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Individualized Services

State RESEA programs must include several components, some of which can be categorized as “individualized career services” under the Workforce Innovation and Opportunity Act (WIOA).^{1,2} Relative to “basic career services” (the topic of Evidence Brief 2: Basic Career Services), individualized services generally involve significantly more staff time and customization to an individual claimant’s needs. As such, individualized services are more intensive and should, therefore, be expected to yield impacts larger than basic and other less intensive kinds of services.

This brief draws on a range of currently available sources of evidence. The first section considers evaluations of programs that target or regularly serve UI claimants, including RESEA’s predecessor program, the Reemployment and Eligibility Assessment (REA) program; the Worker Profiling and Reemployment Services (WPRS) program; and services funded by the Workforce Investment Act (WIA), the predecessor to WIOA. The second section considers evidence from programs that typically serve other populations yet could suggest options for RESEA programs.

About this Brief

This brief summarizes the state of the evidence for individualized career services—a category of reemployment services—to help UI claimants return to work. The brief closes with a discussion of gaps in the current evidence base and implications of evaluating these kinds of RESEA program components. This brief is the third of three summarizing the current state of the evidence relevant to RESEA.

Evidence on Individualized Services for UI Claimants

This section considers evidence on reemployment services provided to UI claimants through programs that predate RESEA and REA, from REA programs, and from WIA programs (which serve a broad set of job seekers, including UI claimants).

Pre-REA Individualized Services

The REA program began in 2005. Prior to that, many evaluations—most of which were randomized controlled trials (RCTs)—offered evidence that individualized services reduced claimants’ duration on

About the RESEA Program

RESEA supports states’ activities to improve employment outcomes among persons receiving UI, strengthen UI program integrity, promote workforce program integration, and connect UI claimants with partner programs.

At a minimum, participants must meet with a service provider who completes a review of the claimant’s UI eligibility, delivers customized labor market information, enrolls the claimant in the Wagner-Peyser Act-funded Employment Service program, develops an individual reemployment plan, and refers the claimant to additional reemployment services.

The most recent program guidance is available at <https://wdr.doleta.gov/directives/>.

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UI. The earliest of these studies evaluated job search assistance demonstrations conducted in the 1980s (Corson et al., 1985; Corson & Haimson, 1996). Most pre-REA studies evaluated services offered through WPRS programs in several different states (Decker et al., 2000; Dickinson et al., 1999; Michaelides & Mueser, 2016). These studies consistently found that most of these interventions that included individualized services reduced UI average duration by between one-half of a week and three-quarters of a week.³ Evidence of impacts on employment rates and earnings was less consistent; across 11 different studies of WPRS, in only three studies did an intervention significantly improve employment or earnings for UI claimants. That the other eight studies did not find significant impacts is likely due, at least in part, to insufficient sample sizes.⁴

Based on the descriptions of the WPRS interventions in the above studies, the individualized services most common to these programs were (1) completion of comprehensive and specialized assessments, (2)

- Examples of Individualized Career Services**
- Comprehensive assessments
 - Development of an IEP
 - Group or individual counseling
 - Career planning
 - Short-term pre-vocational services
 - Internships and work experience
 - Workforce preparation activities
 - Financial literacy services
 - Out-of-area job search assistance and relocation assistance
 - English language acquisition

development of an individual employment plan (IEP), and (3) intensive one-on-one counseling. In many cases, these were one-time services; for some claimants, ongoing case management followed. Some claimants were also expected to maintain regular communication with employment support staff. Importantly, the available evidence from these pre-REA studies cannot identify the extent to which reported impacts are attributable to specific intensive services delivered or to other program requirements.

REA Individualized Services

Random assignment evaluations have consistently shown that the REA program—as it was implemented in different states—significantly reduced UI claim durations. Further, they have often found that the program improved

employment or earnings outcomes, provided that these studies enrolled sufficient sample to detect impacts (Benus et al., 2008; Poe-Yamagata et al., 2011; Klerman et al., 2019; Michaelides and Mian, 2020). The evaluations did not directly estimate the impact of individualized services alone, but these programs consistently incorporated some level of individualized services, much of which appear comparable to those of other reemployment programs and suggest such services could be effective.⁵ Available descriptions of REA programs from the studies regularly include comprehensive assessments, development of an IEP, and individual counseling (Minzner et al., 2017).⁶

An implementation study of REA programs in four states—Indiana, New York, Washington, and Wisconsin—examined the extent to which participants received individualized services, reinforcing the impact analysis findings that selection for REA was associated with increased receipt of “staff-assisted services,” some of which were likely individualized, such as career guidance, assessments, and counseling (Minzner, et al., 2017). Authors did not find any increase in receipt of other individualized services, such as adult basic education activities (i.e., workforce preparation activities) and short-term pre-vocational services.⁷

With regard to the magnitude of REA impacts, these random assignment evaluations generally show that selection for REA programs, on average, decreased UI duration by about one week, increased the probability of employment in the second full quarter after the start of a claim by about 2 percentage points, and increased earnings by \$400-500 in the first year. One recent REA impact evaluation separately identifies the extent to which those overall program impacts can be attributed to reemployment assistance—which could include basic and individualized career services—versus the enforcement of work search and other program rules (Klerman et al., 2019). That study’s results suggest that together, all of the assistance components of REA programs are likely responsible for some, but less than half of the impact on UI duration (roughly one-half of a week) and a small increase in employment (slightly less than a week of employment in the first year following the initial UI

claim). However, the results do not separate the contribution in these assistance-driven impacts of each of the basic or individualized services offered.

States had the option of requiring that claimants attend a single or multiple REA meetings (the initial meeting and follow-up meetings). States might be interested in whether and to what extent requiring multiple REA meetings increases impact beyond that of a single REA meeting. Across states that participated in previous REA evaluations, some did not require any follow-up meetings; some allowed multiple meetings, but at the discretion of caseworkers—such that multiple meetings were rare; and some required that nearly everyone attend a follow-up REA meeting if still certifying for benefits after the initial meeting (Klerman, et al. 2019; Benus et al., 2008; Poe-Yamagata et al., 2011). Depending on the interaction between the staff person and the claimant, subsequent meetings can be viewed as a form of either basic or individualized services. Relative to a single meeting, subsequent meetings involve more staff time (Minzner et al., 2017), including providing ongoing services as needed.

In two states (New York and Washington), one recent REA impact study directly tested the impact of multiple meetings by randomly assigning UI claimants either to a treatment condition that required only one REA meeting or to a treatment condition that might require multiple REA meetings (Klerman et al., 2019). In New York, there was strong evidence of an incremental impact of the multiple meeting design above and beyond the impact of a single meeting—further reducing UI duration by about half a week. This result is consistent with the findings of the associated REA Implementation Study of more intensive service delivery under the multiple meeting design in New York (Minzner et al., 2017). In contrast, in Washington State there was no evidence of an incremental impact of multiple REA meetings. However, the service contrast between the two study groups in Washington was relatively small. For example, attendance at an initial REA meeting in Washington was relatively low for those assigned to the multiple REA group (56 percent), so few claimants could be required to attend a subsequent meeting. In addition, state policy allowed caseworkers to use their discretion in requiring a subsequent REA meeting. The intensity of the Washington State subsequent meetings in REA was also limited, with short sessions (10-15 minutes) conducted over the phone rather than in person.

WIA Individualized Services

A random assignment evaluation of the WIA Dislocated Worker program found that “intensive services” improved earnings by about \$750 in the first quarter of follow-up, but impacts were not significant in the second quarter (Rotz et al., 2017).^{8,9} One might expect a hypothetical UI claimant’s benefit year to coincide with those first two quarters. Also, though impacts over the first five quarters after random assignment were only marginally significant, average quarterly earnings were about \$1,000 higher for recipients of intensive services.¹⁰ Despite having a sample of more than 1,300 individuals, adequate for the first quarter estimates, it is possible that this study did not have sufficient sample size to detect all quarterly impacts.

These services are generally comparable to the individualized services covered in this brief. A companion implementation study (D’Amico et al., 2015) identified several such services received by the “intensive services” treatment group. Across all locations, these included:

- **Comprehensive assessments** of a participant’s work history, medical history, potential barriers to training or employment, performance on basic skills and aptitude tests, and career goals;
- **Development of an IEP** that documents career and training goals and identifies strategies and services required to meet the goal; and
- **Case management**, which included regular check-ins with participants and referrals to other service providers or agencies.¹¹

Some local programs also offered other intensive services, such as work experience (e.g., internships) or pre-vocational training opportunities.

Although the WIA intensive services evidence seems promising, it bears noting that evidence from WIA might not translate directly to RESEA. First, WIA services examined by the study were voluntary. If the intensive services provided through RESEA are mandatory, then we might expect the impacts of those mandatory services—particularly with respect to UI duration—to exceed those of voluntary WIA services. That said, to the extent that RESEA’s individualized services are provided indirectly, not as a part of the mandated RESEA meeting, then use of those services would be voluntary, as was the case in the WIA evaluation. For example, participants could pursue such indirect, voluntary services as a result of information provided in the RESEA’s American Job Center (AJC) orientation. Second, RESEA participants are usually in the early weeks of their UI claim. About 60 percent of WIA Dislocated Worker participants were active UI claimants, and some could have already had lengthy duration on UI and might have been seeking WIA intensive services after having first attempted self-directed job search. Finally, available research on WIA services does not offer any evidence of impact on UI duration, an outcome of considerable interest to the RESEA program (Fortson et al., 2017; Heinrich et al., 2008).

Evidence on Individualized Services from Other Programs

This section considers evidence of individualized services for participants in Temporary Assistance for Needy Families (TANF) rather than UI claimants. Though the population is quite different from UI claimants, the research could provide useful insights.

A series of random assignment studies from the 1980s and 1990s (before TANF replaced Aid to Families with Dependent Children, or AFDC, in 1996) showed that what the studies called “job search assistance” lowered months of cash welfare and increased earnings (Gueron & Pauly, 1991; Gueron & Rolston, 2013; Michalopoulos & Schwartz, 2000). Intensive strategies used in those studies included individual job search, group job search, and unpaid work experience.

Several studies have tested the effectiveness of the “job club process” on TANF participants. A well-defined intervention—job clubs—typically engage participants in supervised job search during group meetings and sessions with a trained counselor over the course of several weeks. Very early studies have found that the job club process significantly increases employment for welfare recipients (Azrin et al., 1980, 1981). Two recent random assignment studies analyzed the relative effectiveness of different approaches to the job club process. One study tested for impacts of requiring more meetings with program staff and participation in prescribed search activities, rather than independent job search (Martinson, Harvill et al., 2019). The second study tested a “standard” model against a “fast track” model that shortened the period of required group activity and reduced the frequency of interaction with program staff (Martinson, Meckstroth et al., 2019). Neither study detected any significant differences in employment or earnings outcomes between the tested models. Note, however, that study sample sizes were modest, so only large differences between the treatment and control groups could have been detected.

Taken together, these two recent studies suggest that substantial changes to existing individualized service delivery might not have large impacts on welfare recipient outcomes. However, as with the evidence from the WIA program discussed above, findings from studies of TANF participants might not be applicable to the RESEA context. Relative to TANF participants, UI claimants have more extensive work histories, and the UI program is a contributory insurance entitlement, whereas TANF is not an entitlement program. In addition, programs for TANF participants tend to impose stricter participation requirements and harsher penalties than those for UI claimants.

Gaps in the Evidence and Implications for Future Evaluations

As noted earlier, studies of reemployment programs that include individualized career services have found those interventions to be effective. But there is much less evidence on exactly what contribution, if any, the individualized services themselves make to claimants’ outcomes. Most of the available evidence does not attempt to identify the additional impact of assistive services on short-term employment and earnings, beyond

what impact is produced by the other elements of the program, such as mandates to attend in-person meetings or enforcement of continuing UI eligibility. The lone study that did estimate the marginal effect of assistive services found that reemployment services appeared to account for less than half of the programs' overall impact (Klerman et al., 2019). Further, the study could not isolate the effects of individualized services (separate from basic services) in particular.

