WORKFORCE DEVELOPMENT BOARD OF VENTURA COUNTY

HEALTHCARE COMMITTEE MEETING

Friday, January 13, 2017
8:00 a.m. - 9:30 a.m.

VCCF Nonprofit Center (Community Room)
4001 Mission Oaks Blvd., Camarillo, CA

AGENDA

8:00 a.m.	**1.0 Call to Order and Agenda Review**	Greg Barnes
8:03 a.m.	**2.0 Public Comments**	Greg Barnes
	Procedure: The public is welcome to comment. All comments not related to items on the agenda may be made at the beginning of the meeting only.	
8:08 a.m.	**3.0 Approval of Minutes:** September 23, 2016	Greg Barnes
8:10 a.m.	**4.0 Committee Chair Comments**	Greg Barnes
	5.0 Ventura County Regional Strategic Workforce Development Plan	
8:15 a.m.	• Regional Healthcare Case Manager/Care Coordinator Pathway Project: Update	Patricia Duffy
8:20 a.m.	• Health Impact/ Hospital Association of Southern CA. Study: Update	John Cordova Sandra Melton Patricia Duffy
8:35 a.m.	• WIOA Sector Planning − Joint Sector Meeting Outcomes − Identifying regional healthcare workforce priorities − Alignment with 2-Year Plan	Greg Barnes Committee Members
9:15 a.m.	• Healthcare Deputy Sector Navigator: Update	John Cordova
9:20 a.m.	• CLS Field Experience : Update	Dawn Neuman
9:25 a.m.	**6.0 Committee Member Comments**	Committee Members
9:30 a.m.	**7.0 Adjournment**	Greg Barnes
	Next Meeting March 3, 2017 (8:00 a.m.-9:30 a.m.) VCCF Nonprofit Center (Community Room) 4001 Mission Oaks Blvd., Camarillo, CA	

For information about the Workforce Development Board of Ventura County, go to workforceventuracounty.org

MINUTES

Meeting Attendees

Committee	WDB Administration	Guests
Greg Barnes (Chair)*	Patricia Duffy	Marybeth Jacobsen (Workforce Ed.
John Cordova	Cheryl Moore	Coalition)
Adam Hunt	Patrick Newburn	Sarah Gonzaga (SEIU 2015)
Teresa Johnson		Jim Rose (Oxnard Chamber of Commerce)
Amy Mantell		
Sandra Melton		
Dawn Neuman		
Lisa Safaeinili		
Richard Trogman*		
Celina Zacarias		

WDB Member

1.0 Call to Order and Agenda Review

Greg Barnes called the meeting to order at 8:08 a.m. No changes were made to the agenda.

2.0 Public Comments

There were no public comments.

3.0 Approval of Minutes: May 6, 2016
August 5, 2016

Motion to approve: May 6, 2016 Minutes: Amy Mantel
Second: John Cordova
Motion carried

Motion to approve: August 5, 2016 Minutes: Greg Barnes
Second: John Cordova
Motion carried

4.0 Committee Chair Comments

Greg Barnes introduced and welcomed the new members to the Healthcare Committee: Adam Hunt (Pacific Coast Homecare) and Lisa Safaeinili (Westminster Free Clinic)

5.0 Ventura County Regional Strategic Workforce Plan

- CLS Field Experience Joint Application Update:

    Dawn Neuman announced that they interviewed 19 applicants to fill 8 Clinical Laboratory Scientist (CLS) field experience openings in the consortia of four hospitals participating. The program at California State University, Channel Islands (CSUCI) will be starting on October 23, 2016. Dr. Neuman stated they had an amazing pool of candidates who applied. They have 53 names on the list and were able to narrow down the field by selecting candidates that already had

their training license, a requirement for the field training. The demand for CLS field placements still exceeds the placement capacity in Ventura. The Committee recognizes this amazing accomplishment in having, for the first time, local field experience placements and the opportunity for CSUCI to restart their CLS Program. The possibilities to expand CLS field placements are increasing as other hospitals hear about the consortia.

- Regional Healthcare Case Manager/Care Coordinator Pathway Project:

  - Survey Results

    The Committee reviewed the results of the survey. A broad range of healthcare organizations responded to the survey which gave a perspective on the needs across various healthcare industries. Committee members engaged in a lengthy discussion regarding the survey results, including pathways into care coordination. Many nurses currently move from floor nursing to care coordination. Care coordinator positions were discussed as an alternate pathway for new graduate Associate Degree Registered Nurses (A.D.N., R.N.), if additional training was added. It was pointed out that in Ventura County, our Community College A.D.N. R.N. graduates are getting jobs in acute care facilities and are having success finding jobs. Dual enrollment between Ventura College and Dominguez Hills University, for A.D.N. to B.S.N degrees, has assisted with a quicker transition for nurses who go on for a B.S.N. Sandra Melton, Director of the Ventura College nursing program discussed the study done by the Hospital Association of Southern CA and Health Impact. Dr. Melton noted that the study identified a critical shortage of specialty nurses in six areas; care coordination and case management, perioperative, critical care, emergency, labor and delivery and neonatal ICU. Patricia Duffy added that this same report had been discussed at the LA/Ventura Slingshot meeting. A workgroup was formed to find out more information, explore next steps and report back to the Committee at the next meeting.

    - Update and Letter of Support

    Patricia Duffy reported that a letter of support was going to be sent, from the Healthcare Committee, identifying the work the Healthcare Committee has done to support the LA/Ventura Care Coordinator Pathway Project.

- WIOA Sector Planning

  - Joint Sector Meeting: Outcomes from the joint sector committee meeting were reviewed. The suggestion was made to add IT technicians for healthcare, healthcare IT which combines the business components of IT with how they relate to healthcare IT management, including cyber security.

  - The need for industry recognized credentials and 2 Year Plan alignment was discussed briefly, and the discussion will continue at the next meeting.

- Year-End Review 2015-2016 Insights:

  The insights for the Year-End Review were finalized.

- Healthcare Deputy Sector Navigator: Update:

  John Cordova handed out a written report and announced the upcoming South Central Coast Regional Consortium (SCCRC) Stakeholder Meeting for Ventura, on Friday, October 21, 2016.

