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Assessment, Case Management, and Post- Training Assistance for TAA Participants

An Occasional Paper Prepared as Part of the
Evaluation of the Trade Adjustment Assistance Program

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ASSESSMENT, CASE MANAGEMENT, AND POST-TRAINING ASSISTANCE FOR TAA PARTICIPANTS

In January of 2004, the U.S. Department of Labor (DOL) awarded Social Policy Research Associates (SPR) and its subcontractor Mathematica Policy Research (MPR) a contract for a national *Evaluation of the Trade Adjustment Assistance (TAA) Program*. The evaluation consists of an implementation study, which is examining how the TAA program operates, and a net impact study, which is estimating how program services change participants' employment and other outcomes from what they would have been otherwise. This paper, one in a series being produced as part of the implementation study, focuses on the assessment, case management, and post-training placement assistance provided to program participants.

The data on which this paper is based is primarily drawn from site visits that field staff conducted from mid-2005 through the summer of 2006. The paper also draws on findings from an earlier round of site visits, conducted in 2004, as part of the evaluation's Initial Implementation Study, reported in *Initial Implementation of the Trade Act of 2002*. Across both these rounds, site visits were conducted to 48 local One-Stop Career Centers where TAA services were being provided, and the state-level offices of the 23 states in which these centers are located (these states and local offices are identified in Appendix B). The site visits entailed interviews with state and local TAA program administrators (as well as partner programs), fiscal and management information system (MIS) staff, One-Stop Career Center directors, and case managers. Finally, this also paper draws on finding reported as part of the *WIA and TAA Co-enrollment Pilot Project*, a separate project conducted by SPR that also relates to TAA case management issues (a description of this study is provided in Appendix C).

This paper examines the assessment, case management, and post-training assistance provided to TAA participants in the sites visited. It begins with an introduction that includes a brief examination of restrictions on the use of TAA funds, which is a chief factor affecting provision of these services. It next explores each "stage" of customer participation in TAA—from the customer's initial introduction to the program in Rapid Response, through job search and training, to post-training placement services—and examines the extent to which these services are provided to TAA participants in that stage. The paper concludes with a discussion of the implications of the provision (or lack thereof) of assessment, case management, and post-training assistance to TAA participants and to the TAA program. The paper also highlights promising

practices from the sites visited in the provision of assessment, case management and post-training assistance. Promising practices are shown in *bold and italic* text.

Introduction

It has long been recognized that, although beneficial to the economy as a whole, the expansion of international trade might harm some firms and individuals. The concept of “injury from trade” first appeared formally in U.S. government policy as part of the Trade Agreements program of the 1930s. In the 1940s, “escape clause” provisions in U.S. trade laws and in the General Agreement on Tariffs and Trade further formalized and refined this concept. These provisions sanctioned the institution of trade barriers if trade-related injuries could be demonstrated clearly. Thus, they surrendered some of the potential gains from trade and made extensive trade liberalization more difficult.

TAA represents an alternative strategy. Rather than blocking or reversing trade liberalization, TAA seeks to compensate workers and firms that have suffered trade-related injuries and to provide them with services that help them adjust to changes in market circumstances. Such a program was first instituted in the United States as part of the Trade Expansion Act of 1962, which offered financial payments and other adjustment services to affected workers. However, strict eligibility requirements kept take-up rates low. In subsequent years, ensuing legislation and amendments—including the Trade Act of 1974 and the Omnibus Trade and Competitiveness Act (1988), among others—expanded eligibility guidelines and changed the program’s orientation from financial compensation to adjustment through training and reemployment services.

The Trade Act of 2002, which amended the program most recently, was enacted just before this evaluation commenced and constitutes the backdrop for the study.¹ This legislation and DOL’s accompanying guidance changed the TAA program in several notable ways. Among these, they

- Expanded the number of workers eligible to receive trade benefits by opening access to some “upstream” suppliers of components to primary certified firms and “downstream” firms performing finishing operations.
- Promoted collaboration among programs and partner organizations in the One-Stop delivery systems, by:
 - Requiring that Workforce Investment Act (WIA) Rapid Response and core and intensive services be made available to workers whenever a petition for TAA certification is filed, and

¹ The TAA program has been amended yet again, in the Trade and Globalization Adjustment Assistance Act of 2009 (TGAAA), a part of the American Recovery and Reinvestment Act. TGAAA expands TAA eligibility to service workers, relaxes deadlines for enrollment in training, and increases income support, among other notable changes. TGAAA was enacted well after data collection for this study occurred and is not referenced further.

- Designating One-Stop Career Centers as the main point of participant intake and delivery of benefits and services.
- Offered new benefits to trade-affected workers, including:
 - A Health Coverage Tax Credit (HCTC) to partially cover health insurance costs, and
 - Alternative TAA (ATAA) to provide payments to older TAA participants who become re-employed at wages lower than their previous job’s wages and who do not pursue training.
- Promoted fiscal integrity and performance accountability.
- Increased the program’s focus on achieving “rapid, suitable and long-term employment for adversely affected workers,”² by emphasizing:
 - Early intervention services,
 - Improved assessment and reemployment services prior to training,
 - Increased benefits during training to encourage training completion.

