

Strategies of support: Increasing the capacity of one-stop centers to meet the needs of job seekers with disabilities

Jaimie Ciulla Timmons*, Sheila Lynch Fesko and Allison Cohen

The Institute for Community Inclusion, University of Massachusetts Boston, 100 Morrissey Ave, Boston, MA 02125, USA

Accepted September 2003

Abstract. The Workforce Investment Act (WIA) mandates a new level of seamlessness in services delivered to customers, including those with disabilities. Using a case study methodology, this study examined the nature of service delivery to individuals with disabilities in three states (Kentucky, Minnesota, and Maine) as they worked to implement WIA. Findings revealed participants' concerns about the capacity to effectively support job seekers with disabilities. More importantly, individual states developed different strategies to alleviate this concern. This included: creating an ADA coordinator or team, using security tabs to protect confidentiality when data sharing, having individuals with disabilities and disability professionals represented on local boards, maintaining the vision that all partners serve all customers, and using federal grant funds creatively. Implications are offered for state and local officials who are implementing WIA as they work to continually enhance services to people with disabilities in their One-Stop systems.

Keywords: Workforce Investment Act (WIA), employment, individuals with disabilities, one-stop career centers

1. Introduction

Over the past few years, significant policy change has been focused on improving employment outcomes for persons with disabilities. This includes the passage of the Americans with Disabilities Act (ADA) in 1990, amendments to the Rehabilitation Act in 1992 and 1998, the formation of the Presidential Task Force on Employment of Adults with Disabilities, and the recent passage of the Ticket to Work and Work Incentives Improvement Act. In addition, the Workforce Investment Act of 1998 (WIA) was signed into effect on July 1, 2000. The central goal of this legislation is to bring together various employment and training systems into an integrated One-Stop system to meet the needs of all individuals, including people with disabilities.

In addition, research findings show that many individuals with disabilities use multiple services to meet a variety of employment needs [17,18]. Only the most skillful job seeker can use each service for his or her purposes and is not overwhelmed with dealing with numerous personnel and agency resources. However, many individuals who could benefit from the employment services offered by agencies do not take advantage of the extensive services because the systems are perceived as inconsistent, complex, and unresponsive. A potential remedy to this problem is interagency collaboration and better coordination of services, two central tenets of the Workforce Investment Act.

The main mechanism for delivery of services under WIA is through the One-Stop system. These One-Stop Centers are designed to provide a variety of services and resources in one location for all individuals (both those with and without disabilities) who need assistance finding employment in one location. As a mandated partner of the One-Stop system, Vocational Rehabilita-

*Address for correspondence: Jaimie Ciulla Timmons, 8535 Woodbriar Drive, Sarasota, FL 34238, USA. Tel.: +1 941 929 7115; E-mail: Ajtimmons@earthlink.net.

tion (VR) can play a role in creating more streamlined provision of service and greater collaboration between disability and generic employment agencies. However, the level of integration of disability-specific agencies with the One-Stop Centers varies significantly across the country.

As this collaboration takes place, those providing direct services often experience changing roles as they support individuals with disabilities to find employment [2]. They may find themselves playing a more critical role in the consumer decision to seek employment, while also directing consumers to the most appropriate sources of support. As streamlining takes place, individuals with disabilities who have traditionally received support from disability specific state agencies are now more likely to get support from generic sources such as One-Stop Centers or the welfare system. The manner in which individuals receive services from these agencies can range from a guided approach to requiring a high level of self-direction from the job seeker [5].

Individuals greatly benefit when service providers work in coordination with one another. If the different agencies are not working collaboratively, it can result in inefficient service delivery, such as overlap in services or a lack of service provision in other areas [10]. Previous research has indicated that interagency linkages can increase the probability of successful rehabilitation outcomes. Dellario [3] found that individuals who used agencies with highly functioning interagency linkages had increased probabilities of a successful vocational rehabilitation outcome. Rogers et al. [14] also found that interagency collaboration between state VR and other systems resulted in improved consumer outcomes.

Although the aforementioned research suggests that collaboration has a positive affect on service delivery outcomes, the current research sought to examine this premise as it is applied to the creation of One-Stop Career Centers. This study explored the nature of service delivery to job seekers with disabilities in three states (Kentucky, Minnesota, and Maine) as partners collaborated to implement WIA. Since WIA created an integrated One-Stop system, the current study attempted to define the mechanisms to support individuals with disabilities within this context. This research sought to answer the following questions:

- How are services delivered to individuals with disabilities under this newly integrated One-Stop system?

- What strategies have been developed to increase the capacity to support individuals with disabilities as they search for employment using the One-Stop system?

2. Methodology

The following methodology section will cover the (a) process of state selection, (b) data collection, and (c) data analysis techniques employed.

2.1. Process of state selection

There were four levels or stages of screening used by the researchers in the process of state selection. The first stage was a broad-based nomination mailing, the second was expert panel verification, the third stage was screening interviews and the final stage of selection was cross-referencing. Each of these four levels of state selection is discussed in more detail below.

2.1.1. Nomination mailing

The broad-based nomination mailing process was the first step in engineering this research study. A contact list was comprised of leaders in Workforce Development, State Departments of Labor and the disability community. Each contact person was asked to identify states that have demonstrated promising practices in: a) coordination of employment services; b) inclusion of individuals with disabilities in the planning process; and/or c) increased access to One-Stop Career Centers for individuals with disabilities. The goal of the nomination mailing was to identify states that were repeatedly being nominated. Thirteen states were consistently nominated and then investigated further in the second level of the selection process. These were Kentucky, Kansas, New York, Colorado, South Dakota, West Virginia, Iowa, Connecticut, Minnesota, Rhode Island, California, Maine, and Wisconsin.

2.1.2. Expert panel

After the nomination mailing, a panel of experts with a broad national perspective on disability and employment was formed. Panelists from the U.S. Department of Labor had expertise in the development of disability initiatives. Expert panel members compiled a list of the top five states that were using innovative approaches to coordination, inclusion of people with disabilities, and increased access to One-Stop Career Centers. In addition to compiling their own list, the expert panel

offered their perspectives on the states that were repeatedly identified through the nomination process. The final suggestions this panel were then compared to the nominations from the mailing process.

2.1.3. Screening interviews

While the panel interviews were being conducted, researchers completed an additional screening with the nominators from the broad-based nomination mailing. The goals of the secondary screening were to elicit more information on the nature of the practices in the state and to understand the reasons for the nomination. Participants were asked: a) to describe the state's collaborative efforts and agency participants; b) the impetus for collaboration; c) how the collaboration emphasizes consumer involvement; and d) to describe the level of access available to people with disabilities using the One-Stop Career Centers in the state.

2.1.4. Cross-referencing

The fourth and final stage in the selection process was a cross-referencing activity. The information from the nomination mailing, the expert panel interviews, and the additional nominator screening interviews were examined against several additional variables. Criteria considered for cross referencing included: the range of collaborating agencies represented; the nature of collaboration that was reported; the frequency with which the state was nominated; the nature of the nominations (national versus state source); the state's organizational structure; and practical considerations such as geographic representation and state size. Consideration was also given to states that had submitted early WIA plans, although the absence of an early plan did not exclude that state from being a contender.

Finally, the researchers cross-referenced the original nominations with the Technical Assistance and Training Corporation's evaluation of One-Stops regarding their responsiveness to individuals with disabilities. After the fourth phase of state selection, the following three states were chosen for further analysis: Minnesota, Maine, and Kentucky.

2.2. Data collection

Data collection began with a comprehensive document review for the selected states. Following document review, interviewees were recruited and data was collected through in-depth interviews conducted at site visits in each of the states. Each of these processes is discussed in more detail below.

2.2.1. Document review

Prior to conducting the site visits, an extensive review of documents was conducted. Several key pieces of data served as a briefing book for researchers who were conducting the site visits. Contents for each state's briefing book included; a) pertinent state demographics; b) WIA board participants; c) a summary of the State Plan; d) state level Memorandums of Understanding (MOUs); e) number of One-Stops and the nature of the relationship between the One-Stops and Vocational Rehabilitation (VR); and f) a summary of any unique collaborative efforts happening in the state. The researchers used this briefing book as a reference tool during recruitment and interviewing.

2.2.2. Recruitment methods

State and local level administrators for the VR and Workforce Development departments, as well as Workforce Investment Boards, were interviewed in all three states. At the One-Stop Center level, both management as well as individuals identified as providers of disability services (i.e. trainers) were recruited to participate. Additionally, leaders from disability-specific community based organizations who were engaged in planning, implementation and service delivery were asked for their perspectives. The researchers also sought to obtain the perspectives of additional "key players" in the collaborative experience. These were individuals who were actively involved in implementing these collaborative efforts. For example, they may have assisted in the development of the state's WIA plan or Memorandums of Understanding, set up co-location efforts, or they were clearly motivators or coordinators of the process. These active participants, or individuals that were accustomed to "getting their hands dirty" during such enormous change, were whom the researchers called the movers and the shakers.

