THE UNIVERSITY OF RHODE ISLAND

REAL JOBS RHODE ISLAND CASE STUDY:

Healthy Jobs RI Partnership

Prepared for:

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Healthy Jobs RI Partnership

Real Jobs Rhode Island (RJRI)

In 2015, The Rhode Island Department of Labor and Training (DLT) awarded funding to workforce development collaborations throughout the state. Funding was provided through development grants to create sector-based partnerships and create a plan to provide workforce training aimed at sector needs. Implementation funding was then provided for these partnerships to develop training materials and train workers in Rhode Island in targeted industries including healthcare, technology, marine trades, and the arts. Sector partnerships were developed through public private partnerships including that included industry, workforce intermediaries and educational institutions to address the economic needs of the state.

I. Sector Need

The Healthy Jobs RI (HJRI) partnership led by Rhode Island College (RIC) was created to fulfill the changing needs of the healthcare sector. The HJRI partnership identified several issues facing the healthcare sector:

- The Rhode Island Department of Labor and Training projected that paraprofessional health workers were one of the most rapidly growing labor categories in Rhode Island and that these jobs pay a middle wage while not requiring a college degree.
    - As of 2013, the average annual wage for healthcare and social assistance jobs was $42,540 ($50,309 for ambulatory jobs, $56,803 in hospitals, $28,476 in nursing and residential care facilities, and $21,152 for social assistance jobs).
- The current trend within the healthcare industry is shifting towards a more holistic "whole person" approach that integrates physical and behavioral health care and focuses more on preventive and community healthcare.
    - The passage of the Affordable Care Act (ACA) in 2009 shifted the healthcare industry towards prevention, which expedited the need for workers skilled in behavioral health training and allowed for the reimbursement of community healthcare workers.
- Mental health problems and substance abuse rates in Rhode Island are some of the highest in the country, leading to a critical need for behavioral and community health workers.
- As of January 2016, Rhode Island's Medicaid agreement stipulated that "all workers in mental health agencies [must] receive specialized training in behavioral health."

Further, a 2013 survey of industry partners conducted by the Hospital Association of Rhode Island (HARI) with RJRI planning grant funds found that:

- There is a high demand for paraprofessional healthcare workers in the state's healthcare industry.

- The healthcare industry faces difficulties hiring, retaining, and advancing skilled paraprofessional healthcare workers.
- There is a lack of soft skills such as time management, clear and professional communication, problem solving and critical thinking among new hires in the industry.
- The workforce is changing as older workers beginning to retire and are being replaced with new workers, many of which are bilingual or speak English as a second language.
    - The partnership hopes to fill the gaps left by retiring workers with newly skilled workers from groups that have not traditionally been recruited for these jobs.
- Industry employers are not in a position to help new workers who struggle with personal issues, such as transportation, childcare, domestic issues, literacy and language challenges, medical issues, and other issues that impede their ability to be successful in the workplace.

Given the demands and challenges to this industry, the HJRI training program was designed to provide entry-level workers with necessary skills and competencies to enter and advance in healthcare careers and to prepare new and incumbent workers to work in community-based and integrated healthcare environments. The HJRI partnership worked to create a career pathway program that enabled workers to continuously gain skills and knowledge and advance in the healthcare sector.

II. Grant History

Rhode Island College (RIC) has been receiving DLT funding for over 20 years. RIC has received funds for their Medical Assistant, bookkeeping/accounting, and insurance training programs. In 2015, after a faculty member from RIC saw the request for proposals (RFP) for the RJRI planning grant, RIC faculty and staff members wrote a grant application together and formed the HJRI partnership with the Hospital Association of Rhode Island (HARI) to help with planning grant needs. The partnership planned to allocate much of their resources in 2016 towards system building. This would consist of building and optimizing the foundations of HJRI's program, including the development of curriculum before proceeding with large scale execution. The HJRI also strengthened its partnership with the Central Falls Parent College through the RJRI initiative.

III. Goals and Objectives

The HJRI partnership was specifically developed to address Rhode Island's need for 1) healthcare workers trained in behavioral health, 2) individuals trained and certified as community health workers, and 3) reduced staff turnover. The partnership worked to increase the skills of certified nursing assistants (CNAs) by providing them specialized training and to provide middle wage jobs to workers who lack a college degree. The HJRI partnership sought to:

- Develop and implement behavioral health trainings to enhance the skills of both incumbent healthcare paraprofessionals and unemployed trainees.
- Develop and implement trainings for community health workers that is certified through the Development of Health.
- Develop and implement a peer mentoring program to support new hires in the workplace to reduce staff turnover.

As part of this, the HJRI partnership worked to:

- Expand the current education and training offerings at the Central Falls Parent College.
- Educate and train a workforce to meet current and future needs of a changing healthcare landscape.
- Create jobs and career advancement opportunities for Rhode Island residents.
- Improve care delivery and reduce the overall cost of care.
- Provide care that better reflects and meets the needs of the surrounding communities.
- Improve patient outcomes.

Originally, the HJRI partnership sought to meet the following training objective:

- Provide behavioral health training to 100 healthcare students as part of their training curriculum.

However, after discussing their implementation goals with the DLT, the HJRI partnership decided to focus on developing curriculum for behavioral health training and community health worker training in 2016 to ensure that their program would fulfill their goals and provide quality training to program participants.

IV. Partnerships

The HJRI partnership brought together a variety of industry employers within the healthcare sector as well as other partners to help with referrals, training content, and industry expertise. The chart below details the partners and their specific responsibilities.

Table 1: Partnership Members and Responsibilities

Rhode Island College (RIC)	Responsible for designing curriculum, materials, and instructional content; acting as a support to the industry in responding to needs; providing a space for trainings and meetings; leading and participating in committees.
Gateway Healthcare, Community Care Alliance	Responsible for assisting with curriculum development; providing training and opportunities; recruiting applicants through the organization's network; providing training and meeting areas; providing skilled instructors; conducting interview training for program participants; facilitating the establishment of the mentorship program with industry partners; hiring qualified participants.
Care New England, Gateway Healthcare, Chartercare, South County Hospital	Responsible for providing incumbent workers to participate in the programs; recruiting, training, hiring, and supporting program participants; working with RIC to develop training programs that enhance the skills of the workforce to meet changing industry needs.
Nalari Health	Responsible for providing exposure to healthcare technology and the training needed to effectively integrate it into various models of care; providing incumbent workers to participate in the programs; recruiting, training, hiring, and supporting program participants; working with RIC to develop training programs that enhance the skills of the workforce to meet changing industry needs.
Rhode Island Department of Behavioral Health, Developmental Disabilities, and Hospitals	Responsible for serving on the Partnership Advisory Committee and the Curriculum Development Committee.
Central Falls School District	Responsible for recruiting participants; providing training/classroom space; serving on the Recruitment and Partnership Advisory Committees.

Hospital Association of Rhode Island (HARI)	Responsible for conducting preliminary assessment of healthcare needs; organizing meetings; providing meeting and training space.
Town of North Providence School Department	Responsible for recruiting under- or unemployed parents as participants.
Rhode Island Department of Health	Responsible for helping ensure that training curriculum matched certification needs; providing internship opportunities; serving on the advisory committee.
Saint Antoine Community (another RJRI grantee)	Responsible for developing specialized training certificate programs for incumbent CNAs to advance their careers; serving as a pilot site for the behavioral health training.
The Substance Use and Mental Health Leadership Council of RI	Responsible for serving on the Partnership Advisory Committee and the Curriculum Development Committee; co-sponsoring Behavioral Healthcare training events; contributing to the Workforce Training Plan.
Rhode Island Welcome Back Center	Responsible for participating in ongoing program evaluation; promoting programs in the community; providing recruitment support and cross-referrals; assisting with increasing the number and engagement of employer partners; assisting, as needed, in establishing standards for developing articulation agreements and linkages among healthcare employers.
RI Council of Community Mental Health Centers	Responsible for participating in the Curriculum Committee.
Aquidneck Island Adult Education, Blackstone Valley Community Action Program, Central Falls Even Start, Community Action Partnership of Providence, Community College of Rhode Island, Comprehensive Community Action Programs, Cranston Alternate Education, Crossroads Rhode Island, Dorcas International Institute of Rhode Island, Eastbay CAP, Education Exchange, English for Action, The Genesis Center, Goodwill Industries, Institute for Labor Studies & Research, Literacy Volunteers of East Bay,	Planned to help with participant recruitment.

