

THE
UNIVERSITY
OF RHODE ISLAND

REAL JOBS RHODE ISLAND CASE STUDY:

Health Care Training Collaborative

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Health Care Training Collaborative

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 that included industry, workforce intermediaries, and educational institutions to address the economic needs of the state.

I. Sector Need

The Health Care Training Collaborative (HCTC) was developed to address issues relating to the recruitment and retention of certified nursing assistants (CNAs) and other specialized health care professionals in the eldercare industry. Saint Antoine Residence received an RJRI planning grant, and the HCTC was formed by Saint Antoine Residence, Genesis Center, Tockwotton on the Waterfront, and CareLink and its 31 member agencies when applying for the RJRI implementation grant. The training was designed to advance the knowledge, experience, and skillsets of unemployed, disenfranchised, and incumbent workers in order to address the urgent and impending demands of an aging population. Specifically, as identified through surveys of CareLink members and employees, there were several shortages in the eldercare industry that this partnership sought to address:

- In the healthcare sector, there is a shortage of CNAs across the spectrum of eldercare services including services in adult day care, home health care, assisted living, skilled nursing, and hospice. Eldercare employers such as Saint Antoine Residence have found that finding entry level employees who have the physical ability to perform the duties necessary in these positions *and* who demonstrate professional behavior, work ethic, and other soft skills is increasingly difficult.
- Turnover among frontline workers, such as CNAs, is high, and this is a “critical cost driver for the long term care industry, affecting the fiscal health of providers, the quality of care that long term care consumers receive, and the efficiency of resource allocation within the public payer system.”¹ The partnership thus sought to increase retention of entry-level CNAs.
- Most healthcare positions require licensure, certification, or postsecondary education, and

¹ Dorie Seavey. October 2004. "The Cost of Frontline Turnover in Long-Term Care".

the growing complexity of healthcare delivery requires continuous upgrading of skills to meet industry requirements. More training was seen as key to career advancement within the healthcare sector.

- There is a projected shortage of healthcare professionals, specifically physical therapists (PTs) and nurse practitioners (NPs), with geriatric training and clinical experience.

II. Grant History

For 11 years, Saint Antoine Residence ran a training program to fill positions within its organization in Northern Rhode Island (encompassing Burrillville, Central Falls, Cumberland, Foster, Glocester, Johnston, Lincoln, North Providence, North Smithfield, Pawtucket, Scituate, Smithfield, and Woonsocket), and experienced great success with its trainees (95% completion rates, 100% job placement statistics). The Saint Antoine Residence training program is based on the best practices of the National Fund for Workforce Solutions. Before the unrolling of the RJRI planning and implementation grants, it had received United Way funding (for six to seven years), Rhode Island Foundation funding, and Governor's Workforce Board funding. Saint Antoine Residence first partnered with CareLink, a management services organization that provides services to non-profit post-acute and aging care providers in Rhode Island, to form the HCTC. The intention of the RJRI collaboration was to replicate previous training programs conducted in Northern Rhode Island for Saint Antoine Residence in the Providence area to increase the number of people trained and to serve the larger eldercare sector.

III. Goals and Objectives

The Healthcare Training Collaborative was developed to address the insufficient capacity in the healthcare industry to meet the current and projected workforce needs for eldercare services. This insufficiency was addressed by HCTC through three primary goals:

1. Recruit, train, and support currently un- and under-employed, low skilled individuals to become certified nursing assistants (CNAs).
 - As part of this goal, HCTC sought to ensure participants in the CNA training programs are making informed choices about their career, understand the challenges and opportunities of a career in healthcare, and have an enhanced level of knowledge and preparation before entering the healthcare sector;
2. Recruit and train incumbent CNAs to become nursing assistant specialists for growing eldercare needs, specifically targeting specialization in Alzheimer's and Dementia, Restorative Aid, Lead Mentor, and Behavioral Health;
3. Recruit and train pre-graduate nurse practitioners and physical therapists at the state's colleges into geriatric health care service delivery.

Specifically, HCTC sought to meet the following recruitment and training objectives during the 2016 year:

- Recruit 120 participants for CNA training.
- Provide 60 participants with CNA training & place them in training-related employment.

- Provide 12 current CNAs with Nursing Assistant Specialist training.
- Provide four pre-graduate NPs or PTs with internships in eldercare facilities.

IV. Partnerships

The HCTC included a broad array of partners, long-term care providers, organizations that promote education and training opportunities for community members, a member service organization for health care and long term care organizations, and public universities. The chart below details the partners and their specific responsibilities.

