Workforce Development Series

CareerWorks® Model

WorkForce21

Innovative Workforce Strategies for the 21st Century

Work*Force*21 – Workforce Development Series
CareerWorks® Model

Introduction

CareerWorks® is a comprehensive eldercare workforce development program. It is a milti-layered best practices model, integrating simultaneous components of incumbent employee development and upward mobility (including professional nurse upgrading); retention-based support services; new employee customized job training; incumbent job skills enhancement and cultural diversity components. It is always customized to the individual needs of each facility/provider and each state/county workforce system resources and protocols.

One common aspect of every application is a design that, as a goal, will upgrade a minimum of 20% of the target paraprofessional workforce while achieving a minimum of a 50% reduction in turnover in any given participating facility.

CareerWorks® is to be implemented in a series of stages and phases. The training and retention-based services involve any or all of the following:

- Enhanced training for Certified Nursing Assistants (CNA's) to include multi-tiered CNA advancement and/or integration into the national Health Care Specialist I apprenticeship program;
- Screening, career counseling and pathway development for CNA's to become LPN's and LPN's to become RN's;
- Increase in effective wages of incumbent staff based on skills enhancement and screening and certification for the Earned Income Tax Credit (EITC) and other entitlement programs;
- Use of better new hire assessment tools;
- Better coordination of transportation and childcare services for all staff. (This includes capturing available transportation tax credits.)
- Delivery of two-day mentoring/preceptor courses on a wide variety of team building/mentoring topics.
- Use of internal mentoring support programs;
- Delivery of Leadership Development Series (LDS) workshops for nursing supervision on effective retention-based supervisory techniques;
- Use of Family Savings Accounts (or Individual Development Accounts) for retention purposes.

Specific training components typically involve any or all of the following:

- Development of a Certified Nursing Assistant to Licensed Practical Nurse upgrading program for select staff coordinated with vocational training partners;

- Matching of incumbent entry-level staff to ABE/GED/ESL providers as needed for supplemental basic skill development and potential HS diploma as needed;

- Design and implementation of a career-ladder initiative with partners to permit non-professional nursing healthcare career growth for entry-level care staff both with their current employers and within each regional healthcare community;

- Backfill of new entry-level staff with enhanced coordination with source training providers;

- Provision of enhanced life-skills training.

In each market, the model requires identification of target facilities most in need of project outcomes. These become pilot centers. Upon successful implementation in pilot facilities, the model then plans expansion to other provider facilities regionally and then ultimately statewide as appropriate. In some cases, active participation with state healthcare associations has occurred. Project results typically include a minimum 50% reduction overall in turnover; training a minimum of 5% of existing CNA's to graduate successfully as LPN's; upgrading of a minimum of 20% of incumbent entry-level staff in adult basic education, GED and/or English as a Second Language (ESL) programs and/or completion of newly developed career ladder programs with concurrent programs to more effectively screen backfill hires with better initial job and life skills preparation.

Background/Statement of Need

According to the American Health Care Association's *2002 Vacancy and Turnover in Nursing Homes Survey*, nursing homes have chronic nursing staff related vacancies.

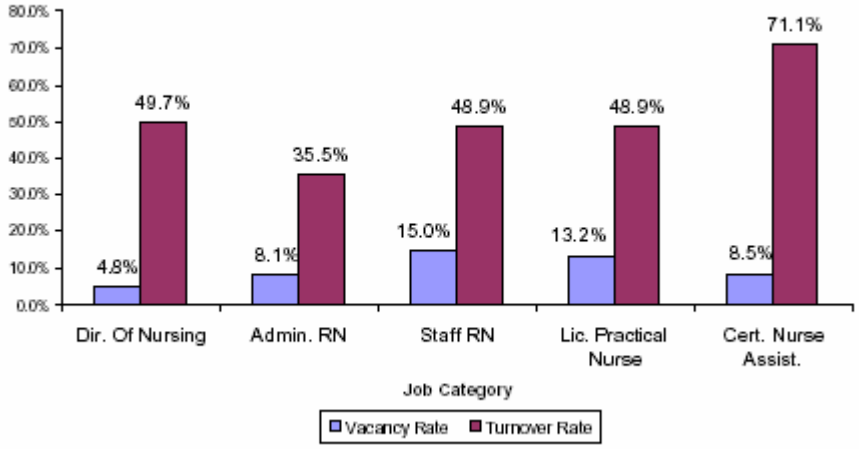
Overall, nearly 96,000 full-time equivalent health care professional are needed to fill vacant nursing positions at nursing homes across the United States. The majority of the vacancies are for Certified Nurse Assistant positions. Overall, nearly 52,000 CNA positions are estimated to be vacant at any given time. In addition, about 13,900 Staff RN and 25,100 LPN positions are estimated to be vacant at any one time.

