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Final Report for the Enhanced Services Pilot of the Montana Reemployment Services and Eligibility Assessment Program

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Final Report for the Enhanced Services Pilot of the Montana Reemployment Services and Eligibility Assessment Program

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Abstract:

This report analyzes data from a pilot that randomly provided enhanced services to half of Montana's unemployment insurance claimants selected for Reemployment Services and Eligibility Assessment. Treated participants were told to access these enhanced services, which included a subset of resources available on Montana's Job Seeker Central, like résumé and cover letter templates and job search tips, prior to their required appointment with a reemployment agent. The data show that the pilot was unlikely to lead to large negative impacts stemming from individuals subsequently failing to attend the required meeting. However, the confidence intervals are too wide to show whether the key benefit of the pilot was saved time for agents or improved programmatic and labor market outcomes for treated participants.

I. Background on RESEA in Montana

In this report, we evaluate a new set of online services provided by the Montana Department of Labor and Industry (MT DLI) for Reemployment Services and Eligibility Assessment (RESEA) participants. The RESEA program is a state-administered program funded through the U.S. Department of Labor to help unemployed workers find jobs. In 2019, roughly 1.2 million, or 10 percent of, individuals on unemployment insurance (UI) participated in the program (Boesch and Lim 2023).

The RESEA Program in Montana connects UI claimants virtually with a Job Service Montana office and offers reemployment services, referrals to job training programs, and other services to those who are most likely to exhaust their UI benefits. Eligibility for RESEA is largely defined by the rules governing UI in Montana. Claimants are selected for RESEA based on their profiling score, which comes from a statistical model that incorporates demographic, geographic, economic, and claim information to predict the likelihood of exhausting UI benefits.[1] For claimants selected, participation in the RESEA program, including attending a RESEA appointment,[2] is required to maintain UI eligibility.

In this report, we study how the timing of remote services influenced the effects of the RESEA program, as outlined in our analysis plan. The set of online services we study are those provided by Reemployment Central, a new tool MT DLI developed for virtual service delivery to assist job seekers, including RESEA participants, with reemployment. Reemployment Central is a subset of the most relevant coursework from Job Seeker Central, a portal provided by the Montana Department of Labor and Industry for all job seekers. Reemployment Central uses the Moodle platform to provide users with access to numerous resources such as checklists for résumé development, video trainings for utilizing labor market information, and information about career exploration. See Appendix A for screenshots of the platform.

II. Pilot of Online Services

To evaluate the impact of these enhanced services, DLI implemented a randomized pilot in which the treatment group was told to use the enhanced services before their virtual RESEA appointment. The goal of providing these resources to job seekers prior to the appointment was to give them an opportunity to prepare, consider options, and attend in-person appointments with more concrete goals in mind in order to improve the specificity, quality, and efficiency of assistance received at the appointments. Before the appointment, job seekers were told to complete three activities in Reemployment Central including a résumé checklist, and they had access to any other resources they would wish to use beyond the required three.

The below screenshot in Figure 1 shows the language presented to individuals assigned to the treatment group. This language was included in an email that provided RESEA participants with the

[1] Not all UI claimants are subject to RESEA. Claimants on temporary layoff (job-attached), employed through union hiring halls, filing interstate claims, and claimants meeting other criteria are excluded from the program. On the other hand, according to law, veteran claimants filing immediately after separation from the military are given preference in assignment to RESEA.

[2] Claimants receive details about the appointment up to 10 days in advance, and they can reschedule the appointment twice for valid reasons.

date, time, and logistic details of the RESEA appointment. The emails for treatment and control group RESEA participants were otherwise similar. Job seekers in the treatment group were not notified of the consequences for failing to complete the required activities. In practice, not completing the activities before the meeting would result in a two-hour meeting rather than a one-hour meeting in order to complete two of the three required activities noted above during the meeting. The third activity was left for the job seeker to complete on their own after the meeting, but there was no consequence for not completing this activity.

Figure 1. Language provided to claimants assigned to receive enhanced online services

Before attending the appointment, you are required to review our resume checklist and complete two additional activities using Reemployment Central. Reemployment Central is a tool for job seekers designed to provide you with information on job search topics such as resume building, interviewing skills, and best practices for job applications. To do this,

- Log in at https://www.dli.training/my/courses.php using the 'Okta Login' (the main username and password fields will not work):

- Enter the Re-Employment Central Course seen on the My Courses tab.

If you have questions about how to use the Reemployment Central or the RESEA program, visit: https://wsd.dli.mt.gov/resea.

The pilot took claimants assigned to RESEA and randomized them into either "enhanced services" or standard RESEA. RESEA participants faced a 50 percent chance of being told to use enhanced services provided through the Reemployment Central platform before their virtual RESEA appointment with an agent. The number of eligible claimants varied across cohorts, but treatment selection probability did not.

The number of UI claimants selected for RESEA depends on a state-determined threshold. Each week, if the number of new UI applicants is below this state-determined threshold for the number of RESEA participants, all applicants are required to receive RESEA services. During most of the study period, that threshold was 100. Consequently, if there were more than 100 new UI applicants, the 100 applicants with the highest assessed probability of benefits exhaustion were required to participate in RESEA services, and the remainder were not required.

For example, if 120 workers applied for UI, then 100 workers would be assigned to receive RESEA services. Of those assigned RESEA, 50 workers would be assigned to the enhanced services treatment and 50 would be assigned to the RESEA control. If only 80 workers applied for UI in a given week, 40 would be assigned to the enhanced services treatment and 40 would be assigned to the RESEA control.