Table 1: Partnership Members and Responsibilities

<p>Saint Antoine Residence</p>	<p>Responsible for providing CNA training in compliance with Department of Health Regulations; assessing and screening candidates for the training program; providing personal case management in partnership with the Genesis Center for CNAs for up to six months after employment, including the referral to Genesis Center services; paying for background checks, immunizations, CNA license application and testing fees; and all financial budgetary, and program outcomes.</p>
<p>Genesis Center</p>	<p>Responsible for providing a case manager, assessment/intake coordinator, and soft skills instructor for the CNA trainees; assisting Saint Antoine Residence in the recruitment phase of the CNA training program by referring appropriate candidates; providing office and classroom space & necessary equipment; implementing and administering financial literacy workshops; providing family assistance program services for participants as needed.</p>
<p>Tockwotton on the Waterfront</p>	<p>Responsible for identifying and engaging a nurse to become the training program’s instructor; providing the facility for CNA training classes and clinical rotations; employing (first priority) graduates of the CNA training.</p>
<p>CareLink</p>	<p>Responsible for identifying CareLink member agencies to employ graduates from the CNA training program; locating agencies to host incumbent CNAs interns enrolled in the CNA Specialist program and employ those who graduate; overseeing the internship for pre-graduate nurse practitioners and physical therapists.</p>
<p>University of Rhode Island (URI)</p>	<p>Responsible for providing pre-graduate NPs and PTs for the internship program.</p>
<p>Rhode Island College (RIC)</p>	<p>Responsible for developing and providing certificate courses for incumbent CNA’s receiving specialized training who want to advance their careers to different aspects of the healthcare sector.</p>
<p>Stepping Up, UNAP RIH Education Fund</p>	<p>Responsible for supporting the grant and providing industry insight; helping make the program into a registered apprenticeship program; working together with HCTC to ensure a qualified healthcare workforce.</p>

V. Implementation Activities and Processes

Goal # 1. Recruit, train, and support currently un- and under-employed, low skilled individuals to become certified nursing assistants.

Recruitment & Pre-Screening

Genesis House, NetworkRI Career Centers, Community Care Alliance, and the RI Department of Human Services made referrals of low skilled un- or under-employed individuals to HCTC for training in the CNA program. Referred potential trainees were required to successfully pass the Test of Adult Basic Education (TABE) by achieving a score of six (i.e., sixth grade level in reading and math) or above. If they did not achieve a score of six, they were referred to Genesis House for remedial work, after which they could reapply.

After passing the test, potential trainees were interviewed to identify whether or not they were fit for the position and to ensure the adequate acquisition of resources (e.g., transportation, childcare) to successfully complete the 10 week training program.

Training

Once accepted, the trainees took part in two weeks of work readiness “soft skills” training, six weeks of CNA training, and a two-week clinical rotation on a unit. The proposal originally specified that trainees would receive the on-site training at Tockwotton on the Waterfront; however, residents of this facility did not have high enough acuity levels (meaning high intensity of nursing care required) to provide an in-depth clinical experience for the trainees. Therefore, the HCTC decided that the trainings would be held at Saint Antoine Residence, and thus, trainees were required to utilize public transportation or a personal vehicle to get to the facility during the two weeks of clinical rotations.

Job Placement

Successful graduates of the program were given assistance through Saint Antoine’s staff and the Genesis Center in obtaining licensure and locating employment opportunities.

Goal #2. Recruit and train incumbent CNAs to become nursing assistant specialists for growing eldercare needs, specifically targeting specialization in Alzheimer’s and Dementia, Restorative Aid, Lead Mentor, and Behavioral Health.

In relation to the nursing specialist trainings, HCTC executed trainings in Alzheimer’s and Dementia and Restorative Aid, with trainings held at Saint Antoine Residence. For the behavioral health and mentor trainings, Rhode Island College had planned to utilize current or develop new curriculum, and the partner organizations would identify incumbent CNAs to attend. However, HCTC was less successful with the planned behavioral health and mentor trainings, because the partnership with Rhode Island College did not come to fruition due to inadequate class sizes and other curricular issues. HCTC was able to contract with Community Care Alliance, as part of the Healthy Jobs for Rhode Island RJRI grant, to supplement a behavioral health training component into the existing new CNA training to address the

additional behavioral health challenges in eldercare.

Goal # 3. Recruit and train pre-graduate nurse practitioners and physical therapists at the state's colleges into/for geriatric health care service delivery.

