colorado WIN PARTNERS

Prepared by:

Judith Emery, M.A.
Julia Friedman-Peremel, M.H.S.
Peter J. Pike

Colorado WIN Partners
University of Colorado at Denver
and Health Sciences Center

Gina Livermore, Ph.D.
David Stapleton, Ph.D.

Cornell University Institute for
Policy Research
Cornell University

John Kregel, Ed.D.

Department of Special Education
and Disability Policy
Virginia Commonwealth
University

COLORADO'S DISABILITY PROGRAM NAVIGATORS AND SYSTEMS CHANGE EMPLOYMENT INITIATIVES:

AN EVALUATION REPORT

Colorado's Disability Program Navigators and

Systems Change Employment Initiatives:

An Evaluation Report

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Acknowledgements

I. Introduction

A.   *Purpose of the Report*

In this report, we present the findings of an evaluation of Colorado's efforts to serve individuals with disabilities in One-Stop Career Centers. This includes a substantial review of the Colorado Disability Program Navigator (CDPN) model. CDPNs are staff trained to assist consumers with disabilities in navigating the many systems that can provide services and supports to help them obtain and maintain employment. The position was developed to address some of the issues and barriers to program access and employment experienced by people with disabilities and represents a key component of Colorado's system change initiative.

In 2000, as part of a Rehabilitation Services Administration (RSA) funded effort called Project WIN, Colorado implemented the Disability Program Navigator model at two pilot sites. Subsequently, the State received U.S. Department of Labor (USDOL) Work Incentive Grant (WIG) funding for 10 additional Navigator positions, which began operating in January 2003. The State has also recently received Social Security Administration (SSA) and USDOL funding for another seven Navigator positions, to begin operating in late 2003. In total, there are 19 Colorado Disability Program Navigators, serving all regions of the state.

Project WIN was interested in developing and conducting an evaluation that can meet both its short and long-term needs. In the short term, Project WIN staff needed to assess its systems change efforts, including the efficacy and usefulness of the Colorado Disability Program Navigator model, and determine if and how the position should be supported in the future. In the long-term, Project WIN wants to establish an ongoing evaluation plan that encompasses all of the employment-related initiatives underway through the State's various grant activities and cross-agency collaborations. In this report, we present the findings of Project WIN's short-term assessment of the CDPN position. We also present a longer-term evaluation plan that will be used by Project WIN to monitor and evaluate the ongoing performance of the Workforce System with respect to its ability to meet the needs of job seekers with disabilities.

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The report is organized as follows:

- In the remainder of *Section I*, we provide background information about the history of workforce development programs, and the rationale for the Disability Program Navigator;

- In *Section II*, we describe in detail how the Colorado Disability Program Navigator position was implemented and how it is similar to and differs from other programs. We also provide a description of how the evaluation was designed to assess the effectiveness of the Disability Program Navigator, as well as to assess other aspects of accessibility of the workforce system to people with disabilities;

- In *Section III*, we present the findings of the evaluation. This includes a description of how the program operated from the perspective of key stakeholders, findings with respect to the characteristics of and services used by job seekers with disabilities relative to their non-disabled counterparts, and findings related to indicators of overall system change;

- In *Section IV*, we provide a summary of the key findings and present recommendations for next steps that might be taken to further enhance service coordination and improve the system with respect to serving people with disabilities;

- In *Section V*, we present a plan for disseminating the evaluation findings, both to internal stakeholders and others interested in improving programs designed to support people with disabilities seeking employment;

- We conclude in *Section VI*, with a description of a plan for conducting on-going monitoring and evaluation of the effectiveness of the workforce system in serving job seekers with disabilities.

B. *History of Workforce Development Programs and Rationale for the Colorado Disability Program Navigator Model*

1. Disability and Past Workforce Development Programs

The U.S. Department of Labor operated several training and employment programs prior to the passage and implementation of the 1998 Workforce Investment Act (WIA). The Manpower Development Training Act of 1962 (MDTA), Comprehensive Employment and Training Act (CETA), and Job Training Partnership Act (JTPA) were all aimed at addressing the workforce needs of the changing United States economy. None of WIA predecessors specifically excluded people with disabilities, but the programs' traditional eligibility criteria severely restricted the availability and accessibility of services and supports available to this population. As a result, individuals with disabilities have been traditionally underrepresented in our nation's workforce training programs. Each of these programs is briefly described below.

Manpower Development Training Act of 1962 – In the early 1960s, the newly elected President Kennedy called for a new focus on manpower training. The MDTA focused on retraining technologically displaced workers, as well as training to fill specific skill shortages through a public sector administered initiative that combined classroom training and on the job training (OJT) (O'Neill, 1973). No information is available on the extent to which individuals with disabilities participated in the MDTA program.

Comprehensive Employment and Training Act of 1973 - The limited success of the MDTA program led to the passage of the Comprehensive Employment and Training Act of 1973 (CETA). This legislation strengthened the role of local training agencies (termed "prime sponsors"). In contrast to MDTA, CETA funds were primarily administered at the local level. The unique needs of individuals with disabilities were first mentioned in the CETA Amendments of 1978 (PL 95-524) (Braddock, 1987). After 1978, local entities were required to identify strategies for serving individuals with disabilities in their annual plans, the needs of individuals with disabilities were to be reflected in the composition of state training councils, and discrimination on the basis of disability was prohibited.

The CETA program lasted 10 years. Evaluations of the program uncovered very poor participant outcomes, with most participants failing to achieve earnings above the poverty level (Lafer, 2002; Grubb, 1995). Little specific information is available that documents the extent to which individuals with disabilities participated in and benefited from the CETA program.

Job Training Partnership Act of 1982 – The JTPA program replaced the CETA program during the early years of the Reagan administration. JTPA differed from its predecessors in its increased focus on private sector involvement in the administration of the program. The legislation created Private Industry Councils (PICs), comprised of business and local public representatives that coordinated services within prescribed Service Delivery Areas (SDAs) (Bader, 2003). JPTA eligibility criteria were based on participant income. However, special exceptions were created for individuals who encountered special barriers to employment, including individuals with disabilities (U.S. Department of Education, 1992). JTPA was our nation's primary training program for 16 years. However, little is known about the extent to which individuals with disabilities were able to access and benefit from these services.

Workforce Investment Act of 1998 (P.L. 105-20) – The WIA program replaced the JTPA program in 1998. It became fully effective in all states on July 1, 2000. The legislation is based on seven guiding principles (Holcomb & Barnow, 2004).

- **Streamlined Services** – A "one stop" service system is created to simplify and expand access to services for both job seekers and employers.

- **Individual Empowerment** – Job seekers are empowered to make informed training choices among multiple providers through Individualized Training Accounts (ITAs) and other program components.

- **Universal Access** – Job seekers throughout the entire labor market are able to access core level services such as job search assistance, labor market information, and other relevant information.

- **Increased Accountability** – In contrast to past programs, WIA requires states, local Workforce Investment Boards (WIBs) and individual providers to report and be accountable for their efforts on behalf of job seekers.

- **Workforce Investment Boards** – WIA requires the creation of business led boards that set policy and control funding in local communities.

- **State and Local Flexibility** – WIA attempts to empower states and localities to adapt service delivery strategies and local programs to meet the unique needs of specific communities or geographic areas within a state.

- **Enhanced Youth Programs** – WIA authorizes an array of youth development activities to augment traditional training programs that are related to local labor market needs.

WIA requires the development of over 600 local workforce investment boards (WIBs) to develop policies and allocate resources within their local area. Each area is required to establish at least one One-Stop Career Center (in Colorado these are also known as Workforce Centers) that provide clients with information and access to various services and supports. Across the

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country, One-Stop Career Centers are operated by state and local government agencies, nonprofit organizations, private for-profits entities, and educational institutions.

WIA requires One-Stop Career Centers to work with a variety of mandated partners, including the state Vocational Rehabilitation agency, veterans services, unemployment services and other services. In practice, community colleges, TANF programs, and Food Stamp programs are often co-located within One-Stop Career Centers.

WIA contains several provisions that are specific to individuals with disabilities. The legislation allows WIBs to provide services to individuals with disabilities who might otherwise not meet program eligibility requirements. WIBs are required to include representatives of community organizations serving individuals with disabilities in the composition of the Board. Governors are required to report on the success of their program in serving individuals with disabilities in their annual performance report. One-Stop Career Centers must be accessible to individuals with disabilities.

Despite efforts to ensure that individuals with disabilities are successfully able to access services through the WIA program, the initial implementation of the program has uncovered a number of serious obstacles to participation. The extent to which individuals with disabilities are able to benefit from the program is somewhat unclear. The Department of Labor Workforce Investment Act Standardized Record Data (WIASRD) tracks participation and outcome information on individuals who terminate from the program (Social Policy Research Associates, 2004). The current WIASRD data, based on program year 2002, indicate that individuals with disabilities continue to be underrepresented in the WIA programs. In addition, those persons with disabilities who do participate seem to be more likely older, males, veterans, non-minority, and in lower income groups than other program participants.

> *Despite efforts to ensure that individuals with disabilities are successfully able to access services through the WIA program, the initial implementation of the program has uncovered a number of serious obstacles to participation.*

These data are limited by the fact that (1) the database excludes individuals who only receive core services, thereby underreporting the total number of individuals served through One-Stop Career Centers and (2) the WIASRD system relies on individuals with disabilities to self-identify to the One-Stop Career Center. Holcomb and Barnow (2004) believe that the reliance on self-identification may lead to an undercounting of individuals actually served through the program.

While reporting requirements remain a significant challenge for the WIA program, recent research has revealed a number of serious shortcomings in services to individuals with disabilities through WIA. Several of these obstacles are identified below.

First, the underlying philosophy of the One-Stop system may not be conducive to encouraging the participation of large numbers of individuals with disabilities. The One-Stop system provides most clients with short-term services that lead to immediate employment and are targeted to individuals who are generally viewed as "work ready". Individuals with disabilities may have an extremely difficult time benefiting from the core services which are generally self-directed and self-managed (e.g. job search, resume development, etc.). Individuals

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who require significant assistance to benefit from core services, or who may need to remain in services for extended periods of time may not be easily served through the finite resources available to One-Stop Career Centers for WIA intensive and training services.

Second, WIA program exiters with disabilities tend to participate in the program for a longer period of time than other program participants. As a result, individuals with disabilities are viewed as more costly to serve than other participants. These higher costs may lead to an unwillingness on the part of One-Stop Career Centers to devote large amounts of resources to serving persons with disabilities. Many One-Stop Career Centers often are forced to limit the amount of time individuals are able to spend in intensive services and training.

Third, Fesko, et al. (2003) report that staff members in One-Stop Career Centers frequently feel uncomfortable dealing with individuals with disabilities. Lack of training and awareness may lead these staff to believe that they are unable to effectively meet the needs of individuals with disabilities attempting to access services. As a result, One-Stop Career Center staff may come to overly rely on state Vocational Rehabilitation agencies to meet the needs of individuals who could actually benefit from WIA services.

Fourth, many One-Stop Career Centers may lack sufficient staff to meet the needs of individuals with disabilities, who may require significant staff support to benefit from basic core and intensive services. One-Stop Career Centers generally tend to design services that can be accessed and used by individuals with limited staff support. As a result, individuals with disabilities, who may require accommodations or staff support to use these services, may effectively be denied the opportunity to benefit from the program.

Fifth, organizations that traditionally serve individuals with disabilities may have an inaccurate or distorted understanding of the extent to which One-Stop Career Centers can meet the needs of individuals with disabilities. As a result, a lack of accurate information may cause these agencies to discourage individuals with disabilities to seek services through the new program. Many community-based organizations serving individuals with disabilities have a significant lack of knowledge regarding the ability of One-Stop Career Centers to meet the needs of individuals with disabilities (2003).

Sixth, there continues to be a lack of consensus regarding the extent to which certain types of individuals should be served by the One-Stop system as opposed to the traditional Vocational Rehabilitation program. In some communities across the country, individuals with disabilities are routinely or automatically referred to the state Vocational Rehabilitation agency and effectively bypass the One-Stop system. In other communities both the One-Stop Career Center and Vocational Rehabilitation system feel that the other entity tends to serve individuals with fewer (i.e. less costly) support needs, leaving individuals with significant obstacles to employment to be served by the other agency. As Holcomb and Barnow describe the situation, "The degree to which VR and the One-Stops have been able to overcome challenges to collaboration and establish effective partnerships appears to vary extensively across states and across localities within states."

Finally, individuals with disabilities who participate in WIA programs tend to have lower post-service employment rates and lower post-service earnings than exiters without disabilities. While the differences in post-service employment rates are significant, it should be pointed out that individuals with disabilities accessing WIA services are employed at a lower

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rate, and they are likely to enter the WIA program with significantly less work experience. As a result they are among the groups of individuals who experience the greatest increases in earnings after program participation (Holcomb & Barnow, 2004). Despite this finding, many state and local WIA program directors fear that large numbers of individuals will jeopardize the ability of a One-Stop Career Center to meet the WIA performance standards, a key indicator of program accountability.

In summary, the WIA created a network of over 600 local Workforce Investment Boards that are responsible for coordinating and implementing services for a broad clientele through local One-Stop Career Centers. The WIA program has been designed to overcome a number of shortcomings inherent in prior workforce development programs. Programs have been designed to provide simplified services that promote universal access and customer empowerment. The WIA program has attempted to allow states greater flexibility in program design and operation while simultaneously increasing program accountability through a stringent set of program performance standards. To date, little evidence exists that individuals with disabilities have been able to access WIA intensive and training services in large numbers.

Barriers to program access on the part of individuals with disabilities include the programs' reliance on self-managed services, the perceived higher costs of serving job seekers with disabilities, lack of trained staff who are able to provide the amount and intensity of supports required by many individuals with disabilities, lack of awareness of the capacity of the One-Stop system on the part of community based organizations serving individuals with disabilities, lack of certainty regarding the role of the One-Stop system in relation to the state Vocational Rehabilitation system, and the perceived effect of serving large numbers of individuals with disabilities on the ability of One-Stop Career Centers to meet the rigorous program performance standards mandated within the WIA program.

2. Rationale for the Colorado Disability Program Navigator Model

To address some of the issues and barriers to program access and employment for people with disabilities described above, Colorado initiated the Disability Program Navigator position, which was to be housed in Workforce Centers. Multiple planning sessions were held and were comprised of people with disabilities and state agency personnel. General agreement existed to pilot the Disability Program Navigator concept through Colorado Project WIN, a five-year U.S. Department of Education, Rehabilitation Services Administration systems change grant awarded in 1998.

To address some of the issues and barriers to program access and employment for people with disabilities, Colorado initiated the Disability Program Navigator position.

The intent of the CDPN concept was to establish a model that would assist individuals with disabilities seeking employment in utilizing the various systems that provide services and supports needed to obtain and maintain employment. By working within Colorado's existing workforce development system and employment training service delivery systems, the Colorado Disability Program Navigators would also identify unique barriers that arise on a local level. The idea included testing this model in multiple areas through a Request for Proposals.

The Colorado Disability Program Navigator concept was based on a similar program piloted in Colorado's mental health arena by the Behavioral Care Division of Colorado Access. Their model was a peer-mentoring program focused entirely on helping individuals with mental illness navigate the mental health system to obtain the supports and services needed to manage their life. In the Project WIN Disability Program Navigator model the concept was expanded to serve people with all types of physical and/or mental disabilities who receive public assistance seeking employment.

The goals to be addressed by the Colorado Disability Program Navigator concept included:

- Increasing the use of existing resources by state and local agencies

- Improving access to health insurance and other benefits for individuals with disabilities who become employed

- Informing policy recommendations for systemic change through grass-roots consumer experiences

- Reducing the following barriers to employment:

  - Low consumer trust of service providers

  - Perceived barriers to employment

  - Limited knowledge of systems by consumers

  - Limited knowledge of ongoing operational changes by multi-agency staff caused by inadequate communication.

The Colorado Disability Program Navigator has two primary roles. First, the CDPN would work directly with consumers seeking employment in a local community to ensure that they have access to the services and benefits they require, and to help consumers to learn how to "navigate themselves" through the systems. Services provided by the CDPN were anticipated to include providing resource information and linkages to specific programs, trouble shooting problem areas, helping consumers learn the rules and how to advocate for themselves, conducting outreach to underserved populations and helping consumers to secure the services and supports needed to obtain and maintain employment.

Second, the CDPN role would be to increase the capacity of systems to serve this population through observing and documenting the daily issues and problems that form barriers to employment for individuals with disabilities. In turn, the CDPN could then provide critical feedback to the systems and offer critical feedback to translate these issues into action.

Colorado's Workforce Centers – As discussed further in *Section III*, by being housed in Workforce Centers, the Navigators have played a significant role in assisting the workforce system to become more accessible for people with disabilities. Below we provide a general description of Colorado's Workforce Centers and their services to all clients (most services provided by the Centers are free of charge).

Centers include the following key features:

- **Universality**: Everyone, including individuals with disabilities, must have access to the system.

- **Customer Choice**: Clients have a choice of services.

- **Service Integration**: Clients with disabilities are able to access many services through the Center.

- **Performance Outcomes**: Centers will be held accountable based on employment and training outcomes, as well as the customers' feedback.

- **Prompt Registration**: Clients are registered generally within twenty-four hours of their first contact with the Center. Clients may register in person, over the telephone, or by using the Internet.

- **Orientation**: Clients are shown a video and given an information packet or a tour to introduce them to the Center.

The Centers' main customers are job seekers and employers. The staff positions include:

- **Receptionist**: Each Center has a well-trained receptionist who greets clients when they come into the Center. The receptionist provides assistance with registering for services and either provides Center orientation or introduces clients to a co-worker who will do so.

- **Job Counselors**: Job or career counselors share information with clients about the services available at the Center. In addition, they assist clients in deciding whether to pursue interest or vocational assessments, further education, or jobs they have previously considered.

- **Case Managers**: Provide ongoing and intensive support to clients enrolled in WIA programs.

- **Resource Room:** This area provides clients with an orientation and shows them how to use the books, newspapers, and computer programs (including the Internet) to help with job searches.

- **Account Representatives**: Account representatives are staff members who work closely with employers in the region.

Each Center features a Resource Room with a wide variety of print and computer resources for clients to use. Listed below are types of information available in the Resource Room:

Print Resources:

- Occupational/Labor Market Information

- Newspapers

- Bulletin Board with Job Postings (including federal & state postings)

- Lists of Service Organizations

- Books about Job Search, Resume Preparation, etc.

- Information about Labor Laws

- Information about Workshops & College Courses

- Information about Financial Aid

- Transportation Information/Bus Schedules Phone Books

- Information about Apprenticeships & Internships

- Adult Education Information

- Unemployment Insurance Information & Applications

Electronic or Computer Resources:

- Multi-Media Resource Library: Clients may use a multi-media resource library at the Center which gives them access to America's Job Bank, Colorado's Job Bank, the World Wide Web, State of Colorado job openings, and the Workforce Council's home page

- Voice Mailboxes for Job Seekers

- Fax Machines

- Photocopiers

- Telephones

- Computers with Internet Access

- Resume Writing Software

- Adaptive Equipment for Individuals with Disabilities

- Self-Assessment Software

- Printers

- Sound-proof Room with TV/VCR (View Information Videos, Practice Interviewing, etc.)

- Self-Help Software (Teach yourself software applications, Typing, 10-Key, etc.)

The Centers also offer various core, intensive and training services. *Exhibit II.1* provides a listing of these services.

II.   Intervention and Study Design

A.   Disability Program Navigator Implementation in the Colorado Workforce System

In 1999, Project WIN initially selected two local pilot sites through a Request for Proposals (RFP) process, in order to install and test the concept of the Disability Program Navigator. The two grantees who received funding for this innovative service were Pikes Peak Workforce Center, in Colorado Springs—a public entity operated under the state's Workforce Development System, and the Center for Independence (CFI) - a community-based Independent Living Center located in Grand Junction, on Colorado's western slope.

A key goal of Project WIN was to determine the scope of versatility that could be accommodated in a state with a strong bias for local control of public services. Accordingly, while both sites were based in urban areas, the Colorado Springs site served a larger and more urban area than the Grand Junction site, which had to accommodate a larger population of rural and semi-rural clientele.

