



**HEALTHCARE TRAINING INSTITUTE
FINAL REPORT**

**Prepared for:
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Healthcare Training Institute

PARTNERSHIP OVERVIEW

Mission and Structure

The Healthcare Training Institute (HTI) is a partnership of seven large healthcare providers, two community colleges, and the region's largest workforce development agency. HTI's mission is to help low-income workers and jobseekers in the Boston area improve their skills, enter and succeed in college, and fill vacancies in high-demand healthcare occupations that offer family-sustaining wages.

HTI is led by Jewish Vocational Services of Boston (JVS). JVS delivers a broad range of educational and vocational services to more than 20,000 clients annually and has longstanding relationships with a number of Boston's healthcare providers. HTI involved seven employer partners during SkillWorks Phase II, although the intensity of involvement varied by institution. These partners were Boston Children's Hospital (BCH), Hebrew SeniorLife (HSL), Brigham and Women's Hospital (BWH), Beth Israel Deaconess Medical Center (BIDMC), Massachusetts General Hospital (MGH), Bay Cove Human Services, and Marina Bay. HTI has also worked closely with its two educational partners, Bunker Hill Community College (BHCC) and Mass Bay Community College (MBCC). While JVS developed very close working relationships with the employers individually and has been in consistent one-on-one communication, JVS also regularly convened an advisory group for the initiative bringing employers and educational partners together. The HTI SkillWorks Advisory Board met at least quarterly (more frequently in the early years of Phase II) to coordinate the initiative's activities and discuss topics such as employer and participant needs, outreach and enrollment, curriculum development, participant progress, employer support, and how to leverage resources.

Services

HTI's portfolio of workforce development offerings fall into three main areas: pre-employment, workplace education and skill building, and postsecondary education pathways.

Pre-employment

Pre-employment training was a relatively small component of the HTI portfolio of services, offering approximately 10 slots annually to unemployed and underemployed Boston residents seeking entry-level jobs in the healthcare sector. Rather than invest in a completely new pre-employment program, SkillWorks chose to fund additional slots in pre-existing JVS training programs. For the first two years of the SkillWorks grant, HTI supported participants in JVS' Medical Office Skills Training program. Due to the economic downturn and changes in hiring needs, the Medical Office program struggled to meet its job placement goals. JVS, determining that evolving healthcare hiring practices would not yield a near-term turnaround in program job placements, discontinued the medical office training. For the final three years of the grant, HTI shifted the SkillWorks support to a pre-employment certified nursing assistant (CNA) training

program, designed to be responsive to the specific needs of the long-term care industry. In addition, HTI enrolled a handful of participants in late 2013 in another JVS pre-employment offering, a pharmacy technician certification training program.

Workplace Education and Skill Building

HTI developed a number of new training offerings for incumbent workers in response to needs identified by partnering employers, including computer training, an ABE/GED program, and CNA certificate training. The computer training offerings included a short introductory course teaching environmental service and food service workers with little to no computer experience how to access the hospital intranet (developed for BIDMC) and a pair of six-month-long courses preparing clerical workers for Microsoft Office certifications (developed for BWH). The ABE/GED program included GED preparation classes for incumbents—mostly lower-level employees of the partner hospitals—who felt they needed a GED to progress. HTI developed the CNA certification program specifically for Bay Cove Human Services, and served mostly new entry-level employees.

Postsecondary Education Pathways

One of the signature components of the HTI partnership was its long-term commitment to helping incumbent workers prepare for, enter, and progress through college toward postsecondary certificates and degrees. While some HTI postsecondary pathway participants were already attending college when they started receiving HTI services and others enrolled in college as their first point of engagement with HTI, most started with pre-college academic preparation and academic coaching. The contextualized preparatory classes included English for Academic Success classes for advanced ESOL students and pre-college reading, writing, and math classes designed to prepare students for college placement exams so that they could bypass developmental education coursework.

From the start, most students work with an academic coach, who provides guidance and support. When participants are ready for college, coaches help them with the enrollment and registration processes. While students are in college, they receive ongoing support through one-on-one and/or group academic coaching services. JVS developed a systematic approach to coaching centered on a list of core skills that the organization believed participants on a postsecondary pathway would need in order to succeed. The coaching model sought to instill skills in the following areas: organization, time management, test taking, exam preparation, computer literacy, critical thinking, self-presentation, and communication.

Over the course of the initiative, as relationships with individual hospitals deepened, JVS developed some specialized offerings for employers. These efforts bridged the categories of workplace education and postsecondary pathways described above. With some support from SkillWorks, JVS developed specialized preparatory classes for two departments at Boston Children’s Hospital that were either requiring or encouraging their entry-level employees to get national certification specific to their work. In each case, JVS, in conjunction with the hospital and a postsecondary institution (in one instance, BHCC, and in the other, Massachusetts College of Pharmacy and Health Sciences) offered a program that included onsite college preparation, onsite college courses, and intensive academic coaching.

Participant Characteristics

HTI was the largest of the SkillWorks Phase II partnerships, having enrolled a total of 552 individuals in its programs. This included 501 incumbent workers and 51 jobseekers who enrolled in HTI’s pre-employment program. The table below provides some basic information on the demographic characteristics of the HTI population.

