

Fifteen Days And Counting:

Philadelphia Children Wait Too Long For Behavioral Health Help

**A report by
Public Citizens for Children and Youth**

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Philadelphia children with Medical Assistance health insurance wait 15 days to start outpatient behavioral health treatment.

Behavioral health agencies are required to complete the first appointment with a child no more than seven days after contact. From 2010 to 2013, however, a child waited an average of 15 days for this first appointment.

This delay has improved slightly since 2008, when children waited an average of 16 days for a first appointment.¹ At the writing of this publication, some behavioral health agencies assert that they have improved their intake processes and now offer same or next day access to services, which was not reflected in the averages in this brief. The Department of Behavioral Health and its providers should act now so that this type of progress spreads more broadly across the system to ensure that all children are served in the time that is required.



The longer children struggle with unaddressed behavioral health issues, the worse their outcomes can become in school and for their families. Rapid access to services is more critical than ever, especially given the 23 schools that have been closed for school year 2013-14. Many students will be going to new and unknown school buildings, which could cause them stress and reduce the number of children who receive mental health services in their schools.

This paper presents PCCY's findings of agencies' wait times for children's outpatient services and highlights the Philadelphia Department of Behavioral Health's initiatives to get children into services more quickly.

BACKGROUND

Who Uses Care

Pennsylvania supports nearly universal access to children's public health insurance through either the Medical Assistance program or the Children's Health Insurance Program (CHIP). In Philadelphia, the vast majority of the city's low income children are eligible for Medical Assistance with 250,343 children enrolled as of May 2013. This paper focuses on children with Medical Assistance.

Community Behavioral Health (CBH) is the public entity that reimburses behavioral health providers for Medical Assistance enrollees. In CY 2012, 24,035 children on Medical Assistance, or about 10 percent, received outpatient behavioral health services.

These children comprise 74 percent of all children receiving any type of behavioral health supports. Because the majority of children CBH serves receive outpatient services, PCCY recognized the importance of ensuring they access care quickly. Children with behavioral health issues can tend to be

more disruptive in school which can lead to absenteeism and cause their parents to miss work to take care of them.² Longer wait times to start therapy can discourage parents from following through and obtaining treatment for their kids.³

How Children Connect to Care

Depending on a child's needs, the outpatient services a child receives could include individual therapy, group therapy with other children experiencing similar behavioral health issues, family therapy and/or sessions with a psychiatrist. Children experiencing a behavioral health emergency (they are a threat to themselves or others) can receive immediate care at the Crisis Response Center, Philadelphia's behavioral health emergency room for children with Medical Assistance. Children with urgent behavioral health needs are required to be seen by a behavioral health care provider within 24 hours.

Approximately 60 agencies throughout the city provide children's outpatient behavioral health services.⁴ When children need this less intensive, lower level of care, families do not have to wait for Medical Assistance to authorize payment for the treatment before seeking attention.

PCCY found inconsistent practices among agencies with respect to initiating outpatient services which involves completing an intake session, commencing therapy and seeing a psychiatrist. PCCY found that some agencies gather intake session data over the phone while most have families come into the agency for an intake appointment. A few agencies have their psychiatrist participate in the intake session; others have the therapist who will treat the child conduct the intake session and still others have another staff person provide this care. PCCY observed that the variation in intake session processes contributes to the difference in times children wait for an intake appointment, to begin therapy and to see a psychiatrist. No matter the way a child's treatment begins, CBH's contract with its providers requires that intake appointments are completed within seven days of contact.⁵

PCCY WAIT TIME MONITORING

PCCY ascertained that behavioral health agencies, on average, take 15 days or twice the number of days permitted to complete an intake appointment. After an intake session CBH does not require agencies to initiate therapy within a prescribed amount of time, but PCCY identified that it took 12 days on average for a child to complete an initial therapy session. Consequently, children waited an average of 27 days to begin treatment.

PCCY has monitored children's access to outpatient behavioral health services in Philadelphia for the past eight years, reporting our latest results in 2008.⁶ Four years ago, children waited an average of 28 days to start therapy. Some progress has been made in reducing the time it takes for children to receive the behavioral health services they need, yet nearly a month is still too long for many children to go without care.

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Survey Methodology

PCCY made seven cycles of calls from April 2010 to February 2013 and reached an average of 36 agencies representing about 72 percent of all providers. For the first through fourth call cycles from April 2010 through August 2011, PCCY contacted 44 agencies and obtained data from up to 34 agencies (77 percent). During the fifth through seventh call cycles from February 2012 through February 2013, PCCY called 56 agencies and collected data from as many as 45 of them (80 percent).

Two agencies had consistently much longer wait times for intake than the rest and skewed the average wait time. As a result PCCY has not included them in the average intake wait time calculations. When those two agencies are included in the average, it increases from 15 to 20 days.

In each call cycle, PCCY contacted agencies up to three times to obtain information. The caller interviewed the agency’s children’s outpatient intake coordinator or receptionist.

We asked the following three questions during our calls to the agencies:

1. How long is the wait for an intake appointment?
2. How long after intake does a child have to wait to see a therapist?
3. How long after intake does a child have to wait to see a psychiatrist? ⁷

WAIT TIME DATA FOR PHILADELPHIA CHILDREN TO OBTAIN OUTPATIENT BEHAVIORAL HEALTH SERVICES, 2008 AND 2010-2013					
Year	Average no. of agencies reached	Average intake wait time (days)	Average wait time to see therapist after intake completed (days)	Average no. of agencies not accepting new clients	Average no. of agencies that couldn’t be reached in three tries
2008	38	16 (variation: 0-107)	12 (variation: 0-106)	6 (variation: 3-11)	3 (variation: 0-5)
2010-2013	36	15 (variation: 0-59)	12 (variation: 0-51)	6 (variation: 2-8)	7 (variation: 2-13)

Intake Appointments: On average, it took 15 days for families to access an intake appointment (see the chart above). Some agencies were able to offer appointments on the day of the call. Other agencies were unable to complete an intake session for as many as 59 days after the call.

The average intake wait time has improved by one day since 2008 when it was 16 days.

Therapy Appointments: On average, agencies were able to begin therapy 12 days after an intake appointment. Some agencies started therapy the same day as an intake session while others could not start treatment for 51 days.

The average wait time for therapy is the same as in 2008 when it was 12 days.

Agencies Not Accepting New Clients: An average of six agencies stated they could not accept new clients.

In 2008, an average of six agencies also reported they were not accepting new clients.

Agencies That Could Not Be Reached: An average of seven agencies could not be reached in three tries.

More than twice as many agencies could not be reached in 2010-2013 compared to 2008 when an average of three agencies could not be reached in three tries.

PHILADELPHIA DEPARTMENT OF BEHAVIORAL HEALTH INITIATIVES

Pay for Performance

In 2012, CBH instituted a quality improvement and financial incentive initiative, Pay for Performance, for all outpatient mental health agencies to improve a number of their processes and services – including getting clients in more quickly to start therapy. Patients have the option to make intake appointments directly with an agency or they can call CBH and CBH will make an appointment at an agency for them. CBH keeps a record of wait times for the intake appointments they make for patients.

One of the Pay for Performance indicators measures the percent of patients for which an agency schedules an intake appointment within 7, 15 and 30 days. To receive the financial reward, agencies must have scheduled 45 percent of their child intake appointments in 7 days or 77 percent scheduled in 15 days or 92.3 percent scheduled in 30 days. In order for a provider to qualify for Pay for Performance CBH had to make at least 15 intake appointments at the agency within the year; 32 agencies met this requirement. Pay for Performance utilized data from CY 2011.

Based on CBH’s provider data, 19 out of 32 agencies, or 59 percent, were able to make children intake appointments in seven days (see the chart below). Twenty six agencies, or 81 percent, made children appointments within 30 days.

PAY FOR PERFORMANCE MEASURE RESULTS				
Measure	No. of agencies that exceeded the measure	No. of agencies that met the measure	No. of agencies that fell below the measure	Total no. of agencies
45% of kids obtained an intake appt. in 7 days	11 (34%)	8 (25%)	13 (41%)	32
92.3% of kids obtained an intake appt. in 30 days	18 (56%)	8 (25%)	6 (19%)	32

While CBH’s provider contracts require children to obtain intake sessions within seven days, CBH recognized that agencies were not meeting this goal. CBH designed the Pay for Performance initiative to improve the rapidity with which agencies make appointments and meet their contractual obligations.



CBH developed the initiative in an incremental fashion, however, rewarding agencies for getting less than half of its young patients an intake appointment in one week. CBH recognizes that in order to assure children timely access to care, the standard of performance needs to be higher.

Although PCCY understands that CBH intends to raise its benchmarks on a regular basis, CBH set its original benchmarks too low to assure children timely access to care.

CBH's Pay for Performance initiative measured intake appointment results differently than PCCY. CBH measured agencies' success in getting a set of children appointments in a 12 month time period. PCCY measured agencies' success in getting one child an appointment on one day (or up to one

week if it required PCCY to make multiple calls to obtain an answer).

A comparison of CBH's and PCCY's intake appointment results show:

- In a one week period in August 2011, PCCY found that 42 percent of agencies (15 out of 36) could make an intake appointment within seven days for a child;
- In a 12 month time period (CY 2011), CBH found that 59 percent of agencies (19 out of 32) could make an intake appointment within seven days for 45 percent of children.

Rapid Access to Services

From 2008 through 2012, the Philadelphia Department of Behavioral Health partnered with NIATx, an organization comprised of engineers from the University of Wisconsin-Madison who specialize in systems and teach organizations how to perform rapid cycle testing of change processes. NIATx implemented an effort called "Rapid Access to Services" with up to 30 outpatient behavioral health care agencies each year to improve patients' access to care.

Rapid Access To Services teaches behavioral health care agencies how to improve patients' access to care

The initiative involves a member of the agency's management team acting as a client to identify processes that need correcting. An agency chooses one or two simple but significant changes to make, and they execute them in a two to four week period called a 'rapid cycle test'. If the modifications have a meaningful impact, the agency permanently applies them. If the strategies are not effective, the agency tests out additional ideas for transformation.

The Department of Behavioral Health has not yet aggregated Rapid Access to Services results, therefore, PCCY cannot report how this effort has improved wait times for children to begin services.

DISCUSSION AND RECOMMENDATIONS

The actions of the Department of Behavioral Health and Community Behavioral Health to reduce wait times with Pay for Performance and Rapid Access to Services are a step in the right direction. As these initiatives take hold, wait times should improve across the system. However, the time children wait to access outpatient behavioral health services has not changed substantially in four years. It is more important now than ever for Philadelphia children to be able to access care quickly, given the upheaval and stress they will be experiencing with 23 schools closed for the 2013-14 school year, and the possibility of more limited school based mental health services. Then and now many children wait longer than seven days for an intake session and nearly a month to start treatment. There are additional actions that can be taken to resolve this issue and they include:

- 1) CBH should adopt strategies that ensure a child is seen within a week. One strategy for achieving this outcome is to require agencies to refer consumers to CBH if they cannot schedule an intake appointment in the prescribed time. Since parents are likely to have the phone number for only one agency, CBH should find other agencies that can see the child within one week and schedule the intake appointment.
- 2) CBH should adopt a maximum wait time by when every child should start therapy. Although PCCY could not identify a recommended best practice in this regard, PCCY suggests that CBH define an outer limit that is reasonable for every child.
- 3) CBH should raise its Pay for Performance benchmark and require that more than 45 percent of children secure an intake appointment within seven days.
- 4) CBH should aggregate and report on outcome data from the Pay for Performance and Rapid Access to Services initiatives. CBH should also share best practices gleaned from these efforts with the provider community so that all agencies have greater opportunity to provide faster access to services.



QUESTION FOR FUTURE STUDY

For the past eight years PCCY has gathered data about the process of obtaining care by monitoring the experience of making a first call to a behavioral health agency. PCCY has not, however, monitored the efficacy and quality of these services. We do not know how children's progress is measured, how many children's behavioral health improves as a result of treatment and how long those improvements are sustained. PCCY is interested in exploring these issues in the future.

Endnotes

1 - PCCY refined its wait time measurement from 2008 to 2010-13, from counting any wait less than one week as seven days to that exact day wait (eg: an agency with a three day wait from 2008 was counted as seven days; in 2010-13 it was counted as a three day wait.)

2 - Children's Defense Fund. (2010). Mental health fact sheet: <http://www.childrensdefense.org/child-research-data-publications/data/mental-health-factsheet.pdf>

3 - Gallucci, G. Dr., Swartz, W. and Hackerman, F. (March 1, 2005). *Brief Reports: Impact of the Wait for an Initial Appointment on the Rate of Kept Appointments at a Mental Health Center*. Psychiatric Services. Retrieved from Psychiatry-online.org

4 - Personal communication with Community Behavioral Health, Director of Member Services, March 23, 2012.

5 - Commonwealth of Pennsylvania, Department of Public Welfare. (2012). HealthChoices Behavioral Health Program. Program Standards and Requirements—Primary Contractor.

6 - Public Citizens for Children and Youth. (2008). *Accessing Outpatient Behavioral Health Care: Southeastern Pennsylvania Children Need Our Help*.

7 - This paper does not contain data on wait times to see a psychiatrist because PCCY found great variation among agencies regarding when they introduced a psychiatrist in a child's treatment making it difficult to report an accurate, average wait time.

Public Citizens for Children and Youth (PCCY)

serves as the region's leading child advocacy organization working to improve the lives and life chances of children and families.

Through thoughtful and informed advocacy, community education, targeted service projects and budget analysis, PCCY watches out and speaks out for children and families. PCCY undertakes specific and focused projects in areas affecting 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, our name was changed 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.

