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An Evaluation of Michigan Regional Skills Alliances (MiRSAs): Interim Report

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An Evaluation of
Michigan Regional Skills Alliances (MiRSAs)

Interim Report

Prepared for the
Michigan Department of Labor and Economic Growth

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I. Introduction

The Michigan Department of Labor and Economic Growth (DLEG) has launched an initiative to assist local areas in developing industry-based partnerships. The State has awarded grants to Regional Skills Alliances (MiRSAs).1 These partnerships bring together key local entities to address workforce issues affecting firms operating in the same industry in a distinct geographic area. The overall goal of MiRSAs is to provide Michigan employers with a highly skilled workforce and to provide Michigan citizens with jobs with good wages and opportunities for career advancement. Studies have documented the effectiveness of sectoral employment initiatives in meeting the needs of businesses and expanding job opportunities for workers, particularly when workers are provided training for specific skills demanded by local employers. By providing financial support and technical assistance to RSAs throughout the state, Michigan is attempting to promote the widespread replication of the success of sectoral approaches.

The Mott Foundation has funded the W.E. Upjohn Institute for Employment Research to evaluate the MiRSA effort. This interim report provides a preliminary view of the success of this important effort. The evaluation study was intended to comprise both a process evaluation to assess the formative activities of each MiRSA during the (planned) twelve-month life2 of the grant and an outcomes evaluation that will attempt to gauge the impact on participants within each MiRSA and on the economic vitality of its industry and region.

As it turns out, most of the MiRSAs are not providing training, or are conducting incumbent worker training in which the identification numbers of participants are not tracked, so it is not possible to obtain outcome information. Therefore the focus of the evaluation has shifted to focus virtually completely on the process evaluation.

In this report, we provide a general discussion of the MiRSA initiative. Next we present a summary of results from a survey of staff and employers affiliated with the MiRSAs. The focus of this survey, which was conducted in January – March 2005, was on the collaborative capacity of the RSAs. After discussing this survey, the report turns to a summary of findings from a series of site visits to the RSAs. These site visits occurred in Spring 2005. Finally, the report presents some interim findings and hypotheses. Formal site visit reports are appended to this document.

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1 In Fall 2004, DLEG awarded 12 RSA grants. A 13th project located at Lake Michigan College in Benton Harbor that focuses on emerging technology, actually funded by an MEDC grant, has been considered an RSA. These 13 RSAs are the focus of this report. In Summer 2005, DLEG funded another six RSAs. These entities are not part of this evaluation document.

2 Note that DLEG has allowed the grantees a time extension into the next fiscal year (2005/2006).
II. The Michigan Regional Skills Alliance Initiative

The goal of the MiRSA initiative is to increase the skills and labor market success of individuals in the region and to provide a collaborative mechanism from which local employers will reap significant benefits in terms of availability of a more skilled workforce. For workers, these benefits may include outcomes such as an increase in skill levels, increased employment entry rate and job retention, higher earnings level and benefits, and earnings growth. For employers, these benefits may be lower labor turnover, higher earnings growth, greater productivity and profitability, or fewer job vacancies.

The intent of the MiRSA initiative was for each one to have the following characteristics:

1) Be employer driven.
2) Foster employer collaboration with the workforce system.
3) Provide an integrated system for job seekers by bringing together key businesses and workforce organizations in a region.
4) Facilitate systemic change within the local labor market by engaging key community and business leaders.
5) Focus on business results with specific, concrete performance outcomes, such as reduced costs of recruitment and turnover and increased productivity.

Through the first six months of operation, most of the MiRSAs had, in fact, accomplished the first four of these characteristics. By and large, the RSAs were being led by employers (or private sector unions). Considerable collaboration between the workforce system and key employers had taken place. Furthermore, most of the RSAs had included key community leaders in their activities. While “systemic change” may be too grandiose a term to characterize the impact of the RSAs, it does seem clear that awareness and collaboration had occurred to the point where workforce organizations and labor market intermediaries are putting priority on the targeted sector. As for the fifth characteristic, we would say that while the RSAs have brought the workforce system and employers together, we saw little evidence of tracking specific employer outcomes.

The RSAs that were funded varied substantially, although eight of the 13 focused on health care. Three were generally in the area of manufacturing, and the other two were in construction and public utilities. Note that the lack of export-based sectors suggests that the MiRSA program is implicitly aimed at enhancing the competitiveness/profitability of employers as well as facilitating the entry of workers into occupations in demand. It would be a considerable stretch to ascribe any business attraction or retention impacts to the RSAs.
Across the nation, one generally observes sectoral approaches in fairly narrowly defined geographic areas; usually single labor market areas. Some of the MiRSAs follow this model; but many of them don’t. In particular six of the health care RSAs cover very large, multi-county areas. Five of the other RSAs operate in a single labor market area (county or urban area), and the other two are essentially specific occupational training programs (nanotechnology and lineman technology).

The origins and backgrounds of the MiRSAs varied to some extent as well. The entire initiative was new to the state, so none of the entities existed as a regional skill alliance per se. However, some of the entities had been in existence and collaborations had been established prior to the MiRSA funding. In these cases, the RSA was more or less established as a new project or new activity for this entity. Seven of the MiRSAs fit the description of being an existing collaboration/partnership prior to the grant award, whereas the other six involved forming stages.

The RSAs were not limited to existing workforce boards or their Michigan Works! Agency administrators. However MWAs are the convener for nine of the 13 RSAs. The other four include a labor organization, two postsecondary training programs, and a CBO.

The following paragraphs provide a thumbnail sketch of the 13 RSAs:

**MID-MICHIGAN CONSTRUCTION ALLIANCE**
**Industry: Construction**

The Mid-Michigan Construction Alliance is an association of construction trades unions and unionized contractors in Central Michigan (Lansing area). This MiRSA is providing training in computer technology to contractors, but its main initiative is to improve the process and content of career information that gets distributed to high school students. In the past, various Joint Apprenticeship councils independently provided career information to schools. By consolidating the career information that is distributed to schools and by attempting to reach a wider array of districts than has previously been done, the MiRSA has ambitious plans to attract a much higher “quality” student into its occupations and jobs. The benefits to employers will be higher productivity and reduced turnover. The benefits to workers will be more stable, and higher paying, careers.

**LAKE MICHIGAN COLLEGE EMERGING TECHNOLOGIES**
**Industry: Nanotechnology and Microtechnology**

The underlying idea for this MiRSA is to facilitate the State of Michigan’s workforce preparation for emerging technologies including microtechnology and nanotechnology. Many leading academics and research organizations throughout the

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3 The six projects in the Aspen Institute’s Sectoral Employment Development Learning Project (SEDLP) were Asian Neighborhood Design, San Francisco; Paraprofessional Healthcare Institute, South Bronx, NY; Garment Industry Development Corporation, New York; Focus: HOPE, Detroit; Jane Addams Resource Corporation, Chicago; and Project Quest, San Antonio.
United States are conducting the theoretical and applied research to develop these technologies. Lake Michigan College is developing materials for training technicians and other workers for full-scale implementation of these emerging technologies in the workplace. The Lake Michigan College initiative is a "statewide" MiRSA, but receives no MiRSA funding. It is funded in part with an EDIT grant from MEDC to the Whirlpool Corporation. The main goals of the initiative are to develop a (credit-bearing) curriculum that can be used in an Associate Degree program in Emerging Technologies and to install a "clean room" at the Benton Harbor M-TEC that can serve as a laboratory for this curriculum. Furthermore, Lake Michigan College would provide that curriculum to any other Michigan postsecondary institution without charge, and staff feel that some of the curriculum may be appropriate for career and technical education programs at the secondary level.

**SOUTHWEST MICHIGAN HEALTH CARE ALLIANCE**

**Industry:** Health Care

This MiRSA is "jointly convened." The fiscal agent is the Calhoun Intermediate School District, which is the Michigan Works! Agency for Barry/Branch/Calhoun Counties. However, the Kalamazoo/St. Joseph Michigan Works! Agency and the Berrien/Cass/Van Buren Michigan Works! Agency are also administering the grant. The organization appears to be quite decentralized; in fact, it seems to effectively be three parallel RSAs. The three organizations have initiated a "full plate" of activities. Their main focus has been on health care summits; one held in the first year of the grant and a second one planned for the next year. In addition, all three MWAs have prioritized a share of their incumbent worker training funds for skills upgrading in health care establishments. Finally, this MiRSA has received an external grant from CAEL to establish registered apprenticeships in health care.

**UPPER PENINSULA HEALTH CARE ROUNDTABLE**

**Industry:** Health Care

This RSA builds on an existing collaboration that had, prior to the MiRSA grant, initiated several activities. In 2002, the workforce investment board/Michigan Works! agency facilitated the formation of a collaboration of health care providers (mainly acute care) named the Upper Peninsula Health Care Roundtable. This collaboration worked with an organization called the UP Health Care Network, Inc. (formed about 10 years ago) to facilitate joint purchasing. Furthermore, it undertook a media campaign to recruit nurses who had left the profession and future nurses to go into the profession. Along came the MiRSA grant, which has helped extend the efforts of the roundtable. Major focuses of the MiRSA are to extend the collaboration to facilities in the western UP and in the eastern UP and to look more broadly at health care occupations and industry

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4 The initial collaboration was facilitated by the Job Force Board, which is the MWA for the central section of the Upper Peninsula. Part of the objective of the MiRSA is to extend the collaboration into the area served by, and to involve the other two MWAs in the UP. Unlike the Southwest Michigan RSA, the structure here is one in which a single MWA receives the grant funds, and actively invites the
(beyond just nursing and acute care.) Thus there has been considerable effort invested in career laddering, and long term care facilities have joined the collaboration.

WEST CENTRAL MICHIGAN HEALTH CARE REGIONAL SKILLS ALLIANCE  
Industry: Health Care

The Alliance covers 12 counties and is a partnership of five MWA’s and an organization called the Alliance for Health. As with the Upper Peninsula Health Care Roundtable, one of the MWA’s—the Muskegon /Oceana Consortium—serves as the convener organization and makes most of the administrative arrangements/decisions. Given the distress that had been occurring in manufacturing in the area, the MWAs looked toward health care as a potential source of well-paying jobs for dislocated workers. So it was natural for the five MWAs to team up with the Alliance for Health, which was the regional health planning agency for the 12 county area. The RSA was slow to get started, and as of April 2005, the major accomplishment of the MiRSA had been putting together the structure and agreeing upon directions to pursue. A strategic planning session had been held in January 2005 that resulted in the adoption of four general goal areas: Increase skilled workers in key occupations; Establish uniform assessment processes; Establish and maintain collaborative relationships; Offer appropriate training.

NORTHWEST MICHIGAN REGIONAL HEALTH CARE INDUSTRY SKILLS ALLIANCE  
Industry: Health Care

The Northwest Michigan RSA builds upon several regional initiatives that were underway before the Northwest Michigan Council of Governments (NWMCOG) convened key industry and educational partners in the area to establish the MiRSA. Five initiatives were particularly important in the creation of the MiRSA. The first is the Health Education Institute, which is a collaborative partnership of Northwestern Michigan College and the Munson Healthcare Network. This network includes six hospitals plus educational and workforce agencies. The second is the work of the Community Services Network, which represents a collaborative network of agencies providing services to older adults in the region. A third is the North Central Council of the Michigan Health and Hospital Association. This organization undertook a study of workforce needs in the health care industry and established recommendations and priorities for action. Fourth, the Northwest Michigan Workforce Development Board included the study’s recommendations as one of three major goals in the regional strategic planning process. Fifth, after participating in the Day of Dialogue, convened by the Michigan Department of Career Development in 2001, NWMCOG brought together most of the partners involved in the current MiRSA, to create an entry-level training program called Basic Health Care Training. The purpose of the MiRSA was to continue to pursue these issues facing the health-care industry in the region and to strengthen the collaboration among the various partners. Another avenue of pursuit is to set up summer camps for youth to acquaint them with health care occupations.
EAST CENTRAL HEALTH CARE REGIONAL SKILLS ALLIANCE
Industry: Health Care

From the industry side of things, the predecessor entity for this MiRSA was the Hospital Council of East Central Michigan, and in 2002, this council identified workforce development as a priority issue that affected their profitability. Independent of the Hospital Council, the WIB and MWA staff had, as part of their strategic planning, identified health care as a strategic sector. (The MWA staff were surprised to observe that over 1300 of their WtW or WIA placements had been in health care over the previous 30 months.) Finally, Saginaw has an effective Chamber of Commerce-initiated group called the Saginaw Business Education Partnership. In 2003, this group and the MWA undertook a project to create and promote career ladders for 15 health careers. The MiRSA has coalesced these three initiatives and is expanding geographically by including two other MWAs. Furthermore it has reached out to the long-term care facilities in the area. The focus of the MiRSA is on career preparation/recruitment into the industry by removing bottlenecks keeping students out of health care occupations, facilitating better-trained entrants to the labor force, and retrieving health care professionals not currently working in the field.

NORTHEAST MICHIGAN HEALTHCARE WORKFORCE ALLIANCE
Industry: Health Care

The purpose of the Northeast Michigan Healthcare Workforce Alliance is to expose more K-12 students to careers in health care, to get more students into health programs offered by colleges and universities in the northern Lower Peninsula, and to attract trained health care professionals into north central Michigan hospitals. The MiRSA is a partnership of the North Central Council of the Michigan Health and Hospital Association, a healthcare provider association, and the Northeast Michigan Consortium, administrative entity of the Workforce Development Board, who have both identified for some time the healthcare sector as a major employer in the region and a key provider of employment opportunities for a broad range of skill levels. The MiRSA has established a work plan with two priorities to help address the identified healthcare workforce shortages:

1. For colleges, universities, and hospitals to partner to provide training programs in healthcare fields that are not currently offered in the area, such as radiology technicians, nuclear medicine technicians, etc., in which the first step might be to offer tuition reimbursements to current hospital employees to help defray the costs of these programs and to pool resources to provide local training

2. For the region’s high schools, higher education institutions, and hospitals to work together to develop a model summer camp for the region that acquaints middle school students with various health care careers.
CAREER ALLIANCE, INC. AND GREATER FLINT HEALTH COALITION  
Industry: Health Care

The MiRSA is administered collaboratively by two entities – Career Alliance, Inc., which is the Genesee County MWA, and the Greater Flint Health Coalition. A reason for the collaboration was that the MiRSA could be modeled after a workforce development project of the Greater Flint Health Coalition titled the Flint Healthcare Employment Opportunities (FHEO) project, which was operating at the time of the MiRSA solicitation. (Note that this project was just one of the activities of the Greater Flint Health Coalition.) This MiRSA builds upon the FHEO Project, which had focused on lower-skilled, entry-level positions, and had focused on recruiting disadvantaged adults from a particular area within the city of Flint. The MiRSA is expanding upon that effort geographically, by recruiting throughout all of Genesee County, and is focusing on facilitating the training of higher-skilled positions—such as LPNs and RNs. The ultimate value added of this MiRSA will depend on the extent to which it is successful in increasing the number of qualified nurses.

