



Human Services Brief

AUTHOR FROM MATHEMATICA

Shaun Stevenson

AUTHORS FROM MOED

MacKenzie Garvin, Yvette Clark, Craig Lewis, Rachel Brash, John Ford, Kristi France, Che Evans, Tierra Mason, and the Mayor's Office of Employment Development frontline staff

Lessons Learned from the Baltimore Health Corps Initiative: A Transitional Jobs Program to Improve Public Health and Employment Outcomes During COVID-19

In April 2020, officials from the Mayor's Office of Employment Development (MOED), the Baltimore City Health Department, and other partners designed the Baltimore Health Corps (BHC). BHC is a transitional jobs program for unemployed and underemployed city residents in response to the COVID-19 global pandemic. The pandemic brought two challenges: a sudden loss of jobs and the need to stop the pandemic's spread. Baltimore's unemployment rate more than doubled between March and April 2020 because of the pandemic, increasing from 4.9 to 11.6 percent. At the same time, COVID-19 cases in the community were beginning to surge, with evidence suggesting that communities of color were at greater risk for getting sick and dying from COVID-19 (Millet et al. 2020).

BHC provided unemployed residents with temporary paid jobs as contact tracers to help reduce the spread of COVID. BHC also hired residents to serve as care coordinators who provided support services to the city's most vulnerable residents. Because the BHC jobs were temporary, MOED partnered with Mathematica to design and implement a group goal-setting model to help career navigators coach and support BHC participants. This model intended to transition participants to the regular labor market once their paid transitional job ended. With support from the Annie E. Casey Foundation and the Administration for Children and Families, Office of Family Assistance's Project IMPROVE (Improving

Program Outcomes via Evidence-based Technical Assistance), Mathematica teamed up with MOED to help create the BHC transitional jobs program and implement career navigation services provided by MOED.

In June 2021, Mathematica and MOED released a [brief](#) that highlighted the experiences of the MOED–Mathematica partnership during the development and initial implementation of BHC and its career navigation services. This brief captures staff experiences throughout the BHC initiative, successes, lessons learned, and recommendations for future initiatives.

Key definitions

When referencing **frontline staff** in this brief, we are referring to the career navigators, career development facilitators, and business service representatives at the Mayor's Office of Employment Development (MOED).

- / **Career navigators** worked one-on-one and in groups with Baltimore Health Corps (BHC) participants, who were contact tracers. MOED hired career navigators to support BHC participants throughout the initiative.
- / **Career development facilitators** (CDFs) helped BHC participants update their resumes and identify potential career interests. CDFs are existing MOED staff.
- / **Business service representatives** (BSRs) connected BHC participants to career opportunities they were interested in. BSRs are existing MOED staff. ▲

Methodology

This memo draws on findings from two 90-minute discussions with staff from the Mayor's Office of Employment Development (MOED). The first discussion was with leaders and supervisors within MOED, and the second discussion was with frontline staff within MOED. These staff included career development facilitators and business service representatives. The purpose of these discussions was to learn more about staff's experience during the Baltimore Health Corps initiative and the initiative's key lessons. ▲

Key successes from MOED leaders and frontline staff

✓ **We helped employ 300 people for over a year, and the BHC participants saved lives.**

MOED program leader

MOED staff succeeded in employing and supporting job seekers during the pandemic. A frontline staff member shared she was most proud that "participants were able to explore a job in a new career field that is rewarding." The BHC initiative launched in June 2020 and ended its pilot phase in December 2021. The initiative employed 335 individuals primarily as contact tracers and care coordinators. The average wage was \$16.83 per hour for contact tracers and \$19.67 per hour for all BHC positions. Positions were originally planned to last eight months, but due to the ongoing pandemic and continued funding, most positions were extended through the end of December 2021. Some BHC positions will continue in 2022 with the support of the American Rescue Plan Act to meet ongoing needs for contact tracing, outbreak investigations, vaccinations, and care coordination. As of December 2021, 212 of the BHC staff remained employed by the BHC initiative, and 133 individuals had departed their positions. Some examples of the full-time positions participants have obtained include an administrative coordinator at the University of Maryland, an administrative assistant at the Social Security Administration, and a community health worker at Baltimore Health Systems.

