Unfinished Business: Examining Barriers to Obtaining Mental Health Licensure Among Minnesota Graduates

Findings and Recommendations

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Key findings and recommendations

There is a severe shortage of mental health providers in Minnesota, with 72% of Minnesota counties federally designated as mental health provider shortage areas (Abderholden, 2024; Health Resources & Services Administration, 2024; Minnesota Department of Health, 2022; NAMI Minnesota, 2022). A significant area of opportunity is the licensure process, as about half of graduates in Minnesota who complete a master's degree necessary for mental health licensure do not complete the process (Leibert & Fritsma, 2017).

To better understand the barriers that master's-level graduates face during the licensure process, Wilder Research (Wilder) and the Blue Cross and Blue Shield of Minnesota Center for Rural Behavioral Health at Minnesota State University, Mankato (CRBH) conducted a survey and interviews with graduates in 2023-2024. Graduates were eligible to participate if they had graduated from their program within the past seven years. This summary describes the project's findings, the recommendations for addressing these barriers and improving the licensure process, and whether each recommendation would be best addressed by licensure boards or regulatory agencies, payers, employers, and/or graduate programs.

The mental health system and social safety nets are inadequately resourced

While not the focus of this project, many respondents described how broader social and economic conditions negatively impact their clients and their ability to effectively provide mental health services. Specifically, they described issues with inadequate insurance coverage and high costs of services; how under-resourced school settings leads to expanding the roles and responsibilities of school-based providers; inadequate transportation systems; lack of internet access; poverty; a lack of crisis services; a lack of support to help families and caregivers develop positive communication and caregiving skills; and how rural areas are particularly under-resourced. Additionally, some respondents mentioned how licensing boards are understaffed and under-resourced.

> *Sometimes what my clients need is access to money and food and resources. And all I can really do is point them to resources… [We're told to] help your clients reframe their thinking. But it's like, okay, well, they don't have enough money to live.*

> *As a school social worker, I'm seen as an extra body, a lunch lady, all these extra things. It's hard to use my profession to actually get people what they need. Everyone is understaffed... This year has been one of the worst years I've been in the field.*

Despite challenges, providers find fulfillment in their work

While this report focuses on challenges faced by mental health providers, study respondents emphasized that they also greatly enjoy their work and find fulfillment in providing mental health services.

> *It's the best job on earth, and I feel blessed. But we can basically do anything else and get paid better, and that is a shame.*

> *I love my job. I really enjoy it. But I think this generation of clinicians is going to be burnt out very fast. I think compassion fatigue is going to seep in really hard… People are burning out left and right because they're working a crap ton of hours and only getting paid for 40 of those hours.*

> *I feel like I'm meant to do this work. I get confirmation that I'm good at my job, people find value in working with me [as a mental health provider]… [Employers say], "We support self-care. What can we do?" And we're like, "More pay." And they're like, "No, here's a pizza party."… I get resentful for doing such meaningful work [for such little pay].*

Reduce costs associated with becoming a mental health provider, increase wages, and provide financial assistance.

Challenges related to finances and costs were commonly identified by this study's participants. In addition to tuition and student loans from their master's program, graduates are required to pay a wide range of fees throughout the licensure process, including the licensure application fee, licensure renewal fees, licensure exam fees, and background study and fingerprinting fees. Graduates also often have to pay out of pocket to complete their required supervision hours, continuing education units (CEUs), and any additional trainings in specific interventions or modalities. Additionally, graduates emphasized the significant amount of unpaid labor expected within the mental health field, including unpaid time spent receiving supervision, studying for exams, filling out licensure applications and other paperwork, completing the insurance company credentialing process, and completing clinical notes and other paperwork.

Graduates suggested reducing fee amounts, introducing sliding scale or tiered fee levels based on a provider's identity and/or the populations they serve (i.e., reduced costs for providers who hold marginalized identities or serve marginalized communities), and removing fees altogether. They also suggested providing financial assistance to pay for supervision, providing free licensure exam preparation materials, and reducing administrative responsibilities and streamlining administrative processes to minimize time spent on unpaid labor.

Recommendations regarding costs and financial assistance

	Licensure boards or regulatory agencies	Payers	Employers	Graduate programs
Reduce or eliminate licensure application, renewal, and exam fees and/or introduce sliding scale or tiered fee levels based on providers' identities or the populations they serve	☑			
Provide financial assistance to pay for supervision hours	☑	☑	☑	☑
Reduce tuition				☑
Create new opportunities for student loan forgiveness	☑			
Provide free licensure exam preparation materials	☑			☑
Reduce administrative responsibilities and streamline administrative processes to minimize time spent on unpaid labor	☑	☑	☑	☑

Streamline licensure application processes and provide graduates with comprehensive resources and real-time support.

Respondents described the licensure application process as excessively burdensome and confusing across the three different types of licensure (i.e., social work, counseling, and marriage and family therapy). They shared that the application is tedious, lengthy, and requires providing the same information multiple times. They specifically mentioned challenges related to tracking and documenting required hours and their overall progress toward licensure requirements, the inconvenient and burdensome background study and fingerprinting process, and the processes involved in registering for and taking licensure exams. They also mentioned communication issues with licensure boards and graduate programs, including confirming whether boards have received the correct documentation required for licensure and receiving inconsistent information from different sources (e.g., receiving different information from licensure boards and graduate programs). Additionally, respondents identified the long time it takes for licensure applications to be processed and delays they experienced, particularly during the COVID-19 pandemic. Lastly, respondents noted that many of these challenges may be at least partially due to licensure boards being underfunded and understaffed.

They stressed the importance of providing one-on-one and real-time guidance throughout the licensure process, providing clear and concise written and online resources to guide graduates through the process, ensuring information and guidance are consistent regardless of the source, and offering an online portal to submit documents and check progress toward licensure. They suggested that licensure boards, regulatory bodies, and graduate programs provide more assistance understanding and completing the licensure process, such as regular drop-in sessions.

Recommendations regarding the licensure application process and related guidance

	Licensure boards or regulatory agencies	Payers	Employers	Graduate programs
Streamline the application and remove requirements to submit duplicative information	☑			
Create an online portal to allow graduates to submit documents and track progress toward licensure	☑			
Identify ways to simplify the background study and fingerprinting process	☑			
Prioritize responsivity to licensure process questions from graduates	☑			☑
Advocate for additional funding and staffing to improve application processing efficiency	☑			
Provide direct assistance to graduates throughout the licensure process and create effective written and online guidance resources	☑			☑

Increase the flexibility of licensure requirements.

Respondents emphasized how strict licensure requirements complicate and lengthen the licensure process. They mentioned requirements to obtain hours working with specific populations that graduates don't plan on working with after licensure (e.g., families, youth, adults), the short amount of time allowed to complete requirements, requirements that supervision hours occur in person, limitations regarding who is allowed to provide supervision, and that previous related experience cannot be counted toward licensure requirements.

Some respondents mentioned that these requirements are more difficult for providers with specific identities, including those who work in rural areas and may find it more difficult to build a caseload, and providers who have other responsibilities (e.g., employment, caregiving) that reduce the amount of time they can dedicate to meeting licensure requirements.

Recommendations regarding licensure requirements

	Licensure boards or regulatory agencies	Payers	Employers	Graduate programs
Identify areas to increase flexibility in meeting licensure requirements, such as lengthening the amount of time allowed to complete requirements or reducing the number of hours serving specific populations	☑			

Prioritize alignment between licensure types and state portability.

Respondents described how the licensure process is further complicated by the differences between licensure types and state regulations. They described the significant similarities in the work of mental health providers regardless of licensure, but that the differences in licensure requirements and processes make systems more difficult to navigate (e.g., differences in hours requirements, exams, and in how providers are able to bill for services).

They also identified challenges related to state portability, as each state has different regulations and licensure requirements. Respondents described how these differences and state-based telehealth restrictions prevent providers from serving clients across state lines, and how providers often need to complete the entire licensure process again if they wish to practice in a different state.

Note that the Minnesota legislature passed a bill during the 2024 legislative session that creates interstate compacts, allowing professionals with certain licensures in other states to practice in Minnesota, including social workers and professional counselors, and vice versa (American Counseling Association, 2024; Bryant, 2024).

	Licensure boards or regulatory agencies	Payers	Employers	Graduate programs
Increase alignment between licensure types	☑			
Allow licensure portability between states and consider opportunities for licensure reciprocity between states	☑			

Provide support to help graduates find supervisors and prioritize supervision quality.

Respondents described challenges with finding a high-quality supervisor and supervisors with expertise in the interventions, modalities, or populations supervisees hope to specialize in, and identified a lack of supervisors who represent diverse identities (Black, Indigenous, and People of Color; LGBTQ+; speaks a specific language). They shared how time-intensive finding information about potential supervisors is and how little guidance graduates receive about identifying and selecting a supervisor. Respondents suggested creating a database or directory of licensed supervisors that would include additional information to inform a provider's decision (e.g., specializations).

Quality concerns were also identified, such as supervisors who provide incorrect information, fail to complete paperwork requirements on time, lack familiarity with their responsibilities as a supervisor, and cancelled or cut supervision sessions short. Some respondents also described supervisors who acted inappropriately or discriminatorily. Suggestions to address quality concerns included strengthening oversight of supervisors and ensuring training requirements are effective.

Recommendations regarding supervision

	Licensure boards or regulatory agencies	Payers	Employers	Graduate programs
Create a directory or database of approved supervisors with detailed information (e.g., specializations, identities they hold, populations they work with, availability to supervise)	☑			
Assess pathways to becoming a supervisor and identify barriers that may prevent providers of diverse backgrounds from becoming supervisors	☑			
Provide guidance regarding the process of assessing and selection a supervisor	☑			☑
Assess requirements to serving as a supervisor and identify and address gaps in oversight, accountability, and training	☑			

Align licensure exams with their intended purpose and provide more exam preparation support.

Respondents described several challenges related to the licensure exam process, including that the exam is too difficult and graduates need more support to prepare. They also mentioned how the required waiting time before someone can retake the exam after failing is too long and delays the overall licensure process.

Moreover, respondents expressed skepticism regarding how well licensure exams assess provider competency, skill, and ability to ethically provide mental health services. They reported that they felt like the exam process primarily helped them pass the exam rather than contributed to skill development, how bias is embedded in standardized tests, and how the "correct" responses conflict with how mental health services function in reality.

Similarly, respondents expressed concerns with the wording of exam items, including how some exam items are excessively confusing, use overly complicated or statutory language, or use problematic language. Respondents also emphasized how licensure exams may pose more significant barriers to providers from marginalized backgrounds, such as providers with lower levels of English fluency.

They suggested providing resources and support to help graduates prepare for the exam, offering alternative ways of demonstrating competency, and revisiting exam content to address bias and equity concerns, simplify wording, and ensure items effectively assess clinical skills.

Recommendations regarding licensure exams

	Licensure boards or regulatory agencies	Payers	Employers	Graduate programs
Provide exam preparation resources and support	☑			☑
Identify alternative ways for providers to demonstrate competency	☑			
Assess exam content to address equity concerns, simplify wording, and ensure the exam effectively assesses clinical skills	☑			
Ensure graduates have the option of taking exams in languages other than English	☑			

Support work well-being and minimize administrative burden.

Throughout this study, respondents described a wide range of challenges related to work well-being. These included low pay, low reimbursement rates, excessive administrative burdens, unpaid labor, burdensome workloads, and the lack of benefits afforded to many mental health provider positions. They also described how providers often experience compassion fatigue and secondary trauma due to the nature of their work. Additionally, respondents expressed frustration with the lack of attention to provider well-being, and how self-care messaging often feels performative.

Recommendations regarding work well-being

	Licensure boards or regulatory agencies	Payers	Employers	Graduate programs
Provide sufficient wages, benefits, and work well-being resources to providers			☑	
Streamline and minimize administrative requirements	☑	☑	☑	
Ensure reasonable caseload expectations			☑	

Address diversity, equity, and inclusion issues within the behavioral health field and support providers from marginalized backgrounds.

Respondents emphasized the lack of providers and supervisors from marginalized backgrounds and how these shortages negatively impact the mental health and well-being of providers themselves and marginalized communities more broadly. They also described how the mental health workforce system fails to sufficiently prioritize diversity, equity, and inclusion issues and provide enough support for providers who hold marginalized identities. Lastly, they reported that the challenges identified in this study are often even more problematic for providers who hold marginalized identities, and how providers often experience discrimination in their roles.

Recommendations regarding diversity, equity, and inclusion

	Licensure boards or regulatory agencies	Payers	Employers	Graduate programs
Provide resources specifically tailored to providers from marginalized backgrounds, including resources in languages other than English (e.g., grants, written materials, assistance finding a supervisor that holds a specific identity)	☑	☑	☑	☑
Assess exam content and wording to address equity concerns and offer exams in languages other than English	☑			

Rural perspectives

While this study collected input from graduates regardless of the geographies they serve, respondents also described challenges that are particularly problematic for rural areas, including:

- **Lack of employers, obtaining enough hours, and obtaining specific types of hours.** Respondents described how rural areas have fewer employer options available and how it can be more difficult and take longer to build a caseload in areas with smaller populations.

- **Inadequately resourced mental health system and social safety nets.** While health and social support systems are inadequately funded overall, respondents shared that rural systems are particularly under-resourced (e.g., fewer providers, fewer clinics, inadequate transportation systems, lack of access to technological resources and the internet).

- **Finding a supervisor.** Respondents reported that there are fewer supervisor options in rural areas, and that telehealth limitations regarding supervision restrict options even further or require providers to travel long distances to receive supervision.

- **Licensure portability and reciprocity.** Respondents shared how state-based licensure restrictions often negatively impact access to mental health services in rural areas, since providers are generally only allowed to serve clients in the states the provider is licensed in, and many people in rural areas live near state borders.

- **Lack of providers from diverse backgrounds.** Respondents reported that the lack of providers from diverse backgrounds (e.g., Black, Indigenous, and People of Color, LGBTQ+) is even worse in rural communities.

- **Travel distance to complete requirements.** Some licensure requirements need to be completed in person (e.g., fingerprinting), which often means providers in rural areas need to travel farther.

The drive is a lot, it's a two-hour commute. The rural areas don't have the mental health care they need because of the distance… [We need] more money to address mental health in rural populations and better technology for virtual services.

It gets challenging. For a lot of rural sites in [border state], we were it. If [residents] didn't have access to us, they didn't have access to anyone… If you have a Minnesota licensure, you should be able to practice in other states.

In a rural area, if anything went wrong, you're just on your own… Sometimes I had no cell service. I had a hard time getting my notes done because you're trying to see people rurally and having to drive almost an hour.

[Barriers for people from marginalized backgrounds] are really tough, especially entering the rural workforce… Serving individuals in this region that have those identities, trying to connect them with people who look like them, have a similar background as them, that is extremely difficult.

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Project background

In 2023-2024, the Blue Cross and Blue Shield of Minnesota Center for Rural Behavioral Health at Minnesota State University, Mankato (CRBH) partnered with Wilder Research (Wilder) to conduct a study to better understand the barriers that master's level mental health providers face during the licensure process. The study included a brief review of existing literature and research; a survey of 144 graduates from master's programs in Minnesota that lead to licensure in social work, counseling, or marriage and family therapy; and interviews with 41 graduates who opted in to participate after completing the survey. Graduates were eligible to participate if they had graduated from their program within the past seven years.

See the Appendix for more information about the study methods and participants.

Mental health licensure types

There are many types of professional licensure that allow individuals to provide mental health services to clients. The current study focused on master's level licensures within the social work, counseling, and marriage and family therapy fields, which include:

- Social Work: Licensed Independent Clinical Social Worker (LICSW), Licensed Independent Social Worker (LISW), and Licensed Graduate Social Worker (LGSW)
- Counseling: Licensed Professional Clinical Counselor (LPCC) and Licensed Professional Counselor (LPC)
- Marriage and Family Therapy: Licensed Marriage and Family Therapist (LMFT)

Additionally, note that some providers hold bachelor's level licensures, including Licensed Alcohol and Drug Counselor (LADC).

The licensure process

While specific requirements vary between licensure types, and the process differs if a provider is already licensed in another state, licensure requirements generally involve:

- Academic master's degree in social work, counseling, and/or marriage and family therapy (degree titles vary)
- Clinical hours providing mental health services directly to clients. This includes hours requirements for completing a master's degree program and hours requirements for earning licensure after graduation
- Supervision hours receiving clinical supervision from an approved supervisor
- Licensure exam(s)
- Criminal background check

Findings

This section presents the findings from this project organized into several topic areas: the application and overall process of seeking licensure, working in the mental health field, supervision, and licensure exams. Each finding corresponds to one of the key recommendations, and these are noted throughout in callout boxes.

Previous research

There is very little existing research examining the barriers that mental health providers face during the licensure process. However, research has identified many of the challenges described in this report and their negative impacts on the mental health workforce, including:

- Burdensome, confusing, and costly state portability and reciprocity processes (Atanackovic et al., 2024; Elliott et al., 2019; NAMI Minnesota, 2022; Page et al., 2017)

- Low wages, low reimbursement rates, and high costs of the licensure process (Hallett et al., 2023; HealthForce Minnesota, 2015; Last & Crable, 2024; Leibert & Fritsma, 2017; Mian & Glutting, 2022; NAMI Minnesota, 2022)

- Burdensome and costly process of finding a supervisor, including supervisors with specific identities (HealthForce Minnesota, 2015; Leibert & Fritsma, 2017; NAMI Minnesota, 2022)

- High caseloads and administrative burdens (Fukui et al., 2021; Hallett et al., 2023; HealthForce Minnesota, 2015; Last & Crable, 2024; NAMI Minnesota, 2022; Singh et al., 2020)

- Supervision quality concerns, including cultural competency (Atanackovic et al., 2024; HealthForce Minnesota, 2015; Schriger et al., 2020)

- Compassion fatigue and secondary trauma (Fukui et al., 2020; Hallett et al., 2023; Last & Crable, 2024; Ray et al., 2013)

Overview of findings

This section presents the findings from the interviews and surveys, organized by barrier category. Figure 1 provides an overview of the themes from each data source and their corresponding category. Themes from the interviews were reported if they were mentioned by at least five respondents. Survey response options included not a problem at all, a minor problem, a moderate problem, and a significant problem.

1. Overview of survey and interview themes

Barrier category	Interview themes mentioned by 5+ respondents	Survey item	Moderate or significant problem (survey; N=138-144)
Application and overall process	Burdensome and confusing application process	Application paperwork is excessive (N=141)	42%
		Complicated or confusing process (N=142)	39%
		Application process is too difficult (N=140)	31%
	Communication with licensure boards and tracking requirements	Poor communication from licensure boards (N=142)	30%
	Cost of application and licensure renewals	Cost of application (N=141)	58%
	Obtaining hours	Obtaining enough hours (including specific types of hours, like relational hours), serving enough clients, and/or no shows (N=141)	35%
		Finding a job that provides required hours (N=141)	21%
	Background check process and fingerprinting	N/A	N/A
	Application processing length and delays	Licensure application processing delays or wait times (N=140)	28%
	Strict requirements	N/A	N/A
	Communication with graduate programs	N/A	N/A

■ Blue filled cells indicate interview themes reported by at least 20 interview respondents.

1. Overview of survey and interview themes (continued)

Barrier category	Interview themes mentioned by 5+ respondents	Survey item	Moderate or significant problem (survey; N=138-144)
Working in the mental health field	Low pay, low reimbursement rates, and unpaid labor	Low pay for services provided after obtaining licensure (N=138)	58%
		Low or no pay for hours required to apply for licensure (N=140)	48%
	Burdensome workloads and excessive documentation requirements	N/A	N/A
	Lack of attention to provider well-being	N/A	N/A
	Lack of providers from diverse backgrounds and insufficient prioritization of diversity, equity, and inclusion issues	Language barriers (N=142)	4%
	Costs of becoming a mental health provider generally	N/A	N/A
	Licensure inconsistency	N/A	N/A
	Compassion fatigue and secondary trauma	Burnout or compassion fatigue (N=142)	61%
	State portability and reciprocity issues	State reciprocity issues (N=139)[a]	30%
	Continuing education credit requirements	N/A	N/A
	Caregiving responsibilities	Other responsibilities or personal concerns, such as caregiving or illness (N=141)	33%
	N/A	Not liking the profession (N=142)	6%
Supervision	Finding a supervisor, being assigned a supervisor, and lack of choice	Finding a supervisor that meets the requirements for my license (N=144)	22%
	Quality concerns and lack of supervisor oversight	Unreliable or low-quality supervision (N=143)	29%
	Cost of supervision and unpaid time spent receiving supervision	Unpaid time spent to receive supervision (N=143)	34%
		Cost of paying for supervision (N=143)	32%
	Strict supervision requirements	N/A	N/A
	Confusing supervision requirements	N/A	N/A
	Lack of supervisors from diverse backgrounds	Lack of supervisors who have an identity I would want in a supervisor (e.g., BIPOC, LGBTQ+, speaks a specific language; N=141)	14%

[a] Note that this survey item was asked within the context of the licensure application process
■ Blue filled cells indicate interview themes reported by at least 20 interview respondents.

1. Overview of survey and interview themes (continued)

Barrier category	Interview themes mentioned by 5+ respondents	Survey item	Moderate or significant problem (survey; N=138-144)
Licensure exams	Cost of licensure exam and study materials	Cost of licensure exam or study materials (N=142)	61%
	Difficulty of exam, inadequate preparation, and need for more preparation resources	Licensure exam is too difficult (N=142)	23%
	Exams ineffective at measuring competency	N/A	N/A
	Confusing and biased wording of exam questions and language barriers	N/A	N/A
	Burdensome and confusing registration process	N/A	N/A
	Unpaid time required to study	Time to study and take licensure exam (N=142)	35%
	Accommodations process and testing center environment	N/A	N/A
	Testing center location options	N/A	N/A

■ Blue filled cells indicate interview themes reported by at least 20 interview respondents.

Application and overall process

Burdensome and confusing application process

Key recommendation

Streamline licensure application processes and provide graduates with comprehensive resources and real-time support.

Respondents described the burdensome and confusing nature of the licensure application process and documentation requirements. Specifically, they mentioned the overall stress they experienced during the application process, the tediousness and excessive length of the application, providing the same information multiple times (e.g., describing coursework while also submitting syllabi, providing the same documentation when applying for a new licensure), and submitting information on paper and through the mail rather than online. Furthermore, respondents spoke about how boards should already know which programs are accredited and which courses meet licensure requirements, and they stressed the general lack of support or guidance throughout the entire process.

> *I started therapy last year to deal with the stress of surviving everything, to get all the application [materials] submitted.*
>
> *Let me just tell you. The application is 20 pages long. For both LPC and LPCC. There's no way for them to convert, like you don't have to redo this 20-page application because we already have it.*
>
> *Syllabi from classes, and some of these classes were from 2010… [That requirement] is obnoxious. If you pass an accredited program, then what do you need them for? What are they even looking for when they review it? It just feels like busywork on my end.*
>
> *You have to do these forms by hand. You put your courses into little boxes. We don't live in the 1980s, but that process is like the 1980s.*
>
> *I'm a good reader, and I'm a good writer. English is my first language. And that application made me cry… No wonder they can't find providers.*
>
> *Navigating the order of all of those things. What was supposed to happen, making sure that information was sent from the place that did my background check to everywhere it needed to be sent, all of that was opaque to me. I didn't really understand how to make sure that it was happening the way it was supposed to happen.*

Several respondents specifically mentioned how tracking hours was particularly confusing and burdensome.

> *All the hours, differentiating couple and family hours and non-couple and family hours. I remember not being super clear on what kind of supporting documentation they needed. I know they needed my supervisor to sign off, but the format was Excel [so I didn't know how to get it signed]… I bought a subscription for an hours tracking app.*

> *How many supervision hours, and how many overall hours? We would look through the statutes, and it was so confusing to figure out what the actual requirements are. Surely you could summarize this in two bullets.*
>
> *The 1,800 hours, I found that surprisingly confusing. Because what my supervisor landed on was probably not what all suprvisors land on. Some therapy sessions are 30 minutes long, and some are two hours long. If I'm doing 30 minute or 45 because it's with kids, am I doing 1,800 sessions? Or literal hours?*
>
> *It asks what percent of my work week is direct patient care. That part was confusing… In your plan, you have to talk about different diagnoses and treatment modalities. Are we talking about the time spent doing that work? What are you specifically asking for there?*

Respondents also made several suggestions to better support graduates through the application process, including providing one-on-one assistance and improved written and online resources.

> *I really wish there was one place to go to get all my questions answered, or have one email address or phone number to reach out to with all my questions related to the licensure process. Whether it's the state-specific application for licensure or the exam, it would be so helpful to have one touch point.*
>
> *A walkthrough video, clicking which buttons, a FAQ section. User-friendly.*
>
> *The State [should have] a better outline of clinical hours [requirements]. I relied pretty heavily on [school's] grid and trusted that they were correct. I didn't really have a good way to verify they were correct.*
>
> *I wish that there was somebody at the [board] whose job it was to help providers. Not whose job it is to just enforce the rules… They represent the schools and the bureacracy.*

About a third or more of survey respondents agreed it was at least a moderate problem for them that the application paperwork is excessive (42%), the licensure process was complicated or confusing (39%), and that the process is too difficult (31%; Figure 2).

2. **How much of a problem have each of the following licensure application barriers been for you while pursuing licensure? Application process and paperwork**

Application process is too difficult (N=140): 34% | 35% | 24% | 7%

Complicated or confusing process (N=142): 26% | 35% | 22% | 17%

Application paperwork is excessive (N=141): 27% | 31% | 30% | 12%

■ Not a problem at all ■ Minor problem ■ Moderate problem ■ Significant problem
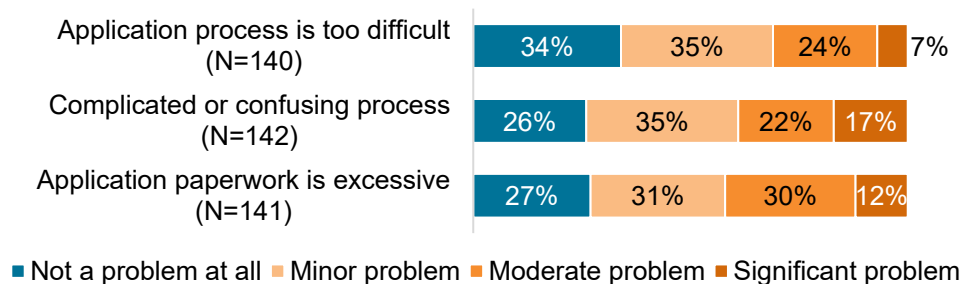
Communication with licensure boards and tracking requirements

Key recommendation

Streamline licensure application processes and provide graduates with comprehensive resources and real-time support.

Respondents described communication problems with licensing boards, particularly the lack of clear and accessible information on board websites, inconsistent information, sharing and confirming documentation with boards, and the lack of board responsivity. Respondents expressed confusion and experienced delays in the application process due to these communication complications.

> *The information on the website versus the information I got from calling to ask about background studies weren't aligned. I could have moved faster if I had called first instead of trusting the website… It definitely delayed licensure for me.*

> *Their website, there's a lot going on. The language they use, they're talking in statutes. You're just trying to decipher what the heck all of this means.*

> *There were mixed messages coming from the [board] and my university about which exam I needed to take, and even which license I needed to get. I ended up getting a LPC, which no insurance would accept, and then like a year later, having to get the LPCC which had a separate exam. So I had to pay for both exams, pay for student materials for both exams.*

> *I called [the board], and they weren't sure what I was even asking, even though I was directed there to figure out where [my exam results were] at.*

> *When [the board] came to speak, we asked how we could communicate. [They said], we get this many calls and emails, your best bet is to email us and then email us again. [We asked], "Can I call you?" [And they said], "No, I'm too busy." That's not very inviting.*

> *In my experience, the board is not timely with their replies… Sometimes weeks to get a response.*

They suggested providing a way for graduates to share documentation with boards on a rolling basis throughout the duration of the licensing process rather than all at once at the end, providing a way to check on one's progress toward licensure, allowing online documentation submission rather than hard copies, and real-time assistance or sessions with the board. Some respondents noted that boards are under-resourced and under-staffed, contributing to communication issues.

> *It would be nice to have some sort of way within your profile to put it in as you go… A rolling process of submitting that information, instead of at the end.*

> *There should be a portal where you can check, like okay, we got your fingerprints, they look good. We got your three references, that looks fine.*

> *My program recommended Time to Track [to track hours]… That's another cost you have to pay for… I would imagine the board could somehow contract with Time to Track.*

[It should be like] how people get into treatment. Any door, just come in. Stop trying to make it so difficult for someone to get help… One phone number, and we'll take care of you.

Being more up front or giving that information instead of you having to reach out. Just a drop-in session every month.

Similarly, almost a third of survey respondents identified poor communication with licensure boards as a moderate or severe problem (30%; Figure 3).

3. How much of a problem have each of the following licensure application barriers been for you while pursuing licensure? Communication from licensure boards

Poor communication from licensure boards (N=142)

| 44% | 26% | 22% | 8% |

■ Not a problem at all ■ Minor problem ■ Moderate problem ■ Significant problem
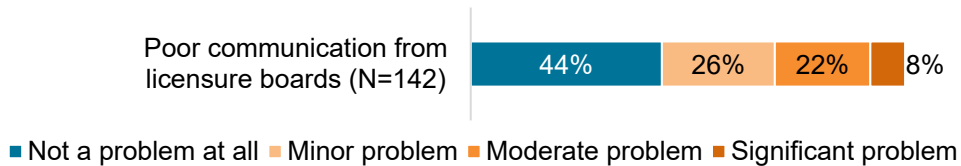
Cost of application and licensure renewals

Key recommendation

Reduce costs associated with becoming a mental health provider, increase wages, and provide financial assistance.

The costs associated with applying for and renewing licensure were also identified as a challenge. Respondents suggested removing these fees altogether, providing sliding scales or tiered fee levels based on income levels and/or the populations the provider is working with (i.e., reduced fees if providers work with underserved communities).

The cost of the application is ridiculous. And I have to be dual-licensed… It should be a sliding scale [based] on income or something if we absolutely have to have licensure fees. I think ideally it would be free.

Some level of financial support depending on individual's financial situation. Maybe some type of tiered level of licensure fee depending on income level.

The cost is $250 a year to just renew your LPCC license and the LADC is $200 every two years… There needs to be support or something in legislation to help cover with funding for underserved, underprivileged communities where they may be doing a lot of pro-bono work.

It's very expensive… I happened to be married to a spouse who has a full-time job. I don't think I could have afforded this if I didn't have that.

More than half of survey respondents agreed that the cost of the licensure application was at least a moderate problem (58%; Figure 4).

4. How much of a problem have each of the following licensure application barriers been for you while pursuing licensure? Application cost

| Cost of application (N=141) | 20% | 22% | 39% | 19% |

■ Not a problem at all ■ Minor problem ■ Moderate problem ■ Significant problem
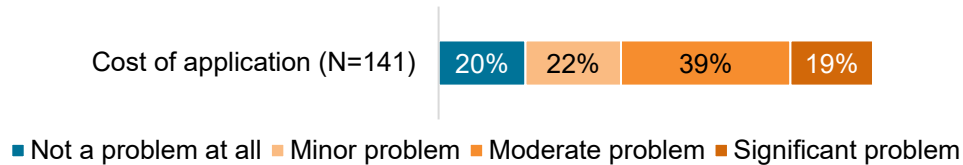
Obtaining hours

Key recommendation

Increase the flexibility of licensure requirements.

Respondents described challenges with meeting the hours requirements for licensure, including finding a position that provides enough hours and specific types of hours (e.g., relational hours required for MFT licensure). They also mentioned difficulties with building a caseload when providers are first starting out as a provider, getting more administrative and documentation hours than client contact hours, and geographic barriers.

> *The relational hours piece is tough, especially when you're first starting… And clients tend to not want to go to someone who is right out of school for couple's therapy.*

> *I had a lot of administrative and documentation hours, but the one-on-one contact was very low, because you're starting as a new clinician and building a caseload.*

> *It's been really difficult to get enough hours [because I live in a rural area]… It's pretty hard for someone to go to Minneapolis to build all their hours, and then go back home [after getting licensed]. That's not really realistic.*

> *I work with adults, and so getting the adolescent and child hours was more of a barrier for me.*

> *Sometimes you have cancellations or now shows, and so those were hours that I was missing hours, prolonging my process.*

> *At times it does feel like I can't take any time off because you're just trying to get your hours in, and it's not good for your self-care.*
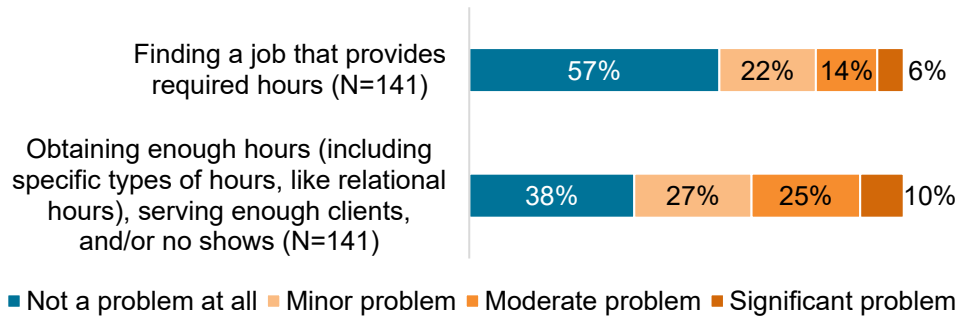
Among survey respondents, 20% reported that finding a job that provides the required amount of hours was at least a moderate problem, while obtaining enough hours was at least a moderate problem for more than one-third of respondents (35%; Figure 5).

5.   How much of a problem have each of the following barriers about the overall process been for you while pursuing licensure? Obtaining hours

Finding a job that provides required hours (N=141): 57% | 22% | 14% | 6%

Obtaining enough hours (including specific types of hours, like relational hours), serving enough clients, and/or no shows (N=141): 38% | 27% | 25% | 10%

■ Not a problem at all ■ Minor problem ■ Moderate problem ■ Significant problem

Background check process and fingerprinting

Key recommendations

Streamline licensure application processes and provide graduates with comprehensive resources and real-time support.

Reduce costs associated with becoming a mental health provider, increase wages, and provide financial assistance.

Respondents mentioned the costs related to the background check and fingerprinting process as another barrier to the licensure process. They said that the process is inconvenient and burdensome; involves mailing physical copies of documents; and can require travelling long distances, traveling during inconvenient times, or taking time off to complete the process.

> *If you've done a FBI background study before, don't make people do it again. It feels really redundant, especially if you're already in the system.*

> *[I] had to get fingerprinted, and they have to do a background check, and go get a passport photo taken. [And you attach] it to the application, get it notarized… Taking hours out of my day to figure out how to do these things.*

> *I also needed to receive a background check that also had a cost and paperwork associated with it, which required me to go to a specific location. I didn't have a car at the time, but luckily I lived in the cities close-ish to the place… But that was time and money, as well as just figuring out transportation.*

> *I would like a more accessible way to go about fingerprinting. I had to travel 25 miles to get to a location where I could get fingerprinted.*

Application processing length and delays

Key recommendation

Streamline licensure application processes and provide graduates with comprehensive resources and real-time support.

