Social enterprise opportunities in the healthcare sector

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Introduction

Background
Traditionally, health and wellness has focused on individuals taking better care of themselves – eating well, staying active, getting screened and immunized. However, health status is also determined by access to social and economic opportunities. These factors, called social determinants of health, include economic stability, and one of the key drivers of economic stability is access to employment. As major community anchors, healthcare institutions have the potential to not only provide direct healthcare for individuals, but also to provide jobs that can positively influence social determinants of health. Social enterprises are businesses that sell goods and services to the market while providing training and employment for people facing barriers to work, such as previous incarceration, homelessness, and lack of education or work experience. Social enterprises provide paid work experience while developing essential (soft) skills that prepare people for success in mainstream employment. There is a strong opportunity for partnership between healthcare institutions and social enterprises. The primary intention of this paper is to explore how social enterprises can collaborate with and fulfill the existing needs of large healthcare institutions, from both a procurement and hiring standpoint, to create living wage career pathways for people, leading to stronger health outcomes.

Research Approach and Methodology
To understand partnership opportunities between social enterprises and healthcare institutions, REDF conducted research to identify the needs of healthcare institutions and understand where gaps exist and demand for workforce is growing. This included exploring the state of the healthcare workforce, the challenges healthcare employers face in securing an adequate supply of trained workers to meet patient demand, and the workforce development infrastructure in California.

In addition to desk research, REDF spoke with leaders from employers across the spectrum of healthcare: acute, long-term, and integrated providers. Through these interviews, REDF analyzed the market conditions that are driving major changes and setting trends in the healthcare sector and identified major opportunities for social enterprise to play a role. Some specific areas of focus included hiring and procurement practices from large healthcare institutions as well as other healthcare related organizations such as community clinics.

REDF surveyed healthcare membership and advocacy associations, workforce development leaders, healthcare collaboratives, public agencies, and training service providers to gain a better understanding of existing workforce partnerships as well as areas for potential new partnerships.

The full list interview list is in Appendix A.

Understanding Social Enterprise
Broadly speaking, social enterprises are businesses that also have a social purpose. More specifically, this paper focuses on social enterprises that seek to employ people who are facing some sort of background history that is preventing them from engaging in the traditional workforce. While there are a number of workforce development and training programs in the healthcare sector to open up career pathways for the target population, the role of social enterprise has not been as prominent. Social
enterprises, however, could play multiple roles in promoting employment in the health care sector to employ people facing barriers to work in economically viable and sustainable ways.

REDF recently commissioned an evaluation of the impact of a portfolio of social enterprises it funded over the past five years, the results of which are a valuable step toward providing a rigorous proof that social enterprise model is a viable solution for workforce development. Results suggest that social enterprises may help workers gain employment and move toward economic self-sufficiency and life stability. More specifically, for REDF’s social enterprise workers, employment increased from 18 to 51 percent, the percentage of total income from government transfers decreased from 71 to 24 percent, and the share of people living in stable housing increased from 15 to 53 percent. Furthermore, the overall social return on investment in a social enterprise was 123 percent, meaning each dollar the SE spent generated $2.23 of value for society as a whole. This includes benefits of $1.31 to taxpayers from reductions in government transfer payments and increases in revenues, in addition to benefits to the social enterprise business.

With independently validated proof of the impact of social enterprise on employees and on society, REDF seeks to grow and expand the social enterprise sector as a tool to help fill an employer hiring need. For the healthcare industry, Interviewees pointed to both a skills deficit and high turnover rates in frontline positions – two issues which social enterprise has demonstrated success in solving. Social enterprises can address the skills gap by providing a pool of candidates who are ready to work and trained in strong customer facing skills. In addition to work experience, social enterprises can provide job readiness certifications and tailor training in coordination with employers to prepare employees for specific job positions. Thus, there could be opportunities for employees to obtain the certifications needed for aides, medical assistants, technicians, and other non-degree requiring positions during social enterprise employment. This would provide a path to aligning social enterprise industries and skill sets to those required in high potential healthcare occupations.

Finally, social enterprises can help reduce the high turnover rates at entry-level positions in many healthcare institutions. Social enterprises provide trained, motivated employees that have continued access to retention supports after they leave the social enterprise and enter competitive employment. Most REDF-supported social enterprises provide such post-placement retention supports, and the majority of the enterprises saw one-year retention numbers of over 70%.

Executive Summary of Recommendations

After surveying health care institutions, social enterprises, and associations, REDF recommends three overarching strategies to bring together social enterprise and the healthcare sector:

- Hiring of social enterprise graduates for entry level or community oriented occupations such as aides and community health workers through alternative staffing social enterprises to fulfill short term staffing needs and building a hiring pipeline or subcontracting with social enterprises providing community health workers or other roles
- Procurement from social enterprise, especially for local-origin goods and services
- A multi-sector partnership between social enterprises, training and certification programs focusing on healthcare careers, anchor institutions, employers, and service providers

More extensive detail and specific recommendations and next steps can be found in the recommendation section.
New Opportunities in the Healthcare Sector
To understand the opportunities available for social enterprise in the healthcare sector, REDF first explored where gaps and growing needs exist for healthcare institutions. REDF identified several factors driving increased worker demand: recent changes to healthcare legislation (the Affordable Care Act), workforce and skill shortages, and turnover. Healthcare institutions’ commitment to community health also play a role in driving partnership opportunities. There are several entry-level occupations in the healthcare sector are expected to experience growth in the next decade which present potential pathways for employees transitioning out of social enterprises.

The Affordable Care Act
The primary driving force of an increased demand for healthcare workers is the Affordable Care Act (ACA) of 2010. The ACA will increase the number of patients with access to healthcare. While experts disagree on the exact number of individuals who have obtained healthcare insurance for the first time, it is widely known that the number of has increased significantly. The Department of Health and Human Services estimates that the total coverage under the ACA has reached 20 million adults through early 2016. In California, demand is heightened by the growing age 65 and above population. It is estimated that 85% of the population over 65 will have one chronic disease and 65% will have two or more chronic diseases (Health, 2010) Of the 38 million residents currently in CA, 13% are over the age of 65 (U.S. Census Bureau, July 2014). The implications for healthcare providers in California include:

- Up to 2.7 million Californians expected to gain health insurance due to the ACA
- The increase in insured individuals will drive the need for more healthcare workers in various roles and settings
- There is a workforce shortage at the frontlines, where providers experience significant turnover. The frontline roles with the most significant growth are projected to be in the Medical Assisting and Aide roles which are often part of a nursing career ladders
- The demographic makeup of California is changing rapidly and the caregiver population in California doesn’t match the demographic make-up (Spetz, 2014)

Not only has ACA increased demand for health care access, it also requires rethinking health care and its financing and delivery in fundamental ways. The focus now is shifting from individual acute care with payment by volume of services towards an emphasis on wellness and prevention, primary and outpatient care, treating patients across a coordinated continuum of care, managing care across populations, moving towards electronic health records, and payments based on outcomes (Wilson, 2014).

The changes in service delivery will require new patient care team models and require that workers deliver care in new ways. This includes the need to use the best cost resources to provide care, as well as a shift in the settings where care is provided towards outpatient care. According to the Sloan Center on Aging and Work, the changes in healthcare delivery in response to ACA mandates will lead to changes in the kinds of healthcare workers needed, including an increase in workers at the frontline and beginning of the career ladder.

Increasing Demand for Healthcare Workers and High Potential Occupations
The aforementioned changes in service delivery and increased number of patients will drive growth in the overall demand for healthcare jobs. In California, there is anticipated 6% growth of new positions – not factoring in turnover, population aging, long-term care, or changes to care delivery (see Figure 1).
In California, the overall impact on job growth due to the ACA is broad, with the most growth in the Los Angeles and southern California area. Local demand conditions may be ripe for beginning to partner and work with social enterprises to fulfill the growing demand for these healthcare positions.

- To further assess the impact of the ACA on new job growth, 7 California regions were analyzed.
- By 2021, California Regions are forecasted to need ~45,000 to 47,000* new health care jobs
  - Average 10-year growth rates of 5% to 6%
  - Fastest growth rate estimated for San Joaquin Valley
  - Largest numbers of new jobs estimated for Los Angeles and other Southern California

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<th>Industry Low</th>
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The new jobs are distributed throughout multiple industries in the healthcare sector, as seen in Figure 2, with hospitals showing the highest demand.
The projected demand for positions at an occupational level is particularly promising. A study conducted by Health Systems Innovation Network (HSI) pinpoints major challenges facing healthcare employers in the State of California. As illustrated in the report, nursing aides and medical assistants will see solid growth. Furthermore, structured training opportunities can lead to attainment of additional degrees, so that starting out in entry-level positions lead up a career ladder into the nursing profession, which is the occupation with the greatest overall demand (Figure 3). Occupations that are seeing a rapid growth in demand and volume of jobs are aides, dental assistants, and medical assistants. Approximately 39% of new jobs will go to these three occupations, all of which are good entry points into a healthcare career.

Other promising occupations with strong growth not driven by the ACA are medical support technicians and diagnostic technicians, as seen in Figure 4. Some of the biggest gaps in demand and trained workforce are in the aides and diagnostic technician fields – the number of people trained in these occupations is below the number of people getting the education and training for these jobs. These
occupations present a strong opportunity for people coming from social enterprises to enter the healthcare field, as they require less upfront investment in education compared to other occupations such as nursing.

Figure 4: Overall Demand by Occupation

Beyond traditional healthcare occupations, changes in care delivery will drive new occupations, which are also a strong fit for social enterprise graduates. In particular, the coordinated continuum of care that the ACA encourages presents some promising conditions. Coordinated care is an effort to connect doctors, hospitals, and other healthcare providers together to provide coordinated care to patients to ensure that they get the right care and avoid unnecessary duplication of services. Accountable Care organizations (ACOs) are the groups of doctors, hospitals, and other health care providers that work in tandem to provide the best care possible for patients while also saving money. As part of the effort to move towards coordinated care, roles such as health advocates or community health workers or similar roles have become increasingly important and numerous, as they are a key part of ensuring that patients, especially the chronically ill, receive the proper preventative health education, and follow up with their health treatments. These roles are ideal for graduates of social enterprise employment, who are often able to relate effectively to economically disadvantaged communities at high risk for preventable chronic illness. Social enterprise opportunity for community health workers will be discussed in further detail in the “Strategies for Leveraging Social Enterprises in Healthcare” section.

Workforce and Skill Shortages

As the need for more frontline workers increases, healthcare faces severe workforce shortages in the coming years for a variety of reasons that include a rapidly aging patient and healthcare provider population, an inadequate education system and emerging technologies used to treat patients. According to the National Technical Assistance Research Center (NATR), by 2016 one-third of the total U.S. workforce will be 50 years or older — a group that may number 115 million by 2020 (Harrington,
2013). With the sweeping reforms of the ACA and mandates toward wellness versus treatment, the skills required of employees in the healthcare sector are beginning to change.

Overall, health care employers are experiencing the same types of skill shortages seen in other sectors of the economy, but in some cases, they are experiencing these shortages more intensely. The top five skills reportedly in short supply in the health care sector include: management skills (42.4%), sales/marketing skills (34.8%), legal skills (33.0%), operations skills (29.0%), and technical computer skills (27.6%). Additionally, health care organizations report a greater shortage of customer relations skills (26.0%) compared to organizations in other sectors (17.4%). In more basic skill needs, such as in literacy, writing, and math, nearly one in five employers (17%) in the health care sector reported skill shortages.