Literacy Volunteers of Washington County, Pawtucket School Department, Adult Education Professional Development Center Progreso Latino, Project Learn, Project RIRAL, Rhode Island Department of Corrections, Rhode Island Indian Council, South County Community Action, Tri-Town	

V. Implementation Activities and Processes

The HJRI partnership formed several committees to oversee the implementation of its training programs, and the committees were tasked with representing the interests of key stakeholders, developing curriculum, and conducting or assisting with various assessments. The Steering Committee received input from the Partner Advisory Committee/Board. Membership of the board included representatives from the Rhode Island Department of Health, and the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH). Table 2 details the main committees and their primary functions.

Table 2: Committees of the HJRI Partnership and their Functions

Steering Committee	Coordinate grant and partnership activities; compile data and reports; monitor sub grantee training schedules and invoices; monitor overall grant expenditures; oversee recruitment, employee support, retention and advancement; and oversee curriculum development (headed by RIC faculty) sub-committees.
Partner Advisory Committee/Board	Respond to the findings of the annual partnership survey; adapt the annual survey to respond to member concerns and satisfaction with partner activities; provide formal input into the development of the annual comprehensive plan through the Executive Committee; approve pilot studies; contribute to periodic assessment of the Workforce Training Plan; recommend training content.
Executive Committee	Direct the partnership and its organizational structure to respond to industry input; ensure employer partners are engaged and industry requirements are fulfilled; develop an overall project schedule; create timelines and feasible goals for projects; track performance and deliverables.

Goal #1: Develop and implement behavioral health training to enhance the skills of both incumbent healthcare paraprofessionals and unemployed trainees.

Curriculum Development

The HJRI partnership worked with industry partners and the Department of Health to identify curriculum needs for behavioral health training. As part of the Institute for Education in Healthcare at Rhode Island College, the HJRI partnership engaged faculty teaching credit and non-credit classes related to health in order to put together the curriculum for the training. The partnership developed a training with five modules that can be tailored depending on employer needs (e.g., introductory vs. more advanced), employee type (e.g., CNA vs. Medical Assistant) and type of organization (e.g., hospital vs. long term care).

Pilot Training

The HJRI partnership initially conducted a pilot training for the behavioral health curriculum using Saint Antoine Residence's CNA training program as the pilot site. The partnership also planned to work with Stepping Up, another RJRI partnership, to implement behavioral health training through Stepping Up's CNA program. However, this particular partnership was not successful, and the HJRI partnership stopped working with Stepping Up by the end of 2016. Following the success of the pilot trainings, the training plan decided upon by the HJRI partnership was to have two faculty members available to provide the training by contract. The training could be standalone or integrated into CNA or Medical Assistant trainings. The employers will market the benefits of the training programs by emphasizing career opportunities, opportunities to gain continuing education credits and credentials, and scheduling incumbent workers in such a way that they could attend training sessions without losing hours or income.

