,266	52	47.6	1.8	0.260

Source: DEI analysis file created from public-use WIASRD extracts.

Note: The table presents information for the RCT treatment and control groups defined in Section II based on exits measured up through June 2016, and with subgroups defined based on characteristics at the time of enrollment. All summary statistics and estimates are for the share of people who exited from WIA/WIOA services and were employed during the following calendar quarter. These measures were calculated after applying post-stratification weights. Regression estimates are based on a model that included RCT stratum fixed effects and accounted for JSWDs' characteristics at the WIA/WIOA enrollment date, whether they received services through the Dislocated Worker program, their timing of entry, and the length of the follow-up period that could be used to track them. The analysis for each subgroup characteristic was limited to the set RCT strata containing both individuals who did and not have that characteristics. *p*-values account for the clustered random assignment design. See Appendix 10 for more information.

[a] Compared to the other approaches indicated in the table, distinctive features of our primary approach are (1) use of a linear model, (2) using cluster bootstrap methods to assess precision, and (3) weighting grantees so that they contributed equally to the analysis.

[b] The reported impact estimate for the logistic model is a marginal effect for the sample. The p-value for this estimate was derived using a cluster-robust standard errors.

[c] Proportionate weighting refers to scaling each grantee in proportion to the total number of JSWDs in its treatment WDAs.

* / ** / *** denotes an impact estimate that is statistically significantly at the .10 / .05 / .01 level.

† / †† / ††† denotes a difference in impact estimates for the given Round and the other two Rounds combined that is statistically significant at the .10 /.05 /.01 level.

Exhibit 9-11: Estimated Impacts on Exits to Employment by Subgroup of Adults

	DEI treatment group			Control group			Regression adjusted estimates	
	Number of JSWDs	Number of WDAs	Mean of outcome	Number of JSWDs	Number of WDAs	Mean of outcome	Impact	p value
Overall	**8,828**	**58**	**60.1**	**8,266**	**52**	**60.4**	**-0.3**	**0.878**
Age[a]								
44 and younger	4,541	54	61.9	4,140	50	63.5	-1.5	0.768
45 and older	4,197	54	57.9	4,094	49	55.0	2.2	0.773
Attended college[b]								
No	4,697	54	60.8	4,270	47	55.3	3.4	0.524
Yes	4,116	54	59.5	3,968	47	62.6	-3.7	0.344
Unemployment compensation recipient[c]								
No	4,915	46	55.0	4,404	41	57.5	-3.0	0.465
Yes	3,321	44	65.2	3,759	41	70.8	-6.0*	0.099
Low income[d]								
No	4,656	51	63.2	5,285	47	66.9	-2.0	0.542
Yes	4,054	52	55.4	2,920	46	58.4	-3.8	0.335

Source: DEI analysis file created from public-use WIASRD extracts.

Note: The table presents information for the RCT treatment and control groups defined in Section II based on exits measured up through June 2016, and with subgroups defined based on characteristics at the time of enrollment. All summary statistics and estimates are for the share of people who exited from WIA/WIOA services and were employed during the following calendar quarter. These measures were calculated after applying post-stratification weights that were scaled so that each grantee contributed equally to the analysis. Regression estimates are based on a model that included RCT stratum fixed effects and accounted for JSWDs' characteristics at the WIA/WIOA enrollment date, whether they received services through the Dislocated Worker program, their timing of entry, and the length of the follow-up period that could be used to track them. p-values account for the clustered random assignment design. Each analysis was limited to the set of RCT strata containing every combination of (1) random assignment statuses (treatment or control) and (2) values of the given subgroup indicator. These analyses were also limited to grantees for which every random assignment-subgroup indicator combination included at least five adults. See Appendix 10 for more information.

[a] The analysis of subgroups by age excludes information about customers in Illinois and Washington due to the small-size restrictions noted above.

[b] The analysis of subgroups by college attendance excludes information about customers in Hawaii and Illinois due to the small-size restrictions noted above.

[c] The analysis of subgroups by receipt of unemployment compensation excludes information about customers in Florida, Hawaii, Illinois, and Maine, as well as the urban stratum in Massachusetts and the rural and small-city strata in Tennessee, due to the small-size restrictions noted above.

[d] The analysis of subgroups by low income status excludes information about customers in Hawaii, Illinois, Maine, and Washington due to the small-size restrictions noted above.

* / ** / *** denotes an impact estimate that is statistically significantly at the .10 / .05 / .01 level.

† / †† / ††† denotes a difference in impact estimates for the given Round and the other two Rounds combined that is statistically significant at the .10 /.05 /.01 level.

Exhibit 9-12: Estimated Impacts on Placement Outcomes for Youth

	DEI treatment group			Control group			Regression adjusted estimates	
	Number of JSWDs	Number of WDAs	Mean of outcome	Number of JSWDs	Number of WDAs	Mean of outcome	Impact	*p* value
Exited and employed or enrolled in school in the subsequent calendar quarter (%)								
Overall	**884**	**11**	**60.0**	**359**	**10**	**81.0**	**-17.6***	**0.076**
Round 1	599	7	65.5	247	8	83.6	-12.8	0.283
Round 3	285	4	49.1	112	2	75.8	-25.0**	0.047
Exited and attained degree or certificate within the following three quarters, among those who were high school dropouts or attending school at the enrollment date								
Overall	**794**	**11**	**59.4**	**302**	**10**	**76.9**	**-18.9****	**0.049**
Round 1	559	7	73.6	206	8	83.3	-10.0	0.229
Round 3	235	4	31.1	96	2	64.1	-34.6	0.145

Source: DEI analysis file created from public-use WIASRD extracts.

Note: Estimates in the table are for the RCT treatment and control groups defined in Section II and are based on exits measured up through June 2016. All summary statistics and estimates were calculated after applying post-stratification weights that were scaled so that each grantee contributed equally to the analysis. Regression estimates are based on a model that included RCT stratum fixed effects and accounted for JSWDs' characteristics at the WIA/WIOA enrollment date, whether they qualified as older youth for WIA/WIOA reporting purposes, their timing of entry, and the length of the follow-up period that could be used to track them. *p*-values account for the clustered random assignment design. See Appendix 10 for more information.

* / ** / *** denotes an impact estimate that is statistically significantly at the .10 / .05 / .01 level.

† / †† / ††† denotes a difference in impact estimates for the given Round and the other two Rounds combined that is statistically significant at the .10 /.05 /.01 level.

**Exhibit 9-13: Estimated Impacts on Exits to Employment or
Education for Youth—Sensitivity Analysis**

	DEI treatment group			Control group			Regression adjusted estimates	
	Number of JSWDs	Number of WDAs	Mean of outcome	Number of JSWDs	Number of WDAs	Mean of outcome	Impact	*p* value
Primary approach[a]	**884**	**11**	**60.0**	**359**	**10**	**81.0**	**-17.6***	**0.076**
Cluster-robust standard errors to assess precision	884	11	60.0	359	10	81.0	-17.6**	0.014
Logistic model[b]	884	11	60.0	359	10	81.0	-17.8***	0.003
Weighting grantees proportionately[c]	884	11	56.3	359	10	80.0	-20.6***	0.008

Source: DEI analysis file created from public-use WIASRD extracts.

Note: The table presents information for the RCT treatment and control groups defined in Section II based on exits measured up through June 2016, and with subgroups defined based on characteristics at the time of enrollment. All summary statistics and estimates are for the share of people who exited from WIA/WIOA services and were employed or enrolled in school during the following calendar quarter. These measures were calculated after applying post-stratification weights Regression estimates are based on a model that included RCT stratum fixed effects and accounted for JSWDs' characteristics at the WIA/WIOA enrollment date, whether they qualified as older youth for WIA/WIOA reporting purposes, their timing of entry, and the length of the follow-up period that could be used to track them. *p*-values account for the clustered random assignment design. See Appendix 10 for more information.

[a] Compared to the other approaches indicated in the table, distinctive features of our primary approach are (1) use of a linear model, (2) using cluster bootstrap methods to assess precision, and (3) weighting grantees so that they contributed equally to the analysis.

[b] The reported impact estimate for the logistic model is a marginal effect for the sample. The p-value for this estimate was derived using a cluster-robust standard errors.

[c] Proportionate weighting refers to scaling each grantee in proportion to the total number of JSWDs in its treatment WDAs.

* / ** / *** denotes an impact estimate that is statistically significantly at the .10 / .05 / .01 level.

† / †† / ††† denotes a difference in impact estimates for the given Round and the other two Rounds combined that is statistically significant at the .10 /.05 /.01 level.

**Exhibit 9-14: Estimated Impacts on Exits to Employment or Education
by Subgroup of Youth**

	DEI treatment group			Control group			Regression adjusted estimates	
	Number of JSWDs	Number of WDAs	Mean of outcome	Number of JSWDs	Number of WDAs	Mean of outcome	Impact	*p* value
Overall	**884**	**11**	**60.0**	**359**	**10**	**81.0**	**-17.6***	**0.076**
Age								
17 and younger	592	10	55.0	196	9	77.5	-22.2**	0.026
18 and older	255	10	69.1	162	9	82.8	-12.5	0.202

Source: DEI analysis file created from public-use WIASRD extracts.

Note: The table presents information for the RCT treatment and control groups defined in Section II based on exits measured up through June 2016, and with subgroups defined based on characteristics at the time of enrollment. All summary statistics and estimates are for the share of people who exited from WIA/WIOA services and were employed or enrolled in school during the following calendar quarter. These measures were calculated after applying post-stratification weights that were scaled so that each grantee contributed equally to the analysis. Regression-adjusted impact estimates are based on a model that included RCT stratum fixed effects and accounted for JSWDs' characteristics at the WIA/WIOA enrollment date, their timing of entry, and the length of the follow-up period that could be used to track them. The analysis was limited to the set RCT of strata containing members of both the treatment and control group in each subgroup. As a result, the analysis excludes information about youth in the rural stratum of New Jersey. *p*-values account for the clustered random assignment design. See Appendix 10 for more information.

* / ** / *** denotes an impact estimate that is statistically significantly at the .10 / .05 / .01 level.

† / †† / ††† denotes a difference in impact estimates for the given Round and the other two Rounds combined that is statistically significant at the .10 /.05 /.01 level.

APPENDIX 10
Quantitative Data and Methods Used in this Report

In this appendix, we describe the quantitative data and analysis methods used for the final report of the DEI evaluation's assessment of grants from Round 1 through Round 4 of DEI funding. The quantitative assessment includes information about the number, characteristics, and outcomes of JSWDs who were customers of AJCs in those DEI grantee sites. This assessment focuses specifically on JSWDS receiving services through the WIA and/or WIOA programs. The primary purpose of this appendix is to detail the analysis samples and the customer-level measures developed for the report, as well as the statistical methods used to produce quantitative results. Some information from the main text of the report is repeated here so that the appendix can serve as a stand-alone summary.

The appendix is organized around three broad topic areas. In Section A, we describe the state grantees and WDAs studied as part of the evaluation of R1–R4 grants. This section also contains information about the evaluation's RCT design and about which WDAs could be included in the RCT analysis. In Section B, we describe the study data developed for this report from the WIASRD public-use files maintained by USDOL. This section includes information about how we processed the data, defined the main analysis samples, and defined key analysis measures. It also includes a discussion of differences in the availability of outcomes data across customers based on when they started receiving services from an AJC. In Section C, we provide details about the statistical methods used to produce the quantitative results in the report.

A. States and Local Workforce Areas Included in the Analysis

The quantitative findings of this report present information about customers served by recipients of grants from R1–R4 of the DEI program. The findings only apply to the states (listed later in this section) that applied for and received DEI funding. The results might not generalize to a broader population or the nation as a whole because these states could differ in important ways from states that did not submit grant applications or were not awarded a grant.

States that applied for a grant were asked to participate in the RCT evaluation of the DEI, whereby WDAs in the state would be randomly assigned to treatment and control groups. The WDAs assigned to the treatment group could implement and pilot the new DEI-funded program components and services for JSWDs, whereas WDAs assigned to the control group would continue to offer the workforce services provided in the past. Of the grantees that agreed to participate in the RCT, some put forward all of their WDAs to be considered for random assignment, whereas others put forward only a subset of WDAs. (Appendix 11 contains a list of WDAs studied for the DEI R1–R4 evaluation by Round, focus, and grantee.) Hence, results from the impact analysis apply only to those WDAs, which could be markedly different from the WDAs that were not considered for random assignment.