With respect to the objective of achieving “rapid, suitable and long-term employment,” Training and Employment Guidance Letter (TEGL) No. 11-02 makes clear that states should increase the focus on “wrap-around services,” including early intervention, upfront assessment, and reemployment services. However, the TAA program contains tight restrictions on the use of program funding to cover non-training costs. Specifically, only 15 percent of a state’s TAA funding can be spent on administration, and administrative funding must be used to cover the cost of all non-training expenses, including all staffing costs, even those related to case management, assistance in developing training plans and filling out required paperwork, and placement services. As a result of this restriction, the TAA program must coordinate with its One-Stop Career Center and other workforce investment partner programs to ensure the delivery of a comprehensive set of wrap-around services, including assessment, case management, and post-training assistance. In fact, TEGL 11-02 plainly suggests co-enrollment as a strategy for delivering wrap-around services, noting that “...co-enrollment or multiple-enrollment of trade-impacted workers in the programs offered in the One-Stop environment, as well as early provision of rapid response services, will enhance the workers’ adjustment process and promote the most rapid possible return to employment for all workers.”³ Partners that can provide wrap-around services to TAA participants include the Employment Service (ES), the Workforce Investment Act (WIA) Dislocated Worker and Adult programs, and other One-Stop Career Center partners such as community and technical colleges, adult education (WIA Title II providers), Vocational Rehabilitation, and workforce programs designed to serve veterans.

² Training and Employment Guidance Letter No. 11-02, p. 2.

³ TEGL 11-02, page 36.

Of these programs, the WIA Dislocated Worker program is particularly well suited to provide assessment, case management, and post-training assistance to TAA participants for two reasons: first, because nearly all TAA participants are presumptively eligible for the WIA Dislocated Worker program (and the program's funding guidelines allow wrap-around services to be supported as a program expense⁴), and, second, because WIA's tiered services structure allows for more in-depth services to smaller numbers of program participants than is the case in ES.

As explored throughout this paper, coordination with partner programs and co-enrollment of TAA participants in WIA are indeed critical for the provision of wrap-around services to workers enrolled in TAA. Since TAA participants co-enrolled in WIA have access to assessment, counseling, case management, and post-training assistance, high rates of co-enrollment are in fact a strong indicator that TAA participants are receiving those services.

Yet, determining how commonly TAA participants are co-enrolled in WIA in the sites visited is difficult. Data from the Trade Act Participant Report (TAPR) suggest a wide variation of co-enrollment rates across states, from 3 percent to 100 percent,⁵ but, until recently, these data are believed to be unreliable.⁶ The site visits to local areas in 2005-2006 provide another source of evidence and suggest co-enrollment levels are on the rise. Of the 44 local sites visited, 7 reported that they co-enroll in WIA all participants who attend training. An additional 25 reported that they are committed to co-enrolling all TAA participants in WIA, regardless of which TAA services the customer pursues. But even these estimates may be questionable, as they are based primarily on staff self-report, not on evidence from the state or local MIS. Furthermore, when the research team probed deeply about sub-groups of co-enrollees during the WIA and TAA Co-enrollment Pilot Project's site visits, it became clear that not all states were counting customers who receive only a training waiver as TAA participants, meaning that the base on which co-enrollment rates were estimated may have been incomplete.⁷

⁴ As with TAA, local programs in WIA are also limited in what can be charged to administrative activities, and WIA's cap, at 10 percent of total expenditures, is even more severe than TAA's. But, unlike in TAA, direct services such as case management, assessment and placement are considered program expenses in WIA rather than administrative expenses.

⁵ Fiscal Year (FY) 2004 TAPR data file includes data for TAA and NAFTA-TAA participants who exited anytime from July 2002 through June 2003.

⁶ U.S. General Accountability Office, 2006, "Trade Adjustment Assistance: Labor Should Take Action to Ensure Performance Data are Complete, Accurate, and Accessible." GAO-06-496.

⁷ DOL guidance clarifying that individuals on waivers are required to be counted as participants had either not yet been released at the time the site visits were conducted, or states were still responding to it and the change had not yet reached the local level.

Regardless of the actual rates of co-enrollment achieved, explicit state policy promoting co-enrollment clearly seems to have been important in these sites. For example, the six states participating in the WIA and TAA Co-enrollment Pilot Project established a policy requiring 100 percent co-enrollment of TAA participants into the WIA program, and all available evidence suggests that most saw their co-enrollment rates rise steadily.⁸ A number of other states encourage co-enrollment, but do not require it. Policies requiring or encouraging co-enrollment of TAA customers in WIA often reflect a state or local area decision to use co-enrollment as an important step towards fostering integration of TAA and its One-Stop delivery system partners. Similarly, states or localities may believe that co-enrollment is the only way to provide customers access to all the wrap-around services they need in order to be successful. National Emergency Grants (NEGs) for which states have applied also require co-enrollment of TAA participants in WIA.

Another factor that results in TAA participants being served by WIA is when WIA staff administers the TAA program at the local level. Typically, this occurs when the state delegates its authority for the TAA program to the Local Workforce Investment Areas (LWIAs), as five of the states visited have done.⁹ In the sites where WIA serves TAA participants, high levels of co-enrollment are also common.

In contrast to the 32 local sites that strive to co-enroll all TAA participants, or at least all training participants, in the WIA Dislocated Worker program, 12 other sites practice selective co-enrollment. Three reasons for selective co-enrollment were cited. First, some sites co-enroll participants if WIA will be paying some portion of the participant's training costs. This practice is particularly common if TAA funds are short or delayed in their availability. Second, selective co-enrollment occurs when WIA will be providing a participant with supportive services or paying for other training-related expenses that TAA cannot provide, such as licensing fees. Third, some sites co-enroll certain participants explicitly to give them access to thorough up-front assessment and counseling that are the focus of this paper.

Despite these apparent advantages to co-enrollment from the TAA perspective, several factors that can adversely affect WIA's willingness to co-enroll TAA participants include the perceptions by WIA staff that: 1) TAA staff do not pay as close attention to performance, or 2) TAA participants are less likely to attain positive outcomes. In general, WIA staff appears to be

⁸ By the conclusion of the pilot, one state of the six achieved 100 percent co-enrollment, and three others achieved rates of between approximately 80 percent and 90 percent. Two of these states saw their co-enrollment rates approximately double during the one-year pilot period. For details, see Social Policy Research Associates, 2008, "WIA and TAA Co-enrollment Pilot Project: Draft Final Report."

