W *e*

Women Employed

Illinois Career Pathways Initiative

Responses to "Burning Questions" from the *Creating Bridge Programs in Healthcare* Technical Assistance Conference

Whitney Smith, Chicago Jobs Council
Deborah Hagman-Shannon, DHS Consulting
Judith Kossy, Policy Planning Partners
Davis Jenkins, UIC Great Cities Institute
Toni Henle, Women Employed

Women Employed, 111 N. Wabash, Suite 1300, Chicago, IL 60602
Phone 312-782-3902 Fax 312-782-5249 www.womenemployed.org

Table of Contents

Each question and section is hyperlinked to its corresponding place/answer in the document. You may click on the question for quick and easy access to your specific area of interest.

Building Partnerships with the Healthcare Industry

1. *How can healthcare organizations be engaged to become part of the learning environment and system? How can their financial support be increased?*

2. How do we address the shortage of health care faculty?

3. What are the incentives to becoming a nursing educator?

4. Has the healthcare industry developed career pathways across departments? Have they promoted these with incumbent workers?

5. Are the Workforce Boards engaging healthcare employers in dispelling the myths and addressing the barriers of hiring persons with felony convictions?

6. Any suggestions for how to deal with temp agencies as competitors for healthcare employers? In our area, it feels like temp agencies are monopolizing all the employers and the employers prefer to work with them to avoid paying benefits.

7. How do you tap into/utilize/partner with other CBOs to assist with support services?

Funding

1. What are the possible funding sources for Bridge programs? (What are other possible sources of funding besides the CSSI? What are other potential funding sources for Bridge program activities outside existing college funds? Can you recommend other funding opportunities besides DCEO? Bridge programs can be expensive. What are some creative ways to fund programs particularly support services? How can agencies be compensated to take a client completely through the Bridge program? What does the future of funding for Bridge programs look like?)

2. Give us models on how funding flows to partners (division of labor).

3. When is the RFP coming out for CSSI? What is the application timeline?

4. Since the Critical Skills Shortages Initiative (CSSI) is supported with state Workforce Investment Act funds, are all selected CSSI projects required to enroll participants into WIA? (What is the best way to deal with WIA funds? Do participants have to be enrolled in WIA to get CSSI dollars?)

5. What's the status of Perkins?

6. What is the future of TIF? Is it still projected to end June 30?

7. How can we get funding to do "Bridge program" mapping and develop a database of Bridge programs and a Bridge network?

Collaboration

1. How will this information be shared so we can learn from each other? How do we coordinate knowledge and resources of existing funds, programs, and linkages to Bridge programs?

2. What ideas do people have for maintaining the energy and momentum of our team and infusing that energy into each of our individual organizations?

Additional Data on Healthcare

1. What is the wage data on home healthcare?

2. Is there employment data on dental hygiene and medical billing?

3. Do the positions Mary Ann Kelly highlighted in her presentation come with good benefits?

Accountability/Measuring Success

1. Are there models for evaluating Bridge programs and promoting their success?

2. How does evaluation of Bridge programs get developed? Are there existing models? What is in accordance with state standards? DACUM process?

3. How do we set quality (serving employer needs) and outcomes rather than just number of clients in programs?

4. How do you address the community college need to create opportunities for students and the requirement to succeed (prove outcomes and results)?

5. How do we develop milestones over time so agencies can fund a customer to reach goals in their career path? (How do you develop a funding mechanism that promotes graduated outcomes?)

6. How can we create benchmarks to hold agencies and clients accountable during a "long term" Bridge training program?

Policy Issues that Emerge from the Questions

1. Do state and local guidelines allow existing funding streams to support case management and supportive services, which are essential to the success of students? If their interpretation is narrow, we could provide examples of other states and local boards who make this work under current federal rules.

2. What is the interest in redirecting funds to create sustainable models with coordinated funding to create Bridge programs that meet employer and community (employee) needs?

3. How do you align industry, accrediting bodies, community colleges, etc. to support the achievement of a common goal, i.e., preparing students for healthcare careers? (How do we align policy and government?)

Introduction

On May 5, 2004, the Workforce Boards of Metropolitan Chicago, the Chicago Jobs Council, UIC's Great Cities Institute, and Women Employed co-sponsored a Technical Assistance Conference, Creating Bridge Programs in Healthcare. More than 20 teams of community colleges and community based organizations participated in the working conference, creating a "plan to plan" and thereby establish Bridge programs at their respective organizations.

As a result of this planning period, questions of vital importance to the growth and sustainability of a Bridge program were raised. This document contains all questions submitted by the teams as well as answers compiled by the authors.

This document will be available on the Increasing Access to Education page of Women Employed's web site at http://www.womenemployed.org/issues/education.php. In addition, three other Bridge program documents – an introductory document, a planning guide for creating Bridge programs, and an outline of available funding streams – will also be available on the web site.