To increase the expected comparability of the WDAs ultimately assigned to the treatment and control groups, the evaluation team worked with grantees to subdivide the WDAs into pre-randomization strata, if possible. Each stratum was defined according to one or more major characteristics (for example, rural versus suburban versus urban) thought to be substantively

relevant for customers' outcomes in each local area. These characteristics were determined in conjunction with DEI stakeholders for each grantee. (The tables in Appendix 11 contain more specific information about the characteristics used to establish randomization strata.) We then randomly assigned WDAs within each stratum to the treatment group or the control group. In strata containing an even number of WDAs, we assigned an equal number to each group. In strata containing an odd number of WDAs, we adjusted the basic randomization procedure so that one additional WDA was assigned to the treatment group relative to the number of WDAs assigned to the control group.

Most grantees participated in the random assignment process. However, three states (Alaska, Delaware, and South Dakota) provided WIA/WIOA services through a single WDA, and one grantee (Rhode Island) was also allowed to pilot the DEI statewide; this precluded random assignment for those grantees. In addition, two other grantees (Maine and New York in R1) purposively assigned a specific WDA to be a DEI pilot site while randomly assigning other WDAs to the RCT treatment and control groups.[77] Finally, two grantees (Alabama and Idaho) opted to establish local areas for random assignment that did not align with existing WDAs. In all:

- Among 21 grantees with an adult focus: 153 WDAs and local areas were randomized; 80 were assigned to the treatment group and 73 were assigned to the control group.
- Among 5 grantees with a youth focus: 26 WDAs and local areas were randomized; 14 were assigned to the treatment group and 12 were assigned to the control group.

Exhibit 10-1 shows how WDAs and other local areas were distributed across states, breaking out this information by focus and Round. The table also indicates the number of areas that were included in the RCT treatment and control groups, as well as the number of areas that were excluded from the treatment group because they had been purposively selected to be DEI pilot sites. As noted previously, Appendix 11 includes a more detailed list of WDAs that were studied for the DEI R1–R4 evaluation, including information about whether and how each one was randomly assigned.

The report could not, however, include information about the characteristics or outcomes of customers in several of the WDAs and local areas that were randomly assigned because of data issues or other technical considerations, as indicated in Exhibit 10-1:

- For example, we excluded some WDAs entirely because they could not be consistently identified in the WIASRD system because of changes over time in administrative boundaries, because of inconsistencies over time in the extent to which AJC customers were captured in the WIASRD, or because they served no JSWDs meeting the inclusion criteria for the study. We also excluded some WDAs from the RCT sample because of

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[77] Maine signed a contract that established one WDAs as a DEI pilot site prior to random assignment. The evaluation team and state stakeholders in New York determined that it would not be reasonable to include one WDA in any of the randomization strata created for that state; that WDA was withheld from random assignment and purposively designated as a DEI pilot site.

missing data on key variables. Sections B.2, B.3.1, and B.3.2 of this appendix provide more information about these issues.

- Further, we do not include information about R4 grantees in the impact analysis because of the relatively short follow-up period over which we could study this last group of grantees. As discussed in Section B.2.4 of this appendix, R4 grantees started serving customers more recently than R1–R3 grantees; when the data for this report were extracted, not enough time had elapsed to reliably assess impacts for R4. Hence, we excluded R4 grantees from the main impact analysis and conducted a separate analysis of the early outcomes of the adult-focused grantees in that Round.[78]

With these exclusions, the final RCT analysis of customer characteristics and outcomes included 110 WDAs for R1–R3 grantees with an adult focus (58 treatment and 52 control) and 21 WDAs for R1 and R3 grantees with a youth focus (11 treatment and 10 control).

**Exhibit 10-1: Number of DEI Pilot Areas and RCT Control Areas
by Focus, Round, and State**

State	DEI pilot areas			Local areas randomly assigned to control group	Local areas randomly assigned (total)
	All	Purposively selected	Randomly assigned to treatment group		
Grantees with an adult focus					
Round 1	**25**	**3**	**22**	**21**	**43[a]**
Alaska[b]	1	1	0	0	0
Illinois	2	0	2	2	4[a]
Kansas	2	0	2	2	4
Maine	2	1	1	1	2
New York	13	1	12	12	24
Virginia	5	0	5	4	9
Round 2	**23**	**0**	**23**	**19**	**42**
California	5	0	5	5	10
Hawaii	2	0	2	2	4
Ohio	3	0	3	2	5
Tennessee	5	0	5	4	9
Washington	2	0	2	1	3
Wisconsin	6	0	6	5	11
Round 3	**26**	**2**	**24**	**24**	**48[c]**
Florida	5	0	5	5	10[c]
Indiana	5	0	5	4	9[c]
Iowa	5	0	5	6	11[c]
Louisiana	5	0	5	5	10
Massachusetts	4	0	4	4	8
Rhode Island[b]	2	2	0	0	0
Round 4	**12**	**1**	**11**	**9**	**20[d]**
Alaska[b]	1	1	0	0	0

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[78] Alabama and Idaho—the two R4 grantees with a youth focus—could not be included in *any* analyses, however, because the local areas that they randomized could not be clearly distinguished in the WIASRD system.

State	DEI pilot areas			Local areas randomly assigned to control group	Local areas randomly assigned (total)
	All	Purposively selected	Randomly assigned to treatment group		
Connecticut	2	0	2	2	4
Illinois	2	0	2	2	4
Maine	1	0	1	1	2
New York	4	0	4	2	6
Virginia	2	0	2	2	4
Total	**86**	**6**	**80**	**73**	**153**
Grantees with a youth focus					
Round 1	**9**	**1**	**8**	**8**	**16[e]**
Arkansas	4	0	4	4	8[e]
Delaware[b]	1	1	0	0	0
New Jersey	4	0	4	4	8
Round 2	**1**	**1**	**0**	**0**	**0**
South Dakota[b]	1	1	0	0	0
Round 3	**4**	**0**	**4**	**2**	**6**
Minnesota	4	0	4	2	6
Round 4	**2**	**0**	**2**	**2**	**4[d,f]**
Alabama	1	0	1	1	2[f]
Idaho	1	0	1	1	2[f]
Total	**16**	**2**	**14**	**12**	**22**

[a] All analyses of R1 grantees with an adult focus excluded 2 large WDAs that were randomized in the Chicago area of Illinois because the boundaries of these WDAs shifted over time in a way that could not be tracked using the WIASRD files available for this report (see Section B.2 of this appendix).

[b] The DEI was piloted statewide in Alaska, Delaware, South Dakota, and Rhode Island.

[c] Analyses of R3 grantees with an adult focus excluded up to 21 WDAs that were randomized: 1 WDA in Florida was excluded from all customer-level analyses because it served no JSWDs meeting the inclusion criteria for the study (see Section B.3.1 of this appendix), all 11 WDAs in Indiana were excluded from every analysis because of substantial inconsistencies over time in the number of customers tracked in the WIASRD system (see Section B.2 of this appendix), and all 9 WDAs in Iowa were only included in basic analyses of the number of customers served because the state did not record key customer characteristics needed for the impact analysis (see Section B.3.2 of this appendix).

[d] The RCT analysis excluded information about R4 grantees because the available data did not provide a sufficiently long follow-up period to provide a fair assessment of impacts for this Round (see Section B.4 of this appendix).

[e] All customer-level analyses for R1 states with a youth focus excluded one WDA that was randomized in Arkansas because it served no JSWDs meeting the inclusion criteria for the study (see Section B.2 of this appendix).

[f] This report includes no information about the 2 R4 grantees with a youth focus (Alabama and Idaho) because these states randomized local areas that did not align with WDAs that could be identified in the WIASRD system.

B. Study Data Developed from WIASRD Public-Use Files

B.1. Structure of the WIASRD Files

As noted previously, the study data used in this report were derived from WIASRD public-use files maintained by USDOL. The WIASRD system served as the foundation for states' and WDAs' recordkeeping and was used for quarterly performance monitoring and evaluation under WIA. It continued to serve this purpose for a period of time under WIOA, meeting similar

performance reporting requirements under the new legislation. Starting in 2016:Q3, the PIRL system was used to record information about customers who started WIOA services or exited after that point. This report uses only information from the WIASRD system for two reasons. First, it was the system in effect for most of the DEI R1–R4 grant operations period. Second, when developing the study data for this report, we could not identify a reliable way to use information from periods covered by the PIRL to construct key analysis measures for customers who initially began receiving AJC services while the WIASRD system was in effect.[79]

States submitted extracts of WIASRD records to USDOL covering each calendar quarter up through 2016:Q2. The corresponding public-use files included records for adult AJC customers who received staff-assisted core services, intensive services, or training, and all youth customers; they generally excluded adults who took part only in self-service or informational activities at an AJC.[80] For customers included in the WIASRD, it contains information on their demographic and pre-program characteristics, their receipt of WIA/WIOA services, and their work outcomes after they exited (that is, after they stopped receiving services). USDOL engaged Social Policy Research Associates to conduct extensive validation of these data and develop them into public-use files.

The information contained in each WIASRD extract described customers' service-receipt and post-exit outcomes as of the end of the given reporting quarter. Hence, information about participation in specific WIA/WIOA services may have been updated across quarterly extracts as customers engaged with additional AJC offerings. In addition, new information about employment, earnings, and other outcomes was added progressively over time, after customers exited. The WIASRD extracts used for this study consistently included up to three quarters of post-exit data on outcomes. Data from some grantees included employment/earnings data on a fourth post-exit quarter, as currently required for WIOA performance measures. However, grantees from earlier Rounds did not necessarily track that fourth quarter because it was not required for WIA reporting.

Information about customer outcomes remained in the WIASRD system for up to eight quarters (or, in some cases, nine quarters) after the customer exited, but some key study outcomes were

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[79] We initially sought to extend the approach described in Section B.2, using the PIRL to develop exit and placement outcome measures for cohorts of customers who entered an AJC by 2016:Q2 and exited in subsequent quarters. We conducted a feasibility assessment that considered whether the PIRL extract for the 2016:Q3 reporting period contained approximately the same number of records for active WIOA participants as would be expected based on the final information in the WIASRD system. For grantees with an adult focus, we compared counts of participants in local Adult and Dislocated Worker Programs who received staff-assisted services; for grantees with a youth focus, we compared counts of participants in the WIA/WIOA Youth Program. In both cases, we limited comparisons to customers who started receiving services before 2016:Q3. We were unable to make this comparison for several grantees due to data issues documented elsewhere in this appendix. For half of the 20 R1–R4 grantees that we could compare, we found that counts of actual records in the PIRL differed from the expected counts based on the WIASRD by at least 10 percent. Based on this assessment, we determined we could not reliably track cohorts of customers across the WIASRD and PIRL systems.

[80] For example, self-service-only customers constituted less than 0.1 percent of the records from the 2016:Q2 WIASRD public-use extract for participants in local Adult and Dislocated Worker Programs. Although WIASRD specifications indicated that self-service-only customers be included starting in 2009, public reporting continued to exclude information about them for continuity with past periods and because some states did not provide data about these customers (Social Policy Research Associates, 2017).

recorded with a lag. In particular, information about program exit dates took up to a quarter to be recorded, and post-exit employment and earnings information was posted with a lag of two to three additional quarters. As an example, consider a customer who stopped receiving WIA services during 2012:Q4. For this customer:

- The exit would be first recorded in either the WIASRD extract covering 2012:Q4 or the extract covering 2013:Q1.
- Employment/earnings during the first post-exit quarter (2013:Q1) would be first recorded in the 2013:Q3 extract.
- Three quarters of employment/earnings data would first be available in the 2014:Q1 extract.

In addition, this customer would have remained in the WIASRD system until 2014:Q4 or 2015:Q1, depending on whether the state was meeting the additional reporting requirements of WIOA.

