

An Inventory of Programs & Policies to Enhance Recruitment & Retention of the Behavioral Health Workforce in Massachusetts

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Executive Summary

Despite being a leader in educating, training, and licensing a behavioral health workforce that is more robust than many states, Massachusetts is experiencing a shortage of qualified behavioral health providers. This is reflected in long waiting lists for outpatient services and an insufficient number of available psychiatric beds, especially for children. Although these workforce challenges predate the COVID-19 pandemic, the gap between the demand for behavioral health services and the availability of providers has grown.

This inventory and summary report highlight policies, programs, and incentives available to recruit, retain, expand, and sustain the behavioral health workforce in Massachusetts. Authors relied principally on internet research to develop the inventory, with report findings supplemented by a literature review, key informant interviews, focus group focused on diversity and equity, and survey of school behavioral health professionals. **Key findings from the inventory include the following:**

- **Until very recently, most efforts to recruit and retain a qualified behavioral health workforce were implemented by individual providers, rather than systemically.** This has changed significantly over the last two years, with establishment of the Behavioral Health Trust Fund and a new Behavioral Health Workforce Center of Excellence; investments in a new career pipeline program to support a more culturally diverse workforce; and significant state investments in loan repayment and other workforce recruitment and retention initiatives.
- **Recruitment incentives, especially hiring bonuses, are commonly provided by behavioral health agencies in the Commonwealth.** Our research identified at least 362 incentives, ranging in amount from \$400 for a peer specialist to \$50,000 for a psychiatrist, through online searches conducted in July and August 2022. The average advertised hiring incentive was \$2,964, with recipients expected to stay in their position for, on average, 7.25 months in order to receive the incentive. In general, higher value incentives were associated with longer required lengths of stay.
- **Federal scholarship and loan repayment programs for a broad range of public health positions provide greater financial support than most state and individual provider incentives; they are available to but not targeted for people pursuing behavioral health careers.** As a result, people interested in careers in behavioral health may not be aware of these programs or know how to access them.
- **Many service systems – hospitals, schools, correctional facilities – often are competing for the same staff.**

Several recommendations emerged from the inventory and key findings. Most important, **coordination is needed across multiple state programs and initiatives designed to expand the behavioral health workforce, recruit a more diverse workforce, and retain qualified providers.** Many of these programs were established within the last two years, and there is no single website or resource that students or potential job seekers can use to identify opportunities.

The Commonwealth should direct a portion of its behavioral health workforce funding toward the development of career ladders to ensure that potential and current behavioral health providers have and understand opportunities for advancement in the field. This effort should include a review of college-level educational and training programs to determine the extent to which they are accessible for

non-traditional students seeking to change fields or further their education in behavioral health. This effort also should include a review of laws, regulations, and policies that, intentionally or not, pose barriers to provider movement across service systems.

In addition, **long-term planning around workforce development should provide for early exposure to behavioral health careers, especially for young people of color.** Waiting until college to introduce career opportunities in behavioral health may be too late. Successful efforts to engage students at a young age in science, technology, engineering, and math (STEM) fields may provide a model to adapt.

And finally, **a qualified, committed behavioral health workforce requires adequate compensation and benefits to encourage and support their participation.** The Commonwealth should build on recent steps to increase behavioral health program funding and reimbursement rates, implementing planned rate enhancements and other strategies to improve compensation for behavioral health workers across a broad range of position types.

Purpose and Background

The purpose of this inventory is to identify policies, programs, and incentives available to recruit, retain, expand, and sustain the behavioral health workforce in Massachusetts. Results from this inventory may be used to better understand the scope of workforce challenges, support job seekers to pursue careers in behavioral health, and inform future initiatives to support workforce development.

Despite being a leader in educating, training, and licensing a behavioral health workforce that is more robust than many states, Massachusetts is experiencing a shortage of qualified behavioral health providers. A 2021 survey of Massachusetts outpatient behavioral health provider organizations found that for every 10 Master's-level clinicians hired, 13 Master's-prepared clinicians leave their positions, ultimately contributing to an average of 17 vacancies per clinic (ABH, 2021).

According to state-level data collected by the NASMHPD Research Institute, Inc. (NRI), those shortages extend to all provider types within the public mental health system, including psychiatrists, registered nurses, psychologists (at both the Master's level and Ph.D. level), social workers, peer specialists, mental health aids and technicians, and support staff across all settings (NRI, 2022). Of the existing behavioral health workforce, more than half of licensed social workers, psychologists, and psychiatrists reportedly refuse to accept insurance. This limits their participation in the public behavioral health system and practice groups and clinics accepting either public or private insurance.

In addition, the distribution of behavioral health providers is uneven across the Commonwealth, exacerbating challenges to access for many communities. For example, a recent report by the Blue Cross Blue Shield of Massachusetts (BCBSMA) Foundation noted that Hampshire County has one provider for every 113 people, while neighboring Hampden County has only one provider for every 415 people (Lipson et al., 2022).

Although these workforce challenges predate the COVID-19 pandemic, the gap between the demand for behavioral health services and the availability of providers has grown. A recent survey indicated that during the first year of the pandemic, more than one in three adults (35 percent) reported needing behavioral care for themselves or a family member. Of those, more than half (57 percent) reported difficulties obtaining care and 26 percent did not receive any care (Kenney Walsh et al., 2022).

Many researchers have documented significant increases in rates of depression and anxiety during and following the pandemic (Lebrun-Harris et al., 2022). Despite this, a survey by the Association for Behavioral Healthcare found an 11 percent decrease in the number of individuals served by community-based behavioral health agencies in 2021 compared to 2019. Provider agencies identified staff vacancies as major contributors to months-long waitlists for community-based behavioral health services across the Commonwealth (ABH, 2021).

New federal and state behavioral health initiatives designed to make behavioral health services more accessible may also further strain the behavioral health workforce. These initiatives include implementation of 988 in July, 2022 and the anticipated launch of the new Behavioral Health Helpline in January, 2023. Staffing shortages can lead to longer wait times and waitlists for individuals seeking services, resulting in delayed treatment, and potentially worsening mental health conditions and outcomes. The impact of the workforce shortage is especially acute among racial and ethnic minorities looking for a behavioral health provider from the same cultural background or who speaks a language other than English (Otte, 2022).

Many organizations, including federal and state agencies, state legislatures, institutes of higher education, private entities, and individual providers offer incentive programs to retain and attract individuals to careers in the behavioral health field. However, many potential behavioral health job seekers and current workers may be unaware of these opportunities or may prematurely conclude they are ineligible for such opportunities simply because the eligibility criteria for programs are unclear or are not readily available.

Although this report focuses primarily on outpatient behavioral health providers, staffing challenges affect a broad range of providers and settings and are growing worse. For example, an August 2022 survey of 56 Massachusetts facilities found that 20 percent of inpatient licensed psychiatric beds were offline due to staffing needs compared to 14 percent in October 2021 and 9 percent in February 2021 (Massachusetts Health & Hospital Association and the Massachusetts Association of Behavioral Health Systems, August 2022). Therefore, while not the target of this project, some workforce development initiatives and opportunities for positions in inpatient settings and schools are included in the inventory and report.

Methodology

Researchers from MAMH and NRI identified organizations – including federal and state agencies, colleges and universities, and advocacy organizations in Massachusetts – that might have knowledge of recruitment and retention programs and incentives available to the current and potential behavioral health workforce. The list was broad in scope and included organizations representing diverse and under-served communities (see Appendix A for a list of organizations). Researchers then reached out to each of the contacts on the list for information and conducted an internet search for opportunities at each of the organizations that might be useful to include in the inventory.

Based on initial research, researchers developed a draft framework for the inventory. The initial framework evolved over the course of the project, based on available information from posted incentives. For instance, early versions of the inventory included columns for incentives designed to recruit special populations, such as members from the LGBTQIA+ community and veterans. However, after extensive research, no opportunities were identified specifically for individuals from these communities, so the columns were removed.

While the focus of this project is on licensed positions, researchers note that the demand for unlicensed positions can affect responsibilities, job satisfaction, and turnover at all levels of an agency. For example, when there are high levels of vacancies for unlicensed positions within a provider organization, the burden for other responsibilities often also falls to licensed positions. Therefore, although not a specific focus of research, the inventory includes some information and opportunities related to unlicensed positions, as well. The categories of behavioral health positions are included in the inventory framework described in Appendix B and are defined in a separate tab within the inventory itself.

In addition to the internet search and direct contact with organizations, researchers conducted key informant interviews and a focus group with the Older Adult Behavioral Health Network Diversity, Equity, and Inclusion Workgroup to gather information on how to improve behavioral health workforce equity initiatives in the state. Additionally, a brief internet survey of school-based behavioral health providers was shared through the Massachusetts School Mental Health Coalition to research whether schools offer hiring incentives, what incentives would be useful to attract and retain a qualified behavioral health workforce in school-based settings, and what barriers exist for recruitment and retention of behavioral health workers in those settings. The survey questions are included in Appendix C.

Limitations

This work has several limitations. A primary limitation is that the results of the search for workforce programs and incentives are not exhaustive. There may be other organizations and opportunities offered within Massachusetts that are not identified in this research. In addition, the prevalence of recruitment incentives at a particular agency or region of the state should not be assumed to be a proxy measure for a provider shortage. It is possible that providers offering incentives may represent more affluent communities, while agencies in underserved communities with the highest need for providers lack the resources to offer incentives such as hiring bonuses, tuition reimbursement, and no-cost licensure supervision.

Statewide Initiatives to Improve the Behavioral Health Workforce in Massachusetts

Over the last two years, Massachusetts has adopted a number of initiatives designed to expand and support the behavioral health workforce. Some of these initiatives are supported by federal funding available through the American Rescue Plan Act of 2021 (ARPA) combined with state funding available through the Fiscal Year 2022 and 2023 budgets. These include significant investments in rate enhancement for human services providers, as well as specific programs such as:

- \$20 million in loan repayment for clinical behavioral health workers across the MA Department of Mental Health (DMH), and an additional \$1 million to support a public information campaign to educate and promote awareness of the availability of this assistance and similar programs.
- \$7 million to address addiction treatment workforce crisis through outreach and recruitment efforts and support to complete trainings and continuing education curriculum.

- \$2 million for outreach and recruitment at local and regional educational institutions and vocational-technical high schools, prioritizing support for a culturally, ethnically, and linguistically diverse workforce.
- \$5 million for loan forgiveness for mental health professionals working at community mental health centers and community health centers, including \$3 million for loan repayment assistance for the purpose of enhancing recruitment and retention of child and adolescent psychiatrists. This loan repayment initiative recently launched, with an application period of December 5, 2022 – January 30, 2023 for potential program recipients. Outreach is being conducted through the Mass League of Community Health Centers via direct communication with eligible organizations.
- \$2.5 million to address emergency department mental and behavioral health boarding through staffing investments and rate incentives associated with fully operationalizing inpatient mental health acute care beds and intensive inpatient psychiatric beds, intensive community-based acute treatment, community-based acute treatment and partial hospitalization capacity, and for culturally and linguistically competent workforce recruitment, retention, and training, including loan repayment programs and hiring and retention incentives to support the full spectrum of hospital-based behavioral health providers.
- \$500,000 for a mental health workforce pipeline program to encourage a culturally, ethnically, and linguistically diverse behavioral health workforce through collaboration between colleges and behavioral health providers.