6.0 Committee Member Comments

There were no comments.

7.0 Adjournment

Motion to adjourn: Teresa Johnson
Second: Richard Trogman
Greg Barnes adjourned the meeting at 9:35 a.m.

<u>Next Meeting</u>
November 4, 2016 (8:00 a.m.-10:00 a.m.)
VCCF Nonprofit Center Community Room)
4001 Mission Oaks Blvd, Camarillo

**Root Causes Analysis and Recommended Solutions to Growing Demand
for Experienced Nurses in Specialty Roles**

Executive Summary (May 2016)

Purpose
Across Southern California, there is a sense of growing demand for experienced nurses in specialty areas. The Hospital Association of Southern California (HASC) engaged HealthImpact to work with its members to explore this issue and recommend solutions.

Scope
HASC established a workgroup of administrators, nurse educators and Human Resources leaders from 18 member hospitals to: 1) review data to inform contributing causes, addressing if a shortage of specialty nurses truly exists, why it happened and how HASC can help; 2) gain consensus on root causes; 3) determine the approximate size of the gap; and 4) recommend strategies or programs to resolve the issue.

Process
From January through early May 2016, HASC hosted a series of workgroup meetings: three in-person and three by teleconference. Following the first two in-person meetings, the nursing school voice was deemed critical and brought into the conversation. Meetings included data review, small group exercises, large group discussion, and short surveys, focused on relationship development and consensus building.

Results and Recommendations
The workgroup determined a shortage of specialty nurses does exist and prioritized seven areas, with hiring projections over the next year as follows[1]: Critical Care: 2,320; Emergency: 1,392; Perioperative: 1,072; Labor & Delivery: 864; Neonatal ICU: 688; Case Manager and Care Coordinator: growing.

Key root causes were identified as loss of specialty nurses due to increased retirements; turnover caused by intensity and stress of these work environments; high cost of recruitment and onboarding; and insufficient pre-licensure education specific to specialties.

The workgroup recommends a series of programs, targeting students, new graduates, and experienced nurses. Programs would be shared across hospitals, in partnership with local nursing schools, and include pre-licensure elective courses for specialty roles, transition programs for new and existing nurses, and a Case Management and Care Manager course or series.

Strategies to address the causes should reduce competition for nursing staff, increase retention, lower overtime and traveler expense, connect both new and experienced nurses to needed roles, and benefit multiple hospitals in the region. Next steps are in development, and include a phased approach for program implementation and evaluation across the region and across specialty areas.

Talking Points and a slide presentation are available with further details of this initiative.

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[1] Based on work group sample in February 2016 extrapolated to 175 HASC hospitals

JOINT MEETING
WDB REGIONAL SECTOR COMMITTEES
August 5, 2016

WDB Business Services Committee
WDB Clean/Green Committee
WDB Healthcare Committee
WDB Manufacturing Committee

MINUTES

Meeting Attendees

Business Services
Jesus Torres* (Chair)
Tracy Perez*
Stephen Yeoh*

Manufacturing
Alex Rivera*(Chair)
Jim Avery
Michael Bastine
Patrick Grimes
Cindy Guenette*
Marybeth Jacobsen
Byron Lindros*
Jason Miller
Tiffany Morse
Bill Pratt*
Mary Anne Rooney
Bruce Stenslie*
Peter Zierhut*

WDB Members

Clean/Green
Anthony Mireles*(Chair)
John Brooks
Rebekah Evans
David Fleisch
Mary Anne Rooney

Healthcare
Greg Barnes* (Chair)
John Cordova
Martel Fraser*
Amy Mantell
Dawn Neuman
Irene Ornelas
Mary Anne Rooney
Richard Trogman*

WDB Members
Vic Anselmo* (Vice Chair)
Charles Harrington*
Victoria Jump*
Capt. Doug King*
Patty Schulz*

WDB Administration
Talia Barrera
Patricia Duffy
Tracy Johnson
Richard McNeal
Cheryl Moore
Patrick Newburn
Ma Odezza Robite
Theresa Salazar Vital

Guests
Sally Harrison (CEO's Office)
Heidi Hayes (theAgency)
Paula Hodge (SCCRC)
Payal Kamdar (VSolvit)
Vivian Pettit (CSD/WIOA)
Mairelise Robinson (Workforce
    Education Coalition)
Chris Schuckmann (Hi-Tech Corp.)
Michelle Schuckmann (Hi-Tech Corp.)

1.0 Call to Order and Agenda Review

WDB Vice Chair Vic Anselmo called the meeting to order at 8:06 a.m. No changes were made to the agenda.

2.0 Public Comments

No comments.

3.0 Welcome and Introductions

WDB Vice Chair Vic Anselmo welcomed committee members to the first joint meeting of the WDB Regional Sector Committees: Business Services, Clean/Green, Healthcare, and Manufacturing. WDB and sector committee members gave self-introductions.

4.0 WDB Sector Committees

Vic Anselmo commended the impressive amount of work undertaken by the WDB sector committees for more than six years to strengthen workforce development in Ventura County. He thanked the committee members for their exceptional commitment and collaboration.

Greg Barnes, Chair of the Healthcare Committee, Anthony Mireles, Chair of the Clean/Green Committee, Alex Rivera of the Manufacturing Committee, and Jesus Torres of the newly appointed Business Services Committee provided updates and perspectives on the work of their respective committees. A copy of the presentation may be found in each sector committee meeting packet posted on the WDB website: www.workforceventuracounty.org.

5.0 WIOA Regional Sector Requirements

Cheryl Moore provided an overview of the industry sector requirements for WDB regional and local planning under the Workforce Innovation and Opportunity Act (WIOA) and responded to questions. Discussion included a description of the WIOA workforce development system, regional planning units in California, regional strategy for building a competitive workforce pipeline in Ventura County, WIOA One-Stop system alignment, and performance components relating to programs, fiscal, providers, and the alignment of partners in the American Job Center of California (AJCC) delivery system. A copy of the presentation may be found in each sector committee meeting packet posted on the WDB website: www.workforceventuracounty.org.

