

Sector Strategies for Workforce Development and Opportunities for People with Disabilities Webinar

November 2008

[Robb Sewell] Good afternoon! My name is Robb Sewell and on behalf of the NTAR Leadership Center, I would like to welcome you to today's webinar on *Sector Strategies for Workforce Development and Opportunities for People with Disabilities*. Before we begin, I'd like to take a few minutes to review some important information. For those unfamiliar with today's webinar format, the presentation slides will appear on the right side of your screen. A chat feature will appear on the left portion of your screen. The chat feature enables you to communicate with me. So if you have any questions or encounter any problems, simply type your message, select chairperson and then click send. On the top left portion of your screen is an option for full screen. This will maximize the area where the presentation slides appear. This will also minimize your chat window so that it appears as a small box. Please note that this webinar has been arranged so that during the presentation, the only voices you'll hear are those of the presenters. We have a lot of time after the presentation for a Q and A session. At that time, I will provide you with information about how to ask questions. However, feel free to forward your questions to me throughout the webinar by using the chat feature I mentioned earlier. Please note that this webinar is being recorded. A direct link to the webinar materials including audio and web content will be available on the NTAR Leadership Center Web site by 10:00 a.m. Eastern time, Wednesday, November 19th, 2008. The NTAR Leadership Center Web site can be accessed at www.ntarcenter.org that is W-W-W dot N-T-A-R-C-E-N-T-E-R dot O-R-G. Finally, after you exit the Internet portion of today's webinar, your web browser will automatically take you to a brief survey where you can provide us with some feedback about your experience as well as provide some suggestions for future webinar topics. Please take a few minutes to complete that survey. And at this point, I'd like to turn things over to my

colleague Nanette Relave, Director of the Center for Workers with Disabilities at American Public Human Services Association. Additionally, Nanette is the Director of the NTAR Leadership Center State Peer Leaders Network. Nanette?

[Nanette Relave] Hello. Welcome to our webinar on Sector Strategy. These webinar materials that you're viewing are also available on the NTAR Leadership Center Web site at www.ntarcenter.org and I do want to let our listeners know that the presentation is actually currently available on our Web site right on the homepage. So in case you would need this webinar in a different format, it is available on the Web site as a PowerPoint presentation or in Rich Text Format in which case you can open the presentation in one of those formats and simply continue to follow along with us with the audio portion of the webinar. Next, I am moving to slide number four. I'm very pleased that we have two presenters today on our webinar. First, we have Linda Dworak-Munoz on the line. Linda is a senior consultant to the Aspen Institute's Workforce Strategies Initiative where she works on research, documentation, and evaluation of sectoral employment practices, and outcomes. For over 10 years, Linda worked with a nationally acclaimed sectoral initiative, the Garment Industry Development Corporation where she also served as executive director. Linda's additional experience includes consulting to the World Bank, the International Finance Corporation, and UNICEF in the areas of corporate social responsibility and education. And we are also joined by William Lecher. Bill is both chairman of the Health Careers Collaborative of Greater Cincinnati and senior clinical director at Cincinnati Children's Hospital Medical Center. Bill is a registered nurse with over 20 years of clinical and administrative healthcare experience. He has administrative responsibility for employees and entry-level healthcare physicians as well as professional physicians. Through his clinical and administrative responsibilities at the hospital, he is able to actively bridge the need for educated employees and entry-level physicians and is in a position to promote them as they proceed along career

pathways. Bill was recently honored by the KnowledgeWorks Foundation as a champion of sorts for his employer engagement and leadership with career pathways. And I am Nanette Relave, I direct the Center for Workers with Disabilities at the American Public Human Services Association. And I am also one of the partners in the NTAR Leadership Center consortium. For those who might be following us in a different format, I'm now moving along to slide number five. I'd just like to take a couple of minutes to talk a little bit about the NTAR Leadership Center. We were established in September of 2007 through a grant from the Office of Disability Employment Policy at the U.S. Department of Labor. The NTAR Center is a collaboration of partners with expertise in workforce and economic development, disability employment, asset building, and leadership development. The center is led by the Heldrich Center for Workforce Development at Rutgers University. NTAR Leadership Center was created for the purpose of building capacity in leadership at the federal, state, and local levels to enable change across workforce development and disability specific systems that will increase employment for adults with disabilities. Moving on to slide six, our Guiding Principles. The NTAR Leadership Center is really driven by five guiding principles that are called for many years of research by the Office of Disability Employment Policy. So to just review them quickly, they include increasing partnerships and collaboration, increasing the use of self-direction in services and integration of funding across and among systems, increasing economic self-sufficiency through a variety of strategies, increasing the use of universal design in employment services and as a framework for employment policy and increasing the use of customized and other forms of flexible work options. In terms of thinking about sector strategies, I think we're really focusing specifically on a couple of these guiding principles, including increasing partnerships and collaboration which are absolutely essential and to the very sort of nature of sectoral employment initiative as well as increasing economic self-sufficiency. Because sector initiatives exist really to improve outcomes for employers and for

job seekers as well. Moving along to slide number seven, agenda and objectives. We are really delighted that all of our listeners have joined us today for this webinar on Sector Strategies. It's exciting to see the sector approach become increasingly incorporated into mainstream workforce development activities and to gain greater recognition at the federal and state levels. And we're excited to see some interest in this approach in the field of disability employment as well. We have several objectives today. Linda is going to present on the key elements of sector strategies. The kinds of outcomes that we see, the types of systems change activities that Sector Strategies promote, and lessons from the field. Bill is going to talk with us about the sector initiative focusing on healthcare that is a partnership of local healthcare employers, educators, and workforce investment system and community agencies. And of course, we'll take time to answer your questions. Again, as Robb mentioned, we encourage you to submit questions throughout the webinar. And if for some reason, we are not able to answer all of the questions that are submitted, our speakers will respond to those questions after the webinar and I will share that document with all the members of the State Peer Leaders Network. And with that, I am going to turn it over to our first presenter Linda.

[Linda Dworak-Munoz] Good afternoon everyone. This is Linda Dworak-Munoz. I am with the Workforce Strategies Initiative of the Aspen Institute. The Workforce Strategies Initiative is a project of the Aspen Institute which is based out of Washington, DC and we seek to identify advanced strategies that help people, particularly low income adults, to gain ground in the labor market. And I've been asked to speak to you a little bit today to present a basic framework for sectoral employment development. At the Aspen Institute Workforce Strategies Initiative, we've been studying sectoral employment initiatives for over a decade. We conduct research and evaluations, develop tools and training, and convene practitioners and investors to discuss and learn about issues in new strategies that

are relevant to this field. What I'll be presenting to you today is a basic overview of sectoral employment development concepts which are largely based on a national research project that resulted in a publication that we released this past year called *Sectoral Strategies for Low Income Workers: Lessons from the Field*. And when I get to the end of my presentation, I'll point you out to where you can download that if you're interested in reading it. For some of you, this topic of sectoral employment development maybe a very new way of thinking about the work that you do or related to and for others, it's probably already a part or if not very ingrained into the way you already operate. So I'm going to present some of these concepts and then Bill Lecher from Cincinnati will be able to follow up with the presentation of a real example from his own work. This is a disclaimer, I work at the Aspen Institute, our research has largely been focused on low-income adults in general and has not really been in any way focused on adults with disabilities. So I am going to leave it to you all to kind of pull from what I can share and see how it applies or doesn't apply to the specifics of your work. But I think generally that the principles that I'll talk about are relevant and applicable to the disability employment field as well as to the larger workforce development field or to the complimentary workforce development field. So let me start by putting a little context on to this if we can go to the next slide please. Thank you. So what's kind of happening in the country that impacts this work in this approach? We've seen in past years that the demand for skills in most industries is growing. And while skill level among the American workforce has not really increased at the same pace that the demand on the part of employers has increased. So we see these growing skills gaps and you can see now that about 24 of the 30th fastest growing occupations are requiring post secondary educations. So we have this growing skills gap. And in the mean time, we have large numbers of working poor through out the country. During the economic expansion of recent years, we actually saw median family earnings when adjusted for inflation decreased between the years 2000 and

2007. And that was in good times. Now we're in the downturn with rising in employment rates, consumer confidence winding down. So in addition to the skills gap, we've got a wage gap that is of real concern. And when we start thinking about solutions to this, often, I think policymakers and practitioners kind of look at focusing on improving K through 12 which is certainly essential, but yeah, it's really important to note that when we look at the future workforce, for example the year 2020, 65 percent of those workers are already in the workforce. So there is a real need to look at how do we assist adult workers and their needs if we're going to be able to address the competitiveness issues that industry sectors are facing today. And finally, it's important to note that businesses throughout the country do invest in training. They invest up to \$57 billion a year on training. But only a fraction of that money is spent on workers at the low end and entry-level jobs. Let's turn to slide 10. So, what does this kind of add up to? What we argue is that the workforce development field as well as the economic development fields really needs to focus on addressing that skills gap and the wage gap. And that requires new solutions that help remove barriers that keep people from obtaining or moving up into good jobs and/or at the same time, improving the quality of the jobs that are available to them. In order to do either of these things, removing those barriers that keep people from obtaining or moving up into good jobs or improving the quality of available jobs, both of those require that systemic changes need to be made. Next. So that is one way of thinking about addressing those issues is through something that has come to be known a Sectoral Employment Development or a Sector Strategy. And at the Aspen Institute, we have it for you on the slide what the definition that we've come towards after doing a lot of research across the country and trying to identify what it is that practitioners and policy makers are doing. And so our definition is that a Sector Strategy is a systems approach to workforce development typically on behalf of low income or otherwise disadvantaged individuals that targets a specific industry or a cluster of occupations. And they do this by

developing a deep understanding of the interrelationship between business competitiveness or what businesses really need in that sector and the workforce needs of the targeted industry. These sectoral strategies intervene through a credible organization or a set of organizations that craft workforce solutions that are tailored to that industry in its specific region. When we first started doing this research around sector work, it looked that we kind of thought of Sector Strategies as being strategies that were developed and implemented by specific organizations. So maybe it was a nonprofit community-based organization or a faith-based organization in the city that was implementing a sector approach that over time, we've come to understand and also as the approach has developed, that this typically happens through partnership or collaboration among a variety of stakeholders within a particular region ranging from workforce development organizations to community colleges to faith-based organizations and so on and so forth. So most of the time, sector work gets done because a variety of stakeholders each bringing their own set of competences to the table are able to put together a comprehensive approach. So the sectoral strategy supports workers in improving their range of employment-related skills by improving their ability to compete for work opportunities of higher quality. At the same time that the strategies support workers, they also seek to meet the needs of employers, generally improving their ability to compete within the market place. Now there are times where sector approaches meet the direct needs of employers, and there are other times when they also advocate for employers to change the way they're doing business in order to better meet the needs of the workers that the program is designed to support. And then lastly, sectoral employment development programs try to create lasting change in the labor market system that again, benefits both workers and employers. Often when we do a presentation around sector approaches, we'll get the question, why are you talking about focusing on low income workers and our work at the Aspen Institute, we found that the workers who are least

likely to benefit from excising employer investments in education and training are those who are at earning low wages, hold minimum skills, or occupy entry-level positions. So because often when we're talking about philanthropic and public dollars supporting this work in order for it to go to, we think it's important that that money be spent in both secure recourses on helping those who are otherwise overlooked by the system. So our work has really focused on individuals who are low income or otherwise space barriers to employment and advancement and for whom in an investment in a sectoral approach will be advantageous. We'll move to slide 12. So when I mentioned that this is basically a systems approach, what I'm talking about is, you'll just kind of see this crazy map in front of you and this is just a kind of the idea of what we're talking about. We're talking about a system. We're talking about an industry in a particular region and a wide set of actors where stakeholders are influencers on that industry sector in that region. So this can involve trade and business associations, in particular businesses and unions. It might include local organizations that are rooted in communities and work on behalf of individuals in those communities. It can involve educational institutions, community colleges, technical schools, and public agencies such as the workforce investment boards, Department of Labor and Economic Development, in your work, vocational rehab, Medicaid, and so on and so forth. This is a messy map because systems work is messy. We'll go to the next page, page 13. So what's the argument, why work within or target a particular industry sector? And so, what we've seen is that organizations or approaches that target a particular industry sector can develop a deep understanding of the dynamics and competitive forces within those sectors. And therefore, really identify the workforce needs but then open opportunities for intervention that can lead to strategies that really help the constituents who are job seekers or who are incumbent workers to advance within that sector or to acquire quality jobs within the sector. By meeting real business needs and concerns, it really provides opportunities to better serve

