Evaluation of the Idaho Center of Excellence Healthcare Partnership (ICE):

Interim Report

Marian Negoita
Anne Paprocki
Miloney Thakrar

SOCIAL POLICY RESEARCH ASSOCIATES

iii: SPR

December 2016

CONTENTS

EXECUTIVE SUMMARY

The Idaho Center of Excellence Healthcare Partnership (ICE), funded by a Round Four Trade Adjustment Assistance Community College Career Training (TAACCCT) grant from the U.S. Department of Labor (DOL), aims to transform educational delivery methods in Idaho and train more than 500 individuals for in-demand healthcare jobs. The consortium is developing or enhancing programs nested in three distinct pathways—diagnostic services, health informatics, and therapeutic services—at three higher education institutions in Idaho: North Idaho College (NIC), the consortium lead; Idaho State University College of Technology (ISU); and Lewis-Clark State College (LCSC).

This document summarizes preliminary research findings from the evaluation of the ICE initiative, providing consortium members with a mid-grant assessment of the consortium's progress, main accomplishments, and promising practices. Overall, preliminary evidence indicates that the consortium is moving toward creating sustainable regional networks in which community colleges and industry partners collaborate to fill skills gaps in healthcare labor markets.

STRUCTURE, OPERATIONS, AND PARTNERSHIPS

Consortium Level

- **Overall Consortium Management.** Six entities—the ICE Leadership Team, a management team based at NIC, the three participating colleges, and Idaho Emergency Medical Services (ID-EMS)—interact to manage and implement various aspects of the ICE initiative.

- **ICE Leadership Team.** The NIC management team and the ICE consortium as a whole receive guidance from the ICE Leadership Team, a group of twelve individuals who hold high-level roles in hospitals, government agencies and taskforces, educational institutions, and health-related organizations. This leadership team is a strength of the consortium—its members have been engaged from the beginning of the grant and, based on their knowledge of the healthcare sector, have recommended training programs that should be offered.

- **Role of the Lead College.** NIC administers the grant, acts as fiscal agent for grant funds, and provides support to the participating colleges. It has developed a grant management team made up of a grant project director, the chair of the Health Professions Division and dean of Health Professions and Nursing at NIC, and a fiscal representative. NIC also houses several other grant staff members (employment transition coordinator, prior learning assessment coordinator, data analyst/financial

technician, curriculum development and faculty support specialist, and senior administrative assistant) who serve the entire consortium. Respondents from the participating colleges find the members of the NIC grant leadership team to be organized and responsive and the staff members quick to respond to problems with possible solutions.

- **Communication and Collaboration Structures.** The consortium has created several effective means for members of the management team and grant staff members at different colleges to learn from each other and update progress: ICE project team meetings with staff members who play roles administering the overall ICE grant across the consortium; regular calls between the ICE project director and each individual college; cross-college pathways meetings for staff or faculty members involved in developing new or enhanced programs in each pathway; cross-college student success navigator conference calls; and a SharePoint site where the project director and others post materials of interest, such as a deliverables timeline and policy documents and student success navigator resources.

Regional Level

- **Grant-funded Staffing and Coordination.** The consortium-wide staff members housed at NIC offer support to staff members at all three colleges. At each consortium college, a team of two to nine grant-funded staff members carry out ICE activities. They are supported by non-grant-funded staff members, especially for strategic planning and management functions.

- **Regional-level Leadership.** Program directors for each program being developed or enhanced under the grant are responsible for coordinating their individual programs. The program director roles are academic positions that include curriculum development and instructional responsibilities in addition to academic program management.

- **Employer Engagement.** The consortium-wide employment transition coordinator has toured multiple healthcare employer facilities and has spoken to human resource directors about ICE. She has also attended career fairs to promote the program and its graduates. All ICE colleges reported that they were able to use existing employer advisory boards to solicit industry feedback on curriculum and program design, request support of recruitment activities, and gain an employer perspective for ICE. Employers interviewed as part of the study viewed ICE positively and anticipated that it will help meet their needs for well-trained employees.

- **Connections to the Workforce Development System.** All three colleges made presentations to staff members at their local American Job Centers (AJCs) and provided

the centers with program material so that AJC staff members could refer interested customers to ICE programs.

PROGRAMS AND CURRICULUM DEVELOPMENT

- **New Programs Being Developed Under ICE.** The number of programs that the ICE consortium plans to develop has expanded over the course of the grant period to account for college and employer needs. Many of the new programs being developed under the grant remain in the early stages of curriculum development; a few have already been launched.

- **Programs Enhanced Under ICE.** In addition to developing entirely new programs, ICE also funded the enhancement of existing health programs at consortium colleges. In general, such enhancements involved either moving content online so that the programs would be more accessible to rural students or updating and improving content that was already online to meet current standards for hybrid and distance learning. The number of enhanced programs also grew during the grant to respond to a set of requests from employers on the ICE leadership team for enhancements of programs that could meet the workforce needs of local healthcare employers.

- **Curriculum Development.** A major component of the curriculum development process to date has involved aligning curricula with standards created by the nonprofit Quality Matters organization. This process involves clearly defining learning objectives and creating new instructional material such as videos to introduce online content, recorded and close-captioned lectures, and activities and quizzes adapted for online use. For the most part, interviewed program directors who had experienced the Quality Matters process viewed it positively.

- **Distance Learning Strategies: Hybrid Delivery.** While labs, clinical work, and simulations take place in person, nearly all the didactic material for the courses supported by the grant is presented online. This hybrid delivery approach is intended to better serve nontraditional students and those living at some distance from one of the colleges.

- **Distance Learning Strategies: The Host-Provider Model.** In the host-provider model chosen by the colleges, the "provider" college provides the online, didactic instruction and the "host" college enrolls students at its campus and has an instructor facilitate labs and clinical work. The model benefits a sparsely populated state like Idaho, since only one college need invest the resources in developing curriculum, and students are not limited to programs that their nearest college can develop on its own.

RECRUITMENT, ENROLLMENT, AND STUDENT SUPPORT

- **Actual Enrollment vs. Recruitment Goals.** The consortium colleges' recruitment efforts have led to strong progress toward meeting the enrollment goals for enhanced programs, but slower progress in realizing the enrollment goals for new programs. As of December 2016, ICE had enrolled 621 students across all programs, just over half way to meeting its overall grant enrollment goal of 1147.

- **Recruitment Strategies.** ICE Healthcare Partnership colleges have used a variety of recruitment strategies. Recruitment strategies have included engagement of local workforce partners, on-campus recruitment events, participation in local career fairs, presentations at local schools and community–based organizations, distribution of program flyers and other promotional materials, social media activities, advertising in local media, and production of promotional videos.

- **Student Support Services.** Through different staffing configurations, the consortium colleges provide key types of support services:

  - **Financial Aid Assistance.** Support staff members at all three colleges reported that they have assisted students with securing financial support for college and life needs, as well as referred students to primary resources such as the college's financial aid office.

  - **Academic Support.** Academic support was identified as a priority by all colleges. One college created an academic preparatory course specifically for ICE participants so that they could develop strong foundation skills in math and science. In addition, the college engaged a retired pharmacist as a volunteer to provide tutoring support to students enrolled in its Pharmacy Tech program. Similarly, another college offers tutoring services in general subjects such as basic math and writing. Students can receive one-on-one assistance in study skills from the grant-funded student success navigator.

  - **Clinical and Job Placement Assistance.** In early 2016, the lead college hired an employment transition coordinator to manage job placement services both at the college and across the consortium. Besides connecting students to clinical sites, the employment transition coordinator has helped students with writing and tailoring their resumes, conducted mock interviews, and provided information about job openings. In addition, she has been sending out e-mails to students containing labor market information, job search tips, and job announcements. The employment transition coordinator has also been engaging local employers by attending jobs fairs and other employer

events as well as meeting individually with human resources directors from local hospitals and clinics throughout the geographic areas served by ICE.

AREAS OF PROGRESS AND PROMISE

- **Responsiveness to Labor Market Trends.** By adding enhanced mental health assistant, medical coding, and certified nursing assistant programs to the statement of work, the ICE management team has demonstrated a commitment to being responsive to the evolving labor needs of healthcare employers.

- **Management Structure Using Program Directors.** Preliminary evidence suggests that the program director management structure at NIC and ISU has led to increased buy-in for grant-funded programs among the existing faculty and departmental staff members, and is expected to improve the overall sustainability of the programs.

- **Developing Innovative Distance Learning Strategies.** The two distance-learning strategies that the consortium is using to serve the educational needs of Idaho's rural and dispersed population—the host-provider model of course development/delivery and hybrid content delivery—hold great promise. The innovative host-provider model avoids duplication of programs and curriculum development effort; hybrid delivery reduces the need for students' physical presence at a campus. The apparent success of the effort to enhance the online portions of hybrid courses shows that it is possible to mitigate the disadvantages of online learning while making it easier for students to access and master the material.

MAIN CHALLENGES

- **Early Exit of a Key Consortium Partner.** The consortium faced an early challenge when Eastern Idaho Technical College (EITC), a planned consortium partner, decided not to participate in the grant soon after it was awarded. Overall, the consortium has managed this challenge well; at the time of writing this report, there were no lingering issues stemming from the EITC's exit other than the inevitable delays in program implementation.

- **Revising the Scope of Work to Add New Programs.** Following recommendations by the Leadership Team, new programs were added to the initiative, necessitating revisions in the budget and in the statement of the scope of work. Although this challenge was self-imposed and has had several negative consequences, it is also true that the addition of the programs is consistent with the goals of the grant and a boon to Idaho's healthcare employers.

- **Difficulties in Learning at a Distance**. Students enrolled in programs taught using the host-provider model were sometimes confused about whom to ask for help, because the course's lab instructor was based at their college but the program director was located at another college. In addition, the absence of face-to-face contact during online learning reduces opportunities for instructors to connect with the students on a personal level, which would increase student engagement with the college.

- **Difficulties Hiring Grant Staff Members**. ICE colleges found it difficult to find program directors with teaching and curriculum development expertise as well as industry experience in specific health fields. In some cases, they also had difficulty finding instructors with the necessary experience. Competition with the healthcare industry for qualified individuals was seen as contributing to this challenge.

- **Staff Turnover**. One college lost an instructor and a curriculum developer, while two colleges lost their student success navigators. Although staff turnover has been a challenge, it is quite typical for grant-funded programs.

- **Potentially Inadequate Staffing Levels.** Only one employment transition coordinator has been hired across the entire consortium. It is likely that this position will experience significant strain if many students request services at the same time, as might be expected toward the end of the grant period when many students will have graduated and will be looking for jobs. In addition, since the colleges are in regions that are at considerable distance from each other, the coordinator—who is based at NIC—may be less knowledgeable about labor markets in the regions where the other two colleges are located.

I. INTRODUCTION

The Idaho Center of Excellence Healthcare Partnership (ICE), a consortium composed of three colleges in Idaho (North Idaho College-NIC, Lewis-Clark State College-LCSC, and Idaho State University College of Technology-ISU), aims to transform educational delivery methods and train more than 1,000 individuals for in-demand healthcare jobs in three distinct pathways—diagnostic services, health informatics, and therapeutic services. ICE received funding for this initiative in the form of a Round Four Trade Adjustment Assistance Community College and Career Training (TAACCCT) grant from the U.S. Department of Labor (DOL).

ICE selected Social Policy Research Associates (SPR) to conduct the required third-party evaluation of this grant-funded initiative. The evaluation focuses on several major aspects of the ICE initiative: the administrative and partnership structures established to guide the initiative, the development and launch of the initiative's major components, and the initiative's outputs, outcomes, and impacts.

DOL requires that all Round Four TAACCCT grantees submit at least one interim report that describes preliminary evaluation findings. The present report fulfills that requirement while also providing consortium members with a picture of their implementation progress thus far, an outline of key challenges the initiative faces, and descriptions of the promising practices that have emerged. In addition, findings from this interim report will be used together with those obtained from other TAACCCT programs as part of a national TAACCCT evaluation. The data on which this report is based come from site visits to each of the three consortium colleges, information obtained from phone calls with grant implementation teams at all three colleges, evaluator participation in project team meetings, and review of project documents.

To provide a context for interpreting the findings described in subsequent chapters of the report, this introductory chapter describes the healthcare field in Idaho and the occupational outlook for healthcare in the consortium regions, provides background information on the formation of the consortium, and offers an overview of the ICE interventions.

THE STATE OF THE HEALTHCARE FIELD IN IDAHO

ICE's focus on training workers in the healthcare field and granting them healthcare degrees and certificates, and thus alleviating skills gaps in this area, is consistent with recent trends in healthcare employment in Idaho. Healthcare employment in Idaho has been growing steadily over the last two decades, despite several major economic downturns in the U.S. economy that depressed overall state employment growth. Idaho's healthcare employment grew by 46 percent in the last decade, the second-highest rate of healthcare employment expansion in the nation (Townsend, 2013, p. 1). What is more, Idaho's strong growth in new job opportunities in healthcare is expected to continue: employment growth in this field is estimated at 35.5 percent in the next decade (second only to Utah) (Townsend, 2013, p. 6). While overall expansion of the healthcare sector is an important driver of expanding job opportunities in the sector, so too is the aging of the healthcare workforce. In the early 2010s, healthcare workers aged 55 and over made up more than a fifth of total healthcare employment, significantly more than the 10 percent recorded two decades earlier (Townsend, 2013). The need to replace workers as they retire is and will continue to be a major source of new employment opportunities in healthcare. A dean from a college participating in ICE dubbed this dynamic the "baby boomer effect"—but noted that while workers from the baby boomer generation wind down their careers, the younger individuals who could replace them often lack the required skills.

The Idaho healthcare sector is also typically a provider of well-paying jobs. An analysis of data collected by the Idaho Department of Labor found that average earnings for healthcare workers were nearly 10 percent higher than the average earnings of all workers (Townsend, 2013, p. 7). Because of the sector's strong growth rate and robust salaries, many healthcare occupations rank highly on the Idaho Department of Labor's Hot Jobs list, which rates occupations based on their growth rate and pay, among other factors. Of the 100 highly ranked occupations in 2013, a quarter originated in healthcare, more than any other sector. Moreover, of the top 15 occupations, nine were healthcare-based. Registered nurse has been rated as the number one occupation for several years in a row (Townsend, 2013, p. 18).

Employment growth in the healthcare sector also generates growth in the overall Idaho economy. The multiplier effect is an economic indicator that measures the extent to which a new job in a particular sector generates growth in employment in other sectors. As reported by the Idaho Department of Labor in 2010, healthcare jobs in the various regions of the state have multiplier effects that range from 1.59 to 2.19, meaning that every 10 new healthcare jobs lead to between 16 and 22 new jobs in other sectors (Hyer et al., 2010, p. 30).

