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INNOVATIVE PROGRAMS IN WORKFORCE DEVELOPMENT:  
THE UMEZ CAREER OPPORTUNITIES IN  
HEALTH CARE PROGRAM

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# Innovative Programs in Workforce Development: The UMEZ Career Opportunities in Healthcare Program

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## Executive Summary

The UMEZ Career Opportunities in Healthcare (COH) program is an innovative partnership model for workforce development that successfully placed hard-to-serve clients from its Upper Manhattan neighborhood in entry-level healthcare industry jobs. The COH program placed at least 108 clients, achieving 91.4 percent of its contracted performance goal. The program was unique in its dual focus on a specific industry sector (healthcare) and engaging hard-to-serve clients through community based organizations. A number of factors contributed to its success, chief among them are the following:

- The UMEZ clearly articulated the program mission, established concrete outcome goals, and communicated both to program stakeholders.
- The participating organizations had workforce development experience, existing relationships with the target population, and direct access to the targeted employment sector.
- By partnering with 1199SEIU Employment and Training Funds (TEF) the program provided access to an experienced job training organization, desirable union jobs, and direct access to healthcare employers.
- TEF had the dual responsibility of understanding the needs of their jobseeker clients and their business clients and making sure that the interests of both clients would be served by the program.
- Employer partners had links to the targeted community and as a consequence were willing to continue engagement with the UMEZ in order to work through early problems in the program.
- The participating community based organizations (cbos) had established relationships with the targeted communities and the existing capacity to perform outreach and provide support services to those clients who needed them. They were not responsible for job training.

- Program development and implementation incorporated continuous communication, allowing stakeholders to share successful practices and identify and address problems quickly.
- The program linked payment for services to the achievement of performance metrics.
- The UMEZ served as an intermediary organization throughout the program; it leveraged its leadership in the community and operational capacity to help align the interests and goals of the program partners.

The UMEZ COH program offers a blueprint for training hard-to-employ clients and successfully placing them in jobs. This model highlights the importance of clear program design, sector targeting, partner selection, effective communication strategies, and program responsiveness. Organizations seeking to replicate the success of the COH program should follow the example of the UMEZ. Finally, the federal and state governments should fund workforce development programs that target hard-to-employ populations and use the UMEZ COH model.

## Introduction

The Empowerment Zones (EZ) and Enterprise Communities (EC) program was established by President Bill Clinton, as part of Title XII of the Omnibus Budget Reconciliation Act of 1993. Over 500 communities applied for designation in a competition conducted by the US Department of Housing and Urban Development (HUD). New York City was one of only six cities to receive the first round of federal urban Empowerment Zone awards. The initial EZ program was intended to provide federal funds and tax incentives to economically distressed communities across the United States in order to stimulate private investment, employment growth, and community revitalization (US GAO, 2008). In New York City the Upper Manhattan Empowerment Zone Development Corporation (UMEZ) was created to administer the federal program in the communities of Washington Heights-Inwood, Central Harlem, and East Harlem. (See Appendix I for a map of the UMEZ). Key features of the federal program included tax-exempt facility bonds, employment credits to employers on wages paid in the Zone, and \$100 million in Title XX SSBG funds. The State of New York and the City of New York each added \$100 million to the initial allocation of funds (Fuchs and Thompson, 1996). From its creation in 1994 through May 2012, the UMEZ invested over \$230 million in Northern Manhattan, working to sustain job creation, economic growth and community empowerment (UMEZ, May 2012).

Guided by these principles, in 2006 the UMEZ designed an unprecedented workforce development program that sought to link unemployed and underemployed residents of Upper Manhattan to the employment needs of local employers (UMEZ, 2006). This unique initiative, the Career Opportunities in Healthcare (COH) Program, was a collaborative, cross-sector partnership that integrated participant recruitment by community based organizations with industry targeted training conducted by a union with direct access to hospital jobs. The UMEZ determined that to meet the needs of its target population, unemployed and underemployed neighborhood residents, "some of whom had never been employed before," traditional job readiness workforce development "was simply not enough" (Interview, October 2011). From its inception, the COH initiative set out to establish official, durable partnerships with prospective

employers, linking workforce development to community economic development. Training curricula would reflect the needs of the employers, and program clients understood that if they successfully completed the training there would be a job available to them. As a consequence, the majority of program clients were able to transition from job preparation to job placement.

This case study of the Career Opportunities in Healthcare program examines the original design of the program, its goals, how the program developed over time, the challenges of implementation, the program's overall performance, and a set of best practices that can be replicated in future initiatives. It is informed by the data generated by program progress reports, interviews with stakeholders, (including representatives of 1199SEIU TEF, the community partners, employers and staff and leadership of the UMEZ) and supporting literature collected by the research team. The COH program was planned as a performance based initiative in which the contractor was held accountable for client job placements; however this was not the only reason for the program's success. The UMEZ, acting as an intermediary, understood early on that there would be unique challenges to serving unemployed and underemployed populations in a fixed geographic area. The program deliberately included community based and cross-sector partnerships, and the UMEZ remained actively engaged throughout the contract period to ensure effective feedback and program flexibility during implementation. The Career Opportunities in Healthcare program model was successful in placing a client population that many workforce development programs simply do not engage. The UMEZ's cross-sector collaboration was able to adapt to changing expectations and circumstances and provided a framework for all their partners to succeed. By continuing to refine the program design, recognizing the needs of both the employers and clients, the UMEZ developed an important demand-driven workforce development model that can be replicated in cities throughout the United States.

# Program Overview

## Background

Between 1996 and 1999, as part of its original mission, the UMEZ funded its first workforce development programs, focusing on family childcare workers, home health aides, and technology training. Participating organizations included Child Care, Inc., the Dominican Women's Development Center, Harlem Congregations for Community Improvement (HCCI), Union Settlement, Harlem Technology Center, and the East Harlem Neighborhood Based Alliance (HUD, 1999). In 2003, under the leadership of new President and CEO Ken Knuckles and COO Hope Knight, the UMEZ conducted a review of the UMEZ's workforce program portfolio and concluded that a large number of the clients in UMEZ funded job readiness programs were not successfully attaining jobs. Knuckles decided that the UMEZ needed to radically change its approach and create a demand-driven, sector based workforce development program that would hold contractors accountable for job placements. At Knuckles' request, UMEZ staff began to devise a strategy that would prepare UMEZ job seekers for "employment opportunities where they actually existed" (Interview, October 2011).

The UMEZ's first change in designing their workforce development program was to consider a sector-based strategy. UMEZ research based on NYS Department of Labor employment projections identified the healthcare industry as one of the most promising industries for employment within its neighborhood. The New York State Department of Labor forecast that eight of the twenty-five fastest-growing occupations in the New York City region were in healthcare. With over 400,000 jobs, many of them in Upper Manhattan, healthcare was the city's largest job generating sector (UMEZ, 2007). Healthcare also provided significant opportunities for employment growth. New York City was expected to create 62,000 new healthcare jobs by 2014. And unlike the employment opportunities offered by the City's other large, growing industries, such as retail and construction, the healthcare industry offered a range of entry-level positions providing union benefits, job security, and the possibility of career advancement.

Knuckles initiated a dialogue with experts in the field of healthcare and the leadership of the area's largest hospitals in order to understand how it could incorporate their needs into the program design. Knuckles was informed that under a collective bargaining agreement between the League of Voluntary Hospitals and 1199SEIU, the filling of vacant positions was the responsibility of the healthcare workers union 1199SEIU's Employment Center (EC). Knuckles concluded that a partnership with 1199SEIU Training and Employment Funds (TEF) would be key to any successful healthcare-targeted program (Interview, October 2011). After months of discussion with workforce development providers, experts in the healthcare industry, Upper Manhattan hospitals, community based organizations (cbos), and union leadership, the UMEZ developed the basic program for Career Opportunities in Healthcare (Interview, August 2011).

## Program Mission and Goals

The COH program was designed to support the UMEZ's broader economic development activities in Upper Manhattan by promoting economic self-sufficiency for hard-to-place EZ residents and supporting healthcare institutions in Upper Manhattan, which are an important part of the neighborhood's economy.<sup>1</sup> For residents, the program aimed to place them in healthcare jobs, to provide access to health sector skills training, and to help incumbent healthcare workers transition to more advanced positions. For the local healthcare industry, the training program aimed to assist employers by addressing their particular skill shortages, and by connecting local employers with qualified and trained employees living in the communities their hospitals serve. For the cbos, there would be cross-sector relationships built over the course of the program that would provide long-term benefits. The COH program offered participating cbos access to hospital recruiters, a greater understanding of employer needs, and enhanced career service programs within their own organizations. Finally,

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<sup>1</sup> In the *COH Program Grant Amendment*, the UMEZ defines a hard-to-place population as consisting of: "low skilled/disadvantaged residents; unemployed and under employed residents; disconnected young adult residents; and low income healthcare incumbent workers" (UMEZ 2009a, p. 7). Hard-to-place, hard-to-serve and hard-to-employ are used interchangeably in this report.

the UMEZ hoped that the COH program would create a blueprint for future collaborative, sector targeted workforce development programs.<sup>2</sup>

## Preliminary Program Design

The 1199SEIU TEF would act as the lead organization in the development and implementation of the COH program. Their responsibilities would include recruiting clients from the UMEZ neighborhood. Clients would be screened and tested for job readiness skills and then trained for specific healthcare jobs and placed in positions with the partnering hospitals. Clients would be monitored on the job and provided employment retention services for a period of 90 days after placement. The contract would be performance based with payments pro-rated, based on the achievement of performance goals. In order to facilitate oversight by the UMEZ, the contractor would also be required to submit periodic progress reports. The projected outcomes of the COH Program were 164 neighborhood residents enrolled in job training, full-time job placement for 134 residents, and employment retention of 126 new hires (UMEZ 2009a).

In the original design, there were three program components.

*Entry-level Training (ELT)* would provide training and entry-level job placement for 130 unemployed and/or underemployed program clients for occupations in non-direct and/or direct healthcare work. This program would target low skilled hard-to-place UMEZ residents for service jobs in building maintenance, housekeeping, food preparation, security, patient transport, and other fields that demand minimal requirements for entry-level positions.

*Direct Placement/Backfill (DP)* would provide 30 job-ready clients with the opportunity to backfill entry-level positions that had been vacated as a result of job upgrades for incumbent workers residing in the UMEZ. This program would target underemployed UMEZ residents with sufficient skills or experience to bypass training and be placed in entry-level positions directly.

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<sup>2</sup> This section is based upon material from UMEZ's "1199 and UMEZ Pilot Healthcare Initiative Fact Sheet" (UMEZ, n.d.), "UMEZ Workforce Development Strategy Solicitation for Proposals through July 14, 2006" (UMEZ, 2006), and 1199's "1199SEIU Training and Upgrading Fund: Career Opportunities in Healthcare – Proposal" (1999SEIU, 2006).

*Skills Upgrade Training and Placement (SUT)/Nursing Scholarship* would provide funding to fast track the training of four EZ residents currently enrolled in nursing programs (1199SEIU, 2006). Initially, the union and the partner hospitals aimed to train a larger population of incumbent workers and fill newly vacated entry-level positions with laid-off union members and less qualified non-union clients (Interview, September 2011). Not enough UMEZ residents were found who qualified for this program. As a consequence, SUT became a scholarship program for enrolled nursing students residing within the UMEZ.

## **Program Partners**

The UMEZ developed a partnership model at the inception of the COH program that required the formal cooperation of local healthcare employers, the healthcare workers union, and local cbos. By effectively engaging industry experts in program conceptualization and by leveraging financial incentives at an opportune time, the UMEZ was able to build the organizational capacity needed to link its residents with quality employment opportunities. This section provides a description of each of the COH program partners.

### ***1199SEIU Training and Employment Funds (TEF)***

*1199SEIU Training and Employment Funds (TEF)* was the lead partner in the development and implementation of the COH program working in concert with 1199SEIU Healthcare Workers Union East and hospital employers. TEF designated staff to implement and report on all aspects of the COH program (1199SEIU, 2006).<sup>3</sup> TEF was created to serve both union members and employers and has a joint labor-management board. The Mount Sinai Medical Center and New York-Presbyterian Hospital are on the TEF Board, as well as other hospital and 1199 SEIU representatives. Deborah King is the TEF executive director and has had extensive experience working in partnerships on some of the most creative and effective workforce development programs in the City. TEF's

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<sup>3</sup>The TEF COH staff consisted of one full-time program specialist, three part-time human resource specialists, one part-time project manager, one part-time administrative assistant, two part-time assessors and counselors. In addition, there was a large network of staff at TEF providing in-kind services including accounting, supervision, data reporting and recruitment. (1199SEIU, 2006, p. 5)

wide-ranging and successful record providing specialized education, training, and career counseling to union members and its formal relationship with key hospital employers made it an optimal choice to lead the partnership (1199SEIU, 2006). TEF's involvement was necessary for access to hospital jobs. Under a joint labor-management contract with the League of Voluntary Hospitals, the 1199SEIU Employment Center (EC), one of the constituent organizations of TEF, is directly responsible for staffing vacant hospital positions (Interview, August 2011). *The Employment Center* is the only entity within TEF that is mandated to serve both union members and the broader public. The EC also maintains an extensive database of incumbent workers, laid-off members and non-union jobseekers. 1199SEIU TEF proposed to use this database as the primary recruitment tool for the COH program (Interview, August 2011).

