



United States Department of Agriculture

*Evaluation of SNAP Employment and Training Pilots:
Fiscal Year 2018 Annual Report to Congress*

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I. BACKGROUND

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

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

A. Pilot projects

In March 2015, through a competitive solicitation, USDA awarded grants ranging from \$8.9 million to \$22.3 million to pilot projects in 10 States: California, Delaware, Georgia, Illinois, Kansas, Kentucky, Mississippi, Vermont, Virginia, and Washington. The pilot projects offered a range of services, as directed by the legislative mandate for these pilots. Pilot strategies included lighter-touch approaches (such as resume and cover letter writing, interviewing and communication skills, and job search strategies), as well as enhanced and more intensive services that connected participants with in-demand and emerging industries, using strategies that are being tested for the first time among SNAP E&T participants. These include career assessment, certified occupational skills training at community colleges and other institutions, and work-based learning opportunities, such as work experience or on-the-job training. In most of the States, grantees created new partnerships between State agencies that administer SNAP and other entities, including workforce development agencies, employers, community colleges, and community-based organizations.

SNAP participants enrolled in the pilot projects include treatment group members who were offered an enhanced set of services under the pilot project and control group members who were offered services currently available through traditional SNAP E&T or other workforce development programs in the community.

Grantees began enrolling SNAP participants into the pilot projects in early 2016. Some grantees completed enrollment in 2017 and all grantees completed it by September 2018. Grantees provided services to enrolled participants until late 2018, and a few continue to provide services into early 2019.

B. The evaluation

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

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

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

II. PILOT PROJECT OVERVIEW

The 10 SNAP E&T pilot projects were selected to represent and serve diverse service areas and target populations with innovative E&T services (Table 1). Pilot projects varied in the geography of the service areas in which they operated and covered both urban and rural communities. The service area varied across pilot projects, with some operating statewide and others operating in select areas of a State, such as counties, community college districts, or local workforce investment areas (LWIAs). Each pilot project set an enrollment goal that ranged from 3,000 to 5,400 participants.

All pilot projects targeted work registrants¹ who are unemployed or underemployed, but most targeted subsets of this population. Some projects, like Georgia and Mississippi, focused on able-bodied adults without dependents (ABAWDs). ABAWDs are 18- to 49-year-old adults who are not disabled and do not have dependents. Other projects focused on groups with significant barriers to employment. For example, Virginia served work registrants, including those who are noncustodial parents who owe child support. Vermont served work registrants who are homeless, ex-offenders, or dealing with substance abuse issues. Similarly, Washington served work registrants whose barriers include homelessness and long-term unemployment.

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

The services available to the treatment group varied across pilot projects. Treatment services available through many pilot projects included (1) a comprehensive skills and/or clinical assessment that ascertained participants' work readiness, skills, and barriers to employment; (2) case-management services that developed and supported a detailed individualized work and barrier-reduction plan for the pilot participant; and (3) support services, such as transportation and training materials (for example, books or tools) that supported participants' involvement in activities designed to reduce barriers to employment. The pilot projects included a range of E&T activities, such as job readiness training, basic education, occupational training, and subsidized employment. Under current statutes, regular SNAP E&T programs cannot currently fund some of the pilot activities and services, such as subsidized employment, drug and alcohol counseling, and mental health counseling.

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

Table 1. Overview of pilot projects

Grantee	Target population	Pilot location	Urban/ rural	Type of State E&T program	Enrolled in pilot ^a
California	Work registrants	9 locations in Fresno county	Urban and rural	Voluntary	3,930
Delaware	New work registrants who are unemployed or underemployed and are low-skilled and/or have limited work experience	Statewide	Urban and rural	Voluntary	6,814
Georgia	Originally ABAWDs (ages 18–49) who have been unemployed for at least 12 months but broadened to all ABAWDs in FY 2016	9 counties in or near the Atlanta and Savannah metropolitan areas ^b	Urban and rural	Mandatory	5,000
Illinois	Work registrants who are unemployed or underemployed with low skills or limited work experience, and those working 20 or more hours per week but needing skill upgrades	33 counties across the State (seven LWIAs)	Urban and rural	Mandatory in 15 counties; voluntary in 18 counties ^c	5,038
Kansas	Work registrants	35 counties organized into 4 regions	Urban and rural	Voluntary	4,170
Kentucky	Work registrants	8 counties in Eastern Kentucky	Rural	Voluntary	3,206
Mississippi	New and existing ABAWDs	5 community college districts	Urban and rural	Mandatory	3,051
Vermont	Work registrants with barriers such as homelessness, connections to the correctional system, and substance abuse	Statewide	Rural	Voluntary	3,031
Virginia	Work registrants, including ABAWDs and noncustodial parents	24 localities in the Tidewater, south central, and far southwest areas of Virginia	Urban and rural	Voluntary	5,027
Washington	New work registrants with significant barriers to employment: long-term unemployed, homeless, limited English proficiency, veterans, and noncustodial parents with delinquent payment history	4 counties (King, Pierce, Spokane, and Yakima)	Urban and rural	Voluntary	5,092

^a The number enrolled in the pilot represents the sum of the treatment and control groups and, for most grantees, is evenly split between the two groups.

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

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

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

III. PILOT PROJECT PROGRESS AND CHALLENGES

Fiscal year (FY) 2018 was the last full year of services for all pilot projects. Most pilot projects ended services in December 2018, with a few extending into early 2019. In the fall of 2018, most pilot projects were ramping down and developing pilot closeout plans, including identifying the SNAP E&T services that pilot participants can receive after the pilot ends. Both treatment and control group members are able to participate in SNAP E&T services after the pilot project ended, but to ensure the evaluation is able to analyze long-term impacts, participants generally may not receive more comprehensive services than were available to them during the pilot project for 36 months after their date of random assignment.

During FY 2018, pilot projects had many accomplishments but also continued to encounter challenges. The following is a cross-pilot summary of the key common accomplishments and challenges reported by the pilot project staff.

Summary of accomplishments and challenges

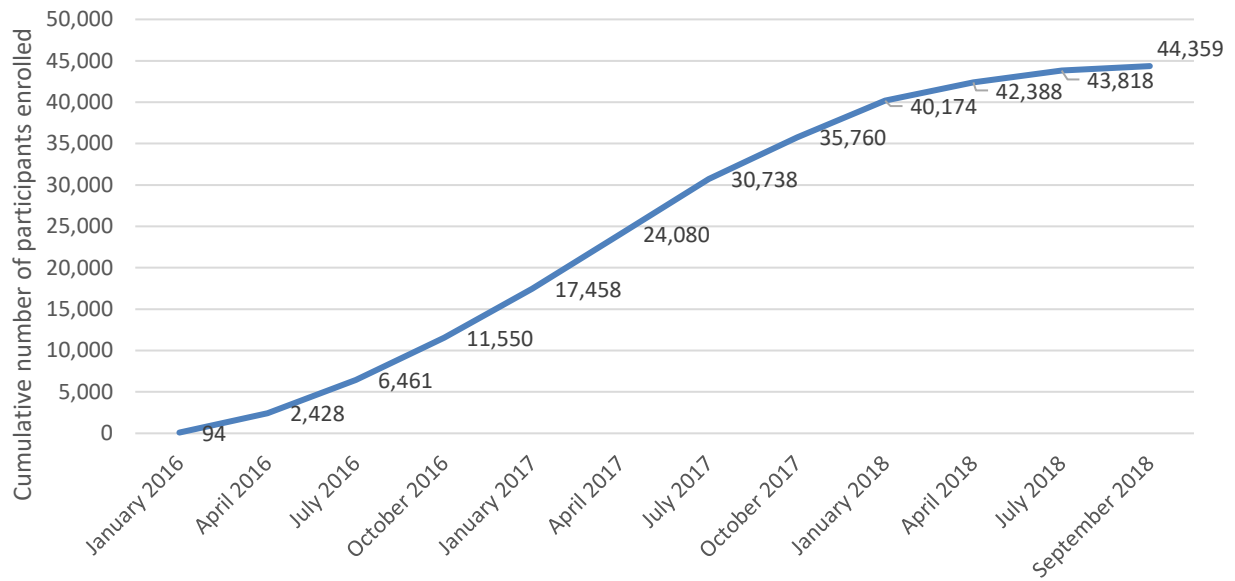
The pilot projects resolved many of the challenges from the previous year and had successes in several areas. The accomplishments included completing pilot enrollment, implementing participant reengagement strategies, and expanding services or supports. However, most pilot projects continued to face challenges, including staff turnover, providers leaving the pilot project, high exit rates among participants before completing services, and low service take-up for more advanced services.

