

Baltimore Population Health Workforce Collaborative

HSCRC Population Health Workforce Support for Disadvantaged Areas

May 27,2016

Applicant Hospitals:

The Johns Hopkins Hospital

Johns Hopkins Bayview

LifeBridge Sinai

MedStar Franklin Square Medical Center

MedStar Good Samaritan Hospital

MedStar Harbor Hospital

MedStar Union Memorial Hospital

University of Maryland Medical Center-University Center

University of Maryland-Midtown Campus

Partners and Collaborators:

Baltimore Alliance for Careers in Healthcare

Baltimore Area Health Education Center

Bon Secours Community Works Programs

BUILD Turnaround Tuesday

Center for Urban Families

Community College of Baltimore County

Mission Peer Recovery Training

Penn North

Population Health Work Force Support for Disadvantaged Areas Program
Baltimore Population Health Workforce Collaborative

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Executive Summary

This project establishes a consortium of 4 major health systems, called the *Baltimore Population Health Workforce Collaborative* (BPHWC), comprising 9 hospitals: 1) The Johns Hopkins Hospital, 2) Johns Hopkins Bayview, 3) University of Maryland Medical Center- University Campus, 4) University of Maryland- Midtown Campus, 5) MedStar Harbor Hospital, 6) MedStar Union Memorial Hospital, 7) MedStar Good Samaritan Hospital, 8) MedStar Franklin Square Medical Center, and 9) Life Bridge Sinai. **BPHWC will target high poverty communities throughout Baltimore City to recruit, train, and hire residents for 198 newly established entry level core jobs over three years.** Individual hospitals will establish 35 other new positions related to BPHWC, to include social workers, care coordinators, for a total of 233 new jobs. BPHWC's major focus will be to establish new Community Health Workers (CHWs), Peer Recovery Specialists (PRS), Peer Outreach Specialists (POS) and CNA/GNA positions to improve population health outcomes in high poverty communities. BPHWC will target chronic disease patients with high rates of inpatient and ED utilization, with potentially avoidable utilization.

The primary target workforce populations to be trained and recruited are:

- Unemployed/underemployed residents living in high poverty communities
- Those who have little or no work history
- Have no more than a HS diploma or GED equivalent
- May possess a criminal record
- Persons in long-term recovery from substance use disorders (SUD) and/or mental health issues

BPHWC will partner with Baltimore Alliance for Careers in Healthcare (BACH) to coordinate workforce development training in collaboration with: a) occupational skills training providers to prepare entry-level CHWs (Baltimore Area Health Education Center-BAHEC), PRSs (Mission Peer Recovery Training-MPRT) and CNA/GNAs (Community College of Baltimore County); and b) community partners--BUILD Turnaround Tuesday (TAT), Center for Urban Families (CFUF), and Penn North Recovery, to recruit, screen, provide essential skills training, and on-boarding services. BACH was formed to meld the needs of healthcare employers with the skills of the local workforce, through educational, training and community initiatives. TAT, a jobs initiative of BUILD, provides a community to prepare ex-offenders and other unemployed persons for work. CFUF uses an integrated strategy to support workforce development, economic stability and healthy relationships. Penn North is Baltimore's longest standing recovery center. Its job readiness and placement assistance program provides assessment, training, and personalized coaching to enables its clients to enter or re-enter the workforce.

BPHWC will utilize a comprehensive approach to: a) identify and on-board disconnected workers from targeted high poverty communities; 2) provide a continuum of workforce development, including occupational and essential skills training, job coaching and wrap around services; 3) provide jobs with benefits; 4) offer on-going career coaching, training and mentoring. The newly trained employees will work in their communities to advance population health. BPHWC will establish a Steering Committee comprised of representatives from the 9 hospitals and partners for overall project governance and to assure coordination in recruitment strategies, sharing best practices on deployment of new employees, as well as information on achievement of short and long-term outcomes.

PROJECT NARRATIVE

Introduction and need assessment

Unemployment, along with the need to earn a living wage, is one of the greatest challenges facing Baltimore City residents. The April 2015 unemployment rate in the city was 7.4%, compared to the statewide rate of 4.9%, with some areas facing unemployment rates as high as 17% (DLLR 2015). These numbers do not take into account people who have given up hope of finding permanent employment or those who are underemployed. The healthcare industry is one of Baltimore's fastest growing industry sectors. According to the Baltimore Region Talent Development Pipeline study (2013), the healthcare industry will add 20,000 new jobs between 2012 and 2020. Thirty-six percent of these jobs will not require a college education, but will require training beyond high school. BPHWC is designed to provide the training needed to fill new health care jobs, while also improving the health of high poverty communities.

CHWs provide an opportunity to combat health disparities by promoting and supporting healthy behaviors; they can assist with care management activities to directly prevent or manage chronic disease. With the focus of health care shifting from the hospital setting to the community, CHWs can improve healthcare outcomes in the US (1) including 30-day readmission (2) as well as preventing and managing chronic diseases. CHWs help promote healthy behaviors and are connectors with the health care system to increase access to care to reduce health disparities and identify/navigate patients with unmet social needs to appropriate health care. CHWs are most effective when they serve the communities from which they come and thus provide continuity between healthcare systems and the community (3).

PRSs have experienced substance use disorder (SUD) or mental illness and recovery and can help persons with behavioral health issues by serving as a link between the clinical setting and the community to enhance access to and participation in treatment services to prevent relapse. PRS services are an important wrap-around to clinical services. CNA/GNAs will be used to expand the current home support reach in the community. They will also serve hospital discharged patients who need personal care at home, but cannot afford it to avoid readmission.

Top barriers to health care services are lack of health insurance, cost, transportation, local physicians in health plans, and appointment availability. The top social determinants of poor health are low educational attainment (less than HS degree), high poverty and unemployment, violence; poor food environment and housing instability. Therefore, there is a crucial need to utilize CHWs and PRSs to address social determinants of health. These positions will:

- 1.** Promote health education and healthy lifestyle changes and self-management skills
- 2.** Provide care management and coordination services for individuals with chronic illnesses who are high utilizers of hospital services, due to a lack of social services
- 3.** Be involved in an array of activities that result in improving the health of the population

Current conditions of economic and health disparities in Baltimore City have resulted in generations of shortened life expectancy and poor health for too many of its citizens. These conditions present an opportunity to demonstrate a critical role for CHWs and PRSs recruited from the city's communities with the highest ADI by the city's "anchor" academic health institutions—UMMS and JHH, along with major healthcare systems—MedStar Health and LifeBridge, in collaboration with community partners, to train and deploy these workers (4).

The goal of BPHWC is to concomitantly improve the socio-economic status of disadvantaged communities and promote population health in the Baltimore region. We will do this by improving the continuity and healthcare of the communities where CHWs and PRSs work, thus providing income through jobs that impact the health and well-being of the workers.

The 9 collaborative hospitals are located in/adjacent to economically distressed neighborhoods throughout Baltimore, including the central and inner city west side (UMMS), east side (JHH, Bayview), northwest (Sinai), northeast (MedStar Good Sam and Union), Southwest (MedStar Harbor) and eastern Baltimore County (MedStar Franklin Square).

Targeted neighborhoods are those in hospital Community Benefit Service Areas (CBSA) that have higher poverty and unemployment rates than Baltimore City overall. BPHWC will focus on the following 24 zip codes representing CBSA's of the 9 partner hospitals: 21201, 21202, 21205, 21206, 21207, 21211, 21213, 21214, 21215, 21216, 21217, 21218, 21221, 21222, 21223, 21224, 21225, 21226, 21227, 21229, 21231 and 21239. **The highest poverty communities to be specifically targeted include: a) the west side communities of Penn-North, Harlem Park, Sandtown-Winchester, Greater Rosemont, Upton/Druid Heights, Southern Park Heights, Pimlico/Arlington; b) the east side communities of Clifton-Berea, Madison East End, Oldtown-Middle East and Belair-Edison; c) the southern communities of Cherry Hill, Brooklyn, Curtis Bay; d) the northeast communities of Waverly, Greenmount East, Govans and Northwood; and e) the southeast Baltimore County communities of Essex, Dundalk, and Rosedale.**

Target population

Community partners, under the coordination of BACH, will recruit and screen individuals in the identified targeted areas who are currently unemployed. The community partners are embedded in these communities and have developed multiple techniques to identify these individuals. They have a history of providing appropriate workforce development skills necessary for success in today's workplace. The target workforce population to be trained and recruited for entry-level jobs will have one or more of the following characteristics:

a) unemployed/underemployed residents living in the above zip codes/communities; b) those who have little or no work history; c) have no more than a HS diploma or GED equivalent); d) may possess a criminal record; e) persons recovering from substance abuse disorders and/or mental health issues; and/or f) existing entry-level workers from targeted communities interested in career advancement.

We will also target incumbent hospital workers from high poverty communities in entry-level jobs with good work performance and at least 12 months of work experience, for which BPHWC training would provide a promotion or lateral move into a position with a career ladder.

The major focus will be to establish and train the following 3 positions, identified by BPHWC as being the most important to address the community health of our target patient population:

- **Community Health Worker** –to be assigned to a variety of ambulatory and home cares settings to visit individuals and families in their homes, in shelters or other similar places to provide basic community outreach services and to assist with programmatic interventions necessary in coping with the transition from hospital to community, or reducing the risk of being admitted to the hospital. CHW in managed care visits individuals and families in their homes, in shelters or other similar places to provide basic community outreach services and to assist with social interventions necessary in coping with a new diagnosis.

- Peer Recovery Specialist—to be placed in ambulatory, community-based and home-based settings and will screen adult patients for addiction-related disorders, provide brief interventions to patients with positive screen, refer high-risk patients to community-based treatment providers, follow-up with patients and providers to determine those admitted to treatment, and follow-up with patients and track number of patients who complete treatment.
- CNA/GNAs will be used by JHH to expand the current home support reach in the community. They will also serve hospital discharged patients who need personal care at home, but cannot afford, it to avoid readmission.

Maryland patients to benefit from the project. Population to be served by trained workforce

People who live in Baltimore City are burdened by chronic disease; this project will address chronic disease prevention and management. The Community Health Needs Assessments (CHNA) conducted by the BPHWC hospitals identified diabetes, heart disease, high blood pressure, substance abuse and mental health as the top health conditions in their CBSAs. This is the patient population that will be served by the CHWs, CNA/GNAs and PRSs that will be trained and recruited by this project. Eighty percent of an individual's or a community's health is related to social determinants(5). In Baltimore, income and education are the major social determinants of health. In 2014, two thirds of those who rated their health as fair or poor were unemployed and 46% had incomes of less than \$15,000/year(6). Baltimore survey respondents living below the federal poverty level had a greater burden of chronic disease, yet were twice as likely as respondents living above the federal poverty level to seek care in urgent care clinics and EDs. This reflects a lack of access to primary care and lack of continuity between hospitalization, outpatient hospital follow-up, and home care.

Since 2014, Baltimore City has experienced a 60% increase in drug and alcohol intoxication deaths, and an 84% increase in drug and alcohol-related ED visits between 2009 and 2012. Based on Baltimore City addiction-related morbidity and mortality data, there is an urgency to improve access to substance abuse treatment. Major gaps and barriers exist related to access to substance abuse treatment—often tracking along racial/ethnic, economic, and social lines. This divide contributes to the ongoing and pervasive disparities in addiction-related disorders in Baltimore City. Patients with substance use disorders often have co-morbid chronic medical and behavioral health conditions and a higher rate of ED visits, admissions and readmissions.

BPHWC will specifically target chronic disease patients who have high rates of inpatient and ED utilization, with potentially avoidable utilization. Thirty-day readmission is one of many indicators of hospital quality; however it is a reflection of healthcare continuity(7) and a major outcome measure for the Maryland All-Payer model. Patients with the greatest burden of chronic disease are at highest risk for readmission within 30 days and most benefit from early outpatient follow-up(8). Patients living in neighborhoods with the highest “ADI in Baltimore also have the highest rates of 30 day readmission(9). Thus income, education, disease burden and healthcare continuity are closely associated.

Workplan

The work plan is based on establishing a total of 198 new entry-level positions (158 full-time positions and 40 half-time positions) over 3 years among the 9 hospitals: JHH-120, JH-Bayview-20, MedStar-30, UMMC-University-14, UMMC-Midtown-6 and Lifebridge-Sinai-8. Individual

hospitals will establish 35 other new positions, e.g. care coordinators, as noted in entity budgets, for a total of 234 new jobs.

The goals and objectives of the project, along with performance measures, include:

Goal 1: Establish 68 new CHW positions across BPHWC over 3 years

Objective 1.1: Provide on-boarding and essential skills training to the CHW candidates through Turnaround Tuesday (TAT), CFUF, or Penn North, based on the competencies defined by the Legislative Workgroup on Workforce Development, and 160 hours of occupational skills training to CHW candidates through BAHEC.

Objective 1.2: Recruit 68 CHWs who have completed 160 hours of CHW training.

Objective 1.3: Provide ongoing job coaching/mentoring to CHWs to maximize job retention

Objective 1.4: Deploy CHWs to various ambulatory, community-based and home-based settings to serve chronic disease patients in targeted high poverty communities.

Goal 2: Establish 21 new PRS positions across BPHWC over 3 years

Objective 2.1: Provide, to those PRS candidates who have completed on-boarding/essential skills training through TAT, (CFUF) or Penn North Recovery, 50 hours of training to PRS candidates through Mission Peer Recovery Training (MPRT), a training program approved by the Maryland Addictions Professional Certification Board.

Objective 2.2: Recruit 21 new PRSs who have completed 50 hours of PRS training.

Objective 2.3: Provide ongoing job coaching/mentoring to PRSs to maximize job retention

Objective 2.4: Deploy PRSs to various ambulatory, community-based and home-based sites serving chronic disease patients in targeted high poverty communities.