6.0 Opportunities for Collaboration

WDB committee members worked in sector groups and cross-sector groups, reporting to the large group their responses to four questions. Reference materials available included updated workforce/occupational data by sector, workforce skills charts developed by sector committees, sector committee year-end reviews, and draft two-year sector committee plans. Below is a summary of the wall notes and committee member comments during the follow-up discussion. The input will be considered during sector committee planning and WDB/WIOA regional and local planning processes.

<u>**Business Services**</u>

<u>*1. What are the high-demand jobs in the next 3-5 years?*</u>

- Accounting (software, QuickBooks)
- Advanced Office I.T. (cloud, collaborative software)
- Cyber Security
- Gaming/Simulation Developers
- IoT Networking
- IT Manager
- Junior programmers / developers
- Marketing (digital) (social media)
- Mobile developers App-software
- Quality Information Manager (software)
- Technical Literacy
- Technology Office Manager (operational)

2. Which of those jobs are hard to fill? Why?

- Cyber Security
- IoT Networking
- Junior Programmers /Developers
- Mobile Developers App-Software

‒ *Lack of pipeline*
‒ *Growing: devices/data analysis/networking, cross functional skills*
‒ *Evolving: cyber security and technological challenges constantly evolving; therefore solutions and the skills required change as well, which outpaces training/education available*

Clean/Green

1. What are the high-demand jobs in the next 3-5 years?

- Alternative Fuel Mechanics
- Green Chemistry
- High Voltage Electrician
- Hospitality (all areas)

- Hospitality Workers
- Inspection Services for Government Services
- Inspectors
- Landscaping/Xeriscaping Installation
- Marketing
- Marketing/Outreach Coordinator Specialist
- Municipality
- Organic Agriculture
- Solar Installation
- Utility Workers
- Water/Wastewater Workers

2. Which of those jobs are hard to fill? Why?

- Hospitality Workers: *gap between training for green skills and employers desire to pay*
- Inspectors: *certification/training pipeline - not in data base-localized*
- Marketing: *understanding the value to the businesses*
- Utility Workers: *not enough workers and lack of training*

Healthcare

1. What are the high-demand jobs in the next 3-5 years?

- Bilingual
- Care Coordinators
- Caregivers (CHW, I.H.S.S.)
- Case Managers
- CNA (HHA)
- Geriatrician Specialty M.D.'s.
- Health Educators

- Health Faculty
- I.T. Clinical Technology/Biomedical Engineering
- I.T. Technology/Biomedical Engineering
- Mental Health Providers
- Physician Assistants
- Physical Therapy/OT
- R.N.'s (i.e. specialty LVNs, RNP)

2. Which of those jobs are hard to fill? Why?

- Bilingual: *lack of cultural awareness skills*
- Caregivers (CHW, I.H.S.S.): *low wages*
- Geriatrician Specialty M.D.'s.: *need extra training*
- Health Faculty: *wages*
- I.T. Clinical Technology/Biomedical Engineering: *lack of trained available workforce*
- Mental Health Providers: *education level*
- Physical Therapy/Occupational Therapy: *education requirements*
- R.N.'s (i.e. specialty LVNs, RNP): *shortage/training*

Manufacturing

1. What are the high-demand jobs in the next 3-5 years?

- Additive Manufacturing Technician
- Cyber Security
- Design Engineer
- Discrete Hyper Skills
- Engineers – Systems
- Equipment Maintenance
- Experienced Machinists
- Facilities Maintenance
- High Technology Assemblers
- I.T. integrate with manufacturing EQ
- Industry-specific interns
- Inspectors (Dimensional, Visual, Electrical)
- Inventory Control
- Machinists with 10 Years' Experience
- Maintenance Technicians
- Manufacturing Systems Technicians / Engineers
- Manufacturing Technician
- Mechanical Engineer
- Metal Finishers/Coating Experts
- Mid-level Managements Skills
- Plant Operator
- Programmer (CNC/Controls)
- Quality Assurance (ISO/AS 9100 + Physical Inspection)
- Skilled Assembly
- Software Migration
- Technician (Electrical or Mechanical)
- UAV Technicians

2. Which of those jobs are hard to fill? Why?

- Design Engineer: *lack of hands-on experience; educational programs to provide hands-on experience are in nascent phase*

- Experienced Machinists: *lack of awareness, lack of experience, job jumping, lack of training*

- Quality Assurance (ISO/AS 9100 + Physical Inspection): *no training program; lack of experience*

- Programmer (CNC/Controls): *lack of awareness, lack of experience, job jumping, lack of training*

- General Concerns
  - *Critical thinking vs. standardized tests*
  - *Critical thinkers/agility*
  - *Career awareness of teachers*
  - *Trouble shooters*
  - *Self-teachers*
  - *Off-shoring of manufacturing (and its appeal)*
  - *H.S. "shop" classes extinct*
  - *Unrealistic expectations*
  - *Need for basic skills*
  - *No time to grow people into jobs*
  - *Minimal trade training*
  - *Lack of training resources in the area*
  - *Self-regulators*

All Sectors

3. What challenges do the industry sectors have in common?

- <u>Education and Training</u>
  - Basic skills (read, write, math, tech)
  - Career awareness
  - Certification
  - Internships/apprentice/OJT
  - Leadership skills
  - Soft skills (employability skills)

  - College education → no job → entry level → stuck.
  - Lack of employer-based training
  - Lack of experience/training
  - Saturation of degrees
  - Training: cost, right program, investment (continuous)
  - Educational levels (industry skills needed/engage educators)

- <u>Economic Development</u>
  - Need to train the people who live here
  - Lack of local resources
  - Cost of living
  - Employee retention in an employees' market
  - How do we get people to stay here? (locally and with the same employer)
  - Proximity to L.A. County causes employee(s) to go elsewhere
  - Retention
  - Salary (benefits)
  - Need all jobs to be more green (Manufacturing, Healthcare)

- Technology
  – Cyber security
  – Technology challenges

- Awareness
  – Improve perception of vocational training
  – Negative perception of industry
  – Understanding the "new employee" mindset

4. What action might we take?

- Engage students with industry (site visits, classroom guest speakers from small business to large employers)

- Vocational training day at schools (hands on for students; class field trips)

