

BUILDING HEALTH CARE LADDER OPPORTUNITIES FOR UNEMPLOYED AND DISLOCATED WORKERS IN EAST CENTRAL MISSISSIPPI

The primary goal of this proposal is to improve opportunities for unemployed, dislocated, and low wage health care workers in a rural six-county area of east central Mississippi. A second goal is to implement a model nurse residency program. Research shows the need to expand training, increase basic skills, upgrade uncertified entry-level positions to certified positions, establish career ladders, and improve retention. To address these needs and achieve our goals we propose to form a team of health care providers and educators to implement a customized version of the Nursing Career Lattice Model developed by the Council for Adult and Experiential Learning (CAEL).

1. Statement of Need:

The health care sector is the major high-growth economic engine in the six-county region to be served by this proposal. It provides 15.5% of total jobs and 18.8% of total wages. MDES reports current occupational employment of 1,810 health care assistants, including CNAs, and 2,470 Registered Nurses in the region. Entry level health care assistants earn from \$7.27 to \$7.79 per hour, placing them in a low-wage category. A goal of this proposal is to improve wages and career advancement. Entry level nurses earn from \$18.93 to \$20.14 per hour.

Three major health care providers are partners in this proposal: Rush Health Systems, Alliance Health Center, and East Mississippi State Hospital. Combined, they hire approximately 300 entry-level health care assistants per year. Background checks, drug tests, basic skills deficiencies, and poor work skills wean this number from a much larger pool of prospects. This proposal will target unemployed and dislocated workers with basic skills deficiencies and poor work skills to reduce the number that fail to progress. Health care providers also report that many entry-level health care assistants fail to progress after placement due to basic skills

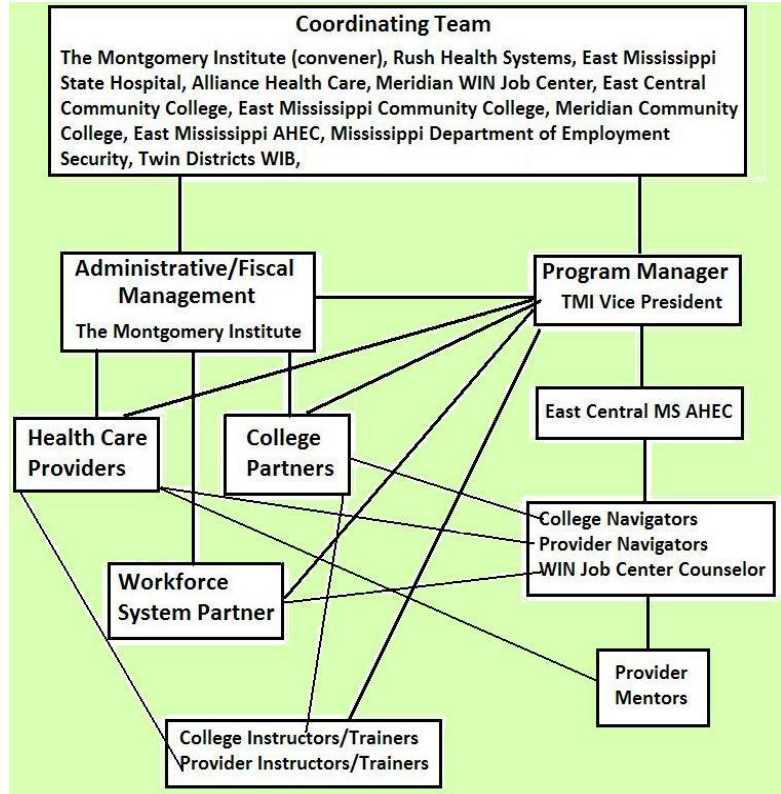
deficiencies, causing significant turnover. This is particularly true among minorities. This proposal will target entry-level health care assistants with skills deficiencies to reduce turnover, retain more minority assistants, and improve opportunities for advancement.

Three community colleges are partners in this proposal: East Central Community College; East Mississippi Community College; and Meridian Community College. Together they work closely with the provider partners listed above. The colleges report that in addition to basic skills, many members of the target populations for this proposal face additional barriers to training and employment. They have found that the cost of transportation is the significant challenge to the target population. This proposal aims to reduce these challenges.

2. Organizational Capacity and Management:

COORDINATING TEAM: Each partner will provide a representative to the Coordinating Team. This team will work closely with the Program Manager to assure a coordinated, mutually beneficial recruiting, training, placing, mentoring, and advancement system is put in place (see chart).

STAFF CAPACITY: The Montgomery Institute will be the lead organization, program manager, and administrative/fiscal agent. TMI Vice President Ken Dupre' will serve as the Program Manager. He will devote 50% of



his time to ensure proper direction, management, implementation, and timely completion of the overall project.

TMI will contract with the East Central Health Net to work directly with the partner health care providers to coordinate activities with the colleges and WIN Job Center to ensure development of Individual Education and Training Plans (IETP) for each participant; oversee participant training, credentialing, placement, and career advancement activities; and to provide professional consultation services to training providers and partner healthcare institutions.

Each participating college and health care provider will create the position of Navigator (½ FTE at ECCC). The role of the Navigators will be to provide/coordinate basic skills instruction and career counseling, including development of IETPs; manage the applicant screening process (including drug screen and background check); provide supportive services to eligible participants; assist participants with enrollment in CNA and other skills training programs; monitor participant career advancement; and periodically report participant progress to TMI.

Each participating college and health care provider currently provides/obtains health care assistant and CNA training. Each college currently provides basic skills training and assessment. Each will add instructors and training services to meet demands required by this project with instructors meeting the required standards of their governing and licensing boards. Each participating provider will utilize professional staff to provide mentoring support for this project. The WIN Job Center will provide recruitment, initial screening and counseling, and placement services. MDES will provide staff to support participant tracking and reporting.

3. Strategy and Work Plan:

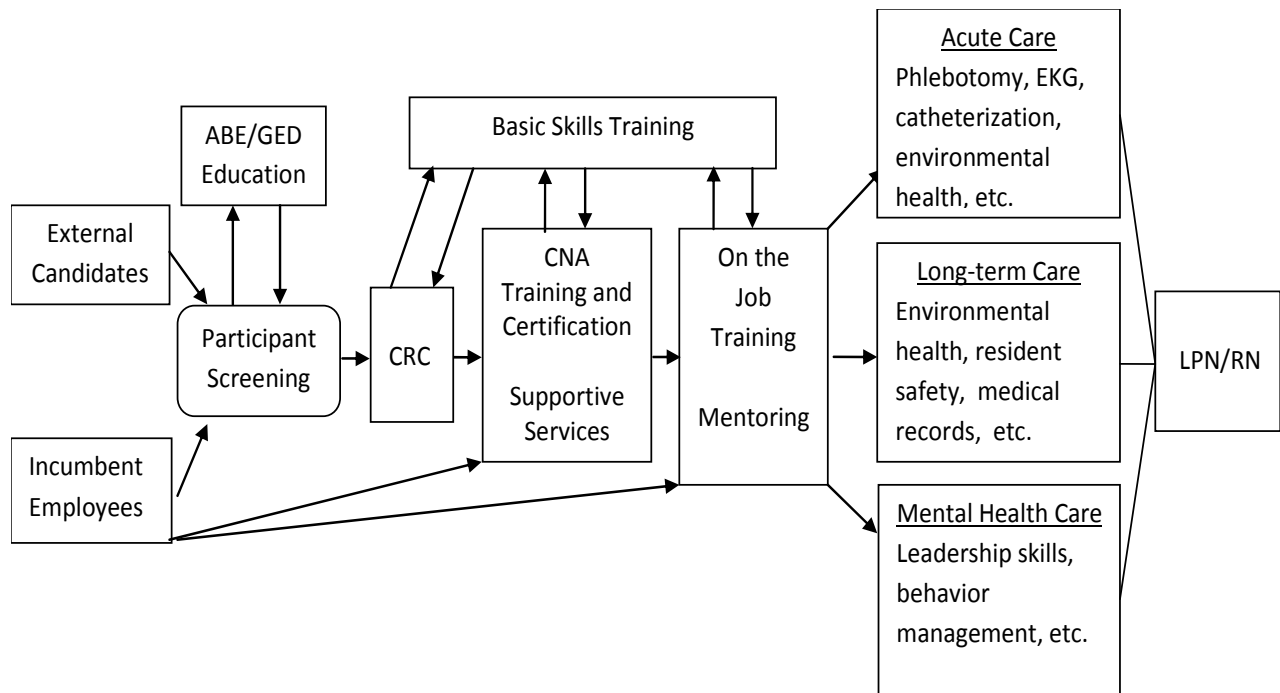
The primary goal of this proposal is to improve opportunities for unemployed, dislocated,

