12 Steps

for Creating a Culture of Retention

A Workbook
for Home and Community-Based
Long-Term Care Providers

PHI **Quality Care** **THROUGH** **Quality Jobs**

PHI (**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. Using our workplace and policy expertise, we help consumers, workers and employers improve long-term care by creating quality direct-care jobs. Our goal is to ensure caring, stable relationships between consumers and workers, so that both may live with dignity, respect, and independence.

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Introduction: The Quality Care through Quality Jobs Framework

All long-term care agencies struggle to find and keep sufficient, reliable, and skilled staff capable of meeting client needs and providing great quality care. This workbook offers 12 concrete steps to guide agencies in developing excellent recruitment, selection and retention practices—the three key elements necessary to manage long-term care organizations successfully.

The 12 steps that frame this workbook are based on the principle of "quality care through quality jobs": Direct-care workers must have quality jobs to provide the highest quality care for consumers. PHI has defined a quality job as one that incorporates the following nine essential elements:

Compensation

Family-sustaining **wages**;

Affordable **health insurance** and other family-supportive benefits;

Full-time hours if desired, stable work schedules, balanced workloads, and no mandatory overtime;

Opportunity

Excellent training that helps the worker develop and hone all skills—both technical and relational—necessary to support long-term care consumers;

Participation in decision making, acknowledging the expertise that direct-care workers contribute, not only to workplace organization and care planning, but also to public policy discussions that impact their work;

Career advancement opportunities;

Support

Linkages to both organizational and community services, as well as to public benefits, in order to resolve barriers to work;

Supervisors who set clear expectations and require accountability, and at the same time encourage, support and guide each direct-care worker; and

Owners and managers willing to lead a participative, on-going "quality improvement" management system—strengthening the core caregiving relationship between the long-term care consumer and the direct-care worker.

Providers, workers, and consumers *all* benefit when workplaces support these quality job elements. When direct-care workers have quality jobs, consumers and their caregivers experience more stable and improved relations and personal growth opportunities. Providers enjoy

improved retention; more consistent, flexible and high-quality coverage for available work; improved staff relationships and communication; and a substantial marketing and recruiting boost that can grow the business and ensure staffing to support that growth.

Any given agency or provider may feel that it cannot provide all of these ingredients or pursue all of the steps outlined in this workbook for a variety of reasons. However, our hope is that your agency's leadership will:

Review the entire workbook prior to embarking on your plans (because implementing the steps as an integrated whole can be very powerful).

Begin to take whatever steps you can, recognizing that many steps can be more effectively and efficiently pursued as clusters — i.e., recruiting and selecting; orienting and supporting employees; peer mentoring and coaching.

Continuously strive to create a culture of retention within your organization that promotes quality care through quality jobs.

Typically, many providers frame the **cycle of turnover** as a "recruitment" problem. **Steps 1–4 address recruitment and selection strategies**. Following the checklists and using the wealth of information in the resources and attachments will enrich your recruitment processes so that you can clarify the qualities of an ideal worker for your agency, determine how to attract those ideal workers to your agency, and ensure that your screening processes help you select great caregivers.

Recruitment and selection are critical to building a culture of retention. However, the ultimate problem is not just one of *finding* the right staff; it's also *keeping* the right staff. So, **Steps 5–12 focus on creating a workplace culture of retention**, beginning with an effective orientation program, and following through with a variety of initiatives that enhance relationships, skills, and voice for all staff.

You will need to determine which of these steps are right for your agency, which steps you need to pursue first to meet state requirements, and which steps you are most ready to implement at this time. Once you begin on the journey, you will be increasingly motivated to find ways to demonstrate how much you value your caregivers and create an organization that maximizes everyone's potential.

We have designed this workbook as a concise reference tool and "checklist." We also provide additional resources to support your efforts. These resources fall into four general categories:

■ Attachments (included at the back of the workbook)

■ Published references, available through the PHI website. These resources can be downloaded at no cost from **www.PHInational.org**.

■ Best practice reports and many other materials are available through the National Clearinghouse on the Direct Care Workforce: **www.PHInational.org/clearinghouse**.

■ Unpublished resources are available by contacting **info@PHInational.org**.

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Recruitment and Selection: Steps 1–4

Case Study: Cooperative Home Care Associates

An Integrated Model for Recruitment, Training, and Retention

Organizational Description

Cooperative Home Care Associates (CHCA) is a worker-owned home care agency in the South Bronx (NY), which employs over 1,000 direct-care workers and provides services to elderly and non-elderly people living with disabilities in the Bronx and upper Manhattan. CHCA employs public assistance recipients and other low-income individuals who are seeking more secure or meaningful employment in the health care field.

CHCA was founded in 1985 with two primary objectives:

■ To create high-quality jobs for home care workers

■ To improve the overall quality of long-term care by creating a more stable workforce

To meet these objectives, CHCA has worked to refine its recruitment, training, and retention programs. Today the agency uses a model that encompasses five primary elements: targeted recruitment; enhanced entry-level training; supportive services; opportunities for advancement; and wage and benefit enhancements.

Key Components

Targeted Recruitment

Assessment and selection. Rather than accepting large numbers of trainees, CHCA uses a layered assessment and selection process to identify the candidates most likely to succeed as caregivers. Recruiters look for people with some formal or informal caregiving experience who express compassion for other human beings and demonstrate an ability to set priorities and resolve problems. Only about 35 percent of those who interview are enrolled in the training program. Of these, 80 percent graduate and become CHCA employees.

Recruitment partnerships. To enhance its ability to recruit appropriate candidates, CHCA has built strategic relationships with the public welfare department as well as a range of public and private human service organizations, most of which assist low-income individuals in securing employment. Though it takes time to cultivate these relationships, they have contributed to the agency's successful growth.

Enhanced Training

Learner-centered training. CHCA invests significant resources in its training program. Entry-level training runs for four weeks, significantly longer than the 75-hour minimum required for home health aides. Instructors strive to create a safe but challenging learning environment for trainees who may have had little formal education or work experience. Rather than using

traditional lecture methods, they emphasize active learning techniques such as role-plays, case studies, and team discussions to make the direct-care job "come alive" in the classroom. In addition, team teaching, often with senior aides participating as peer educators, allows for individualized attention and support.

Communication and problem solving. In addition to teaching clinical skills, the curriculum includes modules on non-technical skills that are critical to success on the job, such as team-building, respecting differences, effective communication and problem solving.

On-the-job training. CHCA provides three months of on-the-job training. During this time, new employees receive peer support from mentors, close oversight from supervisors, and frequent opportunities to gather for peer exchanges, problem-solving sessions, and additional clinical skills training as required.

Supportive Services

Employment counseling. CHCA employs an employment counselor to help trainees and employees overcome obstacles to success on the job; for example, lack of reliable child care or transportation or an unstable housing situation. The employment counselor meets with each new trainee to discuss his or her situation and to assist in accessing any public support services for which the trainee is eligible. This service is also available to employees.

Coaching supervision. CHCA has trained its supervisory and management staff in a coaching style of management, which offers support in resolving performance issues while holding employees accountable for their actions. This method often resolves problems that would otherwise lead to an employee being disciplined, or even being terminated or quitting in frustration.

Peer mentoring. All new CHCA employees are assigned a peer mentor to support them during their first few months on the job. Mentors are also available to all employees when they confront a particularly challenging personal or professional situation.

Opportunities for Personal and Professional Growth

Worker participation in agency decisions. As a worker-owned agency, CHCA wants its employees to be knowledgeable about the home care industry and influence agency decisions. Geographically based worker councils meet to discuss important issues facing the agency, to air concerns and grievances, and to contribute to management decisions. In addition, the 66 percent of workers who are worker-owners elect representatives to the board of directors.

Career advancement. CHCA home health aides have moved into training positions and into the administrative and client services departments. CHCA has also developed a career ladder to train senior aides in peer mentoring skills.

Leadership development. CHCA aides participate in the Direct Care Alliance, a national organization that holds a variety of events that celebrate caregivers and teach advocacy and leadership skills. Some aides also develop these skills at work by participating in CHCA's policy action group, which has sponsored voter registration drives, met with local legislators to discuss policies that impact home care workers, and provided speakers at statewide conferences and other events.

Wage enhancements

Wages. CHCA's average wage is $9.78 per hour, among the highest in the industry.

Guaranteed hours. Aides who have been with the agency at least three years are paid for at least 30 hours a week if they agree to accept case assignments on alternating weekends and any substitute assignments offered. Since aides typically work 37.5 hours per week, CHCA rarely pays for hours not worked, but this arrangement guarantees senior aides a stable income.

Wage differentials. Aides who take weekend assignments or work with clients with complex care needs earn an additional 50 cents an hour.

Benefits. CHCA pays 100 percent of the premium cost for full-time employees' health insurance and prorates the payment for part-time employees. In addition, it provides a 401(k) retirement fund, five paid vacation days, and annual dividends for all worker-owners. Average total compensation, including benefits, is $12.19 per hour.

Outcomes…and Lessons Learned

CHCA has an over 65 percent retention rate after one year, considerably higher than the industry average. Furthermore, more than 25 percent of its workforce has been with the agency for more than five years.

Informal information shows that many workers have stayed with CHCA for years because CHCA is not just a workplace but also a community. Workers often talk about how important it is for them to feel that their employer truly respects them and the value of their work. In addition, clients often request aides from the agency because the service is reliable, client-centered, and compassionate.

CHCA notes that an employee doesn't make a single transition into the workforce. Instead, there are a series of small transitions, some predictable, some not. An agency that assists employees through these transitions is less likely to lose them along the way. To avoid turning into a social service agency, CHCA has arranged a structured support system that includes employment counselors, supportive supervision, and peer mentors.