- Provide opportunities for educators to experience industry demands and environment

- Need school boards on "board"—experience hands-on training to help counter negative perceptions

- Job advancement plan for retention (skill-based/competency-based, not time based)

- Pre-apprenticeship programs: skill-up people in industry trades (*e.g.,* short-term 2000-hour program to touch up on specialty skills and jobs

- Retention (share info across businesses; review compensation/benefits; flex time; do small business outreach for retention and training of employees)

- Sponsor site tours in different sector environments (emulate Manufacturing Committee/Manufacturing Roundtable participation in Manufacturing Week)

- Figure out how to fill in the gaps in the data currently available

7.0 Summary and Next Steps

Cheryl Moore noted that the information and ideas generated would be considered by the individual sector committees in updating their two-year plans and by the WDB in WIOA regional and local plan development. Issues of interest to more than one committee would be addressed collaboratively. Public access to sector meeting content would be provided through meeting packets that are posted to the WDB website: www.workforceventuracounty.org.

8.0 Committee Member Comments

Bill Pratt commented that we should try to determine what the real Ventura County economy looks like, what is missing, and what is getting in the way of Ventura County being a super tech industry.

9.0 Adjournment

Vic Anselmo adjourned the meeting at 10:02 a.m.

Next Regional Sector Committee Meetings

Business Services Committee
To be scheduled

Clean/Green Committee
September 16, 2016 (8:00 a.m.-9:30 a.m.)
VCCF Nonprofit Center (Community Room)
4001 Mission Oaks Blvd., Camarillo, CA

Healthcare Committee
September 23, 2016 (8:00 a.m.-9:30 a.m.)
VCCF Nonprofit Center (Community Room)
4001 Mission Oaks Blvd., Camarillo, CA

Manufacturing Committee
October 20 (8:00 a.m.-9:30 a.m.)
United Food and Commercial Workers (Suite A)
816 Camarillo Springs Rd., Camarillo, CA

HEALTHCARE COMMITTEE 2-YEAR PLAN
Workforce Development Board of Ventura County
2016-2018

Goal

The Healthcare Committee will strive to create a diverse pipeline of workers to fill healthcare positions in Ventura County and will work to bring together partners in business, economic development, education, labor, government, and community-based organizations to address workforce shortages in healthcare.

Components of Plan

1. Engage Leaders

Broaden the Healthcare Committee's core team of Ventura County employers, key agencies, and organizations most involved in healthcare workforce development. Develop ways to identify, engage, and communicate effectively with the core team and other healthcare workforce partners.

- Hospitals
- Home health
- Assisted living
- Skilled nursing
- Community clinics/ambulatory care centers
- Ambulatory surgical centers
- Mental health clinics
- Physician offices
- Agencies (*e.g.,* Area Agency on Aging)
- California State University, Channel Islands
- Ventura County Community College District
- Ventura County Office of Education
- Adult education
- Elected officials
- Others

2. Analyze Data

Validate State employment data with a local survey of healthcare workforce needs.

3. Take Inventory

Inventory current training providers in the region. Develop a matrix that includes inventories of high school academies, ROP, adult education, community colleges, universities, certification programs, apprenticeships and internships.

- Industry-recognized certification programs
- Apprenticeships
- Internships
- Externships
- High school academies
- Regional Occupational Program
- Adult education
- Community colleges
- Universities

4. Determine Priorities   Determine focus area priorities for healthcare workforce development.

- Sector workforce readiness
- Career pathways
- Sector certifications
- Stackable credentials
- Pre-apprenticeship programs
- Apprenticeship programs

- Business participation:
  - Curriculum development
  - Job shadowing
  - Internships
  - Externships
  - On-the-job training
  - Career awareness/outreach

5. Identify Gaps   Identify the gaps between education and regional healthcare workforce needs and determine priorities.

6. Take Action   Develop an action plan to provide a bridge to fill those gaps.

- Clinical Laboratory Scientist: Finalize the Clinical Laboratory Field Experience Program pending State Certification of the joint application for four participating hospitals.

- Case Manager/Care Coordinator: Assist the Case Manager/Care Coordinator Regional Career Pathway Project through the Healthcare Committee's input and survey of local needs. (The Case Manager/Care Coordinator Regional Career Pathway Project was initiated by six LA Workforce Development Boards and the Workforce Development Board of Ventura County to bring healthcare and education partners together to develop and implement a healthcare case manager/care coordinator career pathway and training program)

- A.D.N. to B.S.N.: Identify nursing workforce development needs and form a workgroup to make recommendations.

- Pharmacy Technician: Explore the possibility of an apprenticeship.

- Cultural Awareness: Encourage cultural awareness training in healthcare.

- Education Advisory Process: Recommend the alignment of healthcare business advisory committees to help streamline the regional education advisory process.

7. Monitor Progress   Measurement is through the Healthcare Committee's annual Workforce Development Board Year-End Review report and a review of the Committee's 2-Year Plan.

Healthcare Case Coordination Career Pathway Project
Industry Leadership Team Meeting

Monday, November 14, 2016
9:30 a.m. - 11:00 a.m.

Centinela Hospital Medical Center
IKP Auditorium
555 E. Hardy Street, Inglewood, CA 90301

Meeting Notes

Attendees:

Industry/Economic Development Representatives:

Linda Bradley	Centinela Hospital Medical Center
Tara Guden	Beach Cities Health District
Ever Hilleprandt	Los Angeles Area Chamber of Commerce
Teri Hollingsworth	Hospital Association of Southern California
Cristina Saucedo-Garcia	Kaiser Permanente
Raquel Soto	Kaiser Permanente
Erin Sricharoon	Community Clinic Association of Los Angeles County
Michelle Yanez	San Gabriel Valley Economic Partnership

Industry Panel Members:

Ethel Palacios	Manager, Care Coordination, Huntington Hospital
Shirley Evers-Manly	Senior Managing Director, Clinical Development, Paladin Healthcare Capital
Shameka Coles	Vice President, Medical Management, AltaMed Health Services

Education/Labor Representatives:

Maricela Franco	Technical College
Sarah Gonzaga	SEIU Local 2015
Shari Herzfeld	Deputy Sector Navigator, Los Angeles/Rio Hondo College
Priscilla Lopez	Los Angeles Harbor College
Sarah Plesetz	Mt. San Antonio College
Jan Swinton	Glendale Community College
Byron Cummins	Division of Apprenticeship Standards, State of California

Workforce Development Board Representatives:

Chris Cagle	South Bay WIB
Yolanda Castro	SELACO WDB
Marjean Clements	SELACO WDB
Patricia Duffy	Ventura County WDB
David Eder	Los Angeles City WDB
Julie McElrath	Foothill WDB
Robert Mejia	Verdugo WDB
Janet Shahoian	Los Angeles County CSS

Consultants:

Angela Gardner	SlingShot Project Consultant
Cyd Spikes	SlingShot Project Consultant

Welcome, Introductions, Purpose

The Industry Leadership Team meeting was called to order by the Chairperson and CEO of Centinela Hospital Medical Center Linda Bradley at 9:43 a.m.

Ms. Bradley welcomed everyone and asked for self-introductions. Ms. Bradley gave a brief background of the Regional Care Coordination Initiative (RCC Initiative), which has been in operation for more than a year. She explained that the RCC Initiative brought together stakeholders from industry, workforce and education within Los Angeles and Ventura counties to improve the continuum of care for patients and their families, doctors and insurance providers.

Ms. Bradley outlined the purpose of the meeting:

1. Review the results of a survey that the Hospital Association of Southern California (HASC) and the Community Clinic Association of Los Angeles County (CCALAC) had conducted among their members to determine the workforce needs for care coordination in hospitals, clinics and health centers.
2. Agree upon a set of industry-driven guidelines for developing care coordination training programs.

Presentation of Industry Survey Results

Teri Hollingsworth, Vice President of Human Resource Services for HASC and Erin Sricharoon, Workforce Manager for CCALAC presented the results of the Health Care Coordination (Case Management) Survey. The survey was conducted over a thirty-day period with 77 organizations responding to the survey:

HASC: 47 hospitals and health systems in Los Angeles, Ventura and Orange Counties (27.6% of 170 members).

CCALAC: 30 community clinics and health centers in Los Angeles County (50.8% of 59 members)

Survey results included the following information relating to care coordination(also referred to as case management) in the survey:

- Care Coordination Personnel:
  - Care coordination staff currently employed:
    - 1,004 staff currently employed
    - HASC salary ranges from $75,431 to $102,672
    - CCALAC salary ranges from $32,000 to $80,000
  - Care coordination duties were assigned to three primary categories of personnel:
    - Registered nurses (39%)
    - Social workers (28.5%)
    - Licensed vocational nurses (23.5%)

- Hiring Projections and Training Needs:
  - Hiring projections for new workers
    - 75% of survey respondents anticipate hiring 5 or less new staff with up to 285 new hires projected within the next 12-18 months
  - Training for current workers
    - 23.37% of respondents reported they would like to train current care coordination staff
- Skills Gaps
  - Top care coordination skills:
    - Care coordination – organize, plan, correlate, facilitate to ensure resources are used efficiently and effectively)
    - Understand treatment plans
    - Communication
    - Basic computing
    - Multi-tasking
    - Establishing appropriate boundaries with patients and families
    - Bilingual – Spanish
    - Counseling
    - Understanding medical terminology
    - Assisting in the development of treatment plans

- Top training programs and certifications – HASC and CCALAC indicated that there was not one primary certification for care coordination recognized by their members.
  - HASC reported the following as most widely recognized:
    - American Case Management Associations (ACMA); Compass Directional Training for Case Managers; Boot Camp
      Credential: Accredited Case Manager (ACM) Certification

    - Commission for Case Management Certification (CCMC); CCMC Practice Exam, CML Learning Network
      Credential: Certified Case Manager (CCM)

- o CCALAC reported the following as more related to specialty areas of care that may include components of care coordination:
  - Essential Access Health (formerly CA Family Health Council): Family Planning
    Credential: Family Planning Health Worker Certification
    Credential: Pregnancy Counseling Workshop Certificate

  - Comprehensive Perinatal Services Program (CPSP): LA County Public Health Department
    Credential: CPSP Overview Training Certificate
- Additional Data:
  - o Labor market information from the Employment Development Department (EDD) and the Indeed job search website indicate significant job growth for the top three care coordination personnel reported in the survey for LA and Ventura Counties:

Job Title	EDD 2012 – 2022 Projections New and Replacement Workers
Registered Nurses	24,550
Licensed Practical and Vocational Nurses	10,610
Healthcare Social Workers	1,790

Panel Discussion: What the Survey Results Mean in the Practice of Care Coordination
SlingShot Project Consultant Cyd Spikes facilitated the discussion and asked panelists to introduce themselves and share their background in healthcare and care coordination.

[Note: Each panelist has been trained and certified as a Registered Nurse (RN) and possesses extensive education and experience in healthcare management and care coordination]:

- **Shameka Coles, MBA, RN/BSN, CCM, CMCN**
  Vice President, Medical Management, AltaMed Health Services
  Ms. Coles has 15 years of experience in care management with emphasis in care coordination and case management in the continuum of care including Independent Physician Association (IPA) managed care planning and clinical case management.

- **Dr. Shirley Evers-Manly, PhD, RN, FAAN**
  Senior Managing Director, Clinical Development, Paladin Healthcare Capital
  Dr. Evers-Manly has more than 32 years of experience developing and implementing clinical, academic and community-based health promotion and prevention programs. Her emphasis has been to improve clinical practices, inpatient and community health outcomes, with a special focus on vulnerable populations and diversity in healthcare.

- **Ethel Palacios, MBA, PSN, RN, ACM**
  Manager, Care Coordination, Huntington Hospital
  Ms. Palacios has 20 years of experience as an RN, with emphasis on care coordination and case management. She has worked in care management with a variety of acute care systems including Kaiser, Cedars Sinai, Providence and now Huntington Hospital.

Question 1
In view of the occupations identified in the survey, can you tell us who does care coordination in your organization and do they work as part of a team?

