Health Job Opportunity Program

September 9, 2015

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BACKGROUND

The model waiver brings unprecedented employment challenges to Maryland hospitals. Maryland hospitals have committed to improving the overall health of the patients they serve beyond the four walls of the hospital. A shift in focus from care delivered within the hospital setting to community based care requires a broader hospital employment base such as community health workers, health care enrollment specialists and peer support specialists. Currently this employment base needs to be fostered and expanded and there are few resources available to support the long-term development of this workforce.

Recent civil unrest and rioting in Baltimore City triggered by the death of Freddie Gray demonstrated the urgent need to address the issues of social inequality in Baltimore City. A contributing factor to social inequality in the city is the lack of stable, entry level employment with opportunities for career advancement. The April 2015 unemployment rate in Baltimore City was 7.4%, compared to the statewide rate of 4.9%, with some areas of city facing unemployment rates as high as 17%.[1] Since 1970, more than 60,000 manufacturing jobs in the Baltimore metropolitan area have been lost due to plant closures such as Bethlehem Steel, Western Electric, Proctor & Gamble, General Motors, and Solo Cup. The elimination of manufacturing jobs, along with the general recession, has caused a severe lack of opportunity for unskilled workers to obtain adequate employment.

In addition to high rates of unemployment, Baltimore City also faces extreme poverty levels. Most recent U.S Census Bureau data indicate that as of 2013, 23.8% of Baltimore City residents live at or below the poverty level, compared to 9.8% statewide.[2] In some areas of the city, the rate of those living below the poverty level is as high at 40.5%.[3] The median household income for Baltimore City is $41,385 compared to $73,538 statewide.[4] However, it is important to note that city's median household income is not indicative of the widespread poverty plaguing the city since this number is offset by very wealthy areas within the city such Guilford, Roland Park and Homeland. Some zip codes within Baltimore City have median household income as low as $25,500.[5] Nearly 40% of Baltimore City residents are Medicaid eligible and current Medicaid enrollment for the city tops 242,000, which exceeds any other jurisdiction in the state.[6] In

[1] Maryland Department of Labor Licensing and Regulation; "Local Area Unemployment Statistics", http://www.dllr.state.md.us/lmi/laus/ American Community Survey (2015).
[2] U.S. Census Bureau; "State and County Quick Facts – Poverty Level" http://quickfacts.census.gov/qfd/states/24/24510.html (2015).
[3] U.S. Census Bureau; "American Community Survey, Easy Stats" http://www.census.gov/acs/www/data/data-tables-and-tools/easy-stats/ (2015).
[4] U.S Census Bureau; "State and County Quick Facts – Median Household Income" http://www.census.gov/quickfacts/table/PST045214/24,00 (2015).
[5] Bureau of Labor Statistics U.S. Department of Labor "Baltimore Area Employment" http://www.bls.gov/regions/mid-atlantic/news-release/areaemployment_baltimore.htm (2015).
[6] Department of Health and Mental Hygiene; "Maryland Medicaid e-Health Statistics – County"; http://www.md-medicaid.org/eligibility/ (2015).

Baltimore City public schools, 86% of students qualify for free and reduced school meals, compared to 45% statewide,[7] again a statistic that exceeds any other jurisdiction in the state.

These data illustrate the employment and income disparities in Baltimore City. The inability to obtain employment with opportunity for growth contributes to the cycle of poverty and inequality for many. As city manufacturing employment has nearly disappeared, employment in the health and education fields has grown. Manufacturing represents 5.1% of city employment; health and education represents 30.6%. As solutions to the social inequities facing Baltimore City are explored, there must be a recognition of the evolving employment landscape. Failure to create sustainable opportunities that are consistent with industry change will result in continued social and economic instability for Baltimore City. There is significant opportunity for hospitals to bring more stability to the environment in Baltimore City but funds will be needed. The financial burden of increased hospital rates will be appropriately shared with other businesses and major employers as well as public payers who will directly benefit from a stable civil and business environment in Baltimore City. Hospitals are interested in retaining good employees and in improving the job skills of these employees.

POOR HEALTH AND POVERTY

The correlation between poverty and poor health is widely recognized. A Health Affairs policy brief noted that people who have limited education or income or who live in poor neighborhoods have worse health and health care compared to those who are better educated or financially better off. Adults living at or below the federal poverty level are more than five times as likely to say they are in poor or fair health compared to those whose incomes are four times the federal poverty level.[8] The health disparities associated with poverty contribute significant costs to the health care system. Recent analysis estimates that 30% of direct medical costs for minorities are excess costs due to health inequities and that the economy loses an estimated $309 billion per year due to the direct and indirect costs of health disparities.[9]

Despite being recognized as one of the wealthiest states in the nation, Maryland residents also experience health disparities associated with low income. According to a number of measures, Maryland is one of the highest performing states in the nation with the 3rd highest median household income, two of the nation's top medical schools, and 10th lowest rate of smoking. Despite these successes, Maryland continues to lag behind other states on a number of key health indicators. The state ranks 43rd in infant mortality, 35th in infectious diseases, 33rd in

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[7] Annie E. Casey Foundation Kids Count; "Students Receiving Free and Reduced School Meals" http://datacenter.kidscount.org/ (2015).

[8] Health Affairs; "Achieving Equity in Health" http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=53 (October 6, 2011).

[9] Kaiser Family Foundation; "Disparities in Health and Health Care: Five Key Questions and Answers"http://kff.org/disparities-policy/issue-brief/disparities-in-health-and-health-care-five-key-questions-and- answers/ (November 30, 2012).

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health outcomes, and 33rd regarding geographic health disparities.[10] The statistics for Baltimore City are even more discouraging. Baltimore City experiences higher mortality rates and burden of disease than both the rest of Maryland, and the overall US population.[11] A commonly quoted statistic notes that residents in Guilford have a life expectancy of nearly 20 years longer than residents of Greenmount East.[12] Income plays a significant role in the health outcomes of Baltimore City residents, with the level of income directly affecting overall health and mortality. According the most recent Baltimore City Health Disparities Report Card, if all Baltimore residents had equal opportunity to good health by using income as a sole determinant of mortality 50.1% of deaths city wide could potentially be averted.[13] The distribution of disparities based on race, gender, education and income highlights opportunities for more targeted efforts that can assist in achieving better health outcomes for all Baltimore residents.[14] A hospital employment program targeted at the most economically disadvantaged areas of Baltimore City presents an opportunity to improve health and mortality rates through increased education and income levels. This targeted approach is also consistent with the population health goals of the waiver; because of the deep connection between health and income, improving the economic status of the population will improve the overall health of the population hospitals serve.

ROLE OF HOSPITALS

Hospitals are the largest employers in many jurisdictions through the state, including Baltimore City. In fact, over half of Baltimore City's largest employers are hospitals.[15] Hospitals offer a variety of entry level positions with no to minimal education requirements that range from food service to community health. Hospital based jobs offer competitive salaries with robust benefits. Some hospitals such as Johns Hopkins and University of Maryland Medical System offer tuition assistance for both employees and their dependents.

The Hospitals and the HSCRC collaborated with the Centers for Medicare and Medicaid Services to modernize the Maryland Medicare all-payer waiver. This collaborative agreement

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[10] DHMH; "Health Disparities Workgroup Final Report" http://www.dhmh.maryland.gov/mhqcc/Documents/Health-Disparities-Workgroup-Report-1-12-2012.pdf (January 2012).

[11] Baltimore City Health Department; "Baltimore City Health Disparities Report Card 2013", page 3 http://health.baltimorecity.gov/sites/default/files/Health%20Disparities%20Report%20Card%20FINAL%2024-Apr-14.pdf (2013).

[12] Baltimore City Health Department; "Life Expectancy at Birth" http://health.baltimorecity.gov/sites/default/files/Life-expectancy-2013.pdf (2013).

[13] Baltimore City Health Department; "Baltimore City Health Disparities Report Card 2013", page 17 http://health.baltimorecity.gov/sites/default/files/Health%20Disparities%20Report%20Card%20FINAL%2024-Apr-14.pdf (2013).

[14] Baltimore City Health Department; "Life Expectancy at Birth", page 20. http://health.baltimorecity.gov/sites/default/files/Life-expectancy-2013.pdf (2013).

[15] Department of Labor, Licensing and Regulation; "Baltimore City - Major Employer Lists - March 2013" https://mwejobs.maryland.gov/admin/gsipub/htmlarea/uploads/Major%20Employer_Baltimore%20City%202013. htm (2015).

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transformed the way Maryland hospitals deliver care as of January 1, 2014. Under the modernized waiver hospitals are restructuring how they provide care by developing strategies that help individuals stay healthy, reduce readmissions, prevent avoidable adverse incomes and lower costs. As hospitals strive to meet the goals of the modernized waiver, the focus of care shifts from the hospital to the community. Community based care is often perceived as investments in "strategies" to address chronic conditions, care coordination, and integrated systems of care. Unarguably, these investments are essential to improving the health of the local population; however these investments alone cannot achieve the broader goal of improved population health if the underlying issues of chronic unemployment and devastating poverty are not also addressed.

