



**Higher Education Mental Health  
Workforce Pilot  
2024 Annual Report**



May 31, 2024

## Table of Contents

<b>Executive Summary</b> .....	<b>3</b>
<b>Defining Success - Preliminary Findings</b> .....	<b>5</b>
<b>Recommendations For Scaling</b> .....	<b>11</b>
Recruitment, Hiring and Onboarding Insights.....	11
Recommendations for FY 2025-2026 Request for Pilot Proposals.....	11
<b>Appendix: Background, Purpose, Process And Commitments</b> .....	<b>13</b>
Background .....	13
Purpose .....	14
Pilot Proposal Submission and Award Process.....	14
Grantee Commitments .....	15

## EXECUTIVE SUMMARY

In response to urgent student mental health needs across Virginia’s college campuses, the 2022 Virginia General Assembly appropriated funds 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 approximately \$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 licensed clinical social worker (LCSW) or licensed professional counselor (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.** 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.

The pilot is approximately one and a half years into implementation. SCHEV is 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, some recurring and some new along with recommendations from SCHEV, 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 pilot programs at only six institutions with \$500,000 in appropriated funds in FY 2023 and \$500,000 in FY 2024. With flat-funding in the 2025-26 budget, staff anticipate that demand/request for funding for the next call for proposals will again exceed the budget allotment. Such oversubscription limits assessment of the pilot program’s impact due to a small sample size.**

- 2. Participating institutions continue to see tangible impacts. As of May 1, 2024, seven LCSW/LPC candidates supported through this pilot have collectively served 630 individual student-patients and completed more than 4,486 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. Due to the timeline of the pilot RFP release, the six pilot institutions were notified of their awards in November 2022 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.**
- 4. Data collected from the pilot sites every six months informs modifications to the FY 2025-2026 call for proposals to ensure objectives are achieved.**

## 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 hires, trains and supervises 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 program 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.**

SCHEV continues to be satisfied with the progress and meaningful impacts 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. SCHEV recommends modifications to subsequent pilot funding rounds/calls for proposals, including for FY 2025-2026, to ensure

clinical hours for licensure and ultimate candidate licensure is obtained within two to two-and-a-half years from the start date of the candidate.

The below data are based on the varying start dates through May 1, 2024. The earliest candidate start dates were in January 2023 (Longwood, Radford and Christopher Newport—candidate one). Two candidates started in March 2023 (James Madison and Christopher Newport—candidate two). Christopher Newport’s second candidate left in early 2023 and the replacement candidate was hired in late 2023 and started working in January 2024. Due to unforeseen human resource procedural barriers, Virginia Tech was not able to onboard their candidate until June 2023. The sixth institution (George Mason University) faced salary-related recruitment challenges necessitating a budget amendment in order to modify the candidate’s salary and attract more applicants.

Six of the seven candidates were Virginia residents prior to being hired and also completed higher education at Virginia institutions (five graduate and one undergraduate degree). The seventh candidate came from Connecticut.

Information from the pilot institutions’ second annual report is aggregated below.

**Seven Pre-licensurees (from ~January 10, 2023 to May 1, 2024)**

- 1. Total number of clinical hours: 4,486.**
- 2. Average clinical hours per week: From 10 to 20 hours per week.**

Average clinical hours per week ranged from ~10 to 20 hours. Three candidates averaged between 18-20 clinical hours per week with the other four at 10, 11, 13 and 15 average clinical hours per week. Data indicate that those averaging 18-20 clinical hours per week are anticipated to achieve hours necessary for licensure within two to two and half years since starting. Others estimate three to four years (from start date) until hours will be accumulated for licensure. As a result of these findings and the desire to achieve the program’s intent, the FY 2025-2026 RFP will be modified to prioritize/maximize clinical hours to the extent practicable.

- 3. Number of supervised hours (include individual and group supervised hours): 6,541.**

Individual supervised hours include client case conceptualization, client need, diagnostic criteria, counseling interventions, professional development, office management, record keeping, crisis response, treatment planning and self-reflection.

Group supervised hours include case presentations and video review of single-session therapy, boundary setting, communication practices, intervention techniques, etc.

**4. Number of students/patients served: 630.**

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.

**5. Has experience piqued interest in pursuing work in higher education post-licensure? Yes/No/Unsure.**

All seven pre-licensees currently working at the pilot institutions have expressed a strong preference for working with college and university students post-licensure. Below are excerpts from candidate responses.

“This residency experience only solidifies that choice, and I plan to continue pursuing counseling in a higher-education setting post-licensure.”

“...Have discovered a passion and skillset for working with the college-aged population.”

“...would like to continue to work with college students at this particular counseling center moving forward.”

**Supervisor**

**6. 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?**

“Supervising does take away several clinical hours from my schedule, but they are more than made up for by the number of clients the residents see weekly.”

“The hire has allowed us to allocate a licensed counselor to field positive mental health screens and requests for consultation from the medical provider team.”

“Every client that [candidate name] has seen for an Initial Therapy appointment (83) has been a client who would not have otherwise been served.”

“...Has enabled a more even distribution of caseloads among staff counselors, making them more manageable. ... licensed staff can now concentrate on providing services and interventions to high-needs and high-risk students without being burned out by the heavy demand. Additionally... has allowed our staff to provide outreach on campus that was not possible before.”



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

“Having the addition of our SCHEV grant recipients has helped our office see 40+ additional clients/week, which is very positively impactful. This has allowed our office to see more clients for longer. “

“Having the residents has increased the case load capacity of the team, and allowed clinicians to provide more sessions to each student compared to the prior academic year.”

“...Helped manage against staff burnout by being able to share the clinical load which includes the crisis on-call rotation.”

“Due to her marginalized identity, she has been able to meet with students who specifically request to meet with a clinician from a similar background. As such, she has helped alleviate the significant clinical demands being placed on marginalized staff.”

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

Input includes: challenges associated with the ebb/flow of the academic year and necessary hours for licensure compared to private practice; prioritizing candidate access to clients to maximize hours; starting the program earlier via an internship that would transition into the residence; and extending the pilot duration (beyond two years).

“The 24 month time-frame remains a significant challenge to achieve the entirety of the licensure requirements, in part due to the nature of summer clinical services utilization.”

“Universities are closed during winter break and holidays. Furthermore, many students go home for the summer which leads to a dramatic reduction in caseload. This is the single biggest challenge in getting the licensee enough clinical hours to be licensed in a timely manner despite that when the university is in session, the licensee remains very busy.”

“We have tried to adjust our referral process so that unlicensed staff have first access to clients during summer months and down times throughout the year. One change we have implemented is to allow this person to do telehealth with students who reside in Virginia during the summer months.”



“Extending the program to be available for three academic years would make for a more accessible training experience and allow for continuity based upon student academic year experience.”

“Expand funding to hire paid interns with the hope to move them into post-graduate, pre-license positions following internship.”

“Because the Virginia Board of Counseling allows up to four years to accrue the necessary hours for licensure, I would encourage SCHEV to consider having the grant align with the Board of Counseling timeline-- this makes the most sense, given the purpose of the grant.”

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

9. **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, social 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.

10. **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 response 24/365. 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.

11. **Volume of need:** Since the start of the candidates, the six pilot institutions’ on-campus staff have served over **8,952** students, not including crisis intervention.

**12. 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).

**13. How has the additional hire (pre-licensure) helped to address the demand and supply?**

“The increased number of providers has allowed the total number of clinical hours to increase from 4,224 to 5,058 total appointments this year. Relatedly, the number of sessions per student was allowed to go up from 6.9 sessions to 8.2 sessions per student this academic year.”

“Not only has the pre-licensure resident addressed the demand but also expanded our care through outreach, collaboration with the Office of Multicultural Affairs, and embedded counseling in order to reach marginalized communities.”

“Our resident has had a full caseload all year. The addition of this position, along with several other factors, has decreased the wait time for students seeking services and decreased the wait time between initial appointment and follow-up counseling.”

**14. Student survey findings.** Not every pilot utilizes a satisfaction survey to obtain student/patient feedback on the candidate’s services. More than 90 percent of students completing the satisfaction survey agree that they: 1) were able to obtain an appointment within an acceptable timeframe; 2) would recommend the staff (candidate) to another student; 3) felt safe talking with the counselor (candidate) and 4) the counselor (candidate) helped the student address and/or cope with the issues/problems for which they sought help.

## 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.

### Considerations for FY 2025-2026 Request for Pilot Proposals

Based on data provided by pilot sites every six months, SCHEV considers the following modifications to the FY 2025-2026 call for proposals.

1. **Release the call for proposals as soon as practicable and announce the pilot sites as soon after July 1, as the candidate pool is larger the closer the timeline is to graduation (May).**
2. **Seek open, competitive request for proposals from all Virginia public institutions of higher education (IHE) with on-campus mental health care services/centers.**
3. **Update request for proposals content to include:**
  - a. **A milestones/timeline section (bulleted list/chart) and companion work plan in narrative form to identify recruiting, hiring and onboarding timelines, clinical hours/week estimated and plans for off-peak times – winter, spring and summer breaks - to maximize clinical hours.**



## APPENDIX: BACKGROUND, PURPOSE, PROCESS AND COMMITMENTS

### Background

Virginia college students represent a particularly vulnerable population, with unique mental health challenges that were 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.<sup>1</sup> The Centers for Disease Control similarly reported the largest increases in mental health problems for those ages 18 to 29.<sup>2</sup>

Despite growing student need, 70% of Virginia is in 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 projects 11% employment growth for clinical social workers and 18% growth for licensed professional counselors from 2022 to 2032.

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.

---

<sup>1</sup> [Healthy Minds Study, Winter 2021.](#)

<sup>2</sup> [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.

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. The program's total funding is \$1,000,000 – i.e., \$500,000 in FY2023 and \$500,000 in FY2024.

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-licensees from each selected institution participated in the session led by SCHEV and collaborators.**
6. **Participate in semi-annual opportunities provided by SCHEV and VHCF to connect the pre-licensees 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.**