

Provision of Support Services to Reduce Barriers in the 10 SNAP E&T Pilots









Brief

In 2015, the U.S. Department of Agriculture awarded pilot grants to 10 States—California, Delaware, Georgia, Illinois, Kansas, Kentucky, Mississippi, Vermont, Virginia, and Washington—to test innovative strategies for providing Supplemental Nutrition Assistance Program Employment and Training (SNAP E&T). As part of the pilots, all grantees offered support services, generally in the form of financial assistance, to offset an individual’s barriers to participation and employment. These included gas cards or bus passes for transportation, books or fees associated with a pilot activity, or uniforms or tools to help with a new job. Support services were integral in reducing barriers that individuals participating in the pilots faced and helping them engage in activities.

Summary of available support services

Existing SNAP E&T programs are required to offer support services (referred to as participant reimbursements), and States must pay for half of the cost. Support services most commonly include transportation assistance and child care assistance but should include anything that is reasonable, necessary, and directly related to participation in SNAP E&T. Under the pilots, grantees were able to pay entirely for these support services using pilot grant funds, and there were no limits on how much of the budget could be allocated to support services. Most grantees used this flexibility to increase the dollar amount of available support services and to offer a wider array of them (Table 1). The grantees also often gave case managers greater authority to provide more support services to any one person than they traditionally had. Case managers used these support services as a tool to help individuals more quickly resolve issues that limited their involvement in activities and employment.

Table 1. Types of support services available, by pilot

	 Transportation assistance	 Child care assistance	 Education and training items	 Work-related items	 Housing assistance	 Personal care items	 Medical assistance
California	✓	^a	✓	✓			
Delaware	✓	✓	✓	✓	✓		
Georgia	✓		✓	✓	✓		✓
Illinois	✓	✓	✓	✓	✓	✓	
Kansas	✓		✓	✓			
Kentucky	✓	✓	✓	✓	✓	✓	✓
Mississippi	✓		✓	✓			
Vermont	✓	✓	✓	✓	✓	✓	✓
Virginia	✓	✓	✓	✓	✓	✓	✓
Washington	✓	✓	✓	✓	✓	✓	✓

^a Made referrals to the child care subsidy program.

In some cases, individuals could be reimbursed for expenses if they paid the costs; however, most individuals did not have the funds to pay up-front, and providers preferred to pay the expenses directly to third-party service providers.



Transportation assistance. All pilots offered transportation assistance, but most increased the monthly or maximum amount of assistance they provided relative to what they offered in their existing SNAP E&T programs.

They also often provided transportation supports to a higher percentage of individuals in the pilot than in existing SNAP E&T. The majority of individuals in most pilots received transportation assistance of about \$35 to \$50 a month, with some pilots offering up to \$200 a month (such as in Kentucky and Washington, where individuals in rural areas faced limited transportation options and traveled longer distances for services and employment). Most pilots provided these payments in the form of gas cards or bus passes either weekly or monthly, but Georgia and Kentucky provided payments in cash. Some pilots, including Virginia and Washington, also reimbursed individuals for tolls, ride shares, or taxi rides. A few pilots, such as California and Kansas, also provided donated bicycles or helped individuals purchase them.

Some pilots also offered repairs for a vehicle registered to the individual if the repair would allow the person to get to his or her pilot activities and meetings or to a job. The payments ranged from about \$300 to \$1,500, which could be used for a one-time repair in some pilots or for multiple repairs over time up to the maximum amount in other pilots. Case managers generally made payments directly to a certified garage, and repairs were required to be related to ensuring the safe operation of the vehicle.



Child care assistance. Many of the pilots also offered child care assistance when needed, through direct third-party payments to care providers in the community or through referrals to the State's child care subsidy program.

Some pilots established monthly caps on child care such as \$465 in Kentucky, while others established annual caps such as \$700 in Washington. Other pilots that offered child care did not have specific caps but counted these costs toward an overall cap on support services, as Illinois did. Several pilots sought to enroll or primarily served adults without dependents, so child care was not widely needed in these pilots.



Additional types of support services. All of the pilots offered

some types of support services needed by those who were participating in occupational skills training or starting employment (such as uniforms, interview clothes, books, tools, or background check fees), and some offered housing assistance (such as short-term rental payments, transitional housing fees, or utility payments), personal care items (such as hygiene packages, eyeglasses, or dentures), and medical assistance (such as mental or physical health care costs or substance use treatment costs). The amount provided for each support was based on the circumstances of each individual and could vary by person. Some pilots also offered additional support services such as financial counseling, legal services (such as helping expunge criminal records or getting a driver's license reinstated), document obtainment (such as birth certificates and Social Security cards, which employers requested for background checks and tax purposes), and cell phones or additional cell phone minutes.

