Transitioning the Long-Term Unemployed in Rural North Carolina into Allied Health Careers: A Demonstration Model & Suggestions for Implementation

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I. Background

According to the North Carolina Health Professions Data System, from 1999-2009, healthcare jobs in North Carolina increased by 46 percent compared to 3 percent for the economy as a whole. Forty-four percent of growth in this sector was due to the increase in allied health jobs. Because health service jobs are less vulnerable to outsourcing and economic recession, job growth in this sector is likely to continue, driven by demographic changes, population growth, and insurance expansion.

North Carolina's unemployment rate hovers at 10 percent, with half unable to secure a job within six months. These workers are more likely to drain their savings, experience difficulty meeting basic family needs, and face significant challenges in finding work. However, many have skills that are transferable to allied health jobs, a promising source for stable employment with earnings above living income standard wages. As job growth is projected to continue to grow, a clear opportunity has emerged to help transition the long-term unemployed into allied health careers.

Multiple roadblocks exist for the long-term unemployed pursuing careers in allied health. These may include lack of awareness of career opportunities, lack of academic preparedness, an academic structure not conducive to adult learners, and the social and economic challenges that may be caused by the programs' rigor. While there have been separate efforts to support unemployed workers and to grow the allied health workforce, no strategies have been implemented that focus on structures to support long-term unemployed worker transition into allied health careers.

In the fall of 2011, the Institute for Emerging Issues, housed at North Carolina State University, convened a working group of 40 North Carolina stakeholders representing healthcare employers, community colleges, workforce development boards, social services, funders and the long-term unemployed living in rural communities to study this challenge (Appendix A). The working group identified four key challenges that the long-term unemployed in rural communities may experience as they navigate the allied health pipeline. These challenges of career guidance, program structure resulting from limited resources, individual supports and employer collaboration are addressed throughout the demonstration model.

II. Purpose and Definitions

Purpose: Create partnerships at the local level to increase the utilization and effectiveness of an allied health pipeline. As a healthcare employer driven initiative, the local partnership will assess, link and mobilize existing programs and services; implement multilevel approaches; and utilize recommended strategies to transition the long-term unemployed in rural communities into allied health jobs.

Allied Health: Often defined as all healthcare occupations except nurses (with the exception of nursing assistants), physicians, chiropractors, dentists, optometrists, pharmacists and podiatrists. Examples include: dental hygienist, dietitian, medical technologist, occupational therapist and physical therapist.

Eligible Applicants: An eligible applicant includes a community college, workforce development board, regional area health education center (AHEC), or other 501(c)(3) community based organization. The community must consist of two or more counties defined as rural by the N.C. Rural Center.

Target Population: A commitment that 60 percent of those served through the project will be long-term unemployed workers. These are workers who have been unemployed for six months or more.

Healthcare Employer: Includes, but is not limited to, public and private: hospitals, community health centers, nursing homes, home health agencies, schools, dental practices, medical/allied health practices and state agencies in rural areas (e.g., psychiatric facilities, development disability centers, substance abuse centers).

Partnership: Building from the North Carolina Department of Commerce's Regional Skills Partnership model, the partnership will connect healthcare employers, the community college and other training providers, workforce development boards and long-term unemployed workers, AHEC, social services, community organizations and other key stakeholders around the allied health sector to address the workforce needs of healthcare employers and the training, employment, and career advancement needs of long-term unemployed workers seeking allied health careers. The partnership should reflect: (1) substantial healthcare employer engagement, (2) industry-driven education and training, (3) community connections, (4) career ladder/lattice opportunities leading to higher wage jobs, (5) integrated service delivery and support, and (6) connected regionally-based networks.

III. Demonstration Model

Designated Staff: The Workforce Intermediary will be identified from within the community. The remaining positions can be newly hired staff, or existing staff with roles and responsibilities designated for project implementation.

- *Workforce Intermediary (FTE determined by community need).* This person has expertise and credibility in the allied health sector and in workforce issues. They are a key organizer of the partnership and play a strong role in solving allied health workforce needs and addressing the need for good jobs for the community and its workers. They facilitate the convening of the appropriate partners to begin an ongoing discussion of allied health workforce needs and solutions including the following: (1) engaging key stakeholders to develop and implement industry-based workforce solutions, (2) coordinating service delivery, (3) securing additional financial support, and (4) examining possible areas for expansion of the initiative and its sustainability.

- *Project Manager (0.75-1.0 FTE).* This person is responsible for the direction, coordination, implementation, execution, control and completion of specific projects ensuring consistency with the partnership implementation

plan, commitments and goals. This position may be held by the Workforce Intermediary or designated to another entity.

- *Career Development Facilitator/Retention Specialist (0.75-1.0 FTE).* This person will assist students in navigating the educational pipeline and will be located at the local community college. They will serve as a liaison to employers to identify ways to connect graduates to employment opportunities. (e.g., arranging job fairs, in-class presentations, mock interviews).

- *Community Case Manager (0.5-0.75 FTE).* This person will provide guidance and referral for support services and have general knowledge of: (1) local community services including support services, (2) allied health careers and opportunities, (3) workforce development and employment services, (4) general knowledge of course offerings at the community college, (5) available services regarding other training opportunities, (6) employment opportunities, and (7) eligibility for Workforce Investment Act (WIA) sponsorship and other services. It is recommended, but not required, that this person be placed in the same location as the Career Development Facilitator/Retention Specialist to make it more convenient for the participants to access services.

The Career Development Facilitator/Retention Specialist focuses on the academic and career planning needs of the target population. The Case Manager, in collaboration with the Career Development Facilitator/Retention Specialist, provides guidance and referral to support services that participants need to complete training. They also provide workforce development services to those who choose not to proceed with allied health training. The Project Manager works closely with the Workforce Intermediary, healthcare employers, partnership members, Career Development Facilitator/Retention Specialist And Community Case Manager to execute the day-to-day operation of the demonstration project.

Model Project Process (highlights): The complete demonstration model process is found in Appendix B.

- *Operation and Employer Engagement:* Formalize partnership through memorandums of agreement and secure an advisory group of healthcare employers to inform project from the beginning. This group will assess need, identify innovative strategies to address these needs and leverage resources to support them. Hire new, or identify existing, project implementation staff.

- *Support Needs:* Assess individual support needs of the long-term unemployed, including unemployment insurance, if eligible, and provide support services and referrals as workers' individual needs require.

- *Career Assessment:* Plan and implement a broad outreach and education plan, including general training on allied health career opportunities for front line staff. Develop a screening process to determine healthcare career interest, and strategies to provide resources needed to pursue training for the high-demand jobs identified by local healthcare employers.

- *Allied Health Training:* Identify ways to assist participants in completing the community college placement/diagnostic exam and related classes as needed, PHCAST Phase I (16 hours), and PHCAST training (Phases II-IV) or other health sciences programs. A description of the PHCAST Phases is found in Appendix C.

- *Job Placement Services:* Create a process to assist workers as they seek to enter the allied health workforce. Consider preference for those that complete their training program. If a worker chooses to not move forward with an allied health training program, ensure a process to refer them back to general job placement services.

- *Career Advancement (Ladder/Lattice):* Where possible, the pipeline model should use existing workforce training resources to move participants into employment as soon as possible (e.g., on-the-job training,

pre-apprenticeship and apprenticeship training, Senior Community Service Employment Program). Ensure that those entering the allied health workforce earn a living income standard or have a career plan to advance to an occupation that pays at least a living income standard. The North Carolina Budget and Tax Center estimates the 2010 North Carolina living income standard as a range of $17.18 for one adult and one child to $29.12 for two adults with three children.

- *Employer Engagement:* This must be a healthcare employer driven initiative and healthcare employer representatives must participate in and contribute to the project design. All applicants must secure letters of commitment from a minimum of two employers pledging they will give project completers special consideration for open positions. Below are additional ways healthcare employers can participate in the model. Each applicant must address at least three of the strategies below in the project design:

- Identify current and upcoming occupational needs and provide ongoing verification of data.
- Identify workforce skills gaps that prevent employment in these occupations and assist with curriculum advisement and development.
- Provide tuition reimbursement, scholarships or tuition forgiveness for training.
- Provide onsite programs and/or flexible work hours for career advancement training.
- Allow clinical staff to serve as faculty for training programs.
- Remove per employee training cost caps for career advancement.
- Give project participants preference for clinical placement sites.
- Other innovations. For example, seamless transition of allied health workers in home health agencies to large employers, such as hospitals.

IV. Grantee Requirements and Expectations

The expectations of this model demonstration project are:

1. Identify a Workforce Intermediary and hire new, or identify existing, staff to serve as Project Manager, Career Development Facilitator/Retention Specialist and Community Case Manager, described in Section III, within three months of funding.

2. Develop and submit an implementation plan within eight months of funding. The implementation plan must include the following components:

    a. Description of the infrastructure and operations that institutionalize the partnership, to include an organizational chart and staff support.
    b. Description of the plan for sustaining the partnership, including resources and funding opportunities to support the deployment of strategies identified during the demonstration project period.
    c. Action plan for continuing development and implementation of regional allied health workforce solutions that address the needs of healthcare employers and long-term unemployed workers.

3. Use existing data and resources to identify target community measures at the end of three years in the following areas:

    a. Healthcare employers that collaborate with the partnership to develop and implement a minimum of five project strategies. An explanation must be provided if less than three healthcare

employers are identified.

b. The long-term unemployed workers that: 1) complete a health career assessment, 2) enroll in PHCAST Phase I training, and 3) enroll in a next level of healthcare training.
c. The long-term unemployed workers served through the project that will be employed in an allied health career.
d. The long-term unemployed workers employed in an allied health career that will be earning a living income standard wage or have a career plan that leads to an occupation that pays a living wage.
e. The long-term unemployed workers served through the project that receive a referral for employment services if they choose to not move forward with an allied health training program.

V. Budget

Local:

- In-Kind: Partnership member time and resources.

State:

- In-Kind: Project planning and state-level technical assistance cadre time.
- In-Kind: Workforce Development Training Center – an available facility for staff training.
- Other state discretional grant funding, as identified.

Private Foundation:

- Operations.
- Additional infrastructure.
- Support services, including upfront educational expenses.
- Innovative strategy implementation.

VI. Application & Technical Assistance

Letter of Interest: All interested communities will submit a narrative and, as an employer driven initiative, letters of commitment from a minimum of two healthcare employers.

Narrative (five page limit). Must include:

1. Summary of project need. Include a snapshot of unemployment and workforce conditions, as well as challenges and available resources for employment in allied health occupations (e.g., training programs, community based services).
2. Identify data-driven program objectives (Section IV.3.)
3. Identification of and contact information for the fiscal agent submitting the letter of interest.
4. Identification of and contact information for the partnership representative from the Local Workforce Development Board (LWDB). This person can also serve as the workforce intermediary. If counties fall under more than one LWDB, describe how these boards will work together.
5. Process for healthcare employer engagement to identify allied health workforce needs.
6. Names and contact information of a minimum of 10 partner organizations to be involved in the application submission. An explanation must be provided if less than ten partners are identified.
7. Anticipated challenges and technical assistance needs.

A minimum of two letters of commitment from healthcare employers (as defined on page 2). Each letter should indicate how the employer will fulfill the pledge to give special consideration to training completers for open positions (e.g., interview project participants, consider participation in the program as a screening criterion in their review of applications, write in job postings that preference will be given to training completers). Collectively, these letters should also include commitments to:

1. Serve on the partnership or healthcare employer advisory board to inform the work of the partnership.
2. Help design the training program.
3. Offer clinical placement sites (for those determined eligible by the training program).
4. Interview or screen in another way (e.g., job fairs, shadowing) eligible program completers.

Technical Assistance: Communities invited to submit a full application will be eligible to identify a team that will receive six weeks of technical assistance to help create a thoughtful application. This may include in-person training, site-visits, and/or webinars (pending access to technology). Technical assistance may include, but is not limited to: employer engagement, partnership training, needs assessment, College Foundation of North Carolina and other college access information tools, best practices, innovation and evaluation. Supplemental grant opportunities will also be highlighted.

Demonstration Model Partners

Appendix A

Working Group Participants

Capital Area Allied Health Regional Skills Partnership - *Toni Chatman*, Assistant Director

Cecil G. Sheps Center - *Katie Gaul*, Research Associate; *Eddie Alcorn*, Graduate Research Assistant

Council for Allied Health of North Carolina - *Alisa Debnam*, **Executive Director**

Eagles Market Streets CDC - *Stephanie Swepson-Twitty*, President

Edgecombe Community College - *William Wooten*, Director, Workforce Development Training Center

Employment Security Commission - *Patsy Jones*, Regional Manager

FirstHealth of the Carolinas - *Teresa Sessoms*, Recruitment Director

Golden LEAF Foundation - *Terri Bryant Adou-Dy*, Program Officer

Interfaith Hospitality Network - *Donyel Barber*, Executive Director

Long-term Unemployed Worker - *Crissy Garner*, Halifax County

Long-term Unemployed Worker - *Dwight Jordan*, Edgecombe County

N.C. Area Health Education Center (AHEC) - ***Alan Brown, Associate Director*****

N.C. Community College System - ***Renee Batts, Associate Director, Health Sciences Programs;*****

Barbara Boyce, Director, Continuing Education

N.C. Community Health Center Association - *LaTasha Bennet*, Community & Workforce Development Specialist

N.C. Department of Commerce - *Laura Spivey*, Business Services Unit Manager, Division of Workforce Solutions;

Mical McFarland, Policy Analyst, Division of Workforce Solutions**

N.C. Department of Labor - *Kathryn Castelloes*, Chief, Bureau of Apprenticeship and Training

N.C. Department of Public Instruction - *Agnes Moore*, Consultant, Health Occupations/Nurse Aide

N.C. DHHS/Division of Social Services - *Johnice Tabron*, Program Manager, Work First

N.C. Department of Transportation - *Marvin Butler*, Manager, On the Job Training Program

N.C. Healthcare Human Resources Association - *Denise O'Hara*, Past President

N.C. Hospital Association - *Chris Skowronek,* Director of Health Policy

N.C. Institute of Medicine - *Berkeley Yorkery*, Project Director

N.C. Justice Center - *Alexandra Sirota*, Director, N.C. Budget & Tax Center

N.C. Respiratory Care Board - *Floyd Boyer*, President

N.C. Rural Center - ***Anne Bacon, Senior Director for Workforce Development*****

N.C. State Education Assistance Association - *Terrence Scarborough*, Program Manager, Merit Based Scholarship - Loans

Pitt Community College - *David Lusk*, Dean of Continuing Education

Re-Employment Bridge Institute - *Nick Gennett*, Director

Regeneration Development Group - *Phyllis Chavis*, Executive Director

Rex Healthcare - *Lou Ann Hobbs*, Consultant, Workforce Planning & Development

Rocky Mount OIC - *Rueben Blackwell*, President
Senator Kay Hagan's Office - *Elizabeth Outten*, Regional Liaison (Observer)
The Beacon Center - *Gina Lane*, Director of Utilization Management and Access to Care
The McLynn Group - *Melinda McVadon*, Principal; *Donna North*, Principal
Turning Point Workforce Development Board - *Michael Williams*, Director

Other Engaged Stakeholders

Association for Home and Hospice Care of North Carolina - *Kathie Smith,* Director, Quality Initiatives & State Liaison
Cecil G. Sheps Center - *Erin Fraher*, Director, Health Professions Data System
East Carolina University - *Stephen Thomas*, Dean, College of Allied Health Sciences
High Point Regional Hospital - *Chasity Glover*, Human Resources
N.C. Community College System - *Clark Dimond*, Director & Team Leader, Foundational Skills and Workforce Readiness
N.C. Department of Commerce - *Roger Shackleford*, Assistant Secretary for Workforce Solutions; *Henry McCoy,* Assistant Secretary for Community Development; *Joyce Smith*, Commerce Community Link N.C. Coordinator
N.C. Division of Aging and Adult Services - *Dennis Streets*, Director; *Liz Needham*, Title V Project Coordinator; *Kathryn Lanier*, Ombudsmen Program Specialist
N.C. Foundation for Advanced Health Programs, Inc. - *Maggie Sauer,* eneral Counsel & Director of Advocacy
N.C. Justice Center - *Bill Rowe*, General Counsel & Director of Advocacy
N.C. Rural Center - *Michael Aheron*, Senior Program Associate, Workforce Development
Pfeiffer University - *Joel Vickers*, Professor and Chair of Health Administration
UNC Institute on Aging - *Jennifer Craft Morgan,* Lead, Workforce Aging Program

Staff

Institute for Emerging Issues - ***Sarah Langer, Health Policy Manager***[**]; ***Alice Schenall, Practitioner in Residence***[**] and Assistant Director, Human and Public Relations, Area L AHEC.

[**]***Demonstration Model Writing Team***

Demonstration Model Process

Appendix B

The following list includes a mostly sequential process that a community should consider for inclusion in the demonstration project. Note: some of these steps are ongoing, including the assessment of individual support needs.

1. Formalize partnership, to include memorandums of agreement that outline roles and responsibilities.

2. Identify a Workforce Intermediary.

3. Hire new, or identify existing, staff and provide training for a Project Manager, Community Case Manager and Career Development Facilitator/Retention Specialist (described in Section III).

4. Assess individual support needs of the long-term unemployed in the region and develop an implementation plan (ongoing).

5. Describe how the community college will work with healthcare employers to develop a customized/accelerated training program education track based on employer priority needs, as needed. (This process will likely continue throughout the first year).

6. Plan and implement a broad outreach and education plan, including general training on allied health career opportunities for front line workforce staff.

7. Inform workers about unemployment insurance if they have not signed up already.

8. Community Case Manager or partner as determined in local MOU will determine demonstration project eligibility (e.g., WIA criteria and 6+ months unemployed). Grantee may make the project available to those unemployed less than six months if resources are available.

9. Provide support services and referrals as workers' individual needs require.

10. Refer workers to WIA/Employment Services and gauge health career interest.

11. Refer workers to Career Development Facilitator/Retention Specialist to take a health career assessment and assist workers in community college enrollment process.

12. Prep workers for the community college placement/diagnostic exam, with tutoring provided by student support services, community organizations, students, etc.

13. Worker takes community college placement/diagnostic exam.

14. Worker takes Career Readiness Certificate exam (optional, and can happen at any point in the process).

15. Worker begins any needed remediation (up to one year) - consider cohort model.

16. Worker takes PHCAST Phase I - (16 hours)

17. Worker strongly encouraged to take PHCAST Phase II - (60 hours). Includes direct care basics, employability skills, shadowing of direct care workers. Could potentially enter workforce with a job in home care.

18. Workers meet with the Career Development Facilitator/Retention Specialist to select a career path that falls into one of three tiers, and should go over the O*Net charting (or other career pathway tool).

    a. Tier 1 - allied health career paths identified as local healthcare employer priorities (data driven).
    b. Tier 2 - non-priority allied health (non-data driven) or non-allied health career paths (e.g., nurses). Demonstration project to support this tier, as resources are available.
    c. Tier 3 – Non-healthcare career path. Referred back to a JobLink Career Center and/or other relevant resources.

19. Worker does one of the following:

    a. Applies to a health science program, or
    b. Takes PHCAST Phase III - CNA, and then may choose to take PHCAST Phase IV.
        i. At the end of Phase III, worker may take certification exam and enter workforce, take Phase IV, OR, meet with Career Development Facilitator/Retention Specialist to explore health science programs.
        ii. At the end of Phase IV, worker can enter workforce OR, meet with Career Development Facilitator/Retention Specialist to explore health science programs.

20. Community Case Manager And Career Development Facilitator/Retention Specialist provide structured opportunities to assess ongoing needs as worker enters workforce or during matriculation.

21. After completion of Phases II-IV, or a health sciences program, worker will receive job placement services. These may include, but are not limited to:

    a. Services and programs offered at local JobLink Career Centers/Employment Offices, including Career Fairs.
    b. Online job search engines and career matching resources (e.g., N.C. JobConnector, Burning Glass).
    c. Share Network Access Points (SNAPS) – offering some WIA/Employment services at additional locations.
    d. Upfront support from employers to interview those enrolled in the project.

22. Partnership to consider how to support workers who do not find initial employment.

    a. Have healthcare employers serve on advisory board to provide feedback on those they do not hire.
    b. Provide referrals for remediation (e.g., interpersonal skills training) or other job services, as needed.

23. Ensure career pathway opportunities (e.g., career ladders/lattices)

    a. Employer commitment to flexible schedules and on-site training.
    b. Other community partners to cover training costs (not the sole responsibility of employer).