



# Opportunity Partnership & Empowerment Network

*A Case Study of an Effective  
Employee Retention Project*

*A Program of:*

**Health Field Collaborative (HFC)**  
of Grand Rapids, Michigan

*Prepared by:*

**PHI Michigan**  
1325 S. Washington Avenue  
Lansing, MI 48910  
517.372.8310



## The Health Field Collaborative

*of Grand Rapids, Michigan*

The Health Field Collaborative (HFC) works to address common barriers to recruiting, retaining and advancing employees in health care for the purpose of stabilizing the workforce, reducing turnover costs, helping people living in poverty earn a sustainable income, and assisting incumbent workers and new employees in finding meaningful careers.

In 2004, the original five members of the collaborative launched a two-year pilot project, called the Opportunity Partnership & Empowerment Network (OPEN). The OPEN program successfully concluded the pilot and is currently operational and self-sustaining.

The HFC is currently in the pilot phase of a new program called ACT (Assess, Counsel, Train). The ACT program is focused on ensuring there are job opportunities and career paths for those who want to begin or advance their health career. Other initiatives include exploring expanding the OPEN program to Ottawa and Muskegon counties, and creating a new model for support from the Department of Human Services (DHS).

### **Contacts for more information about OPEN and the Health Field Collaborative:**

**Carol Helsel**

*President of the Health Field Collaborative  
Vice President of Human Resources*  
Porter Hills Retirement Communities & Services  
4450 Cascade Rd. SE, Suite 200  
Grand Rapids, MI 49546  
chelsel@porterhills.org

**Amy Miller**

*Senior Director Training*  
Goodwill Industries  
3035 Prairie St. SW  
Grandville, MI 49418  
amiller@goodwillgr.org.

**Connie Bellows**

*Director*  
Delta Strategy  
c/o Grand Rapids Community College  
143 Bostwick, NE  
Grand Rapids, MI 49503  
cbellows@grcc.edu



**OPEN**

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Empowerment Network

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## About PHI

PHI ([www.PHInational.org](http://www.PHInational.org)) works to improve the lives of people who need home and residential care—and the lives of the workers who provide that care. Our goal is to ensure caring, stable relationships between consumers and workers, so that both may live with dignity, respect, and independence.

PHI's workplace and policy expertise helps consumers, workers, and employers improve long-term care by creating quality direct-care jobs. PHI programs include the National Clearinghouse on the Direct Care Workforce ([www.PHInational.org/clearinghouse](http://www.PHInational.org/clearinghouse)), the premier online resource for news and information about direct-care workers; the Center for Coaching Supervision and Leadership, a training program for long-term care leaders; and Health Care for Health Care Workers ([www.coverageiscritical.org](http://www.coverageiscritical.org)), a campaign to expand health coverage for direct-care workers.

In Michigan, PHI is actively involved in the following initiatives:

- MI Direct Care Workforce Initiative, including CNA curriculum revisions
- MI Dementia Competencies Workgroup
- MI Long-Term Care Supports and Services Advisory Commission
- Michigan Regional Skills Alliances<sup>SM</sup> (MiRSAs<sup>SM</sup>)
- MPRO/BEAM Adult Abuse and Neglect Prevention Training
- MI Quality Community Care Council Peer Mentoring Programs
- Health Care for Health Care Workers Campaign (HCHCW)

### PHI Michigan

**Hollis Turnham**, *Michigan State Director* – 517.327.0331

**Maureen Sheahan**, *Michigan Training & OD Specialist* – 248.376.5701

**Tameshia Bridges**, *Senior Health Policy Analyst* – 517.372.8310

1325 S. Washington Avenue

Lansing, Michigan 48910

Phone: 517.372.8310 • Fax: 517.372.8317

### National Office:

**PHI**

349 East 149th Street, 10th Floor

Bronx NY 10451

Phone: 718.402.7766 • Fax: 718.585.6852

[info@PHInational.org](mailto:info@PHInational.org)

[www.PHInational.org](http://www.PHInational.org)

[www.PHInational.org/clearinghouse](http://www.PHInational.org/clearinghouse)

[www.coverageiscritical.org](http://www.coverageiscritical.org)



*A Case Study of an Effective Employee Retention Project*

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### I. Introduction

This case study report was authored by PHI for the Health Field Collaborative (HFC) of Grand Rapids, Michigan, to bring attention to its innovative approach to improving retention of entry-level workers in health care and, more specifically, direct-care workers in the long-term care industry. Direct-care workers—those who provide home- and community-based care to elders and people living with disabilities and chronic conditions—comprise an important segment of the Michigan workforce as well as the nation’s. These workers also provide 80 percent of the “hands-on” care that thousands of long-term care consumers in Michigan depend upon each day.

The case study explains how the Health Field Collaborative (HFC) came together—and worked together—to create the Opportunity Partnership & Empowerment Network (OPEN) to successfully address a critical local need. It also outlines the basic components of the OPEN program, reviews the outcomes for the program’s pilot phase, and identifies critical factors for sustaining the program in the future.

This is also a case study about cooperation, and how a small group of individuals set aside personal and organizational agendas to accomplish a common goal. More than anything else perhaps, the work of the Health Field Collaborative serves as an exceptional example of a “quality care through quality jobs” strategy for improving long-term care services for thousands of Michigan’s most vulnerable residents.

**NOTE:** The “stories” found throughout this report are based on the real experiences of workers as reported to the authors. Names and other details have been changed or modified to protect the privacy of workers and reflect some of the key points of the program.

#### A workforce in crisis

The working group that initially gathered to create the Health Field Collaborative (HFC), and in turn, the Opportunity Partnership & Empowerment Network (OPEN), was motivated by a clear need to address two key challenges facing health care employers in Kent County, Michigan:

- Finding and attracting entry-level workers to direct-care jobs, which are often perceived as having no future career potential.
- Retaining experienced workers, when better paying and less stressful jobs (some with greater benefits) are available.

#### The shrinking pool of new workers

Despite Michigan’s relatively high unemployment rate, health care employers find it difficult to fill direct-care worker positions, and this challenge will only increase in Michigan over the next 20 years. This is particularly felt in long-term care, with Michigan’s elderly population expected to expand during the next 25 years by more than 52 percent—from 1.2 million to 1.8 million—while the traditional source of

## I. Introduction

new caregivers (women aged 25 to 44) is projected to shrink by more than 10 percent.<sup>1</sup>

### Low wages and lack of benefits hamper recruitment

In the effort to recruit new employees, health care providers are competing against jobs in other sectors that pay more per hour and offer less strenuous and stressful working conditions. For instance, a May 2005 U.S. Department of Labor report cited that the average wage of a Michigan direct-care worker was just \$10.23 per hour—substantially less than the average Michigan wage of \$19.25 across all occupations.<sup>2</sup> Low wages, lack of benefits,<sup>3</sup> and minimal support force many direct-care workers in Michigan to leave work they love to seek some other way to make a living and support their families.

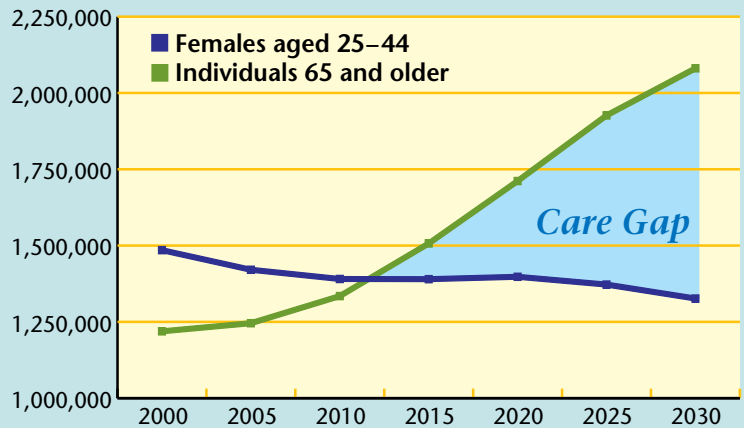
### High turnover aggravates the problem

The annual turnover rate among entry-level direct-care workers is estimated to be as high as 70 percent across the long-term care industry.<sup>4</sup> The acute care industry is also seeing high turnover rates. Among the employers who initially made up the HFC, turnover rates ran as high as 58 percent.

Turnover is costly.<sup>5</sup> One HFC employer reported that “the cost to replace an entry-level health care worker exceeds \$5,000.”<sup>6</sup> The HFC working group also recognized that high turnover rates and high staff vacancy rates have a cost for the consumers they serve. They agreed with AARP that “high turnover and understaffing often result in inadequate and unsafe care, poorer quality of life, and reduced access to services.”<sup>7</sup>

The financial cost of turnover experienced by health care employers, as well as its negative impact on the quality of care for consumers, motivated several organizations in Kent County to come together to discuss the complex issues involved and improve the retention of direct-care workers in their organizations.

### Care Gap: Michigan



Between 2000 and 2030, the number of Michigan elders will increase by 70 percent. During the same period, the number of women aged 25 to 44 — the group from which most direct-care workers have traditionally come — will decrease by 11 percent.

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## II. The Creation of the Health Field Collaborative

Grand Rapids Community College, through its “Delta Strategy” initiative (see box below), took the initial steps to bring together the working group that resulted in the creation of the Health Field Collaborative and, eventually, the creation of the Opportunity Partnership & Empowerment Network (OPEN).

In 2002, Delta Strategy called for an effort to address the problem of recruitment and retention in the acute and long-term care entry-level workforce. It assembled a group of health care-related employers—which eventually became a core group of five (Clark Retirement Community, Holland Home, Porter Hills Retirement

### The Delta Strategy

The Delta Strategy addresses a range of seemingly intractable community issues through cross-sector dialogue and collaboration. The program supports a community-driven process for initiating, implementing, measuring, and reporting community changes and improvements in an open and proactive way. The Delta Strategy provides research to better understand community issues, facilitates the creation and sustainability of organizational coalitions, and offers training in developing problem-solving tools to help community organizations move away from “who is right” and toward results that can be measured.<sup>9</sup> For more information see [www.deltastrategy.org](http://www.deltastrategy.org) or contact: Connie Bellows, [cbellows@grcc.edu](mailto:cbellows@grcc.edu)

Communities & Services, Saint Mary’s Health Care, and Spectrum Health). Workforce organizations, including, Goodwill Industries, Michigan Works!, and Michigan Rehabilitation Services, were also an essential part of these seminal discussions.<sup>8</sup> This core group formally became the Health Field Collaborative (HFC). The HFC added three additional employers—Metro Health Hospital, Metron Integrated Health Systems, and Sunset Manor—to the collaborative during the course of the OPEN pilot program.

### Exploring existing models and building relationships

Initial discussions among the HFC partners centered on what it meant to be “fully staffed” (with regard to entry-level direct-care workers), and the ability of health care employers to actually *be* “fully staffed.” Not surprisingly, these discussions focused upon the problems related to the recruitment of new workers and the challenges involved in the retention of existing workers.

After collecting data from a range of sources—including a review of recruitment and retention statistics from all HFC participants—retention became the focal point of the group’s work. The five organizations who made up the HFC realized that they did not lack for applicants for jobs so much as they faced difficulties with retaining staff in entry-level positions.



## II. The Creation of the Health Field Collaborative

### The SOURCE

The SOURCE is a nonprofit employee support organization designed to help Michigan employees keep their jobs, receive training to enhance their employment, and help employees move into better positions within or across companies and job sectors. The SOURCE accomplishes its mission by utilizing the best resources of the government, area nonprofits, and private employers. Contact: The SOURCE  
1409 Buchanan Ave. S.W. • Grand Rapids, MI 49507  
Phone: 616.452.5295 • [www.grsource.org](http://www.grsource.org)

HFC found a strong local organization ready to help them nearby: the SOURCE ([www.grsource.org](http://www.grsource.org)). The SOURCE, composed of eight Grand Rapids manufacturing employers, became a valuable resource to the coalition. The SOURCE (see box at left) had been addressing employee retention and development for several years, and had built effective programs. What might be the applicability of

The SOURCE model to the direct-care workforce in Grand Rapids?

The SOURCE, while focused on assisting employees involved in Michigan's manufacturing sector, helped the HFC understand several key activities that can influence worker retention. These include:

- Helping workers address personal challenges that interfere with job performance.
- Providing educational opportunities and career ladders that allow workers to grow both personally and professionally.
- Training supervisors and workers to communicate more effectively and build stronger relationships.

The SOURCE provided resources, data, and inspiration that enabled the HFC working group to understand a process whereby an employee with minimal skills, given appropriate support, could become successful and potentially advance in his or her career.

### OPEN becomes a reality

After much discussion, the HFC realized that the challenges to direct-care employee retention could not be effectively handled through the existing management systems at the HFC member companies. Direct-care workers face multiple personal and socio-economic challenges, including issues involving transportation, housing, and child care. Member companies felt these complex issues were beyond the core competencies of their human resource professionals and supervisors. So how could they effectively and economically address these issues?

With guidance from Goodwill Industries and the local Michigan Works! agencies, the HFC working group developed a program that relied on the talents of one shared employee—an occupational enhancement coordinator (referred to hereafter as the “coordinator”)—and distributed the costs across the HFC member companies. The

## II. The Creation of the Health Field Collaborative

coordinator would assist employees in the workplace with the challenges they faced—both on the job and in their personal lives—with the goal of maintaining their employment as direct-care workers and advancing their careers, if they so desired.

Goodwill Industries, because of its experience in assisting people with special needs in obtaining and maintaining employment, stepped in to be the fiduciary and agreed to employ and supervise the coordinator on behalf of the HFC. With this piece in place, the Opportunity Partnership & Empowerment Network (OPEN) was born.



## *Abebe's story:* **Opening the door to possibility\***

**A**bebe had been working as a home health aide for three years when she learned through a friend about the certified nursing assistant (CNA) training opportunity available through the Incumbent Worker Training Program (see page 15). She made an appointment with OPEN to learn more.

At the intake interview, Abebe learned that she would be unable to attend the regular CNA training program due to her caseload and parenting responsibilities, but the occupational enhancement coordinator helped her enroll in a different program that met her scheduling needs. In just a few months, Abebe completed the course, passed the exam, and was promoted at work. With her CNA credentials, she also had more flexibility in her schedule. "My life is more balanced and I feel more successful," she said.

Abebe also reported that the coordinator encouraged her to pursue even more training. It meant a great deal to her that the coordinator envisioned more for her. "This helped me see more for myself, too," Abebe said. "There is a four-year wait for the RN program, but I'm hopeful."

The importance of creating options was fundamental to Abebe's experience of the OPEN Program. "If people aren't aware of their opportunities, they're likely to stay stuck where they are," she said. "OPEN makes opportunities available to you at the level that's right for you. Having someone open the door to possibility is priceless."

*\* Abebe's story, and those of other direct-care workers, are composites drawn from the experiences of direct-care workers who received services.*

## III. The OPEN Program: Purpose, Mission, Vision, and Goals.

In creating the Opportunity Partnership & Empowerment Network (OPEN), the Health Field Collaborative (HFC) established the following purpose, mission, vision, and goal statements to guide their work:

#### **Purpose:**

To increase retention of direct-care workers in the health field, by encouraging a workplace culture that employees find satisfying and ensuring that necessary life skills and supports to succeed on the job are addressed.

#### **Mission:**

To develop a collaborative approach to enhancing the retention, recruitment, and growth of entry-level employees in the health field.

#### **Vision:**

To have a diverse, qualified, and stable health care workforce where employees reach their full potential.

#### **Goals:**

- Assist employees with advancing within participating companies.
- Reduce turnover rates in participating companies.
- Use emergency and social supports in order to remove barriers in people's lives that could negatively affect employment.
- Remain financially self-sufficient by proving to be a cost-effective means of service delivery that ultimately helps the bottom line of business while immediately helping employees.
- Increase number of employer companies that participate in OPEN.

### **The Hiring of the Occupational Enhancement Coordinator**

In March 2004, a two-year OPEN pilot program was officially launched with the hiring of an occupational enhancement coordinator [see Appendix 3: Occupational Enhancement Coordinator (OEC) Job Description] who had the qualifications that Goodwill Industries, the HFC's fiduciary and employment advisor, had found important in its prior retention work. These qualifications included:

- Certification as a Global Career Development Facilitator competent in the following areas: helping skills; labor market information and resources; assessment; diverse populations; ethical and legal issues; career development models; employability skills; training clients and peers; program management/implementation; promotion and public relations; technology; and supervision.<sup>10</sup>

### III. The OPEN Program: Purpose, Mission, Vision, and Goals

- Certification as trainer of “Bridges Out of Poverty,” an economic diversity training originally developed by Dr. Ruby Payne.<sup>11</sup>

In addition, the employee hired was bilingual and bicultural, speaking Spanish as well as English. This was seen as being particularly helpful in serving a culturally and economically diverse workforce. The new Coordinator also had a background in health care and had served in various capacities within social service agencies.

#### Funding

OPEN was initially funded by the five employers participating in the HFC, with each contributing a share of the expenses for core services. Each employer identified eligible groups of entry-level employees based on turnover levels in specific departments. An individual employer's share of the total cost of the program was then determined by taking the total number of employees eligible to be served and calculating the percentage of the total each employer represented. For example, if the total potential number of employees served annually across all member employers was 200, and one employer projected that its workforce included 20 employees who would access services, that employer would pay 10 percent of the OPEN annual budget.

The planning group also kept in mind an estimate of a realistic caseload for the occupational enhancement coordinator, drawing upon Goodwill Industries' experience in this area.





## *Margaret's story:* **Connecting with community support**

**M**argaret had been a private duty home health aide for two years when her supervisor referred her to OPEN. Her work required her to drive to client's homes, and she had become less reliable as her car repeatedly broke down while she traveled to her various cases. She was missing many hours from work.

The occupational enhancement coordinator helped her receive assistance to repair her car, which Margaret described as an incredible boost that helped her feel like her life was under control again. Margaret also expressed the development of an exceptionally positive connection with the coordinator. "Meeting with the coordinator was like an open space where I could relax," she said.

Through continued talks with the coordinator, Margaret began to open up and share more of her story. She spoke about her ten-year-old autistic son, and problems she was having with the school system. The school was relying on her to meet all his needs and was expecting her to instantly respond to their calls for assistance. Sometimes meeting these responsibilities affected her work.

The coordinator was able to connect Margaret with a range of community organizations in the area that could assist her in meeting her son's academic and emotional needs, and also helped her learn more about support groups for parents of children with autism. "The help I received through the contacts that [the coordinator] provided me with have been invaluable," she said. "It's reduced my anxiety about caring for my son, and I'm more patient in my work with my clients, too."

### IV. Introducing OPEN Services

A key to the success of the OPEN program has been the strong and positive relationships developed by the coordinator with management and supervisory staff at each participating company. Another factor important to success has been the marketing of the program to employees.

Initially, the coordinator spent a substantial amount of time visiting with managers and supervisors so that they understood how the program worked and how it complemented their roles. The importance of the confidence-building phase should not be underestimated. To facilitate management staff embracing the program, the coordinator clearly articulated how OPEN would benefit *them*—for example, by reducing the number of callouts and scheduling problems and by improving communication between management and direct-care staff.

Today, the HFC has developed a guide for new employers joining the collaborative. This guide outlines the recommended steps for introducing OPEN to their organizations (see Appendix 4: Marketing OPEN).

#### Confidentiality

When the OPEN program was first presented to management and supervisory staff at the participating HFC companies, a concern was raised about confidentiality. While the importance of confidentiality between the coordinator and employee was clear, there were also clear exceptions that needed to be understood by all parties: issues involving the health, safety and well-being of the companies' clients and any violation of either an employer's policies or the law. To address this issue, the HFC planning group established a "confidentiality agreement" that each employee must read and agree to prior to receiving services:

*Your confidentiality is important, and Opportunity Partnership & Empowerment Network will respect it as much as is possible. However, if you disclose a breach of your employer's policies or a violation of law, we must report this to your employer. This is necessary to protect you, your co-workers and your employer (see Appendix 5: OPEN Services Agreement).*

#### Clarifying Access

The role that supervisors and managers would play in promoting and ensuring access to OPEN services also needed to be clarified in each organization. OPEN materials encourage supervisors and managers to refer entry-level workers to the coordinator if workers are dealing with any of the following issues:

- Considering leaving their jobs



## IV. Introducing OPEN Services

- Experiencing transportation or child care problems
- Experiencing or witnessing domestic violence
- Exhibiting emotional issues that interfere with their jobs
- Experiencing communication problems with managers or coworkers
- Experiencing stress, financial problems, medical conditions, and/or addictive habits/behaviors<sup>12</sup>

A referral form further clarifies the process (see Appendix 6: OPEN Referral Form), and helps ensure clear communication about key issues between the manager and the OPEN coordinator prior to the initial consultation.

### Communication with Employees

OPEN has emphasized the importance of communicating its services to employees through multiple venues, such as company newsletters, flyers enclosed with paychecks, and departmental meetings.

From the very beginning of OPEN, employees also have been encouraged to contact the coordinator directly (make a “self-referral”) when they feel a need for help. The OPEN planners understood that employees might be shy or fearful about using services and, therefore, supported the coordinator in making regular site visits to speak to groups of employees about the program. Employers believe that face-to-face contact is the best means of promoting the program. When employees are given an easy and “non-charged” opportunity to meet the coordinator, they become more comfortable with the idea of sharing their private information with the coordinator and making a self-referral.

Over the course of the two-year pilot project, employee self-referrals grew through word of mouth. Employees shared their positive experiences, and there seemed to be a high level of comfort with the coordinator. The quality of the relationships developed by the coordinator with both with managers and direct-care employees was critical to the early success of the program.



### *Danielle's story:*

## Budgeting to make life easier

**D**anielle had been a home health aide for over two years when her supervisor referred her to the OPEN program. Well liked by her co-workers and clients alike, Danielle suddenly seemed to be having trouble on the job, with several unexplained callouts and a complaint from a client about lateness.

At the intake interview with the occupational enhancement coordinator, Danielle revealed that she was having financial problems, and that her recent callouts were related to difficulty she was having meeting several of her monthly expenses. "I was starting to feel desperate," Danielle said. "Due to an unexpected medical expense for my daughter, I was falling behind in paying several bills, and had missed work trying to make ends meet by taking on another temporary job."

The coordinator worked with Danielle to evaluate and prioritize her monthly obligations, and also recommended a budgeting class available through a local adult education center. "After meeting with the coordinator a few times and attending this [adult education] class, I was able to see clearly how I could easily cut back on some things and stay on a budget," Danielle said. "The class also gave me confidence that I didn't have before about money, and that by handling money better I could actually make my life easier."

### V. OPENing New Doors for Direct-Care Workers

#### Referral, intake, and ongoing support

Whether through self-referral or a manager referral, the employee's first meeting with the coordinator is important. Most employers allow their workers to meet with the coordinator on-site during work hours. The coordinator is also willing to make other arrangements, and many employees choose to meet off-site during non-working hours.

During the initial meeting, the coordinator follows a thorough intake and assessment process (see Appendices 7 and 8, OPEN Intake Form & OPEN Assessment) that clarifies the employee's issues and needs, as well as all the ways the employee might be helped. For issues identified by the employee and coordinator, goals and objectives are established, and regular follow-up contact is scheduled. In some cases, the coordinator may follow up for several months in order to assess progress. In other cases, ongoing contact might involve a quick phone call from the coordinator to check in or to make a referral to a community support organization.

Once the employee has met his or her goal(s), or satisfied the identified need, the service is complete—unless other issues surface and the employer or employee contacts OPEN for further service. The OPEN coordinator always makes a follow-up phone call 90 days after conclusion of service to explore if the employee is still doing well or is in need of additional support. This process is tracked through a "Follow-Up and Outcomes" form (see Appendix 9) and used as part of the program evaluation process.

#### Linkages to community support

Most employees don't know about services in the community that are available to them. And some lack the skills and resources needed to access these community services. One of the most important ways that the coordinator provides help is by locating appropriate services and providing support to employees as they attempt to access them (often the bureaucracy involved is overwhelming for those unfamiliar with public programs).

For example, one employee revealed during the intake assessment that she had a special needs child and was trying to manage his care on her own. The OPEN coordinator was able to connect her with a range of supports for the child that allowed the employee more time for her own activities and significantly reduced her stress level.

Another employee lived in a dangerous urban neighborhood but didn't have the resources to find affordable housing elsewhere. The coordinator linked the employee with housing assistance and helped her relocate to a safer neighborhood in a nearby rural area. The employee later reported that she now had nothing to fear—except from a deer in her yard that startled her!

## V. OPENING New Doors for Direct-Care Workers

### Financial assistance for urgent needs

Entry-level employees often struggle with urgent financial problems that directly impact their work—such as car repair and maintenance. To address these issues, the HFC, with the help of Delta Strategy, pursued funding to meet emergency financial needs of employees. Michigan Regional Skills Alliance<sup>SM</sup> (MiRSA<sup>SM</sup>) grant funds were received that were used for several purposes, including \$15,000 for emergency financial assistance, when an economic crisis threatens a worker's employment.

“It is important that the employees we work with can get to work and get there on time, but sometimes financial constraints don't allow for them to repair cars or replace tires,” said a representative from Goodwill Industries. “The Kent County MiRSA<sup>SM</sup> grant gives them the help they deserve and need to remain successful on the job.” Future sustainability of this pool of money is tied to employer contributions, which will be used to create a permanent small fund to assist employees facing financial emergencies.

### Career development

In addition to helping employees handle a range of personal challenges that affect their ability to remain employed, the HFC, through the OPEN program, also had an opportunity during the pilot phase to help direct-care workers access training for career advancement. This opportunity was through the Incumbent Worker Training Program (see page 15), a collaborative workforce education program that has since expired. The success of this program, in helping those with dreams of learning new skills and moving into higher-paying jobs afford the costs of education, inspired the HFC to create ACT, a pilot career assessment and advancement program (see Looking Ahead, page 23).

### Career Advancement Training

Training through the Incumbent Worker Training Program, offered in partnership with Grand Rapids Community College (GRCC) and Grand Rapids Public Schools Adult Education Program, included certificate programs that offered career advancement opportunities. These programs, which varied from one to four months, included training in the following occupations: certified nursing aide (see Appendix 10), pharmacy technician (see Appendix 11), medical billing and coding, and EKG/cardiovascular technician. A number of individuals completed these certificate programs and went on to become LPNs or RNs.

Integrating training and career advancement possibilities with other supports has allowed OPEN to be understood as a service for employees who want to get ahead, and not just for people experiencing problems. This has made it much easier for employees to seek out OPEN services. As one employee explained, “People feel so glad that OPEN is available to us! My co-workers know it helps people facing problems in their lives—but it also offers us opportunities to get ahead and

## V. OPENING New Doors for Direct-Care Workers

improve our skills. It would have seemed unbelievable just a few years ago.”

The ACT program will allow employees to continue to access career advancement assistance.

### **The Incumbent Worker Training Program**

Goodwill Industries received three years of funding from the Area Community Services Employment and Training Council (ACSET), a Michigan Works! agency, to provide tuition reimbursement for “incumbent” health care employees (those currently employed) to attend a range of adult education, certificate, and college programs. This special program, called the Incumbent Worker Training Program, included personal coaching, skill and aptitude assessments (as necessary), and other counseling and evaluation tools to guide participants toward the type and level of training that suited their needs and goals and, then, provided the training.

The program was open to all health care employers in the Grand Rapids area, including those participating in OPEN, and was very successful. Employers with employees participating in the program enjoyed a 99 percent retention rate among those employees who completed their training.

### **Basic Skills Training**

For many direct-care workers, the first step in advancing their careers is to gain basic educational and literacy skills. The HFC companies work with both the Grand Rapids Public Schools Adult Education Program and The SOURCE to provide this training. Through these courses workers can improve their English literacy and financial management skills, earn GEDs, or learn computer skills. The SOURCE also offers classes in Spanish, communication, employer expectations and work ethics. Tax preparation assistance is also provided.





### *Felicia's story:*

## Finding the right path

**F**elicia was a relatively new direct-care worker at a home care agency when she saw an article in her employee newsletter about training to be a certified nursing assistant (CNA) through the OPEN Program. “I was interested in advancing my career,” she said, “so I made an appointment to meet with the occupational enhancement coordinator to learn more.”

During the intake meeting with the coordinator, Felicia expressed concerns about her relationships with co-workers. She continued to meet with the coordinator to discuss these issues as well as set up her training plan. Felicia’s difficulties with co-workers intensified until her supervisor became involved. The coordinator, with Felicia’s agreement, temporarily set aside the training plan to focus on her communication skills and other personal issues.

“The coordinator helped me to clearly articulate my concerns and difficulties with co-workers,” she said. “I particularly appreciated the guidance I received in keeping a journal to record and document my feelings as they were happening. This helped me understand the role I played in difficult interactions, and helped me to make better choices.” As the coordinator and Felicia worked together to establish Felicia’s priorities and goals, they began to question whether the plan to become a CNA was the best choice after all.

