

# PROMISING PRACTICES IN HOME AND COMMUNITY-BASED SERVICES

## ***Several States – The Cooperative Healthcare Network***

### **Issue: Recruitment and Hiring Process to Identify Suitable Direct Support Workers**

#### **Summary**

The Cooperative Healthcare Network (CHN), a national group of affiliated long-term care providers and training organizations, uses a standardized recruitment approach to attract and retain high quality direct service professionals through a targeted outreach and rigorous application process. Organized and supported by Paraprofessional Healthcare Institute (PHI), CHN employs over 1,000 direct care workers in home and community-based settings. CHN agencies report low turnover, due in part to this rigorous screening process.

#### **Introduction**

There is a critical shortage of direct service professionals. Training new people is often an expensive and time-consuming process providers do not want to repeat. Therefore, attracting, assessing, selecting, and retaining high-quality paraprofessional workers is important for home and community-based services (HCBS) providers. The Cooperative Healthcare Network (CHN), a national group of home and community-based services (HCBS) providers, focuses recruitment efforts and hiring practices to recruit and select applicants most likely to succeed as frontline caregivers.

This report briefly describes recruitment strategies CHN uses to attract and retain high quality paraprofessional workers, using information gathered from interviews with CHN staff and written documents on CHN recruitment practices.

#### **Background**

CHN is a group of affiliated licensed home health agencies and training programs. The Paraprofessional Healthcare Institute (PHI), a national nonprofit health care employment development and advocacy organization, developed CHN. PHI's mission is twofold: 1) to facilitate the creation of decent jobs for low-

income individuals within the health care system, and 2) to facilitate the provision of high-quality care.

In 1985, PHI helped organize the Cooperative Home Care Associates (CHCA), the first wholly worker-owned licensed home health agency in the country. CHCA is a for-profit entity organized on a one worker-one share basis. Owners have the right to elect and serve on the board of directors, vote on key company decisions, and share in the profits. In 1990, after demonstrating successful training and employment strategies with low-income women, CHCA received grants from several national foundations to expand its model.

Other organizations replicated CHCA's home health agency and training program models to create CHN. CHN agencies employ over 1,000 people and operate in five areas: the South Bronx; Philadelphia; Detroit; Pine Bluff, Arkansas; and Manchester, New Hampshire.

#### **Intervention**

CHN's recruitment efforts begin with establishing a profile of the "ideal" candidate and identifying the target audience for outreach. The most successful candidates are mature adults with formal or informal caregiving experience. Other components of the ideal candidate profile vary,

depending on state certification requirements and local demographics.

The person responsible for recruitment varies across the CHN agencies. CHN agencies have found that recruitment decisions are more favorable when using a recruitment team to create a recruitment plan, develop recruitment materials, and interview and select candidates.

**Agencies have found recruitment is most effective when using a team structure.**

CHN's recruitment approach involves outreach efforts and an intake and assessment process. An agency's outreach strategy varies according to available resources, local market needs, and the agency's business needs. CHN agencies may use both broad-based outreach, such as newspaper advertisements and flyers, and targeted outreach, which focuses on establishing recruitment sources that will produce a high percentage of quality candidates.

CHN agencies perform targeted outreach at places and situations where the prevalence of unemployed low-income women is high. Examples include General Educational Development (GED) and English as a Second Language (ESL) classes, Department of Labor One-Stop sites (that offer services to facilitate job placement for unemployed people), Temporary Assistance to Needy Families (TANF) agencies, day care centers, and Head Start centers. For example, one CHN agency conducts on-site information workshops and hangs posters about its free training program at a large multi-service organization that houses a Head Start program and administers TANF.

CHN has found that human service agencies can be particularly effective recruitment partners. These partnerships are more likely to succeed when human service agency staff understand the ideal candidate profile, and recommend a CHN agency only to people that match much of that profile. Effective partners include: multi-service organizations providing job readiness preparation and other social services to reduce transitional employment barriers, supportive housing organizations that provide a

full array of social supports for homeless individuals, and organizations providing ESL classes.

The intake and assessment process has three parts: 1) information sessions, 2) individual interviews, and 3) pre-employment assessment activities. The information session has two purposes. One is to teach applicants about the agency and about direct support employment. The second goal is to observe applicants for an interest in caregiving, an appropriate attitude for the work, prior caregiving experience (formal and informal), and the ability to follow instructions and work as a team member.

Each information session involves two intake staff: one presents information and another observes. The sessions cover information about direct support worker responsibilities and the training and employment program. Information sessions include participatory exercises, and may include a brief quiz. After the session, staff ask applicants to call the following day if they are interested in an interview. The agency refuses interviews if a candidate acts inappropriately during the information session or does not meet basic eligibility requirements such as literacy skills or legal residency.

Agencies conduct individual interviews a few days after the information session. Interviewers screen for characteristics including: maturity; desire to provide direct support; sensitivity to other people's lives and conditions; tolerance for diversity and different points of view; critical thinking; adequate health status; and demonstrated abilities to learn, communicate, keep written records, and make responsible decisions. To ensure fairness in this process, CHN recommends the recruitment team develop a standard interview process and that team members are trained to interview applicants.

In the 20 – 45 minute interviews, CHN staff use a variety of evaluative techniques such as probing questions, problem-solving situational questions, short writing samples, and a detailed review of the application. Candidates who are recommended for the program then receive instructions for pre-enrollment assessment activities, which include drug screens, criminal

background checks, and physical examinations.

Since paraprofessional caregivers often have low incomes and little formal education and work experience, CHN recommends hiring an on-site job counselor who can assist trainees and new employees in overcoming employment barriers. For example, on-site counselors can: find low-cost housing options, provide transportation stipends to facilitate car repairs and/or purchase, and help people complete paperwork to ensure timeliness in receiving public assistance. Counselors can also help employees identify childcare sites, after-school programs, and summer program options for children. They also can negotiate schedule changes and short-term leaves of absence to help employees address crises.

**Worker turnover at the largest CHN agency was 28% over one year.**

Candidates meet with the counselor during the pre-enrollment assessments to identify supports and resources necessary for the candidate to succeed in full-time training and employment. In addition to working one-on-one with employees, some agencies' counselors conduct regular group meetings. For example, one agency hosts three sessions for employees in their first two months to share their experiences for learning and peer support. CHN agencies with on-site counselors have significantly greater employee retention.

### Impact

#### **Discussion Questions:**

**Would this employee selection process be cost-effective for proprietary providers?**

**How could a State encourage providers to adopt similar practices?**

CHN documents outcomes of each outreach effort to measure its cost-effectiveness. The agencies identify the number of people who make inquiries, attend open houses, enroll in training, and complete training. CHN also measures how many new employees stay at the agency for three, six, twelve months, and beyond. While targeted outreach requires more resources, it can also yield better results than broad-based outreach. In one example, 54 percent of new employees who responded to newspaper advertisements continued employment for at least six months, compared to 70 percent of new employees referred through partner human service agencies.

In terms of screening, CHN chooses potential workers carefully from those applying to its entry-level training program. On average, CHN agencies hire one out of every three applicants. The largest CHN agency, Cooperative Health Care Associates, reported a 28% turnover rate between August 2001 and August 2002. CHN reports that its agencies are also consistently rated among the highest-quality providers in their regions.

### **Contact Information**

For more information about the Cooperative Healthcare Network, please contact Peggy Powell at (718) 402-7463 or [peggy@paraprofessional.org](mailto:peggy@paraprofessional.org). Information about PHI and its Cooperative Healthcare Network is available on the Internet at <http://www.paraprofessional.org>.

This report was written by Amy Leventhal Stern, Ph.D. It is one of a series of reports by Medstat for the U.S. Centers for Medicare & Medicaid Services (CMS) highlighting promising practices in home and community-based services. The entire series is available online at CMS' web site, <http://www.cms.gov>. This report is intended to share information about different approaches to offering home and community-based services. This report is not an endorsement of any practice.