The first cohort of UI claimants was evaluated for RESEA eligibility on February 24, 2023, and subsequently randomized into the enhanced services pilot. Each following week, another cohort

was evaluated. Because the state was targeting 1,300 total members of the treatment group and 1,300 total members of the control group, the last cohort was evaluated for eligibility on January 22, 2024. For the duration of the pilot, the cohorts were small, so basically all UI recipients were selected to receive RESEA services. These cohorts were then randomized into the enhanced services pilot in line with the experimental design.[3]

During the pilot, treatment take-up was imperfect. Among the treatment group, roughly a quarter of all claimants selected to receive enhanced online services were waived from enrollment due to job attachment before their scheduled appointment. Around 20 percent completed at least one activity or the résumé checklist prior to the meeting, and just 13 percent completed the required résumé checklist and two additional activities before the meeting. Among the control group, claimants frequently received services similar to the enhanced services during their RESEA meeting if the RESEA agent felt they would benefit from the services. Control group individuals could also access the same materials on their own, in a less streamlined manner, as the treatment group via Job Seeker Central. However, they were not notified or made aware of these resources prior to the RESEA appointment. As such, the pilot "treatment" is best understood as the imposition of a requirement to use enhanced online services prior to the RESEA meeting.

III. Hypothesized Outcomes Based on Existing Research

There are three main hypotheses for how changing beliefs about the requirement to use enhanced services online prior to a RESEA meeting could influence claimant behavior. Existing research supports each of these hypotheses.

First, receiving online services prior to the RESEA meeting could make the RESEA meeting more effective and improve both UI programmatic outcomes and labor market outcomes as individuals find jobs that are a better fit or find jobs more quickly. A study by Briscese, Zanella, and Quinn (2021) finds substantially faster reemployment rates when additional online services were provided in Australia. Their setting was similar to that of the Montana RESEA pilot in that the additional services were provided online and consisted of similar topics including a résumé template, cover letter template, and tips on how to look and apply for jobs. The study involved randomization, included roughly 3,000 individuals, and took place during an era of low unemployment. Similar outcomes might thus be expected from the Montana RESEA pilot.

However, there are some important reasons why the results from the Montana RESEA pilot and those found by Briscese, Zanella, and Quinn (2021) may differ. To begin, the counterfactuals between the control groups differed between these two settings. In Briscese, Zanella, and Quinn (2021), control group participants received none of the online services, whereas Montana RESEA participants could access the same services via Job Seeker Central and those deemed to benefit from the enhanced online services would receive those services during the RESEA appointment. The delivery and timing of services were also different. In Briscese, Zanella, and Quinn (2021), the

[3] All cohorts were randomized with the exception of cohorts evaluated on June 3, 7, 14, and 21 due to a changeover in IT systems and participants with appointment dates between February 26, 2024, and March 1, 2024, due to an error in randomization that assigned everyone a Moddle account. We exclude individuals from these cohorts from our analysis sample. We also exclude participants assigned to one agent with visual impairments who did not typically meet with treatment participants.

additional online services came between regularly scheduled in-person job search assistance appointments, whereas in the Montana pilot, they came before a single virtual appointment. There were also various smaller differences between the settings.

A final reason to suspect deviations between the Montana pilot results and those in Briscese, Zanella, and Quinn (2021) are that the effect sizes in Briscese, Zanella, and Quinn (2021) are much larger than what one might expect. In Briscese, Zanella, and Quinn (2021), the number of unique page views corresponded with less than one-third of treated participants navigating to the online services website. On average, each page was viewed for two to three minutes. If one were to scale up the Briscese, Zanella, and Quinn (2021) intent-to-treat results by a factor of three, the results suggest that accessing a few minutes of additional online services increased job finding rates by about 75 percent two years later for prime-aged adults who accessed the website. This result seems unlikely to be replicated in other contexts.

A second hypothesized outcome for the enhanced services could be that online services prior to the virtual meeting are a good substitute for receiving those services during the meeting. In this case, there may be no detectible impact on UI programmatic or labor market outcomes. However, this would still be a good outcome if agents can spend half as much time in meetings with sufficiently similar outcomes. We also may fail to detect an effect of the services simply due to the sample size of the study. Many studies with sample sizes less than 4,000 find no detectible impact of RESEA itself on various outcomes (see literature review in Klerman et al. 2019). Nominally requiring enhanced services online prior to the meeting may thus not have a detectibly large impact on our outcomes of interest unless the effect sizes we obtain are as large as those in Briscese, Zanella, and Quinn's (2021) study of 3,000 individuals. It may therefore be difficult to interpret a null result.

The third hypothesis is that beliefs about the required nature of the enhanced online services could deter claimants from attending the required RESEA meeting. Research shows that procedural requirements can have important impacts on UI programmatic outcomes (Klerman et al. 2019). Even if these requirements reduce UI benefit receipt, it is not obvious that claimants are better off. If claimants do not attend the RESEA meeting because of their beliefs about the necessary preparation for the meeting, they lose access to UI benefits and thus may be incentivized to choose a job sooner. That job might be similar to the job they would have found if they continued to receive UI benefits, but that job could also be a poorer fit (Farooq, Kugler, and Muratori 2020; Marinescu 2017). Language highlighting the required nature of the enhanced online services could therefore have negative impacts on those selected to receive the services.

Two factors could limit these potential negative impacts. First, the email that describes the required enhanced services also provides the date and time for the RESEA meeting, suggesting to claimants they can access the meeting without carrying out the required activities. Additionally, by having the meeting already scheduled, claimants cannot mistakenly forget to schedule the meeting after completing the required online services. Second, claimants face no obvious consequences if they fail to complete the required services. They are able to schedule and attend the meeting, and they have no reason to believe the meeting will look different because they failed to complete the services. All RESEA participants are informed that the meeting could take up to two hours, even if that length is halved for those who complete the enhanced online services.

Which of these three hypothesized impacts dominates is an empirical question we study in this report. Table 1 summarizes the three hypotheses and their empirical predictions.

