

**MoHealthWINS Evaluation**  
**Progress Report #3:**  
**Grant Process, Implementation,**  
**Progress and Outcome Update**

**Prepared July 22, 2013**



## Key Findings & Evaluation Summary

- The MoHealthWINs Consortium and its member colleges have made progress during the past year. Current participant enrollment currently stands at 1,189 and is expected to grow to 1,400 by the end of the Summer 2013 (40% of the final target). The Consortium has created a solid Statewide foundation for innovation and is already employing lessons learned in MoHealthWINs to Round II MoManufacturingWINs.
- Although participant enrollment has increased over the past year, total participant enrollment is still not on pace to meet the final target of 3,539. Given the current total of 1,189, the Consortium must enroll 934 NEW students by the end of the Fall 2013 term to reach 60% of its final target. If the Consortium can increase enrollment at such a rate, it would still need an additional 1,416 NEW students by September 30, 2014 to reach its final goal.
- Reaching the participant target is certainly a key goal, but colleges should avoid simply enrolling students in “short-term programs” if program completion is unlikely to lead to employment and/or wage increases.
- The Consortium and its member colleges should be commended for serving participants that match the designated grant target population. The fact that colleges are providing access to higher education for low-skilled adults in a substantial manner is impressive. The average age of participants is 36, and 35% are 50 years of age or older. Nearly 80% of the participants began as low-skilled in at least one area (math, reading or English). Eighty percent of the participants were either un-employed or under-employed at the start of their program and 40% are attending college for the first time.
- As of the end of the Spring 2013 term, 283 students have completed their program of study and 690 students have completed at least one industry recognized stackable credential. Of the 690 participants who now have a credential beyond high school, 81% began their program as either un-employed or under-employed; nearly 40% had not attended college before; and approximately 80% started with documented low-skills. For the total participant pool of 1,189, the ratio of credit hours completed to credit hours attempted is more than 80% and the retention rate for “non-completers” continues to exceed 80%.
- Organizational change and innovation often face initial challenges. The Consortium has supported member colleges in their efforts to launch new/innovative programs and strategies and build capacity to expand such efforts. Colleges have capitalized on such support and are initiating efforts to scale up successful innovations on their campuses and across the State.
- Statewide cooperation and partnerships related to “key paradigm shifts” in contextualized and accelerated developmental education; credit for prior learning; non-credit to credit bridges; stackable credentials; and expansion of on-line learning opportunities are progressing.
- Under the current Executive Leadership of Ms. Dawn Busick, MHW is well positioned to move forward. Ms. Busick has worked closely with the Gates-funded

Transformative Change Initiative to help ensure that successful MHW innovations move into mainstream organizational practices.

- Member colleges are continuing to report all DOL required data and progress reports in a timely manner. All DOL reporting and compliance documentation has been submitted on time.
- The MHW Third Party Evaluator has completed implementation assessment site visits at all member colleges. The TPE is currently working closely with Cosgrove & Associates and Program Leads to develop specific evaluation questions related to program and strategy scaling efforts. The TPE note strengths associated with the following key strategies.
  - Intrusive student and instructional support services (e.g. tutoring, counseling, and advising)
  - Improved developmental education and skill enhancement
  - Contextualized academic and technical education
  - Career pathways designed around industry developed stackable credentials
  - Accelerated, chunking, and modularization of courses
  - Credit for prior learning
  - Non-credit-to-credit bridges
  - Expansion of online learning opportunities
  - Faculty and staff development
- Given the adoption of a policy on Credit for Prior Learning by the Missouri community colleges, it is noteworthy that only one college identified a strategy associated with Credit for prior learning as an innovation. It is also worth noting that as the grant enters its final year, only one college has recorded any credit hours as being awarded through Credit for Prior Learning.

## **Introduction**

This document is the third in a series of Evaluation Progress Reports (EPR) compiled by Cosgrove & Associates (C&A) and covers the period from December 16, 2012 to June 30, 2013. The EPR series is designed to assist the MoHealthWINS (MHW) Consortium and member colleges closely monitor grant processes, implementation, progress, and performance measures. By working closely with the Grant Team and member colleges, our goal is to help document effective strategies and programs and use evaluation data to help transition successful innovations into mainstream and sustainable practices. Consistent with the evaluation framework provided by C&A, this document summarizes our findings in the following key areas: Process, Implementation, Progress, and Performance Outcomes.

## **Grant Processes Update**

MoHealthWINS continues to benefit from the executive leadership provided by Ms. Dawn Busick. Ms. Busick's expertise and leadership consistently help the Consortium and member colleges move forward with the following grant processes: MOU negotiations and development; inter-agency and employer partnerships; adherence to DOL procedural and reporting guidelines; program implementation; faculty/staff development; information sharing with key statewide stakeholders; engagement with national stakeholders to share best practices and learn from other Round 1 grantees; grant modifications procedure; non-performance procedure; and overall grant management and oversight. Key findings for this area are highlighted below.

- Successful MHW, Spring 2013 campus site visits.
- Reporting of MHW "Dashboard" data/information and sharing MHW data and progress measures with MCCA Presidents and Chancellors.
- Successful faculty and staff development training sessions.
- Successful sharing of MHW processes on a national level. MoHealthWINS is working closely with the Gates-funded Transformative Change Initiative. This effort is aimed at helping colleges scale successful innovations into mainstream organizational practices.
- Successful implementation and management of the MHW Non-Performance Process. As documented in the previous Evaluation Progress Reports, program start-up at a number of colleges was slow and participant enrollment was not consistent with expected targets. The Grant Team implemented the non-performance process and worked closely with four colleges who were experiencing difficulties. Designed as a guide rather than as a sanction, this process resulted in three of the four colleges moving off of Non-Performance within one quarter.

