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MTF Brief

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The Behavioral Health Workforce Challenge

Massachusetts is at a critical crossroads, as growth in the behavioral health workforce and the talent pipeline is not keeping pace with the higher demand for services. Healthcare providers struggle to recruit and retain professionals in high-need settings, such as community-based behavioral health settings, that tend to face high burnout and often pay less than other healthcare settings. The pandemic worsened workforce challenges due to the increasing number of individuals needing behavioral healthcare services. In 2023, 26 percent of Massachusetts adults reported symptoms of Anxiety or Depressive Disorder, more than double the rate in 2019 (11 percent).¹ The supply of behavioral health professionals is not meeting the increasing demand for services that have grown since the pandemic.

The rising need for behavioral health services is a major health equity issue. Workforce challenges have significantly impacted underserved communities, which report higher needs for behavioral health services. During the first year of the pandemic, over 39 percent of non-white adults reported needing services, compared to 22 percent of white adults.² However, while statistics vary by occupation, the behavioral health workforce is mostly composed of white professionals. A recent survey by the Center for Health Information Analysis found that only 22 percent of independently licensed clinicians in behavioral health identify as non-white.³ Growing and diversifying the workforce in healthcare settings that serve diverse populations will be critical to closing the gap between need and equitable accessibility.

The Massachusetts behavioral health workforce includes a range of clinical positions, such as Social Workers, Psychologists, Mental Health Counselors, and Family Partners. Unfortunately, the Massachusetts behavioral health workforce is still down from its 2018 level, a high point for the sector.⁴ This decrease has been impacted by high turnover in the behavioral health field, which further strains the supply of services. In 2021, community-based outpatient clinics reported having an average of 17 staff vacancies, as providers lost 13 clinicians for every 10 hired.⁵

¹ National Center for Health Statistics and Household Pulse Survey

² Behavioral Health During the First Year of the COVID-19 Pandemic: An Update on Need and Access in Massachusetts 2020/2021 [Report](#)

³ Massachusetts Health Care Workforce [Survey](#)

⁴ U.S. Bureau of Labor Statistics occupational data, 2017 – 2023.

⁵ The Association for Behavioral Health's [Survey](#) of Outpatient Provider Agencies.

The growing need for behavioral health services coupled with an insufficient workforce create far-reaching impacts for the Commonwealth. Children with unmet behavioral health needs are less likely to succeed in school resulting in lower levels of academic persistence and graduation at both secondary and postsecondary levels. Poor behavioral health is also a documented contributor to crime, impacting public safety and involving individuals in a criminal justice system that is costly and likely to make physical and mental health issues worse. Broadly speaking, a workforce that cannot meet underlying behavioral health needs has huge economic consequences for the Commonwealth in the form of lost productivity, missed time, and departure from the labor force.

To better understand this public health crisis, this report takes a closer look at the behavioral health workforce, identifies the occupations that have seen the largest decreases, and considers how changing workforce and demand trends have impacted the affordability and accessibility of services. The analysis then looks at state investments to bolster the workforce, how other states support their behavioral health workforce, and how Massachusetts healthcare organizations address their unique workforce needs. Several recommendations are proposed for policymakers, including ways to grow and diversify the workforce and support career advancement and development for incumbent professionals.

The Massachusetts Behavioral Health Workforce and Recent Trends

The behavioral health workforce encompasses a range of occupations that provide prevention, early intervention, treatment, and recovery support services. However, there is no universal definition for what occupations make up the state's behavioral health workforce, and no single data source accounts for all behavioral health professionals. This report includes employment data from the U.S. Bureau of Labor Statistics (BLS) in alignment with the behavioral health occupations recognized by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). These occupations include, but are not limited to, professional counselors (i.e. Recovery Coaches and Licensed Alcohol and Drug Counselors), Social Workers, Psychologists (i.e. School Psychologists), Psychiatrists, and Psychiatric Nurse Practitioners. Behavioral healthcare professionals provide services through a range of healthcare settings:

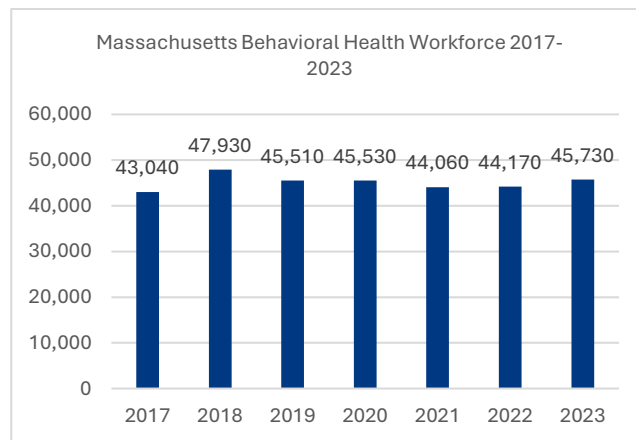
- Acute psychiatric hospitals
- Community health centers
- Outpatient care centers
- Primary care
- Psychiatric units
- Residential treatment programs

An individual needing behavioral health services often receives care through more than one of these settings throughout their treatment, and primary care is the first setting for many patients. The multi-faceted aspect of behavioral healthcare means that workforce shortages in one area of the behavioral health system have repercussions for other settings. For example, a shortage of inpatient psychiatric beds can have major impacts on patient boarding in hospital emergency departments.

The sections to come outline several aspects of the behavioral health workforce challenges that exist in Massachusetts.

Assessing Behavioral Health Workforce Declines

Massachusetts has the most behavioral health providers per capita nationally but still faces workforce challenges worsened by the pandemic.⁶ Before the pandemic, the behavioral health workforce reached 47,930 professionals in 2018, the high-water mark, and an increase of 4,890 individuals (11 percent) over the previous year⁷. While the behavioral health workforce has grown over the last several years, it has not reached the 2018 level.



Several factors have impacted behavioral health workforce trends since 2018, including increased burnout, fewer individuals in the talent pipeline, and significant decreases across three important behavioral health positions. While there have been large increases in some behavioral health occupations, such as a 35 percent increase in the number of Substance Abuse, Behavioral Disorder, and Mental Health Counselors, there have been equally large decreases in occupations such as Community Health Workers (CHWs). The behavioral health occupations with notable workforce decreases in 2023 compared to 2017 are:

- Mental Health and Substance Abuse Social Workers (Decline of 1,260):** These professionals primarily work in outpatient care centers and assess and treat individuals with mental, emotional, or substance abuse disorders.⁸ Additional responsibilities include case management services and client advocacy throughout an individual’s treatment. There are several Social Worker positions in Massachusetts with varying education and training requirements, including Licensed Social Workers (LSWs), Licensed Clinical Social Workers (LCSWs), and Licensed Independent Clinical Social Workers (LICSWs). While each is part of the behavioral health workforce, LICSWs can independently practice and bill for behavioral health services. Requirements to obtain licensure as an LICSW include having a Master of Social Work degree (MSW), completing 3,500 clinical hours over two years, and 100 hours of supervision as an LCSW. In 2023, the annual mean wage for a Mental Health and Substance Abuse Social Worker in Massachusetts was \$64,810, an increase of \$20,070 (45 percent) over 2017.
- Child, Family, and School Social Workers (Decline of 1,190):** These professionals work in a range of settings, such as schools and residential care facilities, and support a child’s social and psychological wellness.⁹ These Social Workers also work with a child’s family to identify challenges at home, respond to immediate crises within families, and provide case management to develop treatment plans. Both bachelor’s and master’s level Social Workers can work as Child, Family, and School Social Workers. While individuals with a bachelor’s

⁶ The State of Mental Health in America, 2023 [Report](#).