More evidence could be helpful to understand the impact of individualized career services on UI claimants' outcomes. Generating new evidence appears feasible. Random assignment methods used in the past can be used in the future to evaluate such individualized services. Studies could evaluate the impact of a bundle of services, isolated impacts of separate components of the bundle, or relative impacts of different versions of a component. However, though feasible, such evaluations are challenging for two reasons:

The first concerns required sample sizes. Evaluations of individualized services would require larger sample sizes than would evaluations of whole RESEA programs.¹² Evaluations of the relative effectiveness of different individualized services would require even larger samples.¹³

We offer two approaches to states seeking to address the sample size challenge:

- **Pool with other states.** Prior to the surge in UI claims during the COVID-19 pandemic, it appeared that only a few of the largest states could muster samples large enough to detect impacts of individualized career services on weeks of UI and employment using an RCT.¹⁴ To overcome challenges with obtaining sufficiently large samples, states with sufficiently similar interventions could consider partnering together on a single evaluation to pool samples in a multi-state experimental study.^{15,16}
- **Retrospective non-experimental study.** Non-experimental evaluation methods generally require even larger samples than do experimental evaluations of the same intervention. Still, such methods allow states to evaluate their programs retrospectively, perhaps combining data from several years to meet sample size requirements. However, non-experimental designs are complex, and it can be challenging for evaluations using such designs to meet the standards established by DOL's Clearinghouse for Labor Evaluation and Research for high or moderate causal evidence.¹⁷

Second, evaluating individualized career services poses logistical challenges. To the extent that any individualized career services are required components of RESEA programs, such requirements could complicate any evaluation designs that involve some form of service denial to a group of participants.¹⁸ Also, evaluations of different service models might require states to administer two parallel but different individualized career service packages at the same time, ideally in the same office.

States may consider different evaluation design options to address the logistical challenges. For example, using a clustered random assignment design, evaluators could assign American Job Centers, rather than individual claimants, to different study groups. Alternatively, if states are able to conduct a staggered rollout (i.e., implemented at different American Job Centers at different times) of a modified RESEA program model, evaluators might be able to estimate impacts of the modification using an Interrupted Time Series design. These approaches would avoid implementation of multiple service packages in the same office. Finally, a randomized encouragement design would randomly assign claimants to receive some kind of additional information or incentive that attempts to increase claimants' use of basic services. Relative to a random assignment design, this approach avoids the legal and logistical concerns of randomly assigning claimants to either receive or not receive services.¹⁹ We review these and other design options in depth in a separate report (Klerman, et al., 2022).

No matter how states choose to conduct future evaluations of individualized career services, the services or strategies tested should be well documented to make them practically useful to others. If a state finds that a particular type of individualized career service (e.g., group or individual counseling) is effective, program designers and administrators in other states would need to understand the design, logistics, cost, and operation

of that service in detail in order to replicate it in their program. Such detail would similarly be needed for researchers interested in testing the impact of that service in a different state. Careful implementation analysis, when included with the impact analysis, could document the details of service delivery so as to allow for replication.²⁰

When designing interventions to test, states could draw on existing implementation studies and similar analyses that already define specific services, describe their objectives, and define the approach to implementation (e.g., methods, staffing, and other resources).

Notes

1. Readers can find more detail about each study discussed in this brief through CLEAR: <https://clear.dol.gov/reemployment-services-and-eligibility-assessments-resea>.
2. See the formal definition of individualized career services in federal regulations at 20 CFR 678.430. Prior to WIOA, reemployment services under WIA were categorized as either “core” or “intensive.” WIOA collapses those categories into “career services,” of which there are three types: basic, individualized, and follow-up. WIOA’s individualized career services are comparable to intensive services under WIA.
3. Throughout this brief, we only discuss findings for which the authors report impacts that were statistically significant at $p < 0.1$.
4. These estimates are based on internal calculations by the authors. These studies report increases in employment rates of about 1 percentage point and increases in quarterly earnings of about \$200 (measured in 2017 dollars).
5. Implementation studies of REA programs suggest that most REA services would be categorized as “basic career services” under WIOA guidelines. However, these studies cannot report on the amount of time devoted to each service. Therefore, because individualized services are assumed to be more time intensive than other types, it is unclear whether REA program participants spent most of their *time* in “basic” or “individualized” services. Moreover, states sometimes differ in their categorization of services as either “basic” or “individualized” (D’Amico et al., 2015).
6. Required REA components included a UI eligibility assessment, customized labor market information, registration with the state’s job bank, an orientation to AJC services, development of an individual reemployment plan, and a referral to reemployment services and/or training. These components are similar RESEA’s minimum required components.
7. Note that the study was not able to identify what directly led to the client receiving each service—for example, an REA referral, self-service referral, etc.
8. The evaluation also reported impacts under the WIA Adult program, but the evidence for positive impacts for workers served by that program is much weaker. Regardless, we focus on the dislocated worker population in this brief because UI claimants make up a much larger share of such workers. In the WIA evaluation, roughly 60 percent of WIA Dislocated Worker program participants were UI claimants at the time of study enrollment.
9. WIA’s “intensive services” align closely with what are considered “individualized career services” under WIOA.
10. This impact is significant at the $p < 0.1$ level and is reported from survey data. Using administrative data from the National Directory of New Hires (NDNH), the study did not find any impacts from intensive services on earnings among dislocated workers. In a separate analysis, Mastri and colleagues

