Earmark Final Report

U.S. Department of Labor
Employment and Training Administration

City of Salem/North Shore Workforce Investment Board

Project Title:
Health Care Learning Network™

Grant Number: EA-20431-10-60-A-25

Period of Performance:
06-01-2010 – 05-31-2012

Grant Amount: $238,000.00

Submitted By: The North Shore Workforce Investment Board

Date: August 31, 2012

Updated June 29, 2007

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Directions for DOL Earmark Evaluation Report Template Use:

At the completion of your project, you are required to submit an Evaluation Report (Final Project Narrative Report). The format for your final report is contained in this Template, which is based on Reference Book One: The Essential Guide for Writing an Earmark Grant Proposal. Once the report is completed, you will submit it to your Federal Project Officer and the Philadelphia Earmark Center. Please note that the Evaluation Report, described in Reference Book One, is synonymous to the Final Report and will be referred to as the Final Report throughout this template.

Certain portions of this report should be aligned with your proposal's content. The references are included to help locate the information in Reference Book One. You have indicated in your proposal whether you intended to provide direct services to a target population or provide non-direct services such as capacity building. Some questions may only apply to projects offering direct services. If a question does not apply, please indicate so by stating N/A.

Information that you are to provide in this report will be typed in the given text boxes. To type a response within the text box, place your mouse cursor in the shaded box and click it once. Your cursor will then show in the box. From there, you may begin typing your responses. The text box will expand as you type.

1. Abstract

This section is largely an overview of the project as it was originally intended.

> *For further clarification, refer to "Reference Book One: The Essential Guide for Writing an Earmark Grant Proposal." – Abstract, pp 15-18*

Organization/Grantee & Project Partners (Who):

Give your official organization name, along with the names of your partners. Briefly describe the proposed roles and contributions of key partners.

The North Shore Workforce Investment Board (NSWIB), in partnership with its fiscal agent, the City of Salem, is the grantee for this project. From an overall project management perspective, four workforce boards in Massachusetts provide overall leadership and governance as HCLN™ is developed, while implementation is managed regionally. The NSWIB and the Metro South/West Regional Employment Board have led the pilot implementation in their respective regions and are partnering with regard to oversight to maintain consistent practices and to share learnings and incorporate modifications. Future implementation will expand to the other regions (Greater Lowell and Merrimack Valley WIB regions) as resources allow. The instructional design and delivery of educational services is provided by World Education, Inc. Employer partners include Kindred Healthcare, Inc. represented by seven (7) North Shore and three (3) Metro South/West nursing homes and also included 2 of their facilities in the North Central region. This project focused on the North Shore and employer partners were also recruited from other North Shore area long-term care facilities and organizations including JRC/Aviv Centers for Living, Abbott House, Radius Health, Brooksby Village, Brightview, Comfort Keepers, Twin Oaks, two additional participants from Kindred facilities and healthcare workers from Operation Bootstrap, a community based non-profit for adult education.

Project Goals (What):

What did the project aim to address? (Broad Goal)

The Health Care Learning Network™ (HCLN™) is a new-to-the-industry, new-to-the-world, innovative response to enhanced quality health care services and to addressing health care staffing shortages in high skilled professions. HCLN™ is a unique health care education program that has recently begun in Massachusetts to help entry level health care workers gain more skills, improve job performance in general, and move up an established career ladder. Many health care employers have adopted a "grow your own" strategy for developing their workforce. Incumbent workers are familiar with working in a health care environment and have developed significant patient care skills. In addition, company investment increases worker commitment to the organization.

Historically, employee retention has benefited our industry partners in providing the best possible care possible. Incumbent workers are familiar with working in a health care environment and have developed significant patient care skills. Because of this, the philosophy of the industry has always been to promote from within, thus continuing this proven standard of care. By training some of the current front line staff to the LPN or similar level, the industry partners will be able

to maintain the high standard of patient care, and the continued longevity of the employees. Building from this, HCLN™ targets front-line workers in hospitals and nursing homes who aspire to health careers but do not have the academic competencies to succeed in higher education by helping them formulate career ladders, and providing academic preparation and career counseling to make these career ladders a reality.

Our response, the Health Care Learning Network™ – North Shore offers not only a solution to the growing shortage of health care professionals but also provides qualified workers with the opportunity to enhance their education, improve their financial earnings, reduce their dependency on government assistance and create hope for the future of their family breaking the cycle of poverty.

Statement of Grant Objectives (Why):

Why are you implementing your project? (Provide a fact or statistic that supports the need for this project.)

