

# Connecticut Workforce Investment Strategies for Healthcare (WISH)

U.S. Department of Labor Employment and Training Administration  
American Recovery and Reinvestment Act of 2009  
Health Care Sector and Other High Growth and Emerging Industries Proposal  
Connecticut Office for Workforce Competitiveness  
October 5, 2009

## **Part I – Cost Proposal**

**Application for Federal Assistance SF-424**

Version 02

\*1. Type of Submission:

☐ Preapplication☒ Application☐ Changed/Corrected Application

\*2. Type of Application

☒ New☐ Continuation☐ Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify)  
\_\_\_\_\_

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\*a. Legal Name: Connecticut Office for Workforce Competitiveness

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
06-6000798\*c. Organizational DUNS:  
831387431**d. Address:**\*Street 1: 100 Great Meadow RoadStreet 2: Suite #401\*City: WethersfieldCounty: Hartford\*State: CT

Province: \_\_\_\_\_

\*Country: United States\*Zip / Postal Code 06109**e. Organizational Unit:**

Department Name:

Division Name:

**f. Name and contact information of person to be contacted on matters involving this application:**Prefix: Ms. \*First Name: Mary Ann

Middle Name: \_\_\_\_\_

\*Last Name: Hanley

Suffix: \_\_\_\_\_

Title: Governor's Principal Workforce Development Policy AdvisorOrganizational Affiliation:  
Office for Workforce Competitiveness

\*Telephone Number: (860) 258-4304

Fax Number: (860) 258-4312

\*Email: Mary.Ann.Hanley@po.state.ct.us

**Application for Federal Assistance SF-424**

Version 02

**\*9. Type of Applicant 1: Select Applicant Type:**

A.State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

United States Department of Labor, Employment and Training Administration

**11. Catalog of Federal Domestic Assistance Number:**

17.275

CFDA Title:

Competitive Grants for Worker Training and Placement in High Growth and Emerging Industry Sectors

**\*12 Funding Opportunity Number:**

SGA/DFA PY 09-01

\*Title:

American Recovery and Reinvestment Act of 2009; Health Care Sector and Other High Growth and Emerging Industries

**13. Competition Identification Number:**

\_\_\_\_\_

Title:

\_\_\_\_\_

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Connecticut (All Counties)

**\*15. Descriptive Title of Applicant's Project:**

Connecticut Workforce Investment Strategies for Healthcare

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\*a. Applicant: CT-001

\*b. Program/Project: CT-all

## 17. Proposed Project:

\*a. Start Date: 1/1/2010

\*b. End Date: 12/31/2012

## 18. Estimated Funding (\$):

*a. Federal	\$4,997,851
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$4,997,851

## \*19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on \_\_\_\_\_
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E. O. 12372

## \*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

## Authorized Representative:

Prefix: Ms. \*First Name: Mary Ann

Middle Name: \_\_\_\_\_

\*Last Name: Hanley

Suffix: \_\_\_\_\_

\*Title: Governor's Principal Workforce Development Policy Advisor

\*Telephone Number: (860) 258-4304

Fax Number: (860) 258-4312

\* Email: Mary.Ann.Hanley@po.state.ct.us

\*Signature of Authorized Representative:

*Mary Ann Hanley*

\*Date Signed: 10/3/09

**BUDGET INFORMATION - Non-Construction Programs**

SECTION A - BUDGET SUMMARY							
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)	
		Federal (c.)	Non-Federal (d)	Federal (e)	Non-Federal (f)		
Health Care Sector and Other High Growth and Emerging Industries Grants	17.275	\$ 4,997,851					
5. TOTALS		\$ 4,997,851	\$ -	\$ -	\$ -	\$ -	
SECTION B - BUDGET CATEGORIES							
6. Object Class Categories		GRANT PROGRAM, FUNCTION OR ACTIVITY					Total (5)
		(1)	(2)	(3)	(4)		
a. Personnel		\$ 82,770				\$ 82,770	
b. Fringe Benefits		49,248				49,248	
c. Travel		-				-	
d. Equipment		-				-	
e. Supplies		-				-	
f. Contractual		4,865,833				4,865,833	
g. Construction		-				-	
h. Other		-				-	
i. Total Direct Charges (sum of 6a - 6h)		4,997,851				4,997,851	
j. Indirect Charges		-				-	
k. TOTALS (sum of 6i and 6j)		\$ 4,997,851	\$ -	\$ -	\$ -	\$ 4,997,851	

7. Program Income	\$	\$	\$	\$	\$
<b>SECTION C - NON-FEDERAL RESOURCES</b>					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.					
9.					
10.					
11.					
12. TOTALS (sum of lines 8 and 11)	\$ -	\$ -	\$ -	\$ -	\$ -
<b>SECTION D - FORECASTED CASH NEEDS</b>					
13. Federal	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
	\$ 1,483,705	222,556	356,089	356,089	548,971
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)	\$ 1,483,705	222,556	356,089	356,089	548,971
<b>SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT</b>					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16. Health Care Sector and Other High Growth and Emerging Industries Grants	\$ 1,697,202	\$ 1,816,944			
17.					
18.					
19.					
20. TOTALS (sum of lines 16 - 19)	\$ 1,697,202	\$ 1,816,944	\$ -	\$ -	
<b>SECTION F - OTHER BUDGET INFORMATION</b>					
21.	22				
23. Remarks					

Connecticut Workforce Investment Strategies for Healthcare - Project Budget						
		US DOL ETA Grant Funds				
	Description	Year 1*	Year 2	Year 3	Total	
a	Personnel					\$82,770
	Accountability / Reporting Officer					
	.333 FTE @ \$80,416/yr - Maintains project finances; completes all required financial reports - See Attachment C for a complete position description					
b	Fringe Benefits	\$ 26,779	\$27,582	\$28,409	\$82,770	\$49,248
	Fringe and Payroll taxes					
c	Travel	\$15,933	\$16,411	\$16,904	\$49,248	\$0
d	Equipment					\$0
e	Supplies					\$0
f	Contractual					\$4,865,833
	Workforce Investment Boards	\$622,942	\$631,580	\$640,478	\$1,895,000	
	Connecticut Community College System	\$736,052	\$939,629	\$1,049,153	\$2,724,833	
	CWEALF					
	Will provide project oversight, management, and coordination for the proposed initiative Project					
	Management and Coordination	\$42,000	\$42,000	\$42,000	\$126,000	
	Goodwin College	\$20,000	\$20,000	\$20,000	\$60,000	
	St. Vincent's College	\$20,000	\$20,000	\$20,000	\$60,000	
g	Construction					
h	Other					\$0
i	Total Direct Charges	\$1,483,705	\$1,697,202	\$1,816,944	\$4,997,851	
j	Indirect Charges					
k	TOTAL	\$1,483,705	\$1,697,202	\$1,816,944	\$4,997,851	
Note: All salaries contain a 3% salary escalator and totals may off by up to \$1 due to rounding						



Connecticut Workforce Investment Strategies for Healthcare - Project Budget									
Schedule A - WIB Budget									
		US DOL ETA Grant Funds							
		Description	Year 1*	Year 2	Year 3	Total			
a	Personnel								\$669,251
	Project Coordinator	1.0 FTE @ \$46,398/Yr - Provides Oversight for the WIB portion of project, see Attachment C for a complete position description	\$46,398	\$ 47,790	\$ 49,223	\$143,411			
	Financial Assistant	Administrative Function - 0.5 FTE @ \$52,668/Yr - Maintains project finances; completes all required financial reports - See Attachment C for a complete position description	\$26,334	\$ 27,124	\$ 27,938	\$81,395			
	Case Managers	2.5 FTEs @ \$57,517 per year (5 full-time individuals, of which half is paid for by leveraged funds) - work with WIB clients to help identify career interests and help address impediments to achieving their professional goals	\$143,791	\$ 148,105	\$152,548	\$444,444			\$220,749
b	Fringe Benefits								
	Fringe and Payroll taxes	29% x direct salary - This is the WIB fringe rate and covers payroll taxes, Workers' Compensation, and, if eligible, health insurance. Initiative director and assistant accountant will be located at Capital Workforce Partners, this fringe rate is applicable	\$21,092	\$21,725	\$22,377	\$65,194			
	Fringe and Payroll taxes*	35% x direct salary - Because each WIB has a different fringe rate, the 35% rate more accurately reflects the fringe of Case Managers who are spread across regions	\$50,327	\$51,837	\$53,392	\$155,556			
c	Travel								\$10,000
		For attendance at regional or national conferences relating to the health care workforce	\$3,333	\$3,333	\$3,333	\$10,000			
d	Equipment								\$0
e	Supplies								\$0

Connecticut Workforce Investment Strategies for Healthcare - Project Budget							
Schedule A - WIB Budget				US DOL ETA Grant Funds			
		Description	Year 1 *	Year 2	Year 3	Total	
f	Contractual						\$0
g	Construction						
h	Other						\$995,000
	Student Financial Assistance	142 ITAs at \$4,014 each for non-WIA eligible participants	\$190,000	\$190,000	\$190,000	\$570,000	
	Adult Ed	200 served - Contextual/accelerated Basic Skills building from the New Haven Best Practice Model for delivery of Adult Education to individuals who need development as a prerequisite to ITA	\$66,667	\$66,667	\$66,667	\$200,000	
	Workplace Ed	40 cycles at \$10,000 each 10 each (\$200,000 will come from employer leverage) - To be implemented in partnership with the statewide "Workforce Coordinating Committee" convened by SDE and CETC. Will use framework, best practice and lessons learned	\$66,667	\$66,667	\$66,667	\$200,000	
	On-Site Clinical Certification	20 cycles at \$2,500 each 10 each (\$25,000 will come from employer leverage) - Employer focused training delivered by community college on site at LTC, Hospitals and community care providers	\$8,333	\$8,333	\$8,333	\$25,000	
i	Total Direct Charges		\$622,942	\$631,580	\$640,478	\$1,895,000	
j	Indirect Charges						
k	TOTAL		\$622,942	\$631,580	\$640,478	\$1,895,000	

Note: All salaries contain a 3% salary escalator and Totals may off by up to \$1 due to rounding

Connecticut Workforce Investment Strategies for Healthcare - Project Budget							
Schedule B - CCCS Budget							
		US DOL ETA Grant Funds					
		Year 1*	Year 2	Year 3	Total		
a	Personnel						\$1,569,532
	Initiative Director	0.6 FTE @ \$83,200 - Position will begin January 1, 2010, but we will leverage the first 17 weeks. Provides Oversight for the CCCS portion of project, see Attachment C for a complete position description	\$ 33,600	\$ 51,418	\$ 52,960	\$137,978	
	Financial Assistant	Administrative Function - 0.25 FTE @ \$51,000/yr - Maintains project finances; completes all required financial reports - See Attachment C for a complete position description	\$ 12,750	\$ 13,133	\$ 13,526	\$39,409	
	Project Assistant	Administrative Function - Provides administrative and compliance support to the Initiative Director and system office leadership. Obtains individual college-level data and formats it for transmittal to OWC - See Attachment C for a complete position description	\$ 19,125	\$ 19,698	\$ 20,289	\$59,112	
	Healthcare Career Advisors	5 FTEs @ \$58,483 per year for 2nd 18 months of grant (1st 18 months are leveraged) - Manages and implements a comprehensive outreach, testing and advisement program to assist individuals from disadvantaged backgrounds to better prepare themselves for higher education programs in the health profession	\$ -	\$ 146,207	\$292,414	\$438,621	
	Key Train Tutors	First 2 years 2 FTE @ \$47,291 / yr - Tutors help students use the Key Train platforms for academic remediation, job-seeking skills, and academic review for Accuplacer	\$ 94,581	\$ 97,419		\$192,000	
	Allied Health Advisors	1.22 FTE @ \$48,000/yr - 3 part-time individuals at 3 colleges help to promote career pathways from non-credit to credit programs	\$ 58,560	\$ 60,317	\$62,126	\$181,003	
	Nursing Retention Specialists	2.44 FTE @ \$48,000/yr - 5 part-time individuals at 5 colleges identify at-risk students; provide embedded, individual and small group tutoring to students in nursing programs	\$ 117,120	\$ 120,634	\$124,253	\$362,006	
	Physical Therapy Assistant Retention Specialist	0.43 FTE @ \$48,000/yr - 1 part-time individual identifies at-risk students; provides embedded, individual and small group tutoring to students in the physical therapy assistant program	\$ 20,640	\$ 21,259	\$21,897	\$63,796	
	Surgical Technician Retention Specialist	0.12 FTE @ \$48,000/yr - 1 part-time individual identifies at-risk students; provides embedded, individual and small group tutoring to students in the surgical technician program	\$ 5,760	\$ 5,933	\$6,111	\$17,804	
	Diagnostic Sonography Retention Specialist	0.12 FTE @ \$48,000/yr - 1 part-time individual identifies at-risk students; provides embedded, individual and small group tutoring to students in the diagnostic sonography program	\$ 5,760	\$ 5,933	\$6,111	\$17,804	
	Tutors	1333 hours/yr @ \$15/hour - provide academic tutoring to CNA, EMT, and Pharmacy Tech students as needed	\$20,000	\$20,000	\$20,000	\$60,000	

