

***North Jersey Health Professions Pathways for TANF Recipients  
and Other Low-Income Individuals***

The North New Jersey Health Professions Career Pathway Consortium (HPC Pathway) proposes a region-wide capacity building initiative to strengthen and expand industry occupational training through workforce readiness and basic skills preparation, integrated supportive services, and occupational skill development leading to certification and employment for TANF and other low income participants. The HPC Pathway Consortium is a ten-county partnership covering the North New Jersey Counties of Bergen, Essex, Hudson, Middlesex, Monmouth, Morris, Passaic, Sussex, Union, and Warren. Consortium partners include: (1) ten public two-year institutions of higher education; (2) six regional health care industry employers (3) ten Workforce Investment Boards with their corresponding One-Stop Career Centers; (4) key county-based social services, especially Departments of Social Services, Welfare agencies, and community based organizations; and (5), New Jersey State-level Coordinating Entities. During the 60-month project period, the Consortium partners are committed to achieving four essential goals, as described, that comprehensively address the purposes of the funding program.

**OBJECTIVES AND NEED FOR ASSISTANCE**

The project goals and objectives directly address the purposes of the funding program and will be achieved within the 60-month grant period:

**GOAL 1: 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:** *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 partner healthcare providers; *Objective 1.4*: 70 percent (1,470 persons) of participants placed in employment will still be retained six months after their initial placement. The 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: 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:** *Objective 2.1*: 30 percent (900 persons) of participants that complete their initial training program will enroll in a subsequent training program that will prepare them for advancement along the career ladder; *Objective 2.2*: 90 percent (4,500 persons) of participants will demonstrate awareness of career ladder and training opportunities, as evidenced by their development of an Individual Success Plan and/or their enrollment in subsequent training; *Objective 2.3*: 25 percent (525 persons) of participants placed in employment will either be promoted or accept a higher paying healthcare position within 18 months of their entry into the healthcare workforce.

**GOAL 3: To 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 identified and enlisted to participate in the proposed training activities; *Objective 3.2*: Within 90 days of the grant effective date and annually thereafter, the employer needs assessment will be updated and integrated into the regional training model; *Objective 3.3*: In an end-of-year survey, 90 percent (81 employers) of employers will rate the training activities "highly effective" in addressing their 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 the grant effective date, a regional education and workforce development leadership group will be established to guide the project activities; *Objective 4.2:* Within 120 days of the grant effective date and annually thereafter, the project partners will finalize and update a *Procedures Handbook* for administering the 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.

**DESCRIPTION OF NEED FOR ASSISTANCE**

**Overview of Northern New Jersey:** The target area includes a 10 county region of Northern



New Jersey (Bergen, Essex, Hudson, Middlesex, Monmouth, Morris, Passaic, Sussex, Union, and

**Warren. Table A: Map of New Jersey/Target**

**Area)** that encompasses 3,098 square miles and is

home to nearly two-thirds (65 %) of the state’s total

residents (NJ Pop. 8.7 million). Densely populated

and highly diverse, Northern New Jersey is a

popular destination for Hispanic and foreign-born

persons. It 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 (New Jersey State Data Center, 2010).

Having sustained heavy job losses in high paying industries such as finance, real estate, and manufacturing, Northern New Jersey has been hard hit by the economic recession and continues to suffer. In several of the northern counties such as Essex (11.1%), Hudson (11.2%), and Passaic (11.4%), the unemployment levels exceed the state unemployment rate (9.5) by nearly two percentage points. In the same counties (Essex, Hudson, Passaic), 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 (70 percent of whom are employable) receive General Assistance. The region accounts for nearly 60 percent of all public assistance provided statewide, and, from 2009 to 2010, the “percentage change” in persons receiving food stamps (25.1) and emergency assistance (14.02) exceeded the statewide average by three percentage points (New Jersey State Data Center, 2010; New Jersey Department of Human Services, February, 2010).