Movers and shakers were identified through phone calls to disability advocacy groups such as the state's Developmental Disabilities Council, University Affiliated Program, Independent Living Centers, or the VR Consumer Council. In addition, the WIA state contact and the State Coordinator for One-Stops were also contacted for their perspectives on movers and shakers. The names or suggestions that arose consistently were chosen to be interviewed.

Recruitment began with a letter sent to each potential interviewee. These letters informed participants about the Institute for Community Inclusion as well as the purpose of the research. Each potential interviewee was then telephoned. The purpose of the research was

reiterated and the process of state selection explained. In two instances it was determined that the individual contacted was not the most appropriate candidate to be interviewed. All other candidates who were asked to be interviewed consented to participate. Upon consent from the participant, an appointment for a face-to-face interview was scheduled. A three-day visit to each state was arranged to collect data. The number of individuals interviewed ranged among states but at least fifteen people per state participated in the study.

2.2.3. Interviews

Each interview was in-depth, semi-structured, conducted on an individual basis, and lasted approximately one hour. In two instances participants were not able to meet in person, and phone interviews were conducted. A protocol of questions was constructed to guide the interview process. However, interviewers encouraged open discussion, and in keeping with the qualitative framework, did not strictly adhere to a specific set of questions [1]. Participants were asked about: (a) factors that drove the collaborative process; (b) agencies/personnel that have been instrumental in the process; (c) challenges encountered and strategies to solve them; (d) the role of the state's Vocational Rehabilitation agency in the process; (e) the role of individuals with disabilities; and (f) how the collaboration affected services delivered to individuals with disabilities. All interviews were tape recorded with the consent of each participant. The tapes were sent to an independent agency for transcription.

2.3. Data analysis

This study used a qualitative research design, borrowing tools from ethnography including open-ended interviews and document analysis. More specifically, a case study methodology was used to gather the richest possible data through intensive interviewing. The case study method is most useful when conducting a "holistic investigation of some space- and time-rooted phenomenon" (p. 21) [9]. This case study methodology provided the researchers with an exclusive focus on a particular case and the utilization of a full variety of evidence [15]. Four features of naturalistic inquiry served as standards for designing the study and provide methodological rigor, credibility, dependability, confirmability, and transferability [8]. These served as counterparts to the more traditional quantitative features of external validity, internal validity, verifiability, and objectivity.

Credibility of the data addresses how accurately findings reflect the system under investigation. Prolonged and persistent engagement and triangulation, or the use of multiple data sources and multiple investigators, was used to ensure that the data are credible [8]. Peer debriefing and member checks (having participants review and confirm findings) was used. Dependability of the data was provided through a written record, including tape recording and transcription of interviews whenever possible. Maintenance of field notes and memo writing to record researchers' observations and thoughts provide a comprehensive audit trail.

Once the data have been collected, Bogdan and Biklen [1] describe qualitative analysis as "the process of systematically searching and arranging the interview transcripts, field notes, and other materials that you accumulate to increase your own understanding of them . . ." (p. 153). The techniques used to analyze the data in qualitative components include coding and memo writing. QSR NUD*IST 4.0 for the Macintosh (1997) was used for conceptualization of themes, coding, and data sorting. This software was designed specifically for qualitative analysis.

2.3.1. Coding

The analytic process by which the researchers began organizing data into themes or categories related to both original and project-inspired research questions is known as "coding" [16]. Codes are meaningful labels that denote concepts, actions, or recurrent themes. Once data were coded, the researchers could see relationships and context between pieces of data.

The researchers developed codes by reading through the transcripts and determining appropriate labels and themes that occurred in the data. The researchers met as a group to assess the codes they had constructed and created a master list of codes and definitions. Consensus on coding was reached by having each of the three researchers code a particular transcript, and then meet to achieve reconciliation of codes. As new data were collected, this process of conceiving and reconciling codes was repeated, and additional codes were added as appropriate.

2.3.2. Memo writing

Memos are systematic writings and musings of the researchers that occur during the coding process. Memos serve to focus the emerging themes and concepts into a discussion that emphasizes answers to research questions. Often memos generate organizational schemes and further conceptualization or sorting of the

data. The researchers met on a regular basis to discuss the emerging data and the memos generated by this process. Drafts of findings were compiled using the themes organized during the memo writing process. In this way, the memos served as an outline for the results that are presented.

3. Findings

Analysis of findings revealed concern among participants about the capacity of integrated centers to effectively support individuals with disabilities as they job search. As a result, five strategies were developed by individual states to alleviate this concern. These were: creating an ADA coordinator or team; creating security tabs for common databases to protect confidentiality; ensuring representation of individuals with disabilities and disability professionals on local boards; maintaining the vision that all partners serve all customers; and using grant funds in innovative ways. Following a discussion of the concern, each of the five strategies will be described. Please see Table 1 for a list of the strategies and their central objectives.