Connecticut Workforce Investment Strategies for Healthcare - Project Budget							
Schedule B - CCCS Budget							
		US DOL ETA Grant Funds					
	Description	Year 1*	Year 2	Year 3	Total		
b	Fringe Benefits						\$507,703
	Full-Time Fringe and Payroll taxes						
	45% x direct salary - This is the full-time CCCS fringe rate and covers payroll taxes, Workers' Compensation, retirement, and, if eligible, health insurance	\$15,120	\$88,931	\$155,418	\$259,469		
	Part-Time Fringe and Payroll taxes						
	25% x direct salary - This is the part-time CCCS fringe rate and covers payroll taxes, Workers' Compensation, and, if eligible, health insurance	\$88,574	\$91,081	\$68,578	\$248,233		
c	Travel						\$56,639
	Professional development conferences						
	For attendance at regional or national conferences relating to the health care workforce	\$10,000	\$10,000	\$10,000	\$30,000		
	Local Travel						
	515 miles per month for five Health Career Advisors for 18 months at \$.505 per mile; 200 miles per month for Initiative Director	\$808	\$9,014	\$16,817	\$26,639		
d	Equipment						\$0
e	Supplies						\$12,960
	\$40/month x 9 FTE staff - General office supplies for all staff; the CCCS will also provide in-kind office supplies to supplement usage	\$4,320	\$4,320	\$4,320	\$12,960		
f	Contractual						\$0
g	Construction						
h	Other						\$578,000
	Student Financial Assistance	\$138,333	\$138,333	\$138,333	\$415,000		
	415 scholarships at \$1,000 each - Funding for tuition assistance to nursing and allied health certificate and degree candidates						
	Emergency Student Funds	\$30,000	\$30,000	\$30,000	\$90,000		
	Non-tuition expenses for students to cover costs supplemental to the grant. Help student through crisis situation which would preclude them from continuing in college.						
	Test preparation system allows users to practice exam-style questions in the same manner that they will take their actual certification exam. Four 150-question tests contain questions across the major content areas found in state and national exams including: airway & breathing, cardiology, trauma, medical, obstetrics & pediatrics, and operations. Bridges to Health Careers grant has shown that EMT Achieve software has increased the EMT program completion rate by as much as 30%.	\$18,000					\$18,000

Connecticut Workforce Investment Strategies for Healthcare - Project Budget						
Schedule B - CCCS Budget						
		US DOL ETA Grant Funds				
	Description	Year 1*	Year 2	Year 3	Total	
	Key Train licenses (all CCCS less SOAR & HC)					
	License cost to provide Key Train to all CCCS students. Key Train is a computer-based system that includes targeted, self-paced instruction, pre-and post-assessment, and an occupational job profiles database that allows students to compare their profile scores with the scores required for different occupations.	\$37,000			\$37,000	
	TEAS Testing License					
	400 Students at \$45 total per student. TEAS will be used with individuals who express interest in Associate Degree level health education programs to determine whether they are ready to enter a college-level health career program.	\$6,000	\$6,000	\$6,000	\$18,000	
i	Total Direct Charges	\$736,052	\$939,629	\$1,049,153	\$2,724,833	
j	Indirect Charges					
k	TOTAL	\$736,052	\$939,629	\$1,049,153	\$2,724,833	
Note: All salaries contain a 3% salary escalator and totals may off by up to \$1 due to rounding						

Summary of Leveraged Resources				
	Connecticut Workforce Investment Strategies for Healthcare			
Partner Contributing Resources	Activities to be Implemented Utilizing Leveraged Resources	Federal Amount	Non-Federal Amount	Total Amount
CT Workforce Development Council	Tuition Assistance (190 WIB ITAs @ \$3,000/ITA (avg))	\$ 570,000		\$ 570,000
CT Workforce Development Council	2.5 FTE Case Managers (Grant funds will pay for half of case managers, CWDC will leverage other half of salary)	\$ 600,000		\$ 600,000
CT Workforce Development Council	On-site clinical certification match from CWDC	\$ 75,000		\$ 75,000
CT Workforce Development Council	CWDC will leverage the salary of the Health Career Advisors for the first 18 months of the grant	\$ 600,000		\$ 600,000
CT Workforce Development Council	50% of the Allied Health Program Director's time will be leveraged (\$58,988, \$60,808, \$62,332 in Years 1, 2, and 3). She will support the activities of the Initiative Director	\$ 67,608	\$ 114,820	\$ 182,428
Capital Workforce Partners	15% of CWP Allied Health Administrator's time (\$20,000, \$23,000, and \$26,500 in Years 1, 2, and 3) will be leveraged to support the Initiative	\$ 69,500		\$ 69,500
CT Workforce Development Council	In-kind support from statewide One-Stop Placement services as well as Key Train administrators at One-Stops	\$ 750,000		\$ 750,000
CT Workforce Development Council	In-kind support staff for Initiative Director - including data entry and other clerical tasks	\$ 78,000		\$ 78,000
Workforce Alliance	Workforce Alliance match to Basic Skills Workplace Education Model - \$130k this program year, and \$225k next program year in South Central Connecticut	\$ 355,000		\$ 355,000
CT Office for Workforce Competitiveness	Development and implementation of CNA to LPN Apprenticeship program		\$ 150,000	\$ 150,000
CT Department of Labor	Data Tracking to provide wage match	\$ 45,000		\$ 45,000
CT Community College System	In-kind senior and middle management support: Chief Academic Officer, 5% = \$7,500 Assistant Chancellor, 5% = \$7,500 Grants Administrator, 10% = \$9,800 IT Project Manager, (website) 5% = \$5,000 Banner Student Team, 5% of two team members = \$6,500 Senior Research Associate, 5% = \$3,000 Represent annual contributions plus 3% escalator		\$ 121,472	\$ 121,472
	First 4 months of CCCS Initiative Director's salary		\$ 16,600	\$ 16,600
	In-kind CCCS health program marketing		\$ 150,000	\$ 150,000
	Tuition assistance (112 Pell Grants per year at \$5,350 = \$599,200 per year) - These Pell grants will increase program enrollment and offset tuition costs for students who could not otherwise afford training	\$ 1,797,600		\$ 1,797,600

Summary of Leveraged Resources				
	Connecticut Workforce Investment Strategies for Healthcare			
Partner Contributing Resources	Activities to be Implemented Utilizing Leveraged Resources	Federal Amount	Non-Federal Amount	Total Amount
Higher Education Health and Education Initiative grant program	Development of nursing simulation		\$ 100,000	\$ 100,000
Employers participating in Workplace Education programs	Average of employer 50% match for participating employers		\$ 200,000	\$ 200,000
Employers participating in Onsite clinical certifications	Average of employer 50% match for participating employers		\$ 25,000	\$ 25,000
1199 Training and Upgrading Fund	The Fund will provide tuition reimbursement benefits to incumbent nursing home workers during each semester.		\$ 200,000	\$ 200,000
<b>TOTAL LEVERAGE</b>		<b>\$ 5,007,708</b>	<b>\$ 1,077,892</b>	<b>\$ 6,085,600</b>

Note: All salaries contain a 3% salary escalator and totals may off by up to \$1 due to rounding

### Summary of Administrative Expenses

Note: This schedule is a pullout from overall budget and WIB and CCCS schedules in order to demonstrate total administrative request. These are not additional costs

Connecticut Workforce Investment Strategies for Healthcare						
Partner Requiring Administrative Expenses	Position Title	Budget Narrative	Year 1 Amount	Year 2 Amount	Year 3 Amount	Total Amount
CT Office for Workforce Competitiveness	Accountability / Reporting Officer	.333 FTE @ \$80,416/yr - Maintains project finances; completes all required financial reports - See Attachment C for a complete position description	\$ 26,779	\$ 27,582	\$ 28,409	\$ 82,770
Connecticut Workforce Development Council	Financial Assistant	Administrative Function - 0.5 FTE @ \$52,668/yr - Maintains project finances; completes all required financial reports - See Attachment C for a complete position description	\$ 26,334	\$ 27,124	\$ 27,938	\$ 81,395
Connecticut Community College System	Financial Assistant	Administrative Function - 0.25 FTE @ \$51,000/yr - Maintains project finances; completes all required financial reports - See Attachment C for a complete position description	\$ 12,750	\$ 13,133	\$ 13,526	\$ 39,409
Connecticut Community College System	Project Assistant	Administrative Function - Provides administrative and compliance support to the Initiative Director and system office leadership. Obtains individual college-level data and formats it for transmittal to OWC - See Attachment C for a complete position description	\$ 19,125	\$ 19,698	\$ 20,289	\$ 59,112
All	All	Associated Fringe Costs with these positions	\$ 31,539	\$ 32,485	\$ 33,459	\$ 97,483
<b>TOTAL Administrative Costs</b>						<b>360,169</b>
Percent of Total Budget						7.2%

Note: All salaries contain a 3% salary escalator and totals may off by up to \$1 due to rounding



# SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

OMB No. 1890-0014 Exp. 02/28/09

**Purpose:** The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

**Instructions for Submitting the Survey:** If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

**Applicant's (Organization) Name:** Connecticut Office for Workforce Competitiveness

**Applicant's DUNS Number:** 831387431

**Federal Program:** American Recovery and Reinvestment Act of 2009; Health Care Sector and Other High Growth and Emerging Industries

**CFDA Number:** 17.275

1. Has the applicant ever received a grant or contract from the Federal government?

☐ Yes

☒ No

2. Is the applicant a faith-based organization?

☐ Yes

☒ No

3. Is the applicant a secular organization?

☒ Yes

☐ No

4. Does the applicant have 501(c)(3) status?

☐ Yes

☒ No

5. Is the applicant a local affiliate of a national organization?

☐ Yes

☒ No

6. How many full-time equivalent employees does the applicant have? *(Check only one box).*

☐ 3 or Fewer

☐ 15-50

☒ 4-5

☐ 51-100

☐ 6-14

☐ over 100

7. What is the size of the applicant's annual budget?  
*(Check only one box.)*

☐ Less Than \$150,000

☐ \$150,000 - \$299,999

☐ \$300,000 - \$499,999

☐ \$500,000 - \$999,999

☐ \$1,000,000 - \$4,999,999

☒ \$5,000,000 or more

## **Part II – Technical Proposal**

**1. STATEMENT OF NEED.** Connecticut Workforce Investment Strategies for Healthcare (WISH) Initiative covers the *entire state of Connecticut*.<sup>1</sup> [See Appendix for map of WISH area.] WISH Initiative investments *accelerate movement through and retention in* the healthcare talent development pipeline to benefit *unemployed, underemployed, dislocated, disabled, veteran, and incumbent workers* interested in advancing their skills and careers in healthcare occupations with documented skill shortages or identified as high growth opportunities.

Of the 3.5 million residents of Connecticut, 84.3% are white; 10.3% African American; and 12.0% Hispanic or Latino. Of residents over age twenty five, 84% graduated from high school (v. 80.4% nationally) and 31.4% hold bachelor degrees (v. 24.4%). 9.3% of adults and 12.5% of children live below poverty – with change in urban child poverty rates leading the nation and reaching 46% in Hartford.<sup>2</sup> Low-wage workers suffered decreases in real wages, earning 7.5% less in 2008 than in 2001.<sup>3</sup> *WISH targets Connecticut's urban centers that experience unemployment rates above the statewide (8.1%) and national (9.4%) rates (e.g., Hartford, 13.9%; Waterbury, 12.7%) as well as economically depressed rural areas.* Unemployment rates are 2.5 times higher for African American and Latinos. WISH will increase access to affordable programs and supports for disadvantaged workers.

**Table 1** shows Connecticut leads a nine-state region for percent change (-4.2%) in lost jobs.

**Table 1. Comparative Non-farm Employment Data** [Source: USDOL]

Area	Seasonally adjusted (000s)		Change		Jul 09
	Aug 09	Aug 08	No	%	
Connecticut	1,630.3	1,701.1	-70.8	-4.2	1,634.0
Rhode Island	461.9	481.1	-19.2	-4.0	464.3
Vermont	294.5	306.5	-12.0	-3.9	294.6
Maine	594.9	616.8	-21.9	-3.6	596.9
Pennsylvania	5,617.5	5,809.0	-191.5	-3.3	5,626.3
Massachusetts	3,185.9	3,291.6	-105.7	-3.2	3,186.3
New Jersey	3,930.5	4,051.1	-120.6	-3.0	3,929.7
New Hampshire	628.8	647.2	-18.4	-2.8	628.4
New York	8,645.4	8,833.8	-188.4	-2.1	8,649.2
<b>United States</b>	<b>131,223.0</b>	<b>137,053.0</b>	<b>-5,830.0</b>	<b>-4.3</b>	<b>131,439.0</b>

<sup>1</sup> The project area does not include any communities affected by automotive-related restructuring.

<sup>2</sup> American Community Survey 2009; CT Voices for Children, 2009; US Census 2000 & 2008 updates; Bloomberg, 2009.

<sup>3</sup> Connecticut Voices Report, September 2009.

**Table 2** shows that significant job losses occurred in core industry sectors of Connecticut's economy<sup>4</sup> while the education and health sector continued to grow during the recession.

**Table 2. Connecticut Employment by Industry Sector (selected sectors only)**

Area	Seasonally adjusted (000s)		Change		Jul 09
	Aug 09	Aug 08	No	%	
Total Non-farm Employment	1,630.3	1,701.1	-70.8	-4.2	1,634.0
Construction	0.7	0.8	-0.1	-12.5	0.7
Manufacturing	172.0	187.4	-15.4	-8.2	172.1
Professional & Business Services	189.0	205.0	-16.0	-7.8	189.5
Trade, Transportation, Utilities	297.0	310.9	-13.9	-4.5	297.4
Education and Health	302.3	298.0	4.3	1.4	299.8

Source: Connecticut Department of Labor

Numerous federal and state studies document Connecticut's current and impending shortage of healthcare workers. For example, "Connecticut Hospitals experience a 6.6% vacancy rate in staff nursing positions...the State still finds itself in a deficit position which the current graduate numbers can not alleviate...expectations for the current annual need will average about 1,100 per year through 2016."<sup>5</sup> Similarly, "several healthcare occupations appear misaligned with the number of graduates produced in 2008...an undersupply of emergency medical technicians and paramedics as well as surgical technologist...shortage of graduates in physical therapy assistants."<sup>6</sup> Industry partners report significant workforce shortages and skills gaps in *nursing, physical therapy assistant, surgical technician, diagnostic sonography, emergency medical technician, and pharmacy technician*. Connecticut ranks as 7th oldest state in the nation whose population of 65 and over is projected to grow by 64% by 2030. **Table 3** (page 3) shows Connecticut's occupational level healthcare growth projections.

In 2004, the Connecticut legislature enacted Public Act 04-220 to establish the *Allied Health Workforce Policy Board* (AHWPB) to more closely track health workforce issues.<sup>7</sup> The AHWPB

<sup>4</sup> Examples of dislocation events (500+ employees) include: Pratt and Whitney; Foxwoods Resorts; and ATT.

<sup>5</sup> Nursing and Allied Health Faculty Staffing Plan published in 2007 by the Allied Health Policy Workforce Board.

<sup>6</sup> Alignment of Postsecondary Education and Employment by the Program Review and Investigations Committee of the CT General Assembly.

<sup>7</sup> The board consists of the Education, Higher Education, and Public Health commissioners; the chairpersons and ranking members of the Public Health and Higher Education and Employment Advancement committees or their designees; a representative of the Connecticut State Board of Examiners for Nursing, appointed by the board; and one member each appointed by the House speaker, Senate president pro tempore, and House, and Senate minority leaders.

operates under the

aegis of the

Governor's Office

for Workforce

Competitiveness

(OWC) and

convenes a diverse

group of partners to:

a) monitor data and

trends; b) identify recruitment and retention strategies for public and independent institutions of

higher education; c) develop recommendations for promoting diversity; d) develop

recommendations regarding financial and other assistance; and e) identify recruitment and retention

strategies for allied health employers.

**Table 3. Connecticut Health Care Occupations with Highest # of Annual Job Openings, 2006-2016**

Occupation	Total Openings	% Change
Registered Nurses	1,114	17.4%
Nursing Aides, Orderlies, and Attendants	513	11.9%
Home Care Aides	364	25.4%
Licensed Practical/Licensed Vocational Nurses	324	13.1%
Medical Assistants	215	30.7%
Pharmacy Technicians	171	28.8%
Dental Hygienists	123	19.9%
Physical Therapists	98	18.1%
Radiologic Technologists and Technicians	84	14.8%
Emergency Medical Technicians / Paramedics	67	12.5%
Medical Records & Information Technicians	61	12.1%
Medical and Clinical Laboratory Technologists	57	11.2%

Source: Connecticut Department of Labor, 2006

This year, the AHWPB established an *ARRA Health Sector Work Group* and developed this application to improve the performance of Connecticut's education and training systems in response to persistent and projected workforce shortages in healthcare. The Work Group used five design criteria based on past work of the AHWPB: 1) advance existing strategies and recommendations related to Connecticut's healthcare workforce; 2) systematically replicate and expand proven education and training models; 3) invest grant funds in a manner that will produce short-term outcomes, build system capacity, and leverage prior investments by other state agencies (e.g., Higher Education, Public Health, OWC); 4) promote a higher level of synergy, system culture change, and integration between the Connecticut Community College System (CCCS) and the Workforce Investment Boards (WIBs); and 5) create opportunities to deepen partnerships with employers and other stakeholders (e.g., independent colleges, post-secondary proprietary educational institutions).

Work Group members identified specific strategies to address the following participant and system barriers or limitations that slow movement through or affect retention in lower and middle sections of the healthcare talent pipeline:<sup>8</sup> a) *Limited work-based learning opportunities and increasingly limited financial resources* for entry-level and incumbent workers with limited basic skills who express motivation to advance in healthcare pathways; b) *Uneven information and lack of standardized career interest and academic assessment processes* for unemployed and dislocated workers with particular interest in health careers; c) *Low retention and program completion rates* in critical certificate and degree programs for target occupations. Factors influencing retention and completion relate to limitations in *financial resources*; low levels of available *non-academic support* to help non-traditional and low-income students manage simultaneous school and family matters; uneven levels of *academic supports* (e.g., *advising, mentoring, tutoring*) and *career advising*; and d) *Limited technology-based innovations* to support work-based learning models as well as prepare students for healthcare jobs that require more technology-related competencies. Cumulatively, these problems limit or prevent movement along the talent pipeline, particularly at the front end (i.e., initial careers).

**2. PROJECT MANAGEMENT.** Connecticut's *Office for Workforce Competitiveness (OWC)* will serve as the Initiative's lead and fiscal agent. OWC, created in 1999 by a Governor's Executive Order and codified in statute in 2000 (CGS 4-124w): 1) serves as the Governor's principal workforce development policy advisor; 2) serves as liaison between the Governor and local, state or federal organizations and entities with respect to workforce development matters; and 3) coordinates the workforce development activities of all state agencies. The Governor appointed a Principal Workforce Development Policy Advisor at OWC who reports directly to the Governor.

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<sup>8</sup> Examples of strategies not included in the WISH Initiative ranged from scholarships for four-year programs (other federal scholarships funds will be released in January 2010 and four-year degrees do not align well with three year outcomes) to actions that address faculty shortages over the long-term.

The *Connecticut Allied Health Workforce Policy Board (AHWPB)*, established in 2004 by Public Act 04-220, operates under the aegis of OWC. (See AHWPB description on pages 2-3.) The AHWPB will meet quarterly as the Initiative's advising body. Over the past four years, OWC and the AHWPB convened major healthcare partners to identify workforce shortages and training needs and to improve statewide systems and outcomes, and have issued annual reports to the state legislature recommending changes in policy and practice.

In 2004, OWC began to secure, manage, and provide oversight for grants.<sup>9</sup> OWC operates as a state agency and adheres to fiscal controls and standards as well as ethical guidelines established by the State of Connecticut. OWC will subcontract day-to-day project management to Dr. Alice

Pritchard of the Connecticut

Women's Education and Legal

Fund (CWEALF). The project

management model represents a

logical extension of Dr.

Pritchard's existing relationship

with OWC, and as the

coordinator of the AHWPB.

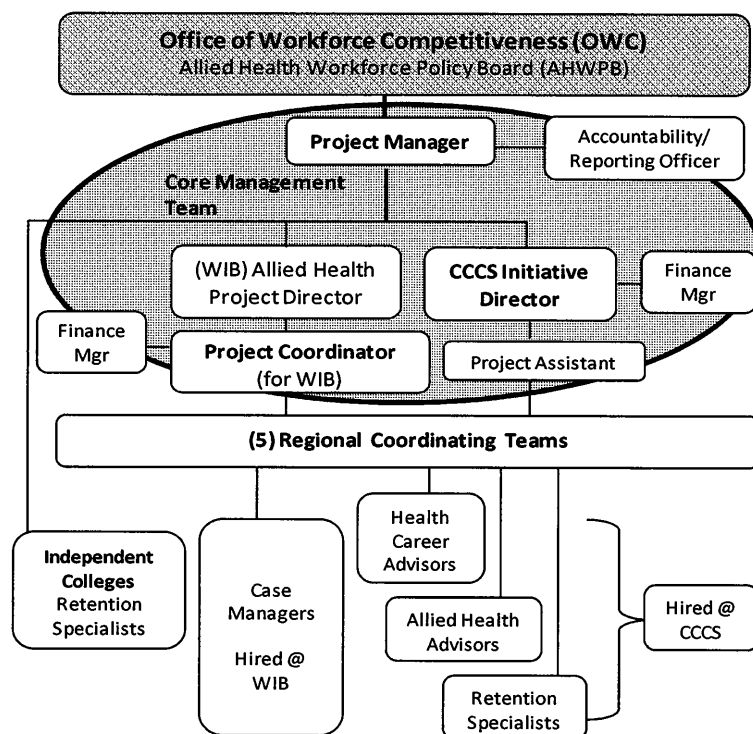
CWEALF, on behalf of OWC,

administers Connecticut's

Career Ladders and Higher

Education Health and Education Initiatives, and provides technical assistance to other federal grants

such as the Connecticut STEM Partnership and other Community Based Job Training (CBJT) grants



<sup>9</sup> Examples include a five-year Career Ladder Grant (\$500,000 per year focused on health care and early childhood education); a seven-year Career Choices program to engage high school students in curricula that stimulate interest and develop science, technology, engineering, and math skills (\$800,000/yr); and the health Education Initiative with \$1.3 million allocated to date for projects addressing the healthcare pipeline.

awarded to the Connecticut Community College System (CCCS). An existing OWC staff member will serve as the Accountability/ Reporting Officer (financial, outcomes reporting). The organizational approach limits administrative costs while leveraging the infrastructure and experience of education and workforce experts to support WISH implementation.

*The WISH Core Management Team* will include the Project Manager; the OWC Accountability/Reporting Officer; the WISH Initiative Directors and Coordinators from the WIBs and the CCCS; and their Finance Managers. The Core Management Team will meet monthly to review all aspects of program planning and implementation, including finances. The Governor's Principal Workforce Policy Advisor will participate in meetings. Five *Regional Coordinating Teams* will include representatives of the Core Management Team, all project staff in that region (e.g., Health Career Advisors, Case Managers), and partners. Regional partners will review quarterly Individual Training Accounts (ITAs) and scholarship distributions; partnership vitality; and actual v. planned performance. This management structure creates accountability and synergy with two system partners (CCCS and WIBs) who will receive significant WISH funds, and will produce immediate traction for implementation.

*Capital Workforce Partners* (CWP) will function as the lead agency for the five WIBs. CWP demonstrates a solid track record for: fiscal accountability; procurement transparency; accurate collection and reporting of program and performance data; effective contracting with and monitoring of service providers; establishment and maintenance of strong collaborative partnerships with a wide array of organizations; and, most important, achievement of outcomes. In March 2009, USDOL program monitors recognized CWP's CNA Advancement Initiative partnership for the formation of a comprehensive and transparent partnership with the community colleges, employers, and area organizations. CWP will rely on the leadership of Elizabeth Begley (RN, BSN, CHPCN) current Allied Health Project Director. A financial manager will maintain fiscal controls.



*The Connecticut Community College System (CCCS)* includes 12 campuses, five of which have nursing programs and all of which offer high demand allied health training specialties relevant to WISH. A CCCS Initiative Director, Debora Presbie, will participate on the Core Management Team and coordinate work across community colleges. The CCCS System Office will use an existing management structure and accountability protocols developed under four (4) prior USDOL CBJT grants. In 2008, USDOL program monitors recognized as a national best practice the CCCS and WIBs Health Career Advisor model (see page 10). A financial manager will maintain fiscal controls. [Refer to Appendix C for biographies.]

