COMPREHENSIVE WORKFORCE DEVELOPMENT PLAN
2017-2020

Partnership: Healthcare Training Collaborative

Synopsis:

• Continued growth of established and proven CNA training program
• Specific focus on home and long-term-care facilities
• Pilot and innovate solutions on employee retention
REAL JOBS COMPREHENSIVE PLAN
SAINT ANTOINE RESIDENCE
HEALTH CARE TRAINING COLLABORATIVE

1. Brief background on industry / region of focus – Saint Antoine Residence’s Health Care Training Collaborative (HTC) had been operating for nine years prior to Real Jobs RI, with funding, primarily from the United Way of Rhode Island, RI Foundation and other smaller funding sources, and, later, from the Governor’s Workforce Board. Our target population for the first nine years of operation was Northern Rhode Island, un- and under-employed individuals. The core program is a ten-week Certified Nursing Assistant Training program (2 weeks / soft-skills, job readiness training; 6 weeks / classroom instruction; 2 weeks clinical rotations); curriculum is mandated by Rhode Island’s Department of Health as is the number of contact hours trainees are required. Enveloping the program is strong assessments/outreach, case management (to help alleviate any barriers to success), and an employer pool, that helps to define industry needs and employs program graduates. After 12 months on the job, CNAs can enter the Career Ladder which includes training to become Certified Medication Technicians, Licensed Practical Nurses, and Registered Nurses. Over the first ten years of the program, we trained, graduated and licensed close to 600 individuals with a 91% retention rate from entrance to completion in the program, and a 95% job placement rate. Also, during this time, nearly 200 people “graduated” or are on the career ladder portion of the program, becoming CNA IIs, CMTs, LPNs, and RNs.

2. Brief summary of Partnership’s origins, work to date, challenges, responses, opportunities - With the advent of Real Jobs RI, we saw an opportunity to be able to replicate our successful Northern Rhode Island program into the Providence area. Since the Providence / Real Jobs program was employer driven, we chose CareLink as our primary partner because of their 31+ agency membership that were potential employers. Since the “bottom line” of the Real Jobs grant was ‘jobs’, we substituted our career ladder portion of the program for a CNA Specialist program in order to expedite advancement opportunities and higher pay for incumbent CNAs. The career ladder at our NRI site can take a number of years to complete whereas our new plan’s turn-around time was seven weeks. Additionally, CareLink, our primary partner, whose “charter” is to provide services to its member organizations as well as to “vision” about future industry needs felt that Nurse Practitioners (NP), in the long term care continuum, would be a future requirement for third party payers as well as a quality add-on for the provision of services to elders in all healthcare settings. Additionally, CareLink needed physical therapists (PT) for their growing therapy division which contracts with CareLink members for therapy services. Therefore, a third module was added to our Real Jobs program. Working with the University of Rhode Island’s NP and PT departments, we implemented an eldercare “preceptor” program for soon-to-be graduated NP and PT students, with the hope of “enticing” them to stay in Rhode Island and to work in an eldercare facility or program.
The first module, that of CNA training, is interviewing for participants for its third and final class. Two classes have already graduated --- one with 17 graduates and, more recently, the second one with 20 graduates. But this was not without its challenges. First, we had to get our training site, Tockwotten on the Waterfront, registered and licensed. This took many weeks to accomplish. Not only did the Nursing Board (the licensing agency) have a change of leadership but the board felt that there were too many CNA training programs in existence, already, and many that were not quality (they will be doing a thorough review of all existing CNA training programs in the near future). So, they were closely scrutinizing every application that came into them. We think it speaks volumes about the quality of what we are offering and about the quality of our Northern Rhode Island site that we passed the process, despite its length, and were licensed.

Equally challenging was the loss of our initial CNA training instructor due to personal family demands in the middle of our second class. Fortunately, we were able to find a qualified person to complete the class. However, this person could only “fill-in” for the completion of the second class, which left us searching for an instructor for the third and final class. After a long search, we have just identified a candidate to teach the final class that begins in three weeks.

Implementation of the second module, CNA Specialist training (Alzheimer’s / Dementia; Lead Mentor; Behavioral/Mental Health; Acuity-based Documentation) has, partially begun. The Alzheimer’s training/mentoring class began August 3 for seven weeks /two hours per week, and will lead to an Alzheimer’s certification; this is being taught at Saint Antoine by licensed staff on our special care unit for 6 students. We continue to work with Rhode Island College (RIC) on the Lead Mentor and Behavioral Health programs, having had numerous meetings with their partnership team. However, RIC is not sure when that program will be operative and it seems, as of this writing, that those classes will not take place within this grant period. Regarding Acuity-Based Documentation, we held an Activities of Daily Living Coding (Acuity-based Documentation) for 12 entry-level as well as incumbent CNAs on September 21st. Another advanced CNA Training class on Restorative Aid and Documentation will be held on October 19th and 26th.

