The Research-Practice Nexus: Reflections Based on the ITA Experiment

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Plenary Session Questions

- How do research findings influence workforce policy and direct service delivery?
- How do research findings translate into improvements for the system?
- How are seemingly conflicting findings resolved?
- What further research questions could be explored to improve service delivery?
Essential Background on the ITA Experiment

- Launched in 1999 by USDOL to inform states and LWIAs on how best to implement ITAs
- Tested 3 approaches side-by-side in 8 local areas
  - ITA experimental approaches reflected:
    - Variation in ITA models emerging at local level
    - Flexibility in program design allowed by WIA
- One-Stop customers randomly assigned to an approach after being determined eligible for training
- Study participants followed for 15 months
<table>
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<tr>
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<th>A1 Structured Choice</th>
<th>A2 Guided Choice</th>
<th>A3 Maximum Choice</th>
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<tbody>
<tr>
<td>Counseling</td>
<td>Mandatory; most intensive</td>
<td>Mandatory; moderate intensity</td>
<td>Voluntary</td>
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<tr>
<td>Can Counselors Reject Choices?</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
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<tr>
<td>ITA Amount</td>
<td>Customized</td>
<td>Fixed cap</td>
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Notable ITA Experiment Findings

- Maximum choice (A3) was feasible, promoted ITA use, and did not lead to poor training or employment choices.

- Under Structured Choice (A1), counselors struggled to direct customer choices; didn’t ration ITA funds.

- Approaches had no effect on overall training rates, occupation choices, or completion rates; only small effects on employment and earnings (but some customers were still in training).

- No evidence (so far) to recommend wholesale shift to a particular ITA approach, but important cost implications for local areas.
Plenary Questions
1. How research findings influence workforce policy and service delivery?

- Study sites, like most local areas, adopted Guided Choice (A2) approach after participating in the ITA Experiment

- Building on findings from the ITA Experiment, USDOL launched other demonstrations:
  - Personal Reemployment Accounts
  - Career Advancement Accounts

- Training Choice Option included in WIA Gold Standard Evaluation
2. Translating research findings into system improvements

- **PRA demonstration (2004)**
  - For UI recipients likely to exhaust benefits
  - $3,000 award, for intensive/supportive services or training
  - Providers need not be on the ETP List
  - Up to 60% of PRA can be released as reemployment bonus

- **CAA demonstration (2006)**
  - For dislocated or incumbent workers, out-of-school youth, spouses of military personnel
  - Award of $3,000/year for up to 2 years, for training only
  - Customers need not receive core or intensive services
  - Providers need not be on the ETP List
  - Training must lead to portable, industry-recognized credential
3. Resolving seemingly conflicting findings (ITA Experiment examples)

- Structured choice (A1) and maximum choice (A3) more costly for local areas than guided choice (A2)
- Counselors reluctant to be directive in their interactions with Structured Choice (A1) customers
4. Further research questions to improve local service delivery

- What are the net impacts of ITA training?

- Are modified, cost neutral ITA approaches feasible? What are their effects?

- What are the effects of:
  - expanding allowable uses of ITAs?
  - lifting ETP List requirements?
  - imposing credential requirements?

- What services help steer customers to train for high-growth, high-demand or strategic sectors of the economy (e.g., green jobs)? What are the effects of such services?
Concluding Thoughts

- Research findings unlikely to lead to blanket prescriptions for service delivery; more likely to identify alternatives, modifications to enhance program efficiency or effectiveness

- Research findings support WIA’s emphasis on customer choice and local flexibility

- Close collaboration, communication among researchers, policymakers, and practitioners enhances the feasibility and usefulness of research

- Incentives are necessary to promote innovation and continuous quality improvement in workforce service delivery