**3. STRATEGY AND WORK PLAN.** The sidebar shows WISH target occupations. **Figure 1** (page 8) shows how AHWPB strategies

translate into the four (4) activities

highlighted in the grant guidelines. **Figure 2**

illustrates the changes in pipeline capacity as

a result of better “managing the talent development pipeline.” Rather than “adding new seats” with temporary stimulus funding, *WISH*

*investments more effectively recruit, assess*

*and place students and workers in the*

*pipeline; provide academic and financial*

*supports to accelerate the pace through the*

*pipeline, and provide non-academic and*

*financial supports to promote retention and completion.*

**Target Occupations**

Registered Nurse	Physical Therapist Asst
Certified Nursing Asst	Surgical Tech
Licensed Pract Nurse	Diag Sonographer
Emergency Med Tech	Patient Care Assoc
Pharmacy Tech	Medical Assistant
Paramedic	

**Figure 2. Changing the Curve of Pipeline Production**

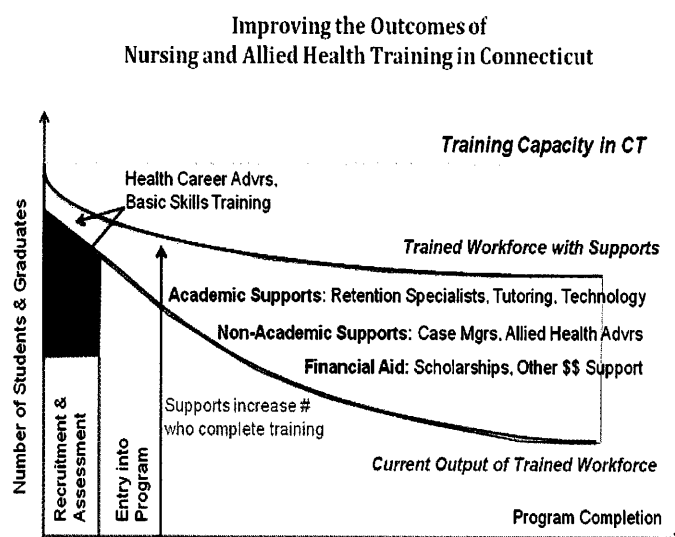
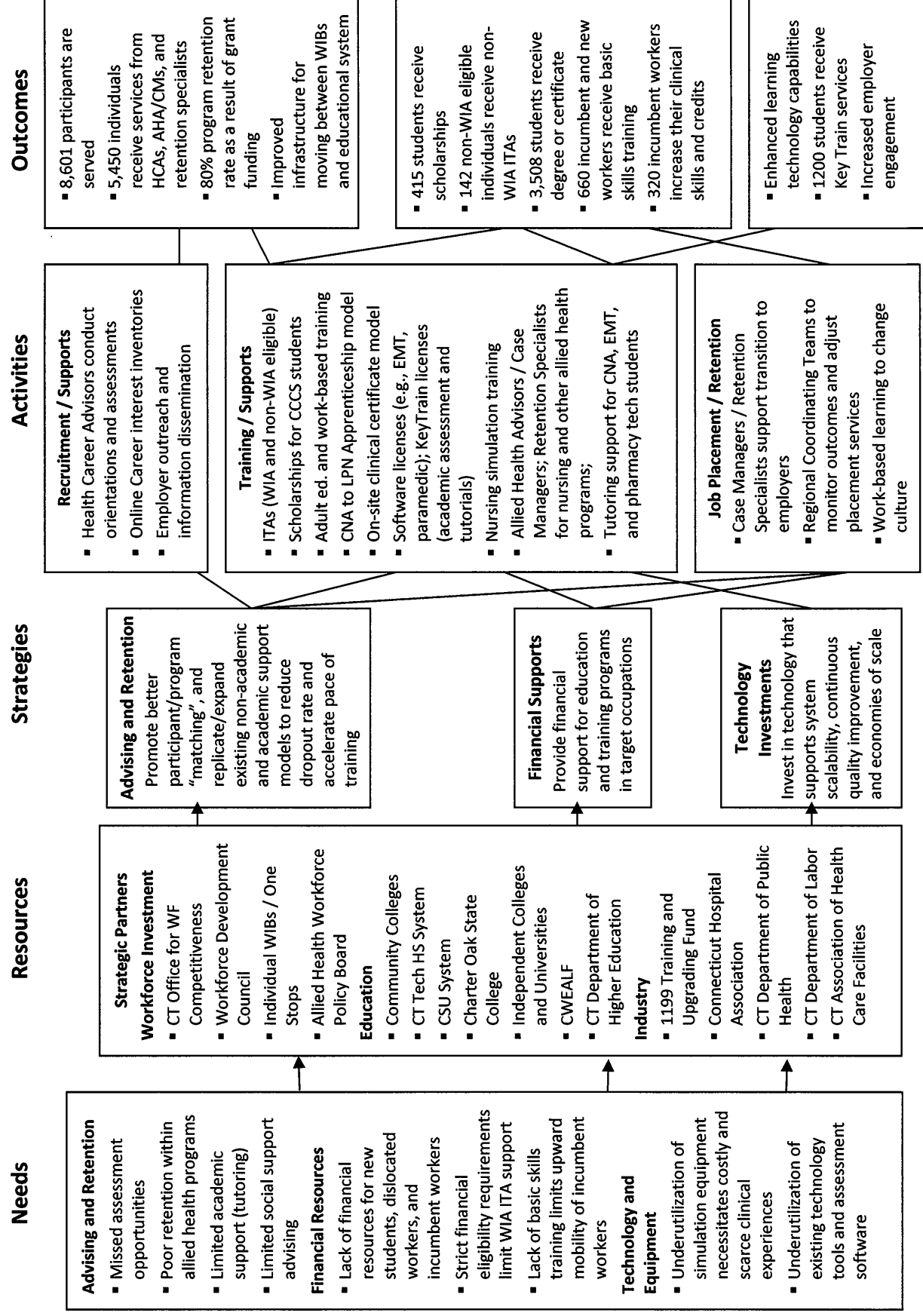


Figure 1. Logic Model for the WISH Initiative



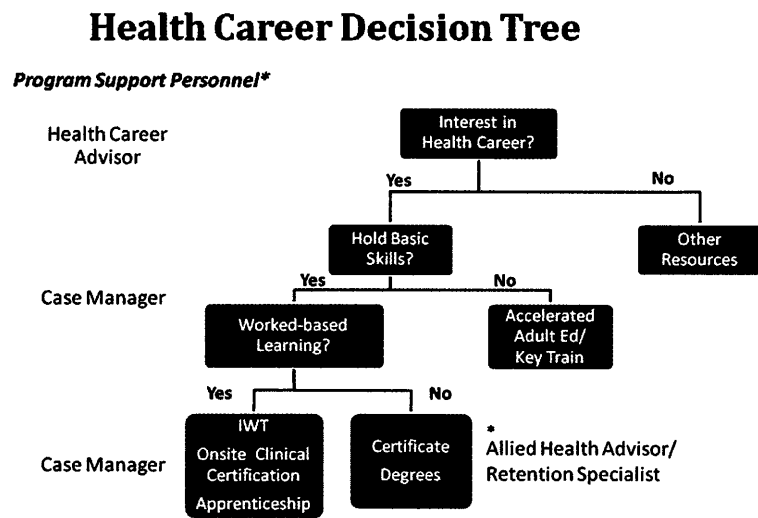
**Figure 3** depicts graphically how the Work Group analyzed the system from the perspective of the participant (worker and student) facing a challenging journey through multiple settings (e.g., community, school, work). WISH replicates and expands proven CCCS and WIB models to support advancement across all stages of the education/training process. WISH coordinates more closely the community college and workforce investment

systems, the two systems most likely to serve the target population and communities, and employs model programs to reduce participant and system barriers (page 4). The core

management team structure reinforces the importance of system coordination (see page 6).

**Recruitment, Assessment & Career Advising.** WISH will systematically replicate and expand a proven *Health Career Advisor (HCA)* model developed jointly by the CCCS and the WIBs.<sup>10</sup> Five HCAs will deliver health career orientations, basic skills and career assessment, career advising, and One Stop resource connections to nearly 9,000 members of the target populations (e.g., unemployed, incumbent workers). WISH will extend HCA services from community college campuses and One Stop Centers statewide to include new partner settings such as technical high school adult health care programs, post-secondary proprietary educational institutions, and public and private four-year colleges. The HCA creates a common access point for students and workers; improves quality of information and customer service; and facilitates timely and appropriate entry

**Figure 3. Participant Flow Diagram**



<sup>10</sup> Through the CCCS USDOL Community Based Job Training grant that will end 12/31/09, HCAs conducted 240 orientation workshops for 2,786 participants.

into a diverse array of pipeline programs described in the next section. Assessment tools will include the Test for Essential Academic Skills (TEAS) designed to measure academic readiness which correlates well with Associate Degree programs as well as the Health Occupations Basic Entrance Test (HOBET). The CCCS and WIBs will coordinate information campaigns to increase awareness of health sector employers/industry associations of available WISH Initiative resources. The HCAs will increase the awareness of other existing (and publicly funded) services provided through the One Stop and being advanced by other statewide initiatives (e.g., Connecticut STEM Partnership Virtual STEM Center).

**Education, Training & Program Retention.** 5,607 participants will enter education and training activities, of whom 4,473 will complete activities, and 3,512 will receive an associate degree or certificate. WISH will fund \$970,000 of scholarships and ITAs for 557 participants and leverage more than \$2.6 million in other funding (e.g., Pell grants, incumbent worker funds, employer contributions, participant self-pay). Program participants will receive assistance in applying for scholarships and/or other services. The Work Group programmed a subset of WISH funds to support emergency financial situations (affecting participation or completion) and to support non-WIA eligible participants, allowing a previously underserved group to access training. The training funds will support participation in model programs: a) *Certificate and degree programs* in selected health occupations offered by the CCCS<sup>11</sup> using retention models developed with other USDOL Employment and Training Administration Community Based Job Training (CBJT) grants; b) *Accelerated nursing programs* offered by independent two-year colleges and on occasion support for completion of four-year degree programs (e.g., student lacking a few credits); c) *Accelerated basic skills remediation programs* offered at work sites and traditional education settings to better prepare motivated workers to succeed in training programs. Work-based learning models use proven

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<sup>11</sup> ITAs may provide access to certificate programs available through other partners (e.g., post-secondary proprietary educational institutions; technical high schools; independent colleges; and employers).

approaches developed by WIBs with USDOL and national foundation funds; d) *On-site clinical certificate program for incumbent workers* represents a model work-based learning program that integrates college classes and on-the-job training in clinical settings; e) *A work-based CNA to LPN apprenticeship program* developed by WIBs and employers to improve the skills and competencies of incumbent workers and to support changes in workplace culture.<sup>12</sup> The program will be developed with leveraged funds from the Career Ladder Initiative; and e) *Online training platforms* (at all community colleges). Key Train®<sup>13</sup> plays a significant role for participants by supporting the development of college-level academic skills within a flexible learning environment. EMT Achieve® software, proven to increase program retention by 30% will be provided to 600 EMT and paramedic students. WIBs will continue to make available on-line learning platforms (e.g., Metrix®, SkillsSoft®). Participants can access refresher courses for licensed practical nurses and registered nurses offered by Charter Oak State College to prepare workers to re-enter the field. [See Appendix for model programs.]

WISH funds will support *Allied Health Advisors (AHAs)* at three select community colleges and *Case Managers* at all five WIBs. AHAs (school settings) and Case Managers (work settings) will facilitate access financial and individual supports to increase completion for participants enrolled in a health career training or educational program. The approach systematically replicates and expands a model developed by the CCCS<sup>14</sup> and work-based supports developed by the WIBs – extending the

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<sup>12</sup> Training is delivered at the workplace at no cost to individual participants, in two-hour sessions during the last hour of one shift and the first hour of the next shift to maximize worker participation and minimize disruption to staffing patterns. Employers will: a) contribute half the total cost of contracted training delivered to their CNAs; b) provide one hour of paid time for each hour their employees participate in training; c) supply space for on-site courses; and d) consider wage increases for CNAs earning advanced credentials.

<sup>13</sup> Key Train, a web-based comprehensive learning system improves basic skills required by most jobs. Skill areas include reading for information, applied mathematics, locating information, applied technology, listening, observation, teamwork and writing. Key Train provides career information resources and tools for job placement.

<sup>14</sup> WISH creates an opportunity to continue/expand/bring to scale proven best practices which have been demonstrated with the federally funded Career Pathways Initiative in Nursing and Allied Health, and the Bridges to Health Careers Initiative. All projects demonstrated successful retention strategies and have improved completion rates in short-term and associate degree health programs.

model to include non-WIA eligible participants. WISH non-academic and academic supports will increase the return on investment of finite public and private financial resources to support education and training. For example, the New England Health Care Employee Union, District 1199 Training and Upgrading Fund will use HCAs and Case Managers to connect members receiving tuition reimbursement to WISH student non-academic and academic support services. Similarly, associate degree seeking nursing students who are not succeeding and might otherwise drop out will be targeted by the Nursing Retention Specialist for a reverse articulation to the LPN programs, effectively re-purposing their nursing education. Finally, WISH will leverage Higher Education Health and Education Initiative funds to develop *nursing simulation instructional tools* that enhance students' experiential learning and produce a more dynamic learning environment while increasing student effectiveness prior to costly clinical placements. The model creates benefits for and synergy among and between institutions of higher education and employers (e.g., content development; professional development for staff) and improves workers' readiness for employment.