⁹ These five states are Florida, Illinois, Kentucky, Michigan, and Texas. Illinois and Kentucky were in the process of delegating authority during the project's data collection.

acutely aware of performance measures when they make the decision to co-enroll or not co-enroll TAA participants. Other factors affecting the decision to co-enroll TAA customers are 1) the ability of WIA staff to handle a new influx of cases, based on the size and intensity of their existing caseloads, and 2) the current degree of coordination that exists between TAA and WIA. States and local areas that seek to realize higher levels of co-enrollment as a way to ensure customer access to wrap-around services are often required to deal directly with these factors, an issue explored in the conclusion of this paper.

Co-enrollment in ES—accomplished principally through customer registration on state labor exchange job matching systems—is so common in the sites visited as to be nearly universal. In almost every state in the sample, registration on the state system is a requirement for participants to receive their Unemployment Insurance (UI) and Trade Readjustment Allowances (TRA) payments. Further, in a majority of states, ES administers and staffs the TAA program. In the sites visited, ES is also usually a One-Stop Career Center operator (or partner in a consortium) and offers core ES services including job search assistance and local labor market information to TAA participants. Yet, assessment, case management, and post-training assistance for workers enrolled in TAA are either not provided by ES or tend to be limited or self-directed, as explored further in later sections of this paper.

Assessment and Case Management During Rapid Response

One of the first opportunities TAA and One-Stop Career Center partners have to provide assessment and case management to participants is during Rapid Response, typically the first stage in the customer's introduction to One-Stop Career Center services. Rapid Response activities generally provide information to dislocated and/or trade-affected workers about the services of the One-Stop delivery system, but they can also involve the provision of actual services, such as assessment. While case management does not generally begin during Rapid Response, assessment is occasionally provided, usually in preliminary ways.

One of the ways in which a preliminary assessment is conducted during Rapid Response is through a survey of workers' needs and interests. These surveys, provided in some of the sites visited, are generally too cursory to function as comprehensive assessments; however, they may be considered initial assessments, the results of which allow members of the Rapid Response team to refer workers to appropriate One-Stop Career Center partner programs and resources. For example, *in Huntington Park, California, TAA coordinated with WIA to conduct surveys that function as preliminary assessments during Rapid Response sessions to determine affected workers' needs.*

In some cases, direct connections are made between the preliminary activities conducted during Rapid Response sessions (such as a worker survey) and more substantive assessments,

counseling, and service planning. In Dayton, Ohio, all workers who attend a Rapid Response activity are scheduled for a one-on-one appointment with a One-Stop Career Center staff person within one week of the benefit rights interview. In South Carolina, the information the Rapid Response team collects from the worker survey—including information about workers’ post-layoff plans, educational attainment, work history, occupational preferences, and training and support needs—is passed on to the local ES office director and the WIA area director to guide service planning. Thus, while comprehensive assessments are unlikely to occur during Rapid Response sessions, preliminary assessments can play a role in directing customers along a path of services, in addition to providing information needed to plan for such services.

One factor affecting the depth of assessments and counseling provided during Rapid Response is whether the Rapid Response team establishes an on-site transition center. As indicated in the earlier report, *Initial Implementation of the Trade Act of 2002*, when transition centers are set up at the work site as part of Rapid Response, counseling and assessment are more likely to be made available immediately to workers. For example, in Chillicothe, Missouri, an automotive company allowed the WIA Dislocated Worker program to set up a center on site, and the staff there were able to begin working more intensively, including by providing in-depth assessments, with workers. In general, the number of on-site centers is small because they are costly to establish and few employers have adequate facilities. However, some states have made establishing on-site services a priority, to serve workers more thoroughly and quickly. For example, *North Carolina recently purchased a mobile services unit to establish an on-site presence at work sites*, and in Oregon, the Rapid Response team always tries to establish services on site.

The degree to which Rapid Response activities include assessment and counseling services often is related to the timing of the petition filing and certification. When a petition has not yet been filed, or has been filed but is still pending, Rapid Response services are likely to direct workers to the One-Stop Career Center to access services.¹⁰ Thus, by the time a TAA petition is certified, workers may have received substantive services, including assessments and counseling, from other programs.

Assessment and Case Management for Non-Training Customers

Workers who attempt to reenter the labor market immediately after layoff rather than enter training may benefit from assessment and case management to guide them in their job search. These non-training participants are in the minority in the states visited, making up only about 15

¹⁰ For example, in North Carolina, Rapid Response is the primary mechanism that triggers the petition process for TAA.

percent of the total population of TAA participants.¹¹ The Initial Implementation Study found that assessment and case management for them was rare. Subsequent rounds of visits found a more varied picture, as described below.

Assessment During Job Search

In six local sites visited, non-training customers receive no assessment or counseling to help direct their job search. Two additional sites estimate that 50 percent of non-training customers do not receive assessment or counseling. Non-training customers in these sites tend to either search for work on their own or use the self-service core services available through the One-Stop Career Centers, and they are unlikely to be co-enrolled in WIA. Staff in some of the local sites that do not provide assessment or counseling report that non-training customers are less likely to ask for assistance because they are looking for quick reemployment and assume they can find it on their own. As a result, the services provided to non-training TAA participants seems to be more along the lines of job leads and check-ins to make sure the participants are maintaining the mandatory work search in order to continue receiving UI and TRA payments.

In most other local sites, an initial assessment is routine for customers who do not attend training. Several sites that routinely provide initial assessments suggest, however, that these assessments tend to be less detailed than those provided to customers interested in pursuing training, and do not involve counseling. Instead, the up-front assessments provided to non-training customers tend to occur during orientation to the TAA program, and are thus unlikely to entail one-on-one time with a staff person to interpret results.