The Nurse Practitioner and Physical Therapy program was implemented as planned by URI in conjunction with CareLink agencies. During the Spring and Fall 2016 semesters of the grant, HCTC had planned to provide \$1,000 stipends to the trainees. The HCTC had two NPs enrolled, and both completed the training. There was significant interest and need, so the \$1000 was appropriated into four distinct internships worth \$250 each. Two people enrolled in PT training, and one person completed the training. The PTs completed one internship per semester and were awarded a \$500 stipend each semester at its completion.

VI. Achievements

Partnerships

Flexible Industry Partners

The partners in the Healthcare Training Collaborative were all flexible and adaptive to the changes made during the implementation of the training program. This directly contributed to the success of the program, as it enabled training to continue despite obstacles.

Recruitment

Strong Recruitment

The partnership was able to meet its recruitment goals for both the CNA and the Alzheimer's and Dementia, Restorative Aid, Lead Mentor, and Behavioral Health Training Programs.

Trainee Barriers

Ability to Learn from Industry Workers and the Industry Environment

This training was originally conceptualized as an avenue to locate employment opportunities for the individuals involved, but beyond that, being a part of the training provided the individuals an opportunity to observe and work in a professional learning environment. Many of the individuals taking part in the CNA trainings had never worked in any type of professional work environment; therefore, working alongside physicians, nurses, and other healthcare professionals was seen as instrumental in providing individuals a work experience that they would not have had otherwise. As such, the trainees were able to learn the demands of a professional workplace and how professionals in the industry interact with patients/residents.

Training

Fulfilling Goals of the Training

A major success for this partnership, particularly considering the many barriers encountered, was that the HCTC was able to recruit and train three cohorts of approximately 20

CNAs at Tockwotton.

Transition from Training to Employment

Successful Program Graduates

Many of the CNA trainees chose to participate in additional training, such as that required for CMT or LPN certification. Several training program graduates participated in and graduated from CMT school and at least two went on to become fully licensed.

Table 2: Performance Metrics for All Training Programs

Healthcare Training Collaborative (IG-12)	Start Date of First Cohort	Proposed End Date	Target Enrollment	Enrolled	Target Completed	Completed
Recruitment, Training, and Employment						
Nurse Practitioner or Physical Therapist Internship	2/8/16	12/1/16	4	4	4	3
C.N.A. Training (3 Cohorts) (Job Seekers)	4/1/16	12/8/16	60	67	60	54
LPN/RN Training (Job Seekers)	8/30/16	12/31/17	6	6	6	Ongoing
Certified Medical Technician Training (Incumbents)	9/1/16	12/30/16	3	3	3	3
Nursing Assistant Specialists (Alzheimer's/Restorative aid) (Incumbents)	9/12/16	11/5/16	6	6	6	6
Nursing Assistant Specialists (Documentation) (Incumbents)	9/21/16	9/28/16	11	11	11	11
Nursing Assistant Specialists (Restorative Aid) (Incumbents)	10/19/16	10/26/16	3	3	3	3
Total Participants placed in training-related employment					60	43
Total Participants retained in training-related employment					60	Ongoing
Employed after LPN training					6	Unknown*
Other Objectives						
Total Participants promoted due to training					TBD	Ongoing
Total Participants receiving an increased wage due to training					TBD	Ongoing
Improved retention (decreased turnover) of CNAs as compared to professionals that did not participate in this program					TBD	Ongoing
Total Participants that earned an industry recognized credential					60	72

*The partnership relationship between HTC and DLT ceased while the LPNs were finishing their training. As a result, job placements for LPN training were not reported to DLT.

VII. Challenges

Partnerships

Staff Turnover in Partner Companies

The Development Director at Saint Antoine Residence, and the Project Director for the training programs and Operations Manager at Saint Antoine Residence, conceptualized the program and wrote the proposal. However, both left the organization during the beginning of the 2016 grant cycle. The current Project Director was hired in April of 2016.

CareLink also experienced staff turnover during the grant period in a number of positions that impacted both job development opportunities for the trainees and continuity for the programs. Specific to the HCTC, CareLink eliminated the Job Development position, and this person had been the primary contact person for the collaborative. This made working closely with CareLink more difficult, as they went through three different contact persons during 2016, and job placement for CNAs was also more difficult than anticipated.

Lack of a Sector Intermediary

Because Saint Antoine's was a single employer expanding its training for other employers, it did not have a good network of employers to rely on to develop this as a sector-based training. Without a sector intermediary to connect with others, the HCTC experienced difficulties in developing a training for other employers. It did not have the other employers fully on board in creating the expanded training program, which made it difficult to meet its goals.

