**Creating Outpatient Access for Allegheny Health Network Patients through an Expansion of the Psychiatry and Behavioral Health Institute’s Service Line**

by

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**Abstract**

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The Pittsburgh Metropolitan Area’s current need for psychiatry and behavioral health services are growing. Allegheny Health Network’s Psychiatry and Behavioral Health Institute has the opportunity to expand its outpatient service line to accommodate same-day appointments coupled with a short-term patient care model. The new model could create an access point for patients who would otherwise not have access to care. Viability for an expansion at AHN can be supported by contextualizing current issues in mental health delivery, conducting an internal readiness assessment and market scan, designing a care delivery model, and defining success for the expansion. These assessments support investment in offering same-day appointments coupled with a short-term care model. AHN’s Psychiatry and Behavioral Health Institute’s outpatient expansion supports the public health need for mental health wellbeing and clinical access to care.

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# Introduction to Mental Health

According to the World Health Organization, mental health is defined as a state of well-being in which every individual realizes his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and can make a contribution to her or his community (Organization, W.H. 2003). In the United States, one in five adults will experience a mental health illness within their lifetime (Organization, W.H. 2003). When a clinical professional identifies an illness, a course of treatment is identified. For services outside of depression management, mental health services are referred to a specialist for counseling, medication management, and psychiatric care. Mental health and substance abuse treatment in 2014 accounted for $220 billion of the $3 trillion total health spending in the United States (SAMHSA 2016). Seven percent of health spending for mental health care is expected to rise. In order to keep up with the demand, health networks across the United States will need to expand strategically. Both patients seeking care and healthcare providers offering mental healthcare services are presented with a unique set of challenges.

## Barriers to Mental Health Service Availability

There are five critical barriers to mental health service availability: (1) the absence of mental health from the public health agenda and the implications for funding; (2) the current organization of mental health services; (3) lack of integration within primary care; (4) inadequate human resources for mental health; and (5) lack of public mental health leadership (WHO 2019). In the United States, there has been an increased focus on mental health as a core public health need. In the ACA, spearheaded by former president Barack Obama, patients must have access to free preventive services such as screening, psychiatric medication coverage, counseling and treatment, and hospitalization (Fish-Parcham 2017). The ACA addresses two of the five barriers to mental health service availability: the absence of mental health from the public health agenda and the implication for funding, and the lack of public mental health leadership.

Although an improvement to mental health service availability, the ACA could not provide insight into the external factors shaping mental health delivery: disjointed services between mental health care and primary care and the increasing provider shortage. However, the mental health community is responding to address these issues. The addition of free mental health preventive screenings in primary care is positive towards early detection and treatment. A patient who screened positive for depression at PCPs office can often remain in treatment with that provider for medication management. The PCP can then refer the patient out to counseling if needed. However, if a patient continues to struggle and is determined to need more care a PCP is left with few resources. In a recent survey, two-thirds of primary care physicians reported that they were unable to obtain outpatient mental health services for their patients which is twice the rate of other frequent referrals (Cunningham, P. J. 2009).

The top barrier for physicians and patients obtaining mental health services is the inadequate human resources for mental health. According to a joint report from the Health Resources and Services Administration, National Center for Health Workforce Analysis, Substance Abuse, and Mental Health Services Administration, and the Office of Policy, Planning, and Innovation, a shortage of over 20,000 full-time mental health provider equivalents is anticipated by 2025. With this disparity, patients and providers will continue to be left without obtaining the care they need. (HRSA 2015).

Finally, the lack of integration within primary care further complicates any mental health service lines. Although information can be shared due to the implementation of electronic health records or EHR’s, particular forms are needed to release this information across different providers within mental health. For example, a patient may be receiving mental health services such as outpatient counseling and outpatient psychiatric medication management with Allegheny Health Network (AHN), but the information is not automatically released across providers even within the same network. The lack of information sharing highlights the disorganization and breaks within mental health services. Although legislation like the ACA led to specific changes in mental health screening and coverage for services, patients with complex diagnoses cannot access the care they need. To overcome all five barriers to mental health service availability, the current organization of mental health services needs to change.

## The Role of Healthcare Organization

Healthcare organizations are now challenged to fully meet the needs of mental health patients through strategic realignment of their services. Healthcare organizations are forced to reevaluate the services they offer and attract and retain top behavioral health talent to deliver that care.

In Western Pennsylvania, AHN is a critical player in delivering mental health care. As the need for mental health services grows, AHN must evaluate its role in care delivery and which patients to serve. AHN’s Psychiatry and Behavioral Health Institute is in charge of all mental health care for the organization. It now has the opportunity to expand its outpatient service line to accommodate same-day appointments coupled with a short-term patient care model. The short-term patient care model will align staff to serve patients who may need short increments or treatments or extend services to patients who are waiting to seek longer-term case management. The expansion of AHN's same-day appointment service will create an access point for patients seeking both convenient care as well as care that meets their mental health needs. The new model could create an access point for patients who would otherwise not have access to care. Viability for a service line expansion at AHN can be supported by contextualizing current issues in mental health delivery, models of care delivery, conducting an internal readiness assessment and Western Pennsylvania market scan, designing a care delivery model, and defining success for the expansion.

