



Coastal Region Healthcare Sector Partnership Plan

March 2019



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Introduction

Introduction

Healthcare has been identified by the Coastal Regional Planning Unit (RPU)—comprised of the Workforce Development Boards (WDBs) for Santa Cruz, Monterey, San Luis Obispo, and Santa Barbara Counties, as one of three priority industry sectors for the region. According to the Coastal RPU’s 2017-2020 Regional Plan, the healthcare industry cluster employs nearly 80,000 workers in the region, with an average wage of \$51,739, and has the highest projected growth rate over the next ten years.

The development of this Healthcare Sector Partnership Plan was leveraged and built upon existing stakeholder engagement efforts of the Central Coast Regional Slingshot initiative, which is also focused on healthcare occupations, and coalesced these stakeholders around Slingshot priorities such as the development of a Community Healthcare Worker certificate program, healthcare career awareness, and the need to address specialty nursing shortages.

The main components of this plan and its development include:

- Deliberate stakeholder engagement throughout the process
- A regional healthcare sector analysis that provided a snapshot of industry demand for entry- to mid-level healthcare occupations and available education and training programs
- Best practices and recommendations for building a regional healthcare sector partnership (the “how”)
- Opportunities, informed by the sector analysis, for enhancing the regional talent pipeline including potential pathways and programs and the development of career awareness materials (occupational profiles) for target occupations (the “what”)
- A high-level action plan identifying steps the region can take in the near-term and longer-term to continue to develop and sustain a healthcare partnership and areas of work the partnership might prioritize across these time horizons

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Stakeholder Engagement

Stakeholder Engagement

Input from employer, education, workforce development, and other community stakeholders informed the development of this plan and will continue to be crucial to advancing sector partnership efforts in the region.

Contributors to the development of the Coastal Region Healthcare Sector Partnership Plan Include:

Healthcare Employers

Atascadero State Hospital
California Department of Rehabilitation
California Hospital Association
Cottage Hospital
Health Improvement Partnership (HIP) of Santa Cruz
Lompoc Hospital
Mee Memorial Hospital
Monterey County Public Health
Monterey County Health Department
Natividad Hospital
Planned Parenthood
Salinas Valley Memorial Healthcare
Salinas Valley Memorial Healthcare System
Salud Para Le Gente
San Luis Obispo Public Health

Education & Training Providers

Cabrillo College
California State University Monterey Bay (CSUMB)
Central Coast College
Cuesta College
Hartnell College
Monterey Peninsula Adult Education Consortium (MPAEC)
Monterey Peninsula College
Salinas Valley Adult Education Consortium (SVAEC)
South Central Coast Regional Consortium

Workforce & Community Organizations

Child & Family Development Programs
Coastal Region SlingShot
Community Homeless Solutions
Monterey Bay Economic Partnership (MBEP)
Monterey County Workforce Development Board
Pajaro Valley Community Health Trust
San Luis Obispo Workforce Development Board
Santa Barbara Workforce Development Board
Santa Cruz Workforce Development Board

Stakeholder Engagement

Employer, education and training provider, workforce development, and other community stakeholders were engaged in the development of the healthcare sector partnership plan through a combination of in-person meetings, focus groups, interviews, web conferences, and surveys.

The purpose of employing these methods was to:

- Gather local intelligence,
- Validate both traditional and real-time labor market information,
- Get feedback on the inventory of regional workforce and training programs,
- Create partner buy-in, and
- Develop short- and longer-term goals and action steps.

Developing the Healthcare Partnership Plan

Understanding Demand

- Identify shorter & longer-term trends
- Prioritize key entry-mid level occupations & identify required:
 - Education
 - Skills (cross-cutting, baseline, specialized)
 - Certifications

Aligning Supply

- Inventory education & training assets
- Opportunities to fill gaps/build pathways
- Identify potential pre-Apprenticeship & Apprenticeship models
- Develop occupational profiles to promote healthcare career awareness

Stakeholder Engagement

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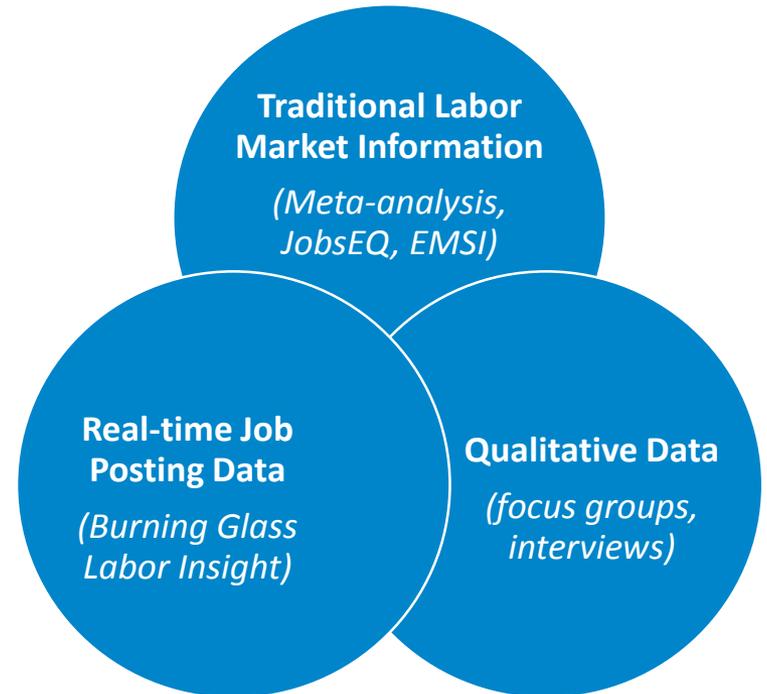
Healthcare Sector Analysis

Coastal Region Healthcare Sector Analysis

This analysis drew from a variety of data sources including traditional labor market data, real-time job posting data, program inventory and regional stakeholder input. The process began with a meta-analysis of existing labor market studies, labor market data, and local reports and plans, followed by further analysis of both real-time and traditional labor market data and focus groups with local employer, educator, and workforce development stakeholders.

The Healthcare Sector Analysis sought to:

- Understand regional demand for middle-skill healthcare occupations, industry needs, and challenges
- Uncover industry trends
- Identify key entry- to mid-level healthcare occupations and skills
- Inventory existing education and training assets that support
- Identify existing and future partnership opportunities
- Support career awareness efforts aligned with industry demand



Career Awareness: Targeting Key Occupations

One priority of the Healthcare Sector Partnership Plan is to promote healthcare career awareness through the development of occupational profile materials showcasing a handful of entry- to mid-level occupations for use in the America’s Job Center of California (AJCCs) in the region.