the job seeker and worker constituents. And over time, those relationships that are developed by targeting and becoming a deeply rooted in a sector and really understanding the dynamics of it can open the possibility for programs to begin to build relationships that can create systemic change and create greater opportunities for workers. The next page, please. And so basically, sector strategies are built on deep understanding of industry dynamics in a region. And you see before you some of the questions that as programmed, our initiatives are developed and all throughout time as they continue to improve and change according to industry needs. Still some of the questions that sector programs seek to answer both through qualitative and quantitative research and this is by no means of course the whole set of questions. But, something to consider, who are all of the key actors in that sector? What keeps the CEOs up at night? Understanding what the CEOs in the companies in that region are really worried about. Are they really worried about labor needs or is there something completely different that they're concerned about? And understanding what their primary concerns are is a way in which those who are developing strategies can keep in mind how they will ultimately benefit employers and encourage them to become engaged in them. So understanding all of these and many other questions will lead to a deeper possibility for engagement of businesses within a sector. Take the next page. Great. And again, so why engage with businesses at such a deep level? Well, it helps support the quality of programming and program sustainability and the achievement of goals. And we have found in our research that programs that did engage business at a deep level are able to do it in a way in which they can keep their eyes on the ball, which is what they're really trying to do is support the constituents that they're serving. So you can have a dual customer approach most of the time where you can try to address real competitive issues and at the same time, help the worker constituents that you are trying to serve. And again, by doing that, it may open the opportunity to influence business thinking and practice. The

next page. So one of the ways in which sectoral initiatives seek to provide something that is of value to employers is providing a range of services not only around job training, often, they provide a range of other types of services. And ultimately, what we encourage sectoral programs to do is to be able to understand what is the benefit they are providing to their business partner. So some of the benefits they might be providing is helping an employer to, for example, improve retention of existing workers or improve the job quality. Some employers that are working with sectoral initiatives will report back that they really have a goal to become an employer of choice in their region. They're trying to attract the best workers. And so they want their employees to be satisfied and they want the most qualified workers to come to them. For some, the sectoral employment programs help them to increase their productivity or the quality of the service or product that they're producing to increase their efficiency and so on. These are just some examples of the types of indicators of value that employers are reporting back when they've worked with a set of sectoral initiatives. The next page please. Some examples of the types of business services that sectoral employment programs may provide to their business partners may include things like technical assistance. You'll see here that I've got some examples next to each of these. The Jane Addams Resource Corporation in Chicago works with manufacturers in Chicago, and in addition to providing training and educational service, will help factories to use the lean manufacturing methods of production or to choose and install an appropriate piece of equipment. So they'll provide direct technical assistance to employers. Organizations like Port Jobs in Seattle conducts a lot of industry research which helps industry to advocate for what it needs in terms of policy. It also helps the program to be on top of where the opportunities and what can Port Jobs provide to the employers in that area so they can be of best service. South Central Michigan Works! in Michigan provides human resources services to the employers with which they work and it has helped some of its employer partners to do

things such as improve the way that they conduct recruitment of new employees and by helping employers analyze the jobs that they have, and if they know how to recruit individuals with really appropriate skills for the jobs and this is a service that they've offered to employers that has been very valued by employers who now see South Central Michigan Works! as a real partner and a resource for them. And finally, New Century Careers in Pittsburgh, again working with manufacturing has been able to bring together businesses that are competitors, bringing them into the same room where they can share their needs with one another and has promoted some collaboration among businesses, both in terms of buying collaboratively as well as advocating for policies to support manufacturing in their region. The next slide please. And so in addition to this, you know, as I mentioned earlier, sector strategies are not just about meeting employer needs and really, the work in any cases which--or I should say sometimes shy away from the term employer-driven because I think it's really important to maintain a balance between what's good for the worker constituents that are served as well as what's good for the employers in the region. So sometimes, as I've said already, this work is really about influencing or changing employer practices. So sector work should really always maintain a focus on the individuals it seeks to assist by determining for home job opportunities in the sector or good opportunities and really understanding the specific worker population and what their needs and barriers are. The most effective sector programs are able to package together social support that support workers in terms of both acquiring and retaining employment and those can include such things as child care, transportation, counseling, and other assistance as needed. And so this element of providing support to workers is a core and essential part of sectoral employment development. The two organizations, both the Aspen Institute and Public/Private Ventures have conducted longitudinal studies of participants in sectoral employment programs to evaluate their employment outcomes over time. And what those studies have shown is--and I won't go into the specific

details of this, but I'd be happy to be able to point you all into the right direction where you can read more about this. But those studies, resulting to some sector initiatives, had shown wage increases for participants, have shown an improvement in the consistency of work for participants. So participants who may have been underemployed in an industry, there are improvements in the number of hours and the consistency over a year in the number of days that they worked. They have shown individual leading sector programs to obtain higher quality jobs as measured by factors such as whether they had health insurance, vacation time, paid sick leave, et cetera. And also as shown through surveys that participants with this program are more optimistic about their futures and more optimistic about the opportunities for achieving their personal goals. The next page please. So we've talked a little bit now about working within and engaging employers as partners and also developing strategies that are tailored to the constituent needs, the job seeker needs. Now, I'm just going to finish up with a couple of slides here about systems change in this piece of sector work that we've set out to understand. We had heard a lot of people talking about systems change, we had some theories and then we did some research around what's actually happening in the field in terms of systems change through extensive number of interviews and a survey of sectoral program. What they did they think of the systems change? What systems were they trying to change? And through that research, we were able to develop a framework for understanding this. It seems that in general, sector strategies used system change strategies to achieve one or more of the following, these 3 areas of change that is A to improve job quality. So helping their constituency, support themselves and their families, the quality of those jobs, improving access to good jobs, and third, increasing the quantity of those good jobs. So that third one may be through real connections to economic development programs that try to strengthen businesses and strengthen the regional economy. So let me talk about--a little bit about these three areas. Thank you. Okay, so

in terms of influencing job quality, access to good jobs, and increasing the quantity of good jobs, systems change tends to focus on one or more of these three arenas. And that is the work for the education and training infrastructure in an area, the industry practices, and public policy. So the education and training infrastructure in an area typically involves community colleges, vocational training programs, apprenticeship programs, workforce investment boards, and so on and so forth. In industry practices, we're talking about recruitment, hiring, promotion, scheduling, work environment, and compensation. In public policy, we're talking about influencing legislation, regulations, and funding streams. We go to the next slide. Great. So some examples of how programs might change the education and training infrastructure, one is improving access to education. So we'll see sectoral programs that maybe working with community colleges for example, to change the scheduling of courses or where particular courses are held so that they are more accessible to the low-income workers that are trying to access those classes. Many of these programs also do a lot of work helping individuals navigate community college systems, helping them through facilitating their registration into courses, helping them to figure out course progressions, helping them to access a variety of economic and other types of supports that help support people as they obtain the types of training that they need. Others help change the education and training infrastructure by establishing new types of apprenticeship or bridge programs that prepare people to pass entrance exams and complete prerequisite courses, and basically, prepare individuals to enter the college system or enter other types of training. So they may be changing the education and training infrastructure by really creating new points of access to education. Another example is creating better alignment between curriculum content and employer needs. So programs may be out there kind of acting as a broker between educational institutions and employers in the region to help make that program or that training program or that educational program more relevant to the needs of

