

Governor’s Task Force on the Healthcare Workforce

Draft Recommendations, July 2024

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Overview of Recommendations

Education and Training

Support Faculty

Recruitment of health professions faculty was identified as a significant challenge.

1. Health professions educator incentive programs

- Description: The state does not have enough educators to teach those who want to become health care workers. For example, recruiting nurses into faculty roles is challenging because nurse faculty salaries are typically lower than nurse salaries in patient care or other settings. Similarly, technical colleges report shortages for allied health and other health professions faculty. State sponsored loan repayment programs for faculty may be helpful to incentivize qualified health professionals to serve in these positions. This proposal would expand the [Nurse Educators Program](#) to include other health professions and part-time faculty.

2. Compensation for health professions faculty

- Description: Faculty salaries are often lower than practitioner salaries, which leads to difficulty recruiting or retaining health professions faculty. This proposal would increase state support for higher education. Schools could use additional funding for educator compensation to address the disparity between educator and clinical practitioner salaries for both full- and part-time faculty.

Strengthen Clinical Training & Experience

Clinical training and other hands-on experiences are an important part of the educational process for most health care occupations.

3. Support preparation of clinical behavioral health counselors ([Qualified Treatment Trainee Grants](#))

- Description: Supervised clinical experience is required for individuals seeking licensure as a clinical counselor or clinical social worker. Newly graduated individuals completing supervised experience for clinical licensure must either identify a licensed clinical professional that is willing to be their supervisor or find employment that offers supervision. Providing supervision takes time and typically has some impact on the clinical productivity of practicing professionals and their organizations. The QTT grant program supports organizations and professionals involved in supervision by covering costs associated with supervision and providing support to individuals receiving supervision (paid clinical experiences and benefits). State funding is needed to continue this important program.

4. Support clinical partnerships and preceptors

- Description: Clinical training is an important part of the educational process for most health care occupations, yet Wisconsin has a shortage of clinical sites for students. This proposal would direct funding to state institutions of higher

education to develop or strengthen clinical training partnerships with health care employers and professionals. Funds could be used to address organizational and individual losses in productivity associated with clinical training and could include strategies such as preceptor compensation.

5. Expand experiential learning (simulation)

- Description: Higher educational entities offer simulation labs and other experiential learning tools as a supplement to classroom and clinical experience. Additional funds could help schools to expand and sustain simulation labs and help students gain practical experience.

Reduce Barriers to Training for Wisconsinites

6. Wraparound services programs for students

- Description: Some students experience social barriers, such as transportation and child care, to completing education and training in health care related fields. Wraparound services are designed to support post-secondary students experiencing these barriers. State supported wraparound services programs, which have been successful for Wisconsinites, require continued and sustainable funding of our state higher education partners.

7. Train direct care professionals and nurse aides through WisCaregiver Careers

- Description: [WisCaregiver Careers](#) provides funding to long-term care employers to cover Certified Nurse Aide and other direct care professional training costs and recruitment and retention bonuses. Without a plan for continued funding, training costs will revert to employers and workers will no longer receive state-sponsored bonuses.

8. Reduce GED/HSED costs for students

- Description: Encourage Wisconsinites to complete a Certificate of General Educational Development or High School Equivalency Diploma by reducing training and/or testing costs.

9. Increase training grants for allied health professionals and advanced practice clinicians

- Description: The Department of Health Services administers the [Allied Health Professional Education and Training Grant](#) and the [Advanced Practice Clinician Training Grant](#). The goal is to increase training opportunities for allied health positions and to expand the use of physician assistants and advanced practice registered nurses in rural areas. However, state law restricts award amounts and requires a high match rate. Modifying the programs to allow for additional flexibility and increasing funds to help DHS administer additional grants would help support these critical professions.

Expand Apprenticeship Programs in Wisconsin

Apprenticeships are a work-based learning model that support workers and employers. Wisconsin is a leader in apprenticeships, including for health care occupations.

10. Additional state funding for [apprenticeship programs](#).

- Description: Increase infrastructure support for apprenticeship programs to boost interest, understanding, and navigation of health care apprenticeships. Increased staffing would boost individual outreach to employers, build and grow pre-apprenticeship opportunities to train individuals for registered apprenticeship opportunities, and allow for more nimble policy and program changes. Increased funding to support and enhance the development of new and existing curriculum and IT processes will help the state respond to the increased demand in pre-apprenticeships, registered apprenticeships, and youth apprenticeships and enhance the worker and employer experience. Incentivize local consortia to engage sponsors and bridge YA-to-RA programs to encourage youth to continue their career pathway as an adult. Fund instruction-related costs for youth apprentices to ensure equitable access to YA pathways. Support registered apprentices by covering the costs of any required licenses, certifications, and exams. Increase funding for apprenticeship completion award program. Fund On-the-job Learning (OJL) Reimbursements to health care sector employers to incentivize them to establish new RA programs.

Expand Other Learning Opportunities

11. [Worker Advancement Initiative Grant](#)

- Description: Support the continuation of the Worker Advancement Initiative (WAI), which provides grants to the local workforce development boards to assist individuals in their communities successfully enter and advance in Wisconsin's health care workforce. Examples of support may include, for example, participants' wrap-around services like transportation and childcare, sector-based, tailored, training programs, and training stipends so that participants can afford to attend new skills training. Invest in these training programs with demonstrated success within the health care sector that are not otherwise eligible for federal WIOA reimbursement.

12. Increase student access to health science and dual enrollment

- Description: Increasing awareness of health care careers among youth is critical to developing the next generation of the workforce. There are 158 school districts (41%) where students do not have access to a quality career pathway in health science. This reflects fewer programs in rural and under-resourced areas of the state due to teacher retention and lack of funds. Increased funding would help boost student access, interest, participation, and credential attainment for health careers. For example, additional funds could support the [Area Health Education Centers \(AHEC\) program](#) and [HOSA – Future Health Professionals](#), which educate secondary and post-secondary students about health care careers. Funds could also strengthen dual enrollment programs to help high school

students complete post-secondary coursework and earn certifications and licenses. Targeted state support for youth starting as early as middle school would ensure more Wisconsin students are aware of the variety of health care careers available.

Recruitment and Retention

Increase Payer Support for Recruitment and Retention

13. Expand Medicaid to support health care workers and fund workforce initiatives

- Description: Medicaid expansion would save Wisconsin an estimated \$1.6 billion in state funds over two years, and the state can decide how to spend these savings. A portion could be used to fund strategic workforce initiatives, such as Medicaid rate increases to support hospitals and other health care employers. Medicaid expansion would also encourage workforce participation among health care workers who sometimes limit hours of employment to retain public benefits.

14. Rate increases to strengthen the workforce for state residents who are elderly or disabled

- Description: Higher rates for home and community-based services (HCBS) can encourage recruitment and retention of direct care professionals and meet the needs of our aging population and those living with disabilities. The HCBS workforce provides services for individuals that enable them to remain in their homes and communities. The cost of providing HCBS is typically lower than the cost of providing facility-based services (in nursing homes), but wages are typically lower. The Department of Health Services has developed a [minimum fee schedule](#) for HCBS to facilitate higher wages and help meet the growing need for services.

15. Rate increases to strengthen the behavioral health workforce

- Description: The state's ability to recruit and retain behavioral health providers is influenced by Medicaid and commercial insurance reimbursement rates. Medicaid reimbursement rates typically fall behind Medicare, private insurance, and self-pay rates. Lower reimbursement rates can translate to lower wages for behavioral health professionals. While Wisconsin has made progress in recent years in increasing rates, additional rate increases for behavioral health services will help providers increase wages and support recruitment and retention of professionals.

Recruit and Retain in Areas of Need

16. Expand State Incentives for Health Professionals Serving in State-Defined Shortage Areas

- Description: Workforce incentives, such as loan repayments, housing supports, and provider stipends, are a common state strategy to support recruitment and retention of the workforce. This proposal provides targeted funding to expand

state incentive programs for health care professionals in underserved communities. Incentive strategies may include expanded student loan repayment and other innovations to enhance recruitment and retention in state-defined areas of need.

Support Regional Innovation

17. Support employer-based workforce development solutions with Provider Innovation Grants

- Description: The workforce needs of employers are generally unique and driven by their industry, the local economy, and the population. Funding to support workforce development innovations must be adaptable to meet the unique needs of employers. Provider Innovation Grants offer flexible funds to employers to support strategic workforce development initiatives, such as mentorship programs, preceptor bonuses, paid clinical sites, improved scheduling practices, professional development, and social supports to retain their workforce. Funds could also help employers address worker wellbeing concerns, such as violence prevention, that contribute to high turnover.

18. Support regional collaboration for workforce development through Workforce Innovation Grants

- Description: Support the continuation of Workforce Innovation Grants (WIG) to encourage the development of evidence-based long-term solutions to regional communities' top workforce challenges to help businesses find qualified workers and assist individuals in obtaining family-sustaining jobs. Allocate specific funding to address health care industry labor and workforce challenges. Flexible funding for regional planning and strategic workforce development would support regional solutions.

19. Support direct care professionals with benefits navigation

- Description: Support direct care professionals by funding benefit navigation services that help people understand and sign up for publicly available health insurance and other programs that support health through [Covering Wisconsin](#). This funding will help ensure entry-level health care workers continue to have a well-integrated, no-wrong-door experience in seeking enrollment in and across Medicaid and Marketplace options and accessing other supports. One-in-three direct care professionals receive public insurance coverage, such as Medicaid. Navigating benefit opportunities can be challenging without guidance and support. Some workers may choose to leave their direct care positions for employment in other sectors or industries where they are offered benefits. Providing resources to health care workers and connecting them to benefit opportunities that work for them, and their families, may help retain these workers in their critical roles.

Regulatory Policy

Support New or Expanded Pathways to Licensure

20. Authorize Medicaid reimbursement for community-focused providers

- Description: Doula, community health workers, peer specialists, and other community-focused providers help licensed practitioners operate at the top of their licenses by supporting members of their communities, but Medicaid is not currently authorized to reimburse directly for many of their services. Authorizing Medicaid to pay for community-focused services can increase wages, provide stability, and alleviate shortages among other providers.

21. Support pathways to licensure for qualified foreign educated professionals

- Description: Foreign educated professionals represent a potential pool of workers to grow the health care workforce. Programs (education) and provisions (regulatory) may be established or strengthened to support the recruitment of these professionals into the state in areas of need, including in practitioner roles and in faculty roles. This proposal provides funding to add legal capacity at DSPS to clarify and expand pathways to practice for qualifying foreign-educated or foreign-trained health professionals.

22. Ratify and enter into multi-state licensing compacts

- Description: Multi-state compacts allow professionals to become eligible to practice in other participating states. Compacts can make it easier for health care providers to practice across states or to relocate. Wisconsin has not yet ratified and entered into the Counseling Compact, which allows professional counselors to become eligible to practice in other states.

23. Revise faculty educational requirements

- Description: Wisconsin sets minimum standards for health professions faculty, including for nursing and allied health programs. These standards limit the number of qualified health professionals who can teach health care students. Reviewing and potentially modifying exceptions for faculty educational requirements could expand the pool of applicants while retaining quality.

Strengthen State Capacity for Regulation

24. Maintain licensing improvements and enhance licensing support for applicants, employers, educators, and other stakeholders

- Description: Providing the Department of Safety and Professional Services (DSPS) with needed staffing levels will help improve workforce availability within Wisconsin communities. In particular, the establishment of positions to support board members' decision making regarding educational requirements may expedite the licensure process for qualified candidates, making Board time more efficient. These positions could perform preliminary review of applicants'

educational requirements, prepare summary information, and provide expert recommendations to the Board.

Strengthen Workforce Monitoring and Support

25. Increase licensee wellness programming to support retention

- Description: Physical, mental, and psychological challenges faced by health professionals can be managed with appropriate treatment. Programs to support professionals facing such challenges can support overall workforce wellbeing and promote continued practice. In some states, these programs are available for licensed health professionals and supported through licensing fees. In other cases, supports are provided by employers through employee assistance programs or company well-being initiatives.