Curriculum, Assessment, Retention

1. *How do you determine competencies and curriculum? (Is there a difference between the types of competency taught in credit vs. noncredit programs? We need better assessments of students who transition into credit courses from Bridge programs -- how do we do that?)*

    Competencies for Bridge programs should be defined in terms of the skills, attitudes and behaviors needed both to enter and to succeed at the next levels of employment and education or training. So, for example, if jobs or education at the next level require certain sorts of tests for entry, Bridge programs should help students become proficient test takers and master the sorts of skills and knowledge assessed by the target jobs or programs. If students are progressing to the next level and then failing, the program should examine whether the Bridge program is fully capturing the competencies needed to succeed at the next level and make appropriate adjustments. Faculty from both the Bridge and advancement levels must work together to ensure that the curricula are appropriately integrated; in addition, students should be evaluated to determine common learning needs and the learning strategies that can best respond to them (see "Getting Buy-In" section, below). For instance, students who have learning disabilities should be identified so that they can be taught using appropriate learning strategies.

    While specific technical skills or knowledge may be part of the requirements for advancement to the next level, Bridge programs tend to focus on broad enabling skills, such as communication, applied math, problem-solving, teamwork, and college and career success skills. Bridge programs often teach these enabling skills in the context of instruction on technical skills. They also try to give students a sense of the "big picture" by exposing them to the opportunities available and making clear the requirements of success at each step on the "pathway." This helps to motivate students to invest the time and resources needed to move ahead.

    It is essential to the process of defining Bridge program competencies to work with employers and educators or trainers to map out pathways for advancement and identify the qualifications needed to succeed at each step along these paths.

2. *What is the best way to learn about expectations and requirements of our target employer group **and** how we translate that into career awareness and meeting student needs? How do you align the curriculum to address the needs of the target population? How do you get and keep people in skills readiness classes? Are there any models available?*

    A critical first step to ensuring that Bridge programs meet the needs of the target population is to thoroughly assess prospective students. This means not only ensuring that they have the basic skills to thrive at the expected level (if not, ideally there are lower-level Bridge programs to which they can be referred), but also have an understanding of what is expected of them and have objectives consistent with those of the program. Bridge programs require a high level of commitment on the part of students, so it is important to determine from the outset that the program is a good fit for applicants and that applicants are committed to completing the program.

    Another key strategy is to use instructional methods appropriate for adult learners. This means making explicit the connection between what is being taught to the job, education

or other life objectives of the students; using problems, issues, and situations from outside of the classroom as the context for learning; and taking advantage in teaching of the prodigious amount of knowledge and experience that adults bring with them to the learning situation. An excellent set of guidelines for teaching adults with limited basic skills is the *Equipped for the Future* framework developed by the National Institute for Literacy (http://www.nifl.gov/lincs/collections/eff/eff.html).

A practical, yet essential, approach to meeting the target population's needs is to offer Bridge training at times and places convenient to adults, and to compress or accelerate as much as possible the time it takes to complete the program, understanding that working adults, particularly those in low-wage jobs, have very little time for learning.

What attracts most applicants to Bridge programs is the prospect for advancement to a better job. So the job connection needs to be emphasized throughout the program. Applicants may have less clear goals for education. Among the key aims of a Bridge program are to help participants understand the opportunities available to them for further education and training, inspire their confidence that they are capable of succeeding in further learning, and enable them to develop the "tools" to do so.

Many Bridge program participants need individualized guidance and support to complete Bridge programs. Ideally, staff and faculty should work together to provide the necessary support to every student. For colleges, it helps to partner with community organizations with the experience, capacity and funding to provide case management and support services to disadvantaged clients.

3. *Are there regulations that prevent community colleges from reducing their 12th grade reading level requirement for credit courses? Are there ways to change the entry-level requirements?*

Not all community college programs require a 12th grade reading level. It is incumbent upon Bridge programs to understand the requirements of target college programs and their methods of assessment.

Bridge programs sometimes enable students who lack the basic skills required for college-level programs to earn college credit. They do this by incorporating into the curriculum the teaching of competencies taught in college-level programs. They make agreements with the faculty of college-level programs to accept for credit, mastery of competencies attained through Bridge training. This is analogous to the relatively common practice in undergraduate education of allowing students to "test out" of a given course.

4. *What has the experience been in linking lower level performing students with higher performing students to enhance learning?*

Generally, it is difficult to teach students who have widely different levels of basic skills. Within a classroom, however, it does make sense to encourage students to work together and support and even teach one another. While there is a place in Bridge programs for "self-paced" learning, most Bridge programs find that having students move through as cohorts is the most effective approach, since it helps students to develop a mutual support system for themselves.

5. *Are there other ways to get certifications besides community colleges?*

    Four-year institutions, private for-profit schools and non-profit organizations also provide training leading to industry/professional certifications. Contact your local workforce board for information on these programs. Also, the Workforce Boards of Metro Chicago commissioned an inventory of healthcare training programs in the Northeast Region as part of the CSSI process; this should eventually be posted on their website (www.workforceboardsmetrochicago.org).

6. *How can we open up the pipeline, i.e., figure out innovative ways to train people for healthcare careers? Huge numbers of students want healthcare careers and lots of jobs exist, but there aren't enough seats in community colleges to accommodate the number of interested students.*

    The Workforce Boards of Metropolitan Chicago's Critical Skill Shortages Initiative process for healthcare has identified Education/Training Capacity as one of the seven regional solution categories. They are proposing three initiatives, to be carried out during the implementation phase of the CSSI: Developing region-wide partnerships to increase the number of qualified faculty members in nursing and allied health education programs; Studying the causes of faculty shortages in nursing and allied health education programs; and Developing an integrated student support system to reduce barriers for enrolling and graduating from approved healthcare education programs.