TEF fund branches were tasked with managing different aspects of the COH program based on their expertise. *The 1199SEIU Training and Upgrading Fund* (TUF) provides education and training programs to union members both individually and onsite at partner healthcare institutions. These services include career counseling, skills assessment, adult citizenship, workplace skills, and other pre-college programs. In addition, the TUF provides tuition assistance for individuals seeking undergraduate and graduate degrees. *The 1199SEIU Job Security Fund* (JSF) provides training, career counseling, and job placement services to laid-off 1199SEIU members.

### ***Healthcare Employers***

*Mount Sinai Medical Center*, located in East Harlem, is a member of The League of Voluntary Hospitals and Homes of New York as well as one of New York City's largest employers. Mount Sinai is a highly unionized institution with seven union affiliates and approximately 6,000 unionized employees. The 1199SEIU Healthcare Workers Union East has over 3,000 union members working at Mount Sinai; they are by far the largest union at the hospital (Interview, January 2012). Mount Sinai offers a wide array of entry-level positions that do not require specialized skills or college degrees.

*New York-Presbyterian Hospital* is a member of The League of Voluntary Hospitals and Homes of New York and the only major hospital located in the communities of Inwood and Washington Heights in Upper Manhattan. In 2011, the hospital provided full-time and full-time equivalent employment to 19,881 individuals. Columbia Presbyterian offers entry-level support service opportunities in food preparation, housekeeping, environmental services, mailroom services, patient transport/escort, procurement, and security. These positions have minimal eligibility requirements and offer competitive salaries, health benefits, continuing education courses, and career tracks (New York Presbyterian, n.d.).

*North General Hospital* is located in central Harlem. In the summer of 2010, North General declared bankruptcy and closed. Consequently, North General was unable to continue as an institutional partner during program implementation. During initial employer outreach, the UMEZ was not aware of North General's financial problems.

### ***Community Based Organizations***

In order to maximize the benefits to the community, the UMEZ created an extensive outreach strategy to its residents through a network of local cbos. These five cbos were critical to the outreach and recruitment component of the initiative; the deep knowledge of the communities they serve proved to be invaluable in reaching the hard-to-place clients the COH program was targeting. These community residents could not have been reached by TEF or the UMEZ without the work of their cbo partners.

*Upper Manhattan Workforce1 Career Center/Seedco* is part of the New York City Department of Small Business Services (SBS) network of neighborhood-based job training and placement centers. Seedco is a national community development intermediary organization with an extensive operation in Upper Manhattan as a consequence of their contract with SBS.<sup>4</sup> Seedco was the largest and most experienced of the five partnering community organizations and by some definitions would not be considered a cbo. Workforce1 Career Center/Seedco was providing

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<sup>4</sup> SBS terminated its contract with Seedco on March 9, 2012 (Powell, 2012).

services to nearly 200 UMEZ residents a day and had a system of record keeping that allowed them to identify job seekers who were residents of the UMEZ. Given its capacity for outreach and experience with job screening, training, and placement, the UMEZ recognized the potential value of engaging Seedco's Workforce1 Career Center as a partner in this program. Prior to the COH program, the Seedco Workforce1 Career Center worked with the UMEZ on two workforce programs, the staffing of the Dinosaur Barbeque restaurant and Boricua Lounge.

*Harlem Congregations for Community Improvement (HCCI)*, based in central Harlem, provides a variety of services to the residents of the UMEZ, including adult education, housing, and healthcare services. Through its experience managing more than 2000 units of low- and middle-income housing and serving as a community partner to Workforce1, HCCI was already engaged with the community, and had a deep knowledge of the needs and capabilities of local jobseekers. Prior to the COH program, the UMEZ and HCCI established a working relationship through a UMEZ funded construction industry workforce development initiative (Interview, August 2011).

*Northern Manhattan Improvement Corporation (NMIC)* has a broad presence in Northern Manhattan, supporting neighborhood residents with programs in domestic violence prevention, social services, as well as legal, housing, and employment services. NMIC has been involved with workforce development since the introduction of welfare reform during President Clinton's term in 1996. NMIC was a partner in the UMEZ's first workforce development contract (Interview, August 2011).

*Abyssinian Development Corporation (ADC)*, founded in 1989, is a deeply rooted organization in the Harlem community. ADC provides services to Harlem residents in the areas of housing, business development, youth development, education, homeless assistance, senior assistance, and business development. Prior to the COH program, the job preparation services offered by ADC included resume writing workshops and job readiness tutorials. The COH program was ADC's first experience with a healthcare workforce development program.

*New Heights Neighborhood Center (NHNC)* started as a pilot program and became a not-for-profit community organization in 1998. NHNC is a successful intermediary for at-risk youth in Fort Washington, offering them education, training, and ongoing support services. Their outreach gave at-risk youth access to the COH program. NHNC established a highly effective support system for its clients that continued throughout the course of the COH program, assisting its referrals with subway fare, identifying and purchasing appropriate attire, and providing social support services to new hires transitioning to the work environment (Interview, October 2011). Prior to the COH program, NHNC formed a number of relationships with local employers, including an area middle school, but was unable to work with local unions.

### ***Client Population***

In accordance with the UMEZ funding mandate, 70 percent of program clients were required to reside in the UMEZ and all clients were required to live in Upper Manhattan (1199SEIU, 2006). The COH program recruited unemployed and under-employed residents from a broad cross-section of Upper Manhattan's population. Targeted clients included unskilled and low-skilled residents, low-income residents, disconnected young adults, and low-level incumbent healthcare workers. By leveraging cbo capacity, the COH program was able to conduct outreach in the geographically and culturally varied communities within the UMEZ and thus capture a diverse mix of potential clients from different ethnic backgrounds, age groups, and income levels.

### **Funding**

The total cost of the COH program initiative was \$1,105,497.99. The UMEZ Board approved a \$651,698 COH program grant to TEF and TEF provided in-kind contributions totaling \$453,800. TEF received a \$217,232.61 advance for program development and staffing costs. The balance was distributed on a regular basis for each of the COH program's six reporting periods. This was a performance based contract so payments were pro-rated according to the achievement of performance goals stipulated in the

contract.<sup>5</sup> Initially, performance was based on full-time job placements at living wage rates specified in the grant. The grant distribution was adjusted to include COH clients hired as part-time employees working full-time hours. By the completion of the sixth and final reporting period of the program, the UMEZ had disbursed \$553,510.41 to TEF, leaving \$98,187.59 in unearned funds (UMEZ, 2011).

## Program Development and Implementation

UMEZ leadership was critical in the early stages of program development. From the beginning, Knuckles and his staff understood that it was important to establish relationships with employers if their community residents were to be placed in jobs after completing training. While this might seem obvious, most workforce development programs in the UMEZ were unable to establish relationships with employers. As a consequence, most clients who completed their training were not placed in jobs. Knuckles was determined that COH would not make that mistake and he began by reaching out directly to the CEOs of neighborhood voluntary hospitals.<sup>6</sup> This was a significant first step, as the hospital leadership directed the UMEZ to the healthcare workers union, 1199SEIU. Knuckles brought his ideas directly to Dennis Rivera, President of 1199SEIU Healthcare Workers East, and Deborah King, Executive Director of 1199SEIU Training and Employment Funds (TEF). After several months of discussions with TEF leadership, UMEZ was able to craft the preliminary structure of the COH program and released a Solicitation for Proposals (SFP) in May of 2006 (Interview, September 2011).<sup>7</sup>

The UMEZ was developing the COH program at an opportune time. In 2005, the healthcare industry was booming and the Employment Center “was getting several thousand jobs called in each year,” positions that exceeded the number of available union members. TEF was willing to work with UMEZ partner cbos so that they would “be more effective in preparing people for interviews and jobs.” At the time, TEF had also lost a significant amount of government funding and had been experiencing difficulty

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<sup>5</sup> The payment formula: (Number of program clients multiplied by the payment amount)/(Performance Benchmark)

<sup>6</sup> Knuckles contacted Stanley Brezenoff, President and CEO of Continuum Health Partners and Kenneth Davis, President and CEO of Mt. Sinai (Interview, January 2012).

<sup>7</sup> The UMEZ hoped to craft a strategy that would be beneficial not just for the program clients, but for 1199SEIU, as well (Interview, September 2011).

putting together the resources to train its incumbent members. TEF's financial situation and the UMEZ's proposal to tailor the program to the union's needs, made the UMEZ's partnership look attractive (Interview, August 2011). As a result of initial negotiations, TEF and the UMEZ agreed that one component of the program would focus on training and upgrading incumbent 1199SEIU members that resided in the UMEZ. Thus, in addition to non-union community residents, the COH program would directly serve incumbent union members.

## **Solicitation for Proposals**

The UMEZ's Solicitation for Proposals (SFP), released in May 2006, targeted respondents from local healthcare organizations that could design and manage three innovative, results-driven employment programs. First, *the Healthcare Support/Service Occupation Fund SFP*, geared towards jobseekers with moderate skill levels and some specialized training that qualified them for patient services jobs such as certified nursing aides, dental assistants and physical therapist aides. Second, *the Non-Direct Healthcare Support/Service Occupations Fund SFP*, that targeted low-skilled and disadvantaged jobseekers for occupations that did not require specialized training, such as transporters, parking attendants, security guards, building maintenance, and food preparation. Third, *the Healthcare Professional and Technical Occupations Fund SFP*, designed to fund accelerated training of incumbent healthcare workers already enrolled in nursing programs.

In order to leverage enough capacity to effectively meet the needs of both clients and employers, the SFP encouraged applicants to structure a collaborative partnership with key industry stakeholders improving the possibility of program success.

## **Securing Employer Buy-In**

In order to secure the UMEZ COH contract, TEF had to enlist the cooperation of the hospitals. The TEF had well established relationships with the participating hospitals and

served as a platform for a formal partnership.<sup>8</sup> TEF was able to point out the ways in which the program would satisfy the current needs of both the union and the hospitals. From the hospitals' perspective, the COH program would fund training in skill shortage areas, help hospitals staff hard-to-fill positions and improve hospital-community relations.

Of particular interest to the partnering hospitals was the planned Skills Upgrade Training and Placement program (SUT), which would fast-track and support the training of existing union members already enrolled in training programs. This program would increase the skills of union members, while opening up positions to additional COH program clients. Ultimately, the difficulty of finding clients who lived in the UMEZ and qualified for this program limited the scope of this program.

The UMEZ and TEF also assured hospitals that participation in the COH program would lead to improved relations with the broader Upper Manhattan community. Mount Sinai and 1199SEIU examined their internal employee databases and found that a large number of employees lived in UMEZ zip codes and would be eligible for UMEZ funded skill upgrades. With the cooperation of New York-Presbyterian, Mount Sinai, and North General Hospital, TEF was the only applicant that could guarantee access to jobs, thus ensuring that they would have the winning bid.

## **Program Launch: The UMEZ Becomes the Intermediary**

In August of 2007, after over two years of planning, the UMEZ had successfully constructed the cross-sector partnership it envisioned and the COH grant was finalized. Initially, the UMEZ expected to be a traditional funder and oversight agency, with a limited role in implementing the program. However, the complex partnership that defined the COH program presented challenges and the UMEZ took on the role of an active intermediary. Each partner was a critical asset to the program's organizational capacity, but "each organization was partisan in its own way" (Interview, October 2011). Maintaining expectations, communication and performance standards among

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<sup>8</sup> 1199SEIU TUF is a joint program administered by a board of 1199SEIU members and representatives from the League of Voluntary Hospitals, as mentioned earlier.

the partners and clients proved to be a major challenge (Interview, October 2011). As the originator of the COH program's mission and as the broker between the participating institutions, the UMEZ had the legitimacy to resolve these partisan differences. As an intermediary, the UMEZ was viewed as an "honest broker," able to renew partner confidence, and reduce program inefficiencies through ongoing evaluation and process improvement (Interview, August 2011).

## Securing CBO Engagement

The first major challenge in implementing the COH program concerned appropriate outreach and recruitment strategies. Initially TEF expected that its own databases could generate an appropriate client list for the COH program. During the first phase, TEF scanned its Employment Center (EC) database and found a large population of union and non-union jobseekers residing in the UMEZ. By categorizing jobseekers by zip code, job status, and skills the COH staff could easily generate a population of potential clients for all three program components. With a staff of over 25 EC counselors, TEF had the capacity to recruit, screen, train, and place eligible UMEZ jobseekers. However, the EC database was limited and did not capture the population of hard-to-place residents the UMEZ sought to target. The UMEZ understood that the majority of neighborhood residents in the EC database were self-selected and job-ready individuals. In order to draw from a broader pool of applicants that better reflected their target population, the UMEZ engaged the local cbos. This was also an opportunity for cbos to establish valuable relationships with key players in the healthcare industry. "Since this was the first time [the UMEZ was] able to break through to the hospitals, we wanted to make sure that the constituents we serve would have a part to play throughout the entire process" (Interview, September 2011). TEF's CEO, Deborah King, was willing to negotiate on this point and fought hard to persuade her colleagues on behalf of the UMEZ. It was King's leadership that ultimately secured 1199SEIU's cooperation on this key aspect of the COH program (Interview, September 2011).

Cbo partners were recruited through community information sessions conducted by the UMEZ. No funding or staff support was available to the cbos and, as a result, several of the targeted organizations declined to participate. The sessions were an opportunity

for the UMEZ to highlight the in-kind benefits the program would offer participating organizations and their clients. The cbos that eventually joined the program did so with the understanding that this would be an unprecedented opportunity to build lasting relationships with the union and local employers (Interview, September 2011). However, without funding, it would be more difficult to hold cbo partners accountable for program outcomes.

Soon after the grant was awarded, the UMEZ created a Community Work Group that brought together the cbos. The group was managed by Yashaanyah Hill, former Workforce Development Manager for the UMEZ, and consisted of one representative from each of the five cbos and the TEF COH staff. At monthly meetings the partners would discuss the overall progress of the program, evaluate recruitment-to-hire ratios, and work to standardize procedures that could be used across all the organizations. 1199SEIU set the agenda for each meeting, Hill moderated, and each organization was encouraged to share recent achievements, challenges, and updates on referred clients (Interview, January 2012). Over time, the Work Group evolved into a critical management tool that offered the UMEZ a means of continuous oversight and an opportunity to improve process flow and communication between TEF and the cbos.

## **Community Outreach and Recruitment**

As the program shifted from development to implementation, recruitment became the top priority. Each cbo conducted outreach, screening, and referrals onsite. In order to target suitable candidates, the cbos were given job requirements and descriptions of the available positions at the partnering hospitals on a weekly basis. Cbos were responsible for screening out clients unwilling to undergo drug testing and criminal background checks, clients that lacked proper proof of identification, and clients that did not possess basic reading, writing, and math skills. After screening, cbos were responsible for scheduling pre-interviews and preparing referrals for intake and assessment at the Employment Center. Cbos were also given bi-monthly deadlines and recruitment goals for each period in order to encourage active engagement.

The cbo outreach model was designed to target clients for Entry-Level Training (ELT), the largest of the three programs. TEF recruited clients for the two smaller programs using the EC databases, as well as the cbo referrals. Additional outreach and marketing strategies were implemented, including on-site recruitment at partner hospitals, career fair participation, and a mailing and flyer campaign. For hard-to-place EZ residents, the two major barriers to employment in healthcare were a lack of professional experience and a failure to pass criminal background checks (UMEZ, n.d.).

## **Client Screenings and Referrals**

Recruitment, screening (intake and assessment), and referral, are all critical components of any successful workforce development program. A lack of standardized intake, assessment, and pre-referral client preparation created serious early challenges for the cbo-TEF partnership.<sup>9</sup> The UMEZ worked closely with the cbos to address the inconsistency in the quality of participant referrals by clarifying COH referral guidelines. Nevertheless, most organizations struggled to integrate new screening practices into their pre-existing processes. The practical impact was a substantial degree of variance in client job readiness among cbo referrals. While the involvement of the cbos brought employment opportunities to a broader population than would have otherwise been possible, the division of tasks among the various cbos posed a number of challenges to program implementation. In no area were these challenges more pronounced than in the process leading to client referral (UMEZ, n.d.).

During the early stages of program implementation, TEF rejected a substantial number of referrals due to ineligibility, lack of proper documentation, and/or unprofessional behavior. For example, one of the first job vacancies TEF attempted to fill was an entry-level security guard position. Requirements for this position included a GED, a driver's license, and a year of work experience. Many of the jobseekers referred by the cbos for this position lacked a driver's license, which should have been a strict pre-requisite in the screening process. These problems were exacerbated by a lack of consistent communication between cbo partners and TEF COH staff, during this early stage of program implementation.

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<sup>9</sup> For a detailed description of individual cbo screening and referral tools, see Appendix I.

In part, the underlying tension between the TEF COH staff and the cbos was a consequence of divergent organizational missions. The top priority of the TEF, and specifically the EC, is to work in the shared interest of the healthcare workers union and the hospitals. The EC recruiters had little experience with hard-to-place jobseekers, preferring those who most resembled their traditional client population. The cbos had customarily served the interests of their resident clients first and foremost, and were not used to prioritizing the needs of employers. In the COH model, both employers as well as jobseekers were clients. TEF and the UMEZ recognized that the success of this program would depend on developing an understanding among the cbos that the employers were also their clients. Such an understanding would help cbos recognize the necessity of altering their intake and assessment models so that referred clients would meet the needs of the partnering employers.

## **Changing the Program Design**

At this critical time as referral problems persisted, thirteen months into program implementation, the UMEZ engaged an independent consultant, the Workforce Professionals Training Institute (WPTI) to help align partner expectations and improve the capacity of the cbos. WPTI designed and facilitated a training program for the participating community partners, engaged potential new partners, and standardized the screening process and referral methods. Both the UMEZ and TEF believed that a higher degree of engagement and a greater degree of clarity among the partners would result in greater numbers, higher-quality, and more appropriate referrals by the cbos (Interview, August 2011). During three half day sessions (on October 8, 2008; October 16, 2008; and February 5, 2009), WPTI facilitated training and technical assistance for cbos, and worked one-on-one with UMEZ and TEF staff to ensure a swift reorganization of program strategy. (For a detailed summary of WPTI's training sessions see Appendix II).

Significant changes were made to the intake, screening and assessment procedures in order to produce higher quality and more appropriate referrals. Prior to program reorganization, intake sessions were conducted at the EC by the TEF COH staff, EC recruiters, and Mount Sinai recruiters. The presence of hospital recruiters during these

early intake sessions, where many referred clients were unprepared for placement, was premature and left the Mount Sinai labor relations team with some serious doubts about the COH program. The new procedures designated a COH recruitment team within the EC. This team screened clients before they were sent to hospital personnel. They were directly accountable for working with the cbos and providing intake, assessment, and follow-up services for COH referrals. The intake team conducted pre-interviews with the jobseekers to screen out cbo referrals that lacked the key competencies required for new jobs. The three COH programs had separate intake procedures, selection criteria and follow up services. Candidates that passed the pre-interview stage were considered eligible for interview referrals at the hiring hospitals. The pre-interview stage included preparation for the formal interview, criminal background checks, and drug screenings.

ELT short-term training was also modified. The COH program originally included an eight day short-term training workshop for clients focusing on job readiness and/or customer service training. During the third period (1/31/2008 - 4/28/2008), the training component was restructured and integrated into the intake process (UMEZ, 2008c). The new training program (facilitated by the New York Training Group of North Merrick, New York) consisted of a one-day "Success on the Job" training session for both the ELT and DP clients and a four day "Customer Service" training for ELT clients only. Third period data on the ELT program indicate how important these structural changes were to the overall success of the program. Of the 54 ELT candidates that completed intake and assessment in the third period, only 11 clients were enrolled in both training sessions (UMEZ, 2007a). All partners expressed dissatisfaction with the progress of the program at this point in time. The EC recruiters were accustomed to receiving job-ready candidates and initially had little interest in supporting non-union members that needed extra assistance, despite the agreement. Cbo clients pointed out that TEF was not meeting the training responsibilities stipulated in the COH program grant, providing only minimal preparation to program clients prior to job placement at the hospitals. Each partner had their own methods of recruitment and screening, and each was resistant to change. Meeting the COH program requirements proved to be difficult for all participating organizations.

By the end of the fourth reporting period (4/25/2008-7/18/2008) the EC had only placed 19 ELT program clients in entry-level positions, and found employment for only 24 DP clients. It was clear to the UMEZ, the EC and the hospital partners that the structure of the training component needed to be revisited. With this aim, the COH staff coordinated with the EC recruiters to better prepare ELT clients for formal interviews and healthcare sector employment. In the fifth period (9/1/2009-11/24/2009), the TEF COH staff provided cbo referrals with one-on-one coaching before intake sessions and met more frequently with hospital staff to clarify the employers' needs in specific departments. The UMEZ coordinated the cbo partners' relationship with EC recruiters who were then able to customize interview preparation on a case-by-case basis and provide cbos with more detailed information on the skills employers were looking for in each position. Additionally, the restructured customer service training emphasized the importance of clients staying in contact with COH program staff for feedback on interviews and guidance on the next steps of their job search (UMEZ, 2008e). TEF was better able to meet the expectations of program clients and employers through this more involved approach.

## **Job Placement, Retention, and Support Services**

The COH program plan stipulated that coordination among the UMEZ, cbos, TEF COH staff, and the partner hospitals would be maintained by a steering committee composed of hospital and TEF representatives. The ongoing meetings were an opportunity for TEF COH staff to gather feedback on COH hires, discuss program progress and inform department heads of evolving hiring and tracking processes (UMEZ, 2007e). The two employer partners, Mount Sinai and New York-Presbyterian, appointed liaisons to the COH program from their Human Resources departments. The hospital liaisons were responsible for communicating with TEF COH staff on the progress of new hires, the quality of COH referrals, employee retention, employee dismissals, and new vacancies.

Once hired, the COH program clients were given a customized orientation at their respective job sites. Standard onsite training was also provided to COH clients and helped to familiarize them with their new work environment and day to day

responsibilities. After the three-day orientation and training period, new hires began their probationary period. During this time, COH hires received retention and support services designed to increase their chances of becoming regular employees.

New COH hires were offered a broad support network. Hospital job committees provided the majority of retention services.<sup>10</sup> New hires received informal job counseling, continued skills training, and periodic progress evaluations, on site (UMEZ, 2010a). Mount Sinai also established a mentoring service during this period to help new hires transition to full employment.

The TEF COH staff scheduled periodic check-ins with all COH program clients. UMEZ staff also maintained contact with hired COH program clients, often mediating for them with TEF COH program staff. Over time, EC recruiters learned to better coordinate with the partnering cbos.

Additional support services provided by the cbos also proved to be beneficial. This had not been originally anticipated by the UMEZ. Some of the cbo partners provided their clients with ongoing therapeutic and social support over the duration of the program. The cbos provided a “safe place” for COH clients to express frustrations and insecurities, something they could not do at their hospital jobs.

There is no question that improved communication among partners and the support services offered by cbos contributed to the program’s success. Enhanced communication with both the hospital staff and the cbo partners improved TEF’s ability to match COH clients to job vacancies and improved retention rates. At the same time, integrating the social support activities of local cbos offered the program’s hard-to-place clients the tailored support and the positive reinforcement they needed to build confidence and stay motivated throughout the program.

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<sup>10</sup> The committees are composed of employees from labor and management in a cross-section of departments and new hires were matched with committee representatives based on position and department.

## Evaluating Program Performance

The UMEZ contracted with TEF from August 2007 through May 2010 to implement the COH Program.<sup>11</sup> The COH program expected to achieve entry level employment for 135 program clients (105 ELT program clients and 30 DP program clients) and full-time nursing positions for four SUT program clients. The grant stipulated that all placements ensure regular full-time work week hours, living wages, and medical/health coverage.

The UMEZ and EC developed a reporting procedure and performance based metrics for each of the three COH programs that defined program success and were linked to a payment schedule. Throughout the term of the contract, the TEF COH program specialist was required to submit performance reports to the UMEZ for each of the six reporting periods (typically 3-5 months long). Reporting requirements covered qualitative and quantitative performance metrics, including enrollment logs, retention rates, zone specifications for enrolled clients, and a narrative description of activities. The UMEZ used these performance reports to monitor progress and determine if TEF achieved its milestones for processing payments. Just as important, the performance reports were used to consider what was working well and not working well in the program design and address opportunities for improvement.

## Placement and Retention

### *Entry-Level Training (ELT) Program Performance*

Initially, TEF took in a volume of referrals to the ELT program far in excess of the UMEZ's guidelines.<sup>12</sup> As a result of the early extensive cbo outreach strategy, 471 UMEZ residents were referred to the program and 264 UMEZ residents were enrolled. This was more than double the 130 clients which the UMEZ had originally required and accounted for 56 percent of the total referrals made over the 46-month program period. Of the 264 enrolled, 141 completed the one day Success on the Job Training

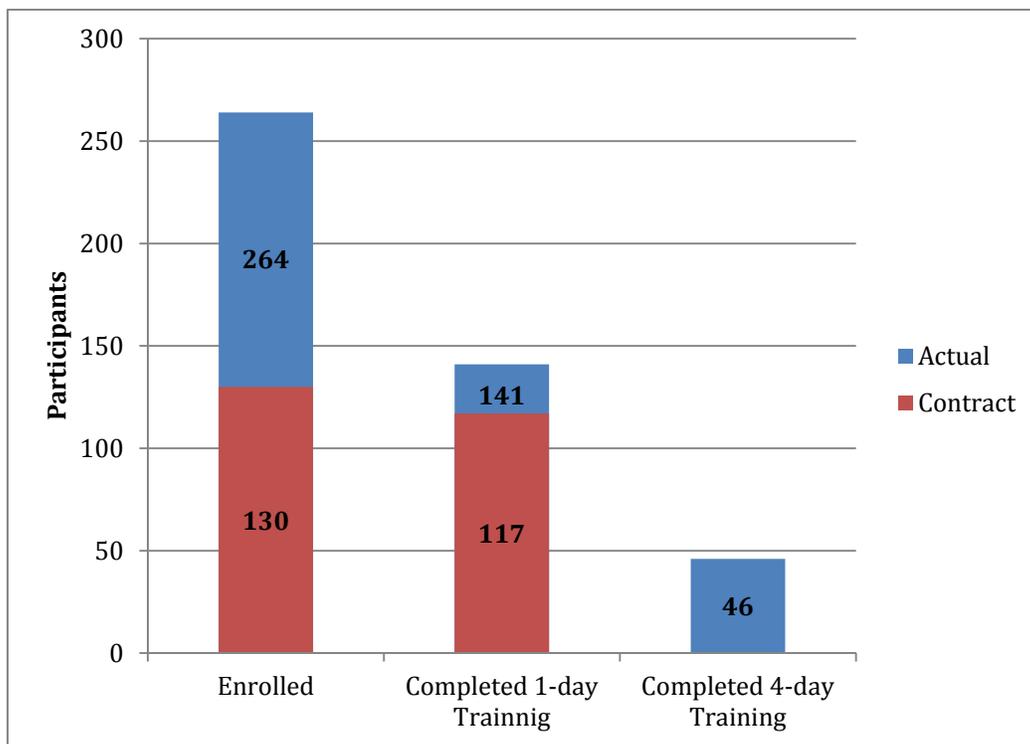
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<sup>11</sup> The original contract term was from August 14, 2007 to August 31, 2009 for \$651,698. The contract was extended to May 31, 2010. The close out report indicates that the contract ended on June 30, 2011. The second extension was made for documentation and payment reconciliation purposes.

<sup>12</sup> Information for the ELT program comes from several sources including the UMEZ's Sixth Period Assessment, Performance and Achievement Report, and the ELT Enrollment Placement Log.

and 46 completed the four day customer service training, surpassing the original program target of 117 clients (UMEZ, 2007a).<sup>13</sup> (See Figure 1.)

**Figure 1: ELT Program Total Enrollment and Training Performance**



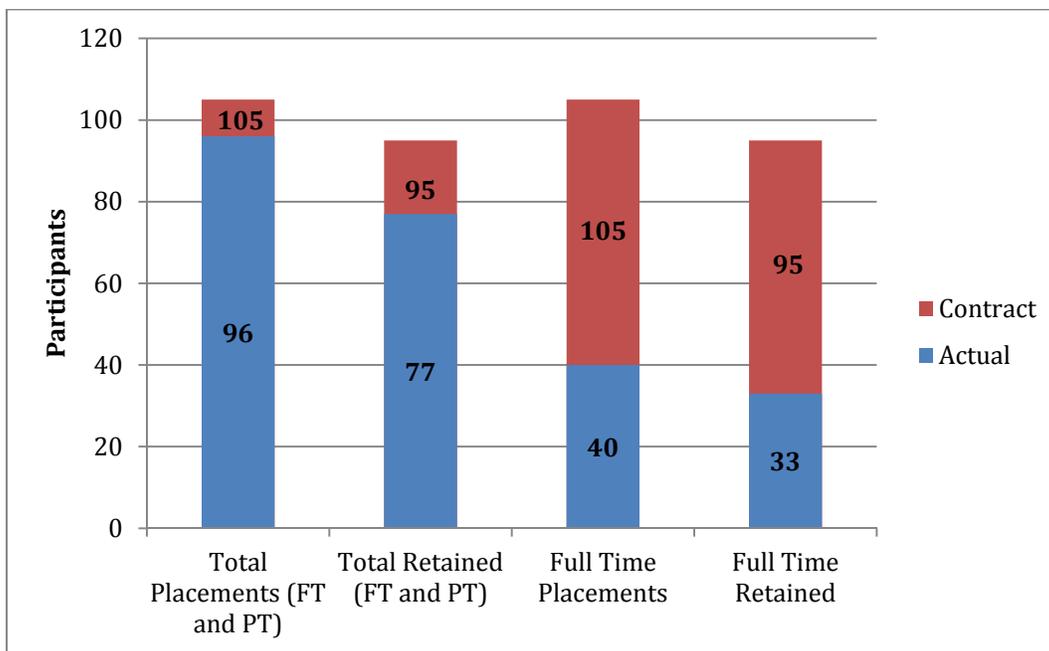
Source: 1199EC Enrollment Placement Log FINAL June 2010-2

The COH program had to confront an unforeseen obstacle that affected its ability to achieve placement goals -- the 2008 recession. The number of laid-off union members in the New York City region quickly increased, with the onset of the recession and the closures of St. Vincent's and North General Hospitals. 1199SEIU's collective bargaining agreement with the hospitals requires that the EC prioritize laid-off union members for available positions, limiting the number of positions open to COH program clients. TEF became creative and worked to get COH clients in part-time positions even though it was not included in the original contract. Since most of the ELT clients hired as part-time employees were working full-time hours, the terms of the grant distribution were

<sup>13</sup> The UMEZ Fourth Quarter Summary Report suggests some inconsistencies across the various data sources. This has been acknowledged by the UMEZ. "Unfortunately, the period's statistical summary report (provided in August 2008) was improperly prepared and does not conform to the information provided in the narrative and in the documentation. "Given the changes in staff, the effort to obtain completely accurate data on UMEZ statistical forms was fruitless," (UMEZ, 2008e).

changed to reflect these placements. TEF was able to place a total of 91.4 percent of ELT clients in hospital jobs, falling only slightly short of the UMEZ target. 38 percent were full-time hires at wage rates meeting those specified in the original COH Program Grant. The total ELT employee retention rate for the 90-day evaluation period was 81.1 percent. Of the employees retained for the 90-day required period, 34.7 percent were full-time employees with wage rates that were acceptable under the contract. (See Figure 2.) It is important to note that many program clients in positions formally classified as part-time often worked close to full-time hours, typically earning a minimum weekly salary of \$558.61, as well as substantial benefits (UMEZ, 2010a). Moreover, by starting out in these part-time positions program participants became eligible for full-time unionized jobs.

**Figure 2: ELT Program Job Placement and Retention Performance**



Source: 1199EC Enrollment Placement Log FINAL June 2010-2

### ***Direct Placement (DP) Program Performance***

The Direct Placement Program was a small part of the overall COH initiative, with a goal of 30 placements. TEF successfully placed 30 program clients in both full-time and part-time positions through the DP program. However, the national recession and 1199SEIU

EC's obligations to laid-off union workers also impacted the DP program, and few full-time job opportunities became available to program clients. UMEZ residents were, however, given priority over walk-in jobseekers for available part-time positions at participating hospitals. As a result, 90 percent of program clients were ultimately placed, of which 53.3 percent started with full-time positions. Like the ELT clients, part-time DP workers earned close to full-time salaries and were eligible for full-time positions as they became available (UMEZ, 2010a).

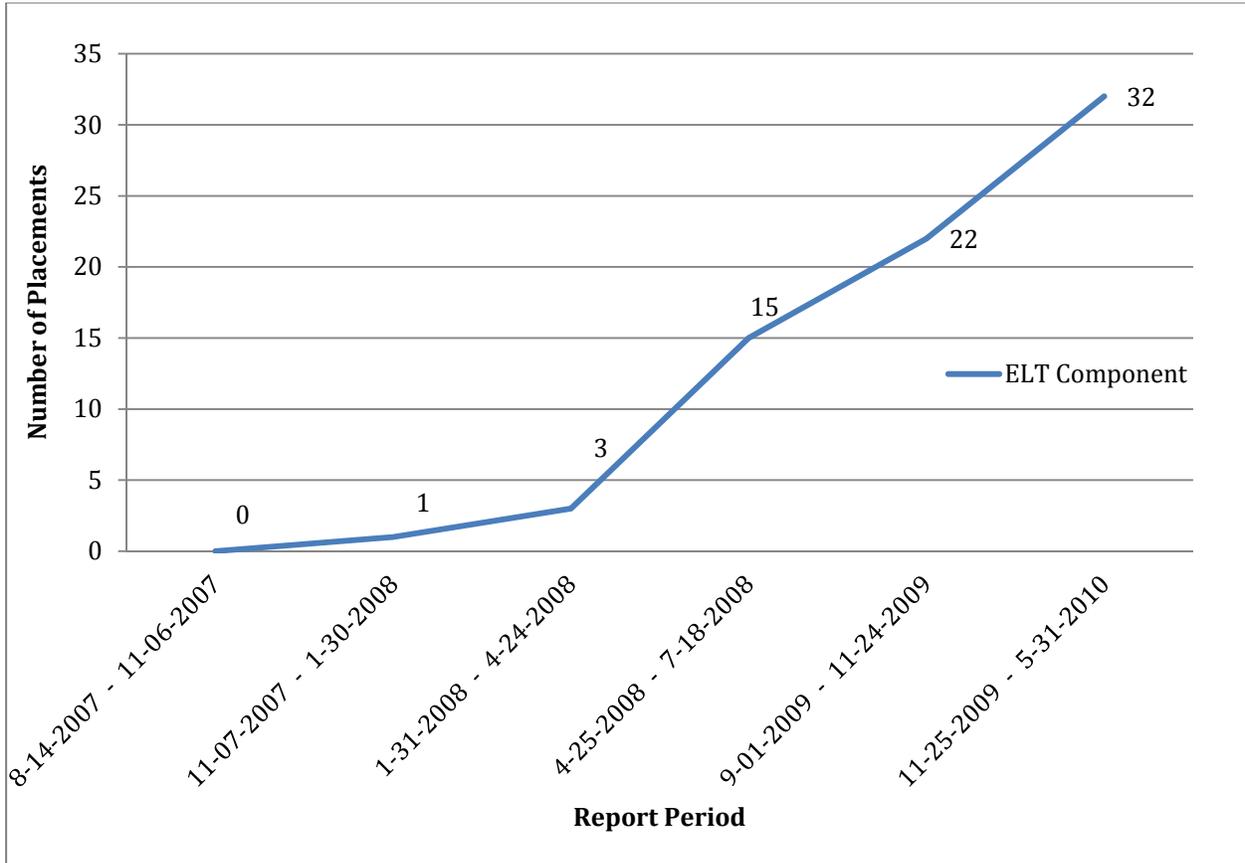
### ***Nursing Scholarship Program Performance***

The Skills Upgrade/Nursing Scholarship was the smallest of the three programs funded. Four incumbent workers residing in Upper Manhattan were enrolled in the Scholarship program and received their Associate Degrees in Nursing. One hundred percent of clients in the Scholarship program were upgraded to Registered Nurse status at their respective hospitals.

### **Strategic Changes in Program Design: Improved Performance**

As was mentioned, the COH program initially faced a number of challenges in meeting its placement targets. During the fourth period, the cbo partners continued to struggle to adjust internal referral processes to meet the TEF COH staff's expectations. Figure 3 shows a positive change by the end of the fourth reporting period. This change corresponds with the UMEZ's intervention, specifically the WPTI training sessions, the process modifications in cbo outreach and recruitment, TEF COH staff's enhanced screening, training and referral processes, and a general improvement in communication among partners. These data show that the UMEZ process changes were critical to the COH program's ultimate success.

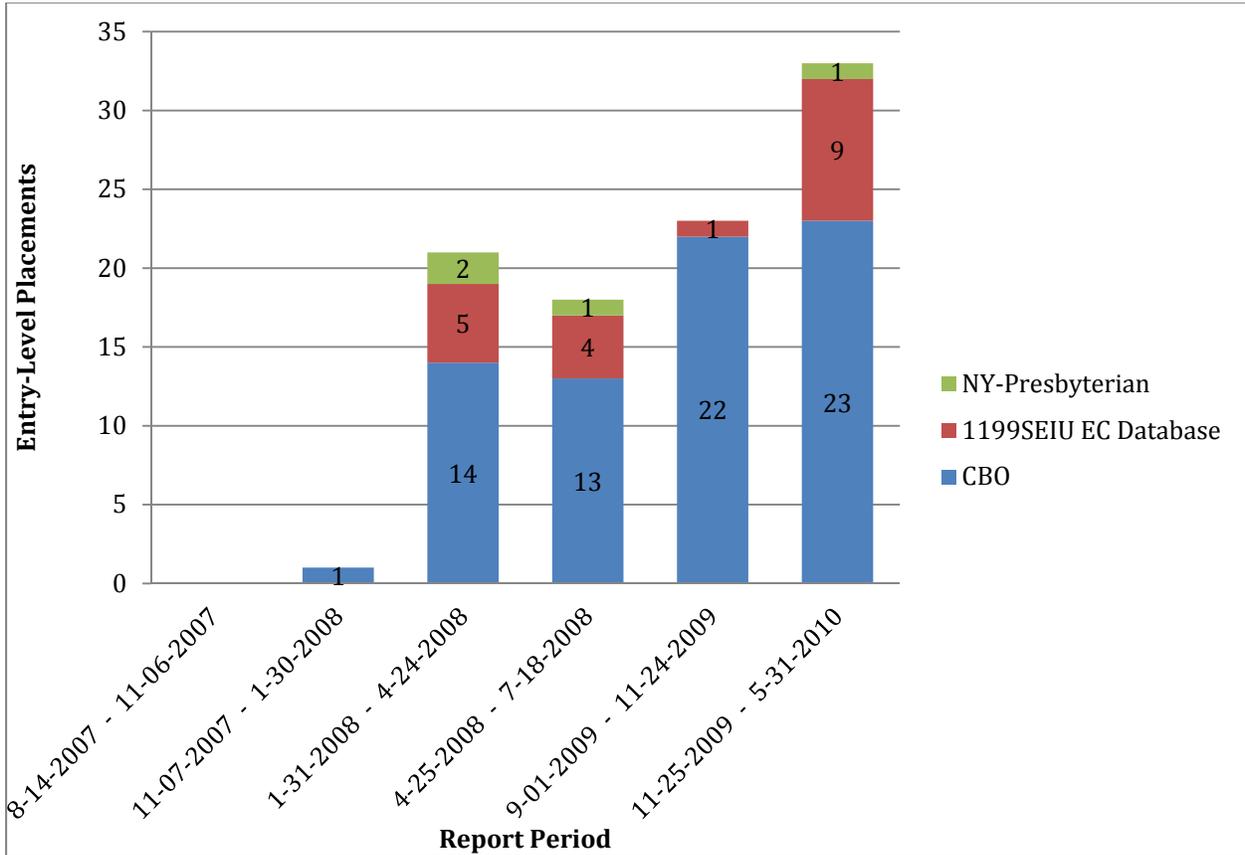
Figure 3: ELT Job Placement Over time



Source: 1199EC Enrollment Placement Log FINAL June 2010-2

Figure 4 indicates that the number of cbo referrals placed in entry-level jobs increased over time, indicating improvement in the quality of the cbo referral process. Since the outreach and referral process was largely the responsibility of the cbos, it was critical that their screening process improve. The effectiveness of the WPTI workshops improving cbo outreach, screening and referral strategies are evident in the peak placement numbers of the sixth period. However, the notable improvement from the second period to the fifth period indicates that the Community Work Group also contributed to improving the quality of cbo referrals, which positively impacted the overall success of the program.

Figure 4: ELT Placement by Referral Source



Source: 1199EC Enrollment Placement Log FINAL June 2010-2

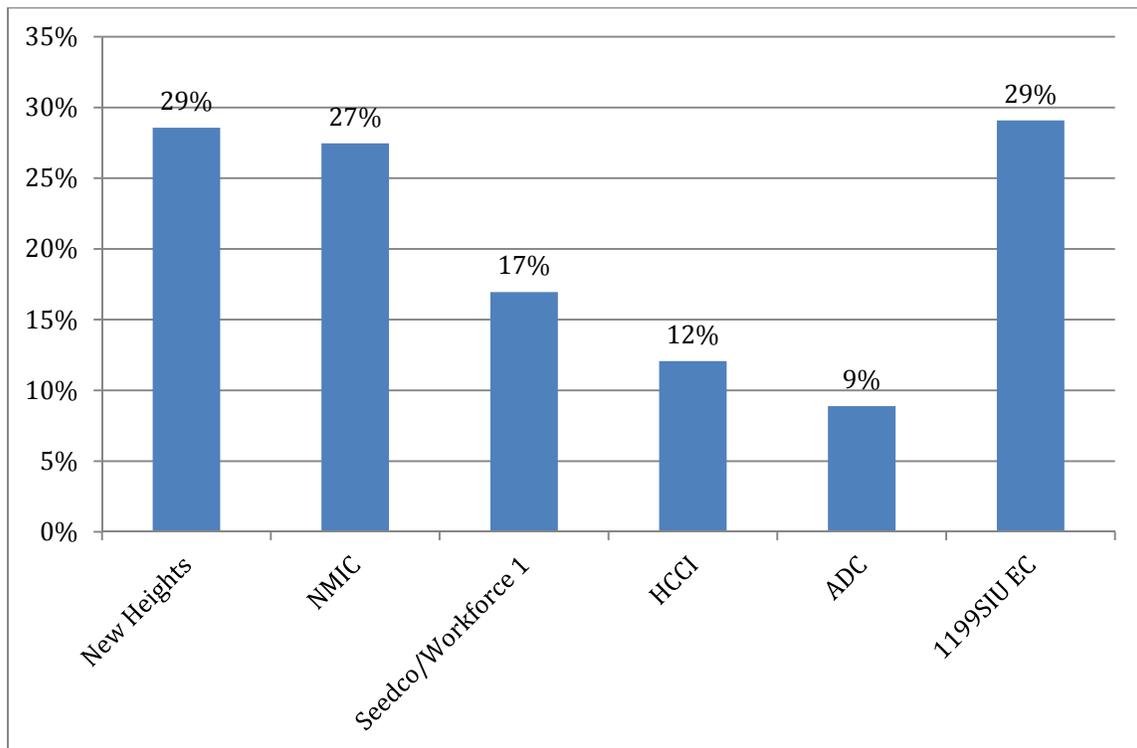
Initially skeptical of the cbos' capacity to fulfill their specified role in the COH program, by the time the program was completed on May 31<sup>st</sup>, 2010, TEF had developed a new perspective on this particular model of workforce development. TEF leaders acknowledged the effectiveness of the community partnership model and argued for its replication in federal and state programs. In 2009, the TEF submitted a proposal to the Organization Development Network Conference with the theme of community building, focusing on the role unions can play partnering with cbos in workforce development (Interview, September 2011).

## CBO Performance

Cbos were critical partners in the UMEZ's workforce development model and they too were expected to achieve specific performance goals. Several metrics were designed

to evaluate individual cbo performance. The referral/hire ratio allowed the UMEZ to determine the quality of cbo client referrals and discover the early problems in the cbo screening process. There was one exception in this early data. Figure 5 indicates that New Heights Neighborhood Center (NHNC), despite its small size, provided a high percentage of successful clients to the COH program. NHNC's success stemmed largely from its screening process, its regular communication with clients, and its extra social and financial support services for clients throughout the course of the program (Interview, October 2011). It is important to note that cbos varied in their size and the available resources to work with COH clients. Cbos were required to refer clients only from the UMEZ geographic area and were not paid by the UMEZ for this work. Under these less than optimum circumstances, cbo willingness to work with the UMEZ to change their screening and referral practices and ultimately improve their performance should be viewed as a highly successful outcome of the COH model.

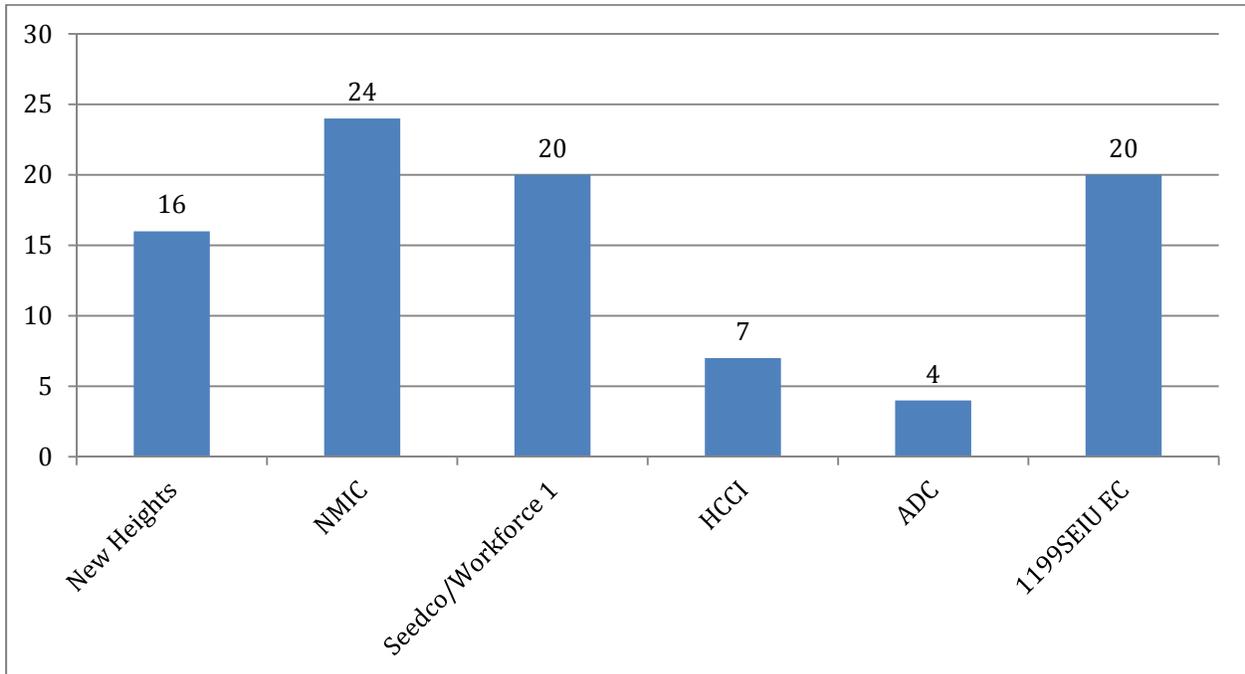
**Figure 5: Percentage of Hires to Referrals by Referral Source for Total COH Program**



*Source: Total hiring data from UMEZ Status Report: from Inception to Present; Placement data from 1199EC Enrollment Placement Log FINAL June 2010-2*  
*Note: Placement numbers include full-time and part-time hires.*

The EC’s internal recruitment strategies yielded the program’s highest percentage of successful referrals (34 percent) – not surprising, considering the EC database consisted primarily of job-ready candidates. For this reason, it is hard to compare the success of EC referrals to those of the cbos.

**Figure 6: Total Job Placements by Referral Source for Total COH Program**



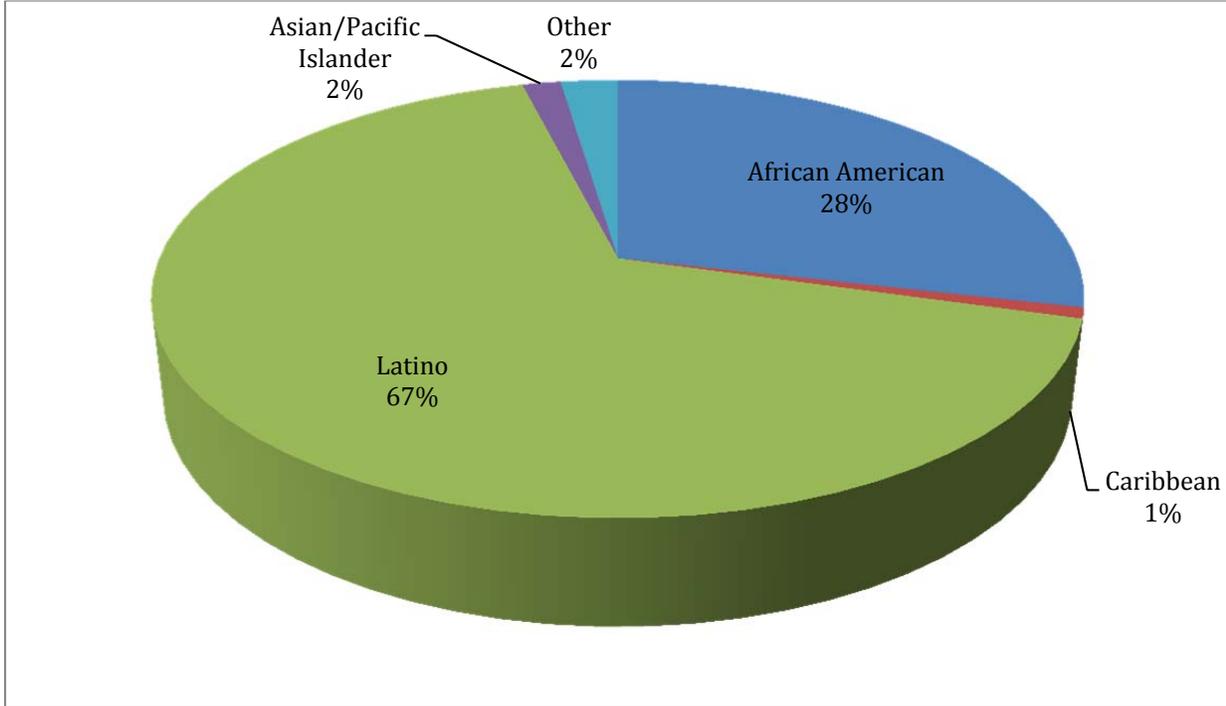
*Source: 1199EC Enrollment Placement Log FINAL June 2010-2*  
*Note: Placement numbers include full-time and part-time hires.*

Figure 6 indicates that of the cbo partners, Northern Manhattan Improvement Corporation (NMIC) generated the largest number of client placements, followed by Seedco/Workforce1. For a detailed breakdown of referral and placement data, see Appendix III.

## Demographic Characteristics of COH Program Placements

The UMEZ was targeting an underserved Upper Manhattan population in the COH program, In order to determine if the UMEZ was reaching its target population we examined some demographic characteristics of COH clients. Figure 7 indicates that the majority of COH program clients hired into positions identified themselves as Latinos (67 percent), while the second largest group was African-American (28 percent).

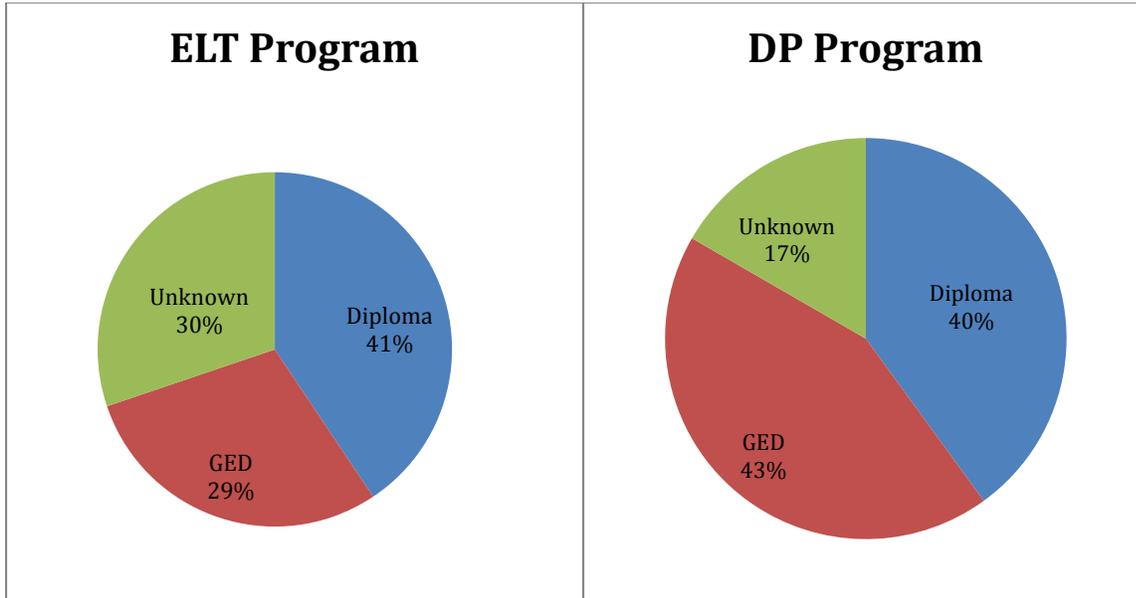
**Figure 7: Ethnic Breakdown of Total COH Program Hires**



Source: 1199EC Enrollment Placement Log FINAL June 2010-2  
Note: Placement numbers include full-time and part-time hires.

The COH program also provided employment opportunities to residents from a variety of educational backgrounds. As Figure 8 indicates, of the 96 ELT hires in the program, 39 had high school diplomas (41 percent), 29 had GED certification (29 percent) and 29 did not report degree or certification information (30 percent). The proportion of DP program hires that had attained a GED was significantly higher (42 percent). For more summary data on the characteristics of COH hires see Appendix III.

Figure 8: Educational Attainment of COH Program Hires

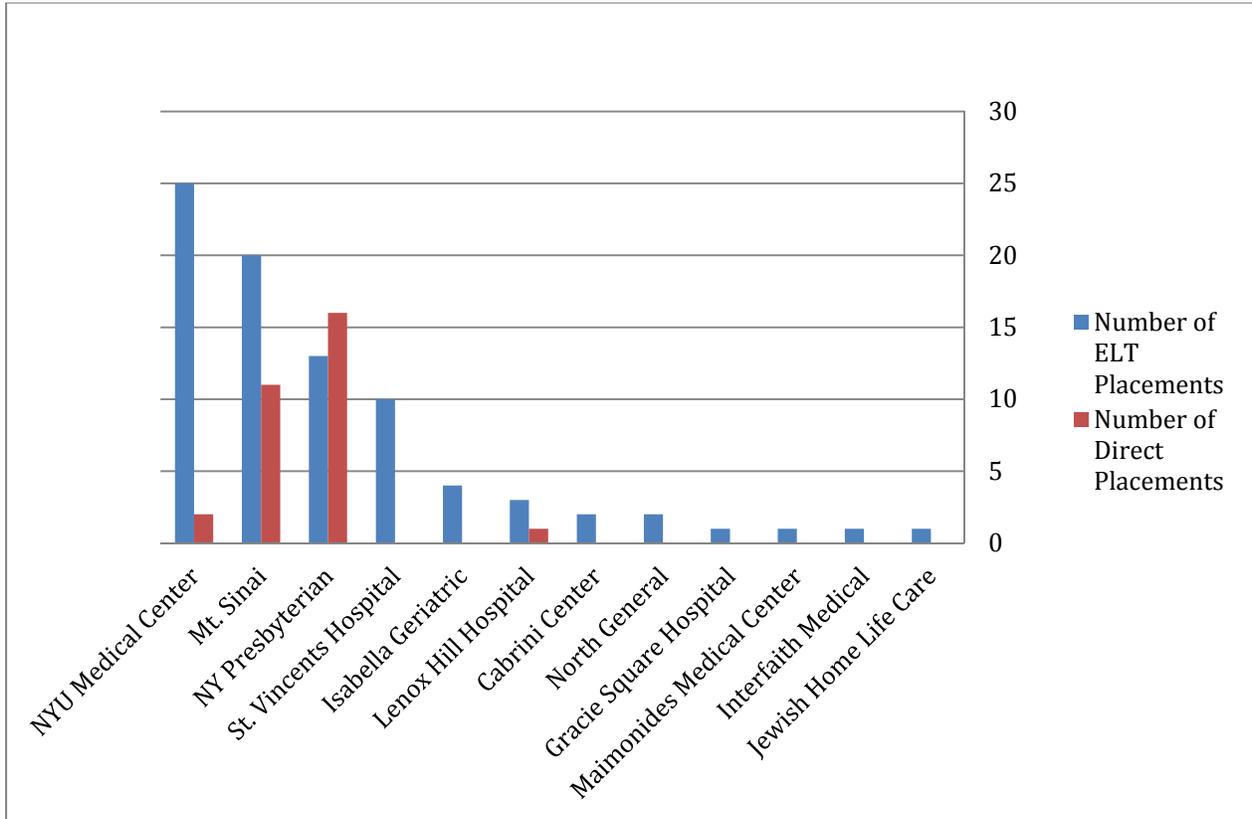


Source: "1199EC Enrollment Placement Log FINAL" June 2010-2  
Note: Placement numbers include full-time and part-time hires.

## Job Placement Performance

Over the course of the program, TEF determined that in order to achieve the performance objectives required by the contract, it would need to engage other healthcare institutions, beyond the original three hospital partners. Ultimately, TEF placed COH clients in 12 healthcare organizations throughout New York City. (See Figure 9).

**Figure 9: Job Placements by Healthcare Institution**



Source: 1199EC Enrollment Placement Log FINAL June 2010-2<sup>14</sup>

Note: Placement numbers include full-time and part-time hires.

Figure 9 shows that NYU Medical Center was the leading employer in the COH program, placing 25 ELT and two DP clients. Over 60 percent of COH clients were hired by healthcare institutions other than the three original partners. The EC’s decision to expand the opportunities for COH clients to a city-wide network of employers was critical to the program’s success.

## Lessons Learned

The UMEZ Career Opportunities in Healthcare Program provides an innovative partnership model for workforce development that successfully places hard-to-serve populations in entry-level jobs. The placement data clearly indicate that the program was successful in achieving its major objectives – training and placing UMEZ residents in

<sup>14</sup> Placement information for 13 COH hires is not available in the SEIU1199 EC Enrollment Placement Log.

healthcare industry jobs. Given the track record of workforce development programs for hard-to-place populations, this is a significant accomplishment. There is much more, however, that can be learned from this case study. This section analyzes the challenges of creating a successful workforce development program, identifies the specific aspects of the program that contributed to its overall success and identifies the best practices that should help guide future workforce development programs.

**A clear statement of the program’s mission and an agreed upon definition of success for all program partners must be unambiguous from the outset to all participants. Clear reporting requirements and performance-based payments keep all partners focused on the same outcomes.**

Rigorous performance reporting procedures are critical not just for monitoring the overall success of the program, but also for discovering problems early enough to effectively remedy them. As stipulated in the original COH program contract, in order to receive full funding 1199SEIU Employment and Training Funds (TEF) was required to fulfill a defined set of program milestones for each reporting period. The periodic payments were outcome-driven, contingent upon TEF’s ability to place and retain a specific number of participants in full-time jobs. UMEZ was thus able to devise incentives for TEF’s continued engagement in program improvement and ensuring the successful placement and retention of the UMEZ target population in healthcare jobs (UMEZ, 2009a).

**Workforce development programs require a sophisticated understanding of the economic environment, so that training can be tailored to meet employer needs and to target growing and/or stable industry sectors.**

The UMEZ’s understanding of the economic environment across New York City identified the healthcare sector, with its promising growth forecasts and prominent presence in Upper Manhattan, as an ideal industry for this type of program. This understanding helped to shape the initial conceptualization of the program as well as the Solicitation for Proposals, released in spring of 2006 (Interview, August 2011).

**The UMEZ was a successful intermediary organization because of demonstrated leadership in the community; operational capacity; and because all partners in the program perceived it as an “honest broker.”**

An established economic development organization, UMEZ possessed the leadership and capacity to design the initial program, continuously monitor outcomes, and make the necessary changes during program implementation to ensure achievement of its goals. Through its presence in the community, the UMEZ also understood the strengths and weaknesses of its partner organizations' operational capacity. Without the UMEZ's organizational competence the COH program would not have achieved its job placement goals.

Among the most prominent themes raised by partners was the importance of the UMEZ's engagement throughout the duration of the program. The UMEZ adopted the role of intermediary, rather than that of a passive funder or a punitive oversight agent. When conflicts emerged, the UMEZ served as an “honest broker,” focusing the interests of their various partners on achieving a defined set of goals.

**When designing a workforce development program, selecting appropriate program partners is crucial to program success. Workforce development partnership programs must understand and be responsive to the needs of all partners.**

Without engaged and satisfied business partners, workforce development programs cannot succeed. Job training organizations have the dual responsibility of understanding the needs of their jobseeker clients and their business clients. Neither client can be ignored for a program to succeed.

By engaging the hospitals of Upper Manhattan as well as the healthcare workers union 1199SEIU through its Employment and Training Funds (TEF), the UMEZ was able to develop an understanding of how a workforce development program could be responsive to the current needs of healthcare employers.

By leveraging its existing relationships with local cbos, the UMEZ was able to identify and engage those organizations best positioned to reach the target population. The

longstanding presence of the cbos in their communities positioned them as ideal for this type of work. The program was well served by the cbos' ability to both recruit hard-to-serve individuals within Upper Manhattan and provide the necessary case-by-case support services that these clients required as they entered an unfamiliar job training and business environment (Interview, August 2011).