Goal 3: Establish 61 new CNA positions and 28 half-time CNA/GNA positions over 3 years

Objective 3.1: Provide Maryland Board of Nursing approved training to CNA candidates through Community College of Baltimore County (CCBC)

Objective 3.2: Recruit 61 new full-time CNAs and 28 half-time CNAs over 3 years (JHH)

Objective 3.3: Provide job coaching/mentoring to CNAs/GNAs to maximize job retention

Goal 4: Establish 15 Peer Outreach Specialist (POS) positions over 3 years serving HIV and Hepatitis C patients at JHH, who will be provided internal training through JHH.

Goal 5: Establish a pool of qualified candidates for CHW, PRS and CNA occupational skills training, through an on-boarding process provided TAT, CFUF, and Penn North to identify, screen (background, experience, education, physical) and provide essential services to the targeted workforce development population. (See Essential Skills Curriculum in Appendix)

Objective 5.1: Provide essential skill classes through TAT, CFUF or Penn North that prepare trainees to enter hard skills training for CHW, PRS and CAN/GNA.

Objective 5.2: Develop, with each essential skills trainee, an individual workforce development plan with short and long term career goals, including how to address barriers.

Objective 5.3: Assign to those trainees who successfully complete essential skills training a job coach/mentor who will provide job coaching during and after the hiring process.

Goal 6: Establish a Job Retention Program that involves technical job coaching through BACH, job mentoring through TAT, and career development coaching through hospital coaches

Objective 6.1: Assign roving BACH job coaches to BPHWC sites to provide on-site job coaching related to technical aspects of the job.

Objective 6.2: Assign TAT job mentors to provide job coaching/mentoring related to barriers/problems that may interfere with continued employment.

Goal 7: Increase patient/family awareness of chronic illness prevention/management, to reduce ED visits/admissions/readmissions for patients served by CHWs, PRSs, CNAs-GNAs

Objective 7.1: Assign/deploy CHWs, PRSs and CNAs/GNAs to care teams/settings serving chronic disease patients with high rates of potentially avoidable inpatient and ED utilization.

Objective 7.2: Track potentially avoidable utilization, including 30- day hospital readmissions, of the patients directly affected by programs where CHWs/PRSs/CAN-GNAs are deployed.

The BPHWC program workflow flow diagram in the Appendix illustrates the recruitment, screening, training, placement and employment continuum.

BACH Role and Experience/Expertise with CHW, PRS and CNA/GNA training curricula:

BACH will coordinate/facilitate/monitor all workforce development activities, including occupational skills training (hard skills), essential skills training (soft skills) and job coaching. BACH will be the organization that is responsible for serving as the liaison with the 4 health systems, each of which is currently represented on BACH's Board of Directors. BACH will have written agreements with the occupational skills training providers (BAHEC, CCBC, MPRT) and the essential skills providers (TAT, CFUF and Penn North), and will be responsible for monitoring/paying these providers for their services. In partnership with BAHEC, MPRT and CCBC, BACH will create training cohorts based on the employment needs of the BPHWC.

BACH was launched in 2005 with support from the Baltimore Workforce Funders Collaborative. BACH was formed in response to the identified need that new approaches were needed to address employment shortages and workforce development needs of the healthcare industry in Baltimore and the surrounding region. Its mission is to meld the needs (current and future) of healthcare employers with the skills of the local workforce by way of educational, training and community initiatives. Recent efforts include providing: job coaching to incumbent healthcare workers; educational remediation to job seekers and incumbent workers; technical training opportunities; summer internships in hospitals for Baltimore City youth, and; developing the Baltimore Healthcare Career Map.

BACH has served as an intermediary in the Healthcare sector for more than 10 years. Employers are engaged in the development of curriculum for technical training. Training programs will be offered for CHW, PRS and CNA/GNA positions established by BPHWC. The CHW training will be based on the competencies defined by the Legislative Workgroup on Workforce Development. The Certified Peer Recovery Specialist curriculum is approved by the Maryland Addictions Professional Certification Board. Throughout 2014 and 2015, BACH was actively involved in developing competencies for the CHW. BACH's executive director served on the legislative workgroup to identify appropriate competencies that would lead to certification. This group made its final report to the legislature in the fall of 2015. A decision on certification is still pending. BACH will continue its work in this area through its board members and other healthcare partners such as The Mid-Atlantic Association of Community Health Centers and Baltimore Area Health Education Center.

The training for Community Healthcare Workers is 160 hours in length and will be taught by the trainer from Baltimore Area Health Education Center (BAHEC). BAHEC has already developed a curriculum based on the above referenced competencies. The training will take place in Baltimore City. A minimum of 4 training sessions will be held throughout each year using a cohort model of at least 10 trainees per class.

Although there is a certification program available for the PRS, it is not widely known throughout Baltimore City. Working in partnership with Mission Peer Recovery Training (MPRT), a training program approved by the Maryland Addictions Professional Certification Board, BACH will make this training program available for PRS trainees. This training model requires 50 hours of instruction focusing on providing individuals with skills needed to guide, mentor and support anyone who would like to enter into or sustain long-term recovery from an addiction to alcohol or other drugs. BACH will ensure that individuals hired as trained PRSs have certified personnel available to sign off on their work experience prior to certification. This will be accomplished through the community partner at Penn North Recovery.

Once trainees are placed in entry-level positions, they will be assigned with a job coach—some who are technical coaches assigned by BACH and some who are coaches from TAT to address barriers to continued employment and access to needed wrap around services. Coaches will meet weekly with hospital managers to help them understand and encourage individuals who may need workplace guidance and to provide support for the managers as they assist with training. Several of the participating hospitals will also utilize a Career Development Specialist (CDS) to help employees with career development, professional goals and long-term workplace success strategies. The CDS helps workers chart the course of their professional life through goal setting, identifying long-term career aspirations, developing steps for getting to where they want to be, and staying on-track. In addition to meeting with clients on a regular basis to assess progress, the CDS will be available on an “as-needed” basis to help clients evaluate workplace situations, troubleshoot career issues and develop workplace strategies.

TAT, CFUF and Penn North will be BACH’s community partners working to recruit, screen (background checks, experience, education) and provide essential services to the targeted workforce development population before they are prepared enter occupational skills training. Work Readiness and Training Curriculum (Essential skills training)

In partnership with area hospitals, BACH and its community partners created a standard list of essential skills that include Life Skills, Basic Work Skills and Behaviors, Work Attitudes and Values, Communication and Interpersonal Skills, Technology, Teamwork, and Mission and Service Excellence (See Appendix). Community partners (TAT, CFUF, and Penn North) will conduct a comprehensive assessment on each enrolled participant. The assessment includes demographic information, as well as information on education background, employment history, current/prior use of drugs/alcohol and treatment services, history with the criminal justice system, housing status, financial status. The assessment identifies work-related strengths, interests and barriers, which are discussed with each participant to establish goals for workforce readiness, training and placement.

The comprehensive assessment collects information needed to establish individual workforce development plans, which include participant goals related to essential skills training, occupational skills training and addressing employment barriers. Individual workforce development plans are established with each participant based on the goals established in the comprehensive assessment.

Evaluation plan

BPHWC will evaluate its short-term outcomes through BACH's Efforts to Outcomes (ETO) data collection system to track the following demographic and process measures: 1) number of

trainees who participate in and complete essential skills training and occupational skills training (CHW, PRS, CNA-GNA); 2) number of trainees who are hired and the communities from which they were recruited; 3) percent of trainees and new hires by socio-demographic characteristics; 4) number of trainees hired by job category and hospital employer; 5) number of patients by community and zip code served by these workers; 5) number and percentage of workers retained annually by job category, hospital employer and socio-demographic characteristics; 6) wages and benefit levels for job categories (CHW, PRS, CNA-GNA) by hospital employer; 7) number of promotions of new hires. All community training partners will have access to and be trained in BACH's ETO data management system. All required demographics and process measures will be collected and tracked through this system.

The participating hospitals will be responsible for collecting the long-term outcomes associated with this initiative. This will include assessing the impact of CHW, PRS, CNA-GNA services on ED and inpatient utilization by patients' pre and post services. Evaluation of long term outcomes will include 30- day hospital readmissions *of the patients directly affected by the programs where the CHWs/PRSs/CAN-GNAs are employed*. This measure of effectiveness (MOE) can be looked at for individual programs as well as for BPHWC collectively. Based on this, each participating hospital will be able to calculate return on investment through cost of care savings/potentially avoidable utilization. The Collaborative will follow the lead of the HSCRC evaluator in calculating how we will achieve long-term goals of improving population health and socioeconomic opportunities.

Timeline Once the grant award is received; we will launch our project on July 1, 2016, as required. Over the three year grant period, we will:

Timeframe	Activity
July 2016	Execute Agreements w BACH and its training partners (TAT, CCBC, CFUF, BAHEC, MPRT, Penn North)
August 2016	Provide training on ETO data collection to training partners
August 2016	Establish and post new CHW, PRS and CNA Job Descriptions
August 2016	Begin essential skills,
September 2016	Begin CHW, PRS and CNA training sessions
October/November 2016	Move qualified trainees into employment
October/November 2016	Connect participants with career coaches; coaching continues for 1-2 years based on individual needs
	Develop individual workforce development plans for new employees
July 2016	Establish BPHWC Steering Committee comprised of health system representatives
On-going	Evaluating, learning, and making adjustments; adding new community partners when indicated

Resources

BPHWC will establish a Steering Committee comprised of the 9 participating hospitals and the partners to provide overall project governance to assure coordination in recruitment strategies, sharing best practices in deployment/effective use of CHWs and PRSs and sharing information on achieving short and long-term outcomes, and modifying strategies/approaches as needed.

BACH will coordinate all training components of BPHWC, including essential skills training, occupational skills training, and job coaching. They will also manage the relationships with the essential skills and occupational skills trainers. BACH operates through partnerships with 80 public, private, and non-profit industry-sector members and a Board of 15 organizations representing healthcare employers, foundations, workforce development, nonprofits, public schools, and training institutions. BACH's successes include piloting and scaling up the career coach role and position at Baltimore hospitals – Johns Hopkins, UMMC, Mercy, LifeBridge, MedStar Good Samaritan, and Bon Secours. Results over the past five years show that more than 400 entry-level employees have participated; 72% successfully completed training and 40% advanced to new jobs. Dr. Laura Spada, Executive Director of BACH, (Resume in Appendix) will manage the workforce development training, including essential skills and hard skills training partners. She will oversee workforce development training, financial management and reporting of training functions and outcomes.

Baltimore Area Health Education Centers (BAHEC) will provide occupational skills training for CHWs. BAHEC's mission is to improve the health status of Marylanders through community educational partnerships that foster a commitment to enhancing healthcare access in underserved areas of the state. The program works to link health care delivery systems to educational resources in underserved communities; create collaborative community-based education and training opportunities for health professionals, students, and primary care resident physicians; increase the number of individuals from minority and underserved communities who enter health careers; support multidisciplinary and interdisciplinary training in response to community needs; create systems for learning and networks for information dissemination; and translate results of quality research to benefit communities and health care professionals.

Center for Urban Families (CFUF)'s will provide essential skills training: CFUF's unique service model, Family Stability and Economic Success (FSES), is an integrated and comprehensive approach to addressing the needs of target populations. Services address two critical areas: chronic unemployment and family instability. FSES brings together streamlined accountability systems; co-located and bundled resources and partnerships; and an intensive system of family strengthening and economic stability-focused wrap-around services and interventions to address the needs of low-income families and workers in a holistic manner. Services include STRIVE Baltimore pre-employment trainings, job placements, and re-placements; job retention and advancement assistance; career mapping support and job coaching; and occupational skills trainings and education.

CCBC's role will be to provide training to CNA/GNAs: The Community College of Baltimore County (CCBC) is ranked among the number one providers of undergraduate education, workforce development, technology training, and lifelong learning/life enrichment in the Baltimore Metropolitan area.

BUILD Turnaround Tuesday (TAT) will recruit and screen potential workers from targeted communities and provide them with essential skills training in preparation for occupational skills training. TAT will also provide job coaching/mentoring after employment. TAT was created when BUILD organizers asked ex-offenders what would prevent them from returning to a life of crime – the resounding response was “jobs.” TAT addresses barriers to employment and provides essential job skills and job placement. BUILD conducts outreach activities for TAT through its citywide network of 50 faith-based and community

organizations. TAT has grown rapidly, providing work readiness to 400 persons in two years and placing 135 persons into jobs.

Penn North Recovery will provide essential skills training, particularly to persons who are recovering from addiction. Penn North provides critical services to over 12,000 people each year who are affected by substance use disorder and is Baltimore's longest standing recovery center. Penn North's job readiness and placement assistance program provides assessment, training, and personalized coaching that enables its clients to enter or re-enter the workforce with the goal to help our clients secure and maintain living-wage employment.

Mission Peer Recovery Training (MPRT), a training program approved by the Maryland Addictions Professional Certification Board, will provide training to PRS trainees. This training model requires 50 hours of instruction focusing on providing individuals with skills needed to guide, mentor and support anyone who would like to enter into or sustain long-term recovery from an addiction to alcohol or other drugs.

Bon Secours Baltimore Health System, through its Community Works Programs, will make referrals to training programs and employment opportunities within BPHWC.

Sustainability

The potential for sustainability is reliant on organizational, policy, and financial components. BPHWC came together in response to the HSCRC PWSDA RFP, and its membership, relationships, partners and vision of a regional and shared systems level approach to workforce development should provide a model that is sustainable through potentially avoidable utilization from patients served by CHWs, PRSs and CNA-GNAs. As these entry-level positions increasingly are moving toward certification, BPHWC will advocate that the services provided by CHWs and PRS' be reimbursable by public and private payers, including managed care organizations. The DHMH Task Force on CHWs had recommendations regarding reimbursement for CHW services. Additionally, as savings are realized, hospitals will be able to reinvest in similar workforce development efforts and population health initiatives. As opportunities become available, the collaborative will consider joint submissions for grant funding.

