Mayor's Office of Community Mental Health

Bridging the Gap:

Challenges and Solutions for

A THRIVING BEHAVIORAL HEALTH WORKFORCE

Letter from the Executive Director

Dear Colleagues and Partners,

New York City is a place of boundless energy, diversity, and resilience, but it is also a city grappling with profound mental health challenges. From the increasing demands on the behavioral health system to the rising mental health needs of our communities, the urgency to act has never been clearer. These challenges affect not just individuals but also the fabric of our neighborhoods, workplaces, communities, and families.

In response, New York City must seize the opportunity to build something transformative—a more coordinated and responsive behavioral health system, paired with a truly community-centered approach to mental health. The Mayor's Office of Community Mental Health (OCMH) is proud to contribute to this collective vision by fostering a sense of belonging, purpose, and connection that supports both individual and collective well-being. A robust and effective ecosystem of care must extend beyond traditional settings and mental health professionals, expanding community capacity and strengthening partnerships. By working together, we can shape environments where people feel valued, supported, and empowered to lead healthy, fulfilling lives.

This white paper reflects New York City's resolve to tackle the systemic issues that drive inequities and hinder progress. It examines workforce shortages, employee well-being, investment gaps, and barriers to representation that challenge the behavioral health field, while outlining a vision for sustainable and collaborative solutions. More importantly, it calls for collective action across sectors and communities to strengthen the systems that support New Yorkers' mental health.

Together, we have the opportunity to create a system of care that delivers the resources, empathy, and infrastructure needed to meet the challenges ahead. Let us move forward with a shared purpose to ensure every New Yorker — whether seeking care, providing it, or both — feels supported, valued, and equipped to thrive.

Warm regards,

Eva Wong, LMHC
Executive Director
Mayor's Office of Community Mental Health

EXECUTIVE SUMMARY

New York City is in the midst of a behavioral health crisis. In response, the City has put forward an ambitious public health blueprint to transform the approach to mental health and wellness for all New Yorkers. This has opened the doors for innovative thinking and collaborative responses.

The Mayor's Office of Community Mental Health (OCMH) plays a key role in driving systems-level change to improve mental health outcomes. OCMH works to identify and address critical gaps in mental healthcare by bringing together city agencies and additional stakeholders to work within and across systems to create change. This approach relies on cultivating a diverse, skilled, and well-supported behavioral health workforce to sustain a city where New Yorkers are safe, healthy, and able to access opportunities.

This paper reviews current research and insights into the driving forces for the behavioral health workforce shortage and also provides an overview of the multifaceted approach OCMH is taking to effectively respond to these crises, including a discussion of promising practices in NYC and beyond.

Challenges Facing the Behavioral Health Workforce: A Multi-Pronged Crisis

Labor Crisis

There is a significant shortage of behavioral health professionals in the public sector, which includes the institutions and providers who serve low-income and uninsured New Yorkers, such as government agencies, public hospitals and clinics, schools, non-profits, and faith-based organizations. The behavioral health workforce has greater than average growth projections as community needs persist; therefore, it is critical to establish and maintain a strong pipeline of professionals to meet current demands and to prepare for the future.

Mental Health Crisis for Practitioners

Burnout is prevalent in healthcare and non-profit sectors, exacerbated by secondary traumatic stress for many behavioral health professionals working with clients who have experienced trauma. Additionally, moral injury occurs when practitioners face ethical conflicts in their work and can be further compounded by factors including lack of cultural representation and microaggressions in the workplace. Addressing these issues is an essential component of cultivating a fully staffed, healthy, and effective workforce.

Crisis of Representation

There is a lack of racial and ethnic diversity in the behavioral health workforce and a need for greater cultural competency among care providers. These challenges are rooted in historical injustices and persist today, as evidenced by significant inequities and disparities. The workforce also lacks diversity across disciplines, with an over-reliance on social workers while other professions crucial to a multidisciplinary approach remain underrepresented. A comprehensive behavioral health workforce includes professionals with a wide range of both clinical and non-clinical titles.

Investment Crisis

Adequate investment is essential for workforce expansion and sustainability through economic downturns. Incentivizing individuals to enter and remain in the behavioral health field requires both long term government investments and private sector partnerships, as well as innovative restructuring of systems to create cost-neutral solutions.

Responding to the Workforce Crisis: Proposed Solutions and Promising Practices

Career Pathways

Support for entry and advancement in the behavioral health career sector can occur at all life stages. Early exposure initiatives in schools and community programs can spark career interest and build foundational skills, while mid-career upskilling opportunities support professionals in entry-level positions as well as career changers. Finally, pathways for advanced credentialing ensure that those looking to deepen their expertise and leadership abilities can do so as well.

Talent Development

Investing in the existing workforce involves enacting organizational changes that allow professionals to work at the top of their licensure and take part in ongoing training. To enhance capacity and improve employee experiences, providers can leverage the skills of staff who represent a diversity of professional knowledge and specialization. Additionally, employee retention can be strengthened by expanding professional development and employee benefit initiatives.

Educational Access

Increasing access to behavioral health training and credentials is key to preparing a robust workforce. This includes expanding entry points into behavioral health education, pathways to and through college-connected, credit-bearing certification programs, and reducing barriers to graduate-level education and professional licensure.

Capacity Building

Expanding community-based care involves strengthening and supporting the organizations providing services, especially those that are BIPOC-led and located in underserved areas. This includes upskilling staff at community- and faith-based organizations, adapting evidence-based interventions for local contexts, and providing centralized training and learning opportunities.

Sustainable Solutions through Collaboration and Innovations

Addressing the behavioral health needs of New York City requires a collaborative approach involving city and state government, non-profit organizations, educational institutions, faith-based partners, private sector partners, and funders. Successful strategies should prioritize diversity, equity, and inclusion and be informed by individuals with lived experience and impacted communities.

By pursuing the above outlined strategies and maintaining authentic stakeholder engagement, NYC is poised to address current workforce needs and set a national standard in behavioral health workforce development and innovation.

To learn more about behavioral health workforce initiatives at the NYC Mayor's Office of Community Mental Health, scan the QR code or visit the workforce section of the OCMH website: nyc.gov/mentalhealth

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Introduction

New York City is confronting an unprecedented behavioral health[i] workforce crisis, as the demand for mental health and substance use services continues to outpace the availability of accessible and effective care. Amid a nationwide mental health crisis, addressing mental health has become a priority at all levels of government. In response, the City has launched an ambitious mental health plan,[1] designed to transform how we approach mental health and wellness, encouraging innovative thinking and collaborative solutions.

The Mayor's Office of Community Mental Health (OCMH) plays a strategic and critical role in this effort, with a commitment to driving systems-level change to improve mental health outcomes. OCMH is dedicated to ensuring that all New Yorkers, across the entire continuum of mental health — from prevention and early intervention to treatment and long-term recovery — have the support they need and deserve to live healthy and fulfilling lives. Through partnerships with city agencies, community organizations, faith communities, and academic institutions, OCMH addresses critical gaps in mental healthcare. Building and supporting New York City's behavioral health workforce is a key priority for OCMH as we strive to expand access to quality care.

In New York City, the need for mental health services and substance use treatment is significant and diverse. According to the NYC Neighborhood Wellness Survey, 8% of adults experienced serious psychological distress in 2023, totaling over 540,000 New Yorkers. Additionally, a 2018-19 survey by the Substance Abuse and Mental Health Services Administration (SAMHSA) found that nearly one in four adults in NYC experienced a mental health disorder in a given year. Although there is a high prevalence of mental health needs, 34% of adults diagnosed with a mental illness – including schizophrenia, bipolar disorder, PTSD, Major Depressive Disorder, and anxiety – did not receive the treatment they needed in the past year.[2] Among young people, there has also been an upward trend in mental health concerns in recent years. According to the NYC Department of Health, between 2011 and 2021, there were increases in the percentage of public high school students who reported feeling sad and hopeless, who experienced suicidal ideation, and who attempted suicide. Over this 10-year period, the percent of students experiencing persistent sadness and hopelessness increased from 27% to 38%.[3] Moreover, in 2023, less than half of the teens surveyed through the NYC Teen Mental Health Survey reported seeking support from friends and less than 40% reported seeking out family or "someone I trust" for support. Nearly 1 in 4 teens said they "needed or wanted mental health care but did not get it" in the last year.[4]

The behavioral health workforce plays a critical role in building and sustaining a city where all New Yorkers are safe, healthy, and able to access opportunities. With growing mental health needs, the demand for qualified behavioral health providers is more dire than ever. Yet, the workforce faces several interconnected obstacles, including a shortage of trained professionals joining and remaining in the public sector, insufficient diversity and inclusion within the workforce, and widespread staff burnout. This paper reviews current research and insights that have been categorized into four major areas of crisis: **labor, employee mental health; diversity and representation; and sector-based investment**.[5] This paper will then provide an overview of the strategic approach that OCMH is taking to respond to these crises effectively, as well as discussion of promising practices across NYC and beyond. This multi-pronged solutions framework focuses on **career pathways, educational access, talent development, and capacity building**, with involvement from city and state government, non-profit organizations, educational institutions, faith-based partners, and funders.

CHALLENGES FACING THE NYC BEHAVIORAL HEALTH WORKFORCE

The behavioral health workforce in New York City is at a critical juncture, facing significant challenges that hinder its capacity to provide comprehensive care. While the demand for mental health and substance use services continues to grow, vacancies for behavioral health positions persist, particularly within the public sector with current staff experiencing additional challenges that impact employee satisfaction and retention. The following section will examine the root causes of this workforce crisis, offering a data-driven analysis of key issues including the labor shortage, employee well-being, workforce diversity, and strategic investment, to inform targeted and sustainable solutions.

Labor Crisis:

Driving Factors for the Shortage of Behavioral Health Professionals in the Public Sector

Recruitment and Retention Challenges

New York City's behavioral health workforce has grown over the past three decades; however, this growth is primarily limited to the private sector, whereas the public sector[ii] workforce continues to shrink.[6] This shortage in the public sector leads to a corresponding decrease in the availability of affordable and accessible treatment for a wide range of New Yorkers.[7]

New York's government workforce experienced increased strains during and immediately following the COVID-19 pandemic, a time during which demands for social services and behavioral health care also grew, particularly in marginalized communities. In May 2024, State Comptroller Thomas P. DiNapoli shared:

> **The COVID-19 pandemic upended New York City's public workforce... The city has worked to stabilize its labor force and fill critical vacancies, while holding down costs. Staffing remains below pre-pandemic levels, but the city should end the fiscal year with its first increase in headcount since the beginning of the pandemic."[8]**

The State Comptroller's report details many strategies that contributed to these stabilization efforts, but also notes remaining gaps and persistent challenges in both recruitment and retention. For example, while pre-pandemic employee separations in the Social Services program area averaged 1,709 annually (FYs 2016-2019), they increased by nearly 48% to 2,527 in FY23 and remained elevated at 2,092 in FY24. In the program area for Health, employee separations increased by more than 30% from 409 pre-pandemic to 548 in FY23. In FY24, this number decreased significantly to 431; however still remained higher than the pre-pandemic rate.[9]

In June of 2024, the NYC Comptroller's Office reported an overall government vacancy rate of 5.7%, noting that this was "down from a high of 8.4%... in November 2021, but well above the pre-pandemic level of approximately 2%."[10] The City continues to experience high vacancies in many behavioral health and human service areas. The NYC Comptroller's Office reported a vacancy rate of 9.1% at the Department of Social Services (DSS), 10.1% for the Administration for Children's Services, and 10.4% for the Health Department.[11] Notably, the Health Department experienced a 40% vacancy rate in FY24 for full-time mental health roles specifically.[12]

While these agencies have all made significant progress in decreasing vacancies compared to 2022 rates,[13] they still remain above the overall government vacancy rate. Within NYC Health + Hospitals, the turnover rate for behavioral health positions has also improved in recent years, from 18% in 2021 to 13.5% in 2024. However, there are still a number of shortages in critical clinical positions such as social worker, psychiatrist, and some nursing support roles. Recent initiatives at NYC Health + Hospitals have sought to improve recruitment and retention in those critical areas and are on-track to have a positive impact systemwide (NYC Health + Hospitals, Office Communication, 11/8/2024). These agencies continue to work steadfastly to strengthen recruitment and retention; however, existing vacancies and turnover rates continue to contribute to overburdening of remaining staff and can lengthen wait times for patients to access mental health treatment.

