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The Workforce Report

**Bridging the
Mental Health
Care Gap**

MARCH 2026





Acknowledgements

Inseparable works to advance policy solutions that reflect the belief that the health of our minds and bodies is inseparable. Our four primary areas of focus are:

- Ensuring access to mental health care;
- Promoting youth mental health;
- Improving crisis response; and
- Expanding the mental health workforce.

This report aims to equip policymakers with the tools they need to develop and retain a robust mental health workforce that delivers the care people need, when they need it.

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The Workforce Report

Bridging the Mental Health Care Gap

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The Mental Health Workforce in America

Too often, Americans who are struggling with their mental health¹ face unnecessary delays and barriers to care, in part due to a workforce that does not meet rising demand.

A strong mental health system depends on a workforce that can meet the needs of its population—but in many states, demand for care far exceeds available supply. Millions of people seeking mental health treatment face long wait times, limited provider choice, and difficulty accessing specialized or follow-up care.

These challenges largely stem from systemic issues, such as barriers to entering the mental health field, gaps in training and support, outdated insurance and reimbursement practices, and duplicative licensure requirements. Many states also grapple with geographic challenges and lack sufficient workforce data to guide targeted state solutions. The numbers speak for themselves:

42%
OF THE U.S.
POPULATION

(144 million Americans) lives in a mental health professional shortage area.

**NEARLY
HALF
OF AMERICANS**

living with a mental health condition go without treatment.

**MORE THAN
80%
OF INDIVIDUALS**

with a substance use disorder receive no treatment at all.

¹ Throughout the report, our use of the term “mental health” is intended to include substance use disorders, eating disorders, and suicidal ideation.

The Mental Health Workforce in America

When timely care is out of reach, the consequences ripple across families, communities, and systems—leading to higher physical health costs, avoidable disability, housing instability, and even preventable deaths. Unmet needs also place additional pressure on emergency rooms, schools, law enforcement, and other public systems.

But there is hope—and a clear path forward.

By taking a thoughtful and coordinated approach that expands clinical expertise while also embracing nontraditional mental health workers, states have a powerful opportunity to build and strengthen the mental health workforce. This includes:

1

Developing a pipeline of mental health workers

2

Bolstering the existing workforce

3

Harnessing data and technology

Policymakers across the aisle recognize that mental health is essential to individual well-being, economic stability, and public safety.

With smart, targeted action, we can create a future where everyone—regardless of where they live or what insurance they have—can access timely, appropriate mental health care.



Building Blocks to Strengthen the Workforce

One of the most important measures of a strong mental health workforce is whether individuals and families are able to receive care from an appropriate provider when and where they need it.

An adequate workforce depends on: having adequate data and infrastructure in place to assess the current landscape and focus resources; broadening the range of providers who can serve those seeking support; and removing the common barriers that keep clinicians from reaching the people who need their services.

Many workforce development initiatives focus on training clinical mental health service providers, like psychologists and psychiatrists. It is equally important to grow the non-licensed mental health workforce, like community health workers, peer support specialists, and other paraprofessionals. These providers can help serve individuals with less complex mental health needs, freeing up highly-trained licensed professionals to treat patients with more acute symptoms or needs.

Peers and paraprofessionals can work in community-based settings, as well as in partnership with psychiatrists and psychologists or as part of an integrated care team, and are shown to help improve outcomes, leading to less reliance on more costly and intensive services in the long run.

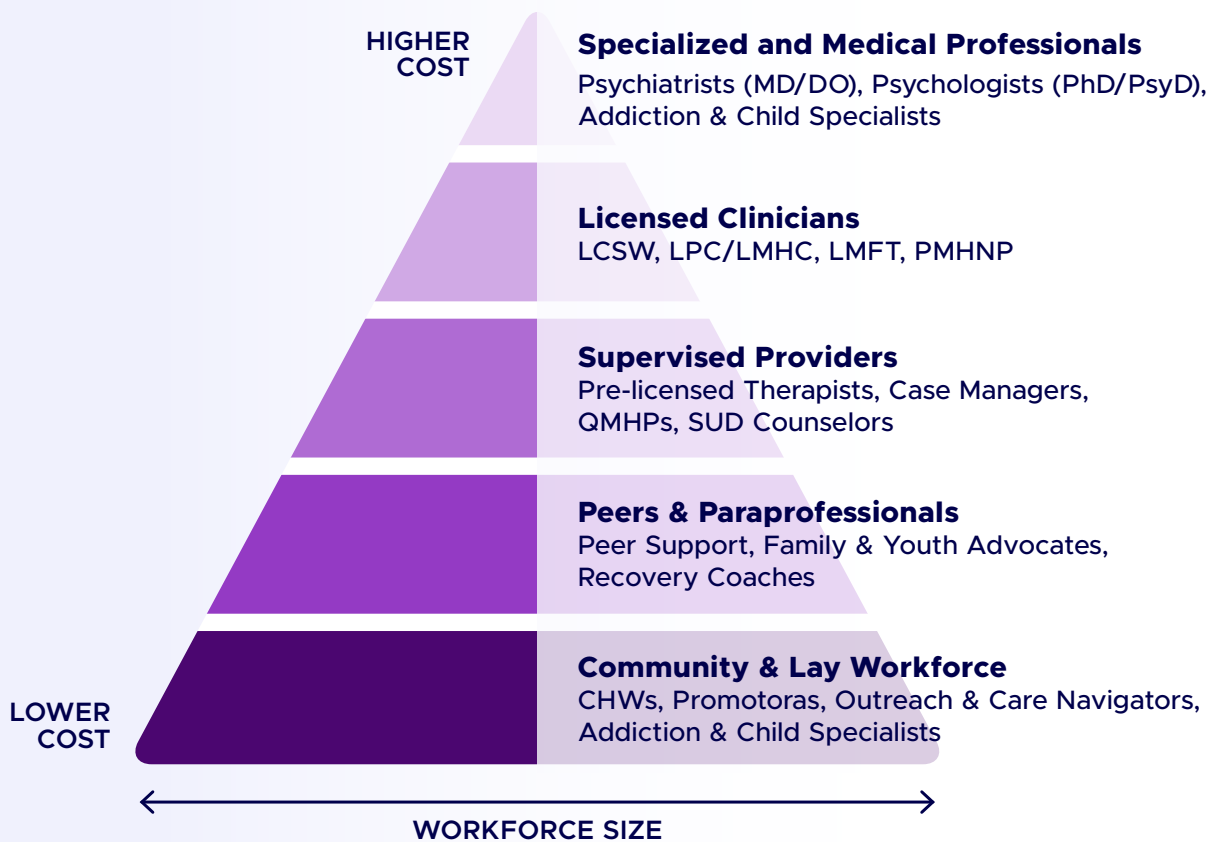
As the pyramid on the following page shows, most individuals seeking mental health care would benefit from lower-cost, “informal” services that can help prevent mental health conditions from worsening. Currently, due

Building Blocks to Strengthen the Workforce

to lack of awareness and investment in more cost-effective options, there is often an overreliance on services provided at the top of the pyramid. By shifting their approach, states can build and maximize their capacity in the lower tiers, which will help save patients and taxpayers money and lead to healthier communities.

An Ideal Mental Health Workforce Stack

This pyramid illustrates how expanding the non-clinical workforce can help meet more people's needs and reduce an overreliance on more costly, specialized services.



Adapted from "Enhancing the Capacity of the Mental Health and Addiction Workforce: A Framework," February 13, 2021.

The Mental Health Workforce: State Policies That Work

Maintaining a skilled mental health workforce that can meet the demand of our nation's growing mental health needs is key to helping our communities thrive.

States can attract more people to the field by removing barriers to entry and ensuring competitive wages, equipping providers with the skills they need, and reducing burnout by supporting provider wellbeing. States can also take action to maximize their existing workforce through thoughtful reforms, improving integrated care, and promoting early intervention.

Successful statewide workforce strategies rely on accurate, accessible data to allow targeted, effective approaches that build up the right providers in the right places. States can also help make the most of the resources and workforce they have available by encouraging the appropriate use of emerging technology.

Policymakers can grow and support the mental health workforce by enacting policies that:

1

Develop a pipeline of mental health workers

2

Bolster the existing workforce

3

Harness data and technology

Developing the Pipeline

Building a pipeline of mental health care providers is essential to meeting growing demands.

States can do so by removing barriers to entry, providing additional pathways into the field, and equipping providers with the skills they need through reimagined training programs.

Strategies

- **Modernize Education and Training**
- **Remove Financial Barriers to Entry**
- **Expand the Spectrum of Recognized Providers**

Modernize Education and Training

Creating an effective mental health care system requires both enough providers and the right mix of providers to meet demand. Workforce education and training programs should prepare clinicians to serve specialized populations, including children, adolescents, and individuals with complex conditions, while recruiting students from rural and underrepresented communities so the workforce better reflects those it serves.

States can strengthen or establish workforce education centers to recruit, train, and support aspiring mental health professionals. Expanding apprenticeships, paid internships, and paraprofessional training programs can lower barriers to entry and help build a more diverse and experienced workforce.

States can also partner with higher education institutions to develop curricula aligned with the real-world needs of individuals with mental health and substance use challenges.

Policy Recommendations

- **Establish a mental health workforce development center.**
- **Develop accessible training and education programs** on mental health, substance use, and suicide prevention for peers and paraprofessionals.
- **Offer paid internships and job-shadowing opportunities to youth** to encourage early exploration and interest in the field.
- **Incentivize training curricula** that ensures that health care professionals are better equipped to serve people with complex mental health conditions and substance use disorders.
- **Promote the use of psychiatric nurse prescribers** by incentivizing training and education, easing supervision requirements, and allowing full practice authority.

Modernize Education and Training

State Examples

Mental Health Workforce Development Centers



FLORIDA [SB 330](#) (2024) creates the [Florida Center for Behavioral Health Workforce](#) to address behavioral health workforce supply and demand, including a focus on recruitment, retention, and workforce development resources.



NEBRASKA [LB 603](#) (2009) establishes the [Behavioral Health Education Center of Nebraska](#). The center takes a regional approach to strengthen the workforce pipeline by supporting early recruitment and engagement targeted to community needs; offering education and training from college through licensure; and adopting retention strategies such as mentoring.

Training and Education Programs for Peers and Paraprofessionals



COLORADO [SB 21-137](#) (2021) supports the development of the [OwnPath Learning Hub](#), which provides standardized training and education for peer support specialists and community health workers, and supports their integration into mental health and crisis response systems.



The **MARYLAND** Behavioral Health Administration's [Online Training Portal](#) serves as a statewide, web-based training resource offering accessible education and skill development on mental health-related issues, and advises on the effective inclusion of peers and frontline workers across Maryland's mental health and community-based systems.

Modernize Education and Training

State Examples

Paid Internships and Job-Shadowing for Youth



CALIFORNIA'S [Children and Youth Behavioral Health Initiative](#) (2021) funds the [Youth Mental Health Academy](#), which provides mentorship and paid project-based learning and internship opportunities for high school students to explore careers in mental health.



States can fund programs like **MASSACHUSETTS'** [Behavioral Health Internship Pipeline Program](#), which offers paid internships and job-shadowing opportunities to introduce high school and college students to mental health careers early by providing hands-on experience, mentorship, and exposure to mental health and substance use professions.

Training Curricula to Serve People with Complex Conditions



COLORADO [HB 1038](#) (2024) established a Residential Child Care Provider Training Academy within the Colorado Department of Human Services to build a pipeline of high-quality staff for residential treatment settings. The academy provides training to ensure staff are equipped to safely and effectively serve youth with complex behavioral health needs.

Leveraging Psychiatric Nurse Prescribers



NEW MEXICO'S [Nurse Practice Act](#) (1978) grants [psychiatric mental health nurse practitioners](#) (PMHNPs) full practice authority, allowing them to independently evaluate, diagnose, treat, and prescribe medications without physician supervision, subject to state regulatory requirements.

Modernize Education and Training

Building Pipelines and Supporting Youth Mental Health

Beyond traditional workforce development strategies, states are investing in paid, early-entry pathways that introduce young people to mental health careers while supporting youth mental health in schools and communities.

The Youth Mental Health Corps is a state-administered, paid service program for young people that places them in structured, supervised roles supporting youth mental wellbeing in educational and community-based settings. Corps members receive stipends, training, and hands-on experience, gaining exposure to mental health and substance use service systems while building foundational skills for future careers.

The model is currently operating in 11 states and is slated to expand in 2026 to Arkansas, Louisiana, Nevada, Washington, Kentucky, New Jersey, and Ohio, further strengthening early workforce pipelines through paid internships and job-shadowing opportunities that support youth mental health today while building the mental health workforce of tomorrow.



Youth Mental Health Corps programs are currently operating in the following 11 states, demonstrating a scalable, multi-state approach:

CALIFORNIA

NEW YORK

COLORADO

OREGON

IOWA

TEXAS

MARYLAND

UTAH

MICHIGAN

VIRGINIA

MINNESOTA

Remove Financial Barriers to Entry

The high cost of education and certification can deter individuals from pursuing a career in mental health. States can lessen the financial burden by offering scholarships and loan repayment programs, and by covering the cost of licensure requirements, like testing and paid supervision. Targeted financial incentives, such as stipends for those working in rural or high-demand settings, can ensure no community goes without the providers it needs.

Policy Recommendations

- **Expand the mental health provider pipeline** through scholarship incentives and loan repayment programs.
- **Require health plans to reimburse** supervised services by pre-licensure candidates.
- **Provide financial incentives** for providers working in rural or high-needs environments.
- **Offer incentives for supervising and training** interns and licensure candidates.
- **Develop apprenticeship models** and “earn while you learn” pathways to licensure, particularly for certified peer support specialists and paraprofessionals.

Remove Financial Barriers to Entry

State Examples

Scholarship Incentives and Loan Repayment Programs



DELAWARE [HB 480](#) (2022) creates a Mental Health Services Scholarship and Student Loan Repayment Program offering graduate-study scholarships and loan repayment to recruit and retain school counselors, psychologists, and social workers in Delaware public schools.



TEXAS [SB 646](#) (2025) expands the Mental Health Professionals Loan Repayment Assistance Program by increasing award amounts, adding new eligible mental-health professions, and creating supplemental incentives for practicing in rural counties, state hospitals, community-based settings, or public schools, and for those who are fluent in a language of need in the practice area.

Health Plan Reimbursement for Supervised Services

For a summary of how each state Medicaid program reimburses pre-license mental health providers, see [this table](#).



HAWAII [HB 1830](#) (2024; effective July 1, 2026) requires insurers to reimburse services provided by provisional and associate-level marriage and family therapists, mental health counselors, psychologists, and social work interns when services are delivered under licensed clinical supervision while completing licensure requirements.



ILLINOIS [HB 1085](#) (2025) requires insurers to reimburse medically necessary mental health and substance use services provided by associate-level and trainee clinicians practicing under licensed supervision, with services billed under the supervising provider.

Remove Financial Barriers to Entry

State Examples

Provider Recruitment to Rural and High-Needs Areas



ALASKA [SB 93](#) (2019) creates a statewide Health Care Professionals Workforce Enhancement Program that provides loan repayment and cash incentive payments to eligible mental health clinicians to address shortages, especially in rural and underserved areas.



UTAH [HB 265](#) (2017) allows psychiatrists and psychiatric mental health nurse practitioners to claim a refundable state tax credit for providing mental health services to underserved populations, including rural communities and Native American individuals.

Supervision and Training Incentives



FLORIDA [SB 7016](#) (2024) creates the Training, Education, and Clinicals in Health (TEACH) Funding Program to reimburse community mental health centers and certified community behavioral health clinics for the administrative costs and lost revenue associated with supervising students training for licensure.



MINNESOTA [HF 2725](#) (2022) creates a Mental Health Provider Supervision Grant Program that: funds clinical supervision for interns and trainees pursuing licensure; subsidizes licensure application and examination costs; and supports training for mental health professionals to become qualified clinical supervisors.



OREGON [HB 2024](#) (2025) creates grant and incentive payment programs to help mental health providers serving predominantly Medicaid, Medicare, and uninsured clients to recruit and retain staff, including bonuses and stipends for supervisors of interns.

Remove Financial Barriers to Entry

State Examples

Apprenticeships and Earn-While-You-Learn Pathways



MICHIGAN [SB 1012](#) (2022) creates the Student Mental Health Apprenticeship Retention and Training (SMART) Internship Grant Program to establish paid, supervised apprenticeship pathways that allow school psychology, school counseling, and school social work trainees to earn income while completing required clinical hours toward licensure.



RHODE ISLAND [S 2867](#) (2024) creates the Ladders to Licensure grant program to fund public-private partnerships that support tiered education and training pathways toward health professional licensure, requiring at least one to focus on mental health, wraparound supports, and recognizes prior learning and work experience.

Expand the Spectrum of Recognized Providers

Expanding the range of mental health workers is essential to meeting growing demand and improving access to care. Non-clinical roles—such as peer support specialists, community health workers, and other paraprofessionals—can strengthen care teams, improve crisis response, and extend services.

Often working in schools, shelters, and other community settings, these providers help people access support earlier and reduce barriers to traditional clinical services. Creating clear career pathways, credentialing programs, and training opportunities for these roles can ease pressure on the clinical workforce while ensuring providers better reflect the communities they serve.

States can also expand underutilized specialties, such as psychiatric nurse prescribers, by updating supervision and scope-of-practice requirements and offering targeted incentives. Allowing providers to practice at the top of their license and integrating non-clinical roles helps strengthen mental health systems and connect more people to care.

Policy Recommendations

- **Create licensure pathways and credentialing programs** for new mental health occupations.
- **Develop or expand community paramedicine programs** that leverage EMS professionals to provide basic mental health evaluations and interventions.
- **Encourage community-initiated care models** that train non-clinicians to identify distress, offer support, build resilience, and connect people to care.
- **Incorporate mental health curricula into training programs for direct care workers**, like certified nursing assistants and home health aides.
- **Revise restrictive scope-of-practice laws and regulations** to allow providers to work at the top of their license.

Expand the Spectrum of Recognized Providers

Nevada's New Career Pathways Programs

Like many states, **NEVADA** faces a shortage of licensed mental health providers, leaving many youth without access to needed care. In 2025, the state enacted [SB 165](#) to address this gap by creating new career pathways for Behavioral Health and Wellness Practitioners, **with a focus on building a youth-specialized paraprofessional workforce.**

Informed by the Ballmer Institute for Children's Mental Health's groundbreaking work, the law supports new bachelor's degree

programs, establishes micro-credentials in mental health promotion and prevention, funds scholarships for supervised training, and requires Medicaid coverage of these services.

By defining scopes of practice, strengthening supervision pathways, building competency-based microcredentials, and aligning standards across states, the legislation aims to **address immediate workforce needs while cultivating long-term professional pipelines.**

States can adopt a similar model by enacting policies that:

- Establish paraprofessional roles legislatively
- Add paraprofessional roles to state Medicaid plans
- Fund supervision and educator networks
- Build fieldwork into undergraduate training
- Participate in interstate competency collaboratives

Expand the Spectrum of Recognized Providers

State Examples

Licensure Pathways and Credentialing Programs for New Mental Health Occupations



NEW YORK [SB 9787](#) (2024) amended the Mental Hygiene Law to authorize the credentialing framework for [Youth Peer Advocates](#) and similar roles, creating an early-entry pathway for young people with lived experience to enter the mental health workforce through structured training, supervision, and paid work opportunities.

Community Paramedicine Programs



OREGON'S [CAHOOTS](#) (Crisis Assistance Helping Out On The Streets) program deploys teams of EMS professionals and mental health crisis workers to respond to non-violent mental health and substance use calls. These teams provide on-scene assessment, de-escalation, basic medical support, and referrals to specialized mental health and social services. This model connects individuals to appropriate care while reducing unnecessary emergency department visits and law enforcement involvement.

Community-Initiated Care Models for Training Non-Clinicians

Operating in **35 STATES**, the [Confess Project](#) promotes community-initiated care by training trusted community members—such as barbers, stylists, educators, healthcare professionals, and community leaders—to identify mental health distress, provide supportive interventions, and connect individuals to care. This model expands early intervention capacity beyond clinical settings and leverages community infrastructure to improve access in mental health services.

Expand the Spectrum of Recognized Providers

State Examples

Mental Health Curricula for Direct Care Workers



IOWA [administrative rules](#) for direct support staff in home-based habilitation services require structured training on mental health diagnoses, crisis management, intervention and de-escalation strategies, psychiatric medications, substance use, and individualized behavioral support plans.

Scope of Practice



NEW HAMPSHIRE [HB 500](#) (2023) updates telehealth prescribing policies by allowing physicians, physician assistants, and advanced practice registered nurses to prescribe certain non-opioid and opioid controlled substances via telehealth.



OHIO [SB 81](#) (2024) modernizes scope-of-practice laws by allowing advanced practice registered nurses and physician assistants to sign key clinical documents for psychiatric inpatient care, including hospital admission and discharge, when authorized by supervising physicians and facility policy.

Expand the Spectrum of Recognized Providers

Supporting Rural and State-Specific Needs

Rural and underserved communities face unique mental health challenges driven by workforce shortages, geographic barriers, limited infrastructure, and cultural and linguistic gaps. States are increasingly adopting targeted strategies to strengthen the workforce and expand access in these areas.

Locally tailored approaches, like **MONTANA'S** [Catalyst for Change](#), can help leverage community relationships, expand services beyond scarce licensed providers, and reduce stigma so people access support earlier. This includes engaging rural providers and community leaders to identify barriers, and investing in workforce pipelines that train providers from local communities.

States can also strengthen capacity by funding cultural competency training, language access services, and community-driven planning efforts that involve populations with distinct needs, such as tribal communities, veterans, people with disabilities, and agricultural workers. **WYOMING'S**, [Veterans Talking to Veterans](#) is one example.



MONTANA'S [Catalyst for Change](#) program trains rural community health workers to recognize distress, provide support, and connect individuals to telemental health and other services.

In **WYOMING**, the [Veterans Talking to Veterans](#) initiative trains veterans as trauma-informed peer coaches who provide support and connect fellow veterans to care, helping reach individuals who may be reluctant to seek traditional mental health services.

Bolstering the Existing Workforce

Increasing the overall supply of mental health providers won't occur overnight. States can take action to maximize the workforce they already have by ensuring health plans cover needed services and providers, leveraging nontraditional providers, and encouraging the adoption of integrated care models.

Strategies

- **Ensure Fair Reimbursement of Mental Health Care**
- **Promote Integrated Care**
- **Streamline Licensing and Credentialing**
- **Support Workplace Wellbeing**

Ensure Fair Reimbursement of Mental Health Care

Mental health providers are typically paid less than medical providers for comparable services. **Low reimbursement rates for mental health services contribute to workforce shortages and drive many providers out of insurance networks, limiting access to care.**

This is also true for peer services offered through Medicaid, which in many states are reimbursed far below market rates, stymying a critical component of the mental health workforce. As states look to expand services and grow their mental health workforce through new and existing credentialing programs, it is critical that states conduct a market analysis for reimbursement rates to ensure roles get filled.

By promoting fair and consistent compensation for mental health providers across health plans, and expanding coverage of peers and paraprofessionals, states can encourage more providers to enter or stay in the field and in-network, and ensure that individuals are able to access the type of care they need.

Policy Recommendations

- **Require mental health care to be paid comparably to physical health care**, with Medicare rates or another external method as the benchmark.
- **Require Medicaid and commercial insurance coverage of certified peer support specialists** and other paraprofessionals.
- **Conduct a study of Medicaid reimbursement rates for peer support specialists** to evaluate and set rates that provide a “living wage.”

Ensure Fair Reimbursement of Mental Health Care

Illinois' Benchmarked Reimbursement Rates

ILLINOIS [HB 1085](#) (2025) addresses a fundamental driver of inadequate insurer networks — low reimbursement rates for mental health providers.

Using [methodology](#) from a scientific research institute, this groundbreaking legislation **sets a rate floor for all in-network mental health and substance use disorder services at 141% of the Medicare rate.** This rate floor will help address historically low payment levels that have discouraged providers from joining insurance networks.

The law also addresses insurance barriers to accessing mental health

and substance use disorder services, including by requiring coverage when a patient receives services from multiple providers on the same day, and by ensuring coverage of services provided by pre-licensure candidates supervised by licensed clinicians.

By codifying fair reimbursement standards, **this bill represents a major step in encouraging more mental health professionals to accept insurance,** which improves the availability of providers in-network and increases access to care.



Ensure Fair Reimbursement of Mental Health Care

State Examples

Comparable Payment of Mental Health Care



MASSACHUSETTS [211 CMR § 52.11](#) mandates that health plan contracts with providers must require carriers to establish a base fee schedule for evaluation and management services for behavioral health providers that is not lower than the base fee schedule used for equivalent primary care providers in the same region.



WASHINGTON [SB 5083](#) (2025) requires health plans that cover state employees to reimburse in-network non-facility-based behavioral health services at no less than 150% of the amount Medicare would have paid for the same or similar service, using Medicare as the common benchmark.

Coverage of Certified Peers and Paraprofessionals



HAWAII [SB 3094](#) (2024) created a temporary statewide peer support specialist working group to standardize training and certification and examine integration and funding across systems. Though not a commercial coverage mandate, this approach sets the foundation for future reimbursement by building consistent standards.



NEW YORK'S Department of Financial Services issued a [circular letter](#) directing all state-regulated commercial insurers to cover medically necessary peer support services when delivered as part of an outpatient addiction treatment program authorized by the Office of Addiction Services and Supports.

Ensure Fair Reimbursement of Mental Health Care

State Examples

Coverage of Certified Peers and Paraprofessionals



OREGON [ORS 414.665](#) formally recognizes peer support specialists and community health workers as traditional health workers and directs the Oregon Health Authority to certify and integrate them into Medicaid delivery systems as reimbursable paraprofessionals.

Medicaid Reimbursement Rate Study for Peer Services



MONTANA directed a [Medicaid provider rate study](#) that explicitly included peer support services to evaluate reimbursement adequacy, service delivery costs, and comparisons with similar states. The study proposed rate increases to better align Medicaid payments with the true cost of delivering peer support, helping to ensure appropriate workforce compensation.

Ensure Fair Reimbursement of Mental Health Care

Expanding Billable Services to Reach More People

Not all mental health and substance use services are reimbursed by insurance or Medicaid, limiting access to care. States can expand access by modernizing billing policies to cover services that better meet patients' needs.

Key approaches include:

- Authorizing coverage of dyadic care, which treats a child and caregiver together.
- Allowing providers to bill using Z-codes to serve children without requiring a diagnosis.
- Expanding Medicaid reimbursement for youth peer support services and ensuring fair payment rates.

Updating billing policies allows providers to treat more patients and deliver more appropriate care. States can also broaden the use of Z-codes to support early, preventative care.

Many states also reimburse peer support services through Medicaid, recognizing the value of lived-experience support alongside clinical care. While 48 states cover peer support, only 18 cover youth peer services, representing a huge opportunity to connect youth to support sooner.



CALIFORNIA'S Medi-Cal program covers dyadic care, enabling caregivers and children to receive treatment together. This approach expands access to family-centered services and developmentally appropriate care without additional administrative burden.

COLORADO broadened the use of Z-codes through SB 23-174, which allows Medicaid providers to deliver and bill for mental health services for youth under 21 without requiring a diagnosis first.

Promote Integrated Care

Care that integrates mental health and physical health—like the Collaborative Care Model—helps improve patient outcomes, reduces costs, and increases job satisfaction among providers. This team-based, patient-centered approach pairs a primary care physician with mental health professionals who align treatment plans and shared goals.

By supporting integrated care—through funding, training, and reimbursement—states can make more efficient use of limited workforce capacity, reduce stigma, and improve access to timely mental health support. In addition, allowing same-day billing for integrated care services enables providers to deliver physical and mental health care in a single visit without financial penalty.

Policy Recommendations

- **Cover the Collaborative Care Model** of integrated mental health and primary care services in commercial insurance and Medicaid plans.
- **Fund start-up costs and technical assistance** to promote adoption of the Collaborative Care Model in pediatric and adult settings.
- **Allow same-day billing** for physical and mental health services under Medicaid.
- **Create licensure and payment models** for new roles within integrated settings (e.g., navigators, community mental health aides).
- **Incentivize pediatricians** and other primary care providers to receive training on mental health, substance use disorders, and suicide prevention.
- **Expand delivery of primary care services** in community-based programs such as Certified Community Behavioral Health Clinics.

Promote Integrated Care

State Examples

Coverage of Collaborative Care



LOUISIANA [HB 278](#) (2022) requires health coverage plans to cover mental health and substance use services delivered through evidence-based integrated behavioral health models, including the Collaborative Care Model.

Support Adoption of Collaborative Care



COLORADO [HB 22-1302](#) (2022) created a statewide health care practice transformation initiative to support integrated care models by providing grants, technical assistance, and alternative payment approaches to help primary care practices integrate mental health and other services.

Same Day Billing



GEORGIA [HB 1013](#) (2022) prohibits insurers and state-regulated health plans from restricting same-day reimbursement when a patient receives both primary care and mental health services on the same day.



INDIANA [HB 1269](#) (2015) allows community mental health centers to bill Indiana Medicaid for primary care, mental health, and substance use services delivered on the same day, enabling coordinated physical and mental health care without requiring separate provider identification numbers.

Licensure and Payment for New Roles



CALIFORNIA created a [Medicaid-reimbursable Community Health Worker](#) benefit that supports behavioral health navigators and peer roles in integrated care. These non-licensed roles are financed through Medi-Cal and embedded in primary care, emergency departments, and community behavioral health settings.

Promote Integrated Care

State Examples

Licensure and Payment for New Roles



NEW YORK created an [Integrated Outpatient Services \(IOS\)](#) license that allows providers to deliver primary care, mental health, and substance use services under a unified, multi-agency licensure framework.

Mental Health Training for Pediatric and Primary Care Providers



KANSAS established [KSKidsMAP](#), a statewide pediatric mental health access and consultation program that supports primary care professionals by providing real-time psychiatric consultation, care coordination, training, and resource navigation, with a focus on rural and medically underserved communities.



VIRGINIA established the [Virginia Mental Health Access Program \(VMAP\)](#), a statewide psychiatry access and consultation initiative that supports primary care providers serving children, adolescents, young adults, and pregnant or postpartum patients by offering provider education, real-time psychiatric consultation, and care navigation through regional hub networks.

Primary Care Services in Community Settings



MONTANA [HB 574](#) (2025) authorizes statewide implementation of the Certified Community Behavioral Health Clinic model, establishes Medicaid reimbursement and performance requirements, and directs the Department of Public Health and Human Services to create an incentive program rewarding clinics that demonstrate exceptional outcomes.

Streamline Licensing and Credentialing

Lengthy licensure and credentialing processes, bottlenecks, and burdensome requirements prevent providers from entering the field sooner. By simplifying and standardizing requirements, adopting interstate licensure compacts, and dedicating agency funding to reduce processing delays, states can ease administrative and financial burdens on professionals.

Policy Recommendations

- **Join interstate licensure compacts**, such as the Psychology Interjurisdictional Compact (PSYPACT), Counseling Compact, Social Work Licensure Compact, and School Psychologist Compact.
- **Fund state agencies to clear backlogs** and shorten credentialing timeframes.
- **Modernize and streamline state licensing systems** to reduce processing delays.
- **Establish a state position dedicated to overseeing training, certification, and supervision** of peer and allied health workers.

State Examples

Interstate Licensure Compacts

Across the country, states are already leveraging interstate licensure compacts to streamline entry into the behavioral health workforce, with **42 STATES** participating in the Psychology Interjurisdictional Compact (PSYPACT), **39** in the [Counseling Compact](#), **28** in the [Social Work Licensure Compact](#), and **7** in the [School Psychologist Compact](#).

Streamline Licensing and Credentialing

State Examples

Standardize Licensure and Credentialing



UTAH [HB 41](#) (2018) establishes the [Crisis Worker Certification](#) to serve as a statewide training and certification pathway for crisis responders, which helps streamline entry into the field and ensures consistent competency standards.



VIRGINIA [SB 403](#) (2024) creates a formal licensure and registration pathway for behavioral health technicians and technician assistants, defining education, training, supervision, and renewal standards.

Reduce Processing Delays



ILLINOIS [HB 2394](#) (2023) authorizes licensing system modernization and operational changes at the Illinois Department of Financial and Professional Regulation to address application backlogs across health professions and support faster credentialing and workforce entry.

State Position Dedicated to Peer and Allied Health Workforce



TEXAS [HB 1486](#) (2017) establishes a [dedicated unit](#) within the Texas Health and Human Services Commission to oversee peer support services; set certification standards; support workforce expansion and integration; and help ensure consistent training, supervision, and implementation across the state.

Support Workplace Wellbeing

Even before the pandemic, health care workers experienced higher rates of mental health conditions than the general workforce. They are also more likely to face burnout, putting them at greater risk for poor mental health and increasing their likelihood of leaving the workforce. States can support measures that promote wellbeing among mental health providers to help them stay at work and thrive.

Policy Recommendations

- **Fund mental health hotlines and other support systems** for health care workers, including mental health providers.
- **Develop and fund incentives and training programs** for organizations to become recovery-ready workplaces.
- **Revise policies that deter providers** from seeking mental health and substance use disorder care.

State Examples

Dedicated Mental Health Hotlines



NEW YORK launched dedicated mental health hotlines for health care and frontline workers, providing confidential counseling, crisis support, and rapid referrals during the COVID-19 public health emergency. Building on this work, SB 1301 (2022) directs the Office of Mental Health to convene a trauma-informed care workgroup to improve awareness of and referrals to mental health services for frontline workers.

Support Workplace Wellbeing

State Examples

Revise Discriminatory Policies



VIRGINIA [HB 1573](#) (2023) updates health licensure applications to remove questions about past mental health or substance use treatment, focusing instead on whether a provider currently poses a risk to patient safety. This reduces stigma and removes barriers that may discourage providers from seeking needed care.

Recovery-Friendly Workplaces



MICHIGAN'S [Recovery Friendly Workplace](#) initiative encourages and supports employers in becoming recovery-ready workplaces by providing no-cost training and resources for leadership and staff on substance use disorder, stigma reduction, and supportive workplace policies.



MINNESOTA funds [employer training and capacity-building programs](#) to help organizations become recovery-ready workplaces, promote mental wellbeing, reduce stigma, and improve retention for workers in recovery.

Harnessing Data and Technology

To effectively meet the needs of today and plan for tomorrow, states must understand their current workforce landscape and pinpoint gaps by conducting data collection and analysis to help inform their policy and programming efforts.

States can, and should, leverage the tools at hand and promote the adoption of technology to improve access to mental health care.

Strategies

- **Promote Data Collection and Reporting**
- **Encourage the Responsible Use of Technology**

Promote Data Collection and Reporting

Many states lack the appropriate data and insights to understand their mental health provider capacity, geographic distribution, gaps, and needs. State leaders need access to clear, recent, and readily available data to make informed decisions and effective investments in the workforce. By facilitating data collection and partnering with educational institutions and industry stakeholders to put insights into action, states can better prepare the workforce of tomorrow.

Policy Recommendations

- **Publicly report data** on provider supply and distribution.
- **Require behavioral health licensing boards to collect and report data**, including practice specialization, service setting and location, hours providing services, and types of services delivered.
- **Fund the creation of a real-time workforce data infrastructure** to track provider supply, demand, wages, and distribution.
- **Create public-private partnerships** with state universities and technology firms to research, analyze, and report on workforce gaps and opportunities.

State Examples

Publicly Reported Data



MINNESOTA (Minn. Stat. § 144.051) requires the Department of Health to collect workforce data from licensed and registered health professionals, establish a statewide system to analyze provider supply and distribution, and publish at least biennial reports describing available health workforce data to inform state workforce planning and policy decisions.

Promote Data Collection and Reporting

State Examples

Publicly Reported Data



NEVADA [AB 37 \(2023\)](#) establishes the [Behavioral Health Workforce Development Center of Nevada](#) and requires it to collect, analyze, and publicly report data on the supply, training pipeline, and geographic distribution of behavioral health providers statewide, including tracking where providers are educated, trained, and ultimately practice.

Licensing Board Data Collection



OKLAHOMA [HB 3330 \(2024\)](#) requires behavioral health licensing boards to collect standardized workforce data at licensure and renewal, including practice specialization, service setting and location, client-facing hours, and telehealth use. It also mandates annual public reporting on provider supply and distribution by the Department of Mental Health and Substance Abuse Services.