26. Analyze existing and gather additional data on the health care workforce

- Description: Monitoring the health care workforce within a state is challenging. Many states use license counts to estimate state-level capacity of health professionals. Unfortunately, not all license holders actually practice or work within the state, and license information (such as license address) may or may not reflect where a professional is practicing. The collection of supplemental workforce information (whether a professional practices in the state, where their practice is located, their specialty, etc.) at the time of license renewal is a best practice for states to gather the information needed to assess the workforce, identify shortages, and target and evaluation policy solutions. DSPS is poised to champion workforce data collection for Wisconsin's licensed health professionals. Resources will be required to ensure appropriate staffing and expertise to collect this data and transform it into actionable information for Wisconsin.

Appendix: Complete Recommendations

Education and Training

1. Support Faculty: Health Professions Educator Incentive Programs

- **Lead Entity:** Higher Educational Aids Board

Background:

Faculty shortages are a top challenge impacting workforce development in the health sector. A 2016 analysis of the nursing workforce projected that one third of faculty are expected to retire by 2025.¹ Recruiting health care professionals into faculty roles is challenging for many reasons; a top issue is the total compensation package for educators salaries are typically lower than that which could be achieved through clinical roles.² Outside of Wisconsin's recent initiative to support nursing faculty (Nurse Educators Program), there are no current state scholarship or loan repayment incentives to support faculty development among health professional programs. In fact, the remaining incentives target practicing clinical professionals (such as the Wisconsin Health Professions Loan Assistance Program and the Rural Provider Loan Assistance Program), which may further discourage health professionals from seeking educator roles.³

Challenges to recruit and retain health professional educators are most evident in Wisconsin's nursing and allied health programs. State sponsored loan repayment and scholarship programs for faculty may be helpful to incentivize qualified nurses and allied health professionals to achieve the education required to serve in these positions.

The following training programs have been prioritized for inclusion:

- Allied Health
- Behavioral Health
- Dental Professions (Dentistry, Dental Hygiene, Dental Assisting)
- Nursing

Key Considerations:

Wisconsin's Nurse Educator Program has been a successful model of scholarship and loan repayment strategies to support the health professions' educator workforce.⁴ This Program includes scholarships to encourage pursuit of the education required to serve as faculty (Degree Program and Fellowship Program), and loan repayment for recently hired full-time nurse educators (Faculty Hire Program).

Under the current program, master- and doctor-level nursing students are eligible to apply for a 100% forgivable loan if they are U.S. residents of a permanent type with a Wisconsin address who are enrolled in a participating University of Wisconsin or private, non-profit, post-secondary institution in the state; and who intend to practice full-time as a licensed nurse educator in Wisconsin for three consecutive years.⁵ New full-time nurse faculty are eligible for loan

¹ [https://www.nursingoutlook.org/article/S0029-6554\(16\)30314-1/abstract](https://www.nursingoutlook.org/article/S0029-6554(16)30314-1/abstract)

² <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/nursing/reports/nacnep-17report-2021.pdf>

³ <https://worh.org/resources/for-the-workforce/loan-repayment/>

⁴ <https://heab.state.wi.us/features/nep.html>

⁵ <https://heab.state.wi.us/files/forms/nep-eligibility-degree.pdf>

repayment if they are a U.S. citizen and fulfill a three-year teaching requirement.⁶ Many nurse faculty teach part-time and practice part-time, so the current program may not be available to all interested nurse educators. Further, the current program is restricted to nurse educators.

Other states, such as Colorado,⁷ Georgia,⁸ Illinois,⁹ Minnesota,¹⁰ and Washington¹¹ have developed similar initiatives to support faculty directly. Relatedly, the federal government has a program that partners with awarded schools of nursing to offer low-interest loans for nurses pursuing education to become nurse faculty.¹² Schools of nursing should seek participation in this federal program to maximize benefits available to Wisconsin's nurse faculty. Additionally, a federal Faculty Loan Repayment Program is available to support faculty in nursing and allied health (among other professions) who come from economically or environmentally disadvantaged backgrounds.¹³ Coordinated marketing of this opportunity would maximize the use of any related state investment.

Recommendation:

Expand the current Nurse Educators Program to a health professions educator program that will include additional qualifying roles (allied health, behavioral health, dental professions, nursing). In addition, expand eligibility to include both full- and part-time faculty.

⁶ <https://heab.state.wi.us/files/forms/nep-facultyhirefaq.pdf>

⁷ <https://cdphe.colorado.gov/nurse-faculty-loan-repayment-program>

⁸ <https://healthcareworkforce.georgia.gov/loan-repayment-scholarship-programs/loan-repayment-programs>

⁹ <https://www.isac.org/faas/other-programs/loan-repaymentforgiveness-programs/nurse-educator-loan-repayment-program/>

¹⁰ <https://www.health.state.mn.us/facilities/ruralhealth/funding/loans/nursfac.html>

¹¹ <https://wsac.wa.gov/nelr>

¹² <https://www.hrsa.gov/grants/find-funding/HRSA-24-015>

¹³ <https://bhw.hrsa.gov/funding/apply-loan-repayment/faculty-lrp#:~:text=Get%20help%20with%20your%20application&text=Eligible%20faculty%20members%20can%20apply,a%20eligible%20health%20professions%20school.>

2. Support Faculty: Compensation for Health Professions Faculty

- **Lead Entities:** Wisconsin Technical College System and the Universities of Wisconsin

Background:

The cost of higher education is a burden for Wisconsin students, including those wishing to pursue health care careers. State investment in our public higher education entities is vital to Wisconsin's economy and our ability to recruit, retain, and train our future workforce. Faculty shortages are a top workforce challenge, specifically in the health professions education sector. Recruiting health care professionals into faculty roles is challenging for many reasons; a top issue is that the total compensation package for educator salaries are typically lower than that which could be achieved through clinical roles.¹⁴ For example, one study showed that an average assistant professor of nursing in Wisconsin earned \$73,200 compared to salary averages of more than \$100,000 for master's degree nurses serving in clinical settings.^{15,16} Directly addressing faculty compensation is another strategy to support recruitment and retention of faculty in health professions education programs. Given that salary is considered one of the top challenges contributing to faculty shortages, initiatives to support marketable compensation for health professions faculty are likely to address the root cause.¹⁷

Without sufficient faculty, the health professions education pipeline may be restricted, resulting in insufficient training infrastructure and reduced capacity to train the next generation of health professionals. Although additional compensation for faculty is a critical piece of the pipeline infrastructure, it is important to note that this solution should be paired with other strategies to maximize effectiveness. For example, addressing compensation will only be effective if there are enough health professionals trained with the minimum educational requirements to serve in these roles (implying the need for this strategy to accompany loan repayment or scholarship to incentivize program completion). Additionally, strategies to support faculty should be implemented alongside initiatives to increase the efficiency of education (while also supporting quality), such as facility infrastructure, simulation labs, and other education innovations.

Key Considerations:

Many health professions educators teach part-time and practice in clinical settings part-time, so it is recommended that part-time faculty are included in salary adjustments. This will enable qualifying health professionals to contribute to health services for Wisconsin residents while also contributing to training the next generation of professionals for the state.

Although this recommendation prioritizes Wisconsin's public college systems, private institutions are recognized as important contributors to the health care workforce pipeline. Private institutions should explore strategies to support health training program faculty compensation through the development of internal review processes, market comparisons, and strategic decision-making for appropriate initiatives to address faculty staffing and compensation packages holistically.

¹⁴ <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/nursing/reports/nacnep-17report-2021.pdf>

¹⁵

<https://wicenterfornursing.org/wp-content/uploads/2023/12/2021-2022-Wisconsin-Nursing-Education-Faculty-Report.pdf>

¹⁶ <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/nursing/reports/nacnep-17report-2021.pdf>

¹⁷ <https://www.aacnursing.org/Portals/0/PDFs/Fact-Sheets/Faculty-Shortage-Factsheet.pdf>

Recommendation:

Increase state funding for higher education. Schools could use a portion of this funding for educator compensation to address the disparity between educator and clinical practitioner salaries for both full- and part-time faculty.

3. Strengthen Clinical Training & Experience: Support Preparation of Clinical Behavioral Health Counselors (Qualified Treatment Trainee Grants)

- **Lead Entity:** Department of Health Services

Background:

A qualified treatment trainee (QTT) is an individual with a master’s degree in social work, counseling, or marriage and family therapy who seeks to obtain a professional license and become a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist.

To meet licensure requirements, these trainees must complete 3,000 direct service hours provided under the supervision of a licensed clinician. The grant program has three main goals: to increase the number of trainees available, to support supervisory capacity for trainees, and to increase training on community-based behavioral health services for underserved populations.

The QTT grant program is intended to address workforce shortages impacting the behavioral health system. Grants are awarded to DHS-certified clinics, hospitals, federally qualified health centers, or affiliates of a hospital or health care system. The grants are used by recipients to support employment experience and clinical supervision for QTTs and can be used to fund supervision, training, salaries, and benefits.¹⁸

Key Considerations:

This grant program helps train Wisconsin’s behavioral health workforce and is key to expanding the number of individuals trained to address the state’s behavioral health crisis. These emerging professionals help address the workforce shortage by providing services while working towards licensure. At the same time, it is challenging for trainees to find paid positions to fulfill their 3,000 service hours. Providers often cannot bill insurance for trainee-provided services or for supervisory time.

Interest in the program is high, with 274 agencies or individuals applying for funding last year. In 2022, Governor Evers authorized \$7.6 million in one-time American Rescue Plan Act (ARPA) funds for the program. This included \$5 million for about 200 behavioral health providers to hire and supervise at least one trainee, \$2 million for stipends of up to \$5,000 per year for 200 unpaid trainees, and \$620,000 to expand the network of agencies which sponsor trainees. This one-time supplement will expire in 2024, reducing funds for the program to \$750,000 in state funds annually despite continued demand.

Without continued support for this program, emerging behavioral health professionals will experience difficulty meeting licensure training requirements and the state could see a reduction in the number of emerging professionals available to support behavioral health services.

Recommendation:

Expand ongoing state funding for the Qualified Treatment Trainee Grant Program to support the emerging behavioral health workforce.

¹⁸ <https://www.uww.edu/orsp/research-centers-and-initiatives/citee/gtt>

4. Strengthen Clinical Training & Experience: Support Clinical Partnerships and Preceptors

- **Lead Entities:** Wisconsin Technical College System and the Universities of Wisconsin

Background:

Clinical training is an important part of the educational process for most health care occupations, including allied health, nursing, and behavioral health. Most health professional education programs rely on clinical training partnerships with health care employers and licensed health care professionals. These partnerships support placement of students in clinical sites (clinical placement) where licensed professionals serve as clinical preceptors, helping to supervise and train students as they learn to work with patients. Clinical preceptorship typically involves the integration of students into a licensed professionals routine care of patients for a specified period of time. The level of integration and specific contribution by students varies by health professional education program and the students' stage of training. For example, students may observe a licensed professional's interaction with patients, or students may engage in some aspect of patient care under the supervision and guidance of a license profession. Clinical training requirements, including length of training and level of integration and/or contribution of student, vary by health professional education program, generally based on national accreditation standards.

Key Considerations:

It takes time and administrative support for health professional education programs to place students in clinical sites. Once a clinical placement has been secured, the sponsoring health care organization and licensed health professionals invest time and resources into training. In some cases, productivity of licensed professionals may be impacted by precepting. Most health care organizations cannot bill insurers for training students, and many licensed professionals do not receive additional compensation for their time serving as preceptors. Impacts to clinical productivity and lack of incentives are likely contributing to the shortage of health professionals willing to serve as clinical preceptors. Incentivizing health care professionals to serve as preceptors can help increase capacity within Wisconsin's post-secondary training pipeline.

Funds would help Wisconsin's post-secondary schools develop and sustain partnerships with health care employers in the state and create a pipeline for student training opportunities. Schools would be responsible for designing and maintaining partnerships to connect students with high-quality placement sites and clinical experiences.

