

OUTPATIENT MENTAL HEALTH ACCESS AND WORKFORCE CRISIS ISSUE BRIEF

FEBRUARY 2022



ASSOCIATION
FOR BEHAVIORAL
HEALTHCARE

INTRODUCTION

Mental health treatment is effective for a variety of conditions, including depression, anxiety and co-occurring psychiatric and substance use disorders. How much and what kind of care is needed is determined by the nature and severity of a person's condition. Most people's mental health treatment needs can be met with outpatient care. Outpatient mental health treatment is an umbrella term for treatment that takes place in a clinic or office, but involves no overnight stay.

For purposes of this brief, "outpatient mental health treatment" primarily means:

- Diagnostic evaluation and assessment;
- Individual or group counseling;
- Psychotherapy (talk therapy);
- Family therapy;
- Group therapy; and
- Medication evaluation and management, including prescribing.

Fast, easy and ongoing access to outpatient mental health services, particularly when it happens early enough, can help people avoid costlier, higher levels of care, including inpatient stays and Emergency Department visits.

Outpatient care is critical in helping people return to their homes and families when they are stepping down from inpatient care. Right now, it is a challenge for most people to access outpatient mental health treatment when they need it.

SURVEY BACKGROUND

COVID-19 has exacerbated longstanding workforce challenges at a time when the need for mental health and substance use treatment is increasing. Our members report their clinics have significant and increasing access delays for outpatient treatment. These delays are primarily due to a crisis in the ability to attract and retain therapists, prescribing physicians, and nurses. ABH surveyed our members to learn about the depth of these challenges in October and November 2021.

RESPONDENTS

37

provider organizations

124

*licensed outpatient sites
represented across all regions
of Massachusetts*

92,635

*total individuals served in the
past 12 months by
respondents*

The Association for Behavioral Healthcare (ABH) is a statewide association of 80 community-based mental health and substance use disorder treatment provider organizations.

Our member organizations are the Commonwealth's safety net for behavioral healthcare services. Many ABH members operate Department of Public Health-licensed clinics and deliver treatment services at 202 licensed sites across the state.

1. MENTAL HEALTH WORKFORCE

DIMINISHING RECRUITMENT AND RETENTION CAUSES SIGNIFICANT LIMITATIONS IN ACCESS TO SERVICES

Mental health clinics are the training grounds for the behavioral health workforce. Clinics provide the opportunity for Master's-prepared clinicians to gain experience and supervision.

However, ABH members report that hiring has slowed and the pipeline of clinicians entering the field is diminishing. In addition, more clinicians are leaving mental health clinics than there are new clinicians entering.

In 2021, for every 10 Master's-prepared clinicians hired, approximately 13 Master's-prepared clinicians left their positions (473 hired: 617.25 left).



For every 10 clinicians entering work in mental health clinics, 13 clinicians leave



It's getting increasingly difficult to maintain current staff retention, due to current FFS (fee-for-service) rates and competition with private practice rates.

Survey Respondent

2. RECRUITMENT DELAYS RESULT IN DELAYED CARE

A significant challenge to maintaining and enhancing access to care is the amount of time it takes to recruit staff to replace those who have departed. ABH members report significant delays in filling clinical positions.



Clinician Hiring Fast Facts

- Nearly half (46%) of respondents report it taking 9 months or more to fill an independently licensed clinician position.
- Close to one-third (32.4%) of respondents report it taking 12 months or more to fill an independently licensed clinician position.



Prescriber Hiring Fast Facts

- Two-thirds (67%) of respondents report it taking 9 months or more to fill an MD prescriber position.
- One-third (33%) of respondents report it taking 12 months or more to fill an MD prescriber position.
- One-third (33%) of respondents report it taking 9 months or more to fill a nurse prescriber position.

Due to high turnover rate of licensed staff we have replaced many vacancies with inexperienced staff or interns. This has impacted the people we serve.

Survey Respondent

3. POSITION VACANCIES

Staffing vacancies, coupled with the high proportion of staff leaving the system, have resulted in fewer individuals served, larger waitlists and longer wait times, and further strained resources.