## **Grant Program Implementation Update**

As of June 30, 2013 nearly all of the MHW programs have been launched. Programs yet to be started include NCMC's Nursing, Jefferson College's Radiologic Tech, and St. Louis Community College's Medical Assistant and Electronic Health Records II. Forty-five percent of grant funds have been expended. Current MHW enrollment stands at 1,189 and is likely

to reach 1,400 by the end of the Summer, 2013 term. This figure represents 40% targeted enrollment of 3,539. Seventy-five percent of the participants are female. Fifty-seven percent are white and 43 percent are minority. Eighty percent of the participants reported being either unemployed or "under-employed" at initial enrollment. Seventy-eight percent of the participants are non-college ready in at least one area (English, mathematics or reading). The average age of the participants is 36 and 35% are 50 years of age or older. Seven percent are classified as TAA eligible. Thirty-four percent were referred by a Missouri Career Center to a MoHealthWINS program.

The fact that MHW programs are reaching low skilled, adults in a substantial manner is impressive. This target population presents a variety of challenges, yet their success is critical to social and economic development. MHW efforts regarding this population should be acknowledged and applauded.

During the past six months, the Grant Team has provided extensive support to member colleges in an effort to ensure program implementation and assist in moving from planned activities to actual start-up. Such support included: Non-performance guidance; campus site visits; technical and programmatic assistance in mapping programs of study; staff development and training sessions related to grant processes, data collection, and quarterly reporting processes; college partner meetings to resolve MOU and partnership issues between member colleges; and customized, one-on-one consultation to help colleges identify the relationships between planned strategies, program design and targeted outcomes.

Member colleges have found such support beneficial and have consistently reported a high degree of satisfaction with the support. In addition, member colleges reported that such assistance was pivotal in helping launch more programs in a timely manner.

To support student and program success, member colleges have implemented strategies related to the following key areas.

- Intrusive student and instructional support services (e.g. tutoring, counseling, and advising)
- Improved developmental education and skill enhancement
- Contextualized academic and technical education
- Career pathways designed around industry developed stackable credentials
- Accelerated, chunking, and modularization of courses
- Credit for prior learning
- Non-credit-to-credit bridges
- Expansion of online learning opportunities
- Faculty and staff development

To more fully assess the extent to which such innovations have been implemented, the Grant Team and Third Party Evaluator conducted site visits during the Spring 2013 term. Data collected during the site visits revealed that intrusive student advising, contextualized developmental education, accelerated courses and stackable credentials have the highest

implementation rate. The expansion of on-line learning opportunities is taking place; however that strategy appears to be more program-specific, rather than common across the Consortium. The following excerpt from the TPE report (June, 2013) provides additional details, as well as strengths and weaknesses associated with strategy implementation.

### **Implementation Summary: Third Party Evaluator Report, June 2013---Bragg & Associates**

#### **Strengths**

**Student Recruitment, Retention and Support** has been central to the MoHealthWINS consortium. TPE interviews with students confirmed their excitement about the POS offered by the grant, despite some concerns about employment. With many students experiencing unemployment prior to enrolling in the programs, concerns about family living-wage employment was inevitable, making it especially important to track employment outcomes. To this end, the students were appreciative of the grant's potential to enhance their employability, including the possibility of their not having to travel outside the region to secure jobs. Many expressed their pleasure and gratitude for the intensive support services that the grant supported, including guides to program requirements and step-by-step instructions to enrollment. Also critical to grant-funded support services was the hiring of professionals who provided advisement and on-going intensive supports. These specialists – sometimes called "career coaches" -- were often seen as "go to" professionals for MoHealthWINS. The focus of their activities included a variety of intrusive advising methods (e.g. tutoring services, face-to-face and electronic counseling, and lab assistants). They also provided new student orientations and maintained regular contact with the target student populations, including helping to address program-related challenges.

**Improved Developmental Education and Skill Enhancement:** Several co-grantee colleges introduced new contextualized developmental-education (dev-ed) level instruction designed to advance low-skilled adults with very limited or no postsecondary education experience to college-level instruction. TPE interviews identified numerous cases where students began to see the value of a college education after participating in a non-credit course, and they either expressed interest in enrolling in college or actually enrolled in college. (APR results are needed to determine whether these statements are confirmed by quantitative results.) In addition, new POS were planned or implemented with the idea of accelerating and chunking developmental education content and integrating it with technical instruction, thereby offering students the opportunity to develop technical competencies while earning credit toward stackable credentials. Further, despite considerable difficulties establishing adult bridge programming, due in part to funding and turf issues mentioned later (see the Weaknesses/Areas of Improvement section), some co-grantee colleges were planning to implement noncredit-to-credit pathways, including the consortium's largest co-grant colleges (St. Louis and Metropolitan). Given the student populations served by these regions, the

engagement of these co-grantees in the creation of pathways to serve low-skilled adults represented one of the most important developments observed by the TPE at the mid-point of the grant.