> **A** *key goal of Project WIN was to determine the scope of versatility that could be accommodated in a state with a strong bias for local control of public services.*

Pikes Peak Workforce Center in Colorado Springs employed two, full-time Disability Program Navigators, and the Center for Independence in Grand Junction initially job shared one full-time position between two workers. Over a period of a year the Colorado Disability Program Navigator role in Grand Junction evolved into a 1.5 FTE and then back to 1.0 FTE. Although they were hired by, and were accountable to, different employers, at both sites the Colorado Disability Program Navigators were housed at Workforce Centers, and were integrated into the normal staff routines and procedures at those facilities. After four months of training and orientation, both pilot sites were staffed and delivering services by May 2000.

As the primary funding source for both sites, Project WIN defined the initial requirements for program operation, monitored the sites to ensure compliance with those requirements, provided centralized training and marketing resources for use at both sites, and evaluated and documented the performance of the sites. During the first four months, Project WIN provided on site consultation and training. Over time, technical assistance was provided via monthly teleconference calls and ongoing electronic communication in the form of a listserv. Project WIN continued to provide on site consultation periodically and invited the local sites to participate in training provided in Denver by Project WIN staff.

It must also be emphasized that, in the development of the original RFP, and in the subsequent monitoring and evaluation of project efforts, Project WIN relied heavily on its Stakeholders Policy Forum. That group included representatives from a state agency consortium, various disability service agencies, community-based advocacy groups, and individuals with disabilities. Colorado Disability Program Navigators participated in the Stakeholders Policy Forum on a regular basis as well to provide feedback and updates on their experiences. The guidance derived from the policy forum proved critical to the ultimate success of the Colorado Disability Program Navigator initiative.

One of the ways the Stakeholders Policy Forum was valuable to the Colorado Disability Program Navigators was the partnerships that developed through the forum. One of the initiatives piloted in Colorado Springs and Grand Junction through the use of the Colorado Disability Program Navigators was the development of universally accessible workstations. This collaboration involved individuals with disabilities, Project WIN, Division of Vocational Rehabilitation (DVR), Colorado Office of Workforce Development, local Workforce Centers, Center for Independence in Grand Junction and Colorado Assistive Technology Partners. Through this collaborative, universally accessible workstations were created for individuals with disabilities to access resources available through the Workforce Center. The Colorado Disability Program Navigators played a key role in bringing the partners together, identifying the needs of consumers, coordinating the purchasing of equipment and obtaining training in use of the workstation and its components.

The Stakeholders Policy Forum was also an arena to share and discuss the experiences of the Disability Program Navigators. Through this forum, individuals with disabilities, state agencies, community-based organizations and disability groups were able to provide input and guidance to Project WIN on the CDPN model and its evaluation and replication, as well as a plan for its sustainability.

> *Individuals with disabilities, state agencies, community-based organizations and disability groups were able to provide input and guidance to Project WIN.*

As a result of this collaboration, Project WIN partnered with the Colorado Office of Workforce Development in the spring of 2002 to apply for a U.S. Department of Labor, Work Incentive Grant (round II). Later that spring, the Colorado Office of Workforce Development was awarded the grant. Grant funds from this award were used to replicate the Colorado Disability Program Navigator model in all nine federally recognized workforce regions in Colorado. This meant the hiring of 10 new Disability Program Navigators across Colorado. These funds were also used to sustain the original Colorado Disability Program Navigator positions established through Project WIN after Project WIN funds expired. All the positions with the exception of four were direct hires and supervised by Workforce Center staff. In three of the four excepted locations, the Workforce Center chose to enter into a contract with a non-profit community provider and in one area the contract was with an Independent Living Center to hire and supervise the Disability Program Navigator. However, all the positions would still be housed in the Workforce Center.

The addition of the new positions allowed Colorado to have the Disability Program Navigator service in almost every Workforce Center in the state; this meant that some CDPNs would be "circuit riders" who are responsible for three or more Centers. This is especially true in Denver and many rural areas.

Along with creating new Disability Program Navigator positions across Colorado, Colorado Office of Workforce Development entered into a contract with Colorado WIN Partners to deliver all the training and technical assistance needed to replicate the Colorado Disability Program Navigator model and build the Workforce Centers' capacity to service individuals with disabilities. The training and technical assistance delivered by Project WIN included site visits to where the Colorado Disability Program Navigator positions were being implemented, monthly

teleconference calls to discuss training and implementation needs, an initial self-paced curriculum, and a four day intensive orientation and training to all of Colorado's Disability Program Navigators. The training and technical assistance was focused on creating consistency with how Colorado was implementing the Colorado Disability Program Navigator concept. In addition to maintaining the two primary roles of directly working with consumers seeking employment in a local community and increasing the capacity of the Workforce Center and other systems in serving this population, the Colorado Disability Program Navigators were now charged with capitalizing on the installation and subsequent training on universally accessible workstations. These were also replicated in all nine federally recognized workforce regions through the matching of Colorado Department of Labor and Employment funds with federal Rehabilitation funds.

In the spring of 2003, the Colorado Office of Workforce Development submitted a successful proposal to the U.S. Department of Labor for implementing the Colorado Disability Program Navigator model in the state's rural regions. Colorado was awarded funds to support 7 more Disability Program Navigator positions and funding was provided by the U.S. Department of Labor in partnership with the Social Security Administration. This brought the total number of Colorado Disability Program Navigator positions to 19. Project WIN obtained another contract from the Colorado Office of Workforce Development to continue statewide technical assistance and training for all the Colorado Disability Program Navigator positions.

During the emergence of the Colorado Disability Program Navigator model at the national level, Project WIN staff was asked by the University of Iowa Law Health Policy and Disability Center to be a national technical advisor for the Disability Program Navigator concept being replicated nationally. Project WIN staff assisted in developing and providing training to the nation's 100 new Disability Program Navigators (DPN). This DPN model was essentially following the model established by Colorado.

Because of the work Project WIN completed in systems change utilizing the Colorado Disability Program Navigator concept, Project WIN was also asked by Social Security Administration to submit a proposal to work with youth with disabilities. In the proposal, three demonstration sites in Colorado would be established to improve employment outcomes for youth with disabilities ages 14-25. This proposal would add three more Disability Program Navigators in Colorado who would be focused on serving this population. On September 30, 2003, WIN Partners/UCDHSC (organizational lead for Project WIN) was awarded the funds to implement this demonstration project. Including these three positions, the total number of Colorado's Disability Program Navigators is 22.

In the summer of 2004, Colorado was able to sustain all the Disability Program Navigators throughout the state via an award from the U.S. Department of Labor in partnership with Social Security Administration to continue implementing all 19 Disability Program Navigators for two more years. With this continued funding, all the Colorado Disability Program Navigator positions with the exception of two (Grand Junction and Arapahoe/Douglas) are supervised and hired directly by Workforce Centers.

In addition, University of Iowa Law, Health Policy and Disability Center contracted with Colorado WIN Partners/UCDHSC to provide technical assistance and training for the national

initiative supporting the implementation of Disability Program Navigators (jointly funded by Social Security Administration and the U.S. Department of Labor) in fourteen states.

Colorado WIN Partners/UCDHSC through a contract with the Colorado Office of Workforce Development continues to plan and organize statewide training, monthly statewide teleconferences, statewide listserv and site visits to ensure successful implementation of this model. Colorado WIN Partners is also working with the Colorado Office of Workforce Development on reporting the systems analysis of this model in Colorado.

B.   *The Navigator Distinguished from Other Programs Serving People with Disabilities*

In *Exhibit II.1*, we describe the similarities and differences in the functions and services provided by the Division of Vocational Rehabilitation, Workforce Centers and the Disability Program Navigator. Each of the three programs provides services to people with disabilities, but some of the more subtle differences relate primarily to the federally mandated focus of the programs.

Vocational Rehabilitation agencies and services focus on the *individuals'* informed choice and accommodations – that is, the eligible consumer, in partnership with the Vocational Rehabilitation Counselor, chooses the employment goal and all of the steps necessary to complete that goal, including those services needed to accommodate for the disability. "Informed choice.--An individualized plan for employment shall be developed and implemented in a manner that affords eligible individuals the opportunity to exercise informed choice in selecting an employment outcome, the specific vocational rehabilitation services to be provided under the plan, the entity that will provide the vocational rehabilitation services, and the methods used to procure the services…"*[Public Law 105-220, Title IV, Sec. 403, Sec 102(b(2)(B)]*.

Workforce Centers serve many types of clients, including people with disabilities, and provide reasonable accommodations consistent with federal law, but the focus of the activities for all consumers is the employment *system*, and employers play a significant role in designing and directing the activities. "The purpose of this subtitle is to provide workforce investment activities, through statewide and local workforce investment systems, that increase the employment, retention, and earnings of participants, and increase occupational skill attainment by participants, and, as a result, improve the quality of the workforce, reduce welfare dependency, and enhance the productivity and competitiveness of the Nation."[*Public Law 105-220, Title I, Subtitle B , Sec. 106)]*

The Colorado Disability Program Navigator focuses on *access* to services, and may be one of the ways in which Workforce Centers provide reasonable accommodations. All three entities provide access to services, but each with a different focus.

Exhibit II.1 Program Descriptions

Program Details	Vocational Rehabilitation	Workforce Centers	Colorado Disability Program Navigator
Locus of Control	State administered, federally legislated	State and locally operated, state oversight and administration, federally legislated	Locally administered, federal grantee direction and oversight
Mission re: Persons with Disabilities	• Accommodation • Access to employment opportunity • Employment & training services	• Access to employment opportunities • Employment & training services	• Accommodation • Access to employment opportunity
Services Provided	*DVR Counselor Services (state delivered):* • Assessment for eligibility • Referral services • Vocational rehabilitation counseling and guidance *Employment Plan Services:* • Physical and mental restoration goods and services • Prosthetic and orthotic devices; wheelchairs; physical, occupational, speech, and other therapies; and, drugs • Diagnosis and treatment of physical and mental disorders • Vocational training • Academic training • Personal adjustment training, including rehabilitation teaching services and mobility training for individuals who are blind and deaf-blind • Independent living skills training • Vocational adjustment training • Job coaching • On-the-job training • Job seeking skills training • Books, tools, and other training materials • Supportive services, including maintenance, transportation, personal assistance services, and services to family members • Specialized services for applicants and eligible individuals who are blind, deaf, and deaf-blind include interpreter services, note-taking services, and reader services • Rehabilitation technology goods and services including occupational licenses, tools, equipment, initial stock, and supplies	*Core Services* • Bonding assistance • Case management • Employment Development Plan • Initial assessment • Job search assistance • Job development • Labor market information • Job search workshops • Resume preparation • Vocational guidance • Self-services including Internet access, and other self-directed job search resources • Referral to additional services *WIA Intensive Services* • Comprehensive assessment • Counseling • Individual Employment Plan development • Paid and unpaid work experiences • Pre-vocational services • Supportive Services *WIA Training Services* • Adult literacy • Customized training • On the job training	*CDPN Services:* • Work directly with clients • Refer clients to other relevant programs and services, including DVR, SSA, and community based organizations • Train Center staff • Conduct community outreach

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[1] Colorado Department of Human Services, Division of Vocational Rehabilitation, Service Policy Manual Chapter 8, 108.2

Program Details	Vocational Rehabilitation	Workforce Centers	Colorado Disability Program Navigator
	• Placement services • Other goods and services are provided when necessary for the eligible individual to achieve an employment outcome • Post-employment services[1]	• Occupational skills training *WIA Youth Services* • All WIA core, intensive, and training services • Adult Mentoring • Summer employment opportunities • Tutoring • Leadership skills • Alternative schools	
Financial Eligibility for Consumers	• No financial eligibility requirements, but financial participation may be required for employment plan services, based on income • No financial participation required for employment plans for any DVR consumer who is eligible for SSI or SSDI for disability or blindness[2]	*Core Services* None *Intensive Services* • WIA Adult: Low income applies if a local workforce region has invoked its Adult Priority of Services Policy • WIA Dislocated Worker: None *WIA Training Services* Same as WIA Intensive Services *WIA Youth Program* Must be low income except for up to 5% of enrollees	No financial eligibility requirements for CDPN services

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[2] Colorado Department of Human Services, Division of Vocational Rehabilitation, Service Policy Manual Chapter 9, 109.2

Program Details	Vocational Rehabilitation	Workforce Centers	Colorado Disability Program Navigator
Program Eligibility for Consumers	A determination of eligibility for vocational rehabilitation services means that the individual has: • Physical or mental impairment(s) • Impairment(s) constitutes or results in at least one substantial impediment to employment which is consistent with his or her abilities and capabilities • Individual intends to achieve an employment outcome that is consistent with his or her unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice • Individual can benefit in terms of attaining an employment outcome from the provision of vocational rehabilitation services • Individual requires substantial vocational rehabilitation services to prepare for, secure, retain, or regain employment which is consistent with his or her strengths, resources, priorities, concerns, abilities, capabilities, and informed choice[3] • Additional eligibility requirements may generate from programs included in the employment plan	*Core Services* – Available to all customers ***WIA Intensive Services*** • Citizenship or authorization to work in the US • Selective Service Registration • Documentation that core services were not sufficient to achieve an entered employment outcome • WIA Adult: 18 or older and low income, if local region has invoked a priority of services policy • WIA Dislocated Worker: 18 or older, laid off or terminated through no fault of own or a displaced homemaker ***WIA Training Services*** Same as WIA Intensive Services plus documentation that intensive services were not sufficient to achieve an entered employment outcome ***WIA Youth Program*** • Citizenship or authorization to work in the US • Selective Service Registration • 14-21 years of age • Low income • Basic skills deficient and/or other barriers to employment	Customers with disabilities who are seeking employment[4]
Staff Qualifications	(Colorado specific) Master's degree in Rehabilitation Counseling *OR* a current Certified Rehabilitation Counselor (CRC) credential issued by the Commission for Rehabilitation Counselor Certification (CRCC) *OR* eligibility to apply for the CRC credential.[5]	Determined by state and local merit systems. Specific requirements for providers of certain service as articulated in the law.	No specific education or training requirements. Grantor agency recommends guidelines for specific skill sets.[6]

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[3] Colorado Department of Human Services, Division of Vocational Rehabilitation, Service Policy Manual Chapter 4, 104.1
[4] Colorado WIN Partners/UCDHSC, Consumer Navigators, www.cowinpartners.org
[5] Colorado State Government Classified Jobs System, http://www.gssa.state.co.us
[6] Colorado WIN Partners/UCDHSC, Consumer Navigators, www.cowinpartners.org

C.   Evaluation Study Design

1.   Purpose of the Evaluation

Over the past two decades, Colorado has developed a national reputation for the willingness of its major state agencies to collaborate on programs and services that promote employment opportunities for individuals with disabilities. A strong partnership among state agencies, local service providers, university programs, and advocacy organizations has allowed the creation of service structures and funding mechanisms that foster cooperation between workforce development, vocational rehabilitation, and other agencies providing employment supports.

Federal employment policy, as embodied in the Workforce Investment Act, has promoted the Workforce Center, or One-Stop Career Center, as the focal point of program access to employment services for individuals with disabilities. However, many states have encountered serious difficulties attempting to implement the provisions of the legislation dealing with individuals with disabilities, often struggling with basic issues of architectural accessibility and physical access to program offices. In many states, individuals with disabilities and their advocates, mindful of the failures of USDOL programs to equitably serve individuals with disabilities in the past, have viewed the creation of One-Stop Career Centers with extreme skepticism.

In contrast to other states, Colorado has wholeheartedly committed its policies and resources to fully include individuals with disabilities in its Workforce Centers. Building on prior collaborative efforts in the state, a consortium of state agencies has implemented a comprehensive effort over the past six years that has resulted in new policies and service delivery approaches, creation of the position of Disability Program Navigator, extensive staff development training activities, and a significant influx of assistive technology into the state's One-Stop Career Centers.

Colorado has creatively leveraged funding from the Social Security Administration, Rehabilitation Services Administration, and the U.S. Department of Labor to develop a network of specialized supports for individuals attempting to access employment services through One-Stops that is perhaps the largest in the entire country. However, most of this funding is time-limited and is due to expire in the near future. As the state continues to struggle through difficult economic challenges, state agencies and local One-Stop Career Center directors are critically examining all aspects of their service program for individuals with disabilities, including the Colorado Disability Program Navigator position, to determine if program results warrant the continued allocation of scarce resources.

USDOL and SSA have consistently pointed to Colorado as one of the states with the most advanced service delivery system for individuals with disabilities attempting to access services through

> *In contrast to other states, Colorado has wholeheartedly committed its policies and resources to fully include individuals with disabilities in its Workforce Centers. Building on prior collaborative efforts in the state, a consortium of state agencies has implemented a comprehensive effort over the past six years that has resulted in new policies and service delivery approaches.*

One-Stop Career Centers, and has encouraged other states to adopt the Colorado Disability Program Navigator model. Collaborative funding from USDOL and SSA led to the creation of Disability Program Navigators in 13 states. The current USDOL Work Incentive Grant solicitation encourages other states to initiate Navigator programs through Federal discretionary funds. SSA is encouraging the application of the Navigator model to youth transitioning from secondary schools.

While Colorado has made a significant commitment to improving One-Stop Career Center services for individuals with disabilities, and USDOL has recognized these efforts as "state of the art" and encouraged other states to adopt the Colorado approach, little is known about the overall effectiveness of the program. The Colorado Disability Program Navigator is only one piece of a comprehensive effort to improve access to One-Stop Career Centers. The Navigator model is implemented quite differently in various Centers. The effect of the Navigator on access to core and intensive services, and the relationship between these services to the employment outcomes of individuals with disabilities is largely unknown. The impact of the state initiative to promote access to One-Stop Career Centers on other state programs that provide employment services to individuals with disabilities has not been examined. For example, if the One-Stop Career Centers serve larger numbers of individuals with disabilities, will this have an effect on the number and characteristics served by the State Vocational Rehabilitation Agency?

While Colorado has made a significant commitment to improving One-Stop Career Center services for individuals with disabilities, and USDOL has recognized these efforts as "state of the art" and encouraged other states to adopt the Colorado approach, little is known about the overall effectiveness of the program.

Against this backdrop, Colorado WIN Partners authorized an evaluation of the state's efforts to serve individuals with disabilities in One-Stop Career Centers. The primary goals of the evaluation are to:

- Assess the capacity of the system to collect data on users with disabilities that could be used for monitoring and evaluation purposes;

- Characterize the degree to which One-Stop Career Centers are accommodating people with disabilities and making progress towards the goal of universal access;

- Explore the experiences of individuals with disabilities accessing the Centers, measuring the participation of these individuals and their employment outcomes;

- Determine how the presence of the Colorado Disability Program Navigator affects participation and employment outcomes;

- Assess the degree to which interagency collaboration is occurring in the provision of employment services to people with disabilities, and identify the challenges and opportunities to such collaborations;

- Gain a better understanding of the Colorado Disability Program Navigator role; and

- Identify the challenges to and opportunities available for developing ongoing monitoring, evaluation, and interagency collaboration.

Due to its prominence and central role in the effort to make the workforce system more accessible to and effective in serving people with disabilities, the Colorado Disability Program Navigator position was a focus of much of the evaluation effort.

2. Evaluation Questions

A number of specific evaluation issues formed the basis for the evaluation. These questions are listed below. Due to limitations in the availability of data (discussed more fully in section 4 below), not all issues could be fully explored for purposes of this evaluation report. Colorado is, however, developing a long-term plan for the ongoing monitoring and evaluation of the accessibility of the workforce system. The issues noted below will continue to form the basis for future potential evaluation efforts (discussed in *Section VI*).

1. How accessible is the workforce system to people with disabilities?

1.1   What is the level of participation of people with disabilities in workforce system services and resources?

- How many individuals with disabilities are served by One-Stops? What are their demographic, employment, disability-related, and program participation characteristics?

- How do clients with disabilities learn about One-Stop services?

- To what extent do people with disabilities access core and intensive level services?

- To what extent has access to employment-related services changed/improved over time?

- To what extent do people with disabilities have access to the same services as those without disabilities?

- To what extent do consumers utilize the supports and resources to which they are referred?

- How much is spent on services used by clients with disabilities, by source of payment?

