

Report Prepared By ValueOptions CT For The Department of Children and Families
Submitted August 31, 2015



ACCESS
Mental Health CT



ANNUAL PROGRESS REPORT

June 1, 2014 - June 30, 2015

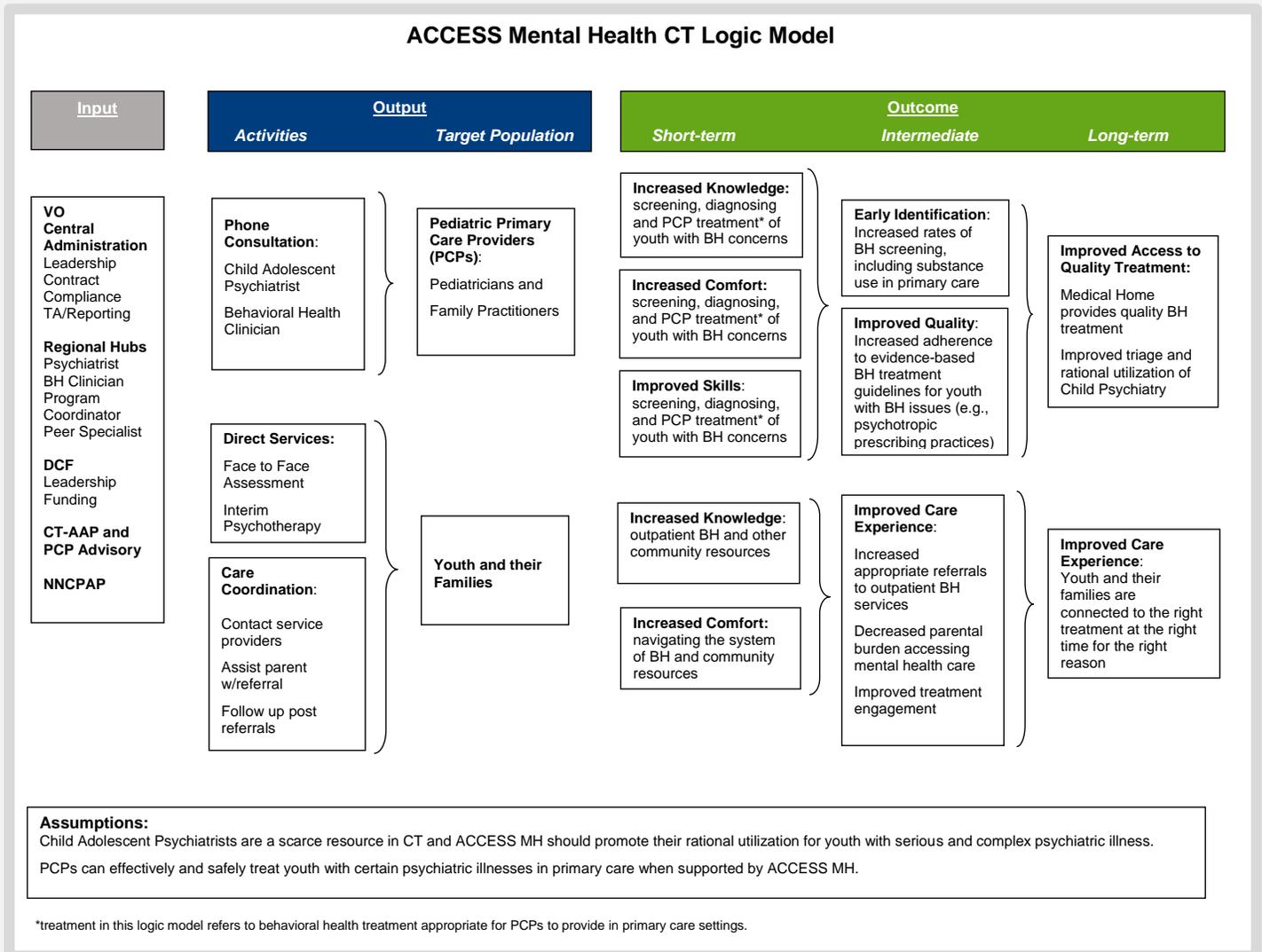
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Program Overview

ACCESS Mental Health CT (**A**ccess to all of **C**onnecticut's **C**hildren of **E**very **S**ocioeconomic **S**tatus Mental Health CT) is a program funded by the Department of Children and Families (DCF) to ensure that all youth under 19 years of age, have access to psychiatric and behavioral health services through contact with their primary care providers (PCP), irrespective of insurance coverage.

The program is designed to increase PCPs' behavioral health knowledge base to better identify and treat behavioral health disorders more effectively and expand their awareness of local resources.



In December 2013, ValueOptions CT (VO) entered into a contract with DCF to administer the ACCESS Mental Health CT program. Through a competitive procurement process, VO sought qualified behavioral health organizations to serve as expert psychiatric specialists supporting PCPs seeking assistance in treating youth. Out of eighteen highly qualified applicants, three organizations were awarded ACCESS Mental Health CT Hub contracts in June 2014. The Institute of Living at Hartford

Hospital, Wheeler Clinic, Inc. and Yale Child Study Center. These organizations employed seasoned behavioral health professionals to work as service area Hub teams covering the entire state of Connecticut. Each Hub team consists of a full-time equivalent board certified child and adolescent psychiatrist(s), licensed masters' level behavioral health clinician(s), program coordinator, and a half-time family peer specialist.

The Hub's primary role is to provide PCPs with immediate telephone consultation including education on assessment, treatment, and access to community resources. Each Hub has a toll-free telephone number and a dedicated person answering each call during hours of operation. Every effort is made to connect the participating PCP, via a warm-line transfer, with the team's psychiatrist for direct consultation. In the event that the Hub consultant is unable to speak with the participating PCP at the time of the initial inquiry, they will respond to the PCP within thirty (30) minutes of the initial call.

The main goal is to support the PCP treating the youth within their practice. Consultations may result in one of the following outcomes, depending on the needs of the child and their family:

- an answer to the PCP's question
- referral to the team's program coordinator or family peer specialist to assist the family in accessing local behavioral health services
- referral to the team's behavioral health clinician to provide transitional (interim) face-to-face or telephonic support to the child and family; or
- referral to the team's child psychiatrist for a face-to-face diagnostic evaluation or psychopharmacological consultation.

Report Introduction

This report was prepared by ValueOptions CT for the Department of Children and Families and summarizes the first year of the ACCESS Mental Health CT program. Due to the timing of contracts and program start date, the data in this report ranges from June 1, 2014 through June 30, 2015; slightly longer than a year. Hub contracts were fully executed the first week of June 2014 launching outreach and enrollment of pediatric and family care practices to support the successful initiation of the program on June 16, 2014.

This initial 13-month review of data should be viewed as baseline performance focused on implementation. In some instances, data is missing as a result of incomplete information collected at enrollment or initial consultation.

This report was made possible through the collaborative effort of VO, DCF, and the three ACCESS Mental Health CT Hub teams.

Data Sources

The information included in this report represents the integration of data from multiple sources including: (1) the VO Encounter System, (2) Practice Enrollment Reports provided by the Hubs, (3) PCP baseline survey and (4) Year-End Summary written by Hubs.

The data and analyses in the body of this annual report are based on more formal reports that have been developed specifically for ACCESS Mental Health CT and are listed below.

| | |
|-------------|--|
| CTAX14002: | Practice and PCP Enrollment |
| CTAX14003: | Practice Non-Utilization Report |
| CTAX14004: | Encounter Utilization Report |
| CTAX14005a: | Monthly Encounter Data Sheet |
| CTAX14005b: | Weekly Encounter Data Sheet |
| CTAX14006: | Practice and PCP Enrollment by Hub |
| CTAX14007: | Episode of Care Report Draft |
| CTAX14009: | Response Time by Activity |
| CTAX14010: | PCP Satisfaction Details |
| CTAX14011: | PCP Satisfaction Summary |
| CTAX14015: | Practice and PCP Enrollment Fiscal Year |
| CTAX15001a: | Practice Utilization History Hartford Hospital Hub |
| CTAX15001b: | Practice Utilization History Wheeler Clinic Hub |
| CTAX15001c: | Practice Utilization History Yale Child Study Hub |
| CTAX15005: | Unique Members Served |
| CTAX15008: | Episode of Care: Stay With PCP Draft |