**Successful workforce development partnerships require continuous communication during the design and implementation phases of the program. Open information exchanges among program partners should be built into the program structure.**

Despite a well-planned program and a high level of coordination among the stakeholders, the COH program faced a range of unforeseen challenges over the course of implementation. The communication channels built into the program allowed the partners to tailor their strategies over time to respond to difficulties. During the early stages of program implementation the UMEZ organized the Community Work Group. Initially convened in the first of the program's six periods, the work group assembled UMEZ staff, representatives from each cbo, and staff members from TEF. By convening regular meetings of the workgroup, the UMEZ was able to forge vital connections between the cbos and the job placement contractor. This also provided a place for partners to clarify procedures, resolve differences, and to realign partner expectations. Most importantly, partners worked collaboratively to standardize the protocols for outreach, intake, assessment, referral, and ongoing support for participants (UMEZ, 2007c).

The Community Work Group helped UMEZ staff to better understand the perspectives of participating institutions as they evolved over the course of the program. Information from the Community Work Group sessions allowed UMEZ to alter program strategies and requirements, improve partner capabilities, and achieve better outcomes for clients. In response to problems that emerged in the third period (1/31/2008 - 4/24/2008), the UMEZ brought in WPTI to design and facilitate a strategy to re-engage existing community partners, reach out to new partners, and standardize referral procedures. The improved referral, placement, and retention statistics beginning in the fourth period

(4/25/2008 - 7/18/2008) demonstrate that the engagement of WPTI yielded successful results (UMEZ, 2008e).

**Workforce development programs that target hard-to-serve clients have special challenges for the job trainers and business partners. Programs targeting these clients should incorporate standardized, rigorous client screening practices to determine the type and duration of support services required. Some clients may require a longer and more customized training curriculum to increase the chance of successful program completion and placement.**

The variation in job readiness on the part of the cbos' referred clients was one of the early challenges to achieving program outcomes. Some cbo partners were unprepared for the rigorous screening that clients would require for the COH program. There were significant differences in the quality of cbo screening and referral practices and in the types of ongoing support services offered to clients after placement. This led TEF staff and hospital management personnel to complain about inconsistency in candidate readiness. TEF lacked the appropriate institutional structures and experience to provide the full range of support services that many of the hard-to-serve referrals required. The COH program addressed these challenges. The experience of the partners in the COH program points to a range of complementary strategies that could be integrated into future workforce development programs to help mitigate some of these challenges.

UMEZ's engagement of WPTI helped to standardize the screening and referral process of the five cbos. However, the COH program never mandated standardized cbo support services. Workplace performance of many of the program's hard-to-serve clients was affected by the ability to customize training and support services. Clients with little or no work experience have different needs than the work-ready clients and clearly require more specialized services beyond the five-day training provided under the COH program. This client population should be screened to determine the type and duration of support services required.

The development of a longer and more customized training curriculum for these clients will increase the chance of successful program completion and placements. The support activities provided by some cbo partners throughout the COH program demonstrates that a more expansive, standardized role for cbo participants in future workforce development programs would improve outcomes for this client population.

Some of the cbos proved to be pro-active partners in their willingness and ability to continue their support of referrals throughout the course of the program, helping to mitigate the TEF's lack of experience with hard-to-serve clients. New Heights Neighborhood Center (NHNC) provides a case in point. NHNC maintained contact with each of its referrals over the entire course of the training, placement, and retention periods. NHNC staff worked to ensure that each candidate met the necessary placement criteria, could comply with interview, training and workplace protocol, and fully understood his or her responsibilities. NHNC counselors maintained contact with program graduates to monitor the status of the participants' placement and offered logistical and social support. This approach proved to be successful. The retention rate of participants referred by NHNC were significantly above the program average.

NHNC, however, was the exception. In the absence of a mandated set of support services to be provided by the cbos over the course of the training and initial employment periods, many program participants lacked the support they needed. A standardized process of screening, referral and ongoing support services among the participating cbos would help to mitigate this serious challenge to participant success.

Direct coordination and a formal agreement between TEF and the partnering cbos before implementation began could have helped to standardize screening, referral, and ongoing support strategies among the five cbos. A variant of the WPTI administered series of workshops should be conducted at program implementation, with the goal of structuring cbo activities. Regular meetings between cbo staff and TEF representatives over the course of the program could have similarly aided in improving the quality of the early referrals and aligning expectations among the partner organizations. Communication and coordination between TEF and the cbos would

ideally emphasize screening for specific job readiness requirements and best practices for conducting ongoing support services.

Two additional strategies could be implemented to achieve reliable and effective screening by cbos. First, industry specific client screening manuals should be developed. Second, a pro-rated incentive program should be implemented, whereby cbos would be paid for their work screening clients and providing support services to clients that need it. Funding would not only improve the capacity of cbos, but could also provide an additional motivation for the cbos to work with clients to ensure successful referral, placement, and retention.

## **Conclusion**

The hard-to-place clients residing in economically distressed neighborhoods have long posed challenges to the successful implementation of workforce development programs. The current recession has exacerbated these challenges. As a consequence, the employment prospects of hard-to-place populations in distressed neighborhoods across the country are even more limited than when the Career Opportunities in Healthcare program was conceived in 2006. The onset of the national recession during the course of the COH program, the overall reduction in job availability and the increase in hospital layoffs in particular, could have derailed this innovative program. However, the sector-based collaborative approach of the COH program model was able to endure the recession, and provide historically underserved Upper Manhattan residents with desirable training opportunities and jobs within the healthcare industry. The final results of the COH program would have been impressive even under normal economic circumstances. The fact that the UMEZ, 1199SEIU TEF, and the partnering cbos were ultimately able to place 108 hard-to-serve clients in competitive unionized jobs during difficult economic times is remarkable and points to the effectiveness of the COH program model.

The UMEZ's continuous role as an overseer and as a bridge between partner organizations allowed the program participants to adapt their strategies to changing circumstances. Cbos were critical in recruiting clients in the neighborhoods of Upper

Manhattan, but many lacked experience in this type of sector-targeted program and thus did not possess the appropriate screening tools. As a consequence, the cbo partners referred many clients during the early periods of the program, lacking the necessary skills to complete the TEF training. The UMEZ was able to intervene when it became apparent that incumbent strategies were inefficient, working with the cbos and coordinating with an outside contractor to adapt cbo strategies to meet the requirements of the training provider and the local hospitals. The UMEZ also coordinated with TEF to adjust their existing training programs. The UMEZ's communication and reassurance proved crucial to ensuring the continued involvement of the hospitals until the screening and recruitment processes improved.

The experience of the partners during the COH program demonstrates the challenges to implementing an effective multi-partner, cooperative workforce development program. A program with multiple partners is vulnerable to a lack of procedural standardization and communication among the participant organizations. But the ultimate success of the COH program illustrates that this type of partnership-based program can work with the strong guidance and leadership of a single, trusted intermediary.

Through long-range planning, attention to employer needs, cooperation with staffing organizations, and by engaging institutions with links to the community, such partnership-based programs can mitigate the social and economic distress in historically underserved communities. The successes of the COH program, along with its challenges, can serve as a much needed model for future workforce development programs aimed at addressing these historic weaknesses.

The UMEZ has developed a workforce partnership model that should change the way we design and implement job training programs for individuals in economically distressed communities. This model deserves to be funded by the federal and state governments and replicated in cities across the country.

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## Interview List

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Daniel Bustillo, *Former Asst. Field Services Director, 1199SEIU Healthcare Workers Union East, August 11, 2011*

Myrienne Clitus, *Former Field Services Training Coordinator, 1199SEIU Healthcare Workers Union East, August 11, 2011*

Jeff Cohen, *Vice President for Labor Relations, Mount Sinai Medical Center, January 9, 2012*

Evelyn A. Fernandez-Ketcham, *Executive Director, New Heights Neighborhood Center, Inc., October 3, 2011*

Yashaanyah Hill, *Former Workforce Development Manager, Upper Manhattan Empowerment Zone Development Corporation (UMEZ), September 23, 2011*

Deborah King, *Executive Director, 1199SEIU Healthcare Workers Union East, August 11, 2011*

Hope Knight, *Chief Operating Officer, Upper Manhattan Empowerment Zone Development Corporation, October 24, 2011*

Kenneth J. Knuckles, *President and CEO, Upper Manhattan Empowerment Zone Development Corporation, October 24, 2011*

Amy Landesman, *Executive Director, Workforce Professionals Training Institute, August 25, 2011.*

Barbara Lowry, *Executive Director, Northern Manhattan Improvement Corporation, August 9, 2011*

Beverley Lydeatte, *Director, Human Capital Development, Harlem Congregations for Community Improvement, August 9, 2011*

Anthony Nieto, *Community Health Education and Outreach Director, New York Presbyterian Hospital, September 7, 2011*

Pam Oestricher, *Associate Director, 1199SEIU Healthcare Workers Union East, August 11, 2011*

Valerie Orellana R.N., M.S., *Director of Recruitment and Staffing, Mount Sinai Medical Center, January 9, 2012*

Alex Saavedra, *Vice President, Seedco Workforce 1 Career Center, August 24, 2011*

Lisa Van Brackle, *Workforce Development Manager, UMEZ, October 24, 2011*

Susan Wasstrom, *Co-director, 1199SEIU Healthcare Workers Union East, August 11, 2011*

Anthony Watson, *Director of Workforce Development, Abyssinian Development Corporation October 13, 2011*

## Glossary of Abbreviations and Acronyms

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ADC – Abyssinian Development Corporation

Cbo – Community-Based Organization

COH – Career Opportunities in Healthcare Program

DP – Direct Placement Program

EC – 1199SEIU Employment Center

ELT – Entry-Level Training Program

HCCI – Harlem Congregations for Community Improvement

JSF - 1199SEIU Job Security Fund

NHNC – New Heights Neighborhood Center

NMIC – Northern Manhattan Improvement Center

SBS – New York City Department of Small Business Services

SFP – Solicitation for Proposals

SUT – Skills Upgrade Training Program

TEF – 1199SEIU Training and Employment Funds

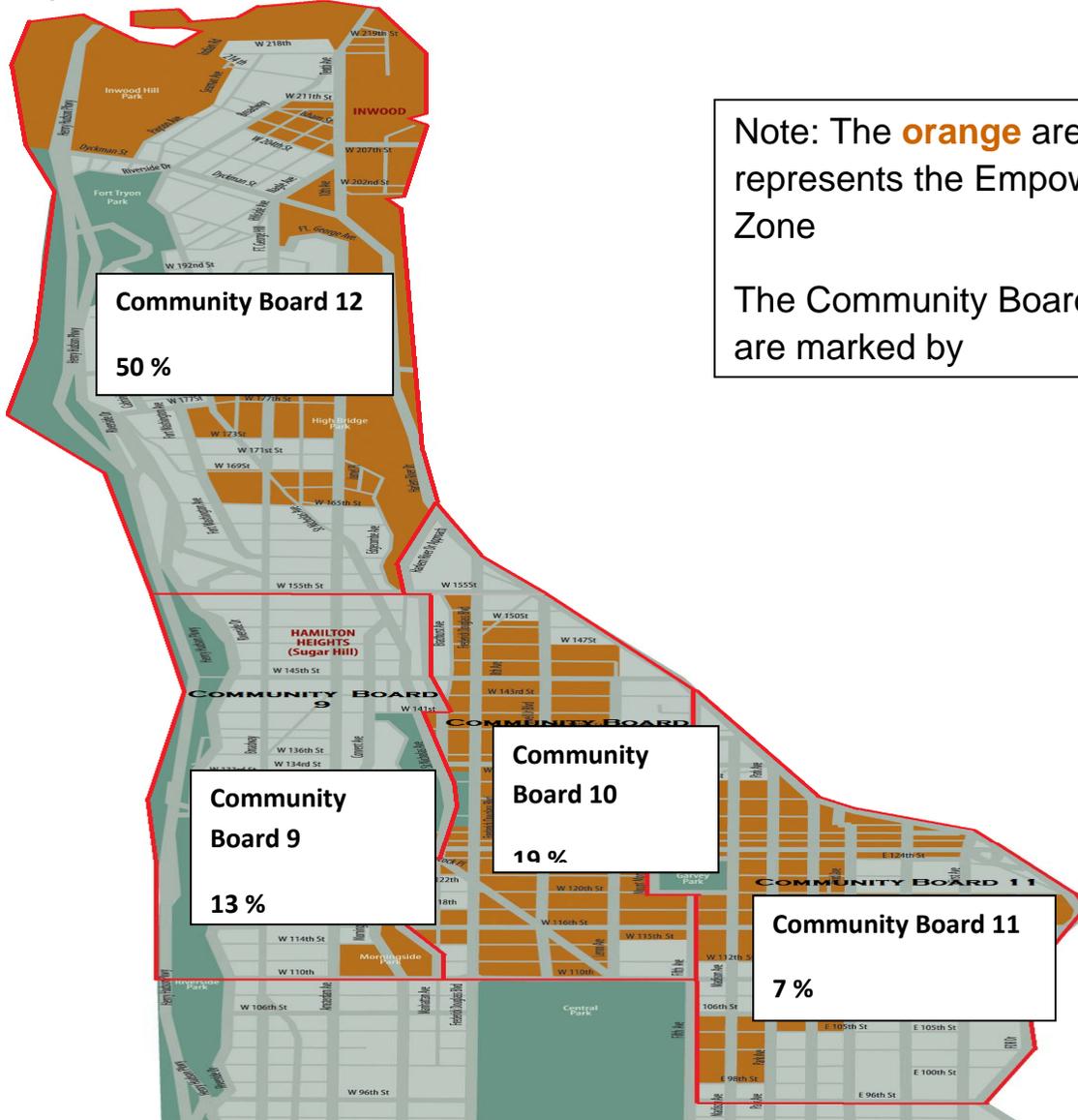
TUF – 1199SEIU Training and Upgrading Fund

