



Exploration of Clinical Licensure Efforts in
Colorado
For the Center for Workforce Excellence
and Leadership (CWEL)

*Developed by
Public Research and Evaluation Services (PRES)*



Acknowledgments

This report was developed by Public Research and Evaluation Services (PRES). It was written collaboratively by PRES staff, including Sharonlyn Harrison, Ph.D., President/CEO and Lead Evaluation Consultant; Eden Harrison, Ph.D., Lead Qualitative Research Associate; and Aiden Resch, Research/Statistics Associate.

Executive Summary

Introduction

Clinical licensure offers many benefits for both social workers and the families they serve. Licensed clinical social workers experience greater career mobility, have higher earning potential, and hold expertise in a wide range of practice theories to address the needs of children and youth in child welfare. Research consistently demonstrates that children and youth in foster care need mental and psychosocial support, highlighting the need for skilled clinical social workers (Engler et al., 2020; Pecora et al., 2011; Carten, n.d.; Szilagyi et al., 2015).

Despite this need, roughly 366,000 out of 752,000 social workers are clinically licensed as of 2023. This discrepancy in obtaining licensure exists partially because social workers encounter barriers when completing their licensing requirements (Rothwell et al., 2021). For example, aspiring clinical social workers are required to have 2000-4000 hours or up to two years of supervised clinical experience (ASWB, 2022), yet participation in supervised clinical experience is often not available while working in child welfare. These obstacles hinder those pursuing licensure in a workforce where they are desperately needed.

Purpose

Public Research and Evaluation Services (PRES) conducted the Exploration of Clinical Licensure Efforts survey and four ThoughtExchanges™ with Colorado child welfare professionals. The purpose of this data collection effort was to ascertain participants' perceptions regarding clinical licensure as a retention strategy for increasing the child welfare workforce. Participants were also asked to identify the benefits and barriers to obtaining clinical licensure in Colorado and the progress made in providing this option for staff. Overall, the

purpose of this report is to illuminate the ways in which participants perceive the affordances and challenges of seeking clinical licensure.

Methods

This study relied on two separate methods of data collection designed to gather participants' perspectives on whether and how the opportunity to achieve clinical licensure while working in child welfare is an effective strategy for retaining staff. The first method of data collection was the Exploration of Clinical Licensure Efforts survey. This was an 18-item survey that was given to an initial cohort consisting of caseworkers, mental health specialists, managers, and supervisors, among other social work professionals. This survey was also given to the Clinical Bridge Workgroup Cohort, a group of experts responsible for analyzing jurisdictional efforts and identifying systems and processes that impact pathways to clinical licensure for child welfare professionals in Colorado. The second data collection method consisted of a series of ThoughtExchanges™ conducted with members of the Colorado Child Welfare Scholars Consortium (CCWSC) and included prompts about clinical licensure, to which participants responded.

Data Analysis

Survey data was analyzed and presented via proportion/frequency tables and Fisher's Exact Tests. ThoughtExchange™ data was analyzed and presented via tables highlighting a primary theme, the frequency of that theme, the responses, and the average ratings of responses pertaining to that theme. In each exchange, particular themes were found in the responses of participants. Themes were generated by the ThoughtExchange™ AI, which initially matched each participant's response to a theme. To ensure that responses were well-

contextualized and intentionally interpreted, the PRES research team then reviewed all the themed responses and decided when it was necessary to reassign them to the themes that better reflected their intended meaning.

Findings

Exploration of Clinical Licensure Efforts Initial Cohort Survey. Eighteen participants responded to the survey (n=18). When asked whether access to clinical supervision or the pursuit of clinical licensure is an ongoing staff retention challenge, **50%** answered “yes,” and **50%** answered “no.” Relatedly, only **28%** perceived that people are leaving the agency because they do not have access to the clinical **supervision** required for clinical licensure. Additionally, **22%** of participants perceived that people are leaving the agency because they do not have access to ways to obtain clinical **experience** that will count toward licensure board requirements for child welfare positions. Despite this, **72%** of participants expressed interest in participating in a work group to support child welfare staff in obtaining clinical licensure and career advancement opportunities in child welfare.

To further contextualize these results, Fisher’s Exact Tests were performed to determine if county designation was statistically associated with the 1) participants perceptions towards whether access to clinical supervision or the pursuit of licensure was an ongoing staff retention challenge, 2) whether people are leaving the agency due to their inability to access clinical supervision, and 3) whether people are leaving the agency due to their inability to access clinical experience. Non-significant results were obtained for each test, suggesting that regardless of county designation, most participants did not perceive barriers to clinical licensure to be a retention challenge.

Exploration of Clinical Licensure Efforts Work Group Cohort Survey. The workgroup cohort consisted of seven participants (n=7). When asked whether access to clinical supervision or the pursuit of clinical licensure is an ongoing staff retention challenge, **4 out of 7** answered “yes,” and **3 out of 7** answered “no.” Additionally, **4 out of 7** perceived that people are leaving the agency because they do not have access to the clinical **supervision** required for clinical licensure. However, only **1 out of 7** participants perceived that people are leaving the agency because they do not have access to ways to obtain clinical **experience** that will count toward licensure board requirements for child welfare positions. Furthermore, **all 7** participants expressed interest in participating in a work group to support child welfare staff in obtaining clinical licensure and career advancement opportunities in child welfare. Because all 7 participants worked in urban counties, Fisher’s Exact Tests were not performed for this cohort.

Thought Exchange™. Across responses, participants most often pointed to an increase in retention and resilience as the top benefit of clinical licensure in addressing the workforce crisis. When it came to staff retention tied to licensure, participants most frequently reported that the improvement in services for families was the biggest advantage for their organizations. In terms of opportunities staff may have when seeking clinical licensure, participants indicated that with staff having more knowledge and opportunities, families would see better outcomes. Conversely, supervision availability was most often described as the greatest challenge when seeking clinical licensure.

Limitations and Conclusion

While this study offers valuable insights into the perceptions of the barriers to clinical licensure, a couple of limitations must be acknowledged. Each data collection effort resulted in

small sample sizes, reducing the generalizability of these findings. Another limitation of this study stems from social desirability bias. Although participants were anonymous, it is possible that participants responded more optimistically to positively represent their organization.

Though neither the Exploration of Clinical Licensure Efforts nor the ThoughtExchange™ had definitively revealed barriers to licensure to be a retention challenge or cause of other retention challenges, evidence suggests that there are those who perceive this to be the case. They reported that supervision availability was most often described as the greatest challenge when seeking clinical licensure (see Table 5).

Moreover, the second and third ThoughtExchanges™ showed that a plurality of participants view the primary benefit of clinical licensure to be improved service quality for families. Additionally, most of the initial cohort and the entirety of the workgroup cohort expressed interest in participating in a workgroup to support child welfare staff with obtaining clinical licensure, demonstrating that staff see value in their colleagues obtaining licensure.

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Introduction

There are many benefits to clinical licensure both for social workers in child welfare and the children/youth and families to whom they provide services and supports. In all disciplines, clinical licensure for social workers provides better career prospects and opportunities for increased income. Due to their ability to provide specialized services and because some states require a license to practice social work, the career mobility of clinical social workers is greater than that of unlicensed social workers (Hooley, et al., 2021; Social Work Exam Strategies, n.d.). Furthermore, clinical social workers rank among the highest earners in the social work discipline, working in domains such as psychotherapy, clinical supervision, and behavioral health consultation, among others (Social Work Exam Strategies, n.d.). Social workers who have achieved clinical licensure possess unique and vast expertise regarding evidence-based practices, as well as behavioral, environmental, psychodynamic, and cross-cultural theories that are important to address the needs of the children and youth experiencing the child welfare system (Carten, n.d.). Clinically licensed social workers have access to various career opportunities in child welfare and can provide many crucial services to children/youth and families.

The necessity of clinically licensed social workers cannot be understated, given the prevalence of mental health challenges among children experiencing the foster care system. Engler, Sarpong, and Keefe (2020) conducted a systematic review of literature regarding the mental health needs of children in foster care and found that children in foster care are about four times more likely to be diagnosed with mental health disorders compared to children who are not in foster care, and found that this likelihood stands even when both groups of children

share similar socioeconomic situations (Greiner & Beal, 2017; Havlicek et al., 2013; Lohr & Jones, 2016). These findings are further supported by additional research, which reveals that a considerable proportion of children in the child welfare system face moderate to severe emotional challenges (Carten, n.d.; Szilagyi et al., 2015). In a study of 188 adolescents in child welfare, Pecora et al. (2011) found that 63% had at least one lifetime Composite International Diagnostic Interview (CIDI) diagnosis, including oppositional defiant disorder, conduct disorders, major depressive episodes, and panic attacks among other mental health challenges.