DETROIT LONG-TERM CARE RSA  
Industry: Health Care (Long-term care)

The convener for this MiRSA is the Detroit Workforce Development Department, but in collaboration with other MWAs in the metro area. Two prior groups had been in existence in Detroit that were dealing with health care training. One group, spearheaded by Detroit Public Schools and area universities, had focused on LPN training. This group has been superceded by the MiRSA, which also has changed the focus slightly. The second group has been led by the Detroit Regional Chamber of Commerce and is still in existence and is working on acute care employment needs, especially RNs. The MiRSA conducted and widely disseminated a survey of training and employment needs in the area. It has worked on standardizing the curricula for CNA and PCA training. Furthermore, the MiRSA intends to train and place 110 individuals in the industry; use incumbent working training dollars effectively; and be responsible for the start-up of at least one LPN program.

CAPITAL AREA MANUFACTURING COUNCIL/RSA  
Industry: Manufacturing

This MiRSA is a totally new entity, for which the Capital Area Michigan Works! agency is the convener. (The Council had begun to come together in Spring 2004 after exploratory planning meetings in 2003.) The model for the MiRSA was the Jackson (MI) Area Manufacturing Association (JAMA). The basic idea is to form an association-like group that focuses on manufacturing. The group meets formally on a periodic basis with speakers and programs of interest to the whole group. But in addition, the Council will develop a directory so that networking among employers can take place. A tangible product that the MiRSA will produce is an area wage and compensation survey. In addition, the convener has plans to increase the use of a pre-employment training program (M-STEP). This program will provide basic training on issues such as quality,
safety, and lean manufacturing for entry-level employees. The local chamber had started a similar effort prior to this MiRSA being formed, but that attempt did not succeed.

**GRAND RAPIDS COMMUNITY COLLEGE: THE SOURCE AND GOODWILL INDUSTRIES**

**Industry: Manufacturing and Health Care**

The convener for this MiRSA is the Delta Strategy, a community outreach department of Grand Rapids Community College. It applied for and is using the MiRSA grant to extend an employment retention model in both manufacturing and in health care. The larger share of the activity is in manufacturing, and is being delivered through the SOURCE. Delta Strategy is investing a smaller share of the grant in health care trying to replicate the activities that are being done by the SOURCE. This part of the grant is being undertaken by Goodwill Industries. The SOURCE, an acronym for Southwest Organizations Unifying Resources for our Community & Employees, is a community-based organization that provides training and employment supports for incumbent workers. The basic intervention is to have a retention specialist assigned to individuals who are placed in a company. The retention specialist cuts through red tape and does whatever it takes to help the individual retain their job. The SOURCE started in March 2002, and was funded through foundations and through EDJT grants prior to receiving the MiRSA grant funds. A group of about 8 employers in southwest Grand Rapids, where the individuals have been placed, also contribute operational funds. An innovation in this MiRSA is the attempt to broaden the model that has been successfully used by the SOURCE into the health care sector. They have had some success here, and have received some incumbent worker training funds from the local MWA.

**LAKE SUPERIOR COMMUNITY PARTNERSHIP ELECTRICAL LINE TECHNICIAN PROGRAM**

**Industry: Public Utilities**

The electrical line technician program operates at the Midwest Skills Center, which is a renovated building on the grounds of Sawyer Air Force Base, which was abandoned by the Air Force several years ago. It is located approximated 20 miles from Marquette and is being developed into an industrial park/airport. The line technician program is currently in its second year. It was started by the Lake Superior Community Partnership Foundation, which is a 501c3 organization that was originated to foster economic development. The line technician program is a one-year pre-apprenticeship program that results in a certificate. Northern Michigan University has an active sub-baccalaureate occupational education mission and programs, and it has brought the line tech program under its fold. Students in the line tech program are NMU students and pay tuition for their attendance. The MiRSA grant has been folded into the revenue for the line tech program, and is being used for several support activities – purchasing training equipment and materials, and developing recruitment materials.

More thorough site visit reports about each of the RSAs are appended to this report.
III. Collaborative Capacity Survey

The raison d'etre for a sectoral approach is for the key entities involved in workforce development—training agencies, educational partners, and employers—to collaborate synergistically to improve the caliber of the workforce in the sector and to provide well-paying careers for workers. However, effective collaboration requires structure. Our evaluation of the RSAs has used a framework that includes nine major dimensions that are critical for successful collaboration. These nine are the following:

1. Governance/decision making structure;
2. Employer engagement;
3. Alignment with existing workforce development organizations;
4. Use of data;
5. Communication;
6. Planning;
7. Client activities; and
9. RSA staff intervention

A brief description of these evaluation dimensions are given in the following paragraphs. A survey of the MiRSAs capabilities along each of these dimensions is included as an Appendix to the report.

1) Governance/decision making structure

The governance/decision making structure of an MiRSA comprises the agency(ies) that house the MiRSA, the location within the agency(ies), the staffing structure and staff experience, and the mechanisms that are established for flexible, but sound, decision making. An element of the governance/decision making structure is the project management mechanisms that are in place to track and report progress.

2) Employer engagement

Employer engagement is a vital element for MiRSA success. It is gauged by characteristics such as the percentage of the employers in the industry in the labor market area(s) that are involved (by number of firms and by employment), the extent to which key decision makers in the employer organizations are knowledgeable and involved, and the nature of the employer involvement. That involvement might range from having the MiRSA be employer-driven to having employers in an advisory role to infrequent employer contacts.

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5 Note that these dimensions align closely with the dimensions used to construct the Skills Partnership Self-Assessment Rating Sheet developed by Public Policy Associates. The dimensions in that document are External environment; Use of information; Employer engagement; Organization and structure; Training program alignment; and Performance measurement.
3) **Alignment with existing workforce development organizations**

MiRSAs are intended to supplement and make more effective the state’s public workforce development system. Thus the third evaluation dimension is alignment with existing workforce development structures. This dimension encompasses aspects such as the extent to which local workforce investment boards (WIBs) and their service providers are involved in and knowledgeable about the RSA, and the extent to which other local training and education institutions are involved.

4) **Use of data**

The fourth dimension assesses the extent to which data are used to identify skill shortages, to identify potential participants, and to monitor the performance of the collaboration as it matures. To be most useful, data have to be current, and they have to be presented in a succinct manner. The evaluation attempts to determine whether data are used to drive decisions or are just “window dressing,” that is not seriously considered.

5) **Communication**

Communication is a key factor in determining the success of the MiRSA. Each MiRSA needs to create awareness among the employer community and to recruit employer participation. Each MiRSA needs to communicate ongoing business items such as meeting times, agendas, and background materials for consideration by staff and decision makers. Finally, the MiRSAs need to report their plans and accomplishments to the public, to state administrators, and to all other stakeholders. Obviously effective communications are clear, timely, and appropriately disseminated.

6) **Planning**

The sixth dimension of effective collaboration is planning. The outcomes of planning activities that MiRSAs undertake are goals and strategies. The processes that are used to arrive at those outcomes vary by who is involved in the planning, the extent to which data are used to drive the planning process, the length of time, and the degree to which outcomes are measurable. An effective planning process will identify strategies that are used to meet goals and assigns responsibilities to individuals or agencies for spearheading the strategies.

7) **Client activities**

Ultimately, most of the MiRSAs offer one or more types of client activities such as training that will attract and prepare workers to enter firms within the targeted industry(ies) or upgrade the skills of incumbent workers. Depending on the local situation, the MiRSA’s activities may involve skill assessments, curriculum development, outreach and recruitment, training delivery, and/or placement.
8) Resource adequacy

Resource adequacy is an important determinant of the effectiveness of the MiRSAs and their continued impact. The grant funds will be a key catalyst, but they must be supplemented by in-kind and cash resources from other sources in order to be most effective. Sustainability beyond the initial grant will depend on finding adequate resources from partners or other funders.

9) RSA staff intervention

The final dimension is the extent and effectiveness of the assistance provided to local partnerships by the state RSA staff. These staff will help to resolve issues that might arise with contracts or state funding so that local staff does not get mired down in administrivia. They will share ideas and innovations and will be advocates for success.

In short, the evaluation framework for assessing collaboration posits that each MiRSA’s performance in these nine dimensions will explain their levels of success in achieving the goals that the State has put forth as well as their own goals. In the early months of 2005, a survey was sent to a sample of the partners and convener staff of all of the MiRSAs. The total sample size was 106, from which 61 responses were received. This response rate of 57.5% is quite high for a mail survey.

The survey asked respondents to self-assess their RSA along the nine dimensions. Within each of the nine dimensions, the survey asked for assessments of several factors. For example, the dimension of governance/decision making included four factors: Organizational prominence; Project staffing; Project management system; and Decision making structure. A rubric for a 1 to 5 scale was provided for each of the factors, where 5 represented “the RSA is operating at its highest level;” 3 represented “the RSA is operating at an adequate level;” and 1 represented “the RSA has addressed this factor in only a limited way, or it had inadequately addressed the factor.” If the respondent was unaware of a particular factor, they left the rating blank or used a 0.

Table 1 provides average ratings for the nine dimensions for each of the RSAs. These averages should be regarded as rough indicators of the early progress of the MiRSAs. For one thing, they are subjective self-assessments by the respondents. Secondly, a different number and mix of individuals responded for each of the RSAs. Note that the ratings exclude 0’s or blanks and are averages across all of the factors that comprise the dimension for all of the respondents from that RSA. Analyses of these data should bear in mind that they are baseline information that was gathered very early in the RSA process.

The bottom row of data provides the average rating for each of the nine dimensions across all of the respondents. These averages seem sensible. The highest ratings are for connections to existing workforce development agencies and planning. As noted above, nine of the RSAs were convened by MWAs, so the dimension of connections to existing workforce development agencies should be rated highly.
Naturally, one would expect that planning would be one of the initial activities undertaken by an RSA as it is getting underway. The next highest rated dimensions were technical assistance from state staff, use of data, and governance/decisionmaking. The relatively high rating for technical assistance from the state staff likely emanated from the newness of the program. The RSA convener’s staff likely interacted often with state and program officials as the entities established their operating procedures and partnerships. Presumably data were used in the planning activities. Finally, as the MiRSAs were getting underway, they established governing structures and committee structures, which is likely reflected in the rating for governance.

The lowest average rating, 3.52, for employer engagement is rather disconcerting. Clearly, the RSAs are placing considerable priority and investing time and effort to establish collaborations with employer partners. Perhaps the low rating reflects impatience. The other dimension that is rated low is for client activities, which reflects the fact that the RSAs were just getting off the ground at that time, and had not ventured far into the process of offering client activities.

Table 2 shows the ratings by role of the individual in the RSAs—convener agency staff member, employer partner, education or training partner, workforce agency staff person not affiliated with the RSA, or other. Not a great deal of variation exists across these roles; however, consistent with the first table is the fact that the lowest average ratings come from individuals who self-identify themselves as employer partners.
Table 1

Self-Assessed RSA Dimensions, by RSA

<table>
<thead>
<tr>
<th>RSA</th>
<th>Governance/Decision Making</th>
<th>Employer Engagement</th>
<th>Connections to Existing Workforce Development Agencies</th>
<th>Use of Data</th>
<th>Communication and Marketing</th>
<th>Planning</th>
<th>Client Activities</th>
<th>Resource Adequacy</th>
<th>Technical Assistance from RSA Staff</th>
<th>Overall</th>
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<tr>
<td>09: Flint</td>
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<td>4.00</td>
<td>3.50</td>
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<td>2.83</td>
<td>3.44</td>
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<td>3.98</td>
<td>4.63</td>
<td>4.34</td>
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<td>4.47</td>
<td>3.88</td>
<td>3.75</td>
<td>4.00</td>
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<tr>
<td>11: Lansing Manufacturing</td>
<td>3.79</td>
<td>2.92</td>
<td>3.83</td>
<td>3.83</td>
<td>3.78</td>
<td>4.06</td>
<td>4.00</td>
<td>3.56</td>
<td>3.67</td>
<td>3.71</td>
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<td>12: Grand Rapids</td>
<td>4.71</td>
<td>4.00</td>
<td>3.75</td>
<td>4.00</td>
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<td>4.67</td>
<td>4.83</td>
<td>4.33</td>
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<td><strong>TOTAL</strong></td>
<td><strong>3.70</strong></td>
<td><strong>3.52</strong></td>
<td><strong>4.00</strong></td>
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<td><strong>3.65</strong></td>
<td><strong>3.73</strong></td>
<td><strong>3.69</strong></td>
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</tbody>
</table>
Table 2

Self-Assessed RSA Dimensions, by Role of Respondent

<table>
<thead>
<tr>
<th>Role</th>
<th>Governance/ Decision Making</th>
<th>Employer Engagement</th>
<th>Connections to Existing Workforce Development Agencies</th>
<th>Use of Data</th>
<th>Communication and Marketing</th>
<th>Planning</th>
<th>Client Activities</th>
<th>Resource Adequacy</th>
<th>Technic al Assistance from RSA Staff</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: RSA Project Director/ Convener and</td>
<td>3.89</td>
<td>3.50</td>
<td>4.19</td>
<td>3.58</td>
<td>3.55</td>
<td>3.77</td>
<td>3.37</td>
<td>3.51</td>
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<td>2: RSA Agency Staff Member</td>
<td>3.51</td>
<td>3.50</td>
<td>4.36</td>
<td>3.76</td>
<td>3.43</td>
<td>3.75</td>
<td>3.37</td>
<td>3.11</td>
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<tr>
<td>3: Employer Partner</td>
<td>3.54</td>
<td>3.82</td>
<td>4.06</td>
<td>4.33</td>
<td>3.62</td>
<td>3.72</td>
<td>3.87</td>
<td>3.57</td>
<td>3.75</td>
<td>3.81</td>
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<tr>
<td>4: Workforce Agency Staff Member</td>
<td>3.72</td>
<td>3.58</td>
<td>4.25</td>
<td>4.05</td>
<td>3.76</td>
<td>4.08</td>
<td>3.91</td>
<td>3.93</td>
<td>3.82</td>
<td>3.90</td>
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<tr>
<td>5: Education or Training Partner</td>
<td>4.25</td>
<td>3.75</td>
<td>3.75</td>
<td>4.14</td>
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<td>4.83</td>
<td>4.33</td>
<td>3.80</td>
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<tr>
<td>6: Other</td>
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<td>3.69</td>
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<td>3.90</td>
<td>3.87</td>
<td>3.69</td>
<td>3.75</td>
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</tr>
</tbody>
</table>
IV. Findings and Tentative Hypotheses about Effectiveness

Throughout the state, conveners of MiRSAs are engaged in activities targeted on specific economic sectors. It may be most appropriate to think of each of the MiRSAs as a process and a set of activities. The process involved having a convener entity bring together the key employer and educational actors in a particular sector to “brainstorm” about the problems they face in developing a competitive, productive workforce in the sector, and to prioritize activities to bring to address those problems. The activities are the manifestation of the planning and prioritizing process.

The RSA model has several unique characteristics. First, localities identify the sector. Neither the state nor federal government proscribed the economic sector. Second, the partners in the local region identify the activities that they believe will be most beneficial. Again the state assumes that the local parties know what will work best in their area. Third, the model assumes that the state funding will catalyze other resources that will sustain and enhance the activities of the RSA. It is essentially a market test. If employers or other potential funders see value in the RSA activities, they will invest in sustaining those activities. If not, then the RSA will not survive as an entity.

To determine the value added of the RSA initiative, it is necessary to speculate about the appropriate comparison scenario. What is different about workforce development in these regions because of the RSA grants? In other words, if the RSA program had not come along, what would be happening in these regions? As mentioned, in virtually all cases, the RSAs brought together groups or entities that were already addressing “a piece of the puzzle.” So, in theory, the value added will be the payoffs to the process of networking or forming collaborations that were generally operating in parallel prior to the RSA initiative. These payoffs will take the form of specific activities and information sharing.

Finally, it should be noted that it is difficult to evaluate the RSA effort because of its decentralized structure. Usually in evaluating a state or federal program, there will be a mission or set of objectives against which to which outcomes. In the case of the MiRSAs, the state has allowed local regions to identify the sector, to identify the workforce development problems or issues within that sector, and to prioritize activities that address those problems or issues.

Findings. Given these considerations, the following represents the major observations that we have made about the MiRSAs as of their first six to nine months of existence.

1. The RSAs had recruited participation widely. For the most part, all employers in the various sectors had been informed of the RSA and invited to meetings. Clearly not all employers participated, but in almost all cases, at least one or two “key” employer(s) were active partners. Generally, the employers tended to be from human resources departments rather than CEOs.
2. Generally, the RSAs had some involvement with education partners, although there seemed to be less of an effort to be inclusive of all secondary and postsecondary institutions. In fact, any representation from the K-12 system was the exception, not the rule. At the postsecondary level, there was usually a representative of a particular department (e.g., nursing or CNA training).

3. Most of the RSAs had conducted structured planning processes that were based on labor market and other data. They had identified and set priorities for activities to be undertaken from these planning exercises. Surprising to us was a very limited emphasis on skills training.

4. The preponderance of RSAs focused on health care. An advantage of this focus was that it allowed the state to convene special sessions that addressed health care issues; i.e., it allowed some specialization at the state level. A further advantage is that health care has tremendous hiring needs, and is perhaps the most rapidly growing sector of Michigan’s economy. A disadvantage of this focus is that it is not an export-based sector, so the state will reap limited economic development benefits from this concentration.

5. As might be expected, the amount of leveraging of resources was fairly minimal through the first few months of operation. The largest source of leveraged funds was the dedication of some share of incumbent working training funds by MWAs to the sector comprising the RSA. Outside of the incumbents worker training funds, we observed that one of the RSAs was planning to continue a system of employer dues that it had established prior to the RSA grants, and another RSA had established a system of employer dues that it intended to implement. A couple of the RSAs had implemented special “appeals” to establishments in the health care sector to fund a special activity. We expect to find more evidence of resource leveraging at this point in time.

6. The focus of this report was fairly early in the process; but we could infer (or in some cases, intuit) varied levels of effectiveness. Our hypotheses are that effectiveness will be correlated with the strength of the precursor organizations or efforts in the area, with the size of the geographic area being served, and by whether the RSA is actively involving the workforce investment board/MWA agencies.

The original design for the evaluation included extensive quantitative analyses of training outcomes. However, the activities that the MiRSAs are engaged in do not included a great deal of training and the data that are maintained about recipients of incumbent worker training do not allow match/merging to administrative data. So the remainder of the evaluation will continue to focus on the processes that are being followed, and the activities that are being implemented by the conveners and their partnering employers. To complete the study, we will be conducting another round of site visits and another wave of the self-assessment survey. These data collection efforts
should allow us to test some of the hypotheses about effectiveness, as well as formulate specific recommendations about how RSAs might be most effectively operated by local conveners.
Site Visit Report

RSA: Mid-Michigan Construction Alliance

Date of Visit: February 28, 2005

Activities/Interviewees:

I attended a meeting of the project team for the Mid-Michigan Construction Alliance (MMCA). The attendees were Jeff Cole, President of the MMCA and chair of the project meeting; Jen Schulz, Program Administrator; Mark Phillips, MMCA Research Coordinator; and Emerson Ohl, MMCA Outreach Administrator. Mike Crawford, Vice President of MMCA sat in on the meeting for a few minutes, but left because of another appointment. I interviewed all of these individuals (except Crawford) during the course of the meeting. Also present was Sue Schaible, from DLEG.

History and Governance Structure

The convener for this MiRSA is MMCA, which is a labor-management collaborative organization in the Ingham County/mid-Michigan area. The MMCA was started in 2002, and its main purposes are to foster labor-management cooperation in the construction trades, to facilitate customers searching for reputable contractors, and to develop a skilled workforce in the construction trades.

The MiRSA grant is seen as a way to address the third of these purposes. A small portion of the MiRSA grant is being used to offer e-commerce seminars for contractors at Lansing Community College, but the primary focus of the grant is to work with K-12 school systems to disseminate career information about construction trades, and to promote apprenticeships as viable conduits to well-paying careers.

The governance structure of the MiRSA seems to be quite informal. The project team meets on a weekly (or less often) basis to discuss progress and plans. Jen and Mark are responsible to Jeff and Mike, who are responsible to the Board and membership of the Alliance.

Accomplishments

The MiRSA seems to be making progress. The computer and internet training seminars have been scheduled, and by the time of this report, the first workshops will have been held.

The project staff – Jen and Mark – have been in contact with several school districts’ counselors, have attended at least one career fair, and have scheduled attendance at at least one other. The staff’s goal is to reach all of the school districts in the three-county area.
While it is not funded by the MiRSA, staff have interacted with the students in a 12-week construction class offered by Lansing Public Schools. This curriculum, which is in its infancy, seems to be promoting considerable career interest in construction trades.

**Barriers/Issues**

The project team did not dwell on any particular barriers/problematic issues. They felt that the expectations of the state regarding the MiRSAs were fairly clear, although they had gone through several iterations trying to get their actual grant in place. Conversely, the staff felt that their goals and activities were also clear – offering the e-commerce training and getting career awareness and exploration information to as many school districts as possible.

In the course of my discussions with the MiRSA staff, they did mention an attitudinal barrier on the part of many counselors. The staff felt that many of the counselors were not aware of the many advantageous opportunities in construction, and were not particularly open to directing students that way.

**How to Engage Partners**

Engaging owner and union partners in this MiRSA did not seem to be an issue because the entire enterprise is a function of the alliance, which is a membership organization. The project staff indicated that the full membership had been apprised of the MiRSA, although it seemed to me that members of the Alliance were not engaged in the efforts to contact local school districts or to participate in career fairs.

The strategy for engaging education partners was to rely on Mark, who was formerly a teacher, and thus had good contacts within some of the school districts and who “spoke their language.”

**Interaction with State/Programmatic Suggestions**

The MiRSA staff felt that state personnel had been very supportive and helpful. Their RSA portfolio manager was in constant contact, and was very helpful. The MMCA staff felt strongly, however, that apprenticeships had been left out of the governor’s postsecondary education initiatives, which was unfortunate because apprenticeships can lead to stable, well-paying careers. The MiRSA staff did indicate, however, that they agreed with the general gist of the initiative toward getting more individuals with college credentials because many construction occupations now require them.

Another issue, although not seen as a major problem, was learning how to navigate the state’s bureaucracy. The MiRSA grants are in the Department of Labor and Economic Growth (DLEG) as is the administrators of career and technical education. However, the state’s administrative apparatus for counselors is in the Department of Education.
Value Added

The value added of this MiRSA grant is going to take a few years to surface. It will be manifested in the quality of the workers that enter into the industry. By consolidating the career information that is distributed to schools by the various Joint Apprenticeship councils and by attempting to reach a wider array of districts than has previously been done, the MiRSA has ambitious plans to attract a much higher “quality” student into its occupations and jobs. The benefits to employers will be higher productivity and reduced turnover. The benefits to workers will be more stable, and higher paying, careers.

The MiRSA staff indicated that the MMCA had been pursuing many of the same activities prior to receiving the grant, but at a much slower pace. Thus the value added of the grant is to accelerate the pace of disseminating career information, which may have quite positive outcomes, not the least of which would be to get higher quality entry-level workers into construction occupations sooner.

Conclusions and Problems/Issues

This MiRSA seems to have gotten off to a slow start and has gone through several iterations with the State to get its contract straight. However, it seems as though the project team is now “together” and beginning to make progress. The goals and intent of the MiRSA seem to focus on information provision, rather than training per se. The e-commerce training is intended to upgrade the skills of contractors by providing them with computer skills and (construction) business software. The main activity being undertaken is a concerted effort to provide career exploration information to students in local school districts.

Thus it would seem that employment and labor market outcomes are not to be expected in the short run. Rather, the MiRSA hopes to influence, in a positive manner, the quality of the construction work force over time.

The strategies being followed by the project team seem solid, well-meaning, and traditional in their approach. Staff are relying on getting into schools and “wowing” young people with well-produced DVDs. We suspect that there will be some payoff in the form of influencing a small number of individuals. However, we wonder whether there might be more substantial payoffs to strategies that are more innovative (“outside of the box”) in terms of target population or services. Is career exploration for high school students really the highest priority need for the industry? Might there be a need to provide upgrade training to existing workers to improve skills or knowledge? Are there dislocated workers from manufacturing who could be targeted and trained to take well-paying careers in construction? Is there some way to collaborate or get involved with postsecondary institutions, e.g. trying to reach individuals who might not complete a bachelor’s degree?
In terms of program delivery, we wonder whether the MiRSA is using effectively one of the primary strengths of the MMCA: its membership. Is it actively working on strategies to get individuals into pre-apprenticeship activities such as internships? Are members helping to get the career information into the hands of school personnel? Might there be mentor-student relationships that could be formed?

Finally, an issue that should be resolved is getting the MiRSA plugged into the existing workforce development system. There is reportedly very little contact between the MiRSA and the three-county MWA.
Site Visit Report

RSA: Lake Michigan College Emerging Technologies

Date of Visit: March 14, 2005

Activities/Interviewees:

I drove to the Benton Harbor M-TEC facility and interviewed Robert Harrison, Dean of Occupational Studies and Business Services for Lake Michigan College; Robert Walck, Director of Business and Industry Training, M-TEC; Dr. Chuck Philip, Vice President for Academic & Student Services, Lake Michigan College; and Viki Gudas, Director of Business Services for Michigan Works! Berrien-Cass-VanBuren Counties. After the interviews, Mr. Walck gave me a tour of the M-TEC facility.

History and Governance Structure

The underlying idea for this MiRSA is to facilitate the State of Michigan's workforce preparation for emerging technologies including microtechnology and nanotechnology. These technologies are projected to become important in many sectors of the economy, especially manufacturing. Many leading academics and research organizations throughout the United States are conducting the theoretical and applied research to develop these technologies. Lake Michigan College wants to be on the forefront of training technicians and other workers for full-scale implementation in the workplace.

The State has recognized that the LMC initiative is an important strategy to support in the State's economic and workforce development efforts. It has attempted to be bureaucratically flexible in that support. Unfortunately that flexibility has led the MiRSA to be caught between agencies and between funding streams with different, sometimes conflicting, rules and regulations.

As I understand it, the Lake Michigan College initiative is a "statewide" MiRSA, but receives no MiRSA funding. It is funded as part of an EDJT grant from MEDC to the Whirlpool Corporation. The main goals of the initiative are to develop a curriculum that can be used in an Associate Degree program in Emerging Technologies and to install a "clean room" at the Benton Harbor M-TEC that can serve as a laboratory for this curriculum. The intent is to develop a rigorous curriculum that would be credit-bearing. Furthermore, Lake Michigan College would provide that curriculum to any other Michigan postsecondary institution without charge, and staff feel that some of the curriculum may be appropriate for career and technical education programs at the secondary level. They are pursuing an NSF grant to support the latter.

However, the terms of the EDJT grant require that any training that gets provided would be non-credit bearing and would be given only to Whirlpool incumbent workers. The path that the MiRSA is on will balance these competing aims and requirements by
using all or a portion of the curriculum that gets developed to train Whirlpool employees without academic credit.

The project structure is informal. Bob Harrison is directing the effort. Dr. Paige Oxley is developing the curriculum and Bob Walck is handling the architectural design and installation of the clean room. LMC has established an advisory council, which had its initial meeting on February 4, 2005. The purpose of the advisory council is to establish two-way communication with the business community and to assist in the planning and development of the project.

The plan is for quarterly meetings of the Advisory Board. At its initial meeting, the Board did not form committees; however the project staff serve as an Executive Committee.

Accomplishments

The Lake Michigan College staff who were interviewed are strong believers in their program. They felt that the flexibility that the State has attempted to use to fund their initiative and to name it as the 13th MiRSA affirmed their positive beliefs. Tangible accomplishments to date are the progress that has been made on the curriculum by Dr. Oxley, and the imminent arrival and implementation of the clean room.

An interesting collaboration that had arisen is a partnership with the local MWA to begin to develop pre-training/job readiness training so that the local workforce could benefit from the emerging technologies training.

Barriers

The staff who were interviewed did not readily identify barriers to progress. They felt that progress was going well. However, it was clear that the apparent conflicts between the MiRSA and EDJT grants is an issue that will require time and effort to resolve. Staff seemed to be concerned about the likelihood of getting into a “lose-lose” situation where the grant requirements would require opposite actions.

The respondents suggested that it would be extremely problematic to get data about the Whirlpool incumbent workers who might get trained into the WIA system. For example, they thought that it was likely that high level executives would be involved.

The staff also thought that a one-year time line was unrealistic for what they were trying to accomplish – develop a curriculum and training materials, install a clean room laboratory, offer training to Whirlpool employees, and disseminate materials throughout the state.
How to engage partners

The college staff indicated that they were quite experienced in conducting meetings that engaged employer or other educational entity partners because their applied training programs all had advisory committees. The staff felt that the key was to have a well-structured agenda that was “crisp.” They identified for the partners the value added that they would add to the program, and the value added that the program might have for them. They tried to make sure that all participants had a task.

Interaction with State/Programmatic Suggestions

Because of the dual grants, the project staff indicated that they were in frequent contact with State staff. They indicated that they were in weekly contact with Karen Hinkle, of MEDC. They indicated less frequent contact with their MiRSA portfolio manager, Olivia Butler-Robbins.

Staff suggested that there was interaction with state personnel at a higher, more executive level as well, between the College President, Dr. Pappas, and state officials.

Value Added

The value added of the MiRSA grant will be getting the emerging technologies curriculum developed sooner than it otherwise would have been. Furthermore, the MiRSA emphasis on collaboration and partnerships is facilitating earlier realization about the vast potential of emerging technologies by local employers and economic developers. The respondents believed that ultimately, there will be value added to workers in the form of well-paying job opportunities and careers.

Conclusions and Problems/Issues

While walking a tightrope between the requirements of an EDJT grant and a MiRSA grant, the Lake Michigan College Emerging Technologies project is making tangible progress on developing a curriculum for technical training and installing a “clean room” laboratory at the Benton Harbor M-TEC facility. Once the curriculum is developed, the program will face the market-tests of whether other Michigan postsecondary or secondary educational institutions show interest in obtaining the curriculum and whether students will react to occupational demands for the emerging technologies training.

Given the likelihood that these technologies are the cutting edge of the future economy, it would seem advisable for the MiRSA project and state personnel to stay in frequent contact to resolve quickly any grant-related problems that may arise.
Early Status Report

RSA: SOUTHWEST MICHIGAN HEALTH CARE ALLIANCE

Date: December, 2004

Activities/Interviewees:

This report is based on a telephone interview that took place in December 2004 and on the RSA's quarterly progress report for October to December, 2004. The purpose of the interview was to gauge the early progress on the goals and objectives established by the MiRSA, and to determine the priorities that the MiRSA has set. The MiRSA is "jointly convened." The fiscal agent is the Calhoun Intermediate School District, which is the Michigan Works! Agency for Barry/Branch/Calhoun Counties. However, the Kalamazoo/St. Joseph Michigan Works! Agency and the Berrien/Cass/Van Buren Michigan Works! Agency are also administering the grant.