As hospitals assume a greater role in the health of the community, with appropriate resources, hospitals are prepared to create additional entry level employment opportunities for local residents and to increase investments in community health workers (CHWs). Under the new CMS Waiver agreement hospitals are no longer paid for volume growth in hospital based patient services. Use of highly specialized and costly inpatient services is strictly monitored and funding is limited. Consequently, hospitals are implementing strategies to appropriately provide patient services in lower cost settings, such as outpatient hospital services or in non-hospital community health centers. Also, strategies are being developed to provide care coordination services and wellness programs in the community and in patient homes to prevent illness progression and the need for expensive emergency care. There is no direct payment mechanism for community based services which are essential to effectively implement population health management plans. The HSCRC has provided funds to support this function but more resources are needed to address the severe situations in high poverty neighborhoods in Baltimore City. These recent changes in HSCRC payment methodology and the strategies needed to accomplish the financial goals of population health management have caused hospitals to restructure their workforce to be more in touch with the patient and the broader community before acute illnesses occur. While hospitals have gradually emerged as the city's largest employers, under the modernized waiver, hospitals are faced with unprecedented challenges. Under the new CMS Waiver agreement hospital revenue is controlled by the HSCRC under a hospital specific Global Budgeted Revenue (GBR) agreement. Under this new rate methodology hospitals need to operate annually within a fixed revenue budget. Without special funding by the HSCRC there is very little opportunity to improve hospital services such as housekeeping, security, food service, etc. where many low skilled employees are engaged.

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Hospitals and Workforce Development

Community Health Workers: Community Health Workers (CHWs), also referred to as community health advocates, lay health educators, community health representatives, peer health promoters, and community health outreach workers, are increasingly being seen as an important resource for combating health disparities by promoting and supporting healthy

behaviors in underserved communities.[16] Hospitals have already begun to help foster this new workforce that serves as a connector between health care consumers and providers to promote health among groups that have traditionally lacked access to adequate health care. The utilization of CHWs to assist with care management and prevention activities will assist hospitals in meeting the financial and quality targets under the new model waiver. In response to House Bill 856/Senate Bill 592, Chapter 259 of the Acts of 2014, the Maryland Department of Health and Mental Hygiene (DHMH) and the Maryland Insurance Administration (MIA) established the Workgroup on Workforce Development for Community Health Workers (CHWs) to study and make recommendations regarding workforce development for CHWs in Maryland. While the draft report of this workgroup made substantial recommendations regarding the training and certification of CHWs, the workgroup made no recommendation about reimbursement of CHWs. Instead the workgroup stated that multiple payment sources should be explored, including promoting direct hiring of and/or contractual payment to CHWs by providers operating in risk-based payment structures, such as hospitals under the All Payer Model.[17] While hospitals are already serving a key role in the development of Maryland's community health workforce, without a reimbursement structure for CHWs, additional resources are needed to hire, recruit, train and retain this workforce that has been identified as essential to meeting the goals of both the Affordable Care Act (ACA) and the modernized waiver. Innovative employment models are needed because "The use of CHWs in Maryland is likely to increase in the coming years as the state's health system continues to transform."[18] CHWs have the potential to assist the transformation of our fragmented health care system towards a more holistic type of care, centered on the total needs of the individual patient and embedded in the community and culture in which the patient lives. CHWs can support individual and population health because, as culturally competent mediators between health providers and the members of diverse communities, they are uniquely well placed for promoting the use of primary and follow-up care for preventing and managing disease.[19]

Certified Application Counselors: The ACA created opportunities for hospitals to serve a greater role in assisting patients with obtaining health care coverage either through Medicaid or an Exchange based Qualified Health Plan through the Certified Application Counselor (CAC) program. Currently, few Maryland hospitals are Application Counselor Sponsoring Entities employing certified application counselors. CACs educate patients about insurance options and facilitate enrollment. Hospitals are responsible for the cost of training, educating and employing CACs. Some hospitals have begun to deploy CACs out in the community to assist patients in health care enrollment. The costs associated with employing CACs has deterred many hospitals from developing robust CAC programs. As the Maryland Health Benefit

[16] Institute of Medicine, 2002, and Patient Protection and Affordable Care Act, 42 U.S.C. §§ 5313, 10501(c) (2010).
[17] Draft Workgroup on Workforce Development for Community Health Workers Final Report to the Maryland General Assembly by the Maryland Department of Health and Mental Hygiene and Maryland Insurance Administration (2015).
[18] *Id.*
[19] *Id.*

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Exchange reduces call center hours, and the scope and funding for Connector and Navigator program are reduced, there will be an increased need for hospital based CACs to assist individuals with Medicaid eligibility and Qualified Health Plan enrollment. Community based CACs would allow for hospitals to assist individuals in health plan enrollment before the individual's health rises to a crisis in need of emergent or inpatient care. Community based CACs would assist hospitals in meeting the population health targets of the waiver by facilitating health care insurance coverage before someone enters the doors of the hospital. With appropriate health care coverage, individuals are able to seek health care in the most appropriate setting, ultimately reducing hospital bad debt, uncompensated care and inappropriate emergency department utilization.

Peer Recovery Support Specialists: Individuals with behavioral health issues often suffer from many other chronic conditions and have significantly increased health care costs. Treatment costs for patients with chronic medical and comorbid behavioral health conditions can be 2-3 times higher than those without the comorbid behavioral health condition. Nationally these costs are estimated to be $293 billion in 2012.[20] Individuals with serious mental illness die, on average, 25 years earlier than the general population. Patients with mental illness discharged from acute hospitals have higher rates of readmissions and patients with substance use disorder are among the highest-risk populations for medical and psychiatric readmissions. Behavioral health patients suffering from multiple health conditions, may lack a strong support system or may not adhere to treatment regimens; factors that impede recovery and increase the likelihood that they will return to the hospital.[21] In Baltimore City, there are an estimated 18,916 heroin users.[22] In Maryland, the number of overdose deaths associated with heroin increased by 21% between 2013 and 2014.[23] Baltimore City experienced a 28% increase over the same time period.[24] These numbers represent one of the most devastating outcomes of addiction and highlight the importance of this issue right now.[25] These statistics represent both the need and the opportunity to improve care and lower costs for those suffering from behavioral health disorders. Disease management programs promise cost containment while significantly improving the quality of care for enrollees with behavioral health disorders. One of the primary means by which this is achieved is through peer support.[26]

Peer recovery support services are delivered by people who have not only experienced mental health issues or substance use disorder but who have also experienced recovery. Peer recovery

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[20] Milliman American Psychiatric Report, Economic Impact of Integrated Medical-Behavioral Healthcare, page 4.
[21] Bringing Behavioral Health into the Care Continuum: Opportunities to Improve Quality, Costs and Outcomes, American Hospital Association, page 3 (January 2012).
[22] Baltimore Mayor's Heroin Treatment & Prevention Task Force Report, page 17.
http://health.baltimorecity.gov/sites/default/files/Task%20force%20report_071015_Full.pdf (July 2015).
[23] *Id.*
[24] *Id.*
[25] *Id.*, page 19.
[26] Center for Health Care Strategies, Disease Management for Chronic Behavioral Health and Substance Use Disorders, Suzanne Gelber, PhD; Richard H. Dougherty, PhD, page29. (2006).

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support services help people become and stay engaged in the recovery process and reduce the likelihood of a relapse. Because these recovery services are delivered by peers who have been successful in the recovery process, these services represent a message of hope as well as wealth of experiential knowledge. Peer recovery services can effectively extend the reach of treatment beyond the clinical setting into the community of those seeking to achieve or sustain recovery.[27] Peer support is widely recognized in the medical field as a valuable compliment to professional medical and social interventions. Improved outcomes are particularly notable when peer support services are provided to people with chronic conditions. Peer recovery support services can fill a need often noted by treatment providers for services to support recovery after an individual leaves a treatment program. Peer recovery support services can serve as a vital link between systems that treat behavioral health disorders in a clinical setting and the larger communities in which people seeking to achieve and sustain recovery live.[28] Peer-delivered services have been proven to generate superior outcomes in terms of engagement of "difficult-to-reach" clients, reduced rates of hospitalization and days spent as inpatient, and decreased substance use among persons with co-occurring substance use disorders.[29] Currently in Maryland, peer support specialists are either grant funded or volunteer based, making this highly valued workforce underutilized. The Maryland Addictions and Behavioral-health Professional Certification Board has established certification and education standards so that peers in both mental health and substance use disorder can become Certified Peer Recovery Specialists. This certification process creates the ideal platform for hospitals to expand the peer support workforce to help address the goals of the waiver through reduced costs and readmission rates while improving quality of treatment for those suffering from behavioral health disorders.

