Quantifying Wait Times for Outpatient Mental Health Services in Massachusetts:

PROVIDER AND ORGANIZATIONAL CHARACTERISTICS ASSOCIATED WITH ACCESS

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FOUNDATION MASSACHUSETTS

Abt ASSOCIATES

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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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1. STUDY OVERVIEW

Many individuals seeking mental health services confront barriers in finding effective, affordable, and available outpatient treatment.[1,2,3] Although studies confirm the existence of barriers to outpatient mental health treatment, limited comprehensive 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 there are few studies on provider and organizational characteristics associated with wait times for outpatient mental health services.

Historically, low reimbursement rates, high workforce turnover, and fragmented service systems have diminished access to mental health services for individuals and families across Massachusetts.[4] 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[5] have been disproportionately affected by low reimbursement and high provider turnover.[6,7] These challenges, among others, facing providers and organizations have the potential to reduce access to outpatient mental health services, particularly for individuals with Medicaid or no insurance coverage who seek care in safety-net settings.

This study fills a gap in the research on wait times for outpatient mental health services by reporting on the perspectives of providers, administrators, individuals and families seeking care, and other mental health stakeholders in Massachusetts. The study examined the following three research questions (RQs), and this report addresses these RQs from the perspective of providers and administrators of organizations that provide mental health services in Massachusetts:

- **RQ1:** 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?
- **RQ2:** What is the experience of Massachusetts adults and children seeking an outpatient mental health appointment?
- **RQ3:** What factors impact the experience of adults and children in Massachusetts seeking outpatient mental health services?

To evaluate these questions, the study used a conceptual framework based on Penchansky and Thomas' model of access to health care treatment.[8] This framework identifies five dimensions of access that can influence an individual's access to services. Time to actual receipt of services is influenced by *availability, accessibility, affordability,* and *acceptability* of care, as well as *accommodation* of individual client needs.

The research team employed a mixed-methods approach that relied on primary data collected through the following sources:

- **Stakeholder interviews.** Semi-structured interviews with clinical leaders, health system administrators, state administrators and policymakers, and representatives from payers, associations of safety-net providers, and mental health advocacy organizations.

- **Focus groups.** Four focus groups with publicly and commercially insured individuals and parents who had sought services from an outpatient mental health provider for themselves or their child within the past six months.
- **Survey of providers.** A statewide representative survey of licensed outpatient mental health providers (including counselors and therapists, psychiatrists, psychologists, and social workers) in Massachusetts using a multi-mode approach: mail push-to-web, mail survey, and telephone follow-up with nonresponders.
- **Survey of organizations.** A web-based survey of outpatient mental health care administrators in organizations that serve individuals with MassHealth (Medicaid) coverage in Massachusetts.*

The Blue Cross Blue Shield of Massachusetts Foundation released a separate report summarizing the qualitative findings from the interviews with stakeholders and the focus groups.[9]

The following report summarizes findings from the provider survey and survey of organizations. First, the report describes the sampling and data collection methods used for each survey and the characteristics of the respondents. Next, it presents measures of access: (1) length of time new clients waited between first requesting an appointment and their actual visit (i.e., wait times), and (2) average monthly volume of new clients per mental health provider. From each survey, it identifies characteristics independently associated with shorter wait times, and the factors that survey respondents identified as influencing access to outpatient mental health services in Massachusetts. Finally, the conclusion summarizes key themes identified through these surveys and study limitations. Additional details about the survey research methods are included in Appendix A, and the survey instruments developed for and used in this study are provided in Appendices B and C.

* In this report, "MassHealth" refers to all organizations that contract with the Massachusetts Medicaid program or its contracted managed care organizations to provide services to members. For example, this includes the Massachusetts Behavioral Health Partnership (MBHP) and Beacon Health Options.

2. METHODS: PROVIDER SURVEY AND SURVEY OF ORGANIZATIONS

The provider survey and survey of organizations both asked about wait times for outpatient mental health appointments. The provider survey captured the perspectives of outpatient mental health providers, while the survey of organizations included the perspectives of administrators or behavioral health directors of organizations serving predominantly individuals with MassHealth coverage. Both surveys also asked about other characteristics that may shape access to services, such as client age, insurance type/form of payment, referral source, geographic location, language, and culture. This section summarizes sampling and data collection approaches for each survey. See Appendix A for additional details about the survey and analytic research methods.

2.1. PROVIDER SURVEY: REPRESENTATIVE SAMPLE OF LICENSED MENTAL HEALTH PROVIDERS

The research team fielded a multi-mode survey from September 2016 to March 2017 of outpatient mental health providers with active clinical licenses in Massachusetts. A mail push-to-web design was used with a mail survey, and limited telephone follow-up was conducted with nonresponders. The research team surveyed the following types of licensed mental health providers: social workers, psychiatrists, mental health counselors, marriage and family therapists, and psychologists. Providers were all located in Massachusetts and worked in a variety of outpatient practice settings: community mental health centers (CMHCs), community health centers (CHCs), group practices, private solo practices, and practices owned by a hospital or health system.

- In total, 2,250 mental health providers in Massachusetts received the survey invitation.
- Among these providers, **413 responded** to the survey,* and 236 providers indicated through a screen-out question the reason that they were not eligible for the survey. After accounting for ineligible respondents, **the adjusted response rate was 28.1 percent**.
- The research team computed survey weights adjusting for the stratification of the survey sample by provider type and geographic location, differential probabilities of selection, unknown eligibility, and nonresponse. Because the research team did not sample proportionally by provider type, the weighted percentages of each provider type differ some from unweighted percentages. The weighting allows analyses to reflect the broader mental health workforce across Massachusetts, after accounting for study eligibility. Appendix A includes a detailed summary of the survey sampling methodology, response rate calculation, and development of survey weights.

* Complete cases were defined as having completed the first 11 survey items out of a total of 31 items. We chose question 11 as the cutoff because question 11 was the main outcome question about wait times in the survey.

2.2. SURVEY OF ORGANIZATIONS: SURVEY OF OUTPATIENT MENTAL HEALTH ORGANIZATIONS THAT SERVE MASSHEALTH CLIENTS

In addition to the provider survey, from October 2016 to January 2017 the research team fielded a web-based survey of organizations providing outpatient mental health services to predominantly clients with MassHealth coverage. Capturing the perspective of administrators in organizations that served predominantly clients with MassHealth coverage allowed for a closer examination of factors associated with client wait times in safety-net settings.

Survey respondents included senior administrators or behavioral health directors in safety-net settings, including community mental health centers (CMHCs), community health centers (CHCs), practices owned by a hospital or health system, group practices, and social service settings. Survey instructions asked respondents to answer on behalf of their organization's "practice site(s) that provide(s) outpatient mental health services" in order to capture their perspective on the experience of clients at all sites where mental health services are available.

- Stakeholder partners collaborated to develop a list of organizations that serve predominantly MassHealth beneficiaries. Stakeholder partners engaged their member organizations to participate in the survey through an initial email invitation that described the study and provided a URL link to the web survey. The research team and stakeholder partners sent reminders by email.
- Survey recruitment materials requested that one senior administrator or behavioral health director knowledgeable about outpatient mental health care services respond to the survey.
- In total, 198 distinct organizations received the survey invitation. After excluding duplicate responses (i.e., from the same organization), there were 85 complete responses, resulting in a **42.9 percent response rate**.

Stakeholder partners included the **Association for Behavioral Healthcare**, the **Massachusetts Behavioral Health Partnership**, and the **Massachusetts League of Community Health Centers**. These groups collaborated with the research team to develop a list of organizations serving predominantly MassHealth beneficiaries

2.3. MEASURING WAIT TIMES

For both surveys, wait times were measured as the length of time new clients waited between first requesting an appointment and their actual visit.* Respondents were asked to report the percentage of their clients experiencing wait times in each of the following categories: (1) 2 weeks or less, (2) 3–4 weeks, (3) 5–8 weeks, (4) over 8 weeks, or (5) don't know.

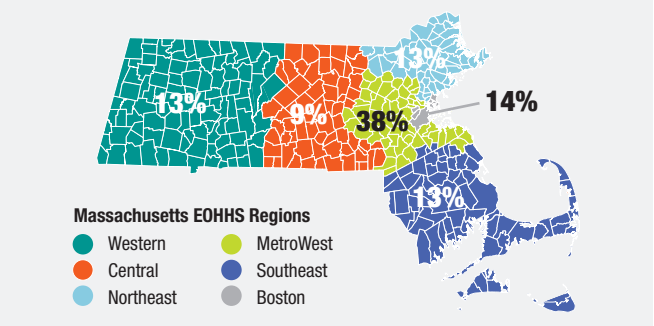
* Wait times reflect self-reported provider or administrator perspectives of the wait time for clients seen at their practice or organization. These questions were designed to reflect provider or administrator perspectives, which may not be consistent with the full experience of clients seeking an appointment, from the time that the individual or parent identifies a need for care (i.e., the beginning of their search for a provider) until the appointment.

3. DESCRIPTIVE CHARACTERISTICS OF PROVIDERS: PROVIDER SURVEY

The following summarizes how providers, *on average*, described themselves, their practice sites, and the clients they serve. Estimates from the provider survey are weighted throughout the remainder of the report to represent all eligible licensed mental health providers in Massachusetts.

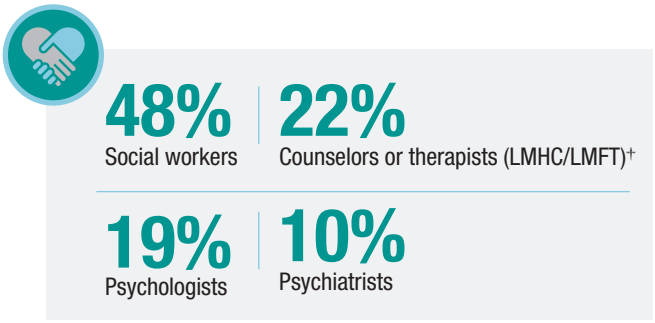
3.1. PROVIDER CHARACTERISTICS*

- **Geographic setting***
  Thirty-eight percent of providers were located in the MetroWest region, 14 percent in Boston, 13 percent in the Southeast, 13 percent in the Northeast, 13 percent in Western Massachusetts, and 9 percent in Central Massachusetts.



Note: n=413. The geographic regions are defined by the Massachusetts Executive Office of Health and Human Services.

- **Licensed provider type**
  Almost half of providers, 48 percent, were social workers, 22 percent were counselors or therapists (licensed mental health counselors [LMHCs]/ licensed marriage and family therapists [LMFTs]), 19 percent were psychologists, and 10 percent were psychiatrists.



Note: n=413.
† The "counselors or therapists" category includes licensed mental health counselors (LMHCs) and licensed marriage and family therapists (LMFTs).

- **Area of specialization**
  Providers were asked about their specialized training. Forty-eight percent of providers had completed specialized training to treat trauma survivors or individuals with post-traumatic stress disorders (PTSD). Forty percent were trained in working with children and/or adolescents, 27 percent in working with individuals with substance use disorders (SUDs), 24 percent in working with older adults, 22 percent in working with individuals who identify as lesbian, gay, bisexual, transgender, and/or queer/questioning (LGBTQ), 16 percent in working with individuals with autism spectrum disorders, 15 percent in working with individuals with developmental disabilities, and 10 percent in working with veterans.

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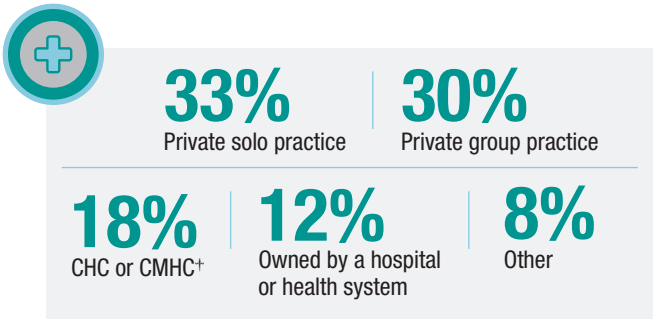
* Percentages are rounded, so they will not always sum to 100 percent.

** Throughout this report, the research team used these six geographic regions, defined by the Massachusetts Executive Office of Health and Human Services, to group cities and towns in the Commonwealth.

- **Practice setting**
  One-third of providers practiced in a private solo practice, 30 percent in a private group practice, 18 percent in a CHC or CMHC,12 percent in a practice owned by a hospital or health system, and 8 percent in an "other" setting (e.g., social service settings or schools).

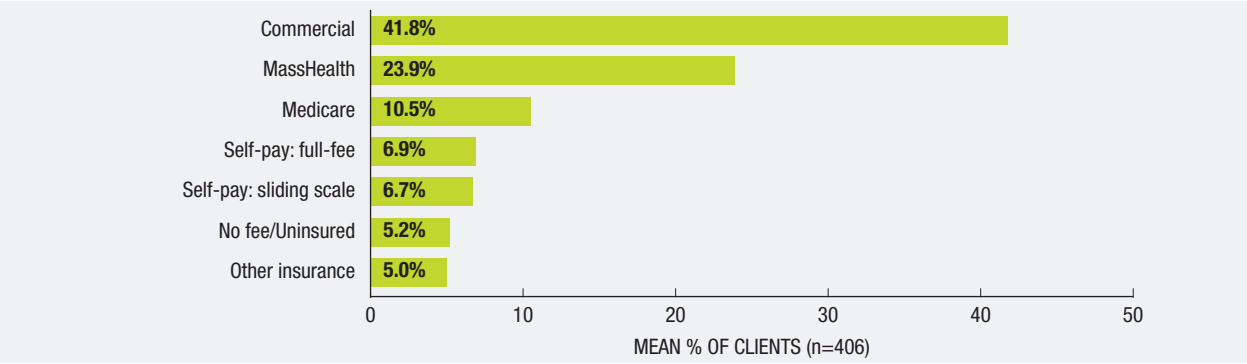


Note: n=400.
+"CHC" is a community health center; "CMHC" is a community mental health center.

3.2. PROVIDER-REPORTED CLIENT DEMOGRAPHICS AND PAYER SOURCES

- **Client demographics.** Providers reported that half (53%) of clients served were adults aged 26 to 64, 20 percent were children and adolescents under the age of 18, 16 percent were adults aged 18 to 25, and 11 percent were adults aged 65 and older. Approximately three-quarters (76%) of their clients were White/Caucasian, 10 percent Latino, 9 percent African American/Black, and 5 percent Asian American/Asian. Providers reported that 11 percent of clients served had limited English proficiency.
- **Payer sources.** Providers reported that commercial insurance was the most common payer source (42% of clients), followed by MassHealth (24%), as shown in Exhibit 1. On average, providers reported that 14 percent of clients self-paid for services (including both full-fee and sliding-scale payments), 11 percent paid with Medicare, 5 percent were uninsured and did not pay any fee for services, and 5 percent had another type of insurance (e.g., TRICARE, Veterans Administration benefits).
- **Providers not accepting *any* insurance.** Ten percent of providers reported not accepting any type of insurance. Fifteen percent of psychiatrists, 11 percent of psychologists, 11 percent of LMHCs/LMFTs, and 8 percent of social workers did not accept any type of insurance. The variation among provider groups was not statistically significant (p-value from F-test >0.05).

