



Behavioral Health Workforce Education and Training Program

Academic Years 2014-2022

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 on the geographical distribution of providers to areas where they are needed most.

The Behavioral Health Workforce Education and Training Program (BHWET) supports 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 health support workers, 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. Following is a cumulative summary of the programmatic outcomes and evaluation of the impact on supply and distribution of the behavioral health workforce during Academic Years (AY) 2014-2022.

Program Workforce Supply Outcomes

- BHWET program awardees supported the clinical training of 39,926 graduate-level social workers, psychologists, psychiatrists, school and mental health counselors, psychiatric nurse practitioners, marriage and family therapists, and behavioral health support workers including community health workers and substance use/addictions workers.
- Between AY 2014 and 2022, 27,522 students graduated and entered the behavioral health workforce. Of the total graduated, 9,892 new health support workers began work as community health workers, peer paraprofessionals, and substance use/addictions workers, and 17,630 were new behavioral health professionals including:
 - 887 new psychologists
 - 10,738 new social workers
 - 1,352 new mental health nurse practitioners
 - 442 new marriage and family therapists
 - 4,044 new professional, school, addiction, or mental health counselors
 - 87 new occupational therapists
 - 80 new psychiatrists
- 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.¹ HRSA's BHWET program began after the baseline year (2013) for that report. In its first eight years, BHWET reduced this projected shortage by 39% with the graduates it has added to the workforce supply – significantly increasing access to health care services. This overall result includes reducing the projected national shortage of social workers by 63%.

- By 2025, HRSA's BHWET program will eliminate well over 40% of the projected shortfall of behavioral health providers and additionally provide thousands of new health support workers to enhance the nation's health workforce capacity in critical areas of need.
- Since HRSA's workforce projection models continue observed trends in production of new entrants to the workforce, HRSA's 2022 Behavioral Health Workforce Projections assume continued, stable discretionary appropriations levels and programmatic outputs for the BHWET program in the baseline scenarios. As a result, HRSA's new behavioral health projections for the year 2035 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.²
- Additionally, HRSA's new 2022 Behavioral Health Workforce Projections include a new projection scenario that shows the specific impact of the BHWET expansion program on nationwide workforce supply since the program's beginning through 2020. This scenario shows that had the BHWET program never existed, significantly increased shortages in psychologists, social workers, mental health counselors, and marriage and family therapists would be forecast by 2030 with the net result of thousands fewer behavioral health providers in these occupations.²

Program Workforce Distribution Outcomes

- Of graduates who reported one-year follow-up employment data since the program began in 2014, 49% from BHWET behavioral health professional and paraprofessional programs work in settings serving at-risk children, adolescents, and transitional-aged youth. Additionally, 48% of all graduates are currently working in medically underserved communities or rural areas and 19% currently work in facilities that provide substance use treatment services.
- Current year graduates (not included in one-year follow-up) also reported strong employment outcomes. Of the 4042 graduates in 2022, 45% reported employment at graduation in a medically underserved community or rural setting. Another 9% of graduates are currently employed in primary care settings and providing integrated behavioral health services. Lastly, 6% of graduates currently work in a Federally Qualified Health Center, other Health Center, or Rural Health Clinic.
- BHWET supported students have cumulatively provided over 8.7 million hours of patient care in medically underserved communities, nearly 2.8 million hours of care in rural areas, and over 4.5 million hours of care in primary care settings significantly increasing access to behavioral health services in areas of high need.

For more information, visit the website: bhw.hrsa.gov.

¹U.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/data-research/projecting-health-workforce-supply-demand>

²U.S. Department of Health and Human Services, Health Resources and Services Administration. 2022. National-Level Behavioral Health Workforce Projections, 2020-2035. <https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand>