

**Findings of the Workgroup on  
Black, Latino, Asian American  
Pacific Islander, and Other  
Underrepresented Behavioral  
Health Professionals**

**2025**

House Bill 615 (Chapter 392 of the Acts 2023)

Maryland Department of Health

**June 2025**

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## **Introduction**

House Bill 97 (Chapter 318), enacted on July 1, 2022, established the Workgroup on Black, Latino, Asian American Pacific Islander, and Other Underrepresented Behavioral Health Professionals (UBHP). The law mandates that the Workgroup include representation from Maryland's Historically Black Colleges and Universities; hospital networks that primarily serve Black, Latino, or Asian American Pacific Islander communities; behavioral health professionals; individuals who provide social services in the State; and representatives of organizations, networks, or associations of behavioral health professionals that are composed of or primarily work to represent and support Black, Latino, or Asian American Pacific Islander communities, or other underrepresented behavioral health professionals.

House Bill 615 (Chapter 392), enacted on June 1, 2023, extended the deadline for the interim report to July 1, 2024, and clarified that the Act would remain effective until June 30, 2025, on which a final report must be submitted. In adherence with this, the Workgroup began its work in November 2023 and submitted an interim report in June 2024. The current report is being presented to close out the work of the Workgroup.

## **Overview of Legislation**

According to the legislation, the Workgroup is tasked with the following responsibilities:

1. Identify and examine the shortage of behavioral health professionals in the State who are from Black, Latino, Asian American, Pacific Islander, or other underrepresented backgrounds in the behavioral health profession.
2. Evaluate and provide recommendations on incentives or other methods to increase the number of:
  - a. Students from Black, Latino, Asian American, Pacific Islander, or other underrepresented backgrounds in the behavioral health profession who study at an institution of higher education in the State to become behavioral health professionals;
  - b. Behavioral health professionals from Black, Latino, Asian American, Pacific Islander, or other underrepresented backgrounds in the behavioral health profession who provide behavioral health services in the State, particularly in underserved communities.
3. The Workgroup is authorized to establish a subgroup within the Workgroup to support the Workgroup in fulfilling its duties, including conducting research and producing reports.
4. A subgroup established under paragraph (1) of this subsection may include an individual who is not a member of the Workgroup, such as a representative of an insurance carrier or any other relevant expert.

The Workgroup is composed of diverse and highly experienced professionals and, at the time of this report, is co-chaired by Camille Blake Fall, Esq. (Director, Office of Minority Health and Health Disparities, Maryland Department of Health) and Laura Torres, LCSW-C (Director, Primary Behavioral Health/ Early Intervention, Behavioral Health Administration). The Workgroup is staffed by MDH as well as Dr. Zakiya Lee, Ph.D. (Associate Vice Chancellor for Student Affairs, University System of Maryland), the drafter of our two reports. We thank Dr. Lee for her dedication and hard work. The workgroup membership list is attached (see Appendix A.).

## **Interim Report Findings**

The Interim Workgroup Report submitted in June 2024 highlighted the following key recommendations and encouraged exploration and pursuit of those recommendations. Recommendations from the interim report included: pathways for international professionals to validate credentials, funds or processes for waiving licensing and supervision fees, K-College recruitment, establishing a career progression ladder, creating more incentive programs, loan forgiveness, relocation incentives, and more. Since the submission of the Interim report, the Workgroup has continued to refine its recommendations, furthering their depth. The interim report can be found on the [Department of Legislative Services website](#)<sup>1</sup>.

## **Workgroup Working Context**

Based on Workgroup members' expertise, and after numerous discussion, the group decided to frame the examination of underrepresentation through the lens of these contextual questions:

- What is behavioral health?
- What fields/jobs are included in behavioral health?
- What is the extent of the shortage?
- What is the extent of the staffing crisis when considering race and not?
- What barriers limit entry into the profession?

In response to these questions, the Workgroup's initial anecdotal findings included:

- Recognition of the cultural biases, socio-economic disparities, and other structural barriers that hinder access to the field.
- Beyond the mandate of the Workgroup, consideration of the unique populations within the broader category of underrepresented behavioral health professionals is warranted, including, but not limited to, LGBTQ+, ability level, regional considerations, and English as a second language/language proficiency.
- Acknowledgment that the workforce is primarily women and predominantly White, so in diverse and urban areas, the behavioral health professional workforce and patient populations do not match. Finding that limited resources among minority populations may be creating barriers to the pursuit of fields in the profession.
- Realization that the lack of incentives (e.g., living wage, loan repayment, professional development) and difficult work conditions do not encourage participation in the field.
- Observation that there is limited access to training outside of formal advanced education.
- Recognition that targeted recruitment efforts could increase knowledge of the field.

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<sup>1</sup> Maryland Department of Legislative Services Office of Policy Analysis. (2024). *Workgroup on black, Latino, Asian American Pacific Islander, and other underrepresented behavioral health professionals : Initial report -- June 2024 / Maryland Department of Health*. Maryland Legislative Library & Information Services

## **Final Report**

The Workgroup has continued work throughout 2025, refining its recommendations while focusing on barriers to and means of implementation for each of its recommendations. Following the interim report, the subgroups continued to meet in between monthly meetings to refine their recommendations to be in line with the Workgroup's objectives outlined in the Overview of Legislation (pg. 4).

## **Subgroups**

The Workgroup identified four focus areas that contribute to the underrepresentation of people of color in behavioral health professions and, pursuant to legislation, established Subgroups based on these focus areas. The Subgroups used the anecdotal findings and related discussions to inform their work. The Subgroups - Education, Licensing and Funding, Recruitment, and Workforce - examined the issues more deeply, identified root causes and barriers, discussed the current status of potential progress, and ultimately developed innovative recommendations to address these issues.

### **I. Education Subgroup**

The Education Subgroup focused on exploring how various aspects of education pose barriers to recruiting and training behavioral health professionals from underrepresented groups. Challenges identified include, but are not limited to:

- The lack of exposure to behavioral health careers during the K-12 years;
- The costs of higher education; and
- Limited numbers of diverse and bilingual teachers and behavioral health professionals to serve as role models to students interested in behavioral health fields.

The Education Subgroup's recommendations include:

1. Research and Implementation – Research should explore why underrepresented populations withdraw from or avoid entering the mental health field. Attention should also be given to why underrepresented professionals leave the profession. Additionally, lessons can be drawn from how workforce shortages have been addressed in other fields.
2. Education Incentives – Incentives are needed to encourage more underrepresented students to pursue careers in behavioral health. These may include, but are not limited to, paid internships, scholarships, and financial aid (direct and in the form of loan forgiveness).
3. Distribution of Resources to Institutions – Institutions of higher education must be equitably funded, so the diversity of students attending colleges and universities (2-year, 4-year, public, private) in Maryland have equal opportunities. These resources can be used by institutions to target supports, opportunities, and resources for those with an interest in the behavioral health professions; to ensure related academic programs are viable and sustained; and to recruit into those academic programs.
4. Formation of Partnerships – Collaboration among academic institutions, healthcare organizations, community groups, and industry can pool resources to benefit students, professionals and other stakeholders. These partnerships can spark interest in the field, support professional development and job creation for underrepresented clinicians, and drive analysis of possible future enhancements to expanding the field.

## **II. Licensing and Funding Subgroup**

The Licensing and Funding Subgroup explored how licensing and funding can limit the number of people from underrepresented groups entering behavioral health professions. Challenges identified include, but are not limited to:

- High costs to obtain and maintain a license (i.e., testing fees, background check fees, supervision costs, continuing education, renewal fees, the cost for tutoring for the licensure exam, rescheduling fees);
- The lack of information and resources regarding licensure requirements;
- Salary disparities, especially for this female-dominated industries as compared to male-dominated industries; and
- Concerns about the educational debt required to pursue entering the field.

The Licensing and Funding Subgroup's recommendations include:

1. Improvements in the Credentialing and Licensing Processes – Evaluation of and enhancements to credentialing and licensing and the assurance of accreditation are needed to ensure that academic programs are equipped to prepare students for the exams and credentialing process, which can progress toward licensure.
2. Competitive Salaries – Licensed professionals should be incentivized with a higher base salary than those without licenses.
3. Pathways for International Professionals – Establishing pathways for and clarity around processes for international behavioral health professionals to convert their education and credentials could increase professionals from various countries.
4. Supervision Standards –Development of standards for employers that require supervision of employees in the process of obtaining their licensure to ensure that, in advance of being licensed, employees are knowledgeable, meet the supervisory hours needed for licensure, and are equipped to supervise and support the next generation of professionals.
5. Mentorship – Mentorship should be a mutually beneficial experience: while mentees gain professional development, mentors give back to their field. To recognize this contribution, mentorship hours should count toward the mentor's licensing professional development requirements.

### **III. Recruitment Subgroup**

The Recruitment Subgroup explored how and why intentional recruitment can be essential in diversifying the workforce of behavioral health professionals. Challenges identified include, but are not limited to:

- Current leadership (dominated by men and White professionals) often does not offer an image to which potential underrepresented behavioral health professionals can aspire;
- Perceptions of the field as being better suited for and dominated by women;
- Anticipated, significant job-related stress; and
- Limited awareness of related professions, opportunities for advancement, and low salaries.

The Recruitment Subgroup's recommendations include:

1. Employee Mentorship – Ensuring the availability of mentoring for new professionals may encourage entry into the profession. Providing mentors to new employees during their first year of employment, at a minimum, may facilitate strong onboarding and, likely, a positive professional experience and retention for professionals new to the field. As noted in a recommendation from the Licensing and Funding Subgroup, mentors should be provided with Continuing Education Units (CEUs) for their service, and mentorship activities should not be a financial burden to participants.
2. Financial Incentives – Authorizing documented mentorship time to be used for itemized state tax deductions and discounts on state license renewals can encourage participation, eliminate barriers to participation, and provide an incentive for seasoned professionals to serve as mentors and actively recruit into the field.
3. Early Exposure – Exposure to the field can be enhanced by partnering with public education (via public school systems and the Maryland State Department of Education) to introduce students to mental health professions and encourage and facilitate their pursuit of the profession via job fairs, job shadowing, career days, college/career offices, etc.
4. Enhanced Partnerships – Developing partnerships between academic institutions, healthcare organizations, community groups, and industry can facilitate opportunities for exposure to, interest in, preparation for, and entry into the behavioral health professions including paraprofessional roles such as certified peer specialist positions.

#### **IV. Workforce Subgroup**

The Workforce Subgroup focused on strategies to improve workforce conditions for underrepresented individuals in the State of Maryland. By improving these conditions, the goal is to attract professionals of color to the field, make the field more appealing to those considering or entering it, and support the retention of those already working in it through ideal work environments and robust professional development opportunities. These efforts may also help increase the representation of underrepresented professionals in leadership roles – an area the group identified a significant gap. Current challenges include, but are not limited to:

- An unwelcome workplace environment, burnout, and safety concerns;
- Limited numbers of other people of color in the workplace and leadership
- Positions and leadership not reflecting staff;
- Low salaries, making the field particularly unattractive for those with student debt and other significant financial obligations;
- Lack of mentorship; and
- Unclear career growth opportunities and succession planning.

The Workforce Subgroup's recommendations include:

1. Incentives for Relocation – Offering targeted incentives to encourage professionals to relocate may help increase the number of underrepresented behavioral health professionals overall, particularly in underserved areas experiencing the most severe shortages. Strategic partnerships with real estate agencies, developers, and local governments can be explored to identify affordable housing options and develop programs that subsidize relocation costs. Additional financial incentives, such as sign-on bonuses, tax benefits, and low-interest loans, can further support recruitment and retention efforts.
2. Promote Inclusive Businesses – Businesses that demonstrate a strong commitment to equity, inclusion and equitable recruitment and workplace practices should be recognized and promoted. Consider leveraging social media and other communication platforms to highlight these employers as models of inclusive excellence, thereby encouraging others to adopt similar practices.
3. Leadership Program – Developing a leadership program specifically designed for underrepresented professionals will enhance the preparation, visibility and credibility of emerging leaders. Such a program can provide access to valuable resources; including mentorship, professional development, and affinity groups, to support both career advancement and retention. Ultimately, these efforts can contribute to a more inclusive and resilient organizational culture.
4. Wrap-Around Services – To enhance employee productivity and well-being, support should be provided across multiple areas. Consideration should be given to access to healthcare, opportunities for continuing education and certification, childcare services, transportation, financial literacy resources, and other essential supports that contribute to a stable and empowered workforce.



## **A Summary of Key Recommendations and Conclusion**

The Workgroup highlights the following key recommendations (selected from each subgroup) that reflect the most immediate suggested next steps to be explored in the next one to two years:

1. Equitably distribute resources to institutions of higher education to increase opportunities to educate and fund students interested in behavioral health professions.
2. Identify and incentivize mentors who can offer support to new professionals to ensure they understand career pathways and lead to retention in the field.
3. Develop a leadership program focused on professionals of color.
4. Establish pathways for international professionals to validate credentials they have from abroad for use in the United States.
5. Target exposure to and recruitment into behavioral health professions from elementary school through college.
6. Identify and distribute funding to offer loan forgiveness, fund relocation, increase salaries, and decrease or waive licensing and supervision fees.
7. Explore and, if needed, commission research to further substantiate the shortage and needs

The issues addressed by this Workgroup are long-standing and significant. The recommendations address a wide range of critical concerns. While some will require funding for initiation and long-term sustainability, many can be launched without significant resource investment. To advance any of these recommendations and to fulfill the broader objectives outlined in the legislation that established this workgroup, a comprehensive and strategic implementation plan is essential.

The Workgroup recommends that state leadership develop an implementation team that includes representation from organizations that have a stake in the recommendations and staff closely connected to key decision makers within the state. Further, to the extent that funding is required, state leadership should proactively explore and secure sustainable funding sources to support implementation efforts. These investments are critical to advancing changes that will ultimately reduce and eliminate the underrepresentation of certain groups within the behavioral health workforce.

## Appendix A

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*\*Workgroup Membership as of June 2025*