EXHIBIT 1. AVERAGE PERCENTAGE OF CLIENTS BY PAYER SOURCE FOR OUTPATIENT MENTAL HEALTH SERVICES



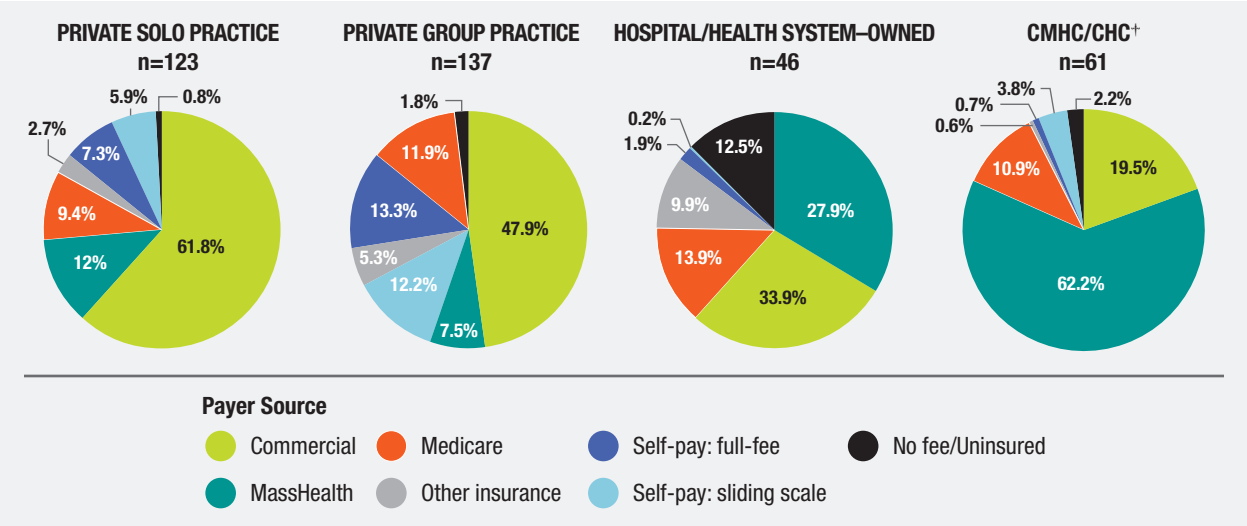
Source: Abt Associates. Provider Survey of Outpatient Mental Health Access in Massachusetts, 2016–2017.
Note: n=406. Estimates were weighted to reflect all licensed mental health providers in Massachusetts. "MassHealth" refers to all organizations that contract with the Massachusetts Medicaid program or its contracted managed care organizations to provide services to members. Respondents were asked to clarify in free text what types of payment sources they considered "other" insurance; among those who provided a response, several mentioned TRICARE, Veterans Administration benefits, private and public grant funding, and employee assistance programs as forms of payment they considered "other" insurance.

Payer sources by practice setting

In bivariate analyses, the research team found differences in the payer mix, on average, reported by providers across different practice settings (Exhibit 2).

- **MassHealth.** Providers in CHCs and CMHCs reported more clients with MassHealth than providers in private solo and group practices. The percentage of clients primarily covered by MassHealth varied significantly by practice setting ($p < 0.001$). Providers working in CHCs and CMHCs reported more than five times the proportion of MassHealth clients (62%), on average, than private solo (12%) or private group (8%) practices, and twice as many MassHealth clients as practices owned by a hospital or health system (28%).
- **Commercial insurance.** Providers in private solo or group practices reported that more of their clients paid with commercial insurance, or self-paid (full-fee or sliding-scale payments), than providers in all other settings. CHC- and CMHC-based providers indicated that, on average, about 20 percent of their clients had commercial insurance; practices owned by a hospital or health system noted that, on average, 34 percent of their clients paid with commercial insurance. By contrast, 62 percent of clients seen in private solo practices and close to half (48%) in private group practices were commercially insured. Private solo practices and private group practices also reported the highest average percentages (7% and 13%, respectively) of clients who paid full-fee out of pocket compared with other settings ($p<0.001$).
- **Uninsured/no fee.** Practices owned by a hospital or health system reported seeing a higher percentage of uninsured clients (13% of clients who paid no fee) than private solo practices (1%), private group practices (2%), and CHCs/CMHCs (2%). The average percentage of clients who were uninsured and paid no fee varied significantly by practice setting ($p<0.01$).
- **Medicare.** The proportion of clients who providers reported had Medicare coverage did not vary significantly by practice setting.

EXHIBIT 2. AVERAGE PERCENTAGE OF CLIENTS USING PAYMENT SOURCE BY PRACTICE SETTING



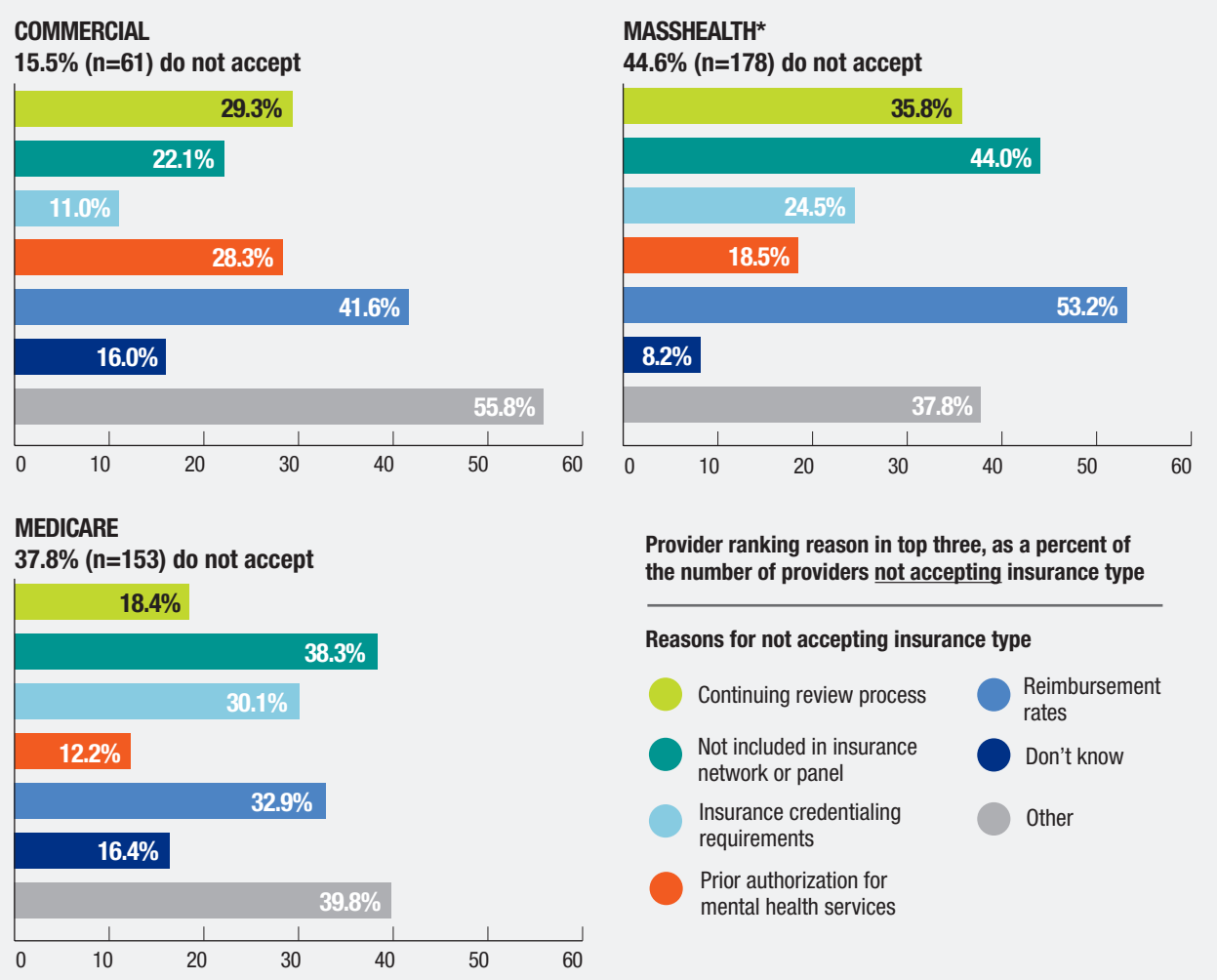
Source: Abt Associates. Provider Survey of Outpatient Mental Health Access in Massachusetts, 2016–2017.
Note: n=394. Estimates were weighted to reflect all licensed mental health providers in Massachusetts. "MassHealth" refers to all organizations that contract with the Massachusetts Medicaid program or its contracted managed care organizations to provide services to members.
† "CHC" is a community health center; "CMHC" is a community mental health center.

3.3. PROVIDER-REPORTED REASONS FOR NOT ACCEPTING INSURANCE, BY INSURANCE TYPE

Exhibit 3 shows provider-reported reasons for not accepting commercial insurance, MassHealth, and/or Medicare. Forty-five percent of providers indicated that they do not accept MassHealth, 38 percent do not accept Medicare, and 16 percent do not accept commercial insurance.

- **Reimbursement rates.** 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).
- **Network inclusion/eligibility.** Among providers not accepting MassHealth, 44 percent reported that lack of network inclusion was one of their top three reasons. The reason most commonly listed for not accepting Medicare, by 38 percent of providers, was that providers were not included in the insurance network or panel (i.e., many types of mental health providers are not eligible for reimbursement from Medicare).
- **Continuing review and prior authorization.** Continuing review and prior authorization were common reasons for opting out of accepting commercial insurance (29% and 28%, respectively), and continuing review was also a common reason selected for those not accepting MassHealth (36%).
- **Other reasons.** A majority of providers (56%) reported "other" as one of their top three reasons for not accepting commercial insurance. More than one-third of providers reported "other" as one of their most common reasons for not accepting MassHealth and Medicare (38% and 40%, respectively).
  - Among those not accepting commercial insurance, three providers cited *"paperwork"* as their "other" rationale for opting out.
  - Among those not accepting MassHealth, *"no shows"* was written in by four respondents, implying an increased burden for providers (e.g., financial) when individuals do not show for scheduled appointments.
  - Among those not accepting Medicare, four respondents reported they were unable to bill for services because of their *"LMHC licensure."*

EXHIBIT 3. PROVIDER-REPORTED REASONS FOR NOT ACCEPTING COMMERCIAL INSURANCE, MASSHEALTH, AND/OR MEDICARE



Source: Abt Associates. Provider Survey of Outpatient Mental Health Access in Massachusetts, 2016–2017.
Note: Respondents could select up to three options. The number of respondents (n) reflects unweighted provider survey respondents. Estimates were weighted to reflect all licensed mental health providers in Massachusetts. This exhibit includes responses only from providers explicitly reporting that they did not accept a given type of insurance; this question was not answered by providers who did not completely answer the prior item. For example, if a provider answered that they took 100 percent commercial insurance as a payer source but did not indicate that they took zero percent MassHealth, they would not have screened into this question. For this reason, the sample of respondents for this item does not directly compare with the overall proportion of providers accepting each insurance type.
* "MassHealth" refers to all organizations that contract with the Massachusetts Medicaid program or its contracted managed care organizations to provide services to members.

3.4. PROVIDER-REPORTED REFERRAL SOURCES

Providers most commonly selected self-referral or word of mouth (78%) and primary care providers (51%) as being among the "top three" referral sources (Exhibit 4). Thirty-seven percent of providers selected insurance plans, 34 percent selected mental health and SUD providers, and 25 percent selected hospitals or other acute care facilities as among the top three referral sources. Eighteen percent of providers selected schools as among the top three referral sources.

EXHIBIT 4. MOST COMMON PROVIDER-REPORTED REFERRAL SOURCES

Referral source	One of top three provider-reported referral sources (% of providers)
Self-referral or word of mouth	77.6
Primary care provider	50.6
Insurance plan	37.1
Mental health/substance use disorder provider	33.7
Hospital or other acute care facility	24.6
School	18.2
Other	12.6
Emergency department	8.8
Other state agency	7.8
Criminal justice system	4.2
Residential program	3.3

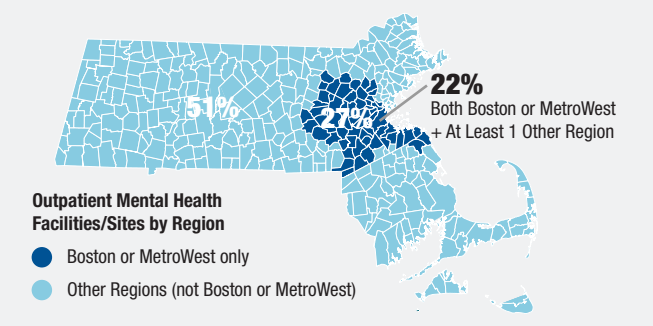
Source: Abt Associates. Provider Survey of Outpatient Mental Health Access in Massachusetts, 2016–2017.
Note: n=408. Estimates were weighted to reflect all licensed mental health providers in Massachusetts.

4. DESCRIPTIVE CHARACTERISTICS OF ORGANIZATIONS: SURVEY OF ORGANIZATIONS

The following summarizes how administrators of organizations that provide mental health services and serve predominantly MassHealth* clients, *on average,* described their practice sites and the clients they serve.

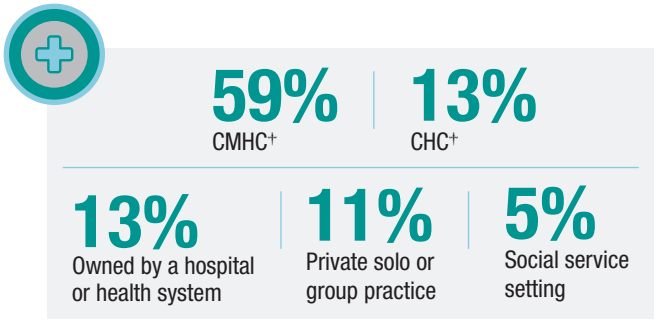
4.1 ORGANIZATIONAL CHARACTERISTICS

- **Geographic setting****
  Twenty-seven percent of respondents indicated that they had outpatient mental health facilities/sites in Boston or MetroWest only; half (51%) of organizations had facilities in other parts of the state but not in Boston or MetroWest, and 22 percent had sites in both Boston or MetroWest and at least one other region of the state.



Note: n=85. The geographic regions reflect combinations of the six regions defined by the Massachusetts Executive Office of Health and Human Services.

- **Practice setting**
  Over half (59%) of respondents described their organizations as a CMHC, 13 percent as a CHC, 13 percent as a practice owned by a hospital or health system, 11 percent as a private solo or group practice, and 5 percent as a social service setting.



Note: n=85.
†"CHC" is a community health center; "CMHC" is a community mental health center.

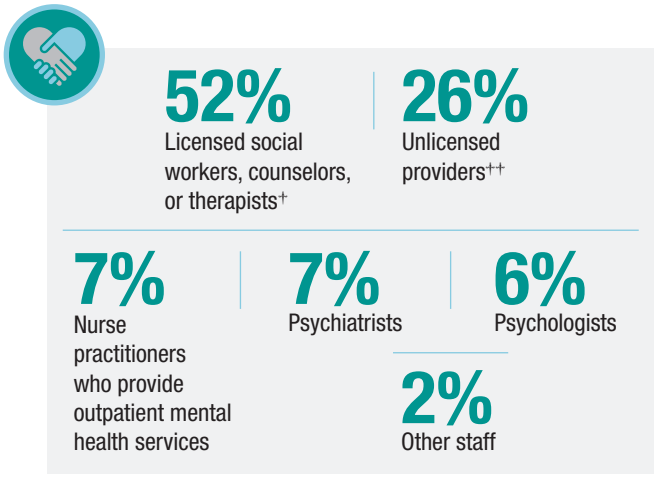
Respondents were also asked how they characterized their practice sites' mental health care delivery. Two-thirds of respondents (65%) indicated they provided outpatient mental health services only and did not integrate, co-locate, or collaborate with physical health services at their practice site(s). Twenty-seven percent indicated their outpatient mental health sites co-located or closely collaborated (i.e., integrated select service systems and processes) with physical health providers on site. Only 7 percent of respondents described their practice sites' as "full collaboration in a transformed/integrated practice," where physical and mental health services are fully integrated.[10]

* In this report, "MassHealth" refers to all organizations that contract with the Massachusetts Medicaid program or its contracted managed care organizations to provide services to members.

** The regions are the six regions defined by the Massachusetts Executive Office of Health and Human Services; see map of geographic settings in Section 3.1.

- **Size**
  - **Practice size.** Organizations had an average of five sites and employed, on average, 52 licensed and unlicensed mental health provider full-time equivalents (FTEs). There was considerable variation in size: some organizations comprised less than three FTEs, and others had up to 373 FTEs. The median number of FTEs was 22.
  - **Total clients.** On average, respondents indicated their organization provided outpatient mental health services to 1,300 clients per month, though some served as few as 15 clients or as many as 12,000 clients in that time frame.

- **Provider mix**
  Respondents were asked about the types and number of mental health provider FTEs currently working at their practice site(s), to characterize the provider mix at each organization.
  - Licensed social workers and licensed counselors and therapists (LMHCs and LMFTs) were the most common mental health providers, making up roughly half of all organizations' mental health provider FTEs. All organizations indicated they had at least one licensed social worker or counselor on staff.
  - Unlicensed mental health providers (e.g., trainees, students, individuals working toward licensure) made up, on average, one-quarter of all staff FTEs.



Note: n=82.
+ The "counselors or therapists" category includes licensed mental health counselors (LMHCs) and licensed marriage and family therapists (LMFTs).
++ Unlicensed providers may include trainees, students, individuals working toward licensure.

  - Respondent organizations had fewer psychologists and psychiatrists (collectively only 13% of the organization's total mental health provider FTEs) than social workers or counselors and therapists (52% of total mental health provider FTEs).
  - Provider mix varied by setting: CHCs and private solo or group practices employed proportionally more psychologists and psychiatrists than CMHCs and social service settings (p value <0.05 for both measures in bivariate analyses; data not shown).

- **Areas of specialization.** Organizations were asked about the services they offered and the specializations of their staff. Over two-thirds of respondents reported that their organizations employed staff with specialized training to treat children 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%). Administrators also indicated they had providers on staff with specialized training to treat individuals who identify as LGBTQ (44%); older adults (39%); individuals with limited English proficiency

(33%); individuals experiencing homelessness (29%); individuals with autism spectrum disorders (25%); individuals with developmental disabilities (25%); recent immigrants (25%); and veterans (18%).

4.2. ORGANIZATIONAL ADMINISTRATOR-REPORTED CLIENT DEMOGRAPHICS AND PAYER SOURCES

- **Client demographics.** On average, nearly half (43%) of all clients served by organizations were adults aged 26 to 64, 16 percent were children (aged 12 or younger), 14 percent were adolescents (aged 13 to 17), and 8 percent were older adults (aged 65+). Just over half (55%) of clients were White/Caucasian, 16 percent were African American/Black, 15 percent were some other race or multiracial, 11 percent were of unknown race, and 4 percent were Asian American/Asian. Approximately 20 percent of clients served were Latino, and 16 percent of all clients had limited English proficiency.
- **Payer sources.** Respondents reported that MassHealth* was the most common payer source, accounting for 60 percent of the organizational payer mix, on average; almost all organizations that responded to the survey accepted MassHealth.** Commercial insurance was the form of payment used by 20 percent of clients, Medicare accounted for 12 percent, and the remaining sources included no fee (3%), other insurance (2%), self-pay sliding scale (2%), and self-pay full fee (1%).
- **Acceptance of insurance, by payer source.** Nearly all organizations accepted MassHealth (99%), commercial insurance (93%), and Medicare (85%). Among those indicating they did not accept a given insurance type, they most frequently selected "not included in the insurance network or panel" as the reason for non-acceptance, regardless of payer source.

5. RESULTS ON MEASURES OF ACCESS: WAIT TIMES AND NEW CLIENT ACCEPTANCE

This section presents findings on provider- and organization-reported client wait times between first contact with clients about an outpatient mental health appointment and their actual visit. The surveys also asked about new client acceptance, *on average,* per month over the previous six months. Acceptance of new clients is an alternative measure of access, particularly for clients navigating the system through self-referral, because they may not be able to find a provider accepting new clients. While this was not a focal outcome of the study, described below is average new client monthly volume based on data reported through the provider survey and survey of organizations.

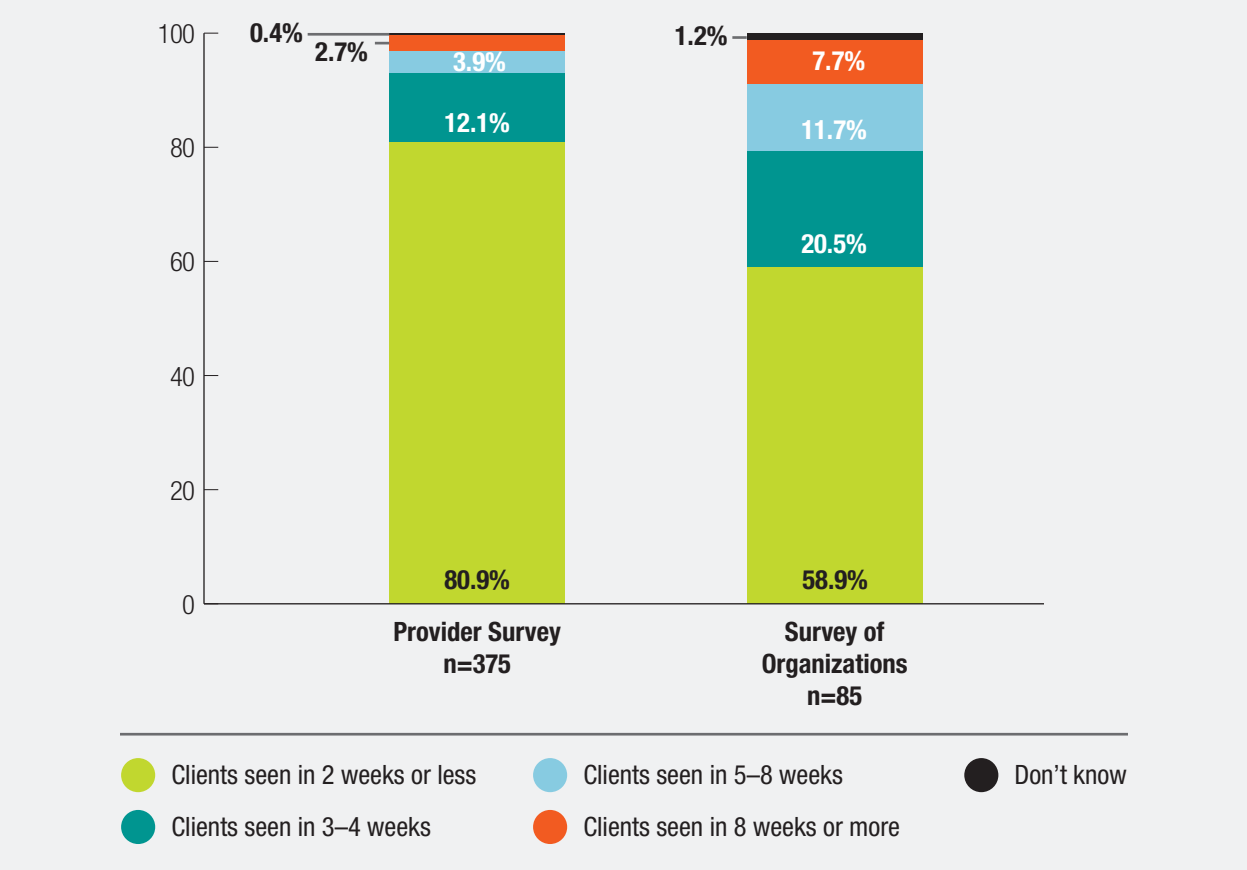
For both providers and organizations, wait times were measured in terms of the *average percentage* of new clients that providers and organizations reported they were able to see for an initial appointment within a given time frame. Specifically, the provider survey and the survey of organizations asked providers or admininstrators, "Between first contacting your site about an appointment and their actual visit, what

* "MassHealth" refers to all organizations that contract with the Massachusetts Medicaid program or its contracted managed care organizations to provide services to members.

** All but one respondent reported serving at least some clients covered by MassHealth; one respondent reported that 100 percent of its clients received care for no fee.

proportion of your clients wait: 2 weeks or less, 3–4 weeks, 5–8 weeks, over 8 weeks, don't know." Exhibit 5 shows the mean proportion of clients that providers and administrators reported wait, *on average,* 2 weeks or less, 3–4 weeks, 5–8 weeks, and 8 weeks or more after first contact for an appointment.

EXHIBIT 5. AVERAGE PERCENTAGE OF NEW CLIENTS SEEN FOR OUTPATIENT MENTAL HEALTH VISITS BY WAIT TIMES AFTER FIRST CONTACT: PROVIDER SURVEY AND SURVEY OF ORGANIZATIONS



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.

Provider Survey

- **Wait times of two weeks or less.** On average, providers reported that they were able to see 81 percent of new clients for an initial appointment within 2 weeks of first contact (standard deviation 32%). The median provider (50th percentile) reported that 100 percent of clients were able to get an appointment within 2 weeks of first contact.
- **Wait times of more than four weeks.** Providers reported that they were able to see almost all new clients within one month. On average, providers reported seeing over 93 percent of clients within one month of first contact and that 7 percent of new clients had wait times of 5 weeks or more (4% with wait times of 5–8 weeks; 3% with wait times of 8 weeks or more).

Survey of Organizations

- **Wait times of two weeks or less.** Respondent organizations reported that they were able to see 59 percent of new clients for an initial appointment within 2 weeks of first contact (standard deviation 38%). There was a wide range in the percentage of clients that organizations reported seeing within 2 weeks, from seeing no clients within a 2-week window from first contact to seeing all new clients within 2 weeks. The median organization (50th percentile) was able to see 75 percent of clients within 2 weeks of first contact.
- **Wait times of more than four weeks.** Respondent organizations reported that they were able to see 79 percent of new clients within one month of first contact (standard deviation 25 percent). However, on average, respondent organizations reported typical wait times of 5 weeks or more from first contact for 19 percent of clients (approximately 12% with wait times of 5–8 weeks and 8% with wait times of 8 weeks or more).

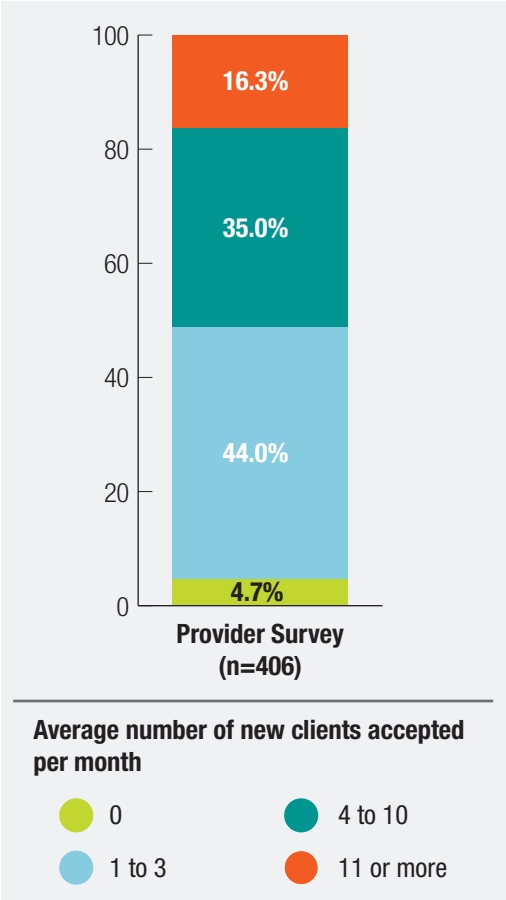
5.1. AVERAGE NEW CLIENT MONTHLY VOLUME

The surveys also asked about new client acceptance, *on average,* per month over the last six months. Acceptance of new clients is an alternative measure of access, particularly for clients navigating the system through self-referral, because they may not be able to find a provider accepting new clients. While this was not a focal outcome of the study, the following describes average new client monthly volume for the provider survey and survey of organizations.

Provider Survey

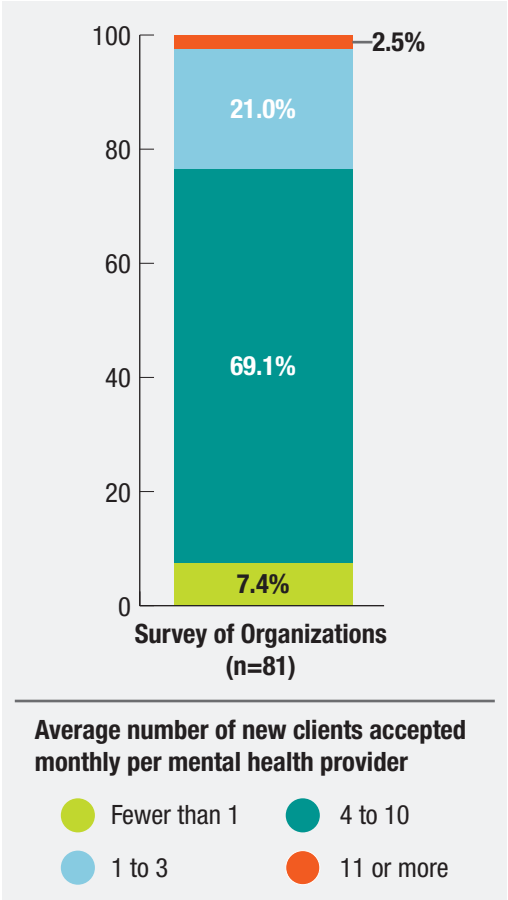
- **New clients accepted per month.** Nearly half of providers (44%) reported accepting one to three new clients per month, 35 percent accepted four to ten new clients, 16 percent accepted 11 or more, and 5 percent were not accepting any new clients at the time of their response (Exhibit 6). On average, providers reported accepting an average of seven new clients per month (data not shown).
- **New clients accepted per month, by practice setting.** Providers in practices owned by hospitals or health systems accepted more new clients per month than providers in all other practice settings. Providers in hospital– or health system–owned practices and in "other" settings (e.g., social settings or schools) reported accepting more new clients each month than providers in private solo practices, private group practices, or CHCs/CMHCs (p-value from F-test <0.001; data not shown). The number of new clients did not significantly vary by provider type or region.

EXHIBIT 6. PROVIDER-REPORTED MONTHLY AVERAGE OF NEW CLIENTS ACCEPTED: PROVIDER SURVEY



Source: Abt Associates. Provider Survey of Outpatient Mental Health Access in Massachusetts, 2016–2017.
Note: n=406. Estimates were weighted to reflect all licensed mental health providers in Massachusetts.

EXHIBIT 7. AVERAGE NEW CLIENTS ACCEPTED MONTHLY PER MENTAL HEALTH PROVIDER: SURVEY OF ORGANIZATIONS



Source: Abt Associates. Organizational Survey of Outpatient Mental Health Access in Massachusetts, 2016–2017.
Note: n=81. The average number of new clients accepted per month reflects the average clients an organization reported accepting monthly divided by the total mental health provider full-time equivalents..

Survey of Organizations

- **New clients accepted monthly per provider.** The majority of respondent organizations (69%) reported accepting an average of one to three clients monthly per full-time equivalent (FTE) mental health provider, 21 percent accepted four to ten, 2 percent accepted 11 or more, and 7 percent accepted fewer than one client monthly per mental health provider (Exhibit 7).

6. PROVIDER AND ORGANIZATIONAL CHARACTERISTICS ASSOCIATED WITH WAIT TIMES

This section describes how wait times between first contact for an outpatient mental health appointment and the actual visit vary based on provider and organizational characteristics. The outcome measure was percentage of new clients whom providers and organizational administrators reported serving within two weeks. Findings from the provider survey are presented first, followed by findings from the survey of organizations.

Analyses in this section describe the independent association between provider and organizational characteristics (i.e., independent variables) and wait times (i.e., outcome measure). The research team used multivariate regression to adjust for other characteristics in assessing these relationships. Multivariate regression can adjust for multiple characteristics concurrently to determine which were *independently* associated with wait times. For example, psychiatrists in the Commonwealth were more likely to be located in the Boston and MetroWest regions, and also generally served a different mix of clients (e.g., by payer source) than other providers. Without adjusting for region and client mix, we would be unable to tell whether differences in wait times between psychiatrists and other providers were driven by these other characteristics rather than provider type. Thus, the use of multivariate regression allows the research team to assess differences in wait times for psychiatrists versus other provider types, while controlling for differences in region, client mix, and other variables included in the model.

For each set of characteristics considered, the exhibits below show the average percentage of new clients whom providers or organizations reported serving within two weeks of first contact (range: 0%–100%), adjusting for other provider and organizational characteristics.

