



RALPH C. WILSON, JR.  
FOUNDATION



Ascension



Catholic Health

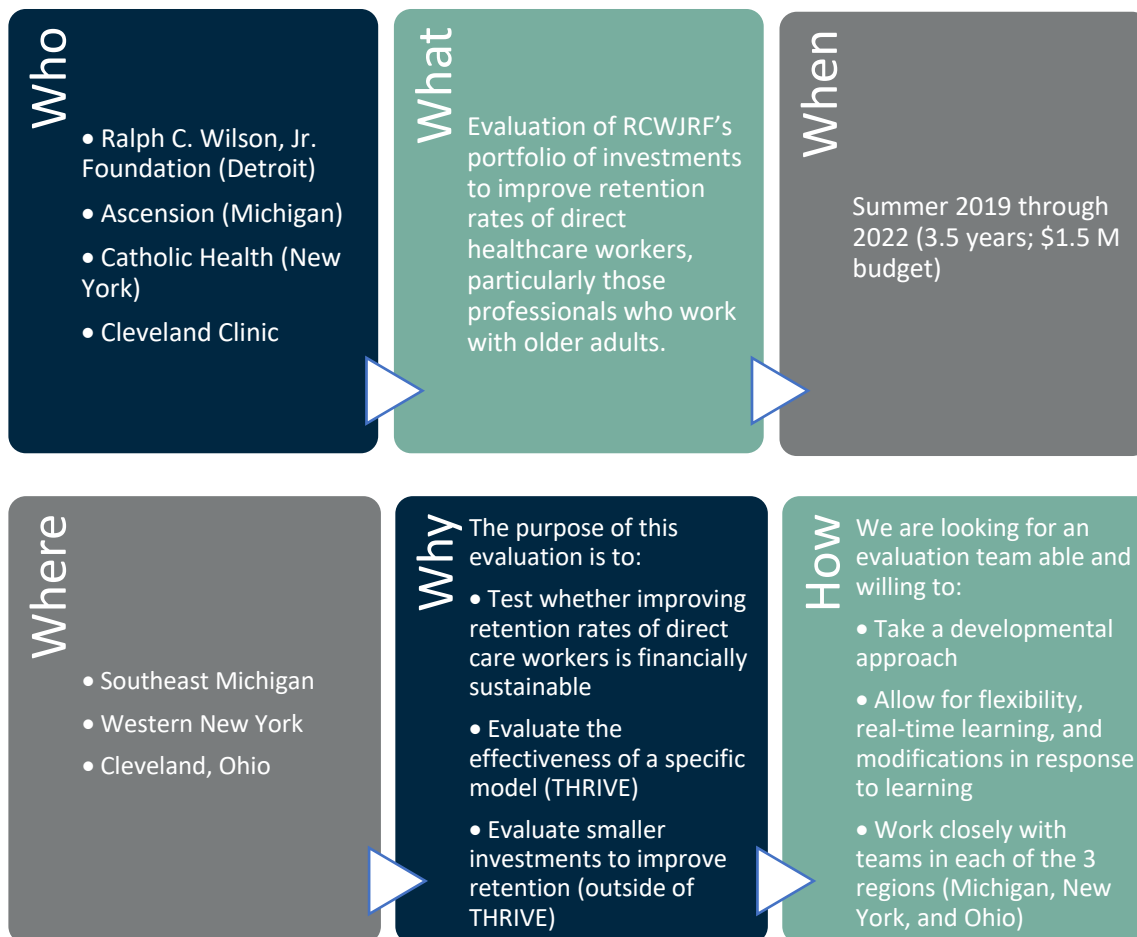


Cleveland Clinic

## REQUEST FOR PROPOSALS

### Evaluation of Interventions to Improve Retention Rates for Direct Caregivers in the Great Lakes Region

#### Project At-A-Glance



The Ralph C. Wilson, Jr. Foundation (RCWJRF) is seeking a partner to develop and implement a comprehensive evaluation of the Foundation’s portfolio of investments aimed at improving retention rates of direct care workers. At the heart of this evaluation is THRIVE<sup>1</sup> (Transformational Healthcare Readiness through Innovative Vocational Education), a partnership between Ascension St. John (Michigan), Catholic Health (New York), and Cleveland Clinic to improve retention rates. THRIVE is an emerging model that uses four approaches (organizational culture, training, life coaching, and assessment tools) to impact retention.

