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Recruitment and Retention of School Mental Health Providers:

Strategies and Key Resources

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`SMH` **Indicates the content includes information related to school mental health specifically.**

Introduction

Schools play a crucial role in providing access to mental health services for children and adolescents (Ali et al., 2019). Nationally, 58% of adolescents receiving any mental health services in the previous year received them in a school setting, and 60% of these adolescents received them exclusively in the school (Ali et al., 2019). Providing mental health services in schools may be especially beneficial for youth populations that have traditionally been underserved in specialty outpatient mental health settings. Research has shown that students from low-income households or racial/ethnic minority backgrounds are more likely to only receive mental health services at school (Ali et al., 2019).

There is evidence that poor youth mental health is associated with academic challenges and high-risk behaviors, including aggressive behaviors, substance abuse, and social withdrawal (Larson, Chapman, Spetz, & Brindis, 2017; McLeod, Uemura, & Rohrman, 2012; Nikulina, Widom, & Czaja, 2011; Payton et al., 2000). Educators, administrators, and policymakers are becoming increasingly aware of how essential and beneficial school-based mental health programs are for students. Concurrently, state and local governments have offered growing support for these programs.

For example, between 2018 and 2021 the Florida state legislature allocated more than $165 million to school districts across the state to establish or expand school mental health programs (Florida Appropriations Committee, 2018; Florida Appropriations Committee, 2020). Although the coronavirus disease 2019 (COVID-19) pandemic has placed a significant financial strain on state budgets, many states in the Southeast United States have still been able to allocate additional funding for school mental health services (Tennessee Department of Finance and Administration, 2020; The General Assembly of the Commonwealth of Kentucky, 2020).

Unfortunately, many school districts in the United States are located in communities with a shortage of mental health clinicians. A 2009 study estimated that one in five counties in the United States has an insufficient number of therapists (i.e., psychologists, clinical social workers, mental health counselors, and marriage and family therapists) to meet residents' mental health needs (Thomas, Ellis, Konrad, Holzer, & Morrissey, 2009). Additionally, the Department of Health Human Services has predicted a nationwide shortage of up to 78,000 school behavioral health counselors by 2025 (Bureau of Health Workforce, 2017). Consequently, recruiting and retaining school mental health providers represent significant challenges to many school administrators and districts.

Challenges with recruitment and retention can impact stakeholders at multiple levels. First, when open provider positions are unfilled, students' mental health needs may go unmet (Florida School Counselor Association), or existing providers may have to carry heavier caseloads (Jacobson, 2019). The latter can potentially lead to burnout and turnover among these school mental health providers (Yanchus, Periard, & Osatuke, 2017). Second, provider turnover may threaten the implementation fidelity of evidence-based programs (Woltmann & Whitley, 2009). When a provider leaves, the school loses someone trained and experienced in implementing prevention, early intervention, and/or treatment protocols in the school context. Third, provider turnover may lead to the severance of established therapeutic relationships between a child and the provider, and it may also interrupt the child's treatment if there is a time lag between when the former provider left and when the new provider begins providing services (Babbar et al., 2018; Kadis, 2001).

One potential strategy for improving provider recruitment and retention is to increase their salary and/or other financial compensation types. However, school, school district, and state budget concerns usually make this approach impractical. Nevertheless, mental health agencies and schools may use non-salary-based approaches to address provider shortages and challenges in recruiting and retaining school mental health providers.

Report Organization. This document provides an overview of strategies to improve the recruitment and retention of school mental health providers, briefly discusses critical techniques used to carry out these strategies, and presents resources for readers to retrieve details and tools to guide the implementation processes.

This document does not aim to describe each strategy in depth but rather to provide linkage to key resources. Therefore, our discussion of many topics is brief. However, the lack of detailed information on these topics should not be interpreted to reflect a belief that they have little importance for effective recruitment and retention of school mental health providers. Instead, separate reports may be needed to address these topics comprehensively and thoroughly.

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> We define *school mental health providers* as independently or provisionally licensed mental health professionals serving youth in the K-12 educational setting, such as school psychologists, mental health counselors, therapists, social workers, and school counselors who routinely engage in school mental health programming and services.

This document comprises two sections. Chapter I: Organizational Strategies addresses recruitment and retention strategies that can be implemented at the organization level, such as mental health agencies, schools, and school districts. This chapter may be of particular interest to community agencies and schools that employ school mental health providers. Chapter II: Policy-Level Strategies discusses workforce development strategies that can be adopted by federal, state, and local governments to create an environment that facilitates the recruitment and retention of school mental health providers. This chapter may be of particular interest to state agencies that seek to improve access to school mental health services and professional societies that advocate on behalf of school mental health professionals.

Many of the strategies we describe in this document have been recommended for use in supporting mental health service providers generally. Throughout this document we highlight strategies that have been recommended for use specifically with school mental health providers with "SMH" icons: SMH or SMH

<u>Our Approach.</u> The information provided in this report is based on a review of peer-reviewed and non-peer-reviewed studies and resources. We searched for recruitment and retention strategies for the mental health workforce and related evidence using popular online search engines and PubMed.gov. Key search terms included "mental health," "health service, "workforce," "recruitment," and "retention." We only included resources and articles published since 1980 and excluded non-U.S. based studies with limited relevance to the U.S. context.

The search yielded numerous resources on recruitment and retention of community-based mental health providers including documents created by national mental health organizations, a collection of resources and narratives about sustaining school-based mental health staff, and peer-reviewed research articles. The peer-reviewed research articles identified on PubMed.gov most frequently focused on (a) mental health provider stress and burnout (n=9), (b) recruitment and retention of rural mental health providers (n=8), (c) factors that contributed to the willingness of post-secondary students to pursue careers in mental health (n=6), and (d) the culture and climate of mental health organizations (n=5). The <u>Resource Guide</u> section of this document highlights select non-peer-reviewed resources, and the <u>References</u> section includes all identified peer-reviewed studies.

<u>Limitations.</u> We note that the strategies listed in this document have limited empirical support. Among the studies that we identified, the majority examined simple, correlational relationships among the different individual, organizational, and field-specific factors and outcomes related to mental health workforce retention. Although some of the resources and research that we have identified were published more than a decade ago, we believe the information they present remains relevant for addressing today's challenges in recruitment and retention of school mental health providers.

There is limited evidence about these strategies' effects in any context (e.g., outpatient mental health clinics, psychiatric hospitals), let alone specifically within school mental health. We identified two studies evaluating the effectiveness of specific interventions to retain mental health providers. Glisson and colleagues (2006) conducted a randomized controlled trial of a multidimensional team intervention. They found that the intervention reduced turnover and burnout among caseworkers for children in the welfare system. The second study by Van Dierendonck and colleagues (1998) used a quasi-experimental study design and found that a psychosocial group intervention reduced burnout and absenteeism among direct care providers for individuals with mental disabilities.

Call to Action. Several states and school districts are actively implementing strategies to increase the availability of school mental health providers. However, the lack of empirical evidence for programs' impact makes it difficult for school administrators to identify and implement the most effective ones. We call on the research community to work with schools, school districts, policymakers, and other community stakeholders to carry out formal and rigorous research that evaluates strategies to recruit and retain the school mental health workforce to produce generalizable evidence on their effectiveness.

Likewise, we call on schools, school districts, and community mental health provider organizations to connect with researchers and evaluators while formulating plans to implement such strategies. Rigorously collected evidence on the effectiveness and implementation of recruitment and retention efforts can inform strategic decision-making and help leaders to overcome major challenges in recruiting and retaining the school mental health workforce. Such challenges, if left unaddressed, will render many efforts to expand school mental health services unsuccessful.

COVID-19. The outbreak of COVID-19 has increased children's and youths' need for mental health services (Mental Health Technology Transfer Center, 2020; Weir, 2020) while exacerbating challenges with the school mental health workforce's recruitment and retention (D.C. Policy Center, 2020; Southeast Mental Health Technology Transfer Center, 2020). The school mental health workforce faces heightened professional and personal stressors caused by the pandemic, system-wide hiring freezes and delays, and furloughs and layoffs in schools and community partner agencies. Most of the strategies described in this document were developed pre–COVID-19. However, this document should still serve as a useful resource guide, highlighting resources and providing links to practical tools to help school and community leaders address contemporary challenges affecting the school mental health workforce. In addition, we have highlighted select organizational strategies for supporting mental health providers during the pandemic in a dedicated section of the report.

Chapter I: Organizational Strategies

Organizational strategies refer to recruitment and retention strategies that can be implemented by organizations such as mental health agencies, schools, and school districts that employ and/or utilize mental health providers.

1. Collect Data to Detect and Understand the Problems

Collecting and looking at the data about a school or school district's provider recruitment and retention history can help identify successes and opportunities for improvement. These data can be quantitative/numerical, including position vacancy rates, retention or turnover rates, and the average employment length.

Retention rate refers to the number of employees that the organization has at the end of a calculation cycle divided by the number of employees it had at the beginning of the cycle. The turnover rate refers to the number of people who have terminated their employment during a calculation cycle divided by the total number of people employed during the same cycle. Employment length refers to the length of time that an employee has worked in the organization. (Substance Abuse and Mental Health Services Administration).

Organizations can collect qualitative and other data by surveying or interviewing employees. The kinds of qualitative information that may be highly valuable to employers in this context may include employees' reports of workplace needs and job satisfaction. Organizations can survey or interview current employees to gather this information as well as their perceptions of team support, organizational culture, and professional development opportunities within the organization, among other relevant data. Organizations can also solicit feedback from employees who are leaving the organization (i.e., conduct exit interviews) about their reasons for leaving, perceptions of the organization, and potential strategies to improve recruitment and retention. (Substance Abuse and Mental Health Services Administration).

These data can inform a priority recruitment and retention plan that best addresses the organization's needs. Data collection needs to happen on an ongoing basis to assess the changing needs of the organization.

DATA PLAN ACTION

Resources on calculation of rates given as examples above, tools for surveying and interviewing employees, and tips for creating a priority recruitment and retention plan can be found under the "Building a Recruitment and Retention Plan" chapter of a resource guide compiled by the Substance Abuse and Mental Health Service Administration (SAMHSA), titled Resources for Recruitment and Retention: Support in the Workforce (hereafter referred to as "the SAMHSA toolkit").

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The National Center of School Mental Health (NCSMH) at the University of Maryland School of Medicine suggests that leaders regularly solicit staff input on strategies to retain the school mental health workforce. The NCSMH recommends approaches such as goal-setting meetings, focus groups, and surveys: National Center for School Mental Health (NCSMH) (2020). *School Mental Health Quality Guide: Funding & Sustainability*. NCSMH, University of Maryland School of Medicine (hereafter referred to as "*The NCSMH Handbook on Funding & Sustainability*"). The handbook is based on an NCSMH training module that can be found here.

2.   Recruitment Strategies

Recruitment is the process of identifying, selecting, and hiring appropriate job candidates (Substance Abuse and Mental Health Service Administration). Using the right recruitment strategies can help an organization obtain the maximal number of applications from a pool of candidates with the skills and mindset that match the organization's needs and aspirations.

Recruitment is also a crucial step toward effective retention: selected employees who are a good fit for the organization are likely to stay with the organization longer (Kadis, 2001). Below are several strategies that may be helpful in effectively recruiting school mental health providers.

2.1 Market the Organization

By promoting the organization and its philosophies and services, mental health agencies may have greater success attracting suitable candidates (Blankertz & Robinson, 1997a).

> Resources on steps to market a mental health organization can be found in the SAMHSA toolkit.

Considerations for rural providers. Employers in rural areas can highlight the advantages of living and working in the rural community when advertising a position, including lower costs of living and less traffic (Watanabe-Galloway, Madison, Watkins, Nguyen, & Chen, 2015). In addition, working in a rural organization may be attractive to those job candidates seeking employment with greater autonomy and variety (Wolfenden, Blanchard, & Probst, 1996).

> *The 3RNET (the National Rural Recruitment and Retention Network) Recruiting for Retention Academy* conducts online webinars and in-person workshops to address recruitment and retention challenges in healthcare in rural areas.

2.2 Develop a Job Description

A good job description can encourage well-matched candidates to apply and screen out unsuitable candidates. Therefore, it is crucial to analyze the position and correctly identify the responsibilities, opportunities, benefits, and challenges associated with the position before drafting a job description (Chapman, Phoenix, Hahn, & Strod, 2018).

One way to analyze the position is to seek input from providers, staff, and supervisors—those in the position themselves and those who work with or near them. Resources to help analyze the position can be found in *the SAMHSA toolkit*.

Resources to help develop a job description can also be found in *the SAMHSA toolkit*.

Rural mental health facilities can research competitive salaries for a given provider type in their local region using tools listed on the website of Rural Health Information Hub (RHIHub), sponsored by Health Resources and Services Administration of the U.S. Department of Health & Human Services.

2.3 Recruit Using Creative Methods

Proactively reaching out to potential candidates can increase the probability of connecting with candidates with the appropriate skills and mindset (Substance Abuse and Mental Health Services Administration). The following are some examples (Kadis, 2001).

- **Early pipeline** programs, also known as school-to-work or social-service-to-work programs. These programs prepare individuals who are not yet in the job market to work as mental health professionals. Mental health organizations can collaborate with local academic or social services institutions to provide practicum, internship, or apprenticeship training opportunities to potential employees.

- **Employee referral** programs. Organizations can ask current employees to refer potential candidates, possibly for a bonus in return. Current employees have direct knowledge about and personal experience working in the organization. They may feel invested in referring a suitable candidate to protect their reputation and relationships.

- Recruit through **social media** (e.g., Facebook, LinkedIn). Recruiting through social media may make the hiring process less intimidating, and potential candidates can learn about the organization's community involvement and/or mission from their profile page.

- Multiple provider groups can form **recruitment consortiums** to pool together resources to hire providers. For example, consortiums can share a talent pool and reach out to candidates in this pool who can potentially meet their unique needs. Members of recruitment consortiums can also collaborate in collecting data, training, and advocacy to facilitate recruitment and retention.

More information and examples on early pipeline programs and recruitment consortiums can be found in Kadis, J. *Workforce planning: How to recruit and retain mental health workers*. Community Living Briefs. Independent Living Research Utilization (ILRU) (hereafter referred to as "the Kadis article"). A good example of an apprenticeship program is the Washington Great Rivers Behavioral Health Organization apprenticeship program.

Resources on employee referral programs, recruiting through social media, and traditional recruiting methods, such as job fair and online job posts, can be found in the SAMHSA toolkit.

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The Technical Assistance Partnership for Child and Family Mental Health, funded by SAMHSA, suggests recruiting master's/bachelor's level interns to provide school-based mental health services. They also recommend recruiting through the AmeriCorps VISTA (Volunteers in Service to America) program. Please refer to Freeman, E. V. (2011). *School mental health sustainability: Funding strategies to build sustainable school mental health programs.* Technical Assistance Partnership for Child and Family Mental Health (hereafter referred to as "the TA Partnership Handbook").

The John H. Magill School Mental Health Certificate Training Program is an exemplar internship program that helps steer recent graduates of clinical mental health programs into the school mental health field in South Carolina. This program brings together academic institutions and community mental health agencies to provide paid internship experience in the school mental health setting.

2.4 Screen for the Right Candidates/Recruit for Retention

To support retaining staff downstream, it can be important to recruit candidates with highly relevant skills and a suitable mindset.

Recruiting well-matched candidates may eventually benefit job efficiency and reduce turnover (Kadis, 2001). Examples of interview methods to screen candidates include:

- **Realistic job preview**: Organizations can use methods such as job shadowing, structured onsite job observation, and meeting with current employees to give the candidate a true-to-life idea of what the job entails. Because of the job's realistic nature, unsuitable candidates may be discouraged by the job's challenges and self-select out of employment. During this process, interviewers can also observe and assess the candidate in a realistic setting. (Substance Abuse and Mental Health Services Administration).

- **Structured interview** (including behavioral interviewing): organizations can systematically ask candidates about their behaviors in past work situations and/or proposed actions in hypothetical situations to assess their job-related competencies. (Substance Abuse and Mental Health Services Administration; U.S. Office of Personnel Management, 2008).

The U.S. Office of Personnel Management provides resources to help design and conduct structured interviews. Resources to help conduct a realistic job preview can be found in the SAMHSA toolkit.

2.5 Recruit a Diverse Workforce

Having a diverse school mental health workforce can improve the accessibility of services to underserved student populations (Hoge, 2019). It may also help other staff in the organization develop cross-cultural competencies and increase their cultural sensitivity (Lee, 2020).

Many mental health agencies and schools are aware of federal and state laws prohibiting discrimination in employment decisions. However, organizations need to proactively reach out to potential candidates from underrepresented communities to create a truly diverse workplace. Inclusive recruitment may comprise efforts to attract and hire providers with diverse backgrounds and identities, including individuals from racial/ethnic minority groups, individuals who speak other languages or who are bilingual, and providers identifying with sexual and gender minority groups (Hoge et al., 2013).

There are several strategies for attracting candidates to build a diverse school mental health workforce:

1. *Schools and community mental health agencies could reach out to potential candidates well before actively recruiting for an open position.* It is a well-known approach for creating a diverse health care workforce to leverage early pipeline programs (See Section 2.3, "Recruit Using Creative Methods.") (American Psychiatric Association, 2020). For example, mental health organizations and schools can partner with minority-serving institutions (e.g., historically black colleges and universities, Hispanic-serving institutions) to provide mentoring and training in school mental health while offering these mentees and trainees early consideration for job opportunities (Robinson, Rousseau, Mapp, Morris, & Laster, 2007). Mental health organizations and schools can also partner with local funders, governments, and academic institutions to develop scholarships or loan repayment programs to facilitate hiring providers from underrepresented backgrounds (Ameritas, n.d.; Carlson, 2020). Paying salaries or stipends for participation in such training positions is crucial to enable individuals from low-income backgrounds to participate (Dennery, 2006).

2. *Hiring guidelines in healthcare organizations encourage employers to actively strive for diversity and inclusion in each step of provider recruitment, including developing the job description, advertising the position, conducting interviews, and assessing candidates* (Lee, 2020). In addition to clearly communicating essential information about the position, job descriptions should highlight the employers' commitment to diversity and specify any preferences for candidates with experience working with diverse and/or underserved populations (Lee, 2020) Provider organizations can also advertise positions using online platforms with a diverse membership and attend networking events sponsored by organizations working with underserved populations (Lee, 2020).

Organizations and schools may also need to communicate the job opportunity to target populations iteratively to encourage interested individuals to apply (University Health Services, 2013).

3. *Employers should demonstrate their commitment to diversity and inclusion during the interview phase and minimize the impact of interviewer bias on the interview process and its outcomes.* A potentially helpful approach is to assemble an interview team with diverse individuals committed to fostering diversity and inclusion (Lee, 2020). A rigorous interview protocol should be developed, potentially including questions related to diversity and inclusion that all job candidates will answer (Lee, 2020). When assessing candidates, the recruitment team needs to be aware of and actively combat biases that may cause them to favor individuals with backgrounds and experiences similar to their own (Lee, 2020). Hiring organizations can train members of the recruitment team to recognize their biases and develop skills to minimize the impact of their biases in evaluating candidates (Fine & Handlesman, 2012). The hiring committee also needs to develop well-defined, structured, and standardized criteria for evaluating the candidates (Fine & Handlesman, 2012).

In addition to recruiting a diverse school mental health workforce, it is also important for schools and mental health agencies to work concurrently to foster equity and inclusiveness in the workplace to promote the productivity and retention of those hired. We describe strategies and resources to help cultivate a safe and welcoming organizational culture and retain a diverse school mental health workforce in section 3.7 titled "Retain a Diverse Workforce."

The SAMHSA toolkit presents online and offline tools to help employers reach out to underrepresented individuals to hire as mental health providers.

SAMHSA published an environmental scan report on strategies for creating a diverse substance abuse treatment workforce (hereafter referred to as "the SAMHSA Diverse Workforce Report").

Mental health organizations can refer to DHHS' Culturally and Linguistically Appropriate Services (CLAS) standards to self-assess the inclusiveness of the workforce.

The presentation slides created by Aaron Lee, Human Resources Administrator at the School of Medicine at Emory University, outlines strategies to recruit and retain a diverse health workforce based on human resource theories.

3. Retention Strategies

Effective retention strategies—that is, actions taken by an organization to motivate its employees to stay with the organization while also actively contributing to organizational goals (Substance Abuse and Mental Health Service Administration)—can help to reduce the cost associated with recruitment and training while also enhancing the organization's productivity (Kadis, 2001). Below are several strategies to help mental health agencies and schools improve mental health providers' retention and ensure their professional success and satisfaction.

3.1 Orientation and Onboarding

During *orientation*, the new employee completes paperwork, learns about the work environment, and obtains hands-on knowledge about job responsibilities and functions (Wilks et al., 2008). *Onboarding* describes the activities that occur after orientation that help a new hire become established in the new work environment and shorten the time to reach optimal efficiency (Wilks et al., 2008). This process may take several months.

> Resources and tools for effective orientation and onboarding can be found in the SAMHSA toolkit.

3.2 Professional Development

Provider retention is better at organizations where providers feel their professional development is supported by their employers (Payne & Huffman, 2005; Wilks et al., 2008). Professional development may help employees gain confidence, improve a sense of competency, and reduce stress. Employers' commitment to employee professional development may also enhance employee loyalty.

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- Training (Clasen, Meyer, Brun, Mase, & Cauley, 2003; Procter et al., 2011)
- Supervision (Beidas et al., 2016; Lyon, Stirman, Kerns, & Bruns, 2011; Procter et al., 2011; Watanabe-Galloway et al., 2015; Yanchus et al., 2017)
- Peer mentoring (McCloughen & O' Brien, 2005)

> Resources on conducting effective training and supervision can be found in the SAMHSA toolkit.

SMH *The NCSMH Handbook on Funding & Sustainability* suggests ways to provide training, supervision, and peer support for school mental health providers. The NCSMH encourages utilizing school-community partnerships to conduct professional development

3.3 Career Advancement

The absence of a clear and attainable career advancement path is associated with job dissatisfaction and turnover (Beidas et al., 2016; Blankertz & Robinson, 1997b; Glasser, Peters, & Macdowell, 2006). Employers may create higher-level positions with increased reimbursement for employees who have acquired advanced training and experience (Kadis, 2001). Policies for promotions should be specific, transparent, and fair (Buche, Beck, & Singer, 2017; Kadis, 2001).

Mental health facilities and school districts can utilize micro-credentialing and apprenticeship programs to create career advancement pathways. In micro-credential programs, employees take courses offered by academic institutions aimed at improving specific job-related competencies (The State University of New York).

In apprenticeship programs, employees get on-the-job training for advanced positions while maintaining employment at the agency or school (Kadis, 2001).

> Mental health organizations can partner with academic institutions to design and implement micro-credentialing programs. An example is the "Badge Program" offered by Wichita State University.

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The NCSMH Handbook on Funding & Sustainability offers guidance on creating career advancement plans for school mental health providers and making current employees aware of newly available advanced positions.

3.4 Recognition and Reward

Recognition and reward programs commend employees for their dedication and achievement (Kadis, 2001). These programs may be formal, offering employees rewards for achieving a predetermined goal (Kadis, 2001). These programs may also be informal, offering positive feedback in response to behaviors that align with organizational goals (Kadis, 2001).

> Resources on designing and implementing effective recognition and reward programs can be found in the SAMHSA toolkit

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The NCSMH Handbook on Funding & Sustainability gives guidance on implementing recognition and reward programs for school mental health providers.
One type of formal recognition is incentive-based pay. For example, the District of Columbia Public Schools awards bonus pay to high-performing school personnel.

3.5 Reduce Workplace Stress

Mental health professionals commonly experience burnout, secondary traumatic stress, and compassion fatigue due to their work nature. These emotional stresses are among the most cited reasons for provider turnover (Blankertz & Robinson, 1997b; Delfrate et al., 2018; Evans et al., 2005; Garcia et al., 2014; Glisson et al., 2008; Happell, 2008; Hayes et al., 2008; Johnson et al., 2018; Knudsen et al., 2006; Scanlan et al., 2010; Scanlan et al., 2019; Sheidow et al., 2007; Ward & Cowman, 2007) and can also negatively affect the quality of services.

Below are some managerial behaviors that research has associated with reduced workplace stress.

- Maintain appropriate workload (Garcia et al., 2014; Glisson et al., 2008; Happell, 2008; Hayes et al., 2008; Scanlan et al., 2010).

- Provide team support in challenging situations (Fleury et al., 2017; Glisson et al., 2006; Glisson et al., 2008; Scanlan et al., 2019; Van Dierendonck et al., 1998; Ward & Cowman, 2007).

- Involve providers in making decisions about the workplace (Garcia et al., 2014; Glisson et al., 2006; Paris & Hoge, 2010; Ward & Cowman, 2007).

- Align providers' job responsibilities with their innate desire to help people and to use their mental health expertise (Blankertz & Robinson, 1997a, 1997b; Hayes et al., 2008; Paris & Hoge, 2010; Scanlan et al., 2010).

- Increase role clarity (Ceramidas, 2010; Glisson et al., 2006; Glisson et al., 2008; Paris & Hoge, 2010; Rabin & Zelner, 1992).

SMH "Role blurring" (i.e., lack of clear boundaries between different employees' responsibilities (Rabin & Zelner, 1992)) is a common problem for school mental health providers. School administrators can help maintain role clarity for mental health providers by clarifying the providers' responsibilities and expectations to other school personnel on an ongoing basis.

Resources on strategies to reduce workplace stress can be found in the SAMHSA toolkit. Resources on involving providers in decision-making can be found in: Paraprofessional Healthcare Institute. (2018). *Growing a strong direct care workforce: A recruitment and retention guide for employers*.

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The NCSMH Handbook on Funding & Sustainability lists possible strategies to reduce workplace stress and burnout among school mental health providers.

The NCSMH has a second handbook that focuses on building and working with multidisciplinary teams to improve school mental health services. It describes strategies that schools and school districts can use to clarify roles and responsibilities for school-employed and community-partnered school mental health staff. Please refer to National Center for School Mental Health (NCSMH). (2020). *School Mental Health Quality Guide: Teaming.* NCSMH, University of Maryland School of Medicine (hereafter referred to as "the NCSMH Handbook on Teaming"). The handbook is based on an NCSMH training module that can be found here.

NCSMH suggests using a standardized memorandum of understanding (MOU) to detail terms of school-community partnerships. In its "Community Partnership" section, the *NCSMH Handbook on Teaming* references an example school-community MOU developed by the NCSMH. The *TA Partnership Handbook* also contains example MOUs in its second Appendix.

3.6 Support Providers During the COVID-19 Pandemic

COVID-19 presents unprecedented challenges to people with mental health concerns. At the same time, many mental health providers are also experiencing heightened professional and personal stresses (Northeast & Caribbean Mental Health Technology Transfer Center, 2020; Restrepo-Toro & Hernandez, 2020). Professionally, providers may feel hopeless and powerless as social distancing limits their ability to address their clients' needs (Restrepo-Toro & Hernandez, 2020). Some providers may experience financial difficulties due to reduced caseloads or hours. Other providers may become burned out from an increasing caseload if their colleagues go on furlough or leave their organization due to budget cuts.

Some mental health providers may also experience anxiety in their personal lives as they adapt to changes and uncertainties in their immediate environment. They may feel isolated, stressed from juggling professional and personal responsibilities, and bereaved by their own losses (Northeast & Caribbean Mental Health Technology Transfer Center, 2020).

Although many school mental health providers prefer having in-person contact with their clients, they have also expressed concerns about their schools' plans to reopen. Some providers have indicated they intend to stop working if the school's reopening processes do not adequately address health and safety concerns (Westmoreland, 2020). These concerns may exacerbate the shortage of mental health providers already heightened by the COVID-19 pandemic (Westmoreland, 2020).

Many of the strategies presented in this report can be adapted and applied to support the mental health workforce during the pandemic. Below, we offer additional strategies to support provider well-being and involve them in the decision-making process about school openings/closures. These approaches address challenges in direct relationship to the pandemic.

3.6.1 Support Provider Well-Being

It is important for school and community leaders and supervisors to acknowledge providers' challenges. Addressing these challenges may require extending resources to providers or putting more expansive workforce wellness programs into place.

Below we list resources developed during the COVID-19 era that can be shared with mental health providers as part of efforts to help maintain their well-being.

- A multilingual collection of resources for [maintaining personal wellness](#) developed by the World Health Organization and compiled by the New England Mental Health Technology Transfer Center (MHTTC) sponsored by SAMHSA.

- A 98-minute webinar to help behavioral health providers and supervisors identify signs of burnout and compassion fatigue and develop coping strategies: Restrepo-Toro, M. E., & Hernandez, H. (2020). *Wellness and self-compassion: Supporting mental health and substance use providers during the pandemic.* New England Addiction Technology Transfer Center, and New England Mental Health Technology Transfer Center, Substance Abuse and Mental Health Service Administration.

- A webinar to help mental health providers and the general public understand the importance of sleep during the Pandemic and ways to develop healthy sleeping habits: Cunningham, T. (2020). *Sleep and COVID-19: The Importance of Sleep during a Pandemic and its Relationship to Mental Health*. New England MHTTC, SAMHSA.

- A fact sheet developed by SAMHSA to help first responders anticipate and manage stress during a crisis.

- A list of actionable "micro-steps" to help first responders maintain well-being using short breaks throughout the day, developed by the Harvard T. H. Chan School of Public Health and Thrive Global Inc.

3.6.2 Involve School Mental Health Providers in Making Decisions About School Reopening

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Schools and local governments can benefit from school mental health providers' inclusion in planning and implementing school openings/closures. Including school mental health providers in these conversations can help prepare schools to address student mental health problems during these transitions. When considering reopening, these conversations may increase providers' comfort level about working onsite and improve organizational transparency and provider retention in the long run.

- The National Association of School Nurses suggests schools and local governments include school health providers in making plans for school reopening.

3.7 Retain a Diverse Workforce

Equity in compensation and career advancement are foundational in retaining providers from diverse backgrounds. First, organizations need to regularly audit pay and other benefits to ensure that a transparent and objective process determines them (Lee, 2020). Second, providers from diverse backgrounds need to access open, transparent, and equitable pathways for advancement. In a 2017 survey of Michigan-based mental health providers from racial/ethnic minority backgrounds, 55% of providers believed they had limited career advancement opportunities, even though 78% believed they had the necessary credentials to serve in leadership roles (Buche et al., 2017).

Equity in career advancement also means that employers strive to meet the career development needs of providers from diverse backgrounds. This can be accomplished by culturally sensitive supervision, mentoring, and management strategies that focus on the supervisees' unique background, skills, and strengths (Chopra, 2013; Gardner, 2002; Yang et al., 2018).

"Strength-focused supervision" may be an essential tool in this context. Strength-focused supervision refers to how supervisors and supervisees collaboratively determine the supervision process and focus on the supervisee's strengths instead of deficits. The supervisee's contributions to the supervision process, including cultural assets, are valued (Newman, Guiney, & Silva, 2017).

Supervisors and mentors need to respect and value individual providers' culture and identity, understand their unique challenges and strengths as growing clinicians, and help them become successful school and mental health clinicians (Substance Abuse and Mental Health Services Administration).

Another critical consideration in retaining a diverse mental health workforce is creating a safe and welcoming organizational culture. It is of vital importance that organizations have mechanisms that ensure safe and confidential reporting of discrimination and harassment and prompt and effective responses to these concerns (Lee, 2020).

Additionally, organizations can use the Communities of Practice tools to help create space for providers to share resources and support each other in tackling workplace challenges and pursuing career goals (Center for a Diverse Healthcare Workforce). Further, mental health agencies, school districts, and schools may need to adapt their staff training curriculum to address diversity and inclusion topics, including cultural humility and historical inequities (Fine & Handlesman, 2012). Organizational leaders also need to continuously acknowledge and recognize the unique contributions of people from diverse backgrounds (Lee, 2020).

The SAMHSA Diverse Workforce Report includes tips on creating a safe and welcoming environment for underrepresented providers.

The SAMHSA toolkit offers guidance on providing culturally competent supervision.

The Communities of Practice toolkit, developed at the School of Medicine at University of California, Davis, offers guidelines and tools to facilitate conversations among healthcare providers to help each other achieve career goals.

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There are many resources on promoting diversity and inclusiveness within schools. These efforts not only foster understanding and respect among students and teachers, but could potentially facilitate the recruitment and retention of underrepresented mental health providers. Consider the suggestions in this article: Riehl, C. (2000). The principal's role in creating inclusive schools for diverse students: A review of normative, empirical, and critical literature on the practice of educational administration. *Review of Educational Research*, *70*(1), 55-81.

Chapter II: Policy Interventions

Policy-level interventions refer to policies and other systems-level interventions that can be adopted by federal, state, and local governments to facilitate the development, recruitment, and retention of school mental health providers.

Strategies in this section may be of particular interest to state agencies seeking to improve access to school mental health services and professional societies advocating for school mental health professionals.

1. Policies That Aim to Expand the Mental Health Workforce

Governments may enact workforce-related policies to attract mental health providers to a geographic area. These policies are proposed and implemented without engaging and incentivizing local schools and mental health organizations. Instead, their focus is to increase the available supply of mental health providers directly.

1.1 Data Collection and Monitoring

Federal and state departments can collect data on mental health workforce volume, workforce stability, and worker compensation (Espinoza, 2017). Workforce volume denotes the number of mental health providers in the local area relative to the local population, their service capacity, and their geographical distribution (Espinoza, 2017). Workforce stability refers to the turnover and retention rates of local mental health providers (Espinoza, 2017).

Worker compensation includes hourly reimbursement, annual income, and other employment benefits for mental health providers and comparisons with other professionals' compensation (Espinoza, 2017). These critical data can inform federal and state governments about priorities and strategies to expand the mental health workforce (Altschul et al., 2018; M. A. Hoge et al., 2009). They can also provide baseline information for agencies and schools to evaluate provider recruitment and retention performance. Moreover, the federal government can use the data to compare and evaluate workforce development policies across states (Espinoza, 2017; Paraprofessional Healthcare Institute, 2018).

The Addiction Technology Transfer Center (ATTC) Network conducts nationwide surveys and interviews to measure and monitor the addiction treatment workforce.

For examples of state-level efforts to collect and monitor data on the mental health workforce, please refer to the Alaska MH Trust, the Behavioral Health Education Center of Nebraska, and the Health Care Work Force Data Collection, Analysis and Policy Act of New Mexico (Altschul et al., 2018).

Average turnover rates among behavioral health providers in the community setting, as observed by researchers, are available in the slide deck of Part I of the Recruitment & Retention of the Mental Health Workforce webinar hosted by the Southeast MHTTC and presented by Dr. Michael Hoge of Yale University in 2019.

1.2 Loan Repayment Programs for Shortage Areas

Research suggests that loan repayment programs may facilitate the recruitment and retention of mental health providers in areas with an insufficient supply of such providers (Renner, Westfall, Wilroy, & Ginde, 2010; Watanabe-Galloway et al., 2015). Existing loan repayment programs that may apply to mental health providers include (National Rural Recruitment and Retention Network):

- The federal loan repayment program, i.e., the National Health Service Corps (NHSC) loan repayment program. In this program, employees serve for at least two years at an NHSC-approved site in exchange for loan forgiveness.
- The state loan repayment program (SLRP), jointly funded by federal and state governments. This program is similar to the NHSC loan repayment program, but the eligibility standards and application procedures vary by state.
- Independent loan repayment programs, funded by states. These programs are available in some states, and eligibility standards and application processes differ by state.
- Public service loan repayment program offered by the U.S. Department of Education. This program waives the federal student loan borrower's remaining loan after the borrower works full-time for a qualified employer for 10 years.
- Community-based or health-system-based loan repayment programs, i.e., programs sponsored by local governments and/or health systems. Each program has unique eligibility standards and application procedures.

The 3RNet website provides information on determining if employees of your organization qualify for loan repayment programs, contact methods for each program, and application procedures.
The Federal Student Aid office provides guidelines on the public service loan repayment program.

1.3 J-1 Visa Waiver Programs for Shortage Areas

The J-1 visa is an authorization for International Medical Graduates (IMGs) to pursue Graduate Medical Education (GME) in the United States. All J-1 visa holders must return to their home country for at least two years following GME completion (National Rural Recruitment and Retention Network). However, the return-home requirement can be waived on the condition that an eligible safety-net provider agrees to sponsor the IMG's application for waiver of the two-year home-country physical presence requirement and their application for the U.S. work visa (National Rural Recruitment and Retention Network).

The 3RNet website provides information on the requirements and procedures to apply for the Conrad 30 J-1 Visa Waiver Program, which gives each state 30 waiver slots each year.
Employers must apply for the Conrad 30 J-1 Visa Waiver for their employees through their state department of health. The U.S. Department of State and U.S. Citizenship and Immigration Services office then review these applications.
The Department of Health & Human Services also offers a J-1 Visa Waiver program (with a different application procedure) for general psychiatry physicians

1.4 Fund Training Positions in Shortage Areas

One approach used by organizations in rural areas to recruit and retain mental health providers is to offer extended pre-and post-graduation internship programs, especially with additional financial supplements from state and local governments (Watanabe-Galloway et al., 2015).

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> The federal Department of Education offers two competitive grants to facilitate state education authorities (SEAs) and local education authorities (LEAs) to expand the school mental health workforce. First, the Mental Health Service Professional Demonstration Grant supports SEAs and LEAs in efforts to partner with graduate training programs in school mental health disciplines (e.g. school counseling, school social work) in order to expand the pipeline of available school mental health providers. Both SEAs and LEAs can apply for this grant. Twenty-seven SEAs were awarded the grant in 2019. Second, the School-Based Mental Health Services Grant supports SEAs in efforts to increase the number of mental health providers providing nonmedical mental health services in schools. SEAs are expected to propose plans to address both recruitment and retention of school mental health providers. Six SEAs were recipients of this grant in the 2021–2026 cycle.

1.5 Reduce Associative Stigma Experienced by Mental Health Professionals

Associative stigma refers to stereotypes and negative perceptions about mental health professionals held by the public, rooted in the public's negative beliefs about mental illnesses (Lin et al., 2019). Associative stigma can make working in the mental health field less attractive and exacerbate the mental health provider shortage (Harrison, Hauck, & Ashby, 2017).

One strategy to combat associative stigma is to create education programs at secondary and postsecondary institutions to destigmatize mental illness and introduce youths and young adults to mental health careers (Cleary & Happell, 2005; Happell & Gaskin, 2013; Harrison et al., 2017). Another approach is to conduct public awareness campaigns to promote positive messages about working in the mental health field (Kadis, 2001).

The Maryland Training Consortium offers an example of an anti-stigma mental health education program. The Massachusetts Department of Mental Retardation, along with 25 provider groups, launched a "some people are lucky enough to love their work" campaign to attract people to work with individuals with developmental disabilities. The campaign was credited for high numbers of applicants for the promoted jobs that year. The Maryland Training Consortium and the Massachusetts Department of Mental Retardation Campaign are described in *the [Kadis article.](#)*

2. Policies That Incentivize Schools and Mental Health Agencies to Invest in Developing the Mental Health Workforce

Governments and other authorities can implement policies that incentivize schools, school districts, and mental health organizations to take actions that will bolster recruitment and retention of school mental health providers. The policies we discuss in this section do not directly address the availability of providers in a geographic area.

2.1 Hold Schools Accountable for Non-Test-Score Measures

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Assess schools on dimensions of performance and student well-being other than academic test scores, such as attendance and graduation rate. This strategy can incentivize schools to allocate resources toward expanding the school mental health workforce.

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> Legislation in California, [Senate Bill 1458](#), holds schools accountable for non-test-scores measures, such as chronic absenteeism, suspensions, and graduation rates. SB-1458 was [credited](#) for encouraging more effective recruitment and retention of counselors statewide.

2.2 Specify Goals for the Recruitment and Development of the School Mental Health Workforce

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Many states are expanding or considering expanding funding for school mental health. However, only some state legislatures have specified goals for expanding the school mental health workforce (Southeast Mental Health Technology Transfer Center, 2019, 2021).

In the box below are some examples of state legislative actions that specified goals for mental health workforce development.

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> [The 2019 Kentucky School Safety and Resiliency Act](#) requires that all school districts must have at least one mental health professional for every 1,500 students by July 2021, with the ultimate goal of at least one provider per 250 students. In 2020, Kentucky state government allocated [$7.4 million](#) from its annual budget to the hiring of school-based mental health providers.
>
> The Southeast Mental Health Technology Transfer Center has compiled [policies related to school mental health,](#) including workforce policies, enacted by states in the region in 2019.

Resource Guide

Listed below are the primary resources that informed this document.

1. SAMHSA toolkit:

The full citation is Substance Abuse and Mental Health Service Administration (SAMHSA). *Resources for Recruitment and Retention: Support in the Workforce* [database on the Internet]. http://toolkit.ahpnet.com/. It is a collection of tools and strategies to help behavioral health organizations improve employee recruitment and retention. The resources are gathered from across the web and "consist of the best content or examples available," based on the authors' assessment.

2. The National School Mental Health Curriculum: Guidance and Best Practices for States, Districts, and Schools

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The full citation is the National Center for School Mental Health and MHTTC Network Coordinating Office. (2019). *Trainer manual, National School Mental Health Curriculum.* MHTTC Network Coordinating Office. It is a training curriculum collaboratively developed by the National Center of School Mental Health (NCSMH) and the Mental Health Technology Transfer Center Network Coordinating Office. The Curriculum consists of eight modules that a designated school mental health trainer can deliver in 60-minute sessions. These modules can help schools develop, operate, and sustain comprehensive school mental health programs.

The NCSMH subsequently developed several handbooks on specific topics included in the Curriculum. In particular, this report refers to two such handbooks:

2.1 The NCSMH Handbook on Funding & Sustainability

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The full citation is The National Center for School Mental Health (NCSMH). (2020). *School Mental Health Quality Guide: Funding & Sustainability.* NCSMH, University of Maryland School of Medicine. It provides guidance on optimizing financial and nonfinancial resources to support school mental health systems. Its accompanying training module can be found here.

2.2 The NCSMH Handbook on Teaming

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The full citation is The National Center for School Mental Health (NCSMH). (2020). *School Mental Health Quality Guide: Teaming.* NCSMH, University of Maryland School of Medicine. It provides guidance on building collaborative relationships across stakeholders at the school and the district levels to ensure that the school mental health programs and services effectively address individual students' mental health concerns and the larger community. Its accompanying training module can be found here.

3. 3RNet

The entity's full name is National Rural Recruitment and Retention Network. It is a nonprofit that focuses on healthcare workforce recruitment and retention in rural areas and underserved communities in the United States. 3RNet is sponsored by funding from the Federal Office of Rural Health and member dues.It maintains state-specific web portals for job seekers to browse and search for jobs and for safety-net employers to post announcements of open positions. It maintains a nationwide database of health professionals and medical students interested in working in rural areas. It also offers web-based and in-person training programs and technical assistance concerning the recruitment and retention of health professionals in rural and underserved areas.

4. The Kadis article

The full citation is Kadis, J. (2001). Workforce planning: How to recruit and retain mental health workers. *Community Living Briefs*, *2*(1). The document was developed with a grant by the Centers of Medicare and Medicaid Services to implement the National Technical Assistance Exchange for Community Living. It lists strategies with supporting examples for the recruitment and retention of mental health workers.

5. The TA Partnership Handbook

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The full citation is Freeman, E. V. (2011). *School mental health sustainability: Funding strategies to build sustainable school mental health programs.* Technical Assistance Partnership for Child and Family Mental Health. SAMHSA funds the Technical Assistance Partnership for Child and Family Mental Health to provide technical guidance to programs in the Systems of Care initiative.

6. The SAMHSA Diverse Workforce Report

The full citation is Pfefferle, S. G., & Gibson, T. S. (2010). Minority recruitment for the 21st century: An environmental scan (working draft). Cambridge, MA: Abt Associates, Inc. Abt Associates Inc. developed the report for SAMHSA based on their review of relevant peer-reviewed and non-peer-reviewed articles and reports. This report presents a collection of strategies for improving the diversity of the substance use treatment workforce. Although it is labeled as a "working draft", no "final" versions have been made available. Note: the content of this report is identical to that provided in a peer-reviewed article by the same authors: Pfefferle, S. G., & Gibson, T. S. (2013). Minority recruitment for the 21st century: an environmental scan. *Journal of Drug Addiction, Education, and Eradication*, 9(3), 153-198.

7. The Southeast Mental Health Technology Transfer Center

The Southeast Mental Health Technology Transfer Center (MHTTC) hosted two webinars on recruitment and retention of the mental health workforce in 2019, with Dr. Michael Hoge of the Yale School of Medicine as the presenter. The webinars informed the creation of this handbook. Part 1 of the webinar can be retrieved here. Part 2 of the webinar can be retrieved here.

The Southeast MHTTC also created a brief report on mental health workforce challenges in the Southeast region. The report compiles resources developed by organizations in the Southeast region that support mental health workforce development. The report can be retrieved here.

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