STRENGTHENING THE BEHAVIORAL HEALTH WORKFORCE:

PATHWAYS TO LICENSURE AND OPPORTUNITIES FOR REFORM

NOVEMBER 2026

MASSACHUSETTS
HEALTH POLICY COMMISSION

BEHAVIORAL HEALTH WORKFORCE CENTER

ABOUT THE HEALTH POLICY COMMISSION AND THE BEHAVIORAL HEALTH WORKFORCE CENTER

The **Massachusetts Health Policy Commission (HPC)**, established in 2012, is an independent state agency charged with monitoring health care cost trends and making policy recommendations to improve the affordability of health care for all residents of the Commonwealth. Through data-driven analysis, actionable policy insights, public accountability, and innovative investments, the HPC seeks to improve health care delivery, lower costs, and reduce health disparities. The HPC is committed to better health and better care – at a lower cost – for all residents of the Commonwealth.

The HPC **Behavioral Health Workforce Center (BHWC)** was formed in partnership with the Executive Office of Health and Human Services (EOHHS) to conduct research and make data-informed policy recommendations to strengthen the behavioral health workforce in Massachusetts, including efforts to improve education and training pipelines, increase diversity and cultural competency, enhance opportunities for professional growth, and retain behavioral health providers in the workforce.

The BHWC serves as the Commonwealth's primary hub for research on the behavioral health workforce. The BHWC aims to (1) identify gaps and challenges across communities and provider types; (2) monitor trends, particularly related to disparities in workforce representation and demand for services; and (3) support development of responsive, high-impact policy recommendations.



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EXECUTIVE SUMMARY

State licensure requirements for behavioral health (BH) providers are designed to assure individuals and payers that reimbursable BH services, such as diagnosis and treatment, are provided by highly trained, experienced clinicians to ensure public protection and the delivery of high-quality care. As in other states, the most commonly utilized BH services in Massachusetts, such as psychotherapy and psychiatric evaluations, are delivered by licensed BH professionals who have earned a master's or doctoral degree from an accredited graduate program, gained field experience under the supervision of independently licensed clinicians, and completed standardized and rigorous licensing processes established by a state licensing board.[1] Massachusetts has over 20 distinct BH provider license and certification types, each with its own pathway to licensure, scope of practice, and areas of expertise which together comprise the Commonwealth's BH workforce.

This report, the second from the Massachusetts Health Policy Commission's (HPC) Behavioral Health Workforce Center (BHWC), defines and explores the most commonly encountered licensed BH provider types in Massachusetts, describes the pathways to BH provider licensure, and identifies areas in the licensure process that may be barriers to building and maintaining a high-quality, diverse BH workforce. While future reports may take a broader focus, including exploring the numerous non-licensed or state-certified BH professions (e.g. peer recovery coaches and therapeutic mentors), this initial report focuses explicitly on providers with a master's or doctoral degree in medicine (i.e. psychiatrists), nursing, psychology, social work, or counseling; and their unique pathways to independent licensure, enabling them to deliver and directly bill for clinical BH services.[2]

The following key findings are explored in this report:

- The graduate-level BH workforce is primarily comprised of individuals between the ages of 25 and 54. However, **more than 25% of the current BH workforce is at or within 10 years of retirement age** (age 65; **Figure 5**).
- The BH workforce examined in this report experienced workplace shifts and uneven employment growth across professions in recent years, including an **increase in employed psychologists and counselors and a reduction in employed social workers in health and human services organizations and agencies.** The decrease in employed social workers in these settings may indicate a shift to other employment settings, such as small private practices, gaining employment outside of the behavioral health field, self-employment, or retirement. While currently available licensure information is insufficient to draw conclusions about the movement of individual providers, efforts are underway to collect the additional data necessary to understand the potential implications of employment shifts**.**
- **The BH field is faced with a shortage of qualified, available clinical supervisors.**
- Numerous practical and equity-related concerns have been raised about statutes and regulations requiring **master's-prepared social workers to pass the Association of Social Work Boards (ASWB) Masters Exam prior to applying for the non-independent Licensed Certified Social Worker (LCSW) license.**[3]
- While BH licensure processing times have improved since 2023, license-seeking providers still report that the process can be extremely complex and time consuming, with **certain license types demonstrating long initial licensure application review times.**[4]
- Finally, this report and other reports from the field suggest that **persistent barriers are likely negatively impacting BH providers and trainees from historically underrepresented communities.**[5,6]

INTRODUCTION

At first glance, Massachusetts appears to have a robust BH workforce, with one of the highest per capita counts of BH providers in the country.[7] However, patient access barriers persist, and many individuals and families report challenges with finding needed care. The demand for BH services in Massachusetts is growing. B**etween 2017 and 2025, the percentage of Massachusetts residents who reported using BH services climbed from 18.6% to 22.8%.[8,9] In 2025, 1 in 10 residents in Massachusetts ages 5 years and older reported an unmet need for behavioral health care in the past 12 months.**[10] Residents with racial and ethnic backgrounds other than White Non-Hispanic and residents with lower family incomes were more likely to report unmet need.[11]

At the same time, there have been shifts in the state's total volume of employed BH providers (reflecting employment in an array of health and human services organizations, such as government agencies, community health centers, behavioral health clinics, and hospitals). **Between 2019 and 2025, the number of individuals primarily employed as a social worker in the Commonwealth declined, and the number of people primarily employed as a counselor or psychologist rose** (**Figure 3**)**.** Social workers, counselors, and psychologists provide different types of care and play different roles across the care continuum. Therefore, workforce shifts during a surge in demand are worth exploring.

These findings, and similar work from the field, suggest that Massachusetts' BH workforce is experiencing capacity challenges, perpetuating access issues for Commonwealth residents.[12,13,14,15,16,17,18] **With Massachusetts' strong track record of innovation and investment in the BH workforce, the Commonwealth has an opportunity to be a national leader by taking action to address avoidable barriers to obtaining BH licensure while maintaining high standards for quality care.**

For a list of key terms and definitions, please see Appendix 2.

LEGISLATIVE MANDATE

Pursuant to Chapter 28 of the Acts of 2023 (the General Appropriation Act for Fiscal Year 2024 (FY2024)), the Massachusetts Health Policy Commission's Behavioral Health Workforce Center (BHWC) was charged with reviewing BH training and licensure processes in the Commonwealth, including, the total number of licensed and certified behavioral health providers in the Commonwealth, a demographic analysis of said providers, and an analysis of license application processing metrics. Future reports will examine BH providers' outstanding educational debt, geographic distribution, and years of practice in the field as those data become available.

As directed by the Legislature, the BHWC examined pathways to BH licensure in the Commonwealth to identify opportunities to strengthen and grow the BH workforce. This report provides an overview of the licensure requirements and scopes of practice for select master's and doctoral-level BH providers in Massachusetts, explores the licensure process and potential barriers, and offers actionable recommendations for state policymakers to streamline the BH licensure process, promoting a robust, well-trained, and diverse BH workforce. The following license types were selected for inclusion in this report as they are the BH providers that residents of the Commonwealth are most likely to encounter based on the types and quantity of services they provide:

- Clinical Psychologists
- Licensed Alcohol and Drug Counselors I (LADC-I)
- Licensed Certified Social Workers (LCSW)
- Licensed Independent Clinical Social Workers (LICSW)
- Licensed Marriage and Family Therapists (LMFT)
- Licensed Mental Health Counselors (LMHC)
- Psychiatric Mental Health Nurse Practitioners (PMHNP)/ Psychiatric Clinical Nurse Specialists (PCNS)[19]
- Psychiatrists

OVERVIEW OF THE BEHAVIORAL HEALTH WORKFORCE IN MASSACHUSETTS

The BH workforce in Massachusetts encompasses a wide range of professionals with varying educational backgrounds, levels of training, and licensure requirements. In this report, licensed BH providers are grouped into two categories: those with prescriptive authority, and those without prescriptive authority.[20] While every BH provider identified in this report is trained and capable of delivering services to address an array of BH concerns of varying complexity, different providers have distinct areas of expertise.

SCOPE OF PRACTICE AND LICENSURE

Each BH provider type must work within their "scope of practice," which are the specific services they are legally authorized to provide and their level of autonomy. For most provider types, scope of practice is codified in statute and articulated by professional boards in regulations to clarify boundaries between roles and ensure quality and patient safety.[21]

While informed by national professional bodies, **state licensure processes and scope of practice laws vary by state.** Licensure statutes and regulations typically include eligible educational degree criteria, institutional accreditation requirements, and minimum supervised clinical practice requirements, in addition to state and national examination requirements. Clinicians can only deliver services for which they are licensed and, typically, only in the state in which they are licensed. Inter-state compacts are one strategy some states have adopted to facilitate cross-state behavioral health care service provision and address delays in access to care; however, participation in such compacts varies state to state, and license type to license type. In November 2024, Massachusetts Governor Healey signed legislation adopting the Nurse Licensure Compact which is in the process of being implemented.[22] At the time of writing, the Commonwealth is not participating in any BH provider compacts that allow for practice authority across state lines. The BHWC will further explore compacts in future work to comprehensively address policy and legal questions, in addition to assessing implications for quality and access to care in the Commonwealth.

In addition to the clinical parameters defined by scope of practice laws and regulations, different BH provider types are also typically educated and trained on other non-clinical professional skills (referred to as "core competencies" in this report), such as research and health policy advocacy. For some provider types, these core competencies are established in state law and regulation while others are determined by professional bodies and educational programs.

A list of selected licenses in Massachusetts, along with licensing bodies, education, supervised experience hours, and exam requirements can be found in **Table 1**, and are described further in the next section, beginning with prescribing BH providers.

PRESCRIBING PROVIDERS[23]

Prescribing BH providers – including psychiatrists, psychiatric clinical nurse specialists, and behavioral health nurse practitioners – make up a critical yet relatively small portion of the BH workforce (about 9% of all licenses explored in this report). Independently licensed providers with prescriptive authority must either have a medical degree, or a master's or doctoral degree in nursing. Prescribing BH providers are qualified to assess, diagnose and treat mental, emotional, and behavioral disorders.[24,25] Prescribing BH providers bring unique expertise in treating medically complex cases, individuals experiencing comorbid conditions, and those who need support with medication management, as they can conduct physical examinations and run medical tests to assist in their diagnostic process and prescribe medications to aid in their treatment process.[26,27] While this report examines only BH providers with prescriptive authority, there are other health care prescribers in Massachusetts who are initiating and managing some BH medications, either independently or in collaboration with BH clinicians, including primary care providers and nurse practitioners without a psychiatric focus.

PSYCHIATRISTS

Education and experience: Psychiatrists are physicians who complete medical school as well as a 4-year residency in psychiatry and specialize in both the mental and physical aspects of psychological conditions.[28]

Exam: United States Medical Licensing Examination (USMLE) I, II, and III (Doctor of Medicine); or Comprehensive Osteopathic Medical Licensing Examination (COMLEX) I, II, and III (Osteopathic Doctor) and American Board of Psychiatry and Neurology Exam. While about 4 out of every 5 psychiatrists are certified by the American Board of Psychiatry and Neurology, it is not a requirement to practice in Massachusetts. Practicing psychiatrists must hold an active medical license to practice.[29]

Scope of practice and core competencies: Psychiatrists focus on prevention, diagnosis, and treatment of mental, emotional, behavioral, and substance use disorders (SUDs).[30] Psychiatrists are trained to provide a range of treatment modalities, including psychotherapy, prescription and management of medications, and other interventions.[31] Psychiatrists are one of only a few behavioral health providers who are licensed to treat medically complex mental health conditions, as their training prepares them to assess patients based on an array of behavioral, psychological, developmental, and medical factors.[32]

Work setting: Psychiatrists work in a variety of settings, including general and psychiatric hospitals, outpatient care centers, and private physician practices.[33]

Can bill insurance independently: Yes

PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS (PMHNP)/ PSYCHIATRIC CLINICAL NURSE SPECIALISTS (PCNS)

Education and experience: In Massachusetts, Advanced Practice Registered Nurses (APRN) with specialized training in BH can become certified as Psychiatric Mental Health Nurse Practitioners (PMHNP). PMHNPs must complete a master's or doctoral degree from an accredited Psychiatric-Mental Health Nurse Practitioner program.[34] They must also complete two years of practice as a full-time registered nurse, followed by 2,000 hours of clinical experience in psychiatric mental health nursing, and 30 hours of continuing education in psychiatric-mental health nursing within 3 years.[35,36]

Exam: National Council Licensure Examination (NCLEX) and Psychiatric Mental Health-Nurse Practitioner (PMHNP) Examination.

Scope of practice and core competencies: PMHNPs provide mental health care to individuals, groups, and families and often work alongside primary care and specialty providers.[37] PMHNPs are qualified to assess, diagnose, and treat mental health conditions and SUDs.[38] Similar to psychiatrists, PMHNPs are qualified to prescribe and manage medications, conduct physical examinations and run medical laboratory tests to assist in their diagnostic process.[39] PMHNPs also have a range of core competencies outside of clinical practice outlined by the American Association of Colleges of Nursing (AACN), including research, health policy advocacy, organizational consultation, and community programming.[40]

Work setting: PMHNPs work in a variety of settings, including hospitals, primary care, community health centers, schools, substance use treatment programs, and private practices.[41]

Can bill insurance independently: Yes

Additional Note: APRNs with BH training were previously licensed as Psychiatric Clinical Nurse Specialists (PCNS), but this certification is being phased out and replaced by the PMHNP. The American Nurses Credentialing Center retired the PCNS certification in 2014.[42] The PMHNP programs originated in states where PCNS had a limited scope of practice, but this duplicate title created confusion in the field.[43] Since this change occurred, the federal and Massachusetts state governments have been investing money into expanding PMHNP training programs.[44,45]

NON-PRESCRIBING PROVIDERS

The non-prescribing workforce, including psychologists, social workers, mental health counselors and other master's and doctoral-level counselors, make up most of the BH workforce (about 91% of all licenses explored in this report), and deliver most BH care in Massachusetts – notably, psychotherapy, the most commonly billed BH service.[46]

RATES PAID FOR BEHAVIORAL HEALTH SERVICES IN MASSACHUSETTS

For a detailed exploration of rates paid for BH services provided in Massachusetts, including a breakdown of services by provider type, see the BHWC's 2026 report Examination of Payments for Behavioral Health Care Services.

Requirements for independent licensure vary by state, but the processes typically follow a similar sequence. Non-prescribing providers must complete a graduate degree from an accredited institution which includes a practicum or internship. All states require independently licensed providers without prescriptive authority to have at least a master's degree in social work or counseling, or a doctoral degree in psychology. Non-prescribing BH providers must have field experience before obtaining licensure, but the numbers of hours differ considerably between states, with Massachusetts falling at the higher end across license types. Some states require non-prescribing BH providers to apply for a non-independent license before they begin practicing under the supervision of an independently licensed provider to gain supervised clinical experience hours. Non-prescribing BH providers must then pass their required national exam, and sometimes an additional state law or ethics exam before submitting a licensure application and paying any licensure fees.

CLINICAL PSYCHOLOGISTS

Education and experience: Psychologists must complete a doctoral program that is designated by the Association of State and Provincial Psychology Boards or the National Register of Health Service Psychologists or is accredited by the Commission on Accreditation of the American Psychological Association. Programs typically last five to seven years. Psychologists must gain at least 3,200 hours of full-time supervised health service experience to become certified as independent practitioners.[47,48,49] The post-doctorate supervised experience requirement was eliminated for psychologists in 2012. Now 1,600 hours must be completed during a pre-degree internship and the remaining 1,600 can be completed at any time after.[50]

Exam: National Examination for Professional Practice in Psychology (EPPP) & Massachusetts Jurisprudence Examination.

Scope of practice and core competencies: Psychologists work with individuals, couples, and families across the lifespan to diagnose and treat a range of mental and behavioral health needs, and SUDs.[51] They are trained in assessment, diagnosis, treatment, counseling, psychotherapy, and psychoeducational interventions.[52] Psychologists can also complete an additional two-year residency in clinical neuropsychology to become certified to conduct and interpret psychological tests.[53] Additional core competencies for psychologists outlined by the American Psychological Association include the ability to conduct and disseminate research on psychological processes and consult with professional organizations and communities.[54]

Work setting: Psychologists work in private practice, as well as in hospitals, outpatient care settings, and schools.[55]

Can bill insurance independently: Yes

State variation in licensure requirements: All states require clinical psychologists to complete a doctoral degree from an accredited institution of higher education. Required experience hours range from 1,500 to 4,000 hours with most states requiring 3,000 hours and Massachusetts requiring 3,200 hours. In some states (but not Massachusetts), clinical psychologists can complete additional training to gain prescriptive authority. All states require clinical psychologists to pass the national EPPP, and most require a secondary exam such as a state jurisprudence exam, like in Massachusetts, or there may be an oral exam requirement.

LICENSED INDEPENDENT CLINICAL SOCIAL WORKERS (LICSW)

Education and experience: LICSWs must complete a master's or doctoral degree program from a Council on Social Work Education (CSWE) accredited institution. While typically completed over two years or more, a master's degree may be completed in less than two years if a student completed a bachelor of social work (BSW) degree and graduated from an accelerated master's program.[56] LICSWs must gain at least 3,500 hours of full-time supervised post-graduate experience while holding a non-independent license (see LCSW) before they can apply for independent licensure.[57,58,59] There are four levels of licensure for social workers. LICSWs and LCSWs are the two highest levels and require a master's degree or higher.

Exam: National Association of Social Work Boards (ASWB) Clinical Examination.

Scope of practice and core competencies: LICSWs work with individuals, families, and groups to assess, prevent, diagnose, and treat a range of mental, emotional, behavioral, and SUDs.[60] Unlike other professions, social workers have many non-clinical "core competencies" codified in state regulations, in addition to their clinical scope of practice. Non-clinical social work services include: community organization, program planning and development, administration of community services or programs, assessment of client needs for non-clinical community programs or services, formulation of plans for the delivery of community services based on client needs, coordination and evaluation of service delivery, advocacy on behalf of people or groups with unmet service needs, and provision of training about community needs and problems.[61] Additional core competencies not listed in the state regulations but required by CSWE accredited social work education programs include advocating for human rights at the systems level, policy advocacy, organizational consultation, and administrative supervision.[62]

Work setting: LICSWs work in a range of settings, including schools, community-based organizations, hospitals, mental health clinics, medical offices, rehabilitation facilities, private practice, and government agencies.[63]

Can bill insurance independently: Yes

State variation in licensure requirements: All states require independent clinical social workers to complete a master's or doctoral degree in social work from an accredited institution of higher education. Required experience hours range nationally from 1,500 to 4,000 hours with most states requiring 3,000 hours and Massachusetts requiring 3,500 hours. Every state except for Illinois requires independent clinical social workers to pass the national ASWB Clinical Exam, and some states also require a state jurisprudence exam. Illinois allows prospective independent social workers an alternative pathway, which includes an additional 3,000 experience hours, after an independent social worker's first failed attempt at the national ASWB Clinical Exam.[64]

LICENSED CERTIFIED SOCIAL WORKERS (LCSW)

Education and experience: LCSWs, or non-independently licensed social workers who do not have independent practice authority, also typically have a two-year master's or doctoral degree from a CSWE accredited institution and must complete a minimum of 900 hours of pre-degree internship experience based on CSWE accreditation standards.[65] LCSWs have the same scope of practice and work in similar settings to LICSWs, but they have not accrued the required experience to become independently licensed and therefore can only provide clinical services under the supervision of an LICSW.[66,67,68]

Exam: National ASWB Masters Examination.

Scope of practice and core competencies: same as LICSW scope of practice but clinical services must be supervised by an LICSW.

Work setting: see LICSW

Can bill insurance independently: No

State variation in licensure requirements: Many states have a non-independent social work license, which allows them to begin practicing under the supervision of an independently licensed provider, while accruing the additional hours needed to obtain their independent clinical license. All states require non-independent social workers to have at least a master's degree in social work from an accredited institution of higher education. Montana was the only state found to require additional experience hours after graduation before applying for this non-independent social work license. Most states, including Massachusetts, require non-independent social workers to pass the national ASWB Masters Exam. Importantly, this exam is different than the ASWB Clinical Exam which is required by almost all states prior to independent licensure. The ASWB Masters Exam is typically required prior to non-independent licensure and supervised practice. Some states do not have this requirement, have recently removed this requirement, or began offering alternative pathways in lieu of passing the Masters Exam to increase equitable access to social work career pathways. These policies are rapidly changing and evolving nationwide.

LICENSED MENTAL HEALTH COUNSELORS (LMHC)

Education and experience: In Massachusetts, LMHCs can work independently after completing a two-year master's degree from a recognized educational institution and 3,360 hours of supervised post-degree experience.[69,70,71]

Exam: National Clinical Mental Health Counselor Examination (NCMHCE)

Scope of practice and core competencies: LMHCs work with individuals, families, and groups to address many common mental, emotional, and interpersonal disorders.[72] Their scope of practice includes assessment, diagnosis, treatment, counseling, psychotherapy, and psychoeducational techniques. A core competency for LMHCs codified in state regulations is consultation to individuals, couples, families, groups, organizations and communities. An additional core competency for LMHCs, outlined by American Mental Health Counselors Association, is engagement in policy advocacy.[73]

Work setting: LMHCs work in a range of settings, including hospitals, outpatient and residential mental health and substance use centers, individual and family services, and private practice.[74]

Can bill insurance independently: Yes

State variation in licensure requirements: All states require mental health counselors to complete a master's or doctoral degree in counseling or a related professional field, from an accredited institution of higher education. Required experience hours range from 1,500 to 4,500 hours with most states requiring 3,000 hours and Massachusetts requiring 3,360 hours. There are two primary national exams required for counselors in most states, the National Counselor Exam (NCE) and the NCMHCE. As of July 2026, Massachusetts offers a new optional non-independent Licensed Supervised Mental Health Counselor (LSMHC) license, similar to many other states. Most states, including Massachusetts, outline mental health counselors' diagnostic ability in their statutes.[75] As of 2025, several states do not address diagnostic ability in their statutes, and two states, Maine and Nebraska, explicitly do not allow mental health counselors to diagnose.

LICENSED MARRIAGE AND FAMILY THERAPISTS (LMFT)

Education and experience: LMFTs must complete a two-year master's degree from a Recognized Educational Institution and 3,360 hours of full-time supervised clinical experience.[76,77]

Exam: National Marital and Family Therapy Examination.

Scope of practice and core competencies: LMFTs provide mental health services to families, couples, groups, and organizations to help them address emotional conflict, modify perceptions and behavior, and enhance communication and understanding.[78] Their scope of practice includes diagnosis, assessment, and treatment of mental, emotional, and behavioral disorders in individuals and relational disorders in families, couples, and groups.[79] LMFTs do not have additional non-clinical core competencies that are required by education programs or national associations, outside of clinical practice.[80]

Work setting: LMFTs work in private practice, offices of other healthcare practitioners, with individual and family services, outpatient care centers, state government, schools, and hospitals.[81]

Can bill insurance independently: Yes

State variation in licensure requirements: All states require marriage and family therapists to complete at least a master's degree in marital and family therapy or an allied mental health field from an accredited institution of higher education. Required experience hours range from 1,000 hours to 4,500 hours with most states requiring 3,000 hours and Massachusetts requiring 3,360 hours. Most states, except for California, require marriage and family therapists to take the National Examination in Marital and Family Therapy, and some require an additional state jurisprudence exam. California uses its own exam rather than the national exam, which some other states will also accept to meet the exam requirement. Some states also have alternative pathways, with additional supervised experience hours, for marriage and family therapists who do not pass the exam. Unlike Massachusetts, many states have non-independent licenses for marriage and family therapists.

LICENSED ALCOHOL AND DRUG COUNSELORS I (LADC-I)

Education and experience: There are three levels of licensure for LADCs (LADC-I, highest), but only LADC-I have at least a master's degree and are licensed to practice independently after completing 6,000 hours of full-time supervised experience.[82]

Exam: Massachusetts International Certification & Reciprocity Consortium (IC&RC) Alcohol and Drug Counselor (ADC) Examination.

Scope of practice and core competencies: LADC-Is are trained in addiction treatment and work with individuals, families, and groups to help them navigate and overcome alcohol and drug addiction.[83] Their scope of practice includes assessment, treatment planning, case management, and counseling.[84] Core competencies for LADC-I's laid out by the Substance Abuse and Mental Health Services Administration also include knowledge and skills to implement culturally relevant educational programs to raise awareness and support substance use prevention efforts.[85]

Work setting: LADCs often work in outpatient and residential treatment programs, community-based organizations, and hospitals.[86]

Can bill insurance independently: Yes

State variation in licensure requirements: Licensure varies the most for alcohol and drug counselors out of all the license types explored here. In 2019, 31 states (61%) including Massachusetts, had a licensure pathway for SUD counseling, while 20 states including D.C. (39%) only offered certifications.[87] There is also wide variation in education, supervised experience, and examination requirements for licensure and certification.[88,89] Because of this large variation in licensure, many states' Medicaid programs do not allow SUD counselors to practice and bill independently, and the ones that do all have licensure pathways.[90] Most commercial insurance plans also require SUD counselors to have state licensure to join their networks. Massachusetts is among the few states that allow alcohol and drug counselors to practice and bill independently.[91]