3.1. Area of concern: Limited capacity to support people with disabilities

Participants were concerned about whether individuals with disabilities would be better served in this integrated environment created by WIA, versus a traditionally specialized setting. As one participant in Minnesota noted, "The paradox is that all services are available to people with disabilities. So to be integrated into that system would be a good thing. The other side of that coin is that history shows that without special attention those folks get left behind." There was also considerable variation in the expectations around the role that One-Stop centers can play in helping people with disabilities find jobs. Some believed that people with disabilities need the same types of supports as those without disabilities (albeit at times administered differently). Others countered this view and believed that the services available at One-Stop centers would never adequately support many with disabilities in finding jobs: "There is a difference between a customized shop, and a production shop. Historically, ours (VR) has been a custom shop, and the Workforce center is a production shop – very high traffic, and high volume. There was concern about how our customers would fare in this production-oriented environment."

Participants from Vocational Rehabilitation in all three states were concerned about ensuring that their customers were being served effectively and that individuals who have more intensive needs receive more customized services. Although they wanted the One-Stop system to be able to effectively serve people with disabilities, one participant in Kentucky feared that quality or specialization in services would suffer since such supports have not traditionally been provided by other agencies. "(Serving people with disabilities) will never be something that other entities will want to take on as their primary mission, and our folks could easily get lost in a big system that is designed to serve everybody . . ."

Part of the concern around the limited capacity to support job seekers with disabilities had to do with variation in levels of accessibility. Although physical and technological accessibility was a pressing issue for One-Stop centers, there is limited guidance concerning how to ensure accessibility. Though there is the assumption of accessibility, these expectations may not actually be met. For example, a participant from Kentucky said, "Although it's the law, and we all know it's the law, I would venture to say there are still some facilities out there that are not 100% accessible. It's unconscionable, but that's the way it works." While it is true that there are some centers that are not completely physically and technologically accessible, accessibility is a progression for most centers.

While the ADA provides a framework for career centers to think about physical access, there is considerably less support given when trying to make the services of the Centers accessible. Since many Centers are self-service, individuals need to be relatively independent to benefit from resources. This self-service model also may not be effective for individuals who have limitations in their ability to read or operate computers. This can create a problem for individuals with disabilities as well as other customers who have similar barriers.

Another pressing issue that limited the centers' capacities was centered around customer confidentiality and private meeting space. VR departments in all three states were adamant that their staff and customers have privacy during meetings and phone conversations. However, space limitations rendered this requirement impossible in some centers. In Minnesota, for example, staff at VR requested private offices in which to see their clients (as had been their previous agency norm) but other agencies perceived this request as elitist: "As they were designing the space we (VR) came to the table and said that we need private offices. They asked

Table 1
Strategies and Central Objectives

Strategy	Strategy Objective
The creation of an ADA coordinator/team	Signified the importance of having an accessible environment Mechanism for monitoring compliance Evaluated services and assisted with accommodations
The creation of security tabs	Required security clearance so that diagnostic information is not automatically shared Created sense of security for job seekers with disabilities who may not want to disclose their disability to certain entities
Representation on local board by individuals with disabilities and disability professionals	Ensured that the interests of job seekers with disabilities are considered Ensured control of service design
All partners serving all customers	Created a shared responsibility for supporting job seekers with disabilities Eliminated the assumption that job seekers with disabilities should only receive services from disability agencies
Innovative use of federal grant funds	Creative way of expanding services to job seekers with disabilities Exemplified collaboration between independent living center and One-Stop to enhance services

why, and we said because we are talking to people about confidential issues. There was animosity among some of the other program people—they were important too and they talk to people about important things. This had a negative impact on relationships in some areas.”

In addition, disability professionals continued to be concerned about sharing data and protecting the confidentiality of their clients. As a result, states have considered creating common databases that would allow them to share information across multiple agencies. These databases would allow the customer to provide their background information only once rather than multiple times to each agency. It would also improve case coordination since different agency staff would be aware of other services being provided and identify potential gaps. Partners struggled with how to deliver seamless services to people with disabilities without compromising their right to privacy and personal choice of disclosure. “All of our programs have different confidentiality rules and regulations, and we have to be respectful of those. We are probably spending the most time on security and referral issues. . .”

While concern about service delivery for people with disabilities was clearly justified, this proved only to be initial reactions. Findings showed that over time, much of this concern dissipated because partners developed strategies to increase their capacity to support this population. Each of these creative strategies are discussed below.

