



Lessons Learned and Recommendations to Expand and Diversify the Mental Health and Behavioral Health Workforce

Summary

Rates of mental health and behavioral health disorders among children and youth in Massachusetts have risen significantly in the last five years, disproportionately affecting racial and ethnic minorities. Coupled with limitations in the mental and behavioral health workforce, children's access to quality care has reached crisis levels. To improve accessible, culturally responsive systems of mental and behavioral health care in Massachusetts, Boston Children's Mental Health Systems Initiative aims to support partners to recruit, train, and retain providers from underrepresented backgrounds. Using data from grant reporting and qualitative interviews, this brief highlights innovative programs funded through the Mental Health Systems Initiative, a three-year effort that began in 2021; shares learnings and reflections from projects' implementation; and provides recommendations for future policies and investments. To successfully recruit and train mental and behavioral health providers from diverse backgrounds, funded partners identified cross-sector partnerships, multiple funding streams, adaptive programming, and continuous feedback and partnership with students and providers as essential components of their programs. To expand and diversify the mental and behavioral health workforce to meet children's needs moving forward, organizations, funders and policymakers in Massachusetts need to (1) support recruitment and retention of individuals with lived experience, (2) fund tuition and loan forgiveness and increase public sector salaries and benefits, (3) build formal infrastructure for mentorship, and (4) invest in research to demonstrate the impact of programs that expand and diversify the workforce.

Introduction

Boston Children's Hospital (Boston Children's) launched the Collaboration for Community Health (the Collaboration) in 2018 with the goal of improving the health and well-being of communities disproportionately affected by systemic inequities in health and the social determinants of health.¹ Within the Collaboration, the Mental Health Systems (MHS) Initiative aims to improve accessible, culturally responsive systems of mental and behavioral

health care for children and youth in Massachusetts by expanding and diversifying the workforce.

In 2022, the Collaboration partnered with five academic institutions (Boston College School of Social Work, Simmons University School of Social Work, Springfield College Department of Social Work, University of Massachusetts Boston's Behavioral Health Integrated Resources for Children [BIRCh] Project, and William James College) and one community-based organization (Children's Services of Roxbury) on three-year projects to further this goal. Leveraging the Collaboration's funds and other funding, these six funded partners are creating more financial and programmatic supports for underrepresented students and providers to pursue trauma-informed and

The Mental Health Systems Initiative aims to improve accessible, culturally responsive systems of mental and behavioral health care in Massachusetts by expanding and diversifying the workforce.

culturally responsive training and to apply their training to deliver care in systemically marginalized communities in Massachusetts.

During the first year of this partnership (June 2022–June 2023), MHS funded partners engaged 152 students and providers of social work, mental health counseling, school psychology, clinical psychology, counseling psychology, and school counseling in mentorship, professional development, and financial support opportunities. Almost 80% of students and providers identify as Black or Hispanic/Latino and can collectively deliver services in at least 15 languages other than English.

Given positive retention and satisfaction among program participants in the first year of implementation, Boston Children's and the Collaboration's evaluation partner, Mathematica, sought to understand MHS funded partners' implementation experiences. This brief summarizes their insights into factors that drove implementation success and their recommendations for sustaining a diverse mental health and behavioral health (MH/BH) pipeline.

Overall, this brief intends to:

- **Describe the current MH/BH landscape in Massachusetts** and existing efforts to address the sector's workforce diversity.
- **Describe successful, innovative programs implemented by MHS initiative funded partners** to recruit, train, and retain providers from underrepresented populations.
- **Reflect on establishing partnerships between educational institutions, community-based MH/BH providers, and other system partners** as a salient method to create and/or strengthen workforce pipelines.
- **Identify implementation challenges and solutions by MHS initiative funded partners** to recruit, train, and retain providers from underrepresented populations.
- **Recommend future policies and investments to expand these innovative methods** and implement complementary strategies to promote diversity of the MH/BH workforce.

