MASSACHUSETTS
HEALTH POLICY COMMISSION

Behavioral Health Workforce Center Overview & HPC Workforce Research

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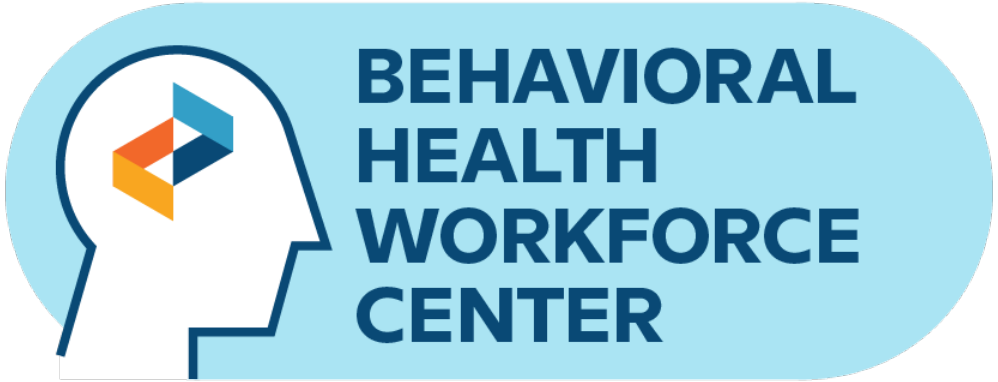
Agenda

- **Overview of the Behavioral Health Workforce Center (BHWC)**
- **HPC's Previous and Ongoing Research of the Health Care Workforce**
- **Looking Ahead: Next Steps and Policy Recommendations**
- **Closing and Questions**

HPC Behavioral Health Workforce Center

- The **HPC Behavioral Health Workforce Center (BHWC)** was established in partnership with the Executive Office of Health and Human Services (EOHHS) to strengthen the state's capacity to identify and respond to current and ongoing behavioral health workforce needs.
- The BHWC will **drive state-wide efforts** and **leverage cross-sector partnerships** to achieve a unified vision for the Commonwealth's behavioral health workforce.
- Through development of **actionable, evidence-based strategies**, the BHWC will prepare state leaders to:
  - Build equitable education and training pipelines,
  - Improve workforce diversity and cultural competency,
  - Enhance professional pathways, and
  - Retain behavioral health providers within settings and communities that are accessible to all residents.



Research Agenda

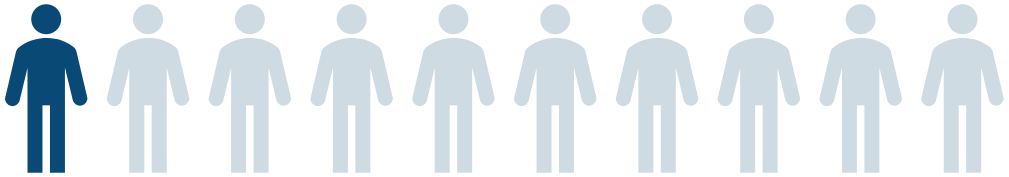
- A comprehensive study and analysis of **rates paid for behavioral health services by both private and public payers** and the adequacy of said rates to support the provision of equitable, quality behavioral health services in the Commonwealth.
- A study to **establish baseline behavioral health workforce needs throughout the Commonwealth** and develop recommendations and strategies to meet those needs.
- A study of **licensure** and **certification process** for the behavioral health workforce may include an analysis of license application processing metrics and identification of barriers to obtaining desired license/certificate.
- In addition, the HPC conducts **other research studies that align with this new initiative**, including such topics as:
  - Behavioral Health-related ED Boarding
  - Pediatric Behavioral Health Planning
  - Behavioral Health Managers

Four BHWC Pillars

To support the Center's vision, BHWC has identified **four key pillars** to organize and frame the Center's initial policy recommendations and research portfolio. These pillars are preliminary, and we expect will evolve as the Center pursues its work, with consideration of stakeholder experiences and perspectives. The pillars are:

1. Recruitment and Retention – Build upon and retain a diverse and highly skilled workforce, including exploration of new behavioral health career pipelines and maintaining the existing workforce by increasing professional and personal supports.
2. Capacity Building – Expand system and organizational capacity to deliver equitable access to high-quality care by both the licensed and non-licensed clinical workforce.
3. Diversity, Equity, and Inclusion – Increase cultural and demographic representation in the workforce to ensure all populations and communities across all regions of the state have equitable access to culturally and linguistically tailored behavioral health care.
4. Sustainability – Establish infrastructure and policies to sustain effective, data-informed behavioral health workforce initiatives, including program funding and behavioral health payment reform.

Massachusetts is experiencing an increasing demand and a declining accessibility of behavioral health care.



1 in 10 MA residents (628,575) reported an unmet need for behavioral health care in 2023.[1]

18% of MA households with children reported at least one child needing mental health treatment.

76% of those children had difficulty accessing or were unable to access needed treatment.[2]

15% of residents noted their most recent mental health care service was paid completely out-of-pocket, primarily due to lack of provider insurance acceptance.[1]

48% of mental health related ED visits results in a boarding stay of at least 12 hours in 2023, a 13-percentage point increase since 2019.

1. https://www.chiamass.gov/massachusetts-health-insurance-survey/
2. https://www.census.gov/programs-surveys/household-pulse-survey/data/tables.html (August 2024 Pulse Survey)

Health Care Workforce Trends and Challenges in the Era of COVID-19: Current Outlook and Policy Considerations for Massachusetts

Special Focus on Registered Nurses, Direct Care Workers, and Behavioral Health Providers

March 2023

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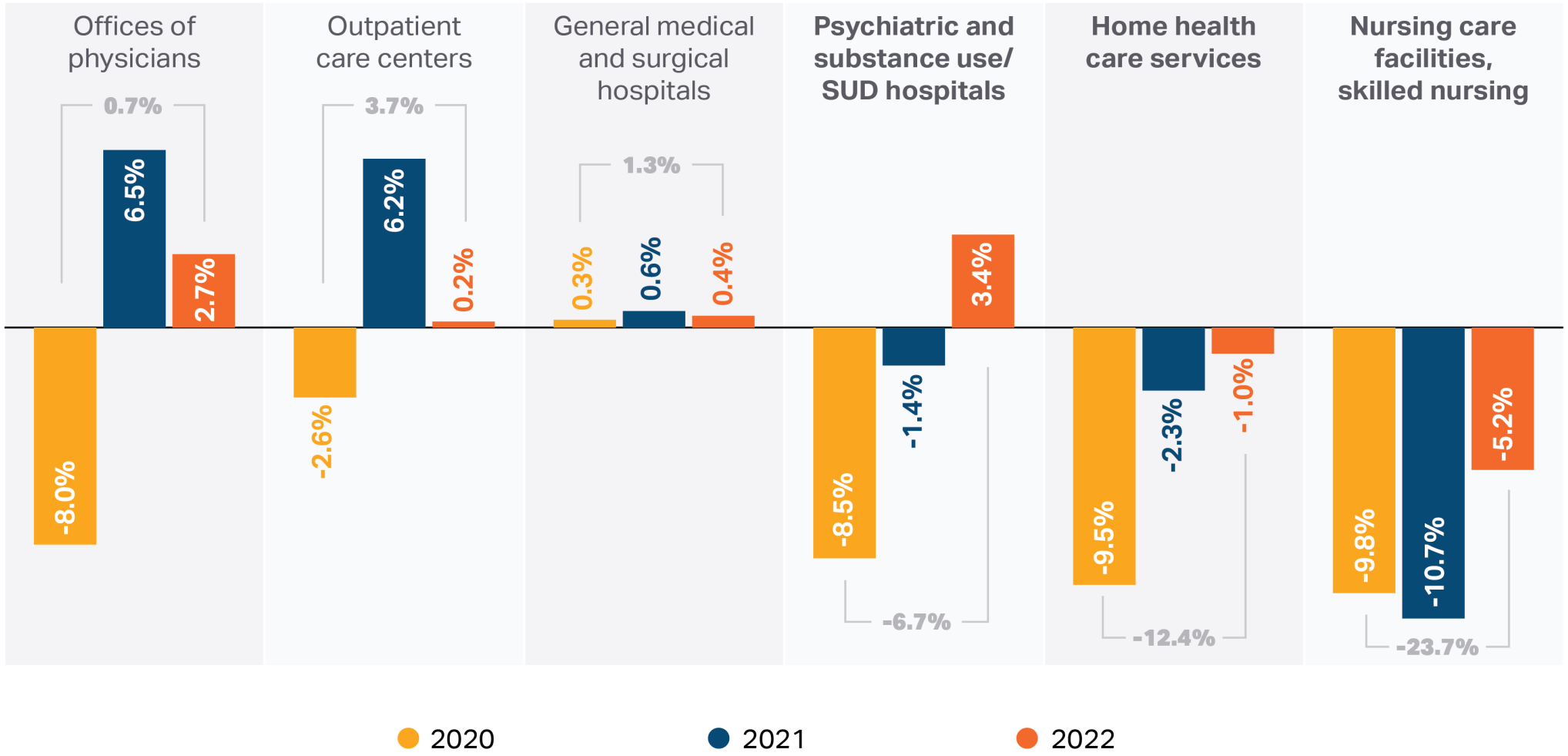
The supply of workers in Massachusetts has dropped the most in health care sectors that are less highly paid, such as home health care and nursing facilities.

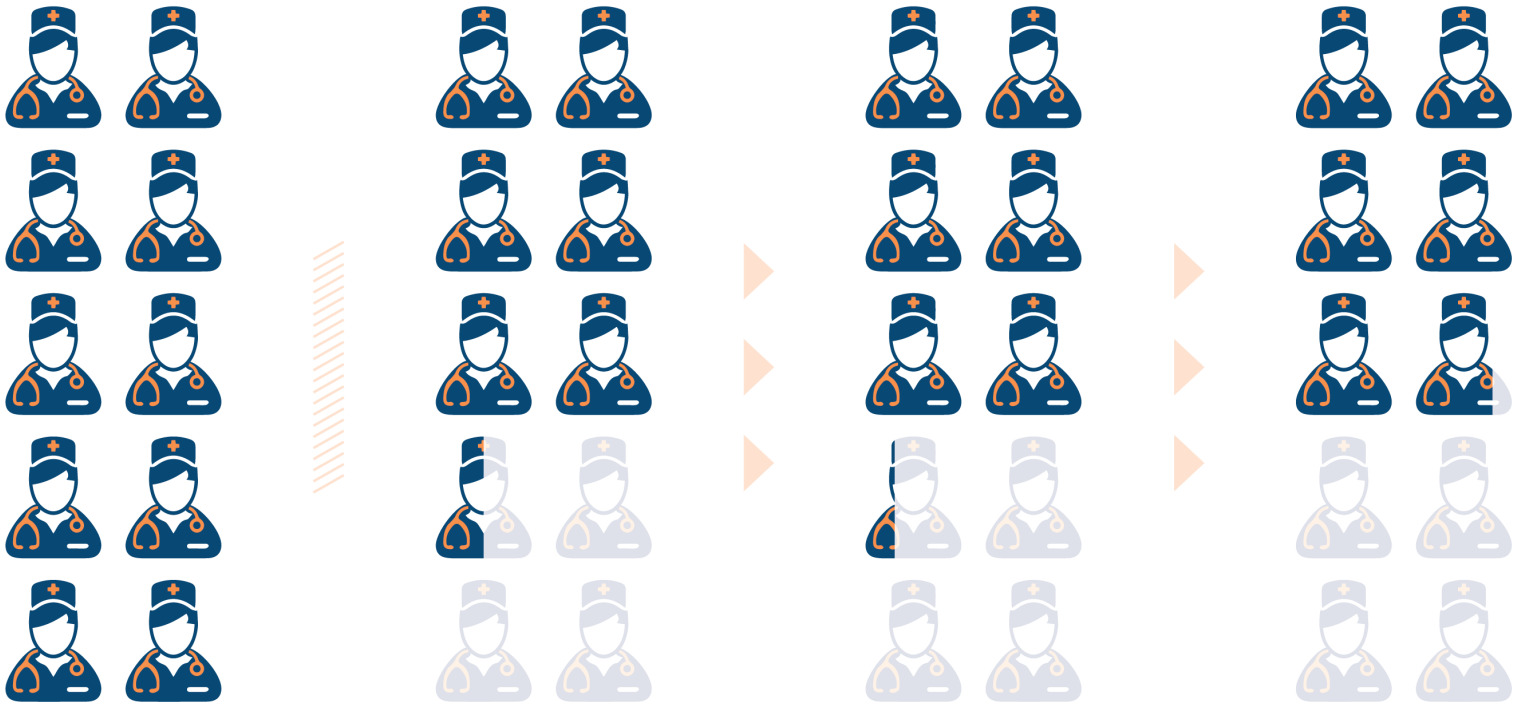
Year to year percent change in employment (Q1 – Q2 average), Massachusetts, 2020-2022



Notes: Employment refers to average monthly employment. Numbers in brackets represent a cumulative change from 2019.
Sources: Quarterly Census of Employment and Wages, Bureau of Labor Statistics, Q1 2019 - Q2 2022

One third to half of RNs educated in Massachusetts ultimately move on to work in other states, limiting the return on investment in the nursing education pipeline.

Share of RNs who completed basic nursing education in Massachusetts and working in other states, by years since graduating, as of 2018



For **every 100 RNs** educated in MA...

Only about **65 remain in practice in MA** after 5 years

After 15 years, **even fewer remain -** about 63 nurses

After 25 years, **only 58 RNs remain**

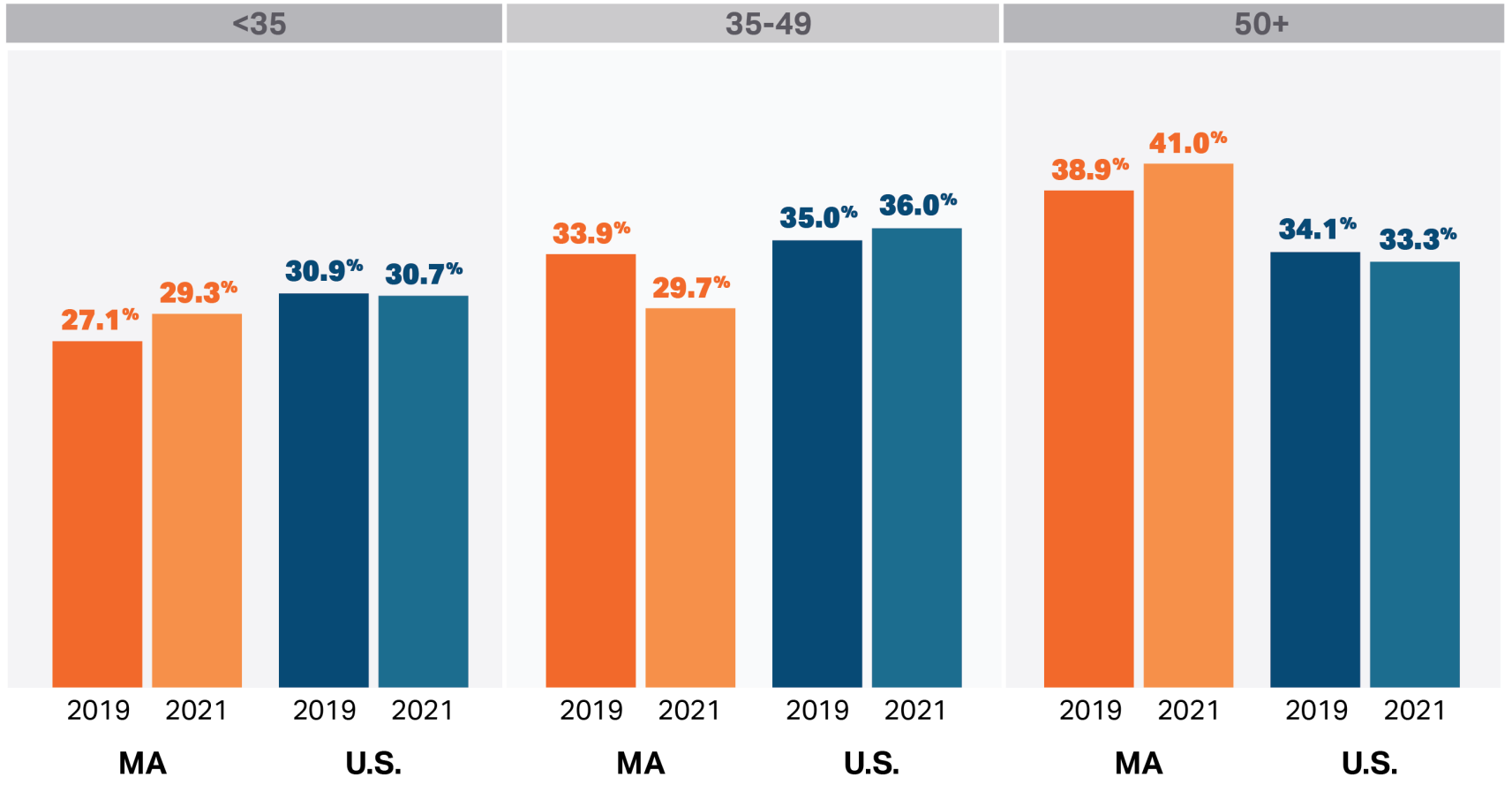
- Massachusetts has **a similar rate of attrition** as other states.
- Similarly, a third (33%) of RNs working in Massachusetts in 2018 obtained their nursing degrees in other states.

Notes: Exhibit reflects the unweighted NSSRN sample. MA total sample size is 452 RNs. 46% of all nurses educated in Massachusetts continued working in-state, compared to 52% in California, 53% in Maryland, and 37% in New York.

Sources: National Sample Survey of Registered Nurses, U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. 2018..

Massachusetts has a relatively high proportion of RNs over 50 compared to the U.S. average, contributing to more frequent retirements and turnover.

Age Distribution of RNs, Massachusetts vs U.S. average, 2019-2021



Notes: Results are weighted using a full-time equivalent weight.
Sources: American Community Survey 1-year Sample, U.S. Census Bureau. 2021.

Surveys of nurses and other reports support the finding that the current nurse shortages reflect increasingly difficult work environments rather than lack of nurses.

- While the nursing education pipeline remains strong, there are opportunities for further improvement. **Limited precepting capacity** in clinical education, **exacerbated by shortages of experienced nurses**, can limit the number of new nurses who can be trained.[1]
- However, given a steady pipeline and growing supply, shortages more likely reflect **increasingly difficult work environments**[2] rather than a lack of nurses.
- Work environments were the most common challenges reported among nurses surveyed in 2022.[3] with nurses across settings of care reporting **burnout, stress, and workplace disruptions related to reliance on non-permanent staff.**[4-6]
- Experienced nurses are **reducing their hours and retiring** early, and there is **high turnover among nurses newer to the field.**[4,7] Some nurses may move from inpatient to outpatient roles or may leave direct patient care entirely.
- Nurses increasingly report **deteriorating quality of care**, with the share of nurses who report worsening quality of care in MA hospitals rising from 39% in 2019 to 83% in 2022.[8]
- Nurses also report a **need for administrative support** in areas such as scheduling, IT, and environmental services.

1 Massachusetts Health and Hospital Association. Caring for the Caregiver Task Force Report. Winter 2021.
2 Massachusetts Nurses Association. Massachusetts Nurses Warn of Rapidly Deteriorating Patient Care Quality and Widespread Unsafe Conditions as they Call for Improvements to Staffing, Pay and Benefits in Latest "State of Nursing" Survey Released for National Nurses Week. May 5, 2022.
3 A survey of Massachusetts registered nurses. Beacon Research. April 2022.
4 The Nursing Workforce: Challenges and Solutions During the COVID Era. Organization of Nurse Leaders. January 2022.
5 Workforce Challenges and Solutions from the Frontlines of Nursing. Massachusetts Health & Hospital Association. Conference materials, October 19, 2021.
6 American Nurses Foundation, Pulse on the Nation's Nurses COVID-19 Survey Series: COVID-19 Impact Assessment Survey – The Second Year, January 2022. Available at: https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/covid-19-impact-assessment-survey---the-second-year/
7 Taube, S, Lipson, R. COVID-19 and the Changing Massachusetts Healthcare Workforce. The Project on Workforce at Harvard & The Massachusetts Healthcare Collaborative. Available at: https://www.pw.hks.harvard.edu/post/ma-healthcare-workforce
8 Beacon Research. A Survey of Massachusetts Registered Nurses. April 2022.