A list of “top 10” entry- to mid-level healthcare occupations was generated based on findings from the quantitative data and a set of criteria including total employment in the region, projected demand, wages, location quotient, occupational tier (e.g. tier 2 occupations), and pre-associate to associate degree level of education.

This “top 10” list was shared with the Workforce Development Boards (WDBs) and reviewed with healthcare employers in the region to solicit their input on the occupations, accuracy of wage information and educational requirements, and to identify other occupations that may be missing.

Feedback from employers verified that the “top 10” occupations are all important, but that there is also a critical need for:

- Certified nursing assistants (CNAs) and psych techs
- Medical assistants
- Experienced nurses (ADN & BSN levels) – particularly specialty nursing (Emergency, NICU, ICU, perioperative),
- Behavioral health workers (to help address compounding social/life issues)
- Social workers

Although the community health worker (CHW) job title itself did not emerge as a key occupation in the quantitative data analysis, employer feedback indicated that the functions of a CHW are extremely important and that those fulfilling CHW roles may often have a different job title. This is not uncommon, as CHW is an emerging occupation.

In most cases, the critical occupations identified above were not included in the initial “top 10” because the wages are relatively (e.g. CNA and medical assistants) or because the educational requirements of the occupation typically exceed the pre-associate to associate degree level.

| Initial “Top 10” Occupations | |
|--|---------------------------------|
| ▪ Pharmacy Technicians | ▪ Physical Therapist Assistants |
| ▪ LPNs and LVNs | ▪ Dental Assistants |
| ▪ Med Records and Health Information Techs | ▪ Phlebotomists |
| ▪ Health Technologists and Technicians | ▪ EMTs and Paramedics |
| ▪ Occupational Therapy Assistants | ▪ Med and Clinical Lab Techs |

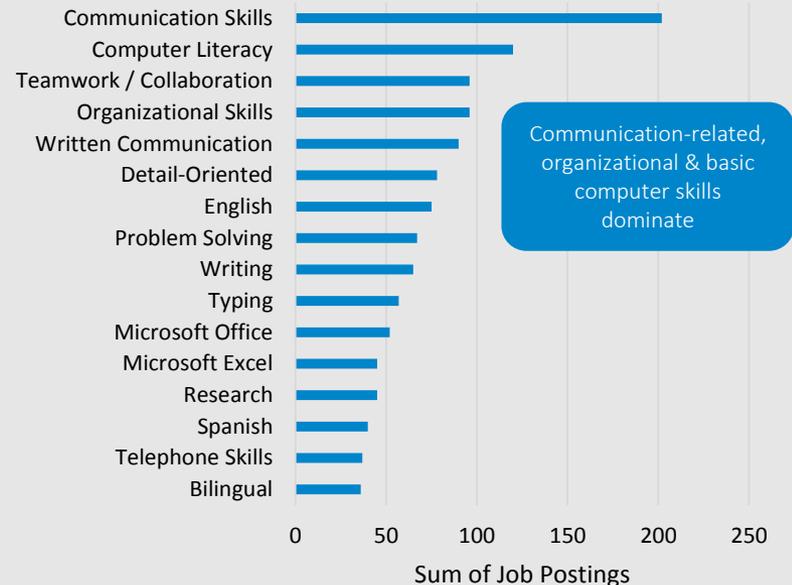
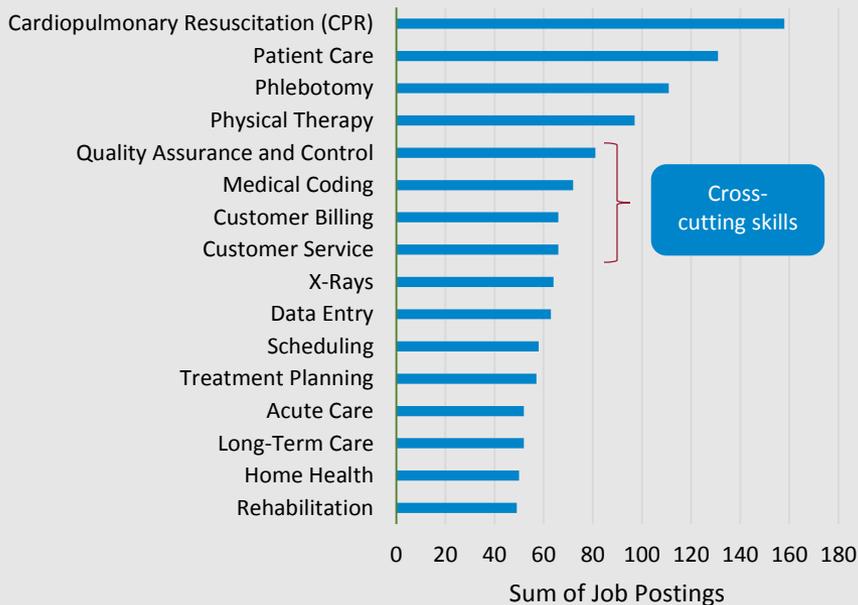
Critical Skills

In addition to identifying key occupations, it is also important to understand critical skills across entry- to mid-level healthcare occupations in the region, particularly cross-cutting skills that apply to multiple occupations that can be infused into healthcare education and training programs such as pre-apprenticeships.

The charts below identify the skills in greatest demand from regional job posting data for the initial “top 10” healthcare occupations. The bulk of the in-demand baseline skills fall into three categories: communication skills, organizational skills, and basic computer/word-processing skills. Crosscutting specialized skills—those that apply to multiple occupations—include quality assurance and control, billing and coding, and customer service.

Conversations with employers reinforced what the job posting data showed but indicated that the crosscutting specialized and baseline skills are applicable across most if not all entry- to mid-level occupations and pointed to the significance of “**soft skills**” such as teamwork and empathy, **electronic records**, and **bilingual** (Spanish/English).

Specialized & Baseline Skills in Greatest Demand



Looking Toward the Future

While the near-term focus is largely on promoting existing career opportunities in healthcare and ensuring the availability of education programs that support these opportunities, future industry trends will have a significant impact future needs.

Regional employers identified number of trends that are already beginning to or will have ramifications on workforce needs moving forward:

- **Population Health** – the continued move toward population health, a proactive approach to assuring a healthier community, will ensure many new positions for coordinators and health workers (e.g. community health workers) throughout the community
- **Reliance on Ambulatory Care** – as more and more continues to be done on an out-patient business, job growth will largely be outside of the hospitals
- **Team-Based Care** – this model of care requires healthcare providers to communicate, collaborate, and coordinate with other healthcare professionals, patients, and patients’ families to provide high-quality patient-centered care
- **Family-Centric Patient Engagement** – with the rise of team-based care models, patients and their families are more engaged in their healthcare which makes them a more informed consumer and requires a different level of customer service among healthcare providers
- **Telemedicine** – telemedicine supports an increased reliance on mid-level practitioners such as physician assistants and nurse practitioners as hands-on practitioners in hospitals or other healthcare settings while higher-level practitioners and specialists work and provide support remotely
- **Virtual Dental Care** – this model provides access to dental care for vulnerable populations and is like telemedicine in that hands-on practitioners are dental hygienists and assistants supported virtually by dentists who create treatment plans and provide more complex treatments as needed (note: this is happening in Santa Maria/Santa Barbara where the community health organization has mobile dental vans that do X-rays and provide care in schools and in homes)
- **Quality Assurance** – QA and related data gathering/analysis are becoming more prevalent in healthcare
- **Customer Service** – higher levels of customer service are needed across nearly all occupations

Regional Education & Training Assets

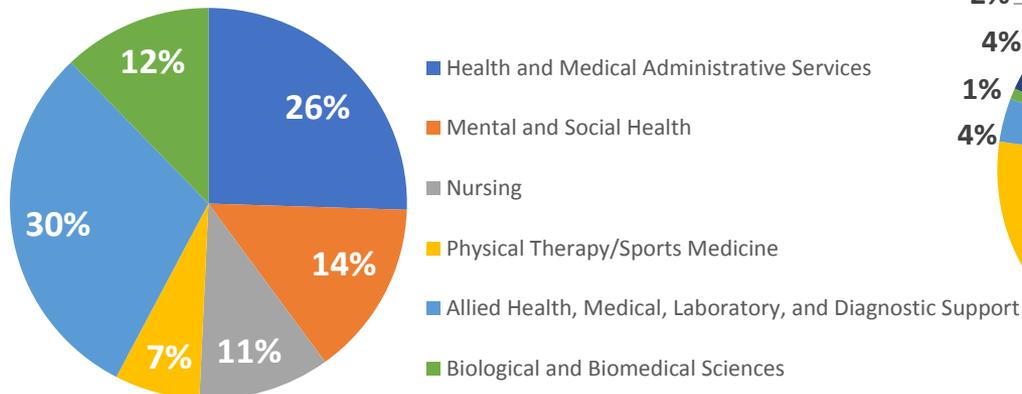
The consulting team, with input from local stakeholders, inventoried education and training programs that support skill development related to healthcare throughout the four-county region. This inventory reflects programs identified through publicly available sources such as school websites and course catalogs, which is done intentionally to capture what is not included in data sets such as IPEDS and to provide insight into what is being promoted in the community and what information residents have access to.

A total of 125 public and private education and training institutions—ranging from high schools to four-year universities were reviewed. 345 healthcare related programs across credential levels from high school career and technical education (CTE) through graduate degrees were captured through this inquiry.

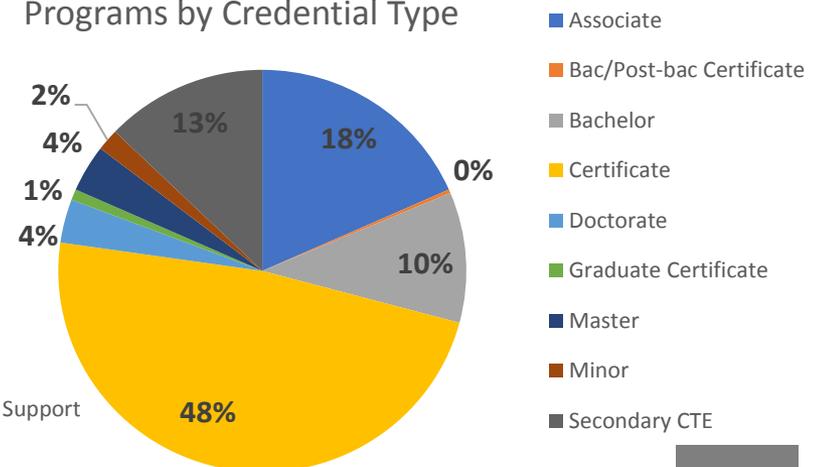
The greatest concentration of offerings in the region is allied health, medical, laboratory, and diagnostic support, followed by health and medical administrative services—collectively representing nearly 60% of programs. Mental and social health, biological and biomedical, and nursing programs are evenly represented (ranging from 14% to 11% respectively) and physical therapy/sports medicine programs represent the smallest share at 7%.

Nearly half of programs represented are at the certificate level. The next two largest categories are secondary CTE and associate degree programs.