The health care industry faces a critical shortage of licensed professionals to care for the frail, elderly and short-term rehabilitation patients that reside within our national, state, and local long-term care facilities. The average licensed nurse is now 53 years of age and there are long waiting lists for entrance into nursing programs, leading to nontraditional responses, such as the industry setting up customized college programs for their own employees. By 2020 the projected gap between the supply of Massachusetts registered nurses and the demand will fall short of approximately 25, 382. As this growing shortage continues here in Massachusetts, the quality of care is compromised and at risk.

The Massachusetts Extended Care Federation reports the present LPN vacancy rate at 14.3% and the RN vacancy rate at 18.5%, an increase of 16% for LPN's and 25% for RN's over the previous year.

A tool was needed to help address the recognized two-pronged workforce challenge that exists within the health care industry. The professional job vacancy (including nursing and other allied health positions) is a cause of concern for quality care of local residents. And there is a need for front line health care employees to move up a career ladder into these positions, thus increasing earnings and moving out of poverty and at the same time provide a built-in-constituency to fill these vacancies. However, there is a learning gap that exists within this population involving current reading, math, science and technology in relation to the required skill level for entrance into and completion of nursing and allied health programs. Health Care Learning Network™ is a tool that provides flexibility in learning schedules and techniques along with work schedules and family responsibilities of the front line health care workers. It's a series of four on-line college preparation courses combined with tutoring, mentoring and career coaching.

Implementation Methods (How):

How did you initially intend to implement your project? (Based on proposal)

Using the latest in instructional and learning outcomes management technology, HCLN™ delivers health care industry-specific English language, basic academic and college preparatory coursework to front-line health care workers. It is a blended web-based and face-to-face system available to any health care worker who aspires to a professional health care job. The basic components of HCLN™ include (1) instructor-facilitated online learning modules – contextualized to the health care industry, (2) instructor-focused academic support via e-mail and telephone, or face-to-face if needed, (3) Learning Labs were available to augment instructional on-line and face-to-face support, (4) a career coach to guide students through career ladders and college application process and (5) a learning management system for the students, educators and

employers that provides an instructional interface and the ability to monitor/evaluate progress.

Four courses are available and include Computers for College (use and application of technology in a college environment), Introduction to Health Care Careers (combined career exploration/reading/writing), Health Math (mathematics and pre-Algebra) and Health Science (medical terminology, basic anatomy and physiology). Curriculum is coordinated with the skills needed to pass entrance examinations into nursing and other allied health college programs. In addition, the model design focuses on skills needed not only to get into these programs, but to be able to complete college level studies and successfully enter the professional health care ranks. HCLN™ students will perform better in their current jobs, by developing better skills in reading, writing, and math, and by having stronger critical thinking, team work, and technology skills.

What methods and approaches were used to complete project activities?

Students were assessed and scheduled to attend a two-part orientation.

Part One included completion of enrollment paperwork, followed by introductions of the team (instructors, program manager, career coach and fellow students) and an ice breaker led by the career coach where students would share why they chose to participate in HCLN™

An overview of the Learning Management System was presented with students following along for practice. All students would start with the Computers for College course and were instructed to check their email for information from the instructor. Students were encouraged to progress through the course if they were comfortable. Depending on individual computer skills, a student could progress into the next course of their choice quickly while others might need more time for completion of the computer course before moving on.

A notebook with corresponding sections relating to each course was distributed to each participant and the book included contact information for instructors/staff and technical assistance. And our career coach scheduled individual appointments (via meeting or phone) with students during orientation and students were encouraged to utilize the service as needed.

Part II (typically scheduled two weeks later) began with another interactive group activity with the career coach. It included a review of the computer course basics (writing and responding to email, creating a document, saving a document, and attaching a document to an email, etc.). During this session, the instructor would have already identified any student having strong computer skills based on their progression through the lessons and quiz results and they could then move into the next course of their choice.

The team also provided a schedule of open Learning Labs and students from all cohorts were invited to attend for extra one-on-one help as needed. In addition, special presentations were also offered at Labs on topics students had inquired about, for example, The College Application Process, Financial Assistance websites, a sampling of the On-line TEAS exam, etc.

A Student Stats Report was generated and reviewed during our monthly meetings and the team communicated regularly via email and phone regarding student activity and status updates.

What activities did the project implement that were not funded by the grant?

NA

2. Statement of Need

Description of Issue

What community needs was your project designed to fill?