Responses:
Ms. Coles explained that AltaMed utilizes a team approach for care coordination with a focus on clarity of roles:
- The RN Case Manager leads the team; completes assessment; oversees the case management process; and delegates based upon care coordination needs.
- The Care Coordinator supports the RN Case Manager; conducts referral management; and transition of care including appointment scheduling.
- The Social Worker (per diem) coordinates access to community care such as home health care, medical equipment rentals, transportation to follow-up care, and other related services.

Ms. Coles explained that AltaMed is working in partnership with UCLA to pilot the Coleman Model, to manage risk and empower patients during transition care.

Dr. Evers-Manly indicated that Paladin Healthcare follows a similar system as AltaMed but that care coordination is being redesigned to more fully address the four aspects in the continuum of care, each of which requires staff with varying levels of experience and expertise to play different roles as part of the care management team:
- Utilization review
- Case management – independently assess a situation
- Discharge planning
- Transitional care

Ms. Palacios described a three-tier, teamed case management approach:
- RN Care Coordinator/Case Manager – functions as team leader with overall responsibility for oversight of the case management process including case planning and utilization
- Discharge Planner – an LVN or Social Worker (for complex case management) to meet with patients and families; develop discharge plans and referral to transitional care
- Financial Counselor - coordinates with insurance companies and authorizations

The following educational levels were identified for Registered Nurses (RNs) in the care management role: Associate Degree Nurse (ADN), Bachelor of Science Nurse (BSN) and Master of Science Nurse (MSN):

- Ms. Coles
  - AltaMed does not differentiate between ADN or BSN in hiring requisites
  - Focus on role clarity within the team approach with the RN in the leadership role

- Dr. Evers-Manly
  - In most acute, community clinic and health center systems a BSN or MSN are preferred because of the need to understand and have experience in the clinical aspects of patient care and treatment.

- o The curriculum for a BSN or higher is more extensive than an ADN because it includes case management concepts and other didactic and theoretical based perspectives.

- Ms. Palacios
  - o Minimum criteria for an RN case manager is a BSN
  - o Prefer MSN, especially in the role of team leader for case management
  - o Other facilities will consider an ADN, but with at least 5 years of clinical experience
  - o LVNs and Social Workers are utilized primarily for discharge planning
  - o Bachelor's Degree in Social Science (Sociology, Psychology) is also accepted for discharge planning

Experience and other criteria were described for hiring RNs in care coordination/case management roles:
- Ms. Coles
  - o Prefer RNs with 3-5 years of experience
  - o If the in-house training program developed with UCLA is completed, 1-2 years of experience is accepted

- Dr. Evers-Manly
  - o Will accept a new BSN or MSN grad
  - o RNs in care coordination must
    - ▪ understand finances
    - ▪ understand health policies
    - ▪ have ability to converse clinically with doctors, MSOs and IPAs
    - ▪ understand levels of care and severity of care
    - ▪ know about utilization of resources
- Ms. Palacios
  - o At minimum 1-2 years of experience
  - o Personality – passion to help
  - o Ability to multi-task
  - o Ability to handle pressure of case management
  - o Ability to communicate
  - o Lifelong learner

Question 2
What are some of the differences in care coordination as it is delivered in acute hospital settings compared to pre- and post-acute community clinic settings?

Responses:
- Ms. Coles
  - o Focus on care after discharge
  - o Transition of care and outreach are important to reduce likelihood of patients returning to acute hospital care

- Dr. Evers-Manly
  - Connect patients back to their home and community with emphasis on a safe discharge and outpatient care services.
  - Social issues that impact access to resources in the continuum of care must be addressed.
  - Patient readiness should be emphasized – important to understand healthcare risks and needs.

- Ms. Palacios
  - Transportation issues
  - Social issues
  - Psychiatric issues
  - Where to follow-up
  - Insurance issues

Question 3
How important is it to have industry-recognized certifications? Are the Accredited Case Manager (ACM) Certification and the Certified Case Manager (CCM) Credentials that were identified in the survey results relevant?

Responses:
- Ms. Coles
  - The CCM credential is more relevant to a clinic setting. The credential is not required, but is part of the consideration at hiring.

- Dr. Evers-Manly
  - The credentials are not required but are valued. It is important that credential programs follow and meet the updated standards.

- Ms. Palacios
  - A certified case manager is not required but may prove a more qualified candidate that one who is not.

Question 4
Which skills listed in the survey results do you think are most important and what approach do you think is best to train the workforce to attain these skills?

Responses:
- Ms. Coles
  - It is best to have an RN case manager as a team lead to conduct assessments which comes first before the care planning phase. Care coordination is just one component of the case management process.

- Dr. Evers-Manly
  - It is important to first identify what type of model is being used and then identify what skills and competencies are required for individual members of the team.

- Ms. Palacios
  - Communication is essential for the whole team (i.e. open communication with families, physicians, etc.). Documentation of communication is important as well. Other skills needed include basic computing and multi-tasking. There are programs that will train in communication. It is critical that nurses have their own set of skills required for case management.

Open Discussion:
- The role of team leader in care coordination is important. It is important to know all the different components and understand the different levels of care coordination.
- Consider preparing other staff classifications that might serve as strong support to the RN team leader; perhaps establish a role clarified to as a Case Manager Assistant or Care Coordination Manager.
- Possible training can go two ways: targeted training of RN case managers as well as non-RN focused case management/care coordination roles.
- Possible training of LVNs to understand the whole care coordination continuum to become a high functioning team member.

Call to Action – Vote to Approve Guidelines and Next Steps

Ms. Spikes reviewed the proposed guidelines with the Industry Leadership Team members. The guidelines were developed in consideration of the survey results.

Guideline #1:
Slingshot resources should be prioritized to adopt or develop programs to <u>train students, new graduates and experienced workers in the three primary occupations</u> that conduct care coordination/case management as identified in the Survey:

1. Registered Nurses (ADN and BSN)
2. Social Workers (BSW and MSW)
3. Licensed Vocational Nurses

Guideline #2:
Training strategies and programs should <u>adopt or build upon effective training strategies and programs identified in the RCC Initiative Asset Mapping</u>. The Asset Mapping shall be completed by the Spring of 2017 to identify existing case management/care coordination programs and best practices that are appropriate to train new and incumbent workers in the four primary occupations.