1.2   What are the major determinants of participation by people with disabilities?

- Outreach and marketing

- Intake and service referral

- Architectural accessibility

- Programmatic accessibility

- Administrative leadership

- Staff training and development

- Interagency coordination

- Other characteristics of the Workforce Center

2. What is the role of the Colorado Disability Program Navigator in the workforce system and how does the Navigator affect service accessibility for people with disabilities?

2.1 How is the Navigator position being implemented?

- Primary functions – direct service to clients vs. support to other staff

- Staff training

- Physical locations of Navigators and site accessibility

- Management information systems and tracking

- Information and outreach mechanisms

- The nature of specific services provided (interactions with clients, other staff, and outside entities)

- Cost and funding source, i.e. is the Navigator an employee of the One-Stop Career Center or funded by another entity and housed in Center

- Variation across sites in above

2.2 Is outreach being conducted in an effective manner? Are the individuals who are most likely to benefit from the program, their supporters, and organizations that serve them aware of the Navigators?

2.3 Is the program being coordinated in an effective fashion with other programs and efforts to serve people with disabilities?

- Service coordination and minimization of duplication

- Appropriateness of referrals

2.4 Is the program being administered equitably to all target area residents, regardless of impairment type, race, ethnicity, primary language, rural/urban location, or other factors that are not specified by the program as relevant to eligibility and services?

2.5 Do Center Directors and Navigators believe that the Navigator program has affected overall service accessibility for people with disabilities?

3. What is the effect of greater accessibility of the workforce system and the Navigator position on consumers with disabilities?

3.1 What are the employment outcomes (employment status, earnings, hours worked, job retention, benefits, taxes on earnings) for consumers with disabilities who utilize One-Stop services?

- What are the outcomes of those who use Navigators?

- How do they compare to those who do not use Navigators?

- How are outcomes affected by the overall accessibility of the Center?

3.2 What is the household income of clients with disabilities as a percent of the poverty level?

- How does it change after Navigator services?

- How does it compare to those who do not use Navigator services?

3.3 To what extent do clients with disabilities receive benefits from other programs (SSI, DI, Medicare, Veterans, housing, transportation, Food Stamps, TANF, child care services, and perhaps others)?

- How does it change after Navigator services?

- How does it compare to those who do not use Navigator services?

3.4 Are consumers satisfied with One-Stop services and believe them to be useful?

- How does satisfaction compare between those who do and do not use Navigators?

4. What is the effect of greater accessibility of the workforce system and the Navigator position on the state workforce system as a whole?

4.1 What effects (costs and benefits) have accessibility efforts and the Navigators had on the One-Stop system?

- Does increased accessibility affect performance indicators of individual One-Stop Career Centers, or the system overall?

4.2 What effects (participation, costs and benefits) have accessibility efforts and the Navigators had on other state programs providing services to people with disabilities?

- Does increased accessibility of the One-Stop system affect performance indicators of the State Vocational Rehabilitation Agency?

4.3 What is the nature of interagency collaborations that have developed as a result of the efforts to make the system more accessible to people with disabilities and what are the effects of these collaborations?

- Service coordination and reduction in service duplication

- More appropriate referrals and efficient service provision

- Cross-agency information sharing to improve service delivery and program operations

3. Data and Analyses

a. Process Analysis

The goal of the process analysis is to describe how One-Stop Career Centers in Colorado are implementing aspects of universal accessibility, to assess how the Colorado Disability Program

Navigator program was implemented across the Centers, and to identify challenges and issues being faced by One-Stop, Navigator, and other agency staff in attempting to integrate services for people with disabilities. The primary purposes of the process analysis activities were to develop an understanding of the Colorado Disability Program Navigator program and the environments within which the program operates, to identify successful program components that may be replicated in multiple communities, and to describe barriers that currently prevent the program from achieving its maximum effectiveness.

Below, we describe the data used to address the process analysis issues.

i.   One-Stop Career Center Characteristics

An important component of the evaluation was to address the extent to which the workforce system is accessible to people with disabilities, and to determine the effect of the Navigators on service provision to people with disabilities. To address these issues, we collected information on the characteristics of individual One-Stop Career Centers that presumably affect the ability of individuals with disabilities to access and benefit from Center services. Information on One-Stop Career Center characteristics was collected by means of a fidelity scale. Fidelity scales measure the degree to which a specific set of practice standards has been attained. The fidelity scale created for this evaluation, called the Colorado One-Stop Tool: Quality Indicators Checklist for Workforce Centers, is specifically designed to allow Workforce Center staff to examine current policies, procedures and practices related to service provision for persons with disabilities, identify strengths and weaknesses, and target areas for program enhancement or improvement. The instrument assessed the following broad accessibility-related issues:

An important component of the evaluation was to address the extent to which the workforce system is accessible to people with disabilities, and to determine the effect of the Navigators on service provision to people with disabilities. Information on One-Stop Career Center characteristics was collected by means of a fidelity scale.

- Outreach and information provided to people with disabilities

- Architectural accessibility

- Reception

- Programmatic accessibility

- Administrative leadership

- Staff training and development

- Interagency coordination and collaboration

WIN Partners sent the Checklist to each of the 18 regional directors in September 2004, requesting that a Checklist be filled-out on each of their full-service Centers. The response rate was approximately 50%, or 35 Centers.

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WIN Partners stated that a single Checklist should be completed by the entire Center and that multiple staff members may need to be involved in completing various items, including Center administrative leadership, direct service staff, Disability Program Navigators, receptionists, staff development specialists, and others. A scoring key was attached to guide the respondents. The scoring criteria for "not implemented", "partially implemented", and "fully implemented" are meant to be descriptive of the types of activities and outcomes that would define the Center's current status on the various indicators.

After receiving the 35 completed instruments, WIN staff contacted each Center that responded to conduct a 30-minute quality assurance discussion about the responses. The goal was to ensure that staff understood the questions and that their answers reflect their Center's current status. Of the 35 Centers, 21 participated in the quality assurance calls. For this analysis only information from the 21 validated sites will be used, as a majority of the original responses were changed during the quality assurance discussions.

The fidelity scale developed and used for this evaluation is provided as *Appendix A* to the report.

ii.   Stakeholder Interviews

Phone and in-person interviews were conducted between August and October 2004 with a variety of workforce system stakeholders. The purpose of the interviews was to obtain qualitative information regarding the experiences and views of the various stakeholders about providing services to people with disabilities in the Workforce Center setting. The stakeholders interviewed, and topics discussed during the interviews, include the following:

Phone and in-person interviews were conducted with a variety of workforce system stakeholders to obtain qualitative information regarding experiences and views about providing services to people with disabilities in the Workforce Center setting.

Disability Program Navigators. We conducted individual, telephone interviews with 20 current or recently reassigned Colorado Disability Program Navigators (all workforce regions were represented) in August and September 2004. The interviews collected information about the specific role and functions of the Navigators in the One-Stop Career Centers, their experiences in working within the Workforce Centers, the types of information and outreach activities they undertake, how people with disabilities are served at the Centers in which they operate, the nature of interagency coordination and collaboration activities in which they participate, and their views on the future of the position.

One-Stop Career Center Directors. We conducted individual telephone interviews with the 19 One-Stop Career Center directors (all workforce regions were represented) in August and September 2004. The interviews focused on the experiences with the Colorado Disability Program Navigator position, interagency collaboration, the future of the Navigator position, and how universal access and the integration of people with disabilities might affect performance outcomes for individual Centers.

Staff of Local Partner Agencies. Individual telephone interviews were conducted with representatives of 22 local partner agencies in September and October 2004. The partners were

selected from four representative Colorado geographic regions and the following six programmatic disciplines:

- Divisions of Vocational Rehabilitation (DVR)

- Independent Living Centers (ILC)

- Social Security Administration Field Offices (SSA)

- Mental Health Centers (MHC)

- Community Centered Boards (CCB) – the community provider for developmental disability services

- County Temporary Aid to Needy Families (TANF) offices

The interviews obtained information on the role of the various local partners in facilitating access to employment services by individuals with disabilities; the extent to which various agencies collaborated with the Workforce Centers in their area on referral procedures, staff development and data collection; the impact of changes to the Workforce system on other agencies; and the degree to which changes in the Workforce system had positive or negative effects on the collaborating agencies.

Benefits Planners. One group telephone interview was conducted with all six Benefits Planners in Colorado in October 2004. The interviews focused on their role in the workforce system as Benefits Planners and their experience working with the Colorado Disability Program Navigators statewide.

The interview guides used in the stakeholder interviews are provided in *Appendix B*.

b.   Participation and Outcomes

The goals of the participation and outcome analysis are to:

- Assess the characteristics of One-Stop consumers with disabilities and compare them to those of other consumers

- Determine the extent to which consumers receive services from the Navigators

- Compare the outcomes of consumers with disabilities to outcomes for other consumers

- Determine the extent to which the number and characteristics of consumers with disabilities are changing in response to the systems change effort

- Determine the extent to which employment and programmatic outcomes for consumers with disabilities are changing in response to the systems change effort

The primary source of data for the participation and outcome analysis is the workforce program's administrative data system, JobLink. JobLink contains the following types of information on One-Stop consumers: basic characteristics (age, education, work history, self-identified disability status, participation in other programs); service use information, including the use of Navigator services; and employment outcomes as ascertained from state Unemployment Insurance wage data (employment status, earnings, job retention).

For this report, we have conducted an assessment of the usefulness of the JobLink data for purposes of addressing the participation and outcome issues, and how administrative data collection could be improved to support future evaluation efforts. As discussed in the next section, we found significant issues with the JobLink data that prevented us from addressing many of the participation and outcome issues for this report. As a result, the analysis presented in this report is limited to descriptive analyses of consumers during the past two years. The analysis for this report is also limited by the fact that some necessary data on post-service earnings from unemployment insurance records for consumers served in the most recent program year, which ended in June 2004, are not yet available.

The primary source of data for the participation and outcome analysis is the workforce program's administrative data system. For this report, we have conducted an assessment of the usefulness of the JobLink data for purposes of addressing the participation and outcome issues, and how administrative data collection could be improved to support future evaluation efforts.

4.   Limitations of the Study

The framework developed for the evaluation encompasses a broad set of issues related to the accessibility of Colorado's workforce system, the role of the Disability Program Navigator, and cross-agency collaborations designed to improve services to people with disabilities. The broad set of issues is reflected in the numerous evaluation questions listed previously in *Section II.B*. At this stage in the development of Colorado's initiatives, however, a comprehensive evaluation to address all of the issues was not feasible for a number of reasons.

First, the Navigator and related initiatives are relatively new. Most of the resources dedicated to the effort were allocated towards developing training, support structures, and interagency collaborations necessary to implement the new programs. During the first four years of the project, Project WIN and partner agency staff were more focused on getting things up and running than on developing the means to collect data for purposes of monitoring and evaluating the system as a whole. Recognizing that a comprehensive evaluation would not be feasible, Project WIN staff opted to develop an overall evaluation plan, which would include both short and longer-term objectives. The short-term objectives focus primarily on assessing the state of universal access and implementation of the Navigator program in the One-Stop Career Centers, developing an understanding of the challenges to implementing and the potential impacts of the Navigator and related initiatives as perceived by program stakeholders, and assessing the availability of data that could be used to document progress, effectiveness, and system change over time. This report reflects an evaluation effort intended to address the short-term objectives. In the last section of this report, we describe a plan for conducting a longer-term monitoring and evaluation effort.

Second, as previously indicated, the JobLink data have significant limitations for purposes of evaluating the system change efforts. The most important of these is that the information on disability is limited. The system currently includes a single disability indicator, and that indicator is based on a very simple disability intake question. Further, we have learned that many consumers are unwilling to report disability for fear that prospective employers will learn about

their disability – even though the consumers are assured that the data collected at intake will not be made available to prospective employers. Additionally, based on complaints made to the state and federal workforce system, we have known that organizations that advocate for people with disabilities urge Workforce Center clients to file complaints to policy makers against Centers if they are asked about their disability status. Since 2001 there has been an effort to improve data entry for these variables, but it is not possible to determine how successful it has been.

JobLink does include some information about participation in other programs that would be indicative of disability – Veterans disability programs and Supplemental Security Income (SSI) – but not all. Most importantly, there is no indicator for receipt of Social Security Disability Insurance (SSDI).

It is also not possible to determine in all cases a) if a consumer is served by a Disability Program Navigator, or b) if consumers served by Navigators have disabilities. The system contains a code for the primary counselor that served the consumer, and the Navigators' codes are identified, but in some instances the Navigator may assist a consumer with a disability without being the consumer's primary counselor. Navigators may also serve consumers without disabilities, perhaps especially in smaller offices. Thus, unless "disability" or participation in a disability program is indicated for a consumer served by a Navigator, the consumer may not have a disability.

The limited data on participation in other programs does not allow us to fully characterize the use of other programs by consumers, and provides no information about participation after services are delivered. Hence, it is not possible to determine from the JobLink data alone whether participation in other programs is a predictor of employment outcomes, or whether attainment of employment is accompanied by a change in participation status. As discussed further in **Section VI**, future efforts could link data from administrative systems for other programs to the JobLink data, so that it would be feasible to a) identify One-Stop consumers who participate in other programs and have disabilities; b) determine whether participation in other programs is a predictor of employment outcomes; and c) determine whether participation or benefits in other programs change if and when the consumer attains employment.

Due to privacy restrictions and logistical issues we were limited in our ability to conduct original analyses of the JobLink data for this report. The statistics reported were all generated by using existing report templates, applied to selected consumer populations. Increasing system capacity to conduct original analyses of these data would substantially improve the quality of the information generated about consumers with disabilities from the JobLink data.

III.   Evaluation Findings

A.   *Program Implementation and Operations*

The process analysis for this evaluation consisted of structured telephone interviews with Disability Program Navigators, Workforce Center directors, local partner agency representatives, and Benefits Planners, and implementation of a fidelity scale to measure Center characteristics.

Below, we summarize the information collected through these activities. The discussion is intended to provide a clearer description of what the CDPN model currently looks like (i.e., how it is implemented in the various sites), issues related to the future of the position, issues regarding overall accessibility of the workforce system for clients with disabilities, and issues related to collaboration among various community agencies.

The process analysis for this evaluation consisted of structured telephone interviews with Colorado Disability Program Navigators, Workforce Center directors, local partner agency representatives, and Benefits Planners, and implementation of a fidelity scale to measure Center characteristics.

The following points should be kept in mind:

- Generally, no significant difference in responses exists between rural and urban/suburban sites; where a difference exists it is stated explicitly.

- The designations of rural, urban and suburban are Colorado state designations.

- For the purposes of the analysis the urban and suburban sites are grouped together because of the similarities between the service populations, and the availability and types of services.

- There are 9 workforce regions in Colorado, one of which is the rural region, consisting of 11 sub-regions. Most regions contain more than one Workforce Center, and this is especially true in rural areas.

1. The Colorado Disability Program Navigator Perspective

i. *Navigator Position Duties*

According to the Navigators, there are three major components to their position: **serving clients directly, training Center staff, and community outreach**. However, the details of their position vary Center by Center. The amount of time that each Navigator spends on Navigator responsibilities also varies. According to the interviews, the percentage of time ranges between 50% - 100%, with the majority between 80% - 100%.

The five areas shown in *Exhibit III.1* describe in greater detail how the Navigator position is being implemented, and serve to demonstrate the variation across Centers.

Exhibit III.1

Colorado Disability Program Navigator Functions and Background

I. General Responsibilities and Services to Clients
• Help with resources and accommodations within Center, in community, and with federal, state and local resources
• Job search, including help in locating jobs
• Vocational guidance, including development of reasonable employment goal
• Resume preparation
• Preparing for an interview, including how to present self to employer
• Brainstorming about what's available from employer perspectives
• Assisting with general paperwork
• Assessment and counseling, including financial counseling

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•	Ensuring clients have access to services within Center and not referred inappropriately to other agencies; use of specific process to determine client needs
•	Learning eligibility criteria and appropriateness for other programs to ensure appropriate referral
•	Advising about rights and accommodations
•	Client advocate in the Center and at other agencies such as DVR, and housing
•	Referring and making appointments to other agencies/programs for things like medications, patient programs, DVR, benefits planning, mental health, housing, and job development
•	Facilitating access to programs
•	Person centered planning
•	Act as support system
•	Dismantle barriers
•	Ensuring appropriate accessibility and supports, including AT
	How Role Differs from Other Staff at Center
•	Flexibility
•	Navigator position isn't held to achieving numbers
•	More quality one-on-one time
•	Do not provide ongoing case management
II. Outreach Responsibilities	
•	Meeting with other service providers, local employer groups
•	Presentations at schools and job fairs
•	Talking with employers
•	Talking with disability agencies
•	Contacts with any organization working with people with disabilities including, independent living centers, DVR, social security, and NAMI
•	Participation on interagency committees
•	Participation on Individualized Education Plans
•	Advertising on radio, newspaper and television
•	Targeted mailings
•	Navigator brochure
•	Networking with other agencies
•	Information about Navigator role on Center website
•	Signage in the Center
III. Individuals Navigators Feel They Are Not Reaching	
•	Non English speakers
•	Visual impairments
•	Youth with disabilities
•	Undisclosed disabilities
•	Mental health
•	Developmental Disabilities (especially in urban/suburban areas)
•	Severe disabilities
IV. Training and Support to Center Staff	
•	Inviting staff to participate in video/tele-conferences that Navigator attends
•	One on one training only (in many Centers)
•	Discussions at weekly staff meetings
•	Some Centers have mandatory staff training provided online or provided through Project WIN/TRAIN
•	Navigator facilitates other organizations to come into Center to train staff about their programs
•	Distribute resources to staff
•	Navigator provides or hosts a staff-wide training (in some Centers)
•	AT training

• Serve as internal expert and resource on disability issues
• Serve as backup on issues staff not able to handle
V. Types of Relevant Past Experience for CDPN
• Employment at DVR
• Working with various types of disadvantaged clients through human service-type agencies/programs, including residential treatment
• Employment at Workforce Center
• Counseling experience
• Case management experience
• Graduate degree in rehabilitation field
• A few Navigators disclosed having a family member with a disability
• Having a disability themselves
• Work at disability agencies

ii.   Center Operational Issues

Identification of Disability by Center. In a majority of Centers that responded to this question (or 10 Centers), there is a mandatory or uniform process for asking all clients about disability related issues. Centers apply this process in a variety of ways: through paperwork that each client fills out that also asks about disability, online registration for all clients asking this question, in person interview with Center staff person. Generally the questions are phrased either asking about having a disability or barrier, whether the client may have anything that would prevent him/her from performing a job to the fullest, or if a client may need additional help.

The other five Centers that responded to this question stated that either disability is not identified or there is not a mandatory or consistent process for asking all clients about disability or barrier issues. Generally for these sites, the client either discloses the information to Center staff or a staff person may sense that a client has a disability and will follow up with the client.

Integration of position and collaboration with staff on clients with disabilities. Overall, Navigators feel that they are well integrated into their Centers. Sixteen of the respondents stated that they feel their position is well integrated overall into their Workforce Center. Three respondents stated that they do not feel well integrated into the Center, they felt that this is due to resistance from other staff and lack of involvement by supervisors.

All but two of the respondents stated that clients with disabilities are not considered separate Navigator caseloads and that Center staff serve these clients as necessary. Also, all but two of the respondents stated that the referrals from Center staff to the Navigator are mostly appropriate.

Center Access to Intensive and Core Services for People with Disabilities. The Navigators believe that some discrepancy exists between the Center's ability to provide core and intensive services to people with disabilities. All but two of the Navigators (both from an urban/suburban site) stated that clients with disabilities are able to access core services to the same extent as others using the Center.

With regard to the more intensive services, including those under WIA, the majority of the Navigators stated that clients with disabilities are generally treated like all other Center clients. Although in a minority, some respondents felt that disability may affect a client's ability to receive intensive services, especially in the rural sites.

