**Health Care Workforce Strategic Plan Advisory Group - Minutes**

**Friday, April 7, 2023, 2:00 PM**

**-------------------------------------------------------------------------------------------------------------------------------**

Members in Attendance: Wendy Trafton, Laura Wreschnig, Cheryle Wilcox, Luca Fernandez, Jill Olson, Mary Kate Mohlman, Jerry Baake, Sherry Barnard, Betsy Hassan, Maureen Hebert, Patrick Gallivan, Mary Anne Sheahan, Rebecca Kapsalis

Guests in Attendance: Abby Rhim, Tara Murphy, Devon Green, Jessica Fredette

General Updates

Laura Wreschnig began by reviewing today’s agenda. She then notified the group that on Monday, she will distribute an updated spreadsheet with all the different recommendations from the strategic plan, including status updates. On April 19th, she will be presenting to the Green Mountain Care Board on those updates. She asked the group for edits prior to April 19th.

Update on Nurse Preceptor Grants

Wendy Trafton provided an update on the nurse preceptor grant programs. She shared that under Act 3 of 2023, Section 73 there is an increase in the amount of funding available for the nurse preceptor program. This allows for the use of any unused funds from the premium pay for the workforce recruitment and retention program and the nurse apprenticeship and pipeline program. It also allows for additional eligible healthcare employer types. It is now much more flexible. In terms of funding, the nurse preceptor program was approved for utilizing revenue loss funds, so they will not be tied to work performed during the public health emergency, therefore, less restrictive. Regarding timing, applications will be released soon, pending approval of the new funding source. She noted that it will be up to the group to advertise this program to a broader provider group. Information will be posted on the Agency of Human Services website.

Update on Nursing Pipeline and Apprenticeship Program

Wendy noted that there will be an increase in available funding for this program, allocated by unused funds from the premium pay program. This program, the nursing pipeline and apprenticeship program, was also approved for the use of revenue loss funds so allowable uses will be expanded. Instead of only funding tuition and fees, the group would like to think more broadly.

Discussion: Health Care Employer Nursing Pipeline and Apprenticeship Program

Tara Murphy reiterated that there is new flexibility and increased funding. She is very welcome to feedback on how to best use these funds via program design. She stressed the focus around designing programs that “seed” numerous nursing pipeline/apprenticeship programs statewide.

Jill Olson asked for specification on what a “gold standard” program might look like.

Tara explained that a “gold standard” program would include robust wrap around services. She then provided background regarding Act 183 of 2022, Section 22 which makes funding available to support a Health Care Employer Nursing Pipeline and Apprenticeship Program. She reminded the group that since the last meeting, more funding is now available to support these new nursing pipeline and apprenticeship programs and there is greater flexibility in the use of funding, outside of just tuition and fees. She then noted that from feedback received, ideal programs would include education components, employer-based education, financial support for tuition and fees, support for living expenses in the form of paid release time for education, general wrap around support (career planning, navigating social and economic factors, etc.), peer support (cohort-based program model) and clear program administration.

Betsy Hassan suggested onboarding support for clinical faculty that are direct care nursing staff. Additionally, she suggested joint appointments so a shift is released for clinical faculty time (building out more robust component around employer-based education).

Tara added that with these program elements, it is important to note that each facility will be different. For these programs to be successful and sustainable, they must be tailored to the unique circumstances of the organization. Program elements will be flexible with a baseline standardization. She then reviewed the considered program elements.

1. Academic education formalized through a partnership agreement.

2. Formal plan for employer-based clinical education.

3. Financial support for academic tuition and fees for participants.

4. Financial support for living expenses.

5. Plan and resources for administering the program.

Tara then reviewed the anticipated funding approach. This could include tuition and fees, paid release time for education and program design and administration and academic/wraparound support for participants. She then asked the group for reactions.

Mary Anne Sheahan suggested methods to combine administrative efforts. For example, if there is a small hospital that wants to partner with a visiting nurse association and a rehab center for a cohort, academic administration responsibility could be shared.

Tara agreed and noted that some strategies have been discussed regarding engaging smaller employers through partnership with larger entities.

Jill added that, given her work background, she is unsure how well it would work for smaller entities to partner with hospitals. She suggested having a direct conversation with smaller employers for input.

Tara added that she is looking at other workforce development programs in other settings/states with centralized components for smaller organizations. She suggested looking to these for potential strategies.

Devon Green asked what the timeline is for giving feedback on program guidelines.

Wendy shared that she would like the application period to go live by June. This allows for a few weeks to collect comments.

Betsy noted that from a clinical rotation perspective, she is already having her fall 2023 clinical placement meetings to ensure that she can meet capacity for what’s already in the state. She noted that when thinking about programs, there needs to be conversations with clinical sites to ensure capacity for increasing cohort sizes.

Tara then reviewed the timeline, including two funding rounds. The first round would ideally get out the door by June, providing up to three years of funding for participants. The second round would come out a little later and provide up to two years for participants. Per legislation, all program funds must be expended by December 31st, 2026, and all program participants must be working in a higher-level nursing role by December 31st, 2026.

Jessica Fredette echoed the importance of getting direct feedback from different agencies. She also noted her concern around the timeline.

Tara reiterated working around the December 31st, 2026, date and navigating an academic calendar. All other rollout dates are flexible.

Maureen Hebert voiced that students are accepted to an accredited LPN or RN program usually around March for the fall of 2023. She asked how that timeline might be taken into consideration. She added that most of the faculty resources have limited cohorts.

Tara reiterated that the limiting factor is clinical faculty. She asked if programs ever create waitlists for apprenticeships. If you knew more funding was coming, could you plan to pull from a waitlist?

Maureen noted that the limiting factor is the size of the classes and number of faculty members teaching that are qualified. She added that given accreditation, VTC or UVM or any entity must have certain size classes and a certain number of instructors. The cohort also needs to be a certain size going through clinicals.

Betsy said it might depend on where they are starting on the pipeline. If the goal is to get people in a program that is not already established with funds, prerequisite courses might be the best way. This would allow the application to be less tied to acceptance decisions that are currently happening in nursing schools.

Tara then reiterated ongoing conversations with smaller and nontraditional employers. She also highlighted the even if there are more requirements behind program elements, it is ok if there is funding behind them.

Jill agreed that funding is the largest limiter.

Tara then asked the group what support might health care employers with fewer resources need to successfully participate in this program. She then reviewed suggestions given so far. This includes:

1. Regional partnerships compromised of larger and smaller/less traditional health care employers.

2. A learning community/regular meetings for health care employers still planning for/considering such programs.

Jill voiced her concern about not having the people power to do all the work to make a program. Something external to plug into could be helpful.

Maureen shared the model of CVMC a few years ago, in partnership with the Vermont State Colleges. CCV, VTC, etc. managed all the set-up requirements for the apprenticeship program for employers. She also stressed employers concern around backfill. When people are taking courses, who will fill their positions?

Tara addressed some of those concerns by explaining a model in Massachusetts that she was involved with that was successful.

Devon Green asked for an update on a website with all resources.

Luca Fernandez noted that there was an update to the website. The site can be found here: [Loan Repayment & Scholarships | Vermont Department of Health (healthvermont.gov).](https://www.healthvermont.gov/systems/health-professionals/loan-repayment-scholarships) He added that the website doesn’t include many of the Act 183 programs that have not started. It is going to continue to be updated as programs evolve. He is open to suggestions on things to add to the site. To provide suggestions, contact Luca Fernandez, PCO Director; Rural Health Programs Administrator at Luca.fernandez@vermont.gov.

Mary Kate Mohlman asked how to bring Tara in to speak with members directly.

Wendy volunteered as the point of contact. She reminded the group that a spreadsheet regarding the strategic plan for the group to review would be distributed shortly. She reiterated that they are looking for feedback prior to the presentation before the Green Mountain Care Board on April 19th.

Meeting adjourned.

-----------------------------------------------------

Respectfully submitted by Abby Rhim

Abby Rhim, Deputy Director, Vermont State Workforce Development Board