Employers in the health care sector reported significantly more talent management concerns than organizations in other sectors of the economy. Top issues related to talent loss include competitive pay and benefits (40.7%), absenteeism (37.4%), morale (31.7%), and employee adjustment to new technologies (26.0%). (Sweet, 2010)

While the demand for skilled healthcare labor continues to grow, the supply of trained workers will not keep up with the pace of demand (Figure 5). Even with the number of people obtaining certification and degrees in medical related fields, some experts expressed concern about the lack of quality control for educational programs in certain occupations, especially less formalized training such as medical assistants. Ensuring quality training and developing essential work skills that employers are demanding, such as customer service, is a prime area where social enterprises can play a role. Additionally, the changes in healthcare delivery due to the ACA will drive the need for new skills, such as a strong focus on patient experience quality.

**Figure 5: Graduates per Occupation**

- Education capacity appears significant for many high-growth occupations, but may be too low for others
- Some fields have high quality control for education (example: RNs), while others have little quality control (example: Medical Assistants)
- Employers need education programs that develop the right skill level; the numbers do not tell us this
- Regional differences and inter-region migration need exploration
- Occupational turnover is high in some occupations; training needs to account for new jobs and replacements

![Figure 5: Graduates per Occupation](image)

Because many social enterprises operate businesses with a client-facing presence such as retail, food service, and administrative support, social enterprise employees have experience and training in
customer service skills that may help healthcare providers fill workforce shortages and address quality concerns. In partnership with other workforce training programs providing specific healthcare occupational training, social enterprises can provide employees who have the skills needed to succeed in the sector. Social enterprise opportunity for creating a pipeline of trained employees will be discussed in further detail in the “Strategies for Leveraging Social Enterprises in Healthcare” section.

**Turnover**

Another factor driving workforce shortages is the rate of occupational turnover. Turnover is an issue that faces many healthcare employers, and not only does it drive worker shortages, but is also associated with significant business costs. Occupational turnover is frequently high in the specific positions that will experience the most aggressive growth in demand. It is industry standard to calculate the cost of turnover as the cost of recruitment (job posting, recruitment process and staff time, time to interview, making offers) and onboarding (orientation to facilities, processes and policies as well as compliance training). A rough estimate of the cost of turnover is calculated by taking 40% of the base pay to the individual. Therefore, if a medical assistant makes $15 per hour as a full time employee, the total cost would be $12,125.20 ($20 per hour x 40 hours per week x 50 weeks x 40%) to replace one medical assistant (SHRM.org, 2016). High occupational turnover, therefore, is a drain on the healthcare institutions’ resources and bottom line, and for many institutions, a sustainable model for longer term stable employment is an immediate concern and need.

**CSR and Mission Alignment with Healthcare**

One final factor presenting an opportunity for social enterprise to partner with healthcare institutions goes beyond the traditional business case. There is a great deal of mission alignment in healthcare organizations working with social enterprises. Not only is there a talent pipeline that social enterprises could provide for healthcare employers, but many healthcare organizations count general community and public health as part of their larger mission. As employment emerges as a social determinant of health (J. Benach, 2014), it becomes increasingly clear that healthcare institutions can play a direct role in increasing employment of people facing barriers to the workforce, and help ensure that their health outcomes are improved. The many business-related reasons for healthcare institutions to work with social enterprises are reinforced by the consideration that doing so helps achieve the objective of healthy communities.

**Breaking Down Barriers to Employment**

The previous section discussed the gap between the increasing demand for healthcare workers and the supply of trained workforce ready to meet that demand. In other sectors with similar issues, social enterprises have stepped in to meet part of the demand. In this section, some challenges to implementing the social enterprise model will be discussed.

The social enterprises that REDF supports truly seek to employ those who are facing severe barriers preventing them from entering the mainstream workforce: histories of incarceration, homelessness, mental illness, trauma, substance abuse, and lack of educational attainment and limited work histories. While each population has different characteristics and needs, in speaking with healthcare employers, common themes have emerged about the challenges of working with this broad target population. Barriers merge into three key themes: perception, policy, financial pressures. The employers interviewed include Cedar-Sanai, Genesys Healthcare, Holy Angels Residential Facility, Norton Healthcare, UnityPoint Healthcare and Sutter Healthcare. While there are clear perceived challenges to
working with REDF target population, the experience of social enterprise employment can mitigate many of those concerns. Many of the employers interviewed have partnered with workforce development programs that focused on similar target populations which have both highlighted potential pain points, as well as provided insight into potential solutions. However, there are still challenges with those workforce models.

**Perception**
Individuals facing barriers to work also face perceptions about their ability to obtain and exhibit the essential work skills needed to thrive in a healthcare setting including reliability, communication, and customer service skills. These soft skills are even more critical in the context of the ACA, which mandates health care institutions to publicly report on key performance measures. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) provides data on the patient experience that impacts the reimbursement rate from Medicare and MediCal recipients, and this data is reported publically and provides a standard for comparing hospitals. Thus, healthcare institutions must focus more on ensuring that their employees can provide the high quality of customer service that results in strong patient satisfaction ratings.

**Employer Policy**
The employers REDF spoke to stated that they follow the national standard for background screening, using a seven-year look back timeframe. The depth of the background screen varies by employer, with some looking mainly for criminal history, and others looking at credit history as well.

Each employer also stated that they follow Equal Opportunity Commission (EEOC) guidelines when hiring. According to the EEOC, a Federal Agency, employers are able to conduct a background search on all applicants. Moreover, “Federal law does not prohibit employers from asking about your criminal history. However, federal EEO laws do prohibit employers from discriminating when they use criminal history information. Using criminal history information to make employment decisions may violate Title VII of the Civil Rights Act of 1964, as amended (Title VII)” (Commission, 2015). The EEOC requires a number of reports on recruiting practices to show that employers are not giving preference to one individual over another, hence the reluctance to guarantee hiring from a specific source or program.

Though background issues can be a challenge, there have been promising policy developments recently to encourage fair hiring policies for people with criminal convictions. First and foremost, many states, including California, are moving towards “banning the box” for public sector jobs, meaning that employers can no longer ask applicants to indicate on an application whether or not they’ve ever been convicted of a crime. This movement allows people to get their foot in the door and be initially screened on the basis of work experience, instead of eliminated at the outset by a criminal conviction. These fair chance laws have been extended to also include private employers in many cities, including San Francisco and pending in Los Angeles (Rodriguez, 2016).

Another policy that the state of Illinois has utilized to help people with convictions gain employment in the healthcare sector is through a special state waiver process that prospective employees can apply for called the Health Care Worker Waiver. The Health Care Worker Background Check Act of Illinois says that people with disqualifying convictions cannot be hired for healthcare jobs. However, the Department of Health can issue waivers that permit employers to hire or retain people with records, which can help people obtain jobs in the sector despite their background.
With these policy changes, people coming out of social enterprise with the skills and work experience to qualify for a job will no longer be ruled out because of their background histories, making it much easier for employers, including in health care, to employ people who may have criminal backgrounds.

**Financial Pressures**
In addition to HCHAPS measurements, employers are also faced with significant financial pressures as a result of changes in payer mix and reimbursements for services and other changes in the ACA. ACA’s three major goals are to 1) expand coverage; 2) control health care costs; and 3) improve the health care delivery system. Examples of significant payment reform include Medicaid’s removal of reimbursements for payments for hospital-acquired conditions, and Medicare reforms to deny reimbursement for preventable readmissions and/or hospital-acquired conditions.

Across the country providers are cutting what they consider to be “non-essential” programs, and in many cases they are cutting external workforce development programs in favor of training their own workforces to meet the complicated mandates of the ACA described above. Other pressing financial factors include Electronic Medical Records systems that include the introduction of expensive software and hardware such as hand held devices for all caregivers, as well as workflow and process training.

These financial pressures lead employers to maximize efficiencies by hiring people who are fully work-ready and able to meet basic standards at work. Social enterprises can support health care employers by providing employees who meet a minimum job readiness standard, and connect employees to additional resources for support as needed so that the employer doesn’t need to bear any additional cost in hiring from the target population.

**Challenges with Existing Workforce Development Models**
Traditional workforce development programs (see Appendix C) have had success in training the target population to transition into various healthcare job positions. However, these programs do not function as social enterprises with a viable revenue model. Without a revenue model, sustainability of the training program becomes an issue, and limits the scale of the programs. Most of these programs are dependent on funding, operate at a small scale and cannot provide the pipeline of employees demanded by the healthcare sector. Because of the associated costs without revenue, many workforce programs run by hospitals and other healthcare institutions have unfortunately been cut. But by combining an effective training program with a sustainable business model, healthcare institutions may be able to find a long-term solution to the healthcare workers shortage problem, while also serving the target population.

These workforce training programs can also be challenging for participants when they don’t pay a wage – many people cannot afford to take the time out to complete a program and not be earning a wage. Many of the existing programs also have fairly high bars for entry, and occasionally require a background check, which means they may still exclude people facing the highest barriers to work. Social enterprises could play a strong partnership role in either having people complete training while also working at a social enterprise to earn wages and stabilize, or sending social enterprise graduates who are interested in continuing their education and moving into a job with a clear career pathway.

Social enterprises can also provide options for healthcare institutions to provide employment opportunities for individuals who do not have interest in training for healthcare specific occupations but are still required to operate a healthcare institution. Social enterprises with viable business models have
proven to be successful in other industries, such as alternative staffing, neighborhood beautification, waste management, etc. There are numerous opportunities to leverage these successful social enterprise models to adapt to the healthcare institutions’ needs.

**Strategies for Leveraging Social Enterprises in Healthcare**

The three identified strategies for incorporating social enterprises into health care settings respond to the needs of healthcare institutions and the capabilities of social enterprises. The first is a direct hiring pipeline through staffing agencies that are social enterprises. The second is a procurement strategy, where healthcare institutions purchase goods and services from social enterprise. Finally, though somewhat more rare, the third strategy involves opportunities for social enterprises that provide health care or health care adjacent services themselves through contractual relationships with healthcare institutions.

**Social Enterprise Staffing Agencies**

_Benefits for both the employers and the target population_

An important way that social enterprises can address the needs of health care institutions is by becoming talent pipelines for healthcare institutions. Alternative staffing model is a viable and promising way to employ a larger number of the target population in healthcare job opportunities, because the staffing model can be a win-win situation for both the target population and employers.

For the hiring partner hospitals, high turnover is a common problem among entry level positions that a trained target population can help alleviate. Social enterprise staffing agencies provide non-technical support services to their clients, which results in relatively high retention rates. Support services include case management services, housing services, job placement support, job readiness assessment, mentorship, post-job retention services, soft skills training, etc. Social enterprise staffing agencies with a solid support services infrastructure often attain retention rates of over 70% after 1 year.

Moreover, high turnover coupled with costs of recruiting and onboarding for employees that do not stay on the job long term hurts the operating margins of hospitals. To fill many of the registry or casual positions, hospitals often post openings on their websites and go through a typical recruiting and onboarding cycle, even though the position is short term and temporary in nature. These are the types of positions that social enterprise staffing agencies can effectively fill. A social enterprise staffing agency can save hospitals costs by conducting the recruiting cycle on their behalf and sourcing the best fit candidate for open positions. To this end, it is important for the social enterprise staffing agencies to build trust with the hiring partners. The challenges and opportunities section below gives more detail on how to build trust with hiring partners.

