



## **REQUEST FOR QUALIFICATIONS**

### **Evaluation of Interventions to Improve Direct Care Worker Retention Rates across Multiple Settings and Geographies**

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#### **SUMMARY**

The Ralph C. Wilson, Jr. Foundation (RCWJRF) is seeking an evaluation team to partner in developing and implementing a comprehensive evaluation of a growing portfolio of investments to improve retention rates of direct care workers. Our grantee partners implementing the THRIVE<sup>1</sup> (Transformational Healthcare Readiness through Innovative Vocational Education) program - Ascension St. John (Michigan), Catholic Health (New York), and Cleveland Clinic – along with RCWJRF staff, will work together with the evaluation team to create and implement an evaluation designed to test whether improving retention rates of direct care workers is financially sustainable. Recognizing that myriad factors impact retention, the evaluation is anticipated to focus primarily on four categories of interventions demonstrated to impact retention: organizational culture, training, life coaching, and assessment tools.

The evaluation is expected to be grounded in the principles of developmental evaluation, or a similar framework, allowing for flexibility, learning as we go, and embedding the evaluation team in the work. While the THRIVE institutions will be the most involved in the evaluation, with the most comprehensive interventions and largest volume, RCWJRF is investing in other organizations addressing retention. These partners are also expected to be included in the evaluation, along with up to four additional smaller organizations, to be identified, over the coming year.

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<sup>1</sup> This project will be publicly announced by March 18th. Your discretion is appreciated.

Key eligibility criteria:

- Demonstrated expertise and experience evaluating retention interventions in relevant healthcare settings, with an emphasis on the four categories listed above
- Evaluation team will include individuals with a solid understanding of and “real world” experience in long-term care, hospital / health systems and home health care finances and operations, including the regulatory environment
- Applicant or member of the proposed team is a known entity with substantial credibility in the healthcare finance arena
- Proven ability to work in partnership with philanthropy and grantees
- Non-profit and for-profit organizations are eligible; for-profit firms will need to identify a non-profit to accept the award on their behalf
- For teams made up of multiple organizations, a lead must be identified
- No current or potential conflicts of interest with RCWJRF grantees. For example, a university medical system in SEMI, WNY or engaged with the Cleveland Clinic or a substantial engagement or contract(s) with competitors to current or potential RCWJRF grantees in this portfolio

Action	By Date
Deadline for responses to RFQ	4/1 5:00 PM EST
RFQ Review period by RCWJRF and THRIVE partners	4/2 – 4/12
Phone interviews with top candidates	4/15 – 4/26
In-person Interviews at up to three finalist sites. Applicants must be available on these dates, RCWJRF will inform finalists of their assigned date.	4/29 and 5/2
Evaluator Selected & Notified	5/17
Day long kick-off meeting in Detroit with RCWJRF and THRIVE partners	TBD in May
Evaluator submits Scope of Work	TDB in June

**BACKGROUND**

The Ralph C. Wilson, Jr. Foundation is a grantmaking organization dedicated primarily to sustained investment in the quality of life of the people of Southeast Michigan and Western New York. The two areas reflect Ralph C. Wilson, Jr.’s devotion to his hometown of Detroit and greater Buffalo, home of his Buffalo Bills franchise. Prior to his passing in 2014, Mr. Wilson requested that a significant share of his estate be used to continue a life-long generosity of spirit by funding the Foundation which bears his name. The Foundation has a grantmaking capacity of \$1.2 billion over a 20-year period, which expires January 8, 2035. For more information visit [www.rcwjrf.org](http://www.rcwjrf.org).

The role of caregiver can be rewarding as well as demanding and overwhelming. The Ralph C. Wilson, Jr. Foundation (RCWJRF) supports and honors those who care for others – whether family members, friends or professionals – through efforts that provide needed skills, resources, education and respite. RCWJRF is honored to play a role in celebrating caregivers with strategies

for supporting family and paid caregivers. The goal for the Foundation’s caregiver portfolio is that Southeast Michigan and Western New York are world class examples of communities that value and respect caregivers of older adults.

With this in mind, a “North Star” for impacting direct care workers in health care has been identified – **increasing job retention rates**. Individuals serving in these critical roles, and the organizations employing them, face significant challenges. Fortunately, research and best practices also offer solutions - ranging from quality improvement methods to organizational culture change to career paths to reliable child care and transportation – that can move communities towards the North Star of better job retention.

RCWJRF is already addressing this North Star through strategies that increase retention rates for direct care workers. The THRIVE program is at the heart of this strategy and will be the core of the evaluation. THRIVE was conceived by the Cleveland Clinic (an important institution to Mr. and Mrs. Wilson). In partnership with Ascension St. John’s in Southeast Michigan (SEMI) and Catholic Health in Western New York (WNY), THRIVE developed into a major initiative across these three institutions that will formally begin by June, 2019. The THRIVE program is described in detail as Attachment A.

