

# **SURVEY OF LWIA STRUCTURE AND SERVICE PROVISION**

**OMB CONTROL NO. 1205-0436**

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The U.S. Department of Labor (DOL) is conducting this survey of Local Workforce Investment Areas to help us better understand how local areas operate and the services they provide. Your responses will provide essential information to help us prepare for eventual reauthorization of the Workforce Investment Act.

The survey has 37 questions, covering the full range of topics on LWIA operations. If you cannot reasonably provide a precise answer with a modest amount of research, please give your best estimate. Based on a pilot test of this survey instrument, we believe that it will take you 30-45 minutes to complete the survey.

Unless otherwise noted, all questions refer to all three WIA funding streams: adult, dislocated worker, and youth.

The survey is divided into 9 sections (A-I). You will not be able to return to a previous section once you have moved to the next one. However, you will be provided an option to edit your responses once you have completed all 9 sections. You will be able to download and print a Word copy of the survey if you would like to fill in your responses manually before recording them on-line. Once your responses have been recorded on-line, it is highly advisable that you print a copy for your records and to serve as a back up in the event your submission is unsuccessful. If you would prefer to fax your hard copy to us, please send the survey to the attention of Hania AlSaket, fax number 301-731-3793.

Authority to collect this information under the Paperwork Reduction Act is approved by the Office of Management and Budget under Control No. 1205-0436. Reports based on the data will contain tabulations and summaries only.

Thank you for taking this survey. If you have any questions about specific issues in the survey instrument, please contact Hania AlSaket by phone at 301-731-3790, ext. 245 or email [halsaket@exceedcorporation.com](mailto:halsaket@exceedcorporation.com).

## Respondent Information

State Name: \_\_\_\_\_

LWIA Name: \_\_\_\_\_

Respondent's Name: \_\_\_\_\_

Respondent's Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

## Section A: LWIA Background and Characteristics

A1. Is your LWIA primarily rural or urban? Select the geographic description that best describes the type of area in which the LWIA operates. (CIRCLE ONE RESPONSE)

- 1 Primarily rural
- 2 Primarily urban
- 3 Primarily suburban
- 4 Combines rural and urban/suburban areas

A2. When were your LWIA boundaries established?

\_\_\_\_\_ Year

\_\_\_\_\_ Don't know

A3. How important were each of the following factors in drawing the boundaries of the LWIA? (CIRCLE ONE RESPONSE IN EACH ROW)

LWIA boundaries were drawn:	Not Important	Somewhat Important	Important	Very Important	Don't Know
a. To match the labor market boundaries	1	2	3	4	9
b. To match those of a local educational agency	1	2	3	4	9
c. To match those of a single political jurisdiction	1	2	3	4	9
d. To match multiple political jurisdictions	1	2	3	4	9
e. To match the JTPA-era Service Delivery Area's boundaries	1	2	3	4	9
f. Other _____	1	2	3	4	9

A4. What are the most important benefits and liabilities of your LWIA's boundaries?

Benefits \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Liabilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A5. The following statements are about factors that might influence your ability to collaborate with neighboring LWIAs on regional labor market issues. For each statement, please indicate whether you strongly disagree, disagree, agree, or strongly agree. (PLEASE CIRCLE ONE RESPONSE IN EACH ROW)

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
a. A regional forum exists in my area to facilitate collaboration	1	2	3	4
b. There is a lack of leadership on collaboration in this region	1	2	3	4
c. Our LWIA collaborates successfully on regional labor market issues	1	2	3	4
d. Our LWIA staff are trained in regional economic development issues	1	2	3	4
e. Our LWIA has worked together successfully with neighboring LWIAs on economic development issues and/or projects	1	2	3	4
f. Our LWIA staff lacks time to participate in regional collaboration	1	2	3	4
g. Funds are not available to support collaboration	1	2	3	4
h. There are other factors that facilitate collaboration among LWIAs in my region. Specify: _____	1	2	3	4
i. There are other barriers to collaboration among LWIAs in my region. Specify: _____	1	2	3	4

## Section B: Governance

B1. How would you rate the effectiveness of your Local Workforce Investment Board?