Through a local testing resource, the coordinator set up a vocational evaluation for Felicia, and the results were enlightening. It was clear that rather than direct-care—which requires a high level of personal interaction—Felicia was much more suited to a career that involved more individual tasks and responsibilities. Through Michigan Rehabilitation Services, Felicia was able to learn more about her skills and aptitudes, and she is now exploring the Pharmacy Technician program at the local community college.

“OPEN provided me with a new understanding of myself and my objectives,” Felicia said. “The OPEN program has been a lifesaver.”

### VI. OPENing New Doors for Managers and Supervisors

In addition to educational and support services provided to entry-level employees, OPEN also works with employers to create “cultures of retention” within their organizations. Critical in this area are training opportunities for both managers and workers aimed at improving communication and fostering better relationships.

#### Support in understanding social class issues

When the OPEN program was initiated, Cascade Engineering—a local employer noted for its innovative workforce development efforts—donated six workshops based on the work of Dr. Ruby Payne, “A Framework for Understanding Poverty.” Over the first 18 months of the OPEN program, managers from all of the five employer members participated in a “Poverty Simulation” program as well as these workshops. These powerful programs helped participants explore a range of creative and practical solutions to the challenges of working across socioeconomic lines (see Dr. Ruby K. Payne below).

#### Dr. Ruby K. Payne

The work of Dr. Ruby Payne ([www.ahaprocess.com](http://www.ahaprocess.com)) reflects many of the concepts and values that were part of the planning and implementation of the OPEN program.

Since 1972, Dr. Payne has been involved with education and social class issues as a teacher, principal, consultant, and administrator. The lessons learned during those years are the bedrock on which her **aha!** Process, Inc. has been built.

Dr. Payne’s work began with an emphasis on education and the difficulty children from poverty experience in most schools. Her work has since expanded its focus to include information for government officials, churches, and social service agencies serving people from poverty. Her message—that in all types of social interaction, poverty creates obstacles that require specific tactics to overcome—has helped professionals involved in education, social service, business, and government better understand the “hidden rules” of social class, and how these rules make it difficult for people to advance from one social niche to another.

Building on these initial classes, OPEN staff became certified instructors in Dr. Ruby Payne’s programs. Workshops are now offered on an ongoing basis for both managers and workers. These workshops have helped employees and their managers communicate successfully across different norms and cultures, leading to new levels of awareness and more productive communication overall.





### *Lauren's story:*

## **Carpooling to stay on the job**

**L**auren had been working as an aide in a nursing home for just over a year when her car broke down. She didn't have the money to get the car fixed, and public transportation did not reach the facility where she worked. She managed to get rides with friends for a few days, but then had to call out and explain the problem to her supervisor. Her supervisor referred her to the OPEN program, which in the past had assisted another worker with car problems.

The occupational enhancement coordinator met with Lauren immediately, and learned that not only was her car in need of major repairs, but that Lauren also lacked a valid Michigan driver's license. The coordinator could not deal with the car repair issue until a valid driver's license was in place, but wanted to keep Lauren employed and able to get to work on time.

Through further conversation, the coordinator learned that Lauren had a good friend who worked at the same facility, but on a different shift. By talking with Lauren's friend, the shift supervisor, and the human resource department at the facility, the coordinator was able to get Lauren on the same shift as her friend so they could travel to and from work together.

"Until I get my driver's license issues resolved, and my car repaired, this [carpooling] arrangement has worked very well," Lauren said. "[The coordinator] was able to create a solution when I thought I had hit a dead end, and I am very grateful."

### VII. Program Evaluation

Each of the five HFC organizations initially involved in the OPEN program collected data along a range of indices over the course of the two-year pilot program to monitor its success. This included:

- Direct-care worker participation: support services
- Direct-care worker participation: training
- Manager/supervisory training participation
- Retention rate for direct-care employees served through services or training
- Anecdotal information

#### Direct-Care Worker Participation: Support Services

**Year One** (*April 2004–March 2005*) Employees Supported: 64

**Year Two** (*April 2005–March 2006*) Employees Supported: 106

**Total Employees Supported:** 170

Assuming that each one of these employees received OPEN services because they were facing conditions that put them at high risk of needing to leave their job, the specific retention rate of this group is an impressive indicator of the program's success:

**Year One** (*April 2004–March 2005*) Supported Employees Retained: 83 percent

**Year Two** (*April 2005–March 2006*) Supported Employees Retained: 79 percent

**Cumulative Supported Employees Retained:** 81 percent

Employers participating in the HFC were impressed with these results. “Unlike an employee assistance program, a benefit offered by many employers, the OPEN program is geared towards the employee population most at risk of losing their jobs and brings the coordinator right to their door,” said Carol Helsel, president of the HFC and vice president of Human Resources at Porter Hills Retirement Communities & Services. “[OPEN] is a truly unique opportunity that has been very well received.”

#### Direct-Care Worker Participation: Training

**Year One** (*April 2004–March 2005*) Employees Receiving Training: 132

**Year Two** (*April 2005–March 2006*) Employees Receiving Training: 114

**Total Employees Receiving Training:** 246

In addition to support services, the OPEN program participants benefited significantly from the Incumbent Worker Training Program. Of those who completed their training program, 99 percent remained employed.

The availability of training—along with the sensitivity with which that training was delivered—was a key factor in changing workers' perceptions of their employers

## VII. Program Evaluation

and, in turn, how they felt about their work. “They really see that [training] as part of the employer’s embracing them and caring about them,” said the manager of Health Care Programs at Goodwill Industries. “It really helps with morale.”<sup>13</sup>

In contrast to the OPEN coordinator, whose services were paid for by the participating employers, the training component of the OPEN program during the pilot phase was free. These educational services represented approximately \$61,500 in in-kind donations (assuming a conservative cost of \$250 per employee per training) that otherwise might not have been available to employees.

### Retention Rates

During the OPEN pilot, retention rates for entry-level direct-care workers at each of the HFC participating companies were tracked closely to determine if the program was affecting turnover. The results are impressive.

One company reported (in October 2005) that its turnover rate for entry-level positions dropped from an average of 36 percent from 2000–2004 to 22 percent in 2005, and was continuing to drop.<sup>14</sup>

The data at right illustrates the baseline turnover rates prior to the introduction of the OPEN program at the five initial HFC member companies and the turnover rates in the subsequent two years—after the introduction of the OPEN program. Notably, two companies halved their turnover rates in two years.

HFC Members	Turnover Rates		
	2003 (3-yr average)	2004	2005
Company A	20%	16%	19%
Company B	36%	21.6%	23.8%
Company C	58%	48.37%	Unavailable
Company D	26%	21%	12.39%
Company E	43%	20.6%	20.2%

### Other factors affecting retention

In understanding the reduced turnover rates experienced by HFC organizations after the introduction of the OPEN program, it is important to mention the importance of leadership commitment. Top management at each of the HFC partner organizations made a serious commitment to the goals of the OPEN program. The HFC planners never conceived of the program as a “magic bullet” that would solve all staff-related problems, but they did share a few fundamental understandings:

- HFC organizations already valued their frontline staff for their contribution to caregiving, and wanted to do more.
- Supervision that is well-structured and functioning effectively is key to employee retention.
- The staff at HFC organizations were prepared to recognize and welcome the important role that the OPEN program could play in training and retention.

## VII. Program Evaluation

These factors, undoubtedly, contributed to the ultimate success of the OPEN program.

In addition, any well-conceived and supportive initiative to assist direct-care workers is likely to change the culture of that organization. In the case of OPEN, the mere presence of the program—and the occupational enhancement coordinator who delivered program services at each of the health care organizations involved—contributed to improving the overall workplace culture of each organization. These interventions cannot be easily quantified, but they have undoubtedly affected workplace morale and retention.

### Qualitative Information

In addition to quantitative data, OPEN also collected a wealth of qualitative information throughout the first two years of the OPEN project. All of the employees who participated in the OPEN program completed a “satisfaction survey” at some point during their service experience (see Appendix 12: Employee Satisfaction Survey). Below is a sample of the comments from direct-care workers who participated in the OPEN program:

*I felt a strong net of safety and security as the coordinator responded to phone calls and messages. All her efforts have given me a sense of peace and renewed HOPE.*

*We all have “issues” at some point in our lives, and it’s wonderful to work for an employer who recognizes this and is willing to have a program like OPEN for their employees.*

*The coordinator treats me with understanding, truth, honesty, respect, dignity and compassion, while assisting me and equipping me both personally and professionally with the skills I need to enhance my life and stay on course. She [the coordinator] has helped me to not let the unexpected emergencies that arise in life become a crisis—but to stay focused and positive. That’s important to me personally and spiritually. Thank you and God Bless.*

*The coordinator was wonderful. I was able to keep my dignity.*

*The coordinator was compassionate, objective, resourceful, comprehensive, very helpful and supportive.*

*The coordinator is one of the nicest, most informative and personable people I have ever met!*

These comments suggest the critical role played by the OPEN coordinator in making the OPEN program successful. That success is probably best represented by the continued participation of the five initial companies and the addition of three more.



### *Alice's story:*

## Growing personally and professionally

Alice had been working as a health care aide for several years, and loved her work. She wanted to become a certified nursing assistant (CNA), but couldn't afford the training. "With my children to take care of, I could never justify the cost," she said.

When her supervisor learned about her aspirations, she referred Alice to the OPEN program. "OPEN was a great resource," she said. "I found out I could get the training I needed to become a CNA, and still keep my family fed!" The OPEN occupational enhancement coordinator referred Alice to the Incumbent Worker Training Program (see page 15), which provided CNA training and state certification at no cost. "I did well, and after passing the state certification exam I was immediately promoted at work," she said. "They also gave me a retroactive pay increase, which was a wonderful thing!"