In regional terms, southwest Idaho has the highest share of the state healthcare employment, with almost half of total sector employment being concentrated in this region. However, in

North Central Idaho, employment in the healthcare sector accounts for the highest proportion of total regional employment. Despite these regional variations, healthcare employment growth has been strong in all regions (Townsend, 2013, p.9).

Of particular relevance for the evaluation, many of the occupations for which ICE is currently training or planning to train its participants are healthcare occupations with bright prospects. For example, ICE offers or plans to offer new and enhanced programs for pharmacy technicians, medical and occupational therapy assistants, and dental hygienists. All of these occupational groups are expected to grow substantially in the next decade. Employment for physical, respiratory, and occupational therapists is projected to grow between 40 percent and 45 percent, that for dental hygienists by nearly 35 percent, and that for medical and dental assistants by 25 percent (Townsend, 2013).

The rapid growth in healthcare employment has prompted the state to initiate strategies to support this burgeoning sector. The Idaho Health Professions Education Council (IHPEC) was created by gubernatorial executive order in February 2009. The Council has representatives from a wide range of stakeholders including healthcare organizations, Idaho colleges and universities, and others. Among other responsibilities, the Council conducts healthcare workforce analyses, creates statewide objectives for healthcare employment, and provides policy recommendations for achieving the objectives (IHPEC 2013). Of particular note, some of IHPEC's recommendations have encouraged the formation of partnerships between colleges. For example, in 2013 the Council recommended that all the schools/colleges of nursing in Idaho (ISU, Boise State University-BSU, and LCSC) form a partnership and apply for funding to create three regional Area Health Education Centers (AHEC).

The state is also playing an increasingly strong role through an expansion of its regulatory oversight of health professions. Historically, Idaho relied on on-the-job training; according to a dean from a participating college, "employers were solving their own problems," meaning that employers were establishing their own occupational standards for health professions. An increasing trend toward state regulation of health occupations has begun to change this situation. For instance, according to a respondent from LCSC, the state legislature recently established a required state certification for certified nursing assistants. In addition, the state legislature is expected to require pharmacy technicians to be nationally certified by 2018, and currently pharmacies are encouraged to hire certified pharmacy technicians. This will increase the need for programs to train workers who can meet national certification and state standards.

THE IDAHO CENTER OF EXCELLENCE HEALTHCARE PARTNERSHIP

Characteristics of the state and the participating colleges have facilitated the creation of ICE. Idaho has only four public two-year colleges—a relatively small number compared to other states—and two four-year universities which house colleges of technology that operate certificate and two-year degree programs. The small number of colleges allows a high degree of mutual knowledge and familiarity among colleges, which in turn facilitates the formation of partnerships. As a dean from one of the ICE colleges aptly explained, in Idaho "everybody knows everybody." In addition, Idaho has a relatively centralized higher education policy—the Idaho State Board of Education administers the entire state system of colleges and public universities. The high degree of centralization is also conducive to the development of mutual knowledge and partnerships. A vice president from one of the participating colleges said that the state has created an "underlying expectation to work collaboratively." She also explained that the Idaho State Board of Education has a policy of avoiding duplication of effort in developing programs across colleges. Instead, the Board typically prefers to have individual colleges develop programs and then share the programs' content with other colleges, using educational technology. ICE's host-provider model,[1] an important component of the initiative, draws heavily on this state-sanctioned approach.

Idaho's mountainous topography and dispersed population have also formed a context conducive to ICE's existence and approach. Because much of the student population lives at considerable distances from the colleges, colleges have increasingly offered distance-learning options that allow more students to enroll in programs offered by colleges. Distance-learning options have included programs that are taught using the host-provider model that is currently used by several ICE grant-funded programs. For example, LCSC offers "collaboration programs" in which the college hosts programs provided by other colleges on its campus, such as the Dental Hygiene program offered through Lane Community College and the Physical Therapist Assistant program offered by NIC.

The ICE consortium colleges came into the partnership with varied interests and objectives. The consortium's lead college, NIC, was interested in applying for a TAACCCT Round Four grant (the college had received funding in previous TAACCCT rounds). Initially, there was internal discussion about whether to build a proposal focused on manufacturing, IT, or healthcare. Ultimately, the administration decided that healthcare training was more urgently needed in the community. NIC's vice president of instruction stated that the first TAACCCT-funded project (through Round One) had been instrumental in launching a physical therapist assistant

---

[1]   Details about the host-provider model are offered in Chapter III.

program. Because of the strong demand for healthcare jobs, the college envisioned that a Round Four TAACCCT grant would continue the work started in previous rounds while at the same time building stronger relationships with other colleges and fulfilling employers' need for well-trained job candidates. The medical assistant and pharmacy tech programs at NIC wanted to expand their footprints and the community acutely needed a dental hygiene program; therefore, a healthcare-focused partnership appeared as the best solution.

The other two colleges (ISU and LCSC) used the opportunity offered by TAACCCT Round Four to develop programs that they had been previously planning. For example, prior to applying to the ICE grant, ISU's College of Technology had applied for funding for a Veteran to Nurse program. Due to the existence of this previous funding proposal, the ISU team was able to prepare a proposal for the program shortly after receiving an invitation to participate in the ICE partnership. Similarly, LCSC saw the grant as a good opportunity to create a more robust pharmacy tech program, a goal toward which the college had been moving.

NIC's dean of health professions and nursing and vice president for instruction, who has a healthcare background (was previously dean of health professions and nursing until 2012), championed the grant at the school. The NIC leadership team subsequently contacted deans at all the other community colleges in Idaho and issued invitations to participate in the initiative as partners. Because of the high existing level of familiarity among staff members at various colleges, finding partners was done through phone and email networking rather than through a Request for Proposal (RFP) process.

ICE faced an early challenge when Eastern Idaho Technical College (EITC), a planned consortium partner, decided not to participate in the grant-funded initiative soon after it was awarded. While the exact reasons for this withdrawal are not entirely clear, it appears that EITC was not comfortable with the level of commitment (staff time, curriculum development effort, financial outlays, etc.) that participation would have required. EITC's withdrawal meant that the three remaining colleges had to re-apportion their contributions to the overall scope of work. It also led to a large amount of work in revising timelines and project deliverables.

Due in part to EITC's exit, the scope of the ICE grant has evolved over time. Initially, the management team devoted much of its attention to figuring out how to achieve the grant's targeted enrollment numbers and develop the promised programs without EITC's involvement. As a first step, it persuaded ISU to increase its involvement (expanding its role from developing only a Vet2Nurse bridge to taking on responsibility for an Occupational Therapy Assistant program). Even after adjusting to the exit of EITC, the ICE management team has continued to grow its plans to meet student and employer needs. The management team increased student support by adding dedicated student success navigator positions to the ISU and LCSC programs, which had not been included in the initial grant plan. The grant managers also added medical

coding, mental health assistant, and certified nursing assistant programs to the scope of work after employers identified credentialed workers in these occupations as being in high demand.

Throughout the grant period to date, the ICE management team has been very flexible in dealing with EITC's exit and very responsive in accommodating the needs of employers in different healthcare occupations. While this has likely strengthened ICE overall, it has also led to some delays in launching programs.

OVERVIEW OF THE INITIATIVE

ICE aims to transform training in the healthcare field through five main strategies:

- Enhance student services and facilitate the development of standard practices for awarding credit in prior learning through evidence-based design.

- Create career pathways in diagnostic services, health informatics, and therapeutic services through the development and enhancement of associate of science (AS) degree programs, associate of applied science (AAS) degree programs, and certificate programs that align with industry standards and credentials.

- Maximize students' access to training by creating new online technology-enabled courses and host-provider model curricula, building on existing technologies as appropriate.

- Link emerging pathways within and across colleges through new memoranda of understanding (MOU) that facilitate access and accelerate paths toward credential attainment.

- Enhance sector strategies by engaging employers and introducing or expanding clinical sites.

The original proposal put forward plans to create at least five new degree programs, enhance at least two certificate programs, and create three prior-learning-assessment bridge opportunities. After consultations with employers and workforce development leaders, ICE subsequently added more programs. ICE currently plans to offer eight new programs and seven enhanced programs shared across colleges as shown in Exhibit I-1.[2]

---

[2] Please refer to Chapter III for details on the programs. Note that the sum of the programs here is greater than eight new programs and five enhanced programs since some programs are being shared across colleges and because programs can be considered new at one college and enhanced at another.

Exhibit 1-1:
Number of Programs Developed and Enhanced Under the Grant, by College

	NIC	ISU	LCSC
Number of new programs	5	3	0
Number of enhanced programs	5	1	1

ICE builds on the existing strength of each college to develop competency models and corresponding credentials that will be validated by industry and shared with other member colleges. These stackable and latticed credentials will address employers' needs for workers with increased technical skills. The colleges will also use technology-based and online learning strategies to reach students attending other colleges and living in rural regions. Each new or enhanced program will be shared with all colleges through the host-provider delivery model and other means formalized by memoranda of understanding (MOU). Several hospital systems, including but not limited to the Idaho Hospital Association, Kootenai Health, Heritage Health, and Northwest Hospital Alliance, serve as ICE's industry representatives. These hospitals play a key advisory role and provide feedback on curriculum and program design.

The logic model presented in Exhibit I-2 below outlines ICE's core partners, the service model, and the initiative's anticipated outcomes and impacts. As a blueprint for the initiative and an important touchstone for the evaluation, the logic model provides a comprehensive overview of the initiative.

The oval in the upper left of the logic model acknowledges contextual factors—such as regional trends in health services, labor market conditions (including, but not limited to, employers' difficulty in finding job-ready workers), and strengths or gaps in the ability of each of the colleges to implement the core grant strategies—that may influence implementation and outcomes. Another type of contextual factor—in this case not shown in the model—is the fact that consortium members bring many strengths to the ICE initiative. Each college has experience with hybrid and online programs and distance-delivered instruction; participated in Round One and Two TAACCCT programs; has partnered with employers, the Idaho Simulation Network[3], and the public workforce system; and has support from the Idaho Board of Education and the Idaho Career & Technical Education division.

The left side of the model diagram shows the partners most likely to be central players in the initiative's success. These partners include member colleges, the public workforce investment
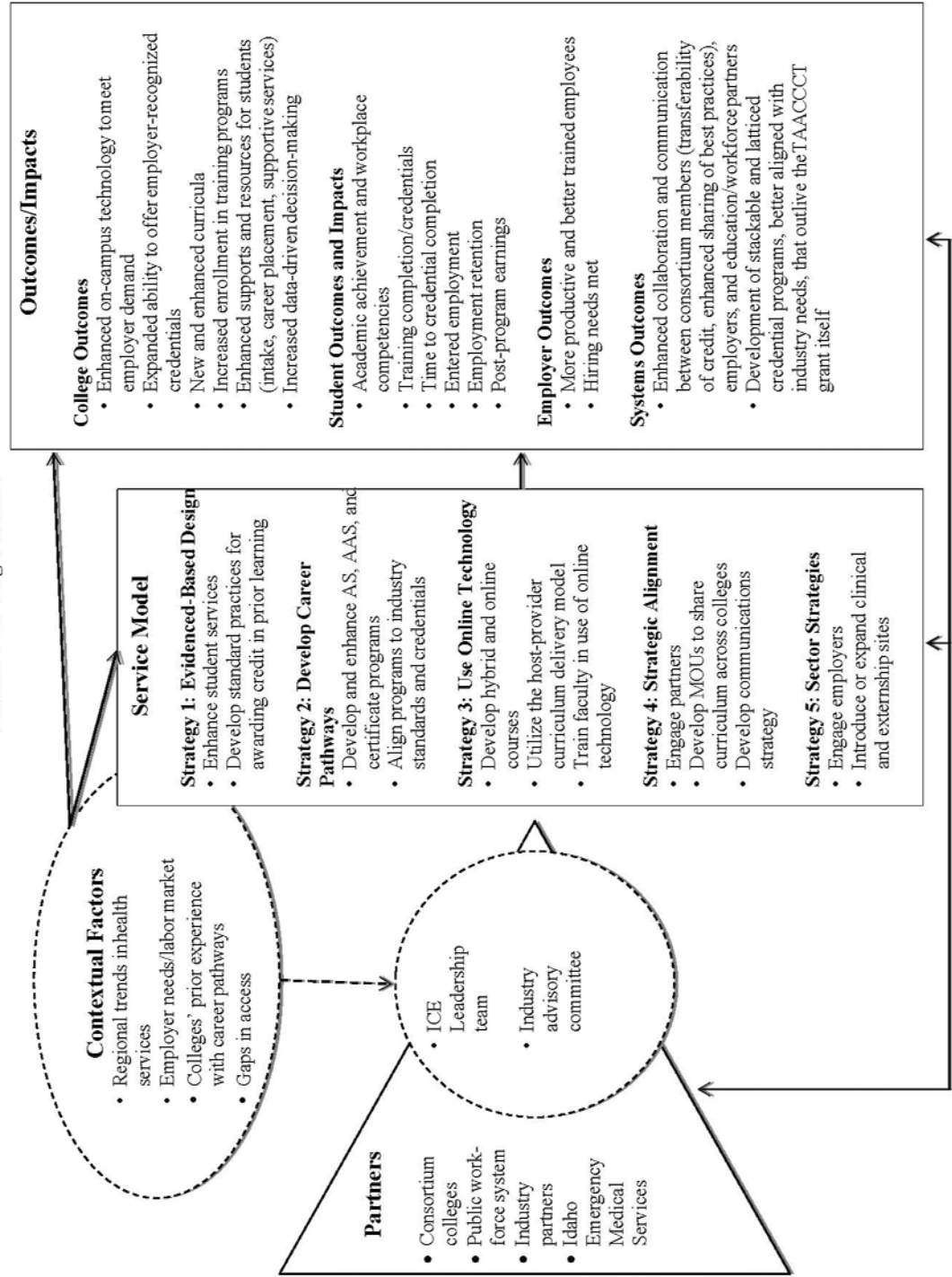
---

[3] Details are offered in Chapter III.

system, industry partners, and employers. The model also shows the primary vehicles for partner communication and collaboration, including the ICE project management team.

The middle panel of the exhibit shows five key components of the initiative that are to be realized by the ICE work plan. These strategies focus on using evidence-based design to enhance student services, creating supportive career pathways for students by developing stacked and latticed credential and degree pathways, building online and technology-enabled courses to facilitate student access, linking pathways across colleges to facilitate and speed student access, and promoting health sector strategies by engaging employers and connecting them with students.

The far right of the exhibit shows potential outcomes at the college, student, employer, and systems levels. At the college level, potential outcomes include enhanced delivery technologies and curricula, expanded credential programs, better alignment between training programs and industry needs and standards, and increased supports and resources for students. At the student level, potential outcomes include completion of relevant credentials, expedited pathways to certificates and degrees, and improved job prospects upon program completion. At the employer level, the primary potential outcome is access to greater numbers of productive employees, which should yield benefits in the form of decreased time needed to fill vacant positions with qualified workers and improved work performance. At the systems level, potential outcomes include the development of stackable and latticed credential programs that are better aligned with industry needs.

SPR

Exhibit I-2: Logic Model

Outcomes/Impacts

College Outcomes
- Enhanced on-campus technology to meet employer demand
- Expanded ability to offer employer-recognized credentials
- New and enhanced curricula
- Increased enrollment in training programs
- Enhanced supports and resources for students (intake, career placement, supportive services)
- Increased data-driven decision-making

Student Outcomes and Impacts
- Academic achievement and workplace competencies
- Training completion/credentials
- Time to credential completion
- Entered employment
- Employment retention
- Post-program earnings

Employer Outcomes
- More productive and better trained employees
- Hiring needs met

Systems Outcomes
- Enhanced collaboration and communication between consortium members (transferability of credit, enhanced sharing of best practices), employers, and education/workforce partners
- Development of stackable and latticed credential programs, better aligned with industry needs, that outlive the TAACCCT grant itself

Service Model

Strategy 1: Evidenced-Based Design
- Enhance student services
- Develop standard practices for awarding credit in prior learning

Strategy 2: Develop Career Pathways
- Develop and enhance AS, AAS, and certificate programs
- Align programs to industry standards and credentials

Strategy 3: Use Online Technology
- Develop hybrid and online courses
- Utilize the host-provider curriculum delivery model
- Train faculty in use of online technology

Strategy 4: Strategic Alignment
- Engage partners
- Develop MOUs to share curriculum across colleges
- Develop communications strategy

Strategy 5: Sector Strategies
- Engage employers
- Introduce or expand clinical and externship sites

Contextual Factors
- Regional trends in health services
- Employer needs/labor market
- Colleges' prior experience with career pathways
- Gaps in access

- ICE Leadership team
- Industry advisory committee

Partners
- Consortium colleges
- Public work-force system
- Industry partners
- Idaho Emergency Medical Services

OVERVIEW OF THIS REPORT

The remainder of this report describes how the colleges implemented the ICE model in the first two years of the grant period and identifies important challenges and accomplishments experienced during this initial period. Chapter II describes the organization of the initiative at both the consortium level and the regional/college level, with attention given to staffing, communication and collaboration structures, and partnerships. Chapter III contains a detailed description of programs and services developed under the ICE initiative. The chapter describes curriculum development, approval processes, delivery methods, and instructional techniques. Chapter IV provides a cross-site analysis of strategies used to recruit participants and describes the services that are typically provided to participants by grant staff members. Chapter V reviews the main accomplishments and challenges of the initiative and provides recommendations for improved operation.

II.   ORGANIZATIONAL STRUCTURE

This chapter describes the organizational structure of the ICE consortium and its role in the overall functioning of the initiative. It describes the makeup of the consortium, management of the initiative and grant finances, communication and coordination across the consortium members, and challenges and successes in consortium management. The chapter also describes operations and partnerships at the college level, including grant-funded staffing, regional leadership, regional partnerships, and challenges and successes associated with regional operations.

THE CONSORTIUM LEVEL

Although the core of the ICE initiative—providing training for in-demand healthcare occupations—is delivered at the individual colleges, three crucial functions are carried out at the consortium level: the related activities of leadership, program management, and oversight; overall grant and financial management; and facilitation of communication and collaboration across the consortium members.

Consortium-level Management Structure

At the consortium level, six different entities—the ICE Leadership Team, a management team based at North Idaho College (NIC), the three participating colleges, and Idaho Emergency Medical Services (ID-EMS)—interact to manage and implement various aspects of the ICE initiative. As illustrated in Exhibit II-1, the ICE leadership team provides broad grant oversight and funnels general direction to the ICE management team; the management team translates this direction into actionable policy and program goals; and the three colleges and ID-EMS implement these goals through curriculum development, instruction, and the provision of student support.

Exhibit II-1
Consortium-level Management Structure

```
                    ┌─────────────────────────┐
                    │   ICE Leadership Team    │
                    │  12 Healthcare Employer, │
                    │   Education, and State   │
                    │  Government Agency        │
                    │   Representatives         │
                    └─────────────────────────┘
                              │
                    ┌─────────────────────────┐
                    │ North Idaho College (NIC)│
                    │  ICE Management Team     │
                    └─────────────────────────┘
                              │
       ┌──────────────┬───────────────┬──────────────┐
┌──────────────┐ ┌──────────────┐ ┌──────────────┐ ┌──────────────┐
│Idaho Emergency│ │North Idaho    │ │Lewis–Clark   │ │Idaho State   │
│Medical Services│ │College (NIC)  │ │State College │ │University (ISU)│
│(ID-EMS)       │ │              │ │(LCSC)        │ │              │
└──────────────┘ └──────────────┘ └──────────────┘ └──────────────┘
```
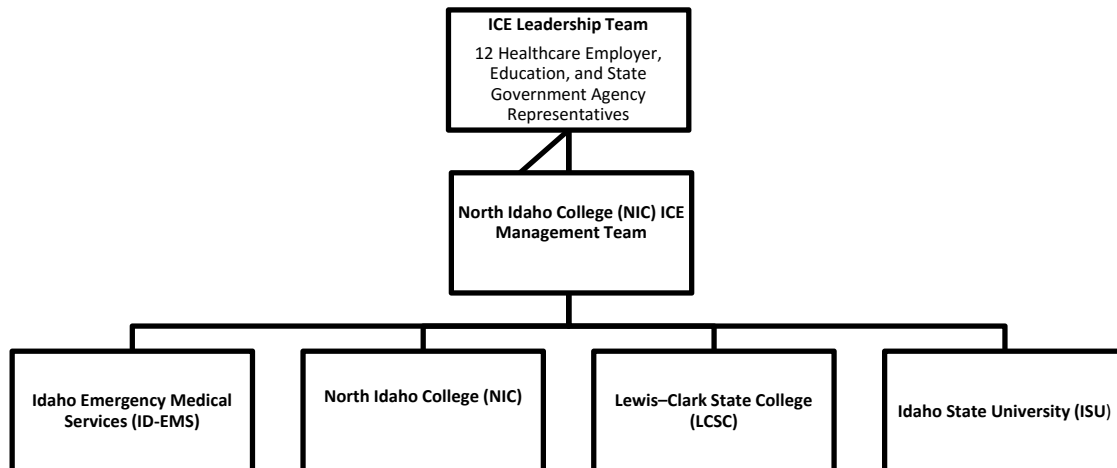
North Idaho College Management Team and Consortium-wide Staff

In its role as lead grantee, North Idaho College (NIC) serves as grant administrator, fiscal agent for grant funds, and provider of support to the participating colleges on many aspects of the grant, including curriculum development, prior learning assessment (PLA) policy development, and student support services. To support these different functions, NIC has developed a grant management team made up of the grant project director, the chair of Health Professions Division and dean of Health Professions and Nursing at NIC, and a fiscal representative.

In addition to the management team, NIC also houses several other grant staff members who serve the entire consortium: project director, employment transition coordinator, prior learning assessment coordinator, data analyst/financial technician, curriculum development and faculty support specialist, and senior administrative assistant. The positions support all the consortium colleges even though they are physically based at NIC. These staff members communicate with grant staff members at the other colleges through the communication and collaboration structures described below.

Grant representatives from the participating colleges find the members of the NIC grant management team to be organized and responsive, with staff members who are quick to respond to problems with possible solutions. They also reported that the NIC management team does a good job outlining the vision for the grant and how it aligns with local employer needs. However, some noted that it took a while to build the effective and cohesive leadership team that now exists. Respondents indicated that this was because NIC staff members were initially preoccupied with revising the grant's statement of work and doing initial hiring to fill

the consortium-wide positions. Their focus on these startup challenges may also have led to some of the initial delays getting the initiative up and running.

ICE Leadership Team

The NIC management team and the ICE consortium receive guidance from the ICE Leadership Team, a group of twelve individuals who hold high-level roles in hospitals, government agencies and taskforces, educational institutions, and health-related organizations. This leadership team is a strength of the consortium—its members have been engaged from the beginning of the grant and have recommended which training programs should be offered based on their knowledge of the sector. In quarterly meetings, the deans from each college, the ICE project director, and the employment transition coordinator join the twelve leadership team members.

The Colleges

As described in Chapter I, NIC, ISU, and LCSC are the three colleges that make up the ICE consortium. Grant activities at each college are supported by a combination of college-level staff members and the consortium-wide staff members housed at NIC. Through the grant, each college is developing new and/or enhanced programs in healthcare for three distinct pathways—diagnostic services, health informatics, and therapeutic services. As the lead college, NIC has taken on the largest share of curriculum development responsibilities. Programs are also being shared among the colleges to enable students to access the largest number of options possible. The programs being offered by each college and the colleges' role in curriculum development are described in Chapter III.

> **Influence of the ICE Leadership Team**
>
> Management team members have been very receptive to the guidance from the leadership team. They have worked with the consortium to implement new programs suggested by the Leadership Team even when doing so has necessitated expanding the grant's scope of work. For example, when the Leadership Team identified a need for medical coders and mental health workers the ICE management team responded by modifying the ICE statement of work to add enhanced mental health assistant and medical coding programs even though the grant was already well underway. The plan to build a simulation center at NIC with grant funds (discussed in more detail later in this chapter) was also inspired in part by advice from the leadership team. Members of the ICE management team at NIC reported that they hope to sustain the leadership team beyond the grant because of its leadership, insight and guidance.

Idaho Emergency Medical Services

The ICE consortium has recently arranged for ID-EMS, a bureau of the Idaho Department of Public Health and Welfare, to offer a hybrid EMS-certificate (basic and advanced). When the leadership team identified a lack of emergency medical responders in rural areas of the state, it

connected NIC management team members to this bureau, knowing that it might be able to develop programming that could respond to this need. While the program is still in development, the goal is that the ID-EMS will offer online training for an EMS certificate. Further, in 27 "critical access" areas, a facilitator will supervise clinical work and conduct grant reporting. Participants will also be connected to student success navigators and other ICE resources at the nearest consortium college. Students will have access to the program even if they live far from the three consortium colleges. This will be an innovative partnership since it creates a relationship with a state agency, and because the curriculum will be developed by an entity other than a community college. Developing this relationship with ID-EMS has been especially important for fulfilling grant goals because Eastern Idaho Technical College (EITC), which dropped out of ICE early on, was originally going to develop a noncredit EMS certificate.

Grant and Financial Management

At the lead college, the NIC management team is responsible for tracking both programmatic and fiscal aspects of grant progress. This includes modifying the grant's statement of work and getting changes approved by DOL when necessary. The project director coordinates this work with the support of a data analyst/financial technician.

The project director maintains a dashboard with a timeline of grant deliverables to track grant progress. To update the dashboard, she requires that each college complete a quarterly report with all the information that NIC must send to DOL. She also requests that student success navigators from each college provide information about their recruitment progress and enrollment numbers. This tracking has enabled the project director to detect some challenges with grant implementation (see "Challenges and Successes in Consortium Management" below).

The NIC management team is also responsible for monitoring and managing grant expenditures. The management team has the ability to modify funding based on irregular performance, such as delays in starting programs, but has not done so thus far. In fact, the NIC management team reported that the other colleges have been under spending, in part because they were waiting on DOL approval of the final version of the statement of work before they proceeded with carrying out all grant objectives. The NIC management team expects that grant expenditures will rise to anticipated levels as curriculum development and hiring progress. The project director created an ICE handbook that each college can refer to with questions about hiring, invoices, and other financial matters, which has been helpful for all involved.

Communication and Collaboration Structures

Grant staff members from both NIC and the other colleges emphasized that Idaho's close-knit postsecondary education community means that consortium deans and chairs were already familiar with each other before the grant award. For several years, they have talked at statewide meetings, and there are annual statewide college meetings and opportunities for faculty and health department chairs to interact as well. The ICE grant represented an opportunity to build on these existing relationships between college leaders while also building new relationships among faculty and support staff members.

Despite the strength of existing networks among key ICE actors, structures facilitating communication and collaboration are important for the success of the initiative. Grant staff members at NIC have created several effective means for members of the management team and grant staff members at different colleges to learn from each other and update progress.

ICE Project Team Meetings

The ICE project director facilitates a bimonthly ICE project virtual team meeting among those staff members across the consortium who play roles administering the overall ICE grant, as opposed to specific programs. Participants include the ICE project director, the data analyst/financial technician, consortium deans, division chairs, and student success navigators. The project team meeting alternates between being a traditional telephone conference call and a video conference call. During the meetings, each college updates the others on its progress towards realizing grant goals. Grant representatives from any college can add agenda items and raise challenges for group discussion. While one grant representative reported a "high level of engagement" on these calls and found them very helpful, another said that since the topics covered are so broad, it is not always clear which grant representative from a college should participate.

Biweekly Calls

To complement the consortium-wide ICE project team meetings, the ICE project director also holds biweekly calls with a representative from each individual college to address the college's progress and any specific concerns. The colleges are generally satisfied with the assistance they have received during these calls. A respondent from one college noted that they are a good complement to the project team meetings. The calls give each college a chance to have the focus be on their individual needs and questions.

Pathways Meetings

Pathways meetings are held for each individual program being developed under the grant. They are held weekly or bimonthly depending on the program's needs at the time. If the program is being developed by one college, then the pathways meeting for the program is held in person. If the curriculum will be shared across colleges, then the meeting is held via conference call so that each involved college can participate. Pathways meetings include the program director as well as all those involved with implementing the specific program. Progress on curriculum and other program concerns are discussed. While no respondents criticized the value of these meetings, one individual indicated that it is sometimes unclear exactly who should participate from each college, given that the colleges have different staffing structures for developing and administering the grant programs.

Student Support Calls

The ICE project director hosts weekly conference calls with the employment transition coordinator and student success navigators. Each student success navigator and the consortium-wide employment transition coordinator participate. During this call, student success navigators work together to address concerns related to recruitment and student services. These meetings also facilitate the collaborative process of creating an online student success center. A website developer is currently developing this center and it will be available for the spring 2017 semester. Grant staff members reported that because each student success navigator has a different type of expertise from his or her previous work and education background (for example, academics, recruitment, or personal growth), they can help each other by pooling their knowledge. This method of sharing information and expertise across support services staff members represents a promising practice.

