Access to Outpatient Mental Health Services in Massachusetts:

A SUMMARY OF FINDINGS

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FOUNDATION MASSACHUSETTS

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ABOUT ABT ASSOCIATES

Abt Associates is a mission-driven, global leader in research, evaluation, and program implementation in the fields of health, social and environmental policy, and international development. For over 50 years, Abt has been a critical resource to governments, international organizations, academia, and foundations around the world.

ABOUT BLUE CROSS BLUE SHIELD OF MASSACHUSETTS FOUNDATION

The mission of the Blue Cross Blue Shield of Massachusetts Foundation is to expand access to health care for low-income and vulnerable individuals and families in the Commonwealth. The Foundation was founded in 2001 with an initial endowment from Blue Cross Blue Shield of Massachusetts. It operates separately from the company and is governed by its own Board of Directors.

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INTRODUCTION

According to the 2014 *National Survey on Drug Use and Health*, mental health disorders impact more than a million adults in Massachusetts.[1] Data from this same survey reveal that many individuals with a mental health disorder do not receive treatment. In Massachusetts, over the period from 2010 to 2014, an average of 46 percent of adults aged 18 and older with any mental illness did not receive treatment each year.[2] In addition to these data, several state reports document barriers to accessing mental health services[3,4,5] and anecdotes of long wait times for outpatient mental health appointments in Massachusetts abound.[6,7]

Although these sources confirm the existence of barriers to outpatient mental health treatment, limited information exists on the accessibility of mental health services in Massachusetts. There is a lack of publicly available data measuring actual wait times in the Commonwealth, and few studies report on the factors contributing to wait times for outpatient mental health services.

In an effort to fill these gaps, the Blue Cross Blue Shield of Massachusetts Foundation (the Foundation) commissioned Abt Associates to conduct a comprehensive mixed-methods study to quantify the wait times for outpatient mental health office visits in Massachusetts, better understand the experiences of clients seeking an appointment, and identify facilitators and barriers to accessing mental health services. Key findings from this study, titled *Access to Outpatient Mental Health Services in Massachusetts*, include:

- Individuals and stakeholders describe the process of connecting with an outpatient mental health provider as complicated and onerous; clients experienced long wait times from the point at which they identified a need for outpatient services.
- Wait times for psychiatrists in Massachusetts were longer than those for other types of licensed mental health providers.
- Wait times for a provider with particular expertise in caring for a child or adolescent are longer than those for an adult provider. The wait time for a child psychiatry appointment, in particular, is typically even longer than for other mental health providers with expertise in caring for a child or adolescent.
- Individuals with MassHealth or those seeking services in organizations that serve a greater proportion of clients with MassHealth may experience longer wait times than individuals with commercial insurance or those able to self-pay for services.
- Findings show regional disparities in wait times for outpatient mental health visits, though further research is necessary to fully understand regional differences.
- Stakeholders report that providers' selective insurance acceptance means that individuals who are able to self-pay can access care more quickly than those who must rely on insurance. Providers report that they are most likely to accept commercial insurance and least likely to accept public insurance (Medicare and Medicaid). A substantial portion of providers report not accepting any insurance at all.
- Providers and organization administrators report that providers have diverse specialty training; however, individuals, parents, and stakeholders report that it is challenging to make a timely connection to a provider who fits individual client needs. Moreover, licensing designations make it difficult to identify providers with specific training or expertise.

A description of the study approach and each of these key findings is provided in the sections that follow. In addition, companion reports titled *Navigating the Outpatient Mental Health System in Massachusetts: Consumer and Stakeholder Perspectives* and *Quantifying Wait Times for Outpatient Mental Health Services*

in Massachusetts: Provider and Organizational Characteristics Associated with Access provide a detailed discussion of the research approach, key themes, and findings from the qualitative and quantitative components of the study. The following sections synthesize key themes and findings from the study, drawing on the perspectives of clients, stakeholders, providers, and organization administrators, while also exploring similarities and differences in findings across these perspectives. This report also highlights other relevant research on this topic in an effort to contextualize the findings from this study with other research and data from Massachusetts.

OVERVIEW OF STUDY

This study sought to answer the following questions:

- What do stakeholders and individuals and/or parents seeking services think are clinically appropriate wait times for outpatient mental health visits, and are providers and organizations able to meet clinically appropriate standards?
- What is the experience of Massachusetts adults and children seeking an outpatient mental health appointment?
- What factors impact the experience of adults and children in Massachusetts seeking outpatient mental health services?

To address these questions, researchers collected primary data from multiple sources in an effort to capture diverse perspectives on the experience of seeking outpatient mental health services. Qualitative data collection included 21 interviews with stakeholders and four focus groups with clients seeking outpatient mental health services in Massachusetts. Quantitative data collection included a representative survey of mental health clinicians who provide outpatient mental health services in Massachusetts ("provider survey") and a survey of administrators at organizations that provide outpatient mental health services to predominantly MassHealth clients ("survey of organizations"). A multi-mode approach allowed for triangulation of different perspectives and sources of data to characterize the experience of service providers and individuals seeking services in Massachusetts (see Exhibit 1 for a summary of the modes of data collection).

EXHIBIT 1. SUMMARY: DATA COLLECTION APPROACHES AND SAMPLE

Method	Sample	Participants / Response Rate
Focus groups	Purposive sample of individuals or parents who had sought outpatient mental health services in Massachusetts in the last six months	4 focus groups of parents and adult clients
Stakeholder interviews	Purposive sample of clinical leaders, health system administrators, state administrators and policymakers, and representatives from payers, associations of safety-net providers, and mental health advocacy organizations	21 interviews, 24 individuals
Provider survey	Representative sample of licensed mental health providers in Massachusetts	28.1%, adjusted response rate (n=413)
Survey of organizations	Purposive sample of organizations that provide outpatient mental health services and serve predominantly MassHealth clients	42.9% (n=85)

More detail on the stakeholder interviews and focus groups is included in Section 1 of the companion Foundation report *Navigating the Outpatient Mental Health System in Massachusetts: Consumer and Stakeholder Perspectives*. Additional information on the characteristics of provider and organization survey respondents is included in Sections 3 and 4 of the accompanying Foundation report *Quantifying Wait Times for Outpatient Mental Health Services in Massachusetts: Provider and Organizational Characteristics Associated with Access*.

WAIT TIMES: KEY FINDINGS AND ADDITIONAL CONSIDERATIONS

This study sought to describe wait times for an initial outpatient mental health appointment in Massachusetts. The study team collected data on wait times from multiple respondent types, with questions tailored to capture specific respondent perspectives on clinically appropriate wait times and their experience (or experiences of individuals they work with) accessing services. Focus group participants and stakeholders defined wait time *beginning at the point that someone* (e.g., an individual, family member, or provider) *identified a need* for mental health services, since that is when the search process begins for these groups. In contrast, the surveys asked providers and organization administrators to quantify *wait time beginning at the point of first contact with the client*, because this is the frame of reference for most service providers.

Individuals and parents participating in focus groups were asked to speak about their experiences seeking services and the time it took them to find a provider for an initial outpatient mental health visit.* **In most instances, individuals and parents reported waiting several months for an initial outpatient mental health visit.** These findings are broadly consistent with findings from a 2016 online survey conducted by the Parent Professional Advocacy League (PPAL) with a convenience sample of engaged Massachusetts parents in their advocacy network. Fewer than 20 percent of parents in the PPAL survey reported being able to get an appointment with a new mental health provider within three weeks, and 82 percent reported waiting more than a month for an appointment.[8] However, note that neither focus groups conducted as part of this study nor those included in the PPAL survey necessarily reflect the experience of a representative, or "typical," client seeking services in Massachusetts, since both studies relied on purposive samples.

Stakeholders were also asked for their perspective on wait times for outpatient mental health services and, in particular, whether they perceived that providers are able to meet "clinically appropriate" time-to-care standards. Though stakeholders' definitions of clinically appropriate wait times varied, there was agreement that current wait times are, in general, longer than clinically appropriate for the majority of individuals seeking services. It should be noted that stakeholders interviewed included individuals in leadership or advocacy roles who are likely to focus on areas of the system that need improvement. Still, many stakeholders' reference point in defining appropriate timeliness for services reflected the 14-day contractual standards in place between the Massachusetts Behavioral Health Partnership (MBHP),** which provides mental health services for many MassHealth members, and its contracted providers.[9] **In short, stakeholders believe the majority of individuals seeking an initial mental health office visit are not seen within two weeks**.

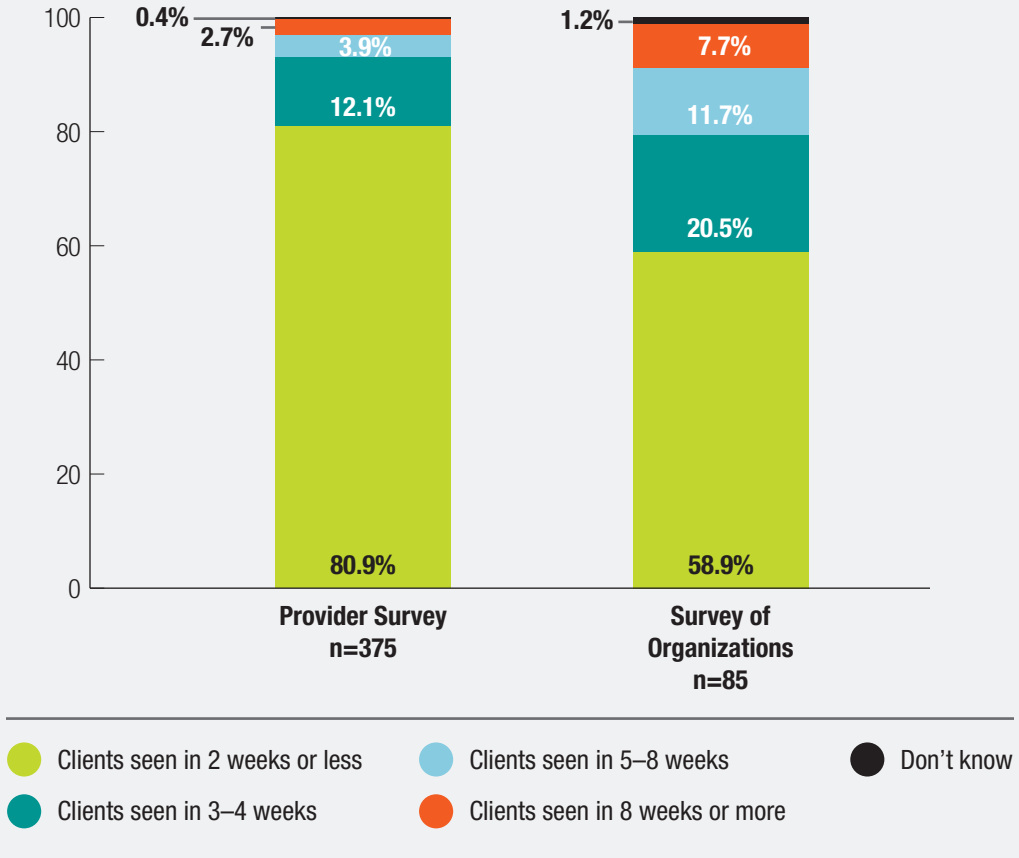
In survey findings from this study, providers and organization administrators reported that the majority of clients, on average, are seen within two weeks of first contacting a provider

* The range in wait times reported by participants—including variation in wait time by insurance type and for adults versus children—is discussed in greater detail in the companion report *Navigating the Outpatient Mental Health System in Massachusetts: Consumer and Stakeholder Perspectives.*

** MBHP is a managed behavioral health organization that administers mental health benefits for more than 430,000 individuals and works with a network of over 1,200 behavioral health providers.

or organization for an appointment (Exhibit 2). According to these surveys, 81 percent (per providers) and 59 percent (per administrators) of new clients, respectively, are seen for an initial appointment within two weeks of first contact. Moreover, providers and organization administrators report that relatively few individuals have a wait time of more than a month. Providers reported that seven percent of new clients had a wait time of five weeks or more, and organization administrators reported that 19 percent of new clients had a wait time of five weeks or more. Provider and organization administrator perspectives were self-reported and may have been influenced by contextual factors such as contractual access standards.

EXHIBIT 2. PROVIDER AND ORGANIZATION-ADMINISTRATOR REPORTED WAIT TIMES: AVERAGE PERCENT OF NEW CLIENTS SEEN FOR OUTPATIENT MENTAL HEALTH VISITS BY WAIT TIMES AFTER FIRST CONTACT



Sources: Abt Associates. Provider Survey of Outpatient Mental Health Access in Massachusetts, 2016–2017; Abt Associates. Organizational Survey of Outpatient Mental Health Access in Massachusetts, 2016–2017.

Note: Provider Survey (n=375). Survey of Organizations (n=85). The research team excluded providers reporting that they did not know what wait times were for 100% of their clients or who provided invalid responses (e.g., 0% for all categories). Estimates for the provider survey were weighted to reflect all licensed mental health providers in Massachusetts.

The contrast among the perspectives of focus group participants, stakeholders, and providers and organization administrators may stem from the difference in how a wait time is conceptualized, as noted above. In particular, these results suggest that the process *preceding* a client's connection to a "viable" provider with whom a visit can be scheduled—i.e., finding a provider who accepts an individual's insurance, is accepting new patients, and has the appropriate expertise or training to treat the individual's given condition—is often

onerous. Once that connection is made, providers reported relatively brief additional wait times, on average, before a new client is actually seen.

FACTORS ASSOCIATED WITH VARIATION IN WAIT TIMES FOR AN APPOINTMENT

To understand the extent to which access to outpatient mental health services in Massachusetts varies by provider type, client age (children and adolescents versus adults), insurance type, and geographic setting,* the research team examined the association between these factors and wait times.**

Provider type

Prior studies have documented long wait times for appointments with psychiatrists. A Commonwealth Fund case study of the Massachusetts Child Psychiatry Access Project (MCPAP) suggests that waits of four to six weeks for psychiatric appointments are common for children,[10] and a patient simulation study in which investigators posed as patients seeking appointments with psychiatrists in three cities, including Boston, found an average wait time of one month in the fraction of cases (26%) in which an appointment was actually obtained.[11] These studies, however, do not explicitly compare wait times between psychiatrists and other provider types. To understand the extent to which access to outpatient mental health services in Massachusetts varies for different provider types, the study team asked individuals, parents, and stakeholders to discuss experiences accessing appointments with different provider types (e.g., psychiatrists versus other types of mental health providers). The survey analyses assessed variation in self-reported wait times by licensed provider type (provider survey) and mental health provider mix at a particular organization (survey of organizations). Findings were strikingly consistent across respondents:

Wait times for psychiatrists in Massachusetts were longer than those for other types of mental health providers.