Budget justification

Please see Appendix for the itemized budgets for each of the 9 participating hospitals that includes: a) salary and fringe costs associated with newly hired and retained employees; b) trainee costs (for BACH, which includes its community and training partners-- BAHEC, MPRT, TAT, Penn North and CCBC); c) rate request amount; d) matching fund amount based on 50% of the rate request amount; e) evaluation cost, based on 1.5% of the rate request amount. Some of the hospitals have included in their costs other positions needed to operate the program, such as social workers, career development specialists, and care coordinators.

This grant application is for new job positions that are in addition to and not duplicative of other HSCRC grant funding proposals. We recognize that this proposal for 198 new jobs does not request up to the 375 maximum, but we respectfully ask that the balance of funding be held in reserve for needs that may arise in Phase II of the Waiver.

Matching cost

Each of the 9 hospitals has provided a minimum of a 50% match of the amount included in their rates to support training and hiring costs (See itemized budget in Appendix).

APPENDICES

- I. Hospital Budgets**
- II. BACH Budget Narrative**
- III. Biosketches**
- IV. Letters of Support**
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- VI. Program Workflow Diagram**
- VII. Essential Skills Curriculum**

I. Hospital Budgets

The Johns Hopkins Health System

Johns Hopkins Bayview

LifeBridge Sinai

MedStar Franklin Square Medical Center

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University of Maryland Medical System

University of Maryland- Midtown Campus

Itemized budget for Job Implementation Proposal- Summary

Fiscal year	Training/Job Type		CHW	Training/Job Type		PRS	Training/Job Type CNA			Training/Job Type CNA/GNA			Training/Job Type DA			Training/Job Type CMS			TOTAL
	2016-17 ¹	2017-18	2018-19	2016-17	2017-18	2018-19	2016-17	2017-18	2018-19	2016-17	2017-18	2018-19	2016-17	2017-18	2018-19	2016-17	2017-18	2018-19	
Training																			
1. Essential Skills Training/Community Partner Grants ²																			
# of trainees	183	79	64	46	44	17	20	20	18	33	18	18							560
Cost per trainee	\$ 1,547	\$ 1,499	\$ 1,611	\$ 1,547	\$ 1,499	\$ 1,611	\$ 1,547	\$ 1,499	\$ 1,611	\$ 1,547	\$ 1,499	\$ 1,611							
Essential Skills Training Cost	\$ 283,101	\$ 118,421	\$ 103,104	\$ 71,162	\$ 65,956	\$ 27,387	\$ 30,940	\$ 29,980	\$ 28,998	\$ 51,051	\$ 26,982	\$ 28,998	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 866,080
2. Technical Skills Training ³																			
# of trainees	73	32	26	19	18	8	8	8	7	13	7	7							226
Cost per trainee	\$ 2,000	\$ 2,000	\$ 2,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,700	\$ 1,700	\$ 1,700	\$ 1,700	\$ 1,700	\$ 1,700							
Technical Training Cost	\$ 146,000	\$ 64,000	\$ 52,000	\$ 19,000	\$ 18,000	\$ 8,000	\$ 13,600	\$ 13,600	\$ 11,900	\$ 22,100	\$ 11,900	\$ 11,900	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Total cost of training	\$ 429,101	\$ 182,421	\$ 155,104	\$ 90,162	\$ 83,956	\$ 35,387	\$ 44,540	\$ 43,580	\$ 40,898	\$ 73,151	\$ 38,882	\$ 40,898	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,258,080
# of NEW full Time Employees	43	19	15	11	10	5	5	5	4	8	6	5	1	1	0	2	1	0	136
Wage cost per employee																			
Fringe benefits per employee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
# of NEW part Time Employees	0	2	1	0	4	5	0	0	0	0	4	4		4	4		4	4	20
Wage cost per employee					\$ -	\$ -					\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	
Fringe benefits per employee					\$ -	\$ -					\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	
Total cost of NEWLY hired employees	\$ 811,317	\$ 937,529	\$ 751,546	\$ 198,807	\$ 539,063	\$ 358,337	\$ 99,896	\$ 246,943	\$ 203,483	\$ 159,833	\$ 395,108	\$ 356,096	\$ 42,250	\$ 103,428	\$ -	\$ 47,667	\$ 58,344	\$ -	\$ 5,309,647
# of RETAINED full Time Employees	0	33	40	0	7	14	0	4	6	0	8	5	0	0	1	0	1	2	117
Wage cost per employee		\$ -	\$ -		\$ -	\$ -													
Fringe benefits per employee		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	
# of RETAINED part Time Employees	0	1	1	0	2	4	0	0	0	0	3	3							14
Wage cost per employee											\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	
Fringe benefits per employee											\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	
Total cost of retained employees	\$ -	\$ 1,559,294	\$ 1,930,521	\$ -	\$ 362,901	\$ 728,891	\$ -	\$ 197,554	\$ 305,225	\$ -	\$ 469,191	\$ 330,660	\$ -	\$ -	\$ 105,497	\$ -	\$ 58,344	\$ 119,022	\$ 6,167,100
Bach Consultant Cost per trainee	\$ 923	\$ 2,070	\$ 2,887	\$ 923	\$ 2,070	\$ 2,887	\$ 923	\$ 2,070	\$ 2,887	\$ 923	\$ 2,070	\$ 2,887	\$ 923	\$ 2,070	\$ 2,887	\$ 923	\$ 2,070	\$ 2,887	
BACH Consultant cost⁴	\$ 168,909	\$ 163,530	\$ 184,768	\$ 42,458	\$ 91,080	\$ 49,079	\$ 18,460	\$ 41,400	\$ 51,966	\$ 30,459	\$ 37,260	\$ 51,966	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 931,335
Evaluation cost 1.5% of rate request	46,128	46,128	46,128																\$ 138,385
Other Costs, specify	\$ 116,375	\$ 222,357	\$ 223,418																\$ 562,150
TOTAL costs	\$1,571,830	\$3,111,259	\$3,291,485	\$331,427	\$1,077,000	\$1,171,694	\$162,896	\$529,477	\$601,572	\$263,443	\$940,441	\$779,620	\$42,250	\$103,428	\$105,497	\$47,667	\$116,688	\$119,022	\$14,366,696

Rate Request Amount	\$ 9,577,798
Matching Fund Amount (50% of above, includes evaluation cost)	4,788,899
Total Funding Amount	\$ 14,366,696

- 2016-17 salary/fringe are prorated for start of February 1, 2017
- Community Partner responsibilities include recruitment, screening, academic testing, and essential skills training. Will also provide case management to individuals in technical skills training and retention services for 12 months following hire.
- Technical Skills Training is specific to chosen occupation, i.e. CHW, PRS, CNA. Based on BACH exp. there is 60% attrition from those entering essential skills to tech. skills trng.
- Consultant costs includes BACH program management and direction of community and training partners.

Itemized budget for Job Implementation Proposal- Johns Hopkins Hospital

Fiscal year	Training/Job Type			CHW			Training/Job Type			PRS	Training/Job Type CNA			Training/Job Type CNA/GNA			TOTAL
	2016-17 ¹	2017-18	2018-19	2016-17	2017-18	2018-19	2016-17	2017-18	2018-19	2016-17	2017-18	2018-19	2016-17	2017-18	2018-19		
Training																	
1. Essential Skills Training/Community Partner Grants ²																	
# of trainees	25	20	20	8	8	8	20	20	18	33	18	18				216	
Cost per trainee	\$ 1,547	\$ 1,499	\$ 1,611	\$ 1,547	\$ 1,499	\$ 1,611	\$ 1,547	\$ 1,499	\$ 1,611	\$ 1,547	\$ 1,499	\$ 1,611					
Essential Skills Training Cost	\$ 38,675	\$ 29,980	\$ 32,220	\$ 12,376	\$ 11,992	\$ 12,888	\$ 30,940	\$ 29,980	\$ 28,998	\$ 51,051	\$ 26,982	\$ 28,998					
2. Technical Skills Training ³																	
# of trainees	10	8	8	3	3	3	8	8	7	13	7	7				85	
Cost per trainee	\$ 2,000	\$ 2,000	\$ 2,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,700	\$ 1,700	\$ 1,700	\$ 1,700	\$ 1,700	\$ 1,700					
Technical Training Cost	\$ 20,000	\$ 16,000	\$ 16,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 13,600	\$ 13,600	\$ 11,900	\$ 22,100	\$ 11,900	\$ 11,900					
Total cost of training	\$ 58,675	\$ 45,980	\$ 48,220	\$ 15,376	\$ 14,992	\$ 15,888	\$ 44,540	\$ 43,580	\$ 40,898	\$ 73,151	\$ 38,882	\$ 40,898				\$ 481,080	
# of NEW full Time Employees	6	5	5	2	2	2	5	5	4	8	6	5				55	
Wage cost per employee	\$ 35,000	\$ 36,050	\$ 37,132	\$ 32,739	\$ 33,721	\$ 34,733	\$ 35,000	\$ 36,050	\$ 37,132	\$ 35,000	\$ 36,050	\$ 37,132					
Fringe benefits per employee	\$ 12,950	\$ 13,339	\$ 12,113	\$ 12,113	\$ 12,477	\$ 12,851	\$ 12,950	\$ 13,339	\$ 13,739	\$ 12,950	\$ 13,339	\$ 13,739					
# of NEW part Time Employees					2	4					4	4					
Wage cost per employee					\$ 16,861	\$ 17,367					\$ 18,025	\$ 18,566					
Fringe benefits per employee					\$ 6,238	\$ 6,426					\$ 6,669	\$ 6,869					
Total cost of NEWLY hired employees	\$ 119,875	\$ 246,943	\$ 246,227	\$ 37,377	\$ 138,594	\$ 190,337	\$ 99,896	\$ 246,943	\$ 203,483	\$ 159,833	\$ 395,108	\$ 356,096				\$ 2,440,711	
# of RETAINED full Time Employees		5	8		1	3		4	6		8	5				40	
Wage cost per employee		\$ 36,050	\$ 37,132		\$ 33,721	\$ 34,733		\$ 36,050	\$ 37,132		\$ 36,050	\$ 37,132					
Fringe benefits per employee		\$ 13,339	\$ 13,739		\$ 12,477	\$ 12,851		\$ 13,339	\$ 13,739		\$ 13,339	\$ 13,739					
# of RETAINED part Time Employees					1	3					3	3					
Wage cost per employee					\$ 16,861	\$ 17,367					\$ 18,025	\$ 18,566					
Fringe benefits per employee					\$ 6,238	\$ 6,238					\$ 6,669	\$ 6,869					
Total cost of retained employees		\$ 246,943	\$ 406,961		\$ 69,297	\$ 213,567		\$ 197,554	\$ 305,225		\$ 469,191	\$ 330,660				\$ 2,239,397.82	
Bach Consultant Cost per trainee	\$ 923	\$ 2,070	\$ 2,887	\$ 923	\$ 2,070	\$ 2,887	\$ 923	\$ 2,070	\$ 2,887	\$ 923	\$ 2,070	\$ 2,887					
BACH Consultant cost⁴	\$ 23,075	\$ 41,400	\$ 57,740	\$ 7,384	\$ 16,560	\$ 23,096	\$ 18,460	\$ 41,400	\$ 51,966	\$ 30,459	\$ 37,260	\$ 51,966				\$ 400,766	
Evaluation cost 1.5% of rate request	19,193	19,193	19,193													\$ 57,578	
Other Costs, specify	\$ 37,675	\$ 76,857	\$ 78,394													\$ 192,926	
1.0 FTE Career Coach ⁵																	
TOTAL costs	\$258,493	\$677,315	\$856,735	\$60,137	\$239,443	\$442,888	\$162,896	\$529,477	\$601,572	\$263,443	\$940,441	\$779,620				\$5,812,459	

Rate Request Amount	\$ 3,874,973
Matching Fund Amount (50% of above, includes evaluation cost)	1,937,486
Total Funding Amount	\$ 5,812,459

1 2016-17 salary/fringe are prorated for start of February 1, 2017

2 Community Partner responsibilities include recruitment, screening, academic testing, and essential skills training. Will also provide case management to individuals in technical skills training and retention services for 12 months following hire.

3 Technical Skills Training is specific to chosen occupation, i.e.. CHW, PRS, CNA. Based on BACH exp. there is 60% attrition from those entering essential skills to tech.skills trng.

4 Consultant costs includes BACH program management and direction of community and training partners.

5. Career Coach position will be providing services to the individuals hired into these positions. . Year one Salary is \$55,000 plus \$20350 (.37%) for fringe benefits for total of \$75350 for 1 FTE. For years 2 and 3, a salary increase of 2% was factored in.