**Program Chunking, Modularization, and Acceleration of Online Learning:**

Across the consortium, several POS were created by breaking down or chunking the curriculum into modules, putting curricular content online, or using multiple industry-based certifications as part of cohort-based accelerated programming. The POS were scheduled to meet student needs, including using multiple locations, day and evening sessions, and staggered start dates throughout a typical semester timeframe. Use of online learning was also evident across the consortium, including the use of a mobile lab with state-of-the-art technology; installation of Information Technology (IT) virtual labs, and long-term care learning labs with equipment, supplies, and patient mannequin/simulators. Some new technologies and online learning tools that were introduced at one or more co-grantee colleges were made available throughout the consortium.

**Industry Partner Involvement:** Efforts to connect the co-grantee colleges with employers and other partners raised students' interests and encouraged their enrollment in POS, according to TPE interviews. Co-grantee colleges used a variety of techniques to engage employers, including guest presentations, tours, and practicums. Special consideration was given to establishing clinical sites across employer partners so that students could complete their work-based learning requirements in multiple settings. Though traveling a fair distance was required for some students to fulfill their clinical requirements, the colleges attempted to provide clinical experiences locally. Many clinical placements were supported by long-term care facilities due to the preponderance of these types of jobs across the state.

**Career Center Involvement:** Many regional career centers affiliated with one of more of the co-grantee colleges were acting as critical partners in the grant by taking on the role of recruiting, referring, and qualifying potential participants in grant-funded POS. These Centers engaged in program updates, in distributing information, in making potential participants aware of the POS, and in providing ongoing WIA and other support. They also engaged in finding on-the-job training (OJT) placement opportunities for graduates.

**Faculty Involvement:** Within co-grantee colleges and across the consortium, faculty was instrumental in retaining students in their POS. They interacted extensively with student support personnel and served as the first line for intrusive advising when students had difficulties. TPE interviewers spoke to several faculty who had recent industry work experience and strong contacts within their respective healthcare profession. Most faculty, particularly those hired specifically for the grant, seemed to understand the goals of the grant and actively embrace the opportunity to develop new and innovative curricular and instructional approaches.



**Grant Management:** *In the initial grant roll-out, the senior administration of most co-grantee colleges took the lead on establishing structures and processes, and, as the grant progressed, faculty and student support personnel played a larger role in grant management while senior management continued to be involved periodically (weekly and/or monthly updates). Co-grantee project leaders and staff reached out to engage other faculty and college groups in the grant, expanding the grant's reach within colleges and across the consortium. Moreover, the strategic use of task forces by the MoHealthWINS has facilitated interaction among faculty and staff in areas of critical importance to the grant (e.g., data management, Prior Learning Assessment, etc.). Also, several co-grantees, particularly those implementing similar POS, have discussed common data reporting needs, with an eye toward developing systemic processes and documentation to support implementation and the sustainability of POS once the grant ends.*

### **Weaknesses / Areas of Improvement**

**Student Recruitment, Retention and Support:** *Whereas the student support process was recognized as integral to most if not all co-grantee colleges, there may be ways to generate additional student interest and boost retention to completion of the POS. These include creating an advisory support group to build buy-in and early support for clinical experiences and ultimately for job placements; building a culture of success regarding completion, credentialing and employment so that students feel that support is continuously available and not bound by geography and space; and, making sure that student enrollment is aligned with the capabilities grant staff to provide support services adequately and efficiently.*

**Improving Developmental Education and Skill Enhancement:** *Some co-grantee colleges did not focus their grant activities on developmental education, but many did. These included developmental education reform that emphasizes basic skills; use technology-assisted instructional strategies; creation of "on-ramps" or "portal-like" programs; and development of noncredit-to-credit bridge courses. For some co-grantee colleges, contextualization was an obvious and natural fit with the grant, but others seemed to lack a basic understanding of what contextualization means or know how to implement it. Some even seemed unaware of or uncertain about the importance of creating pathways that include on-ramps (via adult education or developmental education) to college-credit instruction. Funding issues between the community colleges and adult education were mentioned by the co-grantees as a major contributor to difficulties creating viable adult bridge programs. However, as the grant moves forward, it may be useful to encourage co-grantee colleges to mentor one another, using the more experienced colleges to mentor newly adopting colleges, or in the least, facilitate in-depth conversations about promising practices among the colleges. To this end, it may also be helpful to hold a consortium-wide dialogue about developmental education to explore how best to optimize innovations, staff time, and student access. For example, with pending changes to the GED test nationally, efforts among co-grantee colleges to develop*



*new adult education programs using the GED may be ill advised. As a consortium, MoHealthWINS should investigate a wide range of adult education reforms to offer logical and sustainable next steps to the low-skilled adult population.*

***Program Chunking, Modularization, and Acceleration of Online Learning:***

*TPE results show many co-grantees were modifying existing or developing new POS consistent with the goals of the grant; however, some of these POS did not appear to have strong connections to previously existing POS, resulting in missed opportunities to create coherent career pathways. With respect to this concern, the consortium should consider formalizing and disseminating career pathway descriptions widely, including publicizing noncredit-to-credit bridges and articulation between POS within and across the consortium. Through more strategic coordination, the co-grantees might consider expanding online or blended instruction to attract more TAACCCT-targeted adult learners. If achieved, this activity might attract larger numbers of unemployed and low-wage working populations.*

***Industry Partner Involvement:*** *Whereas the role of employers continues to increase in MoHealthWINS, there are still places where employer engagement could be bolstered. For example, employers could:*

- consult more extensively on the development of POS,*
- be engaged in conducting POS reviews,*
- provide more job shadowing and internship opportunities,*
- increase job placement support, and*
- provide more job placements of POS completers.*

*When operating fully, the partnerships with employers created through TAACCCT might provide a model for enhancing technical program advisory committees in the future.*

***Career Center Involvement:*** *Across the consortium, many Career Centers were successfully involved in the grant but some were not. In areas where Career Centers had limited involvement with MoHealthWINS, the TPE heard concerns about limited interaction between Career Centers and the co-grantees. For example, some Career Centers were not engaged in recruiting or supporting student enrollment or involved in checking to see if clients were qualified for enrollment in TAACCCT, or TAA eligible. Clarifying expectations and resources, and addressing these engagement issues may help to sustain the engagement of the Career Centers in the long run.*

***Faculty Involvement:*** *Across the consortium, faculty were instrumental in moving the grant forward by raising and sustaining student interest in the POS, creating new and modified programs of study, and connecting to industry in many ways. The key though for sustainability is to create a core group of faculty across the consortium who share best practices in the areas of intrusive advising, curriculum development and redesign, and building community connections primarily with industry.*

**Grant Management:** *With the MoHealthWINS grant in its second year of implementation, the co-grantee colleges had put into place structures and processes to support the smooth running of the grant. However, several additional steps could be taken by co-grantee campuses and collectively across campuses to support greater effectiveness of grant management. First, the colleges could consider streamlining their admission processes by moving away from paper-based approaches to electronic systems. An electronic system may also support improvements to the student intake and intrusive advisement processes. Second, student enrollments, which appear to be somewhat uneven across the consortium, might be addressed if there was coordination across sites (e.g., leading to unfilled slots in some locations and waiting lists in others; whether additional coordination is possible across the consortium is unknown but may represent a viable opportunity. Third, POS development has been decentralized to the co-grantee colleges, but more communication and coordination across the consortium might be beneficial. Fourth, the limited number of TAA-eligible participants is concerning, pointing to the importance of more strategic recruitment of this population or documentation of why these students are not enrolling.*

**Sustainability:** *Even though the MoHealthWINS grant has advanced to the mid-point of the grant period only, it is important to consider how grant-funded activities can be supported beyond the life of the grant. Expanding awareness of the new capacity of Missouri community colleges to address the needs of low-skilled adults is an important step. Creating a variety of outreach materials could help to show how TAACCCT-grant funding is evolving and addressing a critical skill shortage in healthcare – a high priority of the governor and community college leaders.*

The Grant Team recognizes the program development and experimentation that has occurred across member colleges. Such development and experimentation has led to program changes and modifications. Certainly the use of evaluation findings for continuous improvement is important, however as the grant enters its last year it is expected that member colleges now have their programs and related strategies well defined and fully operational. This is especially critical when one considers that a DOL “no-cost, grant extension” is unlikely and the grant will end on September 30, 2014. In addition to the strengths and weaknesses outlined by the TPE, we note the following key findings associated with Grant Implementation.

- Participant enrollment currently stands at 40% of the target figure. Significant increases in enrollment are required in the next three months to bring enrollment to the appropriate target level.
- College should avoid simply enrolling students in “short-term programs” in an attempt to reach their participant target, if program completion is unlikely to lead to employment and/or wage increases.
- Full program implementation at all colleges is nearly complete. Any program not yet implemented should begin no later than September, 2013.

- Colleges should aggressively pursue the implementation of required grant strategies and all related strategies should be in place during the Fall, 2013 term.
- Any college that has not fully implemented their required programs and strategies by September, 2013 should be notified that a portion of their remaining grant funds will be subjected to re-allocation to other grant partners.
- As the grant moves into its last year the evaluation focus, (Cosgrove & Associates and Bragg & Associates) will shift from implementation assessment to progress and outcome measures. Colleges are beginning to produce program completers and should place increased emphasis on helping completers acquire employment.

### **Grant Progress & Outcomes Update**

Colleges should be recognized for efforts to design programs for the target population and their willingness to Start, Evaluate, Modify and Improve (SEMI Model). The colleges' use of the SEMI Model demonstrates the potential to employ evaluation results for continuous improvement, as well as to consider scaling potential. In addition to progress at the member college level, the Grant Team's ability to continually adapt to DOL modifications and to provide consultation and guidance based upon such modifications played a significant role in accelerating program start-ups.

The Grant Team worked with member colleges to develop a customized and utilization-focused approach to the DOL quarterly reporting process. This process helped colleges more clearly recognize their targeted performance measures, as well as see the relationship between grant strategies, programs and expected outcomes. This approach laid the foundation for the Grant Team and TPE, spring 2013 site visits. During the last year of the grant, colleges should use their quarterly reporting process to tell their "TAA Grant Story".

As of June 30, 2013 colleges have produced 283 Program Completers, and 690 participants have completed one or more industry recognized stackable credentials. Of the 690 participants who now have a credential beyond high school, 81% began their program as either un-employed or under-employed; nearly 40% had not attended college before; and approximately 80% started with documented low-skills in either math, reading, or English. For the total participant pool of 1,189, the ratio of credit hours completed to credit hours attempted is more than 80% and the retention rate for "non-completers" continues to exceed 80%.