1. Very effective
2. Effective
3. Ineffective
4. Very ineffective

B2. The following statements are about factors that might influence your Local Workforce Investment Board's effectiveness. For each statement, please indicate whether you strongly disagree, disagree, agree, or strongly agree. (PLEASE CIRCLE ONE RESPONSE IN EACH ROW)

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
j. Distances are too great for Board members to attend meetings regularly	1	2	3	4
k. Members are too busy to attend Board meetings	1	2	3	4
l. Membership has been stable for several years	1	2	3	4
m. Members turn over too frequently	1	2	3	4
n. Members are not knowledgeable about workforce investment issues in this area	1	2	3	4
o. Members are highly qualified	1	2	3	4
p. Funds are insufficient to support the Board's work	1	2	3	4
q. The Board is too large	1	2	3	4
r. Required partners are willing and active participants	1	2	3	4
s. Business partners represent the major employers in this area	1	2	3	4
t. The Board focuses too much on day-to-day operations	1	2	3	4
u. There are other factors that facilitate the Board's effectiveness. Specify: _____	1	2	3	4
v. There are other factors that hinder the	1	2	3	4

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
Board's effectiveness. Specify: _____				

## Section C: Partnerships and Funding

C1. From the following list of required or potential workforce partners, rate the importance of your partners' contributions to operating your area's One-Stop system. (CIRCLE ONE RESPONSE IN EACH ROW)

	<b>Not a Partner</b>	<b>Not Important</b>	<b>Somewhat Important</b>	<b>Important</b>	<b>Very Important</b>
a. Wagner-Peyser	0	1	2	3	4
b. Adult Education programs	0	1	2	3	4
c. Perkins Postsecondary Vocational Education	0	1	2	3	4
d. Vocational Rehabilitation	0	1	2	3	4
e. Senior Community Services Employment Program	0	1	2	3	4
f. Trade Adjustment Assistance	0	1	2	3	4
g. Veterans programs	0	1	2	3	4
h. TANF	0	1	2	3	4
i. Community Services Block Grants	0	1	2	3	4
j. HUD Employment and Training	0	1	2	3	4
k. Unemployment Insurance	0	1	2	3	4
l. Indian and Native American programs	0	1	2	3	4
m. Migrant and seasonal farm worker programs	0	1	2	3	4
n. K-12 system	0	1	2	3	4
o. Community colleges	0	1	2	3	4
p. Economic development organizations	0	1	2	3	4
q. Business groups (associations)	0	1	2	3	4
r. Community-based organizations	0	1	2	3	4
s. Faith-based organizations	0	1	2	3	4
t. Labor organizations	0	1	2	3	4
u. Political jurisdiction Please specify: _____	0	1	2	3	4
v. Other _____	0	1	2	3	4

- C2. Considering all the One-Stop comprehensive and satellite centers in your service area, please describe whether or not each of the following partners contributed to the costs of operating these sites. Were funds provided in cash for the centers to procure facilities, equipment or services; in-kind, that is, facilities space, equipment or services were donated EXCLUDING staff time; or both? (CIRCLE ONE RESPONSE FOR EACH ROW)

	<b>C2. Contributed to Center Costs?</b>			
	<b>Cash</b>	<b>Non Staff In-Kind</b>	<b>Both</b>	<b>Did not Contribute</b>
a. Wagner-Peyser	1	2	3	4
b. Adult Education programs	1	2	3	4
c. Perkins Postsecondary Voc Ed.	1	2	3	4
d. Vocational Rehabilitation	1	2	3	4
e. Senior Community Services	1	2	3	4
f. Trade Adjustment Assistance	1	2	3	4
g. Veterans programs	1	2	3	4
h. TANF	1	2	3	4
i. Community Services Block Grants	1	2	3	4
j. HUD Employment and Training	1	2	3	4
k. Unemployment Insurance	1	2	3	4
l. Indian & Native American programs	1	2	3	4
m. Farm worker programs	1	2	3	4
n. K-12 system	1	2	3	4
o. Community colleges	1	2	3	4
p. Economic development organizations	1	2	3	4
q. Business groups	1	2	3	4
r. Community-based organization	1	2	3	4
s. Faith-based organizations	1	2	3	4
t. Labor organizations	1	2	3	4
u. Political jurisdiction Please specify: _____	1	2	3	4
v. Other _____	1	2	3	4



**C3. Please describe the extent of your partners' contributions to funding each of the following services.**

	None 0%	1% to 25%	26% to 50%	51% to 75%	76% to 100%
a. For providing self-help or information services (e.g., running the Resource Room)					
b. For adult customers					
c. For dislocated worker customers					
d. For youth customers					
e. For employers					
f. Core Services					
g. Intensive Services					
h. Training					
i. Supportive Services					