The evaluation partner/team will work directly with RCWJRF and program staff from each of the three health systems to design and implement the evaluation. This evaluation has three primary purposes. The first is to test whether improving retention rates of direct care workers is financially sustainable. The second is to evaluate the THRIVE model. Finally, the evaluation will look at RCWJRF investments in several smaller organizations/health systems addressing retention. 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.

**Timeline**

Action	By Date
Deadline for responses to RFP	5/3/19 5:00 PM EST
Review period	5/6/19 – 5/17/19
Phone interviews with top candidates	5/20/19 – 5/23/19
In-person Interviews at up to three finalist sites.	Week of May 27 (TBD)
Evaluator Selected & Notified	6/7/19
Kick-off meeting in Detroit with RCWJRF and THRIVE partners	TBD June
Evaluator submits Scope of Work	TBD June

**Background**

The Ralph C. Wilson, Jr. Foundation is a grantmaking organization dedicated 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’s primary grantmaking areas are children and youth, young adults and working families, caregivers, and livable communities. 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 Ralph C. Wilson, Jr. Foundation (RCWJRF) supports and honors those who care for older adults – whether family members, friends, or professionals – through efforts that provide needed skills, resources, education and respite. We recognize the role of caregiver can be rewarding as well as demanding and overwhelming. RCWJRF’s grantmaking for caregivers centers on supporting family and paid caregivers. The goal for the Foundation’s caregiver portfolio is for Southeast Michigan and Western New York to become world class examples of communities that value and respect caregivers of older adults.

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<sup>1</sup> This project will be publicly announced by April 12, 2019. Your discretion is appreciated.

Within the Foundation’s strategy to support paid caregivers, our aim is to **increase job retention rates for direct care workers**. 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.

The THRIVE<sup>2</sup> 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 and Catholic Health in Western New York, THRIVE emerged as a major initiative across these three institutions. THRIVE will formally begin in June 2019.

To a lesser extent, the evaluation will include a number of other grantees funded by RCWJRF to address retention, including: Brothers of Mercy, The Rochester Friendly Home, and Rochester Presbyterian Home (WNY) and United Methodist Retirement Community (SEMI).<sup>3</sup> The evaluation will need to expand over the next three years to accommodate an additional four grantees of similar size/scope.

### Eligibility Criteria

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. The following eligibility criteria must be met by the applicant organization:

- Demonstrated experience evaluating interventions in healthcare settings, and/or evaluating direct care worker retention strategies
- Demonstrated experience in long-term care, hospital / health systems, and/or 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 to apply
- In cases where the proposal is for evaluation teams made up of multiple organizations (for example, an organization with expertise in evaluation plus an organization with expertise in healthcare finance), the proposal should be submitted by the lead organization.
- No conflicts of interest with RCWJRF, Ascension, Catholic Health, or Cleveland Clinic.

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<sup>2</sup> The THRIVE program is described in detail as Attachment A.

<sup>3</sup> A brief description of each of the current grantee projects is included in Attachment B.

## How to Apply

Responses are **limited to 10 pages** in a 12-point font with one-inch margins, single spaced. Only requested links to information or requested attachments will be reviewed. Bios with associated resumes/CVs do not count toward the page limit. Responses should be in the order below and numbered accordingly.