industry. The next page. Okay. And some examples of ways in which sectoral programs change or influence industry practices. They may be influencing employers to hire individuals that they had not typically hired in the past. For example, individuals, we see a number of programs out there that work to help individuals who are formerly incarcerated to obtain opportunities for work. Others may be working in improving working conditions so here's where we have the type of strategy--improving working condition sometimes is a collaborative strategy and sometimes that seems to demand a more adversarial strategy so there are sector initiatives that are involved with actually immobilizing and organizing workers to advocate for better working conditions. Others are able through their work to demonstrate why certain changes actually will benefit both the employer and the employee and can work as an advocate for workers to improve those conditions. And another example I have here is creating access to advancement opportunities. A number of sector programs are working on career pathways and will work with industry representatives to try to create new ways in which people can advance from one position to another within an industry. One example of influencing changing industry practices that comes to mind is that of the in the biotech field where there are a couple of places in the country that I can think of. I'll tell you a story about Baltimore, Maryland where I happened to live, where there is an organization that is working in biotech and is training entry-level biotech workers. For an industry that typically higher people with only Bachelor's Degrees and the industry, as they got to know the industry better, found that the employers in the industry really had trouble because they would hire--a hiring requisite of a Bachelors in Science for entry-level lab technician positions and were having a real hard time with retention because most of those students would take a job for about a year while they figured out whether they were going to med school or onto a doctoral program. And so really a high rate of turnover in those entry-level positions. And as the sector organization or sector

initiatives started to really look at and analyze those jobs, found ways in which the industry could establish a position that will allow for somebody with a two-year degree to enter into those jobs. And so they were able to work with industry to create both a new job classification and also to create an educational pathway for people to enter into a first job within biotech. And it's really been a win-win both for the worker constituents they serve and their business partners. I'll take the next slide. Okay. So lastly, this last realm of systems change is around public policy, and this is where we see sectoral initiatives trying to influence systems change by helping to change or enforce industry regulations, increasing or altering public funding streams and conducting or publicizing research on the workforce needs of the industry. So these kinds of policies will involve an advocacy or, again, they can be research and publications, a variety of different ways in which sectoral initiatives seek to change the regulatory and funding environment that supports their work. And I'll just finish up by showing you that if you want to read some more about these, you can go to the aspenwsi.org Web site and there is this longer report that you can download called *Sectoral Strategies for Low-wage Workers: Lessons from the Field*. There are a variety of other types of publications there. There's one that's a policy brief called *Sector Strategies in Brief*. And I think that might also be relevant to some of the work you're doing. So all of that is downloadable at no cost on our Web site and I hope that proves to be a resource for you all. So I will stop talking about sort of this theory and now turn it over to Bill Lecher who can talk more about a real life example of what they're doing in Pittsburgh, so Bill?

[Bill Lecher] Hello everyone. I'm Bill Lecher. I'm a Registered Nurse and I've worked at Cincinnati Children's Hospital. And we are in Cincinnati not Pittsburgh, although Pittsburgh was referenced before. I'm pleased to report that the story that we're going to show with you actually incorporates several of the guiding principles, the NTAR focus as well as most, not

necessarily all, but most of the sector strategies that Linda shared with us prior to the film I'm going to move along here. Slide number 26 represents how we came together and who's working on this project with us. We are referred to as the Health Careers Collaborative and that includes two large employers; it's the Cincinnati Children's Hospital and the Health Alliance of Greater Cincinnati. These are large hospital employers. Cincinnati State Community College, Great Oaks Career Center and then we have the One-Stop Super Job Center and a couple of community-based organizations namely Dress for Success and Mercy Neighborhood Ministries. We got our initial start on this work about five years ago through initial planning grant through the KnowledgeWorks Foundation and then we're selected with a three-year implementation grant that got us up and organized and running. The interesting thing is what we did--and certainly are very appreciative of the financial support we received from the KnowledgeWorks Foundation, it wasn't really so much about the money, but the money brought us together through that grant to work together and build this collaborative model that is now entirely self sustaining and also provided the model for the work through the state, the Ohio Skills Bank initiative which is through our Governor Ted Strickland in reorganizing adult workforce education for the State of Ohio. We have four managing partners and then four other partners. The four managing partners are really the lead organization for this collaborative. We represent a lot of jobs in hospitals. So the Health Alliance has four hospitals or about 14,000 employees. My boss just reminded me that we are actually up to 11,000 employees now. So, that's 25,000 jobs in our community that these two organizations represent. Great Oaks Institute of Technology is a career center. The focus of their work with us is really the initial education and training that the workers may need to gain employment that could be a GED preparation, GED administration certificate training, the nursing assistant training. We do a lot with them on that and the health unit coordinator training. Cincinnati State focuses in on our two-year associate review programs that we have had

targeted for our sector, the health care sector that we focused in our region which maybe different in other regions in Ohio is the registered nurse positions, the respiratory therapist positions, and the OR tech or surgical technology positions. And we have an incumbent worker-training program that I'll talk with you about focused on lower-wage workers and how that works. Dress for Success, if you're familiar with that, it's a national organization and our local franchise is very active in the community, focusing primarily on women, achieving and sustaining employment for socioeconomic self-sufficiency for these women in our community. What they really have is not just a nice outfit for somebody to wear for a job interview or clothes to wear for work. What they really have is a retention program. It's what they would tell you about. Mercy Neighborhood Ministries focuses a lot with first, as a community-based organization, a nonprofit, focused on education, tutoring, remediation, those types of things. The One-Stop Center helping people find employment and some financial support for that and in a greater sense, they help counsel with our local hospital association. We have two groups of people that we're working with. Primarily when we think about our career pathway for this sector in healthcare, we're looking at people that are either not employed or people that are underemployed. So, you know, the typical welfare to work or TANF kind of approach from the past still continues with us today. People that are between jobs, we also have folks that are in jobs that might be in the fast food industry that pay less than their jobs too that may not have as rich of a benefit package the jobs too at the hospital. And I'll just tell you that one of the things that Linda referred to is while these jobs in the entry-level are fairly good paying in our region, they pay around \$10, \$11, \$12, an hour. The entry-level positions, they also have a very rich benefit package which includes at least two different plans they can choose from for medical insurance, two to three to four to five different dental plans. They have tuition reimbursement. They have paid vacation time and sick time, and all of the things that most of us enjoy