This report includes information about WIA/WIOA participation, exits, and three-quarters of post-exit outcomes for customers entering and exiting by the end of 2016:Q2. This corresponds to the final period covered by the WIASRD system. Given the reporting timelines described above, that final quarterly extract had complete information about post-exit earnings and employment outcomes only for customers who had exited by 2015:Q1. Hence, USDOL required states to produce a "WIASRD closeout" file that provided at least three quarters of data on these outcomes for customers exiting between 2015:Q1 and 2016:Q2. In some cases, the WIASRD closeout file also provided updated information about customers' exit status.

B.2. Developing Individual-Level Longitudinal Analysis Files

We condensed information from multiple WIASRD public-use files into a single record for each customer's WIA/WIOA participation spell. We did not directly link customer records across quarterly WIASRD extracts given that past studies have identified inconsistencies in the customer identification numbers in the quarterly public-use files (Maxwell et al., 2012; Maxwell et al., 2015). Instead, we developed an algorithm that extracted one observation summarizing each customer's participation spell without attempting to link records across quarterly extracts. This algorithm made use of the WIASRD reporting structure described in the previous section to: (1) draw a batch of data from each quarterly public-use file corresponding to the latest available information for a unique group of customers, and (2) stack together each batch of data to create a dataset with one record per customer. As a final step, we appended information from the WIASRD closeout file so that our final analysis file included the most up-to-date data on customer exits and their post-exit outcomes.

Combining information across quarterly WIASRD files. Our algorithm pulled batches of records on WIA/WIOA exiters in a given quarter from the latest WIASRD reporting quarter that we expected to include those exiters based on the reporting structure described above. Hence:

- From each quarterly WIASRD file, we pulled the records of customers who had exited exactly eight quarters prior to the reporting period covered by the given WIASRD file.

We could use this approach to get information about exiters up through 2014:Q2, whose eighth post-exit quarter corresponded to the 2016:Q2 WIASRD file—the final quarterly extract.

- We also used the final quarterly WIASRD file to identify records for customers who exited after 2014:Q2 or were still active in a WIA/WIOA program at the end of 2016:Q2. The records for these customers contained only partial information or no information about their post-exit outcomes, depending on whether and when they exited. As discussed later, we used the WIASRD closeout file to round out this information for customers who exited by 2016:Q2.

This approach resulted in an analysis file that contained one distinct record for each WIA/WIOA spell, defined by a customer identification number and a service start date. Although customers could have multiple spells, we did not anticipate being able to reliably combine information across spells due to the potential inconsistencies in customer identifiers over time in the WIASRD system noted previously in this section. Hence, WIA/WIOA participation spells were the unit of analysis for the evaluation. In both the main text and this appendix, we refer to "customers" rather than "spells" as the unit of analysis for expositional convenience.

To validate this algorithm, we examined how the number of customers in our analysis file compared to a separate count of the number of entrants from a given quarter produced from a single WIASRD extract. We then assessed the extent to which this count differed from the number of customers in our analysis file who had entry dates in the given quarter. The two counts did not always agree because, as we found in a separate inspection of the data, adjacent WIASRD extracts could contain differing counts of entrants from a given state and quarter. However, in most cases the number of entrants in our analysis file differed by less than 5 percent from the expected number of entrants derived separately from the quarterly WIASRD files. For a few states where the two numbers differed by more than 5 percent, this appeared to be due to a substantial fluctuation in the number of customers across quarterly WIASRD files. In such cases, we adjusted our algorithm to avoid the problematic quarter(s) for those states if possible by pulling information from an adjacent quarterly WIASRD file.

We identified several cases in which we could not adjust our algorithm to produce a reliable set of longitudinal records for customers:

- Due to changes over time in administrative boundaries, we could not use the WIASRD to consistently track customers served by two large WDAs that were randomized in the Chicago area of Illinois.
- Quarterly WIASRD extracts for Indiana showed a 50 to 60 percent decrease in the number of customer records between the 2015:Q2 and 2015:Q3 reporting periods. We observed this decrease among groups of customers who ought to have remained largely fixed over time—for example, customers who enrolled in WIA/WIOA services during the same period.
- The areas that the Alabama and Idaho grantees established to be randomly assigned for the DEI evaluation did not align with the WDAs recorded in the WIASRD.

Consequently, we excluded the Chicago-area WDAs in Illinois and all WDAs in Alabama, Indiana, and Idaho from all analyses conducted for this report.

Appending information from the WIASRD closeout file. As already noted, the WIASRD closeout file was designed to provide new information about customers who exited from services in the quarters leading up to the when the last quarterly WIASRD extract was produced. Given the overlap in records between the WIASRD closeout file and our analysis file, we needed to merge them together using customer identifiers and then update the customers' records in our analysis file. We were able to complete this merge and update process successfully for most grantees, resulting in complete information about three quarters of post-exit outcomes for customers served by those grantees.

However, we could not complete this merge for three R2 grantees (Ohio, Washington, and Wisconsin), so we were able to observe three quarters of post-exit outcomes only for customers served by those grantees who exited by 2015:Q1. The WIASRD closeout file for Ohio did not include any information for exits occurring in 2015:Q2. In addition, Washington and Wisconsin appear to have revised the identifiers used to track customers between the last quarterly WIASRD extract and the WIASRD closeout file; hence, we could not link customers across the files. Thus, in all three of these states, we relied only on information in the last quarterly WIASRD extract.

B.3. Customer-Level Analysis Measures

All of the customer-level measures analyzed in this report were developed from the WIASRD public-use files described previously. The following subsections describe: (1) the key definitions used to determine the universe of customers included in the analysis, (2) pre-enrollment measures used to describe the characteristics of these customers, (3) exit and post-exit outcomes used to assess how customers fared, and (4) the relationship between the timing of enrollment and the availability of follow-up data on outcomes.

B.3.1. Key definitions used to classify customers for the analysis

This report focuses on JSWDs enrolling in WIA programs administered by DEI pilot WDAs, focusing mainly on those selected through random assignment, and/or control WDAs in the RCT analysis sample. Throughout the report, we use the following definitions for the DEI customers served in pilot sites.

- **DEI adult customer**. For states that selected an adult focus, we define a DEI adult customer for the purposes of this study as an individual who:
  - Enrolled at an AJC in a DEI pilot WDA during the grant operations period for each grantee;
  - Self-disclosed a disability (as reflected in the WIASRD system);[81] and

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[81] For the purposes of WIASRD recordkeeping, disabilities are defined according to Section 3(2)(a) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102) as a physical or mental impairment that substantially limits one or more of the person's major life activities.

      o   Participated in the Adult and/or Dislocated Worker Programs and received any assistance beyond self-service and informational activities.

- **DEI youth customer**. For states that selected a youth focus, we define a DEI youth customer for this study as an individual who:
  - Enrolled at an AJC in a DEI pilot WDA during the grant operations period for each grantee;
  - Self-disclosed a disability (as reflected in the WIASRD system); and
  - Received services through the Youth Program.

Based on these definitions, the results of our analysis only apply to JSWDs who affirmatively revealed their disabilities on an AJC intake form. Hence our analysis is not able to assess the DEI's impacts for customers with disabilities who stated otherwise when filling out an intake form. In addition, a few states allowed customers not to respond either way to intake questions related to their disability status. For example, among all customers served in pilot sites, this information was missing for 7 percent of adults served by New York in R1, 15 percent of youth served by New Jersey in R1, 6 percent of adults served by Washington and Wisconsin in R2, 1 percent of adults served by Massachusetts and Rhode Island in R3, 9 percent of adults served by Connecticut in R4, and 11 percent of adults served by New York in R4. Our analysis excluded customers with missing information about their disability status; some of these customers might in actuality have disabilities. Thus, results from our analysis do not necessarily generalize to the full population of JSWDs who received AJC services in DEI grantee sites.

When analyzing data based on the RCT design, we used the following additional criteria in defining the RCT treatment and control groups.

- We defined the treatment group as the subset of DEI customers who:
  - Entered AJCs in DEI pilot WDAs that were selected through random assignment.
  - Exited because they finished services rather than because of death, illness, institutionalization, family care responsibilities, or lack of a Social Security number. This criterion was established to avoid including customers whose outcomes would not typically be tracked for the purposes of program monitoring.
  - For analyses of customer outcomes, we also limited the treatment group to customers who could be tracked for at least six quarters after enrolling, given the data from the WIASRD available for this report.

- We defined the control group as customers who enrolled in WDAs that were randomly assigned to control sites but otherwise met the criteria used to define the treatment group

Most analyses in the main text of the report are based on the RCT analysis sample. However, we also produce some basic descriptive information for the full set of DEI customers (without imposing the additional criteria used to define the RCT treatment and control groups.)

B.3.2   Measures of customers' characteristics

We use customers' characteristics at the time they initially registered for WIA services to describe the population of DEI customers served in pilot sites and to compare customers in the RCT treatment and control groups. These characteristics include demographics, measures of work and educational attainment, and measures of income—all recorded at the time of WIA/WIOA enrollment. For select characteristics, we developed simplified analysis measures based on the relatively detailed information recorded in the WIASRD.

Exhibit 10-2 includes definitions for each of the pre-enrollment customer characteristics studied in this report. In addition, our analysis of adults also included measures to indicate whether they specifically received services through the Adult and/or the Dislocated Worker Programs. All of the baseline measures we created were binary or categorical; hence, there were no outliers to consider.

Each of the characteristics we studied should have been recorded for all customers in the WIASRD, assuming they provided the necessary information. We did not study other characteristics that were recorded only for subsets of customers who achieved specific milestones. Examples of such characteristics are earnings during the quarters prior to WIA/WIOA program entry, which are required for adult customers but are only recorded upon program exit; and receipt of public assistance, single parenthood, and homelessness, which are recorded only for adults if they took part in intensive services or training. The reason we excluded these characteristics from the analysis is that our analysis followed an "intention-to-treat" evaluation principle, meaning that we intended to include *all* customers in the analysis irrespective of the extent of their service receipt or program completion milestones as of June 2016. Limiting the analysis to customers who achieved specific milestones by that point would not allow for a fair comparison of the RCT treatment and control groups, particularly if the extent of milestone completion differed between the two groups.

With two major exceptions, the WIASRD system rarely had missing values for the variables we studied. The exceptions are:

1. About 19 percent of the DEI customers served by WDAs in New York during R1 had missing values for educational attainment, limited English proficiency, low-income status, and receipt of unemployment compensation. Investigating this further, we found that these measures were almost never recorded for R1 adults in New York who enrolled during the first grant operations year and did not go on to receive intensive services or training. We therefore limited the RCT analysis sample to exclude customers entering between October 2011 and September 2012.

2. Iowa had no information about limited English proficiency or unemployment compensation receipt for 97 percent of the DEI customers it served. We therefore exclude Iowa from the RCT analysis sample.

After making the exclusions noted above, missing value rates for characteristics other than gender and race/ethnicity were always below 0.5 percent among the remaining customers in the

RCT analysis sample for each Round. Gender information was missing for 2 percent of the R1 analysis sample and 10 percent of the R2 analysis sample among grantees with an adult focus. In addition, race or ethnicity information was missing for 5 percent of the R1 analysis sample and 20 percent of the R2 analysis sample among grantees with an adult focus, as well as 22 percent of the R1 analysis sample among grantees with a youth focus. However, as indicated in Exhibit 10-2, our analysis measure of race/ethnicity included no missing values by construction; we designated a separate value of this measure for cases with missing values in the underlying race or ethnicity variables.

Exhibit 10-2: Definitions of Demographic and Pre-Enrollment Characteristics

Characteristic (type)	Definition
Age (categorical)	Age was calculated based on the participant's birth date and the date at which they enrolled in an AJC, and it was then rounded down to the nearest integer. In the analysis, we used a categorical measure of age that depended on whether we were looking at adult or youth customers: • Age categories for adults: 24 or younger, 25–34, 35–44, 45–54, 55 or older • Age categories for youth: 15 or younger, 16–17, 18, and 19 or older
Female (binary)	Customer self-identified as female.
Race/ethnicity (categorical)	Individuals may self-identify their race and ethnicity, and states are asked to record values of "yes," "no," or "did not self-identify" for Hispanic ethnicity and each of the following races: American Indian/Alaska Native, Asian, black/African American, native Hawaiian/other Pacific Islander, and white. However, some states simply coded race/ethnicity measures in the WIASRD using only values of "yes" or missing values. Our analysis measure combined information from values recorded in the WIASRD into the following categories: • Hispanic • Non-Hispanic, black • Non-Hispanic, white • Non-Hispanic, other race • Non-Hispanic, race not reported The last category also includes individuals whose ethnicity was not recorded in the WIASRD.
Educational attainment (categorical)	For individuals who did not complete high school, highest grade completed is recorded as the number of actual school grades completed. For individuals who completed high school but did not receive a bachelor's degree (or equivalent), it is recorded as 12 plus the number of years of college (or full-time technical or vocational school) completed. For all other individuals, this variable reflects one of the following discrete educational credentials or levels: completion of the General Education Development (GED) test or equivalent, high school diploma, certificate of attendance or completion, associate's diploma or degree, bachelor's degree or equivalent, completion of some education beyond the bachelor's degree, or attainment of some other postsecondary degree or certification. Our analysis measure combined information from values recorded in the WIASRD into the following categories for adult customers: • Less than high school (including certificate of attendance or completion) • High school or equivalent (including GED) • Postsecondary education (including associate's diploma/degree and college attendance without a bachelor's degree) • Bachelor's degree or beyond For youth, we used binary coding based on whether or not the customer had completed high school based on these definitions.

Characteristic (type)	Definition
High school dropout (binary, used only in analyses of youth)	Indicates that the participant was no longer attending any school and had not received a secondary school diploma or its recognized equivalent.
Attending school (binary, used only in analyses of youth)	Indicates that the participant either: (1) had not received a secondary school diploma or its recognized equivalent and was attending any secondary school (including elementary, intermediate, and junior high school, whether full or part time) or was between school terms and intended to return to school; or (2) had received a secondary school diploma or its recognized equivalent and was attending a postsecondary school or program (whether full or part time) or was between school terms and intended to return to school.
Limited English proficiency (binary)	Indicates that the participant had a limited ability in speaking, reading, writing, or understanding the English language and: (1) whose native language was a language other than English, or (2) who lived in a family or community environment where a language other than English is the dominant language.
Veteran (binary, used only in analyses of adults)	Indicates that the participant served on active duty in the armed forces and who was discharged or released from such service under conditions other than dishonorable.
Employed (binary)	The WIASRD includes the following information about the participants' employment status when starting in a WIA/WIOA program: • Employed, which includes individuals who: (1) did any work at all as paid employees; (2) did any work at all in their own business, profession, or farm; (3) worked as unpaid workers in an enterprise operated by a member of the family; or (4) were not working but had a job or business from which they were temporarily absent because of illness, bad weather, vacation, labor management dispute, or personal reasons, whether or not paid by the employer for time off and whether or not seeking another job. • Employed but received notice of termination of employment or military separation, which includes individuals who, although employed: (1) had received a notice of termination of employment or the employer had issued a Worker Adjustment and Retraining Notification or other notice that the facility or enterprise would close, or (2) was a transitioning service member. • Not employed, which includes individuals not meeting either of the two definitions of "employed" described above. For the purposes of our analysis, we counted those who had received notice of termination of employment or military separation as not employed.
Unemployment compensation recipient (binary, used only in analyses of adults)	Indicates that the participant filed a claim and had been determined monetarily eligible for benefit payments under one or more state or federal unemployment compensation programs and whose benefit year or compensation, by reason of an extended duration period, had not ended and who had not exhausted his/her benefit rights.
Low income (binary, used only in analyses of adults)[a]	Indicates that the participant met any of the following criteria: • Received, or was a member of a family that received, cash payments under a federal, state, or local income-based public assistance program. • Received an income, or was a member of a family that received a total family income, for the 6-month period prior to program participation (exclusive of unemployment compensation, child support payments, payments described in subparagraph A, and old-age and survivors insurance benefits received under section 202 of the Social Security Act (42 U.S.C 402)) that, in relation to family size, did not exceed the higher of: (1) the poverty line, for an equivalent period, or (2) 70 percent of the lower living standard income level, for an equivalent period. • Was a member of a household that received (or had been determined within the 6-month period prior to program participation) Food Stamps under the Food Stamp Act of 1977 (7 U.S.C. 2011 et seq.).

Characteristic (type)	Definition
	• Qualified as a homeless individual, as defined in subsections (a) and (c) of section 103 of the Stewart B. McKinney Homeless Assistance Act (42 U.S.C. 11302). • Was a foster child on behalf of whom state or local government payments are made. • Was a person with a disability whose own income met the income criteria established in WIA section 101(25)(A) or (B), but was a member of a family whose income did not meet the established criteria.

Note: All analysis measures were created based on WIASRD variables recorded at the time a customer enrolled in a WIA/WIOA program. Definitions of the original variables were drawn from WIASRD specifications. With the exception of race/ethnicity, we set our analysis measures to missing in cases when the original WIASRD variables were missing for a given customer.

[a] We did not study this measure for youth because almost every youth in the RCT analysis sample was coded in the WIASRD as having a low income.

B.3.3. Customer outcomes

To learn about engagement with WIA/WIOA services, we examined the following service-receipt outcomes:

- Exiting from a WIA/WIOA program;
- The number of days from the date of program enrollment until the date of program exit, among those who exited; and
- Receiving intensive services, job training, and supportive services (measured for adults only).

To understand how customers fared after they ceased receiving services, we examined several "placement outcomes," which measure whether they exited and engaged in work-related or (among youth) educational activities in the following quarters.

- We examined the following placement outcomes for adults:
  - Exiting and being employed in the following calendar quarter ("exiting to employment");
  - Exiting and being employed in each of the following three calendar quarters; and
  - Average earnings during the three quarters after exit among those working in all three quarters.

- We examined the following placement outcomes for youth:
  - Exiting and being employed or enrolled in school in the following calendar quarter ("exiting to employment/education"); and
  - Exiting and attaining a degree or certificate by the end of the third subsequent quarter among those who were high school dropouts or attending school at the enrollment date.

Exhibit 10-3 describes how each of the underlying variables used to construct placement outcomes was defined in the WIASRD system.

As discussed above, all of these outcomes are only measured within the follow-up period covered by the WIASRD. Hence, we can only measure exits and placement outcomes for customers who exited by a specific cutoff date—the end of June 2016 in most states and the end of March 2016 for Ohio, Washington, and Wisconsin.

We did not adjust any outcomes for outliers based on a preliminary assessment of the data. Most outcomes were binary and, therefore, did not require any such adjustment, and the time-to-exit measure is implicitly top-coded because of the data censoring noted in the previous paragraph. The one potential exception was the average earnings measure for adults. However, the maximum of this measure was less than $80,000 for customers in the RCT analysis sample, and the average of top three values in the treatment and control groups differed by less than 1 percent. In the absence of implausibly extreme values, we decided to analyze average earnings for adults using the full range of original values.

Exhibit 10-3: Constructs Used to Define Placement Outcomes

WIASRD variable (type)	Definition
Exit from a WIA/WIOA program (binary)	An exiter is defined as an AJC customer who does not receive WIA/WIOA services for 90 consecutive calendar days and is not scheduled for further services.
Employment in the 1st/2nd/3rd quarter after exit (binary)	Employment is defined based on the WIASRD field for "type of employment match [in the] 1st/2nd/3rd quarter after exit" and includes both: (1) having earnings recorded in unemployment insurance wage records and other administrative sources of employment data, and (2) verified work as a paid employee, work in one's own business or profession, or work on one's own farm, based on supplemental data sources.
Earnings in the 1st/2nd/3rd quarter after exit (continuous)	Earnings is defined for the subset of adult exiters who were employed (based on the definition above) in the 1st/2nd/3rd quarter after exit. When constructing measures of earnings for the analysis, we excluded: (1) values of 999999.99, which is a value that some states use to indicate that earnings data are not available for the given customer, and (2) values of zero for customers whose WIASRD records indicated that they were employed in the given quarter but had no earnings. (We assumed that the latter scenario reflected earnings data that were either missing or subject to data-sharing restrictions that precluded inclusion in the WIASRD public-use files.)
Enrolled in school in the 1st quarter after exit (binary, youth only)	The WIASRD field for "youth placement information" indicates the "primary activity the participant entered in the first quarter following the exit quarter." Youth recorded as having been placed in education include those who entered postsecondary education, advanced training, military service, or a qualified apprenticeship.
Attained degree or certificate by third quarter after exit (binary, youth only)	This variable indicates whether youth attained any of the following by the end of the third quarter after exit: a high school diploma or GED, a postsecondary degree or diploma, or "a certificate in recognition of an individual's attainment of technical or occupational skills."

During a pre-analysis planning stage, we selected one placement outcome for each grantee focus (adults or youth) as the primary outcome for the evaluation of customer-level impacts:

- The primary outcome for adult-focused grantees is the share of JSWDs they served who exited to employment.
- The primary outcome for youth-focused grantees is the share of JSWDs they served.

This approach of preselecting primary outcomes is intended to focus the evaluation, guard against data mining, and reduce the potential for falsely concluding that chance differences reflect DEI impacts. As an evaluation examines more outcomes, it becomes increasingly likely that a large difference between the treatment and control groups could arise just by chance. Focusing on a small, pre-established set of primary outcomes can help address this problem of "false positives" (Schochet, 2009).[82]

B.3.4. The relationship between the timing of enrollment and the extent of follow-up data on outcomes

Because the available WIASRD file covers exits up through the 2016:Q2 reporting period, it contains relatively limited information about the post-exit placement outcomes for customers served by R4 grantees. As indicated in Exhibit 10-4, the available data allow us to track the exits to employment of R4 customers entering in later quarters for progressively shorter amounts of time after they entered. Because employment and earnings data are available on a quarterly basis, the table presents information for "cohorts" of customers grouped together by the quarter in which they started receiving services. For example, among customers entering during the first R4 grant operations quarter (2014:Q4), we can observe their exits to employment during the same quarter and for up to six more quarters. However, among customers entering during the seventh grant operations quarter (2016:Q2), we can only observe exits that occurred during the quarter in which they entered. (In addition, as noted previously, the WIASRD contains no information about customers who entered after 2016:Q2.)

When planning for the analysis, we determined that we could only produce meaningful impact estimates for customers who we could track in the WIASRD for at least six quarters after they enrolled in an AJC. We made this decision based on the goal of being able to observe exits for at least 80 percent of a quarterly entry cohort. Our preliminary investigation of participation durations indicated that the majority of JSWDs who participated in WIA/WIOA programs received services for two to three calendar quarters, and over 20 percent were still receiving services through the end of the fifth quarters after they enrolled.

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[82] Other common approaches to addressing the problem of false positives involve treating all outcomes equally and setting a substantially higher standard of statistical significance for judging impact estimates (Bonferroni, 1935; Benjamini & Hochberg, 1995; Westfall & Young, 1993). This reduces an evaluation's capacity to reliably identify meaningful impacts (when they exist). Our approach addresses the problem by focusing on a smaller set of primary outcomes while maintaining the capacity to establish the statistical significance of results for those outcomes.

**Exhibit 10-4: Availability of Data on Placement Outcomes for R4 Customers
by Calendar Quarters of Entry and Exit**

Calendar quarter of entry	Calendar quarter of exit						
	2014:Q4	2015:Q1	2015:Q2	2015:Q3	2015:Q4	2016:Q1	2016:Q2
2014:Q4	X	X	X	X	X	X	X
2015:Q1		X	X	X	X	X	X
2015:Q2			X	X	X	X	X
2015:Q3				X	X	X	X
2015:Q4					X	X	X
2016:Q1						X	X
2016:Q2							X

Note: Xs denote customers who participated for at least two quarters and for whom we can observe exits to employment.

Based on this pre-analysis decision, we excluded all R4 customers from the impact analysis, and we limited the RCT sample to R3 customers who enrolled by 2014:Q4. We did not need to place any time-based restrictions on the R1 and R2 customers included in the RCT analysis sample; all customers from those Rounds could be tracked for at least six quarters after they enrolled in an AJC.