Learn more

Visit **www.chcany.org** to learn more about CHCA and its journey to become a national model for quality care and quality jobs. You can also contact Michael Elsas, President, at 718-993-7104 (email **melsas@chcacy.org**) to learn more about how CHCA has designed, planned, and implemented their programs and procedures to improve retention and transform agency culture.

This case study is adapted from the CHCA Best Practice Profile available at **www.PHInational.org/clearinghouse**.

Notes:

Step 1: Prepare Your Agency for Effective Recruitment and Selection of New Employees

Senior management must be knowledgeable about the critical role that recruitment and selection play in ensuring low turnover and high quality caregiving, and be willing to commit the resources to support an effective program. Implementation of a successful recruitment process begins with involving direct-care staff and establishing measures for evaluating success.

☐ **A.** Has senior management in your organization reviewed background information[1] that outlines the need for new approaches, as well as the steps outlined in this workbook for effective recruitment? Has it committed initial staff and resources to the effort?

☐ **B.** Has senior management ensured that a data collection and analysis system is in place to track measures of workforce quality, including compensation, benefits, the percentage of state reimbursement that is invested in direct-care worker wages and benefits, and turnover and retention rates?

☐ **C.** Is a key staff person assigned to organize the recruitment process, develop necessary policies and materials, and coordinate staff involvement?

☐ **D.** Has senior management decided upon a participative team approach to recruitment and retention that will involve a cross-section of employees?

It is recommended that a key staff person attend to the details involved in assembling a team to address the recruitment and selection process. This process begins with gathering and reviewing all current materials—including job descriptions, marketing pieces, and policies and procedures related to recruitment and selection of employees—as well as *any* background information that will inform the process.

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1 See Attachment E for complete reference information. "The Right People for the Right Job" (PHI, 2002) and "Finding and Keeping Direct Care Staff" (Catholic Health Association, 2003).

☐ **E.** Have you conducted surveys, interviews or focus groups to understand how direct caregivers feel about working for your agency?[2]

☐ **F.** Have you communicated with all of the staff who may be part of recruitment or supervision of direct caregivers to ensure that they have up-to-date information on the initiative's goals and plans and how they feel about their role in the future?
- What are their responses to suggested survey, interview, or focus group questions?
- Are they "on board" with the goals of improving recruitment and retention?

☐ **G.** Do you need to edit the direct caregiver job description to ensure that it is accurate, interesting, and compelling?

☐ **H.** Do current marketing materials need to be updated?[3]

☐ **I.** Are there agency practices or policies that make it less than desirable to potential applicants?
- Do you know where your wage and benefit packages fit in the job market and their impact on recruitment possibilities?
- What initial steps can be taken so that you will be able to attract and keep the workers you want?
- Do you need to enhance wages and benefits to attract desirable candidates?

☐ **J.** Is the current system for tracking turnover and retention rates designed to support an analysis of the effectiveness of the recruitment and selection initiative? Do the policies and procedures regarding the review and use of this information support a team approach to oversight? If not, do they need to be revised?

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2 See Attachment A, Gaining Employee Input to Support Outreach.

3 See "Recruiting Quality Health Care Paraprofessionals: A PHI Technical Series Publication" (PHI, 2000), page 8.

Step 2: Conduct a Staffing Needs Assessment

This process may be initiated by the assigned staff person as part of preparing for work with the team. A clear vision of staffing needs is critical to transitioning from a reactive stance—that can force an agency to hire anyone—to one that ensures full, high-quality staffing throughout the year. This approach also contributes to better retention of existing staff by ensuring more consistent coverage and balanced workloads.

☐ **A.** What has been your turnover rate for the past 1 -3 years? When does the greatest attrition happen: within the first two weeks, first three months, first year?

☐ **B.** What are your goals concerning hiring for the upcoming year?
- How many consumers, on a month-by-month basis, do you expect to gain and lose in the coming year, given the agency's history, the current market, and marketing plans?
- How many workers do you need to meet your client demand, taking attrition into account?

☐ **C.** Have you clarified the number of hours, and anticipated times, you need to *hire* employees to fill over the coming year?

☐ **D.** How many candidates do you have to attract to hire the number of new employees you need on a month-by-month basis over the coming year?[4] The following are sample guidelines based on the screening processes recommended in the next steps :
- Of those scheduled for information sessions, about 65% will attend.
- Of those scheduled for interviews (after attending initial information session), about 75% will show up.
- Interviews are competitive. Based on screening criteria, acceptance rates can be as low as approximately 1 out of 3 or 4 applicants.

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4 See "A Guide to Recruiting Quality Health Care Paraprofessionals" (PHI, 1999), page 4.

Notes:

Step 3: Design and Implement Effective Recruitment Strategies[5]

Worker participation in recruitment can energize efforts—as well as inform many of the other steps throughout this process—as the team considers how to attract the best possible staff. Many agencies do not devote sufficient time and effort to their recruitment processes, and find themselves hiring candidates they know are not likely to be successful. Making the up-front investments outlined below will pay off in lower costs and less staff time necessary to address turnover, inconsistent staffing, and quality concerns. Agency staff will also experience higher morale.

Forming a Recruiting Team

A. Have you formed and chartered an interdisciplinary team, including experienced direct-care staff and supervisors,[6] to be involved in the implementation and oversight of the new recruitment programs? *See also Steps 11 and 12.*

B. Has the team been oriented and had the opportunity to review background information and current agency materials related to recruitment and selection of new employees—e.g., job description, marketing materials, screening and interview protocols, and the staffing needs assessment?

C. Has the team established a schedule for its activities and clarified expectations, compensation, and release time issues for its members?

Preparing for Outreach

A. Has the team developed a proposed recruitment schedule for the coming year?

B. Does the team agree on a definition of an "ideal" candidate?[7]

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5 See "Staff Planning Workshop Facilitator's Guide: Recruiting Quality Candidates: Part I" (PHI, unpublished).

6 See "Recruiting Quality Health Care Paraprofessionals: A PHI Technical Series Publication" (PHI, 2000), page 9.

7 See "Recruiting Quality Health Care Paraprofessionals: A PHI Technical Series Publication" (PHI, 2000), page 13.

☐ **C.** Has the team determined baseline hiring requirements — i.e., criminal background checks, drug screens, and physical examinations?[8] Do you know the process and timing required for each requirement?

☐ **D.** Does the team have a shared understanding of the qualifications that will be required of all candidates?

☐ **E.** Has the team reviewed and agreed upon a job description and other job information that will be shared with candidates and partners?

☐ **F.** Has the team identified the positive job elements to attract the best candidates, such as flexible and part-time schedules, career ladders, and the variety of consumers?[9]

☐ **G.** Has the team decided how much to focus outreach on broad-based efforts—including advertisements, job fairs, word of mouth and posting flyers—versus how much to target it to specific organizations *(see next questions on specific organizations)*?

☐ **H.** Has the team considered targeting different populations for recruitment, such as college students, retirees, and immigrants?

☐ **I.** Has the team learned what service agencies and organizations exist in your community that serve the populations you would want to recruit?[10]

☐ **J.** Has the team learned about local, state, and federal workforce development agencies that can be helpful partners?

☐ **K.** Has the team identified the local newspapers and newsletters your target populations read—e.g., Alzheimer's Association?

☐ **L.** Has the team identified on-line websites that could be used to advertise jobs?

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8 See "Recruiting Quality Health Care Paraprofessionals: A PHI Technical Series Publication" (PHI, 2000), page 6.

9 See "Recruiting and Selecting Health Care Paraprofessionals: A Short Guide from PHI" (PHI, unpublished), page 4.

10 See "Recruiting and Selecting Health Care Paraprofessionals: A Short Guide from PHI" (PHI, unpublished), page 5.

☐ **M.** Has the team identified how current employees will be engaged in recruiting new employees, including determining what, if any, incentives will be offered to employees who successfully recruit new employees?

☐ **N.** Has the team developed and customized ads, flyers, and other outreach materials to carry out the recruitment campaign with partners, in the media, and in the community?

Conducting Outreach

☐ **A.** Has the team contacted the local partners that can assist you and taken first steps to build a relationship?

☐ **B.** Has the team pursued relationships with potential partners to learn and share sufficient information to develop a successful partnership? This will include developing a plan outlining the partner's role in your recruitment strategies, providing them with all the materials they need, and following up with them in a timely way?

☐ **C.** Has the team placed ads and arranged for articles in selected local newspapers and newsletters?

☐ **D.** Has the team posted ads, job descriptions, and other outreach on on-line websites?

☐ **E.** Has the team communicated with current employees to request their assistance with recruitment, and provided them with the information and materials they need?

☐ **F.** Is the team continually adapting ads, flyers, and other outreach materials to carry out recruitment campaigns with partners, in the media, and in the community?

☐ **G.** Has a thoughtful process been designed for tracking calls and mail generated by outreach, as well as to generate responses—e.g., letters, follow-up information packets?

Evaluating and Enhancing Recruitment Program

☐ **A.** Does the team have a process to track outcomes and evaluate strategies and activities[11]?

☐ **B.** Does the team have a schedule for reviewing program outcomes and conducting improvement activities?

Partnering with public agencies can be an excellent recruitment strategy

The Care Advantage, a health care staffing agency in Virginia, improved its ability to identify new CNA trainees by developing an innovative collaboration with the Richmond Redevelopment and Housing Authority (RRHA).

Through this collaboration, the RRHA informs all public housing residents about the opportunity to receive free training as a CNA. In the program's first year, the program graduated 60 CNAs, of whom 51 secured employment in long-term care.