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

Completing pilot enrollment. Two pilot projects completed enrollment in FY 2017, and the remaining eight completed it in FY 2018. Pilot projects that had experienced enrollment challenges showed improvement in the past year. A total of 44,359 people were enrolled into the pilot projects, with about half of pilot participants randomly assigned to a treatment group and half assigned to a control group. Enrollment across all pilot projects increased steadily each month, increasing by an average of 1,200 participants per month in FY 2016, by an average of 2,000 participants per month in FY 2017, and by an average of 850 participants per month in FY 2018 (Figure 1). (The average monthly enrollment in FY 2018 decreased because the number of pilot projects enrolling throughout the year decreased—two did not enroll at all in FY 2018 and four others completed enrollment by early 2018.) Grantees generally had strong enrollment, with all grantees enrolling more participants per month in FY 2017 than in FY 2016, after refining and improving recruitment and enrollment strategies based on their early pilot project experiences (Figure 2). Many grantees slowed enrollment in 2018 as they approached their target enrollment levels.

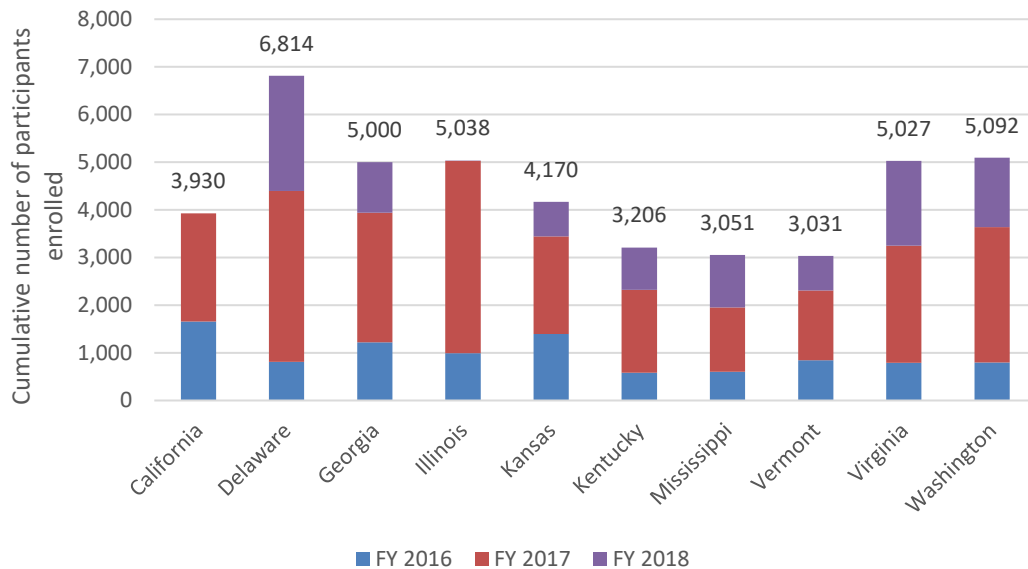
The majority of grantees met their enrollment targets, which ranged from about 3,000 to 5,400 (Table 2). Across all pilot projects, grantees enrolled 98 percent of their target enrollment (ranging from 62 to 129 percent for individual pilot projects). Differences in enrollment across grantees reflect different target pilot sizes, recruitment strategies, and pilot-specific challenges.

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



Note: Enrollment counts through September 15, 2018. Counts include treatment and control group members who began participating in pilot services but did not complete all offered pilot services as well as those who enrolled but never participated in any pilot services. The counts also include participants who enrolled in the pilot project and continue to participate as well as those who enrolled in the pilot project and subsequently chose to revoke their consent to participate in the evaluation. Only a very small number (130 participants, or 0.3 percent) revoked consent.

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



Note: Enrollment counts through September 15, 2018. Differences in enrollment across grantees reflect different target pilot sizes and pilot start dates, in addition to recruitment strategies. Enrollment ended in California and Illinois in 2017 and in Delaware, Georgia, Kansas, Kentucky, Mississippi, Vermont, Virginia, and Washington in 2018.

Table 2. Pilot project enrollment

Grantee	Enrollment start date	Enrollment end date	Actual enrollment (participants)	Target enrollment (participants)	Percentage of enrollment target met
California	January 2016	July 2017	3,930	3,600	109
Delaware	February 2016	August 2018	6,814	5,292	129
Georgia	February 2016	March 2018	5,000	5,000	100
Illinois	March 2016	September 2017	5,038	5,000	101
Kansas	January 2016	January 2018	4,170	3,890	107
Kentucky	April 2016	August 2018	3,206	4,000	80
Mississippi	March 2016	September 2018	3,051	4,950	62
Vermont	March 2016	March 2018	3,031	3,000	101
Virginia	March 2016	June 2018	5,027	5,386	93
Washington	February 2016	March 2018	5,092	5,088 ^a	100
All grantees			44,359	45,206	98

^a Washington revised its target pilot size from 14,000 to 5,088 in FY 2017.

Note: The actual enrollment and target enrollment include both treatment and control group members.

Implementing participant reengagement strategies. After enrollment ended, pilot staff shifted their focus to reengaging treatment group participants who did not initially engage in services or left the pilot project before completing services. Most of the pilot projects developed lists of disengaged participants who were still eligible for the pilot project and circulated them to staff for outreach. Staff called, texted, emailed, or mailed information to the participants encouraging them to reengage in services and discussing any new services or supports available since the participants left the pilot project. Some pilot projects like California and Delaware also conducted home visits to encourage participants to engage in services. In reengagement materials, Kansas and Kentucky included descriptions or links to videos of pilot “success stories” in the words of participants, in the hope that seeing how similar people in their own community found success through the pilot project would move people to reengage in services to meet their own goals. In weekly emails, Virginia sent job leads to disengaged participants to show the types of jobs that were available in the area and to incentivize the importance of coming back to complete training and having the skills to obtain these types of jobs. In Washington, many of those who disengaged were homeless, so staff focused their reengagement efforts at local homeless shelters to reach their participants and offered to pay for cell phone minutes in an effort to reengage those participants who had difficulty staying in communication with pilot staff.

Expanding services or supports. Over the past year, some of the pilot projects added new services or supports to better serve participants. California developed new workshops for those who wanted to become self-employed and provided new education tools for General Education Diploma (GED) and English as a Second Language (ESL) students. Delaware added several new construction and culinary courses to its tracks that were shorter and provided certification more quickly. Kansas developed new life skills workshops and expanded its offering of training programs to meet the needs of the participants and the community, including welding, industrial painting, and forklift operation. In addition, Delaware, Kentucky, and Washington expanded the types or amounts of support services available to participants. For example, Delaware began offering housing vouchers to participants who could not find stable housing. Delaware and

Kentucky offered vehicle repairs as a new support service, and Washington offered to pay for cell phone minutes for those participants with pay-as-you-go cell phones.

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

Staff turnover. Several pilot projects continued to experience substantial staff turnover, particularly as the pilot projects began to ramp down. Several pilot locations lost frontline staff, making it difficult to consistently provide services in certain locations. Some of the grantees also lost key management staff involved in developing and administering the pilot project. As the pilot projects entered their final months of operations, pilot managers saw that the staff hired for the pilot sought long-term employment elsewhere and left at high rates. Although the caseloads also fell and the same level of staff were not needed through the end of the pilot project, some locations still struggled with keeping pilot management staff and enough frontline staff across locations to fully serve the remaining participants.

Providers leaving the pilot. A few of the pilot projects unexpectedly lost key service providers before the end of the pilot, which limited the grantee's ability to provide required services. Illinois and Washington both lost a provider in one location serving some of the largest populations in their pilot projects. Although both States made referrals to other providers, many participants did not transition to new providers and were not able to receive the same set of services previously available to them. In Vermont, the community college, which served the entire State, stopped providing job readiness classes for pilot participants about six months early due to challenges with low referrals and keeping participants engaged in the classes.

High exit rates before completion. Many participants exited the pilot project before they completed it. To exit the pilot project means the participant stops receiving services; this could be due to many factors, including completing the program, dropping out because of lack of interest or personal issues, or loss of eligibility to participate in the pilot project (such as losing SNAP benefit eligibility or becoming noncompliant with program or work policies). Participants were able to reengage with the pilot project at a later point, so exit was not necessarily permanent.

