Case Management at Work for SSA Disability Beneficiaries: Process Results of the Project NetWork Return-to-Work Demonstration

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This article presents the results of the process analysis of the evaluation of the Project NetWork demonstration, a Federal demonstration undertaken by the Social Security Administration (SSA) in 1991 to test alternative methods of providing rehabilitation and employment services to SSA's Disability Insurance beneficiaries and Supplemental Security Income disabled and blind applicants and recipients. The major findings are: (1) from an operational standpoint, it is feasible to expand access to vocational rehabilitation (VR) services to a broad spectrum of SSA beneficiaries, and (2) roughly similar results are achieved, in terms of client intake and provision of services, when case management services are provided by SSA staff, contracted out to State VR agencies, or contracted with private VR providers. Later evaluation reports will trace demonstration impacts on earnings and disability benefits and report the overall benefits and costs of return-to-work services for this population.

Introduction

Project NetWork was a Federal demonstration project initiated by the Social Security Administration (SSA) in 1991 to test alternative methods of providing rehabilitation and employment services to SSA's Disability Insurance (DI) beneficiaries and Supplemental Security Income (SSI) disabled and blind applicants and recipients. The ultimate objective of the demonstration was to return disabled beneficiaries to work, thereby helping them to improve the quality of their lives and lessen their dependence on government income support. The demonstration project was conducted in eight locations nationwide between 1992 and 1995, using a case management approach to broker services and to encourage and facilitate movement into the labor force. In addition to testing the feasibility and efficacy of the case management approach, the demonstration represents the first time SSA has provided employment services directly to its client population.

The policy innovations tested by Project NetWork address many of the issues confronting decisionmakers, both inside and outside SSA, seeking to expand rehabilitation and employment options for people with severe disabilities. Many of these issues have been explored in earlier writings on the project (Rupp and others 1994; 1996). The current article focuses on the *administrative and operational* questions that arise in providing return-to-work services to a diverse range of clients using a case management approach. In particular, it asks:

- *Is it feasible, from an operational standpoint, to increase participation in services* among people with severe disabilities, such as SSA's DI beneficiaries and SSI applicants/recipients?

- *What processes can be used for broad, large-scale outreach* to a population of this sort, when the goal is to inform and encourage

as many disability beneficiaries as possible to consider a
return-to-work effort?

• *What range of services will need to be provided* when
working with clients of such diverse circumstances and
employment goals?

• *Is it possible to always formulate advance plans for
service delivery* that identify vocational goals and the
steps for achieving them, given the great variety of
disability types and interests represented among SSA
beneficiaries?

• *Is it feasible to access needed services from the existing
VR provider community*, given the many, highly varied
requirements likely to emerge in an individualized case
management approach?

• In dealing with each of these challenges, *does it matter
what type of organization provides the case management
services*—SSA, State VR agencies, or private sector
providers?

• *Can less resource-intensive strategies such as referral
management get results similar to case management*, in
terms of client intake and service delivery?

In total, this analysis provides a number of practical lessons
on the strategies available to those seeking to implement
innovative approaches to helping people with severe disabili-
ties return to work. Lessons on the *effectiveness and costs* of
case management services—and on the types of individuals
who might participate in and benefit from such services—will
be considered in later analyses.

Project NetWork was designed as a randomized field
experiment through the collaborative efforts of the Office of
Disability at SSA and the Office of the Assistant Secretary for
Planning and Evaluation (ASPE) at the Department of Health
and Human Services (HHS). Prior to the demonstration,
rehabilitation and employment services were available to DI
beneficiaries and SSI recipients only through the traditional
State VR programs. Project NetWork represents the largest
return-to-work demonstration ever undertaken for beneficiaries
of SSA's disability programs, and the first major project to
target the whole DI-beneficiary and SSI-disabled recipient
population. The demonstration was designed to solicit approxi-
mately 200,000 individuals for project participation.

In 1992, Abt Associates Inc. was selected by SSA to
conduct the evaluation of Project NetWork. A full description
of the evaluation and the design of the Project NetWork
demonstration is provided in an earlier article published in the
Social Security Bulletin.[1] This article presents the results of the
process analysis, which examines the implementation and
operations of the demonstration in the test sites, which are
presented in greater detail in Wood and others, 1996.

Project NetWork tested four distinct models for providing
employment and rehabilitation services, distinguished by the
intensity of the service offered and the service delivery agent.
Three of the models provided intensive services through a

case-management approach, either purchased in a fee-for-
service mode from outside vendors or provided directly by
demonstration staff. These services included: employability
assessments, individual employment plans, return-to-work
services and job placements, and ongoing counseling and
monitoring. The fourth model used a less intensive approach
in which referral managers tried to locate case management
and other services within the community, connecting clients to
existing providers and funding services with support from
other sources wherever possible.

The four treatment models also were distinguished by
different institutional settings and varying staff arrangements.
SSA staff provided demonstration services in two of the four
models—in the first intensive case-management model (known
as the SSA Case Manager Model) and in the sole referral
management model (the SSA Referral Manager Model). Case-
management services were delivered by private rehabilitation
organizations under contract to SSA in the second intensive
service model, called the Private Contractor Model. The final
case-management model, the VR Outstationing Model,
featured State Vocational Rehabilitation Agency case managers
out-stationed in local SSA offices, again under contract with
SSA.

Each of the four models was operated in two sites:

• Dallas and Forth Worth (SSA Case Manager Model);

• Minneapolis, and Phoenix-Las Vegas (Private Contractor
Model);

• Richmond, Virginia, and the State of New Hampshire
(VR Outstationing Model);

• Tampa, Florida, and Spokane, Washington-Coeur
d'Alene, Idaho (SSA Referral Manager Model).

The Process Analysis

The analysis presented in this article comes from the
process study component of the Project NetWork evaluation.
The process study documented the implementation and
operations of demonstration procedures in each site, highlight-
ing operational differences among the four treatment models.
It also documented the nature of the case-management process
and the individuals who participated. This information can be
used to assess the operational feasibility of the various pro-
gram approaches tested and to address the policy questions
listed earlier.

The success of the four treatment models—as measured by
improvements in earnings and employment and lower levels of
disability benefit receipt compared with the control group—
will be explored in the impact analysis component of the
evaluation, to be completed in early 1998. The distinctive
characteristics of each model that are assessed here in opera-
tional terms will also be used as contextual information for
interpreting the impact estimates.

A full report on the process analysis was completed in

September 1996.[2] The current document summarizes its key findings, focusing on the nature of the case/referral services offered to demonstration participants and the progress of individual participants through the case-management process.

Each demonstration site followed a similar sequence of events in implementing the demonstration. The SSA Case Manager Model was the first to be implemented, in June 1992. Most other sites began operations in early 1993, with the last site (Richmond, Virginia) becoming operational in March 1993. Prior to the beginning of full operations, all sites had a pilot period during which the demonstration procedures were tested. During the pilot, 100 beneficiaries who volunteered to participate were randomly assigned (50 treatment group members and 50 control group members), offering case and referral managers the opportunity to practice all steps in the recruitment and intake phase and to begin service delivery. The pilots generally lasted 3 months.

Main demonstration operations began within 2 months of the end of the pilot. Service delivery continued for at least 24 months in each site, with the first 15 months devoted to intake of participants (as well as service delivery to incoming participants). Service provision took place throughout the 24-month operations period, beginning for each individual after random assignment to the treatment group.

Data for the process analysis come from several sources. The first is the automated, site-level Management Information System (MIS) maintained by each of the demonstration agencies. The MIS's were used to record demographic data about demonstration participants and to track key steps in participation such as the development of the Individual Employment Plan (IEP), job placement, and services purchased.[3]

Another important source of data was in-person interviews with agency staff in each of the demonstration sites. During the 2 years of demonstration operations in each site, Abt Associates evaluation staff conducted a total of four visits to each demonstration site. The visits were timed to coincide with the end of the pilot period and the beginning of the main project operations; 6 months into demonstration intake; the end of intake (after 15 months); and the end of demonstration operations (after 24 months). Over the four visits, Abt conducted approximately 200 interviews with case/referral management unit staff. Each of the 45 case/referral managers was interviewed during each visit, as was each project director and key administrative staff.

In addition to the MIS and interview data, evaluation staff also collected information from the following sources:

- Minutes from weekly conference calls between SSA Central Office staff and local demonstration staff;

- Copies of all forms used by local demonstration staff (such as intake interview guides and IEPs);

- SSA documentation including Case Management Operating Procedures and Referral Management Operating Procedures manuals; and

- Twenty sampled client case folders in each site, which were reviewed throughout the clients' participation in Project NetWork.

Findings from five of the sampled case folders are presented as client profiles in this article.

Project NetWork Organization, Staffing, and Management

To draw operational lessons from the demonstration, it is essential first to understand the organization, staffing, and management of the four distinct demonstration models. Each offered a different operating environment for the demonstration, and the contrast among them will provide the basis for looking at some of the most important operational questions faced in designing return-to-work programs.

The models differed in several ways. First, as noted earlier, the intervention provided in the three case-management models was more intensive and comprehensive than the referral management provided in the SSA Referral Manager Model. Case managers were required to decide whether or not to extend rehabilitation services to participants based on medical, psychological, and vocational assessments; establish a vocational goal and services plan; arrange and, as necessary, pay for return-to-work services; monitor participants' progress towards reaching their goals; and modify the services offered as needed. Case managers also counseled and monitored their clients as they coordinated the rehabilitation process.

In contrast, referral management (offered in the SSA Referral Manager Model) focused on referring participants to other rehabilitation service providers who performed the case management function. Another distinguishing feature of this model was that referral managers were encouraged to refer participants to agencies whose services could be provided at zero or minimal cost to the demonstration whenever possible.

Staff in the SSA Case Manager Model and the SSA Referral Manager Model were former SSA claims and service representatives and, therefore, had less experience in vocational rehabilitation and case management than staff in the Private Contractor and VR Outstationing Models. As an additional resource for the SSA Case Manager Model staff, each office was supported by a field consultant who was an experienced VR counselor, available to assist the case managers in serving their clients. In addition, the case managers in that model received the longest training of all models, with 9 weeks of formal classroom training supplemented by in-service training offered by the consultants. Since the referral managers in the SSA Referral Manager Model were not intended to provide case management to their clients, these sites did not include field consultants in their staffing, nor did the referral managers receive classroom training in VR procedures.

The case managers employed by the private contractors in the Private Contractor Model were experienced case managers, and many had prior experience managing VR services. The original design of the VR Outstationing Model envisioned that

those case managers would be experienced VR counselors from within the State VR agencies that ran the demonstration. Moreover, those counselors were to be stationed in local SSA offices, away from other VR operations. The model did involve "outstationing" as planned, but the majority of the case managers hired there came from outside the VR system, at variance with the original design. Some of the case managers who were hired from outside VR previously worked in private VR, but others had no prior experience in the field, and some had no prior case-management experience.

Project NetWork thus tested different institutional arrangements for providing new services within an existing Federal program:

- Build from within, developing new operating units that use existing staff in new roles (SSA Case Manager and SSA Referral Manager Models);

- Contract with a private-sector provider that specializes in the area (Private Contractor Model); or

- Involve State government agencies that routinely provide the services involved (VR Outstationing Model).

Another distinguishing aspect of the models is the size of the client caseloads handled by the individual managers. Managers under the SSA Case Manager Model had the smallest caseloads, an average of 73 clients per case manager over the course of the demonstration. As expected, given the nature of referral management, the SSA Referral Manager Model had the highest caseloads, an average of 114 clients per referral manager.

Staffing was quite stable in the SSA Case Manager and SSA Referral Manager Models, with little turnover among case/referral managers. All of the staff in these sites were SSA employees and were guaranteed a return to their previous jobs at the conclusion of the demonstration. In the Private Contractor and VR Outstationing Models, however, positions were temporary with no assurance of employment after Project NetWork concluded. As a result of this relative insecurity, a great deal more staff turnover occurred in these models. Overall, turnover was not believed to have had a detrimental effect on demonstration operations, since the replacement staff were generally highly qualified. However, toward the end of demonstration operations, the quality of additional replacement staff were reported by local demonstration staff to have declined.

Recruitment: Accomplishing Broad Outreach

Of the operational questions posed at the outset, the first— whether it is operationally feasible to increase the participation of SSA disability beneficiaries in return-to-work programs—is the most comprehensive. The answer to this question depends on all of the other administrative issues raised at that point, narrower concerns regarding outreach methods, service needs and availability, and organizational patterns. We will look at

these latter questions first, not necessarily in the order posed but as they arise in tracing through the sequence of steps that constitute the Project NetWork treatment. We begin with the second question posed: What processes can be used for broad, large-scale outreach to a diverse population of people with severe disabilities?

In order to be eligible for Project NetWork, an individual had to reside in the demonstration service area; be receiving DI or SSI benefits, or be an applicant for SSI; be interested in participating in the project; not be employed or self-employed; and not be actively involved in a formal program designed to result in employment, such as a State VR program. The first goal of Project NetWork case/referral managers[4] was to identify and recruit the required number of eligible clients who were willing to participate in the demonstration. The process study explored the success of the demonstration in meeting established recruitment goals and its various recruitment methods.

The demonstration found several ways to conduct outreach regarding return-to-work services in a large, diverse population of DI and SSI disability beneficiaries and applicants. A total of 8,248 DI beneficiaries and SSI applicants/recipients volunteered to participate in Project NetWork.[5] Of those, 4,160 were assigned to the treatment group and 4,088 to the control group. All but one site met the recruitment goals that were established for the demonstration. A forthcoming evaluation report will examine the participation decisions that eligible individuals made, and the implications for future policy. Here, the focus is the specific outreach and intake methods used to achieve these recruitment targets.
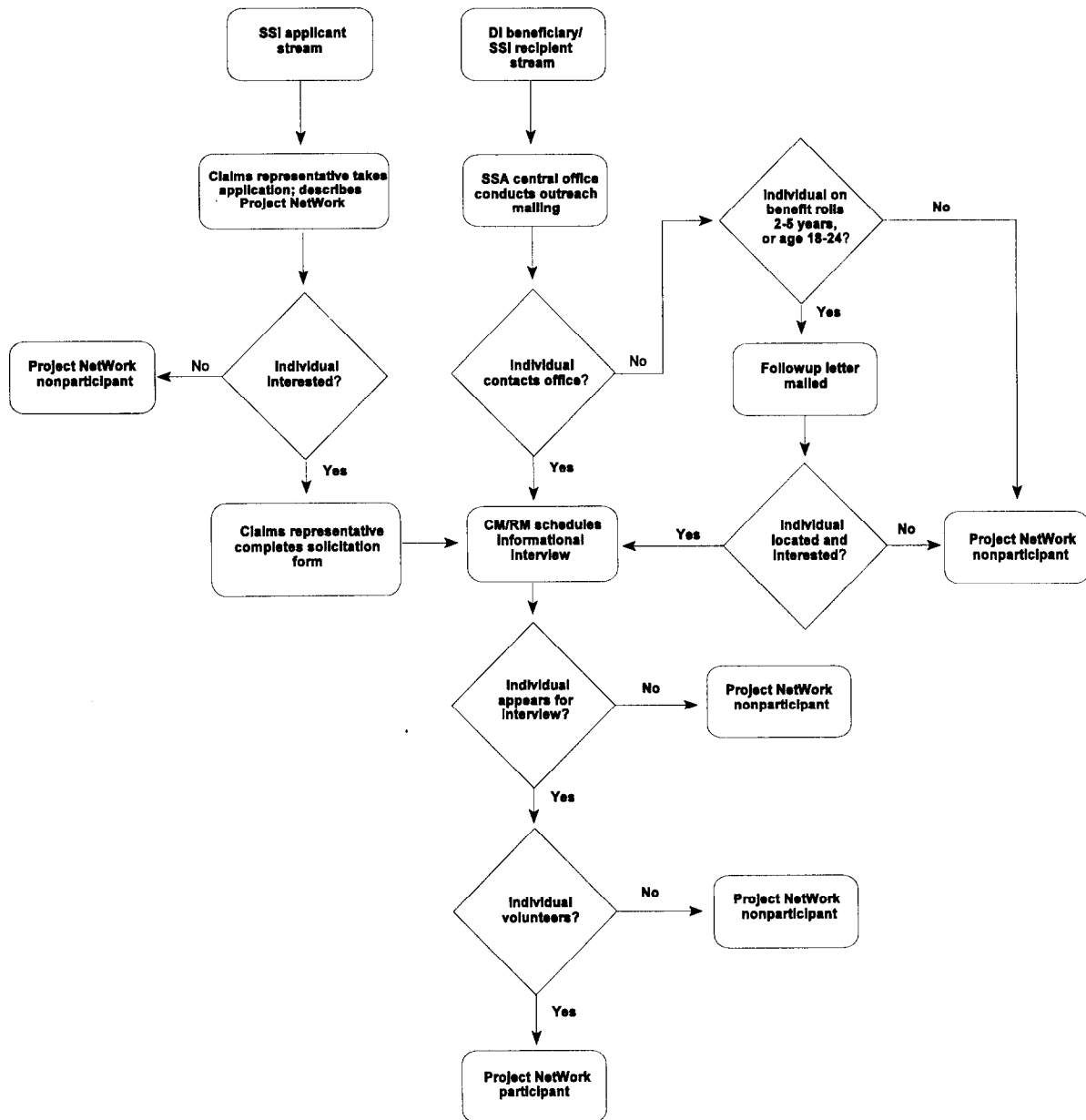
Chart 1 summarizes the intake process, highlighting the two main outreach methods: beneficiary/recipient invitation letters and SSI applicant solicitations. Together, these two methods accounted for 81 percent of all volunteers.

Beneficiary/Recipient Invitation Letters

The beneficiary/recipient invitation letters were the foundation of the recruitment effort, contributing 60 percent of all volunteers (see table 1).[6] The mailings were planned to occur quarterly in each site, for a total of five mailings per site over the 15-month intake period, covering all current DI beneficiaries and SSI recipients in each site's service area. (A systematic random sample of 20 percent of eligible persons was included in each mailing.) The letters, which were sent from the SSA Central Office, described Project NetWork and invited the beneficiary/recipient to volunteer for the project. Assurances that disability benefits would not be reduced by demonstration participation were included in the invitation.[7] Individuals who were interested in learning more about the program were asked to mail a postcard to the Project NetWork office.