# How to Expand a Service Line

Traditionally, healthcare organizations have siloed services by location. For example, a hospital would decide whether to expand a specialty department in relation to all other services the hospital offers. With a shift from the volume of services to value-based care, healthcare organizations have begun to assess their specialties by looking at their services across all locations. A healthcare service line is a collection of services offered to a patient related to the specific specialty of care. For example, all behavioral services would be evaluated together to determine where funding and resources should go across all locations. The service line approach follows the patient experience through all services offered in a given specialty.

 In order to expand a service line, the health care organization should compile and evaluate the modes of care delivery, conduct an internal readiness assessment, and scan the market (HFMA 2014). The compilation of this information allows management to gain a balanced view of shifts in the market and to help the organization decide if expansion is the right option at this time. If the assessments yield an opportunity to expand, the healthcare organization should then design an operating model for the expansion and define the value for the organization by answering what success looks like (HSG 2017).

# Modes of Care Delivery

Understanding the current modes of psychiatry and behavioral health care delivery is a crucial initial step. Currently, psychiatry and behavioral health care delivered in eight modes: primary care physicians (PCPs), outpatient psychiatry, outpatient counseling and psychotherapy, intensive outpatient, mental health urgent care, emergency care, inpatient care, and emerging technologies including telehealth visit.

## Primary Care Physicians

Traditionally, PCPs have treated physical ailments such as diabetes or arthritis. Recently, PCPs have become an essential point of care access to behavioral health. In 2015, the Center for Disease Control (CDC) stated the number of visits to physician offices with mental health disorders as the principal diagnosis was 59.8 million visits (CDC 2015). For patients who have an established PCP for annual visits, the patients can discuss mental health and receive free mental health screenings. Generally, treatments for depression or anxiety can be managed through medication prescribed by a PCP (National Institute of Mental Health 2016). The primary care office is often the first place a mental illness can be detected. However, treatment cannot always be delivered through this mode. According to the CDC’s National Center of Health Statistics 2018 Data Brief, adults between 18-64 saw PCPs at a rate of 397 visits per 10,000 adults. Of the 30 million mental health-related physician visits, 32% were seen by a primary care physician. Rural areas had the highest rate of PCP visits at 54%. In a medium to small metropolitan areas, 44% of the visits were to PCPs. In large metropolitan areas, only 26% of visits were with PCPs (CDC 2018).

PCP visits are a core point of access for behavioral health patients, especially for those with mild issues that can be monitored by the PCP. As mental health care expands, PCP integration will continue to be necessary to alleviate the strain on overloaded mental health professionals. An expansion that connects PCPs with mental health specialists will help create a better continuum of care for patients, and the active involvement of PCP should be planned for an expansion of a mental health service line.

## Outpatient Psychiatry

Outpatient psychiatry visits include meeting with a psychiatric medical professional in an outpatient setting. Psychiatrists can see patients who need basic care, but also can treat patients with serious psychological distress. Major depressive disorder, bipolar disorder, and schizophrenia are mental health conditions need specialized attention for medication management and treatments monitored by a psychiatric professional (Heun 2018). Patient with these disorders can typically be monitored and treated in a more convenient outpatient setting. According to the CDC’s National Center of Health Statistics 2018 Data Brief, adults between 18-64 saw a psychiatrist at a rate of 693 visits per 10,000 adults. Of the 30 million mental health-related physician visits, 55% were seen by a psychiatrist. In large metropolitan areas, 63% of mental health visits were with a psychiatrist (CDC 2018). Rural areas had the lowest rate of psychiatrist visits at 29% (CDC 2018). In a medium to small metropolitan areas, 37% of the visits were to psychiatrists (CDC 2018). Outpatient psychiatry is a core need in the Pittsburgh area due to the high number of visits seen for a patient in large metropolitan areas. Thus, outpatient psychiatry is an area that should be considered for expansion.

## Outpatient Counseling and Psychotherapy

Outpatient therapy and counseling have many forms including cognitive behavioral therapy, interpersonal therapy, family therapy, psychodynamic therapies, and others to help patients deal with thoughts behaviors, symptoms, stresses, goals, past experiences, or other ways to promote patient recovery (Mental Health America 2018). According to the Barna Group, counseling is a popular form of outpatient therapy, as 42% of adults in the United States have seen a counselor and an additional 36% are open to it (Barna Group 2019). Outpatient counseling is frequently sought by Americans even without a referral from a clinician, as only 39% of individuals indicated that they received a referral for counseling from their primary care physician (Barna Group 2019). Counselors are found through many different means. Nineteen percent of individuals were recommended by a family or friend to seek services, 12% were found through online searches, and 31% were found through a church, mental health non-profit, or other means (Barna Group 2019). When patients were asked what two factors were most important in choosing a counselor, affordability, at 46%, and specialization/expertise, at 42%, were the prime factors for patients. In terms of expansion, having available counselors for walk-in hours should be considered for expansion because of the population’s comfort with the practice and patients’ willingness to actively seek outpatient counseling with or without direction from their physician.

## Intensive Outpatient & Partial Hospitalization Programs

Intensive outpatient treatment programs (IOP) provide structured settings for patients to work towards stabilizing mental health, behavioral health, or substance abuse (Acadia Healthcare 2019). IOPs can serve patients that are recovering from substance abuse, struggling with anorexia, or other more serious conditions. Patients are medically stable and psychiatrically stable enough to receive an individualized treatment plan. A key component of IOPs is group counseling which includes the individual working together with other IOP patients to advance recovery. IOPs can help individuals manage medication, engage in group therapy, individual therapy, family therapy, and coordinating care. IOPs generally meet between 2-3 days a week for 3-5 hours at a time (ANAD 2019). Partial Hospitalization offers similar treatment filled days except in patients and clinicians meet between 5-7 days per week for 6-10 hours at a time.

## Urgent Care

Urgent Care psychiatric and behavioral health services allow quick access to psychiatric assessment and short-term treatment. The organization of these services is still in the early phases of development. As of 2014, there were only ten organizations known to have urgent care facilities for mental health (Sunderji, N., de Bibiana, J. T., & Stergiopoulos, V. 2015). The urgent care treatment model includes a structured triage, strategy for ensuring follow up appointments and learning how to share information with PCPs. With this model, some success has been seen in averting the numbers of emergency department (ED) visits and admissions (Sunderji, N., de Bibiana, J. T., & Stergiopoulos, V. 2015). Thus far, all urgent care was located within a hospital's outpatient mental health services. The current number urgent care of visits annually has not been reported as of 2019.

## Short-term Care Clinics

A short-term care model can be defined as "delivering services to maximize the efficiency of clinical staffing resources in meeting the mental health needs to as many students as possible" (Student Affairs, Pitt 2019). The short-term care clinics are most prevalent in universities. Since the introduction of such clinics, universities have been faced with the challenges of meeting the need for students' mental health service volume. In 2006, the Gallagher Report from the University of Pittsburgh highlights that of the 17.5 million students across the university that approximately 8.5% or 1.5 million students reported using the university counseling clinics (Jed Foundation 2016).

The University of Pittsburgh currently utilizes the short-term care model at their Counseling Center under the Student Health umbrella in order to meet the needs of students. One core way that the Pitt Counseling Center copes with student patient volume is by holding daily walk-in hours coupled with scheduled appointments. Counselors are each assigned a day to be part of the walk-in hours and then can hold scheduled counseling hours for the week. Additionally, two psychiatrists can alternate days of University scheduled availability as well as operating their non-University affiliated clinics. As of now, psychiatric visits are scheduled and not available during walk-in hours (Student Affairs, Pitt 2019).

Most colleges in the United States offer counseling appointments and provide free, short-term care for students. Student services fees usually fund short-term student health clinics. Initially, counseling centers were intended to help students through a specific developmental challenge or adjustment problem such as homesickness or failure to establish a social network (Jed Foundation 2016). The centers are staffed by counseling, clinical psychologists and psychiatrists. The benefit of the short-term care model at universities is reaching more students and patients; however, there is room for improvement in the continuum of care and managing the high patient both efficiently and delivering the necessary level of care

## Emergency Care

The primary directive of all EDs, regardless of a patient’s mental health diagnosis, is to stabilize the patient. Whereas, in emergency psychiatric facilities, the purpose of the units is to stabilize patients and find long-term treatment. Psychiatric emergency patients stay longer than other emergency patients because psychiatric beds and outpatient services such as addiction treatment or counseling are overburdened and often expensive (Nitkin, K. 2018). Emergency psychiatric units are tasked with providing specialty care suites to ensure patient safety. The clinician’s jobs are demanding including a 24-hour need for patient care. Hospital stays are expensive for hospitals and patients even with insurance coverage. Due to patients not being able to utilize outpatient treatments, many patients with chronic mental health issues end up the ED. According to the CDC, the number of visits to EDs with mental health disorders as the primary diagnosis was 5.7 million visits (CDC 2018).

## Inpatient Care

Inpatient psychiatric care is a demanding business due to the long hours, unpredictable patients, and safety measures need to care for patients. Not all hospitals are equipped to handle inpatient psychiatric and behavioral needs. Thus, there are limited numbers of beds that are often above capacity (Nitkin, K. 2018). Inpatient care includes medication management, observation, group therapy, and other patient engaging therapies (Acadia Healthcare 2019). In 2006, a compilation of data from 418 community-based hospitals showed that there were 216,996 inpatient psychiatric admissions (Grazier, Stendsland, and Watson 2012). The charge for these services was 2.5 times higher than the reimbursed amount for services. Inpatient care is a necessary part of psychiatric services but is generally very expensive.