Of the 13 rural respondents, five respondents stated that clients with disabilities do not have the same access to intensive services as other Center clients. Only one of the six of the urban/suburban respondents felt this way. The major reasons given for the exclusion of clients with disabilities from intensive services included the severity of disability determining participation in these services, need for cost effectiveness and WIA performance standards.

iii.   Interaction and Coordination with DVR

Relationship and Coordination with DVR. Overall, the relationship with DVR and workforce is perceived to be a good one, especially in the rural areas. All of the 11 rural respondents feel that the relationship with DVR is a good one, in many cases there is extensive communication between the two agencies and DVR is co-located with the Workforce Center in some instances. Three of the five urban/suburban respondents stated that there is a positive working relationship with DVR, two sites did not feel the relationship is positive, a reduction in DVR counselors was given as one reason. Additionally, in most cases a DVR staff person sees clients on site at the Workforce Center. Of the 14 respondents to this question, 11 stated that a DVR staff person is on site. Only three (all from a rural area) stated that this was not the case.

Navigators were asked about overall coordination with DVR. Although generally the Navigators feel that their relationship with DVR staff is a positive one, no formal coordination process exists between Workforce Centers and DVR. Some feel that due to the nature of their regular communication about cases by email, telephone and in-person, coordination exists; in these cases the coordination is client specific and not part of a formalized process. In one case a memorandum of agreement was mentioned, but the Navigator did not feel that this led to coordination.

Referrals to and from DVR. DVR staff and Workforce Center staff, including the Navigator, regularly refer clients to each other. The reasons for referral and their appropriateness vary by site. The stated reasons that clients are referred to DVR include:

- Additional training or retraining that the Workforce Center does not offer
- More intensive, longer term rehabilitative services
- Additional counseling
- Job coaching, job development
- Accommodations such as a prosthesis
- When a client is generally not job ready

According to the Navigators, reasons that DVR refers clients to the Workforce Center include:

- Additional resources and supports, including housing and food assistance
- Once the client is job ready
- Assistance with employment, including help with resumes, cover letters, interviewing skills, employment goal assessments, job listings
- Filling out forms

- To learn more about the services of the Workforce Center

- DVR's inability to serve clients due to budgeting or order of selection constraints (four of the twelve rural site respondents cited this reason and one of the four urban/suburban site respondents cited this reason)

iv.   Future of the Navigator Position

The Navigators overwhelmingly agreed that a Navigator position is necessary in Workforce Centers (only one Navigator believed that a specific position was not necessary), although it may not necessarily look the same over time. Suggestions for the future functions of the position, if it were to change, included **spreading the role over a few designated staff, and having the Navigator position be just for outreach, trainings and accessibility** and the rest of the staff would be trained to help customers.

> *The Navigators overwhelmingly agreed that a Navigator position is necessary in the Workforce Centers, although it may not look the same over time.*

Navigators provided the following reasons for the long term need for a designated position:

- Too much specialized information for all Center staff to know

- Due to the volume of clients the awareness of people with disabilities would dissipate over time

- Other staff are specialized in different areas and have different responsibilities and to tie this in with existing duties would hamper their performance

- Clients with disabilities often require more time-intensive assistance

- Constant presence of the one position keeps disability issues on the forefront of Center services

- Need point person to be accountable regarding disability issues

- Without a point-person clients with disabilities will "fall through the cracks"

- Need someone who is responsible for attending trainings and staying current on disability issues

- Without a Navigator, staff turnover may cause any institutional knowledge to dwindle over time

The Navigators addressed two main areas for the future of the position that they believe would make it more effective: supports and training needs and other services they would like to provide that are not currently in their job expectations. Their suggestions are listed in *Exhibit III.2*.

Supports and Training Needed
To Others
• Making training on disabilities mandatory to Center staff, can be facilitated by Navigator or through other means
• Training on disability issues for employers
To the Navigator
• More extensive training on specific disabilities, including real life scenarios and success stories, and symptoms and limitations.
• Having Navigator roles clearly established, consistent training
• Uniformity in forms, documentation, etc. across all Navigators
• Having a home base
• Privacy when working with clients with disabilities
• Having support from the top
• How to get through attitudinal barriers and encounters with Center staff
• Compilation of best practices
• More detailed hands on work to prepare for CDPN position
• Training on time management and case management
• Training on hidden disability disclosure
• More formal orientation to the Workforce Center
• In-depth knowledge of ADA information
• Information on government and legislative issues
• SSA lingo
• Information on the relevant programs and agencies, including Workforce, DVR, WIA, etc.
• Secondary trauma training
• Ongoing assistive technology training
Other Services Navigators Would Like to Provide
• More emphasis on employer contact
• Additional funding for psychological assessments, assistance with medications, things that would make clients stable enough to find employment
• Financial management workshops for clients
• Basic skill remediation for entry into vocational skills training
• Job development, including resume and cover letter preparation, job coaching, mentoring, and talking to specific employers about a position for a client
• Individual and intense counseling
• Transportation
• Leg-work with the client, getting on a bus with the client to show how to use the bus, etc. (can be done by volunteers or others, not necessarily the Navigator)
• Case management in rural areas, due to lack of resources in community

The quotation below illustrates one Navigator's thoughts about the Navigator role and the possibility of providing additional services to clients.

> I've heard other Navigators say gosh it'd be great to have this little pot of money, I think that kind of undermines the whole idea of we're trying to help people tap into what's already out there. I really think that you lose the power of the position, and you really turn it into a separate program, not an integrated service, if you've got your little pot of money and you can give that to someone for gas money or food or whatever. Because then you're not accessing those services in the

community which is what a Navigator should do. But I think that it's almost, it makes you be a better Navigator when you have to go seek those services out and see what's the best way to tap into them, and advocate for your client and teach them how to do that for themselves instead of being like oh just come to me because I've got this little pot of money or service that I can provide you. I'm not a service provider, I'm a Navigator.

2. The Workforce Center Director Perspective

i. WIA Performance Standards and Serving People with Disabilities

In general, Workforce Center Directors feel that clients with disabilities are treated just like other clients utilizing the Center. Some stated that suitability and the ability to get a job in a reasonable amount of time is what is considered for enrollment in WIA services, just like for other Center clients.

In general, Workforce Center Directors feel that clients with disabilities are treated just like other clients utilizing the Center.

Of the twelve respondents, only one rural Director feels that performance standards are likely to negatively affect clients with disabilities due to employer bias in the area (WIA services are contracted out in this county). Three of the respondents expect that clients with disabilities may even positively impact performance standards, citing the following reasons:

- WIA case manager would be more equipped to address barriers to employment for clients with disabilities due to the efforts and resources provided by the Navigator

- Clients with disabilities tend to have a history of underemployment or no employment history. This allows the Center to boost the performance standard requiring clients to earn more money or replacement wages

- Clients with disabilities want to succeed, many times more so than other applicants.

ii. Contributions of the Navigator

All of the Directors felt that the Navigators contributed very positively to their Workforce Centers. All but one of the respondents stated that the Navigator improved relationships with other agencies including DVR, mental health and other organization serving the same target population. The Center Director who did not state that the relationships have been enhanced offered that agencies that normally provide services to this population now look to the Navigator to provide the services, as opposed to collaborating with the Navigator. Some examples of how the Navigator improved relationships with other agencies include: the Center being invited to tables that it has never been invited to before; other agencies that typically serve this population now look at the Center as also having the knowledge base; and due to the Navigator, coordination with other agencies has improved.

The Directors also stated the following major contributions that Navigators have made to their Centers:

- Overall system improvement by raising awareness within the Center about services in the community and how to work with individuals with disabilities

- Bringing structure and direction to the Center

- Cross training staff

- Better service delivery to people with disabilities, including more appropriate referrals

- Serving as expert and resource to staff to better serve individuals with disabilities

- Ability to provide intensive one on one work with people with disabilities

- Developing sense of inclusion

- Prevents clients from "falling through the cracks"

- Expansion of the Center's service menu

- Center offers better accommodations for people

- Helped the population to know that the Center cares, and is a knowledgeable place where they can get services

iii.   *Coordination and Referral with DVR*

Overall, as stated by the Navigators, there is little formal coordination between DVR and Workforce Centers. Although, informally, the Directors feel that coordination exists, especially regarding individual cases. Two Directors stated that a MOU exists between the two agencies; however it is not clear that the MOU delineates a systematic coordination and referral process to ensure appropriateness of care for all clients. Three directors also mentioned that there is co-enrollment for some clients between the Workforce Center and DVR where expenses are shared.

As stated in the Navigator section the reasons for referral and their appropriateness vary by site. Directors provide the following reasons for referring clients to DVR:

- For a more intensive and specialized supports

- DVR has more resources to actually engage people with disabilities and develop work plans

- For clients who need specialists

- For clients with more severe disabilities

- In-depth assessments

- Additional support

- For client issues that Center staff don't know how to handle

Directors state the following reasons that DVR refers clients to the Workforce Center:

- When clients are job ready

- When DVR cannot serve the client, including due to waiting lists

- For Center services, including workshops, job search, and other core services

- For WIA program if a client is not eligible for DVR services

iv.   Future of the Navigator Position

All but two of the Directors feel that a Navigator position should exist within the Workforce Centers in the long term. The reasons given by the two Directors who did not foresee a definitive need for the position stated that if all staff are sufficiently trained and if all the necessary adaptive equipment and signage exist in the Center, the Navigator may no longer be necessary.

> *All but two of the Directors feel that a Navigator position should exist within the Workforce Centers in the long term.*

Most of the Directors stated that they would prefer an external funding source to fund the position. However five of the Directors stated that they would look into using internal funds such as vacancy savings, or Wagner-Peyser dollars for the position if other funding did not become available. In this scenario the person responsible for the Navigator role will likely have other non-Navigator responsibilities due to the requirements of the funding source.

Seven of the Directors felt that the state or federal government should fully fund the position. Examples of federal agencies included USDOL and SSA. Two directors stated that a blended funding mechanism would work well in sustaining the position. The blended funding could come from a combination of dollars from the Office of Workforce Development, Wagner-Peyser and local area; or combination of funding from DVR, Department of Education, USDOL, Wagner-Peyser, WIA, and DHS. The blended funding could make the position more institutionalized and decrease dependence on grants. However, as with the Center-funded scenario, the position could not only have Navigator responsibilities and would have to take on other Center duties due to funding source requirements.

As the Directors considered the future of the position, several made suggestions about additional services they would like to see as part of the Navigator responsibilities.

- Intensive case management in rural areas

- Job development, including working with employers directly to place clients

- Comprehensive marketing tool for employers, like a brochure

- For the position and the services to be elevated from the national level by identifying it as a key part of the office of services through the US Department of Labor, ODEP and ETA.

- Greater community involvement

- More involvement with the local chambers, trying to entice new business into coming into the area that could have specific positions for people with disabilities

- Greater involvement within schools

3.   The Benefits Planner Perspective

The six Benefits Planners in Colorado are responsible for providing services throughout the state. In their role, they interact with a large portion of the CDPNs statewide.

The Benefits Planners describe their interactions with Colorado Disability Program Navigators as positive overall. However, they state that a major barrier to working even better together is that the CDPNs do not seem to have a consistent job description. This makes it difficult to know what one CDPN does, since another will do something different (e.g., one Navigator will do job searches, another will not; some will help with a budget, some will not; some help with filling out paperwork, others do not). They also observed that supervisors of the Navigator position do not seem to have a clear and consistent understanding of the Navigator role and responsibilities. The Benefits Planners implied that client services could be improved if these issues were rectified.

4. **Center Characteristics and the Colorado One-Stop Tool: Quality Indicators Checklist for Workforce Centers**

As noted previously, Center characteristics with respect to access to people with disabilities were assessed using a fidelity scale developed for the evaluation. The Colorado One-Stop Tool: Quality Indicators Checklist for Workforce Centers included eight major components and assessed the Centers' level of implementation in those areas. Overall, most Centers felt that they are either partially or fully implemented in all areas of the Tool. In some areas variation exists between rural and urban/suburban sites. Below is a discussion of the responses for all 21 Centers in total and also of the variation between rural and urban/suburban areas. The instrument, and a tabulation of the Center ratings, is provided in *Appendix A*.

The Colorado One-Stop Tool: Quality Indicators Checklist for Workforce Centers included eight major components and assessed the Centers' level of implementation in those areas. Overall, most Centers felt that they are either partially or fully implemented in all areas of the Tool.

Outreach Information. According to the responses, the Centers do a good job overall in conducting outreach. One outlier in this area (most sites reported as "not implemented") deals with Business Leadership Networks (BLNs) that only exist in a few regions in Colorado; therefore for the purposes of this analysis we disregard data on BLNs. The outreach data corroborates the encouraging information gathered from the Navigator and Director interviews, that the Navigators and their Workforce Centers are conducting outreach efforts that target individuals with disabilities specifically, that other community partners are engaged in the Centers' efforts, and that meaningful information is provided to employers to encourage hiring people with disabilities. Also, according to the responses, the Centers evaluate and modify their outreach activities and usually ask clients, partner agencies and employers to provide feedback regarding the effectiveness of their outreach programs. The rural sites report better results in this area than the urban/suburban ones, and mostly account for the "fully implemented" responses in this area.

Architectural Accessibility. Overall, according to Center staff, the sites are accessible to people with disabilities. Staff feel that their physical space is architecturally accessible, it is in an accessible location, a formal architectural accessibility instrument is utilized, and individuals with disabilities are involved in assessing architectural accessibility.

Most (16 sites) feel that all physical space is accessible and that at this time nothing more is required to make it more accessible. Only one Center stated that their building is not accessible

for clients with disabilities. In this case, the Navigator puts up signs that are visible from the outside that clients can be seen at other convenient locations, including schools, town hall, and other partner agencies.

Two areas of architectural accessibility require improvement, especially in the rural sites. The first is greater and more formal involvement of individuals with disabilities to assess accessibility. Although a slight overall majority (12 sites) stated that they involve individuals with disabilities to some extent, nine sites, all rural, stated that this is "not implemented". The second area is having an accessible location, which in rural areas is usually hindered by a lack of public transportation.

Programmatic Accessibility. The Centers seem to provide adequate accommodations to ensure accessibility to both core and intensive Center services. The Centers indicate that most clients with disabilities are provided services in whatever format is necessary. The Centers ensure that a sufficient number of publicly available computers and other forms of technology are available and accessible to those that need them, and referrals and assistance are provided (mostly in rural areas) for assistive technology assessments and obtaining adaptive equipment.

Also, a specific staff member devotes his/her time providing accommodations and supports necessary for clients to benefit from core services, this individual is often the Navigator. This is especially true in urban/suburban areas where most Centers have a Navigator on-site a large portion of the time; as compared to rural sites, where most Navigators are "circuit riders" and are responsible for numerous Centers, many of which they do not visit often.

Program Access and Participation. The Centers generally feel that they have a sufficient number of staff who can assist clients with disabilities to identify potentially beneficial core and intensive services and can facilitate their participation in those services. This is especially true in rural areas, where Centers tend to have fewer staff who have to do a little bit of everything. Individual Training Accounts have been allocated to people with disabilities and are generally being used by this population. Also, benefits planning is available to all clients with disabilities, and is offered on-site at all of the urban/suburban Centers and most of the rural ones.

Administrative Leadership. For the most part the staff felt that Center leadership continuously strives to identify barriers that limit the ability of individuals with disabilities to access and benefit from Center services and design program enhancements and modifications to successfully address these barriers. Also, in most Centers, staff members welcome the participation of individuals with disabilities and Center programs and feel that the involvement of individuals with disabilities enhances Center services for everyone; this is especially true of rural sites.

Reception. The respondents feel that individuals who greet, register and initially refer individuals with disabilities receive some training about Center policies and procedures and also about the needs of clients with disabilities. A majority (16 sites) stated that the reception staff are able to effectively communicate with individuals with disabilities and are able to refer these clients to the Center staff members and programs who can best meet their employment needs, as opposed to responding to an individual's obvious or disclosed disability by routing them to a Navigator or disability specific service agency.

The reception staff also seem to be aware of the proper procedures to follow when responding to requests or questions from individuals with physical or sensory disabilities. A slight majority (12 sites) feel that these staff are confident in their ability to meet the needs of these clients. However, nine sites are not confident in their reception staff's ability to meet the needs of clients with disabilities, even though they are aware of the appropriate procedures. This is an area that needs improvement.

The rural sites were especially responsible for the "fully implemented" responses in this area. This may be due to a fewer number of staff in each Center, all of whom may need to know and do a little bit of everything in order serve their clients.

Training/Staff Development. Centers seem to provide a formal training/staff development program to staff. In approximately half of the Centers (ten sites), the training seems to be provided to all staff on an ongoing basis and prepares them to effectively communicate with individuals with disabilities and provide the accommodations necessary to enable them to benefit from Center programs and services. In the other half of the Centers the training occurs on at least an annual basis, but the training may not be provided to all staff and may not be sufficiently effective. This is an area that needs improvement.

Another area that needs improvement is the ongoing collaboration of training activities with local partners, employers and people with disabilities. The majority of the Centers report routine attempts to provide training to these groups, but they do not seem to be successful in institutionalizing this activity in their community.

Interagency Coordination and Collaboration. Overall, the Centers seem to do very well in the area of interagency coordination and collaboration. This is also corroborated by the Director interviews, which generally state that the presence of the Navigator has had a significant impact on interagency cooperation. In all instances, the Centers report having cooperative agreements in place with at least some mandated partners that identify procedures for referral, eligibility determination and service provision for people with disabilities. In a vast majority (19 sites) the Center has developed close working relationships with three or more community agencies that can assist persons with disabilities. Also, the Centers report working cooperatively with the majority of Workforce Development Projects that are operating in the same geographic areas.

> *The Director interviews generally state that the presence of the Navigator has had a significant impact on interagency cooperation.*

5. Interactions with Local Partner Agencies

The information below is based on the 22 interviews conducted with staff of six types of local agencies representing four geographic areas of Colorado. The interviews focused on access to employment services by individuals with disabilities; collaboration with Workforce Centers; and interactions with the Navigator.

i. Factors in Service Effectiveness of the Workforce Centers

No correlation was found between the presence of a formal agreement (either at the state or local level) and the perceived effectiveness of services provided to people with disabilities by the Workforce Centers. **Respondents report that collaboration, collocation, and establishing**

strong relationships between and among partner agencies are the significant factors in service effectiveness. Most agencies function without formal relationships to the Workforce Centers. When there are formal relationships at the local level, the mechanism is a contract. Contracts are in ILC, CCB and TANF agencies. Most contracts are related to collocation costs, working relationships, space, client coordination and training. All State level memoranda of understanding (MOU's) are in DVR agencies.

ii.   Training and Communication

The majority of agencies feel they have received sufficient training. However, **additional training still is needed** given that at least one-third of respondents indicate a need for training.

Twelve (12) respondents suggest ideas related to better communication, collaboration and follow-through. Requests for training focused on the need for periodic (annual) refresher training on Workforce Center programs, orientation of staff with turnover, and identification of a contact person to ease the referral process. Some agencies (e.g., SSA) express curiosity about Workforce Center programs; however, they feel reluctant to spend time on something that is seen as ancillary to their primary agency mission.

iii.   Referrals to and from the Workforce Centers

Agencies do not identify problems with referrals to or from the Workforce Centers. The level of referral depends heavily on the mission of the partner agency, the relative job readiness or independence of their client base, and the point at which individual clients are ready to make use of the Workforce Center's employment services.

DVR comments focus more on the need to train Workforce Centers on disability issues to improve the quality of referrals and clarify reasons for referral. CCBs are interested in educating the Workforce Centers about CCB clients and services in relation to private pay services, issues around the CCB waiting list, and possibilities of collocation. TANF agencies generally think the referral process from the Workforce Center is working fine, and working consistently with the TANF program requirements.

Referrals to the Workforce Center are limited from several of the disciplines interviewed, but that may be appropriate. Many agencies deal with clients who have complex needs (i.e., housing, mental health, transportation, & employment, etc.). Agencies frequently collaborate on services as a way of addressing both resource limitations and the complexity and breadth of needs. Although this study attempts to sort out the effect of the referral process and services rendered, **the integrated approach to complex needs appears to make the difference for the client more frequently than features of any one agency (i.e., Workforce Center) working alone.**

The exception to these general finding is SSA. SSA offices don't track the source of their referrals, and generally find partnerships with the Workforce Center to be outside the scope of their mission and daily operations. A notable exception is one office, which indicates openness to establishing a process and relationship. The respondent suggests a forum of SSA staff training on Workforce Center and Colorado Disability Program Navigators for SSA service reps and claims reps, but indicates that it would best be channeled through the SSA Regional Office. **Any change in the status quo between Workforce Center's and SSA will likely require state**

level negotiation with the SSA Field Supervisors. Local Workforce Centers are not the likely fulcrum for influencing the SSA/Workforce Center relationship.

iv. *Marketing, Outreach, and Awareness of the Navigator*

There is no apparent split by geography or discipline split on questions related to marketing. In the same communities, some respondents report seeing the Workforce Center everywhere, and some respondents report not seeing it at all. Some respondents define the need for marketing directed toward employers, while others see it directed toward agencies or consumers. In several ways, respondents recognize that marketing materials could be more effective if they include agency contact and program information. Respondent agencies don't tend to know the impact of community marketing on their clientele.