Survey respondents report a total of 640 current staffing vacancies in their mental health clinics.

Of survey respondents:

- 57% reported one or more vacancies for prescribers; and
- 92% reported one or more vacancies for clinicians.

Clinics surveyed reported an average of 17 staff vacancies.

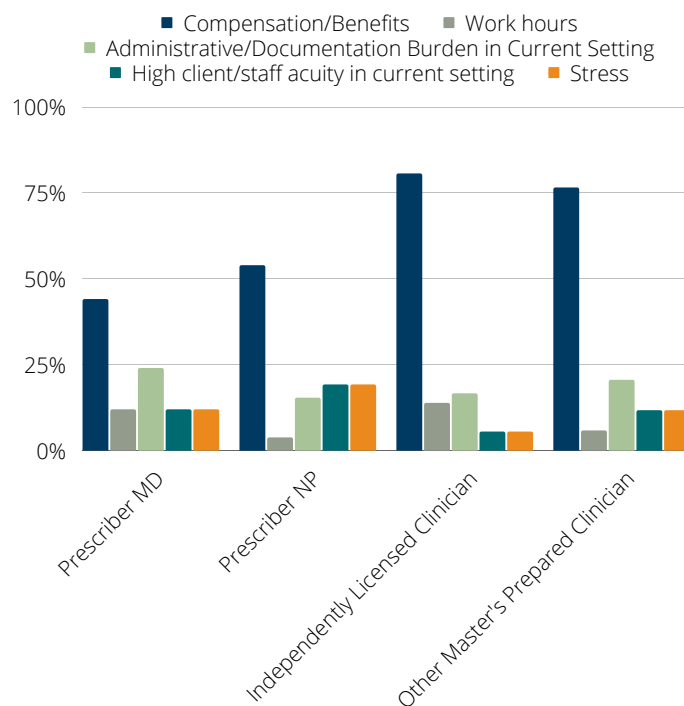
ABH members report that a single clinician serves anywhere from 40 to 80 individuals. Given the numbers of reported vacancies, hundreds of individuals are going without access to outpatient care. And each time a clinician departs, care is disrupted for dozens of people.

REIMBURSEMENT IS THE MOST IMPORTANT RETENTION FACTOR

In the public system where rates and rate floors are set by the state, the Baker-Polito Administration has just announced 10% rate increases for outpatient services. ABH applauds this as a strong first step. Regular, sustained investment in outpatient clinics will achieve access and quality improvements. Improved reimbursement ensures that individuals can seek careers in behavioral health and stay in the field.

Most individuals access behavioral healthcare through employer-sponsored insurance, and it is vital that carriers be accountable to employers and those insured for real-time access to outpatient treatment¹ In the commercial system, the wide variability in rate reimbursement and lack of transparency in rate methodology has driven providers from the insurance market all together. The failure of insurers to adequately value outpatient mental health services and settings pushes clinicians to practice in costlier, less accessible settings. This is unsustainable not only for outpatient services but also the entire delivery system.

What is the primary reason reported for leaving the agency? (n=37)



Salary has been #1 reason staff have left for other jobs; most of the wait for therapy is due to clients who need transition from therapists who have left the agency, creating a larger backlog in access for others.

Survey Respondent

[1] A Milliman study, Addiction and Mental Health vs. Physical Health: Widening disparities in network use and provider reimbursement, 2019, concluded that disparities in reimbursement rates for in-network behavioral health office visits have increased over time with primary care reimbursements on average 23.8% higher than behavioral health reimbursements.

4. RETENTION STRATEGIES

Outpatient providers were asked for the top recommendations to recruit new staff. Respondents strongly recommend better reimbursement to support fair compensation, reduced administrative burden and better benefits (supported through reimbursement).

RETENTION RECOMMENDATIONS

Top Clinic Recommendations to Retain Outpatient Staff



BETTER REIMBURSEMENT

100% agreed or strongly agreed that additional reimbursement (higher compensation) is needed to retain staff.



REDUCED PAPERWORK

95% agreed or strongly agreed that reduced administrative burden is needed to retain staff.



BETTER BENEFITS

92% agreed or strongly agreed that improved employment benefits are needed to retain staff.

5. RECRUITMENT STRATEGIES

Outpatient providers were asked for the top recommendations to recruit new staff. In addition to better reimbursement and reduced administrative burden, outpatient providers recommended student loan relief and support for obtaining licensure as key recruitment strategies.

RECRUITMENT RECOMMENDATIONS

Top Clinic Recommendations to Recruit Outpatient Staff

BETTER REIMBURSEMENT

100% agreed or strongly agreed that additional reimbursement (higher compensation) is needed to attract staff.



REDUCED PAPERWORK

92% agreed or strongly agreed that reduced administrative burden is needed to attract staff.



STUDENT LOAN RELIEF

89% agreed or strongly agreed that student loan forgiveness is needed to recruit new staff.



LICENSURE SUPPORT

89% agreed or strongly agreed that support for obtaining professional licensure is needed to recruit new staff.



6. ACCESS TO SERVICES

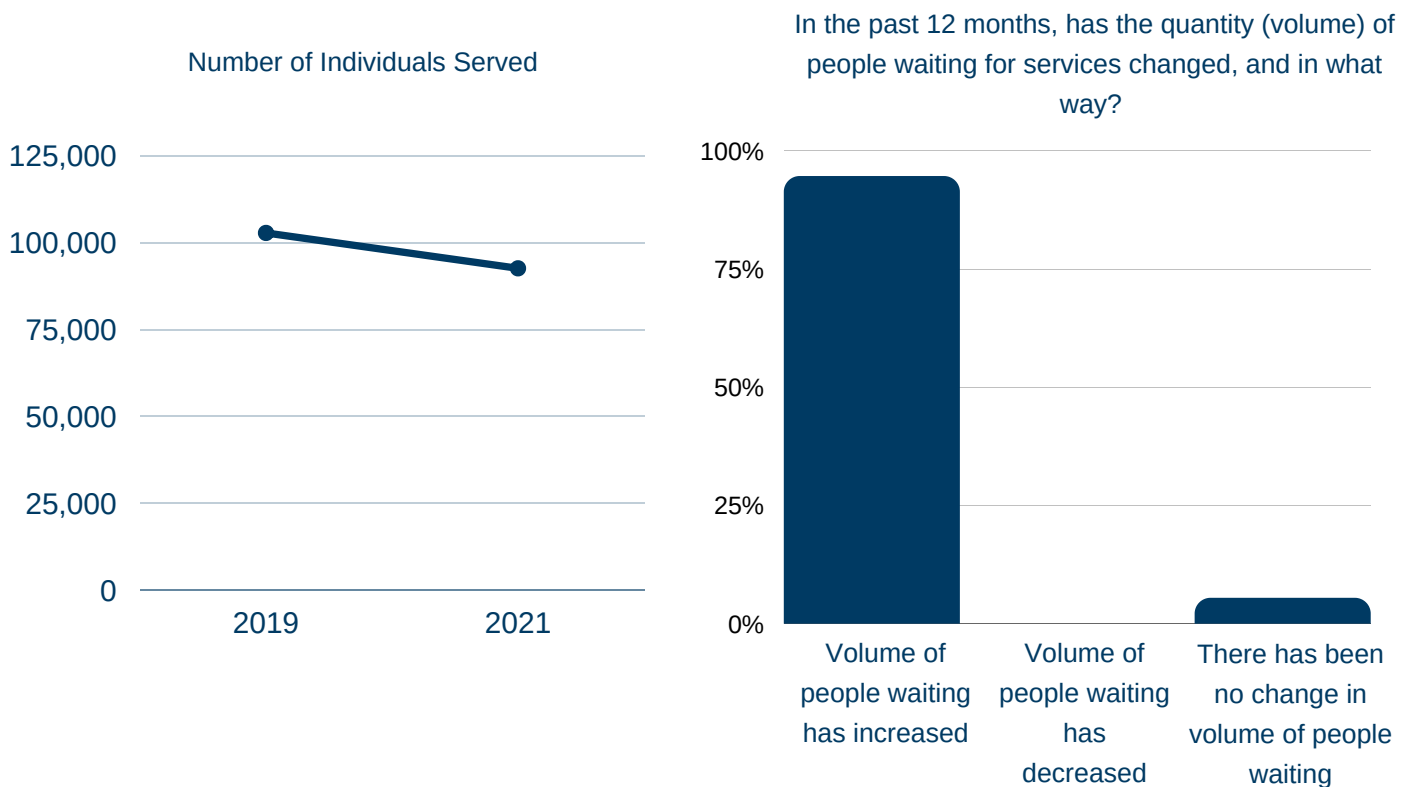
FEWER PEOPLE SEEKING HELP CAN ACCESS CLINIC-BASED OUTPATIENT CARE

In the early days of the COVID-19 pandemic, the Commonwealth quickly implemented progressive telehealth policies that preserved access to treatment services for many individuals, and these policies were later made permanent in state law. Despite these essential policy steps, clinics are serving fewer individuals now than they were prior to the pandemic.

Survey respondents (n=37) reported serving 92,635 individuals in 2021. This is down from 102,823 in 2019, an 11% decrease in individuals served.

GROWING WAITLISTS FOR OUTPATIENT MENTAL HEALTH SERVICES

While the number of individuals served has declined, the number of individuals waiting for services has increased.



95%

of survey respondents report that the volume of people waiting for services in the past 12 months has increased.

13,797

individuals were on waitlists to receive outpatient services at the time of the survey.

“Individuals who are on our waitlists today are commercially insured waiting to see licensed clinicians.”

Survey Respondent

OUTPATIENT WAITLISTS BY THE NUMBERS

OUTPATIENT WAITLISTS FOR CHILDREN/YOUTH

SERVICE	PERCENT OF RESPONDENTS REPORTING WAITLISTS	TOTAL NUMBER OF CHILDREN/YOUTH WAITING	AVERAGE WAIT TIME
INITIAL ASSESSMENT	62.16%	3,015	13.6 weeks
ONGOING THERAPY	59.46%	3,221	15.3 weeks
MEDICATION SERVICES	27.03%	143	9.7 weeks

OUTPATIENT WAITLISTS FOR ADULTS

SERVICE	PERCENT OF RESPONDENTS REPORTING WAITLISTS	TOTAL NUMBER OF ADULTS WAITING	AVERAGE WAIT TIME
INITIAL ASSESSMENT	64.86%	3,632	10 weeks
ONGOING THERAPY	62.16%	3,929	12.7 weeks
MEDICATION SERVICES	35.14%	824	9.6 weeks

Note: The same individual could be counted in multiple categories, e.g. an individual might be waiting for an initial assessment and medication management.

SUMMARY

Access to outpatient mental health services continues to diminish. Without substantial new investment by private- and public-sectors and the implementation of bold strategies, access will further plummet and cause a system-halting workforce shortage for outpatient and acute mental health services.

KEY RECOMMENDATIONS

Addressing outpatient mental health access requires comprehensive public- and private-sector strategies with short-, mid-, and long-term solutions. The Baker-Polito Administration's [Roadmap for Behavioral Health Reform](#) and the state Senate's [An Act Addressing Barriers to Care for Mental Health](#) provides strong frameworks upon which to build. Additional recommendations, informed by ABH provider surveys, are provided below.

REBALANCE HEALTH CARE EXPENDITURES TOWARDS BEHAVIORAL HEALTH CARE

ABH strongly supports rebalancing healthcare expenditures toward behavioral health and primary care. Past Baker-Polito Administration legislation² and a pending Senate bill³ have proposed legislative frameworks to shift healthcare spending to achieve a 30% increase in spending on primary and behavioral healthcare. In 2019, the Baker-Polito Administration reported that available data suggested “that less than 15% of total medical expenses in Massachusetts was spent on primary care and outpatient behavioral health services combined.”⁴

ABH recommends this framework be pursued and leveraged in 2022 to provide substantial new financial investment in community-based behavioral healthcare to support new service design and enhancements. [State data](#) show that individuals with behavioral health conditions generate disproportionately high healthcare costs⁵. By improving access to lower cost, community-based services, use of high cost health care, such as unnecessary emergency department visits and inpatient admissions, can be greatly reduced and lead to improved health outcomes.

COMMERCIAL AND PUBLIC PAYERS SHOULD INCREASE OUTPATIENT CLINIC RATES TO IMPROVE SHORT- AND LONG-TERM ACCESS

Investing in outpatient clinic rates can ensure that professionals are compensated at a level commensurate with required education and expertise and that the professional pipeline does not evaporate. The current access emergency requires both immediate- and longer-term pipeline solutions. Key to both are reimbursement rates.

The number one reported reason for leaving jobs in mental health outpatient clinics is salary. Health plans pay the fees and rates that direct mental health clinician salaries, and those fees and rates are inadequate. The clinician vacancy data show that people are not longer willing to assume significant educational debt levels to work in a field that will not allow them to pay their loans and enjoy family-sustaining careers.

Similar to academic medical centers for medical professionals, community behavioral health clinics function as the training ground for the next generation of licensed behavioral health professionals. Clinics train not only their staff but the staff for the entire behavioral health ecosystem – staff that go on to work in schools, hospitals, primary care practices and group practices. However, the widening gap between clinic salaries and salaries offered in the rest of the system is narrowing the pipeline. In 2020, there was a 37.7% pay gap between the salaries offered in the behavioral health system and acute hospital system for the same position.

In addition, quality training and supervision leads to higher quality care and improved retention in the field, but clinics are not resourced to offer levels of supervision beyond the minimum requirements. These costs must be fully incorporated into fees and rates.

Outpatient providers surveyed unanimously agreed that additional reimbursement is needed to both recruit and retain behavioral health staff. Outpatient provider financial losses have continued to increase in margin and access to services continues to narrow.

[2] H.4134, *An Act to improve health care by investing in value*

[3] S.1287, *An Act to increase investment in behavioral health care in the Commonwealth*

[4] Press Release, October 18, 2019, Baker-Polito Administration Announces Health Care Legislation Aimed at Addressing Key Challenges

[5] Behavioral Health & Readmissions in Massachusetts Acute Care Hospitals; October 2020, CHIA

KEY RECOMMENDATIONS, CONT.

In the public space, the Executive Office of Health and Human Services (EOHHS) directs its health plans to pay minimum rates for outpatient services. EOHHS should continue this framework, regularly update these payment minimums, and ensure that rates set by regulations are updated biennially to ensure a health service delivery system that offers access to MassHealth members.

In the commercial space, the wide market variation in reimbursement for outpatient services across commercial health insurance plans, particularly during a behavioral health emergency, is unacceptable and leads to longer waitlists and decreased access. Commercial insurers should adopt transparent reimbursement practices that prioritize access and quality as well as explore innovative payment and service delivery models to offer rapid access.

THE COMMONWEALTH SHOULD IMPLEMENT A BEHAVIORAL HEALTH WORKFORCE DATA COLLECTION AND PLANNING STRATEGY

There exists a lack of longitudinal data collection and planning to address the workforce crisis. Passage of [H.1246/S.839](#), *An Act establishing a behavioral health workforce center of excellence*, would enable subject matter experts, embedded in a Center run by an institution of higher education, to inform research, reporting, and recommendations to identify and improve workforce capacity constraints.⁶

COMMERCIAL PLANS MUST REIMBURSE FOR SUPERVISED MASTER'S- PREPARED CLINICIANS IN CLINIC SETTINGS

The care delivery system has been impeded by different rules for different payers, and a number of individuals on waitlists for outpatient services are waiting for a licensed clinician due to insurance coverage restrictions on who they can see. At a time when waitlists numbers in the thousands, this is unacceptable. MassHealth and certain commercial plans have already recognized the value of allowing for Master's-prepared clinicians, under the supervision of a licensed clinician, to provide services. Legislation proposed by the Baker-Polito Administration and the Senate would require commercial plans to reimburse for license-eligible clinicians when working under supervision.³ Requiring standardization across payers for clinicians' eligibility to provide service would help ensure that individuals can access timely services regardless of their health plan.

THE COMMONWEALTH SHOULD LEVERAGE ITS LEADERSHIP AND PURCHASING POWER AS EMPLOYER AND HEALTH PLAN PURCHASER

The Commonwealth has been a leader, particularly in the MassHealth program, in expanding behavioral health benefits and services and adopting new purchasing and care delivery strategies. The Commonwealth should leverage its leadership and purchasing power through the Group Insurance Commission (GIC) and the Massachusetts Health Connector to:

- direct health plans to shift spending toward enhancing and expanding behavioral health services for their members;
- pay clinics a higher rate for outpatient services in recognition of the role they play in development of the pipeline for the entire service delivery system;
- require carriers to adopt innovative strategies such as MassHealth's recently announced **Behavioral Health Urgent Care program**; and
- require carriers to purchase services from the forthcoming Community Behavioral Health Centers that are part of the **Roadmap for Behavioral Health Reform**.

[6] H.1246/S.839, An Act establishing a behavioral health workforce center of excellence

KEY RECOMMENDATIONS, CONT.

EXPAND STUDENT LOAN REPAYMENT PROGRAMS FOR THE CLINIC-BASED WORKFORCE

ABH applauds EOHHS for the creation of a student loan repayment program for safety net providers in the current Medicaid Demonstration, and their proposal to extend the program in the Demonstration renewal. ABH likewise applauds the Legislature and the Governor for incorporation of a student loan repayment program for community-based behavioral healthcare staff with American Rescue Plan Act (ARPA) funds in [An Act relative to immediate COVID-19 recovery needs](#).⁷ The strategy of connecting student loan repayment to participation in the safety net is vital to preserving and enhancing services, and is an important step to retaining clinicians with cultural and linguistic competence in the field.

Under the state's current Medicaid Demonstration, student loan repayment programs for safety net providers have been proven to significantly retain individuals in safety net settings, and particularly in behavioral health setting. Preliminary results show that 94% of primary care and behavioral health providers receiving awards in 2018 and 2019, and 98% of Master's-prepared behavioral health providers receiving awards in 2018, remained employed in community-based settings.⁸

PRIVATE AND PUBLIC HEALTH PLANS SHOULD TAKE IMMEDIATE STEPS TO REDUCE REDUNDANT OR OUTDATED ADMINISTRATIVE AND DOCUMENTATION REQUIREMENTS

The second most cited strategy by outpatient providers for both retaining and attracting new staff into mental health clinics was reducing administrative and documentation burden on staff. Health plans should work with providers to simplify credentialing, decrease administrative barriers to treatment, and re-evaluate current processes for prior authorization and continuing authorizations.

In addition to the recommendations above, infrastructure funding to advance and improve health information exchange between providers, to use electronic health records systems to streamline documentation processes, and to move the system towards population health could lessen the current "paperwork" burden on staff. Passage of [H.2079/S.1268](#), *An Act relative to creating a universal consent process to share sensitive health information between healthcare providers*, would create a universal consent process that would address some of the existing administrative complexity, improve access to care, and increase EHR interoperability.⁹

"The reimbursement rates for behavioral health services have been neglected for nearly 30 years, thus leading to low wages and compensation for extremely challenging work. To draw staff into the field there will need to be drastic improvement or the current workforce shortage will become the new norm."

Survey Respondent

[7] Section 1115 Demonstration Project Extension Renewal. Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid; August, 2021.

[8] St. 2021, c. 102, s. 1599-2026.

[9] H.2079/S.1268, An Act relative to creating a universal consent process to share sensitive health