C. Statistical Methods Used for this Report

In this section, we first describe our framework for analyzing customer-level differences between the treatment and control groups to assess baseline equivalence and estimate DEI impacts on JSWDs' outcomes (Sections V and VI of the main text). We then describe a different analysis method that we used in Section V to measure the DEI's impacts on the number of customers served—an aggregate outcome. Finally, we provide a discussion of the "survival analysis" models we used to produce results on early placement outcomes of R4 customers (Appendix 8) given the censored structure of the available WIASRD extracts.

C.1. Analyzing Customer-Level Differences Between the Treatment and Control Groups

C.1.1. Addressing missing values in baseline measures of customer characteristics

As noted previously in this appendix (Section B.3.2), we limited the main RCT analysis sample for the customer-level analysis to exclude two groups with extensive missing data on baseline characteristics: (1) those who entered during the first year of grant operations in New York, and (2) all customers served in Iowa. After making those restrictions, missing values were generally rare (but not nonexistent). Consequently, we used an imputation procedure to fill in missing values of the baseline variables for customers in the main RCT analysis sample.

The method we used to impute missing values preserved the original distribution of non-missing values across baseline variables. We specifically used a stochastic, chained-equation multivariate imputation algorithm, implemented using the "mi impute" command in Stata. We ran this imputation procedure separately for the DEI treatment and control groups, by Round and focus, to avoid diminishing any preexisting differences between these groups. We included in the imputation all of the variables listed in Exhibit 10-1 after applying the customer-level weights described in the next subsection to align with our analysis framework for estimating impacts. Given the relatively small rates of missing values, we used a single draw from this stochastic algorithm—chosen using random-number seed—to populate missing values.

C.1.2. Using weights in the customer-level analysis

Within-grantee post-stratification weights. We used within-grantee weights to account for differences in how customers in the treatment and control groups were distributed across each grantee's randomization strata. As described in Section A of this appendix, we grouped WDAs into strata, when possible, based on potentially important area features (for example, urbanicity or location) chosen in conjunction with staff at state workforce agencies. The goal of such feature-based stratification was to achieve better balance between the set of WDAs assigned to the treatment and control groups. However, customer-level records could still be imbalanced across strata depending on the numbers of customers served in each area. For example, relatively more customers in the control group might be served by urban AJCs compared with customers in the treatment group.

We developed weights for the analysis that adjust for these types of customer-level imbalances across both randomization strata and states, with the goal of matching the distribution of customers in the control group to that of customers in the treatment group. Specifically, we set up the weights so that the control group's weighted counts by stratum match the unweighted counts for the treatment group.

Grantee-level weights. Our main results are based on a final set of weights that rescaled the post-stratification weights described above so that each grantee contributed equally to the analysis rather than contributing in proportion to the number of JSWDs served. That is, we adjusted the post-stratification weights to have the same (weighted) sum for each grantee. We chose this approach with the goal of producing impact estimates that better capture the diversity of grantee contexts and implementation patterns, and that are not unduly influenced by a few large grantees (such as California and New York).

As a sensitivity check, we estimated impacts for the study's primary customer-level outcomes without this scaling—that is, weighting each grantee based on the number of JSWDs served (see Appendix Exhibits 9-10 and 9-13). We found that our choice of grantee-level weights did not change our basic conclusions about the likely impacts of the DEI.

C.1.3. Producing results that capture diversity in contexts and implementation

Each DEI grantee developed its own plan for using grant funding that was tailored to their unique local context and the population of JSWDs they served or planned to serve. In addition, findings from the implementation study reveal substantial differences across grantees in the extent to which they used DEI SDSs as planned and in the way they used grant-funded leadership positions, as discussed in Sections III–IV and Appendices 1–7.

Three features of our analysis approach allow some of this diversity to be reflected in our results:

1. We conducted the analysis separately for grantees with an adult focus and grantees with a youth focus given the differences in the populations they served and because the DEI imposed an additional requirement (use of Guideposts for Success) for those with a youth focus.

2. We set up the analysis so that each grantee contributed equally to the results, as discussed in the previous subsection. This approach avoids producing impact estimates that are primarily the product of contextual and implementation factors for a few large grantees (such as California and New York). Based on this approach, results can be interpreted as the effect for the average grantee.

3. We produced both: (1) "pooled" estimates, using information from all three Rounds included in the impact estimates, and (2) Round-specific estimates, which could reflect differences in emphasis and implementation across Rounds.

However, we did not produce results for individual grantees based on a pre-analysis assessment of sample sizes. For example, as shown in Section V, half of the grantees that could be included in the RCT analysis for grantees with an adult focus served fewer than 100 DEI customers. We anticipated that such small sample sizes would not be sufficient to produce reliable estimates of the DEI's impacts.

C.1.4. Using regression models to assess baseline equivalence and estimate impacts for customer-level outcomes

Our impact analysis uses regression adjustment to account for both chance differences arising through random assignment and systematic differences in the JSWDs who enrolled at AJCs in treatment and control WDAs after random assignment. We used linear models to both: (1) assess the baseline equivalence of the treatment and control groups, and (2) measure impacts based on differences in outcomes between the two groups after adjusting for baseline characteristics. When estimating all of these models, we applied the analysis weights described in the previous section and included fixed effects for each randomization stratum to account for the design of the RCT.

One consequence of our modeling approach is that we used linear probability models (LPMs) for binary outcome variables. We anticipated that this approach would be advantageous because:

(1) LPMs support the use of the bootstrap-based clustering adjustment described in Section C.1.5, which is not the case for nonlinear models, and (2) LPMs typically produce regression coefficients that are very similar to estimated marginal effects from nonlinear models (Wooldridge, 2002). Nonetheless, as a sensitivity check, we used logistic regression models to produce impact estimates for the study's primary customer-level outcomes (which are binary) and found that these produced impact estimates that were similar to what we obtained using linear regression models (see Appendix Exhibits 9-10 and 9-13).

Pooled and Round-specific impact estimates. We estimated all impacts using data pooled from all R1–R3 customers in the RCT analysis sample who were served by grantees with a given focus (adults or youth). Our pooled regression model for each outcome was based on the following equation:

$$Y_{iwtsgr} = j \times A_w + m_{sgr} + m_t + \mathbf{l}' \times \mathbf{Q}(T_g - t) + \mathbf{b}'_r \times D_r \times [P_i + O_i + E_i + X_i + \mathbf{Z}'_i] + e_{iw},$$

where:

- Y_{iwtsgr} denotes the outcome for individual i who began receiving services in the WDA indexed by w at time t. The WDA is assumed to be in randomization stratum s for grantee g that was part of DEI Round r.
- A_w is a binary treatment variable indicating whether the customer's WDA had been assigned to the treatment group versus the control group.
- m_{sgr} is a fixed effect for the given stratum, grantee, and Round.
- m_t is a fixed effect for the fiscal year of the customer's enrollment date in WIA/WIOA services, which could be correlated with macroeconomic factors that affect outcomes. We used fiscal years (which start in October and end in September) based on the cycle for DEI funding and implementation.
- $\mathbf{Q}(T_g - t)$ is a quadratic function of the number of days that customer outcomes could be tracked using the available follow-up data, which adjusts for differing degrees of data censoring across customers. As explained in Section B.2, the final date at which a customer's exits could be measured, T_g, was typically 2016:Q2, but was 2015:Q1 for three R2 grantees.
- A core set of individual-level measures that we fully interacted with a Round indicator to allow for relationships with the outcome variable that might have varied by Round. These measures are as follows:
  - P_i is a programmatic measure for the given grantee that depends on the grantee's focus (adults or youth). This measure indicates whether adults received services through the Dislocated Worker Program and whether youth were 19 or older (qualifying them a as older youth).
  - O_i is a pre-enrollment measures of the evaluation's primary outcome for the given grantee focus—whether adult customers were employed at enrollment, and whether youth customers were employed and/or in school at enrollment.
  - E_i is a pre-enrollment measure of education for the given grantee focus—high school completion for youth and college attendance for adults.

> o X_i denotes the set of specific baseline characteristics (if any) for which we found the overall difference between the treatment and control groups to be statistically significant at the 5 percent level.[83]
>
> - Z^r_i denotes any Round-specific measures of any additional baseline characteristics for which we found statistically significant differences between the treatment and control groups for the given Round at the 5 percent level.
> - e_{iw} is an error term that reflects additional attributes of the individual not accounted for in the model, as well as any unique features of the customer's WDA. As discussed in the next subsection, our assessment of precision accounts for the fact that individual customers are clustered in randomly-assigned WDAs.

Using this framework, the pooled impact of the DEI is the regression coefficient on the treatment indicator variable, j.

To estimate Round-specific impacts, we used the same pooled regression model, but included Round-specific treatment indicators rather than a single treatment indicator variable. Specifically, we estimated impacts based on the following regression equation:

$$Y_{iwtsgr} = j_r \times D_r \times A_w + w_r \times (1 - D_r) \times A_w + m_{sgr} + m_t + \mathbf{l}' \times \mathbf{Q}(T_g - t)$$
$$+ \mathbf{b}'_r \times D_r \times [P_i + O_i + E_i + X_i + Z^r_i] + e_{iw}.$$

With this specification, the coefficient on the treatment indicator for a given Round, j_r, reflects the impact for the given Round.

When estimating these regressions, we used two approaches to guard against potential issues related to small sample sizes and collinearity that otherwise might threaten the reliability of the impact estimates. First, we limited the initial estimation sample for each outcome to randomization strata containing at least one customer in both treatment and control WDAs, and to grantees serving at least five customers in both treatment and control WDAs. In practice, this only affected our analysis of average earnings among exiters served by grantees with an adult focus, for which we excluded Hawaii and Illinois. Second, we calculated a "variance inflation factor" (VIF) to measure the extent of multicollinearity between the treatment indicator(s) and other model covariates. We found no instances in which the VIF was greater than 2.5, which falls well below conventional thresholds used to indicate a degree of collinearity that could pose problems for statistical inference (Hocking & Pendelton, 1983; Mason, 1987).

Subgroup impact estimates. We used a similar framework to estimate impacts for subgroups defined by binary measures of baseline characteristics. Specifically, we pooled data from all customers in the analysis sample who were served by grantees with a given focus and fit a regression model based on the following equation:

$$Y_{iwtsgr} = j_1 \times V_i \times A_w + j_2 \times (1 - V_i) \times A_w + m_{sgr} + m_t + \mathbf{l}' \times \mathbf{Q}(T_g - t)$$

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[83] In cases when we found statistically significant treatment-control differences for a subset of values of a categorical measure, the regression included indicator variables for those specific values only.

$$+ \, \boldsymbol{b'}_r \times D_r \times [P_i + O_i + E_i + \boldsymbol{X^*}_i + \boldsymbol{Z^{*r}}_i] \, + \, e_{iw}.$$

This is similar to the model used for Round-specific estimated described above, with two differences:

1. We interacted the treatment indicator, A_w, with an individual-level indicator for mutually exclusive subgroups, V_i. We then used the corresponding regression coefficients, j_1 and j_2, to measure the subgroup-specific impacts.

2. We updated the set of baseline characteristics, now denoted by $\boldsymbol{X^*}$ and $\boldsymbol{Z^{*r}}_i$, to exclude any baseline characteristics that were related to the subgroup indictors. For example, we excluded pre-enrollment measures of education from the set of regression variables when examining impacts for subgroups defined by their level of education.

We estimated subgroup impacts only for the study's primary customer-level outcomes. Among adult-focused grantees, we estimated impacts for exits to employment using subgroups defined according to age (44 and younger versus 45 and older), college attendance, receipt of unemployment compensation, and having a low income based on the indicator collected for WIA/WIOA reporting. Among youth-focused grantees, we estimated impacts for exits to employment/education using subgroups based only on age (17 and younger versus 18 and older).

As with our pooled and Round-specific estimates, we used two approaches to guard against potential issues related to small sample sizes and collinearity that otherwise might threaten the reliability of subgroup impact estimates. First, we limited the initial estimation sample in a similar manner as described previously, but applying the minimum thresholds for inclusion separately for each of the two subgroups being compared in a given regression.[84] This meant dropping several grantees and/or individual strata from the subgroup analysis, as indicated in the notes to Exhibits 9-11 and 9-13. Second, we calculated VIFs for each subgroup-specific treatment indicator. We found no instances of a VIF being greater than 2, which is well below the conventional thresholds for assessing potential multicollinearity problems, as noted above.