WISH will fund *program retention specialists* in targeted health career certificate and degree programs in the CCCS and accelerated degree programs at Goodwin and St. Vincent's Colleges.<sup>15</sup> The model integrates case-management style social support advising with developmental education, building on lessons learned through programs such as Achieving the Dream, Career Pathways, and Bridges to Health Careers. These programs demonstrate the value of non-academic support in promoting the academic success of many non-traditional and/or minority students, and increased retention rates by more than 20%. Retention specialists will: a) identify at-risk students, and provide embedded, individual and small group tutoring to WISH students; b) provide academic support (course-specific tutoring, clinical skills remediation and practice, and test review) and non-academic supports that focus on time and stress management, study, test-taking and organizational skills, and

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<sup>15</sup> The areas include but are not limited to: nursing, physical therapy assistant, surgical technician, diagnostic sonography, among others.

the management of family/interpersonal/personal barriers during the demands of an allied health or nursing program; and c) provide direct services and referrals to other community resources.

**Job Placement.** 2,512 WISH participants will enter unsubsidized employment. The CCCS, WIBs and the One Stop Career Center Business Services will use the WISH platforms to expand existing relationships with healthcare employers. The AHWPB convenes industry, WIB, and profession-related partners (e.g., Connecticut Hospital Association, unions) to assess workforce needs, placement processes, supports required to retain workers in their jobs, and create openings that can be “back filled” by students emerging from the training pipeline. Specific employers will connect with the community colleges and One-Stops through the Connecticut Hospital Association, the Connecticut Association of Health Care Facilities, and District 1199 Training and Upgrading Fund. *Regional Coordinating Teams* established for the express purpose of advancing local partnerships and increasing employer engagement will reinforce coordinated approaches to employers for curriculum design, clinical placement and job placement.

**Job Retention.** WISH sets an 80% retention benchmark for 6-month job retention. Relationships developed through the AHWPB and grant planning processes ensure a seamless transition to employment, as well as supports to promote job retention. Individual employers and employer associations will engage Regional Coordinating Teams to identify barriers to retention. Case Managers will interface directly with employers and workers enrolled in WISH services. The model builds on proven successes established in long-term care facilities through the CNA Advancement Initiative, a USDOL initiative administered by Capital Workforce Partners. WISH retention specialists (school) and Case Managers (work) will support the training and retention portions of the initiative, providing in-program support as well as links to industry employers. *Regional Coordinating Teams* will monitor job placement and retention processes and outcomes to support participant and project success.

Table 4 provides a crosswalk of responsibilities by core partner. The subsequent paragraphs describe partners in more detail. [See also Appendix for Memorandum of Agreement.]

**Table 4. Crosswalk of Responsibilities by Core Initiative Partner**

	Lead & Fiscal Agent	Grant Mgmt Responsibilities	Hire Project Staff	Recruitment for Training / Education Programs	Basic and Skills Training	Technology Tools	Manage Scholarships	Degree/ Certificate Programs	Facilitate Employment	Participate in AHWPB	Regional Team Member	Core Management Team	Articulation & Academic Linkages	Research, Data	Leverage Resources
OWC	●	●	●							●		●		●	●
CWEALF		●								●	●	●		●	
CCCS		●	●	●	●	●	●	●	●	●	●	●	●	●	●
WIBs		●	●	●	●	●	●	●	●	●	●	●		●	●
CT Hospital Assoc				●					●	●				●	●
1199 Training Fund				●	●		●		●	●					●
CT Dept of Higher Ed						●				●			●	●	●
CT Technical HS System				●	●			●	●	●	●		●		●
CT DPH										●				●	●
CT Dept of Labor				●	●	●			●	●	●			●	●
CT Conf of Ind Colleges						●		●	●	●	●		●		●
Charter Oak State College					●	●		●		●	●		●		●
CT Assoc of HC Facilities				●					●	●					

*Connecticut Community Colleges (CCCS)* will: a) replicate a management structure (including industry advisory consortia) used in four other system-wide capacity building efforts (e.g., health, energy and manufacturing); b) implement program components designed to increase retention and completion rates for students with multiple barriers to success; and c) offer scholarships to students ineligible for Pell grants and/or financial support to those who require emergency assistance.

*Workforce Investment Boards (WIBs)* will: offer case management, workplace-based training, and supports; provide 142 non-WIA individual training accounts (ITAs) to non-WIA eligible individuals; and will leverage from their WIA resources \$570,000 in ITA money as tuition assistance for 142 WIA eligible program participants.

*Hospitals and Healthcare Employers* – Private sector employers are represented in WISH by the *Connecticut Hospital Association (CHA)*, the *Connecticut Association of Health Care Facilities (CAHCF)*; and



*the New England Health Care Employees Union, District 1199 Training and Upgrading Fund.* CHA, representing 140 members, will continue participation on the AHWPB, will disseminate information to employers, will promote and recruit workers in response to professional development (e.g., nursing simulation) and training opportunities, and will facilitate leveraging of private sector funding, among others. The CAHCF, the state's largest non-profit member association, represents profit and not-for-profit health care facilities (e.g., long-term, subacute, rehabilitative and assisted living) serving 14,000 Connecticut citizens and allied health-care-related businesses and organizations. CAHCF will in collaboration with the WIBs and CCCs, will provide links to employers for job placement, promote employee training opportunities, assist in the replication of work-based learning models in facilities statewide, and support recruitment into the health care pipeline. The District 1199 Training Fund: a) provides educational opportunities for District 1199 members from 55 Connecticut nursing homes; b) provides tuition reimbursement for members attending most college or training programs; and c) will develop with the WIBs and CCCS appropriate pathways to upgrade the skills of the workforce and to leverage private sector funds.

*Connecticut State University System, independent colleges and universities* – A stronger front-end of the pipeline will benefit all partners. Health Career Advisors will expand their services to promote four-year degrees and serve students where appropriate. Educational partners credentialing bachelor's and master's level nursing students will experience stronger candidates entering their programs because of these federal investments. Existing articulation and reverse articulation agreements will improve linkages across the pipeline, and increase effective application of academic and non-academic supports.

**Table 5** outlines the primary implementation activities associated with the WISH Work Plan.

Table 5. The Connecticut WISH Initiative Work Plan

Period / Activity	Start Date	End Date	Partners	Key tasks	Target Dates and Outcomes	Budget
<b>Startup</b>						Sal+ fringe
Contract with CWEALF for Project Management	1/1/2010	12/31/2012	CT OWC	<ul style="list-style-type: none"> <li>Oversight of grant; work with A/R Officer</li> <li>Facilitate AHWPB &amp; Core Mgmt Team</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> <li>AHWPB-quarterly</li> <li>Core Mgmt-monthly</li> </ul>	\$ 126,000
Assign Accountability / Reporting Officer (A/R Officer)	1/15/2010	12/31/2012	CT OWC	Initiate A/R Officer in job	Start 1 <sup>st</sup> Q '10; prepares ongoing info for project teams & USDOL	\$ 132,018
Hire WIB and CCCS Management & Administrative Staff (Attachment B: job descriptions)	1/15/2010	12/31/2012	WIBs, CCCS	Post jobs, interview, hire OR review existing staff responsibilities. Initiate new hires	Start 1 <sup>st</sup> Q 2010 Coordinate project activities Manage project finances	\$ 376,842
Transition Health Career Advisors (HCAs) to current grant	7/1/2011	12/31/2012	CCCS	Revise responsibilities as needed	Ongoing; advise 2,500 about Health Careers	\$ 636,000
Expand Allied Health Advisors & program retention specialists	1/15/2010	12/31/2012	CCCS St. V's, GC	Revise responsibilities & hire additional staff as needed	Ongoing; advise 900 students	\$ 226,254 \$ 576,762
Expand Case Managers	1/15/2010	12/31/2012	WIBs	Revise responsibilities & hire additional staff as needed	Ongoing; advise 750 students	\$ 600,000
Hire tutors for targeted programs & tutors for <i>KeyTrain</i>	2/1/2010	12/31/2012	CCCS	Post job, interview, hire Initiate new hires	<ul style="list-style-type: none"> <li>Provide 300 tutoring</li> <li>Assist 1,200 students</li> </ul>	\$ 75,000 \$ 240,000
Establish meetings of Regional Coordinating Teams	4/1/2010	12/31/2012	CWEALF WIBs, CCCS	Coordinate activities & maximize resources; assess and share lessons learned	Quarterly meetings; maximize use of regional resources	In-kind
<b>Recruitment</b>						
Dedicated Health Career Advisors deployed at One Stop Centers	2/1/2010	12/31/2012	CCCS	Provide workshops & info Advise individual clients	Ongoing. Provide 250 workshops, do assessments	See above for HCA \$\$\$
On-site assessments through <i>CTWork</i> One-Stop System	2/1/2010	12/31/2012	WIBs	Carry out career & skill assessments (TEAS, HOBET)	Ongoing; students receive support services & make informed program choices	In-kind & HCA \$\$\$
Statewide Allied Health marketing materials prepared and distributed	6/1/2010	12/31/2012	CCCS	Materials and marketing plan prepared; info distributed	Ongoing; info available for prospective students	\$ 500,000 leveraged
HCAs expand service to technical high schools, independent colleges, and 4-year schools	9/1/2010	12/31/2012	CCCS	Provide workshops and information	75 workshops held	See above HCA \$\$\$ (\$ 636,000)

Period / Activity		Start Date	End Date	Partners	Key tasks	Target Dates and Outcomes	Budget
<b>Training/Education (including Program Retention Strategies)</b>							
KeyTrain rolled out @all colleges		2/1/2010	12/31/2010	CCCS	Colleges prepared to offer students KeyTrain services	All colleges operating KeyTrain by 12/2010	\$ 37,000
AHAs provide academic & non-academic support to students in targeted programs		3/1/2010	12/31/2012	CCCS	Coach & support students through academic programs; assist in job placement	Ongoing; 900 students	(\$ 226,254)
Case Managers provide counseling services to WIA & non-WIA eligible individuals at One-Stops		4/1/2010	12/31/2012	WIBs	Work w/clients to identify career goals & help obtain needed resources; monitor	Ongoing; 750 students	(\$ 600,000)
Deploy 415 scholarships		6/1/2010	12/31/2012	CCCS	Reach 415 students	Ongoing; students increase likelihood of completing program	\$ 415,000
Deploy 142 ITAs		6/1/2010	12/31/2012	WIBs	Reach 142 Students		\$ 570,000
Tutors work with students in CNA, EMT, and Pharmacy Tech programs		4/1/2010	12/31/2012	CCCS	Provide course specific tutoring to ensure successful completion of courses	Ongoing; students complete program of studies	(\$ 75,000)
Program retention specialists identify at-risk students		4/1/2010	12/31/2012	CCCS	Work with teaching staff to identify needy students	Ongoing; Up to 1,500 students identified	(\$ 576,762)
Program retention specialists work with targeted students to provide academic & non-academic supports		4/1/2010	12/31/2012	CCCS, St. V's, GC	Provide or obtain tutoring; provide coping strategies; obtain services for barriers	Ongoing; 1,386 students served	(\$ 576,762)
Implement simulation technology in Nursing and EMT/Paramedic programs to build career skills		6/1/2010	12/31/2012	CCCS	Provide simulation via technology	Ongoing; 1,100 students served	\$ 18,000 (\$ 100,000 leveraged)
<b>Job Placement &amp; Retention</b>							
College Prep and Adult Ed courses offered on-site at Employer Partner facilities		4/1/2010	12/31/2012	WIBs	Incumbent workers identified & provided courses on site at work	660 incumbent workers take courses & 80% move on for additional training	\$ 400,000+ lev. match
Clinical courses offered on-site at Employer Partner facilities		6/1/2010	12/31/2012	WIBs w/CCCS	CCC s train at LTC, Hospitals and care providers	Ongoing; 200 trained	\$25,000 + lev. match
Provide employers information on program and newly trained workers		6/1/2010	12/31/2012	CHA, 1199 Training Fund, CAHFC	Oral presentations & distribution of information	Ongoing; 200 potential employers reached	In-kind
Employers hire students from targeted programs		6/30/2011	12/31/2012		Employers informed of graduates to backfill pipeline	Mid-course to end of grant; 2,509 hired	In-kind
Track job placement information		6/30/2011	12/31/2012	CT OWC, CT DOL	OWC works with DOL to obtain employment data	Mid-course to end of grant; Data reports completed	(\$ 45,000 leveraged)
Employers provide feedback on worker skills and job retention; develop improvement strategies		12/31/2011	12/31/2012	CT OWC, AHWPB	AHWPB includes employers in meetings to provide feedback & strategies	Mid-course to end of grant; Improvements in program design & delivery	In-kind

**4. OUTCOMES AND DELIVERABLES.** WISH's unprecedented level of partnerships and inter-system coordination will result in more cost-effective use of limited public funds and increase output from the healthcare pipeline. WISH used past and current performance by CCCS and WIBs on education and employment training programs and initiatives to set realistic outcomes in the context of additional WISH funding. WISH will place 2,509 new, underemployed, and unemployed workers in jobs, and provide services to 660 incumbent workers to increase their skills. WISH will increase by 3,273 the number

of credentialed students in 11 CCCS target degree programs.