Amount and frequency of payments. Some grantees, such as in Illinois and Virginia, instituted caps on the total amount of all support services available to an individual while in the pilot. Illinois allowed an individual to receive up to \$1,000 in support services, while Virginia allowed up to \$560 to \$1,680 depending on the types of activities to which an individual was assigned. The other grantees did not

Some grantees provided a robust set of support services up-front to mitigate barriers that would have impeded participation in the pilot while other grantees used support services more sparingly, only when the individual had exhausted other options.

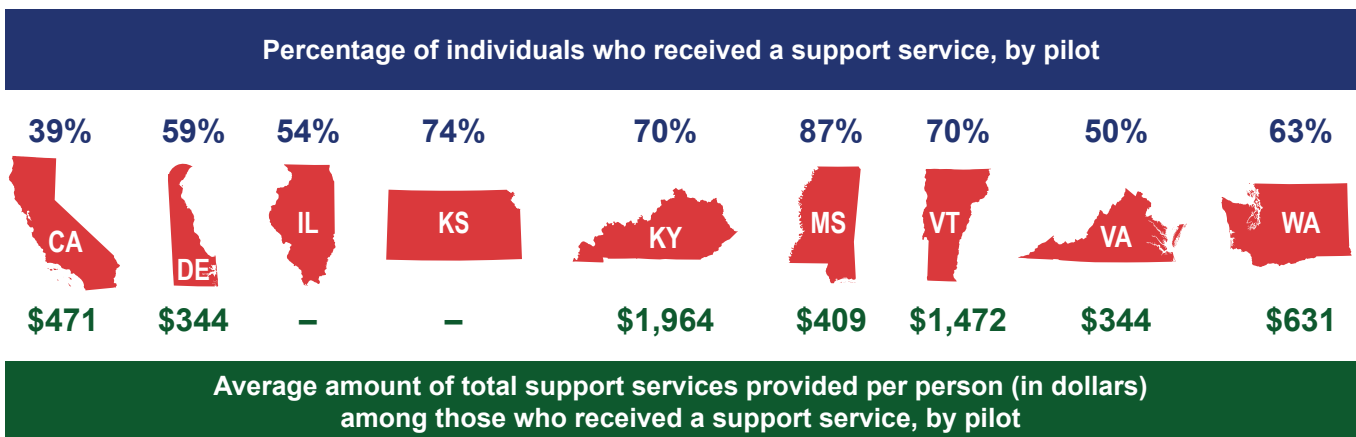
have overall caps on support services, but most instituted restrictions or guided staff on how much they could offer for each type of support service. Restrictions usually applied to transportation, child care, personal care, and housing assistance. Many costs associated with occupational skills training or work supplies were covered if the individual demonstrated a need for these supports.

In most pilots, individuals who received transportation and child care assistance received ongoing, monthly payments while they were participating in services, but other support services were one-time payments. In some cases, individuals could be reimbursed for expenses if they paid the costs; however, most individuals did not have the funds to pay up-front, and providers preferred to pay the expenses directly to third-party service providers.

Approach to providing support services


The actual amount and frequency of the support services individuals received depended on the approach each grantee developed and the guidance providers received for distributing supports. Some grantees provided a robust set of support services up-front to mitigate barriers that would have impeded participation in the pilot while other pilots used support services more sparingly, only when the individual had exhausted other options. For example, Illinois, Kentucky, Vermont, and Washington designed their programs to give case managers flexibility in providing support services and intended to cover all or most training or work-related costs. Other pilots, like California and Delaware, planned to use support services less frequently, empowering individuals to first explore all other options to mitigate their barriers on their own (such as getting a ride from a friend to get to training or trying to find housing with a family member) before staff offered support services. The actual level of support services provided (Figure 1) often aligned with the overall approach selected. Pilots that gave staff more flexibility and planned to cover many expenses tended to provide services to a higher percentage of individuals and spent a higher average amount on support services than the pilots that offered less flexibility or did not emphasize the use of support services.

Figure 1. Level of support services provided



Source: SNAP employment and training evaluation administrative service use data.

Notes: Georgia is not included because the grantee could not provide data on all types of support services that individuals received, and the rate of receipt based on only the provided data is likely an underestimate. The Illinois and Kansas grantees could not provide data on the value of support services provided. Data for Mississippi represents members of the Enhanced Community College Services treatment group; 82 percent of the Basic Community College Services treatment group members received a support service and the average amount provided was \$214. Estimates cover the 12 months following random assignment for those enrolled in the pilot through December 2017.



Although most grantees recognized the target populations for their pilots had barriers, many realized they underestimated the level of need for support services. After the pilots began, some grantees increased the level of support services available to meet individuals' needs.