Table 1. Summary of Hypothesized Outcomes

	Hypothesis 1: Improves Outcomes	Hypothesis 2: Substitutes for Virtual RESEA Meeting	Hypothesis 3: Deters RESEA Participation
Impacts on RESEA Appointment Attendance	No impact on RESEA appointment	No Impact on RESEA appointment	Less likely to attend RESEA appointment
Impacts on UI Programmatic Outcomes	Reduces UI benefits claimed	No impact on UI benefits claimed	Reduces UI benefits claimed
Impacts on Labor Market Outcomes	Increases employment and / or wages	No impact on labor market outcomes	May increase employment and reduce wages
Overall Assessment of Impact	Highly positive (claimants better off)	Positive (saves agent time)	Ambiguous (claimants may be worse off)

IV. Assessing Randomization of Pilot

Before analyzing the impacts of receiving enhanced online services prior to the RESEA appointment, we assess whether the pilot achieved randomization as intended. As outlined in our analysis plan, we assess balance on the date of treatment assignment, gender, age, race and ethnicity, educational attainment, county of residence, profiling score[4], weeks of UI already claimed at time of treatment assignment,[5] full-year wages in the year before the quarter of initial UI claim, wages in the quarter before filing initial UI claim, UI benefit amount, and the RESEA agent handling an appointment.

For most of these variables, Table 2 provides the treatment group means and standard deviations as well as the p-values from a T-test comparing the two groups. For the county of residence variables and the RESEA agent variables, the table simply provides a p-value from a chi-squared test due to the large number of categories. The p-value exceeds 0.05 for most tests—indicating no finding of statistically significant imbalance—with a couple key exceptions. The first exception is with education, where some variables show balance, but others, like the share with some college or associate level education, do not. The second is with the RESEA agent assignment. The significance of the agent assignment appears to be driven by one agent that was not assigned treatment appointments to accommodate a disability. Excluding this agent yields a nonsignificant p-value. We control for agent assignment to account for any variation linked to agent interaction.

[4] The profiling score is based on a statistical model that incorporates demographic, geographic, economic, and claim information to predict the likelihood of exhausting UI benefits.

[5] Note that for part of our study, this variable reflects the time the UI IT system first sees the individual rather than precise date of treatment assignment due to a change in IT systems during the middle of our study period. To generate this variable, we take the difference between a participant's first UI claim date and the date the participant enters the UI IT system. We assume that participants claim UI benefits each week between the two dates.

Given that we examine over 20 variables for balance, it is possible that one or two show significant imbalance even with random assignment. Overall, we find the balance table suggests that the assignment to treatment was random as intended, but we include a wide set of control variables in our main specification to account for differences between the control and treatment groups.

Table 2. Summary Statistics

	Control Mean	Control SD	Treatment Mean	Treatment SD	P-Value on Difference
	(1)	(2)	(3)	(4)	(5)
Female	0.475	0.500	0.475	0.500	0.987
Male	0.510	0.500	0.515	0.500	0.804
Age <25	0.052	0.222	0.063	0.244	0.196
Age 25-55	0.714	0.452	0.708	0.455	0.728
Age >55	0.234	0.423	0.228	0.420	0.735
White	0.852	0.355	0.868	0.338	0.233
Native	0.066	0.248	0.063	0.242	0.730
Hispanic	0.211	0.408	0.224	0.417	0.435
Non-Hispanic	0.728	0.445	0.726	0.446	0.871
High School or GED	0.383	0.486	0.382	0.486	0.958
Some College or Associate	0.265	0.441	0.227	0.419	0.023
Bachelor's	0.188	0.391	0.196	0.397	0.594
Master's or higher	0.128	0.334	0.151	0.358	0.085
Profiling score	0.018	0.052	0.022	0.067	0.105
Treatment assignment date	7/6/2023	95.519	7/8/2023	95.876	0.568
Weeks of UI claimed prior to treatment assignment	2.597	1.453	2.616	1.492	0.731
Full-year wages before UI claim	54,156.31	53,262.47	54,899.39	52,353.62	0.715
Quarterly wage before UI claim	14,104.19	22,098.28	14,153.65	18,813.37	0.950
UI benefit amount	6,414.34	5,311.02	6,294.06	5,277.19	0.555
County					0.708
RESEA agent handling appointment					0.000
RESEA agent handling appointment (alt)					0.712
Observations	1274		1436		

Notes: Data were provided by the Montana Department of Labor and Industry. Sample consists of 2,710 individuals who were deemed eligible for RESEA between February 24, 2023, and January 22, 2024, excluding June 3, 7, 14, and 21. The sample excludes participants with appointment dates between February 26, 2024, and March 1, 2024, as Moodle accounts were made for all participants during this week. The sample also excludes participants who were assigned to the agent that was not assigned treatment appointments to accommodate a disability. P-value are derived from t-statistics for all variables except for county and RESEA agent, where it is derived from the chi-squared statistic. The alternate RESEA agent variable excludes the participants assigned to the agent that was not assigned treatment appointments to accommodate a disability.

V. Estimation Strategy

In line with our analysis plan, we estimate regressions where our main coefficient of interest is the coefficient on an indicator for whether the individual was assigned to the enhanced services group.

This provides us with an intent-to-treat estimate for the enhanced services pilot. The primary specification for our regressions includes cohort effects and baseline characteristics to increase precision in our estimates. Our sample includes claimants who were enrolled into RESEA between February 24, 2023, and January 22, 2024, excluding June 3, 7, 14, and 21 of 2023. These are the cohorts in which participants were randomly offered enhanced services. The sample excludes participants with appointment dates between February 26, 2024, and March 1, 2024, as Moodle accounts were made for all participants during this week. Our analysis plan provides the potential outcomes framework for our estimation strategy.

Our baseline specification can be characterized by equation 1:

$$(1) \qquad Y_i = \beta D_i + \gamma X_i + \delta_j + \epsilon_i$$

Here, Y_i represents the outcome we study, D_i is an indicator for whether the individual was randomized to receive the enhanced online services, and β is our main coefficient of interest. δ_j represents the weekly cohort fixed effects, and X_i are our controls. Our controls include all covariates for which we assess balance in Table 2, including gender, age, race and ethnicity, educational attainment, county of residence, profiling score, weeks of UI already claimed at time of treatment assignment,[6] full-year wages in the year before the quarter of initial UI claim, wages in the quarter before filing initial UI claim, UI benefit amount, and the RESEA agent handling an appointment. We provide estimates excluding these controls for reference in Appendix B.

In Appendix C, we assess how the treatment effects vary with macroeconomic conditions in line with our analysis plan. To accommodate this, we proxy for macroeconomic conditions with Montana's unemployment rate, interacting that proxy with the treatment indicator. We estimate this as in equation 2 below,

$$(2) \qquad Y_i = \beta D_i + \eta D_i * UR_t + X_i\gamma + \delta_j + \epsilon_i$$

where UR_t is Montana's unemployment rate in a given month (as provided in the Local Area Unemployment Statistics) and the unemployment rate main effect UR_t is subsumed in the cohort effects δ_j. The equation is otherwise analogous to equation 1. β continues to show the impact of treatment, but we also focus our attention on η to understand how treatment varies with unemployment. Changes in the composition of the unemployed, the composition of those selected for RESEA, or the broader labor market could account for variation in how treatment varies with macroeconomic conditions.

VI. Analyzing Impact of Enhanced Services on UI Program Participation Outcomes

The first set of outcomes we consider are program participation outcomes. Using the specification in Equation 1, we analyze the impact of the enhanced online services on engagement with reemployment services. As outlined in Table 1, we might expect to see a null or negative impact here depending on which hypothesis holds true in the data. In Table 3 Column 1, we can see that participants receiving the enhanced online services were less likely to attend the appointment,

[6] Again, note that for part of our study, this variable reflects the time the UI IT system first sees the individual rather than precise date of treatment assignment due to a change in IT systems during the middle of our study period.

though this effect is small and not statistically significant. The estimate suggests a 0.6 percentage point decrease in in the likelihood of appointment completion off a baseline mean of 64.7 percent, reflecting a 1 percent impact. The standard errors rule out negative effects greater than 6 percent but cannot rule out very small negative impacts.

In Columns 2 and 3, we examine whether treatment participants are more likely to participate in nonmandatory activities, specifically other job service programs or maintaining contact with job services staff. The results for enrolling in a job service program are highly imprecise given that only about 1 percent of RESEA recipients enroll in such a program. The confidence interval ranges from a –76 percent impact to a positive 45 percent impact. The results for contacting a job services staff member in Column 3 are somewhat more precise but remain inconclusive. The point estimate of 2 percentage points compared to a baseline mean of 44.8 percent suggests an effect of about 5 percent, but the confidence interval ranges from –5 percent to 13 percent. This result applies to all individuals assigned to the treatment group, even though only about 20 percent completed at least one activity or the résumé checklist prior to the meeting. If one believed that the effect of treatment for these outcomes would be concentrated on the 20 percent of individuals who completed an activity on Reemployment Central prior to the meeting, then the confidence intervals for the effect of treatment on those who were treated would be about five times larger than those noted above.

In Columns 4 and 5, we evaluate the effect of treatment on the total value of unemployment insurance benefits claimed and percent of benefits claimed. The point estimates suggest that treated participants claimed $140.49 less in benefits or less than 1 percentage point less in their percent of total benefits claimed than control participants. However, these differences are not statistically significant. The confidence intervals include both 0 and negative impacts of 4 percent to 8 percent. As with the job services outcomes, if one were to believe the impacts on benefits claimed were concentrated on the 20 percent of individuals who completed an activity on Reemployment Central, then the lower bound on the confidence intervals could be sizeable. We would not be able to rule out a 20 percent reduction in the percent of benefits claimed or a 40 percent reduction in the total benefits claimed. The confidence intervals do suggest that a large increase in benefits claimed is unlikely.

Appendix Tables B1 and C1 replicate the analysis in Table 3 with modifications to the regression specification. Table B1 excludes demographic and programmatic controls. When excluding these control variables, the estimates continue to all have directional similarities with those in Table 3. They remain statistically insignificant at the 5 percent level. Table C1 provides estimates from the specification in Equation 2, which contains an interaction between treatment and the unemployment rate. The estimated coefficients for this interaction are imprecise and statistically insignificant for all variables except for the appointment completion variable, which could be due to chance. The estimate suggests that enhanced services lead to lower likelihoods of appointment completion as the unemployment rate rises. For the remaining variables, as the unemployment rate of a given county increases, there is not a clear relationship between the enhanced online services and participation outcomes.

Table 3. Impact of Treatment on UI Program Participation Outcomes

	Appointment Completion	Job Service Program	Job Service Contact	Total Benefits Claimed	Percent of Benefits Claimed
	(1)	(2)	(3)	(4)	(5)
			Results		
Treatment	-0.006	-0.002	0.019	-140.49	-0.005
	(0.016)	(0.004)	(0.020)	(189.71)	(0.008)
Observations	2627	2627	2627	2627	2627
R-Squared	0.325	0.039	0.104	0.242	0.721
Control Mean	0.647	0.013	0.448	6,414.34	0.578
95% Confidence Interval Scaled by Mean	[-6%, 4%]	[-76%, 45%]	[-5%, 13%]	[-8%, 4%]	[-4%, 2%]
			Specification Details		
Week of Assignment Fixed Effects	X	X	X	X	X
Demographic Controls	X	X	X	X	X
UI Programmatic Controls	X	X	X	X	X

Notes: Data were provided by the Montana Department of Labor and Industry. Sample consists of 2,710 individuals who were deemed eligible for RESEA between February 24, 2023, and January 22, 2024, excluding June 3, 7, 14, and 21. The sample excludes participants with appointment dates between February 26, 2024, and March 1, 2024, as Moodle accounts were made for all participants during this week. The sample also excludes participants who were assigned to the agent that was not assigned treatment appointments to accommodate a disability. Demographic controls include gender, age, race and ethnicity, educational attainment, and county of residence. UI programmatic controls include profiling score, weeks of UI already claimed at time of treatment assignment, full-year wages in the year before the quarter of initial UI claim, wages in the quarter before filing initial UI claim, UI benefit amount, and the RESEA agent handling an appointment. Robust standard errors (in parentheses). ***p<.01, **p<.05, *p<.10.

VII. Analyzing Impact of Enhanced Services on Labor Market Outcomes

In Tables 4 and 5, we examine labor market outcomes, including the total UI weeks claimed and employment, as well as wages in the quarters following the first UI filing. While we pre-registered measuring the effect of treatment on work search activity, a change in IT systems during the study period disrupted the recording of work searches, limiting our ability to analyze this metric. Per our analysis plan, we focus on the four quarters following the UI claim.

In Column 1 of Table 4, we observe that participants assigned to the enhanced online services group claimed 0.1 fewer weeks of unemployment insurance compared to a baseline of about 15 weeks. This effect is not statistically significant, but the negative coefficient is in line with the point estimates suggesting a reduction in benefits claimed in Table 3. The confidence interval is fairly tight, ruling out positive or negative effects much larger than 3 percent. However, as with the analysis of programmatic outcomes, the interval might be scaled to a larger range if one believed the impacts would be concentrated on the 20 percent of individuals who completed an activity prior to the appointment.

Columns 2 through 5 examine the impact of treatment on employment one through four quarters after UI claiming, respectively. The point estimates suggest that treatment participants had roughly a 1 to 2 percentage point greater likelihood of employment in the four quarters off the baselines of

about 64 percent in the first quarter and 68 percent in the following quarters. However, the estimates are imprecise, with confidence intervals including estimates as low as –4 percent and as high as 9 percent. If scaled by five to correspond with the 20 percent of participants who completed an activity prior to the appointment, these confidence intervals would be very wide.

Table 5 examines wage outcomes. Panel A presents estimates for the dollar value of wages in the four quarters after claiming. Panel B examines the natural log of wages. The natural log specification has the benefit of reducing the impact of outliers, which could be potentially important for wage outcomes, and it can be roughly interpreted in percent terms. The dollar value specification has the benefit of not dropping individuals with 0 values for wages, and the estimated coefficients are in dollar units. For each of these columns, the table presents imprecise null results. The confidence intervals rule out impacts at least as large as 12 percent in any direction. If scaled by five to align with the 20 percent activity completion rate, the ranges are very large.

We continue to obtain statistically insignificant estimates at the 5 percent level when excluding control variables in Tables B2 and B3. Tables C2 and C3 include an interaction between the unemployment rate and treatment. As in Table C1, the estimates for this interaction term are noisy and generally statistically insignificant.

Table 4. Impact of Treatment on Employment Outcomes

	Total UI Weeks Claimed	Employed Q1 After Filing	Employed Q2 After Filing	Employed Q3 After Filing	Employed Q4 After Filing
	(1)	(2)	(3)	(4)	(5)
Treatment	-0.145	0.010	0.023	0.016	0.009
	(0.173)	(0.018)	(0.018)	(0.018)	(0.018)
Observations	2627	2627	2627	2627	2627
R-Squared	0.773	0.206	0.134	0.119	0.118
Control Mean	14.655	0.637	0.681	0.686	0.680
95% Confidence Interval Scaled by Mean	[-3%, 1%]	[-4%, 7%]	[-2%, 9%]	[-3%, 7%]	[-4%, 7%]
Week of Assignment Fixed Effects	X	X	X	X	X
Demographic Controls	X	X	X	X	X
UI Programmatic Controls	X	X	X	X	X

Notes: Data were provided by the Montana Department of Labor and Industry. Sample consists of 2,710 individuals who were deemed eligible for RESEA between February 24, 2023, and January 22, 2024, excluding June 3, 7, 14, and 21. The sample excludes participants with appointment dates between February 26, 2024, and March 1, 2024, as Moodle accounts were made for all participants during this week. The sample also excludes participants who were assigned to the agent that was not assigned treatment appointments to accommodate a disability. Demographic controls include gender, age, race and ethnicity, educational attainment, and county of residence. UI programmatic controls include profiling score, weeks of UI already claimed at time of treatment assignment, full-year wages in the year before the quarter of initial UI claim, wages in the quarter before filing initial UI claim, UI benefit amount, and the RESEA agent handling an appointment. Robust standard errors (in parentheses). ***p<.01, **p<.05, *p<.10.

Table 5. Impact of Treatment on Wage Outcomes

	Wages Q1 After Filing	Wages Q2 After Filing	Wages Q3 After Filing	Wages Q4 After Filing
	(1)	(2)	(3)	(4)
		A. Dollar Value		
Treatment	-61.47	166.66	164.12	-102.29
	(291.37)	(328.01)	(339.77)	(347.08)
Observations	2627	2627	2627	2627
R-Squared	0.321	0.315	0.259	0.284
Control Mean	6,278.91	7,817.10	8,247.14	8,306.69
95% Confidence Interval Scaled by Mean	[-10%, 8%]	[-6%, 10%]	[-6%, 10%]	[-9%, 7%]
		B. Log Wages		
Treatment	-0.007	-0.001	0.035	0.012
	(0.050)	(0.041)	(0.043)	(0.047)
Observations	1687	1813	1819	1796
R-Squared	0.294	0.278	0.284	0.279
Control Mean	8.751	8.983	9.045	9.024
95% Confidence Interval Scaled by Mean	[-11%, 9%]	[-8%, 8%]	[-5%, 12%]	[-8%, 11%]
Week of Assignment Fixed Effects	X	X	X	X
Demographic Controls	X	X	X	X
UI Programmatic Controls	X	X	X	X

Notes: Data were provided by the Montana Department of Labor and Industry. Sample consists of 2,710 individuals who were deemed eligible for RESEA between February 24, 2023, and January 22, 2024, excluding June 3, 7, 14, and 21. The sample excludes participants with appointment dates between February 26, 2024, and March 1, 2024, as Moodle accounts were made for all participants during this week. The sample also excludes participants who were assigned to the agent that was not assigned treatment appointments to accommodate a disability. Demographic controls include gender, age, race and ethnicity, educational attainment, and county of residence. UI programmatic controls include profiling score, weeks of UI already claimed at time of treatment assignment, full-year wages in the year before the quarter of initial UI claim, wages in the quarter before filing initial UI claim, UI benefit amount, and the RESEA agent handling an appointment. Robust standard errors (in parentheses). ***p<.01, **p<.05, *p<.10.

VIII. Discussion and Conclusion

This report examines the impact of enhanced services for RESEA participants in a randomized pilot. In the study, we aim to understand whether additional online coursework prior to the RESEA appointment influences programmatic and labor market outcomes. We have three hypotheses for the impact of the enhanced services pilot. First, the enhanced services could yield positive outcomes by allowing participants to better use their RESEA appointment. Second, the enhanced services could be a substitute for the in-person appointment and save agents' time. And third, it could reduce appointment completion, with ambiguous effect.

We obtain null results for all the outcomes we analyze. Our results rule out large reductions in appointment completion, suggesting that the third hypothesis is unlikely in a setting where failure to complete activities carries no consequence. However, the estimates are too noisy to distinguish between the first and second hypotheses, especially if we believe any benefits from the pilot would be concentrated on the 20 percent of treated individuals who completed the required modules before the appointment. Overall, our findings rule out large negative impacts of the enhanced services, but they are too imprecise to determine the extent of any benefits.

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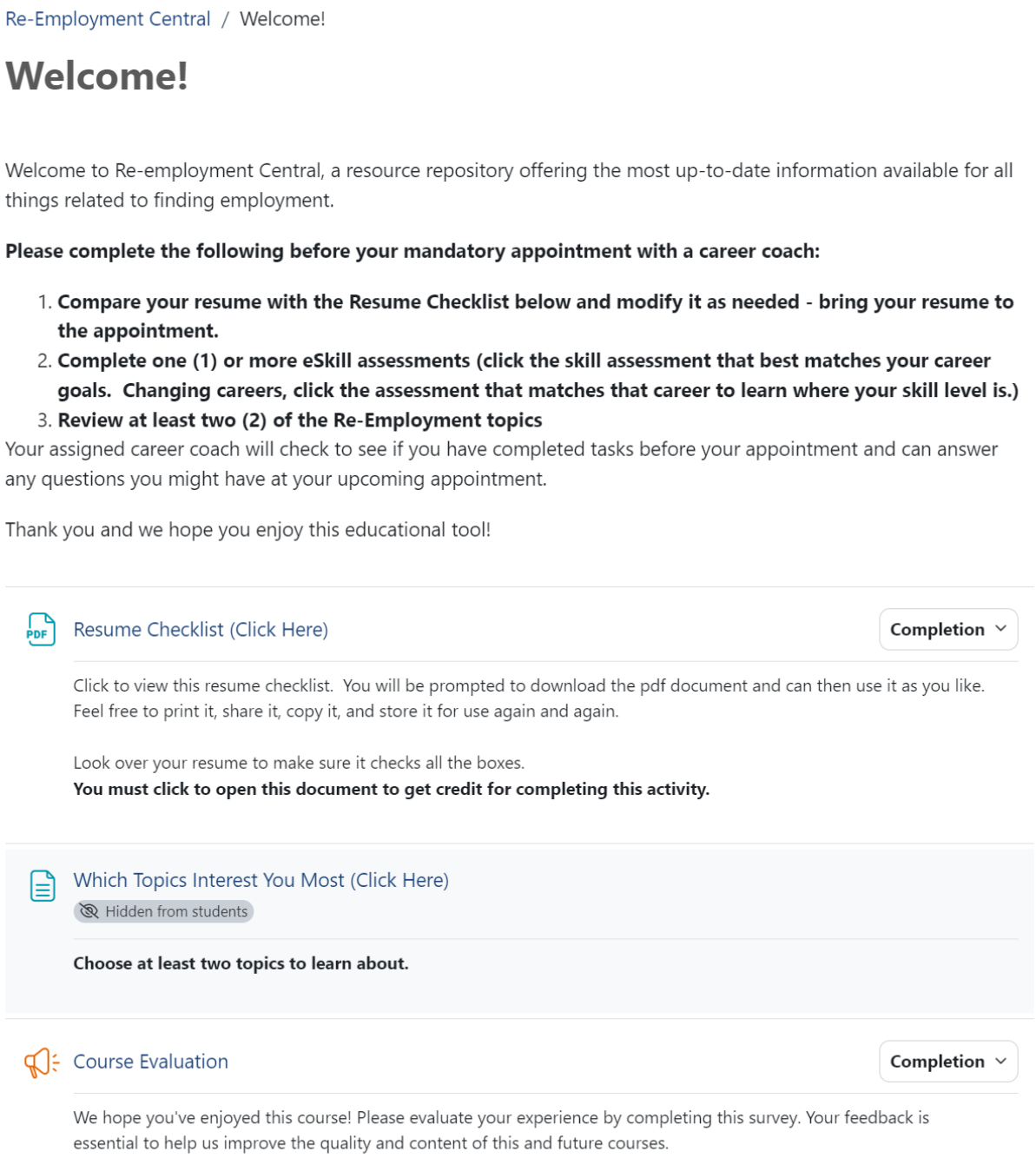
Appendix A. Screenshots of Reemployment Central



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- Basic Computers
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- Accounting/Quickbooks Pro 2018
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- Python for Data Visualization in Data Science
- Scrum Master
- Product Manager
- Supervisor Skills
- Attention to Detail
- Office Assistant
- Customer Service
- Bank Teller Skills
- Human Resource Assistant
- MS Word (0365 Desktop & Online)
- Microsoft Word and Excel 2010 Combined Assessment

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Re-Employment Resources

- Remote Work Resources
  - 100 Remote Jobs.xlsx
  - Remote Work Certificate Program Flyer.pdf
- Resume Resources
  - Resume Stylesheets - Use to create your own
    - Chronological Resume(1).dotx
    - Combination Resume (1).dotx
    - Functional Resume (1).dotx
  - Resume Types with Explanations
    - Chronological Example with Tips.pdf
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    - Functional Example with Tips.pdf
  - Federal Resume Template.docx
  - Federal Resume Tips.pdf
  - Mature Worker Sample Resume.docx
  - Pocket Resume.pdf
  - Reference List - Sample.dotx
  - Resume Checklist.pdf
  - Resume Writing Power Verbs.pdf
  - Resume-Writing-Tips.pdf
  - Resumes Tips (Career Guide).pdf
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Appendix B. Results without Controls

Table B1. Impact of Treatment on UI Program Participation Outcomes, No Controls

	Appointment Completion	Job Service Program	Job Service Contact	Total Benefits Claimed	Percent of Benefits Claimed
	(1)	(2)	(3)	(4)	(5)
			Results		
Treatment	-0.009	-0.002	0.017	-141.84	-0.013
	(0.018)	(0.004)	(0.019)	(203.63)	(0.015)
Observations	2710	2710	2710	2710	2710
R-Squared	0.021	0.014	0.019	0.019	0.031
Control Mean	0.647	0.013	0.448	6,414.34	0.578
95% Confidence Interval Scaled by Mean	[-7%, 4%]	[-76%, 45%]	[-5%, 12%]	[-8%, 4%]	[-7%, 3%]
			Specification Details		
Week of Assignment Fixed Effects	X	X	X	X	X
Demographic Controls					
UI Programmatic Controls					

Notes: Data were provided by the Montana Department of Labor and Industry. Sample consists of 2,710 individuals who were deemed eligible for RESEA between February 24, 2023, and January 22, 2024, excluding June 3, 7, 14, and 21. The sample excludes participants with appointment dates between February 26, 2024, and March 1, 2024, as Moodle accounts were made for all participants during this week. The sample also excludes participants who were assigned to the agent that was not assigned treatment appointments to accommodate a disability. Robust standard errors (in parentheses). ***p<.01, **p<.05, *p<.10.

Table B2. Impact of Treatment on Employment Outcomes, No Controls

	Total UI Weeks Claimed	Employed Q1 After Filing	Employed Q2 After Filing	Employed Q3 After Filing	Employed Q4 After Filing
	(1)	(2)	(3)	(4)	(5)
Treatment	-0.402	0.007	0.018	0.011	0.007
	(0.340)	(0.018)	(0.018)	(0.018)	(0.018)
Observations	2710	2710	2710	2710	2710
R-Squared	0.016	0.023	0.021	0.022	0.018
Control Mean	14.655	0.637	0.681	0.686	0.680
95% Confidence Interval Scaled by Mean	[-7%, 2%]	[-4%, 7%]	[-3%, 8%]	[-4%, 7%]	[-4%, 6%]
Week of Assignment Fixed Effects	X	X	X	X	X
Demographic Controls					
UI Programmatic Controls					

Notes: Data were provided by the Montana Department of Labor and Industry. Sample consists of 2,710 individuals who were deemed eligible for RESEA between February 24, 2023, and January 22, 2024, excluding June 3, 7, 14, and 21. The sample excludes participants with appointment dates between February 26, 2024, and March 1, 2024, as Moodle accounts were made for all participants during this week. The sample also excludes participants who were assigned to the agent that was not assigned treatment appointments to accommodate a disability. Demographic controls include gender, age, race and ethnicity, educational attainment, and county of residence. UI programmatic controls include profiling score, weeks of UI already claimed at time of treatment assignment, full-year wages in the year before the quarter of initial UI claim, wages in the quarter before filing initial UI claim, UI benefit amount, and the RESEA agent handling an appointment. Robust standard errors (in parentheses). ***p<.01, **p<.05, *p<.10.

Table B3. Impact of Treatment on Wage Outcomes, No Controls

	Wages Q1 After Filing	Wages Q2 After Filing	Wages Q3 After Filing	Wages Q4 After Filing
	(1)	(2)	(3)	(4)
		A. Dollar Value		
Treatment	142.62	265.01	264.74	65.01
	(329.33)	(372.32)	(369.86)	(386.46)
Observations	2710	2710	2710	2710
R-Squared	0.031	0.026	0.024	0.026
Control Mean	6,278.91	7,817.10	8,247.14	8,306.69
95% Confidence Interval Scaled by Mean	[-8%, 13%]	[-6%, 13%]	[-6%, 12%]	[-8%, 10%]
		B. Log Wages		
Treatment	0.008	0.008	0.042	0.022
	(0.055)	(0.047)	(0.046)	(0.049)
Observations	1735	1873	1878	1854
R-Squared	0.033	0.030	0.026	0.034
Control Mean	8.751	8.983	9.045	9.024
95% Confidence Interval Scaled by Mean	[-10%, 12%]	[-9%, 10%]	[-5%, 14%]	[-8%, 12%]
Week of Assignment Fixed Effects	X	X	X	X
Demographic Controls				
UI Programmatic Controls				

Notes: Data were provided by the Montana Department of Labor and Industry. Sample consists of 2,710 individuals who were deemed eligible for RESEA between February 24, 2023, and January 22, 2024, excluding June 3, 7, 14, and 21. The sample excludes participants with appointment dates between February 26, 2024, and March 1, 2024, as Moodle accounts were made for all participants during this week. The sample also excludes participants who were assigned to the agent that was not assigned treatment appointments to accommodate a disability. Demographic controls include gender, age, race and ethnicity, educational attainment, and county of residence. UI programmatic controls include profiling score, weeks of UI already claimed at time of treatment assignment, full-year wages in the year before the quarter of initial UI claim, wages in the quarter before filing initial UI claim, UI benefit amount, and the RESEA agent handling an appointment. Robust standard errors (in parentheses). ***p<.01, **p<.05, *p<.10.

Appendix C. Results Varying with Macroeconomic Conditions

Table C1. Impact of Treatment on UI Program Participation Outcomes, Unemployment Interaction

	Appointment Completion	Job Service Program	Job Service Contact	Total Benefits Claimed	Percent of Benefits Claimed
	(1)	(2)	(3)	(4)	(5)
			Results		
Treatment	0.110*	0.016	-0.026	-119.027	-0.012
	(0.058)	(0.017)	(0.069)	(663.086)	(0.029)
Treatment x Unemployment Rate	-0.043**	-0.007	0.017	-8.202	0.002
	(0.021)	(0.006)	(0.025)	(226.824)	(0.011)
Observations	2604	2604	2604	2604	2604
R-Squared	0.322	0.040	0.097	0.236	0.720
Control Mean	0.647	0.013	0.448	6,414.34	0.578
95% Confidence Interval Scaled by Mean	[-13%, 0%]	[-144%, 37%]	[-7%, 15%]	[-7%, 7%]	[-3%, 4%]
			Specification Details		
Week of Assignment Fixed Effects	X	X	X	X	X
Demographic Controls	X	X	X	X	X
UI Programmatic Controls	X	X	X	X	X

Notes: Data were provided by the Montana Department of Labor and Industry. Unemployment date come form the Local Area Unemployment Statistics (LAUS). Sample consists of 2,710 individuals who were deemed eligible for RESEA between February 24, 2023, and January 22, 2024, excluding June 3, 7, 14, and 21. The sample excludes participants with appointment dates between February 26, 2024, and March 1, 2024, as Moodle accounts were made for all participants during this week. The sample also excludes participants who were assigned to the agent that was not assigned treatment appointments to accommodate a disability. Demographic controls include gender, age, race and ethnicity, educational attainment, and county of residence. UI programmatic controls include profiling score, weeks of UI already claimed at time of treatment assignment, full-year wages in the year before the quarter of initial UI claim, wages in the quarter before filing initial UI claim, UI benefit amount, and the RESEA agent handling an appointment. Robust standard errors (in parentheses). ***p<.01, **p<.05, *p<.10.

Table C2. Impact of Treatment on Employment Outcomes, Unemployment Interaction

	Total UI Weeks Claimed	Employed Q1 After Filing	Employed Q2 After Filing	Employed Q3 After Filing	Employed Q4 After Filing
	(1)	(2)	(3)	(4)	(5)
Treatment	-0.410	-0.081	-0.076	-0.093	-0.047
	(0.624)	(0.062)	(0.064)	(0.065)	(0.067)
Treatment x Unemployment Rate	0.095	0.034	0.037	0.041*	0.021
	(0.226)	(0.022)	(0.023)	(0.023)	(0.024)
Observations	2604	2604	2604	2604	2604
R-Squared	0.771	0.196	0.118	0.104	0.103
Control Mean	14.655	0.637	0.681	0.686	0.680
95% Confidence Interval Scaled by Mean	[-2%, 4%]	[-1%, 12%]	[-1%, 12%]	[-1%, 13%]	[-4%, 10%]
Week of Assignment Fixed Effects	X	X	X	X	X
Demographic Controls	X	X	X	X	X
UI Programmatic Controls	X	X	X	X	X

Notes: Data were provided by the Montana Department of Labor and Industry. Sample consists of 2,710 individuals who were deemed eligible for RESEA between February 24, 2023, and January 22, 2024, excluding June 3, 7, 14, and 21. The sample excludes participants with appointment dates between February 26, 2024, and March 1, 2024, as Moodle accounts were made for all participants during this week. The sample also excludes participants who were assigned to the agent that was not assigned treatment appointments to accommodate a disability. Demographic controls include gender, age, race and ethnicity, educational attainment, and county of residence. UI programmatic controls include profiling score, weeks of UI already claimed at time of treatment assignment, full-year wages in the year before the quarter of initial UI claim, wages in the quarter before filing initial UI claim, UI benefit amount, and the RESEA agent handling an appointment. Robust standard errors (in parentheses). ***p<.01, **p<.05, *p<.10.

Table C3. Impact of Treatment on Wage Outcomes, Unemployment Interaction

	Wages Q1 After Filing	Wages Q2 After Filing	Wages Q3 After Filing	Wages Q4 After Filing
	(1)	(2)	(3)	(4)
		A. Dollar Value		
Treatment	-1,344.65	362.58	-1,328.64	-1,334.94
	(1,117.67)	(1,211.01)	(1,377.43)	(1,336.08)
Treatment x Unemployment Rate	475.93	-73.68	553.25	456.96
	(394.56)	(414.77)	(484.39)	(461.37)
Observations	2604	2604	2604	2604
R-Squared	0.318	0.312	0.254	0.280
Control Mean	6,278.91	7,817.10	8,247.14	8,306.69
95% Confidence Interval Scaled by Mean	[-5%, 20%]	[-11%, 9%]	[-5%, 18%]	[-5%, 16%]
		B. Log Wages		
Treatment	0.116	0.107	0.170	0.041
	(0.201)	(0.15)	(0.155)	(0.174)
Treatment x Unemployment Rate	-0.046	-0.040	-0.050	-0.011
	(0.075)	(0.052)	(0.055)	(0.062)
Observations	1684	1812	1817	1793
R-Squared	0.293	0.278	0.272	0.263
Control Mean	8.751	8.983	9.045	9.024
95% Confidence Interval Scaled by Mean	[-20%, 11%]	[-14%, 7%]	[-16%, 6%]	[-14%, 11%]
Week of Assignment Fixed Effects	X	X	X	X
Demographic Controls	X	X	X	X
UI Programmatic Controls	X	X	X	X

Notes: Data were provided by the Montana Department of Labor and Industry. Sample consists of 2,710 individuals who were deemed eligible for RESEA between February 24, 2023, and January 22, 2024, excluding June 3, 7, 14, and 21. The sample excludes participants with appointment dates between February 26, 2024, and March 1, 2024, as Moodle accounts were made for all participants during this week. The sample also excludes participants who were assigned to the agent that was not assigned treatment appointments to accommodate a disability. Demographic controls include gender, age, race and ethnicity, educational attainment, and county of residence. UI programmatic controls include profiling score, weeks of UI already claimed at time of treatment assignment, full-year wages in the year before the quarter of initial UI claim, wages in the quarter before filing initial UI claim, UI benefit amount, and the RESEA agent handling an appointment. Robust standard errors (in parentheses). ***p<.01, **p<.05, *p<.10.