HEALTH CARE WORKFORCE DEMANDS AND CHALLENGES

According to the Baltimore Regional Talent Development Pipeline Study, healthcare has been the strongest growth industry over the past decade and is expected to add the most new jobs.[30] Projections of the healthcare job creation in Maryland expect the health care sector to add around 75,000 jobs by 2020.[31] Within this industry growth, there is an expected demand for over 20,000 new job openings for workers with an education level at or below a high school diploma or equivalent. [32] *Career Pathways* is a workforce development approach that uses sector based strategies that provide low skilled adults with a clear sequence of education and training courses, combined with comprehensive wrap-around support services that lead to

[27] U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Abuse Treatment; "What Are Peer Recovery Support Services?", page 1 (2009).
[28] *Id*., page 10.
[29] Davidson L., Bellamy C., Guy, K., & Miller R.; "Peer support among persons with severe mental illnesses: A review of evidence and experience." World Psychiatry, 11(2): http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3363389/ (2012).
[30] Baltimore Regional Talent Development Pipeline Study 2013, page 47 (2013).
[31] *Id.*, page 48.
[32] *Id.*, page 109.

careers in a particular industry sector.[33] Certain health care occupations, such as medical assistants and technicians have been identified by *Career Pathways* as good targets for opportunity because hiring demand will exceed the number of new qualified workers entering the labor market in these occupations. Without a more robust training system for these occupations, Baltimore's healthcare employers will likely be forced to look outside the region to find qualified workers.[34]

The Maryland Health Care Reform Coordinating Council, Health Care Workforce Workgroup also identified opportunities for establishing a lay network of health workers. The Workgroup noted that a network of lay health workers recruited from within the respective communities being served would help to increase the likelihood that medically underserved residents gain access to appropriate and timely health information and primary care services. The workgroup also noted that lay health workers also represent a potential pool of future clinical and allied health providers.[35]

One of the recommendations to meet the health care workforce challenges of Baltimore City is the creation of partnerships between education and the public and private sectors.[36] A partnership between the state, Maryland hospitals, and existing educational providers creates an opportunity to develop a unique and targeted approach for recruitment, training, hiring, retention and advancement of individuals from disadvantaged communities for a career in health care.

HSCRC HISTORY IN ADDRESSING WORKFORCE ISSUES

The Nurse Support I Program and the Nurse Support II Program (NSP Programs) represent the success of the hospitals, payers and state collaborating to respond to a workforce crisis in the state. The NSP Programs were created to address a growing nursing shortage in Maryland. The NSP Programs are funded annually through a modest increase in regulated hospital rates. Hospitals submit proposals to the HSCRC for approval of funding. NSP proposals are aimed to improve education attainment, retention and recruitment, improved practice environment, and increased workforce within the nursing profession. Funding for proposals to achieve the goals of the NSP Programs include: mentoring, extern and intern opportunities, educational opportunities and scholarships, leadership development, career advancement, new technology, and minority recruitment and retention.

While the goal of the NSP Programs was to increase the number of nurses in Maryland, the Programs' success has exceeded expectations and received widespread recognition. Maryland

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[33] *Id.*, page 5.
[34] *Id.*, pages 16-17.
[35] Maryland Health Care Reform Coordinating Council, "Health Care Workforce Workgroup, White Paper", page 16 (October 31, 2010).
[36] The Talent Development Pipeline Study, Prepared by the Baltimore Workforce Investment Board's Committee on Training and Post-Secondary Education, page 50 (2010).

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nurse workforce increased 38% between 2008-2012 while nationally, the nursing workforce increase was only 28%.[37] Between 2008-2013, Maryland nursing graduates increased by 43%, compared to 20% nationally.[38] The NSP Programs have also been credited with improved patient care, safety and satisfaction.[39] The NSP Programs have also been linked to significant cost savings. According to the HSCRC Wage and Salary Survey, Maryland hospitals decreased their dependence on agency nurses by 68%, saving close to $106 million between FY 2007 and FY 2011.[40]

NSP Programs have received international recognition for excellence in workforce development. The NSP II Program has been referenced and highlighted in nursing and health care journals in multiple publications at the national level.[41] Additionally, approval of the NSP Programs have consistently received unanimous support from HSCRC commissioners. The support and acclaim of the NSP Programs is not surprising considering the success of the NSP Programs in addressing a workforce crisis as well improving patient care and reducing costs. The NSP Programs serve as a model for the development of a health care employment program targeted at economically disadvantaged communities.

PROGRAM REQUEST

Hospitals request that the HSCRC establish a Program effective January 1, 2016 to provide up to $40 million per year for the purpose of funding a program that will allow for the expansion of up to 1,000 hospital employed positions to be hired from low income, high unemployment areas for the purpose of:

(1) Improving the overall socioeconomic determinants of health community by providing entry level stable employment with advancement opportunities; and
(2) Expanding the community health workforce to assist hospitals in improving population health.

PROPOSED HSCRC FUNDING METHODOLOGY

All hospitals will be eligible to submit proposals for funding of new positions created to hire residents from designated areas. Hospital specific applications must:

(1) Demonstrate that additional positions are needed and that the new positions are incremental, rather than replacing existing positions.
   - Potential job categories include:
      - Community health workers
      - Medicaid and Maryland Health Benefit Exchange enrollment assisters

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[37] *Id.*
[38] HSCRC Final Recommendation on the NSPII Program, January 14, 2015.
[39] HSCRC Draft Report on Nurse Support I Activities for FY 2007-FY 2013.
[40] *Id.*
[41] HSCRC Draft Recommendation: Nurse Support II Program, May 2013.

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- Peer support specialists
  - Environmental services
  - Dietary functions
  - Nurse Assistants
  - Escort/Messenger functions
  - Security
  - Transportation
- Similar to the NSP Programs Funding can be used for:
  - Mentoring and internship
  - Education
  - Skills enhancement
  - Outreach
  - Other approved innovative proposals that meet the goals of the program

(2) Detail a plan to recruit employees from designated zip codes throughout the state that have either unemployment rates that are 10% or greater, or have 20% or more residents below the poverty level.
(3) Include proposed competitive wages, benefits and educational and enrichment opportunities.
(4) Describe the various hospital programs in place or planned to be available for employees to improve work skills, including education programs, tuition assistance, and any additional resources provided to employees to assist with career advancement.
(5) Describe the role the new positions will play in assisting hospitals in meeting the targets of the model waiver.
(6) Indicate expected program implementation timing.
(7) Detail any job readiness and job skills training necessary to prepare individuals for successful employment.
(8) Detail any incumbent worker training necessary to advance individuals currently in entry level jobs to new positions, so long as new positions are created.
(9) Detail employee retention strategies.

- HSCRC would establish a program review panel (similar to the Nurse Education Support Program) to determine which hospital applications should be funded.
- HSCRC staff will determine the amount to be funded for each hospital under the Program.
- The HSCRC staff and hospitals shall collaborate to identify and calculate savings under the Program.
- HSCRC staff will keep track of amounts funded to assure that no more than $40 million is included annually in hospital rates.

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- HSCRC staff will adjust annual audit procedures to assure each hospital accurately accounts for program costs.
- HSCRC approved rate increases granted under the Program will permanently adjust the hospital's Global Budgeted Revenue base. Revenue provided to a hospital from the Program will not be counted against the hospital's cost structure for hospital productivity comparison purposes, such as the former ROC methodology.

In approving proposal HSCRC staff and Commissioners shall take into account proposal that:

- Partner with or enhance existing workforce development programs and organizations or leverage existing workforce grant and funding opportunities.
- Align with existing health care innovations already underway in Maryland such as Regional Partnerships for Health System Transformation Grants, Health Enterprise Zones, and the State Innovation Model.

Hospitals receiving any grants from the program will be required to submit biannual reports to the HSCRC detailing the number of incremental employees hired, program actual costs compared to the HSCRC rate increase granted to fund the program. On an annual basis a reconciliation will be made between the amount granted in rates and the actual program costs, and an adjustment will be made to the GBR in the next rate year. Like the NSP Programs, this Program should be regularly adjusted and updated to meet the goals of the Program.

SUMMARY

Under the modernized waiver, hospitals have assumed a greater role in improving the health of the communities they serve, however, traditional health care alone is not sufficient to address the chronic poor health facing many communities. A number of studies have linked poverty to higher levels of cancer, infant mortality, cardiovascular disease, diabetes, and other diseases and conditions. As hospitals develop strategies to address population health, they must look at strategies to address the root causes of poor health, including poverty. According to the World Bank, "the most important contributor to changes in moderate poverty has been the growth in labor income."[42]

An employment program can serve as a model that both addresses the underlying condition of poverty contributing to poor health in many communities, as well as provide resources to expand the community health workforce. Hospitals in Maryland are uniquely positioned to help in this process.

Any additional costs to the state through increased rates will largely be offset by reductions in residents utilizing public programs such as Medicaid and additional tax revenue from the new jobs. Additionally, the benefit to the employment base in the City of having increased

[42] The World Bank; "World Bank Policy Research Working Paper 6414, Is Labor Income Responsible for Poverty Reduction?" http://econ.worldbank.org (2013).

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community stability is both a short and long-term net positive. While there is tremendous appreciation of the need to constrain health care costs, success of the model waiver is already being touted. Within the first year of operating under the remodeled waiver, Maryland hospitals have exceeded the financial targets. Per capita hospital spending was about 1.47% for calendar year 2014, well below the 3.58% annual CMS limit. Additionally, while the target for the first year of the waiver was zero, Medicare savings of approximately $90 million were realized. The actions of the HSCRC and Maryland hospitals have created savings that allow for flexibility to increase hospital spending without jeopardizing the waiver in any way. Investments in hospitals based jobs for Baltimore City residents would not in any way threaten the ability of the Maryland hospital system to meet the targets of the remodeled waiver. Investing in hospital based Baltimore City jobs is both fiscally prudent and socially responsible. While the Program is intended to address the immediate crisis facing Baltimore City, pockets of poverty exist throughout Maryland. The Program should be developed to make funding available for any hospital seeking to hire employees from any zip code that is plagued with high rates of unemployment and poverty.