⁷ This data includes the following U.S. Bureau of Labor Statistics OCC Codes: 19-3031, 19-3033, 19-3034, 19-3039, 21-1013, 21-1018, 21-1019, 21-1021, 21-2022, 21-1023, 21-1024, 21-1025, 21-1026, 21-1027, 21-1094, 29-1066, 29-1223, 29-2053, 31-1013, and 31-1133

⁸ U.S. Bureau of Labor Statistics, Occupational Employment and Wage Statistics description.

⁹ U.S. Bureau of Labor Statistics, Occupational Employment and Wage Statistics description.

degree can obtain a credential as a Certified Children, Youth, and Family Social Worker, individuals with a master’s degree have additional specialized training. In 2023, the annual mean wage for a Child, Family, and School Social Worker in Massachusetts was \$64,750, an increase of \$16,280 (34 percent) over 2017.

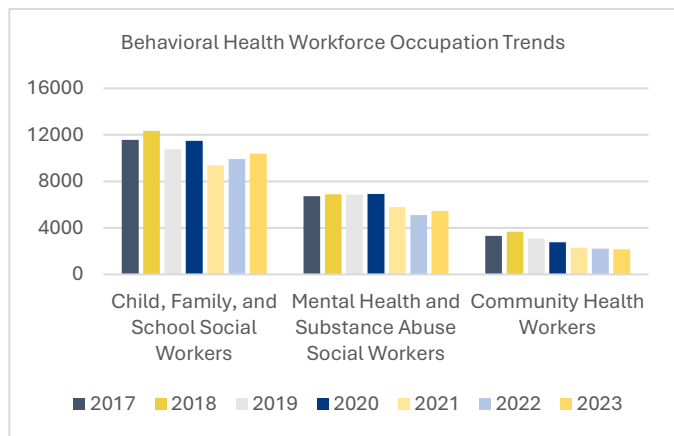
- **Community Health Workers (CHW) (Decline of 1,130):** CHWs is an umbrella term that includes a range of occupations such as Family Partners and Certified Peer Support Specialists, who apply lived experience, language, and culture to the population they serve. These professionals work in community-based organizations to help connect individuals with health and social services in their community and advocate for the health needs of their communities. While CHWs do not provide clinical services, they play an important role in helping, an often more diverse population, access behavioral health services. CHWs must complete 4,000 hours of CHW work or 2,000 hours of related work experience and be certified by a CHW Education Training Program. In 2023, the annual mean for a CHW in Massachusetts was \$55,090, an increase of \$11,000 (25 percent) over 2017.

BLS Data Limitations

The U.S. Bureau of Labor Statistics Data provides a range of occupational and wage data nationwide that is broken down by state. However, there are several limitations to this data, including an inability to take a closer look at specific occupations, such as Psychiatric Nurses, the number of practicing or licensed professionals, and whether professionals take insurance, or practice in clinical settings. While the data includes the type of setting different occupations can be found, this information is difficult to assess on a state-by-state basis.

The recent decrease in both types of Social Workers highlighted above is likely related to increased state and federal investments, covered later in this report, to increase the number of Substance Abuse, Behavioral Disorder, and Mental Health Counselors. Since 2017, the number of Counselors in Massachusetts has increased by 4,500 (35 percent) individuals, while the number of Mental Health and Substance Abuse Social Workers and Child, Family, and School Social Workers have decreased by 2,450 during the same period.

Combined, the number of Child, Family, and School Social Workers, Mental Health and Substance Abuse Social Workers, and CHWs decreased by 3,580 professionals (17 percent) in 2023 compared to 2017. These three occupations represented 39 percent of the behavioral health workforce in 2023, a decline from 50 percent in 2017. The number of CHWs saw the largest proportional decrease during this time, losing more than a third of the workforce. This is especially concerning, given that community-based



providers deliver services to underserved communities and often serve as the training ground for a range of behavioral health clinicians.¹⁰

High Turnover and Increased Burnout

The effects of unprecedented turnover and burnout are seen in the loss of workers and high vacancy rates across the behavioral health field. Nationally, 15 percent of community health centers have lost at least a quarter of their workforce, and more than 80 percent of community health centers have seen their workforce decline by at least five percent.¹¹ In 2022, the vacancy rates among six behavioral health positions in acute care hospitals ranged from 17 percent for bachelor's degree level Social Workers to a 32 percent vacancy rate for entry-level positions, including Mental Health Workers/Technicians.¹² These high vacancy rates prohibit growth in other occupations of the behavioral health workforce.

Significant pay disparities across behavioral health settings are a major factor impacting turnover rates. In 2022, the pay gap between licensed clinicians in hospitals compared to community-based settings was estimated to be \$20,000 annually.¹³ Behavioral health professionals in all settings also tend to be paid less than many other healthcare occupations. In 2017, primary care reimbursements were 24 percent higher than reimbursements for behavioral healthcare¹⁴. While pay has increased for Child, Family, and School Social Workers, Mental Health and Substance Abuse Social Workers, and CHWs by an average of 35 percent since 2017, these occupations have seen workforce decreases ranging from 10 to 34 percent during the same period. The lack of sufficient growth in the number of behavioral health professionals strains the existing workforce with larger caseloads for professionals already in high-burnout settings.

The Future Workforce

One way to see what the behavioral health workforce could look like in the coming years is to examine enrollment in higher education and the programs being pursued. Here again, we see warning signs. While there is limited enrollment data for private post-secondary and graduate-level institutions, the Massachusetts Department of Higher Education (DHE) provides various metrics on student enrollment in public higher education institutions. Students included in this analysis are enrolled in programs in the following educational major categories:¹⁵

- **Family and Consumer Sciences/Human Services**: Programs that focus on family and consumer sciences, including how individuals develop and function in family, work, and community settings and how they relate to their physical, social, emotional, and intellectual environments.

¹⁰ The Blue Cross Blue Shield Foundation's Behavioral Health Urgent Care [Report](#).

¹¹ The Massachusetts Health Policy Commission's Health Care Workforce Trends and Challenges in the Era of COVID-19 [Report](#).

¹² The Massachusetts Health and Hospital Association's An Acute Crisis [Report](#).

¹³ The Association for Behavioral Health's [Survey](#) of Outpatient Provider Agencies.

¹⁴ Addiction and mental health vs physical health: Widening disparities in network use and provider reimbursement [report](#)

¹⁵ This data only captures a subset of students enrolled in undergraduate programs in Massachusetts and does not include private or graduate-level students.

- **Health Professions and Related Programs:** Instructional programs that prepare individuals to practice as licensed professionals and assist in the healthcare professions and related clinical services and administrative support services.
- **Psychology:** A general program that focuses on the scientific study of individual and collective behavior, the physical and environmental bases of behavior, and the analysis and treatment of behavioral problems and disorders.

While students pursuing degrees in a wide range of majors could join the behavioral health workforce, using data from the National Center for Education Statistics CIP Codes, these areas of study are most closely aligned with the field.

In 2023, public higher education enrollment in programs that could lead to a career in behavioral health decreased by 476 students (5 percent). Enrollment in the two largest programs, Health Professions and Related Programs and Psychology

Overview of Completed Educational Programs by Major Category, Public Institutions¹⁶

Major Category	2019	2023	# Difference	% Difference
Family and Consumer Services/Human Services	229	232	3	1%
Health Professions and Related Programs	6,145	5,780	-365	-5%
Psychology	2,317	2,203	-114	-5%
Total	8,691	8,215	-476	-5%

continued to lag behind 2019 enrollment by six and five percent, respectively. While many behavioral health occupations, including LICSW, require at least a master’s degree, the number of individuals who earn a master’s or doctoral degree in the majors listed above decreased in 2023 compared to 2019 by 6 percent. However, the number of individuals who have attained either of these degrees is closer to the 2019 level than any other year since.

Overview of Completed Educational Programs by Major Category, Race/Ethnicity¹⁷

Race/Ethnicity	2019	2023	# Difference	% Difference
White	5,577	4,953	-624	-11%
Hispanic or Latino	1,046	1,154	108	10%
Black or African American	1,073	1,044	-29	-3%
Asian or Pacific Islander	456	535	79	17%
Two or more races	238	282	44	18%
U.S. Non-resident	143	137	-6	-4%
Unknown	140	95	-45	-32%
American Indian or Alaskan Native	18	15	-3	-17%
Total	8,691	8,215	-476	-5%

To assess trends for equitable access to behavioral health, it is important to look at the demographic shifts in students enrolled in these educational programs. As highlighted above, nearly 80 percent of the current behavioral health workforce is white professionals, leaving much room for improved diversity.

Since 2019, enrollment in behavioral health-related majors in public higher education

¹⁶ Massachusetts Education-to-Career Research and Data Hub

¹⁷ Massachusetts Education-to-Career Research and Data Hub

Chapter 257 Human Service Worker Rates

institutions has become more diverse. The overall share of white students decreased to 60 percent in 2023, a four-percentage point decrease compared to 2019. The most significant enrollment gains were made by Hispanic/Latino and Asian or Pacific Islander students, which increased by 189 students combined (13 percent) and saw increased enrollment across each of the three majors.

While the data is limited, overall decreases in enrollment are concerning, but it is encouraging that several racial and ethnic groups have seen enrollment increases in behavioral health-related majors. These gains are important for addressing the increasing number of non-white individuals in need of behavioral health services, especially when studies have found individuals have better outcomes when their providers reflect their language, culture, or ethnicity.¹⁸ The behavioral health workforce and talent pipeline needs to grow and become more diverse to meet the current need for services in occupations that serve underrepresented communities and remove barriers related to accessibility, affordability, and care.

As noted earlier, enrollment data in private higher education institutions is limited, but there are some promising signs. At William James College, a private institution that specializes in training Mental Health Counselors and Psychologists, enrollment has increased as a result of new and expanded programs for a range of behavioral health positions. In Fall 2024, the school enrolled 967 students, an increase of 140 students (17 percent) compared to 2020, resulting from greater enrollment in programs like the master's degree in Clinical Mental Health Counseling. William James College also administers a Community Health Worker Training Program, which trained 94 participants over the past three years. Demand for the CHW Training Program has outpaced capacity, as there are twice as many individuals on the waiting list than available seats.

The Connection Between Workforce and Access

Behavioral health workforce challenges directly impact an individual's ability to access quality behavioral healthcare and have resulted in barriers such as long waitlists for services. In 2021, the waitlist for behavioral healthcare in community-based outpatient services reached nearly 14,000 individuals, with many having to wait over three months for an initial assessment.¹⁹ The increasing number of individuals in need of services coupled with a strained workforce continues to make accessing care more challenging.

Affording behavioral healthcare continues to be a barrier, as costs continue to rise. In 2023, 20 percent of adults who needed behavioral health services could not see a doctor due to the cost of care, quadrupling the share of adults from

Fiscal Year	Funding
FY 2019	\$38.5
FY 2020	\$20.5
FY 2021	\$160.0
FY 2022	\$79.0
FY 2023	\$230.0
FY 2024	\$173.0
FY 2025	\$390.0
Total	\$1,012.0

\$ in millions

In addition to targeted behavioral health workforce program funding, increases in human service rates more generally through the Chapter 257 process have also impacted the field. Chapter 257 refers to the state's system for developing rates for human service providers with state contracts, including many providers of behavioral health-related services. Policymakers began to invest more heavily in increasing reimbursement rates as a result of the pandemic. These investments are an important tool for bringing pay parity to human service workers, including behavioral health workers who are typically reimbursed at lower rates than other healthcare occupations.

¹⁸ Improving Cultural Competence [Report](#)

¹⁹ The Association for Behavioral Health's [Survey](#) of Outpatient Provider Agencies.

2015.^{20,21} An individual’s ability to afford and access behavioral health services is often determined by their health insurance. Individuals covered by MassHealth have access to expansive coverage that includes case management and residential treatment services. Commercial coverage for behavioral health varies more widely.

Unfortunately, many clinical behavioral health providers do not accept insurance, often citing administrative burdens related to licensure and lower reimbursement rates compared to what they can charge in the private market. This puts mental health services out of reach for many people; the national average for a session of therapy falls between \$100 and \$200, which could cost individuals up to \$800 a month out of pocket a month, making these services unaffordable for a large number of those in need.²² The burden also falls on families to pay for services out-of-pocket due to the limited number of professionals who accept insurance.

Addressing the Behavioral Health Workforce Challenge

As demonstrated above, it is critical to address the need for an increasing supply of behavioral health professionals. In 2023, more than half of all adults nationwide in need of behavioral health services did not receive treatment, and more than a quarter of those individuals could not afford care.²³ This section provides an overview of notable investments in Massachusetts and further afield to support the behavioral health workforce. Programs supported by the federal government and other states are highlighted to demonstrate what steps Massachusetts can take to support the behavioral health workforce.

Massachusetts

Supporting behavioral health workforce programs has become a key area of focus for policymakers in Massachusetts in recent years. The prioritization of these programs since FY 2021 is apparent as over \$600 million has been invested through the state budget and two COVID recovery and economic development bills for behavioral health workforce development. As described below, these investments most notably include \$197 million for the MA Repay Program, which provides student loan repayment assistance for thousands of eligible behavioral health professionals. New programs also prioritize assistance for behavioral health professionals who serve individuals with MassHealth coverage to address accessibility challenges.

Massachusetts Behavioral Health Workforce Investments

Funding Source	FY 2016-20	FY 2021-25
State Budget	\$31.70	\$347.7
COVID Bills	\$0.0	\$256.9
Total	\$31.70	\$604.6

\$ in millions

Funding for behavioral health workforce development programs significantly increased beginning in FY 2022. This funding increase is related to investments in a COVID recovery and economic development bill passed in

²⁰ The State of Mental Health in America, 2023 [Report](#).

²¹ Access to Behavioral Health Care in Massachusetts: The Basics [Report](#).

²² [Psychology Today](#)

²³ The State of Mental Health in America, 2023 [Report](#).

2021, and the FY 2024 budget that included two one-time spending items that capitalized new programs and supported ongoing initiatives for existing programs.

The following descriptions take a closer look at several major behavioral health workforce initiatives launched in recent years. The analysis examines how these programs support the behavioral health workforce and what their impact has been thus far.

MA Repay Program - (\$197.1 million since launched in 2022)

Growing and diversifying the behavioral health workforce is challenging due to the high costs associated with training, causing professionals to seek higher-paying positions to pay off their educational debt. This leaves lower-paying healthcare settings, which tend to serve a more diverse population, with workforce shortages and capacity constraints. To address barriers related to entering the behavioral health workforce, the MA Repay Program was designed to provide loan repayment assistance for the current workforce.

As highlighted in our recent [report](#), the program is funded through the Executive Office of Health and Human Services (EOHHS) and administered by the MA League of Community Health Centers. The program seeks to support retention and recruitment efforts in high-need healthcare settings and to diversify the behavioral health workforce. While smaller loan repayment assistance programs were funded before the pandemic through the budget, the MA Repay program is primarily capitalized by investments from the COVID recovery and economic development bills.

Since MA Repay was created in 2022, six separate loan repayment programs have been launched through MA Repay to target a range of behavioral health workers. While eligibility varies by program, professionals generally work in high-demand settings and commit to continue working with underserved populations to receive student loan repayment assistance. Each of the following behavioral health occupations has been eligible for at least one of the loan repayment programs.

- Psychiatrists, including Child and Adolescent Psychiatrists
- Physicians providing behavioral healthcare
- Psychologists
- Behavioral Health or Primary Care Professionals
 - Bachelor's and master's degree-level professions and case manager
- Psychiatric Mental Health Nurse Practitioners or Physician Assistants
- Mental health workers with an associate's degree or no degree
- Substance Use Treatment professionals
- Direct care staff

Since 2022, MA Repay has made over \$197 million in student loan repayment assistance available to behavioral health professionals. Nearly half of the funds have been awarded to over 1,300 behavioral health professionals, including Child and Adolescent Psychiatrists, Substance Use Treatment providers, and Department of Mental Health (DMH) behavioral health professionals. The remaining \$103 million is expected to support a range of behavioral health professionals, from master’s degree-level professionals to mental health workers

MA Repay Program: Behavioral Health Rounds

Award Name	Amount	Professionals Supported
Behavioral Health Professionals ²⁴	\$84.1	1,143
DMH Clinical and Case Management Employees	\$10.0	221
Expanded Behavioral Health Professional	\$83.0	TBD
MassHealth Community-Based Behavioral Health Professional	\$20.0	TBD
Total	\$197.1	1,364 to date

\$ in millions

without a degree through upcoming award rounds. The exact number of student loan forgiveness awards in the upcoming rounds will depend on the number of applicants in occupations with higher levels of educational debt, such as Psychiatrists.

This investment is part of a larger effort by policymakers to provide student loan repayment assistance to a range of healthcare professionals.²⁵ Since the program was launched, \$315.9 million has been invested in student loan repayment assistance, with more than 80 percent dedicated to behavioral health professionals. Other eligible healthcare positions include Continuous Skilled Nurses, human service and home health workers, and community-based primary care professionals.

Home and Community-Based Services (HCBS) and Human Services Workforce Grant - (\$42.5 million since launch in 2022)

As behavioral health services transition to community-based settings, improving training becomes more critical. Supported by over \$42 million from the first COVID recovery bill, this grant program provides flexibility for organizations to offer a wide range of training, recruitment, and retention efforts that best address their unique workforce needs. Dozens of community-based organizations, healthcare providers, and education or training institutions received funds to support at least one of the following occupations:

- Direct care staff
- Nurses
- Behavioral healthcare staff
- CHWs
- Home and community-based long-term services and support workers

Behavioral health workforce efforts supported by this grant include internships, fellowships, and expanding training access. The grant program also prioritizes diversifying the workforce, creating or

²⁴ This includes awards to Child and Adolescent Psychiatrists and Substance Use Treatment Providers.

²⁵ The MA Repay Program is funded through three different sources: the COVID recovery and economic development bills, the state budget, and the 1115 MassHealth Demonstration Waiver.

expanding regional partnerships, supporting the existing workforce, and expanding opportunities for students to enter the workforce after graduation.

An example of one of these programs is the partnership between Accelerate the Future, a private family foundation whose areas of focus include mental health, and Framingham State University to create an affordable Licensed Mental Health Counseling (LMHC) program to boost the community mental health workforce.

Field Spotlight

Framingham State University's LMHC program is a learn-and-earn model that supports upskilling existing behavioral health professionals while completing the clinical hours requirement at their place of work. Professionals enrolled in the program are direct service workers, often in residential settings, and Peer Support Specialists who can be upskilled to fill behavioral health vacancies. Framingham State University sends professors to providers who provide courses in-person or online and allow individuals to conduct field placement at their place of employment.

The program is funded through a combination of state grants and contributions from participating employers; training is free to the individual receiving training. While a portion of the training cost is covered by a \$1.3 million grant awarded to Accelerate the Future through the HCBS and Human Service Worker Grant program, the program also receives \$340,000 through the Behavioral Health Partnership Expansion Grant program highlighted above. The rest of the cost, \$13,000 per student, is covered by the participating human service agency.

Since the program launched in 2023, participation has grown from three cohorts of 20 individuals to eight cohorts in 2024 including partnerships with Children's Services of Roxbury and the Home for Little Wanderers. The program has achieved retention rates of over 90 percent, with more than half of participants identifying as BIPOC. The program anticipates serving 300 individuals by 2025 with seven additional cohorts. Lower tuition costs have enabled providers to cover the cost for their employees to provide professional development and career advancement opportunities to retain and grow their workforce.

The behavioral health workforce programs supported by this grant began in April 2023 and are expected to conclude in March 2025. Since the program was capitalized with one-time resources from the first COVID recovery bill, the future of additional grants to support these programs is unclear. However, programs could be eligible for continued support through other existing workforce training programs, including the Behavioral Health Partnership Expansion Grant program.

Behavioral Health Partnership Expansion Grant Program – (\$2.9 million since launched in FY 2022)

Growing the behavioral health workforce could be assisted by recruiting unemployed individuals to entry-level positions and providing career advancement opportunities for the existing workforce to

fill mid-level vacancies. In FY 2022, the Behavioral Health Partnership Grant was capitalized with \$2.9 million from the Delivery System Reform Incentive Payment Program (DSRIP) and RIZE Massachusetts, a non-profit organization focused on the opioid epidemic.²⁶ The grant was created to support the behavioral health workforce in community-based mental health and substance use disorder settings. The grant program supports a partnership between the regional MassHire Workforce Boards and community-based behavioral health providers to increase the number of individuals from underrepresented groups in the behavioral health workforce. While all funding has been awarded through the initial grant, additional funding, described in greater detail below, has been made available through a supplemental grant program.

The grant program awarded funding over 18 months to partnerships to support at least one of the following approaches to supporting the behavioral health workforce.

- Training and placement of unemployed and underemployed individuals.
- Training incumbent workers for skill gain and career advancement.
- Reimbursing time for clinical supervision of incumbent workers pursuing clinical licensure.

These areas of focus are intentionally complementary, allowing partnerships to support multiple levels of the behavioral health workforce. For example, MassHire Workforce Boards connect unemployed individuals with training providers before being placed in an entry-level position with a participating healthcare employer. Partnerships also support the existing workforce through additional training opportunities to support career advancement and fill mid-level position vacancies. To address workforce needs that require a bachelor's or master's degree, the program funds supervision hours that are necessary for an individual to obtain their licensure but are often unpaid.

The initial funding supported partnerships between seven regional MassHire Workforce Boards and 45 healthcare providers to serve nearly 700 individuals, including:

- 88 unemployed and underemployed individuals for training and placement
- 333 incumbent workers for career advancement of skills gains
- 185 supervisees pursuing clinical licenses and 88 licensed supervisors delivering clinical supervision

In addition to training and placing unemployed and underemployed individuals in these positions, partnerships also facilitate behavioral health workforce assessments for employers. This includes developing new training programs and career advancement opportunities through credentialing pathways for behavioral health occupations, such as Addiction Recovery Coaches and clinical positions.

Initial funding for the program ended in 2023, but the program received additional funding through the Healthcare/Behavioral Health Hub Continuation Grant (\$16.3 million), funded by the Workforce Competitiveness Trust Fund (WCTF) and American Rescue Plan Act (ARPA) funds. This second round of funding supports not only the Behavioral Health Partnership Expansion program, but also the Healthcare Workforce Hubs Grant program, which is the originating model for the Behavioral Health

²⁶ Commonwealth Corporation program [slide deck](#) description.

Partnership Expansion program, but with a broader scope of occupations, such as nurse and medical assisting roles. Of the 1,860 individuals expected to be trained and placed in the latest round of funding, over 300 individuals are expected to be trained and placed in behavioral health positions, including:

- Registered Behavioral Health Technicians
- Mental Health Peer Support Specialists
- Licensed Mental Health Counselors
- Certified Addiction Recovery Coaches
- CHWs
- Licensed Alcohol and Drug Counselors

Upcoming Behavioral Health Workforce Programs

State policymakers continue to make new investments in workforce programs targeted at the behavioral health workforce. This section highlights three programs funded in the FY 2024 budget that are expected to be launched by the end of the year or early next year with funding supported by the Behavioral Health Trust Fund.

- **Behavioral Health Field Placements Program (\$25 million)** – This program will provide stipends over two academic years for clinical hours, which are required for undergraduate and graduate behavioral health programs but are often unpaid making it challenging for workers to complete the requirements for their degree as well as certification or licensure. The program is expected to launch in 2024 and will prioritize funding for bachelor’s and master’s degree students who are completing their unpaid clinical hours in healthcare facilities with the highest need and for students who are culturally and linguistically diverse. Clinical hour requirements vary, depending on the behavioral health position, and can be met through participation in work-based training programs such as field placements, internships, apprenticeships, and practicums. Up to 2,000 students are expected to be supported by the program and receive a stipend of up to \$20,000 across two academic years.
- **Behavioral Health Scholarship Program (\$25 million)** – This program will provide scholarships over two years to students enrolled in a behavioral health-related degree or graduate-level certificate program in a public or private higher education institution. The program is expected to be launched in 2025 and will prioritize scholarships for culturally and linguistically diverse students and current behavioral health professionals. Students who receive a scholarship must agree to a service commitment in a range of healthcare settings, including inpatient, substance use treatment, community-based, and organizations with a state contract. Up to 1,000 graduate students are expected to be supported by the program and receive a scholarship of up to \$25,000 across two academic years.
- **Clinical Supervision Incentive Program (\$20 million)** – This program will provide financial support over two years to behavioral health professionals who provide clinical supervision to individuals pursuing licensure or certification. The program is expected to be launched in 2025 and will prioritize supporting unreimbursed supervision in community-based settings, professionals of diverse backgrounds, and providers in underserved and geographically isolated areas. Clinical supervision is an important and necessary component of an

individual's training to obtain licensure but has become a challenge for providers due to workforce capacity constraints. Up to 200 behavioral health professionals are expected to be supported by the program.

Federal Programs

The federal government also funds behavioral health workforce programs, primarily administered through the Health Resources and Services Administration (HRSA) and SAMHSA. These workforce programs vary and include competitive grant funds awarded to state agencies or healthcare providers for training programs or offer student loan repayment assistance directly to behavioral health professionals.

Since FY 2021, federal policymakers significantly increased behavioral health workforce investments by \$772 million (27 percent) compared to pre-pandemic years. Similar to Massachusetts, recent funding increases were supported by ARPA funds that expanded existing behavioral health workforce programs, such as the National Health Service Corps (NHSC) scholarship and student loan repayment programs.

Federal Behavioral Health Workforce Funding Nationwide

Funding Source	FY 2016-2020	FY 2021-2025 ²⁷
HRSA Workforce Development Programs	\$2,832.0	\$3,601.4
<i>National Health Service Corps Loan Repayment Programs</i>	\$1,895.0	\$2,407.2
<i>Behavioral Health Workforce Education and Training Program</i>	\$248.4	\$364.4
SAMHSA Minority Fellowship Program	\$42.5	\$45.0
Total	\$2,874.5	\$3,646.4

\$ in millions

The following section takes a closer look at several major federal behavioral health workforce programs and how they have impacted the behavioral health workforce in Massachusetts.

National Health Services Corps (\$4.3 billion nationally since FY 2016)

The National Health Services Corps (NHSC) program, established in 1972, is administered by HRSA to address workforce challenges in medically underserved areas by providing scholarships and student loan forgiveness to healthcare professionals. Financial assistance opportunities were not available to behavioral health professionals until 1995, and the NHSC program was further expanded to include Substance Use Disorder Counselors in 2018 to address the opioid crisis. In recent years, the program has been supported through discretionary spending, mandatory spending authorized over three years, and ARPA funds.

In exchange for scholarships and student loan repayment, participating individuals must commit to working in a high-need area for at least two years. Eligibility, assistance, and service commitments vary by program. Notable programs include:

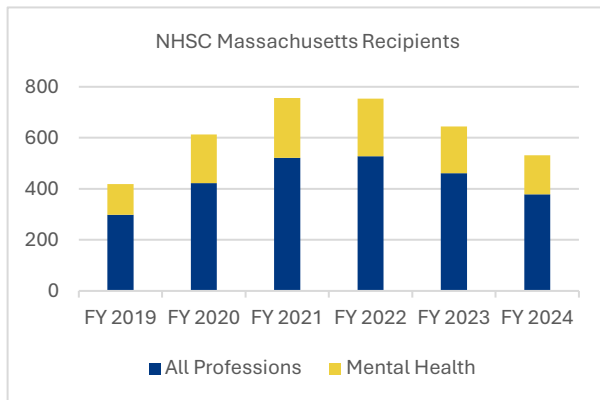
- **NHSC Scholarship Program:** This program is available to students enrolled in a postgraduate healthcare-related degree or certificate, including psychiatric mental health, who meet eligibility requirements and commit to working in a high-need area. The scholarship covers tuition and fees, provides a monthly stipend for living expenses, and

²⁷ Funding does not include complete FY 2025 funding.

issues an annual payment to cover other academic expenses, such as computer and lab fees, for a maximum of four years. The program anticipates awarding 180 scholarships nationwide in the 2024 – 2025 school year.

- **NHSC Loan Repayment Program:** This program is available to mental health professionals and other healthcare professionals, including primary and oral care, who currently provide services in a high-demand area. While behavioral health professionals are eligible for up to \$50,000 in student loan repayment assistance, primary care professionals can receive up to \$75,000. Professionals are eligible for an additional \$5,000 supplemental award if they provide services in Spanish to individuals with limited English language proficiency. Recipients must agree to a two-year service commitment with their current organization in a high-demand area. The program anticipates awarding 1,200 eligible healthcare professionals with student loan forgiveness nationwide.
- **NHSC Substance Use Disorder Workforce Loan Repayment Program:** This program is available to primary care and behavioral health professionals who provide clinical treatment for individuals with substance use disorders in a high-demand area. These professionals are eligible for up to \$75,000 in student loan repayment assistance in exchange for a three-year service commitment and an additional \$5,000 supplemental award if they provide services in Spanish to individuals with limited English language proficiency. The program anticipates awarding 650 eligible healthcare professionals with student loan forgiveness nationwide.

The majority of NHSC scholarships go to primary care providers, but 42 percent of all awards since FY 2019 have been directed to behavioral health. The program’s design is one reason for the primary care concentration: in Massachusetts, primary care professionals in over 40 targeted cities and towns can apply for assistance, compared to eight cities and towns targeted for behavioral health professionals. These designations are based on the ratio of providers to the population.



Since FY 2019, over 3,700 health professionals in Massachusetts have been awarded an NHSC scholarship or student loan repayment assistance²⁸. To put this in perspective, the program supported an average of 20,700 healthcare professionals nationally since FY 2019, with individuals receiving an average of more than \$34,600 in assistance. Federal funding for the program significantly increased between FY 2021 and FY 2022 as a result of an \$800 million investment from ARPA that was

spread over three years. Nationally, scholarships and loan repayment assistance supported by ARPA funds represented nearly a third of all awards funded for healthcare professionals nationally during these three years. In Massachusetts, more than half of healthcare professionals supported by the program since FY 2019 received assistance between FY 2021 and FY 2022, when ARPA funds supported the program.

²⁸ HRSA Bureau of Health Workforce Field Strength and Students and Trainees Dashboards

The number of healthcare professionals supported by the NHSC program is expected to continue decreasing from the FY 2022 high water mark due to uncertain long-term federal funding, the exhaustion of ARPA funds, and enhanced awards. For example, the FY 2024 application included an additional \$25,000 for student loan repayment assistance for primary care professionals and a \$5,000 supplement for healthcare professionals who provide services in Spanish. These factors began to impact the NHSC program in FY 2023, as 72 fewer healthcare professionals in Massachusetts were supported by the program.

Behavioral Health Workforce Education and Training (\$612.7 million nationally since launched in 2014)

In 2014, the Obama administration introduced the *Now Is the Time* initiative, which included policies to improve access to mental health services for children, students, and young adults. The Behavioral Health Workforce Education and Training (BHWET) program was launched to strengthen and diversify the talent pipeline to community-based organizations and support behavioral health professions that serve children, adolescents, and transitional-aged youth at risk for behavioral health disorders. The program has been expanded to include improving behavioral health services for underserved populations of all ages.

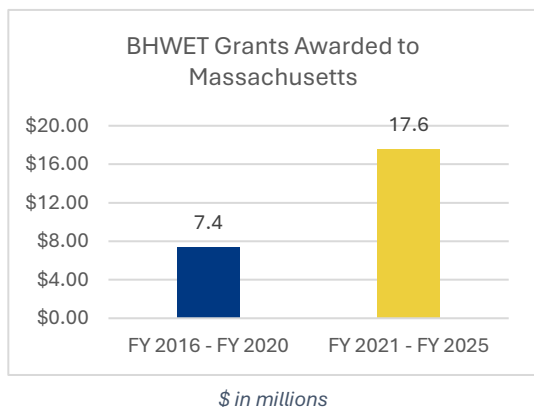
The BHWET program provides federal competitive grants to higher education institutions and healthcare providers to develop and expand clinical education and training. Funding supports experiential training opportunities, such as field placements for individuals from underrepresented backgrounds in community-based healthcare settings. The program includes two primary grant opportunities, described below, that target the professional and paraprofessional behavioral health workforce.

- **BHWET Program for Professionals:** The program primarily supports training for master's and doctoral level students pursuing a degree in areas such as Psychology and Psychiatry. In Massachusetts, William James College was awarded \$1.9 million in 2021 to support 80 students in the Clinical Psychology, Counseling, and School Psychology Departments over four years. Students supported through this program are provided with didactic seminars, mentorship, professional development, and stipends for field education training ranging from \$10,000 a year for master's level students to \$25,000 a year for doctoral students.
- **BHWET Program for Paraprofessionals:** The program primarily supports training for pre-bachelor's level students for paraprofessional roles in the behavioral health field, such as peer support specialists and CHWs. In Massachusetts, several institutions have received funds to launch paraprofessional training programs, including William James College, Westfield State University, and North Shore Community College. William James College was awarded \$1.6 million in 2021 to support stipends and tuition for 112 students enrolled in a paraprofessional-related program over four years. The College uses funds in support of the CHW Training Program, which provides students with a one-year full-time paid experience with a partnering agency, mentorship, professional development, career counseling, and a \$5,000 stipend for living expenses.

In addition, there have been BHWET supplemental grants provided in recent years that target funds to specific priority areas. Priority areas for supplemental grants, which can be expended over two

years, have included access to substance use disorder treatment and increasing the supply of behavioral health services for children, adolescents, and young adults in rural and underserved communities.

Since FY 2016, Massachusetts organizations received nearly \$25 million through the BHWET program, representing 4 percent of all funds awarded nationwide.²⁹ Since FY 2021, Massachusetts has received an average of \$4.4 million through the BHWET program annually, an increase of \$2.9 million compared to the annual average between FY 2016 and FY 2020. The number of BHWET programs funded in Massachusetts has also increased from 29 between FY 2016 and FY 2020 to 41 awards since FY 2021. Nearly all additional BHWET funding since FY 2021 has been supported by \$9 million in ARPA funds.



While there is limited information on the number of Massachusetts students served by the BHWET program, a report by HRSA found that 40,000 students nationwide received graduate-level training between the 2014 and 2022 academic years.³⁰ Of those individuals, 27,522 students graduated, and 64 percent of students joined the behavioral health workforce in positions such as Psychologists, Social Workers, and Mental Health Nurse Practitioners. The remaining students who graduated joined the behavioral health workforce as paraprofessionals, which included CHWs and Substance Use Disorder professionals. About half of these individuals work in settings that serve at-risk children, adolescents, and transitional-aged youth in an underserved community or rural area.

Minority Fellowship Program (\$83.5 million since FY 2014)

To address access and quality of behavioral healthcare in underrepresented communities, the Minority Fellowship Program (MFP), administered by SAMHSA, was launched in 1973. The MFP provides training and funding for individuals from underrepresented populations pursuing a degree in the behavioral health field. The MFP is designed to improve behavioral health workforce diversity and the quality of behavioral healthcare for individuals from underserved populations. SAMHSA awards funding to eight healthcare organizations focused on specific professions, including the American Psychological Association and the American Nurses Association, to administer stipends and individualized training based on the behavioral health occupations they represent, which include:

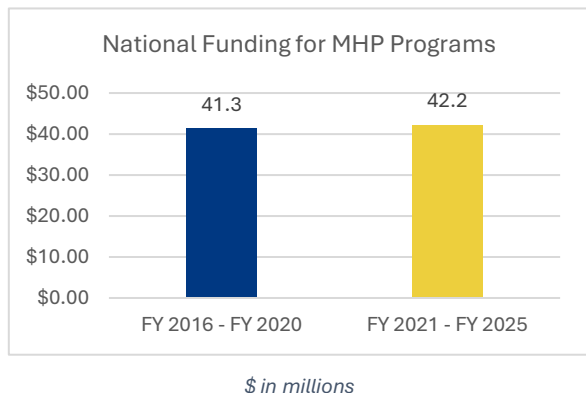
- Nurses
- Psychiatrists
- Psychologists
- Social Workers
- Professional counselors
- Marriage and Family Therapists

Initially, the program was only available to doctoral-level students but was expanded under the *Now Is the Time* initiative to include master’s-level students focused on serving the youth population ages

²⁹ Complete funding is not yet available for FY 2025.

³⁰ The BHWET Academic Years 2014-2022 [Report](#)

16-25 and individuals with substance use disorders. The eight administering organizations offer a range of training programs supported by the MFP depending on the behavioral health occupation and educational degree level. For example, the American Psychological Association offers fellowships for doctoral and postdoctoral students and a program focused on training for transitional-age youth. Fellows also receive an annual stipend that ranges from \$22,000 for doctoral-level students to \$15,000 for master’s-level students.



Since FY 2016, over \$83 million has been invested in the MFP program to serve individuals nationwide.³¹ Unlike the programs highlighted above, funding increases during the pandemic were limited, but total funding has increased. Annual funding since FY 2021 has increased by \$2.3 million (28 percent) compared to annual funding between FY 2016 and FY 2020, and this figure is likely to grow based on FY 2025 support. This funding increase was part of the program’s reauthorization in 2022, intended to bolster the

number of Psychologists who work with underrepresented populations. While there is limited data on the number of Massachusetts students who participate in the MFP, there are over 500 students across the country in the current cohort.

Examples from the Field and Other States

Behavioral health workforce development also occurs outside the state budget and federal investments. Massachusetts healthcare providers have implemented programs and partnered with other organizations, like higher education institutions, to address their behavioral health workforce needs. Other states have also invested in innovative behavioral health workforce development programs, including Nebraska and Washington, which could provide Massachusetts policymakers with different approaches to support the workforce. This section provides more information on notable privately funded programs in Massachusetts and behavioral health workforce programs in other states.

Examples from the field in Massachusetts

- **Behavioral Health Services Corp (BHSC)** - Launched in 2020, the BHSC is a one-year paid program administered by William James College that places college graduates in a vacant bachelor’s level position with a partner agency, such as Mass General Brigham (MGB), that serves underserved communities. Participants also receive supervision and mentorship and can take two courses to earn credit toward a master’s degree in Clinical Mental Health Counseling. Since the program launched, 70 individuals through four cohorts have participated, with nearly half identifying as a race/ethnicity other than white. Of the 60 individuals who completed the program, 73 percent remained in the field by staying with the agency, enrolling in graduate school, or both.

³¹ Complete funding is not yet available for FY 2025.

- **Emerging Leaders Program** – Launched in 2022, the Emerging Leaders Program is an innovative retention program offered by Riverside Community Care to any mid-level managers within the organization. The competitive program offers peer-driven professional development opportunities and learning sessions led by Riverside Community Care senior executives on best hiring practices, project management, conflict management, and public policy over eight months. Participants can also choose a member from the organization’s leadership team as a mentor for a year following completion of the program. Since the program launched, about 20 individuals have participated annually, retention efforts have improved, and managers have developed skills to advance their careers within the organization.
- **Helios Behavioral Health** – A non-profit organization funded through philanthropic support, Helios Behavioral Health provides training and staffing support to primary care practices at no cost to those interested in establishing a collaborative care model over two years. The model includes a team of professionals, such as a Primary Care Physician, Social Worker, consulting Psychiatrists, and a bachelor’s-level case manager to address an individual’s behavioral health needs at their doctor’s office. Case managers hired by Helios are eligible to enroll in Framingham State University’s LMHC program, highlighted above, after working for two years to promote career advancement within the field. Helios recruits professionals to address unique staffing needs at participating organizations to implement the collaborative care model and train providers and the billing department on using collaborative care model billing codes. After two years of support, the practice can hire the collaborative care team or continue to contract with Helios. Currently, five professionals are supported by the pilot program at three participating practices.
- **Licensed Practical Nurse (LPN) Career Ladder Program** – Funded through the FY 2024 closeout supplemental budget, the administration allocated \$10 million to create the LPN Career Ladder Program, administered by EOHHS, to upskill incumbent community-based professionals. Healthcare organizations, such as Vinfen, receive funding to identify professionals within their organization who are eligible for the 12-month LPN training program with a participating community college. Funding will allow participants to continue receiving full-time pay and benefits while working part-time and attending training courses part-time at no cost. Upon completion, individuals are required to stay with their current employer as a full-time LPN for at least four years.
- **Mass General Hospital (MGH) Institute of Health Professions** – Founded in 1977, the MGH Institute of Health Professions is a degree-granting affiliate of MGB that offers entry-level and post-professional training. In 2022, \$15 million was dedicated to three academic programs: Nursing, Physician Assistant, and Occupational Therapy to support the behavioral health workforce. Funding has been used to develop online training and expansion of advanced practice certification in Psychiatric Mental Health Nursing, an accelerated Mental Health Certificate program for Physician Assistants, and stipends for students and supervisors in Occupational Therapy to increase capacity for full-time training. This behavioral health workforce initiative is expected to build the workforce over five years.

Examples from Other States

- **Colorado** – Launched in 2022, Colorado’s Behavioral Health Administration (BHA) oversees a coordinated approach to grow, develop, and measure behavioral health workforce needs across the state. The BHA oversees several workforce development programs, including a grant program to support behavioral health apprenticeships, internships, and pre-licensure support through funded clinical supervision and stipends for new professionals to cover living expenses such as housing, childcare, and transportation costs. The BHA also partners with community colleges to develop new micro-credential pathways in behavioral health for roles like Addiction Recovery Aides and a new Bachelor of Applied Science in Behavioral Health that will prepare students for entry-level jobs or graduate clinical work.
- **Nebraska** - Launched in 2009, the Behavioral Health Education Center of Nebraska (BHECN) supports a range of recruitment, retention, and professional development efforts for the behavioral health workforce. This includes scholarships for individuals seeking a master’s degree in a behavioral health-related field, funding to support professional development and networking, and training students in positions such as Psychiatric Resident Physicians and Social Workers with partner organizations in urban, underserved, and rural communities. The BHECN also maintains a data dashboard supported by an annual survey of behavioral health professionals across the state that shows the number of behavioral health professionals by occupation and county, allowing policymakers to identify recent workforce changes. The newly established Behavioral Health Workforce Center in the Health Policy Commission is modeled after this program to gather data on the sector and recommend workforce development programs.
- **Washington** – Launched in 2022, the Health Care Apprenticeship Consortium supports approved and registered apprenticeship programs in healthcare settings, including behavioral healthcare. Grant funding is available for employers to cover the annual \$3,750 cost per apprentice through the SEIU 1100NW Multi-Employer Training and Education Fund. Behavioral health apprenticeships include Behavioral Health Technicians, Peer Counselors, and Substance Use Disorder professionals. While the training requirements vary, all apprenticeships include a combination of classroom instruction, paid on-the-job training, mentorship, earned college credits, and a two-year service commitment after graduation.

As demonstrated, there are a wide range of approaches to addressing behavioral health workforce shortages. Whether through expanding existing training capacity, creating new career pathways, or collecting workforce data, Massachusetts policymakers have several examples of how to continue supporting the behavioral health workforce. However, the challenges of high vacancy rates and insufficient access for all residents remain daunting. Addressing both of these challenges requires building on what has been proven to work and developing new strategies to attract and retain the behavioral health workforce and incentivize providers to take insurance and equitably serve all populations.

The Bottom Line

The behavioral health workforce in Massachusetts needs to grow faster than it has been in recent years to meet the increasing demand for care. Growing the behavioral health workforce will require striking a careful balance between supporting retention efforts and attracting new and diverse

individuals. While Massachusetts policymakers have made significant investments in initiatives such as student loan repayment and training programs, more must be done to develop the current workforce and offer career ladders and support, like mentorship. Massachusetts policymakers could enhance support of the behavioral health workforce through a mix of scaling up what Massachusetts healthcare providers have implemented, replicating how other states have addressed workforce challenges, building on federal investments, and launching innovative initiatives. The tactics described below to attract individuals to the behavioral health field should be complemented with efforts that expand the existing workforce capacity through improved technology and care coordination.

Encouraging Insurance Participation for Behavioral Health Providers

Increasing insurance participation among behavioral health providers is critical to expanding access. There are several factors affecting the number of behavioral health providers that accept insurance, including the different credentialing and contracting processes between public and commercial insurance, administrative requirements and billing challenges, and the fact that there is sufficient demand to allow providers to accept only private pay. The number of providers who do not take insurance affects the quality and accessibility of behavioral healthcare, especially among populations who rely on their health insurance to cover the high cost of services.

One of these challenges, highly variable reimbursement rates, is being studied by the new Health Policy Commission Behavioral Health Workforce Center to assess how changes in rates affect coverage and access. However, aligning public health insurance rates with private pay rates would not be a financially viable solution for certain occupations. Creative options to engage behavioral health professionals with providers that accept health insurance could allow for greater accessibility of services.

Federal policymakers have worked to enhance reimbursements for behavioral healthcare providers. For example, a collaborative care model has been adopted by many primary care providers that create a care team, such as a case manager and a behavioral health provider to easily connect patients with behavioral healthcare in-house instead of referring them to other organizations. The Centers for Medicare and Medicaid Services and MassHealth have created billing codes to make the work that goes into coordinating care billable for providers.

Provider Partnerships

The fewer providers who participate in MassHealth, the more disproportionate the impact is on underserved populations. Behavioral health professionals who work in these settings are often paid less for services provided to low-income individuals and families who are covered by MassHealth and cannot afford to pay for services out-of-pocket. To address the significant workforce decreases among certain professionals, like CHWs and clinical Social Workers, policymakers could facilitate partnerships between providers in lower-paying settings like community-based organizations and providers who often do not take insurance. For example, behavioral health professionals in private practices could dedicate a minimum number of hours a month to working in community-based settings serving MassHealth and uninsured populations in exchange for a salary supplement. Conversely, a program that enables community-based behavioral health professionals to set aside a certain number of hours per week to work in higher-wage settings, could compensate for lower pay

and increase retention in community-based settings. This approach could increase insurance participation within the field and ease financial burdens on professionals working with MassHealth populations.

The challenge with a partnership is long-term funding stability. For example, a similar method was implemented and launched in 2014 by the Health Policy Commission. A competitive grant program, The Community Hospital Acceleration, Revitalization, and Transformation (CHART) Investment Program, provided funding for hospitals to bring in staff, including community-based behavioral health professionals, to form interdisciplinary care teams. The program concluded in 2018 having invested nearly \$70 million in hospitals which lowered high readmission rates and behavioral health-related emergency department visits and provided patients with individualized care.

Reducing Barriers to Expand and Retain the Behavioral Health Workforce

As Massachusetts becomes more diverse and the non-white population in need of behavioral health services increases, it is critical to increase the number of behavioral health professionals that reflect the population they serve. However, high training costs associated with the field remain a challenge across behavioral health occupations. For example, individuals from underrepresented populations interested in joining the field often face financial barriers to enrolling in post-secondary education. Individuals interested in occupations with additional training, like Psychologists, must complete field placements and practicums for graduation and licensure that are often unpaid. While investments have increased for scholarships and loan repayment assistance, existing programs in Massachusetts and other states could be scaled up to support retention efforts and career ladders for the current workforce. Existing programs include apprenticeships, the BHSC model, and funded career development opportunities offered by healthcare employers that include peer support and mentorship components.

While policymakers have invested in programs to ease training costs, barriers to obtaining licensure in occupations like Social Work remain. For example, individuals with a degree in Social Work must complete a two-year field placement and receive supervision by a LICSW to obtain licensure. However, the field placement is often unpaid, as Social Workers cannot bill for services as they pursue LICSW licensure, and not all LICSWs offer supervision, since they are not reimbursed. Policymakers should assess these licensing requirements and make changes to reduce barriers, like counting clinical supervision hours completed during graduate field placements towards licensure requirements.

Foreign-trained workers in behavioral healthcare also face barriers to obtaining licensure in Massachusetts, leaving a large supply of trained talent untapped.³² Clinicians, such as Social Workers and Psychologists, licensed in another country must pass a certification exam in English to obtain their license, regardless of being licensed or the number of years as a behavioral health professional. Additional barriers to licensure include retaking courses if academic credits do not meet the same standards as in the United States and paying for translation service costs for coursework, clinical supervision, and licensure documentation. These barriers often lead to foreign-trained behavioral health professionals not practicing or being underutilized in the behavioral health field with limited opportunities for career advancement. Unfortunately, there is limited data to show

³² The Massachusetts Business Roundtable's Tapping Untapped Talent [Report](#)

how many foreign-trained behavioral health professionals live in Massachusetts, but do not practice. Given Massachusetts' competitive advantage in international in-migration of highly skilled and trained individuals, reassessing licensing requirements could remove barriers and spur growth in the field.

Expanding the Talent Pipeline

As Massachusetts faces challenging migration trends, expanding the behavioral health talent pipeline to earlier in the education system provides a unique opportunity to retain, grow, and diversify the workforce. Fortunately, Massachusetts' Early College program provides a potential model to expand pathways to behavioral health. Early College offers high school students the opportunity to earn college credit at no cost before graduating high school in areas connected to future career opportunities. Given the program's goal to increase the number of traditionally underrepresented students in higher education, it could also serve to diversify the behavioral health workforce. Expanding existing pathway offerings to include introductory courses in the behavioral health field could build a stronger pipeline by attracting individuals before they begin post-secondary training and ease the financial burden associated with training.

Other models, like William James College's BHSC program, provide policymakers with the foundation to scale up workforce programs at the post-undergraduate level. The program allows recent college graduates to work in community-based behavioral health settings and earn full-time pay and benefits while earning free graduate credits toward a master's degree in the Clinical Counseling program. Scaling up this program at public higher education institutions could reduce barriers for individuals to enter the behavioral health workforce field and could attract a more diverse workforce to provide services to underserved communities. Regardless of the approaches policymakers choose to support the behavioral health workforce, ensuring that programs are easily accessible for eligible individuals is critical to growing and diversifying the workforce.