Before entering the program, participants complete job readiness and basic computer training and receive intensive case management services to address barriers to successful completion. RRHA carefully screens applicants and helps them meet program require-ments. Residents who score below the minimum required reading level are enrolled in literacy and/or GED classes, and their names are placed on the waiting list for "Hope for Health Care." All program participants are assigned case managers with whom they develop career goals and assess their need for supportive services. Monthly job retention coaching is an integral part of the program.

The RRHA provides incentives to public housing residents for completing the program by escrowing rent or excluding income from rent calculation while residents establish careers.

Funding for this program is provided by the RRHA, mostly through federal Hope VI and Family Self-Sufficiency grants.

Reprinted from *Finding and Keeping Direct Care Staff* (Catholic Health Association, 2003), p. 26.

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11 See "Recruiting Quality Health Care Paraprofessionals: A PHI Technical Series Publication" (PHI, 2000), page 25.

Step 4: Design and Implement a Successful Selection Process

To have a quality workforce, the recruitment and selection process must help the recruitment team determine which applicants have the ideal and desired qualities the team has identified. An effective process cannot rely on self-reporting alone. Opportunities to observe candidates and have them demonstrate responsible follow-through behaviors need to be built into the process. (This step is written as if the recruitment team is also responsible for overseeing the selection process, which may not be true of all agencies.)

Designing the Selection Process[12]

☐ **A.** Has the team developed a comprehensive outline and proposed schedule of the steps that will be followed in the selection process— i.e., handling of initial inquiries from potential candidates, information sessions, call backs to schedule interviews, initial interviews, screening activities, final interviews?[13]

☐ **B.** Has the team created, and/or reviewed and revised all written materials necessary for information sessions and selection process?

☐ **C.** Has a tracking system been designed detailing the process, including who showed up and followed through to schedule an interview, observations of candidates, etc?

☐ **D.** Has the team developed a protocol for staff to use in responding to the initial overtures from candidates? Does this protocol recognize that the assessment and selection process begins as soon as a candidate makes his/her first phone call?

☐ **E.** Has the team designed an informative, persuasive, and interactive information session?[14] Videos can be useful in screening applicants who have not yet done the work. Watching realistic depictions of job responsibilities may help some realize that they aren't suited to the profession—or make that fact clear to recruiters who watch applicants

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12 See "Sample Agency Recruitment Steps" (PHI, unpublished).

13 See "Recruiting Quality Health Care Paraprofessionals: A PHI Technical Series Publication" (PHI, 2000), page 19.

14 See Attachment B, "Information Session/Open House Overview."

as they watch the videos. Videos also raise issues that interviewers can discuss to learn more about how a job candidate thinks.

- *HeartWork: A Video Celebrating the Lives and Work of Direct-Care Workers.* PHI, 2002. Comes with a discussion guide with suggestions on use with various audiences, including new recruits. See: **www.PHInational.org/what-we-do/curricula-and-training-material/heartwork/**.

F. Has the team developed a protocol to use to capture observations in the information sessions?

G. Has the team (or assigned staff) been trained to handle the calls to schedule candidates for the information sessions? This will include a script outlining clear and accurate directions that will help assess candidates' ability to follow instructions. A script also helps ensure that each contact with a candidate is enthusiastic, welcoming, and friendly.

H. Has the team made sure that all room arrangements, supplies, equipment and materials are ready?

I. Has the team contacted everyone who will be representing the agency at information sessions, and made sure these individuals are prepared and/or trained to perform their role?

J. Has the team reviewed federal regulations regarding interviews and ensured that protocols do not include questions that are illegal to ask—such as those that concern marriage status and child care arrangements; criminal convictions; and past and present drug and alcohol abuse?

K. Has the team decided upon the criteria for determining job readiness —such as reliable and stable child care, housing and transportation, family stability, and language, math, and reading skills?

L. Has the team developed an interview process, including who will be involved in each interview, how candidates will be scored, how much time will be allowed for interviews and follow-up by team members? Has the team developed a standard set of questions? Are support materials needed?[15]

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15 See "Caregiver Assessment Guide" (PHI, unpublished).

☐ **M.** Has the team defined a smooth system for screening candidates—i.e., drug test, criminal history check, physical exam?

Conducting the Screening and Selection Process

☐ **A.** Are information sessions, which also serve as assessment of participants' job readiness, being scheduled and arrangements made for candidates to attend?

☐ **B.** Are information sessions being held? Are they well received?

☐ **C.** Is the team conducting debriefings after the information/assessment sessions to share impressions of candidates, identify improvements to the program and process, and set up next steps?

☐ **D.** Is the team scheduling interviews within a few days of the information/assessment sessions?

☐ **E.** Has the team arranged for the staff person responding to candidates' phone calls to provide the interviewers with any pertinent information regarding a candidate?

☐ **F.** Are the interviews being held?

☐ **G.** Has the team held debriefing sessions after interviews to develop consensus on decisions, including selecting finalists? Do these debriefing sessions include next steps?

☐ **H.** Is the team following up on job references?

☐ **I.** Are the screening steps being conducted—e.g., background checks, physicals, etc.?

☐ **J.** Is the process for reviewing references and screening results to make final determination of job offers being carried out?

☐ **K.** Are job offers being made in a timely way?

   ☐ **L.** Has time been set aside for someone, preferably a counselor, to meet with strong candidates and to further assess and address issues of job readiness?[16]

   ☐ **M.** Has the team kept all staff informed of the goals of the selection process and progress with plans?

Evaluating and Enhancing Selection Process

   ☐ **A.** Does the team have a process to track outcomes and evaluate strategies and activities?

   ☐ **B.** Does the team have a schedule for reviewing process outcomes and conducting improvement activities?

Notes:

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16 "Employment Readiness Assessment Group Session" (PHI, unpublished) provides one approach to this activity.

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Creating a Culture of Retention: Steps 5–12

Case Study: OHI

A comprehensive retention program for direct support professionals

Organizational Description

OHI is a nonprofit private agency with 325 employees located in Hermon, Maine. It provides supportive services and housing to over 200 people with mental retardation, developmental disabilities, or mental health needs who are living in the community. OHI has 63 community homes and day treatment programs in 24 Maine communities.

The organizational objectives are to:

- Maintain a high level of employee morale

- Provide responsive service to disabled individuals within the framework of self-determination

- Continuously assess and improve employee-related practices

- Ensure that direct support professionals have input into the lives of the people they support, their work, and the overall functioning of the agency

OHI direct support professionals receive extensive orientation and training, employee recognition, continuing education and certification opportunities, and access to an employee assistance program. In addition, the agency has implemented a program of regular feedback and merit-based raises.

Key Components

Orientation and Training. New hires attend a paid, two-week intensive training and orientation session before beginning work. The program is grounded in the Direct Support Professionals Code of Ethics. Topics covered include sexuality awareness, understanding and dealing with difficult behavior, improving communication, and mentor shadowing, in which a new employee is paired with an experienced and exemplary aide for the first two weeks on the job. Trainers use adult learning techniques such as role-plays, scenarios, and interactive discussions. Each employee develops a professional plan that sets goals for the next six months, year, and two years. Plans are included in both the human resource department's employee files and employee-managed portfolios.

Evaluation and Merit-Based Wage Increases. This demonstration program, which was implemented in the mental health division, requires employees to maintain a portfolio of certificates, achievements, resumes, and other information pertinent to their work. Each employee meets monthly with his/her supervisor for a supervisory session called a fireside chat, where they discuss the portfolio and any work-related problems that may have arisen. In addition, employees participate in yearly 360-degree feedback groups where colleagues give each other feedback on their work. Every worker earns a yearly salary increase of 2 to

7 percent. The amount is based on evaluations made in fireside chats and feedback groups, attendance and discipline records, and supervisory input.

Continuing Education. OHI often pays for continuing education and gives employees paid time off to attend classes. A division of professional development, which handles training and certification, offers 40 to 80 hours of annual training to all employees, not including orientation.

Employee Recognition. OHI recognizes an employee of the month, team of the quarter, and employee of the year. All may be nominated by a consumer, worker, supervisor, or a family member and are chosen by a majority vote of the quality improvement team. Recipients receive a plaque or certificate and a letter from the CEO, and their names are added to a "Perpetual Plaque" in the main office. Employees receive informal letters acknowledging exemplary accomplishments, when applicable. OHI also uses employee recognition boards, sends each employee a birthday card every year, and holds an annual employee recognition dinner.

Benefits. OHI offers medical, dental, retirement, life and long-term care insurance to each worker, with small employee contributions based on hours worked. Its employee assistance program is staffed full time. The program offers counseling services, information about and referrals for additional therapy, and connections to practical supports such as food stamps, child care, and transportation.

Outcomes…and Lessons Learned

According to management, OHI has a low turnover rate and receives a constant stream of applicants through word of mouth, making newspaper advertising unnecessary. Exit interviews conducted with each staff member who leaves OHI show that the main reasons for leaving are moving out of town or going to school full-time.

The quality improvement team played a key role in making many of OHI's initiatives work, ensuring that they were implemented consistently and supported the agency's mission and values.

Learn more

Visit **www.ohimaine.org** to learn more about OHI and its journey to become a national model for quality care *and* quality jobs. You can also contact the Director of Training and Professional Development at 207-848-5804 to learn more about OHI's programs to create a culture of retention.

This case study is adapted from the OHI Best Practice Profile available at **www.PHInational.org/clearinghouse**.