The exit rates in the mandatory programs tended to be much higher than in the voluntary programs, mostly due to case closures for noncompliance. In States with mandatory SNAP E&T programs, there is a small window of time to comply with requirements before being sanctioned. Those who did not comply and did not have good cause were disqualified from SNAP, resulting in a reduction of SNAP benefits or closure of their SNAP case. In these cases, their participation in pilot services ended until they served their penalty period (which varied from one to more than six months) and resolved the issue that caused the case closure. This may have resulted in high exit rates. For example, one of the mandatory pilot projects with a very short time frame for compliance has seen more than 75 percent of participants exit the pilot project, many due to disqualification for noncompliance.

However, even in the voluntary programs, pilot staff had challenges keeping participants engaged in the pilot project and experienced high pilot exit rates. Several factors across both mandatory and voluntary projects may have made it difficult for individuals to progress from

initial engagement activities to training or work-based learning and possibly exit a pilot project. These include the following:

- **Moving between providers.** In several pilot projects, the staff enrolling participants were not the same staff providing services and might not even have been in the same location. Participants often traveled to a new location and met with different staff to receive services, generally at community colleges, American Job Centers, or community-based organizations. These pilot projects often experienced a drop in engagement among participants between enrollment and provision of services.
- **Providing support services before participants can enter training or employment.** Most pilot projects offered extensive support services to reduce barriers before entering training or employment. Where this upfront process is long, some participants became frustrated and left the program before entering training or employment.
- **Delay in starting cohort-based training.** Pilot projects that offered training based on cohorts, in which a certain number of participants had to be recruited before a class could begin, slowed entry into training. Participants could receive other services while they waited, but if they were not interested in these services, they might have left the program before classes begin.
- **Needing immediate employment.** Many participants came to the providers looking for an immediate job to meet their needs or, once enrolled in training, they realized they could not stay in training for the period required without a job to pay their bills. Several grantees reported that participants dropped out to accept jobs just to make ends meet before they could benefit from the training and find long-term, stable employment.

Low service take-up rates for training or work-based learning opportunities. Although participation rates in training or work-based learning opportunities improved over the past year, they remained lower than anticipated for most of the pilot projects, with less than 40 percent of participants engaged in these activities on average. A few pilot projects engaged more participants in services: more than 65 percent of Illinois participants started an education, training, or work-based learning service, more than 50 percent of participants in Kentucky started a training or work-based learning services, and over 40 percent of participants in Virginia completed at least one vocational training class. Although these numbers are lower than many grantees expected, there are several reasons for low take-up rates, including a shortage of work-based learning slots, prerequisite requirements (such as a lengthy job preparation course), and transportation. Transportation was a major barrier even though all pilot projects provided some level of transportation assistance. Lack of transportation availability in many rural sites was a challenge that limited participants' ability to consistently get to training or employment. Participants often dropped out because there was no public transportation in the area and they did not have a reliable (or any) car.

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IV. PILOT PROJECT SUMMARIES

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

A. California (Fresno)

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

- Work readiness and barriers assessment
- Case management
- Support service payments and referrals
- Four job club workshops that focused on resume and cover letter writing, interviewing skills, and job search strategies
- Working with employer liaisons to develop employment preparation skills—referred to as soft skills—in interviewing, communication and teamwork, and work habits and self-discipline
- Subsidized employment and nonsubsidized employment referrals
- Vocational training programs
- Education programs, including high school equivalency (HSE) preparation and testing
- Financial incentives for enrollment and participation

1. FY 2018 accomplishments and challenges

Modified policies and increased engagement in subsidized employment. Fresno County DSS and RAB made several changes to the design of the subsidized employment component of their pilot project to increase interest among employers and engagement of participants. Fresno increased the employer subsidy to match the subsidy provided by the Temporary Assistance for Needy Families (TANF) program, CalWORKs. It also reduced the length of time and number of steps for participants to complete the subsidized employment matching process, hired additional staff to work with participants, and trained staff to take a more active role in placing participants.

Enhanced pilot services and staffing. Fresno added some staff and several tools to better serve participants. RAB hosted small business and self-employment workshops, provided GED

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

software to enhance the GED coursework, and offered Rosetta Stone software to help English language learners increase their language skills.

Low placement in subsidized employment. Although the changes Fresno made to the subsidized employment component increased placements, it still did not reach the goals it initially set for the number of subsidized employment placements, which was to place 50 percent of the treatment group in subsidized employment. In addition, RAB found it more difficult to place participants in subsidized employment, because employers did not receive the full length of the subsidy (nine months) for new participants in the last few months of the pilot project. Fresno closely monitored placements and made adjustments to the process as needed, but ultimately, it was not able to meet its original goal.

High turnover among provider staff. Staff turnover was a challenge for RAB. RAB lost several staff over the past year and had difficulty replacing staff in rural areas. As the pilot project winds down, RAB saw an increase in staff leaving due to the uncertainty of employment after the pilot end date. This continued through the end of the project. The staff turnover created additional burden for management to hire and retrain new staff and limited service provision to participants.

2. Post-service plans

Services in Fresno ended on December 31, 2018. Fresno is tracking the treatment and control group members after the end of the pilot to preserve the evaluation design and the evaluation's ability to detect longer-term impacts on participant outcomes. The post-pilot services are not yet defined as the regular SNAP E&T services in Fresno also ended at the end of 2018 and Fresno County is in the process of defining their new services and providers.

B. Delaware

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

Project WONDER provided the following services to participants:

- Comprehensive assessments consisting of a core life functioning assessment that identified participants' social support networks, an assessment that tested basic skills, and a personality assessment that helped identify their preferences and talents
- Case management
- Support services, including child care and transportation payments
- Financial literacy and coaching and HSE and diploma programs
- Four program tracks depending on the proposed occupation:

- (1) Construction trade pre-apprenticeship: Participants received four weeks of classroom and hands-on construction training, and received a national certification. Job placement or apprenticeship placement assistance was provided to those who graduated from the course.
- (2) Culinary arts training: Placement in a 39-week training program provided by a certified trade school. Paid internships, life skills training, and post-graduation services were available.
- (3) Manufacturing certificate program and placement: Placement in a 90-day full-time entry-level position at KraftHeinz Foods after completing a self-directed or structured classroom certificate program at a community college.
- (4) Traditional, broad-spectrum job placement: Job placement services, including basic education instruction and soft skills training.

1. FY 2018 accomplishments and challenges

Exceeded enrollment target. Delaware met its enrollment target in January 2018; however, staff decided to continue enrolling participants through August 2018 to provide a pipeline of new participants for provider courses through the end of 2018. Delaware enrolled more than 1,500 additional participants between January and August.

Increased enrollment in the manufacturing track. In November 2017, Delaware added a new training provider that created a two-week structured course for the manufacturing track. More than 30 participants completed the certification and were hired by KraftHeinz in a six- to seven-month period. (Fewer than 10 participants were hired in the prior two years due to extensive delays in background checks during the first year and a self-directed, difficult curriculum that was more intensive than needed by the employer).

Added new services and supports. Delaware added new courses to its construction and culinary tracks, providing more opportunities to participants. The new courses included certifications in flagging on construction sites, operating a forklift, and operating cranes and riggings, as well as two new construction training courses and two hospitality courses. Delaware also began offering payments to repair vehicles and for housing vouchers.

The manufacturing track is not accepting new participants. Due to some restructuring and a hiring freeze, KraftHeinz stopped accepting new participants for subsidized employment in May 2018. Although it estimated positions opening in July, no additional participants were accepted.

2. Post-service plans

Delaware ended services on December 31, 2018. DSS staff are currently discussing which Project WONDER services will be incorporated into their regular SNAP E&T program and the staffing levels needed for the regular program. As Delaware closed out the pilot project, it made plans to track the treatment and control group members and provide appropriate services. The treatment and control groups are eligible for regular SNAP E&T services, and only the treatment group is eligible for any WONDER-like services that are incorporated into the regular program.

C. Georgia

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

SNAP Works 2.0 provided the following services to participants:

- In-depth assessment of participants' skills and career interests
- Coordinated case management across DFCS, GDOL, and the LWIAs
- Individual and supported job search using an online tool with real-time access to labor-market demand
- Access to training and education services through the LWIAs
- Occupational classroom training and on-the-job training
- Adult education and remediation, including HSE preparation and testing
- Coordinated referrals to partner agencies for those in need of services to mitigate employment barriers

1. FY 2018 accomplishments and challenges

Developed new recruitment processes. In late 2017, Georgia developed and refined new procedures for identifying and recruiting eligible ABAWDs. For example, it implemented same-day referral of new or recertifying ABAWDs from eligibility workers to SNAP Works staff for confirmation of eligibility and assessment of interest in the SNAP Works 2.0 pilot project. This helped Georgia meet its enrollment targets.