Alice understands the collaborative effort that helped her meet her goal to become a CNA. "My employer who made the OPEN program available to me; my supervisor who heard about my goal and made the initial referral (and also made helpful scheduling adjustments so I could participate); the OPEN coordinator who guided me along the way; and the people at the [Incumbent Worker] Training Program who helped me learn new skills—all these people have allowed me to grow as a person and as a professional," she said.



### VIII. Looking Ahead

The two-year pilot of the OPEN program brought a range of coordinated educational and support services to direct-care employees in Kent County. The goal of the program was to increase direct-care worker retention rates at the five participating health care organizations. Another important aspect of the OPEN program was to provide evidence-based data about the program's value in improving the retention of entry-level frontline direct-care staff.

Participating organizations were impressed with the results. From 2003–2004, the five participating companies reduced turnover by 4 to 22.4 percent. As one employer noted, “We’ve paid for our participation in this project out of our advertising budget, and given the retention rate we’ve achieved, it more than pays for itself!”

The success of the program attracted three new employers to the collaborative during the pilot: Metron Integrated Health Systems, Sunset Manor, and Metro Health Hospital. The enthusiasm of the core group of five employers, along with clear statistical evidence of reduced turnover during the first year of the program, were key selling points for the new participants. They realized that for a reasonable baseline cost, and by facilitating the introduction and access to OPEN program services within their organizations, they could also increase their retention rates for entry-level employees.

#### Setting new goals in year three

As the OPEN program moved beyond the pilot phase, the HFC set several new goals:

**Formalize and expand HFC membership:** Between April and October 2006, the HFC engaged in a process to transition to Goodwill's fiscal year and organized itself more formally as a membership collaboration. By-laws were drafted, and committees developed marketing and financial plans. This set the stage for new growth and development.

In 2007, with assistance from MiRSA<sup>SM</sup> funds, the work of the HFC is being expanded across the region, in particular to Ottawa and Muskegon counties. Employer and employee needs and current activities in these counties are being assessed, after which employers will be connected with the HFC, which now covers the Greater Grand Rapids (Kent County) area. This expansion will allow the HFC to pursue more regional and far-reaching strategies.

**Expand programs and services:** New programs include the ACT (Assess, Counsel, Train) Program to support workers transitioning out of manufacturing—a sector shedding jobs in the area—into health care as well as those who are looking to advance their health care careers. The HFC also laid the groundwork to become a training provider itself in order to offer more career development assistance to employees working in member companies. Grant opportunities are being identified

## VIII. Looking Ahead

on an ongoing basis to expand program services, including through the MiRSA<sup>SM</sup> and the West Michigan WIRED initiative (see box below) funded by the U.S. Department of Labor.

The WIRED group has already been instrumental in helping develop the ACT program, which is designed to help address the current and future staffing needs of the health care industry. The ACT Program has three components:

- **Assessment:** Choosing a right career path is a hard decision. This program offers three assessment tools to help with this process: A cultural fit assessment identifies whether an individual's interests and personality fit within the culture of health care. A self-assessment career exploration tool helps people discover the type of work activities, occupations, and values that are compatible with their interests. A skill-assessment shows the current skill level of the individual in applied mathematics, locating information, and reading for information. The understanding gained through these assessments then informs the next steps.
- **Counseling:** Individuals work with personal development planners to explore options and make choices; they are also given job-shadowing opportunities and can connect with a mentor for support as they pursue their goals.
- **Training:** Once employees review educational opportunities that can help them

achieve their goals, they work with ACT to explore financial assistance as needed.

HFC is also planning to arrange with the Department of Human Services (DHS) to have a caseworker support participants in the OPEN program who are eligible for public benefits. A DHS caseworker, in the spirit of OPEN, would travel to meet employees at a location of their choice. This would free up some time for the OPEN coordinator who could instead take a more

active role in overseeing both the OPEN and ACT programs.

- **Increase movement into higher paying jobs:** The training made available during the OPEN pilot by the Coordinator was intended to provide employees with new skills to advance their careers. While this has happened in some cases, the HFC would like to increase the number of promotions and raises for those who participate in the future. The ACT program will help achieve this desired result.

### WIRED for Innovation

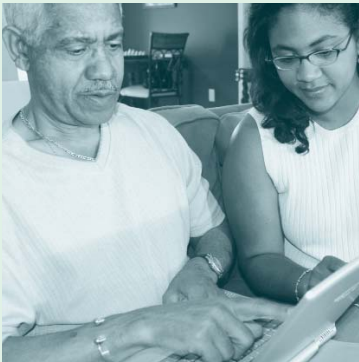
The Michigan West Coast's WIRED (Workforce Innovation in Regional Economic Development) for Innovation seven-county initiative is made possible through a three year, \$15 million U.S. Department of Labor grant to the West Michigan Strategic Alliance. The goal of the WIRED initiative is to transform regional economies by enlisting the skills of numerous and varied players in those economies to research and produce long-term strategic plans that prepare workers for high-skill, high-wage opportunities in the coming years and into the next decade.



## VIII. Looking Ahead

- **Enhance data collection and analysis capabilities:** Member companies began a process to develop a more robust analysis and data management system that will enable them to track a number of indices—including aggregate retention rates and employee and employer satisfaction rates—and to improve reporting capabilities.
- **Determine costs and budgeting processes:** Collaborative members further developed the formula and process by which annual budgets could be determined at each company and program viability maintained. By reviewing historical data, HFC determined that it cost \$250 to serve each employee through OPEN. To determine the program's annual cost, each employer projects the number of employees they expect will be served over the course of one year and multiplies that number by \$250. This number is then divided by twelve, and represents the monthly fee charged to each employer. HFC members agreed that there would be no refund if the number served is lower than projections. If the number served exceeds projections, the employer is billed the difference.

The budget also allowed for the hiring of an additional coordinator should the case load dictate it, and for excess funds above the break-even point to go into a emergency support fund for employees for such items as car repairs or other necessities.



### *Miles' story:*

## Support in dealing with bureaucracy

**M**iles was a certified nursing assistant (CNA) who had been working in a nursing home for four years when he began having financial problems related to his child support obligations. He had heard about the OPEN program through a co-worker who told him the program had helped her with a financial problem. So he made an appointment to meet with the occupational enhancement coordinator to find out if he could get help, too.

At the intake interview, the coordinator learned that Michigan's Friend of the Court Bureau was attaching a large portion of Miles' nursing home wages for child support, so he had taken a second job to help meet his personal obligations. The real squeeze came when the bureau began to attach wages from that job as well. "I was feeling like I would never get ahead," Miles said. "The whole situation was definitely affecting my work, as I began to wonder why I should work at all when most of it was going to be taken away."

The coordinator was able to coach Miles through the process of meeting with the Friends of the Court Bureau to have the attachments to his nursing home wages reduced to a more realistic level, and also—much to his surprise—to withhold these payments from only this job, not both.

The coordinator also worked with Miles to use a monthly budget worksheet designed by Michigan Works! to help him understand where his money was going each month, and how to stay on track. "I even learned how to save a little money each month to meet unexpected expenses," Miles said. "This is something [saving money] that I never thought I'd be able to do!"

### IX. The Keys to Success

HFC members identified five characteristics of the OPEN program that they feel have made it particularly successful:

- 1. The quality of cooperation among HFC participants** has been an exemplary aspect of the creation and growth of the OPEN program. Cooperation was established, in part, through over three years of dialogue and scenario explorations before program activity actually started. This long-term relationship-building among a small group of committed individuals paid off. As one employer's newsletter noted, "Like the roots of several plants that have been potted together, it is difficult to sort out exactly where an organization's or employer's role begins and ends. The important factor, however, is not who does what, but what is accomplished." This was important because "you can never dot all the i's and cross all the t's, and in the end, it takes a leap of faith and trust in each other to get started."
- 2. The character and skills of the individual filling the role of the occupational enhancement coordinator** has also been crucial to program success. OPEN's first coordinator identified several factors that she felt were essential to her role:
  - Developing an understanding of how and what to share with each individual employee to best promote their confidence and success.
  - Ensuring that employees understood the limits of confidentiality, specifically when information violated company policies, the law, or endangered the employee or a consumer with whom she worked.
  - Respecting the employee's time and issues.
  - Never dictating solutions.
  - Working with the employee's schedule, which usually wasn't 9 a.m.–5 p.m.
  - Going wherever necessary to be accessible to the employee.
- 3. The coordinator's strong relationship with managers and supervisors** was particularly important to the program's initiation and remains important to the program's overall sustainability. The coordinator took the time necessary to learn about each organization's culture, was respectful of the managers' time, and worked to be flexible and adaptable to their needs. The coordinator also respected employers' needs for results, and worked to keep them aware of emerging perceptions and outcomes. Ongoing strong and positive relationships with managers and supervisors helped ensure that the coordinator had maximum access to employees.

## IX. The Keys to Success

- 4. Ensuring that the program is attractive and accessible to employees** has also been crucial. OPEN accomplishes this through extensive on-site outreach and collaboration with participating companies to ensure consistent and ongoing communications. In addition, the ACT pilot program and other training opportunities have helped employees perceive the HFC's work and OPEN services as a gateway to opportunities.
- 5. The self-sustainable structure of the program** is another factor in its success. The participating employers who realize the benefit of retention are also paying for the services provided by the OPEN program. This helps employers be more vigilant in facilitating the program's introduction and in providing thoughtful oversight. Additionally, the networking and collaboration provided through the structure has contributed to the ongoing infusion of good ideas, energy, and resources. The Health Field Collaborative partners believe that the OPEN program is a replicable model that can make a positive difference throughout the health and long-term care industries.