Social enterprise staffing agencies also have more to offer than typical staffing agencies. For one, social enterprise staffing agencies match employees with greater emphasis on a permanent position. In addition, social enterprise staffing agency generally have an extra layer of intentionality to maximize fit. It is in the best interest of both the hiring partner and the individual to not create job-hoppers, but people that will remain in the position.

People graduating from social enterprise employment have proven work experience, have been regularly evaluated against rigorous job readiness standards, have had some of their major barriers addressed, and are prepared and loyal employees. They also typically come with on-going supports from
the social enterprise or from other service agencies, which reduces the risk to employers. Social enterprise graduates tend to have good retention rates, which can solve turnover issues in entry level health care jobs. Working with social enterprises that serve opportunity youth is particularly promising – these youth are at the beginning stages of their careers and are often considering school to gain additional training and certification, which can help them move up the career path in healthcare. Many social enterprise graduates, take their work experience and couple it with a health care specific training program, which helps them develop hard skills in health care to go along with their essential skills they developed in a social enterprise. JVS’s Excel program is a strong example of the type of training that social enterprise employees could participate in while working in more entry level jobs within a healthcare employer – and then move up as they develop more skills.

REDF determined the positions with the most opportunity for social enterprise staffing agency are: patient escort, environmental services (janitorial), cafeteria, administration (registrar). Since HR teams are usually divided by different divisions and positions, REDF advises healthcare institutions to focus on vertical career ladders that are the best fit for the target population and build a deeper relationship with the specific HR teams.

For the employee, temporary positions can open pathways for temporary to permanent conversion. The number one concern for hospitals when dealing with staffing agencies (as would also be the case with social enterprise staffing agencies) is the quality of workers sent to them. Hospitals understandably question whether the new hires will be the right fit candidate. The temporary staffing model can serve as a bridge for employers to evaluate the quality and fit of the candidate without a long-term commitment. At the same time, when candidates are indeed a good fit, it opens the door for conversion into a permanent role—an opportunity that may not have been there without the “trial period.”

TCP Staffing in Chicago and Goodwill Staffing Group in Austin are two examples of social enterprise staffing agencies that have had success placing participants into partner hospitals.

There may not be a single best method to prepare a participant for a temporary position with a hiring partner, but one social enterprise staffing agency path that addresses some of the main pitfalls and concerns is given here:

1. Participant enters into a program and receives support services and professional skills training. Most participants coming from the target population often do not meet the minimum standard of employability, for both hard and soft skills related to the job. Strong programs integrate a core program that participants complete prior to any job experience.
2. Participants are placed into temporary “level 1” positions that require minimal education and job skills. The barrier for the target population participants to leap over to a job at a healthcare institution may be too high in many instances, because hospitals require certain professional skill sets and demand strong workplace manners. A level 1 work experience could bridge the gap by providing valuable work experience to build the skill sets needed to fit into a hospital setting.
3. During level one placement, the agency evaluates the competency and fit for participants to be placed into a healthcare job role. In order for the staffing agency to provide the best-fit candidates to their hiring partner hospitals, it is imperative that each participant’s job experience is closely scrutinized and evaluated. Ultimately, the success of forming strong
pipeline of hiring partners hinges on the staffing agency’s ability to send quality candidates who are fit for the positions requested.

4. The best-fit candidates are matched into a healthcare job at a hospital based on opening and job description, and placed on a temporary basis. This process allows the hospitals to save costs related to doing a full recruiting cycle for temporary positions.

5. The participants continue to receive support and retention services during the temporary placement. Most hospitals do not have the resources in-house to provide ongoing support services, and a continuity in support services will greatly increase the chance for a successful term of employment for the participant.

6. At the end of the temporary assignment, the participant is converted into a full time role based on competency and need, or re-enters the staffing agency pool for other assignment until he/she is converted to a role on a full time basis. For temporary positions that do not lead to permanent positions (either due to lack of fit or need), the participant rejoins the staffing agency and redeployed into other temporary positions based on his/her continuing record of evaluation on fit and performance.

Challenges and Opportunities

As addressed previously, the first and foremost obvious challenge is background checks. Because of concerns with interaction with vulnerable populations, many healthcare employers will disqualify workers who have certain convictions, though sometimes if the conviction is old enough, it can be exempted. Certain convictions such as violence or sexual assault automatically disqualify a candidate from consideration for a job at a hospital. However, hospitals may look at background checks on a case-by-case basis and other forms of convictions may disqualify the candidate based on the varying standards set by the hospitals. Many other background issues depend on the nature of the job and the type of interaction the employee have. For example, people with convictions of crimes related to identity theft are disqualified from positions that give them access to medical records, and forgery or money laundering convictions could disbar the candidate from any registrar or financial services related positions. There are still many hiring opportunities in non-direct care within healthcare institutions though – from janitorial positions to food service to grounds keeping.

There is, however, opportunity for candidates with backgrounds to overcome this step. In states such as Illinois, a process of healthcare waiver is in place to open up the pathway for more hiring from the target population with backgrounds. A person with a background can apply for this healthcare waiver if a certain conviction on record prevents him/her from meeting hiring requirements. Although not all waivers are approved and a long process is required for appeal, this is a big opportunity on the policy side in California to effect systematic change that will encourage more hiring from the target population. The long appeal process can be used for the benefit of the program participants by placing them into other temporary placements that do not require as strict background check standards.

For healthcare employers who are unable to hire people with convictions in their backgrounds, they can still support the employment of people through incentivizing their vendors to employ people with barriers or subcontract out services to social enterprises. Large companies such as Aramark or Centerplate have partnered with Juma, a social enterprise, to contract out operations of their concessions stands, which provides employment for opportunity youth. Other companies, such as Starbucks, have encouraged their vendors and suppliers, for whom they are major customers, to employ
people with barriers or coming out of social enterprise as part of being one of their suppliers. Healthcare institutions are at a scale where they have the same ability to influence hiring from social enterprise.

Another challenge involves the stigma of the target population and staffing agencies. Hospitals will rightly ask, “How do we know you are giving us the right fit candidates?” Thus, it is important for social enterprise staffing agencies to be transparent and detailed in communicating their strategy and the process they put their participants through before they are placed at any external assignments. For example, TCP Staffing stresses their onboarding program, a 4-week core program that all participants graduate out of, and how TCP Staffing will continue to work with the placed individual to provide support and retention services. TCP Staffing has achieved 70%+ retention rate after 1 year of placement, which hospitals will appreciate and will speak to the strength of the TCP Staffing programmatic design. In the end, the hiring partners are assured that by the time they receive a candidate from TCP Staffing, the candidate will have received various training and services, including one-on-one coaching, assessment of fit and culture with the hiring partner, previous temporary job experience that is related to the new job, personal and professional training, and workplace ethics training. Furthermore, additional benefits are communicated, such as the fact that the people hired will be those that come from the community and how TCP Staffing will remain engaged to ensure successful outcome. In essence, a social enterprise staffing agency becomes a one-stop shop for the hiring of specific job positions.

**Procurement of Goods and Services from Social Enterprises**

Alternative staffing model is a promising and viable solution to a real direct staffing need that hospitals have. However, there are other opportunities for hospitals to play a role in supporting employment of those with barriers from the target population.

Hospitals and healthcare institutions outsource many services in industries where social enterprises are competitive market players: laundry services, pest control (i.e., Weingart), front desk staffing (i.e., CHP), security services, food prep and service (L.A. Kitchen, Kitchens for Good), landscaping (i.e., CRCD, Chrysalis), janitorial services, waste and recycling sorting (i.e., Civicorps Recycling, Isidore Recycling). In Los Angeles, a healthcare institution contracts with Goodwill of Southern California for document shredding.

Many large healthcare institutions have procurement programs that aim to reduce costs, meet stated supplier diversity goals, and meet environmental and community development goals as well. Supplier diversity currently includes for profit, small, minority, or veteran owned. However, supplier diversity efforts are still nascent and the efforts have not expanded into all areas of procurement. Supplier diversity is a stated area of interest for many healthcare institutions, and will continue to be an area of interest as state and federal procurement policies change to include more supplier diversity requirements. While some larger institutions already have a robust management to promote supplier diversity, others are in the earlier stages of making supplier diversity a real focus, and there is a lot of potential. One example of a highly successful social enterprise supplier relationship with hospitals is the Evergreen Cooperative in Cleveland, Ohio. Evergreen Cooperatives employs low-income residents of historically disinvested neighborhoods in their social enterprises, one of which is a commercial laundry service. This social enterprise primarily services health care facilities, in addition to retirement homes and hotels. With strong institutional partnerships with anchor institutions such as local hospitals and
universities, Evergreen Cooperative Laundry was able to provide jobs for 45 people, 20 of whom come from the targeted neighborhoods (Anderson, 2016).

Between policy and practice, there is significant opportunity to include social enterprises as part of the supplier diversity requirement. The Los Angeles County Board of Supervisors recently approved a motion to establish a local preference policy that includes social enterprise, and will do more country contracting opportunities for social enterprises—heath care institutions following suit could result in local jobs, and employment opportunities for those facing barriers. REDF has begun the process to bring this more-inclusive policy into effect by co-writing a California Senate bill to establish a certification for employment social enterprises to be eligible for State procurement and contract preferential scoring, similar to small business and disabled veteran business enterprises.

Ultimately, however, procurement managers are primarily concerned with costs. Vendors must be able to present competitive pricing. Some hospitals, however, utilize a broader definition of costs that takes into account that local suppliers provide more flexibility in partnership as opposed to a national provider.

In addition to engaging social enterprises in large scale procurement opportunities, health care institutions can work with them on a smaller, regional level. For smaller contract and vendor relationships, local social enterprises represent an excellent way for healthcare institutions to support employment for people facing barriers to work, while obtaining the same services they would otherwise be paying for. REDF came across several instances where local offices of a large healthcare institution worked with local social enterprises: Goodwill Southern California provides document shredding services to these local offices, and Monkey Business Café in Fullerton, California provides regular catering services to their local offices.

As discussed above, health care institutions can easily support the employment of people facing barriers to work simply by working with social enterprises for the non-medical goods and services they already contract out. Some traditional services that social enterprises can offer include laundry, document shredding, recycling, janitorial, and landscaping. Some Bay Area social enterprises that could provide services include: Solutions SF (front desk staffing), Rubicon Landscaping, CEO (landscaping, maintenance), Goodwill Silicon Valley (e-waste recycling, mattress recycling, document shredding), and Green Streets (waste management). Below are some additional strong opportunities for social enterprise partnership.

**Additional promising strategies and pathways for target population**

A final way for healthcare to engage with social enterprise is through partnering with and referring patients to health-related social enterprises. While there are fewer social enterprises that directly provide health-related goods and services due to the regulatory challenges, as well as the difficulty in developing an earned revenue model, there are some social enterprises that provide non-medical health services that hospitals and larger healthcare institutions could partners with.

**Home Care Models**

One example is a home care social enterprise called Day Break Cares, run by the Catholic Charities of Santa Clara County, which provides services along a continuum of care for non-medical adult day and home care services. Day Break Cares employs individuals who are un- or under-employed, and provides training and certification via a partnership with a local community college. Home care employees
typically have to pass a background check, and they provide a spectrum of care, ranging from light cooking and cleaning assistance to reminding patients to take their medication. While the role typically pays minimum wage, it is a good first step to other positions in healthcare. Home care revenue is most often generated from out-of-pocket payments from customers. There is a smaller percentage that is reimbursement from Medicare, but Medicare certifications for home care businesses are limited. Health care institutions could partner with social enterprise home care companies to refer patients in need of home care assistance.