Methodology

This brief is informed by semiannual grant reporting, periodic check-in conversations between Boston Children's and MHS funded partners, and interviews between Mathematica and MHS funded partners.

In semiannual grant reporting, funded partners answer open-

ended questions about their accomplishments, challenges, partnerships, and perceived health equity impacts. During 45-minute interviews, Mathematica asked funded partners to elaborate on their narrative responses from check-in conversations and the first year of grant reporting.

Mathematica held interviews in September and October 2023. Interview topics included establishing and maintaining partnerships, progress in recruitment, retention, and other outcomes; implementation challenges and strategies to address challenges; and recommendations for organizations, funders, and policymakers on supporting the expansion of a diverse MH/BH pipeline.

Following the interviews, Mathematica analyzed the transcripts and narrative reporting for themes pertaining to each interview topic. From the thematic analysis, Mathematica identified cross-cutting themes and strategies for program implementation and adaptation across funded partners in the first year of their projects.

Context and background

Prevalence and incidence of MH/BH conditions in children and youth

The United States has experienced an increasingly high prevalence of MH/BH conditions across the country during and following the COVID-19 pandemic. In 2022, almost one in five children and youth (ages 3–17) had a diagnosis of a mental, emotional, developmental, or behavioral disorder,² reflecting an increase from one in six children and youth in 2018.³ A recent National Association of County and City Health Officials survey found that 75% of U.S. counties reported an increase in incidence over the past year, and 89% reported an increase compared to five years ago, prior to the pandemic.⁴

In Massachusetts, the growing MH/BH crisis among children and youth reflects or amplifies national trends.

From 2016 to 2020, there was a 51% increase in children and youth with a diagnosis of anxiety or depression in Massachusetts. Moreover, students of color and lesbian, gay, bisexual, transgender, and queer (LGBTQ+) students in Massachusetts report higher rates of mental health symptoms and substance use compared to their White and cis-gender peers, respectively.^{5,6}

Despite increased rates of MH/BH conditions, rates of access to and utilization of care remain low. During the pandemic, only 20% of children in the United States

received mental health care, despite rising incidence and prevalence of MH/BH conditions.⁷ Moreover, youth of color and LGBTQ+ youth continue to experience disproportionate rates of MH/BH conditions but access care at lower rates than their counterparts.^{3,8}

Although Massachusetts ranks in the top five states in providing access to MH/BH care, an increased need for culturally responsive services persists.^{5,9,10} An analysis of the Massachusetts Child Psychiatry Access Program found an increased need for pediatric behavioral health services and treatment in outpatient settings.¹¹ Concerningly, disparities continue to persist in students of color and LGBTQ+ youth accessing services. Structural inequities in access to MH/BH care for children and youth in Massachusetts prevent resources from being directed towards addressing disparities; [a 2020 University of Massachusetts Boston \(UMB\) BIRCh report](#) found that school districts with lower socioeconomic backgrounds had lower ratios of counselors and school psychologists.

Given the pervasive rise of MH/BH conditions and subsequent need for services among children and youth in Massachusetts, the state government has recognized the need to invest financial resources to address this crisis. **Massachusetts and the federal Health Resources and Services Administration have identified strengthening the MH/BH workforce as a critical strategy in this effort.**^{12,13}

Improving children's and families' access to MH/BH care also requires strengthening the provision of culturally informed and linguistically accessible care.¹⁴⁻¹⁶ Culture and identity shape families' understanding and help-seeking for mental health issues and their experiences with providers, who are disproportionately White and non-Hispanic.¹⁴⁻¹⁶ Providers working with children, youth, and families must understand the importance of customs and traditions, religious beliefs and practices, and other community norms in shaping family behaviors and dynamics. Access to care also requires that services can be delivered in a child's or family's primary language.¹⁴⁻¹⁶

State and local response to MH/BH crisis

The Massachusetts state government aims to strengthen the MH/BH workforce through [financial investments](#) in programs focused on recruiting, retaining, and training MH/BH providers:

- **Student loan repayment** programs include the Student Loan Repayment Program, the Behavioral Health Workforce Development Program, and the Community Mental Health Center (CMHC) Behavioral Health Recruitment Fund.
- **Expanding pipeline capacity** efforts include the Peer Specialist Training Capacity Expansion Grant and the Recovery Coach Supervisor Training Incentive Fund.
- **Special projects** include Primary Care/Behavioral Health Special Projects Program and the CMHC Behavioral Health Recruitment Fund.^a

At a local level, the Boston Public Health Commission (BPHC), Boston Children's MHS initiative, and other hospitals have committed financial investments to expanding a diverse MH/BH workforce. In fiscal year 2023, the BPHC established its Center for Behavioral Health and Wellness using more than \$12.6 million in combined operating and American Rescue Plan Act funding.¹⁷ The center's primary goal is to build a pipeline for MH/BH providers who "engage directly with Bostonians using culturally responsive, evidence-based strategies."¹⁸ To that end, BPHC released a request for proposals to "expand, develop, and implement new and existing efforts to recruit a diverse behavioral health workforce," noting the importance of culturally and linguistically diverse providers.¹⁸

In a similar vein, the MHS initiative and Mass General Brigham (MGB) have invested in MH/BH workforce development under the state's [Determination of Need](#) Community Health Initiative by financially supporting academic institutions and community-based organizations to recruit and retain students from underrepresented backgrounds.¹⁹ In partnership with the Massachusetts League of Community Health Centers, MGB administers [three BH workforce programs](#) that aim to increase access in Black, Indigenous, and People of Color communities and other underserved communities across Massachusetts.

^a These funding streams are part of the [Delivery System Reform Incentive Payment](#) program, a \$1.8 billion, five-year investment program through MassHealth's 1115 Medicaid waiver. The first

four programs are administered by the Massachusetts League of Community Health Centers.

Similarly, the MHS initiative provides funding for six funded partners to provide tuition and stipend support for students and providers primarily from underrepresented backgrounds who are seeking undergraduate and graduate degrees. **The MHS initiative is unique in that funded partners are also leveraging funds to provide culturally responsive mentoring and professional development** for master's and doctoral (LCSW, LICSW, LMHC, Ph.D., Psy.D.) students pursuing careers in community-based settings in Massachusetts. The MHS initiative's strategies align with the state's BH roadmap²⁰ and Blue Cross Blue Shield of Massachusetts' recommendations²¹ for funded partners:

- ❖ Collecting demographic data among students and providers in their programs
- ❖ Increasing the school-based MH/BH workforce
- ❖ Increasing the trauma-informed and cultural responsiveness of MH/BH providers in Massachusetts

The following sections describe the implementation challenges and strategies used by MHS funded partners to develop and maintain their multicomponent programs to supportively diversify the MH/BH workforce. In conversations with MHS funded partners, various insights on the factors that influence successful implementation of projects and the long-term sustainability of a diverse MH/BH workforce pipeline arose. These recommendations and insights appear in the conclusions section.

Findings

Overview of funded partner programs

From May 2022 to 2023, each funded partner implemented a program to create equity-focused educational pathways, address economic barriers to career advancement, and empower the potential of individuals from underrepresented backgrounds focused on serving children and youth. Through the implementation of the six programs (described in Figure 1), partners documented lessons learned, recommendations, and aspirations for the future of the initiative.

Figure 1. Funded partner program overviews

Boston College School of Social Work

The Boston College School of Social Work/Boston Public Schools (BPS) Integrative Supervision Initiative (ISI) develops a multitiered cohort supervision model for Black and Latinx social workers. Partnering with BPS, ISI connects social workers of color to clinical placements within BPS to deliver culturally responsive, trauma-informed care to children in communities that historically experience lack of access to care.

Children's Services of Roxbury

The Pathways to Mental Health Equity Project provides a path to advancement for people of color in the mental health field through scholarships, peer group support, and licensure support. It strengthens a two-way pipeline between higher education and the multicultural workforce by training clinical interns.

Simmons University School of Social Work

The Simmons Workforce Wellbeing Empowerment Project reduces workforce challenges contributing to inequalities by providing financial support for emerging practitioners. It also offers a training intervention for practitioners that focuses on burnout, injustice, resilience, and positive psychology.

Springfield College Department of Social Work

The Transforming-Healthcare-Racial Equity-Inclusive-Visionary Leaders-Excellence (THRIVE) Scholars Program increases access to a high-quality graduate education by training ethnically, racially, and linguistically diverse social work students in evidence-based and culturally responsive practices. The program provides financial and academic support, professional training and experience, and postgraduate and career development.

University of Massachusetts Boston's BIRCh Project

The BIRCh Project Fellows: Diversifying Children's Behavioral Health Providers Across the Commonwealth project aims to recruit, retain, and support fellows from marginalized backgrounds across the state into graduate training programs to increase representation in the behavioral health field.

William James College

The Child and Adolescent Mental Health Initiative (CAMHI) trains a culturally diverse behavioral health workforce to promote health and well-being in underserved communities. The program expands partnerships with community-based agencies to recruit graduate students and offer mentorship and trainings for nontraditional and underrepresented behavioral health providers.

Common program components used to advance the diversity of the mental health pipeline

MHS funded partners work to advance and expand pipeline diversity through equity-focused approaches. Each program leverages multiple components designed to remove career barriers and create partnerships to recruit, train, and retain individuals from underrepresented communities.

Financial support to pursue clinical training and licensure

Reducing the cost burden of entering and advancing in the mental health field creates a more equitable system for individuals from under resourced communities. All six programs addressed financial barriers as a component of their projects through stipends, scholarships, and honorariums. Some funded partners provided financial support for licensure, including covering exam registration fees and exam preparation course fees.

Mentorship and peer learning

All funded partners incorporated mentorship and peer learning as a core component of their programs. Programs invest resources in identifying quality mentorship matches and financially compensating experienced providers as mentors. Participants shared that having a mentor who intuitively and culturally aligns with them creates a deeper connection and eases communication. Additionally, demographically matched mentors can support new practitioners with navigating complex social service systems and managing workplace dynamics when advocating for children and families in these systems.

Several programs apply a **cohort model** where students remain with the same group of peers as they progress through the program to foster the organic development of support networks. Meeting spaces offered by the programs include seminars, trainings, support groups, and knowledge sharing sessions.

These spaces focused both on student experience and wellness. Peers could share challenging experiences and brainstorm strategies to support families facing many systemic barriers. In turn, they learned about and discussed implementing positive psychology principles to sustain themselves in the face of vicarious trauma and the toll of navigating complex social systems.

Within this cohort structure, funded partners find that communities of belonging form between peers with similar experiences, challenges, and perspectives. Peers formed

study groups to pass the licensure exam, discussed case studies, and shared contact information for support. Feedback from students reflects that the moral support through these connections makes a difference and fills a need identified by previous alumni and alumnae.

Diversifying field placement opportunities

Postgraduate field placements are essential learning opportunities for graduate students. During that time, **culturally and linguistically aligned supervision** can strengthen students' professional skills and support successful supervision outcomes.²² Alumni and alumnae and students have identified a desire for culturally and linguistically congruent supervision. With funding, Children's Services of Roxbury has scaled its culturally attuned field placement opportunities and training, hosting 20 to 40 clinical interns, mostly people of color, from a dozen universities across Greater Boston and Massachusetts.

Likewise, Boston College School of Social Work launched its Integrative Supervision Initiative program, focused on developing and providing linguistically and culturally congruent mentorship for Boston Public Schools social workers serving Black and Latinx children and families. The program was developed based on needs expressed in townhalls and conversations with alumni and alumnae. It was recently accepted into the Annual Scientific Conference of Social Work for being the first of its kind.

"Students were being matched to cases, not by clinical ability, but by language ability... [this] automatically put [students] in the position of having to advocate [for families while] being the person at the lowest rank in the organization.... What we've worked on for the last couple of years is the matching process of the supervisor who knows the experience of being a bilingual provider and grants students that space to be learners."

– Boston College School of Social Work Program Administrator

Building child- and family-centered skills for providers

MHS funded partners recognize that providers need an extensive toolbox to address the complex factors faced by young people, especially those from social minority groups. Didactic learning about trauma-informed, culturally responsive care with children and families should emphasize the following:

- ❖ Delivering trauma-informed care and developing interventions to address the impacts of intergenerational trauma
- ❖ Connecting families to community resources for addressing social needs like housing and transportation
- ❖ Knowledge of parent-child attachment theory and childhood development
- ❖ Reflecting on one's cultural assumptions and familial experiences to address implicit bias
- ❖ Supporting children and youth within the family system and building relationships with supports in a child's life

Implementation progress

MHS funded partners progressed in recruiting, training, and retaining individuals from underrepresented communities into their programs. Below are highlights from funded partners' progress in the first year of their programs.

Recruitment

Funded partners have increased recruitment and the diversity of applicants by rethinking and expanding the applicant pool. In the first year, funded partners recruited 152 individuals, identifying primarily as Black and Hispanic/Latinx and speaking at least 15 languages other than English (see Figures 2 and 3).

Figure 2. Race/ethnicity of MHS program participants (N = 152)

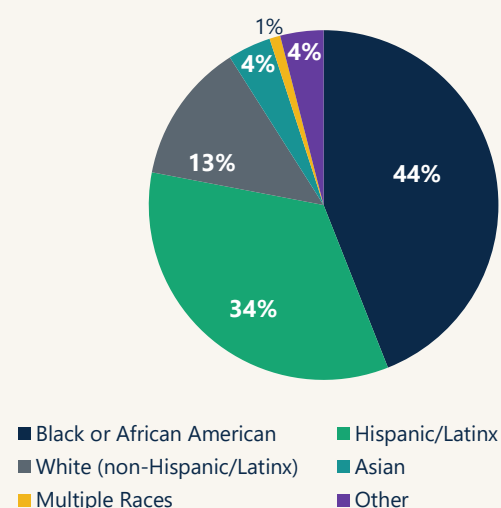
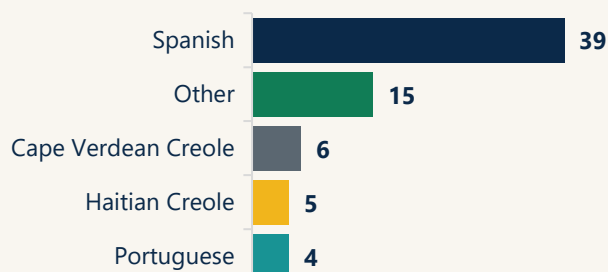


Figure 3. MHS program participants capable of providing services in a language other than English (N = 152)



Satisfaction and retention

Funded partners reported high levels of engagement and retention in their programs, due in part to the strategies cited above. Boston College School of Social Work had more than 95% of social workers participating in monthly seminars, and William James College reported 100% retention in the 20 CAMHI program students. Of participants in the UMB BIRCh project, 100% expressed an interest in becoming a mentor for the program in the future, indicating their satisfaction with the program.

Strategies to expand partnership networks

MHS funded partners have leveraged existing partnerships with alumni and alumnae, other academic institutions, and community-based agencies to design, implement, and expand programs to support diversifying the mental health pipeline.

Leveraging alumni and alumnae networks to identify opportunities

Funded partners cited existing alumni and alumnae networks as a key resource in building new partnerships. Communication with these networks allows programs to stay connected to the needs of the community and identify new opportunities in the field to support their goals. **In several programs, alumni and alumnae returned to serve as mentors or supervisors to participants.** Alumni and alumnae relationships also help programs identify potential field placements and vet the quality of those experiences.

Funded partners identified that building trust is critical to maintaining partnerships, specifically programs' adaptability and ability to respond to community needs.

Using warm introductions to expand networks

Programs asked current partner organizations, who have strong relationships in the community, to provide introductions to other organizations as new field placement sites. These warm introductions helped programs establish trust, which was especially important when connecting with organizations supporting marginalized communities. Funded partners also identified program adaptability—being willing and able to respond to community needs—as a strategy for maintaining trusting partnerships. **Funded partners noted that developing trust allowed partnerships to endure through challenges such as urgent staffing needs at field placement partners.** It also allowed for negotiations with field placement partners to financially support interns.

William James College built a robust network of field placement partners, noting the importance of pursuing partners with a shared vision and mission to implement an initiative. Its network grew by reaching out to existing contacts and getting warm introductions to new partners.

Broadening affiliations through cross-disciplinary program design

Although social work is interdisciplinary in the field, many academic programs do not create opportunities for students to interact across departments. The design of funded partners' programs expanded participants' networks by creating opportunities for interdisciplinary collaborations. **MHS funds encouraged programs to create cross-disciplinary spaces and diversify peer interactions.**

Expanding program impact

Network development has created opportunities for partnerships beyond the MHS programs. MHS funded partners have collaborated with academic faculty to

University of Massachusetts Boston's BIRCh Program held a quarterly interdisciplinary seminar that created spaces for peers to network and broaden professional relationships. Knowledge sharing naturally occurred during these times, and new program partnerships happened as a result.

document innovative work; for example, Boston College School of Social Work published on the need for culturally congruent supervision based on findings from their Integrated Supervision Initiative.²² Other programs have created academic offerings to expand educational opportunities for individuals with lived experience. Certifications and associate programs are under development with academic partners, to allow this essential part of the pipeline to progress in their training.

Funded partner learnings: Implementation challenges and solutions

Funded partners noted a variety of programmatic and structural challenges when implementing their programs, including overlapping demands on students and providers, chronic inadequate funding, and low recruitment yield. This section describes these challenges and the strategies funded partners implemented and proposed to address them.

Intersectional stressors

Several funded partners noted that personal and professional demands students and providers experience often impacted engagement. **Funded partners identified the challenge of implementing programs with integrity while honoring the participants' personal and professional obligations.**

Simmons University School of Social Work offers a training on secondary traumatic stress to support participants coping with their own intersectional stressors. The training is followed by a positive psychology intervention.

In response, funded partners offer participants flexible meeting times and formats, in person, virtual, and recorded. They regularly collect feedback from participants and adapt to students' needs. One funded partner hired a project coordinator to monitor participants' engagement with program activities and check in directly as needed.

After learning that many students would need to commute over two hours to attend classes in person, Springfield College Department of Social Work transferred the program to an online format to support student retention.

Identifying adequate funding

Although funded partners provided scholarships and stipends as part of programming, adequate funding remains a challenge to implementation and program sustainability.

Funding streams may restrict the student from applying funding to living expenses, which can be a barrier to entering and completing a program. In response, some funded partners expanded how their stipends may be applied to provide flexibility. For example, William James College expanded stipend use so recipients could cover costs of living and childcare expenses.

Funded partners also emphasized that students had to pull from multiple sources to cover tuition and program costs. This requires an additional strain on applicants and students to locate and apply for funding. One framework that Simmons University School of Social work offers is the 1/3, 1/3, 1/3 model to cover the cost of tuition. The Simmons Workforce Wellbeing Empowerment Project (SWWEP) program scholarship supported covering the students' portion.

Simmons University School of Social Work offers a financial model to cover tuition:

- ❖ 1/3 covered by Simmons
- ❖ 1/3 covered by the employer
- ❖ 1/3 covered by the student

The SWWEP scholarship helps to cover the student's portion of tuition.

Another approach is to build academic–community partnerships to support access to low-cost or free clinical education. For example, Framingham State University had an existing partnership with Children's Services of Roxbury to deliver a free clinical master's degree in social work to employees onsite at their workplace. Under the MHS initiative, Children's Services of Roxbury was able to enhance this relationship by supporting employees financially in taking on heavier course loads.

Other funded partners leveraged available financial support programs that existed within the organization, such as tuition reimbursement programs and AmeriCorps programs, as an immediate solution for students.

Recruitment and applications

The prominent challenge to program recruitment for MHS funded partners was promotional reach. **Partners**

broadened program promotion to include additional departments and interdisciplinary partner networks to generate awareness about the opportunity. Promotional materials were also improved by collaborating with previous participants to develop materials.

Springfield College partnered with its Office of Diversity, Equity, and Inclusion (DE&I office) to promote the THRIVE program through social media and other marketing streams. The speaker series program component that invites internal and external speakers to discuss diversifying the MH/BH pipeline and expanding capacity for trauma-informed care was popular and well promoted to a larger student population by the DE&I office.

The application structure and process can also present barriers to recruiting diverse individuals because nontraditional students may have limited bandwidth to complete the process. One solution was **scaffolding the application to provide opportunity for open-ended responses to questions about lived experiences.** Another challenge in the application process was addressing potential biases of application reviewers. Some programs made the intentional effort to ensure the application was reviewed by organizational members of color or from other underrepresented backgrounds.

Program adaptability

Multiple funded partners noted that **program longevity and impact require consistent intentionality in aligning all aspects of programming with participants' needs and preferences.** As participants are supporting communities impacted by macro shifts in policy and the socioeconomic environment, programs needed to remain adaptable to reflect these shifting circumstances.

Organizations need to engage in continuous partnership with students to elicit and respond to their needs.

Partners established continuous feedback loops to understand changes in the community and participants' shifting needs. **Surveys, seminars, and feedback sessions were all used to gather continuous feedback.** One program also noted that as a trusted relationship developed with participants, feedback was provided ad hoc via email and phone calls because students could confide in an advocate who may create change in the program.

Programs then incorporated that feedback into the following curricula and program delivery. Program delivery

implemented with honesty and transparency encouraged honest feedback from participants.

Systemic challenges

All programs contributed to addressing the larger systemic challenges that students may experience in entering and remaining in the field. Institutional constructs and competing perspectives on how to apply funding are still obstacles that exist for students. One partner noted the **importance of leadership championing equitable initiatives and guiding equitable application of funding opportunities**. These contributions to systemic change support institutions moving toward a more equitable environment.

Recommendations

Based on their experiences implementing MHS projects, funded partners and Collaboration leads reflected on recommendations for organizations, funders, and decision makers to expand and sustain a diverse MH/BH workforce.

Recommendation: Organizations and decision makers must recognize individuals with lived experience as part of the MH/BH workforce pipeline

During interviews, one funded partner mentioned that organizations and decision makers must be willing to innovate and take risks to recognize and support individuals without degrees who have valuable life experience as members of the MH/BH pipeline.

To that end, Children's Services of Roxbury is currently engaged in cross-sectoral work to support individuals with lived experience and without degrees to pursue additional training, if desired.

Children's Services of Roxbury's partnerships recognize individuals with lived experiences as key members of the MH/BH pipeline:

- ❖ By partnering with the city of Boston's workforce development to fund a small group of young adults with lived experience to become peer mentors
- ❖ By partnering with the Urban College of Boston to establish a certificate program in behavioral health within an associate's program

"There are plenty of women at our shelters, parents who have lots of lived experience and expertise but are not considered as part of the pipeline. They should be supported in one day pursuing clinical degrees if they want to."

– Children's Services of Roxbury's
Chief Strategy Officer

Recommendation: To recruit and retain a diverse MH/BH workforce, the field must address gaps in financial and social supports

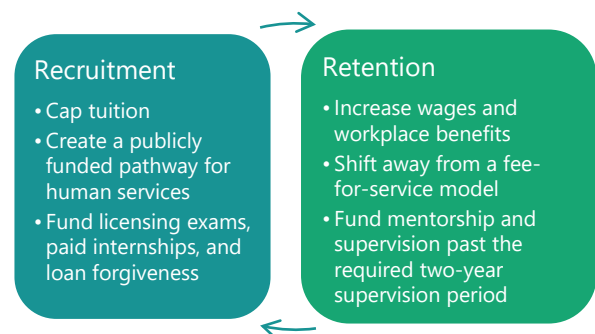
The current state of funding and supports for MH/BH students and providers throughout their career does not align with the goal of recruiting and retaining diverse providers. A sustainably diverse pipeline must address exclusionary practices that present financial barriers and leave students and providers feeling unsupported.

All funded partners mentioned repeatedly the need for more funding throughout the pipeline.

Funders and decision makers

Funded partners expressed a variety of ways that funders and decision makers can financially support improvements in the MH/BH system pipeline (Figure 4). Furthermore, efforts by funders and decision makers to expand and diversify workforce recruitment increase retention, and vice versa.

Figure 4. Recommendations for Funders and Decision Makers to Improve Recruitment and Retention



Organizations

At the organizational level, funded partners recommend acquiring and investing funds to make tuition attainable and manageable, such as through the 1/3, 1/3, 1/3 model, and

establishing and maintaining mentorship and supervision programs, including hiring more staff.

Ongoing, long-term solutions included leveraging endowments to cover tuition and advocating for tuition coverage through policy changes and government funding.

Organizations and decision makers must shift their mindset to address the need for mentorship and dedicated peer learning—separate from supervision—for counseling students and licensed graduates in the field. To this end, organizations and decision makers can partner with academic institutions that have already implemented these programs, like the MHS funded partners, to systemize mentorship and dedicated peer learning for the MH/BH workforce pipeline. Mentorship and dedicated peer learning can help students to receive emotional support and brainstorm tested strategies to advocate for children, youth, and families while navigating complex social systems.

Recommendation: Organizations must be responsive to students’ and providers’ needs, professionally and personally

Organizations should be intentional in policies and procedures to meet students and providers’ needs.

Sustaining the pipeline of students during training requires partnering with prospective and current students and providers to design, deliver, and improve clinical programming that recognizes and supports the myriad of individual’s needs as they pursue a rewarding and arduous career safeguarding the MH/BH of systemically marginalized communities.

Responding to students’ needs embodies a variety of techniques:

- ❖ Conducting initial demographics surveys with open ended questions to understand barriers students experience
- ❖ Designing the program to be safe for students by providing spaces for them to convene without administrators and ways for them to provide anonymous feedback that is openly and regularly addressed
- ❖ Promoting access to financial, institutional, and interpersonal supports

Recommendation: To sustain efforts to diversify the MH/BH workforce, invest in research demonstrating its impact

Significant and sustained investments are needed to continue this work beyond the scope of time-bound initiatives. Funders and local policymakers must devote financial, technical, and material resources for partners to evaluate and disseminate the results of their innovative models to recruit and retain providers from diverse, underrepresented backgrounds. Systematic data collection and evaluation of the impact of this work can support ongoing investment at the state and federal level. This work could involve systemic collection of race/ethnicity data among providers, similar to how the Collaboration does this, and the subsequent outcomes of their clients with similar identities.

Conclusions

This report describes the implementation progress of the MHS initiative in expanding and diversifying the MH/BH workforce. It shares funded partners’ learnings from implementing multicomponent programs to support individuals from underrepresented backgrounds to pursue and complete training. Early results from MHS funded partners’ programs show promise in developing programs that partner with participants to address the needs and environments of students and their clients from systemically marginalized communities.

In order to grow and sustain the MH/BH workforce pipeline, organizations, funders, and decision makers must be willing to interrogate their own perceptions and collaborate, advocate, and invest more resources. As the COVID-19 pandemic showed, global instability and climate threats have the potential to escalate the MH/BH crisis. Stakeholders must act to reduce systemic inequities and safeguard the mental and behavioral health of our increasingly diverse population.

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