Challenges for the nursing workforce are concentrated around employment and retention.

HPC

Limited precepting capacity restricts the pipeline

Difficult working conditions contribute to turnover and attrition

Many nurses are seeking advanced degrees

Lower salaries for nursing faculty and the limited pool of preceptors for clinical education can limit the nursing education pipeline.

High levels of stress as a result of the pandemic

Fewer administrative support staff

Inflexible scheduling

Loss of institutional knowledge related to high turnover

Lack of capacity for mentoring new nurses

More experienced nurses retiring early

Newer nurses getting burned out

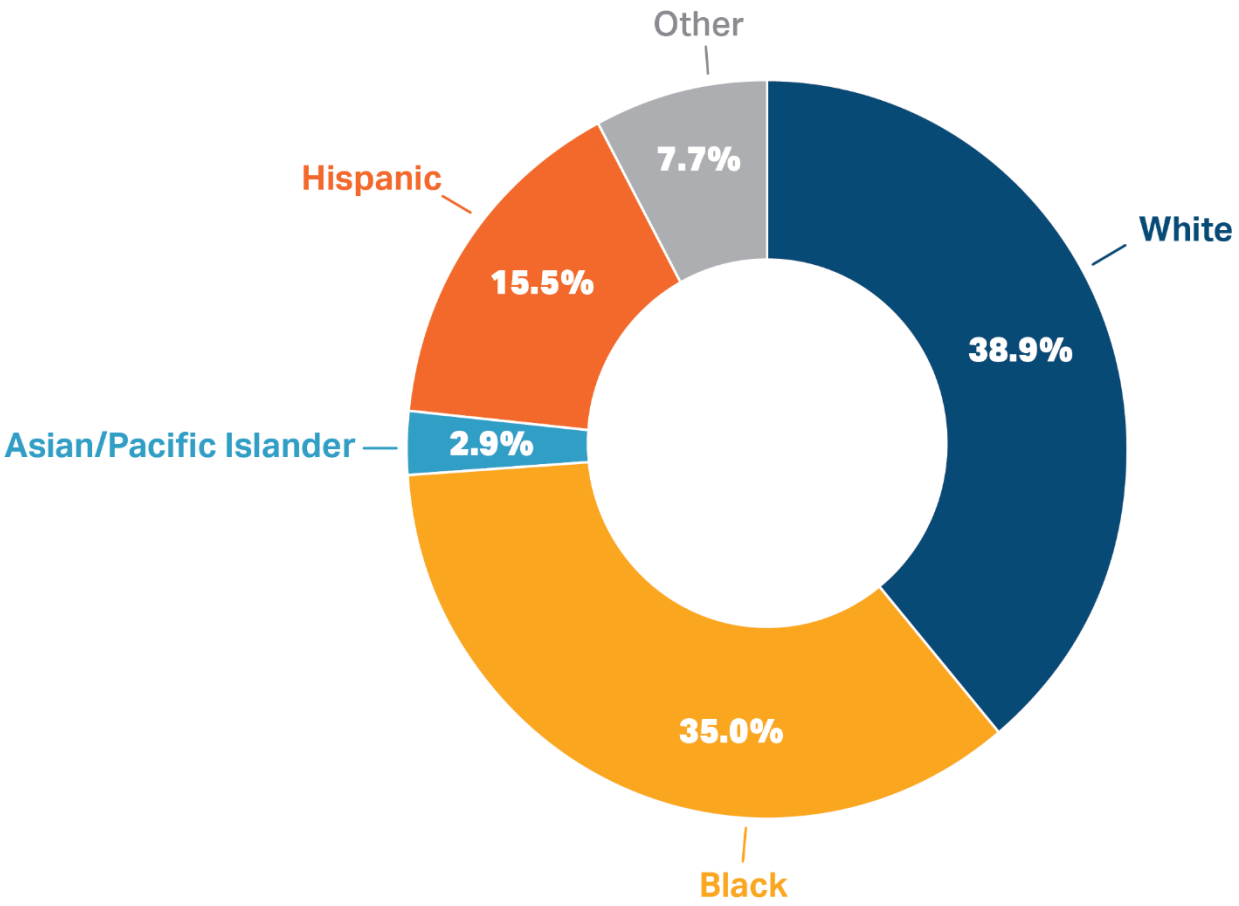
Nurses leaving employment for contract work

Nurses leaving patient care for other health care roles

Completion of APRN and other advanced degree programs is rising, which may be beneficial for access to care, but may also contribute to turnover as nurses leave the bedside to pursue further education

As of 2021, about 90% of Massachusetts direct care workers were women, 61% were people of color, and nearly half were immigrants.

Massachusetts direct care workers by race and ethnicity, 2021



89% Female

$37,015 Median Annual Income

48% Immigrant

49 Median Age

Notes: Direct care workers include certified nursing assistants (CNAs), home health and personal care aides, psychiatric aides, and orderlies. Immigrants include naturalized citizens and non-citizens. Hispanic includes all races.

Sources: American Community Survey, 1-year Sample, 2021. Bureau of Labor Statistics, U.S. Department of Labor, Occupational Employment and Wage Statistics, 2021.

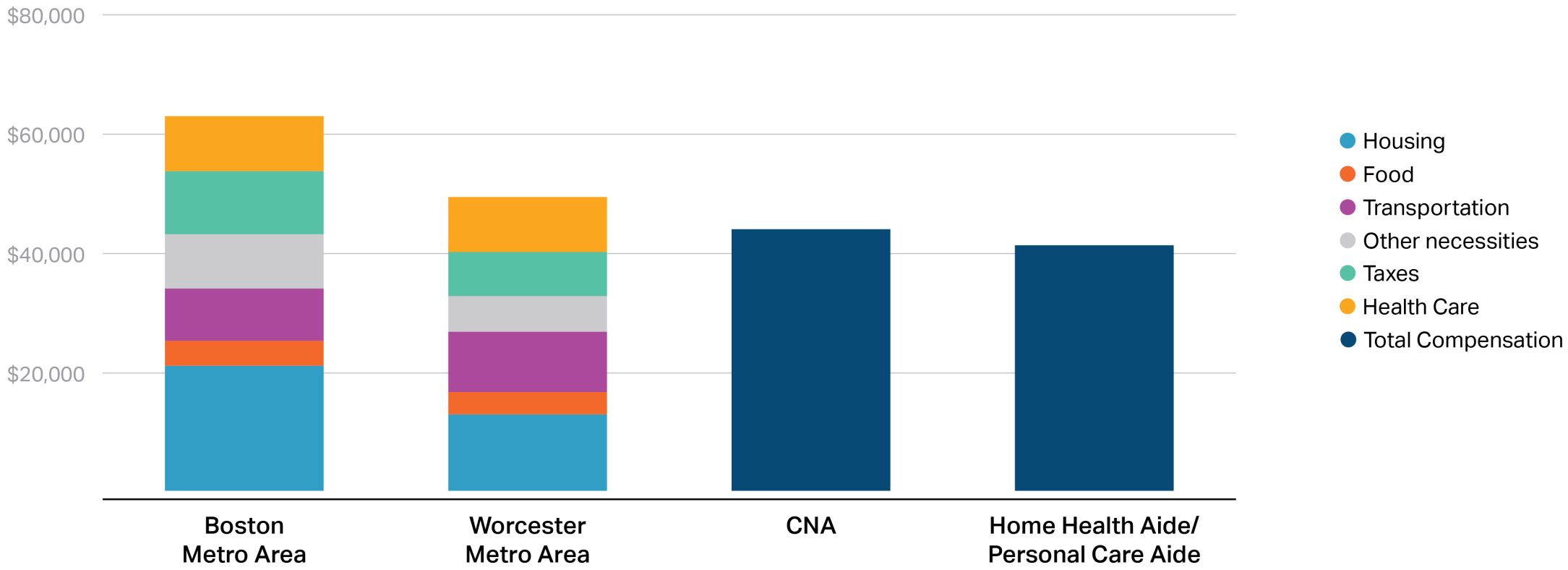
Turnover and low wages are longstanding challenges in direct care.

- Many MA health care roles were low-wage occupations before the pandemic, especially direct care roles.[1]
- Nationally, **44% of direct care workers lived below 200% FPL**, and 42% received public assistance.[2]
- From 2017-2018, the national median annual turnover rate for certified nursing assistant (CNA) care hours in nursing homes was 99%.[3] Adequate staffing and training for CNAs working in nursing facilities has been found to be related to lower turnover and improved patient safety.[4]

1 Taube, S, Lipson, R. COVID-19 and the Changing Massachusetts Healthcare Workforce. The Project on Workforce at Harvard & The Massachusetts Healthcare Collaborative. Available at: https://www.pw.hks.harvard.edu/post/ma-healthcare-workforce
2 Campbell, S, Del Rio Drake, A, Espinoza, R, Scales, K. Caring for the Future: The Power and Potential of America's Direct Care Workforce. PHI. 2020.
3 CNA nursing home turnover measured in terms of care hours, not individual staff members. See Ghandi A, Yu H, Grabowski DC. High Nursing Staff Turnover In Nursing Homes Offers Important Quality Information. Health Affairs. 2021;40(3). https://doi.org/10.1377/hlthaff.2020.00957
4 Temkin-Greener H, Cen X, Li Y. Nursing Home Staff Turnover and Perceived Patient Safety Culture: Results from a National Survey. The Gerontologist. 2020;60(7):1303-1311. https://doi.org/10.1093/geront/gnaa0153

The high cost of living in Massachusetts can be challenging for lower-wage health care workers, many of whom receive public assistance or have multiple jobs.

Total cost of living for a single adult and average compensation for selected occupations, Massachusetts, annual, 2021



Notes: Costs and compensation are in annual terms and for single adults with no children.
Sources: American Community Survey 1-year sample, U.S. Census Bureau. 2019-2021. Occupational Employment and Wage Statistics, Bureau of Labor Statistics. 2017-2021. State Minimum Wage Rate for Massachusetts, U.S. Departement of Labor, retrieved from Federal Reserve Bank of St. Louis (FRED). 2017-2021. Family Budget Calculator, Economic Policy Institute. Medical Expenditure Panel Survey. 2021.Taube, S, Lipson, R. COVID-19 and the Changing Massachusetts Healthcare Workforce. The Project on Workforce at Harvard & The Massachusetts Healthcare Collaborative. Available at: https://www.pw.hks.harvard.edu/post/ma-healthcare-workforce
Boston Indicators and Skillworks. Care work in Massachusetts: A call for racial and economic justice for a neglected sector. September 2022. Available at: https://www.bostonindicators.org/-/media/indicators/boston-indicators-reports/report-files/care_report_083122.pdf

Stakeholder reports and literature indicate that low wages without clear opportunities for advancement contribute to recruitment and retention challenges in direct care.

- Training for direct care roles can be costly for those paying out of pocket,[1] and workers receive **low wages for strenuous, high-responsibility work.**[2,3]
- CNAs, home health aides, and long-term care workers had **high turnover rates in 2020 and 2021,**[4] and employment in long-term care was far below pre-pandemic levels by the end of 2022.[5]
- High turnover in post-acute, long-term, and home health care is related to **wage discrepancies compared to acute care settings** and pervasive attitudes that acute care careers are preferable.[1,6]
- **Some direct care workers also leave health care for lower-pressure sectors** with similar wages, such as retail or food service.[7]
- Recruitment and retention challenges are related to **low wages without clear advancement opportunities.**[1,3,8] Upskilling on the job or tuition assistance for additional training could support direct care workers' ability to stay in patient care.[2,9]

1 Massachusetts Health and Hospital Association. Caring for the Caregiver Task Force Report. Winter 2021.
2 Taube, S, Lipson, R. COVID-19 and the Changing Massachusetts Healthcare Workforce. The Project on Workforce at Harvard & The Massachusetts Healthcare Collaborative. Available at: https://www.pw.hks.harvard.edu/post/ma-healthcare-workforce
3 Calef A, Schuster L. Care work in Massachusetts: A call for racial and economic justice for a neglected sector. Boston Indicators & SkillWorks. September 2022. Available at https://www.bostonindicators.org/-/media/indicators/boston-indicators-reports/report-files/care_report_083122.pdf
4 Frogner BK, Dill JS. Tracking turnover among health care workers during the COVID-19 pandemic. JAMA Health Forum. 2022;3(4):e220371, https://jamanetwork.com/journals/jama-health-forum/fullarticle/2790961
5 Long term care jobs report. American Health Care Association and National Center for Assisted Living. January 2023.
6 Nursing Call to Action: Building a Nursing Workforce to Deliver Complex Care at Home Report & Recommendations. Home Care Alliance of Massachusetts & Northeastern Bouvé Colleve of Health Sciences School of Nursing. 2019.
7 National Governors Association. Addressing Wages Of The Direct Care Workforce Through Medicaid Policies. Nov 1, 2022. Available at https://www.nga.org/publications/addressing-wages-of-the-direct-care-workforce-through-medicaid-policies/
8 Gingerelli A, Mulhern M. The Future of the Certified Nursing Assistant Workforce in Massachusetts. The Project on Workforce at Harvard. Available at: www.pw.hks.harvard.edu/post/the-future-of-the-cna
9 Aiken, KL. Mass Senior Care Association & Mass Senior Care Foundation. Recruiting and retaining frontline workers: Promising practices from across industry sectors. 2022.

For the direct care workforce, low wages are the crux of challenges at all stages.

Financial challenge of training

Low wages for high-responsibility work relate to turnover

Lack of clear opportunities for advancement contribute to attrition

The upfront cost of training for direct care roles may be burdensome for those paying out of pocket, and it may be difficult to lose wages while training

The prospect of low wages may limit the pipeline

Direct care roles are often not paid a living wage considering the high cost of living in MA

The MA minimum wage has grown more quickly than direct care wages in recent years

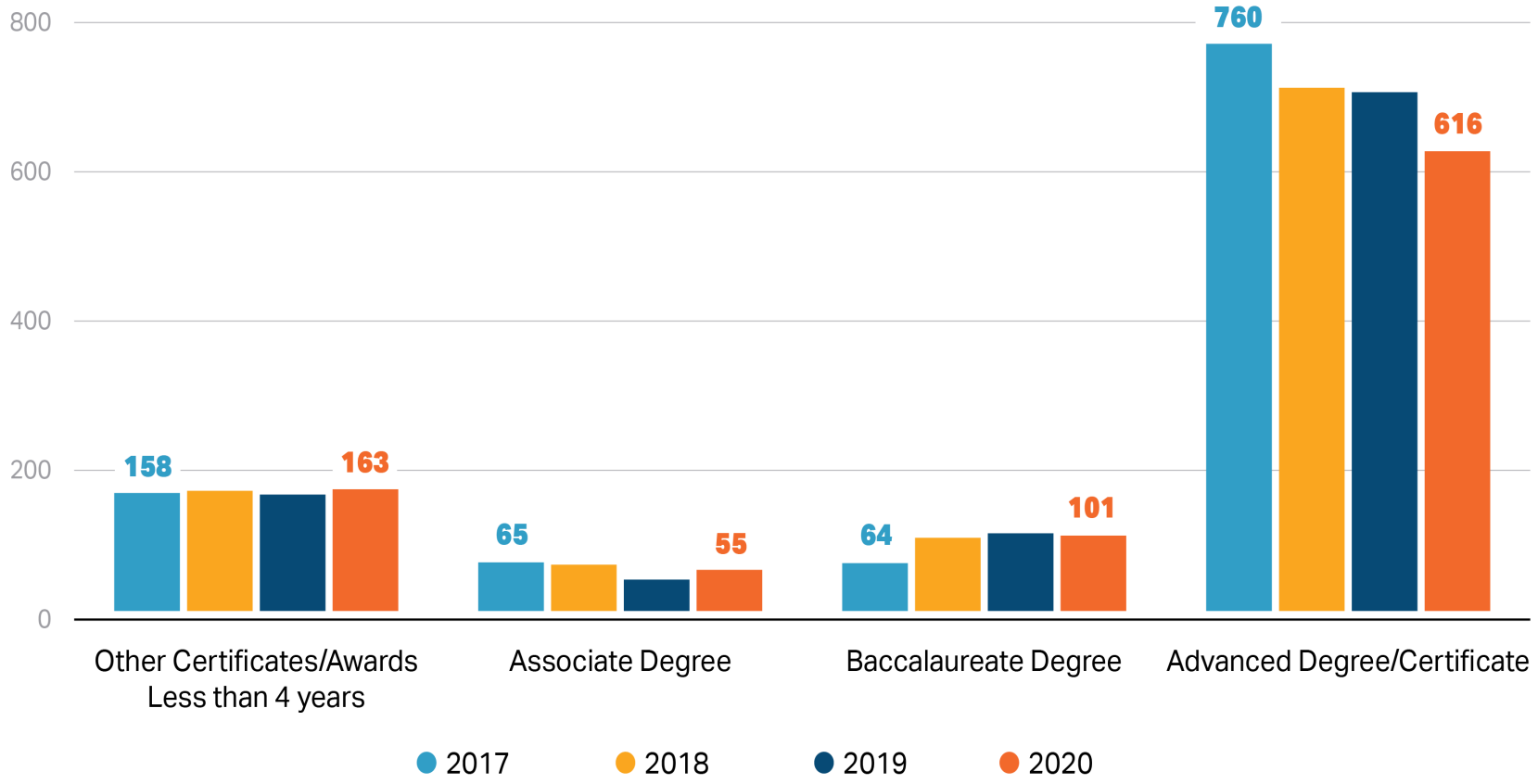
Turnover is especially high in lower-resourced settings, such as long-term care

Comparable wages for less stressful work are available outside of health care

Without clear opportunities and financial support for upskilling, direct care careers may be difficult to maintain

The overall number of mental and behavioral health degrees and certificates have declined, mostly due to declining completion of advanced degrees.

Number of awards conferred by Massachusetts postsecondary institutions for mental and behavioral health studies, 2017-2020



Notes: "Advanced Degree/Certificate" group includes all degrees and certificates above the baccalaureate level. Includes all CIP codes in the "Mental and Social Health Services and Allied Professions" category except for "Genetic Counseling." "Counseling" includes substance abuse, marriage and family, clinical pastoral, trauma, mental health. "Family services" includes infant and toddler mental health services, medical family therapy. Different roles in these professional areas are available based on level of education. Typically, counseling, clinical social work, and psychoanalysis/psychotherapy professions require master's or other advanced degrees. Psychiatric services technician roles can require a certificate or associate's degree in a relevant field.

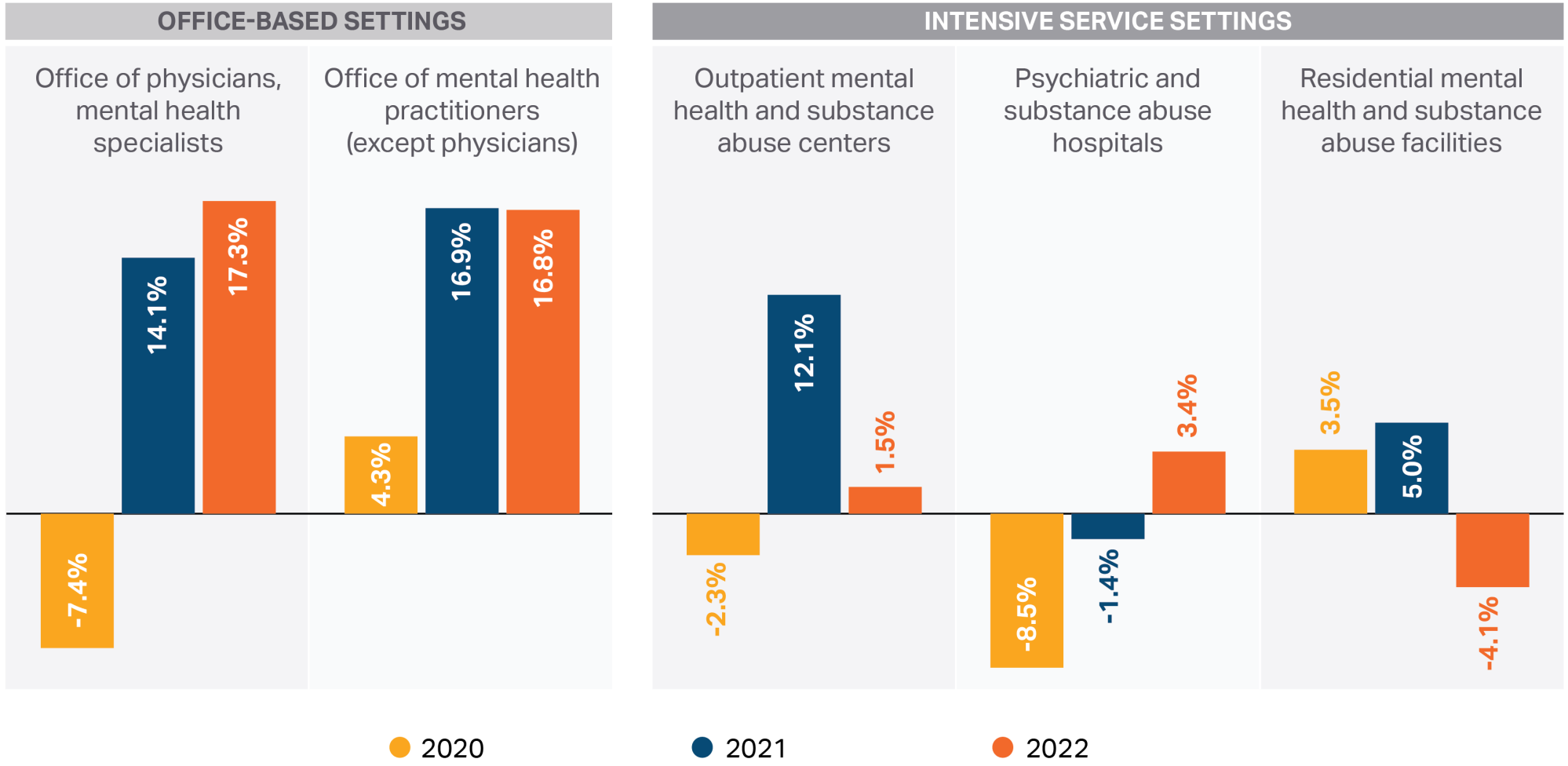
1 Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Employment and Wage Statistics*, 2020-2021.

Exhibit source: Degrees and Certificates Conferred (Completions), U.S. Department of Education. Institute of Education Sciences. National Center for Education Statistics. CY 2017 - 2020

- **Professional areas may include:**
  - Counseling
  - Clinical social work
  - Psychoanalysis and psychotherapy
  - Family services
  - Psychiatric services technician
- **Likewise, employment has fallen in some roles requiring advanced degrees**: for example, employment of mental health and substance use social workers **fell in MA by 15.7%** from 2019-2021.[1]

Behavioral health employment trends vary by setting, with rapid employment growth in settings adaptable to telehealth, and slower growth or falling employment in intensive outpatient, inpatient, and residential settings.

Year to year percent change in average monthly employment (Q1-Q2 average) in behavioral health settings, Massachusetts, 2020-2022



Sources: Bureau of Labor Statistics. Quarterly Census of Employment and Wags CY 2019-2022

Stakeholder reports and other data suggest that high turnover in behavioral health settings is often related to compensation, and results in delayed patient care.

- There is **high turnover** and a shortage of workers in some settings of care, risking **overwork and burnout** for remaining staff.
  - **Clinicians are leaving faster than they can be hired** at MA outpatient facilities, with 13 exits for every 10 hires in 2021,[1] while inpatient facilities report **shortages** of RNs, mental health workers, social workers, and psychiatrists.[2]
- **Compensation is the most-cited reason for recruitment and retention difficulties.**[1,2]
  - Behavioral health roles at all levels in MA are **compensated more highly in acute inpatient settings** than outpatient clinics,[5] possibly contributing to turnover.
  - Providers may carry student loans and are often **ineligible for insurance reimbursement and paid low wages while completing their years of full-time clinical work** prior to licensing.[6,7]
- **Limited staffing delays patient care** and has led to longer wait times and fewer people receiving treatment in the Commonwealth, especially children.[1]

1 Outpatient Mental Health Access and Workforce Crisis Issue Brief. Association for Behavioral Healthcare. February 2022.
2 Psychiatric patient access to continuing care services. Massachusetts Health & Hospital Association & Massachusetts Association of Behavioral Health Systems. January 2023. Available at https://mhalink.informz.net/mhalink/data/images/22-01-12ADVPsychiatric%20Patient%20Access%20to%20Continuing%20Care%20Services.pdf
3 What eliminating barriers to interstate telehealth taught us during the pandemic. Bipartisan Policy Center. November 2021. Available at https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2021/11/BPC-Health-Licensure-Brief_WEB.pdf
4 Eisenberg MD, Eddelbuettel JCP, McGinty EE. Employment in office-based and intensive behavioral health settings in the US, 2016-2021. JAMA. 2022; 328(16):1642-1643. https://jamanetwork.com/journals/jama/fullarticle/2796660
5 Behavioral Healthcare Compensation versus Hospital Compensation. Association for Behavioral Healthcare & Arthur J. Gallagher & Co. 2020.
6 Executive Office of Health and Human Services Bureau of Health Professions Licensure. Allied mental health applications and forms. Available at https://www.mass.gov/lists/allied-mental-health-applications-and-forms#application-checklists-
7 Lane N, Chiaramida S, Sonwane B, Foley E, Pellegrini L, Raymond A. Massachusetts responds to the crisis in children's behavioral health. Massachusetts Association of Health Plans. January 2023.

Challenges for the behavioral health workforce relate to the high cost of training and the division between in-person and telehealth care.

Expensive and lengthy training

Low wages can make recruitment and retention challenging

High turnover with varying trends by care setting

Lack of clear paths for advancement

Education and training for many behavioral health roles can be costly and time-consuming

Many roles require advanced degrees, and clinical training hours for students may be uncompensated

Compensation for many roles can be low, especially in outpatient settings

Low pay may be challenging for pre-licensure providers or those with student debt

Care settings that are not adaptable to telehealth have lost workers

Turnover is high in both outpatient and inpatient care

There is a need for clearer career ladders for entry-level workers, including more mid-level roles, possibly involving financial support for training

A Dire Diagnosis:

The Declining Health of Primary Care in Massachusetts and the Urgent Need for Action

A Special Report on Primary Care Workforce, Access, and Spending Trends

January 2025

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Greater clinician workforce diversity would be beneficial for patients.

- Research suggests that patients tend to be more satisfied with their care and have more positive health care interactions when their care providers have backgrounds or life experiences matching their own.[1,2]

- **Race/Ethnicity.** About 6% of U.S. physicians are Hispanic and 5% are Black, compared to 19% and 12% of U.S. residents, respectively.[3] In MA, 5% of in-office physicians are Hispanic and under 2% are Black, compared to, respectively, 11% and 6% of the state population.[4] Black, Hispanic, and Native American clinicians are underrepresented among numerous other health care professions as well, including APRNs and PAs.[5] Research indicates that racial concordance between patients and clinicians may contribute to improved patient-provider communication and lower spending.[6,7]

- **Disability.** People with disabilities represent one-fifth to one-quarter of the U.S. population, but a much smaller share of physicians.[8] Increasing the number of physicians with disabilities who require practice accommodations, such as height-adjustable exam tables, could also increase care accessibility for patients who need similar accommodations. Disabled physicians may also be less likely to hold stereotypes or erroneous assumptions about their disabled patients' lives and care preferences, and may help to dispel biases among their colleagues.[9,10]

- **Gender.** Women made up just over one-third of U.S. physicians as of 2017. Female physicians tend to spend more time with their patients and on electronic messaging than male physicians, and tend to have better quality metrics and patient health outcomes.[8,11,12]

1 American Association of Medical Colleges and University of California San Fransisco. Accessibility, Inclusion, and Action in Medical Education: Lived Experiences of Learners and Physicians with Disabilities. 2018.
2 Artiga, S., et al. Survey on Racism, Discrimination and Health: Experiences and Impacts Across Racial and Ethnic Groups. Keiser Family Foundation. 2023.
3 Reed, T. Medical schools eye workarounds after SCOTUS affirmative action ruling. Axios. June 30, 2023.
4 HPC analysis of American Community Survey 5-year estimate, 2018-2022
5 Salsberg E, Richwine C, Westergaard S, et al. Estimation and Comparison of Current and Future Racial/Ethnic Representation in the US Health Care Workforce. *JAMA Netw Open.* 2021;4(3):e213789.
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7 Jetty, A., Jabbarpour, Y., Pollack, J. *et al.* Patient-Physician Racial Concordance Associated with Improved Healthcare Use and Lower Healthcare Expenditures in Minority Populations. *J. Racial and Ethnic Health Disparities* **9**, 68–81 (2022).
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9 Iezzoni, L. I. Why Increasing Numbers of Physicians with Disability Could Improve Care for Patients with Disability. AMA Journal of Ethics. Vol. 18, No. 10: 1041-1049. 2016.
10 Iezzoni LI, Rao SR, Ressalam J, Bolcic-Jankovic D, Agaronnik ND, Donelan K, Lagu T, Campbell EG. Physicians' Perceptions Of People With Disability And Their Health Care. Health Aff (Millwood). 2021 Feb;40(2):297-306.
11 Rotenstein L., Gitomer, R., and Landon, B. Pursuing Gender Equity by Paying for What Matters in Primary Care. The New England Journal of Medicine. 2023.
12 Wallis CJD, Jerath A, Aminoltejari K, et al. Surgeon Sex and Long-Term Postoperative Outcomes Among Patients Undergoing Common Surgeries. *JAMA Surg.* 2023;158(11):1185–1194.

Barriers to increased clinician workforce diversity exist in both the training pipeline and in employment and retention.

TRAINING PIPELINE

- The diversity of the clinical education pipeline varies by profession – for example, Black students are underrepresented in U.S. M.D. programs but not in APRN programs – but overall has **less racial and ethnic diversity than the U.S. population** as a whole.[1]
- Lack of diversity among medical, nursing, and PA students and faculty as well as **lack of academic and social supports (including mentorship) during training** can impede increasing clinician diversity.[2,3,4]
- For prospective physicians with disabilities**, medical training is often inaccessible**, including the lengthy hours required of medical residents.

EMPLOYMENT AND RETENTION

- Job sustainability challenges do not affect all groups equally, and can be related to bias and discrimination.**A 2022 Massachusetts survey found that self-reported burnout was worst among female physicians, younger physicians, and physicians of color**, with 36% of female physicians reporting sexism and 86% of Black physicians reporting racism as top workplace stressors.[5]
- Likewise, **care settings with inaccessible equipment** such as scales and exam tables can limit disabled physicians' ability to practice.

1 Salsberg E, Richwine C, Westergaard S, et al. Estimation and Comparison of Current and Future Racial/Ethnic Representation in the US Health Care Workforce. *JAMA Netw Open*. 2021;4(3):e213789.
2 McDonald TC, Drake LC, Replogle WH, Graves ML, Brooks JT. Barriers to Increasing Diversity in Orthopaedics: The Residency Program Perspective. JB JS Open Access. 2020 May 11;5(2):e0007.
3 Cuenca, John Patrick MBA, MPAS, PA-C; Ganser, Katie MS, MPAS, PA-C; Luck, Morgan EdD, PA-C; Smith, Noël E. MA; McCall, Timothy C. PhD. Diversity in the Physician Assistant Pipeline: Experiences and Barriers in Admissions and PA School. The Journal of Physician Assistant Education 33(3):p 171-178, September 2022.
4 Yuen, Cynthia X. MA. Strength in Differences? The Importance of Diversity to Students When Choosing a Physician Assistant Program. The Journal of Physician Assistant Education 30(3):p 143-148, September 2019
5 Massachusetts Medical Society. Supporting MMS Physicians' Well-Being Report: Recommendations to Address the On-Going Crisis. 2023

Looking Ahead:
Next Steps & Policy Recommendations

Behavioral health rates analysis and report.

- **Pursuant to Chapter 28 of the Acts of 2023 (the FY24 budget), the HPC's Behavioral Health Workforce Center is charged with:**

  "Conducting or contracting for a comprehensive study and analysis of rates paid for behavioral health services by both private and public payers and the adequacy of said rates to support the provision of equitable, quality behavioral health services in the Commonwealth".

BHWC's rate study is the first of several legislatively mandated studies to help inform policy recommendations to support the BH workforce.

- Developing **actionable, data-informed policy recommendations** for executive agencies and the Massachusetts legislature
  - Addressing rate variations, methodology, and adequacy across BH services and provider types
  - Strategies to increase workforce compensation and sustainability
- Publishing a **comprehensive chartpack, technical appendix, and subsequent policy brief**
  - Similar to prior HPC publications, such as the 2023 Health Care Workforce Report
  - Anticipated release: Early 2026
- Continuing to **convene key stakeholders**, including payers, organizational leadership, and providers
  - Building knowledge of rates and rate setting processes
  - Hearing and incorporating feedback from representatives of the BH workforce
- **Building upon the research** – this is just the beginning!
  - Addressing current limitations, obtaining additional data sources, and refining our methods

Stay Connected With Us!

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BEHAVIORAL HEALTH WORKFORCE CENTER