

>> THOMPSON: Good afternoon and greetings. My name is Stacia Thompson, and I'm here from Gateway Technical College in Kenosha, Wisconsin. And today I'm going to talk to you about some of the success we have had with our cohorts. The first cohort that we did start is with one of our employer partners. We are partners with Wheaton Franciscan Healthcare, which is one of the largest employers in southeastern Wisconsin. It's always on the top 100 employer list. We met with HR. They told us they had an original need for CNAs at the time, so we created a CNA class to actually be offered onsite at the hospital. We recruited onsite from their current workforce, and they had stipulations as far as which employees could participate, and then we had our HPOG clarifications, which needed to be met.

So we set up in the cafeteria. We put notices in their paystub. We put fliers around the hospital, and then we started to recruit from there. We had recruitment packets available at that site in the cafeteria, and they had all the paperwork in that packet in which they needed to complete in order to be selected to participate in the CNA class. So some took the class for immediate career ladder, such as career laddering from environmental services and food service into a health-care role, and then there were others that actually used it that had already had plans of maybe coming to our college to enroll maybe in nursing or medical assistant or some of the other programs. So then we had some who actually took it as a prerequisite for nursing and for some of those other programs that they wanted to do, such as health unit coordinator.

So then what happened after that is, due to the success, we met with HR again, and they said, "Guess what, now we have another need. We have a need for health unit coordinators," which is a natural progression for CNAs to actually become health unit coordinators, because, actually, with that hospital partnered, they're now requiring that their health unit coordinators be duly trained as CNAs as well. So, again, we recruited onsite and we created another program.

We also created an alternative delivery format. Typically, a health unit coordinator, you can complete the training in one semester, that's if you go full time during the day at our college. So what we did is we created alternative delivery. We offered it in the evening for these employees. They met twice a week face to face, and one time via blackboard. So then we actually offered the first two classes onsite at the hospital again. So for the first two classes, the participants got to leave work and go directly to class.

So with the first two classes being offered onsite, that's where the students began to get cohesive with each other, get to know maybe coworkers that they may not have met prior to, and that's where they started forming their bond as a cohort. After this happened, there were actually positions held for the CNA, as well as the health unit coordinator students by the hospital once they completed their programming and passed their certifications. We had one student who worked previously in environmental services in the ER and then got hired as a CNA in the ER, which, for her, that was a big accomplishment.

The next cohort that we offered through our HPOG money was with EMT. So typically EMT at our college is only offered at our rural campus, and this posed a transportation issue for some of our students. So what we did was we bought out a section of the EMT and brought it to our

urban campus. We hosted a direct recruitment where we directed people, saying, "This is recruitment. We're recruiting for this area right now to become EMT, emergency medical technicians. With that recruitment we had 47 people show up for only 26 spots.

At that recruitment, we actually brought in our EMT staff from the college to give orientation. And what was great about that orientation is, for lack of a better term, the EMT staff was able to give the blood and guts of the orientation, let them know if you choose to continue, this is what you're getting yourself into. This is how rigorous the training is. This is a typical day on the job looks like.

Now what is the benefit of a cohort? Why should we do cohorts? I'm glad you asked that. The benefits of a cohort way outweigh the burdens of what it takes to put one together. There's a bond between students. There's the ability for students to create study teams and study groups. The students actually are able to become lifelong friends and help each other along in the program where one is strong, one is weak. We are also able to incorporate team meetings into the class schedules for each of our cohorts. So we're able to, instead of my specialists having to meet with them one on one, they're able to meet with them as a team to offer them their supplemental items that they needed during the program.

The cohort also helped in accountability. All the students always held each other accountable for the program. If they saw somebody wasn't showing up or was being late to class, or that they knew they were struggling in the class, they were able to pull each other along and give each other encouragement the entire way. Also, there were more students that asked questions, to assist, to tutor each other. We actually had a student in the EMT class who bought the book on tape and on CD and made a copy for all the rest of the class so that they could listen to the book on tape to and from class.

They were also able to establish study groups. The EMT decided -- one group decided to meet every Tuesday before class to study for an hour before class. There was another group that met every Thursday. Also, with the cohorts you find a higher success rate. In our EMT class, the pass rate for the college was 50%, and ours was 67%. And that's all I have. Thank you very much.

And this is the last but not least portion of the program, "Motivating TANF points." So what I've learned in my years of working with TANF population is, if you want people to change their lives to take a leap into a new life, you better start created trust with them. Have them trust you, because there's a lot to be concerned about and a lot to be fearful of, and unless you have that foundation of trust it's very hard to create change. Now why does 15 seconds seem so long on this slide and so fast on the other ones? There you go, thanks.