These letters generated substantial response. In fact, they were so successful that substantial backlogs of postcards developed in most of the sites. Some of these backlogs were so large that the demonstration staff could not work through

Chart 1.—Project NetWork recruitment and intake process

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┌──────────────┐              ┌──────────────┐
│ SSI applicant│              │DI beneficiary/│
│    stream    │              │ SSI recipient │
└──────┬───────┘              │    stream     │
       │                      └──────┬────────┘
       ▼                             │
┌──────────────────┐                 ▼
│Claims representative takes│   ┌──────────────────┐                    ◇ Individual on
│application; describes     │   │ SSA central office│                   benefit rolls
│   Project NetWork         │   │ conducts outreach │                   2-5 years,
└──────┬────────────────────┘   │     mailing       │                   or age 18-24?   ──No──
       │                        └──────┬────────────┘
       ▼                               │                                    │ Yes
                                       ▼                                    ▼
┌──────────────┐  No    ◇ Individual            ◇ Individual     No    ┌──────────────┐
│Project NetWork│◄────   Interested?             contacts office? ──── │ Followup letter│
│ nonparticipant│                                                       │    mailed      │
└──────────────┘          │ Yes                   │ Yes                └──────┬─────────┘
                          ▼                        ▼                          ▼
                 ┌──────────────────┐   ┌──────────────┐  Yes    ◇ Individual      No   ┌──────────────┐
                 │Claims representative│─▶│ CM/RM schedules│◄────   located and    ────▶ │Project NetWork│
                 │completes solicitation│ │ informational │         interested?          │ nonparticipant│
                 │       form          │  │   interview   │                              └──────────────┘
                 └──────────────────┘     └──────┬────────┘
                                                 ▼
                                        ◇ Individual        No   ┌──────────────┐
                                          appears for      ────▶ │Project NetWork│
                                          interview?             │ nonparticipant│
                                                                 └──────────────┘
                                            │ Yes
                                            ▼
                                        ◇ Individual        No   ┌──────────────┐
                                          volunteers?      ────▶ │Project NetWork│
                                                                 │ nonparticipant│
                                                                 └──────────────┘
                                            │ Yes
                                            ▼
                                        ┌──────────────┐
                                        │Project NetWork│
                                        │  participant  │
                                        └──────────────┘
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one mailing before the next was scheduled to occur. To allow staff more time, several of the later mailings were delayed.[8] Other mailings were canceled or scaled back once it became clear that the site would meet its recruitment goal without them.

Unfortunately, this success meant that some potential participants who sent in postcards were not contacted as quickly as might have been ideal. Individuals who returned a postcard waited between 2 weeks and 3 months for an informational interview, depending on the size of the postcard backlog. The managers reported that some potential participants lost interest in the program while waiting. The longer the wait, the "staler" the postcard leads became. In future replications, smaller and more frequent mailings could easily address this problem, making the recruitment process more efficient and manageable.

SSI Applicant Solicitation

New SSI applicants were the other main source of Project NetWork participants, accounting for 21 percent of all volunteers (see table 1).[9] When an individual applied for SSI benefits on the basis of blindness or disability in a Project NetWork site, the SSA claims representative who took the application was expected to briefly describe Project NetWork to the applicant and ask if she/he was interested in participating in the program.

In practice, the claims representatives did not make these solicitations uniformly for two reasons. First, the claims representatives in many of the sites were slow to implement the procedure because it took extra time during the claims process. With time and effort, this process did improve.

Second, in several of the sites, SSI new applicant solicitation was suspended at least once during the recruitment phase. In most instances, the stoppage was due to the magnitude of the postcard backlogs from the mailings, but in one site applicant solicitations were suspended because they were considered to be unproductive.

In general, the local demonstration staff considered applicants to be poorer leads than existing beneficiaries/recipients because their health and financial conditions were in greater flux compared with people who were already receiving benefits. Also, participation in Project NetWork seemed to run counter to their intention to claim benefits, since it presumed work at the very point when applicants were trying to prove they could not work in order to qualify for benefits. Other applicants felt that they had to volunteer for Project NetWork or their chances of getting benefits would be hurt, even after being told that participation was strictly voluntary and that participation would not have any effect on disability or medical benefits. These applicants sometimes agreed to participate, but dropped out of the project once they realized that Project NetWork was truly voluntary (see Client Profile #1).

Beneficiary/Recipient Followup Letters

The SSA program planners who designed Project NetWork were particularly interested in recruiting two special target populations: SSI recipients between the ages of 18 and 24, and all individuals who had received SSI or DI benefits for 2 to 5 years. These two groups were targeted for additional followup one month after each of the quarterly mailings if they did not respond to the initial mailing. Youths were targeted to see if Project NetWork could help with the transition from school to employment. Persons who had received benefits for 2 to 5 years were thought to be good candidates for a return-to-work effort since their health is thought to be more stable than new recipients; they have more recent work experience than people who have received benefits for a longer amount of time; and they also may be financially motivated to work if they have spent down savings.

Table 1.—Referral sources of Project NetWork participants, by site

Referral source	All sites	Dallas	Fort Worth	Minne-apolis	Phoenix/Las Vegas	New Hampshire	Richmond	Tampa	Spokane
Total number..........................	8,248	1,146	743	1,105	1,015	1,089	1,130	1,080	940
Percent of participants by:									
Invitation letter............................	60	51	58	69	63	47	66	70	58
New SSI applicant solicitation..................	21	25	22	15	24	18	19	11	29
Self-referral................................	7	6	11	10	7	7	2	8	9
Other agency referral..............................	6	5	5	4	2	21	2	8	2
Beneficiary/recipient followup contact..............................	2	6	1	0	1	3	3	0	0
Continuing disability review/trial-work period[1] followups.............................	1	3	0	0	0	2	0	0	0
Title II allowance solicitation....................	1	1	1	2	1	1	1	1	0
Transitional SSI student...........................	1	1	0	0	0	0	0	0	0
Other..........................	2	2	1	0	2	1	6	1	1

Source: Site MIS

[1] Individuals who had a continuing disability review or who had completed their trial-work period were solicited to participate in Project NetWork.

Only 2 percent of all volunteers entered the project as a result of these second followup efforts. Most individuals who were interested in Project NetWork responded to the initial mailing. Also, some of the second mailings were canceled due to the backlog of postcards from the initial mailings.

Other Referral Sources

The remaining 17 percent of Project NetWork participants heard about the project in other ways. Seven percent of all volunteers learned about the project through word-of-mouth (shown as "self-referral" in table 1). Some people heard about the project through other Project NetWork participants. Others attended talks given by Project NetWork staff in community forums or heard about the project through outside agencies that were aware of the demonstration. Another 6 percent of all participants were referred to Project NetWork by other agencies.

Three percent of all participants were recruited through outreach efforts that targeted special groups: new Title II beneficiaries (referred to as Title II allowances); transitional SSI students; and individuals who had a Continuing Disability Review (CDR) or had reached the end of their Trial Work Period (TWP). The demonstration sites sent letters or called these beneficiaries to describe Project NetWork. An additional 2 percent of participants found out about the program through "other" means not described above.

Intake

Locating people who might be interested in Project NetWork was only the first step required to bring clients into the demonstration. Those who expressed an interest in the project were assigned to a manager, who scheduled an informational interview. According to reports from local demonstration staff, most people who were invited to participate in the demonstration never set up an interview, and only about half of those who set up an interview actually appeared.

Individuals who attended an informational interview received an in-depth description of the project and answers to any questions they had. The manager recorded some basic demographic, disability program, and work history information. Next, the manager explained the random assignment process and asked the individual if he or she wanted to volunteer for Project NetWork. If an individual was interested in participating, he or she signed an informed consent form prior to random assignment.

If an individual decided to volunteer for the demonstration at the end of the informational interview, the manager called the random assignment hotline developed for the demonstration for an assignment to the treatment or control group. Control group members were told that they would not receive services through Project NetWork, but that they were eligible to use the demonstration waivers and other services in the community.[10] People who were assigned to the treatment

Client Profile #1: Mixed Motivation and Incentives for New SSI Applicants

Ann[1] was a 50-year-old SSI applicant whose primary disability was diabetes and whose secondary disabilities were arthritis and alcoholism. At the time of intake for Project NetWork, Ann was living in a group home for women substance abusers, and she had mixed emotions about leaving; she wanted to become independent and self-sufficient, but she was afraid to be on her own. Ann realized that employment was the first step toward independence. Almost immediately after enrolling in Project NetWork in Tampa, she found a job on her own at a local food bank. Although she complained constantly about experiencing pain and exhaustion, she stayed at the job for approximately 6 months. During this employment, Ann worked with Joe,[1] her referral manager, to develop her vocational goals and her Individual Referral Plan more formally. In addition, Joe encouraged Ann to appeal her SSI application, which had at first been denied.

After Ann quit her job at the food bank, Joe referred her to the State Vocational Rehabilitation (VR) agency, where she was denied services. Joe then referred her to several private sector agencies for vocational assessments and vocational counseling and to an educational learning center to improve her reading and math skills. Ann eventually found another job as a laundry folder at a local hotel, but she still complained about exhaustion and pain.

Over time, Ann began to lose her motivation to work. She was unwilling to work full time (although her medical assessment said she could), she frequently missed meetings with her referral manager, and she did not want to attend any of the educational training sessions Joe had arranged for her. Joe eventually decided not to arrange further services until Ann demonstrated that she wanted to work.

As her appeal hearing drew closer, Ann sought counsel from several law firms in the area. In the end, Ann decided to use a nonattorney representative for her appeal hearing, who advised Ann not to go back to work and to end her participation in Project NetWork. Ann called a few months later, to see if she could get back into the program if she was approved for benefits. But it was too late; by then, the project was ending.

[1] Not his/her real name.

group scheduled a meeting with their case managers. During that meeting, they discussed vocational goals and the steps necessary to attain them.

The manner in which these informational interviews were conducted varied from site to site. Most sites used individual face-to-face interviews. In two sites, a majority of these interviews were conducted over the telephone. Staff in three sites also conducted some group intake sessions. During the group sessions, the staff made an introductory presentation to the entire group and then conducted individual meetings with people who wished to volunteer.

The sequencing of intake also varied from site to site. Most of the sites handled the potential clients on a "first-in, first-out" basis, since the demonstration staff considered this strategy to be fair. Yet this simple system did not help the managers to organize their work to meet both of their goals simultaneously—meeting the target goal for intake and helping their clients find jobs. In one site, the project director instituted management controls, which helped the case managers attain their intake goals at a steadier pace throughout the intake period. Similar management controls might have improved the intake process in the other sites.

Conclusions About Recruitment and Intake

Overall, preliminary estimates indicate that approximately 5 percent of those eligible to volunteer for Project NetWork chose to do so.

Most of the sites had little difficulty meeting their intake goals. The overall preliminary participation rate of 5 percent is very close to the overall rate of participation in the Transitional Employment Training Demonstration (TETD), a return-to-work demonstration undertaken by SSA in the late 1980's.[11] Yet it was achieved in a much more diverse population, necessarily using a broader assortment of outreach methods.

Thus, while we do not know whether a greater share of eligibles could have been recruited using alternative outreach strategies, we do know that the strategies pursued in the Project NetWork demonstration were capable of ensuring the target level of participation. Moreover, other research has shown that the groups reached through the recruitment process are broadly reflective of the overall target population (see Rupp and others, 1996). However, there are a few lessons to be learned from Project NetWork regarding possible improvements in recruitment and intake procedures for future return-to-work efforts.

Possible Improvements

First, some of the outreach methods used in the demonstration appear to have had limited success in recruiting potential participants. The followup mailings to selected beneficiaries appear to have returned few participants, and the attempts to solicit new SSI applicants in the SSA claims office produced mixed results. Other options for new SSI applicants, such as mailed outreach following a benefit award (when incentives

are less conflicted) may be appropriate for this important target population.

Second, the postcard backlogs posed a considerable challenge to the managers, and made many potential clients wait long periods before being contacted. The process could be improved by sending out fewer letters on a more frequent (for example, on a monthly) basis.

Lastly, the intake effort affected the treatment of clients who had already entered the program. The managers reported not having enough time for their existing clients during times of peak intake, sometimes leaving clients without needed support. "The squeaky wheel gets the grease," one manager told us. Aggressive clients got more attention, and those who did not ask for support sometimes got little during the intake phase of demonstration operations. Many staff members suggested that separate staff be responsible for intake in any future programs. This could allow the managers to focus their attention on the ultimate goal of finding employment for their existing clients.

Client Assessment: Slowed by Availability

The first indication of the availability of appropriate services within the provider community came just after intake, in connection with client assessment. After an individual was assigned to the treatment group, managers were to collect all of the information that he or she needed to assess the client's needs and interests. This effort began with the initial intake interview between the manager and the client, but quickly expanded to require the help of outside providers.

During the initial interview, the managers asked clients about their medical histories, living situations, functional limitations, attitudes toward employment, and vocational interests. The managers then solicited input from outside professionals: medical, psychological, and/or vocational assessments were collected as needed, to pinpoint what the client wanted to do, and what he or she was capable of doing. The manner in which this assessment information was collected and used varied between the three case management models and the referral management model. The process study examined the procedures used to collect this assessment information, the extent to which assessment information was purchased across the demonstration sites, and the length of time required to collect the information.

The case managers collected medical and psychological information to determine if the client was able to work, and to identify any limitations requiring accommodation. If the medical and psychological information indicated that work was feasible for a given client, vocational assessments were administered to explore the client's employment skills and interests, and to determine a feasible vocational goal. The case managers then used this medical, psychological and vocational assessment information to develop an IEP, as the next step in the case-management process.

By design, the assessment phase was less intensive in the

SSA Referral Manager Model sites. Unlike the case managers, the referral managers were not required to determine which clients were suitable for further rehabilitation services, nor to establish a feasible vocational goal. Instead, they were expected to collect any existing medical and psychological information and forward it to an outside provider who would take over case management of the client. Here, availability of appropriate services from the existing provider community was even more critical. The outside provider was expected to collect any additional information needed for assessment and make the final decisions. For many clients in this model, the Individual Referral Plan (IRP) only documented the vocational goals stated by the client and the planned referrals to outside providers.

Medical Assessments

The Project NetWork managers demonstrated that it was not always necessary to purchase new medical assessments for clients entering the demonstration. Often, existing medical information was available from various sources, including: SSA records, State Disability Determination Service (DDS) files, and clients' treating physicians.

Treating physicians were the most common source of medical information: Managers reported that at least half of the time they were able to obtain medical information from clients' personal treating physicians (usually at no cost, or for a small fee). This method was inexpensive, but treating physicians could be slow to respond, taking from 3 to 6 weeks, and sometimes they resisted assessing their patients' ability to work. A few managers also requested information from SSA records, but overall that method took the longest and the information was not always recent enough to be of use.

Only in cases where existing sources of information were inadequate did a manager purchase a new medical assessment. As a result, only 16 percent of all Project NetWork clients received a *purchased* medical assessment (see table 2). Clients in the SSA Case Manager Model and Phoenix/Las Vegas (Private Contractor Model) sites were most likely to receive a purchased medical assessment. Not surprisingly, clients in the Referral Manager Model sites (Tampa and Spokane) were among the least likely to receive such a medical assessment. Typically, the referral managers would request copies of

existing records for their clients and forward the information to the service provider (usually the State VR agency). If additional medical information was required, the outside providers would collect it.

Psychological Assessments

Psychological assessments were performed when a client indicated, or a manager suspected, that the client had a psychological disability. For clients with psychological disabilities, it was important for the manager to understand the client's limitations (both emotional and cognitive), the types of medications the client was taking, and the types of behaviors the client might exhibit that would require accommodation in the work place. For example, one case manager told us about a client who had agoraphobia. The client was on medication and under the care of a therapist, and her condition had eased sufficiently so that she could leave her house and go to work. However, the client's therapist stated that the client should not be placed in a job that required her to go outside of an office during the day. Going back and forth between home and an office was manageable for the client, but additional movement outdoors could cause her to panic. The therapist's input helped the case manager define jobs that could accommodate the client's disability.

Relatively few clients (14 percent) received a *purchased* psychological assessment (see table 2). One-fifth of all clients in the SSA Case Manager Model sites received a purchased psychological assessment, while the VR Outstationing Model and SSA Referral Manager Model sites made very limited use of purchased psychological assessments. The largest percentage of clients with psychological assessments (38 percent) was observed in one site in which a psychologist served as a consultant (Minneapolis). New assessments in other sites were typically purchased from private therapists, who were either the client's treating therapist or approved Project NetWork service providers.

Interviews with demonstration staff revealed three main reasons why the managers purchased so few of these assessments. None of these reasons indicated a problem with availability of needed outside expertise, although some bottlenecks did arise in that area. The most important reason was that fewer clients needed a psychological assessment than

Table 2.—Percentage of clients who received purchased assessments, by type of assessment and site

Type of assessment	All sites	Dallas	Fort Worth	Minne-apolis	Phoenix/ Las Vegas	New Hampshire	Richmond	Tampa	Spokane
Total number................................	4,160	570	386	543	545	545	542	564	465
Percent receiving—									
All types....................................	47	52	70	63	56	44	36	41	18
Medical......................................	16	30	29	7	24	13	16	9	3
Psychological.............................	14	21	19	38	15	5	7	4	5
Vocation....................................	36	36	64	46	34	35	28	36	13

Source: Site MIS.

a medical assessment, because fewer clients had mental disabilities. Also, when psychological assessments were sought, the managers made an effort to get psychological information from existing records and clients' therapists rather than purchasing a new assessment. Not only was it less expensive to gather existing records than to pay for a new assessment, but the managers in two sites reported that they preferred existing records because long-term therapists could provide a better assessment of a client's condition and abilities than could a new provider.

Furthermore, the managers said that it was easier to obtain existing records from therapists than to obtain medical records from physicians, since many of the clients who were mentally ill were currently being served through the community mental health system. However, retrieving those records took time: it generally took 2 to 5 weeks to obtain them, and mental health clinics that provided indigent care took the longest to respond. These delays may have been endemic features of dealing with complex sources of confidential information in general, rather than indications that such sources were in short supply or provided limited access to demonstration managers.