While a number of members of the current North Shore long term care workforce would be ideal candidates for LPN or similar programs, restrictions on time, limited financial resources and the demands of managing work and family keep them from furthering their education. Many of these individuals are often very dedicated, bright and gifted in the area of providing compassionate, high quality care to our elderly population. For example, the average certified nursing assistant is single with two children and is making approximately $10.00 per hour, thus living at or near the poverty level and well below the North Shore self-sufficiency standard, which is $47,000 for an adult with two children. This individual often has educational barriers that prevent passing of the Test of Essential Aptitudes and Skills (TEAS) or other tests needed to enter into college and become an LPN or allied health professional.

How did the project fill the stated community needs?

Providing opportunities for current North Shore long term care workers (in particular Nurse Aides) to improve skills and to prepare to enter into an allied health care program. HCLN™ allows individuals to take the course or courses they need.

Overall rates of HCLN™ participation and completion including number of participants accepted into LPN and other allied health postsecondary programs.

We were successful in helping 17 participants enter into college and begin a career pathway in allied health and begin a career program. In addition, we have begun to make strides in having HCLN™ available in the future to communities and an adult education provider in Lynn (Operation Bootstrap) will begin offering the program in September.

Description of Target Area

Describe the target area.

The primary targeted area for the program is the North Shore Workforce Investment Area (NSWIA), one of sixteen Workforce Investment Areas in Massachusetts. The north shore has over 400,000 individuals living in the 19 cities and towns serviced by the North Shore Workforce Investment Board (NSWIB). 61% of the north shore population lives in the cities of Lynn, Salem, Peabody, Beverly, and Gloucester. Twelve percent of the populations, 30,525 individuals, in these core cities live below the poverty level. The three communities of Lynn, Salem, and Gloucester are also considered Economic Opportunity Areas.
In addition, based on interest by the industry, residents from other communities in workforce board regions surrounding the North Shore may also be served.

These communities include: Westborough, Marlborough, Concord, Lancaster and Fitchburg.

Economic Information

Describe employer conditions and needs relevant to the project.

The aging and increasing longevity of the population, and the ever-increasing medical capacity to cure human ills, are creating additional demand for all subsectors of the Health Care industry. As the population ages, more demand is placed on the Nursing Home and Rehabilitation Hospital sector. As longevity increases, the adult children of elders are themselves more likely to be elders, placing an increased demand on the system.

From the late 1990s to the present, Health Care industry consolidation activity has been brisk. Estimates on its effect on industry employment at the national level have been mixed. The most recent studies suggest that consolidation has placed a higher premium on skilled workers in technician and nursing positions, resulting in higher wages for these positions. Simultaneously, consolidations at the local level have brought about layoffs for some workers, particularly those at the entry level, who may lack higher levels of education and certifications that remain in high demand. HCLN will allow workers to gain the education needed to enter into degree and certification programs to protect them from layoffs.

Socioeconomic Information

Provide any additional facts that support the Statement of Need.

Area	Population	Labor Force[1]	Employed	Unemployed	Unemployment Rate	% of population below poverty level[2]
North Shore WIA	**409411**	**216035**	**204155**	**11880**	**5.5%**	**9.4%**
Beverly	39502	21,328	20,310	1,018	4.8	9.7%
Danvers	26493	14,647	13,887	760	5.2	5.7%
Essex	3504	1,925	1,829	96	5	0.6%
Gloucester	28789	15,458	14,483	975	6.3	7.8%
Hamilton	7764	3,664	3,524	140	3.8	6.5%
Ipswich	13175	7,303	6,958	345	4.7	4.6%
Lynn	90329	43,676	40,581	3,095	7.1	19.3%
Lynnfield	11596	5,727	5,481	246	4.3	4.1%
Manchester-by-the-Sea	5136	2,686	2,563	123	4.6	3.5%

[1] Massachusetts Executive Office of Labor and Workforce Development, LAUS, mass.gov/lmi
[2] US Census Beauru, American Community Survey 5yr Estimates 2006-2010, cenus.gov

Marblehead	19808	11,082	10,629	453	4.1	4.8%
Middleton	8987	4,115	3,898	217	5.3	3.8%
Nahant	3410	1,930	1,845	85	4.4	3.1%
Peabody	51251	27,895	26,424	1,471	5.3	6.1%
Rockport	6952	3,685	3,524	161	4.4	3.7%
Salem	41340	24,020	22,616	1,404	5.8	10.8%
Saugus	26628	14,456	13,670	786	5.4	5.1%
Swampscott	13787	7,603	7,299	304	4	5.1%
Topsfield	6085	2,963	2,854	109	3.7	2.4%
Wenham	4875	1,872	1,780	92	4.9	3.4%

2. Statement of Need continued

President's High Growth Job Training Initiative:

This Presidential initiative is a strategic effort to prepare workers to take advantage of new and increasing job opportunities in high-growth, high-demand and economically vital sectors of the American economy. The following are the 14 industries identified in the High Growth Job Training Initiative (HGJTI).