However, we are encountering many challenges as we implement this Specialist Training module of the Real Jobs grant. For instance, while employers told us in our initial poll that they would pay extra for a specialist CNA, this turned out not to be possible in many instances; budgets are tight and there have been a number of changes in the Medicaid reimbursement system. Secondly, many eldercare facilities with special care units require special training in Alzheimer’s as a condition of employment and teach it themselves, on-site. Finally, collaborating with higher education like Rhode Island College is slow at best. Academia has its own set of requirements that have to be met to even pass-on a new course or curriculum --- and it takes time.

Finally, the third module --- NP/PT Mentoring program is well underway. We have mentored 3 NPs and 1 PT earlier this year and we are in discussion with each about employment. One additional PT and one NP began their mentoring program in September, with the start of a new school year. All will have worked at an eldercare facility, attended classes (virtual or in real time) on geriatric care, and will have been mentored by a preceptor – all under the guidance of URI’s NP and PT department heads. The question of “graduates” staying in Rhode Island and working in eldercare is yet to be determined as we are in discussion with each “graduate” about this.
most cases, students will participate in this program during their 3rd or 4th semesters of study, graduating after the grant period ends. So, we are viewing the hiring of these students as a long range goal. For instance, we believe that CareLink Rehab will be hiring a PT and PACE-RI an NP in the spring of 2017.

3. **Describe industry need and realities** - The need for health care workers is well-documented. It is the leading job growth sector in Rhode Island and in the United States. However, as pointed out above and noted by Rhode Island’s nursing board, there are too many CNA training programs throughout the state that are not quality programs. Many individuals who ‘graduate’ these programs are ill-equipped to enter the health care job market. They are not properly trained in job-specific skills or in the soft-skills that are needed to work or to keep a job. Most programs do not help find their graduates jobs or even provide case management and support services in order for their participants to overcome any barriers to success. Our program offers all of this, adding to the success of the program, its graduates, and their employment placements.

4. **Describe where your partnership believes it can / should go in terms of size (number of employer partners, number of strategic partners, number of participants trained, etc.) and / or scope (complexity of training solutions, development of non-training workforce solutions, collection of industry intelligence, etc.)** - As we move forward, and because of the challenges enumerated in #2 above, it is our desire to curtail our Providence site operation and put all our resources (Real Jobs and PITCH funds) into the operation of our Northern Rhode Island site. We will keep, however, some of the components of our Providence site, particularly those that relate to our primary partner, CareLink.

   The Northern Rhode Island site has been operating successfully for more than ten years with more than eight employer partners. In our proposed new paradigm and in order to maintain our relationship with CareLink, who was our primary partner at the Providence site, we would like to continue the NP / PT Mentorship Program with CareLink and the University of Rhode Island. We have devised a working template for this program and have had some success with it. We feel it is an important component to our Real Jobs / PITCH program inasmuch as there are indications that third party payers may require Nurse Practitioners to be on staff at health care agencies in the future. Further, we want to add a fourth training class to what has been a three class yearly cycle. The fourth class would be held at PACE / CareLink’s new Woonsocket site and train individuals to become CNA-trained, Home Health Care Aides. The overall program will serve the following:

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<tr>
<th>2017 Real Jobs / Pitch – NRI Site with PACE / CareLink</th>
<th>Measurement Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td># of CNA's Recruited</td>
<td>88</td>
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<tr>
<td>#CNA’s Complete</td>
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<tr>
<td>CMTS</td>
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<td>NP</td>
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<tr>
<td>PT</td>
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<tr>
<td>Total # Served</td>
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</tr>
<tr>
<td>Total # Complete</td>
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Retention Plan: A new component that we would like to add to this core program but is not included in the Real Jobs budget yet has a serious impact on jobs is the matter of retention. Retention in the nursing profession, particularly for entry-level CNAs, is a serious problem, nationwide. According to a study conducted in 2010 by the American Health Care Association, the retention of Certified Nursing Assistants among healthcare facilities across the country was the lowest of all clinical nursing employees, at just 49%. Attrition has a deep impact on the level and quality of care given to patients because of the interruption of services due to staff turnover. Also, attrition affects an agency’s budget; it is estimated that it costs 20% of a given employee’s salary to replace that employee.

We, too, at Saint Antoine have been concerned about the long-term retention of CNAs. While we have been good at getting participants through class, finding them employment, and retaining them for the short term, we, too, have suffered attrition after six months on the job. That is not to say that entry-level CNAs do not continue with their jobs as CNAs. They do but may transfer to another facility; in this instance, the overall retention rate rises to 87%. We have found that our retention rate after six months on the job is at around 49% (at about the national average) but that overall, our graduates continue as CNAs, at an 87% retention rate. We have attempted a number of programs to combat this low retention rate in our facility, including CNA II training with an emphasis on mentoring, as well as “pairing” veteran CNAs with incoming CNAs; and these programs have helped, somewhat. However, in a quick review of retention programs on the internet, mentoring is only a small part of an overall retention program. Other areas that require much attention are “professionalizing” the role of a CAN, developing workplace cultures that embrace new healthcare professionals and incentivize millennials and under-employed persons to stay within a health career field.

