North New Jersey Health Professions Pathway
- Contents -

Application for Federal Assistance

Assurances for Non-Construction

Contents

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The North New Jersey Health Professions Pathway (HPC Pathway) is a region-wide capacity building initiative to strengthen and expand health care industry occupational training through workforce readiness and integrated basic skills preparation, workforce supportive services, and occupational skill development leading to certification and employment for TANF and other low income participants. Consortium partners include:

(1) Ten public higher education institutions; Bergen Community College, Brookdale Community College, County College of Morris, Essex County College, Hudson County Community College, Middlesex Community College, Passaic County Community College, Sussex County Community College, Union County College, Warren County Community College;
(2) Six regional health care industry employers; Meridian Health, Care One of New Jersey, Bayada Nurses, Inc., CVS Pharmacies, Visiting Nurse Association of Central New Jersey, Caring People, Inc.
(3) Ten county Workforce Investment Boards with their corresponding One-Stop Career Centers and key county-based social services, especially Departments of Social Services, Welfare agencies, and community based organizations; and
(4) New Jersey State-level Coordinating Entities:
   • New Jersey Department of Human Services, Division of Family
   • U.S. Department of Labor – Office of Apprenticeship
   • New Jersey State Employment and Training Commission, Health Care Workforce Council

The project will attain four interrelated goals, serving 5,000 participants over the grant period:
- To provide TANF and other low-income participants with the portable skills, competencies, and credentials needed to secure and retain employment in areas of high demand within Northern New Jersey’s healthcare sector.
- To assist TANF and other low-income participants in advancing along a career Pathway towards high-skill, high-wage opportunities in areas of high demand within Northern New Jersey’s healthcare sector.
- To identify and address critical workforce shortages among the Project’s employer partners.
- To formalize the relationships among the partner agencies by creating a regional consortium focused on preparing TANF and other low-income participants for entry and advancement in the region’s healthcare sector.
LOGIC MODEL – NORTHERN NEW JERSEY (NNJ) HEALTH PROFESSIONS CONSORTIUM

**Mission:** To establish new employment pathways, initially for TANF recipients and low-income individuals, across a number of healthcare-related fields considered of high demand and with critical shortages in the Northern New Jersey region. By bringing together ten community colleges, four regional healthcare provider partners, workforce investment systems in ten counties, and three statewide coordinating agencies, the Consortium will be established as the region's leading healthcare educational, training, and employment resource.

<table>
<thead>
<tr>
<th>Context and Work of the Consortium</th>
<th>Intended Results</th>
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</thead>
<tbody>
<tr>
<td><strong>Resources/Inputs</strong></td>
<td><strong>Activities/Processes</strong></td>
</tr>
<tr>
<td>Urbanized, high-poverty population served by NNJ colleges (large concentrations of Blacks/Hispanics/immigrants, and of TANF recipients and low-income individuals)</td>
<td>Agreement by 10 community colleges, 4 healthcare industry partners, 10 WIBs/One-Stop Centers, and 3 NJ state agencies to collaborate to meet healthcare workforce needs in both the short and long terms</td>
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<td>Long history of collaboration among community colleges, as illustrated by NJ virtual consortium and consortium for workforce development</td>
<td>Establish management structure for Consortium and employ/appoint management and curricular planners and instructional staff</td>
</tr>
<tr>
<td>Colleges' agility and seasoned experience with workforce development, long-term collaboration with WIBs/One-Stop Career Centers, high responsiveness to local industry</td>
<td>Develop host of student academic support and career services to help students transition into programs, enhance their learning, and persist through their training</td>
</tr>
<tr>
<td>Healthcare industry engaged with colleges to help meet employment demands, tested successfully by Meridian Health of NJ and Brookdale CC</td>
<td><strong>Assumptions/Observations:</strong> Successful college academic transition is facilitated through intensive academic support and tutoring, as well as career planning; student retention is enhanced when learning is applied and students are members of a cohort community.</td>
</tr>
</tbody>
</table>

**External Factors:** A rapidly growing healthcare sector in the NNJ region; high shortages/great needs in nursing (HHA, CNA...), pharmacy tech, paramedic tech, among others; and high unemployment conditions in Northern New Jersey

**Primary Goal:** Identify and meet NNJ healthcare workforce needs/address shortages by providing academic and practical training toward employment in entry and advanced healthcare jobs through an effective regional consortium.
OBJECTIVES AND NEED FOR ASSISTANCE

GOAL 1: To provide TANF and other low-income participants with the portable skills, competencies, and credentials needed to secure and retain employment in high demand Northern New Jersey’s healthcare sector: Objective 1.1: At least 5,000 TANF and other low-income participants will enroll in healthcare training programs targeting high demand healthcare occupations; Objective 1.2: 60 percent (3,000 persons) of training participants will complete their respective programs and earn certification; Objective 1.3: 70 percent (2,100 persons) of participants that complete training and earn certification will be placed in jobs with healthcare providers; Objective 1.4: 70 percent (1,470 persons) of participants placed in employment will be retained six months after their initial placement.