3.1.1. Strategy number one: The creation of an ADA coordinator/ADA team

Minnesota was unique in that it created the position of an ADA coordinator for each One-Stop partner agency. The creation of this position was indicative of

the importance placed on serving individuals with disabilities in a technologically and physically accessible environment. The role of the ADA coordinator varied slightly based on the needs and issues that arose. Job responsibilities spanned the gamut and included aiding in identification and referral for people with disabilities, training, investigations, ensuring reasonable accommodation, competence in assistive technology, program development, and coordination of disability supports. A large component of the position and its responsibilities was ADA monitoring and One-Stop center and community partners’ compliance. One ADA coordinator also directed the efforts of her One-Stop center’s office of diversity.

Minnesota also increased the capacity of the One-Stop centers through the Department of Economic Security. An ADA team was available to One-Stop center staff to evaluate services and assist with accommodations. Originally the focus was on ADA compliance, but has since changed to information sharing and planning. The ADA team has also developed an assessment instrument for One-Stop Centers for accessibility.

Minnesota’s State Services for the Blind (SSB) was also instrumental in adequately equipping One-Stop centers to support people with disabilities. SSB provided a “starter kit” for each One-Stop center to support access of persons who are blind. Kits included a pocket talker and voice output software. Staff at the centers were also required to complete a two-hour training/orientation upon distribution of the kit so they could assist customers who are blind.

Like other early implementation states, Maine had a “jump-start” on the accessibility of its Career Centers because it used much of its early grant funding to create the physical infrastructure of the One-Stops.

A good example of Maine's commitment to accessible buildings was an experience with an interior designer who worked on Portland's Career Center. Getting the designer to understand the importance of accessibility and safety was a challenge but through innovation, agency staff conveyed that people with disabilities needed complete access like any other job seeker. By using simulated goggles, staff demonstrated different levels of visual impairment for the designer to experience first-hand. "So we made this interior decorator come outside with the morning sun flooding in and put on some goggles and said, 'go to the reception desk.' Well he nearly fell down the stairs and said, 'wow.' " This perseverance resulted in a greater understanding of accessibility issues.

For questions about accessibility, Kentucky has been consulting the Rehabilitation Services Administration (RSA) but the state is still developing guidelines based on information received from the US Department of Justice. Kentucky deals with accessibility issues by remaining flexible, being comfortable with variation, and recognizing that full accessibility for all centers is a work in progress.

3.1.2. Strategy number two: The creation of security tabs to protect confidentiality

As noted earlier, while consolidation is helpful in getting a wide array of resources to a single person, attention must be paid to protecting one's privacy. Problems can occur when, in order to avoid service duplication and efficiently coordinate those resources around one person, data must be shared. In addition, even without sharing data or diagnostic information, a referral from VR automatically implies disability, which can be stigmatizing. This can affect services delivered from other entities within the One-Stop or potential employers who may harbor misconceptions about individuals with disabilities. Creating a One-Stop system that enhances services for people with disabilities without compromising confidentiality has been a difficult issue that all three states are still in the process of addressing. One strategy that has been effective in Kentucky is the creation of security tabs into the database system. This system requires security clearance by the user around the more personal issues such as one's diagnosis and financial situation.

While working to create referral system that will not violate the confidentiality of service participants, Kentucky has come across some roadblocks that have hindered the unveiling of the system. There has been difficulty communicating the importance of such issues

as confidentiality and referral for the purely technical people who are involved in creating the system. Kentucky has tried to ameliorate this problem by ensuring that front-line staff who will be users of the system be involved in the system's development process. With the development of such strategies, it is the centers' hope that people with disabilities will feel more protected and thus more comfortable using their services for their job search needs.

3.1.3. Strategy number three: Representation on local boards by individuals with disabilities and disability professionals

It was universally accepted that local One-Stop investment boards had great control over service design, as one interviewee from Kentucky stated. "... local WIBs have great decision-making powers, much more so than the state level. That was the intent of the law, to take it to a local level where it should be." The composition of the local board must represent a diverse array of opinions and attitudes. This becomes especially important when considering the interests of people with disabilities. "It's critical that vocational rehabilitation be on the local boards. If they're not on local boards, they don't have any say over what goes on... They can't assure that our customers are going to have full access to services at the center, if we're not at the table."

Staff from Vocational Rehabilitation in Kentucky identified a key role for staff and consumers to be actively involved in their local boards in order to ensure that disability issues are represented. As they realized that more of the critical service implementation work was to occur at the local level, they shifted focus to ensure that their customers' needs would be met in this new system. Most local boards have a representative from VR or the Agency for the Blind and many also have an individual with a disability.