Awareness of the Colorado Disability Program Navigator is discernibly different according to the programmatic discipline of the responding agency. Divisions of Vocational Rehabilitation and Independent Living Centers are all very aware of the Colorado Disability Program Navigator in their associated Workforce Centers, can describe the role and usually the individuals who fill that role. Mental Health Centers, TANF agencies, and Community Centered Boards each have one quarter of respondents unfamiliar or only vaguely familiar with the Colorado Disability Program Navigator role and personnel. This awareness penetration is not associated with any specific geographic region or particular Disability Program Navigator. Social Security Administration offices are uniformly unaware of Disability Program Navigators, and only partially and vaguely aware of the existence of Workforce Centers. This pattern of awareness is depicted in the illustration on the following page:

> *Awareness of the Colorado Disability Program Navigator is discernibly different according to the programmatic discipline of the responding agency.*

In some cases, the only identification the respondent has is with the Disability Program Navigator. In other cases, respondents did not distinguish between the two. In either case, the information about all the services that are offered by the Workforce Center is important to the successful employment of people with disabilities.

Where respondents knew of the Disability Program Navigator, their support for the role was consistent and unqualified. This suggests that the Colorado Disability Program Navigator provides a good introduction to the Workforce Center as a whole.

The chart below demonstrates the level of awareness of the Colorado Disability Program Navigator position and role by the six types of local partner agencies interviewed. The chart illustrates that DVR and Independent Living Centers are well aware of the CDPN role and functions. The TANF departments, mental health agencies and CCBs seem to be peripherally aware of the CDPN functions. And local SSA agencies have very little knowledge of the Navigators.

Colorado Disability Program Navigator

DVR · ILC · TANF · MH · CCB · SSA
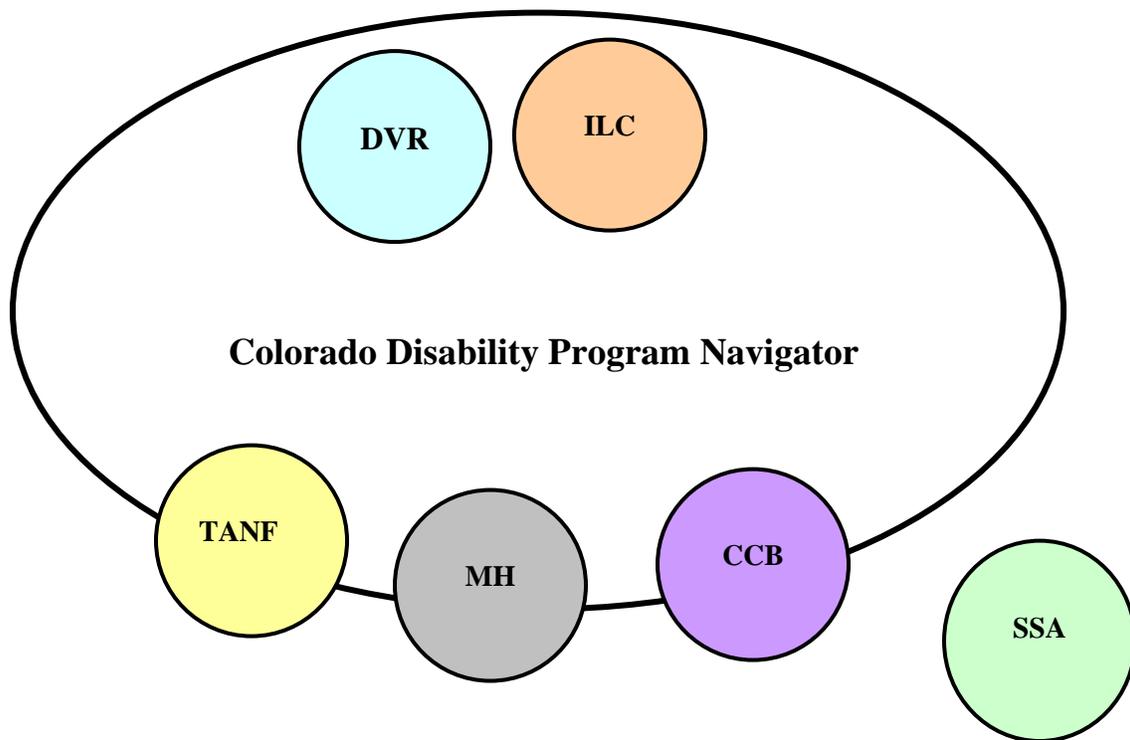
v.   *Coordination Between Agencies and the Navigator*

None of the local agency representatives interviewed reported wasteful duplication of services with the CDPN. The general impression was that even where specific services overlap, the CDPN and agency roles tend to enhance rather than to duplicate each other.

Responses to this question varied somewhat by discipline and geographic area. DVR respondents generally felt that coordination occurs and spoke positively of the CDPN. SSA's general lack of familiarity with the Workforce Center and CDPN produced very tentative responses. Agencies that serve special populations (ILC, MHA, CCB, and TANF respondents) seemed least ambivalent and most enthusiastic about the Colorado Disability Program Navigator role. These agencies report clear distinctions between the Workforce Center and CDPN roles and what they need to do to serve their client populations. They report complementary services or necessary overlap. The more particular demands of serving people with severe disabilities, fragile mental health, significant developmental delays, or economically marginal customers convinced respondents that their roles were secure even as they welcomed the help of the CDPNs.

When asked directly whether the presence of a CDPN had changed the number or type of individuals contacting the respondent agency, answers were equivocal. Generally, respondents reported that the types of clients were unchanged. One DVR agency noted "A good number of

people with less severe disabilities, who at one time would have come to DVR to request services, now go to Workforce Center for the little guidance, little push, little direction. Five years ago they would have come to DVR, now they are going to CDPN. I would estimate that at 10%." Other respondents tended to attribute increases (or a decrease) in clients to larger economic factors rather than to the presence of the CDPN. Many agencies across disciplines spoke to the fact that high demand and a tough economy work together to obviate any question of duplication. The common conclusion was that all agencies are treading water and need all the help they can get.

vi. *Ongoing Operational Funding*

Given the high level of support for the concept of Disability Program Navigators, several respondents spoke to the importance of ongoing financing. They suggested that the annual U.S. Department of Labor budget could include a line item for Colorado Disability Program Navigators as a means of securing base operations for this valuable community resource.

vii. *Promising Practices*

Survey respondents identified a number of innovative practices that seem to support better collaboration among agencies and more effective delivery of services to persons with disabilities. While the analysis cannot support findings that these practices are best practices, they are promising ones, and are listed here for examination and possible adoption by other Workforce Centers.

- Some county departments of human services and Workforce Center staff (including the Disability Program Navigator) have been involved in joint trainings on recognizing and dealing with non-visible disabilities.

- In addition to the Disability Program Navigator, one Workforce Center designates a staff person to keep track of people with disabilities and make sure they are being responded to in a manner that allows them to access services. This person makes sure the community is responding as well. This individual coordinates with the Disability Program Navigator.

- One Colorado Disability Program Navigator has made it agency policy that all employees are trained regarding disabilities on at least two different levels, and that their training is signed off on and given to each employee's supervisor. Everybody who is employed in the agency has a better understanding of working with people with disabilities and how to better serve them.

- One Colorado Disability Program Navigator training on employment discussed community outreach collaboration in terms of letting employers know who DVR and Workforce Centers are and how they can help the employer community. Frequently, agencies make the most difficult sales call first asking an employer to hire a person with disabilities. It may be better if DVR and the Workforce Center-CDPN staff would jointly meet employers first and give general information about hiring persons with disabilities, the kind of support the agencies can offer (doing mock interviews, resume reviews – things that rely on their expertise but don't commit the employers to hiring the person with a disability). Workforce Center could prescreen applicants for certain employers and positions. This kind of approach would help the employers find qualified employees, help people with disabilities find more jobs, and

help agencies be more effective advocates for their clients. After a relationship is established, there are techniques such as disability awareness training that can be provided to employers. As part of such training, perhaps the DVR and Workforce Center representatives can develop a list of questions to help employers challenge beliefs about disability and employment that might constitute bias.

- Several respondents see involving the CDPN very early in employment service processes as helping both to identify people with hidden disabilities and improving the quality of referrals to agency supports. As one respondent says "Employers want qualified candidates, period. Often, people who have disabilities [have been working around them for so long that] they don't consider themselves disabled." An important part of working with people with disabilities is helping the person identify accommodations and services that might help them become successful on the job.

B.   *Characteristics, Services, and Outcomes of Job Seekers*

1.   Characteristics

Here, we compare the job characteristics of job seekers who report disabilities to both job seekers who do not report disabilities and job seekers who are served by a CDPN ("CDPN clients"). **Most of the CDPN clients report a disability, but some do not.** Hence, we report statistics separately for CDPN clients who report a disability and those who do not.

At least some CDPNs do provide services to job seekers without disabilities. It might be, however, that some CDPN clients who are not recorded as having a disability actually have one, but either failed to report it or asked that it not be recorded. This also applies to job seekers who do not have a reported disability. All statistics presented refer to the program year that started on July 1, 2003 and ended on June 30, 2004 (PY03). The population of job seekers included in these statistics is all job seekers who registered with the Workforce Centers in PY03 plus any who had registered early and had at least some activity in PY03.

Of all job seekers in PY03, 3.9 percent were reported to have a disability. Of those with (reported) disabilities, 10.4 percent were served by CDPNs, and the vast majority of CDPN clients (81.2 percent) had disabilities (*Exhibit III.4).*

Characteristics of job seekers with disabilities differ from those of job seekers without disabilities in some significant ways. Job seekers with disabilities were much more likely to be veterans than those without disabilities (37.1 percent versus 9.1 percent), somewhat more likely to be male (64.0 percent versus 54.0 percent), differences that are likely related to each other. Not surprisingly, job seekers with disabilities are also more likely to be older (e.g., 26.9 percent were at least 50, versus 14.9 percent for those without disabilities), somewhat more likely to receive benefits from a welfare program,[7] substantially more likely to receive food stamps, and substantially more likely to consider themselves as economically disadvantaged.[89] We also find

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[7] The "welfare" item in the table is self-reported by the job seeker, and potentially revised by Center staff. It refers generally to receipt of public support, and does not refer to a specific set of programs.

[8] The "economically disadvantaged" item is also self-reported. The intent is to capture individuals living in families that receive public assistance, qualify for public assistance but do not receive it, have incomes below the poverty line, or have incomes below 70 percent of the lower living standard income level.

that job seekers with disabilities are substantially more likely to be white (71.7 percent versus 63.0 percent) and less likely to be Hispanic (17.7 percent versus 25.8 percent) than other job seekers. They are also somewhat less likely to be UI claimants and dislocated workers.

Job seekers with disabilities who are served by CDPNs are similar on average to all job seekers with disabilities in many respects, but different in some substantial ways. Many fewer are veterans (8.8 percent versus 37.1 percent), and fewer are males (53.9 percent versus 64.0 percent). The apparent reason is that the Workforce Centers offer intensive services targeted to veterans that are more attractive to most veterans than the services that can be provided by CDPNs. Smaller differences are found for race/ethnicity and education. Relatively more are white or Hispanic and relatively fewer are African American. Relatively fewer have more than a high school education. It is possible that this difference, like the difference for sex, reflects low usage by veterans with disabilities, but we do not know. We also note that relatively few CDPN clients registered via the web; this may be because those who register by phone or in person are more likely to seek intensive services or become aware of the CDPN's availability. The causes of at least some differences (e.g., racial/ethnic differences in CDPN use) deserve further investigation.

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[9] JobLink does not contain information on receipt of insurance benefits because of disability – Social Security Disability Insurance, workers' compensation, or private disability insurance.

Exhibit III.4
Characteristics of Job Seekers and Navigator Clients by Reported Disability Status

Characteristic	Job Seekers		Navigator Clients	
	Without Disabilities	With Disabilities	Without Disabilities	With Disabilities
Total	**280,360**	**11,410**	**273**	**1,185**
% of all Job Seekers	96.1%	3.9%	0.1%	0.4%
% of Job Seekers with Disabilities	-	100.0%	-	10.4%
UI Claimants	**46.2%**	**40.4%**	**40.3%**	**34.1%**
Employed at Entry	**9.8%**	**9.6%**	**5.9%**	**5.9%**
Veterans	**9.1%**	**37.1%**	**7.0%**	**8.8%**
Sex				
Male	54.0%	64.0%	48.0%	53.9%
Female	46.0%	36.0%	52.0%	46.1%
Age				
14-18	12.3%	6.3%	7.3%	3.0%
19-21	8.7%	4.5%	3.3%	4.7%
22-49	63.6%	62.1%	67.8%	65.7%
50 and over	14.9%	26.9%	21.6%	26.5%
Race/ethnicity				
Hispanic	25.8%	17.7%	19.0%	19.7%
American Indian or Alaska Native	2.8%	3.6%	3.3%	3.0%
Asian	1.9%	1.2%	0.0%	1.7%
African American	8.5%	9.7%	6.6%	4.9%
Hawaiian Native/Pacific Islander	0.4%	0.5%	0.4%	0.3%
White	63.0%	71.7%	72.2%	77.6%
Multiple Races	6.6%	6.6%	5.1%	9.0%
Unknown Race	5.0%	3.2%	4.0%	2.4%
Education				
In School (Secondary)	5.3%	3.5%	1.1%	1.7%
Dropouts	17.1%	12.0%	13.9%	16.3%
High School Graduates/GED	39.5%	37.8%	40.3%	44.8%
Some Post High School	22.5%	30.1%	28.6%	24.4%
Bachelor's or Higher Degree	15.6%	16.7%	16.1%	12.8%
Disadvantaged Groups				
Dislocated Workers	9.6%	8.3%	9.5%	8.4%
Food Stamps	6.9%	11.0%	9.9%	14.3%
Welfare	2.5%	3.8%	4.0%	3.8%
TANF*	n.a.	n.a.	2.5%	1.6%
SSI*	n.a.	n.a.	4.7%	8.3%
General Assistance*	n.a.	n.a.	0.0%	1.1%
FS, SSI, TANF, or OAS*	n.a.	n.a.	14.8%	21.1%
Ex-Offenders	4.5%	6.5%	8.8%	6.7%
Economically Disadvantaged	5.2%	10.0%	7.0%	10.0%
Web Registrations	25.0%	24.1%	12.1%	9.5%

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2.   Services

Clients with disabilities are more likely to receive at least some services than other clients, and the difference increased after the introduction of the CDPN program. In program year 2003-04 (PY03), the percentage of job seekers with disabilities that receive at least one service beyond registration is 5.2 percentage points higher than for job seekers without disabilities (***Exhibit III.5***). It is apparent that part of this can be attributed to the CDPN program directly, as it is one of the service categories. However, job seekers with disabilities were also somewhat more likely to receive services in each of the other service categories in PY03.

In PY02, when the CDPN program was introduced and had only a very few clients (just 0.2 percent of job seekers with disabilities), the difference between the percentage of clients with disabilities who received services and other clients was still positive, but smaller 1.9 percentage points. Further, the difference between the percentages for those with and without disabilities receiving services in each category increased from PY02 to PY03, except in the smallest service category (training). One possible explanation of this change is that introduction of the CDPN increased access to other services for clients with disabilities, but the changes are not large and there could be other explanations. One other possibility is that there was reduced competition for such services from job seekers without disabilities. Note that the number of job seekers without disabilities declined from PY02 to PY03, by 5.6 percent, reflecting a decline in UI claimants, but the number of job seekers with disabilities grew, by 3.6 percent. These changes may have occurred because job seekers with disabilities had a more difficult time finding jobs than job seekers without disabilities as the economy started to improve. It is also possible, however, that the increase in job seekers with disabilities partly reflects administrative efforts put in place to improve the reporting of disability early in PY02.

Exhibit III.5
Type of Services Received by Job Seekers With and Without Disabilities

Service	2002-03			2003-04		
	Without Disabilities	With Disabilities	Difference	Without Disabilities	With Disabilities	Difference
Total	296,852	11,009		280,360	11,410	
Received a service*	91.1%	93.0%	1.9	85.9%	91.1%	5.2
Job Search	78.8%	78.2%	-0.6	66.1%	67.9%	1.8
Referred to job opening	43.3%	46.7%	3.4	47.3%	52.8%	5.5
WIA or TAA training	1.7%	2.1%	0.4	1.9%	2.0%	0.1
WIA main program	2.8%	5.4%	2.6	3.2%	5.9%	2.7
Disability Program Navigator	0.0%	0.2%	0.2	0.1%	10.4%	10.3

*Excludes web registration only

3.   Outcomes

It is too early to observe outcomes for CDPN clients, because most such clients entered the program in PY2003. The most important outcome data, from the unemployment insurance wage records, is only available with a 9-month lag, so we cannot observe employment and earnings for any clients who entered employment after the fourth quarter of calendar year 2003 – less than

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halfway through PY2003. Many CDPN clients who entered the program in PY2003 were receiving services after that point, and some continued to receive services into PY2004.

C.   Systems Change

A major goal of Project WIN was to generate sustainable changes to state and local services systems that would improve the ability of individuals with disabilities to access and benefit from the services provided through the state's local Workforce Centers. While Project WIN conducted a specialized demonstration of its Colorado Disability Program Navigator model in multiple local communities, the primary objective of the project was to initiate program changes that would impact the state's entire Workforce system.

> *The primary objective of Project WIN was to initiate program changes that would impact the state's entire Workforce system.*

Information on the project's systems change efforts comes from a variety of sources. A comprehensive review of project documents was conducted to identify systems change goals and determine the strategies used to promote systems change. Next, to assess the impact of the project on the various state agencies participating in the inter-agency governance council, a series of structured telephone interviews were conducted with representatives of the Workforce Development Council, Division of Vocational Rehabilitation, Temporary Assistance for Needy Families, Colorado Department of Labor and Employment, and Social Security Administration. In addition, the results of these interviews were supplemented by findings from the interviews with Disability Program Navigators, Workforce Center Directors, and local partners. Finally, the results of the Colorado One-Stop Tool: Quality Indicators Checklist for Workforce Centers were analyzed to determine the extent to which state level programmatic initiatives were successfully implemented at the local level.

The project placed a high priority on the development and implementation of effective systems change activities. After the initial process evaluation results in 2000 and 2001 revealed that the Colorado Disability Program Navigator program appeared to be a service that was highly valued by both consumers and staff in the Workforce Centers, Project WIN expanded its goal of demonstrating an effective new service initiative to include replicating the program model across the entire Workforce system. The project used a variety of strategies to achieve these systems change goals:

- **Interagency Governance** - Project WIN implemented a coordinated strategy to develop a multi-agency governance structure that served as a vehicle for needs assessment, program management, information exchange, and the development of various state level initiatives.

- **Resource Development** - The governance team evolved into a coordinated effort between several state agencies to obtain additional external funding to allow the replication and expansion of Colorado Disability Program Navigator services to most Workforce Centers across the state.

- **Staff Development** - The project devoted extensive resources to a comprehensive staff development initiative targeted not only at the Colorado Disability Program Navigators and the Workforce Centers, but to staff from the Colorado Department of Labor and

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Employment, Vocational Rehabilitation, Social Security regional and local offices, TANF, and other state agencies.

- **Information Dissemination and Outreach** - The project used a newsletter, web page and other dissemination strategies to provide information to individuals with disabilities, service providers, and policy makers.

In the remainder of this section, the key systems change outcomes of Project WIN projects will be briefly described. Then, several key remaining issues resulting from the evaluation of systems change activities will be discussed.