**C4. Approximately what percentage of your WIA funds are used for each of the following on an annual basis? Again, please provide your best estimate from the categories below. (Please note that each column should sum to less than 100%.)**

	Percentage of Adult Funds	Percentage of Dislocated Worker Funds	Percentage of Youth Funds
WIB Expenses			
One Stop Operating Costs			
Infrastructure			
LWIA/One Stop Staff Training			
LWIA/One Stop Center Staff Salaries and Expenses			
Communication including Internet			
Performance management, including data collection			

C5. Approximately what percentage of your spending (excluding client services) is fixed (i.e., does not vary with the number of clients you serve)? \_\_\_\_%

C6. How adequate is the level of service your local area provides in each of the areas listed below? (CIRCLE ONE RESPONSE IN EACH ROW)

	<b>Very Inadequate</b>	<b>Generally Inadequate</b>	<b>Generally Adequate</b>	<b>More Than Adequate</b>
a. Self-help or information services (e.g., running the Resource Room)	1	2	3	4
b. Services for adult customers	1	2	3	4
c. Services for dislocated worker customers	1	2	3	4
d. Services for youth customers	1	2	3	4
e. Services for employers	1	2	3	4
f. Core Services	1	2	3	4
g. Intensive Services	1	2	3	4
h. Training	1	2	3	4
i. Supportive Services	1	2	3	4

## Section D. Staffing

D1. Considering all the One-Stop comprehensive and satellite centers in this LWIA, how many staff members, expressed as full-time equivalent persons (FTEs), does each of the following partners contribute? If a partner does not contribute any staff time, please circle '0'; otherwise enter the number of FTEs. A portion of a person's time can be indicated to the right of the decimal point. For example, if Partner A contributed 5.5 FTEs, it would be entered as follows:

Partner A	0	OR	5 . 5	FTEs
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CIRCLE '0' FOR NONE, OR ENTER THE NUMBER OF FULL-TIME EQUIVALENT STAFF (FTEs)

	NONE	OR	NUMBER OF FTEs_ (INC. DECIMAL, FOR PART PERSONS)
a. WIA-funded (inc. contractor) staff...	0	OR	_____ . ____ FTEs
b. Wagner-Peyser .....	0	OR	_____ . ____ FTEs
c. Vocational Rehabilitation .....	0	OR	_____ . ____ FTEs
d. Adult Education .....	0	OR	_____ . ____ FTEs
Other required One-Stop partner			
e. _____ (Name) ...	0	OR	_____ . ____ FTEs
f. _____ (Name) ...	0	OR	_____ . ____ FTEs
g. _____ (Name) ...	0	OR	_____ . ____ FTEs
Other organization			
h. _____ (Name) ...	0	OR	_____ . ____ FTEs
i. _____ (Name) ...	0	OR	_____ . ____ FTEs
j. _____ (Name) ...	0	OR	_____ . ____ FTEs

D2. How many staff members (in FTEs) are paid out of WIA funds to support the local Workforce Investment Board? (ENTER THE NUMBER OF FTEs IN THE SPACE BELOW. A PORTION OF A PERSON'S TIME CAN BE INDICATED TO THE RIGHT OF THE DECIMAL POINT).

\_\_\_\_\_ . \_\_\_\_ FTEs paid by WIA to support the Board





E4. How important is each of the following factors in explaining why you have fewer centers (both comprehensive and affiliate) than you need? (CIRCLE ONE RESPONSE IN EACH ROW)

	<b>Not Important</b>	<b>Somewhat Important</b>	<b>Important</b>	<b>Very Important</b>
a. Our WIA funding is not adequate	1	2	3	4
b. Our Wagner-Peyser funding is not adequate	1	2	3	4
c. Our Board decided to establish comprehensive centers rather than having more satellite centers	1	2	3	4
d. We have not been able to find appropriate space	1	2	3	4
e. Our partners are not able to support the establishment of new centers	1	2	3	4
f. Other _____	1	2	3	4

## Section F: Services to Adult and Dislocated Worker Customers

F1. What is the approximate average caseload for your One-Stop case managers?