TEXAS ([Health & Safety Code §105](#)) requires behavioral health licensing boards to collect standardized workforce data at licensure and renewal, including practice specialization, service setting and location, and hours providing services, and to transmit this data for statewide workforce analysis and reporting.

Workforce Data Infrastructure



CALIFORNIA [AB 133 \(2021\)](#) establishes the [Health Care Workforce Research and Data Center](#) to produce annual, publicly available supply-and-demand models and dashboards for the state's behavioral health workforce.

Promote Data Collection and Reporting

State Examples

Workforce Data Infrastructure



NEBRASKA [LB 603](#) (2009) supports the creation of the [Nebraska Behavioral Health Workforce Dashboard](#), which provides insight into workforce supply, distribution, and trends statewide.

Public-Private Partnerships



FLORIDA [SB 330](#) (2024; amended by [SB 1620](#) in 2025) establishes the [Florida Center for Behavioral Health Workforce](#) at the University of South Florida. The center is tasked with collecting, analyzing, and reporting data on provider supply, distribution, and future workforce needs. The bill also requires licensing boards to share non-identifying licensure and practice data to inform biennial workforce projections and state planning.



ILLINOIS [HB 0158](#) (2021) establishes the [Behavioral Health Workforce Education Center](#)—a statewide, university-led public-private partnership—to research, analyze, and publicly report on behavioral health workforce supply, distribution, and training needs, and to provide biennial workforce recommendations to the General Assembly.

Encourage the Use of Technology

New and existing technology has the power to extend providers' capacity and ensure services are reaching more people. Removing barriers to telemental health and encouraging the adoption of new technology to speed up time-consuming tasks or supplement professional services can help free up mental health providers to provide life saving and life changing treatment and support to their patients.

As technology-enabled mental health care grows, states should ensure access to broadband. Reliable, high-speed internet allows providers and patients to use telehealth, access electronic records, and stay connected through follow-up care.

Policy Recommendation

- **Require commercial plans to cover telemental health services at in-person rates.**

State Examples

Telemental Health Parity



NEVADA [SB 119](#) (2023) establishes service and payment parity for mental health services at the same rate as in-person services, explicitly listing substance use disorders as a covered audio-only service for full reimbursement.



NEW JERSEY [S291](#) (2017) offers service and payment parity for telemental health services at the same rate as in-person services.

Encourage the Use of Technology

AI in Mental Health Care

Artificial intelligence is increasingly shaping how people access mental health support and how care is delivered. For providers, AI can serve as a valuable tool in areas like documentation assistance, note-taking, scheduling, follow-up, identifying red flags, and care coordination. These applications can reduce administrative burden, improve continuity of care, and allow clinicians to spend more time with patients.

For the millions of Americans who have been unable to access the care they need, the promise of AI is profound. There are mental health chatbots and tools that have been intentionally designed and tested to help provide certain levels of psychological support to users when and where they need it. These tools can assist users with navigating the mental health care system and connecting them to real, trained professionals as appropriate.

However, this rapid transformation has caused harm, too. Many people, particularly youth, are turning to conventional generative AI systems for mental health advice. These tools are not designed, regulated, or accountable as therapeutic interventions and may provide inaccurate or unsafe guidance, lack crisis safeguards, and operate



As with any emerging technology or tool, it is critical that policymakers ensure a safe environment for their constituents.

Encourage the Use of Technology

without meaningful transparency or informed consent—posing real risks to vulnerable users.

As with any emerging technology or tool, it is critical that policymakers ensure a safe environment for their constituents. Strong regulation and oversight, transparency measures, and enforcement mechanisms can help protect users while preserving the benefits of AI. In the absence of comprehensive federal standards, states are well positioned to establish guardrails that protect patients and providers while allowing beneficial uses to develop responsibly.

As states continue to invest in the mental health workforce—particularly in professions facing acute shortages—targeted, reasonable regulation can help ensure AI is used to strengthen care delivery, protect users, and support providers.



Recognizing the promise and concerns of AI, several states have begun to act.

NEVADA now requires repeated disclosures notifying users when they are interacting with AI, while proposed legislation in **PENNSYLVANIA** and **TEXAS** would require affirmative informed consent before using mental health AI tools.

Other states, including **CALIFORNIA** and **NEW YORK**, have explored requirements related to suicide risk detection and crisis response, and some have moved to prohibit AI from impersonating licensed clinicians or engaging in deceptive advertising.

State Snapshots

Metrics and Definitions

Inseparable's state snapshots capture key metrics related to each state's mental health workforce, as well as its progress in adopting a range of state policies that effectively develop the pipeline of workers, bolster the existing workforce, and harness data and technology.

States are measured against the following metrics:

Developing the Pipeline

POLICY GOAL

SCORING

Establish a mental health workforce development center

- State statute established mental health workforce development center
- ◐ State has a health and/or mental health workforce development center not established in statute or has a statutorily established center that is not mental health specific
- State has no workforce development center or statutorily established center that includes mental health professions

Expand the mental health provider pipeline through:

- Scholarship incentives
- Stipends
- Loan repayment programs

- State scholarship, stipend, or loan repayment program that explicitly mentions more than 3 mental health professions
- ◐ State scholarship, stipend, or loan repayment program for 1 or 2 mental health professionals; state permits but does not require inclusion of mental professions; program is only applicable in limited practice settings; or it is a regional or pilot program
- No scholarship, stipend, or loan repayment program in statute; program is time-limited grant/settlement-funded; or program is permissive but not mandatory

State Snapshots

Developing the Pipeline

POLICY GOAL

SCORING

Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans

- State requires commercial insurance plans to reimburse services provided by mental health professionals (specifically counselors, marriage and family therapists, social workers, and psychologists) who are not independently licensed (including provisional, associate, trainee, supervised, or equivalent status), without limiting settings
- ◐ State requires commercial insurance plans to reimburse at least one service by at least one type of pre-licensure mental health professional, with or without setting limitations
- State does not require commercial insurance plans to reimburse any services by any pre-licensure mental health professional

Bolstering the Existing Workforce

POLICY GOAL

SCORING

Medicaid reimbursement of youth peer services

- State requires Medicaid coverage of youth peer services
- ◐ State Medicaid coverage limited to single program or intervention or permissive only
- No coverage requirement

Require mental health care to be paid comparably to physical health care using an external benchmark

- State requires reimbursement parity with external benchmarks
- ◐ State reimbursement parity limited to single plan or specific services/facilities
- No reimbursement parity requirement

Cover the Collaborative Care Model of integrated mental health and primary care services

- State requires commercial insurance and Medicaid plan to cover CoCM (scored separately)
- ◐ State requires commercial insurance or Medicaid to cover CoCM, but codes have not been activated or full codes not available
- State does not require commercial insurance or Medicaid plan to cover CoCM (scored separately)

State Snapshots

Bolstering the Existing Workforce

POLICY GOAL

SCORING

Join interstate licensure compacts

- Enacted
- Not enacted

Harnessing Data and Technology

POLICY GOAL

SCORING

Publicly report data on provider supply and distribution

- State statute requires mental health workforce data collection and mandates public reporting on a regular cadence
- ◐ State statute requires mental health workforce data collection, but lacks collection and/or public reporting on a regular cadence
- No requirement for mental health workforce data collection or reporting; data is not public or does not specify mental health workforce

Require commercial plans to cover telemental health services at in-person rates

- State statute requires coverage at in-person rates
- ◐ State requires coverage or in-person rate parity
- No coverage or reimbursement requirement

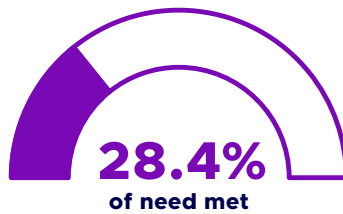


Alabama

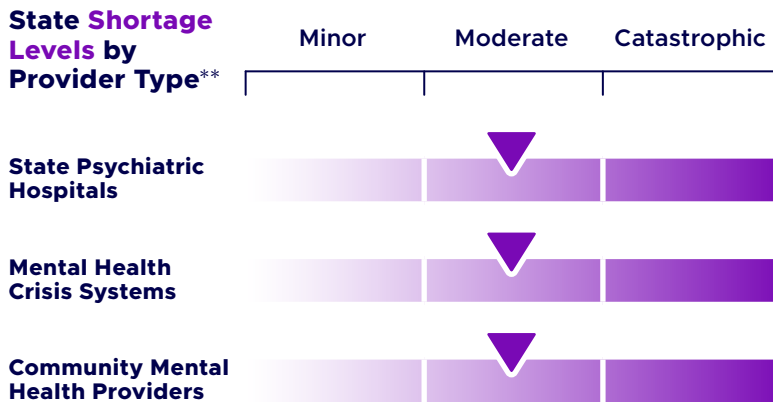
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.79

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$1.69

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.



People had to go out of network

3.1 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
 - Scholarship incentives 
 - Stipends 
 - Loan repayment programs 
- Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans 

Bolstering the Existing Workforce

- Require Medicaid reimbursement of youth peer services 
- Require mental health care to be paid comparably to physical health care using an external benchmark 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - Medicaid plan 
- Join interstate licensure compacts:
 - Psychology Interjurisdictional Compact (PSYPACT) 
 - Counseling Compact 
 - Social Work Licensure Compact 
 - School Psychologist Compact 

Harnessing Data and Technology

- Publicly report data on provider supply and distribution 
- Require commercial plans to cover telemental health services at in-person rates 

* KFF, "Mental Health Care Health Professional Shortage Areas (HPSAs)." December 31, 2025.
 ** NRI, "State Behavioral Health Workforce Shortages and Initiatives, 2023-2024." October 2024.
 † RTI, "Behavioral Health Parity - Pervasive Disparities in Access to In-Network Care Continue," April 17, 2024.

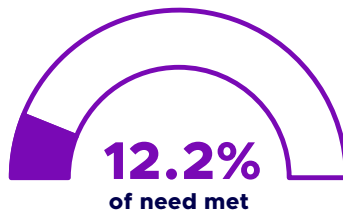


Alaska

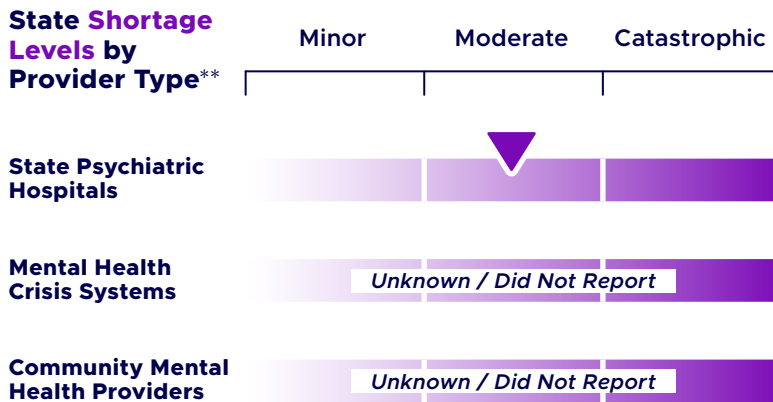
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.67

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.54

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.




People had to go out of network

2 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
 - Scholarship incentives 
 - Stipends 
 - Loan repayment programs 
- Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans 

Bolstering the Existing Workforce

- Require Medicaid reimbursement of youth peer services 
- Require mental health care to be paid comparably to physical health care using an external benchmark 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - Medicaid plan 
- Join interstate licensure compacts:
 - Psychology Interjurisdictional Compact (PSYPACT) 
 - Counseling Compact 
 - Social Work Licensure Compact 
 - School Psychologist Compact 

Harnessing Data and Technology

- Publicly report data on provider supply and distribution 
- Require commercial plans to cover telemental health services at in-person rates 

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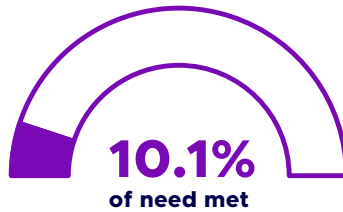


Arizona

Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**

Minor Moderate Catastrophic

State Psychiatric Hospitals

Unknown / Did Not Report

Mental Health Crisis Systems

Unknown / Did Not Report

Community Mental Health Providers



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.86

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.87

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.




People had to go out of network

0.8 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
 - Scholarship incentives 
 - Stipends 
 - Loan repayment programs 
- Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans 

Bolstering the Existing Workforce

- Require Medicaid reimbursement of youth peer services 
- Require mental health care to be paid comparably to physical health care using an external benchmark 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - Medicaid plan 
- Join interstate licensure compacts:
 - Psychology Interjurisdictional Compact (PSYPACT) 
 - Counseling Compact 
 - Social Work Licensure Compact 
 - School Psychologist Compact 

Harnessing Data and Technology

- Publicly report data on provider supply and distribution 
- Require commercial plans to cover telemental health services at in-person rates 

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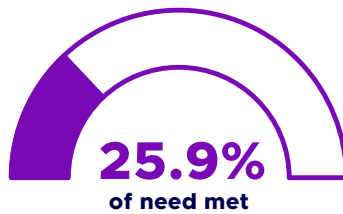


Arkansas

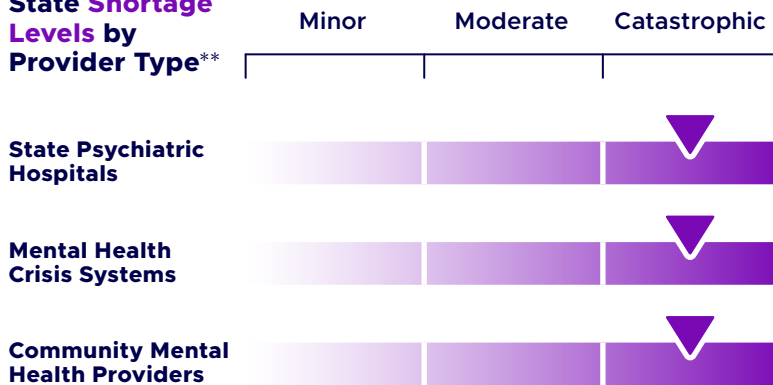
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.90

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$1.20

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.

People had to go out of network

2.4 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

Meaningful progress	
Partial progress	
Little or no progress	



Developing the Pipeline

Establish a mental health workforce development center	
Expand the mental health provider pipeline through:	
Scholarship incentives	
Stipends	
Loan repayment programs	
Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans	

Bolstering the Existing Workforce

Require Medicaid reimbursement of youth peer services	
Require mental health care to be paid comparably to physical health care using an external benchmark	
Cover the Collaborative Care Model of integrated mental health and primary care services in:	
Commercial insurance plans	
Medicaid plan	
Join interstate licensure compacts:	
Psychology Interjurisdictional Compact (PSYPACT)	
Counseling Compact	
Social Work Licensure Compact	
School Psychologist Compact	

Harnessing Data and Technology

Publicly report data on provider supply and distribution	
Require commercial plans to cover telemental health services at in-person rates	

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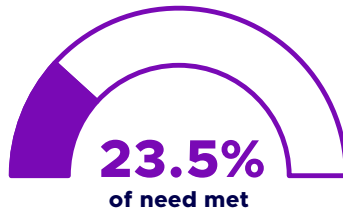


California

Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**

Minor Moderate Catastrophic

State Psychiatric Hospitals

Unknown / Did Not Report

Mental Health Crisis Systems

Unknown / Did Not Report

Community Mental Health Providers

Unknown / Did Not Report

In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$1.03

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.98

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.



People had to go out of network

5.8 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
 - Scholarship incentives 
 - Stipends 
 - Loan repayment programs 
- Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans 

Bolstering the Existing Workforce

- Require Medicaid reimbursement of youth peer services 
- Require mental health care to be paid comparably to physical health care using an external benchmark 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - Medicaid plan 
- Join interstate licensure compacts:
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 - Counseling Compact 
 - Social Work Licensure Compact 
 - School Psychologist Compact 

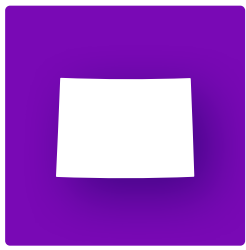
Harnessing Data and Technology

- Publicly report data on provider supply and distribution 
- Require commercial plans to cover telemental health services at in-person rates 

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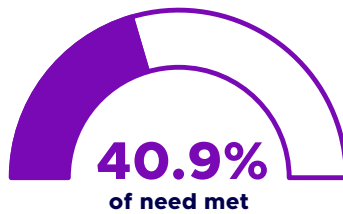


Colorado

Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**

Minor Moderate Catastrophic

State Psychiatric Hospitals

Unknown / Did Not Report

Mental Health Crisis Systems

Unknown / Did Not Report

Community Mental Health Providers

Unknown / Did Not Report

In-Network Reimbursement[†]

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.77

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.74

for every \$1.00 a physician assistant makes

Out-of-Network Use[†]

When patients have to go out of network, care often becomes more difficult to afford.




People had to go out of network

2.5 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
 - Scholarship incentives 
 - Stipends 
 - Loan repayment programs 
- Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans 

Bolstering the Existing Workforce

- Require Medicaid reimbursement of youth peer services 
- Require mental health care to be paid comparably to physical health care using an external benchmark 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - Medicaid plan 
- Join interstate licensure compacts:
 - Psychology Interjurisdictional Compact (PSYPACT) 
 - Counseling Compact 
 - Social Work Licensure Compact 
 - School Psychologist Compact 

Harnessing Data and Technology

- Publicly report data on provider supply and distribution 
- Require commercial plans to cover telemental health services at in-person rates 

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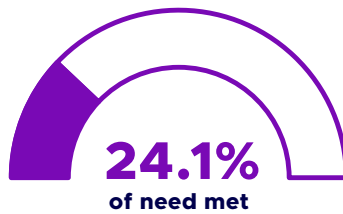


Connecticut

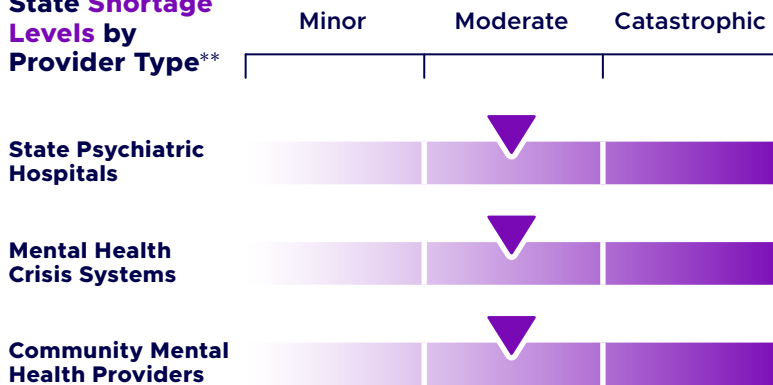
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement[†]

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.73

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.76

for every \$1.00 a physician assistant makes

Out-of-Network Use[†]

When patients have to go out of network, care often becomes more difficult to afford.



People had to go out of network

4.2 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
 - Scholarship incentives 
 - Stipends 
 - Loan repayment programs 
- Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans 

Bolstering the Existing Workforce

- Require Medicaid reimbursement of youth peer services 
- Require mental health care to be paid comparably to physical health care using an external benchmark 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
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Harnessing Data and Technology

- Publicly report data on provider supply and distribution 
- Require commercial plans to cover telemental health services at in-person rates 

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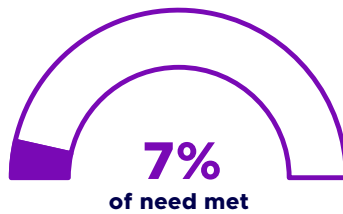


Delaware

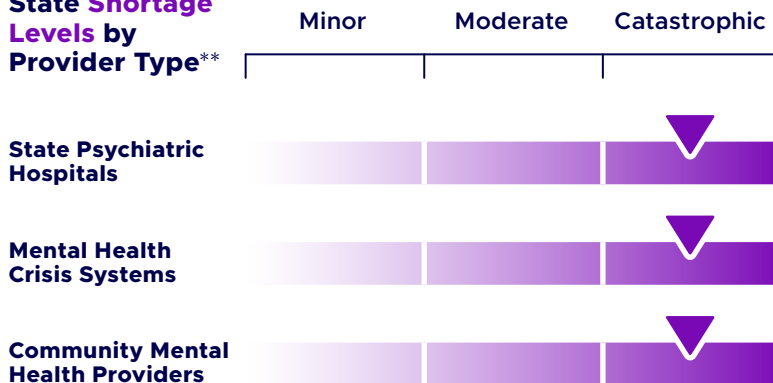
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.83

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$1.00

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.



People had to go out of network

5.5 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
 - Scholarship incentives 
 - Stipends 
 - Loan repayment programs 
- Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans 

Bolstering the Existing Workforce

- Require Medicaid reimbursement of youth peer services 
- Require mental health care to be paid comparably to physical health care using an external benchmark 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - Medicaid plan 
- Join interstate licensure compacts:
 - Psychology Interjurisdictional Compact (PSYPACT) 
 - Counseling Compact 
 - Social Work Licensure Compact 
 - School Psychologist Compact 

Harnessing Data and Technology

- Publicly report data on provider supply and distribution 
- Require commercial plans to cover telemental health services at in-person rates 

* KFF, "Mental Health Care Health Professional Shortage Areas (HPSAs)." December 31, 2025.
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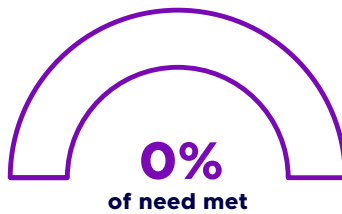


District of Columbia

Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**

	Minor	Moderate	Catastrophic
State Psychiatric Hospitals	Unknown / Did Not Report		
Mental Health Crisis Systems	Unknown / Did Not Report		
Community Mental Health Providers	Unknown / Did Not Report		

In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.95

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.56

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.

People had to go out of network

6.4 times more often

for mental health care than for medical/surgical care

Policy Progress

State's progress in enacting policies that strengthen and grow the mental health workforce.

Meaningful progress 

Partial progress 

Little or no progress 

Developing the Pipeline


Establish a mental health workforce development center 

Expand the mental health provider pipeline through:

Scholarship incentives 

Stipends 

Loan repayment programs 

Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans 

Bolstering the Existing Workforce

Require Medicaid reimbursement of youth peer services 

Require mental health care to be paid comparably to physical health care using an external benchmark 

Cover the Collaborative Care Model of integrated mental health and primary care services in:

Commercial insurance plans 

Medicaid plan 

Join interstate licensure compacts:

Psychology Interjurisdictional Compact (PSYPACT) 

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Social Work Licensure Compact 

School Psychologist Compact 

Harnessing Data and Technology

Publicly report data on provider supply and distribution 

Require commercial plans to cover telemental health services at in-person rates 

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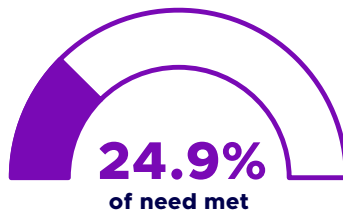


Florida

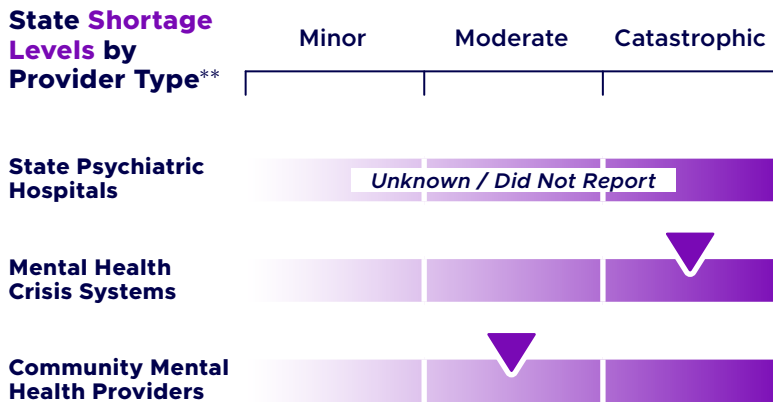
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.75

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.73

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.




People had to go out of network

3.1 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
 - Scholarship incentives 
 - Stipends 
 - Loan repayment programs 
- Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans 

Bolstering the Existing Workforce

- Require Medicaid reimbursement of youth peer services 
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Harnessing Data and Technology

- Publicly report data on provider supply and distribution 
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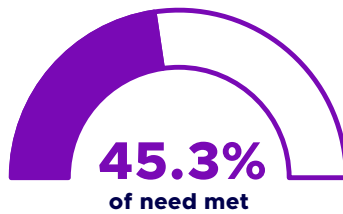


Georgia

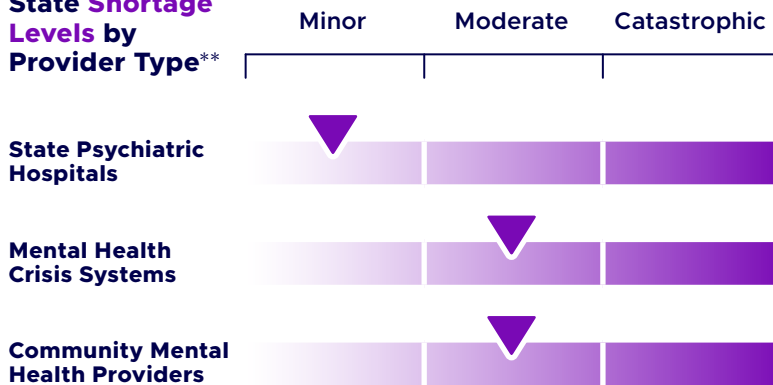
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.74

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.64

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.


People had to go out of network

2.2 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
 - Scholarship incentives 
 - Stipends 
 - Loan repayment programs 
- Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans 

Bolstering the Existing Workforce

- Require Medicaid reimbursement of youth peer services 
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Harnessing Data and Technology

- Publicly report data on provider supply and distribution 
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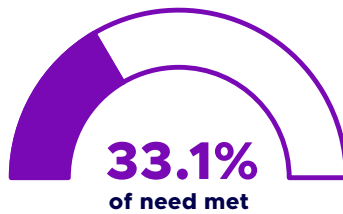


Hawaii

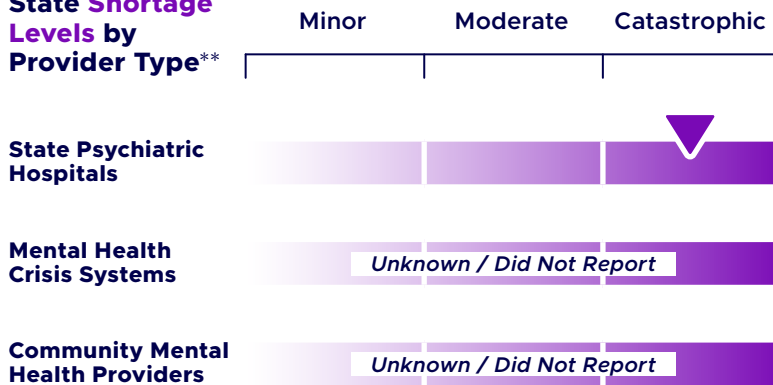
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.75

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.85

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.


People had to go out of network

3 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
 - Scholarship incentives 
 - Stipends 
 - Loan repayment programs 
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Bolstering the Existing Workforce

- Require Medicaid reimbursement of youth peer services 
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Harnessing Data and Technology

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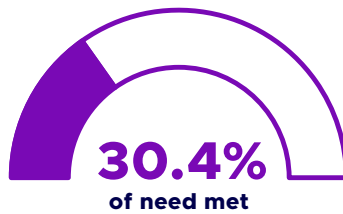


Idaho

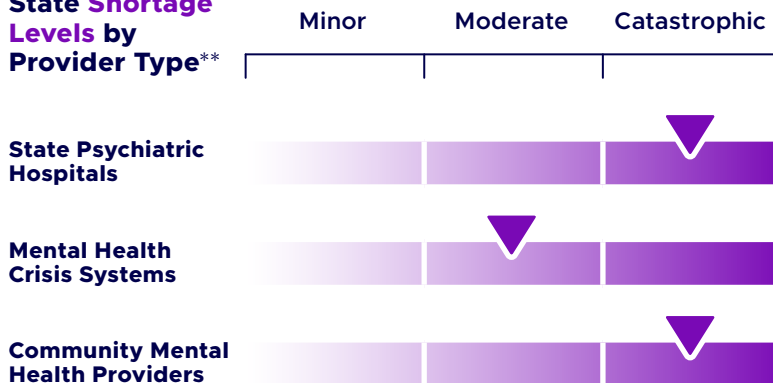
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$1.18

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.69

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.

People had to go out of network

0.1 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
 - Scholarship incentives 
 - Stipends 
 - Loan repayment programs 
- Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans 

Bolstering the Existing Workforce

- Require Medicaid reimbursement of youth peer services 
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Harnessing Data and Technology

- Publicly report data on provider supply and distribution 
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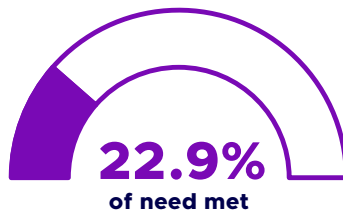


Illinois

Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**

Minor Moderate Catastrophic

State Psychiatric Hospitals

Unknown / Did Not Report

Mental Health Crisis Systems

Unknown / Did Not Report

Community Mental Health Providers

Unknown / Did Not Report

In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.80

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.87

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.


People had to go out of network

1.9 times more often


for mental health care than for medical/surgical care

Policy Progress






State's progress in enacting policies that strengthen and grow the mental health workforce.

Meaningful progress 









Partial progress 

Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
 - Scholarship incentives 
 - Stipends 
 - Loan repayment programs 
- Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans 

Bolstering the Existing Workforce

- Require Medicaid reimbursement of youth peer services 
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Harnessing Data and Technology

- Publicly report data on provider supply and distribution 
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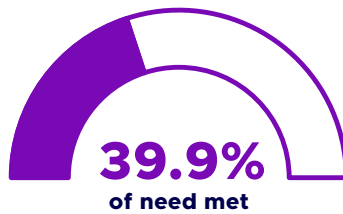


Indiana

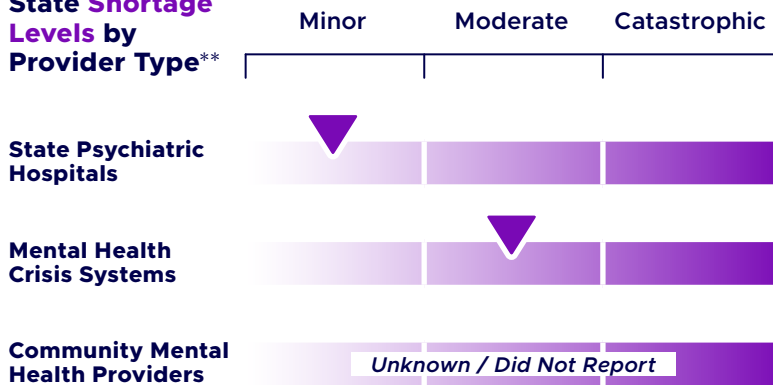
Mental Health Workforce Shortages

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State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.80

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.95

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.


People had to go out of network

3.6 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
 - Scholarship incentives 
 - Stipends 
 - Loan repayment programs 
- Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans 

Bolstering the Existing Workforce

- Require Medicaid reimbursement of youth peer services 
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Harnessing Data and Technology

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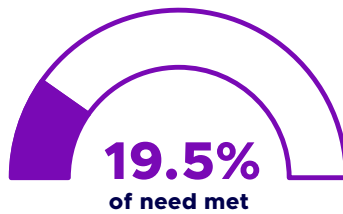


Iowa

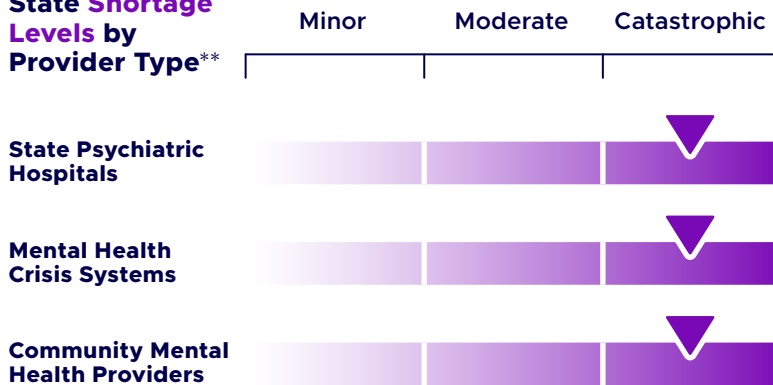
Mental Health Workforce Shortages

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State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.80

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.85

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.



People had to go out of network

1.3 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
 - Scholarship incentives 
 - Stipends 
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Bolstering the Existing Workforce

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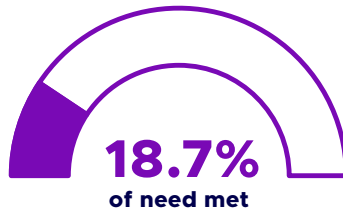


Kansas

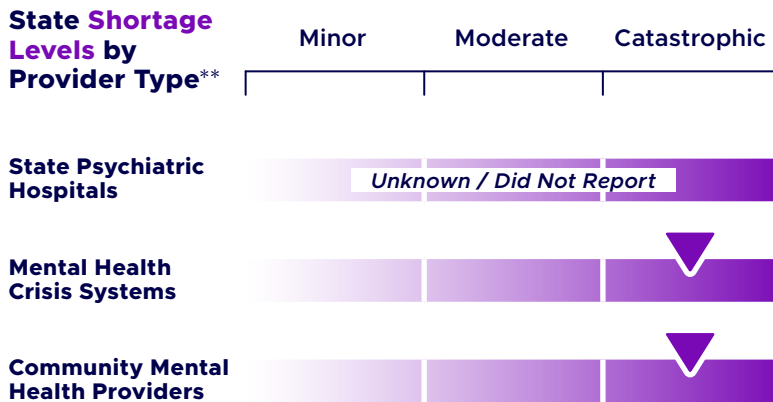
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.82

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.95

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.

People had to go out of network

3.3 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
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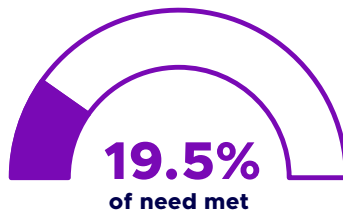


Kentucky

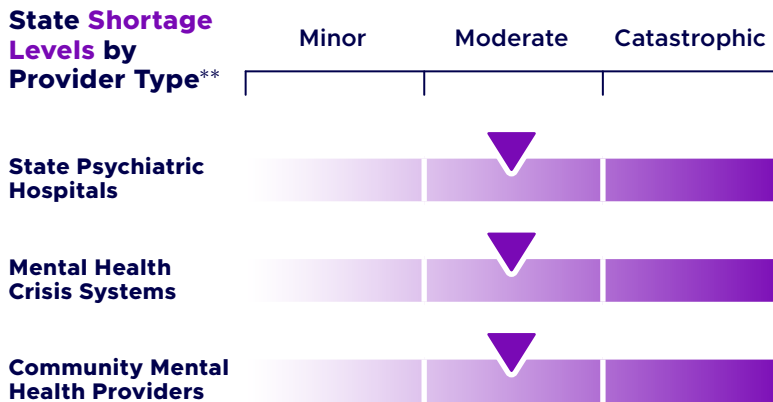
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.77

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.79

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.



People had to go out of network

4.9 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
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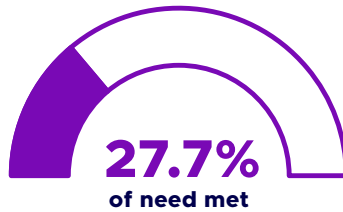


Louisiana

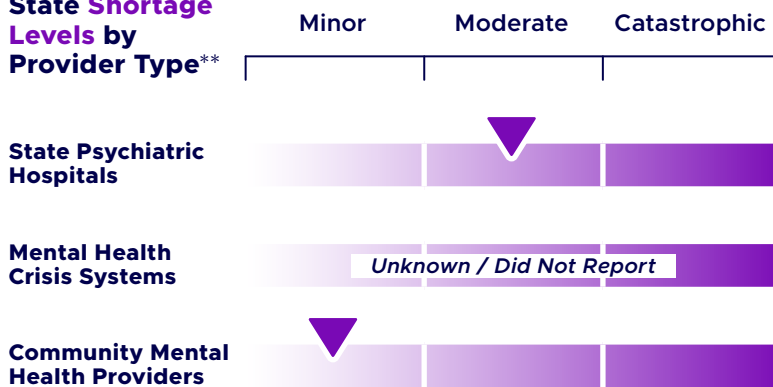
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.79

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.83

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.

People had to go out of network

4.8 times more often

for mental health care than for medical/surgical care

Policy Progress

State's progress in enacting policies that strengthen and grow the mental health workforce.

Meaningful progress	
Partial progress	
Little or no progress	

Developing the Pipeline

Establish a mental health workforce development center	
Expand the mental health provider pipeline through:	
Scholarship incentives	
Stipends	
Loan repayment programs	
Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans	

Bolstering the Existing Workforce

Require Medicaid reimbursement of youth peer services	
Require mental health care to be paid comparably to physical health care using an external benchmark	
Cover the Collaborative Care Model of integrated mental health and primary care services in:	
Commercial insurance plans	
Medicaid plan	
Join interstate licensure compacts:	
Psychology Interjurisdictional Compact (PSYPACT)	
Counseling Compact	
Social Work Licensure Compact	
School Psychologist Compact	

Harnessing Data and Technology

Publicly report data on provider supply and distribution	
Require commercial plans to cover telemental health services at in-person rates	

* KFF, "Mental Health Care Health Professional Shortage Areas (HPSAs)." December 31, 2025.

** NRI, "State Behavioral Health Workforce Shortages and Initiatives, 2023–2024." October 2024.

† RTI, "Behavioral Health Parity - Pervasive Disparities in Access to In-Network Care Continue," April 17, 2024.

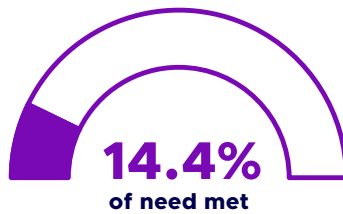


Maine

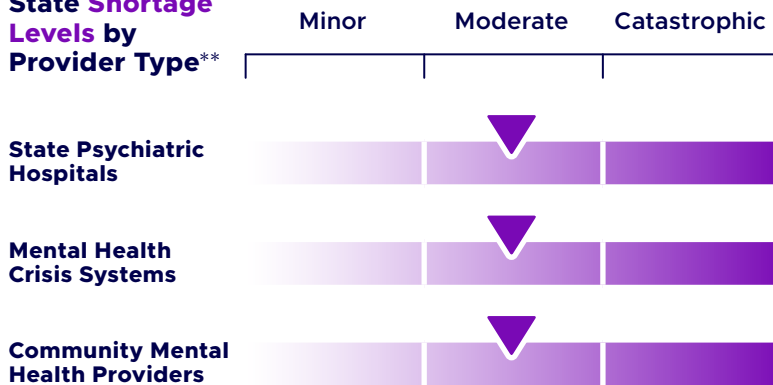
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.76

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.63

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.



People had to go out of network

10.7 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
 - Scholarship incentives 
 - Stipends 
 - Loan repayment programs 
- Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans 

Bolstering the Existing Workforce

- Require Medicaid reimbursement of youth peer services 
- Require mental health care to be paid comparably to physical health care using an external benchmark 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - Medicaid plan 
- Join interstate licensure compacts:
 - Psychology Interjurisdictional Compact (PSYPACT) 
 - Counseling Compact 
 - Social Work Licensure Compact 
 - School Psychologist Compact 

Harnessing Data and Technology

- Publicly report data on provider supply and distribution 
- Require commercial plans to cover telemental health services at in-person rates 

* KFF, "Mental Health Care Health Professional Shortage Areas (HPSAs)." December 31, 2025.

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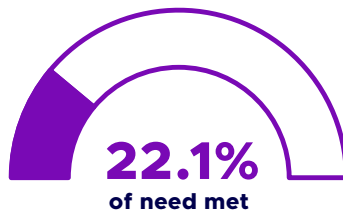


Maryland

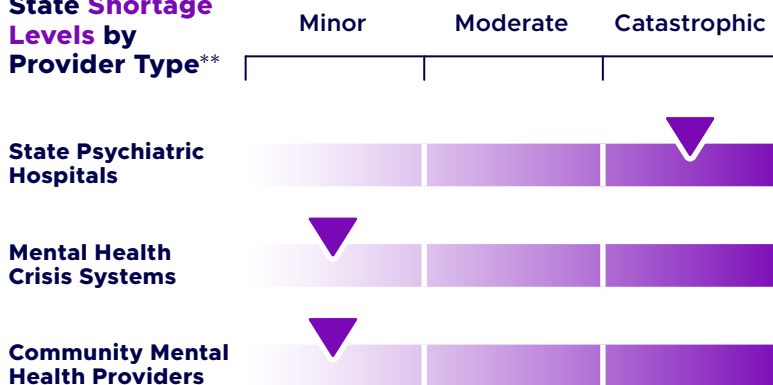
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.81

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.67

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.

People had to go out of network

8.7 times more often

for mental health care than for medical/surgical care

Policy Progress

State's progress in enacting policies that strengthen and grow the mental health workforce.

Meaningful progress 

Partial progress 

Little or no progress 

Developing the Pipeline


Establish a mental health workforce development center 

Expand the mental health provider pipeline through:

Scholarship incentives 

Stipends 

Loan repayment programs 

Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans 

Bolstering the Existing Workforce

Require Medicaid reimbursement of youth peer services 

Require mental health care to be paid comparably to physical health care using an external benchmark 

Cover the Collaborative Care Model of integrated mental health and primary care services in:

Commercial insurance plans 

Medicaid plan 

Join interstate licensure compacts:

Psychology Interjurisdictional Compact (PSYPACT) 

Counseling Compact 

Social Work Licensure Compact 

School Psychologist Compact 

Harnessing Data and Technology

Publicly report data on provider supply and distribution 

Require commercial plans to cover telemental health services at in-person rates 

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** NRI, "State Behavioral Health Workforce Shortages and Initiatives, 2023–2024." October 2024.

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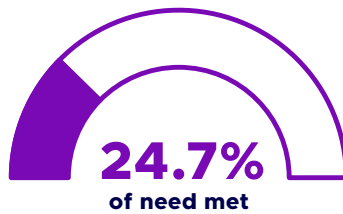


Massachusetts

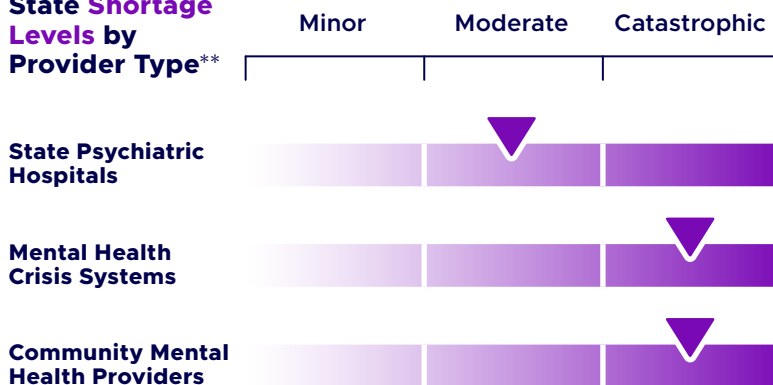
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.72

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.67

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.


People had to go out of network

14.1 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
 - Scholarship incentives 
 - Stipends 
 - Loan repayment programs 
- Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans 

Bolstering the Existing Workforce

- Require Medicaid reimbursement of youth peer services 
- Require mental health care to be paid comparably to physical health care using an external benchmark 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - Medicaid plan 
- Join interstate licensure compacts:
 - Psychology Interjurisdictional Compact (PSYPACT) 
 - Counseling Compact 
 - Social Work Licensure Compact 
 - School Psychologist Compact 

Harnessing Data and Technology

- Publicly report data on provider supply and distribution 
- Require commercial plans to cover telemental health services at in-person rates 

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 ** NRI, "State Behavioral Health Workforce Shortages and Initiatives, 2023-2024." October 2024.
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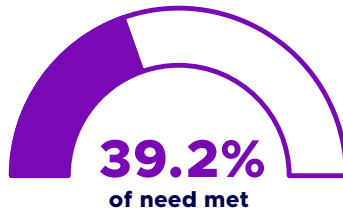


Michigan

Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**

Minor Moderate Catastrophic

State Psychiatric Hospitals

Unknown / Did Not Report

Mental Health Crisis Systems

Unknown / Did Not Report

Community Mental Health Providers

Unknown / Did Not Report

In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.79

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$1.01

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.




People had to go out of network

1.7 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
 - Scholarship incentives 
 - Stipends 
 - Loan repayment programs 
- Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans 

Bolstering the Existing Workforce

- Require Medicaid reimbursement of youth peer services 
- Require mental health care to be paid comparably to physical health care using an external benchmark 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - Medicaid plan 
- Join interstate licensure compacts:
 - Psychology Interjurisdictional Compact (PSYPACT) 
 - Counseling Compact 
 - Social Work Licensure Compact 
 - School Psychologist Compact 

Harnessing Data and Technology

- Publicly report data on provider supply and distribution 
- Require commercial plans to cover telemental health services at in-person rates 

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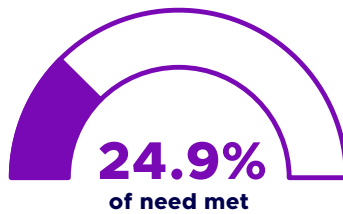


Minnesota

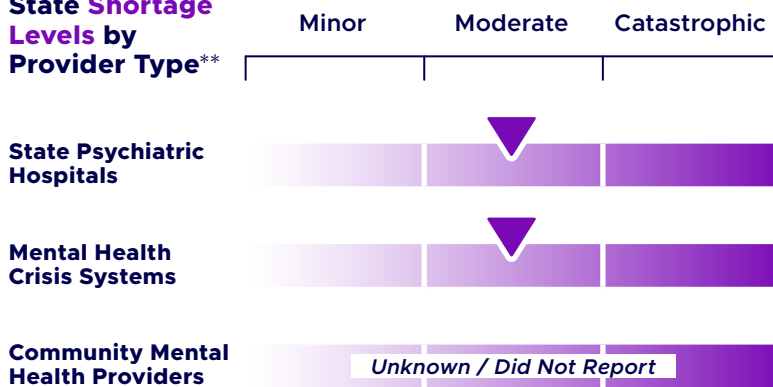
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.61

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.54

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.



People had to go out of network

1.5 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
 - Scholarship incentives 
 - Stipends 
 - Loan repayment programs 
- Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans 

Bolstering the Existing Workforce

- Require Medicaid reimbursement of youth peer services 
- Require mental health care to be paid comparably to physical health care using an external benchmark 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
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Harnessing Data and Technology

- Publicly report data on provider supply and distribution 
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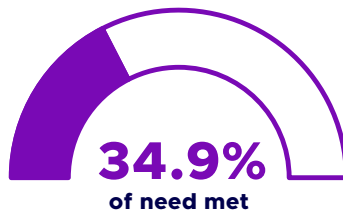


Mississippi

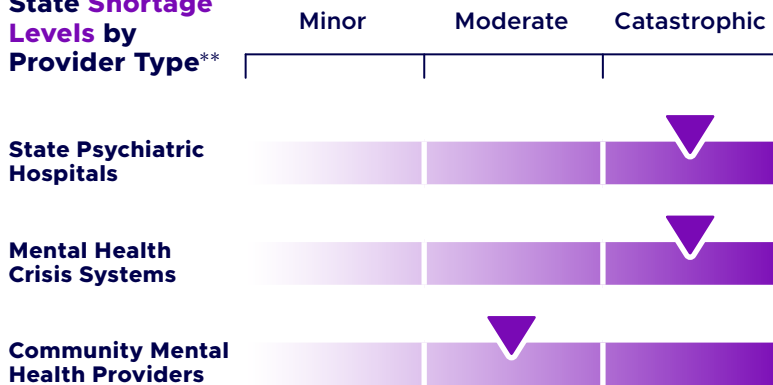
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement[†]

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.79

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$1.16

for every \$1.00 a physician assistant makes

Out-of-Network Use[†]

When patients have to go out of network, care often becomes more difficult to afford.



People had to go out of network

1.9 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
 - Scholarship incentives 
 - Stipends 
 - Loan repayment programs 
- Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans 

Bolstering the Existing Workforce

- Require Medicaid reimbursement of youth peer services 
- Require mental health care to be paid comparably to physical health care using an external benchmark 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - Medicaid plan 
- Join interstate licensure compacts:
 - Psychology Interjurisdictional Compact (PSYPACT) 
 - Counseling Compact 
 - Social Work Licensure Compact 
 - School Psychologist Compact 

Harnessing Data and Technology

- Publicly report data on provider supply and distribution 
- Require commercial plans to cover telemental health services at in-person rates 

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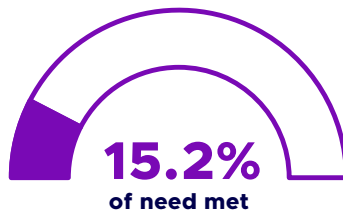


Missouri

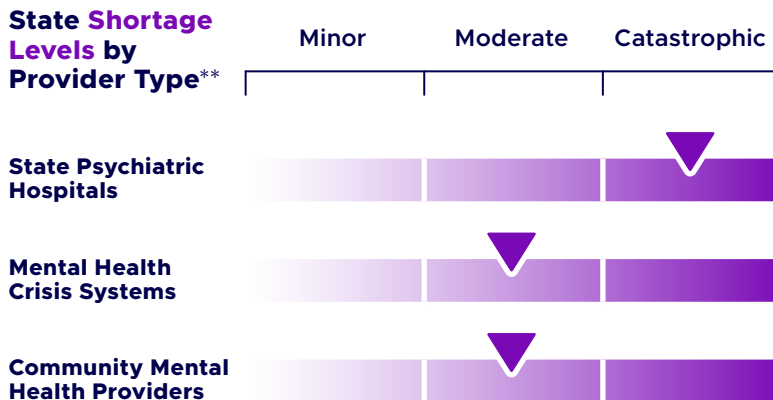
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.78

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.80

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.




People had to go out of network

3.3 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
 - Scholarship incentives 
 - Stipends 
 - Loan repayment programs 
- Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans 

Bolstering the Existing Workforce

- Require Medicaid reimbursement of youth peer services 
- Require mental health care to be paid comparably to physical health care using an external benchmark 
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 - Medicaid plan 
- Join interstate licensure compacts:
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 - Counseling Compact 
 - Social Work Licensure Compact 
 - School Psychologist Compact 

Harnessing Data and Technology

- Publicly report data on provider supply and distribution 
- Require commercial plans to cover telemental health services at in-person rates 

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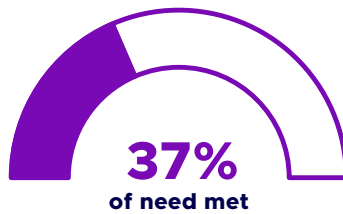


Montana

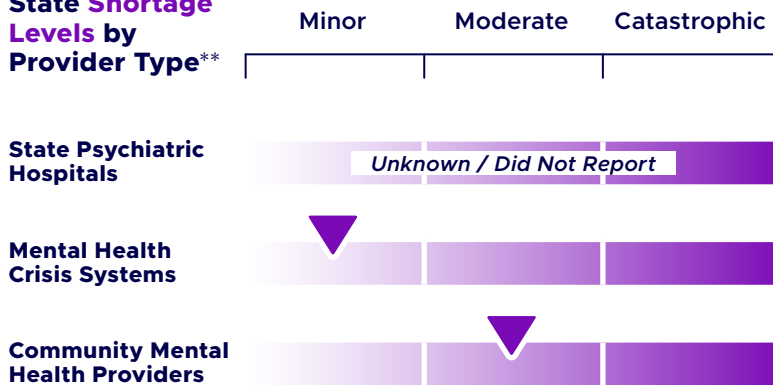
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$1.00

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.84

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.



People had to go out of network

2.4 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
 - Scholarship incentives 
 - Stipends 
 - Loan repayment programs 
- Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans 

Bolstering the Existing Workforce

- Require Medicaid reimbursement of youth peer services 
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- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - Medicaid plan 
- Join interstate licensure compacts:
 - Psychology Interjurisdictional Compact (PSYPACT) 
 - Counseling Compact 
 - Social Work Licensure Compact 
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Harnessing Data and Technology

- Publicly report data on provider supply and distribution 
- Require commercial plans to cover telemental health services at in-person rates 

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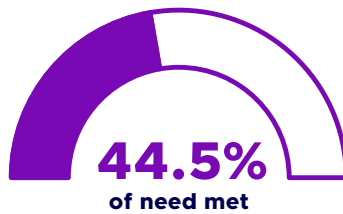


Nebraska

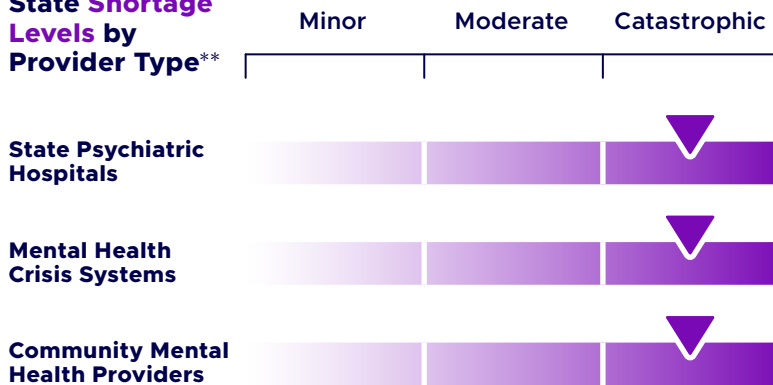
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.88

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.70

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.




People had to go out of network

1.8 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
 - Scholarship incentives 
 - Stipends 
 - Loan repayment programs 
- Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans 

Bolstering the Existing Workforce

- Require Medicaid reimbursement of youth peer services 
- Require mental health care to be paid comparably to physical health care using an external benchmark 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - Medicaid plan 
- Join interstate licensure compacts:
 - Psychology Interjurisdictional Compact (PSYPACT) 
 - Counseling Compact 
 - Social Work Licensure Compact 
 - School Psychologist Compact 

Harnessing Data and Technology

- Publicly report data on provider supply and distribution 
- Require commercial plans to cover telemental health services at in-person rates 

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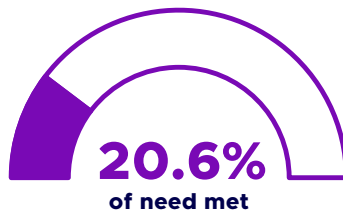


Nevada

Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**

Minor Moderate Catastrophic

State Psychiatric Hospitals

Unknown / Did Not Report

Mental Health Crisis Systems

Unknown / Did Not Report

Community Mental Health Providers

Unknown / Did Not Report

In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.91

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.88

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.


People had to go out of network

1.7 times more often


for mental health care than for medical/surgical care

Policy Progress






State's progress in enacting policies that strengthen and grow the mental health workforce.

Meaningful progress 









Partial progress 

Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
 - Scholarship incentives 
 - Stipends 
 - Loan repayment programs 
- Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans 

Bolstering the Existing Workforce

- Require Medicaid reimbursement of youth peer services 
- Require mental health care to be paid comparably to physical health care using an external benchmark 
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 - Medicaid plan 
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 - Psychology Interjurisdictional Compact (PSYPACT) 
 - Counseling Compact 
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Harnessing Data and Technology

- Publicly report data on provider supply and distribution 
- Require commercial plans to cover telemental health services at in-person rates 

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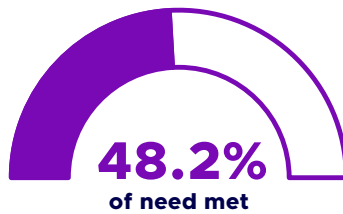


New Hampshire

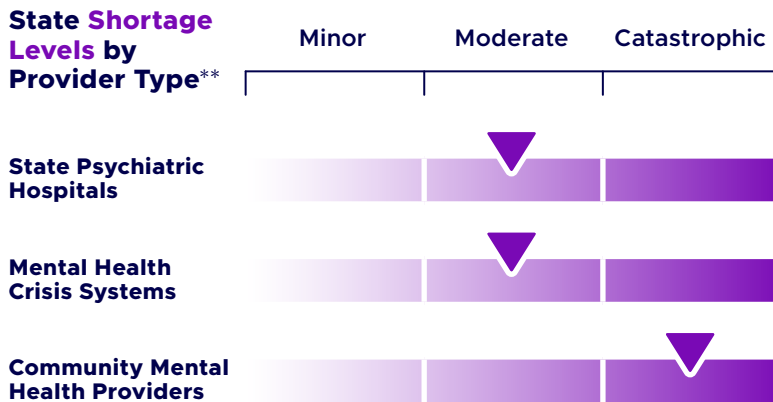
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.69

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.55

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.

People had to go out of network

4.7 times more often

for mental health care than for medical/surgical care

Policy Progress

State's progress in enacting policies that strengthen and grow the mental health workforce.

Meaningful progress 

Partial progress 

Little or no progress 

Developing the Pipeline


Establish a mental health workforce development center 

Expand the mental health provider pipeline through:

Scholarship incentives 

Stipends 

Loan repayment programs 

Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans 

Bolstering the Existing Workforce

Require Medicaid reimbursement of youth peer services 

Require mental health care to be paid comparably to physical health care using an external benchmark 

Cover the Collaborative Care Model of integrated mental health and primary care services in:

Commercial insurance plans 

Medicaid plan 

Join interstate licensure compacts:

Psychology Interjurisdictional Compact (PSYPACT) 

Counseling Compact 

Social Work Licensure Compact 

School Psychologist Compact 

Harnessing Data and Technology

Publicly report data on provider supply and distribution 

Require commercial plans to cover telemental health services at in-person rates 

* KFF, "Mental Health Care Health Professional Shortage Areas (HPSAs)." December 31, 2025.

** NRI, "State Behavioral Health Workforce Shortages and Initiatives, 2023–2024." October 2024.

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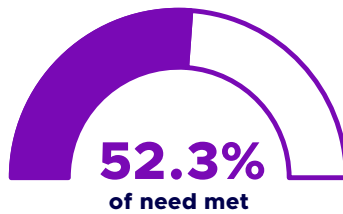


New Jersey

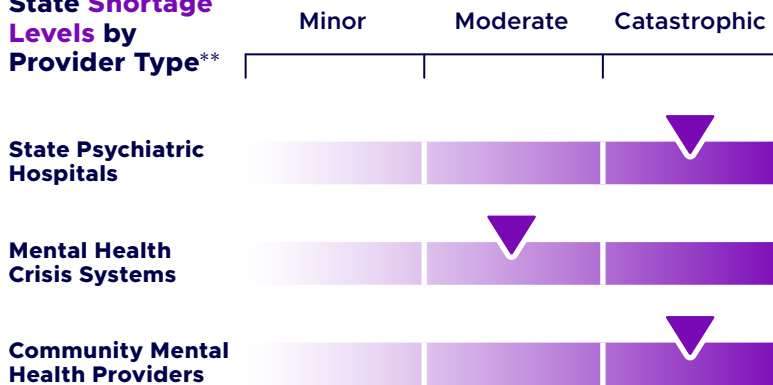
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.89

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$1.00

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.




People had to go out of network

2 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
 - Scholarship incentives 
 - Stipends 
 - Loan repayment programs 
- Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans 

Bolstering the Existing Workforce

- Require Medicaid reimbursement of youth peer services 
- Require mental health care to be paid comparably to physical health care using an external benchmark 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - Medicaid plan 
- Join interstate licensure compacts:
 - Psychology Interjurisdictional Compact (PSYPACT) 
 - Counseling Compact 
 - Social Work Licensure Compact 
 - School Psychologist Compact 

Harnessing Data and Technology

- Publicly report data on provider supply and distribution 
- Require commercial plans to cover telemental health services at in-person rates 

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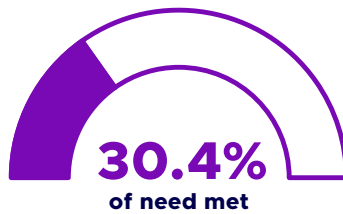


New Mexico

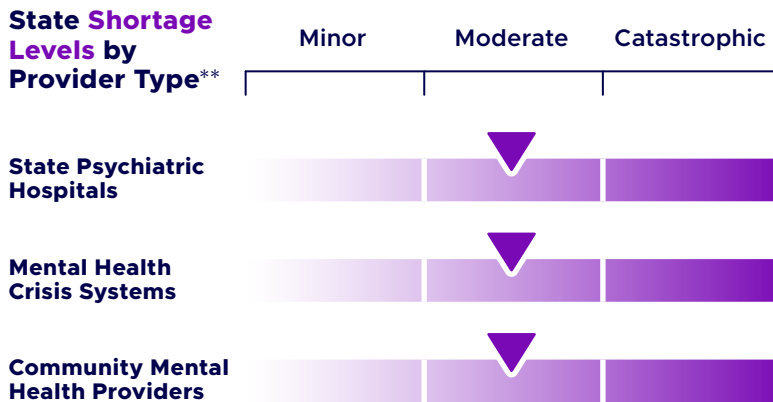
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.82

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.71

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.



People had to go out of network

6.8 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
 - Scholarship incentives 
 - Stipends 
 - Loan repayment programs 
- Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans 

Bolstering the Existing Workforce

- Require Medicaid reimbursement of youth peer services 
- Require mental health care to be paid comparably to physical health care using an external benchmark 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - Medicaid plan 
- Join interstate licensure compacts:
 - Psychology Interjurisdictional Compact (PSYPACT) 
 - Counseling Compact 
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 - School Psychologist Compact 

Harnessing Data and Technology

- Publicly report data on provider supply and distribution 
- Require commercial plans to cover telemental health services at in-person rates 

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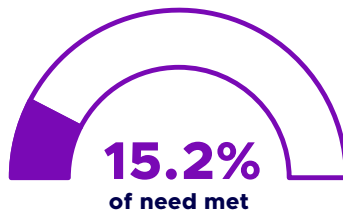


New York

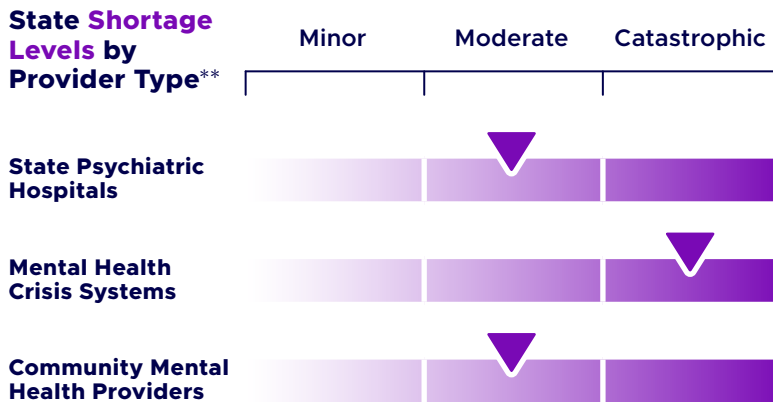
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.88

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.87

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.




People had to go out of network

3.1 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
 - Scholarship incentives 
 - Stipends 
 - Loan repayment programs 
- Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans 

Bolstering the Existing Workforce

- Require Medicaid reimbursement of youth peer services 
- Require mental health care to be paid comparably to physical health care using an external benchmark 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - Medicaid plan 
- Join interstate licensure compacts:
 - Psychology Interjurisdictional Compact (PSYPACT) 
 - Counseling Compact 
 - Social Work Licensure Compact 
 - School Psychologist Compact 

Harnessing Data and Technology

- Publicly report data on provider supply and distribution 
- Require commercial plans to cover telemental health services at in-person rates 

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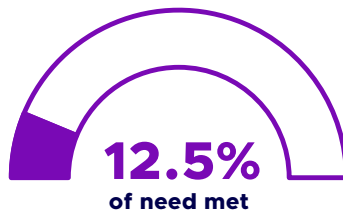


North Carolina

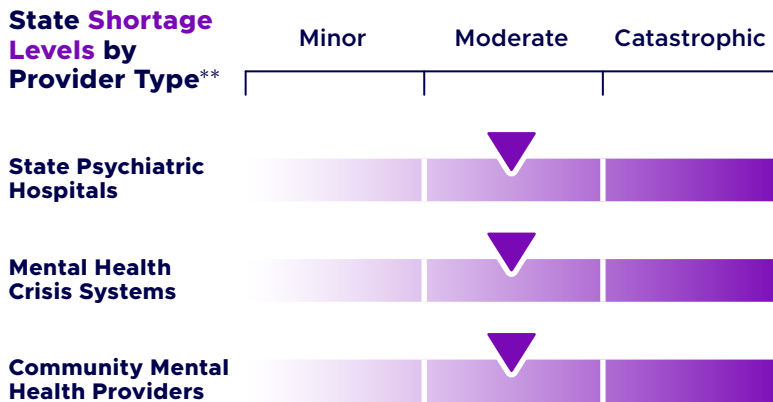
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.67

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.66

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.

People had to go out of network

5.6 times more often

for mental health care than for medical/surgical care

Policy Progress

State's progress in enacting policies that strengthen and grow the mental health workforce.

Meaningful progress	
Partial progress	
Little or no progress	

Developing the Pipeline

Establish a mental health workforce development center	
Expand the mental health provider pipeline through:	
Scholarship incentives	
Stipends	
Loan repayment programs	
Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans	

Bolstering the Existing Workforce

Require Medicaid reimbursement of youth peer services	
Require mental health care to be paid comparably to physical health care using an external benchmark	
Cover the Collaborative Care Model of integrated mental health and primary care services in:	
Commercial insurance plans	
Medicaid plan	
Join interstate licensure compacts:	
Psychology Interjurisdictional Compact (PSYPACT)	
Counseling Compact	
Social Work Licensure Compact	
School Psychologist Compact	

Harnessing Data and Technology

Publicly report data on provider supply and distribution	
Require commercial plans to cover telemental health services at in-person rates	

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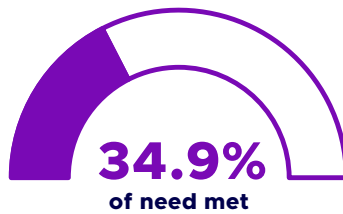


North Dakota

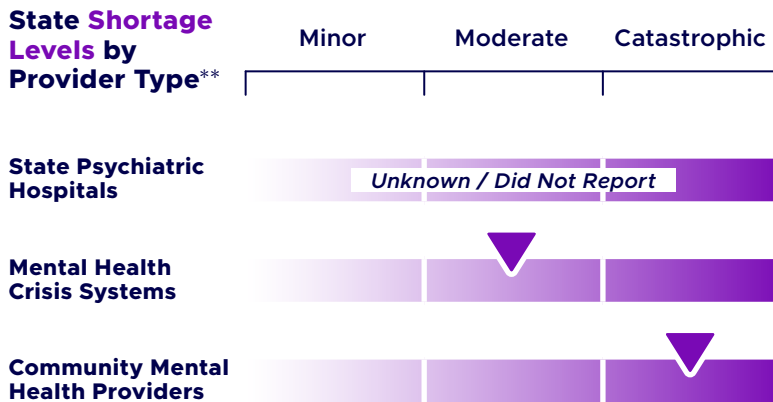
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.82

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.86

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.




People had to go out of network

3.2 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
 - Scholarship incentives 
 - Stipends 
 - Loan repayment programs 
- Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans 

Bolstering the Existing Workforce

- Require Medicaid reimbursement of youth peer services 
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Harnessing Data and Technology

- Publicly report data on provider supply and distribution 
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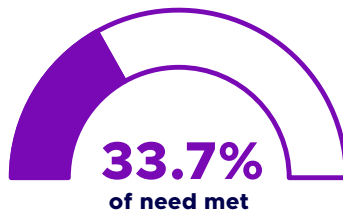
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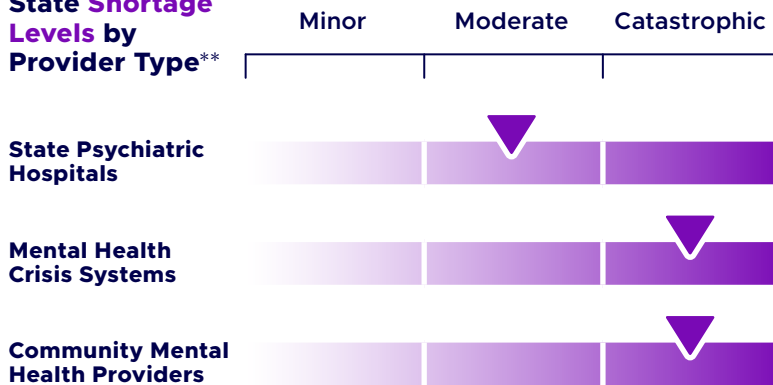
Mental Health Workforce Shortages

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State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.84

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.88

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.




People had to go out of network

1.6 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
 - Scholarship incentives 
 - Stipends 
 - Loan repayment programs 
- Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans 

Bolstering the Existing Workforce

- Require Medicaid reimbursement of youth peer services 
- Require mental health care to be paid comparably to physical health care using an external benchmark 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
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 - Medicaid plan 
- Join interstate licensure compacts:
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Harnessing Data and Technology

- Publicly report data on provider supply and distribution 
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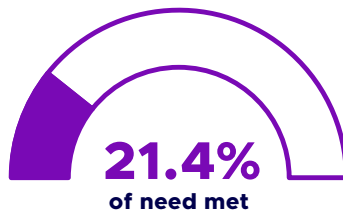


Oklahoma

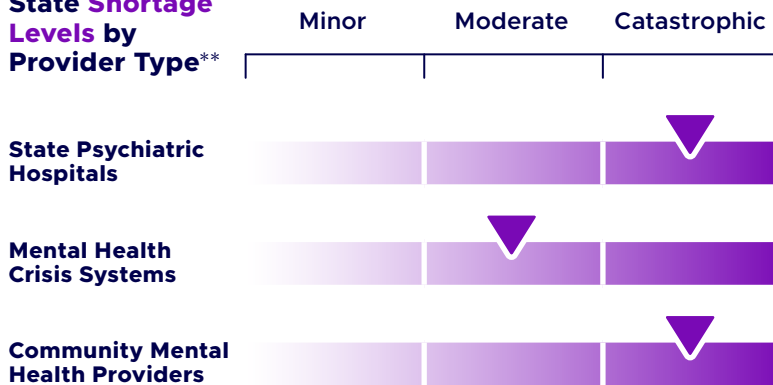
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.90

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.85

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.




People had to go out of network

1.5 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
 - Scholarship incentives 
 - Stipends 
 - Loan repayment programs 
- Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans 

Bolstering the Existing Workforce

- Require Medicaid reimbursement of youth peer services 
- Require mental health care to be paid comparably to physical health care using an external benchmark 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
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 - Medicaid plan 
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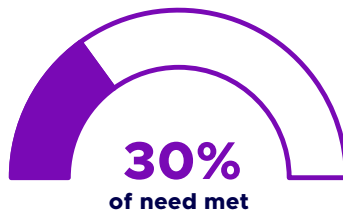


Oregon

Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**

Minor Moderate Catastrophic

State Psychiatric Hospitals

Unknown / Did Not Report

Mental Health Crisis Systems

Unknown / Did Not Report

Community Mental Health Providers

Unknown / Did Not Report

In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.72

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.52

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.




People had to go out of network

3.5 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
 - Scholarship incentives 
 - Stipends 
 - Loan repayment programs 
- Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans 

Bolstering the Existing Workforce

- Require Medicaid reimbursement of youth peer services 
- Require mental health care to be paid comparably to physical health care using an external benchmark 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - Medicaid plan 
- Join interstate licensure compacts:
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 - Counseling Compact 
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Harnessing Data and Technology

- Publicly report data on provider supply and distribution 
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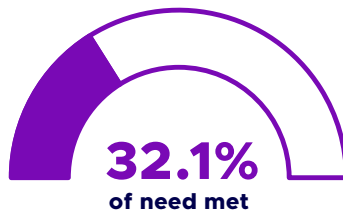


Pennsylvania

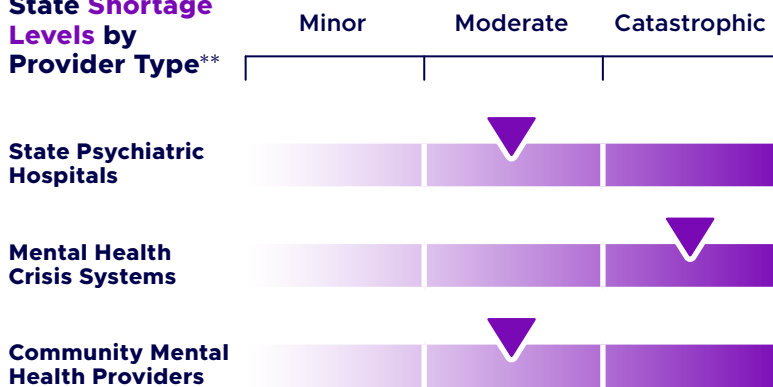
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.90

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.81

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.




People had to go out of network

5.2 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
 - Scholarship incentives 
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Bolstering the Existing Workforce

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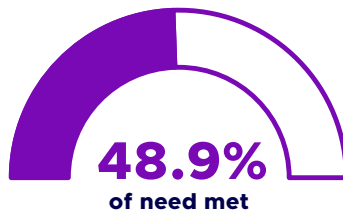


Rhode Island

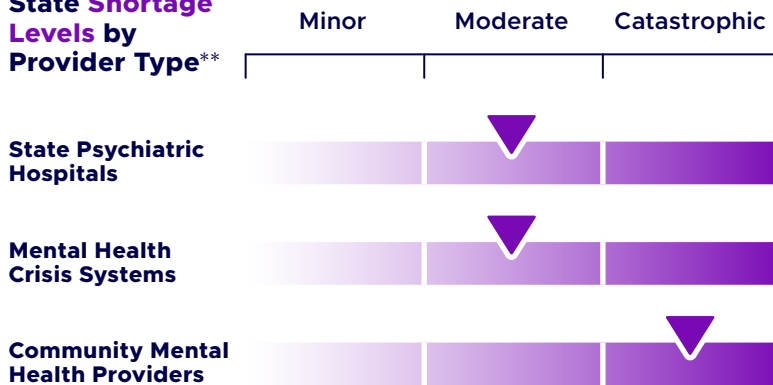
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement[†]

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.90

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.97

for every \$1.00 a physician assistant makes

Out-of-Network Use[†]

When patients have to go out of network, care often becomes more difficult to afford.




People had to go out of network

10.3 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
 - Scholarship incentives 
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 - Loan repayment programs 
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Bolstering the Existing Workforce

- Require Medicaid reimbursement of youth peer services 
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Harnessing Data and Technology

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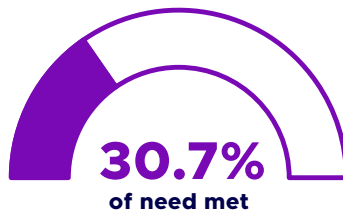


South Carolina

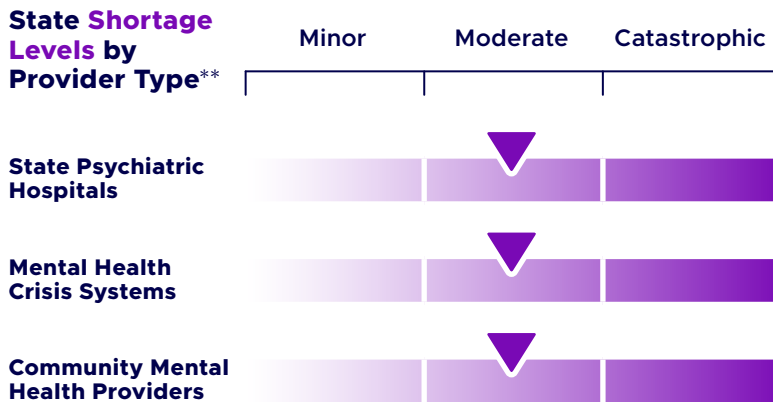
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.60

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.61

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.



People had to go out of network

3.3 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
 - Scholarship incentives 
 - Stipends 
 - Loan repayment programs 
- Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans 

Bolstering the Existing Workforce

- Require Medicaid reimbursement of youth peer services 
- Require mental health care to be paid comparably to physical health care using an external benchmark 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - Medicaid plan 
- Join interstate licensure compacts:
 - Psychology Interjurisdictional Compact (PSYPACT) 
 - Counseling Compact 
 - Social Work Licensure Compact 
 - School Psychologist Compact 

Harnessing Data and Technology

- Publicly report data on provider supply and distribution 
- Require commercial plans to cover telemental health services at in-person rates 

* KFF, "Mental Health Care Health Professional Shortage Areas (HPSAs)." December 31, 2025.

** NRI, "State Behavioral Health Workforce Shortages and Initiatives, 2023-2024." October 2024.

† RTI, "Behavioral Health Parity - Pervasive Disparities in Access to In-Network Care Continue," April 17, 2024.

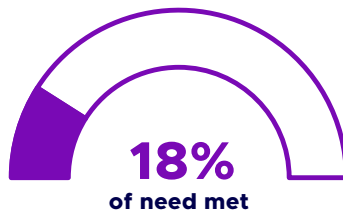


South Dakota

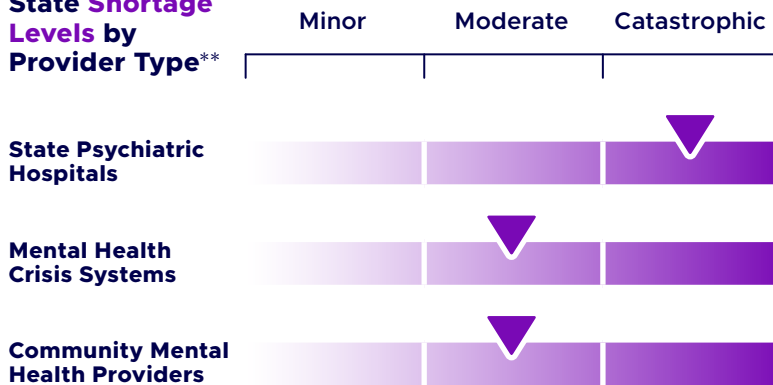
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement[†]

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.85

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.78

for every \$1.00 a physician assistant makes

Out-of-Network Use[†]

When patients have to go out of network, care often becomes more difficult to afford.

People had to go out of network

2.2 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

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Harnessing Data and Technology

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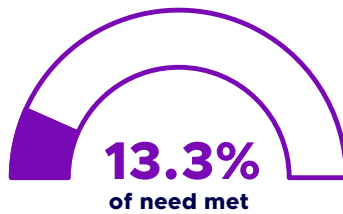


Tennessee

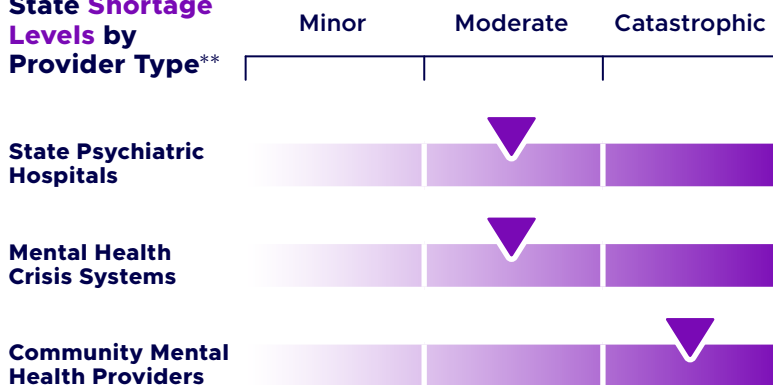
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.59

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.61

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.



People had to go out of network

2.7 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
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Bolstering the Existing Workforce

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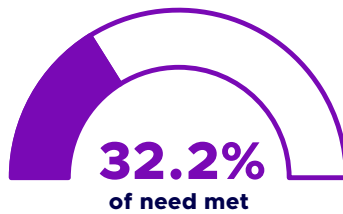


Texas

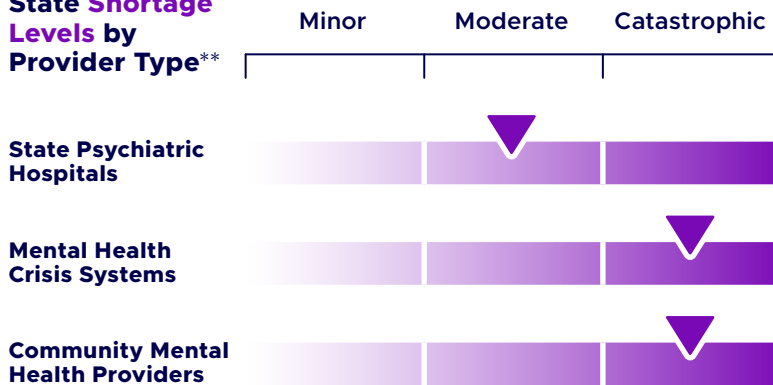
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.84

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.73

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.



People had to go out of network

2.6 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
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 - Stipends 
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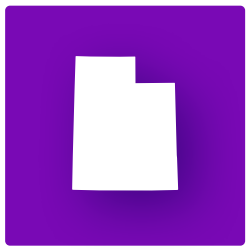
Bolstering the Existing Workforce

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Harnessing Data and Technology

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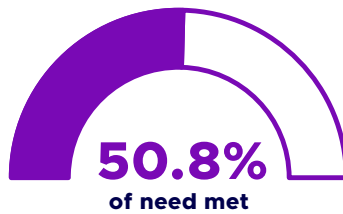


Utah

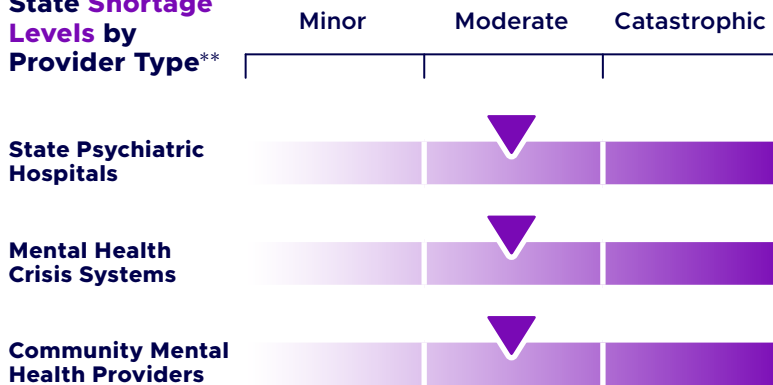
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.87

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.70

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.



People had to go out of network

3.4 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
 - Scholarship incentives 
 - Stipends 
 - Loan repayment programs 
- Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans 

Bolstering the Existing Workforce

- Require Medicaid reimbursement of youth peer services 
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Harnessing Data and Technology

- Publicly report data on provider supply and distribution 
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Vermont

Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**

Minor Moderate Catastrophic

State Psychiatric Hospitals

Unknown / Did Not Report

Mental Health Crisis Systems

Unknown / Did Not Report

Community Mental Health Providers

Unknown / Did Not Report

In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.75

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.62

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.



People had to go out of network

4.4 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
- Expand the mental health provider pipeline through:
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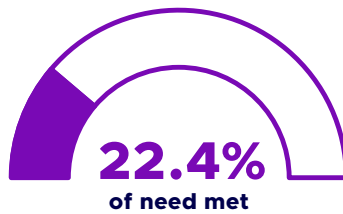


Virginia

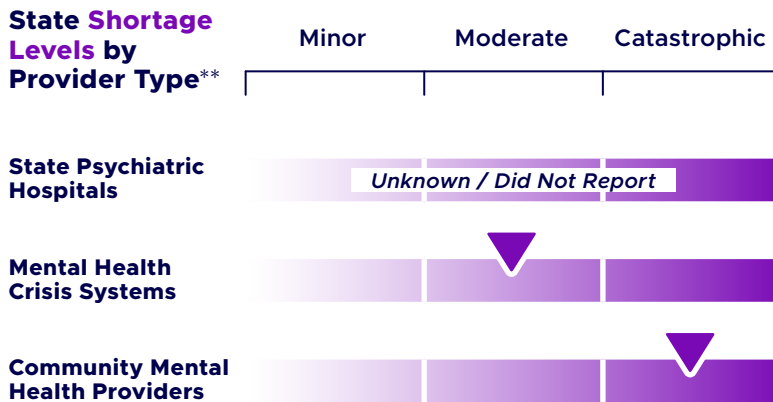
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.87

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.85

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.



People had to go out of network

6.5 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

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Bolstering the Existing Workforce

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- Publicly report data on provider supply and distribution 
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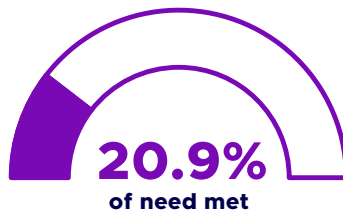


Washington

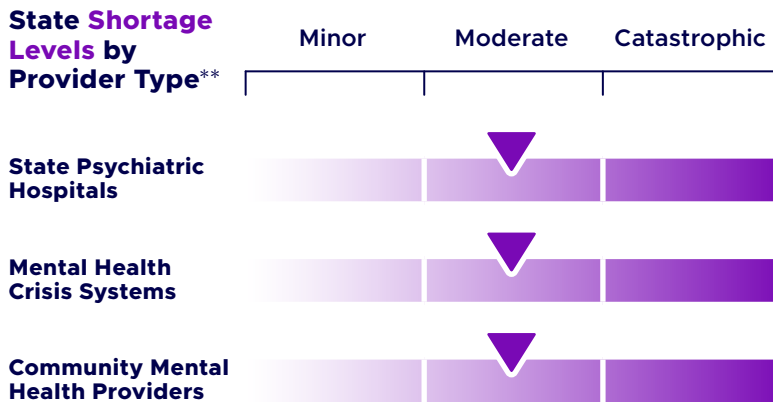
Mental Health Workforce Shortages

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State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.79

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.62

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.

People had to go out of network

7.1 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

Meaningful progress	
Partial progress	
Little or no progress	



Developing the Pipeline

Establish a mental health workforce development center	
Expand the mental health provider pipeline through:	
Scholarship incentives	
Stipends	
Loan repayment programs	
Require health plans to reimburse supervised services by pre-licensure candidates in commercial insurance plans	

Bolstering the Existing Workforce

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Social Work Licensure Compact	
School Psychologist Compact	

Harnessing Data and Technology

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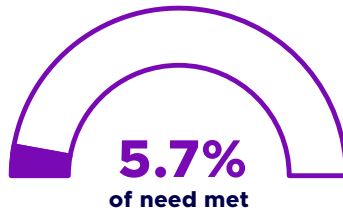


West Virginia

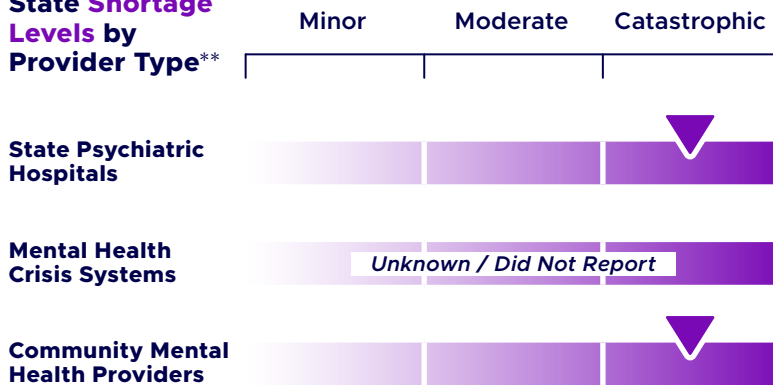
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State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.86

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.92

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.




People had to go out of network

2.5 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

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Harnessing Data and Technology

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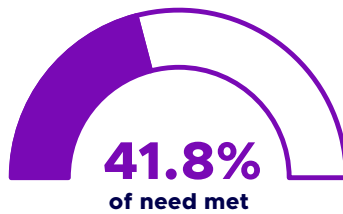


Wisconsin

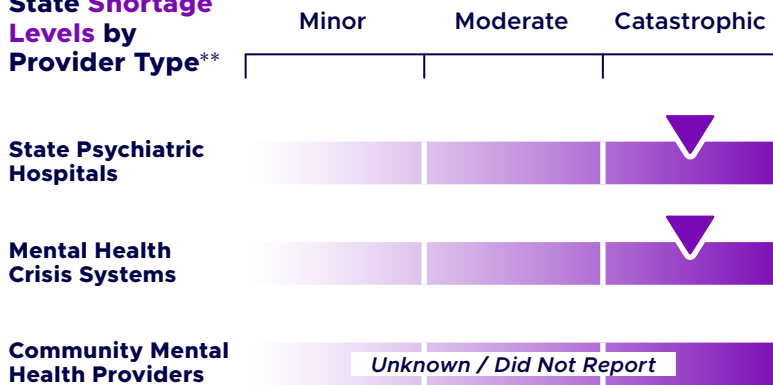
Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**



In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.54

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.56

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.




People had to go out of network

1.5 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

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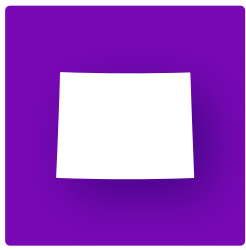
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Harnessing Data and Technology

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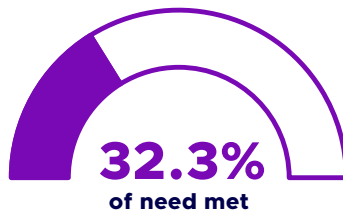


Wyoming

Mental Health Workforce Shortages

Having a robust pipeline of mental health professionals, paraprofessionals, and peers can help mitigate shortages and get people the care they need sooner.

State Progress in Meeting Recommended Psychiatrist Ratios*



State Shortage Levels by Provider Type**

Minor Moderate Catastrophic

State Psychiatric Hospitals

Unknown / Did Not Report

Mental Health Crisis Systems

Unknown / Did Not Report

Community Mental Health Providers

Unknown / Did Not Report

In-Network Reimbursement†

Compared to physical health clinicians with similar education and licensure requirements:

A psychiatrist makes

\$0.73

for every \$1.00 a medical/surgical clinician makes

A therapist makes

\$0.78

for every \$1.00 a physician assistant makes

Out-of-Network Use†

When patients have to go out of network, care often becomes more difficult to afford.


People had to go out of network

2.3 times more often






for mental health care than for medical/surgical care

Policy Progress









State's progress in enacting policies that strengthen and grow the mental health workforce.

- Meaningful progress 
- Partial progress 
- Little or no progress 



Developing the Pipeline

- Establish a mental health workforce development center 
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 - Loan repayment programs 
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Bolstering the Existing Workforce

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Harnessing Data and Technology

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Appendix

Pre-License Medicaid Reimbursement Summary

This chart summarizes how state Medicaid programs approach reimbursement for pre-license mental health providers. For each state, the chart identifies which provider types are permitted to deliver reimbursable services, the settings in which those services may be provided (such as community mental health centers, outpatient clinics, or school-based programs), and the reimbursement structure used (e.g., billing through a supervising provider or agency, reduced rates, or no distinct pre-license rate).

Together, the chart highlights the wide variation across states in how Medicaid policies support—or limit—the use of the pre-licensed mental health workforce.

STATE	Provider Types Allowed (Pre-License)	Settings Allowed	Reimbursement/Billing Rules	State Statute
Alabama	Pre-licensed individuals with a master's degree or above who have completed a practicum or have six months of supervised post-master's clinical experience.	Not specified	Reimbursement rate: 75% of the Medicaid allowable rate when billed with the appropriate modifier (HO).	Alabama Medicaid Bulletin
Alaska	Behavioral health clinical associate includes an individual working for a community behavioral health services provider who may have less than a master's degree in psychology, social work, counseling, or a related field with specialization or experience in providing rehabilitation services to recipients with severe behavioral health conditions.	Community Behavioral Health Clinics and Mental Health Physician Clinics	Services must be rendered by licensed Medicaid-enrolled providers, but associates can provide services at clinics.	Alaska State Plan
Arizona	Behavioral Health Technicians (BHTs) — unlicensed/ paraprofessional under clinical oversight	Behavioral health outpatient clinics; integrated care settings	Billed under agency; no distinct rate for pre-license services	Ariz. Rev. Stat. § 36-2939; Ariz. Admin. Code R9-22-201 et seq.

Appendix

Pre-License Medicaid Reimbursement Summary

STATE	Provider Types Allowed (Pre-License)	Settings Allowed	Reimbursement/Billing Rules	State Statute
Arkansas	LAC, LCSW (associate), LPC, LMFT, LPE-I, psychology interns, psychiatrists, APRN, PA	Medicaid-enrolled outpatient providers; community mental health centers; telemedicine	Billed under the Medicaid-enrolled provider/clinic; no separate pre-license rate	Ark. Code Ann. § 20-77-102 ; Arkansas Medicaid Provider Manual (Behavioral Health Services)
California	ASW, AMFT, APCC, psychology interns, trainees, post-doc fellows	Community MH centers, FQHCs, county MH plans, schools, telehealth	Associates/trainees deliver Medi-Cal services under supervision; billed through agency; no separate rate	Welf. & Inst. Code § 14132 ; 9 Cal. Code Regs. § 1840.312
Colorado	Unlicensed psychotherapists, LPCC, LMSW, MFT candidates, psychology candidates	Outpatient clinics and community MH providers	Reimbursable under supervising Medicaid provider; no special rate	Colo. Rev. Stat. § 25.5-5-202 ; 10 CCR 2505-10
Connecticut	LPCA, MFT Associate, CSW Associate, psychology associate, interns	Outpatient behavioral health clinics; community agencies	License-eligible clinicians allowed; billed under agency; no separate rate	Conn. Gen. Stat. § 17b-262 ; Conn. Agencies Regs. § 17b-262-618
Delaware	Licensed associate counselors, LMSW, psychology interns, post-doc residents	Mental health clinics; community providers	Billed under Medicaid provider agency; no separate rate	31 Del. C. § 512 ; Delaware Medicaid Provider Manuals (Behavioral Health)
District of Columbia	Graduate-level trainees under supervision (MFT, PC, SW, psychology trainees)	Medicaid MH rehab providers; community MH agencies	Billed through agency; no distinct reimbursement rate	D.C. Code § 1-307.02 ; DC Medicaid State Plan Amendment (Behavioral Health Rehabilitation)

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Pre-License Medicaid Reimbursement Summary

STATE	Provider Types Allowed (Pre-License)	Settings Allowed	Reimbursement/Billing Rules	State Statute
Florida	Registered mental health counselor interns, clinical social work interns, MFT interns	Medicaid behavioral health provider agencies; community MH settings	Interns must work under supervision; billed under supervising provider; no separate intern rate	Fla. Stat. § 409.906 ; Fla. Admin. Code R. 59G-4.050
Georgia	LMSW, Associate Professional Counselors (APC), Associate MFT, psychology trainees	Community MH providers; CSBs; Medicaid-enrolled outpatient agencies	Supervised services allowed; services billed under agency or supervisor; no special rate	O.C.G.A. § 49-4-153 ; Georgia Medicaid Policies & Procedures Manual (Behavioral Health)
Hawaii	Mental health trainees, social work interns, MFT trainees, psychology interns	Community MH clinics; FQHCs; outpatient behavioral health	Allowed under supervision; billed under agency; no pre-license reimbursement rate	Haw. Rev. Stat. § 346-14 ; Haw. Admin. Rules § 17-1737
Idaho	Unlicensed staff providing Behavioral Intervention, Crisis Intervention, or Habilitative Skill Building under supervision of intervention specialist/professional	Not specified; applies to Medicaid behavioral services programs	Must be provided by or under supervision of specialist; billed by supervising provider; no special rate	Idaho Code § 56-202 ; IDAPA 16.03.09
Illinois	Licensed therapy assistants under therapist supervision; clinical fellows; assistants under therapist-established plan of care	Outpatient therapy; Medicaid therapy services	Only supervising/enrolled therapist may bill; assistants may provide treatment but cannot bill directly	305 ILCS 5/5-5 ; 89 Ill. Admin. Code 140
Indiana	Graduate or postgraduate students in medical, nursing, mental health, behavioral health, addiction fields; interns/practicum students under direct supervision	Community Mental Health Centers	Claims submitted only by supervising practitioner; one Medicaid claim per episode of care	Ind. Code § 12-15-5 ; 405 IAC 5-20-8

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Pre-License Medicaid Reimbursement Summary

STATE	Provider Types Allowed (Pre-License)	Settings Allowed	Reimbursement/Billing Rules	State Statute
Iowa	Bachelor-level human services staff; RN with 2+ years human services; non-licensed CMHC employees under general supervision of a mental health professional	Community Mental Health Centers (CMHCs)	Services by non-professionals must be supervised by MH professional; billed by CMHC; no separate rate	Iowa Administrative Code r. 441-77.2
Kansas	Peer specialists, peer mentors, parent peer specialists (no clear allowance for pre-licensed counselors/therapists)	Mental health agencies; peer support settings	Supervising licensed professional must bill; no independent billing for unlicensed providers; no explicit policy for pre-licensed clinicians	Kan. Stat. Ann. § 39-7,100; K.A.R. 30-5-59
Kentucky	MFT Associate; LPC Associate; Psychological Associate; Certified Social Worker; Licensed Professional Art Therapist Associate; Assistant Behavior Analyst; CADC Associate	Behavioral Health Service Organizations (BHSO I), behavioral health providers/groups	Reimbursed at 52.5% of KY Medicare Physician Fee Schedule when provided by an associate-level clinician; billed by approved BH practitioners/groups	Ky. Rev. Stat. § 205.560; 907 KAR 1:815
Louisiana	PSR/CPST staff: bachelor's degree human services; PLPC; PLMFT; LMSW; CSW; psychology interns; limited scope license holders; unlicensed staff meeting past requirements	Behavioral health provider agencies	Must employ full-time MH supervisor; unlicensed staff require monthly supervision; reimbursable only if agency meets staffing rules	La. Rev. Stat. § 36:254; La. Admin. Code tit. 50, Pt. XV
Maine	Direct care staff with HS diploma + BHP certification; provisional staff; clinical staff must be licensed/conditionally licensed; dental externs/residents	FQHCs; behavioral health agencies; dental clinics	Reimbursement allowed if licensing/qualification rules met; supervision minimums required; billed by agency	22 M.R.S. § 3174-G; 10-144 C.M.R. Ch. 101

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Pre-License Medicaid Reimbursement Summary

STATE	Provider Types Allowed (Pre-License)	Settings Allowed	Reimbursement/Billing Rules	State Statute
Maryland	Graduate-level students and interns under supervision; MH professional must co-sign documentation	Community-based behavioral health programs regulated under COMAR 10.63	Allowed under supervision; documentation must be co-signed; billed by provider; no separate rate	Md. Code, Health-Gen. § 15-103; COMAR 10.63
Massachusetts	Psychology interns; psychology post-docs; LCSW; unlicensed MSWs; mental health counselor interns; MFT interns; post-master's associates	Community mental health centers; providers under 130 CMR 429	Centers may bill for services by qualified professional or paraprofessional; strict education & supervision; billed by center	Mass. Gen. Laws ch. 118E; 130 CMR 429.000
Michigan	Limited-licensed mental health providers under supervision (per Medicaid Bulletin)	Not specified	Medicaid reimburses services delivered by supervised limited-licensed providers beginning Feb. 4, 2021	Mich. Comp. Laws § 400.109; Michigan Medicaid Provider Manual (Behavioral Health)
Minnesota	Mental health practitioner; mental health rehabilitation worker; mental health certified peer specialist (under supervision)	ARMHS, crisis services, outpatient behavioral health	Reimbursable if services are within scope and provided under required supervision as defined in statute	Minn. Stat. § 256B.0625; Minn. Stat. § 245I
Mississippi	No clear Medicaid authority permitting pre-licensed behavioral health clinicians	N/A	Medicaid reimbursement is generally restricted to licensed providers	N/A
Missouri	Unlicensed providers who meet "qualified mental health professional" criteria under supervision	Behavioral health agencies enrolled in MO Medicaid	MO HealthNet reimburses supervised services; must follow state-defined methodology and supervision rules	Mo. Rev. Stat. § 208.152; 13 CSR 70-15

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Pre-License Medicaid Reimbursement Summary

STATE	Provider Types Allowed (Pre-License)	Settings Allowed	Reimbursement/Billing Rules	State Statute
Montana	Licensed behavioral health centers employing supervised in-training providers	Behavioral health outpatient settings	Providers in training may bill only if supervision and qualifications meet administrative rule standards	Mont. Code Ann. § 53-6-101; ARM 37.85
Nebraska	Provisionally licensed mental health practitioners (PLMHP), provisional alcohol/drug counselors	Psychotherapy and behavioral health settings	Reimbursable; must be supervised; services billed consistent with NAC Ch. 20 §001 requirements	Neb. Rev. Stat. § 68-911; 471 NAC Ch. 20
Nevada	Psychological assistants, interns, or trainees; master's level interns under direct supervision	Not specified	Reimbursement rate not specified; reimbursed at the rate another provider would receive, subject to federal financial participation	N.R.S. 422.27239 N.R.S. 422.272366
New Hampshire	Candidates for licensure who meet pre-license criteria under supervision	Behavioral health outpatient	Reimbursable under Medicaid if supervised and compliant with He-W 513.04 qualifications	N.H. Rev. Stat. § 167:3-b; He-W 513.04
New Jersey	Licensed associate counselors, clinical social work interns, associate marriage/family therapists under supervision	Medicaid-enrolled behavioral health providers	NJ Medicaid reimburses supervised services “notwithstanding any law or rule”; supervisor must be licensed	N.J. Stat. Ann. § 30:4D-6; N.J.A.C. 10:77

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Pre-License Medicaid Reimbursement Summary

STATE	Provider Types Allowed (Pre-License)	Settings Allowed	Reimbursement/Billing Rules	State Statute
New Mexico	Licensed associate-level behavioral health providers (LPC-A, LMSW, LMFT-A) under supervision	Behavioral health outpatient	Medicaid reimburses supervised services; associate must be supervised under NM Admin Code 8.321.2.9(E)	N.M. Stat. Ann. § 27-2-12; NMAC 8.321.2.9(E)
New York	Student interns and limited permittees (e.g., LMSWs under supervision of LCSWs, licensed psychologists, or psychiatrists)	Not specifically listed; applies to Medicaid-enrolled children/youth services (CFTSS and HCBS)	Reimbursement goes to the supervising licensed practitioner's Medicaid provider ID; rate not specified	N.Y. Soc. Serv. Law § 365-a; NY OMH Medicaid Guidance
North Carolina	Associate-level licensees (LCMHC-A, LCSWA, LMFTA), Qualified Professionals (QPs), and Para-Professionals under required supervision	Outpatient behavioral health; enhanced services	Covered when delivered under approved supervision; must meet state clinical coverage policy for staff qualifications	N.C. Gen. Stat. § 108A-54; 10A NCAC 27G
North Dakota	Providers working toward licensure under board-approved supervision	Behavioral health rehabilitative services settings	Reimbursable if provider has documented supervision and meets qualifications specified in BHS manual	N.D. Cent. Code § 50-24.1-01; ND Medicaid Behavioral Health Manual
Ohio	Supervised practitioner or trainee under general supervision of a licensed mental health professional	Community mental health centers, telehealth services	Payment made to supervising provider or eligible entity; Medicaid covers services provided under supervision	Ohio Rev. Code § 5166.01; Ohio Admin. Code 5160-27-02

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Pre-License Medicaid Reimbursement Summary

STATE	Provider Types Allowed (Pre-License)	Settings Allowed	Reimbursement/Billing Rules	State Statute
Oklahoma	Licensure candidates actively receiving board-approved supervision; supervised by fully licensed clinician if required	Outpatient behavioral health, ABA, clinics	Reimbursement requires supervising LBHP to review and countersign notes; services billed under supervising provider	Okla. Stat. tit. 63 § 5009; OAC 317:30-5-240
Oregon	Psychologist Associates, LPC/LMFT interns, Clinical Social Work Associates, Registered BSW, mental health interns, qualified mental health professionals/associates, peer-support specialists	Rehabilitative behavioral health service providers, certified provider organizations	Supervision under active board-approved plan; reimbursed through organization under Medicaid	Or. Rev. Stat. § 414.065; OAR 410-120-1210
Pennsylvania	Psychologist in preparation for licensure, under direct supervision of licensed psychologist	Psychiatric outpatient clinics, partial hospitalization programs	Only supervised pre-license providers can administer/interpret diagnostic evaluations	62 P.S. § 443.1; 55 Pa. Code § 1101.75
Rhode Island	No explicit Medicaid authority identified for pre-licensed clinicians	N/A	Services must be provided by licensed Medicaid-enrolled providers	N/A
South Carolina	LPC Associates, LMFT Associates under direct supervision of licensed LPC/LMFFQHCs, general supervision under Physician/APRN allowed	FQHCs	Direct supervision required for Medicaid billing; supervisor co-signs notes; limits on number of supervisees; general supervision allowed with limits	LIP Rehabilitative Services Manual FQHC Behavioral Health Services Provider Manual
South Dakota	No clear Medicaid authority for pre-licensed behavioral health providers	N/A	Medicaid services must be rendered by licensed providers	N/A

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Pre-License Medicaid Reimbursement Summary

STATE	Provider Types Allowed (Pre-License)	Settings Allowed	Reimbursement/Billing Rules	State Statute
Tennessee	Candidates for licensure (completed master's/doctoral degree, not licensed)	Licensed mental health outpatient facilities contracted with TennCare MCOs	Facilities may bill for supervised candidate services within scope of training; services include assessments, provisional diagnoses, treatment planning	Policy No. PRO 22-002 (Rev. 2, March 11 2022) titled "Behavioral Health Services Furnished by Candidates for Licensure."
Texas	Licensed Psychological Associates (LPA), Provisionally Licensed Psychologists (PLP), under direct supervision of licensed psychologist	Same office/building/facility as supervising psychologist	Reimbursement: LPA/PLP services reimbursed to supervising psychologist at 70%; psychology interns/fellows at 50% of licensed psychologist fee	1 TAC § 354.1281 1 TAC § 355.8085
Utah	Associate marriage & family therapists, associate clinical mental health counselors, associate master addiction counselors	Rehabilitative mental health & SUD services; billing through licensed supervisor if not independent. Billed under licensed supervisor's NPI	Pre-licensed clinicians do not bill independently and services they deliver are reimbursed only when billed by the enrolled provider or supervising entity	"Provider Qualifications" for the Utah Department of Health and Human Services Medicaid manual Rehabilitative Mental Health & SUD Services, Section 1-5
Vermont	Non-licensed providers actively working toward licensure or with AAP/ADC certification, including mental health practitioners, ABA, addiction counselors, psychiatric nurse practitioners	Medicaid-covered clinical services	Licensed supervisor must provide ongoing supervision, sign off on plans, be available immediately; non-licensed providers on roster >5 years not eligible	Vt. Admin. Code 12-9-9.103

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Pre-License Medicaid Reimbursement Summary

STATE	Provider Types Allowed (Pre-License)	Settings Allowed	Reimbursement/Billing Rules	State Statute
Virginia	Services must be provided under LMHP, LMHP-R, LMHP-RP, or LMHP-S	Day treatment/partial hospitalization, psychosocial rehab, crisis, intensive community treatment, mental health skill building	Not specified for pre-license; requires staff travel not billable; services meet medical necessity	12 VAC 30-50-226
Washington	LMHCA (Licensed Mental Health Counselor Associates), Marriage and Family Therapist Associates, Social Worker Associates, nonlicensed providers under supervision of licensed provider	School-Based Health Services (SBHS), collaborative care teams	Supervising provider must review and co-sign all treatment notes before claims; services billed under licensed provider	Wash. Rev. Code § 74.09.520 ; WAC 182-531-1400
West Virginia	Supervised Psychologist – unlicensed psychologist with completed MA/MS/PhD/PsyD/EdD enrolled in WV Board of Examiners of Psychologists Supervision Program	Behavioral Health Clinics	Not specified beyond supervision; services provided under formal supervision program	W. Va. Code § 9-4-1 ; W. Va. Medicaid Provider Manual (Behavioral Health)
Wisconsin	QTT (Qualified Treatment Trainee) – behavioral health professional accumulating supervised hours toward full licensure; holds at least a Master's (LCSW, LPC, LMFT) or Doctorate (psychologist)	Any setting where services are provided under ForwardHealth rules	Services reimbursable when within scope of practice and under direct, immediate supervision of licensed provider; student cannot bill directly	Wis. Stat. § 49.45 ; DHS 35
Wyoming	Provisional licensee in mental health (LPC, LMFT, LCSW, Licensed Addictions Therapist) under supervision of licensed mental health professional	Certified mental health centers, community substance abuse treatment centers	Services authorized under Medicaid when supervised; rules define qualifying mental health services and supervision standards	Wyo. Stat. § 42-4-103 ; Wyoming Medicaid Rules Ch. 24



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