Nonprofit human service organizations also face severe workforce shortages, particularly among behavioral health professionals. In a 2024 report by the Center for an Urban Future, researchers found that in NYC, human service nonprofits face an average vacancy of 15.6% and even higher annual turnover. Many nonprofit organizations surveyed reported vacancy rates of 30%-45% for client-facing and clinical roles including case managers, residential aides, crisis counselors, peer navigators, social workers, and clinical supervisors. Key driving factors for these vacancies included low wages (often significantly lower than comparable jobs with government agencies), lack of competitive benefits, and stringent in-person work requirements.[14]

To better understand the workforce shortage, the NYS Office of Mental Health led a series of community engagement sessions in 2023. Participants provided insight on a series of topics including barriers to recruitment and retention of a diverse and sustainable public mental health workforce. One challenge highlighted was the prohibitive cost of graduate school. Graduate degrees are often needed to obtain licensure and higher paying advanced positions in the human service and behavioral health sector. This limits the pipeline of talent overall and reduces diversity among professionals. Participants also noted disproportionate challenges to filling behavioral health positions in some of the highest needs settings, such as licensed mental health clinics (i.e. Article 31 clinics under the New York State Mental Hygiene Law) and integrated mental health and substance use care settings. Barriers to retention included insufficient cost of living increases, large caseloads, heavy administrative burden, and the cyclical nature of understaffed workplaces and underpaid professionals, leading to overstretched staff reaching a state of burnout, and resulting in high turnover rates and lack of continuity of care.[15]

Workforce Shortages Impacting Special Populations

Behavioral health workforce gaps are more pronounced for positions seeking professionals with experience serving certain populations, namely those that require specific knowledge and skills to serve, and those that are engaged during non-traditional work hours and in exclusively in-person work environments and crisis response situations. For example, the Mayor's Office to End Gender-Based Violence recently shared, "Our community of domestic violence and gender-based violence providers have significant challenges hiring and retaining qualified staff to support the complex needs that survivors [of gender-based violence] present with at our Family Justice Centers and in community-based programs" (ENDGBV, Office Communication, 12/11/2023).

Staffing is also challenging for roles engaging people who are often stigmatized in society and for whom highly specialized knowledge and skills are needed. This includes positions serving people with serious mental illness,[iii] people with criminal legal involvement, and positions in crisis response environments. Professionals working with these groups are often required to work in-person, during evenings and weekends, and in environments with higher degrees of unpredictability. In 2012, 41% of New York City residents with serious mental illness (around 100,000 New Yorkers) reported wanting treatment and being unable to get it.[16]

More recently, the NYC Health Department shared that in 2023, "46% of adults with serious psychological distress reported unmet needs for mental health treatment in the past year."[17] While there are many reasons why people do not or cannot seek care, the high rate of staff vacancies within the sector is a significant factor contributing to lack of access.

Serving People Impacted by the Justice System

In NYC jails, more than half of all individuals have a mental health diagnosis and close to 20% are diagnosed with a serious mental illness.[18] However, correctional institutions across the country are also facing a shortage of behavioral health professionals. These facilities have de facto become some of the largest behavioral health care providers and also report difficulties hiring and retaining staff to treat individuals in their care.[19] In a 2018 multi-state survey of correctional facility behavioral health services, 85% of respondents stated they did not have enough behavioral health staff to meet their facility's needs.[20] This gap in service can compound the many ways in which incarceration can prompt or exacerbate mental health conditions, particularly among justice impacted youth who may in the long run be at higher risk of using substances, attempting suicide, and struggling with depression.[21]

Serving Youth and Young Adults

Youth have been identified as another vulnerable population with high needs for mental health services, requiring a large workforce with diverse representation and skillsets. The 2022 National Survey of Children's Health found that 56.2% of New York City residents had trouble accessing children's mental health care (ages 3-17). Access to care was further limited for specific groups. Among respondents with one or both parents born outside the United States, 64.6% had trouble accessing these services. For respondents with a first language other than English, 69.3% had difficulty accessing care.[22]

Lack of access to care can be attributed to a number of factors including barriers in resource navigation and affordability, and the availability of services based on the number of qualified public sector providers. For example, in New York State, inclusive of both public and private sector practitioners, there was an average of only 30 Child and Adolescent Psychiatrists for every 100,000 children according to 2023 data prepared by the American Academy of Child and Adolescent Psychiatry (AACAP). In NYC, the number of Child and Adolescent Psychiatrists is concentrated in Manhattan, leaving lower numbers in the outer boroughs. In Staten Island, the reported average was just 10 per 100,000 children; in the Bronx only 15; in Brooklyn, 21; and in Queens, 24.[23]

In February 2024, Governor Hochul announced 5 million dollars in funding annually to expand school-based mental health clinics statewide; an important resource for reaching children and adolescents.[24] However, for initiatives such as these to be successful, there must be a skilled and abundant workforce of behavioral health professionals.

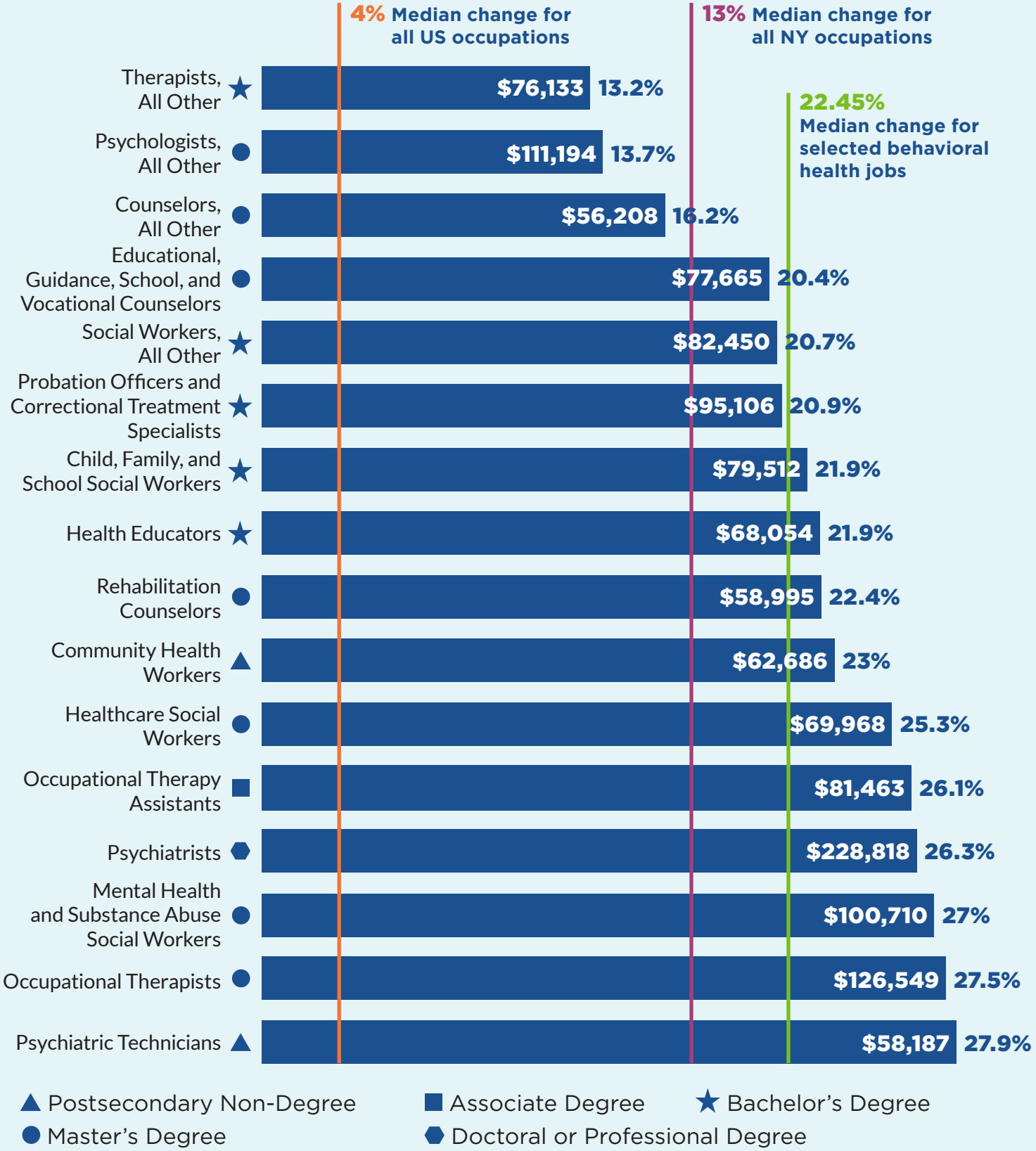
Projected Sector Growth

Despite current vacancies and staff shortages, efforts to meet the demand for mental health and substance use treatment services are expected to result in notable growth of employment opportunities across a variety of behavioral health professions and settings. The New York Department of Labor projects 15,513 annual job openings in NYC Community and Social Service occupations (SOC 21-0000) in NYC between 2020 and 2030, with an average wage of $61,542.[25] This includes job titles such as social workers, guidance counselors, rehabilitation counselors, and community health workers.

In line with these national trends, New York City rightly continues to expand behavioral health services, including specialized responses for people in crises and with serious mental illness, such as community-based respite centers, Clubhouses, and response teams partnering with or providing alternatives to police response systems. To fully staff these initiatives, establishing and maintaining a strong pipeline of clinical and non-clinical behavioral health professionals continues to remain urgent.[26]

In acknowledgement of the current need for services and anticipated future job growth, it is crucial to take steps to continue building and strengthening the workforce, particularly with a focus on the public sector, in order to fully serve low-income and uninsured New Yorkers.

Figure 1. Selected Behavioral Health Jobs Growth: Projected Change in Employment, 2023-2033

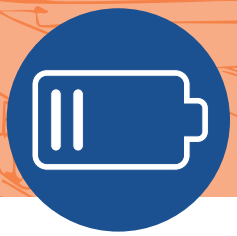


Source: US Bureau of Labor Statistics; NY State, Department of Labor

Note: The projected change in employment for the listed occupations in the chart is based on the New York State estimates. The salary averages are based on New York City data. This chart is modeled after one used in a comparable 2024 CNN article on mental health job growth.

Mental Health Crisis for Practitioners:

Burn Out and Moral Injury Among Behavioral Health Professionals



Burnout

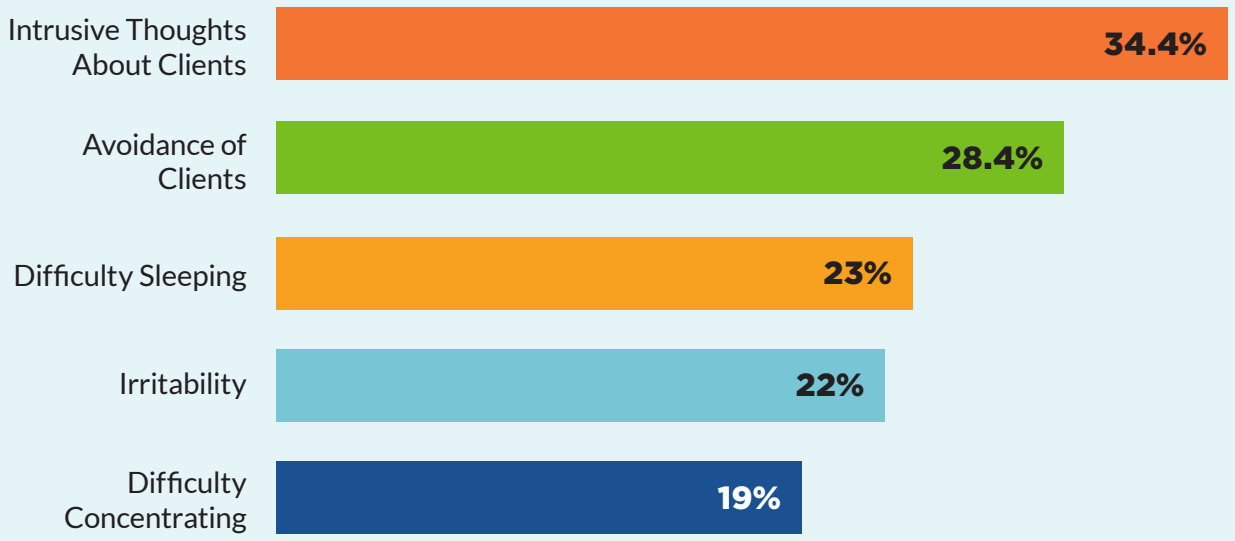
Burnout occurs across all sectors but has been found to be particularly high in certain fields, including healthcare and nonprofit. A 2023 survey by the National Council of Nonprofits gathered responses from more than 1,600 nonprofit professionals across the US and found that more than 50% attributed workforce shortages to stress and burnout.[27] In behavioral health and human service focused positions, staff often work in high stress environments, including those serving clients facing multiple adversities and where understaffing is persistent. Organizational structures and work cultures further contribute to burnout. As noted in a report by World Psychiatry:

> **[T]he prevailing norms are to be selfless and put others' needs first; to work long hours and do whatever it takes to help a client or patient or student; to go the extra mile and to give one's all. Moreover, the organizational environments for these jobs are shaped by various social, political, and economic factors (such as funding cutbacks or policy restrictions) that result in work settings that are high in demands and low in resources.[28]**

Additional burnout factors identified for healthcare workers include limited flexibility and autonomy, burdensome administrative paperwork, structural racism and health inequities, and mental health stigma.[29] In a 2022 survey by the Public Employees Federation (PEF), over 275 social workers employed by New York State government agencies were asked to identify the reasons that they considered leaving their jobs. More than 50% identified lack of flexibility and telecommute options, limited promotional opportunities, and attractive private employment/practice opportunities as factors. More than 80% of social workers surveyed noted increased workload/paperwork demands, pay inequity, and high stress/burnout.[30]

Additionally, mental health professionals frequently engage with clients and community members who have experienced trauma, and in effect, often experience the impacts of secondary traumatic stress. In a 2017 study of 2,500 clinical social workers, researchers found that nearly 1 in 5 experienced difficulty concentrating and more than 20% experienced additional symptoms of secondary traumatic stress including intrusive thoughts, avoidance of clients, and difficulty sleeping.[31]

Figure 2. The Most Frequently Reported Secondary Traumatic Stress Symptoms Among Clinical Social Workers



Note: Number of survey participants 533. Data labels depict percentage of participants who rated from "Sometimes" to "Very Often" on a 5-point Likert scale.

Source: Adapted from Lee, J. J., Gottfried, R., & Bride, B. E. (2018). Exposure to client trauma, secondary traumatic stress, and the health of clinical social workers: A mediation analysis. *Clinical Social Work Journal*, 46(3), 231.

Burnout is also common among behavioral health professionals who navigate working in underfunded agencies and are in positions that do not enable them to work at top of their licensure. For example, many clinical social workers in overburdened settings are responsible for providing psychotherapeutic services to high caseloads of individuals and are also tasked with additional activities that can be completed by trained non-clinical staff instead, such as intakes, assessments, and referrals. In testimony to the NYS Assembly in 2022, Dr. Claire Greene-Forde, LCSW, Executive Director of the NYC chapter of the National Association for Social Workers, emphasized the cumulative impact of pressures faced by social workers, explaining:

> **On any given day, social workers support thousands of individuals and families in addressing a myriad of needs... Despite these efforts, and the tremendous debt of gratitude owed to the individuals who make up this profession, social workers are tired. Tired of being undervalued. Tired of being underpaid. Tired of extremely high caseloads. Tired of being asked to "do more with less." Tired of extremely high debt to income ratios. Tired of sacrificing their well-being, family time, and life goals, to support systems that don't support or value them.[32]**

This speaks to the experience of many behavioral health professionals, who bring passion and ingenuity to their mission-driven work each day; yet experience significant distress due to societal, structural, and organizational shortcomings. These dynamics often lead talented individuals to leave the public sector behavioral health field.

Moral Injury

Beyond burnout, "moral injury" focuses more specifically on the negative impacts on employees when their ethical values are contradicted in the workplace. Factors leading to moral injury can include witnessing or being involved in acts that are harmful to clients or otherwise conflict with a practitioner's core values, failing to prevent harm to clients, experiencing a loss of trust in colleagues or supervisors, or otherwise feeling troubled by tensions between one's actions at work and one's own morals and values.[33] Moral injury can occur through many facets of behavioral health work, including in clinical settings, case management, policy making, and administration.[34] In a Denver University study on moral injury with health care social workers, researchers noted the importance of social justice as a guiding principle in the social work code of ethics and identified challenges to workers' sense of justice as a driving factor of moral injury. Examples included "discharging people who are unhoused from the emergency department to the streets in winter, someone wanting to get sober but the hospital not having enough available beds, [and] calling for restraints more often for Black people."[35]

For professionals who share cultural backgrounds or lived experience with those they serve, pursuing behavioral health careers is often deeply connected to individuals' own identities.[36] A 2024 study by the CUNY Institute for State and Local Governance on "BIPOC Representation in the Helping Professions" found that for these staff, "...entering the helping profession is personal. Their goal is to represent the communities they serve and address service gaps in their communities."[37] However, moral injury can be further compounded by factors including lack of representation in departments and microaggressions in the workplace. One psychologist participating in the study shared:

> **I think there's two Black women psychologists working with children in all of the [hospital] network ... so there's an isolating piece to that. There's a piece about if microaggressions happen, do I want to be the one to speak up? I already feel isolated. Why does it have to be me?**

The effects of burnout, moral injury, and related issues of racism and underrepresentation in the workplace, impact many behavioral health professionals, and collaterally impact the clients and communities who seek their services. Addressing these issues is an essential component of cultivating a fully staffed and highly effective behavioral health workforce.

Crisis of Representation:

Lack of Diversity in the Workforce and Limited Diversity of Disciplines

Lack of Racial and Ethnic Diversity in the Behavioral Health Workforce

The behavioral health workforce in New York City is strongest when it is representative of the diversity among New Yorkers. People seeking mental health care often seek out providers who speak their language or share their racial background, gender identity, sexual orientation, religious, spiritual, and cultural experiences.[38] However, many structural barriers present challenges to building and sustaining a diverse workforce. These barriers include historical harms to marginalized groups by the mental health system, high cost of education to enter the sector, disparity in student loan repayment rates compared to salary earned, devaluation and stigma of the mental health field, and more.

Historical Injustices

Like many institutions and professions, the behavioral health field has a history of bias and discrimination that impacts individuals' willingness to seek services, ability to receive quality treatment, and likelihood to pursue and sustain careers in the sector to this day.[39] In 2017, the NASW acknowledged institutional racism within present-day social work, noting disproportionately white leadership, lack of racial equity analysis in policies and practices, and "limited investment in creating partnerships with communities of color for program or service design, implementation, and evaluation."[40]

The American Psychological Association and American Psychiatric Association also released statements in 2021 recognizing racist practices within their professions and outlining actions to support equity and racial justice. These statements included acknowledging race-based discrepancies in mental health diagnoses and misdiagnoses, the centering of whiteness at the expense of people of color, and a history of "racialized theories that attempted to confirm [BIPOC individuals'] deficit status."[41] This has led to increased mistrust for traditional mental health systems and in turn, an avoidance or protective hesitancy to seek care through these channels.[42] Psychologist Jennifer Mullan, in her work "Decolonizing Therapy," poses important questions including,

> **"How can we, as mental health practitioners (MHPs), step over the impact that colonial violence has and continues to have on the people we are working with? How can we, as MHPs, step over the impact that colonial violence has had and continues to have on our ethics, education, and practices?"[43]**

While the behavioral health system works to rectify injustices of the past and dismantle present day biased structures, persistent inequities still impact access to care and hinder the ability to build a diverse behavioral health workforce pipeline.

Present Day Inequities

Underrepresentation of historically marginalized groups in the workforce has led to reduced access to care and contributes to widening mental health disparities (Figure 3). In NYC, behavioral health practitioners remain disproportionately White, including nearly 74% of psychologists. For example, in 2022, although 29% of New York City's population was Hispanic/Latino, practitioners of Hispanic/Latino descent comprised only 10.1% of psychologists, 10.8% of psychiatrists, and 19.5% of marriage and family counselors. Also of note, while 14.5% of NYC's population in 2022 was Asian, Asian practitioners comprised only 6.1% of psychologists, 8.1% of social workers, and 8.2% of marriage and family counselors.[44] Shortages also persist for multilingual practitioners. As part of a 2022 survey of mental health professionals noted that the need for providers who can practice in languages other than English was particularly acute, citing one respondent who shared, "Spanish social workers are a challenge to get, let alone [workers who speak] the other languages we have."[45]

In 2022, although

29%

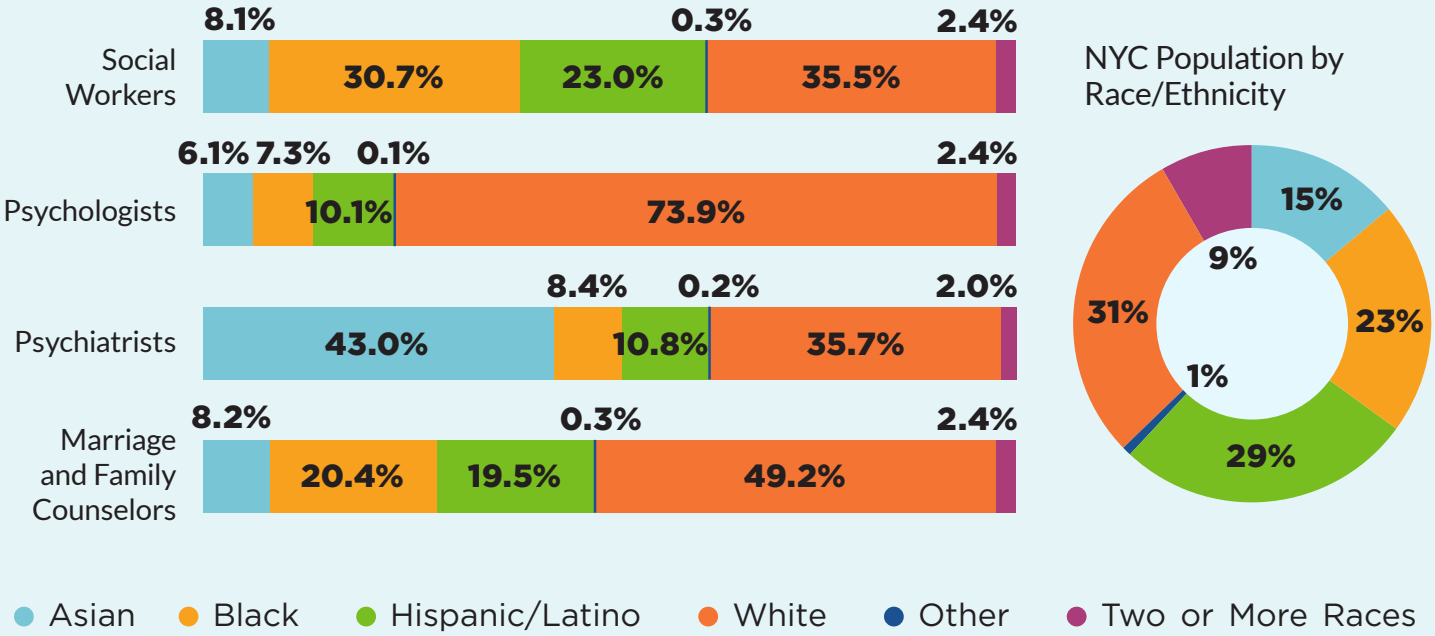
of New York City's population was Hispanic/Latino, practitioners of Hispanic/Latino descent comprised only

10.1% psychologists

10.8% psychiatrists

19.5% marriage and family counselors

Figure 3. Behavioral Health Workforce: Racial Disparity

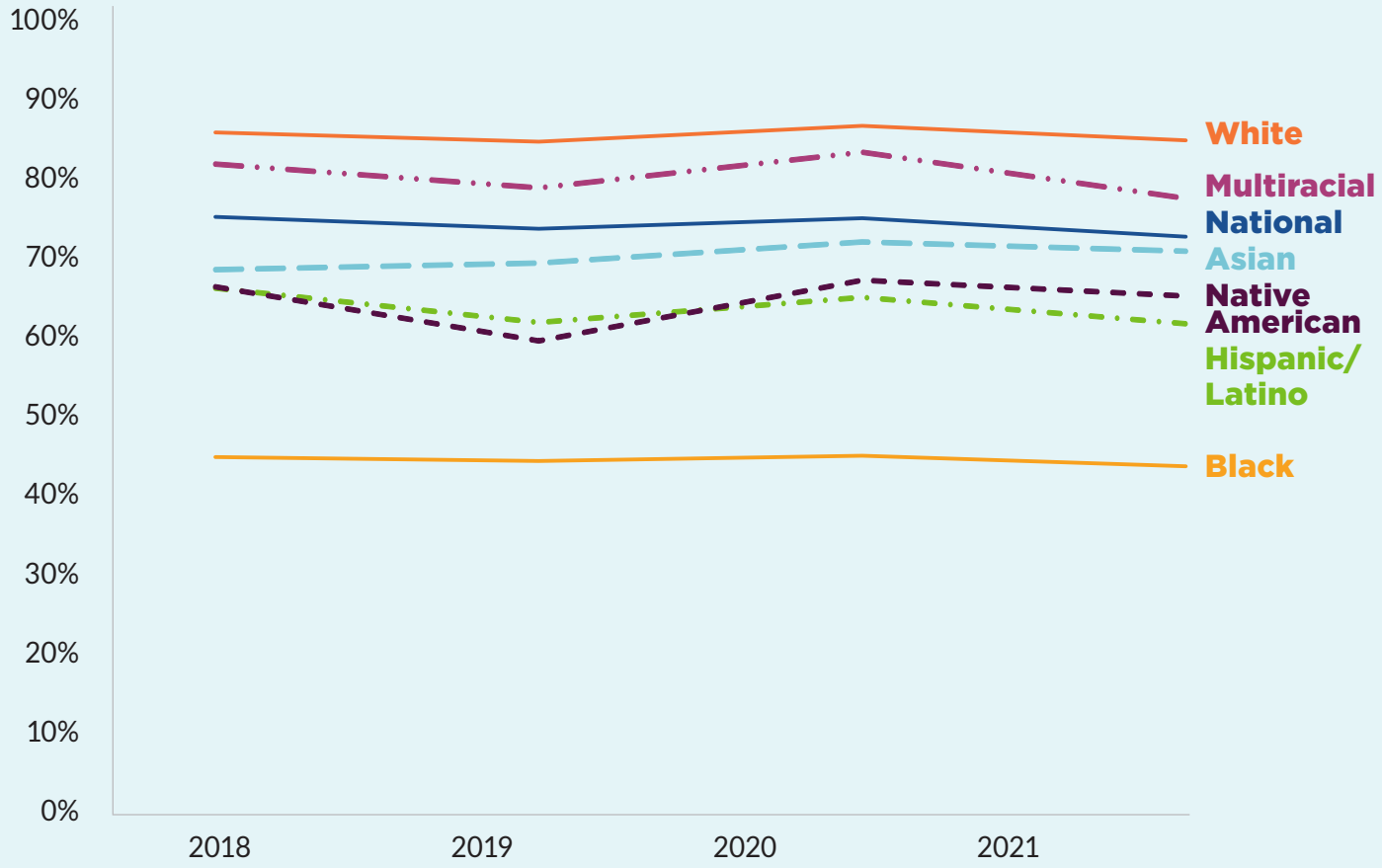


Note: Other - Combination of 'American and Alaska Native' and 'Native Hawaiian and Other Pacific Islander'.
Two or more races - People may choose to provide two or more races either by checking two or more race response check boxes, by providing multiple responses, or by some combination of check boxes and other responses.

Cornell University researchers examining racial demographics pertaining to Black and White mental health-related workers in New York State government found inequities across both race and gender. Between 2000 and 2020, there was an 11.3% decline in White workers and a 26.9% decline in Black workers. The study determined that the rate of contraction for Black women was more than double that of White women. For men, the disparity was even more pronounced, with the reduction of Black men in the mental health-related government workforce approximately three times that of their White male counterparts.[46]

While NYC social workers are diverse overall, structural barriers limit equitable opportunities for career advancement. The onerous and costly licensure process for social workers to become credentialed as Licensed Master Social Workers (LMSW) is one such constraint. Biases in the master's level licensing exam create unnecessary obstacles for otherwise qualified mental health professionals to enter the workforce and practice in the field.[47] Data released by the Association of Social Work Boards (ASWB) in August 2022 (Figure 4) showed significant disparities in pass rates by race and ethnicity. Pass rates were also lower for older adults, individuals whose first language was not English, and other marginalized demographic groups, demonstrating that the exam presents additional barriers to diversifying the workforce.[48]

Figure 4. Association of Social Work Boards: Masters Exam First-time Pass Rates by Race/Ethnicity over Year – National Level Data

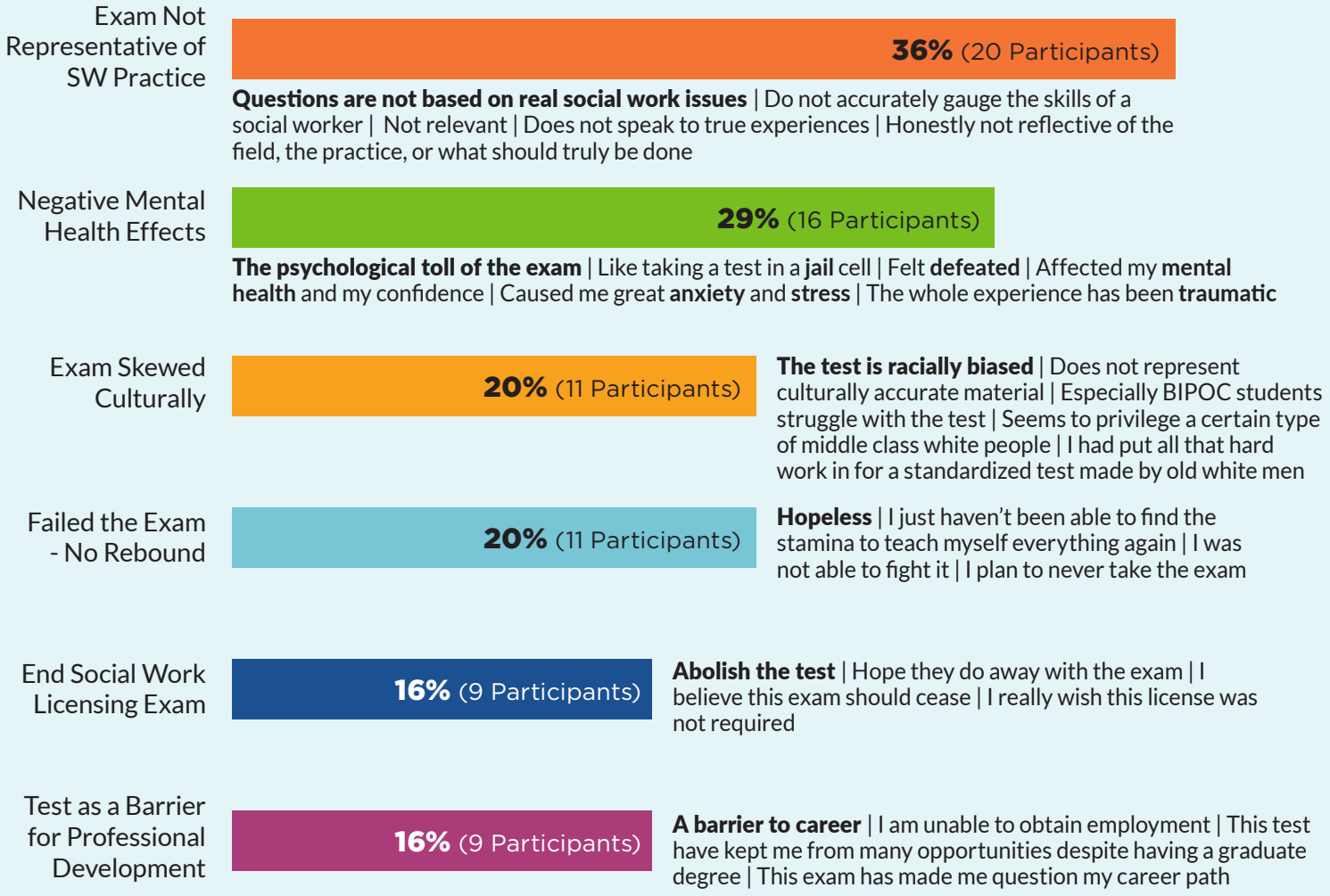


Source: Data Source: Association of Social Work Boards. (2022). 2022 ASWB exam pass rate analysis. Final report. Appendix C – Masters Exam: 75-78.

The glaring disparity in pass rates across racial and ethnic groups is due in part to bias in exam questions that do not reflect the lived experiences of communities of color. Research conducted in 2022 surveyed over 1,000 individuals who had taken the social work licensing exam and highlighted key challenges, including "financial or time limitations, mental or emotional distress related to experiencing the exam as biased, or difficulty due to... the exam being written in a language that is not the participant's dominant language or experiencing the wording of the questions as confusing or culturally unaligned with their worldview."[49]

The organizing group, Social Workers for Justice, gathers testimonials from test takers regarding their challenges and concerns with the exam.[50] Content analysis of response data revealed themes including the impact of exam related stressors on individuals' wellbeing, the exam serving as a barrier to career advancement, and the lack of culturally competent content in exam questions (Figure 5).

Figure 5. Social Work Licensing Exam: Participants' Experience



Source: Social Workers for Justice Organization - Participants' Experiences/Story

It is important to note that social work educational courses and field practicum are designed to prepare students for work in the behavioral health sector and assess for key competencies in the profession. In New York State, individuals must graduate from an accredited institution before being able to sit for the exam. Several states, including Illinois, Colorado, Utah, and Minnesota, have removed the exam requirement for licensure, while maintaining other requirements such as a graduate level degree, application fee, and in some cases, additional measures of competency. Other states including Rhode Island and Connecticut have temporarily suspended the exam to conduct evaluations of its necessity and effectiveness.

Removal of the exam requirement can result in a significant boost to the workforce. Notably, after Illinois removed its exam requirement, over 2,800 new licensed social workers joined the state workforce within the first six months. After 12 months, the total had more than doubled - adding more than 5,000 licensed social workers to the state workforce. This new growth was partly attributed to social workers who had been unable to become licensed when the exam was required, as well as to an influx of new graduates and professionals from other states who began working virtually or in-person in Illinois due to the advantages of the new legislation.[51] New York City faces a similar situation where professionals with social work graduate degrees may encounter career growth limitations due to the exam requirement for licensure. Removing this requirement could potentially allow these individuals to fill many of the currently vacant LMSW positions in critical mental healthcare programs across community and clinic settings.

However, for those individuals who do pass the licensing exam, additional licensing requirements may still pose barriers to obtaining and retaining the social work license. "Moral character" requirements imposed by social work licensing boards result in additional scrutiny for applicant with prior criminal legal system involvement, presenting further obstacles to building a diverse licensed workforce representative of the lived experiences of those receiving services.[52] Reverend Sharon White-Harrigan, Executive Director of the Women's Community Justice Association, shared her personal experience with this requirement in a 2023 Op-Ed, noting the costly and distressing process of seeking licensure as someone with a criminal record: "… [D]espite being out of prison for 11 years and otherwise meeting the requirements for licensure, the New York State Board of Regents could deny me a license to practice the profession of my choice based on my conviction history... I had to bare my traumas in the hope that the board would consider my qualifications in totality, and not just my convictions. In that moment, I felt as if I had been transported back in front of the Parole Board, left to persuade a group of strangers that my character comprised more than my past actions, despite having excelled in my program with a 3.9 GPA at graduation. Fortunately, the board did ultimately recognize that I was not defined by my history and approved my license. But many more are not so lucky."[53]

White-Harrigan notes that this requirement not only impedes otherwise qualified applicants from attaining licensure, but also dissuades many from even pursuing the profession initially.

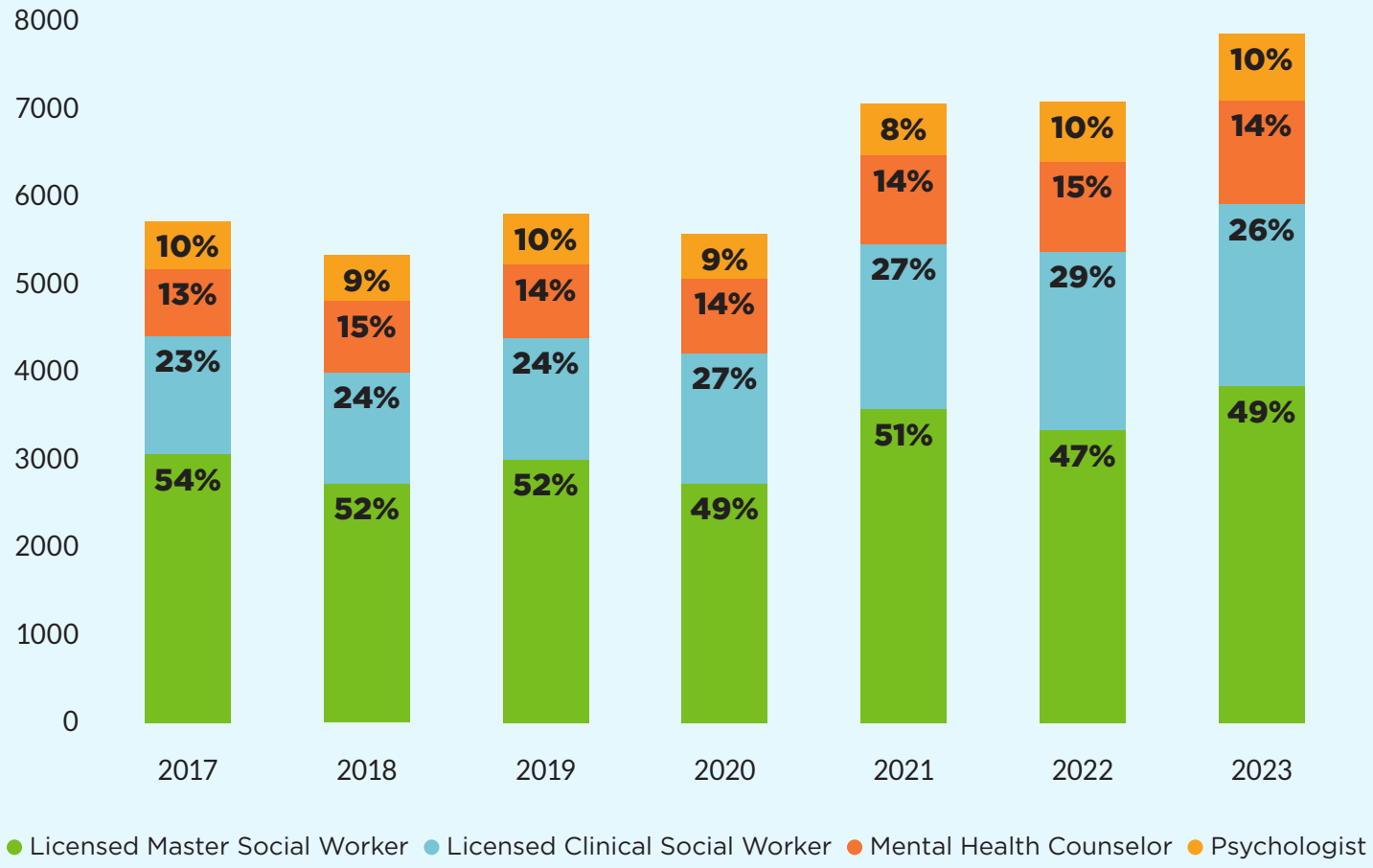
Cultural Competency: A Critical Next Step