APPENDICES

A. Letters of Support:
   a. The Honorable Senator Barbara Mikulski
   b. The Honorable Congressman Elijah Cummings
   c. The Honorable Congresswoman Donna Edwards
   d. The Honorable Congressman Dutch Ruppersberger
   e. The Honorable Congressman John Sarbanes
   f. The Honorable Congressman Chris Van Hollen
   g. The Honorable Senate President Thomas V. Mike Miller, Jr. & The Honorable Speaker of the House Michael E. Busch
   h. The Honorable Delegate Peter Hammen, Chair Health and Government Operations Committee
   i. The Honorable Delegate Maggie McIntosh, Chair Appropriations Committee
   j. The Honorable Mayor Stephanie Rawlings-Blake

B. Map: Baltimore City, Percent of Population Unemployed and Looking for Work

C. Map: Median Income in Baltimore City

D. Map: Percent of Households Living Below the Poverty Line

E. Map: Percent of Households Earning Less than $25,000

F. Johns Hopkins Training Programs for Lower Income Employees

G. University of Maryland Medical System Training Programs for Lower Income Employees

H. LifeBridge Training Programs for Lower Income Employees

I. Mercy Medical Center Workforce Development

J. Johns Hopkins Policy for Community Based Certified Application Counselors

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BARBARA A. MIKULSKI
MARYLAND

COMMITTEES:

APPROPRIATIONS

HEALTH, EDUCATION, LABOR, AND PENSIONS

United States Senate

WASHINGTON, DC 20510-2003

IN REPLY PLEASE REFER TO OFFICE INDICATED:

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BALTIMORE, MD 21231
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BALTIMORE: (410) 269-1650

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GREENBELT, MD 20770-1407
(301) 345-5517

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ROOM 203
HAGERSTOWN, MD 21740-4804
(301) 797-2826

☐ THE PLAZA GALLERY BUILDING
212 MAIN STREET, SUITE 200
SALISBURY, MD 21801-2403
(410) 546-7711

September 1, 2015

Mr. John M. Colmers
Chairman
Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, Maryland 21215-2254

Dear Mr. Colmers:

Your office will soon be receiving a proposal from Maryland's hospitals to create a hospital-led employment program that hires from communities with high rates of poverty and unemployment. I am writing to express my strong support for the proposal and to urge you to give it every favorable consideration.

As outlined in the proposal, poverty is a contributing factor to poor health. A hospital employment program that targets impoverished communities not only improves the economic stability of the communities, this effort will also have a positive impact on the overall health of these communities. Because Maryland's All-Payer Model Agreement shifts hospital care towards a population health approach we believe this program is consistent with the Model Agreement.

I strongly support this collaborative and innovative approach toward population based health. Thank you for your consideration.

Sincerely,

Barbara A. Mikulski
United States Senator

BAM:wbk

ELIJAH E. CUMMINGS
7TH DISTRICT, MARYLAND

RANKING MEMBER, COMMITTEE ON
OVERSIGHT AND GOVERNMENT REFORM

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JOINT ECONOMIC COMMITTEE

Congress of the United States
House of Representatives
Washington, DC 20515

☐ 2230 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–2007
(202) 225–4741
FAX: (202) 225–3178

DISTRICT OFFICES:
☒ 1010 PARK AVENUE
SUITE 105
BALTIMORE, MD 21201–5037
(410) 685–9199
FAX: (410) 685–9399

☐ 754 FREDERICK ROAD
CATONSVILLE, MD 21228–4504
(410) 719–8777
FAX: (410) 455–0110

☐ 8267 MAIN STREET
ROOM 102
ELLICOTT CITY, MD 21043–9903
(410) 465–8259
FAX: (410) 465–8740

www.house.gov/cummings

August 27, 2015

John M. Colmers
Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Dear Chairman Colmers:

I am writing to express support for the proposal from Maryland's hospitals to create a hospital-led employment program that hires from communities with high rates of poverty and unemployment.

As outlined in the proposal, poverty is a contributing factor to poor health. A hospital employment program that targets impoverished communities would not only improve economic stability, it would also have a positive impact on community health. Because Maryland's All-Payer Model Agreement shifts hospital care toward a population health approach, I believe this program is consistent with the Model Agreement.

I hope that you will give this proposal every reasonable consideration.

Sincerely,

Elijah E. Cummings
Member of Congress

DONNA F. EDWARDS
4TH DISTRICT, MARYLAND

HOUSE COMMITTEE ON
SCIENCE, SPACE, AND TECHNOLOGY
SUBCOMMITTEE ON THE ENVIRONMENT
SUBCOMMITTEE ON SPACE, RANKING MEMBER

Congress of the United States
House of Representatives
Washington, DC 20515–2004

HOUSE COMMITTEE ON
TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEE ON ECONOMIC DEVELOPMENT,
PUBLIC BUILDINGS, AND EMERGENCY MANAGEMENT
SUBCOMMITTEE ON HIGHWAYS AND TRANSIT
SUBCOMMITTEE ON WATER RESOURCES
AND ENVIRONMENT

September 2, 2015

John Colmers
Chairman, Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Chairman Colmers:

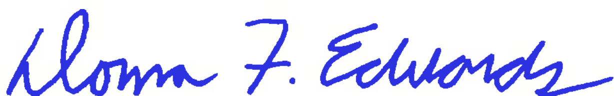
I am writing to express support for the proposal from Maryland's hospitals to create a hospital-led employment program that hires from communities with high rates of poverty and unemployment. Maryland may be one of the wealthiest states in the nation, but we continue to experience health disparities associated with low income. Further, empirical evidence has shown that the inability to obtain employment with growth opportunities consistently contributes to the cycle of poverty.

A hospital employment program that targets impoverished communities not only improves the economic stability of those communities, but also will have a positive impact on the overall physical health of these communities.

As you know, hospitals are some of the largest employers in many of Maryland's diverse communities, and I support a program that will hire thousands of Marylanders from low-income, high-unemployment zip codes. Because Maryland's All-Payer Model Agreement shifts hospital care towards a population health approach, I believe this program is consistent with the Model Agreement.

I strongly support this collaborative and innovative approach toward population based health care.

Sincerely,



Donna F. Edwards
Member of Congress

5001 SILVER HILL ROAD
SUITE 106
SUITLAND, MARYLAND 20746
TELEPHONE: (301) 516–7601
FAX: (301) 516–7608

2445 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–2004
TELEPHONE: (202) 225–8699
FAX: (202) 225–8714

877 BALTIMORE ANNAPOLIS BOULEVARD
RITCHIE COURT OFFICE BUILDING
UNIT 101
SEVERNA PARK, MD 21146
TELEPHONE: (410) 421–8061
FAX: (410) 421–8065

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http://donnaedwards.house.gov

DONNA F. EDWARDS
4TH DISTRICT, MARYLAND

HOUSE COMMITTEE ON
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SUBCOMMITTEE ON THE ENVIRONMENT
SUBCOMMITTEE ON SPACE, RANKING MEMBER

Congress of the United States
House of Representatives
Washington, DC 20515–2004

HOUSE COMMITTEE ON
TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEE ON ECONOMIC DEVELOPMENT,
PUBLIC BUILDINGS, AND EMERGENCY MANAGEMENT
SUBCOMMITTEE ON HIGHWAYS AND TRANSIT
SUBCOMMITTEE ON WATER RESOURCES
AND ENVIRONMENT

cc: Herbert Wong, PhD, Vice Chairman
George H. Bone, MD
Stephen F. Jencks, MD, MPH
Jack C. Keane
Donna Kinzer, Executive Director
Bernadette Loftus, MD
Thomas R. Mullen

5001 SILVER HILL ROAD
SUITE 106
SUITLAND, MARYLAND 20746
TELEPHONE: (301) 516–7601
FAX: (301) 516–7608

2445 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–2004
TELEPHONE: (202) 225–8699
FAX: (202) 225–8714

877 BALTIMORE ANNAPOLIS BOULEVARD
RITCHIE COURT OFFICE BUILDING
UNIT 101
SEVERNA PARK, MD 21146
TELEPHONE: (410) 421–8061
FAX: (410) 421–8065

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http://donnaedwards.house.gov

C.A. DUTCH RUPPERSBERGER
2ND DISTRICT, MARYLAND

REPLY TO:

☐ 2416 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-3061
FAX: (202) 225-3094

☐ 375 WEST PADONIA ROAD, SUITE 200
TIMONIUM, MD 21093
(410) 628-2701
FAX: (410) 628-2708

www.dutch.house.gov

Congress of the United States
House of Representatives
Washington, DC 20515–2002

PERMANENT SELECT COMMITTEE
ON INTELLIGENCE
RANKING MEMBER

August 31, 2015

Mr. John Colmers
Chairman
Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Dear Mr. Colmers:

I am writing to express my support for Johns Hopkins' proposal to create a hospital-led employment program that hires from communities with high rates of poverty and unemployment. This program was modeled on Maryland's Nursing Support Program, which alleviated a severe nursing shortage and saved the state over $100 million by reducing hospitals' dependence on contract nurses. Johns Hopkins' current proposal aims to create 1,000 jobs with a budget of less than $40 million per year using a portion of the "cushion" from Maryland's All-Payer Model Agreement.

The correlation between poverty and poor health is widely recognized. As some of the state's largest employers and community anchors, hospitals are uniquely positioned to address both of these issues. A hospital employment program that targets impoverished communities will improve not only the economic stability but also the overall health of these communities. As hospitals shift their focus to providing holistic, community-based care, this employment program will address the underlying causes of poverty and provide resources to expand the community health workforce.