Despite the significant need for clinically licensed social workers in child welfare, there are various obstacles that stand in the way of achieving this designation. As of 2023, roughly 751,900 individuals worked as social workers in the United States (Bureau of Labor Statistics, 2023), but only 365,591 were clinically licensed (Clinical Social Work Association, 2023), pointing to potential barriers to clinical licensure. These barriers broadly exist due to inconsistencies in education program expectations and limited opportunities for receiving clinical supervision. For instance, social work education programs are not required to teach licensure-related competencies, resulting in inconsistent preparation for the Association of Social Work Boards (ASWB) clinical exam (CSEW, 2021). Aspiring clinical social workers are required to have 2000-4000 hours or up to two years of supervised clinical experience (ASWB, 2022), yet participation in supervised clinical experience is often not available while working in child welfare. In a rapid evidence review from Rothwell et al. (2021), twenty-five studies identified that a lack of time and heavy workloads were barriers to effective supervision. Additionally, three studies reported that busy work environments reduced supervision flexibility and quality when supervisors found enough time to offer effective supervision.

Furthermore, only some states require supervisors to be trained and/or submit supervision plans, exacerbating the variability of standards (Reay et al., 2023). All together, these systemic obstacles inhibit many social workers from obtaining clinical licensure in a workforce where they are critically needed. This report presents the findings from a study conducted by Public Research and Evaluation Services (PRES) to better understand how access to clinical licensure may enhance retention. PRES disseminated the Exploration of Clinical Licensure Efforts survey and also facilitated a series of ThoughtExchanges™ in order to investigate the benefits of staff interest in obtaining clinical licensure, the ways in which licensure can help solve the workforce crisis, as well as the opportunities and challenges staff face when seeking licensure.

Purpose

PRES conducted the Exploration of Clinical Licensure Efforts survey and four ThoughtExchanges™ with Colorado child welfare professionals. ThoughtExchange™ is an online survey and engagement platform where participants anonymously respond to both closed and open-ended items and rate the responses of others. The survey, conducted from January 16, 2025, to May 6, 2025, included 18 participants in the initial cohort and 7 participants in the Clinical Bridge Colorado Workgroup cohort. The workgroup cohort consists of a group of experts who have been convened to:

- Analyze the defined jurisdictional efforts toward effective pathways for clinical licensure.
- Identify trends, patterns, norms, systems, and processes, as well as the barriers to child welfare professionals pursuing clinical licensure in Colorado.
- Provide strategies and guidance for dealing with organizational frameworks and culture as they affect licensure pathways.

The ThoughtExchanges™, held on January 16, 2025, were presented to members of the Colorado Child Welfare Scholars Consortium (CCWSC) committee meeting, which consisted of university personnel as well as DHHS county child welfare directors and administrators. There were 19 participants in the first exchange, 15 in the second exchange, 13 in the third exchange, and 14 in the fourth exchange.

The purpose of this data collection effort was to better understand participants' perceptions regarding whether access to clinical licensure could serve as a retention strategy. In particular, this study aims to better understand 1) whether access to licensure is an ongoing

retention challenge, 2) whether people are leaving the agency due to their inability to access clinical supervision or clinical experience, and if so, 2a) whether they are aware of any efforts their agency has engaged to address either of those challenges, 3) how clinical licensure can solve the workforce crisis and benefit agencies, and 4) the opportunities and challenges staff face when seeking clinical licensure. This report presents the findings of this data collection effort and highlights the various perceptions that participants have regarding access to clinical licensure.

Methods

This study relied on two separate methods of data collection designed to gather participants' perspectives on whether increasing access to opportunities for obtaining clinical licensure while working in child welfare is an effective strategy for retaining staff. The first method of data collection was the Exploration of Clinical Licensure Efforts survey. This 18-item survey was emailed to selected participants. The initial cohort included case workers, mental health specialists, managers, supervisors, and other social work professionals. The second group that received the survey was the Clinical Bridge Colorado Workgroup, which included managers, supervisors, a consultant, and an assistant professor.

The second method involved a series of ThoughtExchanges™ with a cohort of members from the CCWSC. Four ThoughtExchanges™ were presented. There were 19 participants in the first exchange, 15 participants in the second exchange, 13 participants in the third exchange, and 14 in the fourth exchange. During each exchange, participants were asked to respond to a single, overarching question (i.e., one question per exchange) presented in order as follows:

1. As you consider the workforce crisis in your area, how can clinical licensure be a part of the solution?
2. How is retaining staff interested in clinical licensure a benefit to your organization?
3. What do you see as the opportunities staff may have when seeking clinical licensure as part of their work in the child welfare system?
4. What do you see as the challenges staff may have when seeking clinical licensure as part of their work in the child welfare system?

Participants were prompted to provide open-ended responses to these questions. Participants would then rate each other's responses based on their level of agreement on a scale from one to five, with five reflecting higher-level agreement.

Data Analysis

The Exploration of Clinical Licensure Efforts survey contained both close-ended and open-ended free response items. Since the close-ended items were categorical, they were analyzed and presented via proportion/frequency tables, pie charts, and Fisher's Exact Tests. Fisher's Exact Test was chosen to assess the association between county designation and items of interest, which are as follows:

- Is access to clinical supervision or the pursuit of clinical licensure an ongoing staff retention challenge?
- Do you perceive that people are leaving the agency because they do not have access to the required clinical supervision as they pursue clinical licensure as part of their child welfare position?
- Do you perceive that people are leaving the agency because they do not have access to ways to obtain clinical experience that will count toward licensure board requirements for child welfare positions?

Fisher's Exact Test was used because this particular test calculates an exact p-value and does not rely on large-sample approximations, making it suitable for small sample sizes. Open-ended survey data is presented in tables with complete quotes from participants.

ThoughtExchange™ data was entirely open-ended, and responses were presented via tables. Each table highlights primary themes identified by the ThoughtExchange™ AI, which organized themes based on the prevalence of a certain topic and the number of responses most closely aligned with that topic. Each table also includes the average rating of a theme and exemplary quotes that are especially representative of that theme's focus. To ensure that responses were well-contextualized and intentionally interpreted, the PRES research team then reviewed all the responses organized by ThoughtExchange™ AI and determined when it was necessary to reassign responses to themes that better reflected their intended meaning

Exploration of Clinical Licensure Efforts Initial Cohort Findings

The following tables and graphs illustrate data from nineteen participants in the initial cohort who completed the Exploration of Clinical Licensure Efforts survey. Participants answered anywhere from eight to eighteen items based on the survey logic. Concerning the close-ended items accessible to all participants, **50%** found access to clinical supervision or the pursuit of clinical licensure to be an ongoing staff retention challenge, **28%** perceived a lack of access to the required clinical supervision to be the reason that people are leaving the agency, **22%** of participants perceived that people are leaving the agency because they do not have access to ways to obtain clinical experience that will count toward licensure board requirements, and **72%** percent of participants were interested in participating in a work group to support child welfare staff with obtaining clinical licensure and career advancement opportunities. Due to the branching survey logic, the order of items in this brief does not reflect the order seen by the participant while taking the survey. Each response was organized to ensure the coherence of this report.

To further contextualize these results, Fisher's Exact Tests were performed to determine if there was an association between county designation and perceptions towards barriers to clinical licensure. According to a report from the Colorado Child Welfare Scholars Consortium, "support around professional licensure for clinical social work (LCSW) was mixed among counties, particularly support tended to be harder to obtain in urban (big) counties compared to rural (small) ones" (DeGuzman et al., 2023, p. 21). To examine this result further, participants' counties were designated as either urban or rural based on Colorado's Department of Local Affairs (DOLA) for this study. Of the 18 participants, 15 provided the

county in which they worked. Urban counties, as designated by DOLA, include Adams, Arapahoe, Denver, Douglas, El Paso, Jefferson, and Larimer. Rural counties include Garfield, Morgan, and Otero. Fisher's Exact Tests were then conducted to evaluate whether there was a statistically significant association between county designation and items accessible to all participants, excluding the item gauging interest in a work group.