Parents with public insurance agreed that there is a "big difference" between the wait for a therapist and the wait for a child psychiatrist. Several parents with public insurance reported waiting four to five months to get a child psychiatry appointment. Adult focus group participants with commercial insurance also described long delays due to challenges finding a psychiatrist with an opening.

Similarly, stakeholders consistently stated that psychiatrists have the longest wait times and are the most difficult providers to access, especially for children and adolescents. Most stakeholders mentioned that psychiatrists are harder to bring and keep on staff; many reported that organizations are only able to bring on a psychiatrist for a half-day or one day a week.

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* The six geographic regions used by the Massachusetts Executive Office of Health and Human Services (EOHHS) to group cities and towns in the Commonwealth were used for regional analyses in this report. These regions are defined here: www.matracking.ehs.state.ma.us/eohhs_regions/eohhs_regions.html.

** Estimates from the provider survey and survey of organizations described in this section were computed based on multivariate regressions, so differences between adjusted averages can be interpreted as differences independent of other characteristics. Adjusted differences were statistically significant unless otherwise noted. Reported percentages from the provider survey were regression-adjusted to account for differences in provider type/licensing credential, number of new clients per month, practice setting, serving clients under age 18, payer mix, and Massachusetts Executive Office of Health and Human Services (EOHHS) region. Estimates for the provider survey were weighted to reflect all licensed mental health providers in Massachusetts. For the survey of organizations, analyses adjust for the following organizational characteristics: number of full-time-equivalent (FTE) providers, clients per FTE provider, provider mix as percent of total mental health provider FTEs (out of 100%), client age, geographic location of sites (i.e., Boston/MetroWest, other EOHHS region, or both), provision of primary care services, substance use disorder (SUD) treatment, case management/care coordination, and specialization in serving lesbian, gay, bisexual, transgender, and/or queer/questioning (LGBTQ) clients. Because of the different level of analysis (organization versus individual provider) and the smaller sample size of the survey of organizations, some organizational characteristics (i.e., independent variables) were specified differently than in the provider survey.

Providers and organization administrators, too, reported longer wait times for appointments with psychiatrists relative to other provider types. Psychiatrists reported seeing 64 percent of new clients for an initial appointment within two weeks, as compared with 80 percent for psychologists and 88 percent for social workers. Findings from the survey of organizations showed that organizations with proportionally more psychiatrists relative to social workers (i.e., out of total mental health provider full-time equivalents) reported longer wait times.

Several factors may be contributing to the longer wait time for a psychiatrist appointment. Although Massachusetts has more psychiatrists per capita than most states do, it has fewer psychiatrists per capita than it has other types of licensed mental health providers.[12] Further, among licensed psychiatrists in Massachusetts, some proportion may not be practicing full time (i.e., seeing patients versus conducting research or performing other work), though there are not available data to evaluate how this differs between psychiatrists and other provider types. Among practicing psychiatrists in this study, 15 percent indicated that they do not accept *any* type of insurance; a recent national study found that almost half of all psychiatrists do not accept commercial insurance and more than half do not accept Medicare or Medicaid.[13]

Not all mental health providers are able to prescribe medication. Psychiatrists and certain advanced practice nurses, in states including Massachusetts, are licensed to prescribe and monitor medications. Social workers, counselors, and other therapists who are able to provide outpatient mental health services and counseling are not licensed to prescribe medications.

Source: National Alliance for Mental Illness. Types of Mental Health Professionals. Available at www.nami.org/Learn-More/Treatment/Types-of-Mental-Health-Professionals.

Wait times for psychiatrists in community mental health centers (CMHCs) may be even longer. Additionally, in a recent survey (n=30), almost half of member organizations of the Association for Behavioral Healthcare (ABH), which are predominantly CMHCs, reported a wait time of between one and six months for a routine assessment by a psychiatrist or an advanced practice nurse,[14] a provider type that in Massachusetts is licensed to prescribe and monitor psychotropic medications. Findings from this study similarly showed that wait times were significantly longer in CMHCs, community health centers, and hospitals and health systems than in private practices, independent of other characteristics that included the provider type.