\_\_\_\_\_ Customers per case manager

F2. From the following list of services for adults and dislocated workers, please indicate your assessment of the quality of the service as offered by this LWIA's One-Stop system. (CIRCLE ONE RESPONSE IN EACH ROW, IF THE SERVICE IS NOT OFFERED CIRCLE 0)

	<b>F3. Assessment of Quality</b>				
	Services not Offered	Don't Know if Service is Offered	Low Quality	Moderate Quality	High Quality
a. Access to job listings	0	9	1	2	3
b. Job search assistance	0	9	1	2	3
c. Resume writing assistance	0	9	1	2	3
d. Resume posting for employers to view	0	9	1	2	3
e. Training in interviewing techniques	0	9	1	2	3
f. Basic skills assessments	0	9	1	2	3
g. Career assessment	0	9	1	2	3
h. Career planning	0	9	1	2	3
i. Career information delivery systems	0	9	1	2	3
k. Tools to help develop job skills	0	9	1	2	3
l. Information on eligible training providers	0	9	1	2	3
m. Labor market information	0	9	1	2	3

F3 Please indicate if any of the following factors have or have not challenged your ability to implement effective services for adults and dislocated workers. (CIRCLE ONE RESPONSE IN EACH ROW)

	<b>Has Not Been a Challenge</b>	<b>Somewhat of a Challenge</b>	<b>A Substantial Challenge</b>
a. Having the budget to provide all the services our customers need	1	2	3
b. Having enough staff	1	2	3
c. Finding staff with the right skills	1	2	3

	<b>Has Not Been a Challenge</b>	<b>Somewhat of a Challenge</b>	<b>A Substantial Challenge</b>
d. Accommodating persons with limited English proficiency	1	2	3
e. Accommodating persons with poor computer skills	1	2	3
f. Accommodating persons with disabilities	1	2	3
g. Having adequate physical space	1	2	3
h. Having One-Stop centers that customers can access easily	1	2	3

F4. If you listed challenges to implementing effective services to adults and dislocated workers (in the previous question) that have been successfully overcome, please briefly describe the strategies your local area has used to overcome these challenges.

1 I did not list any challenges to implementing effective services to adult and dislocated workers (in the previous question).  
 ==> SKIP TO QUESTION F5.

2 Strategies: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

F5. What percentage of your annual WIA expenditures is used to provide training services? In calculating the amount spent for training, please count *only* the amount expended for ITA awards, OJT contracts, or other contract or customized training, and NOT staff time, supportive services, or ancillary expenses used to support customers in training.

a. For the adult program \_\_\_\_\_ % (percentage of total WIA adult expenditures used for training)

b. For the dislocated worker program \_\_\_\_\_ % (percentage of total WIA dislocated worker expenditures used for training)



F6. HOW IMPORTANT IS EACH OF THESE FACTORS IN LIMITING THE AMOUNT YOU SPEND ON TRAINING? (PLEASE CIRCLE ONE RESPONSE IN EACH ROW)

	<u>Not Important</u>	<u>Somewhat Important</u>	<u>Important</u>	<u>Very Important</u>
a. Funds are consumed by One-Stop operating costs	1	2	3	4
b. Funds are consumed by staff costs	1	2	3	4
c. This LWIA emphasizes core and intensive services	1	2	3	4
d. Our WIA allocation is not enough to provide the level of training we would like	1	2	3	4
e. Suitable training is not available in this LWIA	1	2	3	4

F7. How many ITAs did you award in PY 06 and what was the average amount per person? (IF YOU AWARDED 0 ITAS IN PY 06, PLEASE INDICATE 0 ON EACH LINE)

	Number of ITAs Awarded	Average Amount Awarded	Average Amount Expended
For those in the <i>adult</i> program			
For those in the <i>dislocated worker</i> program			

F8. Does your LWIA set a cap on the maximum amount it will award in an ITA for any individual?

- 1 Yes → What is the ITA cap? \$ \_\_\_\_\_
- 2 No

F9. Do you have an adequate number of training programs *in your LWIA* for ITA holders? Please indicate if the number of training programs in your LWIA is very adequate, mostly adequate, mostly inadequate, or very inadequate.

