



**Improving Youth Behavioral Health Outcomes in Boston through
Behavioral Health Workforce Expansion**

Request for Proposal

2023

Executive Office
Center for Behavioral Health and Wellness

February 15, 2023

I. Overview

The Boston Public Health Commission (BPHC) is the local public health department for the city of Boston. BPHC's mission is to protect, preserve, and promote the health and well-being of all Boston residents, particularly the most vulnerable populations.

BPHC is issuing a Request for Proposals (RFP) in order to expand, develop and implement new and existing efforts to recruit a diverse behavioral health workforce that meets the needs of all Boston residents and creates a sustainable pathway of workers in the City. A sustainable pathway is strengthened by an increase of available, accessible, cultural, and linguistically diverse behavioral health providers.

With a strained behavioral and mental health system pre-pandemic, the prevalence of behavioral health disorders has steadily increased since COVID-19, especially among youth (children, adolescents, and emerging adults) of racial, ethnic, sexual, and gender minority groups.ⁱ A growing body of evidence demonstrates that youth in racial, ethnic, sexual, and gender minority groups experience worse behavioral outcomes than their peers.^{ii,iii,iv,v} Data show that suicide rates are nearly twice as high in Black compared to White boys five to 11 years old and have been increasing disproportionately among adolescent Black girls 12 to 17 years.^{vi} Other youth at increased risk for behavioral health disorders include youth who identify as LGBTQ+^{vii}, from low-income households, involved in child welfare and juvenile justice systems, or with disabilities.^{viii} The trends in youth behavioral health are so concerning that the American Academy of Child and Adolescent Psychiatry (AACAP), the American Academy of Pediatrics (AAP), and the Children's Hospital Association (CHA) declared a National State of Emergency in Children's Mental Health in 2021.^{ix,x}

Additional to the increased behavioral health services and resource needs, the behavioral system continues to face an increase in workforce shortage. Data from 2021, presented in reports from the Association for Behavioral Healthcare (ABH) in Massachusetts illuminated high rates of staff turnover - that for every ten mental health clinicians hired, there were thirteen that left.^{xi} This increased treatment gaps and exacerbated treatment availability and accessibility for communities that historically already faced barriers to mental and behavioral health care. Further, the 2020 Boston Community Health Improvement Plan (CHIP) findings exposed mental health and substance use concerns and barriers-including barriers due to cost and lack of culturally competent care.^{xii} The need for increasing diverse, culturally/linguistically competent behavioral health workers in the City of Boston was identified as a high priority area.^{xiii}

To meet these needs and address the workforce shortage gaps, there is a need to expand behavioral health workforce development programs that specifically reach residents of Boston. This RFP is seeking proposals to address that need. Details and requirements for proposals to address these needs are further described in the Scope of Service section.

The Boston Public Health Commission (BPHC) is committed to contracting with a diverse group of businesses particularly those often underrepresented in government contracting. As part of your application, please indicate if your business is one of the following: Minority-owned (MBE), Women-owned (WBE), Veteran-owned (VBE), Service-disabled Veteran-owned (SDVOBE), Disability-owned (DOBE), Lesbian Gay Bisexual Transgender owned (LGBTBE), or a Local business (within City of Boston). If your business is a Certified Under-represented Business Enterprise in any of these areas, please attach documentation of certification.

II. RFP Timeline

February 1, 2023	RFP posted on The Boston Globe
February 1, 2023	RFP available online at Bids and RFPs Boston.gov
February 10, 2023	<p>RFP questions due via email by 5:00pm EST</p> <p>Send questions via email to: Samara Grossman, LICSW, Director of the Center for Behavioral Health and Wellness at: cbhwquestions@bphc.org</p> <p>Subject: <i>Expansion for BH Workforce Pathway RFP- Questions</i></p>
February 17, 2023	Responses to questions available for viewing at Bids and RFPs Boston.gov by 5:00pm EST
March 13, 2023	<p>Proposals due via email by 9:00 AM</p> <p>Send proposals via email to: procurement@bphc.org and cbhwquestions@bphc.org</p> <p>Subject: <i>Expansion of BH Workforce Pathway Proposal</i></p> <p>NO EXCEPTIONS TO THIS DEADLINE</p>
March 21, 2023 - March 23, 2023	Interview with applicants, as needed
April 3, 2023	<p>Notification of Decision: Selected candidate(s) will be notified of award by 5:00pm EST</p> <p>Desired date for notification of award to proposer however, BPHC has the discretion to extend this date without notice. The contract(s) results from this RFP shall be in effect when all necessary contract documentation is fully executed by BPHC and awarded vendor(s).</p> <p>Candidate(s) will be notified via email by 5:00pm EST</p>

III. Background

Note: Behavioral health is a holistic term that encompasses the emotional, psychological, and social factors that affect a person’s overall well-being and may often refer to mental health and substance use disorders.^{xiv}

As noted above, the demand for behavioral health services has been urgent, and that demand increased during the COVID-19 pandemic. These issues have not abated with COVID-19 infection rates.^{xv} In

February 2022, the Association for Behavioral Healthcare (ABH) released an issue brief titled, *Outpatient Mental Health Access and Workforce Crisis*^{xvi}, which summarized results from a survey of its members conducted in Fall 2021. ABH found that over 13,700 people in Massachusetts are currently on a waitlist for outpatient mental health services and that the estimated average wait time for children and youth to receive ongoing mental health therapy services is 15.3 weeks. ABH ultimately found that this “workforce crisis” is delaying access to outpatient mental health treatment among Massachusetts residents.

The workforce crisis impacts a foundational component of an individual’s overall health and well-being, one’s behavioral health. However, behavioral health care has not always been offered equitably. Behavioral healthcare is difficult to find; a recent study found that up to 50% of behavioral health providers do not accept insurance.^{xvii} Further, people of color experience mental health conditions at similar rates compared to white individuals but are less likely to receive services.^{xviii} There are barriers to accessible care, limited cultural competence, and stigma towards communities of color, those with substance use disorders, those unhoused, people with disabilities, and people in the LGBTQ+ communities or other historically marginalized groups. In addition, not all cultures or communities endorse mental and behavioral health concepts as the current behavioral health model proposes them. These issues and more have long prevented individuals, particularly those in communities of color, from seeking behavioral healthcare.

One concrete way to address these disparities and address the urgent need to increase access to behavioral health care and services is to increase the number of providers in the behavioral health workforce that reflect the communities they serve. Data shows that reflection of diversity between provider and client increases treatment alliances and improves treatment outcomes.^{xix} This has been the request of communities in Boston, as reported in the CHIP, there is a direct need for an increase in the number of diverse, culturally/linguistically competent behavioral health providers.^{xx}

IV. Scope of Service

The BPHC is seeking vendor(s) with extensive knowledge and experience working with Boston’s diverse communities with an ability to prioritize neighborhoods in Boston experiencing a behavioral health workforce shortage, and where disparities in mental health outcomes among Black, Latinx, and immigrant and otherwise historically marginalized residents have been indicated in available data. This pathway program will focus on recruiting individuals from these communities to ensure cultural, racial, ethnic, linguistic, and other key aspects of diversity in the behavioral health workforce in Boston.

The vendor will be required to engage community partners and community-based organizations to collect demographic data, collaborate with BPHC and City of Boston representatives, potential collaboration with advisory groups and community groups, and respond to needs expressed from BPHC, City of Boston and behavioral health workforce community members. The vendor would work in tandem, and coordinate with, work being done within BPHC to support programs that develop, implement, and disseminate enrichment programs for high school age youth who may pursue certificate, graduate, and undergraduate training in behavioral health roles.

The BPHC has a stated priority to make BPHC a model for racial justice and health equity that advances our vision of achieving optimal health and well-being for all Boston residents. This RFP will prioritize proposals by academic institutions and training programs that can show evidence of supporting and

promoting historically marginalized students in entering and graduating from programs (certificate and degree) that prepare them to enter the behavioral health workforce in Boston, with a priority focus on youth-facing providers.

The aims of the proposal are as follows (see Logic Model for details):

1) Increase the enrollment in behavioral health human services and health sciences programs preparing students for careers in behavioral health professions; with priority for students from culturally, linguistically, racially, and otherwise diverse backgrounds (LGBTQ+, people with disabilities, formerly unhoused, immigrant or first generation, formerly incarcerated, etc.).

2) Provide certification options for paraprofessionals in behavioral health fields (i.e., mental health specialist certification, peer counselor certification (NCPS), recovery coach certification (CARC), etc.), with priority for students from culturally, linguistically, racially, and otherwise diverse backgrounds (LGBTQ+, people with disabilities, formerly unhoused, immigrant or first generation, formerly incarcerated, etc.).

Proposals may also include, but are not limited to:

- Stipends for students who need support in completing internships, practicum, or other training requirements for placement in behavioral health workforce sites.
- Tuition assistance for students in their final stages of degree or certification completion, with requirement of subsequent service in Boston neighborhoods with demonstrated need for behavioral health services and/or lack of access to behavioral health services.
- Financial assistance for students with demonstrated need to address social determinants of health needs to successfully complete or further their education and training requirements.
 - Including, but not limited to, services, and supports that can be individualized and may include resources such as subsidized childcare and dependent care, transportation vouchers (public transportation or shared ride reimbursements), housing supports (e.g., rental payment to avoid eviction, repair services), meal vouchers, or small grants for additional, one-time emergency expenditures that limit abilities to attend training (e.g., transportation needs).
- Stipends for supervisors or otherwise qualified individuals to support protected time to provide training and clinical supervision, with a focus on youth services/support.
 - Ability to describe the demographics of the supervisors or other qualified individuals, students and early career staff being supported.

V. Minimum Qualifications

Qualified Applicants must meet the following requirements:

- 1) Experience providing culturally competent and culturally humble education/training that will prepare students for serving diverse behavioral health workforce needs, particularly in preparing workers to build rapport and trust, and particularly for working with youth in an urban environment.
- 2) Experience providing students with a thorough understanding of social determinants of health, health disparities, and health equity concepts, as well as understanding of the socio-political context of historically marginalized peoples, communities, and cultures as a framework for training in behavioral health employment skills.
- 3) Expertise in using an intersectional and trauma-informed approach to address students' learning needs to be able to mitigate trauma and social determinants of health that may impede student readiness and success in entering the behavioral health workforce.

VI. Proposal Requirements

Proposal Requirements: Proposal narrative not to exceed 10 pages, single-spaced, 12-point Times New Roman, one-inch margins. This page limit does not include cover page and requested attachments (i.e., workplan table, budget sheet, budget narrative, and CV of key staff).

Selected vendor will be required to enter into the BPHC's standard contract and complete required forms (this includes a CORI) prior to the start day of the contract.

To be considered for funding, the proposal must include the following in this order:

1. **Organizational Experience:** *How is your organization prepared to address the aims of the program?* Provide a description of relevant organizational experience with similar programs and student populations, including organizational resources that will be leveraged to implement this project, with a focus on how your organization meets the qualifications outlined above. - *no longer than 3 pages*

In addition, this section should:

- a. Articulate how your organization supports and collaborates with students who stem from racially, ethnically, culturally, and otherwise diverse backgrounds.
 - b. Describe how your program will include culturally competent, culturally humble, trauma-informed approach to training students preparing to enter the behavioral health workforce.
1. **Understanding of the Need:** *What is your understanding of the need for equitable behavioral health workforce pathway enhancement?* Describe the population who will be reached and ultimately served by your program or initiative. Provide a rationale and justification for selecting your target population. Describe how your program will promote equity throughout the program delivery and lead towards equitable outcomes.
 2. **Evaluation Methodology:** *What evaluation methodology would you use to evaluate your proposed program?* Provide a detailed summary of the evaluation approach and how it will be implemented. Describe dissemination strategies for evaluation results. Please be advised that this proposal requires that evaluation learnings will be shared on a quarterly basis with the BPHC Center for

Behavioral Health and Wellness (CBHW) team for review and feedback. CBHW will also offer support and assistance at the quarterly meetings to ensure program goals are being attained and will assist in troubleshooting barriers to success.

This section should also address primary approaches to gathering demographic data, including:

a. Description of ability to collect and track and report on demographic data related to all students, enrolled, or otherwise engaged in behavioral health workforce training, as well as their supervisors, or other qualified individuals overseeing their work, and the populations served.

i. This includes zip code, neighborhood, gender, race, ethnicity, potentially income bracket information to ensure equity focus.

3. **Workplan:** *What is the proposed timeline for each activity?* Provide a workplan for key activities indicating activity, timeline to be completed, and person(s) responsible. Proposed workplan with activity, timelines, measurable outcomes for each activity (including number of people to be reached) to be completed for April 3, 2023 – June 30, 2026, or for the proposed time period within those dates, for the following time periods (noting duration of proposed applications can be before June 30, 2026, but must be completed on or by June 30, 2026):

April 3, 2023 - June 30, 2024

July 1, 2024 - June 30, 2025

July 1, 2025 - June 30, 2026

Proposal should include description of anticipated timeline of:

- a. The approach to attracting diverse student populations into behavioral health academic programs and/or certification courses:
- i. Recruiting diverse student populations into behavioral health academic programs and/or certification courses.
 - ii. Retaining diverse student populations in behavioral health academic programs and/or certification courses.
 - iii. Training diverse student populations for behavioral health positions in the workforce, with a focus on youth serving positions.
 - iv. Placing diverse student populations into behavioral health positions in the City of Boston, with a focus on youth serving positions.
- b. Proposal must show that participants are willing to work in community behavioral health settings in the City of Boston upon graduation/completion of certificate.
- i. Must include evidence of a concrete relationship with a minimum of one employer that is defined as a community behavioral health provider with operations in Boston in the target occupation(s).
 - ii. Graduating students/participants will be able to seek and obtain employment/placement, with a focus on youth serving organizations,

strong preference for organizations that adhere to National [CLAS](#) Standards.

1. The employer/s must **serve Boston residents** from culturally, linguistically, racially, and otherwise diverse (LGBTQ+, people with disabilities, formerly unhoused, immigrant or first generation, formerly incarcerated, etc.) backgrounds

2. The employer/s **must employ staff** from culturally, linguistically, racially, and otherwise diverse (LGBTQ+, people with disabilities unhoused, or formerly unhoused, immigrant or first generation, formerly incarcerated, etc.) backgrounds who provide direct care behavioral health to Boston residents

c. Description of the core outcomes that will be accomplished, including numbers trained, roles trained, populations served, provider/workplace type, etc., i.e.) 100 students/participants trained in 2 years; with 50 students placed in Boston based community behavioral health centers or organizations, 25 of which are focused on youth behavioral health.

4. **Challenges and Solutions:** *What are some of the anticipated challenges in implementing this proposal and how would they be resolved?* Describe challenges anticipated in meeting the goals of this proposal and how you will address them to accomplish the aims.

a. Include a description of your willingness and ability to meet quarterly with BPHC Center for Behavioral Health and Wellness team members to review outcomes; discuss program goals and implementation; proactively address issues affecting metrics and outcomes.

b. Include a description of your ability to create quarterly reports to be given to BPHC Center for Behavioral Health and Wellness to ensure ability to monitor progress of activities and outcomes and track key metrics related to achieving program goals.

6. **Budget and Budget Justification:** *What budget requirements are needed to complete the program?* Include a proposed budget for each of the years listed above and a budget narrative justification of line-item costs associated with the services pertaining to the scope of service, including personnel, direct costs, any consultant or subcontract costs, and indirect costs.

Additional Requirements:

7. **Curriculum Vitae (CV).** Please submit the CV of each of the lead staff/consultants participating in scope of service.

8. **Three business references.** Please submit three business references pertaining to the scope of service.

9. **Certified Underrepresented Business Enterprises Certification** (if applicable). CUBE Vendors must submit a copy of verification along with proposal.

VII. Period of Performance and Funding

The period of performance for this program starts on April 3, 2023 and extends before or up to June 30, 2026. All funding must be expended before or by June 30, 2026.

Period of Performance. Services will be required on an as-needed basis. BPHC does not guarantee the amount of services to be performed. BPHC may extend the period of performance prior to the end of June 30, 2026, this is subject to funds availability and additional work if required.

Total Budget: Up to **\$5,000,000** of ARPA funding is available through the Center for Behavioral Health and Wellness of the BPHC.

The amount per award and number of contracts funded is dependent on the number of qualified proposals received and proposed budgets to meet the goals of this RFP and the scope of service.

VIII. Proposal Scoring

Proposal Section	Points
Organizational Experience	15
Understanding of the Need	10
Evaluation Methodology	20
Workplan	20
Challenges and Solutions	15
Budget and Budget Justification	20
Total Points	100

IX. Submission Instructions

Note: Any risks associated with the electronic transmission of responses to this Request for Proposals is assumed by the vendor.

Proposals must be received no later than 9:00 AM March 13, 2023
Proposals must be submitted by email to procurement@bphc.org and cbhwquestions@bphc.org with the subject line:

Expansion of BH Workforce Pathway Proposal

No extensions will be granted.

Citations

- ⁱ Jennifer A. Hoffmann, Margarita Alegría, Kiara Alvarez, Amara Anosike, Priya P. Shah, Kevin M. Simon, Lois K. Lee; Disparities in Pediatric Mental and Behavioral Health Conditions. *Pediatrics* October 2022; 150 (4): e2022058227. 10.1542/peds.2022-058227
- ⁱⁱ 7. Simon KM. Them and me - the care and treatment of Black boys in America. *N Engl J Med*. 2020; 383 (20):1904–1905
- ⁱⁱⁱ Marrast L, Himmelstein DU, Woolhandler S. Racial and ethnic disparities in mental health care for children and young adults: a national study. *Int J Health Serv*. 2016;46(4):810–824
- ^{iv} Kuper LE, Mathews S, Lau M. Baseline mental health and psychosocial functioning of transgender adolescents seeking gender-affirming hormone therapy. *J Dev Behav Pediatr*. 2019;40(8):589–596
- ^v Moyer DN, Connelly KJ, Holley AL. Using the PHQ-9 and GAD-7 to screen for acute distress in transgender youth: findings from a pediatric endocrinology clinic. *J Pediatr Endocrinol Metab*. 2019; 32(1):71–74
- ^{vi} Jennifer A. Hoffmann, Margarita Alegría, Kiara Alvarez, Amara Anosike, Priya P. Shah, Kevin M. Simon, Lois K. Lee; Disparities in Pediatric Mental and Behavioral Health Conditions. *Pediatrics* October 2022; 150 (4): e2022058227. 10.1542/peds.2022-058227
- ^{vii} Center for Disease Control and Prevention. Lesbian, Gay, Bisexual and Transgender Health. LGBT Youth. <https://www.cdc.gov/lgbthealth/youth.htm> Accessed January 4, 2023.
- ^{viii} Jennifer A. Hoffmann, Margarita Alegría, Kiara Alvarez, Amara Anosike, Priya P. Shah, Kevin M. Simon, Lois K. Lee; Disparities in Pediatric Mental and Behavioral Health Conditions. *Pediatrics* October 2022; 150 (4): e2022058227. 10.1542/peds.2022-058227
- ^{ix} Association for Behavioral Healthcare. Outpatient Mental Health Access and Workforce Crisis Issue Brief. Association for Behavioral Healthcare, February 2022, https://www.abhmass.org/images/resources/ABH_OutpatientMHAccessWorkforce/Outpatient_survey_issue_brief_FINAL.pdf
- ^x American Academy of Child & Adolescent Psychiatry. A Declaration from the American Academy of Child and Adolescent Psychiatry, American Academy of Pediatrics, and Children’s Hospital Association. October 2021. www.aacap.org/App_Themes/AACAP/Docs/press/Declaration_National_Crisis_Oct-2021.pdf
- ^{xi} Association for Behavioral Healthcare. *Outpatient Mental Health Access and Workforce Crisis Issue Brief*. Association for Behavioral Healthcare, February

2022, https://www.abhmass.org/images/resources/ABH_OutpatientMHAccessWorkforce/Outpatient_survey_issue_brief_FINAL.pdf

^{xii} Boston CHNA-CHIP Collaborative. *2020 Community Health Improvement Plan*. Boston CHNA-CHIP Collaborative, March 2020, <http://www.bostonchna.org/wp-content/uploads/2020/12/Boston-CHIP-FINAL-3.5.20.pdf>

^{xiii} Boston CHNA-CHIP Collaborative. *2020 Community Health Improvement Plan*. Boston CHNA-CHIP Collaborative, March 2020, <http://www.bostonchna.org/wp-content/uploads/2020/12/Boston-CHIP-FINAL-3.5.20.pdf>

^{xiv} CMS.gov Centers for Medicaid & Medicare Services. *Behavioral Health Terms*. <https://www.cms.gov/outreach-education/american-indianalaska-native/behavioral-health/behavioral-health-terms> Accessed January 4, 2023.

^{xv} Taube, Stephanie, et. al. *COVID-19 and the Changing Massachusetts Workforce*. The Project on Workforce. September 30, 2021, <https://www.pw.hks.harvard.edu/post/ma-healthcare-workforce>

^{xvi} Association for Behavioral Healthcare. *Outpatient Mental Health Access and Workforce Crisis Issue Brief*. Association for Behavioral Healthcare, February 2022, https://www.abhmass.org/images/resources/ABH_OutpatientMHAccessWorkforce/Outpatient_survey_issue_brief_FINAL.pdf

^{xvii} Gretchen Voss. *Boston Magazine*. Inside Boston's Youth Mental Health Crisis. December 7, 2022. <https://www.bostonmagazine.com/news/2022/12/07/child-mental-health/> Accessed January 17, 2023.

^{xviii} Massachusetts Association for Mental Health. *Facts & Figures: Impact of Racism*. <https://www.mamh.org/science-innovation/facts-figures> Accessed January 4, 2023.

^{xix} Chao, P.J., Steffen, J.J. & Heiby, E.M. The Effects of Working Alliance and Client-Clinician Ethnic Match on Recovery Status. *Community Ment Health J* **48**, 91–97 (2012). <https://doi.org/10.1007/s10597-011-9423-8>

^{xx} 2020 Community Health Improvement Plan. Boston CHNA-CHIP Collaborative. www.bostonchna.org/wp-content/uploads/2020/12/Boston-CHIP-FINAL-3.5.20.pdf Accessed January 4, 2023.