To a lesser extent, the evaluation will include a number of other grantees funded by RCWJRF to address retention: The Brothers of Mercy (WNY) and The Rochester Friendly Home (WNY) funded in March 2019 and United Methodist Retirement Community (SEMI) and Rochester Presbyterian Home (WNY) funded in 2018. As more grants are awarded, this evaluation is expected to expand and adapt. The selected evaluator will be expected to accommodate another four smaller grantees similar to the four mentioned above. A brief description of each of the current grantee projects is included in Attachment B.

Because of the complex and adaptive nature of THRIVE, preference will be given to evaluation teams with experience conducting developmental, or similar types of evaluations that are: responsive to change, done in real time with iterative feedback loops, and have an evaluation team embedded in the work. The scope of the interventions in THRIVE and the other organizations span large health care systems, long-term care, home health, and additional grantees may include hospice organizations. Preference will also be given to applicants with diverse qualitative and quantitative evaluative skills and experience with these types of organizations and systems. Diverse perspectives, points of view, and backgrounds on the team are equally important such as, organizational culture, anthropological, finance, workforce training, and quality improvement.

## **REQUEST FOR QUALIFICATIONS**

Responses should be limited to 10 pages, in a 12-point font with one-inch margins. Only requested links to information or requested attachments will be reviewed. Bios with associated

resumes / CV's do not count towards the page limit. Please respond in the order laid out below and number responses accordingly.

1. For single organizations applying, provide a link to your website and the individual's name and contact information that would serve as the primary contact with RCWJRF. For applicants that include multiple organizations, list each organization with links to their respective websites, and identify a lead organization along with the individual that would serve as the primary contact with RCWJRF. Attach a one-page bio for this person and his/her resume / CV.
2. Describe and give examples of relevant evaluation work in each of the four categories of intervention - organizational culture, training, life coaching, and assessment tools. Please note, the assessments are already developed. The evaluation team will be integral to potentially improving them over the course of the initiative but not modifying the first iteration.

Include in your response how "real world" experience of team members enhanced the evaluation(s) in the examples. Specifically address the impact of evaluations on direct care workers and / or their involvement in the evaluation. Identify which partner, if applicable, will work on each category and / or the key person responsible for the category, attach one-page bios for these individuals and their resumes / CV's. (Suggested page limit of 2)

3. The goal of the evaluation is to test whether improving retention rates of direct care workers is financially sustainable. Describe and give examples of the financial experience your team will bring to the evaluation. Assuming the evaluation finds the program to be sustainable, give examples of financial experience that supports your ability to communicate the findings in a way that is relevant to the Foundation and other audiences. Include how you would envision structuring the report to ultimately "sell" this to the CFOs / C-Suite at the THRIVE institutions and to other RCWJRF grantee executive teams. Include why your organization / the relevant partner has the credibility and reputation in the health care arena to help make this case compelling.

For reference, RCWJRF and the THRIVE partners have identified two draft evaluation questions that are currently guiding our thinking around financial sustainability that may be helpful in responding. *Do THRIVE and the other projects produce a financial return on investment that results in sustainability without philanthropy? Assuming yes, what level of catalytic philanthropic investment leads to the most effective path to sustainability? (Catalytic assumes a faster path to sustainability as a result of what's demonstrated from this evaluation and less costly in terms of grant dollars from philanthropy.)* (Suggested page limit of .5 to 1)

4. High level draft evaluation questions for each of the four intervention categories are listed below as a reference to provide applicants with more insight into how RCWJRF and the THRIVE partners are currently thinking about the evaluation. Please consider these in your

response to #5. You may add to these questions and / or suggest alternatives in the response.

- Organizational culture (how valued are the workers by supervisors and others? how valued do workers feel?)
  - Additional or different training (does it improve job satisfaction? performance? patient outcomes?)
  - Life Coaches (do they effectively identify challenges and address them, how are they utilized and by what types of workers? are they valued and trusted?)
  - Pre-and post-hire assessments (are they effective in identifying challenges? strengths?)
5. Provide a summary of how the team would approach the evaluation. (Suggested page limit of 4) Consider in your response:
- While challenges encountered by the THRIVE program and other projects have many proposed solutions, it's unknown which ones will be the most effective, in what settings and circumstances, and in what combination(s). A developmental evaluation is well suited to handling these kinds of questions and would provide RCWJRF and grantee partners with invaluable information on which intervention, or set of interventions, most effectively address retention rates. How would the approach you propose be tied to the principles of developmental evaluation or another similar framework?
  - Each THIRVE partner has a project manager dedicated to the initiative. These individuals will assist with coordinating data collection and analysis, including compiling appropriate information in support of the evaluation. The Cleveland Clinic also has an education manager dedicated to the THRIVE curriculum and research experts on staff ready to provide support. With this in mind, what key questions, thoughts, and potential concerns do you have that would need to be addressed in the course of developing and implementing the full scale evaluation?
  - THRIVE is a partnership with three major health systems. RCWJRF is currently funding four smaller organizations addressing retention and envisions funding up to four more organizations over the next year. Be sure to incorporate how the variation in size of organization, geography, and type of workers will be addressed. Also include how you envision data from these various sources would be collected, managed, and used for ongoing program learning and improvement.
  - An evaluation of this scope requires exceptional project management. Describe experience managing a project of this scope and how it would be applied for this evaluation. What are key principles you envision for how RCWJRF, THRIVE, and other grantees would interact with the evaluation team?
6. The selected evaluation team will meet for one full day in Detroit with RCWJRF staff and representatives of THRIVE to kick-off the evaluation. At a high level, how would you structure this day and make other preparations in order to submit a detailed scope of work by a date to be mutually determined in June? (Suggested page limit of 1)

7. Describe how the proposed team will work together and provide examples of past experience working together. Include at least one example where there was a significant challenge, how it was managed, and the outcome. (suggested page limit of .5 to 1)
8. The maximum budget, inclusive of all costs and indirect, for the RFQ is \$1.5 million over three and a half years with a start date of May 15, 2019. (Suggested page limit of 1) Provide a high-level budget that includes:
  - Key personnel, their hourly rates, and rough estimates of their time on the project annually. For sub-contracts, include the same.
  - Appropriate members of the evaluation team are expected to travel at least semi-annually to the THRIVE sites or group meetings, please include a budget estimating this and any other proposed travel. (Note, for air travel, only coach fares will be reimbursed.)
  - Any other anticipated expenses.
  - RCWJRF's indirect rate is 10%, no exceptions.
9. RCWJRF anticipates investment in improved recruiting and development of career paths with the THRIVE partners, as well as other grantees, over time. Our intent would be to expand and extend the timeframe and scope the evaluation to incorporate these new interventions as well as any future strategies related to paid caregivers. New interventions or strategies may be initiated by RCWJRF or the grantees independently. Please briefly discuss how this evaluation team could remain together for up to a decade or longer. Include in your response, how anticipated or potential personnel turn-over would be addressed? Might new partners be added with recruitment of career path expertise? (Suggested page limit .5 to 1)

Questions regarding the RFQ should be sent to [caregiversrfq@rcwjrf.org](mailto:caregiversrfq@rcwjrf.org) and will be answered within 3 business days. Any telephone inquiries will be directed to this email.

**Responses must be submitted by Monday April 1, 2019 at 4:00 PM EST to [caregiversrfq@rcwjrf.org](mailto:caregiversrfq@rcwjrf.org).** You should receive an immediate confirmation of receipt, please call RCWJRF at 313-885-1895 right away if this does not occur. RCWJRF accepts no responsibility for keeping any part of a response to this RFQ confidential and reserves the right to discuss the proposal with outside consultants or others.

This project will be publicly announced by March 18<sup>th</sup>.  
Your discretion is appreciated.

## ATTACHMENT A

### THRIVE

Due largely to the rapid aging of the population, healthcare is projected to be the largest employment sector in the economy by 2026. The fastest growing occupations in the sector are “direct care” or “front-line” workers in healthcare support occupations including certified nursing assistants (CNAs), home health care aides (HHAs), and personal care aides (PCAs), among others.

Despite the large and growing quantity of job openings for direct care workers, recruitment and retention of this workforce is a challenge industry-wide. Many new entrants to entry-level, direct care positions face barriers to success which leads to high rates of turnover. These barriers may include: a lack of work readiness or life skills, transportation, or child care; the strenuous nature of the work; low pay; lack of training; poor communication and teamwork; inadequate supervision; and understaffing.

Increased caregiver turnover, high vacancy rates, and delays in filling open positions are costly and negatively affect care delivery. Healthcare providers are increasingly seeking solutions to improve job quality through innovative recruitment and retention strategies, which, in turn, contribute to improved patient care outcomes.

The THRIVE program, described in more detail below, will increase retention rates by innovatively addressing barriers using new screening tools, 1:1 life skills support, and enhanced caregiver training. Each health system has identified a specific segment of its entry-level, caregiving workforce that will participate in THRIVE. After an initial 4-month curriculum development and program start-up phase, the first cohort of THRIVE participants are projected to begin by June, 2019. New employees will be hired and on-boarded through THRIVE approximately every two weeks – across all three health systems. It is expected that more than 100 newly hired caregivers will go through the program each month.