Step 5: Build a Strong Management System to Support Retention

It is important for managers to create and support a climate of mutual respect and responsiveness that values quality frontline caregiving as a shared goal of direct-care workers, clinical staff, and non-clinical personnel throughout the organization. This includes a thorough review of personnel and human resource policies to ensure that these guidelines and procedures are designed to improve retention and support quality care. A commitment by top management to truly support worker participation and development is also a critical factor to the success of any retention initiative.

Deciding to Pursue Recruitment and Retention Initiatives

A. Has senior management reviewed background information[17] that outlines the need for new approaches? Has senior management reviewed this workbook? Has senior management reviewed current measurable agency data that will be useful in determining the results of this effort, and determined what broad organizational commitments will be necessary over the coming period (1-3 years)? For example, which of the steps outlined in this workbook will be implemented first? Which will come later?

B. Have senior managers engaged in self-education to learn how to create an inclusive work environment that builds support for and models more de-centralized decision-making? This is critical to creating a person-centered approach to retention and care.

C. Has senior management articulated the values that will drive the initiatives?

D. Has senior management decided upon the key data that will be tracked and analyzed to validate the business investment in the retention program, including those addressed by the recruitment effort—e.g., turnover, retention, client satisfaction, employee satisfaction, new client growth?

E. Has senior management ensured that the appropriate information management systems are in place to manage data and generate reports to evaluate activities?

17 See "Finding and Keeping Direct Care Staff" (Catholic Health Association, 2003).

☐ **F.** Has senior management arranged for an organizational assessment to be done that will reveal current organizational strengths, weaknesses and opportunities?[18]

☐ **G.** Has senior management allocated the staff and resources necessary to implement and support the recruitment and retention efforts?

☐ **H.** Has senior management reviewed and redesigned hiring and human resource practices so that they complement the recruitment and retention initiative?

☐ **I.** Has senior management reviewed and redesigned staff roles so that they reflect the values and goals of the initiative?

☐ **J.** Has senior management designed a way to provide incentives and recognition for exemplary performance and participation in the retention initiative, as well as other improvement efforts?

Building Support for and Launching the Initiatives

☐ **A.** Has senior management developed and carried out effective communications to develop understanding of—and support for— the initiative among all management, administrative, and direct caregiving staff?

☐ **B.** Are the initiatives staffed so that they can be successful?

☐ **C.** Is senior management ensuring that staff responsible for the initiative have the resources needed to carry out plans and activities?

☐ **D.** Is senior management modeling the values driving the initiative in *their* employee relationships and leadership style?

☐ **E.** Is senior management responsive to the concerns and needs raised by the staff responsible for initiative implementation? To all employees as the initiatives are launched?

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18 See "Getting Started: A Pioneering Approach to Culture Change in Long-Term Care Organizations" (Pioneer Network, 2004).

Overseeing the Initiatives and Ensuring their Success

☐ **A.** Is senior management tracking the progress of initiatives and taking steps to address any concerns that arise?

☐ **B.** Is senior management ensuring ongoing communication about the initiative that encourages employee engagement and support?

☐ **C.** Is senior management publicly expressing appreciation for the accomplishments of the initiative and involved staff?

☐ **D.** Is senior management responsive to concerns and needs raised by initiative staff and all employees as the initiatives are carried out?

☐ **E.** Is senior management addressing resource needs that arise as the initiatives progress?

☐ **F.** Is senior management taking action when data (and other indicators) suggest improvements and changes in the initiatives are needed?

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Step 6: Orient and Support Employees in their First Few Weeks on the Job

Orientation is a structured initial training process designed to ensure that new workers have the preparation and support they need to begin work with confidence. It familiarizes new employees with the organization's mission and policies, job expectations, and procedures related to the workplace environment. In the first few weeks of employment, timely feedback on performance is critical, as is addressing any emerging concerns right away. Thoughtful tracking of outcomes and retention data will help ensure the effectiveness of the orientation process.

Designing the Orientation and Initial Supports

☐ **A.** Has the team designed a thorough, inspiring, and informative orientation program that covers all the applicable policies—personnel-specific and organizational—as well as the organizational mission, culture, and values? Does the orientation design incorporate learner-centered teaching practices?

☐ **B.** Does the orientation provide as much hands-on training as possible?

☐ **C.** Does the orientation address relationship skills and expectations, including communication, teamwork, problem-solving skills, as well as tasks?

☐ **D.** Does the orientation fully explain the peer mentoring program, the role of the mentors and their relations with new hires, as well as other supports available to help the new employees succeed in their early weeks on the job?

☐ **E.** Does the orientation introduce new hires to staff and their roles in the agency, as well as reporting relationships and expectations?

☐ **F.** Does the orientation conclude with an effective assessment process to ensure that new hires can demonstrate their understanding of key skills and concepts?

☐ **G.** Has the team developed a participative process for determining a new employee's initial schedule? Does this include the employee, the peer mentor, scheduler, and any others who may be needed to review the new hire's competencies, work experience, preferences, readiness, and the case mix of the current client population?

☐ **H.** Has the team clarified the role and expectations of key staff in supporting employees during their initial weeks on the job, including training staff, supervisors, and peer mentors?

☐ **I.** Are systems and staff in place to provide extra support during the initial probationary period? Do these supports include counseling for personal life challenges, peer mentoring, skill review, etc.?

☐ **J.** Is there a system to ensure that the organization becomes aware of how new hires are faring in their first weeks of employment? Does this system ensure the timely flow of this information?

Conducting Orientations and Providing Support

☐ **A.** Has the team secured a pleasant space for the orientation, as well as the necessary supplies and equipment?

☐ **B.** Are new hires scheduled for your orientation session(s)?

☐ **C.** Are orientation sessions held as scheduled and planned?

☐ **D.** Are sessions being conducted as planned to establish new hires' initial schedules and introduce them to their key co-workers?

☐ **E.** Are supports being made available as the need arises?

☐ **F.** Is there a system in place that allows the agency to track how well new hires are doing? Is it being used to initiate timely interventions as needed?

Evaluating and Enhancing Orientations and Supports

☐ **A.** Are new hires asked to provide feedback on each orientation session at its conclusion?

☐ **B.** Are new hires asked to provide feedback on how well orientation sessions prepared them for their jobs at the conclusion of their probationary period?

☐ **C.** Are new hires asked to provide feedback on how well organizational supports assisted them in succeeding in their jobs at the conclusion of their probationary period?

☐ **D.** Are new hires that do not remain with the agency through their probationary period being asked to provide feedback on what might have been done differently (i.e. in orientation or support programs) to better ensure their success and retention?

☐ **E.** Is the retention rate of new hires being compared to historical norms and are target goals being met?

☐ **F.** Is there a set schedule for reviewing outcomes and conducting improvement activities?

☐ **G.** If targets are not being met, is the program being reassessed to address shortfalls?

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Step 7: Provide Employee Supports to Address Life Challenges

To improve the retention of direct-care staff, it is essential to offer workers support and resources that will help them address personal and work challenges that could interfere with full-time employment. Worker participation in developing a support system will enhance efforts in this area.

Designing the Agency's Approach to Providing Services

A. Has the agency designed its approach to providing support to caregivers for the life challenges that could disrupt their successful employment. These challenges may involve:
- Transportation
- Child care
- Housing
- Financial management
- Family relationships

Ideally, this support would be the responsibility of a staff person, preferably a counselor, and involve pre-employment readiness sessions with new hires and on-going support. Fulfilling this role may also involve relying on community supports to which employees are referred. For example, in Michigan a consortium of providers share the costs of a retention specialist employed by Goodwill Industries.[19]

B. Has the agency oriented managers, supervisors, and peer mentors to its support services program so that they are prepared to refer employees to services as needs arise?

C. Has the agency introduced the support services staff person to direct caregivers? Do caregivers understand the role of support services at the agency, and are they comfortable accessing them when needed?

D. Has the agency planned for regular check-ins with employees—e.g., at orientations, in-services or workshops, support groups, planning committees—to help build trust and provide early intervention opportunities when issues arise?

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19 See "Opportunity Partnership and Empowerment Network (OPEN): A case study of an effective employee retention project" (PHI, 2007).

☐ **E.** Has the agency developed contacts with community agencies that can support employees with resources such as child care, public assistance, housing, and transportation?

☐ **F.** Has the agency planned a schedule of workshops and classes covering topics that may support direct caregivers in addressing life issues—e.g., budgeting and financial management; home repair; success with challenging children?

☐ **G.** Does the agency have a process to continuously learn more about employee "life issue" needs and incorporate them into support services?

☐ **H.** Has the agency developed outreach materials to inform employees of support services?

Providing Services

☐ **A.** Are available counseling and support services being accessed by employees?

☐ **B.** Is the agency maintaining relations with community partners to ensure that supports are readily available to employees as needed? Is the agency continually learning about new support service opportunities in the community?

☐ **C.** Are outreach and training activities being conducted? Are they well attended?

☐ **D.** Are outreach materials reaching all employees and helping them access services?

☐ **E.** Are peer mentors, managers, and supervisors playing a supportive role in referring employees to support services?

Evaluating and Providing Services

☐ **A.** Is the agency tracking the impact of services on employee retention, attendance and successful employment?

☐ **B.** Is the agency collecting employee feedback on the quality of services, outreach, and workshops being offered?

☐ **C.** Is there a set schedule for reviewing outcomes and conducting improvement activities?

☐ **D.** If targets are not being met, is the program being reassessed to address shortfalls?

☐ **E.** Are peer mentors playing a supportive role in ensuring that employees access support services?

