POLICY COMMITTEE
MEETING NOTICE & AGENDA

TIME/PLACE

Thursday, August 21, 2025, at 1:00 p.m.
California Employment Training Panel
1100 J Street, Sacramento CA 95814
Phone: (916) 737-4200
Via Zoom

**This is a public meeting and the public may attend and/or
provide public comment in person or virtually.**

**In-person attendees should check-in at the Security Desk located in the Main
Lobby on the First Floor to be directed to the Sequoia Room on the Fifth Floor.**

**For virtual attendees to view or provide public comment via Zoom meeting, use
the link below and use the raise-hand feature during public comment to be called
on.**

Join Zoom Meeting:

https://us06web.zoom.us/j/86801684488

Passcode: 487802

One tap mobile: 1-888-278-0296

Conference code: 1185529

(For assistance, login, and raise hand or contact ETPESCU@etp.ca.gov)

ATTENDANCE

Gretchen Newsom, Chair
Rebecca Bettencourt, Member
Mike Hill, Member
Jennifer Fothergill, Member

AGENDA

Policy Committee Meeting Date: August 21, 2025

Call to Order by Chair   Gretchen Newsom
- Welcome and Roll Call
- Action to Approve August 21, 2025 Policy Committee Meeting Agenda
- Action to Approve June 26, 2025 Policy Committee Meeting Minutes

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Policy Manager Report
- Nothing this month

Discussion Items

- CNA/LVN Guidelines   Lis Testa

- Medical Skills Guidelines   Lis Testa

Action Items
- MEC Application Questions   Lis Testa

Opportunity for Policy Committee Members to Request Agenda Items for Future Policy Committee Meetings

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Public Comment on Matters Not on the Agenda

Public Meeting Adjourns

Under Government Code section 11123(a), all meetings of a state body are open and public, and all persons are permitted to attend any meeting of a state body, except as otherwise provided in that article. The Policy Committee may take action on any item listed in this Meeting Notice & Agenda. You can obtain further information about this Meeting Notice & Agenda by contacting Michael A. Cable, Staff Attorney, at (916) 327-5422, or Michael.Cable@etp.ca.gov, or sending a written request to Michael A. Cable, Staff Attorney, at Employment Training Panel, 1100 J Street, 4th Floor, Sacramento, California 95814. Written comments on agenda items should be submitted no later than 12:00 p.m. the business day before the meeting in order to afford adequate time to consider your comments.

All meetings are accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting, including without limitation auxiliary aids or services, may make a request by contacting Michael A. Cable, Staff Attorney, at (916) 327-5422, or Michael.Cable@etp.ca.gov, or sending a written request to Michael A. Cable, Staff Attorney, at Employment Training Panel, 1100 J Street, 4th Floor, Sacramento, California 95814. Providing your request so that it is received at least five (5) business days before the meeting will help ensure availability of the requested accommodation.

STATE OF CALIFORNIA EMPLOYMENT TRAINING PANEL
POLICY COMMITTEE MEETING
In person
1100 J Street, Sacramento, CA, Sequoia Room
Thursday, June 26, 2025

POLICY COMMITTEE MEETING CALL TO ORDER

Chair Gretchen Newsom called the meeting to order at 1:01 p.m.

ROLL CALL
<u>Present</u>:
Gretchen Newsom
Jennifer Fothergill
Mike Hill
Rebecca Bettencourt (attending virtually).

<u>Executive Staff:</u>
Jessica Grimes, Director
Peter Cooper, Assistant Director
Kumani Armstrong, Assistant Director/Chief Counsel

<u>ETP Representatives</u>
Elisabeth Testa, Policy Manager

ACTION TO APPROVE MEETING AGENDA

No changes to June 26,2025 Agenda.

ACTION: Ms. Fothergill moved and Mr. Hill seconded approval of the June 26,2025 Meeting Agenda with no changes. All Policy Committee Members present voted in the affirmative.

Motion carried, 4 to 0.

ACTION TO APPROVE APRIL COMMITTEE MEETING MINUTES

No changes to April 24,2025 Meeting Minutes.

ACTION: Ms. Fothergill moved and Mr. Hill seconded approval of the April 24,2025 Meeting Agenda with no changes. All Policy Committee Members present voted in the affirmative

Motion carried, 4 to 0.

PILOT GUIDELINE REVIEW STATUS UPDATE

We will be continuing with our comprehensive review of all our pilot and guidelines starting in August. The next few are Medical Skills and the CNA to LVN guidelines. The changes that were voted on by Panel for the veterans and newly named Justice Involved Opportunity Youth guidelines should be programmed on Cal-E-Force soon.

DISCUSSION REGARDING MEC SURVEY RESULTS

At the April Policy Committee meeting it was decided that an MEC survey would go out so that we could use the information to get a clearer picture of what was going on. The survey was not multiple choice but blank fields requiring narrative responses. The survey was 12 questions – one question to provide optional contact information, and one question to identify what type of respondent they were, with 10 narrative questions that will be reviewed today. We had 23 responses, 20 of which provided the optional contact information.

Public Comment

None

Committee Discussion

None

QUESTION 1: MEC's MAIN BUSINESS FOCUS

Public Comment

None

Committee Discussion

The ones where the true focus is training and workforce development seemed to stand out. Giving a better understanding as to the meaning of the training, why the training was occurring, the real focus on the delivery, the type of training that was occurring.

Agreed there are more processes and procedures in place for them to monitor, to recruit and to hold accountable.

In reading these you realize the variety, which you don't always see in the Panel packet.

QUESTION 2: GENERAL APPROACH TO APPLICATION PROCESS

Public comment

None

Committee Discussion

Basic question was asked regarding the 100E form or certification, what is the purpose and how is it different from the 100B?

Lis Testa responded that the 100B is like a demand list giving bare bones information. The certification statement (100E) is used to determine eligibility for the participating employers and contains more information. The 100E form is not included in the Panel packets.

How do we want to look at the applications in what detail. How are they approaching their funds? Are they creating the needs analysis? Here is the training that is needed and then providing that training or are they going to the employers saying what do you have, and they give the funds directly to the employer to do the training. There is an avenue of divide they should be honest in the application. The percentage of current versus new employers. For instance, we have 50 employees potentially, we have 20 in the 100B, we may be expecting some more given the scope that we are writing this around. There may be something we want to put in the application around these questions or structure.

A lot of the responses talked about timing and how long it may or may not take. One answer talked about three years from the initial employer conversations to the program implementation. Is that how it is? Is that a hinderance? Is that driven by statute or is the times that seems like a block because there's two years for the contract driven by Panel policy.

Is it how people go about it, when you read the detailed descriptions. Are they coming to Panel with a really buttoned up contract. We know exactly who we are going to use, here's the curriculum everyone is on board, very organized. Or are they going about it in a different way not spending as much time on the application. Potentially they are getting employers on board. It is more generalized. We may or may not use these employers. It feels like it is more about that.

Lis Testa agreed, especially when a MEC has never worked with a participating employer

before, it is going to take them longer to get that employer on board because they know nothing about ETP. That is an added step. It depends on how their business structure works, where they are pulling their PE's from, and where they are developing their contract. Part of it is our rules and timing on when they can come back for other contracts. Some are trying to time it so there is no funding gap so when one contract is finished, the next one starts.

It is also just a life cycle. It can take 3 years from start to finish from the initial application to come to Panel. Then you have two years, the length of the contract, then at the end you are closing out, getting all your invoices in and being paid.

This may be a conversation to continue later but from this question it showed that MEC's were taking into consideration establishing a clear relationship with the PE's, they have a clear collaborative approach with them, or they are bringing on a new PE. What we see at Panel sometimes it feels that sometimes there isn't that relationship that has been established. When the applicant is asked if they knew that they were included and the answer is no. We are trying to establish a baseline or questions to ask so there is at least a minimum standard of an established relationship with whom you are listing in your application. Employers should not be surprised that they are being included in a public application. One answered was that they referenced their previous contract and worked with the analyst to balance information for a new contract and the question of are you baking into the contract amount by taking what you did previously? Then we need to try to identify that relationship with the PE.

There may be some of the PE's that are non-committal and the initial conversation with them initial conversation with them and maybe included later. So, there is not a strong relationship.

When we do our analysis how does that fit with us for awarding the contract if we cannot see that relationship?

Peter Cooper, Assistant Director, asked if these were all repeat MEC's.

Lis Testa explained it was not asked, she thinks they were all repeat MEC's but 3 did not identify themselves.

Peter Cooper was wondering if any of them mentioned when they were looking at their approach to ETP, if any of them looked at sample contracts from other MEC's from previous years. It might be useful to have a good set of examples on our website of contracts from MEC's that are strong.

That suggestion was appreciated.

QUESTION 3: GEOGRAPHIC SERVICE AREA

Public Comment

None

Committee Discussion

A few red flags or interesting points that came up, one said that all the training they provided is offered online. Not sure any MEC has come through as all online training. Curious if its virtual instructor led and computer based or if it is truly computer based and what is the quality of the learning. Another says they only use vendors to provide training. 99% of the time they use not applicable on their proposals. So, a bit more about why we do that, when they say that they do use vendors to deliver the training. Realistically yes, the training is not always in the geographical area of any type of MEC.

Question to all Committee members do you find it important that the geographic service area be identified and then an explanation provided as to if they are outside of the service area? Maybe that is one of the questions that should be asked because it seems to me if you are within your geographic service area you are more likely to provide quality instruction, than reaching outside and focusing on the online component. There is a more generalized and stronger connection between the participating employer and the MEC that supervises everything and the worker that is being trained.

It could be about how the training is being provided and how the MEC is being managed. Is the training vendor coming on site to geographical A's location and then B. How are the contracts being managed are they providing training are they not providing training? Are they providing funds to employers that they have together? It is hard to question the quality of the training being provided because we are not an accredited institution. We need to focus on the employee receiving the training does it align with the mission of ETP and proceeding to high wage jobs, greater skills, opportunity advancement etcetera. Many of these can be statewide.

Dr. Grimes adding on to what was previously said. What we see with the 23 respondents is that there is a diversity of business models that are coming forward for the MEC. So, the questions when we think about reverse engineering, maybe the type of MEC determines whether there is more flexibility in terms of the geographic service area versus a more localized sub region or regions. The business models are different and there is a different approach to how they develop relationships with participating employers, how they cultivate that, whether they are repeat contractors' etcetera. A question could be added to Cal-E-Force. The templates previously mentioned may then say it looks a bit different if it's this type or MEC versus the application because a business model is going to change.

If you are just outside of your service area and there is no other vendor to handle it or a

company that has multiple locations that seems perfectly fine.

Concern is when Chambers of Commerce come in from specific counties that are then crossing over into each other that seems like a red flag, what is going on? Are they fighting over participating employers?

Additional Public Comment

Israel Dominguez, Saddleback College stated that the community colleges training on site locally. Some employers have other offices in other counties and request certain training or trainers at another location to travel there or deliver virtually.

Rocio Leon echoed what Israel said. They are statewide and the issue is consistency. To have the trainer and the curriculum done by the same agency.

Annie Rafferty, Duke College added to what Israel said they can identify small businesses that may have come to ETP as a single employer and ended up being a referral they may or may not have a community college that is serving their area. But we have 116 California community colleges with the ability to offer that training or build a subcontracting relationship.

QUESTION 4: EMPLOYER RECRUITMENT

Lis Testa explained that one respondent replied that PE's do not occur at the start of the contract. This MEC has historically only new hires on their contract and new hires are unemployed when they begin training but still need to be hired into an eligible PE at the end of the contract or at some point during the contract in order to complete their retentions and earn funds. The standard retention period is 90 days but can vary by population.

Public Comment

Rocio Leon explained that they are constantly recruiting in our statewide program which focuses exclusively on small manufacturers. There are constant changes to the contract.

Nathan Daily followed up on what Rocio said when the companies want to do training want to do it now and they will not show up on the 100B form but after the fact.

Israel Dominguez agreed with what Rocio said.

Committee Discussion

It's all about how they manage contracts and their approach. What are we trying to solve

with the MEC application? Maybe this is the chance to say what do we want to see at Panel from an amendment perspective for a MEC versus a single. Businesses change, adjustments change, businesses come in and out of a region. We need to be cognizant of the changes for example the Butte County MEC last Panel meeting where they completely pivoted due to the fires. What we may be approving of may not be the outcome. Some MEC's are more traditional, some are not.

When we are looking at the list of the employees there could be a box to check that they are previous employers and are participating or their potential employer. They we can differentiate. It is a concern if we receive an MEC proposal and well over 50% are potential employers. That brings up the question as to how they are going to be successful. What is the recruitment process.

It is good to know if they are repeat or not repeat but we need to look at performance. Where the performance has not been good in the past, we could strongly urge them to focus on this box then we just want this percentage for outreach because that is where the questioning comes in. How are you doing your outreach? What are the things that you are doing? That is the piece around the measure of success. It would be nice to have the percentage who are repeat contractors and the percentage of the potential.

QUESTION 5: DETERMINING DEMAND

Public comment

None

Committee Discussion

If a potential employer is listed, they need to be aware. It should not be a surprise. Whether a potential or whether they end up not utilizing it they need to be aware parties.

That shows that they have a relationship with them.

The conversation could be had then that they are listed on a public contract but that does not mean that you must commit.

Maybe list them as potential. A box to check if they are potential or actual. At the very least they know that they are being included.

Did we have a question about wages and how they define wages? The assumption is that the 100B employers are filtering into the wage calculation they are using for the average wages for these employees. So, there is a big gap, so what is the use of the 100 B, because the wages are not necessarily accurate. The wage bracket is a rough guide of wage is but if no one is utilizing someone who is under ETP minimum wage because they

are going to get a ping back in an audit. It is important to think about where the average wages come from. Again, every MEC is different, every audience is different, every approach. How does this add to the wages is what we are trying to get at. Sometimes you see advanced manufacturing, aerospace and life science for example, maybe the categories of people that are training and here is the percentage of what we are forecasting to spend on manufacturing versus on life sciences versus aerospace because it is not always clear. It might help us with our guidance as we are looking at MEC's.

Thinking that the 100 B is an administrative burden so if we have it should be really clean and consistent or get rid of it.

One of the challenges of making the100B crisp and clean is does it become a hinderance against performance? Business changes so much, we need to give flexibility. So, if you don't get it crisp you are at risk of not being funded. It may not serve a great purpose, but it may help with wages.

What is the purpose then?

Dr. Grimes is agnostic with the purpose of the 100B. One of the tensions surfacing here is that the proposal shows the elements of the process that is sort of an art. There is an aspect of the quantitative meaning to our best knowledge, our best guess, what does demand look like based on the conversation we are having with x number employers, which may increase or decrease and is just beyond our control. Having that kind of framework is important. The proposal is the best scenario at the time but is not necessarily comprehensive of all the things that will happen in the future. The nomenclature can change but this idea of best-case scenario is based on conversations, data collected etcetera. This dove tails with what we already have on deck for a future Policy Committee meeting, the revisions and amendments.

That is a purpose, it is a preliminary plan.

Who is the audience? What is the impact that you are seeking and how are you going to be specific in delivering?

Lis Testa commented we are not a grant program; we are a performance-based contract. So, when they are asking for public funds, the demand list shows that they are not just asking for money and can use it how they want. They need to have a reason why they are going to have the capacity to handle $500,000 versus $200,000 etcetera. In showing how much of the contract was planned to be allocated to certain sections and one way to look at this is to look at how the job numbers are structured because they are structured by priority industry, not priority industry, veterans, not veterans.

QUESTION 6: CURRICULUM DEVELOPMENT

Public Comment

Rocio Leon CMTC was unable to provide feedback on the actual survey due to their firewall. CMT has a framework (general) curriculum that they provide and then customize. Flexibility is important.

Committee Discussion

Acknowledgement that it takes time not only for curriculum development, course design and if it is a Community College then there is a need for committee approval so it can take a long time.

Same thing at JTC's too, national standards.

One contract copied pasted a LinkedIn curriculum. Most of the time we get it in feedback and the narrative but not always. Should we ask a narrative question of how did you developed this curriculum and what is the anticipated impact?

This again goes to the fluidity of these contracts. In supporting industry and developing industry and what is needed based on demand at the time and many of the pivot's etcetera. If the contracts are fluid what is this truly serving? The question of what the purpose is and is it something that should be going in at the end and weeding out there, where training is not. Everyone knows what training is not covered. But the narrative of the application is talking more about what they are looking at doing. Who is the audience? What is the need that is coming? This is the percentage that will be training, this is the percentage virtual, this is the percentage in person training, this is the percentage of computer training. The curriculum listed is as useless as the 100B. Would it be better to put it in the audit trail at the end? It raises the question of some of the appendices and things that we ask to see when we read about how MEC's are going about their contracts. Maybe with this type of MEC, we require a curriculum list and another type we don't, it depends on the approach they are using. New hires maybe because they are going through a very dedicated training program.

The one exception is productive lab, because we see time and time again curriculum listed for productive lab that is not productive lab.

Productive lab is one type of MEC. If you are looking at ones that provide education only to the employer, they are probably not utilizing productive lab. If funds are going directly to the employer from the MEC contract that is when productive lab may be used. The question is what are you using your funds for? Is the MEC more of your assigning training dollars or is it more you are providing the training. If you are assigning training dollars, then we look at the productive lab element. If they are a combination, they must give us justification. Productive lab is an important one to have a conversation about. What kind

of MEC are you falling under.

When looking at the purpose the curriculum should match. It often doesn't, if they were able to tell us the nature of the conversation they had with the employers, what's new, what's emerging, is it different? Maybe it's to build a skill set, advanced training, a little narrative would help.

A little narrative building that connection and understanding what the impact is going to be.

Lis Testa commented that both for monitoring and audits and just administration of the contract for invoicing they must abide by our record keeping requirements, which is what delivery method, what training type, what course, when did you teach it, who taught it, who attended, all those things. They do need guidance ahead of time about what courses are allowed versus at the end. Roster requirements, the record keeping requirements, are part of this operationalizing of any changes made.

QUESTION 7: CURRICULUM DEVELOPMENT AND PE INVOLVEMENT

Public comment

None

Committee Discussion

This one depends on the provider, the contract holder and what the employer is asking for. We are not the quality of instructions police we are administering, allowing funds to go to the training of employees. Our hope is high quality instruction. It is nice to know how they are doing that but there is no way to enforce. It is important to remember that we are awarding this amount to you for you to go and do what you say you are doing. But it differs by industry.

This could be covered through a narrative as to what the relationship with the employer is in the development of this curriculum. What is the impact you are seeking with this curriculum?

QUESTION 9: REPEAT TRAINEES

Public comment

Rocio Leon stated employers are busy, companies are stretched. There is a labor shortage. Employers do not have time to spend hours and hours on training that is not vital. If they have individuals repeating training, there is a basis for it. Tracking is important to the contracting community this is a non-issue.

Committee Discussion

Training is complex, there are several things at play here. Certifications or could be a slow learner, if you fail the course etcetera. We need to have flexibility here too.

What are we trying to achieve here on repeat trainees? If I send employee A on a single employer contract to a course under my contract and we close out the contract, then I have a MEC and they are offering this training and I happened to send them there because it did not work the first time. Is that a problem? The curriculum list is a gauge and not the detailed minute detail they think as they manage their contract. So, Johnny goes to communications skills in one contract and communication skills in another contract. Is it questionable or other than or are there multiple courses under communication skills. How important is that curriculum list when you are managing that contract. We know they do not get resent unless there is an issue. Maybe not retraining someone on the same course in the same contract but a different contract maybe not be too much of a concern.

What is the advancement of the workers with their training and what is the impact that we are all seeking, how is the worker training bettering them in achieving higher wages and a better quality of life.

If they are retraining on the same topic, it may be a quality issue. We cannot control the quality of the training being delivered but if they are retraining everyone on the same topics that are not mandated or required for certification etcetera, there may be a question to ask at Panel.

Additional Public Comment

Nathan Daily pointed out that there is one thing to consider is the 200-hour cap on training in a single contract. Most trainees are never going to get close to that. So, you could put the same person in 3 or 4 contracts and still not hit that cap in a single contract. So, the trainees are hopefully getting high quality training, but they are not asking for an advantage or abusing the system in their opinion.

QUESTION 9: TRAINERS

Public Comment

Rocio Leon stated there is a vetting process for every trainer they use. They are industry experts. They have worked in the fields and are providing training. Employers are only going to do the training if it meets a need and will help their organization.

Committee Discussion

Is there some kind of evaluation process in place to verify the ongoing capability and appropriateness of the training, even if they are vetted originally?

ETPL has a list of certified or authorized trainers to be used. Is that the best practice to look into that if you are certified but it does not mean they are always quality and again we cannot enforce quality. Something to consider would be if they were on that list.

When reviewing applications and under the training vendors it is NA or unknown and it is frustrating because then how are you going to be successful if you have no idea who your training vendor is? Everyone answered this question wonderfully but that is not what is on the applications that go to Panel.

It comes down to the avenue of how it is funded.

QUESTION 10: FREE FORM

Public comment

Gabriel Jimenez, JDS Bay Area thanked the committee for providing the survey and the flexibility.

John Fox, San Bernardino College District quick note related to the 90-day retention the Cal-E-Force blocks the trainee from enrolling in another contract. Consider changing that rule.

Annie Rafferty, Butte College seconded John's comment.

Rocio Leon commented on the 90-day retention issue. Individuals cannot be enrolled in the next contract until the invoice is paid.

Barry Hathaway, JobTrain thanked the committee and is encouraged by the questions that are being asked.

Brianna Robinson, Opportunity Junction has similar models to Barry. She would like to have a different set of guidelines for SET MB and have the ratio of employee to trainer reconsidered.

FINAL COMMITTEE DISCUSSION

There are some good inputs that need further study to be investigated at a later date.

Thank you to MEC's who gave feedback. It painted a good picture of the complexities of the MEC contracts which will lead to a stronger approach and partnership.

The input was very thoughtful and valuable, people took time to answer, thank you to those who participated.

Very educational, encourage both Panel members, Staff and public to digest and suggest some new questions that might be developed to bring back to Policy Committee. Take away questions, who is the audience? What is the impact you are seeking? What are the different types of industries and monetary amount that you are investing these dollars into? Which are current or new participating employers (by percentage)? Need for strong MEC proposals and FAQ might be something to develop. Suggestions on the 100 B. Continued conversation looking at the 90-day retentions and development of new guidelines for a high barrier to employment, what that might look like.

OPPORTUNITY FOR PANEL MEMBERS TO REQUEST AGENDA ITEMS FOR THE FUTURE PANEL MEETING

Having the annual NAICS codes and priority industry selections come before Policy Committee prior to Panel for review, to make sure that those suggestions are vetted by Policy Committee to make sure they are aligned with priorities at ETP.

PUBLIC COMMENT ON MATTERS NOT ON THE AGENDA

John Fox, San Bernardino Community College District added that one other issue with the NAICS code is that an employer with a multi-faceted business has only one NAICS code assigned to them, which sometimes comes out as a non-priority business. The work being done is what should be looked at.

MEETING ADJOURNMENT

Chair Newsom asked for a motion to adjourn the meeting.

ACTION: Ms. Fothergill moved and Mr. Hill seconded approval to adjourn the meeting. All Policy Committee Members present voted in the affirmative.

Motion carried, 4 to 0.

Meeting adjourned at 3:09 p.m.

M e m o r a n d u m

To:	ETP Policy Committee	Date:	August 21, 2025
	Gretchen Newsom, Chairperson		
	Rebecca Bettencourt, Member		
	Michael Hill, Member		
	Jennifer Fothergill, Member		
CC:			
	Executive Staff		
	Jessica Grimes, Executive Director		
	Kumani Armstrong, Assistant Director/Chief Counsel		
	Peter Cooper, Assistant Director		
From:	Lis Testa, Policy Manager		
Subject:	ETP Policy Committee Meeting Agenda Item		
	Discussion for Policy Committee Re: CNA to LVN Guidelines		

I.   Brief Issue Statement:

As noted at the June 2024 Policy Committee meeting, ETP is beginning a comprehensive review of all of our Pilots and Guidelines per the legislation requirement in 10205(i). This memo pertains to the CNA to LVN Guidelines, which provide information on how to address this specific population within ETP contracts.

This discussion will include a brief history of the CNA to LVN Guidelines, an analysis of the performance and effectiveness of the program so far, a general review of the content of the guidelines, and suggestions for future actions.

II.   Background Information:

ETP's CNA to LVN program began as a pilot in 2006 and was changed to a full guideline in 2009. The program explains how to serve this trainee population, with guidance provided mostly on the unique curriculum required for this population, as well as on some other program requirements.

ETP's CNA to LVN program is designed to enable ETP to capture the unique training needs of Certified Nurse Assistants (CNAs) as they take training to become Licensed Vocational Nurses (LVNs). Please note: other forms of clinical medical training are covered under ETP's Medical Skills Training Guidelines, which will be addressed separately by Committee.

An analysis of the performance and effectiveness of the CNA to LVN program from FY 19/20 to the present shows the following:

- 2 contracts have had a CNA to LVN component;
- Both contracts earned 100% (approximately $300,000 each);
- Both contracts had approximately 20 trainees;
- Both contracts were designed only for CNAs to LVNs;
- Both contracts were held by the same contractor.

The CNA to LVN program outlines the following:

- Trainees must be CNAs or caregivers, must be employed by a for-profit hospital, and must be enrolled in an accredited licensed nurse program, and must have completed the at least first 800 hours of that training;

- The training provider must be accredited through the CA Board of Vocational Nursing;

- Training for the CNAs can be from 8-750 hours, to cover the second half of their training program;

- Since the training follows the requirements of the CA Board of Vocational Nursing, the clinical training trainer:trainee ratio is 1:15, and classroom training has no ratio (but can go as high as 1:40);

- Guidance on curriculum, including sample course topics required under any LVN program;

- Provides information on the LVN licensure process – since LVNs must wait until their training has completed before applying for the license, and there is a processing time for the license involved – there is a gap between when the trainee finishes training and can start retention – retention can begin once the CA Board of Vocational Nursing accepts and begins processing their applications;

- Full time is considered 35 hours per week;

- This program has 2 retention periods: 90 days, or 500 hours within 150 days among multiple employers;

- These trainees are held to the New Hire wage – unless the trainee earns at least 120% of the state minimum wage for the first 20 hours of the work week, and with training resulting in full-time employment at the entry-level LVN wage for that area – please note: this requirement comes from Unemployment Insurance Code section 10214.9 of ETP's legislation;

- Reimbursement rate is 'standard', unless the training entity's standard rate is lower – at which point ETP will reimburse at this lower rate;

- Support costs are only allowed with justification.

All other program elements (ie: contractor eligibility, recordkeeping, etc.) follow normal ETP parameters. A copy of the CNA to LVN Guidelines are included in the meeting materials for reference.

Potential actions ETP can explore include: making no changes to the CNA to LVN program; eliminating the CNA to LVN program, which ETP is not interested in pursuing; or changing particular elements of the CNA to LVN program.

Staff are interested in exploring a few potential revisions to the CNA to LVN Guidelines, including:

1) Performing a general clean-up for grammar/formatting/etc;

2) Remove the incomplete reference to Productive Lab – which seems to have been included in error;

3) Simplify the reimbursement requirements to standard ETP reimubursement.

III.   Recommendation:

No action items beyond soliciting and receiving any feedback from the Policy Committee, contractors, stakeholders, and the public concerning the CNA to LVN Guidelines.

Guidelines:
CNA to LVN

Pilot Effective: **January 1, 2006**
Guidelines Effective: **August 31, 2009**

Revision History: **02/22/2019** Summary: Revise guidelines to remove PL limitation on training hours. **03/02/2016** Summary: Clarifies the minimum and maximum number of training hours is between 8 and 750. Retrainees may exceed the 750-hour cap with an approved justification for this and other programs. Also noted, for the Productive Laboratory delivery method the maximum training hours are capped at 60 (24 for Small Business). **08/10/2015** Summary: Governor Brown signed AB1270 changing the name of the California Workforce Investment Board (CWIB) to California Workforce Development Board (CWDB). All CWIB citations have been updated to reflect this name change. Revision History: **09/01/2009** Summary: Moved from Pilot to Guidelines, and revised the *Background* section accordingly. **01/15/2009** Summary: Standardized Pilot templates with standardized main headings, added new logo, removed standard ETP criteria, and added note that AB2570 eliminated cap on 5 programs.

These are guidelines only. If a proposal raises the need for further modifications, that will be accomplished on a case-by-case basis with direction from Executive Staff. **Unless modified by these guidelines, all other program criteria apply**

CNA = Certified Nurse Assistant

LVN = Licensed Vocational Nurse

BACKGROUND

On January 1, 2006, ETP launched a pilot program aimed at addressing California's critical nursing shortage. The intent of the program was to encourage growth in the nursing sector by increasing advancement opportunities and job security through training provided to employed CNAs and caregivers. Initially, the Panel was authorized to fund up to five licensed nurse training programs for individuals who were actively working as certified nurse assistants (CNA) or caregivers in a for-profit, health facility, and who were concurrently enrolled in accredited nurse training programs to become Licensed Vocational Nurses (LVN).

Effective January 1, 2009, Assembly Bill 2570 (AB 2570) eliminated the cap on five programs. Since trainees upgrade from the occupation of CNA or caregiver to LVN, the projects are classified as *job creation,* and are funded under the Panel's *Economic Development* funding category (project code 687).

ELIGIBILITY

Various contracting scenarios are possible. For example:

- o A single employer (i.e. a hospital) might be the contractor, provide the training directly, and employ trainees during and after training/retention, or,

- o An eligible contracting entity (i.e. a California Workforce Development Board (CWDB) might be the contractor, subcontract training to a qualified provider (i.e. a community college); and, participating employers (i.e. hospitals) employ trainees during and after training/retention.

- **Training Provider:** Nurse training programs are typically provided by community colleges, adult education, private schools, and hospitals. The California Board of Vocational Nursing and Psychiatric Technicians (BVNPT) oversees the accreditation of vocational nurse and psychiatric technician schools, including approval of faculty and facilities statewide. The BVNPT assigns "accredited" status to a nurse program meeting all regulatory requirements.   (An accredited nurse training program may temporarily be assigned "provisional" status denoting test scores below the state average for program graduates. A program is then removed from provisional status after test scores are raised.) To qualify for ETP funding, a nurse training program must be accredited (or have provisional status).   See BVNPT website www.bvnpt.ca.gov , "California Accredited Schools" for a list of all accredited nurse training programs in the state.

- **Participating Employers:**

- o Must be subject to the Employment Training Tax, per UI Code, Section 10201(b).

- o Must meet the definition of a health facility as defined in the Health and Safety Code, Section 1250. In summary, a health facility is a facility that operates for the diagnosis, care, prevention, and treatment of human illness (physical or mental), including convalescence, and rehabilitation - to 1 or more persons who are admitted for a 24-hour stay or longer.

- o Are not required to meet the Panel's out-of-state competition eligibility requirements set forth in UI Code, Section 10200(1).

However, all participating employers must complete an on-line certification statement form designed specifically for these nurse training projects, named the 100G. The ETP100G form captures minimal eligibility information (i.e. company name, address, CEAN, union information).

- **Trainee:**

- o Must be employed at the start of ETP-funded training by a for-profit hospital.

- o Must be employed as a CNA or caregiver.   (CNA are certified positions. Caregivers are not certified positions. For ETP purposes, both certified and non-certified classifications are acceptable for individuals participating in ETP-funded nurse training.)

- o Must be enrolled in an accredited licensed nurse training program with an eligible employer, and have completed the first 800 hours of the training program prior to participating in ETP-funded training.

Training Hours

> After trainee completes 800 hours of a nurse training program, the Panel may fund a minimum of 8 hours to a maximum of 750 hours of the remaining program. (The minimum hour requirement for LVN training is 1,530 hours, thus, the Panel may essentially fund the last half of the training program.) An approved justification is required to exceed the maximum training hours.

Training Delivery

- **Trainer-to-Trainee Ratio:** Clinical nurse training must be provided at the trainer-to-trainee ratio authorized by the BVNPT, which is 1:15. There is no specific ratio for classroom training. (Note: It is customary to provide nurse training in a class setting at a rate of 1: 30-40.)

- **Productive Laboratory Deliver**

Curriculum

Per the BVNPT, an LVN provides basic bedside nursing care to clients under the direction of a physician or registered nurse. The LVN utilizes scientific and technical expertise and manual skills.

Duties within the scope of practice of an LVN typically include, but are not limited to:

- provision of basic hygienic and nursing care;
- measurement of vital signs;
- basic client assessment;
- documentation;
- performance of prescribed medical treatments;
- administration of prescribed medications; and
- performance of non-medicated intravenous therapy and blood withdrawal.

The LVN is commonly employed at acute medical/surgical hospitals; convalescent hospitals (long term care, skilled nursing); outpatient clinics; doctor's offices; and psychiatric hospitals.

All accredited licensed vocational nurse training programs consist of at least 1,530 training hours: 576 hours theory (including 54 hours of Pharmacology) and 954 clinical hours. At a minimum, all programs must include the following courses:

- Anatomy & Physiology
- Nursing Process
- Nutrition
- Maternity Nursing
- Medical/Surgical Nursing
- Leadership
- Psychology
- Communication
- Normal Growth and Development
- Nursing Fundamentals
- Gerontological Nursing
- Communicable Disease including Human Immunodeficiency Virus

- Pharmacology
- Patient Education
- Rehabilitation Nursing
- Pediatric Nursing
- Supervision

Retention Requirements

After a trainee graduates from a nurse training program, the process for obtaining a vocational nurse license can take up to 20 weeks as follows:

1. Applicant applies to take a vocational nurse licensure examination (NCLEX) administered by the National Council for State Boards of Nursing, Inc.
2. Applicant receives approval to take the NCLEX exam.
3. Applicant takes the NCLEX exam.
4. Applicant is notified of exam results via mail.
5. If applicant fails exam, they may retake the test as many times as necessary to pass. If applicant passes the NCLEX, they forward exam results with an application for a license to the BVNPT.
6. Once the BVNPT receives and accepts the application for a license, the applicant name is posted on a web-site listing, authorizing applicant to begin working as an LVN while a license is being processed.
7. License is mailed to applicant.

An applicant is <u>authorized</u> to begin working as an LVN as soon as the BVNPT accepts and begins processing the person's application for a vocational nurse license. Therefore, for ETP purposes, <u>retention may begin as soon as the ETP trainee is authorized to work as an LVN.</u> (It's not necessary for the license to have been issued by BVNPT)

Due to the nature of the LVN licensing process, it is understood that there will be a gap between the time that a trainee completes ETP training and begins the ETP retention period.

For retention, trainee must be employed at least 35 hours per week with a single employer for a period of at least 90 consecutive days, or 500 hours within 150 calendar days with multiple employers.

Wage

- **Trainee:** The LVN minimum wage requirement is the prevailing entry-level LVN wage customary for the employer; but, in no case shall it be less than the ETP Minimum Wage for new hires (exclusive of health benefits).

  The Panel shall waive this requirement, if the following conditions are met:

  1. Trainee earns at least 120% of the State minimum wage for at least the first 20 hours of work per week, during each week the trainee is enrolled in training; and,
  2. Training results in full-time employment customary for LVNs, with trainee earning at least the prevailing entry-level LVN wage customary for the employer and commensurate with wages in the area.

Last Revision: 02/25/2019

Reimbursement

Nurse training will be reimbursed per ETP's standard fixed-fee rate for retraining, as applicable for single or multiple employers. However, if the training entity's standard rate (catalogue rate) for providing nurse training is less, the contractor will be reimbursed at the lesser cost.

- **Support Costs:** do not generally apply for MEC nurse training projects. Given that trainees must be enrolled in a nurse program and employed prior to the start of ETP training, participating employers will be identified during project development, thus eliminating the need for recruitment activities and support costs. However, should a circumstance arise where a contractor will engage in recruitment activities and can justify the need, support costs may be negotiated during project development.

- Employers may not charge trainees to participate in any portion of ETP-funded training.

Last Revision: 02/25/2019

Memorandum

To: ETP Policy Committee   Date: August 21,
        Gretchen Newsom, Chairperson   2025
        Rebecca Bettencourt, Member
        Michael Hill, Member
        Jennifer Fothergill, Member

CC:

        Executive Staff
        Jessica Grimes, Executive Director
        Kumani Armstrong, Assistant Director/Chief Counsel
        Peter Cooper, Assistant Director

From: Lis Testa, Policy Manager

Subject: ETP Policy Committee Meeting Agenda Item
         Discussion for Policy Committee Re: Medical Skills Training Guidelines

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I.   Brief Issue Statement:

As noted at the June 2024 Policy Committee meeting, ETP is beginning a comprehensive review of all of our Pilots and Guidelines per the legislation requirement in 10205(i). This memo pertains to the Medical Skills Training Guidelines, which provide information on how to address this specific population within ETP contracts.

This discussion will include a brief history of the Medical Skills Training Guidelines, an analysis of the performance and effectiveness of the program so far, a general review of the content of the guidelines, and suggestions for future actions.

II.   Background Information:

ETP's Medical Skills Training program began as a pilot in 2008 and was changed to a full guideline in 2010. The program explains how to serve this trainee population, with guidance provided mostly on the unique curriculum required for this population, as well as on some other program requirements.

ETP's Medical Skills Training program is designed to enable ETP to capture the unique training needs of RNs, LVNs, and other allied healthcare occupations. Please note: the training required to move from a CNA to a LVN are not covered under these guidelines, and are addressed in ETP's CNA to LVN Guidelines, which will be addressed separately by Committee.

An analysis of the performance and effectiveness of the Medical Skills Training program to the present shows the following:

- 31 projects have been completed in the last 5 years with a Medical Skills component;
    o 21 of these projects were for Single Employers;
    o 10 of these projects were for Multiple Employers;

- Of Trainees:
    o 6,224 were approved for training;
    o 3,005 trainees successfully completed training and retention;

- Of Funding:
    o $6,307,175 was initially approved for Medical Skills training;
    o $3,561,033 was actually earned for Medical Skills training;

- A total of 4 contracts had been approved for Medical Skills training but logged zero Medical Skills hours

The Medical Skills Training program outlines the following:

- Trainees must be RNs, LVNs, or other occupations in allied healthcare such as CNAs, Physician Assistants, and Technicians;

- Explains Training Delivery Methods, including;

    o Didactic: basically treated as class/lab
    o Preceptor: basically treated as productive lab

- New graduate nurses may also include a nurse orientation training in their curriculum;

- There is a 50% cap on CBT training for these projects;

- Full-time is considered 24 hours per week as long as benefit packages are only affected proportionately;

- A special roster template is provided for clinical preceptor training, and all clinical training (didactic or preceptor) must be documented on separate rosters from any non-clinical training included in the contract;

- Provides a sample curriculum for all types of Medical Skills Training;

- Provides a comparison chart for Medical Skills Training and CNA to LVN Training

All other program elements (ie: wages, contractor eligibility, etc.) follow normal ETP parameters. A copy of the Medical Skills Training Guidelines are included in the meeting materials for reference.

Potential actions ETP can explore include: making no changes to the Medical Skills Training program; eliminating the Medical Skills Training program, which ETP is not interested in pursuing; or changing particular elements of the Medical Skills Training program.

Staff are interested in exploring a few potential revisions to the Medical Skills Training Guidelines, including:

1) Performing a general clean-up for grammar/formatting/etc;

2) Remove the 50% cap on CBT training, since this does not align with regulations. Additionally, removing the 50% cap on CBT training mirrors other actions recently taken by Committee and Panel for other populations;

3) Correct an error in the comparison table that states that the CBT rate is not applicable for Medical Skills Training projects.

III.   Recommendation:

No action items beyond soliciting and receiving any feedback from the Policy Committee, contractors, stakeholders, and the public concerning the Medical Skills Training Guidelines.

Guidelines:
Medical Skills (MS)

Effective: October 21, 2008

Revision History: **11/30/2021:** Update reimbursement rate information to always refer to the current reimbursement rate table. **02/22/2019** Summary: Revise guidelines to remove PL limitation on training hours. **05/24/2018**: At the May 2018 Panel Meeting, the Panel approved an update of ETP reimbursement rates (from $22 to $26 for classroom training) to be effective for all projects with a term date starting in FY 18/19. **10/20/2015** Clarifies that retrainees may exceed the 200-hour cap with an approved justification, for this and other programs. Also noted, for the Productive Laboratory delivery method the maximum training hours are capped at 60 (24 for Small Business). **05/10/2012** Revision Summary: update *Background;* allow training for allied healthcare occupations such as therapists, technicians, and physician assistants; allow non-clinical training for all occupations, with training delivery via a classroom, simulated laboratory, or CBT; allow Orientation/basic skills training as part of a new nurse graduate training program; update curriculum content/format; identify Chart 1 job sheet; delete Preceptor roster as an Attachment to Guidelines; and, consider 24 hours a week full time employment provided that level of weekly employment qualifies the employee for a similar employee benefit plan. **06/03/2010** Revision Summary: Revised to indicate program no longer a pilot, and incorporated into the Panel program. **01/15/2009** Revision Summary: Standardized Pilot templates with standardized main headings, added new logo, removed standard ETP criteria.

These are guidelines only. If a proposal raises the need for further modifications, that will be accomplished on a case-by-case basis with direction from Executive Staff. **Unless modified by these guidelines, all other program criteria apply**

BACKGROUND

The Panel supports the healthcare industry by prioritizing training for the career advancement and job security of incumbent Registered Nurses (RNs)**,** Licensed Vocational Nurses (LVNs) **and allied healthcare.** ETP currently funds training for new graduate nurses, nurse upgrades, nurse capacity building, and allied healthcare occupations. In addition, ETP funds training for Certified Nurse Assistants to become LVNs under a separate CNA to LVN program.

Employer Eligibility

- Standard Eligibility Requirements apply

Trainee Eligibility

- **Eligibility is limited to frontline workers in nursing and allied healthcare occupations.   For example: RNs (including New Graduate Nurses), LVNs, CNAs, Therapists, Technicians and Physician Assistants.**

- **There is no requirement to receive clinical training. Any occupation may take a combination of training types on the Menu Curriculum.**

Training Delivery

- Didactic Training:

  - A term used in the health care field to describe classroom training. Like classroom training, didactic training is dependent on the teacher to provide all required instruction.

  - Didactic training will be classified as class/lab training. All class/lab requirements (i.e. 1:20 trainer/trainee ratio) are applicable to didactic training.

- Preceptor Training:

  - A type of clinical training during which trainee observes hands-on skills performed by a registered nurse or other practitioner (i.e., preceptor/mentor) in a productive work environment. After observing the preceptor, trainee performs the skills under the preceptor's close supervision.

  - Competencies and skills are integral to preceptor training. Training is designed to ensure trainee acquires specific skills/competencies.

  - Training is typically provided at a 1:1 preceptor/trainee ratio. However, the ratio must not exceed 1:10.

- Class/Lab Training:

  - Non-clinical courses such as Continuous Improvement and Computer Skills may be included for all occupations.

  - Delivery may be in a classroom or simulated laboratory, or by Computer Based Training (CBT). CBT is limited to 50% of the total training hours per trainee.

  NOTE: Because Clinical Preceptor is a training delivery method in the MS program, Productive Lab does not apply to the MS program.

Training Hours

- The maximum training hours is capped at 200; an approved justification is required to exceed the maximum training hours. This applies to MS training and New Graduate RNs.

Curriculum

- Didactic/Preceptor training ratio: No didactic/preceptor training ratio is imposed. Training may consist of 100% preceptor training.

- Preceptor training: Preceptor training must be clearly identified in the Curriculum (Attachment A).

- Technicians/therapists: Identify/footnote in the Curriculum (Attachment A), training designated for technicians/therapists.

- Orientation/basic skills training: Orientation/basic skills training is generally not allowable for incumbent or experienced nurses. New Graduate nurses may receive Orientation/basic skills training as part of a new graduate training program.

  *Note: On a case-by-case basis, for good cause, the Panel may consider **nurse orientation training for incumbent or experienced nurses** (i.e. training is in a high unemployment area and deemed to be a critical element of nurse attraction/retention). Requests to fund orientation/basic skills training should be elevated during development to the Chief, Program Operations.*

Retention Requirements

- Standard Retention Requirements apply

Full-time Employment:

- **A trainee will be considered as employed full-time with a minimum of 24 hours of employment a week provided that level of weekly employment qualifies the employee for a similar employee benefit plan (sick leave, vacation, health, dental, vision, retirement, etc.) on a proportionately equal basis.**

Wage

- Standard Wage requirements apply

Reimbursement

FIXED-FEE RATES		
Training Type	*Delivery Method*	*Hourly Rate*
Medical Skills	Didactic Preceptor	Refer to current reimbursement rate table.

- **Chart 1: Staff should utilize jobsheet #32: *Priority Industries Direct-Employer Retrainee* for Medical Skills training projects.**

Additional Information

- Training Rosters: Clinical training must be documented on separate rosters. Contractors may utilize the ETP sample (Templates, Field tab*, Medical Skills Preceptor Attendance roster 04181*) or any other roster containing necessary data elements. As preceptor training may be displayed in various manners in the Curriculum – i.e. by Job Number, by training course/module or by hospital unit

where training will occur, training identified on the preceptor rosters must correlate with the preceptor training identified in the Curriculum.

TRAINING ROSTERS		
Training Type	*Delivery Method*	*Roster*
Clinical	Didactic	Standard class/lab roster
	Preceptor	Preceptor roster
Non-clinical (i.e. Continuous Improvement, Computer Skills)	Class/lab	Standard class/lab roster
	CBT	CBT roster

Attachments:

A – Sample Curriculum

Curriculum may identify/organize preceptor training in various ways (i.e. by Job Number, training course/module, or hospital unit where training will occur.) The sample Curriculum identifies preceptor training by hospital unit.

B – Informational Table

In addition to MS training, the Panel also funds nurse training under its CNA to LVN Program which provides training for certified nurse assistants (CNA) to become licensed vocational nurses (LVN). For comparison purposes only, this informational table compares key elements of MS and CNA-to-LVN training. See *Guidelines for details.*
https://ws2/intranet/Nurse%20Training%20Guidelines%201205.pdf.]

SAMPLE CURRICULUM

Preceptor Hours
  24 – 200
The following training courses/modules/Units should directly correlate with information identified on Preceptor Rosters:

MEDICAL SKILLS TRAINING – CLINICAL PRECEPTOR *(Assigned Hospital Unit)*

- **Medical/Surgical Unit Training**
    - **Patient Assessment & Care**
    - **Medical/Surgical Nursing Skills**
    - **Pre and Post Operative Care**
    - **Orthopedic Nursing Skills**
    - **Management of the Renal Transplant Surgical Patient**
    - **Oncology Nursing Skills**

- **Intensive Care Unit/Critical Care Unit Training**
    - **Critical Care Nursing Skills**
    - **Patient Assessment & Care**
    - **Intra-Aortic Balloon Pump (IABP)Therapy**
    - **Intracranial Pressure Monitoring & Ventriculostomy**
    - **Hemodynamic Monitoring**
    - **Pre and Post Operative Care**
    - **Care of Trauma Patient**
    - **Management of the Renal Transplant Surgical Patient**
    - **Ventilator & Tracheotomy Care**

- **Maternal/Child Unit Training**
    - **Patient Assessment & Care**
    - **Antepartum, Labor, Delivery and Postpartum Skills**
    - **Neonatal Nursing Skills**
    - **S.T.A.B.L.E.**
    - **Advanced & Electronic Fetal Monitoring**
    - **Neonatal Resuscitation Provider (NRP)**
    - **Neonatal Intensive Care Unit (NICU) Nursing Skills**

- **Operating Room and Post-Anesthesia Care Unit (PACU) Training**
    - **Patient Assessment & Care**
    - **Trauma Nursing Skills**
    - **Care of the Burn Patient**
    - **Peri-operative Nursing Skills**
    - **Pre and Post Operative Care**

ATTACHMENT B – INFORMATIONAL TABLE

MEDICAL SKILLS (MS) -vs- CNA-to-LVN TRAINING COMPARISON OF KEY ELEMENTS		
Issue	**MS Training**	**CNA-to-LVN Training**
Purpose of Training:	▪ Upgrade skills for RNs, LVNs, **and allied health occupations.**	▪ Train CNAs and caregivers to become LVNs.
Trainee Eligibility:	▪ Trainee must be employed as a registered nurse, licensed vocational nurse, **certified nurse assistant, therapist, technician, or physician assistant** with ETP-eligible employer.	▪ At start of training, trainee must be employed as a certified nurse assistant or caregiver with a for-profit hospital. ▪ Trainee must be enrolled in accredited licensed nurse training program with an eligible employer. ▪ Trainee must have completed first 800 hours of training program prior to participating in ETP-funded training.
Curriculum:	▪ Customized training to meet employer training needs. ▪ Basic competencies and orientation training is generally not allowed, **except such training for new graduate nurses.**	▪ Accredited LVN training program courses
Maximum Allowable Training Hours:	▪ Up to 200 hours. ▪ An approved justification is required to exceed the maximum training hours.	▪ Up to 750 hours. ▪ An approved justification is required to exceed the maximum training hours.
Didactic to Preceptor Training Hour Ratio:	▪ No ratio imposed. Training may consist of 100% preceptor training.	▪ No ratio imposed. (Accredited LVN training programs consists of 576 hours theory (classroom) and 954 clinical (lab) hours.)
Trainer-to-Trainee Ratio:	▪ Didactic ratio = 1:20. ▪ Preceptor ratio = typically 1:1. May not exceed 1:10.	▪ No ratio imposed for classroom training (typically provided at 1:30 – 40, consistent with BVNPT requirements). ▪ Clinical training ratio = 1:15 (as authorized by the California Board of Vocational Nursing and Psychiatric Technicians (BVNPT).
Reimbursement:	▪ Didactic/Preceptor = $26 per hour ▪ AT & CBT rate is not applicable.	▪ CNA-to- LVN = $26 ▪ AT rate is not applicable.
ETP Funding:	▪ Typically funded under Special Employment Training, frontline workers (project code 683).	▪ Funded under economic development (project code 687). ▪ Since trainees will upgrade from an occupation of nurse assistant or caregiver to LVN, ETP classifies project as *job creation*.

To:	ETP Policy Committee	Date:	August 21, 2025

To: ETP Policy Committee Date: August 21, 2025
   Gretchen Newsom, Chairperson
   Rebecca Bettencourt, Member
   Michael Hill, Member
   Jennifer Fothergill, Member

CC:

   Executive Staff
   Jessica Grimes, Executive Director
   Kumani Armstrong, Assistant Director/Chief Counsel
   Peter Cooper, Assistant Director

From: Lis Testa, Policy Manager

Subject: ETP Policy Committee Meeting Agenda Item
   Action Item for Policy Committee Re: MEC Application Updates

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I. Brief Issue Statement:

ETP Panel members have expressed a desire to begin a comprehensive review of MEC Proposals, focused on improving the quality and content of the information they receive in the Panel Proposals that come before them. Accurate and current information is necessary for the Panel to make informed decisions, and this comprehensive review will enable ETP staff to help gather the information that Panel requires. ETP's enabling legislation (UI Code Section 10205(c)) requires us to "Solicit proposals and write contracts on the basis of proposals made directly to it", therefore, the information contained in the Proposals must be clear, accurate, current, and thorough, since the Proposal is the only document that can provide Panel with the information required for them to make their decisions.

Committee began this discussion at the February 2025 Committee meeting, and most recently in June heard the results of a MEC Survey. As a result of the conversations from the June meeting, Committee requested a set of new application questions to be presented to them, based upon the survey and the results of June's discussions. The potential new application questions are discussed below.

II. Background Information:

The discussion to date around MEC Proposals has centered around a few main themes, including, but not limited to: Participating Employer (PE) engagement, curriculum development, and MEC business models and operating patterns. As we look at these

main themes, using them to craft new application questions, staff wanted to approach this task in a comprehensive manner by first reviewing the existing application questions to see if they could be repurposed or fine-tuned, before trying to draft new questions. There are a handful of pre-existing questions in the current application that may be able to be repurposed in this manner. As we re-envision what the MEC proposals look like, we can also review the ways in which application responses are included into the proposals themselves.

Below you will first see some existing questions from our current applications, and then a listing of newly drafted questions. Today's goal is to finalize the questions desired in the MEC applications – whether we are fine-tuning pre-existing questions or accepting the newly drafted questions or some combination thereof. After full Panel approval, the questions will be incorporated into the applications and the responses will also be incorporated into the Proposals that go before Panel.

Pre-Existing Application Questions:

1) Identify your customers/clients (i.e. employers/trainee population or healthcare/patient population).

2) Describe the types of businesses, industries, and trainee populations you provided training to in the past (only include training related to type of funding requested).

3) How did you determine employer need for this program? Did you perform individual employer assessments?

4) Describe the changes that have taken or will take place requiring training.

5) Is there new equipment/technology related to training?

6) How will training facilitate these changes and give workers the skills they need to remain employed?

7) How will training help the core PE's job creation/expansion within the next 12-24 months?

8) Describe how you work with Employer Advisory Groups and how they assisted in developing the training program (New Hires)?

9) How do you get feedback and assess the effectiveness of training?

10) Describe your plan for recruiting New Hire trainees.

11) Describe (if any) current relationships with One Stop Centers or other Unemployment Insurance referral sources.

12) How do you Market/Advertise your programs?

13) How do you customize the training to the needs of the PEs?

14) Describe your plan for recruiting PEs.

15) Describe how you work with employer organizations and the names of those organizations.

16) How do you develop your ETP curriculum?

17) How does the curriculum meet the needs of your PEs?

18) How do you get feedback and update the curriculum?

19) Provide a brief overview of the training.

Newly Drafted Questions:

1) Please estimate what percentage of your Participating Employers (PEs) are expected to come from outside of your organization's normal geographic service area? How do you plan on providing training to and serving this group of employers? Will these employers be receiving any in-person training?

2) Please estimate what percentage of your PEs are repeat PEs vs new PEs? Are repeat PEs being offered new training packages? Have all PEs listed on your 100B been notified that they are being included in your proposal?

3) Please provide an estimated industry breakdown of your PE population.

4) Please describe the services you are offering to your PEs under this contract. For example, are you providing training? Providing trainers? Reimbursing the PEs for their own training programs? Providing job placement services for unemployed individuals (New Hires)? Etc.

5) Please provide an explanation for why you chose the delivery methods listed in your proposal. Please provide an estimated breakdown of how much in-person vs remote vs self-paced training you expect to occur during your contract term.

Additional Consideration:

Staff also would like to propose adding to the 100B (the demand list of PEs) the following:

- A repeat/non-repeat status check box;

- A check box for if the PE has been notified they have been included in the proposal;

-   An industry identifier.

III.   <u>Recommendation:</u>

Staff is requesting an action item to move the new application questions to Panel for full approval. Please provide in your motion any edits to the questions proposed above.