Case Management During Job Search

Case management is almost universally agreed *not* to be provided by ES staff who often serve those TAA participants who are seeking immediate reemployment rather than training. The reasons case management is not provided to these non-training participants are various. In part, cost constraints preclude in-depth services such as case management to customers. In addition, some TAA staff may be overwhelmed attending to the high volume of customers in training, or they may feel that non-training customers are not in need of on-going case management.

Further, if customers engaging in a job search are in need of more in-depth assistance, they have access to the staff-assisted core and intensive services available to them through the WIA Dislocated Worker program.

In keeping with this, non-training customers who are co-enrolled in WIA are much more likely to be receiving case management. The reason co-enrollees generally have access to case

¹¹ This percentage is reflected at the national level as well. According to TAPR data for FY 2004, only 15 percent of program participants nationally do not undertake some kind of training.

management is because, in WIA, case management is considered a program cost (in contrast to TAA, in which case management would be considered an administrative cost and limited to 15 percent of the overall allocation). As a result, funding and staffing levels tend to allow for more individualized attention to WIA customers. In addition, the WIA programs are held accountable for participant performance outcomes of which staff are usually acutely aware.¹²

In answer to why non-training customers are not more commonly co-enrolled, sites indicated that such customers are felt not to need the more intensive case management (and other staff assistance) that WIA can provide. Further, WIA staff may be reluctant to enroll dislocated workers who do not intend to enter training because they assume that the workers' post-program wages will not be high enough to meet average earnings goals and thus will negatively affect performance. Alternatively, unwillingness to co-enroll non-training TAA customers in WIA may stem from a sense that these customers can be adequately served by other partners, such as ES. The impact analysis may shed light on whether non-training customers need the wrap-around services available through co-enrollment in WIA as the outcomes of sub-groups of TAA participants, including those workers who do not enter training, are examined.

Assessment and Case Management During Training

The choice by TAA-certified workers to enter a training program is a critical decision with potential implications for the worker's long-term success in reentering the labor market. In fact, rather than being a single decision, the choice to attend training is rather a series of smaller decisions, including whether to undertake training at all or to seek immediate reemployment, what occupation in which to train, and with what training provider. In making each of these decisions, TAA participants may benefit from assessment, counseling, and case management services.

Deciding Between Training and Job Search

Similar to findings from the Initial Implementation Study, the site visits suggest that assessment and counseling are not often used to inform the decision to take up training. The more common pattern is for sites to allow customers to determine their own need for training, or to seek staff assistance with assessment tools and counseling only if they feel they need it.

In twelve local sites, however, staff specifically noted that assessment and counseling, predominantly conducted by WIA staff, are used to help guide the decision about whether a participant should enter training. WIA staff are involved in providing these services for one of

¹² The TAA program also has performance measures. In fact, as of Program Year (PY) 2006, TAA accounts performance against the same set of common measures as WIA. However, some of the earlier research suggests that TAA staff members' awareness of performance measures was quite limited.

two reasons. First, all but one of the twelve sites claim to co-enroll 100 percent of TAA participants in WIA, and WIA staff are the primary guides to the decision to attend training in these sites. Second, in five states, WIA staff also serve as TAA staff, because the states delegate their authority for the TAA program to the LWIAs. (In general, the sites in which WIA staff also serve as the TAA staff tend to be sites in which very high or complete co-enrollment occurs.)

The process of deciding whether to attend training is generally guided by a formalization of the specific criteria that the legislation identifies for determining whether training is appropriate. For example, in Elizabethtown, Kentucky, the following three criteria must be met in order for staff to concede that training is necessary:

1. the customer needs training, which, in order to establish, involves a review of educational attainment, including any existing certifications or diplomas, and of work experience;
2. there are employment opportunities in the training field at a self-sufficient wage; and
3. the customer has the academic and financial ability to complete the program.

An interesting observation is that WIA-led assessments and counseling are likely to be provided one-on-one, while the use of assessment tools by ES/TAA staff occurs more often in a group setting, such as during orientation to the program.

Choosing a Training Program

It is quite clear that, in the local sites visited, once customers have decided to pursue training, the assessment, counseling, and case management services available to them markedly increase. Further, sites that practice widespread co-enrollment of participants into the WIA Dislocated Worker program are much more likely to do so at the point a participant decides he or she is bound for training. This sub-section explores the degree to which the services are provided at this stage of program participation, and who provides them.

WIA-Guided Training Choice

In 25 of the 44 sites visited, WIA staff primarily guide a TAA participant's training choices. (TAA staff are still responsible for making sure the training plan is filled out and submitted for approval, but the bulk of testing, assessment, and counseling is provided by WIA). As noted above, WIA staff act as principle guides in these sites because the TAA program is staffed by WIA, or because the state or local site practices very high or total co-enrollment of at least TAA training participants into WIA.

The assessments and counseling that are provided as part of a WIA-led training decision in the sites visited appear to be quite rigorous. The process almost always entails the customer's receiving a basic skills assessment, and often incorporates a variety of other assessment tools, such as occupational skills assessments, interest inventories, and aptitude tests. In addition,

customers are likely to meet one or more times with a case manager to discuss the results of the assessment.

Another widely used technique that WIA staff use is to require the participants to conduct their own research on both training vendors and job openings in the local area. In Lawrence, Pennsylvania, for example, TAA participants are required to clip job openings in the field they wish to pursue from newspapers, including a job description and wage levels. In other sites, participants are required to compare the costs, length of training, and placement rates (if available) of several providers offering the same program.