**The Region’s Growing Healthcare Sector:** The healthcare sector is one of the few bright spots in the state’s economy and 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 the targeted counties, between 2009 and 2014, the number of health services jobs will increase from 216,730 to 238,016, representing an increase of 21,286 jobs (10%), with 40,190 anticipated openings and accounting for more than 50 percent of the region’s job growth. The driving force behind the demand for health care in Northern New Jersey is a large baby boom population with increasing life expectancies and improved medical technology. By 2016, as the baby boomers

continue to 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 that are 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 (New Jersey State Data Center, 2010; New Jersey 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. As indicated in Chart A, among the health care occupations with the 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, and Emergency Medical Technicians (New Jersey Department of Labor and Workforce Development, 2010).

<b>Table B</b>							
<b>Northern New Jersey - Demand Occupations</b>							
<b>Demand Occupations</b>	<b>#2009 Jobs</b>	<b>#2014 Jobs</b>	<b>Change</b>	<b>Change (%)</b>	<b>Openings</b>	<b>Openings (%)</b>	<b>Education Level</b>
Registered Nurses	44,399	47,179	2,780	6%	6,794	15%	Associate’s degree
Home Health Aides	19,526	23,853	4,327	22%	5,336	27%	Short-term training
Nursing Aides, Orderlies, and Attendants	28,016	29,774	1,728	6%	3,197	11%	Postsecondary vocational credential
Licensed Practical Nurses	8,585	9,281	696	8%	2,060	24%	Postsecondary vocational award
Dental Assistants	5,701	6,738	1,037	18%	1,588	28%	Moderate OJT

Medical Assistants	7,382	8,455	1,073	15%	1,492	20%	Moderate OJT
Pharmacy Technicians	4,116	4,533	417	10%	958	23%	Moderate OJT
Emergency Medical Technicians	3,871	4,044	173	4%	621	16%	Associate's degree
Medical Records/HIT	1,519	1,631	112	7%	269	18%	Associate's degree
Physical Therapist Aides	1,129	1,227	98	9%	191	17%	Short-term OJT

Source: New Jersey Department of Labor and Workforce Development, 2010

Collectively, within the five-year project period, the project's employer partners anticipate the need for hiring more than 1,000 new workers and training 4,000 entry-level incumbent workers in high demand occupations (Employer Partner Meetings, Summer 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. Such barriers include low educational and literacy levels; limited language proficiency; inadequate occupational and 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 these barriers are addressed, and low-income individuals acquire the training and certification they need—and employers demand—these individuals will have difficulty attaining higher paying middle skill jobs needed for self-sufficiency (Urban Institute, 2010).

Helping TANF and low-income individuals enter and advance along the healthcare career ladder requires high levels of collaboration among employers, education providers, and the

public workforce system. Unfortunately, this level of coordination does not currently exist in Northern New Jersey. For example, in this region, it is common for three or four community colleges to be working with the same regional healthcare employer. The way that the colleges interact with the employer is different from one college to another and the employers feel overwhelmed in trying to manage these separate relationships. Moreover, in many instances, the healthcare providers are not even aware of the resources of the public workforce system. This lack of coordination has resulted in inefficiencies within the system that can only be addressed through a regional partnership committed to the stated goals and objectives.

### **C. APPROACH**

**TARGET POPULATION:** The primary target populations are recipients of Temporary Assistance for Needy Families (TANF) and other constituents with low incomes. As described in the need section above, TANF receiving families are overwhelmingly headed by single mothers, many of whom are expected to be involved in this initiative. Other low income individuals are likely to include incumbent workers already employed by industry partners in entry level positions. Planning discussions with Meridian Health, Bayada Nurses, Inc. and others specifically identified cleaning and sanitation staff, kitchen workers, and even many Home Health Aides and attendants who would qualify by federal poverty standards. 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, especially those in urban and rural areas with high percentages of poverty; and populations that are underrepresented in the workforce, especially people with disabilities.

During the five year project period, the 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 employed by our healthcare partners.

**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. Drawing on the collective resources and expertise of the regional partnership and its more than 300 years of combined experience in delivering quality healthcare training and preparing low-income, low-skill students for the professional workplace, the project will afford participants opportunities for training in more than 25 short-term certificate and degree programs, augmented by a comprehensive set of support services intended to remove barriers to program completion, employment, and movement along the career pathway.