Objectives associated with Goal 1 are consistent with current retention and completion rates for degree and certificate programs being offered at the partner community colleges.

GOAL 2: Assist TANF and other low-income participants in advancing along a career pathway towards high-skill, high-wage opportunities in high demand healthcare: Objective 2.1: 30 percent (900 persons) of participants that complete initial training program will enroll in a subsequent training; Objective 2.2: 90 percent (4,500 persons) of participants will demonstrate awareness of career ladder and training opportunities; Objective 2.3: 25 percent (525 persons) of participants placed in employment will either be promoted or accept a higher paying position within 18 months of entry into workforce.

GOAL 3: Identify and address critical workforce shortages among the Project’s employer partners: Objective 3.1: 18 local healthcare providers per year (90 total) will be enlisted to participate in the proposed training activities; Objective 3.2: Within 90 days of grant effective date and annually thereafter, employer needs assessment will be updated and integrated
Objective 3.3: In end-of-year survey, 90 percent (81 employers) will rate training activities “highly effective” in addressing critical workforce shortages.

GOAL 4: To formalize the relationships among the partner agencies by creating a regional consortium focused on preparing TANF and other low-income participants for entry and advancement in the region’s healthcare sector:

Objective 4.1: Within 60 days of grant effective date, a regional education and workforce development leadership group will be established to guide project activities;

Objective 4.2: Within 120 days of grant effective date and annually thereafter, project partners will finalize and update a Procedures Handbook for administering project activities on a regional basis and for promoting cross-county communication, collaboration, and resource sharing.

Objective 4.3: Within 12 months of grant effective date, the project activities will be fully integrated into the regional Business Resource Model being implemented by the system of county one-stop centers.

NEED FOR ASSISTANCE: The target area includes a 10 county region of Northern New Jersey that is home to nearly two-thirds (65%) of the state’s total residents (NJ Pop. 8.7 million). Densely populated and highly diverse, the region comprises the state’s three largest cities – Newark, Jersey City, and Paterson – each of which has suffered from years of urban decay. Beyond the urban center, there exists a mix of low-income, suburban, and affluent communities.

Having sustained heavy job losses in high paying industries such as finance, real estate, and manufacturing, Northern NJ has been hard hit by the economic recession and continues to suffer. In several of northern counties such as Essex (11.1%), Hudson (11.2%), and Passaic (11.4%), unemployment levels exceed the state unemployment rate (9.5) by nearly two percentage points. In the same counties, the poverty level is nearly twice the state average of 8.7 percent. Within the ten county area, 58,469 persons receive TANF assistance; 373,285 persons
receive food stamps; 3,143 persons receive emergency aid; and 29,721 persons receive General Assistance. (NJ State Data Center, 2010; NJ Department of Human Services, February, 2010).

**The Region’s Growing Healthcare Sector:** Healthcare is projected to add 100,400 jobs through 2016, the most of any industry sector and accounting for nearly 40 percent of New Jersey’s employment growth. In targeted counties, between 2009 and 2014, the number of health services jobs will increase from 216,730 to 238,016, representing 21,286 jobs (10%), with 40,190 anticipated openings accounting for more than 50 percent of the region’s job growth. The driving force behind demand is a large baby boom population with increasing life expectancies and improved medical technology. By 2016, as baby boomers age, the region’s 65 and over population will increase by 27.5 percent, adding 197,300 persons to that age group. Moreover, the region’s large population of low-income Hispanic and minority residents – those at higher risk for serious medical conditions such as heart disease, diabetes, hypertension, cancer, and stroke – will place an increasing burden on the region’s healthcare delivery system (NJ State Data Center, 2010; NJ Dept. of Health, Office of Minority and Multicultural Health, 2007).

The demand for health care workers in Northern New Jersey will cut across all health care industry sectors, including ambulatory care, long-term care, and acute care settings. The number one industry for “Greatest Employment Growth” in Northern New Jersey is Ambulatory Health Care Services which is expected to add nearly 36,289 new jobs by 2016, followed by Nursing and Residential Care Facilities which will add an expected 9,871 new jobs. Among health care occupations with greatest anticipated growth and requiring an associate’s degree or less will be Registered Nurses, Home Health Aides, Nurse Aides, LPNs, Dental Assistants, Medical Assistants, Pharmacy Technicians, Medical Records Specialist, Physical Therapy Aides, and EMT (NJ Department of Labor and Workforce Development, 2010).
The Needs of Northern New Jersey’s TANF and Other Low-Income Individuals:

Because the majority of demand occupations require an associate’s degree or less, TANF and other low-income individuals, including underemployed incumbent healthcare workers, are ideally suited to fill these positions. These individuals, however, often face multiple barriers to entering and advancing along the healthcare career ladder, including low education and literacy levels; limited language proficiency; inadequate workforce readiness skills; a limited awareness of career opportunities within the healthcare sector; transportation and childcare issues; and low levels of self esteem, self confidence, and personal motivation. Unless barriers are addressed, and low-income individuals acquire needed training and certification they will have difficulty attaining higher pay middle skill jobs needed for self-sufficiency (Urban Institute, 2010).