A "full plate" of activities have been proposed. They are as follows:

- Hold health care summits in year 1 and in year 2
- Increase enrollment in allied health career education from public workforce programs in years 1, 2, and 3
- Use Incumbent Worker Training (IWT) money for skills upgrading in years 1 and 2
- Pilot soft skills training in Barry/Branch/Calhoun in year 1
- Develop skills inventories in Berrien/Cass/Van Buren in year 1
- Increase awareness of one-stop staff about healthcare careers
- Increase awareness of youth in grades 9 – 12
- Establish registered apprenticeships in health care in year 2

Clearly, this is a full agenda. The health care summits are intended to repeat (institutionalize) a highly successful summit of employers and the general public that was held in Kalamazoo County earlier in 2004. The purposes of these summits are to increase public awareness and recruiting in this sector. The allied health care enrollments are targeted on adult (postsecondary) training at institutions such as Kellogg Community College in Battle Creek. In addition to activities that might attract persons into the industry, the MWA's have also pledged up to one-third of their incumbent worker training funds for health care purposes.

The soft skills training is intended to focus on patient care training, especially for long term health care aides. The skills inventories are a first step in developing career ladders, as well as being a practical planning tool for the Berrien/Cass/Van Buren agency. This MiRSA also sees increasing the knowledge and awareness of one-stop staff about health care careers as an important way to facilitate employment in this sector. Recognizing that an important inflow into health careers comes from young adults making career choices, the MiRSA wants to increase the awareness of high school youth...
about health care careers. Finally, the MiRSA intends to establish and promote registered apprenticeships in health care occupations.

**History and Governance Structure**

The MiRSA is a fairly straightforward collaborative effort of three MWA’s. The fiscal agent is the Calhoun Intermediate School District, but the governance of the MiRSA activities seems to be spread evenly across the three agencies. It is a new endeavor, but it builds on prior training and collaborative efforts in the counties served. The soft skills training in Calhoun County had been in the development stage prior to the formation of the MiRSA. A sectoral economic development activity in Kalamazoo County that preceded the MiRSA was called the Regional Edge had included a health care affinity group.

As of this date, the governance structure of the MiRSA seems to be very informal. The individuals leading the efforts at the three MWA’s communicate with each other often, and different tasks seem to be allocated across the agencies. Through December, 2004, there is no record of a committee structure.

**Accomplishments**

It appears as though the individuals from the three convener organizations are quite organized and structured. A preliminary needs assessment survey that will be used to organize the health care summit has been drafted and will go out to employers shortly. Results should be available in the February/March 2005 time frame, and the summit is planned for Spring 2005.

All three conveners included activities for the health care sector in their formal Incumbent Worker Training (IWT) plans for PY 2004. By the end of (calendar) 2004, the Kalamazoo/St. Joseph MWA had already committed funds to a long-term care employer for training 87 workers via two classes offered at M-TEC at Kalamazoo Valley Community College. The other two MWAs had been engaged in marketing IWT training as of the last quarter of 2004. The Barry/Branch/Calhoun MWA was actively marketing with staff from the Kellogg Community College Customized Training Division.

One of the goals of the RSA is to make sure that a substantial number of adults get health-related occupational skills training through the one-stop system. The first quarterly report notes that 35 individuals are being trained through funding from the Trade Adjustment Assistance Act, Workforce Investment Act, and Work First in the Barry/Branch/Calhoun MWA. The Kalamazoo/St. Joseph MWA reports that 83 individuals are receiving health-related training through WIA and Work First funds. The preponderance (85/118) are in certified nursing assistant (CNA) training.

The final activity for which there had been substantial progress was in the development and marketing of the soft skills training program for long-term health care
workers. One of the staff members of the Barry/Branch/Calhoun MWA met with members of that MWA’s Long Term Care Initiative to demonstrate portions of a Soft Skills Training Program.

**Barriers/Issues**

Although it wasn’t mentioned in the phone interview or progress report, it seems like a significant issue for this RSA is its geographic expanse. It covers eight counties that span more than 100 miles. Furthermore, the governance structure has the potential to be too decentralized. This RSA appears to be three separate mini-RSAs operating in parallel. There is no doubt that the three agencies communicate with each other, but there appears to be little collaborative effort.

**How to Engage Partners**

Not addressed.

**Interactions with State/Programmatic Suggestions**

Not addressed.

**Value Added**

This RSA is making an effort to facilitate, and inform individuals and employers in Southwest Michigan about, career opportunities in the health-care sector. At this point, the RSA has not limited its emphasis to either acute care or long-term care, but rather is pursuing efforts in each. The RSA is undertaking a number of activities, and if it is successful, it will have brought together and formed a network of health care employers, MWA agencies, and educational institutions. (Actually, given its parallel structure, it will probably create three parallel networks.) It will further bring value to the health care sector by allotting incumbent training resources to health care employers, and it will effectively disseminate information to one-stop agency staff, to students, and to the general public about the demand for employment in this sector.

The MiRSA intends to hold healthcare summits in its first two years. It intends to direct at least 90 individuals into publicly-funded health-care occupational training programs. It intends to develop and pilot a soft skills training program for long-term care workers. It intends to serve as a clearinghouse of information about health care careers and career ladders. Finally, the RSA intends to establish registered apprenticeships in health care.

**Evaluation**

The Southwest Michigan RSA has initiated a number of activities. It seems highly likely that it will achieve the goals that it has set out for itself. The three co-convening MWA’s have operated successfully in the geographic area for many years, and
many of the planned activities build on past initiatives or are modeled after activities that have been successfully conducted in the past.

While there is little doubt that the activities that it proposed will get completed, the decentralization of the RSA across three co-conveners and the expanse of the region and population being covered would seem to be anathema to a concentrated, sectoral approach. Nevertheless, the convening organizations submitted a proposal that indicated that three MWAs would essentially work independently on a number of health-care related activities. The State awarded the grant, and the RSA is off to a good start toward accomplishing what they proposed.
Site Visit Report

RSA: MICHIGAN WORKS! THE JOB FORCE BOARD (UPPER PENINSULA HEALTH CARE ROUNDTABLE)

Date of Visit: February 3, 2005

Activities/Interviewees:

The day was spent interviewing various individuals; there were no formal meetings scheduled. The convener agency is the MWA for the central counties of the UP. My site visit was hosted by Joe Esbrook, who is the main administrator of this MWA for its satellite office in Marquette. I started the day by interviewing Joe and then interviewing sequentially two employer partners by telephone, from Joe’s office. These individuals were Jan Holt, from War Memorial Hospital in Sault Ste. Marie and Michelle Sands, from Iron City Community Hospital.

We drove to the main office of the MWA in Escanaba, where I interviewed three employer partners and an education partner in a group interview setting. The employers were Peter Jennings from OSF St. Francis Hospital, Jim Husing from Dickinson County Healthcare System (by conference telephone), and Mark Bomberg from the area aging council representing in home care for seniors. The education partner was Alan Yeck, from M-TEC at Bay College. After the group interview, I interviewed another key convener staff person, Deb Doyle.

We drove back to Marquette and I interviewed two more employer partners – Gerald Messana, Upper Peninsula Health Care Network, Inc., and Al Hendra, from Marquette General Health System.

Note that two key individuals of the convener’s staff were out of town and not interviewed: Gwen Wood and Don Mourand. I was told that Don, a former school superintendent, is the facilitator for the effort.

History and Governance Structure

Several years ago, the WIB had identified a sectoral approach as a potentially feasible strategy for workforce, and consequently economic, development in the area. Apart from the WIB’s initiative, health care providers (mainly acute care) in the area had formed a collaborative roundtable in 2002. This collaboration, named the Upper Peninsula Health Care Roundtable, worked with an organization called the UP Health Care Network, Inc. (formed about 10 years ago) to facilitate joint purchasing.

The main workforce issue of concern for the Roundtable was the nursing shortage. It undertook a media campaign to recruit nurses who had left the profession and future nurses to go into the profession. This campaign was funded privately; each hospital contributed $2500 each.
Along came the MiRSA, which has helped pull the efforts of the roundtable along. Major focuses of the MiRSA are to extend the collaboration to facilities in the western UP and in the eastern UP and to look more broadly at health care occupations and industry (beyond just nursing and acute care.) Thus there has been considerable effort invested in career laddering, and long term care facilities have joined the collaboration.

The MiRSA has set up several committees/task forces as follows:

- The Career Progression group is focusing its efforts on the development of career ladders/lattices for the health care sector; articulation agreements between the educational institutions in the UP (presumably articulating secondary education courses with postsecondary); and recruitment brochures that are uniquely tailored to each employer. I got the impression that this committee was in existence prior to the MiRSA grant because it was formally associated with the WIB’s EAG (called Career Connections).

- The Education subcommittee/task force is working on the development of nursing refresher course with Bay College.

- The Incumbent Worker subcommittee/task force is going to work on how to identify appropriate training to be used for incumbent worker training dollars. When this MiRSA submitted the proposal, there was interest in using incumbent worker training money for medical coding, but the employer partners have placed a much lower priority on this.

- The Economic Development subcommittee/task force will be addressing interfaces with the chambers of commerce and other economic development entities in the UP to see how the MiRSA can support their efforts and vice versa.

- The Website task force will be responsible for developing a website proposed for the MiRSA. This work has been deferred for the time being.

- The Resource Sharing task force will be investigating strategies such as shared staffing across partners as a way to meet some of the workforce demands in the region.

Accomplishments

The staff from the convening agency and the employer and education partners seemed to exhibit some excitement about the MiRSA effort. The group held a strategic planning session on January 17th that seemed to help to manageably delimit the goals and
planned activities and to foster improved communication and collaboration among the partners despite the fact that poor weather limited attendance.

One of the objectives of the MiRSA was to reach out and facilitate the collaboration with employers at the eastern and western ends of the UP, and that seems to be happening. Individuals from both ends of the peninsula attended the strategic planning session despite the weather.

At this (early) stage in the MiRSA project, there seems to have been positive developments in process and communication, but limited tangible products or accomplishments.

**Barriers**

Physical distances seem to be somewhat of a barrier in this MiRSA. As its proposal pointed out, the Upper Peninsula covers more area than several entire states, and yet only has a population of about 300,000. The area involved in this MiRSA comprises 15 counties. The distances will impede communication and face-to-face meetings. Several of the individuals who were interviewed spoke about the desirability or necessity of tele- or video-conferencing.

Another potential barrier or issue for this MiRSA is that not all of the partners are on the same “wavelength” in terms of goals. One respondent focused on long-term career recruitment and indicated that the goal of the effort should be on high school programs. As with other MiRSAs, there seemed to be some discrepancies between the interests of long term care facilities from acute care/hospital facilities. Some of the employer partners were confused about whether there were two entities—the UP Health Roundtable and/or the MiRSA.

**How to engage partners**

The staff indicated that communication was key in getting employer and education partners engaged, and they relied heavily on email. They thought that it was important to have face-to-face meetings occur in all three regions of the UP; and they were considering regional meetings (eastern, central, and western UP).

Staff suggested that meals and setting meeting times for the middle of the day facilitated good attendance since some of their partners had to travel substantial distances.

**Interaction with State/Programmatic Suggestions**

Staff members indicated that they were contact with state staff on average, perhaps twice per month. They were very pleased with the quick turnaround time that they received.
Several individuals had recently attended the Health Care Meeting at the Henry Center in East Lansing, which they generally thought was valuable, especially the morning session. They did suggest that they would be interested in more time or opportunities for informal networking with other health care MiRSAs.

One of the employer respondents opined that he thought that the State should base continuation funding on a performance basis. “Fund the RSA’s that perform the best.” He obviously felt that this MiRSA was one of the best in the State.

Sustainability

It did not appear like much attention had been paid yet to the issue of sustainability after the grant year. One employer felt like the employer partners were getting value from the MiRSA and would support its continuation with fees or dues. Another employer thought that the answer would be in “fee for services.”

Value Added

Almost all respondents were optimistic about the effect that the MiRSA would have on measurable labor market outcomes. Many respondents felt that the key outcome would be reduced vacancy rates in health occupations, and they felt that getting them down to 5 percent was feasible.

The value added of this MiRSA seemed to be the acceleration of the work of the UP Healthcare Roundtable. The grant is allowing the Roundtable to set achievable goals and is allowing the Roundtable to reach out to organizations that had not been included in the existing entity due to distances.

Conclusions and Problems/Issues

This MiRSA seems to be on a trajectory that will achieve effective outcomes. I observed clear evidence of enhanced communication and collaboration among members of the health care sector in the UP. Virtually all of the respondents were upbeat and optimistic about the organization.

Nevertheless, the partners have not yet coalesced into an organization with everyone on same wavelength. There is not a consensus on whether the key strategy should be training and recruitment of youth, recruitment of former workers, retention of incumbent workers, or nonstandard practices such as worksharing or cooperative education and training.6

6 Note that one of the individuals from this MiRSA who reviewed this report felt that the lack of consensus at this point was advantageous. This individual noted, “I don’t consider the diversity of strategies as a problem issue. The structure of our healthcare roundtable supports a multi-issue focus to address the complex workforce issues facing the healthcare industry. The committee structure allows the Roundtable to address multi-strategies to support achieving the ultimate goal of creating a system that meets the U.P. Healthcare Industry needs.”
Finally, geographic distances are an issue that may impede the effectiveness of the RSA. Employer partners are joining from the eastern and western sections of the Upper Peninsula. The main convening agency is in Escanaba, but the Chair of the group, who represents a major employer, is based in Marquette.
Site Visit Report

RSA: West Central Michigan Health Care Regional Skills Alliance

Date of Visit: March 21, 2005 and April 8, 2005

Activities/Interviewees:

I attended a meeting of the West Central Michigan Regional Skills Alliance at Irwin Seating Company in Grand Rapids on March 21st and followed up that meeting with a telephone interview with Craig Nobbelin, who is the primary staffperson for the MiRSA, on April 8th. The meeting was attended by about 10 to 12 individuals representing MWAs, postsecondary education, the Alliance for Health, and employers. It was a tightly run, densely-packed business meeting that comprised discussion of and updates on the five initiatives that are underway: formation of an employer advisory committee, a health occupations summit, an employer survey, an MWA “resource package,” and a health care occupations training and education chart. I did not get an opportunity to interview any of the participants during or after the meeting. So I followed up the meeting with the phone interview with Mr. Nobbelin.

History and Governance Structure

This MiRSA seems to have gotten off to a slow start, but at the time of this meeting, it seems to be starting to make good progress. The Alliance covers 12 counties and is a partnership of five MWA’s and an organization called the Alliance for Health. (These six entities are co-conveners; with one of the MWA’s—the Muskegon/Oceana Consortium—serving as the applicant organization.)

The West Central Michigan Alliance was formed to respond to the RFP for MiRSAs; however, it was relayed to me that the workforce boards in the region had been focusing on health care for some time prior to the issuance of the RFP. Given the distress that had been occurring in manufacturing, the MWAs looked toward health care as a potential source of well-paying jobs for dislocated workers. It was natural for the five MWAs to team up with the Alliance for Health, which was the Regional Health Planning Agency for the 12 county area.

