Governor's Task Force on the Healthcare Workforce
April 4, 2024
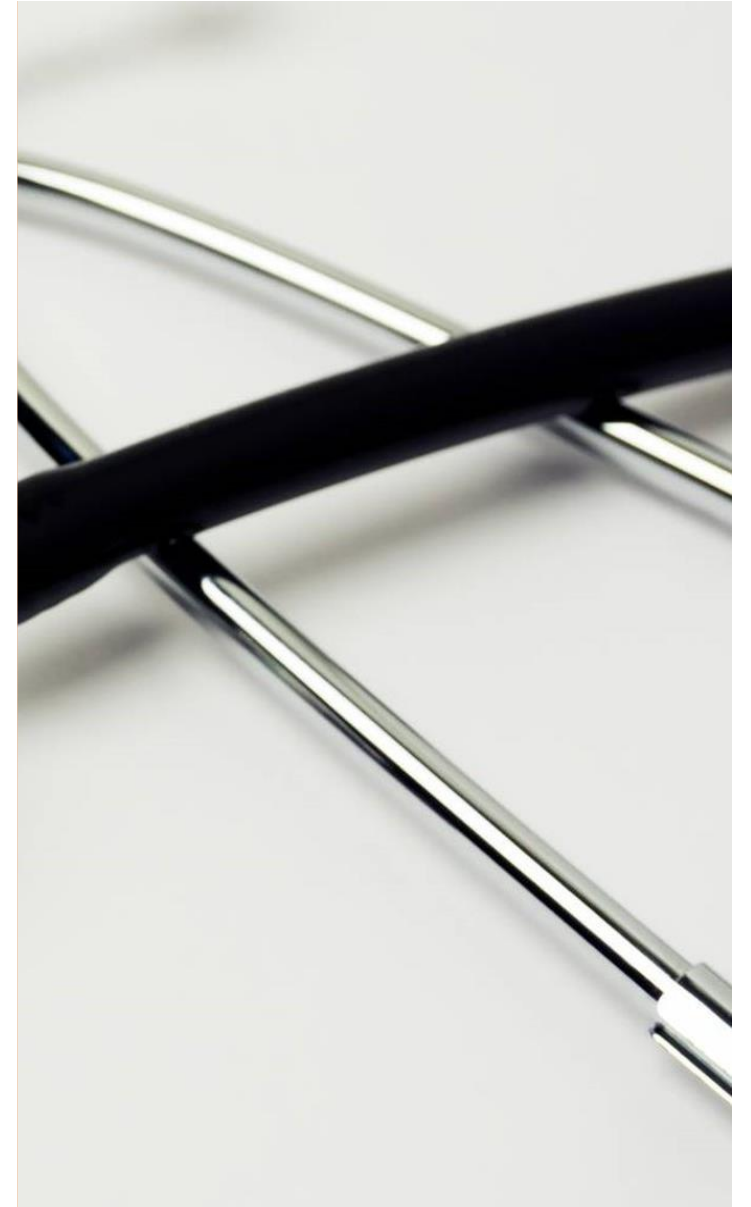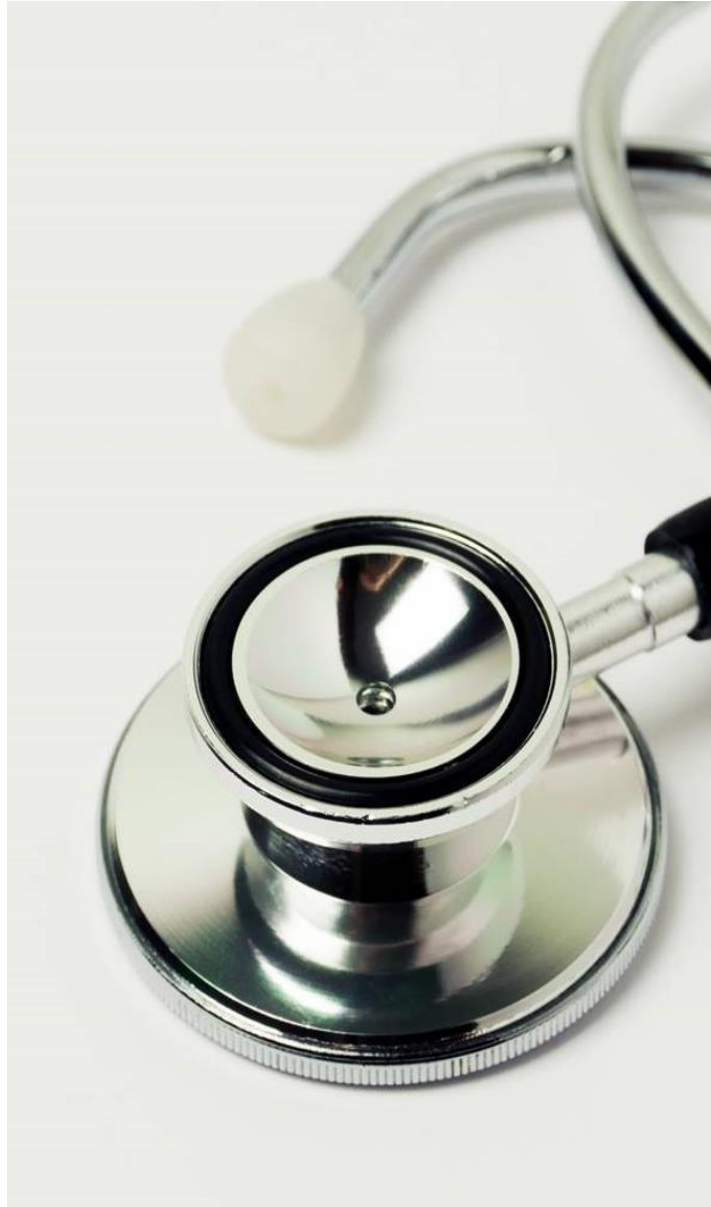
Agenda

Minutes Review

Survey Results

Partner Presentations

Facilitated Discussions

Public Comment

Adjourn

Executive Order: Action Plan

Present a comprehensive **analysis of current and future workforce challenges** impacting the healthcare sector, including recruitment, retention, and burnout.

Identify **strategies to improve patient care and alleviate the burden** on our healthcare workforce, including through innovations in technology and alternative methods of care.

Explore **educational and training pathways** to create a more diverse, equitable, and sustainable healthcare workforce.

Recommend solutions, including **new policies and programs, modifications to existing programs, and necessary changes to state statutes** related to workforce development, industry innovation, education, and training.

Where We Are Going From Here

Next Steps

1. Share summary of today's discussion

2. Additional resources to fill gaps and provide national best practices

3. In May, come prepared to identify additional strategies and opportunities

4. In June, we will begin to prioritize across all the strategies and opportunities

5. We will have a draft in July

Future Meetings

- May 9 (UW La Crosse)

- June 6 (Marquette Dental School)

- July 11 (UW Green Bay)

- August 8 (Hill Farms, Madison)

Survey

➤ Governor's Task Force on the Healthcare Workforce Survey
- o Issued 3/19, Closed 3/27
- o 24 Respondents, 100% response among Task Force members!

Thank you for your participation!

Which approach is best?

Please select which approach the Task Force should focus on.
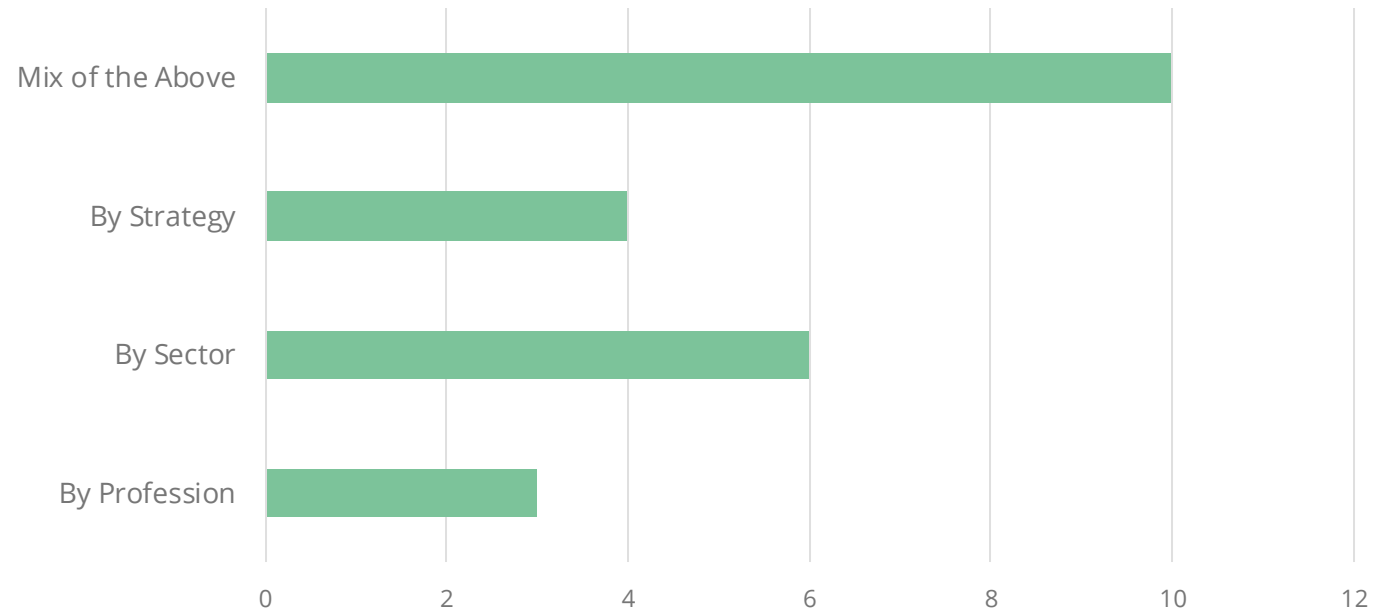
Ranking by Breakdown