Programs by Area of Focus



Programs by Credential Type



Overview

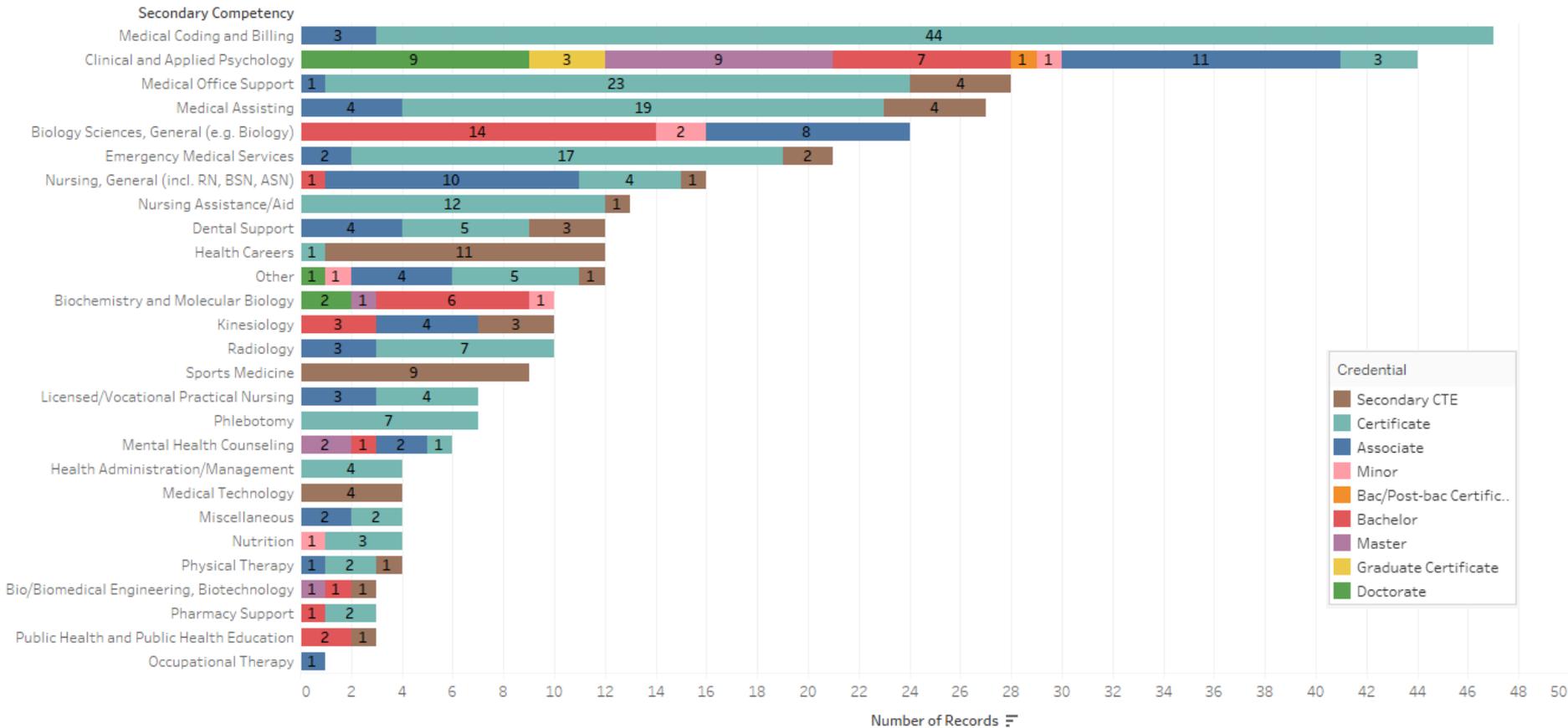
Looking across the programs in aggregate can provide a high-level view of potential pathways and disconnects. For example, programs related to mental and social health—which were identified as areas of need by regional employers—begin at the community college certificate level. There may be opportunities to increase onramps to these occupations by increasing related programming in the K-12 systems and/or adult schools. Generally, the community college and public universities appear to have a good spread of available programs across areas of focus and credential level. However, this inventory does not capture the capacity of those programs to meet demand.



| Institution Type | Primary Competency | | | | | |
|------------------------|--|------------------------------------|--|--------------------------|---------|----------------------------------|
| | Allied Health, Medical, Laboratory, and Diagnostic Sup.. | Biological and Biomedical Sciences | Health and Medical Administrative Services | Mental and Social Health | Nursing | Physical Therapy/Sports Medicine |
| Public High School | 22 | 2 | 5 | | 2 | 13 |
| Adult Education Center | 9 | | 1 | | 5 | |
| Technical Center | 12 | | 48 | | 3 | 1 |
| Community College | 2, 41, 15 | 1, 9 | 26, 5 | 3, 13 | 12, 14 | 1, 6 |
| Public University | 1, 1 | 4, 19, 2, 3 | 2 | 1, 5, 1 | 1 | 2 |
| Private University | 1 | 2 | 1 | 1, 1, 3, 11, 3, 8 | | 1 |

Credential Type by Area of Focus

A look at credential types by program reveals that most medical coding and billing, nursing assistant/aid, medical office support, medical assisting, and emergency medical services programs are offered at the certificate level. Some areas such as nursing, medical office support, and sports medicine are offered at the secondary level, though these programs are more exploratory/career exposure in nature. Most baccalaureate programs are in biology and biomedical sciences.



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Building a Regional Healthcare
Sector Partnership

The Role of Sector Partnerships

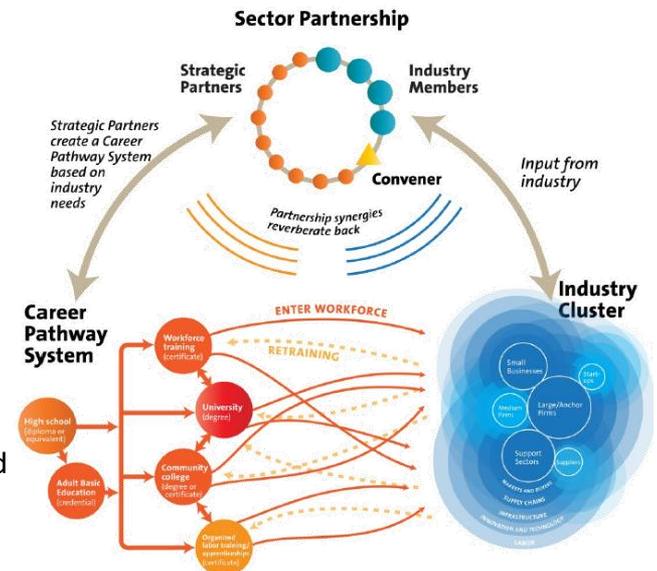
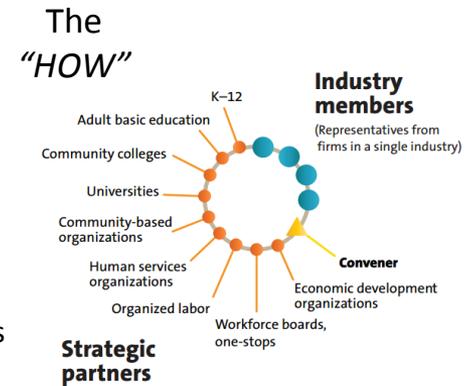
The concept of sector partnerships is not new, but these regional industry-led alliances or coalitions have come to the forefront over the past several years. Sector partnerships (also referred to as industry partnerships, skills panels, workforce coalitions, etc.) bring together a group of employers in a particular industry with a network of non-industry partners such as workforce development, economic development, education and training providers, and other community organizations. The partnership itself is the structure—or the “how”—that supports activities—or the “what”—such as the career pathway development, new programs, and industry awareness campaigns.