and low wage health care workers in a six-county area of east central Mississippi. A second goal of this proposal is to implement a model nurse residency program.

ADDRESSING CONDITIONS DESCRIBED IN THE STATEMENT OF NEED, AND TARGETED INDUSTRIES AND OCCUPATIONS:

The key strategies to accomplish these goals include: 1) building a Coordinating Team of health care providers and educators; 2) implementing a Nursing Career Lattice Program customized from the model developed by CAEL; 3) recruiting, training, credentialing, and placing more unemployed and dislocated workers into Certified Nurse Aid positions at participating employers; 4) improving basic skills of program participants; 5) upgrading uncertified entry-level health care assistant positions at participating providers to the level of Certified Nurse Aid (CNA); 6) upgrading skill levels of low wage incumbent health care assistants, incumbent CNAs, newly hired CNAs, and newly hired nurses; 7) building career ladders; 8) enhancing opportunities and resources for advancement; and 9) reducing turnover and improving retention, especially among minorities.

Our strategic approach is based in part upon the proven success of The Nursing Career Lattice Model, a joint demonstration project between the Council for Adult and Experiential Learning (CAEL) and DOL. In 2005, CAEL published the results and lessons learned from five demonstration sites, four of which developed similar CNA lattice models. The customized strategic model we propose is shown below. The CAEL model was chosen for this project because it builds on and supplements programs already in existence, enables new and incumbent workers to bridge into health care roles at both entry and advanced levels, provides support systems for the targeted population, and can be customized to meet our situation.



These strategies are designed to directly address the low educational attainment, high poverty, low wage, and growing unemployment issues described in Section 1; to address the projected growth in health care assistant jobs and turnover at health care providers; and to address disproportionate impact on minorities.

For the target population, these strategies provide access to pre-training counseling and “goodness of fit” placement with the intent of improved job satisfaction; provide a relatively quick timeline between training and placement; provide a lattice of training and supportive services for participants; and provide a career path for advancement, which may in turn, help recruit highly qualified individuals with long term aspirations of becoming an LPN or RN.

The participating health care employers represent a mix of the providers in the region. Rush Health Systems operates a regional system of acute and critical care hospitals and rural clinics. East Mississippi State Hospital is a state mental hospital and operates a long-term care nursing home. Alliance Health Center is a private, short-term psychiatric hospital. These employers have constant needs for trained health care assistants in acute care, long-term care,

and in-patient mental health care. An outcome of this project will be to upgrade the uncertified health care assistant positions at these institutions to Certified Nurse Assistant positions. The primary occupation for which participants will be trained is entry-level nursing with CNA certification. Additional training will be institution driven to provide skills needed to advance up a career ladder. Opportunities for training to advance to LPN and RN positions will be provided.

The principal skills needed for CNAs, who work closely with patients by assisting with daily tasks and reporting patient conditions to nursing staff, include: bathing, dressing, feeding, walking, providing range-of motion exercises; taking vital signs (blood pressure, pulse, etc); turning bed ridden patients; helping wheelchair bound patients; providing toilet assistance; and providing basic documentation for patient records. CNAs generally work under the supervision of a nurse. On-the-job skills training leading to career advancement will include the areas of leadership, environmental health, health records, Phlebotomy, EKG, and catheterization. A key feature of this project will be the constant access to basic skills training. Adding these skills to CNAs will alleviate some workload pressure from overburdened LPNs and RNs.

Over 20% growth is projected for the region in health care assistant/CNA occupations and for LPN/RN occupations through 2016, according to the adjacent chart. Using current turnover and growth rates, partner employers project hiring approximately 300 health care assistant/CNA employees per year.

Projected Regional Employment Growth		
Healthcare Occupation	Growth Rate through 2016	Additional Workers Needed
CNA/Nurse Aids	24.10%	470
Nurses (LPN/RN)	27.50%	600
Total Additional Workers Needed		1,070

Source: Mississippi Department of Employment Security

A goal of this project is to reduce the turnover and resulting need for new hires in future years. In addition to CNAs, significant turnover occurs in the LPN and RN ranks as well. To combat this and to upgrade the skills of newly hired nurses, the proposal will implement a model

nurse residency program at Rush Health Systems. The goal of the Nurse Mentor and Retention Program is to improve retention of registered nurses in Rush's rural hospitals, improve education and practice through critical care skills and leadership training, reduce the nurse vacancy rate, and enhance patient care and quality by implementing evidence based practice for registered nurses. The program will consist of six-month training and mentoring sessions aimed at providing education and clinical experiences within hospital settings. Each participant will be assigned to a mentor, who will reinforce technical skills, share clinical knowledge, and help develop clinic decision making skills. To improve patient outcomes, critical skills/trauma, triage assessment, and emergency room training will be reinforced. Educational sessions will occur one day per week; training and mentoring will be provided by Rush's professional staff.

ROLES AND LEVEL OF COMMITMENT OF PROJECT PARTNERS: Training partners: East Central Community College, East Mississippi Community College, and Meridian Community provide health care assistant, CNA, LPN, and RN education and training programs for the region. Health care assistant and CNA programs are offered as both credit and non-credit programs. All provide both adult education and basic skills training services. These partners are committing in this proposal to better focus training – particularly basic skills training – on the target population and to work closely with participating health care employers to institute strategies to retain and advance participants up career ladders. Each college will add training programs, some at non-traditional times and places, to accommodate the target population better; add a “navigator” to better assist participants and provide supportive services; and fully participate with the Coordinating Team to implement the Nursing Career Lattice Program. The colleges project training 120 program participants per year and 360 over three years.

Health care provider partners: East Mississippi State Hospital (EMSH), Alliance Health

Center (AHC), and Rush Health Systems currently hire 300 health care assistant/CNAs each year. EMSH and AHC hire many untrained individuals and provide them on-the-job training. For this project, all providers commit to moving their uncertified health care assistant positions to CNA status for new hires; providing employment opportunities for program participants; providing opportunities for uncertified incumbent workers to obtain CNA certifications; providing on-the-job skills training, including basic skills training, and career advancement opportunities; authorizing wage increases as participants move up the career lattice; creating “navigator” positions; and providing mentoring to support participants.

MDES commits to providing recruitment and tracking services. The Montgomery Institute commits to providing program management and administrative support. The East Central Health Net commits to providing program management support.

LEVERAGED FUNDS: In normal circumstances partners in this proposal would commit substantial leveraged funds. However, in the face of looming cuts in state Medicaid funding, federal Medicare and Medicaid funding, state mental health funding, state community college funding, and state workforce training dollars, partners cannot prudently make such commitments. In these circumstances, just promising the wage increases included in this proposal is a significant commitment. To the extent that funds are available for leveraging during the term of the grant, they will be sought, utilized, and reported.

In the third year of the program, costs will begin shifting to partners for sustainability purposes. Colleges commit to provide \$295,537 to provide half the 3rd-year costs of the Navigators and training classes as leveraged funds. Providers commit to provide \$179,975 to provide half the 3rd year costs of the Navigators and training classes as leveraged funds. Total leveraged funds are \$475,512.