C.1.5. Assessing precision for customer-level estimates given the clustered RCT design

When assessing the statistical significance of estimated differences between the RCT treatment and control groups using customer-level data, we needed to take into account the fact that WDAs, rather than customers, were randomly assigned. That is, we needed to adjust for the "clustering" of customers within WDAs. Clustering refers to the tendency of outcomes to be correlated among customers within the same WDAs because, for example, they face common local labor market conditions or have access to similar workforce and disability support services.

Clustered data cannot be analyzed as if each record is independent. Additional records from each cluster provide progressively less distinctive information to estimate treatment-control

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[84] That is, we limited the estimation sample for each outcome to randomization strata containing at least one customer from each subgroup in both treatment and control WDAs, and to grantees serving at least five customers from each subgroup in both treatment and control WDAs.

differences than would records from an additional cluster. Hence, the precision of estimated treatment-control differences will depend both on the number of customers and the number of clusters.

We accounted for clustering in the context of the DEI using the "wild" bootstrap percentile-t method recommended by Cameron and Miller (2015). Unlike other alternatives, this approach tends to produce reliable assessments of statistical significance even when few WDAs could be included in the analysis—which was the case for the youth-focused grantees or when considering adult-focused grantees in a specific Round. We specifically implemented the bootstrap procedure using the six-point "Webb" distribution of residual weights, which are particularly well suited to situations in which an analysis includes a small number of clusters (Cameron & Miller, 2015).

As a sensitivity check, we considered the study's primary customer-level outcomes and compared: (1) the p-values we obtained from this bootstrap method to (2) what we would have gotten if using the "linearized" or "robust" method of adjusting for clustering described by Cameron and Miller (2015). For adult grantees, we found that the two methods produced similar p-values (Appendix Exhibit 9-10). For youth grantees, we found that the cluster-robust method produced smaller p-values than the bootstrap methods (Appendix Exhibit 9-13), which was expected because the cluster-robust method is known to overstate precision when there are a small number of clusters. Even so, both methods of adjusting for clustering lead to the same basic conclusions about the DEI's effectiveness for youth.

C.1.6. Interpreting impact estimates for customer outcomes

RCTs are often designed to maximize comparability of a fixed group of individuals who have been identified as being interested in participating in the program being studied. In such cases, randomization seeks to avoid potential biases that would arise from comparing individuals selected to participate in the given program to those who chose not to do so.

The DEI evaluation, however, focuses on customers who enrolled in WIA/WIOA programs after WDAs were randomly assigned to be treatment and control sites for the DEI evaluation. As a result, potential customers' decisions to participate in the services provided by AJCs might have been affected by the implementation of the DEI—for example, through increased efforts by treatment sites to reach out to recipients of SSA disability benefits. Hence, differences between the treatment and control groups in customer placement outcomes could reflect impacts of the DEI on program participants and/or differences in the types of customers entering WIA/WIOA programs as a result of the DEI.

Consequently, the impact estimates produced for this evaluation should be interpreted with caution. Although the regression framework we used allowed us to account for differences between the treatment and control groups based on factors measured in the WIASRD, we could not control for other factors that might have differed between groups. For example, the DEI might have led treatment WDAs to serve more (or fewer) customers with severe disabilities or who needed more preparation before entering the labor market. In this case, the impact estimates would partly capture differences in outcomes arising from unmeasured changes in the composition of JSWDs served and, therefore, would not accurately convey the impacts of the

DEI on the outcomes of a fixed group of JSWDs—for example, those who would have been served by AJCs in control WDAs.

C.2. Estimating Impacts of the DEI on the Number of Customers Served

We leveraged the RCT design to estimate the impacts of the DEI on the number of JSWDs served by grantees by comparing treatment and control sites. For this analysis, we developed counts of customers based on the RCT analysis sample of customers served by R1–R3 grantees (described in Section B.3.1) that we used for the analyses described in the previous section. Because this component of the impact evaluation examined an aggregate statistic (customer counts), we needed to use a different analysis framework than the individual-level regression models described previously. In the following two subsections, we describe how we estimated these impact estimates and assessed their statistical significance.

C.2.1. Calculating estimated impacts for the number of customers served

We used the average number of customers in treatment and control WDAs as the basis of the outcome measure for this analysis. Based on the random assignment design, treatment and control WDAs in a given RCT stratum would be expected to have, on average, the same number of customers had DEI grants not been awarded. Hence, we tested for impacts of the DEI by comparing the actual number of customers per WDA in treatment and control sites, by stratum. For each stratum, we created a measure of the *proportionate* difference between the treatment and control groups in the average number of customers per WDA. We calculated this on a logarithmic scale to reduce the influence of outliers, which could be particularly problematic for strata with few customers in the control group. To obtain this measure, we calculated the number of customers per treatment WDA divided by the number of customers per control WDA and then took the natural logarithm of this ratio.

We produced overall and Round-specific impact estimates for grantees with a given focus (adult or youth) by taking a weighted average across strata of this proportionate difference measure. The weights we used were similar to those described previously in Section C.1.2 and included both within-grantee and cross-grantee components. Within each grantee, we weighted strata in proportion to the number of JSWDs in the control group. We then scaled the weights so that they placed an equal weight on each grantee. (As a sensitivity check, we applied an alternative cross-grantee scaling that weighted each grantee in proportion to the total number of control JSWDs it served; using this alternative approach would not have altered our conclusions.) Because we calculated proportionate differences on a logarithmic scale, we exponentiated weighted averages in a final step to produce the estimated percentage impact of the DEI on the number of customers served per WDA.

C.2.2. Assessing statistical significance of estimated impacts for the number of customers served

We used a technique known as randomization inference to determine whether the impact estimates for the number of customers served were statistically significant.[85] Because we conducted the analysis using stratum-level measures, we anticipated that the relatively small sample sizes would limit the reliability of conventional inferential methods (such as t-tests). For example, across all R1–R3 grantees with an adult focus, we used only 40 strata to randomize WDAs, and we expected that this was an insufficient number of observations to calculate reliable standard errors. Consequently, we calculated p-values by quantifying the extent to which chance luck in the randomization process could have produced a treatment-control difference that was at least as large as the impact estimate we observed.

We implemented the randomization inference test as follows:

- We started with a dataset consisting of WDA-level counts and calculated the true impact estimate based on the approach described above.
- We then repeated the following steps 5,000 times:
  - We re-randomized WDAs within each RCT stratum to create "placebo" assignments, randomly switching a portion of WDAs from the treatment group to the control group and vice versa.
  - Next we calculated a placebo impact estimate for the given set of assignments. That is, we calculated the percentage difference in the average number of customers per WDA, as described above, between the pseudo-treatment and pseudo-control groups defined by those placebo assignments.
  - Finally, we compared the magnitude of placebo impact estimate and the true impact estimate. We classified the placebo impact estimate as "large" if it was greater in absolute value than the true impact estimate.

After completing this procedure, we calculated the p-value as the fraction of placebo assignments that produced impact estimates that were at least as large in absolute value as the true impact estimate.[86]

C.3. Analyzing early placement outcomes for R4 grantees using statistical survival models

In Appendix 8, we present a longitudinal analysis of exits to employment for customers served by R4 grantees with an adult focus. We examined the cumulative rate of exit over a period of up to five quarters after the quarter of program enrollment for R4 customers who were tracked in the WIASRD system. As shown previously in Exhibit 10-4, the follow-up period to observe the exit

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[85] See Edgington and Onghena (2007) for an extensive discussion of randomization inference.

[86] In practice, we used an adjustment to account for the fact that we estimated this p-value using a subset of all possible placebo assignments. Specifically, we calculated the p-value as the ratio of $(1 + k) / (1 + n)$, where k is the number of "large" placebo impact estimates, based on the criterion stated in the text, and n is the total number of placebo assignments we generated. See Edgington and Onghena (2007) for more information about this adjustment.

outcomes using the available data for this report differed for customers who enrolled in different quarters. Moreover, it was not possible to observe every entry cohort of R3 customers for the full five post-entry quarters. Thus, the data were censored (or truncated) after a relatively short period of time for some customers.

Given the censored data structure, we used the technique of Kaplan and Meier (1958) to estimate the rate of exits to employment by post-entry quarter. This approach allows for differing amounts of follow-up information on each entry cohort while making use of data from all cohorts whose exits can be observed at any point through that quarter. We implemented the Kaplan-Meier technique in two main steps:

1. We calculated a series of within-quarter hazard rate of exits to employment, w_q, based on the pool of individuals who had not exited and whose data were not censored.
2. We then estimated the cumulative rate of exits to employment by each post-entry quarter, E_q, by combining the within-quarter estimates up to that point, as follows:
$$E_1 = w_1, \quad E_2 = E_1 + (1 - E_1) \times w_2, \quad \dots \quad , \quad E_5 = E_4 + (1 - E_4) \times w_5$$

Given how it is constructed, E_q does not describe the exit patterns of a specific set of individuals. Instead, it is an estimate of the cumulative exit rate for a hypothetical group of customers whose exit patterns follow the pattern of exit hazards that could be calculated using the available data for each quarter.

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APPENDIX 11
Random Assignment Information for Workforce
Development Areas Studied in this Report

This appendix includes a series of tables that provide additional evaluation information about the WDAs studied for this report's assessment of DEI R1–R4 grants. We present information by Round and grantee focus (adults or youth) for the WDAs or statewide areas that were purposively chosen for DEI piloting, as well as the WDAs that each grantee put forward for random assignment. For WDAs that were randomly assigned, we present information about how they were grouped into pre-randomization strata (as discussed in Appendix 10) and whether they were assigned to the evaluation's treatment or control group.

Exhibit 11-1: Random Assignment Information for R1 Grantees by Focus

R1 grantee / Name of area	WDA number(s)	Random assignment stratum	Random assignment outcome
Grantees with an adult focus			
Alaska			
State of Alaska	02001, 02005, 02020	n.a.	n.a.
Illinois			
Chicago	17045	Urban	Control
Northern Cook County	17040	Urban	Treatment
Peoria area	17075	Rural	Treatment
Rockford area	17015	Rural	Control
Kansas			
Northeastern region / Topeka	20010	Urban	Control
Southern region / Wichita	20020	Urban	Treatment
Southeastern region	20025	Rural	Treatment
Western region	20005	Rural	Control
Maine			
Coastal counties	23040	Single grantee stratum	Control
Northern region	23030	Single grantee stratum	Treatment
Tri-county area	23020	n.a.	n.a.
New York			
Albany, Rensselaer, and Schenectady counties	36005	Central macro area / Albany and suburbs	Treatment
Broome and Tioga counties	36220	Central macro area / small city surrounded by rural areas	Treatment
Chautauqua County	36215	n.a.	n.a.
Chemung, Schuyler, and Steuben counties	36045	Central macro area / small city surrounded by rural areas	Control
Chenango, Delaware, and Otsego counties	36155	Central macro area / rural	Treatment
City of Yonkers	36030	Southern macro area / more urban	Treatment

R1 grantee / Name of area	WDA number(s)	Random assignment stratum	Random assignment outcome
Columbia and Greene counties	36135	Central macro area / Albany and suburbs	Control
Erie County	36175	Northwest macro area / Buffalo area	Control
Fulton, Montgomery, and Schoharie counties	36145	Central macro area / rural	Control
Genesee, Livingston, Orleans, and Wyoming counties	36170	Northwest macro area / western small towns and rural	Treatment
Jefferson and Lewis counties	36065	Northwest macro area / northern small towns and rural	Control
Monroe County	36240	Northwest macro area / large city	Control
Niagara County	36080	Northwest macro area / Buffalo area	Treatment
North Country	36150	Northwest macro area / northern small towns and rural	Treatment
Onondaga County	36185	Northwest macro area / large city	Treatment
Oneida, Herkimer, and Madison counties	36090	Central macro area / small city surrounded by rural areas	Control
Ontario, Seneca, Wayne, and Yates counties	36165	Northwest macro area / western small towns and rural	Control
Orange County	36095	Southern macro area / less urban	Treatment
Oswego County	36100	Northwest macro area / northern small towns and rural	Treatment
Putnam County and Balance of Westchester County	36235	Southern macro area / more urban	Control
Rockland County	36105	Southern macro area / less urban	Control
St. Lawrence County	36110	Northwest macro area / northern small towns and rural	Control
Sullivan County	36140	Southern macro area / less urban	Control
Ulster County	36125	Southern macro area / less urban	Treatment
Tompkins County	36225	Central macro area / small city surrounded by rural areas	Treatment
Virginia			
Alexandria-Arlington area	51005	Urban	Treatment
Bay Consortium region	51070	Urban-rural hybrid	Treatment
Greater peninsula area	51020	Urban-rural hybrid	Treatment
Northern region	51010	Urban	Control
Piedmont region	51055	Urban-rural hybrid	Treatment
South-central region	51115	Rural	Treatment
Southwestern region	51040	Rural	Control
West Piedmont region	51105	Urban-rural hybrid	Control
Western region	51095	Urban-rural hybrid	Control
Grantees with a youth focus			
Arkansas			
Central region	05010	Single grantee stratum	Control