C. APPROACH–TARGET POPULATION: The primary target populations are recipients of Temporary Assistance for Needy Families (TANF) and other constituents with low incomes. TANF receiving families are overwhelmingly headed by single mothers, many of whom are expected to be involved in this initiative. Other low income individuals will include incumbent workers in entry level positions. Planning discussions with Meridian Health, Bayada Nurses, Inc. and others identified cleaning and sanitation staff, kitchen workers, and even many Home Health Aides and attendants who would qualify. Other appropriate participants are expected to be out of school youth and adults who are unemployed or underemployed in low pay positions; young people transitioning out of school into jobs, training, and further education, and populations that are underrepresented in the workforce, especially people with disabilities.

During the five year project period, partners will train 1,000 TANF and other out-of-work low-income individuals and 4,000 low-income, low-skill, entry-level incumbent workers.

DESCRIPTION OF THE PROPOSED APPROACH: The proposed project is a collaborative
effort among 10 community colleges, six regional health care providers, and the public workforce system to better prepare TANF and other low-income individuals for entry and advancement in Northern New Jersey’s growing healthcare sector. The project is employer-driven and directly addresses the demand occupations in our region and the labor shortages being experienced by our employer partners. The project’s success will be determined not by the numbers of TANF and other low-income individuals being trained and placed with our employer partners, but by the number of individuals that participate in subsequent training, earn multiple credentials, and assume more responsible, higher paying positions.

Bayada Nurses, Inc., Meridian Health, Care One, and Caring People, Inc. identified specific training needs in long-term care; the project will initially focus on demand occupations there, but will add occupational training in Allied Health, Health Information Technology, Nursing areas as well. Colleges will offer training in one or more demand occupations, based on employer needs: AS Cooperative Nursing; AAS Health Science; AAS Paramedic Science; AS Respiratory Care; Certified Clinical Medical Assistant; Certified Home Health Aide; Certified Nursing Assistant; Dental Assisting; Dietetic Technician; EKG/Phlebotomy Tech; Electronic Medical Records; Emergency Medical Tech; Health Information Coding; Homodialysis Tech; Licensed Practical Nurse; Limited Scope Radiography; Medical Administrative Assistant; Medical Coding; Medical Insurance Billing Specialist; Medical Transcription; Patient Care Technician; Pharmacy Technician; Physical Therapy Aid; and Telemetry Technician.

allows the “stacking” of certificates and licensure to ensure that HHA, CNA, Phlebotomy, or other specific competency certification does not lead merely to stand alone licenses and career opportunities, but can be articulated with Multi-Competency Health Technician degrees.

Locally, two successful New Jersey projects inform the initiative. One, a pilot tested by Meridian Health of New Jersey and Brookdale Community College, provided workforce readiness, basic skills, health care training, and on-the-job support to TANF recipients, over 90% of whom obtained certification, gained employment, and continue to work on the job. The second is “Multi-skilled Health Professions” training conducted by Passaic County Community College that included supportive services, integrated basic and occupational skills development, and multiple certifications that are “stacked” to accelerate earning of 15 credits.

**Instructional Design and Delivery:** Multi-Skilled Healthcare Professional training modules are based on both existing and developing curricula at each of the ten consortium colleges. In collaboration with industry partners, curricula and instruction will be adjusted for convenient, accessible, and accelerated delivery. Short-term certificate programs reduce time for completion, especially important for the majority of TANF and other participants who lack a credential with value in the workplace. Training will be offered day, evening, and weekends; at partner worksites, on campus at community colleges, and on-line via webinars and hybrid coursework. The project will incorporate both online and classroom components. The clinical components of the training modules are provided onsite at partner employer organizations.

**Integrated Basic and Occupational Skills Instruction:** The project will employ full-time Basic Skills Education Specialists who will work closely with occupational skills training instructors to integrate and reinforce basic skills competencies. Specialists will assist in reviewing and integrating curriculum; create reading, writing, and math exercises that reinforce
basic skills competencies; and team teach. Similarly, basic skills specific courses such as math, English, and ESL for Health Professions developed through this grant project, will integrate health care industry language and workplace related examples and activities.