Recruitment

Difficulty Attracting Recruits to Low Wage CNA Jobs

A few years ago when the economy was sour, individuals seeking CNA training were often turned away due to the increasing influx and demand for training by unemployed individuals. As the economy has recovered, recruitment for CNAs has become a more difficult task due to the low wages that accompany the employment position (currently CNA median wages in Rhode Island are approximately \$12 an hour). Because demand in the healthcare industry is drastically increasing, numerous facilities will offer bonus incentives for CNAs or nurses and allocate significant amounts of their budget to recruit for their open positions, yet facilities still struggle to find individuals to fill these positions. Due to low rates from Medicare and Medicaid for facilities that provide services to Medicare and Medicaid beneficiaries, facilities are unable to offer a more attractive wage to their employees, which is a major barrier to recruitment and retention of employees.

Trainee Barriers

Transportation

Recruits would often have to make decisions on whether they could attend the training based on the availability of adequate transportation. One of the questions that HCTC

incorporated into its initial interviews with recruits was, “When you get in your car, do you have to pray that it starts?” This type of question assisted the accrual of specific knowledge to fully understand the challenges potential trainees may encounter in arriving to the training site or clinical rotations.

Utilizing public transportation for training purposes was also difficult. Providence trainees had to get to Saint Antoine Residence for the clinical rotations, which ran from 3:30-9:30pm. The bus line had a shortened route by 9:30pm that did not reach Saint Antoine Residence, so the only pick-up available required individuals to walk on unsafe roads and a large hill after dark. There were similar challenges depending on where each individual lived.

Childcare

Childcare was also a major obstacle for successful completion of the training program and subsequent employment. To attempt to overcome this issue, the case manager connected trainees with the Department of Human Services to identify childcare supports. However, the Genesis Center, which helped trainees identify needed supports, found it difficult for many individuals to locate practical childcare options, given it was only a 10 week training program and the uncertainty regarding when and where their eventual employment might begin. In addition, most qualified childcare centers require lengthy application processes and commitments, and many are not open after 5:30.

Difficulty Meeting Participation Requirements

As described, the Genesis Center was tasked with the bulk of the recruitment responsibilities for the grant. However, identifying potential trainees who could score at least a six on the TABE test proved to be very difficult. Most recruits scored between one and four. As a result, the HCTC started accepting individuals with scores close to a six who were deemed fit based on their interviews. HCTC discussed that it was somewhat unknown why the applicants had more knowledge inadequacies than it had encountered before, but the limited English language knowledge of foreign language speakers was thought to be a potential reason.

Further, there were also issues with the immunization requirements. Some of the potential trainees had exposure to Tuberculosis that showed up on their tests, and the length of time it took to administratively handle these issues with the labs took a lot of time. HCTC were able to expedite some of the tests due to one of the CNA instructors’ connections (who eventually left for another opportunity) at a lab.

Training

Turnover with Training Instructors

The CNA instructor position also encountered turnover issues. The first cohort of CNA classes were held with the intended instructor, but the second cohort of CNAs had three different CNA instructors due to a variety of personal reasons. For the third class, HCTC advertised for the position with the understanding that the funding from RJRI could only be guaranteed through

December 2016. Despite numerous complications with the position, HCTC received five resumes and were able to fill the position for the commencement of the third class. However, as a subsequent result of this complication, HCTC was unable to ascertain continuity across trainings. In similar situations in the past regarding finding CNA instructors, Saint Antoine Residence had an alternative instructor to substitute for the designated period of time for trainings held at its facility, but this was not the case for the new extension into Providence (primarily at Tockwotton on the Waterfront), because it had not yet developed long-standing relationships with people and entities in this region who could easily fill in when needed.

Low Acuity Levels at Tockwotton on the Waterfront

A major training challenge encountered by this partnership was that Tockwotton on the Waterfront, as originally planned, did not have high enough acuity levels (meaning high intensity of nursing care required) among its residents to provide an in-depth clinical experience for the trainees. Therefore, the HCTC decided that trainees would complete the clinical part of their training at Saint Antoine's Residence, which made transportation to this site more difficult for trainees who mostly lived in Providence.

Difficulty in Curriculum Development

HCTC had difficulties partnering with Rhode Island College, which had committed to developing advancement opportunity courses for incumbent CNAs. When Rhode Island College was unable to offer courses due to inadequate class sizes and other curricular issues, the HCTC was able to contract with Community Care Alliance as part of the Healthy Jobs for Rhode Island RJRI grant. This enabled the HCTC to supplement a behavioral health training component into the existing new CNA training to address the additional behavioral health challenges seen in eldercare. However, while HCTC successfully identified alternative solutions, it was never able to fully offer the CNA specialist courses as intended.