Children and adolescents versus adults

Prior research has documented a shortage of child and adolescent psychiatrists nationally.[15] Even in Massachusetts, where the number of child psychiatrists per 100,000 children is higher than it is in many states, consumers have reported challenges accessing behavioral health services for children.[16] With this as context, in this study the team explored differences in wait times for children and adolescents as compared to adults. **Parents and stakeholders reported that wait times are especially long when seeking a provider with a particular specialization for a child/adolescent. Providers and organizations that serve children/adolescents reported longer wait times, on average, than those that predominantly serve adults.**

Parent focus group participants reported that current wait times for children are unacceptably long. Some parents specifically attributed long wait times for their children to the need to find someone who specializes in treating children and adolescents with complex psychosocial needs (e.g., a specialist in dialectical behavioral therapy, gender, post-traumatic stress disorders, or pediatric and adolescent psychiatry). Several parents also indicated that the delay was partly due to challenges finding a provider who both accepted their child's insurance and was *"a match for their child."*

Regardless of insurance type, parents emphasized the need to advocate strongly on behalf of their children to get them timely access to services; stakeholders reinforced this finding. Stakeholders also reported that children with complicated physical and mental health needs can face long wait times for a provider, especially a psychiatrist.

Consistent with parent and stakeholder perceptions, providers and organizations serving children/adolescents reported longer average wait times for an appointment. Providers serving children/adolescents (i.e., under 18 years of age) reported seeing fewer clients within two weeks (77%) than providers serving only adults (85%). Organization administrators reported a similar trend: Those organizations serving a greater proportion of children/adolescents reported seeing fewer new clients within two weeks than those serving a lesser proportion of children/adolescents (44% versus 74%).* These findings of longer wait times for children/adolescents are broadly consistent with those from the previously cited ABH survey that found psychiatrists and advanced nurse practitioners were less likely to be readily available at ABH member CMHCs for children than for adults.[17]

Public and commercial insurance

Safety-net behavioral health providers and organizations in Massachusetts that organize and deliver health care services to the uninsured, those with Medicaid coverage, and other vulnerable populations[18] have been disproportionately affected by low reimbursement and high provider turnover.[19,20] This study therefore explored differences in wait times by coverage type. **Findings suggested that individuals with public coverage experience longer wait times than those with commercial coverage. Parents and stakeholders suggested that one exception to this may be for children with MassHealth coverage.**

Adult focus group participants with public insurance reported especially long wait lists at settings in which they sought care: waits of two to six months for routine counseling, as compared with two weeks to three months for adults with commercial insurance. In contrast, parents of children with public insurance reported shorter wait times (two to six months) than parents of children with commercial coverage (four to nine months). This wait time finding is consistent with an overall positive view of MassHealth coverage—specifically, services available through the Children's Behavioral Health Initiative (CHBI)—in improving access to care for children with complex needs.

Children's Behavioral Health Initiative (CBHI)

CBHI is a result of the *Rosie D.* litigation, which found the Massachusetts Medicaid program deficient in providing "seriously and emotionally disturbed children" with appropriate behavioral health services.[21] Through CBHI, primary care providers serving children with MassHealth coverage must offer standardized behavioral health screenings at well-child visits, and mental health providers are required to use a standardized behavioral health assessment tool. Additionally, CBHI provides new or enhanced home- and community-based behavioral health services for children.[22] As described above, this study provides some evidence that children with MassHealth face shorter wait times and more comprehensive service access than children with commercial insurance, which in turn suggests that the program may be improving access for children.

Stakeholders offered nuanced perspectives on the difference in wait times between clients with public insurance seeking an outpatient appointment and their commercially insured peers. According to these stakeholders, unlicensed trainees working toward a degree (and license) in social work or mental health counseling can bill MassHealth if they are working under the direct supervision of a licensed clinician.[27] They are not, however, permitted to bill most commercial plans. Therefore, these providers-in-

* The research team constructed a binary measure of whether organizations reported that more than 25 percent of clients were children or adolescents (under 18 years of age). The 25 percent cutoff was based on the median of the response distribution.

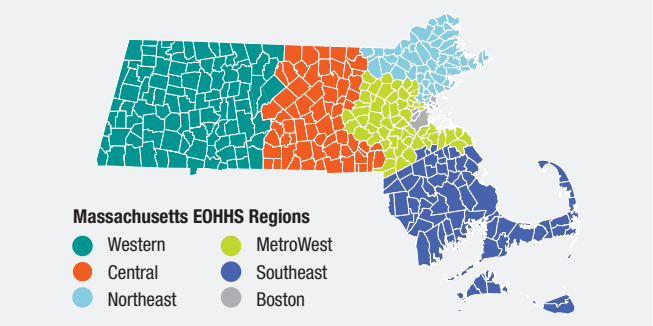
training overwhelmingly work in CMHCs, and as a result, clients with public insurance seeking an appointment at these centers may encounter shorter wait times *to see an unlicensed provider* than their commercially insured peers do to see a licensed one. These billing and reimbursement practices might initially favor safety-net settings in bringing staff on board early in their careers, and thereby expanding the pool of providers to which individuals have access. However, stakeholders also noted challenges for safety-net facilities in retaining providers once licensure is obtained, due to these facilities' greater reliance on public payers for billing and reimbursement, which stakeholders reported is often lower than it is for commercial plans. Once licensed, staff are able to seek positions with higher salaries in a range of settings, contributing to staff retention challenges in safety-net settings. This may adversely impact access for those with public coverage, who typically seek care in safety-net settings.