    For an example from another state, the Seattle, WA, Workforce Boards implemented a centralized scheduling system by hiring a dedicated staff person who coordinates the scheduling of clinical experiences for the city's educational and healthcare institutions: http://65.126.58.196/pdf/Reports/Sector/HealthcareCrisis_12.pdf.

Getting Buy-In for Bridge Programs

1. *How do we make Bridge programs more acceptable to the customer? How do we de-stigmatize a Bridge program so that clients will participate?*

   Bridge programs attract customers by having clearly defined connections to the next educational and employment levels. They do this by working with employers and with educators at the next level to develop clearly defined entry and exit criteria as well as, where possible, credentials associated with each level. In particular, students will be motivated if they see that a program will provide them with skills applicable to their current employment situation.

   Bridge programs also need to be accepted as a legitimate part of an organization's education and training mission by students, faculty and the administration. If they are considered inferior by people within the institution, that is how the customer will perceive them. There are several strategies for creating a high level of acceptance:
   - Increasing the understanding of the purpose of Bridge programs and their relationship to organizational goals, the needs and aspiration of the students, and program benefits.
   - Engaging others in the organization in program development and implementation, through workshops, seminars, and meetings between and among key administrators and faculty.
   - Creating a name and marketing message that stresses the career connection and suggests Bridge Programs are an important step in opening the door for future success.
   - Celebrating the success of students who complete the program.
   - Locating Bridge programs at the same site as the next advancement level or taking a field trip to ensure students' familiarity with the advancement location and, where possible, providing links to support services (e.g. one organization has a day care center).

   One of the most important steps in creating programs that respond to customers is to understand their needs and objectives. This may be done by developing profiles of your target group from the current database of students (e.g., age, current occupation and work hours, prior education, etc.), as well as through focus groups, and interviews. It will also be important to assess student capacity and interests to ensure that the program is appropriate for them.

2. *How do you get faculty to buy into Bridge programs, especially the unique needs and demands of students in the program?*

   Faculty buy-in to Bridge programs may be increased by broadening their understanding of Bridge programs and the motivations and capacities of students, and by involving them in program design. Some schools hold forums for faculty in which they discuss how Bridge programs relate to academic departments and their requirements. Because faculty may perceive that Bridge program students are different than students in degree and credit programs, they may feel that they have insufficient capacity to teach them. It is important for faculty to explore the similarities and differences between Bridge students and traditional students and to share effective learning strategies and techniques. Some schools "recruit" faculty and engage them in program design so that

they will help define their own roles and ensure that the Bridge program helps them meet the goals and objectives of their programs.

3. *How do we get organized labor more actively involved in Bridge Programs*?

There are several case studies of good union programs that serve the target population group. First, the Philadelphia Hospital and Health Care-District 1199C Training and Upgrading Fund, a sector-focused, single-union, multi-firm labor-management partnership of Hospital and Health Care Workers Union 1199C and 59 Philadelphia-area health care employers, covering 17,000 unionized health care workers in the Philadelphia area. It prepares entry-level healthcare workers, other low-wage workers, immigrants, minorities, welfare-to-work participants, and dislocated workers to enter training and education programs that provide the skills, certifications, degrees, and licensures required to fill technically high skilled, in-demand healthcare occupations. The majority of the students are from economically and educationally disadvantaged backgrounds. Training and education are organized around career pathways in healthcare and focused on areas where there are severe shortages.

Second, the SEIU, Hospital Workers Union Local 767 and Cape Cod Hospital have contractually agreed to a Career Ladder Program. The program is a system of education, training and advancement that enables workers to increase knowledge and skills, upgrade their job positions, and advance their career or professional status. It is premised on a system of internal promotion in which vacant job positions are filled by upgrading employees who already work within the hospital.

Labor unions, where they represent workers in a target industry, are important potential partners in developing and implementing a career pathways program. The Illinois Career Pathways Initiative will continue to post examples we find of partnerships involving unions, and we encourage others to share any examples on the list server.

4. *What level of commitment is there from the health care industry? What are they contributing? How much buy-in is there from the healthcare institutions (prospective employers) to participate in Bridge programs?*

There are critical skill shortages throughout the healthcare industry. Therefore, some healthcare institutions are increasing their commitment to "growing their own" by preparing their current employees in entry-level, limited skilled jobs (in e.g. food service, housekeeping) for entry into healthcare occupations with career ladders. Many are interested in investing in concrete programs that can expand the pool of recruits and upgrade the basic skills of their current employees. Their contributions can include provision of financial assistance to employees who take courses, flexible scheduling to allow employees to take courses, investments in customized programs. It is important for education and training organizations to identify how Bridge programs can contribute to advancement for an employer's existing employees as well as serve as a source of qualified applicants for new jobs.

Requests for Models

1. What models work?

Bridge programs can be divided into two general types, sector-specific Bridge programs and "generic" or career Bridge programs. A good example of a sector-specific Bridge program is the Chicago Manufacturing Technology Bridge program developed by Instituto del Progreso Latino, which was designed to teach entry-level manufacturing skills and at the same time raise students' English, math and computer skills, preparing them to enter entry-level skilled jobs with local companies and Bridge to advanced certificate programs in manufacturing at Daley College. For a description, see Julian Alssid, et al., *Building Bridges into Colleges and Careers: Contextualized Basic Skills Programs at Community Colleges,* New York and San Francisco: Workforce Strategy Center, 2003; www.workforcestrategy.org.

