**WorkforceGPS**

**Transcript of Webinar**

**Trade Adjustment Assistance & Title I Dislocated Worker Co-Enrollment**

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JENNIFER JACOBS: Again, I want to welcome everyone to today's webinar, and I'm going to turn things over to your moderator, Andy Ridgeway. He's the unit chief for the Adult and Dislocated Worker Services Unit, Division of WIOA Adult Services and Workforce System. Andy, take it away.

ANDY RIDGEWAY: Thank you. And thanks, everyone, for joining us this afternoon. We're real excited about the topic today. Again, I'm Andy Ridgeway and I'm here with my counterpart, Susan Worden, in TAA.

SUSAN WORDEN: Hello, everyone.

MR. RIDGEWAY: We'll let her introduce herself here momentarily. But we're wanting to do this as a joint presentation to emphasize the importance of aligning Title I with TAA programs and kind of creating a seamless experience, both for the customer and also on the administrative side to remove any barriers that are perceived regarding this issue. So again, I represent the Office of Workforce Investment, where we oversee the WIOA Title I Adult and Dislocated Worker programs as well as the Wagner-Peyser Act Employment Service. And I'll turn it over to Susan.

MS. WORDEN: Yeah. Andy, thanks so much for being here today. We've certainly been working for quite some time to make sure that we had close alignment between the WIOA TAA programs over the course of recent couple of years. So really grateful to have you onboard and have us working together on this.

So with that, let's turn it to the next slide, which is actually a poll but it's actually on your screens. It's looking like we have about 97 participants in the room. We'd like to get as many of you as possible to fill in this poll, which is what is your function? For some of you there may be multiple.

Folks in the room, if they represent different factions, then you basically do the best you can. We'd like to get as much of a response as possible just to give us a sense of the lay of the land in terms of the audience demographic. So we're just going to give a minute for that for folks to fill that in.

MR. RIDGEWAY: It looks like we at least hit most of the key groups that will be on here, so got a good amount of TAA, Dislocated Worker, Rapid Response and UI.

MS. WORDEN: And the great thing about today's presentation, Andy, is that it will be recorded. So we certainly encourage folks in the room that are represent the TAA program – that we don't necessarily have the Title I representation. That basically, we'll forward it out and hopefully everyone will get access to all of the great information we'll be sharing today, if not live than through the recorded links.

MR. RIDGEWAY: OK. So it looks like we've got pretty good turnout on the vote here. So I'll just go ahead and we'll move along. But go ahead and continue to fill that out for the next 30 seconds or so and we'll move on to the presentation.

MS. WORDEN: Great. Thanks. So Andy, the TAA program is obviously real excited about dual enrollment. We've been excited about dual enrollment for as long as I've been in the program, which now goes back to, gosh, the turn of the century. But we don't that there've been a lot of concerns and issues over that time, and it's probably a good idea if we talk through some of those concerns.

The first of it is a concern about money. Comes down to money. The TAA program is flushed with funds, but a lot of cases, the WIOA Dislocated Worker side isn't necessarily as well-endowed, so to speak. And I think one of the concerns is, as well as the TAA folks have all the money, then they should basically cover participation alone. That's certainly one of the big concerns here.

MR. RIDGEWAY: Yeah. Thanks, Susan. That's definitely a key aspect of it. And another challenge that we hear from time to time is well, there's different eligibility and different service requirements. And maybe if my program is serving them, they should serve all the services, but that may not be best for the customer. So that's another challenge that we hear.

MS. WORDEN: Probably the biggest one over the course of time that I've heard is concern that co-enrolling TAA participants with Title I Dislocated Workers is going to hurt dislocated worker outcomes. I think that's one of the big things we're going to talk about today. And head's up, just so there's no surprises, we're going to be debunking that today.

MR. RIDGEWAY: Yeah. And the next one we hear about is there's infrastructure or barriers, whether it's a TAA being state administered and DW being locally administered, there's challenges there that we hear from time to time regarding coordinating between DW and TAA. So that's another issue that we're going to address through this presentation. And lastly –

MS. WORDEN: All in all, coordination is too much work.

MR. RIDGEWAY: Too much work.

MS. WORDEN: Whether that's because it's not going to really serve the participant enough to be worth the effort, or any of the issues that we see here. So we just wanted to let you know that we're aware of your concerns and objections and feedback and we're really looking forward to really getting into these issues today.

MR. RIDGEWAY: Yeah. We hear your concerns, and we are going to try and address them. And if there continues to be concerns, we'll work to address them in the future.

So moving on, I'll go over real quick what this presentation is going to be. We're really excited. We're going to talk a little bit about – in a minute – about you, getting feedback from you all about what are some of the challenges that you've faced regarding co-enrollment, some of which you may have just heard from us, but others that may not.

Why are we discussing co-enrollment now? Why is this a topic that we're wanting to discuss? Why is it a priority? So we're going to get into that a little bit. And we're going to come out and go for it. We're going to talk about the myths that we hear. We're going to try and break down those barriers and just try and work through these issues point by point, and we're going to cover some other issues.

But secondly, the part that I'm really excited about today too, is the second part of our presentation will be not us Department of Labor employees talking to you, but really we have the states of Connecticut, Indiana and Oregon here to sit on a panel for the second half of the presentation to kind of talk about how they have worked through these issues, how they've seen some of these problems before and how they've worked to address them, and kind of how they have been able to move forward and really do what's best for the participant, getting them the services they need and also to make sure that the system is aligned that way. So I'm very excited about that.

MS. WORDEN: Yeah. And Andy, just one thing I want to point out about the agenda is we're going to – I'm sure we're going to be collecting questions in the chat section as we go through part one, specifically when we hand it over to our regional partners, who are going to be going through some of the myths and barriers affecting their job. And we really encourage you to enter questions and concerns into the chat room.