DEMOGRAPHIC CHARACTERISTICS (AT ENROLLMENT)		
TOTAL NUMBER OF PARTICIPANTS: 552		All Participants
# of Participants Enrolled		552
Background	Average Age	39
	Living in Boston	57%
	Born Outside the U.S.	61%
	Reports English as Barrier to Advancement	29%
Race/Ethnicity	Hispanic/Latino	26%
	Non-Hispanic/Latino	
	Asian	3%
	Black/African-American	44%
	White	16%
	Other/two or more races	11%
Gender	Male	19%
	Female	81%
Highest Level of Educational Attainment	Associates Degree or Higher	25%
	Some College, no Degree	34%
	High School Diploma (or equivalent)	28%
	12 th Grade or Lower, no Diploma	13%

HTI serves workers in a wide range of different occupations at several different types of healthcare providers as well as some unemployed jobseekers, and the participant demographics reflected this broad scope. In terms of age, race, and residency, the partnership was very diverse. The population was also diverse in terms of national origin; participants came from more than 50 different countries, and 61 percent of them were born outside the U.S. The group’s median level of educational attainment was high compared to the levels of most of the other SkillWorks partnerships, but there was a great deal of variation in this area, too. About 16 percent of the participants had earned a bachelor’s or master’s degree, while 13 percent had never completed high school or earned a GED. The one major exception to HTI’s diversity was gender—over 80 percent of the participants were women.

Incumbent and pre-employment participants generally had similar backgrounds, even in terms of their levels of educational attainment. One notable difference though was that pre-employment participants were about 25 percent more likely to be foreign-born and were more likely to be fairly recent immigrants—the average year of arrival in the U.S. for immigrant pre-employment participants was 2006. The most significant difference between the two groups was in their level of economic success. The table presents employment and income statistics on each group.

PARTICIPANT ECONOMIC STATUS (AT ENROLLMENT)		
	Pre-employment	Incumbent
# of Participants Enrolled	51	501
% Employed	12%	100%
Avg. hourly wage	\$8.67	\$17.16
Avg. hours/week at primary job	11.5	38.3
% Economically disadvantaged ¹	94%	42%

The incumbents, who were all employed within the sector, were doing relatively well economically when they enrolled in HTI. They earned \$17.16/hour on average, about 90 percent of them had a full-time job, and only a few had no access to employer-offered health insurance. Still, about 42 percent of them were part of a low-income household. Behind the relatively high average wages earned by incumbents, there was actually a great deal of variation in compensation. At the low end of the distribution, residential counselors and less-experienced nursing assistants earned just \$11 or \$12 per hour, while at the upper end, mid-level clinical and administrative staff at the hospitals earned \$20 to \$30 per hour. Fourteen incumbents earned more than \$35 per hour, and six earned less than \$11 per hour.

In contrast to the incumbents, the pre-employment participants were virtually all struggling economically. Only six of the 51 jobseekers who entered the program had a job, and most of these workers were employed in part-time jobs offering less than \$10 per hour, without health benefits. As a result of this lack of employment, 94 percent of the enrollees were determined to be economically disadvantaged based on their family size and household income. The pre-employment participants had a moderately high level of educational attainment—all of them had a high school diploma or equivalent, and about 22 percent had a college degree. However, in most cases, the participants had attended college outside the U.S. and their degrees were of limited value in the U.S. job market.

PARTICIPANT OUTCOMES

Pre-employment Outcomes

HTI’s pre-employment track produced mixed results for its participants. Placement rates for the medical office training program were under 50 percent, but when the program’s focus switched to CNA training, participant outcomes improved:

¹ SkillWorks defined individuals as economically disadvantaged if they reported receiving certain public benefits (TANF, Food Stamps, SSI-Disability, unemployment benefits) or if their reported yearly family income fell below a minimum necessary level based on their family size.

HTI PRE-EMPLOYMENT COMPLETION AND PLACEMENT OUTCOMES			
	Medical Office (2009-2010)	CNA (2011-2013)	Pre- employment (Overall)
# of Participants Enrolled	20	27	51*
# completing program	18	25	43
Completion rate	90.0%	96.2%**	93.5%***
# of graduates placed in job related to training	8	21	29
Placement rate	44.4%	84.0%	67.4%
Avg. starting hourly wage	\$12.31	\$10.91	\$11.30
Avg. starting hours/week	37.1	27.6	30.0
% placed in healthcare sector	75.0%	100.0%	93.1%
% placed within 6 months of completion	100.0%	95.2%	96.6%
*Includes four participants enrolled in the pharmacy technician certification training program.			
**Calculation excludes one participant who was still in progress in January 2014 after the end of SkillWorks Phase II data collection.			
***Calculation excludes four pharmacy technician participants and one CNA participant who were still in progress in January 2014 after the end of SkillWorks Phase II data collection.			

The pre-employment track had a very high rate of completion, with only three participants failing to finish the program and earn the certificate associated with their training course. By the end of Phase II, 29 out of the 43 graduates had a job placement related to the training they received, yielding a placement rate of 67.4 percent.² The new jobs offered 30 hours per week of work on average, and the mean starting wage was \$11.30 per hour. All but two of the participants in placements had been previously unemployed, so even though most of the new jobs were low paying, they still likely represented meaningful improvements in participants' economic well-being and their future prospects.

As previously mentioned, participants in the medical office program were relatively unsuccessful. The program's placement rate was just 44.4 percent, but the job placements generally offered slightly better compensation than the jobs that the participants in the CNA program would get. The medical office program graduates earned an average of \$12.31 per hour and worked for an average of 37.1 hours per week at their new jobs. The CNA training program's placement rate was very high—84 percent—but graduates had an average starting wage of \$10.91 per hour and worked just 27.6 hours per week on average after placement.

