

Accessing Outpatient Behavioral Health Care:



Southeastern Pennsylvania Children Need Our Help

December, 2008



About PCCY

Public Citizens for Children and Youth (PCCY) serves as the region's leading child advocacy organization and works to improve the lives and life chances of its children.

Through thoughtful and informed advocacy, community education, targeted service projects and budget analysis, PCCY seeks to watch out and speak out for children and families. PCCY undertakes specific and focused projects in areas affecting the healthy growth and development of children, including child care, public education, child health, juvenile justice and child welfare.

Founded in 1980 as Philadelphia Citizens for Children and Youth we changed our name in 2007 to better reflect our expanded work in the counties surrounding Philadelphia. PCCY remains a committed advocate and an independent watchdog for the well-being of all our children.

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Introduction and Findings

Introduction

Many factors contribute to a well-functioning children's behavioral health system – timely access to needed services, multiple pathways to services and differentiated levels of care within a system that provides prevention, intervention and aftercare services. While all of these components are important, PCCY has focused on access to outpatient services as a measure of a successful behavioral health system, noting increased demand on outpatient behavioral health systems and reports from families regarding difficulty obtaining outpatient services. We have written this report as part of our on-going efforts to raise public awareness of the need for timely, effective and accessible behavioral health services for children.

For the last five years, PCCY has monitored access to outpatient behavioral health services for children enrolled in Medical Assistance in Philadelphia. Monitoring access helped uncover long waiting times for children and subsequently helped to stimulate discussions in the City to decrease the waiting time for accessing behavioral health services. Because of PCCY's experience in Philadelphia, we expanded this work in June 2007 to track waiting times for children enrolled in Medical Assistance in Bucks, Chester, Delaware and Montgomery Counties.

Findings

We found a strong network of behavioral health services existing in the counties, many of which mirror city services. However, as discovered in Philadelphia, we found children waiting for lengthy and uneven periods of time to access behavioral health services, and agencies hampered by a lack of child psychiatrists willing or able to work with low-income children. We found a general lack of community awareness of services and uneven geographical distribution of services.

Background

Background

Children need many supports to grow up healthy: a safe home, good child care and schools to ensure a quality education, and readily-available health care, including access to behavioral health supports when necessary. In recent years, an increasing number of children in the region (and nation) have been identified as experiencing social-emotional and/or behavioral concerns requiring intervention. This apparent growth has challenged the capacity of the region's behavioral health care and support systems for children.

According to the U.S. Census, Southeastern Pennsylvania is currently home to about 950,000 children under age 18. In 1999, the Surgeon General estimated that 21 percent of children suffer from mild behavioral problems and an additional 11 percent struggle to overcome significant behavioral health issues.¹ Based on these estimates, PCCY projects that at least 200,000 children and adolescents in Southeastern Pennsylvania suffer from mild behavioral problems and another 100,000 struggle to overcome significant behavioral health issues. Most, if not all, of these children need behavioral health services and/or care. However, data from the Centers for Disease Control (CDC) showed that less than half (45 percent) of children who needed behavioral health attention were seen by a mental health professional in 2003.² In 2007 a little over 39,000 children in Southeastern Pennsylvania accessed behavioral health services through the public system. This number does not account for children receiving services paid for by private health insurance or private pay. Clearly, the number of children who successfully secured treatment is much smaller than the number who may have a need for such care. Nationally and locally, the need for more behavioral health specialists and more services for children is being increasingly recognized. We know this lack of care can have negative repercussions on a child's educational performance, ability to socialize and overall health.

Behavioral health problems are experienced by children at all socioeconomic levels but children living in low-income communities often experience multiple stressors which can lead to a higher incidence of behavioral health concerns. These families struggle to provide the necessities for their children live in every county in Southeastern Pennsylvania. More than 168,000 of the region's children (almost 18 percent) live in poverty (less than \$22,000 annually for a family of four as defined by the federal government). And the number of poor children is increasing – growing faster in the suburbs than in Philadelphia. Over the last four years child poverty grew significantly in each of the suburban counties. These children often are invisible within the majority affluent communities; yet the growth in their needs and numbers are combining to require more public attention.³ In addition to these very poor children there are many thousands of children whose families do live above the federal poverty level, but face many of the same challenges as impoverished families.

Insurance is Not the Problem

The good news is that the 329,000 children enrolled in Medical Assistance in Southeastern Pennsylvania have behavioral health services covered by their health insurance for as long as the services are deemed medically necessary. The on-going challenge for some families is to know about and find their way to timely care for their children.

Recognizing, Increasing Awareness of, and Responding to the Need for Behavioral Health Services

As a community, we must recognize that:

- Many children of different ages and from different backgrounds need behavioral health services; and that
- Knowledge of where and how these services can be obtained must be widely known; and that
- Behavioral health services need to be of good quality and within the geographic reach of the children and their families; and that
- The capacity of the system to respond in a timely way to children's behavioral health needs must be adequate.

To recognize all of these issues requires considering many questions:

A Question of Knowledge of Services

While there is increasing recognition of the need for behavioral health services for children throughout the country, this need has not been fully acknowledged. This fact is one of many reasons that information about access must be widely disseminated.

Although county departments, schools, social service organizations and various health providers strive to inform families of existing resources, many families are still unaware of what services are in place. Additionally, PCCY staff has consistently heard complaints from providers in non-behavioral health child-serving positions that they did not always know where to send children in need of behavioral health assistance. Comments such as “Three-quarters of people don't know where and what type of help is available,” and “Knowledge is the problem, no matter what age your child is” were heard from people in all Southeastern Pennsylvania counties.

With the support of the Pew Charitable Trusts, PCCY has been providing free trainings to raise awareness of behavioral health resources among people who regularly work with children. The trainings are based on behavioral health resource guides PCCY created, and are geared toward early childhood education and child care staff, and support staff in schools, such as social workers, counselors and school nurses. Hopefully, the information we provide these frontline workers will allow them to guide families more effectively toward the behavioral health resources their children need.⁴

We all must do a better job of disseminating information about behavioral health services and the help that families can get through the behavioral health system.

A Question of Quality: A Shortage of Psychiatrists

There is a national shortage of child psychiatrists, who in most cases oversee and monitor medication and treatment plans and provide quality control for much of the behavioral health system.

A Look at the Numbers: Generally

According to Dr. Harold S. Koplewicz, founder and director of New York University Child Study Center, there are only 6,300 practicing child and adolescent psychiatrists in the United States – not enough for the 15 million children and teens suffering with behavioral/mental health disorders.⁵ It has been estimated that 12,624 child and adolescent psychiatrists will be needed by 2020, but based on current funding and recruitment there would be only 8,312 available.⁶

In addition to the traditional factors contributing to the shortage of physicians practicing in “public health settings” nationally, child psychiatrists often cite the extra time without compensation it takes to work with the families of children as part of the treatment. Dr. Gregory Fritz, director of child psychiatry at Brown Medical School in Providence, RI spoke to the reimbursement issue: “You always have to deal with a parent or caretaker – it doubles the interview time. But the reimbursement rate is the same as if you’re evaluating only an adult.”⁷

As Southeastern Pennsylvania tries to attract more child psychiatrists the issue of reimbursement must be recognized and addressed.

A Look at the Numbers in the Region

Behavioral health agencies serving children insured through Medical Assistance in Southeastern Pennsylvania reflect the national shortage of child psychiatrists. In Bucks County, 25 percent of agencies did not have a child psychiatrist on staff in 2007. Chester County had the highest percentage of agencies without a child psychiatrist on staff – 46 percent. In Delaware County, 29 percent of agencies did not have a child psychiatrist on staff, while Montgomery County lacked a child psychiatrist in only 13 percent of its agencies. Philadelphia had the most psychiatrists available to children with only 2 percent of agencies without a child psychiatrist.