with employment. So it's not about all entirely about the wages, it's also about the benefits that help them as individuals and then their families and our community as a result. Then we have this group of what we're not really sure the best way to describe our [inaudible] but it's the lower wage incumbent workers or employees who previously weren't college bound and may have potential for promotion but would never have an opportunity for promotion without additional education or training. So that's the two groups that we're working with, with our career pathway. At some point, I'll talk with you about the employer engagement and leadership with this as well because what we really think is we have a lot of jobs that we need filled with skilled workers from our community but also from within our companies that we'd like to promote. So when we're talking about unemployed or underemployed or lower wage incumbent employees who have a good track record with us, those are the two targets primarily. So we have this dual customer focus as we look at the workforce education, meeting our needs while helping individuals simultaneously that need jobs. The GED preparation or certificate training that will provide jobs for in hospitals, focusing primarily again on the unemployed or underemployed with a reasonable initial wage and then good benefits, and once people are and can continue along our career pathway or the people that may have already come in with appropriate certificate training can then get into a college degree track that would help them advance in into jobs where we have high demand, high vacancy or high turnover or hard-to-fill positions. And again, for our collaborative at this point in time, we've really focused primarily on three jobs. Although, now we're actually ready to expand to probably most jobs that are at these levels of pay and need for the organizations like the registered nurse, respiratory therapist, and surgical technician. As we scale up to add more hospitals, I'll talk a little bit about toward the end of this as we've been able to demonstrate and achieve sustainability with our current partners, now we're trying to scale this up in our region to say that we have almost 30 hospitals

here. What will it take to get all hospitals on a regional career pathway for healthcare jobs and then engage the education system? Again, there's about another 10 to 12 education partners we can engage from community colleges to career centers for certificate training as well as college degree pathway. One of the things that particularly people with disabilities or people of hard or this sort of backgrounds offers an opportunity to build diversity into our workforce. We actually talked about that and promote that. This is again a way to get more minorities into the workforce. This is a way to promote minorities that are in our current workforce in the higher level positions. And we're really starting to now see the momentum gaining on scaling this up in our region. I hope I'd talk with you a little bit about scaling up as I conclude here. So how do we move individual forward? The training needs are really identified by us as employers leading this collaborative and working in partnership with our education partners developing a realistic career pathway. And what we've been able to do that's been really important is removing obstacles to success. And I'll tell you that when I got started on this project, I never would've thought there were so many obstacles to success and to accessing education. We've been able to remove some barriers that were very easy to remove that are now systemic changes that will be sustained over a long period of time. And as we add additional partners, they'll be able to add these things. So this idea of the employer engagement and leadership, part of that dual focus is we want the education providers to train individuals in our community to meet jobs that we have that we're trying to fill. What we also have sometimes, the education partners have some really good programs but they're not jobs that we have difficulty filling or we don't have needs to fill it, so we don't want to promote incumbent workers in an education track that would then make them have to work somewhere else for their promotion. We have our classes that are in a convenient location to our hospital. Well, our hospital is located somewhere to many metropolitan areas that have clusters of hospitals and part of the community, our

facility. The Health Alliance has a hospital here. There's another hospital, the Christ Hospital of Greater Cincinnati. We have the VA hospital, the Good Samaritan Hospital, Deaconess Hospital. All those hospitals are within probably less than a mile radius. And we've actually built a classroom there that can accommodate convenient classes as far as people that may use public transportation, convenient times that are good with employee work schedules or could even be walking distance even if they are driving that it's very convenient to get from the hospital to where the classroom is located. We'll just talk a little bit about some of the curricular innovations that we've done. We've integrated a job retention and job readiness training into some of the college and certificate training. We've integrated some science and some math classes together to help promote the direct application of what you learned in math class, how do you now apply it in a chemistry class? And then what was somewhat disappointing for me as a hospital manager, leader, or administrator is this need that almost everyone has a need in our incumbent workforce and this entry-level position for developmental education or remedial education. We're initially a bit naive that we thought we could take good incumbent workers in these entry-level jobs and start them off in college and get them graduated and promoted into higher-level paid jobs. And what we found is almost everyone about 90 percent, requires some type of remediation or developmental education. That's associated with math that might be basic math and pre-algebra, it might just be pre-algebra. But prepare them for college algebra, one or both of those classes is required for most of our incumbent workers as now new college bound students. It could also be about reading, writing, language mechanics, or things of that nature as well. The other part that we've done that's been actually very remarkable and I think that I even under appreciated it myself at first is this idea of tuition prepayment. All the hospitals in Ohio or almost all the hospitals in Ohio and probably across the country have a pretty rich tuition reimbursement benefit. But what we found is that our employees actually get--if you make

say \$10 or \$12 an hour and you're working 40-hour a week, that's \$400 or more a week. But if your initial tuition is \$800, that's like two weeks of work. And we were going to reimburse it anyway which is a pretty laborious and bureaucratic and not a very timely process. Basically, you pay it when the tuition is due. You take the class, you submit your grade report afterwards, your boss signs off on it, your boss' boss signs on it, sends it to human resources, they sign it off and then it goes to payroll and eventually, you get a check that says, "Okay, we've reimbursed you now for your tuition." And what we've done basically for folks that are in our career pathway at all of our hospitals is change the policy to say that you can actually have your tuition prepaid if you're on a career pathway with us. And the benefit that they provide for employees is they don't have to worry about the financial part of their education and we were going to pay it anyway. The other part that we added again just as remarkable is developmental classes are prepaid too. Again, most of the hospitals or all of the hospitals that I'm aware of in our community never provided tuition reimbursement for developmental education classes. And the rationale behind that was they weren't credit-bearing coursework and they weren't part of a college degree so they weren't included in the tuition plan. So, we worked with our senior HR executives and said, but for these people that are on this pathway, it's required if they have academic placement test that says they need to take basic math and pre-algebra before taking college algebra or science math class. And our HR executive said, "Okay then, we'll do it with this career pathway group" and actually that may provide a mile to expand that for others as well. But right now, everybody on our career pathway seeking a college degree has access to prepaid tuition as well as prepaid tuition for developmental education classes which weren't covered before. And again, all their work at the career center, whether they're doing the certificate training, this idea of certificates or stackable certificates, all of that work is transcribed for college credit for their two-year associate degree that they will carry over for a