## Endnotes

- 1 *Michigan's Care Gap*, by Hollis Turnham and Steven L. Dawson. PHI, April 2003
- 2 Bureau of Labor Statistics, State Occupational Employment and Wage Estimates, Michigan, May 2005. [http://stats.bls.gov/OES/current/OES\\_mi.htm#b39-0000](http://stats.bls.gov/OES/current/OES_mi.htm#b39-0000)
- 3 Nearly one-third (29 percent) of Michigan's Home Help providers lack health coverage. This rate is almost three times the level of uninsurance in Michigan statewide—11 percent of Michigan residents, ages 18 to 64, are uninsured. See *When Michigan's Caregivers Lack Coverage: Findings from a Survey of Michigan's Home Help Workforce*. PHI, 2007.
- 4 Results of the 2002 American Healthcare Association Survey of Nursing Staff Vacancy and Turnover in Nursing Homes. AHCA, 200.
- 5 *The Cost of Frontline Turnover in Long-Term Care*, by Dorie Seavey. Better Jobs Better Care Practice and Policy Report. Institute for the Future of Aging Services, October 2004.
- 6 Trinity Health, *Dialogue*, Vol. 6, Issue 8, April 18, 2005.
- 7 *AARP Direct Care Workers in Long-Term Care Research Report*, by Bernadette Wright. AARP Public Policy Institute, May 2005.
- 8 See Partner Organizations' Profiles, Appendix 1.
- 9 See Delta Strategy website: [www.grcc.edu/ShowPage.cfm?PageID=3466](http://www.grcc.edu/ShowPage.cfm?PageID=3466).
- 10 See Center for Credentialing and Education website: [www.cdf-global.org/credentials-offered/gcdfmain](http://www.cdf-global.org/credentials-offered/gcdfmain).
- 11 See website: [www.ahaprocess.com](http://www.ahaprocess.com)
- 12 *Dialogue*, Vol. 6, Issue 8, Trinity Health, April 18, 2005.
- 13 *Grand Rapids Business Journal*, October 3, 2005.
- 14 Tom Karel, CHRO, St. Mary's Health Care quoted in *Grand Rapids Business Journal*, October 3, 2005.
- 15 *Dialogue*, Vol. 6, Issue 8, Trinity Health, April 18, 2005

### OPEN Partner Organizations

**The Area Community Services Employment and Training Council (ACSET)** is a Michigan Works! Agency (a local Workforce Investment Board) and currently acting as the grant recipient for the Kent and Allegan Counties Michigan Works! System. ACSET is a Michigan Works! Agency (all local Workforce Investment Boards) and is a public agency authorized by an inter-local agreement between the city of Grand Rapids, and Kent and Allegan counties. In accordance with the Kent/Allegan Workforce Development Board goals, the following concepts are given priority: integration of service delivery, providing seamless delivery, and a market-driven system. The goals of the incumbent worker programs, which reflect these priorities, are to aid in averting layoffs within the companies involved and to support the efforts of these companies in filling any positions created by the promotion of employees through this program.

**Goodwill Industries of Greater Grand Rapids** is a nonprofit organization dedicated to changing lives through the power of work. Since 1968, the organization has offered a wide range of employment and training programs free of charge to assist those with disabilities and other barriers to employment in developing their marketable skills and finding meaningful work. Its efforts are supported by revenues from its twelve retail stores in a five-county area in west Michigan, as well as donations to Goodwill of Greater Grand Rapids or its foundation.

**Grand Rapids Community College** offers health programs that provide the rigorous academic preparation needed to enter the workplace. GRCC admits 200 students a year in both of its nursing programs, 58 in dental programs, and 32 each in occupational therapy assistant and radiologic technology programs. Students who are strong in math, and life and behavioral sciences and who care about others are invited to explore the health program options at GRCC. GRCC offers the following associate degree programs: dental hygiene, registered nursing, advanced standing—LPN to AD nursing, occupational therapy assistant, and radiologic technology, and certificate programs in dental assisting (with optional associate degree) and practical nursing.

**Grand Rapids Public Schools Adult Education and Community Education Program's** mission is to ensure that all students are educated, self-directed, and productive members of society. Adult Education offers pre-GED and GED preparation classes as well as a GED testing center; high school completion classes; and English as a second language. The Community Education Enrichment Program offers a variety of classes for adults, including: certified nurse aide (CNA) training ; arts & crafts; business, clerical, and computer classes; financial growth; and languages and technical training.



## Appendix 1

The mission of **Michigan Rehabilitation Services (MRS)** is to assist eligible individuals with disabilities into employment and self-sufficiency. Eligibility is based on: 1) Existing physical/mental impairment; 2) Vocational or work-related barriers due to a disability; and 3) Requirement of MRS services. MRS has representatives across the state helping business owners and managers find solutions to disability-related issues in the workplace. Business services include employee recruitment, interviewing and hiring assistance, employee retention, employer/supervisor training, and youth services. MRS operates under the Michigan Department of Labor and Economic Growth.

The **West Central Health Care Michigan Regional Skills Alliance<sup>SM</sup> (MiRSA<sup>SM</sup>)** is a broad-based collaboration among Michigan Works! agencies, the Alliance for Health, educational institutions, and health care employers working to develop and maintain a system that ensures the supply of qualified employees for our health care employers. This Regional Skills Alliance works to ensure that the system identifies job seekers who are interested in health care occupations, offers opportunities for career advancement and lateral development, is accessible to all job seekers, and successfully retains employees in the health care field. The West Michigan Health Care Regional Skills Alliance<sup>SM</sup> was initiated in late 2004 as part of an initiative of the Michigan Department of Labor & Economic Growth introduced by Governor Jennifer Granholm. As of 2007, there are 32 MiRSAs<sup>SM</sup> statewide. The HFC's partnership with individual Michigan Works! agencies, including the Grand Rapids Michigan Works! office, which provides office space for the coordinator, is facilitated by the MiRSA<sup>SM</sup>. For more information see <http://www.afh.org/RSA.htm> or visit the Michigan website at [www.michigan.gov/rsa](http://www.michigan.gov/rsa)

### Health Field Collaborative Members Participating in OPEN *(in alphabetical order)*

**Clark Retirement Community, Inc.**, is in its second century of serving west Michigan seniors. A continuing care retirement community (CCRC), Clark offers a variety of independent and assisted living accommodations as well as skilled nursing and rehabilitation services. Clark is one of two west Michigan CCRCs to receive accreditation from the nation's only accrediting body: The Commission on Accreditation of Rehabilitation Facilities—The Continuing Care Accreditation Commission. Clark also has award-winning dementia services as well as human resources and volunteer programs. The 475 Clark residents are served by some 360 staff members on two campuses.

**Holland Home** has been providing quality Christian care to seniors in West Michigan since 1892. It is currently the largest continuing care retirement community in Michigan and the 36th largest in the nation. Holland Home offers independent living, assisted living, skilled nursing and memory care on three different campuses in Grand Rapids. Holland Home also provides home health care through Homecare of Holland Home; hospice care through Faith Hospice; and rehabilitation through its Rehab Dimensions subsidiary. Holland Home has a staff of 1,000 across its services, including 700 direct-care workers.

**Metro Health's** goal is to improve the health and well being of the patients and the communities it serves. It has evolved from a single hospital to a widespread health system employing over 2,000 health care professionals and a hospital medical staff of more than 400 physicians. Metro Health Hospital remains this system's largest venture, but it is only one part of an integrated group of health care organizations known collectively as Metro Health. This distinct group includes physician organizations, outpatient centers, joint ventures with other health systems, and more. As a comprehensive and growing network, it strives to provide patients with a more personal health care experience that is convenient and easy to access.

**Metron Integrated Health Systems** is a multifaceted care provider, with eight nursing and rehabilitation facilities throughout West Michigan; it offers rehabilitation, sub-acute and home health care, clinical and private-duty services, comprehensive hospice services, and a full range of durable medical equipment at nine Metron retail locations across the region. With corporate offices in Grand Rapids, Metron is locally owned and employs nearly 1,400 West Michigan residents. Metron of Forest Hills, one of the corporations' nine skilled nursing facilities, is a 123-bed center with services that also include therapy, post-acute care and hospice, serving patients and residents within the Grand Rapids area.

## Appendix 2

**Porter Hills Retirement Communities & Services** has been a resource to older adults in West Michigan for more than three decades. Locally owned and not for profit, Porter Hills offers a comprehensive range of quality senior living options and services, catering to the diverse needs of area seniors. Housing options range from skilled nursing, assisted living, and Alzheimer care settings to financially assisted apartments and luxury estate homes. Also available are a wide variety of support services, including certified and private pay home health care, a state of the art Wellness Center, therapy services, pharmacy, and hospice services. Porter Hills employs 650 and serves approximately 1,000 seniors each year throughout the county. For more information, visit [www.porterhills.org](http://www.porterhills.org)

**Saint Mary's Health Care** is an integrated network of health care excellence offering a unique combination of capabilities to deliver a health care experience that is more complete and personally satisfying. St. Mary's commitment to offer the latest technology and most highly skilled physicians in a holistic, patient-centered environment has made it a progressive leader in cancer care, neuroscience, orthopedics, diabetes and endocrine care, kidney transplants, and integrative health care. St. Mary's blends these specialty services with award-winning primary care offered through Advantage Health Physicians. Saint Mary's Health Care is a member of the Trinity Health System, which has over 44 ministry organizations in seven states with over 50,000 employees.

**Spectrum Health** is a not-for-profit health system with seven hospitals and more than 140 service sites. The highest quality care is delivered by 13,000 employees, 1,400 medical staff members and nearly 2,000 volunteers through a comprehensive network of physician offices, urgent care centers, a continuing care division, and occupational health offices, including the only children's hospital in West Michigan. The integration of the health plan, care providers and health care services meets the needs of patients and ensures appropriate care. Priority Health combines benefit programs with a broad array of wellness services to more than 470,000 members in 39 Michigan counties. Spectrum Health delivers primary and urgent care services located throughout West Michigan. Located throughout the region, the organization's acute care hospitals provide diagnostic, outpatient, inpatient and emergency care. Spectrum's website is [www.spectrum-health.org](http://www.spectrum-health.org)

**Sunset Association** is a faith-based not-for-profit provider of housing and services to seniors. Through independent living, assisted living, skilled nursing, and home care, Sunset serves over 2,000 seniors annually. Other specialty services include rehabilitative care, memory loss units, and a meals-at-home program that provides over 35,000 meals annually to community residents. Sunset Association employs 600 individuals and has over 350 volunteers across two campuses with plans underway to add a third campus starting in 2008.