- 1 Very Adequate =====> SKIP TO QUESTION F13
- 2 Mostly Adequate =====> SKIP TO QUESTION F13
- 3 Mostly Inadequate
- 4 Very Inadequate

F10. If the number of training programs *in your LWIA* is mostly or very inadequate, what strategies do you use to provide adequate training opportunities? (CIRCLE ALL THAT APPLY)

- 1 Send customers to training providers in other LWIAs
- 2 Use distance learning
- 3 Create customized training for employers
- 4 Use OJT
- 5 Work with training providers in this LWIA to develop new training programs
- 6 Other Specify \_\_\_\_\_

## Section G: Services to Youth Customers

G1. Is there an adequate number of youth service agencies in your LWIA to provide:

	Very Inadequate	Inadequate	Adequate	Very Adequate
a. Youth services in all parts of the LWIA?	1	2	3	4
b. All required youth service elements?	1	2	3	4
c. Youth services of high quality?	1	2	3	4

G2. FROM THE FOLLOWING LIST OF SERVICES, PLEASE INDICATE YOUR ASSESSMENT OF THE QUALITY OF YOUTH SERVICES AS OFFERED BY THIS LWIA'S ONE-STOP SYSTEM. (Circle one Response in each row, if the service is not offered circle 0)

	G2. Assessment of Quality				
	Services not Offered	Don't Know if Service is Offered	Low Quality	Moderate Quality	High Quality
a. Drop out prevention strategies (including tutoring & study skills training)	0	9	1	2	3
b. Alternative secondary school services	0	9	1	2	3
c. Summer employment	0	9	1	2	3
d. Paid & unpaid work experiences (including internships & job shadowing)	0	9	1	2	3
e. Occupational skill training	0	9	1	2	3
f. Leadership development	0	9	1	2	3
g. Supportive services	0	9	1	2	3
h. Adult mentoring	0	9	1	2	3
i. Follow-up services	0	9	1	2	3
k. Guidance & counseling	0	9	1	2	3

## Section H: Services to Employer Customers

H1. Do you use WIA funding to support staff specifically for serving employers?

1 Yes

2 No =====> SKIP TO QUESTION H3

H2. How many WIA-funded staff focus on employer services? Please provide your answer in two ways: number of persons and full time staff equivalent (For full time staff equivalent, use the space to the right of the decimal point to denote persons whose time is partially devoted to providing employer services.)

\_\_\_\_\_ Persons

\_\_ \_\_ . \_\_ FTEs

H3. HOW IMPORTANT IS EACH OF THE FOLLOWING FACTORS IN DETERMINING THE AMOUNT OF WIA FUNDS YOU DEVOTE TO EMPLOYER SERVICES? (Circle one response in each row)

	<b>Not Important</b>	<b>Somewhat Important</b>	<b>Important</b>	<b>Very Important</b>
a. Funds are consumed by One-Stop infrastructure costs	1	2	3	4
b. Funds are consumed providing services to job seekers	1	2	3	4
c. Our WIA allocation is not enough to operate efficiently	1	2	3	4
d. Wagner-Peyser provides employer services	1	2	3	4
e. Other partners provide employer services	1	2	3	4
f. Other _____	1	2	3	4

## Section I: Outcomes

- I1. DO ANY OF THE FOLLOWING FACTORS AFFECT YOUR ABILITY TO ACHIEVE HIGHER PERFORMANCE ON THE COMMON MEASURES? FOR EACH STATEMENT, PLEASE INDICATE WHETHER YOU THINK IT IS NOT IMPORTANT, SOMEWHAT IMPORTANT, IMPORTANT, OR VERY IMPORTANT IN LIMITING YOUR ABILITY TO ACHIEVE HIGHER PERFORMANCE. (Circle one response in each row)

	<b>Not Important</b>	<b>Somewhat Important</b>	<b>Important</b>	<b>Very Important</b>
a. We are not able to provide the full range of services customers need to achieve good outcomes	1	2	3	4
b. Many of our customers are not job ready, even after the services we provide	1	2	3	4
c. The labor market area does not offer enough job opportunities at self-sufficient wages	1	2	3	4
d. We are not able to devote sufficient resources to job development	1	2	3	4
e. We are not able to devote sufficient resources to follow-up services	1	2	3	4
f. Other _____	1	2	3	4

Privacy: Responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific district or individual. We will not provide information that identifies you or your district to anyone outside the study team, except as required by law.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number (OMB 1205-0436, expires 5/31/2010). Responding to this questionnaire, which seeks to help the Department of Labor understand how WIA local areas (LWIAs) operate and what services they provide, is voluntary. Public reporting burden for this collection of information is estimated to average 2/3 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Policy, Development and Evaluation \* U.S. Department of Labor \* Room N5641 \* 200 Constitution Ave., NW \* Washington, DC \* 20210. **Do NOT send the completed questionnaire to this address.**