Accomplishments

The major accomplishment of the MiRSA to date has been putting together the structure and agreeing upon directions to pursue. A strategic planning session was held in January that resulted in the adoption of four general goal areas:

- Increase skilled workers in key occupations
- Establish uniform assessment processes
- Establish and maintain collaborative relationships
- Offer appropriate training
Action items were enumerated for each of the goals.

The participants at the MiRSA meeting seem to agree that an important entity for the MiRSA would be an employer advisory committee, and Mr. Nobbelin indicated that as of the time of our interview, about half of the committee’s members had agreed to serve on the committee, and that most of the other potential members had been contacted.

Barriers

The MiRSA seemed to be enjoying a spurt of progress. The only things that were mentioned as possible barriers to that progress were the fact that the coordinator only works half-time and a concern about maintaining employer interest. Up until this point, employers have willingly participated and cooperated; but there was a concern that activities have to remain very focused and “real” or employers would not maintain their interests.

This MiRSA covers a huge area and population, so I asked whether that was a barrier or obstacle. The response that I got was that it was a consideration, but not an obstacle because the area is coincident with the planning region for the Alliance for Health, which has been around since the 1940s, and so staff is accustomed to the geographic spread.

How to engage partners

Up until this point, the MiRSA has had monthly meetings mainly attended by the co-conveners and some of the educational partners. Keeping staff from these entities engaged has not been an issue. Nevertheless there seems to be a commitment to keeping meetings sharply focused and to follow-up with individuals who have not been able to attend to make sure that they get the information and their opinions are heard. The “rubber will hit the road” for this MiRSA with the meetings of the Employer Advisory Committee, which are imminent. The Summit activity will also be a mechanism for engaging employers.

Interaction with State/Programmatic Suggestions

The coordinator, Mr. Nobbelin, indicated that he has had very little interaction with this RSA’s portfolio manager, Ms. Mary Dismuke. He feels that the requirements of the initiative are minimal, and well understood by the convener agencies. His only suggestion was that it might be helpful to promote more exchange of information among the health care MiRSAs. For example, he felt that a listserv or email exchange system would be helpful.
Value Added

The value added of this MiRSA will emanate from the collaboration of the MWAs and the health care sector; a collaboration that has not been strong in the past. The MWAs have considerable capacity in dealing with training and placement and have access to the pool of employable workers; however they have not been very active in the health care sector. It was suggested that this might be because of the complexity of the licensing and training requirements of most occupations in health care and because there has been historically an emphasis on manufacturing, which has been and continues to be the largest employment sector in the area. On the other hand, the other partner in the collaboration—the health care sector—was characterized to me as being somewhat insular. Health care employers and the health care programs at educational institutions communicated with each other and worked together, but did not participate actively in workforce development/training initiatives. So there appears to be considerable value added in bolstering the relationship between the two entities.

Conclusions and Problems/Issues

This MiRSA appears to be making progress on its mission after having a slow “take-off.” Materials that were distributed at the meeting that I attended were not just rough drafts—they showed that a lot of time and effort had gone into them. The next couple of months are key. Getting the Employer Advisory Committee up and running and conducting a well-attended summit will demonstrate the MiRSA’s viability.

Some issues that this MiRSA faces, in my opinion, include sustainability, reaching out to the K-12 educational system, and focusing more tightly on specific occupations within health care. Having gotten a late start on progress, it is not at all surprising that this MiRSA has not focused much on sustainability after the first year of funding. However the year is more than half over, and continuation of effort after the funding period will become an issue in the coming months.

My observation was that the co-conveners have met with and collaborated with the postsecondary institutions in the region, but had not focused much on the K-12 system, although at the meeting, the suggestion was made to include ISDs and Tech Centers to the inventory of training programs. It seems to me that the inventory of training programs as well as other career information should be disseminated to high school students. Furthermore, many of the districts or intermediate school districts in the region operate career and technical education programs in health care fields. Finally, with limited resources, it may make sense for the MiRSA to hone in on the specific occupations within health care that it determines to be highest priority. In rough terms, the MiRSA needs to decide on whether initiatives should address entry-level, lower skilled occupations such as aides or on more mid-level occupations such as LPNs or RNs. Furthermore, it needs to prioritize its emphasis on specialties within occupations: long-term care fields, i.e., geriatrics, versus acute care needs.7

7 Individuals from the MiRSA reviewed this report, and addressed each point in this concluding paragraph. These individuals indicated that the partners were well aware of the ISD Career Development
Site Visit Report

RSA: NORTHWEST MICHIGAN REGIONAL HEALTH CARE INDUSTRY SKILLS ALLIANCE

Date of Visit: March 8, 2005

Activities/Interviewees:

I attended a full committee meeting of the MiRSA held at the Traverse City Michigan Works Center in Traverse City. Approximately 22 members of the committee were present. Committee members in attendance represented area health-care employers, local community colleges, and universities, career tech centers, the regional Council of Governments, the intermediate school district, and the Michigan Works Agency. The State RSA technical team member and a consultant were also present. The meeting was well organized, informative, and well attended considering the snow conditions. Several committees reported on their progress and the consultant who designed and administered the healthcare survey gave an overview of the results. The presentations were supplemented with handouts.

After the meeting, I interviewed three employer partners—Jim Wood of Memorial Medical Center of West Michigan, Dawn Ewald of Mercy Hospital Cadillac, and Bill Brundage of Munson Medical Center—four educational partners—Mike Hill of TBAISD, Marguerite Cotto of Northwest Michigan College, Maria Somsel of Baker College, Jennifer Gaffke of WEX/MISS Area Career Tech Center—and Carol Elliott of Michigan Works. I also interviewed three members of the convener’s organization—Alton Shipstead, Jan Warren and Elaine Wood of the Northwest Michigan Council of Governments.

History and Governance Structure

The MiRSA is based upon several regional initiatives that were underway before the Northwest Michigan Council of Governments (NWMCOG) convened key industry and educational partners to compile and submit a proposal to establish the current MiRSA. According to the MiRSA proposal and conversations with the conveners and partners, five initiatives were particularly important in the creation of the MiRSA. The first is the development of the Health Education Institute, which is a collaborative partnership of Northwestern Michigan College and the Munson Healthcare Network. This network includes six hospitals plus educational and workforce agencies. The second important element in the creation of the MiRSA has been the work of the Community Education and Tech Centers, but that they initially focused on post-secondary training because it offered a quicker potential return for the significant number of displaced workers in the area. Second, they indicated that their plans for disseminating the inventory of training programs included all schools, including the ISDs, once the data have been verified and reviewed. Third, they indicated that the prioritization is underway and will be completed via the Employer Advisory Committee, employer survey, and summit activity.
Services Network, which represents a collaborative network of agencies providing services to older adults in the region. A third is the North Central Council of the Michigan Health and Hospital Association. This organization, through its members and association with educators and workforce agencies, undertook a study of workforce needs in the healthcare industry and established recommendations and priorities for action.

Fourth, the Northwest Michigan Workforce Development Board included the study’s recommendations as one of three major goals in the regional strategic planning process. Fifth, after participating in the Day of Dialogue, convened by the Michigan Department of Career Development in 2001, NWMCOG brought together most of the partners involved in the current MiRSA, to create an entry-level training program called Basic Health Care Training. The purpose of the MiRSA was to continue to pursue these issues facing the health-care industry in the region and to strengthen the collaboration among the various partners.

One of the first initiatives of the newly created MiRSA was to contract with an independent consultant to survey regional health-care providers as a way to assess their needs and perceptions regarding training, recruitment, and retention of direct care staff in the region. Nearly 300 surveys were sent to health care organizations in 11 counties, and 70 useable surveys were returned. The results were reported to the full committee at the meeting I attended on March 8. The results focused attention on the need for more resources to train health care workers, for prospective workers to understand the demands and rewards of the profession, and for students to have a greater awareness of opportunities in the health care industry.

The MiRSA has established a work plan with four main goals:

1. Provide systematic, high quality training at all levels for health care providers within their region,
2. Improve retention of health-care workers,
3. Increase the number of people entering health care occupations,
4. Create systemic and cultural change.

The proposed activities to achieve these goals include a complete system of regularly scheduled training that is uniform across the region and the state, career development services and better understanding of the nature of direct care work, summer camps for students to increase their aware of health care professions, and the creation of a solid recruiting and marketing plan.

The MiRSA has created several committees to help carry out the priorities resulting from the survey and previous work. These committees include:

- Curriculum Committee
- Recruitment Committee
- Website Committee
- Steering Committee.
A major goal of the Curriculum Committee is to work toward establishing a standard training format that meets the needs of all types of healthcare organizations, gains Continuing Education Units while meeting state standards. Toward this end, the committee has engaged a consultant to compile and decipher commonalities across job descriptions from the partner organizations. Concurrently, the committee will work with the Direct Care Workforce of Michigan to develop a standard, comprehensive CENA training program that includes dementia, cultural dynamics, life skills and both in-home and institutional care settings. They believe that by standardizing curriculum workers will not have to travel downstate for training but can obtain it locally. This would significantly reduce the cost of training, which now is prohibitive for many workers. The committee is also looking into mentoring and apprenticeship programs.

Another avenue of pursuit is to set up summer camps for youth to acquaint them with health care occupations. They are partnering with organizations that have experience with running summer camps. Tech prep money and youth funds from WIA for disadvantaged students are available to help students defray the cost of the program.

The MiRSA is administered so that the bulk of the funds are put into training. Funds are also used to develop a website, provide technical assistance for curriculum, and for recruitment and marketing. No MiRSA staff are funded from the MiRSA grant; only the consultant receives MiRSA funds. The NWMCOG Board exercises oversight and the Workforce Board lets contracts.

Accomplishments

The staff from the convening organization suggested several accomplishments of the MiRSA to date. One is the ability to bring the various partners together to discuss common issues affecting their business and to act upon them. Another accomplishment is the completion of the survey, which they felt had a good response rate and offered valuable insight into the needs and perceptions of healthcare organizations in their region. Staff also pointed to the commitment from healthcare organizations to employ those who go through the training as another accomplishment.

The employer partners suggested that collaboration with other employers and with educational institutions to bring about training and run summer camps as major accomplishments. They offered that without this collaboration, they could not have provided these services on their own.

The education partners also cited the completion of the survey as a major accomplishment of the MiRSA. They felt that the survey questions responded to their needs and offered useful information, and that the MiRSA agenda is aligned with their interests. The education partners also appreciated the opportunity to collaborate and network with employers, workforce agencies, and other educational institutions. They gave high marks to NWMCOG for their ability to facilitate the setting of priorities for the MiRSA and then effectively and expeditiously accomplishing their tasks.
Barriers

The partners in the MiRSA were positive about the ability of the alliance to convene the relevant partners, identify the employers' needs, keep them engaged, and to accomplish the agreed-upon goals and objectives. They did point to insufficient funding and the need for more collaboration among the health-care MiRSAs in the state as barriers to progress. In addition to the low level of funding for actual employer training and recruitment, they also found some of the requirements of the MiRSAs imposed by the state, such as monthly reporting and the state request to accelerate training, as unfunded mandates. Several partners mentioned the missed opportunity to collaborate more fully with other healthcare-related MiRSAs to learn from each other and to develop standard curricula across the state for training healthcare workers. They emphasized their existing collaboration with the Northeast Michigan RSA.

Engaging Partners

Partners and the conveners seemed satisfied with the engagement of MiRSA partners. The major hospitals in the region and several extended healthcare facilities and home healthcare organizations are active partners. Representatives of these organizations appear to attend meetings regularly and participate in the committees. The conveners believe that these organizations will stay engaged as long as they see tangible benefits and get results. Representatives of educational institutions are also actively involved. Because of the large geographical area, the MiRSA conveners place heavy emphasis on communication and in holding committee meetings concurrently in order to minimize travel time.

Interaction with State/Programmatic Suggestions

The MiRSA partners supported in general the focused, targeted approach of pulling together educational institutions and workforce agencies to help meet the critical needs of an industry. They thought that such an approach helped to boost the morale of staff. They believed that state staff have been sincere in getting the MiRSAs up and running. However, some questioned the appropriate balance between local control and state involvement.

Most of the other issues raised by partners had less to do with the MiRSAs themselves than with other state programs that they see as barriers to their efforts. These include the fragmented training approach across the state and the barriers to sharing curriculum, which they submit increases the cost of training.

Value Added

As previously described, this MiRSA builds upon several initiatives targeted at the healthcare industry in the region, which were started before the MiRSA was established. The partners and conveners were asked what they thought the value added of their initiative would be, if successful. They responded by listing several outcomes.
One value-added outcome was the fact that the MiRSA has brought together many key organizations in the healthcare industry and has fostered collaboration with educational institutions and the workforce system. Another potential value-added outcome is the possible move to standardize training curriculum across the state and integrate many fragmented problems. If accomplished, they believe that this could reduce the cost of training significantly and allow employees of smaller providers access to training, which these organizations could not do on their own. A third potential outcome is the ability through training and recruitment to raise the level of expertise and professionalism among health care workers which in turn raises the quality of health care in the region.

Conclusions and Problems/Issues

The MiRSA has made considerable progress in convening a group of key partners in the healthcare industry in the Northwest Michigan region. Most partners agree that the right partners are at the table, except perhaps for the small number of extended care providers. Nonetheless, the employers believe that the MiRSA has identified its needs and has set forth an agenda to address these issues. To date, the MiRSA has completed a survey to better understand the needs and perceptions and employers and is using this survey and other data gathering efforts to improve curricula and recruitment. In addition, camps are planned for this summer and progress is being made in developing a more integrated curriculum and in recruiting employees. So far, no one has received training through the MiRSA initiative. As several partners commented, "the process takes time and it won't happen within a year."
Site Visit Report

RSA: EAST CENTRAL HEALTH CARE REGIONAL SKILLS ALLIANCE

Date of Visit: March 8, 2005

Activities/Interviewees:

I attended a meeting of the MiRSA Steering Committee held at Saginaw Valley State University. There were approximately 30 individuals in attendance. After the meeting, I interviewed two employer partners—Jim Marshall, of Covenant HealthCare (large hospital system) and Amy Reiher, of Alterra Health Care (Assisted Living facility)—and then I interviewed three members of the convener’s organization—Dennis Brieske, Leslie Roth, and Sharon Reed.

The Steering Committee meeting was well-organized and very informative. As described below, the MiRSA has established several committees that are active, and representatives from the committees made presentations to the entire steering committee.

History and Governance Structure

This MiRSA seems to be well-established and on its way. It clearly is benefiting from several initiatives that had been underway prior to the formation of the MiRSA, and now the MiRSA appears to be doing an excellent job of coalescing those initiatives. The hospitals in this area had organized themselves into the Hospital Council of East Central Michigan, and in 2002, this council identified workforce development as a priority issue that affected their profitability.

Independent of the Hospital Council, the WIB and MWA staff had, as part of their strategic planning, reviewed a Public Policy Associates document concerning the workforce needs of the health care sector and had reviewed placement data for that sector. (They were surprised to observe that over 1300 of their WtW or WIA placements had been in health care over the previous 30 months.) The WIB concluded that health care was a strategic sector for its region.

Finally, Saginaw has an effective Chamber of Commerce-initiated group called the Saginaw Business Education Partnership. In 2003, this group and the MWA undertook a project to create and promote career ladders for 15 health careers.