Refined service flows to increase participation. Engagement in services continued to be low in the pilot project, particularly for education and vocational skills training services. The pilot staff made changes to the service flow to assess participants' interest in education or training services earlier, while participants still were in job skills and job search training services. Also, staff worked to deepen partnerships with other agencies, including joining one another's orientation sessions with participants to promote services in which participants could later engage.

Encountered difficulties identifying eligible ABAWDs. In the second half of 2017, County DFCS staff lost the ability to systematically identify ABAWDs after transitioning to a new statewide SNAP eligibility system. Study enrollment performance decreased significantly for several months as a result while staff developed new procedures to manually identify and recruit ABAWDs. This was labor intensive and delayed the enrollment process.

Experienced difficulties reengaging participants. Pilot staff found it difficult to reengage participants who left the program before completing services. Many participants indicated they

were not interested in program services and chose not to reengage. Staff have tried to recast program services as tailored to participants' current circumstances and encouraged them to "pick up where they left off," rather than requiring them to repeat sequenced services they previously received.

2. Post-service plans

Pilot services ended on January 31, 2019. The services that Georgia will offer beginning in March 2019 are aligned with the treatment services, and only treatment group individuals will be eligible for these pilot-like services. FNS and the evaluation team are working with Georgia to identify how to effectively accommodate the statewide changes without detrimental effect on the evaluation.

D. Illinois

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

EPIC provides the following services to participants:

- Case management
- Support services for transportation, provision of uniforms and work-related supplies, and connections to dependent care resources
- Job readiness training and career planning assistance
- Instructional basic skills programs
- Training that leads to industry credentials or certificates (6 to 20 weeks, depending on the type of training and the provider)
- Subsidized employment or paid work experience
- Post-placement services

1. FY 2018 accomplishments and challenges

Established and implemented a reengagement process. After completing its study enrollment in September 2017, the grantee focused its attention on reengaging participants who did not complete training or who lost SNAP eligibility but then regained it. DHS and DCEO established an effective process by which to identify individuals who previously lost SNAP

eligibility but later became eligible for SNAP benefits again. If staff are able to reach the individuals, they are scheduled for appointments to reengage in services.

Expanded data collection ability. The grantee started collecting data on the control group's (regular SNAP E&T) activity in its robust database, WorkNet, in addition to collecting data on the treatment group's activity (as it had done previously). DHS has been training regular SNAP E&T providers to use WorkNet, and this change should be fully implemented by October 2018.

Experienced continued challenges sustaining engagement in services and reengaging participants. Despite staff efforts, it has been challenging to sustain participants' engagement once they start training and to reengage participants after they leave the pilot project. Staff noted several reasons for this, including participants' unstable home lives, health issues, and low education levels. The pilot project also is constrained in its reengagement efforts because there are only a few months left in the pilot and finding an appropriate training program for participants to complete before the pilot ends has been challenging.

Encountered issues with service provision in one geographical area. The second largest location pilot project site (Rockford) lost its training provider. The provider closed its business, and Illinois has not found a replacement, leaving participants with no services. The grantee has referred participants to providers of Workforce Innovation and Opportunity Act (WIOA) services in the area, but the services participants receive through these DOL programs are different from those offered under EPIC.

Expended considerable time training staff due to turnover and administrative changes. As staff leave, new staff must be trained, which became a significant effort for the pilot management. Management had to consistently hold both online and in-person trainings for local SNAP offices on processes and policies of the pilot project, as well as on the pilot database. At the same time, the grantee also was transitioning from its legacy SNAP eligibility data system to a new data system, so staff required training in the new data system as well. Finally, providers required more trainings to ensure they were correctly entering data into the systems and using all the functions of the pilot database.

2. Post-service plans

Pilot services will end on February 28, 2019. As the end of the pilot nears, staff are finding it more difficult to reengage participants, as discussed above. Illinois has developed a process for tracking the treatment and control group members after the end of the pilot and providing them with appropriate services, and does not envision any issues with its implementation. After the pilot ends, no new services will be added to the regular SNAP E&T program, and the treatment and control group members will be offered the regular SNAP E&T services currently offered to control group members.

E. Kansas

The Kansas Department of Children and Families (KDCF) administers the Generating Opportunities to Attain Lifelong Success (GOALS) pilot project, which provides job placement assistance, job readiness training classes, and short-term occupational skills training to SNAP participants. The pilot project launched in January 2016 and serves SNAP work registrants in 35

counties, clustered into four general pilot regions: Northeast (serving the region surrounding Topeka), South Central (Wichita metropolitan area), Southeast, and Southwest. The grantee's main partner is the University of Kansas Center for Public Partnerships and Research. KDCF and a variety of institutions and agencies provide services to participants.

GOALS provides the following services to participants:

- Career and skill-level assessments that might include psychological evaluations; substance abuse screening; vocational testing; and assessments of life skills, work attitudes, technical competencies, employment histories, and career interests
- Case management
- Support services for transportation, provision of uniforms and work-related supplies, and connections to mental health and substance use disorder services
- Soft skills and life skills training, postsecondary education preparation, and employment planning
- Short-term occupational skills training
- Subsidized and unsubsidized internships
- Work-based learning
- Job search assistance from dedicated employer liaisons, plus job retention and peer-mentoring services

1. FY 2018 accomplishments and challenges

Exceeded enrollment targets. Kansas completed enrollment on January 25, 2018, with 4,170 study participants, exceeding its target goal of 3,890. The pilot used strategies such as promoting healthy competition between the four regions to exceed their targets each month and, ultimately, the overall sample target.

Expanded services. Over the past year, Kansas expanded its skill-building services to respond to demand by offering more occupational training programs in areas such as forklift use, welding, and sheet metal aeronautics. Building off Kansas' six-week pilot training classes on job readiness, the pilot project also created an in-house rotating workshop series that melds adult basic education, job readiness, and life skills training. In addition, the pilot project's relationships with employers have expanded and strengthened this past year, with more employers engaging in job readiness classes (where, for example, they conduct mock interviews); hiring participants; and attending the pilot project's community partnership meetings.

Established participant reengagement process. After completing study enrollment, the grantee focused on reengaging participants who may have not initially engaged in training or who lost SNAP eligibility but then regained it. The grantee established a reengagement process and used multiple strategies to reach disengaged participants, including through monthly newsletters, postcards using a behavioral economics framework, postcards customized for individual participants, phone calls, and participant success stories. The grantee used the newer service offerings as a motivation for reengaging participants who stopped engaging early in the

program. Kansas also attempted to reengage participants who lost a job or who were working but were ready for advancement.

Experienced challenges in reengaging participants. Despite staff efforts, it has been challenging for pilot staff in some pilot regions to reengage participants, primarily due to the long distances participants sometimes must travel to get to the pilot offices or to the locations of other partner service providers. Other challenges include the many barriers participants often face, such as transportation, mental health, and substance abuse issues. Nonetheless, pilot staff continue to reach out to participants and have even offered additional gas money support for participants to attend training classes.

Implemented changes in service-tracking system caused issues. Kansas recently changed to a new service activity management information system to track participation in and receipt of SNAP E&T services, including pilot services. This required staff to go through new trainings and use new ways to document and track service receipt. These changes caused delays in reengaging participants via letters because of the time needed to transfer information, including participants' addresses, from the old system to the new one.

2. Post-service plans

Kansas will continue offering pilot services through March 31, 2019. Kansas is considering options for retaining some of the pilot services and maintaining many of the partnerships built through GOALS. In particular, KDCF would like to include intensive case management services in its regular SNAP E&T program. Kansas plans to continue providing SNAP E&T services in all four pilot regions; however, KDCF likely will need to reduce the overall number of counties served with SNAP E&T within each region.

After the pilot ends, Kansas will use its management information system to track pilot participants and provide appropriate SNAP E&T services to treatment and control group members. In counties where SNAP E&T will continue to be offered once the pilot ends, both the treatment and control group members will be eligible for regular services. Kansas, however, is considering making some changes to their regular SNAP E&T program, so the nature of these services and whether some services will differ for the treatment and control group members is currently unclear.