A lack of diverse representation, as well as a lack of cultural competency in the workforce, hinders some individuals in marginalized communities from seeking care. A study published in 2024 analyzing survey data from 450+ "sexual minority" respondents found that those who were Black were 2 to 2.7 times more likely to have postponed or avoided professional mental health care compared to White respondents. In comparing the reasons for avoiding or delaying care, Black participants were more likely to do so because they were afraid of poor treatment, had been refused treatment for reasons other than lack of insurance, and because they did not trust that the providers could help them. In addition to improving representation in the behavioral health field, the study concluded that it was imperative to improve cultural humility among all mental health providers to better serve clients and encourage individuals from marginalized communities to seek care.[54]

Lack of Diverse Disciplines in the Sector

A healthy and robust ecosystem of care must be diversified not only across socio-cultural demographics but across disciplines as well. In New York City, commonly acknowledged professions include master's level social workers, as well as psychologists, and psychiatrists, but the behavioral health workforce also includes a range of additional titles, including Licensed Mental Health Counselors (LMHCs), Licensed Marriage and Family Therapists (LMFTs), School Counselors, Addiction Counselors, Creative Arts Therapists, Psychiatric Mental Health Nurse Practitioners, Occupational Therapists (OTs), bachelor's level Social Workers (BSWs), and non-clinical staff including Peer Specialists and other Peer Support Workers (PSWs) and Community Health Workers (CHWs). While the number of professionals across many of these titles is growing, the growth does not keep pace with the need for services. Additionally, social workers comprise the majority of mental health professionals in NYS obtaining licensure each year (Figure 6). While social workers can carry out a wide range of services within the behavioral healthcare system; a diversification of behavioral health professionals is important to developing an effective workforce. Professionals in each of the aforementioned occupations bring unique skill sets that can contribute to a multidisciplinary team model by providing a wide range of services.[55]

Figure 6. Licenses Issued by NYS Office of the Professions (2017-2023)



Source: NYS Office of the Professions

In a city made up of close to 70% BIPOC individuals, taking a community mental health approach to address diverse behavioral health needs includes the practice of incorporating both licensed/clinical and non-licensed/non-clinical mental health practitioners. The value of Peer Support Workers (PSWs) and Community Health Workers (CHWs) to effectively engage and support individuals and communities has been well documented. PSWs and CHWs help bridge the gap between people with mental health and substance use challenges and healthcare professionals and service systems. Studies show that PSWs and CHWs are associated with improved health and behavioral health outcomes, yet the roles and contributions of PSWs and CHWs are very often overlooked and undervalued.[56] As the behavioral health workforce capacity gap widens, elevating and recognizing the critical role they play in the provision of accessible and equitable behavioral health services can help to alleviate workforce shortage concerns and begin to transform the workforce landscape to be more representative of the communities served.

Regarding licensed mental health practitioners, there are unique challenges to recruitment and retention, such as restrictive policies that inhibit their ability to perform clinical work without access to specific types of supervision. Current New York state education law limits the ability of mental health professionals to provide clinical supervision across licenses. For example, LMSWs must be supervised by either an LCSW, psychologist, or psychiatrist – not an LMHC or LMFT.

These restrictions obstruct mental health programs' ability to hire clinical professionals that are otherwise qualified to diagnose and supervise. State regulations for LMSWs practicing clinical social work also require "appropriate supervision," which may be determined to include on-site staff supervision, which has become increasingly difficult as more advanced clinicians have moved to telehealth and remote work.[57] Due to regulations such as these, early career mental health professionals like LMSWs are limited in their ability to provide clinical services, and this also impedes their ability to acquire the clinical experience required to achieve advanced licensure.

To develop more multidisciplinary behavioral health teams, it is important to acknowledge the range of occupations – both clinical and non-clinical – that are equipped to provide behavioral health services, remove unnecessary barriers in licensing regulations such as overly restrictive supervision and exam requirements, and revise hiring practices to include accurate qualifications in postings, recruit accordingly, and compensate sufficiently. When these teams are in place, service providers can more efficiently distribute behavioral health responsibilities across a continuum of care with a range of skilled professionals. In doing so, all staff will be better able to work at their highest skill level, providing accessible and relevant services to the community and fostering greater well-being both for service recipients and staff.

Investment Crisis:

Sector-Based Disparities in Funding and Growth Efforts

An important element to strengthening and expanding the behavioral health workforce is sustained and proactive investment that can withstand economic downturns. Incentivizing individuals to enter the behavioral health field requires long term government investments, along with private sector partnerships, that allow for building in career pathways, upskilling of existing staff across disciplines, and strategies to resolve reimbursement challenges. These, among other strategies, may go a long way to stem the tide of public systems losing early career mental health professionals who achieve licensure by serving the public serving system but leave to pursue private pay opportunities where they can set their own rates or where pay is sufficiently competitive. On a Federal, State, and New York City level, there is clear recognition of these factors and investment efforts underway to mitigate them.

Compounding Challenges of Billing and Reimbursement Limitations

Commendably, over the years the city has pushed to place social workers and other clinicians into a variety of settings outside of traditional clinical ones, including shelters and community centers, where services are accessible to individuals with Medicaid. However, many of these positions are funded by City Tax Levy rather than being reimbursed through the insurance system or managed care plans. This limits the ability of organizations to offer competitive salaries to mental health professionals, and high turnover impedes continuity and quality of care for those receiving services.

In addition to expanding the use of reimbursable services, the rate of reimbursement must also be addressed. Low insurance reimbursement rates for behavioral health services significantly impact the ability of providers to hire, adequately compensate, and retain workers. For instance, reimbursement rates in New York State for medical/surgical providers in 2013 were 4.8% higher than that for behavioral health providers. This has worsened over time, as, in 2017, medical/surgical rates were generally 18.5% higher than behavioral health rates.[58] Behavioral health providers and advocates have expressed concerns about the low reimbursement rates for these programs, stating that provider agencies cannot afford to keep them fully staffed.

Low reimbursement rates for behavioral health services disproportionately impact children and families, who already suffer from an acute provider shortage after decades of underinvestment.

A 2021 report on the state of child and adolescent mental health in New York State highlights the incongruence between the promise and reality of recent Medicaid reforms.[59] Despite plans to shift Medicaid dollars from residential beds to community-based services, programs were not sufficiently funded to successfully operate:

> **As a result, the services have reached just a tiny percentage of the kids who should have received them. In 2017, OMH estimated that more than 200,000 children and adolescents on Medicaid would be eligible for its new slate of Children and Family Treatment and Support Services. In October of 2020 (the most recent month for which reliable data has been released), just 8,000 kids received a service through a CFTSS program.**

The report further states that dozens of providers have asked to be released from their contracts due to the low reimbursement rates.

In January 2024, the Centers for Medicare & Medicaid Services (CMS) approved an amendment to New York's Medicaid section 1115 demonstration that bundles a series of actions to advance health equity and strengthen access to behavioral health care across the state. The waiver allows New York to make large investments in wide-ranging Medicaid initiatives, including establishing sustainable base rates for safety net hospitals that serve the state's most underserved communities; connecting people to critical social needs support services; increasing provider reimbursement rates to achieve parity with Medicare; and making long-term, sustainable investments in the state's health care workforce.[60]

Key workforce investments in the behavioral field will include student loan repayment for psychiatrists and nurse practitioners, as well as education and training investments for qualified professionals that commit to serving Medicaid patients, including nurses, social workers, mental health counselors, Credentialed Alcoholism and Substance Abuse Counselors (CASACs), community health workers, and patient care managers/coordinators. Peer support workers will be built into many new programs, providing connections to social needs and supporting patient engagement in behavioral health services.[61] Much remains to be seen on how the demonstration project will impact the healthcare workforce crisis, and ultimately improve access to care, as implementation plans are still underway.

Limits Related to Government Contracting

Most mental health practitioners in community-based settings are paid through government contracts. Underfunding and low salaries in these government contracts, compared with other public sector behavioral health positions, create financial hurdles for community-based providers seeking to hire and retain talent. Salary parity challenges also contribute to gender and racial wage gaps. According to a 2022 report by The Center for NYC Affairs, the human services contract workforce employs over 80,000 workers and is staffed predominately by workers of color (75%) and women (70%). Women of color constitute 55% of this workforce. Roughly two-thirds of all full-time human services workers had 2019 earnings below the City's near-poverty threshold.[62] The report notes that, "[h]uman service workers make between 20-35 percent less in median annual wages and benefits than workers in comparable positions in the public and private sector." Additionally, a 2017 report by the Human Services Council shared that in New York, the typical salary for middle-tier jobs such as social workers and substance and drug abuse counselors is 20-40 percent higher in hospitals, schools, and civic organizations compared to largely government-funded nonprofit human services providers. Counselors specializing in mental health and rehabilitation receive a salary that is 40-80 percent more when employed in hospitals as opposed to in nonprofits within the human services sector.[63]

Within the public sector, nonprofit human services providers are routinely paid less than their government employee counterparts. A 2023 brief by the NYC Independent Budget Office estimated that employees of human service nonprofits under contract with the City were set to receive less than half the raises of NYC government employees over 5 years.[64] Government employees benefit from union collective bargaining agreements, which help advocate for higher salaries and annual cost of living adjustments, leading to a growing wage gap between the nonprofit and government human services sectors.

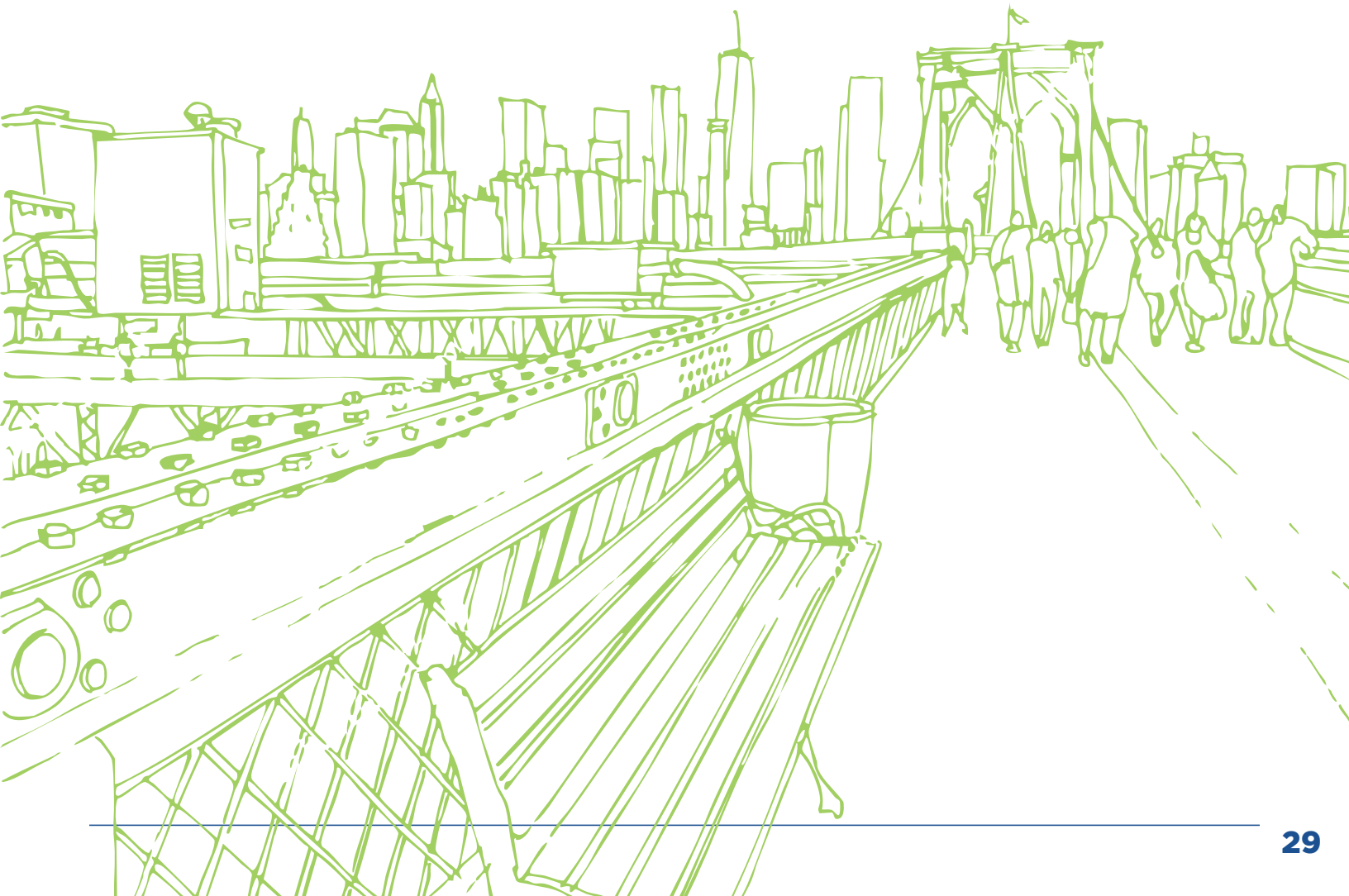
In the Fiscal Year 2024 New York State Budget, Governor Hochul instituted a 4% cost of living adjustment (COLA) for human service workers, but originally proposed just 1.2% for FY25 — an increase that advocates say is not enough to solve workforce challenges that prohibit them from providing adequate care.[65] In response to calls from advocacy groups across the state, including a coalition of human services providers with the #JustPay Campaign, the NY State Legislature recently approved a COLA for human services workers of 2.84% statewide.[66] In alignment with the State, Mayor Adams announced a similar COLA for city contracted human services workers which will add $741 million dollars to the city budget – 3% each year for the next 3 years – compounding to 9.27% total.[67] Mayor Adams highlighted the importance of financially supporting this workforce, stating,

> **"When things get tough, we must invest in our most valued asset: the people who are on the frontlines solving the most pressing issues facing our city."[68]**

While these COLAs go a long way by meeting worker demands, greater investment is needed both by government and private funders to keep pace with inflation.

