

IssueBRIEF

"The Department supports states' efforts to align employment and training programs and braid various funding sources to enhance integration and streamline service delivery."

*Training and Employment Guidance
Letter No. 11-12*



Enhanced Intake for All American Job Center Customers: A Functionally-Aligned Model

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HIGHLIGHTS FROM THIS BRIEF

One quarter of the Local Workforce Investment Areas (local areas) that participated in the Workforce Investment Act (WIA) Adult and Dislocated Worker Programs Gold Standard Evaluation implemented a model in which:

- Each new customer to an American Job Center received a needs assessment before being directed to conduct a self-directed job search.
- This assessment was provided interchangeably by WIA and Wagner-Peyser Employment Service staff.

Challenges implementing the model included having sufficient staff resources from both programs, having fewer resources left for training, lower scores on performance measures, and staff resistance to cross-program supervision. However, local area staff reported that the model improved customer service and the efficiency of staff use.

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As the Workforce Investment Act of 1998 (WIA) reached its second decade, some states and Local Workforce Investment Areas (local areas) began to implement a new model of service provision in which all job seekers receive staff-assisted employment services during their first visit to an American Job Center (AJC; formerly known as a One-Stop Career Center). Instead of conducting a primarily self-directed job search on their first visit to an AJC, under this new model, customers meet with a staff member who assesses their needs and discusses service options. Some local areas train staff members from both WIA and the Wagner-Peyser Employment Service (ES) programs to provide this up-front assistance in the same way regardless of their program affiliation. Many refer to this integration of staff from different programs to provide a service as “functional alignment.” This brief uses the term “integrated enhanced intake” to refer to the model in which all new AJC customers receive up-front staff-assisted services and in which these services are provided by functionally-aligned staff from the WIA and ES programs.

Seven of the 28 local areas that participated in the WIA Adult and Dislocated Worker Programs Gold Standard Evaluation (WIA Gold Standard Evaluation) implemented this integrated enhanced intake model at the time of the study's qualitative data collection in 2012 and 2013. This brief describes the rationale for the model, how these seven local areas implemented this model in practice, and the challenges they encountered.

WIA LAID THE GROUNDWORK FOR THE INTEGRATED ENHANCED INTAKE MODEL

One of WIA's major goals was to reduce the fragmentation of public workforce investment services. Rather than having customers and employers access services from different programs at different locations, WIA required local areas to establish at least one AJC at which multiple programs provide services. WIA envisioned that AJCs would be "one-stop shops" for workforce services. In coordination with other partner programs, the WIA Adult and Dislocated Worker programs provided employment services and training to their customers. The ES program, a required partner in the AJC system, provided job search services and often administered the state's job listings. In line with WIA's goal to reduce fragmentation, local areas that adopted functional alignment sought to improve the coordination of services provided by the WIA and ES programs.

WIA required that *all* customers have access to self-service core services at the AJCs. The types of services available included access to online job matching systems, online job search tools, and information about the local labor market and services available in the community. WIA also required that customers who request and are determined to need further services have access to staff assistance (staff-assisted core services and intensive services) and, if eligible, training services. The integrated enhanced intake model discussed in this brief takes the requirement of providing some services to all customers one step further—by providing staff assistance to all customers.

The Workforce Innovation and Opportunity Act (WIOA), which superseded WIA, continues this focus on providing services for all customers and integrating the workforce investment services. None of its provisions would fundamentally affect the use of the integrated enhanced intake model.

THE IMPETUS FOR CHANGE

Although WIA laid the groundwork for the integrated enhanced intake model, the impetus for the change arose from concerns that new AJC customers often need more staff assistance on their first visit to an AJC. Early proponents of this model argued that many customers lack the computer literacy or basic skills to make good use of the available self-service tools and informational resources. By meeting with the customers one-on-one, a staff person can better assess their needs and direct them to the appropriate service. Understanding the customers' needs early on would lead to more orderly and targeted provision of services.

Echoing WIA's goal of reducing program fragmentation, functional alignment proponents argued that using WIA and ES staff members interchangeably to provide these enhanced intake services is most effective. Under functional alignment, WIA and ES staff members receive the same training and have the same responsibilities, so the services that customers receive are more consistent. Moreover, the model eliminates duplication—instead of meeting with both a WIA staff member and an ES staff member, under functional alignment, customers can access both ES and WIA services after meeting with only one staff member. Further, increasing the number of staff available to provide the service can shorten customers' waiting times to access the services they need.

Of the 28 local areas randomly selected to participate in the WIA Gold Standard Evaluation, 7 (listed in the text box below)—one quarter of the local areas—had implemented the integrated enhanced intake model at the time of the evaluation's site visits. These seven local areas are

STUDY LOCAL AREAS THAT ADOPTED AN INTEGRATED ENHANCED INTAKE MODEL

- Capital Region (New York)
- Central Region (Missouri)
- Chautauqua County (New York)
- New Orleans (Louisiana)
- Northwest Pennsylvania
- Sacramento (California)
- Twin Districts (Mississippi)

Source: WIA Gold Standard Evaluation qualitative data collection, 2012-2013.

located in six states. An additional two local areas provided staff-assisted services to all new AJC customers, but used only ES staff to provide them and so did not meet our integrated enhanced intake model criteria. After our visits, one of these seven local areas discontinued using this model because of the implementation challenges discussed below. At about the same time that this local area discontinued use of the model, another local area in the study moved toward using it.

Frequently, the impetus for introducing the integrated enhanced intake model came from the state. For example, Louisiana, Mississippi, and Missouri mandated the use of this model. Missouri issued formal guidance for its “Next Generation” service strategy in 2009 that designated “flow functions” for customer services that were to be carried out by integrated, cross-trained staff teams with common leadership, and required an initial skills assessment for all new AJC customers (as described in the text box to the right). New York State provided guidance to its local areas in 2006 to integrate WIA and ES services and urged local areas to consider “common intake forms, single points of customer service, services delivered according to customer need rather than program focus, common staff performing single functions, and common goals, data, and measures.”¹ The California Employment Development Department introduced the integrated enhanced intake model to its local areas but did not mandate its use. The Sacramento (California) local area along with 11 other local areas in California became “Learning Labs” for this model. The introduction of the integrated enhanced intake model in the Northwest Pennsylvania local area was a local decision.

ENHANCED INTAKE FOR ALL AJC CUSTOMERS

The adoption of the integrated enhanced intake model fundamentally changed customers’ initial experiences at an AJC. In the study local areas that did not employ the integrated enhanced intake model, customers typically received limited staff-assisted services during their first visit to an AJC. Although the details of local areas’ service provision differed, Figure 1 illustrates a typical customer flow in the local areas in our study that did not adopt the integrated enhanced intake model. First, new customers who walked into an AJC met a “greeter” at the front desk who conducted a brief intake. The duration and elements of this intake varied, but normally new customers signed in, indicated the reason for the visit, and listened to a brief orientation to center services (by a video, the greeter, or

MISSOURI’S “NEXT GENERATION” AJC STRATEGIC FRAMEWORK

- All Career Center (Missouri’s name for an AJC) staff will value both skills and jobs, strive to connect them for our customers, and continuously promote the opportunity for customers to have both.
- All customers will be provided with the opportunity to know their skills, improve their skills, and get the best job possible.
- The customer flow will include a first-visit, standardized initial skills assessment, easy access paths to a wide range of skill development services, and the opportunity to improve their employment opportunities through skill upgrading, skill validation, and credentialing.
- An integrated customer flow will be developed and implemented that responds to customer needs—not program requirements. This integrated flow will include three major functions: welcome/assessment, skill development, and employment.
- These flow functions will be fulfilled by integrated, cross-trained, staff teams with functional leadership.
- All Career Center customers will be enrolled in the performance pool of both the WIA Adult program and Wagner-Peyser program during the first center visit.

Source: Missouri Division of Workforce Development Issuance 05-2009.

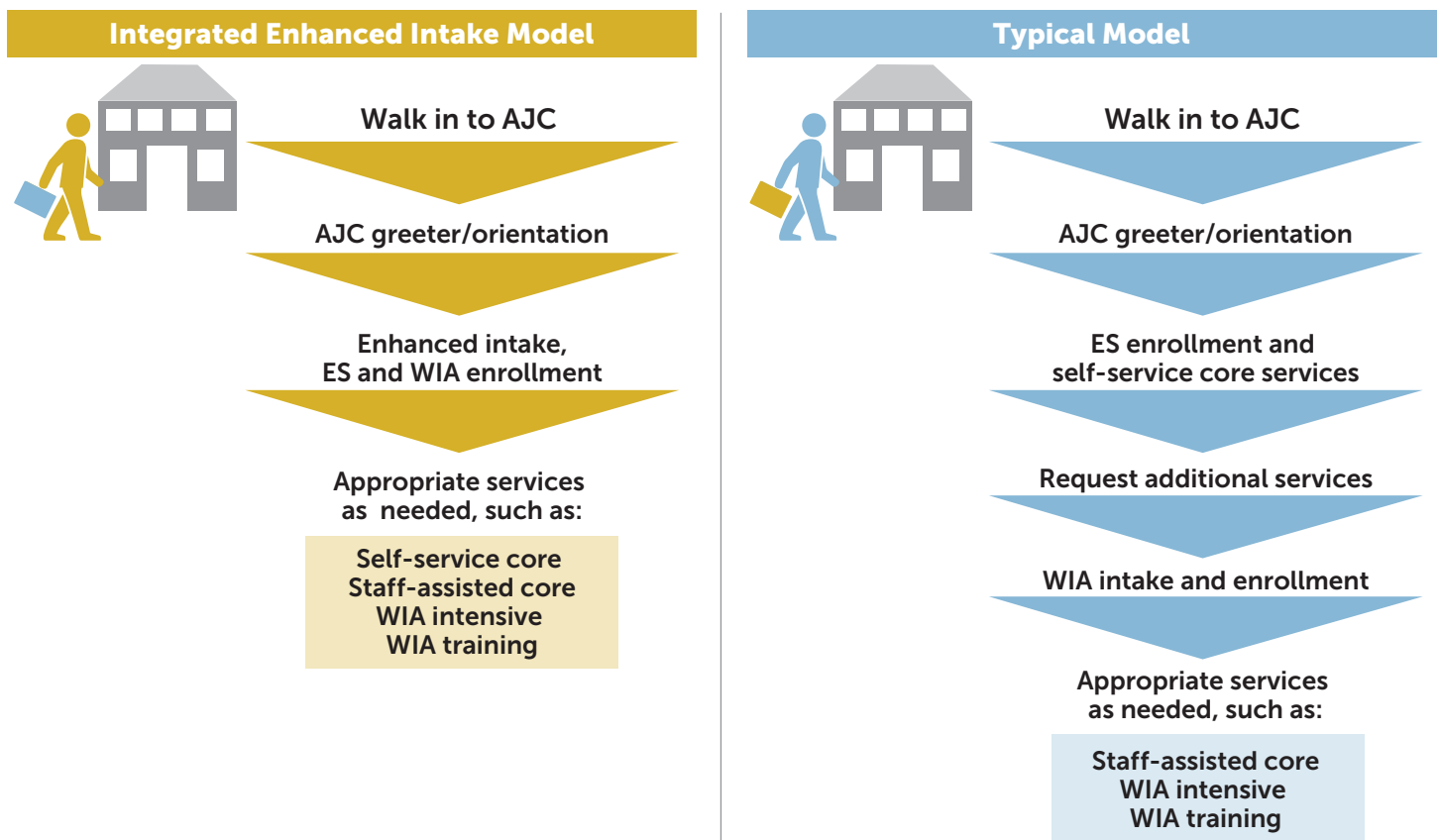
another staff member). Then the greeter directed most customers to the AJC resource room, where they had access to job listings, online tools, and the Internet, and could enroll in ES to receive job referrals and sign up to attend employment-related workshops. An AJC employee in the resource room—funded by WIA, ES, or another program—might provide some minimal one-on-one assistance, but such assistance mainly involved answering customers’ questions and did not involve any staff-assisted in-depth assessments. Customers would only receive further staff assistance if they requested it or if the AJC employee in the resource room determined that they needed it. The next step for these customers was to meet with a WIA staff member, who would enroll them in WIA and direct them to appropriate services.

In contrast, under the integrated enhanced intake model, after customers met the greeter and received an orientation, they would meet with a staff member for an enhanced intake rather than be directed to self-services (Figure 1). At the enhanced intake, the staff person typically conducted an in-person one-on-one assessment of the customers' needs. This assessment involved a substantial interview with a staff member (sometimes lasting as long as 40 minutes) and, in some local areas, might include a skills test. At the end of the assessment, the staff person discussed the customers' options with them, developed a service plan for them, and directed them to an appropriate service. The appropriate service might include self-services in the resource room, further assistance from an employment counselor, and/or training.

One consequence of this integrated enhanced intake model was that it significantly increased the number of customers enrolled in WIA. In many local areas—that used this model or not—customers registered for the

state's job bank on their first visit to an AJC (or via the Internet before visiting the AJC) and this automatically led to an ES enrollment. In local areas that did not use this integrated enhanced intake model, most customers were not enrolled in WIA until they had used self-serve core services and received further assistance, later in the customer flow than the ES enrollment (see Figure 1). However, WIA regulations required all customers who receive “significant staff involvement” to enroll in the program.² Thus, in six local areas that used the integrated enhanced intake model, customers were enrolled in WIA as well as ES on their first visit. This led to dramatic increases in the number of WIA enrollees. According to program administrative data, the number of customers who enrolled in WIA increased by as much as thirty-fold in some local areas that adopted this model.³ In contrast, the local areas that did not adopt this model showed a relatively flat trend in the numbers served by their WIA programs over the same time period.

Figure 1. Two models of AJC customer flow



AJC = American Job Center ES = Wagner-Peyser Act Employment Services WIA = Workforce Investment Act
 Source: WIA Gold Standard Evaluation qualitative data collection, 2012-2013.

FUNCTIONALLY ALIGNED WIA AND ES STAFF

Local areas that adopted the integrated enhanced intake model trained both WIA and ES staff members to provide a similar intake to customers. Some of these local areas developed teams named for their functions. For example, in the Sacramento (California) local area, the WIA and ES staff members who welcomed and engaged new customers to the AJCs were part of the “welcome team.” Some local areas endeavored to eliminate distinctions between WIA and ES responsibilities by providing staff members with a functional title irrespective of their program affiliation. In the New Orleans (Louisiana) local area, for example, ES and WIA staff members who conducted intakes of new customers were called career advisors. In other local areas that employed the integrated enhanced intake model, ES and WIA staff maintained the job titles assigned to them by their respective employers.

In contrast, in local areas that did not adopt the integrated enhanced intake model, WIA and ES staff members typically had specialized roles. Although WIA staff might sometimes provide assistance in the resource room or with workshops, typically ES staff provided these core services. In most of these local areas, customers who needed more staff assistance (staff-assisted core or intensive services) or expressed an interest in training would work with a WIA staff member.

Although local areas that adopted the integrated enhanced intake model used WIA and ES staff interchangeably to conduct the enhanced customer intake, they differed in the sharing of other staff roles. At one extreme, in some local areas (such as the Central Region [Missouri] local area) staff from both WIA and ES provided core and intensive services and approved funding for training. In other local areas (such as the Capital Region [New York] local area), core and intensive services were provided by WIA, ES, or other program staff interchangeably, but only WIA staff approved training. In the Chautauqua County (New York) local area, both WIA and ES staff conducted the enhanced intake with customers, but only WIA staff helped customers develop individual employability plans and approved training.

Although neither the collocation of WIA and ES staff nor a common management information system was unique to local areas that used the integrated enhanced intake model, all seven local areas in the study that adopted this

model shared these features. Collocation made it easier for WIA and ES staff to work together as a fully integrated team. An integrated management information system reduced the burden on staff who would have otherwise needed to input similar information on a customer into two separate systems.

SOME LOCAL AREAS FACED IMPLEMENTATION CHALLENGES

Managers at the local areas that used this integrated enhanced intake model discussed the following challenges with implementing it.

Jointly staffed teams were not always feasible in small AJCs. Some AJCs in the local areas with the integrated enhanced intake model did not have staff members from both WIA and ES available to perform the enhanced intake. Hence, de facto, they could not functionally align their staff. Moreover, further staffing cuts led some local areas to move away from functionally-aligned staff for intake and other services to a model in which staff from each program specialized in providing a particular service.

Providing more up-front services reduced the resources available for intensive services and training. Managers at several of the local areas that adopted the integrated enhanced intake model noted that placing greater emphasis on up-front, staff-assisted services reduced resources available for intensive services and training. When one state issued guidance requiring its local areas to devote at least 30 percent of their WIA funds to training, a local area in this state discontinued its emphasis on staff-assisted core services to meet the state’s target. Another local area that had previously provided staff-assisted services to all new customers discontinued the practice just before the study visits commenced, because the emphasis on staff-assisted up-front services reduced the availability of funds for customers needing intensive services and training.

The model eroded performance on the WIA performance measures. Enrolling customers in WIA at their first visit to an AJC reduced the local areas’ ability to be selective about who they enroll. Respondents in three local areas perceived that this expansion in customer enrollment eroded their ability to meet their WIA performance goals. As a result, one local area continued to use the integrated enhanced intake model but stopped enrolling all customers into WIA at their first intake. Citing the role of adopting

this model in decreasing its performance, another local area in the study negotiated lower performance goals with the state's WIA administrator. One local area stopped implementing the model at least partly because of concerns about its performance.

Some staff resisted cross-program supervision. In all but a few of the 28 study local areas, WIA staff were employees of a contracted WIA service provider, and ES staff were employees of the state workforce agency. In five of the seven local areas that used this integrated enhanced intake model, as well as some other local areas, the ES program ceded some supervisory authority to the AJC manager, although it retained the authority to hire, dismiss, and promote staff. In some local areas, this cross-program supervision facilitated day-to-day coordination of cross-program teams, but in others, it led to conflicts among staff.

Despite these challenges, managers in the local areas that adopted the integrated enhanced intake model noted that it ensured that all customers had the opportunity to discuss their service needs with a staff member and plan for further services. Moreover, by integrating WIA and ES staff, this model may have resulted in a more efficient use of staff and improved service for customers.

ENDNOTES

¹ See <https://labor.ny.gov/workforcenypartners/ta/ta06-3.htm>.

² The Employment and Training Administration's Training and Employment Guidance Letter, 17-05.

³ Public WIASRD data, available at <http://catalog.data.gov/dataset?tags=wiasrd>

ABOUT THIS SERIES

Through the Workforce Investment Act of 1998 (WIA), Congress allocated about \$2 billion annually for employment and training services that states and their Local Workforce Investment Areas (local areas) provided through their Adult and Dislocated Worker programs. WIA mandated that job seekers and employers have access to employment and training resources provided by more than a dozen workforce system partners through American Job Centers. At these centers, job seekers could access core services, such as information on local labor markets and job openings. In addition, eligible adults and dislocated workers could receive intensive services, such as career counseling and skills assessments, and training services. The Workforce Innovation and Opportunity Act (WIOA), which superseded WIA, made important changes to the public workforce systems but largely maintained the services provided through the Adult and Dislocated Worker programs.

This issue brief is one in a series of briefs that presents findings from the WIA Adult and Dislocated Worker Programs Gold Standard Evaluation, which is being conducted for the U.S. Department of Labor (DOL), Employment and Training Administration (ETA). The study examines the implementation, effectiveness, and benefits and costs of the Adult and Dislocated Worker programs using an experimental design. The study occurred in 28 local areas that were randomly selected to participate. For more information about the evaluation, please visit the [project web page](#).

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