Working in conjunction with Cosgrove & Associates, colleges have initiated follow-up data collection for Completers and "non-completers, non-returners". This data collection is currently underway and results will be available by September 30, 2013. Preliminary results associated with this survey follow-up suggest high, immediate employment rates (in excess of 80%) for Program Completers. In addition, Cosgrove & Associates is prepared to conducting data sharing and analysis with Missouri DWD to track "official" employment and wage data for Completers. This tracking will begin in August 2013 and results will be available for the Year 2, Annual Report. In addition, such data will be used to compare progress/outcome measures between the Grant Treatment Group and Non-Grant Control Group. This comparison is required for the DOL Annual Performance Report.

The Grant Team has worked closely with the TPE to stress the importance of documenting effective strategy implementation and impact. Such efforts are central to the foundation needed to begin scaling successful innovations beyond the life of the grant. Cosgrove & Associates and Bragg & Associates are scheduled to lead a conversation related to evaluation needs/questions with Program Leads. This conversation is set for July 31, 2013. Current areas of evaluation emphasis include the following: impact of "portal-like" instruction/services; impact of intrusive advising/career coaching; impact of innovations associated with contextualized/modified developmental education instruction; economic/employment value of short-term stackable credentials; documentation and review of curriculum modifications. The purpose of the conversation with the Program Leads is to further explore campus innovations and identify specific questions evaluation needed to assist campuses with scaling innovations.

The following excerpt from the TPE mid-point progress report details innovations at each campus.

**Implementation Summary: Third Party Evaluator Report, June 2013---Bragg & Associates**

*This section presents strategies that the co-grantee colleges identified as "innovations", and considered new and unique to their colleges. The TPE made no independent judgment of innovativeness and rather relied on the co-grantee college's determination of whether a strategy should be deemed an innovation. The innovations are listed by co-grantee college and taken directly from the respective site reports. Table 1 on page 18 aligns the innovations with the nine core strategies that were presented to the TPE as major areas to evaluate at the mid-point of the MoHealthWINS grant.*

*Several observations can be made about the strategies identified as innovations by the 13 Missouri community colleges involved in MoHealthWINS. The two strategy areas with which most co-grantee colleges noted innovations were **intrusive student and instructional support services** and **accelerated, chunking, and modularization**. As shown in Table 1 below, 11 of the 13 colleges identified strategies (9 at the implementation stage, 2 at the planning stage) aligned with intrusive student and instructional support, and 12 of the 13 colleges identified strategies (9 at the implementation stage, 3 at the planning stage). Other strategies with a substantial number of co-grantee college nominations were **developmental education and skill enhancement** (8 total; 7 implementation and 1 planning) and **career pathways designed around industry developed stackable credentials** (8 total; 5 implementation and 3 planning). Interestingly, none of the co-grantees identified credit for prior learning or faculty and student development as innovative strategies, and one college identified the non-credit-to-credit bridge strategy as an innovation. Given the adoption of a policy on Credit for Prior Learning by the Missouri community colleges, it is noteworthy that only one college identified a strategy associated with Credit for prior learning as an innovation.*

### **Crowder Community College:**

- *Intrusive student and instructional support provided through tutoring and encouraging faculty and staff to create a culture of awareness about what students need to be successful; also emphasize career counseling for CNA students.*
- *Accelerated chunking, modularization of courses, with multiple course scheduling options being tested. An accelerated 14-month ADN program was scheduled to start in summer.*

### **East Central Community College:**

- *Developmental education and skill enhancement – A transitions program was the focus, with no traditional/legacy specific developmental education intervention within the grant-supported strategies.*
- *Intrusive student and instructional supports -- The program was provided by grant-funded counselor/advisor, and the faculty was working with grant-funded students.*
- *Contextualized academic and technical education - The program had two options: for-credit group-based and non-credit self-paced. The program was integrated in the learning center and included a completion-celebration attended by campus leaders.*
- *Career pathways - The basis for the CNA and CMT programs are professional licensure/State requirements, and students participated in required clinical hours. The HIM program was based on RHIT certification requirements. There was a stackable component within the non-credit sequence (CNA to CMT and Insulin certification).*
- *Accelerated, chunking and modularization of courses - Courses were offered on an 8-week schedule, when needed (e.g., when Transitions students finished mid-semester). The Transitions course was offered to a 3-week intensive cohort with a self-paced non-credit version for students who selected that option.*

### **Jefferson Community College**

- *Intrusive student and instructional support - Retention coach was in place and active, and a Career Coach hire was in process.*
- *Career pathways - The CIS accelerated IT program included multiple employer-recognized credentials within the AAS degree program, similar to the traditional program but students did not pay for the tests associated with the MoHealthWINs program.*
- *Accelerated, chunking and modularization - The basis for the IT/CIS program was chunked curriculum and an accelerated format.*
- *Expansion of online learning – IT/CIS was supported by online curriculum, and Rad-Tech was in an initial phase of exploring online delivery.*

### **Linn State Community College**

- *Developmental education and skill enhancement - The digital literacy course had embedded elements of developmental math and reading, but no strategies to modify existing developmental education courses or programs.*
- *Intrusive student and instructional support – This activity was provided by a grant-funded counselor/advisor and by faculty working with MoHealthWINS participants. The counselor was hired recently, but prior to that, grant staff and program faculty shared advising and counseling duties.*
- *Contextualized academic and technical education - The Digital Literacy course used embedded development education with work-based examples. The Introduction to Maintenance course included maintenance skills and clinical context awareness.*
- *Career pathways - There was a stackable component within the non-credit Health Information Management (HIM) sequence, and there were multiple industry-recognized certifications in the Introduction to Maintenance course (i.e., OSHA, EPA, CPR). The grant did not include a larger-scale integration of these grant programs with existing for-credit pathways.*
- *Accelerated, chunking and modularization - Courses were offered on an 8-week schedule, except the Biomedical Technician, which was offered in 16 weeks.*

