



GREENWOODS
COUNSELING REFERRALS, INC.

**Business Plan
White Paper:
Creating an
Association for
Private Mental
Health Providers**

Greenwoods
Association *of*
Private
Providers
GAPP

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Introduction

The following plan aims to position Greenwood Counseling Referrals, Inc. (GCR) as the hub of an innovative mental health private provider membership association. The purpose of this plan is to supplement Greenwood's core referral and assessment service with a provider membership organization that has a two-fold purpose:

1. To improve services for clients through continuous access to quality and affordable mental healthcare and related social services.
2. To support private practice providers to thrive and prosper through the provision of services that equate to a "business in a box". These services will enhance revenue, build client caseloads, reduce isolation, improve clinical practices, and diversify service options. It will also help our target population of small to mid-size practices prepare for healthcare reform which will place new burdens on these small businesses who may not be prepared for the additional administrative work.

The name, *Greenwoods Association of Private Providers* clearly states what we intend. The acronym **GAPP** references the gaps in mental health services and resonates with our mission to enhance access. In addition to the expansion of services, we also intend to expand our geographic reach. To that end and to ensure a clear message, we will change our mission statement.

The current mission of Greenwood Counseling Referrals, Inc. is to provide access to quality and affordable mental healthcare and related social services to individuals and families living or working in Litchfield County.

The revised mission statement will be:

The mission of Greenwood Counseling Referrals is to provide access to quality and affordable mental healthcare and related social services in the communities we serve.

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The move from a small, grassroots social service agency to a multi-site professional provider network supported by a central clinical and administrative entry point has the potential to transform and sustain Greenwood over time, improve and expand services to clients, and support high quality counseling in the communities we serve.

Background

GCR has a long history serving Litchfield County. Since 1992, the organization has provided ready access to mental healthcare and related social services for thousands of people in the county. This was accomplished through a network of largely private providers who agreed to accept Greenwood referrals, often at reduced fees. Greenwood receives referrals from a variety of sources: doctors, social service agencies, clients and family members, clergy, attorneys, etc. Clients receive a professional, clinical intake evaluation with a licensed Greenwood's clinician to determine the best fit for a referral out to the network. Based on client needs and issues, up to three referral names are provided. For those with financial problems, Greenwood provides a small subsidy to supplement clinicians' fees or to cover the costs of co-pays or deductibles. Clinicians reduce their fees and clients sometimes pay a portion of the fee themselves.

For 20 years, the organization has operated on a shoestring. Because of this, it is viewed as a "charity" in need of support and providers were recruited as "good-deed doers". While Greenwood is unique and often indispensable to many, the inability to establish itself as a fully functioning, high-profile organization with sustainable revenue and with a reputation as a well-managed organization has been challenging in many ways. Also, the perception that Greenwood was itself in some jeopardy has created reluctance on the part of many donors to fund a "sinking ship".

Opportunity and Rationale

A referral service for mental health was the brainchild of David Dobbins, an Episcopal priest and psychologist who in 1992 saw a solution for the lack of access in his small town of Litchfield. Reasoning that he needed clinicians to refer to who could see people in a timely way and who were willing to slide their fee scale, he called on friends and

colleagues to support his efforts. To this day, the model is unique. Exhaustive web searches and general inquiries have uncovered not one other organization, anywhere, whose sole focus is access. Nor are there any professional membership associations for private practice providers, except in Nebraska. There are many national professional organizations like The National Association of Social Workers (NASW), American Psychiatric Association (APA), the American Association of Marriage and Family Therapists (AAMFT) and the American Counseling Association (ACA) (among many others,) but none specifically for clinicians in private practice and none that offer benefits like Greenwoods.

Combining Greenwoods' central access point and clinical assessment with a membership organization will expand a stable and qualified provider pool and improve client access and outcomes. The model is designed for small to mid-sized practices in rural and suburban areas.

More people are expected to seek treatment for problems with mental and emotional problems than in earlier decades. As the population grows, the number of individuals entering therapy is expected to increase as well.¹ With the advent of the Affordable Care Act, it is estimated that approximately 11 million of the individuals who will have access to coverage beginning in 2014 will have mental and/or substance use disorders. (SAMHSA, 2011). In Connecticut alone, more than 50,000 people are expected to seek mental healthcare treatment. This increase is expected to strain an already thinly stretched provider workforce.