Low salary within both government agencies and nonprofit organizations drives many mental health professionals to leave the public sector. In 2022, the purchasing power of mental health professionals in New York City was approximately one third less than the national median when adjusted for cost of living. This included 31% less for social workers, 35% less for psychologists, and 52% less for psychiatrists.[69] In her 2022 testimony to the New York State Assembly, Dr. Green-Forde stated, "[T]he continued underfunding and devaluing of the health and social services sector, as well as the resulting harm to social workers, is one of the primary factors impacting the social work profession and the individuals who enter and exit the field."[70] This underscores the critical need for more equitable and sustained funding for the important work of the behavioral health sector and the staff who expertly provide critical services.

Ensuring competitive wages is crucial to retaining skilled professionals and maintaining the quality of care essential to community wellbeing.



RESPONDING TO THE WORKFORCE CRISIS

The workforce crisis is a shared concern of key stakeholders, including those from nonprofits, city and state government, academic institutions, and the community at large. The Mayor's Office of Community Mental Health (OCMH) is uniquely positioned to tackle this major challenge by spearheading a collaborative approach that includes a focus on career pathways, educational access, talent development, and capacity building. Strategies can include innovation to develop new solutions as well as thoughtful replication, adaptation, and strengthening of existing models. This section highlights some of the promising practices taking place in New York and other states across the country.

Career Pathways:

Create Opportunities for Early Exposure, Work-Based Learning, and Professional Advancement

Promoting careers in behavioral health requires a comprehensive approach that addresses the needs of individuals at each stage of their professional journey. Early career exposure for students is crucial to spark an interest in jobs related to mental health and substance use treatment and to build foundational skills and professional networks. For adults who are early career professionals, who work in entry level human service positions, or who are career changers, providing mid-level advancement opportunities supports growth and development that further strengthens the behavioral health workforce pipeline and promotes economic mobility within the sector. Finally, offering pathways for advanced licensure and credentialing ensures that those looking to deepen their expertise, expand their areas of practice, and strengthen leadership abilities, have the means to do so. Developing innovative career pathway opportunities at every level will enable the cultivation of a diverse, dedicated, and skilled behavioral health workforce.

Early Career Exposure

In order to strengthen the talent pipeline for behavioral health careers, it is essential to raise awareness of the wide range of jobs within the sector. Career fairs and panels at the K-12 level help young people recognize behavioral health as a career option from a young age. The wide array of professionals that make up the behavioral health workforce, including roles beyond social workers and psychologists, are not well-known. Highlighting these diverse opportunities can attract more individuals to the field, thereby addressing critical shortages. Each summer, the Mayor's Office of Community Mental Health partners with the Department for Youth and Community Development (DYCD) to host a Mental Health Career Panel for young people enrolled in the Summer Youth Employment Program (SYEP). Events like this one, which showcase a wide range of careers and connect youth to professionals from diverse backgrounds, can be expanded and replicated to educate more young people on opportunities within the sector.

Some healthcare careers, such as medicine or nursing, have a direct and linear career path. The behavioral health field, on the other hand, is less straightforward, requiring a clearer roadmap to help people navigate their options and steps. To address this information gap, OCMH developed and launched the **Behavioral Health Career Roadmap** – an online and printable toolkit that outlines different job opportunities and diverse pathways to behavioral health careers.

At each level of career advancement, the Roadmap also outlines the commensurate education and training required. In addition to serving as a resource for new job seekers, the Roadmap can also be used by current behavioral health workers looking for guidance on growth opportunities, by employers and supervisors to guide their staff's professional development, and by case managers, career coaches, and school counselors to aid clients and students in mapping their career goals.

Expanding Career and Technical Education (CTE) programs at the high school level to include behavioral health sector training further helps prepare young people to pursue careers in mental health and substance use treatment.

FutureReadyNYC, a NYC Schools pilot initiative, is a reimagined high school experience where across every grade, students can engage in work-based learning, including paid internships in upper grades, early college credit, and industry credentials in high-wage, high-demand industries. Students also receive support to build a postsecondary plan for rewarding careers and economic security.[71]

While a number of schools have developed healthcare tracks, including nursing and diagnostic medicine, the new **Northwell School of Health Sciences**, being built in partnership with Bloomberg Philanthropies, Northwell Health, and NYC Public Schools (commonly known as NYC Department of Education) is set to be one of the first CTE high schools in the City's portfolio to include a behavioral health track, with training pathways in behavioral health therapies and social work.

Additional partnerships between high schools and colleges can create more opportunities for young adults to explore career possibilities in the behavioral health sector and get a head start in earning credentials and relevant work experience. For example, in Colorado, the Behavioral Health Administration collaborates with the University of Colorado Anschutz Medical Campus to cultivate partnerships of this kind. "**The Hummingbird Project**" engages students through certifications and sector-based training, entry-level behavioral health employment, mentorship, college-connected workforce development, and wrap-around services.

Career enrichment programs that engage out-of-school young adults can further diversify the behavioral health workforce. By pairing job readiness training with site-based, paid internships, initiatives of this nature enable participants to begin exploring a career in behavioral health without having to choose between earning income and advancing their education. For example, the **Academy for Community Behavioral Health's Youth Mental Health Advocates** program equips young people with skills to provide culturally responsive mental health support to their peers. Part of Working the Gap, an initiative of CUNY School of Professional Studies Youth Studies and the Academy for Community Behavioral Health (the Academy), in partnership with the NYC Mayor's Office for Economic Opportunity and NYC Human Resources Administration Work Progress Program, this program combines paid work experience in a community-based organization, applied skills training, college credits, and career advisement for youth who have completed High School or a GED and are not currently enrolled in college.

Work-Based Learning and Mid-Level Career Training

Paid training and work-based learning opportunities, particularly those that focus on engaging underserved communities and underrepresented populations, can play a pivotal role in transforming the behavioral health workforce. **NYC Service AmeriCorps programs** offer New Yorkers with limited work experience or seeking to serve their community, the opportunity to work full-time or part-time in a variety of social service and community engagement settings. These roles build capacity to respond to immediate community needs and lay the groundwork for AmeriCorps members to pursue careers in behavioral health upon completion of their service program. For example, Civic Corps places members in nonprofits to support community engagement and volunteerism, and City Service Corps members focus on impact areas such as Healthy Futures, which addresses issues including the opioid crisis and homelessness. City agency partnerships also help reach specific groups of New Yorkers for involvement in workforce development and community building. The NYCHA Health Corps provides opportunities for public housing residents to serve with nonprofits and promote health equity within NYCHA developments, and the Young Adult Success Corps engages young adults who are on probation, connecting them to other city agencies and community-based organizations to build work experience in the public sector while receiving wrap around support services themselves. In spring of 2024, AmeriCorps also announced the **Youth Mental Health Corps**, which will train young adults to serve as mental health related resource navigators for middle and high school students in schools and community settings. The Youth Mental Health Corps launched in four states in fall of 2024. Seven more states, including New York, have planning grants and expect to launch in fall of 2025.[72]

Registered apprenticeships are designed to address diversity, equity, and inclusion goals for growing the workforce and offer structured and streamlined pathways from training to employment. Apprenticeships provide nationally recognized credentials, equipping individuals with highly relevant skills and qualifications to enter or advance in the workforce. While apprenticeships have traditionally focused on building trades, the White House and Department of Labor have announced new commitments to further expand apprenticeship into other in-demand sectors, including healthcare and behavioral health.[73]

In early 2024, the NYC Mayor's Office of Community Mental Health initiated an exploratory process to gather insights from behavioral health career training and education programs nationwide. Conversations with a range of providers included discussion of current initiatives to train Promotoras and Mental Health-Focused Community Health Workers in California;[74] apprenticeships for Behavioral Health Technicians and Substance Use Disorder Professionals or Addictions Counselors in Pennsylvania[75] and Washington[76] and Qualified Mental Health Associates in Oregon;[77] and CTE pathways leading to paraprofessional and teaching careers in Colorado.[78]

Paid training and work-based learning opportunities, particularly those that focus on engaging underserved communities and underrepresented populations, can play a pivotal role in transforming the behavioral health workforce.

In 2024, **The Inspired Community Project** registered the first Behavior Technician apprenticeship in New York State. Apprentices will take part in a 12-month full-time paid program with support to and through passing the Registered Behavioral Technician exam. With specialized career support and financial literacy coaching, this apprenticeship aims to create an informed and highly trained behavioral health workforce. Through their partnership with CUNY, The Inspired Community Project is also working towards the apprenticeship becoming a Prior Learning Credit (PLC) course where apprentices will be eligible for college credit by completing the program's classroom learning component (Office Communication, 7/14/24).

As part of systems-level strategies, the NYC Mayor's Office of Community Mental Health has initiated a pilot behavioral health community health worker (BH-CHW) apprenticeship launching in 2025. Developed in collaboration with CUNY, Hostos Community College, the **Healthcare Career Advancement Program**, and nonprofit health and human service organizations, this will be the first nationally recognized apprenticeship of its kind. OCMH is inviting additional partnerships to create and expand behavioral health apprenticeships and other innovative paid work-based training programs in NYC. This includes exploring opportunities to adapt existing models and develop new approaches to meet the diverse needs of New Yorkers.

Advanced Level Career Growth

For individuals already employed in the human services field and looking to obtain advanced degrees and credentials, additional initiatives can be developed to support working students in graduate programs as well as post-graduate level practicums. This could include modeling behavioral health graduate school fellowships off of successful programs in other disciplines. Examples include New York City Teaching Fellows for education, Bloomberg Fellows for public health, and National Urban Fellows for policy management. These programs create pathways for working professionals to earn master's level degrees through a combination of paid or stipended employment alongside coursework for which tuition is subsidized or fully-covered through training and employer partners, philanthropy, and/or AmeriCorps and education awards.

Through apprenticeships, graduate level program innovations, and additional pilots for on-the-job 'earn and learn'[79] opportunities such as human service sector young adult internships and vocational training, more New Yorkers will be able to connect to professionals and professions in the sector and advance as behavioral health practitioners themselves.

Educational Access:

Increase Access to Behavioral Health Training and Credentials

By creating a wider array of entry points into behavioral health training and higher education, more New Yorkers will be able to attain the credentials and degrees that prepare themfor the world of work. This involves creating educational programs for students who are new to the field, as well as college-connected, credit-bearing certification programs and accompanying behavioral health paraprofessional titles. Equally, reducing barriers to graduate level education and professional licensure with a focus on diversity, equity, and inclusion is a necessary component to preparing a highly qualified and abundant public sector workforce.

Degree and Certificate Programs Prioritizing Equity and Inclusion

Innovative degree and certificate programs increase affordability and accessibility for individuals seeking to enter or advance in the behavioral health sector. In New York, initiatives like the John Jay Navigator Certificate in Human Services and Community Justice and fellowships at multiple institutions including **Columbia University**, **Fordham University**, **Iona University** and **SUNY Buffalo** through the Health Resources and Services Administration (HRSA)'s Behavioral Health Workforce Education and Training Program (BHWET), seek to diversify the behavioral health profession.

BHWET program fellowships are open to master's and doctorate level students in a variety of programs including social work, psychology, psychiatric nurse practitioner, mental health counseling, occupational therapy, and marriage and family counseling. Fellows receive professional mentorship and a stipend of $10,000 or more to offset tuition, while participating in specialized coursework, research, and practicum to deepen their clinical expertise. Academic institutions select areas of focus, for example trauma-informed care at Columbia, youth behavioral health at Fordham, bi-lingual service delivery at Iona College, and substance abuse counseling at SUNY Buffalo.

The **John Jay Navigator Certificate in Human Services and Community Justice** engages justice-impacted people in a 17-week training to prepare them for careers in human services. The program partners with employers in criminal justice and reentry work for student practicum placements and research opportunities and also provides college credit that graduates can apply towards degrees with a number of CUNY schools. Students also receive wrap around services including rap sheet clean up, career planning and job placement support, and college application assistance.