Just keep in mind, to the extent possible, we're going to save the bulk of our time for the part two. So questions that you put into the chat window, if they don't get immediately addressed in real time, we may be just conserving some for the part two to allow our state peers to be able to pitch in when we get into their section. So really highly encourage you to go ahead and enter those questions in, but we will be either addressing immediately or archiving for some point in the presentation. We're looking to get some dynamics back and forth in there and we will encourage it.

And with that, let's get on to our section of the presentation. This question we would like you to respond to to select all of the available – all of the challenges that you see that impact co-enrollment as a barrier. So you can choose multiple options. Please, we really want to get your feedback on this. We want to know what represents your big challenges. Just give it a minute to give folks a chance to respond.

MR. RIDGEWAY: Yeah. So it looks like there's the performance issue, which we're definitely going to talk about a little bit later today. Go ahead and put those in. And if there's other barriers that we haven't hit on, definitely let us know in the chat because we want to hear from you all what's out there. So yeah. Continue to fill this out. We'll – looks like there's a –

MS. WORDEN: Looks good.

MR. RIDGEWAY: – fairly even balance here. But I think we've identified most of the issues that people have.

MS. WORDEN: Yeah. We're looking like one, two, three is performance, followed by difference in programs prevents coordination, followed by lack of familiarity. Oh. Lack of familiarity is getting up there. OK. Yeah.

MR. RIDGEWAY: And if there are things that would help you become more familiar, we're interested in continuing TA in that space as well. So continue to give us your feedback on this.

OK. So thanks for taking the time to fill out that poll question. And to get to the issue of why co-enrollment now? And I think it's key that we emphasize the participant side of the equation because that's what it's all about is helping our shared customers who are losing a job or are in a difficult period of their life, where they're facing a lot of uncertainty and a lot of questions and there's a lot of their livelihoods are at stake for both these populations, or for the populations that these programs serve.

And so, we wanted to talk about the importance of not only connecting with Rapid Response – I did see there are some Rapid Response folks here today – to kind of help as early as possible when there's a potential layoff or an incoming layoff, whether it's straight impacted or not. The importance of Rapid Response in helping coordinate that and helping to coordinate the services that are delivered to them.

And there's also the cases we've seen in points of getting people into the system sooner than later. If you can get people the services sooner in the process, then you can help just shorten those periods of unemployment and get them the services they need. And I know that's something that DW can help with because the eligibility process is a little quicker for DW than TAA. So that's really one of the reasons why we want to make sure that people are getting served quicker. And then seems like it leaves a better outcome. So moving on.

MS. WORDEN: OK. So we're probably going to skip through at least one of the slides next because we do want to conserve as much time as possible for the state side.

But I just want to do a quick overview, given that some of our audience members are not as familiar with the TAA program, just to give a quick overview. The Trade Act of 1974, Title II Chapter 2 established the Trade Adjustment Assistance for Workers program, or TAA, the Alternative Trade Adjustment Assistance, or ATAA, and Reemployment Trade Adjustment Assistance, RTAA program.

These programs, collectively referred to as the Trade Adjustment Assistance program, or TAA program, provides assistance to workers who've been adversely affected by foreign trade. The Trade Adjustment Assistance Reauthorization Act of 2015, or also known as TAARA 2015, reauthorized and reasserted changes to the act. TAARA 2015 also revised reporting requirements to align performance accountability for the TAA program with that of other partner programs in the workforce system under the Workforce Innovation and Opportunity Act, also known as WIOA.

OK. With that introduction, we'll go to the next one really quick. And I think I'll skip the next one. Why co-enrollment – go back. Sorry.

Why co-enrollment now from the administrative side? As a result of the TAA reauthorization and enactment of WIOA, the time is right for seamless integration between these two programs. And the department is committed to achieving this, and it is a major part of the upcoming TAA Notice of Proposed Rulemaking, which is currently in development.

The TAADI measure is another big factor. For those of you who manage the TAA program, a lot of concerns about the fact that we have a 50 percent co-enrollment TAADI measure. There've been complaints about well, it's one thing to say the TAA program has to meet 50 percent, but what happens if the partner doesn't show up at the other side of the table?

And I just want to specify for the persons in the room that are concerned about this that the reason that the TAADI measure exists, specifically in the first year, is to give us an opportunity to collect feedback from you as to why you don't think that 50 percent target is reasonable for whatever reason. So keep in mind we're collecting information, and that's really one of the main purposes of TAADI. It obviously has targets and measures, but it's also got a significant feedback loop.

Last but not least, we're looking to reduce duplicative programs. We know they're not really duplicative programs. There's really duplicative processes, and that's really the point of co-enrollment is to create that seamless system delivery that really is not sensitive to programs. We do that behind the scenes. The participant just feels like they're being taken care of comprehensively to achieve the same successful reemployment.

We're going to skip the next slide because we want to make sure we have enough time to turn things over to our regional partners, who are going to look at some of the myths more granularly and do some myth busting. Christina, take it away.

CHRISTINA ECKENROTH: Hey. Hello, everybody. I'm Christina Eckenroth and I'm the acting chief of the Division on Workforce Investment for Region 1, Boston. And I'm going to address our first myth.

Co-enrollment with the trade program will hurt WIOA performance outcomes. Seems like you guys have heard this. So where does this originate? Well TAA participants are often engaged in long-term training, but this shouldn't be a disincentive to co-enrollment. Most outcomes are measured post exit, so a participant's length of participation in either program should not be a concern for you Title I folks out there.

And a reminder that states may use a common exit among DOL programs as long as that can be tracked. And under WIOA, the measurable skill gains performance indicator measures the progress of participants engaged in training. So a positive outcome can be reflected, even for participants that are engaged in long-term training.