Along came the MiRSA, which was based to some extent on these initiatives. However, the MiRSA expanded geographically with the inclusion of two other MWAs, and it has reached out to the long-term care facilities in the area. The focus of the MiRSA seems to be on career preparation/recruitment into the industry. Its goals include:

- removing bottlenecks keeping students out of health care occupations
• facilitating better-trained entrants to the labor force
• retrieving health care professional not currently working in the field

The MiRSA has set up several committees/task forces.

The Grow Our Own Committee is focusing on developing and disseminating career information to students. The Business Education Partnership has developed career ladders and videos for 15 health care careers. The Grow Our Own group is hoping to expand that initiative to other careers, although these are expensive and require additional funding. The Hospital Council Workforce Committee has developed an extensive matrix of information on basic entry level skills and academic preparation needed for several dozen occupations, which also will be widely distributed to students.

The Re-Career Committee is waging a campaign to retrieve back into the workforce RNs and LPNs who were no longer working. The committee has a goal of persuading 50 individuals to return to the field. Interestingly, this committee received a lot of information from a similar campaign done by the Upper Peninsula health care RSA. Of course, it is tailoring these materials for its own media campaign.

The Barrier Committee is focusing its efforts on the difficulty in having enough clinical sites for the areas’ nursing programs. As reported to the Steering Committee, this Committee has become aware of a software program that will facilitate the matching of trainees in need of clinicals with health care organizations in the area that might have clinical opportunities, and the committee has scheduled a presentation of this product in April. Committee members became aware of this software via a conversation with a person at Grand Valley State University. The Committee members are exploring projects in other states as well.

The Data Committee provides and researches labor market information for the MiRSA.

Accomplishments

The staff from the convening agency suggested that a significant accomplishment of the MiRSA effort to date is getting a significant level of time and financial investments from employers. The employer partners indicated that in the health care sector, January through March is the busiest time of the year, and yet attendance and interest in the activities of the MiRSA were substantial. The Re-Career Committee is soliciting funds for its campaign and reported that some employers had contributed.

The employer partners indicated that they thought that the committee structure of the MiRSA was being successful. Members of the committees were attending meetings and the committees were accomplishing their goals.
All in all, at this (early) stage in the MiRSA project, there seems to be a sense of momentum. The partners suggest that they are on a path toward achieving significant accomplishments.

**Barriers**

The partners in this MiRSA were fairly upbeat, so they did not readily talk about barriers affecting the accomplishment of their goals. Staff noted that some issues that they were dealing with included the time consuming nature of the committee structure and collaboration in general. They felt that progress was slower than they had projected in their proposal because of this. Staff also felt that they needed to get more employers involved, especially long-term care facilities. They plan to establish a long-term care committee, and its focus will be on CNAs.

The geographic spread of the area covered is a barrier according to one of the respondents. The MiRSA region officially covers ten counties, and activities in fact include partners from 15 counties.

Resource adequacy was mentioned as somewhat of a barrier. Respondents felt that they had immediate needs for more resources – more career ladders, the re-entrant campaign, the nursing program clinical software.

**How to engage partners**

Getting partners to attend meetings and to engage in the MiRSA activities is an important issue for both the convening staff and employers. Especially in such a busy time of the year, the employers want to make sure that their time is well-used. Some strategies that are being used successfully in this MiRSA are getting individuals involved on committees, having individuals give presentations/progress reports on the agendas of meetings, scheduling meetings on a regular basis, and having a central site for the meetings. The conveners also felt that it was important to “brainstorm” with the employer and education partners in order to identify their interests and needs, rather than to have the attitude that “we’re from the government, and we’re here to help.”

**Interaction with State/Programmatic Suggestions**

Staff members indicated that their contact with state staff was not frequent. They included their portfolio manager, Mary Dismuke, on the distribution list for all materials and communication, and Mary was at the Steering Committee meeting. The sense that I got was that progress was good, and that the staff felt that they had very little need for technical assistance.

The staff felt that it would be beneficial to continue the convenings of the states’ health care RSAs. They would especially like to have sessions on “best practices” and “ideas to generate additional funding.” They also mentioned that it might be appropriate to have a separate session for long-term care health providers.
Value Added

As discussed, this MiRSA is building on several initiatives that had been started in the health care sector in the region. Its value added seems to be in coalescing these initiatives into a single entity, accelerating or redirecting to some extent the initiatives, and tightening the linkage between the health care sector and the MWAs in the region.

The MiRSA can "take credit" for some specific activities: the Re-Career initiative and the impending product demonstration for the clinical scheduling software. The information that I gathered suggested that they would not have happened absent the MiRSA. On the other hand, the health career ladders and videos and the Hospital Council's matrix were developed apart from the MiRSA. However, the MiRSA may result in additional career ladders and/or in wider, more effective dissemination into school systems.

Expansions to training programs, particularly in nursing, also probably would have proceeded in the absence of the MiRSA. But it appears as though these expansions will be facilitated by the employer awareness and publicity that is resulting from the MiRSA.

In short, even though there were existing initiatives in the health care sector in this region, there seems to be little question about the extent of added value that is being brought to the economy by the MiRSA.

Conclusions and Problems/Issues

This MiRSA seems to be on a trajectory that will achieve effective outcomes. Partners seem productively engaged. The career ladders and videos that the Business Education Partnership have made available are first-rate. The Re-Career campaign is well on its way, and is a great example of how material from one MiRSA can be synergistically employed in another MiRSA.

The main issues that the MiRSA needs to confront are to increase employer involvement, especially long-term care facilities, and to overcome the obstacle of geographic distances. With tight resources, broad expansions geographically and into long term care may be difficult.
Site Visit Report

RSA: NORTHEAST MICHIGAN HEALTHCARE WORKFORCE ALLIANCE

Date of Visit: March 2, 2005

Activities/Interviewees:

I attended a full committee meeting of the Northeast Michigan Healthcare Workforce Alliance held at the University Center/M-Tec Center in Gaylord. Approximately 16 members of the committee were in attendance on a snowy day. Committee members present that day represented local hospitals, elementary and secondary schools, community colleges and universities, the career tech center, and the Michigan Works Agency. An RSA technical team member and a consultant were also present. The committee consists of 56 alliance partners. The meeting was well organized and informative. Committee members were engaged in the activities of the meeting and participated fully. Several subcommittees reported on their progress. Two participants shared information about the activities of the Northwest RSA, which has a similar focus and overlapping activities and membership.

After the meeting, I interviewed three employer partners—Kersten Korth-White, Director of Human Resources, Mercy Hospital-Grayling; Diane Shields, Chief Human Resource Officer, Alpena Regional Medical Center; and Terra Deming, Director of Human Resources, Otsego Memorial Hospital. I also interviewed Elizabeth Gertz, who is the Executive Director of North Central Council of the MHA and is the convener of this MiRSA.

History and Governance Structure

The purpose of the Northeast Michigan Healthcare Workforce Alliance is to foster new or strengthen existing partnerships that expose more K-12 students to careers in health care, get more students into health programs offered by colleges and universities in the northern Lower Peninsula, and attract more graduates into north central Michigan hospitals. According to conversations with participants and statements in the application document, key organizations in the region, principally the North Central Council of the Michigan Health and Hospital Association and the Northeast Michigan Consortium, have identified for some time the healthcare sector as a major employer in the region and a key provider of employment opportunities for a broad range of skill levels. However, they have recognized that healthcare facilities, including hospitals and long-term care facilities, face labor shortages in key specialties that impede their ability to provide high quality, cost-effective service. Wishing to avoid duplication of efforts, it was determined that the Northeast Michigan Consortium, the administrative entity of the Workforce Development Board and the North Central Council, a healthcare provider association, would partner to address these issues. As a result, the Northeast Michigan Consortium became the applicant and the North Central Council the convener of the Northwest Michigan Regional Health Care Industry Skills Alliance.
The partnering organizations "loan" staff to work on activities of the NE RSA. Elizabeth Gertz, as convener, is the only staff that receives money directly from NE RSA funds, and it covers only a small portion of her salary.

Work Plan

The MiRSA was established on a solid, pre-existing foundation, which allowed them to ramp up operations quickly and to start with full buy-in and support from partners, particularly employers. Its partners had prior understanding of the issues facing the sector they chose to target, they were already pursuing some initiatives to address healthcare workforce needs, and they had strong industry input and participation in identifying measures that could help mitigate the problems that they face in recruiting qualified workers into their organizations. It was clear in talking with the employer partners that the recommendations proposed by the MiRSA came directly from them, as employers.

The MiRSA has established a work plan with two priorities to help address the identified healthcare workforce shortages:

1. For colleges, universities, and hospitals to partner to provide training programs in healthcare fields that are not currently offered in the area, such as radiology technicians, nuclear medicine technicians, etc., in which the first step might be to offer tuition reimbursements to current hospital employees to help defray the costs of these programs and to pool resources to provide local training.

2. For the region’s high schools, higher education institutions, and hospitals to work together to develop a model summer camp for the region that acquaints middle school students with various health care careers.

The MiRSA has created several subcommittees to help carry out the priorities set forth by the partners:

- Summer Health Career Camps
- Health Program Partnerships
- Incumbent Worker Training
- Marketing.

The subcommittees meet on a regular basis to further the priorities established by the MiRSA. The Summer Health Career Camp subcommittee is charged with organizing the summer camps, including working with partners to come up with the appropriate curricula, resolving logistical issues, and creating and circulating publicity regarding the camps. The Health Program Partnerships subcommittee has the responsibility of identifying healthcare occupational specialties for which appropriate training is not
available in the region and then work with partners to institute such training programs. They also have the responsibility to publicize the training programs.

**Accomplishments**

Presentations from the subcommittees during the meeting and conversations with the staff and partners afterward suggested several accomplishments of the MiRSA to date. First, it appears that the MiRSA has been successful in engaging the partners to work on the priorities of the alliance. Subcommittee members came prepared to give detailed reports of their deliberations and progress and other committee members offered useful comments and suggestions which helped to ensure that the programs were meeting their needs, particularly from the perspective of employers.

Second, the subcommittees appeared to be making considerable progress in implementing their respective responsibilities. Planning for the summer camps was on schedule with several venues already established and publicity in draft form. Much of the discussion during the meeting was about the desire to expand the summer camps from three days to as many as five days to give campers greater opportunities to learn about healthcare occupations. The subcommittee has worked closely with the Northwest RSA in this area, which offers further evidence of their ability and willingness to collaborate not only within their own partnership but also with neighboring alliances that share similar interests and goals.

Third, the subcommittee has identified many health program partnerships and is developing a brochure to identify the top needs in the area and then to list the educational institutions that offer courses to meet those needs. The subcommittee had already surveyed healthcare facilities to assess their needs before the MiRSA was formed, so they were able to skip over this first, somewhat time-consuming task and move closer to implementation. Among the several partnerships formed, the phlebotomy certificate is particularly promising for displaced workers because its skill-related prerequisites are fairly basic. Discussion at the meeting centered upon the need for degrees or certificates and opinions varied depending upon the perspective of the hospital or healthcare organization or the employee.

Fourth, the incumbent worker training program appears to be on track. The WIA Board has approved funding for training that the regional hospitals requested, although the roughly $40,000 of funds available met only two-thirds of the needs identified. The funds will train 262 employees for a cost of $150 per person. Fifth, the NE RSA earmarked $20,000 for scholarships for hospital employees to use toward continuing education, and these funds are now available.

Finally, partners expressed satisfaction in the high degree of networking that the MiRSA has fostered, both within the alliance and with other regions. Healthcare employers cited the opportunity to network and partner with educational institutions as particularly beneficial as they try to offer appropriate training to local residents in order to fill vacancies with qualified workers.
Barriers

The partners in the NE RSA were positive about the ability of the alliance to convene the relevant partners, identify the employers’ needs, keep them engaged, and to accomplish the agreed-upon goals and objectives. They did point to several barriers that they believe have impeded their progress. They identified insufficient funding as a barrier that has prevented them from achieving the scale of activities that they need, such as expanding the number and enlarging the size of the summer camps and providing adequate training to incumbent workers. Another barrier is the perception that the window for planning and implementation is too short. A few offered that they see training, in particular, as a long-term endeavor and felt somewhat pressured into coming up with programs too quickly and not having enough time to coordinate training. It was also stated that working through state and WIA regulations attached to funding has become a challenge.

Engaging Partners

Partners and the conveners expressed satisfaction with the extent to which the NE RSA partners are engaged in the alliance. The major hospitals and educational institutions in the region are active partners, participating at meetings and within subcommittees. Comments were offered that the NE RSA is aligned with hospital needs and that partners shared a common vision as to the purpose of the alliance. Partners agreed that the NE RSA has provided the opportunity to discuss issues and differences that occasionally arise and to find common ground that would not have been possible without the alliance. The ability of hospital and educational institutions to network at these meetings keeps the partners engaged. Partners attend meetings regularly and participate in the committees to work toward their common goals. Distance to meetings is a problem for some because of the large geographical area covered by this alliance, but communication among partners through the internet and other means helps to reduce that barrier and keeps partners informed.

Interaction with State/Programmatic Suggestions

Comments regarding the interaction with state technical staff indicated that partners believed the staff to be sincere in their efforts to help MiRSAs get started. Some concern was expressed that the state staff may not have had the time to become adequately prepared to provide technical assistance and felt that they were not receiving consistent direction at times. Partners appreciated that the state recognized problems facing rural economies and were directing resources and attention their way. However, a few issues came up with regard to the appropriate balance between local control and state involvement in the MiRSA. The state questioning the relevance of summer camps as a priority for the alliance when this priority was established directly by employers triggered concerns in this area.
Most of the other issues raised by partners had less to do with the MiRSAs themselves than with other state programs that they see as barriers to their efforts. These include the fragmented training approach across the state and the barriers to sharing curriculum, which they submit increases the cost of training.

Value Added

The NE RSA builds upon several initiatives targeted at the regional healthcare industry, which were started before the MiRSA was established. When asked what they thought the value added of their initiative would be, they offered several benefits. The first was the ability to convene a network of healthcare organizations and educational institutions. They believed that this would not have happened without the alliance. Partners also pointed to the pooling of resources to provide training locally instead of the need to travel downstate to attend classes. Establishing summer camps and scholarship programs was also cited as two outcomes that they thought could be achieved only through the alliance. They consider these activities as essential in reducing the cost of training, increasing the availability of training in occupations and areas that experience acute worker shortages areas, and in providing high-paying jobs to local residents.

Conclusions and Problems/Issues

The NE RSA has made considerable progress in convening a group of key partners in the healthcare industry in the Northeast region of Michigan. It has built upon previous work and activities of the North Central Council, which has given the alliance a firm footing and a jump start in its own endeavors. From observations and the committee and conversations with partners, it appears that the appropriate stakeholders are included in the alliance and engaged in the activities. The priorities set forth by the alliance are employer-driven, and key educational and workforce organizations have coalesced their efforts around these needs. To date, the NE RSA has made considerable progress on establishing summer camps for middle schoolers, initiating scholarships for healthcare workers to pursue their training, and funding local training programs for incumbent healthcare workers. The alliance is working through barriers related to state and federal regulations, tailoring training programs to meet employer needs, and communication problems associated with the large geographical area covered by the alliance.
Site Visit Report

RSA: CAREER ALLIANCE, INC. AND GREATER FLINT HEALTH COALITION

Date of Visit: March 18, 2005

Activities/Interviewees:

I attended a meeting of the Michigan Regional Skill Alliance at the Career Alliance, Inc. headquarters in Flint. The following individuals were in attendance:

1. Nichole Taylor, Career Alliance Inc.
2. Peggy Kendrick, Career Alliance Inc.
3. William Hetchler, Career Alliance Inc.
4. Eunita Mixon, Career Alliance Inc.
5. QB Pittman, Career Alliance Inc.
6. Karen Easterling, Baker College of Flint
7. Eddie Smith, Human Resources, McLaren Health Systems
8. Helen Brown, Administrative Assistant, Career Alliance Inc.