Future Implementation

Regarding future implementation of behavioral health training, the HJRI partnership plans to have employer partners discuss their training needs at the monthly meetings. Then, the employers will work with the HJRI partnership to provide a behavioral health training for their employees based on needs identified by the employer. For recruitment into the behavioral health training, the HJRI partnership, through its members, plans to utilize its existing recruitment pipeline and screening infrastructure that reaches a range of incumbent workers, and unemployed workers from ready-for work to vulnerable populations with a variety of challenges. Specifically, the HJRI partnership hopes to rely on the Central Falls Parent College to assist with recruitment and screening for its programs.

During the implementation grant year, the HJRI partnership also worked to develop the infrastructure to offer the behavioral training as a 30-hour certificate course with credit for students at RIC. The HJRI partnership focused on implementing the behavioral health training as part of a plan to provide stackable credentials for employees, meaning an accumulation of professional development opportunities that provide a supportive career ladder. These stackable

credentials will include credit bearing classes and certificate programs and are structured for new and incumbent workers to receive soft and hard skills training to ensure workers have the skills and competencies to meet patient needs in home and institution-based sites across the continuum of care (from acute care to long term care).

To continue expanding the program, the HJRI partnership planned to continue surveying industry employers on a yearly basis to assess the industry's talent and skill needs. Further, the HJRI partnership planned to meet with the Advisory Board quarterly to review the training programs and results, and to identify and discuss ongoing industry needs.

To ensure participant and partner satisfaction, the HJRI partnership planned to have its Curriculum Committee survey employers after the completion of training sessions to evaluate partner satisfaction with training and to assess the performance of recent program graduates. These surveys would also provide the HJRI partnership with ideas for how to improve and expand their training. Further, HJRI planned to have every participant take a pre- and post-test before and after their training to assess the training, and planned to develop an assessment for the behavioral health skills training for incumbent workers to enhance the certificate training.

Goal #2: Develop and implement training for community health workers that is certified through the Development of Health.

Curriculum Development

To develop the community health worker curriculum, a curriculum committee was formed to facilitate development. This committee was led by the director of RIC's Center for Addiction and Behavioral Studies and developed in partnership with the Rhode Island Department of Health. The Department of Health also assisted in ensuring courses met certification needs. The HJRI partnership additionally wanted to ensure it was not duplicating any content with the Peer Navigator training, which is a program through the Rhode Island Department of BHDDH. The community health worker training was developed for new and incumbent employees, but focused on new employees expressing a desire to work as Community Health Workers. This curriculum was also developed around the idea of stackable credentials.

Recruitment

For the community health worker training, the HJRI partnership worked to identify unemployed individuals through many avenues. The recruitment sources included: RIC's Outreach Program, One-Stop Centers, trainees from the Rhode Island Department of Human Services, students who enrolled and were completing RIDE-funded adult education programs, veterans and refugees identified through RIC, graduates and parents of the Central Falls School District, and word-of-mouth. The North Providence School District also participated in recruitment, specifically for under- or unemployed parents. The RIC Outreach Program has a long-standing relationship with local One Stop Career Centers that made recruitment through the One Stop Career Center System possible.

Training & Trainee Supports

Central Falls Parent College served as the pilot site for this training. Having already partnered with one another for two years prior to grant implementation, Central Falls Parent College had provided RIC's work readiness training in the past, so it served as the pilot program for the community health worker training. The Parent College recruited training participants from among its members, and provided daycare and tutoring for children while parents took part in the training. For Year Two of the grant, the plan was for training to be held conjunction with the Westerly Education Center (a workforce development center).

Goal #3: Develop a peer mentoring program to support new trainees in the workplace to reduce staff turnover.

The partnership attempted to implement a peer mentoring program for new trainees to improve staff retention. This need was communicated by the industry partners. The Community Care Alliance was a major driving force behind this program. The idea for this program was based on RIC's successful Learning 4 Life program, a program in which social work graduate students and high-level undergraduate students mentor students considered at high-risk of dropping out of college by helping them address non-academic issues such as homelessness or a lack of food. The peer mentoring program idea was also based on an existing model called "Gateway's support/mentoring program," a model that had shown to be successful in improving retention rates among high risk employee groups. The HJRI partnership wanted to translate the successes of these programs to help entry-level paraprofessionals in the healthcare sector, where there is high turnover, and utilize Medical Assistants who had been in their jobs for at least a year to help new workers with issues, such as a lack of transportation or childcare.

Therefore, the plan for this program was to give mentors who had been on the job for at least one year training and compensation. Mentors were to be assigned to trainees early in the program to help identify potential trainee obstacles quickly and provide referral to support services and coaching. Furthermore, mentors were to provide continued support through the recruitment hiring process, and they would assist trainees with professional development and continued career success. Once new trainees were employed, these new employees would be assigned a new mentor at their place of employment to continue receiving personalized support.

However, the development of the peer mentor training program did not happen. Due to issues with identifying a reimbursement mechanism and concerns about responsibilities and roles between the mentors and mentees, the HJRI partnership did not move forward with the development of this program.

VI. Achievements

<u>Partnerships</u>

Strong Leadership Team

The HJRI partnership noted that it has an excellent leadership team, and that this team of three people worked well together in putting together the grant application. This has also translated to effective day-to-day operations.

Strong and Connected Partnership

Collaborations between healthcare industry partners and the sector partnerships have also been a major success for the HJRI partnership. Gateway Healthcare, Care New England, and the Community Care Alliance (that has an existing CNA training) have been particularly strong partners. Industry partners remain committed to hiring at least 70 paraprofessionals. Overtime, communications between RIC and other partners has improved. This has promoted enhanced collaboration on various projects and initiatives.

Expanding Partnership

The list of partners in the HJRI partnership has continued to expand throughout the duration of the program. The assisted living industry is one such example. The assisted living industry had a need for behavioral health training, as they are seeing increased behavioral health issues among residents, and this industry is now actively involved.

Productive Relationships with the Central Falls School District Parent College

The partnership between the Central Falls School District and RIC has also been especially productive. This is one of the few partnerships in the U.S between a school district and a higher education institution. In the past, RIC collaborated with them to create the Parent College that offers various courses. Due to their partnership, the Central Falls School District was able to serve as a pilot site for the HJRI community health worker training. Being a part of the HJRI partnership has led to additional, much-needed funding for the Parent College, so this is viewed as a mutually beneficial partnership.

Positive Results from Training

The HJRI partnership also led to educational and experiential benefits for both incumbent healthcare workers and students at RIC. Some healthcare workers have now taken leadership classes at RIC to further their career, and students at RIC have had the opportunity to help organizations write policy due to the new partnerships between RIC faculty and healthcare organizations. This sharing of new ideas, opportunities and connections has been lauded as a success by the HJRI partnership. Finally, because the RJRI grant brought faculty and staff from RIC together to work on curriculum development, those involved from RIC noted that the many health programs at RIC are starting to work better together.

<u>Recruitment</u>

Diverse and Successful Recruitment

Recruitment through the Parent College went well. Their strong partnership with the Central Falls School District enabled them to quickly and easily recruit participants for the initial community health worker training and achieve their recruitment goals.

Trainee Barriers

Services Offered to Trainees

At the Parent College, childcare and meals were provided during the community health worker pilot training to facilitate greater participation. This worked very effectively for overcoming child care barriers, and the meals helped to create the trainings as part of a family event.

Training

Development of a Standardized Curriculum

The major success of the HJRI partnership has been the development of a standardized curriculum for the behavioral health training and the community health worker training. Both the content and the new connections that were made during its development were hailed as major achievements for this program.

Industry-Tailored Training Program

The HJRI partnership excelled in assessing the skills gap of the healthcare industry and was therefore able to tailor the behavioral training content to meet the needs of each employer. This is seen as having long-term value. The partnership hopes that having the various modules available will enable them to utilize whatever content is the most helpful to meet various employer needs.