² The numbers in this section all exclude the five participants who completed their courses after the end of Phase II data collection. These included one CNA participant and the four participants who took the pharmacy technician course. Additionally, some of the earlier CNA participants were not placed as of the end of Phase II, but reportedly got jobs afterwards, so the true placement rate may be higher.

Some CNA graduates went on to hold multiple part-time jobs after their initial placement, but these were not always reported and are not included in these numbers.

Incumbent Outcomes

HTI’s 501 incumbent participants achieved a multitude of education- and career-related outcomes. At least 122 incumbents, nearly 25 percent, received a promotion at some point between the time of their enrollment and the end of Phase II. Altogether, there were 131 promotions, since several individuals received more than one. These promotions came with increases in hourly wages that averaged about \$2.90.³

	# Of Participants Enrolled	Avg. Net Wage Increase (\$/Hour)	Avg. Annual Wage Growth Rate (\$/Hour)	# Of Participants Promoted	Promotion Rate	Avg. Wage Increase Associated With Promotion (\$/Hour)
All Incumbents	501	\$1.95	4.45%	122	24.4%	\$2.90

Some promotions—most notably, about 30 promotions of lower-level healthcare workers to LPN positions—were accompanied by a significant rise in income and status. However, most of the promotions represented a single small step up a career ladder, for example, from Clinical Assistant Technician I to Clinical Assistant II or from Resident Assistant to CNA.

Participant wages also increased apart from promotions. Almost every HTI incumbent got some form of wage increase at some point during Phase II, and the participants saw their hourly wages grow by an average of \$1.95, or 12.6 percent, over the period in which they were tracked (the mean duration of wage tracking was approximately two years and six months).⁴ While this seems very impressive, employers did not distinguish between cost-of-living wage increases, across-the-board raises, and individual raises, and the regularity and commonness of these increases suggest that the majority of wage increases were unrelated to job performance.

At the level of individual programs and academic pathways, the picture of program success becomes much more complex. As the following sections show, some programs demonstrated a great deal of participant success while others appear to have had little, if any, impact on job advancement.

³ This represents the net change in wages across the six-month or one-year-long period during which the promotion occurred, so the average wage increases that accompanied the promotions were probably slightly smaller in most cases.

⁴ All wage statistics in this profile exclude participants who were missing any post-enrollment update on their wages. There were just 26 of these individuals in total.

Workplace Education and Skill Building

The outcomes associated with the varied workplace education and skill-building offerings depended on the skill level of the participant, the intensity of the training, and the goal of the program.

	# Of Participants Enrolled	Completion Rate	Avg. Net Wage Increase (\$/Hour)	Avg. Annual Wage Growth Rate (\$/Hour)	# Of Participants Promoted	Promotion Rate	Avg. Wage Increase Associated With Promotion (\$/Hour)
Basic Computer Skills	59	98.3%	\$0.79	2.22%	2	3.4%	\$1.25
Microsoft Office	80	45.0%	\$1.29	3.02%	17	21.3%	\$2.52
ABE/GED	35	11.4%	\$1.33	2.65%	6	17.1%	\$1.69
CNA	56	58.9%	\$0.63	2.86%	13	23.2%	\$1.06

The weakest results were in the basic computer skills course, which was a relatively minor activity that was never expected to lead to significant outcomes. The track had a completion rate of almost 100 percent, but only two of the 59 participants received promotions.

In contrast to the basic computer skills course, the ABE/GED track had an extremely low completion rate—only four of the 35 participants completed their GED. Of those four, only one received a promotion. Five other participants received promotions, but in all but one of these cases the promotion reportedly had no relationship to the training. The low completion and advancement rates for the participants in this track are similar to those of BEST Corp’s Hospitality Training Center’s GED/pre-GED track, and are likely indicative of the very low educational level of many of the workers when they started the program.

The students who took the more advanced computer classes were relatively successful. In total, 80 participants took at least one of the two Microsoft Office courses: 36 took Microsoft Word only, 11 took Microsoft Excel only, and 33 took both courses. Completion was defined as successfully earning the Microsoft certificate corresponding to the course. The Excel course had a completion rate of 43 percent, and the Microsoft Word course had a completion rate of 46 percent. Of the 80 participants, 36, exactly 45 percent, passed at least one of the courses. In terms of job advancement outcomes, the participants in the Microsoft Office courses performed slightly below the average for HTI incumbents, with a promotion rate of about 21 percent, and with an average growth rate of hourly wages of about 3 percent per year. The participants who completed at least one of the courses were more successful, with a 28 percent promotion rate and an average wage growth rate of almost 4 percent per year.

The incumbent CNA program enrolled 56 participants, 33 of whom successfully attained their certification, completing the track. Despite this high rate of completion, just 13 of the CNA participants earned promotions. Those who received the certification had a promotion rate of 30 percent, while those who did not receive their certification had a promotion rate of just 12

percent. Bay Cove Human Services believes that many participants got extra work as a CNA with other employers, but there was no system in place at HTI or Bay Cove for tracking this type of outcome, so there is no way to know how many of these jobs there were or how important they were as sources of income.

Postsecondary Education Pathways

The strongest outcomes came from the 287 incumbents who participated in HTI’s postsecondary education-related offerings, which included English for Academic Success classes, college preparation classes (pre-college reading, writing, and math), and academic coaching for college students and prospective college students.

	# Of Participants Enrolled	Completion Rate	Avg. Net Wage Increase (\$/Hour)	Avg. Annual Wage Growth Rate (\$/Hour)	# Of Participants Promoted	Promotion Rate	Avg. Wage Increase Associated With Promotion (\$/Hour)
English for Academic Success	31	83.9%	\$1.85	5.50%	7	22.6%	\$0.72
Pre-college	176	48.9%	\$1.92	3.83%	37	21.0%	\$2.10
College	179	41.9%	\$3.19	6.17%	72	40.2%	\$3.69

By the end of Phase II, 88 of these participants, or 30.7 percent of all those who enrolled, had earned promotions. While this overall promotion rate is quite high, levels of achievement varied greatly across different programs, and the distribution of those promotions varied by students’ ability to progress along the postsecondary pathway.

The lowest rung on HTI’s ladder of postsecondary preparation was the English for Academic Success course, a program offered to employees at MGH. This offering was added in the third year of SkillWorks Phase II. While 31 SkillWorks students enrolled in these classes and about 84 percent of them completed the course, few had moved to the next rung of college preparation by the end of Phase II. At the end of 2013, just seven of the 26 graduates of the English for Academic Success class moved on to other pre-college preparation⁵. The class may have benefitted participants by providing skills they could use in the workplace. Seven students did receive promotions at some point after enrolling in the class, a promotion rate of almost 23 percent.

The pre-college track, which included 176 participants, was the most common starting point for incumbents interested in postsecondary advancement. By the end of Phase II, approximately 52 percent of the incumbents in the pre-college track had successfully enrolled in college.

⁵ Pre-college classes were not continued at MGH in 2014 due to a lack of funding, so the “next rung” of preparation was not immediately accessible to participants completing the English for Academic Success class.

About one-third of these students would eventually go on to complete a certificate or degree before the end of Phase II.

The students in the college track, which included the graduates from the pre-college track as well as a number of additional participants who enrolled in college without taking pre-college classes, were responsible for most of the significant outcomes in the academic tracks.

In total, there were 179 HTI participants who enrolled in college classes. Of the 179 college students, 84 were seeking a certificate only, 60 were seeking an academic degree only, five were seeking both, and 30 had an unknown course of study. The overall rate of credential attainment for these students was 41 percent, but within the college track there was a great deal of variation in terms of the share of students earning a credential. The following table provides a breakdown of enrollment levels and completion outcomes for the different types of credentials sought by HTI students. It also includes a column showing the number of participants who earned a promotion following the completion of a credential.

Credential Sought	# Of Participants Enrolled	# Of Participants Completing Credential	Completion Rate	# Of Participants Promoted After Completion	Post-Completion Promotion Rate	Avg. Wage Increase Associated With Promotion (\$/Hour)	Avg. Net Wage Increase (\$/Hour)	Hourly Wages: Avg. Annual Growth Rate
Certificate	89	64	71.9%	34	53.1%	\$6.00	\$5.01	8.78%
LPN	50	38	76.0%	30	78.9%	\$6.31	\$6.88	11.33%
Surgical Technology	6	0*	0.0%	N/A	N/A	N/A	N/A	N/A
Medical Coding	14	10	71.4%	1	10.0%	s	\$1.32	1.90%
Central Processing	15	13	86.7%	2	15.4%	s	\$1.80	2.92%
Other	4	3	75.0%	1	33.3%	s	s	s
Degree	65	11	16.9%	2	20.0%	s	\$4.68	6.37%
Unknown	30	0**	0.0%**	N/A	N/A	N/A	N/A	N/A

s = data suppressed to protect participant privacy.

* Most of the surgical technology students started college in 2013. All six were listed by HTI as "in progress," and four were confirmed as still attending classes in January 2014.

** This group is made up mostly of students who were not being tracked closely because they were pursuing college on their own or because they had dropped out of SkillWorks services. Some may have completed credentials that were unreported.

One of the most striking features of the data is the difference between the credential attainment rate for students seeking a certificate, 71.9 percent, and the rate for students who were seeking an academic degree, 16.9 percent. The difference in the amount of time it takes to earn different types of credentials explains the disparity between the two rates. Students who are also working full-time can usually complete a certificate in one or two years, but it normally takes them four or more years to complete an associate's degree, and even longer to complete a bachelor's degree. Most HTI students in degree programs were not expected to have graduated before January 2014, when data collection for Phase II ended. HTI's records on

student persistence indicate that at least 63 percent of the degree-seeking participants who had not graduated were still actively attending college classes during the 2013-2014 academic year.

The table also shows that while post-graduation job advancement outcomes were significant, they, too, were very unevenly distributed. Of the 75 incumbents who completed a college degree or certificate, 36 went on to receive a promotion.⁶ But of these 36, 30 were in a single category, participants who received promotions following their completion of an LPN program.⁷

In addition to these participants, there were 53 incumbents who earned promotions while they were preparing for college or while they were partway through a degree or certificate. In most of these cases, it is hard to show a direct connection between the participant's participation in HTI and his or her career-related achievements. A connection is certainly a possibility in these cases though, since education and training can have a direct impact on job performance and because HTI's academic coaches sometimes serve a job coach function.

EMPLOYER BENEFIT

HTI's services varied employer by employer. As highlighted in previous sections of this profile, the services reflected different goals for both participants and employers. As a result, the training-specific benefits experienced by employers varied as well. The benefit Bay Cove Human Services experienced from training CNAs is different from the benefit BIDMC received from training its environmental services staff to use the company intranet, which is different still from the benefit that BCH received from HTI's support for employees in postsecondary programs. However, several themes emerged of employer benefits that cut across the specific training programs.

➔ **Some employers that invest in incumbent worker training note benefits related to new employee recruitment.**

Employers see a few ways that supporting the development of their incumbent workers has benefitted their recruitment.