The FY23 Budget also included a requirement that the University of Massachusetts-Amherst, in consultation with EOHHS, study the feasibility of establishing a Massachusetts School of Health Sciences Education and Center for HealthCare Workforce Innovation at the UMass Mount Ida campus.

ARPA funding will support an additional \$500,000 for a Behavioral Health Workforce Center of Excellence charged with 1) developing and retaining a culturally diverse, experienced, behavioral health workforce that cares for underserved communities in the commonwealth and 2) training a cohort of K-12 experts in school climates, including teachers and administrators, to create inclusive, behaviorally healthy school environments that foster psychological health, social development, diversity, and inclusion for children.

A table of selected state programs and funding sources is included at Appendix D of this report. Additional selected fellowships, loan forgiveness, and scholarship programs are included in Appendix E of this report.

In September 2022, the Centers for Medicare and Medicaid Services (CMS) approved Massachusetts' request for a Section 1115 demonstrative waiver that supports significant investments in primary and behavioral health care. These include two important student loan repayment programs designed to increase retention rates among behavioral health providers, especially those from diverse backgrounds:

- \$50,000 in loan repayment for licensed behavioral health clinicians or Master's-level clinicians who intend to obtain licensure within one year of the award. As with a new primary care loan forgiveness program adopted under the waiver, recipients would be obligated to work for at least

four years in a community-based setting that serves a significant number of MassHealth enrollees.

- \$300,000 in loan repayment per clinician for psychiatrists or nurse practitioners with prescribing privileges who agree to work for at least four years at an agency serving at least 40 percent MassHealth enrollees or people who are uninsured.

In October 2022, the Massachusetts Executive Office of Health and Human Services (EOHHS) announced that it will award up to \$42.5M in grants to support training, recruiting, and retaining initiatives that support provider home- and community-based services (HCBS) and human services workforce development, including behavioral health staff and also including nurses, community health workers, long-term care staff, and other direct care staff. Funding can be used to recruit, retain, or train staff through initiatives such as developing internships or fellowships, expanding training programs, converting in-person training to online training, and making IT improvements. Eligible applicants include Massachusetts providers, education or training institutions, community organizations, existing workforce programs, and private foundations.

In addition to these critical government-led initiatives, a few providers and philanthropic funders have also engaged in broader, more systemic efforts to address the workforce crisis. For example, Mass General Brigham (MGB) has invested more than \$1.1 million to support community-based organizations to increase the pool of community health workers and recovery coaches with specialized mental health and substance use training representing low-income, immigrant, LGBTQ+, seniors, and/or communities of color. The grants, part of a broader, statewide community reinvestment initiative led by MGB, support these organizations in developing and implementing coordinated, funded recruitment and training programs.

How to Use the Inventory

The inventory, [available online at this link](#), is contained within an Excel file that consists of five worksheets. Important information about each worksheet, and guidance on how to use it, is provided below.

1. The first Worksheet, **Data Dictionary – Hiring Incentives**, contains a list of all data elements collected for the Hiring Retention Incentives Worksheet, and provides a brief explanation for each.
2. The second Worksheet, **Data Dictionary – Workforce Initiatives**, contains a list of all data elements collected for the Workforce Development Initiatives Worksheet, and provides a brief explanation for each.
3. The **Definitions** Worksheet provides definitions for each provider type and setting identified in the Hiring Incentives Worksheet.
4. The **Hiring Retention Incentives** Worksheet contains a list of all identified hiring incentives, including both hiring bonuses and retention bonuses, identified during the study period July-August 2022.

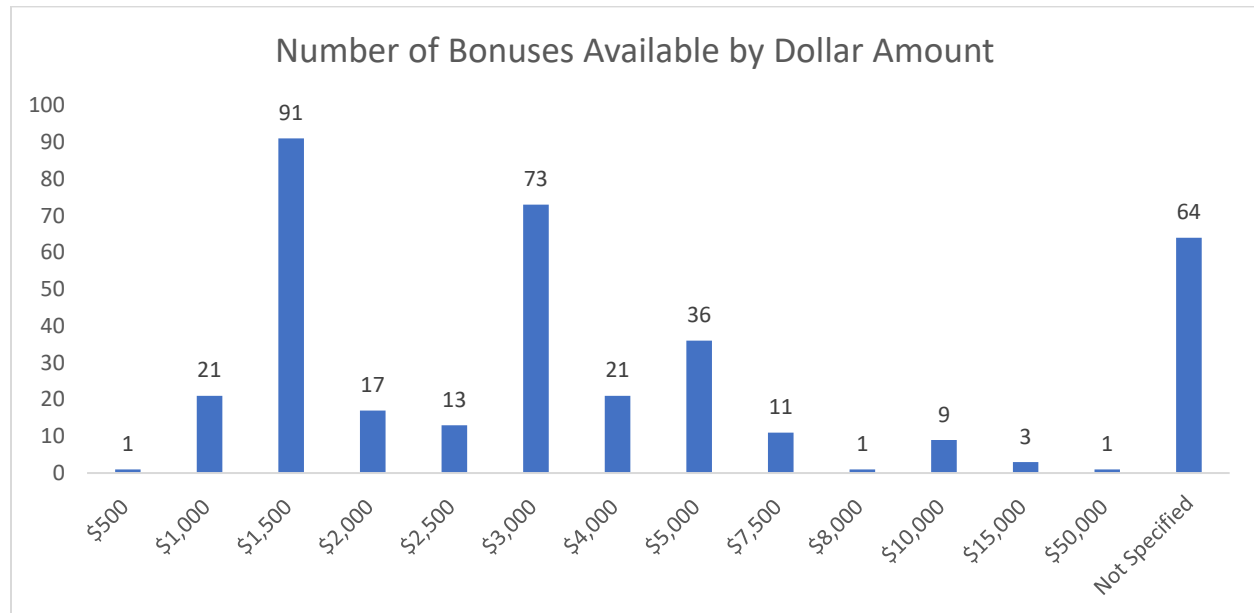
- a. The Worksheet contains 67 columns for each incentive. The columns collect information on type of incentive, when the data position was posted, amount of incentive, how long an individual must work in the position to earn the incentive, location of position, position title, position description, where to go online for more information, population the position will work with, any other benefits associated with the position, requirements of the position (including credentials, education, experience and other needs such as CPR, First Aid, Drivers' Licenses, Nights/Weekends, etc.), language requirements, preference for lived experience, any eligibility exclusions (e.g., requirement to pass background checks), and compensation information.
 - b. For each of the 67 columns, users can click on the drop-down menu at the top of each column in Row 1 to sort by the criteria that are important to them. For instance, users can sort based on provider type, city, and degree to see which positions may be the best fit.
5. The **Workforce Development Initiatives** Worksheet contains information about government-sponsored programs at the national, state, and local level that are offered to support the behavioral health workforce, including scholarships, grants, and fellowships for provider organizations and individuals.
- a. This Worksheet contains 28 columns for each initiative. The columns collect information on the type of initiative (e.g., grant, training, scholarship, loan repayment, etc.), sponsoring organization, description of the program, whether or not the program has a geographic focus (e.g., only Massachusetts residents, Health Professional Shortage Area, etc.), if it is a recurring initiative, if it is designed to engage special (under-represented) populations, the month applications are due by each year, level of competition (e.g., state, national), if it is specific to behavioral health, amount of the award, sponsoring organization, who it is open to (e.g., provider organizations or students), the field of study (e.g., mental health, substance use, etc.), and where individuals can go online to access more information.
 - b. Similar to the Hiring Retention Incentives Worksheet, users can select the drop-down menu at the top of each column in Row 1 to filter opportunities based on specific criteria.

Analysis of Provider Incentives Identified in the Inventory

In addition to the broad, systemic approaches described above that are designed to address barriers to recruiting and retaining a qualified workforce across the Commonwealth, many individual provider agencies offer incentive programs to retain and attract individuals to careers in their organizations. Based on an internet search conducted in July and August 2022, researchers identified 362 recruitment and retention incentives offered by providers in Massachusetts. In addition, researchers identified 41 government-sponsored programs (e.g., scholarships, fellowships, loan repayment programs, and training programs) offered at the national, regional, and state levels. While many are designed to recruit and retain workers to a broad range of health-related fields, a few are specific to behavioral health, and all are available to potential behavioral health workers.

Nearly all of the incentives offered by provider agencies (359) were hiring bonuses intended to attract new talent to the agency, while only three bonuses were retention bonuses designed to encourage longevity among the behavioral health workers. A search for mental health and behavioral health apprenticeships in Massachusetts did not yield any results.¹ Of the 298 incentives that identified a dollar amount, the total amount of incentives was \$983,000. The average incentive was \$2,964, ranging from an incentive of \$400 for a peer specialist in Boston to a \$50,000 hiring bonus offered for a psychiatrist in Boston. The median incentive is \$3,000. A breakdown of the number of recruitment and retention incentives by dollar amount is included in Figure 1.

Figure 1: Number of Bonuses Available by Dollar Amount



Notes: n = 362. Bonuses included in the figure were rounded to the nearest \$500.