Child psychiatrists are essential to the children’s mental health system; a psychiatric evaluation lends a necessary perspective to a child’s mental health diagnosis and treatment plan. In many cases the child psychiatrist monitors or provides quality assurance for services in outpatient settings, but the use of drugs in combination with other therapies requires more direct physician oversight. In the absence of an adequate number of psychiatrists, however, many families turn to their pediatrician or family doctor with their child’s prescriptions. Though these medical professionals play an important role in a child’s health, many do not have a background in psychopharmacology, and do not bring as much knowledge and experience to prescribing and monitoring psychotropic medicines as do psychiatrists. Furthermore, pediatricians often have not been involved in the child’s behavioral health treatment. Indeed, in a survey of pediatricians, PCCY found many in the region expressing the need for much more information, assistance and support if they are to be required to fill in for the absence of child psychiatrists.

A Question of Distribution

Unequal Geographic Distribution of Behavioral Health Services

In every county in Southeastern Pennsylvania, there are areas with few or no behavioral health agencies that accept children insured through Medical Assistance. As a result, families have to travel, sometimes long distances, to get their children to a behavioral health agency. This is not always easy, especially for families who do not have a car or an alternative way of reaching a behavioral health agency. The geographic location of behavioral health centers is important because we know that when services are conveniently located near a child's school, a parent's place of employment or co-located in a primary care office, the likelihood increases that social-emotional or behavioral health services will be sought after and continued.

Although all of the counties appear to meet the Department of Public Welfare's requirements for travelling no more than thirty minutes in an urban area and sixty minutes in a rural area to access behavioral health services, PCCY has heard numerous reports about difficulties obtaining care when a facility is not available near where families either live or work. For all Southeastern Pennsylvania counties, PCCY recommends continuous monitoring to ensure that behavioral health services are accessible to all children enrolled in Medical Assistance.

Geographic location of behavioral health agencies is of particular concern for families in central Montgomery County, western Delaware County, and northeast and southwest Philadelphia.

A Closer Look

Note: Each star on the following maps (or number symbol on the Philadelphia map) represents a behavioral health agency that provides outpatient services to children insured through Medical Assistance.

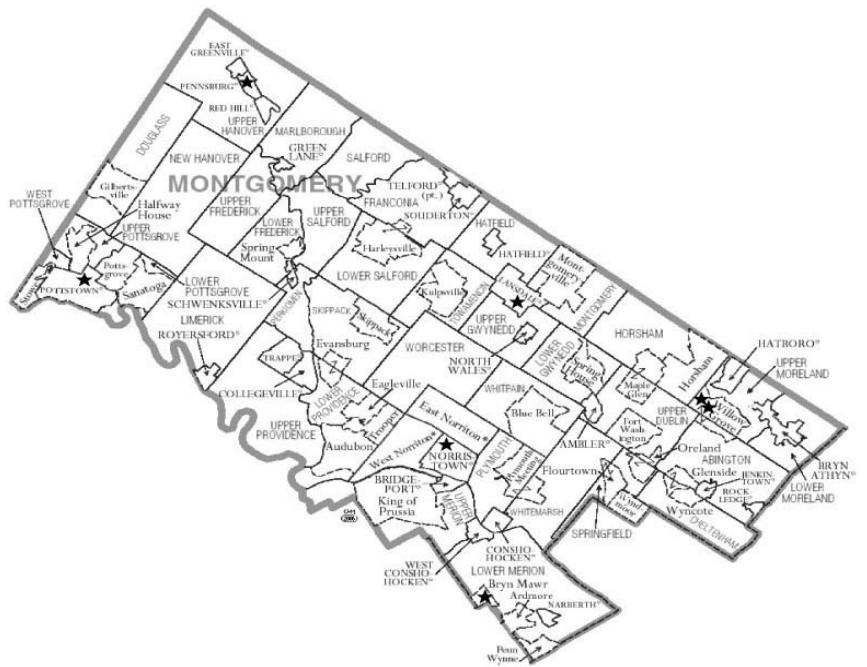
Delaware County

Western Delaware County has no behavioral health agencies for children insured through Medical Assistance. Though this part of the county is less populated than eastern Delaware County there are over 1,200 children living in poverty in the area, and more than 2,200 children insured through Medical Assistance (January 2008). One of the closest behavioral health agencies for children living in the western part of the county is in Chester City, which was found repeatedly to have delays for services – understandably so, given the large population of children it serves (over 5,600 children who are insured through Medical Assistance reside in Chester City).