Benefits for Clients

According to the National Alliance on Mental Illness (NAMI), one in four adults – approximately 61.5 million people – experience mental illness in a given year.² And, approximately 20% of youth 13-18 years old experience severe mental disorders in a given year. For ages 8 to 15, the estimate is 13%. One in ten children live with a mental health condition that interferes with their day-to-day lives. Despite these statistics, approximately 60% of adults and almost one-half of youth ages 8-15 with a mental illness received no mental health services in the previous year.³

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For many clients with severe mental health disorders, the public mental health system is often the best option. Public mental health providers offer a range of services that private providers cannot, including, crisis care, inpatient and intensive outpatient, jail diversion programs, recovery supports like housing assistance and some children's wrap-around services. Further, some Medicaid plans do not cover mental healthcare when it is received from a therapist in private practice.

However, for many people whose mental health conditions do not require inpatient hospitalization or emergency help, private providers have the potential to offer many benefits that the public mental health system cannot. Some of this potential is not realized because private practices are fragmented, solo operations; there is no coordinating body to assist clients with access. Many clients "shop" for a therapist on the Internet, through word of mouth or by referrals from doctors, social services, clergy and schools. Sometimes these efforts work but often they do not. **GAPP** offers clients a gateway to quality care. As a one-stop service, the centralized intake assessment provides the information necessary to make the best match of client and therapist. **The importance of this issue, the "goodness-of-fit" between patient and therapist, is crucial and at the center of the rationale for the development of GAPP.**

The American Psychological Association's (APA) Division of Psychotherapy and Division of Clinical Psychology jointly sponsored a task force to identify and disseminate what works in the therapy relationship (Norcross, 2011). The effectiveness of therapy in these studies is measured by clients' improved functioning, reduced suffering, physiological indicators, and treatment retention, enhanced interactions with other people, work performance, and other indexes of recovery.

¹ U.S. Bureau of Labor Statistics, *Office of Statistics and Employment Projections*, Washington, DC. 2013

² National Institutes of Health, National Institute of Mental Health. (n.d.) *Statistics: Any Disorder among Adults*. March 5, 2013.

³ National Institute of Mental Health. *Use of Mental Health Services and Treatment among Children*. March 2013

The results converge into a series of research-supported conclusions with important implications for psychotherapists and clients alike (Norcross, 2011).

- **The therapy relationship accounts for why clients improve (or fail to improve) as much as the particular treatment method.**
- The relationship acts in concert with treatment methods, patient characteristics, and practitioner qualities in determining effectiveness. Adapting or tailoring the relationship to several patient characteristics (in addition to diagnosis) enhances effectiveness.
- The therapy relationship makes substantial and consistent contributions to patient success in all types of psychotherapy studied (for example, psychodynamic, humanistic, cognitive, behavioral, and systemic).
- Practice and treatment guidelines should address therapist qualities and behaviors that promote the therapy relationship.
- Efforts to promulgate best practices or evidence-based practices (EBPs) without including the relationship are incomplete and potentially misleading.

The purpose of GAPP is to promote the potential of private practice providers to serve more people with higher quality care and better outcomes.

The Centers for Disease Control, the Substance Abuse and Mental Health Services Administration and many others recommend the following types of services that need to be present for appropriate mental health care:

1. Prevention and outreach services
2. Screening, assessment and evaluation
3. Effective therapies
4. Integrated mental health, addictions and primary care
5. Medications.

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The GAPP model addresses all five of these service areas.

Challenges in the Mental Health Delivery System

In the past decade, four federal reports (Surgeon General, 1999; Freedom Commission, 2003; Action agenda, 2005; and IOM Report, 2005) have offered insight into the nation's mental health care system and recommended a fundamental transformation of the system. According to these reports, transformation of the mental health care system would require:

- Timely incorporation of evidence-based clinical practices in routine care
- Resolution of workforce shortage issues
- Removal of financial barriers
- Coordination of mental healthcare with general health and social services
- Systematic measurement and improvement in quality of care delivered⁴

None of these necessary pieces of the puzzle have been fully implemented and the field of behavioral health remains a mosaic of ill-fitting and fragmented services.⁵ This GAPP proposal addresses each of these issues in ways specific to the needs of private providers.

Healthcare Reform

The business model for therapists is shifting away from solo practices and toward large medical groups, say mental health experts. That change is propelled by the Affordable Care Act, which mandates mental health benefits in

⁴ "The U.S. Mental Health Delivery System Infrastructure: A Primer." Congressional Research Service, April 2009.

⁵ In this context, "*behavioral health*" is used to encompass mental health conditions, mental illness, substance abuse, substance use disorders and mental illness prevention services, activities, treatment services and/or recovery support activities and services for those in recovery from mental illness, mental health problems, and/or addictions.

insurance coverage, and by the Mental Health Parity Law, which requires private and public insurers to cover mental health needs at the same level as medical conditions — by charging similar copays, for example.⁶ “The federal *Mental Health Parity and Addiction Equity Act* was passed into law in 2008 and promised fairer treatment of mental health and substance use disorders by requiring group insurance plans that offered such treatments to be no more restrictive than treatments offered for other medical or surgical procedures. The intention of this law and Connecticut’s mental health parity law is to enhance access to effective treatment options for people with a mental illness diagnosis; these are medical, and oftentimes chronic conditions, not unlike those with hypertension or diabetes.” (Connecticut Health Foundation, May 29, 2013).

GAPP offers an alternative for clinicians who want the support of a larger organization but also want to preserve their independence and autonomy.

The Role of Private Practice

There have been very few studies related to private practice counseling. An article by Judith M. Harrington in the July 2013 edition of the *Journal of Mental Health Counseling* included a review of 10 years of journals of other associations that revealed none had devoted an entire issue to the topic of private practice and there were very few single articles. What is true is that most clients in care with private practitioners fall into the categories of those with mental health conditions, emotional health development, treatment services and recovery support. Very few small and mid-sized practices are able to manage those with serious and persistent mental health illnesses, those with chronic behavioral problems, and people with active addictions to substances. **With support from an organization like GAPP, it is possible that mental health practitioners could expand their capacity to serve those who fit into the range of “serious behavioral health” disorders.**

Shortage of Mental Health Services and Providers

6 Four of the eight counties in Connecticut (Litchfield, New London, Tolland, and Windham are designated HPSA areas (mental health professional shortage areas) by the U.S. Department of Health and Human Service’s **Agency for Health Resources and Services Administration (HRSA)**. It is also important to note that these are the most rural of Connecticut’s counties and therefore are struggling with additional issues of access due to remote locations, lack of public transportation, increased pockets of poverty, lack of public health facilities, lower employment rates and stigma about mental health issues and treatment.⁷

Concerns about worker shortages have been indicated for a number of years. As reported in ***An Action Plan for Behavioral Health Workforce Development*** (SAMHSA, 2007), it is projected that by 2020, 12,624 child and adolescent psychologists will be needed but a supply of only 8,312 is anticipated. ***Mental Health, United States, 2008*** (SAMHSA, 2010) found more than two-thirds of primary care physicians who tried to obtain outpatient mental health services for their patients reported they were unsuccessful because of shortages in mental health care providers, health plan barriers, and lack of coverage or inadequate coverage.

According to the U.S. Bureau of Labor Statistics, employment of social workers is expected to grow 25% from 2010-2020. Growth will vary due to an increase in demand for health care and social services but will vary by specialty.⁸ Employment of child, family, and school social workers is expected to grow by 20%, faster than the average for all occupations. Similarly, employment of mental health counselors and marriage and family therapists is expected to grow by 37% from 2012-2020. Insurance companies increasingly provide for reimbursement of masters-level mental health providers as a less costly alternative to psychiatrists and psychologists.

⁶ NPR: “Therapists Explore Dropping Solo Practices To Join Groups” October 24, 2013

⁷ National Rural Health Association Workforce Series: *Rural Behavioral Health*, “Recruitment and Retention of Quality Workforce in Rural Areas”. (October 2008.)