Itemized budget for Job Implementation Proposal- Johns Hopkins Bayview Medical Center

Fiscal year	Training/Job Type			CHW	Training/Job Type			PRS	Training/Job Type			TOTAL
	2016-17 ¹	2017-18	2018-19	2016-17	2017-18	2018-19	2016-17	2017-18	2018-19			
Training												
1. Essential Skills Training/Community Partner Grants ²												
# of trainees	15	6	6	15	6	6					54	
Cost per trainee	\$1,547	\$1,499	\$1,611	\$1,547	\$1,499	\$1,611						
Essential Skills Training Cost	\$23,205	\$8,994	\$9,666	\$23,205	\$8,994	\$9,666					\$83,730	
2. Technical Skills Training ³												
# of trainees	7	3	3	7	3	3					26	
Cost per trainee	\$2,000	\$2,000	\$2,000	\$1,000	\$1,000	\$1,000						
Technical Training Cost	\$14,000	\$6,000	\$6,000	\$7,000	\$3,000	\$3,000						
Total cost of training	\$37,205	\$14,994	\$15,666	\$30,205	\$11,994	\$12,666					\$122,730	
# of NEW full Time Employees	4	2	1	4	2	1					14	
Wage cost per employee	\$35,000	\$36,050	\$37,132	\$35,000	\$36,050	\$37,132						
Fringe benefits per employee	\$12,950	\$13,339	\$13,739	\$12,950	\$13,339	\$13,739						
# of NEW part Time Employees		2	1		2	1						
Wage cost per employee		18,025	18,566		18,025	18,566						
Fringe benefits per employee		6,669	6,869		6,669	6,869						
Total cost of NEWLY hired employees	\$ 79,917	\$ 148,166	\$ 76,306	\$ 79,917	\$ 148,166	\$ 76,306					\$ 528,860	
# of RETAINED full Time Employees		3	3		3	3					12	
Wage cost per employee		\$36,050	\$37,132		\$36,050	\$37,132						
Fringe benefits per employee		\$11,536	\$11,882		\$11,536	\$11,882						
# of RETAINED part Time Employees		1	1		1	1						
Wage cost per employee		\$18,025	\$18,566		\$18,025	\$18,566						
Fringe benefits per employee		6,669	6,869		6,669	6,869						
Total cost of retained employees		\$ 167,452	\$ 172,476		\$ 167,452	\$ 172,476					\$ 679,857	
Bach Consultant Cost per trainee	\$923	\$2,070	\$2,887	\$923	\$2,070	\$2,887						
BACH Consultant cost⁴	\$13,845	\$12,420	\$17,322	\$13,845	\$12,420	\$17,322					\$87,174	
Evaluation cost 1.5% of rate request	\$4,731	\$4,731	\$4,731								\$14,193	
Other Costs, specify											\$0	
TOTAL costs	\$135,698	\$347,763	\$286,502	\$123,967	\$340,032	\$278,770					\$1,512,731	

Rate Request Amount	\$ 1,008,487
Matching Fund Amount (50% of above, includes evaluation cost)	504,244
Total Funding Amount	\$ 1,512,731

1 2016-17 salary/fringe are prorated for start of February 1, 2017

2 Community Partner responsibilities include recruitment, screening, academic testing, and essential skills training. Will also provide case management to individuals in technical skills training and retention services for 12 months following hire.

3 Technical Skills Training is specific to chosen occupation, i.e.. CHW, PRS, CNA. Based on BACH exp. there is 60% attrition from those entering essential skills to tech. skills trng.

4 Consultant costs includes BACH program management and direction of community and training partners.

Itemized budget for Job Implementation Proposal - UMMC

Fiscal year	1. Training/Job Type		CHW	2. Training/Job Type		PRS	TOTAL
	2016-17 ¹	2017-18	2018-19	2016-17	2017-18	2018-19	
Training							
1. Essential Skills Training/Community Partner Grants²							
# of trainees	50	8	13	5	5	-	81
Cost per trainee	1,547	1,499	1,611	1,547	1,499	1,611	
Essential Training Cost	\$ 77,350	\$ 11,992	\$ 20,943	\$ 7,735	\$ 7,495	\$ -	
2. Technical Training³							
# of trainees	20	3	5	2	2	0	32
Cost per trainee	2,000	2,000	2,000	1,000	1,000	1,000	
Technical Training Cost	\$ 40,000	\$ 6,000	\$ 10,000	\$ 2,000	\$ 2,000	\$ -	
Total Training Cost	\$ 117,350	\$ 17,992	\$ 30,943	\$ 9,735	\$ 9,495	\$ -	\$ 185,515
# of NEW full Time Employees	12	2	3	1	1		19
Wage cost per employee	\$ 35,360	\$ 36,067	\$ 36,789	\$ 29,120	\$ 29,702	\$ 30,296	
Fringe benefits per employee	\$ 8,840	\$ 9,017	\$ 9,197	\$ 7,280	\$ 7,426	\$ 7,574	
# of NEW part Time Employees							0
Wage cost per employee							
Fringe benefits per employee							
Total cost of NEWLY hired employees	\$221,000	\$ 90,168	\$ 137,957	\$15,167	\$ 37,128	\$ -	\$ 501,420
# of RETAINED full Time Employees		10	10		-	1	21
Wage cost per employee	35,360	36,067	36,789	29,120	29,702	30,296	
Fringe benefits per employee		9,017	9,197		7,426	7,574	
# of RETAINED part Time Employees							0
Wage cost per employee							
Fringe benefits per employee							
Total cost of retained employees		\$450,840	\$459,857		\$0	\$37,871	\$948,567
Bach Consultant Cost per trainee	\$ 923	\$ 2,070	\$ 2,887	\$ 923	\$ 2,070	\$ 2,887	
BACH Consultant cost⁴	\$ 46,150	\$ 16,560	\$ 37,531	\$ 4,615	\$ 10,350	\$ -	\$ 115,206
Evaluation cost (1.5% of rate request)	6,394	6,394	6,394				\$ 19,181
Other Cost: Career Development Specialist	32,500	66,300	67,626				166,426
TOTAL costs	\$423,394	\$648,254	\$740,307	\$29,517	\$56,973	\$37,871	\$1,936,315

Rate Request Amount	\$ 1,290,877	\$ 2,167,714
Matching Fund Amount (50% of above, includes evaluation cost)	645,438	
Total Funding Amount	\$ 1,936,315	

1 2016-17 salary/fringe are prorated for start of February 1, 2017

2 Community Partner responsibilities include recruitment, screening, academic testing, and essential skills training. Will also provide case management to individuals in technical skills training and retention services for 12 months following hire.

3. Technical Skills Training is specific to chosen occupation, i.e.. CHW, PRS, CNA. Based on BACH exp. there is 60% attrition from those entering essential skills to tech.skills trng.

4 Consultant costs includes BACH program management and direction of community and training partners.

Itemized budget for Job Implementation Proposal - University of Maryland Medical Center Midtown Campus

Fiscal year	1. Training/Job Type			2. Training/Job Type			3. Training/Job Type			6. Training/Job Type			TOTAL
	2016-17	2017-18	2018-19	2016-17	2017-18	2018-19	2016-17	2017-18	2018-19	2016-17	2017-18	2018-19	
Training													
1. Essential Skills Training/Community Partner Grants²													
# of trainees	18	5	5	8	5	-							41
Cost per trainee	1,547	1,499	1,611	1,547	1,499	1,611	-	-	-	-	-	-	
Essential Training Cost	\$ 27,846	\$ 7,495	\$ 8,055	\$ 12,376	\$ 7,495	\$ -							
2. Technical Training													
# of trainees	7	2	2	3	2	0							16
Cost per trainee	2,000	2,000	2,000	1,000	1,000	1,000							
Technical Training Cost	\$ 14,000	\$ 4,000	\$ 4,000	\$ 3,000	\$ 2,000	\$ -							
Total Training Cost	\$ 41,846	\$ 11,495	\$ 12,055	\$ 15,376	\$ 9,495	\$ -							\$ 90,267
# of NEW full Time Employees	4	1	1	2	1		1	1	0	2	1		14
Wage cost per employee	\$ 35,360	\$ 36,067	\$ 36,789	\$ 29,120	\$ 29,702	\$ 30,296	\$ 81,120	\$ 82,742	\$ 84,397	\$ 45,760	\$ 46,675	\$ 47,609	
Fringe benefits per employee	\$ 8,840	\$ 9,017	\$ 9,197	\$ 7,280	\$ 7,426	\$ 7,574	\$ 20,280	\$ 20,686	\$ 21,099	\$ 11,440	\$ 11,669	\$ 11,902	
Total cost of NEWLY hired employees	\$73,667	\$ 45,084	\$ 45,986	\$30,333	\$ 37,128	\$ -	\$42,250	\$ 103,428	\$ -	\$47,667	\$ 58,344	\$ -	\$ 483,886
# of RETAINED full Time Employees		3	3		1	2		0	1		1	2	13
Wage cost per employee	\$ 35,360	\$ 36,067	\$ 36,789	\$ 29,120	\$ 29,702	\$ 30,296	\$ 81,120	\$ 82,742	\$ 84,397	\$ 45,760	\$ 46,675	\$ 47,609	
Fringe benefits per employee	\$ 8,840	\$ 9,017	\$ 9,197	\$ 7,280	\$ 7,426	\$ 7,574	\$ 20,280	\$ 20,686	\$ 21,099	\$ 11,440	\$ 11,669	\$ 11,902	
Total cost of retained employees		\$135,252	\$137,957		\$37,128	\$75,741		\$0	\$105,497		\$58,344	\$119,022	\$668,940
Bach Consultant Cost per trainee	\$ 923	\$ 2,070	\$ 2,887	\$ 923	\$ 2,070	\$ 2,887							
BACH Consultant cost⁴	\$ 16,614	\$ 10,350	\$ 14,435	\$ 7,384	\$ 10,350	\$ -							\$ 59,133
Evaluation cost (1.5% of rate request)	4,343	4,343	4,343										\$ 13,029
Other Cost													-
TOTAL costs	\$136,470	\$206,524	\$214,776	\$53,093	\$94,101	\$75,741	\$42,250	\$103,428	\$105,497	\$47,667	\$116,688	\$119,022	\$1,315,256

Rate Request Amount	\$ 876,837	1,753,674
Matching Fund Amount (50% of above, includes evaluation cost)	438,419	
Total Funding Amount	\$ 1,315,256	

1 2016-17 salary/fringe are prorated for start of February 1, 2017

2 Community Partner responsibilities include recruitment, screening, academic testing, and essential skills training. Will also provide case management to individuals in technical skills training and retention services for 12 months following hire.

3. Technical Skills Training is specific to chosen occupation, i.e.. CHW, PRS, CNA. Based on BACH exp. there is 60% attrition from those entering essential skills to tech.skills trng.

4 Consultant costs includes BACH program management and direction of community and training partners.

Itemized budget for Job Implementation Proposal- MedStar Good Samaritan Hospital

Fiscal year	Training/Job Type		CHW	Training/Job Type		PRS	Training/Job Type Prog Manager			TOTAL
	2016-17 ¹	2017-18	2018-19	2016-17 ¹	2017-18	2018-19	2016-17	2017-18	2018-19	
Training										
1. Essential Skills Training/Community Partner Grants ²										
# of trainees	13	5			5					23
Cost per trainee	\$1,547	\$1,499	\$1,611	\$1,547	\$1,499	\$1,611				
Essential Skills Training Cost	\$20,111	\$7,495	\$0	\$0	\$7,495	\$0				\$35,101
2. Technical Skills Training ³										
# of trainees	5	2			2					9
Cost per trainee	\$2,000	\$2,000	\$2,000	\$1,000	\$1,000	\$1,000				
Technical Training Cost	\$10,000	\$4,000	\$0	\$0	\$2,000	\$0				
Total cost of training	\$30,111	\$11,495	\$0	\$0	\$9,495	\$0				\$51,101
# of NEW full Time Employees	3	1	1		1	0				6
Wage cost per employee	\$35,000	\$36,050	\$37,132	\$32,739	\$33,721	\$34,733				
Fringe benefits per employee	\$10,477	\$11,536	\$11,882	\$10,477	\$10,791	\$11,114				
# of NEW part Time Employees										
Wage cost per employee										
Fringe benefits per employee										
Total cost of NEWLY hired employees	\$56,846	\$47,586	\$49,014	\$0	\$44,512	\$0				\$141,112
# of RETAINED full Time Employees		2	2			1				5
Wage cost per employee		\$36,050	\$37,132		\$33,721	\$34,733				
Fringe benefits per employee		\$11,536	\$11,882		\$10,791	\$11,114				
# of RETAINED part Time Employees										
Wage cost per employee										
Fringe benefits per employee										
Total cost of retained employees		\$95,172	\$98,027		\$0	\$45,847				\$239,046
Bach Consultant Cost per trainee	\$923	\$2,070	\$2,887	\$923	\$2,070	\$2,887				
BACH Consultant cost⁴	\$11,999	\$10,350	\$0	\$0	\$10,350	\$0				\$32,699
Evaluation cost 1.5% of rate request	\$1,718	\$1,718	\$1,718							\$5,154
Other Costs, specify							\$11,550	\$19,800	\$19,800	\$51,150
.25FTE Program Manager ⁵										
TOTAL costs	\$100,674	\$166,321	\$148,759	\$0	\$64,357	\$45,847	\$11,550	\$19,800	\$19,800	\$577,108

Rate Request Amount	\$ 384,739
Matching Fund Amount (50% of above, includes evaluation cost)	192,369
Total Funding Amount	\$ 577,108

1 2016-17 salary/fringe are prorated for start of February 1, 2017

2 Community Partner responsibilities include recruitment, screening, academic testing, and essential skills training. Will also provide case management to individuals in technical skills training and retention services for 12 months following hire.

3 Technical Skills Training is specific to chosen occupation, i.e.. CHW, PRS, CNA. Based on BACH exp. there is 60% attrition from those entering essential skills to tech. skills trng.

4 Consultant costs includes BACH program management and direction of community and training partners.

5. Program Manager position will be managing/overseeing program over the four MedStar hospitals in the Baltimore region. Year one Salary is \$60,000 plus \$19,200 (.32%) for fringe benefits for total of \$79,200 for 1 FTE. .25FTE cost is \$17,300 (Y1) per MedStar hospital. For years 2 and 3, a salary increase of 2% was factored in.

