Request for Proposal

Enhancing Behavioral Health Capacity for Community- Based Organizations that Serve Boston Youth
Request for Proposals
2024

Executive Office
Center for Behavioral Health and Wellness

I. Overview

The Boston Public Health Commission (BPHC) is the local public health department for the City of Boston. BPHC's mission envisions a thriving Boston where all residents live healthy, fulfilling lives free of racism, poverty, violence, and other systems of oppression. In light of the alarming rise in behavioral health challenges among Boston's youth, as evidenced by recent data, BPHC is issuing this Request for Proposals (RFP) to find skilled vendors in community-based behavioral health training. This initiative seeks to support community organizations aiding marginalized youth, particularly youth of color and LGBTQ+ individuals, who face significant behavioral health disparities.

Our goal is to enhance these community organizations' capacity to address both the immediate and long-term behavioral health needs of youth and their caregivers. We seek vendors who can provide innovative training and tools for adults currently working with youth, to aid in early identification of youth behavioral health issues, promote effective community-level behavioral health intervention strategies, and provide clear pathways for adult to guide youth to access Boston's youth behavioral health services. Through this RFP, we aim to empower organizations and create robust support systems for our youth, contributing to their overall well-being and the health of our community.

The organizations provided with capacity building should be those that are currently engaged in the development and enrichment of youth in their day-to-day life, including in ways that promote youth social interaction, self-expression, or self-awareness, are embedded in community, and as such are part of, or enhance, the community's therapeutic landscape. The vendor should be able to equip community-based organizations (CBOs), through capacity building training and activities, with an ability to promote skill-building and tools to better address youth behavioral health issues. This could include the ability to identify behavioral health signs and symptoms, understand community level intervention models and methods, and knowledge and awareness of how to make appropriate referrals to Boston behavioral health services. Similarly, this capacity building provided should support youth-serving adults ability to identify, understand, and address their own behavioral health signs and symptoms, so that they model and promote healthy behavioral health responses for the youth that they serve.

Boston's youth are facing an increasing crisis in behavioral health issues. Data collected from Boston's Youth Risk Behavioral Survey and Centers for Disease Control and Prevention data for Boston Public Schools in 2021[i] showed a significant increase in the percentage of students reporting feeling sad or hopeless almost every day, for two weeks or more in a row - where they stopped doing some usual activities. In 2015, 27% of students experienced this persistent sadness, a stark difference to the reported 44% in 2021. Further, 85% of students reported having felt sad, empty, hopeless, angry, or anxious in the past year. Disparities persist for youth of color- with Black and Latinx youth showing higher prevalence of attempting suicide compared to White youth. LGBTQ+ youth report high rates of behavioral health distress across all domains surveyed- higher prevalence of feeling sad or hopeless for two or more weeks, purposely hurting themselves, considering suicide, planning suicide, attempting suicide and being treated by a doctor following a suicide attempt.

Based on this data, people who work with Boston youth are likely to be confronted with the behavioral and behavioral health needs of youth daily but may feel unequipped to help. This RFP seeks to provide these youth-serving organizations and CBOs, who already work diligently to provide access to meaningful, enriching activities, the means to support youth behavioral health more directly. Capacity

building and training for youth-serving organizations will provide support, reduce strain, and decrease vicarious trauma, allowing these organizations to promote holistic wellness and build the therapeutic landscapes of their communities more fully. Vendors responding to the RFP will bring these organizations evidence-based methods to address the inequitable and alarming behavioral health crisis that are affecting youth and provide deepened support to those that serve them. Details for proposals and deliverables are further described in the Scope of Service section of this RFP.

All service contracts awarded by the Boston Public Health Commission may be subject to following the City of Boston's living wage ordinance. This ordinance requires that all employees working on sizable city contracts earn an hourly wage that is enough for a family of four to live at or above the federal poverty level. This wage amount called the living wage, is recalculated every year. For more information, please visit https://www.boston.gov/worker-empowerment/living-wage-division .

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 (CUBE) in any of these areas, please attach documentation of certification.

II. RFP Timeline

March 7, 2024	RFP posted on The Boston Globe and The Bay State Banner
March 7, 2024	RFP available online at http://boston.gov/rfp
March 22, 2024	RFP questions due via email by 5:00pm EST Send questions via email to: cbhwquestions@bphc.org Subject: *Enhancing Behavioral Health Capacity to Support Boston's Youth - Questions*
March 27, 2024	Responses to questions available for viewing at boston.gov by 5:00pm EST
April 5, 2024	**Proposals due via email by 5:00 PM EST** Send proposals via email to: RFR@bphc.org **and** cbhwquestions@bphc.org Subject*: Enhancing Behavioral Health Capacity to Support Boston's Youth - Proposal*

	NO EXCEPTIONS TO THIS DEADLINE
April 22- April 26, 2024	Interviews with applicants as needed. *Subject to change*
May 6, 2024	Notification of Decision: Selected candidate/s will be notified of award by 5:00pm EST The desired date for notification of award to the vendor. BPHC has the discretion to extend this time period without notice. The contract resulting from this RFP shall be in effect when all necessary documentation is fully executed by both parties. *Subject to change*
June 3, 2024	Anticipated start of contract *Subject to change*

III. Background

Youth in Boston are more likely to be Latinx, Black, from Asian American or Pacific Islander communities, or identify as from multi-racial backgrounds.[ii] See Figure 1 below for enrollment by diversity in Boston Public Schools (data from 2017-2018 and 2018-2019 school years):

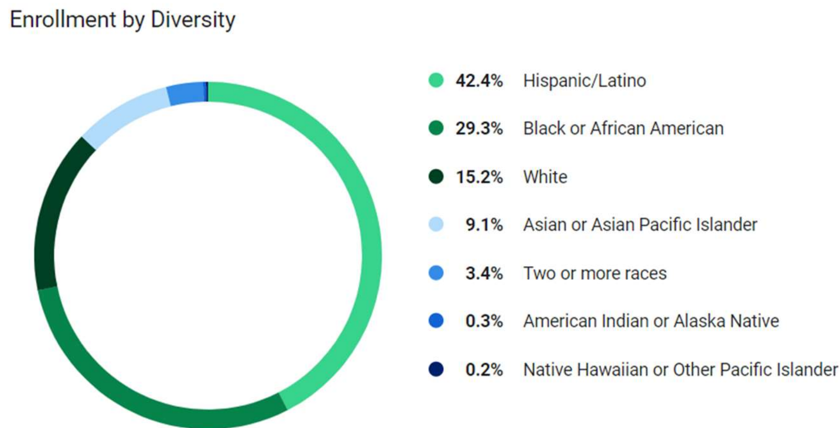

Figure 1: Enrollment by Diversity, Boston Public Schools[iii]

The behavioral health crisis has impacted youth disproportionately, with a greater toll falling on youth of color and their families,[iv, v, vi] youth who identify as LGBTQ+,[vii] youth from low-income households, involved in child welfare, juvenile justice systems, or with disabilities. The COVID-19 pandemic also exacerbated behavioral health issues and compounded the barriers that already disproportionately fall

on communities of color and other historically marginalized communities, especially for youth. [viii] In addition, LGBTQ+ youth in Massachusetts have higher rates of behavioral health issues than their straight/cis peers. Seventy-one percent of LGBTQ+ youth in Massachusetts reported experiencing symptoms of anxiety, including 78% of nonbinary and transgender youth.[ix] However, access to services are limited, as the Association for Behavioral Healthcare (ABH) in Massachusetts reported in a 2022 Issue Brief, children and youth seeking ongoing therapy waited on average 16 weeks before they were able to access care.[x]

As builders of Boston's therapeutic landscapes, youth-serving organizations in Boston's communities of color play an important role buffering the disproportionate impact of the youth behavioral health crisis. Therefore, this RFP is seeking to equip these organizations with the necessary tools to continue to build capacity to address and improve behavioral health – for the youth they serve, and for those who work to serve them**.** The latter is important, as the high rates of behavioral health issues seen in youth are also occurring in the workforce.

The demand for behavioral and behavioral health services has been increasing, while access has decreased. The Surgeon General of the U.S. cites data that shows that 76% of U.S. workers have reported at least one symptom of a behavioral health condition; 84% of respondents stated workplace conditions had contributed to at least one behavioral health challenge; and 81% of workers reported that they will be looking for workplaces that support their behavioral health in the future.[xi] Workers are carrying trauma incurred from the COVID-19 pandemic in addition to incidents in their own lives that affect their behavioral health. As inflation rises, housing costs increase and affordable housing decreases, childcare costs remain high, and other social determinants of health and situational factors bear down on the workforce and are increasingly impacting behavioral health and well-being. For BIPOC, immigrant, LGBTQ+ and/or staff with other marginalized identities, these factors are often magnified, due to issues accessing care, lack of cultural competency or cultural humility, and/or lack of behavioral health providers that reflect staff identities. In the same issue brief from 2022 noted above, the ABH also found that adults need to wait an average of 13 weeks to receive ongoing therapy services. The need to build organizational capacity to respond to behavioral health needs of youth and the workforce that serves them is crucial.[xii]

The aim of this RFP is to promote task shifting,[xiii,xiv,xv] the "moving [of] the primary provision of the behavioral health intervention from behavioral health specialists (e.g., psychiatrists, psychologists, Master level providers) to lay counselors (i.e., limited to no behavioral health training or experience). This approach is responsive to the reality that addressing the behavioral health services gap requires an emphasis on promoting the skills of adults in the youth facing workforce. Otherwise, scaling up behavioral health services for community level responsiveness can become unrealistic, given the limited number and unequal distribution of behavioral health specialists."[xvi] This approach empowers members of the community to assume some of the responsibilities, when appropriate, of behavioral health specialists, and allows for multidisciplinary stakeholders (e.g., educators, faith-based leaders) to respond to the behavioral health needs of youth. The approach is not meant to replace the important role of clinical behavioral health providers, but to aid in broader community involvement in addressing community level behavioral health issues.[xvii, xviii]

A similar response is that of Community Initiated Care models (CIC), which involves building the capacity of local communities to prevent and intervene on behavioral health issues. Like task shifting, this approach recognizes the important role frontline adult workers can play in responding to the behavioral

health needs in their own communities. This approach moves away from the need to identify formal diagnoses for behavioral health issues, instead using community-level approaches to assist individuals experiencing distress. This can help reach individuals who may be reluctant to seek help due to fear, stigma, costs, or mistrust of the formal health system—and could reduce persistent disparities in behavioral health equity, as well as assist in addressing early signs and symptoms of behavioral health issues and increase early intervention and linkage to formal care if needed to help ensure continuing support and follow-up care.[xix]

As disparities in the behavioral health crisis align with disparities in society overall, this RFP will require that any and all capacity building also address the impact of racism and bias, champion the importance of cultural humility, and understand the need to foster an intersectional approach to care and service provision. The RFP will prioritize capacity building in organizations serving youth of color who are members of groups that face disproportionate oppression and/or marginalization (e.g., Latinx, Black, Asian), with a focus on the intersectional identities of these youth– especially LGBTQ+ youth, as well as immigrant, unhoused/unstably housed, and/or disabled youth.

IV. Scope of Service

Introduction:

BPHC has a stated priority to promote racial justice and health equity in ways that advances our vision of people living healthy, fulfilling lives free of racism, poverty, violence, and other systems of oppression, where all people have equitable opportunities and resources, leading to optimal health and well-being. This RFP will align with this priority, **seeking vendor(s) with extensive knowledge and experience in providing behavioral health training to adults who work with youth in CBOs that serve Boston's youth, with a focus on youth of color** in non-clinical[1] capacities.

Objective:

Provide evidence-based behavioral health capacity building assistance and training to CBOs that serve youth of color in Boston in non-clinical capacities, with attention to the needs of both the youth served and the adults providing the services. This capacity building assistance and training will result in improved behavioral health response for both the non-clinical youth-serving CBO workforce and young people.

Proposal Aims:

1) Provide non-clinical youth serving organizations the tools to learn how to sustainably identify, understand, address and follow up on behavioral health issues of both the youth served and the staff who are serving them

[1] Non-clinical in this context refers to programs and services that are not related to behavioral or mental health service provision, treatment or care for youth

a) The tools provided to build behavioral health capacity in youth serving organizations should be geared toward community implementation, and be evidence based or evidence informed, such as, but not limited to:

- Behavioral Health First Aid (MHFA)
- Psychological First Aid
- Problem Management Plus

2) Equip youth serving organizations and workers to be more proactively and actively responsive to signs and symptoms of youth *and* staff behavioral health issues. Training should develop proactive strategies for organizations to recognize and address behavioral health signs, utilizing Boston's behavioral health resources efficiently, and understanding cultural and racial service relevance.

3) Racially Just and Holistic Framework: Implement training that accounts for the effects of racism, homophobia, and other forms of discrimination, focusing on the impact of social determinants on behavioral health.

a) The framework used to build behavioral health capacity should be able to attend to individual, interpersonal, collective/community and structural viewpoints on behavioral health

b) As recommended by the Children's Bureau within the U.S. Department of Health and Human Services, training for program staff should:

- Be culturally specific
- Address potential stigma, mistrust, or fear born from cultural or systemic barriers
- Increase understanding of cultural differences in engaging in behavioral health services
- Increase understanding of systemic barriers that prevent some populations from accessing behavioral health services
- Be aware of culturally specific behavioral health and wellness services offered by providers with experience and expertise working with diverse populations that match the demographics of the young people served[xx]

4) Sustainable Capacity Building: Establish lasting methods, such as train-the-trainer models, to ensure the continuity of skills and knowledge within organizations.

5) Collaborative Efforts for Capacity Building: Foster innovative, coordinated initiatives to strengthen the behavioral health support system in Boston's youth-centric organizations.

Anticipated Time Period	**Anticipated Activities**
June 1, 2024- June 30, 2024	Create application process for qualified community-based organizations
July 1, 2024 – September 30, 2024	Screen, interview and selected qualified community-based organizations

October 1, 2024 – June 30, 2025	Provide capacity building and training for selected organizations, including oversight aspects such as supervision, coaching or other feedback methods for adults trained in the selected organizations Provide supervision, coaching or other feedback methods to adults trained in methodology
July 1, 2025- December 31, 2025	Implement internal sustainability (learning collaboratives, train-the-trainer) and internal oversight models (supervision, coaching, other feedback methods) in the selected organizations
September 1, 2025 – December 31, 2025	Continue supporting and providing technical assistance for the selected organizations to provide internal sustainability (learning collaboratives, train-the-trainer) and internal oversight models (supervision, coaching, other feedback methods) in the selected organizations Provide sustainable, evergreen training/framework materials for selected organizations to ensure sustainability (manuals, videos, other materials) Provide closure evaluation and adjust methodology implementation to ensure that selected organizations fully understand and are ready to implement frameworks as provided by vendor in an ongoing, sustainable method

V. Minimum Qualifications

Qualified Applicants must meet the following requirements:

Training Experience: Applicants must have experience delivering training to adults working with youth in cities similar to Boston. Training methods should be grounded in adult learning theory, featuring active, experiential elements and diverse learning strategies.

Capacity Building Expertise: Applicants should demonstrate experience in capacity building that enhances responses to youth behavioral health needs. This includes understanding professional boundaries, the Boston behavioral health landscape, making referrals, and providing responsive methodologies to youth.

Staff Behavioral Health Focus: Experience in capacity building that helps staff recognize and address their own behavioral health needs is crucial. This includes promoting self-care, understanding how to

utilize health services, boundary clarity, and advocating for a destigmatizing approach to behavioral health.

Vendor Framework Requirements: The vendor's approach must be evidence-informed, develop behaviorally appropriate, racially-just, trauma-informed, culturally humble and responsive, and effective in building rapport with youth. A thorough understanding of Boston's behavioral health landscape is essential.

Understanding of Health Contexts: Vendors must be knowledgeable about social determinants of health, health disparities, equity concepts, and the socio-political context of marginalized communities in Boston.

Sustainable Model Implementation: The vendor must provide a sustainable and inclusive model with methods for internal oversight, such as supervision and coaching.

Equitable CBO Selection Process: Vendors are required to establish an equitable process for selecting CBOs for training, with a preference for those reaching a significant number of staff, while maintaining service quality.

CBO Selection Criteria: Organizations must serve youth consistently, align with BPHC's mission, be non-clinical, located within Boston, serve local youth of color facing behavioral health issues, employ staff that reflect youth identities, and demonstrate community trust and sustainability.

Requirements for Selection of Community Based Organizations by Vendor:

- Serve youth on a consistent basis (at least weekly) with dedicated programming provided on an ongoing basis (programming has been in place for at least one full year)
- Mission of organization is consistent with BPHC overall mission and vision
- Not clinical in nature- i.e., not providing clinical behavioral health services to youth; programming does prioritize providing behavioral or behavioral health services as its main objective or outcome
- Be in the geographic limits of Boston
- Serve youth who reside in Boston
- Serve youth of color who are disproportionately experiencing behavioral health issues
- Staff reflect the identities of the youth served
- Have demonstrated histories of trust and high regard by youth and the communities in which they are situated
- Able to promote sustainable implementation, provision and oversight of the capacity building model shared by the vendor (i.e., low turnover, staff size promotes ability to maintain reach and scope of methodology, etc.)

VII. Proposal Requirements

Proposal sections (scored) should include (in this order):

Cover page with Abstract (1 paragraph max): Provide name for project lead contact including name, title, email, title of agency/ies involved, total budget request and abstract (1 paragraph maximum) that describes key activities, objectives, and proposed model

Organizational Experience (2 pages max): Describe your organization's preparedness for the program's aims, highlighting relevant experience with similar initiatives. Detail organizational resources and how they align with the qualifications specified earlier, particularly in training diverse youth-serving organizations.

Understanding of the Need (1 page max): Description of the population who will be reached and ultimately served, and the rationale and justification for the need. Include demographic details of the target population and justify the need for equitable program delivery.

Description of Services (2 pages max): Present your proposed model to be brought to CBOs, explaining the rationale behind this selection, implementation process, and a brief overview of your workplan and expected reach – including expected number of staff and youth to be reached.

Equity in Selection (2 pages max): Describe plans for ensuring equitable recruitment and selection of community-based organization partners for this initiative. This section should document the outcomes of the equitable selection of community-based partnerships.

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

- i) Description of ability to collect and track and report on demographic data related to all staff who are involved, enrolled, or otherwise engaged in training (per staff consent):
    - This should include, to the best of the vendor and CBOs ability: zip code, neighborhood, gender identity, race, ethnicity, sexual orientation, potentially income bracket information to ensure equity focus.

b) This section should also address plans for evaluating equity in regard to proposed CBO application process, including selection and engagement process

Evaluation Approach (2 pages max): Outline your methodology for ongoing program monitoring. Include approaches for demographic data collection (staff and youth) and describe how this data will inform the program. Plan for quarterly reviews and feedback sessions with the BPHC team.

Challenges and Solutions (1 page max): Identify potential challenges and your strategies for addressing them. Include your commitment to regular meetings with BPHC for progress review and problem-solving.

<u>Please provide as attachments (in this order):</u>

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

Workplan: Proposed workplan with activity, timelines, measurable outcomes to be completed for the following time periods: May 1, 2024 – December 31, 2025

Activities to be Described
Application Process
Screening/Selection Process
Capacity Building and Training in Methodology
Building Internal Sustainability and Internal Oversight
Technical Assistance, Evergreen Materials, Closure Evaluation

Workplan should include thorough description of anticipated timeline of:

a. The method used for recruiting CBOs, including application
b. The method used for selection of CBOs to be trained, including screening tools and methods to ensure equity in selection
c. Details as to how many CBOs will be trained, including numbers of adults trained
d. Details as to how many youth will be reached through the adults trained
e. Details regarding method for implementing oversight aspects in selected organizations- such as supervision, coaching or other feedback methods for adults trained in the selected organizations
f. Details regarding method for implementing internal sustainability (learning collaboratives, train the trainer) and internal oversight models (supervision, coaching, other feedback methods) in the selected organizations
g. Details regarding method for providing technical assistance to CBOs to assist with ensuring ongoing, sustainable method of provision of training model
h. Details regarding ability to provide evergreen materials for training model to CBOs
i. Details regarding process for closure evaluation at CBOs

Budget and Budget Justification: Provide a detailed, itemized budget and budget justification for the specified timeframe. The justification should justify each line item, covering personnel, direct costs, consultant/subcontract costs, and indirect costs. This Project is funded by the American Rescue Plan Act, so Indirect Cost capture is capped at 10% of allowable costs. Costs excluded from IDC capture can be found here.

Please provide (unscored additional requirements (in this order):

CV of Key Staff: Submit CVs of lead trainers or key staff involved.

Work Sample: Provide a work sample demonstrating your experience in developing behavioral health capacity for CBOs with a focus on racial justice, trauma-informed approaches, and sustainability.

Business References: Include contact information for three business references who can attest to the quality and relevance of your previous work.

VIII. Period of Performance

Period of Performance: The anticipated period of performance for this program is June 1, 2024 – December 31, 2025.

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 December 31, 2025 - this is subject to funds available and additional work as required.

Total Budget: Up to **$1,000,000** of Federal ARPA funding is available through the Center for Behavioral Health and Wellness of the BPHC.

Proposal Page Limit: 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 and budget justification, CUBE information, CV of key staff, work sample/s, reference listing).

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.

IX. Proposal Scoring

Proposal Section	Points
Organizational Experience	10
Understanding of the Need	5
Description of Services	10
Equity in Selection	10
Workplan	15
Challenges and Solutions	10
CUBE Vendor or equivalent out of state certification	10
Evaluation Methodology	15
Budget and Budget Justification	15
Total Points	**100**

Proposal scoring informs interview selection.

X. Submission Instructions

Proposals must be received no later than **April 5, 2024, by 5pm EST.**

Qualified applicants to submit by email all required documents in one PDF file to: **RFR@bphc.org** and **cbhwquestions@bphc.org**

Subject of the email must contain: **Enhancing Behavioral Health Capacity for Community- Based Organizations that Serve Boston Youth - Proposal**

Note: Any risks associated with the electronic transmission of responses to this RFP are assumed by the vendor.

Citations

[i] 2021 Boston High School Youth Risk Behavior Survey. Cooperative Agreement Number, NU87PS004347. 2021. Funded by the Centers for Disease Control and Prevention. https://www.bostonpublicschools.org/Page/8704 Accessed January 9, 2024.

[ii] United States Census Bureau. American Community Survey. 2017. https://data.census.gov/table?tid=ACSDP5Y2017.DP05&g=040XX00US25 Accessed January 12, 2024.

[iii] Boston Public Schools - U.S. News Education. (n.d.). https://www.usnews.com/education/k12/massachusetts/districts/boston-111992. Accessed January 23, 2024.

[iv] 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

[v] Marrast L., Himmelstein D., 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

[vi] Simon KM. Them and me - the care and treatment of Black boys in America. N Engl J Med. 2020; 383 (20):1904–1905

[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

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[x] 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

[xi] Workplace Mental Health & Well-Being — current priorities of the U.S. Surgeon General. (n.d.). https://www.hhs.gov/surgeongeneral/priorities/workplace-well-being/index.html

[xii] 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

[xiii] Grant, K., Simmons, M., & Davey, C. G. (2018). Three Nontraditional Approaches to improving the capacity, accessibility, and quality of mental health services: An Overview. *Psychiatric Services*, *69*(5), 508–516. https://doi.org/10.1176/appi.ps.201700292

[xiv] Javadi, D., Feldhaus, I., Mancuso, A., & Ghaffar, A. (2017). Applying systems thinking to task shifting for mental health using lay providers: a review of the evidence. *Global Mental Health*, *4*. https://doi.org/10.1017/gmh.2017.15

[xv] Dorsey, S., Gray, C. L., Wasonga, A. I., Amanya, C., Weiner, B. J., Belden, C. M., Martin, P., Meza, R. D., Weinhold, A., Soi, C., Murray, L., Lucid, L., Turner, E. L., Mildon, R., & Whetten, K. (2020). Advancing successful implementation of task-shifted mental health care in low-resource settings (BASIC): protocol for a stepped wedge cluster randomized trial. *BMC Psychiatry*, *20*(1). https://doi.org/10.1186/s12888-019-2364-4

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[xvii]Bipartisan Policy Center. (2024, January). *Filling the Gaps in the Behavioral Health Workforce*. https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2023/01/BPC_2022_Behavioral-Health-Integration-Report_RV6Final.pdf

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[xix]Siddiqui, S., Morris, A., Ikeda, D. J., Balsari, S., Blanke, L., Pearsall, M., Rodriguez, R., Saxena, S., Miller, B. F., Patel, V., & Naslund, J. A. (2022). Scaling up community-delivered mental health support and care: A landscape analysis. *Frontiers in Public Health*, *10*. https://doi.org/10.3389/fpubh.2022.992222

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