

Improving Access to Mental Health Outpatient Services for Adult Medicaid Patients in Allegheny County

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Overview

Allegheny County residents face significant challenges in accessing behavioral health services, an issue highlighted by recent studies and surveys. Notably, a [Countywide survey](#) revealed that 42.7% of respondents believe improving access to mental health care, particularly for young people, should be a priority. This finding is supported by research from the University of Pittsburgh, which documented long wait times for appointments and challenges in connecting with providers.

These issues stem from a critical shortage of behavioral health professionals and are compounded by time-consuming provider search processes. In response, the Allegheny County Department of Human Services (DHS), along with Community Care Behavioral Health (CCBH), the County's behavioral health managed care organization, are pursuing a series of investments and initiatives aimed at addressing these barriers and increasing service availability.

To improve access and reduce wait times, DHS and CCBH are focusing on:

- **Creating visibility into appointment availability** so clients and providers spend less time searching for services.
- **Supporting the behavioral health workforce** through loan repayment and cohort-based training programs to increase the number of providers.
- **Investing in community-based mental health supports** to offer additional options outside the traditional system.
- **Expanding access to proven treatments** like medication-assisted therapy for opioid addiction, cognitive behavioral therapy and group therapy.
- **Augmenting clinical decision-making** to ensure those who need help most get it quickly.

Mental Health in Allegheny County

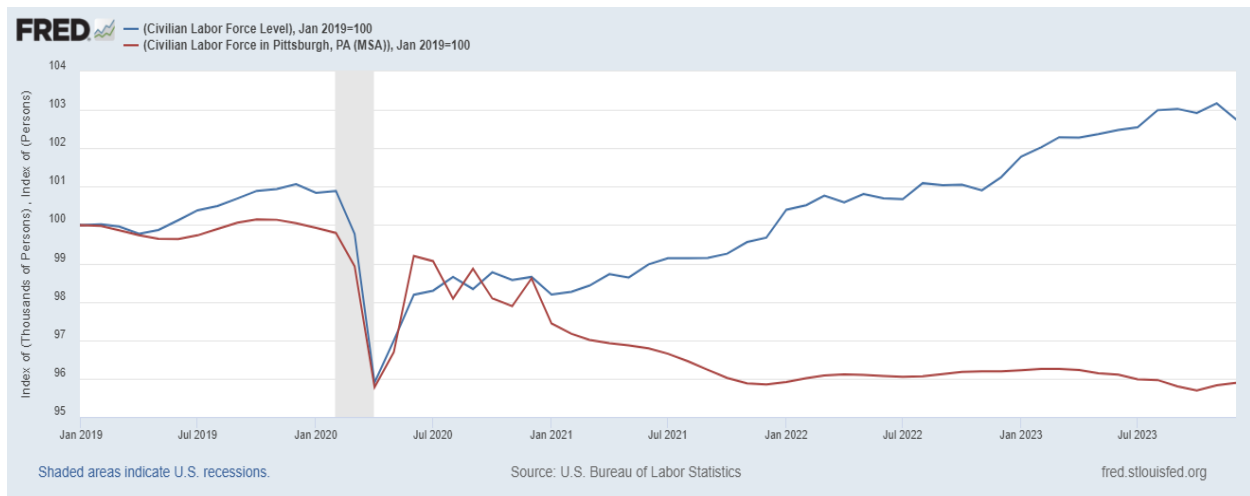
In Allegheny County, as well as across the U.S., individuals seeking behavioral health services experience limited network capacity and a cumbersome process for securing appointments. This issue was underscored by a March 2024 Countywide survey from the office of the Allegheny County Executive, which received responses from 18,466 residents. The findings of the survey revealed a pressing public demand for the County to address health service accessibility. Notably, 42.7% of respondents identified improving the accessibility of mental health services, especially for young people, as their top health priority, making it the second most favored action for the County to pursue to enhance health outcomes, behind simplifying enrollment in social services.¹

The interplay of persistent workforce shortages and increasing demand for mental health and substance use services has exacerbated these issues, leading to longer wait times and barriers to accessing care. The Pittsburgh metropolitan statistical area also faces headwinds from a shrinking labor force relative to the pre-pandemic period, a stark contrast to the post-pandemic rebound in labor force levels experienced by the U.S. overall (**Figure 1**).²

1. All in Allegheny Action Plan," <https://www.alleghenycounty.us/Government/Departments-and-Offices/County-Executive/All-in-Allegheny-Action-Plan>, accessed May 6, 2024.

2. U.S. Bureau of Labor Statistics, Civilian Labor Force Level [CLF16OV] and Civilian Labor Force in Pittsburgh, PA (MSA) [PITT342LF], retrieved from FRED, Federal Reserve Bank of St. Louis; <https://fred.stlouisfed.org/>, May 6, 2024.

FIGURE 1. Labor Force Level Changes since January 2019, U.S. (blue) and Pittsburgh MSA (red)



Over the past two years, the Allegheny County Department of Human Services (DHS) and Community Care Behavioral Health (CCBH), the County’s behavioral health managed care organization, have invested in better understanding the dynamics of these problems and launched new solutions to increase behavioral health service access and reduce appointment search challenges. These emerging initiatives are detailed below as part of our response to the University of Pittsburgh mystery shopper study on behavioral health access and DHS survey data on appointment wait times. While the current set of investments will not address all capacity and access issues, they reflect a continuing commitment to prioritize solutions to improve client experiences in the behavioral health system.

Behavioral health system access and capacity dynamics

Mystery shopper methods, where researchers pose as patients seeking care, are widely used in health research to measure elements of the patient experience, such as appointment scheduling. In the mystery shopper study of access to outpatient mental health services for adult Medicaid patients in Allegheny County, researchers at the University of Pittsburgh Medicaid Research Center found low rates of success in connecting with practices and scheduling appointments, including over half (53.4%) of voicemails to practices that went unreturned (Table 1). The study underscored the barriers faced by Medicaid clients in accessing mental health care, driven by a lack of visibility into appointment availability across providers, unsuccessful attempts at contact and inaccurate provider information.

TABLE 1. Appointment Availability Among Medicaid Adult Mental Health Providers in Allegheny County

	N	%
Total	279	100
Appointment Available	34	12.2
Scheduled with live person	18	6.5
Scheduled via voicemail	16	5.7
Appointment not available	216	77.4
Not Accepting Insurance	10	3.6
No Appointment Available*	56	20.1
Waitlist+	1	0.4
Voicemail not returned	149	53.4
Appointment availability undetermined-	29	10.4

*Appointments not currently available for new patients, or practice delivers specialized therapy

+ Insurance is not No and Waitlist=Yes from call back data

~ Appointment Availability Undetermined includes practices that were reached (or returned voicemail) and requested return calls without providing any information about appointment availability.

These results have been further reinforced by DHS survey data on Medicaid clients who successfully scheduled for a first-time outpatient mental health appointment from December 2022 through March 2023. The survey was distributed to 1,153 people—724 (62.8%) by text and 429 (37.2%) by phone—with 169 people (14.7%) responding. The survey sought to inform the understanding of both search times for outpatient mental health services and the time between appointment booking and appointment date.

Survey respondents indicated that the average time a client who successfully obtained and attended services spent searching for an outpatient mental health appointment was 28 days, or about one month. Among respondents, the median time spent searching for services was 14 days, indicating that half of all clients needed two weeks or more to successfully book an appointment. Approximately 30% of survey respondents spent 30 days or more searching for an appointment.

TABLE 2. Summary Statistics on Outpatient Appointment Search Times (in days)

MEAN	STANDARD DEVIATION	MEDIAN	MAX	MIN
28	41.6	14	200	0

Once an appointment is booked, clients still must wait to be seen depending on scheduling availability. On average, the length of time between when a client made an appointment and when they were seen was about 19 days, with a median of 10 days. Nearly three-fourths (111 or 73%) of clients who attended a first outpatient appointment spent 14 days or fewer between when they scheduled an appointment and when they were seen (Table 3).

TABLE 3. Summary Statistics for Time Between Date of Scheduling and Date of Appointment (in days)

MEAN	STANDARD DEVIATION	MEDIAN	MAX	MIN
19	31.4	10	210	0

Taken together, the results imply that, for the average respondent, it would take almost one month to find a provider who was available for an appointment and another three weeks to receive the services. This provides suggestive evidence that search times and appointment wait times are both impediments to timely delivery of mental health services. The survey results may underestimate the difficulty of finding outpatient mental health services, as the eligible respondents to this survey were people who successfully obtained an appointment and does not include those who have not yet found services or have stopped their search.

Further, standard tools for increasing the supply of health services, such as increasing insurance reimbursement rates to healthcare providers, are inadequate for eliminating appointment availability and search issues. We explored the relationship between reimbursement rate changes and behavioral health service supply using data on Medicaid reimbursement rate changes for mental health providers contracted with CCBH from 2010 through 2019. We found that increasing reimbursement rates led to a modest increase in the supply of services. Overall, we estimated that a typical rate change of 20% is projected to result in an increase in service supply of only 2-4%. This increase can be attributed to two changes: (1) an immediate increase in services among those already receiving behavioral health treatment and (2) a delayed increase in new clients. This finding emphasizes that while reimbursement rates can increase the availability of mental health services for existing and new clients, we should not expect such changes to address the broader systemic challenges and capacity shortfalls in behavioral health treatment.

Investments to increase access and address client experience barriers

In response to these barriers, DHS and CCBH have initiated a series of investments designed to improve the client and provider experience for timely connections to care, including:

- Creating transparency of appointment availability to reduce appointment search times.
- Behavioral Health Fellows, a loan repayment and fellowship model to increase behavioral health staff recruitment and retention, leading to higher service capacity.
- Investing in community based mental health supports to supplement the formal behavioral health treatment system.
- Expanding access to evidence-based treatments such as medication for opioid use disorder and cognitive behavioral therapy.
- Supporting clinical decision-making to reduce wait times and prevent escalations in symptoms.
- Flexible reimbursement rates to increase access to services among youth with acute symptoms and high-intensity needs.

Creating transparency of appointment availability to reduce appointment search times — A centralized system for tracking appointment availability of Medicaid-contracted behavioral health providers does not exist in Allegheny County. This lack of centralized information complicates the process for clients seeking care, leading to time-consuming and inefficient searches that fail to connect them with the necessary services. This inefficiency not only consumes valuable resources for service coordinators and providers but also detracts from the overall effectiveness of the behavioral health system.

For providers, the current search process leads to lack of coordination between waitlists as clients, to secure an earlier appointment, schedule with multiple providers. This results in a higher rate of appointment no-shows, which negatively impacts providers' financial health. For service coordinators, the lack of capacity visibility across providers hampers their ability to make informed referral decisions, introducing uncertainty and barriers into the referral process. Similarly, clients face challenges in identifying available appointments, which increases the time required to connect with services.

DHS and CCBH have proposed a shared vision to minimize customer barriers to connecting to care. This vision consists of three components: (1) know who is attempting to connect to care and whether they succeed; (2) centralize and disseminate information on appointment availability as frequently as possible; and (3) match client needs to appropriate services. While improved information flows do not increase system capacity, they play a critical role in helping service coordinators and clients find care more quickly.

To reduce appointment barriers, CCBH launched an internal tool in December 2023 that will collect and centralize data on availability for six levels of mental health services for youth (partial hospitalization, case management/service coordination, family-based mental health and three intensive behavioral health services). These data will be used to monitor system capacity and availability, while reducing barriers and search time for matching clients to service providers through CCBH’s service coordinators. The data will be disseminated directly to clients via the CCBH website to equip them with information to connect to care, and the initial set of services will expand by the end of 2024 to include outpatient mental health providers for youth.

Behavioral Health Fellows — To address the shortage of workers in Allegheny County’s behavioral health system, DHS introduced the Behavioral Health Fellows program in 2023, in collaboration with CCBH, state partners Pennsylvania Office of Mental Health and Substance Abuse Services and the Pennsylvania Department of Education, and local partners Jewish Healthcare Foundation and the Pittsburgh Council on Higher Education. The program, supported by \$15 million in Medicaid funds, aims to strengthen the workforce by hiring and retaining 180 direct care staff in specific Medicaid-covered services such as blended service coordination, family-based mental health, case management and crisis services, among others.

The program is open to both current employees and new staff in these services. Participants who commit to two years of employment can receive up to \$45 thousand in student loan repayment, professional development and additional training. The program also aims to improve the overall workforce by raising minimum salaries, offering supervisor training through Pennsylvania State University’s Smeal College of Business, and providing job placement help.

As of March 2024, the program has enrolled 64 Fellows, with \$3.2 million allocated for their student loan repayments. An additional 30 Fellows are expected to join in Spring 2024, with \$1 million set aside for loan repayments. While enrollments are continuing, DHS will collaborate with the University of Pittsburgh’s Medicaid Research Center to evaluate the program’s success in increasing access to care, decreasing wait times, and increasing staffing levels and retention.

Investing in community-based mental health supports — Allegheny County has a wide range of services designed to help people with human service and behavioral health needs, including mental health crisis responders, substance use assessment and treatment centers, homeless outreach and housing supports, financial assistance programs, and case management for individuals with justice system involvement. However, for those in marginalized communities, a lack of culturally competent providers and other barriers such as stigma exacerbate the access challenges described above.

Beginning in September 2022, to address these barriers for marginalized communities and to complement existing offerings, DHS is investing in informal mental health services that are provided outside of the formal behavioral health treatment system. Prior research indicates that in some communities, people struggling with mental health issues are more likely to reach out to informal supports for help, owing to closer relationships between the person struggling and the helper, which leads to greater agreement about the perception of the problem and possible solutions.

Through a public solicitation, DHS has contracted with 15 community-based organizations, ranging from an organization supporting the mental health of individuals within the Bhutanese community through Mental Health First Aid and other training to a gym and mental health space for the transgender community.³ DHS committed \$5.4 million in funding for two years for these projects that aim to increase access to informal helpers and the availability of culturally competent, proactive supports that connect people to preventative care. Upon completion of project timelines and evaluation of results, the initial investments will be considered for longer-term funding to sustain this capacity.

3. Read more about the organizations DHS is funding [here](#).

Expanding access to evidence-based treatments — DHS and CCBH are committed to expanding access to evidence-based mental health and substance use treatments, through innovative methods such as mobile services, telemedicine, and services provided beyond licensed clinicians and Medicaid-contracted providers.

Following legal settlements in 2021 and 2022 with companies implicated in the opioid crisis, the County received funding to address this epidemic’s impact, with funds being allocated to decrease overdose deaths and mitigate the consequences of opioid use disorder. The opioid settlement funds present an opportunity to strengthen existing supports and expand access to behavioral health services.

Allegheny County has allocated its initial \$14.4 million from these funds to expanding services, with a particular emphasis on improving access to treatments for opioid use disorder, including medication-assisted treatment, viewed as the most effective treatment to combat opioid dependency. Initiatives include mobile medication units providing treatments to communities in need and telemedicine services enabling prescriptions online or by phone to increase access to treatment. The funding will enable mobile clinics to serve over 600 clients with a medical visit and expand telehealth services by up to four times, potentially completing over 9,000 encounters per year.

Additionally, DHS issued a solicitation in April 2024 to expand services for individuals transitioning from the Allegheny County Jail, with a central focus on scaling cognitive behavioral therapy, an evidence-based treatment that has shown robust positive effects among individuals at high risk of crime, to 700 individuals annually through group-based therapy sessions. The solicitation sought responses from a range of providers, including behavioral health professionals, community and faith-based organizations, and other non-traditional healthcare providers, emphasizing a broad-based approach to delivering critical services. Services are expected to begin development and enrollment in late 2024.

Collaborating with providers to increase therapy availability through group therapy — Group therapy offers a promising solution to increasing treatment availability for Medicaid patients, reducing wait times, increasing provider reimbursements and improving access to care. Despite its benefits, including matching the efficacy of individual therapy for common symptoms such as anxiety and depression, service utilization is low with approximately 1,500 County residents on Medicaid receiving outpatient group mental health therapy in 2022.⁴ To understand these utilization patterns and expand capacity, DHS will collaborate with local therapists and those seeking licensure to identify opportunities to increase group therapy utilization and pilot at least one promising solution by March 2025.

Supporting clinical decision-making to reduce service wait times and prevent escalations in symptoms — Along with increasing the availability of behavioral health services, supporting clinical decision-making to improve the prioritization of those with higher risks of escalating symptoms on waitlists may lead to better client outcomes. Currently, without clear insight into clients’ conditions and risks, such as the potential for self-harm, providers schedule based on simple client characteristics or a first-come-first-served basis. This approach may delay access to needed services for those at higher risk of negative outcomes.

4. Jenny Rosendahl et al., “Recent Developments in Group Psychotherapy Research,” *Am J Psychother.* 2021 Jun 1;74(2):52-59. doi: 10.1176/appi.psychotherapy.20200031. Epub 2021 Mar 22. PMID: 33745284.

Since April 2024, DHS has been partnering with CCBH to pilot prioritization models with family-based mental health services, a specialized treatment for youth and families designed to reduce the risk of inpatient hospitalization. If successful, the pilot will be used to support clinical decision making in triaging new clients for services. Further, the teams will explore the use of similar approaches for broader applications, such as outpatient mental health, to provide valuable inputs into scheduling decisions by providers.

Flexible reimbursement rates for youth with intensive behavioral health needs — Residential treatment facilities (RTFs) provide 24-hour supervision, support and therapy for individuals who need intensive services and treatment for acute behavioral health conditions. However, some youth meeting medical necessity criteria for RTF placement are denied an RTF placement from providers due to their complex needs as indicated by their histories, behaviors and diagnoses. In the trailing twelve months, providers have issued 154 rejections based on client acuity, accounting for nearly half of all reasons youth were not accepted by providers. This inability to match youth with providers may be compounded by fixed reimbursement rates for RTF services, which do not account for increased costs and service demands of caring for higher-acuity youth.

In June 2024, we initiated a six-month pilot to explore whether flexible reimbursement rates based on the severity of youth conditions can address challenges associated with fixed rates and higher care costs in RTFs. Success in this pilot will lead to broader implementation in Allegheny County with the potential to include other CCBH counties, improving access and quality of care for a critical segment of youth seeking behavioral health services.

Next steps

Following the insights gained from both the DHS outpatient mental health survey and the University of Pittsburgh’s mystery shopper study, the actions proposed in this document seek to address barriers to accessing behavioral health services. These actions and investments are intended to complement the efficacy of existing initiatives from DHS and CCBH, focusing on expanding network capacity and improving clients’ ability to find and connect with behavioral health services.

DHS and CCBH will continue to refine and expand initiatives that have demonstrated potential to improve appointment access and service capacity. This includes the further development and broader application of tools for increasing transparency in appointment availability, enhancing workforce supports and expanding access to evidence-based treatments. Additionally, we will continue to invest in pilot programs as low-cost opportunities to experiment with and learn from new ways to serve the community, scaling those that improve clients’ lives and ending those that are ineffective.

To promote transparency and continuous improvement, DHS and CCBH will analyze the initiatives and communicate results on [Allegheny County Analytics](#) as projects are launched and mature. DHS and CCBH will incorporate feedback and learnings from these evaluations into ongoing strategic decisions to increase the accessibility and quality of behavioral health services for Allegheny County residents.