First, a test was conducted to see if county designation was statistically associated with participants' responses to whether access to clinical supervision or the pursuit of clinical licensure was an ongoing staff retention challenge. However, a non-significant result was obtained. A second test was conducted to see if county designation was statistically associated with whether participants perceived that people are leaving the agency because they do not have access to the required clinical supervision as they pursue clinical licensure as part of their child welfare position. This test also yielded a non-significant result. A final test was conducted to see if county designation was statistically associated with whether participants perceived that people are leaving the agency because they do not have access to ways to obtain clinical experience that will count toward licensure board requirements for child welfare positions. Similarly, this test yielded a non-significant result. Non-significant results were obtained for each test, suggesting that regardless of county designation, most participants in this study did not perceive barriers to clinical licensure to be a retention challenge.

Initial Cohort Demographic Items

The following tables illustrate demographic information about the participants, including their county of employment, county designation as defined by the Colorado

Department of Local Affairs (DOLA), and job title/role. As seen below, the county with the highest proportion of participants was Morgan County, accounting for 28% of participants. Furthermore, Denver and El Paso each represented 11% of participants, and the remaining counties each represented 6% of participants. Regarding county designation, 53% of participants worked in an urban county, while 47% worked in a rural county. In terms of job title/role, participants varied extensively.

Table 1. In what county do you work? (n=18)

County	Percent
Denver	11%
El Paso	11%
Adams	6%
Arapahoe	6%
Otero	6%
Douglas	6%
Larimer	6%
Morgan	28%
Garfield	6%
Unspecified	17%
Total	100%

Table 2. County designation (n=15)

Designation	Percent
Urban	53%
Rural	47%
Total	100%

Table 3. What is your job title/role? (n=18)

Job Title/Role	Percent
Assistant Director, protection programs	6%
CAPS Ambassador	6%
Caseworker	22%
Caseworker/specialist	6%
Child Welfare Learning and Development Supervisor	6%

Table 3. What is your job title/role? (n=18)

Job Title/Role	Percent
Deputy Division manager	6%
Director-Children, Youth & Family Services	6%
Division Manager	6%
Internship, Recruitment and Retention Supervisor	6%
Lead Social Caseworker- Learning & Development	6%
Mental Health Specialist	6%
Ongoing Caseworker	6%
Ongoing Manager	6%
Social caseworker	6%
Staff Development Supervisor - Protective Services	6%
Total	100%

Initial Cohort Licensure-specific Items

Next, participants were asked about their perceptions regarding clinical supervision, including whether access to clinical supervision or the pursuit of clinical licensure was an ongoing staff retention challenge, whether people are leaving the agency due to the inability to access the clinical supervision required to obtain clinical licensure, and whether people are leaving the agency due to the inability to access ways to obtain clinical experience to satisfy board requirements. For each of these topics, participants were asked to expand on their answers in both closed and open-ended follow-ups, depending on whether they responded to the initial question. Their responses are presented in tables below.

Table 4. Is access to clinical supervision or the pursuit of clinical licensure an ongoing staff retention challenge? (n=18)

Response	Percent
Yes	50%
No	50%
Total	100%

Table 5. Please tell us how clinical supervision or the pursuit of clinical licensure is an ongoing retention challenge* (n=9):

Open-Ended Responses	
We have struggled with having enough LCSW supervisors available, being able to appropriately compensate them for their additional work and being able to provide enough time for them to be able to provide this service to our workers.	
Formerly, we had a lack of supervisors. Now there is no financial incentive once a degree or licensure is obtained so people look elsewhere for employment.	
Often times we have employees through the child welfare consortium pay back their time but want to leave to pursue their license. Or if they do stay while they are getting their license they will leave after for a job where they can clinically use their license (private practice, community mental health, play therapy etc.). I do offer free clinical group supervision at Adams County--but only in a group, we meet every other week. So technically while working they could get up to half (what DORA** allows) of their clinical supervision for free (other half has to be individual). This group has been very popular, and I am considering adding another group when my schedule allows it.	
At times we have a waiting list for those who need supervision in pursuit of clinical licensure because we do not have enough supervisors. I do wish there was a not sure button because while this is a challenge, I am not positive that people have left us solely because of this factor.	
We have inconsistency in keeping licensed staff that can provide in house licensure at no cost	
Turnover of clinician's effects or clients services and case progress.	
Trying to locate a supervisor qualified to supervise current MSW students is next to impossible in the Northeast Colorado area. I have been working to locate and identify a supervisor for over 6 months. Due to working full time, it is critical for me to find someone who is local to the Morgan county area, or have the ability to be supervised remotely, so that there is minimal interference with my current work.	
I have just heard other workers say that they feel like they are stuck and are not able to advance to other positions or be able to challenge themselves.	
No MSW level workers to provide supervision for internships.	

*This item was only presented to the nine participants who answered "yes" when asked if clinical supervision or the pursuit of clinical licensure was an ongoing retention challenge.

**Based on the PRES team's investigation, it can be assumed that this participant is describing the Department of Regulatory Agencies

Table 6. Do you perceive that people are leaving the agency because they do not have access to the required clinical supervision as they pursue clinical licensure as part of their child welfare position? (n=18)

Response	Percent
Yes	28%
No	72%
Total	100%

As seen in Table 6, **five** of the 18 participants (28%) responded “yes” when asked if people were leaving the agency due to their inability to access the clinical supervision required to obtain clinical licensure. Of the **five** who answered “yes” when asked to elaborate on their position, their responses were as follows:

Table 7. Please tell us why you perceive that people are leaving the agency because they do not have access to required clinical supervision as they pursue clinical licensure as part of their child welfare position* (n=5):

Open-Ended Responses
I've had many workers reaching out about obtaining clinical supervision and then have shared with me that they are leaving to pursue other opportunities because our agency wasn't able to provide supervision for them.
Historically, we have not had enough supervisors to provide the supervision to those pursuing licensure so people ended up leaving after obtaining their MSW. This has recently changed as supervisors are now receiving a stipend to supervise those pursuing licensure.
People who might be licensed already don't stay, leave the field and those working towards licensure either have to pay or go somewhere they can receive supervision
Caseworkers and some case aides have just made the comment that they would like to advance to other positions or be able to challenge themselves.
No MSW level workers to provide supervision for internships.

*This item was only presented to the five participants who answered “yes” when asked if they perceive that people are leaving the agency because they do not have access to clinical supervision as they pursue licensure.

Table 8. Are you aware of any efforts that your county has engaged in to address the challenge of people leaving the agency because they do not have access to required clinical supervision as they pursue clinical licensure as part of their child welfare position?* (n=5)

Response	Frequency
Yes	3
No	2
Total	5

*This item was only presented to the five participants who answered “yes” when asked if they perceive that people are leaving the agency because they do not have access to clinical supervision as they pursue licensure.

Of the **five** participants who perceived that people are leaving the agency because they do not have access to the required clinical supervision as they pursue clinical licensure positions, **three** claimed that their county has engaged in efforts to address the challenge of

people leaving the agency because they do not have access to required clinical supervision (see Table 8). Of these **three** participants, **one** expanded on successful efforts, **one** expanded on unsuccessful efforts, and **one** reported obstacles to making these efforts successful:

Table 9. Free-response Elaboration on County Efforts to Address Agency Staff Retention* (n=3)

Open-Ended Responses
The county has implemented an incentive for supervising LCSW which has helped increase the number of supervisors as well as encouraging staff with an LCSW to remain employed. There are also group supervision sessions offered for LCSWs/those pursuing their LCSW as well.
I'm not aware of outright failures- just more of an issue with insufficient time to dedicate enough energy to make an effort truly successful
Although the agency is in support of these efforts it is a lower priority due to the ongoing workforce crisis- there just aren't enough people to manage all the work that needs to be done.

*These responses are combined from items asking participants to expand on their county's successful and unsuccessful efforts in addressing the challenge of people leaving the agency because they do not have access to the required clinical supervision. Each item was only presented to the three participants who answered "yes" when asked if they perceive that people are leaving the agency because they do not have access to clinical supervision as they pursue licensure.

Table 10. Do you perceive that people are leaving the agency because they do not have access to ways to obtain clinical experience that will count toward licensure board requirements for child welfare positions? (n=18)

Response	Percent
Yes	22%
No	78%
Total	100%

As seen in Table 10, **four** participants (22%) perceived that people were leaving the agency because they did not have access to ways to obtain clinical experience that will count toward licensure board requirements. Of these four participants, two expanded on their perceptions:

Table 11. Please tell us why you perceive that people are leaving the agency because they do not have access to ways to obtain clinical experience that will count toward licensure board requirements for child welfare positions.* (n=2):

Open-Ended Responses
Caseworkers and some case aides have just made the comment that they would like to advance to other positions or be able to challenge themselves.
Little information is available about what hours will count to licensure when not in a mental health role.

Little information is available about what hours will count to licensure when not in a mental health role.

*This item was only presented to the four participants who answered “yes” when asked if they perceive that people are leaving the agency because they do not have access to ways to obtain clinical experience that will count toward licensure board requirements.

Additionally, none of the participants reported being aware of any efforts their county had engaged in to address this challenge.

Table 12. Are you interested in participating in a work group to support child welfare staff with obtaining clinical licensure and career advancement opportunities in child welfare? (n=18)

Response	Percent
Yes	72%
No	28%
Total	100%

Exploration of Clinical Licensure Efforts Work Group Findings

This section of tables and graphs illustrates survey responses from seven individuals who participated in the Clinical Bridge Colorado Workgroup. Similar to those in the first cohort, participants answered anywhere from eight to eighteen items based on the Exploration of Clinical Licensure Efforts survey logic. Regarding close-ended items accessible to all participants, **four out of seven** found access to clinical supervision or the pursuit of clinical licensure to be an ongoing staff retention challenge, **four out of seven** perceived a lack of access to the required clinical supervision to be the reason that people are leaving the agency, **one out of seven** participants perceived that people are leaving the agency because they do

not have access to ways to obtain clinical experience that will count toward licensure board requirements, and **seven out of seven** participants were interested in participating in a work group to support child welfare staff with obtaining clinical licensure and career advancement opportunities.

Work Group Demographic Items

The following tables illustrate demographic information about the participants, including their county of employment, county designation as defined by the Colorado Department of Local Affairs (DOLA) and the National Center for Health Statistics (NCHS), and job title/role. Their responses are as follows:

Table 13. In what county do you work? (n=7)

County	Frequency
Denver	1
Fairfax, VA	1
Jefferson	1
Oklahoma, OK	1
Unspecified	3
Total	7

Table 14. County designation (n=4)

Designation	Frequency
Urban	4
Rural	0
Total	4

Table 15. What is your job title/role? (n=7)

Job Title/Role	Frequency
Assistant Professor	1
Child and Adult Protection Program Manager	1
Clinical Supervisor	1
Human Services Operations Manager	1
Independent Consultant	1
Practice Coach Supervisor	1
Unspecified	1
Total	7

Work Group Licensure-specific Items

Next, participants were asked about their perceptions regarding clinical supervision, including whether access to clinical supervision or the pursuit of clinical licensure was an ongoing staff retention challenge, whether people are leaving the agency due to the inability to access the clinical supervision required to obtain clinical licensure, and whether people are leaving the agency due to the inability to access ways to obtain clinical experience to satisfy board requirements. Their responses are as follows:

Table 16. Is access to clinical supervision or the pursuit of clinical licensure an ongoing staff retention challenge? (n=7)

Response	Frequency
Yes	4
No	3
Total	7

Table 17. Please tell us how clinical supervision or the pursuit of clinical licensure is an ongoing retention challenge* (n=4):

Open-Ended Responses
When I was working at CDHS or at the county level in child welfare, part of the challenge was a perception that if people would get licensed then they would leave child welfare. But workers were very interested in becoming licensed because it opened up more long-term possibilities for their career, and good clinical supervision really helped workers hone their skills as child welfare workers. There is also a perception that clinical licensure isn't valuable or needed as a caseworker -- when [the] county department says this, then it is also a message that the caseworkers themselves are not valuable.
Historically, there has been no clear pathway for the pursuit of clinical licensure at the county level.
Many child welfare workers who achieve their MSWs are interested in getting further professional development and licensure. When there are not opportunities within the agency, they leave to pursue those opportunities elsewhere.
I provide clinical supervision to staff in a weekly group setting in Denver as well as individual staff supervision. We are limited on resources for the supports needed for the group. We have a limited # of licensed staff who can provide the supervision. We have staff who will receive their supervision and then leave the organization for other jobs. There is no pay increase for licensure at DHS.

*This item was only presented to the four participants who answered "yes" when asked if clinical supervision or the pursuit of clinical licensure was an ongoing retention challenge.

Table 18. Do you perceive that people are leaving the agency because they do not have access to the required clinical supervision as they pursue clinical licensure as part of their child welfare position? (n=7)

Response	Frequency
Yes	4
No	3
Total	7

As seen in Table 18, **four of the seven** total participants responded with yes when asked if people were leaving the agency due to their inability to access the clinical supervision required to obtain clinical licensure. These four were asked to elaborate on their position:

Table 19: Please tell us why you perceive that people are leaving the agency because they do not have access to required clinical supervision as they pursue clinical licensure as part of their child welfare position* (n=4):

Open-Ended Responses
I don't have specific examples since I am not close to this work right now, but my guess is that child welfare workers will leave for a job where they have access to supervision to pursue clinical licensure. Finishing a master's program or education for licensure (like a Certified Addictions Counselor) is a major investment of time, energy, and money. By that point, a graduate is extremely close to obtaining licensure and the graduate may feel like a "failure" if they don't pursue licensure.
I have seen it happen!
I see it happen regularly. Just this past week a handful of employees who had been working in CW for years announced their resignation to pursue their clinical licensure elsewhere.
There are limited resources to accommodate everyone.

*This item was only presented to the four participants who answered "yes" when asked if they perceive that people are leaving the agency because they do not have access to clinical supervision as they pursue licensure.

Table 20. Are you aware of any efforts that your county has engaged in to address the challenge of people leaving the agency because they do not have access to the required clinical supervision as they pursue clinical licensure as part of their child welfare position* (n=4)

Response	Frequency
Yes	3
No	1
Total	4

*This item was only presented to the four participants who answered "yes" when asked if they perceive that people are leaving the agency because they do not have access to clinical supervision as they pursue licensure.

Of the **four** participants who perceived that people are leaving the agency because they do not have access to the required clinical supervision as they pursue clinical licensure positions (see Table 18), **three** claimed that their county has engaged in efforts to address the challenge

of people leaving the agency because they do not have access to required clinical supervision (see Table 20). All three participants expanded on successful and unsuccessful efforts that their county has engaged in:

Table 21. Free-response Elaboration on Successful County Efforts to Address Agency Staff Retention* (n=3):

Open-Ended Responses
Our retention supervisor has recently started a clinical licensure group supervision program.
The creation of a specialized post-adoption clinical team with new positions within the Oklahoma CW agency - Clinical Social Worker. Additionally, similar teams have been discussed in other departments and across all of Human Services.
I have been working with our Learning and Development team to support the licensure process for our staff. I personally offer a weekly group supervision which meets half of the required supervision hours. We have limited # of staff who can provide the new staff coming in with weekly supervision. There is little to no compensation for us that support the licensure process for staff in the county.

*This item was only presented to the four participants who answered “yes” when asked if they perceive that people are leaving the agency because they do not have access to clinical supervision as they pursue licensure.

Table 22. Free-response Elaboration on Unsuccessful County Efforts to Address Agency Staff Retention* (n=3):

Open-Ended Responses
Inconsistent practice and quality of supervisor.
When others have proposed programs that do provide true clinical activity in the job description or try to share it with child welfare case management.
We have brought up the concerns to the administration and there has been little backing of the efforts in the past to support this. We have made some progress in offering what we have and offering it to staff post master's degrees.

*This item was only presented to the four participants who answered “yes” when asked if they perceive that people are leaving the agency because they do not have access to clinical supervision as they pursue licensure.

Table 23. Do you perceive that people are leaving the agency because they do not have access to ways to obtain clinical experience that will count toward licensure board requirements for child welfare positions? (n=7)

Response	Frequency
Yes	1
No	6
Total	7

As seen in Table 23, **only one** participant perceived that people were leaving the agency because they did not have access to ways to obtain clinical experience that will count toward licensure board requirements. When asked to expand on their position, this participant stated that, “Again, this is mentioned regularly.”