# Occupational Enhancement Coordinator (OEC) – Health Care

## Goodwill Industries of Great Grand Rapids, Inc. Job Description

**Position:** Occupational Enhancement Coordinator (OEC), Health Care

**Level:** Salaried – Exempt

**Purpose:** To assist employers of the Health Field Collaborative to achieve increased retention of entry-level employees by enabling employees to maintain a stable personal and professional life and achieve career advancement when desired.

### Qualifications

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill and/or ability required.

### Education and/or Experience

Bachelor's degree in social work, psychology or related field required with experience in workplace retention desired or an equivalent combination of education and experience. Preferred fluency in reading, writing and speaking Spanish. Demonstrated ability to relate to people from a variety of social, financial, ethnic, and religious backgrounds required.

### Special Skills and Knowledge

1. Ability to establish and maintain relationships with program participants and employer contacts.
2. Ability to communicate effectively (oral and written) with staff, participants, management, public, etc. Specifically, communicate effectively on business and human service issues, assessing employment-related and life skill abilities and relating these to the program participants.
3. Ability to problem solve rapidly, to resolve when possible or report on, when necessary, job and life-related issues adversely affecting employment of the participant.
4. Ability to follow through with goals and handle several activities at once. Ability to be versatile and flexible, including working a flexible schedule as needed.
5. Ability to motivate and encourage participants to maintain employment and a stable life style.
6. Fundamental computer literacy and ability to understand and input computer data and provide accurate information for record keeping and statistics.
7. Ability to read and interpret documents such as safety rules, operating and maintenance instructions, and procedure manuals. Ability to write routine reports and correspondence. Ability to speak effectively before diverse groups.
8. Knowledge of applicable local and regional agencies and programs, knowledge of community resources and systems.

## Appendix 3

9. Skills in developing/fostering empowerment skills in order to facilitate career advancement.
10. Ability to travel to various work sites in which participants are employed for follow up contacts and to provide support/counsel.
11. Fundamental ability to understand, accept and work with people who have disabilities and/or other barriers to employment, and/or experience with chronic unemployment, as well as the needs and expectations of employers.

### Physical Demands

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of the job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

1. While performing the duties of this job, the employee is often required to handle or feel, talk or hear, and occasionally required to stand, walk, sit, reach with hands and arms, and operate a computer.
2. The employee must regularly lift and/or move up to 10 pounds.
3. The employee must be able to legally operate a motor vehicle and have own reliable transportation with a good driving record.

**Essential Duties and Responsibilities** include the following. Other duties may be assigned.

1. Provide assistance with the life skills necessary to maintain employment and long-term, follow along with individualized service and support (i.e., housing, transportation, child care).
2. Develop linkages and collaborate on an ongoing basis with the employer, its managers and supervisors to facilitate career advancement and job retention.
3. Train the employers' managers, supervisors and other staff on topics such as workplace diversity, employment-related barriers, methods for overcoming barriers, activities, services and resources available in the One-Stop system and Human Service Organizations (HSOs).
4. Provide on-call service to the participant via a pager with flexible hours to assure dependable contacts for the participant.
5. Demonstrate positive role modeling for participants through mentoring, coaching.
6. Complete regular schedule of job retention contacts and supports to participating employees.
7. Communicate with other service staff concerning participant's progress and retention, and call on them as needed to assist participant in resolving problems which may affect work.
8. Participate in team and department meetings. Responsible for attending and reporting on activities at Health Field Collaborative meetings. Attend meetings and trainings as required by the agency and/or the health care employer.

### Marketing OPEN

- Introduce the program to the upper management in the departments that will be part of the program
  - Introduce the program to front-line supervisors
    - Staff meetings
    - Department meetings
    - Leadership meetings
- Via:
- PowerPoint (OPEN program or health care facility to present)
  - Informal information
  - Handouts, including brochure and forms to be used
  - Videotape for future use
- Table in common area, staffed by Occupational Employment Coordinator (OEC)
  - Handout brochures to staff via mailboxes
  - Newsletters, could include pictures
  - Paycheck stuffers
  - New Staff Orientation
  - Training
  - Posters
  - E-mail staff program information





## OPEN Services Agreement

Opportunity Partnership & Empowerment Network (OPEN) is providing the services of an Occupational Enhancement Coordinator (OEC) to work with you in order to assist you in developing the skills and resources necessary to retain your current employment. OPEN is not your employer, and cannot guarantee you continued employment with your employer, but with the help of an OEC, and your commitment, our goal is to help you keep and succeed at your current job.

Your participation is purely voluntary. However, for this endeavor to be successful we must both be committed to it. If you are not committed and will not agree to the responsibilities listed below, then you should not continue any further. The purpose of this agreement is to set forth your responsibilities and the responsibilities of the OEC. You must both sign this agreement before the OEC will provide any services.

You agree to do the following:

- Maintain all scheduled appointments. If you are unable to do so, you must notify the Occupational Enhancement Coordinator as soon as possible. If the OEC is not available, you must leave a message.
- Follow all established goals.
- Discuss all issues that may be affecting your employment status with the OEC. Your honesty and openness is very important.

The OEC agrees to do the following:

- Visit your worksite and meet with you and your employer.
- Return telephone calls within 48 hours.
- Assist in resolving any job concerns.
- Set up follow-up appointments, as needed, to discuss your action plan and goals.

Your confidentiality is important, and Opportunity Partnership & Empowerment Network will respect it as much as is possible. However, if you disclose a breach of your employer's policies or a violation of law, we must report this to your employer. This is necessary to protect you, your co-workers and your employer.

The Opportunity Partnership & Empowerment Network is invested in making this the best opportunity possible and you have our commitment to work with you to make this happen. The signatures below indicate our commitment to this agreement.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
OEC Signature

\_\_\_\_\_  
Date

## OPEN Referral Form

This form is intended to identify candidates who require referral to the Opportunity Partnership & Empowerment Network for one-on-one assistance. All responses are confidential and only viewed by appropriate Human Resources Staff, the Supervisor, and the Occupational Enhancement Coordinator (OEC).

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_

H.R. Representative: \_\_\_\_\_ Hire date: \_\_\_\_\_

The employee is having difficulties that are interfering with his or her job performance and placing his or her job retention at risk. (Or other reasons) Please explain:

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Has the HR Department been assisting in resolving this issue? Yes \_\_\_ No \_\_\_

Has the employee begun any disciplinary process? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

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What steps have been taken to achieve successful employment? \_\_\_\_\_

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## Appendix 6

### Employer Statement of Commitment

I will support this employee and coordinate with the OEC the initiatives and action steps suggested to retain this employee and create and sustain a successful working relationship.

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

and/or

Signature of H.R. Representative: \_\_\_\_\_ Date: \_\_\_\_\_

### Employee Statement of Commitment

I agree to follow through with the services offered with the goal of correcting any issues preventing me from successfully retaining my employment.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

### Occupational Enhancement Coordinator

Signature of OEC: \_\_\_\_\_

Date Referral Received: \_\_\_\_\_

*Please route completed form to the Human Resources Manager, or directly to the OPEN manager.*

## OPEN Intake Form

Referral Date: \_\_\_\_\_ Appointment Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cellular: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Company Referred by: \_\_\_\_\_

Current Job Position: \_\_\_\_\_

Shift: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Full time: \_\_\_\_\_ Part time: \_\_\_\_\_ How long at present Job: \_\_\_\_\_

Ethnicity: For Data Purposes Only. (please circle)

African-American      Asian/Pacific Islander      Hispanic      Native-American

Multi-Racial      White      Other

Family Size: \_\_\_\_\_ How many children: \_\_\_\_\_

Adults: \_\_\_\_\_

FIA Assistance? Yes \_\_\_ No \_\_\_

All information requested will be used, for referral purposes only

Comments/Plan action: \_\_\_\_\_

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## OPEN Assessment

Appointment Date \_\_\_\_\_ Assessment Date \_\_\_\_\_

Client Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Contact Phone \_\_\_\_\_

### Status

Is the client currently receiving FIA? \_\_\_\_\_

Are there other programs that the client applied for that are currently pending? \_\_\_\_\_

Family Type (single, two parents, etc.) \_\_\_\_\_

Name of spouse or live-in significant other \_\_\_\_\_

Number of children in the home, list names and ages \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current employer \_\_\_\_\_

1. Job site \_\_\_\_\_

Position Title \_\_\_\_\_ Salary (hourly rate) \_\_\_\_\_

Duties \_\_\_\_\_

Shift \_\_\_\_\_ Full/Part-time \_\_\_\_\_

List employment skills i.e.) computer, industrial, vocational, licenses, certificates, etc. \_\_\_\_\_

\_\_\_\_\_

Any convictions or felonies? \_\_\_\_\_ If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Possible Service Areas

#### Transportation

Current form of transportation \_\_\_\_\_

If a personal vehicle, is it safe and roadworthy? \_\_\_\_\_

If no, explain \_\_\_\_\_

Does this vehicle belong to the client? \_\_\_\_\_

If no, to whom does it belong? \_\_\_\_\_

## Appendix 8

### Opportunity Partnership & Empowerment Network (OPEN) Assessment *continued...*

Will this vehicle be available for employment purposes? \_\_\_\_\_

Is this vehicle properly registered and insured? \_\_\_\_\_

Valid driver's license? \_\_\_\_\_ If no, explain \_\_\_\_\_

Back up transportation in case of emergency? \_\_\_\_\_

List backup \_\_\_\_\_

**Potential Service Need** \_\_\_\_\_

**Plan of action/Referral** \_\_\_\_\_

### Childcare

Current childcare provider \_\_\_\_\_

Is this provider reliable? \_\_\_\_\_

Is the provider willing to care for the children any time of the day and weekends? \_\_\_\_\_

Back up childcare? \_\_\_\_\_

If yes, list name/address \_\_\_\_\_

Do you have children over the age of 13 who will require adult supervision while you are at work? \_\_\_\_\_

If yes, do you have a responsible adult who would be willing to help in the supervision of those children? \_\_\_\_\_

**Potential Service Need** \_\_\_\_\_

**Plan of action/Referral** \_\_\_\_\_

### Family/Relationships

Any concerns with the children's health. Special needs? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Any concerns with behavior management? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Any concerns with the children's education? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Any concerns with work and school schedules/time management? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Currently receiving child support? \_\_\_\_\_

If no, why \_\_\_\_\_

Has paternity of the children been established? \_\_\_\_\_

If no, why \_\_\_\_\_



## Appendix 8

### Opportunity Partnership & Empowerment Network (OPEN) Assessment *continued...*

(For Non-FIP cases) Has a Child Support application been completed? \_\_\_\_\_

If no, why \_\_\_\_\_

Any history of domestic violence? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Currently in counseling? \_\_\_\_\_

Are significant others supportive of the client's employment choices? \_\_\_\_\_

If no, explain \_\_\_\_\_

Any resistance or negative influences from friends or family because the client is trying to reach self-sufficiency? \_\_\_\_\_

If yes, explain \_\_\_\_\_

**Potential Service Need** \_\_\_\_\_

**Plan of action/Referral** \_\_\_\_\_

### Education

Received a High School Diploma/GED? \_\_\_\_\_

If neither, highest grade completed \_\_\_\_\_

Any vocational training? \_\_\_\_\_

Attended college? \_\_\_\_\_

If yes, courses taken? \_\_\_\_\_

\_\_\_\_\_

Have a degree? \_\_\_\_\_

If yes, what major? \_\_\_\_\_

Any learning disabilities? \_\_\_\_\_

If yes, explain \_\_\_\_\_

**Potential Service Need** \_\_\_\_\_

**Plan of action/Referral** \_\_\_\_\_

### Health Concerns

Any physical/mental health concerns with the client? \_\_\_\_\_

If yes, explain \_\_\_\_\_

List any health conditions: \_\_\_\_\_

Currently under any work restrictions? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Pregnant? \_\_\_\_\_

## Appendix 8

### Opportunity Partnership & Empowerment Network (OPEN) Assessment *continued...*

Currently taking any medications that may alter work performance? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Any history of alcohol or illegal substance use? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Currently in a treatment program? \_\_\_\_\_

Where \_\_\_\_\_

### Housing

Any housing concerns that may be a barrier to retaining employment? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Homeless? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Temporarily living with friends or relatives? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Renting or homeowner? \_\_\_\_\_

Applied for or currently receiving subsidized housing? \_\_\_\_\_

On waiting list? \_\_\_\_\_

If denied, explain \_\_\_\_\_

**Potential Service Need** \_\_\_\_\_

**Plan of action/Referral** \_\_\_\_\_

### Money Management

Any concerns with budgeting income and expenses? \_\_\_\_\_

Any credit concerns? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Eviction notice or utility shut off notice in the last year? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Currently behind in any payments? \_\_\_\_\_

If yes, explain \_\_\_\_\_

**Potential Service Need** \_\_\_\_\_

**Plan of action/Referral** \_\_\_\_\_

### Communication Skills

Primary language? \_\_\_\_\_

## Appendix 8

### Opportunity Partnership & Empowerment Network (OPEN) Assessment *continued...*

Any difficulties: Reading English \_\_\_\_\_

Writing English \_\_\_\_\_

Speaking English \_\_\_\_\_

Understanding English \_\_\_\_\_

**Potential Service Need** \_\_\_\_\_

**Plan of action/Referral** \_\_\_\_\_

### Other

Any other issues or concerns the client would like to discuss at this time? \_\_\_\_\_

\_\_\_\_\_

**Potential Service Need** \_\_\_\_\_

**Plan of action/Referral** \_\_\_\_\_

Signature of Client \_\_\_\_\_

Signature of OEC \_\_\_\_\_

## OPEN Follow-up and Outcomes

Name: \_\_\_\_\_  
Last Name First Name

Employers Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_ City State Zip Code

Are you presently working? \_\_\_\_\_

If no please explain \_\_\_\_\_

\_\_\_\_\_ If yes, would you like to set-up a follow up appointment

\_\_\_\_\_ Date Time Site

Are you receiving any type of government assistance? \_\_\_\_\_

\_\_\_\_\_

# Goodwill Industries OPEN Program

## Certified Nurse's Aide Training Information

We partner with Grand Rapids Public Schools/Adult Education (GRPS/AE) to offer you the Certified Nurse's Aide (CNA) training. This is a Michigan approved nurse's aide training that will prepare students to become registered in the State of Michigan as a nursing assistant. We will also pay for your state certification after program completion. Class is 16 days total, which includes 4 days of clinicals. Class hours are 8:30 am–2:15 pm Mon.–Thurs. Attendance is essential, and as a result, any misses would constitute termination from the program. Attendance at a GRPS/AE Orientation is required prior to registration. This is 2 hours from 10:00 am–12:00 noon.

The training is offered at: Beckwith School, 2405 Leonard NE, Grand Rapids, MI 49505; Office hours are Mon.–Thurs. 8:00 am–4:00 pm or Fri. 8:00 am–12:00 noon.

First class orientation: 8/9/06 or 8/14/06 10:00 am–12:00 noon. You must attend one or the other, not both. Class will start 8/25/06. Additional orientations and classes to follow.

If you currently work for a nursing home in the area of "skilled nursing," your employer is required, by federal law 42 CFR 483.152(c)(1), to pay for your CNA training. The information states, "A nurse aide who is employed by, or who has received an offer of employment from, a federally certified nursing care facility on the date on which the aide begins a nurse aide training and/or competency evaluation program cannot be charged for any portion of the program. (This includes any fees for textbooks or other required course materials.) If you are not employed, or do not have an offer to be employed as a nurse aide, but you become employed by or receive an offer of employment from a federally certified nursing care facility not later than 12 months after completing a nurse aide training and competency evaluation program, the State must provide for the reimbursement of cost incurred in completing the program. This reimbursement will be prorated during the period in which you are employed as a nurse aide. You will apply for this reimbursement through your nursing facility employer, who will require proof that you paid for your training and testing."

If you do not get selected to participate in the OPEN program, GRPS/AE also offers a scholarship program that may be available for those that apply. Please call for more information on the scholarship program.

# Goodwill Industries OPEN Program

## Pharmacy Technician Training Information

Pharmacy Technicians work in pharmacies under the direction of a pharmacist. Their main responsibility is filling prescriptions according to doctors' orders. Pharmacy Technicians prepare medications for dispensing to patients. This generally includes retrieving drugs in the correct dosage form and strength, measuring the appropriate amount of drug and producing a prescription label. Pharmacy Technicians work with drugs to be administered orally, topically, for the eye, nose, etc. Depending upon the practice setting, a Pharmacy Technician is also involved in the admixture of drugs for intravenous use. Other duties include:

- Checking inventories and ordering supplies
- Receiving and checking in supplies
- Assisting customers
- Keeping pharmacy work areas clean
- Completing insurance forms
- Preparing "bingo cards" for nursing home patients

Pharmacy Technicians may work in retail pharmacies, mail order pharmacies, home infusion pharmacies, long-term care facilities, hospitals, clinics, pharmacy benefit managers and large industrial complexes. The demand for Pharmacy Technicians continues to grow with demand expected to increase substantially through 2008. This high demand is the result of the constant availability of new drugs, the national shortage of registered pharmacists, the establishment of certified pharmacy technicians and the aging population.

The class is 50 hours of training and will be held 2 nights a week from 6:00 pm–9:30 pm.



## Opportunity Partnership & Empowerment Network (OPEN)

### Employee Satisfaction Survey

Name (Optional): \_\_\_\_\_ Date: \_\_\_\_\_

Please help us evaluate our services by filling out this survey. Answer the following questions on a scale of 1-5. Please circle the response you agree with most. Thank you.

The Occupational Enhancement Coordinator (OEC) treated me with dignity and respect.

**5 Strongly Agree, 4 Agree, 3 Neutral, 2 Disagree, 1 Strongly Disagree**

I felt the OEC was informative and helpful.

**5 Strongly Agree, 4 Agree, 3 Neutral, 2 Disagree, 1 Strongly Disagree**

The OEC assisted me in finding solutions to my personal problems (e.g. child care, domestic violence, transportation, etc.).

**5 Strongly Agree, 4 Agree, 3 Neutral, 2 Disagree, 1 Strongly Disagree**

The OEC helped me find the appropriate community resources I needed.

**5 Strongly Agree, 4 Agree, 3 Neutral, 2 Disagree, 1 Strongly Disagree**

The assistance from the OEC has helped me stay employed.

**5 Strongly Agree, 4 Agree, 3 Neutral, 2 Disagree, 1 Strongly Disagree**

Did the OEC listen to me and truly understand my concerns?

**5 Strongly Agree, 4 Agree, 3 Neutral, 2 Disagree, 1 Strongly Disagree**

Overall, how would you rate the OPEN program?

**5 Excellent, 4 Good, 3 Neutral, 2 Fair, 1 Poor**

Is it ok if we share this information with your employer?

**Yes, No**

If yes, would you like to share your experience with the OPEN program with others? (i.e. speak to groups, featured in articles, share experiences with peers, etc.)

**Yes, No**

Do you feel the OPEN program needs to be changed in any way? If yes please explain.

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