Because several of our regional partners – Bayada Nurses, Inc., Meridian Health, Care One of New Jersey, and Caring People, Inc., -- have identified specific training needs in long-term care, the project will initially focus on training for demand occupations in this sector, but will expand rapidly to other healthcare sectors including Allied Health, Health Information Technology, and Nursing. Over the life of the project, the education providers will offer

healthcare training in one or more of the following demand occupations, based on the needs of employers in their counties: 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 Technician; Electronic Medical Records; Emergency Medical Technician; Health Information Coding; Hemodialysis Technician; 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.

This healthcare training and career ladder initiative is modeled on best practices nationally and locally. National best practices adopted for this effort are drawn from NN2 Career Pathways in Health Care Certificate and Curriculum Stacking (National Network of Health Career Programs in Two-Year Colleges, [www.NN2.org](http://www.NN2.org)). The NN2 model emphasizes accelerated career preparation and training that allows the “stacking” of certificates and licensure. This ensures that HHA, CNA, Phlebotomy, or other specific health care competency certification does not lead merely to stand alone licenses and career opportunities, but can be combined and articulated with higher education health professions programs for Multi-Competency Health Technician academic degrees.

Locally, two highly successful New Jersey projects inform the initiative. One, a pilot program 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 model is a “Multi-skilled Health Professions” training conducted by

Passaic County Community College on a large county-wide scale. That included extensive supportive services and on-site workplace assistance and mentoring, integrated basic and occupational skills development, and multiple certifications that are “stacked” combined to accelerate earning of 15 credits or more leading to associate degrees in health professions. This proposed Consortium plan builds on the best elements of both model programs to support TANF and other low income individuals as they work to develop the multiple skill sets required by industry employers for career advancement and upward mobility. The three key curricular elements of instructional design and delivery, integrated basic and occupational skills, and comprehensive supportive services are described below:

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 close collaboration with regional as well as local health care industry partners, curricula and instruction will be adjusted for convenient, accessible, and accelerated delivery to project participants. The short-term certificate programs reduce time for certificate completion, especially important for the majority of TANF and other participants who lack a credential that has value in the workplace. To make instruction accessible, the training curriculum will be offered day, evening, and weekends, onsite at the partner agencies, 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: A study on dislocated worker data concluded that “dislocated workers who received basic skill training, job skill training, or OJT are likely to have higher re-employment probabilities.” (Ting, 1991) Toward that end, 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. Basic skills specialists will assist in reviewing and integrating curriculum; will create reading, writing, and math exercises that reinforce basic skills competencies; and will team teach in the program. Similarly, basic skills specific courses such as math, English basic skills, and ESL for Health Professions developed through this proposed grant project, will integrate health care industry language and workplace related examples and activities developed in consultation with health care industry partners. This will ensure worksite relevance and consistency with industry partner employee knowledge and skill needs.

This integrated basic and occupational skills approach is based on existing models used by a number of partner colleges in their workforce development and industry training initiatives. A Passaic program, as an example, prepares TANF recipients for entry-level positions by incorporating the National Retail Federation customer service curriculum and the Equipped for the Future technology skills training components. Their integrated basic and occupational skills training program prepares individuals to pass the national certification in customer services (NRF). To date, 91 percent of Passaic's program completers passed the NRF exam. This proposed initiative will utilize the NRF customer service for a number of program participants, as appropriate. However, the cornerstone, especially for TANF recipients, will be the Online Work Readiness Assessment available through TANF Tech Connections, noted below.

Comprehensive Supportive Services: To meet the needs of TANF and other low-income participants, 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 successful program completion, certification, employment, and continued training. For TANF and other low income participants, the Online Work Readiness Assessment will serve as an essential tool for informing project staff as well as participants as they make decisions concerning special support needs, potential impediments to progress, and directions for education, training, and employment. In consultation with a counselor/mentor, participants will also learn about the career pathway requirements and diverse health science/health professions options. Additionally, colleges will provide a team of trained tutors who will assist the participants in obtaining the needed skills and competencies. All college partners will offer a range of additional vital supportive services including ongoing academic advisement, accessibility equipment and software to accommodate for various disabilities, and individual as well as small group counseling for academic, personal, and career support throughout their stay in the program and beyond.