This participant also reported being aware of the efforts their county had engaged in to address the challenge of people leaving the agency because they do not have access to ways to obtain clinical experience that will count toward licensure board requirements for child welfare positions. When asked about their county’s successful efforts, the participant elaborated as follows, “The creation of a specialized post-adoption clinical team with new positions within the Oklahoma CW agency - Clinical Social Worker. Additionally, similar teams have been discussed in other departments and across all of Human Services.” When asked about their county’s unsuccessful efforts, the participant discussed, “When others have proposed programs that do provide true clinical activity in the job description or try to share it with child welfare case management.”

Those who had mentioned being aware of efforts made by their agency to address the challenges of people leaving the agency because they have inability to access clinical supervision or clinical experience were asked if there was a key contact person who had been key in leading efforts to address these challenges:

Table 24. Is there a contact person who has been key in leading efforts to address the challenges of people leaving the agency because they do not have access to required clinical supervision or ways to obtain clinical experience that will count toward licensure board requirements as they pursue clinical licensure as part of their child welfare position?* (n=3)

Open-Ended Responses
Yes.
I am leading these efforts in Oklahoma CW.
Joanne O'Callaghan- She oversees our learning and development team at DHS. She has been a partner for me in the efforts.

*This item was shown to the one participant who responded “yes” to being aware of efforts that their county has engaged in to address the challenge of people leaving the agency because they do not have access to ways to obtain clinical experience that will count toward licensure board requirements (n=1). This item was also shown to the four participants who responded “yes” to being aware of efforts that their county has engaged in to address the challenge of people leaving the agency because they do not have access to required clinical supervision (n=3).

Table 25. Are you interested in participating in a work group to support child welfare staff with obtaining clinical licensure and career advancement opportunities in child welfare? (n=7)

Response	Percent
Yes	7
No	0
Total	7

Clinical Bridge Initial Assessment ThoughtExchanges™

Members from the CCWSC provided feedback through a ThoughtExchange™ session held on January 16, 2025, consisting of four separate exchanges. Participants were able to interact with responses made by other participants by rating the response from 1 to 5 and making comments about the response. ThoughtExchange™ data is presented in tabular format with the following columns:

- **Primary Theme:** Themes identified by the ThoughtExchange™ AI based on its prevalence across thoughts.
- **Frequency:** The number of thoughts most closely aligned with each identified theme.
- **Average Rating:** The average rating of the thoughts corresponding to each theme.
- **Thoughts:** The actual thoughts related to each theme with its corresponding rating.

Exchange 1: Licensure as a Solution to the Workforce Crisis (n=19)

Participants were first asked, *“As you consider the workforce crisis in your area, how can clinical licensure be a part of the solution?”* In this exchange, 19 participants provided 23 thoughts. The most prevalent theme discussed by participants on how clinical licensure may serve as a solution to the workforce crisis was by facilitating an *increase in retention and resilience*. Participants also discussed themes such as *quality of services, professional development and growth, financial incentives, and support for staff*.

Table 26. As you consider the workforce crisis in your area, how can clinical licensure be a part of the solution? (n=19)

Primary Theme	Frequency	Average Rating	Thoughts
Increase in Retention and Resilience	8	4.1	- "It can be a retention strategy staff. With clinical knowledge/experience and increased education and knowledge tend to be more resilient. It could also increase retention." (4.2) - "If folks could get their LCSW supervision during work hours, that would be a motivator to even stay the duration of their licensure process. This is an additional benefit to the employee at no cost to the agency, it diversifies their day, it adds clinical insight into their work." (4.2) - "It can help with retention of staff who frequently leave for more clinical positions. It can also help to entice people to come into child welfare keeping experienced staff helps reduce time for returning children home and transitioning cases between workers." (4.2) - "Licensure is a tool that can help sustain workers in multiple ways including gaining more therapeutic skills and also pay. Retention, self-care." (4.1) - "This can help retention! Clinical licensure can help our case workers stay employed with us instead of having them go elsewhere." (4.1)

Table 26. As you consider the workforce crisis in your area, how can clinical licensure be a part of the solution? (n=19)

Primary Theme	Frequency	Average Rating	Thoughts
Increase in Retention and Resilience (cont.)	8	4.1	- "Providing clinical supervision keeps the supervising person diversity in their day, keeps them on their game and gives insight into their own work. This will add retention strategy to both the supervised and the supervisor." (4.1) - "Develop clinical programs within the agency, retention and supporting families." (4.1) - "Helps with incentivizing providers to stay in critical areas" (4.0)
Quality of Services	6	4.0	- "Great benefit for resource poor areas" (4.3) - "Relevant clinical services to child welfare issues, not all clinical services really help child welfare families." (4.1) - "Improve quality interventions." (4.0) - "Identify individual and family issues quicker This will allow services or interventions to be better identified and put in place." (3.9) - "Quicker services. EPP." (3.8) - "Improvement" (3.6)
Professional Development and Growth	5	4.1	- "It can serve as a continued growth and development opportunity for folks working their way through their career. This can help prevent burnout. This profession has historically struggled with resilience and longevity in the field, and this could go a long way to addressing that." (4.2)

Table 26. As you consider the workforce crisis in your area, how can clinical licensure be a part of the solution? (n=19)

Primary Theme	Frequency	Average Rating	Thoughts
Professional Development and Growth (cont.)	5	4.1	- "The issue for us is lack of folks and access to supervise hours for others to get licensed." (4.2) - "Essential for development of workforce" (4.2) - "Longevity for wisdom in the field/ places for mature careers, mentors." (4.1) - "Added benefit to being in the field. Additional non-monetary benefit." (3.9)
Financial Incentives	2	4.1	- "An increase in pay for those working on or who have obtained clinical licensure. Staff members leave once the degree/licensed is obtained as there is no financial incentive to stay." (4.2) - "By providing more professional opportunities and more training. Having a higher qualification can help to raise pay hopefully incentivizing people." (4.0)
Support for Staff	2	4.0	- "Supporting child welfare staff who are dealing with fatal, near fatal, or egregious child... abuse/neglect incidents. These situations cause a lot of vicarious trauma and burnout for child welfare staff." (4.1) - "This adds prestige to the work, both having more licensed social workers and for the supervising person. People have a need for recognition." (3.8)

Exchange 2: The Benefits of Retaining Staff (n=15)

Next, participants were asked, “*How is retaining staff interested in clinical licensure a benefit to your organization?*” In this exchange, 15 participants provided 14 thoughts. The most prevalent theme discussed by participants regarding the benefits of retaining staff interested in clinical licensure was regarding the potential for an *improvement in services for families*, which received six thoughts and an average thought rating of 3.8. Participants also discussed themes such as *workforce advancement, professional development, expertise and skills*, and *job satisfaction and retention*.

Table 27. How is retaining staff interested in clinical licensure a benefit to your organization? (n=15)

Primary Theme	Frequency	Average Rating	Thoughts
Improved Services for Families	6	3.8	- “Staff with strong critical thinking skills and clinical insight will improve the outcomes for families. This will not only help families but will make people love their jobs.” (4.2) - “More skilled and knowledgeable professionals supporting families and developing the field as a whole.” (4.1) - “They will have more qualifications. They will be better equipped to help our families.” (3.8) - “CW specific clinical services. Keep families from falling apart.” (3.7) - “This will help increase the depth of our services to families. Families getting stronger helps everyone.” (3.7)

Table 27. How is retaining staff interested in clinical licensure a benefit to your organization? (n=15)

Primary Theme	Frequency	Average Rating	Thoughts
Improved Services for Families (cont.)	6	3.8	- "Will give a more rounded approach to the work we do." (3.6)
Workforce Advancement	3	4.0	- "Increased efficacy of intervention for families, increased retention for staff, continuing to move the field of social work forward." (4.1) - "Improves and enhances the field of child welfare to address historical trauma of the field and harm that has been done to families." (4.0) - "Helps to professionalize the field of child welfare attract quality candidates for competitive careers." (4.0)
Professional Development	2	4.0	- "It's a win/win/win for staff/agencies/families. Staff have more opportunities to get their individual professional development goals attended to, agencies keep them, families get better services." (4.1) - "Allows for professional development while staying in their role or agency. Knowledge and skills." (3.9)
Expertise and Skills	2	4.0	- "Once we have expertise in our work, we really get cooking! This is when we make huge differences for families, so we need that retention of great people. It takes a while to build expertise." (4.0)