Expansion of education related initiatives should focus both on diversifying the workforce and ensuring that higher education degrees are accessible to a wide range of New Yorkers. The Center for Urban Futures' report on nonprofit human service sector vacancies recommended a number of solutions to build the workforce, including the development of stronger partnerships between academic institutions and human service employers. Framed as a "Marshall Plan for bolstering the Human Services Sector," these recommendations include expanding CUNY's **Human Services Career Advancement Scholarship**, which provides up to 50% tuition to working professionals pursuing associates, bachelors, and masters degrees; and developing a CUNY Human Services Fellowship modeled after the Civil Service Pathways Fellowship to fill in-demand positions in human service organizations.[80]

Financial Incentives and Diversity-Focused Initiatives in New York

Scholarships, paid practicums, and loan forgiveness programs help mental health professionals to complete degree programs, overcome student debt, and remain in the public sector. Several promising programs and funding initiatives have been implemented by New York City and New York State and could be expanded to maximize impact and turn the curve on the workforce crisis. For example, in 2023, New York State Governor Hochul created a $4 million scholarship program to support underrepresented students entering or enrolled in mental health degree programs at the State University of New York and the City University of New York. The program aims to expand and diversify New York's mental health workforce, which lacks sufficient representation of ethnic and racial minorities, especially in roles requiring advanced degrees or education-based certifications. The program is made possible by a federal grant awarded to the New York State Office of Mental Health.[81]

The New York State budget also includes a $5 million expansion of the Community Mental Health Loan Repayment Program to extend eligibility to licensed mental health professionals. The program now has $14 million dedicated to recruiting and retaining skilled mental health professionals, including psychiatrists, master and clinical social workers; mental health counselors; marriage and family therapists; creative arts therapists, psychoanalysts, and psychologists.

> **Up to 100 awards are reserved for individuals working in settings providing diversity, equity, and inclusion services, such as cultural or linguistic specialization, and 100 awards will be set aside for professionals working in priority settings, such as school-based clinics.[82]**

Flexible graduate school models allow working professionals to continue earning their salary while pursing master's degrees, and in some cases, also subsidize the cost of degree programs.

The Mental Health Scholarship Program One Year Residency (OYR) provides full tuition and fees to 20 students annually who pursue a graduate social work education at Hunter College. Scholars must work at community-based organizations whose programs receive funds from the NYC Health Department's Bureau of Mental Health or Bureau of Children, Youth, and Families. Scholars work their regular work week, with 14 weekly hours dedicated as their practicum placement. They must remain in their current job for the duration of their MSW education, and for two years post-graduation. In addition to the financial award, they also receive a range of academic and mentoring supports as well as access to a professional alumni network. Providers who offer employees this flexible pathway to a graduate degree can benefit from increased employee morale, improved employee retention, employee professional growth and development, and increased ability to fill higher-level positions.[83]

Additional OYR programs, such as those provided by NYU, Columbia University, and Adelphi University are available for individuals already working in the behavioral health sector. However, many current OYR models require significant initiative and coordination on the part of the individual students pursuing this pathway, and they must already be working in the behavioral health field within an organization willing to provide flexible hours, social work supervision, and a qualifying practicum experience. This model could be further developed to proactively expand and formalize ongoing partnerships between universities and employers that enable cohesive recruitment and retention support and provide students with additional cohort-based support.

In the fall of 2024, The Door, a multi-service youth development nonprofit, launched an MSW pathway program for current staff, in **partnership with NYU**. Designed for staff members with previous work experience in social services, the hybrid program enables staff to earn their MSW at a significantly reduced cost over the course of two years, while continuing to work at The Door and take classes online and in person. Similar to OYR models, staff will be able to complete their practicum hours at The Door as well.

Additional innovations to graduate school pathways for working professionals could also recruit people to enter directly into graduate programs and vacant behavioral health positions (full-time or as apprentices) in tandem, rather than requiring employment prior to graduate program enrollment.

While scholarships and employer flexibility are key resources for accessible higher education, some talented professionals experience additional barriers related to immigration status, evaluating foreign credentials and local licensing fees, limited recognition of credentials earned in other countries, and onerous or unnecessarily restrictive licensure requirements.[84] Given that social service providers often struggle to recruit staff who have a shared cultural background with clients from cultures outside of the U.S. and also seek more bilingual and multilingual helping professionals, additional funding for behavioral health education and training should consider opportunities to reach these communities as well. This could include support for immigration legal fees for work visas and navigation services for individuals facing these challenges.[85] Policy reforms are needed to remove these barriers for foreign-trained mental health professionals to obtain licensure to practice in New York or to create alternative pathways to licensure.

Promising Practices in Other States

New York can also learn from innovations across the country, in order to further expand behavioral health education opportunities. In Oregon, the Ballmer Institute partners with the University of Oregon to provide a Bachelor's degree in **Children's Behavioral Health**, which integrates community-based practicum hours and competency-based assessments to prepare students to enter the behavioral health workforce upon graduation or pursue master's level behavioral health degrees. Scholarship and grant opportunities allow some students to complete the program free-of-cost. In Massachusetts, **Accelerate the Future, Framingham State University**, and local employers partnered to utilize funding from the MA Office of Health and Human Services to launch a reduced cost, 3-year Master's degree program in Mental Health Counseling. Employees who join are able to complete the program as a cohort, while continuing to work full-time. Many agencies further subsidize or fully cover tuition for employees who agree to continue working with the agency for a number of years, contributing to stronger staff retention and an increase of master's level employees within the agencies. Both these Oregon and Massachusetts programs place an emphasis on culturally responsive curriculum and on recruiting students from historically underrepresented groups.

Through the expansion of successful education and training pathways, and continued funding for critical interventions that diversify the student body pursuing and completing behavioral health degree programs, more New Yorkers will be able to enter and advance in the workforce. Additionally, bold legislation to remove barriers to educational access will ensure that students from many walks of life can access the necessary training and credentialing to provide high-quality public sector services.

Talent Development:

Invest in the Existing Behavioral Health Workforce

Restructuring Behavioral Health Teams and Reimbursement Models

Strengthening the behavioral health workforce includes enacting organizational and systemic shifts to enable both advanced clinicians and non-clinical professionals to work at the top of their licensure. Currently, licensed mental health professionals are often tasked with work well below their level of clinical skill and expertise—for instance, case management and referrals instead of, or in addition to, conducting individual therapy or counseling groups. To enhance capacity and improve employee experiences, providers can leverage the skills of a multidisciplinary team of behavioral health providers who represent a diversity of professional knowledge and specialization. For example, at Project Renewal, a nonprofit serving homeless and low-income New Yorkers who often experience mental health and substance use treatment needs, this team includes "members from occupational therapy, addiction medicine, psychiatry, casac/casac-t counseling, peer support services, and vocational support," in addition to social workers, clinical coordinators, case managers, and other staff.[86] In models such as this, clients are able to receive a range of high-quality services and staff are able to devote time and resources to their areas of expertise, rather than functioning as generalists or working below their level of clinical skill. Additionally, structural changes to the ways in which mental health is paid for will support behavioral health providers to both expand and diversify the workforce and maximize funding. For example, new billing opportunities through recent Medicaid changes can be leveraged to further support professional development, career advancement, and salary and benefit enhancements for existing staff.

Talent Development through Benefits and Staff Training

Staff retention can be strengthened by developing professional development and employee benefit initiatives that support employee growth, licensure maintenance, and financial wellbeing. Examples include continuing education courses through NYC Public Schools and loan forgiveness programs on the city and state levels.

To support school social workers' ongoing training and supervision, the **NYC Schools Central Crisis Response Team** (NYC Schools CCST) offers citywide office hours, as well as access to continuing education (CE) courses. NYC Schools CCST has provided 20 continuing education cohorts since School Year '22-23, training over 700 social workers who received free CE credits in the following topics: Culturally Responsive School Social Work, Narrative Therapy, Trauma Informed Practices, Attachment Theory, Social Work Ethics, and Professional Boundaries (NYC Schools, Office Communication, 12/23/2024). CE credits, such as those provided by these courses, are required for licensed practitioners to maintain licensure and can often be costly. Here, staff are given opportunities to complete these credits free of cost while deepening their learning and professional development in collaboration with colleagues. This can contribute to job satisfaction and a sense of being valued in the workplace.

In addition to federal Public Service Loan Forgiveness, additional state and city level loan forgiveness initiatives further incentivize professionals to work in the public sector and in high needs areas, while easing the burden of managing student debt.

For example, the **NYS Child Welfare Worker Loan Forgiveness Incentive Program** awards up to $50,000 in loan forgiveness over five years to eligible individuals who have obtained a degree from a New York State college or university and work full-time as child welfare workers in qualifying nonprofits. The **NYS Licensed Social Worker Loan Forgiveness Program** provides up to $26,000 in loan forgiveness to eligible licensed social workers employed in "critical human service areas," a designation which includes geographic regions identified as mental health professional shortage areas.

Within NYC Health + Hospitals (H+H), the **Behavioral Health for New York City Loan Repayment Program (BH4NYC)** also provides grants to eligible clinicians. Professionals including psychiatrists, psychiatric nurse practitioners, licensed clinical social workers, psychologists, and creative art therapists, can receive loan forgiveness awards between $30,000 and $50,000 in exchange for a three-year commitment to working within H+H.

Through this initiative, 28 providers were awarded student debt relief in 2023.[87] In the first half of 2024, more than 90 additional awards were distributed (H+H, Office of Behavioral Health, 8/11/2024). In the summer of 2024, Health + Hospitals announced a $4M donation from Black Family Philanthropies, which will be used to provide more than 120 behavioral health providers with debt relief through BH4NYC. Black Family Philanthropies donated an additional $1M to be used for staff retention efforts, including early-career fellowships for psychiatric nurse practitioners and a series of online trainings for staff skill building in areas such as brief therapeutic interventions.[88]

By fostering interdisciplinary collaboration and implementing innovative strategies such as these, New York City can continue building the workforce through new employee recruitment, while equally investing in retention and support for those already making greatly needed contributions to the behavioral health sector.

Capacity Building:

Strengthen and Expand the Footprint of Community-Based Care

To improve the community members' access to care in their own neighborhoods, resources should be devoted to staff upskilling and capacity building with community-based organizations and faith-based organizations. These initiatives should prioritize small and BIPOC-led organizations, as well as those located in underserved neighborhoods, to best meet the needs of NYC's diverse population.

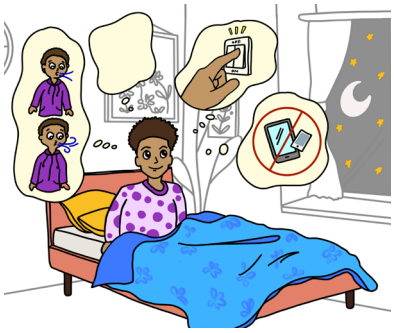
Adapting Evidence-Based Interventions Designed for Non-Clinical Staff

Staff who engage with community members every day in non-clinical capacities witness firsthand the impact of individuals' mental health struggles on their quality of life and wellbeing. This includes staff in roles such as case managers, residential aides, education and career specialists, group facilitators, youth development professionals, and outreach workers. They often share common identities with clients and forge trusting relationships; however, they frequently lack formal mental health training. By expanding the toolkits of these staff, locally based organizations can be better equipped to respond to clients who come to them in states of distress, and with internalizing symptoms such as anxiety and depression.

Brief psychological interventions, such as those developed by the World Health Organization as part of task sharing strategies, can be adapted for use in NYC. Task sharing is a way to appropriately redistribute tasks within a healthcare team to eliminate barriers to care in communities. It involves training non-clinical staff in a variety of relevant skills such as motivational interviewing, trauma informed engagement, screening, and facilitating psychoeducational groups. Task sharing makes it possible for the delivery of culturally and contextually appropriate behavioral healthcare to be provided by those trusted by and closest to the communities being served. Effective adaptations on non-clinical interventions involve direct input from those with lived experience and from communities that historically have been excluded from the development of evidence-based practices. They enable frontline staff to address mild to moderate emotional distress in clients before it escalates to more serious mental or behavioral health issues, and to assess and make connections to additional care for individuals who need further support.[89] This approach is a cost-effective service model – born out of necessity in low-to-moderate income countries and adapted for use in NYC – that leverages limited resources to best meet the needs of all community members.[90]

The Mayor's Office of Community Mental Health has been collaborating with George Washington University and the New School, as well as NYC-based nonprofits, to adapt two WHO interventions: Problem Management Plus (PM+) and Early Adolescent Skills for Emotions (EASE).

PM+ equips staff to provide mental health support to participants ages 18+ over a 5-session curriculum. It is primarily an individual model but is also being modified for groupwork. EASE trains providers to lead groups with young people ages 10-15, and separately with their caregivers, to provide mental health support and improve the caregiver-child relationship. In 2025, OCMH will continue partnering with community stakeholders and the Department of Youth and Community Development to pilot the newly adapted EASE curriculum and expand its reach to more youth and caregivers. Through built in feedback sessions with providers and community members, interventions like EASE and PM+ are able to uniquely meet the needs of New Yorkers, particularly those from low-income neighborhoods and historically marginalized groups.



Excerpts of the EASE NYC storybook designed for youth groups

Resources for Ongoing Training and Staff Development

Additional access to centralized training and professional development for clinical and non-clinical staff in the mental health and substance use treatment professions also provides a layer of support for the behavioral health workforce. Initiatives such as the **Partnership for After School Education (PASE)** and the **Academy for Community Behavioral Health (The Academy)** provide free resources to the greater NYC human service workforce. In addition to creating skill-building opportunities for those who engage in professional development, these centralized offerings convene staff from various provider organizations to learn together. This enables them to exchange knowledge and cultivate networks for ongoing growth and support.

PASE offers professional development opportunities for staff serving youth and young adults in afterschool programs, with a particular focus on supporting programs engaging youth in underserved communities. Training topics include youth development foundations, supporting participant college access and career advancement, addressing behavioral challenges, culturally responsive practices, fostering inclusive programs for LGBTQ+ youth and participants with disabilities, and staff career advancement skill-building. PASE also offers tailored technical assistance to support nonprofit capacity building, as well as leadership development fellowships for mid-level and executive leaders.

The Academy for Community Behavioral Health provides free training, coaching, and implementation supports that equip nonprofit and government social service providers with relevant behavioral health skills to serve their communities and with tools to manage their own stress and build resiliency. Since launching in 2021, the Academy has developed more than 20 unique courses, including comprehensive programs in caring for bereaved community members; using art to support young people impacted by violence; addressing the mental health impacts of racism; healing complex and intergenerational trauma; combatting burnout and compassion fatigue; and more. The Academy also advances multidisciplinary collaborations and participatory methods to pilot new care models and uplift healing practices already in communities. The Academy prioritizes providers who serve communities identified as most impacted by the pandemic and other health and socioeconomic disparities.[91]

The Academy is a partnership between the Mayor's Office of Community Mental Health, the Mayor's Office of Economic Opportunity, and CUNY School of Professional Studies. New York City's investment of multi-year, institutional funding allows the Academy to cultivate deep expertise in community behavioral health and co-design programs that uniquely meet needs for deeper learning, skill gains, practice changes, and workforce supports identified by a wide cross section of social service providers. Government funding such as this supports the ongoing sustainability for essential workforce development training for behavioral health professionals. Colorado's Behavioral Health Administration (BHA) serves as another example of government-funded behavioral health workforce training.

In the spring of 2024, the BHA launched the "**OwnPath Learning Hub**," which provides free access to online courses for behavioral health professionals, including peers and individuals at all levels of expertise. Trainings range from single session classes to multi-course curriculum offerings. The "Crisis Professional Curriculum," for example, includes more than 40 hours of training and "contains all of the courses required to become a Crisis Professional and utilize the Colorado Crisis Assessment in the state of Colorado."[92] This package of classes, like many of the Hub's courses, also provides continuing education credits. Additional offerings cover many topics including understanding telebehavioral health, integrating health care with military culture, serving populations with complex behavioral health needs, early childhood and adolescent mental health, intersections of race and behavioral health, and trainings in various treatment modalities.

Skill-building for behavioral health staff, such as adapted interventions through the World Health Organization, training and community-building opportunities like those provided by PASE and the Academy, and government-sponsored learning management systems such as Colorado's Learning Hub, all contribute to enabling organizations on the ground to provide quality care to clients.

Moreover, these professional development initiatives prepare staff to care for themselves and support them in advancing their own professional goals, thereby mitigating burnout and cultivating a healthier workforce.

Strengthening investment in centralized capacity building resources such as these can help ensure that public sector care providers receive the deep and sustained supports they need and deserve to thrive in fulfilling careers and deliver excellent care to fellow New Yorkers.

Conclusion

There is an urgent and growing need in New York City for behavioral health services, including both preventative initiatives and intervention responses. Meeting this need requires a skilled, diverse, and fully staffed behavioral health workforce that is prepared to engage a range of populations for whom behavioral health needs are especially high. When providers experience persistent workforce vacancies, it negatively impacts their ability to provide timely, quality care and often leads to burn out of existing staff. However, the abundance of open positions in this sector presents an opportunity for career development initiatives that build a workforce pipeline that can directly lead to employment.

In addition to meeting the present workforce need, strategies must also plan for the predicted expansion of the sector in years to come. On national and state levels, behavioral health careers have highly favorable outlooks for predicted growth, inclusive of many titles that are estimated to earn a living wage.[iv] The New York State Department of Labor long-term occupational outlook projections for New York State identify a 23.1% growth rate for occupations in Community and Social Service between 2022 and 2032. Based on 2024 data, 8 of 12 occupations within this category have an average income above $60,000 for NYC based positions. These positions include counselors; healthcare social workers; child, family, and school social workers; mental health and substance abuse social workers; health educators; and probation officer and correctional treatment specialists.[93]

Developing a robust and thriving behavioral health workforce requires a multi-sector approach with involvement from city and state government, nonprofit organizations, educational institutions, faith-based partners, private sector partners, and funders. Successful strategies should consistently prioritize diversity, equity, and inclusion, and be informed by people with lived experience and directly impacted communities. The following pages provide a series of key strategies to drive change.

Over the past year, the Mayor's Office of Community Mental Health has actively engaged with a diverse array of stakeholders to gather insights on emerging solutions that can create systemic change to address the multifaceted challenges of NYC's behavioral health workforce crisis. Through these engagements, a shared agreement and commitment across sectors has emerged, with all parties recognizing the urgency of tackling this complex issue. By leveraging the outlined framework above and maintaining collaboration with these stakeholders, New York City is well-positioned to meet local needs while also emerging as a national leader in innovating and strengthening the behavioral health workforce to cultivate a safer, healthier city for everyone.

Career Pathways

- Public education campaigns to increase understanding of and interest in behavioral health careers
- Early career exposure initiatives and pathways into the behavioral health sector at the middle school, high school, undergraduate, and continuing education levels
- Apprenticeships and internships to support paid work-based learning and attainment of nationally recognized credentials
- Paid graduate level and post-graduate mental health practicums and fellowships

Educational Access

- Accessible behavioral health education and training, supported by strategies such as reducing test bias, targeted engagement with underserved communities, and partnerships with Historically Black Colleges and Universities (HBCUs) and additional Minority Serving Institutions (MSIs)
- Certification and credential opportunities that create career entry points and advancement pathways
- Financial support and incentives for students pursuing behavioral health careers
- Flexible educational programs for working professionals

Talent Development

- Supervision and mentoring in support of employee growth and advancement
- Ethical, healthy workplace cultures and flexibility for staff schedules and hybrid work options
- Multidisciplinary teams, task sharing models, and ongoing recruitment and retention efforts to allow for reasonable division of labor
- Incentivized retention through benefit enhancements such as student loan forgiveness and tuition reimbursement
- Updated regulations and requirements to reflect necessary job qualifications and better enable practitioners to work at the top of their licensure

Capacity Building

- Strong cross-sector partnerships to de-silo the work of building and supporting the behavioral health workforce
- Professional Development and Continuing Education (CE) offerings for clinical and non-clinical staff, including content-knowledge and skills-based training as well as resources for self-care and sustainable work practices
- Structural changes to how mental health care is paid for and implementation of COLAs for public sector mental health and social service providers

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Note: Community and Social Service Occupations are listed under SOC Code 21-0000 (2024) https://dol.ny.gov/employment-projections

Glossary

[i] **Behavioral Health:** For the purposes of this paper, mental health care and substance use treatment services will generally be referred to as "behavioral health care" unless specifically referencing outside sources which use different terminology. As defined by the U.S. Centers for Disease Control and Prevention, "[b]ehavioral health refers to a state of mental, emotional, and social well-being or behaviors and actions that affect wellness. Behavioral health is a key component of overall health. The term is also used to describe the support systems that promote well-being, prevent mental distress, and provide access to treatments and services for mental health conditions."

[ii] **Public Sector:** Commonly, workforce sectors include the public sector (government and government funded sites, nonprofit or voluntary organizations), and the private sector. For the purposes of this paper, the public behavioral health sector broadly encompasses institutions and providers that serve low-income and uninsured New Yorkers, including government agencies, public hospitals and clinics, schools, non-profits, and faith-based organizations.

[iii] **Serious Mental Illness:** This refers to a mental, behavioral, or emotional condition – such as schizophrenia, bipolar disorder, or other illnesses – that has severe and persistent symptoms. These symptoms significantly impair an individual's ability to function and interfere with one or more major life activities. For more information visit the NYC Department of Health, *Our Health* topics guide.

[iv] **Living Wage:** A "living wage" is the hourly wage that a household member has to make in order to sustain themselves and/or their family. In 2023, the Mayor's Office of Talent and Workforce Development (NYC Talent) synthesized wage data and recommended that apprenticeship growth be prioritized for occupations that pay a minimum of $25-$31/hour. Additional data analyzed by NYC Talent from the NYC True Cost of Living (TCL) report estimates that on average, an adult would require $61,844 annually to meet basic needs. For more information on living wage, please see: https://livingwage.mit.edu/counties/36061. To view the New York City Apprenticeship Landscape Report published by NYC Talent, please see: nyc-apprenticeship-landscape-report.pdf

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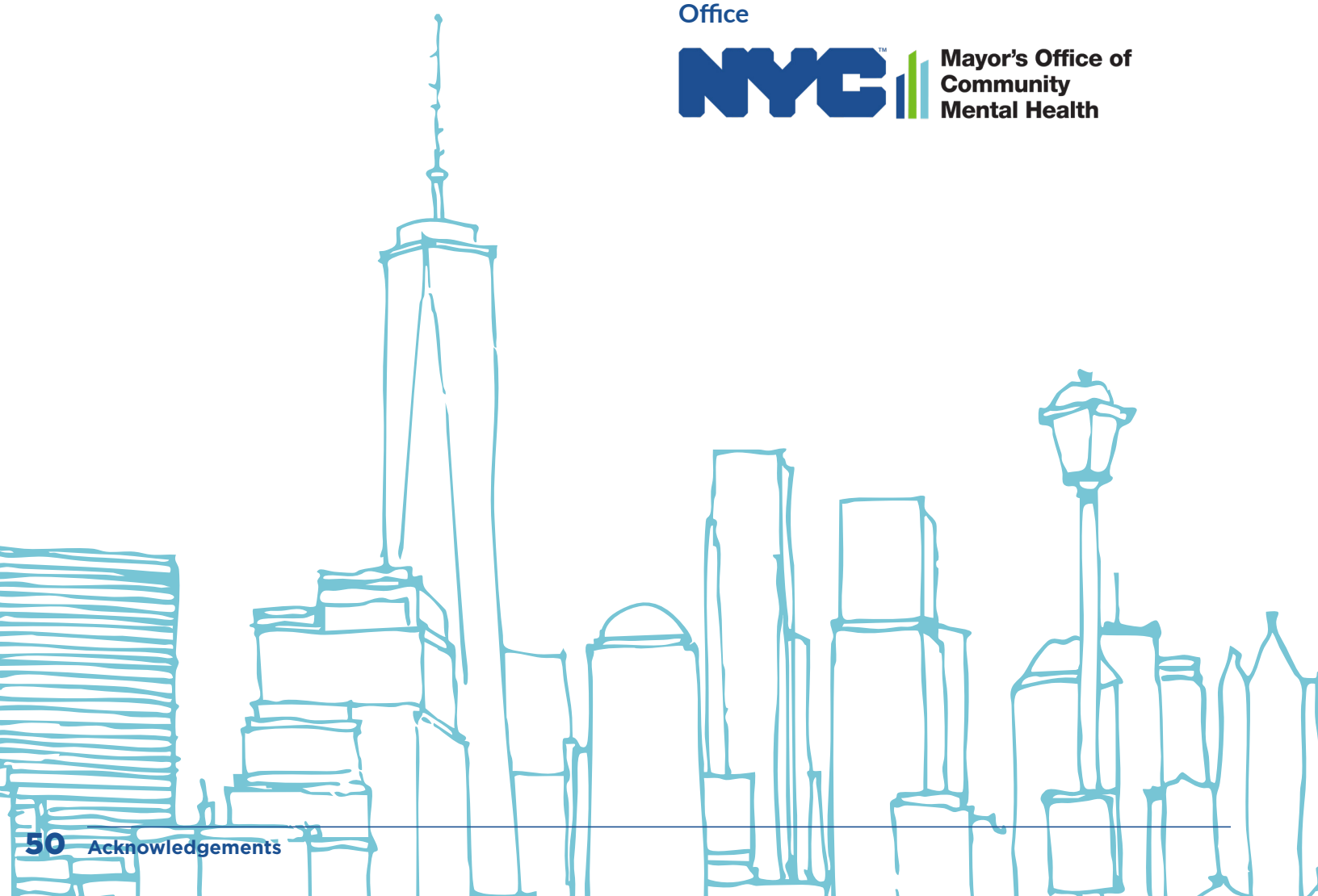

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