Community Health Worker Models

Another very promising job pathway for graduates of social enterprises is the community health worker (CHW) model. The community health worker model places non-medical workers into the community to provide education and connections to services to improve health outcomes. CHWs are deployed in communities that are traditionally underserved in health, and work with individuals to educate them on access to services, and follow up after post hospital care. This level of follow up and prevention can lead to lower costs. Additionally, CHWs can take on many of the non-clinical tasks that are currently carried out by more highly trained and highly paid nurses and physicians, such as ensuring that individuals show up to their appointments, fill prescriptions, and have access to healthy food. There is a strong alignment with the CHW model and REDF’s target population as CHWs are most effective when they share a similar demographic or life experience as people in the communities they serve.

One population in particular that could benefit from CHWs is people who are experiencing both temporary and chronic homelessness. Many people experiencing homelessness are frequent users of health care, which can be expensive. However, CHWs with lived experiences of homelessness themselves, in conjunction with housing navigators, can help people experiencing homelessness or are in transition access health care in a way that reduces repeat visits to emergency health services. While funding for CHW positions has been challenging to date because there has yet to be conclusive evidence for the cost savings they drive, many health care institutions recognize the value and have some variant of the position as part of their staff. Other models are funded by the county or philanthropic dollars, and are being piloted to demonstrate their efficacy. Most promisingly, there are pilots coming to California that will include some structural funding changes. The first pilot program is the California whole Person Care Pilots, which are county based pilots to coordinate health, behavioral health, and social services to improve health outcomes for high users of multiple systems. A key part of coordinating the care will be CHWs, and these pilots will provide funding for those positions. This pilot is slated to start in November 2016 and will include $300M a year for 5 years of funding (CSH, 2016). The second pilot is the California Health Home program, that is slated to start January 2017. This is an ongoing initiative to develop a network of providers that will integrate services such as primary, acute and behavioral health for the highest risk Medical enrollees. This also relies heavily on the work of CHWs and means that some of their salaries could be covered by Medical reimbursements. CSH estimates that in the first two years of these programs, over 500 CHW positions could be created, with further growth in outgoing years (CSH, 2016). These CHW positions are meant to be filled by peer advocates as well as paraprofessionals who have experience with homelessness themselves and can relate to and understand their clients.

Currently, in Los Angeles, the Department of Health Services is piloting CHWs in underserved communities in partnership with REDF and social enterprises to place some social enterprise graduates into those positions. There are also promising programs in the Bay Area, and throughout the State of
California. One prominent example is the Transitions Clinic Network. A key part of the model is employing formerly incarcerated individuals to serve as health outreach workers to work with returning prisoners who have chronic conditions. Shira Shavit, executive director of the Transitions Clinics Network, also indicated that the corrections and sheriffs offices were also starting to look into hiring CHWs. In Baltimore, the department of health is working with hospitals on a program that hires people with criminal histories as “violence interrupters,” or people who play a role similar to that of CHW working with those with violent injuries to prevent violence and thus readmissions (Hsu, 2016). Programs such as these are ripe for employing people coming out of social enterprise, and they will be growing in the next few years as those structural changes to the county health funding take place (Shavit, 2016). As evidence builds for the cost savings that community health workers can bring health care systems, funding for these positions will increase as well, and represent an excellent opportunity to enter the healthcare sector for people coming from social enterprise employment.

**Recommendations**

There are many opportunities and strategies for health care institutions to partner with social enterprises. Working with social enterprises for both procurement of goods and services, as well as partnering with social enterprises to provide a hiring pipeline are strategies that help fulfill existing business needs of healthcare institutions, as well as help them achieve their community health goals. The following are several specific steps, both small and immediate, as well as longer term and greater scale, that REDF recommends to drive concrete action in bringing social enterprise into the healthcare sector. REDF also plans to pilot a multi-sector partnership in the Bay Area that can help facilitate these recommendations, described at the end of this section.

1. **REDF recommends that healthcare institutions add social enterprises into their supplier diversity definitions**

Procurement is a key way for social enterprises and health care institutions to work together which would be relatively seamless – there are already many social enterprises that provide the high quality services that hospitals currently outsource, such as document shredding (Goodwill), mattress recycling (DR3), and landscaping (Rubicon and CEO). Since healthcare institutions already have a strong focus on supplier diversity, including social enterprises as part of the supplier diversity definition would further incentivize using social enterprise businesses.

**Next Step Recommendations and Roles**

- REDF: Provide example social enterprise supplier diversity language to hospital and healthcare systems, based on the proposed state senate bill we co-authored to include social enterprise in preferred contracting opportunities (June 2016)
- REDF: Provide healthcare institutions with list of social enterprise businesses by region and services provided (June 2016)
- Healthcare institutions: Send out internal memo on using social enterprise businesses whenever possible, such as for catering and screen printing/promotional products; send out the social enterprise vendor list that REDF provides (June 2016)
- Healthcare institutions: Work internally and with REDF to review language of supplier diversity, and include social enterprise in supplier diversity definition (December 2016)
2. REDF recommends that healthcare institutions develop formal partnerships with the EMS Corps of Alameda County to provide specific training for EMTs as well as procure EMT services from the EMS Corps.

REDF sees an innovative opportunity for hospitals to be able to shape EMT training to be aligned with their specific standards, as well as work with a potential social enterprise providing EMT services as well as highly trained EMTs for hire.

**EMS Corps (Alameda, CA)**

EMS Corps launched in 2011 and is run by the Alameda County Public Health Department. It provides young men of color between the ages 18-26 from low-income communities with an opportunity to train for careers in emergency medical services, while also receiving case management, life coaching, mentoring, mental health and wellness support. The EMS Corps program is a five month paid stipend program where participants receive Emergency Medical Technician (EMT) training. Participants also gain experience through internships and community service events. Individuals are required to hold a high school diploma or a GED, and there are some specific background check requirements, such as no histories of violent crimes or DUI charges, since these convictions prevent individuals from obtaining EMT certification. Upon graduation, participants pursue careers as EMT’s, fire fighters, emergency department technicians, or other work within a hospital setting. All graduates are expected to comprehend, apply, and evaluate the clinical information relevant to their roles as entry-level EMTs, and possess the technical proficiency to enter entry-level EMT or related healthcare profession. The key driver for the success of the EMS Corps is that there is a growing sentiment that the workplace should better reflect the communities they serve. The challenge to this goal, however, is the lack of a robust pipeline of workers who are qualified and skilled to fill the needed positions. EMS Corps has met this challenge by training a specific subset of the target population in a specific geography where minority men are underrepresented in the workplace. Approximately twenty men enter into the EMS Corps program every six months and approximately eighteen of the participants graduate from the program. Graduates found external employment as outsourced EMT workers, paramedic plus workers, and as EMTs in the fire department.

**EMS Corps Social Enterprise and Staffing Model**

EMT positions are in high demand among the Bay Area hospital institutions. The large hospital institutions hire many of their EMT workers internally, but contract out certain basic transport functions to local ambulance companies. There exists a consistent demand for trained EMT workers among the local ambulance companies. Thus far, EMS Corps has not been able create formal partnerships or revenue-generating model to feed their trained EMT students to these positions. However, due to the consistent demand for their service, the graduates of EMS Corps have not had difficulty finding external employment as EMT workers. Therefore, a ripe opportunity exists to leverage the EMS Corps training model to build a staffing agency social enterprise focused on training and placing EMS Corps participants at the local ambulance companies, where they can gain real work experience. Moreover, a staffing agency infrastructure will allow the new social enterprise to leverage the demand for EMT workers to create a revenue-generating model.

In addition, a similar staffing agency model can be utilized to place community health workers in outsourced positions at hospital institutions that outsource such job functions. The Alameda County
Health Services in partnership with EMS Corps has recently begun the Health Coach Program, which aims to improve the health of community members by deploying culturally sensitive health coaches. Health coaching is an innovative method to improve health outcomes by motivating patients to manage their health better. These health coaches assist patients in understanding their health plan, making medical appointments, identifying resources, and advocating for themselves. They help bridge the gap between clinician and patient by helping patients navigate the health care system, offering emotional support, and serving as a continuity figure.

Next Step Recommendations and Roles

- REDF: Begin working with EMS Corps formally to explore feasibility and structure of social enterprise model (August 2016)
- Healthcare Institutions: Determine internal interest in partnering with an EMT training social enterprise for hiring; begin laying groundwork for future partnership (December 2016)
- REDF: Convene healthcare institutions and EMS Corps together for a kick-off meeting (January 2017)
- EMS Corps: Meet with TCP Staffing and Goodwill Central Texas to emulate best practices (January 2017)
- REDF and EMS Corps: Work with EMS Corp to launch social enterprise (June 2017)

3. REDF recommends that healthcare institutions partner with a meal provider social enterprise in California.

A potential large-scale local social enterprise partnership that healthcare institutions could embark on is something like Mom’s Meals, a food delivery service specializing in healthy options and catering to people with certain dietary requirements. A healthcare institution currently utilizes Mom’s Meals services to provide healthy and dietary-specific meals to recently discharged patients. The healthcare institution pre-approves the menu, which is specific to the patients’ health needs. For example, Mom’s Meals provides low sodium meals for patients with hypertension and low sugar meals for diabetic patients. Provision of healthy and balanced meals is an important component of preventative measures that is increasingly a focus under the ACA.

Mom’s Meals, however, is headquartered in Iowa. There is an opportunity for a California-based provider to provide healthy and dietary-specific meals to discharged patients locally. California is one of the most ethnically and culturally diverse state in the United States and can benefit from a food delivery service provider, who can not only provide healthy and dietary-specific meals, but also culturally-sensitive meal plans as well. In addition, local food service provider may give healthcare institutions in California with additional avenues to meet the supplier diversity requirements of the state.

A similar food service social enterprise model that can be emulated is L.A. Kitchen. L.A. Kitchen is a nonprofit in Los Angeles whose mission is to combine three goals of: (1) food recovery and distribution, (2) culinary job training, and (3) social enterprise in the form of a for-profit, meal delivery program. Strong Foods, the meal delivery social enterprise, is an integrated services model that uses locally sourced food to create jobs for the target population and meals for the elderly population. Although L.A. Kitchen does not currently service healthcare institutions, they do provide healthy meals for the elderly population—a similar population as the recently discharged patients in that both groups require healthy and nutritious meals delivered to their homes.
To prepare the meals for customers, Strong Foods employs emancipated foster youth and older adults transitioning out of incarceration so that they could have a successful career pathway in the foodservice industry. L.A. Kitchen incorporates culinary arts, advocacy, food safety, nutrition education, life skills, and professional development into a 15-week vocational program. Trainees also receive ServSafe food handler certification, and intern with culinary professionals, gaining the skills they need to transform their careers and communities. L.A. Kitchen’s goal is to graduate 100 trainees annually, who will collectively earn over $2 million in salaries, and contribute over $200,000 in payroll taxes.