Table 27. How is retaining staff interested in clinical licensure a benefit to your organization? (n=15)

Primary Theme	Frequency	Average Rating	Thoughts
Expertise and Skills (cont.)	2	4.0	- “More in-depth knowledge and experience to lean on when connecting family to resources and supports.” (3.9)
Job Satisfaction and Retention	1	3.8	- “Enhanced services and interventions for families increased job satisfaction.” (3.8)

Exchange 3: Opportunities Associated with Seeking Clinical Licensure (n=13)

Participants were then asked, “*What do you see as the opportunities staff may have when seeking clinical licensure as part of their work in the child welfare system?*” In this exchange, 13 participants provided 18 thoughts. The most prevalent theme discussed by participants regarding the opportunities staff may have when seeking clinical licensure was about having the tools and knowledge to provide *better outcomes for families*, which received six thoughts and an average thought rating of 3.8. Participants also discussed themes such as *support and mentorship, better workforce culture and retention, enhanced skills and knowledge, professional growth and development, and financial incentives*.

Table 28. What do you see as the opportunities staff may have when seeking clinical licensure as part of their work in the child welfare system? (n=13)

Primary Theme	Frequency	Average Rating	Thoughts
Better Outcomes for Families	6	4.0	- “They will have more opportunity to make a significant impact on the families they are working with.” (4.1) - “They will be able to have upward mobility in their organization and they can better support the families they are working with. Stronger families and staff mean a stronger community.” (4.1) - “They can examine their own work and dig deeper into their assessment. Better outcomes for families” (4.0) - “Better equipped to work with families.” (4.0)

Table 28. What do you see as the opportunities staff may have when seeking clinical licensure as part of their work in the child welfare system? (n=13)

Primary Theme	Frequency	Average Rating	Thoughts
Better Outcomes for Families cont.	6	4.0	- “Better able to engage community resources to ensure that families are getting the services they need. This will help workers to have a more in depth understanding of whether families are connected with the right services” (3.8) - “Better equips workers to be able to address their own needs and the needs of their peers which means better engagement and outcomes for families.” (3.8)
Support and Mentorship	4	3.8	- “Mentors on teams to provide guidance to other caseworkers (another opportunity for professional development).” (3.9) - “More supportive environments as those staff members can support other child welfare staff or provided more relevant direct support to families.” (3.9) - “More tailored peer and agency support available and provided to folks in mid-career positions.” (3.8) - “Learn from people in the field who are wise.” (3.6)
Better Workforce Culture and Retention	4	3.9	- “Better outcomes for families, better trained and supported clinical staff, more opportunities for advancement for our licensed staff, less burnout. Better retention and service by LCSW ultimately leads to more stability for families as well.” (4.1) - “Helps develop better workforce culture.” (3.9)

Table 28. What do you see as the opportunities staff may have when seeking clinical licensure as part of their work in the child welfare system? (n=13)

Primary Theme	Frequency	Average Rating	Thoughts
Better Workforce Culture and Retention (cont.)	4	3.9	- “Building their resume for the next step on their pathway, keeping them engaged in their work. Employee satisfaction and retention.” (3.9) - “More growth and better retention.” (3.9)
Enhanced Skills and Knowledge	2	4.0	- “Enhancing and improving skills and applying knowledge from education to direct practice with other staff and families.” (4.0) - “Enhanced/increased knowledge and skill in working with families. Lead to better outcomes.” (3.9)
Professional Development and Growth	1	4.0	- “Personal growth/ challenge/ competence. Staff need to feel challenged and invigorated by their job and can gain the skills to be effective” (4.0)
Financial Benefits	1	3.3	- “More money. Life is expensive.” (3.3)

Exchange 4: Challenges Associated with Seeking Clinical Licensure (n=14)

The final question asked to the participants was, “*What do you see as the challenges staff may experience when seeking clinical licensure as part of their work in the child welfare system?*” In this exchange, 14 participants provided 19 thoughts. The most prevalent theme discussed by participants pertaining to the challenges staff may face when seeking clinical licensure was the lack of *supervision availability*, which received six thoughts and an average thought rating of 3.8. Participants also discussed themes such as *time constraints*, *agency support*, *financial incentives*, and *career and growth opportunities*.

Table 29. What do you see as the challenges staff may experience when seeking clinical licensure as part of their work in the child welfare system? (n=14)

Primary Theme	Frequency	Average Rating	Thoughts
Supervision Availability	6	3.8	- “Not enough supervisors available to support staff pursuing licensure.” (4.0) - “Having staff with LCSWs who can supervise staff who are obtaining their licensure.” (3.9) - “Supervision constraints and costs/time.” (3.9) - “Supervision (finding supervisor, cost of supervision).” (3.9) - “If we offer LCSW supervision and then put folks on a wait list that is long, they become resentful that they aren't getting what they were promised.” (3.7) - “Some weeks workers have time and some weeks they do not, it cannot always be

Table 29. What do you see as the challenges staff may experience when seeking clinical licensure as part of their work in the child welfare system? (n=14)

Primary Theme	Frequency	Average Rating	Thoughts
Supervision Availability (cont.)	6	3.8	predictable, which would be best for supervision." (3.4)
Time Constraints	4	4.0	- "Ensuring they can consistently find time in their schedules to attend individual and group supervision on a consistent basis." (4.0) - "Time to juggle all the requirements making time for this process outside of their day-to-day casework." (4.0) - "Time constraints causing stress staff are already very busy, this is "one more thing." (4.0) - "Balancing the demands for work and also to complete requirements for licensure." (3.8)
Agency Support	4	4.0	- "Administration doesn't want to give them time for this/ reduce caseloads, need to feel supported by agency and that the skills learned are relevant to their jobs." (4.1) - "Agency resistance. There is more work than can be completed in a regular workday and many may resist taking some of that time on this additional skill." (3.9)

Table 29. What do you see as the challenges staff may experience when seeking clinical licensure as part of their work in the child welfare system? (n=14)

Primary Theme	Frequency	Average Rating	Thoughts
Agency Support (cont.)	4	4.0	- “Not enough supervisors available, not enough time, not enough money.” (3.9) - “Support for ongoing supervision and education.” (3.9)
Financial Incentives	3	4.1	- “No financial incentive once a degree and licensure are obtained. Once staff have a degree or license, they want to find other employment where they will make more money since there is no increase in pay.” (4.2) - “They will not be compensated as well for their licensure in child welfare which might make it difficult to retain licensed workers.” (4.1) - “Need to pay more. More skills better outcomes for families.” (3.9)
Career Growth and Opportunities	2	4.0	- “There may not be enough positions and growth after licensure. If there are too many people with licensure the higher-level jobs requiring licensure may be limited.” (4.1) - “Establishing proper supervision requirements and pathways initially.” (3.8)

Limitations and Conclusions

Limitations

While this study offers valuable insights into the perceptions of the barriers to clinical licensure, a couple of limitations must be acknowledged. First, all three data collection efforts resulted in small sample sizes, which reduced the generalizability of these findings. There were only 18 participants in the first cohort of those who took the Exploration of Clinical Licensure Efforts survey and 7 participants in the workgroup cohort. Regarding the ThoughtExchange™, participant drop-off occurred after the first exchange, going from 19 participants in the first exchange, to 15 participants in the second exchange, and then 13 participants and 14 participants in the third and fourth exchanges, respectively. Another limitation of this study is rooted in social desirability bias. Although these data collection efforts allowed participants to remain anonymous, it is worth noting that they may have offered more optimistic responses because they may have felt that they needed to positively represent the organization's recruitment and retention status.