Unfortunately several partners, including staff from The Greater Flint Health Coalition, were not able to attend the meeting. Much of the meeting was focused on trying to prepare for the Governor’s initiative to accelerate training.

After the meeting, I interviewed three of the staff members from Career Alliance – Ms. Taylor, Ms. Kendrick, and Mr. Hetchler.

History and Governance Structure

This MiRSA got off to a slow start, but at the time of this meeting, it seemed to be making progress. The MiRSA is administered collaboratively by two entities – Career Alliance, Inc., which is the Genesee County MWA, and the Greater Flint Health Coalition. A reason for the collaboration was that the MiRSA could be modeled after a workforce development project of the Greater Flint Health Coalition titled the Flint Healthcare Employment Opportunities (FHEO) project, which was operating at the time of the MiRSA solicitation. (Note that this project was just one of the activities of the Greater Flint Health Coalition.)

It was relayed to me that part of the reason for the slow start to the MiRSA initiative was the time involved for the two administrative collaborators to learn about how the other organization operated. Mainly responsible for administering federally-funded job training, the Career Alliance, Inc. was used to abiding by strict governmental rules and regulations. Furthermore, Career Alliance, Inc. serves the entire county. The Greater Flint Health Coalition also serves the county, but the FHEO project operated in the Renewal Community of Flint and was foundation-funded, and thus had somewhat less restrictive processes and procedures. The Coalition, by its nature, has focused on
health care issues since its inception, whereas workforce development within health care is a relatively new initiative for Career Alliance. Thus the perspectives, experiences, and geographic coverage of the two organizations were different, and it took time to get accustomed.

While no one from the Coalition was at the meeting I attended, I got the impression that communication between the two agencies occurs often and is now much smoother than it had been. The MiRSA itself meets on a weekly basis.

As mentioned, the MiRSA is modeling its program on the earlier, FHEO Project, but it differs from that initiative in a couple of dimensions. It is covering all of the county (the program is referred to as the FHEO Project of Genesee County), and it is focusing on mid-skilled occupations, such as LPNs and RNs. The FHEO Project had been aimed at lower-skilled, entry-level positions such as food service, housekeeping, and nursing assistant positions.

Accomplishments

Getting the partners in synch took up the first few months of the grant. The MiRSA now appears to be coordinated, and it has developed a flowchart of services and a draft of a marketing brochure. The flowchart indicates the steps that individuals would go through from recruitment to enrollment in college. The steps include some aptitude testing (Discovery and Work Keys), and Life Skills Training.

The brochure describes eleven (11) health care career opportunities: allied health technician, LPN, medical assistant, medical billers & coders, occupational therapy aide, pharmacy technician, physical therapy assistant, radiology technologist, RN, respiratory therapist, and surgical technician.

It was relayed to me that to date, the employers who had participated in the MiRSA were mostly from the large hospital systems in the county. The meeting that I attended was the first time that an individual from McLaren Health Systems had attended, so a substantial portion of the meeting was spent in asking him about occupations in demand in his facilities and in trying to ascertain how the MiRSA could best meet that organization’s needs. It was relayed to me that even though employer involvement had mainly come from hospitals up until now, the MiRSA intends to partner with long term/extended care facilities, community health clinics, and doctor’s offices.

Barriers

The MiRSA has delimitated for itself a reasonable set of activities—recruitment into and training in mid-skilled nursing occupations. The main barriers that it faces are training capacity and finding enough individuals with adequate skills and interest to go into these occupations. Individuals at the MiRSA meeting hoped in particular to attract males. The representative from Baker College at the meeting indicated that the number of individuals who could be trained in nursing is greatly limited by the availability of
clinicals. A number of individuals are classified as “in process,” which means they are waiting for clinical opportunities to open up. These individuals often get discouraged, and leave the area.

**How to engage partners**

The MiRSA has weekly meetings, and seems to attract a reasonable number of individuals, although attendance was very sparse when I was there. I didn’t ask the respondents about successful strategies for attracting and engaging partners.

**Interaction with State/Programmatic Suggestions**

Staff indicated that they have occasional conversations with their RSA portfolio manager, Ms. Mary Dismuke, who had attended a meeting in Flint in mid-February.

**Value Added**

This MiRSA builds upon an existing health care employment initiative that had been operated by one of the partners—the FHEO Project of the Greater Flint Health Coalition. That initiative had focused on lower-skilled, entry-level positions, and had focused on recruiting disadvantaged adults from a particular area within the city of Flint. The MiRSA is expanding upon that effort geographically, by recruiting throughout all of Genesee County, and is focusing on higher-skilled nursing positions—such as LPNs and RNs. The ultimate value added of this MiRSA will depend on the extent to which it is successful in increasing the number of qualified nurses.

**Conclusions and Problems/Issues**

This MiRSA has made progress on its mission after having a slow “take-off.” It has made decisions and has certain characteristics that will help it focus on achieving success: (1) the MiRSA is mainly focusing on acute care (hospital) facilities, which limits the number of employer partners it needs to engage, although it does intend in the future to engage long term/extended care facilities to some extent and (2) the MiRSA is operating in a single county, so that it does not have an extensive service area.

An outsider’s observation is that the MiRSA has worked so hard on its “process” and collaboration situation that it hasn’t had time yet to brainstorm and bring innovative ideas to bear on how it can change the health care labor market to increase the number of well-prepared workers. If the problem is a constrained training system for nurses that is at capacity, then recruiting more individuals to go into the pipeline will not be productive. The issue is how can the MiRSA alter the system to increase its capacity, which may involve overcoming the rules and regulations imposed by the State Board of Nursing. Resolving the capacity issue may require significant input from employers and training providers.
Site Visit Report

RSA: DETROIT LONG-TERM CARE RSA

Date of Visit: January 20, 2005

Activities/Interviewees:

I attended a formal meeting of the RSA at M-TEC Henry Ford Community College, Dearborn. Approximately 50 – 75 individuals were in attendance. The meeting was chaired by Jim Flanegin, who is chair of the MiRSA. Jim is an employer partner, representing St. John Health, where he is Corporate Director of Recruitment. Various reports and presentations were given during the course of the well-run two-hour meeting.

After the meeting, I conducted a group interview with John King, who is a consultant with the Detroit Workforce Development Department, a Michigan Works Agency; David Shevrin, a principal with New Perspectives Group; Jim Flanegin; and Charles Dunn, an owner of several nursing homes. John is the Project Manager for the RSA, and David is a facilitator.

History and Governance Structure

The convener for this MiRSA is the Detroit Workforce Development Department, but in collaboration with other MWAs in the metro area. Two prior groups had been in existence in Detroit that were dealing with health care training. One group that was mainly spearheaded by Detroit Public Schools and area universities was focusing on LPN training. This group has been superceded by the MiRSA, which also has changed the focus slightly. The second group that has been led by the Detroit Regional Chamber of Commerce is still in existence and is working on acute care employment needs, especially RNs.

The meetings of the MiRSA seemed fairly relaxed and informal, although the group had set up a governance structure that include an Executive Committee that meets in between meetings to plan the full meetings. The Executive Committee has 7 members including a patient advocate.

Accomplishments

This was one of the first site visits that we conducted, but this MiRSA was already quite organized. They had convened a meeting in December, 2004, and “elected” Jim Flanegin as chair of the group. Most of that meeting was spent in breakout groups to assess needs of the major stakeholder groups: Employees, Health Care Employers, Training Providers, MWAs, and patients. The needs assessment results were as follows:
Health Care Employers

Staffing: LPNs, RNs, Direct Care Workers
Training: Training newly hired employees (clinical, patient care)
Supervisory and management training (people skills)
Training on how to provide training
Affordable/subsidized training
Retention: Career Ladders
Improved work environments
Employee Assistance and supports
Appropriate salary structure for high priority jobs

Employees

Information: Awareness of LTC job opportunities
Knowledge about field before they enter it
Training: Basic training (interviewing, appearance)
Job training once hired (clinical and patient care)
Supports: financial support for training
Tuition loan programs/scholarships
Student loan forgiveness

Trainers

Curricula: career ladder
Nursing supervision
Flexible scheduling (e.g., night/weekend programs)
Specialized training (feeding assistance, gerontological)
Externships
Capacity: funding
Multiple training sites
More clinical sites
Trainers who can provide good instruction to different types of learners
Trainers in some areas (RNs)

MWAs

Information/communication:
Improve link between “One-Stops” and employers
Inform training providers and employers of funding
Determine what training is needed and prioritize
Develop baseline requirements for Home Health Care training
Better marketing of job opportunities (e.g., job fairs, K-12)
Create standardized career ladders
Training & support: 
- standardize pre-screening and assessments
- Provide reliable transportation
- Ensure potential employees fulfill licensing and certification requirements
- Better career counseling and job seeker career preview
- Create CNA Career ladder

The January meeting followed up on the needs assessment by “brainstorming” about “bottlenecks and root causes.” In addition, there was a presentation from a representative of the Red Cross who described a new CAN training program and a presentation from the Chief Nurse Executive of the State of Michigan, Ms. Jeanette Klemczak.

Barriers/Issues

The employers who were interviewed were reasonably satisfied with the progress that the MiRSA had made to date. Their major concern was getting more employers involved. They indicated that about 10 percent of the employers in the area were involved, mostly from the larger corporations. The respondents wanted to see much more involvement from smaller home operators.

During the interview, it became apparent that a major obstacle for this RSA will be its geographic expanse. It is attempting to include seven counties, and coordinate five MWAs.

How to Engage Partners

Attendance at the meeting was quite large, so up to this date, the MiRSA did not have much trouble attracting individuals to attend. The employers who were interviewed indicated that they appreciated crisp, well-run meetings that had lots of information. One of the employers opined that the employers in the area can easily see the need for the MiRSA and are willing to participate, but they need to have specific requests.

The members of the executive committee and the convener staff had lots of ideas and goals for the group, so it would appear that there would be little problem in identifying needed activities/resources from employer partners. They indicated that employers can add clinical sites and experiences, and employers could offer tuition reimbursement benefits. Furthermore, one of the MiRSA goals is to standardize the training curriculum/requirements for CNAs and for PCAs. So employers can help to define these requirements. Finally, the MWA is investing incumbent worker training funds into the LTC field, so employers can identify productive training opportunities.

Interactions with State/Programmatic Suggestions

The interviewees were pleased with the RSA program. They felt that the responsibility for goals and activities lay at the local level. They saw the role of the state
to be one of advocating for statewide issues such as standards for Patient Care Assistants (PCAs), and such as increasing the capacity for nurse training. They appreciated the state office’s help in getting the Chief Nurse to today’s meeting.

**Value Added**

This MiRSA is organized around the long-term care industry. Given the aging of the population, this is a growing industry. Furthermore, there are a large number of employers and considerable heterogeneity in the industry’s structure, from large corporations with franchises to single home operators. The potential value added of the MiRSA is to empower the employers in this sector through information sharing, training standardization, and increased incidence and effectiveness of training.

The MiRSA intends to survey and widely disseminate a training and employment needs assessment in the area. It intends to standardize the curricula for CNA and PCA training. That is, it wants employers to identify those skills and knowledge that are “necessary” and those for which “it is nice to develop.” The MiRSA intends to place 110 individuals in the industry; use incumbent working training dollars effectively; and be responsible for the start-up of at least one LPN program. The bottom line is that this MiRSA has some ambitious, but clearly articulated, goals, which if met, will add significant value to the region’s economy.

**Evaluation**

Detroit’s Long Term Care RSA is off to a good start. The convener and executive committee have organized several formal meetings that have been well attended and that have accomplished much. The emphasis of the RSA seems to be on entry positions such as CNA or PCA. This seems to be a win-win situation. Employers have a growing need for these individuals, as long as they’re well-trained in clinical and patient care areas, and the MWA has a clientele that can be channeled into these jobs.

The RSA is data-driven. It has numerical goals for placements and it has conducted a formal survey of the industry to assess hiring and training needs. Furthermore, the survey collected wage and salary information, so it can be used to develop a career ladder in the long term care industry.

In our opinion, a potential problem for the RSA is that it is attempting to cover too wide an area. This may be a drag on the effectiveness of the group if the convener staff “burn” too many resources in outreach and attempts to attract employers from the entire metro area. Certainly, if employers recruit other employers from a wide area, the referrals should be included in the MiRSA. But we believe that the level of resources would be best targeted on a more narrow area.

Another concern is the MiRSA’s efforts at sustainability. While it was still a long time until the initial grant ended, the MiRSA seemed to be banking on foundation support for sustainability. Given that it had attracted a substantial number of employer partners
already, and given the potential for many more, this MiRSA might consider using a dues structure for future funding.

Nevertheless, in spite of these two concerns, it appears to us that this MiRSA has had good initial success in terms of attracting employer partners, and making progress on its mission and goals.
Site Visit Report

RSA: CAPITAL AREA MANUFACTURING COUNCIL/RSA

Date of Visit: January 18, 2005

Activities/Interviewees:

I attended a formal meeting of the RSA at the M-TEC at Lansing Community College – West Campus. Approximately 30 – 40 individuals were in attendance at this luncheon meeting. The program for the meeting was a presentation about the WorkKeys System and, in particular, how it can be used by business firm. The meeting was chaired by Tim Daiss, who is chair of the MiRSA. Tim is an employer partner, representing Magnesium Products of America, where he is the Human Resources Director.

None of the employer partners were able to stay after the meeting, so this report is based on what I observed at the meeting and on a telephone conversation with Bob Sherer, who is staffing the council/RSA.

History and Governance Structure

This MiRSA is a totally new entity, for which the Capital Area Michigan Works! agency is the convener. (The Council had begun to come together in Spring 2004 after exploratory planning meetings in 2003.) The model for the MiRSA was the Jackson (MI) Area Manufacturing Association (JAMA). The basic idea is to form an association-like group that focuses on manufacturing. The group will meet formally on a periodic basis, and the intent is to have speakers and programs that will be of interest to the whole group. But in addition, the Council will develop a directory so that networking among employers can take place. A tangible product that the MiRSA will produce is an area wage and compensation survey. In addition, the convener has plans to increase the use of a pre-employment training program (M-STEP). This program will provide basic training on issues such as quality, safety, and lean manufacturing for entry-level employees.

The local chamber had started a similar effort prior to this MiRSA being formed, but that attempt did not succeed.

The Council has a loose organization, but it does have an executive committee and officers. The officers are Tim Daiss, President; Owen Johnston, Vice President—Treasurer of Bekum America Corp., Vice President; and Donna Graham, HR Manager for SSAB Hardtech, Inc., Secretary. One of the items of business at the luncheon meeting was to recruit individuals to serve on an Executive Committee. Other committees that were planned or were in existence were the Fund-Raising Committee, Compensation Survey Advisory Committee, Communications/Networking Committee, Education and Training Directory Committee, and M-STEP Committee.
Accomplishments

This was one of the first site visits that we conducted, but this MiRSA was already quite organized. Thanks in large part to the staff person from the convener’s organization, Bob Sherer, the MiRSA had identified specific goals and was already focused on sustainability efforts. As alluded to above, the goals were (1) to sustain the manufacturing council by providing information and services of value to the membership and (2) to develop the manufacturing workforce in the area. Sustainability was going to be achieved by a system of membership dues.