Successfully providing new services to the industry

Although the HJRI partnership did not fully implement training programs in 2016, its implementation efforts did result in positive outcomes and new services for the industry. As a result of its efforts, healthcare students at Rhode Island College and incumbent workers in the healthcare industry will have access to behavioral health training. Further, the HJRI partnership helped to establish a Community Health Worker certification for the state of Rhode Island, and will start training industry employees to be able to obtain that certification in coming years.

Transition from Training to Employment

The HJRI partnership did not discuss achievements related to the transition from training to employment, as it was too early in the training development and implementation phase to note successes related to employment of trainees.

Other

Conducive Regulatory Environment

With the implementation of the ACA and its enhanced focus on preventative care as well as the increasing realization among healthcare providers about the need for behavioral health training, this made the development of the behavioral health training for healthcare workers possible. The ACA also allowed for community health care workers to be reimbursed, which enhanced the need for the training and expediency in which the training could be developed. In the past, others have tried to create behavioral health trainings or community health worker trainings, but were not successful. This regulatory environment helped encourage the success of the HJRI partnership's training programs.

Table 3. Performance Metrics

IG-09 Healthy Jobs RI (RIC)	Start Date of First Cohort	Proposed End Date for All Cohorts	Target Enrollment	Enrolled	Target Completed	Completed
Recruitment, Training, and Employment						
Community Health Worker Training (Job Seekers)	10/25/16	3/8/17	18	18	18	16
Total Participants Employed					18	2
Participants receiving Behavioral Health training	9/2016	4/20/2014		39	39	39
Other Objectives						
Participants receiving Community Health Worker certification	Beginning 2017				TBD	6
Employer Mentorships	Beginning 2017				TBD	Did not occur
Participants recruited and trained through Central Falls Parent College						Unknown
Employer Feedback						Ongoing
Improved Retention/Reduced Turnover						Ongoing

VII. Challenges

Partnerships

Difficulty Communicating Between Partners

As the program expanded, the list of partners also grew. Responding to all the needs, which included big and small requests, was difficult. The partners worked to identify common needs and goals, but communication was sometimes an issue. Rather, it was not the initial communication/connection that was problematic, but following through and "managing the next step" that was challenging and time-consuming. Communication with St. Antoine's was especially poor on both sides. This led to a total breakdown in communication, and as a result the planned behavioral health training at St. Antoine's was dropped. RIC additionally had some difficulty effectively communicating with their healthcare partners about training length. RIC had developed a full semester training course as was standard in the college setting, but this was an issue because several partners had envisioned a much shorter program and having incumbent workers train for a full semester is difficult to schedule.

Recruitment

Difficulty Recruiting Incumbent Workers

Selling the idea of a training program to incumbent workers initially was an issue. The partnership learned that workers do not want to be told they lacked knowledge and therefore needed supplemental training. Therefore, employers found it helpful to state that the training was an investment that could help the employee advance his/her career path rather than a deficit-focused program.

Trainee Barriers

Personal Barriers and Lack of Mentorship.

The mentorship program had issues with implementation; therefore, trainees did not have access to mentors for support as initially proposed. Employers identified several issues that often arose including transportation, child care, literacy and language challenges, and medical issues.

Training

Difficulties Implementing Peer Mentor Program

Financial reimbursement of mentors and role challenges became the major barriers that kept the peer mentor program from actually happening. The reality was that bigger healthcare institutions could not figure out a way to pay the mentor. There was not a reimbursement mechanism for doing this, and healthcare organizations were not willing to pay for programs like this because it was not reimbursable and was not feasible due to union considerations. Further, healthcare organizations could not find a way to integrate supervisors into the peer mentor program. From the institution's perspective, the supervisor(s) had to be involved in order to

oversee the peer mentor and/or the new worker, but they could not establish how this would work and what the oversight would be. At one point, in an attempt to streamline the program, the institutions suggested having the supervisors be the mentors, but this was against the original intent of having peer mentors. Employers were also met with resistance from employees who did not want a coworker to be their mentor. In the end, it was too complicated to figure out the payment process and the supervisor role in this program, so the program did not come to fruition.