Provider Survey

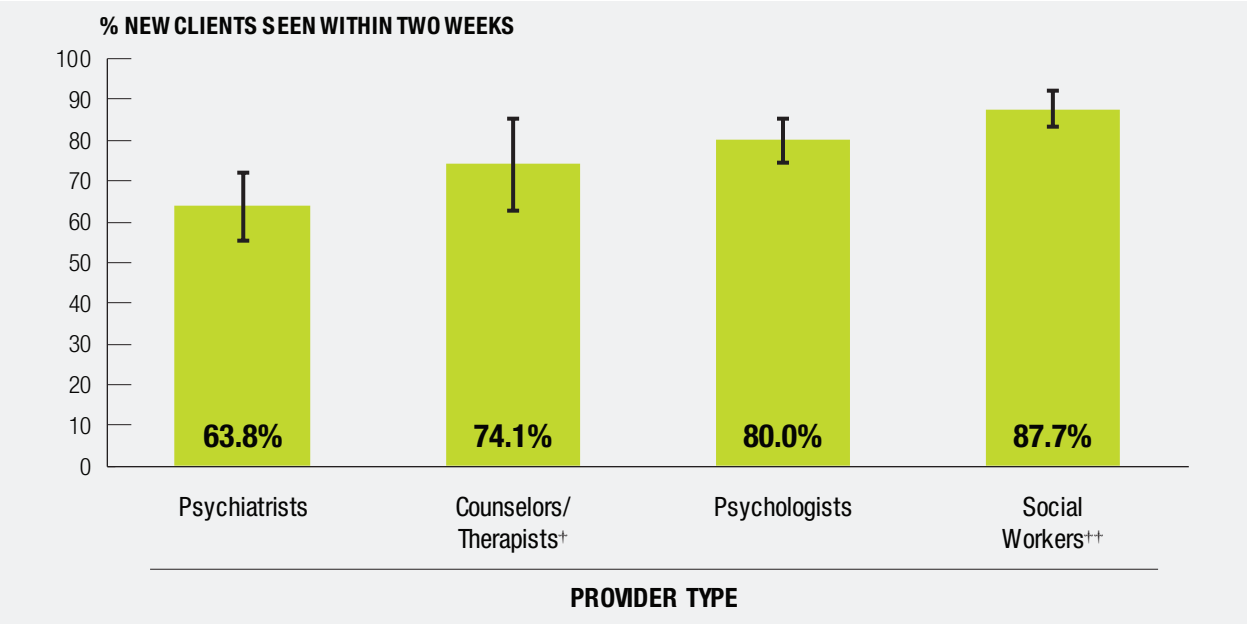
The multivariate regression model used for the provider survey adjusted for differences in provider type/licensing credential, number of new clients per month, practice setting, serving children/adolescents under age 18, payer mix, and Massachusetts Executive Office of Health and Human Services (EOHHS) region associated with each characteristic of interest (Exhibits 8–11).

- **Provider type.** Psychiatrists reported longer wait times than other mental health provider types (Exhibit 8). After adjusting for other characteristics, psychiatrists reported seeing 64 percent of new clients for an initial appointment within two weeks, whereas social workers reported seeing 88 percent and psychologists reported seeing 80 percent (statistically significant at $p<0.01$, relative to psychiatrists), and counselors and therapists (LMHC/LMFTs) reported seeing 74 percent (the difference relative to psychiatrists was not statistically significant).

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.

EXHIBIT 8. PSYCHIATRISTS REPORTED SEEING FEWER NEW CLIENTS WITHIN TWO WEEKS THAN OTHER PROVIDER TYPES



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

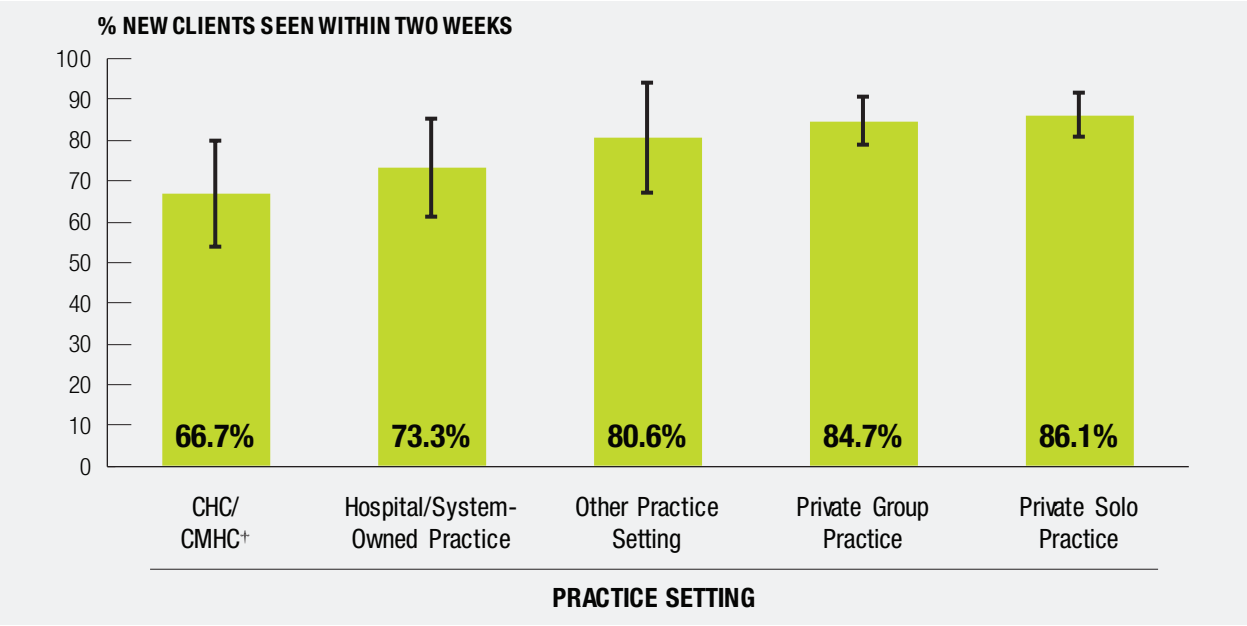
Note: n=349. Estimates were weighted to reflect all licensed mental health providers in Massachusetts. Findings were estimated from a cross-sectional linear regression adjusting for provider type/licensing credential, number of new clients per month, practice setting, serving clients under age 18, payer mix, and Massachusetts EOHHS region. Error bars represent 95% confidence intervals. Analyses excluded providers who reported that they did not know wait times for 100% of their clients or who provided invalid responses (e.g., 0% for all categories).

† The counselors/therapists group includes providers licensed in Massachusetts as mental health counselors (LMHCs) or marriage and family therapists (LMFTs).

†† The social workers group includes providers licensed in Massachusetts as licensed independent clinical social workers (LICSW) or licensed certified social workers (LCSWs).

- **Practice setting.** Relative to providers in private solo and group practices, providers in CHCs or CMHCs and practices owned by hospitals or health systems reported longer wait times (Exhibit 9). After adjusting for other characteristics, providers in practices owned by hospitals or health systems reported seeing 73 percent of new clients within two weeks, providers in CHCs or CMHCs reported seeing 67 percent, providers in private solo practices reported seeing 86 percent, and providers in private group practices reported seeing 85 percent (statistically significant at $p<0.05$, relative to both CHC/CMHCs and practices owned by hospitals or health systems).
- **Providers serving children/adolescents (under 18 years).** Providers serving children or adolescents (under 18 years) had longer wait times than providers serving only adults (18 years or older) (Exhibit 10). Providers serving children/adolescents reported seeing 77 percent of clients within two weeks, while providers serving only adults (aged 18 or older) reported seeing 85 percent of new clients within two weeks (statistically significant at $p<0.05$).
- **Payer mix.** Providers reported longer wait times as the proportion of their clients with MassHealth insurance increased (data not shown). For every 10 percentage point increase in the proportion of clients with MassHealth relative to commercial insurance, providers reported a 3 percentage point decrease in the proportion of new clients seen within two weeks ($p<0.01$).

EXHIBIT 9. PROVIDERS IN CHCs OR CMHCs AND PRACTICES OWNED BY A HOSPITAL OR HEALTH SYSTEM REPORTED SEEING FEWER NEW CLIENTS WITHIN TWO WEEKS THAN DID PROVIDERS IN SOLO AND GROUP PRIVATE PRACTICES

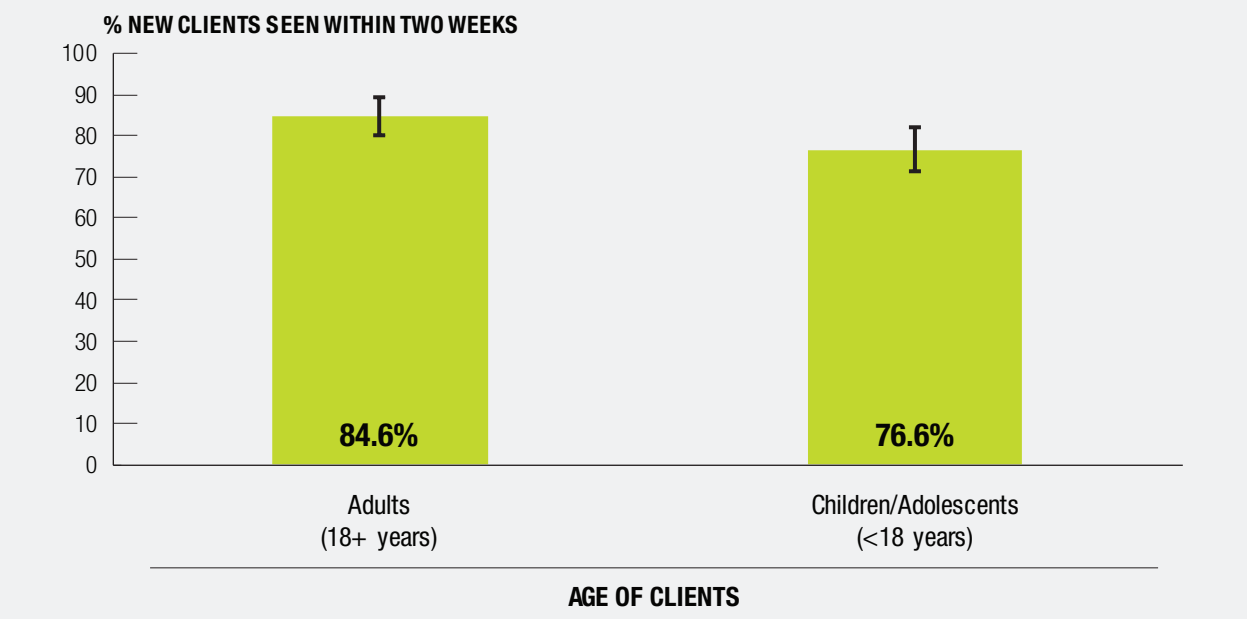


Source: Abt Associates. Provider Survey of Outpatient Mental Health Access in Massachusetts, 2016–2017.

Note: n=349. Estimates were weighted to reflect all licensed mental health providers in Massachusetts. Findings were estimated from a cross-sectional linear regression adjusting for provider type/licensing credential, number of new clients per month, practice setting, serving clients under age 18, payer mix, and Massachusetts EOHHS region. Error bars represent 95% confidence intervals. Analyses excluded providers who reported that they did not know wait times for 100% of their clients, or who otherwise provided invalid responses (e.g., 0% for all categories).

† CHC is a community health center and CMHC is a community mental health center.

EXHIBIT 10. PROVIDERS SERVING CHILDREN/ADOLESCENTS (UNDER 18) REPORTED SEEING FEWER NEW CLIENTS WITHIN TWO WEEKS THAN PROVIDERS SERVING ONLY ADULTS

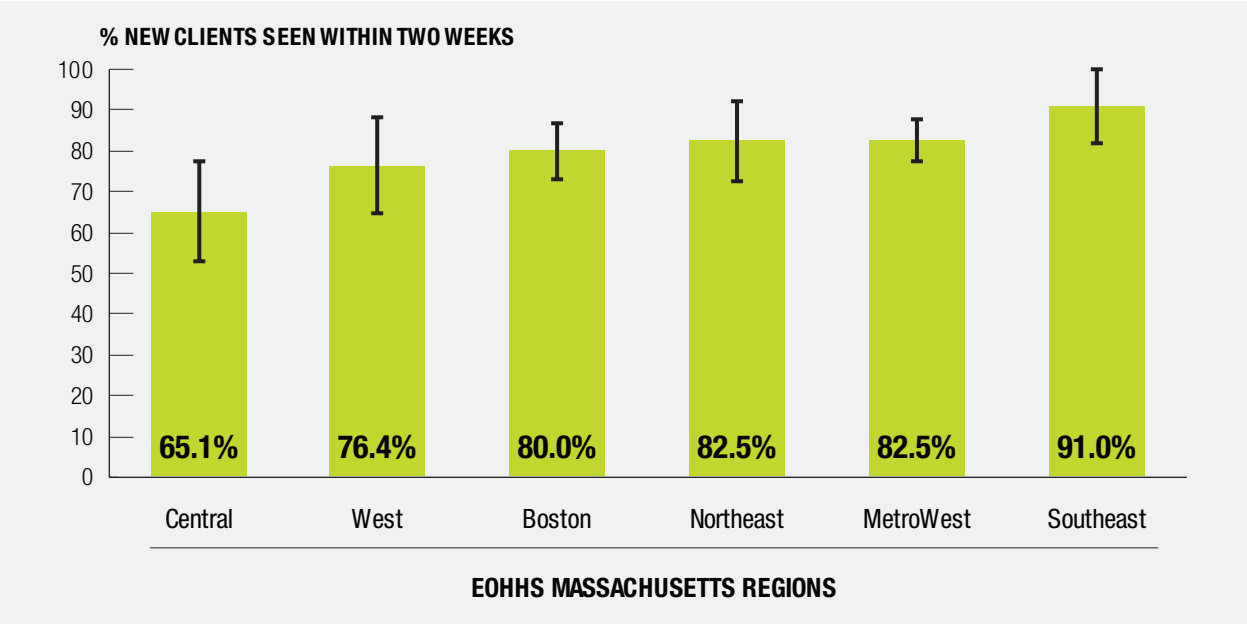


Source: Abt Associates. Provider Survey of Outpatient Mental Health Access in Massachusetts, 2016–2017.

Note: n=349. Estimates were weighted to reflect all licensed mental health providers in Massachusetts. Findings were estimated from a cross-sectional linear regression adjusting for provider type/licensing credential, number of new clients per month, practice setting, serving clients under age 18, payer mix, and Massachusetts EOHHS region. Error bars represent 95% confidence intervals. Analyses excluded providers who reported that they did not know wait times for 100% of their clients or who provided invalid responses (e.g., 0% for all categories).

- **Geographic setting.** Estimates suggest that wait times in the Central Massachusetts EOHHS region were longer than those in other regions across the Commonwealth (Exhibit 11). Providers located in Central Massachusetts saw proportionally fewer new clients within two weeks (65%) than providers in other geographic areas (76% to 91%), after adjusting for other characteristics. Wait times in Central Massachusetts were longer (statistically significant at $p<0.05$) than in Boston, the Northeast, the Southeast, and the MetroWest regions, but wait times in the Central region were not statistically significantly different from those in Western Massachusetts. While statistically significant differences were not detected when comparing other regions with one another (e.g., Boston compared with the Southeast), the research team was unable to draw definitive conclusions for these comparisons due to the relatively small number of respondents in each of these regions. In other words, there may have existed meaningful cross-regional differences that the sample was too small to detect.

EXHIBIT 11. PROVIDERS IN THE CENTRAL REGION REPORTED SEEING FEWER NEW CLIENTS WITHIN TWO WEEKS THAN PROVIDERS IN BOSTON, THE NORTHEAST, METROWEST, AND THE SOUTHEAST



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

Note: n=349. Estimates were weighted to reflect all licensed mental health providers in Massachusetts. Findings were estimated from a cross-sectional linear regression adjusting for provider type/licensing credential, number of new clients per month, practice setting, serving clients under age 18, payer mix, and Massachusetts EOHHS region. Error bars represent 95% confidence intervals. Analyses excluded providers who reported that they did not know wait times for 100% of their clients or who provided invalid responses (e.g., 0% for all categories).

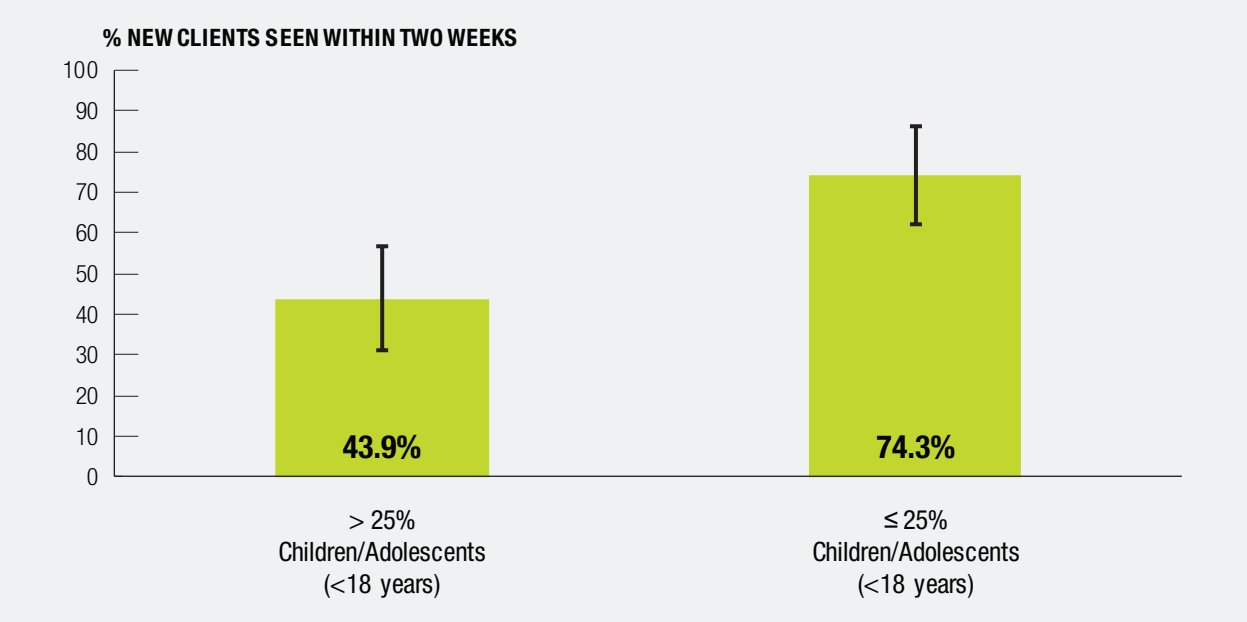
Survey of Organizations

The findings described in this section indicate how organizational characteristics are associated with organization-reported wait times. As with the provider survey results, estimates were computed based on multivariate regressions. Differences between adjusted averages can be interpreted as differences independent of other characteristics. Because of the different level of analysis (organization versus individual provider) and the smaller sample size of the survey of organizations, some of the organizational characteristics (i.e., independent variables) in the findings shown below were specified differently than in the provider survey. For the survey of organizations, the analyses described below adjust for the following organizational characteristics: number of FTEs, clients per FTE, provider mix as percent of total mental health provider FTEs

(out of 100%), client age, geographic region of sites (i.e., Boston/MetroWest, other EOHHS region, or both), provision of primary care services, SUD treatment, case management/care coordination, and specialization in serving LGBTQ clients.

- **Organizations serving children/adolescents (under 18 years).** Organizations that served more than 25 percent of children/adolescents (under 18 years) reported seeing 44 percent of new clients within two weeks, in comparison to 74 percent of new clients seen within two weeks at organizations that served a smaller proportion (≤25%) of children/adolescents (statistically signficant at $p<0.05$) (Exhibit 12).*

EXHIBIT 12. ORGANIZATIONS SERVING PROPORTIONALLY MORE CHILDREN/ADOLESCENTS (>25%) REPORTED SEEING FEWER NEW CLIENTS WITHIN TWO WEEKS THAN OTHER ORGANIZATIONS



Source: Abt Associates. Survey of Organizations: Outpatient Mental Health Access in Massachusetts, 2016–2017.

Note: n=80. Findings were estimated from a cross-sectional linear regression adjusting for number of FTEs in the organization, clients per FTE, provider mix out of total mental health provider FTEs (out of 100%), client age, geographic region of sites, provision of primary care services, substance use disorder treatment, case management/care coordination, and specialization in serving LGBTQ clients. Error bars represent 95% confidence intervals. Analyses excluded respondents who did not know wait times for 100% of their clients or who provided invalid responses (e.g., 0% for all categories).

- **Provider mix.** Relative to organizations with proportionally more social workers, organizations with proportionally more unlicensed providers reported shorter wait times, and organizations with proportionally more psychiatrists reported longer wait times (data not shown). An increase of 10 percentage points in the proportion of unlicensed providers was associated with a 5 percentage point increase in the proportion of new clients seen within two weeks, after adjusting for other characteristics (statistically significant at $p<0.05$, relative to organizations with proportionally more social workers). In contrast, an increase of 10 percentage points in the proportion of psychiatrists was associated with a 5 percentage point decrease in the proportion of new clients seen within two weeks, after adjusting for other characteristics (statistically significant at $p<0.05$, relative to organizations with proportionately more social workers).

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

- **Geographic setting.** Estimates suggest that differences in wait times were not statistically signficant when comparing organizations that reported having sites across EOHHS geographic regions (i.e., Boston/MetroWest, other EOHHS region, or sites in both Boston/MetroWest and other EOHHS regions), after adjusting for other characteristics (data not shown).*
- **Services provided.** Organizations were asked about services and specializations offered, as opposed to focusing on practice setting, because many of the respondent organizations had similar setting types and the sample was too small for meaningful subgroup comparisons. Estimates suggest that there was not statistically signficant variation in wait times for organizations that reported providing the following service types or specializations, after adjusting for other characteristics: primary care services, SUD treatment, case management/care coordination, and specialization in serving LGBTQ clients (data not shown).

7. FACTORS IDENTIFIED AS INFLUENCING ACCESS TO OUTPATIENT SERVICES

Both providers and organizational administrators were asked to offer their perspective on the importance of several factors in shaping access to outpatient mental health services for *all* Massachusetts residents, not just individuals they or their organization serve.

Provider availability/insurance acceptance

- Over 80 percent of respondents to both surveys reported that the availability of psychiatrists who accept insurance was a "very important" factor influencing access to outpatient mental health services. Among provider survey respondents, there was no significant variation among provider types in ranking this factor as "very important."
- Three-quarters or more of respondents to both surveys ranked the availability of providers capable of prescribing and managing psychiatric medications as "very important" (81% provider survey, 75% survey of organizations).
- Providers and organizational administrators also ranked the availability of counselors and therapists who accept insurance as "very important" (83% and 89%, respectively). In the provider survey, this response was more common among social workers, counselors and therapists, and psychologists than psychiatrists.

Reimbursement rates

- Providers and organizational administrators alike identified insurance reimbursement rates as among the top five factors impacting access. More specifically, over 60 percent of respondents to the survey of organizations and the provider survey indicated that reimbursement rates for MassHealth were very important (63% and 65%, respectively), as were reimbursement rates for commercial plans (59% and 69%, respectively). Among provider survey respondents, all provider types indicated this as "very important."

* Because administrators of multi-site organizations reported results for their organizations as a whole rather than for individual sites, the research team could not explore within-organization regional variation for multi-site organizations. Organizations with sites in multiple regions were thus analyzed as a separate category.

Cultural competency, language, and client preference

- Two-thirds (67%) of organizational administrators indicated that the availability of providers able to provide services in the client's preferred language was "very important," and almost half ranked the ability to provide culturally appropriate care as "very important."
- Similarly, social workers and counselors and therapists (LMHCs/LMFTs) responding to the provider survey indicated that the availability of providers trained to provide culturally appropriate care and to provide services in their client's preferred language was "very important"; in contrast, significantly fewer psychiatrists responding to the provider survey ranked these as "very important" factors.

Other factors

- Over 75 percent of providers indicated that at least one other factor was "very important" in influencing access. Over 20 providers cited "stigma," and multiple providers also wrote in the following for the provider survey: lack of available providers with specialized training to treat children, lack of ethnic/cultural diversity in the provider workforce, and select payers' unwillingness to include specific types of licensure credentials on their panels.
- In the survey of organizations, only seven respondents wrote in other factors as contributing to access issues, including two respondents who noted the lack of available providers with training to treat individuals with co-occurring mental health and substance use disorders, the availability of providers who treat clients under 16, the dificulties of hiring licensed staff, and non-reimbursement for some aspects of treatment.

8. SUMMARY AND CONCLUSION

This report describes results from a provider survey, representative of Massachusetts outpatient mental health providers, and a survey of administrators at community-based organizations that provide outpatient mental health services. The objective of the two surveys was to capture respondent perspectives on wait times for outpatient mental health visits, including factors that may influence wait times.

Each survey aimed to capture a different perspective on wait times. The provider survey targeted the perspectives of *individual licensed mental health clinicians working in outpatient settings* (more specifically, licensed social workers, licensed mental health counselors and marriage and family therapists, psychiatrists, and psychologists). The survey of organizations, by contrast, targeted senior administrators or behavioral health directors, who were asked to respond on behalf of their practice site(s), whose staffing mix included licensed providers as well as unlicensed clinicians and nurse practitioners.

The provider survey was designed to be representative of the universe of licensed mental health providers in Massachusetts, with the understanding that it was not possible to prospectively identify types of insurance accepted by a provider for his/her current case mix using existing state licensure data. The survey of organizations was therefore implemented to ensure that the perspective of organizations predominantly serving clients with MassHealth was captured.

8.1. WAIT TIMES AND FACTORS ASSOCIATED WITH WAIT TIMES

Massachusetts outpatient mental health providers reported in the provider survey that they saw, on average, 81 percent of new clients for an initial mental health visit within two weeks of clients requesting an appointment. Respondents to the survey of organizations reported relatively longer wait times at their practice sites; organizational administrators reported that 59 percent of new clients were seen for an initial mental health visit within two weeks of clients requesting an appointment.

These findings indicate shorter wait times than those found in prior national and state reports; however, the methods and wait time measures vary, making comparison of wait times challenging across studies. For example, the National Council for Behavioral Health examined over 200 process flow charts of participating community behavioral health organizations in Minnesota, Pennsylvania, and Washington to determine wait time based on time elapsed between a service user's first call and first service appointment; the average wait time was 50 days or more.[11] In contrast, the findings presented in this report reflect provider- and administrator-reported wait times.

A 2016 survey fielded by the Massachusetts Association for Behavioral Health (ABH) found longer wait times reported by their CMHC members in Massachusetts; only 24 percent had wait times of less than two weeks, and 44 percent had wait times of less than a month for an adult.[12] Similar to the survey of organizations, ABH's survey relied on administrator-reported wait times; however, ABH's survey asked about wait times for a routine assessment with a psychiatrist or advanced practice nurse for a child or adult, rather than average wait times for *any* type of outpatient mental health provider, which was the primary measure of access for both the provider survey and survey of organizations used as part of this study. While the findings in this report indicate shorter wait times than those in the ABH member survey, the provider survey confirmed that the wait times in safety-net practice settings are longer than those for private solo and group practices.

The provider survey and survey of organizations conducted as part of this study indicated that several characteristics are independently associated with longer wait times. The summary below describes the association between those characteristics and wait times, adjusting for other relevant characteristics. Unless otherwise indicated, findings reported in the summary below were statistically significant.

Provider type and mix of providers

- **Provider type.** Psychiatrists reported statistically significantly longer wait times than social workers and psychologists, and psychiatrists reported longer wait times than counselors and therapists (LMHCs/LMFTs), although the differences were not statistically signficant.
- **Provider mix.** Relative to organizations with proportionally more social workers, organizations with proportionally more unlicensed providers reported shorter wait times, and organizations with proportionally more psychiatrists reported longer wait times (data not shown).

Providers serving children/adolescents (under 18 years)

- Providers serving children or adolescents (clients under 18 years) had longer wait times than providers serving only adults.
- Similarly, organizations that served a greater proportion of children/adolsecents (>25%) reported seeing fewer clients within two weeks than organizations that reported serving few (≤25%) or no children/adolescents.

Payer mix

- Providers reported longer wait times as the proportion of their clients with MassHealth insurance increased. This analysis was only conducted for the provider survey.

Practice setting and services provided

- Relative to providers in private solo and group practices, providers practicing in CHCs or CMHCs reported longer wait times; practices owned by hospitals or health systems also reported longer wait times relative to private solo and group practices.
- There was no statistically significant variation in wait times for organizations that reported providing the following service types or specializations for the survey of organizations: primary care services, SUD treatment, case management/care coordination, and specialization in serving clients who identify as LGBTQ.

Geographic setting

- Wait times reported by provider survey respondents serving the Central Massachusetts region were longer than those in most other regions (i.e., Boston, the Northeast, Southeast, and the MetroWest regions) across the Commonwealth. The difference between wait times in the Central region and in Western Massachusetts was not statistically significant. The research team was unable to draw definitive conclusions for comparisons across other regions because the sample in some of the subregions may have been too small to detect cross-regional differences.
- In contrast, there was no statistically significant geographic variation in wait times across organizations that identified as having sites across three categories of EOHHS geographic regions—(1) Boston/MetroWest, (2) other EOHHS region, (3) sites in both Boston/MetroWest and other EOHHS regions—after adjusting for other characteristics.*

8.2. INSURANCE ACCEPTANCE

In addition to quantifying the percentage of clients who were seen within a given period of time for an initial outpatient mental health office visit, another objective of this project was to understand factors that may affect access to care. For this reason, both surveys included questions pertaining to provider and organization acceptance of particular insurance types, since lack of acceptance of one's insurance may serve as a barrier to accessing services. As a follow-up, each survey asked respondents who indicated not accepting a particular type of insurance to identify the top three reasons for that decision.

- According to the provider survey, 45 percent of mental health providers in Massachusetts 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.
- Among respondents to the survey of organizations, 1 percent (a single organization) did not accept MassHealth, 7 percent did not accept commercial insurance, and 15 percent did not accept Medicare. The higher proportion of respondents accepting MassHealth in the survey of organizations relative to the

* Because administrators of multi-site organizations reported results for their organizations as a whole rather than for individual sites, the research team could not explore within-organization regional variation for multi-site organizations. Organizations with sites in multiple regions were thus analyzed as a separate category, which was distinct from the provider survey analysis.

provider survey reflects the targeting by the survey of organizations of organizations serving high volumes of MassHealth patients.

These findings are generally consistent with other studies showing that mental health providers are increasingly not accepting Medicaid[13] and, in some cases, any insurance at all.[14,15,16] The reasons for not accepting insurance varied by insurance type. However, the most common reasons for not accepting insurance according to the provider survey included reimbursement rates, network inclusion, and continuing review. A large proportion of providers also reported "other" as one of their top three reasons for not accepting insurance. Among those not accepting commercial insurance, three providers cited "paperwork" as their "other" rationale for opting out. Among those not accepting MassHealth, four respondents wrote in "no shows."

8.3. LIMITATIONS AND OTHER CONSIDERATIONS IN INTERPRETING THE RESULTS OF THIS STUDY

This study has limitations that should be taken into account when interpreting findings.

First, survey nonresponse may have biased wait time estimates in this study because nonrespondents might have reported different client wait times than providers and organizations that responded to the survey. The adjusted response rate for the provider survey was 28 percent and the response rate for the survey of organizations was 42 percent. While Massachusetts requires practicing providers to update their licenses every other year, providers do not always update their addresses if they move, which may have contributed to provider nonresponse, as the sampling frame primarily used contact information from state licensing data.*

The response rate for this study is consistent with recent trends of declining response rates for provider surveys, even as the use of survey incentives has increased in the last decade.[17] While the response rate for this study is lower than the 60 percent response rate threshold for some peer-reviewed medical journals,[18] and a higher response rate would have reduced concerns about response bias, there is evidence that assessing nonresponse bias may provide more valuable insight into understanding survey limitations and evaluating the representativeness of surveys than response rates alone.[19] The study team assessed nonresponse bias by exploring differences in the outcome measure (wait times) between early and late respondents. There was no evidence of statistically significant differences between wait times as reported by early versus late respondents. However, it is not possible to directly test whether respondents may have differed from nonrespondents for unobserved characteristics (i.e., those not captured in the survey), so the possibility of nonresponse bias remains. Applying survey weights by provider type and EOHHS region also adjusted for differential response by provider type and region (i.e., if more providers responded in one region versus another).

