

Testimony of Connie Gibeault

Appropriations Committee

Wednesday, December 9, 2009

RE: Support for the States Vocational Licensed Practical Nursing Program and Opposition to Suspension of the Licensed Practical Nursing Program

Members of the Committee,

Thank you for this opportunity to testify in opposition of the Suspension of the State Technical High School's LPN Programs

My name is Connie Gibeault RN from Brooklyn CT. I am Department Head at Windham Technical School's LPN Program. It was a shock to find our program part of the Governor's mitigation Plan for the following reasons:

We are a program that has a 100%hire rate without job placement

There is a nursing shortage that is predicted to get worse

Our programs have several thousands of dollars of equipment much of that cannot be given to anyone else in our system i.e. Health Tech because our equipment is too advanced.

Two colleagues and I had the opportunity to see Governor Rell on Wednesday December 2nd and stated our concerns. After listening to us, she agreed she has tough cuts to make and that we can't just ask her not to cut our program, we have to offer a solution. We asked if raising our tuition was considered. She stated if raising our tuition would help reduce the cost of the program to the state we "may be able to save your program".

It is with those words that we ask you to consider an increase in our tuition.

I have heard from several of the applicants to my program with a variety of emotions. These individuals have already taken the pre-entrance test, taken or are presently taking the necessary pre-requisites and begun to change their lives in preparation to attend our program. Approximately 1/3 of my applicants have WIA funding (Workforce Investment Act).

The LPN is an entry level position in nursing. LPN's staff our nursing home and group homes caring for those individuals who cannot speak and/or care for themselves.(I am a guardian for an individual with Developmental Disabilities that requires that level of care.)

I am concerned for my current students. They will enter the workforce and may have to wonder who and when their LPN coverage for the next shift will arrive. They may be forced to work mandatory overtime to cover these openings, because they cannot abandon their patients. Who will replace the 'baby-boomer' nurse when she retires?

The impact of suspending our program will have a negative effect on citizens of Connecticut. The impact will be seen in our nursing homes, group homes, training schools, home care agencies and Physician offices.

Thank you



STATE OF CONNECTICUT
EXECUTIVE CHAMBERS

M. JODI RELL
GOVERNOR

October 3, 2009 *

Secretary Hilda L. Solis
US Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

Dear Madam Secretary:

The shortage of qualified and skilled health care professionals is a matter of great concern in Connecticut. Analyses conducted by the Health Resources and Services Administration confirm that Connecticut is facing one of the nation's most significant gaps in critical health care occupations.

To help address this urgent need, Connecticut established an Allied Health Workforce Policy Board (AHWPB) in 2004. The AHWPB operates under the aegis of the state's Office for Workforce Competitiveness (OWC) and consists of a diverse group of partners who monitor data and trends in the allied health field and develop recommendations for system improvements. To further these efforts and address shortages of health care workers, improve skill competencies and increase the effectiveness of the state's pipeline to develop skilled workers, OWC is requesting approximately \$5 million through the Health Care Sector and Other High Growth and Emerging Industries grant program of the American Recovery and Reinvestment Act of 2009.

Specifically, Connecticut is seeking the Recovery Act funds for investment in a comprehensive initiative that will include:

- Creating a system of advisors, case managers and retention specialists knowledgeable about health care professions who will both introduce health career opportunities to potential students and assist those students already pursuing health care professions; and
- Establishing a seamless education pathway that provides academic and financial support to new students and incumbent health care workers to develop and expand their skills.

* Connecticut's comprehensive approach, developed by the AHWPB, establishes a national model. The state's framework is the by-product of unprecedented levels of partnership across diverse stakeholders including employers, colleges and universities, workforce boards, state agencies, the technical high school system, and statewide health care organizations.

The Recovery Act funding will help Connecticut produce short-term outcomes as well as build long-term system capacity through the advancement of best practices and the expansion of model programs system-wide in the health career sector. This effort will benefit from the combination of multiple federal, state, local, and participant resources invested in the various strategies - furthering the reach and effectiveness of the Recovery Act funding.

OWC will operate as lead and fiscal agent for this Recovery Act program. OWC serves as Connecticut's principal workforce development policy advisory body; serves as a liaison between local, state and federal agencies and other organizations with respect to workforce development matters; coordinates the workforce development activities of all state agencies; and, provides staff support for the Connecticut Employment and Training Commission (the state-level Workforce Investment Board).

For these reasons, I wholeheartedly endorse and support OWC's application for funding through the Health Care Sector and Other High Growth and Emerging Industries grant program of the American Recovery and Reinvestment Act of 2009. I urge your approval of this application which will allow Connecticut to meet the objectives of the Recovery Act and advance its long-term strategies to address shortages of health care workers.

Sincerely,

M. Jodi Rell

Governor

operates under the
 aegis of the
 Governor's Office
 for Workforce
 Competitiveness
 (OWC) and
 convenes a diverse
 group of partners to:
 a) monitor data and

Table 3. Connecticut Health Care Occupations with Highest # of Annual Job Openings, 2006-2016

Occupation	Total Openings	% Change
Registered Nurses	1,114	17.4%
Nursing Aides, Orderlies, and Attendants	513	11.9%
Home Care Aides	364	25.4%
Licensed Practical/Licensed Vocational Nurses	324	13.1%
Medical Assistants	215	30.7%
Pharmacy Technicians	171	28.8%
Dental Hygienists	123	19.9%
Physical Therapists	98	18.1%
Radiologic Technologists and Technicians	84	14.8%
Emergency Medical Technicians / Paramedics	67	12.5%
Medical Records & Information Technicians	61	12.1%
Medical and Clinical Laboratory Technologists	57	11.2%

Source: Connecticut Department of Labor, 2006

trends; b) identify recruitment and retention strategies for public and independent institutions of higher education; c) develop recommendations for promoting diversity; d) develop recommendations regarding financial and other assistance; and e) identify recruitment and retention strategies for allied health employers.

This year, the AHWPB established an *ARRA Health Sector Work Group* and developed this application to improve the performance of Connecticut's education and training systems in response to persistent and projected workforce shortages in healthcare. The Work Group used five design criteria based on past work of the AHWPB: 1) advance existing strategies and recommendations related to Connecticut's healthcare workforce; 2) systematically replicate and expand proven education and training models; 3) invest grant funds in a manner that will produce short-term outcomes, build system capacity, and leverage prior investments by other state agencies (e.g., Higher Education, Public Health, OWC); 4) promote a higher level of synergy, system culture change, and integration between the Connecticut Community College System (CCCS) and the Workforce Investment Boards (WIBs); and 5) create opportunities to deepen partnerships with employers and other stakeholders (e.g., independent colleges, post-secondary proprietary educational institutions).

Work Group members identified specific strategies to address the following participant and system barriers or limitations that slow movement through or affect retention in lower and middle sections of the healthcare talent pipeline:⁸ a) *Limited work-based learning opportunities and increasingly limited financial resources* for entry-level and incumbent workers with limited basic skills who express motivation to advance in healthcare pathways; b) *Uneven information and lack of standardized career interest and academic assessment processes* for unemployed and dislocated workers with particular interest in health careers; c) *Low retention and program completion rates* in critical certificate and degree programs for target occupations. Factors influencing retention and completion relate to limitations in *financial resources*; low levels of available *non-academic support* to help non-traditional and low-income students manage simultaneous school and family matters; uneven levels of *academic supports* (e.g., *advising, mentoring, tutoring*) and *career advising*; and d) *Limited technology-based innovations* to support work-based learning models as well as prepare students for healthcare jobs that require more technology-related competencies. Cumulatively, these problems limit or prevent movement along the talent pipeline, particularly at the front end (i.e., initial careers).

2. PROJECT MANAGEMENT. Connecticut's *Office for Workforce Competitiveness (OWC)* will serve as the Initiative's lead and fiscal agent. OWC, created in 1999 by a Governor's Executive Order and codified in statute in 2000 (CGS 4-124w): 1) serves as the Governor's principal workforce development policy advisor; 2) serves as liaison between the Governor and local, state or federal organizations and entities with respect to workforce development matters; and 3) coordinates the workforce development activities of all state agencies. The Governor appointed a Principal Workforce Development Policy Advisor at OWC who reports directly to the Governor.

⁸ Examples of strategies not included in the WISH Initiative ranged from scholarships for four-year programs (other federal scholarships funds will be released in January 2010 and four-year degrees do not align well with three year outcomes) to actions that address faculty shortages over the long-term.

The Connecticut Community College System (CCCS) includes 12 campuses, five of which have nursing programs and all of which offer high demand allied health training specialties relevant to WISH. A CCCS Initiative Director, Debora Presbie, will participate on the Core Management Team and coordinate work across community colleges. The CCCS System Office will use an existing management structure and accountability protocols developed under four (4) prior USDOL CBJT grants. In 2008, USDOL program monitors recognized as a national best practice the CCCS and WIBs Health Career Advisor model (see page 10). A financial manager will maintain fiscal controls. [Refer to Appendix C for biographies.]