3.1.4. Strategy number four: All partners serving all customers

The idea that all the partners shared responsibility for serving people with disabilities helped to solidify collaboration in the One-Stop Centers. In some centers in Maine, a willingness and commitment to serving all customers has been a slow evolution—a change in thinking brought on by both legal and ethical responsibilities. Bureau of Rehabilitation Services (BRS) administrators described clarifying this shared responsibility:

"We have had to say to them (One-Stop development staff) in fairly blatant language that we do not own people with disabilities. You have a major obligation

to be accessible to people with disabilities and that has nothing to do with us. That's your obligation. We can help you accomplish that in a lot of ways with technical assistance and support and recommendations but if you think accessibility for a customer in the Career Center depends on the VR program, you are wrong."

During the initial stages of WIA implementation, when a person with a disability entered a Maine Career Center, they were sent directly to disability agency partners. While for the most part this was no longer the case at the time of the site visits, in some instances front desk staff were still encouraged to acknowledge the disability and suggest initial referral to BRS. The difference here was that it was not automatically assumed that the person meet with a disability professional, but the option was presented. This happened because BRS retained its "expert" status in dealing with people with disabilities and agencies were hesitant to assume total responsibility.

In Career Centers such as Portland, staff no longer wholly rely on disability professionals and consider the person's support needs instead of focusing on the apparent disability. This was accomplished through cross training of staff from all partnering agencies and an emphasis on the idea of seamless service delivery as achieved through universal access.

"Previously if you were a person with a disability and you walked into any one of those labor offices they would say, 'you are in the wrong place. VR is on Forest Avenue'. We worked very hard in terms of cross training to first say, 'remember all of your Title 1 programs have to be open to people with disabilities'. A blind person walking in here doesn't have to be on a program until you establish their needs require the certain things we can do in vocational rehab. A blind person who moves here from Boston and comes in with a job history and travels safely and arrives here and communicates fine and needs a job listing to go on an interview doesn't need vocational rehab."

3.1.5. Strategy number five: Innovative use of federal grant funds for people with disabilities

The Ability First Initiative was a joint project between the Portland Career Center and Alpha One, an independent living center in Southern Maine. This project was funded by the U.S. Department of Labor. Staff from Alpha One utilized Career Centers to expand service delivery for people with disabilities. One of the greatest benefits of the project was the creation of two peer benefit specialist positions. These staff members help customers with disabilities better understand their

Social Security benefits and the financial ramifications of entering or re-entering the One-Stop. Project funding will also allow Career Center staff to build an electronic database that enables potential employers to read resumes on the Internet, match up with job seekers, and set up interviews.

Alpha One committed to working with other Career Centers to explain the goals of the Ability First project and to become familiar with their resources and their support needs, specifically around assistive technology and accessibility in the centers. The project has also funded the hiring of an instructor with a hearing impairment to work with individuals on computer and technology instruction.

4. Implications

While the changes mandated under WIA have created challenges for staff in the workforce and rehabilitation fields as they deliver services to individuals with disabilities, it has also created new opportunities for thinking creatively about new ways to partner. A fundamental value for staff in vocational rehabilitation is that individuals with disabilities receive the support they need to obtain employment and obtain personal and financial independence. Ensuring that the new One-Stop system can help individuals reach those goals will be a critical consideration for the next phase of WIA. The three states discussed in this study have been thoughtful about ensuring that the needs of individuals with disabilities are addressed and have done this through creativity, flexibility and a commitment to working together. Other members of the One-Stop community should consider how to incorporate the strategies discussed above, as well as the following recommendations as they move forward in creating a seamless service delivery system that meets the needs of all customers.

4.1. Emphasizing universal design

As noted in the findings, states developed strategies to improve accessibility and thus increase their capacity to support job seekers with disabilities. Another way to address accessibility is through consideration of universal design. Universal access is one of the central philosophical principles of One-Stop Career Centers [4,12]. Universal design ensures that anyone who is job seeking, including those with disabilities, will be able to access a variety of employment services. In

looking at One-Stop design and implementation, it is important to create welcoming environments and design processes and services to meet as wide a range of individual preferences and needs as possible. It is critical to consider alternative approaches to benefit customers from various backgrounds, learning styles, and abilities. Barriers experienced by some individuals with disabilities may be similar to barriers experienced by other customers who do not have disabilities. For example, an individual with a cognitive disability may have a limitation in his or her ability to read, but this barrier is the same for someone who has difficulty reading because of illiteracy or limited English proficiency. Rather than solely focusing on accommodating the individual with a cognitive disability, it is important to think broadly about how to make services accessible to any non-reader. Consideration of universal design principles and strategies ensures the design of services in a way that comprehensively meets the needs of all customers, including those with disabilities.

4.2. *Involvement of people with disabilities*

The results of this examination reveal the importance of having people with disabilities represented on local boards in order to impact service design. The idea that individuals with disabilities should be active participants in service delivery has become an important aspect of state service systems and service delivery [6]. Consumer involvement throughout the rehabilitation process has been identified as a determinant of service quality that ultimately promotes consumer satisfaction [11]. Perry-Varner [12] notes that one of the key principles in planning and designing a One-Stop center is beginning with the customer, where the customer's control over suggestions is essential. It is important that people with disabilities recognize the range of service options available to them under WIA, and advocate for delivery of services in a way that meets their needs, and in which they are most comfortable [6].

These concepts can be taken one step further as WIA continues to be implemented. Individuals with disabilities can attend state or local Workforce Investment Board meetings, provide input to the State Board on Local Board performance, and even consider becoming a member of their local Workforce Investment Board [7]. In addition, advisory boards comprised of individuals with disabilities are also instrumental in providing feedback to planners on such topics as providing referrals, focusing on outreach, and continuing to improve services. VR advisory councils are useful for constantly

asking questions, and challenging planners to provide services to people with disabilities in the most effective way possible. They can question the agency about specific outcomes, direct and indirect costs, and how the changes would affect them in particular. In order to ensure that people with disabilities are involved in the planning process during initial implementation and development of the One-Stop centers, states can create a task force or work team. This work team should include input from individuals with disabilities who can raise specific issues of concern such as assistive technology, and accessible transportation.

4.3. *Involvement of disability professionals*

Findings showed that advocacy efforts from the disability community are essential to ensure that the needs of individuals with disabilities are not overlooked, and that people with disabilities are well served under this new system. Implementation of the Workforce Investment Act provides opportunities for new collaborations and enhanced service delivery. Community rehabilitation providers and disability professionals should connect with their local One-Stops and meet with the managers to discuss possible areas of collaboration. Offering joint training or shared resources can benefit both the disability provider and the One-Stop, while also increasing the comfort level of One-Stop staff in working with individuals with disabilities. All staff who work directly with individuals with disabilities should visit their local One-Stop and familiarize themselves with the services available, and how these services can be utilized for people with whom they work. Staff can either assist a job seeker in using the One-Stop services or they can go independently and use the resources to help develop job leads for their clients.

Connections should also be built with local Workforce Investment Boards in order to ensure that disability agencies and the individuals they serve are given full consideration when decisions are made. In addition, local boards need to be composed of fifty percent employer representatives. While they provide services, non-profit agencies are also employers who should be involved in discussions about the workforce needs of their community. Involvement in board activity either through membership or committees is useful in not only keeping informed but also may provide an avenue for addressing an agency's recruitment or training needs [7].

4.4. Monitoring and influencing WIA

Although not directly based on the findings of the study, documenting and tracking the effectiveness of services delivered under WIA provides a sure way to ultimately improve quality. There are many ways that people with disabilities and the disability community can monitor and influence WIA implementation. First, individuals should become familiar with the opportunities and requirements under WIA for serving people with disabilities. Individuals with disabilities and advocates alike can visit local One-Stops to determine the receptivity of staff and the environment, the utility of services, and the accessibility of the building and equipment. People with disabilities can monitor annual reports to the U.S. Department of Labor (required from each state to evaluate how well its workforce investment system is meeting the needs of job seekers with disabilities). They can obtain this report to ascertain the state's perception of progress, provide feedback concerning what steps the state should be taking to improve, and monitor follow up efforts [7].

Activities can be monitored to ensure compliance with the commitments made in the state's Methods of Administration (MOA). The MOA details how the state will ensure compliance with the Nondiscrimination and Equal Opportunity Regulations. As compliance with the MOA is monitored it is important for people with disabilities to provide feedback concerning modifications that should be made to ensure equal opportunity for all individuals, including those with disabilities [7].

By working collaboratively with One-Stop staff, disability providers and advocates can also help monitor quality control by doing informal assessments or helping as mystery shoppers (a person with a disability who poses as a job seeker). Rather than looking at these opportunities to be evaluative or judgmental, they can be learning opportunities where the One-Stop can make changes in proactive way rather than as the result of complaints or problems.

5. Conclusion

There are several limitations of this study that should be noted. First, at the time of this research the Workforce Investment Act was recently introduced and implementation of the policy was in flux. Implementation and service provision is continually evolving, which can change the nature of issues and concerns that arise. Second, while not the intention of this research, out-

comes based on these service delivery strategies were not examined. Therefore, while the strategies were considered useful, there is no clear understanding of the impact they are having on job seekers with disabilities making this an important area of future research.