Average Ranking

Interpretation: A lower number indicates higher priority (green) whereas a higher number indicates lower priority (yellow or red)

By Profession

	Average Ranking
Profession: Behavioral Health	2.6
Profession: Nurses	2.6
Profession: Direct Care	3.5
Profession: Allied Health	4.3
Profession: Physicians	4.6
Profession: Oral Health	5.5
Profession: EMS	5.6
Profession: Other	7.3

By Sector

	Average Ranking
Sector: Behavioral Health	2.0
Sector: Long term Care	2.6
Sector: Primary Care	2.8
Sector: EMS	4.0
Sector: Oral Health	4.3
Sector: Other	5.3

By Strategy

	Average Ranking
Strategies: Recruitment and Retention	1.7
Strategies: Education and Training	1.9
Strategies: Regulatory Policy	2.3

Mix of All

	Average Ranking
Strategies: Education and Training	5.0
Profession: Nurses	5.3
Profession: Behavioral Health	5.8
Sector: Behavioral Health	6.5
Strategies: Recruitment and Retention	6.6
Profession: Direct Care	7.0
Strategies: Regulatory Policy	7.4
Profession: Allied Health	8.1
Sector: Long term Care	8.3
Sector: Primary Care	8.8
Profession: Physicians	9.3
Profession: Oral Health	10.1
Profession: EMS	10.9
Sector: EMS	12.6
Sector: Oral Health	12.9
Profession: Other	13.8
Sector: Other	14.8

Outcomes of Task Force Prioritization

- Recommendations are needed across all Workforce Strategy Areas
- Behavioral Health, Nursing, Direct Care & Allied Health were the top ranked professions
- Behavioral Health, Long-term Care & Primary Care were the top ranked sectors

Workforce Strategy Areas

Education & Training

Recruitment & Retention

Regulatory Policy

Topical Areas

Behavioral Health

Nursing

Direct Care

Allied Health

Other/All
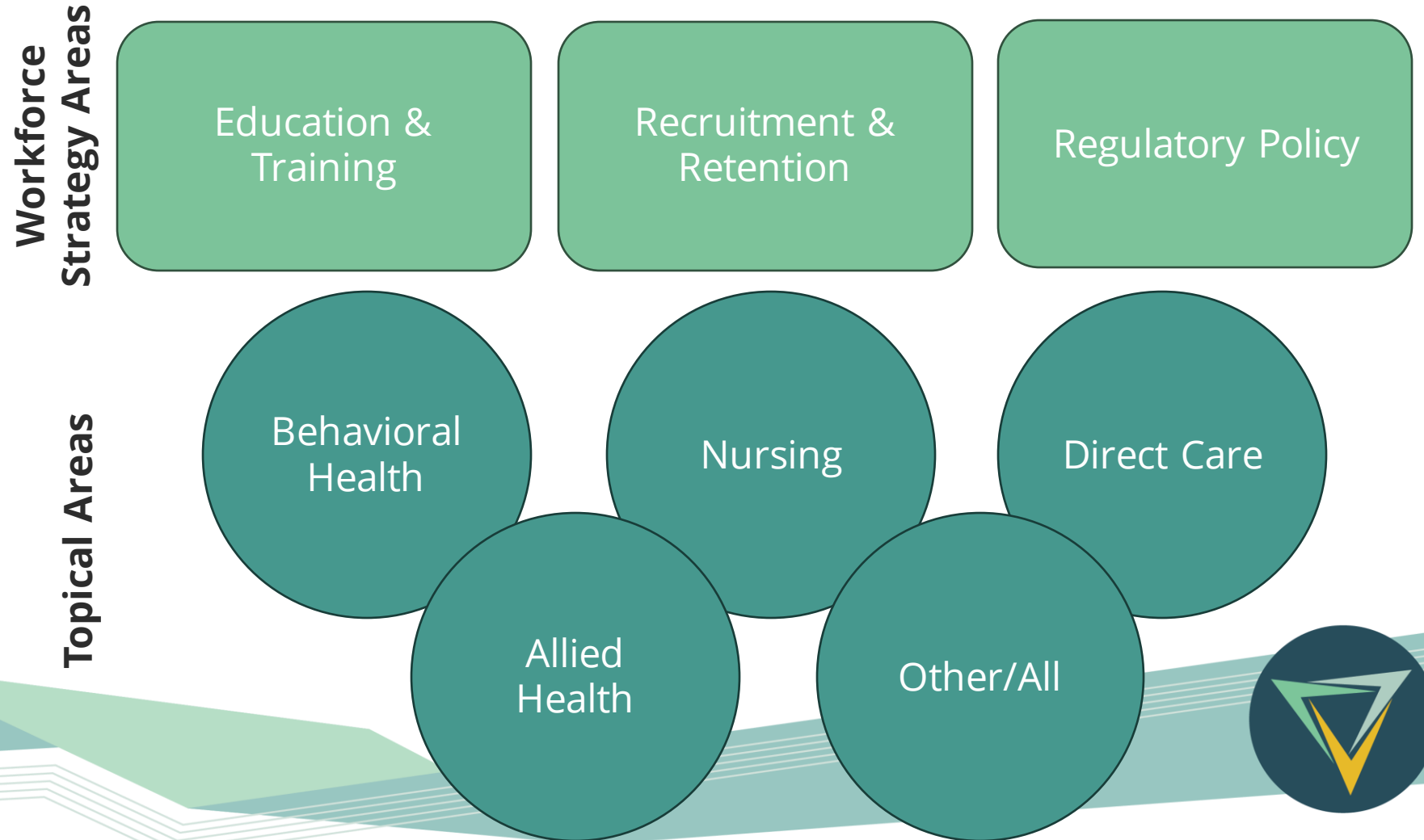
National Context

Problems & Other State Solutions

Behavioral Health

➤ Includes: All professions providing behavioral health services

Common Issues

- Maldistributions
- Private vs. public sector service (vs. other sectors)
- Reimbursement
- High debt-to-income ratios
- "Top heavy" workforce – lack of formalization for entry and middle skills roles

Utah Behavioral Health Workforce
(% of Active Licensees)

73%

Requires a Master's Degree or Higher

27%

Requires a Bachelor's Degree or Lower
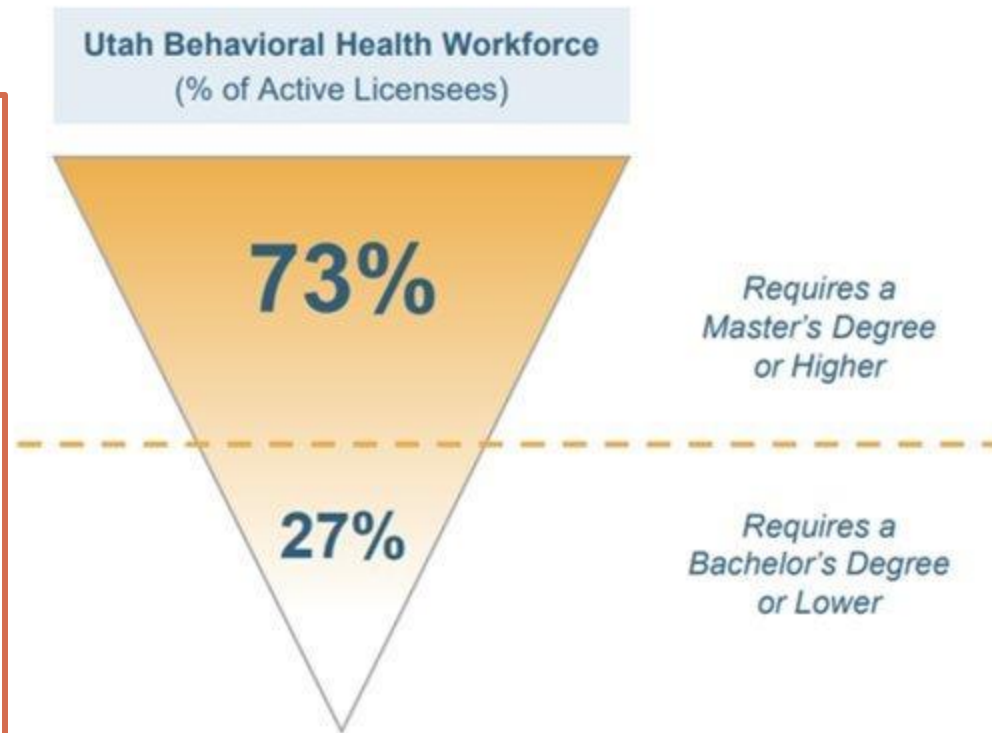
Common Solutions

- Incentives to target specific state need (ex. geography, Medicaid participation, etc.)
- Marketing campaigns and scholarships
- Emerging paraprofessional roles (ex. behavioral health technician)
- Career pathways

Nursing

> Includes: All levels of nursing professionals

Common Issues

- High demand + high turnover = shortage
- Burnout
- Transition to non-clinical roles
- Insufficient capacity of faculty and preceptors
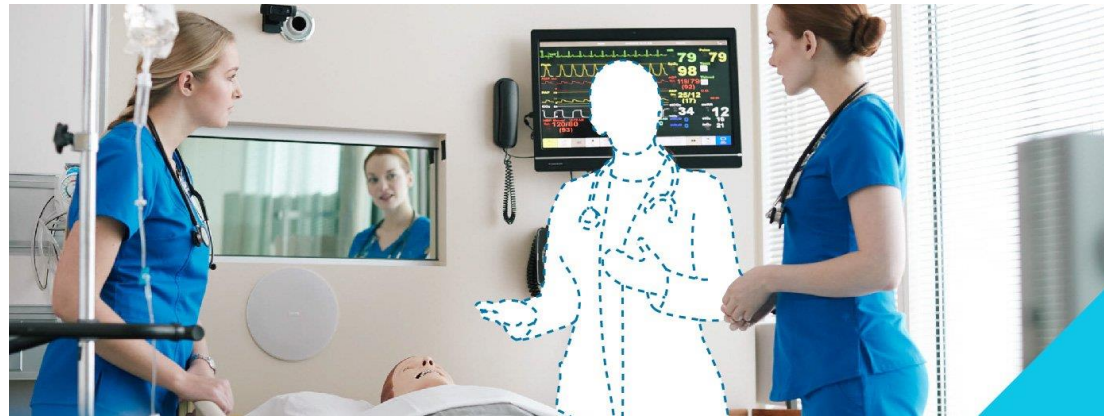
Image source: https://www.rasmussen.edu/degrees/nursing/blog/nurse-educator-shortage/

Common Solutions

- Preceptor and faculty support – ex. tax credits, stipends, loan repayment
- Funding for nursing program expansion
- Regulatory flexibilities for faculty employment affiliations (also in clinical positions), educational level of faculty, high-performing program discretion on program expansion

Direct Care

➢ Includes: Occupations providing care and support services in long-term settings, including facility and home- and community-based settings

Common Issues

- Widespread shortages
- High turnover
- Low wage
- High uninsured/lack of benefits
- Lack of career pathways
- Lack of perceived value/professional recognition

Demand for direct care workers is projected to increase over the coming decade

Demand for direct care workers, 2020–2035

Nursing assistants 48% change
Personal care aides 43% change
Home health aides 42% change
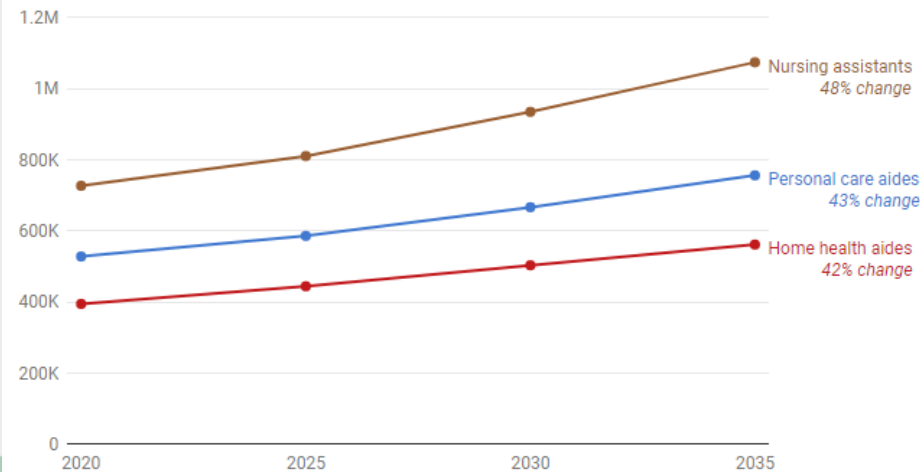
Source: National Center for Health Workforce Analysis, "Long-Term Services and Support: Demand Projections, 2020-2035" (Rockville, MD: Health Resources and Services Administration, 2022), available at https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/LTSS-Projections-Factsheet.pdf.

Chart: Center for American Progress

Common Solutions

- Aligning training requirements with federal minimum
- Stipends for new trainees/workers
- Wage pass-throughs and/or minimum wage for sector (in conjunction with benefits cliff awareness)
- Career pathway buildout

Allied Health

➤ <u>Includes</u>: Individuals who have received certificate or degree in a healthcare field

  ➤ Examples: Medical Assistants, Surgical Techs, Dental Assisting, Pharmacy Techs, Dental Hygiene, Rad Tech, etc.)

Common Issues

- Lack of career pathways
- Shortages among certain occupation types
- Training costs may make career pursuit inaccessible

Majority of hiring dentists report recruitment challenges

- Dental hygienists: 66.3%
- Dental assistants: 59.2%
- Administrative staff: 44.0%
- Dentist: 32.2%

Legend:
- Extremely challenging
- Very challenging
- Moderately challenging
- Slightly challenging
- Not challenging at all
- Not sure/Not applicable
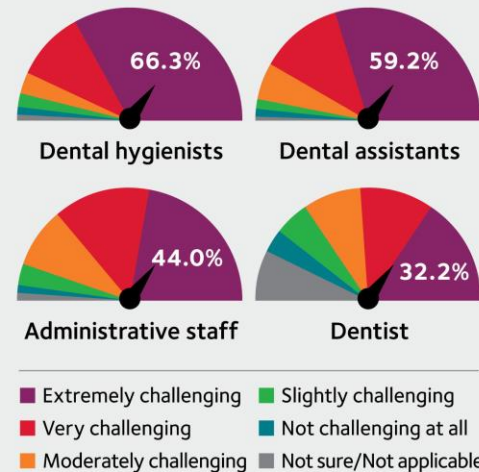
Source: ADA Health Policy Institute, COVID-19 Economic Impact on Dental Practices: Week of May 17, 2021. Available from: ADA.org/HPI

Common Solutions

- Paid/on-the-job (OJT) training (tuition support, apprenticeships) for jobseekers
- Employer support (stipends for skilling up workforce)
- Career pathway buildout
- Regulatory policies

Other/All

> Includes: Physicians, Primary Care, Oral Health, Emergency Medical Services, and other health professions

Common Issues

- Competition
- High debt load or low wage for high skills
- Low reimbursement
- Lack of representation

Common Solutions

- Loan repayment or scholarships
- Reimbursement increase or additional service coverage
- Early pipeline strategies

Transitioning to Discussion

Goal & Scope of Discussion

➤ Goal
  ➤ Develop initial list of potential strategies within the Workforce Strategy Areas (Education & Training, Recruitment & Retention, Regulatory Policy)

➤ Scope
  ➤ State-level
    • Focus on public and private partnerships
    • Would exclude any local/regional or otherwise individualized strategies
      • Could include scalable solutions from organizations/localities

Scope: Workforce Strategy Areas

> Education & Training
>> Includes: All types of policies and programs aimed at building the skills and competencies of the workforce.

> Recruitment & Retention
>> Includes: All types of policies and programs aimed at ensuring workforce availability

> Regulatory Policy
>> Includes: All types of policies and programs aimed at ensuring competency of the workforce and protection of the public

Breakouts

Workforce Strategy Areas	Identifying potential solutions: What are the opportunities for [insert workforce strategy area] among [insert profession]?				
	Behavioral Health	Nursing	Direct Care	Allied Health	Other/All
Education and Training					
Recruitment and Retention					
Regulatory Policy					

Breakouts

Workforce Strategy Areas	Identifying potential solutions: What are the opportunities for [insert workforce strategy area] among [insert profession]?				
	Behavioral Health	Nursing	Direct Care	Allied Health	Other/All
Education and Training	🟥 🟥	🟨	🟩	🟧 🟧	🟦
Recruitment and Retention		🟨 🟨	🟩		🟦
Regulatory Policy	🟥	🟨		🟧	🟦

Breakout Sessions

> Each group will review the workforce strategy areas (Education & Training, Recruitment & Retention, Regulatory Policy) and discuss potential strategies by profession

> **"What are the opportunities for [insert workforce strategy area] among [insert profession]?"**

> The discussion should focus on potential strategies/ recommendations that the Task Force may consider including in their final report.

> There is no expectation for each group to have ideas in all of the categories.

> The full Task Force will reconvene to discuss outcomes of breakouts together.

Next Steps

➢ A summary report listing all strategies from today's discussion will be shared with Task Force members

➢ Homework

  ➢ Additional reading materials will be shared with Task Force members

  ➢ The May meeting will be dedicated to

   • Learning more about the Workforce Strategy and Topical areas
   • Receiving additional ideas from Task Force members on potential strategies/opportunities

What is Apprenticeship

- Earn-while-you-learn solution for students and job seekers
- Opportunity for employers to build their workforce their way
- Wisconsin - First in the nation in Apprenticeship
  - 1st - Registered Apprenticeship program -1911
  - 1st - Youth Apprenticeship program - 1991
  - Certified Pre-Apprenticeship - 2017

Youth Apprenticeship (YA) Overview

- Statewide work-based learning program established in 1991

- 1- or 2-year experiences

- High school junior and senior years

- Combines **related instruction** with **mentored employment**

- Students work minimum of 450 hours per calendar year

- Available to youth in participating school districts - **80%** of districts offer YA

WISCONSIN
YOUTH APPRENTICESHIP
SINCE 1991

Current Healthcare Apprenticeships

- Interventional Cardiovascular Technologist
- Caregiver
- Direct Support Professional
- Medical and Clinical Laboratory Technologist
- Pharmacy Technician
- Laboratory Animal Caretaker Technician
- Medical Assistant
- Registered Nurse
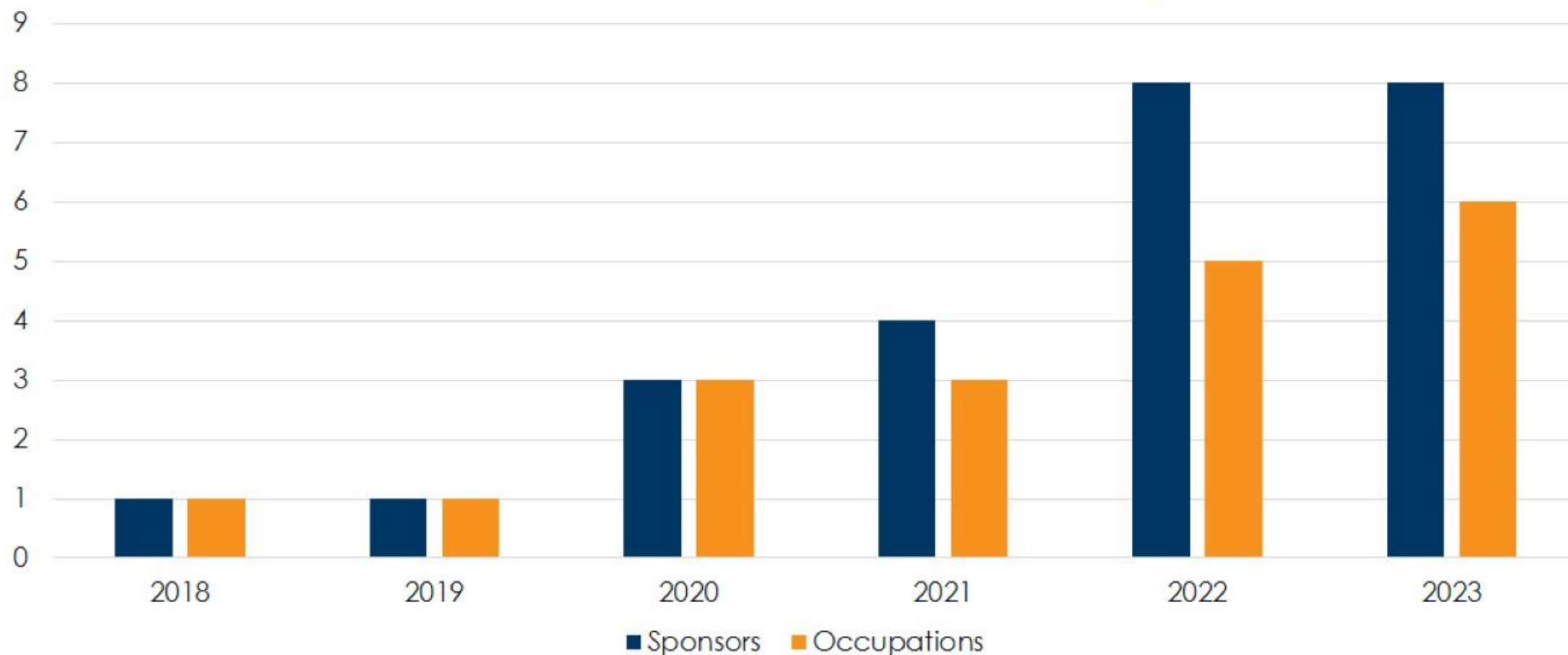
Newest Healthcare Apprenticeships

Respiratory Therapist

Ophthalmic Technician

Sterilization Technician

Registered Apprenticeship for Healthcare Occupations and Professions

Dr. Bridgett Willey, Director Allied Health Education and Career Pathways, UW Health

UWHealth

Objectives

- Share background on challenges in filling workforce needs and increasing employee diversity

- Share current approach and program overview for UW Health

- Share outcomes, wins and lessons learned in building and scaling the model

- Discuss key partnerships and scope of responsibilities necessary to establish and sustain programs

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A rapidly aging population is increasing the demand for and complexity of healthcare services

Percent of Population Age 65+

2010
12-15%

12-15%

2020
18-21%

15-18%

2030
21+%

18-21%

Legend

Less than 12% | 12% to 15% | 15% to 18%

18% to 21% | Above 21%
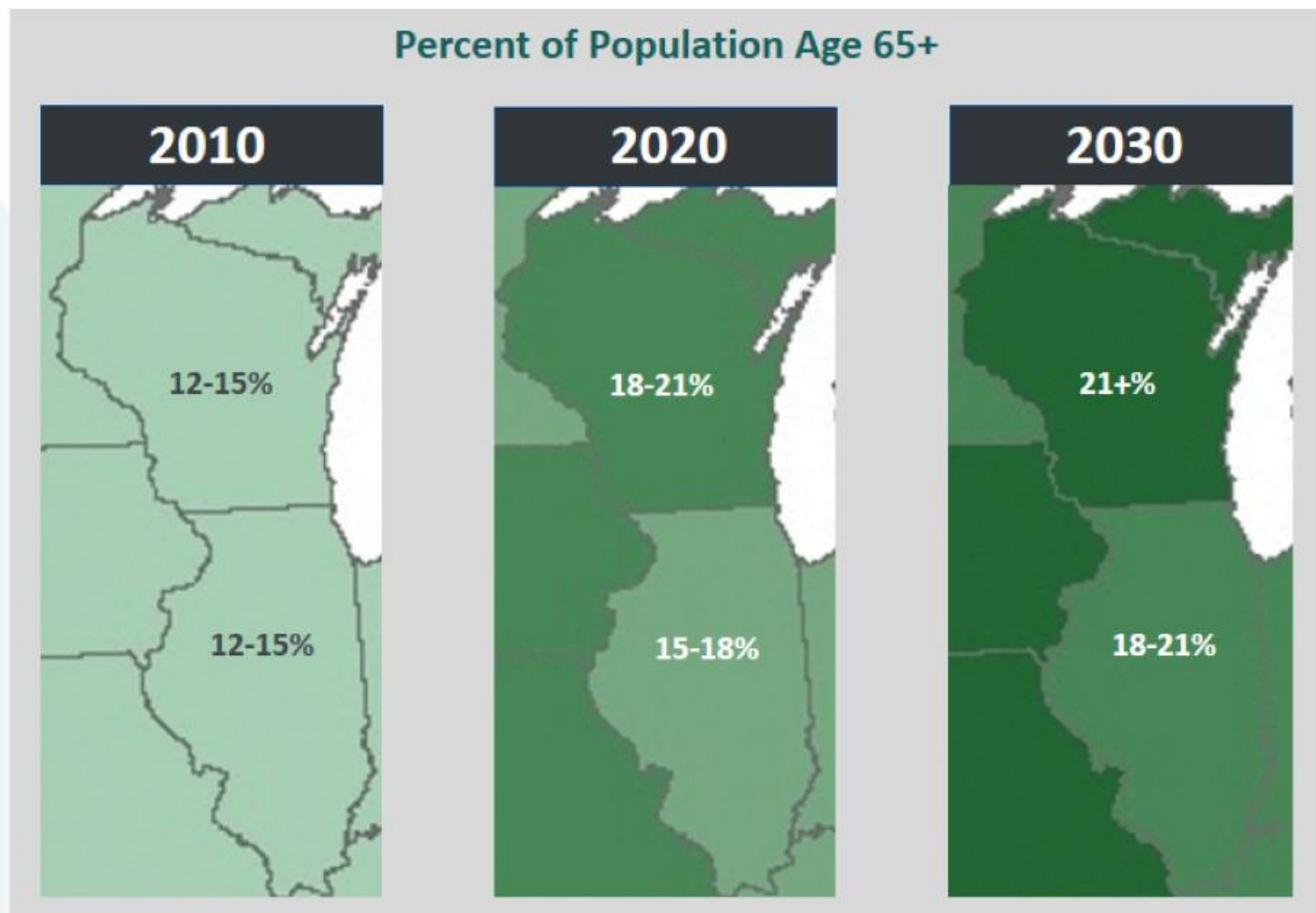
With an aging population comes an increase in chronic and complex conditions requiring care

UWHealth

National, State, and Local Employment

- Unemployment rates historic low:
  - National unemployment 3.9% (February 24, seasonally adjusted)
  - Wisconsin unemployment 3.0% (February 24, seasonally adjusted)
    - (95,600 people)
  - Dane County 2.2% (February 24, non-seasonally adjusted)
    - (7,544 people)

- Employment in Education and Healthcare in Dane County
  - Highest number of jobs at 27.9% in 2022
  - 93.4K of 334.8K total jobs in Dane County
  - Sources: WisConomy, Wisconsin Department of Workforce Development.

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The state of WI predicts an RN shortage of up to 20,000 by 2040

WI Department of Workforce Development
Projected RN Demand and Supply Scenarios

Deficit of 20,000

Legend: Supply - Low End | Supply - High End | RN Demand
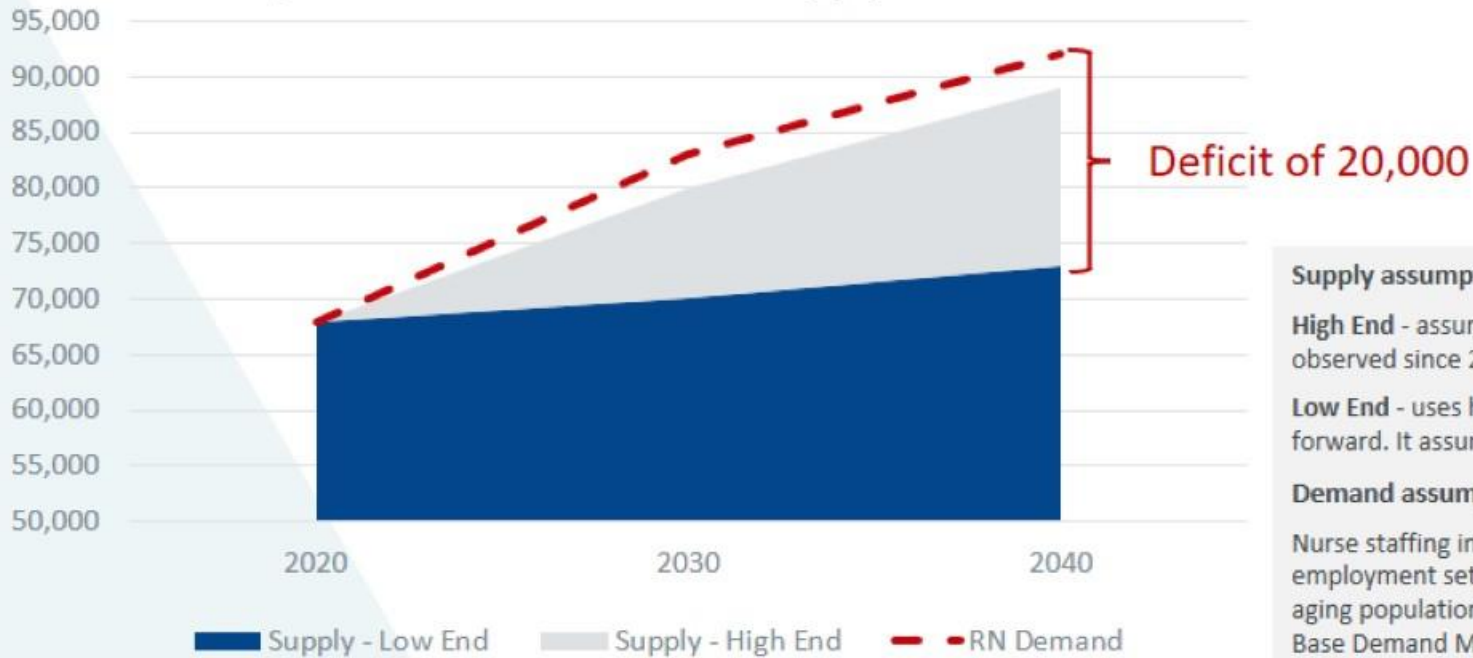
Supply assumptions:

High End - assumes growth of RNs will follow the same trend that has been observed since 2020 and continue to grow at the same rate

Low End - uses historical data from the RN survey to project supply going forward. It assumes continued growth but at a decreasing rate

Demand assumptions:

Nurse staffing intensity (nurse to patient ratio) & health care usage by employment setting and by patient age group are held constant, which means aging population and overall population growth are the only driving forces for the Base Demand Model

UW Health

Landscape External 2022-2032 - National

- Medical Assistants growth over next 10 years 16% much faster than average
- Ophthalmic Assistants—16% much faster than average
- Respiratory Therapists—14% much faster than average
- Phlebotomists – 10% faster than average
- Diagnostic Medical Sonographers and Cardiovascular Technologists – 10% faster than average
- Maintenance/Facilities—9% as fast as average
- Web Tech—9% as fast as average
- Dieticians/Nutritionists—7% faster than average
- Nursing Assistants—7% as fast as average
- Clinical Laboratory Technicians / Technologists – 7% as fast as average
- EMTs and Paramedics – 7% as fast as average
- Registered Nurses – 6% as fast as average
- Radiologic Technologists—6% as fast as average
- Surgical Assistants and Technologists – 6% as fast as average
- Pharmacy Techs—5% as fast as average

Healthcare Occupations : Occupational Outlook Handbook: : U.S. Bureau of Labor Statistics (bls.gov)

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National Higher Education Trends

- Undergraduate college enrollment dropped 9.4% between 2019 – 2023
    - Multi-factorial
        - Cost
        - Decline in population during recession
        - Lucrative work opportunities not requiring a degree

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Allied Health Education and Career Pathways (AHECP) – Partnerships and Approach

Middle School

HOPE Field Trips, HOPE Summer Internships, Ad hoc career *awareness* and *exploration* events

Partners:
- Urban League (Project REACH)
- BGCDC (TOPS)
- Centro Hispano (Juventud)
- MMSD and DCSC schools

High School

HOPE Program, HOPE Summer Internships, Youth Apprenticeships, Ad hoc career *awareness* and *exploration* events

Partners:
- MMSD and DCSC schools (Pathways, Renewing Futures, Upward Bound, Project SEARCH)
- BGCDC (AVID)
- Centro Hispano (Escalera)
- UW Madison (PEOPLE, ITA, LEAP)
- DVR (Project SEARCH)
- WDB (STEPS, Middle College)
- Operation Fresh Start

Post-Secondary

HOPE Mentorship, HOPE Summer Internships, HOPE Scholarship, Apprenticeships

Partners:
- INROADS (Summer internships)
- BGCDC (College Continuation Summer Internships)
- STEPS
- Edgewood (Community Scholars, Student Nursing Association)
- UW Madison (HPSP, Black Cultural Center, AHANA, other student orgs)
- Centro Hispano (Post-graduation Internship)
- WDB (STEP and Middle College summer internships

Adult

Apprenticeships (MA, NA, Phlebotomy, Pharmacy Tech, Maintenance, & Skilled Trades), Short-term Work Experiences and Internships, HOPE Scholarship

Partners:
- Centro Hispano
- Urban League
- DVR
- United Way (HIRE)
- Just Bakery
- Nehemiah

Next Generation Diverse, Vetted, Trained, and Motivated UW Health Workforce

Registered Apprenticeship at UW Health

- **Hired as full-time employees of UW Health from Day 1**
  - Training costs, wages and benefits supported by UWH
  - Employee signs retention agreement
  - Employees are eligible for any premium pay (sign on bonuses) upon successful completion and credential / licensing

- **Requires contract between Wisconsin Department of Workforce Development (DWD), UW Health and the employee**
  - Contract management on employer end.

- **Increases employee diversity within workgroups / departments**
  - Medical Assistants grew from 9% ethnic / racial diversity in 2018 to 36% **in 2024**

- **Increases employee engagement, loyalty, retention**

- **Significantly decreases turnover and vacancy rates**
  - UWH Nursing Assistants – 33% turnover
  - Nursing Assistants from UWH Apprenticeship Program – 5% turnover (over 2 years)

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Youth Apprenticeship Overview

- Partners: MMSD, DCSC, WDB, DPI, DWD, Community Based Organizations

- State endorsed skills checklists (DWD, DPI)

- UWH Outcomes / Goals:
  - Transfer into Registered Apprenticeship Program at UWH
  - Transfer into part or full-time employment
  - Pursue healthcare related degree program at college or university

- UWH YA Areas:
  - Medical imaging
  - Inpatient Nursing
  - Outpatient Clinic Assistant
  - Pharmacy Technician
  - Dietetics and Nutrition
  - Maintenance Tech / Skilled Trades
  - Respiratory Therapy

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Holistic Support Network for Registered Apprentices

Madison College – College Partner for Specific Programs

Provide Classroom Instruction and Curriculum alignment to maintain ACEN accreditation and ensure completion of appropriately sequenced didactic coursework.

- Scheduling and sequencing of didactic coursework
- Maintain legal agreements with UW Health
- Provide course performance updates
- Regular connections with AHECP team to ensure alignment with ACEN accreditation

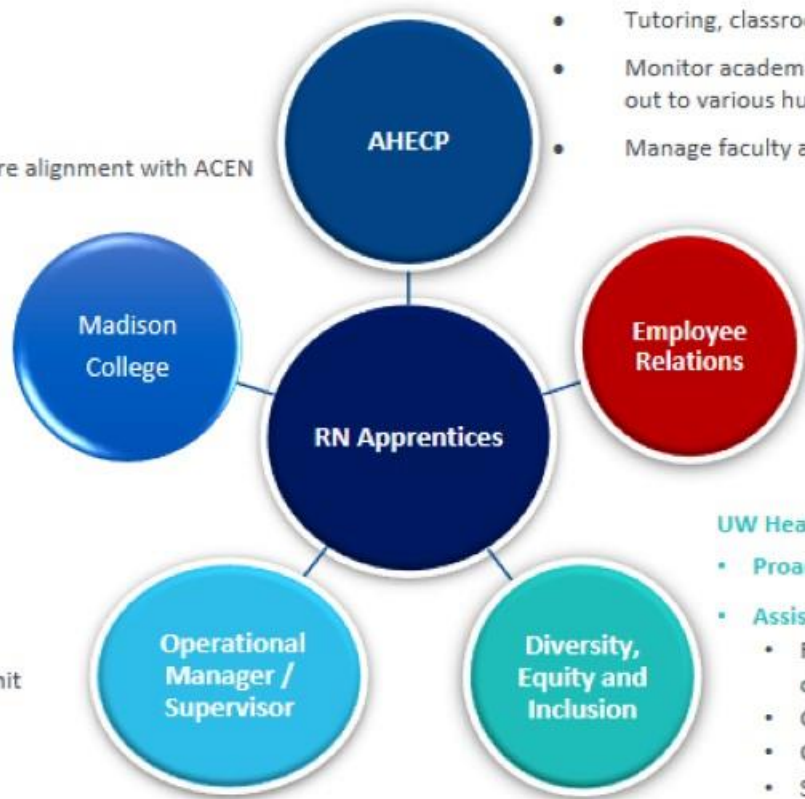**UW Health Allied Health Education and Career Pathways:**

- **Support learner employment and education needs** to achieve academic and professional success including:
  - UW Health - daily supervision / management of apprentices
  - Scheduling
  - Manage UWH HR processes and supports (ex. FMLA, payroll)
  - Tutoring, classroom support, clinical precepting for RN curriculum
  - Monitor academic performance and employee support – report out to various huddles.
  - Manage faculty and peer mentoring programs

UW Health Employee Relations (ER)

- **Provides consultative services** for leaders and employees. We encourage a positive work environment.
- **Assists with identifying and resolving** workplace issues and measuring employee satisfaction and morale.

UW Health Operational Managers / Supervisors

- Support On the Job oversight and management for apprentices
- Provide leadership support on the unit
- Regular connections with AHECP leadership to monitor employee performance on the unit

UW Health DEI Department:

- **Proactively engage** with the apprentice and the community partner
- **Assist in centering belonging and well-being:**
  - Field issues related to equity, inclusion, belonging, and/or culture of safety
  - Conflict management with leaders and colleagues
  - Connect with and understand internal resources
  - Support job transfers
  - Support learning of relevant policies and systems processes
- **Address issues related to social determinants of health & success** and refer to the community partners

Diagram center: RN Apprentices — surrounded by: AHECP, Employee Relations, Diversity, Equity and Inclusion, Operational Manager / Supervisor, Madison College

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Allied Health Education and Career Pathways (AHECP)

- Current state of Registered and Youth Apprenticeship and non-Apprenticeship Programs

- Apprenticeship:
  - Medical Assistant – capacity 100 students / calendar year – 1st in the state, est. 2018
  - Nursing Assistant – capacity 75 students / calendar year – est. 2019
  - Cardiovascular Interventional Technologist (cath lab) – 2 apprentices currently enrolled for 12 month program, est. 2022
  - Facilities / Trades – 5 apprentices in 5-6 year programs, est. 2019
  - Pharmacy Technician – 36 apprentices / calendar year, apprenticeship started 2023
  - Registered Nurse / LPN – 16 apprentices started August 2023, 16 addtl in August 2024
  - Ophthalmic Assistant Apprenticeship – enrolled 8 apprentices started 2023
  - Paramedic – in process for apprenticeship for 2024 – capacity 12 apprentices / year
  - Respiratory Therapy – Start fall 2024 with 5 apprentices per year

- Youth Apprenticeship
  - 30 for 2023-24, 50 for 2024-25, scaling to 100 by 2027
  - Maintain no greater than a 15 YA to 1 UW Health Career Pathways Coordinator ratio.

- Non-Apprenticeship
  - Schools of Medical Imaging – B.S. degree programs, 8 college / university affiliations
    - Radiologic Technology (20 students per year), Diagnostic Medical Sonography (30-40 students per year)

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The UW Health MA and NA apprenticeship programs, launched in 2018 and 2019, have been a great success

	Medical Assistant (MA) Apprenticeship	Nursing Assistant (NA) Apprenticeship
Number of Graduates	228 since 2018	196 since 2019
% of students completing the apprenticeship *	97%	93%
First time pass rate on credentialing exams	99.8%	92%
% employed at UW Health after completion with retention agreement	100%	100%
% BIPOC employees	91%	93%
% under-represented employees	100%	100%

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Key Partnerships / Approvals / Support

- **DWD**
  - Establishes new Registered Apprenticeships – curriculum / work hours
  - Fit within RA rules / guidelines

- **Madison College**
  - Holds programmatic accreditation for RN / LPN and Respiratory Therapy programs
  - Awards Associate Degree – required for eligibility to sit for credentialing exam(s)
  - Teaches most didactic courses

- **UW Health**
  - Senior leadership / board approval for any new program, operational and capital resources
  - Employs and manages day to day schedules for all apprentices
  - Hold programmatic accreditation for the apprenticeship and non-apprenticeship programs for which UWH staff teach all associated curriculum (didactic and clinical): Medical Assistant, Pharmacy Technician, Cardiovascular Technologist, Ophthalmology Assistant, Nursing Assistant, Schools of Medical Imaging Sciences
  - Hires clinical faculty – responsible for teaching clinical courses
  - Manages apprentice schedules and provides wrap around support

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Business Case

- Funding Sources
  - UW Health Operations
  - Grant funding: Fast Forward, WAGE$, WIOA, US Dept of Labor
  - Philanthropic

- OJT hours
  - All OJT hours are subtracted from labor costs. Average apprentice works at between a 0.5 and 0.7 FTE.

- Tuition / Capital costs
  - Requires MOU between higher education org and UW Health
    - Tuition may be paid to either party depending on who is providing the instruction
  - Skills labs
  - Instructional space
  - Staff offices

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UW Health Apprentices

UWHealth

Questions

Qualified Treatment Trainees QTT Grants Program

Jessica Smith, MSW, CAPSW, Co-Founder & Director

Center for Inclusive Transition, Education, & Employment (CITEE)

Governor's Task Force on Healthcare Workforce

April 4, 2024

Accelerating Student to Employee

- Technical Degrees or Associates Degree
- New Pathway for BAAS to MSW
- Bachelors Degree
- Clinical Internship in Masters Degree
- QTT - 3,000 hours of Clinical Supervision
- Licensed Clinician
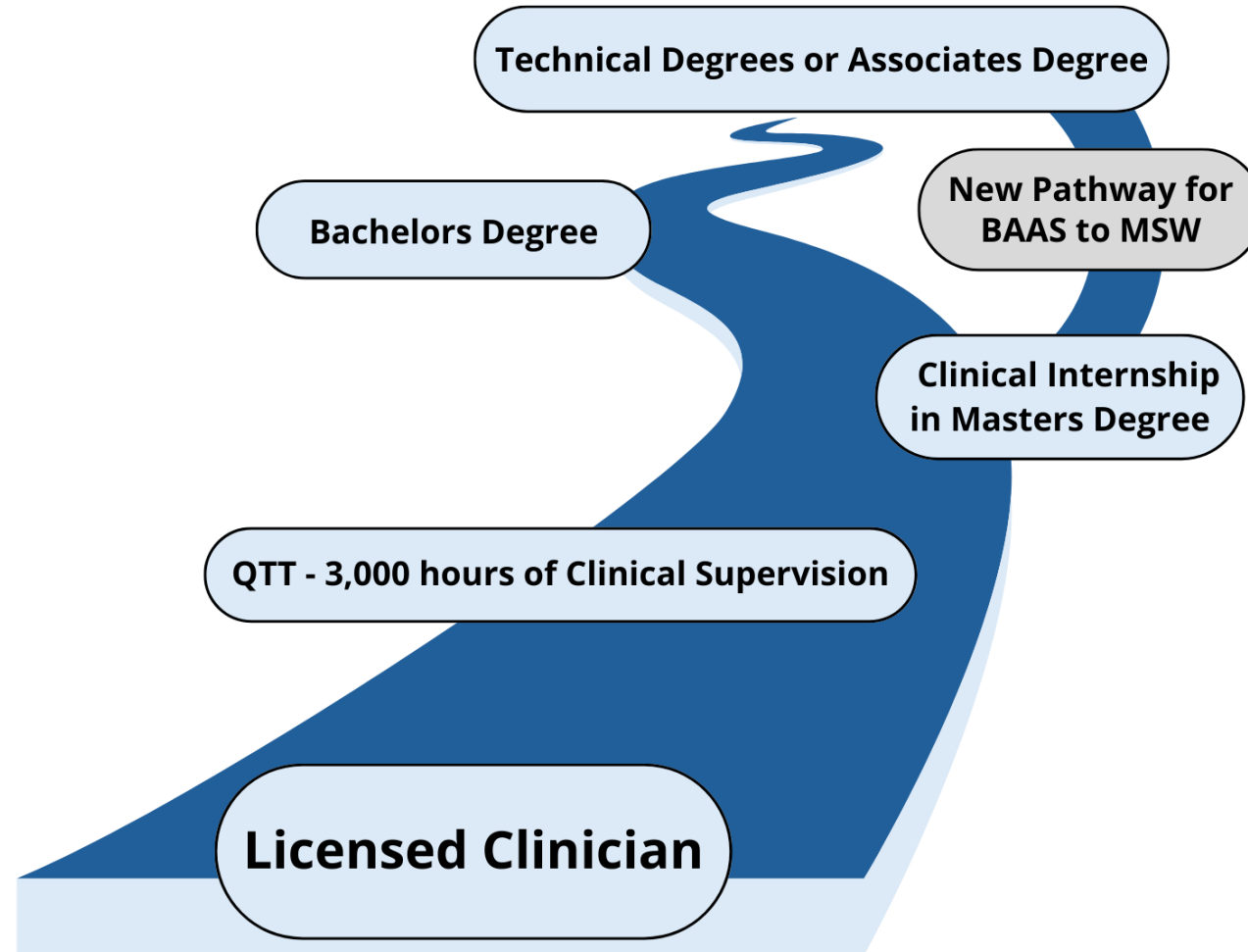
QTT Graduate Awards Round 1 & 2 Internship Locations

Round 1

Round 2
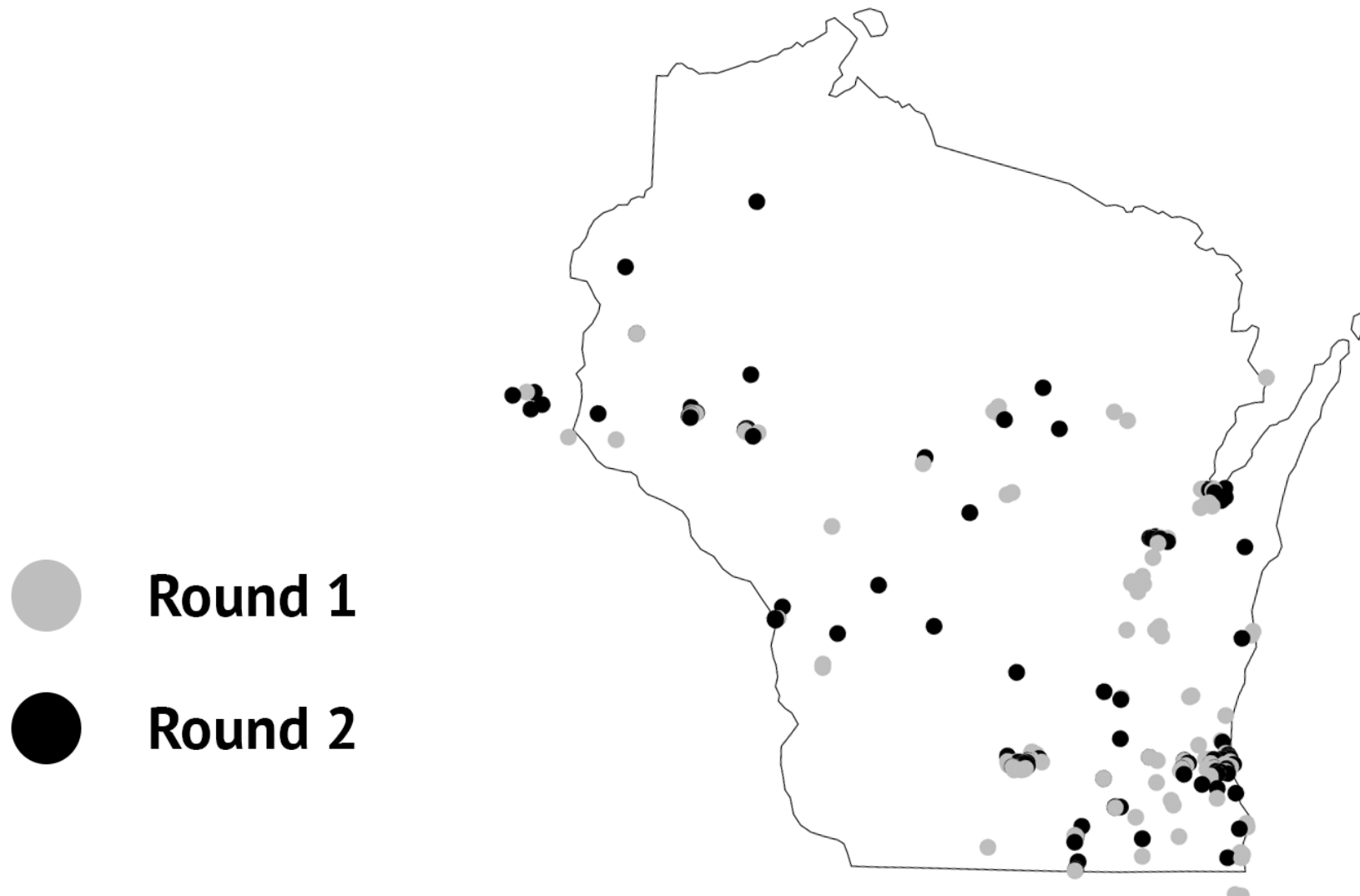
QTT Expanding Agency Locations FY21-FY24

FY21
FY22
FY23
FY24
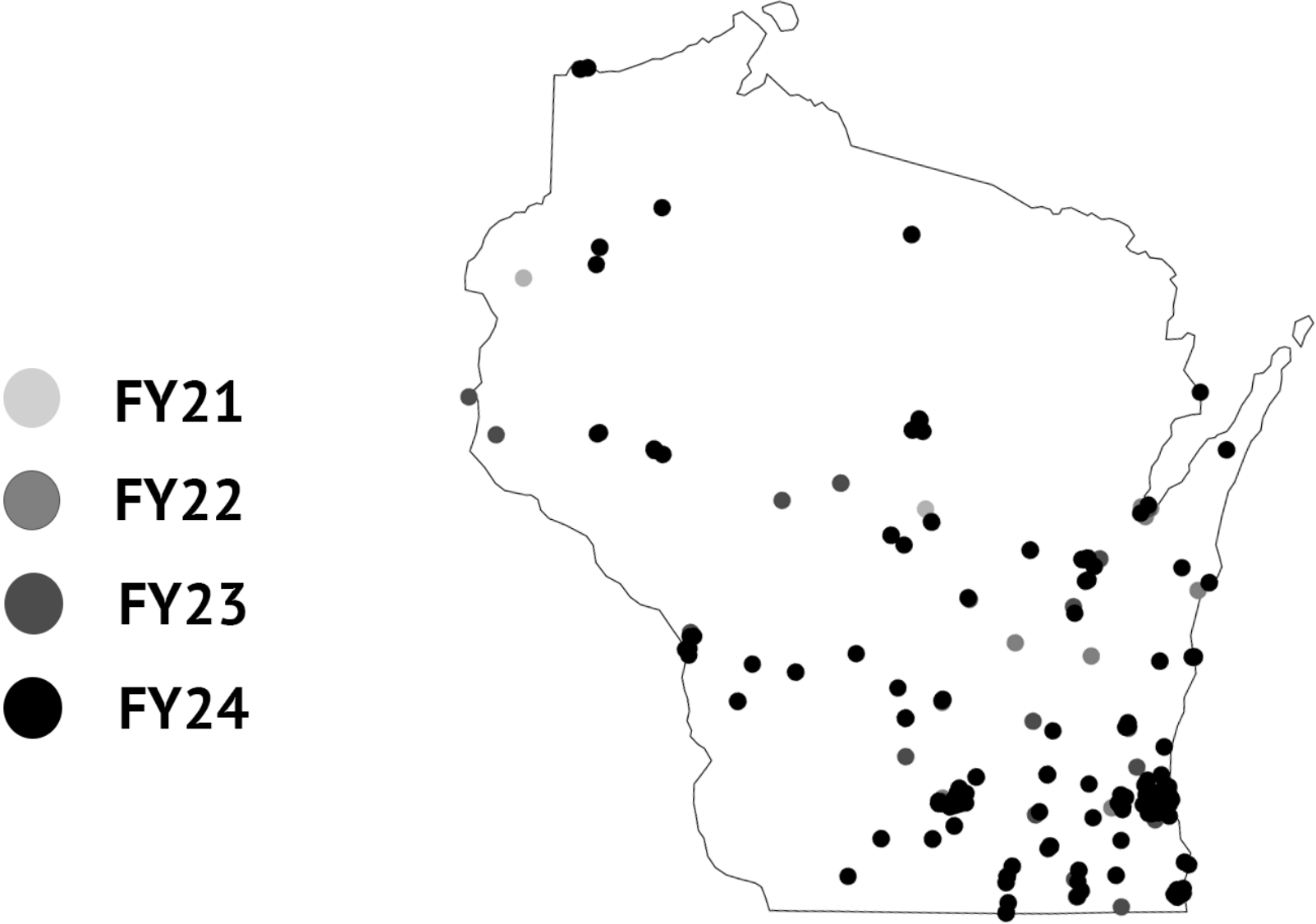
Opportunities and Lessons Learned

- The QTT Program model works!

- Opportunity costs need to be considered. Supervision is unbillable for supervisors and QTTs

  - Modest investment = large impact

- Address pathways to graduate degree completion

  - Financial support to students and interns

  - Dual credit options for high school students

- Address licensure requirements and process

- Talent loss to bordering states

- Rural

- Labor force is too small to meet demands

QTT Grant Recipient Highlight

Pauquette Center for Psychological Services

Jill Baurers, Psy.D.

DBT-Linehan Board of Certification, Certified Clinician™

Licensed Psychologist

Clinical Training Director

Barriers to Mental Health at the Pauquette Center

PAUQUETTE CENTER
Psychological Services
Family Counseling

Jill Baures, Psy.D.
Licensed Psychologist
Clinical Training Director
DBT-Linehan Board of Certification, Certified Clinician™
jbaures@pauquette.com ~ 262-473-0672

A Little bit about Pauquette

———

- The Pauquette Center first originated in the Baraboo/Portage area over 50 years ago
- We have now expanded to having eight clinics total
  - Portage, Baraboo, Prairie Du Sac, Richland Center, Reedsburg, Columbus, Madison, and Whitewater
- The Whitewater clinic was developed in 2021 specifically for training to focus on providing quality training and increasing mental health clinicians
- We have approximately 45 clinicians on staff and several support staff
- We serve children, adolescents, adults through individual, group, family, and couple work
- We also have specific programs including comprehensive DBT, DV groups, Anger Management groups, SOT, and Contract work

Barriers we have observed at Pauquette

— — —

- The demand for mental health appears to be much higher pre-covid
  - We now have a waitlist that fluctuates up to 400 clients
  - We need to balance immediate access and optimal care
- Paying staff for non-revenue generating services
  - Supervising clinicians and supporting the burn out that occurs in our field
- The credentialing process through insurance companies
  - Each payer requires different things
  - Some do not allow clinicians with training licenses to see their clients or require certain degrees
    - This makes it difficult to serve clients with these insurances as we have a smaller pool of clinicians that can see them
  - Some are denying credentialing of qualified providers stating they "have enough providers"
- The amount of time credentialing takes
  - At the time of hire of a new clinician, it takes approximately 90 days to get them fully credentialed with payers
  - The Behavioral Health Telehealth Partnerships Grant has been exceptionally helpful with this
  - We noticed a clear pattern of early retention with employees and a decrease in our waitlist when utilizing the telehealth grant that we received through the state

Barriers we have observed at Pauquette Continued...

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- Recruitment
  - Particularly to our rural clinics
- Physical access to care
  - Telehealth has helped with this and some people do not have access to internet
  - We often need to problem solve with clients, particularly those in rural areas on how to access the services we provide
- Insurance reimbursement not matching inflation
  - This impacts our ability to pay clinicians and provide regular raises
  - We have had to pursue other avenues for income through contract work to support raises and paying for health care for our staff
  - We have high risk clients on a waitlist for out comprehensive DBT program
    - DBT requires extra support, training, and supervision for new clinicians which requires additional costs
- Increased requirements for justification of services
  - This takes more time and decreases the amount of time clinicians can spend on client care

QTT Expanding Agency Grant

- We have now received this grant for three years
- It has significantly helped us expand our training program and has made it easier to pay our supervisors and provide quality training
- The training provided by the grant has helped our supervisors take a more evidence based approach in supervision and provide quality training

What we have Implemented with the Grant Funds

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- Paying our Supervisors for supervision and Administrative time versus eating the cost
- Paying our IT's for their time in supervision
- We have a monthly supervisor support group that provides ongoing training to our supervisors
- We have a monthly IT support group that supports our IT's in the licensure process and developing their clinical identity
- We also have a bi-weekly new hire group for newly hired IT's to help them learn our system and receive onboarding in the first six months of hire. This also provides regularly documentation review and feedback

Data of IT's working at the Pauquette Center

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Year	IT's on staff (APSW, LPC-IT, LMFT-IT)
2019	7
2020	7
2021	12
2022	16
202	13
2024	8

- Please note numbers seem to be increasing because many of those hired in 2019/2020 became fully licensed in the last year
- The grant has been incredibly helpful in hiring additional IT's for our organization

Thank you for your time today and Inviting me to Speak with your Team

- If there are any further questions feel free to reach out to me
- jbaures@pauquette.com
- 262-473-0672
- I appreciate all that you are working towards, Thank you

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