Landscape Assessment of the Youth Behavioral Health Workforce in King County

COMMUNITY-ORIENTED PUBLIC HEALTH PRACTICE

UNIVERSITY OF WASHINGTON SCHOOL OF PUBLIC HEALTH

IN PARTNERSHIP WITH BEST START FOR KIDS, COMMUNITY WELL-BEING INITIATIVE, ZERO YOUTH DETENTION, AND SCHOOL BASED HEALTH CENTERS

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Landscape Assessment of the Youth Behavioral Health Workforce in King County

June 2023

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In partnership with the Best Start for Kids, Community Well Being Initiative, Zero Youth Detention, and School-Based Health Centers

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Acknowledgement

Special thanks to Sarah Wilhelm and Juan Carlos Guzman-Baiges for allowing me to work on this critical project. I want to thank Odalis Octaviano and Iran Torres for being a great help during the data collection process and thorough notetakers. A big thank you to Kris Johnson for guiding the data analysis process of this project. I am also grateful to my capstone faculty advisor Francesca Collins for her guidance and support throughout the entire capstone journey, from start to finish. Lastly, a huge thank you to the participants that were open and vulnerable enough to share their thoughts and perspectives regarding their experiences in the educational pipeline and behavioral health field/workforce.

Land Acknowledgment

We acknowledge the Coast Salish peoples of this land, the land which touches the shared waters of all tribes and bands within the Duwamish, Puyallup, Suquamish, Tulalip, and Muckleshoot nations.

Positionality Statement

I recognize that pursuing higher education is a privilege inaccessible to many people and that my position as a student allows me to dedicate time towards learning about, and addressing, the root causes of health, environmental and structural inequity.

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Executive Summary

The Landscape Assessment of the Youth Behavioral Health Workforce in King County project was commissioned by the King County Youth Mental Health Collaboration team, which includes representatives from Best Start for Kids (BSK), Community Well-Being Initiative (CWI), School-Based Health Centers, Care and Closure project, and Zero Youth Detention (ZYD). The project examined challenges in the behavioral health workforce and educational-to-work pipeline, with a focus on diverse retention in King County. This report provides an overview of challenges faced by the youth behavioral health workforce, based on input from BIPOC and LGBTQ+ providers. Data was gathered through focus groups and interviews with providers serving BIPOC and LGBTQ+ youth aged 5 to 24. The report highlights recruitment and retention barriers, key themes, strengths, and offers recommendations to improve diversity and retention in the youth behavioral health workforce in King County, Washington. The goal of these recommendations is to enhance diverse representation within the behavioral health workforce, which, in turn, will improve access to culturally competent mental health care for BIPOC and LGBTQ+ youth. This report serves as a valuable resource for King County leadership and programs dedicated to fostering diversity within the behavioral health workforce in King County.

Background

Nationwide, youth mental health challenges, including in King County, have become a growing concern. The COVID-19 pandemic has worsened this issue, disproportionately impacting Black,

Indigenous, People of Color (BIPOC), and Lesbian, Gay, Bisexual, Trans, and Queer (LGBTQ+) youth. [1] The lack of diversity within the behavioral health workforce is a significant barrier to accessing quality services for these youth.[2] Identified challenges include insufficient compensation, limited diversity, curriculum issues, experiences of racism and discrimination, and a lack of mentorship opportunities. Accreditation, licensing, and credentialing also pose challenges for providers. [3] To address these issues, a multifaceted approach is needed, including policy improvements in education, licensure, integration, and funding. Comprehensive programmatic support should be provided throughout the education-to-work pipeline for behavioral health providers and healers. These efforts aim to enhance the recruitment and retention of BIPOC and LGBTQ+ individuals in the behavioral health field, leading to improved mental health outcomes for affected youth.

Methods

A literature review, informational interviews, and input from the King County Youth Mental Health Collaboration team shaped this project. It aimed to examine the impact of the educational-to-work pipeline on recruiting and retaining diverse individuals in the youth behavioral health field. Focus groups and interviews with BIPOC and LGBTQ+ youth-serving providers in King County were conducted over four weeks in March 2023, involving five focus groups and seven interviews. Participants shared their experiences in higher education, licensure/certification processes, fieldwork, and professional development. The qualitative data were analyzed using Dedoose software to identify common themes, insights, and challenges. The findings led to specific recommendations tailored to the unique needs of King County.

Findings

Participants highlighted key challenges and barriers affecting the recruitment and retention of the behavioral health workforce. These encompassed stages from education to professional development. Challenges before higher education included limited awareness, lack of safe spaces, and high costs. During higher education, participants faced identity representation issues, inadequate programming, licensure difficulties, capacity problems, low pay, marginalization, and lack of recognition. Limited professional development opportunities and access to CEUs were also noted. Recommendations include improving recruitment processes, fostering inclusive education, addressing financial barriers,

promoting diversity, enhancing cultural competency, streamlining licensure, increasing support, ensuring fair compensation, and providing accessible professional development. These insights guide efforts to improve the recruitment and retention of a diverse behavioral health workforce in King County.

Key Recommendations

Participants were asked what would be helpful regarding the recruitment and retention of BIPOC and LGBTQ+ individuals at each of the phases of the pipeline. These key recommendations are tailored for the King County audience which includes project partners (BSK, ZYD, and School Based Health Centers); as well as other organizations, policy professionals, coalitions and members doing work around behavioral health and workforce development. These valuable insights and recommendations from participants offer guidance for improving the recruitment and retention of a diverse behavioral health workforce in King County. The recommendations are as follows:

- Programmatic Recommendations:
    - Provide specific financial support for BIPOC and LGBTQ+ individuals joining behavioral health graduate programs.
    - Provide funding to higher education institutions (4-year colleges with behavioral health programs and graduate programs) to conduct targeted outreach by leveraging relationships with primary, secondary, and pre-graduate education institutions (middle schools, high schools, community college and technical colleges).
    - Create a continuous and sustainable graduate mentorship and community program for young adults in behavioral health graduate programs.
    - Create a professional community and mentorship programming for behavioral health providers (interns and licensed providers) in the field. An example of an ongoing professional community includes the Harborview BIPOC MH Convening.
    - Partner with community-based organizations and/or educational institutions to fund a program that offers licensure exam preparation support, support on the licensure or credentialing application process and navigation for internship and continuing education requirements.

    - Partner with community organizations to create a sustainable resource list of BIPOC and LGBTQ+ providers in King County, the list should include approved BIPOC and LGBTQ+ supervisors in the area.
    - Provide funding opportunities for interns to complete their internship
    - Partner with relevant local entities to provide support and opportunities to various professions that best represent the behavioral health field. This includes paraprofessionals such as CHW, peer counselors, as well as alternative and cultural healers
- Policy and Programmatic Recommendation:
    - Implement a continuous and sustainable education, outreach, and mentorship efforts for youth and young adults in primary, secondary and pre-graduate programs (middle school, high school, community, and technical colleges)
    - Improve access of continuing education by providing funding for continuing education credits (CEUs) or offering them at reduced pricing and advocating for continuing education policies that provide accessibility support.

King County partners, including Best Start for Kids, School Based Health Centers and Zero Youth Detention should consider implementing the following actionable recommendations as way to improve the retention and recruitment of BIPOC and LGBTQ+ individuals in the behavioral health field.

Introduction

Project Purpose

This collaborative project undertaken by the following Public Health Seattle & King County programs: Best Starts for Kids' Community Well-Being Initiative, Zero Youth Detention, and School-Based Health Centers, is focused on addressing the mental health challenges faced by BIPOC and LGBTQ+ youth, which was particularly exacerbated during the COVID-19 pandemic. One of the key areas of concern is the lack of diverse representation among behavioral health providers, leading to limited access to mental health services for these youth populations. To address this issue, the King County

Youth Mental Health Collaboration team commissioned a graduate student from the University of Washington's Community Oriented Public Health Practice (COPHP) MPH program to conduct a landscape assessment of the behavioral health workforce in King County serving BIPOC and LGBTQ+ youth aged 5 to 24.

An important observation is that existing literature often focuses solely on the challenges experienced by licensed behavioral health professionals, overlooking the contributions of other healers who support the mental health of diverse youth. In addition, the Western mental health care system, rooted in Western cultural traditions and understandings, does not always adequately consider the diverse cultures and identities of individuals seeking mental health services. Consequently, conceptual tools and frameworks used in the Western mental health system may not be suitable for non-Western cultures. [4] Evidence suggests that individuals from diverse cultural communities often seek mental health support from sources beyond professional therapists, such as community elders, religious leaders, priests, and traditional healers. [4] Recognizing the need to diversify the workforce to improve the mental health outcomes of BIPOC and LGBTQ+ youth, the King County Youth Mental Health Collaboration team has included alternative healers in this project. Alternative healers refer to professionals who offer services aligned with cultural, religious, or spiritual practices. Examples of alternative healers include spiritual or cultural healers (e.g., curanderos, acupuncture, and energy healers) and other alternative holistic professions (e.g., massage therapy and restorative justice practitioners).

This collaborative project aims to provide a comprehensive understanding of the challenges faced in the educational-to-work pipeline by BIPOC and LGBTQ+ behavioral health providers and healers serving youth aged 5 to 24 in King County. It seeks to gain insights into the recruitment and retention challenges of the youth-serving behavioral health workforce in King County, with a specific focus on BIPOC and LGBTQ+ providers and alternative healers. The project has two objectives: firstly, to understand the strengths and challenges experienced by BIPOC and LGBTQ+ identifying providers and healers that impact the recruitment and retention of diverse individuals in the youth behavioral health workforce, and secondly, to receive programmatic and policy recommendations that can be implemented to improve the experiences of BIPOC and LGBTQ+ students and providers entering the behavioral health field, thus enhancing the recruitment and retention of diverse individuals. By

promoting diversity in the behavioral health workforce, the project aligns with the team's mission to improve mental health access and outcomes for BIPOC and LGBTQ+ youth in King County.

Background

The rising concerns regarding mental health among youth have placed greater demands on the youth-serving behavioral health workforce. [5] However, the workforce faces significant challenges in providing culturally competent and accessible services to youth, mainly due to persistent racial and systemic inequities.[2] These inequities have resulted in a lack of diversity within the behavioral health workforce and have contributed to ongoing difficulties in recruiting and retaining individuals from diverse backgrounds. [2]

Addressing the mental health crisis among youth requires systemic changes within various sectors, including education, healthcare, mental health, and juvenile justice. Key areas for improvement include educational curriculum, licensure, and integration policies and providing adequate funding and programmatic support for behavioral health providers and healers throughout the education-to-work pipeline. By implementing these changes, it is possible to foster an increase in the representation of diverse behavioral health providers who can deliver culturally competent care to their communities. Ultimately, such improvements have the potential to lead to enhanced mental health outcomes for BIPOC and LGBTQ+ youth in King County.

Best Start for Kids – Community Well-Being Initiative and School-Based Health Centers

Under the Department of Community and Human Services (DCHS) in King County, Best Start for Kids (BSK) strives to support the positive development of youth in the region, enabling them to lead happy, healthy, and thriving lives into adulthood. [6] Their funding programs aim to enhance children's development by partnering with organizations that provide relevant services.

Two key strategies closely aligned with this project are "investing early" and "sustaining the gain." Within the "investing early" strategy, workforce development and infant/early childhood mental health are important sub-strategies. Workforce development focuses on enhancing the knowledge and skills of early childhood practitioners in racial equity, infant and early childhood mental health, and healthy child development. [7] This capstone project will inform improvements in workforce development

for the youth mental health workforce, specifically in terms of training, incentives, and professional development opportunities for behavioral health practitioners. Implementing recommended solutions could significantly amplify the impact of the workforce development strategy.

The "sustain the gain" strategy concentrates on investments targeting the 5 to 24 age range to build upon progress achieved during early childhood, collaborating with school and community-based organizations. Given that the project focuses on youth aged 5 to 24, this strategy is particularly relevant. Key sub-strategies under "sustain the gain" include Liberation and Healing, School-Based Health Centers, and Stopping the School to Prison Pipeline. [8]

The "Liberation and Healing" strategy, previously known as the "Trauma-Informed and Restorative Practices strategy," addresses youth trauma by promoting strengths-based social and emotional support through various programs. [9] These programs, such as Liberation and Healing from Systemic Racism, Community Well Being Initiative, and TRACE, can benefit from the recommended solutions identified in this capstone project. The Community Well-Being Initiative, through the Youth Healing Project, encourages youth to leverage their expertise to develop tailored solutions. The initiative seeks to understand the behavioral health school pipeline, including licensing, reimbursement, and support for BIPOC students and providers interested in the behavioral health field through training and mentoring. This aligns with the project's policy recommendations aimed at addressing system inequities.

The "School-Based Health Centers" (SBHC) strategy provides comprehensive primary care and behavioral health services in King County schools. Since 2018, Best Start for Kids has funded three SBHCs, serving approximately 1000 students across the county. [10] Collaboration with this project aims to explore opportunities to support diversity and representation in the mental health workforce. Key goals include advancing equity, social justice, and anti-racism among SBHC staff, expanding access to mental health and behavioral health support for BIPOC students through inclusive and community-based services, and implementing culturally sensitive healthcare and hiring practices in SBHCs. [10]

The "Stopping the School to Prison Pipeline" (SSPP) strategy focuses on preventing the exclusion of students from higher education and employment, thereby reducing their involvement in the criminal justice system. SSPP partners with community-based organizations serving 12 to 24-year-olds, investing in direct service programs and advocating for policy changes in the juvenile legal system. [11] The capstone

project's assessment of recruitment within the behavioral health school pipeline will provide valuable recommendations to support the recruitment of BIPOC students in alignment with the SSPP strategy.

Zero Youth Detention

Zero Youth Detention (ZYD) is a comprehensive strategy led by the Executive Branch of King County, aiming to minimize youth interactions with the legal system by leveraging community strengths and partnerships with youth, families, and community-based organizations.[12] This initiative involves close collaboration with various systems, including school districts, child welfare, law enforcement agencies, physical and behavioral health, and housing systems.