Generally, the role of sector partnerships is to:

- Identify industry trends, challenges, and skills gaps
- Ensure alignment and accessibility of education, training, and support services (inventory education assets, program and curriculum development)
- Address industry needs (workforce and beyond)
- Secure additional funding and technical assistance resources
- Promote systems change and turns workforce into a driver in industry growth

The U.S. Department of Labor Employment and Training Administration identified the following core capabilities of high-performing state sector partnership strategies, but these also apply locally:

1. Shared vision and goals
2. Industry data analysis and tools
3. Training and capacity building
4. Awareness and industry outreach
5. Administrative and legislative policy
6. Performance measurement



The “WHAT”

Building the Framework

The framework of any sector partnership is vital to its effectiveness. It's important to consider the following questions not only at the establishment of such partnerships, but at each phase of development.

- **Data-Informed Decision Making** – Is the core group using rigorous data to make decisions about target industries and training investment?
- **Employer & Service Partner Engagement** – How broad and deep is the involvement of targeted industry sector employers in designing and delivering programs and services?
- **Sector-Based Delivery** – How well can the partnership facilitate the delivery of workforce solutions that are responsive to the needs of workers and targeted industry sector(s)?
- **Sustainability & Continuous Improvement** – How well is the partnership able to measure sector strategy outcomes?
- **Organization Capacity & Alignment** – Does the partnership have the personnel, policies, vision, and resources in place to continually support sector partnership outcomes?
- **Employer Champions** – It's essential to get a core group of regional business leaders on board from the beginning. These are individuals with influence and they will add their network, their insights, and their credibility to the sector partnership.
- **First Meeting** – At this meeting is where you shift from being a convener to being a facilitator. You have the people you need in the room, now it's time to capitalize on their input. In this meeting you will share data and gather feedback. It's also important to use this opportunity to set expectations and group norms.
- **Starter Strategies** – It's beneficial to leave that first meeting with some tangible action items. These strategies will help the group to build momentum and help to further engage the private sector.
- **Employer Value Creation** – You begin to create value by understanding the individual goals of each employer you interact with. You then identify goals for the group that provide business value such as more candidates, better qualified candidates, job training services, etc. Businesses will also want to see that there's a clear outline for this partnership and that it's sustainable and long lasting. Make sure that clear next steps are highlighted from the beginning. Once you take these steps and you meet/exceed their expectations, you have created value.
- **Establishing a Partnership Charter** – this is an often-overlooked component of a sector partnership. During the charter writing process the partnership will agree on: shared goals, group norms, metrics, standard operating procedures (e.g. meeting frequency, recruitment, leadership positions), staffing and resources that will support the partnership.

Leading Sector Partnerships

Partnership Facilitator

Although sector partnerships should be industry led and driven, the partnership facilitator may not be an industry representative—especially in newly evolving partnerships. In the Central Coast, the Workforce Development Boards have largely fulfilled this role to date. Regardless of who or what type of entity fulfills this role, the following points should be considered.

- Neutrality is essential
- Facilitators should have tough skin and be able to hold critical comments at arm's length
- Sector partnerships aren't a place to be defensive
- Be mindful of the ratio of businesses to partner organizations
- Business relationships should be seen as capital and must be reinvested wisely
- Make new friends, but continue to nurture relationships with old ones
- Always keep the business value proposition in mind
- Strive to pull out metrics that tie directly to goals
- Maintain a task force mentality, as opposed to straying toward an advisory group
- Understand the scope of the conversation and what's in and out of bounds
- Consistently confirm what you think you heard after someone's response
- Ask follow-up questions
- Make sure the tone of the meeting doesn't shift to a complaint session
- Facilitate resources as well as the conversation

Role of Partners

As important as it is for the facilitator to understand their role, it's equally vital that partners understand their role. Set community goals and make sure everyone is pushing in the same direction.

- Partners carry the weight on implementation and strategy – they should also meet between meetings
- Partners can still be at the table (literally), if only observing and adding value for the facilitator

Mechanics of a Meeting

The framework can be solid, but if the meetings are poorly executed the long-term prospects of partnership will be in danger of collapse. A few basic things can help ensure the meetings are creating value and running efficiently.

Time & Location

Settle on a time and location that works for best for industry partners. This may mean going to them—finding a way to meet when and where they already gather—and/or providing ways for them to engage virtually.

The Agenda

Have a set agenda and provide this in advance of meetings. Include some realistic goals for the meeting, consider including group norms, and ensure there's a wrap-up section for two key questions:

- What have we agreed to in this meeting?
- What do we expect to happen between now and next meeting?

Share updates and progress since the last meeting to showcase action and accomplishments.

Right Voices at the Table

Consistent and quality information is only as good as your questions. It's essential to have the right business voices at the table for the right topics. For example, if the conversation is centered on workforce intelligence, time framing becomes a key component. If the discussion is looking at workforce needs in the next six months, it makes sense to have HR reps at the table. If the discussion is focused on a 3-5 year horizon, it would be beneficial to have operations managers in attendance. Finally, if you're discussing long-term (10+ years) workforce needs, it would be advantageous to have the CEOs at the table.

Meeting Facilitation

The facilitator of the meeting must know and understand their role in the context of the conversation.

- Translating talk into action
- Transitioning from convener to facilitator
- Identifying business and industry champions
- Keeping people engaged and at the table
- Balancing industry feedback with partner feedback (leaning heavily toward the former)
- Being a neutral voice

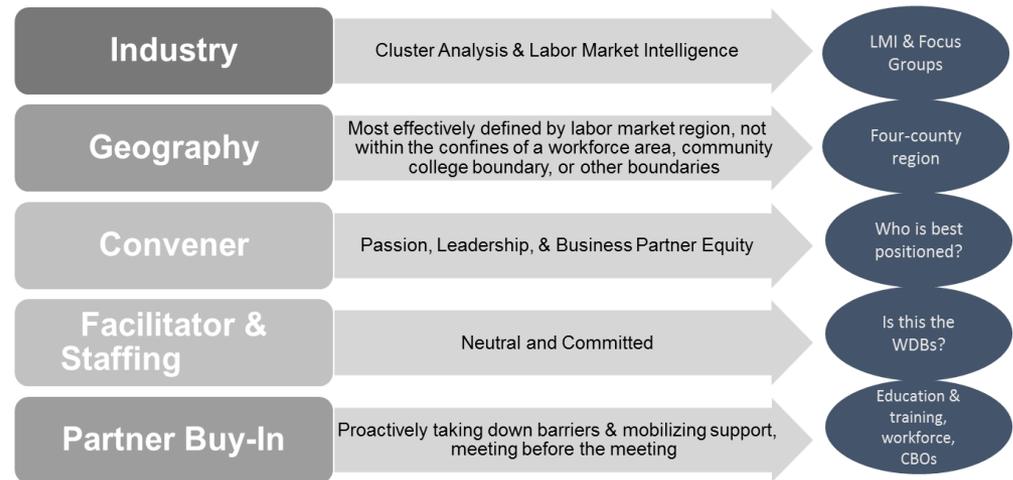
Building a Regional Healthcare Sector Partnership