✓ **I truly believe that the expertise and guidance is providing me with the necessary tools to succeed by achieving my personal, educational, and career goals.**

BHC participant

The BHC participants shared positive feedback about their experience with their assigned career navigator throughout the initiative. BHC participants enjoyed the Goal4 It! groups and saw them as an opportunity to meet with their peers to talk about their past professional experiences and their personal and professional goals. Participants also valued the group sessions as a way to problem solve challenges

they may have been experiencing working as contact tracers or finding full-time employment. BHC participants also reported that they enjoyed the Goal4 It! tools. As one participant noted, "I especially like working with the Stepping Stones for Success I have evaluated and made a self-assessment of each category, which has helped me tremendously." Career navigators built trusting relationships with BHC participants to gather their honest feedback and learn more about their needs. This sharing helped participants feel prepared and excited to find full-time and permanent employment.

The ease of communication with all the various components [of the BHC initiative], and the consistent check-ins between teams, strengthened our teamwork.

MOED program leader

The BHC initiative strengthened communication and relationships among MOED frontline staff. Cross-team communication between business service representatives (BSRs) and career development facilitators (CDFs) was paramount in making the BHC initiative a success. For example, the initiative leadership team created an Employment Transition Team (ETT) to help BHC participants transition from the initiative into full-time work. The ETT comprised of one career navigator, two BSRs, and two CDFs. The ETT met every other week. During each meeting, the team discussed the desired careers and support needs of participants who were nearing the end of their time in the BHC initiative. The ETT reported that meeting as a full team "helped create strong relationships and clear, timely communication among the teams to get participants ready to end their assignments."

The BHC initiative leadership team brought MOED leaders and frontline staff together from across the organization and relied on their perspectives and expertise to inform the initiative's implementation. This team collaborated with Mathematica to strategize the best ways to support the needs of BHC participants. MOED leaders invited frontline staff to share their perspectives related to working with participants, and staff shared that they appreciated being included in the initiative's planning and implementation. Staff throughout MOED played a vital part in making the BHC initiative a success and connecting BHC participants to permanent employment.

Bringing staff from different levels to the table allowed for there to be buy-in from all levels.

MOED frontline staff person

Key lessons learned from MOED leaders and frontline staff

Creating a workflow of operations before beginning the initiative can help support staff and participants.

At the start of the BHC initiative, MOED did not have a workflow to support staff in providing services to BHC participants. Staff quickly learned the importance of establishing a participant flow and communication plan. A participant flow outlines when participants will interact with frontline staff, and a communication plan establishes standard procedures to guide communication and collaboration with staff and partners. Staff shared that having these resources in place before an initiative begins helps them be proactive instead of reactive. One of the leaders within MOED shared that the program "could have done a better job of documenting our processes and creating a more structured platform for workflow and steps." Staff across MOED shared the need for a more standardized workflow for new initiatives, to seamlessly and more consistently support participants and staff providing services. MOED staff recognized the importance of reflecting on their experiences to bring what they've learned into new initiatives and to standardize implementation. A MOED leader expressed, "We have gained insights small and large from the BHC initiative that can be applied to other American Rescue Plan Act projects, from the frequency of meetings to needing to check in with partners on changing plans and priorities." Staff agreed and shared, "From experience, we know we can do the work, so transferring to new initiatives should be easier by replicating a more defined process for future initiatives."

Multiple, repetitive data and tracking systems can be time-consuming and tedious.

During the BHC initiative, frontline staff used approximately five tracking systems. These systems tracked case notes, services provided, and Workforce Innovation and Opportunity Act

(WIOA) registration. They also tracked participants' progress toward getting a job, including their application completion status and their movement from interviews to full-time employment. Frontline staff overwhelmingly expressed the desire for tracking and data systems to exchange information with one another, and that each system should communicate with the primary workforce data system, Maryland Workforce Exchange that staff use daily. "It would have been great to have a database that was cohesive with the Maryland Workforce Exchange system," a staff member reported. Too many data systems can cause staff to spend time entering repetitive information about participants into multiple systems. Reducing the number of data systems and the required data entry in each can help decrease repetitiveness and data entry errors. Streamlining these systems is important, but the ease of using each system is equally important. A frontline staff member shared, "The database we used to screen a candidate was a bit tedious to use." Staff suggested that a single source for data would increase their trust in the system and the accuracy of data in that system.

Tapping into staff expertise and experience improves initiative development, operations, and participant outcomes.

MOED frontline staff have a range of experience within and outside the agency. Many staff have been with the agency for more than five years and have spent much of that time working with participants and connecting them to meaningful opportunities. CDFs and BSRs also shared that to best support new initiatives, they should be included in the planning conversation before an initiative begins. Frontline staff can shed light on existing services in the program and share insights on how to best support participants involved in the initiatives. Including frontline staff from the beginning ultimately benefits participants. Staff shared that this will also support "better integration of staff duties before charging them with additional assignments" and will help implement an initiative within the program.

Recommendations for future initiatives

Now that the BHC initiative has concluded its pilot phase, we identified recommendations for future MOED initiatives and future transitional

jobs initiatives within other Temporary Assistance for Needy Families programs. The following recommendations are based on the experiences of the MOED leadership team and MOED's frontline staff:

Include as many staff as possible in planning and implementing the initiative as early as possible.

Staff from all levels should be part of the initial planning for the initiative. This provides an opportunity for the initiative's leaders to learn more about the roles and responsibilities of frontline staff. In turn, the leadership team driving the initiative can better understand how to use staff expertise and daily experiences to accomplish the initiative's goals. Initiative leadership teams could consider incorporating Learn, Innovate, Improve (LI2), an evidence-driven framework and process for change with staff, to co-create solutions that will support the initiative's goals. In addition, including many staff from different teams and levels within the organization increases the likelihood of staff buy-in for the initiative and their role in it.

Create implementation plans that identify the components, staff responsibilities, and methods for tracking the progress of new initiatives.

A clear understanding of how the initiative is designed to unfold is helpful before initiatives begin so staff have an idea of where to start and how to best support participants. Often, programs do not have any documentation to support the implementation of new initiatives, and staff are forced to improvise and be reactive. For example, MOED did not previously have communication channels for internal teams to collaborate and support participants, which caused staff to feel overwhelmed by the number of participants. Documenting communication channels through an implementation plan can help staff efficiently complete their work, confidently answer questions, refer participants to the appropriate staff, and increase time spent serving participants. Once implementation has begun, record any changes to inform future initiatives.

Simplify and minimize data systems. Clear and concise data systems are imperative to achieving smoother implementation and decreasing staff time spent on repetitive data entry. Ideally, staff would use only one data system to track participants as they move through the organization. If a few data systems are necessary, then those systems should ideally link to one another to consistently track information, decrease repetitive data entry, and improve data quality.

Next steps

The BHC initiative began by using an evidence-driven framework (LI2) to learn about BHC participants' needs and the support MOED staff needed to implement the initiative. The MOED leadership team and frontline staff, in collaboration with Mathematica, implemented a group goal-setting model for BHC participants, and developed tools for career navigators to assess participant needs and connect them with meaningful career development opportunities. The initiative was a success, employing more than 300 people, saving lives within the community, and helping contact tracers achieve full-time employment after the initiative.

The initiative fostered increased collaboration across MOED, positioning the agency to successfully implement similar initiatives in the future. The collaboratively developed tools (please see June 2021 [brief](#) for details) and the implementation lessons learned can inform future initiatives within MOED and other transitional jobs initiatives. A leader within MOED shared, "The collaboration and infrastructure we have built over the last year [while] working together have been valuable and a great way to work. I'm looking forward to continuing to work in that way and successfully implementing the initiatives that we have coming."

Reference

Millett, Gregorio A., Austin T. Jones, David Benkeser, Stefan Baral, Laina Mercer, Chris Beyrer, et al. "Assessing Differential Impacts of COVID-19 on Black Communities." *Annals of Epidemiology*, vol. 47, 2020, pp. 37–44.

This project was funded by the Annie E. Casey Foundation and Project IMPROVE through the Office of Family Assistance, Administration for Children and Families, U.S. Department of Health and Human Services. We thank them for their support but acknowledge that the findings and conclusions presented in this report are those of the authors alone, and do not necessarily reflect the opinions of these organizations.