(2018) compared annual impact estimates from survey and NDNH data to administrative tax data. They found that in the first year following random assignment, the survey data impact estimates compared more favorably with the estimates using tax data (considered a more comprehensive source). The authors also reported several countervailing sources of differences between the evaluation's survey data and NDNH earnings data. First, NDNH administrative data tends to not capture 10-33 percent of jobs held by survey respondents. Second, for a given job, earnings reported from survey data tend to exceed the earnings recorded in administrative data. Third, survey respondents tend to report holding fewer jobs than are recorded in administrative data. The second and third differences are more pronounced when survey respondents are asked to recall information from further in the past. Readers should consider the potential for each difference when interpreting impact estimates.

11. About a third of participants in the “intensive services” study group also regularly participated in job clubs, but not at significantly higher rates than the study’s comparison group. Thus, any impacts attributed to the receipt of intensive services could not have been due to participation in job clubs.
12. See *REA Impact Study Briefs: Methodological Insights*, available at <https://www.dol.gov/sites/dolgov/files/OASP/evaluation/pdf/REA%20Impact%20Study%20Briefs%20-%20Methodological%20Insights.pdf>.
13. Rather than comparing the relative effectiveness of different basic career services, a state could elect to evaluate the impact of all basic career services relative to no services. If these larger service contrasts have bigger impacts, then required sample sizes would be smaller. However, the results of such an evaluation would not offer evidence of potential improvements to existing service delivery.
14. The World Health Organization declared the COVID-19 outbreak a pandemic on March 11, 2020. <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>
15. See *REA Impact Study Briefs: Methodological Insights*, available at <https://www.dol.gov/sites/dolgov/files/OASP/evaluation/pdf/REA%20Impact%20Study%20Briefs%20-%20Methodological%20Insights.pdf>.
16. Though pooling samples in a multi-state non-experimental study is theoretically possible, the approach offers little to no advantage over a comparable multi-state experimental study. For more discussion, see the *Reemployment Services and Eligibility Assessment (RESEA) Evaluation Toolkit: Key Elements for State RESEA Programs*, available here: https://rc.workforcegps.org/resources/2019/07/30/17/32/RESEA_Evaluation_Evidence_Resources.
17. The RESEA context in particular makes it hard to find a non-experimental comparison group that would be credible (Mills De La Rosa et al., 2021).
18. In an experimental evaluation of WIA services, the design did not involve denying core services to study participants. The RESEA program does not face the same universal service requirements as do WIA-funded programs, but denial of basic career services could be equally unpalatable.
19. Under a randomized encouragement design, all study participants are permitted to engage in services, but some participants (i.e., a treatment group) are randomly selected for extra encouragement to engage in services whereas other participants (i.e., a control group) receive no extra encouragement. This random encouragement is intended to generate a contrast in service receipt between the treatment and control groups that allows for estimation of impacts of the services. That encouraged contrast is expected to be smaller than that of a random assignment design, which assigns treatment group participants to treatment services and may bar control group members from those services.

Encouragement designs are expected to require larger sample sizes, perhaps several times larger than assignment designs, depending on the extent to which encouraged treatment group members take up the intended treatment.

20. For more information about implementation studies, see the *Reemployment Services and Eligibility Assessment (RESEA) Evaluation Toolkit: Key Elements for State RESEA Programs*, available here: https://www.dol.gov/sites/dolgov/files/OASP/evaluation/pdf/RESEA_Toolkit_February2021.pdf.

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