Resolving an Employment Barrier

At Cooperative Home Care Associates (CHCA), Bronx, NewYork, one experienced aide kept calling out of work, and supervisors reviewing the situation planned to fire her. Supervisory staff asked the on-site counselor to look into the situation before making a final decision.

The case manager found out that the employee suffered from menopausal depression but could not afford the medication prescribed for her condition. The aide was placed on a leave of absence, and the case manager referred her to a private mental health organization, which enrolled her in Medicaid and helped her work through her depression. After this experience, CHCA rehired the direct-care worker, who remains employed at CHCA today.

Reprinted from *Finding and Keeping Direct Care Staff* (Catholic Health Association, 2003), p. 16.

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Step 8: Establish a Peer Mentor Program

Peer mentoring is an effective way to facilitate communication and mutual support among workers. It provides new workers with a more supportive orientation and initial training period, offers seasoned workers a career development and advancement opportunity, and establishes a culture of ongoing learning and problem solving.

To succeed as an intervention to improve retention, peer mentoring needs to be a formal program that is well structured and understood by all staff within the organization.

Designing and Launching the Peer Mentoring Program

- [ ] **A.** Have senior managers reviewed background information about peer mentoring programs[20] and made a decision to implement a peer mentoring program? Have they made the necessary resources available?

- [ ] **B.** Has the agency determined the criteria by which the program is evaluated and ensured effective data collection and analysis? For example: measuring reduction in turnover during first 90 or 180 days, improvements in consumer satisfaction, mentor turnover, interest in becoming a mentor?

- [ ] **C.** Has the agency decided who will provide program oversight and support (i.e., who will comprise the team)?

- [ ] **D.** Has the agency hired or identified the best candidate for the job of peer mentor coordinator? Does this person have the formal and informal influence to ensure success in the design, implementation, and growth of the program?

- [ ] **E.** Has a budget been developed and approved?

20 See "Introducing Peer Mentoring Long-Term Care Settings" (PHI, 2003).

☐ **F.** Has a clear and inspiring job description for mentors that includes input from workers and supervisors been developed?[21] Below are some examples of responsibilities that may be included in the peer mentor role:

- Interviewing applicants for new positions
- Playing a role in assessing mentees competencies (if a formal program exists in your organization, such as an apprenticeship or other educational programs that use experienced direct-care staff as assistant trainers)
- Having opportunities to coach and support one another
- Having a role in new employee orientations
- Having a role in employee classroom training
- Providing information and feedback to supervisors and managers based on their experiences with mentees
- Participating in the organization's Operation Team meetings when the team is discussing mentee issues

☐ **G.** Has compensation for mentors been determined?

☐ **H.** Has there been a review of organizational practices to determine if they support, align, or conflict with the peer mentoring program, particularly human resource and disciplinary policies? Have necessary revisions been made?

☐ **I.** Have the necessary reporting and policy expectations, tools, and processes been designed to support the peer mentors in following best practice and tracking their activities?

☐ **J.** Has a communication system with supervisors, schedulers, and all other affected personnel been implemented so that there is widespread understanding of the mentors' role and responsibilities, the program goals, and the organization's expectations of all staff in their related roles?

- Are supervisors and mentors clear about the distinct and any overlapping responsibilities that each role has?
- Are the schedulers clear about the program and how it impacts their job? Have they been included in the design of the program?

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21 See "Introducing Peer Mentoring Long-Term Care Settings" (PHI, 2003), page 7.

☐ **K.** Has a fair, accessible, and transparent selection process for mentors been designed to ensure the credibility and success of your choices?

☐ **L.** Has a high-quality, learner-centered training program for mentors been designed?[22]

☐ **M.** Has a training site with all necessary supplies and equipment been arranged? Have arrangements been made with all affected staff?

☐ **N.** Has the agency designed the peer mentor performance assessment process?

☐ **O.** Has the agency determined career paths for mentors to continue on should they desire?

☐ **P.** Has a thoughtful process for matching and introducing mentors with mentees been developed?

Conducting the Peer Mentoring Program[23]

☐ **A.** Are peer mentors being effectively selected and trained in their roles?

☐ **B.** Are peer mentors being matched to mentees in a successful manner?

☐ **C.** Are peer mentors reporting on their activities with mentees as planned?

☐ **D.** Is the agency tracking how well peer mentors and other staff are carrying out their roles in the program and addressing issues as they arise?

☐ **E.** Are peer mentors meeting regularly with each other, the program coordinator, and other key personnel to discuss their experiences?

☐ **F.** Are peer mentors effectively performing in all of the roles they were expected to participate in?

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22 See "Peer Mentor: A Workshop Series for Direct Care Workers and Residential Care" (PHI, 2006).

23 See "Sustaining and Nourishing Your Peer Mentor Program" (PHI, unpublished).

☐ **G.** Are peer mentors receiving the support they need to address challenging situations that may arise with mentees?

☐ **H.** Are peer mentors receiving additional support and training to continue developing their skills?

☐ **I.** Are peer mentors providing feedback to supervisors or management based on their experiences? Is the information valued and recognized?

Evaluating the Peer Mentoring Program[24]

☐ **A.** Are peer mentors being assessed for their performance in the role as planned?

☐ **B.** Are mentees being asked to report on their experience with mentors?

☐ **C.** Is input from supervisors, schedulers, and others being solicited to help evaluate the success of the program?

☐ **D.** Does a team meet regularly to discuss and evaluate the program based on the criteria established for its success and feedback from staff?

☐ **E.** Are program improvements being implemented to address shortfalls identified by evaluation process?

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24 See "Sustaining and Nourishing Your Peer Mentoring Program" (PHI, unpublished), pages 7, 9-12.

Step 9: Ensure Constructive and Effective Coaching Supervision

Coaching supervision is a skill and an approach that supervisors of frontline workers can learn through initial training, additional in-services, and other supports. Persons charged with supervisory duties need formal training to effectively carry out their responsibilities in a manner that builds employee commitment, enhances retention, and draws out the best possible performance from staff.

Designing the Agency's Coaching Supervision Initiative

A. Have senior managers reviewed background information about coaching supervision initiatives[25] and made a decision to implement a coaching supervision program? Have they made the necessary resources available?

B. Has the agency determined the criteria by which the program will be evaluated and ensured effective data collection and analysis? For example: measuring reduction in turnover during first 90 or 180 days, improvements in employee satisfaction, reductions in formal disciplines, improved consumer satisfaction, reduced absenteeism?

C. Has the agency decided who will be involved in the design of the initiative and provide program oversight and support (i.e., who will comprise the team)?

D. Has the agency hired or identified a coordinator for the coaching supervision initiative?

E. Has the agency's culture of retention plan, goals, and criteria for evaluation been reviewed? Have the goals and hopes of the coaching supervision initiative been identified?

F. Has a budget been developed and approved?

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25 See "Creating a Culture of Retention: A Coaching Approach to Paraprofessional Supervision" (PHI, 2001).

G. Have available curricula and instructional options been reviewed, and decisions made regarding what initial training and ongoing skill enhancement sessions will be provided (including policy and practice changes)?[26]

H. Have current job descriptions and human resource policies and practices been reviewed and revisions proposed to ensure that they are compatible with the initiative?[27]

I. Has a schedule for the delivery of initial training been developed so that, over time, all senior managers and front-line supervisors will have received it?

J. Has a communication plan been designed to inform all managers, supervisors and staff of the goals and plans of the program, encourage their feedback, explain their roles, and build their support for its implementation?

K. Has a system of supports to assist supervisors in using the skills post-training been developed?

L. Has a process for receiving input and feedback from managers and supervisors as well as frontline staff regarding initiative activities and expectations been developed so that practices can continuously be improved?

M. Has a training site been arranged, with all necessary supplies and equipment? Have arrangements been made with affected staff?

Implementing the Coaching Supervision Initiative

A. Are initial trainings being held and is there full participation?

B. Are employees being oriented to this supervisory approach?

C. Are managers and supervisors being supported—through counseling and peer support opportunities—in using coaching supervision skills?

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26 See "Coaching Supervision: Introductory Skills for Supervisors in Home and Nursing Care" (PHI, 2005), Introduction.

27 See North Carolina New Organizational Vision Award (NOVA) Manual (2006).

☐ **D.** Has initial training been delivered to all senior managers and front-line supervisors?

☐ **E.** Has the communication plan been rolled out?

☐ **F.** Are changes being made in training, supports, and other aspects of the initiative as indicated by feedback and shortfalls in goals?

☐ **G.** Are managers and supervisors who express interest and demonstrate skills being given the opportunity to play support roles (e.g., as trainers, coaches to other supervisors, communicators, etc.)?

☐ **H.** Are communications being produced that highlight program activities, successes, and developments and are they reaching all staff and other interested parties (e.g., consumer/client organizations)?

☐ **I.** Are the supervisors implementing the coaching supervision initiative receiving ongoing support and skill building? This may take the form of additional in-services, one-on-one coaching, and coaching discussion groups.

Evaluating and Enhancing the Coaching Supervision Initiative

☐ **A.** Are supervisors being assessed for their use of the skills and approach as planned?

☐ **B.** Are employees being asked to report on their experiences with supervisors?

☐ **C.** Are regular meetings being held to discuss and evaluate the initiative based on the criteria established for its success and feedback from staff?

☐ **D.** Are program improvements being implemented to address shortfalls identified by evaluation process?

Home Care Associates Institutionalizes Coaching

At Home Care Associates (HCA), Philadelphia, Pennsylvania, training is extended into the workplace through an intensive job-coaching program that begins in training and extends on a regular basis through the first three months of work and then, as needed, based on supervisory referral. All workers are assigned a job coach who guides, supports, and provides feedback for the employee regarding work culture issues.