> For an overview of a career Bridge program with sample curriculum, see:
>
> > Davis Jenkins and Stephanie Sommers, *A Bridge to Community College Career Programs for Adults with Limited Basic Skills*, University of Illinois at Chicago, Great Cities Institute, 2004. Web site:
> > http://www.uic.edu/cuppa/gci/about/bios/fellows/Davis%20Jenkins.htm
>
> For guidance on how to design and implement Bridge training programs, see:
>
> > NSF Bridge to Advanced Technological Education Project, *Advanced Technology Bridge Training Implementation Guide*, University of Illinois at Chicago, 2000. Web site: http://www.uic.edu/cuppa/techBridge/PDF/ImplementationGuide_060100.PDF
>
> It's important to draw on and recognize the unique strengths of each department or area, for example, adult educators, career program faculty, credit faculty, and community-based organizations. At the same time, program designers and instructors must be challenged to experiment with new ways to reach students and improve student outcomes in terms of career and educational progression, including certificate and degree attainment. This may emerge out of cross-departmental collaborations and conversations. Institutional leaders should encourage the Bridge team to collaborate and set realistic yet meaningful goals in these areas.
>
> As with any initiative, the best way to get buy-in is to show how the effort will benefit the parties involved. Even faculty members who are initially resistant to Bridge programs can become champions when they see how effective such programs are in creating a supply of well-prepared and motivated students for their college-level programs.
>
> Julie Strawn and Karin Martinson, *Steady Work and Better Jobs: How to Help Low-Income Parents Sustain Employment and Advance in the Workforce*. New York: Manpower Demonstration Research Corporation, 2000. Web site: http://www.mdrc.org/staff_publications_39.html.
>
> For best practice and implementation examples, see the Best Practices section at: http://www.pcc.edu/services/index.cfm/157,920,30,html.

2. *What is the standard length of a Bridge program? Is there a general rule of thumb? Is 16 weeks too long? How many hours? Are the components of the Bridge separated? How?*

> A Bridge program's intent is to build student competencies for successful transition to the next educational level in as short of a timeframe as possible. The general rule of thumb in successful programs that have been evaluated is from six to 16 weeks. The programs generally run 3-4 hours per day, since most students who need Bridge programs are working part-time or even full-time. Ideally Bridge programs include multiple levels to enable individuals with low-level literacy to advance over time to higher levels and beyond.

3. *Are there any examples of healthcare ESL Bridges? Can you share any curriculum development examples on career ESL programs?*

> Portland Community College has developed Vocational Trainings for Non-Native Speakers in several areas, including healthcare. For an overview of their programs, see www.pcc.edu/services/pdf/157/CareerPathways01-07-04(j).pdf. Portland Community College has provided a CD containing their healthcare curriculum to the Illinois Career Pathways Initiative and we will work to make this available.

> Tacoma Community College in Washington has developed an integrated ESL-CNA program that includes a pre-CNA program for non-native speakers at intermediate to advanced ESL levels, leading to an ESL CNA program. The pre-CNA program includes medical terminology, study skills, and workplace skills. The CNA program includes continued support from the pre-CNA instructor for one day a week. They have indicated a willingness to share their syllabus and we will work to make it available.

> There may be other local examples of career ESL programs and we encourage list server members to post information about your programs to the Career Pathways list server (CareerPathways@yahoogroups.com).

4. *How do we provide paid work experience while a participant is taking basic skills readiness classes? Models?*

> It is very important to include concrete job exposure in basic skills readiness classes. However, it is difficult within the short timeframe of a Bridge program (generally 6-16 weeks) to include paid work experience. Therefore, programs can integrate shorter job exposure such as a class assignment for job shadowing, class field trips, etc. As an example, the "Cost Analysis for Allied Healthcare Career Pathways" by Dr. Ricardo Estrada includes two field trips in each pre-skills program component, at a cost of $10 per student (we will soon post this analysis to the list server). Also, the "generic Bridge" curriculum outlined in Davis Jenkins and Stephanie Sommers, *A Bridge to Community College Career Programs for Adults with Limited Basic Skills*, University of Illinois at Chicago, Great Cities Institute, 2004, integrates occupational exposure throughout the curriculum. The curriculum outline is available at: http://www.uic.edu/cuppa/gci/about/bios/fellows/Davis%20Jenkins.htm

Building Partnerships with the Healthcare Industry

1. *How can healthcare organizations be engaged to become part of the learning environment and system? How can their financial support be increased?*

   Education and training organizations can engage health care organizations in the learning system by broadening the education/employer conversation. The approach to employers should recognize their multiple roles and potential interests in the development of Bridge programs – as stakeholders, as customers and as partners. In general, employers will be more likely to increase their commitment to work with educational organizations if they can feel some ownership of the program and can see how the program can add value to their efforts to recruit new, qualified employees and develop the basic skills of their own workforce to enter healthcare occupations. They may want flexible schedules, on-site training, customized programs to respond to the needs of their current employees, use of real world examples as part of the curricula, and linkages with other training activities.