⁸ Bureau of Labor Statistics, *U.S. Department of Labor, Occupational Outlook Handbook, 2012-13, Social Workers.*

Compensation for those working in behavioral health is significantly lower than for other health-related or comparable professions. For example, a survey of the 1,950 members of the National Council for Community Behavioral Healthcare (NCCBH) revealed that a licensed professional, clinical social worker (requiring a master's degree and 3,000 hours of clinical experience) earned less than the manager of a fast food restaurant.⁹ This is another reason many choose private practice. Although there are problems with income fluctuations, once a practice is stabilized, a provider can make more money than in a private or public clinic.

Numbers of Private Providers

Because there are so many possible private practice arrangements, it is difficult to ascertain how many private practices or practitioners there are in Connecticut or the country. Estimates of total mental health professionals using membership association numbers are as follows: 120,000 licensed professional counselors, 93,000 licensed clinical psychologists, and 174,000 licensed clinical social workers. The American Association of Marriage and Family Therapists (AAMFT) indicates there are 50,000 licensed marriage and family therapists. Shortages of prescribing providers like Advanced Practice Registered Nurses (APRN) and psychiatrists are even worse.¹⁰

Dilemmas of Private Practice Providers

Private practice psychotherapists are involved in a plethora of possible arrangements from full-time solo offices to large group practices. Part-time practitioners may also be involved in other employment in agencies or more secure income sources. Some clinicians identify themselves as providers of therapy only, while others diversify their work to include coaching, consulting and other services considered relevant to the classic provision of psychotherapy. Solo proprietorships, limited liability organizations, professional corporations, partners/associate groups and independent practice are some of the many ways private practice or practitioners legally organize their work.

Whatever the arrangement, there are common dilemmas that lend themselves to solutions that will be offered by **GAPP**.

Advantages and disadvantages of private practice are well known. The advantages:

- Freedom to be the primary decision-maker.
- Choice in work location/hours/fees/projects.
- Ability to work from a preferred theoretical approach.
- An elective decision by both client and clinician to work together.

These are countered by disadvantages including:

- Complete responsibility for all financial matters (overhead, insurance policies, furnishings, equipment, continuing education, fees for extra services such as billing, accounting, administrative work, etc.).
- Inconsistent (and sometimes unreliable) revenue streams.
- Isolation from peers.
- Time constraints for clients with psychosocial needs and those involved with courts, schools and other institutions that require extra reporting and paperwork.
- Financial barriers for uninsured or under-insured clients to access services.
- Psychotherapists generally have little or no training in sales or marketing and many do not use technology to grow their businesses.

Greenwoods has a significant opportunity to leverage these needs as “selling” points for the membership model.

⁹ National Council for Community Behavioral Healthcare, Membership Compensation Survey, 2011.

¹⁰ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Report to Congress on the Nation's Substance Abuse and Mental Health Workforce Issues*, January 24, 2013.

GAPP Membership Benefits – Solutions for Private Providers

There are currently eleven (11) core benefits that could be offered to providers under the proposed **GAPP** model. Many of these are currently operational with our existing network. These services are designed to address a number of the problems currently plaguing the mental healthcare system including the inadequate availability of evidence-based clinical approaches to treatment, inconsistent access to care, numerous, problematic financing mechanisms and poor coordination of care - all of which have a negative impact on the quality of mental healthcare provided.

1. Referrals It often takes years for private providers to build a reliable referral base. The use of technology has made this process easier as more and more people use the Internet to find a doctor or therapist. However, providers often receive referrals from these sources that are not appropriate to their practice, either in terms of expertise or for business reasons like location, insurance participation or hours needed. Greenwoods offers customized referrals because of our comprehensive intake assessment. While we cannot guarantee volume, we can offer our membership referrals and a written, comprehensive evaluation so that they can make an informed decision about whether to accept the referral or not. Further, Greenwoods intends to increase its outreach to referral sources in all the communities we serve so that we increase the numbers of referrals needed to support the membership. The actual ratio, that is, number of referrals per provider, will be established as the project is implemented.

2. Subsidies Greenwoods' subsidy program was designed to support clients with financial hardships and has been used for the following purposes:

- To cover the costs of co-pays or deductibles for insured clients
- To subsidize the provider fees for clients with no insurance or to pay for providers who did not participate in the client's insurance plan. In this case, the provider would agree to reduce their fee. When possible, clients pay a portion of the fee as well.

