Creating a Robust, Diverse, and Resilient Behavioral Health Workforce in Massachusetts

EXECUTIVE SUMMARY

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MASSACHUSETTS FOUNDATION

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The mission of the Blue Cross Blue Shield of Massachusetts Foundation is to ensure equitable access to health care for all those in the Commonwealth who are economically, racially, culturally, or socially marginalized. The Foundation was founded in 2001 with an initial endowment from Blue Cross Blue Shield of Massachusetts. It operates separately from the company and is governed by its own Board of Directors.

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1. INTRODUCTION AND BACKGROUND

The behavioral health workforce in Massachusetts is in crisis. The COVID-19 pandemic has increased the prevalence of behavioral health issues and demand for services, exposing and aggravating the vulnerabilities of Massachusetts' behavioral health workforce and delivery system.[1] Health care, including behavioral health care, has been among the industries hardest hit by the "Great Resignation," exacerbating workforce shortages that predated the pandemic.[2] The disproportionate stress that the pandemic is imposing on the health care workforce compounds these issues. These dynamics create an unprecedented call to action for Massachusetts to grow and support a workforce that can meet the pressing demand for behavioral health care in the Commonwealth. This report identifies opportunities to expand Massachusetts' behavioral health workforce, increase its diversity, maximize its potential to meet the needs of all people in the Commonwealth, and strengthen its resilience.[3]

DEFINITION: Behavioral health includes traditional mental health challenges and substance use disorders (SUD), as well as overall psychological well-being.

See: https://www.cms.gov/outreach-education/american-indianalaska-native/aian-behavioral-health.

Massachusetts has been a national leader in charting a path forward for future behavioral health delivery system reform through initiatives including its Roadmap for Behavioral Health Reform (Roadmap) and Medicaid Section 1115 demonstration.[4] The Commonwealth also leads among states in many metrics of access to behavioral health services and behavioral health outcomes.[5] However, amidst these successes, the Commonwealth has grappled with significant and growing demand for behavioral health services among its residents.[6] Overdoses have been on the rise, with drug-related deaths increasing by 20 percent from 2015 to 2020.[7] And in Massachusetts, like the rest of the country, many individuals have co-occurring conditions, struggling at once with mental health and substance use disorder (SUD) issues, as well as with physical health issues and social and economic challenges.[8] The trauma and stress caused by the pandemic has amplified behavioral health care needs in Massachusetts and nationally.[9] In 2021, over 31 percent of adults in Massachusetts reported symptoms of anxiety or depressive disorder alone, as compared to approximately 21 percent reporting any mental illness in 2018–2019.[10] The pandemic's toll has been particularly harmful on the behavioral health and well-being of people of color.[11]

The pandemic has not only intensified demand for behavioral health services, but also exacerbated workforce challenges. Massachusetts' behavioral health workforce has seen increased attrition during the pandemic as a result of retirements and people leaving the field; additional losses are anticipated with the "graying" of the behavioral health workforce as many providers are at or approaching retirement age.[12] More clinicians are leaving mental health clinics than there are new clinicians entering. And individuals interviewed for this report indicate that the Commonwealth faces particular challenges in assuring access to behavioral health care for specific historically underserved communities, including communities of color and LGBTQ+ youth.[13]

It is incumbent upon the Commonwealth to build a robust, diverse, and resilient workforce that meets the needs of its population. The urgency to act in this moment is not only fueled by a growing behavioral health crisis but also by an unprecedented moment of collective understanding of what it means to be impacted by a behavioral health condition.[14] The worsening behavioral health crisis, coupled with a softening of the stigma surrounding behavioral health conditions over the past few years, has opened up new policy and funding opportunities and galvanized new and powerful political will at the local, state, and national levels. **There is no better time for Massachusetts to invest in the behavioral health workforce.**

This report identifies opportunities to augment these current initiatives to increase the supply of Massachusetts' behavioral health workforce, enhance its diversity, maximize its potential to meet the needs of all people in the Commonwealth, and strengthen its resilience.

PROJECT GOALS AND METHODOLOGY

The Blue Cross Blue Shield of Massachusetts Foundation (Foundation) engaged Manatt Health to develop a report that identifies opportunities to maintain, expand, and increase diversity in Massachusetts' behavioral health workforce to maximize the workforce's potential to meet the needs of all people in the Commonwealth and build its resilience.

To meet this goal, Manatt Health:

- Conducted interviews with Massachusetts stakeholders and national experts, which included provider association representatives, academics, and state officials with experience in behavioral health, workforce development, and/or diversity, equity, and inclusion issues. A complete list of stakeholders interviewed is included in the Acknowledgements section. When conducting interviews for this report, the Manatt Health team shared the "Health Workforce Policies Framework" (the Framework) published in a recent *Health Affairs* article by Angela Beck, formerly the director of the University of Michigan's Behavioral Health Workforce Research Center. The Framework describes four pillars to "reshape the workforce": production, distribution, maximizing potential, and resiliency.[15] In reviewing the Framework, the team encouraged interviewees to take a broad view of the factors that influence the state of the behavioral health workforce. Additional details about the Framework and these pillars can be found in Appendix A of the full report.
- Conducted a literature review of peer-reviewed articles; reports by university research centers, leading health care foundations, and industry associations that have prioritized behavioral health workforce and equity; resources from federal agencies; and websites for state departments of mental health/SUD and Medicaid agencies.
- Developed an inventory of different behavioral health workforce programs in Massachusetts and across the country.[16] Examples from the inventory are highlighted in callout boxes throughout the report and in Appendix B of the full report.
- Developed recommendations informed by the interviews, literature review, and inventory of behavioral health workforce programs to augment the Commonwealth's current behavioral health workforce initiatives. The recommendations in this report aim to address each of the Framework's four pillars, recognizing that they are all critical to building a more robust, diverse, and resilient workforce.

2. IMPERATIVES FOR CREATING A ROBUST, DIVERSE, AND RESILIENT BEHAVIORAL HEALTH WORKFORCE

Creating a more robust, diverse, and resilient behavioral health workforce in Massachusetts is an ambitious but achievable task. It will require strong leadership, financial investment for the long-term, a multiyear commitment by a broad array of stakeholders, and an understanding that progress will be incremental. To achieve this vision, the Commonwealth must meet **four imperatives** that are crucial for advancing the recommendations described in this report.

1. **Addressing the behavioral health workforce crisis, including rallying public and private sector commitment to responding to the crisis, should be a key priority for the incoming governor and Legislature.** Addressing the crisis requires sustained, strong leadership to mobilize and coordinate resources across sectors and take action to meet short-term, intermediate, and long-term goals that build on initiatives such as Massachusetts' Roadmap or the vision introduced in the Foundation's report "Ready for Reform: Behavioral Health Care in Massachusetts."[17]
2. **Tackling behavioral health workforce challenges requires shared commitment and responsibility across stakeholders, including the Massachusetts and federal governments, providers, payers, academic institutions, large employers, and community-based organizations, among others, over the next 10 years.**

The Commonwealth is fortunate to have a deep bench of stakeholders who are committed to advancing behavioral health delivery system transformation and building a more robust workforce. To ensure enduring progress, it is vital to continue to build consensus among stakeholders to take action in effectuating changes needed to reshape and grow the behavioral health workforce.

3. **A larger proportion of Massachusetts health care spending should be infused into the behavioral health delivery system, and in particular, toward community-based behavioral health care.** While stakeholders interviewed indicate that the Massachusetts health care system as a whole is sufficiently funded, they note a need to redirect existing funding to the behavioral health delivery system, and in particular, to community-based providers delivering outpatient care, to support greater investment in the behavioral health workforce.[18]
4. **Advancing equity must be central to all efforts to address the behavioral health workforce crisis.** Massachusetts' efforts to embed equity in all efforts to address the behavioral health workforce should focus on two key policy priorities. First, Massachusetts must prioritize workforce diversity across the provider type continuum, including among licensed professionals and paraprofessionals, with a focus on racial, ethnic, linguistic, and cultural diversity as well as gender and sexual diversity. The Commonwealth needs better data to aid in understanding the demographic profile of its behavioral health workforce and how the current workforce maps to the demographics and needs of Massachusetts residents.[19] Second, Massachusetts should seek to build the workforce in rural areas and communities that have been historically marginalized.

3. RECOMMENDATIONS

Aligned with the imperatives described above, this report makes **seven recommendations** for the Commonwealth to institute policy, programmatic, administrative, and budgetary changes that will ultimately help to build a more robust, diverse, and resilient behavioral health workforce. These recommendations are:

1. **Conduct a baseline Workforce Needs Assessment to better understand the supply of the behavioral health workforce, including demographics, and specific workforce gaps.** [*Short-Term*] The Commonwealth currently does not have a comprehensive baseline understanding of the supply, distribution, and diversity of its behavioral health workforce. Stakeholders highlight that the lack of data and foundational understanding creates a barrier to addressing the behavioral health workforce crisis in Massachusetts.[20] It is essential that the Commonwealth conduct a baseline behavioral health Workforce Needs Assessment. This assessment should account for how the workforce relates to the behavioral health needs of the population with a focus on addressing the shortage and maldistribution of providers and advancing health equity. As part of the process, the Commonwealth should consider convening a workgroup to provide input on assessment design, consult on methodology and analysis, validate findings, and advise on actionable steps and recommendations. The Workforce Needs Assessment should be conducted periodically.
2. **Establish and maintain a Behavioral Health Workforce Center with a charter to improve the supply, distribution, competency, and diversity of the workforce.** [*Medium-Term*] Today, expertise on behavioral health workforce issues is diffuse across the Commonwealth. No one entity is responsible for monitoring the state of the behavioral health workforce in Massachusetts; identifying gaps and challenges across communities and provider types; using data to craft solutions to identify gaps; or evaluating the impacts of investments in addressing workforce challenges. As a result, the Commonwealth is not able to monitor trends, accurately describe disparities in workforce representation, or understand the demand for services.[21] The Commonwealth should establish a Behavioral Health Workforce Center (the Workforce Center) that seeks to improve the supply, distribution, competency, and diversity of the behavioral health workforce. The main functions of the Workforce Center would be to: (1) serve as the Commonwealth's primary data hub on behavioral health workforce data;

(2) set the behavioral health workforce research and evaluation agenda for the Commonwealth; and (3) act as a centralized resource for technical assistance and training and identification and dissemination of best practices for the behavioral health workforce.

3. **Ensure that payment for behavioral health services is equal to payment for similar services across all payers in Massachusetts given the impact of reimbursement on the workforce.** [*Short-Term*] Insufficient reimbursement of behavioral health services creates a cascade of downstream consequences for the behavioral health system and its workforce. For example, low reimbursement rates across all payer types for behavioral health services "trickle down" to lower salaried positions across the field, deterring people from pursuing a career in behavioral health.[22] Improving reimbursement for behavioral health treatment will incentivize the expansion, retention, and resiliency of the behavioral health workforce. Policymakers in the Commonwealth should identify a path toward requiring payment parity for behavioral health services.
4. **Develop and fund a 10-year behavioral health workforce strategy to grow the behavioral health professional workforce pipeline and address the shortage and maldistribution of providers.** [*Long-Term*] Stakeholders interviewed noted (and data validates) that many behavioral health professionals in the Commonwealth are reaching retirement age, exacerbating shortages in an already stretched workforce.[23] At the same time, not enough young people in Massachusetts and other states are entering the behavioral health workforce because of a lack of awareness or interest in the field and/or low pay.[24] In addition, stakeholders interviewed note that Massachusetts' current behavioral health workforce is not appropriately distributed across settings and modalities (e.g., inpatient, community-based outpatient, telebehavioral health, state agencies), geographic areas, and populations (e.g., children/youth vs. adults), meaning that the workforce may not be aligned with where there are the greatest needs.[25] Addressing these shortages requires a long-term and well-resourced plan. The Commonwealth should immediately develop and fund a 10-year strategy to grow the behavioral health workforce pipeline and address the shortage and maldistribution of providers that would further build upon the work started by the Roadmap. Driven by data, this strategy would explicitly focus on enhancing racial, ethnic, cultural, LGBTQ+, and language diversity in the workforce; increasing the number of individuals who practice in underserved areas of the Commonwealth; and increasing the number of individuals who work in community-based settings. Requiring robust and long-term financial investment to build the pipeline, the Commonwealth can explore partnerships with employers, universities and provider organizations, and federal funding opportunities, such as Health Resources and Services Administration (HRSA) grants, to help fund these investments. Specific components of a 10-year behavioral health workforce strategy include: (1) encouraging interest in the field and (2) providing financial incentives to build the pipeline, such as reducing barriers to entry and the financial burden of training.
5. **Pursue a multipronged campaign to dramatically expand the paraprofessional workforce (e.g., peers, community health workers [CHWs], recovery specialists), including ensuring that they are paid a living wage, have opportunities for career advancement, and can obtain insurance reimbursement.** [*Medium-Term*] Paraprofessionals are critical members of the behavioral health workforce.[26] In Massachusetts, these professionals include peer recovery coaches, certified (mental health) peer specialists, CHWs, recovery support navigators, and recovery specialists.[27] When integrated as part of a clinical care team, paraprofessionals may serve as an important bridge between clinician and patient, translating information, building trust, and connecting the patient to community-based resources.[28] They also can occupy a variety of roles, allowing for task-sharing and for professionals to practice at the top of their license.[29] The Commonwealth has the opportunity to employ a number of strategies to invest in growing and supporting the behavioral health paraprofessional workforce. Specifically, the Commonwealth should: (1) gather data on the supply, distribution, and diversity of the behavioral health paraprofessional workforce; (2) support financial sustainability of the behavioral health paraprofessional workforce; (3) continue to integrate the paraprofessional workforce into clinical teams; (4) bolster the paraprofessional pipeline; and (5) support career advancement opportunities for the paraprofessional workforce.

6. **Create a system of social supports for all members of the behavioral health workforce.** [*Medium-Term*] Even before the pandemic, the overall U.S. health care workforce has been experiencing "crisis levels" of burnout.[30] Specific to behavioral health, studies have found that 21 to 67 percent of this workforce experienced burnout prior to the pandemic,[31] and the pandemic has amplified this stress.[32] This buildup of burnout creates significant challenges to retention and may have wide-ranging and long-lasting adverse impacts, including poor physical and behavioral health outcomes for the workforce; lower quality care; and patient dissatisfaction.[33] The Commonwealth should collaborate with partners, including the new Workforce Center, behavioral health provider organizations, universities, and unions, to implement a systemic and multipronged approach to building a more resilient workforce. Specifically, the Commonwealth should: (1) leverage the Workforce Center to provide training to professionals and paraprofessionals on building resilience and to create opportunities for peer support and mentorship; (2) create a set of recommendations for behavioral health provider organizations to prevent burnout; (3) invest in crisis support for the behavioral health workforce; and (4) provide financial incentives to address the behavioral health workforce's social, mental health, and wellness needs.
7. **Fund an in-depth evaluation of the impact of telehealth on the behavioral health workforce.** [*Short-Term*] Telehealth has rapidly proliferated over the past two years, ensuring a level of continued access to behavioral services during the height of the pandemic. Because of the urgent and exponential expansion of telebehavioral health, more research is needed on its broad implications for access, costs, consumers, and the workforce.[34] According to stakeholders interviewed and research to date, telebehavioral health has meaningfully increased access to behavioral health services, while also creating new challenges related to the behavioral health workforce.[35] For example, interviewees report that many behavioral health professionals prefer working remotely because of the flexibility it offers and have chosen to continue practicing virtually as in-person care has resumed, which has reduced the number of providers available to provide certain services that may be more appropriately performed in person or available to populations that prefer or may benefit from obtaining services in person, such as children and families or people with schizophrenia.[36] Since the workforce implications of the telebehavioral health expansion are just emerging, this is an opportune time for the Commonwealth to fund an in-depth evaluation of the impact of telehealth on the behavioral health workforce and identify strategies to mitigate any unintended workforce consequences of the increase in telehealth.

4. CONCLUSION

There is no more urgent time than now for Massachusetts to build a robust, diverse, and resilient behavioral health workforce that meets the growing needs of its population. Although Massachusetts has been a national leader in behavioral health, it has struggled—even prior to the pandemic—to meet the behavioral health needs of its residents, especially for those who have been socially, racially, ethnically, economically, or otherwise marginalized. But in the face of this crisis, there is opportunity for transformation. The behavioral health crisis has not only generated tremendous demand for services, but also kindled a profound collective understanding of what it means to struggle with a behavioral health condition.[37] These dynamics—the coupling of heighted demand and softened stigma—create an unprecedented call to action for Massachusetts to invest as it has never before in its behavioral health workforce. Through the efforts identified in this report, the Commonwealth has the potential to emerge with a robust, diverse, and resilient workforce that not only is able to meet the behavioral health needs of today but will also promote the behavioral health and well-being of generations to come.

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