WPTI – Workforce Professionals Training Institute

UMEZ – Upper Manhattan Empowerment Zone

# Appendix I: Upper Manhattan Community Board Map

Adapted from UMEZ Website



Note: The **orange** area below represents the Empowerment Zone

The Community Board boundaries are marked by 

## Appendix II: WPTI Training Scope of Work and Summary

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Timeframe: October 8, 2008 to February 12, 2009

### Scope of Work:

The consultant will implement a series of three facilitated workshops for UMEZ staff, the 1199 SEIU League staff and the Community Work Group aimed at achieving a consensus concerning a set of best practices that will focus on the following:

- Facilitated discussions, recommendations and feedback on the issues surrounding appropriate referral pipelines generated by the Community Work Group; and the review of the communication process between 1199 SEIU League staff and the Community Work Group regarding a clear understanding of the expectations concerning appropriate referrals and the key roles that each partner play in this aspect;
- Facilitated discussions, recommendations and feedback that sensitively address any grievances that may exist among the partners that can empower UMEZ staff to work more effectively with all partners, including those that have contractual or financial relationships with UMEZ and those that do not;
- Facilitated discussions, recommendations and feedback on the core components of a functioning collaboration and building a collaborative charter;
- Facilitated discussions, recommendations and feedback on outreach efforts in order to re-engage current members of the Community Work Group; and
- Facilitated discussions, recommendations and feedback on understanding the sectoral approach to workforce development.

### DESCRIPTION OF SERVICES

The Consultant will provide facilitated discussions and/or workshops to assist UMEZ staff in both refining and redefining a communications and expectations structure among the 1199 SEIU League staff and the Community Work Group for the purpose of creating efficient and appropriate employment and training referrals for the COH Initiative. These discussions will also involve capacity building for both the Community Work Group and the 1199 SEIU League.

## **First Session**

**Due Date:** October 8, 2008

### **Half Day Convening: Regrouping and Reconnecting:**

WPTI will convene a meeting with members of the Community Work Group, including front line workforce development staff and their managers; as well as with 1199 SEIU League program staff that are responsible for the direct oversight and implementation of the COH Initiative to provide facilitated discussions and best practices review concerning inter-organizational collaboration.

### **Deliverables**

- The engagement of the Community Work Group and 1199 SEIU League program staff to address concerns, revisit the overall goal of the partnerships and to discuss common pitfalls in inter-organizational collaboration, and basic strategies to avoid them;
- To facilitate discussions on what has worked for the collaboration and the general benefits of the COH Initiative; to discuss success stories and share best practices;
- To provide members of the Community Work Group with the opportunity to share specifics about their program services; and to engage participants in proactive exercises where they will propose a marketing and recruitment strategy for potential jobseekers for each other's programs; and
- To work with the comprehensive group to state/re-state the goals of the COH Initiative agreement between UMEZ and the 1199 SEIU League and to formulate a strategy moving forward for the achievement of successful program outcomes.

## **Second Session**

**Due Date:** October 16, 2008

### **Half Day Convening: Building on the 1199 SEIU League's Marketing and Outreach Capacity for Potential Workforce Partners and Job Candidates:**

WPTI will assist the 1199 SEIU League to build its capacity in reaching current members of the Community Work Group more effectively. A portion of the session will be geared towards aiding UMEZ staff and 1199 SEIU League program staff in discussions specific to community engagement, and service marketing strategies that will both assist UMEZ to achieve its goal of community engagement and the creation of job training and employment opportunities, and will enable the 1199 SEIU League program staff to efficiently and effectively integrate and streamline marketing efforts. Specific strategies will be based on WPTI's previous discussions with UMEZ, the recommendations that have come from feedback from the Community Work Group during the First Session and

WPTI's review of outreach documents that have been developed by 1199 SEIU League program staff.

### **Deliverables**

- Review current communication and marketing materials that are shared with the members of the Community Work Group;
- 
- To recommend effective, clear and concise marketing materials for Community Work Group members and their constituents (jobseekers);
- To discuss conducting resource and recruitment fairs at centralized locations in the Upper Manhattan area; and
- To continue to discuss ongoing strategies to ensure that mutual expectations concerning job referrals for job candidates are met.

### **Third Session**

**Due Date:** February 5, 2009

#### **Half Day Convening: Realizing the Potential of a Sectoral Approach to Workforce Development:**

WPTI will convene a workshop and panel discussion for the Community Work Group that will provide the members with an overview of how to incorporate a sectoral approach into organizational workforce development practices. Key industry leaders will participate in a panel discussion to share their research on the current and emerging labor market trends given the economic conditions of the regional economy.

### **Deliverables**

- To review and define what is a sectoral approach to workforce development;
- To facilitate panel discussions on growing sectors and industries that may serve as training, career ladder and employment opportunities for jobseekers;
- To provide the Community Work Group with an overview of easily accessible resources and tools that are available to access labor market data; and

To facilitate discussions on how Community Work Group members can utilize labor market data as a tool for developing workforce development programs and practices.

*Source: Excerpted from: Contract between UMEZ and Workforce Professionals Training Institute. (UMEZ, 2008f)*

# Appendix III: COH Referral and Placement Summary Data

## UMEZ STATUS REPORT FROM INCEPTION TO PRESENT

Referral Source	Total # of referrals to Employment Center	Total # of NO shows	Total # of Ineligible	Eligible Candidates	Total # of referrals	Total # not hired declined job offer	Total # not hired - failed pre-employment process	Total # Not Qualified	Total # Pending Interviews	Total # Hired
	[1]	[2]	[3]	[4] = [1]-[2]-[3]	[5]	[6]	[7]	[8]	[9]	[10]
Abysinian	45	10	12	23	15	4	2	15	0	4
HCCI	58	13	11	34	16	0	2	17	0	6
New Heights	56	12	9	35	29	1	0	10	1	17
Northern Manhattan	91	11	18	62	40	7	0	8	0	23
Workforce 1 (Seedco)	118	14	37	67	46	3	4	37	0	20
Presby	48	1	7	40	39	8	1	12	0	20
EC (1199 SEIU)	55	15	17	23	10	0	1	7	0	4
<b>TOTAL #</b>	<b>471</b>	<b>76</b>	<b>111</b>	<b>284</b>	<b>195</b>	<b>23</b>	<b>10</b>	<b>106</b>	<b>1</b>	<b>94</b>

**LEGEND**

- \* Column [3] Ineligible reasons: lacked requirements, poor interview, poor work history, etc
- \* Column [4] Total number eligible for referral after Employment Center interview
- \* Column [6] Institution rejected applicants for various reasons
- \* Column 4-5 = 89 There are 89 candidates who are awaiting referral/applicant issue

Source: UMEZ Status Report. (UMEZ, n.d.)

**Table 1: ELT Placement and DP By Report Period**

Report Period	Outreach (Total Participants Identified)	Enrollment	Total Job Placements	ELT Placement	DP Placement
1	22	3	3	-	3
2	28	13	5	4	1
3	54	19	36	18	18
4	62	33	32	25	7
5	-	17	17	16	1
6		8	33	33	-

Source: 1199EC Enrollment Placement Log FINAL. (1199SEIU, 2010)

Career Opportunities in Healthcare Workforce Reports (UMEZ, n.d.)

Note: Includes part time and full time placements.

**Table 2: ELT and DP Placement By Referral Source**

Report Period	CBO Referrals	EC Referrals	NY Presbyterian Referrals
1	-	-	
2	1		
3	14	5	2
4	13	4	1
5	22	1	0
6	23	9	1

Source: 1199EC Enrollment Placement Log FINAL. (1199SEIU, 2010)

Note: Includes part-time and full-time placements.

**Table 3: Referral to Hire Success Rate By Referral Source**

Referral Source	Total # Referrals	Total # Hires (PT+FT)	Total Hired (FT)	Total # Hires/ Total # Referrals	Total # of FT Hires / Total # Referrals
New Heights	56	16	2	3.57%	28.57%
NMIC	91	24	7	7.69%	26.37%
Seedco/Work force 1	118	20	4	3.39%	16.95%
HCCI	58	7	1	1.72%	12.07%
Abyssinian	45	4	1	2.22%	8.89%
EC	55	20	5	9.09%	36.36%

Source: 1199EC Enrollment Placement Log FINAL. (1199SEIU, 2010)

**Table 4: COH Placement Population Demographic Summary**

Ethnicity	# of ELT Hires	Percentage	# of DP Hires	Percentage
African American	28	29.17%	8	26.67%
Caribbean	1	1.04%	-	-
Latino	63	65.63%	21	70.00%
Asian/Pacific Islander	1	1.04%	1	3.33%
Other	3	3.13%	-	-

Source: 1199EC Enrollment Placement Log FINAL.(1199SEIU, 2010)

**Table 5: COH Placement Population Educational Status Summary**

Educational Status	# of ELT Hires	Percentage	# of DP Hires	Percentage
Diploma	39	40.63%	12	40.00%
GED	28	29.17%	13	43.33%
Unknown	29	30.21%	5	16.67%

Source: 1199EC Enrollment Placement Log FINAL.(1199SEIU, 2010)

**Table 6: COH Placement Population Age Range Summary**

Age Group	# of ELT Hires	Percentage	# DP Hires	Percentage
18-20	12	12.50%	2	6.67%
21-24	28	29.17%	9	30.00%
25 - 30	29	30.21%	9	30.00%
30-50	19	19.79%	7	23.33%
51 +	5	5.21%	3	10.00%
No Answer	3	3.13%	-	-

Source: 1199EC Enrollment Placement Log FINAL.(1199SEIU, 2010)

**Table 7: COH Placement Population Household Income Summary (one year prior to enrollment)**

Household Income	# of ELT Hires	Percentage	# DP Hires
\$0-\$9,000	46	47.92%	14
\$9,001-\$18,000	16	16.67%	7
\$18,001-\$27,000	13	13.54%	4
\$27,001-\$38,000	6	6.25%	3
No Answer	15	15.63%	2

Source: 1199EC Enrollment Placement Log FINAL.(1199SEIU, 2010)

**Table 8: COH Program Placements Per Healthcare Institution**

Healthcare Institution	# of ELT Hires	# DP Hires
NYU Medical Center	25	2
Mt. Sinai	20	11
NY Presbyterian	13	16
St. Vincents Hospital	10	
Isabella Geriatric	4	
Lenox Hill Hospital	3	1
Cabrini Center	2	
North General	2	
Gracie Square Hospital	1	
Maimonides Medical Center	1	
Interfaith Medical	1	
Jewish Home Life Care	1	
Unknown	15	-

Source: 1199EC Enrollment Placement Log FINAL.(1199SEIU, 2010)

**Table 9: Job Titles of COH Placements**

Job Title	ELT Placements	Percentage
Housekeeping Worker	30	31.25%
Transporter	16	16.67%
Support Associate	12	12.50%
Dietary Worker	8	8.33%
Maintenance A2	8	8.33%
Patient Representative	4	4.17%
C.N.A	3	3.13%
Security Guard	3	3.13%
Cashier	2	2.08%
Store room attendant	2	2.08%
Business Associate B	1	1.04%
Clerk	1	1.04%
Diet Control Assistant	1	1.04%
EC-Transporter	1	1.04%
Nursing Attendant	1	1.04%
Porter	1	1.04%
Receiving Clark	1	1.04%
Registrar	1	1.04%

Source: 1199EC Enrollment Placement Log FINAL.(1199SEIU, 2010)

**Table 10: COH Program Placements by Community Board**

Community Boards	# of ELT hires	Percentage
9	13	13.54%
10	19	19.79%
11	7	7.29%
12	48	50.00%
Unknown	9	9.38%

*Source: 1199EC Enrollment Placement Log FINAL.(1199SEIU, 2010)*