**Comprehensive Supportive Services and Strategies for Placing and Retaining Students:**
Partners will provide a comprehensive array of support services. After screening and selection, TANF participants will work with a counselor and a mentor to develop an Individual Success Plan (ISP), providing a map of the education career pathway with benchmarks for program completion, certification, employment, and continued training. The Online Work Readiness Assessment serves as the essential tool for informing project staff and participants as they make decisions. With a counselor/mentor, participants also learn about career pathway requirements and health science/health professions options. Colleges will provide a team of trained tutors to assist in obtaining skills and competencies. Partners will offer a range of additional supportive services, including academic advisement, accessibility equipment/software to accommodate for various disabilities, individual as well as small group counseling for academic, personal, and career. The project will employ full-time placement coordinators responsible for working with participants and employer partners to ensure TANF and other low income individuals and incumbent workers who complete training certifications obtain positions or advancement opportunities with industry partners. Other strategies will include monitoring the participants’ progress after being placed in full-time employment; providing personal, financial, and career counseling; awarding program completers up to 15 credits towards the AAS degree in Health Sciences; and aligning placement and follow-up services with the existing services of the County One-Stops.
<table>
<thead>
<tr>
<th>Project Activities</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
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</thead>
<tbody>
<tr>
<td><strong>Planning/Start-Up Activities:</strong></td>
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<tr>
<td>Appoint Key Personnel and Project Advisory Board</td>
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<tr>
<td>Finalize MOA</td>
<td>X</td>
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<td>Finalize Procedures Handbook</td>
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<td>Implement procurement process for materials and services (ongoing)</td>
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<td>X X X X</td>
<td>X X X X</td>
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<tr>
<td>Update employer needs assessment</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Review/verify training</td>
<td>X</td>
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<td>Develop mentor training</td>
<td>X</td>
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<tr>
<td>Identify/hire instructors</td>
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<td>X X X X</td>
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<tr>
<td>Design program/evaluation</td>
<td>X</td>
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<tr>
<td><strong>Outreach, Recruitment and Enrollment Activities:</strong></td>
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<tr>
<td>Finalize recruitment plan</td>
<td>X</td>
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<tr>
<td>Design and distribute marketing brochures and applications</td>
<td>X X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Publicize program activities through print and electronic media</td>
<td>X X X X</td>
<td>X X X X</td>
<td>X X X X</td>
<td>X X X X</td>
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<tr>
<td>Conduct workshops to train One-Stop counselors and employer personnel</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Project Activities</td>
<td>Year 1</td>
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<td>Q3</td>
<td>Q4</td>
<td>Q1</td>
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<tr>
<td>Host Open House sessions on site at partner agencies</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Process participant applications and enroll participants in training</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Evaluate Outreach, Recruitment, and Enrollment</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td><strong>Training Activities:</strong></td>
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<tr>
<td>Develop healthcare worksites</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Identify/train mentors and tutors</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Assess participant’s skill levels, using the TABE and Accuplacer</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Develop/monitor Individual Success Plans</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Align support services with the training activities</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Conduct training activities throughout the region</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Evaluate training activities</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td><strong>Placement/Career Ladder Activities:</strong></td>
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<tr>
<td>Place training completers with employer partners</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td><strong>Project Activities</strong></td>
<td>Year 1</td>
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<td>Q1</td>
<td>Q2</td>
<td>Q3</td>
<td>Q4</td>
<td>Q1</td>
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<tr>
<td>Conduct follow-up services to encourage employment</td>
<td>X</td>
<td>X</td>
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<td>retention and to promote continued training</td>
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<tr>
<td>Evaluate placement and career ladder activities</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

**Significant Accomplishments**

<table>
<thead>
<tr>
<th>5,000 persons participate in training activities</th>
<th>X</th>
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<tbody>
<tr>
<td>3,000 persons complete training and earn certification</td>
<td>X</td>
</tr>
<tr>
<td>2,100 persons are placed with employment with healthcare partners</td>
<td>X</td>
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<tr>
<td>525 persons are either promoted or accept higher paying healthcare positions</td>
<td>X</td>
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<tr>
<td>90 employers throughout the region are actively participating in project activities</td>
<td>X</td>
</tr>
<tr>
<td>Best practices are being demonstrated and shared throughout the region and state</td>
<td>X</td>
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</tbody>
</table>
KEY PERSONNEL/PARTNERS:

Key project personnel are described below in the management section. Partner organizations and responsibilities are clearly described in the attached Memorandum of Understanding that contains signatures of (1) ten presidents or designated executive officer of the partnering public community colleges; (2) Chief Executive Officers of six regional health care industry employers; and (3) the Executive Director of the Bergen County Workforce Investment Board representing nine other partnering county WIBs and One-Stop Career Centers. One-Stops work collaboratively with respective County Departments of Social Services and Welfare agencies. (4) The contacts from three State-level Coordinating Entities who have support letters on file are in the MOU. Key roles and responsibilities are also included.

PROJECT MANAGEMENT: The Consortium represents a strong collaboration from planning to execution. Members maintain academic control, operational flexibility, and fiscal authority over individual programs—within a clearly-established framework of academic quality criteria and professional standards. The management system will make it possible for the colleges, industry, and workforce investment systems as one unified group to oversee, plan, and realize a comprehensive network of healthcare employment pathways for the region, from recruitment and training to job placement and career development. The Consortium will serve healthcare (and help advance its members' missions) by administering joint promotional and outreach activities, professional development programs, and collective curricular materials. As a regional leadership organization, it will share and disseminate in the region and the state, through online platforms and regional summits, best curricular and career planning practices, competency standards, and educational resources.