R1 grantee / Name of area	WDA number(s)	Random assignment stratum	Random assignment outcome
Eastern region	05055	Single grantee stratum	Treatment
North-central region	05020	Single grantee stratum	Control
Northwestern region	05025	Single grantee stratum	Treatment
Southeastern region	05045	Single grantee stratum	Treatment
Southwestern region	05040	Single grantee stratum	Control
West-central region	05030	Single grantee stratum	Treatment
Western region	05035	Single grantee stratum	Control
Delaware			
State of Delaware	10005	n.a.	n.a.
New Jersey			
Bergen County	34040	Northern suburbs	Treatment
Burlington County	34045	Southern suburbs	Treatment
Camden County	34005	Urban	Control
Cumberland and Salem counties	34090	Rural	Treatment
Gloucester County	34055	Southern suburbs	Control
Hunterdon and Somerset counties (Raritan area)	34110	Northern suburbs	Control
Morris/Sussex/Warren	34105	Rural	Control
Passaic County	34025	Urban	Treatment

Note: Random assignment strata and outcomes are not applicable ("n.a.") for areas that were purposively selected for DEI piloting. For grantees where the DEI was piloted statewide, the analysis also included any customers whose WIASRD records indicated numbers in the WDA field that corresponded to special codes for statewide workforce investment activities.

Exhibit 11-2: Random Assignment Information for R2 Grantees by Focus

R2 grantee / Name of area	WDA number(s)	Random assignment stratum	Random assignment outcome
Grantees with an adult focus			
California			
Burbank-Glendale-La Cañada Flintridge area	06010	Los Angeles suburbs	Treatment
Golden Sierra area	06200	Rural - northern	Treatment
Los Angeles City	06020	Urban center	Treatment
Madera County	06220	Rural - central	Treatment
Merced County	06090	Rural - central	Control
Colusa, Glenn, Sutter, and Yuba counties	06245	Rural - northern	Control
Sacramento	06170	Urban center	Control
San Bernardino County	06155	Balance of state	Control

R2 grantee / Name of area	WDA number(s)	Random assignment stratum	Random assignment outcome
San Francisco	06050	Balance of state	Treatment
Southeast Los Angeles County	06280	Los Angeles suburbs	Control
Hawaii			
Hawaii (island)	15010	Single grantee stratum	Treatment
Kauai	15020	Single grantee stratum	Control
Maui	15015	Single grantee stratum	Treatment
Oahu	15005	Single grantee stratum	Control
Ohio			
Adams, Brown, Scioto, and Pike counties	39175	Less urban	Treatment
Cuyahoga County	39010	More urban	Treatment
Franklin County	39210	More urban	Control
Lucas County	39200	Less urban	Treatment
Medina and Summit counties	39255	Less urban	Control
Tennessee			
Knox County	47075	Smaller city	Treatment
Memphis area	47070	Large city	Treatment
Middle-western region	47105	Urban-rural mix	Treatment
Nashville area	47110	Large city	Control
Northeastern region	47005	Rural	Treatment
Northwestern region	47120	Rural	Control
South-central region	47055	Urban-rural mix	Treatment
Southeastern region	47090	Smaller city	Control
Upper Cumberland region	47100	Urban-rural mix	Control
Washington			
Grays Harbor, Lewis, Mason, Pacific and Thurston counties	53015	Single grantee stratum	Control
Seattle area	53025	Single grantee stratum	Treatment
Snohomish County	53030	Single grantee stratum	Treatment
Wisconsin			
Appleton-Oshkosh-Neenah area	55090	Small urban center	Treatment
Green Bay area	55095	Small urban center	Control
Milwaukee area	55015	Urban	Treatment
North-central region	55100	Small urban center	Treatment
Northwest region	55040	Predominantly rural	Control
South-central region	55105	Suburban	Control
Southeastern region	55030	Urban	Control
Southwestern region	55110	Predominantly rural	Treatment
Waukesha, Ozaukee, and Washington counties	55045	Suburban	Treatment
West-central region	55065	Predominantly rural	Treatment
Western region	55085	Predominantly rural	Control

R2 grantee / Name of area	WDA number(s)	Random assignment stratum	Random assignment outcome
Grantee with a youth focus			
South Dakota			
State of South Dakota	46005	n.a.	n.a.

Note: Random assignment strata and outcomes are not applicable ("n.a.") for areas that were purposively selected for DEI piloting. For grantees where the DEI was piloted statewide, the analysis also included any customers whose WIASRD records indicated numbers in the WDA field that corresponded to special codes for statewide workforce investment activities.

Exhibit 11-3: Random Assignment Information for R3 Grantees by Focus

R3 grantee / Name of area	WDA number(s)	Random assignment stratum	Random assignment outcome
Grantees with an adult focus			
Florida			
Baker, Clay, Duval, Nassau, Putnam and St. Johns counties	12235	Large metro	Control
Bay, Gulf, and Franklin counties	12150	Small area	Treatment
Brevard County	12010	Large metro	Control
Broward County	12015	Large metro	Treatment
Charlotte, Collier, Glades, Hendry, and Lee counties	12215	Small area	Control
Columbia, Dixie, Gilchrist, and Union counties	12230	Small area	Control
Hamilton, Jefferson, Lafayette, Madison, Suwannee, and Taylor counties	12160	Small area	Control
Palm Beach County	12075	Large metro	Treatment
Pinellas County	12085	Large metro	Treatment
Polk County	12200	Small area	Treatment
Indiana			
Central region	18185	Suburban	Control
East-central region	18165	Rural	Control
Marion County	18140	Large urban	Control
North-central region	18150	Suburban	Treatment
Northwestern region	18145	Large urban	Treatment
Southeastern region	18200	Rural	Treatment
Southwestern region	18205	Suburban	Control
West-central region	18160	Suburban	Treatment
Western region	18170	Rural	Treatment
Iowa			
Workforce development region 1	19090	Less urban	Control
Workforce development region 2	19095	Less urban	Control
Workforce development region 3/4	19160	Less urban	Treatment

R3 grantee / Name of area	WDA number(s)	Random assignment stratum	Random assignment outcome
Workforce development region 7	19120	More urban	Treatment
Workforce development region 9	19125	More urban	Control
Workforce development region 10	19130	More urban	Control
Workforce development region 11	19135	More urban	Treatment
Workforce development region 12	19140	Less urban	Treatment
Workforce development region 14	19150	Less urban	Control
Workforce development region 15	19075	Less urban	Control
Workforce development region 16	19080	Less urban	Treatment
Louisiana			
Avoyelles Parish	22070	Rural	Control
Shreveport / Caddo Parish	22040	Urban	Treatment
Calcasieu Parish	22010	Rural	Treatment
East Baton Rouge Parish	22005	Urban	Control
East Carroll Parish	22095	Rural	Control
Lafayette Parish	22020	Urban	Control
New Orleans	22025	Urban	Treatment
Ouachita Parish	22030	Rural	Treatment
St. Tammany Parish	22045	Rural	Treatment
Tangipahoa Parish	22050	Rural	Control
Massachusetts			
Berkshire County	25050	Rural	Control
Boston	25005	Urban	Control
Franklin and Hampshire counties	25075	Rural	Treatment
Lowell area	25045	Urban/suburban	Treatment
Hampden County	25015	Urban	Treatment
Merrimack Valley region	25055	Urban/suburban	Control
North Shore region	25060	Urban/suburban	Treatment
South Shore region	25065	Urban/suburban	Control
Rhode Island			
Greater Rhode Island	44020	n.a.	n.a.
Providence-Cranston area	44005	n.a.	n.a.
Grantee with a youth focus			
Minnesota			
Central region	27105	Mixed	Control
Minneapolis	27010	Mixed	Treatment
North-central and west-central regions	27040	Rural	Treatment
South-central region	27030	Mixed	Treatment
Southeastern region	27075	Mixed	Treatment
Southwestern region	27055	Rural	Control

Note: Random assignment strata and outcomes are not applicable ("n.a.") for areas that were purposively selected
        for DEI piloting. For grantees where the DEI was piloted statewide, the analysis also included any customers

whose WIASRD records indicated numbers in the WDA field that corresponded to special codes for statewide workforce investment activities.

Exhibit 11-4: Random Assignment Information for R4 Grantees by Focus

R4 grantee / Name of area	WDA number(s)	Random assignment stratum	Random assignment outcome
Grantees with an adult focus			
Alaska			
State of Alaska	02001, 02005, 02020	n.a.	n.a.
Connecticut			
Eastern region	09085	Rural	Control
North-central region	09075	Urban/suburban	Treatment
Northwestern region	09080	Rural	Treatment
Southwestern region	09070	Urban/suburban	Control
Illinois			
Kankakee, Livingston, and Grundy counties	17055	Rural	Control
Lake County	17005	Suburban	Treatment
South-central region	17125	Rural	Treatment
Southern suburban Cook County	17035	Suburban	Control
Maine			
Central-western region	23035	Single grantee stratum	Treatment
Coastal counties	23040	Single grantee stratum	Control
New York			
Allegany and Cattaraugus counties	36210	Upstate	Control
Cayuga and Cortland counties	36195	Upstate	Treatment
Hempstead and Long Beach	36060	Long Island	Treatment
Oyster Bay, North Hempstead, and Glen Cove	36075	Long Island	Control
Saratoga, Warren, and Washington counties	36115	Upstate	Treatment
Suffolk County	36120	Long Island	Treatment
Virginia			
Richmond area	51125	Hybrid	Control
Shenandoah Valley region	51120	Rural	Control
Southeastern region	51100	Hybrid	Treatment
Southwestern region	51045	Rural	Treatment
Grantees with a youth focus			
Alabama[a]			
DEI region 1 (northern/western)	n.a.	Single grantee stratum	Control
DEI region 2 (eastern)	n.a.	Single grantee stratum	Treatment
Idaho[b]			
DEI area 1	n.a.	Single grantee stratum	Treatment

R4 grantee / Name of area	WDA number(s)	Random assignment stratum	Random assignment outcome
DEI area 2	n.a.	Single grantee stratum	Control

Note: Random assignment strata and outcomes are not applicable ("n.a.") for areas that were purposively selected for DEI piloting. For grantees where the DEI was piloted statewide, the analysis also included any customers whose WIASRD records indicated numbers in the WDA field that corresponded to special codes for statewide workforce investment activities.

[a] For the purposes of DEI random assignment, Alabama proposed two regions of the state defined by counties that did not align with WDAs. Region 1 included the following counties: Bibb, Colbert, Dekalb, Fayette, Franklin, Greene, Hale, Jackson, Lamar, Lawrence, Lauderdale, Limestone, Madison, Marion, Marshall, Morgan, Pickens, Tuscaloosa, and Winston. Region 2 included the following counties: Calhoun, Chambers, Cherokee, Chilton, Clay, Cleburne, Coosa, Cullman, Blount, Etowah, Lee, Randolph, Shelby, St. Clair, Talladega, Tallapoosa, and Walker.