- *Reputational benefit.* Hospitals, such as BCH and MGH, both of which actively engaged in HTI's postsecondary advancement programs, noted that the availability of such services enhanced their reputations, helping them attract a more talented pool of

⁶ Additionally, two participants got jobs with new, non-partner employers, which involved an upgrade in job position. These were not counted as promotions.

⁷ The LPN training was an HSL career development offering that predates SkillWorks support. The comprehensive educational program provided a career ladder for certified nursing assistants to become LPNs. With funding from an outside donor, HSL paid for all coursework, books, and invested in software to build reading and math skills. HSL also compensated students for much of the time spent in classes, which are offered onsite. Through HTI, JVS provided academic coaching for the HSL participants who had already enrolled in college. As HSL's hiring needs changed, there was no longer internal demand for LPNs. HSL scaled back the program significantly and few HSL employees pursued postsecondary goals through HTI in the later years of Phase II.

applicants for job openings. Perhaps even more importantly, the availability of such services and the success stories that they generate reportedly increase current employee satisfaction. BCH and MGH both value employee referrals in the hiring process and believe that satisfied incumbent employees are more likely to refer their friends and family members for job openings.

- *Lower skill requirements for entry-level hires.* Bay Cove Human Services noted a different type of hiring benefit. Early in the SkillWorks grant to HTI, Bay Cove Human Services noted that it was having difficulty recruiting CNAs given the competition from other employers such as long-term care facilities. Bay Cove made the decision to hire direct care workers without the CNA certification at a lower salary. Bay Cove sought out individuals who were interested in career advancement and who wanted to receive training once hired. Then, after a three-month trial period to assess the hires' job performance and their fit with working with individuals with developmental disabilities, Bay Cove would train them to be CNAs. As a result, Bay Cove was able to avoid competition for CNAs and then invest in workers who demonstrated a clear organizational fit.

➔ **In some cases, incumbent training enabled employers to retain employees whose jobs might have otherwise been at risk due to changing job requirements.**

As hospitals' expectations for their workers changed, either due to external forces (e.g., changing medical coding standards like ICD-10) or internal policies (e.g., new requirements for occupational certifications), the institutions faced a responsibility to help existing employees comply with new higher standards. Without support to upgrade their expertise, employees would have struggled to achieve the new benchmarks, potentially putting their jobs at risk. Many of the HTI partners are considered among the city's top employers and certainly would prefer not to be in a position to lay off longtime employees. JVS' holistic approach (pre-college preparation, coaching, tutoring) to support employees through the skill enhancement/credential attainment process, supported by SkillWorks funding, likely increased the rate of success among incumbent employees.

➔ **Employers continue to speak positively about the postsecondary pathway programs, but they are not specific in articulating a strong direct benefit from HTI's support for workers who are pursuing education with the goal of moving into a different occupation.**

While a substantial portion of the HTI participants were in pursuit of postsecondary certificates or degrees, employers rarely made any claims that this effort addressed shortages of certain kinds of workers or provided uniquely qualified individuals to fill openings. At the start, HSL saw that value in the LPN training, but quickly found that it was overwhelmed with the number of graduates and struggled to integrate the new LPNs into the organization. In some cases, it is too early for employers to experience the benefit since a number of participants are still in progress. Given the long time horizon for completion, it is difficult for employers to predict their exact need for specific occupations many years in advance. But perhaps the best explanation for why employers rarely cite this type of impact is that hospitals have generally not had to struggle to fill positions in recent years. Given the labor market conditions over the

course of Phase II SkillWorks and changes in the healthcare sector specifically, few hospitals report a shortage of job applicants for entry-level positions.

Employers were more likely to note anecdotal evidence of productivity benefits of their employees pursuing postsecondary education prior to completion of their certificate or degree, perhaps in part from the skill set instilled through the JVS coaching model that emphasizes time management, organizational skills, critical thinking, computer skills, and soft skills. Employers also believe that the effort can increase the diversity of healthcare professionals with the desire to make patient-facing staff reflect the racial and ethnic diversity of the patient population, although none have formally documented that impact.

- ➔ **The partnership with JVS-HTI enabled employers to experiment with new workforce development offerings, and to learn and adapt, before ultimately deciding whether to fund a service directly.**

SkillWorks' support for HTI gave JVS and its partner employers the opportunity to test new approaches to workforce development, including both new classes and new support services. By funding the pilots, SkillWorks lowered the risks associated with innovation since employers did not have to invest heavily before assessing the results. With the conclusion of SkillWorks Phase II, employers have chosen to directly fund a number of the HTI offerings now that the approaches have been tested, modified, and shown to be of value.

- ➔ **The HTI quarterly advisory meetings provided a needed forum for employers to network and collaborate.**

Separate from their individual training partnerships with JVS, employers reported that the HTI SkillWorks Advisory Board was a valuable means of building new relationships, sharing best practices, and coordinating HTI activities in order to make them less burdensome for their institutions. A number of employers noted that it enhanced relationships among the workforce professionals at the Boston academic hospitals. HTI also provided an opportunity to share successful practices at one hospital, allowing others to learn and adopt quickly. At a more logistical level, the information sharing allowed hospitals to partner so that if a class JVS was running at one hospital had an empty seat, a participant from another hospital could join the program.

SYSTEM OUTCOMES

The HTI partnership has led to some enduring policy and practice changes among employers. Some of the services provided through the SkillWorks grant will be sustained through employer support. Among the most significant enduring system changes, however, is the enhanced capacity of the lead organization, JVS. Following is a further description of these system outcomes.