Our CNA work training and career ladder program can serve as a sort-of “laboratory” whereby the retention plan that we formulate and implement can be “over-layered” and become a part of how we carry-out our training, employment, and advancement opportunities. We hope to go to another funding source, perhaps the Rhode Island Foundation, for funding to devise a retention plan, to implement the plan, and, then, to evaluate and disseminate it to other nursing facilities in Rhode Island. We believe that this would be a much-welcomed study / plan for the field.

5. Employer’s voice rings through – We have felt that with the addition of a Providence site, we were spreading ourselves too thin and the quality of our product (well trained and qualified CNAs) was beginning to suffer. By concentrating only on Northern Rhode Island, we hope to maintain the high level of preparedness that our graduates have enjoyed as they enter the health care sector. Long term care facilities are looking for well-trained, well-prepared individuals to fill their open CNA slots. Health care agencies do not have the time or funds to further train or re-orient entry-level CNAs. Too, there is a definite need for CNAs among our NRI employer partners. We get calls all the time from health care agencies that are looking for well-qualified, well-trained CNAs.

Finally, adding a fourth class to train Home Health Care Aides addresses PACE / CareLink’s increasing need for such health care workers, and this need will exponentially increase as PACE expands the number of its sites (they are now in Providence, Woonsocket, and Westerly). Additionally, increased numbers of CNAs trained
with a focus in home-care to be employed by Home Health agencies other than PACE supports both RI and national trends to provide healthcare support in community settings to keep elders at home as long as possible.

6. Describe resources that may be needed to get there

Maintaining our Northern Rhode Island site, keeping the NP/PT Mentorship Program with CareLink and the University of Rhode Island, and adding a fourth class to train Home Health Aides for PACE/CareLink at the Woonsocket PACE site would cost approximately $419,634 to operate with a revenue stream of $85,000 leaving Real Jobs/PITCH to fund $334,634 which is a bit more than the $329,000 that is being funded now (Real Jobs/155,000 + $174,000 / PITCH).

**The 2017 budget for the NRI Site with PACE / CareLink is attached.**

7. Makes a strong case - Originally, our thinking was to replicate the core CNA Training program of our NRI site into Providence and to replace the career laddering portion of the program with a specialized training component in order for participants to be trained quicker and to receive higher pay sooner (the career ladder may take several years for a person to reach a better paying job while the Specialist Program took seven weeks). Also, we thought that by operating two sites with “braided” funding, we could share resources and staff, leading to operational efficiencies. Unfortunately, it did not work out as planned. Operating a Providence site overtaxed our NRI staff, tremendously. Our NRI staff helped with the startup of the Providence program by showing the Providence staff “how to do it,” as it were. Our NRI staff spent many hours working with and training the Providence staff, and in many instances to the detriment of our NRI program. For example, we felt that we were not getting enough of an initial pool of applicants to draw from in order to arrive at a solid cohort of beginning participants in the class. The resultant effect of this is that we began to see a slightly-higher dropout rate in the class. Our shared resources and staff caused a similar effect at our Providence site. Further, we were beginning to see a slippage in our retention rate of CNAs on the job at our NRI site. Finally, we were questioning the nature of our product, namely to train individuals to become first-rate, health care givers.

Because of these things, we feel we must “tuck-in, “and take a serious look at how we operate our NRI site. We must expand our marketing and outreach activities; we have to fine tune our policies and procedures, particularly as it relates to the career ladder portion of our program; and, finally, we must devise and implement a retention plan.

8. Shows a logical and well-informed plan – By “shoring up” our NRI site, we will be better able to graduate a well-trained, well-prepared CNA. And, by not having the extra burden on our NRI staff to watch over a Providence site, our NRI staff can put more time and effort into the things that need to be looked at, namely marketing and outreach, policies and procedures, and retention.

These actions will result in a better trained CNA and a high quality program. We will be training people for jobs that really exist, both at the CNA training level and at the career ladder level, despite the fact that career ladder level jobs may take an extended amount of time to acquire; nevertheless, these are jobs that really exist and are very much needed by employers. It is conceivable that next year’s program can lead to 96 people finding
employment and advancement opportunities (76 CNAs, 10 CMTs, 6 LPNs /RNs, and 4 PT / NP). If, Real Jobs were to make a commitment of $335,000 a year, that would amount to an investment of roughly $3,500 a person. The return on investment (ROI) is difficult to ascertain. However, when our ‘graduates’ who previously were unemployed or underemployed become employed, their contribution to the economy and to the tax base would surely be more than $3,500.00. Additionally, if that person was collecting other state assistance such as unemployment benefits, that would also have to be taken into account towards the health of Rhode Island’s economy.

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