

OUTPATIENT MENTAL HEALTH ACCESS AND WORKFORCE CRISIS ISSUE BRIEF: SUMMARY

A workforce crisis is causing significant access delays to essential outpatient mental health treatment

COVID-19 has exacerbated longstanding workforce challenges in behavioral healthcare settings at a time when the need for mental health and substance use treatment is increasing. ABH surveyed our members in October and November 2021 to learn about the depth of these challenges. Full details can be found in the **ABH Outpatient Mental Health Access and Workforce Crisis Issue Brief**.

More clinicians are leaving mental health clinics than new clinicians entering



For every 10 clinicians entering work in mental health clinics, 13 clinicians leave



Improved reimbursement is the most important retention factor

Compensation was **the driving factor** for the departure of clinicians from outpatient clinics, and improved compensation was cited as the **top recommendation** of providers to recruit and retain staff.

Key Recommendations:

- Rebalance healthcare expenditures towards behavioral healthcare
- Commercial and public payers should immediately increase outpatient clinic rates to improve access
- The Commonwealth should implement a behavioral health workforce data collection and planning strategy
- Commercial plans must reimburse for supervised Master’s-prepared clinicians in clinic settings
- The Commonwealth should leverage its leadership and purchasing power as an employer and health plan purchaser
- Expand student loan repayment programs for the clinic-based workforce
- Health plans should take immediate steps to reduce redundant or outdated administrative and documentation requirements

15.3 weeks

average wait time for ongoing therapy for children and youth

9+ months

amount of time it takes 67% of members to fill a MD prescriber position

13,797

individuals on waitlists for outpatient services