Self-reported provider and administrator survey responses could not be independently verified. Provider and administrator perspectives may be influenced by contractual access standards, such as policies for timely receipt of outpatient services (e.g., within 14 days for routine care). Survey respondents may also be subject to social desirability bias, or a tendency to respond in a manner that the respondent believes others may prefer. To minimize potential concerns, the study team informed invited participants that their responses would be confidential and only reported in aggregate. In addition, the survey was self-administered, a method that

* Because the state licensing boards in Massachusetts require providers to update their licenses every other year, the study team believes the state licensure listings were more up-to-date than alternative data sources, such as the Centers for Medicare and Medicaid Services National Plan and Provider Enumeration System.

has been shown to decrease social desirability bias relative to interviewer-based modes.[20] There is also no reason to believe social desirability bias should vary across respondent groups (e.g., provider type, region), and consequently, there is no reason to believe that social desirability would have influenced differences in observed wait times across those groups (e.g., longer wait times for psychiatrists; longer wait times in Central Massachusetts).

The study relied on administrative data from Massachusetts state licensing boards to generate the sampling frame and weights for the provider survey analysis. This is the best publicly available data for developing a sampling frame of licensed Massachusetts mental health providers. Weighted results from the provider survey are representative of the universe of licensed mental health providers in Massachusetts, as defined in the licensing board data that was used for the sampling frame. To the extent that the true universe of Massachusetts providers differs from those represented in the sampling frame, provider survey results will deviate from being a truly representative sample.

Finally, this study reflects provider and administrator perspectives on wait times. The provider survey and survey of organizations asked providers and administrators about the wait time for their clients between first contacting their site and their actual visit. Responses to these questions do not reflect the full experience of clients seeking an outpatient mental health appointment, which for many, begins when a need for care is identified. The qualitative report presented in parallel to this work captures the experiences of both individuals seeking outpatient mental health services and Massachusetts stakeholders to provide additional perspectives on wait times and factors contributing to variation in wait times.

Despite these limitations, the strength of the survey approach is its capacity to consistently capture the provider perspective on wait times as well as other relevant provider and organizational characteristics.

8.4. CONCLUSION

The results of this study suggest that individuals seeking mental health services in Massachusetts may face longer wait times for specific types of providers—in particular, psychiatrists and providers who specialize in treating children/adolescents. Insurance type (e.g., MassHealth versus commercial), practice setting (e.g., CMHCs, hospitals, private solo and group practices), and geographic region are also characteristics associated with variation in wait times across the Commonwealth. Providers have identified the nature of reimbursement, insurance plan structure, and administrative burden as contributing factors to their decision not to accept certain insurance types, including MassHealth and commercial insurance. These results reinforce findings in other reports pertaining to mental health services.

Still, further research is needed to identify policy or programmatic opportunities to improve timely access to mental health services, especially for those needing a psychiatrist or a provider who specializes in treating children or adolescents. This will require consideration of ways to improve incentives for providers to accept insurance and processes that help connect individuals to providers with appropriate expertise; some of these themes are discussed in the companion qualitative report issued as part of this study. Navigating the health system is challenging, and those with mental health needs may be particularly vulnerable, making it critical that appropriate services are accessible and available in a timely way.

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APPENDIX A. METHODS: PROVIDER SURVEY AND SURVEY OF ORGANIZATIONS

PROVIDER SURVEY

The *Provider Survey of Outpatient Mental Health Access in Massachusetts* was a 20-minute multi-mode survey of mental health providers in the Commonwealth that collected information on wait times and facilitating factors and barriers for individuals seeking outpatient mental health services. The research team fielded the survey from September 2016 to March 2017 using a mail push-to-web design with a mail survey, and limited telephone follow-up was conducted with nonresponders. The initial push-to-web mailing included a survey incentive that ranged from $5 to $10 to encourage participation, regardless of whether individuals returned the survey.*

Survey sample and data collection

The research team developed a survey sampling frame using two data sources reflecting licensed mental health providers in Massachusetts: the Massachusetts Office of Consumer Affairs and Business Regulation (OCABR) Division of Professional Licensure (DPL) Databases,** and the Massachusetts Board of Registration in Medicine (BORIM) list of licensed physicians.*** These provider lists represent the most up-to-date publicly available data on mental health providers licensed to practice in Massachusetts.****

EXHIBIT A-1. CROSS-TAB OF PROVIDER TYPE AND GEOGRAPHIC REGION IN THE SAMPLING FRAME

	In Boston Urbanized Area		Not in Boston Urbanized Area		Total	
Provider Type	n	% within each provider type	n	% within each provider type	n	% of all providers
Social workers	12,530	69.7	5,449	30.3	17,979	56.8
Counselors/therapists (LMHC/LMFTs)	3,745	61.8	2,310	38.2	6,055	19.1
Psychiatrists	2,048	81.1	478	18.9	2,526	8.0
Psychologists	3,992	77.7	1,141	22.3	5,133	16.2
Total	22,315	70.4	9,378	29.6	31,693	100.0

Source: The Massachusetts Office of Consumer Affairs and Business Regulation Division of Professional Licensure (DPL) Databases, and the Massachusetts Board of Registration in Medicine list of licensed physicians.

Note: n=31,693. The research team determined provider type according to the license listed by the licensing boards. The research team determined geographic location according to whether the zipcode listed by the licensing boards was located within the Census-defined "Boston, MA–NH–RI Urbanized Area" (only providers in Massachusetts were surveyed).

Abbreviations: LCSW, licensed certified social worker; LICSW, licensed independent clinical social worker; LMFT, licensed marriage and family therapist; LMHC, licensed mental health counselor.

* The incentive varied across the three survey waves. The initial sample and first replicate were offered $10; the second replicate was offered $5.

** Massachusetts Office of Consumer Affairs and Business Regulation [OCABR]. Licensed mental health professionals databases. Boston, MA: Massachusetts Office of Consumer Affairs and Business Regulation; 2016 [cited 2016 Sept]; Available at www.mass.gov/ocabr.

*** Massachusetts Board of Registration in Medicine [BORIM]. Licensed physicians database. Boston, MA: Massachusetts Board of Registration in Medicine; 2016 [cited 2016 Sept]; Available at www.mass.gov/eohhs/gov/departments/borim.

**** To maximize the likelihood of reaching providers in the case of missing contact details (e.g., phone number) or when initial contact attempts were unsuccessful (e.g., return-to-sender mail), we supplemented the state licensure data with contact information from two additional sources: the National Plan and Provider Enumeration System and a list of providers participating in the Massachusetts Behavioral Health Partnership network.

The research team included the following types of providers in the sampling frame: psychiatrists, psychologists, licensed clinical social workers (LCSWs), licensed independent clinical social workers (LICSWs), licensed mental health counselors (LMHCs), and licensed marriage and family therapists (LMFTs). The research team included these types of providers to reflect as much of the licensed mental health workforce as possible. The research team restricted the sampling frame to licensed providers because the state does not track unlicensed providers (e.g., MSW and PhD students or interns) in registry databases, which meant that unlicensed providers could not be identified for inclusion in this study. In total, the initial sampling frame included 31,693 mental health providers across Massachusetts (Exhibit A-1).

To survey provider experiences representative of those practicing throughout Massachusetts, the research team used this sampling frame to select a stratified random sample by region and provider type. The research team stratified by four groups of provider types—psychiatrists, psychologists, social workers (LCSWs, LICSWs), mental health counselors (i.e., LMHCs and LMFTs); and by provider location—within the Boston Urbanized Area versus outside the Boston Urbanized Area. The research team defined the Boston Urbanized Area following the Census definition of the "Boston, MA–NH–RI Urbanized Area" region; for the purposes of this study, the research team restricted the sample to providers located in Massachusetts.* The final survey sample included 2,250 providers surveyed in three waves between September 2016 and March 2017.

EXHIBIT A-2. PROVIDER RESPONSE BY PROVIDER TYPE AND REGION

	Provider Respondents		
Provider characteristics	**n**	**Unweighted %**	**Weighted %**
Provider type/licensing credential			
Social workers (LICSW/LCSW)	146	35.4	48.2
Counselors/therapists (LMHC/LMFT)	57	13.8	22.4
Psychiatrists	107	25.9	10.2
Psychologists	103	24.9	19.3
Geography			
Within Boston Urbanized Area	284	68.8	71.9
Outside of Boston Urbanized Area	129	31.2	28.1

Source: Provider Survey of Outpatient Mental Health Access in Massachusetts, 2016–2017.

Note: n=413. The research team determined provider type according to the license listed by the licensing boards. The research team determined geographic location according to whether the zip code listed by the licensing boards was located within the Census-defined "Boston, MA–NH–RI Urbanized Area" (only providers in Massachusetts were surveyed).

Abbreviations: LCSW, licensed certified social worker; LICSW, licensed independent clinical social worker; LMFT, licensed marriage and family therapist; LMHC, licensed mental health counselor.

In total, 2,250 mental health providers received the survey invitation. The research team received 413 complete responses (Exhibit A-2), and 236 additional providers indicated through a screen-out item that they were not eligible for the survey (Exhibit A-3). To confirm eligibility for the study, the survey asked respondents four eligibility-related questions at the beginning of the survey. Providers were considered ineligible for the survey if they reported (1) not currently providing mental health care, (2) not currently providing care in an

* The research team allocated the sample as equally as possible across the four provider strata and allocated the sample proportionately to the true distribution across the two geographic location strata. This strategy balanced the dual aims of increasing overall statistical power in analyses and facilitating comparison of wait times by provider and geographic location.

outpatient setting, (3) not currently providing care in Massachusetts, or (4) not currently providing clinical care. (Deceased providers were also dropped from the sample.) During telephone follow-up with nonresponders, providers who were no longer in business were also deemed ineligible.

EXHIBIT A-3. REASONS FOR SURVEY INELIGIBILITY

Reasons for study ineligibility	n	Unweighted % among ineligible respondents*
Do not currently provide mental health care	82	34.7
Do not currently provide care in outpatient settings	93	39.4
Do not currently provide care in Massachusetts	58	24.6
Do not currently provide clinical care (e.g., case manager or care coordinator)	63	26.7
No longer in business (indicated during telephone follow-up)	42	17.8
Deceased	1	0.4
Total number ineligible	**236****	

Source: Provider Survey of Outpatient Mental Health Access in Massachusetts, 2016–2017.
Notes: n=236.
* Does not sum to 100 percent, because respondents were able to indicate multiple reasons for ineligibility.
** Numbers from above categories do not sum to 236, because respondents were able to indicate multiple reasons for ineligibility.

Complete cases were defined as having completed the first 11 survey items out of a total of 31 items. The research team chose question 11 as the cutoff, because question 11 was the main outcome question about wait times in the survey. After accounting for ineligible respondents, the research team estimated an adjusted response rate of 28.1 percent. The research team used the American Association for Public Opinion Research (AAPOR) response rate (RR3), which employs information about eligible and ineligible survey respondents to estimate the proportion of individuals not responding to the survey who would have been eligible to respond.* This method is commonly used for studies where eligibility can be reasonably estimated for nonrespondents.**

The research team computed survey weights adjusting for the stratification of the survey sample by provider type and geographic location, differential probabilities of selection, unknown eligibility, and nonresponse. Because the research team did not sample proportionally by provider type, the weighted percentages of each provider type differ from unweighted percentages reflecting the underlying sample. The weighting allows analyses to reflect the broader mental health workforce across Massachusetts, after accounting for study eligibility. For example, as shown in Exhibit A-2, psychiatrists represent 26 percent of the sample unweighted but 10 percent of the sample after applying weights. This reflects the oversampling of psychiatrists for the survey, relative to their true representation in Massachusetts in comparison to other providers, to facilitate sufficient power for analyses involving this subgroup. Applying weights results in weighted estimates consistent with the population proportions in the sampling frame. Analyses incorporating survey weights were representative of the experiences of licensed mental health providers in Massachusetts as reflected by the survey sampling frame.

* The American Association for Public Opinion Research. 2016. Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys. 9th edition. Available at www.aapor.org/AAPOR_Main/media/publications/Standard-Definitions20169theditionfinal.pdf.

** For example: Rittenhouse DR, Casalino LP, Shortell SM, McClellan SR, Gillies R, Alexander J, Drum M. Small and medium-size physician practices use few patient-centered medical home processes. Health Affairs. 2011;30(8):1575-84.

Measures

- **Wait times**. The research team measured provider-reported wait times for outpatient mental health services as the length of time new clients waited between first contacting the site and an actual visit. Respondents were asked to report the percentage of their clients experiencing wait times in each of the following categories after first contacting the site: (1) within 2 weeks, (2) 3–4 weeks, (3) 5–8 weeks, (4) over 8 weeks, or (5) don't know. Respondents were instructed that the sum of all categories should be 100 percent of their clients. The research team created continuous percentage measures, ranging from 0 to 100 percent, for each category equal to the percentage of clients whom providers reported seeing, on average, within each of the four wait time periods.

- **Provider characteristics.** The research team included in analyses several measures of provider characteristics and client demographics.

  The research team measured provider credentials according to the information available in the sampling frame, which was defined by the specialty for which providers were licensed in Massachusetts to practice. Specifically, providers were split into four groups for analyses: social workers (LICSW/LCSW), counselors/therapists (LMHC/LMFT), psychologists, and psychiatrists. Because LCSWs and LMFTs were relatively small groups in Massachusetts, the research team grouped social workers (LICSW and LCSW) into one group and counselors and therapists (LMHCs and LMFTs) into a second group, to increase the power available for subgroup analyses. The research team measured geographic location using zipcodes available from the provider licensure data, based on location in the six Massachusetts EOHHS regions.* The team used EOHHS regions to define geographic boundaries, because these regions reflected variation in population density and socioeconomic factors, and because they reflected the geographic boundaries used in the administration of MassHealth insurance.

  In the survey, providers also reported information about the number of new patients they typically accept per month, their practice setting, and demographic characteristics of the clients they serve. Because acceptance of new clients (i.e., "openings") may reflect wait times for individuals navigating the system, the survey also asked providers how many new clients they had accepted, on average, per month over the previous six months. To ease interpretation in analyses, the research team created a four-part categorical measure: (1) zero new patients per month, (2) one to three new patients per month, (3) four to 10 new patients per month, and (4) 11 or more new patients per month.

  Practice setting may also affect how much control providers have in deciding to accept new clients. The research team divided practice setting into five categories: (1) a private solo practice, (2) a group private practice (>1 provider), (3) a practice owned by a hospital or health system, (4) a community health center (CHC) or community mental health center (CMHC), or (5) another setting (e.g., schools and social service agencies).

  The research team also included six measures of client characteristics: the proportion of clients in providers' panels by age group, gender, race, limited English proficiency, payer source, and referral source. Respondents were also asked to indicate areas in which they specialize and types of referral sources accepted, and to identify their top three sources of referrals.

- **Factors influencing access.** To identify factors that may impact clients' access to outpatient mental health services, the survey asked providers to rank a series of factors (e.g., service hours, transportation,

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* Massachusetts Department of Public Health, Bureau of Environmental Health. Massachusetts Executive Office of Health and Human Services (EOHHS) regions. Available at www.matracking.ehs.state.ma.us/eohhs_regions/eohhs_regions.html.

and insurance coverage) on a four-point Likert scale ranging from "not at all important" to "very important." Responses to these items reflect the relative importance of each factor. The research team created a binary measure for each factor indicating whether respondents thought each factor was "very important."

SURVEY OF ORGANIZATIONS

This section provides an overview of methods for the survey of organizations, including survey sample and data collection and measures.

Survey sample and data collection

The research team conducted a web-based survey about wait times for first appointments with outpatient mental health care administrators at organizations that serve individuals with MassHealth (Medicaid) coverage in Massachusetts. To identify eligible organizations providing outpatient mental health services, the team worked with three partners in Massachusetts: the Massachusetts Behavioral Health Partnership (MBHP), the Massachusetts League of Community Health Centers (Mass League), and the Association for Behavioral Healthcare (ABH). Each partner organization engaged its members to participate in the survey through an email invitation that included a description of the study and a URL link to the web survey.

The research team fielded the survey from October 2016 to January 2017. The survey recruitment materials requested that one senior administrator or behavioral health director knowledgeable about outpatient mental health care services respond to the survey. The survey asked respondents to consider the "entire organization where outpatient mental health services are provided" in order to capture their perspectives about the full spectrum of outpatient mental health services at that organization.