The coaching-supervision project was designed to address the organizational consequences of poor problem-solving skills: the relatively high turnover and number of "disciplinaries," that is, punitive actions and dismissals as consequences of policy infractions on the part of home health aides. Although a specific "job coach" intervenes when infractions are serious and/or repetitive, ideally everyone in the organization (including administrative, operations, and caregiving staff) is trained in the coaching method of supervision. In this way, the philosophy of support and encouragement permeates the entire culture and staff learn to expect consistent application of policies and procedures.

After six months of the coaching project, disciplinary action had become a rare occurrence at HCA. Instead, relationships that had been established with aides through coaching enabled supervisors to address most problems before they escalated. Workers were much more willing than they had been in the past to accept responsibility for their actions and to commit to a plan to address problem areas with the support of their supervisor. Staff were faced with fewer day-to-day problems related to home health aides, and the aides felt supported in addressing issues in their work and personal lives.

Reprinted from *Finding and Keeping Direct Care Staff* (Catholic Health Association, 2003), p. 16.

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Step 10: Offer Robust Learning through Training, On-the-Job Learning, and Career Development and Advancement

An ongoing process of learning that enables workers to maintain and advance the skills they need to perform their jobs safely and effectively is critical to quality care as well as to developing a culture of retention. Learning does not have a fixed duration. Rather, it is a continuous undertaking that builds upon workers' demonstrated skills and strengthens their ability to thrive in a positive, problem-solving environment. It begins with high-quality entry-level training that ensures workers have the necessary skills to provide quality services to consumers.

Opportunities for career advancement are also an important ingredient for creating better jobs that can help to stabilize the workforce. It is important to recognize advanced learning through expanded job responsibilities accompanied by higher pay, additional benefits, or other workplace incentives. Such practices allow employees to grow in their work lives, sustain a sense of progress and advancement, and contribute to the organization in new ways.

Designing and Launching Effective Learning Opportunities at Your Agency

☐ **A.** Have senior managers reviewed background information on the importance of employee development[28] and made a decision to implement a learning initiative that includes training, on-the-job learning, professional development, and the creation of career ladders? Have they made the necessary resources available?

☐ **B.** Has the agency determined the criteria by which learning activities will be evaluated and ensured effective data collection and analysis? For example, measuring consumer care indicators, employee retention, employee satisfaction, and participation in advancement programs?

☐ **C.** Has the agency decided who will be involved in the design of learning activities and provide program oversight and support (i.e., who will comprise the team)?

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28 See "The Right Start: Preparing direct-care workers to provide home- and community-based care" (PHI, 2003), and "Training Quality Home Care Workers: A PHI Technical Series Publication" (PHI, 2003).

D. Has the agency hired or identified the best candidate to coordinate learning efforts? Does this person have the formal and informal influence to ensure success in the design, implementation, and growth of the program? Will there be a team to support the coordinator in the effort?

E. Have best practices in training, on-the-job learning, career ladders and professional development been reviewed? These approaches:
- Respect the diverse backgrounds, training levels and learning styles of individual workers
- Reflect the research showing that adults are motivated more by "real-world problems" that build on real-life experiences and situations and learn best through active participation
- Recognize quality improvement initiatives that are built on topics generated by direct caregivers as well as the insights of administrators, whose broader view of the environment can help them identify emerging trends and needs

F. Have the latest methods (e.g., computer-based learning, web-conferencing) of health care education delivery been explored to identify best practices and determine what variety of approaches may be incorporated into your learning efforts?

G. Have the basic and advanced competencies and core knowledge that workers need to provide care to the target population of the agency been defined?[29] Is there a needs assessment process in place to address such issues as scope of care provided, case mix of people seen, and the availability of clinically trained supervisors or consultants?

H. Have all the topic areas needed to support employees in learning the necessary competencies—including core values and customer service—been identified?

I. Has a process to assess employees' mastery of knowledge and competencies as they progress in their learning and along their career paths been developed?

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29 See "U.S. Dept. of Labor Home Health Aide Outline,"
   www.doleta.gov/atels_bat/bul05/Bulletin%202005-10%20(lms)-Occ-Home%20Health%20Aide.pdf.

☐ **J.** Have current training offerings and plans been reviewed in light of the above analysis, and a plan developed for enhancing them over the next year, 2 years, 3 years?

☐ **K.** Have current career advancement opportunities been reviewed (if they exist) and a plan developed for enhancing them over the next year, 2 years, 3 years? This would include a structured, incremental system that categorizes direct-care job titles, descriptions, qualifications, responsibilities and pay ranges.

☐ **L.** Have current professional development opportunities been reviewed and a plan developed for enhancing them over the next year, 2 years, 3 years?

☐ **M.** Have current supports for on-the-job learning been reviewed and a plan developed for enhancing them over the next year, 2 years, 3 years?

☐ **N.** Has a budget been developed and approved? Have potential sources of external funding been explored and identified? Issues to consider include:
- Compensation for staff time while learning
- Covering staff released for learning
- Benefit levels for external learning opportunities and policies for paying, (e.g., reimbursement, direct billing)
- Incremental pay increases for employees who achieve new levels of skill
- Trainer salaries
- Facility, equipment and supply costs

☐ **O.** Has there been a review of organizational practices to determine if they support, align, or conflict with the learning initiatives? Have necessary revisions been made? Areas which will need consideration include:
- Performance assessments
- Job posting and application policies and practices

☐ **P.** Have the necessary reporting and policy expectations, tools and processes been designed to support the learning efforts?

☐ **Q.** Have communications with all personnel been designed so that there is widespread understanding the program goals, expectations, and opportunities?

☐ **R.** Has the agency identified training resources needed? Have community educational institutions and organizations been contacted to explore resources and collaboration opportunities?

☐ **S.** Have training sites—with all necessary supplies and equipment—been arranged? Have arrangements been made with all affected staff?

☐ **T.** Has the agency designed assessment processes to ensure that all aspects of learning are being carried out effectively?

☐ **U.** Has the agency designed recognition activities or benefits that it will offer to employees who pursue learning?

Pursuing Learning in Your Organization

☐ **A.** Have individual trainers been selected and oriented? Have external training programs been selected and contracted?

☐ **B.** Have all employees been communicated with about new learning opportunities and given opportunities to enroll in the activities of their choice?

☐ **C.** Have training programs been scheduled and held with employees?

☐ **D.** Are employees engaged in programs to explore and pursue available career ladders?

☐ **E.** Are employees involved in professional development activities?

☐ **F.** Are employees engaged in on-the-job learning that is being captured and documented for use by the entire organization?

☐ **G.** Is the agency assessing how well employees are learning and addressing issues as they arise?

☐ **H.** Are employee learning accomplishments accompanied by visible recognition and reward?

☐ **I.** Are trainers meeting regularly with each other, the program coordinator and other key managers to discuss their experiences?

☐ **J.** Are trainers effectively performing in all of the roles they were designed to participate in?

☐ **K.** Are trainers receiving the support they need to address challenging situations that may arise with learners?

☐ **L.** Are trainers receiving additional training to continue developing their skills?

☐ **M.** Are trainers providing feedback to supervisors or management based on their experiences? Is feedback being valued and recognized?

Evaluating Learning in Your Organization

☐ **A.** Are trainers being assessed for their performance in the role as planned?

☐ **B.** Are trainees being asked to report on their learning experiences?

☐ **C.** Is input from all staff being invited to help evaluate the success of learning in your organization?

☐ **D.** Does a team meet regularly to discuss and evaluate learning based on the criteria established?

☐ **E.** Are learning opportunity enhancements being implemented to address shortfalls identified by evaluation process?

Integrating Learner-Centered Training Techniques into a Clinical Training Program

Cooperative Home Care Associates, Bronx, New York, incorporates several critical components of a high-quality training program when teaching body systems to home health aide trainees. Instructors use a two-hour session to orient trainees to the eight body systems and the diseases that most affect each system. First, instructors use a simple introductory game to introduce the concept of a system and how systems work. Trainee volunteers are asked to move 15 objects arranged in a specific pattern from one side of the room to another with the exact same arrangement. The class is instructed to observe the volunteers to discern how they organize themselves and what system they use to accomplish this task. The instructor then leads the group in a discussion about the definition, importance, and role of systems, and specifically what a "body" system is.

The instructor then creates four to eight small study groups depending on class size. Working with a course textbook as its basic resource, each group receives a set of pictures representing the components for one body system and is asked to label each part. Then the group is provided with a set of index cards describing the function of its system and its various components. An individual group member selects an index card and reads the function. The group decides to which organ the function is attached and records its answers on a newsprint graphic drawing of the body system.

Finally, matching worksheets that associates several major diseases with each body system is distributed to the groups. Trainees decide the appropriate answers to related questions within their small group and add these to the drawing of their system. Throughout this small group activity, classroom instructors provide assistance and support to ensure accuracy. Finally, each small group presents what it has learned about its assigned body system to the full class. The lead instructor facilitates a discussion to clarify/correct facts or provide new information.

Reprinted from *Finding and Keeping Direct Care Staff* (Catholic Health Association, 2003), p. 15.

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Step 11: Establish an Infrastructure that Fosters Worker Participation

Worker participation in decision-making is fundamental to creating a supportive workplace environment, to improving continuously the delivery of care, and to maximizing the potential of employees to contribute their best skills and talents to organizational success. Since scheduling and balanced workloads are major concerns for employees and agencies, these practices are good choices for first efforts.

Designing the Infrastructure for Worker Participation

☐ **A.** Have senior managers made a commitment to support workers' participation in day-to-day decisions about care and work organization?