HGJTI Industries	
• Advanced Manufacturing	• Geospatial Technology
• Aerospace	• Health Care
• Automotive	• Homeland Security
• Biotechnology	• Hospitality
• Construction	• Information Technology
• Energy	• Retail
• Financial Services	• Transportation

Identify HGJTI industry(s) that the project supports. If project supports another industry, please specify.

Health Care Industry

3. Performance Measures

Measures Table:

Performance Measure refers to what the grantee is measuring (e.g., enrollment rate: number of individuals admitted into the program). **Measurement Parameter** refers to specific characteristics or factors that define the performance measure (e.g. individuals with reading and math skills at 8th-11th grade levels).

In the table below, document all of the project's performance measures in the first column and the measurement parameters in the second column. In the third and fourth columns document the expected performance level and the actual performance level.

Performance Measure (based on your performance measure indicated in your proposal)	Measurement Parameter	Expected Performance Level	Actual Performance Level
Within six months of project start, five new long-term care employer partners will have been recruited and signed a Memorandum of Agreement.	Partners recruited	Seven (7) new partners	**New Partners (7):** JRC/Aviv Radius Health Care Brooksby Village* Operation Bootstrap* (*1 participant learned of HCLN through outreach to Operation Bootstrap but was working at Brooksby) Abbott House Brightview Comfort Keepers Twin Oaks Kindred (2 additional facilities)

By the end of Year One, additional workers from the current Kindred facilities and new workers from the new employer partners will have enrolled in HCLN™	Additional workers from Kindred (including 2 new Kindred facilities) and workers from new partners enrolled in HCLN™	A total of 64 workers enrolled	**Enrolled Workers**: JRC/Aviv 5 Radius 6 Brooksby 22 Abbott 3 Brightview 1 Comfort Keepers 2 Twin Oaks 1 Kindred 25 **TOTAL 65**
For the duration of the project, provide instruction and support to current Kindred workers that will carryover from the Commonwealth Corporation grant.	Carry over participants identified	Support of Kindred participants carried over from Commonwealth Corporation grant	3 Kindred students carried over
By the end of the project, 15 workers will have completed HCLN™ coursework and enrolled in community college health care career programs.	Participants enrolled in Community College Health Care Programs	15 workers completed HCLN™ course work and passed entrance exam	17 workers in college
Retention in HCLN™	45 of 60 students enrolled would complete coursework	45	56 of 65 completed

3. Performance Measures (continued)

Outcomes Narrative:

Please provide a short narrative of your project accomplishments (outcomes).

The HCLN™ project began under a Workforce Competitive Trust fund and during that time included partners from Kindred long term health care facilities. The DOL grant allowed outreach to additional long term health care facilities on the North Shore and we exceeded our goals with participants from 7 new facilities and 2 additional Kindred facilities with a total of 65 enrollees.

We incorporated changes to the program based on the recommendations of David Rosen's evaluation of the WCTF grant including a two-part orientation and more face-to-face time opportunities. Students met the HCLN™ Team (Instructors, Career Coach, and Program Manager) and each other during the first orientation before being introduced to the Learning Management System (LMS). All students were enrolled into the Computers for College course however the instructor allowed those coming in with these skills (and once demonstrated) to take the exam and advance to their next course. Those needing more training progressed individually. We found a few students were interested in just the Computers Course explaining they are now using them (at their employer facilities) and in the role of CNA. Open Learning Labs were scheduled and all students were invited to attend with reminders of the dates and locations were sent via our monthly newsletter. The labs provided extra help and support as well as special presentations (i.e. information on college financial assistance, a practice TEAS exercise and the college application process) based on feedback and requests from students. The Career Coach also attended Orientations and scheduled individual follow-up appointments. Students could then schedule with the Career Coach regularly and as needed and meet in person or over the phone.

Communication with participants from so many facilities was challenging however the HCLN™ Team was united and worked closely and cohesively meeting monthly in addition to email and phone calls (sometimes daily) to review student status and follow-up.

We have also found the path into college may take a lot longer for so many participants due to various life issues they are dealing with and in some cases with little or no additional supports beyond the HCLN™ program staff.

We were successful in helping 17 participants enter into college and begin a career pathway in allied health and begin a career program. In addition, we have begun to make strides in having HCLN™ available in the future to communities, and an adult education provider in Lynn (Operation Bootstrap) will begin offering the program in September.

Please provide an explanation of any objectives not met or discrepancies between the expected and actual outcomes.