Other

Allocation of Resources

The HJRI partnership was ambitious in scope. The partnership initially found that it had tried to do too many things at once and were spread thin. The partnership decided to try to play to its strengths and focus on what had been working well.

VIII. Sustainability

Overall, there is an increasing need for community health workers, as these workers are viewed as important for ensuring that individuals with disabilities and older persons can continue to live in the community and not over-utilize emergency services. Rhode Island also views community health workers as those who can help with Health Equity Zones, "food deserts," etc.

The program leaders believe the training program is sustainable without DLT funding because employers find the trainings valuable. The greatest uncertainty lies with the future of the ACA. Changes to the ACA could endanger the sustainability of the program, particularly because the ACA provides reimbursement for services provided by those designated as community health workers. Though the community health worker position is not a new one and training and implementation of these positions have been discussed in the healthcare field for decades, the fact that the ACA enables the community health worker position to be reimbursable ensures the continued need for the community health worker training. Therefore, without state funding, the training program may still be sustainable if the community healthcare worker position remains reimbursable because employers may then be willing to spend the money to train workers. The program also aims to remain sustainable through migration to RIC's Institute for Health Education after the first year. This will provide a permanent home for the program and allow access to RIC resources.

IX. Lessons Learned

The following lessons were learned by the HJRI partnership in executing this training program:

- Consistent meetings with industry partners can be productive and beneficial for curriculum development, recruitment, and sustainability purposes.
- Managing an ever-growing list of partners and their requests can be a time-consuming, challenging task.

- Entry-level employees, such as CNAs, are often apprehensive about having a co-worker as a mentor.
- How you "sell" the training to employees matters, and can change their willingness to take part. For example, describing a training program as an investment rather than as a way to obtain knowledge in an area where employees are lacking worked well in obtaining buy-in from employees.

X. Best Practices

These best practices were utilized by the HJRI partnership:

- When coming from a larger higher education institution, include strong leadership and faculty and staff members from across the college who can take responsibility for the grant. This partnership included three leaders, which was a small enough group to get things accomplished, and also represented enough of the college to be able to make decisions and convene multiple stakeholders.
- Have two main program contact individuals to manage inquiries and partnerships.
- Provide meeting agendas ahead of time so that organizations can send the right staff to the meeting. The HJRI partnership was able to successfully and continuously engage industry partners in the partnership activities because industry partners found value in helping to design the curriculum and identifying ways to utilize the curriculum that was developed.
- Continue to identify new partners. Continued partnership growth can help with sustainability of the training programs.
- Build on already successful partnerships first and then expand. The HJRI partnership worked with the Central Falls Parent College to conduct a pilot training.
- Provide pilot training before finalizing the training plan.
- Provide meals and childcare on-site for training participants.
- Develop curriculum that can be tailored as needed for industry partners.
- Encourage training participation by discussing how the training is a career investment rather than a training needed due to lack of knowledge.
- Capitalize on policy needs. Timing the development of this training program with the implementation of the ACA has enabled this partnership to continue to move forward.

XI. Recommendations

Based on the successes and challenges of the HJRI partnership, the following recommendations are suggested:

- Ensure recruitment and training goals are established ahead of time to avoid confusion about the intended goals of the training program.
- Encourage partnerships to follow a standardized format to fully understand development, recruitment, and implementation plans across different programs. Trying to do three

separate programs at once may have been detrimental to this partnership and difficult for RJRI to keep track of.

- Encourage partnerships to utilize language in their grant proposals and marketing strategies that focuses on strengths-based training needs and programs versus deficit-focused needs and programs. As the HJRI partnership learned, describing training as an opportunity for employees rather than a training to fulfill a knowledge gap proved beneficial and is something that could be benefit other partnerships.