The WorkKeys presentation at the meeting served two purposes. First, it was of general interest to the members. But second, it furthered one of the MiRSA’s objectives, which is to “Increase basic skills of new hires/incumbent workers through WorkKeys System and training.” The presentation not only included formal remarks from an individual who works for the WorkKeys vendor, ACT, but also had some effective testimonials from local employers who use WorkKeys.

Barriers/Issues

The Capital Area Manufacturing Council has been launched and seems to be heading toward a successful journey. Like any new venture, it is on a learning curve. We sense that the major barriers or issues that it faces are analogous to the entrepreneurial risk of many start-ups. It has to provide value added to its customers in order to succeed. In this situation, this means that the MiRSA has to continue to provide useful informational meetings and networking opportunities for local employers. It has to conduct and disseminate the results from a high quality, useful wage and compensation survey, for example. But because it is a new organization, it also has to invest considerable effort in marketing/outreach in order to attract membership.

At this point, we have no reason to believe that the Council will not succeed at these efforts. We simply feel that the daunting nature of starting up an association will be difficult.

How to Engage Partners

Attendance at the meeting was good. The Council believes that short, information-filled meetings at lunchtime will succeed in engaging partners. Outreach to corporations who are not already involved will require personal contact from the MiRSA staff, and also, testimonial help from area employers who are members of the Council.

Interactions with State/Programmatic Suggestions

We did not delve into this topic very much. It seemed clear that the Council members were pleased to have the State’s financial support for a year. However, it was also very clear that the Council was taking seriously the imposition of a single year of
support and the necessity of finding a means for sustainability. In this case, the MiRSA was intending to impose a dues structure on its members.

**Value Added**

Michigan’s manufacturing sector is declining significantly, and yet as an export-based sector, it is vital to the State’s economic performance. Clearly, the State needs to provide as much assistance as possible to this critical sector. If the Capital Area Manufacturing Council reaches its goals and becomes a viable organization, it would bring significant value added to the Lansing area and buttress the notion that manufacturing is an important economic base.

The potential value added of the Council has several dimensions. First, the networking among employers may help them to quickly solve issues or get information that will aid their competitiveness through informal contact with each other. The information provided to members during meetings and from products such as the wage and compensation survey and directory of education and training will also be of value. Finally, if the Council can facilitate significant use of the pre-employment training program, i.e., M-STEP, then manufacturers will have an improved pool of entry-level workers, who can be productive sooner and with less training costs.

**Evaluation**

The Capital Area Manufacturing Council is off to a good start. The convener and executive committee have organized formal luncheon meetings that have been well attended. The meeting that I was at had very interesting and useful information about WorkKeys, and the audience seemed to be well-engaged. This MiRSA has established a “do-able” set of goals and objectives. It has a nascent, but committed, governance structure and has established a committee system for accomplishing its work.

Our sense is that this MiRSA faces two major risks. First of all, it needs to continually provide useful information to its members, especially since it intends to set up a dues structure. Most of the members of the council seemed to be corporate staff (particularly HR staff), and when they attempt to sell the notion of paying dues to corporate executives, they’re going to have to justify them by showing the value of the information and contacts that they have garnered. The second risk is that the MiRSA needs to make contacts and market its services aggressively in order to gain a critical number of participants.

Nevertheless, in spite of these two concerns, it appears to us that this MiRSA has had good initial success in terms of attracting employer partners, and making progress on its mission and goals.
Site Visit Report

RSA: Grand Rapids Community College: The SOURCE and Goodwill Industries

Date of Visit: February 23, 2005

Activities/Interviewees:

I attended a luncheon meeting of the Board of Directors for the SOURCE. After the meeting, I interviewed four employer representatives – Kim Kooy (the Decc Company), Tina Collins (Butterball Farms), Julia Byers (Spectrum Industries), and Reyna Derks (Pridgeon and Clay). After interviewing the employer partners, I interviewed Connie Bellows from GRCC Delta Strategy, Andrew Brower, Executive Director of the SOURCE, Nichole Knights, from Goodwill, and Ana Fumando, also from Goodwill.

History and Governance Structure

The convener for this MiRSA is a community outreach department of Grand Rapids Community College that refers to itself as the Delta Strategy. It applied for and is using the MiRSA grant to extend an employment retention model in both manufacturing and in health care. The larger share of the activity is in manufacturing, and is being delivered through the SOURCE. Delta Strategy is investing a smaller share of the grant in health care trying to replicate the activities that are being done by the SOURCE. This part of the grant is being undertaken by Goodwill Industries.

The SOURCE, an acronym for Southwest Organizations Unifying Resources for our Community & Employees, is a community-based organization that provides training and employment supports for individuals. It is modeled after another local company’s (Cascade Engineering) welfare-to-career effort. It has an FIA staff member on site. The basic intervention is to have a retention specialist assigned to individuals who are placed in a company. The retention specialist cuts through red tape and does whatever it takes to help the individual retain their job. The SOURCE started in March 2002, and was funded through foundations and through EDJT grants prior to receiving the MiRSA grant funds. A group of about 8 employers in southwest Grand Rapids, where the individuals have been placed, also contribute operational funds.

An innovation in this MiRSA is the attempt to broaden the model that has been successfully used by the SOURCE into the health care sector. They have had some success here, and have received some incumbent worker training funds from the local MWA (grant funds that are in addition to the MiRSA funds.)

The governance structure of the MiRSA is quite informal. Connie, Andrew, and Nichole meet monthly, or more often as necessary, to discuss progress and plans. Connie and Nichole have supervisors and financial operations staff that are aware of the grant,
and monitor, to some extent, its progress. The Board of The SOURCE meets on a monthly basis and is aware of the MiRSA grant, but their purview is the entire SOURCE operation, not just the MiRSA.

Accomplishments

In the manufacturing area, the SOURCE has enrolled 15 individuals in GED preparation training and has enrolled 44 individuals in computer application training (Word, Excel, etc.). These trainings are being offered with MiRSA grant funds. In addition, staff indicated that during the short time that they have had MiRSA funding, three employees have been assisted in advancement in their workplace or to another company.

Most of the employees served by the SOURCE or the Goodwill Health Care portion of the MiRSA are low-income, and the lead staff indicated that they felt that events such as moving some folks off of the public assistance rolls and having some individuals continue with their basic literacy training despite being laid off were great successes.

Getting competitive firms to cooperate with each other, and to even help each other, was seen as a major contribution. Connie Bellows, the convener, summarized this spirit of cooperation in a positive manner as “business as unusual.”

Barriers/Issues

A year ago, the SOURCE had received over $100,000 in EDJT training grants, which it had used for incumbent workers in the firms that support the SOURCE. The agency had again applied for those funds, and had planned on receiving them. However, the grant funds have not come through for this year, and the organization is fearful that it won’t get those funds, which may severely crimp the amount of training that it provides.

Another major barrier is the continuing economic slide (or very slow recovery). The manufacturing sector has been hit extremely hard, of course, and the partners had been optimistic that the recovery would be more robust by now. During the course of the meeting I attended, one of the employer partners indicated that they were about to layoff more than 25 individuals, I learned of a major employer in the area that has a reputation for hiring disadvantaged workers had a indefinite hiring freeze, and I learned of a major partner in the SOURCE having laid off over 120 workers recently.

Finally, we discussed the issue of whether the workers enrolled in training through MiRSA funds (GED preparation and computer application training) had their data entered into the WIA system. It appears as if they do not, and one of the conveners was concerned that some of the individuals being trained may not want to provide that information, which would be a barrier to participation.
How to engage partners

One of the goals of this MiRSA is to get commitments from additional employers to join/support the SOURCE or the geographic extension of the SOURCE through Goodwill or Delta Strategy. All of the interviewees were quite emphatic about the importance of having CEOs do peer-to-peer recruitment. Note that the Right Place, an economic development agency with a strong employer base, is assisting in this recruitment; at least opening doors.

In terms of the board meetings and project meetings, the conveners felt that meeting consistency (same time and day of the month) was important, and that it was important to often “check in” with the employers (or employer staff) to make sure that they felt that their time was being used efficiently.

The respondents felt that another key was getting to know folks, and building trust.

Interaction with State/Programmatic Suggestions

A few suggestions were offered. First, Andrew Brower noted the important role in his operation that had been played by the EDJT grants, and emphasized the potential disruption if these grants do not materialize. Second, the respondents made an interesting comment about how important the transportation issue is for workers, especially for job retention. In their opinion, public transportation as currently offered will not get individuals to good jobs. So, in their opinion, it is vital that state policymakers improve public transportation options, or as a second best alternative, offer incentives or policies that allow or promote private means of transportation (cars).

Finally, the conveners felt that having the MiRSA grant and getting to know the state staff is having a spinoff benefit of interest from the Department of Corrections and FIA.

Value Added

The MiRSA grant is attempting to reach more employers to get commitments to this particular employment retention model (i.e., providing workers with a retention specialist). According to the project staff, this model is extremely important because the jobs that their clients hold are attendance-based. Unlike higher-level jobs where workers have more autonomy to deal with emergencies, these workers face stringent attendance rules, so it is vital that they have a retention specialist who can help them deal with emergency situations.

One of the characteristics of the MiRSA grant that is clearly value added is the expansion to health care.
The consensus seemed to be that a measure of success would be a substantial increase (doubling?) of the number of employers that support the work of the MiRSA agencies with contributions in order to sustain it into future years.

Conclusions and Problems/Issues

It didn’t take me long into my visit to note the excitement and commitment about the work of the SOURCE of the staff and board members. This organization is clearly providing a valued service to many workers in terms of training and “general support” (including help with tax returns). Furthermore, the board members were clearly working together and coordinating. The program appears to be providing its community great value.

Much harder to get my hands around is the schizophrenic welding together of manufacturing and health care into one MiRSA. About three-quarters of this grant seems to be a “typical” RSA in manufacturing, where individuals are networking and sharing resources in a single sector. Furthermore, this part of the MiRSA is further along than the “typical” MiRSA because it is actually providing considerable amounts of training to clients. The other one-fourth of the grant seems to be more experimental—trying to see if the retention model can get replicated in health care. I fully understand, and even support, the experiment. I just wonder whether it is diluting the manufacturing MiRSA and whether it will have enough resources to attain the benefits of the sectoral approach.

The issue of capturing trainees’ data in the WIA system needs to be resolved. Obviously it makes little sense to capture the data if it causes fewer individuals to volunteer. On the other hand, without this data, there will be no way to determine the net impacts of the MiRSA on workers and employment.
Site Visit Report

RSA: LAKE SUPERIOR COMMUNITY PARTNERSHIP ELECTRICAL LINE TECHNICIAN PROGRAM

Date of Visit: February 3-4, 2005

Activities/Interviewees:

On Thursday morning, February 3, I interviewed Joe Esbrook, director of the Marquette Office of the MWA, who is involved with both the Lake Superior Community Partnership and the Upper Peninsula Health Care Roundtable MiRSAs. Joe serves on the Line Tech Advisory Committee. On Thursday evening, I interviewed Sandy Spoelstra, who had written the grant for this MiRSA and who was actively involved in a project to extend the program with another employer. Then on Friday morning, I attended a board meeting of the Lake Superior Community Partnership Foundation in Marquette. After that meeting, I drove to the Midwest Skills Development Center and attended a meeting of the Line Tech Advisory Board. Following the advisory board meeting, I had a group interview with instructor for the program, Mr. Jerry LePage, three employer representatives – Derek Weide, North Electric, Inc., Erik Stenvig, M.J. Electric, Inc., and another individual (wasn't able to get name or company); and Dr. William Rigby, Dean of Technology and Applied Sciences, Northern Michigan University.

History and Governance Structure

The electrical line technician program operates at the Midwest Skills Center, which is a renovated building on the grounds of Sawyer Air Force Base, which was abandoned by the Air Force several years ago. It is located approximated 20 miles from Marquette and is being developed into an industrial park/airport. The line technician program is currently in its second year. It was started by the Lake Superior Community Partnership Foundation, which is a 501c3 organization that was originated to foster economic development. It is a foundation affiliated with the Lake Superior Community Partnership, a 501c6 organization, formed by merging three chambers of commerce in the Marquette area.

The line technician program is a one-year pre-apprenticeship program that results in a certificate. Northern Michigan University has an active sub-baccalaureate occupational education mission and programs, and it has brought the line tech program under its fold. Students in the line tech program are NMU students in good standing, and of course, they pay tuition for their attendance.

The MiRSA grant has been folded into the revenue for the line tech program, and is being used for several support activities – purchasing training equipment and materials, and developing recruitment materials for next year’s class. The first class had graduated about 25 members, and all but 1 or 2 had been placed. Many of the placements
are out of state. The current class has 28. The class members are all male, although they are trying hard to recruit females.

The program has an active, engaged advisory committee that is chaired by Gary Erickson, CEO of the UP Power Company, the major utility in the area. (Note: Gary also chairs the Board of the Lake Superior Community Foundation.) The advisory committee members are all aware of the MiRSA grant, but do not consider themselves as a governance body for that grant. The grant simply goes into the revenue of the program and has certain “strings” or requirements that must be met as any governmental grant has.

There seemed to be relatively little interaction with the MWA in the area, although I think that I was told that student information was being entered into the WIA client data base. The MWA does screen and test applicants for the program. The testing includes the Accuplacer academic pretest. Joe Esbrook, from the MWA, is on the Foundation Board and the Advisory Board.

The Advisory Board meets monthly, and has three committees: Finance/Marketing, Personnel/Curriculum; and Facilities.

Accomplishments

The advisory board is very proud of this program, which is preparing young individuals for a well-paying stable occupation in demand. The program has such a good reputation that a large company in the Lower Peninsula is quite interested in using the facility and instructor for training their employees, which would double the capacity of the program.

A related accomplishment is a pending project to establish a similar program for aircraft mechanics. The Community Partnership has obtained agreement from American Eagle Airlines to house an Aviation Maintenance Academy at the Midwest Skills Center, at which all of this airline’s initial mechanic training operations would be done.

Barriers

Almost no barriers or issues arose during my interviews. Placement, recruitment, and major expansions of the program were all going well. A minor downside to the program that was mentioned was that the occupation often required significant amounts of travel, so sometimes it has been difficult to recruit individuals because they want to work close to home.

How to engage partners

Employer and educational partner engagement was not an issue here. The members of the advisory committee had obviously committed and bought into the program. They were almost anxious to help out in any way that they could, including equipment donation and placement.
Interaction with State/Programmatic Suggestions

The only concern voiced about the role of the state was that the individuals responsible for the program wished that there was a steady, reliable funding source so that the program had a firm basis for operating. Interestingly, several individuals named Diana Carpenter as their state liaison.

Value Added

The value added of the MiRSA grant seems to be that it facilitated a successful second year of the line tech program, and seems to be helping in the marketing of the third year. Some equipment and materials have been funded by the grant.

Conclusions and Problems/Issues

The line technician program is clearly a high quality, pre-apprenticeship program. The students who graduate and get a certificate are highly likely to find well-paying employment in the industry. A major issue for this MiRSA is sustainability; i.e., replacing the revenue that the DLEG grant represents. The expansion to another employer and the aviation maintenance project may resolve this issue.