Conclusions

While participants in the initial cohort recognized the value of clinical licensure opportunities, most did not view barriers to clinical licensure as a key cause of retention challenges. **In the initial cohort**, half (**50%**) of the 18 participants perceived that the pursuit of clinical licensure was an ongoing retention challenge. Furthermore, only **28%** of participants perceived a lack of access to the required clinical supervision as they pursue clinical licensure to be a reason that people are leaving the agency, and of this **28%**, **60%** were aware of efforts their county had engaged in to address the challenge of people leaving the agency due to a lack of access to clinical supervision. Additionally, **22%** of participants reported that lack of access to

ways to obtain clinical experience that counts towards licensure board requirements for child welfare positions is a reason that people are leaving the agency, and of this **22%**, none were aware of any efforts that their county had engaged in to address this challenge. Despite this, **72%** of participants expressed interest in participating in a work group to support child welfare staff with obtaining clinical licensure and career advancement opportunities in child welfare.

Fisher's exact tests were used to assess whether the majority of those who perceived barriers to licensure to be a retention challenge were within a particular residential designation (urban vs rural counties). As previously mentioned, urban counties, as designated by Colorado's Department of Local Affairs (DOLA), include Adams, Arapahoe, Denver, Douglas, El Paso, Jefferson, and Larimer. Rural counties include Garfield, Morgan, and Otero. Fisher's Exact Tests were then conducted to evaluate whether there is a statistically significant association between county designation and the following items:

- Is access to clinical supervision or the pursuit of clinical licensure an ongoing staff retention challenge?
- Do you perceive that people are leaving the agency because they do not have access to the required clinical supervision as they pursue clinical licensure as part of their child welfare position?
- Do you perceive that people are leaving the agency because they do not have access to ways to obtain clinical experience that will count toward licensure board requirements for child welfare positions?

However, no statistically significant associations were found ($p > 0.05$ for all tests). Regardless of county designation, these results suggest that most participants did not perceive barriers to clinical licensure to be a retention challenge.

In the workgroup cohort, participants demonstrated slightly differing views on barriers to licensure. **4 out of 7** perceived that the pursuit of licensure was an ongoing retention challenge. Additionally, **4 out of 7** also perceived a lack of access to the required clinical supervision as they pursue clinical licensure to be a reason that people are leaving the agency, and of these **4**, **3** were aware of efforts their county had engaged in to address the challenge of people leaving agency due to a lack of access to ways to obtain clinical supervision. However, only **1 out of 7** participants perceived that a lack of access to ways to obtain clinical experience that counts towards licensure board requirements for child welfare positions is a reason that people are leaving the agency, and was also the only one aware of efforts their county had engaged in to address this challenge. Similar to the initial cohort, **7 out of 7** participants expressed interest in participating in a work group to support child welfare staff with obtaining clinical licensure and career advancement opportunities in child welfare.

Though the survey did not show barriers to licensure to be a retention challenge or cause of retention challenges, retention and resilience were the most common themes when participants in the Clinical Bridge Initial Assessment ThoughtExchanges™ were asked, *“As you consider the workforce crisis in your area, how can clinical licensure be a part of the solution?”* When asked in the following exchange, *“How is retaining staff interest in clinical licensure a benefit to your organization?”* improved services for families appeared as the most prevalent theme. When asked in the third exchange, *“What do you see as the opportunities staff may*

have when seeking clinical licensure as part of their work in the child welfare system?” the most common theme was better outcomes for families. Finally, when asked, *“What do you see as the challenges staff may experience when seeking clinical licensure as part of their work in the child welfare system?”* supervision availability was the most common theme.

Although neither the Exploration of Clinical Licensure Efforts survey nor the ThoughtExchange™ conclusively revealed that barriers to clinical licensure are a retention challenge or a cause of other retention challenges, evidence from this data collection effort suggests that some participants perceived barriers to clinical licensure as a staff retention challenge. Furthermore, responses from the second and third ThoughtExchanges™ demonstrated that many participants view the primary benefit of clinical licensure to be improved service quality for families. Additionally, a large majority of the initial cohort and the entirety of the workgroup cohort expressed interest in participating in a workgroup to support child welfare staff with obtaining clinical licensure and career advancement opportunities in child welfare. This research overall demonstrates that staff see value in their colleagues obtaining licensure and are willing to assist in this endeavor.

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Appendix A:

Exploration of Clinical Licensure Survey Items

1. What is your name?
2. What is your email?
3. In what county do you work?
4. What is your job title/role?
5. Is access to clinical supervision or the pursuit of clinical licensure an ongoing staff retention challenge?
6. Please tell us how clinical supervision or the pursuit of clinical licensure is an ongoing retention challenge.
7. Do you perceive that people are leaving the agency because they do not have access to the required clinical supervision as they pursue clinical licensure as part of their child welfare position?
8. Please tell us why you perceive that people are leaving the agency because they do not have access to the required clinical supervision as they pursue clinical licensure as part of their child welfare position.
9. Do you perceive that people are leaving the agency because they do not have access to ways to obtain clinical experience that will count toward licensure board requirements for child welfare positions?
10. Please tell us why you perceive that people are leaving the agency because they do not have access to ways to obtain clinical experience that will count toward licensure board requirements for child welfare positions.
11. Are you aware of any efforts that your county has engaged in to address the challenge of people leaving the agency because they do not have access to required clinical supervision as they pursue clinical licensure as part of their child welfare position?
12. What efforts have been successful in addressing the challenge of people leaving the agency because they do not have access to the required clinical supervision as they pursue clinical licensure as part of their child welfare position?
13. What efforts have failed in addressing the challenge of people leaving the agency because they do not have access to required clinical supervision as they pursue clinical licensure as part of their child welfare position?
14. Are you aware of any efforts that your county has engaged in to address the challenge of people leaving the agency because they do not have access to ways to obtain clinical experience that will count toward licensure board requirements for child welfare positions?

15. What efforts have been successful in addressing the challenge of people leaving the agency because they do not have access to ways to obtain clinical experience that will count toward licensure board requirements for child welfare positions?
16. What efforts have failed in addressing the challenge of people leaving the agency because they do not have access to ways to obtain clinical experience that will count toward licensure board requirements for child welfare positions?
17. Is there a contact person who has been key in leading efforts to address the challenges of people leaving the agency because they do not have access to required clinical supervision or ways to obtain clinical experience that will count toward licensure board requirements as they pursue clinical licensure as part of their child welfare position?
18. Are you interested in participating in a workgroup to support child welfare staff with obtaining clinical licensure and career advancement opportunities in child welfare?

Appendix B:

ThoughtExchange™ Items

1. As you consider the workforce crisis in your area, how can clinical licensure be a part of the solution?
2. How is retaining staff interested in clinical licensure a benefit to your organization?
3. What do you see as the opportunities staff may have when seeking clinical licensure as part of their work in the child welfare system?
4. What do you see as the challenges staff may experience when seeking clinical licensure as part of their work in the child welfare system?

Appendix C:

ThoughtExchange™ Participant Responses

Table Columns

- **Thought:** The thought provided in response to the question
- **Star score - overall:** The Bayesian-average rating for a thought, calculated using a prior of five 3star reviews
- **Primary Theme:** Themes identified by the ThoughtExchange™ AI based on its prevalence across thoughts.

Exchange #1: As you consider the workforce crisis in your area, how can clinical licensure be a part of the solution?

Thought (original)	Star score - overall	Keyword themes
Great benefit for resource poor areas	4.3	Quality of Services
The issue for us is lack of folks and access to supervise hours for others to get licensed.	4.2	Professional Development and Growth
Essential for development of workforce	4.2	Professional Development and Growth
If folks could get their LCSW supervision during work hours, that would be a motivator to even stay the duration of their licensure process. This is an additional benefit to the employee at no cost to the agency, it diversifies their day, it adds clinical insight into their work.	4.2	Increase in Retention and Resilience
It can help with retention of staff who frequently leave for more clinical positions. It can also help to entice people to come into child welfare keeping experienced staff helps reduce time for returning children home and transitioning cases between workers	4.2	Increase in Retention and Resilience
It can serve as a continued growth and development opportunity for folks working their way through their career. This can help prevent burnout. This profession has historically struggled with resilience and longevity in the field and this could go a long way to addressing that.	4.2	Professional Development and Growth
It can be a retention strategy staff with clinical knowledge/experience and increased education and	4.2	Increase in Retention and Resilience

Exchange #1: As you consider the workforce crisis in your area, how can clinical licensure be a part of the solution?