N/A

Project Benefits to Individuals and the Community:

Explain how the project benefited participants and the community.

Below are a few excerpts from letters we received from a couple of student participants.

Student Letter I   *"This program helped me prepare for my journey into nursing school. I was unsure whether I would be able to go through nursing school, or even to pass my TEAS. This program was a huge confidence booster. They informed me that I had what it took to go for my nursing degree. They were behind me 100% and helped me where ever I needed it. They helped me with the application process and everything.*

I did not know when I started the HCLN program that I would be where I am at today. The amazing staff in this program helped me tremendously. With their help, I took my TEAS entrance exam in December 2010. I passed. From there I applied for Montachusett Regional Vocational Technical School Practical Nursing Program. This is a ten month LPN course. I was accepted! I started classes August 29, 2011.I am now in my fourth and final term in this course. My graduation date is June 21, 2012. I cannot tell you how excited I am.

As you can see HCLN was the kick start that I needed. With the amazing staff and the support that I so badly needed, I was able to start my dream to become a nurse. As of right now I am just a week away from accomplishing that dream. After I graduate I will sit my boards. This is an outstanding program and it can make that much of a difference. It changed my life!"

Student Letter II   *"I am a single mother of 5 children (4 boys and 1 girl). I have been through so much and thought going back to college was an unattainable goal. Having to raise 5 children on my own and feeling like I dug myself into a pit that could reach china soon, there really didn't seem like there was any chance of going back to school.*

Health Care Learning Network™ was a way for me to ease my way back into college. It was FREE for anyone who worked in health care. I jumped at the opportunity to turn my life around. I tested above average in math and average for English. When I got to the Career Center (for orientation into the program) my life totally changed for the better. The (HCLN™) team didn't quit on me until I had reached my goal of attending college.

I am currently in the Medical Coding program at North Shore Community College. I made the Dean's list during my first semester and on schedule to graduate in January."

In addition, we have begun to make a foothold in establish HCLN™ as a potentially permanent course offering at one of our local adult basic education providers. This will continue to add value to the education continuum and provide a gateway for adult learners to enter a health care career path into college.

4. Statement of Work – Target Group(s)

In this section please describe your project's implementation process.

> *For further clarification, refer to "Reference Book One: The Essential Guide for Writing an Earmark Grant Proposal." – Statement of Work, pp 30-38*

Target Group(s):

To what extent did the participants in your project match the clients you proposed to serve in the Statement of Need section of your proposal?

The target population for this project was front line workers within the health care industry and primarily Certified Nursing Assistants from long term health care facilities in our region. Home Health Aids and a couple participants with positions in facility kitchens also participated. These were workers who had exhibited strong work ethics, excellent care giving skills and a sincere interest to advance their careers within the healthcare field. Approximately 50% of participants spoke English as their second language, had a GED or High School diploma (with some high school diplomas from other countries) and their pay rates ranged from $8.00 to $15.00+ per hour. The average participant's age ranged from 20 to 60 with the average age of 37.

Were there enough eligible participants enrolled? (i.e. the number of eligible participants enrolled vs. the number proposed.)

Yes, 65 participants were enrolled from healthcare facilities throughout the north shore and we exceeded the proposed enrollment number by one.

How were needs of the target group met?

The program provided services to the students that allowed them to gain academic skills needed to enter into a community college healthcare program. These services consisted of contextualized courses in Computers, Science, Math and English, open study labs for extra help, career coaching services, technical assistance support and guidance through the college application process.

What were the additional needs of the target group that the project had not originally anticipated?

N/A

Service(s):

Describe each service that the project provided that the grant paid for. Include services provided that were not paid for by the Earmark grant.

Services	Paid for by grant (Yes/No)
Computers for College Course	Yes
Health Math	Yes
Health Science Course	Yes
Health English (Reading/Writing) Course	Yes
Career Coaching	Yes
Open Learning Labs	Yes
One-on-One Help Sessions	Yes
Email and Phone Contact with Instructors, Career Coach, Program Coordinator. LMS Technical assistance and a Monthly Newsletter	Yes
Loaner laptops were available to students in need	No

4. Statement of Work – Service Delivery Method(s)

Service Delivery Method(s):

In the table below provide the schedule of services (both <u>direct*</u> and <u>indirect*</u>) by delineating the Service Component; Location; specific Delivery Method(s); and the Service Provider.

