

June 28, 2022 Health & Human Services

Partnerships w/ Higher Ed. Workgroup Minutes

Co-facilitators: Amy Grzybowski, RI Office of the Postsecondary Commissioner & Sandra Victorino, Care New England, Commission for Health Advocacy & Equity

Workgroup Topic Description:

“To build engaged and enduring partnerships across and among Institutions of Higher Education and health & human service providers to anticipate and address the training and education needs of health and human services agencies and staff.”

Participant feedback on workgroup focus:

- Add “fiscally sustainable”
- Add K-12
- Add State of RI
- Add “retain” - consider brain drain/retention

Current State:

What is working?

- RI Reconnect – Office of the Postsecondary Commissioner Initiative
- Current incumbent worker pathways in healthcare systems
- 18 healthcare Career & Technical Education (CTE) programs in RI with robust pre-career programs (work-based learning experiences and academic rigor)
 - Incorporating into middle school
 - Looking at strategy for elementary students as well
 - Externships with teachers
- Public awareness of healthcare profession and acknowledgement of the importance and value of the role
- Simulation labs
- Stackable credentials
- Apprenticeship/career ladder models with graduated pay increases (The Providence Center case managers growing/retained)
- Technological innovations in Institutes of Higher Education (IHEs) – hybrid simulation software; being more flexible
- Bill to eliminate test requirements for Licensed Clinical Social Workers (LCSWs) - bilingual students are failing the exam at high rates

What is not?

- Burnout
- Low rates/wages
- Crisis in higher education enrollment
- Aging population - workforce gap

- Retention in RI
- Brain drain
- 60k individuals in RI have attended one year of college but do not have a degree
- Student loan forgiveness process is arduous and takes too long
- Clinicians spread too thin/burned out, unable to accept students for field placements (and burnt out supervisors make bad role models!); answer lies in having dedicated clinical instructors similar to medical residencies.
- Need to promote preparedness of K-12 students for healthcare workforce earlier in their academic career
- Need more work-based opportunities for meeting experience hour requirements (SW)
- Need excitement from the community for students to enter healthcare workforce – students are more excited about robotics, I.T., etc.
- 1000 hour internship requirements for Community Health Worker (CHW) certification
- Age requirements for internships
- Human Services often has no credentialing system; hiring requirements vary by program and department
- Return on Investment (ROI) for higher ed is a huge consideration (if we can't raise return, we need to lower investment)
- Hard to find preceptors

In broad terms, what are our short- and longer-term SMARTIE goals?:

- K-12 awareness/readiness -> higher ed enrollment/graduation/clinical educ/experience -> employment -> retention
- Real time supply and demand data
- Industry-recognized job descriptions
- Expand healthcare systems - incumbent worker pathways
- Redesign systems
- Make health careers appealing and exciting
- Expand simulation lab opportunities
- Policy changes
- Create services to assist training and support of supervisors/managers in provider agencies who may not have received sufficient training
- Evaluation of training programs
- Communication hub/central registry for preceptors – match students with providers
- Streamline credentialing process for interns/preceptors
- Improve communication between higher ed and providers

What information (data, policies, research, etc.) do we need to inform our work?:

- Information from IHEs on alumni who remain in RI – DataSpark has some retention information – universities want to look at retention data for 5-10 years after graduation
- Who is being successful at retaining employees? And why?

- Statewide evaluation of apprenticeship/preceptor programs – capture preceptor barriers in real time (for each program) and focus on the clusters to effectuate change
- Map out educational pathways at each IHE to better understand capacity and gaps, see redundancy, deserts, opportunities, etc.

Who is missing?:

- Community College of RI students are 37% persons of color (Rhode Island College: 25%; University of RI: 22%)– diversity of workgroup does not reflect this [Exploring RI's Public Higher Education System - RIOPC](#)
- Disability representation

Other Key Takeaways/Thoughts:

- Think of fiscally sustainable funding opportunities beyond time-limited grant opportunities
- If we cannot lower cost of tuition, raise other forms of compensation (childcare, affordable housing, transportation, etc.)
- Peace corps for domestic health work
- Expand opportunities to complete internships at employers
- Support students to completion of program
- Providers need to know and share their organizational needs with higher ed
- Higher ed needs to know what providers need for certs/Professional Development for career advancement
- Utilize existing roles in innovative ways
- Support folks with disabilities in pursuing healthcare careers

Workgroup Attendees:

1. Executive Sponsor: Shannon Gilkey, Commissioner, RI Office of the Postsecondary Commissioner (OPC)
2. Cofacilitator: Amy Grzybowski, RI OPC
3. Cofacilitator: Sandra Victorino, Care New England
4. Bonnie Rayta, RI OPC
5. Rick Brooks, RI Executive Office of Health & Human Services (EOHHS)
6. Aryana Huskey, RI EOHHS
7. Paul McConnell, RI Department of Education (RIDE)
8. Rachael Sardinha, RI Department of Health (RIDOH)
9. Zach Nieder, Rhode Island Foundation
10. Howard Dulude, Hospital Association of RI
11. Rick Boschwitz, BAYADA Home Health Care
12. Andrew Saal, Providence Community Health Centers (PCHC)
13. Matthew Roman, Thundermist Health
14. Jim Nyberg, Leading Age RI
15. Elena Nicolella, RI Health Center Association (RIHCA)
16. Lynn Blais, United Nurses and Allied Professionals (UNAP)
17. Tanja Kubas-Meyer, RI Coalition for Children & Families (RICCF)
18. Ariane Famiglietti, Lifespan & Gateway Healthcare
19. David Altounian, Salve Regina University
20. Sharon Stager, Salve Regina University
21. Judi Drew, Salve Regina University
22. Debra Cherubini, Salve Regina University
23. Darlene Noret, New England Institute of Technology (NEIT)
24. Alan Resnick, NEIT
25. Jayashree Nimmagadda, Rhode Island College (RIC)
26. Sue Pearlmutter, RIC
27. Marianne Raimondo, RIC
28. Jennifer Giroux, RIC
29. Rosemary Costigan, Community College of RI (CCRI)
30. Jeanne McColl, CCRI
31. Tekla Moquin, CCRI
32. MJ Kanaczet, University of Rhode Island (URI)
33. Bryan Blissmer, URI
34. Kara Cucinotta, Johnson & Wales University (JWU)