RECRUITMENT, TRAINING, PLACEMENT, AND RETENTION STRATEGIES:

WIN Job Centers in the region will identify and recruit External Candidates (see model graphic above) from unemployed and dislocated workers (Veterans will be given priority). Public service announcements, public postings at the Centers and community colleges, and word of mouth will be used to attract interest. In the second and third years, job fairs may be held if necessary. Navigators at the employers will recruit Incumbent Employees. These workers may enter the lattice at various points depending upon their current skill levels and credentials.

Navigators will conduct the screening process to determine eligibility under the grant guidelines as well as determine the applicant's highest level of educational achievement. Because a high school diploma or GED is a pre-requisite for CNA certification, applicants not meeting this requirement will be referred to one of the college's Adult Education programs.

Those applicants that meet the entry requirements will be administered the WorkKeys Career Readiness Assessment (or equivalent Accuplacer assessment). Applicants scoring at the Silver level on the Career Readiness Assessment (or equivalent) will be conditionally accepted into the CNA Training Program. Applicants must then pass a mandatory drug screen and a criminal background check (supportive services can cover these costs). Participants not achieving the Silver level or equivalents will be counseled by Navigators and referred to basic skills training. Participants will also meet with a Navigator to develop Individual Education and Training Plans (IETPs), determine eligibility for supportive services, determine the need for additional basic skills training, and enter in the next available CNA and/or basic skills training classes. Those hired immediately by providers will enter their in-house CNA training programs. Others will enter college classes. Transportation support is available to those attending college classes. Those successfully exiting college training will, then, begin the placement process.

As participants are placed with the employers, employer Navigators may submit applications for OJT funding through the local WIN Center. Navigators and mentors will be assigned to work with participants to provide on-the-job training and skills upgrades. On-the-job basic skills training will be provided through the WorkKeys and WIN training systems provided by the colleges and other systems supported by the employers.

As part of the comprehensive retention strategy, participating employers have agreed to award wage increases as participants develop the necessary skills and experience needed to advance within the health care institution. Also, the grant will provide scholarships to eligible participants to pursue LPN and RN education. Institutions may also award stipends and release time. The Navigator, participant, institutional representative, and Program Manager will meet to determine the level of grant-funded assistance to be awarded to each participant. Navigators and mentors will continue to work with participants as long as they are willing and able to learn more skills and advance along the career lattice.

PROJECT WORK PLAN – Assuming Start Date is Mar. 1, 2010 and Ending Date is Feb. 28, 2013				
Activities	Starting/ Ending Dates	Project Partners	Key Tasks	Estimated 3-Year Budget
Start-Up				\$ 79,000
Form coordinating team	Mar 2010	All	Designate representatives and meeting times	
Hire/designate, and train Navigators	Mar – May 2010	Colleges Employers	Post job openings, hire/select person, provide training	
Schedule initial training classes	Mar – May 2010	Colleges Employers	Determine times, locations, and instructors	
Purchase training supplies	Apr 2010	Colleges	Use comparative pricing process to make purchases or follow bid laws if necessary	\$ 4,000
Set-up and implement tracking	Apr 2010- Feb 2013	MDES	Assign staff to implement tracking process	\$ 75,000 (¼ FTE)
MILESTONES: The Coordinating Team will be formed by March 31, 2010. Navigators will be designated/hired by April 30, 2010, and trained by May 30, 2010.				
Recruitment				\$ 762,115
Identify/recruit unemployed and	Mar 2010 –Feb 2013	WIN Job Centers	Refer clients to counselor at WIN Job Center for initial	\$ 150,000 (½ FTE)