☐ **B.** Have senior managers identified initial areas of concern or improvement that they would like the participation efforts to focus upon? For example: scheduling and workload balancing?

☐ **C.** What goals would senior management like to achieve through participation efforts (e.g., improved consumer and employee satisfaction with scheduling arrangements, reduced staff time spent on schedule rebalancing)? Have they ensured effective data collection and analysis systems for these measures?

☐ **D.** Has it been decided who will be involved in the design of worker participation activities and provide program oversight and support (i.e., who will comprise the team)?

☐ **E.** Has the agency hired or identified the best candidate to coordinate worker participation? Does this person have the formal and informal influence to ensure success in the design, implementation, and growth of the program?

☐ **F.** What pathways currently exist in your organization for staff at all levels and in all departments to be engaged in problem solving around issues that directly affect the care of consumers, workers, and the work environment?

G. Have organizational assessments identified whether or not employees feel that their input is valued and utilized by the agency? If not, can this information be gathered?

H. Have best practices in worker participation been reviewed? These approaches recognize that direct-care workers have the most personal contact with—and may be the staff closest to—clients, and so may be in best position to understand how policies affect their ability to establish caring relationships. Practices that effectively engage direct-care workers include:
- Designing flexible scheduling, assignments, and work load balancing
- Consumer quality of care and quality assurance/quality improvement processes
- Care planning
- Committees to evaluate current practices and design alternatives. For example: Recruitment and Selection Committee, Scheduling Redesign Task Force, Policy Action Team, etc.[30]

I. Has a one-year plan to expand worker participation in decision-making been developed? The plan must include:
- Specific pathways or opportunities for worker participation (start with a manageable amount of activity that your organization can effectively support)
- Support for participation. For example:
  – Access to a quiet place and to the necessary resources (such as a table/desk, chair, pads, pens/pencils, access to charts, time, computers, etc.) at reasonable times to complete non-direct-care tasks
  – Access to information as needed to inform discussions and efforts to make change
- Defined processes for making suggestions and giving input and for responses to be given
- Training for leaders and participants in participative decision-making processes

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30 See "Getting Started: A Pioneering Approach to Culture Change in Long-Term Care Organizations" (Pioneer Network, 2004).

- Systems for ongoing communication within and between departments with the goal of making sure that all managers and workers are kept up to date and have a way to comment on issues that arise
- Budget for training, release time for meetings, supplies, and to implement anticipated suggestions
- A communication plan to ensure that all staff understand and support the initiative.

☐ **J.** Have current policies and role descriptions (e.g., supervisors' roles) been reviewed to ensure their consistency with the goals of the initiative and revised as necessary?

Implementing Worker Participation

☐ **A.** Has the initiative been communicated effectively so that the staff understand and support it?

☐ **B.** Have all staff whose roles are affected by the initiative (e.g., supervisors, managers, direct-care staff) been oriented?

☐ **C.** Is training in participative processes and decision making being held? Are staff fully participating?

☐ **D.** Are meetings being held as planned, and do participants believe that they are effective?

☐ **E.** Are these meetings generating suggestions for improvements and changes that are widely supported by participants and other affected staff?

☐ **F.** Are activities and outcomes of participation being communicated to keep all staff informed of developments, encourage their feedback, and build their ongoing support?

☐ **G.** Are resource issues being addressed, information provided, and participants coached as needed to support their efforts?

☐ **H.** Are changes in the initiative being made as indicated by feedback and shortfalls in goals?

☐ **I.** Are opportunities for participation expanding over time as initial activities succeed and require less support?

☐ **J.** Do participants engaged in decision making have ongoing support and skill-building opportunities? This may take the form of additional in-services or one-on-one coaching.

☐ **K.** Is the agency effectively implementing changes proposed by the participants?

Evaluating and Enhancing Worker Participation

☐ **A.** Are the outcomes of worker participation being tracked against goals and expectations?

☐ **B.** Are supervisors being assessed for engagement of employees in decision making?

☐ **C.** Has the agency had the resources to adopt the proposed changes in a timely manner?

☐ **D.** Does a team meet regularly to discuss and evaluate the initiative based on the criteria established for its success and feedback from staff?

☐ **E.** Are program improvements being implemented to address shortfalls identified by evaluation process?

Notes:

Step 12: Create a Worker-Management Leadership Team to Provide Oversight and Inspiration to the Plan and Ensure Ongoing Evaluation and Improvement

When management is ready to share the oversight, evaluation, and improvement of the culture of retention initiative, it can create a worker-management leadership team to oversee the effort.

Some organizations launch their retention initiative by creating such a team; others see forming the team as a later step once specific program steps have been successfully implemented. These teams, by modeling inclusive, respectful relations and decision making, can provide a breadth and depth of support for new practices that helps to ensure their success and durability.

Designing a Worker-Management Leadership Team

    ☐ **A.** Have senior managers decided to support creation of a Worker-Management Leadership Team to oversee your retention effort?

    ☐ **B.** What size teams can your agency support (taking into consideration time for meetings and release from daily assignments) to participate in activities?

    ☐ **C.** What departments (cross-sections, inter-disciplinary) and functions (cross-layers) need to be involved to ensure that oversight and decision-making reflect key interests and views in the agency? Direct-care staff must be involved!

    ☐ **D.** How will representatives from the departments and functions be selected to be members of the team?

☐ **E.** Have "key measures" to gauge the success of the recruitment and retention program and the overall adoption of a person-centered culture been determined? Measures to consider include:

- Staff retention during the first 3 months of employment
- Reduction in disciplinary steps taken
- Overall staff retention rates
- Worker/supervisor satisfaction
- Peer mentors satisfaction
- Mentee satisfaction
- Consumer satisfaction

☐ **F.** Has baseline information on each of these measures been captured?

☐ **G.** Are information and data collection and analysis processes in place to ensure that the team has the information it needs to provide effective oversight?

☐ **H.** Who will coordinate the activities of the team?

☐ **I.** How will the management and/or the team develop its charter?[31]

☐ **J.** Has a plan for communicating the team's work with all staff—including specific plans for how representatives of specific departments and functions will communicate with those they represent—been designed?

Operating a Worker-Management Leadership Team

☐ **A.** Has the team reviewed, amended, and adopted the measures by which the retention efforts will be evaluated? Has it set targets for improvement of the measures over the next 1, 2, and/or 3 years?

☐ **B.** Is the team planning for, holding, and conducting meetings regularly and effectively?

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31 See Attachment C, "Teams Charter Checklist."

☐ **C.** Does the team have other ways to measure the ongoing commitment to this organizational change process? Some measurements might be:
- Do new hire and human resource practices ensure that employees are treated as valued contributors to the organization's success?
- Are new hires and all employees supported to success, rather than screened and assessed to decide if they "pass" or "fail"?

☐ **D.** Does the team champion a culture of retention philosophy in your organization and model requisite leadership qualities in their own relations with staff and consumers?

☐ **E.** Does the team provide formal and informal opportunities for all levels of staff and consumers to have input into continuous improvement of services and operations and ensure follow-through on employee input to continuously improve operations?

☐ **F.** Does the team ensure resources and supports are available to all efforts as needed?

☐ **G.** Does the team continuously engage in learning about effective practices of other home and community-based waiver programs and consider their implications for your agency's activities?

☐ **H.** Does the team design new initiatives and activities to meet needs that arise, including training, coaching, and other interventions with staff as needed?

☐ **I.** Does the team provide recognition and rewards to those who contribute to creating a culture of retention and person-centered care?

Evaluating and Continuously Improving the Retention Culture

☐ **A.** Is the team reviewing the evaluation measures monthly, quarterly, annually?

☐ **B.** Does the team have open, regular communications with all those contributing to the culture of retention so that it learns of successes, concerns, and needs?

☐ **C.** Does the team have processes for analyzing any shortfalls in outcomes to identify the root causes of difficulties in order to make adjustments and undertake new efforts?

☐ **D.** Does the team have processes in place to ensure that coordinators are held accountable for their role in leading the initiatives?

☐ **E.** Is the information gathered used in a timely and effective way to improve processes, tools and procedures, identify additional training needs, and develop new approaches?

Notes:

Attachments

3

Attachment A: Gaining Employee Input to Support Outreach

Attachment B: Information Session/ Open House Overview

Attachment C: Teams Charter Checklist

Attachment D: Interview Assessment

Attachment E: References

Attachment A: Gaining Employee Input to Support Outreach

Interviews of key employees, including supervisors and coordinators, can provide an in-depth look at the issues that will facilitate or interfere with effective recruitment.

Focus groups can include 4–8 employees, and generally are an hour or two. A facilitator poses questions and draws out all participants to gain rich and detailed responses. A recorder ensures that all answers are captured for review by the Recruitment Team. This will give you a wider, more representative understanding of employee viewpoints.

Surveys are the way to gain input from the broadest number of employees. Agencies may conduct them annually (a recommended practice) to learn about employee satisfaction and inform the recruitment process. A survey to support a particular initiative can also be a strategy to ensure that your employees know about and feel engaged in retention efforts. Surveys give less deep information and require a substantial amount of administrative time to summarize.

> *For each of the approaches, you may want to start with the following questions:*
>
> 1. What do direct caregivers like most about their work?
> 2. What do they like most about working for *your* agency?
> 3. What challenges do they find in their work?
> 4. What challenges do they encounter in working for your agency?
> 5. Who would they consider to be the ideal candidate?
> 6. What qualifications would they like to see all new direct caregivers have?
> 7. Do they believe that the current job description and recruitment materials reflect the reality of the work? (Have copies available for their review.)
> 8. What would they say to potential candidates they wanted to recruit to work at the agency about the work, the job, and the agency?