### Background & Experience

- 1. Evaluators may apply as a single entity or as a team of organizations bringing together multiple areas of expertise to meet the RFP requirements. Applicants must include:**
  - A link to the lead organization's website
  - The name and contact information for the project lead. Include a one-page bio and resume/CV as attachments.
  - 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 plus a resume/ CV.
  
- 2. Describe and give examples of relevant work related to the following. If applicable, identify which partner has the relevant work experience.**
  - Conducting process, implementation, and/or outcomes evaluation of a pilot/prototype program model, preferably around worker retention in the healthcare field.
  - Using developmental evaluation/developmental approaches to evaluation in the healthcare field.
  - Conducting an evaluation with multiple partners, settings, and geographies, preferably in the healthcare field.
  - If proposing an evaluation team comprised of multiple organizations, describe how the proposed team will work together and provide examples of past experience working together (if applicable). Include at least one example where there was a significant challenge, how it was managed, and the outcome.
  
- 3. The goal of the evaluation is to test the financial return on investment and sustainability of models intended to increase worker retention in the healthcare field.** There are two working evaluation questions guiding our thinking. First, do THRIVE and the other projects produce a financial return on investment that results in sustainability without philanthropy? Second, if so, what level of catalytic<sup>4</sup> philanthropic investment leads to the most effective path to sustainability?
  - Describe and give examples of the financial experience your team will bring to the evaluation.
  - Include how your organization/team would expect to report on the findings, and why your organization/team has the credibility and reputation in the healthcare arena to make a compelling case about the findings.

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<sup>4</sup> 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.

## Evaluation Approach

4. THRIVE is experimental in design, and it is unknown which of the interventions listed below will be most effective, in what settings and circumstances, and in what combination(s). As such, this model is developmental in nature. **How would the approach you propose be tied to the principles of developmental evaluation?**

High level working evaluation questions for the THRIVE model's four intervention categories are listed below. Please consider these in your response. You may add to these questions and/or suggest alternatives in the response.

<b>Organizational Culture</b> <ul style="list-style-type: none"><li>•How valued are the workers by supervisors and others? How valued do workers feel?</li></ul>	<b>Training</b> <ul style="list-style-type: none"><li>•Does it improve job satisfaction, performance, and/or patient outcomes?</li></ul>
<b>Life Coaches</b> <ul style="list-style-type: none"><li>•Do they effectively identify challenges and address them, how are they utilized and by what types of workers? Are coaches valued and trusted?</li></ul>	<b>Pre- and post-hire assessments</b> <ul style="list-style-type: none"><li>•Are they effective in identifying worker challenges and strengths?</li></ul>

5. **Describe how the team would approach the evaluation, including how you would address the following:**
- Each THRIVE 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. **How will your organization/team address the variation in size of organization, geography, and type of workers? How do you envision data from these various sources being collected, managed, and used for ongoing program learning and improvement?**
  - An evaluation of this scope requires exceptional project management. **What are key principles you envision for how RCWJRF, THRIVE, and other grantees would interact with the evaluation team?**

6. The maximum budget, inclusive of all costs and indirect, for the RFQ is \$1.5 million over three and a half years with an approximate start date of July 2019. **Provide a high-level budget that includes:**
- Key personnel, hourly rates, and rough estimates of their time on the project annually. For sub-contracts, include the same.
  - Semi-annual travel to the three 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.

Questions regarding the RFQ should be sent to Avery Eenigenburg, Learning Officer, at [caregiversrfq@rcwjrf.org](mailto:caregiversrfq@rcwjrf.org)

**Responses must be submitted by Friday, May, 2019 at 4:00 PM EST to [caregiversrfq@rcwjrf.org](mailto:caregiversrfq@rcwjrf.org).** You should receive an immediate confirmation of receipt. RCWJRF accepts no responsibility for keeping any part of a response to this RFP confidential and reserves the right to discuss the proposal with outside consultants or others.

This project will be publicly announced by April 12<sup>th</sup>, 2019.  
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 RCJWJRF 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.