A final component of WIA-led assessments is a determination of feasibility. This determination includes a review of participants' personal finances in light of expenses, length of training, cost of training (if the local area has placed a cap on TAA training expense or if training will be paid for by WIA funds), weeks remaining on UI and TRA, and whether or not there are other members of the workers' households that contribute financially.

Several local sites in which WIA guides the training decision run comprehensive, multi-day workshops dedicated to the assessment and training decision process. ***In Allegheny, Pennsylvania, the process begins with several different tests, moves into the school selection process using comparative research, some of which is conducted by the customer as homework, and ends with one-on-one meetings between customer and case manager to assess customer barriers, create a budget, and determine participants' needs for supportive services such as transportation or child care assistance.*** In Gary, Indiana, WIA staff conduct a four-day Life Skills workshop, which includes units on resume writing, interviewing skills, soft skills, and motivation. There, the approach is more focused on the eventual employment that participants are expected to attain after training than on the choice of training provider, but is required for TAA training participants prior to entry into a training program.

Not all WIA-guided training selection is this rigorous, however. In several sites, customers undergo a basic skills assessment and meet with a case manager to fill out a state or locally developed individual employment plan, but do not appear to do much else in the way of assessment.

ES-Guided Training Choice

In seven of the sites visited, TAA participants are guided in their choice of a training program and provider primarily by ES staff who are responsible for the TAA program. In these sites, WIA may provide assistance if participants are co-enrolled in WIA, but co-enrollment is reported to be limited.

ES-guided assessment and counseling for training selection in these sites can be similar to the WIA-guided processes described above. The primary differences between the ES-guided and WIA-guided training selection appear to be in the fewer number of assessment tools used, the

lesser amount of time staff spend counseling customers individually verses in large groups, and the reliance on other One-Stop Career Center partners and resources to augment and inform the training decision. For example, *in Spokane, Washington, the Training Research Proposal¹³ is distributed to customers during their orientation to the TAA program and is completed primarily by customers on their own time.* In another example, in Asheboro, North Carolina, ES staff use an interest inventory with participants, but also encourage their customers to seek out other One-Stop Career Center workshops in career exploration to help guide their decision.

ES and WIA Together Guide Training Choice

In eight of the sites visited, a combination of ES/TAA and WIA Dislocated Worker program staff share responsibility for guiding TAA participants through the process of selecting a training program. These sites generally break the selection process down into parts and assign parts to the different partners to provide, based on available resources, expertise, the extent of co-enrollment, and other factors.

As an example of a site with more prominent WIA involvement, TAA staff in Portland, Oregon, report that they assist the customer in filling out a training plan but provide minimal additional help, such as by suggesting that participants job shadow someone in their chosen occupation before entering training. In other sites, ES/TAA staff say they are very limited in their ability to provide career counseling (presumably because it would be an administrative cost that the program cannot afford); thus, if a participant appears to need or requests substantial assistance, he or she is referred to a WIA case manager.

Elsewhere, responsibility is more evenly shared. For example, in Lane County, Oregon, TAA staff provide some initial career counseling and give customers access to a computerized assessment, but rely on co-enrollment with WIA (and WIA staff) to provide more detailed assessments as the training choice is being made. Montgomery, Pennsylvania, is conducting a pilot program in which both TAA and WIA staff are trained to provide a 30-minute career counseling session to any customer, regardless of program affiliation or need; thus, in Montgomery, TAA customers making a training decision could see either TAA or WIA staff and expect equivalent levels of service. In Knoxville, Tennessee, ES/TAA interviewers begin assistance to TAA participants with job search, career exploration, and resume writing. If a TAA participant expresses interest in training, he or she is referred to a WIA career counselor. The counselor describes the various training programs and conducts assessments. The participant is then referred back to an ES/TAA staff person, who provides further counsel on the training

¹³ Spokane TAA staff developed the Training Research Proposal tool that participants must complete prior to obtaining training approval. The tool includes a vocational plan and employment goals, requires the use of labor market information to justify training choice, a personal financial summary, and comparison of potential training vendors and eventual employers.

decision and reviews it for adherence to the policies of the TAA program. The ES/TAA staff then writes the training contract and submits it to the state office for approval. Additionally, this staff person works with the WIA counselor to co-enroll the customer and arrange for additional funding through WIA when needed (for example, for travel vouchers and funds to cover books and supplies).

In only one site, the process of deciding on a training program is guided by the local community college rather than by WIA or by ES staff.

Tools Used to Guide Training Choice

A variety of tools are used to assist TAA participants to determine what training program to attend. These tools include:

- **Basic skills assessments**, such as TABE, CASAS, or Computer Learning Works
- **Occupational skills assessments** such as Work Keys and O*NET
- **Interest inventories** that elicit information about job goals, barriers to employment, skills needed, occupational interest, and availability for training
- **Training program/provider research**, including comparing different programs' costs, length, courses, and pre-requisites
- **Labor market research** on occupations of interest or examples of current job openings, or projected employment opportunities in different industries
- **Personal finance review** that includes a budget for the time in training that includes the costs of childcare, transportation, and other expenses
- **Aptitude tests** such as Countdown by Horizons
- **Work values questionnaires**, in which customers consider a training decision in the broader context of personal goals
- **Meyers-Briggs personality test**
- **Individual Employment Plan**, which includes an exploration of barriers to employment and personal employment goals
- **Career counseling session(s)** with staff

The choice of tools used to guide customers may be influenced by a number of different factors. For example, the choice may depend on the customer's stated career goals. *In North Aurora, Missouri, staff may choose to test for math skills, reading, editing, spelling, grammar, memory, or fine motor coordination depending on the occupations the customer identifies being of interest.* The degree of customer ambivalence or uncertainty about his or her need for training can also influence the depth of the assessment process, including how many tools are used and how much time staff spend interpreting the results and counseling participants based on those results. Staff at some sites say that the assessment process is more detailed for customers who do not know whether they want or need to attend training, while assessments for

participants who have a definite idea about what they want are tested primarily to certify that the customer has the requisite basic skills to qualify for the training he or she wants to attend.