Guideline #3:
Training strategies and programs should <u>meet the competency standards and adopt the certifications</u> of either or both the following industry associations:

→ American Case Management Association (ACMA) / Accredited Case Manager (ACM) Certification
→ Commission for Case Management Certification (CCMC) / Certified Case Manager (CCM) Credential

Guideline #4:
Training strategies and programs should be <u>responsive to industry need and sustainable within the Los Angeles and Ventura Counties regional education and workforce systems</u> as follows:

    a. Demonstrate capacity to meet industry demand;
    b. Leverage with and be sustainable through an existing public or non-profit educational system (e.g. Community College Career & Technical Education; California Registered Apprenticeship (union or non-union), Workforce Innovation and Opportunity Act (WIOA); and
    c. Be approved and listed on the Intrastate Training Resource Information Network (I-TRAIN) and/or the Eligible Training Provider List (ETPL).

After discussion by the panelists and industry partners, Ms. Bradley called for a motion to adopt the Guidelines for Care Coordination Training Strategies and Programs for the Los Angeles and Ventura Counties Regional Slingshot Care Coordination Initiative (RCC Initiative) as presented with the following changes recommended in discussion:

- Guideline #1 – addition of a fourth occupation of Care Coordination Manager
- Guideline #2 – change reference from three "primary occupations" to four
- Guideline #3 – addition of the Commission on Collegiate Nursing Education (CCNE) Accreditation
- Guideline #4 – expand by the next meeting to add career pathways related to the care coordination role within the four occupations and related training methodologies.

With no further discussion, the motion was carried and the Guidelines with changes were approved by unanimous vote.

<u>Comments on behalf of the Care Coordination Collaborative</u>
SELACO WDB Executive Director Yolanda Castro recognized the local Workforce Boards that were present and have been a part of the RCC Initiative since it began more than a year ago, as a continuation of the South Bay WIB's sector strategy for healthcare. Ms. Castro thanked Ms. Bradley for taking the leadership role in moving the Initiative forward. She also recognized the representative from the Division of Apprenticeship Standards, the education partners from the local community colleges, adult schools and private training entities. She acknowledged the work of the industry partners from various hospitals, clinics and other organizations who have been instrumental in helping the Initiative maintain an industry-led focus. Ms. Castro explained that an RFP has been released for the Asset Mapping recommended in the last Industry Leadership Team meeting and indicated that a link to the RFP, which is hosted on the SELACO website, would be sent to everyone via email.

<u>Close</u>
Ms. Bradley thanked everyone for attending the meeting. She announced that the next meeting will be held in April 2017 to review the results of the Asset Mapping and the training strategy recommendations from the education and workforce partners. Everyone will be informed once a date and time has been confirmed.

Guidelines for Care Coordination Training Strategies and Programs
Los Angeles and Ventura Counties Regional Slingshot[1] Care Coordination Initiative (RCC Initiative)

The **RCC Industry Leadership Team** recommends the following guidelines for all training strategies and programs adopted or developed under the RCC Initiative. These guidelines are based upon the results of the Care Coordination Industry Survey (the Survey) conducted by the Hospital Association of Southern California (HASC) and the Community Clinics Association of Los Angeles County (CCALAC) in September 2016 and recommendations agreed to at the 11/14/2016 Industry Team meeting.

Guideline #1:
Slingshot resources should be prioritized to adopt or <u>develop care coordination training programs to train students, new graduates and experienced workers</u> in the three primary occupations identified in the Survey and a fourth occupation recommended by the Industry Team:

1. Registered Nurses (ADN and BSN)
2. Social Workers (BSW and MSW)
3. Licensed Vocational Nurses
4. Care Coordination Manager

Guideline #2:
Training strategies and programs should <u>adopt or build upon effective training strategies and programs identified in the RCC Initiative Asset Mapping</u>. The Asset Mapping shall be completed by the Spring of 2017 to identify existing case management/care coordination programs and best practices that are appropriate to train new and incumbent workers in the four primary occupations.

Guideline #3:
Training strategies and programs should <u>meet the competency standards and adopt the certifications</u> of one or more of the following industry associations:

→ American Case Management Association (ACMA) / Accredited Case Manager (ACM) Certification
→ Commission for Case Management Certification (CCMC) / Certified Case Manager (CCM) Credential
→ Commission on Collegiate Nursing Education (CCNE) / CCNE Accreditation

Guideline #4:
Training strategies and programs should be <u>responsive to industry need and sustainable within the Los Angeles and Ventura Counties regional education and workforce systems</u> as follows:
a. Demonstrate capacity to meet industry demand;
b. Leverage with and be sustainable through an existing public or non-profit educational system (e.g. Community College Career & Technical Education; California Registered Apprenticeship (union or non-union), Workforce Innovation and Opportunity Act (WIOA);
c. Be approved and listed on the Intrastate Training Resource Information Network (I-TRAIN) and/or the Eligible Training Provider List (ETPL)[2]; and
d. Connect to relevant career pathways and training methodologies that advance care coordination skills and knowledge within the four occupations.

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[1] Slingshot is the State Initiative under the California Workforce Development Board which has approved $1 million dollars to fund the Los Angeles and Ventura Counties Regional Care Coordination Initiative.
[2] All approved training providers included in the I-TRAIN and ETPL are eligible to receive funding through Workforce Innovation and Opportunity Act (WIOA) funds.

Healthcare Deputy Sector Navigator Update

Nursing Specialty Training

The SCCRC is looking to support the need for Nursing Specialty training for the region. The Hospital Association of Southern California and Health Impact study shares there is a need for these areas of: Critical Care (2,320) , Emergency (1,392), Perioperative (1,072), Labor & Delivery (864), Neonatal ICU (688), Case Manager and Care Coordinator (growing) *statewide numbers.

With the roll out of the Strong Workforce Program funding streams, I have submitted a request for proposal to the South Central Regional Consortium for funding to support Nursing Specialty Training at our eight regional colleges with the nursing programs. Most of the colleges have shared an interest in this effort to really focus the development, alignment of carious specialty nursing areas. Some of the colleges have expressed their areas of interest.