For this project, low income incumbent workers as well as entry level employees hired on as part of this consortium initiative, the six regional industry partners have also committed to releasing employees for training workshops and activities, providing tuition and financial support, if unavailable through TANF or WIA funding, and more. Meridian Health, as just one example, offers employees ongoing support through financial assistance (tuition reimbursement and scholarships), flexible scheduling (work 24 hours on weekend/receive full-time pay), educational counseling and tutoring, and mentoring. Similar arrangements have been agreed to by many of the local partners as well.

Strategies for placing and retaining the project participants: The project will employ full-time placement coordinators responsible for working with the participants and the employer partners to ensure that TANF and other low income individuals as well as incumbent workers

who complete the training certifications obtain positions or advancement opportunities with industry employer partners. The attached MOU indicates regional employer commitments in this regard. In addition, the county-based employer partners have similar arrangements with each of the ten colleges (their MOUs are on file and available).

<b>Placement and Retention Strategies</b>
<p><b><i>Placement</i></b>  <i>Involve employers in all aspects of program implementation, including reviewing and modifying the training curriculum; serving as rotation sites for the clinical components of the instructional program; and training and supervising the program participants.</i></p>
<p><i>Develop and implement a jobs database for individuals interested in healthcare occupations and related educational information</i></p>
<p><b><i>Retention</i></b>  <i>Monitor the participants' progress after being placed in full-time employment and identify potential barriers to employment retention.</i></p>
<p><i>Provide personal, financial, and career counseling, with an emphasis on encouraging participants to recognize and pursue career pathway opportunities within healthcare</i></p>
<p><i>Award program completers up to 15 credits towards the AAS degree in Health Sciences and offer program participants incentives for continuing their education, including priority registration and flexible course scheduling and delivery such as online and hybrid instruction and continued counseling.</i></p>
<p><i>Align placement and follow-up services with the existing services of the Passaic County Workforce Development Center.</i></p>

**KEY PERSONNEL/PARTNERS:**

Key project personnel include the Consortium Project Director The attached Memorandum of Understanding has the signatures of (1) ten presidents or designated executive officer of the partnering public community colleges; (2) Chief Executive Officers of the six regional health care industry employers; (3) the Executive Director of the Bergen County Workforce Investment Board who is representing nine other partnering county WIBs and One-Stop Career Centers. The One-Stops work collaboratively with respective County Departments of Social Services and Welfare agencies; and (4) contacts from the three New Jersey State-level

Coordinating Entities who have submitted support letters on file. Key roles and responsibilities are also included.

**PROJECT MANAGEMENT:**

The Consortium is designed to operate as a true partnership among ten community colleges, the workforce investment systems in each of the counties involved, four large health services industry partners (initially), and all pertinent state coordinating entities in New Jersey. The size of the partnership is not static; it will gradually expand to include additional counties and industrial partners. TANF recipients and low-income individuals will be lead student cohorts and served effectively by the Consortium, but the Consortium will build the organizational capacity to become a major educational provider in the region in healthcare training and employment.

The Consortium will not consist simply of a number of entities working independently with overall coordination, it will rather represent a strong collaboration among these entities from planning to execution. The member entities will still maintain ample academic control, operational flexibility, and fiscal authority over their 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 partners, and workforce investment systems as one unified group to oversee, plan, and realize a comprehensive network of healthcare employment pathways for the Northern New Jersey 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 among its members and in the broader region and the state, through online platforms

and regional summits, best curricular and career planning practices, competency standards, and educational resources. As such, the Consortium will assume the role of a regional resource, advocate, and voice for healthcare technical education and training.