3. STRATEGY AND WORK PLAN. The sidebar shows WISH target occupations. Figure 1 (page 8) shows how AHWPB strategies

Target Occupations

Registered Nurse	Physical Therapist Asst
Certified Nursing Asst	Surgical Tech
Licensed Pract Nurse	Diag Sonographer
Emergency Med Tech	Patient Care Assoc
Pharmacy Tech	Medical Assistant
Paramedic	

translate into the four (4) activities highlighted in the grant guidelines. Figure 2 illustrates the changes in pipeline capacity as

a result of better "managing the talent development pipeline." Rather than "adding new seats" with temporary stimulus funding, WISH

Figure 2. Changing the Curve of Pipeline Production

Improving the Outcomes of Nursing and Allied Health Training in Connecticut

investments more effectively recruit, assess and place students and workers in the pipeline; provide academic and financial supports to accelerate the pace through the pipeline, and provide non-academic and financial supports to promote retention and completion.

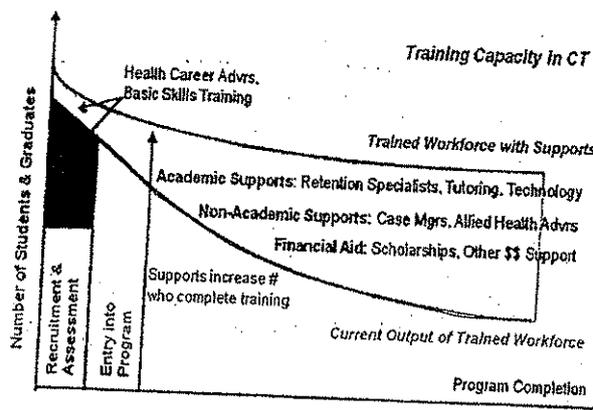


Figure 1. Logic Model for the WISH Initiative

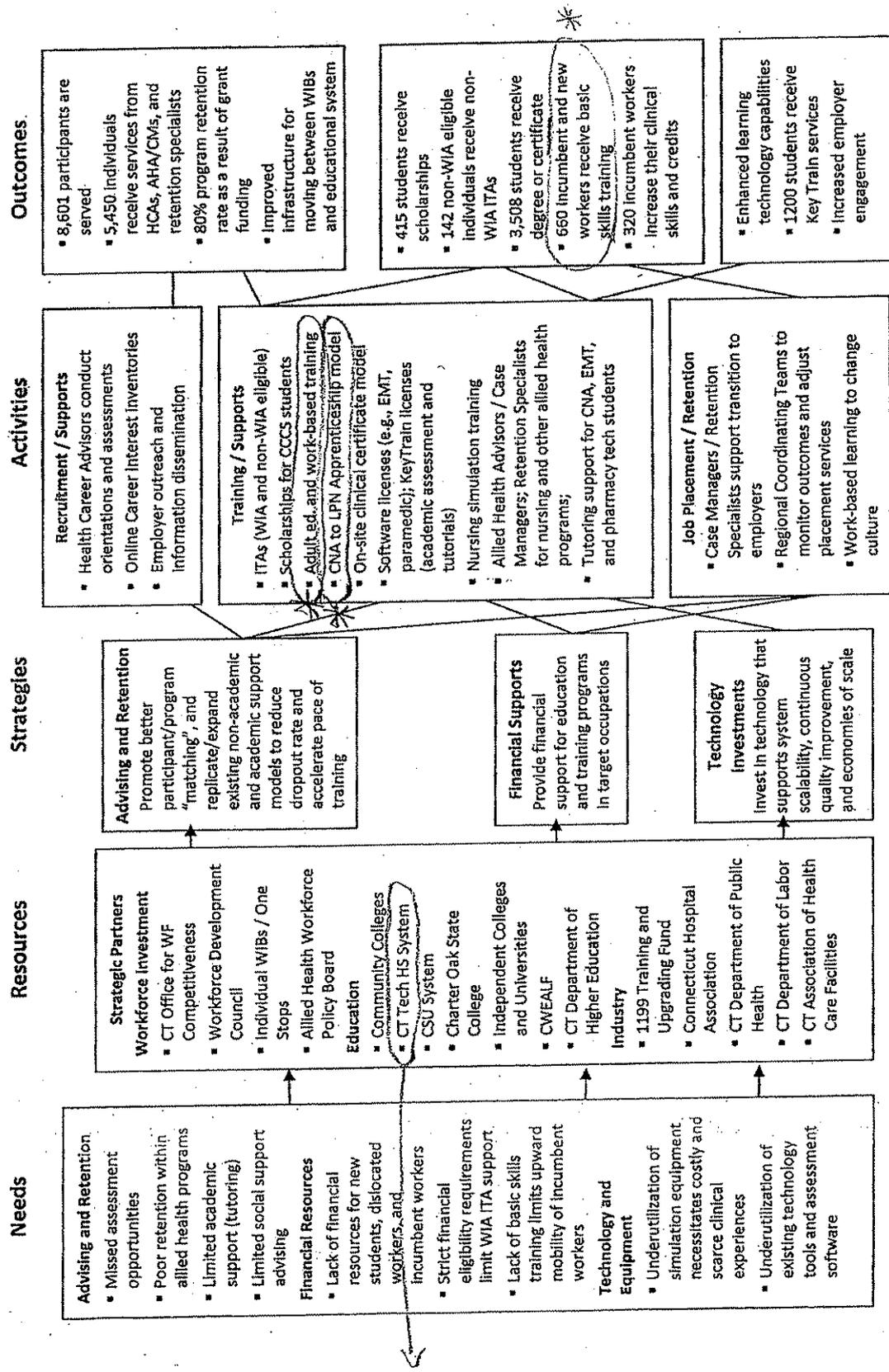
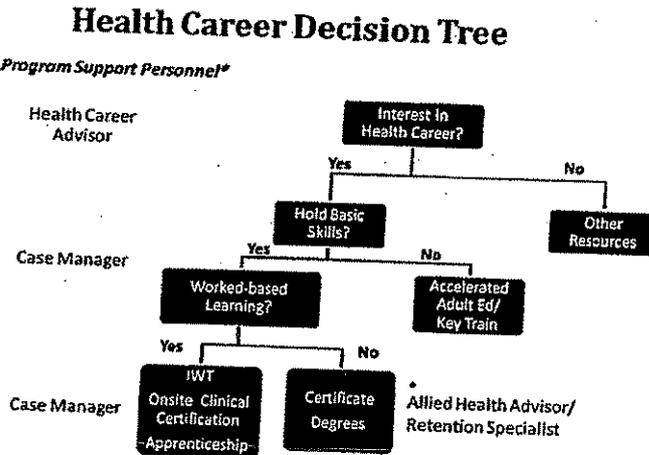


Figure 3 depicts graphically how the Work Group analyzed the system from the perspective of the participant (worker and student) facing a challenging journey through multiple settings (e.g., community, school, work). WISH replicates and expands proven CCCS and WIB models to support advancement across all stages of the education/training process. WISH coordinates more closely

the community college and workforce investment systems, the two systems most likely to serve the target population and communities, and employs model programs to reduce participant and system barriers (page 4). The core

Figure 3. Participant Flow Diagram



management team structure reinforces the importance of system coordination (see page 6).

Recruitment, Assessment & Career Advising. WISH will systematically replicate and expand a proven *Health Career Advisor (HCA)* model developed jointly by the CCCS and the WIBs.¹⁰ Five HCAs will deliver health career orientations, basic skills and career assessment, career advising, and One Stop resource connections to nearly 9,000 members of the target populations (e.g., unemployed, incumbent workers). WISH will extend HCA services from community college campuses and One Stop Centers statewide to include new partner settings such as technical high school adult health care programs, post-secondary proprietary educational institutions, and public and private four-year colleges. The HCA creates a common access point for students and workers; improves quality of information and customer service; and facilitates timely and appropriate entry.

¹⁰ Through the CCCS USDOL Community Based Job Training grant that will end 12/31/09, HCAs conducted 240 orientation workshops for 2,786 participants.

Table 4 provides a crosswalk of responsibilities by core partner. The subsequent paragraphs describe partners in more detail. [See also Appendix for Memorandum of Agreement.]

Table 4. Crosswalk of Responsibilities by Core Initiative Partner

	Lead & Fiscal Agent	Grant Mgmt Responsibilities	Hire Project Staff	Recruitment for Training / Education Programs	Basic and Skills Training	Technology Tools	Manage Scholarships	Degree/ Certificate Programs	Facilitate Employment	Participate in AHWPB	Regional Team Member	Core Management Team	Articulation & Academic Linkages	Research, Data	Leverage Resources
OWC	●	●	●							●		●		●	●
CWEALF		●								●	●	●		●	●
CCCS		●	●	●	●	●	●	●	●	●	●	●	●	●	●
WIBs		●	●	●	●	●	●	●	●	●	●	●		●	●
CT Hospital Assoc				●					●	●				●	●
1199 Training Fund				●	●		●		●	●					●
CT Dept of Higher Ed						●				●			●	●	●
CT Technical HS System				●	●			●	●	●	●		●	●	●
CT DPH										●				●	●
CT Dept of Labor				●	●	●			●	●	●			●	●
CT Conf of Ind Colleges						●		●	●	●	●		●		●
Charter Oak State College					●	●		●		●	●		●		●
CT Assoc of HC Facilities				●					●	●					●

Connecticut Community Colleges (CCCS) will: a) replicate a management structure (including industry advisory consortia) used in four other system-wide capacity building efforts (e.g., health, energy and manufacturing); b) implement program components designed to increase retention and completion rates for students with multiple barriers to success; and c) offer scholarships to students ineligible for Pell grants and/or financial support to those who require emergency assistance.

Workforce Investment Boards (WIBs) will: offer case management, workplace-based training, and supports; provide 142 non-WIA individual training accounts (ITAs) to non-WIA eligible individuals; and will leverage from their WIA resources \$570,000 in ITA money as tuition assistance for 142 WIA eligible program participants.

Hospitals and Healthcare Employers – Private sector employers are represented in WISH by the *Connecticut Hospital Association (CHA)*, the *Connecticut Association of Health Care Facilities (CAHCF)*; and

Table 5. The Connecticut WISH Initiative Work Plan

Period / Activity	Start Date	End Date	Partners	Key tasks	Target Dates and Outcomes	Budget
Contract with CWEALF for Project Management	1/1/2010	12/31/2012	CT OWC	<ul style="list-style-type: none"> Oversight of grant, work with A/R Officer Facilitate AHWPB & Core Mgmt Team 	<ul style="list-style-type: none"> Ongoing AHWPB-quarterly Core Mgmt-monthly 	\$ 126,000
Assign Accountability / Reporting Officer (A/R Officer)	1/15/2010	12/31/2012	CT OWC	Initiate A/R Officer in job	Start 1 st Q '10; prepares ongoing info for project teams & USDOL	\$ 132,018
Hire WTB and CCCS Management & Administrative Staff (Attachment B/job descriptions)	1/15/2010	12/31/2012	WTBs, CCCS	Post jobs, interview, hire OR review existing staff responsibilities. Initiate new hires	Start 1 st Q 2010 Coordinate project activities Manage project finances	\$ 376,842
Transition Health Career Advisors (HCAs) to current grant	7/1/2011	12/31/2012	CCCS	Revise responsibilities as needed	Ongoing, advise 2,500 about Health Careers	\$ 636,000
Expand Allied Health Advisors & program retention specialists	1/15/2010	12/31/2012	CCCS St V's, GC	Revise responsibilities & hire additional staff as needed	Ongoing; advise 900 students	\$ 226,254
Expand Case Managers	1/15/2010	12/31/2012	WTBs	Revise responsibilities & hire additional staff as needed	Ongoing; advise 750 students	\$ 600,000
Hire tutors for targeted programs & tutors for <i>KeyTrain</i>	2/1/2010	12/31/2012	CCCS	Post job, interview, hire Initiate new hires	<ul style="list-style-type: none"> Provide 300 tutoring Assist 1,200 students 	\$ 75,000
Establish meetings of Regional Coordinating Teams	4/1/2010	12/31/2012	CWEALF WTBs, CCCS	Coordinate activities & maximize resources; assess and share lessons learned	Quarterly meetings; maximize use of regional resources	\$ 240,000
Reimbursement						In-kind
Dedicated Health Career Advisors deployed at One Stop Centers	2/1/2010	12/31/2012	CCCS	Provide workshops & info Advise individual clients	Ongoing: Provide 250 workshops, do assessments	See above for HCA
On-site assessments through <i>CTWork</i> One-Stop System	2/1/2010	12/31/2012	WTBs	Carry out career & skill assessments (TEAS, HOBBT)	Ongoing; students receive support services & make informed program choices	In-kind & HCA \$\$
Statewide Allied Health marketing materials prepared and distributed	6/1/2010	12/31/2012	CCCS	Materials and marketing plan prepared; info distributed	Ongoing; info available for prospective students	\$ 500,000 leveraged
HCAs expand service to technical high schools, independent colleges, and 4-year schools	9/1/2010	12/31/2012	CCCS	Provide workshops and information	75 workshops held	See above HCA \$\$ (\$ 636,000)