### **Metropolitan Community College**

- *Developmental education and skill enhancement -- The grant embedded foundational skills within new programs to eliminate the need for student participation in developmental education-specific courses. Individualized instruction supported by assessment with targeted skills development was accomplished online (Work keys assessment and remediation).*
- *Contextualized academic and technical education - The IT program was designed around completion of industry-recognized credentials and certifications. The Sterile Processing course/program was based on state certification requirements and included the exam.*
- *Career pathways - The career pathways were in development, with multiple new options and efforts to create bridge non-credit-to-credit courses. The health care pathway was in discussion, with pathways being defined for new programs. The IT program was based on industry certifications, and the IT program was based on industry certifications within the program.*
- *Acceleration, chunking and modularization - The IT course and Sterile Processes program both had accelerated components. The Sterile Processes program was a 2-course sequence that served incumbent and inexperienced students. Incumbent workers completed only 1 of the 2 courses.*
- *Expansion of online learning - Developmental education was embedded and individualized, and taught as online modules. An IT course had multiple online components.*



- *Implemented process for awarding and recording credit hours associated with Credit For Prior Learning.*

### **Mineral Area College (MAC)**

- *Intrusive student and instructional supports – A highly qualified and competent professional hired to fill the support service role, who has proven to be an outstanding leader for the grant*
- *Career pathways – The college developed and introduced new certificate programs tied to industry certification in Industrial Maintenance and Pharmacy Tech. The Pharmacy Tech was a stackable credential but the college had not yet created a pathway to the AAS. Discussion of this possibility was underway. The Maintenance Tech program was further along in the creation of a stackable credential leading to the AAS, and, whereas students were not far enough along to participate in an AAS degree program, the curriculum was being developed.*
- *Acceleration, chunking and modularization – The College introduced flexible schedules and modularized, chunked curriculum in 4-, 8- and 12-week formats. The Pharmacy Tech was an accelerated program, and the online RN was the same timeframe, but different modality. MAC was also making format changes in the Maintenance class/learning community, and Maintenance Tech curriculum.*
- *Expansion of online learning – The college developed online or hybrid versions of new courses for the Industrial Maintenance program and possibly Pharmacy Tech.*

### **Moberly Community College**

- *Intrusive student and instructional supports - The existing clinical feedback process was expanded with progress checks and intrusive advising activities.*
- *Contextualized academic and technical education - The basis for the MLT program was professional licensure/state requirements, and students participated in required clinical hours and hands-on laboratory experiences.*

### **North Central Missouri College**

- *Developmental education and skills enhancement – The focus was on Work Train modules and the Skills Enhancement program.*
- *Intrusive student and instructional support - Limited student enrollment was occurring at the point of the TPE visit, but services were planned for integration by grant coordinator into existing campus resources.*
- *Contextualized academic and technical education - The accelerated Pharmacy Tech program was based on certification test requirements, including the exam. Online nursing is also based on certification standards.*



- *Career pathways - The Pharmacy Tech program had a stackable credential inside the AAS. The RN Online fit within an existing pathway structure, but larger-scale pathway review/modification was not part of grant effort.*
- *Acceleration, chunking, and modularization - The Pharm Tech program was accelerated; the online RN was offered in the same timeframe, but different modality.*
- *Expansion of online learning – The Pharm Tech and RN programs were extensions of online efforts and a major focus of grant activities and investments.*

### **Ozark Technical College**

- *Developmental education and skill enhancement - The Building and Maintenance (B & M) program and the Hearing Instrument Science (HIS) programs focused on skill enhancement (more so B & M than the HIS program).*
- *Accelerated, chunking and modularization - The HIS course had been modularized to an 8-week course structure to reduce time to degree. The 8-week B & M program focused on low-skilled adults seeking entry into postsecondary education.*
- *Expansion of online learning – The HIS program was developed in a mobile lab with state-of-the-art technology that was being shared formally (through an MOU) with another college in the consortium.*

### **St. Charles Community College**

- *The basis for the GED program is competency development at the pre-college developmental education level.*
- *The intrusive advising process has started with grant staff sharing responsibility and college advising team awareness. Staff is being hired for Career Coaches, one joined on 2/18 another scheduled to start.*
- *College partners with other colleges in a shared POS (HIS). Do not "own" any of the programs but will provide advisement, coaching, clinicals, pre-requisites and academic courses for the degrees. Early enrollment in one program has five local participants (HIS) the rest are yet to launch/still in development.*
- *GED program is chunked and does include the exam.*
- *The core of the Health Care portal is just being started to implement, with career coaches now on board.*
- *GED blended online and face-to-face new-shared programs, and when partnering with other colleges, will include online aspects and site-based/mobile labs.*

### **State Fair Community College**

- *Intrusive student and instructional supports – 46 students were provided support.*
- *Career pathways - Single courses and options (i.e., cardiac Sonography) were based on industry standards and received course credit included on transcripts, but the programs were generally stand-alone options without direct ties to the existing curriculum. Larger scale pathway review/modification was not part of grant effort (e.g., credentials were not generated outside of existing associate degree or course sequence certificates.)*
- *Acceleration, chunking and modularization – The Phlebotomy course was accelerated, and a Mammography short course was planned for launch in summer, with multiple entry/exit points. The CT program also had multiple entry and exit options.*
- *Expansion of online learning - Phlebotomy (implemented Fall of 2012) and Sonography (scheduled launch August 2013) are online programs.*

