



**Higher Education Mental Health
Workforce Pilot
2023 Annual Report**



May 30, 2023

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EXECUTIVE SUMMARY

In response to urgent student mental health needs across Virginia’s college campuses, the Virginia General Assembly appropriated funds in July 2022 to support a two-year mental health workforce pilot program at public institutions of higher education. The State Council of Higher Education for Virginia (SCHEV), in consultation with the Virginia Health Care Foundation (VHCF), is charged with administering this pilot program.

On November 7, 2022, SCHEV and VHCF awarded Higher Education Mental Health Workforce Pilot grants to six universities: **Christopher Newport, George Mason, James Madison, Longwood, Radford and Virginia Tech**. Pilot awards ranged from ~\$66,000 to \$100,000 per year per institution to support the salaries and benefits for graduates pursuing licensure to provide therapy under supervision at student health or counseling centers on campus. In exchange, each hosting institution will hire, train and supervise the LCSW/LPC candidates until licensed.

The mental health workforce pilot serves a dual purpose for higher education institutions. **The pilot seeks to: 1) expand mental health services to students on campus at higher education institutions; and simultaneously 2) increase the mental health workforce pipeline by offering supervised clinical hours for the LCSW and LPC candidates who delivered those services to become licensed clinical social workers (LCSW) or licensed professional counselors (LPC)**. The mental health pilot’s two-pronged purpose addresses immediate student demand for services and long-term campus behavioral health workforce development, both of which have been exacerbated by the pandemic.

Even though the pilot is less than five months into implementation, SCHEV is sufficiently satisfied with the progress. Specifically, improving the ability to meet the student demand for counseling/social work services and stabilizing/reducing burnout of LPC and LCSW staff at the student health/counseling centers. Several key findings from the pilot have emerged for the General Assembly’s consideration.

- 1. The pilot program is oversubscribed. Of the 10 institutions that applied, funding was available to support only six institutions’ pilot programs with \$500,000 in appropriated funds in FY 2023 and \$500,000 in FY 2024. Institutional demand for this program exceeded the funds available; all 10 institutional applicants demonstrated need for the pilot funds.**

- 2. While less than five months into the pilot program, participating institutions are already seeing tangible impacts. As of May 1, 2023, five LCSW/LPC candidates supported through this pilot have collectively served 220 individual student-patients and completed more than 740 clinical hours. The addition of the candidates has resulted in: (a) decreased appointment wait times for students; (b) improved staff morale at the on-campus counseling and health centers; and (c) sparked the candidates’ interest in continuing to work at the higher education institution(s) post-licensure.**
- 3. Virtual mental health services enable real-time access for those in crisis and serve as a stopgap until in-person care can be obtained. The ultimate goal is quality and available in-person mental health care. The mental health pilot directly supports this ultimate goal.**
- 4. Due to the timeline of the pilot RFP release, the six pilot institutions were notified of their awards in November and consequently did not bring on candidates until the winter/spring 2023. Should this program continue and scale, the proposal and award cycle should support award notification in the spring/summer for optimal candidate selection and hiring before the start of the academic year.**

DEFINING SUCCESS - PRELIMINARY FINDINGS

On November 7, 2022, SCHEV and VHCF awarded Higher Education Mental Health Workforce Pilot grants ranging from \$66,000 to \$100,000 per year to six universities. Specifically, SCHEV and VHCF awarded grants to the universities of Christopher Newport (\$100,000), George Mason (\$73,429), James Madison (\$72,639), Longwood (\$66,810), Radford (\$75,400) and Virginia Tech (\$84,816). The program's total funding is \$1,000,000 – i.e., \$500,000 in FY2023 and \$500,000 in FY2024.

The pilot funds support the salaries and benefits for graduates pursuing licensure to provide therapy under supervision at student health or counseling centers on campus. In exchange, each hosting institution will hire, train and supervise the LCSW/LPC candidates until licensed. While no matching funds were required, Christopher Newport University provided matching funds to cover the fringe benefits and by doing so, was able to support two candidates' wages with the state's funds. Longwood University offered to provide university-managed housing as part of the candidate's benefits package in addition to the pilot funds awarded.

Pilot institutions are required to report on key data every six months to assess progress toward licensure, overall program impact and potential modifications to the pilot and factors to consider in order to scale across the state.

A successful pilot should:

- 1. Improve the ability to meet the student demand for counseling/social work services;**
- 2. Stabilize/reduce burnout/turnover of LPC or LCSW staff at the student health/counseling centers;**
- 3. Increase the number of pre-licensed LCSWs and LPCs who become licensed in Virginia as a result of pilot participation; and**
- 4. Create a pipeline of LCSWs and LPCs who choose to work at higher education health/counseling centers once licensed.**

Even though the pilot is a few months into implementation, SCHEV is sufficiently satisfied with the progress and meaningful impacts that the candidates have had toward pilot success. Specifically, improving the ability to meet the student demand for counseling/social work services and stabilizing/reducing burnout of LPC and LCSW staff at the student health/counseling centers.

The below data are based on the varying start dates through May 1, 2023. The earliest candidate start dates were in January (Longwood, Radford and Christopher Newport—candidate one). Two candidates started in March (James Madison and Christopher Newport—candidate two). One institution (Virginia Tech) has hired a candidate but, given a sufficient-notice requirement to leave in good standing, that candidate will start in June. The sixth institution (George Mason University) is still recruiting and has modified the candidate’s salary to attract more applicants. Therefore, the findings presented in this report come from less than five months of pilot implementation.

Information from the pilot institutions’ first semi-annual reports is aggregated below.

Five Pre-licensees (from ~January 10 to May 1, 2023)

- 1. Total number of clinical hours: 740.5**
- 2. Number of supervised hours (include individual and group supervised hours): 1,214**

Individual supervised hours include client case conceptualization, client need, diagnostic criteria, counseling interventions, professional development, office orientation/management, crisis orientation/follow-up and self-reflection.

Group supervised hours include case presentations and video review of single-session therapy, etc.

- 3. Number of students/patients served: 220.** The pre-licensees have provided individual services (initial consultations, intakes and individual counseling sessions) as well as group counseling, facilitated well-being clinics, provided single session therapy, served on-call, and provided preventive outreach programs to students.
- 4. Has experience piqued interest in pursuing work in higher education post-licensure? Yes/No/Unsure.** All five pre-licensees currently working at the pilot institutions have expressed a strong preference for working with college and university students post-licensure.

Supervisor

- 5. How has the additional hire (pre-licensure) helped to address or create demands on the supervisor and other staff? i.e., helped distribute workload? Increased workload?**

“The pre-licensure position has been beneficial in alleviating the caseloads of the other clinicians by distributing clinical caseloads thus easing overall work burden. Also, clinicians can invest in other vital projects such as preventive outreach to the campus community, psychological assessment/testing, pursuing professional

development opportunities, expansion of clinical services (i.e., single session therapy) ... in other words, adding this pre-licensure to the team has allowed time for the other full-time clinicians to increase preventive outreach, which is a core need that has been under-resourced due to increased demand for direct counseling services.”

“Licensees have helped the counseling center by seeing a number of clients thus relieving some of the pressure on staff, decreasing the wait time for students to get an initial appointment, and by providing additional clinical hours available to students.”

“By adding evening hours, we have been able to offer more counseling appointments and at later times to accommodate students’ academic schedules.”

“The training, onboarding, and additional supervision hours required has added to the workload of the supervisor, but lessened the load of the office.”

6. How has the additional hire impacted well-being, office climate and workload at the on-campus center? Improved/Declined/No noticeable change.

“Adding this professional colleague has bolstered morale and bandwidth and prevented burnout and turnover of clinicians. In sum, this hire has stabilized the counseling center and our services to the university.”

“The pre-licensure position helps alleviate some of the stress by sharing the clinical workload which results in more productive work environment.”

“Licensees are an asset to our team. In addition to seeing clients, they show a willingness to take on other various tasks and are part of the crisis on-call rotation. This is important for our office climate and promotes a strong team atmosphere amongst staff.”

7. Other input/insights on the pilot? What were the challenges? How were they overcome? Modifications to consider for continuation and to scale?

“Addressing diversity, equity and inclusion was in mind when creating this position and the pre-licensure has been instrumental in providing outreach and connections with faculty, staff and student of color offices, communities and organizations. As a person of color, the pre-licensure has provided representation vital to marginalized student populations. Furthermore, the pre-licensure will provide more mental health

support by creating a student of color group that will be launched in the fall semester of 2023.”

“One of the challenges of supervising a pre-licensure is the additional paperwork and supervision time, as the supervisor has additional paperwork through the VA Board of Counseling in terms of quarterly reviews as well as the university performance evaluations/performance plans required of all University employees. The supervisor attempts to schedule extra administrative hours during the school year to adjust for these additional administrative duties.”

“Another challenge is that the pre-licensure is a 12-month employee whereas the supervisor is an 11-month employee which requires the supervisor to work some hours to supervise and complete supervisory notes while off contract. Flex time accommodations have been made for this summer to allow supervisor to work off contract.”

“A final challenge is the Commonwealth requires 3,400 hours of supervised clinical hours and 200 hours of clinical supervision to qualify as a Licensed Professional Counselor. It is a challenge to complete these required hours within the grant-funded two years in a university counseling center setting; and utterly impossible to accomplish in one year.”

Students seeking health center or counseling services (where the pre-licenseses work):

8. **The nature of issues and conditions with which students present:** Students present with a wide variety of needs from common concerns to significant needs related to trauma to severe mental health disorders.

Common concerns: Anxiety/worry, depression, relationship difficulties, academic concerns, family concerns, grief and loss.

Significant needs related to trauma, mood instability, suicidal ideation, eating disorders/body image, PTSD, trauma histories, OCD, substance-related concerns.

Severe mental health disorders: bipolar disorder, borderline personality disorder, dissociative identity disorder etc.

9. **Types of treatment provided on campus vary by institution but can include:** individual counseling; group counseling; couple’s counseling; well-being clinics; skill building sessions; single session therapy; Cognitive Processing Therapy for trauma recovery; testing for ADHD/SLD; and crisis intervention. Some institutions offer informal, drop-in service and a 15-to-20-minute consultation at a location across campus, psychiatric and case management as well as advocacy services.

10. **Volume of need:** Since the beginning of the academic year 2023, the six pilot institutions' on-campus staff have served over 2,855 students, not including crisis intervention.
11. **Existing staff capacity to meet the need:** The staff capacity varies by institution from a staff of three licensed clinicians to a staff of over 19 (not including residents or the pilot pre-licensees).
12. **How has the additional hire (pre-licensure) helped to address the demand and supply?** As a result of adding the pre-licensees, some institutions have been able to open for extended hours until 8 PM. For other institutions, it helped to offer additional clinical hours each week because of the candidate's availability. The candidates mitigated staff burnout by the high demand for services.

RECOMMENDATIONS FOR SCALING

Recruitment, Hiring and Onboarding Insights

The timing of the RFP release, review and awards resulted in the recruitment, hiring and onboarding process occurring “out of sync” with the academic year. This posed challenges for all institutions to varying degrees because most MSW and MoC graduates would be looking for employment and hours for licensure after May graduation. This inherently limited the scope of potential candidates and slowed the timeline from recruitment to hiring.

In one instance, the human resources departments had to establish a new hiring category for the candidate. The departure of a human resources director during the middle of the process resulted in further delays in the recruitment and hiring process at the same institution. Another institution requested a slight increase in funds to raise the salary for the candidate position as the vast majority of qualified applicants withdrew from consideration due to salary.

Some onboarding delays resulted in candidates’ previous work commitments (30-day notice requirement) which could have been avoided if the grant timeline was adjusted so that recruitment and hiring coincided with the end of the spring semester with onboarding by the start of the subsequent fall semester.

APPENDIX: BACKGROUND, PURPOSE, PROCESS AND COMMITMENTS

Background

Virginia college students represent a particularly vulnerable population, with unique mental health challenges that have been exacerbated by the pandemic. “College” often marks a transition toward independent living, self-awareness and self-advocacy. Coupled with this transition, in 2021, 40% of college students reported having a mental health disorder.¹ The Centers for Disease Control similarly reported the largest increases in mental health problems for those ages 18 to 29.²

Despite growing student need, 70% of Virginia is a federally designated Mental Health Professional Shortage Area (MHPSA), with nearly 40% of Virginians living in these communities. To meet the needs of their students, Virginia’s higher education institutions seek to provide mental health services to students. On both the qualitative and quantitative fronts, institutions face an uphill battle to attract and retain a mental health care workforce on campus. Their student health and counseling centers must compete with private sector compensation and address staff burnout, secondary trauma and compassion fatigue.

With a growing need for services, a lack of qualified mental health workers compounds the challenge to grow capacity both on campuses and across the Commonwealth. The Bureau of Labor Market Statistics data project 13.2% employment growth for clinical social workers and 23% growth for licensed professional counselors from 2020 to 2030.

One challenge area to becoming a licensed social worker (LCSW) or licensed professional counselor (LPC) is the completion of supervised clinical hours. For LCSW candidates, this requirement includes 3,000 hours of post-master’s degree experience, including 100 hours of individual face-to-face supervision and 1,380 clinical hours. For LPC candidates, this includes 3,400 hours of supervised clinical work experience, 200 hours of supervision and at least 2,000 hours of direct client contact.

In 2022, the Virginia General Assembly responded to this specific workforce need and appropriated funds to support a mental health workforce pilot at institutions of higher education. The State Council of Higher Education for Virginia (SCHEV), in consultation with the Virginia Health Care Foundation (VHCF), is charged with administering this pilot program.

¹ [Healthy Minds Study, Winter 2021.](#)

² [Centers for Disease Control, Spring 2021.](#)



Purpose

The mental health workforce pilot serves a dual purpose for higher education institutions. The pilot seeks to: 1) expand mental health services to students on campus at public higher education institutions; and simultaneously 2) increase the mental health workforce pipeline by offering supervised clinical hours for the LCSW and LPC candidates who delivered those services to become licensed clinical social workers (LCSW) or licensed professional counselors (LPC). The mental health pilot's two-pronged purpose addresses immediate student demand for services and long-term campus behavioral health workforce development.

The pilot supports the salaries and benefits for graduates of Masters of Social Work (MSW) and Masters of Counseling (MoC) programs seeking licensure. The pilot grant awards underwrite the salaries and benefits of the onsite MSW/MoC supervisees. In exchange, each hosting institution will agree to hire, train and supervise the LCSW/LPC candidates until licensed. The estimated cost to support a supervisee is approximately \$70,000 to \$100,000, including benefits.

The awarded institutions directly received the grant funds to pay the salaries and benefits of graduates of MSW and MoC programs seeking licensure while working at on-campus mental health care facilities.

Pilot Proposal Submission and Award Process

SCHEV issued the request for proposals on September 1, 2022 followed by a how-to-apply webinar on September 7.

In order to be eligible the institutions were required to:

- 1. Operate in Virginia as a public institution of higher education. Note: Community service boards (CSBs) and external vendors/service providers serving an institution of higher education are ineligible.**
- 2. Currently provide on-campus mental health care services to students.**
- 3. Provide counseling or social work services on campus with a licensed counselor (LPC) or licensed clinical social worker (LCSW) on payroll who is approved by the Virginia Department of Health Professions to serve as a supervisor.**
- 4. Attend the pre-proposal workshop.**
- 5. Submit no more than one mental health pilot proposal for all of its campuses/locations.**

The pilot proposal submission closed on October 7, 2022. SCHEV received submissions from 10, four-year institutions. All 10 institution submissions demonstrated/quantified the need for pilot funds. Priority was placed on proposals from institutions located in areas with a higher shortage of LCSWs/LPCs and/or from institutions serving a higher number of low-income students, including HBCUs. The review panel consisted of SCHEV and Virginia Health Care Foundation staff.

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Christopher Newport University received the largest pilot grant amount of \$100,000 each year for the two-year term and used the funds to support two candidates while providing their fringe benefits as an institutional match (no match was required). Longwood University offered to provide university housing as part of the candidate's benefits package in addition to the pilot funds awarded.

Grantee Commitments

By and upon accepting grant awards from this pilot program, grant recipients committed to:

- 1. Comply with Virginia DHP regulatory and license requirements.**
- 2. Provide necessary and timely supervision on site to at least one supervisee/candidate seeking licensure for the two-year duration of their required supervision hours.**
- 3. Use the entirety of grant funds awarded to the institution to support the salary and benefits for graduates of Masters of Social Work and/or Masters of Counseling programs seeking licensure. In addition to wages and benefits, grant funding can be used to pay for existing LCSW or LPC staff to obtain necessary supervisor credentialing (15-hour course/\$500 fee). Grant funding cannot support overhead costs.**
- 4. Utilize the pre-licensure to provide applicable care/services to students seeking health care/counseling on-campus.**

5. **Attend an orientation for the awarded institutions. Supervisors and pre-licenseses from each selected institution participated in the session lead by SCHEV and collaborators.**
6. **Participate in semi-annual opportunities provided by SCHEV and VHCF to connect the pre-licenseses throughout the initiative for support, camaraderie and feedback.**
7. **Produce and submit semi-annual (six-month) and annual (12-month) progress reports to SCHEV to monitor activities, outcomes, evaluate the effectiveness of the program and identify opportunities for greater partnerships to scale and implement statewide.**