Itemized budget for Job Implementation Proposal- MedStar Franklin Square Medical Center

Fiscal year	Training/Job Type		CHW	Training/Job Type		PRS	Training/Job Type Prog Manager			TOTAL
	2016-17 ¹	2017-18	2018-19	2016-17	2017-18	2018-19	2016-17	2017-18	2018-19	
Training										
1. Essential Skills Training/Community Partner Grants ²										
# of trainees	18	5	5	5	5	3				41
Cost per trainee	\$1,547	\$1,499	\$1,611	\$1,547	\$1,499	\$1,611				
Essential Skills Training Cost	\$27,846	\$7,495	\$8,055	\$7,735	\$7,495	\$4,833				\$63,459
2. Technical Skills Training ³										
# of trainees	7	2	2	2	2	1				16
Cost per trainee	\$2,000	\$2,000	\$2,000	\$1,000	\$1,000	\$1,000				
Technical Training Cost	\$14,000	\$4,000	\$4,000	\$2,000	\$2,000	\$1,000				
Total cost of training	\$41,846	\$11,495	\$12,055	\$9,735	\$9,495	\$5,833				\$90,459
# of NEW full Time Employees	4	1	1	1	1	1				9
Wage cost per employee	\$35,000	\$36,050	\$37,132	\$32,739	\$33,721	\$34,733				
Fringe benefits per employee	\$10,477	\$11,536	\$11,882	\$10,477	\$10,791	\$11,114				
# of NEW part Time Employees										
Wage cost per employee										
Fringe benefits per employee										
Total cost of NEWLY hired employees	\$75,795	\$47,586	\$49,014	\$18,007	\$44,512	\$45,847				\$204,966
# of RETAINED full Time Employees		3	3		1	1				8
Wage cost per employee		\$36,050	\$37,132		\$33,721	\$34,733				
Fringe benefits per employee		\$11,536	\$11,882		\$10,791	\$11,114				
# of RETAINED part Time Employees										
Wage cost per employee										
Fringe benefits per employee										
Total cost of retained employees		\$142,758	\$147,041		\$44,512	\$45,847				\$380,158
Bach Consultant Cost per trainee	\$923	\$2,070	\$2,887	\$923	\$2,070	\$2,887				
BACH Consultant cost⁴	\$16,614	\$10,350	\$14,435	\$4,615	\$10,350	\$8,661				\$65,025
Evaluation cost 1.5% of rate request	\$2,641	\$2,641	\$2,641							\$7,922
Other Costs, specify							\$11,550	\$19,800	\$19,800	\$51,150
.25FTE Program Manager ⁵										
TOTAL costs	\$136,896	\$214,830	\$225,185	\$32,357	\$108,869	\$106,188	\$11,550	\$19,800	\$19,800	\$875,474

Rate Request Amount	\$ 583,649
Matching Fund Amount (50% of above, includes evaluation cost)	291,825
Total Funding Amount	\$ 875,474

1 2016-17 salary/fringe are prorated for start of February 1, 2017

2 Community Partner responsibilities include recruitment, screening, academic testing, and essential skills training. Will also provide case management to individuals in technical skills training and retention services for 12 months following hire.

3 Technical Skills Training is specific to chosen occupation, i.e.. CHW, PRS, CNA. Based on BACH exp. there is 60% attrition from those entering essential skills to tech. skills trng.

4 Consultant costs includes BACH program management and direction of community and training partners.

5. Program Manager position will be managing/overseeing program over the four MedStar hospitals in the Baltimore region. Year one Salary is \$60,000 plus \$19,200 (.32%) for fringe benefits for total of \$79,200 for 1 FTE. .25FTE cost is \$17,300 (Y1) per MedStar hospital. For years 2 and 3, a salary increase of 2% was factored in.

Itemized budget for Job Implementation Proposal- MedStar Union Memorial Hospital

Fiscal year	Training/Job Type		CHW	Training/Job Type		PRS	Training/Job Type Prog Manager			TOTAL
	2016-17 ¹	2017-18	2018-19	2016-17	2017-18	2018-19	2016-17	2017-18	2018-19	
Training										
1. Essential Skills Training/Community Partner Grants ²										
# of trainees	18	5	5		5					33
Cost per trainee	\$1,547	\$1,499	\$1,611	\$1,547	\$1,499	\$1,611				
Essential Skills Training Cost	\$27,846	\$7,495	\$8,055	\$0	\$7,495	\$0				\$50,891
2. Technical Skills Training ³										
# of trainees	7	2	2		2					13
Cost per trainee	\$2,000	\$2,000	\$2,000	\$1,000	\$1,000	\$1,000				
Technical Training Cost	\$14,000	\$4,000	\$4,000	\$0	\$2,000	\$0				
Total cost of training	\$41,846	\$11,495	\$12,055	\$0	\$9,495	\$0				\$74,891
# of NEW full Time Employees	4	1	1		1					7
Wage cost per employee	\$35,000	\$36,050	\$37,132	\$32,739	\$33,721	\$34,733				
Fringe benefits per employee	\$10,477	\$11,536	\$11,882	\$10,477	\$10,791	\$11,114				
# of NEW part Time Employees										
Wage cost per employee										
Fringe benefits per employee										
Total cost of NEWLY hired employees	\$75,795	\$47,586	\$49,014	\$0	\$44,512	\$0				\$141,112
# of RETAINED full Time Employees		3	3			1				7
Wage cost per employee		\$36,050	\$37,132		\$33,721	\$34,733				
Fringe benefits per employee		\$11,536	\$11,882		\$10,791	\$11,114				
# of RETAINED part Time Employees										
Wage cost per employee										
Fringe benefits per employee										
Total cost of retained employees		\$142,758	\$147,041		\$0	\$45,847				\$335,646
Bach Consultant Cost per trainee	\$923	\$2,070	\$2,887	\$923	\$2,070	\$2,887				
BACH Consultant cost⁴	\$16,614	\$10,350	\$14,435	\$0	\$10,350	\$0				\$51,749
Evaluation cost 1.5% of rate request	\$2,177	\$2,177	\$2,177							\$6,531
Other Costs, specify							\$11,550	\$19,800	\$17,998	\$49,348
.25FTE Program Manager ⁵										
TOTAL costs	\$136,432	\$214,366	\$224,722	\$0	\$64,357	\$45,847	\$11,550	\$19,800	\$17,998	\$735,072

Rate Request Amount	\$ 490,048
Matching Fund Amount (50% of above, includes evaluation cost)	245,024
Total Funding Amount	\$ 735,072

1 2016-17 salary/fringe are prorated for start of February 1, 2017

2 Community Partner responsibilities include recruitment, screening, academic testing, and essential skills training. Will also provide case management to individuals in technical skills training and retention services for 12 months following hire.

3 Technical Skills Training is specific to chosen occupation, i.e.. CHW, PRS, CNA. Based on BACH exp. there is 60% attrition from those entering essential skills to tech. skills trng.

4 Consultant costs includes BACH program management and direction of community and training partners.

5. Program Manager position will be managing/overseeing program over the four MedStar hospitals in the Baltimore region. Year one Salary is \$60,000 plus \$19,200 (.32%) for fringe benefits for total of \$79,200 for 1 FTE. .25FTE cost is \$17,300 (Y1) per MedStar hospital. For years 2 and 3, a salary increase of 2% was factored in.

Itemized budget for Job Implementation Proposal- MedStar Harbor Hospital

Fiscal year	Training/Job Type			CHW	Training/Job Type		PRS	Training/Job Type Prog Manager			TOTAL
	2016-17 ¹	2017-18	2018-19		2016-17	2017-18	2018-19	2016-17	2017-18	2018-19	
Training											
1. Essential Skills Training/Community Partner Grants ²											
# of trainees	8	5	5		5	5					28
Cost per trainee	\$1,547	\$1,499	\$1,611		\$1,547	\$1,499	\$1,611				
Essential Skills Training Cost	\$12,376	\$7,495	\$8,055		\$7,735	\$7,495	\$0				\$43,156
2. Technical Skills Training ³											
# of trainees	3	2	2		2	2	1				12
Cost per trainee	\$2,000	\$2,000	\$2,000		\$1,000	\$1,000	\$1,000				
Technical Training Cost	\$6,000	\$4,000	\$4,000		\$2,000	\$2,000	\$1,000				
Total cost of training	\$18,376	\$11,495	\$12,055		\$9,735	\$9,495	\$1,000				\$62,156
# of NEW full Time Employees	2	1	1		1	1	1				7
Wage cost per employee	\$35,000	\$36,050	\$37,132		\$32,739	\$33,721	\$34,733				
Fringe benefits per employee	\$10,477	\$11,536	\$11,882		\$10,477	\$10,791	\$11,114				
Total cost of NEWLY hired employees	\$37,898	\$47,586	\$49,014		\$18,007	\$44,512	\$45,847				\$204,966
# of RETAINED full Time Employees		1	1			1	2				5
Wage cost per employee		\$36,050	\$37,132			\$33,721	\$34,733				
Fringe benefits per employee		\$11,536	\$11,882			\$10,791	\$11,114				
Total cost of retained employees		\$47,586	\$49,014			\$44,512	\$91,695				\$232,806
Bach Consultant Cost per trainee	\$923	\$2,070	\$2,887		\$923	\$2,070	\$2,887				
BACH Consultant cost⁴	\$7,384	\$10,350	\$14,435		\$4,615	\$10,350	\$0				\$47,134
Evaluation cost 1.5% of rate request	\$1,995	\$1,995	\$1,995								\$5,985
Other Costs, specify								\$11,550	\$19,800	\$19,800	\$51,150
.25FTE Program Manager ⁵											
TOTAL costs	\$65,653	\$119,012	\$126,513		\$32,357	\$108,869	\$138,542	\$11,550	\$19,800	\$19,800	\$642,094

Rate Request Amount	\$ 428,063
Matching Fund Amount (50% of above, includes evaluation cost)	214,031
Total Funding Amount	\$ 642,094

1 2016-17 salary/fringe are prorated for start of February 1, 2017

2 Community Partner responsibilities include recruitment, screening, academic testing, and essential skills training. Will also provide case management to individuals in technical skills training and retention services for 12 months following hire.

3 Technical Skills Training is specific to chosen occupation, i.e.. CHW, PRS, CNA. Based on BACH exp. there is 60% attrition from those entering essential skills to tech. skills trng.

4 Consultant costs includes BACH program management and direction of community and training partners.

5. Program Manager position will be managing/overseeing program over the four MedStar hospitals in the Baltimore region. Year one Salary is \$60,000 plus \$19,200 (.32%) for fringe benefits for total of \$79,200 for 1 FTE. .25FTE cost is \$17,300 (Y1) per MedStar hospital. For years 2 and 3, a salary increase of 2% was factored in.

Itemized budget for Job Implementation Proposal- Sinai Hospital of Baltimore

Fiscal year	Training/Job Type			CHW	Training/Job Type		PRS	Training/Job Type Prog Manager			TOTAL
	2016-17 ¹	2017-18	2018-19		2016-17	2017-18	2018-19	2016-17	2017-18	2018-19	
Training											
1. Essential Skills Training/Community Partner Grants ²											
# of trainees	18	20	5								43
Cost per trainee	\$1,547	\$1,499	\$1,611		\$1,547	\$1,499	\$1,611				
Essential Skills Training Cost	\$27,846	\$29,980	\$8,055		\$0	\$0	\$0				\$65,881
2. Technical Skills Training ³											
# of trainees	7	8	2								17
Cost per trainee	\$2,000	\$2,000	\$2,000								
Technical Training Cost	\$14,000	\$16,000	\$4,000		\$0	\$0	\$0				
Total cost of training	\$41,846	\$45,980	\$12,055		\$0	\$0	\$0				\$99,881
# of NEW full Time Employees	4	5	1								10
Wage cost per employee (16.827/hr)	\$35,000	\$36,050	\$37,132								
Fringe benefits per employee (20.9%)	\$7,315	\$7,315	\$11,882								
# of NEW part Time Employees											
Wage cost per employee											
Fringe benefits per employee											
Total cost of NEWLY hired employees	\$70,525	\$216,825	\$49,014		\$0	\$0	\$0				\$265,839
# of RETAINED full Time Employees		3	7								10
Wage cost per employee		\$36,050	\$37,132			\$0	\$0				
Fringe benefits per employee		\$7,461	\$7,461			\$0	\$0				
# of RETAINED part Time Employees											
Wage cost per employee											
Fringe benefits per employee											
Total cost of retained employees		\$130,533	\$312,148			\$0	\$0				\$442,681
Bach Consultant Cost per trainee	\$923	\$2,070	\$2,887		\$923	\$2,070	\$2,887				
BACH Consultant cost⁴	\$16,614	\$41,400	\$14,435		\$0	\$0	\$0				\$72,449
Evaluation cost 1.5% of rate request	\$2,938	\$2,938	\$2,938								\$8,813
Other Costs, specify											\$0
TOTAL costs	\$131,923	\$437,676	\$390,589		\$0	\$0	\$0	\$0	\$0	\$0	\$960,187

Rate Request Amount	\$ 640,125
Matching Fund Amount (50% of above, includes evaluation cost)	320,062
Total Funding Amount	\$ 960,187

1 2016-17 salary/fringe are prorated for start of February 1, 2017

2 Community Partner responsibilities include recruitment, screening, academic testing, and essential skills training. Will also provide case management to individuals in technical skills training and retention services for 12 months following hire.

3 Technical Skills Training is specific to chosen occupation, i.e.. CHW, PRS, CNA. Based on BACH exp. there is 60% attrition from those entering essential skills to tech. skills trng.

4 Consultant costs includes BACH program management and direction of community and training partners.

APPENDIX

University of Maryland Medical Center University Campus
University of Maryland Medical Center Midtown Campus

Founded in 1823 as the Baltimore Infirmary, the University of Maryland Medical Center University Campus is one of the nation's oldest academic medical centers. Located on the West Side of Downtown Baltimore, the Medical Center is distinguished by discovery-driven tertiary and quaternary care for the entire state and region and innovative, highly specialized clinical programs. Patients admitted to the UMMC benefit from the talent and experience of the very finest physicians, nurses, researchers, and other health care providers. Healthcare professionals from many disciplines work together as a team to cure illness, conquer disease, and assure the needed support for patient and family alike.

Since its founding more than 100 years ago as a teaching community hospital, the University of Maryland Medical Center Midtown Campus — located in Baltimore’s cultural center near the historic Mount Vernon neighborhood — has provided access to a full range of medical and surgical care. In 2013, UMMC Midtown Campus (formerly known as Maryland General Hospital) adopted its new name and more closely aligned with the UMMC University Campus to offer a greater number of on-site services in more than 30 medical specialties. The UMMC Midtown Campus includes a world-class Center for Diabetes and Endocrinology, the Wound Healing Center, the Vascular Center, and the Center for Infectious Diseases.

UMMC has a long-standing history of and interest in providing workplace opportunities in our West Baltimore community. In January 2003, UMMC formed the Career Development Program — since renamed Workforce Development and Community Partnerships (WDCP) — to provide opportunities for community members to enter the workforce and advance in healthcare careers. The WDCP is tasked with developing a stream of qualified and talented healthcare workers, thus offering a better healthcare system for Maryland residents. UMMC works closely with community partners to connect with individuals interested in a career in healthcare. As a part of the Baltimore Population Health Workforce Collaborative, UMMC will rely on the expertise already in place through the WDCP to achieve the goals of this proposal.

The attached budget outlines the three-year request for support by UMMC (both campuses) for their role in the Baltimore Population Health Workforce Collaborative.

Rate Request Amount:	\$5,330,000
Match Amount:	\$2,709,404
Number of New Positions	34
UMMC University Campus	20
UMMC Midtown Campus	14

Match dollars will support evaluation costs, two new Career Development Specialist positions, institutional expenses for onboarding, orientation, and turnover of new employees, and a program coordinator to oversee the project.

New positions created will include:

Community Health Worker (CHW) (17 positions; 13 UMMC University Campus, 4 UMMC Midtown Campus): Supports the population health goal of promoting health and well-being through enhanced screening, prevention health promotion, and care coordination. CHWs will educate the patients and our local community on healthy lifestyles and provide a link to appropriate resources and clinical care resulting in improved health outcomes and quality of care for individuals suffering from chronic diseases.

Peer Recovery Specialist (PRS) (3 positions; 1 UMMC University Campus, 2 UMMC Midtown Campus): As individuals with a first-hand understanding of the challenges in overcoming addiction, the PRS will work with ER patients to provide guidance and support with referral to detox programs, rehabilitation, and aftercare appointments.

Social Worker (4 positions, UMMC University Campus): Provides therapeutic intervention and social work services to patients and their families to enhance comprehensive, integrated, uninterrupted, and continuity of care in the community. He/she also mobilizes resources to reduce risk, and serves as ambassador between the hospital and community.

Career Development Specialist (CDS) (2 positions, UMMC University Campus): Provides employees and community members with career development, professional goals, and long-term workplace success strategies. The CDS helps employees and community members entering the workforce chart the course of their professional life through goal setting, identifying long-term career aspirations, developing steps to achieve personal goals, and staying focused and on-track. In addition to meeting with staff on a regular basis to assess their progress, the CDS will be available on an “as-needed” basis to help them evaluate workplace situations, troubleshoot career issues, and develop workplace strategies.

Discharge Advocate (4 positions, UMMC Midtown Campus): Provides high level of customer service by functioning as the central communication link between patients, the Medical Center, and the community. He/she provides overall coordination, support, and expertise through timely evaluation of individual patient needs and readiness for discharge, working to decrease re-admissions, coordinate community transitions, and arrange aftercare appointments.

The Case Management Coordinator (2 positions, UMMC Midtown Campus): Links care continuity across care settings, specifically hospital-to-home, coaching the patient and family/caregiver to play an active and informed role in care plan design and execution. The CMC interacts with patients in the hospital to ensure a smooth transition home by preparing patients and caregivers for discharge and empowering patients to play a more active and informed role in managing their care.

Drivers (2 positions, UMMC Midtown Campus): Provides transportation services for patients from home to essential health care appointments at UMMC health care facilities.

II. BACH Budget Narrative

Baltimore Alliance for Careers in Healthcare

HSCRC BUDGET NARRATIVE

PERSONNEL EXPENSES **\$243,123**

ADMINISTRATIVE SALARIES

Includes: .3FTE Executive Director 1FTE Program manager, 1 FTE Roving coach,
.75FTE Data Analyst .25% Administrative assistant **\$ 206,010**

EMPLOYER TAXES **\$ 15,760**

Based on total current employees' salaries at the rate of .0765 (7.65%)

HEALTH INSURANCE **\$ 11,052**

Based on current actuals per employee

403b EMPLOYER CONTRIBUTIONS **\$ 10,301**

This is calculated at 5% of salaries

NON-PERSONNEL EXPENSES **\$100,442**

Misc. Management

Audit costs, Monthly accounting, Data Analyses software,
Insurance – Professional and liability **\$ 39,750**

Occupancy **\$ 25,117**

Supplies **\$ 10,500**

Printing, postage telephone etc., **\$ 16,575**

Staff Development **\$ 1,000**

Travel **\$ 7,500**

Management costs will remain the same throughout the three year period

Total Management costs from BACH per year **\$343,565**

Grants Awarded	Year One	Year Two	Year Three
Turnaround Tuesday Recruit, screen, academic testing, data collection, case management for 150 (100, 100) Individuals, Case Manage 50(26,26) individuals during Technical training and retention services for 12 months	\$290,000	\$188,200	\$188,200
Center for Urban Families	\$ 114,000	\$67,000	\$67,000

Recruit, screen, academic testing, data collection, case management for 50 (30, 30) Individuals, Case Manage 20 (10, 10) individual during Technical training and retention services for 12 months			
Penn North Recruit, screen, academic testing, data collection, case management for 50 (30, 30) Individuals, Case Manage 20 (10,10) individual during Technical training and retention services for 12 months	\$114,000	\$67,000	\$67,000
Training Grants	Year One	Year Two	Year Three
Baltimore Area Health Education Center Train 60 (15, 10) Community Healthcare Workers	\$120,000	\$30,000	\$20,000
Mission Peer Recovery Training – Dr. Masica Jordan Train 15 (20) Peer Recovery Specialists	\$15,000	\$20,000	0
Baltimore County Community College Train 30 (35, 50) CNAs.	\$51,000	\$59,500	\$85,000
Total Grants	\$704,000	\$431,700	\$427,200

BACH's Overall Budget for Proposal

\$ 1,047,565

\$775,265

\$770,765

III. Biosketches

HSCRC Population Health Work Force Support for Disadvantaged Areas Program
Baltimore Population Health Workforce Collaborative

KEY PERSONNEL

Baltimore Population Health Workforce Collaborative Members

The Johns Hopkins Hospital & Health System

Yariela Kerr-Donovan, SPHR, S-CP, SWP

Yariela Kerr-Donovan, SPHR, S-CP, SWP has worked at Johns Hopkins for 12 years and serves as the director of Strategic Workforce Planning & Development for the Human Resources division of the Johns Hopkins Health System. This office assists with forecasting of workforce needs across the system, and developing relationships, trainings/programs and strategies that create workforce pipelines for our shortage occupations. Additionally, the office manages workforce development/training programs that target community adults & youths through the Community Education Programs, and incumbent employees through Project REACH (Resources & Education for the Advancement of Careers at Hopkins).

Michele Sedney

Michele Sedney is the senior director for central recruitment services for The Johns Hopkins Health System Corporation. In this role, she works collaboratively with the health system's six hospitals, insurance program, community physician practices and home care program to plan, direct, manage and guide recruitment activities.

A native of Baltimore, Sedney earned her bachelor's degree in business administration with a concentration in human resources administration from Towson University. She is currently pursuing a master's degree in human resources.

Sedney began her career as a human resources assistant with Catholic Charities, quickly moving into an HR generalist position. After two years, she moved into the academic arena and worked in recruitment at the University of Maryland, College Park, where she became the assistant employment manager. Sedney then returned to Catholic Charities as a senior human resources manager, working with a number of its nonprofit programs. After taking time off to start a family, she returned to the workforce in 1999 as the human resources director for a nursing home. In 2002, she became the director of employment at Johns Hopkins Bayview Medical Center and was responsible for recruitment, career development, diversity and inclusion initiatives, and affirmative action. In 2013, she transitioned into her current role with the Johns Hopkins Health System as the Sr. Director for Central Recruitment Services.

LifeBridge- Sinai

Darleen Won

Darleen Won has dedicated her career to government and non-profit service, most of which has been in the healthcare sector. Darleen received her Bachelor's of Arts degree in Economics from the University of Maryland, College Park, in 1986, and began her career conducting economic analyses to derive components of Gross National Product (GNP) at the U.S. Department of Commerce Bureau of Economic Analysis.

Her interest in the healthcare components of GNP spurred her to transition to U.S. Department of Health and Human Services Healthcare Financing Administration (the Centers for Medicare and Medicaid Services) where she focused on hospital, Medicaid, and philanthropic spending for the National Health Expenditure Accounts. During her tenure at CMS, Darleen co-authored peer-reviewed articles which were published in *Health Care Financing Review* and *Health Affairs*.

Darleen spent the next dozen years raising her family and serving as Executive Director of the Maryland Association of Osteopathic Physicians where she was responsible for administrative and financial leadership of the organization, and was instrumental in establishing landmark legislation resulting in DO representation on the Maryland Board of Physicians.

The desire to understand the complex nature of healthcare issues from multiple perspectives—payer, provider, and hospital led Darleen to join LifeBridge Health in 2011 as the Manager of Strategic Planning for the multi-hospital health system, assessing business and strategic opportunities, monitoring market developments, and facilitating regulatory compliance. As the nature of the Maryland healthcare landscape changed, Darleen was appointed Director of Population Health at LifeBridge Health, setting the strategic vision for the a new department and leading a large and diverse team focused on implementing initiatives to improve the health of the population and reduce the cost of care by ensuring the right level of care, improving access to preventive care, including primary and chronic care management, and enhancing community programs and social services connections in the community.

Darleen is actively involved in developing and improving health care partnerships between hospitals, providers, community organizations, public health entities, and healthcare associations, serving on city, county, regional, and national committees and collaboratives.

MedStar Health

Dawnavan S. Davis, PhD

AVP, Community Health

Dawnavan S. Davis, PhD, MS is Assistant Vice President of Community Health at MedStar Health where she oversees the community benefit and program function across a 10-hospital system. In addition, Dr. Davis currently sits on the Health Services Cost Review Commission's Community Benefit Workgroup and the DC Department of Health HP2020 Chronic Disease and Care Committee.

Dawnavan is a medical psychologist and behavioral scientist with more than 20 years of experience in public health, and community-based and health disparities research and programming. She received her master's degree in Community Health Education from Towson University, and her doctorate in Medical Psychology from the Uniformed Services University of the Health Sciences in Bethesda, MD. Upon completion, she was selected as a Kellogg Health Scholar, where she completed a two-year postdoctoral fellowship in Public Health at the University of North Carolina at Chapel Hill.

Prior to joining MedStar Health, Dr. Davis served as the Director of Health Promotions at Blue Cross and Blue Shield of Kansas City where she oversaw the creation of a new department aimed to execute local and regional multi-sector chronic disease prevention programs, organizational strategic alliance development and community relations, and population health management. Additionally, she previously served as faculty and the Director of the Community-Engaged Research Program for the Biological Sciences Division at the University of Chicago Medical Center.

Dawnavan has made significant contributions to the field of community health serving as a principal investigator and collaborator federal and foundation-funded research studies; serving on NIH and RWJF study sections, participating in numerous public health expert committees and as an invited speaker at national and international conferences in the areas of community health transformation, health equity, partnered research and programming, and community relations in the non-profit sector.

University of Maryland Medical Center

Dana Farrakhan, MHS, FACHE

Senior Vice President for Strategy, Community and Business Development, UMMC

Education: Morgan State University, Bachelor of Science, Business Administration and Health Education
Johns Hopkins Bloomberg School of Public Health in Health Policy and Financial Management, Masters of Health Science
Currently enrolled – DrPH program in Public Health at Morgan State University’s School of Community Health and Policy

Responsible for planning and directing strategic planning and clinical program development to improve the strategic direction, visibility, and profitability of the UMMC. Also leads the Community Health Improvement and Workforce Development and Community Partnerships Divisions where she and her team develop and implement evidenced-based community health and workforce development interventions to improve the health and quality of life of residents in Baltimore City. Prior to her current role, she spent 20 years at the Medical Center and System in various leadership roles in strategy, strategic marketing, physician outreach, and system business development.

Experience:

- Preceptor for the Johns Hopkins Bloomberg School of Public Health’s MHA Residency Program
- Fellow in the American College of Healthcare Executives
- Board Treasurer for the Sharon K. Memorial Foundation, Inc., an affiliate of Zeta Phi Beta Sorority, Tau Eta Zeta Chapter

Memberships:

- Society for Healthcare Strategy and Market Development
- American College of Healthcare Executives
- National Association of Health Care Executives
- American Public Health Association

Dr. Chuck Callahan

Vice President of Population Health, UMMC

Education: Rutgers College, Bachelor of Arts, Vertebrate Zoology
New Jersey School of Osteopathic Medicine, Doctor of Osteopathic Medicine
United States Army War College, Masters in Strategic Studies

Joining UMMC in November 2015, he is responsible for supporting efforts to improve the health and well-being of the people of West Baltimore.

A retired Army officer and physician executive with more than thirty years of experience, Dr. Callahan has served in a range of hospital leadership positions including hospital service and department chief, residency training director, chief medical officer (Walter Reed Army Medical Center), chief operating officer (Walter Reed National Military Medical Center, Bethesda MD), and chief executive officer (DeWitt Health Care System, Ft. Belvoir VA and the Ft. Belvoir Community Hospital). He is board certified in pediatrics and pediatric pulmonology and a Fellow of the American Academy of Pediatrics.

Jo-Ann Williams

Director, Community Engagement and Workforce Development, UMMC

Education: North Carolina Central University, Bachelor of Science
Johns Hopkins University, Master of Science in Applied Behavioral
Science and Organizational Development

Responsible for establishing and implementing a comprehensive community engagement plan that includes developing collaborative relationships with community based organizations, industry partners, government agencies, and others within under-served communities serviced by UMMC by:

- Introducing young people to careers in healthcare
- Leveraging strategic partnerships to train and employ individuals from our local community
- Providing pathways to advancement for UMMC staff

Prior to current role, has served in various HR Management roles at UMMC since 1989. Background includes workforce development and human resources management; skills include career development, employee relations, diversity management, program development, and facilitating organizational change initiatives

Program Coordination

Baltimore Alliance for Careers in Healthcare (BACH)

Laura Spada, Ed.D., Executive Director

Dr. Spada has been involved in education for 30 + years. The last 20 have been committed to creating linkages between education and workforce development. These efforts extended to working with business leaders to expand opportunities for the working poor by providing educational opportunities on-site and increasing the minimum wage. While living in Vermont, she served on the Committee for Welfare Reform and was recognized as a leader in the area of Career and Technology Education. She completed her doctoral work at the University of Vermont. Since her arrival in Maryland she has participated in Workforce Development through her employment with St. Vincent de Paul as Director of St. Ambrose Center and then as Vice President for Workforce Development. She has served on various committees related to workforce development and places a strong emphasis on the involvement of employers in the development of workforce programs. Most of her career has been focused on serving the more vulnerable members of the population.

Training Partners

Baltimore Area Health Education Center

Michelle Clark, MSW, MPH, is the current Executive Director of the Baltimore Area Health Education Center (BAHEC). Ms. Clark served for over five years as the Executive Director of the Maryland Rural Health Association (MRHA). The non-profit member association of rural health care providers grew to over 60 organizational members and 100% increased funding under her leadership. MRHA created the Rural Action Enrollment Network (RAEN) to increase enrollment of the uninsured in rural areas of Maryland and was successfully awarded \$340,000K for this project. Ms. Clark graduated from the University of Notre Dame and is a former Naval Officer. Ms. Clark was awarded a joint Masters in Social Work from University of Maryland, Baltimore (UMB) and Masters of Public Health (MPH) from the Johns Hopkins University. While at UMB she was Maternal and Child Health (MCH) Fellow as part of the MCH Training Program. Following her joint masters Ms. Clark was a Research Associate at the University of Maryland School of Medicine and worked on evaluating adolescent mental health programs. Ms. Clark served as the Director of the State Office of Rural Health at the Department of Health and Mental Hygiene (DHMH) from 2007-2009.

Mission Peer Recovery Training

(MPRT) was conceived in 2015 in response to the needs of Peer Advocates who desired to be trained as Certified Peer Recovery Advocates. This included engagement and communication skills and addressing the individuals' spiritual needs. MPRT is a 50-hour intensive training academy focusing on providing individuals with the skills needed to guide, mentor and support anyone who would like to enter into or sustain long-term recovery from an addiction to alcohol or other drugs.

Dr. Masica Jordan is the founder of MPRT, a service of Dr. MJM, LLC. Dr. Jordan completed a Doctorate of Education degree in counseling psychology in 2010. She completed a Master of

Arts degree in counseling and psychology in 2005 and Bachelor of Science degree in sociology in 2003. Dr. Jordan is an author who has written several books that support recovery.

Dr. Jordan has gained thorough experience through her background and education in Mental Health, as a College Professor, and Dean of Students that enables her to write and be a leader in the field of mental health, coaching and recovery.

Trainers

All trainers are highly qualified; each trainer is required to have extensive training in human services, successfully complete the 50-hour MPRT course and a 16 hour facilitator's training.

Community College of Baltimore County

Steve Jurch, MA, ATC, LMT

Steve has been involved in education for over 20 years and currently serves as the Director of Health and Human Services at The Community College of Baltimore County where he oversees the delivery of over 20 programs in the workforce development division. Through his collaboration with credit programming and community organizations, Steve leads efforts to improve access to education both at CCBC and in the community. He serves on the Post-Secondary National Advisory Panel for the National Skills Coalition and is on the Board of the Baltimore Alliance for Careers in Healthcare. Steve constantly strives to be an innovator in education and workforce development and is a published author, lecturer, and presenter.

IV. Letters of Support

Baltimore Area Health Education Center

Bon Secours Baltimore Health System

Center for Urban Families

Community College of Baltimore County

Mayor's Office of Employment Development

Mission Peer Recovery Training

Penn North Recovery

Turnaround Tuesday



Baltimore Area Health Education Center

100 South Paca Street, Suite 102 – Baltimore, MD 21201

Phone: 410.328.9199 – Fax: 443.462.3043 – www.baltimoreahec.org

May 24, 2016

Laura Spada, Ed.D.
Executive Director
Baltimore Alliance for Careers in Healthcare
Baltimore, MD 21202

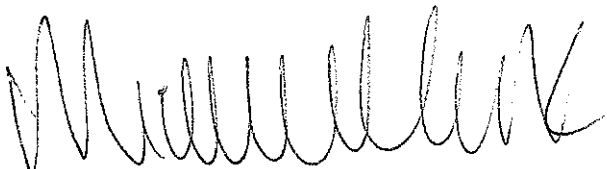
Dear Dr. Spada: 

The Baltimore Area Health Education Center (BAHEC) is pleased to partner with the Baltimore Alliance for Careers in Healthcare (BACH) in its work with the Population Health Work Force Support for Disadvantaged Areas Program. We understand that BACH is collaborating with five major healthcare systems in Baltimore city to train and hire workers from geographic areas of high income disparities and unemployment to fill new population health related positions.

BAHEC was established in 2003 as a key link between the academic resources of University of Maryland Medical School, other major academic health centers, and local community organizations. Its mission is to improve access to quality healthcare and to address the issue of health disparities in medically underserved urban areas in Baltimore City and County. The Baltimore Area Health Education Center (BAHEC) has recently been housed in kind at the University of Maryland Medical Center (UMMC) Midtown Campus. As a result BAHEC is uniquely positioned to partner on the grant's goals and leverage the AHEC federal funding to increase access to primary healthcare for Baltimore City. Specifically BAHEC will provide technical training to Community Health Workers for the health systems using the Maryland Area Health Education Center (MAHEC) training curriculum.

We look forward to working with you and other community partners in implementing the grant and providing standardized training for this new healthcare workforce. Thanks for the opportunity to collaborate on this vital work to improve the Baltimore City's health.

Sincerely,



Michelle Clark, MSW, MPH
Executive Director, Baltimore AHEC



May 25, 2016

Donna Kinzer
Executive Director
Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Ms. Kinzer:

Bon Secours Baltimore Health System is writing in strong support of the Baltimore Population Health Workforce Collaborative.

We support the effort to provide training and jobs for the target workforce. Our Bon Secours Community Works programs provide "Good Help" to our community members in West Baltimore. Our services include:

- Our Family Support Center supports 170 at-risk young families annually with our Early Head Start Day care and parenting classes.
- Our Women's Resource center supports 200 women annually with daytime drop-in center that provides clothing, showers, laundry, food, and connections to health care and social services.
- Our Career Development Program Provides training and resources (including a computer lab) needed to develop job readiness skills as well as provide assistance for job placements.
- Our Tyro program (Breaking the Cycle of Incarceration) starts with inmates while they are in the prison and provides a re-entry community for ex-offenders as they re-enter our community.
- Our Financial Services Program provides, financial education, eviction prevention, tax preparation and benefits screening.

We believe we can support the Baltimore Population Health Workforce Collaborative in collaboration with the services provided through our Community Works programs.

We look forward to participating in the Collaborative and encourage you to fully fund the proposal.

Sincerely,

A handwritten signature in black ink, appearing to read "Samuel Ross, MD".

Samuel Ross, MD
CEO, Bon Secours Baltimore Health System



P 410 367 5691
F 410 367 4246
www.cfuf.org

2201 North Monroe Street
Baltimore, Maryland 21217

May 25, 2016

Laura Spada, Ed.D.
Executive Director
Baltimore Alliance for Careers in Healthcare
Baltimore, MD 21202

Dear Dr. Spada:

The Center for Urban Families (CFUF) would be pleased to partner with the Baltimore Alliance for Careers in Healthcare (BACH) in its work with the Population Health Work Force Support for Disadvantaged Areas Program. We understand that BACH is collaborating with five major healthcare systems in Baltimore City to train and hire workers from geographic areas of high income disparities and unemployment to fill new population health related positions.

Working throughout Baltimore City, CFUF's core mission is to strengthen urban communities by helping fathers and families achieve stability and economic success. CFUF is an independent nonprofit organization located in Baltimore's Greater Mondawmin community that specializes in servicing the needs of Baltimore's most hard-to-reach populations, including the formerly incarcerated, those with a prior history of substance abuse, and low-income, non-custodial fathers. Our unique service model, Family Stability and Economic Success, is an integrated and comprehensive approach to addressing the needs of our target population.

BACH has outlined the role of the community partners to include 1) Recruit and screen potential applicants; 2) Provide training in Essential Skills; 3) Enroll in technical training; 4) Conduct case management during technical training; 5) Work with employer to ensure job placement; 6) Conduct follow-up for retention at 3 months, six months, 9 months, 12 months and 24 months; 7) Input data in Efforts to Outcomes (ETO) using BACH's system

The Center for Urban Families looks forward to working with BACH on this critical program.

Thank you for the opportunity to collaborate on this important work.

Sincerely,

Joseph T. Jones, Jr.
President and CEO





CCBC

The Community College
of Baltimore County

443-840-CCBC (2222)

CCBC Catonsville

800 South Rolling Road
Baltimore, Maryland
21228-5317

CCBC Dundalk

7200 Sollers Point Road
Baltimore, Maryland
21222-4649

CCBC Essex

7201 Rossville Boulevard
Baltimore, Maryland
21237-3899

CCBC Hunt Valley

11101 McCormick Road
Suite 100
Hunt Valley, Maryland
21031-1432

CCBC Owings Mills

110 Painters Mill Road
Suite 1
Owings Mills, Maryland
21117-4912

**CCBC Randallstown
at The Liberty Center**

3637 Offutt Road
Randallstown, Maryland
21133-3515

*The incredible value
of education.*

www.ccbcmd.edu

May 31, 2016

Laura Spada, Ed.D.
Executive Director
Baltimore Alliance for Careers in Healthcare
Baltimore, MD 21202

Dear Dr. Spada:

The Community College of Baltimore County would be pleased to partner with the Baltimore Alliance for Careers in Healthcare (BACH) in its work with the Population Health Work Force Support for Disadvantaged Areas Program. We understand that BACH is collaborating with five major healthcare systems in Baltimore city to train and hire workers from geographic areas of high income disparities and unemployment to fill new population health related positions.

BACH has outlined the role of the training partners to provide technical training to individuals in Baltimore City. The Community College of Baltimore County will provide technical training to individuals in the field of Certified Nursing Assistant/Geriatric Nursing Assistant.

The Community College of Baltimore County looks forward to working with BACH on this critical program.

Thank you for the opportunity to collaborate on this important work.

Sincerely,

P. Michael Carey
Executive Dean, Continuing Education & Economic Development
Community College of Baltimore County

May 31, 2016

Laura Spada, Ed.D.
Executive Director
Baltimore Alliance for Careers in Healthcare
Baltimore, MD 21202

Dear Dr. Spada:

Dr. MJM, LLC would be pleased to partner with the Baltimore Alliance for Careers in Healthcare (BACH) in its work with the Population Health Work Force Support for Disadvantaged Areas Program. We understand that BACH is collaborating with five major healthcare systems in Baltimore city to train and hire workers from geographic areas of high income disparities and unemployment to fill new population health related positions.

Dr. Masica Jordan is the founder of MPRT, a service of Dr. MJM, LLC. MPRT is a 50-hour intensive training academy focusing on providing individuals with the skills needed to guide, mentor and support anyone who would like to enter into or sustain long-term recovery from an addiction to alcohol or other drugs. The MARYLAND ADDICTION AND BEHAVIORAL-health PROFESSIONALS CERTIFICATION BOARD has approved MPRT to provide 50 of the required 46 CEUs (Continuing Education Units) for the State of Maryland for candidates who wish to be state certified. In addition to its 50-hour course, the MARYLAND ADDICTION AND BEHAVIORAL-health PROFESSIONALS CERTIFICATION BOARD has approved MPRT's Supervisors' Mission Peer Recovery Training (S-MPRT) to provide 8 of the required 6 CEUs (Continuing Education Units) for the State of Maryland for candidates who wish to apply for the Registered Peer Supervisor (RPS) credential.

BACH has outlined the role of the training partners to provide technical training to individuals in Baltimore City. MPRT Instruction will provide technical training to individuals in the field of Peer Recovery Specialist

Dr. MJM, LLC looks forward to working with BACH on this critical program.

Thank you for the opportunity to collaborate on this important work.

Sincerely,


Dr. Masica Jordan

CEO
Mission Peer recovery Training
Dr. MJM, LLC

CITY OF BALTIMORE

STEPHANIE RAWLINGS-BLAKE, Mayor



MAYOR'S OFFICE OF
EMPLOYMENT DEVELOPMENT

JASON PERKINS-COHEN, Director
417 E. Fayette Street, Suite 468
Baltimore, Maryland 21202

May 24, 2016

Dr. Laura Spada
Executive Director
Baltimore Alliance for Careers in Healthcare
217 E. Redwood Street, Suite 1500
Baltimore, MD 21202

Dear Dr. Spada:

The Mayor's Office of Employment Development (MOED) supports the Baltimore Alliance for Careers in Healthcare (BACH) and the Baltimore Area Hospitals in their proposal to the Health Services Cost Review Commission (HSCRC) for the Population Health Work Force Support for Disadvantaged Areas Program.

The innovative initiatives described in this proposal will broaden the opportunity for the most disadvantaged populations in Baltimore to participate in the employment opportunities within the healthcare industry. Through this proposal more individuals have a chance to develop a career path that allows for extensive growth. This initiative, which is employer driven, will provide a concrete employment opportunities through the next three years.

We are pleased to collaborate with BACH and other partners on this proposal, and we are committed to helping Baltimore's most disenfranchised populations move into stable employment, where they can support themselves and their families – while at the same time ensuring Baltimore's healthcare institutions have the trained, skilled workers they need. We also recognize that this program is a critical element in the improvement of the general health of the City of Baltimore

MOED is strongly committed to this proposal and looks forward to working with BACH to ensure its success. MOED will not receive any grant funds for this commitment.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jason", is written over the word "Sincerely,".

Jason Perkins-Cohen
Director



May 27, 2016

Laura Spada, Ed.D.
Executive Director
Baltimore Alliance for Careers in Healthcare
Baltimore, MD 21202

Dear Dr. Spada:

The Maryland Community Health Initiatives, Inc. (Penn North) would be pleased to partner with the Baltimore Alliance for Careers in Healthcare (BACH) in its work with the Population Health Work Force Support for Disadvantaged Areas Program. We understand that BACH is collaborating with five major healthcare systems in Baltimore city to train and hire workers from geographic areas of high-income disparities and unemployment to fill new population health related positions.

Penn North's mission is to improve the health and wellbeing of individuals and families struggling to overcome substance abuse, homelessness, unemployment, poverty, incarceration, violence and racism. We are located in the Sandtown-Winchester community where the median household income is \$20,637, 32% of the neighborhood's residents are unemployed, and 35% have incomes below the poverty threshold. The violent crime rate in this community is ten times that of the national average, eight times that of the state average, and three times the Baltimore City average.

As home of the Baltimore Recovery Corps (BRC), Penn North provides training to individuals who are interested in Peer Recovery Support professions. The core curriculum focuses on skills needed to guide, mentor and support individuals in sustaining long-term recovery from an addiction to alcohol and other substances. Supplemental professional development and essential skills training, makes us an ideal partner to help BACH achieve goals set forth for the upcoming fiscal year. To date, the BRC has prepared over 350 individuals for State certification, job placement, and supervision for agencies seeking to hire Peer Recovery Specialists.

BACH has outlined the role of the community partners to include 1) Recruit and screen potential applicants; 2) Provide training in Essential Skills; 3) Enroll in technical training; 4) Conduct case management during technical training; 5) Work with employer to ensure job placement; 6) Conduct follow-up for retention every 3 months for 2 years; 7) Input data in Efforts to Outcomes (ETO) using BACH's system.

Thank you for the opportunity to collaborate on this important work, and Penn North looks forward to working with BACH on this critical endeavor.

Respectfully submitted,

Tyrell D. Moyd, RPS
Director, Penn North Community Resource Center
& Baltimore Recovery Corps

Clinical Services Center
2410 Pennsylvania Ave., Suite 200
Baltimore, MD 21217
Phone: 410-728-2080
Fax: 410-728-2038

Community Resource Center
1610 Carey Street
Baltimore, MD 21217
Phone: 667-309-6650
Fax: 667-309-6657

Find Your Way North



Baltimoreans United in Leadership Development

2439 Maryland Ave., 1st Floor, Baltimore MD 21218 | 410-528-0305 | info@buildiaf.org

Affiliated with the Industrial Areas Foundation

May 31, 2016

Laura Spada, Ed.D.
Executive Director
Baltimore Alliance for Careers in Healthcare
Baltimore, MD 21202

Dear Dr. Spada:

Build (Baltimoreans United in Leadership Development)/(Turnaround Tuesday) would be pleased to partner with the Baltimore Alliance for Careers in Healthcare (BACH) in its work with the Population Health Work Force Support for Disadvantaged Areas Program. We understand that BACH is collaborating with five major healthcare systems in Baltimore city to train and hire workers from geographic areas of high income disparities and unemployment to fill new population health related positions.

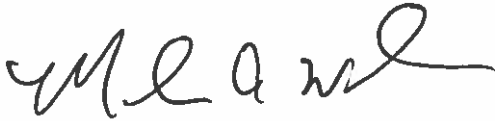
Turnaround Tuesday (TAT) is a jobs movement of BUILD, whose purpose is to: a) provide a community to get ex-offenders ready to work; and b) change the hiring culture of Baltimore to employ returning citizens. TAT conducts outreach activities through BUILD's network of 50 faith-based and community organizations. BUILD's neighborhood engagement has been successful, as TAT has grown rapidly, providing job readiness to almost 400 persons in our two years of existence. TAT was organically developed, born from a campaign of listening *on the streets* to ex-offenders. BUILD organizers reached out to ask returning citizens what would prevent them from returning to a life of crime. The resounding response was "Jobs". BUILD answered the call by initiating TAT to develop deeper relationships with returning citizens to provide essential job training, placement, and coaching and leadership development.

BACH has outlined the role of the community partners to include 1) Recruit and screen potential applicants; 2) Provide training in Essential Skills; 3) Enroll in technical training; 4) Conduct case management during technical training; 5) Work with employer to ensure job placement; 6) Conduct follow-up for retention at 3 months, six months, 9 months, 12 months and 24 months; 7) Input data in Efforts to Outcomes (ETO) using BACH's system

Build (Turnaround Tuesday) looks forward to working with BACH on this critical program.

Thank you for the opportunity to collaborate on this important work.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mel A Wilson', written in a cursive style.

Melvin A. Wilson
Executive Director
Turnaround Tuesday

V. Bibliography

Bibliography

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VI. Program Workflow Diagram

Baltimore Population Health Workforce Collaborative

Program Workflow

Recruitment

City residents in targeted area are referred from community partners or current entry level employees from participating hospitals

Screening

Residents are screened and career development plans are created

Training

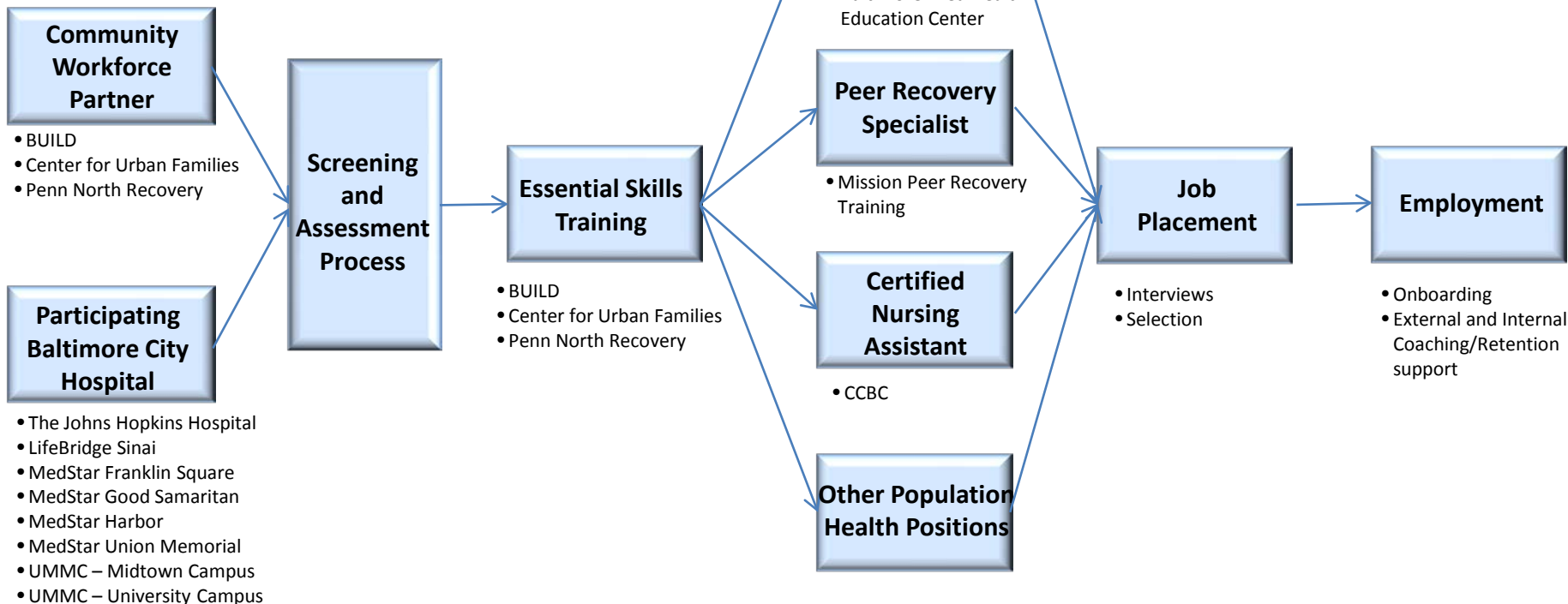
All participants are required to complete essential skills training and then completes a rigors technical skills program

Placement

Participating Hospitals conduct interviews & select participants for hire

Employment

Participants are employed and receiving ongoing coaching from community workforce partner for at least 12 months



Baltimore Alliance for Careers in Healthcare (BACH) – Program Coordination

VII. Essential Skills Curriculum

Baltimore Healthcare Partnership

Essential Skills and Job Readiness Standards

Developed under the direction of employer partners in healthcare

Competency Category	Required Skills
Life Skills	<ul style="list-style-type: none"> • Able to read, write, do basic math and compute at level needed to perform the job • Has an updated electronic resume • Comes prepared with documentation of updated vaccinations • Can provide valid address /e-mail address, government photo ID, social security card, birth certificate and educational documentation • Possesses good interviewing skills • Able to manage personal circumstances so there is a minimal impact on employment • Able to get to work on a daily basis using reliable modes of transportation • Demonstrates basic manners and civility • Is aware of criminal background and how it may effect ability to obtain employment in certain career paths
Basic Work Habits and Behaviors	<ul style="list-style-type: none"> • Is reliable and trustworthy • Is drug and/or alcohol free • Is aware of smoking policies and disciplines associated with the policy • Demonstrates ability to be on time and reports as scheduled • Dresses and grooms appropriately for the work environment according to dress code of the institution: i.e. covers tattoos, piercings, jewelry as applicable • Arrives prepared to work • Understands the purpose of the job and its connection to the success of the institution • Adheres to institution's code of ethics • Adheres to institution's policy for career path and approaches correct channels at appropriate times

<p>Work Attitudes and Values</p>	<ul style="list-style-type: none"> • Is motivated to work • Is willing to learn • Takes initiative and pride in work • Positively represents the institution to fellow workers and to the community • Accepts responsibility for own actions • Performs job completely • Demonstrates productivity through time management • Creates a positive work environment and respectful attitude towards everyone • Takes initiative to learn the cultural competencies of the institution • Follows institution’s Code of Conduct and all workplace policies, • Accepts filling in on another department when staffing is low • Supports the decisions of the team and follows through with all assigned tasks • Works well with others to reach goals and get the job done • Demonstrates respect for authority, co-workers and diversity in the workplace • Possesses good time management skills • Uses appropriate problem solving techniques • Able to adapt to change and learn new skills
<p>Communication and Interpersonal</p>	<ul style="list-style-type: none"> • Communicates openly and honestly; building trust • Uses appropriate language; no offensive language • Acts appropriately, both verbally and non-verbally • Greets patients and customers respectfully and warmly • Addresses patients and visitors by name; making eye contact • Shows appreciation by saying “Thank you” • Answers the phone with a smile, identifying self and department • Is able to work effectively with co-workers, customers and supervisors • Effectively handles conflicts with co-workers or customers • Able to accept constructive criticism and constructive feedback • Demonstrates basic listening skills and appropriate verbal and body language • Understands and is able to follow written or verbal directions or instructions

	<ul style="list-style-type: none"> • Demonstrates basic written and verbal skills including electronic communications (e.g. appropriate email etiquette) • Gives permission to institution to view personal facebook page and other social media before hire • Comprehends rules of appropriate use of social media and internet (i.e. not using cell phones, no pictures of patients or customers, not sending institutional information through the internet, etc.) • Has a cell phone ring tone and recorded voice mail message that is appropriate and approved by employer • Limits cell phone use during working hours to breaks and lunch • Knocks, introduces one's self and asks permission to enter patient's room • Learns institution's policy on how to respond to family, co-workers and others on loss of patient (death)
Technology	<ul style="list-style-type: none"> • Possesses basic computer skills • Is able to establish an email address or account • Possesses aptitude to send, receive and retrieve information electronically • Knows how to use the internet • Stays current on technology within the workplace • Uses equipment appropriately as demonstrated by employer • Never shares passwords
Teamwork	<ul style="list-style-type: none"> • Works with open communication and mutual respect • Builds on collective strength and diversity of everyone • Works effectively with everyone regardless of background • Respects co-workers' and customers' ideas and opinions • Positively responds to feedback after a "lesson learned" • Keeps work environment clean and neat and doesn't leave clean-up for someone else • Shows enthusiasm and confidence towards co-workers • Welcomes change as an opportunity for learning or growth • Focuses on beneficial aspects of change • Modifies behavior to deal effectively with changes in the work place • Demonstrates flexibility during times of uncertainty and chaos • Supports change implementation • Follows through on requests from colleagues and

	<p>customers</p> <ul style="list-style-type: none"> • Actively participates in work teams and committees • Takes a “can do” attitude instead of a “not my job attitude” • Makes new and less experienced staff feel welcome • Minimizes conflict with others • Doesn’t spread rumors • Maintains confidentiality • Demonstrates attitudes and behaviors that contribute to the well-being of the institution • Embraces change and works to improve outcomes • Keeps improving personally and professionally
<p>Mission & Service Excellence</p>	<ul style="list-style-type: none"> • Understands and is able to articulate the Mission of the institution • Understands the institution’s commitment to quality and customer service for all clients • Seeks ways of strengthening the link between individual work and mission of the institution • Anticipates and meets the needs of patients, physicians and co-workers • Shows care and compassion to patients, co-workers and other customers • Creates positive relationships with patients, families, physicians and fellow co-workers • Takes action to maintain patient/customer safety • Addresses patient/customer needs in timely manner, providing best care and service • Maintains patient/customer confidentiality by protecting private and sensitive information • Respects others without regard to gender, age, political affiliation, religion, sexual orientation and physical characteristics • Demonstrates integrity, respect, civility and ethical behaviors toward staff , the institution and patients/ customers and supports cultural diversity and fairness in the workplace • Delivers the best to all patients and customers – they are the first priority • Takes initiative in helping others