F. Kentucky

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

P2P provides the following services to participants:

- Assessment and testing of aptitude and interests

- Coordinated team-based case management
- Supplemental wraparound and support services, including reimbursing transportation and child care, purchasing E&T-related materials, and providing mental health and addiction recovery counseling
- Basic adult education programs
- Education and training through the Kentucky Community and Technical College System, including pathways established by Accelerating Opportunity Kentucky
- Work-based learning opportunities, including internships, work experience, work study, and on-the-job training
- Job placements through members of an Employer Resource Network and other employers
- Coaching while in training or employment settings

1. FY 2018 accomplishments and challenges

Created success stories videos for recruitment. EKCEP worked with seven of the eight pilot counties to develop powerful recruitment videos highlighting the success stories of several participants in their own words. The videos also included staff in each county who work with pilot participants describing the services available through the pilot project. Kentucky posted these videos on YouTube and included links to them in its recruitment and reengagement materials.

Engaged participants in services. Kentucky providers have engaged more than one-third of treatment group participants in training and one-third in a work-based learning opportunity (such as work experience or work-study). Over 40 percent of those that start one of these services completed it.

Launched and grew the Employer Resource Network (ERN). Kentucky launched its ERN with two employers in summer 2017, but in the last year it has expanded to four employers across nine locations. ERN coaches are placed on-site at these employers, and they meet with employees who are having issues that may prevent them from retaining their job. The coach helps make referrals or resolve these barriers. The ERN coaches have met with and assisted hundreds of employees across these locations, which includes helping employees obtain child care, resolve transportation problems, find housing, obtain government benefits, provide financial literacy training, or provide counsel for workplace conflicts.

Experienced challenges recruiting and enrolling participants. The grantee continued to face challenges in meeting its monthly enrollment targets over the past year, and it extended its enrollment period by four months to help meet its goals. Although enrollment increased in the last few months of the enrollment period, Kentucky ultimately fell short of its target. It enrolled 3,206 participants, or 80 percent of its 4,000-participant target.

2. Post-service plans

Kentucky will end pilot services in April 2019 and will be able to use its management information system to track whether pilot participants receive services that continue to support

the efficacy of the evaluation design. Although most of Kentucky had no regular SNAP E&T program prior to or during the pilot, Kentucky is no longer requesting a statewide waiver of the ABAWD time limit from FNS and is requiring that ABAWDs in all non-pilot counties meet their work requirement through work or E&T services. If pilot participants remain in one of the eight pilot counties, they will be exempt from this policy, but if they move to a non-pilot county, they would no longer be exempt, and this may have a detrimental effect on the evaluation. Kentucky is discussing options with FNS to accommodate the evaluation.

G. Mississippi

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

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

- Community colleges provide a four-week EDGE curriculum known as the career assessment program that focuses on the essential skills needed in the workforce
- Case management
- EDGE is followed by voucher-funded pathways based on an individual's career plan. The pathways include academic (HSE or college vocational education), life skills (additional work or behavioral skills), or work (subsidized or unsubsidized employment or internship)
- Support services, including vouchers for transportation, work-related items, and barrier removal

The second treatment group does not participate in EDGE and receives less case management assistance, but they do directly enter the voucher-funded pathways and receive support services.

1. FY 2018 accomplishments and challenges

Increased enrollment efforts that surpassed the 3,000 participant target. Mississippi implemented concrete efforts to increase enrollment over the past year. Most notably, it created the EDGE navigator position in each of the 29 pilot county offices to champion enrollment efforts. In addition, the grantee and its partners recorded two marketing videos for the EDGE program, one that describes the program and one that features participant success stories. The county offices played the videos in their lobbies, and the college staff played the videos during the E&T orientations to encourage participants to enroll in the pilot project. Mississippi also extended its enrollment period by several months. Because of the recruitment efforts, Mississippi had enrolled 3,051 participants by September 2018.

Expanded subsidized employment opportunities. The colleges increased the number of subsidized job opportunities available to pilot participants by recruiting additional employer partners during the past year. The college recruitment efforts included attending local job fairs, meeting with civic organizations, reviewing online job postings, holding open houses for employers, and seeking out additional opportunities with employers who had previously hired pilot participants. From September 2017 to July 2018, the colleges signed agreements with an additional 53 employers, increasing the total to 164 from 111.

Continued to experience transportation barriers. Transportation continued to be a challenge for participants to engage in the pilot project. Although most of the colleges provided some form of transportation to participants—either buses or vans that pick participants up at their homes—challenges remain. In one college area where bus transportation is available, participants must be able to get to the bus stop, which can be 10 to 30 miles away from their homes. In another college area, the transportation provider picks participants up at their homes, but if the participant does not show up for his or her ride more than once, the provider will no longer agree to pick that person up. To help with transportation issues, the college career navigators continue to work with participants to overcome their transportation barriers, including assisting them with gas and car repairs.

Encountered problems following assessment procedures. Mississippi faced a challenge in ensuring all pilot applicants were assessed before they were randomized into the pilot project. Applicants were required to complete an employability assessment before being enrolled into the pilot project to ensure the participants were suitable for college-level work. Through analysis of data conducted in April 2018, the evaluator found that only 47 percent of participants had been assessed. In response to this finding, the grantee issued guidance to remind the counties of the assessment requirement and required the EDGE county navigators to ensure applicants were completing assessments. As of August 2018, the percentage of participants assessed increased to 65 percent.

2. Post-service plans

Mississippi will continue providing pilot services through February 28, 2019. One of the five colleges, MGCCC, did not agree to extend service delivery beyond December 31, 2018. MGCCC began its final EDGE class on May 29, 2018, and the four counties in the MGCCC area stopped enrolling new participants on May 25. MGCCC and the grantee have developed a detailed plan for closeout. The college will work with participants who are still in the pilot project in December to create plans for their education, training, and employment activities after the pilot project ends, including finding unsubsidized employment opportunities and securing financial aid to continue with college courses. The college will conduct exit interviews with both the participants and the county SNAP staff to ensure everyone is aware of each participant's plan. The four other colleges will create similar closeout plans over the next few months.

Mississippi also has developed a plan, including coordination with county staff, to track pilot participants and provide appropriate SNAP E&T services to treatment and control group members. After the pilot ends, the treatment and control group members will be offered regular SNAP E&T services. Mississippi also is developing a new initiative that will be available in some colleges across the State, called Skills to Work. Skills to Work will provide pre-

employment and technical skills training to ABAWDs. Control group members will not be eligible for the new services.

H. Vermont

The Vermont Agency of Human Services administers the Jobs for Independence (JFI) pilot project, which provides a comprehensive set of education and barrier reduction services to SNAP participants. The pilot project launched statewide in March 2016 and served SNAP work registrants with barriers such as homelessness, connections to the correctional system, and substance abuse. Agencies providing services included Vermont's Community Action Agencies, the Vermont Department of Labor, the Vermont Division of Vocational Rehabilitation, and the Community College of Vermont.

JFI provided the following services to participants:

- Comprehensive assessment by clinicians to determine barriers and employment needs
- Coordinated case management
- The Governor's Career Readiness Certificate program (ended June 30, 2018)
- Basic adult education and literacy programs, including HSE preparation and testing
- Progressive employment services targeted to people with limited or no work histories that provided participants options for low-risk training placements in real competitive job settings, including apprenticeships, on-the-job training, work experience, and job shadows. The services were provided sequentially so participants could become progressively involved in a profession.
- WIOA-funded job training
- Support services including financial counseling, housing relocation and stabilization, and addiction recovery

1. FY 2018 accomplishments and challenges

Forged strong local partnerships. The main service provider and partner organizations had dedicated staff who met at least monthly to support pilot participants in case management. During monthly partner meetings, staff discussed active cases and decided on additional services or supports that participants need to progress toward employment. Monthly partner meetings successfully created closer referral networks and provided more continuous case management, especially for challenging cases.

Offered a wide variety of support services. One of the strengths of the pilot services was the ready and unrestricted access to supportive service funding to help mitigate barriers. Other local programs have strict eligibility criteria for support services that screen out the target populations that the pilot project serves. Using pilot funding, staff had more flexibility to meet the needs of participants in removing barriers to employment. The most valuable uses of support services included driver licenses, car repairs, rental assistance, and work clothing and materials.

Experienced low engagement in community college classes. The community college offered four classes focused on soft skills, academic skills, computer skills, and job search skills training. Pilot partner organizations worked together to improve the rates of engagement in these classes, and the community college spent extra resources to plan classes and engage participants. Still, the rate of engagement remained low, around 10 percent of treatment participants, and the rate of credential completion was around 4 percent of treatment participants. These challenges led the grantee and the community college to decide to stop offering the service in June 2018.