Nationally, vacancy rates exhibit a high degree of variability across nursing positions. As shown in figure 1, vacancy rates in nursing homes are particularly high among Staff RNs (15.0 percent) and among LPNs (13.2 percent). Vacancy rates for CNAs and Administrative RNs run about 8 percent, and just under 5 percent among DONs. A

comparison of hospital-based and freestanding nursing facilities in urban and rural locations shows that with the exception of CNAs, rural hospital-based facilities have the lowest vacancy rate across the five major nursing position job categories. Conversely, urban freestanding facilities generally have the highest vacancy rates. Vacancy rates for Staff RNs range from a relative low of 9.6 percent at rural hospital-based facilities to a relative high of 16.2 percent at urban freestanding facilities, a difference of 6.6 percentage points. CNA vacancy rates are much more stable across facility types, generally lying within a range of 8 to 9 percent.

State level analysis shows that vacancy rates among Staff RNs and LPNs is high across the majority of states. Average state vacancy rates for Staff RNs are over 15 % in 49 percent of states and over 10 % in 92 percent of states. State level vacancy rates for LPNs are nearly as high, with about 24 percent of states reporting average facility vacancy rates above 15 %, and 84 percent reporting vacancy rates above 10 %. The range of vacancy rates for CNAs, Administrative RNs, and DONs are considerably lower, with 76 percent, 80 percent, and 96 percent of states having average vacancy rates of less than 10 % for each position, respectively.

Figure 1: National Vacancy and Turnover Rates in Nursing Homes, 2002



-- Turnover Rates

Staff turnover continues to be high. Annual turnover for Staff RNs, LPNs, and DONs stands at about 50 percent across all three positions. Although turnover among Administrative RNs is only about 36 percent, turnover among CNAs remains very high. Nationally, CNA turnover was estimated at over 71 percent in 2002. The turnover rate was consistently high across the country. Average annual CNA turnover rates are below 40 % in only 4 percent of states, and 60 % or less in only 35 percent of states. CNA turnover rates exceed 60 % in 65 percent of states, exceeded 80 % in 37 percent of states, and were above 100 % in 20 percent of states. The large number of vacancies and the high level of turnover among CNAs has been of particular concern to nursing homes as CNAs are responsible for the majority of direct, hands-on nursing home resident care.

-- Difficulty in Recruiting Nursing Staff

Recruiting new direct care staff remains a challenge for nursing facilities. Overall, about two-thirds of facilities indicated that it was harder to recruit Staff RNs and LPNs in 2002 than during the previous year. This was a slight improvement over 2001, when about three-quarters of facilities found it harder to recruit Staff RNs and LPNs. Recruitment of CNAs appears to have been somewhat easier in 2002. Overall, about 30 percent of facilities found it harder to recruit new CNAs in 2002, a dramatic improvement over the nearly 60 percent that found it more difficult in 2001. Similarly, about 21 percent of facilities found it easier to recruit CNAs in 2002 compared to the 12 percent in 2001.

Turning over up to 111% of the workforce annually, while not filling up to 18%% of all openings is a major operations issue. It distracts operations staff from other priorities that would be a much better use of time for the residents. Studies have suggested that primary causes for turnover are inadequate preparation to perform job functions; working conditions, including lack of respect by supervisors; inadequate pay (based on the difficulty of the job and comparable pay in competing jobs elsewhere) and personal barriers to employment including inadequate child care coverage; inadequate health insurance; poorly managed family issues and inadequate transportation.

All Long Term Care providers in the U.S. have been disproportionately affected by decreases in reimbursement for core services from government in both the Medicaid and Medicare programs. At the same time, the industry has experienced huge cost increases in labor, liability management and all other operating expenses. Unlike pure market businesses, most providers cannot just pass these costs onto their customers. So the industry has to find ways to deliver a highly regulated and quality service within very tight means. It has to find ways to recruit, train, retain and develop its workforce with resources mostly limited to the most basic aspects of recruitment and compensation.

In 2002, the U.S. Department of Labor, Employment and Training Administration hosted a series of public forums related to workforce issues. The following recommendations were made regarding retention and upgrading issues as a result of these forums:

1. Transitional Assistance to Needy Family (TANF) links need be better made in order to insure employee self-sufficiency.

2. The constantly changing needs and demands of (the) system are radically different from any experience to date. Outdated approaches are simply not working to address today's changing needs. The system must provide every individual the opportunity to advance and address the skill needs of every employer.