[b] Idaho ordinarily delivers services through a single WDA. For the purposes of DEI random assignment, Idaho was divided into two areas. Area 1 included the following counties: Ada, Adams, Boise, Canyon, Elmore, Gem, Owyhee, Payette, Valley, Washington, Blaine, Camas, Gooding, Lincoln, Jerome, and Twin Falls. Area 2 included the following counties: Cassia, Minidoka, Bingham, Power, Bannock, Caribou, Oneida, Franklin, Bear Lake, Lemhi, Custer, Butte, Clark, Fremont, Jefferson, Madison, Teton, Bonneville, Boundary, Bonner, Kootenai, Benewah, Shoshone, Latah, Nez Perce, Lewis, and Clearwater.

APPENDIX 12
Final Remarks
Training, Fidelity, Contamination,
Staff Turnover, Grant Period,
Systems Change, Organizational Development, and Quantitative Findings

The implementation, outcomes and impact analyses of the DEI Round 1 through Round 4 project suggests implications for similar projects that support jobseekers with disabilities interested in training and employment.

Implementation Analysis Issues

- **Implementation of the two grant-funded leadership positions (DEI State Lead and DRC) and their level of experience and expertise, varied across project sites.** Round 1 through Round 4 DEI State Leads included some experienced leaders that provided T/TA and TTW support, as well as facilitation of quarterly discussion groups and training opportunities. Other DEI State Leads appeared to have limited experience in disability employment and related services. These DEI State Leads had less workforce development experience than others. They played a more limited role arranging meetings with DRCs and WDA staff, providing administrative support services and enrolling DRCs in CWIC training.

  - *A required baseline training curriculum and certification program for DEI State Leads and DRCs would upgrade the skills of DEI personnel and WDA staff. Topics may include:*

    - ✓ *Approaches to providing case management services;*
    - ✓ *Communications with WDA managers and Employment Specialists;*
    - ✓ *Career pathways;*
    - ✓ *DEI state lead and DRC graduated training opportunities;*
    - ✓ *Employer collaborations;*
    - ✓ *How to develop successful partnerships and collaborations;*
    - ✓ *How to effect systems change in WDAs/AJCs;*
    - ✓ *Impact of changes in WIOA services and requirements;*
    - ✓ *Implementation of SDS <u>with</u> fidelity;*
    - ✓ *TTW implementation and collection of milestone and phase 1–2 payments; and*
    - ✓ *Universal access to services.*

- **When interventions such as the DEI are implemented with fidelity and are receptive to local innovations that do not diverge from the intent of the DEI project, researchers and program staff can better understand why it works, how outcomes can be improved, and what types of improvements need to be made.** Low fidelity is often why an intervention that appears well on paper may not yield the same outcomes when implemented in the "real world." In order to monitor the efficacy of SDSs, it is necessary to have specific criteria that define promising and evidence-based practices (EBPs).

- o *Promising practices: a theory of change and logic model that includes clearly identified outcomes and strategies for implementation; a written manual or training guide; and implementation across multiple project sites with fidelity to the original design.*

- o *EBPs have the same characteristics as promising practices, in addition to having been tested through a rigorous experimental or quasi-experimental evaluation showing an impact that leads to expected outcomes. SDSs can be combined to include more than one SDS (e.g. ARC, IRT, CE, Benefit Planning, Asset Development, Work-Based Learning etc.).*

- o *By making SDSs more prescriptive and applying them across the board with minimal leeway, a baseline of program fidelity can be established. When interventions such as the DEI are implemented with fidelity, researchers and program staff can better understand why certain SDSs have an effect, and how others can be optimized by establishing a baseline, while being receptive to innovations and local contexts.*

- **Among the threats to internal validity is contamination in which components of the intervention that are meant for the treatment group are offered to the control group.** We identified T/TA being provided to both the treatment group and control group simultaneously. The quality of the DEI intervention is a corollary of the T/TA provided, as it is designed to train treatment WDA staff on how to implement and provide the intervention to DEI participants, including the implementation of various DEI SDSs. Making T/TA available to both treatment and control WDAs may have contaminated the random assignment process by closing the performance gap between the two groups. It is unlikely that this situation was due to spillover effects as the provision of T/TA to control group WDAs appeared to be intentional; the likely result was ***"leveling the playing field";*** slight dilution of the DEI treatment effect and a finding of no difference between the treatment and control groups.

  - o *We identified instances of contamination in DEI WDAs. In some cases, contaminated WDAs were removed from the evaluation, and/or replaced by other WDAs, in others the situation was resolved by removing certain personnel from DEI T/TA opportunities. In 2011, Kansas (Round 1) was authorized by the Employment and Training Administration (ETA) to use DEI resources for the School of Adaptive Computer Training (SACT), which benefited particular WDAs, including certain comparison sites.*

  - o *In 2011, Maine (Round 1) assigned its WDAs and completed a contract with one of its treatment sites prior to random assignment. Because the contract had already been signed, ETA allowed Maine to provide DEI resources to this WDA and allowed it to be removed from the DEI evaluation.*

  - o *In 2012, Minnesota (Round 3) contacted the DEI evaluation team to discuss a randomly assigned treatment WDA's decision to drop-out of the DEI evaluation*

or be placed in the control group. The DEI evaluation team could not swap WDAs from the treatment to the control group after random assignment, because it would have biased the impact evaluation. Simply switching the two WDAs from treatment to control, without random assignment, would have reduced the comparability between the two groups. The project developers decided to remove the WDA that did not want to participate in the evaluation and re-assign the Minnesota WDAs.

o *Finally, project developers allowed Maine Round 4 to implement statewide T/TA in 2014. As a result, the state's control group WDAs were given access to T/TA. This could have resulted in less differentiation between the treatment and control WDAs for Maine Round 4 and, therefore, a smaller potential impact of the DEI.*

- **Reductions in staff turnover among DEI State Leads and DRCs may improve the quality and consistency of leadership, and sustainability of DEI practices.** Through targeted incentives (e.g. credentialing, salary increases based on skill set, training opportunities) project staff could establish and reinforce baseline DEI skills and competencies for each position, encompassing a variety of topics from disability employment, state government administration, implementation of SDSs, Benefits Planning etc. Required certifications for DRCs *and* Employment Specialists may provide the skills and services needed to implement and sustain DEI practices after the grant period. The Alaska DRC 1 and DRC 2 certifications can be used as a starting point as other WDAs may make changes that meet their specific requirements.

- **Allow for a grant period of 5 years.** For example, 1 year for the design and staffing of DEI grants; 1 year to pilot test the implementation of the DEI and make adjustments; and 3 years of operation, including implementation and outcome/impact measurement).

- **Some DRCs created systems change opportunities that improved AJC accessibility, access to career pathways training and SDSs, and case management services. Others struggled with the implementation of the project due to limited oversight from DEI State Leads and DRCs, and/or limited engagement with JSWDs.** Other challenges included temporary, limited access to resources due to state agency shutdowns, and staff turnover. The following grantees appeared to be particularly affected by these situations: Alaska Round 4, Arkansas Round 1, Delaware Round 1, New Jersey Round 1, Hawaii Round 2 and Illinois Round 4.

- **Organizational development is an important component of DEI projects. DEI projects focused on organizational development and communications, DEI State Leads and DRCs that work in tandem with state government and community-based agencies, and develop useful Partnerships and Collaborations**, appear to be more likely to sustain DEI services and develop opportunities for training DRCs and other WDA personnel after the grant period.

- **Broader changes in the workforce development system might also have reduced the salience of the DEI, thereby limiting its potential impacts.** WIOA led to many notable changes to the AJC system and had nationwide provisions intended to improve JSWDs'

access to workforce services. For example, WIOA includes a mandate that AJCs make services physically and programmatically accessible to people with disabilities. Between the 2011-2012 WIA program year and the 2015-2016 WIOA program year, the nationwide share of AJC customers who self-identified disabilities rose from 4.3 percent to 5.3 percent.[87,88] WIOA also emphasized the role of state vocational rehabilitation agencies in improving the job readiness of youth with disabilities transitioning to adulthood. More generally, this legislation promoted cross-agency collaboration strategies to support the employment goals of JSWDs, which parallel some of the SDSs emphasized by the DEI. Hence, some of the intended innovations of the DEI might not have actually produced effects in treatment WDAs because they became more widely available, by the time many DEI customers were receiving AJC services.

Quantitative Issues

- **The implementation considerations described above could partly explain the lack of customer-level impacts we found for R1–R3 grantees with an adult focus.** Our findings in the main text provide no evidence that R1–R3 DEI grants led to changes in the number of adults served, the average duration for which they received services or their work-related outcomes shortly after exiting. As noted above, low implementation fidelity is one factor that might have limited the effectiveness of the DEI's intended innovations in practice. The potential impacts of those innovations might also have been dampened for grantees whose DEI State Leads had relatively little relevant past experience, as well as for those that faced significant staff turnover. Making the intended WDA-level SDSs more available to control sites, or implementing some DEI components, also would have limited the extent to which the evaluation could identify the impacts of the DEI. The previous discussion in this appendix notes ways to potentially reduce the role of these inhibiting factors in future evaluations. Nonetheless, our findings indicate that, on average, there were no significant impacts of the particular WDA-level SDSs selected by R1–R3 grantees, as implemented for this evaluation.

- **Similar implementation issues potentially apply to grantees with a youth focus, but other evaluation challenges limited the extent to which we could reliably assess impacts for this group.** A primary challenge for measuring the DEI's effectiveness for youth was that only a few grantees selected a youth focus; the impact analysis included only three such grantees. This translated into small sample sizes that limited the evaluation's ability to identify even large differences between treatment and control WDAs as being statistically significant— either at baseline or follow-up. For example, 12 percent of youth in treatment WDAs were 19 or older at the time of AJC enrollment, whereas over 25 percent of youth in control WDAs were in that age group, but the estimated difference of 13 percentage points was statistically insignificant.

[87] Social Policy Research Associates (2017). *PY 2015 WIASRD Data Book*. Oakland, CA: Social Policy Research Associates. Available at: https://www.doleta.gov/performance/results/WIASRD/PY2015/PY2015-WIASRD-Data-Book.pdf.
[88] Social Policy Research Associates (2012). *PY 2011 WIASRD Data Book*. Oakland, CA: Social Policy Research Associates. Available at: https://www.doleta.gov/performance/results/pdf/py_2011_wiasrd_data_book.pdf.

We also found evidence of substantial and statistically significant baseline imbalances that might have introduced systematic errors into the impact estimates for youth. For example, we found that the initial employment rate at AJC enrollment was 16 percentage points lower in the treatment group than in the control group (4% versus 20%). Although our statistical analysis included an adjustment for this initial difference, we could not account for other work-related factors, such as job readiness, that might have differed between the two groups of youth but were not recorded in administrative workforce data systems.

The follow-up horizon for tracking evaluation outcomes was also truncated in a way that may have affected estimates of how the DEI affected youth placement outcomes. Among R1–R3 grantees with a youth focus, approximately 60 percent of the treatment group exited to employment or education during the follow-up period compared with 78 percent of the control group. That is, we found an 18 percentage-point gap between the treatment and control groups in this measure. However, part of this difference could reflect the fact that the share of youth who exited at all within the follow-up window was 8 percentage points smaller for the treatment group than for the control group. Over a longer follow-up period, more treatment group members would stop receiving services and some share of these additional exiters would likely become employed or be attending school, which would reduce the gap in outcomes between the treatment and control groups.

- **A longer-term evaluation could produce different results, but this report's findings do not suggest that such an evaluation would find positive impacts for DEI customers served during the R1–R3 grant operations period.** The primary outcome measures studied for this report focus on how these customers fared during a relatively short period after they stopped receiving services. It is plausible that the DEI produced gains over a more extended timeframe. For youth, a longer evaluation horizon would eliminate the 8 percentage point gap between the treatment and control groups in their exit rates. However, this would not be sufficient to eliminate the 18 percentage-point gap in their rates of exit to employment or education. Moreover, for both adults and youth, there is not clearly a mechanism for longer-term employment or earnings gains that would follow from a logic model, given the absence of evidence to indicate meaningful improvements in their short-term outcomes after exiting from AJCs. That said, this report's analysis of the DEI's impacts on customer outcomes would not reflect any systems-level change that took effect after the end of the R1–R3 grant operations period or that occurred only among R4 grantees.