Transition from Training to Employment

Lack of Full Time CNA positions in Partner Companies

The training-to-job pipeline was not as smooth as intended, given that CareLink facilities did not offer full-time CNA positions. CareLink members stated that there was a distinct need for CNAs and that full-time positions with benefits were available, yet during the implementation period, CareLink members did not provide assistance with job placements, and many of the facilities that were willing to hire only offered per diem rates, not full-time positions with benefits.

Differences in Partner Hiring Policies

In contrast to most facilities, Saint Antoine Residence was willing to hire new CNAs on a temporary license. In Rhode Island, the process for becoming a CNA includes a period in which trainees have a temporary nursing assistant license after completing a training program, but are

required to pass written and skills exams before receiving a full nursing assistant license. In hiring those with temporary licenses, Saint Antoine Residence provides CNAs with full-time job opportunities that include benefits, and once they are fully licensed, they receive a one dollar per hour wage increase. These available positions convey to many trainees that training for a CNA license is either a viable job opportunity or offers employment opportunities in the healthcare sector after training. However, HCTC learned during the implementation of training at Tockwotton that most other facilities were not hiring CNAs on a temporary license. Therefore, it became harder to place CNAs in jobs when trainees encountered a significant waiting period between training and job placement.

VIII. Sustainability

The likelihood of sustainability was unclear. St. Antoine Residence was engaged in a discussion regarding the broader mission of the organization and the HCTC. The difficulties addressed above led Saint Antoine Residence to question the time and effort of continuing to conduct CNA training and outreach in the Providence area and providing training for the larger sector.

By January 2017, the grantee had abandoned its partnership with Tockwotton, due to the effort and time required for successful implementation of the training program. St. Antoine's also suggested that the mission of training employees for the entire sector would be better served by a different type of organization that is not responsible for managing and locating qualified employees for its own organization. Regarding sustainability of current training programs, Saint Antoine Residence is fully equipped and plans to continue its training ventures in Northern Rhode Island that existed prior to the RJRI and HCTC partnership.

IX. Lessons Learned

The following lessons were learned by the HCTC in the implementation of its training programs.

- If this partnership was to design this training program over again, knowing what it knows now, it would have focused on quality over quantity and tried to bolster existing programs. HCTC would have focused on locating partnerships within Northern Rhode Island, and not tried to expand to new jurisdictions.
- Focus more training time on soft skills training, such as appropriate use of cellphones and social media in the workplace, or how to handle workplace confrontation and conflict.
- Condense the training to help people complete the program and find jobs more quickly.

X. Best Practices

The following best practice was identified by the HCTC.

- Work with partners to adapt training plans and overcome barriers.

XI. Recommendations

Based on the implementation successes and challenges for the HCTC, the following recommendations for RJRI are suggested:

- Identify an intermediary that can bridge the successes of the Saint Antoine Residence CNA training with other long-term care facilities. Saint Antoine Residence must meet its own business needs before working to meet healthcare sector needs, so trying to recruit and place employees at other organizations (which may be competitors) is a conflict of interest for this grantee.
- Ensure grantees who experience major staff turnover within the grant staff leadership can utilize no-cost time extensions or another mechanism to help new leaders become acquainted with the organization, the partnerships, and the RJRI grant without feeling the pressure of meeting deadlines set by predecessors. Having additional time with the RJRI grant advisor to formulate new plans and build new relationships may be beneficial to ensuring continuity of grant plans.
- Provide additional support to grantees who propose expanding their training to a new area where established relationships and connections may not exist. Grantees may underestimate the amount of time it takes to meet people, network, attend consortium meetings, and meet patient/resident needs, and these types of relationships and experiences can help to ensure a pipeline is created to ensure successful training, internships, and job placements.
- Strengthen the accountability function for partners on the grants. When partners do not uphold commitments, providing support to grantees by reaching out to partners and engaging them in a discussion about their commitments and issues with follow through may increase the extent to which employers uphold commitments and remain engaged.
- Work with the RI Department of Health to offer more Nursing Assistant exam times and locations. At present, Nursing Assistant licensing exams are offered at the Lincoln, Newport, and Warwick campuses of CCRI.² Offering additional exam times and locations may help to ensure that newly-trained CNAs do not experience a significant time lapse between finishing their training and full-time employment, since most facilities are not willing to hire CNAs on a temporary license.
- Provide resources for transportation and childcare. Future grants, particularly for low income, entry level jobs should include money for transportation and childcare. This may need to come in a variety of forms, such as childcare vouchers or assistance with informal childcare (babysitters) or offer on-site childcare for the trainees.

² RI Department of Health. 2017. <http://www.health.state.ri.us/licenses/detail.php?id=232>.