Montgomery County

Central Montgomery County appears to lack enough behavioral health agencies given the number of children in need. Over 4,000 children are enrolled in Medical Assistance in this part of the county but there is only one behavioral health agency nearby – in Lansdale – to serve these children. A behavioral health agency accepting Medical Assistance is located in Norristown; still in central Montgomery County, but more than 6,500 children are enrolled in Medical Assistance in Norristown alone. This situation makes it difficult for many more children living immediately outside the city to take advantage of the services there, let alone for those residing a couple of towns away.



Bucks County

Although there are large parts of Bucks County without access to behavioral health agencies, it appears as though these areas are less populated and have small numbers of children enrolled in Medical Assistance.

However, as poverty has grown over 133 percent in Bucks County over the last five years, an ongoing assessment of the behavioral health needs of children in the county is important.



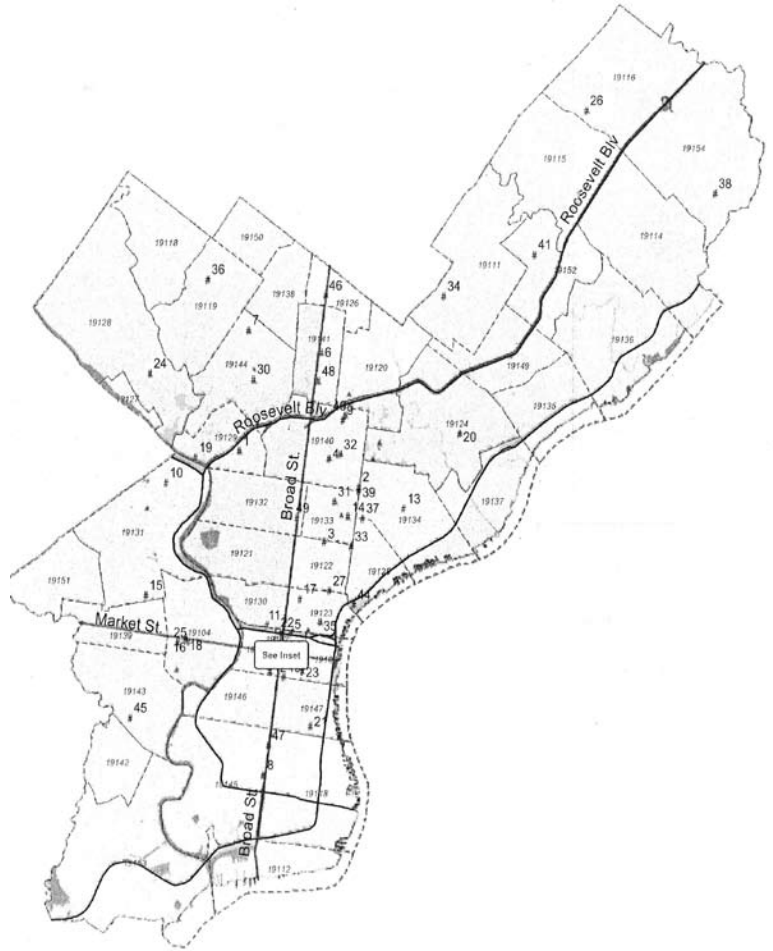
Chester County

Four outpatient behavioral health agencies are scattered throughout the central part of Chester County, with an additional two facilities located in northern Chester County and two more in southern Chester County. Based on the numbers of children enrolled in Medical Assistance and the time that it takes to access behavioral health services, it appears that this number of agencies is sufficient to meet the need. However, there is no behavioral health agency in northwestern Chester County, yet there are several hundred children enrolled in Medical Assistance. It would be helpful to assess the needs of these communities to find out whether the agencies families must travel to are convenient enough, such that if behavioral health services are necessary they will be pursued.



Philadelphia

Philadelphia has many behavioral health agencies treating children insured through Medical Assistance, but there are few agencies located in the northeast and southwest areas of the city. There is only one behavioral health agency accepting children insured through Medical Assistance in southwest Philadelphia, and one of the next closest agencies, in south Philadelphia, had a constant four-month wait for intake during 2007. In the northeast there are only three behavioral health agencies, one of which currently does not have therapists qualified to treat children under the age of sixteen. The result is that there are six zip code areas in northeast Philadelphia with two behavioral health agencies able to treat children younger than sixteen years of age.⁸



As the number of children living in poverty and children enrolled in Medical Assistance continues to rise, particularly in the suburban counties around Philadelphia, we expect to see an increasing demand on the current mental health systems.

PCCY recommends conducting ongoing needs assessments to ensure that behavioral health services are available to children in all areas of Southeastern Pennsylvania.

Monitoring Behavioral Health Service Access Times

Methodology

Since 2004, PCCY has monitored the time that it takes children insured through Medical Assistance to access behavioral health services at agencies throughout Philadelphia. In 2007, PCCY began monitoring behavioral health agencies across Bucks, Chester, Delaware and Montgomery Counties. In order to gain the most accurate information, PCCY staffers phone facilities, seeking information about outpatient mental health services for children. Staff members ask each agency four questions: Is the agency accepting new clients? When is the next available intake appointment for a child in need of outpatient therapy? How long after the intake appointment before a child can begin seeing a therapist? How long after calling will a child be seen by a psychiatrist?

Throughout 2007, PCCY health care staff made monthly calls to an average of 49 agencies across Philadelphia. Beginning in June 2007, quarterly calls were made to an average of 52 agencies offering mental health services to children insured by Medical Assistance throughout Bucks, Chester, Delaware and Montgomery Counties. If PCCY staff could not obtain information upon the initial call to the agency two more attempts were made over the course of a week to speak with someone, for a maximum of three calls per agency.

A Question of Waiting for Treatment

PCCY understands there are numerous reasons for delays in accessing behavioral health services. It may take a while to obtain an appointment at some agencies because of a perception of higher quality services available there. Other agencies wait to assign children to particular staff members who are experts in a specific behavioral health issue or developmental stage; though they may wait longer for service, these children may receive better quality service in the end. Consequently, a waiting list does not always result in a negative experience; however, we have learned that far too many children and families are experiencing delays when trying to access needed outpatient behavioral health services in Southeastern Pennsylvania.

Wait times for an intake appointment

As a result of calling 101 agencies across Southeastern Pennsylvania, we found on average that from the initial call it takes between 9-20 business days (2-4 weeks) for families with Medical Assistance to have their intake appointment for outpatient behavioral health services for their children. One reason for such variation in the time is that some behavioral health agencies complete an intake with the family over the phone while others want the family to come to the facility to conduct the intake in person. Some agencies schedule the intake with the same behavioral health professional who will be treating the child; some even have a psychiatrist participate in the intake. The agencies involving a psychiatrist at intake can have delays of up to six weeks for this appointment. The practice of involving a behavioral health care provider in the intake process lengthens the waiting time for an appointment but appears to shorten the length of wait time for beginning therapy. The longest delays in accessing an intake appointment were found in Philadelphia and Delaware Counties.

Wait times from intake to on-going treatment

After the intake appointment, the average time that it takes for a child to begin receiving therapeutic services ranges from 11-19 business days (2 -4 weeks), depending on the county. The longest delays were experienced in Philadelphia and Delaware counties, while Bucks and Chester counties had the shortest delays to begin counseling. Like intake, behavioral health agencies vary in how they initiate treatment. Some agencies have one person conduct the intake and then have the child assigned to a provider who will be treating him or her. Other agencies wait until a behavioral health professional has the availability and will do the intake, become the child's therapist and generally, begin treatment immediately following intake. As explained on the previous page, this increases the delay for intake, but once the intake appointment is completed therapy usually begins quickly.

Though it does not seem unreasonable to wait for two to four weeks from an initial call until intake, families are waiting another two to four weeks until on-going treatment begins.

Wait times to see a psychiatrist

Average wait times to see a psychiatrist did not differ significantly among the counties. We found that children wait an average of 25-28 business days – over one month – to see a psychiatrist. Most agencies do not schedule a visit with a psychiatrist until the child has been assigned a therapist. Many mental health facilities do not have a child psychiatrist on staff and refer children to other agencies for this service, further delaying children's access.