Arizona¹⁹, Virginia,²⁰ and Washington²¹ have developed preceptor grant programs which provide awards to previously uncompensated professionals serving as a clinical preceptor to qualifying health profession students. Other states have achieved the same goal by offering tax credits to clinical preceptors. The grant program is preferred due to the ability for clinical preceptors to receive financial remuneration more quickly (rather than waiting for the next tax year), and states ability to measure the financial impact of the approach.

¹⁹ <https://www.azleg.gov/viewdocument/?docName=https://www.azleg.gov/ars/36/01806.htm>

²⁰ <https://www.vdh.virginia.gov/content/uploads/sites/76/2024/02/Nurse-Preceptor-Guidelines-Updated-2024.pdf>

²¹ <https://app.leg.wa.gov/rcw/default.aspx?cite=18.79.430>

Recommendation:

Provide funding to state institutions of higher education to develop or strengthen clinical training partnerships with health care employers and professionals. Funds may be used to address organizational and individual losses in productivity associated with clinical training, including strategies such as preceptor compensation.

5. Strengthen Clinical Training & Experience: Expand Experiential Learning (Simulation)

- **Lead Entities: Wisconsin Technical College System and the Universities of Wisconsin**

Background:

Health science education has traditionally emphasized clinical experiences in health care settings to offer practical training for students. However, the integration of simulation-based learning, also known as experiential learning, has gained significant momentum in recent years and the technology continues to evolve quickly.

For example, all 16 technical colleges utilize various forms of simulation, including simulation manikins, virtual reality, and standardized patients. Standardized patients are specially trained people who act as a live patient. As an alternative, virtual reality is a newer form of simulation and is being adopted by colleges across the country. In 2023, the Wisconsin Technical College System (WTCS) Intercollegiate Partnership for the Alignment of Healthcare Simulation was developed to align health care simulation across all 16 colleges. By incorporating current, evidence-based standards, the alignment aims to enhance the simulation experience for both faculty and students, thus ensuring a higher level of consistency and quality.

Key Considerations:

Funds are needed to expand these forms of experiential learning and to train instructors on how to use simulations within their programs. Simulation provides a safe and controlled environment for students to practice clinical skills without putting real patients at risk. Students can learn from their mistakes and receive constructive feedback. Through repetitive practice, students can improve their clinical decision-making, critical thinking, and problem-solving skills. This instills a culture of patient safety from the beginning of their educational journey and facilitates the integration of theoretical knowledge with practical applications, bridging the gap between classroom learning and clinical practice.

Simulation can supplement limited clinical placement opportunities, which are often a bottleneck in health science education. It provides a consistent and standardized learning experience for all students, regardless of the availability of clinical sites. Simulation allows for the controlled introduction of specific learning objectives, ensuring that students are exposed to essential skills and scenarios.

Virtual Reality (VR) provides immersive environments that mimic real-life clinical settings, allowing students to practice and hone their skills in a safe and controlled environment. Through interactive scenarios, students engage in active learning, which is more effective than passive learning. They can make decisions, see the outcomes of their actions, and learn from their mistakes without the risk of hurting anyone. VR allows for repeated practice of procedures and techniques, which is crucial for skill mastery. Students can perform the same procedure multiple times until they achieve proficiency. VR can simulate complex and rare clinical scenarios that students might not encounter during regular clinical rotations. VR can be easily scaled to accommodate many students without proportional increases in physical resources or instructor time. This scalability makes it a cost-effective solution for institutions with large programs. VR facilitates remote learning, making health science education accessible to students who may not be able to attend in-person class due to geographical, financial, or

personal constraints. It allows students to engage in learning activities at their own pace and on their schedule. VR can be tailored to meet the needs of diverse learners, including those with disabilities. By providing customizable learning experiences, VR ensures that all students have equal opportunities to succeed.

By providing immersive, standardized, and repetitive training opportunities, simulations enhance learning experiences and skill acquisition. Embracing VR technology in health science education is a forward-thinking approach that can lead to better-prepared students and, ultimately, improved patient care.

Recommendation:

Increase funding for institutions of higher education to expand and sustain simulation labs and other experiential learning tools as a supplement to classroom and clinical experience.

6. Reduce Barriers to Training for Wisconsinites: Wraparound Services Programs for Students

- **Lead Entities:** Wisconsin Technical College System and the Universities of Wisconsin

Background:

Health workforce training programs frequently include a combination of classroom learning (delivered in person or online) and clinical experience. This requires students to receive training on campus, through online formats, and at a variety of clinical locations (such as hospitals and health clinics). In order to complete this training successfully, students may require reliable transportation, technology (such as personal laptops or access to internet), childcare (if applicable), and other services and supports (such as tutoring, mental health, career counseling, etc.). In some instances, students may struggle with access to the resources and services required for training. Wraparound services to support students with these resources and services can remove barriers and help them achieve their educational goals.

Transportation: Transportation is required for students to attend classes and clinical rotations. Reliable transportation may be a costly investment for students. Transportation costs may include vehicle ownership and maintenance, parking, bus, or public transportation passes. A recent study estimated that transportation costs account for nearly 20% of the cost of attending college for commuting students (those not living on-campus) and over one quarter of students reported missing classes due to the lack of reliable transportation.²²

Technology: Students need reliable access to technology to participate in online learning, complete their assignments, and commute to clinical rotation sites (many times in rural areas). Inadequate technology access is associated with lower student outcomes (challenges meeting deadlines, completing coursework, and lesser perceptions of success).²³

Child care: More than one in five college students are parents.²⁴ Only an estimated 35% of Wisconsin's public two-year institutions offer campus-based childcare.²⁵ The scarcity of quality child care along with the expense is a barrier to individuals seeking post-secondary education and logistical challenges for students that may also be working and/or completing clinical training during non-traditional hours (such as evening or overnight shifts). There are resources that are provided such as federal grant funding that can offset the cost of the on campus child care center or provide vouchers to child care centers in the community. In addition, some schools support the student parent/caregiving population by providing on campus drop off child care options that allow a student to attend class or complete homework, providing baby needs closets, family friendly campus study spaces, and support groups. While outside the scope of this task force, the child care provider shortage affects the health care workforce and additional state support should be provided to grow the supply of childcare providers and ensure quality, affordable care.

Other Supports: There are several other supports that are known to have positive effects on student outcomes, including access to mental health services,²⁶ tutoring, regular academic

²² https://www.trelliscompany.org/wp-content/uploads/2023/07/Research-Brief_Jul23_Transportation.pdf

²³ https://www.mhec.org/sites/default/files/resources/2021The_Digital_Divide_among_College_Students_1.pdf

²⁴ https://iwpr.org/wp-content/uploads/2021/10/Evaluating-the-Role-of-Campus-Child-Care_FINAL.pdf

²⁵ <https://iwpr.org/wp-content/uploads/2020/12/C445.pdf>

²⁶ <https://edworkingpapers.com/sites/default/files/ai24-925.pdf>

counseling sessions, books/materials costs, and more. To address food scarcity, some schools have a food pantry on campus, some of which include recipes and slow cookers for the students. In addition, some schools have career closets which carry professional clothing and access to funding to assist students in getting uniforms/equipment necessary for their respective program area. These supports can be organized on a student-by-student basis, to certain programs, or made available to all students.

Key Considerations:

Access to wraparound services is known to increase the full-time enrollment of students (thereby helping them achieve their degree and enter the workforce faster) and increase their likelihood to complete their degree program.²⁷ Wisconsin’s schools may already provide some of these services. While these school-sponsored supports are essential, the needs among students are significant and they do not have the capacity or resources to serve as direct providers of all the services and resources students may need. To complement these services, some schools may also invest in partnerships with organizations within the community that are better positioned to provide the wide range of supports that students need, which may include, but is not limited to, the following examples:

- Collaborations with local food pantries and Community Supported Agriculture (CSA) providers to expand access to affordable, healthy food options for students experiencing food scarcity.
- Referrals to community mental health care providers through Memorandums of Understanding and access to virtual mental health providers to supplement the in-person services that are available.
- Partnerships with local childcare providers.
- Sharing on-campus spaces with community service providers to improve accessibility for students.

Recommendation:

Fund state-supported wraparound services programs, administered by higher education partners, to address barriers to education such as child care, transportation, and technology.

²⁷https://urbanlabs.uchicago.edu/attachments/89ba899bbb8d94545822ecffb39ae94f2c736345/store/466e7cde4a3f66a7c388d8f39c0ca80efc914f34b85caacb63509f4a4de2/Final_OMD+Working+paper_updated+June+2022.pdf

7. Reduce Barriers to Training for Wisconsinites: Train Direct Care Professionals and Nurse Aides through WisCaregiver Careers

- **Lead Entity:** Department of Health Services

Background:

In 2018, the Department of Health Services launched WisCaregiver Careers to help bolster the certified nurse aide (CNA) workforce in skilled nursing facilities. In 2023, Governor Evers expanded WisCaregiver Careers using one-time federal funds to increase the number of certified direct care professionals (CDCP) in home and community-based settings.²⁸

The program has primarily been supported through limited-term federal funds. However, in 2023, the Legislature allocated \$2 million in one-time state funds for the CNA component of the program. Both the CNA and CDCP components are scheduled to end in June 2025 unless additional funds are provided.

Certified Direct Care Professionals

Direct care professionals provide personal care and supportive home care to older adults and individuals with disabilities. It is often the first step on the caregiving career ladder from direct care professional to CNA, licensed practical nurse, and registered nurse.

To be certified as a direct care professional, candidates must complete a 30-hour online training program that is currently offered in English and Spanish. WisCaregiver participants receive free online training and certification testing, join a one-stop workforce platform and provider registry,²⁹ and earn up to \$500 in bonuses upon successful course completion and employment at an eligible employer.

Since DHS began to certify direct care professionals in July 2023, 521 people have completed the training and 380 are employed in the field. An additional 202 people have completed the training and are waiting to take the test. DHS maintains a map showing the location of registrants and certified direct care professionals.³⁰

Certified Nurse Aides

Certified nurse aides in Wisconsin must complete a minimum 75-hour state-approved training program and pass a competency evaluation. There is no minimum age requirement for CNAs, although employment rules for minors apply, such as work permit requirements and restrictions relating to mechanical lifts, which have a minimum age of 16.

WisCaregiver Careers CNA follows an employment first model, in which trainees work while enrolled in the training and certification process. Participants apply directly to a chosen employer, with application assistance from the program, and can begin work while completing the training and certification process. WisCaregiver Careers CNA is a public-private partnership administered by DHS in partnership with the University of Wisconsin - Green Bay, the

²⁸ <https://www.wiscaregivercdcp.com/>

²⁹ <https://www.uwgb.edu/certified-direct-care-professional/find-a-job/>

³⁰

<https://www.google.com/maps/d/u/1/viewer?mid=1r5Hq9Is7132dplfPi0P6De7ZXXOHGCo&ll=44.67828188026806%2C-89.68447222376497&z=8>

Wisconsin Health Care Association, and LeadingAge Wisconsin.³¹ New nurse aide hires must pass a nurse aide competency exam within 120 days of the start of full-time employment as a nurse aide.³² Skilled nursing facilities that participate in WisCaregiver Careers are then reimbursed for training and testing costs (about \$700 per CNA) and retention bonuses (\$500 per CNA). Since July 2022, 2,045 participants have been trained and certified as CNAs.

Key Considerations:

The goal of WisCaregiver Careers is to provide training and education for paid caregivers, including direct care professionals and certified nurse aides, and a pathway for career advancement. Without a plan for continued state funds, training costs will revert to employers in mid-2025 and workers will no longer receive state-sponsored recruitment or retention bonuses. Wisconsin needs more caregivers. In January 2019, Wisconsin had 56,900 certified nurse aides. By December 2020, that number had plummeted to 48,400. While the profession has recovered slightly, Wisconsin only had 51,900 CNAs as of March 2024.³³ A survey of 805 long-term care providers reported a 28% vacancy rate for nurse aides and direct care professionals.³⁴ Further, the need for nurse aides is expected to increase as the state’s population ages.

WisCaregiver Careers is cited nationally as a best practice for supporting health care workers. Idaho, New Hampshire, and North Carolina have launched programs modeled after the program. The National Governors Association recommends states implement similar programs to “encourage entry into the direct care workforce and identify and support pathways that will remove barriers and facilitate transition to higher skilled jobs with better wages.”³⁵ A cost-benefit analysis by the University of Wisconsin calculated that the CNA component produced a net benefit to the state of \$5.8 million over two years (with estimated costs of \$1.3 million and benefits of \$7.1 million). Benefits included increased participant productivity, avoided costs of CNA turnover, and avoided costs of low-quality care.³⁶ DHS is currently working with the UW to evaluate the CDCP component.

Recommendation: Sustain and expand state funding for WisCaregiver Careers to support training, recruitment, and retention costs for direct care professionals and certified nurse aides.

³¹ <https://wiscaregivercna.com/>

³² <https://www.dhs.wisconsin.gov/caregiver/nurse-aide/nar-test-faq.htm>

³³ <https://www.dhs.wisconsin.gov/caregiver/nurse-aide/statistics.htm>

³⁴ <https://www.leadingagewi.org/media/113792/2022-workforce-report-7-13a.pdf>

³⁵ https://www.nga.org/wp-content/uploads/2021/10/NGA_SectorGrowth-DirectCare_report.pdf

³⁶ <https://lafollette.wisc.edu/research/a-cost-benefit-analysis-of-the-wiscaregiver-careers-program/>

8. Reduce Barriers to Training for Wisconsinites: Reduce GED/HSED Costs for Students

- **Lead Entity:** Department of Public Instruction

Background:

The General Education Development (GED) tests measure competency in math, science, social studies, and language arts. Each of the four sections costs \$39.75 (\$159 for all four required tests). Wisconsin's version has four additional subject areas called the High School Equivalency Diploma (HSED). HSEDs include additional requirements of health, civic literacy, employability skills, and career awareness. The GED and HSED are accepted by most employers, technical colleges, and community colleges, universities, and the military. In 2023, 2,905 Wisconsinites earned a HSED and 1,840 earned a GED.

Key Considerations:

- Funding for alternative education is an important aspect of economic development as it results in increased access for learners from underserved communities to earn a high school diploma.
- There are 266,497 adults in Wisconsin without a high school credential.³⁷ In 2022-23, 5,268 students (1.4%) dropped out of high school.³⁸
- Wisconsin has 2,762 high school students ages 17-18 in a GED alternative pathway, resulting in districts covering the costs of GED testing.

Recommendation:

Increase funding for the GED/HSED and Alternative Education pathways offerings for school-aged and adult students and subsidize testing costs. This would benefit school districts and increase student access to this high school credential and post-secondary health care career opportunities.

Consider re-establishing an Alternative Education Grant program. The program was appropriated \$5 million annually beginning in 2001 and was eliminated in 2017. Grants were available to school districts and consortia of school districts to develop programs for students at-risk of academic failure. This would provide much needed resources to districts to ensure that students earn their high school diploma and are prepared for post-secondary education, including health care career opportunities.

³⁷ <https://data.census.gov/table/ACSST1Y2022.S1501?q=wisconsin%20education%20attainment>

³⁸ <https://wisedash.dpi.wi.gov/Dashboard/dashboard/16657>

9. Reduce Barriers to Training for Wisconsinites: Increase Training Grants for Allied Health Professionals and Advanced Practice Clinicians

- **Lead Entity:** Department of Health Services

Background:

The primary care program under the Department of Health Services administers two grant programs to support education and training: the Allied Health Professional (AHP) Education and Training Grant³⁹ and the Advanced Practice Clinician (APC) Training Grant.⁴⁰

AHP Grant Program

The goal of the AHP grant is to increase the availability of quality education and training opportunities for critical allied health positions. AHP grants may support education and training for a wide variety of health professions that provide diagnostic, technical, therapeutic, or direct patient care and support services to a patient.

Eligible applicants include:

- Hospitals, health systems, and educational entities that form health care education and training consortia for allied health professionals.
- Priority is given to rural hospitals, health systems with at least one rural hospital or clinic, and rural educational entities. Based on high need, priority is given to applications targeting behavioral health specialists and technicians, mental health counselors and assistants, psychiatric aides and technicians, and substance abuse counselors and counselors-in-training.
- Recipients must match the amount received (100% match) either in cash or through in-kind funding. The maximum award amount is \$125,000 per year.

APC Grant Program

The goal of the grant is to expand the use of physician assistants and advanced practice registered nurses to increase access to health care in rural areas. Grants may be used to expand existing training programs or to develop new training programs.

Eligible applicants include:

- Hospitals, clinics, or an entity partnering with a hospital or clinic as a training site.
- Priority is given to hospitals or clinics in a city, town or village with a population less than 20,000 people, or to clinical training programs that include rural hospitals and clinics as training locations. Priority is given to hospitals or clinics developing new clinical training opportunities for advanced practice clinicians.
- Recipients must match the amount received (100% match) either in cash or through in-kind funding. The maximum award amount is \$50,000 per year.

³⁹ <https://www.dhs.wisconsin.gov/primarycare/ahp-grant.htm>

⁴⁰ <https://www.dhs.wisconsin.gov/primarycare/apc-grant.htm>

Key Considerations:

In the 2023-25 biennium, DHS expects to train 585 allied health professionals and 400 advanced practice clinicians through the two grant programs.

The last state budget provided a one-time increase of \$2.5 million per year for the AHP program and expanded eligibility to include registered nurses. Unless additional state funds are provided, the AHP program will have a total budget of \$500,000 per year starting in July 2025. The APC program is currently allocated \$500,000 per year.

It should be noted that DHS has not been able to award the full amounts allocated for either program. DHS indicates that legal restrictions, including the low limit per recipient, the high match rate, and restrictions on applicant types have limited the agency’s ability to spend funds.

Recommendation:

Modify the Allied Health Professional Education and Training Grant and the Advanced Practice Clinician (APC) Training Grant Programs to allow for additional flexibility. Increase funds to help DHS administer and allocate additional grants.

10. Expand Apprenticeship Programs in Wisconsin: Additional State Funding for Apprenticeship

- **Lead Entity:** Department of Workforce Development

Background:

The Department of Workforce Development (DWD) administers the state's nationally recognized apprenticeship programs, including Youth Apprenticeship (YA) for high school juniors and seniors and Registered Apprenticeship (RA) for adults. Both are "earn while you learn" models that offer participants a competitive wage while they complete their education, which results in an industry-recognized credential. Both programs have experienced record high apprentice and employer participation in recent years. During the 2022-23 school year, 8,357 youth apprentices enrolled and 5,719 employer sponsors participated. In 2023, 16,384 registered apprentices and more than 2,900 employers participated.

Wisconsin currently offers eight health care registered apprenticeships: medical assistant, registered nurse, caregiver, sterilization technician, interventional cardiovascular technologist, paramedic, pharmacy technician, and ophthalmic assistant. Youth apprenticeship offers the health science program area, where students may be hired as a medical assistant, nursing assistant, pharmacy technician, or dental assistant, or work in a medical office or ambulatory/support services.

While apprenticeship is recognized as one of Wisconsin's strongest options for growing the health care workforce, DWD is not able to fully take advantage of the growing interest and opportunities in its health sciences apprenticeship programs due to limited staff capacity and barriers to participation. Registered apprenticeships in health care are currently only available through seven employers, located in five counties.

The apprenticeship model requires experienced staff to mentor apprentices as they receive their training on-the-job. While recognized to demonstrate a return on investment over time, the initial investment may be cost-prohibitive for some health care employers to participate. Apprentices are paid while they receive their instruction; however, instructional costs (i.e., tuition, fees, and books) and related license or exam fees may still prevent some apprentices from being able to participate or successfully complete their apprenticeships.

DWD currently offers On-the-Job Learning grants, funded by the U.S. Department of Labor, to help subsidize the cost of training and wages that some employers, including those in the health care industry, invest in their apprentices. DWD also administers the Apprenticeship Completion Award Program (ACAP) to partially reimburse eligible apprentices or sponsors for the costs associated with an RA. The apprentice or sponsor may be reimbursed a maximum of \$1,000 or 25%, whichever is less, for the tuition costs charged for an apprentice to participate in related instruction. As participation in the apprenticeship program has increased, so has the demand for ACAP reimbursements.

YA opportunities include uniform statewide curriculum guidelines, but the programs are offered and administered locally by regional consortia. While YA has been a successful youth employment training program in many schools throughout the state, approximately 25% of Wisconsin's school districts do not offer YA. In addition, several of the state's largest school districts offer YA, but historically have had very low participation.

Although both Wisconsin's YA and RA programs have served as national models, until recently, they have lacked a clear framework for students to transition from YA to RA. Providing such a connection guides students toward meaningful careers and helps employers fill their long-term workforce with skilled employees. The number and percentage of new registered apprentices who previously participated in a YA program have steadily increased each year since 2018; however, there are currently no opportunities to do so in the health sciences field.

Key Considerations:

- More staff to run apprenticeship programs will facilitate greater outreach, attracting more aspiring health care workers into apprentice positions. Importantly, increased staff and related resources should be distributed across the state to improve equity of access and prioritize geographic and industry need.
- Providing funding for a health care-specific On-the-Job Reimbursement grant program would allow DWD to establish criteria that provides financial incentives to employers to participate in sponsoring RA programs designed to meet their workforce needs.
- Local consortia and sponsors share responsibility in expanding opportunities to bridge YA to RA, as they are key in building relationship bridges between schools, students, job seekers, and employers.

Recommendation:

Increase state funding for additional staff, IT updates, and curriculum improvements to support greater health care workforce apprenticeship development, quality, and outreach across the state. Fund supports to health care employers and apprentices that reduce barriers to develop, enter, and complete apprenticeship programs, including through the following activities:

- Cover costs of YA instruction to ensure equitable access across diverse student populations and backgrounds;
- Incentivize local consortia to streamline individual apprentice pathways, including the bridge from YA to RA programs;
- Provide funding and support for high schools to increase participation in health care YA programs;
- Cover RA fees for licenses, certifications, and exams;
- Increase funds for ACAP; and
- Dedicate state funds and review eligibility for On-the-Job reimbursements to encourage the development of additional RA programs in health care and the hiring of more apprentices.

11. Expand Other Learning Opportunities: Worker Advancement Initiative Grant

- **Lead Entity:** Department of Workforce Development

Background:

Some job seekers experience complex barriers in obtaining and maintaining employment. In these instances, human-centered approaches are effective in connecting job seekers with job leads, training opportunities, and careers they find engaging by providing individualized support and resources that best address their specific employment barriers. However, human-centered approaches are time consuming and require specialized placement skills and resources that either cannot be sustainably met or are not covered at all by DWD's current ongoing federal funding streams.

The Workforce Innovation and Opportunity Act (WIOA), Titles I through IV, are the primary federal funding streams available to state and local employment and training programs for youths, age 14 and older, and adults. Title I of WIOA requires each state to align workforce development activities and resources with larger regional economic development areas. In Wisconsin, DWD satisfies this requirement by contracting with the local workforce development boards (WDBs) because daily they are on the frontlines striving to address their designated regions' workforce challenges, including worker quantity challenges.

WDBs are comprised of businesses, worker representatives, educators, and other stakeholders who cooperate to develop economic strategies for their regions, including ways to support driver industries such as health care. While WDBs have identified that wrap-around services are effective in addressing barriers to employment for individuals disconnected from the workforce, WIOA reimbursement requirements do not necessarily allow coverage of costs for wrap-around services. As a result, WDBs must consider other grant opportunities to fill this gap in services in order to best assist the workforce.

Gov. Evers provided DWD a \$20-million Worker Advancement Initiative (WAI) grant using one-time federal American Rescue Plan Act (ARPA) funding in SFY 22. DWD disbursed this grant to Wisconsin's 11 WDBs, with the goal of serving 2,000 individuals whose previous employment had yet to return post-pandemic or individuals that were not attached to or had been unsuccessful in the labor market prior to the pandemic.

While WDBs targeted outreach to participants based on their communities' needs, some examples of the targeted populations state-wide included justice-involved individuals, veterans, individuals experiencing homelessness, non-custodial parents, individuals with limited English language proficiency, individuals with disabilities, human trafficking survivors, and individuals in AODA treatment.

WAI is implementing innovative methods to provide subsidized employment and skills training opportunities with local in-demand industries, including health care, to help their residents successfully find and maintain employment. Using these funds, WDBs have offered occupational skills training, on-the-job training, paid work experience, and job readiness training. They have also provided a variety of supportive services to encourage completion of these trainings, including offering worker stipends and completion awards, offsetting their costs of childcare, transportation (including auto repairs), exam fees, out-of-pocket medical expenses, and work-related equipment, and providing access to digital technology and internet connectivity.

Some examples include the Northwest Wisconsin Workforce Investment Board supporting adults earn an associate degree in nursing and in-school youth earn their nursing assistant certification by covering the costs of training. Employ Milwaukee offered a variety of health care skills training programs, including for community health workers, and offered participants hourly stipends, as well as completion and job retention incentives. The Workforce Development Board of South Central Wisconsin partnered with Centro Hispano to support ESL individuals become CNAs by covering their costs of training and offering participation incentives. North Central Wisconsin Workforce Development Board supported training in dental assistance and medical office coding, also offering participants mileage reimbursement, attendance incentives, and housing assistance.

WAI's period of performance will end December 31, 2024. As of May 2, 2024, WAI has provided 21,129 unique services to 4,283 unduplicated participants across the state. WDBs have identified a need for further funding for non-WIOA covered expenses that promote successful employment outcomes in their regions, which were covered through WAI, but will or have ended upon the completion of their WAI grant projects.

Key Considerations:

- Local WDBs have the experience, relationships, and data and fiscal infrastructure to support the successful implementation and delivery of supportive services to unemployed and underemployed constituents in their communities.
- Local WDBs cannot use their WIOA funds for wrap-around services that are essential components of their human-centered service approach, despite those services leading to improved employment outcomes.
- Ongoing state funding for wraparound services to individuals will leverage current federal investments and programs.

Recommendation:

Provide sustained funding and administrative support for the continuation of WAI, which provides grants to the local workforce development boards, in alignment with their regions' workforce needs, to support individuals' successful entry into and advancement within Wisconsin's health care sector that will lead to family-sustaining careers.

12. Expand Other Learning Opportunities: Increase Student Access to Health Science and Dual Enrollment

- **Lead Entity:** Department of Public Instruction

Background:

Wisconsin Career Pathways - Direct Patient Care is offered in all regions of the state, each with its own advisory group of local employers, educational organizations, and economic and workforce development interests. According to 2022-2023 school district data, 225 out of 383 (59%) school districts offer the Direct Patient Care career pathway. There are 158 (41%) school districts where students do not have access to a quality career pathway in health science. This data also reflects fewer programs in rural and under-resourced areas of the state due to teacher retention and funding to run a program.

School districts and students face barriers to expand dual enrollment opportunities in the Direct Patient Care Career Pathway. Students taking dual enrollment courses can earn health care credentials such as nursing assistant, phlebotomist, emergency medical technician, dental assistant, medical laboratory technician, licensed practical nurse, and more. A lack of qualified and credentialed educators, capacity and staffing for school districts to coordinate and support students, and students having to leave their high school campus to participate in dual enrollment all inhibit more students from earning dual credit leading to industry credential obtainment.

Wisconsin HOSA-Future Health Professionals (HOSA) serves as a key health care pipeline, supporting secondary students to enter the career pathway while helping to address industry workforce needs. HOSA consists of around 4,000 members across 127 middle and high schools. Through HOSA, students directly connect with industry professionals while showcasing their workforce skills and knowledge. Some examples include leadership roles, certifications, micro-credentials, job interviewing, internships, professionalism, and access to mentors and like-minded peers. Membership dues cost \$17.00 per student. Conference and special training fees range from \$15.00 to \$135.00 depending on the event in addition to associated travel costs.

Additionally, Wisconsin Area Health Education Centers (AHEC) offer a variety of education and training programs for secondary and post-secondary students to increase the diversity and distribution of the health care workforce and enhance health care quality and delivery in rural and medically underserved communities. Through seven regional centers, a statewide program office, and partnerships with academic institutions and community-based organizations, AHEC serves over 6,000 learners annually. AHEC is currently supported by the federal government and by the University of Wisconsin.

Key Considerations:

Demand is growing but school districts struggle to support Career and Technical Education Health Science programming without additional resources.

- Inequities exist for Wisconsin students in schools that have limited or no access to a health science career pathway. Increased funding would help school districts establish

programs that help students understand their interests, explore career-based learning experiences, and earn health care credentials.⁴¹

- Due to industry need and student interest demand, awareness is spreading fast for schools identifying a need to develop or grow their health science offerings, however starting new programs or expanding existing programs is difficult when there is not funding for start-up or the current resources are spread among all CTE areas to maintain what is already in place.
- It's difficult for school districts to recruit and retain teachers for this career pathway. Industry professionals make more money in the field than teaching, and current qualified and licensed teachers are leaving education or moving districts which shifts program offerings or leaves a program vulnerable to reductions or cuts where schools cannot hire replacements.

More support is needed for dual enrollment to help students complete post-secondary coursework and earn certifications and licenses.

- Many high school teachers do not have the support or financial incentive to obtain advanced degrees, training, or credentials to expand offerings for dual credit and industry recognized credentials obtainment. Additional funding can provide incentives for teachers and school districts to support credentialing for teachers.
- School districts are responsible for coordinating dual enrollment. As more students participate in health science dual enrollment, more school district staffing is needed to support course offerings and student success. Additional funding to school districts can support growth in this area and student completion of dual enrollment courses.
- High school students forgo taking dual enrollment courses due to difficulties accessing post-secondary or college campuses. Students who can take dual credit courses without leaving their high school have a higher success rate for enrollment and completion.⁴² Additional funding can support school districts to contract with colleges for instructors and create health science labs required to deliver courses in high schools.

Current challenges prevent more students from participating in HOSA and AHEC. To address workforce shortages now and for years to come, more efforts and resources are needed to engage young people through HOSA and AHEC.

- There are student and school district costs to participate in HOSA.
 - Not all students can afford membership dues, professional attire, and fees associated with training and conference events. Many schools do not have the funding to cover these fees for students.
 - Chapters are required to have a school advisor. School districts are challenged to find extra funds to support extended contracts, dues, and travel for teachers to serve in the HOSA advisor role. Schools are wary to start a HOSA chapter when

⁴¹ https://dpi.wi.gov/sites/default/files/imce/acp/pdf/2020_03_09_ACP_FAQs.pdf

⁴² https://dpi.wi.gov/sites/default/files/imce/dual-enrollment/2021_01_21_2020_09_Dual_Enrollment_Intro_1.pdf

funds are not available to support the advisor or establish the chapter with start-up funds.

- There is awareness and interest for school districts to provide early learner exposure to health careers but very few middle school programs exist for health science in Wisconsin.
 - Having a HOSA chapter at the middle school level is an easy way for school districts to engage young students in this career pathway, however funding to support middle school career exploration is very limited. The earlier the exposure, the more likely the student will pursue a pathway.
- AHEC has a regional infrastructure with extensive partnerships and relationship with higher education, K-12 academic settings, and health focused organizations, but current AHEC funding is restricted in how it can be used.

Recommendation:

Increase funding to support health science education and career pathways for secondary and post-secondary students, including middle schools. Funding could support secondary student pathways through health science courses, dual enrollment opportunities, work-based learning, industry-recognized credentials, and HOSA. In addition, funds could support AHEC programming to expand student access, interest, participation, and credential attainment for health careers.

Recruitment and Retention

13. Increase Payer Support: Expand Medicaid to Support Health Care Workers and Fund Workforce Initiatives

- **Lead Entity:** Department of Health Services

Background:

Under federal law, states can choose to expand Medicaid eligibility for adults with incomes up to 138% of the federal poverty level (\$43,100 for a family of four). Wisconsin Medicaid partially expanded in 2014 using state funds, and the program is currently available for adults with incomes below 100% of the federal poverty level (\$31,200 for a family of four). Many adults on Medicaid work at least part-time and do not have affordable or available health insurance benefits through their employers.

Full expansion would extend Medicaid coverage to around 90,000 Wisconsinites, an estimated 30,000 of whom are currently uninsured. The federal government would reimburse the state for a higher share of Medicaid costs, meaning that expansion would save taxpayers a significant amount of money while expanding access to care. Under current projections, expansion would save Wisconsin an estimated \$1.6 billion in state funds over two years, and the state can decide how to spend these savings. Of the \$1.6 billion, \$1.1 billion is a signing bonus: a one-time, “no strings attached” incentive through the American Rescue Plan Act. After the first two years, the state would save an estimated \$200 million annually that also could be spent on any purpose.

In addition to state savings, DHS estimates that the state would increase hospital access payments by \$266 million each year because of the higher federal match rate, helping to offset the cost to hospitals of serving more Medicaid members.

Key Considerations:

The significant state savings of \$1.6 billion from expanding Medicaid could help ensure the state has the resources to fund health care workforce initiatives, encourage workforce participation, or fund other task force recommendations.

Expansion would help entry-level health care workers, who often limit work to part-time to retain public benefits and avoid exceeding the income limit of \$31,200 for a family of four (referred to as the “benefits cliff”). In Wisconsin, 45% of direct care professionals work part-time, with median annual earnings of \$21,100.⁴³ A recent report estimated that expansion would allow a direct care professional to work up to 457 more hours annually without facing the benefits cliff, equal to an extra shift per week.⁴⁴ Given high vacancy rates for these positions, expansion could help meet patients’ needs by encouraging current workers to increase their hours.

Wisconsin is one of only 10 states that have not fully expanded Medicaid. This lack of action has significant fiscal impacts on the state. While Wisconsin does provide Medicaid access to Wisconsinites earning up to 100% of the federal poverty level, this partial expansion was not enough to qualify Wisconsin for increased federal funds, putting the additional burden on Wisconsin taxpayers. If Wisconsin had fully expanded Medicaid starting in 2015-16, the state would have saved a total of \$2.4 billion in state tax dollars and gained an additional \$5.8 billion

⁴³ <https://www.phinational.org/policy-research/workforce-data-center>

⁴⁴ http://www.survivalcoalitionwi.org/wp-content/uploads/2019/04/Medicaid-BadgerCare-expansion_0419.pdf

in federal revenue by now. Instead, the money that Wisconsinites pay in federal taxes is given to states that fully expanded. Our tax dollars are being directly invested in other states to reduce uninsured rates, improve access to and affordability of care, and grow their economies.⁴⁵

DHS estimates that expansion could reduce hospital revenues by \$133 million each year because some people would shift from commercial insurance to Medicaid, which pays lower rates. Because of the higher federal match rate, the state would increase hospital access payments by an estimated \$266 million each year.

In addition, to support hospitals, associated Medicaid rates could be increased using a portion of the state savings generated through expansion. Such increases would be especially impactful for hospitals that provide a greater share of services for Medicaid members and hospitals in rural areas. Increased rates would allow hospitals to invest in their employees, alleviate costs associated with the workforce shortage, and sustain health care services.

Further evidence suggests that expansion could help sustain hospitals in rural areas. States that have expanded Medicaid have seen a 62% decrease in the likelihood of rural hospitals closing.⁴⁶ Rural clinics in those states scored better on quality metrics and were able to provide more frequent and consistent care.⁴⁷

Recommendation:

Fully expand Medicaid to encourage workforce participation and save the state money. Ensure savings are used to strategically strengthen Wisconsin’s health care workforce and support hospitals and other health care employers.

⁴⁵ <https://www.kff.org/medicaid/report/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review/>

⁴⁶ <https://www.chartis.com/sites/default/files/documents/Rural%20Hospital%20Vulnerability-The%20Chartis%20Group.pdf>

⁴⁷ <https://www.macpac.gov/wp-content/uploads/2021/04/Medicaid-and-Rural-Health.pdf>

14. Increase Payer Support: Rate Increases to Strengthen the Workforce for State Residents Who Are Elderly or Disabled

- **Lead Entity:** Department of Health Services

Background:

Home and community-based services (HCBS) are essential to meet the daily needs of state residents who are elderly or living with a disability. Examples include personal care, home health care, supportive home care, respiratory care, in-home nursing care, physical therapy, occupational therapy, and care received at an assisted living facility. These services are a cost-effective alternative to higher-cost institutional services, such as nursing home placements or hospital services.

Wisconsin Medicaid can help HCBS providers recruit staff and maintain this important long-term care system through reimbursement rates. To set a floor for allowable rates, federal regulations require states to have some type of minimum fee schedule. A minimum fee schedule is a list of the lowest prices managed care organizations are allowed to pay for Medicaid-funded services.

DHS has developed a minimum fee schedule for adult HCBS services.⁴⁸ The fee schedule defines services and sets minimum rates across adult HCBS programs. This fee schedule is an important step forward in making sure providers are paid consistently and fairly. It also encourages career advancement, and helps agencies recruit dedicated and qualified workers, reduce turnover, and be competitive in the market.

Key Considerations:

The state's population over age 65 is expected to grow by 471,400, or 45%, between 2020 and 2040.⁴⁹ Providers expect labor costs to rise as the demand for long-term care outpaces workforce growth. Most people prefer to stay in their homes as long as possible. Home and community-based services also provide support to people living with disabilities. A sustainable reimbursement system that supports home and community-based providers is essential to maintain this preferred care system.

The cost of providing HCBS is typically lower than the cost of providing facility-based services (in nursing homes), but wages are typically lower. Medicaid is a primary payor for long-term care services, and low Medicaid rates likely put upward pressure on private pay families. Medicaid rates need to be sufficient so there are enough workers and providers to meet the growing need.

Increasing Medicaid rates represents a critical investment in our long-term care system and in the people who provide care to some of our most vulnerable citizens.

Recommendation:

Support higher rates for home and community-based services to encourage recruitment and retention of direct care professionals, help workers earn family-sustaining wages, and meet the needs of our population.

⁴⁸ <https://www.dhs.wisconsin.gov/arpa/hcbs-ratereform.htm>

⁴⁹ <https://www.dhs.wisconsin.gov/aging/demographics.htm>

15. Increase Payer Support: Rate Increases to Strengthen the Behavioral Health Workforce

- **Lead Entity:** Department of Health Services

Background:

Governor Evers declared 2023 the Year of Mental Health, calling mental and behavioral health a “burgeoning crisis” affecting Wisconsin’s kids, families, and workforce. The demand for mental health care is high with one-in-four adults in Wisconsin reporting symptoms of anxiety or depressive disorder, and one-in-three reporting they needed counseling but did not receive it.⁵⁰ Provider shortages and low insurance rates afforded to providers can contribute to challenges in finding affordable, accessible mental and behavioral health care.

Medicaid covers mental and behavioral health services for members. For example, outpatient mental health services provide diagnostic evaluations, psychotherapy services, mental health clinical consultations, and other psychiatric services in homes, provider offices, outpatient clinics, and other community-based settings. Child and adolescent day treatment provides intensive mental health care in a nonresidential setting. Services include case management, medical care, psychotherapy or other therapies, skill development, substance use counseling, and follow-up to alleviate problems related to mental illness or emotional disturbances.

Key Considerations:

The ability to recruit and retain behavioral health providers in Wisconsin is influenced by Medicaid and commercial insurance reimbursement rates. Although Wisconsin has made progress in increasing reimbursement rates for behavioral health in recent years, Medicaid reimbursement rates typically fall behind Medicare, private insurance, and self-pay rates.⁵¹ Low reimbursement rates can translate to lower wages for providers.

Higher rates could encourage workforce participation and expand access to services. Out of Wisconsin’s 72 counties, 40 are federally designated mental health professional shortage areas, meaning that we lack sufficient providers to meet the demand for services.⁵² Investing in our behavioral health workforce through rate increases would ensure Wisconsinites in all stages of life can access behavioral health services and receive care closer to home.

Recommendation:

Increase Medicaid reimbursement rates for behavioral health services. Other payers, such as commercial insurers, should also increase rates to help the state recruit and retain behavioral health professionals.

⁵⁰ <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/wisconsin/>

⁵¹ https://docs.legis.wisconsin.gov/misc/lfb/budget/2023_25_biennial_budget/302_budget_papers/407_health_services_medical_assistance_eligibility_and_benefits_medical_assistance_provider_reimbursement_rates.pdf

⁵² <https://www.ruralhealthinfo.org/charts/7?state=WI>

16. Recruit And Retain in Areas of Need: Expand State Incentives for Health Professionals Serving in State-Defined Shortage Areas

- **Lead Entity:** Higher Educational Aids Board

Background:

Health occupations require a significant amount of post-secondary training, with approximately 76% of health care occupations requiring a bachelor's degree or higher, and 38% requiring a master's degree or higher.⁵³ This requires many students to incur substantial costs to pay for their education in these high-demand health care careers. In fact, the average student loan debt for bachelor's degree health care professionals is around \$30,000, while the average student loan debt for doctoral-trained professionals (such as physicians and dentists) is greater than \$200,000.⁵⁴ Depending on the profession type, the debt-to-income ratio can vary substantially. Student loan debt and low salary expectations may disincentivize students from pursuing high-demand health care careers that are the backbone of the health care infrastructure in Wisconsin communities. Furthermore, for current practitioners, student loan debt, lower salaries, and cost of living are known to cause substantial financial stress and impact their employment decisions, driving practitioners to seek jobs in affluent communities and serve patients of private payers.⁵⁵

Key Considerations:

Workforce incentives, such as loan repayments, housing supports, and provider stipends, are common state strategies to support recruitment and retention of the workforce.⁵⁶ The cost of higher education is a burden for Wisconsin students, including those wishing to pursue health care careers. State investment in our public higher education entities is vital to Wisconsin's economy and our ability to recruit, retain, and train our future workforce. Loan repayment is a common and effective state strategy to support the health care workforce and target workforce development in high-need communities. In fact, all 50 states offer some type of loan forgiveness for health care professionals, either through federal pass-through programs (administered by the Health Resources and Services Administration as State Loan Repayment Programs, SLRP⁵⁷), or through the development of supplemental state-funded state programs.

Wisconsin has received federal funding through ARPA which supports a federal pass-through loan repayment program, called the Health Professions Loan Assistance Program⁵⁸, which is administered through the Wisconsin Office of Rural Health. This program currently supports primary care and psychiatrist physicians, dentists, dental hygienists, certified nurse midwives, nurse practitioners, and primary care physician assistants. Wisconsin also has a supplemental program, the Rural Provider Loan Assistance Program, that is accessible by primary care physicians and psychiatrists serving in rural communities.⁵⁹ In 2022-2023, these programs

⁵³ <https://www.bls.gov/ooh/field-of-degree/healthcare-and-related/healthcare-and-related-field-of-degree.htm>

⁵⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10503048/>

⁵⁵ <https://www.consumerfinance.gov/about-us/blog/student-debt-and-health-care/>

⁵⁶ <https://www.nga.org/state-health-workforce-toolkit/training-recruitment-retention/#workforceRetention>

⁵⁷ <https://nhsc.hrsa.gov/loan-repayment/state-loan-repayment-program/awards>

⁵⁸ <https://worh.org/resources/for-the-workforce/loan-repayment/#1663163095569-3186b10b-fd7e>

⁵⁹ <https://worh.org/resources/for-the-workforce/loan-repayment/#assessment-tools1f91-8d71a69b-a0e3>

awarded over \$1 million to 99 health care providers throughout the state, primarily in family medicine specialties.⁶⁰

Recommendation:

Provide targeted funding to expand state incentive programs for health care professionals to include those serving in underserved communities. Incentive strategies may include expanded student loan repayment and other innovations to enhance recruitment and retention in state-defined shortage areas.

⁶⁰ <https://worh.org/wp-content/uploads/2023/12/LAP-Annual-Report-22-23.pdf>

17. Support Regional Innovation: Support Employer-Based Workforce Development Solutions with Provider Innovation Grants

- **Lead Entity:** Department of Health Services

Background:

Workforce development innovations must be adaptable to meet the unique needs of employers and communities. A provider innovation grant program would provide flexible funds to employers to support strategic workforce development initiatives, such as mentorship programs, preceptor bonuses, paid clinical sites, improved scheduling practices, professional development, and social supports.

This recommendation would leverage insights gained through the American Rescue Plan Act (ARPA) home and community-based services grant program. Grants funded new programs to support paid caregivers, such as direct care workers and nurses, in home and community-based settings. Qualifying projects had to demonstrate creative ways to recruit and retain staff and expand access to services. Awards ranged from \$25,000 to \$2 million and were distributed geographically across the state in both urban and rural areas. The program was allocated one-time funding and awarded final grants in 2023.

Funded projects included:

- A \$907,000 innovation grant for Capri Senior Communities in Ozaukee County to launch a four-day work week at two pilot locations. Staff worked 32 hours but were paid for 40 hours. The program improved recruitment, increased retention, and reduced burnout. For example, Capri saw a 1,500% increase in caregiver applications and filled 70% of open positions in two weeks after launching the program. Capri is considering expanding the program to 18 senior living campuses in southern Wisconsin, which serve 2,200 seniors daily.⁶¹
- A \$88,400 innovation grant for Stay at HomeCare, LLC in Oconto County to use mapping software to target recruitment to home care workers who live near clients. In the most rural parts of Northeastern Wisconsin, Stay at HomeCare has difficulty convincing staff to drive more than 20 minutes to work with clients in their homes. Their experience has shown that the most long-lasting employee-client pairings are those who are local to each other. The grant funds supported mapping tools to increase the potential for successful recruitments in rural areas.

Key Considerations:

Provider Innovation Grants can support the workforce through activities that are outside the scope of providers' central responsibilities and are generally not reimbursable. Innovative solutions include creating mentorship programs, providing preceptor bonuses, sponsoring paid clinical sites, fostering professional development, improving scheduling practices, and providing social supports. These best practices strengthen the pipeline from the classroom to the workplace and provide a high-level of support for new hires to ease their transition to work.

⁶¹ <https://www.dhs.wisconsin.gov/arpa/hcbs-grants-112823.pdf>

These practices recognize that workers need to be compensated for their time, including for duties related to internships and mentorships. These innovations could help create healthy, high-quality, and sustainable workplaces. In addition, flexible grant funds could help employers address workforce concerns that contribute to retention issues, such as workplace violence.

To maximize public investment, grantees should report on outcomes, include a plan for sustaining programs once grants expire, and model initiatives that could be replicated or scaled. To achieve this, ARPA innovation grant recipients had to submit quarterly reports analyzing milestones and outcomes to demonstrate impact. In late 2024, grantees will convene at an in-person summit to share project outcomes and learn from each other about innovative workforce strategies.

DHS received over 717 applications for ARPA innovation projects totaling \$200 million. DHS ultimately awarded \$30 million to 158 organizations.⁶² The requested amount of \$200 million, significantly more than the \$30 million available, demonstrates strong provider demand for innovation funds. Further, the program was only available to home and community-based services providers. Expanding innovation grants to other health care providers and to public health agencies through a sustained investment would help build a resilient workforce.⁶³

Recommendation:

Provide sustained funding and administrative support for a provider innovation grant program to help health care providers implement best practices and innovative solutions to support the workforce. These grant funds could be leveraged by employers to develop and share innovative strategies to retain their existing health care workforce.

⁶² <https://www.dhs.wisconsin.gov/arpa/hcbs-grants-112823.pdf>

⁶³ <https://www.dhs.wisconsin.gov/arpa/hcbs-grantsopportunities.htm>

18. Support Regional Innovation: Support Regional Collaboration for Workforce Development Through Workforce Innovation Grants

- **Lead Entity:** Department of Workforce Development

Background:

To help the state recover from the COVID-19 pandemic and the economic crisis it caused, Governor Evers developed the Workforce Innovation Grants (WIG) program using one-time federal American Rescue Plan Act (ARPA) funding and led by the Department of Workforce Development (DWD) and Wisconsin Economic Development Corporation. In this program, more than \$128 million was allocated to encourage regions and communities to develop leading-edge, long-term solutions to address the greatest workforce challenges facing the state. The WIG program expressly rejected a “one-size-fits-all” approach and set to work unleashing local expertise and creativity to tackle longstanding employment barriers.

These projects develop and implement long-term solutions to a range of workforce challenges, with four projects directly addressing challenges related to health care. One project, led by the Wisconsin Community Action Program Association, is working to help underserved individuals enroll in study and training programs by covering tuition and other expenses, and providing ongoing coaching for careers in the health care industry. Another project serving 16 northwestern counties, led by the University of Wisconsin-Eau Claire and Mayo Clinic Health System, is working to address worker shortages in health care, education, and social services in addition to improving rural communities’ health.

Within the health care sector, WIG funds are being used for the following:

- placing education and social work students in rural communities,
- offering new curriculum and clinical experiences with the goal of increasing the number of graduating nurses, and
- developing new degree programs in public health, health care management, and psychiatry.

The projects are monitored to ensure they meet their required deliverables and, as the projects are completed, the lessons learned will be shared so that other communities and health care organizations may apply and replicate the successes across the state.

Key Considerations:

Investing in WIG results in specialization across a wider variety of potential expenditures, allowing for flexibility to innovate and tackle diverse needs across the state. Childcare, transportation, apprenticeships, and even broadband internet investment in rural areas are all real-life examples of WIG at work. Areas with the highest need for these programs should be prioritized to ensure equitable access.

- The state should leverage the systems and processes developed through WIG to ensure investments in innovation still safeguard tax dollars. For example, WIG required grant applicants to include data and evidence-based practices in developing their project proposals. Training provided to participants using grant funds included a focus on up-

skilling or re-skilling for in-demand jobs. Applicants were also required to demonstrate proper planning and quality assurance metrics.

- Methods of sharing and implementing successful practices into other regional plans should be established to extract maximally efficient benefit from funds. Integrating impactful measures while allowing for regional specification is one the WIG program's core strengths.

Recommendation:

Provide sustained funding to continue the Workforce Innovation Grants program statewide, including IT and administrative infrastructure needed to support the program. This program will encourage the development of long-term solutions to help businesses find qualified workers as well as assisting individuals in obtaining family-sustaining jobs. Within this program's investment, allocate specific funding to address the health care sector's workforce challenges.

19. Support Regional Innovation: Support Direct Care Professionals with Benefits Navigation

- **Lead Entity:** Department of Health Services

Background:

An estimated 31% of direct care professionals in Wisconsin receive public insurance coverage. This ratio is highest for those working in home care settings and lowest for those working in nursing homes. In Wisconsin, an estimated 14% of direct care professionals live below the federal poverty line, with median earnings of \$21,100 per year. In Wisconsin, 22% of direct care professionals also receive food and nutrition assistance.⁶⁴ Many health professionals also struggle to find other services that support health and workforce participation.

Health Insurance Status for Direct Care Professionals in Wisconsin

<u>Health Insurance Status</u>	<u>Home Care</u>	<u>Residential Care Homes</u>	<u>Nursing Homes</u>	<u>All</u>
Any Health Insurance	87%	88%	93%	90%
Through Employer/Union	40%	52%	65%	55%
Medicaid, Medicare, Or Public Coverage	41%	33%	25%	31%
Purchased Directly	15%	12%	10%	12%

These workers often need assistance to secure health insurance coverage, seek timely care, and navigate the health care system. Wisconsin’s Regional Enrollment Networks were first formed by the Department of Health Services in 2013 to optimize local enrollment assister capacity and maximize Medicaid and Marketplace coverage for eligible state residents. Developed with the launch of the Patient Protection and Affordable Care Act health insurance Marketplace (HealthCare.gov), the networks coordinated and aligned with the county income maintenance agencies. Enrollment networks were phased out after 13 months, with DHS resources scaled back.

With the onset of the Public Health Emergency, the networks were reestablished by Covering Wisconsin, a federally certified and state-licensed health care navigator agency based out of the University of Wisconsin. Covering Wisconsin has leveraged the networks to support consumer coverage education, outreach, and enrollment needs. Current membership includes over 2,300 individuals across 10 Enrollment Networks (eight Regional, one Statewide Hmong Enrollment Network, and one Statewide Latinx Enrollment Network).

Key Considerations:

Studies show that lack of benefits are a main reason why workers leave employment. The Wisconsin Personal Services Association found that 93% of personal care providers have had

⁶⁴ <https://www.phinational.org/policy-research/workforce-data-center/>

difficulties in filling positions, 70% have been unable to staff all hours, and the annual turnover rate has been up to 67%.⁶⁵

A recent report by LeadingAge Wisconsin, the Disability Service Provider Network, the Wisconsin Assisted Living Association, and the Wisconsin Health Care Association attributes high industry vacancy rates to the fact that employees in the long-term care sector can receive better benefits elsewhere. In Wisconsin, 69% of surveyed long-term care providers offer health insurance to full-time employees and about 13% offer it to part-time employees. “Even when offered, benefits are commonly too expensive for direct care workers to accept due to the high employee-paid share of costs.”⁶⁶

Funding for benefits navigation services and to maintain enrollment networks would support increased access to health care by:

- Building enrollment assister support and capacity,
- Organizing and streamlining local and statewide outreach efforts,
- Keeping partners informed about policy changes and enrollment trends,
- Creating regionally and culturally-relevant messaging, and
- Facilitating metrics reporting, such as Medicaid and Marketplace application assistance.

Recommendation:

Support direct care professionals by funding navigation services that help people understand and sign up for publicly available health insurance and other programs that support health. This funding will help ensure entry-level health care workers continue to have a well-integrated, no-wrong-door experience in seeking enrollment in and across Medicaid and Marketplace options and accessing other supports.

⁶⁵ <https://www.dhs.wisconsin.gov/gtfc/gtfc-report.pdf>

⁶⁶ <https://www.leadingagewi.org/media/113792/2022-workforce-report-7-13a.pdf>

Regulatory Policy

20. Support New or Expanded Pathways to Licensure: Authorize Medicaid Reimbursement for Community-Focused Providers

- **Lead Entity:** Department of Health Services

Background:

Doulas, community health workers, peer specialists, mental health navigators, and other community-focused providers help licensed practitioners operate at the top of their licenses by supporting members of their communities. Wisconsin Medicaid is not currently authorized to reimburse for stand-alone services provided by these professionals.

Doulas provide childbirth education and support services, including emotional and physical support during pregnancy, labor, birth, and the postpartum period. In Wisconsin, doulas may choose to be certified by private or nonprofit organizations, but there is no state certification. Other states have created a certification process for doulas to facilitate Medicaid reimbursement.⁶⁷ Doulas can help alleviate the burden on maternal health providers by contributing to better birth outcomes.

Community health workers are the bridge between community members and clinical and social services. They are individuals who often have lived experiences in overcoming barriers, navigating systems, and using community resources. These workers provide nonmedical services, such as housing referrals, nutritional mentoring, stress management, and other wraparound supports. They can help alleviate the burden on health care providers by helping members to connect to the care and resources they need to stay healthy. Although the state does not have a formal certification, community organizations, technical colleges, and other partners are developing curricula and implementing apprenticeship models.⁶⁸ There are also three nationally certified training programs that provide core competency training.

Certified peer specialists and certified parent peer specialists are individuals with lived experiences who are trained to support the recovery of peers from mental health and/or substance use challenges. Peer specialists can help alleviate the burden on licensed behavioral health providers by supporting those in recovery between appointments. DHS certifies peer specialists after successful completion of a training course and passing of an exam. They are employed by a variety of behavioral health providers throughout the state. For example, peer specialists are employed by 11 peer recovery centers to facilitate activities focused on education, information, skill-building, and socialization. Currently, these services are only Medicaid allowable under the comprehensive community services program.

Key Considerations:

Community-focused providers are challenged by a lack of insurance coverage and reimbursement, low wages, limited benefits, and unpredictable schedules. The populations they serve are often Medicaid-eligible; for example, over one-in-three births in Wisconsin are financed by Medicaid.⁶⁹ Authorizing Medicaid to pay for their services can increase

⁶⁷ https://www.dol.gov/sites/dolgov/files/WB/WB_issuebrief-doulas-v3.pdf

⁶⁸ <https://www.dhs.wisconsin.gov/dph/community-health-workers.htm>

⁶⁹ <https://www.dhs.wisconsin.gov/stats/births/birth-char.htm>

compensation, provide stability, and help alleviate other shortages among licensed health care professionals.

Doula involvement is a cost-effective method to improve patient outcomes. A national study found doula-assisted mothers were four times less likely to have a low-birth-weight baby and two times less likely to experience a birth complication.⁷⁰ Reducing incidences of low birth weight saves money and improves lifelong outcomes. One study found that inpatient hospital charges for low-birth-weight babies were \$10,000 to \$100,000 higher than for healthy-weight babies.⁷¹ Weighing less than 5.5 pounds at birth was found to increase the probability of dropping out of high school by one-third and reduce yearly earnings in adulthood by about 15% percent.⁷²

Other states, such as Arizona, Colorado, Massachusetts, Minnesota, New Mexico, and Texas have allowed community health workers to enroll as Medicaid providers and to receive reimbursement. These services have resulted in better health outcomes and lower health care costs. For example, Massachusetts Medicaid saw a 46% decrease in emergency department visits among children with asthma after implementing a community health worker home visiting program. In Connecticut, a community health worker cancer prevention program resulted in a return-on-investment of \$3.16 for every \$1 spent. Such programs have been shown to significantly improve patients' use of prevention services among low-income and immigrant women, in addition to improving health behaviors such as healthy food choices and physical activity among patients with diabetes.

Certified peer specialist services are also linked to better patient outcomes. Peer support is an evidenced-based practice and has shown to reduce the number and rates of hospitalization days. When individuals use peer support in peer-run respites, the reported need for crisis services decreased. Engaging with a peer specialist has also been shown to increase engagement with providers and decrease missed appointments. Studies have also shown a decrease in the cost of overall services when certified peer specialists are integrated into behavioral health care. When people with behavioral health challenges work with a certified peer specialist, they are more likely to experience an increase in empowerment, self-determination, and hope, creating a positive recovery outcome.

Recommendation:

Authorize Medicaid to pay for services provided by doulas, community health workers, peer specialists, and other community-focused providers.

⁷⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3647727/>

⁷¹ <https://www.princeton.edu/~davidlee/wp/birthweight.pdf>

⁷² <https://news.umich.edu/born-to-lose-how-birth-weight-affects-adult-health-and-success/>

21. Support New or Expanded Pathways to Licensure: Support Pathways to Licensure for Qualified Foreign Educated Professionals

- Lead Entity: Department of Safety and Professional Services

Background:

Wisconsin currently has pathways to licensure for some health professions but not all. For example, there is a specific process for foreign educated nursing applicants. Also, physicians who do not meet all stated credentialing requirements, including the completion of approved post-graduate training, can document their experience and submit it to the Medical Examining Board, which would then evaluate the information to determine whether the applicant's education and training are substantially similar to that required by Wisconsin law. If the education and training is determined to be substantially similar, the board can waive requirements and issue a full license, with or without restrictions. Also, Governor Evers recently signed 2023 Wisconsin Act 214 into law which outlines a process for gaining a provisional license for individuals who have substantially similar but not substantially equivalent education and training. This legislation does not apply broadly to other health professions, each of which is regulated by its own statutes and rules. It is possible that there are potential pathways to licensure for other professions but also barriers that limit the opportunity. Work to identify new or expand existing pathways would require case-by-case analysis and engagement with the appropriate regulatory authority (the board or the department).

Key Considerations:

While there is significant interest in finding pathways for foreign-trained clinicians to qualify for licensure in Wisconsin, there are many professions for which there is no neutral entity that exists to determine licensure equivalency. Without a reputable third-party entity to compare education, training and experience, it is difficult for a volunteer board to competently and confidently make determinations about licensure equivalents. It requires staff support to provide case-by-case international legal analysis. It is difficult with the current staffing levels and model at the state licensing regulatory agency.

Recommendation:

Provide funding to add legal capacity at DSPS to clarify and expand pathways to practice for qualifying foreign-educated or foreign-trained health professionals.

22. Support New or Expanded Pathways to Licensure: Ratify and Enter into Multi-State Licensing Compacts

- **Lead Entity:** Department of Safety and Professional Services

Background:

Multi-state compacts allow professionals to become eligible to practice in other participating states while maintaining quality care. Compacts can make it easier for health providers to practice across state lines either physically or via telehealth. Compacts can also make it easier for health professionals to relocate from one participating state to another.

Wisconsin has ratified several multi-state licensing compacts, including those for nursing, medicine, and psychology. The state has not yet ratified the social work, cosmetology, or dietician compacts.

Key Considerations:

Occupational licensing compacts offer states a clear pathway for expanding licensure portability. These agreements are developed with extensive, diverse stakeholder involvement.

According to the National Center for Interstate Compacts, a division of the Council of State Governments, occupational licensing compacts enable states to establish uniform standards for multi-state practice while “preserving a state’s practice act and initial licensure process.”⁷³

Compacts also facilitate the communication of licensure data, including disciplinary orders and other actions, among compact states. This positions states to more effectively and efficiently fulfill their public protection responsibilities.

Recommendation:

Ratify available multi-state licensing compacts and support implementation at the Department of Safety and Professional Services, while ensuring quality care in Wisconsin.

⁷³ <https://compacts.csg.org/compacts/>

23. Support New or Expanded Pathways to Licensure: Revise Faculty Educational Requirements

- **Lead Entity:** Department of Safety and Professional Services (DSPS)

Background:

Nurse faculty are the academic staff at school of nursing that support the education of nursing students. The Legislature has given authority to the Board of Nursing (Board) to establish standards for nursing schools (including both professional nurses and licensed practical nurses).⁷⁴ From this, the Board has developed associated rules as to the process for nursing schools to qualify for Board approval.⁷⁵ This includes rule guidance for nurse faculty standards. Nursing is a unique sector, as there are multiple paths to entry into professional nursing: both the baccalaureate degree and the associate degrees qualify an individual for a registered nurse license. The Board has authority over faculty standards for all professional nursing programs. Currently, faculty at any nursing school that prepares professional nurses (including both baccalaureate and associate degree programs) are required to hold an active Wisconsin registered nurse license (or privilege to practice, such as through the Nurse Licensure Compact) and a graduate degree in nursing. Some exceptions may be made to these faculty requirements through request to the board, such as for a faculty member who is actively enrolled in a degree program that satisfies the faculty education requirements (instead of already holding that degree), permitting a bachelor's degree professional nurse faculty to serve for one semester in an emergency situation, or enabling a faculty member with a bachelor's degree in nursing to serve as faculty in a specific content area if they also have a graduate degree that is relevant to the teaching assignment.

The challenge of this current structure lies with the associate degree professional nursing schools. Under current requirements, these associate-level programs are required to staff faculty that hold graduate degrees in nursing (or two degrees higher than the students they are teaching). This results in a limited pool of potential nurse faculty (in the context of nurse faculty shortages) and competition between baccalaureate and associate degree programs for the same qualifying or interested prospective faculty members.

Key Considerations:

In light of the nurse faculty shortage, some states have pursued modifications to nurse faculty education requirements to expand the potential pool of faculty members in some limited scenarios. For example, Indiana⁷⁶ recently permitted individuals with a bachelor of science in nursing to serve as faculty in eligible associate degree programs if 1) the nursing program has demonstrated quality in student outcomes (evidenced by an annual successful completion rate of 80% or higher from graduates completing their nursing entrance examination), and 2) the bachelor-trained faculty member completes a qualified nurse educator certificate program (which includes at least 15 credit hours of relevant content). This provides a pathway for additional nurses to serve as faculty in associate-level nursing programs while ensuring quality is not sacrificed.

⁷⁴ <https://docs.legis.wisconsin.gov/document/statutes/441.01>

⁷⁵ https://docs.legis.wisconsin.gov/code/admin_code/n/1.pdf

⁷⁶ <https://iga.in.gov/laws/2023/ic/titles/25#25-23-1-7.3>

Nursing education accreditation is an important factor to consider with any state change impacting education standards. Associate degree nursing education programs are generally accredited by two entities: the Accreditation Commission for Education in Nursing (ACEN) or the National League of Nursing’s Commission for Nursing Education Accreditation (CNEA).⁷⁷ Flexibility is provided on interpretation of qualifications for nurse faculty in both accreditation models. ACEN’s standards define faculty as those nurses who “hold the educational requirements as required by the governing organization and regulatory agencies,” thereby deferring to the academic institution and state board of nursing for establishment of appropriate standards.⁷⁸ CNEA standards similarly provide flexibility to allow for bachelor’s degree nurses to serve as faculty and recognize the standards put forth by state regulatory agencies, but their standards do emphasize the importance of programs “continually striv[ing] to employ full and part-time faculty who hold a graduate degree in nursing.”⁷⁹

Recommendation:

Evaluate the effectiveness of exceptions to the current faculty education requirements and consider whether any modifications are necessary, while ensuring quality.

⁷⁷ It is important to note that the Commission on Collegiate Nursing Education is another important accrediting body, but provides [guidance](#) specific to baccalaureate and graduate nursing programs only.

⁷⁸ ACEN Accreditation Standards. Available at:

<https://resources.acenursing.org/space/SAC/1825603701/STANDARD+2+--+Faculty>

⁷⁹ CNEA Accreditation Standards; p. 21-23. Available at: <https://irp.cdn-website.com/cc12ee87/files/uploaded/CNEA%20Standards%20October%202021-4b271cb2.pdf>

24. Strengthen State Capacity for Regulation: Maintain licensing improvements and enhance licensing support for applicants, employers, educators, and other stakeholders

- **Lead Entity:** Department of Safety and Professional Services

Background:

Over the past several years, the Department of Safety and Professional Services has undertaken a comprehensive modernization project to implement cutting-edge cloud-based licensing technology, update processes, and reorganize staff. This has dramatically reduced licensing timelines for applicants. Actions that once took months and then weeks are now happening in days.

Sustaining this progress is critical for the stability of health care employers and for the individual wellbeing of applicants themselves. Further, this work was facilitated by a significant expansion of division staff made possible by investments of American Rescue Plan Act (ARPA) funding, allocated by Governor Evers, that added temporary credentialing staff positions and a contract call center that quadrupled capacity and improved answer rates from 33% to over 90%. Additional temporary staff were included in the 2023-2025 biennial budget.

When the ARPA funding expires, it will dramatically reduce the capacity of the call center and available license processing staff. Some of the temporary positions allocated by the last budget will expire on June 30, 2025. Together these staffing losses will reduce DSPS capacity by a third at a time when licensing demand continues to grow. Further, employer and education stakeholders routinely ask for dedicated consulting staff to provide higher level decision making and handling of complex cases, to answer practice questions, to offer training and education to staff and students, and to provide additional support during the application and renewal process. The department is not currently staffed to provide stakeholder support services and will not be if temporary staffing is not made permanent and additional resources are allocated.

Key Considerations:

An efficient and effective regulator enables qualified applicants to become licensed as easily and quickly as possible. This requires good systems, modern technology, and adequate staff to handle all work related to issuing and renewing licenses. Further, an efficient and effective regulator also helps raise the competence of licensed professions to ensure they have the information the need to practice safely and confidently. Employers have come to rely on current service levels at DSPS. These must be maintained by making temporary staff permanent and by ensuring available resources for technology maintenance and improvement. Further, additional staff and resources should be allocated to increase access to staff by license holders, employers, and educators who need additional support in the licensing and renewal process and additional information to ensure safe practice.

Recommendation:

Maintain DSPS licensing service levels by making temporary positions permanent, by adding dedicated staff to support employers, educators, and other key stakeholder groups who regularly engage in the credentialing process for employees and students, and by adding staff who can answer complex practice questions and generate educational and information tools that increase practice competence and confidence among regulated professionals.

25. Strengthen Workforce Monitoring and Support: Increase Licensee Wellness Programming to Support Retention

- **Lead Entity:** Department of Safety and Professional Services

Background:

More clinicians are leaving health professions than are entering. Wisconsin conducts workforce surveys for licensed practical nurses (LPNs) and registered nurses (RNs) at the point of renewal. These surveys have clearly pointed to retention, not recruitment, as the bigger challenge for the professions. Burnout and other factors are driving nurses and other clinicians from health care faster than the state can license replacements. Further, experienced clinicians take with themselves just that—experience that benefits facilities and the patients they serve.

Wisconsin does not have a comprehensive wellness program designed to support clinicians and keep them in practice at whatever the highest level of safe practice is for them. A comprehensive state program designed to support clinicians with retention as the primary goal would benefit not only employers but—more importantly—the public who relies on clinicians for their physical and mental wellbeing.

Wisconsin cannot meet health care demand by focusing on recruitment alone. Wisconsin must retain more of its workforce, and to do so it must address the myriad factors driving clinicians from practice. This is an opportunity to creatively and completely re-imagine how the state approaches clinician wellbeing and patient outcomes.

Key Considerations:

A comprehensive clinician retention program could ameliorate the significant factors that drive clinicians away from practice. This kind of comprehensive program would also offer supportive rehabilitation services to clinicians experiencing any kind of impairment due to physical and mental health challenges.

Wisconsin is an outlier in that it is one of the few states that does not offer a comprehensive wellness program to physicians. Wisconsin has an opportunity to better support its entire health care workforce by adopting a comprehensive retention program designed to keep all clinicians practicing at the highest level of safe care.

Recommendation:

Establish a comprehensive clinician wellbeing and retention program designed to support the health care workforce and keep them practicing at the highest level of safe practice.

26. Strengthen Workforce Monitoring and Support: Analyze existing and gather additional data on the health care workforce

- **Lead Entity:** Department of Safety and Professional Services

Background:

Wisconsin currently conducts a mandatory workforce survey and related data analysis at the point of renewal for registered nurses and licensed practical nurses. This effort has enabled the state to better understand challenges facing the state health care system and the nursing profession as well as related impacts on public and population health.

Wisconsin has also conducted optional workforce data collection for physicians, dentists, and dental hygienists during the last two renewal cycles. This information has simplified the work that the state must do to qualify for federal Health Resources Service Administration (HRSA) grants for demonstrated Health Provider Shortage Areas (HPSA).

Key Considerations:

Monitoring the health care workforce within a state is challenging. Many states use license counts to estimate state-level capacity of health care professionals. Unfortunately, not all license holders actually practice within the state, and license information (such as license address) may or may not reflect where a professional is practicing. This lack of data obscures potential provider maldistribution and overestimates the amount of available care.

The collection of supplemental workforce information (e.g., whether a professional practices in the state, where their practice is located, any specialties or sub-specialties, etc.) at the time of license renewal is a best practice for states to gather information needed to assess the workforce, identify shortages, and target and evaluate policy solutions.

The Department of Safety and Professional Services has already established processes for data collection and partnerships for data analysis. Additional resources are necessary to enable the department to expand this work across most health professions and transform the data into actionable information for Wisconsin.

Recommendation:

Implement workforce surveys for health professions and allocate resources necessary for the data collection, analysis, and dissemination.