Experienced high staff turnover. Although staff across providers had limited capacity during the enrollment period, the main service provider's counselors faced high staff turnover and were stretched to cover their workload. In most regions, counselors had a waiting list of several weeks for the first clinical assessment appointment. Most counselors were serving multiple regions, leaving limited time to meet with participants at each location. Counselors were partnering with local community providers to help support participants' case management needs after the first clinical assessment appointment.

Underfunded support service for main provider. In June 2018, the main service provider exhausted the available funding for support services under its original contract with the grantee. The grantee was able to divert unused resources from other partner organizations to cover the remaining months of the pilot, but enhanced supportive services were unavailable for a two-month period. Supportive services from other funding sources, like the Division of Vocational Rehabilitation, were available during this time, but they funded a more restricted set of services.

2. Post-service plans

Vermont ended services to pilot participants on December 31, 2018. A proposal to continue the pilot services for the regular SNAP E&T program is currently under review with the Vermont State legislature. The proposal expands services for regular E&T participants (and participants in the pilot treatment group); participants in the pilot control group would not be eligible to receive expanded SNAP E&T services for 36 months from their date of random assignment. The grantee indicated it expects some staff to seek other employment as the end of pilot services approaches, but the approval of expanded SNAP E&T services could mitigate this issue.

1. Virginia

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

EleVAte provides the following services to participants:

- Case management
- Access to education, training, and career-preparedness services through three participant tracks customized to participants' skill levels at entry:
 - (1) Self-paced and supported online learning in math and reading, and digital literacy certification
 - (2) Industry-recognized vocational training and soft skills training
 - (3) Advanced vocational training participants can combine with HSE preparation, if needed (PluggedInVA)

1. FY 2018 accomplishments and challenges

Improved enrollment process and met 93 percent of enrollment target. After initially struggling to meet the overall pilot and local enrollment targets in many of the pilot regions, pilot management staff identified strategies to help local agencies secure staff to continue pilot outreach and enrollment activities. Virginia hired individuals from staffing agencies to avoid protracted local hiring procedures in some areas. Virginia ended enrollment in June 2018 with a total of 5,027 individuals, or 93.1 percent of its enrollment target. Pilot management struggled with the loss of enrollment staff at six grantee agencies during the final year but worked intensively with local staff to maximize enrollment through June.

Strengthened partnership between partners: DSS and VCCS. VCCS case managers continued to participate in orientation sessions led by grantee staff in locations where it was feasible. Co-leading these sessions enabled better communication between agency staff and a more seamless hand-off of pilot participants from study enrollment to training at the community colleges.

Experienced staff turnover. Although all organizations encountered staff turnover, staffing at the grantee was less stable over the past year. Loss of staff at a number of county agencies started toward the end of the enrollment period. Six grantee agencies did not have a pilot coordinator in the last few months of the enrollment period. These departures were late enough into the pilot project that replacements were not hired. The loss of all grantee coordinator staff in Norfolk, in particular, significantly affected the State's overall enrollment efforts because this region accounted for the largest share of Virginia's enrollment target. Virginia expects additional coordinators to leave as the pilot nears completion. In many cases, staff turnover resulted in remaining staff assuming extra responsibilities, leading to higher caseloads and greater workloads.

Experienced low participation in services. As the pilot project progressed, several participation challenges emerged, including high rates of participants leaving the pilot project before completing services; low rates of completion for certain services, such as digital literacy, career readiness, and vocational skills courses; and lower-than-expected enrollment into and completion of adult basic education instruction. Virginia used a variety of approaches to address these participation challenges, including clearly understanding and troubleshooting participant barriers and challenges at the start of service delivery, adjusting class schedules in response to participant preferences, sequencing services so that participants consistently had an activity to work on while waiting for vocational skills training courses to begin, and improving overall

communications with pilot participants around program expectations and management of individual barriers.

2. Post-service plans

Services ended December 31, 2018. Virginia developed a process for tracking pilot participants and providing them with appropriate services. In counties where SNAP E&T is offered, treatment and control group members are eligible for regular SNAP E&T services. However, Virginia is currently planning for changes to their SNAP E&T program, so the eventual services and how they will differ for the treatment and control group members is unclear.

J. Washington

The Washington Department of Social and Health Services administered the Resources to Initiate Successful Employment (RISE) pilot project, which built upon the State's existing Basic Food Employment and Training (BFET) program by offering additional services to people with major barriers to employment. The pilot project launched in February 2016 and served new work registrants with critical and general barriers to employment, including long-term unemployed, homeless, those with limited English proficiency, veterans, and noncustodial parents with delinquent payment history. The pilot project served SNAP participants in four counties (King, Pierce, Spokane, and Yakima). Grantee partners included several agencies within the State, such as the Division of Child Support, the State Board of Community and Technical Colleges, the State Workforce Board, and local workforce development councils. Agencies providing services include 17 community-based organizations offering E&T, two community and technical colleges covering King and Pierce counties, and the Washington State Employment Security Department.

RISE provided the following services to participants:

- Case management
- Extensive wraparound and support services to address barriers
- BFET services including job readiness training, basic skills/English as a Second Language training, vocational training, job search assistance, job placement, and participant reimbursement for support services
- Mandatory six-week life skills course (Strategies for Success [SfS])
- Work-based learning opportunities (on-the-job training, subsidized and regular employment, and internships and externships)

1. FY 2018 accomplishments and challenges

Implemented additional reengagement strategies. In response to concerns about high rates of participants exiting the pilot project, the grantee worked with service providers to implement additional reengagement strategies. The grantee began giving service providers updated contact information for individuals who dropped out of the pilot to facilitate reengagement efforts. Both grantee and service provider staff contacted former participants to invite them to reengage. The grantee also analyzed the cases that exited from the pilot. This analysis, along with anecdotal evidence from service providers, indicated that many of the

individuals who left the pilot were experiencing homelessness. Service providers targeted their reengagement efforts to homeless shelters and other locations where they could potentially regain contact with past participants. Washington also added cell phone minutes as an approved support service in an effort to reengage those who exited the pilot due to a lack of communication.

Maintained strong partnerships. Communication and collaboration between partners remained strong over the past year. The grantee, service providers, and other partners worked together regularly to share information, collaborate on outreach activities, exchange best practices, and solve problems. The grantee hosted both RISE and BFET summits during the year to discuss program-level challenges, successes, and future goals.

Discontinued services of largest provider. The Fulcrum Institute Dispute Resolution Clinic, operating in both Spokane and Yakima counties, was the pilot project's largest service provider for the first two years of the pilot, enrolling more participants than any other provider. Due to concerns with the Fulcrum Institute's compliance with contractual and fiscal requirements, the grantee did not renew the Fulcrum Institute's RISE contract for FY 2018. All pilot participants who were previously being served by the Fulcrum Institute needed to transition to other service providers in Spokane and Yakima counties. This transition posed challenges for the pilot, as it introduced a potential drop-off point for Fulcrum Institute's former participants, and few of them actually remained engaged in services.

Experienced low engagement in SfS and work-based learning. Washington experienced relatively low completion rates in both SfS training and work-based learning opportunities. As of July 2018, less than 40 percent of RISE participants started SfS training, and less than 25 percent of RISE participants completed all SfS courses. Additionally, about 10 percent of RISE participants participated in a work-based learning opportunity through the pilot; Washington initially targeted about 25 percent engagement in work-based learning. The lack of engagement is likely due to participants facing significant barriers affecting their ability to consistently attend SfS over a six-week period and complete the program.

2. Post-service plans

RISE pilot services ended December 31, 2018. Grantee staff hosted a meeting with all service providers in mid-September to discuss closeout procedures. Washington plans to implement several components of its pilot project in its existing BFET program, including an expanded set of support services for participants; a shortened, voluntary version of its SfS course; and work-based learning opportunities. The support services and SfS classes will be available for BFET participants in 2019, but work-based learning opportunities might not be available until 2020, as the State is still finalizing its plans for these types of services.

In addition, Washington is enhancing its management information system to include a visual indicator of pilot participation in each participant's record so staff can track pilot participants and provide them with appropriate services after the pilot ends. Only the treatment group members will be eligible for the new components rolled out to BFET in 2019 and 2020.

V. EVALUATION PROGRESS IN FY 2018

Many evaluation activities took place in FY 2018, as pilot projects continued to recruit participants and provide program services. These included monitoring pilot projects' performance and collecting a variety of data to address the evaluation's research objectives.