Provider Outcomes

- ➔ **The five-year SkillWorks grant enabled JVS to refine a number of components of its workplace education model, improvements that will benefit future JVS clients long after SkillWorks funding ends.**

Two particularly notable examples of improved practices are around coaching and assessment. When SkillWorks funded HTI initially, JVS noted that coaching was a small part of what it offered clients. Now, as one leader at JVS stated, “It absolutely impacts just about everything [JVS] offer[s].” After JVS recognized the early success of HTI’s academic coaching services, JVS was able spread the best practice within its own organization, embedding coaching in its pre-employment Bridges to College program. JVS went on to codify its coaching approach in a handbook for employees so that it could apply certain key practices and standards for coaching across the organization’s programs.

JVS also improved its client assessment practices for postsecondary work over the five years. JVS’ initial focus was more on academic proficiency as the predictor of postsecondary success. Over time, staff learned that College Placement Test (CPT) performance was not a great predictor. While JVS continued to prepare students for the CPT, since passing placement tests allows them to skip remedial coursework, JVS developed a more complex assessment process that looks more holistically at the skill set students need to succeed in college. JVS found that people driven by a passion and a sense of purpose were more likely to persist on the lengthy journey toward a postsecondary credential, so factors like motivation for pursuing postsecondary education became an important part of the assessment.

- ➔ **SkillWorks funding of HTI provided a platform for JVS to provide “proofs of concept” and demonstrate its capacity to employers in new arenas, which ultimately resulted in additional fee-for-service revenue.**

At the start of the SkillWorks grant, hospitals held JVS in high regard as an ESL training provider. HTI’s focus on postsecondary pathways to advancement provided JVS the opportunity to establish its competency in new areas such as pre-college preparation and academic coaching. As JVS built a reputation for success working with a subset of HTI employer partners on postsecondary pathways, other hospitals, which had observed from the sidelines, made the move to work with JVS on similar workforce development efforts on a fee-for-service basis. Also, both BWH and MGH have significantly expanded their workforce development work with JVS since the start of the grant. BWH, in particular, shifted all of its college preparation over to JVS (on a fee-for-service basis) midway through SkillWorks Phase II. The relationship has grown even further since the close of Phase II.

- ➔ **SkillWorks support enabled JVS to expand its capacity from a workforce development service provider to that of strategic partner with employers.**

SkillWorks provision of five years of relatively flexible funds enabled JVS to work closely with employers to craft approaches aligned with their particular workforce development interests. Instead of creating a static training program with a rigid set of service offerings, JVS was nimble

enough to add, expand, or contract services based on performance and employer feedback, all the while customizing its services for employers to a degree that was unique among the SkillWorks partnerships. This approach to program design enabled JVS to establish a different type of relationship with its employer partners. Now, when JVS explains its work, it describes itself as “providing business solutions” for its employer customers. In the words of one JVS leader, SkillWorks funding “essentially gave [JVS] more time and opportunity to show that is what [JVS] can be to employers. That is something two years of funding cannot do.” Some of JVS’ recent endeavors illustrate this transition:

- *Office hours.* After extensive discussions with HSL, JVS transformed its workforce development approach to meet more closely the employers’ current needs. It eliminated some traditional ABE classes. To replace them, JVS and HSL have implemented a system of “office hours” where a JVS employee, trained as a coach and instructor, is available on site for a set number of hours each week to work with individuals on a variety of issues, with a focus on tangible skills that can be quickly applied in the workplace. Examples of areas where coaches help participants build competencies include use of grammar in emails, pronunciation, and systems for entering daily patient notes.
 - *Training via mobile technology.* JVS recently worked with another healthcare employer, North Shore Hospital, to help the provider’s environmental service workers build needed workplace language skills. JVS worked with the hospital to meet its specific needs. Rather than deliver traditional classroom-based instruction, JVS developed a method of mobile instruction by mounting cell phones on the cleaning carts of environmental services staff.
 - *Direct contracts with individual departments.* While traditionally JVS had worked with the human resource staff, through SkillWorks, JVS had the opportunity to develop specific offerings to meet individual departmental needs such as the medical coding training conducted for BCH. That departmental-specific work is now growing on a fee-for-service basis at other hospitals. While this is occurring at multiple hospitals, one example is with MGH, where the Nutrition and Food Services department rolled out new software for processing meal orders, but then discovered that 40 percent of incumbent workers did not have the knowhow to use it. The department went directly to JVS to develop customized training to teach employees how to use the new software effectively.
- ➡ **HTI’s work with BHCC through the SkillWorks grant contributed to a deepened partnership between JVS and the community college, which became institutionalized through a new formal co-enrollment agreement.**

BHCC was a partner at the HTI table and engaged in aspects of HTI’s programmatic work. As the lead agency of the SkillWorks-funded partnership, it gained additional credibility with the college since JVS then represented the interests of paying customers, the hospitals, who might not have engaged with the college otherwise. In addition to the collaboration through HTI, JVS leaders worked to build closer connections with the college. While progress was generally

slow, a turning point came when BHCC installed its current president in 2013. The years of gradually improving relationships accelerated leading to the recent announcement that BHCC and JVS signed a contract enabling JVS' Bridges to College students to co-enroll at BHCC. BHCC and JVS faculty will co-teach the English component of Bridges to College. When Bridges to College students complete the program, they will be able to enroll directly in credit-bearing courses at BHCC and will have earned six college credits. JVS sees this as part of a larger strategy to develop partnerships with the college similar to those it has built with employers. One JVS leader noted, "When we go into a new employer, we have an approach that, more often than not, has our employer clients very quickly see us as an extension of themselves. We have been working on that with the colleges; we want the colleges to see us as an extension of them. We want our students to see us as an extension of the college."