In total, 198 distinct organizations received the survey invitation. After excluding duplicate responses from individuals within the same organization, the research team received 85 complete responses, for a response rate of 42.9 percent. Complete cases were defined as having completed the first 13 questions in the survey out of a total of 34 questions. The research team chose question 13 as the cutoff because question 13 was the main outcome question about wait times in the survey.

Measures

- **Wait times.** The research team measured respondent-reported wait times for outpatient mental health services as the length of time new clients waited between first contacting the site and an actual visit. Respondents were asked to report the percentage of their clients experiencing wait times in each of the following categories after first contacting the site: (1) within 2 weeks, (2) 3–4 weeks, (3) 5–8 weeks, (4) over 8 weeks, or (5) don't know. Respondents were instructed that the sum of all categories should be 100 percent of their clients. The research team created continuous percentage measures ranging from 0 to 100 percent for each category equal to the percentage of clients across organizations that requested appointments and were seen within each of the four wait time periods.

  The research team also measured wait times separately for subgroups of clients, by different age groups, payer types, and referral sources. The survey asked respondents to report the length of time that clients in each subgroup (e.g., clients 6 to 12 years old) *typically* wait for first appointments. Respondents selected one of the following lengths of time for each subgroup: (1) within 1 day, (2) 2–6 days, (3) 1–2 weeks, (4) 3–4 weeks, (5) 5–8 weeks, (6) over 8 weeks, or (7) don't know. The research team created binary

measures for each category (ranging from 0 to 1) reflecting the percentage of respondents selecting each length of time for each subgroup. The research team also created a second set of binary measures from these categories indicating whether individuals in each subgroup typically received care within 2 weeks. The two-week cut-off point for routine care reflects the Massachusetts Behavioral Health Partnership's performance standards for routine mental health outpatient care within 10 business days of the request.

- **Organizational characteristics.** The research team collected three measures of organizational size: the number of sites reported in the organization, the number of clients served by the organization, and the number of full-time equivalents (FTEs) employed by the organization. To measure organizational provider mix, the research team calculated the percentage of psychiatrists, licensed counselors and therapists,* unlicensed providers, and nurse practitioners who provided mental health services, out of the total outpatient mental health provider FTEs reported by each organization.

  The survey included several other measures of organizational characteristics. The research team grouped organization types into the following categories: community health centers (CHCs), community mental health centers (CMHCs), private practices, and social service settings. The research team also included a measure of mental health and primary care coordination and integration to capture the type of setting; respondents characterized their practice along a coordination continuum of mental health services only, co-located mental health and primary care services, close collaboration onsite with some system integration, and full collaboration in an integrated practice. Two binary measures captured practice participation in an accountable care organization and use of an electronic health record, respectively.

  Five additional measures captured organizational capacity to provide urgent services and extended operational hours, including the ability to provide urgent care within 72 hours or urgent care from a prescriber of psychotropic medication within 72 hours; availability of outpatient mental health appointments beyond the hours of 8 a.m. to 6 p.m. or on weekends; and teletherapy/telemedicine for outpatient mental health services.

- **Factors influencing access.** To identify factors that may impact clients' access to outpatient mental health services, the survey asked respondents to rank a series of factors (e.g., service hours, transportation, and insurance coverage) on a four-point Likert scale ranging from "not at all important" to "very important." The research team created a binary measure for each factor indicating whether respondents thought each factor was "very important."

* Including licensed clinical social workers, licensed mental health counselors, and licensed marriage and family therapists.

APPENDIX B. PROVIDER SURVEY INSTRUMENT

Provider Survey of Outpatient Mental Health Access in Massachusetts

INSTRUCTIONS:

- **If completing the paper-version of the survey, please use a blue or black pen.**
- **Please answer ONLY for your primary practice site, defined as the practice location where you practice most frequently. Also note that your primary practice site may be different than the practice where we contacted you to complete this survey.**
- **If you have any questions about the study, please contact Co-Principal Investigator, Jenna Sirkin, at Jenna_Sirkin@abtassoc.com, or at (617) 520-2493. For questions about your rights as a participant in this study, please call Katie Speanburg, the Abt Associates Institutional Review Board Administrator, toll-free at 877-520-6835.**

1. Do you currently provide clinical mental health care in an outpatient setting in Massachusetts?

- ○ Yes → CONTINUE TO THE NEXT PAGE
- ○ No

1a. If you answered <u>NO</u> to Question 1, which of the following apply to you?

Please check all that apply.

- ○ Do not currently provide mental health care
- ○ Do not currently provide care in outpatient settings
- ○ Do not currently provide care in Massachusetts
- ○ Do not currently provide clinical care (e.g., case manager or care coordinator)

PLEASE <u>STOP</u> HERE AND MAIL BACK THE SURVEY WITHOUT FILLING IT OUT. This will help us track survey non-response. Thank you for your time.

YOUR CLIENTS

Please answer the following questions about <u>your</u> clients, excluding clients seen by other clinicians in your practice. By "your clients," we mean the clients or patients that you currently treat and consider part of your caseload/patient panel. We understand that these are approximate percentages and your best estimate is fine.

	5 years old or younger	6 to 12 years old	13 to 17 years old	18 to 25 years old	26 to 64 years old	65 years old or older	
2. What is the approximate age distribution of your clients?	%	%	%	%	%	%	= 100%

	Female	Male	Other	
3. What is the approximate gender distribution of your clients?	%	%	%	= 100%

4. Approximately what percent of your clients identify as Hispanic/Latino?	%

	African American/ Black	Asian American/ Asian	White/ Caucasian	Some other race/ Multiple	No information available	
5. What is the approximate racial distribution of your clients?	%	%	%	%	%	= 100%

6. Approximately what percent of your clients have limited English proficiency?	%

7. Do you accept the following payment types?	No	Yes	If "YES" answer 7a →	**7a. What percent of your clients use each of the following as their <u>primary</u> payment type? *Your best estimate is fine.***
Insurance				
Commercial	○	○	→	____%
MassHealth and other public plans	○	○	→	____%
Medicare	○	○	→	____%
Other (please specify): _____	○	○	→	____%
Self-pay/Uninsured*				
Self-pay full fee	○	○	→	____%
Self-pay sliding scale	○	○	→	____%
No fee	○	○	→	____%
				=100%

*This category may include individuals with or without health insurance who self-pay or for whom you provide free care at your practice.

8. If you do NOT accept certain types of insurance, which of the following factors contribute to that decision? Please rank the top three factors for each insurance type. ***Here, "1" represents the strongest reason for your decision not to accept that insurance type.***

	Commercial	MassHealth and other public plans	Medicare
Reasons for NOT accepting insurance type:	***Rank top 3 factors***	***Rank top 3 factors***	***Rank top 3 factors***
Continuing review process			
Not included in insurance network or panel			
Insurance credentialing requirements			
Prior authorization for mental health services			
Reimbursement rates			
Don't know			
Other (please specify):_____			
Does not apply/I accept this insurance	○	○	○

9. Do you accept referrals from the following sources?	**No**	**Yes**	**If "YES" answer 9a →**	**9a. Please rank the top three sources from which your clients are referred.** ***Here, "1" is the highest rank (the source from which you receive the greatest number of referrals).***
Criminal justice system	○	○	→	
Emergency department	○	○	→	
Hospital or other acute care facility	○	○	→	
Insurance plan	○	○	→	
Mental health/substance use disorder provider	○	○	→	
Primary care provider	○	○	→	
Residential program	○	○	→	
School	○	○	→	
Self-referral or word of mouth	○	○	→	
Other state agencies	○	○	→	
Other (please specify):_____	○	○	→	

Now, we will ask about access to mental health care services for your clients.

ACCESS TO MENTAL HEALTH CARE SERVICES

10. On average, how many new clients did you accept <u>per month</u>, over the last 6 months? ☐☐

	2 weeks or less	3-4 weeks	5-8 weeks	Over 8 weeks	Don't know	
11. Between first contacting your site about an appointment and their actual visit, what proportion of your clients wait…	%	%	%	%	%	= 100%

12. ***For each age group listed below*, how long do your <u>new</u> clients typically wait, on average, between first contacting your site about an appointment and their actual visit?** ***Please choose one answer in each row.***

	Within 1 day	2-6 days	1-2 weeks	3-4 weeks	5-8 weeks	Over 8 weeks	Do not serve this age group	Don't know
5 years old or younger	○	○	○	○	○	○	○	○
6 to 12 years old	○	○	○	○	○	○	○	○
13 to 17 years old	○	○	○	○	○	○	○	○
18 to 25 years old	○	○	○	○	○	○	○	○
26 to 64 years old	○	○	○	○	○	○	○	○
65 years old or older	○	○	○	○	○	○	○	○

13. ***For each insurance type listed below*, how long do your <u>new</u> clients typically wait, on average, between first contacting your site about an appointment and their actual visit?** ***Please choose one answer in each row.***

	Within 1 day	2-6 days	1-2 weeks	3-4 weeks	5-8 weeks	Over 8 weeks	Do not accept this insurance type	Don't know
Insurance								
Commercial	○	○	○	○	○	○	○	○
MassHealth and other public plans	○	○	○	○	○	○	○	○
Medicare	○	○	○	○	○	○	○	○
Self-pay/Uninsured*								
Self-pay full fee	○	○	○	○	○	○	○	○
Self-pay sliding scale	○	○	○	○	○	○	○	○
No fee	○	○	○	○	○	○	○	○

*This category may include individuals with or without health insurance who self-pay or for whom you provide free care at your practice.

14. ***For each referral source listed below*, how long do your <u>new</u> clients typically wait, on average, between first contacting your site about an appointment and their actual visit?** ***Please choose one answer in each row.***

	Within 1 day	2-6 days	1-2 weeks	3-4 weeks	5-8 weeks	Over 8 weeks	Do not receive referrals from this source	Don't know
Criminal justice system	○	○	○	○	○	○	○	○
Emergency department	○	○	○	○	○	○	○	○
Hospital or other acute care facility	○	○	○	○	○	○	○	○
Insurance plan	○	○	○	○	○	○	○	○
Mental health/substance use disorder provider	○	○	○	○	○	○	○	○
Primary care provider	○	○	○	○	○	○	○	○
Residential program	○	○	○	○	○	○	○	○
School	○	○	○	○	○	○	○	○
Self-referral or word of mouth	○	○	○	○	○	○	○	○
Other state agencies	○	○	○	○	○	○	○	○

15. Thinking about the mental health care system in Massachusetts, how important do you think the following factors are in influencing access to <u>outpatient</u> mental health services? ***Please choose one answer in each row.***

	Not at all important	Not very important	Moderately important	Very important
Availability of **psychiatrists** who accept insurance	○	○	○	○
Availability of **therapists/counselors** who accept insurance	○	○	○	○
Availability of providers able to prescribe and manage psychiatric medications	○	○	○	○
Availability of providers trained to provide culturally appropriate care	○	○	○	○
Availability of providers who speak client's preferred language	○	○	○	○
Availability of services during client's preferred time of day/week	○	○	○	○
Availability of outpatient mental health services in client's geographic region	○	○	○	○
Availability of transportation to and from appointments	○	○	○	○
Reimbursement rates for commercial plans	○	○	○	○
Reimbursement rates for MassHealth plans	○	○	○	○
Screening, identification and referral from primary care providers	○	○	○	○
Types of outpatient mental health services covered by insurance	○	○	○	○
Other (please specify): _____	○	○	○	○

Now, we would like some background information about you and your <u>primary practice site</u>. Again, your <u>primary practice site</u> is defined as the practice location where you practice most frequently, and may be different than the practice where we contacted you to complete this survey.

YOU AND YOUR PRACTICE

16. What are your licensing credentials? ***Check all that apply.***

- ☐ Licensed Independent Clinical Social Worker (LICSW)
- ☐ Licensed Clinical Social Worker (LCSW)
- ☐ Licensed Mental Health Counselor (LMHC)
- ☐ Psychiatrist (MD)
- ☐ Psychologist (PhD/PsyD)
- ☐ Other (please specify): _____

17. What year did you finish your clinical training (e.g., including residency and/or internships)? ☐☐☐☐

18. How many years have you worked at your primary practice site? ☐☐

19. How many hours, per week, do you work at your primary practice site?

- ○ Less than 20 hours
- ○ 20-29 hours
- ○ 30 hours or more

20. Do you have specialized training (e.g., focused coursework, certificate course) to work with any of the following populations? *Please select all that apply.*

○	Children and/or adolescents	○	Individuals with limited English proficiency	○	Recent immigrants
○	Homeless persons	○	Individuals with substance use disorders	○	Trauma survivors/ PTSD
○	Individuals with autism spectrum disorders	○	LGBTQ individuals	○	Veterans
○	Individuals with developmental disabilities	○	Older adults	○	Women
○	Other (please specify): _____				

21. Which setting best describes your primary practice site? *Please select only one.*

- ○ Community health center (e.g., federally qualified health center or "look-alike")
- ○ Community mental health center
- ○ Private solo or group practice
- ○ Practice owned by a hospital or health system
- ○ School
- ○ Social service setting (e.g., homeless shelter, domestic violence center)
- ○ Other (please specify): _____

22. Including you, how many mental health providers currently work in your primary practice site?

Your best estimate is fine.	**Number**
Licensed independent clinical social workers (LICSW)	
Licensed clinical social workers (LCSW)	
Unlicensed social workers (MSW)	
Licensed mental health counselors (LMHC)	
Unlicensed mental health counselors (MHC)	
Psychiatrists	
Psychologists	
Psychiatric/mental health nurse practitioners	
Other (please specify):_____	

23. Is your primary practice site (i.e., the physical location where you practice most frequently) predominantly a …

- ○ Primary care site
- ○ Behavioral health site
- ○ **Both** primary care and behavioral health site

24. Does your primary practice site belong to or have a financial arrangement with an accountable care organization (ACO)*?

- ○ Yes
- ○ No
- ○ Don't know

* An ACO is a payment and care delivery model in which groups of doctors, hospitals, and other healthcare providers share financial and clinical responsibility for providing coordinated care to patients.

25. Does your primary practice site have the capacity to provide urgent outpatient mental health care within 72 hours?

- ○ Yes, for new and existing clients
- ○ Yes, for existing clients only
- ○ No

26. On weekdays, is your primary practice site open for client appointments beyond the hours of 8 AM to 6 PM?

- ○ Yes
- ○ No

27. Is your primary practice site open for client appointments on weekends?

- ○ Yes
- ○ No

28. Does your primary practice site currently offer teletherapy/telemedicine or plan to offer it within the next 6 months?

- ○ Yes, we currently offer teletherapy/telemedicine
- ○ Yes, we plan to offer teletherapy/telemedicine within the next 6 months
- ○ No

29. Which of the following *mental health services* does your primary practice site currently offer? *Please select all that apply*.

○	Assertive community treatment	○	Intensive outpatient counseling
○	Case management/intensive care coordination	○	Outpatient counseling
○	Community support or "wrap-around" services	○	Peer recovery supports
○	Group therapy	○	Medication management
○	Home-based counseling/in-home therapy	○	Other (please specify): _____

30. Which of the following *other health services* does your primary practice site currently offer? *Please select all that apply.*

- ○ Medication assisted therapy (MAT)
- ○ Medical case management
- ○ Obstetrics and gynecology
- ○ Primary care or other preventive care services
- ○ Pediatrics
- ○ Substance use disorder treatment
- ○ Other (please specify): _____
- ○ None

31. Do the *majority of mental health providers* at your primary practice site use an electronic health record (EHR) system for client records? Do not include billing record systems. *Please select only one answer.*

- ○ Yes, all electronic
- ○ Yes, part paper and part electronic
- ○ No

Thank you very much for completing the survey and mailing it back in the enclosed envelope.

APPENDIX C. SURVEY OF ORGANIZATIONS INSTRUMENT

An Organizational Survey of Outpatient Mental Health Access in Massachusetts

Instructions

- For each question, please respond with respect to your entire organization where outpatient mental health services are provided.
- This survey is intended to be completed by a **mental/behavioral health director or senior administrator** who is knowledgeable about outpatient mental health care services at your organization.
- The organization or practice that you oversee may include more than one location/practice site that provides outpatient mental health services. If you oversee services at multiple practice locations/sites, please answer on behalf of those sites. **Please complete the entire survey with the same location(s)/practice site(s) in mind.**
- If you have any questions about the study, please contact Co-Principal Investigator, Jenna Sirkin, at jenna_sirkin@abtassoc.com, or at **(617) 520-2493**. For questions about your rights as a participant in this study, please call the Abt Associates Institutional Review Board Administrator toll-free at **(877) 520-6835**.