A similar model can be established to service the discharged patients from healthcare institutions who need fresh, nutritious, and dietary-specific meals. By focusing on the narrow population of discharged patients, the new social enterprise can minimize competition with established and scaled foodservice players such as Aramark, Sodexo, and Centerplate. These larger players have not focused on such narrow subsets of the population that require more dietary customization with each meal. In addition, such customized meals are higher margin products due to the more complex customization and labor required to meet the needs of the customers. While the additional levels of labor and customization would be a negative for scaled foodservice players, it is a positive for a social enterprise seeking to employ people from the target population looking for work experience. Without an established local foodservice player for the discharged patients market currently, the new social enterprise can become an entrenched enterprise as the first-to-market player in California.

Next Step Recommendations and Roles

- REDF: Determine viability of a new social enterprise versus partnering with an existing social enterprise to expand into discharged patients market (December 2016)
- Healthcare Institutions: Examine existing options for meal providers, and determine internal interest and ability to expand program further as well as cost and benefits of moving or adding a provider in California. (February 2017)
- REDF and Partner Social Enterprise: Work together to launch social enterprise or expand into new market (August 2017)

4. REDF recommends that healthcare institutions use alternative staffing organizations to fulfill their temporary staffing needs.

Currently, many positions listed for many healthcare institutions are temporary or seasonal positions. While some of these healthcare institutions have existing partnerships and temporary pools they currently draw from to fill these positions, this is another ripe opportunity for partnership with social enterprises. There are multiple social enterprise staffing agencies that are able to fulfill administrative positions, as well as janitorial, front desk, and security, such as Solutions SF, and TeenForce in San Francisco. There is also a strong opportunity to work with existing workforce programs that specifically train people for jobs in the healthcare sector, and develop them into social enterprise staffing businesses. One prime example is Jewish Vocational Services (JVS).

Jewish Vocational Services (San Francisco, CA)

JVS is a workforce development agency in San Francisco, and runs the Excellence through Community Engagement and Learning (EXCEL) program, in partnership with the University of California, San Francisco (UCSF). The program trains individuals to work at USCF in Medical Administrative Assistant positions. To qualify for the training program, individuals need to be on public assistance and eligible for Workforce Innovation and Opportunity Act (WIOA) funding. There are minimum literacy and numeracy
requirements, as well as a requirement for a high school diploma or GED. Individuals must be able to pass the background clearance and drug screening required by UCSF. Following ten weeks of customized vocational and basic skills training where participants are trained in the Electronic Health Record system that UCSF uses, as well as advanced medical terminology, EXCEL participants are placed in paid, four-month internships at UCSF as administrative assistants. Each participant works 32 hours per week, and returns to JVS one day a week for continued instruction and peer support that aligns with and reinforces the work-based training. Key success factors to this program include UCSF’s involvement in and commitment to the EXCEL partnership with JVS, which ensures the relevancy and impact of the curriculum and internships; facilitates transition into Interim Staffing and unsubsidized employment; and positions graduates for career ladder progression within the institution and the industry. Given JVS’s track record of successfully partnering with healthcare employers, the program offered could be tailored to work with other populations such as youth and previously incarcerated. Recently, JVS was able to complete its first cohort of participant’s with John Muir Health. In Excel’s first 9 cycles, 123 participants completed classroom training and paid internships, and 113 participants have been placed in employment (post-graduation). They have either been hired directly into a department or placed in the temporary staffing/ float pool at UCSF. Other graduates have been placed at other health care provider organizations.

Given their excellent track record for training and partnership with UCSF, REDF sees a strong opportunity for a staffing agency model to be developed out of JVS’s EXCEL program. Hospitals would know they were getting well trained staff, and could help tailor the training specifically to reduce ramp-up time on the job. This would help get target population into career pathways in healthcare.

Next Step Recommendations and Roles

- REDF: Connect healthcare institutions to existing alternative staffing organizations (September 2016)
- Healthcare Institutions: Begin conversations with alternative staffing organizations to see if they can meet the healthcare institutions’ staffing needs (December 2016)
- REDF & JVS: Work together to develop a social enterprise model out of the existing EXCEL program (April 2017)
- Healthcare Institutions: Meet with JVS to share staffing needs and specific training needs so that appropriate curriculum can be developed (June 2017)

5. REDF recommends that healthcare institutions develop hiring partnerships with existing social enterprises to fill open positions

Beyond temporary staffing positions and relationships, REDF sees a great deal of opportunity for healthcare institutions to partner directly with social enterprises to create a formal hiring pipeline. For example, they could partner with a social enterprise that provides janitorial services, such as Goodwill Southern California, and as they need to fill janitorial positions on staff, they could ask the social enterprise for graduates ready to transition. This way, they are assured of getting trained employees who have on-the-job experience and have been stabilized by the support social enterprises provide.

Next Step Recommendations and Roles
• REDF: Connect healthcare institutions to existing social enterprises that provide the types of services that healthcare institutions may have hiring need for in the future (for example, janitorial, food service, maintenance)

• Healthcare Institutions: Begin meeting with social enterprises in order to understand the training and quality of the graduates coming out of the social enterprises (December 2016)

• Healthcare Institutions: Formalize hiring partnerships with social enterprises and commit to hiring a specific number of people from social enterprise each year (April 2017)

6. REDF recommends that healthcare institutions hire for community health worker (or similar) positions from social enterprises

The benefits of hiring community health workers is becoming increasingly clear, and as structural changes in health care reimbursements continue to take place, they ease of having these positions covered will increase. REDF hopes to see that healthcare institutions increase the number of community health workers, or similar education and advocacy positions, that they hire for. As discussed earlier, CHWs are most effective when they have the same lived experience as the demographic they are reaching out to, which makes the target population of REDF’s social enterprises a particularly strong candidate for these positions. REDF has found that many of the social enterprise graduates seek to find positions where they can “give back,” which aligns them nicely for roles such as CHWs. REDF has already begun to partner with the Department of Health Services in Los Angeles to connect social enterprise graduates with CHW jobs that the county is hiring for.

Next Step Recommendations and Roles

• Healthcare Institutions: Internally advocate for creation of more CHW positions (June 2016)

• REDF: Convene other social enterprises and healthcare institutions to discuss CHW positions and training options (December 2016)

Regional multi-sector ecosystems

To facilitate both procurement and hiring from social enterprises for health care institutions, REDF proposes replicating in the Bay Area a multi-sector ecosystem model that it has piloted in Los Angeles. The idea behind a multi-sector regional partnership is that it connects and unites all the different sectors in a region in order to make each player more effective at achieving their goals, and ultimately more effective in getting people with barriers back to work, and ensuring that they are successful. These players can range from government agencies, anchor institutions, social service agencies, businesses, and of course, social enterprise.

Traditionally, workforce development has focused on providing services to help people find jobs, or to provide basic training. However, it hasn’t incorporated paid, on the job experience, which is one significant area where social enterprise plays a role. Social enterprises provide the hands-on experience with supports that individuals benefit from as they are learning to rejoin the workforce. The main goal is always to get an individual back into the mainstream workforce, and working for businesses and other employers such as health care institutions. However, sometimes an individual would benefit from some additional work experience first, or they may need an employer who is understanding about their background issues or lack of extensive work background. Many individuals can move straight into mainstream employment, but for a subset, “bridge” employment with these understanding employers
can be highly beneficial. To improve long term retention in jobs, REDF observed that a critical piece for success was to provide continued supports for individuals after they moved out of the social enterprise.

REDF recommends partnering with some of the most successful workforce training programs in the Bay Area to build a revenue generating business model that will unite traditional workforce development model with the social enterprise model. Two successful workforce development programs are discussed below.

The figure below illustrates the employment continuum that the regional multi-sector partnership seeks to address. By bringing together social enterprise, employers, service providers, and the workforce system, people facing severe barriers to work can succeed in the long term.

When REDF piloted this ecosystem model in Los Angeles, the partnerships were loosely based around career pathways in property management. While that has broadened to accommodate the interests of participants and the hiring environment, a bay area ecosystem model could easily center around building career pathways in the health care sector. Additionally, the project in Los Angeles, LA RISE (Los Angeles Regional Initiative for Social Enterprise), is already working with the Department of Health Services to provide quality candidates for community health worker positions, and could continue to push forward in that direction in Los Angeles.

In addition to partnerships that guide the target population through the employment continuum, the regional multi-sector partnerships not only connects employers to a pipeline of talent to hire, but also
connects them to strong social enterprises that they could work together to procure goods and services from. The visibility that social enterprise has received from the Los Angeles partnership is now influencing city procurement policies in favor of social enterprises.

A Bay Area ecosystem focused on the health care sector could bring together key players in each sector. REDF has already begun to initiate conversations with local employers who are interested in hiring from the target population, such as the Transitions Clinic, as well as JVS about training, education partnerships, and potential social enterprise opportunities. Local community colleges already provide many healthcare related courses and certifications to partners with. REDF is very interested in continuing to work with EMS Corps and the Alameda County Health department to build out the successful EMT and community health worker programs, and explore the potential for launching a social enterprise that health care institutions could procure employees or services from, such as contract ambulance services. Existing social enterprises such as Juma, New Door, CHP, Goodwill, Day Break (Catholic Charities of Santa Clara) can all provide the transitional social enterprise employment experience that catalyzes the employment continuum. Supportive housing agencies such as CSH can also be key players in this ecosystem approach, especially with the Health Home Program pilot and the Whole Person Care pilots and with the hiring of CHWs.

Finally, large health care institutions such as Kaiser, Dignity, and John Muir, as well as county health services, can play an instrumental role in this multi-sector partnership, as mainstream employers, and customers of social enterprise. In doing so, these institutions can further fulfill their missions of community health by helping get more people back to work.

Next Step Recommendations and Roles

- REDF: Convene healthcare institutions, other partners, and social enterprises discussed in this paper to begin discussing potential for building a Bay Area healthcare ecosystem (June 2016)
- Healthcare Institutions: Act as lead partners and reach out to other healthcare colleagues and partners to bring them to the table for healthcare ecosystem (June 2016)
- REDF and Healthcare Institutions: Recruit other potential partners for the multi-sector ecosystem (October 2016)
- Bay Area multi-sector ecosystem: Work towards launch in Q3 2017
## Appendix A: Interviews

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<tr>
<th>Name</th>
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<tr>
<td>Amy Anderson</td>
<td>Recruiter</td>
<td>John Muir Health</td>
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<td>Abby Snay</td>
<td>Executive Director</td>
<td>Jewish Vocation Services</td>
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<td>Andrea Perry</td>
<td>Program Administrator</td>
<td>Cedars-Sinai</td>
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<td>Anette Smith</td>
<td>Workforce Development Manager</td>
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<td>Angele Hawkins</td>
<td>Founder and CEO</td>
<td>New Hope Enterprises</td>
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<td>Art Sponseller</td>
<td>CEO</td>
<td>Hospital Council of Northern and Central CA</td>
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<td>Becca Rosenbaum</td>
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<td>Jewish Vocational Services</td>
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<td>Cathy Martin</td>
<td>Vice President, Workforce Policy</td>
<td>California Hospital Association</td>
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<td>Cinda Herndon-King</td>
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<td>Cindy Read</td>
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<td>David Zuckermann</td>
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<td>Steve Dubb</td>
<td>Director of Special Projects and Senior Advisor to the President</td>
<td>Democracy Collaborative</td>
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Appendix B: Resources

Journals and Research Papers

Bates, Tim, Lisel Blash, Susan Chapman, Catherine Dower, and Edward O’Neil. “California’s Health Care Workforce: Readiness for the ACA Era.” Paper prepared by the Center for the Health Professions, UCSF, with a Grant from the California Wellness Foundation (December 2011).


California Edge Campaign. “Keeping California Competitive Creating Opportunity.”

Christian, Sharon and Dower, Catherine. “Comparative Snapshot of Four Allied Health Occupations in California: Community Health Workers, Medical Assistants, Certified Nurse Assistants, and Home Health Aides.” Center for the Health Professions (November 2009).


HIS Analysis. See Spetz, Joanne et al.


Websites & Interviews


Department of Public Health. Medical Expenditure Reports


U.S. Census Bureau: State and County QuickFacts. [http://www.census.gov/quickfacts/table/PST045215/00](http://www.census.gov/quickfacts/table/PST045215/00)
Appendix C: Case Study Examples

Jewish Vocational Services (San Francisco, CA)

For more than 40 years, JVS (Jewish Vocational Service) has strengthened the Bay Area community by helping Bay Area job seekers to build in-demand skills and confidence, make connections and secure work within a career pathway. JVS transforms lives by helping people build skills and find jobs to achieve self-sufficiency.

Program Overview

The Program called Excellence through Community Engagement and Learning (EXCEL) is a partnership between the University of California, San Francisco (UCSF), one of the biggest employers in the Bay Area, and Jewish Vocational Service (JVS), a workforce development agency in San Francisco. The program trains individuals work at UCSF in Medical Administrative Assistant positions.

Population Served

Eligibility has been limited to participants on public assistance (CalWorks, California’s federally funded welfare program, or Personal Assisted Employment Services [PAES], a San Francisco support program for low-income adults); they must be eligible for Workforce Investment Act funding; they must have a 7th grade reading and math level and a high school diploma or GED; and, they must pass the background clearance and drug screening required by UCSF. Since 2010, nearly half have been between 25 and 34 years of age, about one-fifth have been transition-age youth (18-24), and most participants were supporting children, including 73 percent with children living at home and 6 percent non-custodial parents.

Program Components and Partners

Following ten weeks of customized vocational and basic skills training, EXCEL participants are placed in paid, four-month internships at UCSF as administrative assistants. Each participant works 32 hours per week, and returns to JVS one day a week for continued instruction and peer support that aligns with and reinforces the work-based training.

Additional services, including emergency basic needs assistance, healthcare and childcare, are provided through Workforce Investment Act funds, CalWorks and PAES, and the City and County’s Human Services Administration.

Partners

University of California, San Francisco (UCSF), one of the biggest employers in the Bay Area, and Jewish Vocational Service (JVS), a workforce development agency in San Francisco.

Keys to Success, Variables and Factors

UCSF’s involvement in and commitment to the EXCEL partnership with JVS ensures the relevancy and impact of the curriculum and internships; facilitates transition into Interim Staffing and unsubsidized employment; and positions graduates for career ladder progression within the institution and the industry. UCSF’s Vice Chancellor of University Relations, Barbara French, plays a leadership and promotional role, internally as well as externally to engage funders and other stakeholders. UCSF
supervisors serve as mentors for EXCEL participants and work closely with JVS staff to ensure that additional training or support needs are met early on during the internship, supporting participants’ long-term success in the program and post-placement. Interns are trained both on the job and in class to match the requirements of each job site, and to prepare them for real world healthcare employment in the future.

**Contextualized Instruction and Support for Student Transformation:** EXCEL’s community-based training model engages participants in an intensive six-month learning experience that re-shapes their understanding of education, employment and themselves. Classroom instruction is cohort-based, and students form trusting and supportive peer relationships. Instruction in basic grammar and math, computers, communication and customer service skills is contextualized to the healthcare field and the specific needs of UCSF, building internship strong foundation for workplace success. As they transition to work-based learning, students return from internships to JVS for weekly skills reinforcement, workplace communication role-play, and motivational check-ins. Importantly, the JVS program coordinator forms a bond with each student that extends from intake through training and placement, and is complemented during the internship by the worksite supervisor. These supportive relationships create continuity from the training environment to the worksite and constitute the foundation of the wrap-around support students need to overcome personal and practical barriers to training and career success.

**Customized Curriculum and Program Structure for Workplace Readiness:** EXCEL’s classroom curriculum builds skills in workplace-relevant English, math and computer applications; medical administration, including basics of electronic medical records and panel management; professional communication, problem-solving, emotional intelligence and interpersonal relations; and career development, including resume and cover letter writing, networking, interviewing and job search techniques. A UCSF representative visits JVS classroom sessions to hear student reflections and concerns, creating an effective feedback loop. JVS responds nimbly to both the skill needs of students and the training needs of UCSF.

JVS has made curriculum modifications in response to UCSF feedback including: strengthening hard and soft skills training, emphasizing professionalism and communication, increasing computer skills training offerings and time spent on training and practice (up to 12 hours per week), and designing the classroom experience to mirror the workplace (with a student ‘job’ description, sign-in sheets and professional attire and behavior guidelines). EXCEL’s unique blend of classroom training, integrated work-based learning (including site visits and guest speakers), personalized support and job search assistance equips each participant with the skills, experience, confidence and network connections that will carry them forward in their careers.

This program is always evolving based on the evaluation of the components and using feedback from participants and form the anchor employer about what worked within the program structure and components, ensuring that the program and the training meets the employers needs and also assists in post-training employment. Both JVS and UCSF note that having committed and dedicated leadership who can champion the program, find ways to support it financially and who can strategize together to solve any challenges that arise are critical to the program success and sustainability.

**Opportunity to Expand to Other Populations**
Given JVS’s track record of successfully partnering with healthcare employers, the program offered could be tailored to work with other populations such as youth and previously incarcerated. Recently, JVS was able to complete its first cohort of participant’s with John Muir Health.

Outcomes

JVS is currently on its 10th cycle of EXCEL, and those participants are about to enter their paid internships. UCSF guarantees each participant a paid internship slot. However, it does not guarantee post program placement.

In Excel’s first 9 cycles, 123 participants completed classroom training and paid internships, and 113 participants have been placed in employment (post-graduation). They have either been hired directly into a department or placed in the temporary staffing / float pool at UCSF. The roles they are trained through the Excel program to fill are Medical Administrative Assistant. They are trained to use the Electronic Health Record system that USCF uses. They also learn advanced medical terminology. These skills give them an advantage over other applicants who have not been trained on UCSF specific systems and processes, according to Lisa Countryman, Director of Program and Grants Development at Jewish Vocational Services, San Francisco, CA. They have primarily been placed at UCSF, but a few also at other health care provider organizations.

Challenges and Lessons Learned

JVS has extensive experience in working with these populations and as a result they made sure that the participants had the wrap around support they needed to be successful. As stated above most of the participants were on some sort of financial assistance program and could not afford to not be paid for work.

Atlanta BeltLine Healthcare Partnership (Atlanta, GA)

The Atlanta BeltLine Healthcare Partnership (ABHP) creates a pathway for individuals who live in BeltLine neighborhoods to reach a critical entry point into a healthcare career with a foundation that prepares them for future advancement.

Program Overview

The ABHP Partnership was initiated with a planning investment from Atlanta CareerRise in spring 2013, and a subsequent implementation investment in December 2013 to launch a pilot program, preparing the unemployed for entry into clinical and administrative healthcare careers at the Grady Health System.

Population Served

Clients served are typically unemployed or underemployed. Demographics:

- 94% female, average age 34 (range 18-55)
- 91.5% African-American
- Most are unemployed at entry – 36% have been unemployed more than six months
- 52% have school age children living with them
- 71% are single
- 25% have been homeless at some time
• 68% are on public benefits
• About one third have high school diploma, another one third have some college.

Program Components and Partners

The program includes a range of STRIVE training following the work readiness model. The program covers digital literacy, an Introduction to Healthcare at its core. Participants can choose to complete the Certified Nursing Assistant training or a Microsoft Office Certifications. The program also covers financial literacy.

Grady Health System and STRIVE. Participants also receive healthcare benefits through support of Kaiser Permanente to New Hope Enterprises.

Keys to Success, Variables and Factors

This program has been successful because it addresses a community and employer need. Like other successful programs outlined in this paper, the program is a collaboration of employers, education services providers who provide high-quality, employer-centered training that also meets the unique needs and challenges of the population served and lastly, the program has programmatic support by United Way who engages the right partners and coordinates funding and measurement of outcomes.

Opportunity to Expand to Other Populations

This program with its collaborative structure, its leadership through the United way, it strong and highly-engaged Anchor employer in Grady Healthcare and the targeted selection of high-quality education partners serves as a model for success for partnerships with all the populations.

Challenges and Lessons Learned

Challenges continue to be financial in nature. Grady is a bond-funded system and as a result may not have the financial support to continue with provide the staff to make presentations, provide career coaching and hosting the student interns. Recently, it laid off the Director of Workforce Development.

Outcomes

Of the 57 participants enrolled in the program, 53 completed the program. Of those, 37 got the Certified Nursing Assistant credential. 82% of participants were hired at Grady. This represents a savings to Grady in its cost to hire costs. Typically, it costs 40% of salary to hire one person. According to salary.com the national average Certified Nursing Assistant salary is $30,000. The individuals not hired at Grady went to other healthcare providers and 2 continued to nursing school.

EMS Corps (Alameda, CA)

EMS Corps launched in 2011 and is run by the Alameda County Public Health Department. EMS Corps provides young men between the ages 18-26 an opportunity to train for careers in emergency medical services, while also receiving case management, life coaching, mentoring, mental health and wellness support.

Program Overview
The EMP Corps program is a 5 month paid stipend program where participants receive Emergency Medical Technician (EMT) training. Participants also gain experience through internships and community service events. The program requires a 40-hour a week commitment to the core program during the 5 months. Upon graduation, participants pursue careers as EMT’s, fire fighters, emergency department technicians, or other work within a hospital setting. All graduates are expected to comprehend, apply, and evaluate the clinical information relevant to their roles as entry-level EMTs, and possess the technical proficiency to enter entry-level EMT or related healthcare profession.

Population Served

The participants in the EMS Corps program are primarily men of color from low-income communities. High school diploma or GED is a requirement for all participants. Background checks bar certain backgrounds prior to entrance into the program, because the EMT certification requires the same standard. For example, violent crimes and DUI charges bar individuals from EMT certification, and thus from EMS Corps.

Program Components and Partners

80% of the training program is focused around personal and career development. This includes programming related to transforming the lives of the youth, such as manhood development, wellness, motivation building, personal counseling, and civic duty development. The other 20% is centered on the technical training geared towards EMT training and certification. Case management services, life coaching, and job placement services are provided internally, while psychologists and wellness services are contracted. The EMT instruction was contracted until recently, but is in the process of being brought in-house.

Keys to Success, Variables and Factors

The key driver for the success of the EMS Corps is that there is a growing sentiment that the workplace should better reflect the communities they serve. The challenge to this goal, however, is the lack of a robust pipeline of workers who are qualified and skilled to fill the needed positions. EMS Corps has met this challenge by training a specific subset of the target population in a specific geography where minority men are underrepresented in the workplace. EMS Corps accept young men who are from the community and ready to serve. Furthermore, good retention results are ensured by providing them with permanent support services.

In addition, EMT workers are typically outsourced by hospitals through contracts with inter-facility transport providers. Therefore, there is the benefit of building a pipeline of workers from the target population with effective and customized training programs. Many healthcare institutions do not have the resources or interest in providing the type of training programs required for the target population participants to thrive in.

Opportunity to Expand to Other Populations

The best target population for EMT work is opportunity youth due to the physical work required. There is opportunity to expand into formerly incarcerated, but will require them to pass background checks.

Challenges and Lessons Learned
The program has been largely successful due to the high demand for trained EMT workers. However, there are a few challenges EMS Corps has faced from expanding further. The main obstacle has been the lack of funding. Increase in funding will allow the program to expand by accepting more participants into the program and enlarging the support staff. The second challenge has been in regards to transitioning the successful training program model into a revenue-generating social enterprise. Although EMS Corps has thought about building a social enterprise, the lack of resources and time has kept them from forming a strategic plan for a social enterprise.

Outcomes

Approximately twenty men enter into the EMS Corps program every six months and approximately eighteen of the participants graduate from the program. At the end of the program, EMS Corps guarantee a job to all graduates who pass the National EMS Certification Exam. Thus far, 60 out of 90 program graduates have become certified. Graduates found external employment as outsourced EMT workers, paramedic plus workers, and as EMTs in the fire department.

Opportunity Youth Development Programs

The employers interviewed for this paper have not historically targeted the populations REDF serves in an intentional way as a means to solving their workforce challenges. However, most employers used youth workforce development as a way to create a pipeline of future workers and to education youth on the vast array of jobs in the healthcare industry. However, when asked if youth from the target populations participated in their programs, they all stated they assumed some of the youth have experienced the issues of homelessness, a risk of dropping out of high school or a risk or history of minor convictions such as drug use. The youth work being done was primarily a “community benefit” or in an effort to increase a workforce pipeline.

Cedars-Sinai - Youth Employment and Development Health Academy (Los Angeles, CA)

Program Overview

Cedars-Sinai is a non-profit hospital and research institution delivering world-class care to patients from around the world. Cedars-Sinai has worked with disadvantaged youth from inner-city Los Angeles for the last 20 years. The Cedars-Sanai Youth Employment and Development (YED) Program serves a population similar to the target population that REDF serves. However, the participants in the program are currently attending a partner high school program. The Program Manager states that these youths have an extremely high risk of dropping out. As a result, one of the key objectives of the program is high school degree attainment.

The YED Health Academy was initially funded through Cedar’s Community Benefit Program. As it has evolved, various funding sources have participated, including funds from the Workforce Investment Act and private funders. Cedars-Sinai has also provided funding for the cost of having a dedicated program manager. As the YED program evolved in the 2000’s, the YED program also met a corporate objective to develop a diverse pool of workers to address workforce shortages.
Cedars-Sinai partners with Fairfax High school because of its proximity to the health system. The YED program serves 20 students each year and students participate in their junior and senior years of high school. Recently, the health system committed to developing an alumni program to support YED program graduates in pursuing and completing a college degree. At any given time, Cedars has 40 youth in the program between the sophomore and senior classes.

The program seeks to address:

- The low rates of Fairfax High School students who were graduating and who were pursing higher education
- Workforce shortages and lack of diversity in the healthcare field
- Lack of knowledge about the healthcare field among underprivileged and at-risk youth
- Economic and social disparities affecting Fairfax High School students and their families

The intended outcomes of the program are:

- Enhanced academic competence, critical thinking skills, communication skills, personal responsibility, commitment to the future, knowledge of diverse cultures
- Enhanced knowledge and understanding of careers in the healthcare field
- Enhanced job skills, work ethics and broader career readiness
- Enhanced interest in a health-related field of study and work
- Graduation from high school

**Population Served**

The demography of the program is 59% Hispanic, 13% Asian, and 17% African American. 72% program participants are female with an average age of 24.

- Enrollment at an institution of higher education after graduating from high school
- Impact on decisions about higher education, especially enrollment in a health-related field of study
- Impact on decisions about employment, especially employment in a health-related field of work

**Program Components and Partners**

The YED Program includes the following components:

- Dedicated Cedars Program Manager who runs all aspects of the program and partnership
- A Health Academy Class, which includes CPR and job skills training, earning school credit through classroom discussions, medical center tours and hands-on experiences at Cedars-Sinai
- Cedars-Sinai employee mentor relationships
- Student placement in a healthcare department
- A student stipend

The students work throughout the health system in clerical positions in clinical and non-clinical areas. The program is offered in a health academy format requiring that the students complete a weekly job shadow assignment that includes a written, graded assignment in a different department within the system. Each student makes a commitment to maintain good attendance in the program.
Common placements include Imaging, Human Resources, Pediatrics, Psychiatry, Emergency Department, Comprehensive Transplant Center, Community Health and Education, Obstetrics and Gynecology, Medical Genetics and Nursing administration.

**Keys to Success, Variables and Factors**

- Dedicated program manager at the employer and at the school are vital to success
- Dedicated sponsor within the Cedars-Sinai executive team who advocates for program funding during budget cycles
- Ability to show the value of the program against other, competing initiatives within the employer or the school district
- Reportable outcomes that can be tied to business impact including:
  1. The overall impact on the participants (graduation rate from high school, placement into Cedars or another provider, volunteer opportunities in a healthcare setting)
  2. The impact on participants, professional and personal growth
  3. The impact on pursuit of higher education
  4. The impact on career path
  5. Positive impact on Cedars-Sanai staff
  6. Impact on partners and their ability report positive outcomes for funding provided
  7. Impact on the wider community

**Opportunity to Expand to Other Populations**

The model Cedars-Sanai has used has been presented at multiple healthcare conferences and workforce development convening such as the American Society for Healthcare Human Resources and in the American Hospital Association.

The YED program has been model for several work-based programs in California. For example, John Muir Health in Walnut Creek structured its summer internship program using the Cedars-Sinai model. They had an executive sponsor, a dedicated program manager, and utilized a standard interview process that involved hiring managers in selecting the interns.

Instead of working with just one school, they opened the program up to youth throughout out the county. They engaged the Department of Education and received funding to have a high school teacher onsite. The teacher also managed the students and worked through any performance issues. The teacher also ran a weekly 6-hour class for students, covering medical terminology, anatomy and CPR certification, so that students could receive credit toward high school graduation.

John Muir established regular career exploration workshops and weekly job shadows so that students were able to experience all the departments within the system. The program at John Muir was discontinued due to discontinuation of Workforce Investment Act Funding, which paid for student stipends.

More broadly, the John Muir Summer Internship Program was used as a guideline for the Contra Costa Economic Partnership and Workforce Investment Board’s Summer Employment Program, which served a diverse group of county youth, providing summer employment across multiple industries and employing 1,000 youth across the county each summer.
A key component to the county Summer Employment Program that was different from Cedar’s and John Muir’s was providing a framework of soft skills education that resulted in obtaining a Work Ready Certificate. The Certificate was to be used to show employers that the participants obtained key hard and soft skills for the workplace. This component, if replicated, would need to be vetted in advance by employers.

Finally, these programs solved a business need that the employer had. For example, all reported a shortage of workers at various times and in different roles that would negatively impact their ability to deliver care. Each employer had already done significant work to optimize their human capital recruitment and retention programs, including developing solid college relations programs, student training, and rotational programs with the colleges. They had already enhanced their recruitment advertising, employee referral, and signing bonus programs to compete for talent. They had already launched incumbent worker training programs and scholarship programs. However, these efforts and investments still would not ensure the ability to have enough workers to provide care given their analysis of patient volume.

Challenges and Lessons Learned

The YED Program stated that throughout the 20 years of their program, they have faced challenges across all spectrums of the program. For example, the partner high school has experienced frequent changes in administration, and as a result, support for the program has varied. Both Cedars and Fairview have faced financial challenges throughout the years, putting the program in jeopardy numerous times.

The program management staff has been moved from the Clinical Education Department to Human Resources and now resides in Recruitment. Each time the program has moved, it has had to reestablish its importance within the department so that it would be adequately staffed and funded.

The Program Manager also reported that in general the youth served has been challenging to manage. They stressed the importance of engaging parents early on, setting expectations and boundaries, as well as keeping the lines of communication open. Having a dedicated Program Manager has been essential to their success.

Lastly, the program came under scrutiny again recently as Cedars-Sinai worked to cut costs and reduce “non-essential” programs. As a result, they conducted a full program audit and put in place measurement programs so they can report on key measurements.

Instituto Del Progresso Latino (Chicago, IL)

Instituto Del Progresso Latino Program Overview

Instituto Del Progresso Latino’s mission is to contribute to the development of Latino immigrants and their families through education, training, and employment that fosters full participation in the changing United States society while preserving cultural identity and dignity.

In the last 5 years, Instituto has increased its work with youth, acknowledging the importance of inspiring educational aspiration and developing life skills at an early age. The emergence of Instituto’s Youth Development Department responded from the philosophy that sustainable community
development must include effective programs for youth. Instituto offers 3 youth programs: Escalera, The Instituto Health Sciences Career Academy, and the Instituto Justice Leadership Academy (IJLA).

The larger goal of the Youth Development Department is to promote learning supported by family engagement that produces more high school and college graduates. By offering a comprehensive multi-age youth program, participants will grow into self-sufficient adults who are active agents for change in their community, reinforcing positive behavior that creates a legacy for younger generations to follow.

*Escalera Program Overview*

Escalera is a 15-month after-school program that provides participants with an opportunity to learn about options available for the future. The program provides mentoring and support that encourages graduation from high school. They review options for continued education and work with students to obtain financial support to pursue higher education. The aim of the program is to:

- Encourage students to graduate from high school
- Prepare for higher education by learning about different types of colleges and universities
- Explore career opportunities based on academic strengths, personal interests, and industry demands
- Assist participants in obtaining financial support for continued education

*Instituto Health Sciences Career Academy (IHSCA) Program Overview*

IHSCA is a charter high school that serves Chicago-area youth. They provide job readiness certifications in entry-level positions with higher wages at the healthcare sector and offers a college preparatory and health sciences curriculum. Courses are held at the IHSCA campus in a cohort model similar to a regular high school.

IHSCA offers all the courses that is needed to prepare students for college, including language arts, mathematics, computers, English, and Spanish, while preparing them for a career in health sciences.

*Population Served*

The program serves high school students from the greater Chicagoland area. More specifically, the program serves Latino high school students with limited proficiency in English, coming from a working poor family, with previous poor academic performance. They are often the first in the family to attend college, and have juvenile records or issues with legalization status.

*Partners*

In 2003, Instituto partnered with the National Council of La Raza and the PepsiCo Foundation to develop a pilot college-bridge program that would address barriers to education, employment, and economic mobility amongst Latino youth.

IHSCA partners with the Chicago Public Schools, Resurrection University, Baxter, Metropolitan Chicagoland Health Council, Rush Medical Center, and University Illinois at Chicago
**Key to Success, Variables and Factors**

Instituto has created different programs based on individual population need and has the funding support to do so from large employers. Furthermore, they have aligned themselves with the Department of Education for the greater Chicago area and well-regarded academic institutions that are recognized by employers for providing quality.

**Opportunity to Expand All Instituto Programs to Other Populations**

The approach of removing barriers to employment, such as low English proficiency and focus on community and family engagement, are keys to success that can be replicated to other populations. Involving the family in the program, having frequent communication about the program builds trust and supports regular attendance and completion.

Another promising approach at Instituto is using competency-based education. Competency-based education is a newer concept being embraced by healthcare employers at the college level because it allows students to work and advance at their level of competency. The traditional cohort model moves students at the same pace, which can lead to frustration by students who grasp concepts more quickly and increase risk of drop out for those who do not. This model which is utilized by Western Governors University and College for America, could be highly effective in getting some participants work ready more quickly and provide the additional time and training for those who need additional help.

