



Partnering Effectively to Better Serve Dislocated Workers

A Learning History of the Mid Michigan Partnership for Training in Healthcare (M-PaTH)

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Introduction

This Learning History endeavors to illustrate lessons learned and strategic choices made throughout planning, start-up and implementation of the Mid Michigan Partnership for Training in Healthcare (M-PaTH). The content and themes of these lessons are aggregated across the three areas in which M-PaTH operated, and reflect input from interviews with multiple partners and participants about their personal experiences with and reflections on M-PaTH. Additionally, many hours of observation of M-PaTH administration and operations – including recruitment, orientation, applicant interviews, program workshops, and committee meetings – also inform this document.

The M-PaTH Learning History is intended to help other communities, both in Michigan and beyond, prepare to address the complex and pressing needs of dislocated workers through strategic partnerships. Far from a prescriptive roadmap or evaluation of M-PaTH or any other specific program, this document instead attempts to help regions consider and navigate key **program**, **partnership** and **policy** issues involved in effectively serving and/or customizing service models for dislocated workers.

M-PATH BACKGROUND

It's no surprise that many unemployed workers need immediate financial help in order to achieve or maintain stability for their families and see their way through a job loss. It's also not news that Michigan was one of the earliest and hardest hit states in the national recession. Automotive and manufacturing jobs formerly considered economic safeguards were lost, and replacement opportunities in these same organizations and industries were often simply not an option. Michigan's shifting economic reality and unceasingly high rates of unemployment in recent years left thousands of workers both jobless and unprepared to successfully transition to another occupation.

In July 2008, the United States Department of Labor awarded the Michigan Department of Energy, Labor and Economic Growth (DELEG) \$2 million over three years to train dislocated workers through the Mid-Michigan Partnership for Training in Healthcare (M-PaTH) initiative. M-PaTH aimed to train up to 400 dislocated workers in Mid-Michigan to transition into healthcare careers. M-PaTH built on Mid-Michigan's Workforce Innovation in Regional Economic Development (WIRED) initiative. The Prima Civitas Foundation (PCF) served as the M-PaTH project manager, capitalizing on its success managing the Mid-Michigan WIRED initiative, which included Flint's Genesee County.

M-PaTH was a healthcare workforce development project, intended to meet the needs of both employers and dislocated workers by fostering an employer-driven approach to teaching relevant healthcare career skills. M-PaTH was planned as a three year project

modeled after the Greater Flint Health Coalition's training program, called Flint Healthcare Employment Opportunities (FHEO). Baker College, Mott Community College, Career Alliance, Inc. and Thumb Area Michigan Works! (both Michigan Works! one-stop agencies) and Lansing Community College were all also strategic partners. The first phase of M-PaTH focused on adapting the FHEO program to target dislocated workers in Genesee County. The second phase then used a bidding process through a Request for Proposals to fund new partners in Michigan to adapt M-PaTH to their location. This open bidding resulted in expansion to two additional locations (the Lansing and Michigan "thumb" areas) to reach additional partners and more workers throughout the Mid-Michigan region. Ultimately, M-PaTH aimed to help drive Michigan's economy by diversifying and enhancing the skills of workers from shrinking sectors to fill available healthcare jobs.

Broadly speaking, M-PaTH participants were not unlike many dislocated workers across the country. They often reported substantial work histories, ranging up to thirty years, and frequently reflected long tenure in one organization with which they had envisioned staying until retirement. The transition through unemployment and/or into a new industry for these workers is daunting, often requiring an entirely new set of job skills as well as the *personal* readiness and fortitude to shift occupations. Such a radical transformation requires a seamless, well-coordinated network of supports to help these workers emotionally manage, financially endure and occupationally prepare for successful transition to new employment.

EARLY OUTCOMES

As of the M-PaTH program closing date (June 30, 2011) many participants were still in occupational training programs, and so it was too early to truly understand the full impact of this three year initiative on participants' eventual employment experiences. However, even the initial outcomes available at this time reflected noteworthy results for participants. For instance, nearly every M-PaTH participant (91%, or 439 participants) enrolled in postsecondary education of some sort -- including traditional four-year programs and occupational training programs. As of program closing, 42% (183 participants) of those who had enrolled in postsecondary education were still in their training program, while **45% (198) of M-PaTH participants who enrolled in postsecondary education had already gained a credential.**

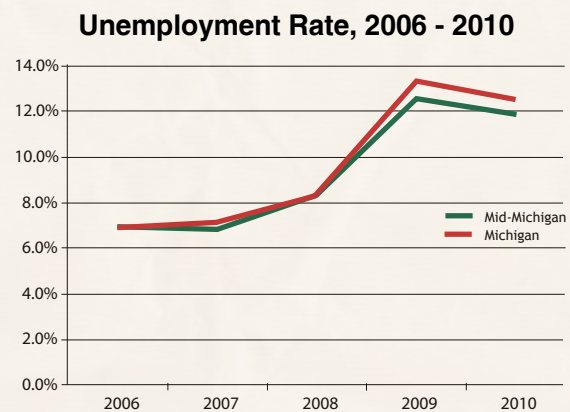
These are impressive results, and indicate that fully **79% of all M-PaTH participants had either earned a credential or were still persisting in their training program by the end of the three year initiative.**

Employment outcomes require longer time periods to track, particularly with so many participants still in training. As of June 2011, over 30% (150) of all M-PaTH participants were employed, including 21% working in the healthcare field. Given that over 40% of participants were still in training at the time these results were recorded, there is reason to believe that eventual employment outcomes of M-PaTH participants may prove to be as impressive as their rates of involvement in and persistence through education and training.

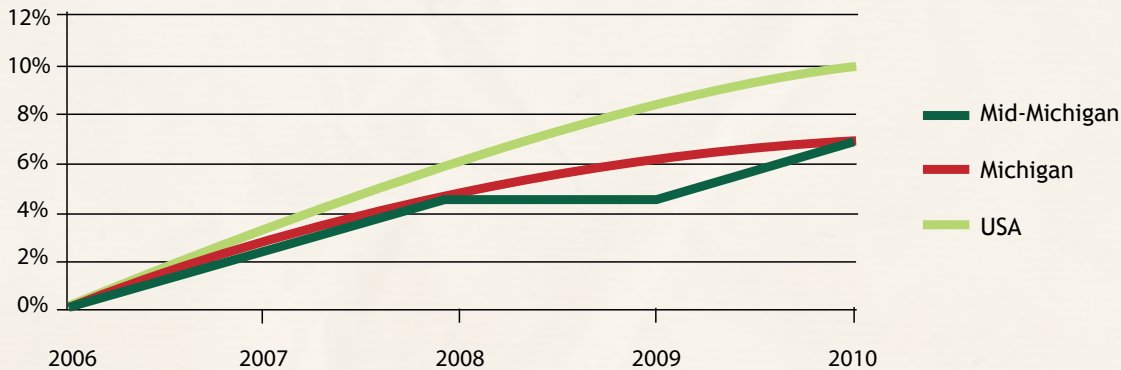
M-PATH AND THE BROADER ECONOMIC CONTEXT

M-PaTH unfolded in the context of several unforeseen influences. When preparing and submitting the original M-PaTH grant application, M-PaTH partners did not anticipate that in 2008-2009 the rest of the country would follow Michigan into a deep economic recession. This widening recession resulted in further increases in unemployment, and fundamentally upended the labor market projections that had driven M-PaTH planning as hospitals and other major healthcare employers substantially decreased their hiring activity. Additionally, current healthcare workers were postponing retirement -- further reducing the demand for new employees. Unemployment continued to rise across sectors, which substantially increased the demand for training resources.

This graph illustrates the continued rise in unemployment throughout Michigan and the Mid-Michigan region during early implementation of M-PaTH, most dramatically between 2008 and 2009.



Growth in Health Care Employment, 2006 - 2010



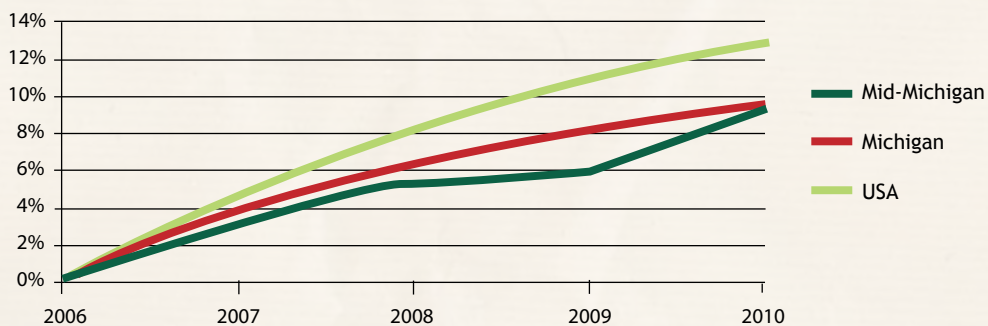
As illustrated in this graph, healthcare employment in Mid Michigan was relatively and unexpectedly flat from 2008-2009, during which both state and national healthcare employment were growing. Employment began rebounding somewhat in 2010.

SOURCE: BUREAU OF LABOR STATISTICS

The region experienced important differences within the healthcare sector. As the following graphs illustrate, employment growth varied depending on the healthcare subsector. Employment in Ambulatory Health Care and Nursing and Residential Care Facilities both grew, albeit slower than the state and nation, throughout 2008-2009. However, employment in Mid-Michigan hospitals declined dramatically between 2008 and 2009, after a period of higher than state and national growth through 2008. This decline occurred during a time when hospital employment

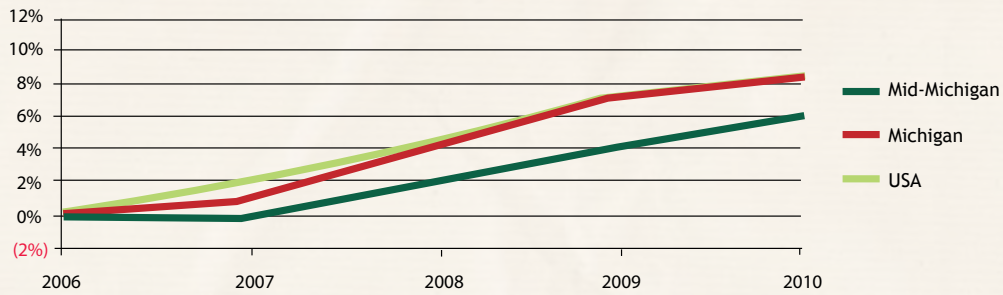
was growing nationally. As 37% of 2008 healthcare employment in the Mid-Michigan region was in hospitals, this decline had a significant impact on healthcare employment and employment prospects in the region. M-PaTH partners operated within the context of these unexpected economic shifts, and had to adapt their employment strategies in response to the hiring outlook of each subsector. (Please refer to Appendix A for more labor market and demographic data.)

Growth in Ambulatory Care Employment, 2006 - 2010



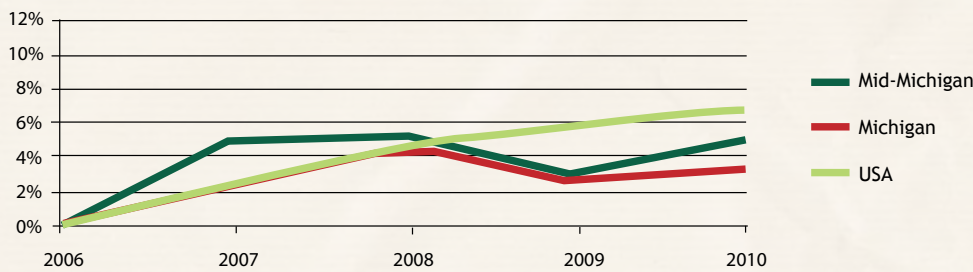
SOURCE: EMSI COMPLETE EMPLOYMENT - 1ST QUARTER 2011

Growth in Nursing and Residential Care Care Facilities, 2006 - 2010



SOURCE: EMSI COMPLETE EMPLOYMENT - 1ST QUARTER 2011

Growth in Hospital Employment 2006 - 2010



SOURCE: EMSI COMPLETE EMPLOYMENT - 1ST QUARTER 2011

THE CORE COMPONENTS OF M-PATH

M-PaTH did not emerge as a prescriptive model to which new partners were expected to rigidly adhere. Instead, the project manager (Prima Civitas Foundation) chose to outline guidelines for core programmatic components and specific partnership capacities. Partners implemented a spectrum of approaches, and as such emphasized different components, according to their own local context and available partners.



Beyond the stability of a steady income, work and workplace communities provide structure, meaning, and a social context to daily life. Losing this upsets more than just the family budget - it unravels our sense of belonging and purpose.

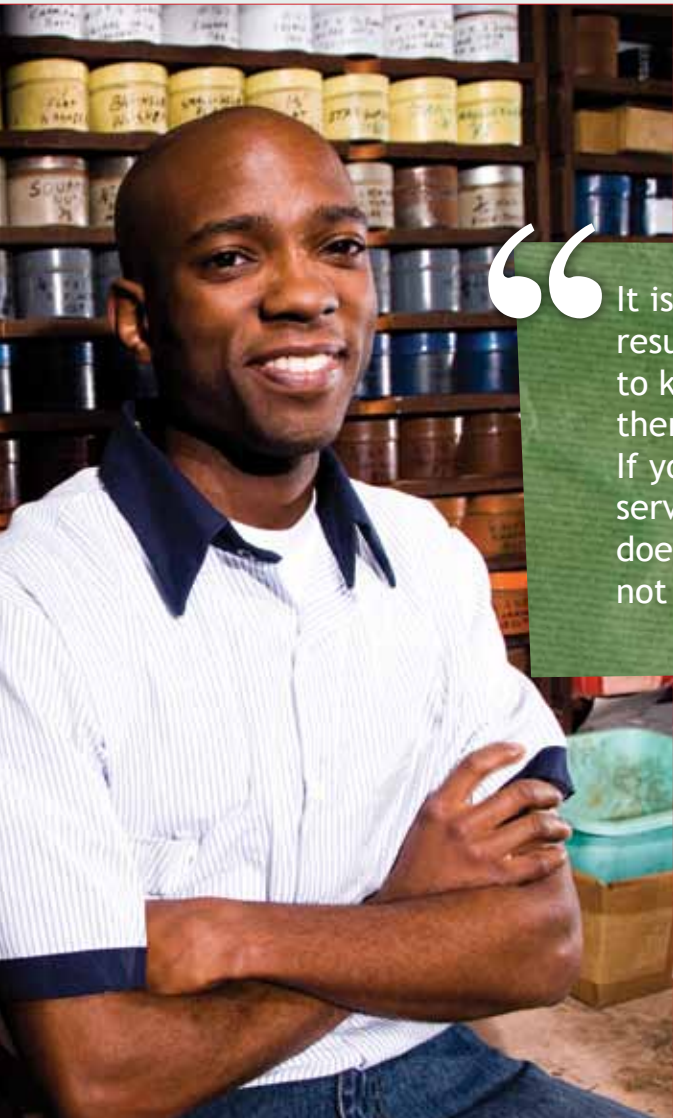


THE CORE COMPONENTS OF M-PATH INCLUDE:

1. **INTENSIVE OUTREACH AND RECRUITMENT** to reach the “critical mass” of workers for whom this program is a good fit. Partners indicated that, despite the high numbers of unemployed workers, substantial effort is required to engage participants who meet the eligibility requirements of “dislocated worker” and are interested in the healthcare industry.
2. **IN-DEPTH ASSESSMENT, SCREENING AND INTERVIEWING** to ensure that those entering the program are most likely to be a good fit in the healthcare industry, and that the specific occupational path they choose is in sharp alignment with their skills, interests and long term goals. This includes assessment of basic skills, college readiness and employability skills; assessment of suitability for the healthcare environment; analysis of which occupations may offer the best fit; drug testing; and an interview.
3. **DETAILED ORIENTATION** to describe the services available, and the details and expectations of the program.
4. **CASE MANAGEMENT** to help manage current or future barriers to success, including identifying resources to help with child care needs, transportation issues, mental or physical health issues, etc.
5. **LIFE SKILLS** courses to help participants prepare for re-entry into the job market and/or occupational training. A critical differentiator in M-PaTH, the Life Skills courses helped participants emotionally cope with their dislocation and concretely prepare for their transition into a new career. The Life Skills series was not intended to be embedded into existing occupational training, but rather, it was envisioned as an upfront, distinct, intensive preparation for training and employment. Life Skills courses included such topics as:

- Dealing with Dislocation and Adapting to Workplace Change
- Teamwork
- Customer Service
- Personal Finance
- College Readiness: how to succeed in school
- Career Strategies: navigating interviews, resumes, cover letters, job postings
- Compassion in the Workplace
- Phone Etiquette
- Dressing for Success
- Diversity in the Workplace
- Basic Computing and IT Skills





It isn't enough just to make sure you have a good resume and know how to interview. You also need to know what it takes to succeed on a job, to get there, to be well liked, to move forward and grow... If you don't come with a good attitude and customer services, or you don't know how to work on a team, it doesn't matter how [well] you can draw blood, you're not going to succeed in that job.

— M-PaTH Partner



6. **ROBUST CAREER EXPLORATION AND ADVISING** to provide exposure to the variety of career options in healthcare, orient participants to the training programs associated with each occupation, help them understand what is required of each training program, and ultimately aid them in choosing the path that makes sense for their needs. These activities include hosting employer guest speakers, touring educational and employer facilities, pairing with a mentor in the field, meeting with an advisor at the training institution, etc.
7. **ACCESS TO AN EMPLOYER NETWORK.** Another key differentiator, access to an engaged employer network was viewed as critical to planning, implementing, and continuously improving programs such as M-PaTH. Effective employer networks guide curricula development, course offerings, credential choices, and other educational programming to ensure participants emerge with skills demanded in the labor market. They also offer important guidance for participants trying to learn about and decide on career paths, and ultimately must play the most critical role – hiring participants into new jobs.
8. **CAREER PATHWAY RE-ENTRY SUPPORT** to help participants launch their new path. This might entail immediate job placement, beginning an occupational training program, or both. These supports include brokering job opportunities, helping participants locate available jobs, helping them prepare to engage in work and learning simultaneously, and/or mapping out a pathway that involves short-term reentry into the industry and longer-term training for career advancement.

UNDERSTANDING AND SERVING DISLOCATED WORKERS: REFLECTIONS ON CRITICAL PROGRAM CAPACITIES



“

Right now everything is so uncertain; I just need some sense of assurance that I will find a job.

— M-PaTH Participant

”

In the best of circumstances, seeking out and securing a new job is daunting. It requires understanding of one's experience and skills, articulation of how these skills relate to occupations, knowledge of the labor market demand for those occupations, savvy identification of relevant job opportunities, and competency in making the case for oneself as the worker of choice. Dislocated workers must achieve all these same objectives and navigate the transition to a new job among very strenuous circumstances. These workers often find themselves dealing with outdated or low skill sets, little recent history or experience seeking out a job, misunderstanding of the educational system and how to obtain new skills relevant to the labor market, the pressure to immediately restore the family income, and the emotional or even physical toll that a job loss often entails.

The following section endeavors to highlight some of the core program capacities that efforts to help dislocated workers, particularly those transitioning to new industries, should consider in building effective service plans.

Dealing with Dislocation

THE EMOTIONAL TOLL

Dislocated workers are often reeling from an emotional blow whose impact should not be underestimated. This impact may be even more acute for workers from industries or organizations long considered employment fixtures -- such as the manufacturing industry in Michigan -- who never anticipated being without a job, much less requiring additional education or help finding a new one. One M-PaTH provider pointed out that for such individuals, a job loss is so significant that it can entail grief nearly equivalent to the loss of a loved one. Beyond the stability of a steady income, work and workplace communities provide structure, meaning, and a social context to daily life. Losing this upsets more than just the family budget – it unravels our sense of belonging and purpose.

M-PaTH applicants and participants described never having imagined that they would lose their jobs. They discussed experiencing damage to their self-confidence and pride, and difficulty envisioning a way forward. If not acknowledged and managed effectively, this heavy emotional impact can undermine efforts to help such workers reestablish their careers.

Following a job loss, the additional fear of losing one's home, car, and other means of stability is very real and immediate. While dislocated workers urgently need to access all available supports, doing so is often disorienting, humiliating, and daunting. Many dislocated workers feel shame at having to seek help from systems of support, such as unemployment insurance or food stamps. Thus, the very resources intended to help in such crises may serve to add to feelings of helplessness or anger. **Programs aiming to help dislocated workers must have the compassion, capacity and willingness to help workers make difficult adjustments and quickly manage immediate emotional needs.**



“ I need a job five days ago!
– M-PaTH Participant ”

In Flint, M-PaTH partners developed a “Dealing with Dislocation” workshop to immediately and candidly acknowledge the emotional, physical, social and financial impacts of dislocation. This workshop aimed to recognize the emotional struggles involved in dislocation, and provide participants with the opportunity to share their emotions with peers. This frank exchange appeared to be therapeutic in an immediate way, and helped to develop a sense of longer-term collegiality among participants. Such an approach may also support a “cohort” mentality among the group, which can help workers persist through the program. As one M-PaTH partner pointed out, participants “really need a glimmer of hope.” This workshop launched involvement in the program with an empathic and authentic acknowledgement of the financial and emotional hardships at hand, while providing a hopeful foundation for moving forward.

FINANCIAL RECALIBRATION

Clearly, the loss of one's job entails an immediate financial impact. However, this financial impact can reverberate beyond just the immediate loss of income. Another necessary and painful adjustment of dislocation for many M-PaTH participants involved navigating the transition to an entirely new **long-term** financial reality. M-PaTH partners described this transition as the shift many workers are required to make from previously earning relatively high wages in the manufacturing industry to lower wages - even after earning a healthcare credential. An illustrative example was described by a former GM office assistant who earned \$25 per hour at the time of her job loss, now earning \$13 per hour after becoming a Certified Nursing Assistant.

Some M-PaTH partners described their responsibility as, in part, supporting participants by "re-educating" and preparing them with reasonable expectations and ways to cope with their financial transition. Understandably, dislocated workers often find such new expectations upsetting and angering. Programs aiming to help workers transition through dislocation must be knowledgeable about the likely labor market realities for dislocated workers at various skill levels, and prepared to help them confront these realities.

Financial needs also drive decision-making, and so must be acknowledged at the outset of any program aiming to help workers retool skills or obtain new credentials. Workers are far less likely to consider

education as a viable option if they cannot see a way to afford the time and money required. While nearly all M-PaTH dislocated workers expressed interest in returning to school and obtaining a healthcare credential, they often described feeling stymied by their immediate financial needs. This is because very few dislocated workers are likely to be able to entirely forego an income in order to return to school. M-PaTH participants expressed feeling very focused on obtaining a job right away in order to replace lost wages. **Any further education must be able to accommodate this immediate need to earn wages.**

In order to meet these dual needs for immediate income and longer-term educational attainment, programs need to outline career pathway options so participants can work immediately in an occupationally-relevant position while attending school for longer-term career growth. Programs should ensure all participants have access to pathways from short- to longer-term training options. A short term credential can help participants gain critical momentum and confidence -- enabling them to more quickly obtain experience in the healthcare field while staying in school towards a more advanced degree. This approach helps to meet the urgent need for an immediate job, while positioning participants for longer-term advancement and career progress.

“

[M-PaTH participants] were probably the breadwinner in the family, versus someone who is just in college and trying to work...For a lot of people their family probably looked to them to provide and now they [can't].

”

— M-PaTH Partner

LEVERAGING SKILLS FOR NEW JOBS

Dislocated workers by definition have at least some work experience, and in many cases M-PaTH participants brought decades of labor market history. However, as M-PaTH unfolded and the economy continued to contract, more entry-level jobs were also lost. Thus, the pool of dislocated workers somewhat unexpectedly expanded to include participants with a wider range of work experience and skill levels. Given that securing immediate earnings is typically an urgent priority, **assessing the skill level of each participant and helping them prepare for a quick and effective re-entry into the job market is a critical component of support.**

It is important that efforts aimed at dislocated workers do not assume an impressive work history or that recent experience searching for a job translates directly into competency in these areas. As mentioned above, dislocation upends one's self-confidence – a quality that is critical to securing a new job. Efforts to help participants maneuver more effectively and feel more secure as they re-enter the job market are not wasted.

Detailed information on the outlook and requirements for each occupation must be shared early and in detail. This includes projected wages, hiring demand, career advancement opportunities, and the level of academic rigor and length of time required to achieve credentials for each career path.

“ I had never written a cover letter.
– M-PaTH Participant ”

Indeed, M-PaTH partners pointed out that a key part of supporting effective job re-entry is helping dislocated workers to **identify and articulate their existing skills, particularly in relation to skills needed for good jobs available locally.** This aids workers in recognizing their current aptitudes and their potential to build more skills, and helps them begin to foster a vision of success in a new industry or environment. An upfront scan of existing skills can be used to match and leverage these skills into a career pathway - helping people progress more rapidly while maximizing the use of available funds and resources.

Occupational skills are not the only relevant abilities to assess in determining how best to help dislocated workers find a new job, and a long work history does not necessarily translate to labor market flexibility or immediate readiness to find another job. Regardless of their respective levels of work history, M-PaTH participants reflected a spectrum of job search skills, and often required support in preparing to re-enter the market. While some M-PaTH participants expressed feeling ready to launch an immediate job search, many indicated that efforts invested in retooling their application strategies were wholly worthwhile. They mentioned feeling intimidated at the idea of such common job search activities as writing or rewriting a resume and cover letter, interviewing, inquiring about a position, and locating open job opportunities.

To this end, the M-PaTH partners used a specific portion of the Life Skills workshop series to focus on aiding M-PaTH participants in re-building their self-confidence in the job market, both in preparing concretely for job search activities and by helping them to identify and quantify their skill sets. After building their resumes and writing cover letters, the class used real-world examples of job postings alongside their own resumes to work through effective approaches. Role-playing, peer involvement, mock interviews and actual examples from the field provided participants with a highly relevant set of strategies to apply in their job search. The opportunity to practice job search approaches and techniques in a safe environment clearly provided much-needed skills, self-assurance, and peer support. The instructor reassured them, “If you can do it here, you can go into the interview with confidence”.

“ I haven't had a resume for six years. I feel like this has opened up more opportunities because I'm more marketable.
– M-PaTH Participant ”

“ Many of our participants were coming in for mock interviews wearing sweat pants until we had a chance to...take them through the...Life Skills [to] show them the do's and don'ts of applying for a job...they [were] so nervous talking to employers. ”
– M-PaTH Partner

BACK TO SCHOOL FOR A DIFFERENT KIND OF LEARNER

With the current economic recession and resulting widespread job loss, more and more dislocated workers are identifying education as a necessary part of the path to financial well-being. However, many dislocated workers also express feelings of trepidation or intimidation at the idea of returning to school. Often, they report never having a particularly comfortable

the level of academic rigor, and the length of time required to achieve the necessary credentials for each career path. Participants indicated that receiving this information early and in great detail should be a core requirement of any similar program for dislocated workers.

“ It was my fear of failure that blocked me. I struggled in High School ...the thought of taking a test panicked me. I was so scared that I wouldn't pass. I thought I couldn't work while in school. ”
– Former GM employee and FHEO graduate speaking to M-PaTH participants

or successful experience with education, and many have not had any exposure to an educational setting in several years. Among the complex needs that programs for dislocated workers must be prepared to address is the ability to foster a reluctant, fearful, or low-skilled worker's return to education. In this regard, programs will need to accommodate a learner who is often quite emotionally and academically unprepared for education or training.

Beyond an initial general discomfort with the educational system are the multiple unknowns about what occupations are hiring, what credentials are in demand in those hiring fields, how long it takes to obtain them, which classes are required to do so, how to pay for all the classes and materials, etc. It's easy to see how overwhelming the prospect of returning to school might be. During a day-long event devoted to career exploration, the vast majority of M-PaTH participant questions focused on the outlook for each healthcare occupation -- including projected wages, hiring demand, career advancement opportunities,

Understandably, dislocated workers are wary of making a poor choice or investing money and effort without the guarantee of a good job. As one dislocated worker pointed out, “jobs we thought were certain are laying off!” Information and assurance are critical to helping them avoid feeling overwhelmed by the challenges and instead see the possibilities for balancing the demands of work, family and school. **They need a clear picture of exactly what is required of them in a career and how to achieve those requirements** in order to progress along an appropriate career path. If participants cannot clearly see the steps to achieve these goals, they cannot be expected to persevere through challenges that will naturally arise. This needed information includes exposure to in-demand occupations and related educational programs; detailed understanding of program requirements and costs; and the opportunity to speak with professionals in these fields. The importance of in-depth, early, ongoing advising and support navigating the various academic and career decisions at play cannot be understated.

Another critical program capacity for effectively serving dislocated workers involves services and approaches known to be effective with adult learners. This includes the willingness to adapt classroom techniques and institutional practices for optimal learning and progress. Educational institutional practices likely to be particularly effective in helping dislocated workers progress efficiently toward a credential include:

- Flexible and/or block scheduling;
- Tailoring (“contextualizing”) all learning -- including classroom lectures, assignments and materials -- to real-world life and work situations;
- Providing developmental (remedial) learning options that are accelerated and/or embedded into occupational courses;
- Offering peer- or other tutoring support alongside occupational training;
- Providing supports to manage both personal and learning barriers; and
- Encouraging a cohort-based delivery structure.

It is common for adult learners to require help updating their basic skills before they are ready to engage in an occupational program. The Flint M-PaTH program added a computer skills component into their two week course, for instance, after they found that the need for these skills was substantial among participants. Educational programs should strive to offer all such classroom experiences and materials in a manner that optimizes participants’ comfort level and feels relevant to their “real” lives. Every learning opportunity – whether developing basic skills, refreshing job

search competencies, or providing occupational education -- **should reflect the occupational context into which participants will be moving.** The Flint M-PaTH program ensured every Life Skills workshop assignment or exercise was applied in a real-world healthcare example. This approach ensures participants see and experience the relevance of what they are learning within the context of their new field, and simultaneously begins to prepare them for the transition to a new industry.

ENSURING THE NEXT STEP IS THE RIGHT STEP

Workers experiencing a job dislocation increasingly find themselves considering not just a relatively straightforward job change, but acclimation to an entirely new industry. M-PaTH participants were no different. While some reported prior experience in healthcare, for most workers this experience entailed a transition across industries.



A lot of people don’t know what [each healthcare career entails]...so we’d do the healthcare career exploration and have employers come in and talk, and then the faculty comes in and talks about [the programs]. So now they know what a day is like in the life of a Polysomnographic Technician!

– M-PaTH Partner



Programs for dislocated workers should include the capacity to prepare participants for more than just the specific occupational and technical skills required. For instance, M-PaTH partners cited compassion and flexibility as two traits highly required in the healthcare industry. For workers leaving a traditional manufacturing environment, such traits may not have been considered important - or even appropriate - to display in the work setting. Indeed, working in a different industry often requires different behaviors and a very different mindset. **Programs serving dislocated workers can help to ensure a smooth transition by carefully assessing and understanding participants’ potential to experience a good fit with the culture of a new workplace.**

Healthcare appeared to be newly attractive to some M-PaTH applicants because it seemed one of few stable occupational options in a region which used to have many such opportunities. In fact, applicants typically cited job stability, opportunities to grow, and then job satisfaction as the most important qualities in their career outlook. M-PaTH partners reflected that applicants are often so overwhelmed and scared by their recent dislocation, they may grasp for any opportunity without necessarily considering their potential interest and fit for that particular program's industry and occupations of focus.

“ Healthcare in Genesee County is where the future is, and I want to be a part of that future to support my family! ”

– M-PaTH Participant

This understandable sense of desperation means that providers must be all the more discerning in ensuring a good fit between participant and career goal. **It is incumbent upon programs to safeguard participants' own energy and resources, as well as program capacity, by incorporating a thoughtful screening and placement process focused on optimizing participant fit.** FHEO, in their M-PaTH model, employed an assessment tool called the “Healthcare Career Seeker Inventory”, which measures candidates' potential fit for a variety of careers in healthcare. Interviewers indicated that this tool significantly helped them to identify which occupations might be of interest to the applicant and compatible with their strengths, including non-traditional jobs such as accounting or office management.

“ [Healthcare] may not necessarily be suitable for everyone who is leaving manufacturing, but it may be suitable for many. We [do] some pretty intensive assessment of individuals on the front end to help identify where they would be a good fit. ”

– M-PaTH Partner

Such in-depth assessment of applicants has implications for program capacity in recruitment efforts. Indeed, despite the level of interest in the healthcare industry in the Flint area, M-PaTH partners there reflected that significant recruitment and detailed program information was required to educate potential participants and identify applicants suited for the healthcare industry. Partners indicated that a wide recruitment net must be cast. As one provider stated, “To reach twenty participants, you need to talk to two hundred.” Thus, even in the face of significant unemployment, programs focused on optimizing participant fit with a career path – particularly one in a new industry -- must also be prepared to invest in substantial recruitment efforts.

SUPPORT MANAGING COMMON BARRIERS

As with many adult learners, in order to stay and succeed in school, dislocated workers often need encouragement and help managing a multitude of personal and family obligations. Juggling demands for child care or (as frequently seen in the M-PaTH population) adult parental care, transportation, emotional adjustment or management resulting from job loss, physical or mental health problems, and similar concerns may serve as obstacles to success. Programs serving dislocated workers should have a deliberate plan and connections with the right partners in place to help participants grapple with these types of personal barriers.

To this end, the M-PaTH program involved case managers to help participants address critical needs, such as securing child care or transportation, navigating the training institution, registering for financial aid and classes, keeping them on pace to their educational completion goals, conducting their job search, and connecting with other needed resources and supports. Many of these case managers described their role as including the development and maintenance of personal relationships with participants. When possible, they attended workshops or presentations to ensure their accessibility and involvement was strongly felt. Such a consistent presence may have the added benefit of supporting participants' sense of accountability for their own success, as another staff member (beyond the instructor) is observing their daily progress. Case managers provided crucial, intensive support and ongoing follow up beyond the initial Life Skills workshops throughout participants' involvement in occupational training and into a healthcare career.

While not every program or model may have the capacity to deliver an intensive level of one-on-one case management services through dedicated staff, it is clear that the level of family disruption, emotional upheaval, occupational transition and financial upset caused by dislocation requires readiness to provide substantial support beyond technical or occupational skills training. Such ongoing and intensive support was identified by M-PaTH partners as crucial to participants' success in attaining a credential. Programs must find a way to offer these services, and those unable to hire dedicated case managers may seek out community partners to provide supports onsite or at their own location, or refer participants to other appropriate local service providers. Partners may also find that they can leverage existing supportive services available through many post-secondary institutions, possibly providing some supplementary funding to enhance or adapt these services for dislocated workers.

PROGRAM RECOMMENDATIONS

Experiences and learning in M-PaTH, outlined above, led to the following program-related recommendations for effectively serving dislocated workers.

1. **PROGRAMS SERVING DISLOCATED WORKERS SHOULD PREPARE TO OFFER SERVICES WHICH HELP THEM TO:**
 - a) **RECALIBRATE FINANCIALLY**, including identifying and securing available financial supports;
 - b) **PREPARE OCCUPATIONALLY**, including assessing skill sets and gaps, understanding occupational options in their local labor market, and preparing for both short- and long-term career options; and
 - c) **ADJUST EMOTIONALLY** to the shock, shame and fear that frequently accompanies a job loss and can fundamentally undermine efforts to find new employment.
2. **IT IS CRITICAL TO HELP DISLOCATED WORKERS IDENTIFY AND QUICKLY PREPARE FOR IMMEDIATE EARNINGS OPPORTUNITIES WITHIN THE CONTEXT OF A CLEARLY ARTICULATED, LONGER-TERM CAREER PATHWAY.** Dislocated workers are often a primary household earner, and face the immediate demands of child care, mortgage and car payments, elder parent care, etc. Immediate job opportunities on a career pathway will help workers to accommodate work and learning for longer term career growth offering family sustaining wages.
3. With so many disconnected, disparate and confusing systems of support available, **PROGRAMS MUST BE PREPARED TO HELP DISLOCATED WORKERS IDENTIFY, INTERPRET AND NAVIGATE THE RESOURCES AVAILABLE TO AID THEIR TRANSITION TO A NEW OCCUPATION.**
4. Dislocated workers are frequently required to transition across industries in order to establish a new career in a growing industry. **PROGRAMS CAN HELP EASE THIS TRANSITION AND PREPARE WORKERS TO OPERATE EFFECTIVELY IN THEIR NEW ENVIRONMENT BY ENDEAVORING TO CONTEXTUALIZE ALL ASPECTS OF THE PROGRAM TO THE NEW INDUSTRY OF FOCUS.** This includes ensuring all workshop activities and learning opportunities are applied to a relevant workplace setting, and bringing employers into the program to discuss the workplace culture and expectations.
5. Participants are more likely to succeed in career and educational programs that align with their personal interests. **PROGRAMS SHOULD ENSURE THAT SCREENING AND CAREER EXPLORATION COMPONENTS ARE STRONGLY SECTOR-FOCUSED TO ENSURE PARTICIPANTS ARE CLEAR ON THE EXPECTATIONS, CULTURE AND DEMANDS OF THEIR OCCUPATIONAL AREA OF FOCUS.**

Dislocated workers have a range of complex needs that require resolution in order for them to succeed in the labor market, and these needs are not the same as those of incumbent workers or low income individuals with little or no work history. It is important that programs aiming to serve these workers do not assume that a history of working effectively with one population automatically translates to another. Dislocated workers need help feeling empowered, exploring new careers, and assistance in coping with their immediate (often short-term) circumstances to get back on their feet. As outlined above, efforts to serve dislocated workers must be positioned to offer sufficient information, sound advice, accessible support services, diverse employer connections, and a range of skills enhancement options and occupational training pathways to help these workers succeed in transitioning to a new career.

The following section endeavors to highlight some of the critical attributes of **partnerships** well-positioned to effectively serve the complex needs of dislocated workers.

UNDERSTANDING AND SERVING DISLOCATED WORKERS: REFLECTIONS ON CRITICAL PARTNERSHIP ATTRIBUTES



“

What I'm seeing with students in the Flint area is they get the certification, they get the job, and then they look at continuing their education.

— M-PaTH Partner

”

Highly Effective Partnerships

CREATE A SEAMLESS SYSTEM OF SUPPORT

Such a wide range of needed program competencies requires a strong, diverse partnership in place to provide the kind of seamless system of support needed for an effective response. Regions seeking to effectively meet dislocated workers' needs must identify partners who reflect a range of expertise and services. Once the partners are identified, a "seamless" system also requires careful building of strong points of connection among the providers, in order to ensure there is no wrong door for entry and participants have access to all services.

Already in crisis, participants cannot afford the time or endurance required to negotiate multiple points of entry or ill-coordinated services and opportunities. Frustration with available systems of support clearly adds to the emotional burden at hand as dislocated workers navigate waiting lists, complicated regulations, and unfamiliar organizations and expectations. An efficient and responsive system will clearly identify who is available to help with which issues, and how participants can readily access this help. Partners

will need to identify and/or build many avenues of communication among their organizations and responsible staff to ensure frequent and efficient exchanges of information.

State and federal programs especially are noted as being frequently confusing and intimidating for individuals trying to access these services. In particular for dislocated workers, the various Workforce Investment Act (WIA) programs and Unemployment Insurance are two sources of support which are also complex and can be difficult to understand and navigate. Partners in M-PaTH all endeavored to be fluent in the requirements and language of waivers, regulatory requirements, extensions and eligibility for these and other related programs. Partnerships need to build in professional development so there is a widespread, clear understanding of these programs, and arm several staff across partners with the knowledge and readiness to help participants manage the regulation-related fears and needs of unemployment.

VALUE DIVERSE PARTNERS

Partnership diversity is critical because multiple partners each bring particular competencies, credibility, community positioning and best practices to strengthen the overall service menu of the collaboration. Centralizing all services in one agency defeats the purpose of collaborating because it narrows the reach of the services offered, and doesn't allow the community to aggregate and capitalize on what each partner can best provide. When functions and responsibilities are shared across a diverse partnership, it allows for optimization of the networks, expertise, and resources of every partner.

It is equally important to understand and specify the value of each partner at the outset in order to clearly define roles. In the M-PaTH grant proposal, the specifics of all the partners' roles were not entirely defined, which caused some uncertainty during early implementation. Without sufficient clarity of roles and expectations, people are often left to make assumptions about their own and others' roles. Such assumptions threaten trust and collegiality – both crucial to a well-operating collaboration.



“

...the question is, can you bring people together and forge new relationships and new ways of doing business, and stretch your resources, and change behavior, and create a more entrepreneurial environment, and make the curriculum more customized for what is needed by the individual businesses, and more flexible so you're meeting the needs of the unemployed...

”

— M-PaTH Partner

The lead agency or project manager should endeavor to work with the partnership at the outset to develop a “road map” of formal agreements among the partners. This might entail a Memorandum of Understanding or other binding contract, and should define on paper each partner’s role, expected deliverables, outcomes to be measured, data reporting requirements, and the overall accountability structure. Such agreements

should then be reinforced with shared messaging, aligned communication strategies, and routine partnership check-ins. Partners are all operating under time and resource constraints, and cannot afford to use valuable planning and start-up time stumbling over who will perform each function.

MEET EMPLOYER NEEDS

An engaged, well-coordinated and smartly deployed employer network is absolutely central to the success of efforts to help dislocated workers transition successfully to new careers. Most fundamentally, employer partners are needed to educate the partnership about what is needed of the local workforce, and ultimately to hire participants. The very best way to ensure that employers are willing to hire participants is to seek out and respond to their guidance on what skills and competencies they are seeking to hire, and then mobilize the partnership to ensure those skills are quickly and credibly attained.

Additional critical roles for employers include:

- Help the partnership develop a deeper understanding of the current and projected labor market and job opportunities;
- Guide curriculum development;
- Diversify the occupations of focus for the partnership;
- Speak to occupational training classes to discuss the workplace environment and experience;
- Provide participants with information about and exposure to the occupations that are hiring and what is required of workers in those occupations;
- Offer opportunities for job-shadowing in the workplace, or role-playing in the classroom;
- Connect participants with industry mentors; and
- Help develop or adapt screening and assessments for program participation.

It is important to note that partnerships should try to ensure their service model is not built around a very narrow set of occupations. Due to broader economic forces, M-PaTH partners had to quickly reassess the labor market and expand beyond the original program assumptions focused on hospital-based employment. Targeting a diverse employer base, including employers that are currently hiring, and always working to strategically expand that base helps position partnerships to be highly responsive to changing market winds.

“

It's absolutely critical that you have a firm commitment from the workforce agency early on [and] a diverse set of employer voices at the table. ”

— M-PaTH Partner

Employer *driven* strategies trump employer *approved* efforts nearly every time, yet such deeply felt employer involvement takes time to build. In order to gain traction with employers, it is important to be very clear about the value of involvement for employers themselves, as well as for the community and the participants. M-PaTH partners strongly encourage consistently highlighting the impact of the partnership. In particular, they note that personal testimonials from participants help employers emotionally connect with the actual impact of their involvement. Employer champions should also be cultivated in order to clarify and underscore the value of the partnership to the business community and employers' own business operations.

“

In the ideal world for [employers] every person who knocked on the door would be ready ...but in so many instances they have to get involved in helping to make sure that [people] really meet...those prerequisites. ”

— M-PaTH Partner

Credibility and trust are crucial forces in achieving and maintaining employer engagement, and cannot happen overnight. Partnerships will do well to capitalize on existing employer connections and build momentum from these. Beware of asking too much of employers' time, particularly without very clearly outlining the expected outcomes of their involvement. Employer contact should be crisp, surgical, and focused on using their input to help make important training and service decisions. If employers suspect the partnership is unfocused or lacks a clear strategy to meet their needs, they will not maintain involvement.

Lastly, it can be helpful to gain credibility and build relationships with employers by helping them to identify and meet some of their more short term needs. For example, one employer noted that budget constraints prevent them from doing all of the on-the-job training (OJT) that they'd like. The partnership could find a way to respond to this need by exploring what that training might entail and incorporating those elements into its services, or otherwise finding a way to fill that gap for employers.

Another common problem cited by employers is the overwhelming number of applications received per posting, particularly for entry level positions. One employer noted that, if a partnership could credibly show that it consistently prepares and refers well-suited candidates, those applications would be considered first. This could streamline operations for the employer, potentially reduce turnover, build trust among the entities, and ultimately provide both short- and long-term benefits for the employer. A robust understanding of – and responsiveness to -- exactly what employers need is required to maintain authentic employer commitments.

CONNECT CLOSELY WITH THE WORKFORCE SYSTEM

M-PaTH partners emphasized that a strong connection with the workforce system is critical, particularly the alignment between educational institutions and the local Workforce Investment Board (WIB). The workforce system can certainly play a critical role in connecting partnerships with employers, which (as noted above) is both crucial and challenging. The workforce system is also an important partner to help participants navigate any number of barriers and access additional resources – particularly the state and federal systems of support available to dislocated workers. Workforce system partners can also help partnerships to better understand and utilize existing entities that support dislocated workers (Unemployment Insurance, Rapid Response, Trade Adjustment Assistance, etc.)

The workforce system is also a key connector with dislocated workers themselves. As noted earlier in this report, M-PaTH partners indicated that recruitment of dislocated workers was very challenging, despite

the high levels of unemployment, and required the partnership to cast a wide net in order to identify participants. The involvement and support of the local WIB proved pivotal, for example, in the “thumb” location. This large rural area of Michigan does not reflect a concentration of dislocated workers in any particular central location, so it proved difficult for Baker College to identify suitable participants. Thumb Area Michigan Works! (the local WIB) provided critical support in finding and supporting these workers through the M-PaTH program.

Lastly, the workforce system can help partnerships to identify alternatives for those dislocated workers who have expressed interest or applied to participate, but were ultimately not chosen or decided that this particular program did not meet their needs. Local workforce agencies will help these workers to understand and access other options, so partnerships don’t have to turn applicants away without providing alternate avenues.

COMMIT TO COLLABORATE

Collaboration is absolutely critical to success, particularly to optimize resources, talents and efforts when demand for services is so great. Collaboration is also hard. It requires patience and unwavering dedication to the shared mission of the partnership.

Building a collaborative partnership is ultimately a leap of faith combined with a desire to positively change the community. Partners all must have faith that their time, resources and efforts invested in the business of collaborating will pay off in terms of greater impact on their community. For this reason, it is important to make sure at the outset that **the mission of the partnership is clear and resonates strongly with each partner organization’s own mission.** A shared commitment to the community impact will help keep the partnership together through challenges, ambiguities, or conflicts that may arise.

Partners in M-PaTH also reflected that competition among organizations is very often a reality which does not go away simply because they are collaborating in a partnership. Indeed, educational and training institutions naturally compete for funding and students, hospitals or other employers clearly vie for qualified

workers and customers, and community organizations compete for funding and other resources. However, strong competitors can also be effective partners. M-PaTH partners noted that it took time for all of the organizations to be able to trust each other and thus work together effectively, but their shared focus on the intended community impact kept them moving ahead.

It can be expedient to build collaboratives upon existing relationships and trust. On the other hand, shifting resources, increasing or new demand, or even the need for innovation often calls for new alliances. While such new partnerships may not at first feel natural, partners who stay focused upon their shared mission will gain the needed momentum.

“ We’re committed to working together long term. I think that had it not been for some of the learning and sharing that took place as a part of M-PaTH, that may not have happened.

– M-PaTH Partner ”

M-PATH PARTNERS ARTICULATED A SET OF SPECIFIC QUALITIES OR STRATEGIES WHICH THEY FELT CAN HELP TO BUILD A TRULY COLLABORATIVE PARTNERSHIP, INCLUDING:

- **RALLYING AROUND A CATALYZING “CAUSE”**

This might be a specific need or crisis in the community, a new funding opportunity, an unmet industry need, or a particularly influential stakeholder championing a cause. As long as the issue is authentic and resonates with the partners, such a catalyst can be a powerful motivator for collaboration. In M-PaTH, the catalyzing issue was the widespread unemployment in manufacturing, coupled with the funding opportunity and state guidance identifying the partnership.

- **INVOLVING VISIONARY LEADERSHIP**

Partnerships must ensure that each partnering organization is committed to the collaboration at the highest level. This allows the partner representatives at the table to make commitments and decisions on behalf of their organization. Partnerships should ensure the full ownership and support of the President or Chief Executive Officer or equal ranking organizational officer.

- **ESTABLISHING CLEAR OBJECTIVES AND MILESTONES**

While it’s critical at the outset to have a shared mission, over the long term strong collaboration obviously requires shared commitment to deeper and more detailed implementation issues as well. Partnerships must develop shared assumptions about what, specifically, is required to reach the mission. Developing and agreeing to a set of clear implementation milestones and a detailed work plan will keep each partner clear on their own activities.

- **MEASURING PROGRESS**

It is not enough to agree to the overall objectives and implementation steps, partnerships must also agree to track progress in reaching these objectives. Such measurement not only holds each partner accountable for their own piece of the shared efforts, but also drives critical learning and adaptation along the way.

- **COMMITTING TO CONTINUOUS IMPROVEMENT**

As trust builds and the implementation plan begins to unfold, lessons will naturally arise and initial assumptions will be challenged. It is important that partnerships value and agree to constantly refine their practices and stay open to adapting their approaches in order to operate effectively.

- **IDENTIFYING A NEUTRAL, TRUSTED INTERMEDIARY TO FACILITATE**

The choice of intermediary is a critical one, as neutrality and credibility are the critical pillars of trust. Skilled intermediaries will have a reputation in the community as a good collaborator, and should also reflect industry knowledge and insight. Intermediaries can play a range of roles as fits the partnership needs, and might include coordinating and disseminating information, integrating partner efforts, convening the partners, championing partnership efforts in the community, fundraising, etc.

Ultimately, M-PaTH partners note that making a partnership “real” takes a lot of patience, a good amount of time, and more than a little grit. Focusing on the mission, getting commitments and agreements on paper, and simply not giving up will help steer partners through bumps along the way.

ALLOW FOR INNOVATION

M-PaTH partners noted that adaptability is a fundamental requirement of partnerships, particularly those serving dislocated workers who are often more subject to shifting federal economic and funding forces. In order to foster adaptability, partnerships must avoid zealous overprotection of minute details of a specific model. Rigid expectations of strict adherence to a particular replication formula can serve to limit opportunities for innovation, and is simply not feasible across contexts, regions, or economic environments which can vary widely.

Indeed, during implementation of the M-PaTH program, the partnership experienced and responded to dramatic changes in some of the core assumptions on which the program was built. Originally, M-PaTH funds were planned to leverage No Worker Left Behind and other WIA funding for tuition costs while using the federal M-PaTH funds for Life Skills workshops, case management supports, etc. However, the economic downturn accelerated sharply, resulting in even more demand on WIA resources. With increased pressure on every available training dollar, M-PaTH funds had to be refocused on paying the tuition costs of occupational training. M-PaTH partners responded by finding ways to continue to offer critical Life Skills and case management supports, primarily by providing them on an in-kind basis at each educational institution. This allowed participants to continue to receive the additional supports that differentiated M-PaTH, while also accommodating the substantial need to funnel every available dollar to tuition costs.

In order to foster innovation, partnerships must make continuous improvement a core operating assumption. Ongoing assessment of procedures and progress should be built into regular partnership check-ins, including efforts to tailor and refine operations based on what is learned. A clear data tracking, management and sharing strategy is central to creating a well-informed learning environment. Commitment to continuous refinement requires that partners be committed and sufficiently trusting of each other to be willing to constructively challenge and be challenged, question assumptions and decisions, admit when something isn't working, and seek out new partners and answers as needed.

Lastly, M-PaTH partners reflected that Project Management can play a critical part in fostering an environment of innovation and continuous improvement. One partner noted that the role of Project Manager of a collaborative is a “dance” of sorts, requiring a careful balance of trust and empowerment with clear oversight and accountability expectations. Ensuring that partners feel equally heard and respected, underscoring the value-add of each partner, reinforcing expectations while leaving space for flexibility and building an environment that welcomes new ideas are all important components of effective leadership of such collaboration.



“We’ve been able to leverage a lot of opportunities and work together in [more] ways longer term, so it’s created an infrastructure that will definitely exist beyond the life of the grant.”

— M-PaTH Partner

PARTNERSHIP RECOMMENDATIONS

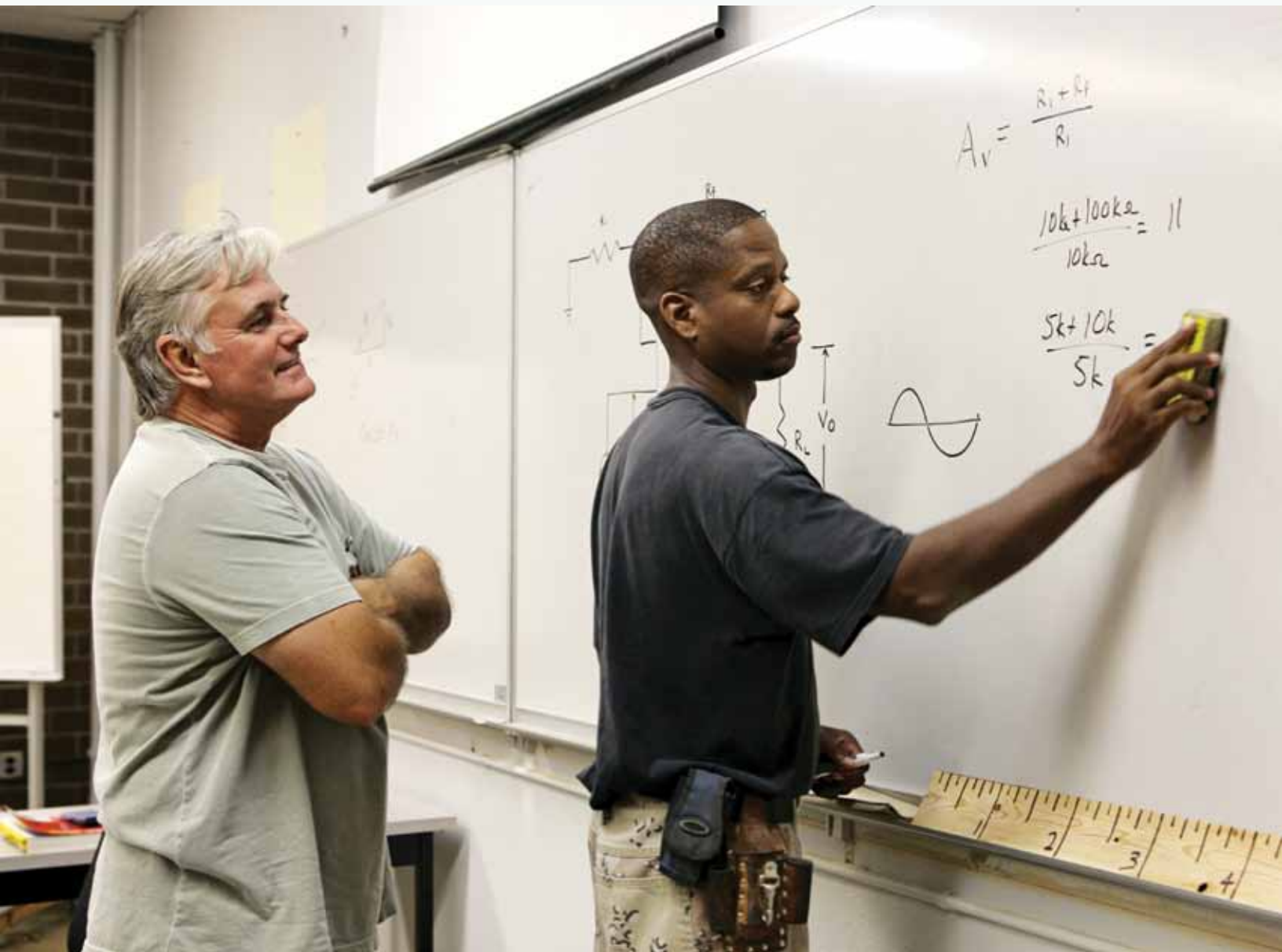
The following partnership-related recommendations for effectively serving dislocated workers are based on experiences and learning in M-PaTH.

1. Partnerships must allow time to build trust and agree to an unwavering focus on the shared mission.
EFFECTIVE PARTNERSHIPS SHOULD WORK TO:
 - a) **LEVERAGE EACH PARTNER'S CORE COMPETENCIES** to optimize community resources;
 - b) **DEVELOP A MEMORANDUM OF UNDERSTANDING** or other agreement defining and clarifying partner roles and expectations;
 - c) **IDENTIFY A TRUSTED, NEUTRAL INTERMEDIARY** to help convene the partnership and navigate competition and other challenges to collaboration. (This may include the role of “project manager” where relevant.)
 - d) **REFLECT CLEARLY COMMITTED LEADERSHIP FROM DECISION-MAKERS** in each partner organization;
 - e) **DEFINE ROLES FOR EACH PARTNER** with room for adaptation and innovation;
 - f) **COMMIT TO CONTINUOUS LEARNING AND REFINEMENT;**
 - g) **DEVELOP AND AGREE TO CLEAR OBJECTIVES AND MILESTONES;** and
 - h) **MEASURE AND TRACK PROGRESS.**

2. **ESTABLISH AND MAINTAIN A STRONG CONNECTION WITH THE WORKFORCE SYSTEM.** This is critical to reach participants, leverage resources and services, and strengthen linkages with employers.
 - a) **SEEK WAYS TO LEVERAGE PROGRAM OUTCOMES TO SUPPORT THE LOCAL WORKFORCE SYSTEM'S REQUIRED OUTCOMES MEASURES.** Highlight existing alignment, or find ways to define and track outcomes in alignment with the goals of the local workforce system to ensure the dislocated worker program (and the workforce system's involvement or support of the program) help meet required outcomes.

3. **FOCUS ON LEARNING ABOUT AND MEETING EMPLOYER NEEDS. BUILD A DIVERSE AND EXPANSIVE EMPLOYER NETWORK** to prevent fatiguing specific employers or skewing program perspectives of industry needs and outlook. To ensure credibility with employers:
 - a) **EXPAND PROGRAM STAFF KNOWLEDGE OF THE INDUSTRY OF FOCUS;**
 - b) **CONSISTENTLY WORK TO UNDERSTAND AND RESPOND TO EMPLOYERS' WORKFORCE NEEDS;**
 - c) **HELP EMPLOYERS SEE THE COMMUNITY BENEFIT OF THEIR EFFORTS** through participant success stories and employer champions;
 - d) **CONSTANTLY IMPROVE AND ADAPT THE PROGRAM OPERATIONS** based on employer and participant input and economic influences; and
 - e) Ultimately, **ENSURE PARTICIPANTS EMERGE WITH SKILLS THAT REFLECT THE RIGHT FIT** for employer needs.

UNDERSTANDING AND SERVING DISLOCATED WORKERS: IMPLICATIONS FOR SUPPORTIVE POLICIES



Policy Support for Successful Transitions

FUND TUITION

M-PaTH participants and partners were unequivocal – tuition funding is critical to help dislocated workers gain new skills for better jobs. M-PaTH partners agreed that Michigan’s No Worker Left Behind tuition program enabled M-PaTH to help more participants and achieve a much greater impact.

M-PaTH participants expressed many fears and frustrations at the costs of education and occupational training. They felt that more funding options are needed, and most did not view student loans as a feasible option given an already precarious financial standing. Michigan’s No Worker Left Behind tuition program helped many thousands of workers invest in re-training, including M-PaTH participants. However, ultimately the demand for these funds became so great that waiting lists also contributed to feelings of

uncertainty. In order to seriously consider enrolling in school, dislocated workers need help accessing financial assistance, including Pell grants, financial aid, and tuition assistance programs like No Worker Left Behind.

When placed alongside existing fears of academic and employment incompetence, workers can too easily become permanently discouraged from the idea of education when the cost also seems insurmountable. Policies must be in place that help dislocated workers to pay for the training required to attain the industry-relevant credentials that are so critical for workers’ labor market success and regions’ economic expansion.

“ The look on a participant’s face when you say that you can cover their... tuition, it is such a relief for them...they’re taking huge steps to make new career moves...These individuals are putting their kids through college...and did not ever think or dream that they would be going themselves, or [that they could] ever afford it.
– M-PaTH Partner ”

SUPPORT A LONG-TERM PERSPECTIVE

“ I think we will hit our [numbers] goal of training people, but that will not be the major accomplishment. The major accomplishment will be keeping the network together and building these relationships and the collaboration... ”
– M-PaTH Partner

M-PaTH partners frequently underscored the important role that timing plays in effectively serving dislocated workers. Credentials demanded in the labor market increasingly require longer-term training of at least a year or more. Added to this timeframe, many dislocated workers require prerequisite classes or help improving their basic skills in order to be able to even minimally qualify for occupational training programs. While basic skills remediation can and should be accelerated and/or embedded into occupational training so as to minimize the additional time required, low basic skills are still a reality that very often requires additional time investment.

Programs need time to start up and ultimately move people through training and into jobs. Three years – the timing allotted for M-PaTH – or less is often insufficient, and the employment outcomes required in that timeframe can have the unintended and unfavorable consequence of steering individuals into shorter-term training programs. Such an outcome serves neither workers nor employers. Further, it can take quite some time to find a new job, particularly during an economic recession, even with a demanded credential and the support of a well-connected partnership. Policies aiming to build a competitive workforce and serve dislocated workers must accommodate longer-term needs.

Finally, M-PaTH partners and participants both discussed the waiting lists they were encountering or hearing about for many programs in healthcare. Partners noted that **policies to support and build community college and postsecondary capacity are absolutely critical** to helping dislocated workers and employers over the long term. Bottlenecks in programs and waitlists for high growth areas add substantially to the time required, and adds considerable burden to dislocated workers struggling to quickly achieve new skills, as well as employers who require workers with these credentials.

MAKE THE CASE FOR THESE EFFORTS

“

...the employers I've dealt with say 'You send us someone with some training versus someone off the street, hands down, we know who we're going to take a chance on and invest in.'

— M-PaTH Partner

”

During a recession, employers can afford to be very choosy in who they hire, and may not always feel concerned about workforce efforts. With so many unemployed workers seeking jobs, industry partners don't necessarily recognize any immediate value-add of their involvement in programs like M-PaTH.

Employers need to see and understand the value of their involvement, particularly by better understanding potential returns on investments of their time. After involvement in M-PaTH, partners and participants feel that they are much more familiar with the healthcare industry and conversant in employer needs, and consequently better able to meet those needs in the workplace. Better tracking of outcomes for employers (not just employment-related outcomes for participants) can help to build the case for much-needed employer involvement in these and similar efforts.

When reflecting on the M-PaTH program, interviewees often asserted that the preparation and supports offered to participants prior to and during training ensured a better use of the funds invested in their tuition. They felt that M-PaTH Life Skills workshops and advising helped participants to make informed decisions on their career options and which pathways might be a good fit for them, as well as what occupations were projected to be or continue hiring. Additionally, M-PaTH supports helped participants to address and manage personal challenges that might

stand in the way of successfully completing training and/or securing employment. Finally, some M-PaTH partners felt that the assessments, advising, Life Skills workshops, and a "Code of Conduct" signed by all participants outlining program requirements at the front end of the program, built in a certain amount of participant accountability. The Life Skills and other components, which added no more than 2-3 weeks to the time required of participants, prevented an "automatic entitlement" and required that participants show they were committed and willing to do what was needed to succeed in the healthcare industry.

While many, if not most, programs and policies to support dislocated workers acknowledge the need to invest in skills training, fewer recognize the need for – and value in – helping workers prepare to embark on this training. Thoughtful readiness for job market re-entry and/or the launch of a new occupational career path can help to maximize participant success and ensure workforce funding is optimized. Better understanding and accommodation of these pre-training/pre-employment readiness needs may help to ensure workforce investments in training are spent more efficiently and effectively.

“

Marketing...the fact that dislocated workers have the opportunity to be trained in the healthcare industry is a huge asset, not only to this region, but also to the workers...who have lost their jobs.

— M-PaTH Partner

”

STRATEGIC CONSIDERATIONS FOR FUTURE LEARNING

Throughout efforts to capture and document lessons from M-PaTH experiences, discussion of two particular policy choices highlighted opportunity for further consideration. The first set of questions emerged around sharply defining eligibility requirements versus achieving a broader impact on more participants. The second area of ambiguity was about the efficacy of Unemployment Insurance, particularly extensions of these benefits, and the possible effect on motivation to seek employment.

Both M-PaTH participants and partners reflected substantial appreciation for the high level of screening and assessment required for entry into the program. Partners reported that this helped to maintain the reputation of program graduates, better ensured credibility in the employer community, and ultimately led to greater likelihood of hiring participants. Participants specifically indicated that they approved of the screening standards, which they felt led to a high level of professionalism among their peers. On the other hand, many partners noted that the federal definition of “dislocated worker” eligibility in the program was too narrow, and that many more could and should benefit from M-PaTH and similar programs.

This highlights a broader issue, beyond the specific definition of dislocation, about the implications for less qualified or desirable candidates and the pressing need to help as many of these workers as possible. The issue for future policy consideration is how to balance the fact that employers naturally seek the highest caliber candidates – which then seems to demand more stringent screening and a smaller target group of participants -- with the substantial need for achieving a much wider impact on individuals. What policies could help these programs to expand their impact to serving as many dislocated workers as possible, particularly in times of such high need?

The second area of somewhat ambiguous policy choice that emerged concerned a potential unintended consequence of Unemployment Insurance (UI) benefits. First, it must be noted that **UI benefits were universally cited by participants and partners as absolutely critical to helping workers maintain family stability during the crisis of a job loss.** UI was particularly critical during M-PaTH because unemployment was so high, and there simply weren't enough job opportunities for the many thousands

of unemployed all competing in the labor market. Respondents were certain that, without such support, **workers and their families would have had very little chance of avoiding destitution and successfully reestablishing themselves in the labor market.**

While UI benefits were clearly a critical support for dislocated workers, some partners wondered if low entry level wages did not compete – and sometimes lose – against UI benefits. In other words, partners surmised that some dislocated workers might find it very difficult to find a job that offered earnings above minimum wage. Several partners wondered how UI might be used to help workers begin their job market re-entry with lower wage entry level jobs that, despite initial lower earnings, could offer them an important start along a new career path.

This highlights a tricky question about such benefits. UI is clearly critical to helping workers survive a job loss and prepare to re-enter the job market. Still, some partners wondered if this same crucial resource might be more effective if it could be used to support or incentivize, rather than replace, entry level or low wage work. The issue for future policy consideration, perhaps, is how UI could support workers into employment without jeopardizing an initial lower wage attachment to the job market.

POLICY RECOMMENDATIONS

The following policy-related recommendations for effectively serving dislocated workers are based on experiences and learning in M-PaTH.

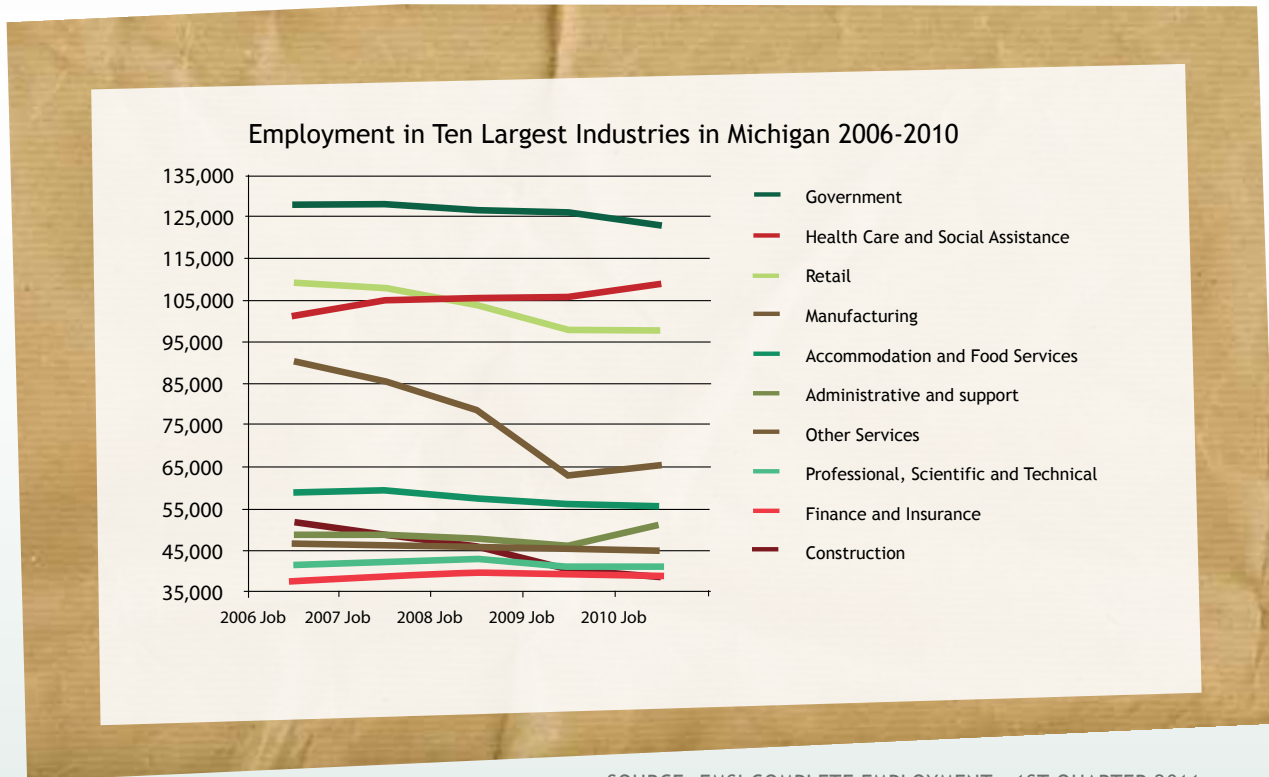
1. **HELP DISLOCATED WORKERS IDENTIFY AND ACCESS OPPORTUNITIES TO PAY FOR OCCUPATIONAL TRAINING** through such efforts as Michigan's No Worker Left Behind tuition program.
2. **DIRECT FUNDING AND STRUCTURE EXPECTATIONS** that support long-term commitments to these efforts by:
 - a) **SUPPORTING EFFORTS THAT AIM TO HELP WORKERS ATTAIN LONGER-TERM CREDENTIALS;**
 - b) **DEVELOPING AND TRACKING LONG TERM EMPLOYMENT OUTCOMES** and thus reflecting a more accurate view of the ultimate impact of the training program; and
 - c) **RECOGNIZING THAT IT TAKES TIME TO BUILD PARTICIPANT CRITICAL MASS.**
3. **FOCUS ON BUILDING COLLEGE CAPACITY IN HIGHER GROWTH PROGRAMS THAT OFFER CREDENTIALS DEMANDED BY EMPLOYERS.** Capacity support can include program expansion, staff development, acceleration and/or adaptation of curricula to meet employer needs, expansion of online and onsite learning options, help identifying and implementing promising practices, etc.
4. **BETTER TRACK AND CAPTURE SUCCESS STORIES, EMPLOYER EXPERIENCES AND RETURNS ON INVESTMENT, AND LONG TERM OUTCOMES** to help learn from and make the case for programs like M-PaTH and similar efforts to maximize tuition dollars by helping workers prepare for job market re-entry and/or the launch of a new occupational career path.

APPENDIX A: Labor Market & Occupational Data

The following section provides information on broader economic trends and labor market experiences during the time leading up to and including the implementation of M-PaTH. This information is intended to illustrate some of the factors that influenced M-PaTH planning, as well as what actually happened in the labor market as M-PaTH unfolded. (Note that the Mid-Michigan region used for data collection in this report is the same 13 county region in which M-PaTH was targeted to operate.)

INDUSTRY DATA

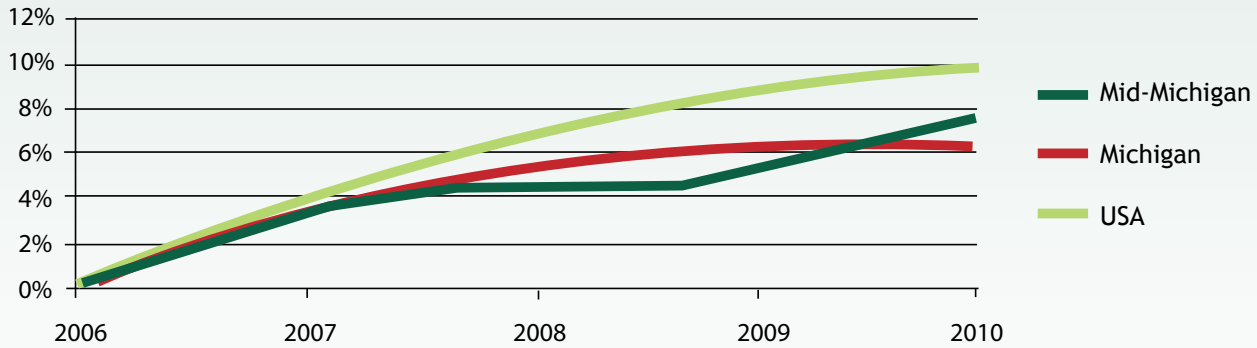
Healthcare remained a critical sector in the Mid-Michigan region. In fact, since 2006, the Healthcare and Social Assistance industry moved from third to second highest employing sector, passing retail trade. Healthcare and Social Assistance and Finance and Insurance were the only two of the ten largest industries to grow between 2006 and 2009. Manufacturing remained the 4th largest employing industry, but shed a substantial number of jobs.



SOURCE: EMSI COMPLETE EMPLOYMENT - 1ST QUARTER 2011

Despite showing some overall growth in 2006-2010, healthcare employment in Mid-Michigan did not keep up with earlier projections of demand. In fact, employment growth was flat from 2008-2009, during which both state and national healthcare employment were growing. Healthcare employment in Mid-Michigan began to show signs of rebounding in 2010.

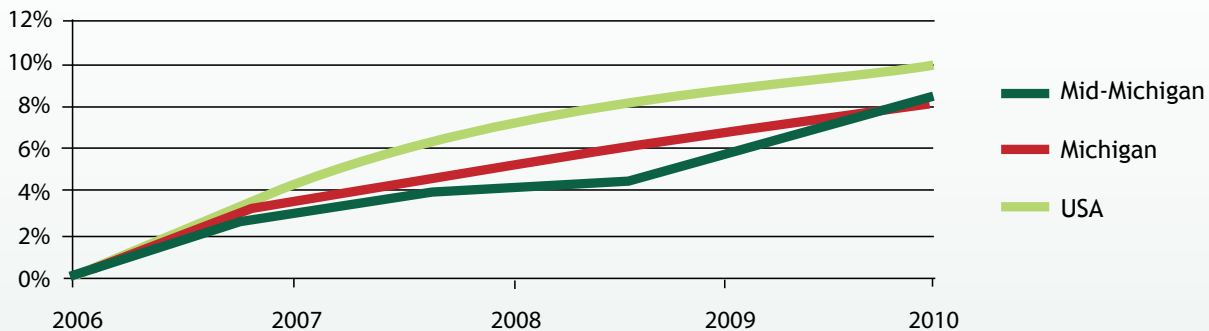
Growth in Health Care Employment 2006 - 2010



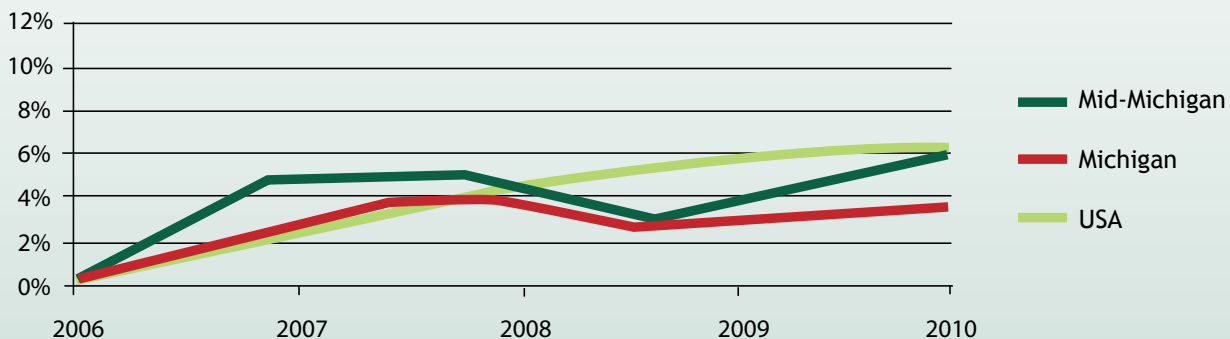
There are large variations within the healthcare sector worth noting. As the following three graphs illustrate, employment growth varied depending on the healthcare subsector. Ambulatory Healthcare and Nursing and Residential Care Facilities both grew, albeit slower than the state and nation, through 2008-2009. However, employment in hospitals declined dramatically between 2008 and 2009, after a period

of higher than state and national growth through 2008. The decline happened during a period when hospital employment was growing nationally. Since 37% of 2008 healthcare employment in the region was in hospitals, this decline accounts for the leveling out seen in the overall trends, and also substantially impacted employment prospects for the region's healthcare workers.

Growth in Ambulatory Care Employment 2006 - 2010

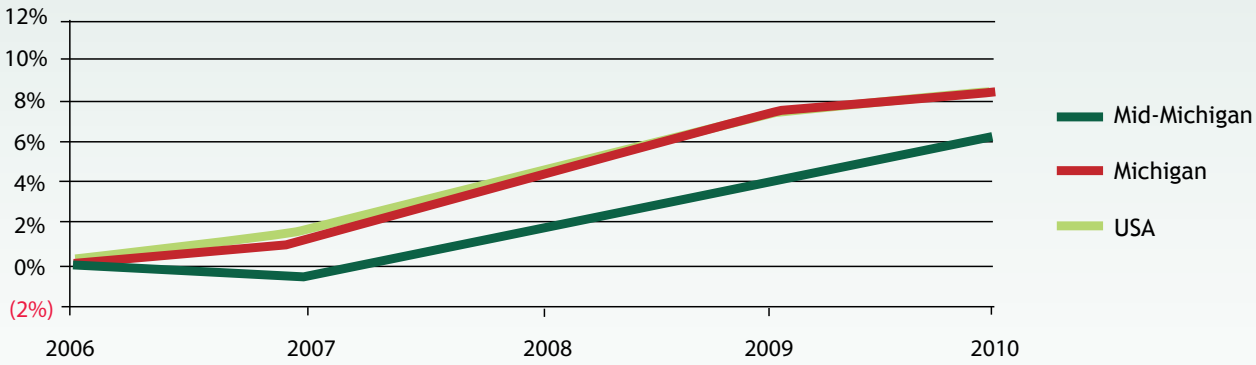


Growth in Hospital Employment 2006 - 2010



SOURCE: EMSI COMPLETE EMPLOYMENT - 1ST QUARTER 2011

Growth in Nursing and Residential Care Care Facilities, 2006 - 2010

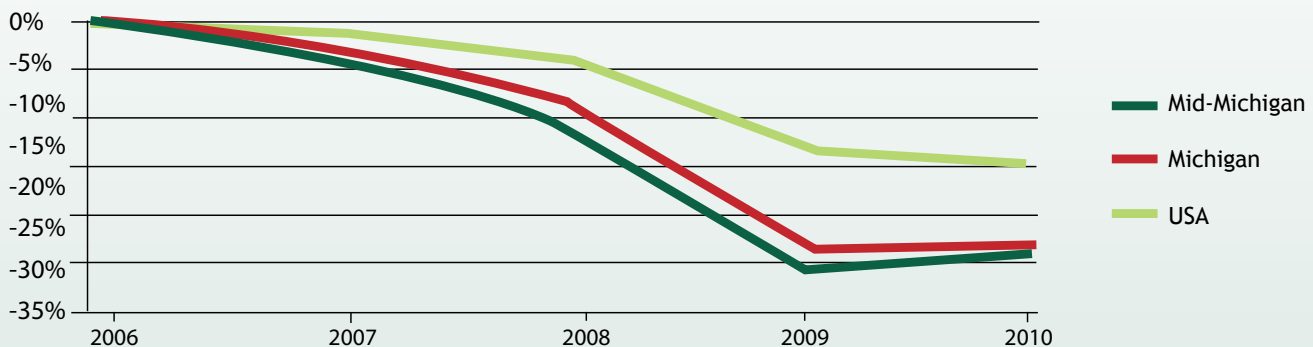


NAICS	Description	2006 Jobs	2007 Jobs	2008 Jobs	209 Jobs	2010 Jobs
621	Ambulatory Healthcare Services	35,181	36,391	37,042	37,347	38,372
622	Hospitals	29,213	30,666	30,750	30,134	30,699
623	Nursing and Residential Care Facilities	14,697	14,634	14,910	15,268	15,599

At the same time that healthcare employment (particularly in hospitals) was not growing as quickly as projected, the following charts illustrate that employment in manufacturing and retail, accommodation and food services was also sharply declining.

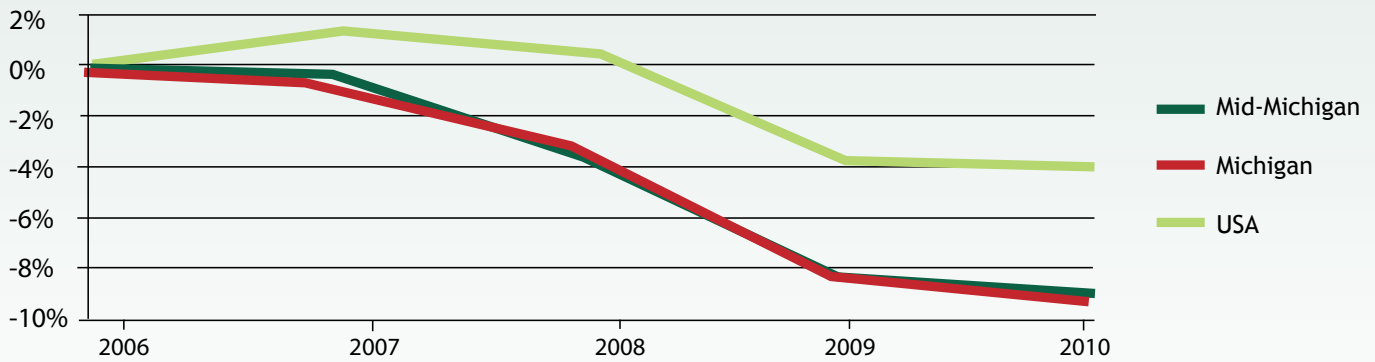
From 2006 to 2009, the entire healthcare industry in the region gained only 3,660 jobs. Based on national growth factors, expected regional growth in healthcare would have been at least 6,476 jobs. During that same time period, manufacturing shed 27,076 jobs, retail trade 11,185, and accommodation and food services 2,788. Both healthcare and manufacturing gained jobs in 2010, although total manufacturing jobs are still far below previous levels.

Decline in Manufacturing Employment 2006-2010



SOURCE: EMSI COMPLETE EMPLOYMENT - 1ST QUARTER 2011

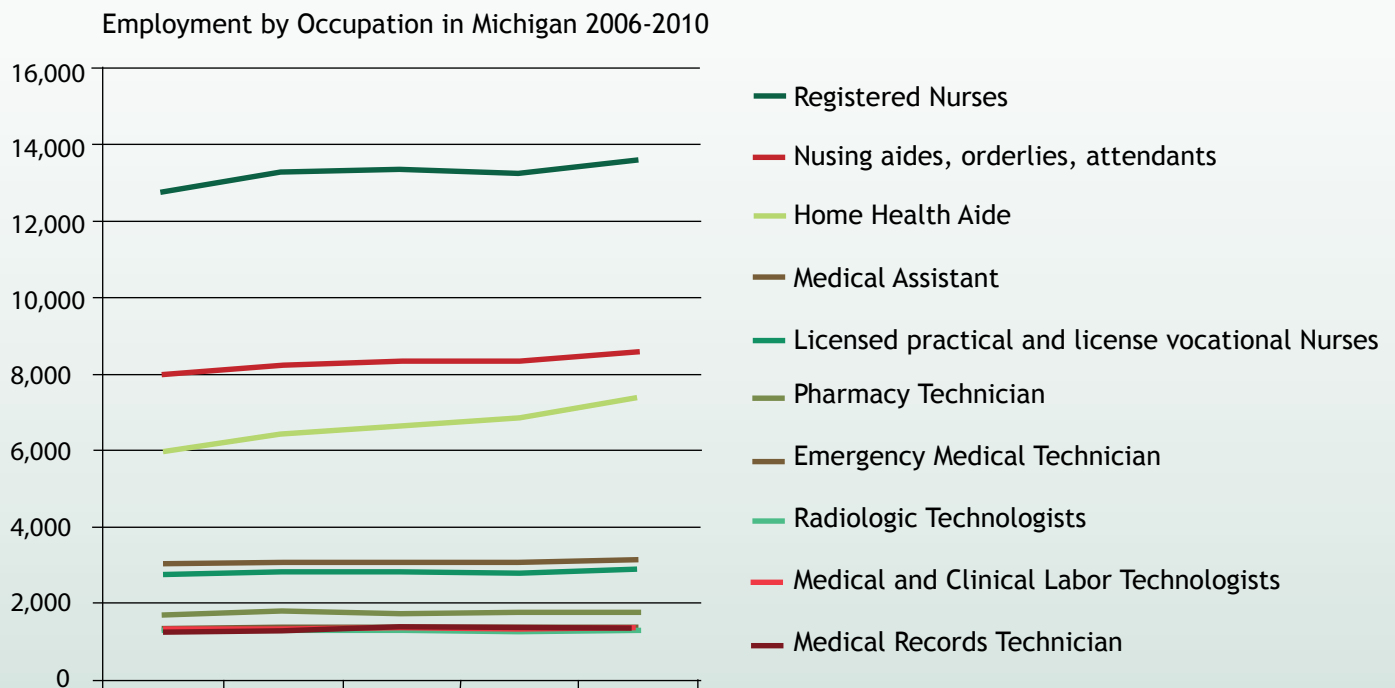
Decline in Retail, Accommodation and Food Services 2006 - 2010



NAICS	Description	2006 Jobs	2007 Jobs	2008 Jobs	209 Jobs	2010 Jobs
31-33	Manufacturing	90,497	86,033	73,368	63,421	65,879
44-45	Retail Trade	109,441	108,066	104,262	98,256	97,873
72	Acommodation and Food Services	58,885	59,276	57,731	56,097	55,542

HEALTHCARE EMPLOYMENT GROWTH BY OCCUPATION

The following chart reflects employment growth in the Mid-Michigan region in ten major healthcare occupations. Employment of these occupations was relatively flat through 2009, with the exception of home health aides. Registered nurses and nursing aides began to experience employment increases in 2010.

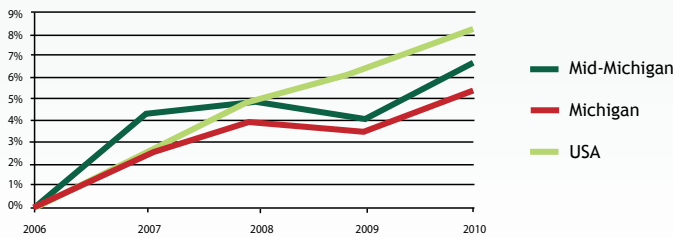


SOURCE: EMSI COMPLETE EMPLOYMENT - 1ST QUARTER 2011

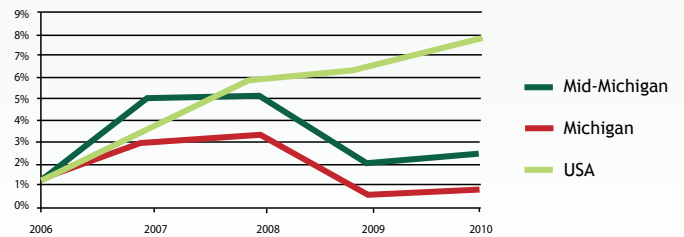
The following charts show 2006-2010 employment growth in Mid-Michigan by healthcare occupation, compared to state and national growth rates. For example, the nurses chart shows that employment of nurses in Mid-Michigan grew by nearly 7% during 2006-2010. Most of that growth took place between 2006 and 2007, and 2009 and 2010, with relatively stagnant growth in between. By contrast, national employment grew by 8%, and at a steady pace over the four years.

All of the occupations below show growth behind – often well behind – national rates, though the Mid-Michigan region is typically ahead of the state as a whole.

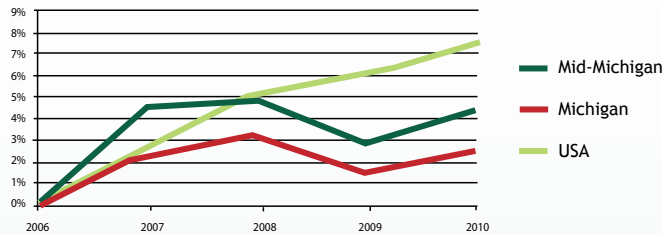
Nurses Employment Growth 2006-2010



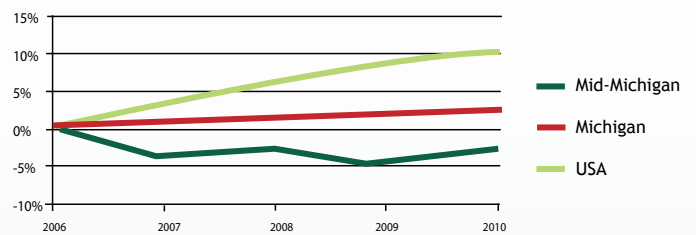
Medical and Clinical Laboratory Technologists Employment Growth 2006-2010



Radiologic Technologists and Technicians Employment Growth 2006-2010



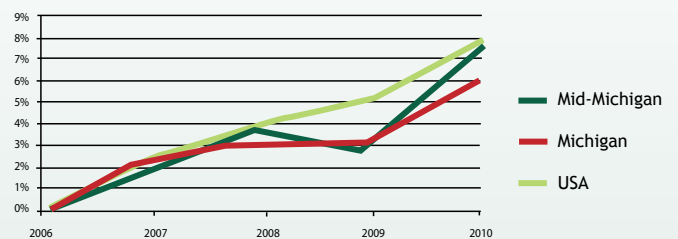
Emergency Medical Technicians and Paramedics Employment Growth 2006-2010



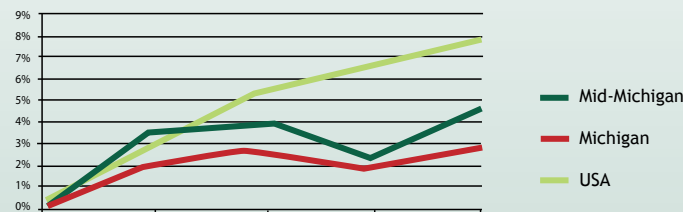
Pharmacy Technician Employment Growth 2006-2010



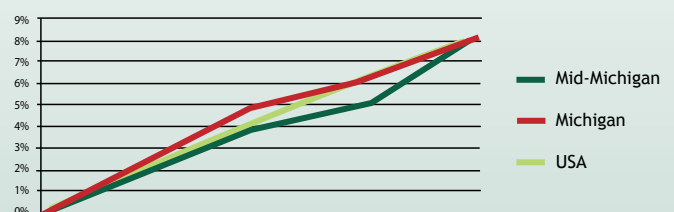
Licensed Practical and Licensed Vocational Nurse Employment Growth 2006-2010



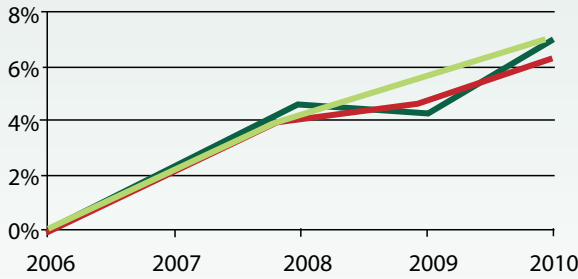
Medical Records and Health Information Technology Employment Growth 2006-2010



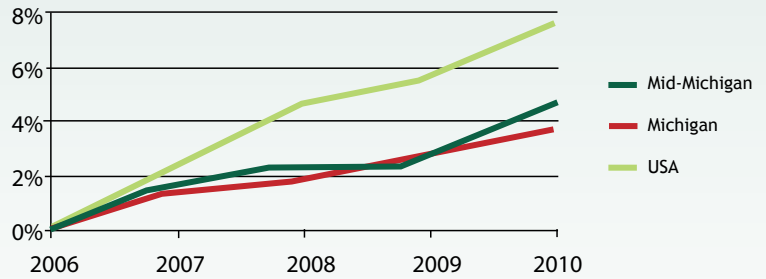
Home Health Aid Employment Growth 2006-2010



Nursing Aides, Orderlies and Attendants Employment Growth 2006 - 2010



Medical Assistants Employment Growth 2006 - 2010

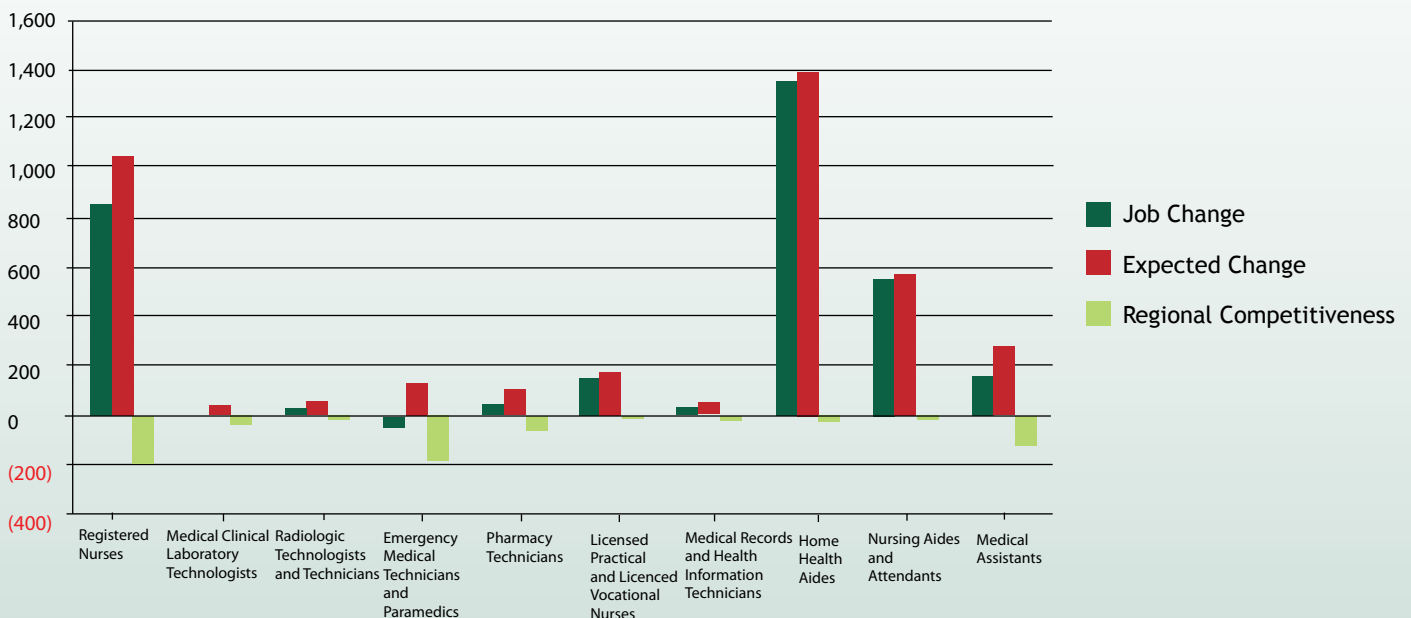


REGIONAL GROWTH

For each healthcare occupation, two national factors have been calculated. The “National Growth Effect” is the expected job change of any occupation based on the performance of the national economy. Since the overall number of jobs in the US economy declined between 2006 and 2010, the national growth effect is negative for each occupation. The “Occupational Mix Effect” is calculated based on the growth or decline of that specific occupation in the US economy. Since healthcare occupations grew nationally, we could expect them to grow by the same rate in Michigan as well, if all things were equal.

Combining these two factors results in the “Expected Change” for each occupation. By comparing this number with the actual Job Change for the region, a “Regional Competitiveness Effect” is calculated. Negative numbers mean the region did not gain as many jobs as would be expected. **All of the top ten selected healthcare occupations in Mid-Michigan showed a negative “Regional Competitiveness Effect”**, although this was more dramatic in some occupations than in others. For instance, growth of nursing aides was 98% of expected growth, compared to 81% for nurses, and negative 34% for emergency medical technicians, since this occupation actually declined when it was expected to grow.

Comparison of Actual Job Growth, to Expected Job 2006 - 2010



SOURCE: EMSI COMPLETE EMPLOYMENT - 1ST QUARTER 2011

SOC CODE	Description	Job Change	OCC Mix Effect	Net Growth Effect	Expected Change	Regional Competitive Mass Effect	% of Expected
29-1111	Registered Nurses	849	1,269	(226)	1,043	(194)	81%
29-2011	Medical and Clinical Laboratory Technologists	10	66	(18)	48	(38)	21%
29-2034	Radiologic Technologists and Technicians	37	82	(19)	63	(26)	58%
29-2041	Emergency Medical Technicians Paramedics	(47)	160	(25)	135	(182)	(34%)
29-2052	Pharmacy Technicians	47	145	(31)	114	(67)	41%
29-2061	Licensed Practical and Licensed Vocational Nurses	156	219	(49)	170	(14)	92%
29-2071	Medical Records and Health Information Technicians	35	77	(17)	60	(26)	58%
31-1011	Home Health Aides	1,359	1,496	(107)	1,389	(30)	98%
31-1012	Nursing Aides, Orderlies and Attendants	555	711	(142)	569	(15)	98%
31-9092	Medical Assistants	160	331	(52)	279	(118)	57%

SOURCE: EMSI COMPLETE EMPLOYMENT - 1ST QUARTER 2011

DEMOGRAPHIC DATA

The following section provides demographic information to illustrate some key characteristics of workers in the Mid-Michigan region. Note the following definitions used in this section.

GOODS PRODUCING:

Includes manufacturing, as well as agriculture, forestry, fishing and hunting, and construction.

TRADE, TRANSPORTATION, UTILITIES:

Includes retail trade, as well as utilities, wholesale trade, transportation, and warehousing.

ALL OTHER SERVICES:

Includes healthcare and social assistance, accommodation and food services, information, finance and insurance, real estate, educational services, professional services, scientific services, technical services, management of companies and enterprises, waste management, arts and entertainment, public administration, and other services.

As the data illustrates below, workers in Goods Producing industries in Mid-Michigan, which includes manufacturing, tend to be older than workers in other industries. In fact, a full 85% of workers in Goods Producing industries are over age 30.

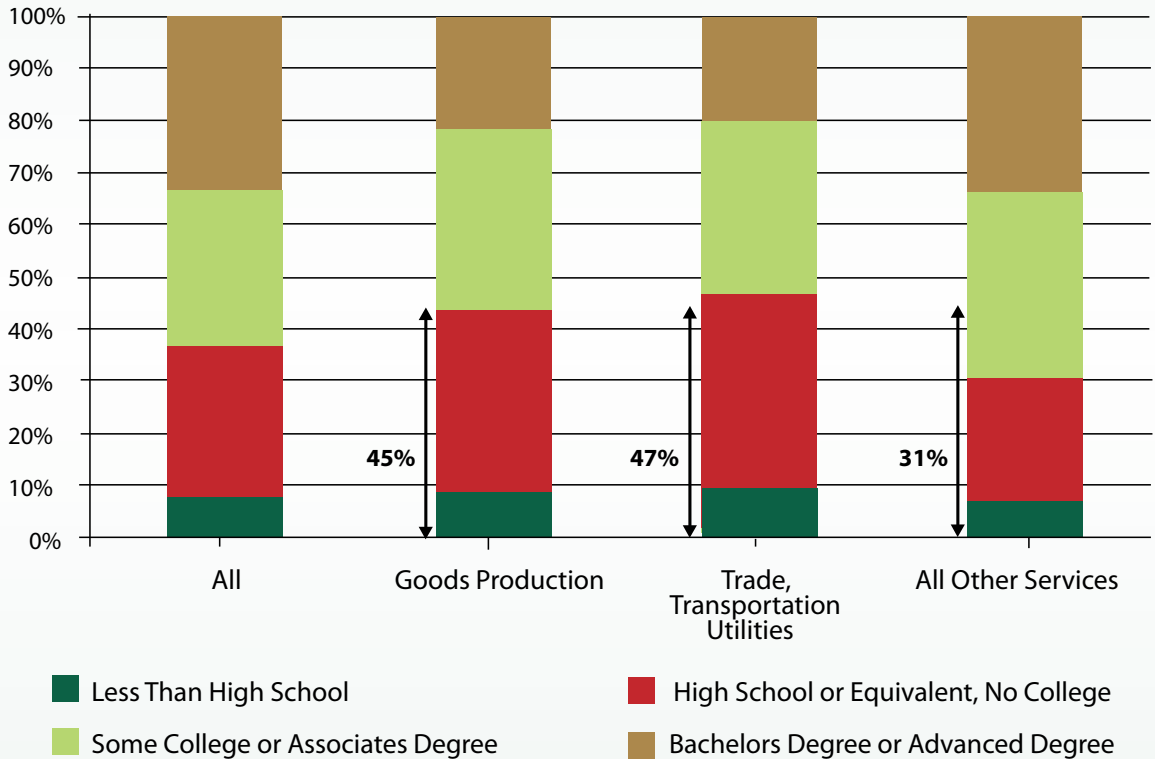
Worker Age by Industry in Mid-Michigan, 2006 - 2010



SOURCE: US CENSUS BUREAU, LOCAL EMPLOYMENT DYNAMICS DATA FROM ONTHEMAP

Workers in the *All Other Services* category (which includes healthcare) tend to be more educated than workers in other industries. Only 31% of workers in *All Other Services* have no college education, compared to 45% in *Goods-Producing* and 46% in *Trade, Transportation, Utilities*.

Educational Attainment of Workers by Industry, Age 30 and Older, Mid-Michigan, 2009



SOURCE: US CENSUS BUREAU, LOCAL EMPLOYMENT DYNAMICS DATA FROM ONTHEMAP

APPENDIX B: Survey of Promising Practices in Serving Dislocated Workers

The transition to a globalized, knowledge-based economy has meant that many workers have lost jobs that were once secure and family-sustaining. These workers often are unable to find employment in their previous fields and occupations and must transition to different opportunities and expectations.

To address the many challenges these dislocated workers face, programs and practices have developed and evolved across the country. The following provides a brief summary of these programs, and actions taken by regions across the country to support these workers.

SUPPORTING DISLOCATED WORKERS

Initially, efforts to support dislocated workers were generally isolated and relatively small until introduction of the Trade Adjustment Act (TAA) to help alleviate some of the burden of dislocation. Largely focused on income replacement, TAA provided a specific avenue for supporting dislocated workers, and was further supported by Workforce Innovation in Regional Economic Development (WIRED) efforts. Many of the examples identified below represent innovative practices that emerged from the WIRED initiative funding.

1. Once notified of a potential layoff, many initiatives focus on taking preventive actions to try to help dislocated workers avoid a rapid fall into financial, physical and emotional turmoil. Prior to a major dislocation, many programs and regions take actions to prevent some of the challenges that emerge from a large dislocation. These preventive actions include working with the employer and/or union to establish workshare opportunities or enrolling participants into training before a large layoff.

For example, the State of California Employment Development Department offers a Work Sharing Unemployment Insurance program in which participants are able to earn payment for wages and hours that have been reduced.

2. Once workers have been laid off, many programs attempt to minimize the freefall. Programs can attempt to minimize the hardships that participants will encounter by trying to find additional part-time or workshare opportunities and/or by alleviating barriers to work. When programs are notified of pending lay-offs, outreach to workers often includes on-site meetings at the place of employment, mailers, and company and union referrals. The sooner organizations can reach these workers, the sooner they are able to start connecting them to resources. Most importantly, programs and regions must identify avenues to minimize income loss for newly dislocated workers, including connecting them to income replacement opportunities and Unemployment Insurance benefits.

The South Central-Southwest, WI WIRED region realized early on that they needed to help participants prepare for long-term transitions, while immediately impacting the short term. To do so, they designed their training program with career pathway strategies to connect dislocated workers with the healthcare industry quickly, while also helping them with longer term opportunities.

3. Due to the frequent need for dislocated workers to change fields and/or occupations, almost all programs provide participants with access to education and training. These programs help participants deal with the realities of a skills mismatch, which happens when new or growing career opportunities in the region no longer match the skills workers currently possess. Many programs and regions attempt to provide education and training programs to prepare workers for new careers and to upgrade their skills. Promising programs also work to tailor their programs to older learners.

Many state and local workforce development boards are now allocating training monies to healthcare education for dislocated workers. For example, the Central Illinois Workforce Board provides scholarships to students who have been dislocated and are now entering healthcare careers.

4. Once participants are trained for new positions or ready to reenter employment, promising programs provide participants with access to reemployment opportunities. These programs provide participants with job search support and connect them with reemployment opportunities. Those that are particularly effective often have direct employer connections through robust employer engagement strategies. Many programs aggressively market their participating workers to possible employers.

The Piedmont Triad Partnership provides unemployed and dislocated workers with opportunities to connect with new employment opportunities in the healthcare field. The partnership provides the workers with opportunities to attend stakeholder events, leadership forums/networking with task forces, education professional sessions linking with business leaders, and other regional networking events.

5. After dislocation, many workers might hope to begin their own business endeavors. Effective programs often support new enterprise development. Such programs offer dislocated workers opportunities to create their own employment opportunities through enterprise development funding, workshops and other support.

In order to create a culture of entrepreneurship, the CT-NY Talent for Growth Initiative explicitly identified culture change as a goal of their initiative. This goal was then something that each of the partners could strive to achieve and provided a guidepost for the leadership.

6. Due to the loss of income, many dislocated workers require additional supportive services to mitigate potential barriers to training and reemployment opportunities. Typical services often include transportation assistance, childcare assistance, income replacement, healthcare insurance and other supportive services.

North Carolina's Dislocated Worker Program prepares laid off manufacturing and textile industry workers for the healthcare field. The program provides participants with the following: funding for tuition, books, uniforms, physicals, travel and childcare; and Case Managers to help provide support during the transition.

7. Information Services are a key component to helping dislocated workers quickly transition back to work. Promising programs broker needed information and make it easily accessible for participants. They typically connect them to resources, offer referrals that provide more information and help participants navigate difficult or confusing program requirements. Further, effective programs utilize up-to-date labor market information to help participants identify potential new opportunities. Programs creatively package and coordinate resources from a variety partners to best serve participants. Examples of information needed include: information on vocational or other postsecondary education; information on remedial education; peer support and counseling; information on employer-demanded skills; information on job searches; psychological and financial support and counseling; relocation assistance; access to health insurance; and locating income support for retraining.

Minnesota's Dislocated Worker Program offers dislocated workers an opportunity to increase their skills and obtain job search and other supports. Funded by a mixture of state and federal funding sources, the program is able to connect participants to a variety of resources and information. Specifically, the program provides participants with information on continuing education opportunities, financial assistance, building a resume, federal programming, wrap around services and other commonly requested services. Each participant is connected with a career counselor who helps them navigate their individual occupational interests and needs.

8. Many programs have indicated that location matters to participants. Effective programs are centrally located and readily accessible.

SUPPORTING HEALTHCARE TRANSITIONS

The practices mentioned above are fundamental approaches for programs supporting dislocated workers. Some efforts have been emerging which have been focused on helping dislocated participants transition to new healthcare careers specifically. The following description provides a brief overview of activities that have emerged to support this transition into healthcare. However, it should be noted that this is a relatively new practice, and many programs have only been in place since the American Recovery and Reinvestment Act (ARRA) funding was distributed. While most of these efforts are relatively new, a few common practices have been identified and are worth noting.

1. Effective programs transitioning dislocated workers endeavor to actively engage employers. These programs connect directly with healthcare employers to identify available openings and tailor their training and information services to employers in the healthcare sector. Acting as an intermediary, these programs work with employers to place dislocated workers into vacant positions.
3. Many programs offer specialized courses that prepare workers for healthcare careers, including medical laws and ethics, healthcare safety and medical terminology.

The Vermont Healthcare and Information Technology Education Center is a nonprofit workforce development board that partners with regional employers to provide an apprenticeship and intensive education model. Participants have access to registered apprenticeships; active employer partners; a focus on behavior and technical competency; a readiness program to prepare graduates for a one-year apprenticeship; guaranteed employment to all successful graduates; and a salary and full benefits to all participants.

2. Programs that are working to effectively transitioning dislocated workers into healthcare careers are typically involved in partnerships with organizations able to provide resources and information to participants on healthcare related fields. For example, these programs may partner to deliver specialized training, wrap around services and other opportunities.

In Elkhart County Indiana, the Elkhart County Dislocated Worker Program partners with Ivy Tech Community College and the Department of Workforce Development to match participants with long-term care positions with local healthcare employers. The program provides a skills assessment, screening for positions and orientation programs. Each participant meeting the assessment criteria is provided a one-on-one meeting with a local company.

Operated by the Department of Family and Support Services in partnership with the Chicago Federation of Labor Workers Assistance Committee, the Healthcare Career Bridge Program is tailored to dislocated workers interested in transitioning into healthcare careers. Participants can earn credentials as an EKG Technician, a Radiology Technologist and Dental Hygienist. The program provides pre-vocational studies addressing basic math and reading skills; medical terminology training; healthcare safety courses; laws and ethics courses in healthcare; and physiology and anatomy curricula.

Appendix B Sources

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