SharePoint Site

NIC maintains a SharePoint website where materials of interest, such as deliverable timelines and policy documents, are posted. Curriculum development and recruitment outreach are both tracked on the site. Several grant respondents indicated that the SharePoint site has been helpful for exchanging and sharing information; one noted that it contains a "wealth of information." For example, grant staff members can access intake forms, meeting notes, the participant handbook, project work plans, and even the ICE logo through the site.

In-Person Meetings

Despite the distances between the three colleges, ICE staff members have met in person by taking advantage of already scheduled statewide community college meetings. In addition, the project director noted that she has taken "road trips" to both ISU and LCSC to meet individually with each college and the ICE management team at NIC indicated that it will perform in-person monitoring visits. While at least one grant representative said he wished it was easier to meet in-person more frequently, grant staff members in general expressed appreciation for the ability to use video conferencing technology to improve communication when they are apart.

DOL

The management team coordinates frequently with DOL and its project officer. Communication with DOL includes providing updates about progress as well as asking questions and receiving technical assistance. The management team reported being very satisfied with the training and technical assistance they had received from DOL, which includes webinars, the spring 2015 TAACCCT conference, and connections to a mentor for the project director. The project director explained that the mentor (a project director for a Round Two TAACCCT grant with a healthcare focus) has been especially helpful since she can provide advice based on what worked and did not work under her grant funded project.

Members of the management team have cordial relationships with the grant's DOL project officer, and noted that he provides them with the needed information. However, some members added that at times they would have appreciated a faster response time and more clarity up front about exactly what was needed for the revisions to their statement of work to be approved. They acknowledged that they had a unique situation given EITC's decision to drop out of the grant and the subsequent major changes that needed to be made to their plans, and appreciated the in-person visit the project officer made when they were first dealing with this challenge.

Challenges and Successes in Consortium Management

The ICE consortium has developed several promising management practices. Coordination and communication across the consortium colleges appear strong, in part because of the history of collaboration between colleges in Idaho. The ICE management team has built on this history with a variety of conference and video conference calls to meet the needs of different grant constituents. By dividing calls and meetings into those focusing on overall grant objectives (project team meetings) and those focused on specific programs (pathways meetings), the management team hopes to keep content relevant for those involved. The level of engagement

of the ICE leadership team is another ICE success. The consortium has been willing and able to accept its suggestions on grant programming even when doing so meant expanding the scope of work in midstream.

The ICE consortium has also faced several difficult management situations. The management team chose to respond to employer interest in other health programs by adding additional programs to the ICE plan. These changes required the NIC management team to modify the ICE budget and statement of work more than once. The consortium colleges felt they had to wait for DOL to approve the revised statement of work before they could complete hiring and begin work on all initiative tasks. Because DOL approval did not occur until the winter of 2016, some tasks are now behind schedule. For example, because curriculum development for the occupational therapy assistant program began later than initially hoped, start dates for the program were delayed. However, the NIC management team has not held the colleges responsible for this and similar delays since they understand why they occurred.

In addition, while grant staff members from LCSC and ISU generally appreciated the communication instruments and forums established by the management team and felt that management team members have been responsive to their needs, there has been some tension between academic divisions developing for-credit programs and the workforce divisions offering noncredit programs. (While many of the programs being developed or enhanced under the grant are credit-bearing programs under academic divisions, there are also a few grant-funded noncredit workforce programs.) For example, while the pharmacy tech curriculum was initially developed as a for-credit program, it is also being used for a noncredit workforce program at another consortium college. This means that some of the content was written for students with background knowledge different from that of the typical workforce program participant. Having the workforce instructor located far from the program director, who is based at the school that enhanced the program, made it difficult at times to work through these differences. While both divisions acknowledge that their differing goals sometimes made it challenging to work together on the same program, they also said that the weekly pathways meeting focused on the relevant program has given them a chance to better understand each other and the needs of their respective students.

THE REGIONAL AND COLLEGE LEVEL

After the grant was awarded, each college was responsible for filling grant-funded positions, determining its operational structure, and developing local partnerships.

Grant-funded Staffing and Coordination

In addition to the non-grant-funded staff members who provide oversight and leadership, each consortium college hired a number of staff members specifically to carry out ICE objectives. The number of positions hired at each college is tabulated in Exhibit II-2. Note that this does not include the ICE funded staff members housed at NIC who serve the entire consortium.

Exhibit II-2
Number of Grant-funded ICE Staff Members at Each College

Staff Position	North Idaho College	Idaho State University	Lewis–Clark State College
Student Success Navigator	1	1	1*
Program Director for individual program	4**	3*	
Grant-funded instructor/faculty member		3*	1*
Administrative support staff person	1*	1*	
Total	**6***	**8**	**2**

* Includes part-time staff members and/or staff members whose role is only partially funded by the ICE grant
** NIC anticipates hiring a fifth program director for the surgical technology program
*** Six additional staff who serve the entire consortium are also housed at NIC

At each consortium college, a team of two to eight grant-funded staff members carry out ICE activities. They are supported by non-grant funded staff, especially for strategic planning and management functions. In addition, the consortium-wide staff members housed at NIC (project director, employment transition coordinator, prior learning assessment coordinator, data analyst/financial technician, curriculum development and faculty support specialist) offer support to staff members at all three colleges.

At NIC and ISU, academic program directors play key roles in the grant, developing curriculum, teaching, and supervising other instructors. Because the new and enhanced programs being developed under the grant are embedded in each college's existing departments, program directors report to their respective department chairs. These non-grant funded chairs are thus involved with the grant in a supervisory capacity. (LCSC is not developing any programs on its own, so it does not have any program directors.) At both NIC and ISU, academic program directors typically have many years of experience working in their healthcare field and hold related graduate degrees. Some also have experience with teaching and developing curriculum. Most of the program directors for the enhanced programs were already serving as program directors for those programs prior to the grant.

At all three colleges, the student success navigators are also key grant staff members. While their exact responsibilities vary, all three conduct recruitment and provide student support services. The student success navigator at ISU also plays a role in grant coordination and reporting. At NIC and ISU, student success navigators are full-time positions, while at LCSC the position is part-time. The NIC student success navigator was hired earliest, and he also provided support to students at the other schools until their dedicated student success navigators were hired. Student success navigators also play a primary role in developing partnerships with local industry, the public workforce system, and educational partners. In this work, they are assisted by the consortium-wide employment transition coordinator. While the student success navigators came to ICE with varying backgrounds, two of them have prior experience on Department of Labor and Department of Education grants that served similar populations with employment services and educational supports. One is concurrently obtaining a Master in Social Work and said that as an untraditional, first-generation college student himself, he relates well to the ICE students.

While the academic program directors have teaching responsibilities for their programs, additional instructors have also been hired under the grant. For example, in addition to a program director, ISU also has an instructor who will be overseeing the occupational therapy assistant clinical externships, and LCSC has an instructor to run the lab for the pharmacy tech program (it does not have a program director since the pharmacy tech program is being enhanced at NIC). Instructors for many of the new programs had yet to be hired at the time this report was written, but those who were had at least several years of prior experience teaching similar programs, though not always at the same college. For the most part, the colleges hope to sustain the program director positions after the grant ends, especially if the levels of student enrollment and employer interest in a program are high.

Regional-level Leadership

The ICE management team at NIC gave the other two consortium colleges a considerable amount of flexibility in determining their staffing and leadership structures. For example, project managers were not required. Taking advantage of this flexibility, the colleges chose to delegate grant leadership responsibilities to different types of positions.

At NIC, the ICE project director (who is also responsible for coordinating the project across the consortium) performs administrative coordination of the grant at the college, while the program directors for each program being developed or enhanced under the grant are responsible for coordinating their individual programs. The program director roles are academic positions that include curriculum development and instructional responsibilities in addition to program management. Each program director reports to the chair of the Health Professions Division and is embedded in that division as a regular academic staff member.

LCSC lacks a dedicated project manager; instead, existing staff members who do not receive grant funding do most of the administrative work of the grant, with the grant-funded student success navigator providing assistance around reporting. The existing allied health coordinator plays a role like that of a traditional grant program manager and is joined by the director of workforce training, who provides coordination and oversight of the grant. The dean of professional-technical programs also provides strategic planning input.

ISU—also lacking a project manager—decided to delegate much of administrative ICE coordination to the student success navigator, whose role is fully supported by the grant. Like the structure at NIC, dedicated program directors funded by the grant oversee the curriculum development and instruction of their individual academic programs. They report to the academic department chair.

Staff members from both NIC and ISU felt that having individual academic program director roles—as opposed to relying on a single project manager to implement the grant—promotes faculty buy-in and overall sustainability of the programs. Both NIC and ISU already had longstanding staffing structures within their participating departments that were consistent with this approach. A department chair noted that this staffing structure also allows for a natural division of grant administrative and program tasks that makes sense based on the unique knowledge, skills, and experiences that each staff member can contribute to the design and implementation of the grant-funded programs. A dean reported that other academic staff members will be more likely to support the initiative when learning about the program from a program manager who is their peer, as opposed to a non-academic administrator like a traditional grant program manager.

College-level Partnerships

All three ICE colleges have developed connections with a series of regional partners, most notably hospitals, clinics, other healthcare providers, and Idaho Department of Labor's American Job Centers. NIC is also working with the Idaho Simulation Network to develop a simulation center on their campus.

Employer Engagement

Significant employer engagement has occurred at the consortium level. As described earlier in this chapter, the NIC Leadership Team includes representatives from high-level health sector employers from around the state. These employers provided a great deal of input into which programs they thought ICE should offer to best meet hiring demands. The consortium-wide employment transition coordinator, who is tasked with developing employer relationships across the state, has also reached out to employers. She has toured multiple healthcare

employer facilities, for example, and spoken to HR directors about ICE. She also attends career fairs to promote programs and their graduates.

In addition to this consortium-wide employer engagement, each college has also worked with employers in its local area. All the ICE colleges already had strong employer advisory boards for their existing health programs, including those being enhanced under the grant. Respondents reported that they used some of these existing relationships to solicit industry feedback on curriculum and program design, request support of recruitment activities, and gain an employer perspective for ICE. Many of the representatives from pharmacies, hospitals, and health clinics on the employer advisory boards were willing to develop opportunities for ICE participants in new fields.

Grant staff members at each college also reached out to employers to support the new programs being developed under the grant. ISU reported receiving over 32 letters of support, mostly from local employers, as part of the accreditation process for the new occupational therapy assistant program. While the new programs at NIC do not yet have their own advisory boards, the project director noted that curriculum is still being reviewed by local employer partners to ensure relevance. The curricula are also reviewed to ensure alignment with accrediting body standards that are developed nationally through industry input.

Employers interviewed as part of the study had positive feelings about ICE, especially because it may help with their demand for well-trained employees. A lead pharmacy technician from a retail pharmacy located near one college said that she has been offering clinical externships to ICE students because it is a good way to recruit potential job candidates. She added that she was impressed with the students she has hosted and offered one of them a job upon completion of the program.

Connections to the Workforce Development System

Workforce development agencies have been involved in the programs developed by all three of the ICE colleges. Specifically, each college has engaged its local American Job Center (AJC).[4] All three colleges provided their local AJCs with information about ICE through presentations to AJC staff members and program material so that AJC staff members could refer customers to programs. AJC staff members said that certain customers would be eligible to use WIOA funds for ICE trainings, but none could report whether this had yet occurred. NIC developed a particularly strong relationship with the local AJC. NIC worked closely with its local workforce development system office (operated by the Idaho Department of Labor) to hire and train the

---

[4] AJCs are local service delivery sites for workforce development, basic education, vocational rehabilitation, and other service partners under the federal Workforce Innovation and Opportunity Act (WIOA).

grant-funded consortium-level employment transition coordinator. Thereafter, this individual was invited by the workforce system business specialist to attend meetings with local healthcare employers and received information about local healthcare hiring from the workforce development staff member.

Idaho Simulation Network

Throughout the grant, NIC has been working with the Idaho Simulation Network, a nonprofit made up of volunteers from the health and education communities that helps colleges and health organizations implement simulations to train healthcare workers. The simulations the network promotes use technology, equipment, and clinical information that mimic actual healthcare environments so that students can practice their skills. For example, simulations might involve manikins that instructors can program to have specific health conditions that a student would have to assess and treat.

After the grant's Leadership Team expressed a need for a high-fidelity simulation center in the North Idaho area, the management team engaged the Idaho Simulation Network to create a proposal for such a center at NIC. The hope is that ICE funds can pay for the development of the simulation center, and NIC currently has a request in with DOL to modify the ICE budget so that $220,000 can be used towards the remodeling that would be necessary to create the center. While NIC already has a lower-fidelity simulation center, grant staff members reported that there is a need for an updated center both for training programs at the college and for local healthcare organizations that want to provide trainings for incumbent workers. The center would be used for ICE pharmacy technology, medical lab technology, medical assistant and surgical technology students at NIC. At the conclusion of the grant, local employers could use it after school hours or on the weekends. The management and leadership teams believe such a simulation center would be an important resource for the North Idaho community, though it would not likely be used by ISU or LCSC. Despite interest in the center, the management team noted that it has been difficult to explain the need for the center to DOL since the equipment does not lead directly to certificates for grant participants; rather, it would function as a lab for multiple ICE programs included in the statement of work.

Challenges and Successes in College-Level Operations

Sustaining regional-level partnerships with employers has been one of the grant's notable successes. Employer input is not simply collected, but given strong consideration and often implemented. NIC's partnership with the Idaho Simulation Network is also promising. If developed, the high-fidelity simulation center at NIC will be a useful resource not only for the initiative, but also for the entire healthcare sector in North Idaho.

Additionally, the colleges have involved their local workforce development system's centers in recruiting students and possibly funding their tuition. NIC has gone beyond this and has also used a business specialist from its local workforce development system to provide links to local healthcare employers. Although connections to the workforce development system are blossoming, all schools could involve the workforce development system more when conducting strategic planning, such as deciding which programs to offer.

ICE colleges have confronted multiple challenges related to hiring grant staff members. Across the consortium, most initial staffing challenges stemmed from difficulty in finding program directors with the right experience. Colleges hoped to find individuals with not only industry experience in the specific health field being taught, but also program accreditation experience along with teaching and curriculum development expertise. Competition with the healthcare industry in hiring such individuals made the task more challenging. Colleges are not able to offer the high salaries that are typical within the healthcare sector.

Staff turnover has been a challenge for two colleges. ISU lost an instructor and curriculum developer, while both LCSC and ISU experienced turnover in their student success navigator positions. This was especially challenging for ISU given that the individual in this position is responsible for reporting and other grant coordination at that college. Lastly, both ISU and LCSC's administrations required waiting for the modified budget to be approved by DOL before starting hiring for the programs that were added to the revised statement of work, which led to some staffing delays.