Service Component (Both Direct and Indirect)	Location and Schedule (Where and When)	Delivery Method (How)	Service Provider (Responsible Party)
Orientation I and II	Held at the Career Center (CC) and/or employer site (ES) on the following dates: Part I Part II Location 09/24/10 10/08/10 CC 11/19/10 12/03/10 CC 01/28/11 02/11//11 CC 03/11/11 03/25/11 CC 06/03/11 06/17/11 CC 09/23/11 10/07/11 CC 10/21/11 10/28/11 CC 11/04/11 11/18/11 ES 12/02/11 12/16/11 ES 01/20/12 01/27/12 CC	Instruction and practical exercises	World Education Instructors, Career Coach and the Learning Management System
Open Learning Labs	10/22/10 - CC 11/05/10 – CC 11/19/11 – CC 01/14/11 – CC 02/25/11– CC 03/11/11 – CC 03/16/ 11 - CC 03/25/11 – CC 04/08/11 - CC 05/13/11 – CC 06/03/11 – CC 07/08/11 – CC 07/22/11 – CC 03/16/12 – ES & CC 04/27/12 – ES & CC 05/11/12 – CC 05/16/12 – ES & CC 05/23/12 – ES & CC	Instruction, practical exercises, group research and one-on-one	World Education Instructors, Career Coach and the Learning Management System
Career Coach	Individual appointments	Meetings, Phone and Email	Career coach
On-line Instruction	Each participant worked according to individual pace and schedule at home or hot spot.	Individual and support of on-line instructor as needed via phone and email	World Education Instructors and LMS support were available via phone and email

* **Direct service: Example – training**
* **Indirect service: Example – curriculum development**

4. Statement of Work – Partner Roles

Partner Roles:

Partner organizations are those that are considered essential to the successful completion of the project. What role did the project's partners play in meeting the needs of participants? Which services did the partners provide? In the table below, please provide a list of your partners, their roles meeting participant needs, and the services they provided.

Partners	Roles	Services
North Shore WIB	Provided support to the industry partners to ensure that the goals and objectives of the grant were met	Oversee HCLN™ program, build and maintain relationships with partners and participants through regular communication, monthly meetings, phone and email
MSW REB	Oversee and track the Learning Management System (platform used for HCLN™)	Provided a monthly report
Greater Lowell and Merrimack Valley Workforce Board	Part of the Steering Committee to collectively build and sustain the HCLN™ model	Attended regularly scheduled monthly meetings
World Education	The sole source organization responsible for developing and implementing HCLN™, the health-care contextualized instruction to be delivered primarily in an on-line fashion with periodic face-to-face opportunities that can be accessed by incumbent workers at a time and place convenient to them and in a way that leads to eventual college acceptance and success.	• Assessment of employees to help them develop the appropriate education plans through which they will attain their career ladder goals. • Development and continuous improvement of HCLN™ curriculum, both on-line and face-to-face that meets industry and employee needs • Delivery of this curriculum • Oversight of the Learning Management System that ensures access to learning progress by employees, instructors, and company personnel.
Employers	Provided feedback on curriculum and program design and coordinated on-site learning labs when applicable	Provided access to employees and facilities when needed.

Linkages with the Workforce Investment System

> *For further clarification, refer to "Reference Book
> One: The Essential Guide for Writing an Earmark
> Grant Proposal." – Statement of Work, pp 36-39*

Earmark projects are required to be coordinated with Workforce Investment Boards (WIB). Earmark grantees are expected to have developed linkages and partnerships with the workforce development system through One-Stop operators as well as State and Local Workforce Investment Boards.

How has the project linked with the workforce investment system? (Describe the nature of the project's relationship with the WIB. At what level has the connection been made, state or local or both? To what extent were resources maximized?)

HCLN™ has been on the radar of several WIB's in Massachusetts

What were the benefits of the WIB partnership to your project or project participants?

Participants were able to benefit from braided services from all partners as well as the expertise of the partners.

What were the benefits to the WIB?

(1) Exposure to the Long-term Care Industry and employers
(2) Linkages with the community college system and more specifically with the Health Sciences Division
(3) Using technology as a tool for workforce development
(4) Using contextualized learning as the basis for sector intervention

What were the benefits to the local industries, economy, and community?

Provide opportunity to establish and facilitate entrance into college for adult learners and front-line employees into the health care industry.
We now have a contextualized healthcare curriculum for on-line learners to assist them in entering college.
HCLN™ will continue to take hold in our region and it can start to be offered outside local industry.

What were the main challenges faced?

Change in the economy during the start of the project impacted the employer's ability to spend and give time to the recruitment of participants. Also, during the recession many participants had

to take on extra hours at work consequently affecting their ability to focus on their academic studies.

4. Statement of Work – Lessons Learned and Utility

Lessons Learned and Utility

In this section, describe those aspects of the project that were potentially useful to others.