So now you know how this works? All right. Let's take a look at the data. So using the data from WIA under the entered employment rate, the negative impact of co-enrollment was a miss under WIA too. Co-enrollment with TAA leads to better outcomes in both programs and the success of the co-enrolled cohort is consistently higher. So in short, case managers should continue to focus on providing the appropriate service delivery for the success of the participant. I think that's something Andy alluded to. You need to leverage the strength and services of both of the programs, which Susan talked about reducing duplicative processes, and focus on participant success and your performance will be reflected.

But how will it be reflected? What if you're in Title I and you serve a number of participants with barriers that you had not anticipated. OK. So let's take a look. Enter the statistical model. WIOA requires that states and departments reach agreements on the levels of performance for each primary indicator of performance for each core program.

A statistical model is one factor used in the negotiation process, and the statistical model takes into account the actual economic conditions and the characteristics of participants served as they reported. So any increase in participants with barriers will be taken into account by the model, which will reflect the anticipated levels of performance based on the actual participant barriers, demographics and economic condition.

So performance outcomes, as a reminder, are primarily exit-based. So there's going to be no impact to WIOA performance outcomes for most of those measures until the participant has exited. And reminder again, you can have a common exit for DOL programs as long as your systems allow for that tracking.

So given all of that, consider the co-enrollment will hurt WIOA performance to be busted. And with that, I'm going to turn it over to Jason to tackle the next myth.

JASON HUDSON: Good afternoon, everyone. My name is Jason Hudson and I am part of Region 5. Today, hopefully I will bust two myths for you. The first myth deals with the discrepancy regarding the uses of the eligible training provider that's assisting. This myth revolves around our data. TAA requires the usage of the ETPL in order to fund the training.

Under Trade, there are a number of factors we look at when approving a training grant, but the fairest faction of the ETPL is not one of those. Just because WIOA co-enrollment is concurrent, it does not always mean that WIOA requirements continue to flow to the training approval process on the trade. It's important to note that the ETPL is only required if the training is funded by WIOA.

So for instance, we have a participant that began his training through WIOA, which can sometimes be the case depending on the timing of the certification. That participant wanting to become a TAA participant could choose to stay or transfer to a non-ETPL. I say this all to get you to conclude that the states may want you to consider co-enrollment strategy.

Let's focus on maybe a short-term training under WIOA in order to prepare the participant for longer-term training with TAA. And this strategy may be best achieved by realizing that the training provided under WIOA does not always have to be the angle simply because of the myth that TAA requires the ETPL to fund the training. Again, the ETPL is only required for WIOA-funded training.

The second myth deals with co-enrollment. Excuse me. The second myth deals with the issue that there's a lack of WIOA Dislocated Worker funding. There are a lot of ways to coordinate the co-enrollment. There are essentially at no cost or a low-cost burden for WIOA programs. For instance, you should be looking at non-financial services that includes writing, resume writing workshops, financial literacy.

States may want to explore the idea of using uniform intake forms between WIOA and Trade and the (training ?). Depending on the demographics, you could look at potentially automating some types of co-enrollment. But the employment part to kind of flesh out is that trade participants are stringent. The outcomes of various participants are strengthened by increasing our access to multiple services. Again, we like to look at the long-term success of program participants and co-enrollment helps it. There's no incorrect entry point for trade participants, whether it comes through WIOA or trade.

So hopefully, this helps bust two myths. I believe I did not switch the slides for you guys, but if you have any questions, I believe they're addressing them at the end. And I will turn this over to my colleague in the Atlanta regional office, Rachel. Thank you.

RACHEL FLOYD-NELSON: Thanks, Jason. This Rachel Floyd-Nelson from the Region 3. Another myth we tend to see is that the customer is the one to drive co-enrollment. And added to the myth is a fault barrier known as the silo. We want to bust this myth and barrier.

We recognize how infrastructures and organizational design can build up unintended silos. The issue here is trying to co-enroll goes beyond the control of a case manager on either side. So to move into a holistic approach will require state and local leadership to think about favorable results generated from co-enrollment and to develop methods to overcome silos.

On the other hand, case managers may feel a challenge to incorporate one or more programs into an individual target strategy, and for various reasons. But this could be due to the perception of all programs not being equal in terms of funding and support services. Suppose the perception is inaccurate. Create circumstances that promote mutually beneficial and targeted conversations among teams as well as interdepartmentally. Identify what one side views as gaps which the other can fill.

And finally, gain new perspectives on what interceptions and early interventions can enable participants to obtain ultimate progress. As the data shows, outcomes are better with co-enrollment. Having this knowledge and the willingness to revisit infrastructure and program design, the goal is to see self-imposed roadblocks and barriers chipped away for a more seamless operation and participant process.

So we hope you'll stick around. We've invited Oregon to speak today about leverage that they've established in regards to TAA and Title I dislocated worker enrollment.

On our next slide, we thought that this would be a great place to recapture positive outcomes for both participants and for programs. On the left, the green bars show that entered employment rate was 72.2 percent for participants who got an intervention in less than 30 days, whereas the rate was only about 68 percent for those who didn't get co-enrolled until 30 to 60 days later. This data covers the capital reporting period of July 1st, 2009 to June 30 of 2017. On the table to the right, we can point out a stark, affirmative difference in training participation and credential attainment for the co-enrolled.

Next, we see that WIOA requires a birth certificate. A birth certificate is not required, but it's often the preferred form of documentation to prove one's age and eligibility to work in the United States. However, there are other forms of birth documentation that can provide this.

Lastly, many in our audience are aware the trade act does not require selective service registration. And therefore, this may actually prevent co-enrollment in dislocated worker programs. However, we see very nominal numbers of trade participants who are affected by this. This primarily consists of men who were born during a brief window involving the draft. Note, this occurs rarely and typically has a minimal impact on the big co-enrollment picture.

I'd like to stop here to pass the discussion off to my Region 4 colleague, Kathy McDonald.

KATHY MCDONALD: Thank you, Rachel. I'm Kathy McDonald. I'm the trade lead for Region 4, and I'm going to talk about another perceived barrier for trade-affected participants, which is having to see two case managers creates a burden for the participant.