### **St. Louis Community College**

- *Developmental education and skill enhancement - The Portal consists of assessment, remedial instruction through the Adult Learning Academy (ALA) and two new online courses: Culture of Healthcare and Digital Literacy for Healthcare. In the IT program a blended approach to developmental reading had been accomplished, with embedded co-teaching based on course materials.*
- *Intrusive student and instructional support – This activity was accomplished primarily by two grant staff who had previous experience as client managers in Career Centers. These “pathway coaches” provided support from initial enrollment through life skills training and intervention with at-risk participants. Several educational assistants provided tutoring support to Portal students M–F, 8:30 – 5:00. The faculty, coaches and educational assistants functioned as a team to support students in the Portal courses and within pathways and POS.*
- *Career pathways - The career pathways were in development stage, with multiple new options and efforts to create bridge non-credit-to-credit courses. A Therapeutic pathway was in discussion. Pathways had been defined for new programs. POSs associated with the Informatics pathway were based on industry certifications and stacked, with certification tests and degree options.*
- *Acceleration, chunking and modularization - The Portal courses were fundamentally self-paced science boot camp short courses that were still in development in May when the TPE visited. Several POS associated with the Informatics and Therapeutic pathways were compressed.*
- *Expansion of online learning - Informatics programs had multiple online components: Developmental education, as delivered through the Adult Learning Academy, included online modules and the Culture of Healthcare and Digital Literacy for Healthcare courses were completely online. Faculty and*

*staff were working in collaboration with other co-grantee colleges under the direction of OLI and CAST to develop and deliver OER in accordance with current learning research. (This approach was not observed as a core content delivery method outside of an Informatics course.)*

### **Three Rivers Community College**

- *Intrusive student and instructional supports – Students were supported by a grant-funded counselor/ advisor, and the faculty were working with grant students. The counselor offered a “work success” short-course for CNA students.*
- *Contextualized academic and technical education - The basis for the CNA and CMT programs were professional licensure/state requirements, and students participated in required clinical hours. There was no grant activity designed to contextualize developmental education or academic courses.*
- *Career pathways - The POS were designed to be geographic extensions to multiple sites and have a stackable component within the non-credit sequence (CAN to CMT and Insulin certification). There was also a CPR certification embedded in the CNA course. No larger scale pathway review/modification was offered as part of grant effort.*
- *Acceleration, chunking, and modularization - Courses were offered with staggered starts at different locations, various hours (day, nights) and student convenience in mind. Implementation was occurring at three sites, with three more in the planning stage.*

**Table 1. Self-Identified Strategies/Innovations by MoHealthWINs Co-grantee College and Strategy**

MOHealthWINs Strategies - Implementation Measures	CC	ECC	JC	Linn	MCC	MAC	MACC	NCMC	OTC	SFCC	SCC	SLCC	TRCC
1. Improved developmental education and skill enhancement		I		I	I	I		P	I		I	I	
2. Intrusive student and instructional support services (e.g. tutoring, counseling, and advising)	I	I	I	I		I	I	P		I	P	I	I
3. Contextualized academic and technical education		I		I	I		I	P				I	I
4. Career pathways designed around industry developed stackable credentials.		I		I	P	I		P		I	P		I
5. Accelerated, chunking, modularization of courses	I	P	I	I	I	I		P	I	I	I	I	P
6. Credit for Prior Learning													
7. Non-credit to credit bridges											P		
8. Expansion of online learning opportunities					I	I		P	I	P	P/I	I	
9. Faculty and staff development													

P = Indicates the co-grantee college is planning a strategy that it self-identified as an innovation

I = Indicates that co-grantee college is Implementing a strategy that it self-identified as an innovation

The following key findings are based upon a review of MHW progress to-date, as well as the findings from Bragg & Associates.

- The MHW Consortium and member colleges are making progress. Additional program start-ups, increased enrollment and successful program completion have created a solid foundation for increased performance during the grant's final year.
- Colleges should accelerate enrollment.
- Colleges should place additional emphasis on working with Program Completers to secure employment.
- Evaluation efforts should focus on the impact of grant strategies and assess member colleges' capacity to support and sustain programs, strategies, and innovations related to key paradigm shifts and Statewide priorities. The evaluation goal is determine not only what works, but why it works.
- Campus-based faculty and staff development should be initiated to support key paradigm shifts and Statewide priorities, with an emphasis on sustaining effective practices beyond the life of the grant.
- Given the wide variety of innovations being attempted, the Consortium would benefit from the creation of "Communities of Practice" to share best practices and review and document curriculum modifications.

### **Action Recommendations For Continuous Improvement**

To assist in the continued development of MoHealthWINs and capitalize on its transformative potential, we offer the following recommendations.