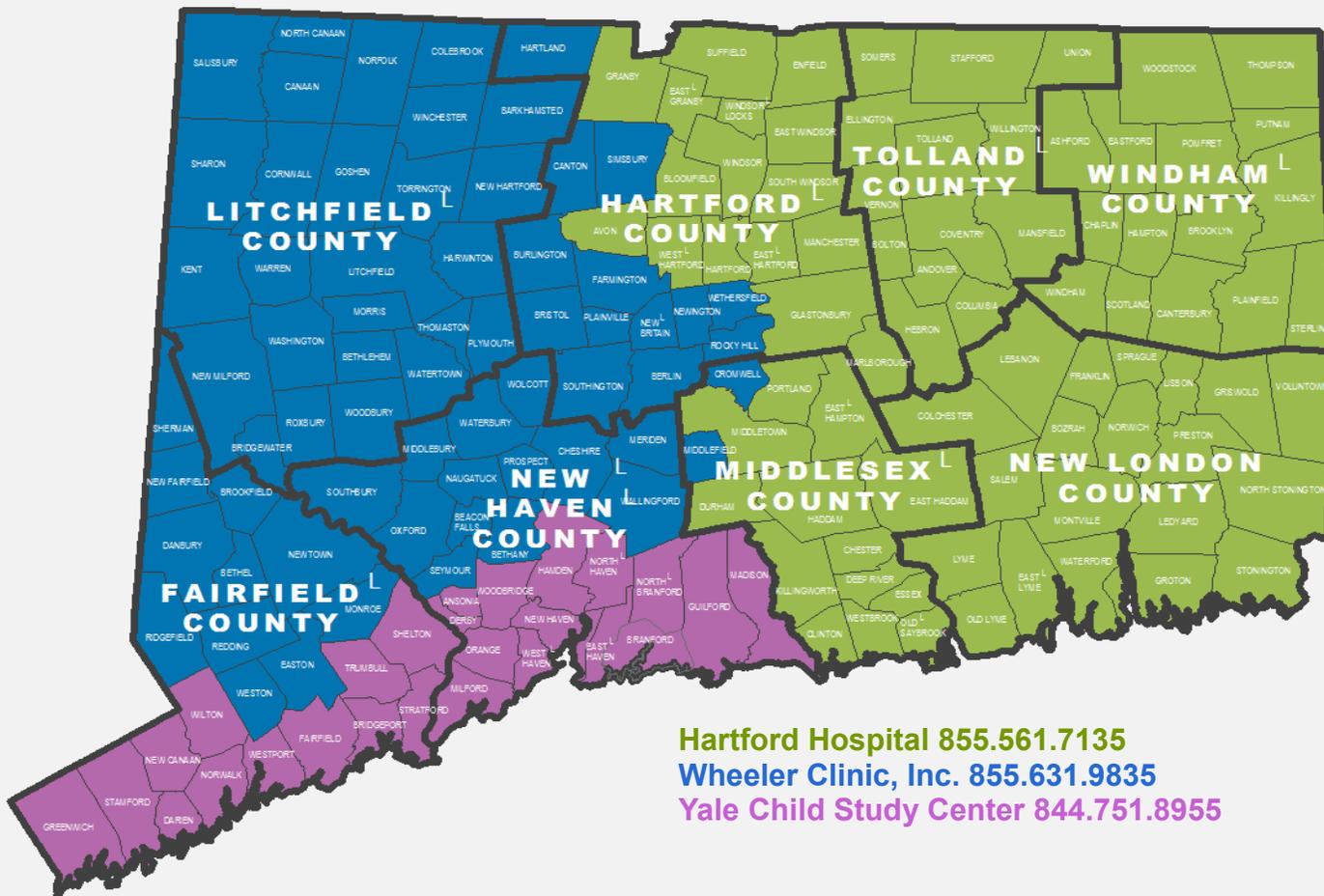
Methodology

The data for this report was refreshed after progress summaries were provided during the year. Due to late submissions of some data reflecting practice and PCP enrollment, consultative activities and satisfaction surveys, the results may differ from the previously reported values.

The specific methodology for particular measures can be found in the Definitions section that concludes this report.

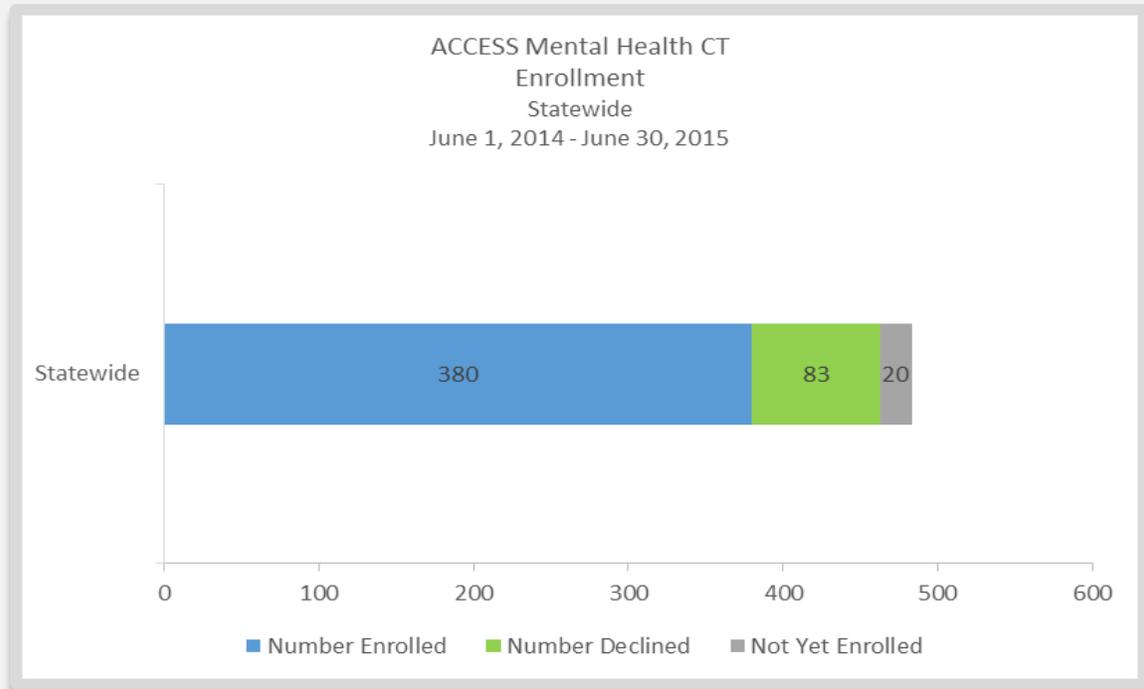
Outreach and Enrollment

To ensure adequate coverage, the state was divided into three geographic service areas (approximately 272,000 youth per Hub). Hartford Hospital, Wheeler Clinic, and Yale Child Study Center were contracted as Hub teams with a program start date of June 16, 2014. At that time, pediatric and family care practices were identified and assigned a Hub team based on the location of the practice within the Hub service area. As the Hubs continued outreach to practices across the state they identified additional pediatric and family care practices as possible participants of the program. The map below depicts each Hub's designated service area.



Initial outreach and enrollment was highly successful. Statewide implementation goals included educating 80% of pediatric and family care practices by August 18, 2014 and enrolling 50% of those practices by November 17, 2014. From June 1st through August 18th, the Hubs connected with 94% of the pediatric and family care practices across the state, educating them about the ACCESS Mental Health CT program and inviting them to enroll. This set the stage for the program's second start up goal to enroll 190 practices by November 17, 2014. The Hubs enrolled 287 practices, far exceeding the second statewide target.

By June 30, 2015, **483** pediatric and family care practices statewide were identified as eligible for enrollment by Hub teams. The corresponding graphs depict enrollment information both on the statewide and Hub specific levels. Approximately 79% (380) of pediatric and family care practices enrolled in the program statewide. Collectively, the enrolled practices employ 1,426 prescribing primary care providers. Approximately 17% (83) of the practices declined enrollment and 4% (20) are not yet enrolled.

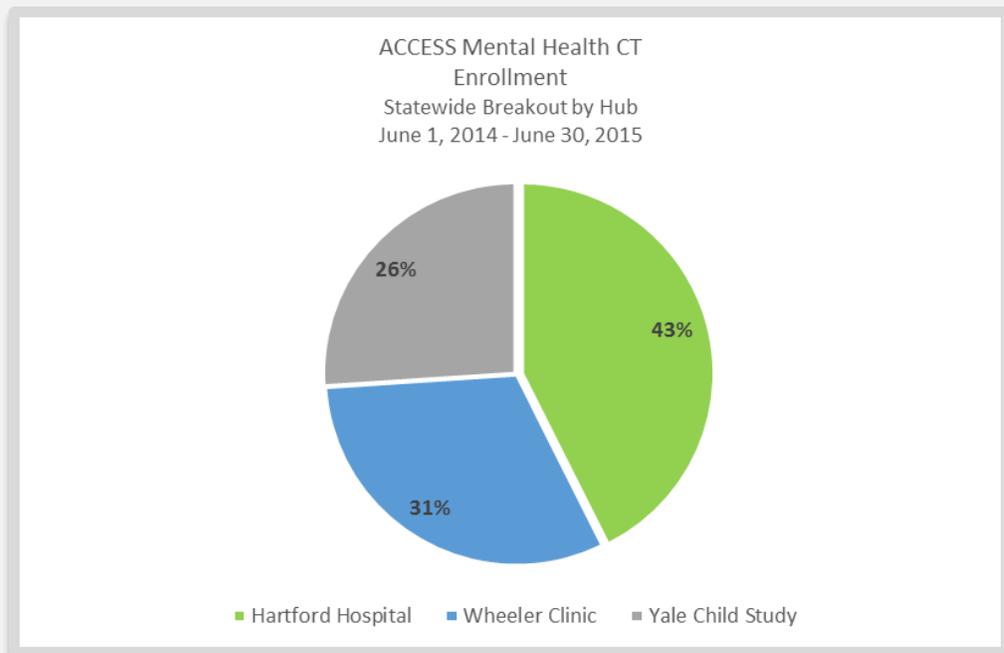


For those practices that declined, the top reasons identified included “our practice treats very few children” or “we have behavioral health integrated within the practice”. Several practices that were more difficult to engage were identified as either being in various states of transition (changing management or in the process of a merger) and practices that had little to no prior awareness of the ACCESS Mental Health CT program. For those practices not yet enrolled, the Hub teams reported scheduled dates for face to face orientation to occur after June 30, 2015 which is post the close of this report.

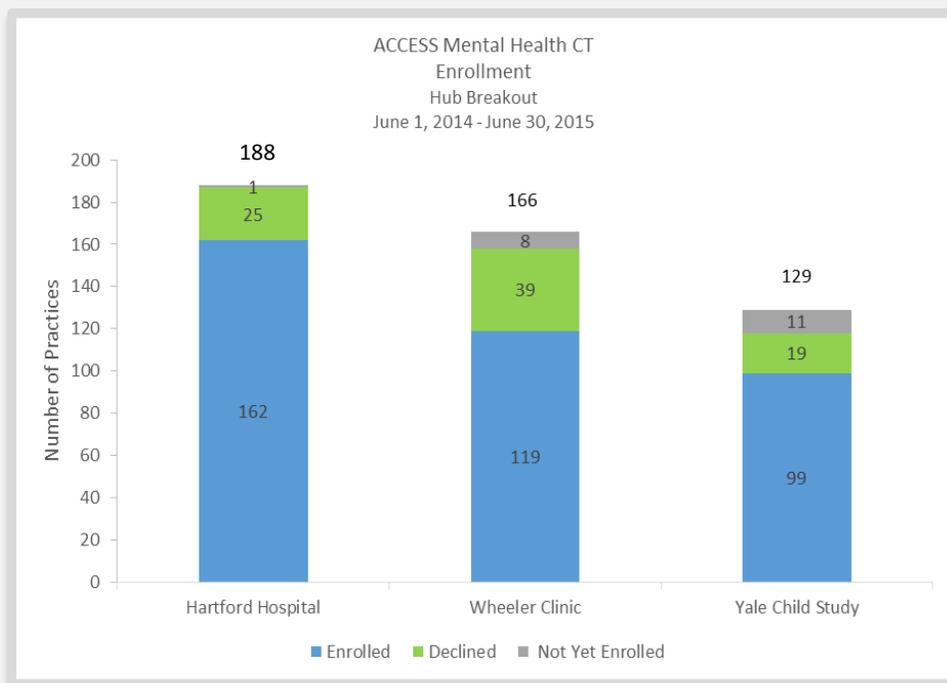
While there are strong enrollment numbers for the first year, efforts to offer enrollment to those that are not yet interested will continue as the program moves forward.

79% Pediatric and Family Care Practices Enrolled Statewide

For the first year of the program, 380 practice sites enrolled across the state with Hartford Hospital Hub team sharing approximately 43% (162), Wheeler Clinic 31% (119), and Yale Child Study Center 26% (99) of practices enrolled.



With the largest practice volume, Hartford Hospital’s designated service area covers approximately 188 pediatric and family care practices eligible for the program. By June 30, 2015, the Hub team enrolled 86% (162) of their assigned practices, approximately 13% (25) declined and one practice has a scheduled orientation set with the possibility of enrollment.



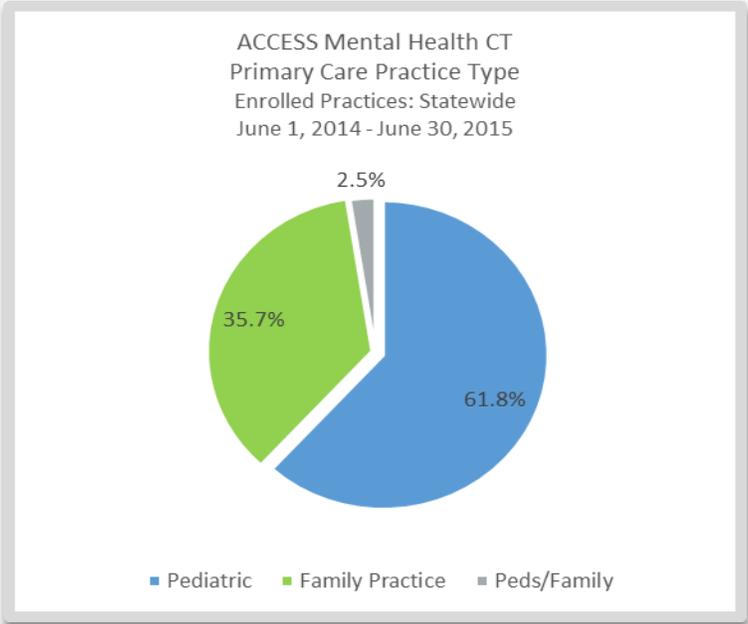
With the second largest practice volume, Wheeler Clinic’s designated service area covers approximately 166 pediatric and family care practices eligible for the program. By June 30, 2015, the Hub team enrolled 72% (119) of their assigned practices, 23% (39) declined enrollment and 5% (8) practices are set with the possibility of enrollment.

Yale Child Study Center has the smallest volume with 129 pediatric and family care practices

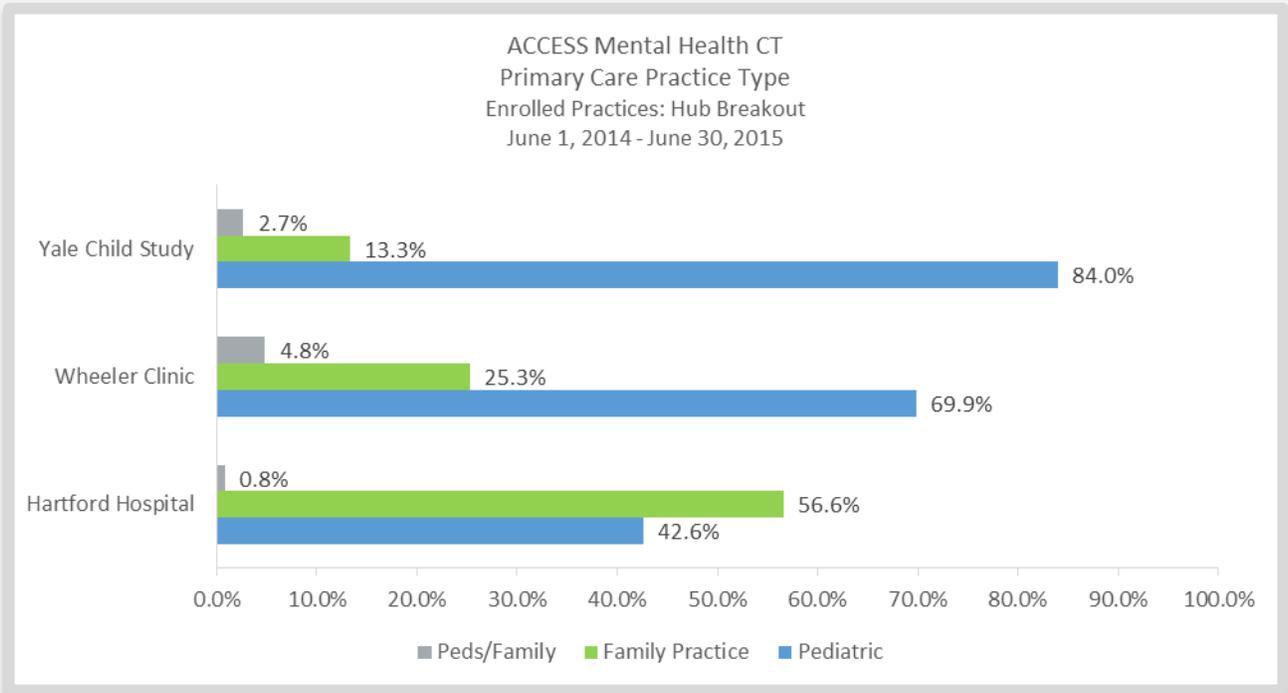
assigned to their area. Approximately 77% (99) enrolled in the program by June 30, 2015, 15% (19) declined, and 8% (11) are still eligible for enrollment. It is important to note that Hub service areas were divided based on the volume of youth per city and the number of youth living in Yale Child Study Center’s Hub region is slightly higher compared to the other two Hubs.

At the time of enrollment, Hub teams collected from each practice the name and type of physician(s), estimated number of patients served and type of practice (e.g. family medicine or pediatrics). At times, practices did not provide all information requested. The corresponding graphs depict only those practices with complete information.

Approximately 62% (173) of enrolled practices across the state are reported as pediatric primary care practices, 36% (100) are family practices treating the lifespan, and 3% (7) identified as a practice group with multiple sites, sites specific to family medicine and others specific to pediatrics.