Employer, education, and workforce stakeholders in the Central Coast are eager come to the table, embrace the potential for increased partnership opportunities, and ready to move toward action. Significant groundwork toward the development of a regional has already been laid through both the regional SlingShot initiative and the development of this plan. Progress has been made in understanding the industry, defining a region of focus, and garnering partner buy-in, but work remains.

The region is currently tackling both the “how” and the “what”—the structure of the partnership and programming, career awareness, and other strategies—simultaneously. The following can help build and sustain the momentum:

- Leverage SlingShot, but think beyond grant objectives
- Set regular meeting schedule with action-oriented agendas
- Determine what structure works (e.g. regional/sub-regional, who should be the backbone/facilitator?)
- Codify partnership, develop partnership charter
- Engage with partners in between & before meetings
- Coordinate sub-regional efforts to avoid duplication, minimize employer fatigue, and create cohesive messaging throughout region
- Harness business champion(s) to serve as co-chair, inform agenda, facilitate meetings, bring other businesses to the table
- Create “task forces” to focus on specific efforts
- Focus on outcomes & continuous improvement – tell the story
- Plan to measure “success”

Laying the Groundwork



Best Practices & Models

Numerous states and regions have had successful sector partnerships for years and, beyond that, have created resources such as toolkits and training on implementing, supporting, and sustaining these efforts. Colorado has long been at the forefront of state and regional sector partnerships and over the past few years, Iowa has made significant progress along these lines—both have detailed, high-quality training materials and toolkits that the Central Coast may find useful.



Iowa's statewide sector partnership work is led by the Sector Partnership Leadership Council (SPLC) under the State's Unified Plan. The industry-oriented SPLC serves in an advisory capacity to the Iowa Workforce Development State Board of Directors. Regional sector partnership facilitators share and receive professional development through regular calls and trainings.

<https://educateiowa.gov/adult-career-and-community-college/sector-partnerships>



NORTHERN COLORADO HEALTH SECTOR PARTNERSHIP

- HOME
- ABOUT
- OUTREACH
- WORKFORCE
- PASRR REFORM
- BEHAVIORAL HEALTH
- EVENTS
- CONTACT

The Northern Colorado Health Sector Partnership is one example of a regional sector partnership. The 30+ partners meet quarterly while the four Action Area Workgroups—not all dedicated to workforce meet monthly. The partnership is supported by six 2018 Champions with \$5,000+ investments, has established a mission, vision, and values, and posts to their website quarterly action area updates, meeting slides/presentations, resources, and marketing materials. <https://nocohealthsector.org>

Colorado has developed a robust collection of resources and technical assistance materials including guides, toolkits, and a sector partnership community of practice that can be accessed through the Colorado Department of Workforce Development's website. <https://www.colorado.gov/pacific/cwdc/sector-partnerships>

5

Enhancing the Regional
Healthcare Talent Pipeline

Opportunities & Potential Pathways

The regional healthcare sector analysis revealed a variety of opportunities—programs to launch or expand, potential career pathways, upskilling, and partnership opportunities—for the region to explore further.

Programs

(to launch and/or expand)

- Health information/data tracking
- Behavioral health & community health worker programs (*engage those currently doing similar work without certificate*)
- Rehab therapy programs
- Health careers programs & hospital partnerships in the high schools (*e.g. Cottage and Salinas Valley Hospital programs*)
- Pre-Apprenticeship & Apprenticeship programs

Pathways

(from entry- to mid-level occupations)

- Personal support & allied health pathways
- Nursing pathways (*e.g. CNA to LVN/LPN to RN/specialty*)
- Administrative support
- Mental/behavioral health pathways
- EMT to paramedic to surgery tech and/or physician assistant path
- Moving CNAs up to non-nursing occupations

Other

- Provide clinical opportunities and/or on-the-job experience at Planned Parenthood or community health departments to prepare people for next step
- Upskill incumbent nurses/specialty nursing
- Development of a regional simulation teaching lab
- Enhance healthcare career awareness through the region's AJCC system
- Stakeholders are eager for increased partnership & coordination

Earn and Learn: Healthcare Apprenticeship Models

Apprenticeships are no longer focused solely on the traditional trades and healthcare apprenticeships are growing across the country. In October 2018 JFF's Center for Apprenticeship & Work-Based Learning partnered with the [East Bay Health Workforce Partnership](#), [California Division of Apprenticeship Standards \(DAS\)](#), and the [California Labor and Workforce Development Agency \(LWDA\)](#) to host Building the California Healthcare Workforce an Apprenticeship working session on using apprenticeship to meet the state's healthcare needs.

Although there are certainly policy and regulatory considerations when it comes to healthcare settings, many states and regions are finding success with apprenticeships in a variety of healthcare occupations including medical assistant and community health worker. National occupational frameworks for both of these occupations have been developed and can be accessed at: <https://www.urban.org/policy-centers/center-labor-human-services-and-population/projects/competency-based-occupational-frameworks-registered-apprenticeships>

1199SEIU Training and Employment Funds in the Bronx and District 1199C Training & Upgrading Fund in Philadelphia have partnered with local education providers and employers to launch Community Health Worker apprenticeship programs.

West Michigan Works operates a Medical Assistant Registered Apprenticeship Program (MARAP) is the that brings together major health care providers in the region to collectively address a critical shortage of talent in healthcare. This fulltime program has apprentices work part-time (24 hours/week) for participating workers while they attend class 16 hours/week at no cost to them. Participants in this program are paid during their on-the-job learning with employers and earn incremental wage increases.



Contact Blog Calendar FAQs



MEDICAL ASSISTANT REGISTERED APPRENTICESHIP PROGRAM (MARAP)

The Medical Assistant Registered Apprenticeship Program (MARAP) is the first-of-its-kind in the nation, bringing together major health care providers in the region to collectively address a critical shortage of talent in healthcare.

The MA Registered Apprenticeship Program provides many opportunities for program participants:

- Apprentices graduate with a Medical Assistant Certificate of Completion, a certificate of completion of apprenticeship from the US Department of Labor and qualify to earn a national industry-recognized credential
- The apprenticeship format allows participants to immediately apply their learning in a work setting
- Participants earn a wage while learning the skills to success in a high-demand career
- Participants will graduate with a job, often with little or no debt



Program Details:

Important program information from the health care and training providers including wages and dates.

LEARN MORE



FAQs: Answers to questions about the application process, participating employers and colleges, program requirements and expectations.

FAQS



What is an MA? Medical Assistants provide critical administrative and clinical duties. If you like helping people, this could be the career for you!

LEARN MORE



Apply: The application period for the 2019 cohort is now closed.

<http://jobs.westmiworks.org/marap/>

Earn and Learn: Regional Apprenticeship Concept

“Soft skills” were identified by regional healthcare employers as one of the primary skill needs for entry- to mid-level occupations. Developing a pre-apprenticeship program that focuses on these and other crosscutting baseline skills will help address that gap and serve as a feeder into healthcare apprenticeships and other training programs.

Determining which occupations to begin with, developing training curricula, and formalities of the model will be the charge of the sector partnership.

Features:

- Earn and learn model, structured wage increases
- Access to supportive services, coaching/mentors
- Front-loaded classroom training (as needed)
- Tuition supported by workforce development system

Pre-Apprenticeship

- Focus on cross-cutting skills, “soft skills”, introduction to medical/healthcare environments and occupations
- Bridge from existing high school programs
- Delivered through: high schools, adult schools, colleges, community organizations, etc.

Partners:

- Employers/industry associations, unions
- K-12, adult schools, colleges/universities, training providers
- Workforce Development Boards/American Job Centers
- Community Organizations

Community Health Work
Apprenticeship Program

Medical Assistant
Apprenticeship Program

EMT Apprenticeship
Program



HEALTHCARE

- Less than HS Diploma
- HS Diploma/Vocational Training
- Postsecondary Certificate
- Associate
- Bachelor's

Physical Therapist Assistant

Education Required

Average Salary **\$32K**

Alternate Job Titles Certified Physical Therapist Assistant (CPTA), Licensed Physical Therapist Assistant (LPTA), Physical Therapy Technician

Potential Pathway PT Aide (High School/Vocational) PT Assistant (Associate) Physical Therapist (Doctoral)

Physical therapist assistants support physical therapists in providing physical therapy treatments and procedures. They may, in accordance with State laws, assist in the development of treatment plans, carry out routine functions, document the progress of treatment, and modify specific treatments within the scope of treatment plans established by a physical therapist.

Tasks

- Instruct, motivate, safeguard, and assist patients as they practice exercises or functional activities.
- Observe patients during treatments to compile and evaluate data on their responses and progress and provide results to physical therapist in person or through progress notes.
- Administer active or passive manual therapeutic exercises, therapeutic massage, aquatic physical therapy, or heat, light, sound, or electrical modality treatments, such as ultrasound.

Skills

- Physical Therapy Treatment
- Planning
- Rehabilitation
- CPR
- Communication
- Teamwork

Licensed Practical or Vocational Nurse

Education Required

Average Salary **\$61K**

Alternate Job Titles Licensed Vocational Nurse (LVN), Clinic Nurse, Office Nurse

Potential Pathway LPN/LVN (Postsecondary Certificate) Registered Nurse (Associate) Clinical Nursing Specialist (Master's)

Licensed practical or licensed vocational nurses (LVNs or LPNs) care for ill, injured, or convalescing patients or persons with disabilities in hospitals, nursing homes, clinics, private homes, group homes, and similar institutions. May work under the supervision of a registered nurse. Licensing required.

Tasks

- Administer prescribed medications, noting times and amounts on patients' charts.
- Observe patients, charting and reporting changes in patients' conditions, such as adverse reactions to medication or treatment, and taking any necessary action.
- Answer patients' calls and determine how to assist them.

Skills

- Patient Care
- CPR
- Treatment Planning
- Home Health
- Communication
- Teamwork

Medical Assistant

Education Required

Average Salary **\$37K**

Alternate Job Titles Medical Office Assistant, Client Service Coordinator, Chiropractic Assistant, Office Assistant, Medical Support Assistant

Potential Pathway Medical Assistant (Postsecondary Certificate) Med Records/Health Information (HS Diploma/Vocational Training) Radiologic Technologist (Bachelor's)

Medical assistants perform administrative and certain clinical duties under the direction of a physician. Administrative duties may include scheduling appointments, maintaining medical records, billing, and coding information for insurance purposes. Clinical duties may include taking and recording vital signs and medical histories, preparing patients for examination, drawing blood, and administering medications as directed by physician.

Tasks

- Record patients' medical history, vital statistics, or information such as test results in medical records.
- Prepare and administer medications as directed by a physician.
- Interview patients to obtain medical information and measure their vital signs, weight, and height.

Skills

- Patient Care
- Scheduling
- Vital Signs Measurement
- Injections
- Communication
- Computer Literacy



Community Health Worker

Education Required



Average Salary **\$28K**

Alternate Job Titles

Community Liaison, Health Navigator, Development Coordinator, Community Health Advocate

Potential Pathway

CHW (Postsecondary Certificate)



Patient Advocate (Bachelor's)



Healthcare Social Worker (Master's)

This is a relatively new role in healthcare, and the requirements for success, as well as the pathways into and through the job, are still evolving. Generally, community health workers (CHWs) assist individuals and communities to adopt healthy behaviors. They conduct outreach for medical personnel or health organizations to implement programs in the community that promote, maintain, and improve individual and community health. CHWs provide information on available resources, provide social support and informal counseling, advocate for individuals and community health needs, and provide services such as first aid and blood pressure screening.

Tasks

- Maintain updated client records with plans, notes, appropriate forms, or related information.
- Advise clients or community groups on issues related to improving general health, such as diet or exercise.
- Distribute flyers, brochures, or other informational or educational documents to community members.

