

# Behavioral Health Workforce Education and Training Program

## Academic Years 2014-2018

HRSA is the primary federal agency for improving health care to people who are geographically isolated or economically or medically vulnerable. HRSA programs help those in need of high quality primary health care by supporting the training of health professionals – focusing in particular on the geographical distribution of providers to areas where they are needed most.

The Behavioral Health Training Programs support several initiatives aimed to enhance the quality of education and clinical training in behavioral health and to increase the number of practicing behavioral health professionals and paraprofessionals, with a particular emphasis on the integration of behavioral health into primary care. Further, research suggests that training tomorrow's behavioral health workforce in rural and other community-based settings is more likely to produce providers who will ultimately serve these high-need areas later in their career. Below is a cumulative summary of the characteristics and accomplishments of awardees and individual trainees who received Behavioral Health Training Program support during Academic Years (AY) 2014-2018.

- BHWET program awardees have supported the clinical training of 12,735 graduate-level social workers, psychologists, school and clinical counselors, psychiatric nurse practitioners, marriage and family therapists, and behavioral health paraprofessionals including community health workers and substance abuse/addictions workers.
- Between AY 2014 and 2018, 10,263 students have already graduated and entered the behavioral health workforce. Of the total graduated, 6,970 were new behavioral health professionals including:
  - 193 new psychologists
  - 5,019 new social workers
  - 413 new mental health nurse practitioners
  - 225 new marriage and family therapists
  - 1,120 new professional or mental health counselors
- Upon program completion, 66 percent of graduates from BHWET behavioral health professional and paraprofessional programs intended to pursue training and/or employment to serve at-risk children, adolescents, and transitional-aged youth.
- Of the graduates who have responded to follow-up employment questions, 43% of all graduates are currently working in medically underserved communities or rural areas, and nearly 55% are working with children and transitional-aged youth.

Behavioral  
Health  
Workforce  
Education and  
Training  
(BHWET)

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website:  
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- BHWET supported students have cumulatively provided nearly 3 million hours of patient care in medically underserved communities and over 1 million hours of care in rural areas.

HRSA's 2016 National Behavioral Health Practitioner Projections Report estimated that by 2025, significant shortages of psychologists, social workers, school counselors and marriage and family therapists would equal approximately 41,340 FTEs.<sup>1</sup> HRSA's BHWET program began after the baseline year (2013) for that report. In its first four years, BHWET has already worked to reduce this projected shortage by 16 percent with the graduates it has added to the workforce supply – significantly increasing access to health care services. This includes already reducing the projected national shortage of social workers by 30 percent.

By 2025, HRSA's BHWET program is projected to eliminate over 40% of the projected shortfall of behavioral health providers, and additionally provide thousands of new paraprofessionals to enhance the nation's health workforce capacity in critical areas of need. To date, 3,293 new paraprofessionals have begun work as community health workers, peer paraprofessionals and substance use/addictions workers.

Since HRSA's workforce projection models continue observed trends in production of new entrants to the workforce, HRSA's 2018 Behavioral Health Workforce Projections assume continued, stable discretionary appropriations levels and programmatic outputs for the BHWET program. As a result, HRSA's new behavioral health projections for the year 2030 demonstrate significant reductions in (or abatement of) 2016 (baseline) health workforce shortages projected across four BHWET-supported behavioral health professions: psychologists, social workers, school counselors, and marriage and family therapists.<sup>2</sup>

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<sup>1</sup>U.S. Department of Health and Human Services, Health Resources and Services Administration. 2016. National Projections of Supply and Demand for Selected Behavioral Health Practitioners: 2013-2025. <https://bhw.hrsa.gov/health-workforce-analysis/research/projections>

<sup>2</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration. 2018. National-Level Behavioral Health Workforce Projections, 2016-2030. <https://bhw.hrsa.gov/health-workforce-analysis/research/projections/behavioral-health-workforce-projections>