III. ICE PROGRAMS AND CURRICULUM DEVELOPMENT

Having described ICE's structure, operations, and partnerships at the consortium and regional levels, we now turn to a detailed description of the consortium's programs and services. Specifically, this chapter describes the curriculum goals put forward in the grant proposal, the factors affecting the choice of the programs to offer under the grant, the characteristics of the new and enhanced programs that have been developed, the curriculum development innovations being used by the initiative, the processes under which the new and enhanced programs were approved, and the present status of the programs.

This chapter refers to both "new" and "enhanced" programs developed under the grant. New programs are those not previously offered by a college. Enhanced programs are those that were previously available at the college but were improved using grant funds, usually by having curricula put online. Because the colleges are sharing curricula across the consortium, it is possible for one program to be considered enhanced at one school (where the program was previously offered) and new at another (where it was not). Additionally, some individual courses that must be completed before entry into a new or enhanced program were enhanced using grant-funds.

PROGRAM AND CURRICULUM GOALS FOR ICE

The ICE proposal had three overarching goals for the programs enhanced or developed under the grant. **First, programs had to be part of a targeted health career pathway made up of a series of stacked credentials.** All students had to complete a common core of prerequisites to prepare them for entry into an ICE program, and all programs would lead to a nationally recognized certificate, AS, or AAS degree. These degrees and certificates could then be articulated to higher degrees, such as a BS or even a PhD, should a student wish to continue with additional training after completing an ICE program.

Second, curriculum development would be shared across colleges so that each college could provide as many programs as possible to its students without necessarily having to invest in curriculum development for all of them. To share curriculum, the consortium uses the host-provider model. Under this model, a "provider" college prepares curriculum and offers didactic content, often online, and a "host" college allows local students to enroll in the program at the

host college and access the provider content. The host college also coordinates the program's labs and clinical components for all students enrolled in its program.

Third, ICE intended for programs to use distance-learning strategies, such as making programs available in a hybrid format, so that the grant-funded programs could reach as many students as possible. This goal is especially important for the consortium given that the colleges serve rural areas of the state where students might have trouble commuting to even the campus nearest to them.

STAKEHOLDER INVOLVEMENT IN SELECTING ICE PROGRAMS

As described earlier, ICE has had a notably high level of stakeholder involvement in guiding decisions about program building. The 12-member leadership team, which includes high-level representatives from major Idaho hospitals, clinics and healthcare organizations, provided extensive input about what employers sought from job candidates. When team members reported that hospitals and doctors needed more individuals to provide mental health support, the ICE management team decided to add enhancing an existing mental health assistant certificate to the scope of work.

When choosing what programs to include under the grant, the ICE management team considered the strengths and backgrounds of consortium colleges as well as the recommendations of the leadership team. Because ISU has historically had a high percentage of veteran students and offers dedicated services for them, an administrator noted that the Vet2Nurse bridge had "strong alignment" with the college strategic plan, which made high-level administrators interested in the program. Veterans are a target population for the grant and several bridge programs focused on veterans were included in the initiative's original plan.

GRANT-FUNDED PROGRAM AND ENHANCEMENTS

The original ICE proposal to DOL specified that the consortium would prepare students for high-demand jobs in healthcare by developing and enhancing certificate and degree programs in diagnostic services, health informatics, and therapeutic services. While the original proposal identified five degree programs, two certificate programs, and three prior learning assessment bridge opportunities to be created or enhanced under the grant, employer demand for more programs caused the management team to make additions to these plans. Overall, as of the fall of 2016, six enhanced programs and one new program had been launched (additionally, the pharmacy tech program, which is considered enhanced at NIC, has also launched as a new

program at ISU and an enhanced program at LCSC; prerequisite courses have also been enhanced). Curricula are in development for six additional new programs.

New Programs Being Developed Under ICE

As a major component of the grant, ICE colleges plan to develop a significant number of new certificate, bridge, and AAS programs in the healthcare field. The new programs are designed to be provided in a hybrid format, and some curriculum will be shared across colleges.

The type of new programs that the ICE consortium plans to develop has changed over the course of the grant. One cause of this change was EITC's early exit from the grant. After EITC decided not to participate, the ICE management team had to shift new curriculum development responsibilities to ISU and NIC. While this change did not increase the overall number of planned programs, it did ultimately result in plans for programs different than those written into the initial grant. During the process of adjusting to EITC's exit, ISU decided to develop an occupational therapy assistant program, which was a new program not previously assigned to EITC

So far, many of the new programs being developed under the grant remain in the early stages of curriculum development. However, as illustrated in Exhibit III-1, theVet2Nurse bridge program has already launched. The pharmacy tech program, which was developed as an enhancement at NIC, was also launched as a new program at ISU (as well as an enhanced program at LCSC). The new programs being offered under ICE are extremely varied and require different levels of effort to develop.

Exhibit III-1: New ICE Programs

College	Certificate/Program	Status
North Idaho College	Vet2Nurse Certificate of Completion/Bridge (developed by ISU)	Launch planned for Spring 2017
	Military Medic 2 Paramedic Certificate of Completion/Bridge	Launch cancelled, but PLA options available
	Medical Lab Technology AAS	Launch planned for Spring 2017
	Surgical Technology AAS	Launch planned for Fall 2017
	Dental Hygiene AAS	Launch planned for Fall 2017
	Pre-Pharm AS	Launch planned for Spring 2017
	EMS Post-Secondary Non-Degree Certification (being developed in partnership with the Idaho Emergency Medical Service Bureau)	Launch planned for Spring 2017
Idaho State University	Vet2Nurse Certificate of Completion/Bridge	Launched Spring 2016
	Occupational Therapy Assistant AAS	Launch planned for Spring 2017
	Pharmacy Tech Intermediate Certificate (Developed by NIC as an enhanced program, new to ISU)	Launched Fall 2016

Programs Enhanced Under ICE

In addition to developing entirely new programs, ICE also funded the enhancement of existing health programs across the consortium. In general, such enhancements involved either moving content online so that the programs would be more accessible to rural students or updating and improving content that was already online to meet current standards for hybrid and distance learning.

As illustrated in Exhibit III-2, NIC has launched six enhanced healthcare programs, ranging from a Certified Nursing Assistant certificate program offered through its workforce training center to AAS degrees designed to articulate to four-year college degrees. ISU has launched one enhanced program, a medical coding/health informatics intermediate certificate. LCSC has also launched one enhanced program, a pharm tech non-credit workforce program that was developed by NIC.

As with the new programs, the number of enhancements has continued to grow. A significant cause of the growth of the enhanced programs list was a set of requests from employers on the ICE leadership team for additional programs that could meet the workforce needs of local healthcare employers. These requests led to the mid-stream addition of plans for enhancements of the mental health assistant and medical coding programs.

The new and enhanced AAS degrees being offered under ICE usually require completion of specific foundation courses prior to entry into the program to ensure that entering students have the academic background needed to succeed in each course of study. For the most part, prerequisite courses such as human anatomy, biology, general chemistry, English composition, and algebra were already developed and have been available at the colleges for years. Some ICE grant funding is being used to put these courses through the Quality Matters process, so these prerequisites are considered enhanced courses under the grant and also appear in Exhibit III-2.

To make the programs more accessible to rural students who may live at a distance, all enhanced programs are offered in a hybrid format, with didactic content generally available online and labs and clinical work completed on campus. Prior to the enhancement, many of the programs were only available in a less accessible, in-person format.

Exhibit III-2: Programs Enhanced through ICE

College	Certificate/Program	Status
North Idaho College	Pre-Med AS	Launched Spring 2015
	Pharmacy Tech Intermediate Certificate	Launched Fall 2015
	Medical Assistant Intermediate Certificate and AAS	Launched Fall 2015
	Certified Nursing Assistant Certificate	Launched Summer 2016
	Mental Health Assistant Post-Secondary Non-Degree Certification (offered by Workforce Training)	Launched Spring 2016
	Prerequisite courses	Launched Fall 2015
Idaho State University	Medical Coding/Health Informatics Intermediate Certificate	Launched Fall 2016
	Prerequisite courses	Launched Fall 2015
Lewis–Clark State College	Pharmacy Tech Non-Credit Workforce Program (Developed by NIC)	Launched Fall 2015

CURRICULUM DEVELOPMENT UNDER ICE

Below we provide details about the curriculum development process for new and enhanced programs.

Curriculum Development for New Programs

NIC and ISU are developing all the new ICE curriculum; LCSC's role is to host an enhanced pharmacy tech program, which was developed by NIC. In addition, the Idaho Emergency Medical Services Bureau of the Idaho Department of Public Health and Welfare is partnering with NIC to develop the EMS curriculum. Within each school, curriculum development is generally the responsibility of individual program directors or coordinators, although some additional staff members, such as instructors, have also been involved. Grant-funded staff

members from NIC's e-Learning department also play a major role in preparing new (and enhanced) curricula for online provision.

As of fall 2016, curriculum development is ongoing for most of the new programs. A large amount of initial research was necessary before any materials could be written, and some grant staff members are still engaged in that process. For example, the program directors for the medical laboratory technology and dental hygiene AAS programs at NIC chose which textbooks to use and assessed curricula from other colleges. Once this early work is completed, program directors will work with the e-Learning staff at NIC to make sure the new curriculum adheres to Quality Matters standards (see the discussion below) and to create relevant material to post online.

Curriculum Development for Enhanced Programs

Because the enhanced programs are much farther along, more details are currently available about their curriculum development process. NIC and ISU are developing all the enhanced curricula for ICE. In general, the curriculum development process for the enhanced programs did not involve the creation of entirely new courses. Instead, the program directors tasked with enhancing curriculum for their programs converted the didactic content, exercises, and other materials so that they were accessible online and improved the presentation of material so the courses adhered to current findings about how students best learn online. The enhancement also provided the chance for NIC to purchase new equipment for its pre-med AS program and to align its Certified Nursing Assistant curriculum to a new textbook that is being recommended for use statewide.

A major component of the curriculum enhancement process involved aligning course materials with general standards that specify a particular presentation format created by the nonprofit Quality Matters organization. These changes were designed to ensure a minimum level of quality for online and hybrid material. Grant-funded staff members from NIC's e-Learning department, including a curriculum development specialist and a faculty support specialist, were available to help program directors use the Quality Matters process. As one respondent explained, many community colleges across the United States started offering online curricula when the format first became popular, but without much thought as to whether the format met students' learning needs. In using the Quality Matters standards, program directors working on enhanced curriculum had the opportunity to reconsider material and presentation and optimize courses for online learning.

Within programs enhanced for ICE, program directors explained that enhancement involved a significant number of changes to the curriculum even without the creation of new courses or course modules. First, program directors often had to reshape the curriculum. The Quality

Matters standards emphasize the importance of clearly defined learning objectives, and program directors had to create these for each of their units. One program director reported that while she always had learning objectives in mind, she had never had to spell them out for students before. She noted that doing so enhanced the clarity of her instruction. Two program directors added that clarity can be especially important for students engaged in online learning, since the instructor cannot read visual cues related to students' level of understanding and students cannot ask for clarification in real time. Second, with the help of NIC e-Learning staff, program directors also created new instructional material, including videos to introduce online content, recorded and close-captioned lectures, and activities and quizzes adapted for online use. One program director said that she decided to create short introductory videos for each chapter of the textbook that tell students what to focus on in their reading rather than recording full lectures. She said that thinking through how students would access the content online forced her to re-conceptualize how she taught the material.

Enhancing courses for online use also changed how instructors interacted with students. When two program directors said they missed having the opportunity to interact with students in real time, the e-Learning department created interactive online message boards for the programs. Students and instructors go to these boards at designated times to ask and answer questions. One program director said that she tried to minimize her own appearance in the enhanced online content—deciding, for example, not to show her face in online videos or photographs—so that when the content is used at other colleges it will be easier for those responsible for the in-person labs to feel like the primary instructors.

ICE CURRICULUM DEVELOPMENT INNOVATIONS

Across the consortium and for both the enhanced and new programs, the ICE grant used several strategies to ensure curriculum was both accessible for students and designed to meet their learning needs. This section provides more details about the grant's distance learning and curriculum sharing approaches, including the Quality Matters process and the host-provider model.

Distance Learning Strategies

While labs, clinical work, and simulations take place in person, nearly all the didactic material for the courses offered through the grant is presented online. The initiative was designed this way so that nontraditional students could be better served. Even though students still must attend labs in person, these are usually held only once or twice a week, rather than every day. Respondents indicated that such a schedule is often much more feasible than more traditional face-to-face classroom lectures for rural students or those who have other responsibilities, such as jobs or families. In some programs, clinical externships can also occur nearer the student's

home as opposed to the area where the college is located. Because the planned EMS certificate is being hosted by the Idaho Emergency Medical Services Bureau (not by a college), it will be accessible particularly to rural students. The instruction for this certificate, designed by the Bureau, will be offered online, and clinical trainings will be facilitated in "critical access areas" in many rural parts of the state.

> **Quality Matters Curriculum Review**
>
> Quality Matters is a nonprofit organization that created a rubric that educational organizations can use to ensure a minimum level of quality for online curriculum. The current edition, developed in 2014, includes eight "General Standards" and 43 "Specific Review Standards" that can be applied to hybrid and online material. The goal is to have all course material align with the eight general standards, which specify a particular presentation format.
>
> https://www.qualitymatters.org/

Grant staff members identified several benefits to the hybrid format of ICE courses. Two program directors of enhanced programs explained that before their didactic material was put online, they often ended up running out of class time and had to use some lab time to complete lectures, which meant that students had less time to do the critical lab work. Now, they can focus on offering one-on-one attention in the labs because students accomplish the less hands-on part of the program on their own time. Staff members from the e-Learning department at NIC also believe that the online material is shaped so that students have an optimal learning experience. For example, one e-Learning staff member pointed out that many students are better able to absorb the material when it is presented in the form of shorter, more interactive online videos and activities that focus on individual points and periodically assess student understanding.

There are also drawbacks to the hybrid learning format. Program directors said that they have less of a personal connection with students, even though they still interact with them in the labs. Two program directors of enhanced programs also said that when they teach in person, they can read students' body language to figure out what they are confused about, then adapt their lecture accordingly. Because this is not possible with online presentation of content, the e-Learning staff created collaborative message boards so that the program directors and instructors can interact with students in real time to answer their questions.

Quality Matters Standards

NIC's e-Learning department is putting all enhanced and new content that will be offered online through the quality control rubric developed by Quality Matters (https://www.qualitymatters.org/). The Quality Matters curriculum review process is an important part of how the ICE colleges develop hybrid and online material under the grant. So

far, it is mostly the enhanced programs that have undergone Quality Matters review since many of the new programs are in earlier stages of curriculum development.