> *For further clarification, refer to "Reference Book One: The Essential Guide for Writing an Earmark Grant Proposal." – Statement of Work, pp 42-43*

What aspects (findings, product) of your project are potentially useful to others?

(1) The Contextualized Curriculum
(2) Use of a Career Coach as wrap around service
(3) Using Technology as the basis for learning

What groups/type of groups will most likely benefit from your project results or product(s)?

(1) Front line staff
(2) WIB's (knowledge of the Long-term Care Industry)

4. Statement of Work – Phase-Out Plan and Sustainability

> *For further clarification, refer to "Reference Book One: The Essential Guide for Writing an Earmark Grant Proposal." – Statement of Work, pp 47-49*

Phase-Out Plan:

Provide a description of the phase-out plan that was implemented.

A few months in advance of grant end, students and facilities were sent a reminder and a schedule of open Learning Lab dates to be held at the Career Center and Brooksby Village's training room. Math tutoring break-out sessions were also scheduled during the open labs.

Instructors provided students with individual plans of completion and our lead instructor voluntarily remained available via email and phone through June 30th (an additional month beyond the end of the grant). Instructors were also available to offer students assistance with the college applications process.

What was the phase-out schedule? (What resources were available for data collection and analysis?)

We started the phase-out at the end of January and (as mentioned above) provided a schedule of open Learning Labs and Math tutoring sessions held at both the Career Center and Brooksby Village.

Data collection and analysis was done by the WIB and data was collected from the monthly student status report, student survey (via Constant Contact), partner interviews, and included a survey of all team members.

In addition, we have access to the (LMS) Learning Management System that all students were enrolled in and we can pull data on courses taken and exams.

What provisions were made for incomplete project activities?

HCLN's on-line access remains open to students to complete coursework.

Sustainability:

Project sustainability is contingent on developing partnerships and bringing in resources to supplement the Earmark grant. This ensures that some elements of the project will not be dependent on grant funds in the future.

What plans were in place to ensure the project's sustainability?

We are having in depth conversations with the Community College in our area to use various aspects of HCLN as developmental course work for potential students to into their programs. In addition, one of our local Adult Basic Education providers will sue the curriculum to begin a pathways program into health care related occupations. This would target individuals who have recently (or are very close attaining) their GED or high school diploma.

4. Statement of Work –
Evaluation Characteristics and Data Collection Format

Evaluation Characteristics

> *For further clarification, refer to "Reference Book One: The Essential Guide for Writing an Earmark Grant Proposal." – Statement of Work, pp 45-47*

Please complete the following.

Was there an outsourced evaluation? (Yes or No)

No

If no formal evaluation was conducted, skip the next box.

Who did the evaluation?

Evaluator: The North Shore Workforce Investment Board

[Additional information regarding the process evaluation findings can be provided as an attachment to this report.]

Note: An Evaluation of the HCLN™ program is being finalized and will be sent under separate cover.

Who completed this Final Report?

The North Shore Workforce Investment Board

Data Collection Format:

Were data/resource materials collected electronically? If not, what format are they?

Data was collected both electronically via Constant Contact Survey and focus groups.

5. Personal

Staffing Level:

Was the project adequately staffed?

Yes, we had a Lead Instructor and also for each of the four courses offered (Computers for College, Health Math, Health Science, and English (Reading/Writing). We also had a Career Coach, Program Coordinator and Technical Support.

If this was a training project, were teacher/student ratios appropriate?

Yes, given the type of training (on-line) students had access to teachers and the career coach via phone, email and could schedule in-person visits beyond the mandatory two-part orientation and optional open lab sessions.

For every task, was there someone on staff who had the required skills?

Yes, our educational provider is World Education and they are qualified and experienced with on-line training.

In the table below, indicate Key Staff who were critical to the project and the skills/qualifications they contributed.

Position	% Time Assigned to Project	Relevant Qualifications	Major Duties and Responsibilities
Curriculum Director & Language Arts Instructor	0.5 FTEs (based on 1 year) 0.33 FTEs (based on 18 months)	10 years project management experience On-line course development & teaching for adult educators & HCLN since 2007 20+ years teaching experience Secondary education certification Registered Nurse MA in Critical & Creative Thinking ABD, Higher Education Administration	Overall supervision and leadership responsibilities for the educational side of the project including curriculum development and improvement, student orientation, tutor management and participation in monthly meetings. Curriculum oversight and project management; plan and develop Language Arts curriculum, teach content, conference with students, create monthly reports and provide other information as needed