Project Leadership. The Consortium will be led by two Project Co-Directors. While they will
operate as equal members of the leadership team from an operational point of view, one of them is considered Senior Director and will serve as the fiscal liaison for the Consortium vis-à-vis the partners and the HHS-ACF grant program. The Senior Director, Dennis Miller, will be housed at Bergen Community College, the lead agency. Mr. Miller is a former hospital administrator, long time health care industry consultant, and currently the Vice President of Administration and Finance at Bergen. The second Co-Director will be housed at a college or a healthcare provider partner campus yet to be determined. Co-Directors bring seasoned project management experience and advanced knowledge of higher education and/or healthcare workforce development and will manage all aspects of the grant project. They will co-chair a Steering Group, whose ten members are the Site Coordinators/Project Liaisons: one from each of the ten colleges (including the Co-Directors) and five additional members representing the industry partners. It is expected that the Group will operate by consensus in the initial stages and will eventually establish appropriate decision-making procedures. The Memorandum of Agreement, to be developed within four months of the grant effective date, will specify arrangements.

Site Coordinators/Project Liaisons will be responsible for operation of individual partner organizations, interface with the academic programs, student services, and local partners, including the County WIBs and One-Stops. They will support college staff in student outreach and transition; help academic directors or coordinators recruit tutors and learning specialists; and manage respective budgets and program. Site Coordinators report to institutional Academic Vice President or Vice President for Corporate, Community, and Continuing Education. Project staff (such as tutors, clerical staff, learning specialists, counselors) report to Coordinators/Liaisons.

An Executive Committee of five members will be elected from within the Steering Group. Its members will serve eighteen-month terms (staggered) to ensure other partners get
representation. In the early stages of the project, the Executive Committee will meet biweekly (in person or by conference call or online meetings) and will continue to meet regularly throughout the grant. The Committee will be the policy-making body and operational oversight group. They will monitor tactical development and assess quality of development and execution. Besides dealing with the micro-operational issues, meeting agendas will include quantitative reports on student recruitment, enrollment, performance graduation, job placement, and new contacts.

The Steering Group will hold bimonthly meetings. Its members will attend quarterly forums planned for the Advisory Council of executives (presidents or designated vice presidents of partnering organizations) assembled to monitor progress and provide counsel on policy and programmatic issues, mobilize regional support and promote activities. Involvement of partner chief executives will give credibility to the Consortium and ensure its broad reach and impact.

Organizational Capacity is demonstrated by Bergen’s 40 year history of commitment to providing convenient, affordable and comprehensive higher education throughout the county. The College now enrolls nearly 17,000 students in its academic degree programs and serves more than 32,000 students in degree, continuing education, and adult education programs. The college manages a budget of more than $100 million, $11 million of which is restricted grant funding, in a manner that is fiscally sound and consistent with general accounting practices and federal requirements. The College is fully accredited.

Project sustainability is strengthened by the success and the duration of ongoing collaborative efforts among members of the partnership. The project is directly related to the missions of BCC, other colleges, industry partners, and workforce partners. By integrating project direction and implementation with ongoing efforts and commitments, the likelihood of project institutionalization is increased. As tuition support incrementally increases, sustainability is essentially guaranteed. Institutional commitment to project success and continuation is
affirmed by Board of Trustees authorization to apply and by MOU and letters of commitment.

**PROJECT EVALUATION:** The aim is twofold: (1) track progress toward stated goals and objectives and (2) to determine to what extent these four goals and thirteen objectives have been met (summative). On award of grant, the approach will be to review overall program and outcomes across 10 counties and program development and services within counties. Attention will focus on scope and quality of collaboration, of utmost importance since it is expected that the consortium will establish a new working model to be replicated across other states.

This Consortium is fully prepared to participate in a Federal Evaluation process, during which data will be collected and protocols adopted as dictated by the HHS Administration of Children and Families. Independently, however, the Consortium will retain its own External Evaluator who will (a) gather data in conjunction with the college's liaisons and institutional research offices, and (b) conduct quantitative as well as qualitative analyses that will help keep the project on track and ensure high quality in program execution. The Evaluator will be in constant communication with the partner liaisons, and will report periodically to the leadership presenting objective impressions and evidence-based recommendations for refinement.

**Methodology: Areas of Focus & Approach.** The review will examine five areas for operational effectiveness (recruitment & outreach, training, enrollment & student services, job placement and advancement, and partner collaborations). Questions will be addressed through appropriate data collection methods. To capture program data, fifteen separate methods/evaluation instruments will be used, including such instruments as student performance data, web-based surveys of participants and partners, focus group sessions, document review, and observation.

The evaluation of **Recruitment and Outreach** will assess the extent to which outreach is effective in recruiting the target populations as evidenced by the quality of promotional
materials; the quality of referral strategies within the partners One-Stop Centers; the number of candidates expressing program interest within each county; the number of TANF and other low-income persons enrolling each year; and the quality of information being received about advanced training opportunities. The evaluation of **Academic Training** will determine the extent to which programs are consistent with regional healthcare industry workforce demands and standards. This evaluation includes the availability and relevance of training programs being offered; the accessibility of these training programs to the population being served; the overall quality of the instructional programs; the experience and effectiveness of the program instructors; and the consistency and inherent quality of training programs across the partner education providers. The evaluation of **Enrollment and Student Services** will measure the extent to which services are removing obstacles to participant success and further training. This evaluation focuses on the persistence of the program participants; the presence of role models/mentors and how helpful they are; the program completion rates for participants; the nature and quality of services provided; and the perceptions of students as it relates to support services. The evaluation of **Job Placement and Advancement** will assess the quality of follow-up services for individuals who are placed in employment; the extent to which program completers are placed in related positions; the percentage of persons that are retained in employment; and the likelihood that participants have adopted these occupations as a career pathway. The evaluation of **Partner Collaboration** will assess the overall breadth and strength of the partnership and the extent to which all partners are meaningfully involved; the extent to which the partners are enforcing the commitments outlined in the MOA.
BUDGET NARRATIVE – Year One

The New Jersey Health Professions Pathway Budget Narrative for Year One is presented in the table below:

1. Personnel

(1A) Management Team consists of Consortium/Project Co-Directors, Site Coordinators/Project Liaisons, and contributing managers and executive leaders at the partnering colleges.

i. Directors (Two Co-Directors / 1 FTE each). One director will be housed at Bergen Community College, leading agency (Year 1 salary of $77K). The other Co-Director will be housed at one of the other colleges yet to be determined (Year 1 salary of $70K).

ii. Site Coordinators/Project Liaisons (One for each of the ten colleges / 1 FTE each / Directors serve as Coordinators/Liaisons at their own colleges). Salaries set at $55K for each of the eight college sites. (For Year 1, one half of the salaries is requested, as the Coordinators will be identified and be appointed at different times throughout the year.)

iii. Members of Executive Committee. Stipends of $2,500 per liaison x 5.

iv. Colleges’ Middle and Executive Managers. The Consortium requests $50,000 in Year 1 in support of IT staff (equivalent of $5,000 per each college site).

1B) Academic Team consists of the specific academic curricular program directors and coordinators (at select colleges), instructors, learning specialists, tutors, program counselors, and clerical staff who collectively will plan and execute the training programs.

a) Academic Program Directors. One full-time manager at the Meridian Health Affiliated Foundations (Academic Program Manager at $85,680 in Year 1).

b) Curricular Coordinators. Two curricular coordinators will be appointed to develop training curricula in line with competency standards: (i) one at Union County College (0.75FTE for $38,250); (ii) one at Sussex County College (part-time $22,500);

c) Course Instructors. Each college will have at least two such instructors (at a basis of $30K each). Others have special setups, for example: (i) Bergen Community College will engage 4 full-time instructors at an average salary of $47,738).

d) Learning Specialists. 10sites*2specialists*45weeks*15hours/wk* $30/hr or $405,000 in Year 1.

e) Peer Tutors. Equivalent of 10 college/partner sites*45weeks*24tutor-hours* $16/hr.

f) Program/Career Counselors. Six program advisors/career counselors who will work closely with the training participants in academic, career, and personal counseling as needed: (I) one at Passaic County Community College (at $30K), and (ii) five half-time counselors at Meridian Affiliated Health Foundations, who will placed at each of the five hospitals (at $25,000 for each).

g) Clerical Staff. Three part-time staff members to support the program administration at Sussex County College (starting at $23,000 per year), Passaic County Community College and Middlesex County College (both for 52 weeks, 20 hours at $20/hr).
TOTAL PERSONNEL - $1,838,790 (Year One)

2. Fringe Benefits
Full-time and half-time benefits are calculated based on 32% rate (FICA 7.65%; Pension 9%; Health 13.85%; Dental 1%; SUI .5%). Benefits for part-time salaries and stipends are at 8.15% (FICA 7.65; SUI .5%).

TOTAL FRINGE BENEFITS - $431,350 (Year One)

3. Travel
   a) Local Travel. The Consortium requests $2,500 for local travel to each of 10 sites and 5 partners (15*6,600 miles @ $0.50/mile or the equivalent of $6,600 per partner).
   b) Pertinent Conferences. Conference expenses include regional/national Conferences for Academic Coordinators @ $3,650 per college x 5 colleges, in addition to ACF Grant Program-dictated peer conference in Washington, DC, for project co-directors and two liaisons @ $1,250 each (5*$1,250).

TOTAL TRAVEL - $74,000 (Year One)

4. Equipment
   Necessary, permanent teaching and laboratory equipment is requested through the grant for all colleges. As examples, for Bergen Community College: Paramedic Technology hardware @ $5K in Year 1; Pharmacy Tech and Dietetic Tech instrumentation at $7.5K each in Year 1; for Sussex County College: lab machine upgrades at $28K in Year 1; and for Union County College a Patient Simulator at $7K. For other colleges, the average equipment costs stand at 15K.

TOTAL EQUIPMENT - $145,000 (Year One)

5. Supplies
   a) Lab Supplies. Clinical and lab supplies support the practical aspects of every program and vary among institutions. The request is for $125,050 in Year 1. Examples include scrubs, consumables, uniforms, film badges, simulation supplies, pressure cuffs, and medical scales.
   b) Educational tools. The total is budgeted at $364,750 for Year 1 or $36.5K per college. Some colleges need laptops and software applications and licenses. The Consortium also requests dollars for student textbooks and resources materials for all its healthcare pathway programs.
   c) Promotional Materials. Costs for promoting the program are at the equivalent of $45K, $33,750 of which are requested from HHS (the rest, or 25%, is covered by the consortium).

TOTAL SUPPLIES - $523,550 (Year One)

6. Contractual
   a) Program/Clinical Consultants. These include program facilitators and curricular reviewers ($162K in Year 1). They will cover stipends for a self-study coordinator for Paramedic and Dietetic Technology at Bergen Community College (at the rate of $50K
for each in Year 1); a curricular planner at Sussex County College (at $32K in Year 1); and two Clinical Site Coordinators for Meridian Health Affiliated Foundations (at $30K each).

b) **External Evaluation.** The Consortium will engage an external evaluator/team to review and assess outcomes (formative and summative evaluations). It is projected that the evaluation plan as described in the project narrative will require 65 days in Year 1 at a total cost of $48,750.

**TOTAL CONTRACTUAL - $210,750 (Year One)**

7. **Construction** – No construction required.

8. **Other Costs.**

   a) **Child Care/Transportation Support.** The Consortium is requesting the equivalent of $100K per college site in Year 1 (or $1M) to sway student expenses for child care support and transportation.

   b) **General Student Expenses.** These expenses include background checks and medical liability for health professions candidates, as well as placement tests and Accuplacer® exams and clinical fees, projected at $160K (or $16,000 per site) in Year 1.

   c) **Professional Development.** Training for faculty, tutors, and student service personnel among others is necessary for the success of the project. The budget includes a request of $5K per college per year as well as $25K per year for Consortium-wide training, which amounts to $75K in Year 1.

**TOTAL OTHER COSTS - $1,230,000 (Year 1)**

**Indirect Costs** are requested at 8% of salaries and stipends - **$147,103 (Year One)**

**Total Costs** are the sum of all items listed. The Consortium requests $4.6M for Year 1, which amounts to 64% of the total project costs. - **$4,675,543 (Year One)**

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**Indirect Cost Rate Acknowledgement:** This is to acknowledge Bergen Community College accepts an Indirect Cost Rate of 8% of Personnel Salaries, which is less than what is allowed under the program.

Sincerely yours,

Dr. William J. Yakowicz
Director of Grants Administration and Authorized Representative
North New Jersey
Health Professions Pathway for TANF and Low Income Participants
Memorandum of Understanding (MOU)

Purpose: This Memorandum of Understanding (MOU), dated July 29, 2010, is between Partners in the North New Jersey Consortium Health Professions Pathway for TANF and Low Income Participants. The partners agree to implement the North New Jersey Consortium Health Professions Pathway for TANF and Low Income Participants. The purpose of this regional initiative is to prepare highly skilled professionals for entry and advancement in health care occupations with acute staff shortages. Partners will do so by strengthening and expanding health professions pathways through workforce readiness preparation, basic skills development, supportive services, and health occupations certification training leading to gainful employment for TANF recipients and other low income participants. The proposed project budget will be deployed on a prorated basis among community college and regional health services industry partners as determined to insure project success. A final agreement will be completed within 60 days of effective grant date.

Lead Agency: Bergen Community College will serve as lead agency, assuming overall programmatic and fiduciary responsibility.

1. Public Two-Year Institutions of Higher Education

<table>
<thead>
<tr>
<th>Bergen Community College</th>
<th>Brookdale Community College</th>
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<tbody>
<tr>
<td>County College of Morris</td>
<td>Essex County College</td>
</tr>
<tr>
<td>Hudson County Community College</td>
<td>Middlesex Community College</td>
</tr>
<tr>
<td>Passaic County Community College</td>
<td>Sussex County Community College</td>
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<tr>
<td>Union County College</td>
<td>Warren County Community College</td>
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</tbody>
</table>

2. Regional Health Services Industry Partners

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<thead>
<tr>
<th>Meridian Health</th>
<th>Care One of New Jersey</th>
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</thead>
<tbody>
<tr>
<td>Bayada Nurses, Inc.</td>
<td>CVS Pharmacies</td>
</tr>
<tr>
<td>Visiting Nurse Association of Central NJ</td>
<td>Caring People, Inc.</td>
</tr>
</tbody>
</table>

3. Regional Workforce Investment System

Workforce Investment Boards and One-Stop Career Centers representing counties in the North New Jersey Region, including: Bergen, Essex, Hudson, Middlesex, Monmouth, Morris, Passaic, Sussex, Union, and Warren.