Thought (original)	Star score - overall	Keyword themes
knowledge tend to be more resilient. It could also increase retention		
An increase in pay for those working on or who have obtained clinical licensure. Staff members leave once the degree/licensed is obtained as there is no financial incentive to stay.	4.2 4.2	Financial Incentives Financial Incentives
Licensure is a tool that can help sustain workers in multiple ways including gaining more therapeutic skills and also pay. Retention, self-care	4.1	Increase in Retention and Resilience
Supporting child welfare staff who are dealing with fatal, near fatal, or egregious child abuse/neglect incidents. These situations cause a lot of vicarious trauma and burnout for child welfare staff.	4.1	Support for Staff
This can help retention! Clinical licensure can help our caseworkers stay employed with us instead of having them go elsewhere	4.1	Increase in Retention and Resilience
Develop clinical programs within the agency Retention and supporting families	4.1	Increase in Retention and Resilience
Longevity for wisdom in the field/ places for mature careers, mentors	4.1	Professional Development and Growth
Relevant clinical services to cw issues Not all clinical services really help cw families	4.1	Quality of Services
Providing clinical supervision keeps the supervising person diversity in their day, keeps them on their game, and gives insight into their own work. This will add retention strategy to both the supervised and the supervisor.	4.1	Increase in Retention and Resilience
Helps with incentivizing providers to stay in critical areas	4	Increase in Retention and Resilience
Improve quality interventions	4	Quality of Services
By providing more professional opportunities and more training. Having a higher qualification can help to raise pay hopefully incentivizing people.	4	Financial Incentives

Exchange #1: As you consider the workforce crisis in your area, how can clinical licensure be a part of the solution?

Thought (original)	Star score - overall	Keyword themes
Added benefit to being in the field Additional, non-monetary benefit	3.9	Professional Development and Growth
Identify individual and family issues quicker. This will allow services or interventions to be better identified and put in place	3.9	Quality of Services
Quicker services EPP	3.8	Quality of Services
This adds prestige to the work, both having more licensed social workers and for the supervising person. People have a need for recognition.	3.8	Support for Staff
Improvement	3.6	Quality of Services

Exchange #2: How is retaining staff interested in clinical licensure a benefit to your organization?

Thought (original)	Star score - overall	Keyword themes
Staff with strong critical thinking skills and clinical insight will improve the outcomes for families. This will not only help families, but will make people love their jobs	4.2	Improvement in Services for Families
Increased efficacy of intervention for families, increased retention for staff, continuing to move the field of social work forward. We are in a workforce crisis and this would serve to address many of the issues that have been identified.	4.1	Workforce Advancement
More skilled and knowledgeable professionals supporting families and developing the field as a whole.	4.1	Improvement in Services for Families
It's a win/win/win for staff/agencies/families. Staff have more opportunities to get their individual professional development goals attended to, agencies keep them, families get better services	4.1	Professional Development
Helps to professionalize the field of cw Attract quality candidates for competitive careers	4	Workforce Advancement
Once we have expertise in our work, we really get cooking! This is when we make huge differences for families, so we need that retention of great people. It takes a while to build expertise.	4	Expertise and Skills
Improves and enhances the field of child welfare as a whole to address historical trauma of the field and harm that has been done to families.	4	Workforce Advancement
Allows for professional development while staying in their role or agency. Knowledge and skills	3.9	Professional Development
More in-depth knowledge and experience to lean on when connecting family to resources and supports	3.9	Expertise and Skills
They will have more qualifications. They will be better equipped to help our families.	3.8	Improvement in Services for Families
Enhanced services and interventions for families increased job satisfaction	3.8	Job Satisfaction and Retention
CW specific clinical services Keep families from falling apart	3.7	Improvement in Services for Families
This will help increase the depth of our services to families getting stronger helps everyone	3.7	Improvement in Services for Families

Exchange #2: How is retaining staff interested in clinical licensure a benefit to your organization?

Thought (original)	Star score - overall	Keyword themes
Will give a more rounded approach to the work we do.	3.6	Improvement in Services for Families

Exchange #3: What do you see as the opportunities staff may have when seeking clinical licensure as part of their work in the child welfare system?

Thought (original)	Star score - overall	Keyword themes
They will have more opportunity to make a significant impact on the families they are working with.	4.1	Better Outcomes for Families
They will be able to have upward mobility in their organization and they can better support the families they are working with stronger families and staff mean a stronger community	4.1	Better Outcomes for Families
Better outcomes for families, better trained and supported clinical staff, more opportunities for advancement for our licensed staff, less burnout Better retention and service by LCSW ultimately leads to more stability for families as well	4.1	Better Workforce Culture and Retention
They can to examine their own work and dig deeper into their assessment Better outcomes for families	4	Better Outcomes for Families
Better equipped to work with families.	4	Better Outcomes for Families
Enhancing and improving skills and applying knowledge from education to direct practice with other staff and families.	4	Enhanced Skills and Knowledge
Personal growth/ challenge/ competence. Staff need to feel challenged and invigorated by their job and have the opportunities to gain the skills to be effective	4	Professional Development and Growth
Building their resume for the next step on their pathway, keeping them engaged in their work. Employee satisfaction and retention	3.9	Better Workforce Culture and Retention
More growth and better retention.	3.9	Better Workforce Culture and Retention
Mentors on teams to provide guidance to other caseworkers (another opportunity for professional development)	3.9	Support and Mentorship
More supportive environments as those staff members can support other child welfare staff or provided more relevant direct support to families.	3.9	Support and Mentorship
enhanced/increased knowledge and skill in working with families. Lead to better outcomes	3.9	Enhanced Skills and Knowledge
Helps develop better workforce culture.	3.9	Better Workforce Culture and Retention
Better able to engage community resources to ensure that families are getting the services they need. This will help	3.8	Better Outcomes for Families

Exchange #3: What do you see as the opportunities staff may have when seeking clinical licensure as part of their work in the child welfare system?

Thought (original)	Star score - overall	Keyword themes
workers to have a more in depth understanding of whether or not families are connected with the right services	3.8	Better outcomes for Families
Better equips workers to be able to address their own needs and the needs of their peers which means better engagement and outcomes for families.	3.8	Better Outcomes for Families
More tailored peer and agency support available and provided to folks in mid-career positions This is a group that is not specifically focused on through other professional development opportunities	3.8	Support and Mentorship
Learn from people in the field who are wise	3.6	Support and Mentorship
More money Life is expensive	3.3	Financial Benefits

Exchange #4: What do you see as the challenges staff may experience when seeking clinical licensure as part of their work in the child welfare system?

Thought (original)	Star score - overall	Keyword themes
No financial incentive once degree and licensure are obtained. Once staff have a degree or license, they want to find other employment where they will make more money since there is no increase in pay.	4.2	Financial Incentives
They will not be compensated as well for their licensure in child welfare which might make it difficult to retain licensed workers.	4.1	Financial Incentives
There may not be enough positions and growth after licensure. If there are too many people with licensure the higher level jobs requiring licensure may be limited.	4.1	Career Growth and Opportunities
Administration doesn't want to give them time for this/ reduce caseloads Need to feel supported by agency and that the skills learned are relevant to their jobs	4.1	Agency Support
Not enough supervisors available to support staff pursuing licensure.	4	Supervision Availability
Time constraints causing stress staff are already very busy, this is "one more thing"	4	Time Constraints
Ensuring they are able to consistently find time in their schedules to attend individual and group supervision on a consistent basis.	4	Time Constraints
Time to juggle all the requirements Making time for this process outside of their day to day casework	4	Time Constraints
Having staff with LCSWs who can supervise staff who are obtaining their licensure.	3.9	Supervision Availability
Supervision (finding supervisor, cost of supervision)	3.9	Supervision Availability
Support for ongoing supervision and education	3.9	Agency Support
Not enough supervisors available, not enough time, not enough money	3.9	Agency Support
Agency resistance. There is more work than can be completed in a regular workday and many may resist taking some of that time on this additional skill	3.9	Agency Support
Supervision constraints and costs/time.	3.9	Supervision Availability
Need to pay more More skills= better outcomes for families	3.9	Financial Incentives
Establishing proper supervision requirements and pathways initially	3.8	Career Growth and Opportunities

Balancing the demands for work and also to complete requirements for licensure	3.8	Time Constraints
If we offer LCSW supervision and then put folks on a wait list that is long, they become resentful that they aren't getting what they were promised.	3.7	Supervision Availability
Some weeks workers have time and some weeks they do not, it cannot always be predictable, which would be best for supervision.	3.4	Supervision Availability