Although most grantees recognized the target populations for the pilot had barriers, many realized they underestimated the level of need for support services. Many individuals in the pilots faced transportation issues and had unstable housing, physical or mental health issues, substance use disorders, or a lack of child care. Several individuals had multiple barriers or confronted new barriers that emerged during their time in the pilot, such as losing stable housing or employment. Despite the availability of a range of support services, most grantees did not initially make available enough support services to sufficiently address these barriers, particularly for housing assistance, which individuals in most pilots faced.

Several pilots changed the level of support services individuals could receive over the course of the pilot to better address their needs. For example, in 2017, Illinois increased the overall amount an individual could receive from \$500 to \$1,000, and in 2018, Washington increased the maximum amounts available on several of the individual support services, such as increasing housing assistance from \$1,000 per year to \$3,500. Also in 2017, Kentucky changed its transportation payments from an estimate of actual mileage traveled to a flat rate of \$50 or \$200 based on the number of days of participation in the month; this change aimed to better meet the needs of the individuals and eliminate the burden of calculating and tracking mileage estimates. Some pilots also identified alternative approaches for providing transportation, particularly when public transportation was not available. Some community colleges in Mississippi added free shuttle services to transport individuals from their homes to the colleges for services; Kentucky began offering up to \$1,500 in vehicle repairs in 2018; and Georgia began offering public transportation passes in some counties in 2017 (in addition to existing transportation reimbursement checks and van service in some areas). Washington began providing cell phones and cell phone minutes in 2017 to help individuals remain in contact with their case managers, and Delaware began offering short-term housing assistance in early 2018, as it was a consistent barrier for many individuals and housing resources in the community were limited.

Lessons from providing support services

Despite the importance and wide use of support services, most pilots still faced challenges in helping individuals mitigate significant barriers. These barriers were most often related to transportation and housing, both of which were structural problems in many communities. Providing gas cards or bus passes could not help individuals who lacked access to a car or public transportation, which was most prevalent in rural areas. Providing shuttles, bicycles, options for paying for taxis or ride shares, and payments in cash versus a gift card (to allow individuals to pay a friend or family member for a ride) helped, but transportation barriers were persistent throughout the pilot. Many of the pilots did not provide assistance for housing or provided assistance that was not able to fully remediate the housing issues, and the availability of shelters or transitional housing was limited in many areas. Many providers pointed to a lack of stable housing as a primary reason for an individual's inconsistent attendance in or eventual exit from the program.

Even with these challenges, most grantee and provider staff agreed that support services were a vital part of their programs. Although the pilots provided access to far more funds than are typically available to provide support services in the existing SNAP E&T programs, several grantees were initially reluctant



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to allow staff the flexibility to provide support services as needed. Some grantees were initially concerned about having enough resources available for all services and activities offered over the life of the pilot, while others did not realize the level of barriers this population was facing. Other grantees wanted to use support services as a secondary option for reducing barriers only if individuals could not resolve the barriers on their own. Over the course of pilot, however, many of the grantees realized the need for and effectiveness of support services, and their programs evolved to better meet the needs of the population. They gave staff more discretion to provide support services and expanded the level and range of supports offered. Case managers in pilots that had more freedom in deciding how to use support services, such as in Kentucky and Vermont, emphasized the importance of this flexibility to meet the specific needs of each individual, because the circumstances and barriers each individual faced were different and each needed a different set of tools to address them. When reflecting upon accomplishments, staff across organizations underscored the importance of support services in addressing individuals' barriers and improving the likelihood they would participate in activities needed to obtain employment and become self-sufficient. Individuals in the pilot echoed this belief; many of those interviewed described how important the support services were to them, and several indicated that they would not have been able to participate in employment and training-related activities and find employment had they not received the support services to assist them while they participated.

For more information: Detailed interim findings in the full report, "Evaluation of SNAP Employment and Training Pilots: Summary Report" are available at <https://www.fns.usda.gov/research-analysis>. Reports summarizing early findings from the 10 individual pilot reports also are available.

About the study

In the Agricultural Act of 2014, Congress authorized and funded 10 SNAP E&T pilots to test a range of innovative strategies to help SNAP participants find employment that increases their incomes and reduces their need for public assistance benefits. To encourage a diversity of approaches, each grantee identified target populations, selected partners and service providers, and determined which services and activities best met their populations' needs. The legislation that authorized the pilots also included funding for a randomized controlled trial evaluation to assess the impacts of the pilots, which was awarded to Mathematica.

The support services information described in this brief is based on analysis of qualitative data collected through telephone calls and in-person interviews with pilot staff from State agencies, partners, and providers, and focus groups conducted with individuals participating in the pilot. These data are supplemented with quantitative information on rates of service use.