## Telehealth and Technology

Telepsychiatry and telecounseling are two emerging care delivery modes. Telehealth visits are cost-effective treatment options where patients do not need to come into an office to receive care (Iris Telehealth 2018). Although new, reimbursement for telehealth visits is becoming more prevalent. For a provider of this service, integrating with the health systems, EHR record can be a challenge. In a 2012-2013 baseline study for telepsychiatry visits research reported that a total of 3801 individual utilized 5635 telepsychiatry visits in Ontario (Serhal, E., Crawford, A., Cheng, J., & Kurdyak, P. 2017). Telepsychiatry visits will continue to rise in popularity due to their convenience and lower cost.

There is emerging technology in terms of phone applications and online resources for mental health care. A few key areas of focus are mindfulness meditation, journaling symptoms and mood patterns, online video and chat counseling appointments. In 2016, a study was conducted that found that 61 mental health apps are available on the Apple Store. Of the 61 applications, 56% targeted patients’ anxiety, panic, and stress at while 26% targeted mood disorders (Parker et al. 2018). According to CNBC, the top-grossing health and fitness app on Apple’s iOS called “Calm” recently was valued at $1 billion and raised an additional $88 million in additional funding (LaVito 2019).

## Conclusion

There is a diverse range of modes of care delivery within the psychiatry and behavioral health market. Traditional modes of care delivery are becoming overburdened with the influx of patients. Due to such constraints, emerging models that utilized technology such as telepsychiatry and apps are growing in popularity. Newer modes of delivery such as urgent care and short-term care models aim to help patients before they reach a level of distress that warrants an ED visit. Thus, mental health care services market is changing along with the modes of care delivery.

# Internal Readiness Assessment

An internal readiness assessment takes into account the history of an organization along with current operations, and the goals for the future (HFMA 2014) The assessment includes overview of AHN, defining the operations of the same-day appointment model, assessing current trends within the Psychiatry & Behavioral Health Institute, and create insights based on the community health needs assessment data and methodology. After an assessment, a recommendation can be made to move forward with expansion or not.

## AHN Overview

AHN is a leader in health care delivery in the Pittsburgh Metropolitan Area. AHN has seven Pennsylvania locations including Allegheny General Hospital, Allegheny Valley Hospital, Canonsburg Hospital, Forbes Hospital, Jefferson Hospital, Saint Vincent Hospital, and West Penn Hospital and one New York Location, Westfield Memorial Hospital. AHN states that it is an “integrated health system dedicated to providing exceptional care to people in our communities. Our patient-centered approach to care means a greater focus on coordinated health and wellness services, as well as being accountable and responsive to patients from start to finish (Allegheny Health Network 2017).” AHN values the opportunity to deliver a continuum of care for patients. Three of AHN’s core values are customer-focused collaboration, courage, and innovation. Expanding a service line to meet patient needs is customer focused. Through innovating a new care model for a needed service, AHN can act on their core values.

AHN was acquired by Highmark Health, an insurance company in 2014. Highmark has been investing capital to help AHN grow and improve. Highmark has helped AHN realign from a traditional operating model where each hospital is making its own financial decision, to an institute model which aligns finances across an entire service line. AHN is a position to gain capital for core projects for expanding and improving an institute’s service line. Being an integrated system with Highmark Health allows insight and financial investment in meeting the community need.

Since Highmark is an insurance payor, they are invested in avoiding high reimbursements for hospital visits due to not being able to access care. With the disparities in mental health care access, Highmark and AHN feel the financial burden for patients who need more than primary care but do not have access to it. This alignment of goals supports the service line expansion.

## AHN’s Same Day Appointment Service

AHN has launched the same day appointments service for patients for primary care and over 20 specialties. Same day appointments have become more popular for patients who want convenient access to care and organizations like AHN are competing against urgent care centers. Creating this convenience allows patients to be seen in a clinic from someone who can relay information back to their PCPs and help schedule a follow-up appointment. According to AHN.org, if a patient calls before 11 AM Monday through Friday, a local clinic will offer a same-day appointment with a specialty doctor, PCP, nurse practitioner, or physician assistant that day. If a call is placed after 11 AM or over the weekend, they will schedule an appointment that works with the patient's schedule. The announcement states: "Never having to wait for your health is #LivingProof." Below is the process for obtaining a same day appointment.

Figure 1 Same Day Appointment Process Flow

AHN.org also states that “ possible exceptions include patients that need to be seen by behavioral health and dermatology, as appointments with these specialties can be limited.” The demand for mental health outpatient services is high and causes the service line to be unable to handle the influx of calls for same day appointments. The process for mental and behavioral health patients involves more steps to receiving care at an AHN location than a traditional patient. The call system and technology are available to process requests for same day appointments. AHN’s appointment system is ready for an expansion.

## Psychiatry & Behavioral Health Institute

With the 2018 shift from a traditional operating model to an institute-driven model, each institute is tasked with evaluating their internal performance, culture, revenue, and needs. Currently, the structure of decision making for planning comes down to two co-chairs one with a business focus and the other with a clinical background. Both parties have expressed the need to expand as a core need for the Institute. AHN’s Psychiatry and Behavioral Health Institute currently offers inpatient treatment, intensive day treatment and outpatient programs, and traditional outpatient therapy as psychiatric, behavioral, and mental health services.

The Institute states that the “treatment for behavioral and mental health disorders [are] right where you live, right when you need it. When you choose us for your care, you can expect Connection to Care, Advanced Treatments, and Unique Subspecialties.” The proposed expansion of the Institute includes a same-day appointment model coupled with a short-term care model. The VP, Doug Henry, has expressed interest in improving outpatient access to care and is open to suggestions; thus, it appears that the Behavioral Health Institute leadership is ready for an expansion.

## AHN 2018 Community Health Needs Assessment Results

Community Health Needs Assessments (CHNA) are a required for hospitals to maintain not for profit status. Since AHN has conducted two assessments, the CHNA is an indicator of specific needs of the AHN service areas. Assessment results show that AHN is ready to expand the psychiatry and behavioral service line because of the prevalence of, and priority placed on, mental health in the CHNA’s measures. The goal of a CHNA is for each hospital (in the case of AHN, seven hospitals) to research what community benefits are needed the most and adopt implementation strategies to actively improve the communities they serve (AHN 2019). In order to comply with the requirements imposed by the Internal Revenue Service, tax-exempt hospitals and health systems must:

Conduct CHNA every three years.

 Adopt an implementation strategy to meet the community needs identified through the assessment.

Report how the entity is addressing the needs identified by in the CHNA.

### AHN’s CHNA Methodology

In 2015, AHN completed their first CHNA. A consultant designed the methodology for AHN’s CHNA, which included input from a broad range of community members served by each hospital, individuals with specialized knowledge of public health issues, and representative of vulnerable populations. Community leader interviews were conducted. Additionally, an internal survey was made available to all AHN providers. Providers inventoried programs and services related to critical needs of the community. The community and expert data were compared and adapted by secondary data of health status and socioeconomic, environmental factors related to the health and wellbeing of patients (AHN 2016). A sample methodology for AHN’s 2018 CHNA is shown below in Figure 2. The methodology includes synthesizing public feedback, outside data informatics, community input, and internal clinician surveys into an actionable implementation plan (AHN 2016).

Figure 2 AHN Community Health Needs 2018 Methodology

### AHN CHNA Results

AHN defines their primary service area as the area in which 80% of their inpatient discharges originated. Across all AHN eight hospitals, the 2015 CHNA indicated that the primary service areas included Allegheny, Butler, Erie, Washington, and Westmoreland counties. Seven out of the eight hospitals had prioritized mental health as demonstrated by AHN’s 2015 CHNA. The CHNA also solicited an interview with community stakeholders. During the interviews, respondents were asked to name the top three health concerns in their given service area from the eight hospitals. Mental health was mentioned in 71% of interviews and ranked even above access to care, at 61%, and cost of care, at 57%. A key finding from the 2015 CHNA was that mood disorders could account for up to 11% of inpatient stay diagnoses. The CHNA determined that inpatient use might be unnecessary for some cases and thus a recommendation to increase utilization of outpatient behavioral health service. Being able to manage the problem in outpatient is less costly and convenient for the organization and patient.

In 2018 all eight hospitals CHNA’s identified behavioral health services as a community health need. In order to respond to the increased need for behavioral health services, three objectives were identified. Objective one is to increase the utilization of outpatient behavioral health services, particularly for the most vulnerable populations. Objective two is to increase the knowledge and skills of first responders and community members around behavioral health. Objective three is to increase the number of healthcare providers integrating behavioral health and physical health (AHN 2019).

Figure 3: Allegheny Health Network’s CHNA 2018 Objectives

In order to create implementation strategies, a CHNA includes a community resource inventory which details the locations that offer psychiatry and behavioral health services. In Table 1, the service availability for inpatient or outpatient care is cataloged by location. The table accounts for six outpatient service locations and two inpatient facilities. A patient can present with a psychiatric emergency at any hospital, but they may not be equipped to handle the long-term treatment of a patient. Thus, inpatient psychiatry refers only to hospitals who can admit and begin psychiatric inpatient treatment. As Allegheny Valley and Forbes Hospital are equipped to handle the unique needs of the inpatient psychiatric conditions.

Table 1 Psychiatry & Behavioral Health Inpatient & Outpatient Services Availability by Site

|  |  |  |
| --- | --- | --- |
| Location Name | OutpatientServicesOffered | InpatientServices Offered |
| Allegheny Clinic | **X** |  |
| Bethel Park Health + Wellness Pavilion | **X** |  |
| Brentwood Professional Plaza | **X** |  |
| Jefferson Behavioral Health Pleasant Hills | **X** |  |
| Jefferson Behavioral Health Whitehall | **X** |  |
| South Hill Medical Building at Jefferson Hospital | **X** |  |
| Allegheny Valley Hospital |  | **X** |
| Forbes Hospital |  | **X** |

### CHNA Limitations & Other AHN Considerations

A CHNA is limited to hospitals currently conducting services. However, Allegheny Health Network is in the process of building the new Wexford Hospital. Services are currently being finalized but could include psychiatric or behavioral health services. The new Wexford Hospital will be included in the next CHNA.

Additionally, AHN operates the Wexford Health and Wellness Pavilion. The pavilion offers outpatient care. The pavilion is located in the North Hills of Pittsburgh and aims to provide convenient care in renovated spaces. The pavilion takes on the role of medical concierge and promotes a holistic approach to care delivery and coordination. Currently, the pavilion does not offer behavioral health as an outpatient service.

Additionally, the CHNA does not account for designated “centers” or operational units within a hospital. AHN has a Center for Inclusion Health, which is a division of the Department of Medicine at Allegheny General Hospital. The center aims “to provide outstanding health care to everyone” especially those who are socially marginalized and underserved populations. Figure 4 shows the long-term goals the center would like to achieve.

Figure 4 AHN Center for Inclusion Health Long-term Goals

## Internal Readiness Assessment Findings

The CHNA shows that AHN is ready to expand their psychiatric and behavioral health services. With Highmark Health acquiring AHN, there are funds and investment opportunities available for the leadership within the Institute to expand the service line. Through an outpatient expansion, AHN could meet the increasing need for behavioral health services and enhance care coordination between behavioral clinicians and primary care physicians. Due to financial stability, openness to innovation, and the community need, an expansion is recommended.

# Market Scan

The purpose of this market scan is to explore psychiatric and behavioral services within AHN’s primary service area of Western Pennsylvania. In Western Pennsylvania, five major healthcare organizations provide a range of services. AHN and University of Pittsburgh Medical Center (UPMC) are both integrated networks, meaning that within their broader organization they offer health services and health insurance services. Heritage Valley is an independent hospital system which operates three clinics with access to mental health. Mercy Behavioral and Wesley Family Services offer community-based programs targeting lower income and at-risk individuals.

Table 2 depicts each healthcare organization’s psychiatry and behavioral health service line offerings. Data was pulled from each organization’s website psychiatry and behavioral health services page. The modes were marked with an “X” to show the availability (of services, as of April 2019, at each healthcare organization. All organizations surveyed offered outpatient psychiatry, outpatient counseling, and intensive outpatient. UPMC offers emerging telebehavioral health visits. Wesley Family Services also offers telebehavioral health, same day appointments, and urgent care.

Based on the services offered in the area, AHN has a strong service line offering. However, market scan shows opportunities for expansion, as no organization has a short-term care model. Also, same day appointments are unavailable from all except Wesley Family Services. AHN and UPMC compete with each other, as the entities are unwilling to accept the competitor’s insurance. Although a 2014 Consent Decree between the two organizations provided limited in-network access to specific groups at competitor facilities, Highmark Health patients cannot have covered service at UPMC and vice versa for UPMC patients seeking service at AHN. Thus, UPMC patients will generally not be using AHN mental health services. An exception to this would be during open enrollment for Medicare, Medicaid, and federal marketplace plans.

Table 2 Psychiatry & Behavioral Service Line Offering by Healthcare Organization

|  |  |
| --- | --- |
|  | Healthcare Organization |
| Mode | AHN | Heritage Valley | Mercy Behavioral | UPMC | Wesley Family Services |
| Primary Care Mental Health | X | X |   | X | X |
| Outpatient Psychiatry | X | X | X | X | X |
| Outpatient Counseling | X | X | X | X | X |
| IOPs & PHPs |  X | X | X | X | X |
| Urgent Care | Do Not Expand |   |   |   | X |
| Short-term care clinics |  Expand |   |   |   |  |
| Same-day Appointments |  Expand |   |   |   | X |
| Emergency Care | X |   | X | X |   |
| Inpatient Care | X | X | X | X |   |
| Telebehavioral health | In-Progress  |   |   | X | X |

 In the AHN column, areas for opportunity are shaded. Urgent cares are shaded in red because the hours needed to operate are high, and the name may attract complex and urgent cases that may need emergency attention. Urgent care would be less expensive than emergency care because typically a patient is not admitted; however, the time invested in treating a patient is significantly longer than a traditional outpatient visit. Additionally, staffing will be more expensive due to the beyond business hours operating time. In orange is telebehavioral health. AHN is currently investigating this as a service line expansion.

The green shaded services are opportunities that require less startup costs or utilize existing systems. Same-day appointments utilize the existing call center structure within AHN to triage and schedule patients. It also can be set-up to offer services during regular business hours or slightly extended hours. Because of this, staff may be more attracted to working in this position. The other service in green is the short-term care model. If the short-term care model is implemented along with the same-day appointment model, staff can be shared and rotate through having one day a week where they are serving in the same-day appointment clinic and then spend the majority of their time in the short-term care clinic. The same appeal of working during business hours applies and allows the opportunity to make a more substantial impact on AHN's psychiatric and behavioral health patients.

 Through the market scan, competitive services were collected in order for AHN to make an informed decision on which services they are missing from the other service providers. With the opportunities defined the stand out strategies are the same-day appointment model and short-term care clinic.

# AHN Service Line Expansion Care Delivery Model

After identifying the needs of the general mental market, defining the modes of mental health care delivery, conducting an internal readiness assessment, and Western Pennsylvania mental health service market scan, AHN should expand their Psychiatry and Behavioral Health Institute’s services. The two areas with the lowest risk are creating a same-day appointment model coupled with the short-term care model.

## Same-Day Appointments with Short-term Care Integration

In order to expand, AHN will continue to use the same-day appointment call center to schedule patients. Same-day appointments will be scheduled directly with the Short-term Care Clinic. New staff including will be hired to staff the clinics: psychiatrists, psychologists, advanced practice providers, administrative team, and care coordinators. Like the short-term care models in universities, staff will hold regularly scheduled appointments for 3-4 days per week and then be assigned to be available for same-day appointments. Scheduled appointment times allow staff to be able to meet critical internal patient volume requirements while still being available to meet the needs of same day appointments.

## Patient Pathways

The patient’s need is the priority of the Short-term Care Clinic. The same-day appointments service is an opportunity for patients to have convenient access to care when they need it or offer an alternative treatment path for those who need complex case management during a provider shortage. The same-day appointments will serve individuals seeking one-time care appointments, patients seeking long-term treatment needs, and those who to prefer short-term counseling. For a patient who has long-term treatment needs where a long-term provider is not available, the patient can be enrolled in the short-term care model and join the wait-list for a clinician.

Figure 5 depicts the patient pathway for a patient who needs care soon, has a case that requires long-term management, and cannot be seen by a long-term clinician due to lack of availability. The patient can connect to AHN's existing same-day appointment line 412.DOCTORS. The patient is scheduled for a same-day appointment at the Short-term Care Clinic. The patient can receive an evaluation where it is decided that the patient has a long-term need but that no long-term providers are available. A case manager puts the patient on the waitlist for the long-term provider. The patient needs the case manager enrolls the patient in the Short-term Care Clinic complex case management track. The patient is asked to sign release forms and is set up with a follow-up appointment. Information stored in the electronic health record is released to the patient's primary care physician, and when a long-term care provider becomes available, the treatment plan is shared with them as well.

Figure Long-term Need Patient’s Pathway through Same-day Appointment & Short-term Care Clinic

A patient who otherwise would not have been able to receive any care at AHN other than emergency care now has the chance to be treated. Because of the same day appointments, the patient can be seen quickly and then enrolled in the Short-term Care Clinic model. Not all patients will need this path but having a Short-term Care Clinic serves as a safety net for patients who could worsen without any treatment.

## Defining Success for AHN Service Line Expansion

In order to assess the success of the potential expansion, the service line leaders need to have a way to track success. First, patient volumes should be collected: the number of patients who access the same-day appointments per month, the patients who utilize the Short-term Care Clinic, the number of Short-term Care Clinic appointments a patient has before being transferred to a long-term care clinician, and the number of ED visits attributed to mental health.

Additionally, the staff will be assessed according to the Psychiatry and Behavioral Health Institute's volume standards for visits in the Short-term Care Clinic. Success is evident when staff is engaged and committed to improving the clinic by offering feedback.

# AHN Service Line Expansion Final Recommendation

The proposed solution to expansion of AHN’s Psychiatry and Behavioral Health Institute’s service line is the creation of a same-day appointment and short-term behavioral health clinic. The purpose of the clinic is twofold. First, Allegheny Health Network would expand the same day appointments to the psychiatric and behavioral clinic. The patient would see any available provider. Patients can call in and will be triaged into a same-day or next day appointment with an appropriate clinician. Since the scheduling service is through a call center, patients will need to be referred to a nurse in order to place the patient with the correct provider. The patient will be scheduled with an available mental health care provider. Once a patient is treated at the same day clinic, and an exit assessment will be made to see if the patient needs continued care or just came in for a walk-in visit such as stand-alone counseling visit. If further treatment is recommended or requested, the administration staff will check to see if a long-term clinician is available. If at this point there is no clinician available in the traditional clinic, a patient will be referred to the AHN short-term behavioral clinic’s service. The short-term clinic will offer counseling services, psychiatric medication management service, and psychology.

 Based on data from the CHNAs, the first target location would be near Forbes Hospital in Monroeville. Although Jefferson Hospital also has demonstrated a need, there are currently three existing outpatient facilities in its vicinity. With this expansion, choosing a new area such as Monroeville would underscore the newness and innovation near Forbes Hospital.

The pavilion and the Wexford Hospital campus display the newness and innovation frontier for AHN and an opportunity to expand. Integrating an innovative service at this location is aligned with the goals of the service line expansion. Currently, the pavilion does not offer any mental health services. The addition of the short-term clinic and same day appointments would set it apart as a full-service campus, and the available treatments will enable the Wellness Pavilion to cater to a patient who is looking for the care integration available in a healthcare campus. Since UPMC is campus-based, having this service integrated allows AHN to have an elevated North Hills campus appeal compared to the Oakland Campus of UPMC.

Current issues in mental health delivery support viability for an expansion at AHN. Due to an expected clinician shortage, staff that is hired will be able to serve more patients while still maintaining scheduled services. The need for mental health care continues to exceed the number of clinicians, but if this model is implemented, AHN has to opportunity to collect new data about its market share and guide next steps for patient care. An internal readiness assessment shows that AHN has identified that its community needs to utilize outpatient services more and the expansion of the service line would open up another care site and access points for patients. Due to the market scans, the areas of growth include a short-term care model, same-day appointments, and telehealth. Since AHN has not built a robust telehealth program, the same-day appointment model can be expanded to offer consistent services for the Psychiatry & Behavioral Health Institute. Because same-day appointments are not guaranteed to be booked, clinicians will have a rotating schedule to help boost their productivity numbers that are used to assess efficiency. The service line expansion can utilize the sample care delivery model and build upon the potential success measures by integrating internal metrics for departmental success. Considering these factors, the expansion of the same-day appointment model coupled with creation the Short-term care Clinic meets the needs of both AHN and the community it serves.

# Public Health Implications

According to the National Alliance on Mental Illness, nearly 1 in 25 adults, totaling ten million, live with a serious mental illness. One half of all chronic mental illness begins by the age of 14 and three quarters by the age of 24 (National Institute of Mental Health 2017). Serious mental illness accounts for 193.2 billion dollars in spending. Even though the prevalence of the population has a mental illness, nearly 60% of mental health illness did not receive mental health services in the previous years. Of that group, nearly 50% of children aged 8-15 did not receive mental health services in the previous year.

Additionally, African Americans and Hispanics used mental health services at half the rate of their white counterparts and Asian Americans at one-third of the rate (National Alliance on Mental Illness 2018). Without addressing the gap in treatment, individuals can have issues with absenteeism, low-income family relations, and other manifestations (Organization, W.H. 2003)

AHN’s affiliation with Highmark Health allows it to reach a broad range of patients: minorities, Medicare and Medicaid patients, as well as the private insured individual. Filling the current gap in mental health care through this care model allows increased access to care, improves quality, and reduces unnecessary emergency visits.

Two-thirds of primary care physicians reported that they were unable to obtain outpatient mental health services for their patients due to lack of available mental health professionals (Cunningham, P. J. 2009). Mental health care professionals include psychologists, psychiatrist or mental health nurses, social workers and counselors. The United States hospitalization rate of patients with serious mental illnesses, defined as major depressive disorder, bipolar disorder, and schizophrenia, is very high compared to other hospitalization (Heun-Johnson, H. 2018). Due to the length of stay and limited treatments and procedures, mental health hospitalizations associated with serious mental illnesses impose significant costs to health care entities. Because PCPs struggle to obtain services, those with serious mental illnesses end up EDs because they cannot access the outpatient care they need.

AHN currently is investing in mental health care. AHN’s expansion can increase well-being enabling individuals to realize their abilities, cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities (Organization, W.H. 2003). The addition of a new care delivery model such as a mental health same day appointment clinic or a short-term care model with referral sources can impact patients. The goal is to create an access point, a follow-up appointment structure, and eventually a path to long-term care for the patients with a serious mental illness.

# Conclusion

Western Pennsylvania’s current need for psychiatry and behavioral health services continues to grow. AHN’s Psychiatry and Behavioral Health Institute should take the opportunity to expand its outpatient service line to accommodate same-day appointments coupled with a short-term patient care model. The new model could create an access point for patients who would otherwise not have access to care. Viability for an expansion at AHN has been shown by contextualizing current issues in mental health delivery, conducting an internal readiness assessment and market scan, designing a care delivery model, and defining success for the expansion. The assessments indicate that an investment should be made by offering same-day appointments coupled with a short-term care model. The same-day appointments and short-term care model put the patients need first and puts AHN in a strong strategic position.

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