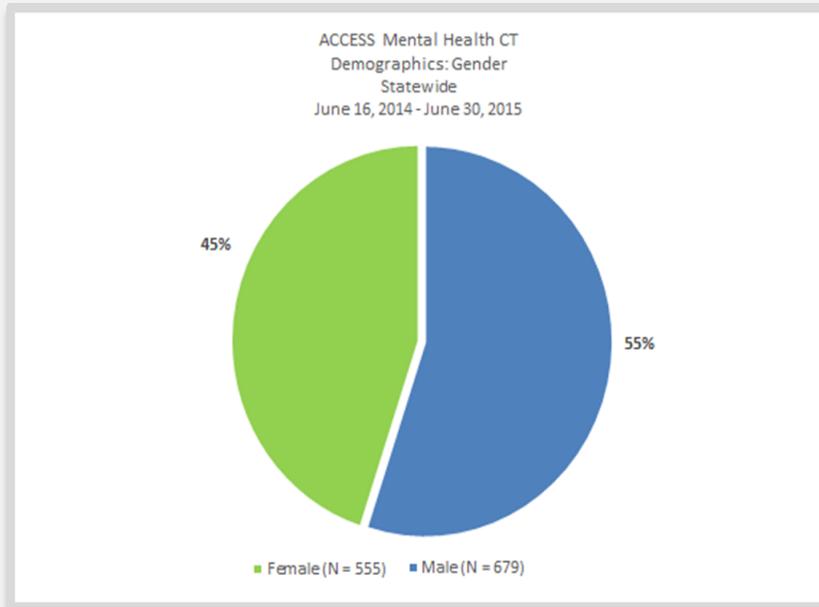


Two Hubs, Yale Child Study Center and Wheeler Clinic, both reported a higher number of practices identified as pediatric primary care with 84% and 70% respectively. In contrast, Hartford Hospital's designated service area has more family medicine practices with approximately 57% of their total practices enrolled identified as family practices.



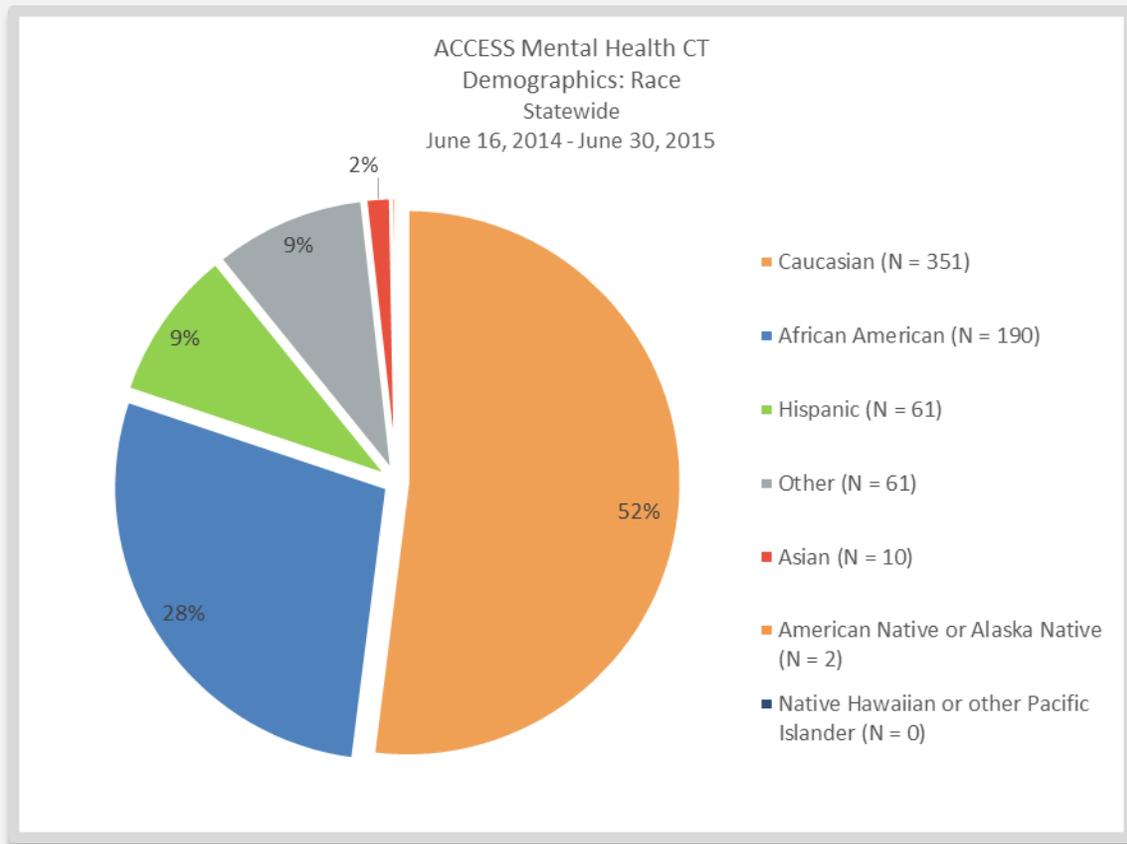
Youth Demographics

Collectively, the Hub teams are available to all youth in Connecticut. In the first year of the program, enrolled PCPs contacted their respective Hub teams requesting consultation for **1,234** unduplicated youth presenting with mental health concerns. The graphs displayed below depict demographic information for youth served by the program.



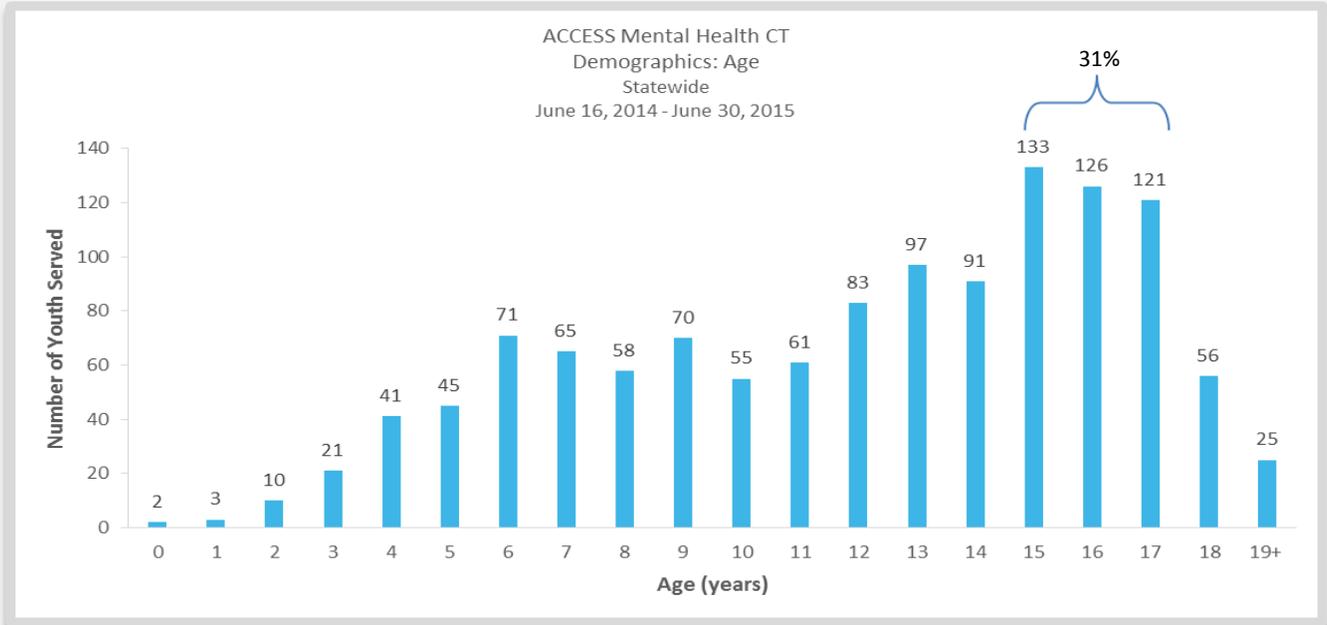
Of the 1,234 youth served by the program in the first year, 45% were female and 55% were male.

Of the youth for which race was identified (675), approximately 52% were Caucasian, 28% were African American, 9% were Hispanic, 9% were identified as Other, and 2% were Asian.

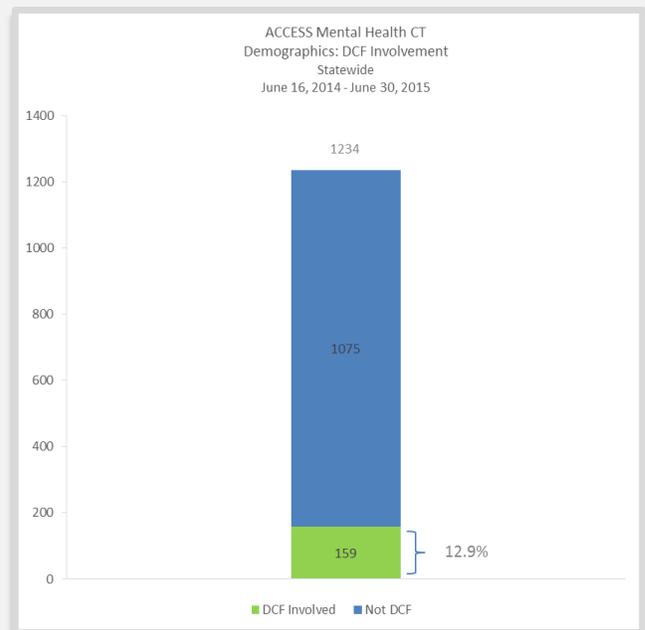


The age of youth served by the program ranged from birth to 22 years, with a mean age of 12 years and a median age of 13 years. Approximately 31% of youth served were between the ages of 15 and 17 years. The 2014 Connecticut Census Data for youth demonstrates a uniform distribution with fairly consistent volume across all ages, however, the higher observed rate of consultation with older youth reflects the physical, social and developmental changes occurring in adolescence that often activate or exacerbate underlying mental health issues.

While the program is designed to support all youth under the age of 19 years, 2% (25) of the youth served were between the ages of 19 and 22 years old; 18 of whom were 19 years of age.



Approximately 13% of youth served were identified as having DCF involvement.



1,234 Unduplicated Youth Served Statewide

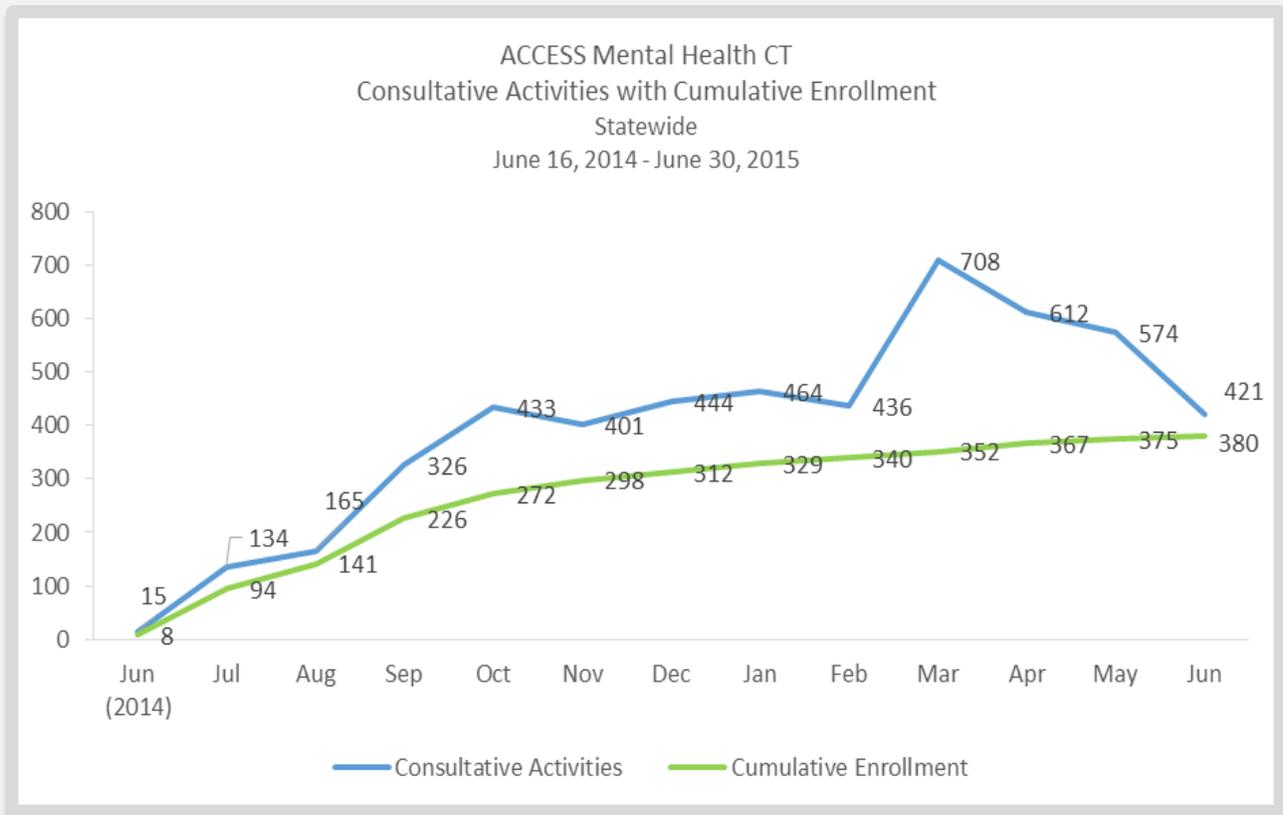
Consultative Activities

In the first year of the program, **5,133** consultative activities were completed supporting PCPs treating youth with mental health concerns within their medical home; far exceeding the annual statewide target of 4,000 calls. Consultative activities are calls that include: telephone consultation, assistance with finding community behavioral health services, and connect to care follow up. One-time diagnostic assessments are also included. The corresponding graphs depict consultative activities by volume, type, and frequency, as well as a break out of consults by insurance, diagnoses, and medication.

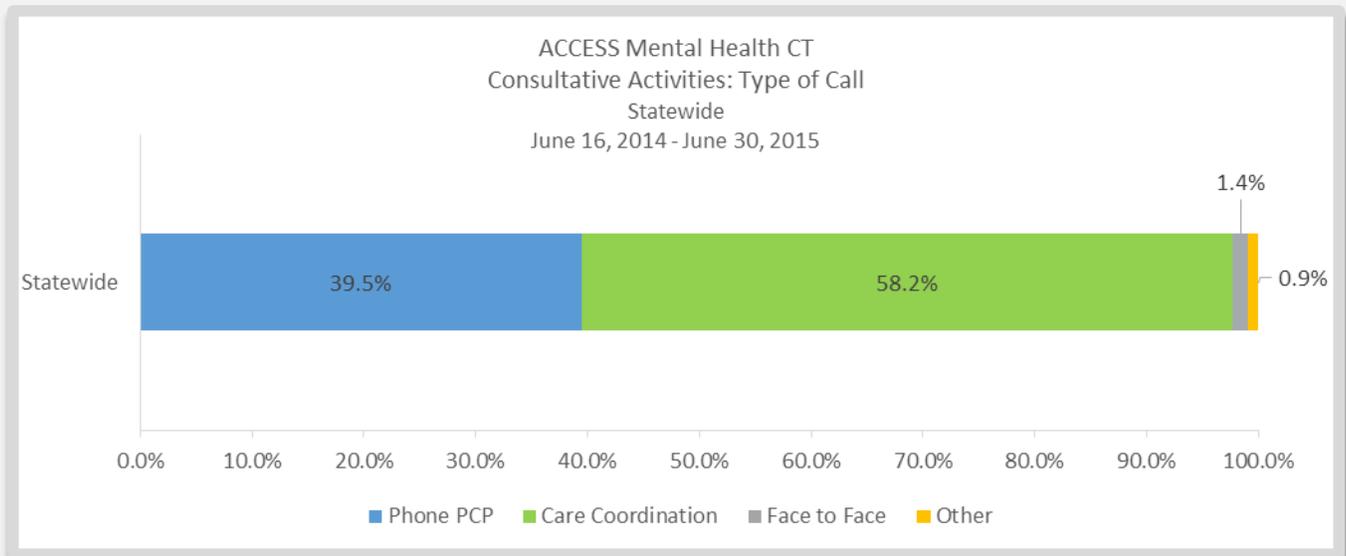
In a month to month comparison, consultative activities ranged from 15 calls per month at start-up to a peak of 708 calls per month in March 2015. Of note, by October 2014 the program's enrollment reached 272 which is 72% of the total volume of enrolled practices. These findings suggest that the ramp up of the program was the reason for lower volume in the first several months.

From October 2014 through February 2015, the volume of calls ranged from 401 to 464 calls per month. This 5-month period appeared fairly steady; however this was followed by the peak noted above in March and higher call volume in April and May, although declining as summer approached.

With this being a baseline year, it is too early to know whether an early Spring peak of activity will be followed by a quieter summer season each year. Similarly, it is too early to draw conclusions about what the monthly call volume might be going forward. As the program continues to mature and provider utilization increases, a month to month comparison by year will help to identify potential seasonal trends.



Direct PCP Consultations: Of the 5,133 consultative activities approximately 40% (2029) were reported as direct contact with the PCPs. This includes both initial inquiries and follow up phone calls to the PCP. Per Hub team report, approximately 93% (1452 out of 1563 initial PCP calls) were answered by the Hub consultant within 30-minutes of the PCP’s initial inquiry; 51% of which were connected directly at the time of the call.

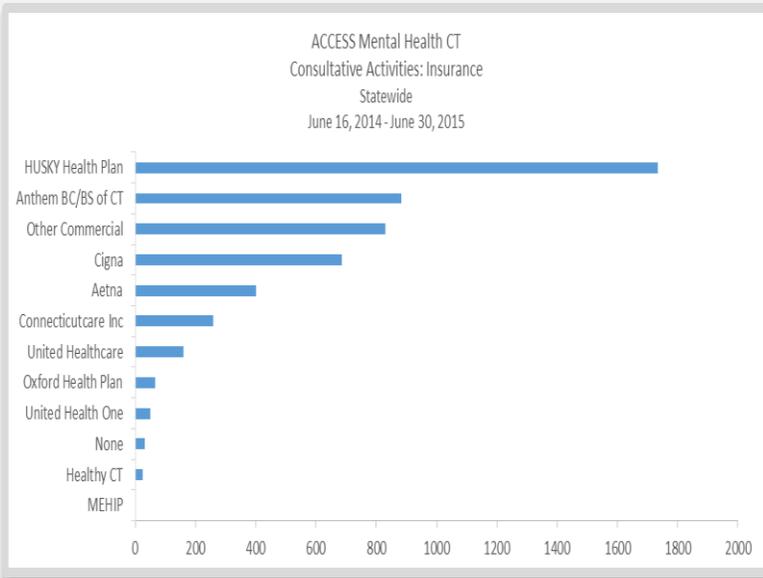


Care Coordination and Family Support: Approximately 58% (2987) of the total consultative activities were activities related to care coordination and direct family support. In an effort to support the PCPs and the families within their respective service areas, the Hub teams each developed an extensive database cataloguing traditional and non-traditional services. Throughout the year, the Hub teams have reported several challenges with waitlists particularly with very specialized services. Other barriers included: finding services in more rural areas of the state, finding psychiatrists who are accepting insurance, psychiatrists willing to treat youth under the age of 10 years, and psychiatrists accepting youth for medication management treatment only.