3. It is necessary to promote the lifelong learning, re-skilling and upgrading of the workforce. We need to make sure that individuals have "portable" credentials.

4. Better use of funds for non-cash assistance needs to be made, such as childcare and transportation. These work supports need to be strengthened to allow former recipients to remain employed. (Various studies place CNA as the number two occupation of choice for TANF job training and placement.)

According to a study conducted by the Malcom Weiner Center for Social Policy at Harvard University in 1997, entitled "Against the Odds: Steady Employment Among Low Skilled Women", the following pattern and needs were noted:

1. Most clients who transition off TANF find entry-level, low-wage or part-time jobs. Career advancement may be the only way to move out of an "economic trap" for these individuals.

2. Most recipients will find work in the service sector where wages are characteristically low, fringe benefits poor, turnover high, and the opportunities for advancement often elusory. Strategies for advancement can serve both employer interests in reducing costly employee turnover – especially from the loss of trained workers, and employee interests in better wages, better work environments and job security.

3. Retention services ought to help recipients manage the exigencies of work – both financial and personal.

4. Successful retention and advancement strategies are marked by providing ancillary services to recipients and former recipients and working with employers to hire recipients and to continue to support new hires, as well as provide extra supports and opportunities to permit individuals to remain stable and move up.

5. Primary support needs are: childcare, transportation, budgeting, managing family relationships and housing.

6. As with job retention strategies, career advancement ought to be the backdrop in working with clients before and after placement.

7. Additional strategies for success involve extended case management, use of the EITC to improve income, mentoring, employer support and combining literacy, other basic education and continued skills training with work.

In "Career Advancement for Welfare Recipients and Low-Wage Workers," authored in October 2000 by the Welfare Information Network, the following trends are noted:

1. Employment retention is an important goal for low-income clients (but) both job retention and career advancement strategies are needed to help families achieve self-sufficiency.

2. Most low-income worker placements remain low-wage indefinitely. Low educational levels, limited skills, and the nature of the low-wage labor market – intermittent work, stagnant wages, few fringe benefits, and limited opportunities for advancement – are barriers to income and career mobility.

3. There are few career ladders for entry-level workers.

4. The following strategies promote career advancement for welfare recipients and low-wage workers:

    - Job placement with career planning.
    - Skill development through education and training
    - Sectorial interventions
    - Support services

CareerWorks® Strategy

The *CareerWork*® concept is a multi-layered "best practices" model that takes the best known methods to enhance successful employee pre-employment training; screening; employment training and support services to maximize employee retention, success, family stability and career growth. In all markets, the goal is to synthesize the initiative into what each state is already doing, as well as consider any appropriate new and innovative strategies that could evolve. In turn, replacement CNA hires are better coordinated with existing providers and with integration of Life Skills curricula. So *CareerWorks*® initiatives are both incumbent worker retention- and upgrading-based strategies, as well as a new employee training strategies.

All pilots build upon the current best practices of each provider, integrate what resources their partners know as best practices in their home state workforce and metropolitan community employment support programs and customize new models for success. The short-term goals are to get substantial measurable results on turnover reduction and increased continuity of care. There is always a simultaneous goal of better employee development, which in turn leads to better economic self-sufficiency. Every project has specific target goals creating opportunities for direct care staff to become professional Licensed Practical Nurses. Some help employees obtain certification in Adult Basic Education (ABE), HS diploma equivalency (GED) and/or English as a Second Language (ESL). Others provide planned ladder type opportunities in the local healthcare system.

Each project fully integrates the objectives of state and local government and stakeholders to include the state departments of social services; workforce development and/or commerce. Funds they make available are used in accord with all state and program rules and protocols and all programs are designed to meet their quantitative and qualitative outcome requirements.

CareerWorks® Examples

Typically, any CareerWorks® project is divided into a series of overlapping segments and each segment involves various stages to implement.

In each, we ***first*** make sure that all current and new employees receive all entitlement programs, supports and tax credits for which they qualify. Note the following detail:

The national income support system makes work pay and provides a realistic hope for lower-pay entry-level workers in all industry sectors to effectively earn more. As noted in an Urban Institute study across 12 states, by working full time at the minimum wage and supplementing earnings with tax credits, food stamps and other public assistance programs, a mother with two children can bring her family's income to almost 20% above the poverty level. This is the upside of supplements that include TANF, food stamps, the Earned Income Tax Credit (EITC), housing, childcare, transportation and Medicaid. At the same time, the consequences of not working are potentially devastating, since families unwilling or unable to work may lose all of their welfare payments. (Note CNA is the second most prevalent occupational choice for TANF placements and it is estimated that as many as 50% of all industry CNA new hires come from TANF sources.) Also, by not working and relying entirely on government benefits, the same family will fall 32% *below* the poverty level. Interestingly, low income single mothers are significantly better off working, even at minimum wage, than relying solely on welfare, but they gain little from raising their wage rate from $5.15 to $9.00 per hour. Thus, at least initially and for up to a minimum of one year, both the employer and welfare to work employee of an entry-level job benefit.

Expanding on this concept, the Family Economic Self-Sufficiency Project, a research undertaking funded by the Ford and Annie E. Casey Foundations, completed an exhaustive analysis of the actual value of these supports in 38 states and the District of Coulmbia. What they found is that in a typical metropolitan area, the self-sufficiency standard wage required to pay for housing, child care, food, transportation, health care, taxes and miscellaneous expenses was around $16.61/hr. for a single parent with one infant and one preschool age child. However, with external supports as supplements, that minimum wage for self-sufficiency dropped as follows:

With these supports	Effective self sufficient wage
Child Support	**$14.18**
Child Care	**$11.27**
Child Care, Health Care, Food Stamps	**$ 7.96**
Child Care, Food Stamps	**$11.27**
Child Care, Food Stamps, Housing	**$ 6.99**

Child Care, Food Stamps, Child Support $ 7.05

(More information can be found on the Self Sufficiency Project at: http://www.sixstrategies.org)

The EITC alone will typically increase effective hourly compensation by about $2.00/hr. Nationally, at least 25% of those employees eligible for the EITC do not claim it properly. Thus, just use of advanced EITC payments will move these workers to an about $10/hr effective wage toward these self-sufficiency goals. Additional supports can include Food Stamps, child support and child care, transportation, housing and medical assistance. *A projection for an employee receiving any three of these six supports in addition to the EITC produces an effective self-sufficiency wage of $18.31, which is actually in excess of the standard*. So the need to effectively link incumbent workers to these supports from an economic standpoint is clearly critical.

Second, *in addition to the economic impact, these supports go to the heart of addressing many of the chronic causes of turnover and failure* – inadequate child care coverage and transportation support, poor nutrition, unchecked health issues and depression. Their link to employees eligible helps these employees overcome specific barriers to their success.

For this segment of the project, the CareerWorks® mode identifies trained staff from the workforce system "one stop" or contract partners (based on different specialties) who will attend a series of screening sessions held on site at each pilot worksite and offered on multiple days and times to accommodate workers on different shits and days of the week. There each employee is prescreened for general non-participation and specific eligibility for each support, and those eligible receives immediate assistance in completing enrollment or referral paperwork for support processing. After all screenings are completed, impact reports are prepared.

This segment of the project also coordinates logistics to identify those staff in need of ABE, GED or ESL education. Where such needs are identified by person, intake paperwork is completed and a plan establishing career goals, a schedule and resources is established in each case to permit each candidate to intersect with the workforce system to obtain needed training. All training is linked person by person to established and enhanced Life Skills vendors carefully selected to provide Life Skills supplementation as an integrated aspect of the training. Periodic impact reports are prepared.

Combined with training for the entry-level staff is also be training for senior care staff and nursing supervision. This always involves at least two initiatives. One is a nursing mentoring/preceptor course offered by the National Association of Health Care Assistants (NAHCA). The other is a multi-cultural/communications focused leadership skills course for nursing management offered by the Institute for Caregiver Education. Both courses are offered at each pilot facility location and are repeated in year two of the program for new staff and as a refresher for incumbent staff.

The next project segment involves the specific upgrading program to identify candidates for certification training to become Licensed Practical Nurses. This segment is summarized in a separate section further below.

The next project segment involves development of a Transportation Demand Management Program (TDM) to obtain TEA-21 tax credits and provide both the database and the strategies to better transport workers to and from each facility workplace on all different shifts/days of the week and to and from varying home locations. This is usually coordinated with the local Transportation Management Associations at both the county and metro levels. A detailed summary of this segment is also summarized in a separate section below.

Finally, there is developed a ladder-type program for entry-level employees to develop career upward mobility both within the provider's employ as well as within the metropolitan healthcare marketplace.

This is a sample of an internal ladder concept which has already been funded in multiple markets:

- **Level 1: CNA** (12 weeks)
- **Level 2: Restorative Nurse Assistant** (RNA). The emphasis of this program is providing physical and psychosocial care that restores and maintains a residents independent functioning. It requires 32 hours classroom work and 16 hours of clinical instruction.
- **Level 3: Life Enhancement Assistant** (LEA). The emphasis of this program is caring for the patient with complex care needs. It includes four tracks: skilled and subacute, dementia care, care for residents with mental illness or behavioral problems and team leader. Each track has 24 classroom hours and 16 hours of clinical instruction.
- **Level 4: Professional Nursing Program**. CNA's who are pursuing certificates or two year nursing programs are encouraged to take a pre-nursing assessment, including six additional hours of classroom instruction and college level advising.