**Project Leadership.** The Consortium will be led by two Project Co-Directors. While the Co-Directors will operate as equal members of the leadership team from an operational point of view, one of them is considered the 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 will be housed at Bergen Community College, which serves as the lead agency. The second Co-Director will be housed at a college or an healthcare provider partner campus yet to be determined. The Co-Directors, who bring seasoned project management experience and advanced knowledge of higher education and/or healthcare workforce development, 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 some of these arrangements.

Site Coordinators/Project Liaisons will be responsible for the operation of their individual partner organizations. At the college sites, they will interface closely with the academic programs, students services, and any local partners, including the County WIBs and One-Career Stop Centers. They will support their college staff in any student outreach and program-transition activities; help the academic directors or coordinators recruit academic coordinators, tutors, and learning specialists; and manage their sites' respective budgets and overall program. College Site

Coordinators will report to the equivalent of their institutional Academic Vice President or Vice President for Corporate, Community, and Continuing Education. Project staff members supported by the grant on their colleges (such as tutors, clerical staff, learning specialists, counselors) will report to the Site Coordinators/Project Liaisons. Full-time faculty members and academic directors involved with the Project, who would otherwise report to their own academic departments or divisions academic deans, will work in collaboration with the total project staff.

An Executive Committee of five members, in addition to the Project Co-Directors, will be elected from within the Steering Group. Its members will serve eighteen-month terms (staggered), to ensure that other partners get representation for a couple of years on the Executive Committee during the duration of the grant. (Even when members of the Committee are from the same organization as one of the Co-Director, no college or partner will have more than one vote on the Committee.) In the early stages of the grant 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 programmatic development and execution. Besides dealing with the micro-operational issues, their meeting agendas will include quantitative reports about student recruitment and enrollment, student performance and graduation, job placement, new contacts, etc.

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 and help mobilize regional support and promote the Consortium's activities.

It is to be noted that the involvement of the partner organizations' chief executives will give high credibility to the Consortium and ensure its broad reach and impact.

**Communication & Administration.** Members of the Steering Group will have access to SharePoint, an online communication and business collaboration platform. All relevant documents, reports and schedule will be posted on SharePoint. Periodic electronic news bulletins will be prepared by the Co-Directors to keep all parties informed. Annual reports will be prepared (expanded versions of the ones to be submitted to the ACF grant program) and shared with the Steering Group and Advisory Council. These reports will include a data fact booklet which the Co-Directors will compile from data gathered at set periods every year through a user-friendly online gathering mechanism developed expressly for this project. Data relating to certificate and associate's programs, students enrolled, academic achievement, curricula and sample syllabi, and job placement and retention successes.

Owing to the multitude of the programs and the fact that they follow different programmatic timelines, a master schedule of programs and activities will be maintained and managed on Microsoft Project® or an equivalent system. Bergen Community College's "Colleague and Datatel" institutional data platforms will be used as the main system for managing the Consortium's overall project.

## **PROJECT EVALUATION**

The aim of the evaluation is twofold: (1) to track progress toward the project's stated goals and objectives toward identifying operational adjustments and refinements during the implementation process (formative); and (2) to determine to what extent these four goals and thirteen objectives have been met (summative). Starting upon the awarding of the grant, the approach will be to review both the overall program and outcomes across all 10 counties as well

as programmatic development and services within each county. Special attention will focus on examining the scope and quality of the collaboration among colleges and with their respective counties' One-Stop Career Centers. The latter, relating to Goal 4, is 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 if selected 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 (at least annually) to the Consortium's leadership presenting objective impressions and evidence-based recommendations for refinement and enhancement. It is important to note that evaluation is not simply the domain of the External Evaluator: the Consortium's leadership will also be involved in its own ongoing internal evaluation, driven by a commitment to continually monitoring and improving quality control and assurance.

**Methodology: Areas of Focus & Approach.** While maintaining focus on progress achieved toward project goals and objectives, the review will scrutinize in particular five general areas and examine them for operational effectiveness (recruitment & outreach, training, enrollment & student services, job placement and advancement, and partner collaborations). At the conclusion of every training cycle and/or annually, a number of questions will be addressed in each area through appropriate data collection methods. Fifteen separate methods/evaluation instruments

will be used for answering the questions (they fall in five general categories and are listed in the table below).