Employer Outcomes

➔ **Employers have taken responsibility for supporting a number of HTI workforce development projects that the SkillWorks grant had funded previously.**

Employers have chosen to sustain many of HTI's workforce development pilots originally supported through the SkillWorks grant to HTI. In some cases, employers have assumed direct responsibility for administering programs, while in other cases they have added the programs to their fee-for-service arrangement with JVS.

- BWH will continue to offer an adapted version of the Microsoft Office training that HTI provided during Phase II. Rather than focus on achieving the Microsoft Office certification, students will now work toward building specific computer competencies valued by BWH managers. The former Microsoft course will be the highest rung of computer training on a ladder of stackable classes that BWH is offering and JVS is operating on a fee-for-service basis.
- BCH, which had also partnered with HTI on the Microsoft Office class, has now absorbed the certification class into its menu of computer offerings run by its internal computer training specialist.
- Bay Cove Human Services will continue to provide CNA training for its employees.

➔ **Over the course of the initiative, several employers amended their tuition reimbursement policies making them more supportive of career advancement for entry-level workers.**

Initially, some participants in postsecondary certificate programs faced challenges related to tuition reimbursement because they were not enrolled in an academic degree program. But after SkillWorks started funding HTI, most employer partners altered their tuition reimbursement policies to cover both types of programs. In addition, BCH created an innovative tuition advancement policy in which SkillWorks participants could receive payment at the start of a class. The purpose of this change was to remove the financial hardship that some employees face in the period between paying the initial tuition costs and receiving reimbursement, since they normally only receive payment after they complete the course. Despite the success of this new "preimbursement" policy, BCH does not appear ready to extend

it to other hospital workers pursuing postsecondary work without the support of SkillWorks-HTI services, which they felt reduced the risk of providing the up-front support to students.

➔ **While employers recognize the benefit of the academic coaching services provided by HTI, they have been hesitant to fund those services at significant scale themselves.**

Many of the workforce development services JVS provides on a fee-for-service basis were initially grant-funded until employers recognized their value, so it is not surprising that JVS had hoped that coaching would follow the same model. However, many employer partners have been slow to assume responsibility for the coaching services provided during Phase II. This is likely a reflection not on employers' satisfaction with coaching, but rather on their workforce development budgets, which are tight. That said, there is some employer support, on a modest scale. BCH continues to pay for a portion of a JVS coach's time to work with employees on-site at the hospital. HSL includes coaching as a component of services in all workforce development grant applications for philanthropic funding. For instance, through a grant from The Boston Foundation, HSL is currently implementing a leadership CNA training to create an advancement pathway for nursing assistants. The grant includes funds for a JVS coach to work with the newly trained CNA leaders on a weekly basis.

➔ **HTI employers continue to innovate their workforce development practices, testing new models that best balance employee advancement goals with employer needs.**

Many of the employers engaged in the partnership have continued on a trajectory of innovation in workforce development, testing new models and practices that create value for both employee and employer. These new practices did not directly evolve from the services provided during Phase II of SkillWorks by HTI, but do reflect the ongoing commitment of these employers to exploring and adopting novel workforce development approaches that build on their experience with HTI. Following are two examples:

- In an effort to create an alternative career ladder for its CNAs, HSL created a new position internally known as a senior CNA. With a grant from The Boston Foundation, HSL developed a training program to prepare select employees for the new position. Over a 12-week period, participants attend almost 100 hours of classroom instruction covering everything from communication skills to the aging process. After completion, the senior CNAs receive a one-dollar increase in their hourly wages. The senior CNAs do not become supervisors, but, with the support of a JVS coach, they act more like team captains, providing guidance, leadership, and mentorship for their more junior colleagues. Other long-term care facilities in the greater Boston region are now replicating the model, and HSL is working with the Red Cross on developing a certification for senior CNAs. There is also interest in replicating the training at area community colleges.
- BWH is restructuring its entire entry-level workforce development offerings, refocusing them on skills that are more relevant to the workplace and creating more logical course sequences so students can build on what they did in previous classes as they progress. The new program design more clearly helps employees build skills for their current job,

rather than exclusively work toward a future career or college. The classes are also shorter, with more focused learning objectives that include specific sets of competencies customized to BWH that participants are supposed to develop by the time they complete a class.

CONCLUSION

HTI was a highly successful partnership that created substantial value for multiple constituencies. While their paths were varied, many participants achieved or made substantial progress toward their goals. Employers benefitted from the training HTI provided to their workers, from the opportunity to explore and test new workforce development approaches, and from the ability to participate in a new forum where they could connect and collaborate with one another. The lead organization, JVS, refined its service delivery model, built staff and data capacity, and established itself as a valued partner for employers grappling with wide-ranging workforce development issues. The enduring effects of the relationship-building, capacity expansion, experimentation, and learning that occurred through HTI during Phase II suggest that the SkillWorks investment in HTI has generated system benefits that will last far beyond the tenure of the grant.

Sustainability

JVS approached the partnership with the goal of learning what services were most important to its healthcare employer partners and, consequently, for which services employers were most willing to pay. JVS aimed not only to demonstrate the value of a particular workforce development intervention, but also to demonstrate the value of JVS as a service provider. JVS was quite successful in this and expanded its fee-for-service work with many of the hospital partners over the course of the initiative. While hospitals have been slow to assume responsibility for academic coaching, the signature SkillWorks-funded service provided by HTI, employers have expanded their relationships with JVS in other areas, cementing the agency's role as a valued vendor of workforce development services. SkillWorks will continue to sustain academic coaching through the end of 2015 so that the students who are still actively working toward their postsecondary goal can continue to receive support. In addition, JVS is working with four HTI partners—BWH, BCH, HSL, and MGH—on four separate planning grants secured through the Health Care Workforce Transformation Fund.

The capacity built in JVS over the course of the initiative is likely to produce workforce outcomes beyond the immediate partnership. JVS is actively expanding its workforce services into other sectors and is expanding its footprint beyond the Boston area and into some of the state's smaller, less prosperous cities.

While JVS' programs and the internal workforce development efforts of partner employers will likely continue to flourish, interviews suggest that some of the changes in healthcare reform may alter the focus of workforce development going forward. While SkillWorks support for HTI focused primarily on postsecondary career pathways, interviews suggest that hospitals increasingly focus on the efficiency and productivity of employees in their existing roles, supporting efforts that allow employees to "work to the top of their credential levels." As a result, SkillWorks' historical purpose of career advancement for low-income workers may not

be as aligned with the priorities of HTI partners in the near future as they grapple with the challenges of maintaining a high level of service while facing pressure to cut costs.

Lessons Learned

For the field:

- ➔ **For incumbent workforce development, the employer should be regarded as the client at least as much as the participant.**

JVS' deep employer relationships were critical to the partnership's success. Interviews with representatives from JVS and the partner employers suggest that the relationships between JVS and the employers were unique among the SkillWorks partnerships in terms of the level of collaboration, frequency of communication, the extent to which the provider customized its offerings to meet employers' specific needs, and the degree to which employers held the provider accountable for results. To JVS, employers were not just a vehicle through which clients could succeed. Instead, employers clearly were clients themselves. JVS relies increasingly on employers to support their workforce development offerings on a fee-for-service basis, so achieving a high level of employer satisfaction was more than an effective workforce development practice, it was also good business sense.

- ➔ **A data-driven culture is critical for learning, improvement, and accountability.**

JVS, prior to receipt of the SkillWorks grant, had already developed a data-driven culture. To understand its effectiveness, the organization had invested in well-regarded data collection and analysis software for human service organizations and, perhaps even more important, had also invested in staff capacity to manage and analyze participant data. SkillWorks funding further expanded this capacity, and when HTI implementation began, JVS was quickly able to establish strong data collection efforts through data-sharing agreements with its employer partners. Because the employers provided full, consistent outcomes reports with data on all their employees who had enrolled in HTI on a regular basis through all five years of the initiative, JVS was able to compile a set of participant data that was relatively detailed, unbiased, and up-to-date. These characteristics made the data very useful. JVS staff regularly analyzed data to track its progress and make adjustments. JVS also used the data as a communication tool with employers and other stakeholders to demonstrate progress and establish accountability. Finally, the data served as a foundation for efforts to assess what was working and not working in its programs and make minor as well as major program improvements.

- ➔ **Patience and persistence are key to building relationships with partners.**

HTI's experience shows that partnerships are not built overnight and that some relationships take longer to establish than others. While some HTI partners, like BCH, intensively engaged in partnership activities from the outset, others had a relatively low level of engagement that slowly simmered. JVS was persistent in its efforts to involve employers in the work of HTI, but also patient, letting partners engage when and how it best worked for their organization. MGH is an example of an employer partner whose engagement in HTI grew over the five years.

BWH's engagement with JVS also grew over the five years, though much of that growth was outside the scope of the SkillWorks grant. In some cases, the engagement grew because the employer's needs evolved, while in other cases it grew because HTI was able to demonstrate a record of success.

The most interesting example of the role of patience and persistence in building partnerships is the now-growing relationship between JVS and BHCC. HTI had explicit system change goals that called for stronger partnerships with community colleges, in particular BHCC. While progress was slow, JVS never stopped trying to maintain and grow the relationship. One JVS leader noted, "We never gave up. We literally had conversations for six years." Small steps and ongoing efforts to build relationships with multiple stakeholders within the college put JVS in a better position when the new president arrived. In an interview, another JVS leader described the transformation: "First the college didn't see us; then they saw us as a pest. Now they see us as a partner."

➡ **Capacity of the training provider is perhaps as important a factor as program design in influencing partnership outcomes.**

While the effectiveness of workforce development initiatives is the result of a myriad of design factors such as an effective assessment process, a well-designed curriculum, and policies that encourage employer engagement, there is a less examined factor that also appears to influence initiative success—the underlying capacity of the training provider. HTI's programs and services evolved over the five years as JVS made adjustments to improve effectiveness, but a constant was the competence of the organization as reflected in its clear strategic vision, steady leadership, strong management, well-trained staff, and data-driven culture. To the extent that funders are looking to create models of excellence through partnership funding, the capacity of the lead organization warrants careful attention when choosing where to allocate funds.

➡ **Long-term funding contributes to the capacity of providers in ways that narrow project-specific grants cannot.**

JVS leadership noted that the SkillWorks grant provided "resources that are hard to come by" that strengthened the organization's internal infrastructure. They also noted that the grant improved JVS' ability to collect data, and, most importantly, enabled the organization to invest in its "internal talent, people with knowledge and skill who can add value to a strategic conversation with employers over a long period of time." These benefits were the result of five years of flexible funding, not short-term, project-specific grants. In an era of constrained resources for workforce development, grantmakers and grantees will need to grapple with questions of how and where to find these kinds of flexible, long-term investments in the future.