dislocated workers			screening;	
Public service announcements	Mar 2010 –Feb 2013	Colleges	Develop and deliver public service announcements to TV, radio, and newspaper outlets	
Public postings	Mar 2010 –Feb 2013	Colleges, Employers	Post notices of program at colleges and employers	
Identify/recruit incumbent workers	Mar 2010 –Feb 2013	Employers	Refer potential participants to Navigator for screening	\$ 75,000 (1/5 FTE of employers Navigators)
Screen applicants	Mar 2010 –Feb 2013	Colleges, Employers	Assess applicants using Career Readiness assessment or Accuplacer	\$ 68,750 (1/10 FTE of all Navigators)
Award CRCs	Mar 2010 –Feb 2013	Colleges	Award the Career Readiness Certificate to participants who achieve Gold, Silver, or Bronze levels	\$ 21,000 (estimated cost of assessments)
Develop IETPs	Mar 2010 –Feb 2013	Colleges, Employers	Refer applicants to Basic Skills training and/or CNA training	\$ 34,375 (1/20 FTE of all Navigators)
Provide supportive services	Mar 2010 –Feb 2013	Colleges, Employers	Determine needed services, refer to other agencies as needed, provide transportation support, provide CNA materials	\$ 344,240 (in supportive services costs) \$ 68,750 (1/10 FTE of all Navigators to manage program)
MILESTONES: 1,290 total unemployed and dislocated workers, 612 low-wage incumbent workers, and 90 newly hired nurses recruited into lattice programs over the grant period. This proposal is designed to constantly recruit and screen participants, so there are no intermediate milestones. Recruitment will continue up to Feb. 28, 2013.				
Training				\$1,917,748
ABE/GED training	Mar 2010 –Feb 2013	Colleges	Provide adult education for participants needing GED to participate	
Basic skills training	Mar 2010 –Feb 2013	Colleges, Employers	Provide basic skills training using the WorkKeys based system or other system utilized by employers; assess progress;	\$ 203,125 (65% FTE for each college Navigator)
CNA training	Mar 2010 –Feb 2013	Colleges, Employers	Provide CNA training for pre-employment at the colleges; for post-employment at the employers	\$1,463,823
On-the-job training	Apr 2010 –Feb 2013	Employers	Provide training to move participants up the career lattice in acute care, long-term care, and mental health care tracks	\$ 250,800
MILESTONES: 1,616 participants completing training. Like recruitment, training will be ongoing with classes starting as demand occurs, so there are no intermediate milestones for the main training initiative; training will continue up to and beyond the grant end date, Feb. 28, 2013.				
Placement				\$ 50,000
Placing college CNA program completers	Jun 2010 - Feb 2013	Colleges	Navigators identify job openings at participating employers for referral, as well as openings at	\$ 31,250 (1/10 FTE for each college Navigator)

			other health care providers; navigators follow-up.	
Placing potential participants at employers prior to CNA training	Mar 2010 -Feb 2013	Employers	Employer navigators will select participants from the pool created by the WIN Job Center and refer them to screening	\$ 18,750 (1/20 FTE of employer Navigators)
MILESTONES: 998 participants placed into unsubsidized employment. Like recruitment and training, placement will be ongoing as participants complete college classes and providers hire directly into their in-house training programs. Placement will continue up to and beyond the grant end date, Feb. 28, 2013.				
Retention				\$ 890,500
On the job training	Jun 2010 - Feb 2013	Employers	Employers will offer on the job training opportunities to allow participants to move up the career lattice	(Already counted above)
Mentoring	Jun 2010 - Feb 2013	Employers	Navigators will connect participants to mentors and follow-up on progress	\$ 187,500 (½ FTE of employer Navigators) \$ 103,000 (stipends of employer mentoring)
Wage increases	Jun 2010 - Feb 2013	Employers	Employers will provide wage increases to employees who improve skills and advance up the career lattice	
Nurse Residency Program	Mar 2010 -Feb 2013	Rush	Intense mentoring to reinforce technical skills, share clinical knowledge, and help develop clinic decision making skills.	\$ 300,000
Provide LPN and RN education opportunities	Jun 2010 - Feb 2013	Employers	For qualified participants provide financial and other support to allow them to attend LPN and RN classes	\$ 300,000
MILESTONES: 90% retention rate projected for participants who complete training and enter into unsubsidized employment. Retention improvement will be measured first on Feb. 28, 2012, two years into the program. The final retention measurement will as of the grant end date, Feb. 28, 2013.				
Program Management and Administration				\$ 820,262
Program management	Mar 2010 -Feb 2013	TMI, AHEC		\$ 482,672
Administrative services	Mar 2010 -Feb 2013	TMI		\$ 337,590
TOTAL				\$4,519,625