Skills

- Customer Service
- Behavioral Health
- Communication
- Mental Health
- Case Management
- Teamwork

Medical Records & Health Information Tech

Education Required



Average Salary **\$60K**

Alternate Job Titles

Medical Coder, Medical Biller, Medical Billing Specialist, Medical Records Clerk

Potential Pathway

Medical Records/Health Info Tech (HS Diploma/Vocational Training)



Health Information Specialist (Bachelor's)



Healthcare Data Analyst (Bachelor's)

Medical records and health information techs compile, process, and maintain medical records of hospital and clinic patients in a manner consistent with medical, administrative, ethical, legal, and regulatory requirements of the health care system. They process, maintain, compile, and report patient information for health requirements and standards in a manner consistent with the healthcare industry's numerical coding system.

Tasks

- Protect the security of medical records to ensure that confidentiality is maintained.
- Review records for completeness, accuracy, and compliance with regulations.
- Retrieve patient medical records for physicians, technicians, or other medical personnel.
- Assign the patient to diagnosis-related groups (DRGs), using appropriate computer software.

Skills

- Medical Coding
- Medical Billing
- Communication
- Customer Billing
- Medical Records
- Microsoft Excel

NOTE: The wages cited in this document are 2018 State of California EDD 1st Quarter OES Averages for Monterey County.

For more information about careers in healthcare contact:



Monterey County AJCC

730 La Guardia St
Salinas, CA 93905
(831) 796 - 3600



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Action Plan

Action Plan: Near-Term (next 3 – 6 months)

| Structural | Programmatic |
|--|--|
| <p>I. Set Regular Meeting Schedule</p> <ul style="list-style-type: none"> - Find location/timing to best suit employer partner needs - Consider quarterly meeting schedule with regular partner meetings and communication in between | <p>I. Finalize and Launch Community Health Worker (CHW) program(s)</p> <ul style="list-style-type: none"> - To include career awareness and student recruitment efforts, employer partnerships and employment opportunities |
| <p>II. Identify Core Partners and Recruit Additional Members</p> <ul style="list-style-type: none"> - Start with the “coalition of the willing” (those that have come to initial meetings, Slingshot meetings, and/or have expressed interest to date” - Who is not at the table, but could or should be? | <p>II. Promote Target Occupations</p> <ul style="list-style-type: none"> - Begin with those initially identified in occupational profiles created for the region; this may evolve over time, informed by need - Use profiles as resource for AJCC system customers and staff |
| <p>III. Identify Business Champions & Co-Chairs</p> <ul style="list-style-type: none"> - Capitalize on the energy of employers who are invested in the effort, have them reach out to colleagues from other businesses, share successes, etc. - Though the non-employer partners will do the bulk of the administrative work and carry weight of implementation of efforts, having a business chair or co-chair to reinforce industry-led orientation | <p>III. Explore Pre-Apprenticeship & Apprenticeship Opportunities</p> <ul style="list-style-type: none"> - Using the high-level regional Apprenticeship concept as a guide, begin to have more formalized discussions around opportunities, identify interested employers, perhaps form an earn and learn focused task force |
| <p>IV. Determine Structure that Works</p> <ul style="list-style-type: none"> - Work with employers and partners to determine structure that works best to meet needs (this may mean convening sub-regional groups with coordination at the regional level) - Determine who Facilitator should be moving forward (WDBs?) | |
| <p>V. Establish Initial Tasks Forces</p> <ul style="list-style-type: none"> - Each charged with leading efforts in their respective areas; meet monthly/as needed - Align these initially with SlingShot priorities (e.g. CHW program development, upskilling incumbent nurses/specialty nursing training, development of a regional simulation teaching lab, etc.) | |

Action Plan: Near-Term (next 3 – 6 months), cont.

| Structural | Programmatic |
|--|--------------|
| <p>VI. Set “Evidence of Progress” Metrics</p> <ul style="list-style-type: none"> - These metrics are used to show early-stage progress and might include things like: an established partnership structure, a workplan, employer & partner engagement information, labor market data | |
| <p>VII. Memorialize Partnership</p> <ul style="list-style-type: none"> - Develop a partnership charter that identifies shared goals, group norms, metrics, standard operating procedures (e.g. meeting frequency, recruitment, leadership positions), staffing and resources that will support the partnership | |

Action Plan: Mid-Term (next 6 – 12 months)

| Structural | Programmatic |
|---|---|
| <p>I. Establish Outputs Metrics</p> <ul style="list-style-type: none"> - This might include things like the establishment of industry-driven new/expanded programs, career awareness campaign(s), career pathways (note: the occupational profiles created through the establishment of this plan are also outputs) | <p>I. Launch/Continued Implementation of CHW Program(s)</p> <ul style="list-style-type: none"> - This will be a period of launching initial newly established programs and potentially running subsequent sessions |
| <p>II. Begin Looking at Funding and Sustainability</p> <ul style="list-style-type: none"> - How will funds be allocated to support new/expanded programming? - Are there administrative costs to running the partnership that need to be fundraised for? | <p>II. Prioritize Other Pathways and Programs to Launch/Expand</p> <ul style="list-style-type: none"> - This might include Apprenticeship and other work and learn programs, work-based learning opportunities, high school/hospital programs (e.g. Cottage and Salinas Valley Hospital programs), etc. |

Action Plan: Mid-Term (next 6 – 12 months), cont.

| Structural | Programmatic |
|--|--|
| <p>III. Launch a Sector Partnership Website</p> <ul style="list-style-type: none"> - It may be too soon for this and if that's the case, consider dedicating a page on a partner's/the facilitator's website as another way to memorialize the partnership | <p>III. Annual Refresh of Education Asset Inventory</p> <ul style="list-style-type: none"> - New programs will likely have been established; conduct a refresh of the healthcare Education Asset Inventory to capture them - Look for continued gaps and areas to increase or reduce program availability depending on need |

Action Plan: Mid-Term (next 12+ months – 2 years)

| Structural | Programmatic |
|---|---|
| <p>I. Establish Impact Metrics</p> <ul style="list-style-type: none"> - As the partnership matures implementation continues, metric should shift beyond output of the partnership to impact created by partnership efforts - Metrics might include employment & advancement/increased wages for jobseekers/workers, reduced vacancy rates & time-to-hire for employers, savings to public programs, etc. | <p>I. Repeat Annual Refresh of Education Asset Inventory</p> <ul style="list-style-type: none"> - New programs will likely have been established; conduct a refresh of the healthcare Education Asset Inventory to capture them - Look for continued gaps and areas to increase or reduce program availability depending on need (what programs to develop/retire/tweak) |
| <p>II. Increased Leadership Role for Industry</p> <ul style="list-style-type: none"> - Continue to foster increased leadership role for employer/industry partners | |