Table 1. Overview of Licensing Bodies and Requirements in Massachusetts

Massachusetts License	Massachusetts Licensing Body	Massachusetts Required Degree	Massachusetts Supervised Experience Hour Requirement for Independent Licensure	Massachusetts Required Exam
INDEPENDENT LICENSURE				
Clinical Psychologist	Massachusetts Board of Registration of Psychologists	Doctoral Degree in Psychology	3,200 hours. 1600 hours must be completed during a pre-degree internship and the remaining 1600 can be completed at any time after the internship.	National Examination for Professional Practice in Psychology (EPPP) & Massachusetts Jurisprudence Examination
Licensed Alcohol and Drug Counselor I (LADC-I)	Bureau of Substance Addiction Services	Master's or Doctoral Degree in Behavioral Sciences	6,000 hours total, completed within ten years prior to application; can be combined with applicable pre-degree hours.	Massachusetts International Certification & Reciprocity Consortium (IC&RC) Alcohol and Drug Counselor (ADC) Examination.
Licensed Independent Clinical Social Worker (LICSW)	Massachusetts Board of Registration of Social Workers	Master's or Doctoral Degree in Social Work	3,500 hours post-graduation	National Association of Social Work Boards (ASWB) Clinical Examination
Licensed Marriage and Family Therapist (LMFT)	Massachusetts Board of Registration of Allied Mental Health and Human Services Professions	Master's or Doctoral Degree in Marriage and Family Therapy or a Relevant Field	3,360 hours post-graduation	National Marital and Family Therapy Examination.
Licensed Mental Health Counselor (LMHC)	Massachusetts Board of Registration of Allied Mental Health and Human Services Professions	Master's or Doctoral Degree in Mental Health Counseling or a Relevant Field	3,360 hours post-graduation	National Clinical Mental Health Counselor Examination (NCMHCE)
Psychiatric Mental Health Nurse Practitioner (PMHNP)	Massachusetts Board of Registration in Nursing	Master's or Doctoral Degree in Nursing	Two years of practice as a full-time registered nurse, followed by 2,000 hours of clinical experience in psychiatric mental health nursing post-graduation	National Council Licensure Examination (NCLEX) and Psychiatric Mental Health-Nurse Practitioner (PMH-NP) Examination
Psychiatrist	Board of Registration in Medicine	Doctoral Degree in Medicine or Osteopathic Medicine	4-year residency post-graduation	United States Medical Licensing Examination (USMLE) I, II, and III (MD); or Comprehensive Osteopathic Medical Licensing Examination (COMLEX) I, II, and III (DO) and American Board of Psychiatry and Neurology Exam
NON-INDEPENDENT LICENSURE				
Licensed Certified Social Worker (LCSW)	Massachusetts Board of Registration of Social Workers	Master's or Doctoral Degree in Social Work	None post-graduation	National ASWB Masters Examination

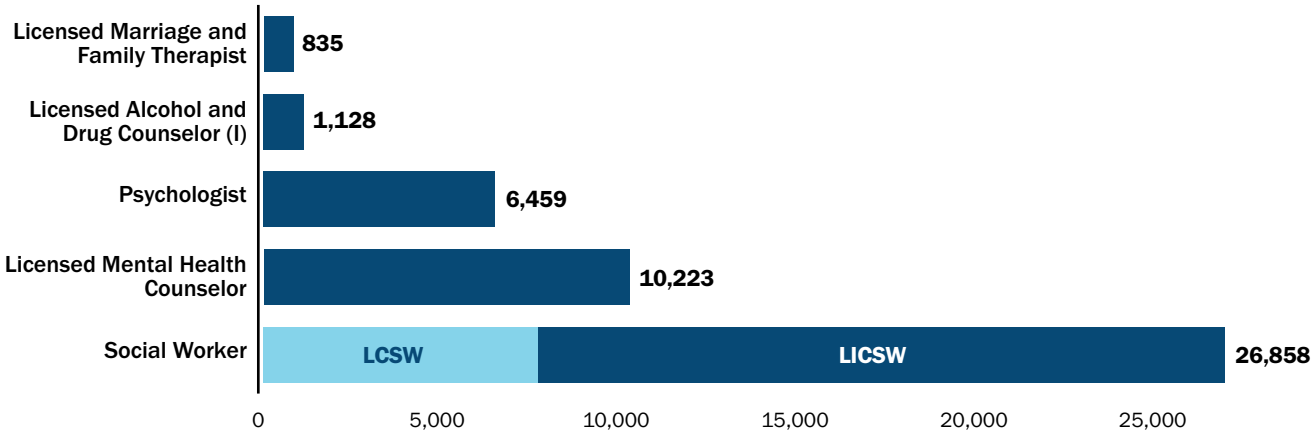
Sources: Massachusetts State and Board Regulations: 251 CMR 3; 258 CMR 9; 262 CMR 2; 262 CMR 3; 105 CMR 168; 244 CMR 4; 243 CMR 2. Massachusetts DPH, 2026. American Board of Psychiatry and Neurology, 2026. American Nurses Credentialing Center, 2026. Mass.gov, 2026

CHANGES IN THE BEHAVIORAL HEALTH WORKFORCE

ACTIVE LICENSED BEHAVIORAL HEALTH PROVIDER DISTRIBUTION, 2025

Of the master's and doctoral level providers covered in this report, non-prescribing therapists and counselors make up most of the active BH licenses in Massachusetts. It should be noted that not all actively licensed individuals are practicing in the field or in Massachusetts. The BHWC understands that a number of license holding individuals are not actively providing care and are maintaining their licensure without intending to practice. Among non-prescribing providers, social workers (LCSW and LICSW) represent the largest share (n=26,858; 59%), with Licensed Mental Health Counselors (n=10,223; 22.5%) and Psychologists (n=6,459; 14.2%) making up the second and third largest segments (**Figure 1**).

Figure 1: Counts of Active, Licensed, Behavioral Health Providers without Prescriptive Authority in Massachusetts, 2025

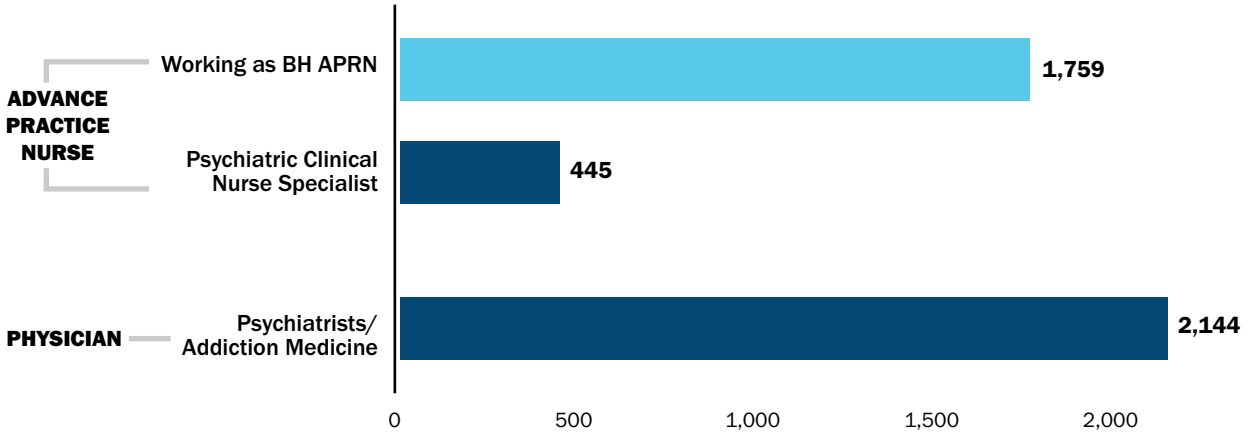


Notes: Counts of active licensed BH workforces as of January 29, 2025. Data was extracted for licensed marriage and family therapists, psychologists, licensed mental health counselors, and social workers on January 29, 2025. Data was extracted for licensed alcohol and drug counselors 1 on February 12, 2025. For licensure downloads after January 29, 2025, HPC imputed active status for any licenses that lapsed between January 29, 2025, and the date of download. HPC excluded any licenses that became active after January 29, 2025. Workforce limited to master's or doctoral level social workers (LICSW, LCSW), licensed mental health counselors (LMHC), Licensed Drug and Alcohol Counselors (LADC-I), Licensed Marriage and Family Therapists (LMFT), and Psychologists. Percentages out of total LICSWs, LCSWs, LMHCs, LADC 1s, LMFTs, and Psychologists. For Social Workers, 7,660 held an LCSW license and 19,198 held an LICSW license.

Source: HPC analysis of Massachusetts DPH public license data, 2025, and Massachusetts DPH BSAS licensure data, 2025.

In Massachusetts, there are many prescribing providers who prescribe BH medications but are not considered primary BH clinicians, such as primary care providers, dentists, and pharmacists. Prescribing providers with a primary practice area in BH are a smaller, yet critical workforce and include psychiatrists/addiction medicine physicians (n=2,144), Psychiatric Clinical Nurse Specialists (n=445), and Advanced Practice Registered Nurses who reported working in the BH field (n=1759) (**Figure 2**).

Figure 2: Counts of Active, Licensed, Behavioral Health Providers with Prescriptive Authority in Massachusetts, 2025



Notes: Counts of active, licensed physicians and psychiatric clinical nurse specialists as of January 29, 2025. Data was extracted for psychiatric clinical nurse specialists (PCNS) on January 29, 2025. Data was extracted for psychiatrists/addiction medicine on March 5, 2026. For licensure downloads after January 29, 2025, HPC imputed active status for any licenses that lapsed between January 29, 2025, and the date of download. HPC excluded any licenses that became active after January 29, 2025. Counts of non-PCNS advance practice nurse licensees working as a BH APRN were estimated from the 2024 RN License Renewal survey fielded by the Massachusetts DPH. Elsewhere in the report, HPC had very limited data on Addiction Medicine Physicians because unlike psychiatrists, they are not reported as their own BLS sub-category. Addiction Medicine Physicians were included in Figure 2 with psychiatrists because many Addiction Medicine Physicians also report a psychiatry specialty to BORIM. To avoid overcounting, we combined them only in that one figure.

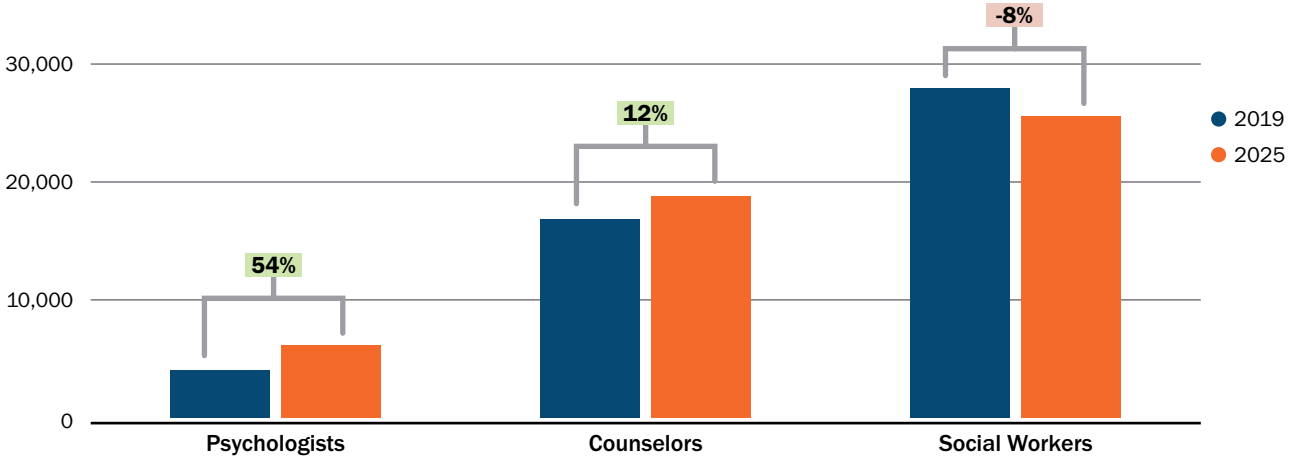
Source: HPC analysis of Massachusetts DPH public license data, 2025 and 2026; Massachusetts Board of Registration in Medicine (BORIM) public license data, 2026; and Massachusetts DPH, 2024 RN License Renewal survey, 2025.

CHANGES IN PRIMARY EMPLOYMENT BY BEHAVIORAL HEALTH PROVIDER TYPE, 2019 TO 2025

Employment data from 2019 to 2025 demonstrates notable changes in the BH workforce for the three most common license categories: psychologists; counselors (including Licensed Mental Health Counselors and Licensed Marriage and Family Therapists based on Bureau of Labor Statistics (BLS) classifications); and social workers. Note that the BLS employment data captures providers who are employed by a health and human services organization, such as a hospital, health center, or clinic and excludes those who are self-employed.

The number of employed psychologists (+54%) and counselors (+12%) in Massachusetts grew between 2019 and 2025 (**Figure 3**). **However, as of May 2025, the number of employed social workers in the Commonwealth was 8% lower than in May 2019,** which may suggest social workers are shifting into different roles within the BH field, entering private practice, or leaving the field entirely. BH stakeholders have expressed concern over this drop in employed clinical social workers, that may contribute to reduced behavioral health care access in settings like community health centers and behavioral health clinics. However, further exploration is needed to fully understand and describe the implications of this employment shift. In 2025, the Massachusetts Department of Public Health (DPH) introduced a survey for social workers to complete during re-licensure that may inform trends about social work employment in future reports. This data will be reported once available.

Figure 3. Change in Principal Employment of Selected Behavioral Health Providers in Massachusetts Between 2019 and 2025

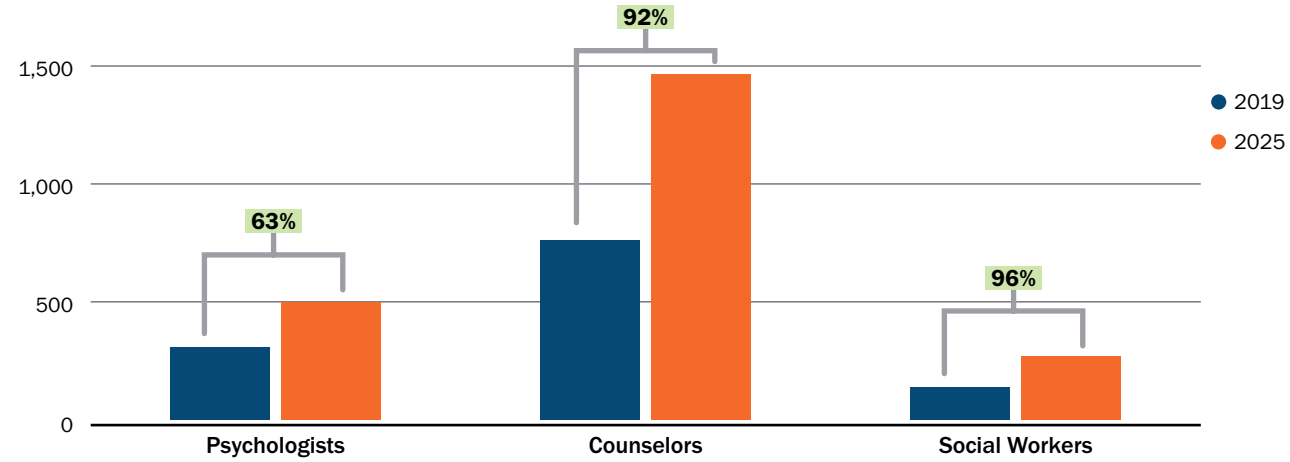


Notes: Change in employed workforce estimated from BLS reports of principal employment by business or government in Massachusetts by occupation code (SOC) in 2019 and 2025. Workforces defined by SOCs include some BH workers not included in this study. Psychologist estimates based on SOC codes 19-2031 (2019 only), 19-3033 (2025), and 19-3034 (2025). SOC code 19-3034 included as BLS did not disaggregate Counseling and Clinical Psychologists from School Psychologists in 2019. See Appendix 2 for a list of SOC codes included for each provider category.

Sources: HPC analysis of Bureau of Labor Statistics, U.S. Department of Labor, Occupational Employment and Wage Statistics, Massachusetts, 2019 and 2025.

According to Lightcast, a labor market analytics company that draws upon BLS and other national and state level employment data sets, the number of BH providers whose primary form of employment was self-employment has been on the rise for psychologists, counselors, and social workers (**Figure 4**).[92] However, in 2025 there were still fewer primarily self-employed social workers (n=268) compared to psychologists (n=498) and counselors (n=1464), and the primarily self-employed workforce was much smaller than the primarily employed workforce. It is also important to note that many BH providers hold multiple roles, and they may be working in private practice or in non-clinical roles, in addition to their primary position. Furthermore, **currently available self-employment data is limited and may not be representative of the field, partially due to reporting thresholds and limitations. Figure 4** shows preliminary estimates based on available data. Future BHWC reports will include re-licensure survey data from DPH which will help the BHWC to determine where BH providers are working and how many unique positions they hold.

Figure 4. Estimated Change in Number of Behavioral Health Providers Whose Principal Employment Type was Self-Employed in Massachusetts as Reported Between 2019 and 2025



Notes: Estimates of employees whose principal employment was as a self-employed worker in 2019 and 2025. Workforces defined by SOCs include some BH workers not included in this study. See Appendix 2 for a list of SOC codes included for each provider category. Analysis excludes 21-1021 (Child and Family Social workers) for insufficient data.

Source: Lightcast, 2026.

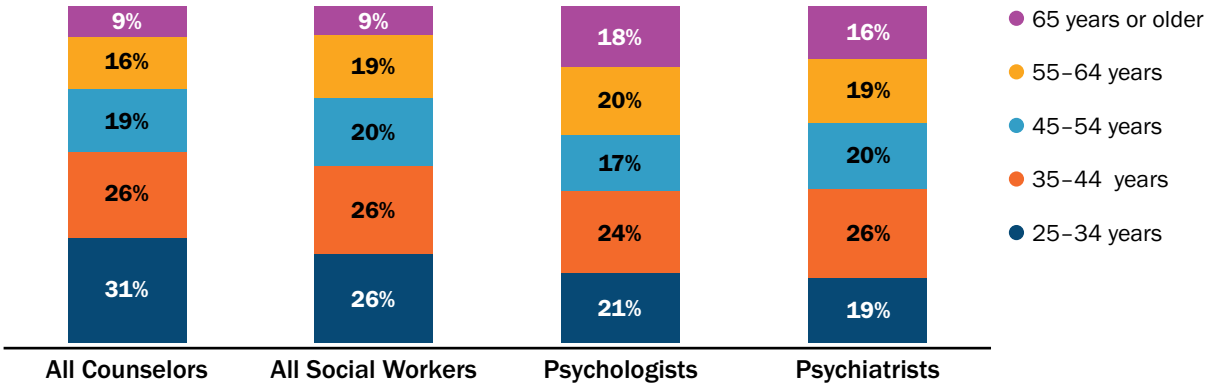
DEMOGRAPHIC DISTRIBUTION OF SELECT BEHAVIORAL HEALTH PROVIDER TYPES

Research has demonstrated that cultural, linguistic, and demographic concordance between the client and BH clinician is one component of high-quality behavioral healthcare which can improve client satisfaction and lead to better outcomes.[93] Research has further identified that issues related to cultural, linguistic, and demographic concordance among the workforce exist nationwide, and warrant exploration.[94,95,96] To offer actionable insights for developing and maintaining a sufficiently diverse workforce, the BHWC explored the demographic makeup of Massachusetts BH providers.

AGE

The graduate-level BH workforce is primarily comprised of individuals between the ages of 25 and 54 (**Figure 5**). However, more than 25% of the current BH workforce is at or within 10 years of retirement age (age 65). The counseling and social work providers tend to be slightly younger, while the psychiatry and psychology providers tend to be slightly older.

Figure 5. Age Distribution of Select Behavioral Health Provider Types (2023-2024)



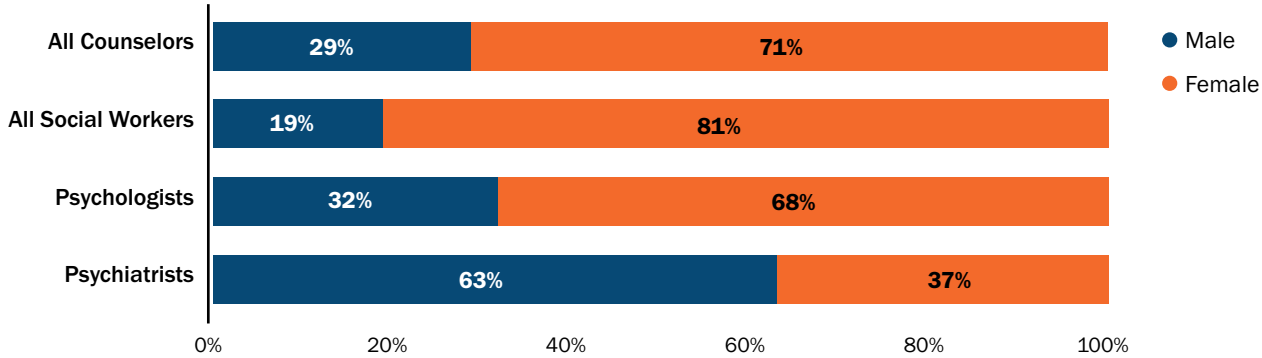
Notes: Analysis of the distribution of workers 25 years or older by standard occupation code (SOC) and age group. Excludes any employed workers younger than age 25. Workforces defined by SOCs include some BH workers not included in this study. See Appendix 2 for a list of SOC codes included for each provider category.

Sources: Lightcast, 2025.

GENDER[97]

Relative to the statewide population, males were underrepresented in nearly all behavioral health provider types explored in this report, except psychiatrists, in which males are over-represented (**Figure 6**). Over 68% of the counseling, social worker, and psychologist providers identified as female. In contrast, 37% of psychiatrists identified as female.

Figure 6. Gender Distribution of Select Behavioral Health Provider Types (2023-2024)



Notes: Analysis of the distribution of workers by standard occupation code (SOC) and sex. Workforces defined by SOCs include some BH workers not included in this study. See Appendix 2 for a list of SOC codes included for each provider category. Available gender data is binary in nature, reflecting "male" and "female." In Massachusetts 49% of the population is male and 51% is female.

Sources: Lightcast, 2025.

RACE AND ETHNICITY

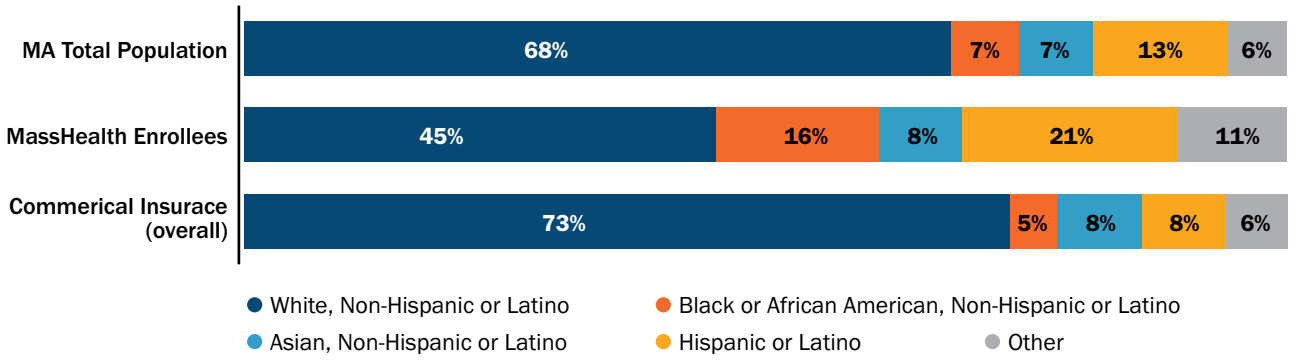
In 2023-2024, the Massachusetts population identified as 68% White, 7% Black, 7% Asian, 13% Hispanic or Latino, and 6% another racial or ethnic group (**Figure 7**).[98] Historically, people enrolled in MassHealth have used BH services at higher rates (29%) than people enrolled in commercial insurance in the Commonwealth (23%).[99] Of MassHealth enrollees, 45% identified as White, 16% as Black, 8% Asian, 21% Hispanic, and 11% as another racial or ethnic group. Comparatively, 73% of commercially insured individuals identified as White, 5% as Black, 8% as Asian, 8% as Hispanic, and 6% as another racial or ethnic group.

Figure 8 shows the racial and ethnic representation in each BH workforce. Notable findings include:

- Most **counselors** in Massachusetts identified as White (62%). The Black (19%) and Hispanic or Latino (13%) populations were well represented among counselors. The Asian population was under-represented (3% compared to 7% of the population).
- Most **social workers** in Massachusetts identified as White (61%). The Black (19%) and Hispanic or Latino (15%) populations were well-represented among social workers. The Asian population was under-represented (3% compared to 7% of the population).
- Most **psychologists** in Massachusetts identified as White (79%). Six percent (6%) identified as Black, 4% as Asian, and 9% as Hispanic or Latino.
- Most **psychiatrists** in Massachusetts identified as White (65%). Five percent (5%) of psychiatrists identified as Black and 7% as Hispanic or Latino. The Asian (21%) population were well-represented among psychiatrists.

Of note is the under-representation of Black and Hispanic or Latino providers among psychologists and psychiatrists. Psychologists play a key role in neuropsychological testing, and in developing and implementing interventions for complex BH concerns. Psychiatrists are often integral to care for individuals with co-morbid conditions and medically complex needs, including medication management.[100] Lack of racial/ethnic diversity among psychiatrists has been associated with racial inequities in the pharmacologic treatment of schizophrenia, bipolar disorder, and depression.[101] Prior research suggests racial/ethnic diversity of BH providers is associated with better mental health outcomes for racially/ethnically diverse communities and those with complex concerns. Exploring strategies to improve the cultural and demographic concordance among these provider types could play a vital role in improving quality of care for racially/ethnically diverse communities and reduce mental health care inequities.[102]

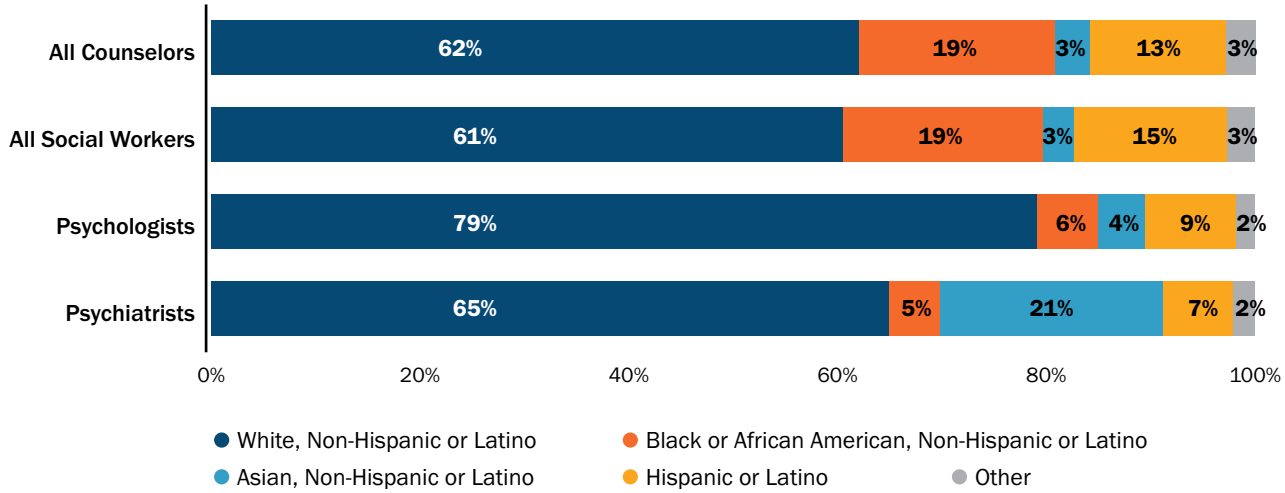
Figure 7. Racial and Ethnic Distribution of Commercial Insurance Members, MassHealth Members and the Overall Massachusetts Population (2023-2024)



Notes: Data for total Massachusetts population drawn from American Community Survey five-year estimates for 2023. Data for MassHealth drawn from Blue Cross Blue Shield of Massachusetts Foundation estimates of MassHealth population as of June 2024. Data for Commercial insurance drawn from Center for Health Information and Analysis (CHIA) Massachusetts Health Insurance Survey (MHIS) fielded in 2023. Racial categories "White", "Black", and "Asian" exclude any persons who also identify as Hispanic or Latino. Hispanic includes all persons who identify as Hispanic or Latino, regardless of race. HPC combined Two or More Races, American Indian or Alaska native, and Native Hawaiian or Other Pacific Islander into the category "Other". Blue Cross Blue Shield estimated racial/ethnic distribution of MassHealth enrollees using data with self-reported race and excluding all enrollees with missing or unreported data. Racial/ethnic data on commercial insurance was drawn from CHIA MHIS survey estimates for persons with employer-sponsored health insurance and private non-group coverage. HPC re-labeled the CHIA category "Multiracial or a group not listed" into Other.

Sources: HPC analysis of US Census Bureau–American Community Survey, 5-year estimates, 2023; Blue Cross Blue Shield of Massachusetts Foundation, Faces of MassHealth Databook, May 2025; and CHIA MHIS survey, 2024.

Figure 8. Racial and Ethnic Distribution of Select Behavioral Health Provider Types (2023-2024)



Notes: Analysis of the distribution of workers by standard occupation code (SOC) and racial/ethnic group. Workforces defined by SOCs include some BH workers not included in this study. See Appendix 2 for a list of SOC codes included for each provider category. Racial groups according to Lightcast, except for "Other" which includes non-Hispanic American Indian or Alaskan Native, Native Hawaiian or Other Pacific Islander, Two or more races, and any others not otherwise classified.

Sources: Lightcast, 2025.

EXPLANATION OF THE BEHAVIORAL HEALTH LICENSURE PROCESS

While the specific pathway to licensure differs by license, a similar process is followed by all BH provider types. This includes completing rigorous graduate training programs and earning advanced degrees, as well as participating in required internships and practicums. After graduation BH providers complete pre-licensure supervised professional experience to gain real-world expertise under the supervision of independently licensed professionals, pass an exam, and apply for licensure. The following sections detail the steps in the licensure process and identify potential barriers at each step.

CLINICAL PRACTICE HOURS AND SUPERVISION

After earning a master's or doctoral degree, license-seeking BH providers are required to complete additional supervised clinical experience hours. **BH stakeholders report that clinical supervision hours are a necessity for high-quality care and access to supervision is critical to the long-term sustainability and growth of the BH workforce.** The Massachusetts Behavioral Health Supervising Clinician Incentive Program was created in response to an identified need in the state for increased access to supervision.[103]

MASSACHUSETTS INVESTMENTS IN SUPERVISION

Beginning in 2025, Massachusetts began providing limited funding to 71 community-based organizations to help offset the otherwise unreimbursed time supervisors spent providing supervision to students and clinicians in-training.[104] As of March 2026, the program had supported 842 supervisors. Each supervisor can receive up to $500 per month per supervisee with a maximum of three supervisees. The total allocation for the direct investments was $17.9 million. The program will continue through May 2027.

By the time a BH clinician obtains their independent license, they have accrued thousands of hours of supervised clinical experience (see Licensure Process Flowchart). Typically, clinicians access supervision through their employment. However, BH stakeholders have indicated that some license-seeking providers have encountered difficulty accessing supervision for a variety of reasons. When consistent, reliable supervision from approved provider types (as defined by state regulations, **Table 2**) is not offered by employers, license-seeking providers may have to pay external supervisors out of pocket to obtain the required supervision hours. While Massachusetts-specific data is limited, a report from the Association of Social Work Boards (ASWB) found that about 26% of social workers nationwide had to pay for supervision out of pocket in 2024.[105]

Massachusetts is faced with a shortage of qualified, available clinical supervisors.[106] A recent report from William James College and Blue Cross Blue Shield Massachusetts Foundation identified clinical supervision as a barrier to licensure for some BH workforces in Massachusetts, and individuals from underrepresented backgrounds may struggle to find supervisors who understand the challenges and experiences they've faced.[107] Outpatient BH organizations in Massachusetts have also reported challenges with both recruitment and retention of clinical supervisors.[108] Some BH stakeholders have suggested that these challenges may be linked to a decline in experienced supervisors resulting from "the great resignation" following the COVID-19 pandemic, among other factors.[109] This is supported by data from other states showing that many experienced BH providers are changing fields or retiring, contributing to fewer available supervisors to train the incoming workforce.[110] However, the degree to which the two phenomena are linked requires further exploration. One factor that may be contributing to heightened challenges for social workers is that current regulations do not allow for cross-discipline supervision of non-independent clinicians pursuing independent clinical social work licensure, thereby limiting the pool of potential supervisors. By comparison, doctoral-prepared psychologists, mental health counselors, and other master's-prepared providers are permitted to receive supervision from multiple qualified professionals, including independently licensed social workers (**Table 2**).

Table 2. Supervised Experience Hour Requirements and Approved Supervisors

License Type	Accepted Supervisors	Minimum Required Pre-Degree Experience	Minimum Required Post-Degree Experience
Clinical Psychologist	A licensed psychologist or one eligible for licensure in Massachusetts or psychiatrist who is certified or eligible for certification by the American Board of Psychiatry and Neurology, or a certified member of another psychological specialty approved by the Board (ex. LICSWs). A psychologist must provide at least 50% of the supervision hours.	3,200 total hours, 200 of which must be face-to-face, individual supervision. 1600 hours must be completed during a pre-degree internship and the remaining 1600 can be completed at any time after. 800 hours of total experience must be providing health services directly to clients.	Post-doctoral hour requirement waived as of 2012.
Licensed Alcohol and Drug Counselor I	LADC I; clinician with a master's degree in clinical psychology, education-counseling, medicine, psychology, psychiatric nursing, rehabilitative counseling, social work (must have one year of supervised substance use counseling experience); clinician with a bachelor's degree in any discipline above and at least two years of supervised experience; or clinician with another certification or license that included 4,000 hours of supervised experience including at least 220 documented hours of supervision.	300 hours	6,000 hours total, which "must include the provision of direct patient services or the provision of documented supervision of direct patient services," completed within ten years prior to application; can be combined with applicable pre-degree hours.
Licensed Certified Social Worker	LICSW	900 hours *CSWE accreditation requirement, not specified in the state regulations.	None required
Licensed Independent Clinical Social Worker	LICSW	See LCSW	3,500 hours, 100 of which must be face-to-face individual supervision. Must hold a current LCSW license while completing clinical experience.
Licensed Marriage and Family Therapist	MA licensed marriage and family therapist (LMFT) or MA licensed mental health counselor (LMHC) with three years of experience as a practicing MA LMFT or LMHC, or hold an approved clinical supervisor certification, or hold 12 continuing education hours in supervision. An MA LICSW with three years of experience practicing as a LICSW in MA. An MA licensed psychologist with health service provider certification. An MA licensed physician with a sub-specialization in psychiatry. An MA licensed nurse practitioner with a sub-specialization in psychiatry.	300 hours, 100 of which must be face-to-face supervision (50 hours must be individual supervision).	3,360 hours, 200 of which must be supervised clinical experience (100 hours must be individual supervision).
Licensed Mental Health Counselor	An individual who is a MA licensed mental health counselor or MA licensed marriage and family therapist with three years of experience practicing in MA or holds an approved clinical supervisor certification or has 12 continuing education hours in supervision. A MA licensed independent clinical social worker with three years of experience practicing as a LICSW in MA. A MA licensed psychologist with health service provider certification. A MA licensed physician with a sub-specialization in psychiatry. A MA licensed nurse practitioner with a sub-specialization in psychiatry.	100 pre-master's degree practicum hours, 25 if which must be supervision. 600 pre-master's degree internship hours, 45 of which must be supervision.	3,360 hours post-degree supervised clinical experience.

Sources: Massachusetts State and Board Regulations: 105 CMR 168; 251 CMR 3; 258 CMR 9; 262 CMR 2; 262 CMR 3. Massachusetts DPH, 2026. Council on Social Work Education, 2026. Careers of Substance, 2026.

PATHWAYS TO INDEPENDENT BEHAVIORAL HEALTH LICENSURE

PSYCHOLOGIST	LICSW	LMHC	LMFT	LADC I
EDUCATION				
Doctoral degree in clinical psychology	Master's OR doctoral degree in social work	Master's OR doctoral degree in mental health counseling or related field	Master's OR doctoral degree in marriage and family therapy or related field	Master's OR doctoral degree in behavioral sciences or related field
MINIMUM PRE DEGREE TRAINING HOURS				
1,600 hours*	900 hours	700 hours	300 hours	300 hours*
GRADUATE				
REQUIRED NON-INDEPENDENT EXAM AND LICENSURE				
None	National Association of Social Work Boards Masters Exam, LCSW licensure	None	None	None
MINIMUM POST DEGREE TRAINING HOURS				
*1,600 post-internship hours (can be completed pre- or post-doc)	3,500 hours	3,360 hours	3,360 hours	*6,000 hours total, within past ten years, can be combined with applicable pre-degree hours
TOTAL FIELD HOURS:				
3,200 hours	4,400 hours	4,060 hours	3,660 hours	6,300 hours
EXAMS				
National Exam for Professional Practice in Psychology and State Jurisprudence Exam	National Association of Social Work Boards Clinical Exam	National Clinical Mental Health Counselor Exam	National Marital and Family Therapy Exam	Mass. International Certification & Reciprocity Consortium (IC&RC) Alcohol and Drug Counselor (ADC) Exam
LICENSURE APPLICATION				

READY TO START PRACTICING INDEPENDENTLY!

PSYCHOLOGIST: Massachusetts Board of Registration of Psychologists. 251 CMR 3.00: Registration of Psychologists. (2025). Licensure must include Health Service Provider (HSP) designation.

LICSW (Licensed Independent Clinical Social Worker): Massachusetts Board of Registration of Social Workers. 258 CMR 9.00: Licensure Requirements and Procedures. (2025); Council on Social Work Education. Social Work at a Glance; Association of Social Work Boards. Requirements for Social Work Licensure in Massachusetts. (2020). 900 hours is a Council on Social Work Education (CSWE) accreditation requirement.

LMHC (Licensed Mental Health Counselor): Massachusetts Board of Allied Mental Health and Human Services Professions. 262 CMR 2.00: Requirements for Licensure as a Mental Health Counselor. (2015); Massachusetts Board of Allied Mental Health and Human Services Professions. Licensed Mental Health Counselor Application Guide.

LMFT (Licensed Marriage and Family Therapist): Massachusetts Board of Allied Mental Health and Human Services Professions. 262 CMR 3.00: Requirements for Licensure as a Marriage and Family Therapist. (2004).

LADC I (Licensed Alcohol and Drug Counselor): Department of Public Health. 105 CMR 168.00: Licensure of Alcohol and Drug Counselors. (2008); Department of Public Health. Alcohol and Drug Counselor Licensing Fact Sheet. (2016).

EXAMINATIONS

Once the required supervision hours have been completed, BH providers must pass a clinical licensure exam before applying for their independent licensure. These exams vary by license type and are typically developed by national boards, but all are designed to protect the public by ensuring a clinician has acquired the necessary expertise to safely deliver high-quality BH services. Tests typically include clinical and non-clinical topics such as human growth and development, professional practice and ethics, and methods/techniques for assessment, diagnosis, and treatment planning.[111,112,113]

Social Work & Non-independent Licensure

In Massachusetts, social workers who have completed at least a Master of Social Work (MSW) degree from a CSWE accredited program are required to obtain a non-independent license as a Licensed Certified Social Worker (LCSW) before accruing the post-degree, supervised clinical experience required for independent licensure as a Licensed Independent Clinical Social Worker (LICSW). Obtaining the LCSW license also requires passing the ASWB Masters Exam, which differs from the ASWB Clinical Exam required for independent licensure. While the ASWB Clinical Exam thoroughly and explicitly assesses the clinical expertise of a provider, acquired over several years of supervised experience, the ASWB Masters Exam more closely tests the individual's ability to apply the knowledge and tools acquired during an accredited graduate degree program.

While both the Clinical and Masters Exams include generalist topics such as ethics, policy and advocacy, theoretical frameworks, and human development, these sections historically account for 43% of the Clinical Exam compared to 52% of the Masters Exam.[114] While much of the intervention section of the Clinical Exam focusses explicitly on clinical intervention, psychotherapy, and case management, the intervention section of the Masters Exam focuses largely on systems level change and basic therapeutic techniques.

In July 2026, the Board of Allied Mental Health and Human Services Professions created the new non-independent Licensed Supervised Mental Health Counselor (LSMHC) license which requires applicants to pass the National Clinical Mental Health Counseling Examination (NCMHCE).[115,116] However, unlike for social workers, this non-independent license is optional and not a required step in the path towards independent licensure. **Social workers are the only provider type in Massachusetts required to pass a masters-level exam following the completion of an accredited master's degree program and prior to beginning post-graduate supervised clinical experience** (**see Flowchart**)**.**

Equity Considerations

Some license-seeking providers in Massachusetts have expressed concerns about the cultural inclusivity of test questions and have suggested a possible disconnect between exam performance and preparedness to be a practicing provider.[117] Stakeholders have suggested that multiple-choice exams require one correct answer, which may not reflect the range of culturally responsive approaches that could be applied in a practice setting. Individuals whose native language is not English may also struggle with unfamiliar terminology or cultural references in exam questions, that do not directly translate or resonate with their own cultural identity or experiences, nor necessarily reflect their preparedness to deliver therapeutic services.

These concerns are reflected in social work exam pass rates for Massachusetts. Among first-time test takers of the ASWB Clinical Exam in 2018-2021, White test takers had an 88.6% first-attempt pass rate, compared to 55.7% of Black test takers and 65.7% of Hispanic/Latino test takers.[118] Similarly, among first-time test takers of the ASWB Masters Exam in 2018-2021, 91.1% of White test takers passed on the first attempt, compared to 54.1% of Black test takers and 71.7% of Hispanic/Latino test takers.[119] Similar gaps were observed between first-time test takers whose first language was not English. Of first-time test takers whose primary language was English 86.6% passed the ASWB Clinical Exam and 87.0% passed the ASWB Masters Exam. Of first-time test takers whose primary language was not English 54.8% passed the ASWB Clinical Exam and 62.8% passed the ASWB Masters Exam. In 2021, ASWB Masters Exam pass rates varied greatly based on which Massachusetts school the social worker obtained their MSW

from, ranging from 53% to 93% for first time test takers.[120] Schools with lower overall pass rates also had wider gaps between White and Black test takers.

The social work exam pass rate disparities and the overall need to grow this workforce have contributed to recent regulatory changes in many states. Most of these states are focusing on changes to the unique requirement that social workers must pass the Masters Exam prior to obtaining non-independent clinical licensure. For example, Colorado, Illinois, and Utah have fully eliminated the ASWB Masters Exam requirement.[121,122,123] Rhode Island has temporarily suspended the requirement until 2030.[124] Minnesota has created an alternative provisional licensure pathway to clinical licensure that does not require the ASWB Masters Exam.[125] Other states such as California, Florida, Michigan, Nebraska, and Wyoming already had clinical provisional social work licenses that do not require applicants to pass the ASWB Masters Exam.[126,127,128,129,130] States are removing the Masters Exam requirement for supervised master's-level social workers to increase equitable access to social work career pathways, improve racial and linguistic diversity among BH providers, and boost the rate of new social workers entering the field.[131] Importantly, all of these states, with the exception of Illinois' alternative pathway described above, have retained the requirement of the ASWB Clinical Exam prior to independent licensure.

In addition, on August 3, 2026, the ASWB implemented revised versions of all levels of social work exams to try to reduce disparities in test outcomes that they traced back to systems issues.[132] The changes include reducing the number of content areas (though nearly all the original exam content was retained, just consolidated and reorganized), increasing the number of 3-option questions, and reducing the number of operational and pretest questions. The 4-hour time limit remains the same. The aim of the new exam format is to reduce the number of questions to provide test-takers with more time, to increase the question's psychometric threshold to assess competence, and to rely less on memorization, by increasing the use of problem solving, reasoning, and the application of knowledge. Testing outcomes should be closely monitored and evaluated to determine whether these changes will contribute to resolving or reducing the equity concerns outlined above.

Exam Fees

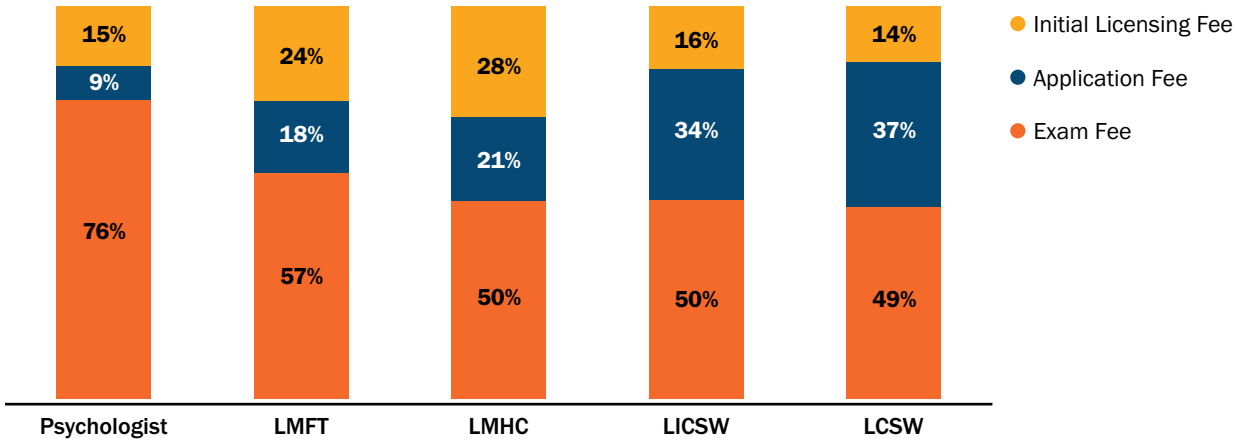
Each exam has associated fees and preparatory expenses for materials such as books, preparatory courses, and tutoring. Expenses just for the exams themselves can range from $230 (LCSW) to $1,945 (psychiatry), which could create financial barriers for new professionals.[133,134,135] These barriers are even higher for individuals who do not pass the first time and must pay for each additional exam.

LICENSURE APPLICATION PROCESSES

Once license-seeking providers have completed their requirements, they must submit an application to their respective state licensing board with materials such as proof of education, supervised clinical practice hours, exam scores, letters of reference, and a criminal background check.[136] BH providers navigate the application process through their respective professions licensing portal.[137] When they submit their application, they must pay an application fee which can range from $100 for LADC-I to $230 for PMHNP for their Registered Nurse licensure, who must then pay an additional $150 for their Advanced Practice Registered Nurse authorization.[138,139] If their application is approved, they pay an initial licensure fee ranging from $68 (LCSW) to $600 (Psychiatrists).[140,141] Psychiatrists and PMHNPs must also pay $300 to be granted prescriptive authority.[142]

It is important to note that the Massachusetts DPH waived initial application and licensure fees for behavioral health professional licenses overseen by the Bureau of Health Professions Licensure (BHPL) starting in September 2024 and ending in June 2026 with priority being given to those working in community-based settings.[143] Currently, application and initial licensing fees make up about 50% of initial expenses, with exam fees making up the other 50% for social workers, LMHCs, and LMFTs (**Figure 9**).

Figure 9. Percent Breakdown of Total Minimum Initial Licensure Fees into Exam, Application, and Licensing Fees



Notes: Total fees listed here were for the 2025 licensure application and exam cycles. Initial exam fees were estimated national board and state board fees. Initial application and licensure fees are estimated from MA licensure board websites.

Sources: HPC analysis of Massachusetts DPH licensing board pages, 2025; Association of State and Provincial Psychology Boards, 2026; Association of Marital and Family Therapy Regulatory Boards, 2026; National Board for Certified Counselors, 2026; and ASWB, 2026.

COST TO THE STATE TO COVER APPLICANTS INITIAL APPLICATION AND LICENSING FEES

The total cost to Massachusetts for fees waived for LMFTs, Psychologists, LMHCs, LCSWs, and LICSWs, during the 2026 fiscal year were as follows:

LMFT: $35,802 **Psychologists:** $145,020 **LMHC:** $373,266

LCSW: $469,610 **LICSW:** $605,939

License-seeking providers in Massachusetts have reported challenges with communication and transparency with the application and state licensure boards.[144] The licensure application process is complex and time-consuming, and many applicants fear that any mistake will delay their licensure and their ability to start working and supporting themselves financially.[145] In 2025 initial application approval times ranged from 1 to 4 months on average, depending on the profession (**Figure 10**). Unlike in other states, Massachusetts licensing boards do not universally provide clear, consistent guides outlining steps in the process, with different boards providing different information and level of detail.[146,147] New York for example has a well-designed interface which has licensure requirements laid out clearly and consistently for all license types making it easy to navigate and compare requirements across license types.[148]

Not all boards report windows within which applicants must submit their fully completed application, but some, including the Board of Registration in Nursing (BORN) and Board of Allied Mental Health and Human Services Professions (BAMH) do. For nurses this window is one year after initial submission of their application, and for LMHCs it is 30 days after receiving feedback from the board on the completeness of their application.[149,150] If information is still missing after the designated time has ended, the application is closed and the applicant must begin a new application.[151]

Initial Licensure Processing Times in Massachusetts

Licensure processing times represent the average amount of time it takes for licensure applications to move through the application review process, from initial submission to approval and are an important metric for understanding the efficiency of a state's BH licensing processes. Some states including California, Florida, and Texas report licensure processing times on their website for transparency and to improve clarity for applicants.[152] In consultation with DPH, BHWC estimated by licensure type and year, the average time in days and months it takes for licensure applications

to be approved and issued, specifically the time (1) from application submission to full review, (2) from review to completion of any outstanding documents including exam results, (3) from complete documents to approval, and (4) from approval to license issuance.

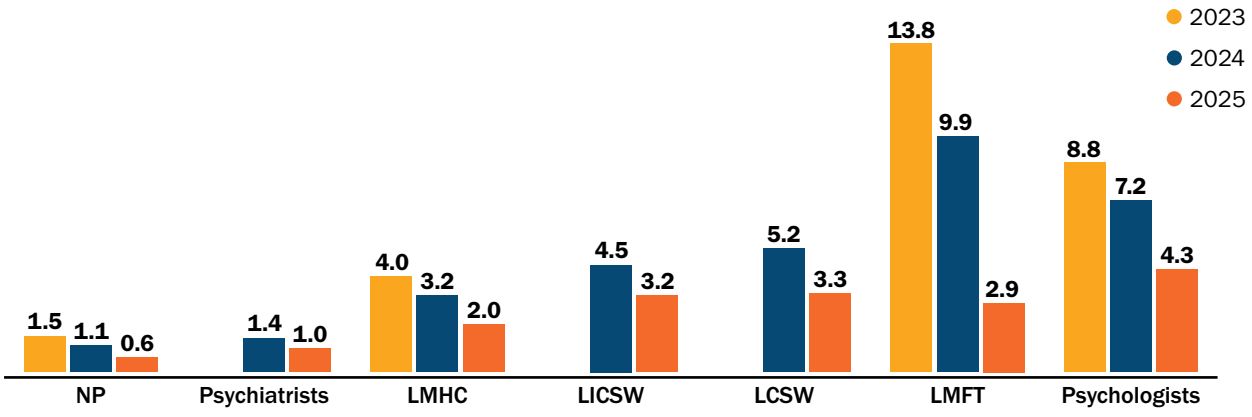
Each board is staffed by an executive director, associate executive director, and some support staff who manage day-to-day board functions including processing licensure applications and responding to inquiries from licensees, applicants, stakeholders, and the general public. Each board is staffed differently based on the volume of licensure applications they receive. Boards receive yearly funding from a combination of three state appropriations and the Quality in Health Professions Trust Fund to support their expenditure and operations in addition to what they collect from licensure fees.[153]

In 2023, 13 health-related licensing boards including allied mental health, psychologists, and social workers were transferred from the Massachusetts Division of Professional Licensure to the Massachusetts DPH.[154] Following this transfer, DPH had to identify areas for process improvements, update systems, and hire and train new staff. Some of the identified areas for improvement included improving diversity, equity and inclusion; clarifying application processes and requirements; improving communication and assistance; and reducing reliance on manual and paper-based processes. Solutions included updates to improve diversity, equity and inclusion; addition of self-service features; technology improvements; and simplified process steps. These actions likely influenced the reduction in processing times during this period. Between 2023 and 2025 total processing time for first licenses improved for psychiatrist, NP, LMHC, social worker, LMFT, and psychology licenses (**Figure 10**).

While Massachusetts has taken steps to streamline the BH licensure application process, license-seeking providers in Massachusetts report that more can be done to improve the process. In 2025, most NPs received their first license within a month of submission, which was the fastest processing time of all license types explored (**Figure 10**). This quick turn-around time was facilitated by the retention and reuse of information from their RN license application, which they must submit first. Many of the application requirements, such as education, overlap for LCSWs and LICSWs as well, however submitting information for LCSW licensure does not appear to help speed up processing times for LICSW licensure, as they are both around 3 months on average (**Figure 10**).

In 2025, psychologists had the longest average application period of 4 months. Unlike the master's-prepared clinicians, Psychologists often must pass two exams, the EPPP and the Massachusetts Jurisprudence exam during the pendency of their applications, rather than one like master's level license types which likely contributes to the longer processing times.

Figure 10. Average Months to Approval, First Licensure (2023-2025)



Note: DPH provided HPC with data on first MA license for the following workforces: Nurse practitioners (NP), licensed clinical social workers (LCSW), licensed independent clinical social workers (LICSW), licensed mental health counselors (LMHC), licensed marriage and family therapists (LMFT), psychiatrists, and psychologists. LADC data did not indicate application status and was excluded. DPH confirmed that psychologist and psychiatrist data only included initial applications. Data for 2023 application data is missing for professions that transitioned from the Bureau of Health Professions Licensure (BHPL). Analysis only includes approved licenses.

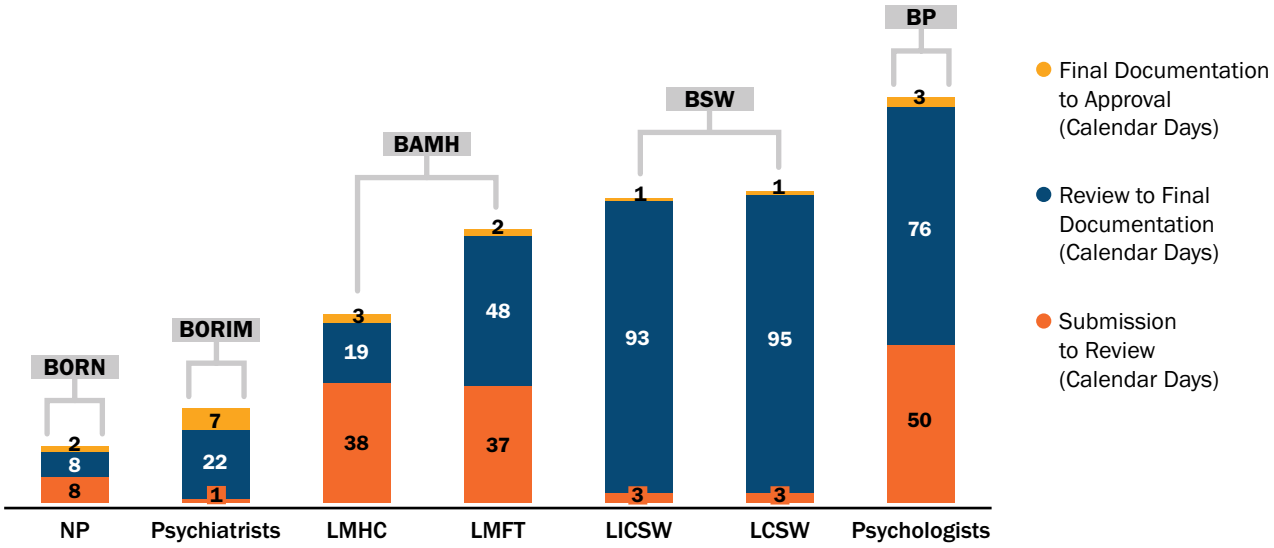
Source: HPC analysis of Massachusetts DPH licensure processing metrics, 2026.

Processing times at each stage in the licensure process (see Appendix 2) differ by license type because each license type has different requirements and documents they must submit. When broken down by steps in the application process, social workers have the longest initial application period due to a greater number of average days between initial review and completion of final documentation (**Figure 11**). All LCSW and LICSW applicants submitting an initial licensure application must submit initial documents to receive state approval before they can sit for their respective ASWB exam, during which time the application is left open and pending. This may contribute to longer initial processing times.

In 2025, LMHC and LMFT application processing times were shorter than social workers and their application periods took differing amounts of time. Both LMHCs and LMFTs waited an average of 1 month after submitting their initial application for DPH to complete an initial review and provide commentary, which is much longer than social workers. However, their average number of days between initial review and completion of final documentation is shorter than for social workers, even though they also sit for the exam during this period.

Prior research highlights how delays in the licensure process can have consequences for license-seeking providers.[155] Delays in application processing may lead to delays in becoming credentialed with organizations and payers which can impact BH providers' ability to become employed and start billing for services. Many BH professionals graduate with debt, and licensure processing delays may have a negative financial impact.

Figure 11. Average Calendar Days, First Licensure (2025)



Notes: BORN: Board of Registration in Nursing, BORIM: Board of Registration in Medicine, BAMH: Board of Allied Mental Health, BSW: Board of Social Work; and BP (Board of Registration of Psychologists). DPH provided HPC with data on first MA license for the following workforces: Nurse practitioners (NP), licensed clinical social workers (LCSW), licensed independent clinical social workers (LICSW), licensed mental health counselors (LMHC), licensed marriage and family therapists (LMFT), psychiatrists, psychologists, and licensed alcohol and drug counselors I. LADC data was excluded as it did not distinguish between stages. DPH confirmed that psychologist and psychiatrist data only included initial applications. Data for 2023 application data is missing for professions that transitioned from the Bureau of Health Professions Licensure (BHPL). Analysis only includes approved licenses.

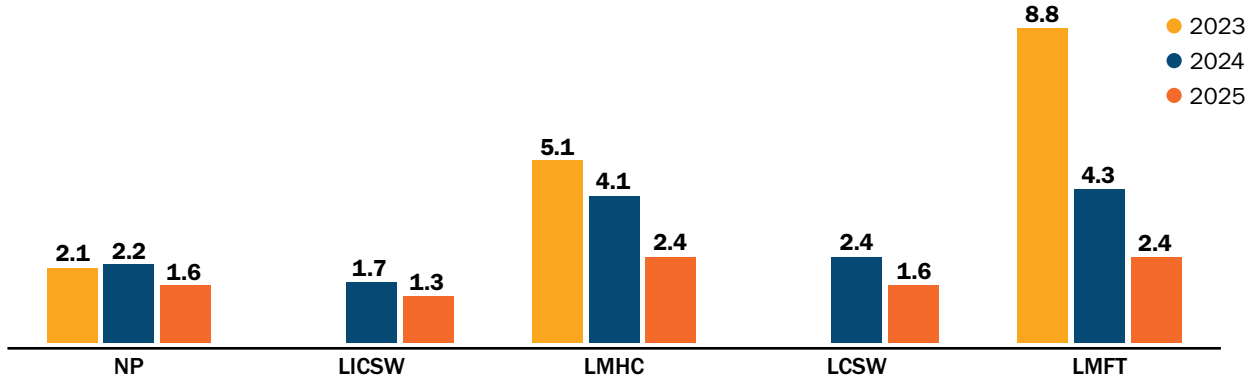
Sources: HPC analysis of Massachusetts DPH licensure processing metrics, 2026.

Licensure by Reciprocity

Practitioners who already hold a BH license in another state may apply for a license in Massachusetts by reciprocal recognition. Like processing times for first licensure, between 2023 and 2025, total processing time for reciprocity licenses improved for social worker, NP, LMHC, and LMFT licenses (**Figure 12**). Compared to initial licensure in Massachusetts, average months to reciprocity licensure was shorter for social workers and LMFTs, similar for LMHCs, and longer for NPs.

Compared to initial licensure in Massachusetts, social workers and LMFTs applying for reciprocity had fewer days between review and final documentation (**Figure 13**). This stage may be shorter for reciprocity if an applicant has already collected materials for a prior application or if they have already taken their respective exam and it is accepted in Massachusetts.

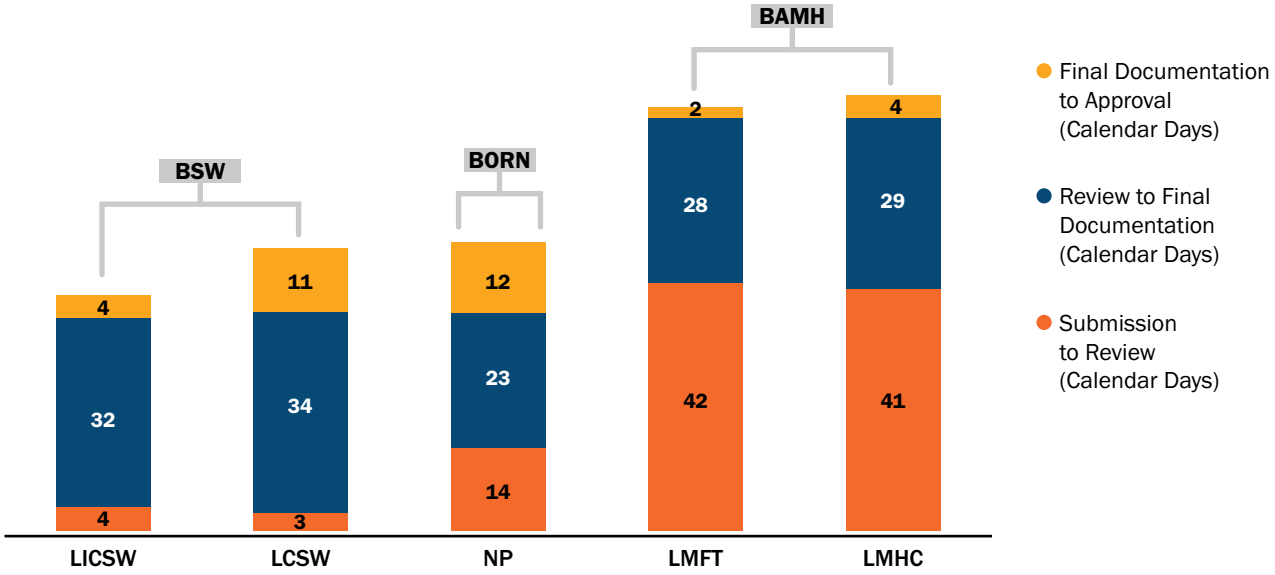
Figure 12. Average Months to Approval, Reciprocity (2023-2025)



Notes: DPH provided HPC with processing metrics for reciprocity applications from submission of an application to issuance of a license for the following workforces: Nurse practitioners (NP), licensed clinical social workers (LCSW), licensed independent clinical social workers (LICSW), licensed mental health counselors (LMHC), licensed marriage and family therapists (LMFT). Data for 2023 application data is missing for professions that transitioned from the Bureau of Health Professions Licensure (BHPL). Analysis only includes approved licenses.

Sources: HPC analysis of Massachusetts DPH licensure processing metrics, 2026.

Figure 13. Average Calendar Days, Reciprocity (2025)



Notes: BORN: Board of Nursing, BAMH: Board of Allied Mental Health, BSW: Board of Social Work. DPH provided HPC with processing metrics for reciprocity applications from submission of an application to issuance of a license for the following workforces: Nurse practitioners (NP), licensed clinical social workers (LCSW), licensed independent clinical social workers (LICSW), licensed mental health counselors (LMHC), licensed marriage and family therapists (LMFT). Analysis only includes approved licenses.

Sources: HPC analysis of Massachusetts DPH licensure processing metrics, 2026.

Maintaining and Renewing Licensure

After completing the above steps to obtain initial licensure, providers must also take steps throughout their career to maintain that license. Each of the behavioral health provider types discussed in this report are required to renew

their licenses every two years. During that time, providers must complete a certain number of continuing education (CE) credits, submit documentation, and pay a license renewal fee. According to the Massachusetts DPH, renewal applications typically take 20-30 minutes to complete, including filling out the re-licensure survey, and approvals are instantaneous.

The degree to which these requirements create barriers to maintaining licensure should be explored further. Several stakeholders indicated it can be challenging for providers to dedicate the necessary time and resources if opportunities to earn CEs are not offered by their employer, either directly or through external partnerships. CE requirements could be leveraged as incentives to increase the number of providers serving in supervisory roles by providing them with CE credits in return for this work.

CONCLUSIONS AND RECOMMENDATIONS

Clinical licensure processes that adhere to rigorous standards help ensure that individuals and families in need of behavioral health (BH) services receive care from well-trained, highly skilled, experienced clinicians. This report described Massachusetts' most commonly encountered graduate-level BH provider license types, examined BH workforce distribution and demographic makeup, and explored changes in the BH workforce between 2019 and 2025. Additionally, this report has defined scopes of practice and areas of expertise for selected provider types and explored the pathways to behavioral health provider licensure, including opportunities to reduce barriers. Notable findings include:

- The graduate-level BH workforce is primarily comprised of individuals between the ages of 25 and 54. However, **more than 25% of the current BH workforce is at or within 10 years of retirement age** (age 65; **Figure 5**).
- The BH workforce examined in this report experienced workplace shifts and uneven employment growth across professions in recent years, including an **increase in employed psychologists and counselors and a reduction in employed social workers in health and human services organizations and agencies.** The decrease in employed social workers in these settings may indicate a shift to other employment settings, such as small private practices, gaining employment outside of the behavioral health field, self-employment, or retirement. While currently available licensure information is insufficient to draw conclusions about the movement of individual providers, efforts are underway to collect the additional data necessary to understand the potential implications of employment shifts.
- **The BH field is faced with a shortage of qualified, available clinical supervisors.** A recent report from William James College and Blue Cross Blue Shield of Massachusetts Foundation identified clinical supervision as a barrier to licensure for several BH workforces in Massachusetts. Outpatient BH organizations in Massachusetts have also reported challenges with both recruitment and retention of clinical supervisors.
- Social work has unique licensing requirements. Currently, Massachusetts statutes and regulations require **master's-prepared social workers to pass the ASWB Masters Exam prior to applying for the non-independent LCSW license.** Numerous practical and equity-related concerns have been raised about this additional test requirement.[156]
- While BH licensure processing times have improved since 2023 due to ongoing efforts made by DPH to improve efficiencies, license-seeking providers still report that the process **can be extremely complex and time consuming, with certain license types demonstrating long initial licensure application review times.** Additionally, many license-seeking providers express confusion and lack of needed support during the licensure process.[157]
- Finally, this report and other reports from the field suggest that **persistent barriers are likely negatively impacting BH providers and trainees from historically underrepresented communities.** Analysis of BH providers by racial/ethnic group found under-representation of Black and Hispanic people among psychologists and psychiatrists in Massachusetts. Furthermore, clinicians of color and clinicians for whom English is not their first language may struggle to find culturally and linguistically responsive mentorship and supervision.[158,159]

Building on the Commonwealth's strong track record of innovation and investment in BH care delivery, including those outlined in the Executive Office of Health and Human Service's Roadmap for Behavioral Health Reform, Massachusetts has an opportunity to sustain and enhance current BH workforce initiatives through action at the policy and systems levels.[160] This is especially important as several state funded efforts to strengthen BH workforce capacity, such as provider loan repayment, supervisor stipends, and licensure fee waivers, are slated to conclude in 2026 and 2027.[161,162]

Given the state's role in overseeing BH licensure processes and regulations, the Commonwealth is well-positioned to reduce licensure barriers and invest in the BH workforce, while maintaining rigorous licensing standards and a commitment to high-quality care. The findings in this report, and the recommendations below, will be built upon by the HPC's Behavioral Health Workforce Center as new data sources become available.

RECOMMENDATIONS

The Massachusetts Health Policy Commission's (HPC) Behavioral Health Workforce Center (BHWC) is charged with developing research-driven resources and policy recommendations to inform the development of workforce-focused strategies and initiatives. In service of this charge, the following recommendations are made:

1. **The Massachusetts Legislature should invest in efforts to sustain and expand state funding to support clinical supervision programs.** Funds should be directed to behavioral health (BH) care organizations to compensate for non-billable time dedicated to supervision, as well as compensating clinical supervisors directly, to alleviate the financial burden on these organizations and clinicians.

2. **The Massachusetts Department of Public Health should consider updating social work licensure regulations to enable Licensed Certified Social Workers (LCSW) pursuing independent licensure to receive cross-discipline supervision for up to fifty percent of required hours by expanding the definition of acceptable independently licensed clinical supervisors.** The expanded definition should be applied in accordance with each provider's scope of practice. Under current Massachusetts social work regulations, only Licensed Independent Clinical Social Workers (LICSW) are permitted to supervise non-independent LCSWs. In contrast, some other provider types, such as Licensed Mental Health Counselors (LMHC), have cross-discipline supervisor flexibility, allowing them to be supervised by independently licensed social workers or psychologists, making it easier to access and complete required supervision hours. This change may also make it easier to identify supervisors with shared areas of clinical expertise, demographics, and cultural identities. This change was previously approved by the Massachusetts Board of Registration of Social Workers (April 2024), but has not yet been implemented.[163]

3. **The Massachusetts Board of Registration of Social Workers and Department of Public Health should consider updating licensure regulations to temporarily remove the ASWB Masters Exam requirement from the LCSW application process for a trial period of four years; and evaluate the subsequent impact on size, quality, and makeup of the BH workforce for use in consideration of future requirements.** This change should only affect the non-independent ASWB Masters Exam requirement – not the independent ASWB Clinical Exam. Several other states have identified this ASWB Masters Exam as an unnecessary barrier, citing cultural bias, non-inclusive language, and partiality among key concerns, and, while the exam has recently been revised, some states have removed, or are considering removing, the ASWB Masters Exam requirement. Other states have implemented alternative pathways to non-independent licensure, such as replacing the exam requirement with additional supervised practice hours.[164,165,166,167,168]

4. **The Massachusetts Legislature should invest new funding to waive licensure fees for all BH provider types working in community-based settings, including allied mental health professionals, to reduce barriers for early career practitioners. The Commonwealth should identify a new funding source to sustain licensure fee waivers through June 2030.** While relatively low-cost compared to the other expenses associated with obtaining licensure (e.g. graduate-level education), state funding to pay for or reduce licensure fees could help alleviate some of the financial burden experienced by early-career clinicians and, when coupled with other strategies, could contribute to sustaining and growing the BH workforce in community-based settings.

5. **The Massachusetts Legislature should invest in efforts to support expedited processing of BH initial licensure applications.** Additional resources for the Massachusetts Department of Public Health will support ongoing efforts to improve efficiency throughout the review process and result in greater transparency and clarity for applicants. Efforts to further refine BH licensure processes may include the universal adoption of improved technology and enhanced supports, allowing students and licensees to digitally manage application documents, including supervision reports, and to contact appropriate support staff when challenges arise. Additionally, the Massachusetts Department of Public Health may consider creating and maintaining an online public dashboard, regularly updated with current application processing times.

6. **The Massachusetts Department of Public Health should consider updating social work licensure regulations to allow Licensed Independent Clinical Social Workers (LICSW) to earn up to eight (8) Continuing Education (CE) credits per licensure period for providing clinical supervision to graduate social work students or Licensed Certified Social Workers (LCSW) who are pursuing independent licensure.** This change was previously approved by the Massachusetts Board of Registration of Social Workers (July 2024), but has not yet been implemented.[169]

7. **The Massachusetts Legislature should direct and allocate funding to the Massachusetts Health Policy Commission's Behavioral Health Workforce Center, in partnership with the Massachusetts Department of Public Health, to develop educational resources outlining the steps in the licensure process and the specific requirements associated with each license type identified in this report.** This may include partnerships with graduate training programs and professional membership organizations to better prepare license-seeking professionals for the licensure process.

FUTURE RESEARCH

The BHWC intends to revisit BH clinician licensure in future research, including exploring a broader range of provider types such as the peer workforce, community health workers, nurses, integrated primary care teams, and addiction medicine physicians. Additional topics may include:

1. **Clinician Training and The Licensure Process**
   - **a.** Identifying strategies to encourage BH providers to train in community-based settings.
   - **b.** Exploring additional strategies to increase the cultural and linguistic diversity of the licensed BH workforce.
   - **c.** Exploring methods to reduce licensure process burden for BH clinicians and clinical leaders.
   - **d.** Further exploration of BH licensure processes and opportunities to streamline the process through real-time tracking of requirements.
2. **Clinical Supervision**
   - **a.** Describing number and types of license-seeking BH clinicians in Massachusetts paying for supervision out of pocket.
   - **b.** Identifying drivers of burnout among BH clinicians and supervisors.
3. **Licensure compacts**
   - **a.** Analyzing the potential impact of BH provider licensure compacts on providers, payers, and BH care delivery.

APPENDIX

APPENDIX 1: METHODOLOGY

License types were selected based on their proportion of the overall behavioral health workforce and their scope of practice within Massachusetts. Unless otherwise indicated, the data presented describes the workforce between 2023 and 2025.

To analyze common behavioral health provider types in Massachusetts, the BHWC drew upon information from professional associations and boards, occupational employment data from the Bureau of Labor Statistics (BLS), educational criteria from academic institutions, and licensure regulations from the Massachusetts Boards of Regulation.

For the overview of the behavioral health workforce, the BHWC analyzed licensure data from the Massachusetts DPH. The BHWC analyzed 2024 RN License Renewal survey fielded by DPH to estimate the number of advanced practice nurses working in mental health and substance use settings. Data on changes in employment were drawn from the BLS and self-employment data were according to Lightcast.[170] Workforce demographic data was according to Lightcast. Data on the racial and ethnic distribution of Massachusetts residents by insurance status was drawn from the American Community Survey, the Blue Cross Blue Shield of Massachusetts Foundation, and CHIA's Massachusetts Health Insurance Survey. The BHWC also analyzed licensing processing metrics for selected BH professions as provided to the HPC by the MA DPH.

For the exploration of barriers and opportunities, the BHWC drew information from academic literature, government reports, professional associations, the MA DPH, Massachusetts Executive Office of Health and Human Services, the Massachusetts Boards of Regulation, the BLS, and Lightcast.

APPENDIX 2: KEY TERMS AND DEFINITIONS

Addiction Treatment: An individualized, evidence-based approach to managing substance use disorders which are chronic but treatable conditions.[171]

Assessment: The evaluation of a person's behaviors using a variety of techniques, including direct observation, interviews, and self-monitoring.[172]

Behavioral Health: An umbrella term that encompasses mental and emotional health, substance use disorders, and suicidal thoughts or attempts, and the prevention, diagnosis, and treatment of these conditions.[173,174]

Diagnosis: Identifying patterns and attributing them to a specific behavioral or cognitive disorder.[175]

Licensed independent behavioral health clinicians: May provide clinical and non-clinical services outlined in their state scope of practice regulations without supervision from another clinician and can supervise clinicians in their profession who do not hold an independent licensure.[176]

Neuropsychological Testing: A collection of clinical tests used by trained neuropsychologists to assess cognitive functioning, including memory, language, learning, attention, and visuospatial functioning.[177]

Prescribing Authority: The ability of providers to prescribe and manage medications, including controlled substances, as determined by training, registration, and licensure.[178] Different providers have different levels of autonomy and lengths of training required to prescribe medications.

Psychotherapy: A therapy modality used by trained professionals to assess, diagnose, and treat dysfunctional emotional reactions, patterns of thinking, and behaviors.[179]

Processing metrics stages: Delineation of the phases of professional licensing from initial submission of an application by the applicant to the relevant licensing agency ("Submission") to a complete review with commentary from DPH staff on the completeness of the application ("Review") to the addition and approval of any missing documentation ("Final Documentation") prior to a final review for approval ("Approval"). Depending on board and profession, a license may be issued the same day as approval or may follow pending payment of fees at a later date.

APPENDIX 3: SOC CODES INCLUDED UNDER EACH PROVIDER TYPE CATEGORY

Psychiatrist: (29-1223 Psychiatrists)

Psychologists: (19-3033 Clinical and Counseling Psychologists)

Social Workers: (21-1021 Child, Family, and School Social Workers, 21-1022 Healthcare Social Workers, 21-1023 Mental Health and Substance Abuse Social Workers,)

Counselors: (21-1013 Marriage and Family Therapists, 21-1018 Substance Abuse, Behavioral Disorder, and Mental Health Counselors)

Please note that SOC code 21-1021 Child, Family, and School Social Workers may include some non-graduate level social workers. Generally Massachusetts is reported to have a higher percentage of graduate-level Child, Family, and School Social Workers than other states.

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The BHWC Advisory Group, comprised of providers, patient representatives, industry experts, policy makers, and community advocates, contributed subject matter expertise and real-world experience through the research process.

ACKNOWLEDGMENTS

This report was prepared by Nadia Hill and Matt Pecoraro, under the direction of Behavioral Health Workforce Center (BHWC) Director Amy Doyle, pursuant to Chapter 28 of the Acts of 2023. BHWC staff Dr. Carolina Herrera, Katy Kowalsky, and Jaylen Clarke contributed significantly to the development of the report, including conducting data analyses and editorial review. Other HPC staff contributed to the report, including Dr. Laura Nasuti, Dr. Sasha Albert, Dr. David Auerbach, Rebecca Mashni, and Lois Johnson. Ashley Johnston designed the report.

The BHWC Advisory Group, comprised of providers, patient representatives, industry experts, policymakers, and community advocates, contributed subject matter expertise and real-world experience throughout the research process.

The HPC appreciates the input of the Massachusetts Department of Public Health (DPH) and the Massachusetts Executive Office of Health and Human Services (EOHHS) in the development of this report, as well as numerous subject matter experts, health care providers, leaders in the behavioral health field, and researchers.

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1 In contrast to unlicensed providers such as recovery coaches or community health workers who offer non-clinical services such as care coordination or peer support, licensed BH providers can assess, diagnose, and treat mental and behavioral disorders; some are also able to prescribe medication.

2 Non-independent licenses are included when relevant, namely Licensed Certified Social Workers (LCSW). For more information see page 8.

3 PLEASE NOTE: This finding is specifically referring to the non-independent social work license of Licensed Certified Social Worker (LCSW), not the independent social work license of Licensed Independent Clinical Social Worker (LICSW). This report offers no conclusions or recommendations regarding changes to the independent license type.

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