Methods Adopted for Data Collection (used to gather information about the five areas as listed in the five tables below)
- Enrollment, Academic Performance, Program Completion Data and general Project Data (M1): To track and monitor process outputs and student success indicators (student retention, credits earned, and certificate/degree completion).. - Web-based Surveys of Students in Program (M2), course teachers (M3), healthcare providers' supervisors/liaisons (M4), college's select managers (M5), and employed candidates (M6): To gather observations and perceptions about programs among students, trainers, and employers. - Individual/Focus Group Interviews of student candidates (M7), project liaisons (M8), student service providers (M9), and employed candidates (M10), and employers (M11): To acquire detailed understanding of program characteristics, scope of student services, and extent of preparation of employed candidates. - Document Reviews: Promotional materials (M12); student applications (M13); internal reports, standard operational procedures manual and/or meeting minutes (M14); curricula/syllabi (M15); and partners' memoranda of agreement and letters of participation (M16): To assess operational effectiveness. - Observations of one-Stop recruitment sessions, other public venues, and partner meetings (M17): To evaluate the role of the One-Stop Centers in recruiting and preparing candidates for academic training.

Project co-directors and liaisons at the partner colleges will help administer the annual student and teacher surveys, and assist in setting up focus group interviews where applicable. Students in every cohort will be asked to complete different surveys midway through their program and upon completion of any phase of their program. Evaluation will also track students' completion data and employment. Correlation, comparative and factor analyses will link success to demographics, student backgrounds, scope of student services (at One-Stop Centers and the colleges), and training program characteristics.

- i. Recruitment & Outreach: How successful is the outreach effort in recruiting candidates from among TANF recipients in the applicable Northern New Jersey counties?

<b>i. Recruitment &amp; Outreach</b>
--------------------------------------

Questions (1 <sup>st</sup> Column) & Corresponding Data-Collection Methods for Answering them (2 <sup>nd</sup> Column)	
i1. How thorough and up-to-date are the promotional materials used to recruit candidates for the healthcare pathways (print/online)? What type of outreach programs and events are offered by the Colleges and One-Stop Career Centers?	<u>Methods:</u> (M12) Review of promotional materials and (M16) observations at pertinent public outreach. <u>Data Source:</u> Pertinent Colleges' project liaisons and One-Stop Career Centers
i2. What is the adopted strategy for recruiting candidates for the healthcare pathways through the counties' One-Stop Career Centers involved? How are candidates encouraged and prepared to pursue academic program?	<u>Methods:</u> (M14) Review of data documents and reports at One-Stop Centers, (M17) observations of related One-Stop advising sessions and workshops, and (M7) one-on-one interviews of a sample group of candidates. <u>Data Source:</u> All participating counties' One-Stop Career Centers
i3. How many candidates express interest in the various programs in each county? How are admitted candidates identified?	<u>Methods:</u> (M13) Review of sample college applications, and (M14) operational procedures. <u>Data Course:</u> Appropriate college's departments or continuing education offices.
i4. How many candidates (from among TANF/Low-income population) are enrolled in training program at each college per cycle/year? How does this compare to projections by college (Projected: A total of 5,000/year – Objective 1.1)?	<u>Method:</u> (M1) Project Data (enrollment and demographic profiles). <u>Data Source:</u> Colleges' Institutional Research Offices & College Liaisons
i5. How are students in initial training program encouraged to pursue/recruited for advanced training?	<u>Methods:</u> (M2) Annual survey of all students in training (initial and advanced), which include questions about students' perceptions and personal assessment regarding available levels of training. <u>Data Source:</u> Pre-planned web-based questionnaire

- ii. Academic Training (curricular development and instructional delivery): To what extent are the developed curricular programs consistent with areas of the regional healthcare industry's workforce demands and to what extent are their instructional components and

learning outcomes consistent with the corresponding professional and training standards?

<b>ii. Academic Training</b>	
Questions (1 <sup>st</sup> Column) & Corresponding Data-Collection Methods for Answering them (2 <sup>nd</sup> Column)	
ii1. How are decisions made to offer new training programs? Who at each college is involved in the decision-making process?	<u>Methods:</u> (M5) Leadership biennial survey, which will capture information about organizational management, and (M4) annual individual interview of 5 college liaisons (rotating). <u>Data Source:</u> Survey and interview responses.
ii2. What academic and training programs are offered (certificates, associate's degrees) and where are they housed?	<u>Method:</u> (M15) Review of curricula, sampling of course syllabi, and related print/online catalogs. <u>Data Source:</u> Project's liaisons.
ii3. How extensive are the training programs, to what extent are the learning outcomes consistent with required competencies for each occupation, and are national certifications/accreditation sought where applicable?	<u>Methods:</u> (M15) Review of curricula, sampling of course syllabi, and related print/online catalogs, (M3) Annual web survey of teachers, and (M4) interviews of project liaisons. <u>Data Source:</u> Project's liaisons.
ii4. What sorts of applied modules and technical experiences are incorporated into programs? What are special features of instructional	<u>Methods:</u> (M3) Annual web survey of teachers of NNJ Healthcare Path-related courses, (M2) Annual survey of all students in training, which will include questions about academic and internship experiences), and (M15) Review of curricula, sampling of course syllabi. <u>Data Source:</u> Survey responses and project's liaisons.
ii5. What is the qualification and experience of program/course instructors?	<u>Methods:</u> (M3) Annual web survey of teachers of NNJ Healthcare Path-related courses, and (M4) annual individual interview of 5 college liaisons (rotating). <u>Data Source:</u> Survey and interview responses.
ii6. How are curricular quality and academic excellence assured at various colleges and across the Consortium?	<u>Methods:</u> (M5) Leadership biennial survey, which will capture information about organizational management, (M4) annual individual interview of 5 college liaisons (rotating), and (M3) Annual web survey of teachers of NNJ

	Healthcare Path-related courses. <u>Data Source:</u> Survey and interview responses.
ii7. What is the completion rate among students in each program? (Projected: 75% over five years – Objective 1.2)	<u>Method:</u> (M1) Project Data. <u>Data source:</u> Project's liaisons and various Institutional Research Offices.

iii. Enrollment & Student services, especially workforce readiness and job placement. How comprehensive and individualized are the college services for students admitted into the healthcare pathway programs and how are they geared to maintaining student interest and help them overcome academic challenges and obstacles to continued enrollment?

<b>iii- Enrollment &amp; Student Services, from mentoring to career counseling</b>	
Questions (1 <sup>st</sup> Column) & Corresponding Data-Collection Methods for Answering them (2 <sup>nd</sup> Column)	
iii1. How many students are still enrolled in their program midway through?	<u>Method:</u> (M1) Project Data. <u>Data Source:</u> Project's liaisons and various Institutional Research Offices.
iii2. Whom do students consider as their role models/mentors and how helpful are they?	<u>Method:</u> Student Surveys (M2). <u>Data Source:</u> Responses
iii3. How many student complete each program? (Projected at 75% - Objective 1.2)	<u>Method:</u> (M1) Project Data. <u>Data Source:</u> Project's liaisons and various Institutional Research Offices.
iii4. What is the nature of services offered by each college and the extent of career services and workforce readiness activities?	<u>Methods:</u> Interview of student service personnel (M9) and Project Liaisons (M8) and student surveys (M2). <u>Data Source:</u> Interview/survey responses.
iii5. What are student concerns with the programs and their perceptions regarding services (at each college)?	<u>Method:</u> Student interviews (M7) and student surveys (M2) <u>Data Source:</u> Interview/survey responses.

iv. Job Placement and Advancement.