four-year degree. So, in a sense, what we're saying is we've actually created some systemic change that is very different than what is often referred to as customized employer training. So, I'll tell you a little bit about the role of us as employers. So this is a bit unique. Again, we've been doing this for several years now so I used to think that it was just a way that it worked and we always will have one of the people from one of our employers, our companies leading the collaborative. I am really dedicating time and commitment to perform this work whether it's preparing minutes, agendas, allocation of time to do work. We participate in the development and funding if we have training or capital expenses associated with the facility. We actually expanded capacity in the program. One of the things that when we started this adventure was our incumbent workers in the nursing program, almost all the schools in our community have a waiting list of two or three years. And we said, "You know, if we're going to invest in our incumbent workers and they're going to school part time for an associate degree, it's going to take three and a half years, two and a half years when they get to that nursing clinical component. We don't want them have to wait two or three years to continue on their college degree or their career pathway." And the school reassured us that we wouldn't have to have our employees wait. What we didn't know is how we would do that and eventually what it came to is we actually had a capacity by the schools adding FTEs, adding an FTE to guide our incumbent workers as a course director through this nursing component of the career pathway. And we provide the funding for that, the financial backing and in terms of that, salary dollars to them that they provide, the FTE. So again, that was another way that we provided leadership for that. We work at recruiting the incumbent workers, selecting them for the associate degree pathways. Not in the absence of the education folks they participate and the selection as well, but really the decision lies with the employers. We want their input. We want them to be involved and engaged and help us to select our incumbent workers. But it's our decision and I don't mean to say that from a

position of authority, but we're saying these are our workers and these are the folks we want to take a risk on and help to promote within our company. We're able to provide preceptors and clinical experiences for students. We're able to provide guest speakers for classes. We can assist with the marketing and sustainability plans. We've also made accommodations really to help the students achieve success which some of which I've talked about before. So, kind of in summary, this isn't your traditional advisory board. This is a real and genuine employer engagement. We are leading the organizational, the operational, and the educational efforts and the outcomes. And actually, equal footing with our education partners whether that's the community college or the career center. The role of the folks from education is pretty traditional as far as the pre-enrollment assessment, remediation for folks that need that. They really are the experts on teaching. They are actually developing the curricular innovations with our support. We're not leading really the curriculum development, that's the education systems and expertise. They did provide a support for financial on classroom expansion, expanding our capacity and they provide the instruction. This is a busy slide. It shows our career pathway in a sense and it basically starts at the bottom and you progress up as it moves forward. You can see it might be hard to see on your screen but the initial student pool comes from unemployed referrals, comes from our incumbent workers, and there's an intake and screening process. Then the pink portion there talks about the entry-level certificate training that helps you and a coordinator, and also sometimes referred to as unit secretary or word clerk. If you've ever been in a hospital in a medical surgical unit or intensive care area, that's the first person that you meet and see when you come to visit somebody in a hospital on an in-patient unit. The nursing assistant, patient care assistant, orthopedic technician, are also certificate training that we have. In our case, we haven't focused a lot on the advanced training, the LPN training program. Again, we have the schools that we work with actually have very good LPN or LBN training programs, but

what we have is not for many jobs at the hospitals in our community. Now, I'll tell you this, other parts in the State of Ohio actually do have a fair amount of LPN employment but we don't. So when they have tried to encourage us to focus on that part of the career pathway, we've consistently declined that over the last three years because again, we don't want to advance incumbent worker education but not be able to advance them within our company. So then, we focused really on the top portion of this pathway for our incumbent workers, the nursing respiratory therapy and surgical technician college degree programs. The other things that we talk about related to this slide is multiple entry and exit points so people can come in, get a certificate, work for a while. They can then move back into a college degree pathway, at the associate degree level, they can finish that and then they can--we actually work with the four-year college in town, the University of Cincinnati. And again, all the credits that they've earned through certificate training, through their associate degree program will all pass on so that they can penalize them when they start working on their four-year baccalaureate degree. As Linda said, we have [inaudible] toward actually baccalaureate prepared registered nurses but we understand that some of our folks will need to come through the associate degree first before achieving a Bachelor's Degree in Nursing. This next slide is probably the one that we're most proud of and this really shows some of the key outcomes now. We've been on this project for over three years and the career pathway for the Associate Degree Program takes about three and a half year time to complete. I tell you that the first group we started out with three years ago this month, we actually had some lessons learned as the group that we didn't know that we couldn't just select folks, enroll them in college. So we actually had to back-up that next term and add the remedial developmental education and then continue thereafter. What we do right now is we actually do the developmental education as a kind of a pre-pathway process to the college degree. We do a cohort education model for every time we enroll a group. Right now, with over 24

people at a time. And, so what we have in a sense, from the developmental and remedial education, is kind of the pre-cohort. We have a larger pool that are actually working on developmental or remedial course work that we then select from for our college degree pathway. So as of today, we have about 120 employees working at one of our hospitals that are on the associated degree pathway. These are, again, we will call them lower-wage incumbent workers. Our retention rate is very high, academic retention is at 80 percent. That compares with about 35 percent for the general community college. The GPA at the community college that we work with is on average 2.75 and our incumbent workers are at 3.25 on average when we put them all together. So we are performing much better academically and that's a really encouraging thing or satisfying part which was disappointing for me at first. The amount of developmental and remedial education that are incumbent workers that we had faith and belief in that we had to invest really pays off here from an outcome standpoint. Their academic retention is over twice the rate of the average student at the community college and their grade point average is about 0.5 higher than the average student. We have this little story of promise with the chemistry class. The dean of that the college of health and safety is one of our collaborative managing partners and she has taught all the chemistry classes. Actually she has taught seven classes now and we've only had one person not passed out of the seven classes that she's taught. She'll tell you anecdotally that she has never had a class that has had 100 percent and she's been at the college a long time in teaching chemistry 101 and chemistry 102. So, that academic performance and that story of promise is so important and we'll reassure that very freely in all of our accommodations or all of our presentations. We've been able to remove this waiting list for our incumbent workers that are on their career pathway and again, that was very important. If we were going to invest in these folks, we didn't want them then to have to wait two or three years before we build and promote them. We have innovative curriculum and

seamless pathways and what I'll tell you is that we've had a science and math class and then we follow that with chemistry I and then chemistry II. And what we have learned is that, actually the students when they go from math to the actual science class had difficulty integrating the principles. So their math instructor and their chemistry instructor got together and they are strategic now with over two terms as an integrated course. And again, we see that as pretty innovative. The classroom site that we have located about a block and a half from our hospital and about one block from the university hospital with Health Alliance, we've had over 1400 people in the last two years ago through training there. But then are being able to move into the healthcare careers. And the last point there really has to do with this idea of collaboration and not competition. Linda talked about--I think it was the folks in Pennsylvania perhaps, that have the manufacturing of that workforce model. And when they brought the all manufacturers together that used to be competitors, they found that they were actually able to work effectively. And what we find is really we've been able to accomplish so much more by working together than we ever were able to try to have figured it out on our own or not to work on this from a systemic point of view. That has been just amazing that we've been able to build trust where there had been silos and tremendous politics in the past. I'll tell you that's not easy, but we've been able to accomplish that in most cases. As we scale it up, we're seeing a revision of that, revisiting of that to some extent. Again, getting all of the hospitals in our community that do compete for workers in our community it does create some challenge and the same thing with getting schools to work together, whether it's community colleges across our region or the career centers. But our basic history tells us that we can do that and again we have full faith that we'll be able to accomplish scaling this project up. So the challenge then that I would suggest is really this idea of employer leadership and employer engagement, which requires the shift in thinking most often from the education system. And the experience that we