The goal is to have each of the colleges participating to offer a specific specialty nursing courses online and each program will include students' ability to find a preceptorship locally. Each college will receive funds to hire faculty, develop curriculum and implement a course, which will be placed in continuing education as fee based or non-credit. There will be a need for industry partnerships to align with the clinical opportunities. These clinical will be off schedule of the traditional nursing programs as not to conflict. Please contact John Cordova, DSN Health if you are interested. (John.cordova@canyons.edu)

Hi-Tough Soft Skills Training

The High-Touch Healthcare: Critical Six Soft Skills training provides the healthcare industry with the background and tools needed to educate employees at all levels of healthcare organizations. See the attached handout for more details. If you would like a Train-the Trainer session please contact John for dates to schedule. The use of these modules is free of charge.

Healthcare Information Technology (HCIT)

We are enrolling a cohort of 25 incumbent workers (employees) for our free six on-line modules in Healthcare Information Technology (HCIT) training! John Cordova and I wanted to alert you to this opportunity for your healthcare employer's Information Technology (IT) Helpdesk/User Support or Clinical Front Office/Medical Assistant that could benefit from this training. It is FREE on-line, includes books and virtual labs to all registered. Through preliminary job analysis, we have coined the job title of Healthcare Information Optimization Specialist. The first module is Medical Terminology geared towards the individual in Information Technology that needs a better understanding of Healthcare terminology. Individuals who are interested should pre-register at **http://sccrcolleges.org/cte-enhancement/idrc-hcit** We will contact them and help with the rest regarding enrollment.

Colleges/Districts:

- Allan Hancock CCD
- Antelope Valley CCD
- College of the Canyons CCD)
- Cuesta College CCD
- Santa Barbara City College CCD
- Ventura CCD
  - Moorpark College
  - Oxnard College
    - Ventura College

Hi-Touch Healthcare:
The Critical Six Soft Skills

TO LEARN MORE, FOLLOW LINK TO SOFT SKILLS MODULES ⬇

http://ca-hwi.org/?lp=10001

1 Communication Competency

- Interpersonal and Oral Communication Skills
- Small Group Communication Skills
- Listening Skills
- Non-verbal Communication Skills
- Information & Communication Technologies
- Written Communication
- Professional Networking
- Emotional Intelligence

2 Workplace Ethics & Professionalism

- The 4 A's - Attendance, Appearance, Aesthetics, and Accountability
- Ethics in Healthcare and HIPAA
- Flexibility and Adaptability
- Integrity
- Social Media and Technology Use
- Lifelong Learning
- Social Graces

3 Team Building & Collaboration

- Leadership Management Skills (Delegation vs Dumping)
- Passion for the Job and Positive Attitude
- Building Effective Collaborative Teams and Followership
- Workplace Pride and Self Confidence

4 Effective Problem Solving

- Effectively Giving and Receiving Feedback
- Stress Management and Self Care
- Conflict Management
- Time Management
- Critical Thinking & Sound Judgement

5 Embracing Diversity

- Cultural Professionalism and Competency
- Tolerance
- Mutual Respect
- Diversity in the Workplace – Peers and Patients

6 Demonstrating Compassion

- Empathy/Caring Behaviors
- Self-Reflection
- Motivational Interviewing

COMPETENCY DOMAINS & INDEPENDENT GRAB-N-GO TRAINING MODULES

Health Workforce Initiative
Butte College Skyway Center
2480 Notre Dame Blvd.
Chico, CA 95928

For additional Information please contact:
Julie Aguiar: 530-892-3060, aguiarju@butte.edu

Visit us online: http://ca-hwi.org/

WHAT DOES HCIT INVOLVE?

Industry research has identified Healthcare Information Technology to be in high demand, thanks to it's hybrid blend of clinical health practices and information technology.

Programs include the subjects of front office protocols and technologies, computer information systems, finance, information technology, and legal and ethical issues throughout the courses.

This diverse curriculum allows HCIT students to select from a variety of workplace settings such as medical offices, acute care facilities, independent businesses and local government institutions.

HCIT is the link for health care providers, technology designers and information technology; and is bridging patients, payers and regulatory agencies with healthcare information.

There are several pathways from the HCIT model to HIM (Healthcare Information Management) practitioners that will demonstrate leadership and management of health information in all formats (paper, scanned, or computerized forms), and are a critical component of the electronic health record (EHR) work-force.

WEBSITE:

sccrcolleges.org

EMAIL:

IDRC-HCIT@sccrcolleges.org

COLLEGE PARTNERS:

COLLEGE OF THE CANYONS

SBCC
SANTA BARBARA CITY COLLEGE

SADDLEBACK COLLEGE

For more information, please contact us via our website. A team member will contact you to provide further information and to help answer any questions you may have.

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STEP INTO THE FUTURE WITH

HEALTHCARE INFORMATION TECHNOLOGY

Healthcare Information Technology

ARE YOU RIGHT FOR HCIT?

WOULD YOU like to work in health care, but not directly with patients?

DO YOU want to help prevent medical identify theft?

DO YOU want to reduce medication errors?

DO YOU want a career that offers flexibility in your work environment?

DO YOU enjoy working with professionals (physicians, nurses, lawyers, administrators and executives)?

DO YOU have a high level of organizational skills?

DO YOU embrace change and welcome challenge?

DO YOU have strong communication skills?

DO YOU value honesty and integrity in all aspects of your life?

If so, you should consider a career in HCIT!

SIGN UP AND MAKE A CAREER IN HCIT YOUR FUTURE

VISIT
SCCRCOLLEGES.ORG/IDRC-HCIT
TO GET STARTED!

COURSES IN HCIT INCLUDE

Medical Terminology

Exploring Computers

SQL for Healthcare Information Technology

Healthcare Organization Practices

Business Intelligence Tools and Reporting

Healthcare Information Technology

JOB TITLES IN HCIT INCLUDE

Data Analyst

Clinical Coding Specialist

Reimbursement Specialist

Documentation Specialist

Help Desk Specialist

Healthcare Optimization Specialist

Healthcare Information Technician

Medical Information Technician

Medical Assistant/HCIT