Some Good News about Behavioral Health

On average, the behavioral health agencies in Bucks, Chester, Delaware and Montgomery Counties were accepting new clients. In spite of the lack of agencies providing behavioral health services to children, it is very encouraging that existing agencies can accommodate new clients. Agencies not accepting new clients had a variety of reasons for not doing so, such as being in the process of hiring new therapists, having a therapist on maternity leave or on vacation, and the agency moving to a different location. Philadelphia was the only county with a significant number of agencies not accepting new clients – an average of six facilities, up one from 2006, and the same as in 2005.

Furthermore, on average, the agencies in Bucks, Chester, Delaware and Montgomery Counties could be reached by phone in three tries or less. This is important because if a family is struggling with a child who has behavioral health needs, they should be able to call an agency and speak with someone on the first or second try, or at least be able to leave a voicemail and receive a call back within a few days. For Philadelphia, on average, only three agencies could not be reached in three tries. This number is much lower than in years past; in 2006 eight agencies could not be reached in three tries and in 2005, nine agencies could not be reached after three attempts.

Conclusion

There is a strong publicly supported network providing behavioral health services to children in the region whose family incomes are low–moderate. Like many behavioral health programs in the country, however, they suffer from a lack of child psychiatrists, frequent staff turnover, long waiting times to secure treatment and uneven program access. Thus, children and adolescents in need of behavioral health services supported through the public sector often have to wait for needed care. PCCY urges an expansion of outpatient services to meet demand and a long term strategic investment in building treatment capacity.

In order to improve the current behavioral health system for children we all have roles to play. Together we must:

- Improve efforts to educate communities about what behavioral health resources are available; and
- Expand the geographic distribution of behavioral health agencies to reach all corners of Southeastern Pennsylvania; and
- Explore creative ways to allow agencies to hire more therapists; and
- Provide incentives to child psychiatrists to attract them to practice in publicly funded behavioral health agencies.

These recommendations are critical not only to meeting the needs of the children waiting to enter the behavioral health system, but also for those children who need adequate supports to ensure they do not return to inpatient or residential treatment. The behavioral health needs of our region's children are growing. While we work to explore ways to prevent mental health problems, together we must build the capacity to meet the increasing need.

Endnotes

1 United States, Department of Health and Human Services, *Mental Health: A Report of the Surgeon General – Executive Summary* (Rockville, MD: U.S. Department of Health and Human Services, 1999) 123-124.

2 United States, Centers for Disease Control, "MMWR: QuickStats: Percentage of Children Aged 4-17 Years with Emotional or Behavioral Difficulties Who Used Mental Health Services, By Type of Service – United States, 2003," 11 May 2006, www.cdc.gov/mmwr/review/mmwrhtml/mm5434a7.htm.

3 The most dramatic percent increases of children falling into poverty between 2004 and 2008, in Southeastern Pennsylvania are 133 percent in Bucks County, 62 percent in Chester County and 59 percent in Montgomery County. Public Citizens for Children and Youth, *The Bottom Line Is...Children* 2008.

4 Last year PCCY received a three-year grant to support this effort, through a project to create, distribute and train on, behavioral health resource guides for Bucks, Chester, Delaware, Montgomery and Philadelphia counties. We completed the guides for Bucks and Delaware counties and we are working on the Chester county guides as this report goes to print.

5 Tuesday, February 26, 2008, Harold S. Koplewicz, M.D., New York University Child Study Center.

6 "The Continuing Shortage of Child and Adolescent Psychiatrists," Thomas, Christopher R., M.D. and Holzer, Charles E., III, Ph.D. September 2006.

7 "Shortage of child psychiatrists taking big toll," Associated Press, April 6, 2006, www.msnbc.msn.com/id/12190434.

8 The map of Philadelphia behavioral health agencies was created in 2005. There have been changes regarding some of these behavioral health agencies (location, some no longer accepting Medical Assistance, some no longer treating children), but the areas of concern in Philadelphia raised in this policy brief hold true.

PCCY Funders

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