**Johns Hopkins Hospital and Health System**

**Program Overview**

Johns Hopkins Health System (JHHS), headquartered in Baltimore, Maryland, is a $7.7 billion integrated global health enterprise and one of the leading health care systems in the United States. JHHS unites physicians and scientists of the Johns Hopkins University School of Medicine with the organizations, health professionals and facilities of The Johns Hopkins Hospital and Health System.

JHHS’s human resources department has long been challenged to find enough qualified workers to meet its ever growing needs. They realized that soon, there would not be enough workers for the jobs they needed to fill. Part of their recruitment strategy became to hire a non-traditional population: including ex-offenders. Each year, there are as many ex-offenders released from Maryland’s prisons as are employed at the Johns Hopkins medical complex in East Baltimore. JHHS sought to find ways to reintegrate these people back in to society through meaningful employment with the institution—thus reducing rates of recidivism.

JHHS also leverages the university and health system’s purchasing power to support Baltimore City businesses and influence non-local businesses to hire, source, and invest locally. Moving forward, JHM aims to:

- Increase spending with businesses, especially minority and women-owned businesses, in Baltimore City by $6 million over the next three years by focusing on specific purchasing categories
- Work with 24 non-local suppliers over the next three years to create development plans that outline how they will hire, procure or invest in Baltimore.
Increase outreach to local, minority, and women-owned businesses and engage them in the competitive bidding process

Support the efforts of Johns Hopkins employees to buy local by providing a directory of pre-screened

Population Served

JHHS aim to have 40 percent of new hires for targeted positions come from Baltimore neighborhoods in selected ZIP codes by 2018.

In 2010, five percent of JHHS’s 2,000 new hires – or 100 people – had a criminal record, some with multiple offenses. Most secured entry-level positions, but some were placed in highly-skilled work. Retention has also been strong. One-year retention rates are at least as strong as traditional employees (80% retention). A random sample looked at 79 offenders who worked for JHHS from 2000-2005. Of these employees, 73 still worked for JHHS and only one person from the sample had been involuntary terminated.

Partners

JHHS works with local community partners, such as homeless shelters and faith-based groups to provide additional services. These local partners also offered mentoring and coaching sessions for the ex-offenders.

Unicor

Program Overview

Federal Prison Industries (commonly referred to as FPI, or by its trade name UNICOR), is a wholly-owned government corporation established by Congress on June 23, 1934. Its mission is to protect society and reduce crime by preparing inmates for successful reentry through job training.

Each Federal prison has its own education department that provides education and recreational activities to federal inmates. While inmates have access to a variety of educational programs, literacy education receives the highest priority. With few exceptions, an inmate who does not have a GED credential must participate in a literacy program for a minimum of 240 instructional hours or until he or she earns a GED credential.

UNICOR assists private firms that compete for government contracts by allowing them to purchase manufacturing time and to subcontract parts and services directly through UNICOR.

Population Served

The program serves prisoners in the Federal Prison System.

Program Components and Partners

- The English-as-a-Second Language (ESL) program enables inmates with limited English proficiency to improve their English language skills. Due to legislation passed in 1990, non-English proficient inmates must participate in an ESL program until they pass competency skills tests at the eighth grade level.
The Bureau of Prisons provides a wide range of occupational training programs, which give inmates the opportunity to obtain marketable skills. Course offerings are based on general labor market conditions, institution labor force needs, and vocational training needs of inmates.

- Apprenticeship programs, which are registered with the Bureau of Apprenticeship and Training of the U.S. Department of Labor.
- Adult Continuing Education (ACE) activities are formal instructional classes designed to enrich inmates' general knowledge in a wide variety of subjects, such as writing, foreign languages, and math. Parenting programs are offered throughout the Bureau of Prisons. These programs are designed to help inmates maintain family ties and parental bonds during incarceration. Activities include parenting education, community-based social services, family literacy programs, and parent/child visiting room activities.

*Keys to Success, Variables and Factors*

The UNICOR programs appear to be successfully working with the industry because they can provide labor to companies at a lower cost. Many of the services they provide are services needed in the healthcare industry such as manufacturing apparel, contact/call center support, data system support, food service products and laundry services.

*Opportunity to Expand to Other Populations*

The programs address skill gaps that many of the target populations may have including the need for improved English language proficiency. Furthermore, they seek to provide work-based technical skills in areas that are needed within the healthcare setting or that are provided through contractors to healthcare providers. Partnering with them could create a pipeline of workers who are better prepared to find employment once they are released. A pre-release series of technical training programs could be developed in partnership with employers or contractors to healthcare providers for specific services.

**California Reentry Institute**

*Program Overview*

Established in 2003, California Reentry Institute (CRI) is a pre and post release program for inmates serving in the California Department of Corrections and Rehabilitation at San Quentin State Prison. The California Reentry Program at San Quentin helps inmates re-enter society after they serve their sentences. It is one of the largest prisons in the United States with a population of 4,223 inmates as of October 30, 2013.

*Population Served*

The California Reentry Institute works with the inmates at San Quentin Prison.

*Program Components and Partners*

CRI believes that it takes a minimum of 18 months to 2 years to prepare for release from prison. The program called the CRI Empowered Reentry program is run by an experienced team with strong curriculum designed to provide education and life skills.
The program is voluntary and focuses on self-assessment and self-awareness. CRI believes that there has to be a cohesive transition from incarceration to freedom. In order to be successful graduates must have a “safe place” to go upon their release. A place where they can continue the work they have started and have assistance with adjusting to life on the outside, gaining employment, and reconnecting with family and community.

**Partners**

CRI partners with the San Quentin Prison.

**Opportunity to Expand to Other Populations**

This program could be easily replicated in other prisons within the California Correctional System.

**Challenges and Learning Lessons**

These programs require financial support and cooperation among state and local agencies. To do so will take time and significant communication. Implementing a program will require hiring staff to develop, manage, and train program participants. To be successful in placing participants, employers will need to be engaged early on in the process and their full commitment to hire individuals will need to be secured.

**Centerforce**

**Program Overview**

Established 40 years ago, Centerforce educates, advocates, and supports people who are incarcerated, their families, and communities impacted by incarceration. Centerforce has a number of programs operating at the prison: (1) the Peer Health Education Program provides effective and culturally appropriate health information to men currently living in prison; (2) the Back to Family Program provides education and support for men to effectively reunite with and support their families; and (3) a number of case management programs to assist men in re-entering their communities.

**Population Served**

Centerforce works with youth offenders who are incarcerated or at risk of incarceration.

**Program Components and Partners**

Centerforce offers youth offenders a second chance through restorative justice, peer accountability and empowering opportunities. They engage all youth, especially those at risk of entering the juvenile justice system, in empowering experiences related to law and justice with the aim of changing young lives and impacting communities.

Project START is a 6-session individual-level intervention for people soon to be released from prison. It incorporates features of prevention, case management, motivational interviewing, and incremental risk reduction.

Focusing on the provision of HIV, STD, and Hepatitis education and skills training as well as the development of self-identified risk-reduction goals, the program also determines individual reentry
needs and provides referrals for housing, employment, finances, substance abuse, mental health treatment, and legal issues.

Centerforce was one of four research sites funded in 1999 by the Centers for Disease Control and Prevention (CDC) to develop and pilot-test an HIV prevention intervention for young men leaving incarcerated settings. Project START is funded by the CDC’s Division of HIV/AIDS Prevention, Prevention Program Branch. Centerforce provides the program at San Quentin State Prison, Central California Women’s Facility, and Valley State Prison. To-date, Project START has reached 250 individuals.

**National Organization on Disability**

*Program Overview*

The National Organization on Disability (NOD) has been a leader in advancing opportunities for people with all kinds of disabilities for over 30 years. Known for its standard-setting data and its best-in-class disability employment models, today NOD is focused on increasing employment opportunities for people with disabilities by helping companies welcome and support individuals with disabilities as part of a diverse and productive workforce.

In 1994, NOD launched its student internship program, Start on Success (SOS), to help high school students in underprivileged communities gain paid internship experience and achieve a foothold in the working world. SOS students spend a portion of their day in paid, entry-level positions at local businesses. Their job-site supervisors are company managers who often become mentors, career guides, and skill developers. To be certain that the student interns provide valuable service to the companies, and that the supervisors contribute to a positive difference in student’s lives, companies need to be thoroughly involved in the design, execution, and evaluation of every SOS effort.

*Population Served*

NOD works with high school students with a disability, socioeconomic background, or other cultural factors.

*Partners*


*Opportunity to Expand to Other Populations*

Given the high engagement of employers the messaging used could be a key component in engaging health care employers with the target populations.

*Keys to Success, Variables and Factors*

NOD has a robust CEO Council filled with leadership from national organizations. They encourage corporations in particular to use this program to improve their corporate brand reputation.
In addition to their ability to understand the messaging to corporations, they have measured the impact of the programs implemented. In addition, they provide many case studies on their website along with research about best practices for recruiting and retaining these individuals, making it easy for an employer to participate using the road maps provided.

**Holy Angels Residential Facility**

*Program Overview*

Holy Angels is a residential and training campus for individuals with intellectual and developmental disabilities. It operates a licensed residential training facility, serving approximately 184 individuals with intellectual and developmental disabilities whose ages range from newborn to older adults.

*Population Served*

Holy angels work with individuals with intellectual and developmental disabilities.

*Program Components and Partners*

Holy Angels employment program, known as AngelWorks, has gained them recognition from CareerSTAT as a Frontline Worker Champion in 2014.

AngelWorks offers day program services for current residents and for individuals with disabilities who live in the community who are at least 18 years of age. AngelWorks provides meaningful work for these participants through four Social Enterprises: Business Services, Culinary Arts, Horticulture, and Visual Arts.

Holy Angels offers complete services, which include training in basic adaptive skills, vocational education, community and social skills, and recreational skills. In addition, the facility provides ancillary services such as occupational therapy, aquatic exercise, dental care, psychiatric and psychological care—all overseen by the Medical Directors and staff of registered nurses and licensed practical nurses.

Community partners in providing these services include Shriners Hospital and LSU Health Sciences Center. Resident healthcare is supported by consulting physicians and hospitalization at Willis-Knighton Health System, Sutton’s Children’s Hospital, and CHRISTUS Schumpert Health System.

Residents gain self-esteem and job satisfaction by participating in AngelWorks, Holy Angels’ social enterprises. At the present time, residents may participate in several enterprises, including business services (shredding and collating), visual arts (sewing crafts, jewelry making, and art), and culinary arts (cookie baking). The horticulture enterprise opened in February 2011 with vermicomposting.

Services are supported by outpatient therapy centers, consulting physicians and dentists, Caddo Parish Schools, a computer lab, two gyms, indoor and outdoor pools, a chapel which provides weekly church services, and a gift shop which markets products and services made by the residents.

*Keys to Success, Variables and Factors*
The program has been successful due to the highly flexible nature of the employers involved. Early on, they tried to put together specific, consistent job descriptions. However, they found that the participants were more successful when the role was designed around their specific strengths and abilities. She also notes that because the participants also live on site that they are able to provide comprehensive case management and reinforcement of acceptable behaviors in their living environment and at work.

Frequent and open communication with the employer and the family of the participant has been critical. The relations with employers flourish because problems and challenges are proactively addressed.