Under the leadership of Public Health - Seattle & King County (PHSKC), the Zero Youth Detention program adopts a public health approach and trauma-informed lens. Together with its partners, the program has developed the "Roadmap to Zero Youth Detention,"[12] which outlines solutions to enhance community safety, prevent youth entry into the juvenile legal system, and divert them from further involvement. ZYD has implemented several initiatives aligned with the roadmap strategies, including the Regional Community Safety and Wellbeing Plan, Regional Peacekeepers Collective, School-Based Health Centers Pilot Program, Restorative Community Pathways, and Community Supports Program.[12]

Collaborating with School-Based Health Centers, ZYD aims to strengthen youth connections to appropriate services and reduce the disproportionate referral of BIPOC youth to the juvenile justice system.[12] It also encourages schools to adopt restorative justice practices, develop alternative discipline or suspension approaches, and coordinate with community-based organizations to provide culturally specific and responsive services to address the needs of the focus population.[12] The capstone project can provide insights into enhancing the behavioral health services offered by School-Based Health Centers to BIPOC youth, thereby reducing their involvement in the juvenile justice system and promoting their integration into community support. Furthermore, the project can inform future policy decisions for the public school system.

Additionally, the Care and Closure program, led by the Department of Community and Human Services (DCHS), is a plan to center youth, care, and connection to reduce the harms of the legal system as King County moves towards closing the youth detention center. [13]

The Restorative Community Pathways (RCP) program, an initiative within ZYD, focuses on rehabilitating youth through community-based organizations specialized in restorative justice.[14] RCP

operates as a community diversion program, with the Youth Steering Committee leading the consortium and referring eligible youth and those affected by harm to community navigators.[14] The program also receives referrals from community partners and adopts a strengths-based and evidence-based approach.[14] The capstone project can provide recommendations to enhance the diversity, retention, and cultural competence of community navigators serving BIPOC youth within RCP. Additionally, understanding the school-to-prison pipeline can inform recommendations for increasing BIPOC involvement opportunities in academia and community support.

Overall, this collaborative project within ZYD aims to understand the landscape and identify barriers and facilitators experienced by BIPOC youth behavioral health providers during their education and employment. It also seeks to explore existing support models for providers and students that could be implemented to address these challenges.

Literature Review

The literature review served three primary purposes in this project:

- To understand the challenges associated with recruiting and retaining diverse individuals, specifically those from BIPOC and LGBTQ+ communities, in the behavioral health workforce. By reviewing existing literature, the project aimed to identify the underlying factors and barriers contributing to the workforce's lack of diversity.
- To inform the qualitative data-gathering process, including the creation of focus groups and interview guide. In addition, the insights gained from the literature review helped shape the questions and topics addressed during the data collection phase, ensuring that participants' perspectives and experiences were thoroughly explored.
- To provide valuable information for future projects, policies, and funding opportunities. The findings from the literature review can guide the development of initiatives aimed at improving recruitment and retention of diverse individuals in the behavioral health field. Additionally, the review can inform the formulation of policies and funding strategies to address the identified challenges and promote a more inclusive and diverse workforce.

By conducting a comprehensive literature review, this project sought to establish a strong foundation of knowledge and insights that would contribute to the overall understanding of workforce challenges and inform actionable recommendations for the future.

Youth Mental Health Trends

In recent years, youth mental health challenges have risen nationwide, and the COVID-19 pandemic has only exacerbated mental health symptoms and crises among youth. [1] In December 2021, the US Surgeon General published an advisory on the ongoing youth mental health crisis.[1] Washington State and King County have not been an exception, with ever-increasing mental health challenges among youth.[15] In fact, on March 15th, 2021, Governor Inslee declared a state of emergency for youth mental health in Washington state.[15] According to the Healthy Youth Survey, a Washington statewide survey conducted on 6th, 8th, 10th, and 12th graders that aims to understand the health of youth, found that depressive symptoms, contemplation of suicide, and suicide attempts have increased significantly.[16] In 2021, 35%, 38%, and 45% of students in grades 8, 10, and 12 reported depressive symptoms in WA state, compared to 34%, 35%, and 43% of 8th, 10th, and 12th-grade students, respectively, in King County.[16] Notably, females (44%) and LGB+ (60%) students were more likely to report experiencing symptoms of depression than the King County average (34.6%).[17] Students of color in King County are also reporting higher rates of symptoms of depression. Most notably, Hispanic/Latino (41%) and Multiple Race (40.9%) youths were more likely to report symptoms of depression compared to the King County average.[17] The increase in mental health challenges among youth has also been notable in emergency department (ED) visits, with youth aged 14-17 having the highest ED visits for ideation and suspected attempt.[18,19]

Several factors have played a role in increasing mental health challenges among BIPOC and LGBTQ+ youth. This includes barriers youth experienced due to the COVID-19 pandemic, such as isolation, lack of social connection, and decrease in community and adult support ; the reckoning of the George Floyd murders; COVID-19-related violence against Asian Americans; gun violence, and mass shootings across the country.[1] The disproportionate impact on BIPOC and LGBTQ+ youth mental health outcomes can also be attributed to the lack of access to quality and culturally competent behavioral health services for BIPOC and LGBTQ+ youth.[20]

Behavioral Health Workforce Crisis and Challenges

Lack of Diversity

Simultaneous to the youth mental health crisis, there is an ongoing nationwide behavioral health workforce crisis. [5] The increased mental health challenges among youth has increased the demand for behavioral health services. The increasing demand for behavioral health services for BIPOC and LGBTQ+ youth, coupled with challenges with recruitment and retention in educational institutions, challenges with accreditation, licensing, and certification, and challenges in pay/funding in the behavioral health workforce[3], has led to low retention rates in the field. These challenges are explored in more detail below. However, this is especially true for BIPOC and LGBTQ+ professionals in the field, which leads to a lack of diversity in the workforce.[2] According to a 2015 report by the American Psychological Association (APA) on the psychology workforce, "86% of psychologists in the US workforce were white, 5% were Asian, 5% were Hispanic, 4% were Black/African American and 1% were multiracial or from other racial/ethnic groups".[21,22]

Challenges with Recruitment and Retention in Educational Institutions

The challenges in the behavioral health workforce directly impact the modalities and quality of behavioral health services that BIPOC and LGBTQ+ youth have access to. The literature review aided in identifying challenges at each phase of the education-to-behavioral health work pipeline that impact recruitment and retention in the field.The pipeline can be divided into 3 phases: 1) prior to entering a higher educational institution or graduate program (recruitment), 2) once in the educational institution or program, and 3) after graduation, which entails entering the workforce. Challenges previously identified that impact the recruitment of BIPOC and LGBTQ+ individuals before entering the higher education phase of the pipeline include a gap in youth exposure to the behavioral health field and a lack of support and mentorship through higher education.[23]

During the second phase of the pipeline – once recruited into a behavioral health graduate program, the challenges that impact retention of BIPOC and LGBTQ+ individuals are due to a lack of congruent mentorship in higher education, lack of culturally competent training, experiences of racism and discrimination, and minority tax.[23] Additionally, the stigma associated with behavioral health has

been identified as a barrier that reduces the number of individuals considering behavioral health careers and the diversity of the workforce.[3]

Challenges with Accreditation, Licensing, and Credentialing Impact Recruitment and Retention in the Behavioral Health Workforce

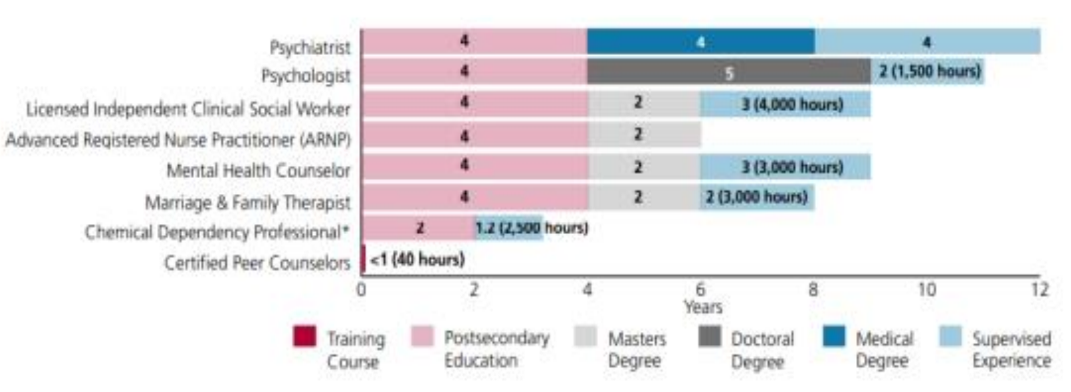


Figure 1: Minimum Years of Typical Education and Supervision Hours for Behavioral Health Occupations in WA State

The retention of BIPOC and LGBTQ+ providers in the behavioral health field is influenced by various challenges, including issues related to accreditation, licensing, and certification, limited professional development opportunities, and concerns regarding funding and pay. [3] Accreditation refers to the evaluation process that assesses whether an educational program meets specific standards. [24] Certification involves assessing and qualifying individual providers. In contrast, credentialing involves authorizing the scope of services provided by healthcare organizations. [24] Changes in accreditation, certification, and credentialing processes can impact the composition of the behavioral health workforce. [24]

Each state establishes licensure and certification standards for health professionals, including education, examination, and experience requirements. In the case of counseling, individuals typically need to obtain a master's degree and complete around 2,000 to 3,000 supervised hours to obtain a license. However, the specific requirements vary by state. Figure 1 highlights the minimum years of education type and supervised experience required in certain behavioral health professions in WA state.[3] The varying number of required hours and the challenges associated with supervision present barriers in recruiting a diverse behavioral health workforce. [3] The availability of clinical placement sites for students is a significant barrier in increasing enrollments in programs such as psychiatric nursing and

social work. The lack of formalized supervision training also contributes to high turnover in the field. [3] Different degrees or certifications may face varying difficulties in obtaining supervision hours, adding to the complexity of the issue. [3]

Paraprofessionals, including peer counselors and community health workers, can be a critical avenue to diversify the workforce due to their lived experiences and community connections. However, challenges arise from the lack of clear standards and consistency among paraprofessionals and the limited availability of training sites and oral examinations for certification, which creates barriers for individuals seeking to enter the field. [3]

Another aspect impacting diversity in the field is the disproportionate pass rates on licensing exams based on the race/ethnicity of licensed professionals. For example, analysis of the Association of Social Work Boards (ASWB) exam pass rates reveals disparities among BIPOC individuals, with Native American/Indigenous test takers exhibiting the lowest pass rates in Washington State. [25] These disparities contribute to the underrepresentation of certain racial and ethnic groups in the behavioral health workforce.

Addressing these challenges requires attention to the accreditation, licensing, and certification processes, the availability of supervision opportunities, the establishment of clear standards for paraprofessionals, and the reduction of disparities in exam pass rates. Addressing these barriers makes it possible to create a more inclusive and diverse behavioral health workforce that better meets the needs of diverse communities.

Challenges with Pay and Funding

The lack of adequate pay and funding also highly contributes to the low retention rates in behavioral health professions.[3] Most newly graduated students start their careers in community settings which tend to have a high number of caseloads and less pay, a significant contributor to declining workforce retention.[3] Low Medicaid reimbursement rates mean that community-based behavioral health agencies cannot compete with the pay offered through other systems.[3] Therefore, individuals leave community-based agencies to work for hospitals, MCOs, and other government positions that offer better and more sustainable pay.[3] In 2017, Washington Legislature increased reimbursement rates to improve pay and capacities by providing a 2.5% rate increase in funding to Behavioral Health Organizations (BHOs). The budget proviso requires DSHS to work with actuaries to set Medicaid

capitation rates to adjust average salary assumptions. However, the increase was insufficient to balance out salary and capacity for BHOs.[3]

Methods

The methods for this project were divided into 4 phases: 1) Formative Research, 2) Project Development, 3) Outreach and Recruitment, and 4) Data Collection and Analysis.

Phase 1: Formative Research

The formative research phase of this project consisted of conducting informational interviews and a literature review.

Activity #1: Informational Interviews

Between September and October 2022, 12 informational interviews were completed with public health professionals to gain insight into current issues in the behavioral health field and current efforts and projects regarding behavioral health. All individuals with whom the student held informational interviews work within governmental or system institutions. They are representatives from the following organizations:

- Behavioral Health Institute
- Department of Community and Health Services
    - Best Start for Kids
    - Reconnect to Opportunity
    - Behavioral Health and Recovery Division
- School-Based Health Centers
- School-Based SBIRT
- King County Juvenile Court Services

The informational interviews aimed to understand challenges experienced in the behavioral health field from the perspectives of individuals working in systems (such as government or behavioral health entities) and/or individuals with previous direct behavioral health experience working in the community.

The student asked questions regarding their job and roles, challenges in the behavioral health field that they had heard about or experienced, and how this project aligns with ongoing priorities or projects in their role. The student noticed that there were common themes when individuals discussed challenges in the behavioral health field, including lack of diversity, lack of community, issues with training and licensing, challenges during internship and supervision, lack of access to behavioral health services, and lack of proper pay and funding. The information gathered from the informational interviews would help shape the topics researched for the literature review and creation of the focus group/interview guide questions.

Activity #2: Literature Review

In November 2022, the student collaborated with the team to establish an outline of topics for further research based on the discussions from the informational interviews. This outline served as a guide for the literature review, which aimed to provide a theoretical and informational foundation for the design and implementation of the landscape assessment. The outline included the following general topics:

- Summary of youth demographics in King County
- Mental health needs, gaps for BIPOC youth nationally and locally, and the connection between youth mental health and workforce diversity challenges, including protective and risk factors.
- Definition of the behavioral health workforce population, including distinctions between the clinical and traditional workforce, education, licensure or certification, specialty areas, populations served, and demographic characteristics of local and national providers.
- Factors influencing diversity and retention challenges in the behavioral health workforce, specifically focusing on the youth-serving behavioral health workforce.
- King County programs, resources, partnerships, and policies that target youth behavioral health.
- Other recommendations from the literature aimed at improving diversity and retention in the behavioral health workforce.

The student utilized various databases such as Google Scholar, the UW School of Public Health Library Database, PubMed, EbscoHost, and others to conduct the literature review. They searched for keywords related to the outlined topics, including phrases like "challenges in western mental health," "diverse

behavioral health workforce," "representation in behavioral health," "BIPOC youth mental health outcomes," "LGBTQ+ youth mental health outcomes," "challenges in the behavioral health workforce," "challenges in recruitment in behavioral health," "challenges in retention in behavioral health," "challenges in behavioral health training," and "challenges with behavioral health licensure/credentialing," among others.

The research parameters focused on literature from King County, Washington, and nationwide sources on all the identified topics. After conducting the keyword searches, the student reviewed the abstracts and conclusion sections of the identified sources. Only those sources that directly informed and aligned with the identified topics were included in the literature review. In total, 40 pieces of literature, including journals, articles, and reports, were reviewed.

The literature review provided a solid foundation of knowledge about the challenges encountered in the educational-to-work pipeline in the behavioral health field, which, in turn, informed the development of focus groups and interview guide questions for the landscape assessment.

Phase 2: Project Development

The project development phase involved creating data gathering tools such as the parameters for research participant eligibility, a screening survey to determine if individuals meet the participant criteria, and the creation of the focus group/interview guide.

Activity #1: Participant Criteria and Screening Survey Development

The student began the project development phase in January 2023. The review of the literature provided an understanding of the 24 behavioral health occupations that are credentialed (licensed or certified) by the Washington Department of Health (WA DOH) and are authorized for payment by the state (Figure 2).[3] These occupations were categorized as “behavioral health providers” for this project.

Figure 2: Washington State Department of Social and Health Services Credentialed Behavioral Health Professionals

Behavioral Health Providers	Licensed or Certified by the Washington Department of Health	Independent versus Supervised Clinical Practice		Further Described in Attachment
		Independent Practitioner Independent	Under Supervision, Consultation or Employee Status	
Advanced registered nurse practitioner (ARNP), including psychiatric ARNP	X	X		X
Agency affiliated counselor *	X		X	
Certified adviser	X		X	
Certified counselor	X		X	
Chemical dependency professional	X		X	X
Chemical dependency professional - trainee (CDPT)	X		X	X
Hypnotherapist	X		X	
Licensed marriage and family therapist (LMFT)	X	X		X
Licensed marriage and family therapist – associate (LMFTA)	X		X	X
Licensed mental health counselor (LMHC)	X	X		X
Licensed mental health counselor – associate (LMHCA)	X		X	X
Licensed practical nurse (LPN)	X		X	
Physician (MD/DO)	X	X		
Physician assistant (PA)	X		X	
Registered nurse (RN)	X		X	
Psychiatrist (MD)	X	X		X
Psychologist (PhD/PsyD)	X	X		X
Licensed social worker associate, advanced (LSWAA)	X		X	X
Licensed social worker associate, independent clinical (LSWAIC)	X		X	X
Licensed social worker, advanced (LASW)	X		X	X
Licensed, independent clinical social worker (LICSW)	X	X		X
Sex offender treatment provider	X	X		
Affiliate sex offender treatment provider	X		X	
DBHR-certified peer counselor *	X		X	X

* May only practice in a Department of Social and Health Services – Division of Behavioral Health and Recovery (DSHS-DBHR) licensed behavioral health agency.

The literature review also provided the team an understanding of the historical and ongoing harm that Western mental health systems have had on BIPOC and LGBTQ+ individuals including oppression, discrimination, and harmful experimentation and practices.[2,4] Systemic racism and discrimination impact the lack of access, utilization, and cultural competency of behavioral health

services.[4] Considering this, our team decided to include providers that offer behavioral health services outside this Western monolithic understanding of mental health. We categorized these providers as "alternative healers." This project defines alternative healers as those providing culturally, spiritually, or holistic services. Examples of alternative healers include massage therapists, energy healers, curandero practitioners, restorative justice practitioners, acupuncture or naturopathic medicine, herbal medicine, and integrative health practitioners.

Three criteria were created to identify participants that best qualify for the project. Participants must have met all three criteria to qualify for a focus group/interview:

- Provide services in King County
- Identify as BIPOC and/or LGBTQ+
- Have experience providing services to BIPOC and LGBTQ+ youth aged 5-24

Using Google Forms, a screening survey was created to narrow down participants that best fit the abovementioned criteria (Appendix B). The screening survey collected the following information: Name, Age, Provider Service Area in King County, Behavioral Health Provider or Alternative Healer, Population Focus (BIPOC Youth, LGBTQ+ Youth, or both), Employer, Role/Title, Licensure/Certification (if applicable), Race/Ethnicity, Gender, and Sexuality.

Activity #2: Focus Group/Interview Guide Creation

The literature review and feedback from the Youth Mental Health collaboration team, public health senior evaluator, and faculty advisor played a crucial role in refining the focus group/interview guide questions (Appendix E). The student underwent a thorough review process, incorporating the suggestions and expertise of the team members. The senior public health evaluator provided guidance to ensure adherence to best public health practices, emphasizing the use of open-ended questions to avoid leading participants. Additionally, guidance was provided on time management and facilitation skills to ensure effective and efficient data collection.

The focus group/interview guide questions were organized into four main topics to explore different aspects of participants' experiences:

- Educational Experiences (Questions 1-4): This section aimed to gather insights into participants' experiences in entering higher education, including the barriers and strengths encountered

during their educational training. Recommendations for improving recruitment and retention of BIPOC and LGBTQ+ individuals in educational institutions were also sought.

- Licensure and Certification Process (Questions 4-6): This section delved into participants' experiences in meeting the requirements for licensure and certification. Topics discussed included mentorship, supervision support, hours required for licensure, compensation, and site placement.
- Field Work Experience (Questions 7-8): This section focused on the challenges participants faced during their work in the field. It explored topics such as opportunities for professional growth (e.g., professional development, continuing education, promotion, trainings), compensation, and caseload management.
- Provider Support (Questions 9-10): This section aimed to understand the support that participants received or wished to have received to improve retention. Areas such as mentorship, supervision, organizational support, and resources were explored.

The collaborative review process and incorporation of feedback ensured that the focus group/interview guide questions were comprehensive, relevant, and aligned with the project's objectives.

Phase 3: Outreach and Recruitment

This project's outreach and recruitment phase included creating a key stakeholder list of contacts, creating outreach materials, and planning to recruit participants for the study.

Activity #1: Key Stakeholder List

The creation of the key stakeholder list was an important step for outreach purposes in the project. The list consisted of two parts: providers and community organizations that offer behavioral health services in King County. The provider section was further divided into clinical providers and alternative providers/healers. The goal was to gather relevant information about the stakeholders to facilitate future communication and engagement.

For the provider section, information such as the provider's name, race/ethnicity, sexual orientation, organization, role/title, licensure/certification, population focus (BIPOC, LGBTQ+, or both), contact information (email or phone number), city of work, and service delivery mode (in-person, virtual, or both) was collected. This information aimed to ensure that a diverse range of providers

representing different identities, specialties, and service delivery modes were included in the stakeholder list.

The organization section of the key stakeholder list included both clinical behavioral health organizations and alternative healing organizations in King County. These organizations were identified based on their focus on providing services to BIPOC and LGBTQ+ populations, particularly youth.

Suggestions for community organizations and individual providers were received from participants in the informational interviews, as well as from representatives of Behavioral Health and Recovery Division (BHRD) and Allies in Healthier Systems for Health and Abundance in Youth (AHSHAY), who provided resource lists of behavioral health organizations in the area. These resources were carefully reviewed, and organizations that aligned with the project's goals and focus on serving BIPOC and LGBTQ+ populations, particularly youth, were included in the stakeholder list.

The student conducted further research on the identified stakeholders to ensure that they met the criteria outlined for inclusion in the critical stakeholder list. This process aimed to compile a comprehensive and diverse group of stakeholders who would be contacted and engaged in the project's outreach efforts.

Activity #2: Outreach to Providers and Organizations

For outreach purposes, two email templates were created. The first email template was created to send out to individual providers, and the second email template was created to send out to community behavioral health organizations (Appendix A). The emails contained general information about the project and project goals, participant criteria, a link to the screening survey, and a contact email. Additionally, a recruitment info sheet was created to send out along with these emails that could be shared with other providers or an organization's networks (Appendix C). The recruitment info sheet contained project goals, the participant criteria, and a link and QR code to the screening survey.

A total of 32 individual providers were contacted by email. Additionally, 11 local behavioral health organizations and 10 alternative healing organizations were contacted by email. A total of six local behavioral health organizations and four alternative healing organizations confirmed disseminating the project opportunity to their providers and networks. Individuals interested in participating in the project submitted a screening survey.

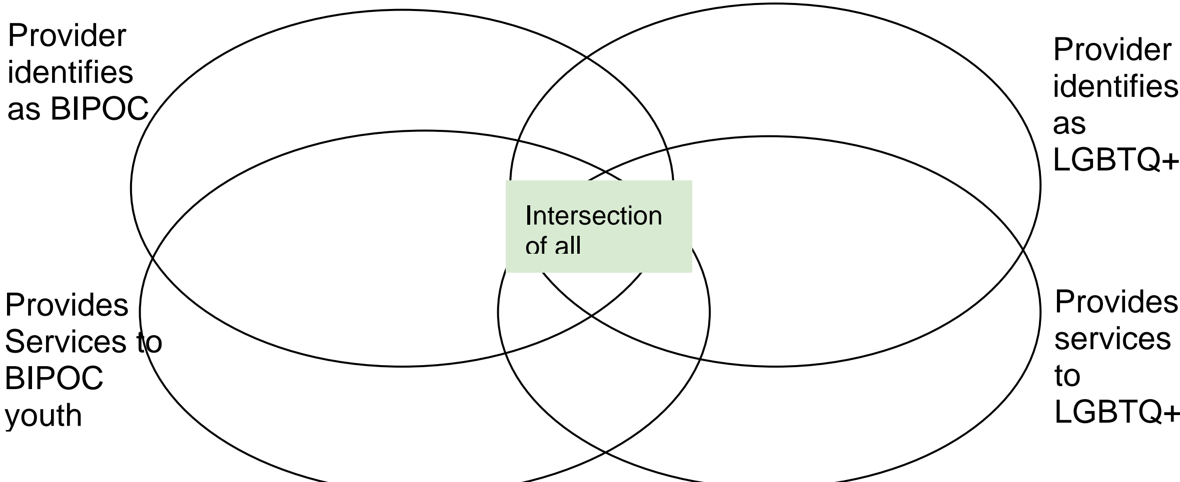
Activity #3: Recruitment of Providers into Research

The recruitment process for participants in the study underwent several iterations and adjustments based on the initial low response rate and the need to ensure diverse representation. Here is a summary of the recruitment process and the steps taken:

1. Narrow snowball recruitment approach: Initially, the team reached out only to individual providers in the key stakeholder list. After one week, only seven screening survey responses were received, and there was a lack of representation from certain race/ethnicity demographics and alternative healers.
2. Expansion of recruitment strategy: To address the low response rate and the need for diverse representation, the recruitment strategy was expanded. Four behavioral health organizations were contacted to help disseminate information among their provider networks. After the second week, a total of 12 screening surveys were received.
3. Outreach to all behavioral health organizations: The outreach strategy was further expanded to include all 21 behavioral health organizations in the Key Stakeholder list. This led to a significant increase in the number of screening surveys submitted, with a total of 182 responses received after the third week.
4. Narrowing down participants: A method was devised to narrow down the participants based on specific criteria. This involved several steps, including filtering based on service provision in King County, role/title, organization, and intersectional identities of race/ethnicity, sexual orientation, and gender identity. Below are the steps taking to narrow down the most qualified participants.
    a. Step 1: Narrow down based on “if they provide services in King County''. They were disqualified from participating if they do not provide services in King County. There was a total of three submissions that reported they did not provide services in King County.
    b. Step 2: Narrow down based on the role/title reported and their organization (i.e., behavioral health provider, non-providers). They were disqualified from participating if they specified not having a provider role (i.e., administrator, secretary, manager) or being a non-behavioral health-related medical provider. Lastly, if the employer they listed is not in King County, they were also disqualified.

c. Step 3: Narrow down by filtering for race/ethnicity, sexual orientation, and gender identity. The list was narrowed down to an additional 16 participants.

d. Step 4: Using the Venn Diagram below, the student identified the most qualified providers with intersectional identities as BIPOC and LGBTQ+ and provided services to both BIPOC and LGBTQ+ youth. After using the Venn Diagram, out of the 16 individuals, nine met all intersecting criteria.



5. Phone follow-up screening (Appendix F): Due to suspicions about the validity of some survey responses, follow-up phone calls were conducted with the individuals identified in Step 3 (16 individuals) to confirm their information. However, only five individuals answered the phone, and their answers did not match their survey responses, leading to their disqualification from the study.
6. Re-opening of the screening survey: After discussing the limitations of the screening survey and the need for targeted outreach, the screening survey was re-opened with an additional question to identify the source of information about the project opportunity. This helped identify the accuracy of the information.
7. Acceptance and scheduling: Individuals who met the participant criteria were sent acceptance emails (Appendix D) and were provided the option to schedule a focus group spot or a 1-on-1 interview using Calendly. Calendly was used so accepted participants could sign up for a focus group spot. A total of eight focus groups were offered.

8. Participation in the study: Out of the 28 accepted individuals, 19 ultimately participated in the study, completing the focus groups or 1-on-1 interviews.

The recruitment process underwent adjustments and adaptations to ensure a diverse and representative sample of participants for the study, considering factors such as demographics, roles, and intersectional identities.

Phase 4: Data Collection and Analysis

Lastly, the data collection and data analysis phases included implementing the focus groups, interviews, and conducting the data analysis.

Activity #1: Focus Group and Interview Implementation

Before the focus groups and interviews commenced, the student collaborated with the team to secure funds for hiring notetakers. Subsequently,

the student partnered with the COPHP student counselor, Mimi Krutein, to advertise the job opportunity and description through various UW listservs. Four individuals expressed interest, and the student assessed each applicant based on their written documents and suitability for the role. Ultimately, two notetakers were selected. The student then conducted a training session for the notetakers, enabling them to focus on facilitating the conversations and being fully present. Both hired individuals shared an interest in the behavioral health field, possessed lived experience, and identified as BIPOC and LGBTQ+.

***Table 1**: Focus Group and Interviews*

Date	Type	Number of Participants
3/3/23	Focus Group	3
3/7/23	Interview	1
3/8/23	Interview	1
3/10/23	Focus Group	3
3/10/23	Interview	1
3/13/23	Interview	1
3/14/23	Focus Group	2
3/14/23	Interview	1
3/17/23	Interview	1
3/20/23	Focus Group	2
3/24/23	Focus Group	2
3/28/23	Interview	1

To gain insights into the challenges and barriers faced by BIPOC and LGBTQ+ behavioral health providers and healers in the youth behavioral health workforce, the student conducted a series of focus groups and interviews. These sessions were conducted via Zoom from March 3rd, 2023, to March 28th, 2023, with

each session lasting approximately 1.5 hours. The student prepared a visual presentation to introduce themselves, the notetakers, and provide detailed information about the project and its goals. The presentation also covered the themes to be discussed, interview and focus group norms, confidentiality, and obtained verbal consent.

In total, five focus groups and six interviews were conducted, involving a total of 19 participants (Table 1). As an incentive, participants who completed the focus groups/interviews were offered $50 CVS virtual gift cards, funded by the Best Start for Kids and Zero Youth Detention programs. All participants received their gift cards via email, and the student followed up with them to ensure receipt.

Activity #2: Data Analysis

The screening survey data was analyzed using quantitative and qualitative methods using Excel to identify percentages. Qualitative data for interviews and focus groups was analyzed using a mix of inductive and deductive coding using Dedoose. After the data collection phase, the student developed a codebook. Methods used to create the codebook included a review of the debrief notes between the student and notetaker, which identified key themes per interview question across all interviews/focus groups. This helped in creating a more intensive and specific codebook.

The student then transcribed the interviews/focus groups by using the Zoom transcript and listening to the Zoom recordings to edit any errors in the Zoom transcripts. The student used Dedoose to code the transcripts. Table 2 includes the codes used in data analysis along with code definitions.

Table 2*: Codebook*

Code	Definition
Opportunities for Growth	Includes any mention of growth during educational training, licensure certification process, and fieldwork such as trainings, continuing educations, or promotions
Internship	Includes any mentions of internship experiences after graduation, such as supervision, hours required for licensure, site placement, etc.
Fieldwork Experience	Includes any mentions of experiences working in the field after graduation
Finances	Anything having to do with money

Community	Any mention of community, such as personal relationships, cultural communities, and professional networks
Higher Education Experiences	Any experiences with higher education, such as experiences in a graduate program, including experiences to get into graduate school
Licensure/ Certification	Any mention of the process it takes to acquire one's licensure or certification (post-graduation)
Feelings	Any mentions of feelings, such as sadness, happiness, hopelessness, loneliness, isolation, feelings of job security, safety, etc.
Mentorship	Mention of mentorship (or lack thereof) - individuals that can help or guide them during the educational, licensure/certification process, or career path
Integration	Mention of including other fields or roles in training or work, sharing knowledge, integration with the community, etc.
Marketing and Outreach	Marketing of institutions, educational programs or the field to youth, individuals, or institutions for recruitment. Mentions of outreach to individuals, institutions, or communities
Time	Mention of time (or lack thereof)
Representation	Mention of representation (or lack thereof) of students, staff, faculty, leadership, administration, etc.
Power Dynamics/ Authority	Mention of differences in power by authority, identities, or roles
Burnout	Mentions of burnout, what leads to burnout, or feelings of burnout
Lived Experiences	Includes experiences individuals have had due to their identity, or lived/learned experiences and its impacts
Knowledge/ Awareness	Any mention of knowledge or awareness (or lack thereof) by individuals or institutions
Accessibility	Language accessibility, accommodations, access to resources/services, or community access to care
Systems	Discussions around systems such as educational systems, justice systems. Includes discussions around systemic barriers, white supremacy, colonialism, systemic racism, etc.
Barriers/	Anything identified as a challenge or barrier during educational pipeline,

Challenges	licensure/certification, and career
Strengths	Anything identified as a strength during educational pipeline, licensure/certification, and career
Recommendations/Support	What providers would like or wish they could have, including supports (or lack thereof)
Other	Any excerpts that do not fit into the categories described above
Quotes	Powerful quotes to use in the final report

The student approached the coding process collaboratively to ensure that the qualitative analysis was sound. The student worked closely with a Public Health-Seattle & King County Senior Evaluator, which reviewed the data codebook. Inter-rater reliability (IRR) was not calculated due to a small sample size and small analysis team. After the coding process was completed, the student reviewed co-occurrence codes, with an emphasis on co-occurrence that had high numbers (above 12). The student identified themes that arose from the qualitative data. The themes in the findings section was created using a mix of methods 1) themes identified in the literature review, 2) data topics we hoped to gather from this project, and lastly, 3) themes that arose from the data.

Findings

Demographics

A total of 19 behavioral health providers and healers participated in focus groups or interviews. Demographic information of participants was collected using the screening survey. This included the participants gender identity, race/ethnicity, age, and sexual orientation (Figure 3). We also collected information about their profession, such as the type of provider, their roles or job titles, and their license/certification (if applicable) (Figure 5). Lastly, we asked about the organization they worked for Figure 4. Table 3 and 4 breaks down the demographic information and provider characteristics collected through the screening survey.

Table 3: Demographic Characteristics of Participants N=19	
Characteristics	% (N)
Race/Ethnicity	
White	26.3% (5)
Asian	21.1% (4)
Black/African American	15.8% (3)
Hispanic/Latinx	15.8% (3)
American Indian/Alaska Native	5.3% (1)
Multiracial	15.8% (3)
Sexual Orientation	
Heterosexual/ Straight	57.9% (11)
Queer	36.8% (7)
Bisexual	15.8% (3)
Pansexual	5.3% (1)
Gender Identity	
Female	63.2% (12)
Male	5.3% (1)
Non - Binary	21.1% (4)
Transgender	5.3% (1)
Sacred gender	5.3% (1)
Age	
20 - 30	15.8% (3)
30 - 40	42.1% (8)
40 - 50	15.8% (3)
50 - 60	15.8% (3)
Missing	10.5% (2)

Table 4: Provider Characteristics N = 19	
Types of Providers	
Clinical Behavioral Health Providers	68.4% (13)
Alternative Healers	26.3% (5)
Both	5.3% (1)
Licensure/Certification	
Working on Licensure	
• LMHCA	15.8% (3)
• LMFTA	5.3% (1)
• LSWAIC	5.3% (1)
Licensed Providers	
• LMHC	26.3% (5)
• LICSW	10.5% (2)
• LMT	5.3% (1)
• Doctor of Acupuncture	5.3% (1)
• Provider	5.3% (1)
Other Credentials	
• CPC & Others	5.3% (1)
Unknown	15.8% (3)
Role/Title	
Therapist/Counselor	47.4% (9)
Prevention/Intervention Specialist	10.5% (2)
Youth Wellness Coordinator	5.3 (1)
Massage, Healing and Energy Practitioner	21.1% (4)
Healing Justice Practitioner	5.3% (1)
Doctor of Naturopathy and Acupuncture	10.5% (2)
Employers	
Educational Institutions	2.8% (5)
Community Based Behavioral Health Orgs	2.2% (4)
Medical Institutions	1.7% (3)
Private Practices	2.2% (4)
Non-profits and Associations	1.7% (3)

Themes

The student organized the findings into various themes. The themes were organized into the stages of the educational to work pipeline. The educational to work pipeline stages are as follows: 1) *Getting into Higher Education, 2) Educational Pipeline: You're In… Now What?, 3) Fieldwork Experience: After Graduation, and 4) Professional Development*. At each stage of the pipeline different themes emerged from the focus group and interviews. The following sections describe each of these themes in greater detail.

Getting Into Higher Education

Early Education Experiences

Participants discussed that experiences of bullying, racism and discrimination of BIPOC and LGBTQ+ youth prevent youth from further exploring higher education. The lack of safe spaces for these students with marginalized identities makes it more difficult for students to feel accepted and safe within their educational environment. Participants recommended increased access to safe spaces in early education institutions (middle school and high school) for BIPOC and LGBTQ+ students.

"As a society, we are a little more aware of bullying now. I think folks in that group experience that a lot - I know I did specifically around sexual orientation and gender identity. Elementary through high school, school wasn't a safe place - not somewhere I wanted to be l, I wasn't able to learn my best and that affected my grades and wanting to go to school. I think that makes it hard to want to choose to do more school." - Participant #5

"In terms of actually trying to recruit students and building a sustainable place for them to actually get higher education. I think it is really important to actually create programming and intentional spaces for people to be able to feel safe. Something like their mental health, that should be, school-based behavioral health should be at every college and every K-12 in America, and people should be able to go and get the things that they need." - Participant #8

Additionally, participants mentioned that early education systems fail to educate and provide support to youth about important life skills such as emotional awareness, financial training, health literacy, and inclusivity. Participants mentioned the need for improved educational content in early education (middle school and high school) that includes behavioral health education, restorative justice education, health literacy, and inclusivity.

"I've been teaching a class at Seattle around social justice, for school counselors actually. And so this is so much of where that is coming from. I've been immersed in this work of seeing how QTBIPOC students are not supported by the curriculum and policies and schools, that they do not support the education of the whole student, and family. It's this structure that our education system gate keeps kids from actualizing and understanding what the potential is they could possibly have. They don't see it because they aren't

given that image of themselves and a lot of it is due to the instructions our teachers are teaching. The whole system needs to be shaken up and restructured." - Participant #14

Recruitment Process

When asked about the barriers to recruiting and retaining BIPOC and LGBTQ+ individuals in educational institutions, participants reported that there is a lack of access and resources that provide knowledge and awareness about the process of getting into graduate school, the behavioral health graduate programs offered, and the career paths available within the behavioral health field.

"I think for me again, just wishing that I knew that I needed that clinical mental health focus, the more clinical part… making sure I had those programs, because even now I belong to some organization for counselors, and you know they are like what is yours this certification… I did not know that was so important. But, again, no one told me that … I am still working, but I wish someone had told me all these little nuances to the career." - Participant #2

Participants also mentioned the lack of lived experience being considered for recruitment into higher education as a barrier to recruiting diverse individuals. Participants would like to see lived experience considered by higher institutions when recruiting BIPOC and LGBTQ+ individuals.

"I have about juniors worth of traditional Western college. I have been in the public health and community health realm for close to 10 years, and I have gotten all my certifications and credentials on my own. I am getting ready to attend a Master's in Public Health through a college in the UK in London, and that is because they appreciate that I have 5+ years of professional experience. So that is a track; they do not need me to have a bachelor's degree; they don't need me to have all these other things. They respect my experience. They accept the credentials that I have, and I'm able to move forward at a master's level, which is what I am as a professional." - Participant #8

Marketing and Outreach for Recruitment

Participants recommended doing targeted outreach to BIPOC and LGBTQ+ communities and individuals. Some examples participants mentioned include hiring and funding outreach positions, such as diversity consultants. Participants also recommended having community advocates or mentors with lived

experience to offer guidance and mentorship to youth about getting into higher education and educating them about opportunities in the behavioral health field.

"But I would say in terms of access to or early recruitment. It would be more of the information about what programs are available, what the process are in terms of applying. And any potential resources that are offered in these programs, to maintain and retain those students ongoing for the remainder of, however long the program is, whether 2 years or 4 years. I mean resources, such as available support with tutoring or counseling services, or financial resources." - Participant #9

"Having folks that were a part of the program, whether it's faculty/staff, or other affiliated folks, that I could see in more of a mentorship position, reaching out and providing more information. Hearing from individuals who could speak to their experiences would be helpful for me during the recruitment stage – looking to see what people's actual experiences were like. So I think having more of that specialized attention from people who are involved in the program would be good." - Participant #11

Finances

Lastly, all participants mentioned the cost of higher education as a substantial barrier to getting into the field, especially for BIPOC and LGBTQ+ individuals. Providers mentioned that systemic barriers and systemic racism make it difficult for BIPOC and LGBTQ+ folks to have generational wealth to get into higher education. Providers recommended targeted financial support for BIPOC and LGBTQ+ individuals wanting to enter behavioral health graduate programs.

"I would say that one of the most significant barriers that I had coming from a BIPOC background was financial access to pay for a program. So, because of those financial barriers, I had to rely either on student loans or applying for scholarships, so I was very mindful of the programs I was limited to." - Participant #9

"I'm not BIPOC myself, but I know specifically BIPOC folks. They're much less likely to have generational wealth because of systemic repression. Then with queer folks, there's a high likelihood of being disowned by family members and not having access to those resources... Scholarships and other similar things specifically aimed towards folks that have marginalized identities would be probably a really helpful way

to start that, and to be able to have more of an equity lens when awarding financial aid" - Participant #16

Educational Pipeline: You're In… Now What?

Identity Experiences: Educational Institutions Need Representation and Community

When asking participants about barriers experienced in higher education, many mentioned the lack of representation among the school's student body, faculty, and administration. Some participants mentioned that the core faculty lacked diversity and that adjunct faculty tended to be more diverse. It was mentioned that the required credentialing to become tenured faculty was a barrier to diversifying faculty in higher education institutions.

"I was the only Asian student in my class. It's just me and all white students. and the only faculty who were Asian were adjunct clinicians. None of the core faculty was Asian, they were all white. So it was very isolating, not just because I was the only person of color. But there wasn't any other core faculty, especially, you know, within the administrative offices who were of color either." - Participant #13

The lack of community was also a barrier mentioned by many participants. This lack of representation, coupled with the lack of community has led to feelings of loneliness, isolation, and impostor syndrome among participants.

"To not have access to go to Pow-wows because it was pretty remote. That was probably my biggest challenge was the loneliness because we did not have large cultural groups that we could always gather. So that separation from culture was triggering and is still triggering, because of that 100 years of boarding school, of feeling the cleansing of that assimilation... Of knowing that in order to survive, and in order to get through it you have to set parts of your identity aside to get through and that was so excruciatingly painful for me." - Participant #7

Many participants also mentioned experiencing discrimination and racism from students, faculty and administration during their higher education experience. This racism was in the form of stereotyping and tokenization of students, and participants mentioned a lack of support and safe spaces for students experiencing discrimination and racism.

“Whether it's concerns with the content we're learning in the course, or interactions with our peers. Cultural differences based on identity, and having that distract from the work that I want to do in the program – not having those concerns. This felt like a barrier to being able to succeed, something that took a lot of extra attention and energy versus feeling supported by the institution or the program itself.” - Participant #11

Providers recommended training for faculty, admin, and students to support individuals with marginalized identities. Some examples of training stated by participants include cultural competency training, Diversity, Equity, Inclusion (DEI) training, and training on facilitating conversations around identity. Providers would also like creation of programs or safe spaces for BIPOC and LGBTQ+ individuals. For example, participants said that using affinity groups or mentorship programs would be a good way to create safe spaces for students to discuss issues around discrimination and racism and be offered support.

The Need for Improved Educational Programming/Content

There is a need for improved educational programming and content taught in behavioral health graduate programs. In addition, participants mentioned a lack of support provided to students once they are in the institution. Providers would like to see wraparound services for students that provide support throughout their educational experience; this includes mental health support, financial support with tuition, housing, childcare, and mentorship.

“I think also retention is important, consistently offering that support and staying interested in the progress that I'm making as someone who's attending that institution, rather than kind of recruiting me, getting me in the door, and then kind of leaving me to my own devices when it comes to navigating the different barriers that might be in place.” - Participant #11

Participants also mentioned that the training provided is not hands on, and the training they receive does not always align with the needs of the communities they serve. Providers mentioned wanting more tailored content to work with marginalized communities and integrate different cultural services and modalities.

"I think at times that felt like it applied more to folks who were new to working with specific populations...Now, how do we navigate within our identities or within our desired populations? How do we support and are supported as BIPOC clinicians, knowing that we have different challenges, and barriers from other clinicians. It was kind of something we were expected to look into on our own. So I think that would have been nice to have it more formally incorporated in the course of material." - Participant #11

Lastly, many participants discussed a lack of guidance and support from educational institutions about navigating the licensure and certification process before graduation. Providers would like to see some sort of class or licensure workshop that provides training about licensure/certification process before entering their internship years.

"Our educational program doesn't talk about the requirements for licensure ... preparing for licensure, to count our hours, or ensure that we were counting our hours or practicing hours effectively, to take any courses required as part of that process. And I know that a lot of programs don't have that, that was a disadvantage. There is really no conversation around what it would take for license, if that is an option for people." - Participant #9

Strengths

When asking participants about what has helped them with retention in the field, many participants discussed community support as a strength, this includes professional community with coworkers and personal relationships. Participants also mentioned mentorship with coworkers or professionals as a strength that aids in retention.

"My support has come from my colleagues just maintaining that level of connection and professionalism that if I need to consult, you know they're available to consult. If I need to talk or debrief they're available to do that. So yeah, we kind of support each other." - Participant #12

Fieldwork Experience: After Graduation

Navigating the Licensure/Certification Process

Participants reported difficulty navigating the licensure/certification process during their internship. There were mentions about the number of hours needed, the required supervisors' credentials, direct versus indirect hours, and more. Additionally, applying for and receiving the licensure is confusing and time consuming. There is confusion about the specific paperwork and paper trail required to be submitted to the state department, and the process is very time-consuming, with usually a lot of back and forth. Providers mentioned that after submitting the paperwork, it could take a few months for them to receive their licensure, which can impact whether providers can continue working.

"Then what hinders is just so much bureaucracy that just makes it really hard. If you don't count your hours quite right, there's all these things that can happen. There's some hours you have to have with the social worker. Some you can have with the counselors and other groups. There's just like 20 pages of these finite details that are just so absolutely ridiculous and unhelpful. Reducing that is important." - Participant #11

Providers also discussed barriers and challenges with supervision. They mentioned that the hours and time required are too high, with many providers having to undergo supervision for a few years before receiving their licensure. There is also a barrier for individuals that must pay for supervision out of pocket, which can be expensive considering the number of hours required for licensure. These barriers limit the licensures and certifications that folks would like to receive. Lastly, many providers mentioned challenges with the lack of diversity and representation of supervisors. Participants brought up that supervisors with a non-congruent identity may not have proper guidance on situations that may arise regarding the patient's or the providers' identities.

"The thing I've always wanted to have is a SUDP but again that's another lot of hours, a lot of time, and finding someone to supervise another person can be difficult, there's not a whole lot that can do that kind of supervision without paying out of pocket. Theres are many challenges for some of these other licensures or certifications that can be a lot of barriers for this, plus working and outside responsibility so its always a challenge." - Participant #2

Providers also discussed barriers to the licensure exams. There is a lack of support in preparation for the exam. Most providers had to prepare and seek their own materials and resources for preparation. Providers wish their graduate programs or work provided better support and resources to prepare for the exam. Additionally, participants reported barriers with the licensure exam, specifically with the exam format. Providers reported that the licensure exam is biased, relies on rote memorization, and does not properly capture providers ability to their performance as a provider. Providers would like to see changes to the exam, and some suggested getting rid of it.

Providers are Being Asked to do More than their Capacity Allows

Some participants reported high caseloads as a barrier to retention in the field and that high caseloads lead to provider burnout. Some providers mentioned that due to low retention and lack of providers, they have to fulfill multiple roles within their position, such as being a counselor and case manager.

"I would say that one of the ones that I can think of the most is burn out. The reason why I bring this one up is very often, because there is such a low represent in communities where there is a higher need for BIPOC or LGBTQ+ clinicians. We might get more referrals or get a higher caseloads." - Participant #9

"For example, its a staff thing and funding from the institution that when they don't have enough amount of funding to pay for the person in the position… Therefore, I remember one person in a research center who is a director, but she also had to be the one who incorporate and retain other people - instead of having another person be in charge of that position to retain other people. So with that limited amount of time working 40 hours per week, when you carry 2 different positions is a very heavy workload for one person." - Participant #4

Identity Experiences: We Need Community and Representation at Work

Participants reported experiencing racism and discrimination at work. Specifically, providers reported instances of tokenism and microaggressions from coworkers or leadership. These microaggressions are harmful to the provider, but there were also instances of providers harming patients. Providers would like to see employers receive and provide training on cultural competency, Diversity, Equity, Inclusion (DEI), and anti-oppressive practices. As well as the creation of professional communities around identity. Some examples mentioned by participants include the BIPOC Mental Health Convening organized by Harborview Medical Center, and the use of affinity groups or consultation groups. The Call-to-Action

Series: BIPOC Mental Health Convening's goal is "to bring black therapist and peers together with stakeholders (agencies, universities, health clinics and more) to be part of a conversation to work collaboratively to create solutions."[26]

"Microaggressions, not being appreciated due to an ideology of what professionalism is. Some supervisors have an idea of what therapy should look like and will try to change how a person of color will conduct sessions, talk, and discuss issues with clients. I struggled with finding my voice early on because of supervisors wanting me to speak and act a certain way." - Participant #6

"I remember one time I had a client and on our first session they called me a slur and a monster, because I was non-binary and queer. And then my manager at the time was like, 'okay? Well, like you have to deal with that. You are not allowed to transfer.' And it was in our first session. I was like, yeah, this isn't going to work out. And then her response was 'don't tell people your identity', and I was like first of all I didn't, he just saw me. So I just think supporting folks with marginalized identities, having training and supporting them, is important. There needs to be people and leadership that actually have a grounding in anti-oppressive practice. For those people to have power, executing change needs to happen. If I had some allies that were more supportive, it would be easier to navigate that" - Participant #16

Lack of Adequate Pay and Benefits

All participants brought up the lack of adequate pay and benefits as a big barrier to retention in the behavioral health field. The lack of adequate pay and benefits is unsustainable and leads to high turnover among behavioral health organizations. Providers would like to see improvement in pay.

"The pay is just so astronomically terrible. It's utterly terrible, especially in King County – they need to completely change the way that Medicaid pays for community behavioral health. It's the most broken system I've ever seen in my life. And also with that, general retention is terrible. So no one works. And the turnover is folks on average leave after 8 months. If you have no one in your clinic, everything falls to you – identity aside it's gonna suck, you know. It's abysmal in the county. It has to be fixed on the county level, because clinics are closing because they can't make enough money because Medicaid pays so low." - Participant #16

"I think a lot of the work we do with our clients is encouraging them to advocate for work life balance, and for their own wellness. But a lot of the times within our field, we end up having to sacrifice those things that we are telling other folks to advocate for. So we have to do it within our own field. Let's make it so that providers are able to sustain that balance, and like financially care for themselves and their family, so that we can help other folks that we're trying to heal." - Participant #11

Improving Respect and Recognition

Some participants mentioned the lack of respect and recognition of the behavioral health field by general society and other healthcare fields and professions. Providers believe that integrating fields, such as alternative healing professions, into the training and work could be a possible avenue to improve respect and recognition of the behavioral health field. Additionally, some providers discussed the lack of recognition of certain job credentials. Providers would like to see more lived and learned experience being considered for job positions and pay.

"Or if you know if it's even going to work, or if they're like. Oh, you know I need to talk to my primary care, and your primary care doctor is like what are you talking about kind of thing. What they could be doing is like that's really awesome. Wow! Like, how do I support that? Or there's already a system, you know, policy or billing system in place for us to work with that person. So I think that there could be just some real intentional focus on professional development within, that would kind of build some more structure and respect around those professions." - Participant #8

"Is within some of these organizations that they only take into account certain types of work, or legitimize certain areas of expertise and knowledge. And I think, unfortunately for a lot of these employers, they're like - oh, well, nothing you did before you got your degree and started working in the field matters, and we're not going to pay you for it because it's not mental health. So we're not paying to like our employees who are coming into these spaces who have a wealth of lived experiences that do not fall within this white way of measuring success and achievement and that we value. So if it falls outside of these areas that you're saying irrelevant. you're not paying for it. It's fucked up because we lose a lot of folks who are like - you're not recognizing me for everything I'm bringing in." - Participant #10

Strengths

Participants mentioned a few strengths that help them with retention in the field. Mainly strengths included a sense of making a difference among their clients, having professional community and relationship at work, and having supports such as trainings that have to do with their culture or identity.

Professional Development

Access to Continuing Education

Most participants discussed continuing education during focus groups and interviews. Providers reported challenges such as difficulty accessing quality continuing education credits (CEU's), the out-of-pocket high costs for CEUs, and the time required to complete CEU's. Participants mentioned CEUs are paid out of pocket, which can be difficult with the already low pay providers receive. Additionally, they mentioned that higher quality CEU's tend to be more expensive and therefore harder to access. Lastly, CEUs must be completed for licensure, those providers acquiring licensure have to decide whether they want to complete CEU hours during work time and risk losing income, OR complete the CEUs outside of their work hours. Providers recommended funding for CEUs or offering CEUs at a reduced cost, as well as CEU opportunities being included within employment.

"I think again finances for especially continuing education, cost and money on top of the student loans you already have." - Participant #5

"I think also just finding time to attend those courses, or to do the self-paced courses to get that credit. You get them per hour. And I know for my job as a therapist, I see clients throughout the week, and that's how I make my income to pay for the courses and everything else. But the courses happen during the day, at the same time that I would see clients. So it's judging - do I have the free 2 h to not see clients and not make any money, and then pay for this class to get the continuing education credit that I need for my licensure. So there's definitely financial sacrifice when you're doing that not only to not see clients and not get paid for that, but also paying for the course itself" - Participant #11

We need More Trainings

Providers also mentioned a lack of professional development opportunities such as training at work sites. In addition, providers would like to receive more training around culturally competency, and training about providing other service modalities that are culturally aligned (integration with other healing modalities and healthcare services).

"People should be dumping money into this kind of stuff to make sure professionals have active training, have certification of things, especially around intersectionality. I'm going to keep sounding like a broken record. But intersectionality. Just making sure that people coming to the field know exactly what that is" - Participant #6

"I think that it would be, you know, absolutely integral and fantastic if there were specific professional development supports. So you know, if I am a non-traditional provider in my community, and my services are a little bit more based on culture... I think those professions and those providers still need to be supported and respected, and I think that we need to make available for them professional development, so that they can continue to grow in what they are doing, and their services for people." - Participant #8

Discussion & Recommendations

The landscape assessment of the youth behavioral health workforce in King County report aims to provide both program and policy recommendations to inform strategies at the county level for improving the recruitment and retention of diverse individuals in the behavioral health field. These recommendations are derived from interviews and focus groups conducted with BIPOC and LGBTQ+ behavioral health providers and alternative healers, as well as insights from the literature.

Programmatic recommendations focus on practical actions and initiatives that can be implemented at the county level. They involve specific strategies and interventions that can be directly applied within programs or initiatives. These recommendations often require resource allocation, such as funding, to support the implementation of targeted programs or initiatives. The goal of programmatic

recommendations is to effect tangible changes and improvements within the existing systems and structures.

Policy recommendations, on the other hand, center on suggestions for creating or enhancing existing policies related to the behavioral health workforce. These recommendations are directed towards authoritative entities responsible for policymaking and regulation, such as accreditation and licensure boards, as well as the Washington Department of Health (DOH). Policy recommendations seek to address systemic barriers and drive long-term changes by advocating for policy reforms, adjustments, or the establishment of new policies. They aim to shape the broader environment by influencing the rules, regulations, and standards that govern the behavioral health workforce.

In the scope of this project, the definitions of educational levels are as follows:

- early childhood education refers to pre-K,
- primary and secondary education encompass grades K-12, and
- postsecondary education, also known as higher education, includes educational pursuits beyond high school, such as technical college, community college, 4-year college/university, and graduate programs leading to certificates, degrees, or diplomas. Higher education is further divided into two categories for this project:
    - Pre-graduate programs: This category comprises technical colleges, community colleges, and 4-year colleges/universities. It encompasses the educational pathway before entering graduate programs.
    - Graduate programs/degrees: This category encompasses master's and doctoral degree programs. It focuses on the educational experiences during these advanced programs, which lead to professional licensure.

The following recommendations have been created by the student considering the informational interviews, literature review, and the data gathered with providers and healers. The recommendations provided in the project are organized based on the educational pipeline, addressing various stages from before entering higher education to experiences during graduate programs leading to licensure, and transitioning into the behavioral health workforce. It is essential to note that these recommendations primarily target behavioral health clinicians. While these recommendations are specific to the King County audience and highlight actionable steps that the county can take to address

workforce challenges, there are additional recommendations included that may fall outside the scope and authority of King County. Nonetheless, these recommendations are still valuable to share with other entities and authorities for their consideration.

Stages in the Pipeline	Key Recommendations
Prior to Higher Education (Outreach and Recruitment)	**Programmatic Recommendation:** Provide specific financial support for BIPOC and LGBTQ+ individuals joining behavioral health graduate programs.
	Programmatic Recommendation: Provide funding to behavioral health graduate programs to conduct targeted outreach by leveraging relationships with primary, secondary, and pre-graduate education institutions (middle schools, high schools, community college, technical colleges, and 4-year universities).
	Policy Advocacy and Programmatic Recommendation: Implement a continuous and sustainable education, outreach, and mentorship efforts for youth and young adults in primary, secondary and pre-graduate programs (middle school, high school, community, and technical colleges):
During Higher Education	**Programmatic Recommendation:** Create a continuous and sustainable graduate mentorship and community program for young adults and students in behavioral health graduate programs.
After Graduation: In the Field	**Programmatic Recommendation:** Create a professional community and mentorship programming for behavioral health providers (interns and licensed providers) in the field. An example of an ongoing professional community includes the Harborview BIPOC MH Convening.
	Programmatic Recommendation: Partner with community-based organizations and/or educational institutions to fund a program that offers licensure exam preparation support, support on the licensure or credentialing application process and navigation for internship and continuing education requirements. Examples of local organizations involved in this area of work include:

	• Deconstructing the Mental Health System (DMHS) assists BIPOC therapists in obtaining, maintaining, and navigating the licensure process by offering volunteer opportunities through their DMHS Free Therapy and Wellness Program. They also provide free clinician supervision. DMHS also offers free and low cost CEU's workshops, webinars, and culturally relevant trainings for providers.[27] • iNfinitely Well vision is to expand the network of Health & Wellness professionals of color creating opportunities to connect, consult, and more. In addition, they provide supervision for BIPOC healers. [28]
	Programmatic Recommendation: Partner with community organizations to create a sustainable resource list of BIPOC and LGBTQ+ providers in King County, the list should include approved BIPOC and LGBTQ+ supervisors in the area. Examples of local organizations doing work in this area include: • Deconstructing the Mental Health System (DMHS) has a free therapy and wellness directory of 200+ BIPOC and LGBTQ+A+ affirming providers that serve King County.[27] • iNfinitely Well vision is to expand the network of Health & Wellness professionals of color creating opportunities to connect, consult, and more. They have a healers of color directory.[28]
	Programmatic Recommendation: Provide funding opportunities for interns to complete their internship
Professional Development	**Programmatic Recommendation:** Partner with relevant local entities to provide support and opportunities to various professions that best represent the behavioral health field. This includes paraprofessionals such as CHW, peer counselors, as well as alternative and cultural healers
	Policy and Programmatic Recommendation: Improve access of continuing education by providing funding for continuing education credits (CEUs) or

	offering them at reduced pricing and advocating for continuing education policies that provide accessibility support.

More detailed descriptions of the recommendations are enclosed below.

Entering Accredited Academic Programs that Lead to Licensure

Participants discussed barriers mentioned systemic and financial barriers to getting into higher education. Participants also discussed a lack of knowledge about the process of entering higher education, the behavioral health field, and available pathways and careers. These financial and systemic barriers and knowledge gaps make it difficult for folks with marginalized identities to enter higher education and ergo the behavioral health field. The need to provide specific financial and outreach support to empower BIPOC and LGBTQ+ community members and youth bring about the following recommendations:

A. Improve Outreach and Recruitment for BIPOC and LGBTQ+ Individuals

1. **Programmatic Recommendation**: **Provide specific financial support for BIPOC and LGBTQ+ individuals joining behavioral health graduate programs.**
    a. Examples provided by participants include sustainable scholarship pools and grants that are specific to applicants with marginalized identities such as BIPOC and LGBTQ+ applicants.
    b. The 2021 Behavioral Health Workforce Advisory Committee – Preliminary Report and Recommendations report[29], recommended leveraging public and private funds such as Career Impact Bonds (CIBs). CIBs is a model that pays for the cost of training programs and wraparound services on behalf of the student. This can be used to support tuition and training, housing, transportation, and childcare needs. Students then pay back the cost as a percentage of the wages based on salary thresholds. Investors are reimbursed based on successful outcomes. [29]
    c. Examples of local organizations providing financial support for individuals with marginalized identities entering behavioral health programs include the WA Therapy Fund through their McGirt-Adair Scholar program, they provide tuition, training, and

book assistance to those obtaining degrees in psychology and serving marginalized communities.[30]

2. **Programmatic Recommendation**: **Provide funding to higher education institutions (4-year colleges with behavioral health programs and graduate programs) to conduct targeted outreach by leveraging relations with primary, secondary, and pre-graduate education institutions (middle schools, high schools, community college and technical colleges).**
    a. Examples provided by participants include working with community organizations, hiring and funding outreach positions (I.e., diversity consultant) that focus recruiting BIPOC and LGBTQ+ individuals into the programs and forming partnerships with primary, secondary, and pre-graduate education institutions.
    b. The Building a Diverse Psychiatric Workforce for the Future and Helping Them Thrive[23] report also supports this recommendation of creating a pipeline within the same university, by having behavioral health programs leverage relationships with middle schools, high schools, community and technical college programs to inspire interest in prospective trainees.[23] This would enable behavioral health graduate programs to showcase opportunities in the behavioral health field and create an opportunity for mentoring BIPOC and LGBTQ+ students from an early age.[23] This recommendation could work hand in hand with the recommendation 3c.
3. **Policy Advocacy and Programmatic Recommendation: Implement a continuous and sustainable education, outreach, and mentorship efforts for youth and young adults in primary, secondary and pre-graduate programs (middle school, high school, community, and technical colleges):**
    a. **Policy Advocacy Recommendation**: Participants mentioned the need for improved educational content and curriculum in middle school and high school to include behavioral health education, restorative justice education, health literacy, and inclusivity.
        i. OSPI – Project AWARE increases awareness of mental health issues among school aged youth to bring mental health literacy curriculum into high school

classes.[3] This is currently implemented at three Yakima Valley School Districts.[31] Policy advocacy can be done to implement in King County.

b. **Policy Advocacy Recommendation**: Participants also discussed that the early education experiences of youth, prevent youth from getting into higher education and that there is a lack of safe spaces for BIPOC and LGBTQ+ youth. Advocating for increased access to safe spaces in primary and secondary education (specifically middle school and high school) for BIPOC and LGBTQ+ students is essential.

c. **Programmatic Recommendation**: Participants discussed the need for education and outreach to students (middle school and high school) about behavioral health, and the opportunities and career pathways in the behavioral health field. The outreach and mentorship program could be implemented using community advocates with lived experience that educate and offer guidance about the process to get into graduate school, the behavioral health career pathways, and the behavioral health programs offered.

    i. A local example from the 2021-2022 MIDD Community Driven Behavioral Health Services Grants Awards is the collaborative project with Comunidad Latina de Vashon, who trained Latino youth from Vashon Island on behavioral health and social justice to facilitate the formation of a youth-led behavioral health program and school to organizer pipeline.[32]

Higher Education (Graduate Program) Experience

Participants discussed barriers mentioned barriers experienced once in a graduate program including the lack of representation and community in school, experiences of racism/discrimination, lack of wraparound support for students, lack of hands-on experience prior to internship and alignment with community needs, and lastly a lack support or guidance about navigating the licensure/certification process. The lack of representation and gaps in proper training programming and content make it difficult for folks with marginalized identities to stay and graduate from higher education graduate programs. The need to create community programming and improve educational training for students in behavioral health graduate programs guided the following recommendations:

A. Building Community and Mentorship in Higher Education

4. **Programmatic Recommendation: Create a continuous and sustainable graduate mentorship and community program for young adults in behavioral health graduate programs.**
    a. Implement congruent mentorship programs for BIPOC and LGBTQ+ students in the behavioral health graduate programs. In addition, the program would provide services such as mentorship and guidance, advocacy, and community building efforts (I.e. affinity groups). Lastly, the program should provide or ease access to wrap around supports (mental health, financial, educational) for BIPOC and LGBTQ+ students.

B. Improving Educational Content and Programming

5. **Policy Recommendation: Partner with accreditation boards to improve required content and teachings in behavioral health graduate programs.**
    a. Participants mentioned wanting more tailored training content about working with specific marginalized communities including cultural competency training, or training on navigating one's own identity working with marginalized populations.
    b. Implement integrative content and programs where folks can receive more hands- on experiences before entering fieldwork. This can include integrating other content regarding cultural services, modalities, and healing alternatives. Participants gave examples such as shadowing with different types of providers and learning about incorporating different service modalities that have cultural backings into their work. For example, in the 2017 report "In Training the Future Child Health Care Workforce to Improve the Behavioral Health of Children, Youth, and Families: Proceeding of a Workshop"[24] they mentioned the School of Social Work at the University of Carolina, UNC- PrimeCare program. This program received funding to train social workers with a focus on behavioral health challenges of young adults and provided a 10,000 1-year stipend.
    c. Include cultural competency training and DEI training content. Participants mentioned wanting content that focused on anti-racism and cultural competency practices.

Fieldwork Experience: After Graduation

Participants discussed barriers experienced once out in the field. This includes internship experience working to acquire licensure, and as licensed providers. Barriers mentioned include the lack of representation and community at work, experiences of racism/discrimination such as tokenism, difficulty navigating the licensure/certification process, lack of proper pay for interns and providers, and lastly, barriers around provider capacity such as high caseloads and multiple roles. These barriers mentioned contribute to the low retention rates in the field of individuals with marginalized identities.[3] The need to create professional community and mentorship and improving the licensure/certification process determined the following recommendations:

A. Building Community and Mentorship in the Field

6. **Programmatic Recommendation**: **Create a professional community and mentorship programming for behavioral health providers (interns and licensed providers) in the field:**
    a. Implement a professional community space for BIPOC and LGBTQ+ professionals. Some participants mentioned the BIPOC Mental Health Convening[26] organized by Harborview Hospital as a great example of community creation. In addition, the 2022 report "State Strategies to Recruit and Retain the Behavioral Health Workforce: National Conference of State Legislature"[33] mentioned Project Extension for Community Health Outcomes (ECHO). The ECHO model is a learning framework in which a virtual learning community is created for participants to share support, guidance and feedback through case-based learning. Project ECHO is a great way to build professional community and capacity.
    b. This can also be a community space that BIPOC and LGBTQ+ graduate students can join to find mentorship and support, ergo connecting the graduate mentorship programs with the professional community space.

B. Improving the Licensure/Certification Process

7. **Programmatic Recommendation: Implement a licensure/certification program for graduate students that provide classes or workshops which prepare and provide students with knowledge about the licensure/certification process.**

a. This would most likely entail working with WA-DOH and educational institutions to implement such a program

8. **Programmatic Recommendation: Partner with community-based organizations and/or educational institutions to fund a program that offers licensure exam preparation support, support on the licensure or credentialing application process and navigation for internship and continuing education requirements.**
    a. Examples of local organizations involved in this area of work include:
        - Deconstructing the Mental Health System (DMHS) assists BIPOC therapists in obtaining, maintaining, and navigating the licensure process by offering volunteer opportunities through their DMHS Free Therapy and Wellness Program. They also provide free clinician supervision. DMHS also offers free and low cost CEU's workshops, webinars and culturally relevant trainings for providers.[27]
        - iNfinitely Well[28] vision is to expand the network of Health & Wellness professionals of color creating opportunities to connect, consult, and more. In addition, they provide supervision for BIPOC healers.[28]
9. **Programmatic Recommendation: Partner with community organizations to create a sustainable resource list of BIPOC and LGBTQ+ providers in King County, the list should include approved BIPOC and LGBTQ+ supervisors in the area**
    a. DMHS has a therapy and wellness directory of 200+ BIPOC and LGBTQ+A+ affirming providers that serve King County. In addition, they assist BIPOC therapists in obtaining, maintaining, and navigating the mental health licenses process by offering and encouraging volunteer participation in their Therapy and Wellness Directory program and free clinical supervision.[27]
10. **Policy Advocacy Recommendation**: **Advocate for WA DOH and licensing boards to:**
    a. Improve the licensure exams format to test the competency of providers and make the exam more equitable including language and disability accessibility, and formatting questions to be less biased and to truly capture provider competency and capability.
    b. Minimize hours required for licensure

C. Improving Pay

11. **Policy Legislative Advocacy Recommendation: Increase pay for providers**
    a. Effort to increase reimbursement rates must be sufficiently high to increase pay and capacity for providers and behavioral health organizations. In 2017, WA legislature provided a 2.5% rate increase to BHO's however it was not enough to raise provider salaries.[3]
12. **Programmatic Recommendation: Provide funding opportunities for interns to complete their internship**
    a. Some participants mentioned the lack of pay during internship as a barrier to retention. Participants mentioned examples such as providing pay or incentives for interns.

Professional Development

Participants discussed barriers experienced in professional development opportunities including access to continuing education and the lack of cultural competency training and integration of services. Regarding access to continuing education, participants mentioned difficulty finding quality continuing education credits (CEUs), out of pocket pay for CEUs, and time required to complete CEUs. These barriers contribute to the low retention rates in the field for interns and licensed professionals. The need to expand professional development opportunities with both continuing education and trainings determined the following recommendations:

A. Trainings and Continuing Education

13. **Programmatic Recommendations: Offer capacity building opportunities to educational institutions AND community behavioral health organizations by offering:**
    a. Training in interpersonal and structural racism, Diversity, Equity, and Inclusion (DEI) training, and cultural competency training for faculty and admin (at schools) and leadership and supervisors (at work). The report "Building a Diverse Psychiatric Workforce for the Future and Helping them Thrive"[23] supports this recommendation, stating that faculty development in structural and interpersonal racism including skill development in upstander skills can help change culture.
    b. Incorporate training about different healing services/modalities and integration

14. **Policy and Programmatic Recommendation: Improve access of continuing education by:**
    a. **Programmatic Recommendation**: Providing funding for continuing education credits or offering them at reduced pricing. These were strategies mentioned by some participants to make quality continuing education credits more accessible.
    b. **Policy Advocacy Recommendation**: Sharing results of this project with WA-DOH to advocate for improving continuing education policies that will provide supports such as:
        i. Educational support such as release time for continuing education, educational leave, and tuition reimbursement for providers seeking further professional development. Continuing education is required for licensure, some participants mentioned that they had to choose between seeing patients and making money, vs. working on their CEUs and not seeing patients therefore losing money. Release time for continuing education allows employees to be released from normal work duties and still be compensated at the regular pay rate.

B. Integration

15. **Policy Recommendation**: **Partner with relevant local entities to provide support and opportunities to various professions that best represent the behavioral health field. This includes paraprofessionals such as Community Health Worker (CHW), peer counselors, as well as alternative and cultural healers[18]**
    a. This could be done by expanding professional developments available for paraprofessionals, and healers. An example stated by participants include the Community Health Worker "Promotoras" model. This supports the recommendation made in the 2017 WA Behavioral Health Workforce Assessment report to "increase the use of peer counselors and other community-based workers in behavioral health setting, by expanding training capacity and consistency across the occupations".[3]
    b. The report "State Strategies to Increase Diversity in the Behavioral Health Workforce"[33] mentions the Community Health Worker Apprenticeship Pilot Program which accredits high school students that graduate with a high school diploma and a certificate as a CHW. This creates a pathway for students to enter the field and can increase diversity.

Limitations

The limitations encountered during this project are grouped into two categories: 1) limited project timeframe, 2) Literature Review research and 2) the type of outreach and recruitment strategies selected.

Short Timeline

The student conducted this project within a 9-month timeline. Due to the fixed, limited timeframe, the student truncated all activities into weeks versus months, expediting the project from start to finish. Ideally, with a longer timeline, the student could have dedicated more time to project planning; improved outreach and recruitment efforts to include a more diverse sample of behavioral health professionals; structured the project to be aligned with mixed methods research; conducted more focus groups with higher attendance; and dedicated more time to completing data analysis. The student has learned about the importance of proper time to conduct a quality project, and how to best adapt in circumstances that time may be limited.

Literature Review

In conducting the literature review for this project, several limitations were encountered that should be considered. Firstly, there was a scarcity of literature specifically focused on BIPOC and LGBTQ+ youth mental health at the Washington (WA) and King County levels. This lack of available research restricts our comprehensive understanding of the unique challenges and needs faced by these populations within the local context. Further research is needed to fill this gap and provide insights into the specific mental health outcomes and disparities experienced by BIPOC and LGBTQ+ youth in Washington and King County.

Additionally, there was a dearth of literature addressing the demographic composition of the behavioral health workforce at the state and county levels. The absence of detailed information about the workforce's diversity hampers our ability to fully grasp the representation and experiences of BIPOC and LGBTQ+ individuals within this field. Obtaining a more comprehensive understanding of the demographic make-up of the behavioral health workforce is crucial for developing targeted strategies to enhance recruitment and retention efforts for underrepresented populations.

These limitations highlight the need for further research and data collection efforts focusing on BIPOC and LGBTQ+ youth mental health outcomes as well as the demographic composition of the behavioral health workforce in Washington and King County. By addressing these gaps in knowledge, policymakers and stakeholders can make more informed decisions and implement evidence-based interventions that promote equity, inclusivity, and improved mental health outcomes for all youth in the region.

Outreach and Recruitment Strategy

For this project, the student was tasked to reach out to "traditional" and alternative behavioral health professionals in King County to elicit information about their education, training, and professional experiences that influenced their career paths. One project aim was to use this directly sourced information to understand better how the King County Youth Mental Health Collaboration team can support BIPOC and LGBTQ+ providers that provide mental health services to BIPOC and LGBTQ+ youth. To meet this aim, the student and their site team devised a targeted outreach and recruitment approach to create a stakeholder list of four King County behavioral health organizations and only recruit providers from those groups. The student also implemented a word-of-mouth and snowball outreach approach to increase recruitment of behavioral health providers. After three weeks of steadily relying on this outreach and recruitment strategy, the student and their partnering site decided to expand their outreach and recruitment efforts. This entailed contacting all behavioral health organizations in the Key Stakeholder list, rather than the original 4 chosen. The student emailed organizations to disseminate project information to their providers and networks. Interested individuals would fill out a screening survey, and the student would review to determine if the individuals met the participant criteria. The student increased their pool of interested participants from 12 to 199. Unfortunately, after a careful review of the list of interested participants, under advisement from the student's faculty advisor, it is believed that 167 respondents were invalid due to fabricated or illegitimate responses to the screening questionnaire. The potential cause of this issue can likely be attributed to advertising the value of the incentive for interested, eligible participants. There is also cause to believe that the project opportunity was posted on unintended locations such as Facebook, reddit, and other avenues, as mentioned by individuals in the follow up screening phone calls. After confirming that some individuals fabricated responses, the student decided not to recruit from that large pool of 167 individuals to avoid skewing

the data collected. The student changed course by including the “where did you hear about this opportunity question”, which helped the student conduct targeted recruitment from viable sources. The student learned to be more vigilant about the information included in recruitment materials, such as the incentive amount, and how to plan best and prepare for large amounts of interested individuals.

Conclusion

The landscape assessment of the youth behavioral health workforce in King County has provided valuable insights into the challenges and barriers faced by BIPOC and LGBTQ+ individuals in this field. The goal of this project was to understand the strengths and challenges experienced by the youth behavioral health workforce regarding the recruitment and retention of BIPOC and LGBTQ+ individuals. Through a comprehensive research approach, including a literature review, outreach and recruitment, focus groups and interviews with behavioral health providers and healers, we have gained a deeper understanding of the contextual and community needs and supports for the behavioral health workforce in King County.

The project activities and methods employed in this assessment, such as literature review, data collection through focus groups and interviews, and qualitative data analysis, have yielded meaningful findings that highlight the unique experiences and perspectives of the youth behavioral health workforce. These findings have guided the development of actionable programmatic and policy recommendations to improve recruitment and retention efforts in King County.

The recommendations outlined in this report align with King County's values of equity, social justice, problem-solving, and respect for people. They are also compatible with King County's equity and social justice strategic plan, which emphasizes upstream preventive solutions, strong community partnerships, and accountable leadership. Notably, initiatives within the county, including Best Starts for Kids (BSK), Zero Youth Detention (ZYD), and School-Based Health Centers, can play a pivotal role in translating these recommendations into actionable steps that address the needs of the youth behavioral health workforce.

It is important to acknowledge and express the youth mental health collaboration teams’ gratitude to the participants who shared their perspectives throughout this project. Their valuable insights have shaped the recommendations and contributed to the overall understanding of the

challenges and opportunities in the youth behavioral health workforce. This report is dedicated to King County and all the stakeholders involved in the pursuit of equity, inclusivity, and improved outcomes for the behavioral health workforce in the county.

In conclusion, this landscape assessment serves as a foundation for implementing strategies and policies that will enhance the recruitment and retention of BIPOC and LGBTQ+ individuals in the youth behavioral health workforce in King County. By embracing these recommendations, King County can move closer to achieving a collective vision of an equitable and responsive behavioral health field that effectively supports the well-being of all youth and young people in King County. Through collaborative efforts and a commitment to ongoing improvement, King County can create a thriving and diverse workforce that truly meets the needs of the community.

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Appendices

Appendix A: Outreach Template for Individual Providers and Behavioral Health Organizations

LANDSCAPE ASSESSMENT OF THE
YOUTH BEHAVIORAL HEALTH
WORKFORCE IN KING COUNTY

Subject: Recruiting Behavioral Health Providers and Alternative Healers for Landscape Assessment of the Youth Behavioral Health Workforce Project

Hello ________,

My name is Isis Garcia, a public health graduate student at the University of Washington School of Public Health. I am working on a project in collaboration with Best Start for Kids, Community Well Being Initiative, Zero Youth Detention, and School-Based Health Centers called "Landscape Assessment of the Youth Behavioral Health Workforce in King County". **The purpose of this project is to understand the strengths and challenges that the local youth behavioral health workforce is experiencing in regard to the recruitment and retention of *diverse* youth-serving behavioral health providers and healers.** I will conduct virtual focus groups with clinical behavioral health providers and alternative healers to gather this information, then produce a final report with programmatic and policy recommendations that will be shared with partners in King County. Your participation in this project can inform future programmatic and policy work in improving diversity and representation of the workforce to support and improve youth mental health in King County.

You have been identified as a potential participant for this project. Your participation would be confidential, and any data collected could inform future programmatic and policy work in improving diversity and representation of the workforce to support and improve youth mental health in King County. Participants can receive a **50$** virtual CVS gift card for their time and participation. If you are interested in participating, please review the eligibility criteria below and fill out this screening survey. If you qualify to participate, you will be sent a confirmation email with more detailed information. Please note, King County employees **can** participate, but **cannot** be compensated for their time and participation due to King County policies.

1) Participant has experience providing behavioral health services/alternative healing services to BIPOC/LGBTQ+ youth and young adults (age 5 to 24) **AND**
2) Participant identifies as BIPOC and/or LGBTQ+ **AND**
3) Participants must provide services in King County

Email me at isgarcia@kingcounty.gov with any questions.

Thank you for your time and consideration,

Isis Garcia (She/Her/Ella)
University of Washington
School of Public Health
Community Oriented Public Health Practice MPH program

LANDSCAPE ASSESSMENT OF THE YOUTH BEHAVIORAL HEALTH WORKFORCE IN KING COUNTY

Subject: Recruiting Behavioral Health Providers and Alternative Healers for Landscape Assessment of the Youth Behavioral Health Workforce Project

Hello _______,

My name is Isis Garcia, a public health graduate student at the University of Washington School of Public Health. I am working on a project in collaboration with Best Start for Kids, Community Well Being Initiative, Zero Youth Detention, and School-Based Health Centers called "Landscape Assessment of the Youth Behavioral Health Workforce in King County". **The purpose of this project is to understand the strengths and challenges that the local youth behavioral health workforce is experiencing in regard to the recruitment and retention of *diverse (BIPOC and LGBTQ+)* youth-serving behavioral health providers and healers.** I will conduct virtual focus groups with clinical behavioral health providers and alternative healers to gather this information, then produce a final report with programmatic and policy recommendations that will be shared with partners in King County. Your participation in this project can inform future programmatic and policy work in improving diversity and representation of the workforce to support and improve youth mental health in King County.

Your organization has been identified as a potential avenue for recruitment due to your population focus on serving either BIPOC and/or LGBTQ individuals. We would appreciate it if you could share this with your providers that you believe may qualify for the project. Participants can receive a **$50** virtual CVS gift card for their time and participation.

If you are interested in participating, please review the eligibility criteria below and fill out this screening survey. If you qualify to participate, you will be sent a confirmation email with more detailed information. Please note, King County employees **can** participate, but **cannot** be compensated for their time and participation due to King County policies.

1) Participant has experience providing behavioral health services/alternative healing services to BIPOC/LGBTQ+ youth and young adults (age 5 to 24) **AND**
2) Participant identifies as BIPOC and/or LGBTQ+ **AND**
3) Participants must provide services in King County

Email me at isgarcia@kingcounty.gov with any questions.

Thank you for your time and consideration,

Isis Garcia (She/Her/Ella)
University of Washington
School of Public Health
Community Oriented Public Health Practice MPH program

Appendix B: Screening Survey

Screening Survey

Welcome!

This project called "**Landscape Assessment of the Youth Behavioral Health Workforce in King County**" is a collaboration between multiple partners such as Best Start for Kids, Community Well Being Initiative, Zero Youth Detention and School Based Health Centers. **The purpose of this project is to understand the strengths and challenges that the youth behavioral health workforce is experiencing in regard to the recruitment and retention of** ***diverse*** **youth-serving behavioral health providers**. The population focus of this project is BIPOC and LGBTQ youth and young adults between the age of 5 and 24. This project aims to inform future programmatic and policy work in improving diversity and representation of the workforce to support and improve youth mental health in King County.

This pre-interview survey will ask screening questions in order to determine if you qualify as a participant for this project. Qualifying participants are able to receive a **50$ virtual CVS gift card incentive** for their time and participation.

Participant criteria are as follows:

1) Participant has experience providing behavioral health services/alternative healing services to BIPOC/LGTQ youth and young adults (age 5 to 24) **AND**

2) Participant identifies as BIPOC and/or LGBTQ **AND**

3) Participant must have provide services or currently provide services in King County.

If you qualify as a participant, we will send you an email with more information about the project, and an invite to sign up for a focus group. Focus groups plan to be held between the February 13th - April 1st.

Thank you for your willingness to participate in this project. Please feel free to send this screening survey to any of your colleagues that you believe may be interested and match participant criteria.

If you have any questions, feel free to email Isis Garcia (isgarcia@kingcounty.gov).

* Required

1. Name *

____

2. Age

____

3. Please provide your phone # for eligibility follow up *

4. What organization do you work with? (if any) *

5. How did you hear about this opportunity? *

6. Do you provide services in King County, Washington? *

Mark only one oval.

- Yes
- No

7. Do you consider yourself a clinical behavioral health provider or alternative healer? * Alternative healers are considered providers outside of the traditional mental health system such as cultural and spiritual healers.

Mark only one oval.

- Clinical Behavioral Health Provider
- Alternative Healer
- Student
- Both
- Other: ______

8. What is your role/title? *

9. Licensure/Certification (if applicable)

Demographics of Youth Population Focus

10. I have experience with or focus on providing services to: *

Mark only one oval.

- BIPOC youth and young adults (age 5 to 24)
- LGBTQ youth and young adults (age 5 to 24)
- Both
- Neither

Provider Demographics

11. What is your race/ethnicity? You can pick multiple options. *

Check all that apply.

- White
- Black/African American
- Hispanic/Latinx
- Asian
- Native Hawaiian/ Pacific Islander
- American Indian/Alaska Natives
- Other:

12. What is your gender identity? *

Mark only one oval.

- Female
- Male
- Transgender Woman
- Transgender Man
- Non-Binary
- Other: ______________________

13. What is your sexual orientation? You can pick multiple options. *

Check all that apply.

- [ ] Lesbian
- [ ] Gay
- [ ] Bisexual
- [ ] Queer
- [ ] Straight
- [ ] Other: ______________________

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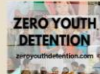
Google Forms

Appendix C: Project Recruitment Info Sheet

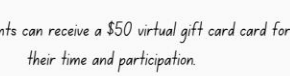
Landscape Assessment of the Youth Behavioral Health Workorce in King County

This project is in collaboration with Public Health Seattle King County, Best Start for Kids, Community Well Being Initiative, Zero Youth Detention and School Based Health Centers. The purpose of this project is to understand the strengths and challenges that the local youth behavioral health workforce is experiencing in regard to the recruitment and retention of BIPOC and/or LGBTQ+ youth-serving behavioral health providers and alternative healers



Data Collection: Focus Groups

We will be conducting virtual 90 minute focus groups. Topics discussed will include the educational pipeline, experience working in the field, and provider support.



Participants can receive a $50 virtual gift card card for their time and participation.

Participant Criteria

1. Participant has experience working with BIPOC and LGBTQ+ youth and young adults (age 5 to 24)
2. Participant identifies as BIPOC and/or LGBTQ+
3. Participant provides services in King County

Interested in Participating?

Fill out the screening survey by clicking on the link or using the QR code to the right. Qualifying participants will be followed up with through email with more detailed information.

Please feel free to email me at isgarcia@kingcounty.gov with any questions

Get the word out!

Do you think an individual or organization might be a great fit for this project?

Share this info sheet with your network! :)

Appendix D: Participant Acceptance Email

LANDSCAPE ASSESSMENT OF THE
YOUTH BEHAVIORAL HEALTH
WORKFORCE IN KING COUNTY

Subject: Acceptance to Participate in Focus Group for the Landscape Assessment of the Youth Behavioral Health Workforce in King County Project
Dear _________,

Thank you for completing the eligibility screening survey for the Landscape Assessment of the Youth Behavioral Health Workforce in King County project. **You qualify as a participant for this project.** I am reaching out to provide you with more information about our data collection process and to schedule your participation in a focus group.

The purpose of our data collection is to learn about your experiences within the educational pipeline (training and supervision for licensure/certification), challenges experienced in the field, and provider support. The primary data collection method is virtual 90-minute focus groups that will be conducted through Zoom. Participants will include both behavioral health providers and alternative healers. The data collection process will be confidential, and we will collect verbal consent during the focus group.

Additionally, you can receive a **$50** virtual CVS gift card for your time and participation. However, King County employees are not eligible for compensation due to King County policies.

Focus groups will be held on these dates and times:

1. **Friday Feb 24th - 10:00 AM**
2. **Tuesday Feb 28th - 5:30 PM**
3. **Friday March 3rd - 10:00 AM**
4. **Wednesday March 8th - 3:00 PM**
5. **Friday March 10th - 10:00 AM**
6. **Tuesday March 14th - 5:30 PM**

Please choose a focus group date and time on Calendly that works best for you. If no option listed works for your schedule, please contact me.

The focus group guide will be sent out prior to the focus group for your review, along with the Zoom invite and link.

Best,
Isis Garcia (She/Her/Ella)
University of Washington
School of Public Health
Community Oriented Public Health Practice MPH program
isgarcia@kingcounty.gov

Appendix E: Focus Group/Interview Guide

Date of Focus Group:

Focus Group with Behavioral Health Providers and Alternative Healers

Introduction (8 min)
See Presentation

Icebreaker: What is your name, your role/title and your population focus?

Attendees:

Participant # - Name	Role/Title	Verbal Consent (Yes or No)

Discussion Questions (1 hour 15 min)

Topic #1: Educational Pipeline

In this first topic, we will be focusing on the educational pipeline. This includes questions about recruitment and retention regarding training and the licensure/certification process. However, the first 4 questions will focus on the recruitment and retention of individuals in educational institutions receiving their degrees. Please note that we will discuss licensure and certification in the later questions.

1. What are the most significant barriers to recruiting and retaining BIPOC and LGBTQ+ individuals in educational institutions, such as the ones you attended?

Notes here *Recruitment:*   *Retention:*

2. How can recruitment and retention of BIPOC and LGBTQ+ individuals be increased in educational institutions, such as the ones you attended?
    a. Probe: What is the role of educational institutions (colleges, high schools) and training programs in the recruitment and retention of diverse individuals?
    b. Probe: In your opinion, who or what can aid with the recruitment and retention of BIPOC and LGTBQ+ individuals in educational institutions?

Notes here *Recruitment:*   *Retention:*

3. What were some strengths and challenges of your educational training experience?
    a. Probe: How did your identity and lived experience influence the strengths and challenges you experienced as part of your education and training?

Notes here *Strengths:*   *Challenges:*

4. How could your educational training experience have been improved?
    a. Probe: What could your institution have done to improve your educational training experience?

Notes here

These next few questions will focus on your experience regarding acquiring your licensure or certification post-degree. I want to clarify that certification includes certifications that clinical behavioral health providers can receive to expand their training or education (such as a specific therapy modality), AND it also entails certifications that alternative healers can acquire.

5. What are some strengths and challenges you experienced in meeting the requirements for pursuing your licensure or certification post-graduation?
    a. Probe: How did your identity influence your experience in meeting your licensure/certification requirements?
    b. Probe: What motivators or barriers did you experience while trying to acquire your licensure or

certification?

Notes here

6. How could your experience in acquiring licensure/certification have been improved?
    a. Probe: What services or resources might have helped your experience in obtaining your licensure or certification?

Notes here

Topic #2: Behavioral Health Field Experience

Thank you all for your input and discussion regarding the educational pipeline. We will now be moving onto the topic of your experience in the field.

7. In your opinion, what are the most significant barriers that contribute to low rates of retention of BIPOC and LGBTQ individuals in the behavioral health field?
    a. Probe: What factors are associated with low retention of BIPOC and LGBTQ behavioral health providers?

Notes here

8. In your experience, what are the most significant strategies to support the retention of BIPOC and LGBTQ providers in the behavioral health field?
    a. Probe: What motivates or hinders your decision to work in the behavioral health field?

Notes here

Topic #3: Provider Support

We want to ensure how we can provide support in order to retain students and behavioral health providers in the field. This next topic will focus on provider support.

9. What support or resources have you received as a BIPOC and/or LGBTQ+ provider that has contributed to your retention in the behavioral health field? How so?

Notes here

10. What are some supports or resources you wish were available to support the retention of BIPOC and LGTBQ+ providers in the behavioral health field?

Notes here

Conclusion (5 min)

Is there anything else you would like to share? Please feel free to contact me at isgarcia@kingcounty.gov if there is anything else you would like to discuss.

If there is an important question we did not get to - I will be following up over email with participants to get input for any missed questions or information.

Thank you for your time and input on this research project. Your contribution will be extremely valuable for King County and its partners who are working to improve youth mental health in King County.

If you are interested in receiving the FG notes and/or the final report of this project please send me or the notetaker a private message with your email address and the document you are requesting. As mentioned previously participants can receive a virtual $50 CVS gift card for their time as compensation (unless you are a King County employee), if you would like to receive this incentive please send us a private message in the chat as well. Incentives will be distributed within a few days. I will also follow up with you for confirmation that the incentive has been received.

Delete this table after collecting information

Email	FG Notes or Final Report	Opt-In for Incentive (yes or no)

Appendix F: Phone Follow Up Questions

Phone Follow-Up Questions

Hello, my name is Isis Garcia, I am a graduate student working on the Landscape Assessment of the Youth Behavioral Health Workforce Project. Thank you for doing this follow-up screening and answering any additional questions. Let me know if you have any questions prior.

- Please confirm your name and age.
- How did you hear about this opportunity?
- What state and county do you provide services in?
  - If King County → what city or neighborhoods do you primarily serve?
- What organization do you work with or provide services through?
- What is your current job title? Please describe your professional role.
- What licensure or certification have you received?
- What is your target population, or population focus?
  - What youth group do you serve?
  - What age range of youth do you serve?
- What kind of behavioral health services do you provide to your patients/clients? Please be specific. (i.e. substance abuse treatment, treatment specialties, etc.)
- How do you racially identify?
- What is your gender identity?
- What is your sexual orientation?

Appendix G: Demographic Visuals

Landscape Assessment of the Youth BH Workforce in King County

DEMOGRAPHICS

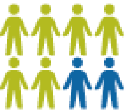
Total of 19 participants

GENDER IDENTITY

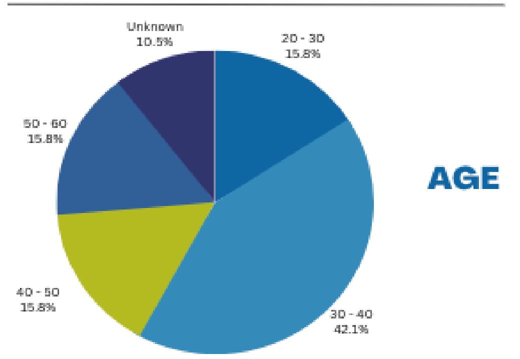
Female	63.2% (12)
Male	5.3% (1)
Non-Binary	21.1% (4)
Transgender	5.3% (1)
Sacred Gender	5.3% (1)

RACE/ETHNICITY

PARTICIPANTS COULD CHOOSE MULTIPLE OPTIONS



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



AGE

SEXUAL ORIENTATION

PARTICIPANTS COULD CHOOSE MULTIPLE OPTIONS

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

Figure 3: Demographics of Participants

Landscape Assessment of the Youth BH Workforce in King County

ORGANIZATIONS

Total of 18 Employers Listed

EMPLOYERS

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

Figure 4: Employers of Participants

PROVIDER CHARACTERISTICS

Total of 19 participants

TYPES OF PROVIDERS

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

ROLES/TITLES

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

LICENSURES/CERTIFICATIONS

participants could choose multiple options

Licensure/Certification	Percent (n)
Working on Licensure	
• LMHCA	15.8% (3)
• LMFTA	5.3% (1)
• LSWAIC	5.3% (1)
Licensed Providers	
• LMHC	26.3% (5)
• LICSW	10.5% (2)
• LMT	5.3% (1)
• Doctor of Acupuncture	5.3% (1)
• Provider	5.3% (1)
Other Credentials	
• CPC & Other credentials	5.3% (1)
Unknown	15.8% (3)

Figure 5: Provider Characteristics (Type of Provider, Role, Licensure)

Appendix H: Additional Quotes from Findings

Getting Into Higher Education

Recruitment Process

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

- Participant #16

"Most of the schools I had applied to required testing and GPA; sometimes, some of those can be limiting. Especially if you do come with a background, especially for individuals in which English is not their first language. So I would say that also can be a barrier. "

- Participant #9

Marketing and Outreach for Recruitment

"Honestly, I think starting early is great, talking to middle and high school youth so they can realistically see what possible opportunities are out there. Especially on social services, which is not super shiny."

- **Participant #14**

Finances

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

- Participant #9

Educational Pipeline: You're In… Now What?

Identity Experiences: Educational Institutions Need Representation and Community

"Tenured faculty oftentimes gets a choice of which class to teach, and no one wants to teach this class (class for BIPOC and Queer students), because they know how hard it is. If you're the only one of 2 faculty of color, are you going to put your neck out to teach this course with that much work and that much emotional labor? Probably not... and your tenure committee is mostly likely not going to support that decision. In fact, tenured faculty of color that I've known that have taught that class, they get burnt out very quickly. White faculty are often not asked to do that. This is when adjunct faculty are brought in."

- Participant #17

"Looking at schools and professors, how many professors are you going to have that actually look like you or have a shared identity with you? That also involves retainment of QTBIPOC students, and a lack of community and belonging once you're there."

- Participant #14

"There's so many different socioeconomic factors that came into play for like who actually makes it to this top level of education that we're saying is important and necessary in order to be teaching in these programs. What it meant for our program was predominantly white faculty, and you might have some adjunct faculty who were BIPOC or LGBTQ+I identified, but the primary faculty had the privilege to get there. That skew is going to continue as long as those requirements are in place for K credited programs"

- Participant #10

"There's a lot of imposter syndrome that happens. I already had a master's degree and worked for the institution, and when I looked around I saw I was one of 2 students of color. Immediately all of those feelings of - Do I belong here? Is this the right career for me? came back. Why am I putting so much time into a program that I've gonna have to explain myself over and over again"

- Participant #17

"In my class, at least we have a lot more Caucausians, and we have a very small amount of diversity, equity inclusion focus in our class. Therefore, there was a big tension in the school of having and retaining any of the BIPOC students. There was pretty strong racism in the school. When they get in they feel good, until 1 year or 2 years, and then they don't have the support from the community to share their experience. So that is one thing I experienced."

- Participant #4

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

- Participant #11

"They stopped talking to me. Some of them I had relationships with after college and graduate school, but the moment they realized that I wasn't their token anymore and I didn't belong to them, they just like stopped talking to me all together."

- Participant #15

The Need for Improved Educational Programming/Content

"So if you're trying to target people…. Im 36 years old. I grew up in the 90s, where they say "college, that's the only thing that matters, that's the only thing you need to do"... and then you get there and there's no wraparound service to help you figure out what to do next."

- Participant #8

"And so I feel like there's a lack of pathways for people and the pathways that are available are very aligned with an imperialism very traditional kind of education that really doesn't give you any hands-on experience, and really doesn't prepare you for what it's actually like to work in the field and connect with people who are in those communities..."

- Participant #8

Fieldwork Experience: After Graduation

Navigating the Licensure/Certification Process

"Yeah, one way that I can think is that for me, it's really important for me to have a supervisor that's a person of color. I think I have decided that while I was still in my program, just because of the specific client work that I want to do, and the barriers that I had in the courses as far as getting support. I felt most supported when I could get feedback and mentorship from clinicians that had similar lived experiences for me, or that could relate to clients in similar ways that I was experiencing."

- Participant #11

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

- Participant #5

"Consultation and support groups – we need to have somewhere to go, to try to be in a community, to have a container for what we're trying to hold. We would feel a little bit more patched up and have our hearts with us when we go home. I think that's a really really big one."

- Participant #14

Identity Experiences: We Need Community and Representation at Work

"The amount of peers that I had that wanted to be in this field, but we're like sexists or misogynistic or still had their own collective biases around certain groups.. I'm like you can't go into the field doing that. You're gonna hurt people. But we are not taught those things, we're not explicitly taught those things. So making sure that that is honed in on and like the money part isnt a factor."

- Participant #8

"Group focus and discussions… I know this conversation from tonight, from that BIPOC behavioral health convening with UW Behavioral Health, and those are very helpful to gather all the BIPOC providers together and share the information with a very prestigious school like UW. It make those events become more valid to the community."

- Participant #4

Improving Respect and Recognition

"We get excited when someone's like a doctor or a football player. Whoa! But you know, where is that recognition for the people that are actually working with people's mental health and emotional wellbeing."

- Participant #1

Professional Development

Access to Continuing Education

"It'd also be really cool to have a place to go to find continuing education that is specific and catered to BIPOC and LGBTQ+ Providers that are healing-centered and to make them accessible."

- Participant #14

We need More Trainings

"What they (primary care providers) could be doing is like that's really awesome. Wow! Like, how do I support that? Or there's already a system, you know, policy or billing system in place for us to work with that person. So I think that there could be just some real intentional focus on professional development within, that would kind of build some more structure and respect around those professions."

- **Participant #8**

"I think conditions that would make it so that we're able to offer varied support, while clients are still able to use resources from the State or resources from systems, would help to retain us in the field... I think oftentimes we're asked to make decisions kind of between making money and kind of compromising parts of our practice or service... because otherwise they wouldn't be able to afford to see me if I didn't go through insurance, or if I didn't practice, this highly medicalized model of service that my workplace requires me to use versus using a more holistic or a more culturally based practice that is still credible, but not to like these larger systems that I work with them."

- Participant #6