



Lancaster Osteopathic Health Foundation
Elevating the mental well-being of youth and children in Lancaster County

LOHF Clinical Supervision Collaborative
Building the Talent Pipeline in Children's Mental Health

LOHF has launched the LOHF Clinical Supervision Collaborative (LCSC) in response to the inadequate supply of child and adolescent mental health professionals in Lancaster County. Thanks in part to a generous grant from the Steinman Foundation, this is funded for 3 years.

The Collaborative will equip mental health professionals to take on supervisory roles, and will provide a post-master's clinical fellowship program for license-eligible providers to receive supervision required for licensing. Applications are open and considered on a rolling basis until all funds are allocated.

Purpose

- Recruit, support, and retain licensed mental health professionals in Lancaster County
- Shorten time for providers with masters' degrees to obtain licensure in clinical mental health professions (i.e., LCSW, LPC, MFT, Psych-NP)
- Improve quality of clinical supervision for licensure hours
- Reduce the financial burden of clinical supervision for organizations and graduates
- Develop clinical supervisor consistency across organizations
- Provide shared, group supervision across organizations, broadening the scope of experience for graduates
- Reduce provider fatigue and burnout, and improve provider well-being

Strategic approach

To date, LOHF has improved mental well-being for Lancaster County youth and children with:

- Children's Behavioral Health Grants to local organizations and programs
- Mental Health Copay Assistance for parents, youth, and children in financial need
- Continuing medical education in children's mental health for osteopathic family medicine fellows and primary care providers, including MDs and DOs
- Nursing scholarships

These have been impactful but we must do more. We must strategically tackle the challenge of building a talent pipeline to meet demand for mental healthcare, specifically for youth and children. This imperative is reflected in one of LOHF's Two Big Questions we've committed to answer in our strategic plan: *"How will we build the talent pipeline in mental healthcare to elevate mental well-being of youth and children in Lancaster County?"*

We approach the question from a big-picture, strategic view of the challenges and opportunities of having qualified professionals to support the mental healthcare needs of young people through age

25, and their parents. This includes efforts to attract students, recent graduates, and those who want to become licensed providers, to establish their work in Lancaster County.

What is a talent pipeline?

Talent pipeline refers to a steady stream of qualified applicants for a positionⁱ. Strategic focus is required to cultivate a talent pipeline. This includes planning for organizational growth and identifying emerging leaders.

Our first step was to gather stakeholders to the table for insight into the needs, challenges, and opportunities for addressing the shortage practically. In the process, we learned that supervision training models exist elsewhere, and we want to bring these practices to Pennsylvaniaⁱⁱ.

Investing in the talent pipeline for behavioral health will result in stronger behavioral health organizations and competent supervisors who can mentor their staff. Trained supervisors can effectively recruit and retain their clinical staff, reducing patient caseloads, improving recruitment and retention, and lowering staff turnover rates.

Children's Mental Health – A Supply Problem

The demand for behavioral healthcare for youth and children in Lancaster County is high. Primary care providers and school districts routinely screen youth and adults ages 12 and older for depressionⁱⁱⁱ. Yet they struggle to make referrals for therapy or related mental health care.

Many youth complete both depression, anxiety, and suicide screening in schools, and those mental health providers do a short debrief with every student, and 1-week and 1-month follow-ups with families^{iv}. Families struggle to schedule appointments for therapy, and wait times are long. They report having to schedule visits 3-4 months in advance for lack of provider availability.

These dedicated professionals have consistently expressed frustration that they could meet this demand if only they had the capacity to offer supervision, and improve recruitment and retention. Many organizations report spending 1 to 2 years to recruit and hire a child/adolescent psychiatrist.

LOHF Clinical Supervision Collaborative will answer these challenges:

- Graduates with a master's degree in social work or psychology working in mental health programs are license-eligible but must be clinically supervised for 2,000-3,000 hours before they can take Pennsylvania licensing exams (LCSW, LPC, MFT, and CRNP).
- Clinical supervision collaborative models exist elsewhere but not in Pennsylvania. These collaborative models provide supervision training, stipends for organizations and participants, shared group supervision across organizations, and encourage emerging professionals to establish their work in the region where they participated.
- Pre-license professionals with a master's degree in social work or psychology can only bill Medicaid and are not able to bill commercial insurance plans.
- Length of time from graduation to licensure can be longer than expected due to inadequate supervision for licensure hours.

- Some organizations who hire license-eligible providers with masters' degrees require those providers to work for the organization for a set number of years in return for receiving clinical supervision.
- The cost of supervision on small organizations can be prohibitive, and larger organizations may have difficulty staffing consistent supervisory roles.
- If fellows pay for their own supervision, it can be financially prohibitive, and the supervisor may not be directly connected to the client work.
- Given the length of time, burden on fellows, and inadequate training, emerging providers can become discouraged, lack sufficient opportunity to develop competencies, and burn out before fully entering the profession.

Goals of the Collaborative

- Lancaster County will be attractive to qualified candidates entering the workforce. We will welcome these mental health professionals to become part of our vibrant community, and provide quality behavioral healthcare for our children, youth, young adults, and families even after their licensure.
- The LOHF Clinical Supervision Collaborative will serve five mental healthcare organizations per year in Lancaster County during the next 3 years.
- Creating and funding this framework will remove barriers of workforce development.
- Developing a qualified workforce to meet the demand for mental healthcare for youth and children will make access to such care more accessible.
- Training supervisors will help us achieve the Quadruple Aim for mental health in Lancaster County: 1) enhancing patient experience; 2) improving population health; 3) reducing the costs; and 4) improving work life of providers, clinicians, and staff.

Who is eligible to participate in the LCSC?

Organizations which accept Medicaid/Medical Assistance, and providers/organizations participating in the LOHF Mental Health Copay Assistance program.

Participating Organizations Commit to:

- Provide an average of 20 hours of clinical time per week to LCSC Fellows
- Assign at least 50 percent of resident time to child, adolescent, and/or young adult patients; or 75 percent of resident time to child, adolescent, and/or young adult patients, and parents with a dependent child or children
- Provide individual, group, and didactic clinical supervision
- Partner with at least one other organization in the collaborative for shared group supervision
- Each supervisor will provide clinical supervision to 1-3 fellows
- Each organization will have 1-3 clinical supervisors participating
- Organizations will limit the number of clinical hours of their participating supervisors and fellows to allow 2 hours per month for participation in the collaborative
- The team of supervisors and fellows at each organization will present once per year to the collaborating organizations

- Organizations will provide a sample of their current clinical supervision contract with fellows
- Participating organizations will meet with LOHF staff in June to determine specific organization training needs

LOHF Will Provide:

- Funding for participation of five organizations per year for up to 3 years. (Up to \$103,000 per year total; on average \$20,600 per organization, per year.)
- Facilitate a monthly 90-minute Continuing Education webinars for 10 months (15 hours per year) for all clinical supervisors and fellows
- Convene clinical supervisors in person twice per year as a cohort
- Convene fellows in person twice per year as a cohort
- Align Continuing Education training with Pennsylvania licensing boards to ensure continuity across mental health licensed professions
- Assess each participating organization’s needs and tailor Continuing Education topics to meet needs, building on current clinical supervision contracts and existing programs.
- Encourage and support participating organization teams of clinical supervisors and fellows to present at least once per year each to the collaborative on a unique area of expertise

How to apply

- Applications opened Jan. 1, 2020. The application is available at lohf.org/LCSC.
- An info session will be held February 12, 2020, 11:30 am – 1:30 pm at LOHF, 128 E. Grant St., Ste. 104, Lancaster. Lunch will be provided. [RSVP at https://lcscinfo.eventbrite.com](https://lcscinfo.eventbrite.com).
- Applications must be received online by March 15, 2020
- Applicants will be notified of decisions by April 15, 2020
- Expected program start date is July 1, 2020

Please contact LOHF with any questions at info@lohfoundation.org or (717) 397-8722.

ⁱ Building a talent pipeline, from the Bridgespan Group: <https://www.bridgespan.org/insights/library/leadership-development/building-talent-pipeline>

ⁱⁱ Examples of clinical supervision training programs – [Association of Chicagoland Externship and Practicum Training \(ACEPT\)](#); [Virginia Department of Health Professions](#); [JAMA Psychiatry \(2006\) Weissman, et al.](#);

ⁱⁱⁱ Let’s Talk, Lancaster medical providers group agreed to pilot PHQ-9 Depression screening at least once per year at well visits for every patient ages 12 and older. Health care systems participating include Penn/LGH, WellSpan, UPMC Lititz, Lancaster Health Center, Welsh Mountain Health Center, and Water Street Rescue Mission.

^{iv} Teen Hope Program at Samaritan Counseling Center operates a continuation of the Columbia University “Teen Screen” program, screening youth in at least 12 school districts in Lancaster County annually. Students complete a screening tool including PHQ-9 (depression), GAD-7 (anxiety), and two standard suicidal ideation questions. Every student meets independently with a trained mental health professional for 5-10 minutes to debrief their results. Students who have a moderate to severe need call their parent in the meeting to determine a plan for starting therapy, school based counseling, or seeing their family physician. The Teen Hope program follows up with all of those families one week and one month after the initial call.