If you prefer to fill this survey out on paper, please mail your response to the following address:

Abt Associates
Attn: Jenna Sirkin
55 Wheeler St.
Cambridge, MA
02138

We would like to know the name of your practice site(s) for the purpose of tracking responses to this survey. This information will not be shared outside of Abt Associates, and the name of your organization will not be mentioned in any reports.

1. **What is the name of your practice site(s) or organization that provides outpatient mental health services?**

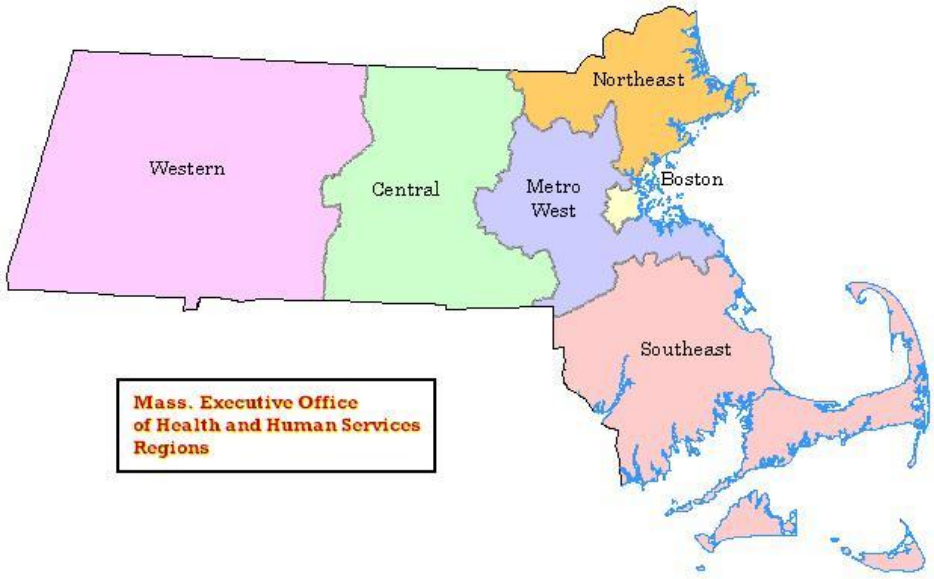
Please list all practice sites that you are including in your response.

2. **How many total outpatient practice site(s)/location(s) does your organization have (including school-based clinics and satellite and outreach sites) that provide mental health services?** *Your best estimate is fine.*

3. **In what Massachusetts region or regions does your organization provide outpatient mental health services?**

Please select all that apply.

- ☐ Boston (includes Boston, Brookline, Chelsea, Revere and Winthrop)
- ☐ Central
- ☐ Metro West
- ☐ Northeast
- ☐ Southeast
- ☐ Western



CLIENTS WHO RECEIVE OUTPATIENT MENTAL HEALTH SERVICES AT YOUR PRACTICE SITE(S)

Please respond to the survey considering the location/practice site(s) that provide outpatient mental health services within your organization. We understand that these are approximate percentages and your best estimate is fine.

	5 years old or younger	6 to 12 years old	13 to 17 years old	18 to 25 years old	26 to 64 years old	65 years old or older	
4. What is the approximate age distribution of the clients who receive outpatient mental health services at your practice site(s)?	%	%	%	%	%	%	= 100%

	Female	Male	Other	
5. What is the approximate gender distribution of the clients who receive outpatient mental health services at your practice site(s)?	%	%	%	= 100%

6. Approximately what percent of the clients who receive outpatient mental health services at your practice site(s) identify as Hispanic/Latino?	%

	African American/ Black	Asian American/ Asian	White/ Caucasian	Some other race/ Multiple	No information available	
7. What is the approximate racial distribution of the clients who receive outpatient mental health services at your practice site(s)?	%	%	%	%	%	= 100%

8. Approximately what percent of the clients who receive outpatient mental health services at your practice site(s) have limited English proficiency?	%

9. Does your organization accept the following payment types?	No	Yes	If "YES" answer 9a →	9a. What percent of your clients use each of the following as their primary payment type? *Your best estimate is fine.*
Insurance				
Commercial	○	○	→	____%
MassHealth and other public plans*	○	○	→	____%
Medicare	○	○	→	____%
Other (please specify):_____	○	○	→	____%
Self-pay/Uninsured*				
Self-pay full fee	○	○	→	____%
Self-pay sliding scale	○	○	→	____%
No fee	○	○	→	____%
				=100%

**MassHealth including the Massachusetts Behavioral Health Partnership (MBHP), the Medicaid Managed Care Organizations (MCOs), and Beacon Health Options.*

***This category may include individuals with or without health insurance who self-pay or for whom you provide free care at your practice.*

10. If your practice site(s) do NOT accept certain types of insurance, which of the following factors contribute to that decision? Please rank the top three factors for each insurance type. *Here, "1" represents the strongest reason for your decision not to accept that insurance type.*

Reasons for NOT accepting insurance type:	**Commercial** ***Rank top 3 factors***	**MassHealth and other public plans** ***Rank top 3 factors***	**Medicare** ***Rank top 3 factors***
Continuing review process			
Not included in insurance network or panel			
Insurance credentialing requirements			
Prior authorization for mental health services			
Reimbursement rates			
Don't know			
Other (please specify):_____			
Does not apply/I accept this insurance	○	○	○

11. Do you accept referrals from the following sources?	No	Yes	If "YES" answer 11a →	11a. Please rank the top three sources of referral to your practice site(s) for outpatient mental health services. *Here, "1" is the highest rank (the source from which you receive the greatest number of referrals).*
Criminal justice system	○	○	→	
Emergency department	○	○	→	
Emergency service providers (ESPs)/Mobile Crisis Intervention (MCI)	○	○	→	
Hospital or other acute care facility	○	○	→	
Insurance plan	○	○	→	
Mental health/substance use disorder provider	○	○	→	
Primary care provider	○	○	→	
Residential program	○	○	→	
School	○	○	→	
Self-referral or word of mouth	○	○	→	
Other state agencies	○	○	→	
Other (please specify):_____	○	○	→	

ACCESS TO OUTPATIENT MENTAL HEALTH SERVICES AT YOUR PRACTICE SITE

Now, we will ask about access to mental health care services for your clients.

12. On average, how many new clients does your practice site(s) accept for outpatient mental health services *<u>each month</u>*? ☐☐

	2 weeks or less	3-4 weeks	5-8 weeks	Over 8 weeks	Don't know	
13. Between first contacting your practice site(s) about making an outpatient mental health appointment and their actual visit, what proportion of your clients wait…	%	%	%	%	%	= 100%

14. ***For each age group listed below*, how long do <u>new</u> clients seeking an outpatient mental health visit typically wait between first contacting your practice site(s) about an appointment and their actual visit?** *Please choose one answer in each row.*

	Within 1 day	2-6 days	1-2 weeks	3-4 weeks	5-8 weeks	Over 8 weeks	Do not serve this age group	Don't know
5 years old or younger	○	○	○	○	○	○	○	○
6 to 12 years old	○	○	○	○	○	○	○	○
13 to 17 years old	○	○	○	○	○	○	○	○
18 to 25 years old	○	○	○	○	○	○	○	○
26 to 64 years old	○	○	○	○	○	○	○	○
65 years old or older	○	○	○	○	○	○	○	○

15. ***For each insurance type listed below*, how long do <u>new</u> clients seeking an outpatient mental health visit typically wait between first contacting your practice site(s) about an appointment and their actual visit?** *Please choose one answer in each row.*

	Within 1 day	2-6 days	1-2 weeks	3-4 weeks	5-8 weeks	Over 8 weeks	Do not accept this insurance type	Don't know
Insurance								
Commercial	○	○	○	○	○	○	○	○
MassHealth and other public plans	○	○	○	○	○	○	○	○
Medicare	○	○	○	○	○	○	○	○
Self-pay/Uninsured*								
Self-pay full fee	○	○	○	○	○	○	○	○
Self-pay sliding scale	○	○	○	○	○	○	○	○
No fee	○	○	○	○	○	○	○	○

*This category may include individuals with or without health insurance who self-pay or for whom you provide free care at your practice.

16. ***For each referral source listed below*, how long do <u>new</u> clients seeking an outpatient mental health visit typically wait between first contacting your practice site(s) about an appointment and their actual visit?** *Please choose one answer in each row.*

	Within 1 day	2-6 days	1-2 weeks	3-4 weeks	5-8 weeks	Over 8 weeks	Do not receive referrals from this source	Don't know
Criminal justice system	○	○	○	○	○	○	○	○
Emergency department	○	○	○	○	○	○	○	○
Emergency service providers (ESPs)/Mobile Crisis Intervention (MCI)	○	○	○	○	○	○	○	○
Hospital or other acute care facility	○	○	○	○	○	○	○	○
Insurance plan	○	○	○	○	○	○	○	○
Mental health/substance use disorder provider	○	○	○	○	○	○	○	○
Primary care provider	○	○	○	○	○	○	○	○
Residential program	○	○	○	○	○	○	○	○
School	○	○	○	○	○	○	○	○
Self-referral or word of mouth	○	○	○	○	○	○	○	○
Other state agencies	○	○	○	○	○	○	○	○

17. **Thinking about the mental health care system in Massachusetts, how important do you think the following factors are in influencing access to <u>outpatient</u> mental health services?**
Please choose one answer in each row.

	Not at all important	Not very important	Moderately important	Very important
Availability of **psychiatrists** who accept insurance	○	○	○	○
Availability of **therapists/counselors** who accept insurance	○	○	○	○
Availability of providers able to prescribe and manage psychiatric medications	○	○	○	○
Availability of providers trained to provide culturally appropriate care	○	○	○	○
Availability of providers who speak client's preferred language	○	○	○	○
Availability of services during client's preferred time of day/week	○	○	○	○
Availability of outpatient mental health services in client's geographic region	○	○	○	○
Availability of transportation to and from appointments	○	○	○	○
Reimbursement rates for commercial plans	○	○	○	○
Reimbursement rates for MassHealth plans	○	○	○	○
Screening, identification and referral from primary care providers	○	○	○	○
Types of outpatient mental health services covered by insurance	○	○	○	○
Other (please specify): _____	○	○	○	○

18. How many mental health providers, in full-time equivalents (FTEs), currently work at your practice site(s)? *Your best estimate is fine.*

Your best estimate is fine.	**FTE**
Licensed certified social workers (LCSW)	
Licensed independent clinical social workers (LICSW)	
Licensed Marriage and Family Therapists (LMFTs)	
Licensed Mental Health Counselors (LMHCs)	
Non-licensed providers (e.g., trainees, students, individuals working toward licensure)	
Nurse practitioners (NPs) who provide outpatient mental health services	
Psychiatrists	
Psychologists	
Other (please specify):_____	

19. On average, how many total clients receiving outpatient mental health services does your practice site(s) serve each month? *Your best estimate is fine.*	

20. Do you have specialized training (e.g., focused coursework, certificate course) to work with any of the following populations? *Please select all that apply.*

○	Children and/or adolescents	○	Individuals with limited English proficiency	○	Recent immigrants
○	Homeless persons	○	Individuals with substance use disorders	○	Trauma survivors/ PTSD
○	Individuals with autism spectrum disorders	○	LGBTQ individuals	○	Veterans
○	Individuals with developmental disabilities	○	Older adults	○	Women
○	Other (please specify): _____				

21. How would you characterize your practice site(s)'s primary model of mental health care delivery?

- ○ **MENTAL HEALTH SERVICES ONLY.** Site(s) only provides mental health services.
- ○ **CO-LOCATED MENTAL HEALTH AND PRIMARY CARE SERVICES.** Mental health and physical health providers are located at a single location but operate as independent organizations (e.g., staffing, billing, medical records).
- ○ **CLOSE COLLABORATION ONSITE WITH SOME SYSTEM INTEGRATION.** Mental health and physical health provider relationships have been built and are leveraged to increase shared patient care.
- ○ **FULL COLLABORATION IN A TRANSFORMED/INTEGRATED PRACTICE.** Mental health and physical health services are fully integrated (e.g., resources are allocated evenly across the entire practice, only one treatment plan exists for all patients to which all providers have access).
- ○ **OTHER** (please specify): _____

22. Which setting best describes your primary practice site? *Please select only one.*

- ○ Community health center (e.g., federally qualified health center or "look-alike")
- ○ Community mental health center (including Licensed Outpatient Mental Health Clinics)
- ○ Practice owned by a hospital or health system
- ○ Private solo or group practice
- ○ School
- ○ Social service setting (e.g., homeless shelter, domestic violence center)
- ○ Other (please specify): _____

23. Does your practice site(s) belong to or have a financial arrangement with an accountable care organization (ACO)*?

- ○ Yes
- ○ No

**An ACO is a payment and care delivery model in which groups of doctors, hospitals, and other healthcare providers share financial and clinical responsibility for providing coordinated care to patients.*

YOUR PRACTICE SITE(S)

24. Does your practice site(s) have the capacity to provide <u>urgent</u> outpatient mental health care within 72 hours?

- ○ Yes, for new and existing clients
- ○ Yes, for existing clients only
- ○ No

25. Does your practice site(s) have the capacity to provide <u>urgent access</u> to a <u>prescriber of psychotropic medication</u> within 72 hours?

- ○ Yes, for new and existing clients
- ○ Yes, for existing clients only
- ○ No

26. On weekdays, is your practice site(s) open for outpatient mental health appointments beyond the hours of 8AM - 6PM?

- ○ Yes, at all sites
- ○ Yes, at some sites
- ○ No

27. Is your practice site(s) open for outpatient mental health appointments on weekends?

- ○ Yes, at all sites
- ○ Yes, at some sites
- ○ No

28. Does your practice site(s) currently offer teletherapy/telemedicine for outpatient mental health services or plan to offer it within the next 6 months?

- ○ Yes, we currently offer teletherapy/telemedicine
- ○ Yes, we plan to offer teletherapy/telemedicine within the next 6 months
- ○ No

29. Which of the following *mental health services* do your practice site(s) currently offer?
Please select all that apply.

○	Assertive community treatment	○	Intensive outpatient counseling
○	Case management/intensive care coordination	○	Outpatient counseling
○	Community support or "wrap-around" services	○	Peer recovery supports
○	Group therapy	○	Medication management
○	Home-based counseling/in-home therapy	○	Other (please specify): _____

30. Which of the following *other health services* does your practice site(s) currently offer?
Please select all that apply.

- ○ Medication assisted therapy (MAT)
- ○ Medical case management
- ○ Obstetrics and gynecology
- ○ Primary care or other preventive care services
- ○ Pediatrics
- ○ Substance use disorder treatment
- ○ Other (please specify): _____
- ○ None

31. Do the *majority of mental health providers* at your practice site(s) use an electronic health record (EHR) system for client records? Do not include billing record systems.
Please select only one answer.

- ○ Yes, all electronic
- ○ Yes, part paper and part electronic
- ○ No

YOUR ROLE

32. What is your role?
Please select all that apply.

- ○ CEO or president
- ○ CFO or business director
- ○ Outpatient mental health administrator/office manager
- ○ Outpatient mental health department director
- ○ Mental health service intake director
- ○ Medical/clinical director
- ○ Clinical provider
- ○ Other (please specify): _____

33. How long have you worked at your practice site(s), in your present role or another role?

- ○ 0 to 2 years
- ○ 3 to 5 years
- ○ 6 to 10 years
- ○ More than 10 years

34. What, if any, are your licensing credentials?
Please select all that apply.

- ○ Psychiatrist (MD)
- ○ Other physician specialty (MD)
- ○ Psychologist (PhD/PsyD)
- ○ Nurse practitioner or physician assistant
- ○ Licensed Independent Clinical Social Worker (LICSW)
- ○ Licensed Certified Social Worker (LCSW)
- ○ Licensed Marriage and Family Therapist (LMFT)
- ○ Licensed Mental Health Counselor (LMHC)
- ○ Other therapist/counselor (please specify): _____
- ○ None of the above

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