There is a continuum of service delivery throughout the trade program. In some states, the TAA coordinator is often the same person who is co-enrolling the participant in WIOA, and it's easy to make a more traditional approach. The states where there are multiple case measures have a bigger challenge. These states are committed to training their staff on all programs and participants making multiple case managers.

So we realize there isn't a one size fits all, but challenges to infrastructure should not determine case management strategy. To overcome this barrier, states with a more complicated service delivery process will have to work harder, create trade and WIOA co-enrollment policies and procedures that map out responsibilities and processes for each party.

Existing assessments should be leveraged and complimented as needed by both case managers. For instance, finance supportive services through WIOA result in IEPs and assessments and should be shared with the TAA case manager to determine how the participant will be served.

Bridge the gap. Create case staffing between case managers to provide seamless service delivery to a TAA participant. Case managers will need to work together to serve the single participant and avoid creating a barrier for that participant.

The next perception that we'll discuss is that supportive services the workforce board have to offer don't align with the TAA participant needs. TAA is a state program and the state could determine what services could be provided to the TAA population. Boards are currently providing services that trade participants may benefit from, such as the finance supportive services discussed earlier. Not all supportive services require funding.

Many may come and form in the form of a referral or an onsite training or workshop. Together, the case managers could develop a list of supportive services that may be provided through referrals, such as Dress for Success, career counseling, financial literacy, resume writing, interviewing techniques. All of these are just a few that are on a list that you could come up with. And each state may have certain specific needs where they could customize some of these lists and think outside the box.

OK. The final perception is local workforce boards with high turnover don't understand the TAA program. Each state is different and they each relate to their boards differently, but this should not drive case management. TAA coordinators could provide board training on an annual basis. Work with your regional office to develop board training so your boards will understand the trade program.

Use data when developing board training to demonstrate how co-enrollment benefits both programs in your state. The TAA coordinators will need to be more proactive with their workforce boards in the future, and together with their WIOA counterparts, they will need to educate the boards in order to ensure a seamless service delivery approach for trade.

So Rachel, let's recap the busted myths. First we note that performance actually improves performance outcomes.

MS. FLOYD-NELSON: We also heard today that low WIOA funding does not prohibit co-enrollment.

MS. MCDONALD: Differences in eligibility and service provision are not real barriers.

MS. FLOYD-NELSON: And remember that with regard to challenging infrastructure, affective case management should be the priority, instead of maintaining the status quo.

We appreciate your participation so far and we look forward to continuing to be united in the challenge to co-enroll. Let's now bring Susan and Andy back to the conversation.

MR. RIDGEWAY: Thank you. And so this is going to be a bit of a transition. We're going to move from our regional discussion of some of the myths and the false barriers and we're really excited to now make sure that you type in some questions. And Susan, if you have anything to add?

MS. WORDEN: Yeah. And I just really want to encourage folks. I know that there are unbelievers in the room. And I want to encourage folks to go ahead and give us – give it to us with both barrels. If you have any concerns or questions, if you're experiencing challenges, a few things haven't been heard or haven't been heard, you haven't been able to express them loud enough up to our level, this is your opportunity.

We want to know what your concerns are with regard to co-enrollment. We are going to be emphasizing this more now than ever, but we need to hear from you if there are issues that stand in the way of co-enrolling based on what's going on in your state or any other reasons that you may have. So as we move over to the state now, we really want to encourage you to go ahead and put those questions into the chat room.

MR. RIDGEWAY: Yeah. So continue throughout this presentation, as you identify things, go ahead and comment. We may not be able to address it right away, but we'll make sure that we speak to your questions throughout the presentation. So just wanted to remind folks again that that chat is there, and it's there for us to be able to react to. So much appreciated.

And with that, we are going to kind of move into our panel presentation, where we will have it be moderated by Amanda Poirier with the U.S. Department of Labor's Region 1. And she is the trade lead for Region 1. And so with that, Amanda, I will turn it over to you.

AMANDA POIRIER: Thanks, Andy. Appreciate it. So we're going to go into a few things today. I'd like to say hi first. Thanks, everybody for joining. I saw a lot of Region 1 folks on the list here, so I'm glad that we're all here to talk about and hear about co-enrollment again.

So why are we doing a panel? We really want to share some diverse sort of voices that can present on the topic, because to go over the strategies involved in any party, and we felt that it was critical to hear from a diverse group from different states representing unique programs in various levels of government. And also, we want to share with you, the audience, as the practitioners, the policy makers and many other state and local partners. So please, as reiterated earlier, please enter your questions into the chat as you think of them and we'll answer then after the third panel speaks, which happens to be Oregon, and open it up for questions at that time.

There are three states represented in the panel, and each state will talk about five to seven minutes about several of the following topics. And there it is, a few of the topics that we're going to talk about. So first off, we're going to talk about why co-enroll, staffing and cross training, shared costs, policy and procedure alignment, systems IT and state and local dynamics. These topics were selected because they present a myriad of challenges and opportunities around co-enrollment.

And to break it down further, they will talk about some of the staff and cross training that has happened and has improved outreach and services for trade participants. The panel will speak to records cost, that is how to be able to leverage trade funds with the point of co-enrollment, and on helping procedure alignment. States may discuss some procedure alignment, but mostly this is another area of opportunity for all states.

Developing policies around co-enrollment at state and local levels, ensuring that trade is part of the state and local planning processes and the discussions around co-enrollment that are happening as it relates to non-stop operate our customer flow is a huge opportunity that we welcome a lot more conversation on. There are challenges for tiny states as it relates to managing multiple systems to tracking co-enrolled participants, and the panel will speak to this issue as well.

Some of the panel members will discuss state and local opportunities and challenges in developing procedures and systems that allow for co-enrollment. As has been mentioned earlier, there are many parties at the table for co-enrollment between trade and Title I, state trade and WIOA leadership, the state board around the state plan development, local boards, agency operators, agency managers, case managers for WIOA and Trade, Rapid Response and business service folks, front desk personnel and so many more. There are a lot of partners that face challenges in getting everyone on the same page, which at the end of the day is about how does the workforce development system best serve the customers, which I think everyone can agree on whole-heartedly.

And one more quick thing before I leave it to the panel is money to support this. So how much money? There's a lot FY '16 money on the table for the purposes of case management, and its origin we'll speak to more detail, fairly celebrative money for co-enrollment specifically. And also, Connecticut may speak to it a little bit too. There are four states that are closest to spending all their FY '16 money.

These funds are going to expire September 30, '18, which is only a few short months away. So please take a look at your financials for that grant year. We really recommend that you talk to your CFOs and have a discussion about this and think about ways that you can maybe strategize for ways to use this money. And as Region 1 states have already said, please just send me a note. We can always talk about it. I'm happy to have those conversations at any point in time.

So all of that said, let's start the panel. First up, Joe. This is Connecticut state TAA coordinator and Victor in AJC in Bridgeport. Connecticut has made huge strides in the number of the folks that they've co-enrolled. I know personally from being a regional in that. They've done a lot of hard work, so I'm really excited to be part of this panel today, to join Victor, our and join our review, to talk about your state in more detail.

JOE CRISCUOLO: Thank you, Amanda. And thank you for allowing us to kind of share our experiences here with the rest of the nation, I guess. So couple things we're going to focus on is why we co-enroll and the policy and procedural alignment and what we've done there. So really, the reasons why we co-enroll is we've really seen over time that co-enrolling does produce better benefits, better outcomes to the clients that we're serving.

So we've been able to see that supportive services, whether it's the babysitting or transportation or whatever else really helps some of our clients, and ultimately help them succeed through achieving their goals. So that's the main reason why we co-enroll. The other big reason is Amanda, which is my regional rep, told me I have to do it so I really had no choice.

We'll get started here with the policy procedure alignment piece. When we were elected two years ago, our co-enrollment was around 13 percent and there were a lot of reasons for that. Part of it was and I think there were those silos that we talked about, you mentioned earlier. A lot of duplicating of services and procedures to get this done. With the most recent TAADI report card, we were close to closing out at 44 percent, and I know that's we haven't hit the 50 percent mark yet, but I think in a couple of short years, less than two years, we've made some pretty good progress.

And it really started with issuing policies to co-enroll between TAA and WIOA. We got the cooperation between our American Job Center directors and their counterparts on the WIOA side, where we developed one single policy on both ends. We were able to agree upon and issue that.

And that was really kind of the first big stride that we made. Since then, our regional American Job Center directors – we have five regions – have met with their counterparts in WIOA and put in place procedures to really, again, increase the co-enrollment rate and break down some of the barriers that have prevented the higher rates, from achieving those higher rates in the past.

So one of our best performing areas is in our Bridgeport regional office, and they've again, on the last TAADI report, were able to achieve a rate of over 72 percent. So they're kind of our lead region right now, and they've done a really good job with coming up with ways to do this.

So with that, I'm going to turn it over to our Bridgeport American Job Center director, Victor Fuda, and he can speak to some of what they've done out there in the Bridgeport region.

VICTOR FUDA: OK. Thanks, Joe. And good afternoon, everyone. From this Connecticut statewide policy, we worked on setting up our regional co-enrollment procedure, which was very important to work with our Title I partners right from the beginning. Reviewed both our TAA and WIOA processes, keeping in mind one of our goals to avoid multiple or unnecessary appointments for our customers.

From the air, we recognized much or most of the direct contact the TAA customers would be having. The appointments would be with our TAA counselors, so we designed our process around that, which includes, during the BRI or the one-on-one appointment our TAA counselor, we included a WIOA orientation overview of services. And this was either presented by our WIOA case manager or, if they were not available, by our TAA counselor.

We would complete the certification of dislocated worker as well. And there's a checklist, which is used by WIOA case managers that required documents and forms. And this was compiled with the assistance of the TAA counselor. All this information was entered and/or scanned into our shared system, and referral made for WIOA co-enrollment.

And again, all this is in constant communication with our WIOA case managers. Our TAA counselor would work with, in addition, would work with our customer, our TAA customer, and with the WIOA case manager in scheduling any other additional and/or testing.

And then, upon completion of training, a referral was also made to the WIOA business services or job developer for added job search assistance. Again, I can stress the importance of it. This is all done with ongoing communication with our WIOA case managers, our Title I partners. They would meet monthly or as needed, and this was again with the support, cooperation with our regional workforce development boards.

Now the benefits, obviously, that we have had sort of tapped into was accessing support services that were not aligned or covered under TAA, and any training funds that may have been associated with the program that may not have been covered under TAA. And finally, some of the challenges – not really challenges. Maybe some questions or hurdles that we had to either work through – only a couple of them that really stand out.

We had to keep abreast of the and monitor the TAA customers that have become close to exiting, either keep them engaged or, if they went back to work, to make sure we reported that out. Again, that was for WIOA performance as well. And then more recently, it was mentioned earlier for the WIOA case managers seeking a documentation for credentialing a measurable skills gain while customers are in long-term training. So that was our procedure pretty much in a nutshell, which has been working pretty well with our Title I partners.

I'll turn it back over to Amanda.

MS. POIRIER: Hi. Yes. I'm actually going to turn it over to Dawn do talk a little bit about what's going on in Indiana. Thanks, Victor, very much, and Joe.

DAWN AXSOM: Hi everyone. Dawn Axsom here from Indiana. I'm excited to have the opportunity today to tell you a little bit about co-enrollment in Indiana. As we all can agree, there are multiple benefits to co-enrolling our participants. For example, participants accessing training – co-enrollment helps the individual successfully execute their IEP and ensure them access to the needed services they think that might come outside receiving their skills training.

These safeguards decrease the likelihood that the participant will drop out of training due to barriers that can be easily addressed through supportive services. But ultimately, participants who are co-enrolled in multiple programs have resources, collaboration in a way that increases positive employment outcomes and long-term success in the labor market.

Indiana currently does not have a co-enrollment policy. However, there are a few strategies we employ to facilitate co-enrollment in our state, specifically, as far as IT, our case management system, the Dislocated Worker Unit structure and cross training, as well as state and local partnerships that facilitate early intervention. Indiana deployed our integrated case management system in the fall of 2016. The system offers for case management and labor exchange, and virtually all of our programs access the system in one way or another. The system brings all programs together for data entry and federal reporting.

Another contributing factor is the structure of the state TAA team, or as what we call it in Indiana, the Dislocated Worker Unit. Indiana has 12 economic regions. The Dislocated Worker Unit staff are assigned to specific regions. They're responsible for all benefit determinations, providing technical assistance, conducting electronic file reviews to identify staff training opportunities and enter for improved data quality. And importantly, to provide case management training to all staff that serve TAA eligible workers. This includes both our state staff and Title I staff. This structure allows the Dislocated Worker Unit staff to serve as valuable resources for their assigned region.

I believe the strategy that is believed to have the highest impact on co-enrollment in Indiana is early intervention. Now this is due to our strong relationships with the state's business engagement and rapid response team and the local rapid response teams. The Dislocated Worker Unit staff all act as partners from the very beginning. We attend rapid response events to present the trade slides, assist in following petitions when appropriate, and are available to answer questions throughout the event.

Indiana utilizes reserved funding to offer rapid response grants to regions experiencing large dislocation. These grants are commonly focused on outreach to impacted workers and efforts to increase engagement in the work line or the one-stop. Rapid Response, much like trade, on occasion encounters barriers when attempting to gain access to impacted workers.

Regions utilize grant funding creatively to reach dislocated and impacted incumbent workers to offer and provide services. Local rapid response staff share with the Dislocated Worker Unit their survey data and worker lists that were developed through their grant activity. These efforts result in impacted workers being identified and engaged with work-on services prior to certification.

Once truly certified, participants are then served under TAA. Our participants that had started training under dislocated worker are moved to trade-funded training at the earliest natural break in the training. To continue these improvement efforts, the Dislocated Worker Unit is working with state and local leadership to identify TAA eligible worker engagement opportunities and to facilitate co-enrollment across our programs to improve outcomes for all of our participants. Thank you.

MS. POIRIER: Thanks, Dawn. I'd like to turn it over to Ricqué in Oregon.

RICQUÉ SMITH: Hi. Good afternoon, everyone. My name is Ricqué Smith and I'm the TAA program manager here in Oregon. Thank you for the invitation to join this important discussion. And of note, Oregon is part of Region 6. Today, I'll be focusing on several topics around co-enrollment, which includes an example of these efforts with an effected worker group that's located in the southern part of our state. This will include stared costs between TAA and Title I, IT systems structure as well as cross training of staff.

Here in Oregon, we have positions that are integrated members of local rapid response teams that perform outreach to business as part of job development and OJTs. They also increase literacy of the TAA program through dynamic partnerships across the workforce system and that help navigate TAA-affected workers that are entering the workforce system to then hand these folks to their TAA case managers. These positions are called Trade Act Navigators, or TANs for short. We have eight of these positions that support Oregon's nine workforce areas. The TAN position was created at the end of 2015 and is 100 percent funded through TAA case management funds.

As members of the local rapid response teams, TANs participate in rapid response sessions, whether or not trade involvement has been identified. TANs also work with local partners and our TAA petition coordinator to determine whether or not an affected worker group has been impacted by foreign competition. As a result, we have seen a significant increase in the amount of certified TAA petitions, which in turn is an increase in TAA-effected workers that we collaboratively serve.

For some perspective in this, in fiscal '15 Oregon had 13 certified petitions. Fiscal '16 had 60 that were certified, and in fiscal '17 we had 72 certified petitions. This is a direct result of the partnerships that have been formed at the local level between Rapid Response teams and the navigator in each area, as well as the state level with our TAA petition coordinator.

Everything truly begins at rapid response. Prior to the TAN position, TAA participated in rapid response only if a petition for TAA was filed. This approach led to fewer trade impacts being identified for petition filing, as well as less timely coordinated responses when an effected worker group became eligible for TAA.

By having a TAN the part of the team, our system can affectively strategize to help effected workers become re-employed. Part of the strategy includes discussions on co-enrollment if a worker group is eligible for TAA. Title I and TAA come together to discuss the effected worker group's demographics, available funding sources if any additional grant moneys will be requested to provide wrap-around services, as well as an agreed approach to service delivery and communication between the different funding strains.

The best way to explain this is to review a current collaboration with an effected worker group in southern Oregon. This worker group manufactured customized transformers, had union representation, had an average wage of over $20 an hour. 73 percent of the group were 41 years of age or older and many were concerned about meeting housing needs until they were able to secure work.

The local workforce board, Rogue Workforce Partnerships, also referred to as RWP, applied for grant funds to help these workers and a petition for TAA was filed by the union. These workers were able to access necessary funding through Title I funds while the TAA petition was being investigated. Local leadership assigned a Wagner-Peyser business and employment specialist employee, who came with previous Title I experience, to administer Title I moneys to these workers. This is a unique approach to delivering Title I funds and is an example of the flexibility local leadership exercises in the Rogue Valley area.

The TAN and business employment specialist, or BES for short, work in the same office and communicated frequently on service delivery to the workers while the petition was being investigated. A couple months after the petition was filed, it was certified. A strategy meeting was held with all partners at the table to discuss service delivery going forward. Partners included the local workforce board, Title I partners, Wagner-Peyser staff, union representatives and TAA representatives.

During this meeting we discussed how best to transition those that were in Title I-funded training to TAA-funded training. It was agreed upon to use existing assessments and train employment information so that the work was not duplicated with the effected workers. Further, in Oregon, our case management systems between Title I and TAA are not the same and they do not communicate to one another. In this instance, we were able to provide the BES administering Title I funds and case management with access to the TAA case management system so that communication from all parties could be recorded, read, and to avoid duplication in services.

As I mentioned earlier, the BES and TAN are in the same office. As such, these two frequently meet to discuss co-enrolled participants and to strategize on best options for the participant at hand. The TAA case manager is then either brought into the discussion or talks with Title I directly to staff participant needs. Each party is able to read case notes from one another and review expenses that have been approved.

Of the 66 TAA participants that are engaged in services with this worker group, 63 are co-enrolled with Title I. All participants that were in Title I training were either transitioned to TAA training, or there is a future training transition date in the works. Collaboration between the programs continue on a daily basis. Having representatives in the same office as well as positive and flexible collaboration from local leadership is a significant contributor to this partnership and the success that we're having.

So just to briefly recap, we're leveraging our case management trade funds with our TAA navigator position. This position is an immigrated member of the local rapid response team or teams in their workforce area. Their role is to increase awareness of the trade program. They have contributed to more TAA petition certifications and have positively impacted co-enrollment in their areas by being at the table in the beginning or the most important piece of rapid response is occurring.

We are sharing our TAA case management system with the BES position that is administering Title I funding. This is allowing for more stable service delivery, for open communication between all parties in the interest of participants we're supporting, and for better choices on how to best spend both Title I and TAA funding.

And as a result of these efforts, cross training is naturally occurring. We have both intentional training and the training that comes with being on the job and working through various scenarios. Thank you very much for your time, and I will turn this now back over to Amanda.

MS. POIRIER: Thanks, Ricqué and thanks, Dawn and Joe and Victor. Really appreciate it. So just to kind of quickly recap, I think that you guys have probably heard some similar things, one of them being early intervention, which is critical in getting participants in the door and getting them served quickly.

And having all parties at the table, whether it be during that early intervention or whether it be during the customer flow process, when they come into the AJC, which Victor talked about and how their process goes from start to finish. And at the end, how they turn it over to the job developer to make sure that the folks are being served throughout their customer service needs, whatever that might be.

Making sure that the concept of the shared worker – that was one of the other critical pieces that was sort of a theme throughout the three presenters – four because there was actually three states. And the fact that everybody has ownership of the customer, and not only ownership but also guidance or support for the worker and all parties that are at the table. So having these case counselors meet up routinely will be the intervention piece at the beginning where it's that rapid response. And also, if they're together, straining out strategies that can support the worker group seems to be what is working for everybody.

So this isn't really talked about, all the intricacies of the myths that were talked about at the beginning, whether it be support services or things of that nature because it seems like, based on what the states are talking about, that that piece of it is just woven into either the customer flow or during the beginning part of the intervention, whatever that might look like.

So again, to recap, couple of the things, early intervention, shared worker, customer flow and the discussions about systems and IT and how to work within the confines of separate IT systems and how to overcome some of those challenges. So we really want to open up to questions and I'll turn it back over to Susan and Andy to field some of those. If anyone has any questions, please ask them now. The panel is excited to answer and help.

MS. WORDEN: Thanks, Amanda. And again, I just want to reiterate your suggestion that folks go ahead and type into the chat box. We're going to take this time to address a couple of questions that deal specifically with TAADI that came in earlier.

The question, we're developing a statewide policy on co-enrollment. Would you please provide what is the federal advantage of mandating the support, 50 percent of the goal? And also, just a tandem question. I kind of want to address these two together. How did you come up with the 50 percent on TAADI for this measure?

Let's take the second one first, which is that through the end of [PUI16 ?], co-enrollment was at 38 percent nationally. A 50 percent goal was set at a reasonable and attainable goal. States are current – 20 states are currently meeting that goal and the rate has already increased to 40 percent.

In terms of the guidance, yeah. Authorizations for the TAADI is from TAARA 2015 Section 239 little "I" as well as section 239 little "J" and section 249B. We do have a TEGL on the TAA data integrity, which is TEGL 4-14. It is overdue for an update to add the new measures, but that will be coming in the coming months.

And so, I think that's all the questions we've got so far.

MR. RIDGEWAY: Yeah. And so, one of key takeaways I got out of this, and it was mentioned earlier, is that most of these barriers that have been identified, good communication across the programs will solve almost all of them I believe. I saw earlier someone said that communication is the key to co-enrollment, and I'd just like to echo that.

And if there is a barrier at the state level or between the state parties, support to keep the networks open and discuss and sit down and talk through these issues, and I'm pretty sure you'll get to the bottom of it and be able to address those issues. So I did want to just take a moment to call that out because we do think that's a very important piece of it.

MS. WORDEN: All right. And just a couple of late-breaking data points that weren't in the presentation. Dislocated Worker co-enrollment with TAA has a lot of advantages. TAA participants who are co-enrolled are quicker to receive TAA benefits. Of course, there's that higher training participation, higher completion rate, higher credential attainment, more likely to use the job search allowance benefits as well as the relocation benefits. Title I has early intervention in several of the states.

All three of the states mentioned the importance of rapid response to support that early intervention. The quicker we can get folks in the door and assess, the more time we have to really give them a comprehensive roadmap of benefits and services that are most effectively going to serve them. And that shows up in the data.

Let's see. More questions. Let's see. Just going to pause for a second to peruse a couple of questions.

MR. RIDGEWAY: There's one on the use of the PIRL to compare performance with WIOA Title I measures, regarding the credential attainment measure.

MS. WORDEN: Yeah. That certainly contrasts kind of dramatically with what we're seeing happening nationally, so I would definitely suggest that we do some technical assistance follow-ups to be able to identity exactly what's going on.

MR. RIDGEWAY: Continue typing in questions as we go. We do have a little bit of time to go through these, but we won't –

MS. WORDEN: Really want to encourage you to reach out to your regional TA coordinator if there are any concerns that you don't feel got addressed specifically within the context of this webinar. We really are looking to push this and (appreciate ?) it. We're looking to encourage the policy that technical assistance may be needed, and we really want to encourage you to reach out and get that technical assistance and help things come to us as needed so that we can all talk together to work out the issues.

MR. RIDGEWAY: And I do want to flag that, from a dislocated worker perspective, sometimes you can work with TAA and provide the career services, the assessments, some of those more staff-intensive services and then when they're TAA eligible, they can provide the training and DW can provide the supportive services. So don't always think that at least it has to be – DW has to pay for the training.

They can; they may; it may be appropriate. But there's multiple ways in which you can do co-enrollment and benefit the participant, and I just want to encourage people to think of those flexibilities and WIOA to keep this customer-focused in that regard. So just wanted to share that thought.

So there's a few more questions, but I think we can probably move on to highlight a few of the resources and as some of the questions continue to come in, we can address them.

MS. WORDEN: Circle back if we're able. OK?

MR. RIDGEWAY: So I'll go over a couple of resources here.

MS. WORDEN: Yeah. And I'll start this off, Andy. The first one is the Virginia Best Practices Model: Workforce and Adult Education Working Together. This webinar was actually led by the Virginia Department of Education staff, who basically had a model that is known as PluggedIn Virginia.

And it is a collaboration between the Office of Adult Education, so this is a core program joint collaboration with the adult education program in Virginia with WIOA Title I dislocated workers as well as the TAA program and working directly with employers, where OJT-style/customized training is provided through community colleges to get folks into OJT-type training as quickly as possible. That in turn leads to pretty much guaranteed employment. It's a highly recommended model and I really recommend that webinar.

The next one on the list right below that is an Oregon Best Practice. You already heard from Ricqué Smith in this presentation. The presentation here on the slide was a much more in-depth delineation of how Oregon leverages TAA case management funds to not only serve participants in the traditional model, but also uses it for outreach of identification of dislocated worker populations who may be TAA-impacted. And that close coordination with the business community yields not just outreach for TAA worker groups, but also for those who may not be TAA eligible.

And also identifying OJTs for both TAA program as well as WIOA Title I, because of course they're all dislocated workers, which is one of the important focuses of co-enrollment. Almost all TAA workers are, by definition, dislocated worker. We do have one exception that's having to do with partial dislocation, but a good segment of the TAA population is dislocated. And therefore, it makes sense to co-enroll to provide that seamless service delivery. So highly recommend the Orgon Best Practice for states that are looking to leverage their case management funds effectively and also support co-enrollment.

MR. RIDGEWAY: Yeah. And I did want to plug a little bit from the wheel aside. We have issued a desk reference, actually, on the Dislocated Worker Program, which touches not only on the formula one -- or Formula 1 (sic)?

That's a good race car, but the Title I formula Dislocated Worker Program and how to partner with trade, with unemployment insurance, with RESEA program, with Wagner-Peyser. So do want to encourage folks, specifically those that mentioned lack of familiarity with the programs, especially if you're not as familiar with the Dislocated Worker Program or the other programs I just mentioned, that can be a resource that we'd encourage you to look at and get information on.

And then, I think I have to – we always have to plug the WIOA WorkforceGPS page on the ION. That's where a lot of the WIOA-based TA is provided and housed, so always want to refer folks to there. And those are some of the key resources we wanted you to take away from this.

MS. WORDEN: Yeah. And I think it makes sense to basically point out to folks where they can find other webinars. The TAA webinars are located in the link that I provided in this slide for TAA-hosted for other technical assistance areas.

MR. RIDGEWAY: Great.

MS. WORDEN: And WIOA.

MR. RIDGEWAY: Yeah.

MS. WORDEN: And then the WIOA as well. I was going to let you say that, Andy. All right.

MR. RIDGEWAY: So with that, I think we can start bringing this to a close and thank everyone for attending today. If you want to follow up with any of the folks on the line, there's the contact info. So we wanted to thank everyone, again, for your participation today. Continue to, if you have questions, continue to send them in. Even if we can't address them on today's presentation, we'll follow up and through some other TA, be sure we answered some of those questions.

MS. WORDEN: Yeah. Maybe this isn't a good idea, but I'm going to take one last question that we came – got in through the chat poll, which was how would the state handle a certification with mostly older workers and participants in TAA until they are eligible for retirement?

I think the concern is, given the age demographic that we serve in the TAA program, it can happen that folks are not really interested in getting reemployed, but are basically heading into retirement. I really thing we often have situations where folks come up with reasons that the TAA demographic doesn't really help to support sustainable reemployment outcomes.

And I really would suggest that you really reach out on a case-by-case basis because, although it can happen that we might have retiring workers, that could happen in any dislocated worker situation, we are of course interested in serving workers who are eligible for reemployment.

But obviously, you can't force folks to try and get jobs, but we need to do everything we can for those that are really looking to reenter the job market, to help them be as successful as possible.

MR. RIDGEWAY: Yeah. And we've shown that the performance data does show that performance outcomes are improved. But I just want to focus on the customer. It's still a matter of if they might retire or they're thinking about it.

It's still ultimately about serving them, and the data will play out as it does, but for the most part it's going to be something that improves your outcomes. And we just want to make sure that we're customer-focused in this space.

MS. WORDEN: So again, if you don't feel like we've effectively addressed your question, we really encourage you to reach out, for those of you on the TAA side, directly with your regional TAA coordinator, four of whom have been in today's presentation. And we will work as needed.

We really want to thank everyone for participating in today's webinar and we look forward to continuing the conversation.

(END)