I strongly support this collaborative and innovative approach toward population-based health care and I hope you will give this proposal serious consideration. Thank you very much for your attention to this matter.

Sincerely,

C.A. Dutch Ruppersberger
Member of Congress

CADR:ng

JOHN P. SARBANES
3RD DISTRICT, MARYLAND

COMMITTEE ON
ENERGY AND COMMERCE

2444 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-4016
FAX: (202) 225-9219

Congress of the United States
House of Representatives
Washington, DC 20515–2003

www. sarbanes.house.gov

September 1, 2015

Mr. John Colmers
Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, MD 21215-2254

Dear Mr. Colmers:

I am writing to express my strong support for the proposal submitted to the Health Services Cost Review Commission (HSCRC) by Maryland's hospitals. The proposal will create a health employment program which will utilize funds to hire healthcare professionals from communities with high rates of poverty and unemployment within Baltimore City.

Tens of thousands of manufacturing jobs in the Baltimore metropolitan area have been lost over the last 40 years. This loss has resulted in a critical need of new entry level employment with opportunities for career advancement. This employment program will allow for the expansion of up to 1,000 hospital employed positions to be hired from low income, high unemployment areas. A hospital employment program that targets impoverished communities will improve the economic stability of the entire city.

The proposed employment program is consistent with the Maryland All-Payer Model Agreement that shifts hospital care towards a population health approach. Hospitals in Maryland are uniquely positioned to help in this process. While the program is intended to address the immediate issues facing Baltimore City, this endeavor will create a model that can be applied to any community in need of employment opportunities.

I ask that you give all appropriate consideration to the health employment program proposal to HSCRC.

Sincerely,

John P. Sarbanes
Member of Congress

JPS/jl

600 BALTIMORE AVENUE
SUITE 303
TOWSON, MD 21204
(410) 832-8890
FAX: (410) 832-8898

44 CALVERT STREET
SUITE 349
ANNAPOLIS, MD 21401
(410) 295-1679
FAX: (410) 295-1682

3901 NATIONAL DRIVE
SUITE 220
BURTONSVILLE, MD 20866
(301) 421-4078
FAX: (301) 421-4079

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CHRIS VAN HOLLEN
8TH DISTRICT, MARYLAND

COMMITTEE ON THE BUDGET

1707 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-5341

DISTRICT OFFICES:
51 MONROE STREET, #507
ROCKVILLE, MD 20850
(301) 424-3501

205 CENTER STREET
SUITE 206
MOUNT AIRY, MD 21771
(301) 829-2181

www.vanhollen.house.gov

Congress of the United States
House of Representatives
Washington, DC 20515

August 26, 2015

Mr. John M. Colmers
Chairman
Maryland Health Services Cost Review Commission
4160 Patterson Ave.
Baltimore, MD 21215

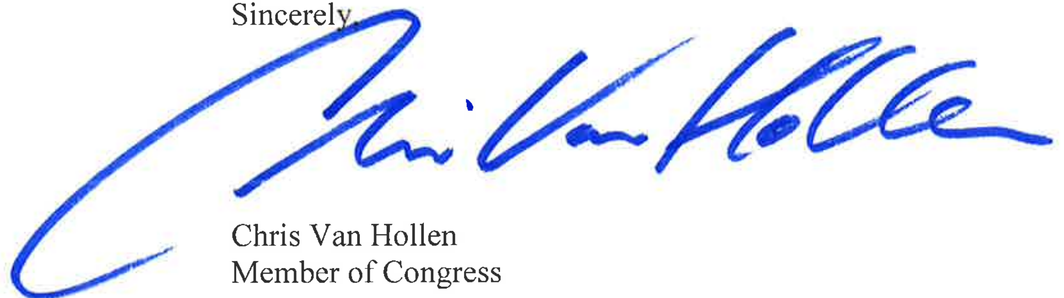
Dear Chairman Colmers:

I am writing to express my strong support for the efforts of Johns Hopkins University Hospital and other Maryland hospitals to create a hospital-led employment program that hires residents of communities with high rates of poverty and unemployment.

Funding for this proposal will enable this collaborative hospital employment program to develop career pathways to jobs in the high growth healthcare industry for un- and under-employed Maryland residents of communities experiencing high rates of poverty. Hospitals provide a variety of entry-level positions that offer competitive salaries and benefits. Not only will this employment program improve the economic stability of the communities, but it will also have a positive impact on the overall health of these communities.

The proposed program is a collaborative and innovative approach toward population-based health care. I urge you to give it your most serious consideration.

Sincerely,



Chris Van Hollen
Member of Congress

cc: Herbert Wong, PhD, Vice Chairman
George H. Bone, MD
Stephen F. Jencks, MD, MPH
Jack C. Keane
Donna Kinzer, Executive Director
Bernadette Loftus, MD
Thomas R. Mullen

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

Joy

THOMAS V. MIKE MILLER, JR.
PRESIDENT OF THE SENATE

MICHAEL E. BUSCH
SPEAKER OF THE HOUSE

THE MARYLAND GENERAL ASSEMBLY
STATE HOUSE
ANNAPOLIS, MARYLAND 21401-1991

September 9, 2015

John M. Colmers
Chairman, Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Chairman Colmers:

As the presiding officers of the Maryland General Assembly, we offer our full support of the Hospital Employment Program.

The success of Maryland's unique hospital rate setting system is not only a source of pride for the State, it is also a platform for innovations that improve the health of Maryland's residents. We believe the Hospital Employment program represents a broad based collaboration that addresses the social and economic conditions that contribute to poor health. Creating an employment path for Maryland's most economically disadvantaged communities will not only bring stability and improved health to those communities but it will also improve the overall quality of living for all Marylanders.

We applaud all those involved in this innovative approach to population health. Thank you for your time and consideration.

Sincerely,

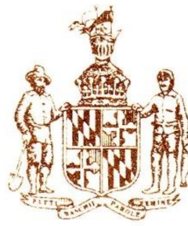
Thomas V. Mike Miller, Jr.
Senate President

Michael E. Busch
Speaker of the House

cc: Herbert Wong, PhD, Vice Chairman
George H. Bone, MD
Stephen F. Jencks, MD, MPH
Jack C. Keane
Donna Kinzer, Executive Director
Bernadette Loftus, MD
Thomas R. Mullen

PETER A. HAMMEN
46th Legislative District
Baltimore City

Chair
Health and Government
Operations Committee



Annapolis Office
The Maryland House of Delegates
6 Bladen Street, Room 241
Annapolis, Maryland 21401
410-841-3770
800-492-7122 *Ext.* 3770

District Office
821 S. Grundy Street
Baltimore, Maryland 21224
410-342-3142

THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

September 9, 2015

John M. Colmers
Chairman, Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Chairman Colmers:

I am writing to express my strong support of the Hospital Employment Program. As Chairman of the House Health and Government Operations Committee, I work with committee members to shape health policy for our state. As we work to meet the goals of Maryland's All-Payer Model Agreement, we must look to new sources of partnership and innovation. The Hospital Employment Program aligns with the new All-Payer Model Agreement's focus on population health by creating community-based jobs targeting overall population health. This program utilizes our unique waiver system to improve economic and health outcomes for the pockets of Maryland that need stability most. As a representative of Baltimore City I welcome the opportunity to support a program poised to provide significant support to City residents. Additionally, this targeted employment program, focused on the State's most disadvantaged communities, has the potential to produce savings from improved overall community health.

The Maryland All-Payer Model Agreement provides Maryland with the unique opportunity for innovation. The Hospital Employment Program is a strong example of the type of collaboration we need to be successful under the new agreement. I strongly support this innovative approach to population health.

Sincerely,

Peter A. Hammen

cc: Herbert Wong, PhD, Vice Chairman
George H. Bone, MD
Stephen F. Jencks, MD, MPH
Jack C. Keane
Donna Kinzer, Executive Director
Bernadette Loftus, MD
Thomas R. Mullen

Maggie McIntosh
Legislative District 43
Baltimore City

Chair
Appropriations Committee

The Maryland House of Delegates
6 Bladen Street, Room 121
Annapolis, Maryland 21401
410-841-3407 · 301-858-3407
800-492-7122 *Ext.* 3407
Fax 410-841-3416 · 301-858-3416
Maggie.McIntosh@house.state.md.us

The Maryland House of Delegates
Annapolis, Maryland 21401

September 9, 2015

John M. Colmers
Chairman, Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Chairman Colmers:

As Chair of the Maryland General Assembly House Committee on Appropriations, I am writing to express my support of the Hospital Employment Program. This program aims to improve the health, economy and stability of some of the state's most disadvantaged communities through a targeted employment program that offers hospital-based jobs to those who need them most.

The success of Maryland's unique hospital rate setting system is not only a source of pride for the State, it is also a platform for innovations that improve the health of Maryland's residents. I believe the Hospital Employment program represents a broad based collaboration that addresses the social and economic conditions that contribute to poor health. Creating an employment path for Maryland's most economically disadvantaged communities will not only bring stability and improved health to those communities but it will also improve the overall quality of living for all Marylanders. I applaud all those involved for this innovative approach to population health.

Sincerely,

Maggie L. McIntosh

cc: Herbert Wong, PhD, Vice Chairman
George H. Bone, MD
Stephen F. Jencks, MD, MPH
Jack C. Keane
Donna Kinzer, Executive Director
Bernadette Loftus, MD
Thomas R. Mullen

STEPHANIE RAWLINGS-BLAKE
MAYOR

100 Holliday Street, Room 250
Baltimore, Maryland 21202

September 9, 2015

Mr. John M. Colmers
Chairman, Health Services Cost Review Commission
3910 Keswick Road
Suite N-2200
Baltimore, Maryland 21211

Dear Chairman Colmers:

I am writing to express my enthusiastic support of the Hospital Employment Program. This program represents the widespread collaboration between the City, the State, Maryland's hospitals, business leaders and insurers to address health and income disparities within the most disadvantaged communities. Given the number of qualifying zip codes that meet the criteria of the program, these efforts will make a substantial difference in improving the quality of life for may Baltimore City residents.

If you have any questions, please contact Kaliope Parthemos on (410) 396-4876 or Kaliope.parthemos@baltimoremorecity.gov .

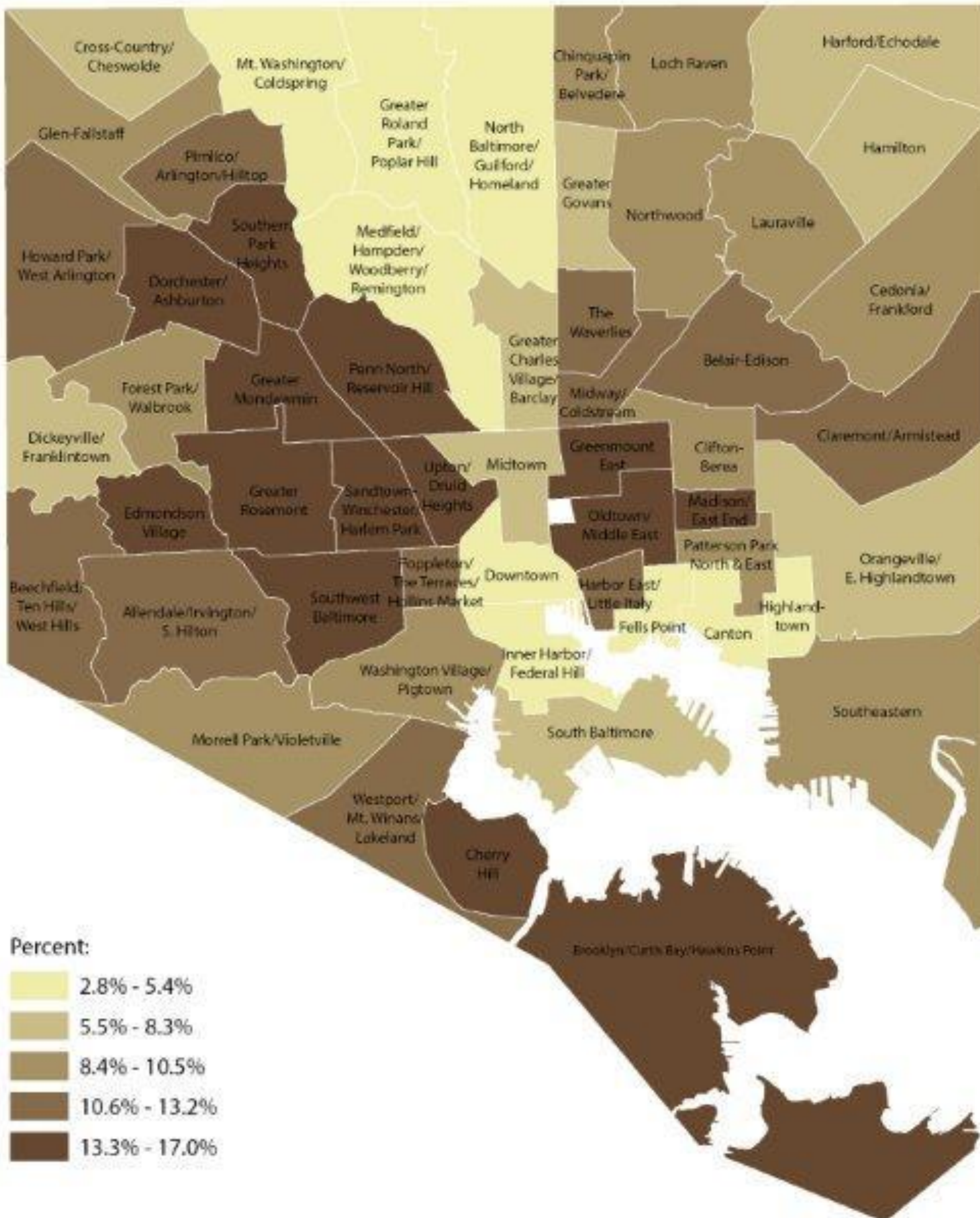
Sincerely,

Stephanie Rawlings-Blake
Mayor
City of Baltimore

Cc: Kaliope Parthemos, Chief of Staff
Dr. Leana Wen, Baltimore City Health Commissioner
Herbert Wong, PhD, Vice Chairman
George H. Bone, MD
Stephen F. Jencks, MD, MPH
Jack C. Keane
Donna Kinzer, Executive Director
Bernadette Loftus, MD
Thomas R. Mullen

phone: 410.396.3835 fax: 410.576.9425 email: mayor@baltimorecity.gov

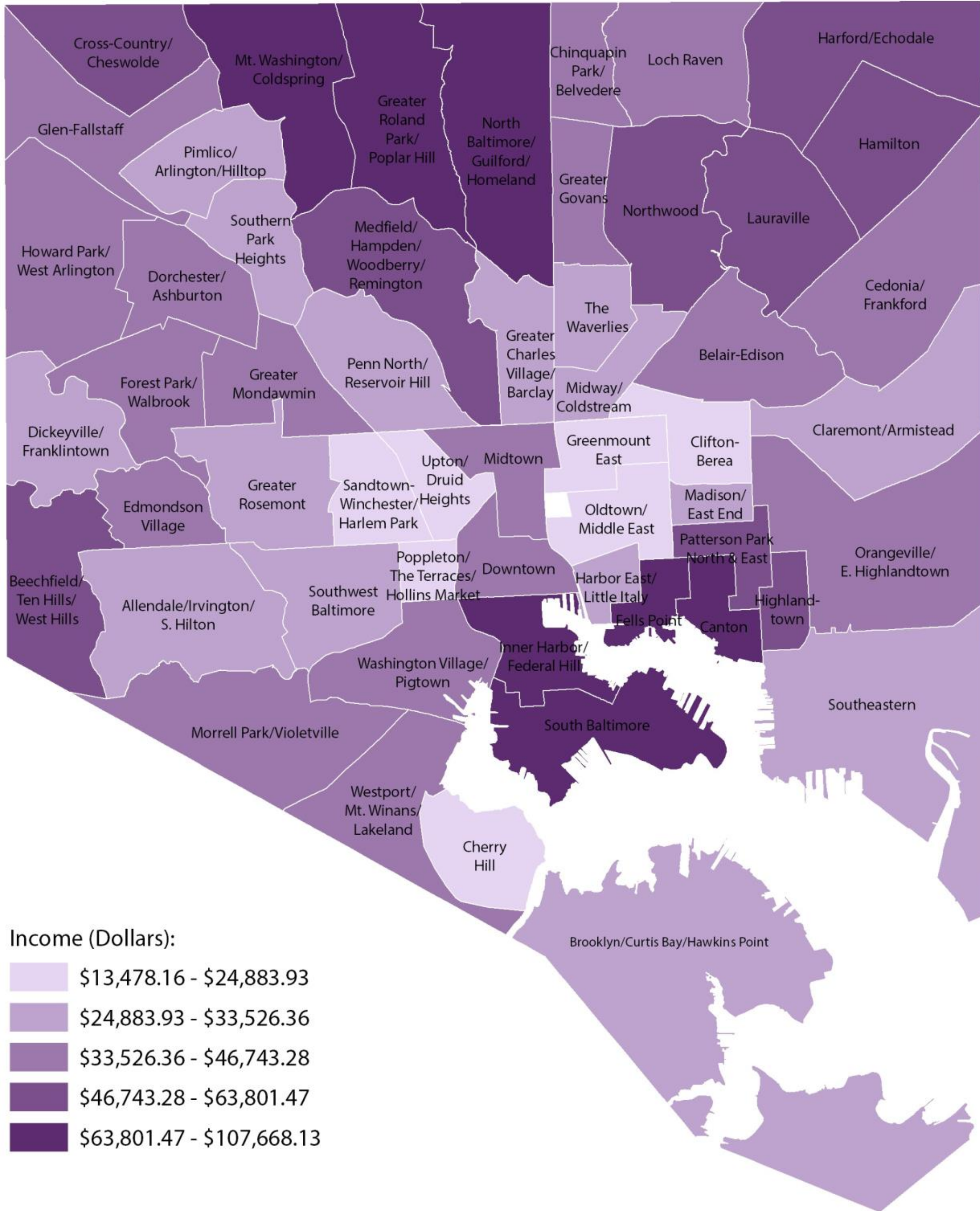
Percent of the Population Aged 16-64 that is Unemployed and Looking for Work, 2009-2013



Map created by BNIA-JFI, 2015

Source: American Community Survey

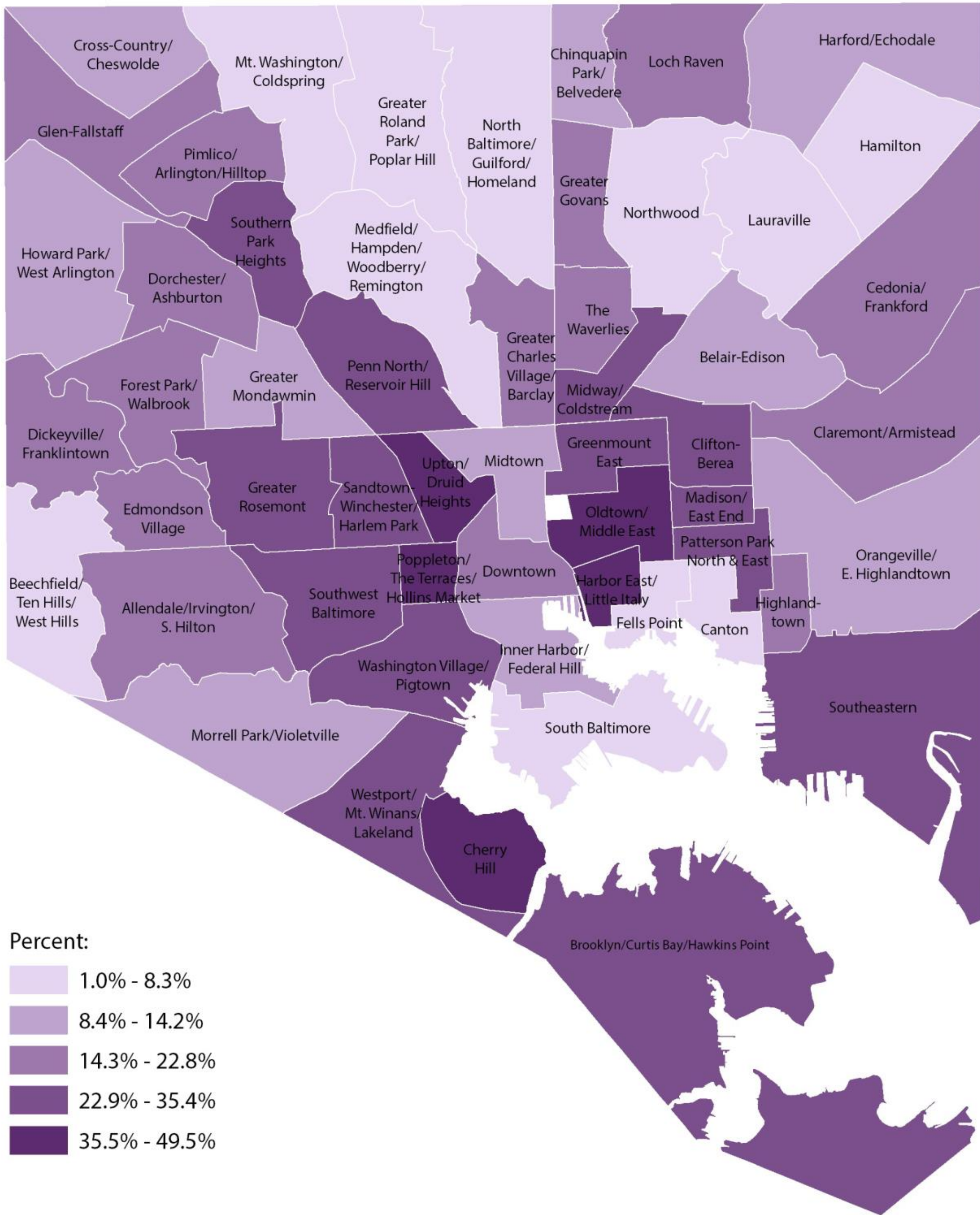
Median Household Income, 2009-2013



Map created by BNIA-JFI, 2015

Source: United States Census Bureau

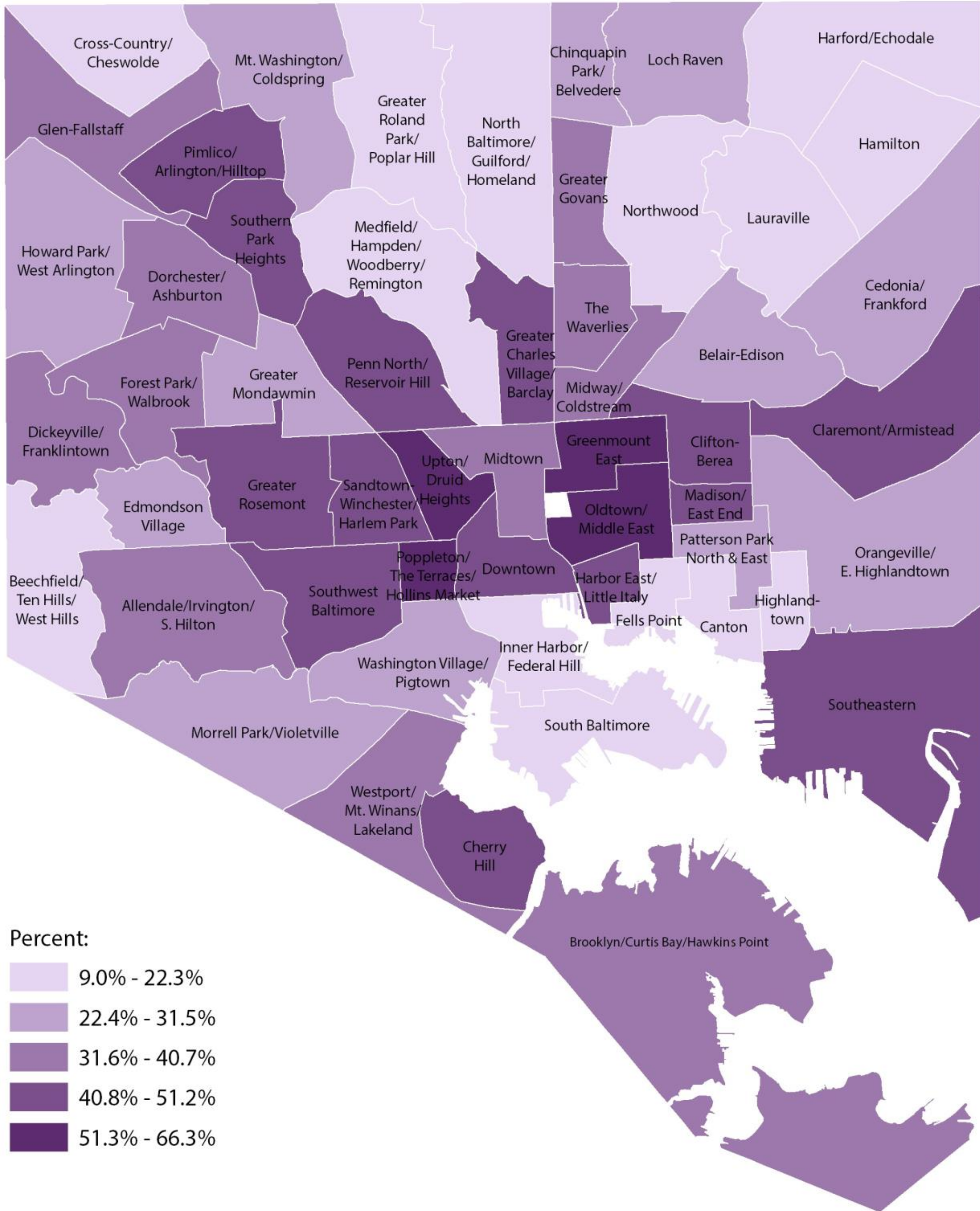
Percent of Households Living Below the Poverty Line, 2009-2013



Map created by BNIA-JFI, 2015

Source: United States Census Bureau

Percent of Households Earning Less than $25,000, 2009-2013



Map created by BNIA-JFI, 2015

Source: United States Census Bureau

PROJECT REACH: RESOURCES AND EDUCATION FOR THE ADVANCEMENT OF CAREERS AT HOPKINS

The Office of Strategic Workforce Planning encompasses workforce development programs targeted to current employees through Project REACH, and community adults & youth through Community Education Programs.

Project R.E.A.C.H. (Resources and Education for the Advancement of Careers at Hopkins) is an Incumbent Worker Career Acceleration Program funded by Johns Hopkins Health Systems. This project is designed to help current Johns Hopkins Health System (JHHS) employees acquire the skills and knowledge to fill vacant healthcare occupations with a focus on those that are experiencing critical and chronic shortages. A few features of this program include: assessments of basic skills and career interest for eligible applicants, the assignment of career coaches, and salary release support for most participants (only for those pursuing school on a full-time basis).

Project R.E.A.C.H. offers:

- Assists JH departments with specialized training coordination (ie: JHHC medical coding training)
- Salary-release support for approved trainings (16 hrs/wk during training)
- Coaching (educational / job / work-life balance)
- Career & Educational Assessments
- Career transition services for individuals experiencing a reduction in force

Education & Training Programs

REACH/CEP programs support current employees who may be preparing for career advancement opportunities in any healthcare occupations. We also partner with Hopkins departments/programs (ie: Skills Enhancement, Joint Training Council, & Tuition Assistance) and community organizations to support a broad range of courses from GED and college preparation to medical terminology and computer basics. Many of our programs are supported through partnership with local government, community-based organizations and community colleges.