- Evaluation Progress Report #2 called for the development and implementation of an Innovation Index. Cosgrove & Associates has developed an Innovation Index for each college and it is now being reported as a part of the MHW Dashboards. The Index is designed to measure a college's approach to innovation related to each of the MHW priorities. Innovation is assessed across the following five steps.
  - Step 1: Identify Specific Problem, Develop a Solution, & Describe Expected Outcomes
  - Step 2: Implement The Solution As Designed
  - Step 3: Are Expected Outcomes Achieved, does data show progress
  - Step 4: Is the Innovation Worth The Cost & Effort, examine ROI
  - Step 5: Beginning Scaling Process: Continue To Evaluate, Modify & Improve

The initial Innovation Index Score developed by Cosgrove & Associates should serve as a baseline measure for the colleges, and colleges should re-calculate their Innovation Score at the end of the Fall 2013 and Spring 2014 terms. Individual campus Innovation Index Scores and the methodology used to calculate such scores can be found in Appendix I of this report.

- The Grant Team should consider the creation of "Communities of Practice" related to key instructional/curriculum innovations. This concept would increase Statewide sharing of best practices, as well as document curriculum/instructions changes to DOL.

- Cosgrove & Associates should partner with Bragg & Associates to assist the Consortium and member colleges in answering the following questions.
  - What innovations/strategies are the most effective and why?
  - How has MHW impacted your college, your community, and your students?
  - What specific steps can be taken to sustain effective strategies?
- Colleges should take immediate actions to more fully share and communicate MHW strategies and programs across their campuses. Executive Leadership and faculty engagement should be central components of this effort.
- At several colleges, grant staff turn-over has resulted in challenges associated with grant knowledge and continuity. Staff turn-over is to be expected, and colleges should develop practices and procedures to ensure the appropriate knowledge transfer.
- As grant strategies move from implementation to organizational scaling, the Consortium should explore the possibility of securing a Statewide “Innovations Coordinator”. The Coordinator would assist in the development of Communities of Practice related to selected successful innovations. The Coordinator will also help ensure that lessons learned from MoHealthWINS can be applied to Round II MoManWINS.
- In an effort to sustain successful innovations beyond the life of the grant, the Consortium should develop a prospectus to secure funding from a national foundation (i.e., Lumina, Gates, etc.) for selected innovations. The selection of a Statewide effort to reform and redesign developmental education with a focus on contextualization, acceleration, and intrusive student support is positive step in this direction.
- The Consortium should redesign its website to include a component which describes specific MoHealthWINS success STORIES.
- The Consortium should initiate the development of a “White Paper” to address how successful strategies/innovations can impact Statewide educational policy. We recommend the creation of Governor’s Taskforce aimed at achieving the following goal---60% of Missouri adult population will have educational credentials beyond high school. This goal cannot be achieved by one group, or by groups working in parallel. The Taskforce should include representatives from Industry, State Education Policy Organizations, and Education. The Taskforce should leverage lessons learned and successful innovations from the TAA grants and develop policy changes which support such innovations.

**Appendix I**  
**Campus Innovation Index Scores and Related Index Score Methodology**

<b>College</b>	<b>Innovation Index</b>
Crowder College	28.57
East Central College	42.86
Jefferson College	42.86
Linn State Technical College	22.86
Metropolitan Community College	48.57
Mineral Area College	44.76
Moberly Area Community College	30.48
North Central Missouri College	20.95
Ozarks Technical Community College	39.05
State Fair Community College	29.52
St. Charles Community College	30.48
St. Louis Community College	45.71
Three Rivers College	19.05

**FIVE STEP PROCESS FOR MEASURING INNOVATION**

To successfully develop, implement, scale and sustain innovations, an organization must complete the follow Five Step Process.

- Step 1: Identify the Specific Problem, Develop a Solution, & Describe Expected Outcomes
- Step 2: Implement The Solution As Designed
- Step 3: Are Expected Outcomes Achieved? Does data show progress?
- Step 4: Is the Innovation Worth The Cost & Effort? Examine ROI
- Step 5: Beginning Scaling Process-- Continue To Evaluate, Modify and Improve

MoHealthWINS has identified the following seven target areas for transformative change.

- Intrusive Student Advising/Intervention
- Credit For Prior Learning
- Contextualized Developmental Education
- Non-Credit To Credit Bridges
- Flexible/Accelerated/Modularized Scheduling & Course Chunking
- On-Line/Hybrid Instruction and Instructional Related Support Services
- CTE Programs Built Around Industry Recognized Stackable Credentials

While some colleges are pursuing innovations in one or two areas, other colleges are developing innovations in all seven Target Areas. In the development of any innovation index one should consider the scope of attempted innovations. The following scoring



system measures a college's Total Innovation Index, within the context of the overall scope of innovation.

The Five Step process will be used for each target area in which an innovation is planned. Each of the five steps will be scored using the following 0-3 rubric:

- 0 = step not conducted;
- 1 = step conducted with low success;
- 2 = step conducted with moderate success;
- 3 = step conducted with high success.

An **Innovation Score (IS)** will be calculated for each target area that a college has attempted. The individual IS scores will be summed to determine a **Total Innovation Score (TIS)**. Those colleges developing innovations in all seven areas will receive seven Innovation Scores just as colleges developing innovations in four Target Areas will receive four Innovation Scores. The highest possible score is the number of Target Areas times the number of Steps times the Highest Success Score ( $7 \times 5 \times 3 = 105$ ). The **Total Innovation Index** is calculated as (Total Innovation Score Divided by 105)  $\times 100$ , thus depending on the scope of innovations and overall progress of the innovations, a Total Innovation Index Score can range from 0 to 100. The Total Innovation Index is meant to be an evolving, rather than static measure. One would expect the Total Innovation Index to increase over the life of the grant as a college moves through the 5 step process.

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