A. Monitoring and technical assistance

All pilot projects began randomly assigning and enrolling participants and providing services in January through April 2016 and have thus operated or have been operating for at least 2.5 years. In FY 2016, the evaluation team and FNS worked closely with each grantee to refine plans for program operations and evaluation design, negotiate memoranda of understanding that delineated the roles and responsibilities of the grantee and the evaluation team, start random assignment, and work with grantees on evaluation activities. After the launch of the pilot projects, the evaluation team continued to provide technical assistance and monitoring throughout FY 2017 and 2018. The evaluation team conducted monitoring through periodic conference calls with pilot project staff, focusing on pilot operation and evaluation procedures. Through the monitoring, the evaluation team and the grantees discussed ongoing performance and reviewed monthly reports from grantees that described their progress in achieving enrollment targets, increasing service utilization rates, improving communications with providers and partners, and providing requisite data to the evaluation team. With the end of the pilot period in late 2018 and early 2019, the evaluation team discussed grantees' plans for ending service provision, closing out the pilot, and ensuring that the integrity of the evaluation design is upheld through careful monitoring of non-pilot services offered to treatment and control group members.

For each pilot project, the evaluation team also has conducted several in-person monitoring visits with pilot project staff. These meetings and visits helped ensure that pilot projects were operating successfully and following evaluation protocols and procedures.

The evaluation team also attended a two-day meeting FNS hosted for all of the grantees to discuss closing out the pilot. At the meeting, each grantee presented information about their pilot and provided their assessment of the major accomplishments and challenges. They also began identifying the types of pilot services they believed were most beneficial and would like to sustain after the pilot ends.

B. Evaluation data collection

The evaluation requires many types of data to address its research objectives. All analyses will use baseline data collected from pilot participants at the time of enrollment, that is, before their random assignment to a treatment or control group. The analyses also will use participant survey data, administrative records from State and local agencies, and qualitative interview data. The evaluation began collecting most types of data in FY 2017 and continued to collect data throughout 2018.

1. Baseline data collection

The evaluation team has finished collecting baseline data from pilot participants. The team collected baseline data from the 44,359 pilot participants who enrolled in the pilot from January 2016 through September 2018. Table 3 describes each grantee’s pilot participants (treatment and control group members combined). State variation in the participants’ characteristics reflects the diversity of the populations targeted in each State. The percentage of female pilot participants, for example, varies from 35 percent in Illinois to 75 percent in Virginia. The average age of pilot participants varies from 31 in Mississippi to 39 in Vermont. The percentage of participants who are Hispanic also varies across States, from 1 percent in Kentucky and Mississippi to 16 percent in Kansas and 61 percent in California. The percentage of participants who reported being currently employed at the time of enrollment ranges from 5 percent in Mississippi and 6 percent in Georgia to 23 percent in California and 28 percent in Virginia. Almost all pilot participants had some work experience as of pilot enrollment: the percentage who reported being currently employed or ever employed ranges from 87 percent in Mississippi to 98 percent in Kansas.

Table 3. Characteristics of pilot participants at enrollment

Characteristic	CA	DE	GA	IL	KS	KY	MS	VT	VA	WA
Female	60	41	47	35	61	58	48	44	75	43
Average age (years)	35	34	33	34	37	33	31	39	37	38
Black or African American	16	55	82	67	27	4	72	6	76	30
Asian	5	1	1	1	1	0	0	1	1	4
American Indian or Alaska Native	5	1	2	3	8	1	0	5	3	10
Native Hawaiian or other Pacific Islander	1	1	1	1	1	0	0	0	1	3
White	29	42	15	27	66	95	27	92	21	56
No race reported	47	2	2	5	5	1	0	1	2	6
Hispanic	61	8	3	14	16	1	1	3	4	14
Speak English as primary language	92	97	99	98	95	100	100	99	98	89
Married or cohabiting	17	7	4	4	14	29	22	10	10	11
Average household size	3	2	2	2	3	3	2	2	3	2
Living in household with children	47	18	5	10	42	49	5	14	55	20
Without a high school diploma	25	24	21	23	24	25	31	19	19	27
Currently employed	23	12	6	7	16	14	5	13	28	9
Currently or ever employed	93	97	95	89	98	89	87	97	94	91

Source: SNAP E&T random assignment system (January 2016 through September 2018 data).

Notes: All values are percentages unless otherwise noted. Pilot participants consist of all treatment and control group members who completed a baseline enrollment registration and did not subsequently choose to revoke their consent to participate in the evaluation. (n=44,229).

2. Impact data collection

The impact analysis examines the effects of the pilot project on employment and earnings, public assistance receipt, and other outcomes such as food security, health, well-being, and housing. It also assesses how impacts vary for different groups of participants. The primary sources of data on employment, earnings, receipt of public assistance, and service receipt are

administrative records obtained from SNAP, Unemployment Insurance (UI), and other agencies. The impact analysis also uses (1) baseline data from pilot participants after they enroll in and consent to the evaluation and (2) surveys administered to pilot participants 12 months and 36 months after random assignment.

SNAP administrative data. The evaluation team regularly collects SNAP administrative data from grantees and will continue to do so through about 2020. All grantees have submitted at least five quarters of SNAP, TANF, and Medicaid data. The majority of grantees have submitted about 10 quarters of data. The evaluation team continues to ensure the data files are complete and contain the requisite information for all pilot participants.

UI wage record data. In FY 2018, the evaluation team obtained UI wage record data containing quarterly earnings records from eight grantees. The team received data from the remaining two grantees in late 2018. All State UI agencies will continue to regularly provide quarterly earnings records. For all grantees, the administrative records extend back to more than one year before pilot launch and will continue through about 2020.

Participant follow-up survey data. The evaluation team is administering surveys to pilot participants (treatment and control group members) at 12 months and 36 months after random assignment. The 12-month surveys began in January 2017 and continued through late December 2018. From January 2017 to September 2018, the evaluation team collected 12-month survey data from more than 16,226 pilot participants across the 10 grantees. The team obtained information from 18,524 participants. The team will administer the 36-month surveys from February 2019 through December 2020.

The survey has a cohort-based design in which a new sample of participants is released each month. For the 12-month survey, for example, the first cohort, released in January 2017, consisted of people randomly assigned in January 2016; the second cohort, released in February 2017, consisted of people randomly assigned in February 2016, and so on. The survey collects data through telephone interviews with pilot participants. If a pilot participant cannot be located by phone and does not reply to survey reminders sent to his or her residential address, then the evaluation team sends field staff to the residential address on file and requests that the participant complete the survey. As in FY 2017, the evaluation team faced two challenges in FY 2018: (1) not having valid telephone contact information for all participants and (2) not having valid residential street address information for all participants. Pilot participants provide their telephone and address information when they enroll into the pilot project, but many change addresses during the following year. The evaluation team has worked with grantees to obtain updated contact and address information to maximize survey participation.

The evaluation team has reviewed the quality of the 12-month follow-up survey data. It examined potential bias introduced by different groups of pilot participants, such as treatment and control group members responding to the survey differently. The team also examined the extent to which participants did not respond to specific survey questions either because they did not know the answer or they refused to answer. The distributions of variables such as wages and hours worked to learn whether they contain unrealistically low or high values that could reflect survey misreporting also were assessed. Based on these assessments, the team concluded that the quality of the survey data is high.

3. Implementation data collection

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

Traditionally, the third round of site visits would have been conducted in the summer of 2018; however, because many pilot projects extended their enrollment periods and some extended their service delivery periods, FNS and the evaluation team decided to move the data collection to the fall. This allowed the evaluation team to better capture the close-out of the pilot projects. The evaluation team began conducting site visits at the end of FY 2018, with this work continuing into FY 2019. The visits included interviews with key pilot staff, interviews with participants and observations of activities in which the participants were involved, and focus groups with participants and employers providing training. The third round of interviews were focused on changes to services or process in the last year, lessons learned from operating the pilot projects, and close-out and sustainability plans.

During the site visits conducted at five pilots in September, the evaluation team interviewed staff from grantee offices and key partner sites and service providers. The team conducted approximately 20 to 30 interviews per site with grantee staff, provider administrators, provider frontline staff, and nonprovider staff who facilitate the pilot projects but do not provide direct services to participants. Generally, interviews were conducted on site at each respondents' location.

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

In addition, the evaluation team conducted participant focus groups. Across the pilot projects, the team conducted focus groups with participants who were engaged in services and those who were disengaged (dropped out of the program before completing). The participant focus groups discussed the type of services received, their goals for participation, their perceptions of the program, and the types of barriers they face. For the disengaged participant focus groups, the evaluation team also tried to understand reasons for disengagement and their experiences with the pilot services and staff.

4. Participation data collection

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

information in their management information system and submit extracts to the evaluation team for analysis.