Vocational Assessments

Vocational assessments were useful counseling and resource tools. They not only documented clients' work abilities and interests, but also helped clients and their Project NetWork managers define vocational goals and a course of action to attain those goals. These assessments varied from a relatively simple "inventory" of interests, which a case manager could administer during a meeting with the client, to a more comprehensive test like the General Aptitude Test Battery (GATB), which requires several hours and special training to administer. Situational assessments were sometimes performed, which allowed the client to perform various work activities under simulated, varying work conditions, with the close supervision of a vocational expert.

As was the case for medical and psychological assessments, not all clients needed a vocational assessment, and it was not always necessary to purchase one. Therefore, only 36 percent of all clients received a *purchased* assessment (see table 2). A vocational assessment was not needed if a client had a vocational goal, had performed similar work in the past, and seemed physically and mentally able to do the work. In those cases, it did not make sense to slow the client down to perform an assessment. Instead, the manager would capitalize on the client's skills and motivation, and advance the client directly to the job development phase.

Some case managers in the case-management model sites performed vocational assessments themselves. This practice not only saved resources, but time. It sometimes took as long as 90 days to get the results of a vocational assessment from an outside vendor, because of the overload faced by those local providers. In areas where there were few providers who did vocational assessments, Project NetWork clients sometimes had to wait a month or more just for an appointment. This was

the strongest indicator of capacity limitations encountered by the demonstrations.

As a result of these limitations, case managers who had experience or training were more likely to do vocational assessments, rather than paying someone else to do them. The case managers in the SSA Case Manager Model sites received some training on assessments, and the case managers in the Dallas site said that they enjoyed doing them. (Case managers in the Fort Worth site were less likely to perform vocational assessments themselves and relied more heavily on purchased assessments.) During an early site visit, one case manager in Dallas told us, "I've done 10 or 12 vocational assessments. I love doing them. The ones that I get from the field are not as helpful or accurate." More specialized vocational assessments, which involved a battery of tests or addressed mental illness or cognitive disabilities, were purchased from outside providers.

The case managers in the Private Contractor and VR Outstationing Models also performed some vocational assessments themselves, while purchasing others. In Minneapolis (a Private Contractor Model site) where 46 percent of clients received purchased assessments, demonstration staff administered the GATB to clients in large groups and bought specific skill assessments from vendors. In the other Private Contractor Model site, Phoenix/Las Vegas, the case managers sometimes did part of the assessments themselves; only 34 percent of the clients in that site received purchased vocational assessments. One of the case managers there had performed vocational evaluations in a previous position as a VR counselor, and she found it hard to pay someone else to do what she could do herself. She only ordered tests that she could not perform. This practice saved time and money, and allowed the case manager to get to know her clients better.

The design of the SSA Referral Manager Model did not call for the referral managers to make decisions about the most appropriate career goals or service strategies for their clients. As a result, they were expected to rely heavily on other agencies to perform tests and make recommendations about appropriate vocational goals and services. These expectations were generally fulfilled in the Spokane site, where the majority of clients were referred to and served by the State VR agency. As a result, only 13 percent of the clients in that site received purchased vocational assessments.

In Tampa, the referral managers purchased vocational assessments for just over one-third of their clients (36 percent) a rate more similar to the case management models than to the other referral management site. This higher rate of purchased assessments was the result of the VR system's inability to absorb the majority of the Project NetWork referrals in Tampa which made it necessary for the referral managers to serve their clients directly. It was not an indication of overall capacity limitations in the system as a whole, however, since managers were able to purchase assessments from non-VR sources when needed.

Unlike the case manager models, when the referral managers in Tampa purchased a vocational assessment for a client,

they typically ordered an entire battery of tests and histories. The referral managers also requested that the evaluators make recommendations, so that the next action steps were clear. The Tampa referral managers felt dependent upon the evaluators to make vocational decisions about their clients. This made the vocational assessment a particularly important step in the referral management process for those clients who were not served by no-cost providers such as State VR.

Screening

As a final step in the assessment process, managers used the medical, psychological, and vocational information gathered during the assessment phase to screen out some Project NetWork clients before any other services were delivered. Staff in most of the sites used assessment information to close out clients whose physicians or therapists identified them as incapable of working, to prevent them from harming themselves. If a client's physical or mental condition was unstable, the manager did not want to encourage the client to work. We estimate that 7 percent of all clients were screened out of the program at this phase of participation.

Screening does not appear to have been done with the intention of "creaming" clients. In fact, many clients who were served had previously been refused services by other rehabilitation agencies. One case manager told us, "Half of my clients that are working would have been screened out by [other agencies]. Many were closed out by the [State VR agency]. I believe that people will screen themselves out." One of the referral managers told us that a state VR counselor was at first surprised to see the group of clients that the referral manager was serving, because they had more serious disabilities than the VR counselor's clients. Client Profile #2 shows how some clients who had been denied services from other agencies succeeded in Project NetWork.

Nevertheless, it is important to note that managers did screen out clients, and that this screening was not consistent across sites, nor sometimes even within sites. The highest level of screening was performed in Phoenix/Las Vegas, where the case managers uniformly screened out clients unless their physicians stated that they could work. The case managers in that site used a very clear criterion for screening out clients, explicitly asking physicians and therapists if the client was able to work. The site's tracking data bear this out, showing that just 47 of all clients in Phoenix/Las Vegas completed an IEP (the next step after assessment), the lowest percentage of any site.

The managers in the other sites also asked physicians and therapists to assess the clients' current health status and to state what limitations existed. Sometimes doctors voluntarily offered that a client's condition prevented him or her from working, and most managers accepted this advice. In some cases, the physicians did not explicitly address whether or not they believed a client should pursue employment. This left the decision up to the manager and the client. Individual managers developed their own methods and criteria for making this decision. Several managers worked with all clients, applying no screens at all. Others screened out clients based on criteria that they had developed themselves. For example, some managers would not work with clients who were active substance abusers.

Once clients passed this assessment and initial screening phase, all of the managers did their best to help clients stay in the program. Clients sometimes did encounter health problems later, caused by the stress of program participation or by other factors. In these cases, the client and the manager typically made a joint decision about the client's continued participation. Although clients did not always have a role in making the initial screening decision, they were active partners in determining continued participation once services began. The manager would place a client into a "deferred" or "interrupted" status if the client hoped to be able to continue participation at a later time, and they sometimes helped the client address the health concern. For the most part, only when it appeared that the client had actually dropped out of the program (that is, was not answering repeated telephone calls and letters) would a manager withdraw a client from the program without his or her consent after the initial screening.

Assessment Delays and Capacity Constraints

The time required to obtain medical, psychological, and/or vocational assessments sometimes delayed the next steps in the case-management process. Part of the problem here was the result of fiscal hesitations: Although it was reasonable for managers to attempt to conserve demonstration resources by gathering existing medical and psychological information for assessment purposes, sometimes this practice put clients on hold for several months. If the client also needed a vocational assessment, it could take 90 days or more to obtain all of the information that was needed. These delays were observed across all of the treatment models.

The managers reported that clients sometimes lost interest during this waiting period. In light of this risk, it might have been better if managers had determined up-front if relying on existing information would take too long, and—where it would—had instead purchased new medical and psychological evaluations. This strategy seems likely to have cut down on waiting times, given general indications from the process study that the VR provider community at large had the capacity to fill the assessment needs of the expanded Project NetWork clientele. This same story emerges for the purchase of rehabilitation and employment services later in the process: expanded access to return-to-work services by SSA beneficiaries does not seem to have overtaxed the existing provider network in the demonstration communities. It should be noted, however, that half of those who wished to pursue employment were *not* served by Project NetWork—the evaluation control group. With this added increment, capacity limitations in the community might have been more evident.

Individual Employment Plans:
Laying the Course

The establishment of an Individual Employment Plan (IEP) was to be the next important milestone in the rehabilitation process for Project NetWork clients. This plan was a written document prepared jointly by case managers and treatment clients. The IEP was to document the vocational goal of the client (towards which all rehabilitation services and activities were focused), the intermediate objectives needed to attain the vocational goal, planned services to be provided, and the responsibilities of both the case manager and the client in

working towards the goal. The completed IEP would then be signed by both the client and the case manager, with a copy retained in the case folder and another copy given to the client.

In the SSA Referral Manager Model, a similar document called the Individual Referral Plan (IRP) was prepared, documenting vocational goals and planned referrals. The IRP was a less comprehensive document, and its preparation was a shorter and less intensive process than for the IEP. IRPs were developed prior to collecting assessment information and did not require the referral manager to evaluate the feasibility of a client's desired vocational goal.

As it turns out, preparation of such plans was not always an easy or appropriate step. Across all demonstration sites, only 61 percent of treatment group members completed an IEP or IRP. There are several reasons why an IEP might not have been completed for a client. There were some cases in which clients decided not to pursue Project NetWork services prior to the IEP stage or were screened out. Also, if agreement could not be reached on a vocational goal or if a client wished to pursue a 4-year college degree (which was not one of the services to be provided through the demonstration), an IEP would not be completed. Furthermore, if a client did not follow through with the assessments or did not keep scheduled appointments, an IEP would not be completed. The most frequently reported reason for not completing the IEP, however, was that the client's medical condition was unstable and the assessment results recommended that employment not be pursued.

Length of Time to IEP Completion

The Case Management Operating Procedures manual and Referral Management Operating Procedures manual specified that the IEP/IRP should be started as soon as possible after the decision to offer rehabilitation services or referrals was made. Across all sites, an average of 98 days elapsed from assignment to the treatment group to IEP/IRP completion. Consistent with the demonstration design, the average number of days from random assignment to IEP/IRP completion was longer in the case-management sites (the average ranged from 76 to 138 days) than in the referral-management sites (the average ranged from 20 to 60 days).

There are several reasons for delays between random assignment and IEP/IRP completion in the case-management sites. The most commonly cited reason was delays in obtaining diagnostic assessments. Case managers also reported that, in several instances, clients required immediate assistance to stabilize their health or living conditions before work on the IEP could begin. In other instances, a client may already have had a vocational goal, but the case manager required time to explore the availability of services before preparing the IEP. For example, in one case a client wanted to find work as a hair stylist but required training to do so. Before writing the IEP, the case manager had to locate training providers in the community and obtain information about schedules and costs.

Since IEP development was an ongoing process of counseling and interaction with the client, in many cases the case manager spent a substantial amount of time with a client and provided extensive counseling services prior to IEP completion. Sometimes this ongoing interaction with the client revealed that an IEP was not appropriate for the client.

There were also times when operational constraints in the site contributed to the delay in completing IEPs. For example, staff turnover (particularly prevalent in VR Outstationing Model sites) created backlogs in getting the case-management process started and resulted in slow completion of IEPs for some clients.

Baseline Characteristics of Clients with Completed IEPs/IRPs

Because not all clients made it through the planning phase of the process, it is important to consider where IEPs and IRPs were appropriate and feasible and where they were not. To this end, the process analysis explored the baseline characteristics of the Project NetWork clients who completed an IEP or IRP, compared with those who did not reach this milestone and all treatment group members (data not shown). Those with an IEP/IRP were generally better educated than those without, and were less likely to be new SSI applicants. In addition, those with a completed IEP/IRP were more likely to be married and to have dependent children than those clients who did not complete an IEP/IRP. While we cannot say why these differences should have influenced the chances of completing a formal reemployment plan, they would seem to signal some degree of deliberate selectiveness—as opposed to procedural breakdowns—at this stage of the case-management process.

We found that clients with an IEP/IRP were highly similar to those without an IEP/IRP on other measured characteristics. These included gender, age, body system affected by primary disabling condition, years receiving disability benefits, whether benefits were DI or SSI or both, and years since disability onset. This consistency suggests that some of the gap between demonstration entry and completion of an employment plan was driven by process, not the needs and circumstances of individual clients.

The "bottom line" remains the same under either interpretation. Project NetWork demonstrated the feasibility of formulating explicit written plans for returning most DI beneficiaries and SSI recipients to work, among those who have an interest in working.

Rehabilitation and Employment Services: What's Needed?

Perhaps the most fundamental operational question posed by an expanded return-to-work effort for people with severe disabilities is what it will take, in terms of the types and quantity of rehabilitation and employment services required. The question of what services will be needed—and whether they can be found in most communities—has never been put to the test, since no previous program or demonstration has invited all types of SSA beneficiaries to attempt work.

In this section, we describe the rehabilitation and employment services that Project NetWork clients received and the manner in which those services were provided. Assuming that managers were able to acquire the services they and their clients desired, these data provide a profile of what "broad spectrum" rehabilitation programs might look like in other settings. Information on demonstration staff views of the success of the service acquisition process is included to help inform the interpretation of the service receipt numbers.

It is important at the outset to recognize that client-level data on services are only available for *purchased* services,

because the managers did not record in their tracking databases the receipt of services that were obtained at no cost. We cannot, therefore, completely describe all services that were received by Project NetWork clients. General impressions about other services are included, whenever possible, using information from on-site interviews with the demonstration staff. In the case-management models, case managers reported that nearly all of the services provided to clients were purchased from vendors. In the SSA Referral Manager Model sites, some clients received purchased services, while others received services from public agencies and nonprofit organizations at no cost to the demonstration.

Selecting Service Providers

Accessing appropriate services begins with the identification of the appropriate service providers. During the 3-month pilot phase of demonstration operations, each site established a pool of potential service providers. Later, as demonstration staff became more knowledgeable about the services that were available in their communities, they added new vendors to their provider lists.

The SSA Case Manager and SSA Referral Manager Model sites compiled their service networks from scratch. This presented a substantial challenge to the staff in those sites, because they had a relatively short period of time to identify providers. Also, the staff in those sites were not experienced VR providers, and were therefore unfamiliar with the range of services that were needed and the best vendors who could provide them.

The Private Contractor Model sites had existing provider networks, because the demonstration was run by private sector organizations that had operated rehabilitation projects in the past. Both of these sites used the pilot period to augment these networks with additional providers; for example, the Phoenix/ Las Vegas site recruited physicians who served the poorer neighborhoods where many clients lived.

The VR Outstationing Model sites had the most complete service provider networks prior to Project NetWork, because the State VR agencies who ran the demonstration there had long-term relationships with most of the local vendors. For example, in New Hampshire almost all of the vendors that existed in the State were part of the VR agency's network because VR was the major buyer of services. A few additional vendors were added to the approved networks in these sites.

Gaps in the Service Delivery Network

Even though the managers in each site put a great deal of effort into finding service providers that would meet all of their clients' needs, there were some gaps in the service delivery network. Transportation was a significant problem: staff in all but one of the sites stated that the existing local transportation system was inadequate to serve people with disabilities, and that this created barriers for clients who needed to get to service providers and to work.

In some sites, the managers also reported that it was difficult to find providers who would perform vocational assessments in a timely manner. There were long waiting lists for assessments at some providers, which created a backlog of clients, and delays in service. Specialized client needs were also sometimes hard to fill in all sites. Examples include Spanish interpreters, specialized assessments and job placement, and American Sign Language interpreters.

Types of Services Purchased

Almost half of all Project NetWork treatment group members (45 percent) received at least one purchased service after his or her IEP/IRP was developed (see table 3). Clients in the VR Outstationing Model were the most likely to receive a purchased service (56 percent), compared to 50 percent of the clients served by the Private Contractor Model and 42 percent of the clients served by the SSA Case Manager Model. The clients in the SSA Referral Manager Model were least likely to receive any purchased service (32 percent), although one might have expected that rate to be even lower given the emphasis there on "no-cost services" (see below).

There are also important differences in the use of purchased services across the eight sites, particularly within the four models. In the SSA Case Manager Model, 52 percent of

Table 3.—Percentage of Project NetWork clients who received purchased services, by site and type of service

Type of service	All sites	Dallas	Fort Worth	Minne-apolis	Phoenix/ Las Vegas	New Hampshire	Richmond	Tampa	Spokane
Total number............................	4,160	570	386	543	545	545	542	564	465
Percent receiving—									
Any service..................................	45	35	52	62	38	62	49	29	37
Training.......................................	13	8	9	17	13	14	20	5	20
Living expenses...........................	4	0	0	5	6	3	14	1	2
Work expenses............................	7	0	0	20	4	10	10	1	9
Transportation.............................	19	8	27	48	10	10	30	9	12
Job development/placement........	30	30	41	39	27	50	19	18	10
Other services..............................	10	2	3	16	6	12	19	9	11

Source: Site MIS.

all clients in Fort Worth received a purchased service, compared with only 35 percent of the clients in Dallas. This is consistent with what was reported by the case managers: rather than using vendors, the case managers in Dallas were more likely than those in Fort Worth to provide services to their clients directly. For example, the case managers in Oak Cliff (one of the field offices in the Dallas service area) developed a job club curriculum that provided job readiness training directly to clients.

There is a striking difference between the Private Contractor Model sites: 62 percent of the clients in Minneapolis received purchased services, compared with 38 percent in Phoenix/Las Vegas. Much of this difference is due to the clients in Minneapolis receiving transportation assistance at a much higher rate than in Phoenix/Las Vegas.

A sizeable difference in the provision of purchased services also exists between the VR Outstationing Model sites. In New Hampshire, 62 percent of all clients received a purchased service, compared to 49 percent of the clients in Richmond. The case managers in New Hampshire were much more likely than those in Richmond to purchase job development/placement services for their clients (50 percent, compared with 19 percent).

Between the SSA Referral Manager Model sites, there is a smaller difference in a client's chances of receiving a purchased service. Clients in Spokane (37 percent) were slightly more likely than clients in Tampa (29 percent) to have received at least one purchased service. In particular, they were more likely to receive purchased training (many times this was a cost that was shared between Project NetWork and the State VR agency) and help with work expenses.

We also examined the baseline characteristics of individuals who received purchased rehabilitation services and compared them with those who did not receive such services (data not shown). We found that clients who received purchased services were younger, more highly educated, more likely to have neurological or mental illness disabilities and were less likely to be a new SSI applicant than those who did not receive purchased services.