The three core program requirements of THRIVE program include:

1. *Holistic Risk Assessment Tool*: A custom designed cognitive and behavioral assessment tool utilized during on-boarding to pro-actively identify caregivers most at risk of encountering work readiness and success barriers. Results will be used to stratify caregivers into high, medium, and low risk categories.
2. *Caregiver Support Specialist*: A team of caregiver support specialists will evaluate results from the post-hire risk assessments, create action plans, and follow-up 1:1 with THRIVE participants identified as high and medium risk for encountering barriers to retention. Specialists will serve as ‘coaches’, proactively connecting caregivers to a network of internal and external benefits and services. Coaching, while expensive, is an emerging best practice in the workforce development field to improve work readiness and increase the likelihood of workplace success among low-income populations and those with other barriers to employment.

3. *THRIVE Curriculum*: All three systems will implement a 56-hour, 7-day THRIVE-specific curriculum that will be delivered during on-boarding and/or through a series of “call-back” days over the first 90 days. Cleveland Clinic staff will serve as train-the-trainer to the other systems to ensure fidelity in delivery across sites.

The three health systems have together developed the following goals over the next three years:

- Increase *occupational* retention rates of entry-level caregivers (e.g., retention in the entry occupation) and *organizational* retention in the health system (retention in another caregiving role within the health system);
- Provide caregivers with individualized life infrastructure support, guidance, and training to ensure their success with sustainable and meaningful employment in the care of others;
- Enhance supervisor and communications training to strengthen employment relationships, while providing improved communication of roles, responsibilities and expectations to patients and patients’ family members; and
- Create a learning management system that integrates competency-based curricula, and innovative practices to address life skills and financial barriers.

Collectively, over 4,000 caregivers are expected to benefit from the THRIVE program over the three-year grant period. Estimated turnover costs vary widely between the three systems. Variables impacting the rates can be significant including the use of higher-cost outside agency contract labor and overtime pay during periods of short-staffing, when the turnover occurs from date of hire, and reasons for staff leaving the position. The health system partners have defined organizational success as an increase in the retention of entry-level caregivers from baseline sufficient to achieve incremental positive ROI during the course of the program and reaching full sustainability by the end of the grant period.

Retention rates for each cohort of THRIVE participants will be tracked and analyzed monthly as part of the program. Qualitative data on participants will also be collected and analyzed through the assessment tools, feedback with the Caregiver Support Specialists, employee satisfaction surveys, and focus groups. Data will be shared and reported regularly by each system, including their finance departments, and with the overall steering committee.

A material and financial support fund will be allocated to each health systems to collectively to decide to address specific challenges like uniforms, transportation and childcare emergencies. Input from the evaluation team and especially the feedback from caregiver support specialists will be critical to identifying remaining barriers to retention such a fund could mitigate.



## **ATTACHMENT B**

### **Rochester Presbyterian Home**

RPH was established in 1925 and provides assisted living residences for 210 elders, most of whom are living with memory loss. It operates three homes in Western New York. RPH currently offers over 20 classes to their staff such as, the basics of Caring for Elders with Dementia (taught by the Alzheimer's Association), Enhanced Care training to serve those with advanced dementia, Universal Precautions, and First Aid Training (taught by the American Red Cross). The RCWJRF grant supports the implementation of a Common Core Curriculum using a train-the-trainer model.

### **United Methodist Retirement Communities**

UMRC has been a leader in senior care since its founding in 1906 at its Chelsea, Michigan campus. Today, UMRC provides seniors living options at eight locations and a continuum of services across 12 counties. In 2015, the UMRC Board of Trustees approved a Master Plan that included a transition to the Action Pact Household Model. Action Pact is widely respected for its evidence-based, best practice philosophies for culture change in skilled nursing care. The RCWJRF grant supports UMRC to contract with Action Pact to lead an intensive two-year training for caregivers to implement this culture change.

### **Friendly Senior Living**

Friendly Senior Living is a non-profit organization that serves the aging and frail elderly with services including nursing care, rehabilitation, transitional care, and memory care. The Friendly Senior Living continuum includes five communities in the Rochester area offering a range of senior housing and services. The RCWJRF grant supports a new internal training program that will offer customized skills development around the patient care approach, the culture of caregivers in the Friendly Home system, and career advancement opportunities. Recruitment will be focused on drawing a deeper pool of candidates from the community close to the facilities to the CNA occupation.

### **Brothers of Mercy**

The Brothers of Mercy Nursing Home Inc. (BoM) is a Christian provider of adult residential healthcare and rehabilitation services. The BoM campus in Clarence, NY includes a wide range of continuing care options for seniors, including low-income housing and independent living market rate apartments, with plans to construct a new assisted living facility to provide seniors with the opportunity to age in place. The RCWJRF grants supports a pilot of a comprehensive retention strategy around four pillars: 1) improved recruitment and hiring; 2) extended training; 3) transportation support ; and 4) improved compensation.