SCHOOL OF SOCIAL WORK
UNIVERSITY of WASHINGTON

Public Access to Behavioral Health Workforce Data

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About CSSAT

A unique organization within the UW School of Social Work, CSSAT brings expertise in data science and software development to bear on information and system problems in the social service sector.

Some of our projects:

- **Sprout** – an app that streamlines parent-child visitation service referrals and reporting for DCYF
- **Child Well-Being Data Portal** – a web tool that provides detailed, customizable data about children and families served in Washington state's child welfare system.
- **Risk of Death and Injury Study** – a research collaboration linking birth, death, hospital admissions, and child welfare records to estimate child protection and maltreatment

About me

Principal Data Scientist at **CSSAT**

Formerly at

- **Project Evident** – helping social sector organizations strategize around evidence-building
- **Amazon** – variety of data-centric projects, mostly focused on service optimization and prediction
- **Partners for Our Children** – CSSAT's "parent", child welfare-focused data and research

Feel free to reach out: **gregort@uw.edu**

Conditional Awards Programs

WDI (Workforce Development Initiative) Behavioral Health Clinicians

Eligibility: Master's level applicants in social work, marriage and family therapy, and mental health counseling programs statewide

Award: Up to $51,500

Condition: Graduates must work at a qualifying community-based health agency for 3 years

Funding: Initially funded by the Ballmer Group

WSW (Workforce for Student Well-being) School Social Workers

Eligibility: Master's level social work students at 5 public universities in their final year

Award: Up to $30,000

Condition: Graduates must work at a high-needs K-12 school for 2 academic years

Funding: US Dept of Education

Both programs also supplement the student experience with virtual sessions and guest speakers, compiling resources, and seek to build community within the cohorts.

Goal: Improve the workforce!

- Increase the number of graduates in these fields
- Improve the diversity of graduates in these fields
  - Have service providers better reflect the populations they serve
- Give graduates financial freedom to serve high-needs populations
- Provide a more stable workforce by reducing staff turnover

Long-term goal! More graduates means higher capacity at the programs, which will require sustained funding

Racial & ethnic diversity, but also people with lived experiences and geographic diversity

By reducing the debt-burden of graduates and improving preparation for the workforce

Impact: Increased service availability for high-needs populations

Is it working?

These efforts (and others!) need to be evaluated to see if they are worth the cost, whether public or private money is used

Administrative Data

NSC ERDC

Education: the "supply" of potential workforce entrants from Education Research and Data Center and National Student Clearinghouse

OSPI DOH

Licensing: who is legally allowed to practice within the state

HCA

Services delivered to Medicaid and private insurance clients from the All-Payers Claims Database (service provider and agency)

ESD

Employee records and compensation from the Employment Security Department. (For people in the field and people who left the field.)

Why administrative data?

- Builds a broad understanding of the **entire behavioral health service delivery ecosystem**
- Leverages the massive investments already made in data collection by state and federal governments
- Enables **continuous improvement** and informs investment for **these programs and others in the same space**
- Measures both the direct program impact and monitors systems change
- Compared to a survey-based approach, is more time-efficient and provides complete data
- Yet can be supplemented with surveys to dig deep on specific questions

Answerable **Education** Questions

- How many students graduate each year in WA with relevant degrees?
- How many enter practice?
- How long does it take to become fully licensed?
- How do these metrics compare across schools, student characteristics, and time?

Answerable **Workforce** Questions

- How many licensed behavioral health clinicians actively practice?
- What settings do new graduates work in?
- How long do they stay in these roles?
- Who is serving Medicaid clients?
- Who moves from community health to private practice, and what financial incentives are there?
- How long to clinicians practice for?
- When clinicians leave the field, where do they go?*
- What is the impact of interventions like WDI and WSW?

How to help?

These efforts (and others!) need to be evaluated to see if they are worth the cost, whether public or private money is used

Discussion

Questions, comments, and feedback is very welcome!

What resonates? What doesn't?

What other questions do you have about the behavioral health workforce?