4. Outcomes and Deliverables:

The primary goal of this proposal is to improve opportunities for unemployed, dislocated, and low wage health care workers in a six-county area of east central Mississippi. A second goal of this proposal is to implement a model nurse residency program.

Performance Outcomes	Subset	Total
Total Participants Beginning CNA Education/Training Activities In Community Colleges		360
Total Participants Completing CNA Education/Training Activities at Community Colleges (85%)	306	
Total Participants Beginning CNA Education/Training Activities at Partner Health Care Institutions		930
Total Participants Completing CNA Education/Training Activities at Partner Health Care Institutions (80%)	744	
SUBTOTAL	1050	1290
Total Participants Completing Education/Training Activities That Receive a Degree or Certificate (90% pass rate)	945	
Total Participants Completing Education/Training Activities That Are Placed Into Unsubsidized Employment (95%)	998	
Total Participants Completing Education/Training Activities That Are Placed Into Training-Related Unsubsidized Employment (90%)	945	
Total Participants Completing Education/Training Activities Placed In Unsubsidized Employment Who Retain An Employed Status At The First And Second Quarters Following Initial Placement (90%)	850	
Total Incumbent Workers Beginning Advanced Health Care Skills Upgrade Training Beyond CNA		612
Total Incumbent Workers Completing Advanced Health Care Skills Upgrade Training Beyond CNA That Receive a Wage Increase (80%)	490	
Total Incumbent Workers Completing Advanced Health Care Skills Upgrade Training Beyond CNA That Receive an LPN or RN Degree	150	
Total Participants Beginning the Nurse Mentor and Retention Program		90
Total Participants Completing the Nurse Mentor and Retention Program (85%)	76	
Total Participants Completing the Nurse Mentor and Retention Program That Receive a Wage Increase (80%)	58	
TOTAL PARTICIPANTS SERVED		1992

In addition to the metrics listed above, other participant level data will be collected, aggregated and reported quarterly as well. These data will include gender, race, education level, veteran status, primary and secondary languages, and previous employment and wage data. The Navigators at each site will create and maintain a folder on each participant. These folders will contain copies of important documents such as the application, picture identification, IETP,

certificates, progress charts, communications log, etc.

APPROPRIATENESS AND FEASIBILITY, DEGREES OR CERTIFICATES RESULTING FROM TRAINING, AND DELIVERABLES:

Participants in this project can earn several nationally-recognized credentials. At the start of training, participants will earn either a Silver or Gold level WorkKeys Career Readiness Certificate. At the successful completion of the first phase of training, the participant will earn the Certified Nurse Aid (CNA) credential. Further employer-supported training and education can result in a participant completing the requirements for a Licensed Practical Nurse (LPN) and/or a Registered Nurse (RN) credential. Each of these credentials translates into opportunities for the participant to advance up the career ladder in the health care industry.

All curriculum, outreach materials, models, and outcomes will be categorized and archived (electronically, if possible) at The Montgomery Institute and will be available for transfer to DOL-ETA in the most efficient method.

5. Suitability for Evaluation:

We welcome outside evaluators and researchers, as evidenced by our relationship with researchers at the Berkeley Policy Institute for the past three years, even co-presenting research findings with them at the 2008 Workforce Innovations conference. We are currently working with representatives from Social Policy Research Associates and Mathematica Policy Research, who will be providing us with technical assistance in deepening and expanding our activities to target disadvantaged populations in our region.

This project will demonstrate the retention benefits from engagement between the participant and the training provider as well as provide evidence of the effectiveness of healthcare mentoring programs. It is our desire to present our findings at local and national conferences and expand this program throughout our region.