

NURSING AND ALLIED HEALTH INITIATIVE: DIRECT CARE WORKFORCE

Request for Proposals



Issued by:

**Massachusetts Department of Higher Education
One Ashburton Place, Room 1401
Boston, Massachusetts 02108**

Contents

I.	Introduction	3
II.	Workforce Development Priorities.....	3
III.	Purpose/Scope.....	4
A.	Building direct care worker pathways	4
B.	Creating recognized transferable training to support pathway advancement	5
C.	Investing in the development of core competencies	6
D.	Development/adoption of competency-based leadership training for managers of DCW's.....	7
IV.	Eligibility:.....	9
V.	Proposal Requirements:	9
A.	Project Abstract	9
B.	Project Proposal.....	9
1.	Proposal Narrative	9
2.	Budget.....	10
3.	Deliverables	10
C.	Evaluation Criteria:	11
1.	Formative Evaluation.....	11
VI.	Selection Procedure and Evaluation	11
VII.	Submission Instructions.....	11
VIII.	RFP/Project Timeline	12
IX.	Awards	12
X.	Policies	13
A.	Grant Disbursement.....	13
B.	Publicity	13
C.	Solicitor Responsibility.....	13
D.	Performance	13
E.	Legal Disclaimer	13
XI.	Form 1 Template – Proposed Budget	14

I. Introduction

In April, 2014, DHE issued its **Allied Health – Direct Care Workforce Plan** (<http://tinyurl.com/ptw6ak7>). The report recognized that Massachusetts, like the nation, is facing the challenge of providing high-quality and affordable, individual-centered health care to all members of our society, while serving a population that is aging and becoming increasingly diverse. To address this challenge, the education and training, workforce development and health care provider community must build a workforce pipeline sufficient in capacity and capability to:

- 1) Address the health care needs of the unique population of individuals in each region of the Commonwealth
- 2) Deliver contemporary health care services based upon industry-defined skill competencies that span the care continuum
- 3) Meet the job requirements of employers in rapidly evolving and emerging care delivery settings
- 4) Provide seamless academic and career pathways for workers to enter the industry and progress in their careers through higher-levels of education

The Massachusetts health care system is refocusing care delivery from acute-care hospitals to community-based settings. As a result of this transition, demand for direct care workers is growing rapidly and this growth is projected to continue for the next decade. Direct care jobs, for our purposes, are defined as **certified nurse assistants, medical assistants, home makers, personal care and home health aides, and Licensed Practical Nurses**. These jobs represent the new “front line” of health care delivery in the community and offer entry-level access points to health care careers for many adult and traditional-aged students who aspire to advance to higher-level jobs paying family sustaining wages. Students interested in healthcare careers often begin in non-credit training programs and, with a modest amount of post-secondary training, can progress along career pathways to higher-level careers in allied health and nursing.

However, the workforce that seeks out these jobs presents many challenges. Candidates too often are not fluent in English, lack a foundation in basic numeracy skills, and have little or no experience with the application of technology as a tool for health care delivery. These deficits can be partly offset by a strong cultural awareness of the communities these students seek to serve. Therefore, this workforce presents both challenges and opportunities, requiring an array of support services to become ready for success in job training programs.

II. Workforce Development Priorities

In June of 2015, DHE re-convened the Allied Health Advisory Group (AHAG) to develop an implementation agenda based upon the recommendations of the Allied Health-Direct Care workforce plan approved by the Board of Higher Education in 2014. This group consists of representatives from community colleges, 4-year colleges, employers, industry groups, regional employment boards, and state agencies. The group agreed that the priorities for the immediate future should be:

- Building direct care worker pathways
- Creating recognized transferable training to support pathway advancement
- Investing in the development of core competencies
- Development/adoption of competency-based leadership training for managers of DCW’s

This initial Request for Proposals (RFP) is intended to address specific near-term needs across the Commonwealth while beginning work that will have a longer-term trajectory and will create a sustainable impact over time. For example, considerable work needs to be done to create a true workforce on-ramp, benefitting both current and prospective workers in need of basic skills training, to prepare for entry into and retention in the direct care workforce. This must begin with career pathways from the local community that lead to job training programs and on to credit bearing degree and certificate programs at community colleges. Also, there is a high turnover rate among the direct care workforce which impacts the quality of patient care and increases the cost of workforce acquisition and training. New approaches to the development of workforce pathways, transferrable credentials, consistent definitions of core competencies and supportive leadership training are necessary to motivate and support the entry-level workforce to persist in their current jobs and progress to other opportunities in the healthcare field.

III. Purpose/Scope

The AHAG strongly expressed the priority to move beyond the practice of funding pilot projects which while locally valuable, have not resulted in the adoption of best practices regionally and statewide and promote sustainable systems change. Therefore, this cycle of the Nursing and Allied Health Initiative grant program will focus on system alignment, sharing of best practices, and promotion of broad-based regional and statewide collaboration in an effort to meet the training needs of the direct care workforce and the staffing needs of employers. Proposals are encouraged to offer new innovations and may extend prior initiatives to replicate successful models which as a result will reach a meaningful level of scale. All project proposals must articulate the conditions necessary for replication, sustainability and regional or statewide implementation. Projects in early stages of development should describe relevant strategies to be explored in subsequent phases of implementation.

Preference will be given to proposals showing strong educator/employer collaboration. Proposals must address at least one of the following areas that were outlined as priorities by the AHAG:

A. Building direct care worker pathways

Direct care jobs represent entry-level access points to higher education for many adult and traditional-age students. Curriculum and career pathways based on industry validated job competencies, consistent across the taxonomy of direct care jobs and health care delivery settings, is necessary to develop and sustain the direct care workforce pipeline. Such pathways, codified in standards and regulations, will provide for portability of job competencies (knowledge, skills and abilities) among different entry level training programs and jobs, and will also provide for alignment of outcome expectations between education and employer partners.

This framework will allow for the seamless progression of students - both traditional age and adult learners –from foundation skills training (English language and numeracy) through entry level workplace skills into college-level certificate and degree programs leading to sustainable, living wage careers. It will also offer the flexibility to provide students with options for entry, exit and re-entry points along the education/career pathway.

Development of such an aligned curriculum and career pathways system will require collaboration across community-based training organizations, higher education institutions (community colleges), employers, labor organizations and industry associations.

Applicants interested in working on this challenge should communicate how their proposed efforts would identify and create pathways within their own institution, align with the needs of the regional labor market and with other existing pathways, and enhance the regional and statewide system. Applicants should show how they propose to utilize at least one of these elements in moving this work forward:

- Creating basic skills training as a means to ready students for progression into DCW programs and beyond. This basic skills training must articulate through stackable credentials with industry vertical pathways to higher level credit-bearing certificate and degree programs. Such training shall also provide student support resources that promote enrollment, improve retention and increase completion rates.
- Partnering with community-based organizations to align college/career readiness curriculum and set up pathways into direct care programs.
- Identifying new or emerging opportunities for DCW's to obtain certificates or professional development credentials
- Creating a comprehensive 'career map' for DCW roles with on and off ramps to other educational pathways and methods for promoting understanding of these pathways within the direct care workforce
- Creating and promoting alignment with other educational institutions e.g. vocational technical schools, within your region or collaborative.

Helpful reference resources:

The California community college system has identified career pathways as a framework for systemic change. This paper outlines how the state is transforming its system to focus on career pathways, and provides a good framework for constructing pathways, particularly in the healthcare space. <http://tinyurl.com/qarcg42>

Washington State utilizes 'centers of excellence' (COEs) which are hosted by their 10 community colleges. These centers were created to represent sector strategies and serve as economic development drivers for industry and education. Career pathways play a crucial role of engaging employers and promoting career mobility. Healthcare is one of the COEs. <http://www2.yvcc.edu/coe/default.html>

Similarly, Iowa has created a comprehensive career map for direct care workers. <http://tinyurl.com/puobaxt>

B. Creating recognized transferable training to support pathway advancement

Considerable progress has been made in the community college system to develop stackable and accelerated programming for high demand industry sectors (like healthcare) through credit bearing certificate and degree programs. However, there is quite a lot of opportunity to expand the transferability of credit between non-credit and for-credit programming.

Just as credit transfer is a priority for students who progress from 2 year to 4 year programs, it is equally important that non-credit training "stack" to for-credit coursework, certificates and degrees thus providing portable building blocks and seamless academic progression, that reinforce student learning outcomes and progression to higher levels of education and careers. These clearly articulated pathways, stackable credentials, and complementary support services that align and reinforce the partnership between levels of the direct

care/allied health career ladder, are strategies that reinforce student retention, completion, and worker progression in direct-care careers.

Colleges interested in working on this challenge should communicate how their proposed efforts would build upon the successful experience of the Transformation Agenda program (U.S. Department of Labor Grant funded TAACCCT program) to successfully create bridges from non-credit offerings and stack them into for-credit programs. These trainings must articulate with career pathways (see above), and provide stackable credentials which promote accelerated student progression and seamless academic transitions, thus preparing workers for success in credit-bearing certificate and degree programs. Some specific examples applicants should consider implementing include, but are not limited to:

- Incentivizing returning to college by offering credit for prior learning and work experience
- Cohort-based scheduling to accelerate entry into, and time-to-completion for, adult students
- Condensed and/or modular formats and stackable credentials to accelerate certificate or degree attainment (e.g. 2 year degree programs reduced to 1 year; 18 month certificates reduced to 12 months; 8 week terms, etc.)
- New instructional methods that have demonstrated dramatic reductions or elimination of developmental math and English language education for students who lack foundation skills required for college-level work. (Methods include, but are not limited to: Self-paced, online models; contextualization, and/or remediation embedded in technical courses)
- Partnering to share best practice models with community colleges that don't yet have these systems fully in place to ensure smooth transfer of certificates and credits across multiple campuses.
- Building partnerships with local community-based organizations to provide support services for students including: Case management, pre-college preparation, referral into college programs, career and educational advising, etc.
- Development and utilization of supports such as intrusive (proactive) advising and career/educational coaching
- Development of basic skills training contextualized to entry-level job opportunities which enhance fluency in written and spoken English, competency in industry relevant mathematics, proficiency with workplace technology tools and foundation problem solving, teamwork and customer service skills.

C. Investing in the development of core competencies

Higher Education and job training programs, including those delivered by community-based organizations working in partnership with community colleges, must be aligned to the competency requirements of employers in key industry sectors and deliver predictable student learning outcomes. The current array of training and certificate/degree programs that address direct care jobs are not well aligned to meet employer expectations regionally and statewide, nor are these programs based on common core-competencies to promote seamless and accelerated career progression of workers.

Developing core competencies that are consistent across settings and job titles are important for giving direct care workers more freedom to fluidly move from setting to setting. This is also beneficial to employers as it would save them time and money that is now spent retraining aides who otherwise could be working immediately.

Currently, competency models for these programs are available in various forms throughout the state, but there is a need to expand their purpose, scan what currently exists, and institutionalize them across educational establishments.

Applicants interested in working on this challenge should consider creating new, or utilizing existing training curricula that is aligned to employer/industry validated job requirements in high demand fields, and prepare students with core competencies that span a range of direct care categories. Successful applications should include a plan to show how the following elements will be incorporated into the design and implementation:

- Informing direct care worker curriculum with employer needs.
- Sharing core competencies that have been developed among various healthcare settings and organizations to begin to build consensus around their use and application. This will ensure that the core competencies are accurate and applicable for all settings.
- Piloting core competencies curriculum and offering competency courses on a regional or statewide level. Once core competencies are agreed upon by the varying healthcare setting key stakeholders, piloting their use in practice will be important to ensure that their application works as anticipated.
- Incorporating life/soft skills into direct care curriculum. Skills can include areas such as, communication, conflict resolution, professionalism, and more. By incorporating life and soft skills into all core training curriculum, employers can be assured that the aides they hire have received at least a baseline knowledge in these important skills.

Helpful reference resources:

These are a series of websites from the USDOL that illustrate the pyramid of competencies involved in Allied Health and Direct Care jobs:

<http://www.careeronestop.org/competencymodel/competency-models/allied-health.aspx>

<http://www.careeronestop.org/competencymodel/competency-models/long-term-care.aspx>

http://www.careeronestop.org/competencymodel/pyramid_download.aspx?LTC=Y

The following is a list of fifteen competency areas that have been approved by The National Alliance of Direct Support Professionals (NADSP) Executive Committee. Each Competency area has corresponding skill statements. These skill statements describe the knowledge and skills DSPs must have to demonstrate competency in each area. <https://www.nadsp.org/2011-09-22-14-00-06.html>

D. Development/adoption of competency-based leadership training for managers of DCW's

(Adapted from: U.S. Department of Health and Human Services Nursing Home Work Practices and Nursing Assistants' Job Satisfaction; Christine E. Bishop, Ph.D., Marie R. Squillace, Ph.D., Jennifer Meagher, M.A., Wayne L. Anderson, Ph.D., and Joshua M. Wiener, Ph.D. June 8, 2009; <http://aspe.hhs.gov/daltcp/reports/2009/NHwork.htm>)

In Massachusetts, the average retention rate for C.N.As is 72% (2014 Mass Senior Care Survey). While this is higher than the national retention goal (60%), the fact still remains that many direct care employers have a difficult time hiring and retaining workers. While wage is certainly a factor, research has shown a primary reason

direct care workers report leaving their job is a lack of support being provided by their manager or supervisor (Bishop, Squillace, Meagher, Anderson, & Wiener, 2009; Chou & Robert, 2008; Eaton, 2001).

Providing the high level of support that many aides need is often beyond the capacity or the ability of their employer. Now, new attention is being paid to better preparing these supervisors, giving them the tools to be better managers and leaders within their organization. Providing these managers with additional training to become better supervisors will benefit DCWs and their employers.

The importance of well trained supervisors to the retention of direct care workers cannot be overstated. Numerous studies have noted that the quality of the supervisory relationship between direct care workers and their nurse supervisors is an essential element to job satisfaction and retention of direct care staff. According to Stone, "Direct care workers whose work is valued and appreciated by supervisors, and who are listened to and encouraged to participate in care planning decisions, have higher levels of job satisfaction and are more likely to stay in their jobs" (Stone 2007).

Increased satisfaction for nursing assistants should reduce turnover and, thus further improving working conditions by increasing staffing, reducing the need for mandatory overtime, and increasing the stability of teams and supervisory relationships. This shift should support better outcomes for residents, the ultimate aim of nursing home service provision and policy.

Applicants interested in working on this challenge should consider:

- Creating competency-based curricula that teach skills such as conflict resolution, team building, coaching supervision, managerial leadership, and how to promote an organizational culture that values frontline staff.
- Forming partnerships with employers or employer representatives to inform, design and implement curriculum that will drive organizational culture change toward one that values feedback, and respects all nursing staff, especially direct care workers.
- Rolling out curriculum across a broad range of employer environments so as to demonstrate the efficacy of the training across diverse milieus.
- Demonstrating success by measuring decreased turnover, increased retention, increased employee engagement, increased worker commitment to quality, and improved job satisfaction.

Helpful reference resources:

The following is a link to a paper summarizing a study designed to estimate the impact of nursing home work practices, specifically compensation and working conditions, on job satisfaction of nursing assistants employed in nursing homes. <http://aspe.hhs.gov/daltcp/reports/2009/NHwork.htm>

This second link is to a report, commissioned by the American Association of Homes and Services for the Aging (AAHSA) Talent Cabinet. It documents the research and programs shown to increase the retention of direct care workers in long-term care facilities. It lists the factors that lead to increased retention and about various retention strategies and programs currently in use. <http://tinyurl.com/qdusrhk>

IV. Eligibility:

Eligible entities include:

- Public institutions of higher education including post-secondary education programs at vocational schools.
- Preference will be given to proposals based upon:
 - Partnerships that include 2 or more education institutions
 - Significant partnership with employers, employer representatives, or employer collaboratives
 - Significant partnership with Workforce Investment Boards/Regional Employment Boards
 - Partnerships that include 1 or more Community Based Organization (where appropriate) to provide services such as: Case management, ABE, ESOL, college/workforce readiness, etc.
 - Vision for regional and/or statewide systems change

Projects must be completed within **15 months of award** unless otherwise approved in writing by the Department of Higher Education.

V. Proposal Requirements:

A. *Project Abstract*

Executive Summary (one page, approximately 300 words) should clearly define the goals, process and final product.

B. *Project Proposal*

Not to exceed 8 pages, double spaced, in 12 point Times New Roman or Arial.

The Project Proposal should include the Narrative, Proposed Budget, and Deliverables.

Evaluation criteria and letters of support may be in addition to the 8 page limit but should be brief.

1. **Proposal Narrative**

- Provide the following information
 - Applicant(s)
 - Address
 - Contact person
 - Title
 - Telephone number
 - Email address
- a. Provide a detailed description of the proposal including which priority area(s) will be the focus of the project; a statement of the need for the project; and the project objectives. Identify the project partner(s) and role(s). Partners identified in the proposal must provide letters of support for the project.
- b. Describe the major activities designed to meet the stated objectives.

- c. Provide a timetable indicating the implementation and completion dates of the proposed activities and related tasks.
- d. Describe and quantify the scope and impact of your proposed project. Provide relevant data that frame the need and explain how you intend to measure the outcome of the project.
- e. Describe the potential to reproduce the project in similar settings, statewide.
- f. Address how this project will be sustained by the applicant and the partners, if applicable, following the completion of grant funding.
- g. Describe how the grant recipients will leverage the grant funding and support with resources from their organizations. Matching funds and in-kind resources are not required; however, we are interested in knowing if such resources will be assigned to the project.
- h. Identify project staff and their expertise relevant to the project.
- i. Describe how grant recipients, if awarded, will publish/disseminate the results of their proposed project.

2. Budget

- Provide a proposed budget, using the attached Form 1.
- Provide a detailed budget narrative that supports each line of your budget request:
 - Include calculations and breakdowns of budget amounts and items.
 - Describe the rationale for all planned and justified expenditures.
 - Describe the source of any matching funds.

Budget notes:

- Funds may be used to pay stipends but may not be spent for faculty teaching in the program/project or for students to pay for tuition. All proposals will be judged on reasonableness and efficient use of the funding.
- Indirect costs should be kept to a minimum and are capped at 10%.
- Travel costs, though not anticipated, should be confined to in-state travel and must show direct relevance to the project or to disseminating the outcomes.

3. Deliverables

- Describe the planned outcomes of the project. Where possible and/or required, quantify those outcomes.
- Awardees will be required to provide an Interim Report with an update on their project activities by **May 23, 2016** (updated/corrected on 8/11/15) as well as a Final Report due on or before **March 31, 2017**. A site visit by DHE will be planned for an appropriate point during the

project implementation period. The Executive Summary from the proposal, the Interim Report, and the Final Report will be posted on our website, www.mass.edu/nursing.

C. Evaluation Criteria:

1. Formative Evaluation

- Evaluation that will inform program planning, implementation and improvement
- Provide a description of the plans for formative evaluation, including:
 - Research questions with corresponding data collection and analysis plans adequate to address those questions;
 - Interim project implementation report; and
 - Incorporation of evaluation feedback from previous years of the project, if applicable.

VI. Selection Procedure and Evaluation

All complete proposals will be reviewed by a Selection Review Committee. Incomplete proposals will not be reviewed. Criteria will include:

- How well the quality, scope and content of project narrative meet the purposes of the grant program;
- Demonstration of each partner's investment in the success of the proposed project and role;
- Activities and outcomes that are clear, measurable and relevant to the purpose;
- Quality of implementation plan for thoroughness, feasibility, clear linkage of parts;
- Potential for replicating or scaling-up the project at other locations across the Commonwealth.
- Personnel are appropriate to the design of the project;
- Reasonable budget plan to expend funds in a cost effective manner consistent with project objectives and timeline;
- Consistency between planning and budget;
- Project has a clearly defined and appropriate evaluation methodology.

VII. Submission Instructions

In order to be considered for selection, a complete proposal must be received no later than **4:00 p.m. on Friday, September 25, 2015** (updated/corrected on 8/11/15). Forms and terms listed on CommBuys need only be completed after proposals are selected.

An Information Session will be conducted by conference call and is tentatively scheduled for **Thursday, August 20, 2015 at 2:00 p.m.** To participate and receive further instructions, please register by sending an email to the address shown below. FAQs will be posted to CommBuys after the session is completed.

Proposals must be submitted via email to:
Geoff Vercauteren
Director of Healthcare Workforce Development
Massachusetts Department of Higher Education
gvercauteren@bhe.mass.edu

Proposals will be evaluated on the basis of a common scoring process and rubric. Feedback and any requested revisions will be provided promptly.

VIII.RFP/Project Timeline

RFP/Project Timeline	
Release Date	August 10, 2015
Information Session	August 20, 2015 at 2:00 p.m.
Proposals Due	September 25, 2015 at 4:00 p.m.
Awards Announced	October 21, 2015
Projects Begin	November 2, 2015
Interim Report Due	May 23, 2016
Projects Completed	January 31, 2017
Final Report Due	March 31, 2017

IX. Awards

The Nursing and Allied Health Initiative is committing **\$200,000** for this round of grants, and we are anticipating making **up to 5 awards**. The funding range for individual projects is anticipated to be in the range of **\$40,000 to \$60,000 per project**. However, requests for higher award amounts will be considered for larger ‘consortium-based’ proposals based on the merits of the application, the size and scope of the project, and the number of partners.

DHE reserves the discretion to fund additional projects under this RFP should funding be made available.

Performance Expectations: Projects should begin as soon as possible after the funding has been awarded and be completed by **January 31, 2017**.

X. Policies

A. Grant Disbursement

Following the applicant's acceptance of the award letter, and the execution of the Standard Contract, or the Interagency Service Agreement, and any other required documents, the applicant can expect to receive disbursements on a schedule consistent to the needs of the project.

B. Publicity

Grant recipients are obligated to acknowledge the funding source in all print materials, websites and press releases. The acknowledgement of the funding source contributes to the overall name recognition and branding of the Nursing and Allied Health Initiative. The following, consistent wording should be used: "The [insert project name] is funded through the Massachusetts' Department of Higher Education's Nursing and Allied Health Initiative."

C. Solicitor Responsibility

Solicitors may not alter (manually or electronically) the grant application language or any grant application component files. Modifications to the body of the grant application, specifications, terms and conditions, or application which change the intent of this grant application are prohibited and may disqualify a response.

All costs associated with responding to this RFP are the sole responsibility of the responding organization. The DHE reserves the right to use any and all ideas included in any response without incurring any obligations to the responding firm or committing to awards for the proposed services. Responses become the property of the DHE.

D. Performance

Any funds distributed to successful applicants are done so with the expectation that they will deliver the programs as described. If the applicant is for some reason unable to fulfill the program described in the original proposal, we reserve the right to recover funds distributed.

E. Legal Disclaimer

This RFP does not represent a contractual agreement by the DHE to any applying organization. Selected organizations will enter into a contractual agreement with the DHE upon award.

THE DEPARTMENT OF HIGHER EDUCATION RESERVES THE RIGHT TO REJECT ANY AND ALL RESPONSES AND THE RIGHT TO CANCEL THIS REQUEST FOR QUALIFIED PROPOSALS (RFP) AT ANY TIME PRIOR TO AWARD.

XI. Form 1

Template – Proposed Budget

Please complete the table below with a breakdown of the requested funding from the Nursing and Allied Health Initiative. Upon completion of the table, please provide an additional *Budget Narrative* that includes specific details of each budget item in the table.

Project Name: _____ Project Manager: _____

Categories	Total Grant Funds Requested
Total Salaries:	\$ -
<i>Administrator</i>	
<i>Support Staff</i>	
<i>Other</i>	
Fringe Benefits	
Travel	
Contractual Services	
Total Supplies & Materials	\$ -
<i>Curriculum</i>	
<i>Equipment</i>	
<i>Other</i>	
Transportation	
Training	
Tuition & Stipends	
Other	
Evaluation	
Indirect Costs (10% Max)	
Total	\$ -
Plus Private Matching Funds	
Grand Total	\$ -