For the most part, interviewed program directors who had experienced the Quality Matters process had positive impressions of the experience. They noted that while they were somewhat worried at first about fitting content into a standardized model, they learned to appreciate how the Quality Matters standards made the material easier to understand and absorb. Per one program director, students experiencing courses conforming to the Quality Matters standards have asked her why all courses do not use this format. Another program director said that when instructional material is going to be shared across colleges, some degree of standardization is preferable.

Program directors did add that some curriculum developers or instructors may be resistant to a model that forces them to use a defined template. Some instructors, said one program director, may "fear that they will lose autonomy or their fingerprint on the class." However, she felt that while the process does necessitate a set structure, this structure is only a scaffolding that still allows for individual instructor preferences. In general, ICE program directors reported that concern about Quality Matters appeared to come from faculty not involved with the initiative.

Sharing Curriculum through the Host-Provider Model

A key success of the initiative has been the consortium's ability to share curriculum and programs across colleges. Rather than simply giving other colleges access to the curriculum, the ICE colleges have chosen to use a host-provider model. In this model, the "provider" college provides the online, didactic instruction and the "host" college enrolls students at its campus and has an instructor facilitate labs and clinical work there. This model was part of the original grant plan, which stated that use of the model "will result in increased availability of educational programming in Idaho, the ability to respond to healthcare industry demands for workers and leverage the expertise and infrastructure of the state of Idaho." The model benefits the state overall, since only one college need invest the resources in developing material, and students are not constrained by what their nearest college can develop on its own. Implementing the host-provider model through ICE has allowed Idaho to more quickly ramp up the number of available health programs for in-demand careers across the state.

While respondents generally had positive opinions about the host-provider model, especially regarding its impact on student training options, the inter-college collaboration that it requires can be challenging. Grant staff members from LCSC indicated that it was difficult to use NIC's for-credit pharmacy tech curriculum with the LCSC program, which is noncredit and is housed in its workforce division. The students at LCSC had different expectations about the program than did the students at NIC, where the curriculum was developed. Because workforce programs are

often shorter and do not have the same prerequisites, the material was perhaps more complex than some of the LCSC students were expecting. In addition, students were sometimes confused about who to ask for help, since the program director was at NIC but their lab instructor was at LCSC. Despite these challenges, however, a respondent from LCSC still appreciated the way the host-provider model enabled NIC and LCSC to split the workload involved in developing the pharmacy tech program. She also acknowledged that it gave LCSC students the opportunity to take pharmacy tech courses at a more rigorous level than would otherwise be available at the college.

APPROVAL PROCESSES FOR NEW AND ENHANCED PROGRAMS

In addition to developing new and enhanced curricula and strategies for providing them, ICE program directors, chairs and deans must also shepherd the programs through approval processes. These processes vary based on whether a program is new or enhanced. All the new programs have to go through several layers of approval, and this can slow down the overall process of getting a program ready for launch. First, the curricula have to be approved by the college curriculum council at the college. Then, the curriculum has to be approved by the State Board of Education/Idaho CTE division accrediting body. Finally, as is the case for most health programs, a national accreditation board specific to that type of program must also approve the curriculum in order for it to be considered accredited. At NIC, the college curriculum council approves all prerequisites for courses as well as changes in grading procedures, credits, content, or numbers, as opposed to delving into the content or course/program outcomes of the curricula themselves. The curriculum council at ISU requires an impact statement that identifies what impact the proposed curriculum will have on the college. While the ICE project director described the overall process as straightforward, and said she expected all of the new curricula to be approved by all the certifying bodies, she also said that keeping track of the various deadlines and paperwork for each program has been challenging as there is no one central repository in which information about approval requirements and status for all new programs can be collected.

In comparison to approval for new programs, that for enhanced programs may be shorter and is dependent upon whether the change is considered substantial (of which each college has a definition). As described above, enhanced programs at NIC were revised using the Quality Matters review process, but the curriculum changes did not have to be approved by the college curriculum council. However, an approval was required by the college's accrediting body due to the change in didactic content to an online modality. The state required an update only because the enhancements were not considered substantial enough to warrant another review.

The simplicity of the approval process for enhanced programs contributed to the consortium's ability to implement these programs more quickly than the entirely new ones.

STATUS OF CURRICULUM DEVELOPMENT

Overall, the consortium has been successful at implementing enhanced programs. The colleges are already offering all the planned enhanced programs, except for the Military Medic 2 Medical Assistant bridge program, which has been postponed indefinitely. That program would have used prior learning assessment (PLA) to bridge veterans to a medical assistant certificate. However, delays at the state level clarifying Idaho's PLA policy have made it impossible to implement this program for the time being. Grant staff members will work on a one-on-one basis with individual veterans interested in medical assistant degrees to help them achieve PLA credits.

As a whole, the new grant-funded programs have been slower to start. This is not unexpected, especially given that several of the programs—such as the occupational therapy assistant AAS— were not in the original scope of work. As described previously, challenges with hiring, the wait for the U.S. Department of Labor (DOL) to approve the new scope of work statement including the programs, and delays in the disbursement of funds from NIC to ISU have also caused delays in curriculum development and approval. An administrator from ISU noted that he was disappointed with the speed of grant implementation, especially the delay in receiving funds from NIC. He noted that ISU had to rely on in-kind contributions from the college and state while it waited for NIC to release funds, which NIC did not do until DOL approval of the revised statement of work was confirmed.

For the most part, the programs that were included in the project's original scope of work are farthest along, with many expected to start in the spring of 2017. It is important to emphasize that even though the curriculum for many of the new programs is not yet ready, some students have already declared an interest in the programs and started work on their enhanced prerequisite courses. This means that these students will be prepared to begin the program as soon as it is available. (These students are already being considered ICE participants since the prerequisite courses they are taking were enhanced under the grant.)

While most new programs are expected to launch by the fall of 2017, the exception is the Military Medic 2 Paramedic bridge certificate program. Like the Military Medic 2 Medical Assistant enhanced program discussed above, its launch has been postponed indefinitely due to delays at the state level clarifying PLA policy. As they will with those interested in the enhanced medical assistant certificate, ICE grant staff members will work on a one-on-one basis with individual veterans interested in paramedic degrees to help them achieve PLA credits.

SUSTAINABILITY OF PROGRAMS

Administrators at NIC were confident that the new and enhanced programs being created through ICE would be sustained at the college. One emphasized the close alignment of the new programs with local employer needs and said that this is one of the college's biggest considerations when deciding which programs to fund. Since most of the new programs have yet to start, however, it remains to be seen how popular they will be with students. Respondents at LCSC were more cautious about making statements about program permanence. The pharmacy tech program at LCSC has higher-than-average costs, due to such factors as the larger number of instructional hours. Currently, ICE funds subsidize these higher costs, but the current lab instructor for the program expressed concern that the program may be too costly for students after the grant ends. As a noncredit workforce program, this program does not qualify for financial aid, in contrast to the for-credit pharmacy tech program at NIC.

CHALLENGES AND SUCCESSES DEVELOPING NEW PROGRAMS AND ENHANCING EXISTING ONES

ICE colleges have encountered several key challenges in designing and implementing new programs under the grant and enhancing existing programs. First, because the scope of work has expanded over the course of the grant period, it has been difficult for the colleges to develop the more recently added programs as quickly as those they expected to develop from the beginning. NIC also waited to receive final approval of the modified scope of work from DOL before disbursing some grant funds to the other colleges, which made it difficult for them to hire key staff members and begin work. Second, developing and enhancing so many programs at once is challenging because there are multiple and sometimes lengthy approval processes to follow. In most cases, the new curricula have had to be vetted and approved by multiple entities and individuals, including curriculum committees, accreditation boards, and the state, which led to some delays in launching courses. For example, the lengthy accreditation process for the occupational therapy assistant program will delay the opening of the program to at least 2017. Because the Vet2Nurse program was not approved fast enough to be included in the ISU course catalog for the spring of 2015, veterans—the target student group—were not able to use veterans' benefits to pay for the program during that term.

The greatest challenges with curriculum development occurred for programs that had trouble hiring key staff members. In the spring of 2016, NIC was still searching for a program director for the dental hygiene AAS program, and the program coordinator for the occupational therapy AAS program was not hired under the grant until February 2016. In the first example, NIC grant staff members found it difficult to find a job candidate with the relevant skills and experience who was also willing to accept the relatively low salary NIC can offer in comparison to other

employers. In the second case, ISU had to wait until the occupational therapy AAS program was officially approved as part of the grant's scope of work before it could hire the program coordinator under the grant (though she had been under contract before). The accreditation process for the occupational therapy assistant program could not begin until this occurred. While there were different reasons for these hiring delays, the result in both cases was that curriculum development stalled.

Another major challenge with enhancing and developing programs involved communication between staff members associated with credit programs and those associated with noncredit programs. The pharmacy tech program, which was initially enhanced at NIC from a preexisting for-credit program, is also being offered at LCSC as an enhanced noncredit program in that college's workforce division. The involved staff from NIC were not used to developing curriculum for use in a workforce training setting, and the students and instructors at LCSC had different expectations about its level of difficulty. However, respondents from both colleges felt that their ability to communicate strengthened over time, and that having the pharmacy tech curriculum available at LCSC would benefit students.

Despite these challenges, there were many key successes related to implementing the enhanced and new programs. Overall, an important achievement is the sheer number of new and enhanced programs that have been or will be created under the grant. The consortium has focused on new programs that have been specifically identified by employers as being of value to the state. NIC grant management team members have been flexible with the grant's program plans and have been willing to adapt them to accommodate the needs of these employers. Because the colleges have set up a host-provider model, students at the three colleges also have the ability to access many more programs than would be possible without the grant. For example, with the curriculum developed at NIC under the grant, LCSC pharmacy tech students now have access to three major certifications that were not available to them previously.

Across the colleges, interviewed staff highlighted three features of the initiative that will be of particular help to Idaho's rural students: the hybrid nature of the grant-funded programs, the host-provider model, and the partnership with the state's Emergency Medical Services Bureau for the EMS certificate program. All three enable students to access programs even when they cannot be physically present at one of the campuses every day. Unlike earlier versions of online curriculum, all content enhanced or developed for the grant that will be offered online will be standardized using the Quality Matters review process. Grant staff members believe this will ensure a more student-centered online experience.

Interviewed grant staff members also stressed that the three colleges have created an important partnership that they believe will be lasting. While they noted that they have had to

learn how to communicate about certain more challenging differences, respondents also said that each college is benefitting from the shared curriculum. One individual noted that the collaborative model inherent in the ICE consortium "sets a precedent" for such work going forward, even if other schools are involved. She noted that other colleges are becoming "more accepting" of curriculum sharing after seeing how it works under ICE. One dean believes that some curriculum enhanced or developed under the grant, such as for the Certified Nursing Assistant program, may eventually be shared statewide. In general, many interviewed grantee staff members were also hopeful that the new and enhanced curricula would be sustained beyond the grant.

IV. RECRUITMENT, ENROLLMENT, AND STUDENT SUPPORT

For the healthcare training programs described in the previous chapter to function and achieve their goals, students must be recruited and enrolled in the programs; once enrolled, students need advising and support services to stay on track and overcome challenges. This chapter describes these three important, non-academic aspects of the initiative: recruitment of students, enrollment in ICE programs, and student support services. Following the discussion of enrollment, the chapter also reports on the consortium's progress in meeting enrollment goals and explains reasons why some enrollment targets have yet to be met.

RECRUITMENT, ENROLLMENT, AND ASSESSMENT

This section describes the methods used to recruit students, the assessments students must complete for enrollment, and progress made toward enrollment goals.

Recruitment Strategies

ICE Healthcare Partnership colleges have used a variety of recruitment strategies in an effort to attract students to the new and enhanced programs and meet their enrollment goals. Most recruitment activities are carried out by the student success navigators, but the colleges also reported receiving recruitment assistance from individual program directors, the employment transition coordinator, and college marketing departments. As noted in Exhibit IV-1, recruitment strategies have included engaging local workforce partners, holding on-campus recruitment events, participating in local career fairs, presenting in the classrooms where prerequisite courses are taught, distributing program flyers and other promotional materials, using social media, relying on word-of-mouth referrals, advertising in local media, and producing promotional videos. Each of these is described in greater detail below.

Exhibit IV-1:

Recruitment Strategies Used Across the ICE Colleges

Recruitment Strategy	ISU	LCSC	NIC
Engagement of Local Workforce Partners	X	X	X
Outreach within the ICE Colleges	X		X
Community-based Outreach & Presentations	X	X	X
Classroom Presentations	X		X
Program Flyers & Other Promotional Materials	X	X	X
Social Media	X	X	X
Word-of-mouth Referrals	X	X	X
Local Media Advertising	X	X	X
Promotional Videos	X		X

- **Engaging local workforce partners.** All three consortium colleges have promoted their ICE programs at their local AJCs, either by distributing promotional materials or conducting informational sessions. The student success navigator from one of the colleges noted that the local Idaho Department of Labor center was the first place she visited as part of her outreach efforts in part because of the common goal of serving TAA-eligible individuals. During her visit, she presented to AJC staff members to increase their awareness of the ICE-funded programs.

- **Conducting outreach within ICE Healthcare Partnership colleges.** At least two colleges reported that they integrated the promotion of ICE programs into existing college-wide marketing and recruitment efforts. On-campus recruitment events include career fairs, open houses, and expos, all of which have been shown to be promising. A student success navigator from one college said that a recent health occupations open house event attracted more than 100 attendees, 30 of whom specifically expressed interest in the ICE Healthcare Partnership programs. Grant staff members at two colleges reported that they worked closely with the college's advising and recruitment departments so that those departments could promote ICE Healthcare Partnership programs to prospective students.

- **Presenting at community-based organizations.** At least two colleges reported that they delivered presentations at community-based organizations to promote ICE programs. Another college reported that it collaborates with the local community service council and participates in local community events (e.g. career fairs) to increase the visibility of ICE Healthcare Partnership programs.

- **Presenting information about programs to students enrolled in prerequisite-course classrooms.** Grant staff members at one college reported targeting students who were already enrolled in the prerequisite courses for the ICE programs. The student success navigator visited the prerequisite classes and provided students with information about the ICE programs to generate interest.

- **Distributing program flyers and other promotional materials.** All three colleges created flyers and other marketing materials to reach potential students. Staff members who are tasked with recruitment efforts reported distributing these materials via e-mail, mail, and in person to a variety of organizations, libraries, pharmacies, local businesses, social service agencies, and AJCs.

- **Using social media.** Recruitment staff members at two colleges reported using social media to promote the ICE Healthcare Partnership programs. In addition to posting on Facebook, one college planned to launch a YouTube campaign that will include advertisements about various ICE programs.

- **Relying on word-of-mouth referrals.** While word-of-mouth recommendations do not constitute a recruitment strategy *per se*, they demonstrate that a program is perceived to meet certain needs. One college reported that it has not had to conduct any recruitment for one of its ICE programs in part because healthcare professionals in the local area already knew about the program and promoted the program to prospective students.

- **Advertising in local media.** Recruitment staff members at two colleges reported placing ads with local newspapers, radio stations, and television stations to reach potential students.

- **Producing promotional videos.** Two colleges reported that they had produced or were in the process of producing promotional videos to be placed on their websites. Grant staff members at one college reported that they planned to engage an intern to develop a promotional video that will be used for recruitment purposes.

Recruitment Efforts Targeted to Special Populations

While the ICE grant was designed to target TAA-eligible individuals and veterans, only one college reported conducting targeted outreach to these populations. Recruitment staff members at this college provided informational sessions at the college's Veteran Student Services Center to promote the ICE Healthcare Partnership programs. Because of these efforts, two veterans expressed interest in enrolling in a grant-supported program. The college's student success navigator also noted that she has worked extensively with TAA-eligible

individuals and thus made it a priority to reach this target population as part of her recruitment efforts for the ICE grant, which primarily involved conducting presentations at local AJCs.

Enrollment and Assessment

Once potential applicants have been recruited, they go through an enrollment process that involves applying to the college and applying to the program. As part of this process, applicants are asked to complete assessments. Although none of the colleges required basic skills assessments as part of their intake and enrollment in grant-funded programs, they did use other types of assessments, which are described in this section.

Self-Evaluation

Two colleges reported that they require students to complete a self-assessment as part of the enrollment process. This assessment is designed to identify potential barriers students may face in regards to academics and finding employment; it also provides information about a student's goals and plans. In essence, the information collected through this assessment is intended to help the student success navigator identify the appropriate level of support that a student may need.

Prior Learning Assessments (PLAs)

During the development of the ICE grant proposal, the Idaho State Board of Education was in the process of revamping its PLA policies, so the hope was that the ICE grant would provide opportunities for the colleges to be involved in PLA-related discussions at the state level. As of May 2016, however, the State Board of Education was still in the process of refining the PLA policies and thus not ready to engage with the colleges on PLA-related issues. Due to this delay, the ICE colleges have not been able to make any meaningful contributions toward revamping PLAs.

Nevertheless, two of the three colleges, NIC and ISU, have used preexisting PLAs for grant-funded programs. These colleges reported using several PLA strategies:

- **Credit through equivalent military service.** As a direct result of the ICE grant, ISU has been using this type of assessment for the didactic portion of its Vet2Nurse program. After a veteran applies to the program, the Program Coordinator reviews the applicant's military transcripts to determine how many credits the students will receive.

- **Credit through challenge exams.** ISU offers students the opportunity to receive up to 24 credit hours through challenge exams for the Vet2Nurse program. The exams are designed to assess students' knowledge and understanding of key topic and content

areas gained outside of formal coursework. Student must be enrolled at ISU to request a challenge exam.

- **Credit through portfolio assessments.** Both NIC and ISU have been using portfolio assessments. This type of assessment is based on veterans' service records and on the specific healthcare-related roles previously performed. At ISU this type of assessment can only be used for the practicum courses in the Vet2Nurse program and credit is limited to 25 percent of the total credits required for the certificate. Although portfolio assessments were conducted at ISU prior to the ICE grant, the grant is directly responsible for the use of portfolio assessments for veterans entering the Vet2Nurse program.

The use of these PLA strategies is summarized in Exhibit IV-2 below.

<div align="center">

Exhibit IV-2:

PLA Strategies Used Across the ICE Colleges

</div>

PLA Strategy	ISU	NIC
Credit through Equivalent Military Service	X	X
Credit through Challenge Exams	X	X
Credit through Portfolio Assessments	X	X

*LCSC offers only non-credit programs under the ICE grant and thus does not implement any PLA strategies.

Thus far, the PLAs that have been implemented at the consortium colleges have been primarily geared toward veteran students. NIC reported that establishing PLAs for veteran students has been particularly challenging. One staff member explained that the accrediting bodies of various health occupations are relatively inflexible in regards to PLAs. Thus, veterans must in most cases complete all the clinical training components within their training programs. Due to these challenges, veteran students at the college have struggled to obtain credit through PLAs. Although ISU has also experienced some challenges with implementing PLAs, the institution has been in the process of changing its PLAs policies during the grant period, which has impacted veteran students. Prior to the ICE grant, the college had no policy in place for providing credit for military experience in nursing courses.

In future rounds of data collection, SPR will document whether the colleges adapt PLA policies for other types of students besides veterans.

PROGRESS IN MEETING ENROLLMENT GOALS

As a result of their recruitment efforts, the consortium colleges have already made good progress towards their goal of unique participants enrolled in grant-funded programs. This

progress has been accomplished mostly through enrollments in enhanced programs. As of December 2016, the ICE colleges had enrolled 621 students in total, about 59 percent of the way toward their total enrollment goal of 1047. Progress toward meeting enrollment goals for new programs has been slower, mainly because, as explained in Chapter III, many of the new ICE programs have not yet launched.

Although ICE did not establish enrollment goals for individual programs in its scope of work for the grant, and is not monitored by DOL in this regard, SPR expressed an interest in receiving from ICE enrollment goals for each program, with the purpose of analyzing project implementation patterns. ICE consequently estimated program-specific enrollment goals, which are used throughout this section.

Of the 621 students who had been enrolled by December 2016, 616 were enrolled in enhanced programs, about 68 percent of the way towards the total enhanced program enrollment goal of 903. However, as illustrated in Exhibit IV-3, only 5 students were enrolled in new programs, leaving these programs well short of the enrollment goal of 144. Even though ICE appears behind in reaching its enrollment targets for new programs, respondents from two of the three consortium colleges were confident that their colleges would be able to meet the enrollment goals for new programs by the end of the grant period. Respondents pointed out that many of the ICE programs yet to be launched are in high in demand among students and, as described earlier, the expectation is that several new programs will be offered beginning the spring of 2017.

Exhibit IV-3:

Actual Enrollment vs. Enrollment Goals, as of December2016
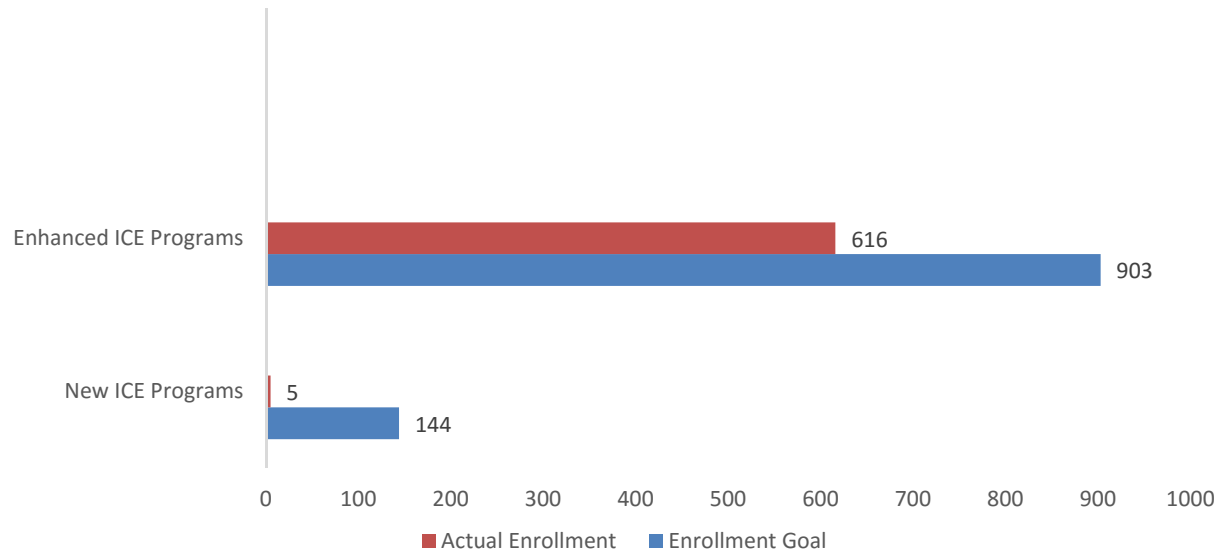
Source: NIC (2016)

Exhibit IV-4 illustrates how enrollment is split across the three colleges. While NIC has enrolled the most students overall, LCSC is closest to achieving its enrollment goal. LCSC is only adding one enhanced program as part of the grant, however, which may account for its success with enrollment. Both NIC and ISU have made stronger progress enrolling students into enhanced programs than they have enrolling them into new programs.

Exhibit IV-4:

Actual Enrollment vs. Enrollment Goals, by College, as of December 2016

	ISU	LCSC	NIC
Enrollment Goal for Enhanced ICE Programs	337	15	551
Actual Enrollment for Enhanced ICE Programs	140	10	466
Enrollment in Enhanced Programs as a Percentage of the Goal	**41.5%**	**66.7%**	**84.6%**
Enrollment Goal for New ICE Programs	46	-	98
Actual Enrollment for New ICE Programs	5	-	0
Enrollment in New Programs as a Percentage of the Goal	**10.9%**	**NA**	**0.0%**
Total Enrollment Goal	383	15	649
Total Actual Enrollment	145	10	466
Total Overall Enrollment as a Percentage of the Goal	**37.9%**	**66.7%**	**71.8%**

Source: NIC (2016)

Exhibit IV-5 further breaks down enrollment by programs across colleges. It shows that the ICE colleges have had good success enrolling students into the enhanced Certified Nursing Assistant, pre-med, and medical assistant programs. There have also been many students enrolling in program prerequisite courses, which have also been enhanced (students in these prerequisite courses are considered ICE participants). However, as of December 2016, students had only enrolled into one of the new programs, the Vet2Nurse bridge. This finding is not surprising given that most of the new programs across all the colleges have yet to launch.

Exhibit IV-5:

Actual Enrollment vs. Enrollment Goals, by Program, as of December 2016

Program	Enrollment Goal	Actual Enrollment	Percentage of Goal Achieved
Enhanced Programs			
Medical Assistant	21	19	90.5%
Pharmacy Technology*	45	19	42.2%
Medical Coding	25	5	20.0%
Certified Nursing Assistant	150	154	102.7%
Pre-Med	50	107	214.0%%
Mental Health Assistant	12	12	100.0%
Prerequisite Courses	600	300	50.0%
Total Enhanced Programs	**903**	**616**	**68.2%**
New Programs			
Occupational Therapy Assistant	25	0	0.0%
Medical Lab Technology	6	0	0.0%
Dental Hygiene	10	0	0.0%
Surgical Technology	8	0	0.0%
EMS-Paramedic	60	0	0.0%
Vet2 Nurse	27	5	18.5%
Pre-Pharmacy	8	0	0.0%
Total New Programs	**144**	**5**	**3.5%**

* The Pharmacy Technology program is new at ISU and enhanced at NIC and LCSC

Source: NIC (2016)

As indicated by the data in Exhibit IV-4, while enhanced programs are well on the way of meeting their targeted enrollment, progress for credit programs has been much slower. Much of the shortfall is due to the fact that many new programs have not yet launched and therefore have zero enrollment. Beyond this particular issue, our respondents noted two factors that may curtail enrollment in ICE programs:

- **Program length and intensity.** Recruitment staff members at the colleges reported that the length of the programs and the time commitment required may deter some students from enrolling or may cause them to drop out after enrolling. While program

length and intensity are not barriers for all students, they may be problems for nontraditional students.

- **Institutional barriers.** While all three colleges have leveraged existing resources and services to support ICE program-specific recruitment efforts, certain institutional processes actually thwarted these efforts. For example, grant staff members at one college could not begin recruitment until after receiving formal approval from the college's marketing department. In addition, veterans' financial aid regulations made it difficult for veteran students to receive immediate access to their GI Bill benefits. Due to these restrictions, the project team had to delay launching and enrolling students into the program.

Even though LCSC's pharmacy tech program has come closest to meeting its enrollment goals, its rigor seems to cause a high level of attrition. Because this program was designed as a for-credit program at NIC but is offered as a non-credit program at LCSC, it may be more rigorous than what is typical for non-credit courses or programs. Respondents at both LCSC and NIC said that this unexpected rigor may cause some students to drop out. LCSC respondents also noted that students may not have the required math skills to thrive in the program. In response to this challenge, the college recruited a retired pharmacist in the local area to provide tutoring and academic support to the students already enrolled in the program. Moreover, the college has strengthened the math skills portion of a preparatory course, so students can be better prepared for the program.

STUDENT SUPPORT SERVICES

As described in Chapter II, all consortium colleges have at least one grant-funded staff member who provides student support services and job search assistance exclusively to ICE program participants. All three colleges have dedicated student success navigators for ICE grant participants, and NIC has also hired an employment transition coordinator who works across the consortium. These individuals have been focusing on supporting the success of enrolled students and program completers. To maximize student success, support staff members have leveraged existing staff members and services within their colleges. For example, two colleges reported that they rely on existing student advising staff members within the college to complement student support services. In these cases, ICE participants are referred to other existing student services, such as tutoring, as needed.

Through different staffing configurations, the consortium colleges provide certain types of support services, which are described below. Support staff members reported using a variety of methods to deliver these services, including in-person meetings, e-mail correspondence, and

phone conversations. In most cases, student success navigators reported having initiated communication with students, rather than the other way around. Frequency of contact with students greatly depended on their level of need. Overall, since most of new ICE programs have yet to launch, it seems too early to highlight any key challenges and successes related to providing student support services. Moreover, the colleges are still in the process of determining how to track employment outcomes for program completers and provide follow-up services.

Financial Aid Assistance

Access to financial aid is often an important factor determining completion and retention rates at community colleges. One college reported that under ICE, providing financial aid assistance to students has been a top priority. Support staff members at all three colleges reported that they have assisted students with securing financial support for college and life needs, as well as referred students to primary resources such as the college's financial aid office. When providing these types of services directly, support staff members have been helping students identify potential sources of funding and complete financial aid applications.

Availability of financial aid for ICE participants greatly depends on whether the program is for-credit or noncredit. In general, a student taking a noncredit course or program cannot receive financial aid. One college reported that all its ICE programs are for-credit and all of them are eligible for financial aid. In contrast, another college that is providing just one noncredit program under the ICE grant reported no financial aid is available for students. However, regardless of the credit status of their programs, students may be eligible for other sources of funding, including WIOA funds. In the final report, it will be important to look at how many participants received financial assistance through WIOA.

Academic Support

Academic support was also identified as a priority for ICE participants at two of the colleges. Both of these colleges reported that they provide academic support and tutoring services to students through a variety of mechanisms. For example, LCSC reported that it created an academic preparatory course specifically for ICE participants so that they could develop a strong baseline of math and science skills. This is a noncredit prep course that students can take after they enroll in the pharmacy tech program but before other classes begin. In addition, the college reported that it engaged a retired pharmacist as a volunteer to provide tutoring support to students enrolled in its pharmacy tech program. Similarly, another college is considering providing online tutoring services using subject matter experts from health-related fields.

Currently, students enrolled at this college can receive the college's tutoring services in general subjects such as basic math and writing. Further, they can receive one-on-one assistance in study skills from the student success navigator.

Clinical and Job Placement Assistance

In early 2016, the lead college hired an employment transition coordinator to manage job placement services both at the college and across the consortium. The program directors at the college have supported the employment transition coordinator by leveraging their existing partnerships with local employers to connect students to clinical work and internships. Student success navigators at each college also provide support in this area. For example, the student success navigator at LCSC has assisted the program director with visits to local pharmacies and successfully secured clinical sites for students enrolled in its pharmacy tech program. Support staff members and employer partners from two colleges reported that students who do well in their clinical placements are likely to be hired by the host site. In fact, one employer reported that it extended a job offer to a student after she demonstrated that she was competent and reliable during her clinical externship. Thus, clinical placements provide employers with the opportunity to recruit students who may be qualified job candidates.

Besides connecting students to employers, the employment transition coordinator at the lead college has provided one-on-one job-related assistance to students as needed. Specifically, the employment transition coordinator has helped students with writing and tailoring their resumes, conducted mock interviews, and provided information about job openings. In addition, she has been sending out e-mails to students containing information about the occupations in the greatest demand, job search tips, and job announcements. The employment transition coordinator has also been engaging local employers by attending jobs fairs and other employer events as well as meeting individually with human resources directors from local hospitals, clinics and healthcare facilities throughout the geographic area served by ICE. Lastly, the employment transition assists program directors in finding clinical sites for hard-to-place students if needed. While the employment transition coordinator is currently able to manage her caseload, she may have to rely more on the student success navigators as additional participants become ready to find jobs.

Supportive Tools and Guides

In addition to providing individualized support services to enrolled students, staff members at all three colleges have been developing tools and resources to further support students. The student success navigators are in the process of creating a joint online student success center,

which will provide students with links to various campus and community resources. At one college, the student success navigator developed a series of handouts and skills guides covering a wide range of topics including conflict resolution, understanding difference (i.e., diversity), goal setting, professionalism, and stress management.

Referrals to On-campus and Community Supportive Services

To complement the services provided directly by grant-funded student success navigators and the employment transition coordinator, student support staff members at the three college have referred students to appropriate campus and community resources. For example, one college reported connecting veteran students with the college's veteran student services center to obtain more information regarding benefits available to them under the GI Bill. Another college reported that students have been referred to the college's Teaching-Learning Center when learning difficulties have been identified.

V.   CONCLUSION

This concluding chapter represents an opportunity to reflect on what the ICE Healthcare Partnership has done well during its first two years of operation and where it has encountered challenges. Overall, preliminary evidence indicates that the consortium is moving toward creating sustainable regional networks in which colleges and industry partners collaborate to fill skills gaps in healthcare labor markets. The recommendations presented at the end of the chapter are intended to promote the realization of this outcome.

AREAS OF PROGRESS AND PROMISE

At this point in the grant period, available evidence indicates that the ICE Healthcare Partnership is moving successfully toward at least three main accomplishments:

Making the College System More Responsive to Labor Market Trends

The ICE consortium laid the foundation for realizing this goal when it created a management structure for the initiative in which high-level representatives from healthcare employers and government agencies would make up the bulk of a 12-person leadership team responsible for advising the consortium and setting policy goals. The Leadership Team has met expectations for representing the employer perspective, recommending the establishment of new programs needed by employers in each region. Responding to these recommendations by adding mental health assistant and medical coding programs to the ICE's statement of work, the ICE management team has demonstrated a commitment to being responsive to the labor needs of healthcare employers.

Increasing Faculty Buy-in by Involving Faculty Members in Curriculum Development and Administration of New Programs

As with the previous point, a key decision in initiative design has facilitated institutional dynamics with positive consequences. Rather than relying on a single project manager to supervise overall implementation of the grant at each college, it was decided that grant-funded program directors would manage individual programs at NIC and ISU and play other key roles such as developing curriculum, teaching, and supervising other instructors. Respondents from both NIC and ISU felt that this management structure

has led to increased buy-in for grant-funded programs from the existing faculty and departmental staff members. Program directors are seen as very much in touch with departmental needs and collaborative in their approach. The increased cohesiveness of faculty and administrators is expected to improve the overall sustainability of the programs after the TAACCCT Round Four grant funding ends.

Developing Innovative Distance Learning Strategies

The ICE consortium's focus on serving the educational needs of Idaho's rural and dispersed population has led it to pursue two distance-learning strategies with great promise: the host-provider model of content delivery and hybrid delivery.

- In the host-provider model, a "provider" college prepares curriculum and offers didactic content, often online, and a "host" college allows local students to enroll in the program, access the provider content, and participate in the program's labs and clinical components. This innovative strategy aims to create efficiencies and avoid duplication of programs while allowing students from remote areas to attend academic programs. It has potential for wide implementation in other states and areas.

- Hybrid delivery involves delivering a significant portion of a course's content online while maintaining some in-person classroom instruction. The online work greatly reduces the need for travel to a physical campus, making it possible for students living a significant distance from a college to participate in programs. Critical to development of effective hybrid delivery has been the alignment of course materials with general standards which specify a particular presentation format created by the nonprofit Quality Matters organization. The curriculum for hybrid courses has been reshaped by emphasizing clearly defined learning objectives and creating new instructional material, including videos to introduce online content, recorded and close-captioned lectures, and activities and quizzes adapted for online use. Program directors said that enhancement of hybrid courses through the Quality Matters process makes it easier for students to access and master the material.

SPR will assess the effectiveness of these strategies using qualitative data collected in future site visits as well as quantitative data as part of the outcomes study. Findings from these additional analyses will be included in the final evaluation report.

MAIN CHALLENGES `

As with any complex initiative, in which success is predicated on the interaction of stakeholders operating at multiple levels, the ICE Healthcare Partnership has been confronted with a series of challenges, both internal and external. The consortium has treated these as opportunities and has so far demonstrated adaptive and coping ability.

Early Exit of a Key Consortium Partner

The consortium faced an early challenge when Eastern Idaho Technical College (EITC), a planned consortium partner, decided not to participate in the grant soon after it was awarded. EITC's decision not to participate caused a considerable amount of confusion during the grant's startup period as the NIC management team was forced to revise the statement of work so that it could meet pledged-for enrollment numbers and initial plans for curriculum development. Overall, the consortium has managed this challenge well; at the time of writing this report, there were no lingering issues stemming from the EITC's exit other than inevitable delays in program implementation.

Revising the Scope of Work to Add New Programs

Following recommendations by the Leadership Team, new programs were added to the initiative, necessitating revisions in the budget and another change in the statement of work. These revisions, as noted in Chapter III, added to the delays in hiring and program implementation and have raised the level of effort required to accomplish grant objectives. Although this challenge was self-imposed and has had several negative consequences, it is also true that the addition of the programs is consistent with the goals of the grant and a boon to Idaho's healthcare employers.

Difficulties in Learning at a Distance

Although the host-provider model and hybrid content delivery carry the potential to make healthcare training accessible to greater numbers of Idahoans, the data suggest these practices (or distance learning more generally) raise some challenges for instructors and learners. As noted in Chapter III, students enrolled in programs taught using the host-provider model were sometimes confused about whom to ask for help, because the course's lab instructor was based at their college but the program director was located at another college. In addition, the absence of face-to-face contact during online learning reduces opportunities for instructors to connect with the students on a personal level and thereby increase student engagement with the college. Finally, many nontraditional students lack previous exposure to online technologies or access to a computer, making their participation difficult (Eyster, Anderson, & Durham, 2013). Because relatively few programs were developed at the time of the first site visit, SPR

did not have the opportunity to probe deeper on this issue. Future site visits, as well as quantitative data collected from the consortium colleges, will allow for a more complete assessment of the effectiveness of online program delivery.

Difficulties Hiring Grant Staff Members

ICE colleges found it difficult to recruit program directors with teaching and curriculum development expertise as well as industry experience in specific health fields. In some cases, they also had difficulty finding instructors with the necessary experience. Competition with the healthcare industry for qualified individuals was seen as contributing to this challenge. Colleges have not been able to offer the high salaries that are typical within the healthcare sector.

Staff Turnover

Staff turnover has been a challenge for at least two participating colleges. One college lost an instructor and a curriculum developer, while two colleges lost their student support navigators. Turnover was especially challenging for one of these colleges given that the individual in this position was responsible for reporting and other grant coordination activities at that college.

Potentially Inadequate Staffing Levels

While the presence of one student success navigator at each college increases the probability that program participants will receive adequate levels of staff-assisted services such as assistance with academic matters and obtaining financial aid, the fact that there is only one employment transition coordinator across the entire consortium is somewhat of a concern. It is likely that this position will experience significant strain if many students request services at the same time, as might be expected toward the end of the grant period when many students will have graduated and will be looking for jobs. In addition, since the colleges are in regions that are at considerable distance from each other, the coordinator—who is based at NIC—may be less knowledgeable about labor markets in the regions where the other two colleges are located.

RECOMMENDATIONS

Based on the findings presented in this memo, SPR offers several recommendations to the ICE consortium. These recommendations stem from a scan of the career pathways literature as well as from our experience working with other TAACCCT grantees. These recommendations are not intended to dictate the direction that ICE should take, but rather to provide suggestions based on the experience of other community colleges and consortia that have dealt with similar challenges.

Use Proven Strategies to Promote Student Retention

The ICE Healthcare Partnership finds itself at a critical juncture. The initial project set-up can now be considered complete. Most positions have been staffed, plans for program development have been finalized, and recruitment is proceeding apace. Now that increasing numbers of students have enrolled in TAACCCT-funded programs, the next priority is to maximize the likelihood that they will successfully complete their programs. Because of program implementation delays, it is too early to tell if ICE colleges are experiencing any difficulties in student retention. However, nationally, only about 40 percent of students who enroll in programs at community colleges complete their programs of study within six years (Juszkiewicz, 2015). A particularly promising model for promoting retention is enhanced advising (also known as intrusive advising), which achieves a deeper interaction between college staff and students than the one provided in traditional advising. Major components of the model are required meetings, low counselor-student ratios, assigned counselors or mentors, and longer, more intensive counseling sessions (Karp, 2011)[5]. Encouragingly, the student success navigator at one of the colleges said he or she already provides intrusive advising to students. In future reports, we will document the extent to which intrusive advising is employed across the ICE colleges.

In addition, many nontraditional students who enroll in community college programs have multiple barriers to education and employment, and require services that community colleges are generally not well equipped to provide, such as childcare, substance abuse treatment, health care, family counseling, and transportation (Alssid et al., 2002), in order to stay enrolled. Partnerships with government agencies and community-based organizations can help these participants receive needed services, thus promoting completion. Once the planned Online Student Success Center is launched (details are offered in Chapter II), students enrolled in ICE programs might be able to benefit from additional referrals and opportunities to access support from home.

Resist Further Expansions to the Consortium's Scope of Work

Although responsiveness to trends in healthcare labor markets is among ICE's main strengths, and the consortium colleges might be inclined to respond to evolving labor market trends by adding new programs that are not currently included in the scope of work, we encourage the

---

[5] Random assignment evaluations, in which students participated in required advising over the course of two semesters, have shown positive impacts on students' probability to register for subsequent semesters and on the number of credits attempted (Scrivener & Au, 2007, cited in Kolenovic, Linderman, & Karp, 2013).

consortium to resist this temptation.[6] The current scope of work appears sufficiently challenging; any additional new program development may make it difficult for the consortium to attain current project development goals.

Prepare for an Increased Focus on Job Placement and Career Counseling During the Remaining Grant Period

We encourage the consortium to consider hiring additional staff positions to provide employment and career counseling. Currently, only one staff member fulfills this role across the consortium. While this arrangement may be sufficient in the short term, in the longer term the need for services might exceed the capacity to deliver them. In addition, given the relatively long distance between colleges, there is a need for career counselors and job developers who are knowledgeable about the particularities of the local labor markets in which colleges are embedded.

---

[6]   We are not currently aware of any plans for further expansion. Our recommendation is based on the possibility that such plans might be made in the future.

WORKS CITED

Alssid, J. L., Gruber, D., Jenkins, D., Mazzeo, C., Roberts, B., & Stanback-Stroud, R. (2002). *Building a career pathways system: Promising practices in community college-centered workforce development*. San Francisco, CA: Workforce Strategy Center.

Eyster, L., Anderson, T., & Durham, C. (2013). Innovations and future directions for workforce development in the post-recession era. Washington, DC: Urban Institute. Retrieved from http://www.lisc.org/isd/images/resources_for_practitioners/asset_upload_file447_17294.pdf.

Hyer, L., Body, A., Tacke, K., Roeser, J., & Alban, T. (2010). *Idaho's Future: Where the Next Jobs Come From*. Boise, ID: Idaho Department of Labor. Retrieved from https://labor.idaho.gov/publications/sectorstrategies.pdf.

Idaho Health Professions Education Council (IHPEC). (2013). *Annual Report to Governor C. L. "Butch" Otter*. Boise, ID: Author. Retrieved from https://gov.idaho.gov/HealthCare/PDF/2013%20IHPEC%20Annual%20Report.pdf.

Juszkiewicz, J. (2015). *Trends in community college enrollment and completion data, 2015*. Washington, DC: American Association of Community Colleges.

Karp, M. M. (2011). *Toward a new understanding of non-academic student support: Four mechanisms encouraging positive student outcomes in the community college* (Working Paper No. 28). New York, NY: Community College Research Center.

Kolenovic, Z., Linderman, D., & Karp, M. M. (2013). Improving student outcomes via comprehensive supports: Three-year outcomes from CUNY's Accelerated Study in Associate Programs (ASAP). *Community College Review, 41*(4), 271–291.

Scrivener, S., & Au, J. (2007). *Enhancing student services at Lorain Community College: Early results from the Opening Doors demonstration in Ohio*. New York, NY: MDRC.

Townsend, A. (2013). *Idaho's Health Care Industry*. Boise, ID: Idaho Department of Labor. Retrieved from https://labor.idaho.gov/publications/HealthCareScan2013.pdf.