   At the same time, educational organizations may work with employers in defining employer roles that will further the program's success. Potential roles for employers include provision of space for on-site training, identification of staff who can link training to work, articulation of how participation in a Bridge program can pave the way to advancement into better jobs and career paths, financial support, such as tuition assistance, scholarships, equipment donations, and promotion of continuous learning through posters, staff meetings, etc. Educational institutions may expand employer capacity to provide clinicals by helping them design space, sharing clinical supervision, structuring hours that meet hospital needs, etc. They may also work with employers in offering certificate and degree programs at work sites. Identification of co-coordinators or contact people at the employer and training organization is highly recommended to assure consistent and efficient communication.

2. *How do we address the shortage of health care faculty?*

   This is a huge issue nationally, as well as within our region. Several approaches are being used. The first is to leverage the expertise of current healthcare staff to supervise clinicals, provide instruction, and participate as part of a team. The second is to recruit retired faculty or healthcare employees who may be interested in part-time teaching. Current or former employees with Masters Degrees may be the most appropriate for certificate courses. A third approach is to explore use of new learning technologies in combination with on-site and on the job learning.

   There is also some discussion about the need to change the requirements for instructors in select health care fields. Currently, most certification bodies require a Masters degree. The question is whether that is absolutely necessary and whether, in fact, experience might substitute.

3. *What are the incentives to becoming a nursing educator?*

   Although many educational and training organizations find it difficult to offer competitive salaries to talented nurse educators, it may be possible to compete on quality of work life basis and to recruit people who are interested in part time, flexible schedules, less

stress, and a high degree of satisfaction that comes from developing the skills of the targeted population. It is also important to think about on-going initiatives and incentives to retain good faculty, such as opportunities to learn new methods and approaches, ensuring a supportive and participatory environment, and responsiveness to individual needs.

4. *Has the healthcare industry developed career pathways across departments? Have they promoted these with incumbent workers?*

Where career ladders have been articulated, they generally focus on one occupational area, such as patient care (CNA to LPN to RN) or technical occupations. (See Illinois Career Pathways Initiative *Vision and Goals* (2003) for a diagram from the Boston healthcare career pathways project as an example: http://www.womenemployed.org/docs/Career Pathways Initiative.pdf.) The Workforce Boards of Metropolitan Chicago have identified "Career Progression" as one of seven proposed regional solution categories in the healthcare industry. They are proposing two initiatives to address Career Progression issues: "More opportunities from within healthcare" to increase upward mobility with widely used career ladders/lattices and "It pays to go to school" to provide financial assistance for incumbent workers to earn degrees while working. The regional root causes and solutions reports will be available soon at www.workforceboardsofmetrochicago.org and will also be posted to the Career Pathways list server.

Also, the development of a career pathway is just a first step. The real test is whether people actually advance along the pathway. For instance, it appears that few people who begin as CNAs actually make the transition all the way to RN (the exception is people who are admitted to an RN program that requires them to obtain their CNA). Bridge programs to address this transition issue are one potential solution.

5. *Are the Workforce Boards engaging healthcare employers in dispelling the myths and addressing the barriers of hiring persons with felony convictions?*

Although we are not aware of any current efforts by the Workforce Boards of Metropolitan Chicago to dispel the myths of hiring persons with felony convictions, there are other efforts underway. The Safer Foundation created a brochure to educate the employer community about hiring this population (to download, visit http://www.safer-fnd.org/, click on library, then "CARRE Employer Brochure") and North Lawndale Employment Network is partnering with Advocate Trinity Hospital to place ex-offenders in entry-level employment in environmental services, etc. (for more information, contact Tom Wetzel, NLEN Director of Business Relations, at 773-638-1806).

All health care employers are required by law under the Health Care Worker Background Check Act to investigate whether their job applicants have a criminal background. Individuals who are interested in health care careers and who have a criminal record can apply for a health care waiver through the Illinois Department of Public Health (www.idph.state.il.us or 312-814-5278) that would allow them to be considered for employment. Factors considered in providing waivers include: age at time of crime, circumstances of crime, time since conviction, criminal history since conviction, work history, employer and character references, and other evidence demonstrating ability of applicant. More information is available on the IDPH website. It takes an average of 8-12 weeks to receive a waiver determination. There is a list of 29 crimes that would

disqualify someone from working in direct care. These are listed on the IDPH materials.
Convictions that do not disqualify a person from working in direct care include:
prostitution, possession of cannabis or a controlled substance, Driving Under the
Influence, deceptive practices (e.g. writing bad checks on your own account, etc.), and
trespass to property. The waiver lifts the "negligent hiring" liability for employers, so it
acts like an incentive.

6. *Any suggestions for how to deal with temp agencies as competitors for healthcare*
   employers? In our area, it feels like temp agencies are monopolizing all the employers and
   the employers prefer to work with them to avoid paying benefits.

   There are many ways to view temporary agencies. On the one hand they can be viewed
   as a potential partner. Temp agencies can provide a place where employees can get
   experience while they are learning and going to school. This type of relationship has
   been successfully pioneered in the information technology field and could be appropriate
   in health care. Schools may also initiate a relationship in which they recruit people who
   seek jobs with the temp agency but are not qualified for them.

   On the other hand, it is important to remember that that many health care employers are
   trying to reduce their dependence on temp agencies because they are so expensive.
   Educators can work with employers to identify the occupations they most depend on
   Temp agencies for, and perhaps target those for their Bridge programs.