Providers reported moderate increases in wait times associated with increases in the proportion of MassHealth clients served. Although it is not possible to directly compare provider survey results with qualitative reports by individuals and stakeholders, these results appear broadly consistent across groups.*

Geographic variation and distance

Massachusetts is a geographically diverse state, in which each region has its own treatment needs and challenges and regions have disparate numbers of available providers and treatment centers.[23,24] This study explored variation in wait times by geographic region reported by stakeholders and through the examination of regional differences in reported wait times in the provider survey analysis.** **Stakeholders perceive that wait times are generally longer outside Boston and the MetroWest area, and the provider survey suggests that wait times for outpatient mental health appointments are longest in Central Massachusetts.**

EXHIBIT 3. MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES (EOHHS) GEOGRAPHIC REGIONS



The majority of stakeholders suggested that clients seeking services outside Boston and the MetroWest area—particularly those in Western and Southeastern Massachusetts, and the Cape and islands of Martha's Vineyard and Nantucket—face longer wait times and distance to travel to an appointment due to provider shortages in those areas. Multiple stakeholders indicated that the long wait times were *"directly related to … [the] sheer number of providers"* and that these regions lack a sufficient number of practices to meet the demand for services, leaving patients unable to see providers in a timely manner.

Although the number of respondents within each region was relatively small, estimates from the provider survey analysis suggest that wait times in the Central Massachusetts Executive Office of Health and Human Services (EOHHS) region were longer than in other regions. The Central region had significantly longer wait times than Boston had, but the differences between Boston and other regions were not statistically significant.

* Since MassHealth predominated in the payer mix of clients served by respondents to the survey of organizations, the study did not examine differences in wait times by coverage type reported by these respondents.

** Regional differences could not be explored in client focus groups because all participants were local to the Boston/MetroWest area.

Estimates from the survey of organizations suggest that differences in wait times were not statistically significant among organizations that identified having sites across geographic regions.

State licensing data from 2016 confirms that Central Massachusetts had the lowest rate of licensed mental health providers per resident (excluding licensed marriage and family therapists) among the six EOHHS regions. The rate of total mental health providers per 100,000 residents ranged from a high of 674 providers per 100,000 residents in MetroWest to a low of 337 providers per 100,000 residents in Central Massachusetts.[25]

OTHER DIMENSIONS OF ACCESS

Another objective of this study was to understand factors that may impact access to care from the perspectives of individuals and parents, stakeholders, providers, and organization administrators. Discussed below is a synthesis of key factors that study participants identified as impacting access to mental health services.

Provider insurance acceptance

Stakeholders reported that providers' selective insurance acceptance means that individuals who are able to self-pay can access care more quickly than those who must rely on insurance. Providers reported that they are most likely to accept commercial insurance and least likely to accept public insurance (Medicare and Medicaid). A substantial portion of providers reported not accepting any insurance at all.

Stakeholders conceptualized the issue of provider insurance acceptance as the need for an individual to self-pay to see a provider. They reported that the capacity to self-pay does decrease wait time for services, as individuals who can afford to self-pay for services are not limited to finding an in-network provider who is covered by a specific insurance plan. Stakeholders also alluded to a two-tiered system of access for those who can afford to self-pay versus those who must wait for an open slot with a provider who accepts his or her insurance type.

Provider survey results indicated that 45 percent of mental health providers do not accept MassHealth, 16 percent do not accept commercial insurance, 38 percent do not accept Medicare, and 10 percent do not accept *any* insurance.* These results pertain to acceptance of insurance across *all licensed mental health providers*, including social workers, psychiatrists, psychologists, licensed mental health counselors, and licensed marriage and family therapists providing outpatient mental health services in Massachusetts. Consistent with the national analysis described above suggesting that psychiatrists are less likely to accept insurance than other physicians,[26] psychiatrists in this study were less likely to report accepting insurance than other mental health providers surveyed, although this difference was not statistically significant. Note that neither this study nor the prior national study independently verified self-reported insurance acceptance, which is likely to yield underestimates of the proportion of providers not accepting insurance if providers wish to avoid the appearance of bias against uninsured or publicly insured clients.

* Results from the survey of organizations on insurance acceptance are not reported here because that survey sampled organizations predominantly serving MassHealth clients and thus was not representative of Massachusetts mental health providers more broadly.