4. New Jersey State Coordinating Entities

New Jersey Department of Human Services, Division of Family
U.S. Department of Labor – Office of Apprenticeship
New Jersey State Employment and Training Commission, Health Care Workforce Council
Partners agree to activities as described in the submitted proposal and outlined as follows.

1. **The Ten Consortium Community Colleges will:**
   - Provide representation on the Health Professions Steering Committee to include Region-wide project direction, evaluation, and related key responsibilities;
   - Coordinate activities of respective community college health professions instructional teams to ensure all appropriate programs effectively accomplish project goals and objectives;
   - Coordinate with industry and workforce partners to develop worksites and to identify, recruit, select, monitor, and place program participants.
   - Arrange TABE and Accuplacer testing as appropriate for participant intake assessment;
   - Deliver workplace readiness and basic skills training as needed;
   - Develop and implement new programs to expand certification training for pathways into high need health professions.

2. **Regional Health Care provider partners Meridian Health; Bayada Nursing, Inc.; Care One, Visiting Nurse Association of Central New Jersey, Caring People, Inc. and CVS Pharmacies will:**
   - Provide representation on the Steering Committee to include project regional and county-based project direction, evaluation, and related key supportive measures.
   - Collaborate with community colleges and workforce system partners to identify, recruit, screen, and refer TANF and low-income participants into the newly-developed pathway certificate program;
   - Collaborate on curriculum and instructional design/development of courses/programs for healthcare training and workplace readiness and basic skills.
   - Provide participants with mentor/counselor/coach to insure rapid intervention services and proper career path and advancement planning.
   - Provide preferential consideration for hiring appropriate candidates upon completion of certification training
   - Arrange for training space as may be available on site at the employer location

3. **Workforce Investment Boards**
• Identify, recruit, screen, and refer TANF receiving individuals into the newly-developed pathway certificate program;

• Provide representation on the Steering Committee to include project regional and county-based project direction, evaluation, and related key supportive measures.

• Subsidize the training costs of TANF and other low income WIA eligible participants enrolled in the Pathway certificate program;

• Provide support services (e.g., job readiness, job placement, transportation) as necessary for TANF and other low income students enrolled in the Pathway certificate program;

• Serve on the project advisory board;

• Assist in project evaluation

4. New Jersey State Coordinating Entities

On behalf of the Northern New Jersey Consortium Health Professions Pathway for TANF and Low-Income Participants, Bergen Community College and its partners have consulted with and will coordinate activities with the necessary state entities.

A final Memorandum of Agreement (MOA) with the following State Coordinating Entities will be completed within 60 days of the grant effective date.

1. New Jersey Department of Human Services, Division of Family Development (the state agency responsible for administering the State TANF program)
   Contact:  Ms. Janet Page Hawkins, Director of the Division of Family Development
   Date of initial contact:  Wednesday, July 28, 2010.
   Completion of MOA:  Within 60 days of the grant effective date

2. U.S. Department of Labor – Office of Apprenticeship
   Contact Person:  Ms. Donna Scalia, Apprenticeship and Training Program Specialist
   Date of initial contact:  Wednesday, July 28, 2010
   Completion of MOA:  Within 60 days of the grant effective date

3. New Jersey State Employment and Training Commission, Health Care Workforce Council
   Contact: Ms. Robin Widing
   Date of initial contact: Thursday, July 29, 2010
   Completion of MOA:  Within 60 days of the grant effective date

Signatures of Regional Consortium partners, including Community College training providers, Regional Health Care Industry Employers, and the Workforce Investment Board/One-Stop Career Centers follow on page 4:
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Education and Training Providers

For Bergen Community College

For Brookdale Community College

For County College of Morris

For Essex County College

For Hudson County Community College

For Middlesex Community College

For Passaic County Community College

For Sussex County Community College

For Union County College

For Warren County Community College

Regional Health Industry Employers

For Meridian Health

For Bayada Nurses, Inc.

For Care One of New Jersey

For Visiting Nurse Association of Central NJ

For CVS Pharmacies

For Caring People, Inc.

Regional Workforce Investment Boards and One-Stop Career Centers

*NOTE: Discussions have been conducted with general agreement, but signatures could not be arranged in time for submission. MOUs will be finalized with the following:

Workforce Investment Boards and One-Stop Career Center of Bergen, Essex, Hudson, Monmouth, Morris, Passaic, Sussex, Union, and Warren Counties