While any Health System employee may receive coaching services from Project REACH, to be considered for the program's salary release support feature, employees must meet the following requirements:

- Current JHHS employee with full-time status (40 hr/wk; 1 FTE)
- Full-time permanent employment for at least one year **prior** to submission of application
- Must have completed the Project REACH application
- Must have secured a manager recommendation
- Have achieved minimum rating of "2"" (met expectations) on your most recent annual appraisal. You also must not have received a score of "1" (needs improvement) for any area on your annual appraisal
- Cannot be in active discipline (verbal or written for job performance &/or attendance) and must remain in good standing throughout the Project REACH process
- Must be actively employed (physically present and able to perform job duties) in department at all times
- Must have completed all educational program pre-requisites

- Be a US citizen (must submit a copy of *social security card* and a valid Maryland driver's license or Motor Vehicle Identification Card)
- *Graduated High School or have earned a G.E.D*
- Provide a copy the acceptance letter to the educational program (must be on school letterhead or printed from your student portal bearing your name and the school's URL.
- Provide a copy of current transcript
- Provide a copy of the course outline/plan of study from the enrolled program (must be on school letterhead or printed from your student portal bearing your name and the school's URL).
- Provide a current professional resume
- Must be willing to sign a service commitment agreement

Some Training Offerings
Here is a list (not all inclusive) of the training programs we have and currently supported.

- Surgical Technician
- Medical Technician
- Medical Technologist
- Clinical Technician
- Registered Nursing (Project LINC)
- Radiology Technician
- Respiratory Therapist
- Pharmacy Technician

Listed below are a few Hopkins employees who have been served by the program. Each successfully completed the program and experience a promotion/career advancement as a result of their educational attainment.

- Eric Hill* – started with REACH in 2009 as a Rehab Tech and wanted to become a Physical Therapist. By August of 2010 with REACH salary release support he completed his training and secured a position as a Physical Therapist at Johns Hopkins.

- Marta Meier* - started receiving REACH salary release support in 2010 while working as a Clinical Associate taking Surgical Technician courses at BCCC. She completed her education securing her Associates degree and passing her Surgical Technician certification in 2012. She now works in the Pediatrics Operating Room.

- Deshane Redd* – started in the Housekeeping department at Hopkins in 1988/1989 and spent a long time pursuing his education towards becoming a Respiratory Therapist. In 2005 he worked with REACH receiving the salary release support that assisted in his completing the program by 2007 and starting his Respiratory Therapist career at Hopkins.

- Brandi Loveless – started with REACH in 2012 receiving salary release support in the LINC registered nursing training program while she was working as a receivables supervisor. She completed her nursing program and started working as an RN in 2013 on the Nelson 3 unit at Hopkins.

Pathways to Success….Making the Career Connection

Career Advancement for UMMC Staff

UMMC employees are supported with their development through our Pathways to Success Program which focuses on removing academic barriers. Through assessment-guided enrichment programs (College Prep) workers are afforded the opportunity to prepare for college enrollment. Participants in our college prep program are given a strong foundation to help them cope with the rigors of college thereby avoiding the pitfalls of the remedial vacuum to which many students succumb. Deficits in computer skills are also addressed. As many employees attempt to navigate their career paths lack of computer skills can be a limiting factor. Our basic computer and Microsoft Office training addresses these skill gaps. Pulling this all together is career coaching, a vital component of the development process. Everyone has access to experienced career development specialist who assists with the enhancement of soft skills necessary to acquire and maintain employment. Coaches also help clients develop, Individualized Development Plans (IDPs), which map the most effective course to attaining career goals. To augment the process, employees can access The Employee Tuition Reimbursement Program which provides financial assistance to those who wish to pursue courses of study related to their employment, upgrade their care of patients, and prepare for advancement. During FY15, over 400 staff participated in career/skill building programs.

Community Partnerships

UMMC provides opportunities for unemployed or underemployed community members, who possess the aptitude and passion for health care, offering gainful employment at the medical center. These prospective employees are identified through a variety of partnerships with stakeholders in the community. Recruiting quality workers from the community supplies replacements as incumbents become upwardly mobile and fulfill their career goals. This is a win for all parties involved.

These are a few examples of how our Pathways to Success programs have helped individuals make a career connection:

T'Andria Moore – was introduced to healthcare as an Healthcare Careers Alliance intern at UMMC. After her internship she tried her hand at several positions before deciding that she wanted to be a Pharmacy Technician. In December 2014 that dream became reality as she became certified through UMMC's Pharm Tech Training program.

Kenisha Patterson – Kenisha's initial contact with UMMC was in 2011, via the Health Care Careers Alliance Program. After her internship she secured a job as a mail clerk. It was always her wish to become a Pharmacy Technician. In June of 2014 she entered UMMC's Pharm Tech program and is now a certified and working in the main pharmacy at the medical center.

Christine Frank- Christine became employed with the University of Maryland Medical Center January 2014 as a Room Attendant and started using Career Development Services within 6 months of working (July of 2014). She strongly aspired to utilize her transferrable skills and healthcare background to benefit another department. She took computer classes, attended essential skills classes, and received intensive career coaching to develop her resume and sharpen her interviewing skills.

Life Bridge Health

As the largest, most comprehensive respected provider of health-related services to the people of the northwest Baltimore region, LifeBridge Health is a model of excellence for both employees and the surrounding community. Each facility promotes physical, emotional, intellectual, social and spiritual health by offering a variety of onsite health and wellness programs. In 2010, LifeBridge Health was honored to receive the James W. Rouse Diversity Award from the Chesapeake Human Resources Association, which is given to organizations that exemplify world-class leadership in their efforts to promote diversity through programs and initiatives.

In addition to our focus on employee health, satisfaction and diversity, we also encourage our employees to pursue career advancement. We offer career counseling and tuition assistance for our employees. Our coaches work with employees who are interested in moving up. We coach them around career paths, assist them with their resumes and applications, and facilitate enrollment in educational programs. Tuition assistance is also available, mainly for degree seeking programs.

Workforce Development at Mercy Medical Center

Mercy Medical Center offers a comprehensive set of programs and benefits for workforce development and career advancement to all of its employees. Many of the programs are specifically focused on creating new opportunity ladders for professional growth for entry level workers though increased access to education, mentorship, and general skills-building.

- Career Ladders Program – Provides opportunities for staff to grow within department/division (increased skills/experience/role leads to increased wages & title).
  - Clinical Nurse ladder
  - Patient Access Representatives
  - Physical Therapy
  - Environmental Services (lead & supervisory roles)
  - Materials Management (lead & supervisory roles)
  - Food Services (lead & supervisory roles)
  - Centers of Excellence (varies by practice)
- Tuition Assistance Program (up to $6,500 annually)
  - Mercy also offers Pre-paid tuition options for lower-paid eligible employees (benefits-eligible employee earning $21/hour or less
- Continuing Education Program – reimbursement for non-credited college courses, workshop and other educational programs. Also covers expenses related to acquiring or maintaining certification related to one's job.
- Adult Education Program (part-time, RSM role) – provides free tutoring for GED preparation, and core academic skills (literacy, writing and math skills).
- Computer Training Program – free courses offered throughout the year on basic and advance level in various office software products that are a critical career skill in most workplace environments
- Career Coaching Program– consults with entry-level staff to provide guidance on education opportunities to gain advancement.
- Nurse Mentor Program
  - Coordinates Nurse Residency Program for new nurse graduates to ensure growth and retention, including training, workshops, and regular meetings to solicit feedback
  - Nursing Support Tech Development (program in development)
    - Will work with Patient Service Representatives and entry-level staff on opportunities to development into Nursing Support Tech role

Johns Hopkins Health System

Medicaid Re-determination Project

The Affordable Care Act (ACA) included the expansion of Medicaid to adults with no children as well as the FAC population. The effective date of this expansion was January 1, 2014 and all Maryland Residents who previously qualified for the minimal PAC (Primary Adult Care) coverage were awarded full Medicaid Benefits. Each year Medicaid requires recipients to be re-determined to continue their Medicaid eligibility. With the number of new enrollees and the change in the re-determination process (the re-determination must be done on line with documentation uploaded where necessary) it is very challenging for the Medicaid eligible population to complete. Johns Hopkins has found that significant segments of the expanded Medicaid population, consisting primarily of those recipients who are not actively suffering from illness, are challenged with completing the re-determination process. Many do not have computer access or knowledge for the redetermination process. The Maryland Health Benefit Exchange, its call center, and its Connector entities often have long wait periods that deter individuals from completing the process.

Since January 2015, the number of re-determination requests have been extremely large; 100,000 between January and April 2015 with another 90,000 expected in September 2015. To assist the patients within our community to complete the new process we have partnered with our vendors and the Johns Hopkins Health Plan. We have secured locations within the community to meet with patients and assist them in completing the process. Johns Hopkins vendors and Certified Application Counselor staff will be staffing numerous locations within East Baltimore and East Baltimore County that are served by the Johns Hopkins Hospital and the Johns Hopkins Bayview Medical Center and the Johns Hopkins Community Physicians Groups to assist members of those communities to re-enroll in Medicaid or initiate a new application as appropriate. This effort allows Johns Hopkins to assist individuals residing in the communities we serve with gaining health care coverage while they are healthy, rather than assisting them only when they are sick enough to come the hospitals. Our Program also allows us to assist individuals with Qualified Health Plan Enrollment. Should your organization or group have need of such assistance please contact Sandra Johnson, Senior Director of Patient Financial Services of the Johns Hopkins health System at 443-997-0001 or sjohn187@jhmi.edu.