Training

Only 13 percent of all treatment group members received any type of purchased training (see table 3). Eleven percent of all clients entered vocational training programs, and 5 percent entered educational programs (data not shown). Most clients who received educational training took a few courses at a local community college or finished a partially completed degree. A very small number of clients received "other" types of training that helped them develop independent living or cognitive skills.

There are several reasons why relatively few clients received training. According to the managers, many clients did not need training to attain their vocational goals. Also, specialized training was not always available in the communities served by the demonstration. Finally, the demonstration was not designed to provide long-term training.

Financial Support Services

Project NetWork assisted some clients with living expenses, work-related expenses, and transportation. Overall, 19 percent of all clients received transportation support (see table 3). Typically, clients were given bus passes, and sometimes they were given vouchers for taxis or gasoline. Seven percent of all clients received help with other work-related expenses, such as tools, uniforms, and other clothing that was appropriate for job interviews and work. Four percent of all clients received assistance with living expenses. That figure is low because this assistance was typically offered only when a client was experiencing a crisis. For example, a client might need to get her car registered so that she could use it to drive to a new job.

Job Development/Placement

Job development and job placement services generally consisted of help preparing a résumé, identifying job leads, and preparing for interviews. In most cases, once a client was placed in a job, the service provider who helped with the placement would monitor the client's progress in the job for a period of time (usually 3 to 6 months), and provide followup support or counseling when it was needed. Client Profile #3 provides an example of the types of job placement services that clients received in Project NetWork.

Project NetWork purchased job placement and/or development services for almost one-third of all clients (30 percent), as shown in table 3. However, there are significant differences in this rate among the sites. Perhaps the most interesting finding here is that the clients in the Richmond site (VR Outstationing Model) were much less likely than clients in the other case-management sites to receive purchased job development/placement services. We suspect that this finding is an artifact of only having data on *purchased* services; the Richmond case managers sometimes performed these services themselves, or relied on no-cost services that were available through the VR agency.

Although we do not have client-level data on all sources of job search assistance, the managers told us that some clients found jobs without the help of hired job developers. In these instances, job development services may have been obtained at no cost to the demonstration, from programs such as the Job Training Partnership Act, or the State Employment Services. Sometimes the Project NetWork case managers worked with their clients individually and performed the placement assistance on their own. For example, several of the case managers in Phoenix/Las Vegas had previously been job developers and enjoyed serving that role for their clients. Finally, some clients found their own jobs, through personal contacts, classified advertisements, or previous employers.

Other Services

Some clients needed specialized services to address their needs. While these services were not always directly employ-

ment-related, they did help clients become functional enough to work, or accommodated their disabilities so that they could work. Overall, Project NetWork purchased these specialized services for 10 percent of all clients (see table 3). Very few clients in the SSA Case Manager Model received such services (2 percent), while a larger percentage of clients in the other models received them (11 percent in the Private Contractor Model 2, 15 percent in the VR Outstationing Model, and 10 percent in the SSA Referral Manager Model).

Assistive devices were purchased for 5 percent of all clients, and medical or psychological treatments were purchased for 2 percent of clients (data not shown for specific types of services). For example, some clients needed help paying for basic medical needs, such as new eye glasses or dental work. These services were not only needed because they improved the client's health, but also because they improved the client's chances of being hired. Environment modifications and interpretation services were also purchased for a few clients. Some case managers purchased computer equipment for clients so that home-bound clients could work from their homes.

No-Cost Services

During their initial training by SSA Central Office staff, the referral managers in the SSA Referral Manager Model were instructed to take full advantage of the "no-cost" services available from public agencies, such as those offered by State VR systems and the local job training agencies. Under these instructions, the referral managers contacted the State VR agencies and other no-cost providers, such as the Division for Blind Services in Tampa and the Panhandle Area Council in Coeur d'Alene (the local Job Training Partnership Act provider), and negotiated for services. All of these organizations agreed to serve Project NetWork clients, and the referral managers routinely sent clients to them. The vast majority of clients who received no cost services were served by the Washington and Florida VR agencies, where they received comprehensive case-management services financed by State VR.[12]

SSA Referral Manager Model clients who were served by State VR received many of the same types of services as other Project NetWork clients. The VR counselor ordered medical, psychological, and vocational assessments if they were needed to determine if a client was eligible for VR services. Clients who were accepted for services could then receive training, rehabilitation counseling, job development and placement services, and other supportive services.

Direct Service Provision

Participating in Project NetWork made clients rethink more than just their ability to work. It also made them consider changes in their appearances, their living situations, and in their financial well-being. The Project NetWork managers helped their clients through this period by counseling them on personal and employment decisions, and by helping them get access to other services. While the program did not set out to address all of these needs, the managers often took the initiative and helped their clients handle many of them.

Exactly how did the managers help their clients directly? The answer to that question depended upon the clients' needs and the managers' personal styles and backgrounds. All of the managers brokered social services for their clients. They referred clients to social service agencies for food stamps, housing vouchers, and Medicaid. They helped their clients fill out the applications for these benefits, as well as applications for financial aid for continuing education. The Project NetWork staff felt that their clients got better access to these

resources because of the advice and advocacy that they provided. Client Profile #4 demonstrates that in some cases despite receiving a variety of services, Project NetWork participants were not successful in their attempts to return to work.

Case managers who had previous rehabilitation experience sometimes assessed their clients' vocational goals and abilities (as discussed earlier), rather than turning to outside evaluators. Some case managers also helped a few of their clients find jobs without working through job placement vendors.

Some of the managers went even further to help their clients. Managers sometimes went shopping with a client (rather than just issuing a purchase order to the store) to ensure that he or she purchased clothing that was suitable for work. Or a manager might help a client with mental retardation learn the bus route between her home and a new job. Managers who had little or no prior rehabilitation experience were more likely than experienced managers to help clients with these more personal needs. But regardless of the managers' styles and professional backgrounds, all of them reported that they helped their clients solve problems and make decisions. Client Profile #5 shows how extensively some managers helped their clients change their lives.

Conclusions and Summary

Preceding sections described the implementation and operation of Project NetWork by focusing on issues of operational feasibility and the differences and similarities among the different service provision models. We can now use this information to address the final policy implementation questions posed at the beginning of the article: Is increased participation in VR by SSA beneficiaries a viable policy option from an operational standpoint? And does organizational type and service intensity matter? In brief, the answers to these questions are "yes" and "maybe not."

Is Increased Participation Feasible?

The main finding in the Project NetWork process analysis is that all of the demonstration models were able to provide rehabilitation and employment services to their clients on a substantial scale. Thus, despite differences in the ways that the sites were organized, staffed, and managed, all but one of the sites was able to meet its recruitment goals. And, once brought into the project, most clients completed assessment and reemployment planning and received some employment-related services in all models. Moreover, the groups passing each milestone in this process were about as diverse in their characteristics as those initially recruited, which is to say quite diverse.

Thus, *Project NetWork succeeded in its main operational goal: to open the rehabilitation process to the full spectrum of people with severe disabilities and to serve most of the types of individuals who respond to that opportunity.* If nothing else, the demonstration showed that making this sort of effort on a large scale, and then actually providing services to a broad population, is feasible.

Do Organizational Type and Intensity Matter?

In addition to this broad lesson on operational feasibility, the Project NetWork process study provided a second, perhaps more surprising result: *broad-based, return-to-work efforts can be implemented on a large scale through a variety of institutional arrangements.* While the details differ, the three types of organizations asked to implement case management in the demonstration succeeded on approximately the same scale while recruiting and working with very comparable popula-

Dennis[1] was one client who needed much more than rehabilitation and employment services to reintegrate in society. He was a 40-year-old DI beneficiary who had been homeless for 2 years. Dennis' primary disability was Aortic Regurgitation, a heart malady, but he also suffered from depression and dizziness (from a past head trauma). He functioned in the borderline mental retardation range and was a recovering alcoholic. Despite Dennis' multiple disabilities and his general separation from society, his case manager Lisa[1] felt that with a lot of attention and services, he could be rehabilitated.

First Project NetWork helped Dennis attend to some basic needs. Lisa helped Dennis get food stamps and Medicaid; she helped him find housing through a housing service; she arranged for heart, eye, and dental exams; and she even helped him pick out eyeglass frames. Dennis was prone to angry (almost violent) outbursts. In order to help stop these outbursts, Lisa referred Dennis to a behavior management group.

Dennis had a very distinct career goal: to be a truck driver. Although he needed several types of services prior to beginning his job search, Lisa thought this was an attainable goal. Dennis was self-motivated: he enrolled in a GED course to meet the academic requirements of his intended vocation, and he picked up literature on obtaining a certified drivers license from the Department of Motor Vehicles.

Shortly after Dennis joined Project NetWork, and some basic evaluations had been completed, Lisa arranged for him to begin working with John,[1] a job developer. Over the next several months, Dennis and John began discussing some possible, more immediate employment opportunities and proper interviewing

techniques. After 1 month, Dennis had his first interview with a metal salvage company. Although he was originally excited about the opportunity, the interview went very poorly. Dennis was outraged by what he called "that dirty job," and even said so to the employer. Lisa and John reminded Dennis about how inappropriate that type of behavior was, particularly during an interview. However, 3 weeks later his second interview yielded similar results. Lisa spoke with Dennis about his behavior and asked if he truly wanted to return to work. Dennis stressed to Lisa that he did want to work. Lisa and Dennis decided to try another job placement agency and John's services were discontinued.