had, the question we would ask is can that really be spread? Can that really be replicated? And our belief is yes. And as we do scale it up, what we're going to really work with are the folks that are the early adopters in our community so the hospitals that think this is a good idea, the education partners that aren't on board yet that think this is a good idea, we'll start with them and the folks that are more [inaudible], we'll bring them on later as we build more of a case for this work. So as we then bring this scale on our community, looking at trying to bring people on board with equal footing, we may have to do some revisions for how we do our decision making and the structure that we have, the memorandum of understanding that we have that organize the work initiative that needs to be expanded to include other partners. And if new people come on board, we actually need to have and we scale up the volume of incumbent workers and folks coming into healthcare, probably dedicated resources for healthcare career pathway manager. And that concludes the part that I have. I'm going to turn it back over to Nanette and Robb and then they'll facilitate.

[Robb Sewell] Thanks, Bill. At this point, we're going to take questions from our participants. If you would like to ask a question, all you really need to do is there are 2 options, one is in the lower left-hand corner of your screen, you'll see a little button there or little thing called raise hand, just click on that and we'll be able to see if you have any questions. Otherwise, what you could do is just use the chat feature that I've mentioned earlier, just type the message, select chairperson and then click send and that will get your message. We do have a question from Kathy Crutchfield. Kathy, what you could do at this point is just click star 7 on your telephone keypad and you'll be able to ask your question.

[Kathy Crutchfield] Great. I guess the big question in my mind is if a community-based organization, especially one who serves people with disabilities, would like to get started and at these

kinds of collaboratives are very employer-led, how do they do find and engage some willing employers if they feel very strongly that this might be a viable option?

[Bill Lecher] This is Bill Lecher. I would say start with the people that you have relationships with or that the person that from the communication-based organization that may either be the president of that group or the executive director or somebody that is a chairman of their board or somebody on their board that knows people that have relationships or people that think it's a good idea, I would start bringing those types of employers to the discussion. And then start to organize some of the work and leverage the relationships and leverage the people that are more entrepreneurial or more interested or more engaged. If you had let's say a sector or you're working in a sector under some companies that either think it's a good idea, but just can't seem to return phone calls or can't seem to make the meetings, I wouldn't concentrate my time on them initially. I'd focus more on the folks that are the early adopters, the folks that have an entrepreneurial experience, the folks that think that this is a good idea, the people that believe in community benefit. I, as an employer, that's really genuine.

[Robb Sewell] We do have a couple questions that were e-mailed to us. The first one is from Lucy Baker. She has a couple of questions actually. She is wondering if, is project search a model that mainstreams workers with significant disabilities into the workforce part of the work with Cincinnati Children's Hospital? And she's also wondering how our high schools involved in the career pathways?

[Bill Lecher] That's a really good question. I'll tell you that the project search, the director of that program is Erin Riley and she serves actually as a mentor to me and she initially led this work several years back and then transitioned it onto me. They asked me if I was interested, I said, "Sure, I'd love to do it." I had no idea what I was getting into and haven't look backed since

and have had great job satisfaction with that. I'll tell you the project search does run a bit separate from our career pathway although we do have people that come in with disabilities into the pathway. It's not integrated. It does focus specifically on employing people with disabilities and actually have really good outcomes and it's replicated that program across the country and actually, now, even in several other countries. The second part of the question was?

[Robb Sewell] I'm sorry, how are high schools involved in career pathways?

[Bill Lecher] Okay. I'll tell you that it's for--in our region, in Ohio, there's the Ohio Tech Prep program, which is through the public school system. And we have a couple of schools that actually have health career pathways, pathway might not be the best word, but folks that are not going to be going on to college, there's the Tech Prep has a health track at least two of the Cincinnati public schools. And people that are in that health part of that, it's more with a vocational approach. You finish high school and then actually start working while your in high school, and the idea is that they'll get nursing assistant training in their junior or senior years, start working in their junior or senior year, graduate high school and then be in a good position for having it some employment history, employability skills, and then the potential with a high school diploma to advance in the education system. I'll you that it's not as easy as said and done because we've actually tried to partner a number of times with the public school system and particularly, the inner-city schools have a greater challenge and I would describe that in somewhat as [inaudible] I'm not sure I'll use the right words for it but people that just have so many more obstacles or socioeconomically disadvantaged. Almost by nature, the circumstances of where they live and go to school or the family they were born into, whether it's a single household parent or maybe they have no parent in their household, the absence of good role models, the expectation for education not being

important. But it's just that I think that the real and genuine opportunity to bridge the pathway from say high school to work, high school to the career center to work as well.

[Robb Sewell] Okay, we have another question that was e-mailed in. What is the impact of the current recession on meeting the labor needs of employers? Do you have any current research about the influence the recession may have on people with disabilities getting jobs with more possible job seekers in the applicant pool? Any thought on strategies regarding how to continue to advocate for individuals with disabilities on talent pool given the current state of economic affairs in the job market?

[Linda Dworak-Munoz] Hi. Sorry, I was having trouble getting a--I don't know what was happening and I didn't catch the last question. But I wanted to make a comment on the earlier question about how to get started with working with employers. In addition to some of the things that Bill said, I wanted to add that about working with organizations with or board members or employer representatives with whom you have existing relationships. Another thing that many sectoral initiatives have done is bring in some expertise in health. So either hiring someone to your staff who has expertise or in experience working with a particular industry is one way of getting some, to bringing in some knowledge and expertise that can help build those relationships. In addition to who was doing that is to conduct some real research and really understanding before you go in and talk to employers what are the industry dynamics, and what is it that they are really struggling with so that you can kind of frame your discussions with employers around their need to understanding what the language is using, rather than kind of walking in cold, really walking with a deep and confident amount knowledge on what the situation is within the industry. And that may mean that where you start is doing some quantitative research, but also starting off by talking to employers before you come in and ask them to

contribute to the initiative that may be scheduling from appointments just to try to research and talk to them about what it is that they're experiencing both in terms of their labor market needs as well as some of their other competitive issues. And then lastly on that issue, I wanted to add that oftentimes, it's not the best idea to start off by bringing everybody together in one room for one big kickoff meeting. Oftentimes, these relationships are developed really on one-on-one personal relationship. So to the extent that you can kind of talk to the employer partners before bringing them all together in the room to make some decisions about how a program might be designed. And rather, do that legwork first and then bring them together if it makes sense to them to kind of sign off in some decisions that may have already been made on a one-on-one basis. I think that employers in particular are very sensitive about how their time is used and so you have to be sensitive as to, rather than bringing them into a lot of meetings where there's a lot of talk, really bring them into meetings when a decision is necessary. So that's just a couple of things that I wanted to add to what Bill said. And I want to make sure if you could repeat with that last question was.

[Robb Sewell] Sure, most definitely. Essentially, we have a question about if you could talk about what you believe at the impact of the current recession on meeting the labor needs of employers. Is there any current research about the influence the recession may have on people with disabilities getting jobs with more possible job seekers in the applicant pool? And do you have any thought from strategies for continuing to advocate for the talent pool of the individuals with disabilities?

[Linda Dworak-Munoz] You know, I don't know. Bill, do you want to say anything about that? I mean what I'll say is that, you know, my expertise is really not in research specifically on people with disabilities so I can't really completely answer that question. Maybe someone else from this call is more enabled to answer that. But I'll tell you that in terms of this current recession,

I just came back from a meeting in New York City, which of course you all know is really hard hit by the financial crisis right now in terms of employment. And I was with a group of organizations that are operating sectoral initiatives in a variety of different industries and we talked about what's happening and, you know, of course we can lift off all of the tremendous challenges from reduced funding that may be out there in the next year or two to, at the same time, some real challenges with the availability and quantity of jobs being--I mean those are really real challenges that I'm not sure that we'd all just going to have to grapple with. Then at the same time, I heard a lot of people who thought some opportunities coming down and, we've got this through crisis both in healthcare and in our energy policies that may lead to some new opportunities as industries are forced to reconfigure both for--we've been hearing a lot about green jobs lately and whether--I think that those organizations that are trying to work in the green jobs sector are still struggling to figure out exactly what are the green jobs that may be coming. Is it a reconfiguration of existing jobs or are there new employment opportunities coming? I mean, but that's a whole area that has a lot of research being done on it right now, people trying to figure that thing now. And then, given--and Bill, you probably have a way better position to comment on this than I am, but, you know, there are some speculation that we could have some real changes in the health industry that may shake things up and there may be some new opportunities as well as challenges for employment in that sector.

[Bill Lecher] This is Bill. I have just a couple of comments in that. Again, I'm not so sure what the future holds for healthcare. It generally appears to be bright, and historically, it's been somewhat recession resistant, not proof probably, but I am fairly certain well that, even during economic down turns, and then the comment on the folks with disabilities in the reference earlier to project search, what we found is employing people in healthcare or people with disabilities in healthcare is that

actually retention of folks with disabilities in work with appropriate training and support has been very high. So I don't know that the recession will actually negatively impact folks with more job seekers in the marketplace.

[Robb Sewell] Bill, we had a question. Someone was wondering if you could elaborate a little bit more about the need for dedicated resources?

[Bill Lecher] Sure, I'd love to talk about that. Again, the idea that this work actually takes a fair amount to get an employer engagement standpoint and even from the educational folks or even the community-based partners whoever is coming together through a state department like say in Ohio, the Ohio Department of Job and Family Services. The people actually have time dedicated to perform this work when--say for instance, when our collaborative came together, I got permission and a sense of approval from my boss to allocate part of my time to this work. We have another person from the hospital who also got time approved to be dedicated to this project. We had the person in our HR benefits department that regularly participated in our meetings even if they weren't, not solely focused on the employee benefit part of it because she still brought another perspective to the table. What we're finding now is, as you know, we gain volume of folks coming in and volume of incumbent workers in the career pathways is managing that work actually now probably requires a dedicated larger part of somebody's job and that might be point five of an FTE, you know, 20 hours a week, it might be for each our hospital systems, it might be something more or less than that. But as we've been looking at scaling up then, something in a kind of broker or lead kind of some of the day-to-day operational stuff as we gain in scale. So what we're looking at in Cincinnati is a couple of things with the Ohio Skills Bank through the Governor Strickland's administration divided the state up into 12 sections, if you will, in our area in Southwest Ohio, the four counties in Southwest Ohio. And we have a

regional Skills Bank coordinator whose responsibility is to continue with the healthcare career pathway expansion and then to add three other sector pathways. It's just been a thrill to have been a recipient of the National Fund for Workforce Solutions grant, I believe they gave out 15 grants across the country to 15 different cities, and our city is one of the selected cities. And in part, because of our work with the Health Careers Collaborative as well as the work going on in the state with the Ohio Skills Bank. So with that funding, we have a three-year grant that will provide us salary and administrative support for somebody to scale up this work in the healthcare sector. You know, as I mentioned earlier, we'll have a potential to add up charity hospitals in a 15 county area in Southwest Ohio, Northern Kentucky, and Southeast Indiana. We're right on the border of all three of those states. And then the second year of that grant, we'll have that salary for a career pathway manager, director, or person to add the second sector. And then in the third year of salary for that next person but as kind of the person that coordinates and helps align the work and have really dedicated time on this as a project. Responsibility and accountability and ownership for process and outcome.

[Robb Sewell] Great, thanks Bill. It looks like we're pretty much coming to the end of our time. Nanette are you still on the line?

[Nanette Relave] Yes, I am. And I just want to wrap up with our last couple of slides. First, I want to extend a very and deep thank you to our two presenters for these wonderful presentations that I think they're really bringing home to all of us the deep importance of true employer engagement whereas to provide training and job development and job placement services that really connect to real jobs. And I know this is something that we've been involved in a number of conversations with and, the sector approach points to some different strategies for being able to do that. So again, more of these presentations were in sort of directly on the field of disability employment. I think they give us models and

examples, strategies, and approaches that we can learn from and potentially adopt as we move forward. On slide number 43, there is contact information for several of us who help to staff of the NTAR Leadership Center. In case you want to get in touch with us, have any more questions, again, we really encourage members of our State Peer Leaders Network to contact us even if it's just a talk, may be there's a technical assistance request that you have and we would love to talk with you about that. And in our last slide, it's the link to the NTAR Center Web site. Again, I want to encourage all of our members of the State Peer Leaders Network to read about our virtual leadership institute and if it sounds interesting, just sign up. I think we have a registration deadline on December third. So we hope that you'll find us for the five wonderful courses and also just keep in mind that those like this webinar other courses will also be recorded. So if you did miss one, you would be able to catch it. So I don't want that to prevent anyone from [inaudible] up from this series. Then again, I want to thank our presenters very much, thank all of you our wonderful State Peer Leaders Network members for listening in. If you're on the call but you're not a member of State Peer Leaders Network but are interested, just shoot me an e-mail and I can tell you a little bit more about that. And with that, we'll hang up and I want to wish everyone a wonderful afternoon. So thank you and goodbye.