**Table 6** summarizes project benchmarks and outcomes.

(Refer to the Appendix for more about outcomes.)

WISH Initiative staff will track additional process

**Table 6. WISH Initiative Required Outcome Measures**

Common Measures	#
Total participants served	8,601
Total number of participants beginning education/training activities	5,361
Total number of participants completing education/training activities	4,468
Total # participants that complete education/training and receive a degree/certificate	3,508
Total # participants completing education/training activities placed into unsubsidized employment	2,509
Total number of participants that complete education/training activities that are placed into training-related unsubsidized employment	2,165
Total number of participants placed in unsubsidized employment who retain an employed status in the first and second quarters following initial placement	1,852

outcomes as shown in Figure 1 p. 8: a) 160 incumbent and new workers receive basic skills training classes and 1200 students will use *KeyTrain* which includes basic skills training; b) 2,500 students receive counseling and assessments from Health Career Advisors; 750 students receive individual support services from Case Managers; 900 students receive individual services from Allied Health Advisors; 1,200 Nursing students and 200 Allied Health students receive academic and other support services from Retention Specialists; c) Individual Training Accounts (ITAs) awarded to 142 non-WIA eligible students in target certificate programs, with a total value of \$570,000 (in addition to baseline number of 142 ITAs for WIA eligible students using \$570,000 of leveraged ITAs); and tuition assistance provided to 415 non-traditional students with grant funds (\$415,000) and up to an

additional 75 students with leveraged funds including Pell Grants (\$300,000) to enroll in target degree and certificate programs; and d) 660 incumbent workers increase their clinical skills and credits. Data from current USDOL grants (e.g., Career Pathways) indicate that earnings for students in the targeted degree programs (e.g., Nursing, Respiratory Care, Physical Therapy Assistant, Radiologic Technician and Medical Assistant) increased 144% from \$23,626 in 2005 to \$57,740 in 2008. This data set will inform WISH benchmarks for earnings.

The core management team in collaboration with CTDOL will provide a participant-level wage match that tracks participants through training and employment, providing accurate data as to the efficacy of the program. Past experience with model programs (and tracking) informs the outcomes. Training opportunities will lead to industry-recognized credentials (e.g., A.S. Degrees, Certificates). Workplace-based programs funded through a joint partnership between regional WIBs and healthcare employers will lead to increases in basic and workplace skills as measured by Comprehensive Adult Student Assessment Systems (CASAS), among others.

**5. SUITABILITY FOR EVALUATION.** Connecticut stands ready to participate in a rigorous national evaluation. The WISH management structure will support a process evaluation and represents a commitment by the OWC and by the AHWPB to advance long-term, statewide strategies that reduce shortages in healthcare workers or healthcare skill competencies.

Section 4 describes outcomes and deliverables across recruitment, training, retention, and job placement. The WISH Initiative represents a systematic replication and expansion of proven models that use developed data collection and tracking protocols (required by state and federal funders) by activities, participants, and outcomes. The project management structure (see Section 2) assigns Initiative Directors within the two primary education and training systems (CCCS, WIBS) responsibility for outcomes. WISH funds support data and accountability staff within each system to ensure accurate and timely federal reporting. Similarly, OWC, the lead and fiscal agent of the

grant has identified an accountability officer to perform reporting and monitoring functions consistent with the charge of OWC.

The WISH Initiative design and structure positions Connecticut to reach and recruit identified target populations and communities; to deliver assessment, advising, education/training, and program retention; and to place and retain participants in worksites. Health Care Advisors will conduct workshops and assessments, and direct participants into appropriate programs. Case Managers, Allied Health Advisors, and Retention Specialists will provide more intensive support to a subset of participants. These WISH staff members represent the connection to participants who are at risk of leaving the program before completion. The existing system holds capacity to capture other WISH participants who choose not to use intensive WISH supports but who will access financial support and other technology supports (e.g., EMT Achieve®, Key Train®).

The WIBs and the CCCS will use existing data collection and reporting protocols that track participant level activity across demographics, socioeconomic status, services, and outcomes. The CTDOL maintains an agreement to track participant level outcomes (e.g., wage rates, occupations). The WISH budget funds staff to support data tracking and reporting functions at the OWC, CCCS and WIB components. CCCS and WIBs will help set up tracking processes for other partners such as the independent colleges who will provide more intensive retention supports to individuals participating in accelerated degree programs.

WISH investments (totaling more than \$6 million in leveraged funds) will strengthen the health care pipeline from entry through two year degree attainment, better positioning Connecticut to address its short- and long-term workforce needs.

## **Part III – Attachments to the Technical Proposal**

**ABSTRACT.** The *Connecticut Office for Workforce Competitiveness* (OWC), the Governor's principal workforce development policy advisor and liaison with respect to federal, state and local workforce development matters (Connecticut General Statute 4-124w), requests \$4,997,851 in ARRA Health Sector funds to implement the *Connecticut Workforce Investment Strategies for Healthcare* (WISH) Initiative. The WISH leverages over \$6 million in additional support and addresses *healthcare industry* shortages and skill gaps *statewide*, and does not include any counties impacted by automotive-related restructuring. Priority target populations include *unemployed, underemployed, dislocated, disabled, veteran and incumbent workers*. WISH anticipates higher service delivery in Connecticut's more *diverse and densely populated urban centers* that experience higher rates of unemployment and poverty. The WISH Initiative design incorporates strategies and recommendations from *Connecticut's Allied Health Workforce Policy Board*, established in 2004 by the Connecticut Legislature to convene allied health industry stakeholders for the purpose of addressing the State's healthcare workforce shortages and skills gaps. WISH will reach nearly 9,000 participants of whom approximately 5,500 will engage in education and training activities; 4,474 will complete education/training; 3,500 will receive a degree/certificate; and 2,500 will enter unsubsidized (healthcare) employment. WISH serves as a *national model* for service delivery innovation and integration because of: a) unprecedented *levels of partnership* across diverse stakeholders; b) the *level of service system coordination* between work and school settings; c) the deliberate design to *systematically replicate and expand best practices and model training/education programs* (e.g., accelerated basic skills, apprenticeships, and on-site clinical certificates); d) the purposeful approach to *accelerate and retain participants* in the healthcare talent development pipeline, particularly the front-end that aligns with outcomes attainable in the three-year time period; and e) the *management model reinforces statewide and regional coordination* to create maximum impact from finite resources. WISH will use *existing participant/ service data collection protocols and financial reporting protocols to track outcomes, report progress, and build sustainability*. WISH will participate in a national evaluation.





STATE OF CONNECTICUT  
EXECUTIVE CHAMBERS

M. JODI RELL  
GOVERNOR

October 3, 2009

Secretary Hilda L. Solis  
US Department of Labor  
200 Constitution Avenue, NW  
Washington, DC 20210

Dear Madam Secretary:

The shortage of qualified and skilled health care professionals is a matter of great concern in Connecticut. Analyses conducted by the Health Resources and Services Administration confirm that Connecticut is facing one of the nation's most significant gaps in critical health care occupations.

To help address this urgent need, Connecticut established an Allied Health Workforce Policy Board (AHWPB) in 2004. The AHWPB operates under the aegis of the state's Office for Workforce Competitiveness (OWC) and consists of a diverse group of partners who monitor data and trends in the allied health field and develop recommendations for system improvements. To further these efforts and address shortages of health care workers, improve skill competencies and increase the effectiveness of the state's pipeline to develop skilled workers, OWC is requesting approximately \$5 million through the Health Care Sector and Other High Growth and Emerging Industries grant program of the American Recovery and Reinvestment Act of 2009.

Specifically, Connecticut is seeking the Recovery Act funds for investment in a comprehensive initiative that will include:

- Creating a system of advisors, case managers and retention specialists knowledgeable about health care professions who will both introduce health career opportunities to potential students and assist those students already pursuing health care professions; and
- Establishing a seamless education pathway that provides academic and financial support to new students and incumbent health care workers to develop and expand their skills.

Connecticut's comprehensive approach, developed by the AHWPB, establishes a national model. The state's framework is the by-product of unprecedented levels of partnership across diverse stakeholders including employers, colleges and universities, workforce boards, state agencies, the technical high school system, and statewide health care organizations.

The Recovery Act funding will help Connecticut produce short-term outcomes as well as build long-term system capacity through the advancement of best practices and the expansion of model programs system-wide in the health career sector. This effort will benefit from the combination of multiple federal, state, local, and participant resources invested in the various strategies – furthering the reach and effectiveness of the Recovery Act funding.

OWC will operate as lead and fiscal agent for this Recovery Act program. OWC serves as Connecticut's principal workforce development policy advisory body; serves as a liaison between local, state and federal agencies and other organizations with respect to workforce development matters; coordinates the workforce development activities of all state agencies; and, provides staff support for the Connecticut Employment and Training Commission (the state-level Workforce Investment Board).

For these reasons, I wholeheartedly endorse and support OWC's application for funding through the Health Care Sector and Other High Growth and Emerging Industries grant program of the American Recovery and Reinvestment Act of 2009. I urge your approval of this application which will allow Connecticut to meet the objectives of the Recovery Act and advance its long-term strategies to address shortages of health care workers.

Sincerely,

M. Jodi Rell

Governor

## **Memorandum of Agreement for ARRA Health Sector Initiative**

### **Connecticut Office for Workforce Competitiveness**

**Whereas:** the **Connecticut Employment and Training Commission (CETC)**, established in 1989 as Connecticut's highest workforce development policy body, oversees and improves the coordination of all education, employment and training programs in the state; provides an effective vehicle for continuously developing state and local policies, processes, and structures to achieve its workforce investment goals; holds designation by the Governor as Connecticut's state-level Workforce Investment Board for the purposes of implementing the federal Workforce Investment Act; and maintains a majority of members from business and industry; and

**Whereas:** the **Connecticut Office for Workforce Competitiveness (OWC)**, created by Executive Order No. 14, and codified in CGS Section 4-124W focuses on the changes needed to prepare Connecticut's workforce for the rapidly changing and competitive economy of the 21st Century, with leadership provided by the Governor's Principal Advisor on workforce investment matters, who is appointed by and reports directly to the Governor, with authorization to draw upon officials from any state agency for temporary assignment to OWC, as well as to call upon any office, department, commission or other agency of the state to supply such reports, information and assistance as may be necessary or appropriate in order to carry out her duties; and

**Whereas:** the Connecticut Office for Workforce Competitiveness convenes an **Allied Health Workforce Policy Board (AHWPB)** created by PA 04-220 to analyze allied health-related data such as workforce supply and demand, and to develop statewide policy, capacity-building, and programmatic initiatives to address existing or emerging allied health workforce shortages or gaps in competencies; and

**Whereas:** an **ARRA Health Sector Work Group**, an ad hoc team of the Allied Health Workforce Policy Board comprised of representatives from the Connecticut Community College System; the Workforce Investment Boards; New England Health Care Employees Union, District 1199 Training and Upgrading Fund; Connecticut State University System; Connecticut Conference of Independent Colleges; Connecticut Technical High School System adult education programs; state agencies (e.g., Higher Education, Public Health, Labor), and allied health employers such as the Connecticut Hospital Association, among others, participated in a joint planning process and developed ARRA health sector grant investment strategies to advance Connecticut's overall allied health talent development agenda, including:

- Streamlined and strengthened cooperative initiatives between particularly all five (5) Workforce Investment Boards and the Connecticut Community College System, as well as increased levels of partnership with business and industry and other mission-critical partners;
- Improved system performance through improved leveraging of public and private resources, as well as the promotion of best practices, effective models, and technology innovations to increase program retention, program completion, and job placement;
- Targeted investment in programs that address high-priority occupational shortages in allied health and/or provide career advancement opportunities within the health care sector;
- Replication of proven strategies that promote student retention and advancement along the health care training pipeline and career pathways; and
- Ongoing review and evaluation of system-level change and performance to promote continuous improvement, to maintain a high level of stewardship and accountability for public investments, and to promote regional and statewide planning in response to changing external conditions and market forces;

**Now therefore,** be it resolved that the following partners, represented via authorized signature from each respective partner organization, confirm their organization's participation in the planning process and ongoing commitment to play a significant role in project implementation as summarized herein:

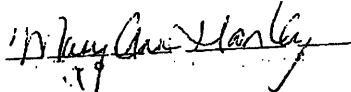
- The **Connecticut Office for Workforce Competitiveness** will serve as lead and fiscal agent for the ARRA Health Sector grant; will continue to convene the Allied Health Policy Workforce Board and coordinate strategies and information dissemination across relevant governmental entities (e.g., CETC) and the state legislature, and will facilitate system-building action steps including opportunities to leverage funding, change policies, and replicate effective models.
- The **Connecticut Community College System (CCCS)** will hire an Initiative Director, and will deploy a wide range of student awareness, assessment, guidance retention, and support services as well as job placement described in the grant application proper. The CCCS: a) commits to ongoing participation in the AHWPB as well as a core joint project management team process; b) will leverage Title IV funding to the greatest extent possible for project participants; c) will leverage and build upon other system-wide resources, including state and federal grants to support project outcomes; d) will continue to develop articulation agreements in allied health with institutions of higher education as well as agreements with post-secondary proprietary educational institutions and high schools; and e) will continue to refine the service delivery model and streamline coordination among and between education and training providers.
- Connecticut's five (5) **Workforce Investment Boards (WIBs)**, will hire a Project Initiative Director, and will deploy a wide range of worker awareness, assessment, guidance, retention, and support services as well as job placement described in the grant application proper. Equally important, WIBs will use grant funds to enhance access to non-WIA eligible participants, to leverage incumbent worker training resources from employers, and to implement evidence-based models for skill development across a variety of settings (e.g., adult education, apprenticeship, school-to-work, on-line learning, work-based learning). WIBs will play a critical role in employer/business services, including placement and retention, and will leverage other state, federal, and private resources such as the Virtual STEM Center (developed under a federal STEM Partnership grant) and Robert Wood Johnson Foundation funding to support quality enhancements in long-term care facilities.
- The **Connecticut Hospital Association (CHA)** will continue participation on the AHWPB on behalf of its more than 140 members, will disseminate information to employers, will work with its members to promote and recruit workers in response to professional development and training opportunities, and will facilitate involvement of its hospital members as partners for incumbent training, clinical placements, and healthcare training program support.
- The **New England Health Care Employees Union, District 1199 Training and Upgrading Fund** will work through its 55 member nursing homes throughout Connecticut with the WIBs and CCCS to develop appropriate pathways including innovative work-based learning (e.g., accelerated adult education, on-site clinical courses) as well as student and financial assistance, to upgrade the skills of the workforce and to leverage private sector training funds.
- The **Connecticut Association of Health Care Facilities (CAHCF)** in collaboration with the WIBs and CCCs, will provide links to employers for job placement, promote employee training opportunities, assist in the replication of work-based learning models in facilities statewide, and support recruitment into the health career pipeline.
- The **Connecticut Department of Higher Education (DHE)** will continue to facilitate articulation agreements among two- and four-year degree programs, develop strategies to ensure retention and completion in allied health programs, particularly in nursing, as well as additional capacity in the area of Masters-level nurses; and support faculty professional development and student education via participation in nursing simulation. In addition, they will work to coordinate investments in higher education related to health care.
- The **Connecticut Conference of Independent Colleges** will continue to work with its member institutions to develop articulation agreements with the Connecticut Community College System and work with the WIBs to provide career advancement support for workers interested in health occupations. Target colleges such as Goodwin College and St. Vincent's College will implement retention models in

accelerated nursing degree programs, and all colleges will have access to the services of the Health Career Advisors and the One Stop Career Centers. In addition, Saint Joseph College will play a key role in the nursing simulation project, which will be supported through leveraged funds.

- The **CT Technical High School System** will continue to advance the linkage between the CTHSS and the CCCS allied health and nursing programs. In collaboration with the WIBs, the CTHSS will encourage greater usage of workforce-related financial and support services by their adult allied health students, including scholarships and case management, career assessment, and advising services.
- The **Connecticut Women's Education and Legal Fund (CWEALF)** will provide project oversight for the proposed initiative, will provide ongoing support to the Connecticut Office for Workforce Competitiveness (e.g., facilitating the Connecticut Career Ladder Initiative to create and promote model programs for career advancement in technology, health care, and early child care and education field, and managing the Higher Education Health and Education Initiative grant program), will provide ongoing coordination for the Allied Workforce Policy Board, and will facilitate conversations about system barriers and opportunities as well as Results-Based Accountability.
- The **Connecticut Department of Labor (CTDOL)** will provide updated research and analysis related to occupations in the health sector, with an update scheduled for production in 2010. CTDOL will take a leadership role in data compilation related to tracking job placement and wage levels for program participants. In addition, CTDOL will ensure the availability of *KeyTrain* in all their One-Stop Centers to assist individuals in assessing and improving their basic educational skills prior to training.
- The **Connecticut Department of Public Health** will continue to participate in the AHWPB and promote statewide and regional planning for health-related occupations, including those critical to public safety and first responders (e.g., EMTs, paramedics). The Department will leverage relevant federal and state funds to support the advancement of health workforce strategies.
- **Charter Oak State College** will continue to participate in the AHWPB and will further its dedication to the expansion of online work-based training models by developing and implementing an online module of the nursing simulation software being developed with leveraged funds through the Higher Education Health and Education Initiative grant program.

## Authorized Signatures

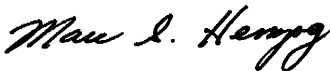
Our signatures below confirm that these lead Initiative Partners attest to their organizations' ongoing involvement in the Initiative design (as described in the grant application narrative) and commitment to implementation of the Connecticut OWC ARRA Health Sector Initiative as described in the previous three pages of the Memorandum of Agreement.



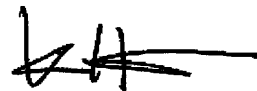
Office for Workforce Competitiveness  
Mary Ann Hanley, Governor's Principal Workforce  
Development Advisor



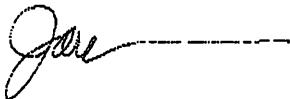
Connecticut Workforce Development Council  
William Villano, Chair



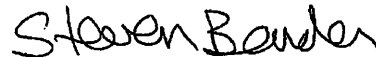
Connecticut Community College System  
Mark Herzog, Chancellor



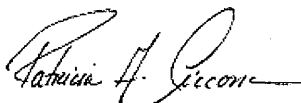
Connecticut Hospital Association  
Kim Hostetler, Vice President Administration and  
Communication



Department of Higher Education  
Jane Ciarleglio, Deputy Commissioner



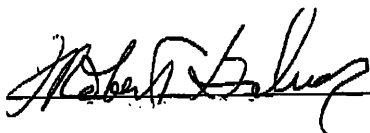
New England Health Care Employees Union, District 1199  
Training and Upgrading Fund  
Steven Bender, Executive Director



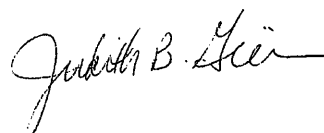
Connecticut Technical High School System  
Patricia Ciccone, Acting Superintendent



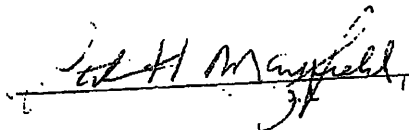
Connecticut Women's Education and Legal Fund  
Alice Pritchard, Executive Director



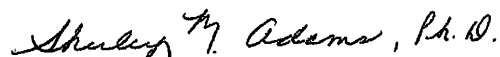
Department of Public Health  
J Robert Galvin, MD, MPH, MBA



Connecticut Conference of Independent Colleges  
Judith Greiman, President



Department of Labor  
Patricia Mayfield, Commissioner

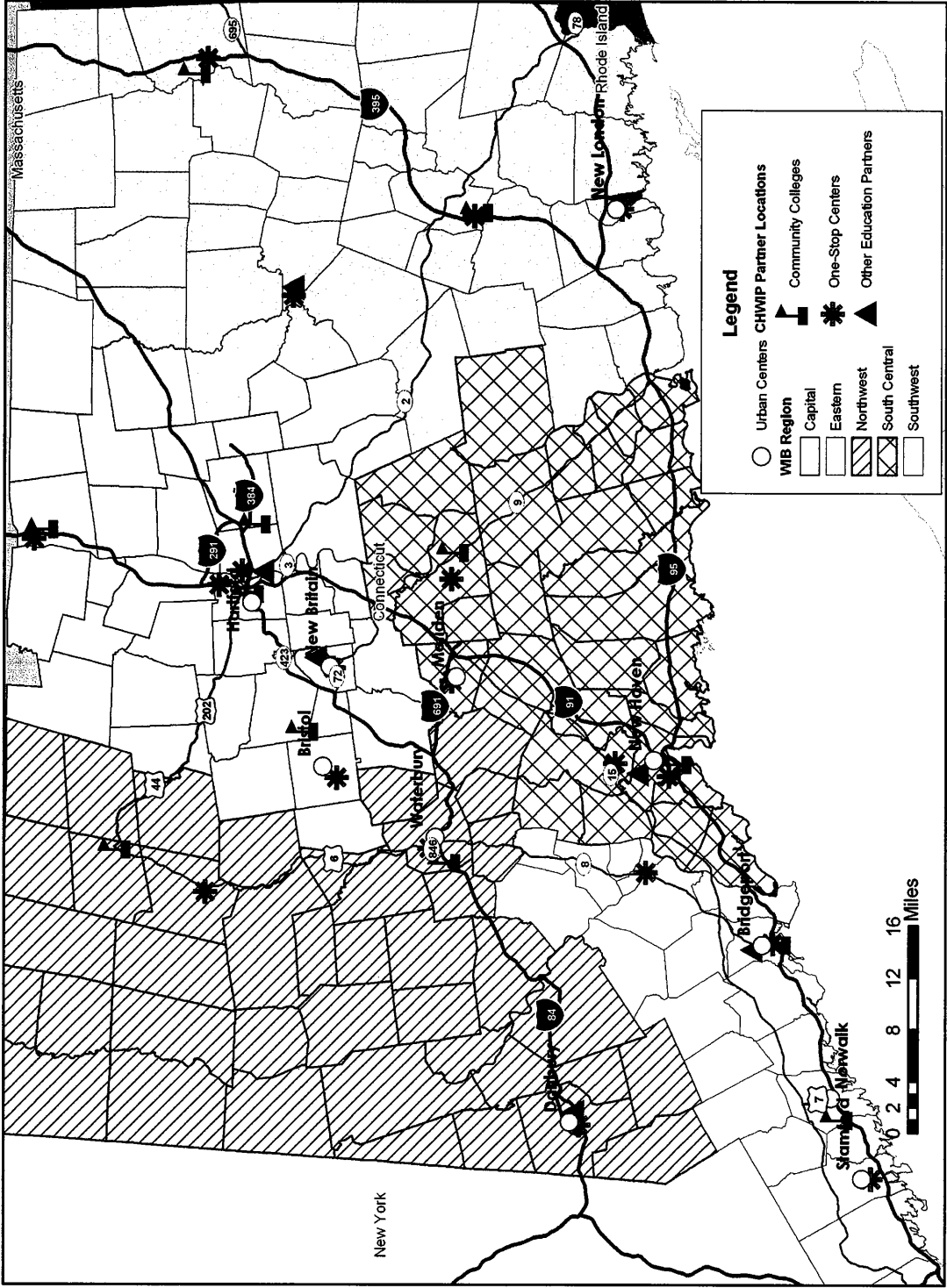


Charter Oak State College  
Shirley Adams, Provost



Connecticut Association of Health Care Facilities  
Matthew Barrett, Executive Vice President

Attachment A: Connecticut Workforce Investment Strategies for Healthcare (WISH) Strategic Partner Network



Note: Map does not depict all partners such as technical high schools, adult education, four year independent colleges, or employers, among others

**Attachment B: Grant-Funded Staff Position Descriptions**

<b>Position Where Job Responsibilities</b>	
<b>Management Positions</b>	
Project Manager	OWC <ul style="list-style-type: none"> <li>Oversee the start-up, implementation and assessment of the grant and its related activities</li> <li>Support and coordinate with WIBs and CCCS in hiring Project Management Staff.</li> <li>Maintain regular contact with all project partners; facilitate quarterly AHWPB meetings and monthly Core Management Team meetings.</li> <li>Coordinate with Core Management Team the creation of five Regional Coordinating Teams; monitor issues, trends and innovations that emerge from quarterly meetings of Regional Coordinating Teams.</li> <li>Ensure timely collection of progress and outcome data by Accountability/Reporting Officer and submission of all required reports</li> <li>Monitor expenditure of grant funds and ensure effective use</li> </ul>
Initiative Director [Allied Health Project Director @ WIB will assume these functions]	CCCS <ul style="list-style-type: none"> <li>Oversee start-up of grant initiative at CCCS, including the hiring of CCCS project personnel</li> <li>Ensure timely implementation of grant activities at respective institutions of the CCCS, coordinating with all regional institutional partners</li> <li>Facilitate maximum effectiveness and utilization of grant resources, overseeing institutional budget</li> <li>Staff assigned work groups and facilitate meetings and outcomes</li> <li>Meet monthly with Core Management Team to coordinate activities, monitor progress and develop plans</li> <li>Work with Project Manager to establish Regional Coordinating Teams including all regional partners to monitor issues, trends and innovations that emerge during development of project. Facilitate quarterly meetings and keep Core Management Team informed of developments.</li> </ul>
Project Coordinator	WIB <ul style="list-style-type: none"> <li>Work with each Board Team Leader in implementing project and support Regional Coordinating Teams</li> <li>Maintain database and connection into database tool to track client progress and outcomes; collect &amp; analyze other project data as needed for reporting and project assessment</li> <li>Participate in Core Management Team, all Regional Coordinating Teams, and other work groups as needed</li> </ul>
<b>Student/Client Services Support Positions</b>	
Case Managers	WIBs <ul style="list-style-type: none"> <li>Meet on a regular basis with individual clients to identify career goals and coach through process</li> <li>Facilitate obtaining needed resources including scholarships for training and support services such as transportation and childcare</li> <li>Monitor student's progress in training/education programs</li> <li>Facilitate placement of students into jobs at the end of training program</li> </ul>