In FY 2018, the evaluation team received extracts of data from grantees that described participants' receipt of pilot services. The evaluation team cleaned the data, assessed its quality, and began to prepare the data for analysis. The team continues to receive and process new quarters of data from grantees to use in the interim evaluation report analyses.

5. Cost data collection

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

The evaluation team continued to collect cost data in FY 2018 from grantee, partner, and provider organizations. We have collected data through at least the third calendar quarter of 2017 in all pilot projects. The team developed and provided each pilot project with cost data-collection workbooks to collect costs incurred implementing the pilot throughout the year. The evaluation team has received and processed data for all pilot projects and assessed the quality of the data we have obtained. Based on those data, no issues have been identified that would prevent the evaluation team from performing the planned benefit-cost analysis for each pilot project, which will be included in the final evaluation report.

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

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VI. EVALUATION-RELATED ACTIVITIES FROM FY 2019 TO FY 2021

The following evaluation activities are planned for FY 2019, organized according to the pilot project's four evaluation objectives and the reporting of evaluation findings.

A. Impact data collection

- **Baseline data collection.** The evaluation team will continue to clean the data collected from pilot project participants at the time of enrollment through its random assignment system. The team will use this information to describe the demographic, economic, and household characteristics of pilot participants and to prepare variables for use in the impact analysis.
- **Follow-up survey data collection.** The evaluation team continued administering the 12-month follow-up survey to participants through late December 2018. The team will continue to assess the quality of the 12-month follow-up survey data, clean and prepare the data for analysis, and analyze the impact of the pilot projects on participants' outcomes. Thirty-six months after random assignment, the evaluation team will administer a second round of follow-up surveys to people who responded to the 12-month survey. These surveys will take place from February 2019 through December 2020.
- **SNAP, TANF, and Medicaid administrative data collection.** The evaluation team will continue to collect administrative data describing SNAP, TANF, and Medicaid program participation for all grantees through 2020.
- **UI wage records data collection.** The evaluation team will continue to obtain quarterly UI wage data from State UI agencies for each of the 10 grantees through 2020. The team will continue to clean and prepare the UI wage records to use in the impact analysis.

B. Implementation data collection

- **Monitoring and technical assistance.** The evaluation team will continue to review performance for all pilot projects through the end of service provision, which began in late 2018 for most pilot projects and early 2019 for the others. This work includes reviewing reports and data on participants' enrollment and receipt of services and conference call meetings with pilot project staff to ensure that pilot projects are operating successfully and following evaluation protocols and procedures, including those related to closing out the pilot.
- **Round 3 implementation data-collection site visits.** The evaluation team finished conducting the third round of implementation data collection site visits in 2018. During these visits, the team interviewed key staff about activities over the past year and plans for the pilot closeout. The team also completed the participant focus groups and interviews with participants. In addition, the evaluation team conducted employer focus groups in three pilot projects that had employers actively engaged in providing training or work experience, with plans for two additional focus groups planned for early 2019. The employer focus groups discussed topics such as the local employment conditions, employers' motivation for participating in the program, the services offered to participants, and the benefits and costs to participating employers.

The team will summarize research findings in memoranda submitted to FNS in early 2019. The memoranda will present the key findings from the third round implementation visits to each pilot project and the reasons why the findings were significant to the evaluation. Each memorandum will provide background about the visit, including what locations were targeted and why they were targeted and the types and numbers of people who were interviewed. They will describe the pilot project developments since the last visit, focusing on processes, policies, and strategies that changed as well as changes to the pilot structure and organization, staffing, recruitment and enrollment, and service provision. Each memorandum will describe factors that caused these changes; and the perceived significance of the changes to the pilot staff. The evaluation team also will describe participant and employment focus groups and participant interviews conducted as part of the third round of data collection, and plans for closing out the pilot project in each site.

C. Participation (service receipt) data collection

- **Collecting service receipt data.** The evaluation team will continue to collect service receipt data from grantees that will inform the participation analysis. Grantees have provided or will provide data until the end of their pilot projects in late 2018 or early 2019.
- **Analyzing service receipt data.** The team will process and clean data and prepare analytic data files to describe the types and duration of services that participants receive. The team will analyze these data and summarize the findings in the set of interim reports in 2019.

D. Cost data collection

- **Collecting cost data.** The evaluation team will continue to collect cost data from the 10 pilots through 2019.
- **Analyze cost data.** The team will process and clean the cost data and will analyze the data as part of the interim report analysis. The full cost-benefit analysis will be conducted and presented in the final evaluation report.

E. Reviewing and reporting study findings

- **Congressional reports.** The evaluation team will share study findings through annual progress reports to Congress. FNS has submitted three prior reports, each describing accomplishments and challenges during the fiscal year and activities planned for the remaining years of the evaluation. The evaluation team will prepare similar reports in subsequent fiscal years through FY 2020.
- **Technical working group meetings.** The evaluation team will conduct the second and third of three technical working group meetings in Washington, D.C., in 2019 and 2021. (The first meeting took place in 2015.) The second meeting will focus on interim findings and the third on final findings.
- **Reports.** For each pilot, the evaluation team will share study findings through interim study reports in 2019 and final study reports in 2021, as well as a summary report that synthesizes findings across pilots. Each report will discuss all four study components— impact, implementation, participation, and cost analyses—and ensure that each component’s

findings can be linked to tell a comprehensive story and fully address the evaluation's research objectives. (The interim reports will include a cost analysis and the final reports will include the full cost-benefit analysis.)

F. Disseminating study findings

- **Dissemination plan.** The evaluation team will complement the interim and final reports with an innovative and comprehensive plan to disseminate the evaluation's findings to policymakers, researchers, advocacy organizations, media outlets, and the general public. In 2019 and 2021, the team will generate products customized for specific audiences, including journal articles for more technical audiences and issue briefs for program administrators; products that promote interaction and discussion, such as data visualizations, webinars, and a symposium; and products that balance grantees' and State administrators' need for site-specific findings with Federal administrators' and Congress's need to understand how site-specific findings might provide lessons for national policy.

G. Investigating additional policy questions

Starting in FY 2020, the evaluation team will perform additional, targeted special analyses that will provide the government and other stakeholders with additional vital information to shed light on questions around the policy, funding, and administration of future E&T programs.

- **Assessment of participant impacts by subgroup.** Critical to the planned analysis in the interim evaluation report will be assessing what works and for whom. A set of additional reports will assess this in greater detail. One will focus on differences in impacts and service receipt for participants in urban areas versus rural areas. Another will focus on differences for participants who at the start of the pilot were employed, recently unemployed, or long-term unemployed. The third report will focus on differences for participants who were ABAWDs at enrollment versus other SNAP E&T participants. Another report will examine the extent to which impacts are similar or different for participants in States with mandatory versus voluntary SNAP E&T programs.
- **Use and impact of supportive services.** Supportive services are a critical component of the comprehensive set of pilot services offered by grantees, yet little is known about who receives them, whether they are received before or at the same time as other services, the types of supportive services available, how they affect participants' ability to complete other pilot services and, ultimately, how they affect participants' outcomes. In an auxiliary report, the evaluation team will describe the type and number of supportive services grantees provided and their impact on participants' service receipt and outcomes.
- **The effects of dosage on participants' outcomes.** The interim evaluation report will contain analyses of the effect of participating in the pilot on participants' outcomes. A separate report will complement these findings using the variation in service take-up among pilot participants to examine whether pilot participants who received more of a specific type of service had larger impacts on outcomes.
- **The impact of work-based learning on participants' outcomes.** Work-based learning opportunities (including subsidized employment, internships, work experience, on-the-job training, and so on) is a new option for States under the pilots (subsidized employment is not allowed under traditional SNAP E&T). The evaluation team will conduct additional

analyses to better understand the prevalence of work-based learning, the types of work-based learning obtained, the amount of time in work-based learning, and where applicable, the amount of the subsidy provided to employers. The team will also examine the characteristics of pilot participants who participated in work-based learning and compare them with those who did not. Finally, the team will estimate impacts on participants' outcomes for those who participated in work-based learning and otherwise similar participants who did not. These findings will be presented in a separate evaluation report.

- **Other analyses.** The evaluation team will conduct other auxiliary analyses assessing differences in pilot impacts for different times within the pilot. In addition, the team will describe the general workforce and employer infrastructure available in the pilot areas; the challenges with fitting into the existing infrastructure, with the lack of infrastructure, or with building new infrastructure for the pilot; and the requisite factors for sustaining programs—or specific components of pilot projects—after the pilots end.