While we expect to continue to offer a subsidy program, with the advent of healthcare reform, we expect that it will change. Co-pays and deductibles will continue to be part of the program. However, with more clients covered by insurance, we may not need to offer a subsidy for the fee. This will require non-participating providers to become credentialed in health care plans. (This service will be offered by **GAPP** as well.) We recognize not all providers will be willing to "slide" their fee scale. While we will encourage it, this will not be a requirement of membership in **GAPP**.

3. Billing and Practice Management **GAPP** will offer its membership access to a professional medical management company who will contract with us and offer our membership discounted fees. These services will increase patient care time and help improve providers' revenue. This service will help providers get claims paid quickly and efficiently. Services will include checking client eligibility and coverage. Claims will be filed to all third party companies, and the service will track all unpaid claims and co-pays. Another attractive feature of the membership association is that as an established network, we may be able to negotiate higher reimbursement rates for provider with healthcare plans.

4. Credentialing In addition to billing and practice management support, the professional medical management contractor to Greenwoods will provide assistance with credentialing into healthcare plans. This is often a long and arduous process, particularly when plans "close" their panels to new providers. This service will become even more important as small to mid-size providers (particularly those who have not participated in insurance plans in the past) recognize that clients may no longer want to "pay out of pocket" once they have insurance coverage. Additional advantages include the ability of a professional management company to expedite claims and credentialing processes through established business relationships with their vendors.

5. Clinical Workshops To improve the quality of mental healthcare, more providers need to be trained to use evidence-based practices for a variety of issues including the treatment of trauma, eating disorders, substance abuse, anxiety and depression. While the efficacy of these new approaches has been

well documented, clinical workshops can be expensive and for providers in remote locations, difficult to reach. **GAPP** will offer quarterly clinical workshops through its new program entitled “Greenwoods’ Clinical Exchange Roundtables” which is already in operation. The topics of these workshops are designed to address gaps in treatment services we have identified, including trauma and eating disorders.

6. Continuing Education Credits Since most of our providers are required to earn continuing education credits to maintain licensure, these will be included as a benefit to **GAPP** members. The initial plan will be to hold quarterly workshops with continuing education credits in a geographically central location. As **GAPP** expands, we will offer workshops on-line (although only a certain number of credits can be earned through “virtual” workshops) as well as in different geographic locations.

7. Care Coordination According to the Office of the Surgeon General, effective functioning of the mental health system requires connections and coordination among public and private sectors, various specialty services and a range of institutions in housing, criminal justice, and education.¹¹ The more vulnerable clients often face obstacles like lack of transportation, child care, legal problems, etc. that can have a negative impact on their ability to access care or stay in treatment. Yet for private providers, there is simply not enough time to offer this and it is also typically not a covered service by health care insurance. Greenwoods’ is already offering this service to enrolled clients. **GAPP** members will receive a certain number of hours (to be determined) per year to support their more complex client situations. We will also offer them an opportunity to “purchase” additional hours if they need more assistance. When possible, we will also investigate health insurance coverage for this service for our own work.

8. Clinical Supervision One of the most common complaints about private practice is the isolation from colleagues and peers. **GAPP** will offer two services to address this problem. In the Clinical Supervision service, we will identify seasoned clinicians who will offer supervision to both new and established clinicians in particular areas of expertise. New clinicians need an average of 3,000 clinically supervised hours and this can be expensive and difficult to find outside of an agency setting. Greenwoods’ also intends to recruit more interns who will also benefit from this service.

Supervisors give experienced and objective feedback on treatment issues that can be puzzling and difficult to analyze when the therapist is an active participant in the process. Additionally, we will help establish supervisory groups that will then become self-sustaining. This service will help with retention of providers in the network as well. One study found that clinical supervision significantly reduced emotional exhaustion and served to help therapists to remain in practice. (Knudsen et al, 2008.)