This model has been integrated with the ABE/GED/ESL screening and enrollment on a customized basis.

This is a sample of another model, a varied "circuit" ladder program, which has proven successful leading CNA's to various "tracks" sampled as follows:

- CNA + 16 hrs. Nutrition + 24 hrs. Alzheimer's Care = GNAS (Geriatric Nurse Aide Specialist
- CNA + 20 hrs. Medical Terminology + 40 hrs. Rehab. Skills = Rehab Aide
- CNA + 40 hrs. EKG = EKG Technician
- CNA + 60 hrs. Phlebotomy + 40 hrs. Ekg + 30 hrs. Patient Care Tech Skills = Patient Care Associate

- CNA + 30 hrs. Pedi Care + Modules on Child Health, Safety and Nutrition = Pediatric Nurse Aide Specialist (Home Care)
- CNA + 40 hrs. Dialysis Tech Skills = Dialysis Technician
- CNA + 60 hrs. Phlebotomy = Phlebotomist
- CNA + 24 hrs. Nutrition and Diet Therapy + 8 hrs. Swallowing Disorders and Feeding Techniques = Dietitian Aide Feeding Specialist
- CNA + 24 hrs. Alzheimer's Care + 24 hrs. Recdreational Therapy = Recreation Therapy Aide

While these do not all lead automatically to higher compensation, all create yet more diverse career path possibilities and create job task and employer diversity which can alone lead to much greater job satisfaction.

As a compensation supplement, the program also uses an employer participatory Family Savings Account program to encourage retention. This is a program that uses government contributions sometimes linked to employer matches linked to retention vesting and multiple employee restricted uses.

Most CareerWorks® projects create a Healthcare Advisory Consortium. Included are representatives from the participating providers, the county "one stop", training provider stakeholders, transportation stakeholders and others. The consortium meets once every 120 days to review broad progress of the program and integrate ideas and changing strategy and future funding diversity into program operations.

Most projects have a full-time Project Manager and a full-time Case Manager.

CareerWorks® CNA to LPN Upgrading Initiative

Typically, two to three initial CNA candidates from each test pilot facilities are screened by senior nursing staff to enter P/T training to become Licensed Practical Nurses. LPN training in most markets is historically done at local vocational schools or community colleges.

The selection of the candidates has been made using nursing nominations, taking into account work record and dependability; overall motivation; initial discussions on personal responsibilities management and a potential P/T schedule for both work and classroom activity. Also has been considered the specific entrance requirements of the designated school. The plan is to replicate all of the selection, schedule and support protocols developed by each provider in other operations pilots elsewhere in the company.

CareerWorks® Transportation Demand Management Program

A Transportation Demand Management or TDM program is an employer sponsored coordinated initiative to tabulate how employees get to and from work, identify what

works and were there are problems, plan alternatives and obtain tax credits under Federal TEA-21 legislation to fund transportation activities and expenses.

Each TDM program component involves three distinct phases:

- Phase I - Data Collection and Tabulation
- Phase II - Program Design and Implementation
- Phase III – Marketing and Program Maintenance

Phases I and II takes approximately 30 to 45 days each. A form is used for data collection. Phase I will involve dissemination of this form via paycheck distribution, with a memorandum of support from the senior management and marketing for the program. Data is tabulated and summarized.

Phase II involves design of a specific comprehensive program for the pilot facilities. The following elements are be included:

- Preparation of TDM program detailed goals and objectives and a sub-budget with assignments.
- Preparation of all necessary legal documentation for the program.
- Organizing tabulated data to create all possible personal matches for ride sharing.
- Lead coordination of employee signed certifications for TEA-21 commuting expenses.
- Integration of all company-sponsored programs for employee transportation into the overall TDM program.
- Co-development with tax and payroll staff of all required tax and payroll protocols to insure proper and accurate tracking of tax credits.
- Coordination with all appropriate Transportation Management Associations, as they operate in each pilot counties.
- Development of a preferential parking program.
- Development of incentive programs, e.g. alternative transportation allowances, “commute for loot”, vanpool subsidies, etc.
- Tabulation and integration of all transit pass options.

- Development of overall marketing program, including posters and related collaterals.
- Integration of faith-based resources for cost offsets and to fill gaps in coverage.
- Development of a Guaranteed Ride Home (GRH) program feature.
- Development of a program monitoring and evaluation system