7. *How do you tap into/utilize/partner with other CBOs to assist with support services?*

   There are literally thousands of community based organizations that offer a variety of
   supportive services to individuals and families including: mental health counseling,
   substance abuse treatment and counseling, housing assistance, energy assistance,
   transportation assistance, case management, etc. Oftentimes these organizations are
   willing to partner with educational institutions because they see the partnership as
   mutually beneficial in their efforts to help individuals get all of the services needed to
   become self-sufficient. Partnerships vary considerably depending on need and
   resources. Community based organizations may be able to locate staff at your facility or
   educational providers may be able to teach classes in the community. Funding sources
   often dictate who a community based organization can serve (sometimes services are
   limited to certain populations or based on income guidelines, residency requirements,
   etc), so be sure to ask who they are able to serve.

   Unfortunately there is no centralized database to search to find these services in your
   community. You can try contacting your local United Way to get a copy of the "blue
   book," a comprehensive directory of services in Illinois. Also, the state is currently in the
   process of developing a large database of services that can be accessed by phone at
   "211" but it is not available yet. For information about child care (provider referrals,
   financial assistance, etc.), contact Action for Children (formerly the Day Care Action
   Council of Illinois) at 773-687-4000 or www.daycareaction.org.

Funding

1. *What are the possible funding sources for Bridge programs? (What are other possible sources of funding besides the CSSI? What are other potential funding sources for Bridge program activities outside existing college funds? Can you recommend other funding opportunities besides DCEO? Bridge programs can be expensive. What are some creative ways to fund programs particularly support services? How can agencies be compensated to take a client completely through the Bridge program? What does the future of funding for Bridge programs look like?)*

   Women Employed Institute and the Chicago Jobs Council (CJC) created a document, "Building Bridges: Funding Options for the Core Components of Bridge Programs," that describes federal and state funding streams potentially useable to support Bridge program development, operation, and evaluation. This same document described funding scenarios for different types of partnerships. If you did not receive a copy via the conference or Career Pathways list server, it is available on CJC's website at www.cjc.net and will soon be available on the Increasing Access to Education page of Women Employed's web site at http://www.womenemployed.org/issues/education.php. It is important to note that most of the funding streams described in this document have restrictions (e.g., can only benefit certain populations, can only be used by a certain type of institution or individual), so creativity in combining resources is key. Also, many of the funding sources are competitively bid, so it is important to monitor application deadlines and procedures established by the various administrating agencies.

2. *Give us models on how funding flows to partners (division of labor).*

   The funding streams document for Bridge programs referenced above includes several scenarios for potential funding models (www.cjc.net and www.womenemployed.org). Community-based organizations or community colleges that have developed funding models for Bridge programs or have ideas about how these could work are encouraged to post these ideas to the list server.

3. *When is the RFP coming out for CSSI? What is the application timeline?*

   The Workforce Boards of Metropolitan Chicago released the RFP on June 23, 2004 and we posted this information to the Career Pathways list server the next day. The following additional information regarding the dates for the Healthcare Critical Skill Shortages Initiatives (CSSI) procurement process was provided by the Workforce Boards:

   Healthcare Critical Skill Shortages Initiative for Northeast Economic Development Region:
   RFP released: June 22, 2004
   Bidders conferences: June 28 and 29, 2004 (more information available in the RFP)
   Proposals due: July 12, 2004

   For the early round of funding, the Illinois Department of Commerce and Economic Opportunity is scheduled to distribute funds by August 1, 2004. We will post the RFP to the Career Pathways list server, so if you are receiving this document, you will receive the RFP. There will be a second round of funding that DCEO is scheduled to distribute

by January 1, 2005; the sectors for that round in the Northeast will be Manufacturing and Transportation/Warehousing/Distribution.

4. *Since the Critical Skills Shortages Initiative (CSSI) is supported with state Workforce Investment Act funds, are all selected CSSI projects required to enroll participants into WIA? (What is the best way to deal with WIA funds? Do participants have to be enrolled in WIA to get CSSI dollars?)*

If CSSI funds go toward job training for unemployed or underemployed individuals then those participants <u>would</u> need to be enrolled in WIA. If CSSI funds go toward job training for incumbent workers then those participants would <u>not</u> need to be enrolled in WIA. It is important to note however that the Workforce Boards of Metropolitan Chicago, while open to all proposal ideas, are emphasizing using CSSI funds for activities other than program operation. They are looking for creative ways to: address faculty shortages, market health care careers, staff supportive services, leverage private sector funds, define career ladders or pathways, etc.

5. *What's the status of Perkins?*

The Carl D. Perkins Vocational and Technical Education Act helps ensure access to career and technical programs for students with educational barriers through the provision of supportive services. Illinois received $45 million in Perkins funds in FY04; 40 percent of funds are allocated to community colleges. In Illinois, Perkins basic grants serve nearly 300,000 postsecondary students.

The Bush Administration's FY05 budget proposal reduces Perkins funding by 24 percent ($323 million) – an $11 million reduction for Illinois. In addition, the Administration's reauthorization proposal combines funding into one block focused on educational pathways between secondary and postsecondary education. The new structure represents a reorientation of Perkins toward serving students who move from high school directly into college, making it more difficult to serve adult postsecondary students. The proposal could mean an end to *dedicated* Perkins funding for community colleges in Illinois.