Position	Where	Job Responsibilities
Health Career Advisors	CCCS	<ul style="list-style-type: none"> <li>• Provide information to unemployed, incumbent and dislocated workers about Health Careers through regional workshops, individual meetings and written materials. (written and workshops)</li> <li>• Manage and implement testing and advisement program to assist individuals from disadvantaged backgrounds to better prepare them for higher education programs in the health profession.</li> <li>• Direct clients to academic and social services needed including: skill testing and assessment; tutoring and computer lab assistance; computer-based instruction; learning skills advising; and other assistance while at the One-Stop Center to support the students' career exploration.</li> </ul>
Allied Health Advisors	CCCS	<ul style="list-style-type: none"> <li>• Meet on a regular basis with individual clients to coach and support through academic program</li> <li>• Ensure students have needed financial resources and support services such as transportation and childcare</li> <li>• Monitor student's progress in training/education programs</li> <li>• Facilitate placement of students into jobs at the end of training program</li> </ul>
Retention Specialists	CCCS	<ul style="list-style-type: none"> <li>• Identify at-risk students in prioritized areas of study</li> <li>• Provide or obtain course-specific tutoring; clinical skills remediation and practice; and test review</li> <li>• Provide strategies to address time and stress management, study, test-taking and organizational skills; and the management of family/interpersonal/personal barriers</li> <li>• Obtain services to address language barriers, financial aid, transportation, housing, student work placement and career planning</li> <li>• Be available to work with students in the evening and on Saturdays to help reduce the need for childcare.</li> </ul>
<b>Administrative Positions</b>		
Accountability / Reporting Officer	OWC	<ul style="list-style-type: none"> <li>• Collect, analyze and prepare all data necessary for meeting reporting and accountability requirements</li> <li>• Prepare and submit all required grant reports</li> <li>• Prepare progress and outcome reporting for Core Management Team, AHWPB and Regional Coordinating Teams</li> </ul>
Project Assistant	CCCS	<ul style="list-style-type: none"> <li>• Provide administrative and compliance support to the Initiative Director and CCCS office leadership.</li> <li>• Maintain database on participating students to track progress and outcomes; collect other data as needed</li> <li>• Obtain individual college-level data and format it for transmittal to Accountability/Reporting Officer at OWC</li> </ul>
Finance Manager	WIBs & CCCS	<ul style="list-style-type: none"> <li>• Maintain project finances</li> <li>• Complete all required financial reports and support OWC in grant reporting requirements</li> <li>• Provide financial information as needed to Core Management Team and Regional Coordinating Teams</li> </ul>



**Attachment C: Bios of Key Project Personnel****OFFICE FOR WORKFORCE COMPETITIVENESS****Governor's Policy Advisor for Workforce Development**

(oversees the Office for Workforce Competitiveness - OWC)

**Mary Ann Hanley** serves as the Governor's Principal Workforce Development Policy Advisor and in that role oversees the Office for Workforce Competitiveness. In addition, she provides staff support for the Connecticut Employment and Training Commission – a partnership of appointed public and private sector volunteers that oversee the development of statewide workforce policy. As the Principal Workforce Policy Advisor, Mary Ann acts as the liaison between the Governor's office and local, state and federal organizations.

Mary Ann is active in the community. She is presently the Treasurer of the CCEDA (Capital City Economic Development Authority), the quasi-public state agency revitalizing Hartford. She is a member of the Governor's Prevention Partnership, and is currently the director of the Valencia Society at St. Francis Hospital and Medical Center – the hospital's endowment.

**Project Manager**

**Alice Pritchard**, Ph.D. is the Executive Director of the Connecticut Women's Education and Legal Fund (CWEALF). CWEALF is a statewide non-profit organization dedicated to empowering women, girls and their families to achieve equal opportunities in their personal and professional lives. Dr. Pritchard has spent the last seventeen years conducting research, advocacy, training and technical assistance on issues related to workforce development. She has conducted evaluations of a variety of education and training programs including the Jobs First Employment Services System which provides employment and training services to individuals transitioning from welfare to work.

In 2000, she began working with the Governor's Office for Workforce Competitiveness to support model programs and strategies for increasing the skills and career opportunities for low-wage and unemployed workers in Connecticut. Currently she manages the CT Career Ladder and Health and Education Initiatives which provide grants to support model programming in health and education. Since 2004, she has facilitated the Allied Health Workforce Policy Board which monitors data related to the health care workforce and makes recommendations for system improvements. Dr. Pritchard received her Ph.D. from the University of Connecticut in 1996. Her doctoral dissertation documented the factors affecting the provision of job training services to low-income individuals in Hartford, Connecticut through the federal Job Training Partnership Act (JTPA).

**Accountability/Reporting Officer**

**Beth Trenchard** began her career with the State of Connecticut in 1995 when she was retained to manage the state's Minority and Small Business Set-Aside program at the State of Connecticut Department of Economic & Community Development. She was subsequently hired as an employee of the state in 1997.

In 2002 Beth transferred to the State of Connecticut Office for Workforce Competitiveness (OWC). OWC's total programmatic budget for the most recent biennium totaled over \$19 million. In her current role at OWC, Beth has the sole responsibility for the oversight and management of all of the agency's grants and contracts – both state and federal. This includes accountability for planning,

implementation, and management of complex grants where responsibilities are assumed for program development; liaison and coordination with federal, state and community agencies and organizations; program implementation and administration; program monitoring with on-site visits; and assessment.

## **CONNECTICUT COMMUNITY COLLEGE SYSTEM**

### **Initiative Director**

**Debora M. Presbie** currently serves as the Associate Project Director, *Bridges to Health Careers Initiative*, USDOL ETA for the Connecticut Community College System, and will assume responsibility as CCCS Initiative Director. She has over twenty years experience in federal grants management and career development activities. Mostly recently she has served as Coordinator, *Job Coach Training Project* for the Vermont Department of Education; Coordinator, Connecticut Youth Leadership Forum; and Training Coordinator, *New England Regional Continuing Education Program for Community Rehabilitation Personnel (RCEP/CRP)*, USDOE OSERS (Office of Special Education and Rehabilitative Services).

## **WORKFORCE INVESTMENT BOARDS**

### **Allied Health Project Director**

**Elizabeth E. Begley** has been the Allied Health Project Director for Capital Workforce Partners (CWP) since 2008. In this position she is responsible for overseeing and coordinating the implementation of healthcare grants, including reporting to funders. She is a Registered Nurse, a Certified Hospice Care Nurse and an Emergency Management Specialist. Her previous professional experience includes Director of Nursing at numerous Care Centers, and Nursing Supervisor and Emergency Preparedness Coordinator at Charlotte Hungerford Hospital. In her management positions, she has had extensive experience in financial and personnel management.

### **Project Coordinator**

To be hired

**Attachment D: Grant Outcomes Summary**

The total numbers served calculation comes from the following assumptions, all of which have been demonstrated through past experience and current caseload analysis:

<b>Program Component</b>	<b>Number Served</b>
Healthcare Career Advisors	2,500
Nursing Retention Specialists	1,200
Key Train Tutors	1,000
Allied Health Advisors	900
Case Managers	750
EMT and Paramedic software licenses	600
Scholarships	415
Workplace Education Program	400
CNA, EMT, Pharmacy Technician, Medical Assistant tutoring	250
Adult Education Program	200
On-site clinical certification	200
Physical Therapy Assistant Retention Specialist	66
Diagnostic Sonography Retention Specialist	60
Surgical Technician Retention Specialist	60
<b>Total Served</b>	<b>8,601</b>

**Additional Training Outcomes**

- 100% of grant participants will be unemployed or underemployed.
- The supports proposed in this application will increase the program retention rates at Community College programs. CCCS is estimating an overall 80% program retention rate across programs. This is an increase of 15% over the baseline retention rate without any of the proposed investments.
- Tutors will provide over 1,300 hours of tutoring services to students in targeted programs.
- 180 participants will receive clinical certifications issued by Capital Community College and potential for wage enhancement and/or rewards.
- 320 workplace education participants will receive basic skills proficiency and/or computer literacy certification.
- 72% of participants completing education/training activities receiving degree or certificate will enter employment.
- 86% of individuals who are placed in unsubsidized employment will retain an employed status in the first and second quarters following initial placement.
- The average six months earnings increase after completing a certificate or degree will be 115%.

**Additional Capacity Building Outcomes**

- The initiative will create a transformative partnership among AHWPB members as well as a culture change of employers working in tandem with the workforce and education systems to improve incumbent worker skills.
- It will also 1) create an improved infrastructure for moving between WIBs and educational system; 2) enhance the learning technology capabilities at CCCS and WIBs; and 3) create positions that serve participants outside of the WIB and CCCS systems.

## Attachment E: Sample of Model Programs in Nursing and Allied Health in Connecticut

Program Name	Target Population	Services / Innovation	Industry Sector / Partners
<b><i>Career Pathways in Nursing and Allied Health (CBJTG Grant)</i></b>	Students in the Allied Health pipeline seeking an Associate's Degree	Increasing instructional supports, enhancing curriculum (creation of Allied Health certificate program and online curriculum), targeting and enhancing academic and career counseling, Health Career Advisors	<b>Nursing and Allied Health</b> - Connecticut Community College System (CCCS) (lead), WIBs, CHA, CT agencies
<b><i>Bridges to Health Careers (CBJTG Grant)</i></b>	Underserved "non-traditional" students at the beginning of the Allied Health pipeline	Extends capacity-building efforts to CCCS <u>certificate</u> programs, creates a virtual Health Care Career Academy to build institutional capacity, support the academic achievement of non-traditional students, and bridge gaps between short-term certificate and longer-term degree programs	<b>Nursing and Allied Health</b> - Connecticut Community College System (CCCS) (lead), WIBs, CHA, CT agencies
<b><i>Bridges to Health Care Careers Program (CWP Pilot)</i></b>	Certified Nursing Assistants	Provides incumbent worker training to CNAs to prepare them for continued study in more advanced allied health field. Strategies focus on skill development and retention and advancement	<b>Nursing</b> – Capital Workforce Partners, adult education providers, long-term care facilities
<b><i>Health Care Partners Promoting Work-Based Learning</i></b>	Low-wage workers in long-term care facilities	Expands on Bridges pilot by implementing a robust work-based learning (WBL) program in targeted long-term care facilities, implement frontline worker training programs through culture change activities, creates trained staff mentors and complementary learning opportunities at community colleges	<b>Long-Term Care</b> – Capital Workforce Partners, CCCS, Charter Oak State College, Adult Ed., CWEALF
<b><i>Culture Change in Long-term Care</i></b>	Low-wage workers in long-term care facilities	Promotes culture change and career advancement for low-wage nursing home staff through management training, career counseling, and frontline worker training in basic skills, relationship building, communication skills, and leadership development	<b>Long-Term Care</b> – Capital Workforce Partners, CCCS, Charter Oak State College, Adult Ed., CWEALF
<b><i>Higher Education Health and Education Initiative grants</i></b>	Allied health students and incumbent workers	The CT legislature allocated resources to the Departments of Higher Education, Public Health and OWC to support investments in allied health, nursing and education programs. Investments have covered technology investments, tutoring, advising, retention, school-employer partnerships, and work-based learning	<b>Allied Health, Nursing, and Education</b> – State colleges and universities (including community colleges, employer partners)
<b><i>RN Refresher Course</i></b>	Registered nurses	Recruits, refreshes, orients and retains inactive nurses within open positions in their institutions to address areas of shortage	<b>Nursing</b> – CT OWC, Charter Oak State College
<b><i>Summer Internship Program</i></b>	Nursing students	Provides more comprehensive clinical training to advanced nursing students throughout the summer and to better prepare new nurses entering the field	<b>Nursing</b> – State nursing programs, hospitals and health care facilities