Respondents identified challenges with the length of time needed for application processing and delays. Some respondents noted that delays were likely partially due to the COVID-19 pandemic.

> The biggest barrier was just the time it took. From when I submitted my application to when it finally got approved, it felt like a really long time.
>
> I think I submitted my application in May of 2020, and we know what the world was like at that point… It took a few months, which we were warned about. I don't know what can be done about that. Mental health professionals are in short supply, so we would like it if it could go faster.
>
> At the time I applied for [licensure], there was a huge delay in getting background studies processed. I didn't know where everything was at. It was very anxiety provoking. I didn't know if what was needed was received.
>
> There was a huge delay [in processing my application], because seats were empty on the board. So that took a lot of time.

More than a quarter of survey respondents reported that application processing delays or wait times were at least a moderate problem for them (28%; Figure 6).

6. **How much of a problem have each of the following licensure application barriers been for you while pursuing licensure? Application delays**

Licensure application processing delays or wait times (N=140)

| 42% | 30% | 22% | 6% |

■ Not a problem at all ■ Minor problem ■ Moderate problem ■ Significant problem
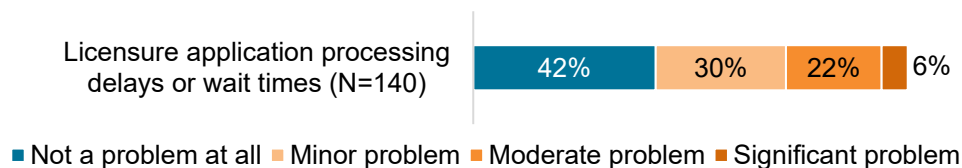
Strict requirements

Key recommendation

Increase the flexibility of licensure requirements.

Respondents described challenges with meeting strict licensure requirements. They mentioned requirements to obtain hours working with specific types of clients that graduates aren't interested in working with in their career (e.g., families, youth, adults), that the amount

of time allowed to complete requirements is too short, and requirements that a certain proportion of supervision hours need to be completed in person. Respondents also expressed how previous related experience (including internships and practicums required by graduate programs) cannot be counted toward post-graduate licensure requirements and how students should be allowed to start obtaining hours while still in school.

> *How many people are working part time? What if people are working full time? How about making it a little bit easier for people to worry less about a deadline?*
>
> *At least to get your LPC, I feel like [the number of required hours] should be reduced… I understand why that's there, you don't want people who aren't skilled treating mental health illnesses, but we've already pursued our Master's degree, we've had our internship and practicum, we've graduated, we've passed a test… It feels like a burden that's too heavy.*
>
> *Lowering how many relational hours [MFTs] need in order to get licensed, because they are so much harder to get.*
>
> *We were doing eight hours a week of supervision in order to meet face-to-face time with patients and our supervisor to make sure we were getting our hours in, which is a whole work day. You're away from direct patient care, and that adds up quickly… There were quite a few nights where I would work until 7pm, 12 hour days.*
>
> *There could be a way that you could start working on accumulating hours for licensure in some level during [school].*
>
> *During my required internship, I was given a lot of client contact and supervision hours… [And] I was working in the field doing therapy while I was still in my grad program... Unfortunately, none of those were able to be counted toward licensure, even though I was doing the exact same work.*

Communication with graduate programs

Key recommendation

Streamline licensure application processes and provide graduates with comprehensive resources and real-time support.

Respondents also mentioned communication issues with their graduate programs, including how graduate programs could provide more education and preparation to students regarding the licensure process and instances of poor communication regarding documentation of graduation requirements.

> *When I finished at [graduate program], I hadn't turned in my final hours for practicum, but I had hit them in January. No one told me. So they withheld my degree, and I randomly found out that I hadn't graduated… I couldn't count any of those hours [I obtained after that] toward licensure.*
>
> *One of my biggest challenges was verifying my clinical hours with [graduate program]. Between me and [professor], it took easily four and a half months of going back and forth. Resubmitting paperwork, her saying it was wrong, wrong years, wrong scale… I would call her and email her, it would take four, five tries to get a response from her.*

Ensuring [programs] have a sit down with each student prior to graduation. This is the clock area that you're in, these are the classes you need to take. By the time I realized I was lacking things, I had to go back to admit for one class.

I didn't know who I could go to with a specific question or to help me with a specific portion of the process. I did technically have an advisor, but it was changed a number of times without my knowledge, and I was never given an opportunity to meet them.

Working in the mental health field

Low pay, low reimbursement rates, and unpaid labor

Key recommendations

Reduce costs associated with becoming a mental health provider, increase wages, and provide financial assistance.

Support work well-being and minimize administrative burden.

Respondents described challenges related to low pay in the mental health field, including low or no pay for practicums or internships required to complete their graduate program, low reimbursement rates, and the lack of benefits afforded to many mental health providers (e.g., retirement savings accounts and paid time off). They also mentioned how mental health services are structured in a way that relies on billed services. Accordingly, providers often spend unpaid (i.e., unbillable) time on administrative tasks, and they are often not paid for no-show appointments.

Additionally, they described how some of the revenue generated from services they provide goes to their employer and/or supervisor, and they expressed how this proportion is too high.

Some respondents also described how low reimbursement rates lead to providers not accepting insurance coverage for their services. Accordingly, these providers only serve individuals who can afford to pay for services out-of-pocket, further limiting access to care for individuals who cannot afford out-of-pocket services. Others described how low pay leads to providers taking on a larger number of clients than they can ethically serve.

Some respondents specifically mentioned the privilege of providers who are able to bear these financial burdens, while people with marginalized identities may be more likely to experience financial barriers.

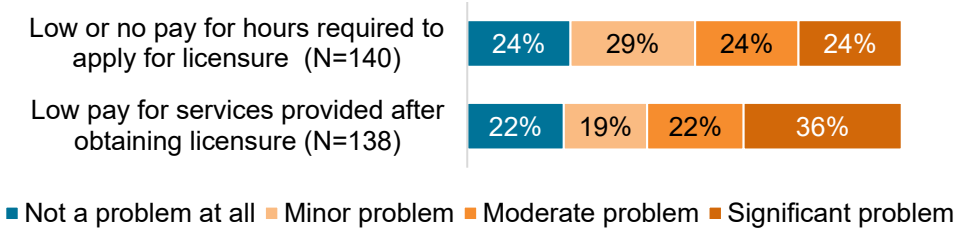*I have a master's, but I could go back to my position at the nursing home, with no degree, and get paid $4 more an hour.Financial gatekeeping. I recognize my privilege as a white, middle class person. But a person of color trying to enter the field, how could you? If you're trying to move up economically from whatever socioeconomic status you're born into, good luck. I gave 1,000 hours of my life away for free.*

Pay is low for the amount of labor. Contract work is more flexible, but there's a caveat of not being secured in retirement funds. How the health care system views the profession… is insulting.

[Internships are] generally unpaid, while going to school… If we are a social justice-focused profession, why are we expecting people to give free labor? Especially if we want to diversify the field?

About half of respondents agreed that the low or no pay they receive for services required to apply for licensure and the low pay they receive for services after obtaining licensure are at least moderate problems (48% and 58%, respectively; Figure 7). Most respondents reported that low or no pay for the hours required to apply for licensure was a challenge (77%).

7. How much of a problem have each of the following barriers about working in the mental health field generally been for you? Low or no pay

	Not a problem at all	Minor problem	Moderate problem	Significant problem
Low or no pay for hours required to apply for licensure (N=140)	24%	29%	24%	24%
Low pay for services provided after obtaining licensure (N=138)	22%	19%	22%	36%

■ Not a problem at all ■ Minor problem ■ Moderate problem ■ Significant problem

Burdensome workloads and excessive documentation requirements

Key recommendation

Support work well-being and minimize administrative burden.

Respondents reported how burdensome workloads are, including high caseload expectations and excessive documentation requirements.

The amount of clients people are expected to see in a week is insane. It's just too much. 32 patients a week.

Completing legally and clinically appropriate documentation, so that you don't get audited, get in trouble, lose your license… It's just such an incoherent system. One agency will ask for one thing, another agency will ask for another thing. And if you call [regulatory body], you will get two or three or four different answers.

I was working 55-60 hours a week on average, for a 40-hour salary in residential treatment because there were so many requirements… It's just cumbersome. There's so much and super overwhelming.

Several respondents specifically mentioned how burdensome and tedious the credentialing process is. Examples included submitting duplicate information to every payer, poor communication with payers, the additional administrative burden while billing for services,

and how the length of the process delays pay increases once a provider becomes licensed. They also suggested payers credential providers automatically once they are licensed.

> *Get rid of credentialing… That is the one part of the process that I literally thought, "I'm not cut out for this work. I can't do it." And if I didn't have somebody helping to earn and pay the bills at home, if English wasn't my first language, if I didn't feel comfortable calling people begging them to help me, if I didn't know other people in the field… If I didn't have all of those things for myself, I couldn't have done it.*

> *Every insurance has a different requirement? Why? Why? Why can't they just get together and agree on one single form? Why do I have to be credentialed with every insurance company?*

> *The Minnesota credentialing system actually has phone lines that are disconnected, answering machines that are full. A website that has two slightly different ways to enter [information].*

> *It was more work, because I would have to send some to my supervisor [if I wasn't credentialied with their insurer] and some back to myself… At that point, you feel like you finally finished [the licensure] process, but it's a whole other thing.*

> *My license went active August 1st, and I didn't get fully credentialied until November, October. That was annoying. Obviously I wanted my pay increase.*

Lack of attention to provider well-being

Key recommendation

Support work well-being and minimize administrative burden.

Respondents described how mental health providers are often encouraged to prioritize self-care and their well-being, but that workforce systems pose significant challenges. Specifically, these challenges included high workload expectations, lack of benefits such as paid time off, low pay and unpaid labor, bureaucracy, and financial costs required to become licensed and maintain licensure. Several respondents mentioned a need for more experienced providers to model self-care and well-being behaviors, and how self-care messaging often feels performative.

> *What I experience to be exhausting as a mental health professional, is that there is ongoing social and cultural commentary about how important mental health is, and then we don't get paid well… [And providers are] overextending themselves, but they get clapped for that. We're encouraging them to martyr themselves.*

> *Your well-being is an ethical responsibility. You are ethically required to do self care. But then we're told, "We're going to need you to work longer, and this person left their job, and we're going to have to close if you don't take up your work." You're ethically mandated to do this, but we're not going to provide an iota of support.*

> *The bottom line is that we're humans working with other humans… In the mental health field, you would think that you would want to provide support to make sure you're keeping their well-being happy. But the gatekeeping, financial burdens, a lot of people can't shoulder.*

> *What is contributing to the burnout is the, "Here's our productivity expectation. If you're not meeting it, we're going to take away your benefits."*

Lack of providers from diverse backgrounds and insufficient prioritization of diversity, equity, and inclusion issues

Key recommendation

Address diversity, equity, and inclusion issues within the behavioral health field and support providers from marginalized backgrounds.

Respondents described challenges related to the lack of diversity in the mental health workforce, including: insufficient prioritization of diversity, equity, and inclusion issues; the lack of support for providers who hold marginalized identities; discrimination in the field and throughout the licensure process; and licensure barriers that pose more of a challenge to providers who hold marginalized identities.

> *They say, we don't have enough African American providers. We don't have enough non-English speaking providers. You don't have those things on purpose because you make it too hard. And if you're not fixing it, it's because you don't care about having those kinds of people [as providers].*
>
> *[People from marginalized backgrounds] don't have somebody else helping to pay the bills, can't take a day or a couple days off to do the stupid credentialing process. It requires so much time, effort, and [resources] that only people of privilege have.*
>
> *I am very confident that being white, living in Minneapolis, in the city, speaking English as first language, and having grown up in the U.S., all of those things have significantly made it easier to navigate the whole system.*
>
> *Being queer and disabled made it much harder to navigate those systems, especially when it comes to finding a work environment that didn't exhaust me as a disabled person, was challenging. Finding supervisors and employers who respect and understand me as a queer person can be challenging.*
>
> *There were even students in class saying homophobic things related to class materials presented. One of my coworkers told me that I can pass for straight as long as I don't move.*

Cost of becoming a mental health provider generally

Key recommendation

Reduce costs associated with becoming a mental health provider, increase wages, and provide financial assistance.

Respondents spoke to the high costs related to becoming a mental health provider as a whole, including tuition and student loans, supervision, licensure exams and related resources, background checks, application and renewal fees, insurance coverage, and

continuing education units (CEUs). Several respondents noted that these barriers are particularly challenging for individuals from marginalized backgrounds.

> *People budget, "Oh, I'm going to go to grad school, and I'm going to pay $40,000," or whatever it might be, and they don't understand that there's actually an additional $6,000 to $10,000 they're going to need to pay in clinical supervision and other costs.*

> *You're asking people to drop a lot of money to do the test, background checks, applying to the state, liability insurance, everything else that goes into this.*

> *People coming out with student loans, financial obligations, housing. Life has become much more costly… Some sort of support, stipend to help people fulfill their financial obligations.*

Licensure inconsistency

Key recommendation

Prioritize alignment between licensure types and state portability.

Respondents spoke to the challenges related to the several different types of licensures mental health providers can hold. They described how this creates confusion and makes regulations more difficult to navigate, the significant similarities and overlap in services provided across all licensures, how providers under different licensures sometimes receive different training, how certain positions are only open to providers with specific licensures, limitations in how providers are able to bill for services, and how different licensures require different exams.

> *The difference [between licensures] is like four classes. And yet you have to do another exam, thousands of hours of supervision. I'm not a therapist, I'm a recovery coach, but I'm doing the same things… LADCs work with mental health all of the time.*

> *The difference between LPC and LPCC is also convoluted… What do I do to get licensed? Do I send this in? No, I send that somewhere else. And here's another form. It's painful.*

> *Social workers are kind of used as a blanket, they can do everything… [But] they don't get as much training in therapy… I could do case management [as a social worker], but that door is closed for LPCCs, MFTs.*

> *I would like to see something that's more universal for the country. A universal licensure, something all states recognize.*

Compassion fatigue and secondary trauma

Key recommendation

Support work well-being and minimize administrative burden.

Respondents mentioned challenges related to compassion fatigue and secondary trauma, how they are often discussing trauma and other difficult experiences as part of their work, and how providing mental health services can be emotionally intense.

> *Having emotional space… As a mental health professional, you are a sponge. You're being an emotional support sponge. And you still have to live a life. It's difficult. We're all just people.Sometimes looking around me, it looks like the sick helping the sick.*
>
> *The work we do can seem effortless. Like we're just, quote unquote, sitting and talking to people. But it is very emotionally and cognitively draining. And the idea that we're expected to do 8 hours of it, five days a week… It's a very difficult job.*
>
> *We're doing really hard work. Entry level therapy positions are some of the hardest jobs in the whole field. I worked in crisis management. I know folks who work in ARMHS… Working with some of our highest need, most challenging populations because their struggles and suffering is so, so profound.*

More than half of survey respondents reported that burnout or compassion fatigue was at least a moderate problem (60%; Figure 8). Note that respondents may have interpreted "burnout" in different ways (e.g., burdensome workloads).

8. **How much of a problem have each of the following barriers about working in the mental health field generally been for you? Burnout or compassion fatigue**

Burnout or compassion fatigue (N=142)

| 10% | 30% | 39% | 21% |

■ Not a problem at all ■ Minor problem ■ Moderate problem ■ Significant problem
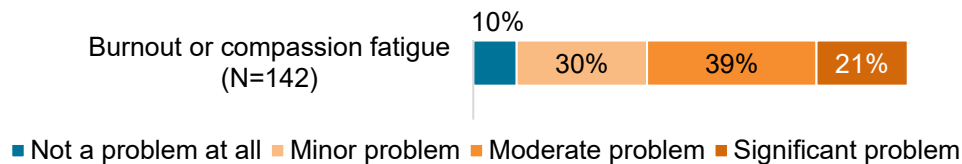
State portability and reciprocity issues

Key recommendation

Prioritize alignment between licensure types and state portability.

Respondents expressed frustration with how licensure processes and requirements differ by state. Specifically, they described how providers need to go through the entire licensure process again if they want to serve clients in another state, how some licensure exams are state-specific and do not transfer across states, and how state-based telehealth restrictions limit access to care.

> *The Minnesota and Wisconsin licensing boards should have some sort of reciprocity agreement… I could not have been the first that worked in Wisconsin and tried to get licensed in Minnesota, but it sure felt like they were addressing it like it was a novel situation. It was a year of back and forth.*
>
> *Nationalize the licensure process so it's not redundant. In [the state I moved to], I had to do supervision all over again because it had to be someone licensed in the state. And in Minnesota, a lot of people commute from Wisconsin, so they would have to find someone with dual licensure to be able to get licensed.*
>
> *Another barrier that was realized during the pandemic is telehealth and the convoluted guidelines… And it's different across states, like the client has to be here, but the clinician doesn't, and other states say you both have to be in the same state. It's really confusing.*

More than a quarter of survey respondents agreed that state reciprocity issues were at least a moderate problem for them (29%; Figure 9).

9. **How much of a problem have each of the following barriers about working in the mental health field generally been for you? State reciprocity issues**

State reciprocity issues (N=139)   56%   14% 12% 17%

■ Not a problem at all   ■ Minor problem   ■ Moderate problem   ■ Significant problem
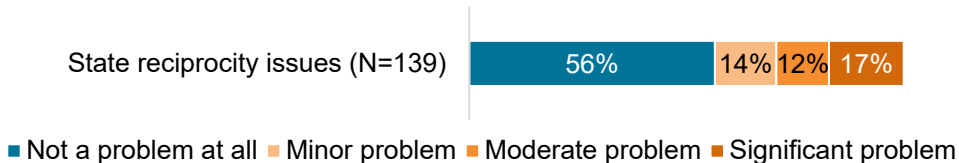
Continuing education credit requirements

Key recommendation

Reduce costs associated with becoming a mental health provider, increase wages, and provide financial assistance.

Respondents mentioned continuing education units (CEUs) as a barrier, including the high costs, unpaid time required to complete them, and quality concerns.

> *Getting additional training in specific types of therapy… They are super expensive. EMDR is $2,000, which is a lot of money for someone who doesn't get paid very well.*
>
> *CEUs are so important to the process. It needs to be more accessible and actually cover [helpful] content. Some that are free don't actually cover the necessary materials.*
>
> *You're spending so much money… And after licensure, you still have to keep up CEUs.*

Caregiving responsibilities

Key recommendations

Reduce costs associated with becoming a mental health provider, increase wages, and provide financial assistance.

Support work well-being and minimize administrative burden.

Some respondents described challenges working in the mental health field while also meeting caregiving responsibilities.

> *I'm also a mom, I have a baby, I'm supporting a child. And I'm paying hundreds of dollars a month [for supervision]. It's not economically feasible… And then having client responsibilities. Having emotional space to wear many hats.*
>
> *I'm a primary caregiver for my mom... As a contract employee, I don't have any PTO of any kind, so when I need to take time off to take care of my mom, that's just time that I'm not making any money, which is really hard.*
>
> *I have three little kids, and I often say that if I had known the emotional toll this job would have on me I wouldn't have done it. I feel like I have so little give at the end of the day to give to my kids. My job asks so much of me. I feel like I'm meant to do this work… [But it] means you have nothing left.*

About a third of survey respondents agreed that responsibilities or personal concerns, such as caregiving or illness, have been at least a moderate problem (32%; Figure 10).

10. **How much of a problem have each of the following barriers about working in the mental health field generally been for you? Other responsibilities**

Other responsibilities or personal concerns, such as caregiving or illness (N=141)

28%	39%	26%	6%

■ Not a problem at all ■ Minor problem ■ Moderate problem ■ Significant problem
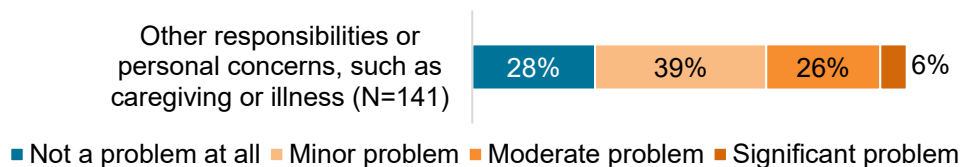
Supervision

Finding a supervisor

> **Key recommendation**
>
> Provide support to help graduates find supervisors and prioritize supervision quality.

Interview respondents identified challenges with finding a supervisor. They described how difficult and time-intensive it is to find information about potential supervisors, such as their availability or specializations, and how finding a supervisor is often more difficult in rural areas of Minnesota. Some respondents also mentioned the lack of guidance graduates receive about how to identify and select a supervisor. Several respondents suggested creating a database or directory of approved supervisors that includes information that would help guide their choice of a supervisor.

> *Knowing who is qualified to be a supervisor… Some of the supervisors you find [online] will say "certified supervision for Minnesota clinical counseling," but I also know that anybody can put that. I wouldn't know how to check on that… [We need] a list of state recognized licensed counselors.*
>
> *I was just lucky to be the white, middle-class lady who happened to know somebody who was a supervisor that I went to high school with… When I went to look for a list of supervisors, I couldn't find anything, anywhere, that said, "Here is where you can find supervisors."*
>
> *[In northern Minnesota], there are so few options for places to work and options to be supervised… I don't have a lot of options for who my supervisor could be.*
>
> *I wish there was something like Psychology Today, where I could go and search for supervisors… What kind of supervision do they offer? What kind of availability do they have? And it isn't just a list of names in alphabetical order. Instead, it's, "Hi, I'm supervisor Jane Doe, and I would like to offer supervision. I have some hours in my schedule. I offer supervision for people who want to learn more about internal family systems…" And I could look them up and connect with them.*

Similarly, 21% of survey respondents indicated that finding a supervisor that meets their requirements for their license was at least a moderate problem (Figure 11).

11. How much of a problem have each of the following supervision barriers been for you while pursuing licensure? Finding a supervisor

Finding a supervisor that meets the requirements for my license (N=144)

| 58% | 21% | 17% | 4% |

■ Not a problem at all ■ Minor problem ■ Moderate problem ■ Significant problem
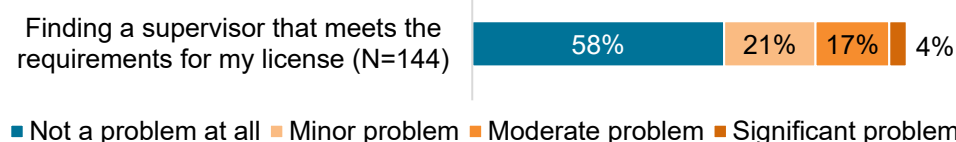
Assigned supervisor and lack of choice

Several respondents described situations in which their employer provided a supervisor, which allows providers to avoid finding and paying for a supervisor independently. While they described the related benefits, they also identified challenges, including a lack of choice; how this can introduce conflicts of interest and dual relationships, as supervisors often serve as clinical supervisors and work supervisors; a lack of supervision capacity within their employer; and how it can limit exposure to how other clinics and providers operate. Some respondents described how their employer would require them to pay back the costs of supervision if they leave their position earlier than agreed upon.

> *We don't have to pay for [supervision], and we do it on paid time… But it's also a detriment, because my supervisor was always my direct supervisor as well. So it created a conflict of interest between my ability to do my work and ability to review clinically. It was like, "You left early today, why was that?" Rather than, "Tell me about this person and the clinical work you did."*

> *[My employer] only wanted me to receive supervision from someone who had no experience with social work and had never worked in child welfare.*

> *Part of the compensation package was that I would get supervision to help me achieve licensure, and that it would be as long as I continued to work for them… What happened in reality, was that I didn't begin receiving supervision until probably nine or ten months into my employment because they didn't have capacity.*

> *Being paired with whoever happens to be free at the agency. Which is not the same as being connected with someone who can really help grow and address your clinical interests and needs… If you want higher quality supervision, you have to have the time, energy, and capacity to find and seek those supervisors.*

Quality concerns and lack of supervisor oversight

Key recommendation

Provide support to help graduates find supervisors and prioritize supervision quality.

Supervision quality was also identified as a concern. Respondents described experiences with supervisors that didn't complete paperwork on time, provided incorrect information, weren't familiar with their responsibilities as a supervisor, regularly cancelled or cut supervision sessions short, failed to model self-care, blamed their supervisee for no-shows, and exhibited inappropriate or discriminatory behavior or communication. This also included how differences in theoretical orientations or specializations and disagreements or conflicts between supervisors and supervisees can negatively impact quality. Additionally, respondents shared that the high cost of supervision can lead to providers seeking group-based instead

of individual supervision, or supervision that is provided for free at their work place, leading to lower quality.

> [My supervision] was low quality… It didn't necessarily feel like I was being challenged or pushed to grow. I sometimes felt like supervision ended up being just administrative… Just a manager making sure I was going to work and fulfilling my paperwork requirements.
>
> How do you know someone is an ethical clinician because they paid someone for 250 hours [to complete the requirements to become a supervisor]? I don't know how that translates.
>
> My supervisor didn't provide weekly supervision to process things or go over anything. It was mostly done on the fly. Didn't give any challenges. Just gave directions.

Some respondents also identified a need to strengthen oversight of supervisors and ensure supervisor accountability. Respondents specifically mentioned ensuring supervisors are well-trained and are expected to continue learning, take trainings, and/or complete additional testing. They also described the tension between ensuring that the process of becoming a supervisor is accessible with minimal barriers while also ensuring supervisors are well-trained and able to provide high-quality supervision.

> I don't like the idea of testing, but they need to prove competency… We just need to take one ethics class and then supervision CEUs.
>
> Making sure they're not just signing off on hours. Not using that as a replacement for making sure they're doing well.
>
> I like the idea of supervision being more accessible… But I also see the value in having a more consistent, well-vetted training that is required for all supervisors. And maybe the opportunity for supervisors to have their own community where they're talking more consistently about what comes up for them in supervision.

Nearly one-third of survey respondents agreed that unreliable or low-quality supervision was at least a moderate problem (30%; Figure 12).

12. How much of a problem have each of the following supervision barriers been for you while pursuing licensure? Low-quality supervision

Unreliable or low-quality supervision (N=143)

| 47% | 24% | 18% | 12% |

■ Not a problem at all ■ Minor problem ■ Moderate problem ■ Significant problem
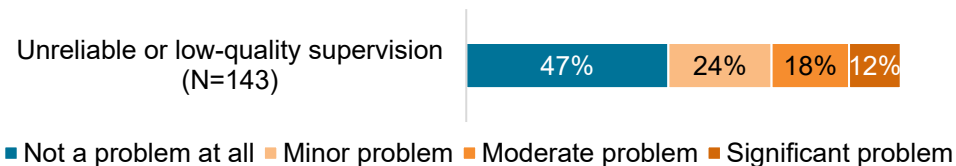
Cost of supervision and unpaid time spent receiving supervision

Key recommendation

Reduce costs associated with becoming a mental health provider, increase wages, and provide financial assistance.

Respondents described paying for supervision out of pocket, how the time spent on supervision is unpaid and reduces the amount of time they have available to bill for services, and how supervisors who charge lower rates may also provide lower quality supervision. They suggested providing financial assistance to providers to pay for supervision.

> *Supervision costs are significant and have really impaired a lot of people from continuing on this path. I've felt really lucky to be able to financially support myself, but had I not had a partner who is working in the private sphere, I would not have been able to do this financially.*
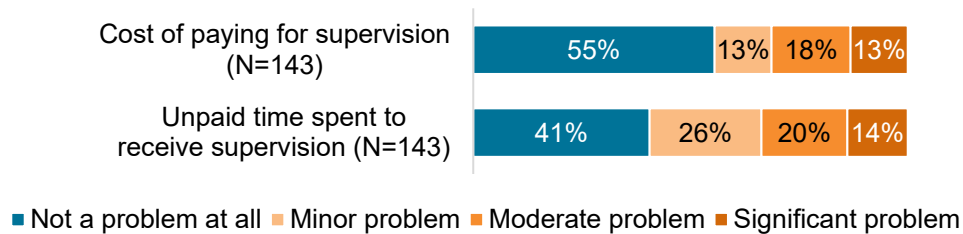>
> *Providing financial support would be helpful, to have some sort of incentive from the board or the state to provide supervision. Because it's time out of [supervisors'] schedules as well. So the graduate doesn't have to pay.*
>
> *A grant or scholarship for people to get those supervision hours would be really helpful. Jobs out of school were quite low paying. Like really low paying.*
>
> *It's another hour out of my week that I can't see clients. And seeing clients is how I get paid.*

About a third of survey respondents agreed that unpaid time spent receiving supervision (34%) and paying for supervision (31%) were at least moderate problems (Figure 13).

13. **How much of a problem have each of the following supervision barriers been for you while pursuing licensure? Supervision cost and unpaid time**

Cost of paying for supervision (N=143): 55% | 13% | 18% | 13%

Unpaid time spent to receive supervision (N=143): 41% | 26% | 20% | 14%

■ Not a problem at all ■ Minor problem ■ Moderate problem ■ Significant problem

Strict supervision requirements

Key recommendation

Increase the flexibility of licensure requirements.

Respondents identified challenges with meeting supervision requirements. They mentioned specific licensure requirements that supervisors need to meet, how telehealth limitations make it more difficult to receive supervision, the short amount of time or frequency required to complete supervision hours, and how supervision requirements are excessive generally.

> *[Eventually after COVID, the board] started pushing back that X% [of supervision hours] had to be in person… It was frustrating because we were still able to see clients virtually and [the board] was operating virtually themselves… Before, I could just block off an hour in my work week to meet with my supervisor, which was relatively easy. But when doing it in-person, I would have to block off half a day to make that happen.*

Being able to receive supervision by phone or video. Especially in rural areas, there was no supervisor for many miles that was board approved.

To say, we know you have a master's, but we want an extra layer of supervision, it's excessive. I'm a lifelong learner, I want a mentor… You work hard, take the tests, pass the exam, go to work, and then they say, we don't quite trust that… I've already showed you. Get rid of this whole supervision, 200 hours thing.

With the way it's structured now, 75% of your hours must come from [someone with] LICSW... The most helpful [supervision I received] was from a licensed psychologist, but I only could write down a certain amount of hours.

Confusing supervision requirements

Key recommendation

Streamline licensure application processes and provide graduates with comprehensive resources and real-time support.

Respondents identified challenges understanding specific requirements for supervision, including identifying providers who are approved to provide supervision and the number of hours that need to be or can be completed within a certain amount of time.

Standardize how supervisors are responding to questions… A lot of people are getting [hours] back and not understanding what they did wrong. Depending on your supervisor, they will have a template for you to use, but another supervisor will use a completely different template.

Much more transparency and clarity about what the process looks like… People leave graduate school and are just sort of sent out into the world to do counseling or therapy work. And even though supervisors are licensed, it feels very piece meal.

Lack of supervisors from diverse backgrounds

Key recommendation

Address diversity, equity, and inclusion issues within the behavioral health field and support providers from marginalized backgrounds.

Respondents described a lack of supervisors from diverse backgrounds, and how this prevents providers from finding a supervisor that has a shared identity.

In the same way there are shortages of providers that look like their clients and community members, it just keeps going up the chain. Those supervisors may not have supervisors, and so on. It's ultimately very white.
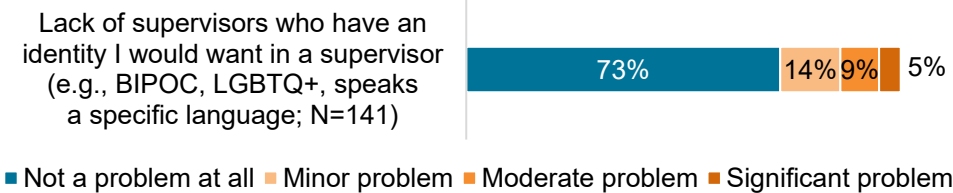
I have not found a supervisor that matches my own personal identity. A lot of mine were white women… I'm only learning about certain views.

I mostly work with people who have experienced trauma, and with queer and trans people. While I know that there are a lot of people who have those areas of expertise, it's been harder to find supervisors who are really knowledgeable.

I am not straight, and finding anyone to provide supervision [that is LGBTQ+] is not even remotely possible… And when there are supervisors that fit that bill, do they have the capacity to support that need? Because they still need to make money too.

Some survey respondents reported that the lack of supervisors who had an identity they would want in a supervisor (e.g., BIPOC, LGBTQ+, speaks a specific language) was at least a moderate problem (14%; Figure 14).

14. How much of a problem have each of the following supervision barriers been for you while pursuing licensure? Lack of supervisors from diverse backgrounds

Lack of supervisors who have an identity I would want in a supervisor (e.g., BIPOC, LGBTQ+, speaks a specific language; N=141)

73% 14% 9% 5%

■ Not a problem at all ■ Minor problem ■ Moderate problem ■ Significant problem

Licensure exams

Cost of licensure exam and study materials

Key recommendation

Reduce costs associated with becoming a mental health provider, increase wages, and provide financial assistance.

Respondents described how expensive it is to study and take the exams, including the registration fee, study materials, tutoring costs, rescheduling fees, and costs to send test scores to licensing boards. Several respondents described how failing the exam means paying for the exam multiple times. They made several suggestions, including making the test free or reducing the cost, reducing the cost specifically for providers from marginalized backgrounds, making the test free for the first attempt, and providing free study materials and resources.

The price, of course, is a barrier. Honestly, therapists, especially pre-licensed, are not paid very well… Maybe free for the first try. I think that would incentivize people to study more and just get it done with the first try.
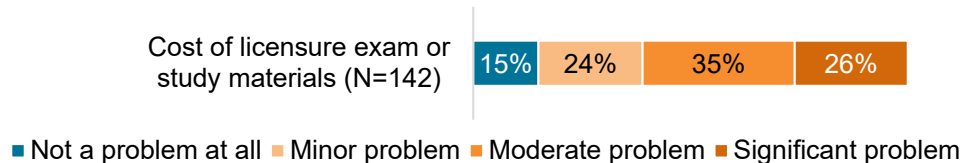
> *I've taken it three times and failed… I'm sitting here, like, "I can't even afford this." The financial piece, trying to pay for this exam. I have a newborn and two other children at home, and we are barely making it. We just lost our state insurance. I've debated taking the Wisconsin exam, because I've heard it's easier.*

> *I paid for a one-on-one tutor. I probably spent a couple thousand dollars on just studying for the exam.*

> *My demographics, I'm very privilieged, passed the exam the first time… Other clinicians who have neurodivergence or other racial or cultural backgrounds [may have] to take it multiple times, pay each time for retakes… It discourages people who would probably make good social workers… I would love for it to be free.*

More than half of respondents agreed that the cost of the licensure exam or study materials was at least a moderate problem (61%; Figure 15).

15. How much of a problem have each of the following licensure exam barriers been for you while pursuing licensure? Exam cost

Cost of licensure exam or study materials (N=142)

15%	24%	35%	26%

■ Not a problem at all ■ Minor problem ■ Moderate problem ■ Significant problem

Difficulty of exam, inadequate preparation, and need for more preparation resources

Key recommendation

Align licensure exams with their intended purpose and provide more exam preparation support.

Respondents described challenges with the difficulty level of the exams and the need for more support to prepare for the exam. Some respondents described the waiting period required between failing the exam and being allowed to take it again, and how this delays the overall licensure process, and how graduates aren't informed about which items they got wrong. Additionally, several respondents specifically mentioned they felt unprepared for exam items related to medication. They suggested providing more guidance and resources to help providers study and pass exams.

> *I had no idea what was going to be on the test except they say anything can be on it. That's not fair. I'm okay if they tell me what will be on it. I will study it.*

> *I don't remember [graduate program] telling us anything about the exam.*

> *I'm always one who has struggled with school. My family didn't even think I would go to college. Test taking was one of the biggest issues for me… I've taken it three times and failed.*

> *Even an introductory, drop-in session that the board could provide would be helpful.*

> *I don't understand the rationale behind why you have to wait [after failing]... [They should be] giving them more resources about how to be more successful.*
>
> *I barely understood what [the test was] asking, and I got a bunch wrong. And I had no idea which ones were wrong.*
>
> *It's hard to find exam study materials… And the book I got was not accurate to the national exam. So the practice questions were nothing like what was actually on the exam… It was hard to tell online which ones are reputable.*
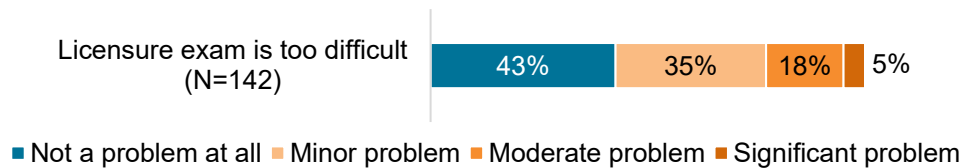>
> *Having more free resources for study materals would be helpful.*
>
> *Have study groups… So no one is doing everything by themselves. Structured time and a network of people to share resources.*
>
> *When I found out I passed it… I just started to sob in my car. Because it was this flood of relief that this is off my radar, finally. It was really, really hard.*

Almost a quarter of survey respondents reported that the difficulty of the licensure exam was at least a moderate problem (23%; Figure 16).

16. **How much of a problem have each of the following licensure exam barriers been for you while pursuing licensure? Exam difficulty**

Licensure exam is too difficult
(N=142)

| 43% | 35% | 18% | 5% |

■ Not a problem at all ■ Minor problem ■ Moderate problem ■ Significant problem

Exams ineffective at measuring competency

Key recommendation

Align licensure exams with their intended purpose and provide more exam preparation support.

Respondents expressed skepticism regarding the extent to which licensure exams accurately measure competency and providers' abilities to ethically serve clients. They described how the studying process only helped them pass the exam rather than improve clinical skills; how standardized tests are biased and test-taking skills vary depending on the person and their identities, including how exams are often more difficult for those from marginalized backgrounds; how exams are redundant given all the other licensure requirements; and how the content and "correct" responses don't align with how mental health service provision functions in reality. Respondents suggested offering alternative ways of demonstrating competency; revisiting each exam item to assess purpose, relevancy, and clarity; and getting rid of the exam requirement altogether

> *Ultimately, I felt like I learned how to take the test… It wasn't meaningful.*

People say, "Well this is what I would actually do, but here's what you should say on the exam." It was just extremely confusing, and it made me feel like the exam was not actually a reflection of my clinical skill, and my ability to be a social worker. It was a reflection of my ability to memorize information that might not even be applicable to my work.

It seems wild to me that the ability to pass a grad program and the ability to pass the exam are two separate hurdles that we have to overcome when it seems they should be intrinsically related. If everyone is actually doing their job of determining whether we're qualified to be social workers, the people making that decision at the master's program level should echo the decision that would be made by the test, so I don't understand why both are necessary.

"Hurry up and answer what you would do with this person." Number one, I don't need to do something in that moment. I can wait until next week. The question is a forced environment. I can get input from someone else… In the test, there is a definite answer. But no, there's not [in reality]. But we're going to say there is.

It's not the only way to measure competency. I know social workers especially have been fighting for BIPOC, LGBT, English learners [since marginalized groups may have lower pass rates]… You can be horrible at taking a test but be a great social worker.

I go to take the exam, [it's] asking me about all these medications, and that's related to a different department… It's not like I need to know what they are 24/7. If I have that in my notes, I can go back and see the diagnosis, the meds… You're not going to remember everything.

I am shocked there is no oral exam [option]. We work with people, interpersonal skills, but [the process of demonstrationg competency] is all written.

Confusing and biased wording of exam questions and language barriers

Key recommendation

Align licensure exams with their intended purpose and provide more exam preparation support.

Respondents reported that the exam questions are biased, worded poorly, or use confusing language. They specifically mentioned questions that have multiple "correct" answers but require the exam taker to select the "most correct" answer, questions that use complicated or statutory language, how these challenges are more problematic for providers with lower levels of English fluency, and how the wording of certain items is problematic.

I was given the advice at [graduate program] to take the test as a middle-aged white woman who is worried about getting sued.

Discrimination in the test… Having a standardized test, you'll get standardized people getting through.

One question on the exam was about someone who was queer and [the wording was problematic]… The people who are writing the exam are not able to be inclusive.

There is a lot of data on [people of marginalized identities] failing more often… [It's] not culturally responsive. The academic language [is] not helpful for our field. It's not okay. Do we have BIPOC people, marginalized people, making these exams? I don't know.

And all the questions that are "all of these are right but one is the best." … My perspective is that we can't focus on one single solution, it's going to be different solutions for different clients.

The questions feel like they're trick questions. A lot might understand the content and not the question. You have to focus a lot on setence structure… It seems like it's written in the most difficult way possible.

Burdensome and confusing registration process

Key recommendation

Streamline licensure application processes and provide graduates with comprehensive resources and real-time support.

The registration process was also identified as problematic. Respondents described the process as confusing and complicated with too many steps and organizations or agencies involved. They described technical challenges with logging in to register and challenges with Pearson Vue's customer service.

The number for Pearson Vue was really hard to find.

I had some problems with the Pearson website… The [customer service] technician who was on the phone scheduled the exam in a place that was four hours from my house.

I took forever to register, because there were all these confusing rules about registering… We had to apply to be able to take the exam. Two separate applications, one to take it, and then providing that we could take it, and then one for scheduling. It was three or four months ahead because it was a busy test center. So confusing.

Unpaid time required to study

Key recommendation

Reduce costs associated with becoming a mental health provider, increase wages, and provide financial assistance.

Respondents described how the time they spend studying is unpaid. Additionally, this time spent studying reduces the amount of time they can serve clients, reducing their income.
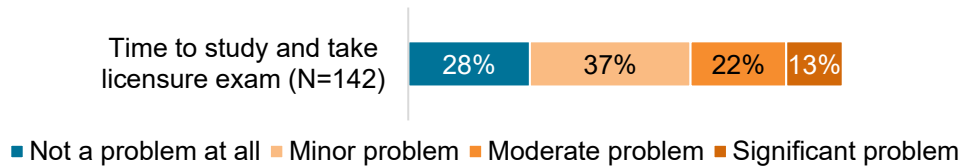
It's very hard to have a life, a full-time job, studying for these exams, cranking out treatment plans.

> *I'm studying during the time that I could be either working or being compensated for that work or resting from work. I think it probably made me a worse therapist at the time, because I was practicing as I was studying during my internship.*
>
> *Time to study. By the time you're done with sessions, you just want to veg. But you're supposed to study all weekend and all nights. It's a lot.*

More than a third of survey respondents reported that the time to study and take the licensure exam was at least a moderate problem (35%; Figure 17).

17. How much of a problem have each of the following licensure exam barriers been for you while pursuing licensure? Time to take exam

| Time to study and take licensure exam (N=142) | 28% | 37% | 22% | 13% |

■ Not a problem at all ■ Minor problem ■ Moderate problem ■ Significant problem

Accommodations process and testing center environment

Key recommendation

Streamline licensure application processes and provide graduates with comprehensive resources and real-time support.

Respondents identified issues with obtaining accommodations to take the exam. They shared that the process can be long and cumbersome, with excessive documentation requirements.

Additionally, they described challenges about the testing environment. They described how the setting and requirements felt dehumanizing, including how exam takers are forbidden to breast pump and bring water in, and that the time limit should be extended.

> *I technically should have gotten accommodations because I have ADHD, but the process did not feel worth doing… You have to ask two months ahead, prove medical needs… Make it easier to request accommodations.*
>
> *Taking the exam itself is kind of intense. You sign in, put your stuff away, check in at the front. When they call you back, they pat you down to make sure you're not bringing in anything, then you sit down at a station, and you're monitored. The environment is stressful.*
>
> *There should be more time allotted. I finished in time, but I think being able to give people as much time as they can.*
>
> *With my struggle with school, test taking was one of the biggest issues for me… Sitting for an hour, let alone four hours, was extremely difficult. We're isolated, not allowed to literally even have water… The environment gives me a lot of anxiety.*
>
> *I was a nursing mom and couldn't take breaks to pump and couldn't bring water in. I think that's absolutely insane and inhumane… Treat people like human beings.*

Testing center location options

Key recommendation

Streamline licensure application processes and provide graduates with comprehensive resources and real-time support.

The limited options for testing center locations was also identified as a challenge. Respondents described how some of the locations require significant travel, and how these limitations are further complicated by how infrequently the exam is offered.

> *Before the exam, they emailed me that I need to reschedule. They don't give a reason. And they had no openings in Minnesota, so I had to look at Wisconsin and North Dakota. And we only had a window of six months... I had to take it in Madison, not sleeping in my own bed [staying in a hotel].*

> *I had to drive really far when I finally did take it. Accessibility, more dates, more locations [would be helpful].*

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Appendix

Methods

To create the sample, CRBH and Wilder identified the graduate programs in Minnesota that can lead to licensure in social work, counseling, or marriage and family therapy. In fall 2023, the study team invited all 31 programs on this list to participate and sent multiple reminders to unresponsive programs. Ultimately, 14 programs agreed to invite graduates of their programs to participate in the study.

The study team sent all participating programs language they could use to invite their graduates to complete the survey. We requested that programs send three invitations total: one initial invitation and two reminders. Two hundred graduates completed the survey; however, 56 responses were removed due to declining participation in the study, attending programs outside of the desired timeframe, and incomplete surveys (i.e., did not respond to the multiple-choice questions), for a final count of 144 respondents. Respondents completed the survey in Qualtrics. At the end of the survey, respondents had the option of being entered into a drawing for one of five $100 Visa gift cards. They were also asked whether they were interested in participating in an interview. Of the 101 survey respondents who expressed interest and were invited to participate in an interview, 41 graduates participated. Interview notes were taken in Microsoft Word and analyzed using Atlas.ti. Interview respondents received a $25 Amazon gift card to thank them for their time.

Limitations

Limitations of this study include:

- Only a selected number of programs in Minnesota opted to participate, and some programs had higher participation rates among their graduates. See Figure A7 for more information about participating schools and their respondents.

- Most respondents reported that they were pursuing or had obtained counseling licensure (65%), while fewer respondents reported pursuing or having obtained a social work license (17%) or marriage and family therapy license (5%). See Figure A11 for more information about respondents' licensure type.

- Survey respondents self-selected to participate, and interview respondents were selected from survey respondents.

- Most survey respondents identified as white (92%), women (78%), and straight or heterosexual (74%). Additionally, only small percentages of respondents reported being fluent in languages other than English (5% and under) (Figures A2, A5). Accordingly, these findings may

disproportionately represent the experiences and perceptions of people within these demographic categories.

However, the racial/ethnic identity percentages and sex/gender identity percentages were relatively similar between survey respondents and the overall mental health workforce (Figure A1).

■ Graduates were eligible to participate if they had graduated from their program within the past seven years. Since graduating, some licensure boards may have modified their processes or requirements, including those related to the challenges reported by graduates in this report.

■ Lastly, not all interview respondents described challenges with every barrier category, and some shared positive experiences. However, this report focuses on describing barriers and potential solutions to barriers to maximize utility of the findings and recommendations.

A1. Demographics of the Minnesota mental health workforce and survey respondents

	Minnesota mental health workforce	Survey respondents (N=144; select all that apply)
Race/ethnicity[a]		
African/Black/African American	3%	4%
American Indian/Alaskan Native	<1%	6%
Asian	2%	3%
Hispanic	1%	1%
Middle Eastern/North African (response option not included in survey)	<1%	N/A
Other	1%	<1%
Two or more races	4%	N/A
White	88%	92%
Sex and gender[b]		
Male/Man	15%	15%
Female/Woman	85%	78%
Non-binary or genderfluid	N/A	5%
Transgender	N/A	1%
Prefer not to answer	N/A	1%
Not listed	N/A	1%

Source. Data are from 2021 and come from the Minnesota Department of Health's Healthcare Workforce survey (https://www.health.state.mn.us/data/workforce/hcwdash), which is administered at the time of provider license renewal. Data include alcohol and drug counselors, marriage and family therapists, professional counselors, and social workers.
[a] While the mental health workforce data include a distinct "two or more race" category, the survey data do not. Instead, respondents were counted under every race/ethnic identity they selected. Accordingly, these percentages do not total 100%.
[b] The mental health workforce data only include female and male categories, while the survey included woman, man, non-binary or genderfluid, transgender, prefer not to answer, and not listed options. Survey respondents were also allowed to select more than one identity. Accordingly, these percentages do not total 100%.

Survey and interview respondent demographics and characteristics

A2. Respondent race/ethnicity and language fluency

	Survey % (N=144)	Interview % (N=41)
Race/ethnicity (select all that apply)		
American Indian, Native American, or Alaska Native	6%	2%
Asian	3%	2%
Black or African American	4%	0%
Hispanic or Latino	1%	2%
Native Hawaiian or other Pacific Islander	0%	0%
White	92%	95%
Prefer not to answer	3%	2%
Not listed	1%	0%
Language fluency (select all that apply)		
English	97%	100%
Hmong	0%	0%
Karen	0%	0%
Somali	0%	0%
Spanish	5%	12%
Prefer not to answer	0%	0%
Not listed	1%	0%
Missing	3%	0%

A3. Geographic area respondents practice in or plan on practicing in (Select all that apply)

	Survey % (N=144)	Interview % (N=41)
Minneapolis and/or Saint Paul	34%	71%
Suburbs of the Twin Cities (e.g., Brooklyn Park, Plymouth, Bloomington, White Bear Lake)	47%	59%
Medium-sized city or town in greater Minnesota (e.g., Duluth, Rochester, Mankato)	20%	29%
Small town in greater Minnesota	29%	37%
I do not plan on practicing once I obtain licensure	1%	0%
Another state or country	22%	15%
Prefer not to answer	0%	0%
Missing	1%	0%

A4. Disability or chronic medical or mental health condition among respondents

	Survey % (N=144)	Interview % (N=41)
Yes, please describe (e.g., attention deficit/hyperactivity disorder, traumatic brain injury, post-traumatic stress disorder, migraines, rheumatoid arthritis, ulcerative colitis, depression, endometriosis, Crohn's disease, generalized anxiety disorder, learning disability, autism, thyroid issues, borderline personality disorder, bipolar disorder, Meniere's disease, trigerminal neuralgia, eating disorder, mild cognitive impairment, irritable bowel syndrome, gastroesophageal reflux, Parkinson's disease, and autoimmune disease)	27%	27%
No	60%	54%
Prefer not to answer	13%	20%
Missing	1%	0%

Note. Percentages may not total 100% due to rounding.

A5. Respondent gender identity and sexual orientation

	Survey % (N=144)	Interview % (N=41)
Gender identity (select all that apply)		
Woman	78%	81%
Man	15%	17%
Non-binary or genderfluid	5%	0%
Transgender	1%	0%
Prefer not to answer	1%	2%
Not listed	1%	0%
Missing	1%	0%
Sexual orientation (select all that apply)		
Bisexual	10%	12%
Gay	4%	5%
Lesbian	2%	2%
Queer	5%	5%
Straight/heterosexual	74%	73%
Prefer not to answer	4%	5%
Not listed	4%	2%
Missing	1%	0%

A6. Respondent graduation year

	Survey % (N=144)	Interview % (N=41)
2023	16%	10%
2022	15%	17%
2021	19%	17%
2020	14%	22%
2019	9%	7%
2018	13%	5%
2017	5%	10%
2016	9%	12%

A7. Respondent institution

	Survey % (N=144)	Interview % (N=41)
Adler Graduate School	1%	0%
Augsburg University	5%	7%
Bethany Lutheran College	0%	0%
Bethel University	11%	7%
Capella University	0%	0%
College of Saint Scholastica	0%	0%
Crown College	19%	15%
Hazelden Betty Ford Graduate School of Addiction Studies	11%	17%
Metro State University	3%	2%
Minnesota State University, Mankato	13%	15%
Minnesota State University - Moorhead	7%	2%
North Central University	0%	0%
Saint Mary's University of Minnesota	6%	10%
St. Catherine University	0%	0%
St. Cloud State University	0%	0%
University of Minnesota, Duluth	0%	0%
University of Minnesota, Twin Cities	1%	0%
University of St. Thomas	22%	24%
Walden University	0%	0%
Winona State University	1%	0%
Other	1%	0%

Note. Percentages may not total 100% due to rounding.

A8. Respondent academic award or degree type and modality

	Survey % (N=144)	Interview % (N=41)
Type		
Master's degree	99%	100%
Certificate	0%	0%
Other type of academic award (i.e., doctorate degrees)	1%	0%
Prefer not to answer	0%	0%
Modality		
Online	30%	32%
On campus	33%	39%
Hybrid	35%	29%
Other	1%	0%
Prefer not to answer	0%	0%

Note. Percentages may not total 100% due to rounding.

A9. Respondent licensure status at time of survey completion

	Survey % (N=144)	Interview % (N=41)
I obtained Minnesota licensure within the required amount of time	49%	61%
I obtained Minnesota licensure but needed a variance to lengthen the amount of time I had to obtain licensure	2%	0%
I am still pursuing licensure	24%	17%
I planned on pursuing Minnesota licensure but gave up	1%	0%
I am pursuing or have obtained licensure in another state or country outside of Minnesota	12%	7%
I never planned on obtaining Minnesota licensure (e.g., I planned on obtaining doctoral-level licensure, I never planned on practicing, I planned on practicing under a supervisor's license indefinitely)	1%	0%
Another situation	10%	15%

Note. Percentages may not total 100% due to rounding.

A10. Length of time between graduation and obtaining licensure among licensed respondents

	Survey % (N=73)	Interview % (N=25)
Under 2 years	43%	40%
2-4 years	53%	60%
5-7 years	4%	<1%
More than 7 years	0%	0%

Note. Percentages may not total 100% due to rounding.

A11. Type of licensure among respondents (select all that apply)

	Survey % (N=144)	Interview % (N=41)
Licensed Professional Counselor or Licensed Professional Clinical Counselor (LPC or LPCC)	65%	61%
Licensed Marriage and Family Therapist (LMFT)	5%	7%
Licensed Graduate Social Worker (LGSW), Licensed Independent Social Worker (LISW), or Licensed Independent Clinical Social Worker (LICSW)	17%	24%
Licensed Alcohol and Drug Counselor (LADC)	17%	20%
Another type of licensure not listed here	10%	7%
I am not pursuing any licensure	3%	0%

Survey data tables

A12. How much of a problem have each of the following barriers been for you while pursuing licensure?

	Not a problem at all	Minor problem	Moderate problem	Significant problem	Moderate or significant problem
Application process					
Cost of application (N=141)	20%	22%	39%	19%	58%
Low or no pay for hours required to apply for licensure (N=140)	24%	29%	24%	24%	48%
Application paperwork is excessive (N=141)	27%	31%	30%	12%	42%
Complicated or confusing process (N=142)	26%	35%	22%	17%	39%
Obtaining enough hours (including specific types of hours, like relational hours), serving enough clients, and/or no shows (N=141)	38%	27%	25%	10%	35%
Application process is too difficult (N=140)	34%	35%	24%	7%	31%
Poor communication from licensure boards (N=142)	44%	26%	22%	8%	30%
State reciprocity issues (N=139)	56%	14%	12%	17%	30%
Licensure application processing delays or wait times (N=140)	42%	30%	22%	6%	28%
Finding a job that provides required hours (N=141)	57%	22%	14%	6%	21%

Note. Percentages may not total 100% due to rounding.

A12. How much of a problem have each of the following licensure exam barriers been for you while pursuing licensure? (continued)

	Not a problem at all	Minor problem	Moderate problem	Significant problem	Moderate or significant problem
Working in the mental health field					
Burnout or compassion fatigue (N=142)	10%	30%	39%	21%	61%
Low pay for services provided after obtaining licensure (N=138)	22%	19%	22%	36%	58%
Other responsibilities or personal concerns, such as caregiving or illness (N=141)	28%	39%	26%	6%	33%
Not liking the profession (N=142)	68%	25%	5%	1%	6%
Language barriers (N=142)	73%	23%	3%	1%	4%
Supervision					
Unpaid time spent to receive supervision (N=143)	41%	26%	20%	14%	34%
Cost of paying for supervision (N=143)	55%	13%	18%	13%	32%
Unreliable or low-quality supervision (N=143)	47%	24%	18%	12%	29%
Finding a supervisor that meets the requirements for my license (N=144)	58%	21%	17%	4%	22%
Lack of supervisors who have an identity I would want in a supervisor (e.g., BIPOC, LGBTQ+, speaks a specific language; N=141)	73%	14%	9%	5%	14%
Licensure exams					
Cost of licensure exam or study materials (N=142)	15%	24%	35%	26%	61%
Time to study and take licensure exam (N=142)	28%	37%	22%	13%	35%
Licensure exam is too difficult (N=142)	43%	35%	18%	5%	23%
Exam is not available in the language I feel most comfortable using (N=142)	97%	1%	1%	0%	1%

Note. Percentages may not total 100% due to rounding.

A13. How have these barriers impacted your pursuit toward licensure?

	% (N=144)
They have not impacted my pursuit toward licensure	31%
Gave up on pursuing licensure altogether	4%
Delayed progress toward licensure	44%
Another impact, please describe (e.g., quit job, currently considering leaving the field, negative financial impact, stress or burnout)	15%
Missing	6%

A14. If there was one thing you could change to improve the licensure process, what would it be? (Open-ended)

	% (N=31)
Provide guidance about the licensure process (e.g., one-on-one assistance, provide more and/or clearer information about the process)	45%
Reduce costs of becoming a mental health provider (e.g., lower licensure application fees, lower exam fees, reduce cost of supervision)	23%
Simplify and/or streamline the process	19%
Make requirements less strict (e.g., allow previous experience to be counted toward hour requirements, reduce the number of client contact hours)	13%
Improve communication with licensure boards	10%
Pay students during their internships/practicums	7%
Get rid of licensure exam requirement	7%

The Blue Cross and Blue Shield of Minnesota Center for Rural Behavioral Health at Minnesota State University, Mankato is dedicated to improving access to behavioral health care for residents in outstate Minnesota to include Tribal Communities through research, workforce development, continuing education and customized training. The center is housed in the university's College of Allied Health and Nursing, which strives to improve the quality of life for individuals, families, and communities through preparation of health and wellness professionals to meet the needs of the region.

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