When assessments are conducted one-on-one, as they are in many of the sites that co-enroll TAA participants in WIA, staff also provide counseling as they interpret the results of the various tests. Further, the results of one assessment tool may lead to the selection of one or several more. In sites where assessments tend to be provided to groups of customers or are self-guided or taken on-line, one-on-one counseling regarding the results of the assessment is unlikely to occur unless specifically requested.

In a few sites, staff reluctance to deny approval of a training program calls into question the effectiveness of assessment results. Some staff approve training even if assessment results suggest the participant is making a poor choice. The reluctance to deny a training plan may occur in situations where participants are selecting a training program the staff believe is not a good fit for the participant, or where the projected labor market for the occupation is limited. The primary reason for the reluctance to deny training plans is fear of the appeals process. Staff expressed their hesitance to deny plans was based on their previous experiences in which participants appealed the denial and won the right to attend their selected program.

Despite occasional instances in which customers retain the implicit power to override staff denial of a particular training choice, the more common scenario is one in which staff guide customers away from training vendors or programs that are not likely to lead to employment success. For example, in situations where basic skills test scores are so low as to preclude a participant getting in to the training provider of choice, staff can usually provide evidence to the customer that, without remediation, the customer is not likely to get in to the program. This method of guided choice is quite common as the model by which case managers counsel customers regarding training choices.¹⁴

Case Management During Training

Once a training program has been chosen and begun, participants may want or need case management to help them navigate the program and resolve any challenges encountered in the process. There is little evidence that case management during training is provided intentionally and routinely when ES/TAA staff are the primary contact. Rather, case management during training is more likely to be provided by happenstance as ES/TAA staff collect documentation of worker attendance in training, as statutorily required. In general, monitoring of worker progress and attendance in training occurs via a requirement that participants provide at least every 30

¹⁴ Similarly, this model was used in the *Evaluation of the Individual Training Account and Eligible Training Provider Demonstration*.

days some documentation of their attendance in training. ES/TAA staff in numerous sites suggest that they use the occasions of customer visits as opportunities to check in with participants about how things are going and to provide guidance if there are problems. Similarly, staff say they check in with customers who also may be submitting documentation for transportation or subsistence payments. A few sites vary by degree in this practice of checking in with customers. Several sites monitor attendance or require reimbursement documentation twice a month or weekly, while one site only requires customers to provide their training schedules each semester.

In some sites, customers determine the degree of contact with program staff beyond the standard mandatory monthly visit. If a customer is having problems with the training program or has other issues that affect his or her attendance, and comes to the program for help, staff will respond with assistance. However, some TAA staff suggest that due to limited TAA staff time, increased case management with customers who are struggling is more likely to occur if customers are co-enrolled in WIA.

In general, many sites agree that case management during training increases in depth if customers are co-enrolled in WIA. Rather than the casual check-in conducted as a result of customers' dropping off documentation, WIA case managers in some sites require formal, routine case management meetings with customers. For example, *in Aberdeen, North Carolina, co-enrolled customers are required to schedule a monthly 30 minute meeting with their WIA case manager.*

Post-Training Assistance

The final stage of program participation is the period during which training is being completed, and participants are seeking employment or undergoing probationary periods in their new jobs. As participants complete their training programs, they may need job placement assistance and additional counseling about re-entering the labor market. Part of the package of reemployment services TAA participants are expected to receive is job search and placement services to help them reenter the labor market as they complete their basic skills or occupational skills training.

As the end of training approaches, TAA staff provide some preparatory services to participants in some sites. For example, TAA staff in Sheffield, Alabama, suggest that participants use the state on-line labor exchange to begin job search as well as to update their resumes to reflect the training about to be completed and any accompanying certifications or licenses. However, the most common scenario described by TAA staff is that customers reaching the end of training are advised to seek out the resources of the One-Stop Career Centers, including the resource room, which is equipped with computers that have access to the state job matching system and other Internet job search websites, phones, fax machines, and copiers. Customers are also advised to participate in workshops such as resume-writing, job search, and interviewing skills and to seek

assistance from One-Stop Career Center or partner program job developers and career counselors.

In large part, TAA staff refer customers completing their training to One-Stop Career Center partners because the TAA program itself does not generally have funding for post-training placement services,¹⁵ and, in fact, the majority of participants are exited from the TAA program as soon as their training is over.¹⁶ TAA can, however, provide job search and relocation allowances for participants seeking or securing employment outside normal commuting distance. In almost every site visited, these allowances are rarely used. The most common reason suggested for the low take-up rate is that customers are unwilling to relocate for work.

The sites that primarily rely on WIA to provide post-training assistance are generally the same sites that co-enroll most or all of their TAA participants into the WIA Dislocated Worker program, and the array of services provided to customers co-enrolled in WIA appears somewhat broader than for those individuals not co-enrolled. *For example, in Huntington Park, California, WIA developed an incentive program (largely to ensure the timely collection of follow-up data from customers) that runs during the follow-up period. Customers receive a \$50 monthly cash payment while they are job searching, may access funds to pay for uniforms and tools they need for employment, and receive gift certificates when they demonstrate they remain employed at three and six months after initial placement.* WIA staff in other sites contact participants—generally by phone or letter—during the last semester of training and after completion, and advise them to visit the One-Stop Career Center and use the labor exchange to job search. Some staff meet in person to provide job search counseling and review participants’ resumes. Some sites identify those participants who are likely to be the most difficult to place in jobs, and focus their efforts on meeting with those individuals and providing them placement services.