Face to Face Assessments: Approximately 1% (70) of the total consultative activities were one-time diagnostic and psychopharmacological consultations. Per Hub team report, all evaluations were offered to the family within two weeks of the initial PCP request and often occurred at the Hub’s site. If travel time was greater than 60 minutes for the family, the Hub consultant conducted the assessment at the youth’s primary care office. All feedback was provided to the PCP within 48 hours post evaluation through telephonic and written communication, typically via fax, and included a short summary of the consultation and recommendations.

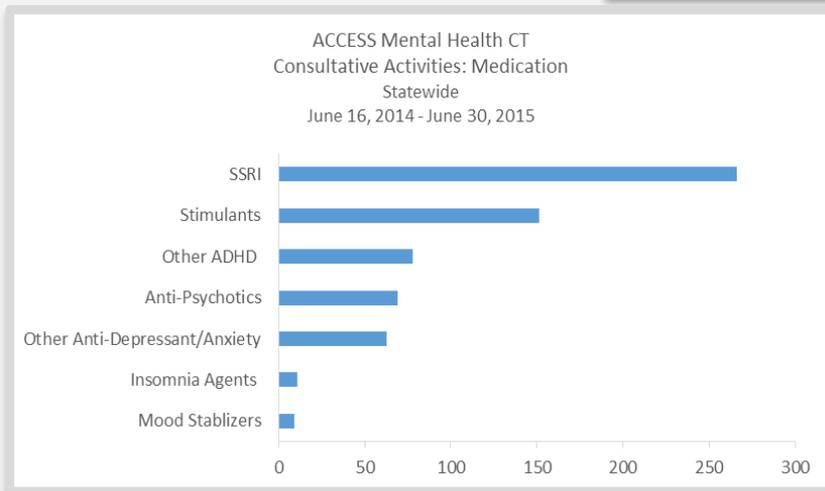
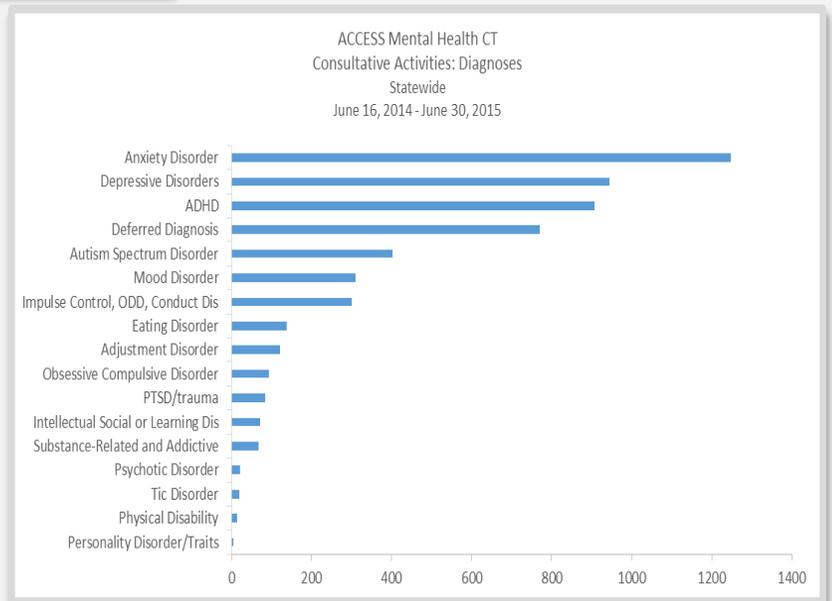
5,133 Consultative Activities Completed In The First Year

In the first year of the ACCESS Mental Health CT program, the majority (65% or 3,367) of consultative activities involved youth with commercial insurance.



Approximately 34% (1,733) of the 5,133 consultative activities involved youth with HUSKY Health, 17% (884) Anthem Blue Cross/Blue Shield of CT, 13% (685) Cigna, and 8% (402) Aetna. However, 16% (830) of the consultative activities were reported as Other Commercial; additional clarification from the Hubs is needed to determine exactly what health plans populate this group.

The top three diagnoses were: Anxiety Disorder, Depressive Disorder, and ADHD comprising approximately 60% (3,099 of the 5,133) consultative activities reported in the first year of the program.



A subset of the consultative activities includes the PCP reaching out to their respective team's child psychiatrist to discuss medications being initiated, managed or followed in the medical home. Consultations can also include general conversations related to medication. The top two medication classes discussed were: Selective Serotonergic Reuptake Inhibitors (SSRIs) and Stimulants.

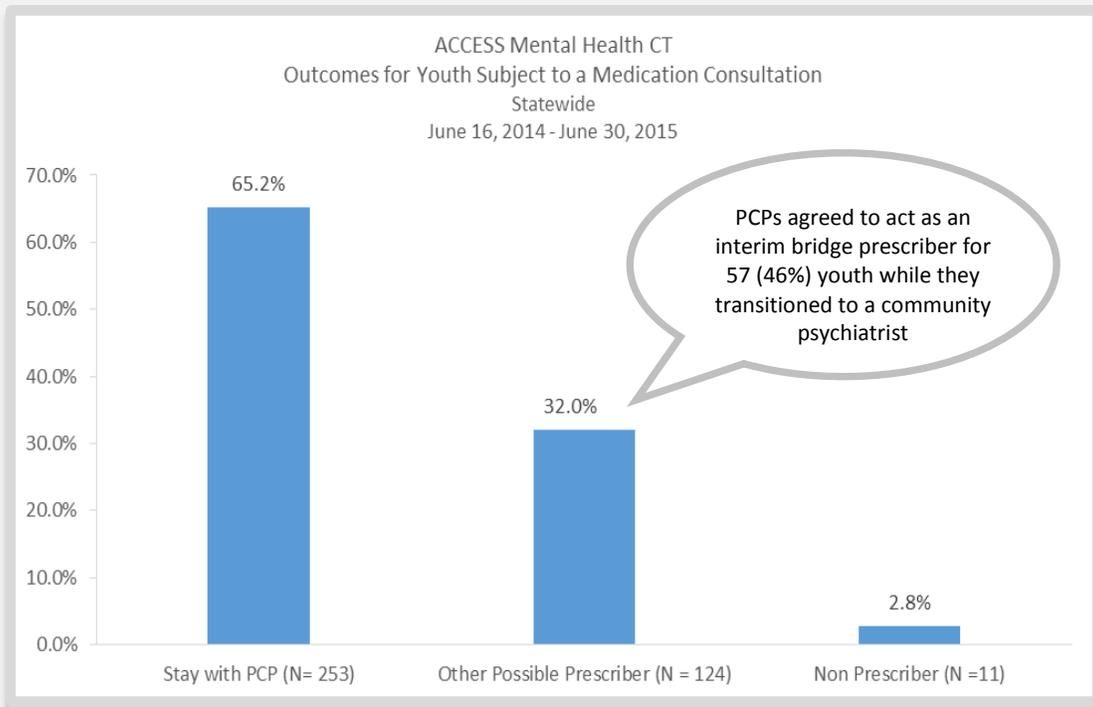
Primary Care Prescribing

In the first year of the program, enrolled PCPs contacted their respective Hub team psychiatrist requesting a medication consultation for 388 unduplicated youth. The corresponding graph depicts the outcomes resulting from this type of consultation.

For approximately 65% (253) of youth whose PCP called their respective team's psychiatrist to discuss medication, the resulting plan involved the PCP initiating or continuing as the primary prescriber.

A referral to a community psychiatrist was determined as the most appropriate plan of care for 32% (124) of youth as a result of the discussion between PCP and Hub psychiatrist. However, it is important to note that PCPs agreed to act as an interim bridge prescriber for 57 youth waiting to transition to a psychiatrist in their community.

For 3% of youth whose PCP initially identified psychiatric medication as the topic to be discussed with the Hub psychiatrist, further consideration resulted in a trial of counseling/psychotherapy.