Reasons for not accepting insurance

Stakeholders and providers cited the following reasons why providers choose not to accept insurance: reimbursement rates, insurance plan processes such as prior authorization or continuing review, and inclusion in a given plan's network (e.g., credentialing).

Stakeholders reported that reimbursement rates for mental health services are not adequate in Massachusetts. Several noted that the rates of reimbursement, in many cases, do not cover the actual costs of providing services and this is *"extremely problematic"* for providers. Clinical leaders, mental health advocates, and representatives from associations of safety-net organizations reported that reimbursement rates for outpatient mental health services under MassHealth are generally lower than those for commercial insurers. Consistent with these stakeholder perspectives, state reports also suggest that reimbursement rates from both public and commercial payers for mental health services are too low.[27,28] The financial implications of these low reimbursement rates may be sizable. The ABH survey of its member organizations reported that the percentage of organizations reporting a loss associated with providing outpatient mental health services increased from 82 percent in 2014 to 96 percent in 2016. Among those reporting a loss in 2016, the average loss was nearly $450,000.

Stakeholders, particularly clinical leaders, also discussed the challenges providers encounter when trying to keep up with various payer authorization, documentation, and other administrative requirements. These include, for example, different processes for prior authorization and re-authorization of services as well as varying restrictions on covered visits. Clinical leaders indicated that variation in credentialing requirements has also deterred providers from participating in health plans' networks.[29,30]

Provider reports were generally consistent with stakeholder views. Among both providers not accepting commercial insurance and those not accepting MassHealth, reimbursement rates were one of the most common reasons providers selected for not accepting an insurance type (53% of providers not accepting MassHealth; 42% not accepting commercial; 33% not accepting Medicare). While this study included types of licensed mental health providers other than psychiatrists, a prior 2009–2010 national study similarly found many psychiatrists opting out of insurance markets. Only 43 percent of psychiatrists nationwide accepted clients with Medicaid, whereas 55 percent of psychiatrists accepted clients with commercial insurance.[31]

As part of the present study, providers cited insurance-related processes and administrative requirements as reasons for not accepting types of insurance. Providers indicated that continuing review (29%) and prior authorization (28%) were common reasons for opting out of accepting commercial insurance, and continuing review was also a common reason selected by those not accepting MassHealth (36%). While many of these insurance-related processes or administrative requirements are also applicable to physical health providers, they may be particularly burdensome to mental health clinicians who more often operate independent practices and manage their own billing; this study showed that 63 percent of licensed mental health providers operated in private solo or group practices. Among providers not accepting MassHealth, 44 percent reported that lack of network inclusion (which may be a result of credentialing requirements) was one of their top three reasons for the decision not to accept that insurance type.

Provider specialization and client fit

Providers and organization administrators reported that providers have diverse specialty training; however, individuals, parents, and stakeholders reported that it is challenging to make a timely connection to providers who fit individual client needs and that licensing designations make it difficult to identify providers with specific training or expertise.

Individuals and parents reported difficulty finding providers with the desired expertise. While individual focus group participants prioritized different provider characteristics (e.g., expertise or specialty, years of experience, gender, age, cultural background, or personality) adults with both public and commercial coverage talked about how finding *"a provider who fits me"* was important to them, which meant someone with whom they felt comfortable and to whom they could relate. Parents with all insurance types similarly prioritized knowing and feeling comfortable with the provider's qualifications and experience. They described the tension between finding a qualified provider with whom their children connected and wanting the child to receive services as soon as possible. Other individuals and parents with commercial coverage corroborated that trying to find the right provider could delay timely access to services. As one individual in the commercial group described, *"It's so difficult to get an appointment, and then you can try several people [before] finding the right one."* Many focus group participants, particularly parents, described *"settling"* for a provider who had availability to avoid having to navigate the system again.

Stakeholders emphasized that while there are relatively more mental health providers in Massachusetts than in other states,[4] the demand for services significantly outpaces the supply of providers, particularly among providers accepting insurance and those with certain expertise. A few stakeholders noted that licensing designations for psychologists make it challenging to determine if a provider has a particular kind of specialized training or expertise (e.g., cognitive behavioral therapy, training to work with adolescents). For those seeking specialty services or specific experience, this lack of clarity can complicate and extend the process of finding a provider.

With respect to language and cultural competency, most of the stakeholders, particularly those working in safety-net settings, indicated that language is a major barrier to access and that clients who need services in languages other than English have longer wait times than English-speaking clients. The majority of stakeholders interviewed said that there are insufficient outpatient mental health providers available to deliver services in any language other than English. Stakeholders also stated that the mental health system needs to better accommodate individuals from diverse backgrounds but cited a lack of resources to improve cultural competency and a limited universal understanding of how to do so.

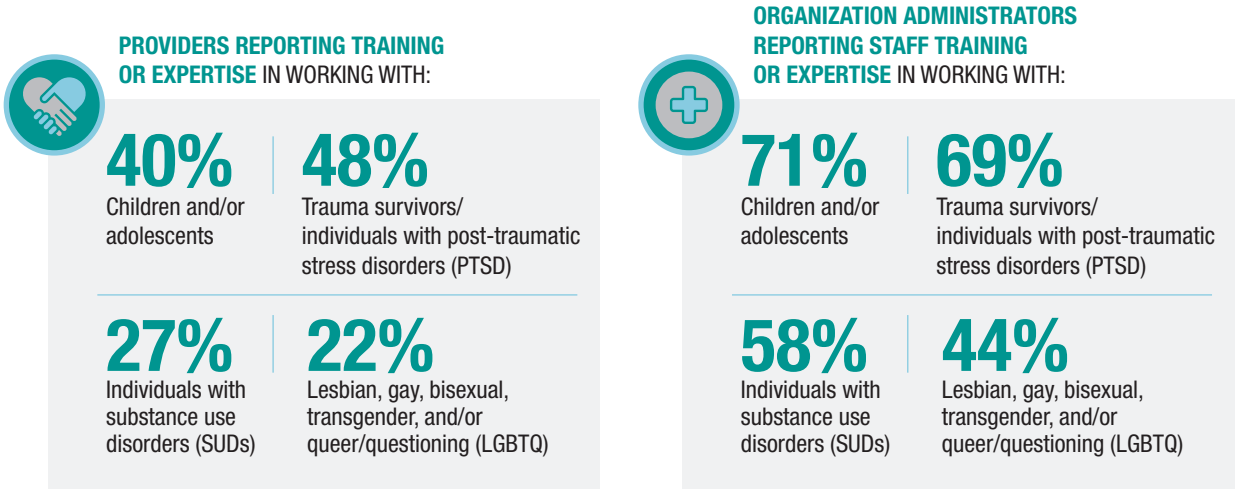
Providers and organization administrators reported a high prevalence of staff having specialized training or expertise (see Exhibit 4).

For example, 40 percent of providers reported they were trained in working with children and/or adolescents, 27 percent in working with individuals with substance use disorders (SUDs), and 22 percent in working with individuals who identify as lesbian, gay, bisexual, transgender, and/or queer/questioning (LGBTQ). In addition, almost half (48%) of providers reported they had completed specialized training to treat trauma survivors or individuals with post-traumatic stress disorders (PTSD).

Similarly, over two-thirds of organization administrators reported that their organizations employed staff with specialized training to treat children and/or adolescents (71%) and trauma survivors or individuals with PTSD (69%). Over half of organizations indicated they had staff with specialized training to treat individuals with

SUDs (58%). Organization administrators also indicated they had providers on staff with specialized training to treat individuals who identify as LGBTQ (44%).

EXHIBIT 4. STAFF TRAINING OR EXPERTISE REPORTED BY PROVIDERS AND ORGANIZATION ADMINISTRATORS



These findings suggest a higher prevalence of available providers with particular expertise than individual and stakeholder perspectives alone might imply. These differences may raise questions about how providers define their expertise or specialized training compared with client perspectives on what constitutes expertise, types of providers who would meet their needs, and how long individuals are willing or able to wait for those particular providers. This also raises questions about how effectively providers or health plans are communicating to consumers to inform them of a particular provider's expertise.

CONCLUSION

Relying on a comprehensive mixed-methods approach, this study sought to quantify the wait times for an outpatient mental health office visit in Massachusetts, to better understand the consumer experience in seeking an appointment, and to identify facilitators or barriers to accessing mental health services. This study provides important insight into experiences accessing outpatient mental health services and factors influencing this experience from the perspectives of individuals and parents, stakeholders, providers, and organization administrators. Considering similarities and differences in perspectives across these groups yields a nuanced understanding of access and wait times in Massachusetts.

Although providers report relatively short average wait times from the point at which they are contacted by a client to schedule an outpatient mental health appointment, there are longer wait times to see psychiatrists and for vulnerable client populations (children and adolescents, individuals with MassHealth coverage, and individuals requiring specialty treatment). This demonstrates that averages do not tell the whole story. In addition, client and stakeholder perspectives suggest substantial barriers to identifying an available and appropriate provider in a timely fashion, even if wait times after initiating contact are relatively brief.

Movement toward accountable care organizations and the establishment of behavioral health community partners, and the use of telehealth to promote access to behavioral health services, hold promise for improving access to outpatient mental health services. However, this study's findings reinforce the need to identify programs, policies, and resources that improve access to mental health services and help individuals connect with a provider that is the right "fit." Adults and parents seeking outpatient mental health services may be vulnerable, making it all the more important to streamline the process of seeking care.

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