



Employment Training Panel
STATE OF CALIFORNIA EMPLOYMENT TRAINING PANEL
POLICY COMMITTEE MEETING
In person
1100 J Street, Sacramento, CA, Sequoia Room
Thursday, August 21, 2025

POLICY COMMITTEE MEETING CALL TO ORDER

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

ROLL CALL

Present:

Gretchen Newsom
Jennifer Fothergill
Mike Hill
Rebecca Bettencourt

Executive Staff:

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

ETP Representatives

Elisabeth Testa, Policy Manager

ACTION TO APPROVE MEETING AGENDA

No changes to August 21, 2025 Agenda.

ACTION: Ms. Fothergill moved and Mr. Hill seconded approval of the August 21, 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 June 26, 2025 Meeting Minutes.

ACTION: Ms. Fothergill moved and Ms. Bettencourt 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.

POLICY MANAGER REPORT

None this month.

DISCUSSION ITEMS:

CNA to LVN Guidelines

Ms. Testa presented information on the CNA to LVN Guidelines, including information on the history of the guidelines, general recent performance statistics, and the content of the guidelines. She concluded her presentation by proposing three potential updates to the guidelines, including: 1) a general clean-up for grammar/formatting/etc.; 2) removing the incomplete reference to Productive Lab, which is not relevant to these guidelines; and 3) to simplify the reimbursement requirements to standard ETP reimbursement rates.

Public Comment

None

Committee Discussion

Ms. Newsom had questions surrounding why the guidelines are only open to for-profit hospitals and not to all hospitals. Ms. Testa offered that it may be because most non-profits are not fully eligible for ETP, since they often do not have a CEAN and pay their folks as independent contractors via 1099s rather than as employees on W-2s, but she is not totally sure.

Ms. Newsom also had questions regarding the way the wage requirements are listed in the guidelines. Ms. Bettencourt replied that with recent updates to healthcare worker wages, the guideline requirement will soon become irrelevant.

Mr. Hill had a question on if some CNAs drop out before they become LVNs, and if this would then affect their ability to complete retention and fully earn funds on an ETP contract. Ms. Testa responded that it is her guess that of course, some of the CNAs drop out before finishing the LVN training. However, since ETP's CNA to LVN Guidelines are designed to reimburse only the second half of 1600 hours of training, most of the CNAs

would have most likely decided that becoming an LVN isn't for them before they even get to the second half of their training. He had a follow-up question of if it was possible that they finish training and then somehow still don't become a full LVN and how that would affect ETP contracts. Ms. Testa responded that the CNA finishes their LVN training, passes their exam, and then submits their application for licensing to the state for processing. Once their application is accepted by the state, they are authorized to begin working as an LVN. ETP retention can begin once the state accepts their application and they are authorized to work as an LVN. Therefore, there is a gap between when they finish training and when their retention can begin for the ETP contract. This is one way they are different from 'standard' trainees.

Committee approves of the suggested edits to the Guidelines. Ms. Testa will bring these back to the next Committee meeting with the revisions completed, where Committee will have an action item to move them to Panel for full approval.

Medical Skills Guidelines

Ms. Testa provided information on the Medical Skills Guidelines, including information on the history and content of the Guidelines, and some performance statistics from recent ETP contracts for this program. She concluded her presentation by proposing three potential edits to the Guidelines: 1) performing a general clean-up for grammar/formatting/etc.; 2) remove the 50% cap on CBT training, since that cap is not in accordance with regulations and also since recent Committee and Panel votes have removed the same cap from other programs; and 3) correct an error in the comparison table within the Guidelines which states that the CBT rate is not applicable to Medical Skills programs.

Public Comment

None

Committee Discussion

Mr. Hill asks about the split between MECs and SEs, and also questions the 50% performance rate overall for this program. Ms. Newsom and Ms. Bettencourt agree that the performance is pretty bad. They ask where the bad performance is coming from – MECs or SEs? Ms. Testa replies that she will need to get more detailed data and bring that answer back to them at the next meeting. Ms. Fothergill asks why four contracts would have a Medical Skills component approved on their application and then have zero Medical Skills on their contract. She wants to know how and why that happens. Ms. Testa replies that she is not sure exactly why in these specific contracts that this happened, but generally, the contractors probably submitted revision requests to move their funding around over the course of the two-year contract in order to earn more of the funds on their contract, or, if it was a MEC, perhaps they lost or were unable to recruit

the correct sorts of PEs that would utilize that training. Ms. Bettencourt is also interested in seeing how much Preceptor vs Didactic training is logged. Ms. Testa replies that she can get that data to them at the next meeting.

Ms. Newsom notes that there are now a few hands raised for public comment.

Public Comment, Take 2:

Jill Meeuwsen notes that she's never had any difficulty in finishing her Medical Skills training when she has it on her projects. She thinks this is very important training. She thinks that there is no reason to allow so much CBT under these Guidelines.

Michelle Rychener also agrees that this is very important training, and she also has not had difficulty in earning the full value of the Medical Skills training on her contracts. She does note, though, that for the four projects that were approved for Medical Skills but then didn't use it – that they were probably training in other skills, that their contracts most likely didn't earn zero dollars, and that they just didn't earn the Medical Skills funding on their contracts.

Committee Discussion, Take 2:

Ms. Newsom asks another question regarding full-time hours being 24 hours per week as long as benefit packages are only affected proportionately – she wants to know what that means, and why is full-time only 24 hours. Ms. Testa responds that she is not sure why they decided to make full-time only 24 hours per week. Ms. Newsom and Ms. Bettencourt have a discussion that if full-time normally is 35 hours per week, and you work 18 hours would be half of that time, so your benefits should also be half – and if you're working 24 hours per week, what would your benefits be then? And is anyone at ETP actually doing all of that math? Mr. Atkinson interjects that it may be in there because of many healthcare folks working 12 hour or longer shifts. Committee agrees that this may be where it came from.

Ms. Newsom noted another hand raised for public comment.

Public Comment, Take 3:

Makai Freeman asks why these guidelines are only open to people in Allied Health and not also in Community Health, specifically for Personal Care Attendants and similar occupations. These workers provide vital medical care to individuals in their homes and in the community. Ms. Testa responds that she understand the question and also sees the need – that skilled medical workers are needed in the community and as personal aides – not only with allied healthcare institutions. She will give this back to Committee for them to discuss.

Committee Discussion, Take 3:

Ms. Newsom notes that we will probably need to have a definition for Allied Healthcare vs Community Healthcare in order to add this into the guidelines. Ms. Testa responds that yes, that would be helpful. Committee also asks that if they take CBT, they are being paid at the CBT rate, correct? Ms. Testa replies, yes, that's correct. Mr. Hill asks that, for the Community Health definition, if there would also need to be in the definition for the trainees to have some sort of specific Community Healthcare license?

Ms. Testa confirms that she will bring this back to the next Committee meeting with the additional data they requested and with definitions for Allied and Community Health.

ACTION ITEMS

MEC Application Questions

Committee has been working for quite some time on revamping the MEC applications in order to ensure that all of the relevant and required information that Panel needs is represented on the Panel Proposals. At this meeting, Ms. Testa brings some existing application questions to Committee, to see if they would like to revise any of them, and also brings the newly drafted questions which Committee requested at their June meeting up for discussion today. Ms. Testa also brought a proposal to add to the 100B Demand List a repeat/non-repeat indicator, an industry indicator, and an indicator for if the PE had been notified that they are being included on the 100B form.

Public Comment

Gabrielle Jimenez notes that most of the questions being asked are not relevant to New Hire contractors and would like New Hire contractors to be exempt from providing specific information about PEs. She also proposes open-ended questions.

Committee Discussion

Committee likes the additions to the 100B form. They also want to add the following questions: 1) Why are you including PEs from outside of your geographic service area into your contract?; and 2) What is your geographic service area?; and 3) What is your business model? They are also interested in perhaps revamping the application with some sort of decision tree that pushes each type of contractor to the questions that are relevant to them. Additionally, they would like all questions on a similar topic to be grouped together.

Committee decided not to take any action today and instead to send this back to staff, to the Application Workgroup, for them to work on the reorganization of the application and bring back to them status updates.

ACTION: Ms. Fothergill moved and Ms. Bettencourt seconded tabling this agenda item and moving action to a later Committee meeting.

Motion carried, 4 to 0.

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

None.

PUBLIC COMMENT ON MATTERS NOT ON THE AGENDA

None.

MEETING ADJOURNMENT

Chair Newsom asked for a motion to adjourn the meeting.

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

Motion carried, 4 to 0.

Meeting adjourned at 2:12 p.m.