Yet not all sites demonstrate a rich array of post-training placement services, even in those sites where customers are co-enrolled in WIA. This lack of comprehensive placement and support services after training completion may be due to several factors. First, many sites suggest that customers find employment on their own and thus do not seek post-training assistance from program staff. Second, many local areas cite the training vendors as a primary source of

¹⁵ TEGL 32-04 suggests that placement services should be provided to TAA participants after completion of training, but at the time of the site visits TAA staff rarely did so.

¹⁶ Customers are considered to have exited the program when they are no longer receiving program services and no further services are planned (see TEGL 28-04). Thus, the fact that a high proportion of TAA participants are exited when training ends suggests that many do not receive post-training placement assistance. See R. D’Amico, J. Rodecker, and R. West, 2004, *Explaining Performance in the TAA Program*.

placement assistance for customers. Finally, some LWIAs lack a comprehensive follow-up program as part of their WIA services.¹⁷

Conclusions

Some trade-affected workers have access to a variety of assessment, counseling, case management, and post-training assistance throughout their participation in the TAA program. The specific services that are provided, and their depth, are affected by which program staff provide them, in which programs in addition to TAA the worker is co-enrolled, and the stage of program participation, from the introduction to program services during Rapid Response, to the decision to undertake training, to post-training placement assistance. Other elements that affect the provision of these wrap-around services to TAA participants include whether they are provided in a group or individual setting, and whether there is a set package of services that staff deliver versus a menu of services from which customers can select.

It seems clear from the data that, in general, customers co-enrolled in WIA receive more in-depth assessment, counseling, case management, and post-training assistance. Recognizing that this would be so, DOL has in recent years strongly encouraged co-enrollment of TAA participants in WIA and other One-Stop Career Center partner programs (see TEGL 11-02). As a reflection of this guidance, there has been a gradual shift toward higher levels of co-enrollment in WIA in the states visited. In more than half of the states, co-enrollment in WIA increased from Fiscal Year (FY) 2003 to FY 2004, according to TAPR data. Further, over half the sites visited in 2005-2006 articulated a commitment to co-enrolling most or all TAA participants in WIA. Yet, the most surprising finding may be that co-enrollment in WIA remains partial in many states and local sites. Even states participating in the WIA and TAA Co-enrollment Pilot Project have struggled to reach 100 percent co-enrollment of TAA participants into WIA, with only one of the six states, in fact, achieving the 100 percent co-enrollment target.¹⁸ This evidence suggests that, even with the will to practice total co-enrollment, many obstacles remain.

¹⁷ SPR's technical assistance and training for the DOL-funded *WIA Performance Enhancement Project* has revealed that follow-up and retention services are among the least developed of the WIA services, in large part due to concern about spending funds on participants after they exit.

¹⁸ As part of the WIA and TAA Co-enrollment Pilot Project, which was launched in 2005, six states committed to co-enrolling all TAA participants in the WIA Dislocated Worker program for the twelve-month duration of the pilot, including all of their existing participants and any new participants. Of the six states, only one reached 100 percent co-enrollment by the end of the pilot period. Three others achieved co-enrollment rates of between about 80 and 90 percent, and two reported co-enrollment rates of 40 percent or less.

The reasons for limited co-enrollment, and the challenges faced even by those sites that have decided to co-enroll all TAA participants in WIA, are multiple.¹⁹ These include: 1) a reluctance on the part of state agencies to require local areas to co-enroll 100 percent of their TAA participants in WIA; 2) a concern that widespread co-enrollment would greatly increase WIA front-line workers' caseloads (especially in those local areas with the highest degree of trade activity); and 3) a concern that trade-affected dislocated workers' performance outcomes will drag down WIA performance.

There are alternative ways to overcome each of these challenges and concerns. States can involve local areas in planning to institute a 100 percent co-enrollment policy, or may choose only to encourage high levels of co-enrollment, rather than mandate them. Regardless of whether a mandatory policy or guidance is issued, states can provide training to local-area WIA and TAA staff on ideal customer flows. Further, to support WIA staff who will receive the brunt of new work if large numbers of TAA participants begin to be co-enrolled in WIA, states can apply for dual-enrollment NEGs, or make available to local areas portions of the 15 percent Governor's reserve funds, as several co-enrollment pilot states have done. Lastly, existing research suggests that the performance gap between TAA participants and WIA Dislocated Workers can largely be explained by several factors that have since been addressed by Federal guidance, removing performance concerns as an impediment.²⁰

However, plenty of local sites visited do not practice widespread co-enrollment or even encourage it. In these sites, customers determine the level of wrap-around services they receive. If customers request additional assistance, the TAA program staff will generally either provide the service or, more likely, make a referral to a partner program. Either way, the program staff assume the customer gets the services he or she needs. For those customers willing and able to ask for what they need, the customer-directed approach taken by many sites may be adequate. However, customers who are not able to ask for what they need or who may not realize that they could benefit from assessment, case management, or post-training assistance are likely to be less-than-effectively served by sites that practice this customer-directed approach.

¹⁹ This issue was explored in some depth in the first Interim Report for the WIA and TAA Co-enrollment Pilot Project. For more detail, see "WIA and TAA Co-enrollment Pilot Project: First Interim Report", SPR, April 2006.

²⁰ See both "Explaining Performance in the TAA Program," SPR, October 2004, and TEG 32-04 for more details on the performance issue.

Appendix A: Definitions

Case Management

While no definition of case management appears in the TAA legislation or guidance, WIA defines case management as follows:

“the provision of a client-centered approach in the delivery of services, designed—(a) to prepare and coordinate comprehensive employment plans, such as service strategies, for participants to ensure access to necessary workforce investment activities and supportive services [. . .]; and (b) to provide job and career counseling during program participation and after job placement.”²¹

In the field, case management tends to mean an on-going relationship to a customer in which the case manager is the primary point of contact for the program participant.

Assessment

The most comprehensive discussion of assessment in a workforce investment context occurs in the preface to the WIA regulations, and in the regulations themselves. The preamble discussion and the regulations explain that the purpose of assessment is to help individuals and program staff make decisions about appropriate employment goals and to develop effective service strategies for reaching those goals. Further, while “meaningful service planning cannot occur in the absence of effective assessment,” DOL acknowledges that there is neither one specific method of assessment nor a single ideal provider. Instead, the key issue is that whatever methods are used, the result is sufficient information about an individual's skill levels, motivation and interest, and support services needed to enable the program staff to advise participants on entering training and ultimately reentering the labor market, and to refer them to sources of support. Two levels of assessment are identified by WIA.

Initial Assessment. WIA defines this as a brief assessment that provides preliminary information regarding the individual's skill levels, aptitudes, interests, (re)employability and other needs in order for the program to make appropriate referrals the One-Stop Career Center and partner programs.

Comprehensive Assessment. A more intensive examination of educational attainment; employment history; basic literacy and occupational skill levels; interests; aptitudes; family and financial situation; emotional and physical health, including disabilities; attitudes toward work; motivation; and supportive service needs in order to inform the development of a person's individual employment plan.

²¹ Public Law 105-220, Title I, Subtitle A, Section 101.

Post-Training Assistance

Post-training assistance may be the most self-explanatory of the definitions; it entails any service provided after a participant completes training. Post-training assistance can include job search and placement assistance, supportive services, and follow-up services.

Counseling

Although no formal definition of counseling appears in TAA or WIA legislation or regulations, the term is used here to refer to guidance provided to participants by program staff to assist customers in making decisions. While some of the sites do not distinguish between counseling and case management, others suggest that counseling is episodic and often provided at the beginning and end of program services, while case management is on-going throughout program participation. For greater precision in discussing these topics, *counseling* refers to distinct episodes of guidance provided by program staff, and *case management* refers to on-going contact with program participants.

Appendix B: List of Site Visits Conducted

Site visits were first conducted in 2004 as part of the Initial Implementation Study. These site visits focused on states' progress in implementing the requirements associated with the Trade Act of 2002. A second round of sites visits to a larger number of states, and more broadly focused, was conducted in 2005 and 2006. Site visits completed as of the writing of this paper are shown in Exhibit A-1, along with the estimated percentage of all TAA participants nationwide that are represented by these states (the sum across these states is 72.9 percent). Additional site visits to these and other states are planned in the evaluation's subsequent years.

**Exhibit A-1:
States and Local Offices Visited**

	Estimated Percent of TAA Participants	Initial Implementation Site Visit	Conducted a Second Site Visit	Local Offices Visited
Alabama	3.5%	x	x	Opelika, Sheffield, Tuscaloosa
Arizona	1.2%	x		Phoenix
California	5.6%	x	x	Huntington Park, Sunnyvale, Santa Rosa
Georgia	3.9%	x		Rome
Illinois	3.7%		x	Arlington, North Aurora
Indiana	2.4%		x	Auburn, Gary
Kentucky	2.5%	x	x	Elizabethtown, Richmond, Somerset/Russell Springs,
Maine	1.0%		x	Bangor, East Millinocket
Maryland	0.4%		x	Baltimore, Hagerstown
Massachusetts	1.8%		x	Holyoke
Michigan	3.6%	x	x	Allegan, Livingstone, Troy
Missouri	2.2%		x	Chillicothe, St. Joseph
Montana	0.2%		x	Kalispell
New Jersey	2.1%	x		Middlesex
New Mexico	0.4%		x	Albuquerque, Silver City
North Carolina	9.4%	x	x	Aberdeen, Asheboro, Wilson
Ohio	4.0%	x	x	Columbiana, Dayton
Oregon	2.0%		x	Lane, Portland West

	Estimated Percent of TAA Participants	Initial Implementation Site Visit	Conducted a Second Site Visit	Local Offices Visited
Pennsylvania	6.7%	x	x	Lawrence, Montgomery, York
South Carolina	3.0%	x	x	Greenville, Seneca, Santee- Lynches
Tennessee	4.1%		x	Knoxville, Mid-South
Texas	7.0%		x	Conroe, Richardson
Washington	2.2%		x	Spokane, Vancouver

Appendix C: About the WIA and TAA Co-Enrollment Pilot Project

In June 2005, DOL contracted with Social Policy Research Associates to conduct the *WIA and TAA Co-Enrollment Pilot Project*. The project consists of: (1) implementation assistance to pilot states and local areas, (2) an impact study, based on a difference-in-difference design, to estimate the impact of 100 percent co-enrollment of TAA customers into the WIA Dislocated Worker program on the pilot states' performance, and (3) a process study, both to support the interpretation of findings from the impact study and to provide a full accounting of how the pilot states implemented 100 percent co-enrollment and the challenges they encountered.

The key questions for the project's evaluation relate to understanding the context within which the TAA and WIA programs operate, documenting program design and operations, and finally, estimating individual-level and system-level program impacts.

A draft First Interim Report was delivered to DOL in April 2006, the second interim report in October 2007, and the Final Report in July 2008.

Site Visits Conducted as Part of the Pilot Project

Site visits completed as of the writing of this paper are shown in Exhibit A-2.

**Exhibit A-2:
States and Local Offices Visited**

	Local Offices Visited
Illinois	Arlington, Kankakee, North Aurora,
Kentucky	Elizabethtown, Somerset, Mt. Sterling
Missouri	Chillicothe, St. Joseph, North Aurora
New Jersey	Bergen, Cumberland, Newark City,
Pennsylvania	Allegheny, Lawrence, Montgomery
Texas	Conroe, El Paso, Richardson