The nature of this case study was to provide a glimpse into the collaborative process and the issues related to supporting individuals with disabilities in the One-Stops and to suggest or offer points of discussion. Collaboration is a difficult process that is best approached in incremental steps. However, with integrated service delivery, individuals with disabilities benefit from better access to a wider range of services, regardless of who is providing them. With consideration of the above recommendations and strategies, One-Stop Centers can continue to ensure that appropriate services are delivered and adjusted to meet the changing needs of individuals with disabilities seeking employment.

Acknowledgements

This is a publication of the Center of State Systems and Employment (RRTC) at the Institute for Community Inclusion/UCE (#H133B980037), which is funded, in part, by the National Institute on Disability and Rehabilitation Research (NIDRR) of the US Department of Education. The opinions contained in this publication are those of the grantees and do not necessarily reflect those of the US Department of Education.

References

- [1] R.C. Bogdan and S.K. Biklen, *Qualitative research for education: An introduction to theory and methods*, (2nd ed.), Boston: Allyn and Bacon, 1992.
- [2] A. Cohen, S.L. Fesko and J.C. Timmons, Case studies on the implementation of the Workforce Investment Act, Spotlight on Kentucky 1(1), Boston: Institute for Community Inclusion/UAP, Children's Hospital, 2002.
- [3] D.J. Dellario, The relationship between Mental Health, Vocational Rehabilitation interagency functioning, and outcome of psychiatrically disabled persons, *Rehabilitation Counseling Bulletin* 28 (1985), 167–170.
- [4] S. Fesko, D. Hoff, M. Jordan, K. Phaneuf and C. Thomas, Tools for Inclusion: One-Stop Centers: A guide for job seekers with disabilities 8(1), Boston: Institute for Community Inclusion (UAP), Children's Hospital, 2000.
- [5] D. Hamner, J.C. Timmons and J. Bose, A continuum of services: Guided and self-directed approaches to service delivery, *Journal of Disability Policy Studies* 13 (2002), 104–112.
- [6] D. Hoff, Tools for Inclusion: People with disabilities: Having a voice in the creation of the new Workforce Investment system 8 (2), Boston: Institute for Community Inclusion (UAP), Children's Hospital, 2000.

- [7] D. Hoff, Tools for Inclusion: WIA and One-Stop Centers: Opportunities and issues for the disability community 10(1), Boston: Institute for Community Inclusion (UAP), Children's Hospital, 2000.
- [8] Y.S. Lincoln and E.G. Guba, *Naturalistic Inquiry*, Newbury Park, Ca: Sage, 1985.
- [9] J. Lofland and L.H. Lofland, *Analyzing Social Settings, A Guide to Qualitative Observation and Analysis*, Belmont, Ca: Wadsworth, 1995.
- [10] National Center on Outcomes Resources, People with physical disabilities are speaking out about quality in services, Towson, Maryland: The Council on Quality and Leadership in Supports for People with Disabilities, 2001.
- [11] J. Patterson and C. Marks, The client as customer: Achieving service quality and customer satisfaction in rehabilitation, *Journal of Rehabilitation* **16–21** (1992).
- [12] E. Perry-Varner, One-stop career centers: An emerging concept for delivering employment services, *Journal of Vocational Rehabilitation* **10** (1998), 39–49.
- [13] QSR NUD*IST 4 [Computer software], Thousand Oaks, CA: Sage Publications Software, 1997.
- [14] E.S. Rogers, W.A. Anthony and K.S. Danley, The impact of interagency collaboration on system and client outcomes, *Rehabilitation Counseling Bulletin* **33(2)** (1989), 100–109.
- [15] A. Rubin and E. Babbie, *Research Methods for Social Work*, Pacific Grove, Ca: Brooks/Cole, 1993.
- [16] A.L. Strauss, *Qualitative analysis for social scientists*, Cambridge: Cambridge University Press, 1987.
- [17] J.C. Timmons, J. Schuster, D. Hamner and J. Bose, Ingredients for success: Consumer perspectives on five essential elements to service delivery, *Journal of Vocational Rehabilitation* **17** (2002), 1–12.
- [18] J.C. Timmons and S.L. Fesko, Responding to employment needs: Strategies for supporting individuals with HIV/AIDS at the workplace, *Bulletin of HIV/AIDS and Social Work*, In press.
- [19] J.C. Timmons, J. Whitney-Thomas, J. McIntyre, J. Butterworth and D. Allen, Managing service delivery systems and the role of parents during their children's transitions, *Journal of Rehabilitation*, in press.

Copyright of Journal of Vocational Rehabilitation is the property of IOS Press and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.