Instructional Designer & Computer Instructor	0.3 FTEs (based on 1 year) 0.2 FTEs (based on 18 months)	30 years teaching experience (20+ years in adult education) On-line course development & teaching for HCLN since 2007 On-line course developer and teacher since 1999 Graduate Certificate in Instructional Technology M.Ed. in Education	Technical expert on project; plan and develop computer curriculum, teach content, conference with students, create monthly reports and provide other information, as needed
Math Instructor	Sub-contract 274 hours over 1 year or 18 months	On-line math course developer and instructor since 2007 for adult ed students and teachers Math & general adult ed teacher since 1998 20+ years in adult education TABE Certification MA University of RI	Plan and develop math curriculum, teach content, conference with students, create monthly reports and provide other information as needed
Health Science Instructor	Subcontract 130 hours over 1 year or 18 months	National leader in health literacy education On-line course developer & teacher for HCLN since 2008 MS in Exercise Physiology	Plan and develop health science curriculum, teach content, conference with students, create monthly reports and provide other information as needed
Career Coach	130 hours over 18 months	Certified Life Coach & Trainer M.Ed.	Help students with professional development plans, help student manage their competing work, family and personal demands, guide workers through the college application process, collaborate with project staff and participate in monthly review meetings
Learning Management System (LMS) Overseer	170 hours over 18 months	HCLN™ Director from Metro SW REB	Regular tracking of Learning Management System, participate in monthly review meetings and provide monthly report

Project Coordinator	.5 FTE over 18 moths	Had been in the position for 18 months prior (May 2004)	Responsible for day-to-day management and coordination. Oversee implementation within each health care facility, guide instructional, tutoring and career coaching services, coordinate assessment and orientation, produce progress reports as required, enter data into and maintain the project database and organize/facilitate meetings.

Please provide a short narrative about project staff, including lessons learned and the challenges faced.

The Health Care Learning Network™ staff worked closely as a team with commitment to the program and with professional respect for one another. A monthly student status report on all students was generated and reviewed during our monthly meetings where the Career Coach would also provide individual updates. If an issue did occur the team was always responsive and worked together toward resolution. This team dynamic with a strong and supportive working relationship also proved valuable to assisting with keeping track of the many working parts to the program.

With participants from many different facilities and working various shifts we did find it challenging to maintain engagement with some students. The Lead Instructor, Career Coach and Program Coordinator communicated regularly (often daily) in the continued effort to reach students and keep one another informed and up-to-date with the status. For example, we found that sometimes a student may have developed a connection/relationship to a particular staff member (and that would vary) so each of us would reach out to try and learn the status (with any particular student) and share the information with the team.

Family issues, children, illness, leave of absence (and in some cases to handle issues in their home country); working two jobs, etc. are some of the many factors that may have impacted a participant's progress and possible reason for their not responding. And for these reasons we found that the journey to improving skills and getting into college can take longer for the adult learner who faces multiple barriers to education and career path enhancements.

6. Budget

> *For further clarification, refer to "Reference Book One: The Essential Guide for Writing an Earmark Grant Proposal." – Budget, pp 55-65*

Project Budget Table:

Please note that ETA has issued a revised budget format for grantees. Beginning in 2005 SF 424A was required for new grantees. Although the SF 424A was introduced for new grantees post-2005, the budget table below will be sufficient for the Final Report.

Complete the Budget Summary table below to reflect the original amounts in column A, modifications in column B, and final expenditures in column C. In the first column of the table, provide the necessary information for item 2, "Fringe Benefits (Rate %)," and item 9, "Indirect Cost (Rate %)," if applicable.

Budget Summary by Categories

	(A) Initial Budget	(B) Modified Budget, If applicable	(C) Final Expenditures
1. Personnel	45,697.77	45,697.77	44,177.82
2. Fringe Benefits (Rate 18%)	8,400.84	8,400.84	7,140.07
3. Travel	1000.00	400.00	101.04
4. Equipment	n/a	-	-
5. Supplies	2,100	1,355.00	1,355.00
6. Contractual	168,500.00	164,950.00	164,949.00
7. Other	12,301.39	17,196.39	17,196.39
8. Total, Direct Cost (lines 1-7)	238,000.00	238,000.00	234,919.30
9. Indirect Cost (Rate %)	-	-	-
10. Training Cost	-	-	-
11. TOTAL Funds Requested (lines 8-10)	238,000.00	238,000.00	234,919.30

6. Budget (continued)

Budget Implementation Effectiveness:

Describe the budget's effectiveness and identify any factors that affected budget estimates and implementation.

There were no problems with implementation.

Thank you for completing this Final Report.