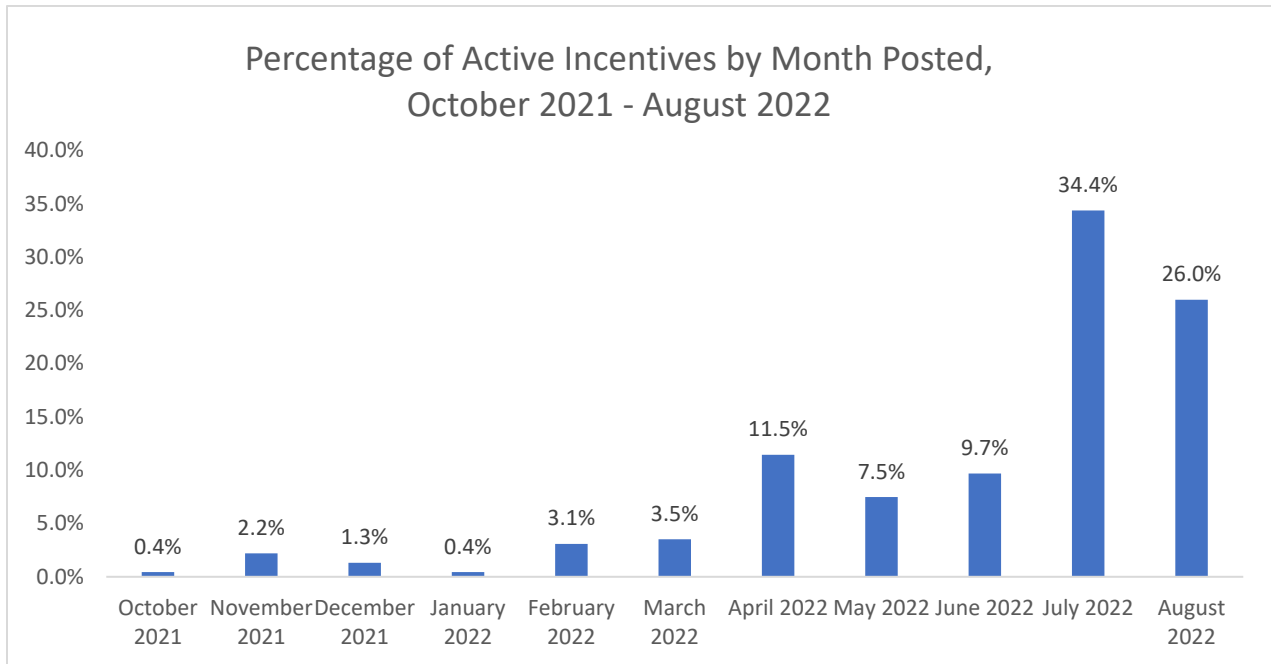
The minimum time commitment required to earn a hiring bonus ranged from 3 months to 1 year, with 7.25 months as the average time commitment required. A strong correlation (.48) was found between the dollar amount of the hiring bonus and the maximum time commitment suggesting that longer time commitments are linked to higher bonus amounts.

Length of Time Postings for Positions with Incentives are Active

During July and August of 2022, researchers identified active postings for positions with incentives for each month between November 2021 and August 2022. Of the 227 incentives with available posting dates, the majority (60 percent) were posted in July and August. However, nearly eight percent of all postings identified for this project were more than six months old, suggesting that some positions may be challenging to fill, even with recruitment and retention incentives, or that some provider agencies do not regularly update their postings. Figure 2 provides a breakdown of the percentage of active job postings with incentives between October 2021 and August 2022.

¹ Although no results were found for mental health or behavioral health apprenticeships in Massachusetts, Washington State appears to have recently implemented a behavioral health apprenticeship program that may be considered a model for other states. Information on Washington's Behavioral Health Apprenticeship Program can be found online here: <https://healthcareapprenticeship.org/bh-apprenticeships/>.

Figure 2: Percentage of Active Incentives by Month Posted, October 2021 – August 2022



Note: n = 227.

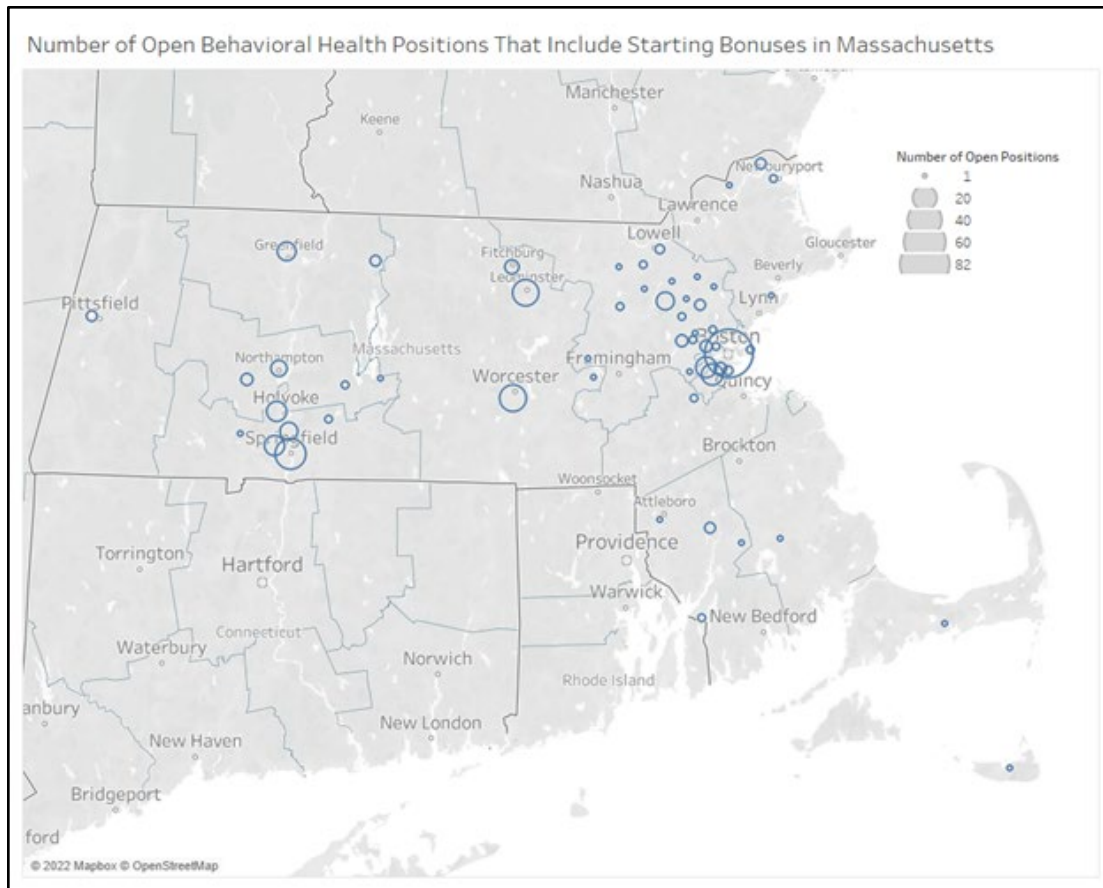
The longest active posting was for a Psychiatrist in Pittsfield working in a community setting; the bonus amount for this posting was not specified in the position description.

Positions with the longest active postings (six months or more) were primarily Other Direct Care positions (44 percent) in residential (50 percent), community (25 percent), juvenile justice (12.5 percent), and housing/shelter (12.5 percent) settings. The average bonus for Other Direct Care positions that has been active for longer than six months was \$1,500. Following Other Direct Care positions, Clinicians positions had the next longest active postings (31 percent). These Clinician positions were available in community (40 percent), juvenile justice (40 percent), and crisis (20 percent) settings. The average bonus for Clinician positions that had been active for longer than six months was \$3,000. Other postings active longer than six months were for Peers, Registered Nurses, Psychiatrists, and Administrative roles.

Location of Incentives

Cities with the greatest number of positions offering incentives were Boston (82), Springfield (33), Worcester (25), Leominster (24), Jamaica Plain (16), Brookline (15), Holyoke (14), West Springfield (14), and Greenfield (12). Figure 3 provides more information.

Figure 3: Number of Open Positions with Starting Bonuses in Massachusetts, October 2021 - August 2022



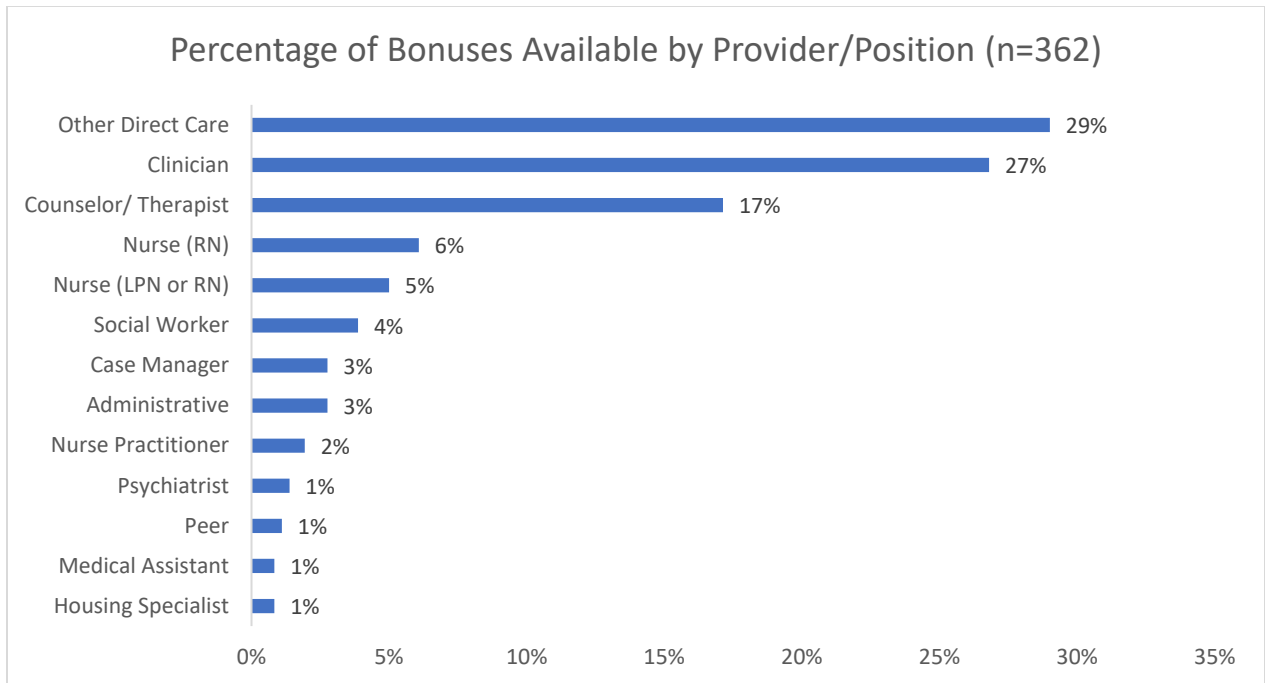
Note: $n = 235$.

Positions in Boston with hiring incentives included Counselors and Therapists (21) and Other Direct Care (21) followed by Clinicians (17). In Springfield, positions with hiring bonuses were available for Other Direct Care (11) or Clinicians (7). Incentives in Leominster were primarily available for Clinicians (21). In Jamaica Plain, bonuses were available for Clinicians (10). In Brookline, incentives were more evenly distributed across Counselors/Therapists (4), Social Workers (3), Nurses [LPNs or RNs] (2), Nurse Practitioners (2), and Psychiatrists (2). Organizations in Holyoke primarily offered incentives to Other Direct Care staff (8), similar to organizations in West Springfield (11) and Greenfield (8).

Incentives by Type of Provider/Position

Of the 362 positions offering a bonus with a provider type indicated, most were for Other Direct Care positions (29 percent), which includes Behavioral Health Technicians, Behavioral Health Analysts, Behavior Therapists and Monitors, Support Specialists, and similar positions. Following Other Direct Care positions, Clinicians had the next most percentage of bonuses (27 percent) followed by Counselors (17 percent). Housing Specialists, Medical Assistants, Peers, and Psychiatrists had the fewest number of bonuses offered. Figure 4 provides a breakdown on bonuses by provider type.

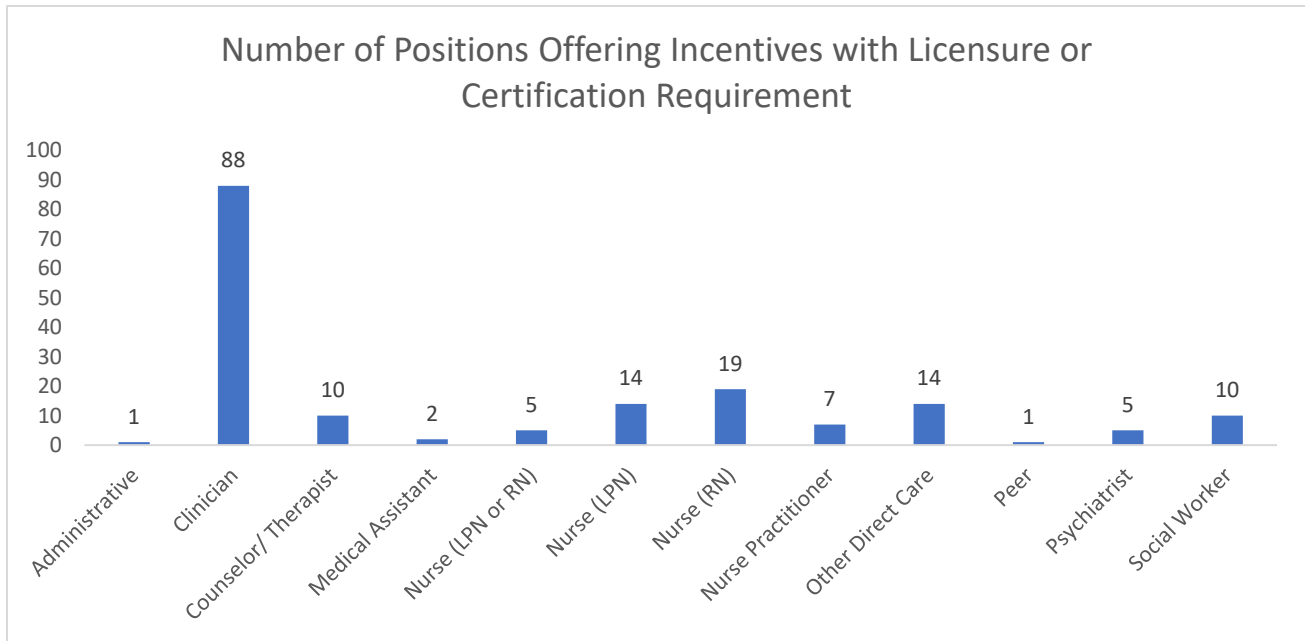
Figure 4: Percentage of Bonuses Available by Type of Provider/Position



Note: n= 362.

One hundred and seventy-six (176) postings with incentives specified a licensure or certification requirement or preference. Of those, the majority specified a need for a licensed mental health or drug and alcohol clinician (88). Following the licensed clinician were postings for nurses [45, including LPNs (19), RNs (19), and NPs (7)], counselors and therapists (10), and social workers (10). See Figure 5 for more details.

Figure 5: Number of Positions Offering Incentives with Licensure or Certification Requirements



Note: n = 176.

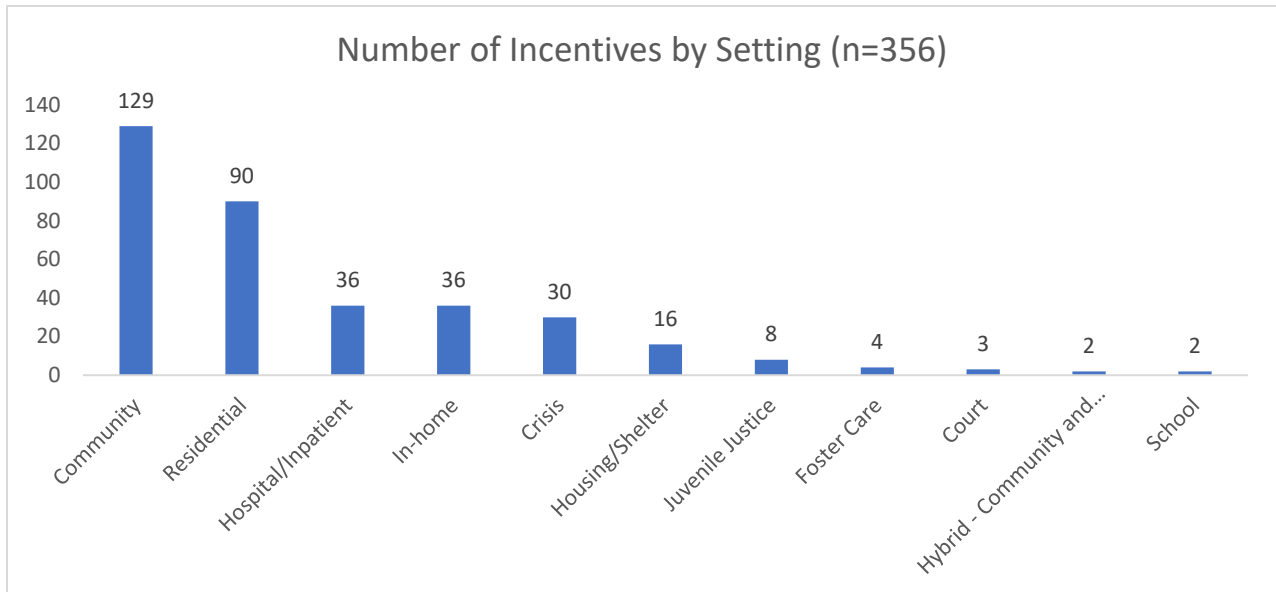
Boston, Leominster, and Worcester offered more incentives for credentialed providers than any other cities. These included:

- Boston:
 - Licensed Clinicians (15)
 - Licensed Counselors and Therapists (2)
 - LPNs (3)
 - RNs (6)
 - Nurse Practitioners (1)
 - Licensed Other Direct Care (2)
 - Psychiatrist (1)
 - Licensed Social Worker (1)
- Leominster:
 - Licensed Clinicians (21)
- Worcester:
 - Licensed Clinicians (18)
 - LPNs (2)
 - RNs (1)

Incentives by Setting

Of the 356 positions offering recruitment and retention incentives that identified a setting, the majority were available for positions working in the community (129), followed by positions working in residential settings (90). Other settings offering positions with recruitment and retention incentives included in-home (36), hospital/inpatient (36), crisis settings (30), housing/shelter (36), juvenile justice (8), foster care (4), court system (3), and hybrid positions allowing the worker to provide telehealth services at least part time (2). Figure 6 provides more information.

Figure 6: Number of Incentives by Setting



Note: The hybrid setting represents positions offered in both the community and via telehealth.

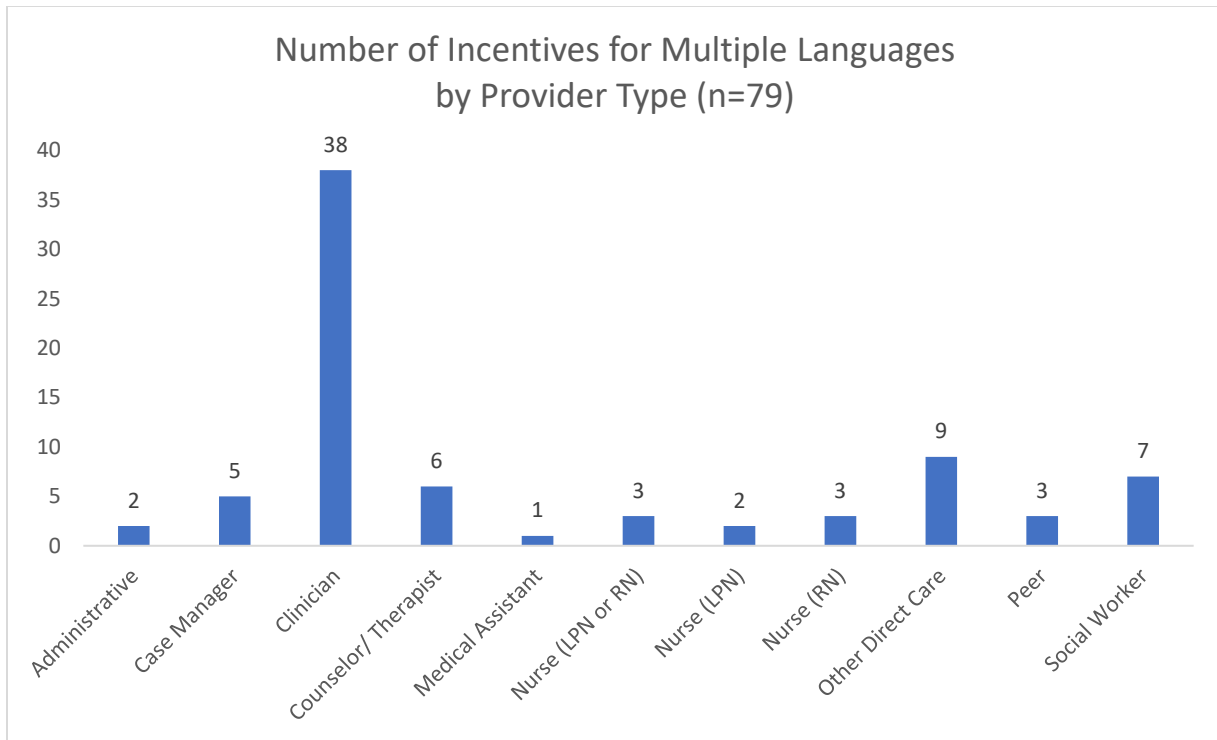
Of the 356 positions offering recruitment and retention incentives that identified a setting, the highest monetary average (\$7,769) was in inpatient settings, followed by school (\$5,000), crisis (\$3,057), community (\$3,155), and in-home (\$3,057) settings. The lowest monetary average for recruitment and retention incentives was for foster care (\$1,500) and hybrid-community and telehealth (\$1,500) models. It should be noted that the inpatient setting contained a high value incentive (i.e., \$50,000) for a psychiatrist position; however, the average value for inpatient settings remained higher (\$6,080) than all other settings even when the \$50,000 incentive for a psychiatrist was removed as an outlier.

Incentives with a Minority Racial/Ethnic or Language Focus

Hiring employees from different backgrounds is critical to improving diversity within the behavioral health workforce and for the ability to offer equitable, accessible services. Despite these needs, very few programs exist specifically to expand the workforce of diverse behavioral health providers. Some available programs include the Latino Medical Student Association National Scholarship for minority medical students, JP Sanchez LGBTQ+ Health and Leadership Award for individuals working in the field of LGBTQ+ health serving Hispanic patients, and the Carmen Reyes MCAT Scholarship for low-income medical students from underrepresented backgrounds with a focus on reducing healthcare disparities.

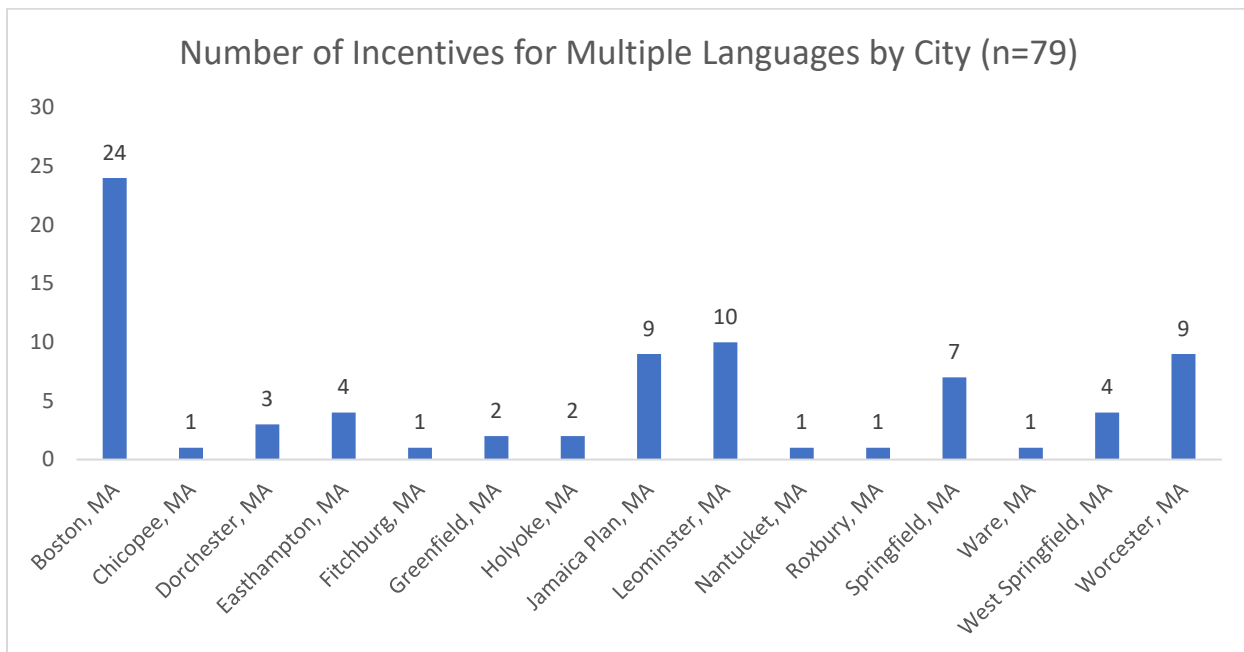
More programs and incentives exist for individual providers who can provide services in languages other than English. Researchers identified 79 opportunities offered by provider agencies in Massachusetts that include a preference for individuals with multiple languages. These include incentives for Clinicians (38) as well as Other Direct Care staff, Social Workers, Counselors and Therapists, and Case Managers. See Figure 7 for a breakdown of incentives.

Figure 7: Number of Incentives for Multiple Languages by Provider Type



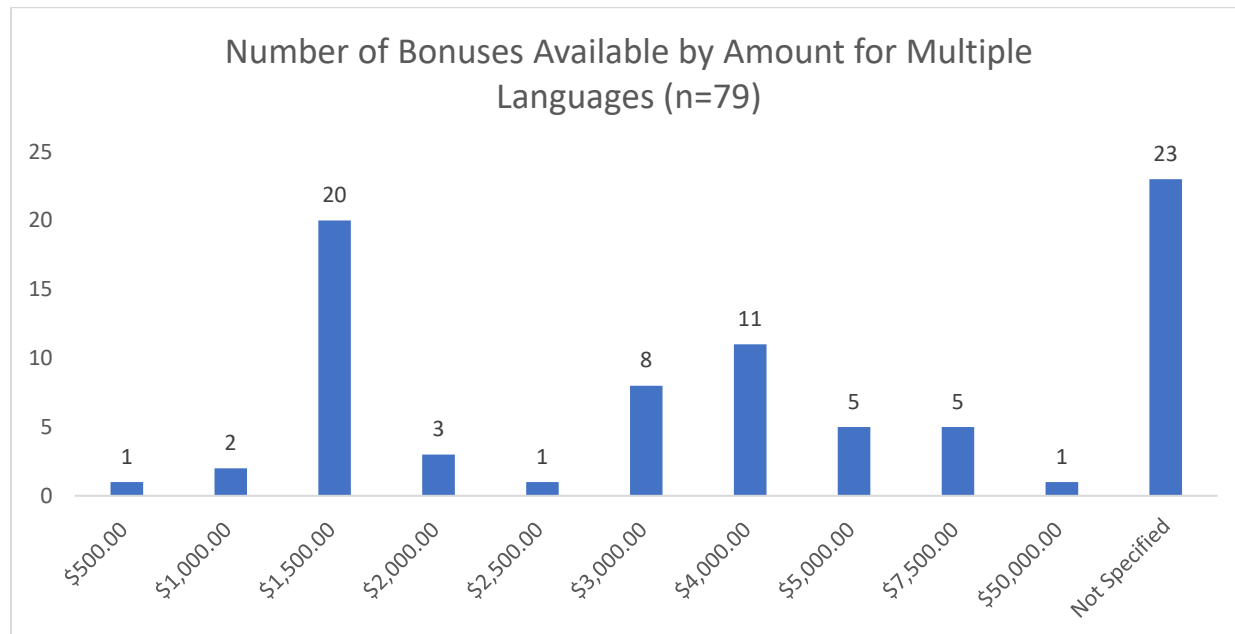
The majority of positions with incentives that required or preferred multiple languages were located in Boston (24), followed by Leominster (10), Jamaica Plain (9), and Worcester (9). See Figure 8.

Figure 8: Number of Incentives for Multiple Languages by City



Of the 56 incentives available to individuals with multiple language skills that identified a bonus amount, most bonuses offered \$1,500 (20) followed by bonuses of \$4,000 (11), and \$3,000 (8). See Figure 9 for more information.

Figure 9: Number of Bonuses Available by Amount for Multiple Languages



Fewer than half (33 postings or 42 percent) of the postings that indicated a desire for candidates with multiple languages specified which language(s) was preferred. Of the 35 that indicated a need for a specific language, most (27) indicated a need for Spanish-speaking providers followed by Creole (3), Portuguese (2), French (2), and American Sign Language (1).

Cities with opportunities for Spanish speakers included Springfield (4), Easthampton (3), Jamaica Plain (3), West Springfield (3), Worcester (3), Holyoke (2), Leominster (2), Chicopee (1), Dorchester (1), Fitchburg (1), Greenfield (1), Nantucket (1), Roxbury (1), and Ware (1). Cities with opportunities for Creole speakers included Boston (2), and Roxbury (1). Fitchburg and Springfield each had one opportunity for Portuguese speakers. Boston had two incentive opportunities for French speakers and West Springfield has one opportunity for an individual with knowledge of American Sign Language.

General Health Opportunities and Incentives Available for Behavioral Health Students and Providers

Researchers looked for scholarship, fellowship, loan repayment, and training opportunities for individuals in Massachusetts considering a career in behavioral health. However, results were scarce, so the researchers broadened their scope to include opportunities with a more general health or medical focus that may be available to Massachusetts residents, including those opportunities available on a national scale. Most of these programs were at the national level, such as the Community Health Worker Training Program (total funding of \$226.5 million), and the National Health Service Corps Scholarship (covers four years of tuition, fees, educational costs, and a monthly support stipend), and have much higher incentive amounts than local provider organizations can typically provide.

In addition to these more general health-focused incentives, researchers also discovered scholarship opportunities within Massachusetts designed to promote the education and career opportunities of racial, ethnic, and other minorities. Examples of such opportunities include the Bunker Hill Community College Bethoney Family New Beginnings Scholarship and the Bunker Hill Community College Immigrant Assistance Scholarship, which are designed to support the educational and career goals of immigrants. These scholarships are not included in the inventory because they are not specific to health or behavioral health, but they may suggest an avenue for future research.

Considerations for Disseminating and Maintaining the Inventory of Incentives

An up-to-date inventory of all available recruitment and retention opportunities would offer a useful tool for potential job seekers as well as those considering a career in behavioral health. However, ensuring its completeness may be a daunting task that requires frequent research and near-daily updating if done by a third party. For example, while some opportunities contained within the inventory are 10 months old, the majority were posted within the last two months and new listings are posted every day.

One option to maintain an up-to-date inventory would be to encourage providers and other entities to submit their own incentives and updates, thereby sharing in the responsibility of maintaining the inventory and keeping it up to date. By housing the database with a respected entity, such as MassHealth or with a respected university's career, advising, or college of public health office, the inventory may receive more buy-in as a useful tool and source of information for potential candidates. Recent legislation, noted above, providing \$1 million for a public awareness campaign regarding loan forgiveness programs for behavioral health workers may provide an opportunity to host an inventory focusing on a broader range of recruitment and retention incentives. The [Massachusetts Loan Repayment Program](#) website could serve as a possible host.

Another model may be to follow [SAMHSA's National 988 Job Board](#), which lists openings at crisis call centers across the country. Having DMH host the interactive database on its website and making the database even more user friendly through a platform like Tableau could help support this effort and make it available on a trusted, public source statewide. The entity that hosts the inventory could post the inventory online, allowing candidates to sort through opportunities and filter by qualifications and opportunities. The inventory could provide contact information for candidates to speak with the provider in case all positions have been filled or to learn of potential upcoming opportunities. In addition, the inventory could offer providers and other organizations a form to complete to submit other incentives for consideration for inclusion in the database and a way to flag opportunities that are no longer available.

To improve data quality and the representation of behavioral health workforce programs across Massachusetts, the inventory of recruitment and retention incentives should be disseminated to multiple partners in the community. Sharing the database with organizations that have programs available for behavioral health students and providers will also help promote awareness about opportunities for behavioral health workers from diverse backgrounds. Encouraging buy-in from providers and other entities to use and maintain the database should not be difficult if it offers value and helps attract diverse, qualified candidates to apply for opportunities and hard-to-fill positions. These

stakeholders may wish to promote the inventory through their periodic newsletters, post links to their websites, and share through their LinkedIn channels.

A coordinated marketing campaign would help promote its usefulness as a tool to attract a diverse and qualified workforce. It will be critical to share the database with smaller organizations working in underserved communities to ensure they have the opportunity to post and promote any incentives their programs might offer to potential candidates, especially non-monetary incentives (e.g., flexible work schedules, opportunities for career advancement, etc.).

Considerations for Improving the Behavioral Health Workforce

The following recommendations to recruit, retain, and sustain a qualified and diverse behavioral health workforce emerged from research conducted for this project. These recommendations are relevant to community and school-based settings, but may have implications for inpatient behavioral health, corrections, and other service providers struggling to recruit and retain qualified staff. Further research may be considered to investigate the complexities and feasibility of implementation.

To create a more equitable behavioral health workforce:

1. **Connect historically marginalized communities to the limited number of financial opportunities available exclusively for them earlier in their career development and expand significantly financial opportunities targeted to them.** Research conducted for this project suggests an overall lack of resources targeted for students and providers of color, as well as limited opportunities specifically for multiple language speakers. Only 13 positions expressed a preference for individuals with lived experience, and only a few scholarships were targeted for people of color pursuing medical or behavioral health degrees. In a research focus group, a member of the Older Adult Behavioral Health Network Diversity, Equity and Inclusion workgroup emphasized that the limited resources for people of color in behavioral health reflects a “systematic problem” that may require attention at the state and national levels.

One suggestion to help address this problem is to increase early interest in the behavioral healthcare field and offer early exposure to behavioral health clinicians from diverse backgrounds, as seen with early science, technology, engineering, and mathematics (STEM) exposure. STEM research indicates that providing students with access to core stem courses as early as elementary school increases their interest in pursuing STEM careers (Purdue University, 2019).

Considering a similar model may help boost interest in pursuing careers in behavioral health. The focus group member cited above noted that her experience meeting a Black social worker at an early age influenced her decision to become a social worker. Another member mentioned that early exposure to behavioral healthcare may help reduce stigma among individuals from specific ethnic backgrounds. Finally, early exposure to the behavioral healthcare field may help introduce students to different career pathways in behavioral health. For example, as one focus group member noted, “social workers have lots of career mobility that people might not be aware of - they teach in academia, they are legislators/politicians, [and] they are directors of agencies.”

Another issue raised by key informants is that students from communities of color may find too many hurdles in gaining approval for loans, stressing that scholarships rather than loans are essential to enabling these students to pursue work in behavioral health. Given the limited number of scholarships now available to students of color in the Commonwealth, significant expansion will be required to substantially grow a culturally responsive behavioral health workforce.

2. **Use realistic job previews and recruitment videos that feature providers of color to recruit more diverse applicants who are a good fit for the position.** Agencies seeking to improve the diversity of their workforce should use realistic job previews, including advertisements and recruitment videos, to attract more diverse candidates for job postings. One focus group member suggested creating a “recruitment video featuring BIPOC [Black, Indigenous, and people of color] clinicians, peer specialists, and recovery coaches talking about their fulfilling experience and the needs in the community.”

Realistic job previews can also be useful for recruiting employees who would thrive working in hard-to-hire positions, like Crisis Support Services, which require a high degree of compassion and psychological resilience. Ensuring a good fit early in the selection and hiring process may improve the likelihood of retaining the employee since their work style w aligned with the organization’s services.

3. **Establish or strengthen collaboration with professional organizations and institutions.** Professional organizations and institutions can shape how students think about their careers in behavioral healthcare and refer members to hiring opportunities. Membership organizations (i.e., the National Association of Social Workers), workforce development and training organizations (i.e., the Center for Health Impact), and colleges and universities all offer opportunities to encourage members and students to consider careers in behavioral health.

Organizations offering part-time programs, flexible class schedules, weekend opportunities, and online or hybrid learning models well suited for working adults with more life demands than younger learners (e.g., those without families, can go to school without working, etc.) may be particularly effective in recruiting adult learners and professionals who may bring years of experience and expertise. African Americans now lead the American Psychological Association (APA) and the National Association for Social Workers (NASW). These leaders could play an instrumental role in collaboration, as well as in recruitment communications.

4. **Continue larger systematic efforts and increase awareness about BIPOC-focused loan forgiveness programs, recruitment and retention initiatives, and training opportunities.** Existing vehicles such as the [Massachusetts Loan Repayment Program](#) website can be used to share and disseminate information.

To improve recruitment and retention among behavioral health professionals:

5. **Increase compensation for clinical and non-clinical behavioral healthcare positions to improve recruitment and retention among behavioral health professionals.** In a recent survey of outpatient behavioral health agencies by the Massachusetts Health & Hospital Association and the Association of Behavioral Health Systems, respondents identified inadequate compensation

and benefits as the primary reason for staff leaving. Ninety percent of respondents also said that they would need to implement additional wages, salaries and/or bonuses to recruit and retain staff (MHHA and ABH, 2022). Low pay for human services work, including clinical and direct care work, was mentioned by interviewees and focus group members as a much-needed area for attention. Provider rate enhancements described above represent a critical first step to addressing this problem.

Beyond increasing pay, organizations can provide financial assistance with financial obligations unique to behavioral health providers. Examples of financial assistance included scholarships, tuition reimbursement (paying employees for their completed education), tuition assistance (paying employees for their ongoing education), stipends for internships, full or partial coverage of continuing educational units, and offering hiring bonuses.

6. **Highlight the non-financial rewards offered by the organization including meaningful work, clinical supervision, and support for licensure.** Employees are attracted to and stay longer in organizations for reasons not always related to money. These include quality supervision and consultation, meaningful work, opportunities for advancement, flexible work schedules, and ongoing professional development. Employees may leave an organization if they feel their work does not align with their personal goals, values, purpose, and professional training.

Within school settings, several respondents to our survey mentioned the need for qualified supervision to obtain and maintain a clinical license. Currently, schools are not recognized as behavioral health clinical sites in Massachusetts and services provided in school-based settings do not count towards the necessary credit hours needed to obtain Licensed Mental Health Counselor (LMHC) status. Changing these requirements to support licensing of school-based providers may attract more individuals to the field by offering a broader range of options for a career ladder.

Opportunities for Future Research

While this research sheds light on some of the challenges related to recruiting and retaining a diverse and equitable workforce in the Commonwealth, opportunities exist to pursue a deeper understanding of the challenges and opportunities. Potential opportunities for future research include:

- **An examination of certificate, undergraduate, and graduate educational programs within Massachusetts that are designed to serve working adults.** Key informants emphasized the need for educational programs that allow working adults to meet their other obligations (family, job, etc.) while pursuing an education in behavioral health. Developing and promoting an inventory of programs that offer scholarships for individuals from underrepresented communities, allow for flexible class times (nights, weekends, online), and allow for simultaneous or flexible internship schedules will help attract individuals from diverse communities and life circumstances.
- **A review of all behavioral health position postings in Massachusetts during a specific period.** The narrow focus of this inventory allowed researchers and stakeholders to identify which providers have the resources to offer incentives and the kinds of incentives offered, but likely missed providers that have fewer resources and operate in underserved communities.

- **An analysis of provider organizations offering bonuses and their annual revenue as compared to provider organizations that do not offer bonuses and their annual revenue.** This would help provide insight into what kinds of organizations are more likely to offer recruitment and retention bonuses, and where gaps may exist due to a lack of resources.

Some key stakeholders recently have called for a comprehensive needs assessment to support a systemic approach to building and sustaining a qualified, diverse behavioral health workforce (see e.g., Lipson, et al., 2022) Additional research suggested here would contribute to a more in-depth understanding of workforce challenges as part of that assessment.

Appendix A: List of Organizations Researched for Inventory

The following behavioral health organizations were researched for incentives for inclusion in the inventory, either via email or through an internet search, or both:

Colleges and Universities

Amherst College Black Student Union
Amherst College Constitution of La Causa
Amherst College Department of Psychology
Amherst College Latinx American Career Resources
Amherst College Loeb Center for Career Exploration and Planning
Bard College at Simon's Rock Academic Transitions and Career Development
Bard College at Simon's Rock Psychology Program
Bay State College Career Services
Bunker Hill Community College Career Advising
Fisher College Career Services
Harvard Black Students' Association
Harvard Latino Caucus
Harvard Medical School Careers
Harvard Office of LGBTQ Student Life
Harvard T.H. Chan School of Public Health,
Harvard University Department of Psychology

Harvard University Office of Career Services
Harvard-MIT Health Sciences and Technology
MassBay Community College Career Services
MassBay Community College Psychology Program
MIT Black Students' Union
MIT Career Advising and Professional Development
MIT Department of Brain and Cognitive Sciences
MIT Latino Cultural Center
MIT LGBTQ+ Services
MIT School of Humanities, Arts, and Social Sciences
Northeastern University
Springfield Technical Community College Applied Psychology
Springfield Technical Community College Career Service

Government Agencies:

Health Resources and Services Administration
Indian Health Service
Massachusetts Department of Mental Health
Massachusetts Department of Mental Health - Office of Recovery and Empowerment

Substance Abuse and Mental Health Services Administration.

Service Providers:

A Safe Place, Inc.
Assured Hope Community Health
Austen Riggs Center
Bay Cove Human Services
Bay State Community Services
Beth Israel Deaconess Medical Center
Department of Psychiatry
Beth Israel Deaconess Medical Center Harvard Medical School Teaching Hospital
Boston Medical Center Psychiatry

BourneWood Hospital
Brookline Center for Community Mental Health
Brockton Area Multi-Services (BAMSI)
Cambridge Health Alliance
Casa Esperanza
Children's Services of Roxbury
Codman Square Health Center Behavioral Health Department
Commonwealth Mental Health and Wellness Center

Community Counseling of Bristol County
Community Mental Health (Natick)
Community Services Institute
CrossPoint Clinical Services
Dimock Community Foundation
Elizabeth Freeman Center
Epstein Center for Behavioral Health
Expressive Therapeutic Collective
Fairwinds – Nantucket’s Counseling Center
Family Continuity
Fuller Hospital Mental Health Clinic
Genesis Club, Granada House
Haitian Mental Health Clinic – Cambridge Health Alliance
Hope House
Institute for Health and Recovery
Italian Home for Children
Lahey Psychiatry and Behavioral Medicine
Lighthouse Behavioral Health and Wellness Center
Luminosity Behavioral Health Services
Martha’s Vineyard Community Services
Mass General Brigham Salem Hospital
Massachusetts General Hospital Career Opportunities
Massachusetts General Hospital Department of Psychiatry
Massachusetts General Hospital Pediatric Psychiatry
Massachusetts Mental Health Center
McLean Hospital
MetroWest Medical Center Framingham Union Hospital
Leonard Morse Hospital
Middlesex Human Service Agency
MiraVista Behavioral Health Center

Advocacy and Community Organizations:

BEAM: Black Emotional and Mental Health Collective
Children’s Mental Health Campaign
Haitian American Public Health Initiative
Haitian Mental Health Network

New England Community Services
New Life Counseling and Wellness Center, Inc.
North Charles Mental Health and Addiction Services
North Suffolk Mental Health Association
On Site Academy
Parenting Journey
Pathways for Change
Pembroke Hospital Mental Health Clinic
Pocasset Mental Health Center
Priority Professional Care
Quabbin Healthcare
Roxbury Youthworks
Saint Vincent’s Services
Samaritans
Signature Healthcare
Solomon Carter Fuller Mental Health
South Boston Community Health Center
St. Ann’s Home
Stanley Street Treatment and Resources (SSTAR)
Teen Challenge New England
The Brandon School and Residential Treatment Center
The Center for Hope and Healing
The Edinburg Center
The Gavin Foundation
The Psychological Center
Tufts Medical Center Psychiatry
Wayside Youth and Family Support Network
We Can Center
Wellspring
Wilmington Family Counseling Service, Inc.
Worcester Recovery Center and Hospital (Mental Health Department)

Haitian Community Partners
Learn to Cope
Massachusetts Clubhouse Coalition
Massachusetts Society for the Prevention of Cruelty to Children

Mental Health Coalition
NAMI Greater Boston/Cambridge (GBCAM)
NAMI Massachusetts
Northern Berkshire Community Coalition
RADical Hope Foundation

South Shore Haitians United for Progress

Professional Associations:

African Diaspora Mental Health Association for Behavioral Healthcare
Association of Haitian Women in Boston
Massachusetts Association for Infant Mental Health
Massachusetts Association of Behavioral Health Systems
Massachusetts Association of School Superintendents
Massachusetts Health and Hospital Association
Massachusetts League of Community Mental Health Center
Massachusetts Mental Health Counselors Association

The Arc Massachusetts
The Massachusetts Partnerships for Youth Youth and Family Enrichment Service

Massachusetts Psychiatric Society
Massachusetts Psychological Association
Massachusetts School Administrators Association
Massachusetts School Counselors Association
Massachusetts School Mental Health Consortium
Mental Health Association, Inc.
National Association of Social Workers – Massachusetts
New England Regional Black Nurses' Association
Older Adult Behavioral Health Network's Diversity, Equity, and Inclusion

Appendix B: Items Contained in the Final Inventory

Column	Information
Type of Incentive	Hiring Bonus Retention Bonus
Unique ID Number	
Post Date	
City	
Amount of Incentive	
Maximum Time Commitment Required to Earn Incentive	In Months
Sponsoring Organization	
Provider Type	Administrative Case Manager/Caseworker Clinician Counselor Housing Specialist Medical Assistant Nurse (LPN, RN, NP/APRN) Other Direct Care Peer Psychiatrist Social Worker Therapist
Position Title	Title of Position Provided in Posting
Setting	Community Court Crisis Foster Care Hospital Housing/Shelter Hybrid (Community and Telehealth) In-home Inpatient Juvenile Justice Residential
Brief Job Summary	Brief Summary of Position Described in Posting
Link to Apply or Get More Information	URL to the Website where Candidates can Apply or Get More Information
Population Position Works With	Mental Health Substance Use Intellectual and Developmental Disabilities Traumatic Brain Injury Autism HIV/AIDS Complex Medical Needs Youth/Adults/Older Adults Unsheltered
Availability of Other Benefits	Tuition Assistance/Reimbursement/Student Loan No-Cost Clinical Licensure Childcare Expense Reimbursement Professional Development Opportunities
If Credentials are Required	
Position Requirements	CPR/First Aid/Medication Administration Program Certification Nights and Weekends Driver's License/Personal Vehicle

	COVID Vaccine
Degree Requirements	Lowest Degree Required (High School/GED, Bachelor’s Degree, Master’s Degree, Doctorate)
Experience Requirements	Length of Experience
Language Requirements	Spanish Portuguese French Creole American Sign Language
Lived Experience Requirement	Does the Position Require the Individual to have Lived Experience?
Eligibility Exclusions	Background Tests, Criminal Offender Record Information (CORI) Requirement
Pay Information	Full Time/Part Time Salary/Hourly Pay Range (Min, Max)

Appendix C: Survey Questions

NRI staff created an online survey that was distributed to the Consortium's membership. The four-item survey asked members to respond to the following questions:

1. Does your school system offer any hiring, recruitment, or retention incentives for potential and/or current behavioral health workers (e.g., school counselors, school psychologists, social workers, etc.)?
2. What do you see as the biggest barriers to recruiting and retaining a qualified behavioral health workforce in school-based settings?
3. What types of incentives would you find most useful to attract and retain a qualified behavioral health workforce in school-based settings? They do not have to be monetary.
4. Do you have any other comments or suggestions about how to build a more robust, equitable behavioral health workforce in school-based settings in Massachusetts?

Appendix D: Selected COVID Relief and State Budget Workforce Development Amendments

	FY22 State Budgets²	COVID Relief/American Rescue Plan Act (ARPA) Spending Law (Chapter 102 of the Acts of 2021)	FY23 State Budget
Additions to the Chapter 257 Rate Reserve for human services and social services providers	\$79M \$55M (FY22 Supplemental Budget, April 2022)		\$230M
Additional rate enhancements	\$225M to enhance payments to providers whose rates are subject to review under Chapter 257 (FY22 Close Out Budget and Economic Development Law, Chapter 268)		
Loan repayment	\$5M for loan forgiveness for mental health professionals, including \$3M to enhance recruitment and retention of child and adolescent psychiatrists at community mental health centers and community health centers.	\$110M for loan repayment to retain and recruit a culturally, ethnically, and linguistically diverse workforce employed in community health centers, community mental health centers, and psychiatric hospitals and hospital units.	\$20M in loan repayment for behavioral health clinicians across DMH. \$5M for loan forgiveness for mental health professionals, including \$3M to enhance recruitment and retention of child and adolescent psychiatrists at community mental health centers and community health centers.
Other programs	\$2M to help recruit potential substance use treatment workers through local educational institutions and vocational technical schools, focused on	\$198.650M for a Behavioral Health Trust Fund to address barriers to the delivery of equitable, culturally competent, affordable and clinically appropriate behavioral health services. A Behavioral	\$7M to address the addiction treatment workforce crisis through outreach, recruitment, and support to complete trainings and continuing education.

² For purposes of this table, FY 22 State Budgets includes the FY22 Budget passed in July 2021, the FY22 Supplemental Budget passed in April 2022, and the (FY22 Close Out Budget and Economic Development Law, Chapter 268 of the Laws of 2022) passed in November 2022. Provisions adopted outside the FY22 Budget passed in July 2021 are identified in the table.

	FY22 State Budgets²	COVID Relief/American Rescue Plan Act (ARPA) Spending Law (Chapter 102 of the Acts of 2021)	FY23 State Budget
	<p>developing a culturally, ethnically, and linguistically diverse workforce.</p> <p>\$500K for a mental health workforce pipeline program to encourage a culturally, ethnically, and linguistically diverse behavioral health workforce through collaboration between colleges and behavioral health providers.</p>	<p>Health Advisory Commission will make recommendations on the disbursement of the money in the fund.</p> <p>\$500K for William James College for a behavioral health workforce development center to research how to retain and develop a culturally diverse, experienced behavioral health workforce caring for underserved communities and train a K-12 teachers, administrators, and other experts to create inclusive, behaviorally healthy school environments.</p>	<p>\$2M to help recruit potential substance use treatment workers through local educational institutions and vocational technical schools, focused on developing a culturally, ethnically, and linguistically diverse workforce.</p> <p>\$2.5M to address emergency department boarding through staffing investments and rate incentives to fully use available inpatient, acute treatment, and partial hospitalization capacity. \$500K for a mental health workforce pipeline program to encourage a culturally, ethnically, and linguistically diverse behavioral health workforce through collaboration between colleges and behavioral health providers.</p> <p>\$1M to support a public information campaign to educate and promote awareness of the availability of student loan repayment and other programs.</p> <p>Requirement to study the feasibility of establishing a Massachusetts School of Health Sciences Education and Center for Health Care Workforce Innovation at the UMass Mount Ida campus.</p>

Appendix E: Selected Fellowships, Loan Forgiveness, and Scholarship Programs for Mental Health and Substance Use Workforce

This chart below includes selected programs identified as significant opportunities provided by federal, state, and private organizations for individuals in the behavioral health workforces. Some additional opportunities are described on page 8 and are identified in the inventory.

Sponsoring Organization	Program Information	Eligible Population	Amount
Federal Agencies			
Health Resources & Services Administration (HRSA)	National Health Services Corp (NHSC) Student to Service (S2S) Loan Repayment Program : Provides loan repayment assistance to students in their last year of medical, nursing, or dental school.	Students in the last year of school studying in eligible fields of study, including disciplines such as psychiatrists or psychiatric nurse practitioners, who commit to working at least 3 years in NHSC-approved sites in Health Professional Shortage Areas.	Provide up to \$120,000 for loan repayment.
	Substance Use Disorder Treatment and Recovery Loan Repayment Program : Provides loan repayment assistance to eligible substance use condition clinicians and community health workers.	Licensed and registered substance use condition professionals who commit to working full-time for at least six years in areas where the drug overdose rates exceed the national average and are in Mental Health Professional Shortage Areas.	Provide up to \$250,000 in loan repayment.
	National Health Service Corps (NHSC) Rural Community Loan Repayment Program : Provides loan repayment assistance for providers working to combat the opioid epidemic in the nation's rural communities.	Licensed primary care and mental health providers who commit to working for at least two years in a rural NHSC-approved substance use treatment facility.	Provide loan repayment up to \$100,000 for full-time services or \$50,000 for half-time service.
	NHSC Loan Repayment Program : Provides loan repayment for licensed clinicians in eligible disciplines.	Licensed primary care, dental, or behavioral health providers working at NHSC-approved sites in a Health Professional Shortage Area.	Provide loan repayment up to \$50,000 for two-year full-time clinician services or up to \$25,000 for two-year half year services.

Sponsoring Organization	Program Information	Eligible Population	Amount
Health Resources & Services Administration (HRSA)	NHSC Substance Use Disorder Workforce Loan Repayment Program : Provides loan repayment assistance to support the recruitment and retention of health professionals in underserved areas.	Licensed eligible providers who commit to working for at least 2 years in NHSC-approved substance use treatment facilities.	Provide up to \$75,000 for loan repayment.
	Faculty Loan Repayment Program : Provides loan repayment assistance to school faculty members who serve in eligible health professions schools.	Individuals from disadvantaged backgrounds (environmental and economic factors) who are faculty members for at least 2 years at approved health professions schools, including behavioral health graduate programs.	Provide up to \$40,000 for loan repayment.
	Native Hawaiian Health Scholarship : Provides scholarships to Native Hawaiians pursuing careers in primary and behavioral health disciplines.	Students who are pursuing careers in primary care and behavioral health who commit to work in medically underserved areas in Hawaii.	Provide financial support for full-time enrollment for up to 4 school years.
Substance Abuse and Mental Health Services Administration (SAMHSA)	SAMHSA Minority Fellowship Program : Awards funding to organizations supporting the development of behavioral health practitioners.	For people seeking doctoral- and master's level degrees who plan to improve behavioral health outcomes for minority communities.	SAMHSA currently provides grants to seven grantee organizations who administer the program.
Massachusetts State Agencies			
EOHHS (administered through Mass League of Community Health Centers)	MA Repay Program : Provides loan repayment for primary care and behavioral health professionals.	For individuals working full-time or part-time in a community health center, community mental health center, inpatient psychiatric hospital, or a psychiatric unit in an acute care hospital who make a service commitment of 4 years.	Repayment ranging from \$25,000-\$300,000 for full-time positions, depending on role.

Sponsoring Organization	Program Information	Eligible Population	Amount
	<p>MA Repay Program: Provides loan repayment for child and adolescent psychiatrists.</p>	<p>Child and adolescent psychiatrists employed at community mental health centers (CBHC) or community health centers (CHC) and make a service commitment of at least five years with the Commonwealth.</p>	<p>\$3 million for adolescent and child psychiatrists to at least 16 awardees with up to \$300,000 per awardee.</p>
	<p>MA Repay Program: Provides loan repayment for substance use treatment providers.</p>	<p>Master’s level Behavioral Health Professional (e.g., Nurse Practitioner, licensed or certified Behavioral Health Providers); Bachelor’s level Behavioral Health Professionals (e.g., RN, CHW, Substance Use Counselors, Recovery Coaches); Associate level Behavioral Health Professionals (e.g., CHWs, Case Managers, Recovery Coaches) who work at substance use treatment settings and make a service commitment of at least four years with the Commonwealth</p>	<p>At least 300 awardees with amounts ranging from \$25,000 for associate level positions to \$50,000 for master’s level full-time positions.</p>
MassHealth	<p>Section 1115 Waiver Renewal: Provides loan repayment for behavioral health clinicians.</p>	<p>Licensed behavioral health clinicians or Master’s-level clinicians who obtain their licensure within one year of the award who commit to working at least four years in a community-based setting that serves a significant number of MassHealth Enrollees.</p>	<p>\$50,000 per practitioner for loan repayment.</p>
	<p>Section 1115 Waiver Renewal: Provides loan repayment for psychiatrists and nurse practitioners with prescribing privileges.</p>	<p>Psychiatrists and nurse practitioners with prescribing privileges who make a four-year commitment to maintaining a personal</p>	<p>\$300,000 per practitioner for loan repayment.</p>

Sponsoring Organization	Program Information	Eligible Population	Amount
		practice panel or working with an organization with a panel that has at least 40% MassHealth or uninsured members.	
Foundations, Non-Profit, For-Profit, and Other Organizations			
Mass General Brigham	MGB will support community-based organizations in increasing the pool of community health workers and recovery coaches with specialized mental health and substance use training representing low-income, immigrant, LGBTQ+, seniors, and/or communities of color	Competitive grant program	\$1.1 million invested
Blue Cross Blue Shield of Massachusetts (BCBSMA) Foundation	The Advancing Community-Driven Mental Health provides multi-year grants, training, technical assistance, and other support to develop the skills of a non-clinical workforce to implement Problem Management Plus (PM+) interventions to support individuals experiencing mild to moderate mental health distress.	Community-based organizations that primarily serve people who have been socially, economically, culturally, or racially marginalized along with community-based non-clinical organizations that provide direct social and community services.	Provide up to \$100,000 per organization for the initial planning year followed by implementation over years two and three (with funding available up to \$150,000 yearly).
William James College	Supported by MA behavioral health agency partners, William James College is piloting a Behavioral Health Services Corp program to engage undergraduate college graduates who wish to spend a year learning about and working in behavioral health inpatient units, home-based services, residential treatment and recovery centers.	Individuals who have earned a BA who are interested in a path to or are heading to graduate school and want to become familiar with the work of the behavioral health workforce.	Financial incentives include sign-on bonuses of \$500, up to \$15,000 in scholarships for graduate programs, and stipends of \$5,000 -\$10,000 following graduation.

Sponsoring Organization	Program Information	Eligible Population	Amount
MetroWest Health Foundation	The MetroWest Health Foundation provides scholarships to students in the 25 towns in the MetroWest service area who have been accepted to an eligible nursing, medical, or clinical program.	Students accepting in a nursing, medical, or clinical program, including psychologists and social workers.	A maximum of \$4,000 per academic year. Students can receive a maximum of four scholarships total.

Appendix F: List of Mental Health Professional Shortage Areas in Massachusetts

A Mental Health Professional Shortage Areas (MHPSA) is a designation assigned by the federal Health Resources and Services Administration (HRSA) to a health facility, geographic area, and/or patient population that is experiencing a shortage of psychiatrists. Since MHPSA data is based on psychiatrists, MHPSA designations do not take into account the availability of other mental health providers in the area, such as clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists.

A designation is assigned when the population to provider ratio is less than 30,000 to 1 (KFF, 2021). The following mental health facilities, geographic areas, and population groups have been designated as Mental Health Professional Shortage Areas (MHPSAs) by HRSA as of September 2022. Most MHPSA designations are based on the psychiatrist only to population ratio. It should be noted that due to workforce improvements, some facilities, geographic areas, and population groups may be removed (known as proposed for withdrawal) from MHPSA designation due to workforce improvements.

County	HPSA ID	HPSA Name	HPSA Type	HPSA Status	As of Date
Barnstable	7259992538	OUTER CAPE HEALTH SERVICES, INC.	Facility	Designated	9/22/2022
	7259992539	Duffy Health Center, Inc.	Facility	Designated	9/22/2022
	7259992561	COMMUNITY HEALTH CENTER OF CAPE COD, INC.	Facility	Designated	9/22/2022
	725999257E	Mashpee Wampanoag Health Service Unit	Facility	Designated	9/22/2022
Berkshire	7252889956	WILLIAMSTOWN MEDICAL	Facility	Designated	9/22/2022
	7253149266	WILLIAMSTOWN MEDICAL AT NORTH ADAMS	Facility	Designated	9/22/2022
	7259992546	COMMUNITY HEALTH PROGRAMS, INCORPORATED	Facility	Designated	9/22/2022
Bristol	7258173036	Bristol County House of Corrections	Facility	Proposed For Withdrawal	9/22/2022
	7259992541	GREATER NEW BEDFORD COMMUNITY HEALTH CENTER, INC.	Facility	Designated	9/22/2022
	7259992553	Healthfirst Family Care Center, Inc.	Facility	Designated	9/22/2022
Dukes	7251280204	ISLAND HEALTH, INC.	Facility	Designated	9/22/2022
	7256960782	Dukes County	Geographic Area	Proposed For Withdrawal	9/22/2022
	7259484562	Wampanoag Health Service	Facility	Designated	9/22/2022
Essex	7257613280	Low Income - Lawrence	Population Group	Proposed For Withdrawal	9/22/2022

	7259992521	North Shore Community Health, Inc.	Facility	Designated	9/22/2022
	7259992523	Greater Lawrence Family Health Center, Inc.	Facility	Designated	9/22/2022
	7259992526	Lynn Community Health, Inc.	Facility	Designated	9/22/2022
Franklin	7259992548	Community Health Center of Franklin County, Incorporated	Facility	Designated	9/22/2022
Hampden	7252763379	LI - Holyoke/Chicopee	Population Group	Designated	9/22/2022
	7258190932	Low Income - Springfield	Population Group	Proposed For Withdrawal	9/22/2022
	7259222805	Low Income - Holyoke	Population Group	Proposed For Withdrawal	9/22/2022
	7259992530	HOLYOKE HEALTH CENTER, INC.	Facility	Designated	9/22/2022
	7259992531	Springfield, City Of	Facility	Designated	9/22/2022
	7259992564	Caring Health Center, Inc.	Facility	Designated	9/22/2022
Hampshire	7259992552	Hilltown Community Health Centers, Inc.	Facility	Designated	9/22/2022
Middlesex	7253898937	Low Income - Lowell	Population Group	Proposed For Withdrawal	9/22/2022
	7258084635	Massachusetts Correctional Institution - Shirley	Facility	Proposed For Withdrawal	9/22/2022
	7258157764	LI - Chelsea/Everett/Revere	Population Group	Designated	9/22/2022
	7258629159	Massachusetts Correctional Institution - Framingham	Facility	Proposed For Withdrawal	9/22/2022
	7259845371	Massachusetts Correctional Institution - Concord	Facility	Proposed For Withdrawal	9/22/2022
	7259992527	Lowell Community Health Center, Inc.	Facility	Designated	9/22/2022
Norfolk	7255540755	Massachusetts Correctional Institution - Norfolk	Facility	Proposed For Withdrawal	9/22/2022
	7258953160	Massachusetts Correctional Inst - Cedar Junction	Facility	Proposed For Withdrawal	9/22/2022
	7259992522	Manet Community Health Center, Incorporated	Facility	Designated	9/22/2022

Plymouth	7258064398	Massachusetts Treatment Center (MTC)	Facility	Proposed For Withdrawal	9/22/2022
	7259992534	BROCKTON NEIGHBORHOOD HEALTH CENTER, INC.	Facility	Designated	9/22/2022
Suffolk	7251785450	Uphams Corner Health Committee, Inc.	Facility	Designated	9/22/2022
	7258157764	LI - Chelsea/Everett/Revere	Population Group	Designated	9/22/2022
	7259992518	Massachusetts League Of Community Health Centers Inc	Facility	Designated	9/22/2022
	7259992524	DIMOCK COMMUNITY HEALTH CENTER, INC.	Facility	Designated	9/22/2022
	7259992525	Boston Health Care for The Homeless Program, Inc., The	Facility	Designated	9/22/2022
	7259992532	North End Community Health Committee, Incorporated	Facility	Designated	9/22/2022
	7259992535	South Cove Community Health Center, Inc.	Facility	Designated	9/22/2022
	7259992536	East Boston Neighborhood Health Center Corporation	Facility	Designated	9/22/2022
	7259992540	Charles River Community Health, Inc.	Facility	Designated	9/22/2022
	7259992542	Mattapan Community Health Center, Inc.	Facility	Designated	9/22/2022
	7259992543	Whittier Street Health Center	Facility	Designated	9/22/2022
	7259992544	SOUTH BOSTON COMMUNITY HEALTH CENTER, INC.	Facility	Designated	9/22/2022
	7259992551	Fenway Community Health Center, Inc.	Facility	Designated	9/22/2022
	7259992562	Harbor Health Services, Inc.	Facility	Designated	9/22/2022
	7259992567	DotHouse Health, Inc.	Facility	Designated	9/22/2022
	7259992568	CODMAN SQUARE HEALTH CENTER, INC	Facility	Designated	9/22/2022
	72599925FG	HARVARD STREET NEIGHBORHOOD HEALTH CENTER INC	Facility	Designated	9/22/2022
Worcester	7254033694	FMC-Devens	Facility	Designated	9/22/2022
	7256317827	North Central Correctional Institution - Gardner	Facility	Proposed For Withdrawal	9/22/2022
	7259992520	EDWARD M. KENNEDY COMMUNITY HEALTH CENTER, INC.	Facility	Designated	9/22/2022

	7259992528	Family Health Center of Worcester, Inc.	Facility	Designated	9/22/2022
	7259992547	Community Health Connections, Inc.	Facility	Designated	9/22/2022

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