The recently released House reauthorization legislation rejects much of the Administration's proposal. For FY05, the House legislation essentially maintains FY04 funding levels and the current funding distribution and program guidelines. While this is an improvement over the administration proposal, the block granting of funds is still of concern as funds that are blocked in this way tend to see appropriation reductions over time. The Senate will begin hearings on Perkins reauthorization in late June.

If you would like to receive updates about the status of Perkins and take action to ensure community colleges have continued access to dedicated funds that help them serve adult students with educational barriers, consider signing up for Women Employed's Action Network.

6. *What is the future of TIF? Is it still projected to end June 30?*

Tax Increment Financing (TIF) is a tool used by cities or municipalities whereby certain "blighted" areas are designated for improvement and then earmarked so that any future growth in property tax revenues is used to pay for the initial and ongoing economic

development expenditures. In 2003, the City of Chicago launched a new program called TIF Works that uses TIF revenue increments and subsidizes the cost of job training for companies located in certain TIF districts. For more information, visit http://www.cityofchicago.org/WorkforceDevelopment/TIFWorks/. Neither TIFs nor TIF Works are designated to end on June 30th.

7. *How can we get funding to do "Bridge program" mapping and develop a database of Bridge programs and a Bridge network?*

   Women Employed Institute, the Chicago Jobs Council, and UIC-Great Cities Institute are currently identifying what Bridge programs exist nationally, available curricula and funding mechanisms for Bridge programs. All information that is gathered will be posted to the Career Pathways list server (CareerPathways@yahoogroups.com) and all documents posted are available through the list server home page, which can be accessed using your Yahoo! ID (information on how to access the list server will be posted shortly).

<div align="center">- back to Table of Contents -</div>

Collaboration

1. *How will this information be shared so we can learn from each other? How do we coordinate knowledge and resources of existing funds, programs, and linkages to Bridge programs?*

   The Illinois Career Pathways list server is the main vehicle for sharing information as teams develop Bridge programs (CareerPathways@yahoogroups.com). As a step to connecting teams, we have added organizational websites to the Participants List from the May 5, 2004, conference and posted to the list server June 21. Also, we encourage teams that submit concept papers to make them available to other teams via the Career Pathways list server. The Critical Skill Shortages Initiative is seeking regional solutions to the identified root causes. Regional solutions will be easier to develop if there is wider sharing of ideas and lessons learned.

2. *What ideas do people have for maintaining the energy and momentum of our team and infusing that energy into each of our individual organizations?*

   In addition to utilizing the list server, the Chicago Jobs Council, UIC Great Cities Institute, and Women Employed are available to provide technical assistance (TA) to teams submitting Bridge Program concept papers. Some TA could be provided in a joint meeting format that would bring teams together across institutional boundaries to address common issues and concerns. Also, there will be a second conference in the Northeast Economic Development Region, "Building Bridges into Manufacturing and Transportation/Warehousing/Logistics Careers" in September 2004 (date soon to be determined).

Additional Data on Healthcare

1. *What is the wage data on home healthcare?*
2. *Is there employment data on dental hygiene and medical billing?*
3. *Do the positions Mary Ann Kelly highlighted in her presentation come with good benefits?*

The "Critical Skills Shortages Report on the Healthcare Sector for the Northeast Economic Development Region" includes wage and employment data on the identified critical skill shortage occupations. The report is available at www.workforceboardsmetrochicago.org .

In addition, these sources contain wage and employment statistics:

U.S. Department of Labor Bureau of Labor Statistics – Occupational Employment Statistics data for Chicago, "2001 Metropolitan Area Occupational Employment and Wage Estimates: Chicago, Il, PSMA". http://www.bls.gov/oes/2001/oes_1600.htm

American Hospital Association's "Workforce Facts and Trends at a Glance." Purchase document at:
http://www.ahaonlinestore.com/ProductDisplay.asp?ProductID=937&cartID=1781788&PCatID=35.

Metropolitan Chicago Healthcare Council, http://www.mchc.org.

Illinois Department of Employment Security, http://www.ilworkinfo.com/.

Employment benefits for healthcare jobs depend upon the employer, the hours worked, and the specific job title. When developing a Bridge program, it is essential to inquire about the benefits of the job(s) into which the program is bridging and, if appropriate, to propose that benefits be offered to Bridge program participants.

Accountability/Measuring Success

1. *Are there models for evaluating Bridge programs and promoting their success?*
2. *How does evaluation of Bridge programs get developed? Are there existing models? What is in accordance with state standards? DACUM process?*
3. *How do we set quality (serving employer needs) and outcomes rather than just number of clients in programs?*
4. *How do you address the community college need to create opportunities for students and the requirement to succeed (prove outcomes and results)?*

> One approach to evaluating Bridge programs is to collect information on the demographics of students who enter the program (this information may already be collected in the course of students' enrolling in the program), their performance in the program (pre- and post-test results, program completion, etc.), and their job and college outcomes. Data on job outcomes can be obtained from the Illinois Department of Employment Security's Unemployment Insurance wage record system, which contains information from all non-federal employers in the state about the quarterly wages of every employee. Ideally, wage record data should be requested on each program participant for at least six quarters before and six quarters after they participate in the program.