Notes:

12 STEPS FOR CREATING A CULTURE OF RETENTION

Attachment B: Information Session/ Open House Overview

Purpose

- Elicit participant questions and provide clear information about training program and job structure, work expectations, wages/benefits, and so on, to help applicants make an informed decision about interest in program/work

- (Preliminary) Screen of participants suitability for work and training program

- Market agency as a high-quality, worker-centered employer through personal presence and interaction with applicants—i.e., model type of worker we seek

Materials

- Flip chart
- Paper/Pencils
- Markers
- Handouts: *HHA Role/Responsibilities, Program Description and Employer Information, Application Steps, Eligibility Flyer*

Key Content

- Explain that Information Session/Open House is a **first step in the (organization's name) assessment process of applicant suitability, as well as an opportunity** for each participant to ask questions and gather information to assist in informed decision making about program and home health aide job.

- Explain the process will be competitive as we are looking to choose those candidates that staff feels are most suitable as caregivers and future employees.

- Note that like a job interview, not everyone who attends the session is *guaranteed* a follow-up interview. The most immediate next step is everyone who is still interested in pursuing the opportunity is expected to call back to request an interview. (Note that the full assessment process will be reviewed in more detail later in the session.)

- Review of handouts listed above.

Activities	Time	Staff
1) Partner Interviews: Interview partner to learn: name, why interested in caregiving work, and one thing they'd like group to know that they are proud of (5 min) and be prepared to introduce partner to group (30 sec each). *Facilitator(s) Tasks:* 1. Write questions on newsprint. 2. Keep time. 3. Observe interactions and note applicants' interactions with each other, and particular strengths/limits that become obvious during session. 4. Facilitate introductions.	20 min	
2) Small Group Brainstorm 1. If tables are available, ensure 5-7 people are at each table. If desks, organize participants into groups of 5-7 members. 2. Instruct each group to identify one person who will be the recorder/reporter for the group. 3. Have groups brainstorm any questions they have walking in the room (5-7 min). *Facilitator(s) Tasks:* 1. Facilitate report out process. 2. Record questions on newsprint using a rapid go-round process (i.e., have one group give 2 questions, have next group add 2 different question, and so on, until all questions have been recorded. After go-round, encourage other questions that may have come to mind during the reporting out. 3. Keep time. 4. Observe interactions and note applicants' interactions with each other, and particular strengths/limits that become obvious during session.	20 min	

Activities	Time	Staff
3) Presentation of Handout Information (approx 15 min per handout) *Facilitator(s) Tasks:* 1. Clear and patient presentation of handouts. After each handout, encourage clarifying questions specific to the handout presented. 2. Observe and record. 3. Keep time. 4. Final check-off of questions generated from brainstorm to ensure that all questions have been answered.	45 min	
4) Closing Ensure clarity about immediate next step—i.e., call back number and time. Reinforce failure to follow step as required can result in inability to continue in process. Thank applicants for their participation and state that we look forward to the possibility of them being part of the organization. *Facilitator(s) Tasks:* 1. Clarify next steps. 2. Be available for applicants individual questions before leaving. 3. Observe and record.	10 min	

Observation Tips

■ Friendly interaction with partners

■ Demonstrates willingness and patience with participatory process

■ Behavior, personal details that stand out (positive and/or negative) to support or refute interest in caregiving work as a calling

■ Extreme (negative or questionable) behavior

Notes:

Attachment C: Teams Charter Checklist

✔ has each team…

☐ **1.** …clearly defined and agreed upon its specific **purpose**?

☐ **2.** …identified what is—and isn't—its **turf**?

☐ **3.** …developed clear, measurable and prioritized **goals or deliverables**?

☐ **4.** …have a **mission statement** that members identify with?

☐ **5.** …clarified its **decision-making authority within the organization**?

☐ **6.** …determined **how many MEMBERS** make it representative but manageable?

☐ **7.** …decided what **interest groups** need to be represented by its members?

☐ **8.** …determined what **expertise** and **authority** are needed among the members?

☐ **9.** …agreed upon members' **lengths of terms**?

☐ **10.** …decided on its policy regarding **substitutes** and **alternates**?

☐ **11.** …developed a procedure for **orienting new members** as they enter?

☐ **12.** …clearly defined the **responsibilities** and **expectations** for all members?

☐ **13.** …clarified its **relations and communications with other key stakeholders**?

☐ **14.** …identified members' **training needs**?

☐ **15.** …determined that it has **established the conditions for its own success**?

☐ **16.** …established **ground rules/working agreements** for all members to abide by?

☐ **17.** …agreed to what is a **quorum** for meetings?

☐ **18.** …selected members to serve specific **roles**, including chair or co-chair, recorder, facilitator, timekeeper, and determined length of terms, expectations?

☐ **19.** …determined the **schedule and location** for meetings?

☐ **20.** …decided upon **agenda** issues: standard items, how to contribute, when it will be distributed, by whom and how

☐ **21.** …agreed upon how **decisions** will be reached? …hopefully by consensus

☐ **22.** …decided how **minutes** will be handled: what will and won't be included, who will produce and/or review, how and by when they will be distributed

Attachment D: Interview Assessment

Applicant's Name: _____ Date: _____

Quality	Value	Score	Comments
Caring Attitude/Interest in HHA Work			
• Sincere interest in caring for people			
• Ability to empathize, compassionate			
• Willing to give the extra effort			
• Ability to work with a diversity of people			
• Has formal or informal experience as caregiver			
Reliability			
• Demonstrated stable work history			
• Sincere commitment to work			
• Thinking re: what's needed to transition to work			
• Has demonstrated follow-through/completion			
Problem Solving & Organization			
• Ability to reason through problems			
• Ability to react in an emergency			
• Ability to organize tasks/day			
• Mature, able to handle difficult situations			
• Ability to follow directions			
Communication Skills			
• Good listening skills			
• Well-spoken & able to communicate			
• Well presented, appropriate appearance			
• Demonstrates confidence			
Basic Skills			
• Reading & writing skills			
• Math skills			
• General cognitive			
• Ability to learn			
Company Fit			
• Positive attitude			
• Team player, flexible			
• Sincere interest in HHA career			
• Ability to be reflective			
• Not overqualified			
Total	100		

Additional Comments: _____

_____

_____

Interviewer: _____ ____ Accepted ____ Not Accepted

Notes:

12 STEPS FOR CREATING A CULTURE OF RETENTION

Attachment E: References

Published by PHI:

"A Guide to Recruiting Quality Health Care Paraprofessionals" (1999). Order by calling or e-mailing **clearinghouse@PHInational.org** or 718-402-4138.

"Creating a Culture of Retention: A Coaching Approach to Paraprofessional Supervision" (2001). **www.PHInational.org/clearinghouse/download/Coaching.pdf**

"Coaching Supervision: Introductory Skills for Supervisors in Home and Residential Care" (2005). **www.PHInational.org/what-we-do/curricula-and-training-material/coaching-supervision**

"Introducing Peer Mentoring Long-Term Care Settings." Workforce Strategies No. 2 (2003). **www.PHInational.org/clearinghouse/download/WorkforceStrategies2.pdf**

"Opportunity Partnership and Empowerment Network (OPEN): A Case Study of an Effective employee retention project (2007). **www.PHInational.org/clearinghouse/download/OPEN%20Report%20final.pdf**

"Peer Mentoring: A Workshop Series for Direct Care Workers in Home and Residential Care" (2006). **www.PHInational.org/what-we-do/curricula-and-training-material/peer-mentoring/**

"The Right Start: Preparing direct-care workers to provide home- and community-based care" (2003). **www.PHInational.org/clearinghouse/download/Rightstart.pdf**

"Recruiting Quality Health Care Paraprofessionals: A PHI Technical Series Publication" (2000). **www.PHInational.org/clearinghouse/download/PHIRecruitOvrvw.pdf**

"The Right People for the Job." Workforce Tools Vol. 1 No. 1 (2002). **www.PHInational.org/clearinghouse/download/WorkforceTools_Vol1No1.pdf**

"Training Quality Home Care Workers: A PHI Technical Series Publication" (2003). **www.PHInational.org/clearinghouse/download/PHI_Training_Overview.pdf**

Additional published resources:

"Finding and Keeping Direct Care Staff" (Catholic Health Association, 2003). **www.PHInational.org/clearinghouse/download/FindKeepBook.pdf**

"Getting Started: A Pioneering Approach to Culture Change in Long-Term Care Organizations" (Pioneer Network, 2004). **www.pioneernetwork.net**.

North Carolina New Organizational Vision Award (NOVA) Manual. (North Carolina Foundation for Advanced Health Programs in collaboration with the North Carolina NOVA Partner Team, 2005). To obtain a copy, contact Susan Harmuth (**Susan.Harmuth@ncmail.net**).

"U.S. Dept. of Labor Home Health Aide Outline." **www.doleta.gov/atels_bat/bul05/Bulletin%202005-10%20(lms)-Occ-Home%20Health%20Aide.pdf**

Unpublished resources from the Paraprofessional Healthcare Institute:

Unpublished resources from PHI are available from PHI by emailing **clearinghouse@PHInational.org** or calling 718-402-4138.

"Caregiver Assessment Guide"

"Employment Readiness Assessment Group Session"

"Recruiting and Selecting Health Care Paraprofessionals: A Short Guide from PHI"

"Sample Agency Recruitment Steps"

"Staff Planning Workshop Facilitator's Guide: "Recruiting Quality Candidates: Part I"

"Sustaining and Nourishing Your Peer Mentor Program"

Notes: