



Landscape Assessment of the Youth Behavioral Health Workforce in King County

Isis Garcia

Agenda

Background/Introduction

Methods

Results

Discussion/Recommendations

Acknowledgements

Reflection & Q/A

Supporting Documents

Literature Review

Data Placemat Presentation

Final Report - Word

Final Report - PDF

Site Partners

Best Start for Kids

Community Well Being Initiative

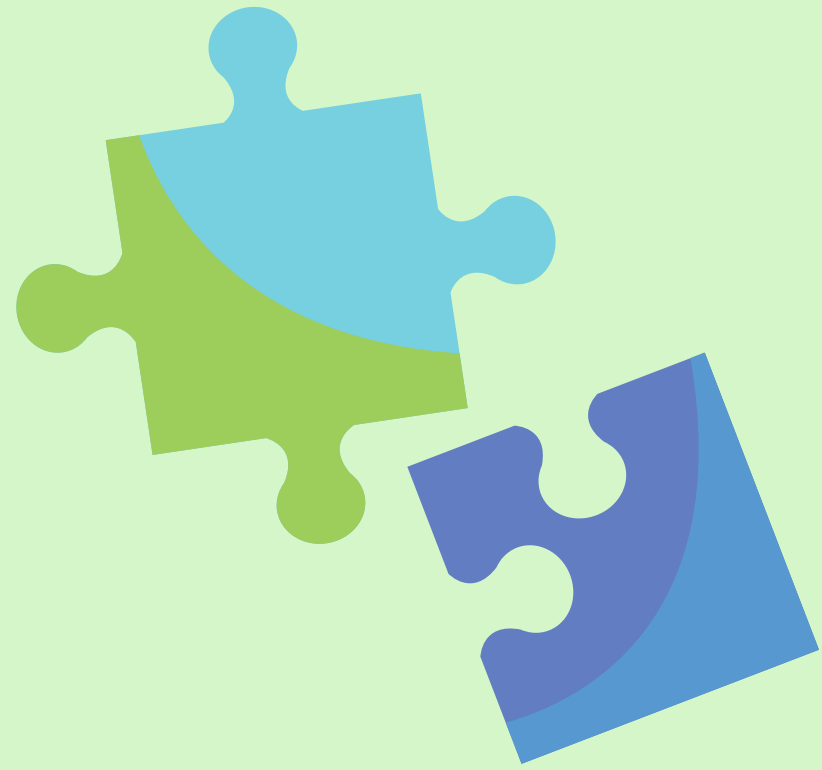
Zero Youth Detention

School Based Health Centers

Care and Closure Program



Project Goals and Purpose



Understand strengths and challenges experienced by diverse providers and healers



Create policy and programmatic recommendation to improve diverse recruitment and retention

Background/Introduction

**YOUTH MENTAL
HEALTH TRENDS**



**BEHAVIORAL
HEALTH
WORKFORCE
CRISIS**



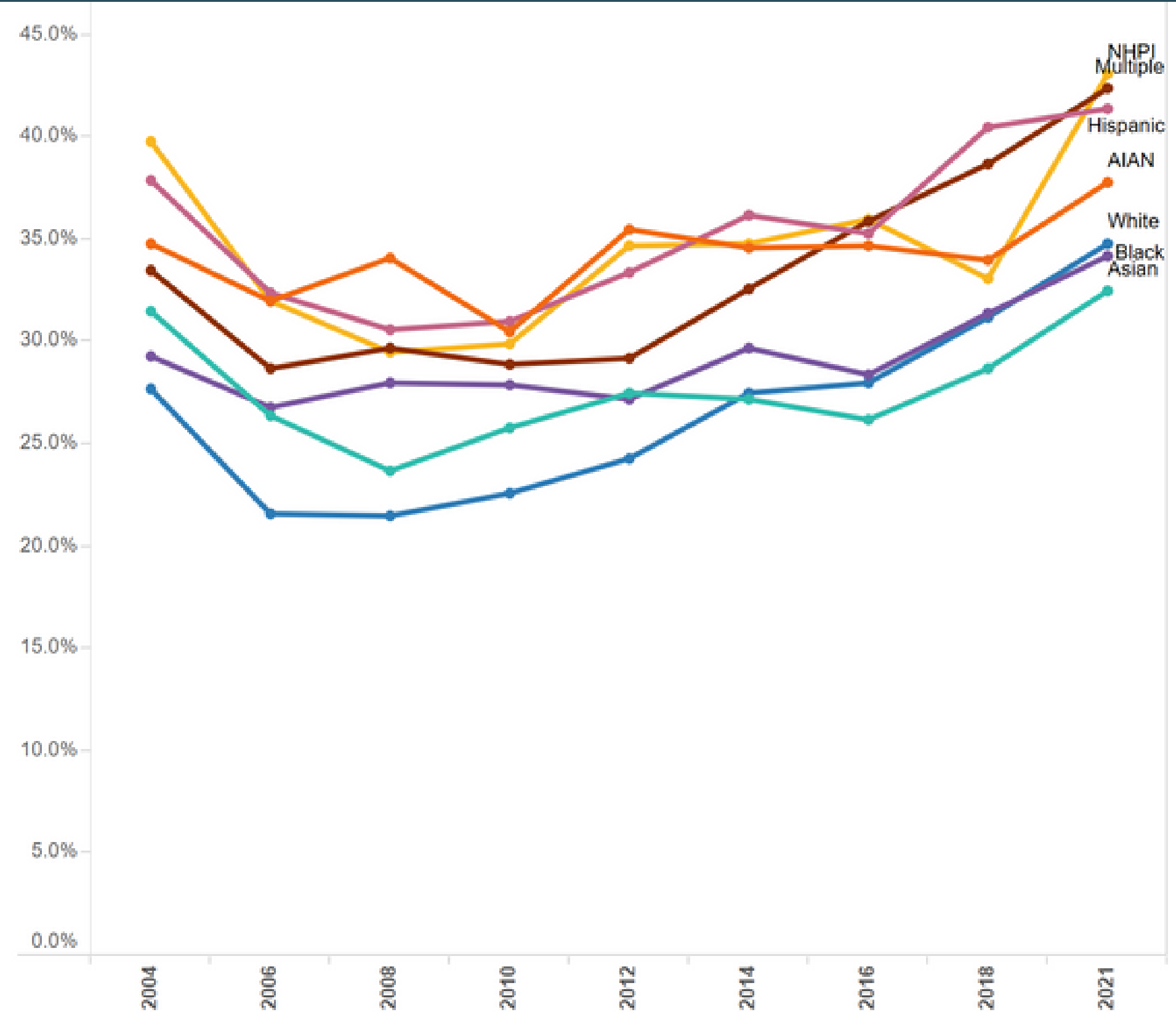
**CHALLENGES IN
THE
EDUCATIONAL TO
WORK PIPELINE**



Youth Mental Health Trends

Depression prevalence (8th, 10th, 12th grades), King County (2004-2021)

Note: When data are not available every year, estimates are displayed as points rather than a line.



- Youth mental health crisis
- BIPOC and LGBTQ+ youth are disproportionately impacted

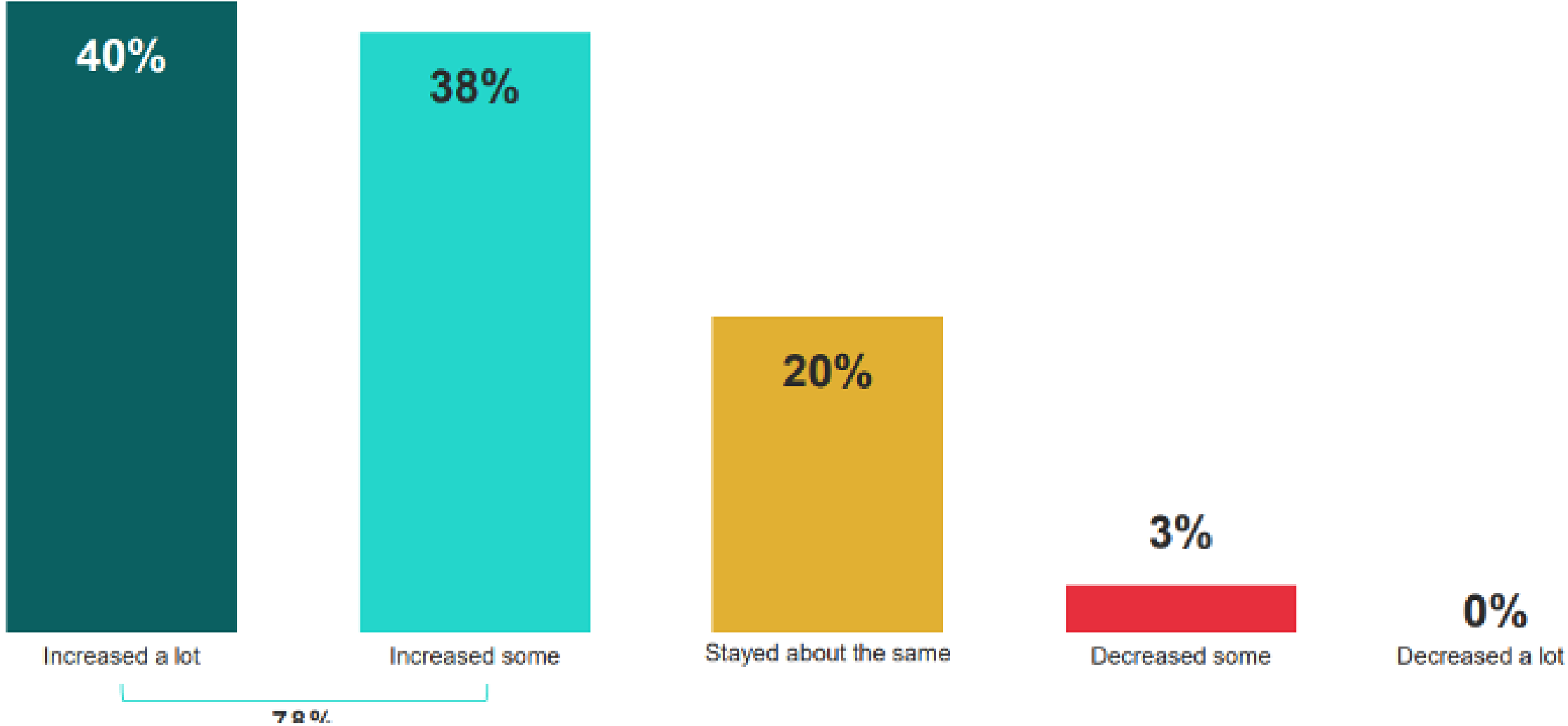
Behavioral Health Workforce Crisis

COVID-19 IMPACT ON SERVICES

Three quarters of members (78%) say demand for their organization's services have increased over the past 3 months.

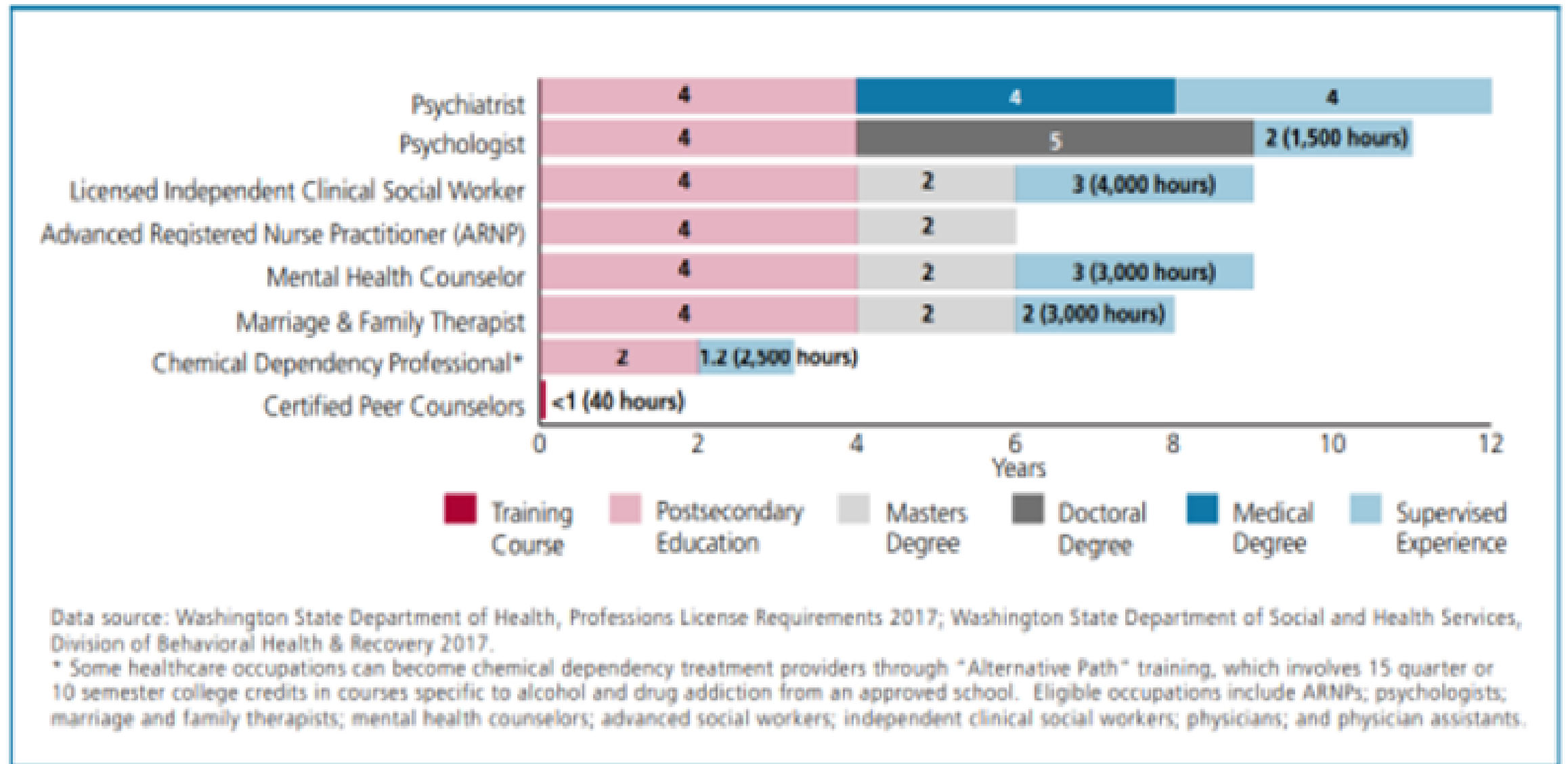
Has the demand for your organization's services increased, decreased, or remained the same over the last 3 months?

- Increase demand for behavioral health services
- Low rates of recruitment and retention
- Lack of Diversity



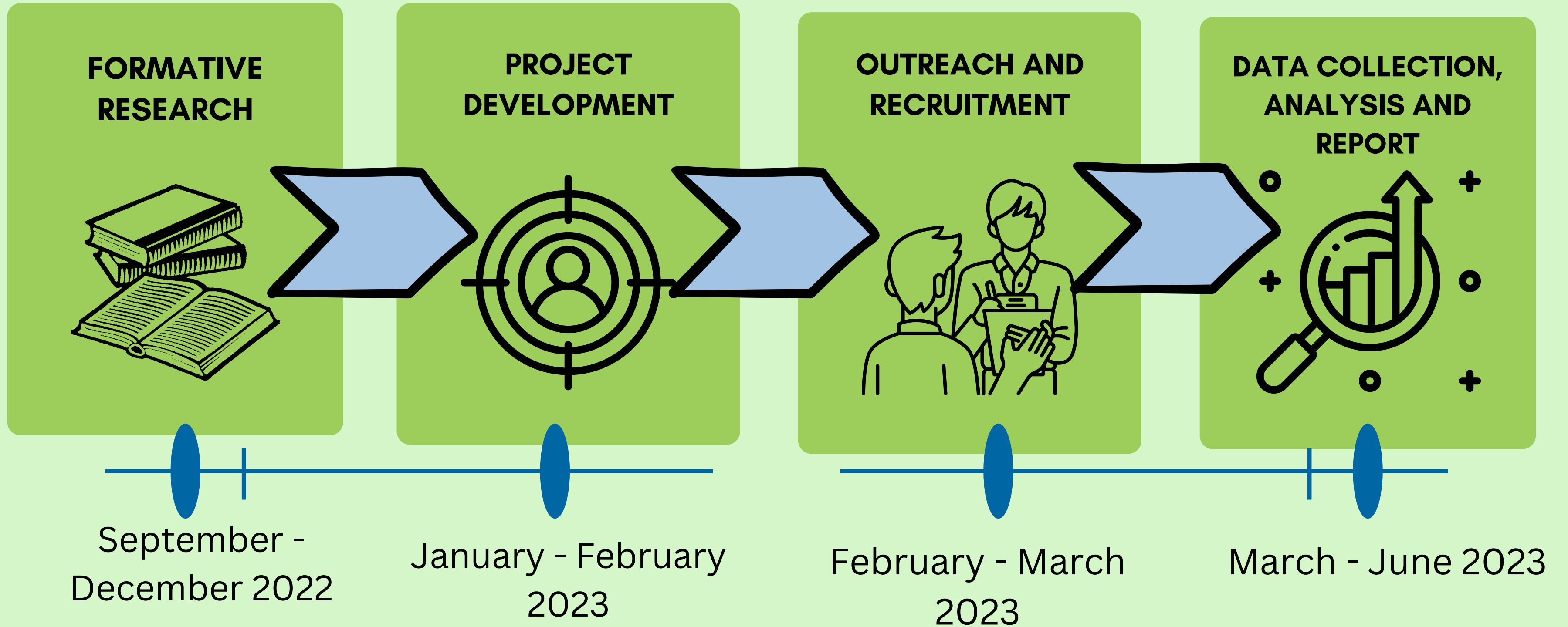
Educational to Work Pipeline

Figure 4. Minimum Years of Typical Education and Supervised Experience Required for Select Behavioral Health Occupations in Washington State



- Challenges in Educational Institutions
- Challenges with Accreditation, Licensure, and Certification processes
- Lack of adequate pay and funding

Methods



Screening Survey Findings

Overview of Data Collection

5 FOCUS GROUPS

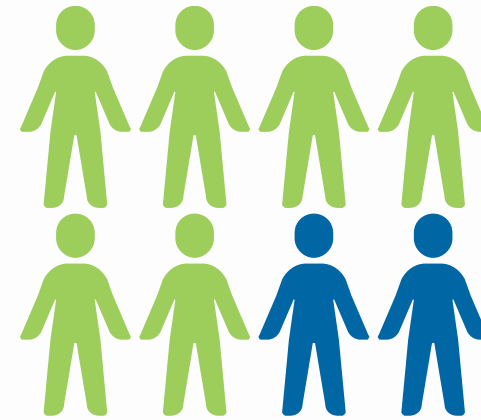
7 INTERVIEWS

19 TOTAL OF PARTICIPANTS

Participant Demographics

GENDER IDENTITY

Female	63.2% (12)
Male	5.3% (1)
Non-Binary	21.1% (4)
Transgender	5.3% (1)
Sacred Gender	5.3% (1)



RACE/ETHNICITY

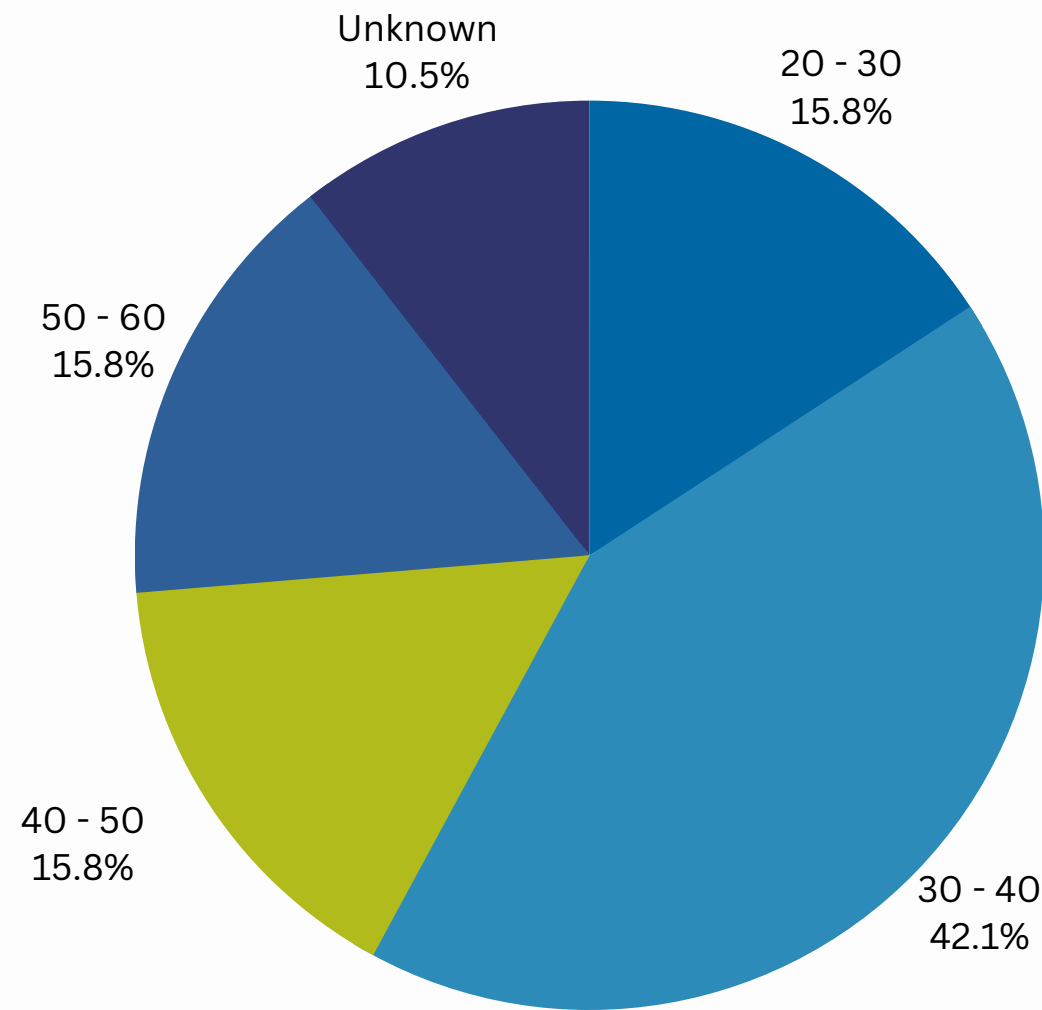
PARTICIPANTS COULD CHOOSE MULTIPLE OPTIONS

White	26.3% (5)
Black/African American	15.8% (3)
Asian	21.1% (4)
American Indian/Alaska Native	5.3% (1)
Hispanic/Latinx	15.8% (3)
Multiracial	15.8% (3)

SEXUAL ORIENTATION

PARTICIPANTS COULD CHOOSE MULTIPLE OPTIONS

Heterosexual/Straight	57.9% (11)
Queer	36.8% (7)
Bisexual	15.8% (3)
Pansexual	5.3% (1)



AGE

Provider Characteristics



TYPES OF PROVIDERS

Clinical BH Providers	68.4% (13)
Alternative Healers	26.3% (5)
Both	5.3% (1)

LICENSURES/CERTIFICATIONS

participants could choose multiple options

Working on Licensure

- LMHCA **15.8%** (3)
- LMFTA **5.3%** (1)
- LSWAIC **5.3%** (1)

Licensed Providers

- LMHC **26.3%** (5)
- LICSW **10.5%** (2)
- LMT **5.3%** (1)
- Doctor of Acupuncture **5.3%** (1)
- Provider **5.3%** (1)

Other Credentials

- CPC & Other credentials **5.3%** (1)

Unknown **15.8%** (3)

ROLES/TITLES

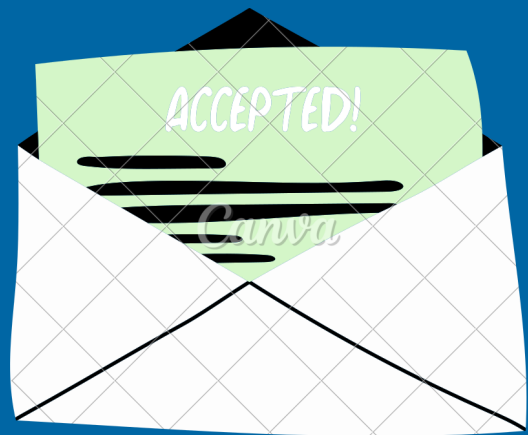
Therapist/Counselor	47.4% (9)
Prevention/Intervention Specialist	10.5% (2)
Youth Wellness Coordinator	5.3% (1)
Massage, Healing & Energy Practitioner	21.1% (4)
Healing Justice Practitioner	5.3% (1)
Doctor of Naturopathy and Acupuncture	10.5% (2)

EMPLOYERS

Educational Institutions	2.8% (5)
Community Based Behavioral Health Orgs	2.2% (4)
Medical Institutions	1.7% (3)
Private Practices	2.2% (4)
Non-profits and Associations	1.7% (3)

Interview/Focus Group Findings

**GETTING INTO
HIGHER
EDUCATION**



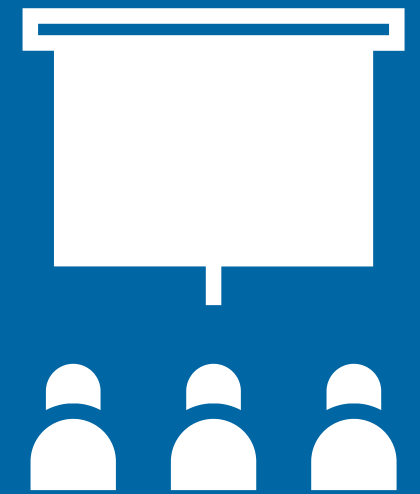
**HIGHER ED
EXPERIENCES**



**FIELDWORK
EXPERIENCES:
AFTER
GRADUATION**



**PROFESSIONAL
DEVELOPMENT**



Getting Into Higher Education

EARLY
EDUCATION
EXPERIENCES



RECRUITMENT
PROCESS



MARKETING AND
OUTREACH FOR
RECRUITMENT



FINANCES



Early Education Experiences



- Experiences of bullying, racism and discrimination
- Lack of safe spaces in early education institutions



- The need for:
 - increased access to safe spaces
 - improved educational content and programming



“As a society, we are a little more aware of bullying now. I think folks in that group experience that a lot - I know I did specifically around sexual orientation and gender identity. Elementary through high school, school wasn't a safe place - not somewhere I wanted to be I, I wasn't able to learn my best and that affected my grades and wanting to go to school. I think that makes it hard to want to choose to do more school.”

-- Participant #5

Recruitment



Lack of access and resources that provide knowledge and awareness about the :

- matriculation process
- career pathways, and
- behavioral programs that are offered

“

"If you don't have generational knowledge, getting into grad school is so hard and so rigorous. There's specific language and expectations that you're supposed to have, and how are you going to know that if you don't have someone telling you?"

-- Participant #16

Marketing and Outreach



Providers recommended:

- targeted outreach to BIPOC and LGBTQ+ communities and individuals
- Community advocates or mentors that have live experience to offer guidance and mentorship to youth



Having folks that were a part of the program, whether it's faculty/staff, or other affiliated folks, that I could see in more of a mentorship position, reaching out and providing more information. Hearing from individuals who could speak to their experiences - that would be helpful for me during the recruitment stage - looking to see what people's actual experiences were like. So I think having more of that specialized attention from people who are actually involved in the program would be good.

-- Participant #11

Finances



Cost of higher education



Financial support for BIPOC and LGBTQ+ individuals wanting to enter the behavioral health

“

"Scholarships and other similar things specifically aimed towards folks that have marginalized identities would be probably a really helpful way to start that, and to be able to have more of an equity lens when awarding financial aid"

-- Participant #16



I would say that one of the most significant, significant barriers that I had coming from a BIPOC background was financial access to pay for a program. So, because of those financial barriers, I had to rely either on student loans or applying for scholarships, and so I was very mindful of the programs that I was limited to.

-- Participant #9

Higher Ed Experiences

**IDENTITY
EXPERIENCES: THE
NEED FOR
COMMUNITY**



**THE NEED FOR
IMPROVED
EDUCATIONAL
PROGRAMMING**



Identity Experiences



Lack of representation leads to feelings of loneliness and isolation, and impostor syndrome

Experiences of
Racism/Discrimination

Whether it's concerns with the content itself that we're learning in the course, or whether it's interactions with our peers. Cultural differences based on identity, and having that distract from the work that I want to do in the program - not having those concerns. This really felt like a barrier to being able to be successful, something that took a lot of extra attention and energy individually versus feeling supported by the institution or the program itself.

-- Participant #11



To not have access to go to Pow-wows because it was pretty remote. That was probably my biggest challenge was the loneliness because we didn't have large cultural groups that we could always gather. That separation from culture was triggering and is still triggering, because of that 100 years of boarding school, of feeling the cleansing of that assimilation... Of knowing that in order to survive, and in order to get through it you have to set parts of your identity aside to get through and that was so excruciatingly painful for me.

-- Participant #7

Identity Experiences



Training for faculty, admin and students to support folks with marginalized identities



The need for programming and safe spaces for BIPOC and LGBTQ+ students

The Need for Improved Educational Programming

There is a lack of support for students once in the institution.

The need for wrap-around services supports for students

- Mental Health supports
- Financial supports
- Mentorship

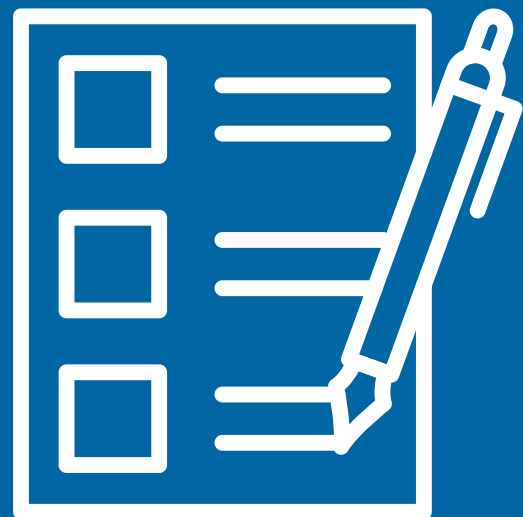
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I think also retention is important, consistently offering that support and staying interested in the progress that I'm making as someone who's attending that institution, rather than kind of recruiting me, getting me in the door, and then kind of leaving me to my own devices when it comes to navigating the different barriers that might be in place.

-- Participant #11

FieldWork Experience: After Graduation

**NAVIGATING THE
LICENSURE
PROCESS**



**IDENTITY
EXPERIENCES: THE
NEED FOR
COMMUNITY**



**IMPROVING
RESPECT AND
RECOGNITION**



Navigating the Licensure/Certification Process



Lack of support and resources in navigating the process:

- Acquiring hours
- Application process

Then what hinders is just so much bureaucracy that just makes it really hard. If you don't count your hours quite right there's all these things that can happen. There's some hours you have to have with the social worker. Some you can have with the counselors and other groups. There's just like 20 pages of these finite details that are just so absolutely ridiculous and unhelpful. Reducing that is important.

-- Participant #11

Navigating the Licensure/Certification Process

Supervision

Challenges include:

- too many hours required for licensure
- paying out of pocket
- Lack of representation for supervisors

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There are definitely elements of self-disclosure things and elements of who I am that show up in therapy that my supervisor because she doesn't have a similar identity, doesn't totally know how to help me with.

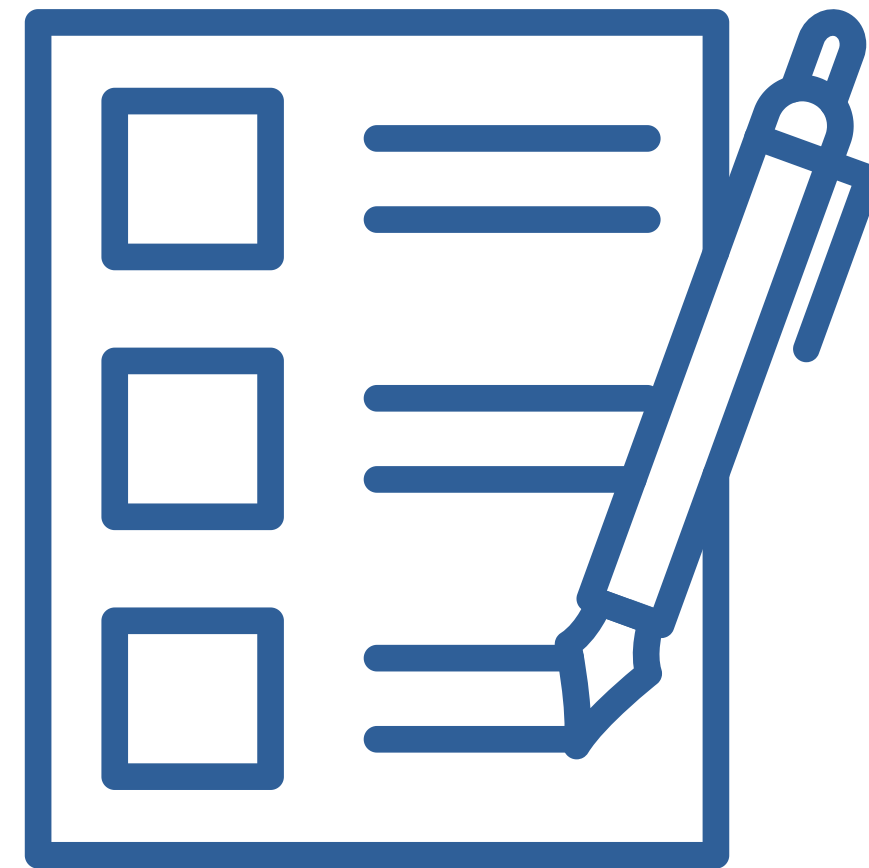
-- Participant #5

Navigating the Licensure/Certification Process

Lack of support for the exam

- Preparation
- Resources and Materials

Recommended graduate program
or job licensure support



Identity Experiences

Lack of Representation

Racism/Discrimination at Work

The need for trainings and professional communities centered around identity

“

Microaggressions, not being appreciated due to an ideology of what professionalism is. Some supervisors have an idea of what therapy should look like and will try to change how a person of color will conduct sessions, talk and discuss issues with clients. I struggled with finding my voice early on because of supervisors wanting me to speak and act a certain way.

-- Participant #6

Lack of Adequate Pay and Benefits



The pay is just so astronomically terrible. It's utterly terrible, especially in King County – they need to completely change the way that Medicaid pays for community behavioral health. It's the most broken system I've ever seen in my life. And also with that, general retention is terrible. So no one works. And the turnover is folks on average leave after 8 months. If you have no one in your clinic, everything falls to you – identity aside it's gonna suck, you know. It's abysmal in the county. It has to be fixed on the county level, because clinics are closing because they can't make enough money because Medicaid pays so low.

is unsustainable and leads to high turnover

-- Participant #16

Improving Respect and Recognition



Lack of respect and recognition of the field

- Integration of fields into training and work

Or if you know if it's even going to work, or if they're like. Oh, you know I need to talk to my primary care, and your primary care doctor is like what are you talking about kind of thing. What they could be doing is like that's really awesome. Wow! Like, how do I support that? Or there's already a system, you know, policy or billing system in place for us to work with that person. So I think that there could be just some real intentional focus on professional development within, that would kind of build some more structure and respect around those professions.

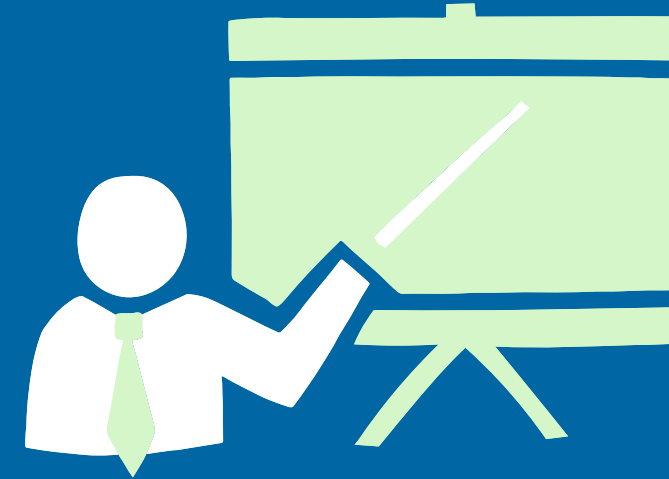
-- Participant #8

Professional Development

**ACCESS TO
CONTINUING
EDUCATION (CEUS)**



**THE NEED FOR MORE
TRAININGS**



Access to Continuing Education

Providers reported barriers being:

- Accessing quality CEUs
- Out of oc pocket pay
- Time to complete

Providers recommended :

- funding CEUs
- CEUs included within employment



We Need More Trainings

“

Providers want more professional development such as cultural competency training and ability to provide other service modalities (integration)

I think that it would be, you know, absolutely integral and fantastic if there were specific professional development supports. So you know, if I am a non-traditional provider in my community, and my services are a little bit more based on culture... I think those professions and those providers still need to be supported and respected, and I think that we need to make available for them professional development, so that they can continue to grow in what they're doing, and their services for people.

-- Participant #8

Recommendations

**PRIOR TO HIGHER
EDUCATION**



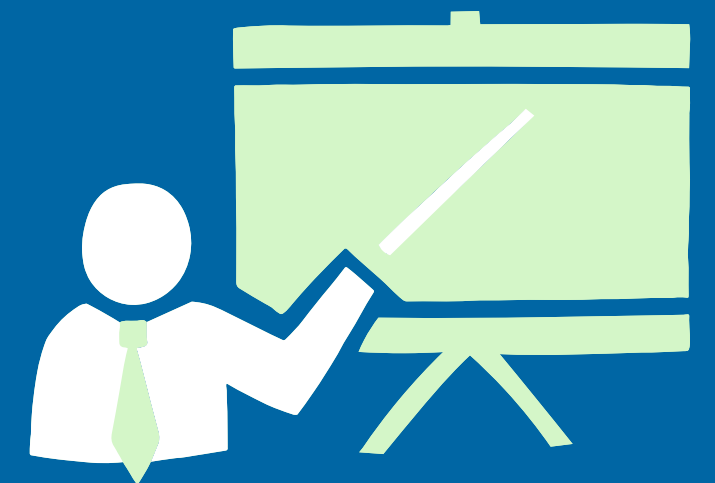
**DURING HIGHER
EDUCATION**



**AFTER
GRADUATION: IN
THE FIELD**



**PROFESSIONAL
DEVELOPMENT**



Prior to Higher Education

Programmatic Recommendation: Provide specific financial support for BIPOC and LGBTQ+ individuals joining behavioral health graduate programs.

Prior to Higher Education

Programmatic Recommendation: Provide funding to behavioral health graduate programs to conduct targeted outreach by leveraging relationships with primary, secondary, and pre-graduate education institutions (middle schools, high schools, community college, technical colleges, and 4-year universities).

Prior to Higher Education

Policy Advocacy and Programmatic Recommendation: Implement a continuous and sustainable education, outreach, and mentorship efforts for youth and young adults in primary, secondary and pre-graduate programs (middle school, high school, community, and technical colleges)

During Higher Education

Programmatic Recommendation: Create a continuous and sustainable graduate mentorship and community program for young adults in behavioral health graduate programs.

After Graduation: In the Field

Programmatic Recommendation: Create a professional community and mentorship programming for behavioral health providers (interns and licensed providers) in the field. An example of an ongoing professional community includes the Harborview BIPOC MH Convening.

After Graduation: In the Field

Programmatic Recommendation: Partner with community-based organizations and/or educational institutions to fund programs that offers licensure exam preparation support, support on the licensure or credentialing application process and navigation for internship and continuing education requirements.

After Graduation: In the Field

Programmatic Recommendation: Partner with community organizations to create a sustainable resource inventory of BIPOC and LGBTQ+ providers in King County, the list should include approved BIPOC and LGBTQ+ supervisors in the area.

After Graduation: In the Field

Programmatic Recommendation: Provide funding opportunities for interns to complete their internship

Professional Development

Programmatic Recommendation: Partner with relevant local entities to provide support and opportunities to various professions that best represent the behavioral health field. This includes paraprofessionals such as Community Health Workers (CHW), peer counselors, as well as alternative and cultural healers

Professional Development

Programmatic Recommendation: Providing funding for continuing education credits

Policy Advocacy Recommendation: Sharing results of this project with WA-DOH to advocate for improving continuing education policies that will provide educational supports

Acknowledgements

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Questions?



Discussion

How do these recommendations apply to your work?

How can these recommendations be turned into actionable items?

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