

Program Viability Report- Initiation

Certified Nursing Assistance (CNA) Program

Draft Description of CNA Program

Students completing the CNA Program at Crafton Hills College will be able to provide a wide range of basic care to patients who are unable to manage their needs alone. Specifically, students will learn how to assist ill or recovering patients with their health care needs, helping patients with daily tasks, and recording information about a patient's condition. CNAs often work in a wide variety of settings such as nursing homes, hospitals, adult day care centers, personal homes, and assisted living facilities. Students will need to complete 10 units of coursework to complete the program.

Relation of the program to the college Mission

The mission of Crafton Hills College is to advance the educational, career, and personal success of our diverse campus community through engagement and learning. A certified nurse assistant program will prepare students for employment in hospitals and long-term care facilities. Accordingly, a CNA program will help students to reach their educational and career goals.

Additional employment opportunities exist in the Crafton Hills College area for which there are currently no relevant training programs being offered. Expanding offerings in the health science and medical technology sector will lead to in-demand and high-wage occupations for our graduates. This program is designed to respond to both existing and emerging workforce needs in an evolving healthcare system that is faced with challenges such as caring for an aging population, the implementation of the Affordable Healthcare Act, and outbreaks of potentially deadly diseases.

The knowledge, skills, and abilities acquired through a certified nurse assistant program will lead to the advancement of our diverse students who will be able to meet the needs of our community in an essential critical infrastructure occupation.

The proposed program description is aligned with the College mission which places teaching and learning as the primary focus while preparing an increasingly diverse student body to complete their goals of workforce preparation, transfer, career development, and personal enrichment with quality, and innovative lifelong learning.

Relation of the program to the Educational Master Plan

A Crafton Hills College Certified Nursing Assistant (CNA) Program would align with the following five strategic directions:

SD 1: Promote Student Success: Crafton Hills College students encounter life-changing experiences that promote their academic success, career advancement, and personal development.

The CNA program can increase students' earning potential in a short period (just eight weeks through this program). In addition, the program provides an efficient pathway for career advancement and

personal development and allows students to move toward their career without a 4-year degree requirement.

SD 3: Develop Teaching and Learning Practices: Crafton Hills College promotes innovative and effective teaching and learning strategies.

The program will include an emphasis on working in a variety of settings, including hospitals, assisted living facilities, and adult day care centers. Training will be offered in the context of performing various duties tied to (among others) activities of daily living and other basic care.

SD 4: Expand Access: Crafton Hills College is dedicated to increasing the community's college-going rate and will promote equitable access to higher education.

The Centers of Excellence (COE) CHC Local Workforce Demand Assessment (January 2021) document shows that Nursing Assistants are "In-Demand" with about 1,311 Regional Annual Openings. The San Bernardino County Jobs Report shows an annual demand of 732 job openings with a growth rate of 1.4% annually (see Appendix B). This document also shows that in the immediate area there is only one community college, Chaffey, offering degrees with only 24 awarded. Overall, the positions in this field are expected to grow and show a need for support from local community colleges.

SD 5: Enhance Value to the Surrounding Community: Crafton Hills College is actively engaged with the surrounding community. The CNA program will maintain a holistic healing environment of the resident of the care in community settings.

According to the [Center of Excellence for Labor Market Research](#) summary the CNA program will provide skills needed for an "essential critical infrastructure occupation, which is expected to increase by 13% from 2019 to 2024. CNA is expected to maintain a high demand.

SD 7: Develop Programs + Services: Crafton Hills College is committed to providing excellent and responsive programs and services.

The CNA program offers certificate training programs for individuals looking to enter the health field. These programs are a springboard for fields in certified nursing, medical assistance, pharmacy technicians, and surgical technologists. Students of this program will contribute to the high demand medical field in a community focused on fostering and sustaining health in their communities.

In addition to the college's strategic plan, Crafton's current public safety programs provide a unique opportunity to build and develop a CNA program. Specifically, the College has an excellent reputation with regional employers, with these programs training hundreds of career-ready first responders and allied health professionals each year. High-quality instruction pathway development and community collaboration in these areas will continue. Faculty in these programs have excellent relationships with employers and work closely with industry advisory groups to keep their curriculum and training standards current. This is highlighted in the data below, illustrating the success of Crafton's Respiratory Care, EMS/EMT, Radiological Technology, and Paramedic programs.

Crafton's job employment rate in its public safety programs ranged from 77% to 100% in the last three years (see Table 1). Moreover, three of the four programs have a job placement rate ranging from 98% to 100%.

Table 1: Crafton Hills College Public Safety Programs Job Placement Rate from 2017-2018 to 2019-2020.

Public Safety Program	2017-2018	2018-2019	2019-2020
EMS	94.0	94.6	98.6
Paramedic	93.6	94.7	97.9
Radiologic Technology	100.0	100.0	100.0
Respiratory Care	82.4	77.8	76.9

The College's CTE programs also prepare students for corresponding licensure exams. The findings shown below all reflect pass rates on licensure exams exceeding institution set standards. The license exam passage rates ranged from 72% to 100% in the last three years (see Table 2). Moreover, three of the four programs have a license exam passage rate ranging from 84% to 100%.

Table 1: Crafton Hills College Allied Health Programs License Exam Pass Rate from 2017-2018 to 2019-2020.

Public Safety Program	2017-2018	2018-2019	2019-2020
EMS	80	88	72
Paramedic	100	100	100
Radiologic Technology	100	100	100
Respiratory Care	92	93	84

Measures of student demand (enrollment, average class size, degrees/certificates, or surveys)

In order to help with developing interest and transitioning students into a Crafton program a Not-for-Credit CNA program was started at the SBCCD Educational, Development, and Training Center (EDCT). In just a short amount of time fifteen students are already enrolled in the program. Equally important, many of the students majoring in the AS Health Sciences Program have the goal of transferring to a nursing program and the AS Health Sciences Program is one of the most popular programs. Specifically, almost 1,000 of currently enrolled Fall 2021 Crafton students have declared the AS in Health Sciences as their major.

Measures of labor-market demand

The Centers of Excellence (COE) CHC Local Workforce Demand Assessment ([January, 2021](#)) document shows that Nursing Assistants are "In-Demand" with about 1,311 Regional Annual Openings. The demand for Nursing Assistants is one of only three sectors with a projected increase in workforce demand.

The Center for Excellence Labor Market document shows an expected 13% increase demand from 2019 to 2024 (see [Appendix A](#)). They offer caution due to lower wages in this field, below \$19.40/hour, but there is notable demand in the job market.

The San Bernardino County Jobs Report shows an annual demand of 732 job openings with a growth rate of 1.4% annually (see [Appendix B](#)). This document also shows that in the immediate area there is

only one community college, Chaffey, offering degrees with only 24 awarded. Overall, the positions in this field are expected to grow and show a need for support from local community colleges.

Advisory Committee Recommendations

As the attached documents will substantiate, there is both a need and support for establishing a CNA program at Crafton Hills College. A regional advisory committee was convened in February of this year to solicit input from local Health Care Providers regarding needs with respect to LVN's and CNA's (see [Appendix C](#)). Specifically, the Regionally Advisory Committee stated that they would like to see everyone have a CNA Program because they often hire RNs who have absolutely no idea what the job entails, they go into shock, and quit. In addition, they would like to see CNAs who really want to help and who have a spirit of service. Equally important, the advisory committee members would like to see pathway programs of CNA, LVN, and RN. A CNA Program at Crafton could link to SBVC's program as well as other programs in the region.

Projected impact on overall educational program, students, faculty, college budget, district, and community

A CNA Program at Crafton Hills College will serve as a short-term benefit for students to on board to college, easing them into college, and helping to motivate them as students. Students will benefit by receiving a certificate after completing the eight weeks of courses and being prepared to take the CNA test for certification.

Long Term benefits for students include a pathway to Nursing Programs, specifically at SBVC and Chaffey. The regional advisory group specifically identified CNA as an important pathway to successfully being employed as a nurse (see [Appendix C](#)). Nurses are more likely to leave the profession if they first have not gained the experience of working as a CNA.

Educational Program and Faculty Impact

Currently, Crafton is planning to follow the Radiological Technology model of leveraging community partners to employ an adjunct faculty and professional experts to run the program. In addition, Crafton is also exploring writing the curriculum as non-credit so that the students do not have to pay for the courses. This would allow Crafton to leverage enhanced non-credit and fund the program with the apportionment allocated to credit course. The CNA program at EDCT has already leveraged Del Rosa Villa as a community partner and explore partnerships with extended care nursing and comprehensive senior facilities.

Thirty students can start and complete the program in eight weeks. The cost of the program will be approximately \$10,000 - \$20,000 a cohort. The approximate apportionment for 30 students in one cohort ranges from \$12,027 to \$36,000 depending on the number of units required for the certificate. In addition, Strong Workforce funding will be leveraged to develop and start the program at Crafton Hills College.

Appendix A



Nursing Assistants

Inland Empire/Desert Region (IEDR, Riverside and San Bernardino counties combined)

This workforce demand report uses state and federal job projection data developed before the economic impact of COVID-19. The COE is monitoring the situation and will provide more information as it becomes available. Please consult with local employers to understand their current employment needs.

Summary

- The community college certified nurse assistant programs provided the knowledge, skills, and abilities that lead to the *nursing assistants* occupation. This occupation is an **essential critical infrastructure occupation**.
- IEDR employment is expected to **increase by 13% between 2019 and 2024**. A total of **1,156 annual job openings** will be available each year over the five-year timeframe.
- The **median-level, 50th percentile, hourly wages** for this occupation is **\$16.23 per hour, below the \$19.94 per hour self-sustainable standard** for a single adult with one child.
- IERD community colleges conferred an annual average of **89 certificate awards** in nurse assistant programs over the last three academic years. Private educational institutions conferred 265 awards.
- The COE **recommends caution** in creating new or expanding existing nursing assistant programs. See the [recommendation](#) section for further detail.

Introduction

This report provides data on programs and occupations related to certified nurse assistants; the related California Community College program is:

- Certified Nurse Assistant (TOP 1230.30)

The **certified nurse assistant** programs prepare students for employment through the instruction of the routine nursing services of patients in hospitals or long term care facilities practiced under the direction of nursing or medical staff, and specific to the nurse assistant certification examination. This program includes training related to acute care nurse assistants (Taxonomy of Programs, 2012).

The knowledge, skills, and abilities trained by **certified nurse assistant** programs lead to the occupation, *nursing assistants*. *Nursing assistants* are considered an essential critical infrastructure occupation, as identified by the Public Policy Institute of California. This classification of occupations are vital in supporting



California's basic health, safety, and economic needs or may have the ability to social distance (Bohn et al.).

Nursing Assistants (SOC 31-1131)

Provide basic patient care under direction of nursing staff. Perform duties such as feed, bathe, dress, groom, or move patients, or change linens. May transfer or transport patients. Includes nursing care attendants, nursing aides, and nursing attendants.

Sample job titles: Certified Medication Aide (CMA), Certified Nurse Aide (CNA), Certified Nurses Aide (CNA), Certified Nursing Assistant (CNA), Licensed Nursing Assistant (LNA), Nurses' Aide, Nursing Aide, Nursing Assistant, Patient Care Assistant (PCA), State Tested Nursing Assistant (STNA)

Entry-Level Educational Requirement: Postsecondary nondegree award

Training Requirement: None

Incumbent workers with a Community College Award or Some Postsecondary Coursework: 42%

Job Opportunities

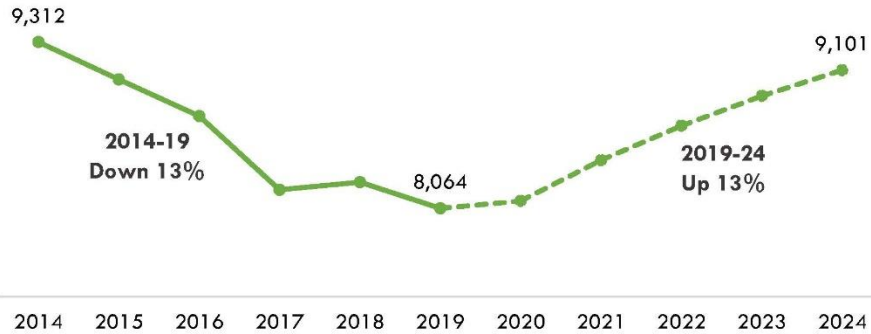
In 2019, there were 8,064 *nursing assistants* jobs in the Inland Empire/Desert region (IEDR). The *nursing assistants* occupation is projected to have 1,156 annual job openings to fill new jobs and backfill jobs that workers are permanently vacating (includes occupational transfers and retirements). This occupation is expected to increase employment by 13% through 2024. Exhibit 1 displays five-year projected job growth, and Exhibit 2 displays historical (2014 to 2019) and projected (2019-2024) jobs for this occupation.

Exhibit 1: Five-year job projections, 2019-2024

Occupation	2019 Jobs	2024 Jobs	5-Yr % Change (New Jobs)	5-Yr Openings (New + Replacement Jobs)	Annual Openings (New + Replacement Jobs)	% of workers age 55+
Nursing Assistants	8,064	9,101	13%	5,780	1,156	21%

Source: EMSI 2020.4

Exhibit 2: Historical and projected jobs for nursing assistants, 2014 – 2024



Source: EMSI 2020.4

Job Postings

Exhibit 3 displays the number of online job ads posted during the last 12 months, along with the regional and statewide average time to fill for *nursing assistants*. On average, local employers fill online job postings for *nursing assistants* within 34 days, five days shorter than the statewide average of 39 days, indicating that it may be easier for local employers to fill open positions than other employers in California as a whole.

Exhibit 3: Job ads and time to fill, Oct 2019 – Sep 2020

Occupation	Job Ads	Regional Average Time to Fill (Days)	California Average Time to Fill (Days)
Nursing Assistants	1,918	34	39

Source: Burning Glass – Labor Insights

Earnings and Benefits

Community colleges should ensure their training programs lead to employment opportunities that provide a self-sustainable level of income. The Family Needs Calculator estimates that a self-sustainable wage for a single adult with one school-age child is \$19.94 per hour or \$41,475 annually in Riverside County, \$19.49 per hour or \$40,539 annually in San Bernardino County (Pearce & Manzer, 2018). For this study, the higher hourly wage requirement in Riverside County is adopted as the self-sufficiently standard for the two-county region.

The median wages for *nursing assistants* are below the Family Needs Calculator self-sustainability rate, \$16.23 per hour. Reported wages do not exceed the self-sustainability rate, except at the 90th percentile (\$21.25 per hour) level, indicating that only approximately the top 10% of workers in this occupation earn self-sufficient hourly wages. Exhibit 4 displays the hourly earnings for the IEDR.

Exhibit 4: Hourly earnings by percentile



Source: EMSI 2020.4

According to occupational guides developed by the California Labor Market Information Division, nursing assistants working in hospitals may expect benefits, including hospital and medical benefits (Detailed Occupational Guides, 2020).

Employers, Skills, Education, and Work Experience

Exhibit 5 displays the employers posting 20 or more online job advertisements for *nursing assistants* during the last 12 months.

Exhibit 5: Employers posting the most job ads, Oct 2019 – Sep 2020

Occupation	Employers	
Nursing Assistants (n=1,918)	<ul style="list-style-type: none"> St. Bernadine Medical Center Chino Valley Medical Center Montclair Hospital Medical Center Temecula Valley Hospital DaVita Incorporated Loma Linda Medical Center 	<ul style="list-style-type: none"> Fresenius Medical Care ProMedica Senior Care Kindred Healthcare Eisenhower Medical Center Doctors Hospital of Riverside Madison Creek Partners

Source: Burning Glass – Labor Insights

Exhibit 6 displays a sample of specialized and employability skills employers seek when looking for workers to fill *nursing assistant* positions. Specialized skills are occupation-specific skills that employers are requesting for industry or job competency. Employability skills are foundational skills that transcend industries and occupations; this category is often referred to as "soft skills." The skills requested in job postings may be utilized as a helpful guide for curriculum development.



Exhibit 6: Sample of in-demand skills from employer online job ads, Oct 2019 – Sep 2020

Occupation	Specialized Skills	Employability Skills
Nursing Assistants (n=1,564)	<ul style="list-style-type: none"> • Patient Care • Cardiopulmonary Resuscitation (CPR) • Activities of Daily Living (ADLs) • Vital Signs Measurement • Scheduling 	<ul style="list-style-type: none"> • Communication Skills • English • Teamwork/Collaboration • Physical Abilities • Detail-Oriented

Source: Burning Glass – Labor Insights

Exhibit 7 displays the entry-level education typically required to gain employment as a *nursing assistant* according to the Bureau of Labor Statistics (BLS), educational attainment for incumbent workers with "some college, no degree" and an "associate degree" according to the U.S. Census (2016-17) and the real-time minimum advertised education requirement from employer job ads. This occupation typically requires a postsecondary nondegree award; all employer online job ads were seeking a candidate with a high school diploma or vocational training.

Exhibit 7: Typical entry-level education, educational attainment, and minimum advertised education requirements, Oct 2019 – Sep 2020

Occupation	Typical Entry-Level Education Requirement	CC-Level Educational Attainment*	Real-Time Minimum Advertised Education Requirement			
			Number of Job Ads	High school diploma or vocational training	Associate degree	Bachelor's degree or higher
Nursing Assistants	Postsecondary nondegree award	42%	804	100%	-	-

Source: EMSI 2020.4, Burning Glass – Labor Insights

*Percentage of incumbent workers with a Community College Award or Some Postsecondary Coursework

Exhibit 8 displays the work experience typically required for *nursing assistants* and the real-time work experience requirements from employer job ads. The majority of employers sought candidates with zero to two years of previous work experience.

Exhibit 8: Work experience required and real-time work experience requirements, Oct 2019 – Sep 2020

Occupation	Work Experience Typically Required	Real-Time Work Experience			
		Number of Job Ads	0 – 2 years	3 – 5 years	6+ years
Nursing Assistants	None	829	93%	6%	1%

Source: EMSI 2020.4, Burning Glass – Labor Insights



Certifications

Exhibit 9 displays the certifications most frequently required by employers seeking *nursing assistants*—approximately 74% of job advertisements sought certified nursing assistants (CNA). The California Department of Public Health (CDPH) Professional Certification Branch (PCB), Aide and Technician Certification Section (ATCS) is the certifying agency issuing credentials for certified nurse assistants in California. To become a CNA, candidates must complete an approved training program, pass the competency evaluation examination, and obtain a criminal record clearance. For more information regarding CNA certifications, please visit the CDPH website (CDPH, 2020).

Exhibit 9: Certifications required by employer job ads, Oct 2019 – Sep 2020

Occupation	Certifications
Nursing Assistants (n=1,723)	<ul style="list-style-type: none"> • Certified Nursing Assistant (CNA) • Basic Life Support (BLS) • First Aid CPR AED

Source: Burning Glass – Labor Insights

Advertised Salary

Exhibit 10 displays advertised salary data from *nursing assistants'* online job ads over the last 12 months. Online advertised salary information reveals that employers are willing to pay *nursing assistants* \$47,000 annually, above the \$42,475 (\$19.94 hourly) required annually for a family of one adult with a school-age child to meet the regional self-sufficiency standard in the region. Consider the salary information with caution since only 19% (374 out of 1,918) online job postings for these occupations provided salary information. The salary figures are prorated to reflect full-time, annual wage status.

Exhibit 10: Advertised salary information, Oct 2019 – Sep 2020

Job Title	Number of job postings	Real-Time Salary Information				Average Annual Salary
		Less than \$35,000	\$35,000 to \$49,999	\$50,000 to \$74,999	More than \$75,000	
Nursing Assistants	374	42%	31%	9%	18%	\$47,000

Source: Burning Glass – Labor Insights

Student Completions and Program Outcomes

Two regional community colleges offer certified nursing assistant programs (TOP 1230.30) in the region. These programs have collectively awarded an annual average of 89 certificates over the last three academic years. Exhibit 11 displays annual average awards for this program.



Exhibit 11: 2016-19, Annual average community college awards for the certified nurse assistant programs in the IEDR

1230.30 – Certified Nurse Assistant	Certificate requiring 6< 18-semester units	TOTAL CC Annual Average Awards, Academic Years 2016-19
Palo Verde	33	33
Riverside	57	57
Total	89	89

Source: MIS Data Mart

California program outcome data may provide a useful insight into the likelihood of success for the proposed program. Community college student outcome information based on the selected TOP codes and region is provided in Exhibit 12. The outcome methodology is available in the appendix section of this report. Dashes indicate there were too few students from which to obtain program outcome information.

Exhibit 12: 1230.30 – Certified nurse assistant strong workforce program outcomes

Strong Workforce Program Metrics: 1230.30 – Certified Nurse Assistant Academic Year 2017-18, unless noted otherwise	Inland Empire/Desert Region	California
Unduplicated count of enrolled students (2018-19)	404	3,930
Completed 9+ career education units in one year (2018-19)	37%	29%
Perkins Economically disadvantaged students (2018-19)	90%	82%
Students who attained a noncredit workforce milestone in a year (2018-19)	-	71%
Students who earned a degree, certificate, or attained apprenticeship (2018-19)	-	392
Transferred to a four-year institution (transfers)	-	128
Job closely related to the field of study (2016-17)	-	76%
Median annual earnings (all exiters)	\$19,732	\$25,550
Median change in earnings (all exiters)	28%	62%
Attained a living wage (completers and skills-builders)	30%	41%

Sources: LaunchBoard Community College Pipeline and Strong Workforce Program Metrics

Awards granted from private educational institutions are displayed in Exhibit 13 along with the relevant CIP code.



Exhibit 13: Annual average private educational institution awards from nursing assistant/aide and patient care assistant/aide programs in the Inland Empire/Desert region

51.3902 – Nursing Assistant/Aide and Patient Care Assistant/Aide	Private Educational Institutions Annual Average Certificates or Other Credit Awards (2014-17)
Beaumont Adult School	
Award < 1 academic yr	8
California Nurses Educational Institute	
Award < 1 academic yr	55
Colton-Redlands-Yucaipa Regional Occupational Program	
Award < 1 academic yr	35
Riverside County Office of Education-School of Career Education	
Award < 1 academic yr	57
Summit College	
Award < 1 academic yr	110
Total annual average other awards	265

Source: IPEDS

Recommendation

Community college certified nurse assistant programs provided the knowledge, skills, and abilities that lead to the *nursing assistant* occupation. This occupation is considered an essential critical infrastructure occupation. Despite the ongoing pandemic, employment demand for this occupation should continue due to the critical health and safety services provided by this classification of workers. *Nursing assistants* are expected to have 1,156 annual job openings, increasing employment by 13%. This occupation offers a median hourly wage of \$16.23 per hour, below the \$19.94 per hour self-sustainability standard for a single adult with one child in the region. This occupation typically requires a postsecondary nondegree award; all employer online job ads were seeking a candidate with a high school diploma or vocational training.

Two (2) IEDR community colleges offer nursing assistant programs (TOP 1230.30), collectively awarded an annual average of 89 certificates over the last three academic years. The median wage for all exiters was \$19,732 annually, and 30% attained a living wage in the region. Private educational institutions conferred 265 awards over the last three years available.

The COE recommends caution in creating new or expanding nursing assistant programs based on the relevant occupation's low hourly wages. It should be noted that this occupation is expected to have a high number of annual job openings and is expected to remain in demand due to the critical services it provides. Colleges considering this program should partner with relevant employers to document the



required knowledge, skills, abilities, and certifications needed to achieve a minimum hourly wage that meets the \$19.94 per hour self-sustainability standard in the region.

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October 2020

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Appendix: Program Completion and Outcome Methodology

Exhibit 11 displays the average annual California Community College (CCC) awards conferred during the three academic years between 2016 and 2019, from the California Community Colleges Chancellor's Office Management Information Systems (MIS) Data Mart. Awards are the combined total of associate degrees and certificates issued during the timeframe, divided by three in this case to calculate an annual average. This is done to minimize the effect of atypical variation that might be present in a single year.

Community college student outcome information is from LaunchBoard and based on the selected TOP code and region. These metrics are based on records submitted to the California Community Colleges Chancellor's Office Management Information Systems (MIS) by community colleges, which come from self-reported student information from CCC Apply and the National Student Clearinghouse. Employment and earnings metrics are sourced from records provided by California's Employment Development Department's Unemployment Insurance database. When available, outcomes for completers are reported to demonstrate the impact that earning a degree or certificate can have on employment and earnings. For more information on the types of students included for each metric, please see the web link for LaunchBoard's Strong Workforce Program Metrics Data Element Dictionary in the References section (LaunchBoard, 2020a). Finally, employment in a job closely related to the field of study comes from self-reported student responses on the CTE Employment Outcomes Survey (CTEOS), administered by Santa Rosa Junior College (LaunchBoard, 2020a).

Job postings data is limited to the information provided by employers and the ability of artificial intelligence search engines to identify this information. Additionally, preliminary calculations by Georgetown Center on Education and the Workforce found that "just 30 to 40 percent of openings for candidates with some college or an associate degree, and only 40 to 60 percent of openings for high school diploma holders appear online" (Carnevale et al., 2014). Online job postings often do not reveal the hiring intentions of employers; it is unknown if employers plan to hire one or multiple workers from a single online job posting, or if they are collecting resumes for future hiring needs. A closed job posting may not be the result of a hired worker.



Table 1: 2019 to 2024 job growth, wages, education, training, and work experience required, IEDR

Occupation (SOC)	2019 Jobs	5-Yr Change	5-Yr % Change	Annual Openings (New + Replacement Jobs)	Entry-Experienced Hourly Wage Range (10 th to 90 th percentile)	Median Hourly Wage (50 th percentile)	Average Annual Earnings	Typical Entry-Level Education & On-The-Job Training Required	Work Experience Required
Nursing Assistants (31-1131)	8,064	1,037	13%	1,156	\$12.30 to \$21.25	\$16.23	\$34,300	Postsecondary nondegree award & None	None

Source: EMSI 2020.4



Occupation Report

Home Health and Personal Care Aides; and Nursing Assistants, Orderlies, and Psychiatric Aides

San Bernardino County, California



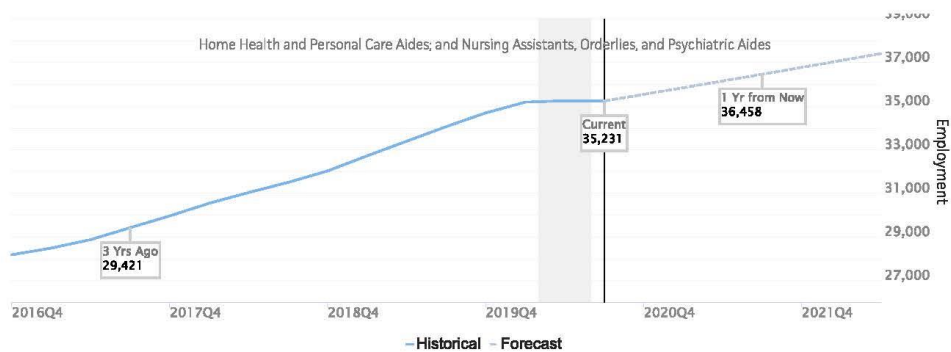
Research and Analytics Services



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Occupation Snapshot

6-Digit Occupation	Empl	Avg Median Wages	LQ	3-Year Empl Change	Annual Demand	Forecast Ann Growth
Personal Care Aides	21,525	\$25,200	1.62	6,130	4,259	3.9%
Home Health Aides	7,747	\$25,200	1.66	-417	1,294	3.9%
Nursing Assistants	5,554	\$33,900	0.72	87	732	1.4%
Orderlies	253	\$47,700	0.96	5	32	1.1%
Psychiatric Aides	152	\$41,000	0.53	5	20	1.4%
Home Health and Personal Care Aides; and Nursing Assistants, Orderlies, and Psychiatric Aides	35,231	\$25,800	1.35	5,809	6,351	3.5%



"Annual Demand" is the projected need for new entrants into an occupation. New entrants are needed due to expected growth and to replace workers who left the occupation due to factors such as retirement or switching careers.



"Forecast Ann Growth" is the expected change in jobs due to national, long-term trend projections (per the BLS) as well as local factors such as industry mix and population growth (as computed and modeled by Chmura).

Employment by Industry

Industry Title	% of Occ Empl	Empl	10-Year Separations	10-Year Empl Growth	10-Year Total Demand
Individual and Family Services	61.7%	21,728	34,869	11,276	46,145
Home Health Care Services	12.7%	4,465	6,794	1,774	8,568
Nursing Care Facilities (Skilled Nursing Facilities)	6.2%	2,184	2,563	127	2,690
General Medical and Surgical Hospitals	5.5%	1,926	2,258	163	2,420
Residential Intellectual and Developmental Disability, Mental Health, and Substance Abuse Facilities	4.3%	1,519	2,145	295	2,440
Continuing Care Retirement Communities and Assisted Living Facilities for the Elderly	3.6%	1,268	1,849	474	2,323
Employment Services	1.5%	517	662	43	705
Outpatient Care Centers	0.9%	311	433	99	532
Vocational Rehabilitation Services	0.7%	261	342	2	344
Psychiatric and Substance Abuse Hospitals	0.7%	237	290	28	318
All Others	2.3%	813	1,051	102	1,153

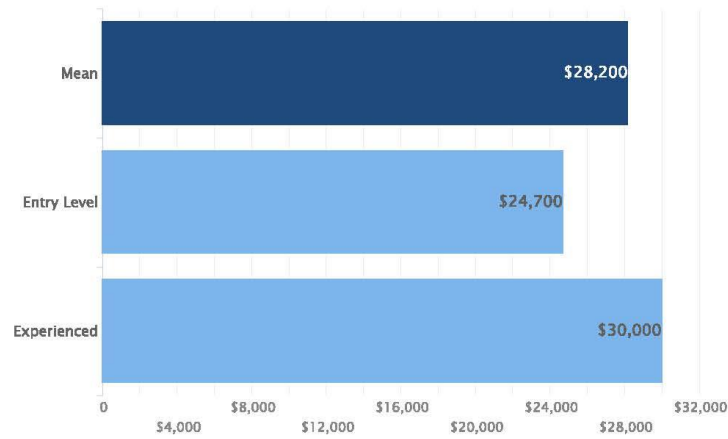


The industry distribution indicates the industries in which workers in the occupation(s) are primarily found.



"10-Year Empl Growth" may show industries with positive as well as negative growth; this would indicate that the occupation(s) being examined are expected to expand within some industries while contracting in others.

Wages



Occupation	Mean	Median	Entry Level	Experienced
Orderlies	\$49,300	\$47,700	\$29,500	\$59,100
Psychiatric Aides	\$43,300	\$41,000	\$29,300	\$50,300
Nursing Assistants	\$34,200	\$33,900	\$27,200	\$37,700
Home Health Aides	\$26,800	\$25,200	\$24,600	\$27,900
Personal Care Aides	\$26,800	\$25,200	\$24,600	\$27,900



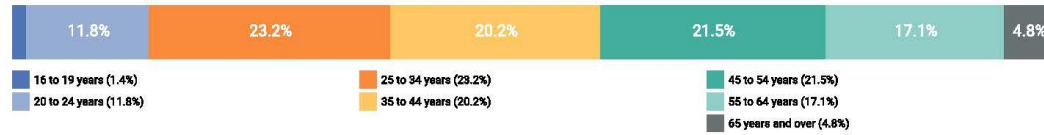
Occupation wages here are based on data from the Bureau of Labor Statistics, OES program, and imputed by Chmura where necessary.



When this report is run for an occupation group, the table above displays up to the top ten detailed occupations which have the highest average wages within the occupation group.

Occupation Demographics

Age



Race



Ethnicity



Gender



Education and Training Requirements



Education Profile

Educational Attainment



Occupation	Typical Entry-Level Education	Previous Work Experience	Typical On-the-Job Training
Personal Care Aides	High school diploma or equivalent	None	Short-term on-the-job training
Home Health Aides	High school diploma or equivalent	None	Short-term on-the-job training
Nursing Assistants	Postsecondary non-degree award	None	None
Orderlies	High school diploma or equivalent	None	Short-term on-the-job training
Psychiatric Aides	High school diploma or equivalent	None	Short-term on-the-job training

💡 The stacked bar chart here illustrates the estimated mix of educational attainment of the workers in this occupation(s) in aggregate.

💡 The table indicates typical education and training requirements rather than the mix of attainment of workers in such positions.

Postsecondary Programs Linked to Home Health and Personal Care Aides; and Nursing Assistants, Orderlies, and Psychiatric Aides

Program	Awards
Chaffey College	
Home Health Aide/Home Attendant	0
Nursing Assistant/Aide and Patient Care Assistant/Aide	24
Concorde Career College-San Bernardino	
Practical Nursing, Vocational Nursing and Nursing Assistants, Other	67
San Bernardino Valley College	
Psychiatric/Mental Health Services Technician	56
Summit College	
Nursing Assistant/Aide and Patient Care Assistant/Aide	54
Practical Nursing, Vocational Nursing and Nursing Assistants, Other	200

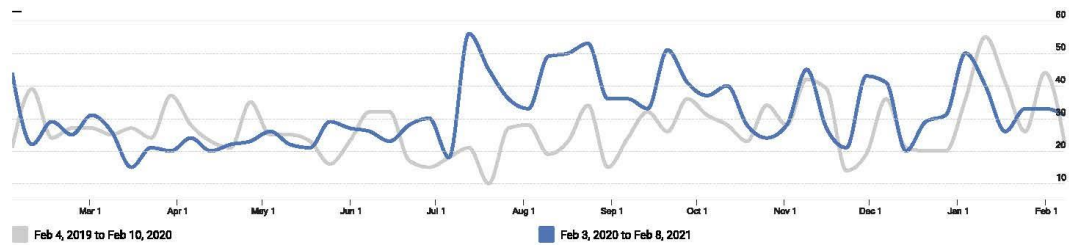


The number of graduates from postsecondary programs in the region identifies the pipeline of future workers as well as the training capacity to support industry demand.



Among postsecondary programs at schools located in San Bernardino County, California, the sampling above identifies those most linked to Remote Jobs. For a complete list see JobsEQ®, <http://www.chmuraecon.com/jobseq>

RTI (Job Postings)



Online job ads are a timely indicator of local demand. Occupation assignments shown below are made by Chmura based upon analysis of job titles and job descriptions. Top employers and listed job requirements are shown on the following pages.

Occupations

SOC	Occupation	Total Ads
31-1131.00	Nursing Assistants	945
31-1122.00	Personal Care Aides	707
31-1121.00	Home Health Aides	301
31-1132.00	Orderlies	38
31-1133.00	Psychiatric Aides	1

Locations

Location	Total Ads	
Loma Linda, California	255	<div></div>
Redlands, California	122	<div></div>
Upland, CA 91786	85	<div></div>
Rancho Cucamonga, CA 91730	78	<div></div>
San Bernardino, California	73	<div></div>
Upland, California	65	<div></div>
Rancho Cucamonga, California	50	<div></div>
Chino Hills, California	49	<div></div>
SAN BERNARDINO, CA 92404	49	<div></div>
Apple Valley, California	48	<div></div>

Employers

Employer Name	Total Ads	
Loma Linda University Health	323	<div></div>
Maxim Healthcare	86	<div></div>
Oakmont Senior Living	76	<div></div>
San Antonio Regional Hospital	59	<div></div>
Dignity Health	53	<div></div>
HumanGood	49	<div></div>
California Mentor	44	<div></div>
Prime Healthcare	42	<div></div>
Brookdale Senior living	40	<div></div>
Genesis Healthcare	39	<div></div>

Hard Skills

Skill Name	Total Ads	
English	412	<div></div>
Microsoft Outlook	249	<div></div>
Home Health Care	210	<div></div>
Caregiving	180	<div></div>
Medication Administration	93	<div></div>
Medical Terminology	73	<div></div>
Spanish	68	<div></div>
Microsoft Word	63	<div></div>
Patient Care	52	<div></div>
Polymerase Chain Reaction (PCR)	47	<div></div>

Job Titles

Job Title	Total Ads	
Patient Care Assistant	174	<div></div>
caregiver	171	<div></div>
Behavioral Care Assistant	59	<div></div>
Certified Nursing Assistant	58	<div></div>
PCA Personal Care Assistant	56	<div></div>
Direct Support Professional	39	<div></div>
Caregiver for Elderly	31	<div></div>
Patient Transporter	26	<div></div>
Certified Home Health Aide (CHHA)	23	<div></div>
Companion Caregiver	22	<div></div>

Education Levels

Minimum Education Level	Total Ads	
High school diploma or equivalent	949	
Associate's degree	6	
Bachelor's degree	6	
Unspecified/other	1,031	

Programs

Program Name	Total Ads	
Nursing	209	
Health	5	
Healthcare	2	
Emergency Medical Technician	1	
Medical Assistant	1	
Nursing Assistant	1	
Occupational Therapy	1	
Paramedic	1	
Social Work	1	

Top Skill and Certification Gaps

Top 10 Skill Gaps in San Bernardino County, California

Name	Candidates	Openings	Gap
People Skills	23	433	-410
Home Health Care	581	979	-398
Medication Administration	358	530	-172
Microsoft Word	24	112	-87
Long-Term Care	0	40	-40
Medicare	4	33	-29
Spanish	98	124	-25
Hospitality	4	13	-9
Community Outreach	0	7	-7
Teaching/Training, Job	42	48	-7

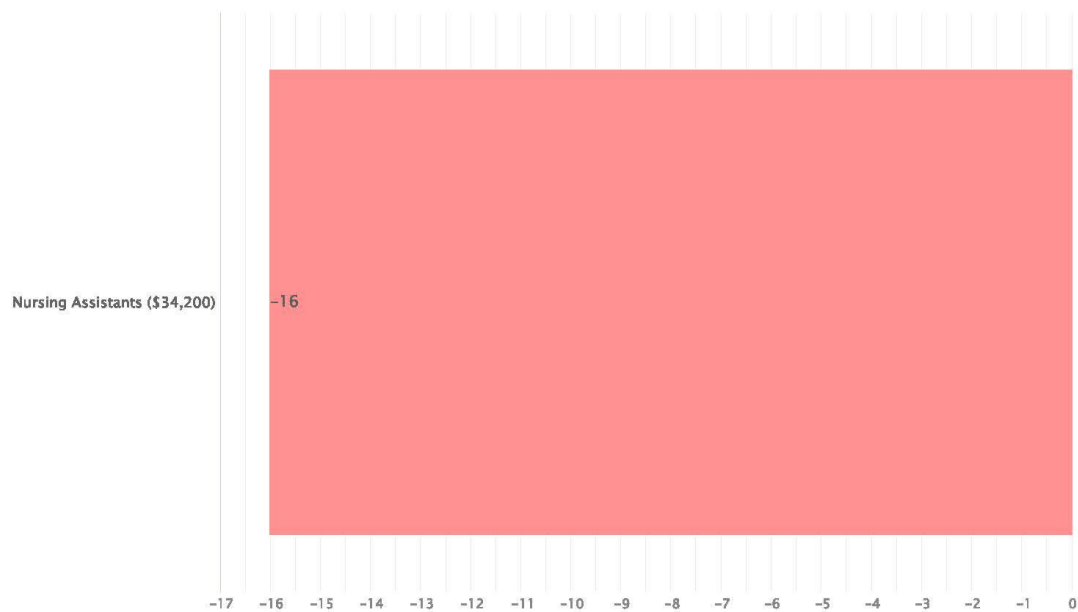
Top 10 Certification Gaps in San Bernardino County, California

Name	Candidates	Openings	Gap
First Aid Certification	278	566	-287
Certification in Cardiopulmonary Resuscitation (CPR)	546	779	-233
Certified Nursing Assistant (CNA)	701	774	-74
Registered Nurse (RN)	35	78	-43
Commercial Driver's License (CDL)	2	27	-25
Basic Cardiac Life Support Certification (BCLS Certification)	16	24	-8
Medication Aide Certification (MACE)	0	4	-4
Registered Respiratory Therapist (RRT)	1	0	1
Certified Electroencephalographic Technologists (EEG)	1	0	1
National Phlebotomy Association Certified Phlebotomist	1	0	1



Skill and certifications gaps can help inform employee development programs, as well as provide a comparison of the needs of regional employers to the supply.

Occupation Gaps

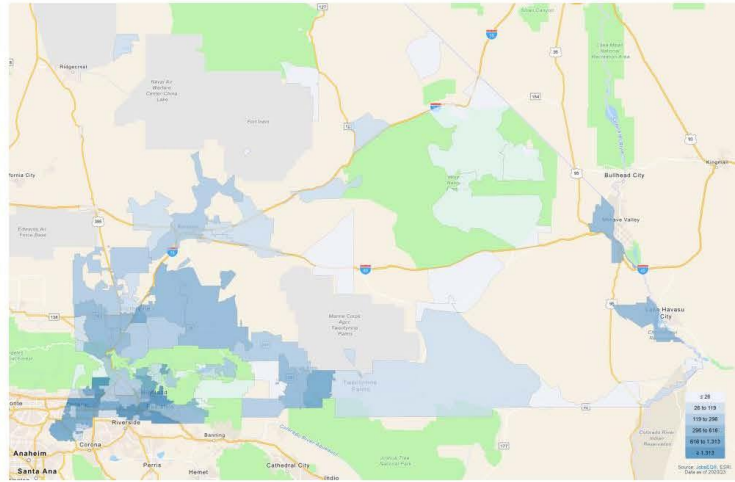


The above are the potential average annual gaps over 10 years. Many variables go into this analysis, but at its core it is based on a forecast comparing occupation demand growth to the local population growth and the projected educational attainment of those residents. When an area, for example, has an occupation expected to grow quickly but the educational requirement for the occupation does not match well with the educational attainment of its residents, there is a high potential for an occupation shortfall in the region. Alternatively, slow-growing or contracting occupations often represent potential supply surpluses.



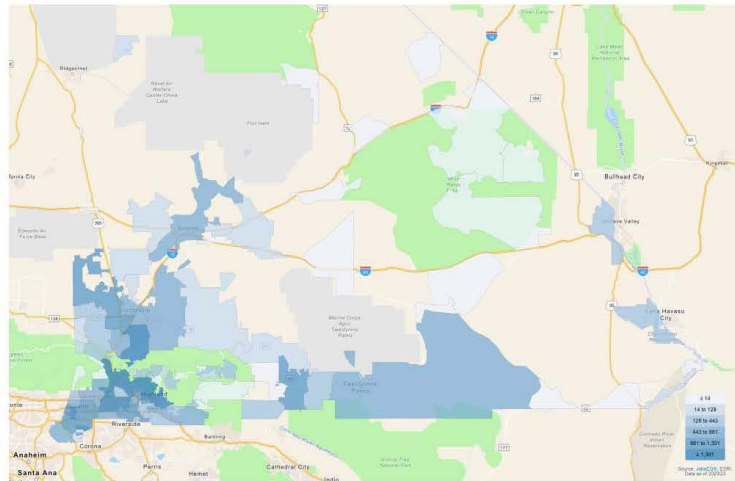
The potential supply shortfall is an underlying force that the market needs to resolve one way or another, such as by employers recruiting from further distances for these occupations, wages going up to attract more candidates, and/or increased demand and wages enticing more local residents to get training for these occupations. While this is an important analysis for determining local occupation needs, the occupation gap should be considered along with other regional data including growth and separation forecasts, unemployment rates, wage trends, and award and skill gap analyses.

Geographic Distribution



Top ZCTAs by Place of Work for Home Health and Personal Care Aides; and Nursing Assistants, Orderlies, and Psychiatric Aides, 2020Q3

Region	Employment
ZCTA 92408	2,514
ZCTA 91730	2,416
ZCTA 92346	2,066
ZCTA 91786	1,886
ZCTA 92316	1,452
ZCTA 92373 (San Bernardino County, CA portion)	1,361
ZCTA 91739	1,324
ZCTA 92324 (San Bernardino County, CA portion)	1,313
ZCTA 92354	1,158
ZCTA 92252	1,041



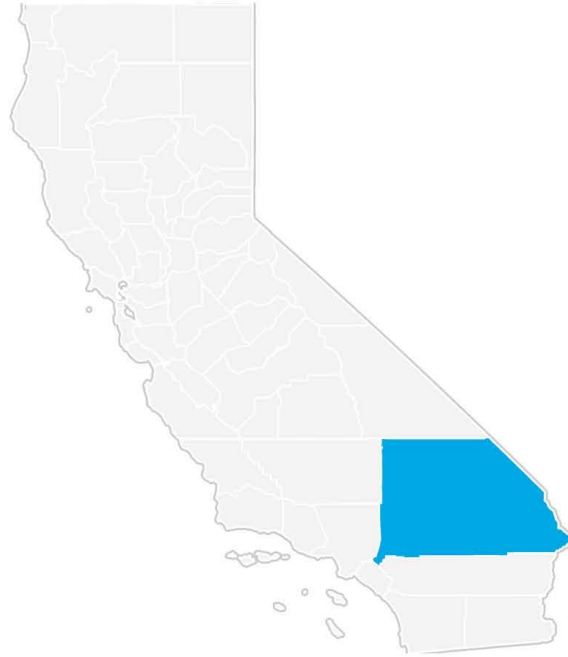
Top ZCTAs by Place of Residence for Home Health and Personal Care Aides; and Nursing Assistants, Orderlies, and Psychiatric Aides, 2020Q3

Region	Employment
ZCTA 92376	2,444
ZCTA 92335	2,329
ZCTA 92404	1,675
ZCTA 92407	1,670
ZCTA 92345	1,554
ZCTA 91762	1,425
ZCTA 92346	1,310
ZCTA 92336	1,301
ZCTA 91764	1,293
ZCTA 92324 (San Bernardino County, CA portion)	1,291



“Place of work” employment is based upon the location of employers for these workers. “Place of residence” data refers to the home locations of the workforce, which is typically the preferred data set to use when calculating labor availability within a drive-time or radius of a potential worksite.

San Bernardino County, California Regional Map



Data Notes

- Occupation employment by default indicates employment by place of work. Occupation employment is as of 2020Q3 and is based on industry employment and local staffing patterns calculated by Chmura and utilizing BLS OES data. Employment forecasts are modeled by Chmura and are consistent with BLS national-level 10-year forecasts. Occupation wages (mean, median, and percentiles) are derived from BLS OES data and are as of 2019 and represent the average for all Covered Employment. Entry-level and experienced wages are derived from these source data, computed by Chmura.
- Industry employment is as of 2020Q3 and is based upon BLS QCEW data, imputed by Chmura where necessary, and supplemented by additional sources including Census ZBP data.
- Education and training requirements are from the BLS. Educational attainment mix and other occupation demographics data are modeled by Chmura for 2020Q3 using regional occupation employment from JobsEQ, ZCTA-level demographics data from the Census Bureau, and national occupation-demographics patterns from the BLS.
- Postsecondary awards are per the NCES and are for the 2018-2019 academic year. Any programs shown are linked with the occupation(s) being analyzed via the program-occupation crosswalk, which may not be comprehensive. Any programs shown reflect only data reported to the NCES; reporting is required of all Title IV schools. Training providers that do not report data to the NCES are not reflected.
- Job ads data are online job posts from the Real-Time Intelligence (RTI) data set, produced wholly by Chmura and gleaned from over 30,000 websites. Data reflect ads active during the last twelve month period ending 02/18/2021 and advertised for any Zip Code Tabulation Area in or intersecting with the region for which this report was produced. Historical ad volume is revised as additional data are made available and processed. Since many extraneous factors can affect short-term volume of online job postings, time-series data can be volatile and should be used with caution. All ad counts represent deduplicated figures.
- For skill and certification gaps, openings and candidates are based upon regional occupation demand (growth plus separations) and the percent of skill demand and supply. Skill demand mix data are per a one-year sample of RTI data; skill supply data are estimated using a four-year sample of resumes data; both data sets compiled as of July 2019. Data may be based, at least in part, on data from broader geographies; see the Skill Gaps analytic export for more details.
- Occupation gaps are modeled by Chmura, indicating long-term potential supply and demand mismatches in a region due, in part, to job demand and labor pool dynamics, including educational attainment and projected growth.
- Occupation employment by place of residence is as of 2020Q3 and modeled by Chmura based upon occupation employment by place of work and commuting patterns. Commuting patterns are derived from source data from the Census Bureau, occupation-specific commuting tendencies, and updated to reflect more recent population and employment estimates.
- Figures may not sum due to rounding.

FAQ

What is (LQ) location quotient?

Location quotient is a measurement of concentration in comparison to the nation. An LQ of 1.00 indicates a region has the same concentration of an industry (or occupation) as the nation. An LQ of 2.00 would mean the region has twice the expected employment compared to the nation and an LQ of 0.50 would mean the region has half the expected employment in comparison to the nation.

What is annual demand?

Annual demand is a of the sum of the annual projected growth demand and separation demand. Separation demand is the number of jobs required due to separations—labor force exits (including retirements) and turnover resulting from workers moving from one occupation into another. Note that separation demand does not include all turnover—it does not include when workers stay in the same occupation but switch employers. Growth demand is the increase or decrease of jobs expected due to expansion or contraction of the overall number of jobs.

Appendix C: February 28, 2021 CAN/LVN Regional Advisory Meeting Minutes

(see next page for minutes)

CNA/LVN Regional Advisory Meeting Minutes

02/18/2021

- I. Introductions/Attendance
- II. John Cordova presented on “Crisis Trends and Needs in CNA/LVN Workforce”, PPT will be sent to all participants and uploaded to CANVAS.
- III. Henry Nickel presented the “Inland Empire Health LMI Update”, for LVN, Home Health and Personal Care Aides; and Nursing Assistants, Orderlies, and Psychiatric Aides.

Nursing Assistant – \$ 33,500 per year, 5,554 currently employed in IE, 945 current postings, annual demand 732 new positions.

Home Health Aide – \$ 25,200 per year, 7,747 currently employed in IE, 301 current postings, annual demand 1,294 new positions.

Personal Care Aides – \$ 25,200 per year, 21, 525 currently employed in IE, 707 current postings, annual demand 4,259 new positions.

Licensed Vocational Nurse – \$ 56,200 per year, 3,569 currently employed in the IE, 1,083 current postings, annual demand 334 new positions.

Labor Market data for San Bernardino was shared with participants. Specific LMI reports for San Bernardino, Riverside and the IE region and the PPT will be sent to all participants and uploaded to CANVAS.

Participants agreed to update school and program information as only 4 programs were listed in the report and the data was inaccurate. This report will be forwarded to Wendy Deras to be submitted directly to Henry.

IV. Panel discussion:

Carol Wagner, Providence Healthcare Group

Alex Portillo, LVN, DSD, Research Nurse

Shauntee Chalkus, DON, Vista Pacifica Convalescent

Kevin Thomas, Regional Director of Operations, Chancellor Health Care

Panel Discussion

- 1. What types of training, education, or community college credentials are desirable for entering the field at Your location?
- 2. What does your hiring process look like? And what that really means is are you still interviewing in person, is it remote, do they do it online only, drop off the paper application, just give us the basics of how you hire at your facility.

3. Do you do a drug screen and if so does it include marijuana.? Have you had any problems with that in the last year?How
4. What interpersonal skills are important for you LVN, CNA new hires?
5. What skills and knowledge are they coming out without. What do we need to be adding? What are we forgetting in our curriculum for our new grads and do you offer internships at you company?
6. How many CNA positions do you have open at your facility and how many LVN positions do you have open right now

What types of training, education, or community college credentials are desirable for entering the field at Your location?

Carol

We are looking for CNAs, LVNs, RNs and what we are looking for and would like to see is someone developing really solid programs. I would like to see everyone have a CNA program, an LVN program, an RN program and kind of have them linked into a pathway. What we frequently see is when we hire bachelor's degree RNs, they have absolutely no idea what the job entails. And they go into shock and we lose a lot of them. They don't have any sense of what is really entailed in caring for a patient. So, I think one of the strongest things would be to really encourage that career ladder and have people actually work in those careers, not just have the piece of paper like was mentioned earlier. I think that would help us as employers. I think that it would create more viable candidates out of programs and I think it would help us retain employees. It would keep people going through the continuum with education.

Wendy

Providence has six facilities within the Riverside San Bernardino area and Carol is the Director of Education for Providence. They are the first in our region to actually get approved for an LVN to RN apprenticeship program outside of the prison system that RCC has a contract with. They started their first 2 employees in that program this spring and thank you Carol for working hard with SBVC on this to start our first apprenticeship. All of our other partners out there, there is opportunity for that to grow and we are looking for other facilities who want to identify their LVN employees to enter RN program pathways so reach out to me and I will get you connected

Kevin

We want them to have a spirit of service to begin with. In this industry you really need people who want to help. It really helps if you speak English. If you are looking at a CNA, the technology they are using right now they already mastered. So, there is not a lot they would need to master more in order to enter the field of CNA or LVN. The software that we use is so sophisticated now. It's just a touch. It's really easy. But you know a spirit of Service, servant leadership. If we could train them or get people who are committed, that's the first step. It's much easier for them to transition up the career ladder. The commitment will come once they

find gratification in what they do, if we can give them a craft where they can grow, we will reduce turnover and they will continue to grow. We will see they are comfortable enough to stay.

Wendy

Kevin is associated with three facilities in the Loma Linda Area. Alex what's your spin on the same question?

Alex

Customer Service is a good thing that I think we can focus on more when it comes to the students. I think a lot of us, we are so focused and studied on studying the medication part of the health portion that we don't really get into the person-centered care as much as we should. I know we all do, but maybe touch on that a little bit more. That's very important for somebody that's entry level and also, I think time management that's something that difficult to teach in an environment, other than in the clinical setting and in the clinical setting you're doing things step by step kind of at a slower pace, so I think that's also another thing. Whether it's LVNs or CNAs, they are surprised by the pace of everything. Even though they know how to do it, but that time management, maybe, if we can improve that part as well.

Wendy

And Shauntee?

Shauntee

I'm the director of Nursing in our convalescent facility, where we specialize in gero-psych, but we also have a locked psychiatric unit so, in the locked psych unit they hire CNAs that double as mental health workers. There are also LPTs and RNs in our facility, we are always looking for CNAs, LVNs and RNs. Some of the things that I wanted to touch on like Carol was saying with the career pathways, I think having these folks do CNA and then go LVN and then go to RN is a great idea. I think some of the breakdown happens for staff members when I've seen them transition from one position to another, they have a really difficult time. Coming from a CNA on the floor becoming an LVN charge nurse, whether it be you know making sure they are using their time management skills well to make sure their dealing with their medications and their treatments and whatever else they need to manage without getting too involved with the patient care, but at the same time not you know completely disregarding getting involved in patient care and I've seen the same thing happen with the transition of LVN to RNs is that the transition period is really tough and so there needs to be some sort of implementation of training how do you step out of this role and into this role if we're going to take this step ladder type of approach. And then again what Carol said with the RN where our RN when they come directly out of a BSN training program they tend to struggle a lot with the bedside care aspects or being able to step in. They see themselves very much as a supervisor on the floor, but not so much as someone who's going to actually have to perform tasks. I love new grads. I can take them, I can mold them, I can kind of teach them the way that we like to do things at our facility so any new grad I'm always willing to take on, but I've seen on the other aspect of this too it seems nursing schools put a lot of value on graduation rates, really high graduation rates. But I've seen some

people come out of nursing programs that don't have the compassion they're doing it because they know nurses make good money. You know, and I understand that, but at the same time we're jeopardizing our patients when we have people like that in this field, because they don't have the compassion and the caring aspect for the patients. That's a struggle too sometimes. I blame that value we've placed on having high graduation rates. Where maybe some of these people shouldn't have been passed through or maybe shouldn't have gone through. But I get where the schools are coming from, because if you don't have high graduation rates students are not going to have faith in you they're not going to apply to your program so it's kind of a catch 22 there too.

Wendy

Health workforce Initiative does a lot development of curriculum and products that are free to use by any school in any industry. John Cordova just put a link in the chat to all the soft skills modules that were developed several years ago. They are excellent, they are ready, they are packaged to go with every activity of the lesson plan any of it so feel free to grab that and use any of that you like.

Soft skills link:

<https://ca-hwi.org/curriculum/soft-skills-training/>

What does your hiring process look like and what that really means is are you still interviewing in person, is it remote, do they do it online only, drop off the paper application? Please give us the basics of how you hire at your facility.

Shauntee

Our hiring process is really flexible, and we had to transition a lot during COVID. We were always face to face, but I found sometimes it's really difficult with nurses when there's a lot of options for them. You schedule interviews and they don't show up or they do show up and the interview goes well you schedule orientation and then they don't show up to orientation. Or they do show up for orientation and never come back after that. I don't know, I hope it, you know, everybody doesn't have to be crazy experience, but it really happens and it's unfortunate that I see so often the lack of professionalism, to at least call the facility and say I have a scheduled interview or orientation, I've chosen to take a different path or a different opportunity that come up, but we really are flexible here. I've done, we do use indeed a lot. Our application process is online, so if a potential applicant comes in and they have not yet filled out the online application, we have them do it on one of our devices here. They just go into it and do that, we usually do a face to face interview. That is my preference, I like seeing someone, I like interacting with them, I have done zoom when that was more convenient for if during times we've had COVID outbreaks in the building and probably just the safer option. We have done that too. Once that is done we usually get a background check done within hours or same day. We try to make orientation flexible, so we usually have multiple staff that we are hiring at the same time so its not just one. We try to complete orientation within a week.

Wendy

Just another question. Do you do a drug screen and if so does it include marijuana.? Have you had any problems with that in the last year?

Shauntee

We do not do drug screens here. We do criminal background checks. We check that their nursing license is valid. We do not do drug screens and have had no issues with staff coming to work intoxicated. We encourage our licensed nurses to look for those types of things if they were to see anything like that. At that point we may do it based on a clinical assessment.

Wendy

Same question, Kevin.

Kevin

I can discuss the marijuana first. We do not do drug screens. In California we have learned to stay away from that issue. Our screening process is done through a third party. The hiring process is pretty flexible. We do prefer to lay eyes on the individual. An assessment of their nature is priceless. Individuals can fill out an application online or they're more than welcome to come in to the community and pick one up and bring it back later. In the end we want to meet them and have them meet with two trusted individuals from the leadership team. Sometimes at the same time. So, it is a two-part interview process for us. We prefer both individuals sign off before moving forward. Regarding individuals not showing up for interviews it is true. The law of supply and demand allows that at this point and we have more demand than we have bodies. We are in need and so we try to make it flexible for them. It is tracked so they can be paid for the time they spend online as well as in the community. of our orientation platform can be done online without having to come in to the community. There are some things that are just hands on and you want to make sure that before they hit the floor they have a competency assessment done. You want to make sure that they are not only competent but understand your systems as well. So, it is flexible to accommodate both processes for us.

Alex

As a DSD in Riverside I did have some of the same issues with people coming in for interviews and not following up or even coming to orientation and not coming back, so unfortunately, I think that is a widespread problem. There was no drug testing unless there was an issue that occurred. The interview process was in person unless there was an outbreak at the facility.

Carol

We prefer to meet people in person, but for prescreening will do a phone interviews or zoom, but final decisions require in person interviews. One of the things we like to do for CNAs is have a peer interview and see what the reaction is from other CNAs in the field employed by us that we value. They provide valuable insight during the hiring process. We do not do drug screens.

Wendy

I am sending a poll out to our schools to see how many of them do drug screens as part of their admission process.

Kevin

Sorry Wendy, I just wanted to add that pre COVID we would have applicants sit in the lobby for a while and have the front personnel just observe them and watch their body language and try to assess them on some level that is the beginning of the interview process actually. They provide valuable information to the member of the leadership team of what they observed about the individual. Because what we notice is that when people feel like they are not being watched you tend to see their true character in some regard.

Wendy

What interpersonal skills are important for you LVN, CNA new hires? I feel we have touched on it already a little but go ahead, Alex.

Alex

Patience I think and how to deal with high stress situations without getting emotionally involved. The number one thing for anyone coming into nursing is they want to help others so they are passionate almost everyone you encounter whether it's an LPN or CNA or RN. Controlling those emotions when you are new is very important.

Carol

I think compassion, communication, time management. Those are the top

Kevin

I echo the same sentiments. Patience is huge. You want people who want to be in this industry

Shauntee

I think for CNAs what's most important is bedside manner, taking that time to stop and talk to the residents. I see CNAs tend to see the patient, they have to change them, they have to get them fed, they have all these things to do so they are rushing through it and they forget to stop and take time to acknowledge the person versus caring for the patient. For the LVN skills are good. I don't see them coming out of school with terrible skills one skill they need to be stronger in is leadership and accountability. The ability to make sure they are holding the CNAs accountable for providing the care they need to. It is something I see them struggle with. Most often it is leadership, accountability and time management.

Wendy

I want to jump in on that note because I have been a director of a CNA and LVN program and it is not part of the curriculum to teach an LVN what the scope of practice for a CNA is. They may not know what they are and are not allowed to do or should be doing. And the same for the RN

to the LVN it's not often a strong training so I have found that working nurses are hesitant to evaluate and be hard on their CNAs because they aren't sure what they can and cannot do.

Shauntee

That is very true, I have had RNs ask me is the LVN allowed to do this or that or the other. I will say the question comes up when it comes to IVs what they can manage with their IV certification. With the LVN and CNA too that is their responsibility, where is that line between their responsibility and my responsibility. Sometimes that line is so blurred as a charge nurse on the floor because they don't know where that line should be drawn.

Wendy

I would like to ask industry based on what you said, would you find it helpful and would you send your LVNs to a workshop if it was something like LVN delegation and scope of practice of CNA or RN in delegating to the LVN and CNA scope of practice?

Gina Weeks, RCC

What you are saying is so true on both ends but we really made it a point that when we are talking about leadership and management within our LVN and CNA programs when we get to the point of delegation its almost impossible to teach delegation if you are not letting them know or they are not aware of what that scope of practice is so we have been very purposeful on integrating that into the curriculum. Not only do they need to know their scope of practice, but they need to know who they are delegating to, if it's appropriate so that we are not setting our coworkers up for a bad outcome. I would encourage the other schools to do that and I'm sure they are. But I mean it is an integral part of delegation I don't know how you would teach without it. I think we all need to do a better job since we are hearing from industry that that is a challenge. They are seeing.

Wendy

There is another layer to that. Scope of practice versus job description each individual facility so having that layer explained as well. Put your comments in the chat. I'm going to combine the last two questions. What skills and knowledge are they coming out 'without'? What do we need to be adding? What are we forgetting in our curriculum for our new grads and do you offer internships at you company? Carol?

Carol

We do offer internships and we really enjoy if any programs want to place their students in internships towards the end of their program. One of the things we've done is with CNAs going to LVNs we've been very successful with that model. I would like to see more partnership with education. We have been successful and have not had any problems with people making the transition from CNA to LVN because we try to take shifts that they would normally be working as a can and have them shadow LVNs so that their coworkers see them in a different position and

they see the affirmation and it gives them a lot of time before they go into an actual orientation once they get their license to understand what the job is and what the job entails because they think they know from working with their coworkers but they really don't until they are shadowing people.

Kevin

We would love to have internships, but we haven't had the opportunity. I have a question for Carol. Are those paid internships or unpaid?

Carol

It could be either. If they are already our CNA and they are going to be working as an LVN in our setting then it is paid internship time. But if it's part of an education program then it is not.

Kevin

I think the curriculum does a good job in preparing them, but I think the one thing they need to learn is treat people how you want to be treated. If they follow that rule they will be fine, the rest they can be trained to do just about anything but it's the attitude. If they don't have the right attitude or the right morals then it makes it even more difficult.

Alex

Stress management should be expanded on in the curriculum. I think not a lot of people know how to manage their own stress personally. They know different ways of how someone can manage stress, but how are you doing it personally, maybe we can keep track of a journal just anything throughout the program because it's extremely stressful. Also, I think it can help the students will help them in their career.

Shauntee

We do not currently provide internship opportunities and I think that you are always going to see skilled nursing facilities shy away from that. We have CDPH to deal with and they scrutinize our practices, you know quite enough as it is and I think bringing internships into that just adds a whole other aspect or something that you know you have to make sure it runs appropriately. Some things I would like to see more of is the encouragement of teamwork between the disciplines. I see them separate themselves a lot those are the LVNs... Forgetting to appreciate one another I know that the program I did they really stress that. But I see how often staff get frustrated or staff are burnt out, especially with COVID. The lack of teamwork and like they say it takes a village. We have the same thing with patients, it's always going to take a village and it requires each and every person and having that respect versus a seniority feeling towards one another. It can be very frustrating to see people treat each other that way, especially right out of school. I see them develop that a little more over time. But I've seen nurses that just really have a lack of respect for those who are their subordinates. Teamwork work fixing LVNs and RNs. Supervision, the ability to hold staff accountable and to understand that they need to find ways and you know it doesn't always have to be discipline. It can be teaching moments. But reminding them, not only that they are a leader in these facilities or supervisors, but they are teachers. They

need to be able to teach them. The RNs need to teach the LVNs and the LVNs need to teach the CNAs. So, going into the field understanding they are going to be a teacher, even CNAs, they are going to be training the staff as they become the more experienced staff, so a little bit of change on teaching.

Wendy

Last question. How many CNA positions do you have open at your facility and how many LVN positions do you have open right now? An estimate is okay.

Carol

Probably close to 60 CNA positions in the six facilities in the inland Empire. Probably about 15 to 20 LVN positions and between 5 to 10 RN positions.

Shauntee

I currently have five fulltime CNA positions open and a need for on call staff. I've got two or three full time LVN positions with a need for on call staff and I have one full time RN available with a need for on call staff.

Kevin

I think we have one part time RN position, CNAs maybe two, and LVNs I think we are ok, but to be safe side I'd say maybe one.

Wendy

Ok thank you, I just wanted to know that was the last question for the panelists and I'm going to be asking each college and school, if you have any curricular changes you'd like to bring up to get industries yays or nays and I'm going to start with Chaffey college.

V. Open Discussion

Wendy

I'm doing this on behalf of Chaffey college, their CNA and home health aide program has been dark since 2018 and they would like to reopen the CNA this summer and expand a second location in Fontana on the fall. They would also like to add the home health aide program to each location in the fall. Do you agree with the need for a CNA and Home health program at Chaffey College?

Chat Vote

Jim Wright: Yes for Crafton

Jodie Capper: Dan that would be very good

Kevin: Yes for ALL!!!! ;-)

Gina Weeks: yes for both:)

Nicole Gibson: yes for crafton

schalkus: Yes for Crafton

Shelley Eckvahl: Yes for Crafton and Chaffey

carla crow: Yes for all, we need CNA/HHA programs in the Inland Empire.

Glynn Rame: yes Crafton Chaffey

Alex Portillo : Yes for Crafton

Wendy Any comments on the curriculum. I did put it up in the outlook invite if you had a chance to look at it. Let me know anything you feel needs to be added or changed. One change that is going to happen and you are going to like this. They are doubling the units in the professional development course. They are also doubling the time on the skills lab course. So, Chaffey does a separate theory, separate clinical, a separate skills lab, and a separate professional development course and it makes up a nine-unit certificate program and they are going to be doubling those hours for professional development and skills lab. So, yay or nay on that one. Put it in the chat box if that's a good idea or it's not.

Go to chat

Kevin: Yes for ALL!!!! ;-)

Gina Weeks: yes for both:)

Shelley Eckvahl: Yes for Crafton and Chaffey

carla crow: Yes for all, we need CNA/HHA programs in the Inland Empire.

Glynn Rame: yes Crafton Chaffey

Alex Portillo : Yes for Chaffey CNA Program

Also, from Chaffey, Shelley do you have anything you'd like to ask the committee about the Chaffey LVN program curriculum or changes?

Shelley Eckvahl

We are not currently planning any changes to the curriculum, as you may know we are on pause right now so our main focus is completing the last two. We have a three-semester program. We have two cohorts of students who need to complete. So, we are not starting a new cohort until spring, so that we can ensure that we get enough clinical sites to finish the students that are there. We are not making any curriculum changes, but we absolutely need the clinical sites. We are on pause because we were not able to secure enough clinical sites.

Wendy

When you finish how many will you graduate that are waiting.

Shelley

I would say about 45 who are waiting to come out.

Wendy

Dan Word of Crafton Hills College. He does have a question for the panel and the room.

Dan Word

Given all the discussion, it sounds like I may have some indication of the answers. Crafton has been exploring starting a CNA program. We've been working with our local high school and creating a clear pathway That we would like to develop with them. So, our discussion has been around CNA and home health aide so just from the panel, just from the room, do you think that it's wise for us to continue down that path, or should we be thinking about something differently?

Wendy

Your Loma Linda panelist has two thumbs up, not one but two and guys, so that we can capture this in the minutes please type in the chat.

Sandy Mortensen

So one of the things that I think would be great for you to consider, and this is something that we have spoken about at a recent meeting is know we have a grant through Strong Workforce and we have been developing a pathway to the community college and we already have the can programs and we are looking to expand through that grant so it'd be really great to serve many of the same high schools. So, it would be great instead of you starting from scratch and new is to join in a partnership with us as well as the other community colleges and ROPs because all of the ROP programs are also served with the CNA and home health aide and acute care and what not. So, I think that could help you with your emergency responder and some of your other medical programs to feed students into those. I just wanted to remind you of that again. ROP would be a great linkage. One of the employers mentioned that medical programs are expensive, all of them are expensive, the problem is we have no funding and so the community college has funding available and so it's a great partnership. We can keep costs down so the student will get to finish and then go out into the workforce.

Kevin

Sandy how long does it take to get into one of your programs, because you know if someone were to apply?

Sandy

We have three to four day programs that we are running a year right now. We are looking to expand because we are serving some high school students no so we're going to be hiring some teachers and we're already just launched our afternoon program for the high schoolers and we have a PM program at least two a year and this summer there I such a need we are going to be

running a summer program. We do anywhere from 60 to 100 CNAs and like I said our high school program will be expanding.

Wendy

And Sandy, just to let you know what we are doing at a college regional level, we are looking at the alumni on the need and are looking at how many each school is putting out. Basically, what we found is you could start seven new programs, we would still need Crafton to start a program. I think we can't meet the need, but I think partnership with all education is fruitful and that's what we should be talking about and figuring out. Who has the programs strategically located so that they are all successful.

Kevin

Absolutely Sandy and that part of the conversation is still in consideration as we move forward.

John Cordova

I just wanted to clarify for the advisory that Dan is talking about pre-CNA to Home health aide and not home health nurse.

Lonnie Mills

We have a CNA program that has been on pause for 3 semesters, and we've had to pause it because it's not that we don't have applicants, we have tons of applicants. We have the instructor and the ability to start, we have everything. What we don't have is places for them to do their training. So that is the other aspect of that. I think we need to think about this, we can open all these programs, but if there is nowhere for them to go into their clinical as well it's kind of useless to have all these programs with nowhere to train them. We have it all, we just can't run the program and we are wanting to expand to run three or four at a time. We have the students, we have the instructors, we don't have the sites.

Kevin

I totally agree with you. I sense your frustration and this is something I've been working with a number of our community schools actually to get their students back into the facilities. There are some things you do have to take into consideration. I mean this COVID era is different. PPE is something that has to be supplied and testing would have to be driven by you guys. Because even though the facility can accommodate it they won't be held responsible for it. I think if you put that portfolio together and bring it to the community and say we've got this and this is how it's going to work. I get the sense that it would be hard for a community to say we won't do it. If they see how it will play out. So, we can do all the legwork for them and then present it. You have your PPE cart here and another one here with supplies separated from the staff supplies. I have toured my community with several schools and the reality is it has to change. We have to keep supplies separated maybe color coded for students versus staff. There are a number of things to consider. Strategically, I think if you do the legwork, you will have some success. Because you are right we have a shortage, we have to get people back in school, so they can graduate. I completely understand and support everything we do to help and we will be happy to.

Carol

We have had students in our building and I think we are ready to expand a little more. Some programs like Valley college in particular, what they were doing when COVID was really a major problem, they sent smaller student groups so we don't have as many students in the building. Each program that we have worked with we have had creative solutions to be able to accommodate students and we can accommodate the testing so far, all the programs have brought their own PPE, but you know we are very open.

Wendy

Thank you, I'm going to go to Tammy Van Hul they have a large CNA program and Tammy I believe your clinical partners are allowing them back in, is that correct.

Tammy

That is correct. Riverside on full steam. We have not shut any program down and we've been very fortunate to be able to work with our partners and in fact we'll be expanding our can program to include an acute care aide program in the summer and then possibly in the fall a home health aide because it had to be a certain director setup. We accept 60 students every semester into our traditional can program and we were approved for an online component and we accepted 15 into that online component which started this spring. So, it's really growing and I think there is a huge need in our community. We were asked to continue to grow that program. I don't know if there is anything else that you want me to say about the can program but our LVN program continues to run. Gina can give you more information on that. One of the things she did was to write to have more simulation approved for clinical from their board and we were approved and that was very helpful to get up over the hump. Gina do your wat to say anything about that.

Gina Weeks

No, we did get some additional simulation approval for our LVN program. We started this new class with 60 students and we are licensed to go up to 70 but with being mindful of placement limitations in clinical. We are going back to campus in very small clinical groups and with our return to campus policies in place, very strict guidelines and they students are thriving, despite all the barriers,

Wendy

Thank you Riverside,

I would like to ask Dawn Page, you also have a CNA and LVN program and you supplied some curriculum documents that I put out. Would you like to discuss that?

Dawn Page

The CNA program is a slash home health aide program. One leads right in to the other. We have not been able to run it for two, two and a half years. COVID did cause a problem when it hit. But the problem was we just weren't getting the students to apply. What we decided is maybe we need to market our program better so we are launching a big marketing thing this summer here to try and really fill our classes this fall. I was able to get an affiliation agreement with another SNF. Im actually signing all the papers as we speak. That's up and running so that's pretty good and our other clinical facility is now opening up to us so they are already accepting our RN and VN students to go in and get at least a taste of that world because we haven't had that with this particular class because of COVID. Other than that we are doing the re-approval for CNA that's why I put the curriculum up to make sure we have that to show as an advisory meeting and for our approval.

Wendy

If you guys could quickly look at that and put in the chat if you approve or if you see something missing stick that up there just to have it in the minutes for the Copper mountain CNA/HHA programs.

Chat Vote

Tammy Vant Hul@RCC: Approve

Barbara Jordan: I approve Copper Mountain curriculum.

Shelley Eckvahn: Yes for Copper Mountain

Alex Portillo : approve copper mountain

Kevin : Copper Mountain College program looks very comprehensive... I approve.

Lisa Kinsey PhD, MSN: Yes copper mountain

Glynn Ramer: Approve Copper Mountain

Jodie Capper: CMC curriculum looks good

Lonnie Mills RN MSN: Approve Copper Mountain College

Dawn

Thank you for that. I'm with Lonnie it has been very difficult because of being shut out of our units. And not just for our CNAs, but our LVNs and RNs as well. We use a continuing care center up by High Desert and they have a subacute unit that has trachs and g-tubes and all that which is a unique experience for our VNs and RNs. So, I try to get them a couple of rotations through there and everybody gets their hands on so that little piece has been missing but luckily it opened up and I can throw it in now. It's kind of the VNs are in their third semester so it's a little later that what we usually would introduce it, but its been introduced and that's what's important and they are going to get a little time in. in two different skilled units, so they can see the environment which I thought was important because the units are so different. So that's where we are. I gotta say I don't know who mentioned it but I've been really impressed with the

students through this COVID thing. They have been amazing. I mean I've had to change schedules like change it three times in a day and they are just rolling with the punches no complaints, no nothing. They are just rising to the occasion. They are just so appreciative that the fact they get to finish their program that they are willing to do anything. I think that feeds into where you set your expectation for your students and they meet it. If you set them low they will meet it. If you set them high they'll meet that expectation, because they want that license.

Wendy

Thank you Dawn, we have two more. Lonnie and Lisa are there anything you want to say about the College of the Desert LVN.

Lisa

I think the biggest struggle that we having with the CNA and the LVN is lack of placement. We can't run the programs because we have no place to go with them clinically and it's been a big struggle for us. It's not that we don't want to be up and going, but we're even struggling with our RN program. The RN first semester is on hold. They are not coming in until the fall and its and of hard to meet the demands of what's out there when you can't get the programs to run because you don't have the facilities for which to do the clinical hours. I have to say personally, I think the boards have to start taking a look at the struggles that we are having and have a little more flexibility with our ability to use simulation to run some of these pieces and free up some of this. I think simulation has come so far and that there is so much great learning that can take place in it and I don't think that the boards are supporting that. When you see the demands out there and you can't meet them because you can't get your students into facilities you are going to see more programs struggling and not being able to run while you're just creating a viscous cycle that going to increase bigger and bigger needs. So, we are kind of in the hold pattern right now as we are looking at fall we are talking about not running the VN program again if we don't have placement.

Wendy

There is definitely a partnership between the industry who needs our grads and the schools who need to provide them and hopefully that will be resolved soon, Well I sure hope so.

Lisa

Well I hope the board starts looking at what we are struggling with and understand. We are getting people certified for simulation, we are doing all the right things, but they're not allowing us that freedom to really work with it and its anew world for all of us and that includes them and I think that they have to start really opening up and seeing that we're trying to meet all the demands and all the requirements, I even struggle personally. that you all want to hear this but I'm going to put it out there, I struggle with the VN board requiring certain curriculum for the students when they are not allowed in those units to either a) work or b) some of our facilities won't even allow them in there for their clinical time well how do you meet that demand? And I think that being able to use simulation for those areas becomes critical, because we want them to be well rounded but their focus should be more on what their scope of practice is not forcing

them into something because they think they should have all of it and I just don't agree with that piece sorry. I'll get off my bandwagon.

Wendy

Glynn you want to follow up on that?

Glynn Ramer

I just want to say Dr. McCleod got us approved for the BVNPT board for simulation on the peds and OB piece through ATI simulation. That piece has been approved for so they will get those hours is what I am saying.

Lisa

That's great.

Glynn

Yeah, it was really fortunate.

Wendy

I will connect Lonnie and Lisa to you Glynn so maybe you can connect to everybody, because maybe that's the solution.

Glynn

Yes, it's \$200 per student. It's geared more for the registered nurse but my clinical instructors' kind of only picked out the objectives that we needed for the LVNs.

Wendy I've got one more college and That is VVC with DON Teresa Cicci. If you have anything I know that you are new up at Victor Valley college and you are trying to restart and remodel the can home health aide so ask whatever questions or approvals, you need right now, so we can get it in the minutes.

Teresa Cicci

We had a program for a long time and the person who ran it retired and we want to expand the program and we want to keep the basic you know can and add home health aide and perhaps even an acute can and we are looking at the school district and talking to them about having summer and winter programs for can for high school students. We found when I was at Palo Verde before this job we found that if we did that they really helped each other and really were supportive of each other. We had to no absentees and no tardiness. They were great which we tried during a regular semester when they were in school and it was clinical days on Saturdays we can't come we have from time, we can't come we have football practice, personally you know it was a night mare so we are going to look at using that. I have two part time faculty RNs. They've worked with CNAs, they've never been a can. I have one that has some home health thank goodness, we've done some orientation and we are going to do some more and working with them and we redone the can lab that we had. It was a nightmare in there. We had

maintenance come up and remove tables and chairs in there and they were doing class with no social distancing. So, all that is gone and faculty desks are gone. Now we have a totally clean lab and it looks wonderful so basically, I don't think we are going to have a problem, like everyone else, with getting students, we had 27 registered and we moved it to the fall so I could get these instructors on board. I have had almost all of them email back and say they are waiting until the fall. I have one clinical site and they are open again. I have to have a meeting with them because there were some issues with the can in the past. So, I do have some other places to call and see what they have available, but is Carol still on the call. Do you have any of your skilled facilities up in the Victorville, Apple Valley Hesperia area?

Carol

Unfortunately, we do not.

Wendy

I will say Teresa when I had a school in Hesperia they did go to one of the facilities down the hill was Carols facility. If there are some connections there I will connect you after the meeting. I want to be respectful of your time it is 5:01 however if you could put into the chat Victor Valley expansion approvals or disapprovals. Any last questions for our panelist

Chat Vote

Barbara Jordan: Approve Victor Valley Expansion

Lonnie Mills RN MSN CDP: Approve Victor Valley

Nicole Gibson: approve victor valley expanding

Shelley Eckvahl: Approve VV

schalkus: Yes Victor Vally

Tammy Vant Hul@RCC: Approve VVC

carla crow: I approve for Victor Valley expanding.

Lisa Kinsey PhD, MSN: Yes VV

Jodie Capper: Approve Victor Valley expanding

Kevin: Approve Victorville expansion

Kevin

To the schools still struggling to find sites, don't give up. We know a lot more now than we did in March when everything shut down and I think what we are going to see is doors start opening up again. Keep your faith. You will be fine. I wish you the best of luck. You have our support.

Wendy

Thank you, Kevin,

Shauntee

Yes, I agree with Kevin. We do let students in when we don't have any COVID cases, however we do have to be careful. That's just an unfortunate reality. As of to date I have 96% of my patients have been vaccinated against COVID and over about 65% of my staff. I'm really wanting to get back in with having our students here and I'm so glad to hear from you guys, because you know sometimes we're like we need more, we need more, but then we forget there's an aspect of all that relies on us so I think that was a really important aspect to keep in mind as schools are calling me and saying, please let us back in. I will definitely try to expedite that after today, but thank you all, I appreciate this all has been wonderful to participate in.

Wendy

Thank you so much. Anything else guys before we go. I so appreciate you staying on this was a great huge advisory and we got a lot accomplished today. I do want to say one more thing, I have a CNA community of practice for schools, whether its high school, ROP, adult or college it's once a month, if you aren't on that list email me Ill get you on the list.