1. Major Systems Change Accomplishments

Project WIN experienced considerable success in making significant, potentially long-lasting changes to the state's workforce development system. Through an interagency governance structure, the project piloted and evaluated a new service delivery component (Colorado Disability Program Navigator), delivered extensive staff development training, and secured additional external funds to expand a variety of systems change initiatives. As a result, members of the state's workforce development system consistently reported that they felt better prepared to meet the needs of individuals with disabilities seeking to access and benefit from services through the state's One-Stop Career Centers. Specific systems change accomplishments are described below.

Project WIN developed an interagency governance structure that established new partnerships. These partnerships resulted in key state agencies working together to address barriers to employment for SSA beneficiaries, TANF recipients, and other individuals with disabilities for the first time. Colorado has a long history of state and local agencies and organizations coming together to address system-wide obstacles to employment for individuals with disabilities. Traditionally, the primary state agencies involved in these partnerships were the state Vocational Rehabilitation, Mental Health, Developmental Disabilities and Special Education agencies.

Project WIN continued the tradition of interagency service planning and was able to involve new partners in the systems change effort. Prior to Project WIN, the state Workforce Development Council, Colorado Department of Labor and Employment, TANF program, and the Medicaid agency were all represented in interagency activities. With the assistance of Project WIN, however, these agencies became very actively involved in efforts to promote employment among SSA beneficiaries and TANF recipients, in some cases assuming leadership roles. By collaborating with these agencies, the project was able to involve the state programs most relevant to address one of the most challenging barriers to employment faced by individuals with disabilities– access to the various types of direct employment supports provided through the workforce development system.

> *Project WIN was able to serve as an objective, supportive third party that facilitated planning across multiple state agencies and prevented "turf issues" from hampering collaboration efforts.*

From the perspective of representatives of the key participating state agencies, these changes could not have occurred without the leadership, support and guidance of Project WIN. Project WIN,

based at the University of Colorado Health Science Center, was able to serve as an objective, supportive third party that facilitated planning across multiple state agencies and prevented "turf issues" from hampering collaboration efforts. As one state level key stakeholder indicated, "Project WIN moderated discussions among the various agencies and provided the momentum necessary to sustain negotiations among the state agencies over time. These changes in the workforce system could not have occurred so quickly without the direct support of Project WIN."

Project WIN has had considerable success in encouraging the state Workforce System to focus efforts on the delivery of services to individuals with disabilities. When Project WIN began in 1998, the state Workforce System had begun to recognize the need to increase the ability of individuals with disabilities to access and benefit from services provided through the newly created One-Stop Career Centers. However, initial activities focused almost exclusively on basic architectural accessibility. With the assistance and support of Project WIN, the state Workforce Development Council assumed a significant leadership role in developing and coordinating a comprehensive effort to make the state's Workforce Centers programmatically accessible to all individuals, including individuals with disabilities. Enhanced services for individuals with disabilities became a major focus of local Center program improvement and staff development efforts. State funds were used to augment and expand discretionary funds obtained through Federal systems change and demonstration grants. In short, while it is difficult to determine the extent to which the participation rates and employment outcomes of individuals with disabilities have increased within the state workforce system, it is very clear that improving services for individuals with disabilities has become a major service priority at the state and local levels.

The commitment of the Workforce Centers to improving services to individuals with disabilities is documented by the structured interviews with state level key stakeholders. Both the representative of the Workforce Development Council and the Colorado Department of Labor and Employment described multiple policy and programmatic initiatives to improve overall program accessibility, including policy changes, architectural accessibility modification, the infusion of assistive technology to enhance program accessibility, the creation of the Navigator position, staff development programs, and outreach to organizations serving individuals with disabilities. Both the representative of the TANF program and the SSA regional office shared anecdotal evidence that the Workforce Centers had become more accessible to individuals with disabilities referred by their agencies.

The results of the Colorado One-Stop Tool: Quality Indicators Checklist for Workforce Centers further document the extent to which the Workforce Centers have made a policy commitment to serving individuals with disabilities. The Centers overwhelmingly reported that they view the delivery of quality services for individuals with disabilities as integral to the mission of the Workforce Center. They also indicated that they had established policies and procedures that facilitated the participation of individuals with disabilities in Center programs.

Project WIN developed a new service delivery role (Disability Program Navigator), piloted the program in two local communities, and replicated the program in most Workforce Centers across the state. As a direct result of Project WIN activities, most of the Workforce Centers in the state have a staff person dedicated solely to enabling individuals with disabilities

to participate in all programs offered through the Centers. Project WIN piloted the program, provided support to the state Workforce Development Council as it reviewed the results of initial program activities, assisted in securing additional funding that directly led to program expansion, and assumed primary responsibility for training and supporting the cadre of Disability Program Navigators.

Workforce Center Directors, state level key stakeholders, and the Navigators themselves have viewed the development and implementation of the Colorado Disability Program Navigator role quite favorably. The vast majority of Directors indicated that the CDPN improved the ability of all Center staff to provide services to individuals with disabilities, and provided an additional staff member with specialized expertise who could provide one to one services to individuals who might otherwise "fall through the cracks." In addition, the results of the Colorado One-Stop Tool: Quality Indicators Checklist for Workforce Centers revealed that the Centers felt very strongly that they possessed a sufficient number of staff with the skills and experience to meet the needs of clients with disabilities.

> *Directors indicated that the CDPN improved the ability of all Center staff to provide services to individuals with disabilities, and provide one to one services to individuals who might otherwise "fall through the cracks."*

The key stakeholders likewise felt that the Colorado Disability Program Navigators have had a very positive effect on the entire workforce system. For example, the respondents indicated that the Navigators have done a great deal of outreach to many organizations that serve individuals with disabilities, improving the communication between the agencies and Workforce Centers, setting the stage for increased referrals in future years. Finally, the Colorado Disability Program Navigators themselves felt that they were well integrated into the activities of the Workforce Center, and that they generally had very good working relationships with the other agencies in their community providing employment services to individuals with disabilities.

2. Role of Project WIN in Achieving Systems Change

The structured interviews with state and federal level key stakeholders were used to assess the role of Project WIN in the implementation of the systems change activities described above. A series of questions assessed the stakeholders' perception of the extent to which Project WIN was directly responsible for the achievement of the specific changes in the service delivery system. The respondents universally felt that the documented systemic changes would not have occurred in the absence of Project WIN, and further indicated that the following Project WIN activities were directly responsible for the changes.

- Project WIN served as a catalyst for systems change by supporting new initiatives developed through the state's Workforce Development Council. Multiple agencies were provided an opportunity to participate in the development, implementation, and evaluation of new program initiatives. The presence of Project WIN led to enhanced interagency collaboration and joint service delivery.

- Project WIN assisted in the acquisition of additional program resources that allowed expansion of the Colorado Disability Program Navigator position to most Workforce Centers

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in the state. While the additional resources were granted to the state Workforce Development Council, the respondents felt that Project WIN played a key role in increasing the funds available for systems change.

- Project WIN provided additional resources to enhance staff development throughout the state disability network. Project WIN conducted specialized training for Disability Program Navigators, general training for all Workforce Centers, and collaborative training with the state TANF agency, DVR agency, and the Regional Social Security Office

3. Remaining Challenges to Enduring Systems Change

The structured interviews revealed three key issues in current systems change efforts that are currently being analyzed and addressed by the interagency management team. These issues include (1) the continuing evolution of the Colorado Disability Program Navigator position, (2) the clarification of the relationship between the state Workforce Centers and the state Vocational Rehabilitation program, and (3) the extent to which individuals with disabilities are enrolled in WIA programs with the state Workforce Centers. Each of these issues is discussed below.

Continuing Evolution of the Colorado Disability Program Navigator Position – The results of the Navigator, Directors, and Key Stakeholder interviews and the Colorado One-Stop Tool: Quality Indicators Checklist for Workforce Centers all indicate that the Colorado Disability Program Navigator position has been fully implemented in all Workforce Center regions throughout the state. The Navigators provide a wide array of services based on a centralized job description. However, the decentralized nature of the state Workforce Center system has led to significant local variation in the duties performed by Navigators.

- In some Centers, the Navigator does not have an assigned caseload, but instead focuses his or her effort on assisting the other case managers assigned to all individuals receiving services from the Center. In other Centers, the Navigators have their own caseloads.

- In some Centers, the Navigator may devote as much as one-third of their effort to outreach activities targeted toward Vocational Rehabilitation, Centers for Independent Living, Mental Health Centers and other community agencies, while other Navigators engage in very few outreach activities.

As the Centers and the Workforce Development Council obtain additional experience with the Navigator program, it is anticipated that the role and job description for the Navigator position will continue to evolve over time.

- In some Centers, the Navigator may engage in direct job development and job placement services, while in other Centers the Navigators refrain from all job development and placement activities (a small number of both Navigators and Directors indicated that they felt that job development should be a component of the Navigator job description).

As the Centers and the Workforce Development Council obtain additional experience with the Navigator program, it is anticipated that the role and job description for the Navigator position will continue to evolve over time. At this point, it seems that the current degree of variation across Workforce Centers is

advantageous as the Centers seek to identify and replicate promising practices developed in their own Center or in other Centers across the state.

The Relationship of the State Workforce Centers and the State Vocational Rehabilitation System – At the local level, the results of the process evaluation activities clearly documented a great deal of interagency collaboration and cooperation among the Workforce Centers and the Vocational Rehabilitation program. The agencies report co-locating personnel in the Workforce Center, coordinating referral procedures, participating in joint staff development programs, and jointly serving individuals with disabilities in ways that allow both agencies to provide employment services for the same individuals.

However, the results of the process evaluation also reveal that at the state level and in a number of local communities the relationship between the Workforce and Vocational Rehabilitation systems is still evolving. As the number of individuals with disabilities served through the Workforce Centers continues to increase, state and local agencies work to identify the types of individuals who might best be served individually by a single agency, or collaboratively by multiple agencies. In many communities, the Navigators indicated that collaboration continues in an informal, client specific manner, and no formal coordination process is in place.

Although the relationship between Workforce Centers and Vocational Rehabilitation is quite positive in most communities, the lack of formal referral arrangements may create confusion among other local community agencies. For example, if a TANF caseworker in a local community identifies an individual with disabilities on his or her caseload, in what instances should the caseworker refer the individual to the Workforce Center, as opposed to the Vocational Rehabilitation agency? While the appropriate referral process may vary across communities, it is important that the partner agencies are fully aware of how the employment service agencies in a community will work together to meet the needs of the largest number of individuals.

Extent to Which Individuals with Disabilities are Enrolled in WIA Programs – The results of the Navigator, Director, and Stakeholder interviews clearly document that Navigators and other Workforce Center personnel are providing an array of services to individuals with disabilities. However, based on a lack of complete participation data, it is far less clear the extent to which individuals with disabilities are accessing intensive and training services through the WIA program.

A small number of Directors and Stakeholders indicated that concern over the ability of individuals with disabilities to meet WIA performance standards remains an obstacle to increased program participation. Based on anecdotal reports, it appears that in some Workforce Centers, individuals with disabilities are able to access core services, but are less likely to be formally enrolled in WIA intensive or training programs. Results of the Navigator and the Stakeholder interviews clearly indicate that members of the state Workforce system continue to seek ways to overcome the lack of participation of individuals with disabilities in WIA intensive and training services. CDLE submitted and received approval for a waiver allowing Centers to use a portion of their funds to serve targeted populations, including individuals with disabilities. The waiver ensures that serving this population would not negatively affect Centers' performance standards under WIA and associated funding. The waiver may help address the performance standards issue and encourage participation of people with disabilities in the intensive programs. However, the effects of the waiver will have to be monitored closely.

IV.   Summary of Findings, Implications and Recommendations

A.   *Key Findings and Implications*

Continued support generally exists for the position. Centers appear to find many benefits associated with the Navigator position, and see it as useful and important to serving people with disabilities. However, continued support and funding for the position by individual Centers could be an issue:

- Some Centers may believe that the Navigator has fulfilled its role in terms of educating Center staff and raising awareness about accessibility and other issues related to serving clients with disabilities. In other words, they do not see an ongoing role for Navigators and believe that the position is no longer necessary.

- Some Center directors and others may view the Navigator position as an 'extra' service, as opposed to a key element of service delivery. While directors and Navigators generally indicated that the position was integrated with Center operations, they also indicated that Navigators were not held accountable or managed by performance standards applied to other staff. Because the position was experimental and grant funded, it operated somewhat differently, and these differences may have compromised full integration of the position with Center operations.

The Navigator position is evolving. Interviewees noted the wide variety in the roles and functions undertaken by Navigators at different Workforce Centers, noted various training needs, and offered suggestions for how the position might be modified in the future. In addition, a few Center directors noted that the position has fulfilled its role and may no longer be necessary. Staff are recognizing the changing needs of the Centers in general as the position matures and basic accessibility goals are met. How the position evolves will depend on what stakeholders in the system believe are the most important needs to be met. The position might expand to involving more direct service to clients in a manner similar to a traditional Workforce Center caseworker, except that the position would be specialized to work with clients with disabilities. Or it might contract to involve only outreach, and staff training on accessibility issues. In general, interviewees agreed that there should be expansion of Navigator functions to go beyond just thinking of how the position relates to internal issues of accommodation, accessibility, and assistive technology. Some have suggested that the position be broken into two distinct positions, one specializing in direct services to clients, and the other specializing in outreach, training, and accessibility issues.

Appropriate referral and service coordination among agencies often exists informally; however, these arrangements may not be the most efficient or effective. Interviewees agree that local agency collaboration and relationships improve the effectiveness of service delivery. To date, however, generally only informal cooperative relationships exist. In many local areas, each entity is utilizing the others' strengths, but perhaps not in the most efficient and effective

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manner. In some local areas, there is a lack of awareness about the Navigator, and the functions of the Workforce Centers in general, among potential local partners. Is there a need for more formalized coordination? Are some clients with disabilities slipping through the cracks? The answer to these questions is largely unknown, in part, due to data limitations that do not permit tracking of system users. In general, interviewees do not perceive problems with referrals, but if referrals and clients are not tracked, it is difficult to identify potential issues.

Identification of clients with disabilities does not occur on a systematic or uniform basis. Workforce Centers do not systematically and uniformly collect and maintain information about the disability status of clients. This is for a number of reasons related to the manner in which individuals access services, as well as the idiosyncratic practices of individual Centers. The implication of this, however, is that it becomes difficult, if not impossible to monitor performance of the system with respect to increasing access to people with disabilities.

Systems change efforts have been largely successful, but significant challenges remain. Systems change efforts were a major goal of Project WIN. The project devoted the vast majority of its resources to the design, implementation, and evaluation of multiple systems change initiatives. These systems changes activities were for the most part highly successful. Project WIN assisted the state Workforce Development Council in forming new collaborations and partnerships across multiple state agencies, encouraging the State Workforce Development system to focus attention on the unique needs of individuals with disabilities, working collaboratively to secure additional funding for program expansion, and providing a comprehensive training and technical assistance program to ensure the delivery of high quality services.

The combined results of the systems change activities indicate that while tremendous progress has been made, significant challenges remain.

- The lack of complete participation and outcome information makes it currently impossible to determine whether the systemic changes initiated through the Workforce Development Council will result in increased access and improved outcomes for individuals with disabilities.

- The role of the Colorado Disability Program Navigator varies substantially across Workforce Centers, and now appears an appropriate time to reassess the duties and functions of the position in light of the evaluation data resulting from statewide implementation.

- While Workforce Centers and Vocational Rehabilitation agencies are working closely together in many communities, questions remain regarding referral procedures, collaborative service delivery, and program funding.

- Finally, the ability of individuals with disabilities to access WIA intensive and training services should be continually examined to identify any remaining barriers to program participation.

B. *Recommendations*

Below, we list a number of recommendations for potential next steps, based on the findings of the evaluation.

1. **The Workforce Development Council should convene a meeting to discuss the evaluation findings and functions of the Colorado Disability Program Navigator position**. This meeting would be comprised of Disability Program Navigators, Workforce Center Directors, local partners, and Workforce Development Council representatives. The meeting would be convened to establish long-term goals for the system, to determine the most effective ways agencies can work together, and to reevaluate the duties and functions of the Colorado Disability Program Navigator position. Meeting participants would consider the evaluation findings, as well as the experiences of individual Centers and consider topics such as caseloads, outreach, role in job placement, coordination with Vocational Rehabilitation, and the effective way for the Navigator position to operate and evolve. Once this is accomplished, the hiring and training needs can be assessed accordingly, and the Workforce Centers, in collaboration with partner agencies, can determine how the position might be integrated and sustained without depending on external funding.

2. **The Workforce Development Council should encourage local communities to develop agreements that establish roles and responsibilities**. Agreements would be between Workforce Centers and Vocational Rehabilitation that guide referral procedures, program planning and service delivery across the two agencies. Assessment tools should be developed for appropriateness of care and to assess clients who would be most able to benefit from the respective agency programs. The assessment tools should be specified in the agreements.

   The agreements should be shared with TANF, SSA, Mental Health, Education and other partner agencies as a guide for referrals to the appropriate employment service provider. Negotiating an explicit role definition among partner agencies is a necessary prerequisite to effective interactions. Across disciplines, respondents have many different (and sometimes conflicting ideas) about what needs to be done relative to training on disabilities, referral processes, etc. But the critical factor relative to decisions on these points is what role each agency expects to play. Explicit interagency negotiations need to address the Workforce Center's role on employment and placement of special populations, and the roles of partner agencies. This may mean that the Workforce Centers need training on disability that allows them to recognize disabilities and refer persons to appropriate agencies or services. Training of Workforce Centers and other partner agencies is needed relative to the mythology of expectations regarding employment of people with disabilities. However, it is unrealistic to train Workforce Centers in the nuances of supporting a clientele with severe or complex needs related to disability, mental illness, developmental disability, extreme poverty, etc. For this reason, we recommend that strong relationships between the Workforce Centers and partner agencies need to be preserved, encouraged, and amplified in the future.

3. **The Workforce Development Council should continue to analyze the extent to which the increased participation of individuals with disabilities may negatively affect the ability of Workforce Centers to meet their performance standards under WIA and explore strategies to increase participation of these clients**. For strategic planning purposes, the

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Council should consider establishing annual goals for the number of individuals with disabilities successfully participating in various WIA programs. A concern expressed by a few program stakeholders relates to how making the workforce system more accessible to people with disabilities will affect individual Center performance, and the performance of the state workforce system in general. The U.S. Department of Labor holds states accountable to meeting pre-established, minimum performance standards. Serving a greater number and proportion of job seekers with disabilities could affect performance standards if these individuals require more resources and experience greater difficulty obtaining employment than others served by the Workforce Centers. To date, however, it is unknown what the impact might be because services and employment outcomes for service users with disabilities are not consistently tracked. If Colorado is able to better identify and track the services and outcomes of clients with disabilities in the future, this information might be used to determine whether revised performance standards might be needed, and would provide the evidence needed to negotiate revised standards with USDOL.

Strategies aimed at increasing participation of clients with disabilities in intensive services should be encouraged and their potential impact tracked. The waiver received by CDLE is an example of a promising strategy that could positively impact the number of individuals with disabilities utilizing intensive services. Another example is amending the Workforce Development Council's service excellence award to include working with special populations as an added category, which would also add an additional performance standard, and thus have funding attached.

4. **Conduct more extensive marketing and outreach and establish strong relationships with community agencies serving special populations**. These special populations could include corrections, youth, mental health, developmentally disabled, veterans, economically disadvantaged, and migrants. Have the Workforce Center and the CDPN train community agencies on their boundaries relative to expertise and programming for special populations. Community marketing should go beyond informing the public that the Workforce Center exists, to include niche marketing of information about the variety of employment programs and services that can be found there. DD, MH and some SSA clients can't negotiate the Workforce Center process on their own. For some of these clients, agency collaboration is critical to clients' understanding of and navigation through the Workforce Center system. For these clients, agency awareness and partnership may be more important than community marketing. Specific, concise and targeted information is required for communication to be effective.

5. **The Workforce Centers and partner agencies need to sort at the local level how best to handle approaching employers regarding hiring people with disabilities.** Respondents observed that in some communities, employers don't want to be lobbied by many different entities, where in other communities, long-standing and agency specific relationships with employers were key to successful placement. Roles in approaching employers needs to be negotiated among the partner agencies.

6. **Develop a mechanism to collect data and monitor system performance.** The experiences of the initial evaluation have highlighted areas where greater collaboration and information are needed before any in-depth assessments of the accessibility of the system can be conducted. In particular, Colorado's system must further build the capacity to measurethe number, characteristics, employment outcomes, and program outcomes of consumers with disabilities. Some progress can be made through improvement in data collection in the workforce system itself (e.g., improve the consistency in use of the "disability" question; add questions on the nature of disability; collect information on participation in SSDI; develop standard periodic reports for job seekers with disabilities; encourage referring agencies to share the information they collect on clients with Centers). Greater strides could be made by linking data from participants in other state (DVR, TANF, Medicaid, etc.) and federal (SSDI, SSI, Medicare) systems. To do so, however, it will be necessary to overcome the administrative barriers preventing access to and sharing of these data. Colorado cannot begin to assess the progress and development of its workforce system with respect to accessibility by people with disabilities without first being able to measure how many people with disabilities are actually using the system, their characteristics, and their outcomes. In the final section of this report, a plan for conducting longer-term evaluation of the system is proposed. Key to that plan is the development of a mechanism to systematically collect and analyze data on clients with disabilities.

V. Dissemination

This report was written to discuss systems change issues to date, as well as to ensure an ongoing systems change process. To that end, it is essential for the information in this report to be available and useable by as many stakeholders as possible so that informed program and policy decisions can be made. This includes federal agencies, national technical assistance organizations, state agencies and organizations, foundations, local partners, Workforce Center directors and staff, and the disability community.

We will make the full report available on-line and in hard copy format; we will also provide more digestible excerpts to targeted audiences with information specific to their interests and needs. Below, we describe a plan to disseminate the findings of the evaluation to local, state and national audiences. Key stakeholders for information dissemination are shown in *Exhibit V.1*.

Exhibit V.1
Target Audiences for State and Local Dissemination Efforts

Target Audience	Purpose
Colorado Workforce Development Council	Allow the Council to evaluate all aspects of the program as a basis for strategic planning, program improvement, and resource allocation.
State Partner Agencies	Allow individual partner agencies such as Colorado Department of Human Services/Division of Vocational Rehabilitation and Colorado Department of Labor and Employment to assess the results of their participation in the Colorado Workforce Development Council as a basis for future interagency collaboration.
Colorado Foundations	Foundations play a significant role in Colorado from a policy and program development perspective. By keeping Colorado's major foundations informed of the Colorado Disability Program Navigator initiative we can create additional partnerships that could help initiate and sustain the recommendations provided in this report.
Colorado Workforce Centers	Allow the Centers to assess the effectiveness of current practices as a basis for future staff development activities, program modifications, resource allocation, and quality assurance.
Colorado Disability Program Navigators	Allow the Navigators to measure the effectiveness of their current activities and gauge the level of satisfaction of various stakeholders with the program as a basis for program improvement and professional growth.
Local Partners	Allow local agencies to become aware of the Colorado Disability Program Navigator program and the services provided through the Workforce Center as a basis for future referrals and collaborative service activities.
Colorado Disability Community	Allow individuals with disabilities, their families, and advocacy organizations to become aware of the Colorado Disability Program Navigator program and the services provided through the Workforce Center as a basis for future program participation.
Federal Agencies and National Organizations	WIN Partners will submit information from its web site to federal agencies, and national technical assistance organizations, such as the U.S. Department of Education/Rehabilitation Services Administration, U.S Department of Labor, Social Security Administration and the Work Incentive Advisory Panel.
Larger National Audience	The results of the evaluation will be disseminated to the larger national audience through a Colorado WIN Partners monograph. A limited number of copies will be printed for dissemination to key national stakeholders. An electronic version of the monograph will be available on-line through the WIN Partners web page.

VI. Plan for Longer-term Evaluation of the Workforce System

A. *Goals of Long-term System Monitoring and Evaluation*

WIN Partners, in collaboration with the Colorado Workforce Development Council would like to continue conducting periodic monitoring and evaluation activities. The purpose of these activities would be to:

- monitor progress of the workforce system in integrating services for people with disabilities and achieving universal access;

- identify obstacles and challenges to integration, interagency collaboration, and effective service delivery; and

- generate information that can be used to develop system improvements and inform future decision making.

While the potential impacts of specific initiatives, such as the Disability Program Navigator, would be considered in the ongoing evaluation effort, the ongoing activities would be conducted more for purposes of assessing system improvement and development as a whole than for purposes of rigorously estimating the impact of one particular intervention or another.

The experiences and findings of the evaluation conducted for this report have highlighted areas where greater collaboration and information are needed before any in-depth assessments of the accessibility of the system can be conducted. In particular, two critical steps must be accomplished:

- Colorado's system must build the capacity to measure the number, characteristics, employment outcomes, and program outcomes of consumers with disabilities; and

- The system must overcome the administrative barriers preventing access to and sharing of state program data that is needed to assess system progress.

Colorado cannot begin to assess the progress and development of its workforce system with respect to accessibility by people with disabilities without first being able to measure how many people with disabilities are actually using the system, their characteristics, and their outcomes. We believe that with a few relatively minor modifications to operating procedures and with further development of data-sharing plans among WIN Partners that are already underway, Colorado will be able to successfully monitor its progress in the future and learn from its experiences implementing innovative approaches to serving people with disabilities.

> *Colorado cannot begin to assess the progress and development of its workforce system with respect to accessibility by people with disabilities without first being able to measure how many people with disabilities are actually using the system, their characteristics, and their outcomes.*

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In the sections below, we describe potential monitoring and evaluation activities that might be undertaken on an ongoing basis.

B.   *Ongoing Process Analysis*

The ongoing process analysis components of the evaluation would provide a qualitative description and assessment of the implementation of the Colorado Disability Program Navigator program, as well as overall efforts to enhance the access to services in Workforce Centers for individuals with disabilities. The process evaluation activities will illuminate contextual and programmatic features that may be responsible for any observed impacts and will help to inform and sharpen the impact analysis. An important focus throughout the process evaluation activities will be to identify key differences and similarities across the demonstration sites and factors contributing to these differences and similarities.

Future process evaluation activities would build upon the results of the initial round of process analysis data collection completed in 2004. Those initial activities included structured interviews with Disability Program Navigators, Workforce Center Directors, key state-level partners, and other local stakeholders, as well as the development and implementation of a Workforce Center Fidelity Scale to assess the accessibility characteristics of each Workforce Center.

The results of the initial process evaluation activities completed in 2004 are described in Section III of this report. Collectively, the activities have generated a tremendous amount of information that can be used to address many of the evaluation questions. Specifically, the results can be used to assess overall trends in the implementation of the Colorado Disability Program Navigator program, identify problems and concerns in the overall effort to improve Workforce Center services for individuals with disabilities, identify areas for additional training and technical assistance, and analyze potential policy and programmatic changes.

Based on the experiences and findings of the initial process evaluation, we anticipate that future process analysis activities would include: (1) Repeating several of the initial process evaluation activities to assess changes over time and examine the effectiveness of interventions designed to address concerns arising from the initial activities; (2) Initiate new process evaluation activities in 2005 to obtain more detailed, in depth information on issues and concerns identified through the initial activities; and (3) Conduct a survey or series of focus groups of consumers served by Workforce Centers to obtain information about consumer experiences. Each of these activities is described below.

1.   **Periodically Repeat Series of Initial Process Evaluation Activities**

Several of the evaluation issues cover topics that can only be addressed by collecting information from Workforce Center staff and staff of other agencies. It would be useful for WIN staff to repeat the series of qualitative interviews with Workforce Center Directors, Navigators, and other Partners/Key Stakeholders on a periodic basis, perhaps every other year (i.e., next in 2006). In addition, it would be useful to administer the Colorado One-Stop Tool: Quality Indicators Checklist for Workforce Centers every other year (next in 2006) to assess how service delivery is changing as perceived by Center directors and staff.

Repeating the structured interviews and Colorado One-Stop Tool: Quality Indicators Checklist for Workforce Centers in 2006 will allow Colorado WIN Partners and the Workforce Development Council to assess the perceptions of Navigators, Directors and Key Stakeholders

over time. This approach will enable the Workforce Development Council to track trends in program implementation over time, identify potential new areas of concern that may have arisen as a result of environmental or economic factors, and assess the impact of any policy, programmatic, technical assistance, or staff development efforts that may have resulted from a review of the initial results.

2. New Process Evaluation Activities in 2005

The results of the initial process analysis revealed three key issues that should be the focus of additional process evaluation activities that might be immediately planned and implemented in 2005. These new process analysis activities should focus on:

- A series of Colorado Disability Program Navigator focus groups that will address the variation in duties and responsibilities of Colorado Disability Program Navigators that presently exist across the Workforce System;

- A series of focus groups with Workforce Center Directors to identify barriers to enrollment of individuals with disabilities in WIA intensive services and training programs; and

- A series of site visits in individual communities that involve representatives of Workforce Centers, Vocational Rehabilitation, and Key Local Partners to determine how local communities are successfully coordinating referral procedures, staff development, service delivery, program funding, and data reporting across the Workforce and Vocational Rehabilitation systems.

Colorado Disability Program Navigator Focus Groups. The initial round of structured interviews with Colorado Disability Program Navigators in 2004 revealed considerable variation across Workforce Centers in terms of the functions and duties performed by the Navigators. The role of the Navigators will also be customized to address the unique needs of a specific community and the structure of the Workforce Center. It is apparent, however, from the initial interviews that some Navigators devote much as 50% of their effort toward outreach activities, while other Navigators devote no time at all to outreach activities. Some Navigators maintain their own caseloads, while other Navigators do not have individual caseloads and only provide support to other Center staff working with individuals with disabilities. Many Navigators have no contact with community employers, while others described contacting individual employers on behalf of specific clients or conducting outreach to business groups.

A series of two or three focus groups with Navigators conducted in 2005 would potentially address the following issues:

- Is the job description for Colorado Disability Program Navigators that was originally developed still appropriate in light of the experiences of Navigators over the past several years? What changes, if any, should be made?

- What are the strengths and weaknesses of the approaches used by various Workforce Centers to structure and operate the Navigator position? Are there promising or best practices in operation in specific communities that would benefit other areas of the state?

- What are the advantages and disadvantages of allowing Colorado Disability Program Navigators to engage in job development and placement activities?

Workforce Center Director Focus Groups. Findings of the initial series of structured interviews and the Colorado One-Stop Tool: Quality Indicators Checklist for Workforce Centers indicate that many Workforce Center Directors believe that they have increased the ability of their Centers to meet the needs of job seekers with disabilities over the past several years. However, the Directors have also indicated that, while individuals with disabilities are able to access the Centers' core services, concerns about the ability of individuals with disabilities to meet WIA-mandated performance standards continues to limit their abilities to access WIA intensive and training services.

One or more focus groups could be conducted with Workforce Center Directors in 2005 to address the following issues:

- To what extent are individuals with disabilities served by particular Centers able to meet the WIA mandated performance standards?

- What are the barriers that prevent certain types of individuals with disabilities from meeting the standards?

- What changes should be made to existing policies and procedures to allow more individuals with disabilities to be determined eligible for and benefit from WIA intensive and training services?

Site Visits to Local Communities. Another issue revealed in the initial process analysis is the relationship between the Workforce Center and the Vocational Rehabilitation agency. While many Navigators and Center Directors believed that they had an excellent working relationship with their local Vocational Rehabilitation offices, some interviewees thought that their Workforce Center was serving individuals with disabilities who might be better served within the state Vocational Rehabilitation system. Conversely, interviews with other state agency partners indicated that in some areas of the state, local Vocational Rehabilitation offices believe that the local Workforce Center is "creaming" individuals with disabilities who have limited (i.e. low-cost) service needs, while referring all individuals with intensive support needs to Vocational Rehabilitation for services.

A set of three to five site visits could be made to specific communities to develop a better understanding of the interagency dynamics occurring at the local level. The site visits would include individual and group meetings with representatives of the Workforce Center and the Vocational Rehabilitation agency. Where appropriate, individual and group meetings with TANF, BPAO, Mental Health, DD, P&A, and other local partners may also be conducted. The site visits would address the following questions:

- What are the barriers to coordinated service delivery that presently limit the ability of individuals with disabilities to derive maximum benefit from the services provided by local Workforce Centers and Vocational Rehabilitation agencies?

- What promising practices are being used in specific communities in areas such as referral procedures, staff development, service delivery, program funding, and data reporting across the Workforce and Vocational Rehabilitation systems that might be replicated across other communities in the state?

- What policy, programmatic, or funding changes are necessary to ensure that Workforce Centers and Vocational Rehabilitation agencies can effectively work together to meet the needs of individuals with disabilities?

3. Consumer Experiences

While much can be learned about the experiences of consumers with disabilities using the One-Stop system from the JobLink administrative data, these data do not provide information about how consumers experience the process of obtaining services and their satisfaction with that process. Evaluations of interventions that are intended to improve services to individuals should include some assessment of the experiences and satisfaction of those individuals that the program or intervention is designed to serve. Due to an inability to resolve issues related to data-sharing and consumer privacy concerns, WIN Partners was unable to conduct a statewide systematic method of data collection that would gather information from the consumer perspective.

Future evaluation activities could include conducting focus groups and surveys among job seekers with disabilities who have accessed the workforce system. The focus groups and surveys would address the following issues:

- How did consumers learn about One-Stop services / why did they come for services?

- What issues did consumers encounter in using the Centers (accessibility related and other)?

- What services did consumers obtain from the Center? What referrals were obtained? Which were used? Which were considered helpful? Which were not considered useful?

- Did consumers seek and receive services from the state DVR agency? If so, were those coordinated with the One-Stop? Did one agency refer to the other? Did counselors coordinate with each other?

- Overall, how useful were the services received and the resources/referrals used? Did the consumer get a job? Useful training? What were the benefits and positive outcomes, if any, of using One-Stop services?

- Overall how satisfied are consumers with One-Stop services?

- What suggestions do consumers have for improving services to people with disabilities?

It would be useful to first conduct a series of three or four focus groups with consumers with disabilities who have utilized the One-Stop Career Centers in 2005. Though more limited than a full-fledge consumer survey, interviews or focus groups with a small number of consumers will provide valuable insights to the consumer perspective, and will yield information that will assist WIN Partners in developing a consumer survey and more in-depth analyses of consumer issues for future evaluation efforts. A survey could be administered to a sample of consumers with disabilities every other year beginning in 2006.

For the interviews or focus groups, the evaluation would focus its attention on consumers with disabilities who recently utilized One-Stop Career Center services. What is considered "recent service use" may be, in part, dictated by the information sources used to identify potential

interview/focus group participants. For purposes of the evaluation, consumers who utilized services in the previous three or six months might be considered as the study population. In general, we would not want to select: those that have only recently begun using services, and thus, have little experience; or those who utilized services so far in the past that accurate recall is jeopardized.

Because one focus of the evaluation effort is the effect of the Navigator position on the system, we would want to include, at a minimum, consumers with disabilities who utilized the services of a Navigator and consumers with disabilities who did not. In addition, because One-Stop service delivery approaches (including the services of Navigators) are likely to vary considerably across sites, we would want to include consumers from different types of sites. An urban-suburban/rural distinction between sites may be sufficient, but other distinctions might also be considered important by WIN Partners.

Potential obstacles to conducting consumer focus groups and surveys that were identified during the initial process evaluation will need to be addressed. First, the evaluator will need to be granted permission to obtain the personal information on consumers identified with disabilities for purposes of contacting them for interview or focus group participation. The evaluator will likely need to obtain the cooperation of several Centers to identify potential participants. If Centers are willing, they could identify a sample of recent users with disabilities, and mail out a letter, developed by the evaluator, asking consumers to contact an 800 number to participate in an interview/focus group. Second, the evaluation will need to consider the other consumer-oriented data collection efforts that are already underway. For example, satisfaction surveys are already administered periodically to Workforce Center consumers and in the past, surveys focusing on accessibility issues have also been conducted. If a consumer survey is indeed conducted, WIN Partners will need to develop a plan that does not duplicate other efforts and/or impose undue burden on consumers.

Eventually it should be possible to provide more extensive statistics on service utilization of consumers with disabilities and consumers served by Navigators, and to provide considerable information on the employment outcomes of those consumers. It will also be possible to determine how utilization, characteristics and employment outcomes vary by Navigator area.

C. *Participation and Outcome Analyses of Administrative Data*

Expected improvements in access to the JobLink data, and the eventual availability of more data, especially on employment outcomes, will allow for more useful analyses of the JobLink data than we have been able to produce for this report. Eventually it should be possible to provide more extensive statistics on service utilization of consumers with disabilities and consumers served by Navigators, and to provide considerable information on the employment outcomes of those consumers. It will also be possible to determine how utilization, characteristics and employment outcomes vary by Navigator area (defined as consumers residing in the area served by all of the local workforce offices that an individual Navigator is responsible for), and by the characteristics of those areas, including labor market characteristics.

Successful linking of the JobLink data to data from other programs used by significant numbers of state residents with disabilities would support important enhancements to the monitoring and evaluation effort in the following areas:

- Identify One-Stop consumers with disabilities served by the other programs, as well as characterize their disabilities based on information from the other programs' data. This would allow the state to evaluate whether the system change efforts have resulted in greater utilization of One-Stop services by participants in other programs who have disabilities, and/or improved outcomes for such participants. For this purpose it would be useful to link data from as early as 2000.

- Monitor the extent to which One-Stop consumers with disabilities served by other programs utilize the Navigator.

- Monitor the employment outcomes achieved by One-Stop consumers with disabilities served by other programs and how they differ from those of other consumers, after controlling for other observed consumer characteristics.

- Monitor the effects of systems change on the programmatic outcomes of consumers with disabilities, including those who were program participants at the time they entered the One-Stop system.

There are, of course, both logistic and confidentiality issues related to obtaining and using the administrative data – particularly to linking individual records from the other programs to the individual records in the JobLink data. Such linkages are necessary however, if the data from other programs are to be useful in the evaluation, because it is the only way to determine which participants/enrollees in other programs are One-Stop clients. The JobLink data themselves can only be used by authorized individuals of the Colorado Workforce Development Programs because of confidentiality commitments made to program clients. Hence, WIN Partners is working with this agency and the other state agencies to develop agreements under which the data from other programs can be linked to JobLink data, and analyzed for purposes of supporting the evaluation and monitoring of the systems' change effort.

Other program data sources that appear to be especially promising for this purpose are described below.

Colorado Department of Human Services (DHS) data include files from several programs. *Temporary Assistance for Needy Families TANF* records include extensive information about adults living in families that receive income support from this program, including information about disability status. We do not know how many adults in Colorado's TANF program have disabilities, but at the national level we know that close to 40 percent of adults in such households report that they have disabilities.

As a result of the 1995 welfare reforms, Colorado, like all states, has imposed work requirements on adults in TANF households and has also enhanced its provision of work supports, such as child care and transportation. These reforms no doubt have increased the use of Workforce Center services by parents in TANF households, including those with disabilities. Use of these data would allow Colorado to determine whether service delivery to TANF adults with

disabilities has increased since the start of the system change effort, and to monitor whether employment and programmatic outcomes for this population are improving.

Division of Vocational Rehabilitation (DVR) records include detailed information on every individual who has received vocational rehabilitation services, all of whom have disabilities. These records include detailed information on characteristics at time of application, including impairment codes and disability severity codes, as well as information about services received and outcomes at case closure. These data would be especially useful for assessing the extent to which individuals use employment services provided by both DVR and the One-Stops, and in an appropriate fashion. These programs potentially complement each other; DVR can provide intensive assistance that is not available under One-Stop programs, while the One-Stops can provide job placement services that are not available from DVR. The programs can also be substitutes for each other, however. Both the One-Stop program and DVR are also interested in determining whether the performance measure systems of each system might be detrimental to the interests of clients with disabilities and, if so, how those systems could be revised to support access to, and efficient use of, the two programs' services.

Mental Health Services data include information about state residents who use community mental health services. Many such individuals have severe mental illnesses. The data include information on psychiatric diagnoses and some other individual characteristics, as well as service utilization and expenditure data. *Developmental Disability Agency* data include extensive information on adults who receive services from this agency, all of whom have disabilities.

Colorado Department of Health Care Policy and Financing (HCPF) data include *Medical Assistance (MA)*, which has both enrollment and claims records that would be useful for several reasons. Enrollment in Medicaid might be an important predictor of employment outcomes, because MA enrollees might risk losing their eligibility because of increased earnings. If MA enrollees do obtain substantial jobs, we would expect to see reductions in MA enrollment and consequent savings. Diagnostic codes from claims can also be used to identify clients who have disabling medical conditions. *Indigent Care Services* data include information on the health care and related services provided to low-income individuals who are not enrolled in Medicaid, many of whom likely have disabilities.

Social Security Disability Insurance (DI) and Supplemental Security Income (SSI) are federal programs, administered by the Social Security Administration, that provide income assistance to working-age people with disabilities. Hence, any One-Stop client receiving benefits from one of these programs has a disability. Benefit receipt might be a deterrent to employment or increased earnings because benefits might be reduced or lost entirely as a result. Symmetrically, successful use of One-Stop services might benefit the federal government through reductions in benefits under these programs.

Among other things, SSA administrative data include information on primary type of impairment, basic demographic characteristics, and benefit receipt. Although these data are federal data, they are accessible in a limited form to state agencies, through SSA's State Verification and Exchange System (SVES).

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APPENDIX A

COLORADO ONE-STOP TOOL: QUALITY INDICATORS CHECKLIST FOR WORKFORCE CENTERS

Colorado One-Stop Tool: Quality Indicators Checklist for Workforce Centers: Verified Totals

Criterion	Not Implemented			Partially Implemented			Fully Implemented		
	Total	Rural	Urb / Suburb	Total	Rural	Urb / Suburb	Total	Rural	Urb / Suburb
1. Outreach/Information									
1.1 The Center conducts an ongoing program of information dissemination and outreach targeted to people with disabilities describing the Center as an employment service option.				11	5	6	10	9	1
1.2 The Center works closely with other agencies providing services to people with disabilities, including special education program, mental health centers, Centers for Independent Living, vocational rehabilitation, etc.				4	1	3	17	13	4
1.3 The Center provides outreach to community employers on benefits and incentives in hiring workers with disabilities (e.g., tax incentives, assistance with work accommodations).	1		1	9	4	5	11	10	1
1.4 The Center works closely with the Business Leadership Network on information dissemination and outreach activities.	13	11	2	4	2	2	4	1	3
1.5 The Center routinely evaluates and modifies its outreach activities.	1		1	9	7	2	11	7	4
2. Architectural Accessibility									
2.1 All physical space used by Workforce Center, including entrance to the building, is accessible	1	1		4	2	2	16	11	5
2.2 The Center uses a formal architectural accessibility instrument to routinely determine its architectural accessibility to individuals with disabilities.	4	2	2	11	8	3	6	4	2
2.3 The Center involves individuals with disabilities in assessing architectural accessibility and making recommendations for necessary changes.	9	7	2	7	3	4	5	4	1
2.4 The Center is in an accessible location, with accessible public transportation available to people with disabilities.				7	6	1	14	8	6
3. Programmatic Accessibility									
3.1 All core services are available in whatever format is needed by individuals with disabilities.				7	4	3	14	10	4

Criterion	Not Implemented			Partially Implemented			Fully Implemented		
	Total	Rural	Urb / Suburb	Total	Rural	Urb / Suburb	Total	Rural	Urb / Suburb
3.2 The Center provides a specific staff member(s) who provides accommodations and supports necessary to enable individuals with disabilities to access and benefit from core services?	2	2		4	3	1	15	9	6
3.3 Publicly available computers and other forms of technology are available and accessible to individuals with physical and visual disabilities.	3	3		12	7	5	6	4	2
3.4 The Center provides referral to assistive technology assessments and assists individuals with disabilities to obtain adaptive equipment.	3	1	2	9	5	4	9	8	1
3.5 All intensive services are available and provided to eligible clients in whatever format is needed by individuals with disabilities.	1		1	7	5	2	13	9	4
4. Program Access and Participation									
4.1 The Center provides a sufficient number of staff who assist persons with disabilities to access **Core Services** (job search skills, interview skills, resume development skills, etc.)?				3	1	2	18	13	5
4.2 The Center provides a sufficient number of staff who assist persons with disabilities who are eligible for intensive services to access the **Intensive Services** (diagnostic testing and in-depth interviewing, development of employment plan, group counseling and career planning, etc.)?				5	3	2	16	11	5
4.3 Individual Training Accounts (ITAs) are allocated to eligible clients, and are currently being used by people with disabilities.	5	2	3	2	1	1	14	11	3
4.4 The Center provides benefits planning and assistance on-site.				4	4		17	10	7
5. Administrative Leadership									
5.1 Center leadership has established policies and procedures that value and facilitate the participation of individuals with disabilities in Center programs.				4	3	1	17	11	6
5.2 Center administrative and direct service staff views the delivery of quality services for individuals with disabilities as integral to the mission of the Workforce Center.				3	1	2	18	13	5
6. Reception									
6.1. The individuals who greet, register, and initially refer individuals with disabilities are knowledgeable of Center policies and procedures?				5	1	4	16	13	3

Criterion	Not Implemented			Partially Implemented			Fully Implemented		
	Total	Rural	Urb / Suburb	Total	Rural	Urb / Suburb	Total	Rural	Urb / Suburb
6.2 The individuals who greet, register, and initially refer individuals with disabilities are able to meet the needs of individuals with physical and sensory disabilities?	1		1	8	4	4	12	10	2
6.3 The individuals who greet, register, and initially refer individuals with disabilities do not "automatically" refer the individuals to the Program Navigators or DVR representatives?				5	1	4	16	13	3
7. Training/Staff Development									
7.1 The Center provides a comprehensive training/staff development program to enable all staff in the Workforce Center to effectively serve individuals with disabilities?				11	7	4	10	7	3
7.2 Training on disability issues is provided to: ❑ One-Stop Center staff ❑ Local WIB staff and/or members ❑ Mandated and non-mandated Partners ❑ Employers ❑ Persons with Disabilities	3	2	1	14	9	5	4	3	1
8. Interagency Coordination and Collaboration									
8.1 One-Stop has cooperative agreements in place with all mandated Partners that identify procedures for referral, eligibility determination and service provision for people with disabilities.				8	6	2	13	8	5
8.2 The Center has developed close working relationships with community agencies that can assist persons with disabilities in housing, community living, transportation, mental health, physical health, and developmental disability issues (check if at least three of the resources are available through the Center).				2	1	1	19	13	6
8.3 The One-Stop works cooperatively with Workforce Development Projects that are operating in the same geographic areas (e.g., SPI, MIG, RSA Systems Change Grant, BPAO, Ticket to Work).				5	4	1	16	10	6

APPENDIX B
STAKEHOLDER INTERVIEWS

Topics for Discussion During Interviews with Disability Program Navigators

A.   General Overview of Navigator Role

What do you see is the role of the Navigator in the Center?

- Interactions with other staff
- Workload and client assignments
- Providing Service (who serve, what services provide)
- Administrative duties (file keeping, clerical)
- Outreach activities (how much of your time and who is the main audience)
- Any other responsibilities that we haven't discussed?

How does the Navigator role differ from that of other staff serving Center clients?

In your position at the Center, what percentage of your time is spent working as a Navigator and what percentage of your time is spent on non-Navigator workforce functions? *If not 100% Navigator functions* What are the other responsibilities of your position (intake, serving non-disability clients, etc.)?

B.   Training, Supervision, and Support

What training and/or prior work experiences have best prepared you to assume the Navigator role? What additional preparation might have helped in your role?

What training have you received as part of your position (when you were hired and on an ongoing basis)?

- Distinguish between Center-specific training and Navigator-specific training.
- What training has proved most important in conducting your job?
- What training or support would help you do your job better?

What supervision or guidance do you receive in conducting your day-to-day activities?

- Who is your immediate supervisor – (supervisor's title)
- Do you have someone you can contact if you have questions about performing your assigned duties? Is this guidance/supervision sufficient? What additional guidance/supervision/support would help you do your job better?
- Are managers and other staff supportive of the position?
- In general, do you think the Navigator position has been well-integrated with the general functions of the Center?
- What could be done to better integrate the Navigator position?

Do other Center staff receive training specifically related to serving people with disabilities?

If Yes

- What is the nature of the training? Who provides it?
- How useful has it been?
- What difference has it made to Center operations?
- Have you been involved in delivering this training?

If No

- Do you think there is a need for such training?
- What kind of training do you think would be helpful to other staff?
- Who should provide this training?

C.   Outreach and Information

How do people with disabilities learn about the Workforce Center?
- Are there individuals that you are not successfully reaching? What, if anything, could be done to improve this?

D.   Programmatic Access and Participation

What are the different types of disabilities that you see at the Center? Which are the most common?

What are the most common services that the Center provides to people with disabilities in general? What are the most common services that are provided by the Navigator?

Describe the intake process in general, and specifically for people with disabilities.
- How are people with disabilities identified?
- What is the intake process in your Center? Is disability identified?
- Are people with disabilities considered separate "Navigator" caseloads or are these clients jointly served by a Navigator and Center caseworker?

Is there a difference between clients who just come as "job seekers" and those who enroll in WIA and more intensive services?
- What are the differences between the clients
- What are the differences in the services they receive?

Are individuals with disabilities able to access Core Services to the same extent as other individuals served by the Workforce Center (e.g., job search, interview, resume development skills, etc.)?

Are individuals with disabilities able to access Intensive Services to the same extent as other individuals served by the Workforce Center (e.g., diagnostic testing and in-depth interviewing, development of employment plan, group counseling and career planning)?

Do individuals with disabilities receive services or referrals that differ from other clients without disabilities? If so, what are the nature of these services and referrals?

E.   Interactions with DVR

How does the Center interact with the state DVR agency? Are referrals made across agencies?
- Is there a coordination or referral *process* between you and DVR? (for referrals, coordination of services, etc.)
- Are DVR staff onsite? What does this onsite role entail?
- Do you feel there is possible duplication or are services well coordinated? Why/why not?

F.   General Issues

What could be done to make the position more efficient and effective at serving people with disabilities in Workforce Centers?

Are there services or supports that you would like to provide to assist clients that you work with (e.g. job development) that you are unable to provide at the present time?

Do you think that at some point your functions and responsibilities could be handed over to one or several "regular" Workforce Center staff so that the Navigator program could exist without necessarily a position?

If Yes,

Do you think the clients would still be served effectively? Why or why not?

If No,

Why not?

These are all the questions I have. Do you have anything else to add or is there something we have not covered that you'd like to discuss?

Topics for Discussion During Interviews with Workforce Center Directors

A.   Participation

Over the past two years have there been any significant changes in Center operations or environment to try to better serve people with disabilities?

If No

Do you think the Navigator position has the potential of affecting change? If so, in what way

If Yes

- What was the nature of the change (initiative new program, expanded outreach activities, provided staff training, provided course/activity accommodations, added new staff, installed new hardware/software, etc.)?
- What caused you to make these changes?
- Do you think that having the Navigator position had an effect on these changes?

Is there a difference between clients who just come as "job seekers" and those who enroll in WIA and more intensive services?
- What are the differences between the clients
- What are the differences in the services they receive?

B.   Challenges

At the present time, what are the major challenges to fully integrating people with disabilities into the service population of your Center?
- Architectural accessibility
- Program accessibility (are the accommodations in place for people to participate in WIA services; do you have all the interpreters you need?)
- Coordination with other agencies
- Sufficient number of trained staff in all program areas (WIA, ESS, etc.)

C.   Experience with Navigators

How has the Navigator function been integrated with your Center(s)?
- How did the Center(s) make the decision to participate in the Navigator program?
- How was the Navigator's job description developed?
- How was the decision made about who would supervise the Navigator's daily activities?
- To what extent does the Navigator provide direct support to individuals with disabilities, as opposed to providing assistance and support to other Center staff members serving these clients?

How should the success or failure of the Navigator program be evaluated (What do you expect the Navigator to do)?
- Increase the number of individuals with disabilities served by your agency?
- Improve the ability of your Center to serve individuals with disabilities?
- Other?

Has the presence of the Navigator affected the way the Center provides services for individuals without disabilities? If so, how?

Now I would like to ask you a few questions about the Navigator position itself.

Do you think that the duties of the Navigator should be concentrated in a single position, or should the duties be spread across other staff members, instead of having a specific Navigator position?

How has the presence of the Navigator affected your Center's relationship with other organizations/agencies, such as vocational rehabilitation, mental health, etc.?

Are you confident in your ability to supervise the Navigator position?

If Somewhat/Not fully

What kinds of things do you already do to supervise? What do you need to supervise the position better?

What has been the experience with Navigators to date in the Center generally and among the staff?
- What do the managers and other staff think of the position? (If some negative perspectives, what job positions/types feel this way)
- Do you see a valuable and productive role for a Navigator in the Workforce Center setting? If yes, what should the role entail? If no, why not?
- How do you know if Navigators are doing a good job? What are indicators of success?

What could be done to make the position more efficient and effective at serving people with disabilities in Workforce Centers?
- What is the biggest contribution the Navigator has made to your Center?

D.   Outcomes and Accountability

How does serving people with disabilities affect the Center's ability to meet its performance standards under WIA? (Does serving people with disabilities influence the performance goals in a positive or negative way?)

Do you see a valuable and productive *long-term* role for a Navigator in the Workforce Center setting? If no, why not? If yes,

- What should the role entail?
- How should this position be funded?
- Who do you think should be responsible for training and supervising the position in the long-term?

Has your Center received sufficient guidance and support from the Office of Workforce Development/Project TRAIN as you attempt to improve your Center's services for individuals with disabilities?

Has your Center received sufficient technical assistance from WIN Partners as you attempt to improve your Center's services for individuals with disabilities? What additional assistance would be beneficial?

These are all the questions I have. Do you have anything else to add or is there something we have not covered that you'd like to discuss?

Topics for Discussion During Interviews with Local Partner Agencies

1.   Organizational Background Information

1.1 Please briefly describe your organization. (For profit/non-profit, Public/private, Type of entity, etc).

1.2 What are the primary services that your organization provides?

1.3 What are the main sources of funding for your organization?

2.   Knowledge of the Workforce Center

2.1 How familiar are you and your agency with the services provided by the local Workforce Center?

2.2 How do your clients become aware of the services offered through Workforce Center?

2.3 Does your agency have any memoranda of understanding or formal agreements with the Workforce Center? If so, would you please describe the content of these agreements?

2.4 In what ways does your agency collaborate with the Workforce Center?

2.5 Do you feel you and your agency have received sufficient information and training on the services provided by the Workforce Center? If so, how did you receive this information?

3.   Referrals from the Workforce Center

3.1 What are the primary sources of client referrals to your organization?

3.2 Does your agency receive any referrals from Workforce Centers?

- If so, please briefly describe the referral process currently in place between your agency and the Workforce Center.

- If so, please describe the type(s) of individuals referred to your agency from the Workforce Center? What kinds of services do you provide to them?

3.3 To your knowledge, are there other individuals currently served by the Workforce Centers who might benefit from the services offered by your agency, but who for some reasons are not presently referred to your agency?

3.4 Overall, how effective is the process currently in place to refer individuals from the Workforce Center to your agency?

3.5 What, if any, suggestions do you have to improve the process of referring individuals from the Workforce Center to your agency?

4.   Referrals to the Workforce Center

4.1 Does your agency refer individuals with disabilities to the Workforce Center for services? If so, who are these individuals, what programs are they in, how does the referral process work?

4.2 Approximately what percentage of individuals served by your agency is referred to the Workforce Center for services?

4.3 Has the number of individuals your agency refers to the Workforce Centers increased, decreased, or remained the same over the past several years? If change has occurred, what are the factors that caused the change?

4.4 When your agency refers individuals to the Workforce Center, what type(s) of services are you expecting the individual to receive?

4.5 When your agency refers individuals to the Workforce Center, are those individuals generally accepted for services?

4.6 Overall, how effective is the process currently in place to refer individuals from your agency to the Workforce Center?

4.7 What, if any, suggestions do you have to improve the process of referring individuals from your agency to the Workforce Center?

5.   Quality of Services Provided

5.1 Have the Workforce Center's marketing efforts been effective in informing your clients of the types of services the Center provides? If not, why not?

5.2 Are there individuals served by your agency that could benefit from services provided by the Workforce Center, but are currently unaware of the Center's existence?

5.3 What suggestions do you have for improving the Workforce Center's marketing activities?

5.4 How effective has the Workforce Center been in providing employment services and supports to individuals served by your agency? Are the services appropriate?

5.5 Based on your knowledge, is the local Workforce Center accessible to people with disabilities?

- Is the building accessible?

- Are the programs accessible? (hearing interpreter, help at computer, inclusive approach to programs, understanding of issues of non-visible disabilities)

5.6 Have you noticed any recent significant changes in Center leadership, operations or environment to try to better serve people with disabilities? If yes, what was the nature of the change?

5.7 Have the services provided by the Workforce Center enabled individuals served by your agency to obtain and maintain employment?

5.8 What suggestions do you have for improving the services provided by the Workforce Centers?

6. Experience with Disability Program Navigator

6.1 How familiar are you and your agency with the local Disability Program Navigator?

6.2 Do you feel you and your agency have received sufficient information and training on the services provided by the Disability Program Navigator? If so, how did you receive this information?

6.3 How does your agency interact with the Navigator position?

- Interactions for purposes of referral?

- Interactions for purposes of information-sharing and training?

- Other interactions?

6.4 Do you believe that the presence of the Colorado Disability Program Navigator has improved Workforce Center services provided to individuals also served by your agency?

6.5 What specific suggestions do you have for improving the role of the Colorado Disability Program Navigator in the employment of individuals with disabilities?

7.   Coordination and possible duplication of services with Disability Program Navigator

7.1 Does your agency provide services to individuals with disabilities that are similar to the services and supports provided by Disability Program Navigators?

- If so, what are those services?

- If so, do you coordinate the delivery of services with the Disability Program Navigator?

7.2 Do you feel that the services provided by the Colorado Disability Program Navigator duplicate services provided by your agency or any other agency?

- If so, does this duplication have a negative impact on your ability to provide services to individuals with disabilities?

- If so, how should this duplication be avoided?

7.3 Has the presence of the Colorado Disability Program Navigator changed the number or type of individuals who contact your agency seeking services? If so, how?

8. Final Comments

8.1 That's all of the questions I have. Before we finish, do you have any comments or are there any other issues you would like to discuss?

Topics for Discussion During Interviews with Benefits Planners

A.   Interactions with Workforce Centers

Describe your interactions with consumers with disabilities that use Workforce Centers.

- How often do you provide services at the Center? Regular hours, or by appointment based on demand?

- Do you provide services on-site, or meet with Workforce Center clients at another location?

- How often do people with disabilities seek the services of a Benefits Planner at the Workforce Centers?

- How are clients referred?

Describe your interactions with Workforce Center staff.

- Do any Workforce Center staff give you consumer referrals?

- In what ways do you interact with Workforce Center staff?

- Do you interact with Disability Program Navigators? If yes, what is the nature of those interactions?

B.   Outreach

How do people with disabilities learn about the services you provide at the Workforce Center?

- What role has Workforce Center staff played in developing and conducting outreach and information dissemination strategies? Which staff are involved (Navigators? Other?) How successful have these activities been?

- How successfully are you "getting the message" to individuals with disabilities? Are there individuals that you are not successfully reaching?

Do market your services through other agencies that also provide services to people with disabilities?

- If yes, how did these collaborations arise? What role do staff of the Workforce Centers play?

C.   Program Administration

What supervision or guidance do you receive in conducting your daily activities?

- Immediate supervisor

- Someone to contact if you have questions about specific duties?

- Any suggestions on how the supervision could work better

Some of you serve only SSA clients and some serve a broader disability population, what are your thoughts about serving a narrower/broader population? Which is better?

D.   General Issues

How do you know if you are doing a good job? What are some indicators of success?

Do you see a valuable and productive long-term role for a Benefits Planner in the Workforce Center setting? If yes, what should the role entail? If no, why not?

What could be done to make your job more efficient and effective in serving people with disabilities in Workforce Centers?