> There are a number of ways to determine if students go on for further education. The first is to use the student information systems of the partner colleges to see if Bridge program graduates (or dropouts) have gone on to enroll in further education and training. The second is to use the services provided by the National Student Clearinghouse, which has enrollment records for a large percentage of undergraduate students in accredited U.S. colleges and universities. Although this second approach casts a much wider net, it can be costly. In both cases, it probably makes most sense to do follow-up tracking of Bridge participants as part of tracking of outcomes of your college's or organization's programs overall. To do any sort of follow-up tracking on program participants, it is necessary to obtain a signed informed consent from every one.

> Doing follow-up tracking, while important, obviously takes time. In the case of UI wage record data, there is a two-quarter lag in the time information on wages and employment is reported to and compiled by the Illinois Department of Employment Security. For more timely information on program quality, program staff should conduct periodic reviews of how well the program is working – interviewing students, instructors and staff to identify areas for improvement. Just as important, program staff should regularly interview students who have completed the program, employers who have hired them and further education staff and faculty about the strengths and weaknesses of the program and ways it can be improved.

> For a sample evaluation of a Bridge program that uses wage record data to track employment outcomes, see the report on the Chicago Manufacturing Technology Bridge program available at www.uic.edu/cuppa/techBridge under "Resources."

5. *How do we develop milestones over time so agencies can fund a customer to reach goals in their career path?* (How do you develop a funding mechanism that promotes graduated outcomes?)

6. *How can we create benchmarks to hold agencies and clients accountable during a "long term" Bridge training program?*

   This requires a change in mindset among policy makers from a focus on "work first," or rapid attachment to the labor market, to an emphasis on supporting advancement of low-income individuals over time from low-wage jobs to living-wage careers. This means shifting resources from job search and placement services to advancement-oriented training, education and support. Specific steps that policy makers can take to support such a shift include:

   - Fund programs designed to help low-wage workers advance, not just place them in another low-wage job.

   - Put more emphasis in adult literacy programs on job and employment advancement and make sure that students who demonstrate grade-level advancement and GED completion succeed when they transition to the next educational level. .

   - Provide dedicated funding for Bridge programs (such as the Illinois Department of Economic Opportunity's Job Training for Economic Development (JTED) program).

   Admittedly, it is more challenging to create performance benchmarks that hold employment and training service providers accountable for job advancement over time than for job placement and short-term retention. One thing policy makers can do is move away from using vouchers for training, which fail to hold trainers accountable for outcomes, to offering contracts for the training and support services needed to help low-income individuals advance over time to better jobs. Employment and training providers should be certified as eligible for receiving such contracts based on their long-term record in helping low-wage individuals advance to better jobs and further education and training. States cannot expect providers to be solely responsible for tracking the outcomes of their clients and need to assist in the process through the use of Unemployment Insurance wage record data systems.

   States that want to track career advancement and not just job attachment take pains to measure and report to the public the impact of employment and training on job outcomes. An excellent example is the report the Washington State Workforce Training and Education Coordinating Board publishes every two years on the effectiveness of the state's workforce system in meeting well-specified goals, including wage progression for welfare recipients and other low-income individuals. A copy of the most recent report is available at: http://www.wtb.wa.gov/publications.html.

   One positive aspect of the Workforce Investment Act is that it gives considerable latitude to states and local workforce boards. Thus, it is possible for policy makers to get around a work first-oriented model toward one that provides incentives for job and educational advancement. What is needed is leadership with an understanding that promoting job advancement better serves workers and employers than does work-first alone.

Policy Issues that Emerge from the Questions

1. *Do state and local guidelines allow existing funding streams to support case management and supportive services, which are essential to the success of students? If their interpretation is narrow, we could provide examples of other states and local boards who make this work under current federal rules.*

   The funding streams document mentioned above contains examples of funding streams that can support the provision of important support services and case management (http://www.cjc.net/).

2. *What is the interest in redirecting funds to create sustainable models with coordinated funding to create Bridge programs that meet employer and community (employee) needs?*

   The Workforce Boards of Metropolitan Chicago have identified developing a region-wide career readiness Bridge program as an initiative they wish to undertake to address the Career Readiness solution.

3. *How do you align industry, accrediting bodies, community colleges, etc. to support the achievement of a common goal, i.e., preparing students for healthcare careers?* (How do we align policy and government?)

   This process will require a long-term commitment on the part of state agencies and providers to continue to identify and solve critical workforce issues on a regional level and in a collaborative manner. Regional solutions need to be developed that stem from employer demand for an appropriately skilled workforce and job-seekers' needs for skills that prepare them for family-supporting jobs. An important start would be for the state to adopt a statewide reporting system like that described above in Washington State. This would allow Illinois to identify the positive outcomes we seek and measure our progress towards attaining these goals. Also, regional initiatives involving multiple stakeholders may be developed under the Critical Skill Shortages Initiative. As an example, one proposed solution for the Northeast Region in the healthcare area may be a regional initiative to "develop an integrated student support system to reduce barriers for enrolling and graduating from approved healthcare education programs" (6-7-04 Stakeholder Forum). This and other regional initiatives could begin the critical process of alignment with the end goal of preparing the workforce for well-paying, high-demand careers.