<b>iv. Job Placement &amp; Advancement</b>	
Questions (1 <sup>st</sup> Column) & Corresponding Data-Collection Methods for Answering them (2 <sup>nd</sup> Column)	
iv1. How are candidates who are	<u>Methods:</u> Survey (M6) and interviews

employed tracked and communicated with?	(M10) of employed candidates. <u>Data Source:</u> Survey and interview responses.
iv2. How many candidates completing program are placed in related positions? (projected 80% - Objective 1.3)	<u>Method:</u> Project data (M1). <u>Data Source:</u> Project liaisons.
iv3. How many of these employed candidates are retained on the job? (Projected at 80% six months in – Objective 1.4)	<u>Method:</u> Project data (M1). <u>Data Source:</u> Project liaisons and/or employers.
iv4. To what extent have employed candidates adopted these occupations as their professional career (commitment, promotion, and advancement)? (In line with projections of Objectives 3.1, 3.2 and 3.3)	<u>Methods:</u> Survey (M6) and interviews (M10) of employed candidates and (M11) employers. <u>Data Source:</u> Survey and interview responses.

- v. Collaborations among colleges, healthcare providers, and partners: How strong is the collaboration among colleges; and between colleges, WIBs/One-Stop Career centers and healthcare industry partners?

<b>v. Partner Collaboration (among Colleges, Healthcare Providers, and WIB/One-Stop Career Center)</b>	
Questions (1 <sup>st</sup> Column) & Corresponding Data-Collection Methods for Answering them (2 <sup>nd</sup> Column)	
v1. How broad is the partnership and is it evolving over the five years? (Projected 15 per year / Objective 3.1)	<u>Methods:</u> Review of partner agreements (M16) and interview of project liaisons (M8). <u>Data Source:</u> Project's leadership and liaisons.
v2. What are the key components of the partnership's Memorandum of Agreement, when is it in place, and is it/how is it enforced? (Objective 4.1)	<u>Methods:</u> Review of partner agreements (M16) and interview of Project Liaisons (8). <u>Data Source:</u> project's leadership and liaisons.
v3. How comprehensive is the Procedures' Handbook? (Objective 4.2)	<u>Method:</u> Document Review (M14). <u>Data Source:</u> Documents through Project Liaisons.
v4. What is the nature of communication among partners and how are collective decisions reached?	<u>Method:</u> Meeting observations (M17), meeting minutes' review (M14), and interviews of leadership and project liaisons (M8) and employers (M11).

<u>Data Source:</u> Documents and responses.
--

Soon after awarding of the grant, the Evaluator will be formally appointed and the Project Leadership will approve a formal evaluation plan which will consist of the above data-gathering methods (M1 through M15) scheduled with a detailed five-year timeline for their implementation. The questions in the five tables above will guide the survey and interview questionnaires' development.

**Assessment of Overall Impact.** Ultimately, the aim of the project is to serve simultaneously the healthcare industry needs and serve TANF recipients and low-income individuals by preparing them and placing them successfully along healthcare pathways. In order to measure the project's regional impact, a component of the evaluation (end of Years 3 and 5) will study how the trained workforce supply is meeting demand in the Northern New Jersey region for each of the project's selected occupations (data source: NJ and U.S. Labor occupational scan) and how the healthcare provider partners' employment needs are met by the Project. Another expected outcome that the evaluation will measure further is to what extent the consortium will have evolved into a regional leadership group in the area of healthcare workforce development (contrasting the desired outcome of having one effective partnership of organizations collaborating to realize a unified, collective mission versus individual organizations working independently in healthcare workforce development). To that end, the Business Regional Model (Objective 4.3) will be reviewed and its gradual development closely observed.

**External Evaluator.** The Consortium will retain the services of Toufic M. Hakim, Ph.D., Principal Grants Advisor at Grantuoso.org, to conduct the external evaluation for the Campaign as described above. A former science professor and director of multiple large grant projects focused on outreach, education and training, Hakim served previously as Senior Research

Officer at Kean University, a New Jersey public university, where he oversaw management and review of all externally-funded programs, among them a dozen from by the U.S. Department of Health and Human Services. He has been involved in multiple grant-related projects at community colleges, in Northern New Jersey in particular. He has also led the evaluation of a major U.S. Departmental of Labor grant funded project with broad regional impact, among several other academic/employment-focused programs, and has been involved in the conceptual and operational development of health professions pathway initiatives.