Lisa and Dennis then met with Larry[1] (a new job developer) to discuss possible job leads. Larry contacted past employers and within a few weeks, Dennis returned to work with a former employer as an auto parts delivery person. To ensure the position, Project NetWork agreed to pay 50 percent of Dennis' wages for the first month as a trial employment period.

Once Dennis had returned to work and started getting his life back in order, he asked Lisa to help him move out of the inner city. Lisa set up a PASS program so that he could obtain a car and move into the surrounding county, which he subsequently did. At the end of Project NetWork operations, Dennis' case was closed as a successful rehabilitation. Dennis was successful not only regarding employment, but he had also (with Lisa's help) reestablished himself in the community. He found housing, obtained an education, took care of health-related issues, and learned how to better cope with society.

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[1] Not his/her real name.

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tions. Experienced VR organizations, both public (the VR Outstationing Model) and private (the Private Contractor Model), got roughly the same results as newly created in-house organs of SSA (the SSA Case Manager Model), at least in terms of the number and type of clients recruited and served and the percentage of clients brought to each step of the return-to-work process.

Sharper differences emerged when the intensity of services was varied rather than the organizational arrangement. The SSA Referral Manager Model obtained similar outreach and intake goals as the three case-management models, but produced qualitatively and quantitatively different results at the assessment and planning stages (less assessment and more sketchy planning) while relying substantially less on purchased employment services. These patterns do not so much point to deviations from a desired norm as affirm yet again the opera-

tional success of the demonstration generally, since all of the differences noted are consistent with the distinctive design of the referral management approach. Thus, while tried in only a single setting (in-house at SSA), the referral manager approach also appears to have met its operational goals and expectations.

Beyond these findings, the success of the intervention—both collectively and for the individual service models—will only be determined by longer-run events. Ultimately, the value of expanding the return-to-work services available to SSA beneficiaries depends on the costs and benefits of the effort. These will be addressed by the evaluation's impact and benefit-cost analyses, which have yet to be conducted.

Summary of Key Findings

For now, the process study has established a picture of intake and service delivery in the demonstration that will be

essential to keep in mind when viewing later long-term results. That picture has the following key features.

First, we now know that some people who receive DI and SSI disability benefits are interested in the possibility of becoming employed, and that all four treatment models can succeed in recruiting these potential participants. A total of 8,248 people across the eight sites volunteered for the program (approximately 5 percent of those who were solicited), after getting a letter in the mail or a quick description of the project during an SSI application meeting. Among the recruitment methods that were used, the quarterly mailings contributed the greatest number of people (60 percent of all volunteers). However, this method could have been improved by sending out letters at a more even pace (for example, on a monthly basis).

Several of the other recruitment methods were observed to have had limited success. For example, few participants were recruited from followup mailings to targeted beneficiaries. Also, the attempts to solicit new SSI applicants in the SSA claims office produced mixed results. Other options, such as outreach mailings following benefit award should be considered for this important group.

Once clients were assigned to the treatment group, the managers obtained diagnostic assessments of their medical and psychological conditions. Substantial delays were encountered in obtaining diagnostic assessments. For example, it sometimes took as long as 90 days to obtain the results of some vocational assessments due to overload faced by local vocational assessment vendors. Delays in obtaining assessment information pushed back the development of the IEP and provision of rehabilitation services. Case managers reported that some clients lost interest in Project NetWork during this waiting period.

Most of these assessments were obtained from treating sources, rather than purchasing new assessments. This practice had two positive outcomes: it saved demonstration resources, and the treating sources typically provided a more detailed and sensitive assessment of a client's condition and abilities than could a new provider. However, the managers sometimes waited a long time for these assessments, which sometimes caused clients to lose interest in the program and delayed the subsequent steps in the case-management process, beyond what was envisioned in the design of the demonstration. In light of this risk, it might have been better if managers had determined up front if relying on existing information would take too long, and instead purchased new medical and psychological evaluations in some cases.

It could also take a long time to obtain vocational assessments. Vendors sometimes had long waiting lists that could cause a manager to wait up to 90 days before receiving an assessment report on a client. Some of the case managers avoided these delays by performing vocational assessments themselves. Case managers who had previous training or experience were more likely to do this. Many reported that it helped them to get to know their clients' needs better and establish a rapport with them. The referral managers in the

SSA Referral Manager Model did not have the training or background needed to perform vocational evaluations, and were dependent upon other professionals to do them and make recommendations.

Overall, 60 percent of all treatment group members reached the next step in the return-to-work process, which was the development of an IEP (in the case-management models), or an IRP (in the referral-management model). On average, the length of time to complete an IEP was longer in the case-management models than in the referral-management model. The average number of days from random assignment to IEP completion ranged from 76 to 138 in the case-management sites, while the average number of days in the referral-management model was 20 in one site and 60 in the other. This difference is consistent with the demonstration design, which calls for a more intensive IEP development process than the IRP process. The managers in all of the sites reported that they would have liked more training on developing these plans.

After the manager and the client completed the IEP/IRP, the client was eligible to receive rehabilitation and employment services. These services could be purchased from outside providers, acquired from other outside providers at no cost to the program, or provided directly by the managers. In the SSA Referral Manager Model, referral managers were encouraged to obtain no-cost services whenever possible. Clients in Spokane were more likely than those in Tampa to receive no-cost services, due to differences in the availability of services from those States' VR agencies.

Overall, 45 percent of all treatment clients received purchased rehabilitation services. This percentage varied significantly among sites, suggesting that the managers used substantially different approaches to serve their clients, even within the models. Job development and placement services were purchased most frequently: 30 percent of all treatment clients received these services. Future analyses will estimate the impact of these services on employment, earnings, well-being, and the receipt of disability benefits, and consider their costs alongside their benefits.[13]

Notes

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Notes

[1]Kalman Rupp, Stephen Bell, and Leo McManus, "Design of the Project NetWork Return-to-Work Experiment for Persons with Disabilities," *Social Security Bulletin*, Vol. 57, No. 2 (Summer), pp. 3-19.

[2]Michelle Wood, Valerie Leiter, Debra McInnis, and Stephen Bell, "Case Management at Work for SSA Disability Beneficiaries: Process and In-Program Results of the Project NetWork Return-to-Work Demonstration," a report conducted for SSA. Abt Associates Inc., September 1996.

[3]Demographic data were collected on all treatment and control group members, as well as on project nonparticipants who attended an initial interview with a case manager but subsequently decided not to volunteer. All other MIS data were collected for treatment group members only.

[4]For the remainder of this article, the term "manager" will be used when we discuss case managers and referral managers simultaneously. The terms "case manager" and "referral manager" will be used when the two groups are discussed separately.

[5]We estimate from preliminary data that the overall participation rate among those solicited was approximately 5 percent. A final participation rate, based on complete administrative records, will be presented in a forthcoming evaluation report on demonstration participation.

[6]The share of participants from this source varied from site to site, ranging from 47 percent in New Hampshire to 70 percent in Tampa, Florida.

[7]A special work-incentive waiver guaranteed this result, for both treatment and control group members.

[8]Backlogs were especially a problem in the Phoenix/Las Vegas, Minneapolis, New Hampshire, and Spokane sites. In peak periods, the backlogs reached 450 to 500 postcards in Phoenix/Las Vegas and Minneapolis, but were smaller in the other sites.

[9]The share of participants from this source varied considerably from site to site, ranging from 11 percent in Tampa to 29 percent in Spokane. In addition to the differences in procedure described below, this variation may be due to differing levels of interest within subpopulations of applicants.

[10]The waivers increased the incentive to work by preventing the suspension or termination of disability benefits for all participants for at least 1 year of program participation. To ensure that the only difference between the treatment and control groups would be the receipt of Project NetWork services, SSA and ASPE decided to provide program waivers to both groups. The effect of these waiver provisions will be assessed in a future evaluation report.

[11]Paul Decker and Craig Thornton, *The Long-Term Effects of the Transitional Employment Training Demonstration,* Princeton, N.J.: Mathematica Policy Research. TETD served a much narrower segment of the disability population than Project NetWork: SSI recipients between the ages of 18 and 40 with a diagnosis of mental retardation. The demonstration provided employment-related services in an effort to increase economic and social self-sufficiency among the target population. Like Project NetWork, the demonstration was strictly voluntary and approximately 5 percent of the eligible population volunteered for enrollment.

[12]Data are not yet available on the receipt of nonpurchased services.

[13]Two future evaluation reports will provide further information on the Project NetWork demonstration. A report on demonstration participation will explore the decision to participate in the demonstration and will provide data on the results of intake including the number recruited, number volunteering, and participation rates by subgroup. This report will analyze data from the baseline survey and SSA administrative records. The final evaluation report will present the impacts of the demonstration on employment, earnings, and other outcomes, as well as a benefit-cost analysis. It will also present an analysis of the effects of waivers offered to demonstration volunteers to increase the incentive to work by preventing disability suspension or termination for all participants for at least one year during participation in the demonstration.

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