9. Peer Networking Private practice providers have limited options for cooperative group experiences or formal opportunities to confer with each other. This involves the practice of fully qualified and often highly experienced practitioners working collaboratively with peers to access and share information, discuss opinions, receive support, monitor best practice and obtain rigorous evaluation of their own professional activities within a professional context. Peer consultation can occur in a number of ways. These may include, but are not limited to, professional case presentations, informal and formal individual consultations with other experienced practitioners, formal peer review, and regular group meetings (involving both case and topic discussions) between practitioners of differing levels of experience. Some of these latter groups may be orientation-specific (CBT, psychodynamic, solution-focused, narrative, interpersonal), disorder-focused (for example, drug and alcohol abuse) setting-specific (acute hospital, rehabilitation, education, private practice, industry-related) or client age group related. These groups will also serve as informal “advisory” meetings to give us feedback about what our membership needs and values.

¹¹ Mental Health: A Report of the Surgeon General

10. New Business Development and Marketing *“Clinicians receive heavy doses of clinical training in graduate school and through continuing education programs. However; very little is offered in terms of how to succeed in the profession from both a financial and career development perspective. Changes within the industry offer tremendous opportunity for those who can identify these changes and respond quickly. Technology is one that offers much reward within the profession.”*¹² This service area is designed to address the needs for providers to diversify their practices. Health care reform presents both a threat as well as an opportunity for private practice to flourish or die.

As private practitioners begin to understand the new requirements on the business side and the additional and most likely more complex clinical cases they will face, clinicians will be looking for more support. Many will consider joining larger practices where they run the risk of losing their autonomy. **GAPP** will be attractive because it will allow them to retain their independence and obtain the services they need. This new business development will offer consultation so that providers can “face forward” and with our help, develop cutting-edge clinical services for the clients they care for. Some of the services we are already facilitating include supervised visitation for parents, integration of intake assessments and screenings and treatment with primary care. This latter project is crucial because the development of “primary care health homes” is a centerpiece of healthcare reform.

11. Individual Provider Portals This area employs technological resources to support members. Greenwoods will be implementing the “Efforts to Outcomes” Social Solutions software that will be the data warehouse for all of our initiatives. **GAPP** members will be given personal accounts and log-in access to the system. Here we will store report templates, clinical information such as the intake evaluations for their referred clients, forms for reporting outcomes, and access to care coordination evaluations and outcomes for their client caseloads. Additionally, we will provide electronic methods for communication to support all of their peer supervision and networking opportunities.

10 Summary and Conclusions

The evidence supports the underlying postulations of this proposed model:

1. Changes in the healthcare system and the enrollment of millions of new people into healthcare insurance will further complicate the business of private practice and place the most burden on small to mid-size private providers. This is especially true for those in rural and suburban areas.
2. Providers need to develop new ways of delivering care and new evidence-based practices¹³ within those new business models to achieve the clinical outcomes their clients need.
3. Private practice providers represent an untapped potential to address both access problems and clinical issues as long as there is an entity that organizes and supports them. **GAPP** offers technology, clinical training, and the critical business processes that most private providers need and want.

¹² Diana, David. Marketing for the Mental Health Professional. Wiley and Sons, 2010.

¹³ “Evidence-based practice entails making decisions about how to promote health or provide care by integrating the best available evidence with practitioner expertise and other resources, and with the characteristics, state, needs, values and preferences of those who will be affected. This is done in a manner that is compatible with the environmental and organizational context. Evidence is comprised of research findings derived from the systematic collection of data through observation and experiment and the formulation of questions and testing of hypotheses.”
Evidence-Based Behavioral Practice

Resource Bibliography

Following are resources with websites that support the assumptions and discussion in this plan. These are in addition to resources contained in the footnotes of the document.

CT Child Health and Development Institute

A nonprofit that works to ensure that children in Connecticut, particularly those who are disadvantaged, will have access to and make use of a comprehensive, effective, community-based health and mental health care system.

www.chdi.org

“Care Coordination: Improving Children’s Access to Health Services.” 2012

“Improving Outcomes for Children in School: Expanded School Mental Health” 2013

Connecticut Health Foundation

www.cthealth.org

National Public Radio

“Therapists Explore Dropping Solo Practices to Join Groups” NPR October 24, 2013

“Doctors Enlist Therapist to Deliver Better, Cheaper Care” NPR October 22, 2013

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