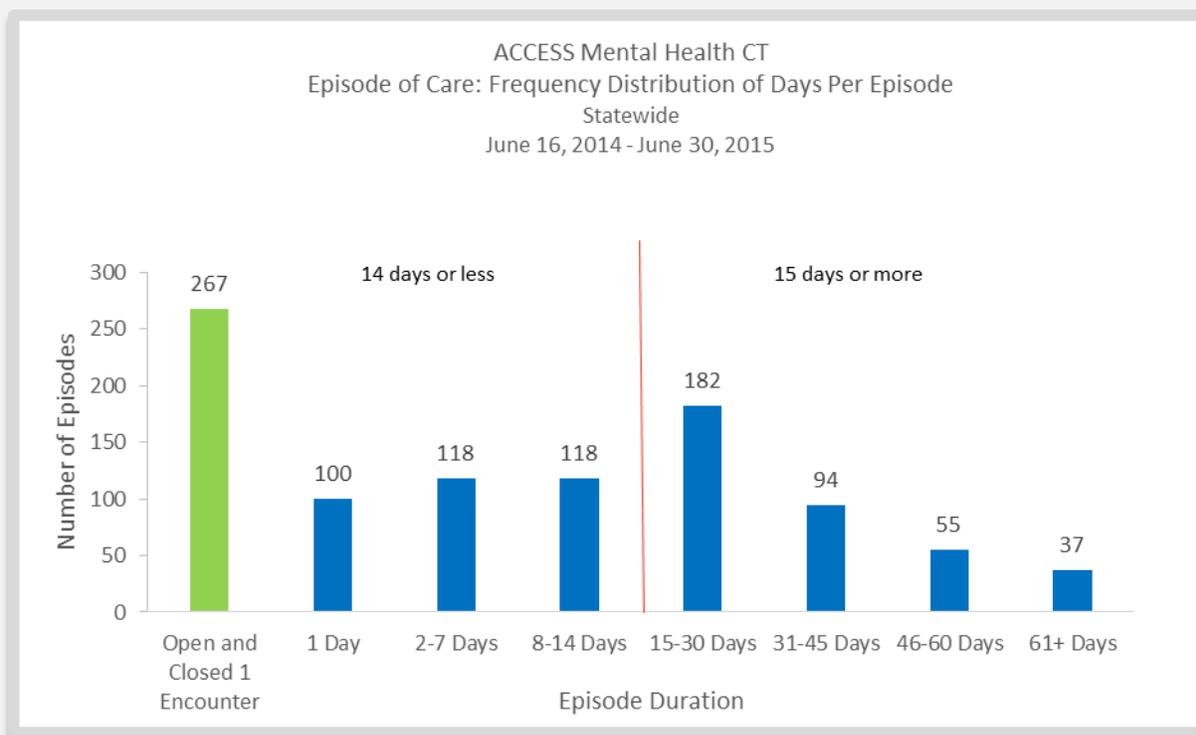
Anecdotally, the Hub teams shared specific examples of individual PCPs who reported an increase in their comfort level with prescribing psychotropic medications due to having received consultative support from the ACCESS Mental Health CT program.

Consultative Episodes

A consultative episode captures the time from when a PCP first contacts their respective Hub team either by phone or hallway (in person) and includes all consultative activities provided by the team necessary to support the PCP. The end of an episode is determined once 60-days has passed without any Hub team support.

A total of 971 consultative episodes occurred between June 16, 2014 and June 30, 2015. Approximately 38% (367) of the total episodes opened and closed on the same day. Among same-day episodes, approximately 73% (267) had only one call with the PCP, and the remaining 27% (100) had an average of 2 consultative activities on the day of the episode.

Approximately 62% (603) of consultative episodes were completed within 14 days (first 4 time intervals depicted on graph).

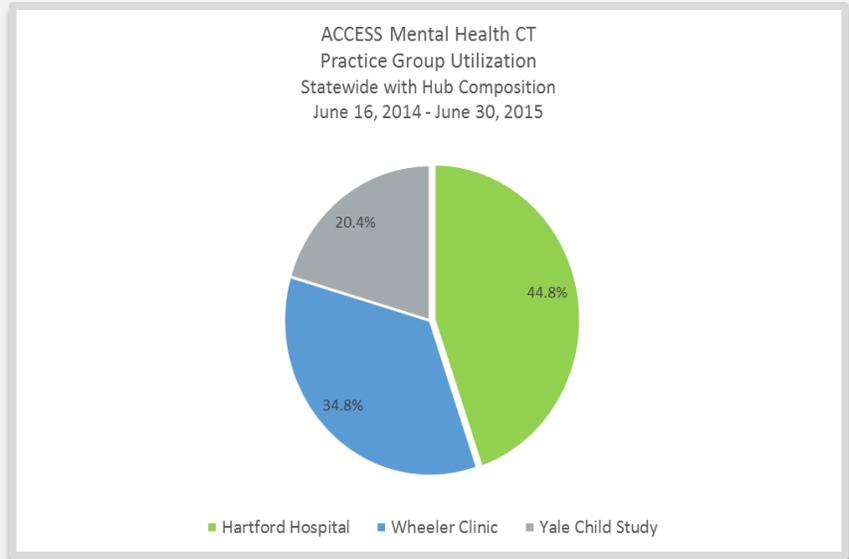


Thirty-seven episodes lasted more than 60 days, however, the average number of activities per episode remained notably small with an average of 8 activities.

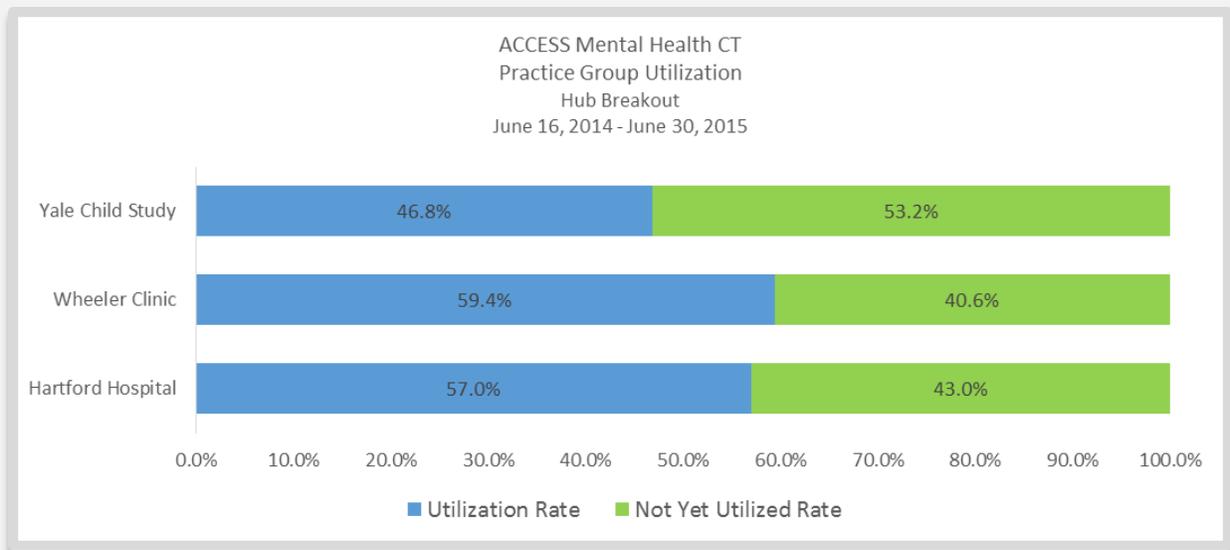
| Episode Duration (Days) | Number of Episodes | Average # of Activities |
|-------------------------|--------------------|-------------------------|
| 1 Day ≥ 2 Activities | 100 | 2.28 |
| 2-7 Days | 118 | 3.35 |
| 8-14 Days | 118 | 3.96 |
| 15-30 Days | 182 | 5.27 |
| 31-45 Days | 94 | 6.27 |
| 46-60 Days | 55 | 7.93 |
| 61+ Days | 37 | 7.97 |

Practice Utilization

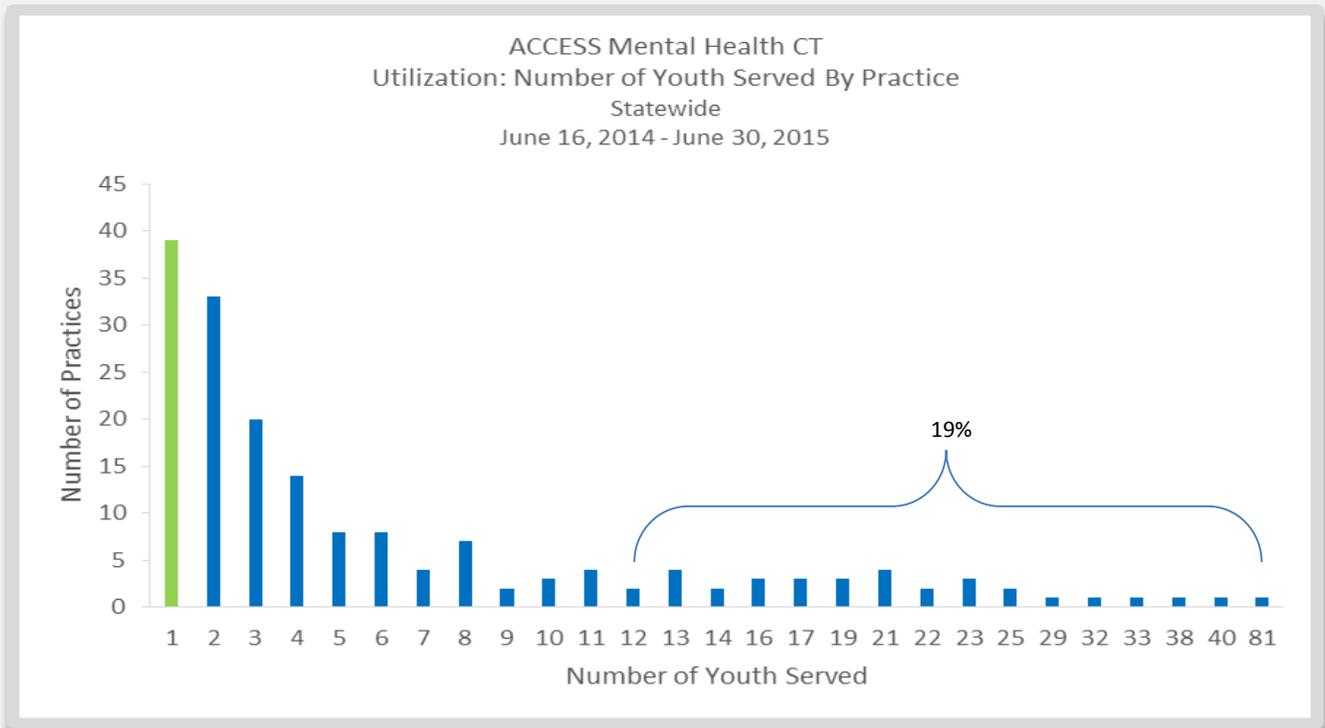
Approximately 55% (181) of the enrolled practice groups utilized the program at least one time throughout the first year. Of those practices, approximately 45% were located within Hartford Hospital’s designated service area, 35% were located within Wheeler Clinic’s area, and 20% were located within Yale Child Study Center’s designated service area. As noted in the Enrollment section of this report (page 8), the volume of practices per service area is greatest in Hartford Hospital’s area with Wheeler Clinic and Yale Child Study Center following in succession. Utilization measures capture practice use at least one time during the reporting period; not the frequency of calls. Therefore, the utilization rates are similar to rates of enrollment.



Approximately 57% of the enrolled practice groups within Hartford Hospital’s area utilized their consultative support. Approximately 59% of the enrolled practice groups within Wheeler Clinic’s area utilized their consultative support. Approximately 47% of the enrolled practice groups within Yale Child Study Center’s service area utilized their consultative support. As the program matures, utilization rates are expected to increase within each Hub area.



As noted in the Youth Demographics section (page 10), PCPs called the ACCESS Mental Health CT program seeking support on 1,234 unduplicated youth during the first year. The following graph shows the number of youth that each practice called the ACCESS Mental Health CT program seeking program support.



Of the 181 practice groups that used the program at least one time over the year, approximately 22% (39) of enrolled practice groups utilized the program to support one youth. However, 78% (142) of those that used the program, called back asking for help on another patient in their medical home.

While there is a suggested average utilization rate of more than one youth per month as approximately 19% (34 of 181) of enrolled practice groups requested consultation on 12 or more youth during the year, this average could actually be higher given that practice group enrollment was phased in throughout the year. It is important to note that one practice group sought support on 81 youth this year. The FY2016 targets are set and include on-site visits to a minimum of six utilizing practice groups.

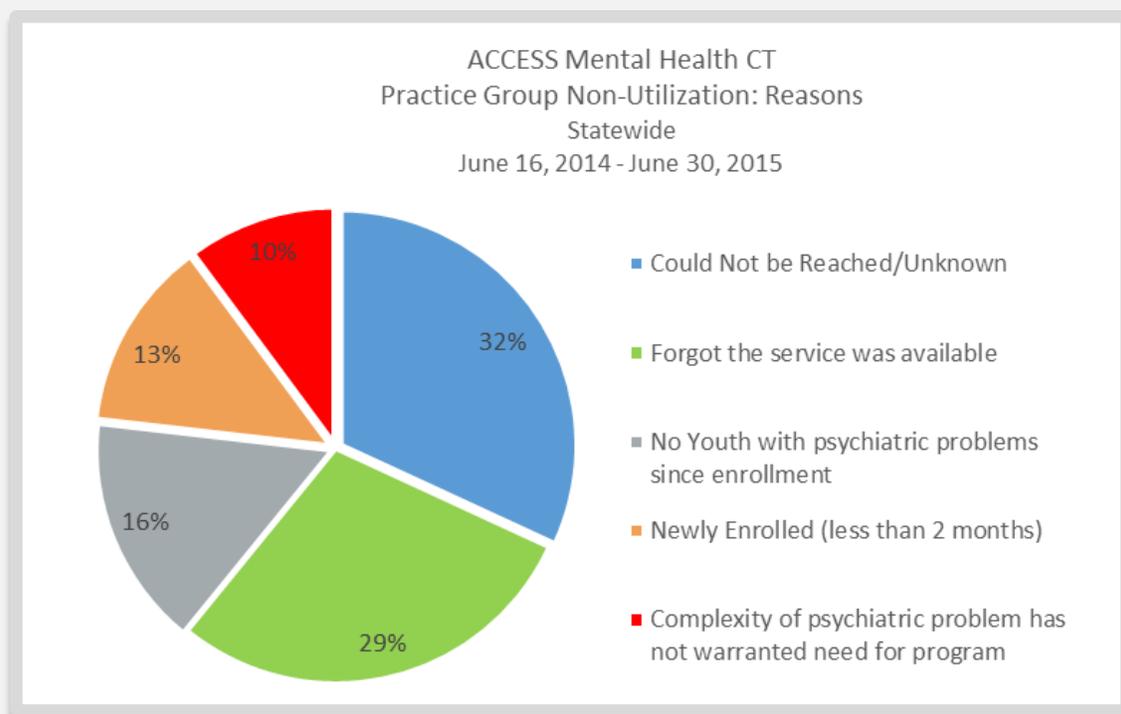
55% Enrolled Practice Groups Used The Program At Least Once; 78% Called For 2 or More Youth

Practice Non-Utilization

As noted above in the Utilization section of this report (page 17) approximately 45% (146) of the primary care practice groups enrolled in the program had not yet used the service by June 30, 2015.

In an effort to learn more about why they have not used the program, the Hub teams outreached to each practice. The corresponding graph depicts the feedback from this outreach.

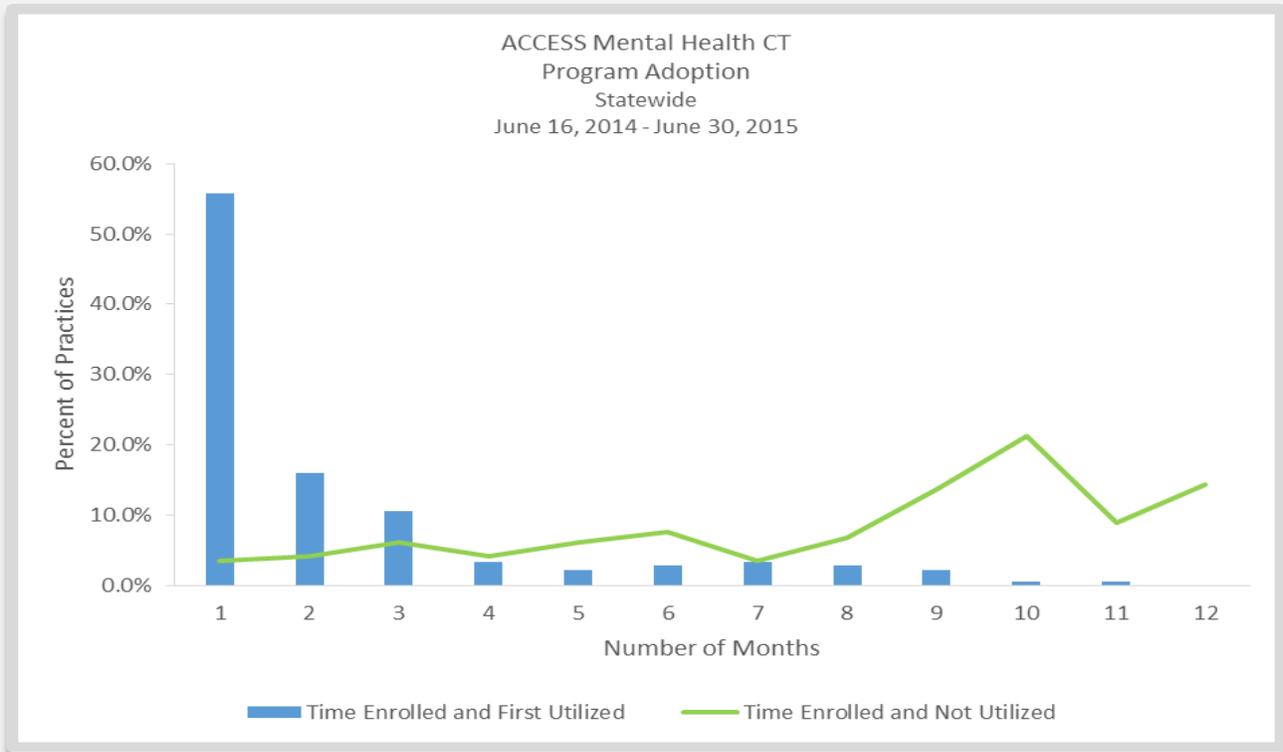
Approximately 29% (40) of the enrolled practice groups that had not yet utilized the program reported that they forgot the service was available to them. Approximately 16% (22) reported the reason for not using the program yet was due to not treating youth with mental health problems since enrollment in the program. Roughly 13% (18) were newly enrolled in the program, and 10% (14) of the enrolled practice groups reported that they had not used the program yet because they did not have questions rising to the severity warranting the need for a consultation. One particular practice reported confusion related to severity; indicating that they thought to only call the program if a youth was in crisis. Approximately 32% (44) of the enrolled practice groups did not respond to provide a reason for not using the program despite multiple efforts made by the Hub to connect.



In response to phone outreach, Hub teams created reminder materials to help keep practices updated and aware of the ACCESS Mental Health CT program. Program statistics and description of services were included. It is important to note that FY2016 targets are set and include continued outreach to non-utilizing enrolled practices.

Time to Adoption

An initial hypothesis was that newly enrolled practice groups might not be utilizers since the program introduction was new and they might not have been ready to incorporate this service into their practice. However, approximately 82% (149) of the practice groups who used the program called within the first three months and more than half (56%, or 101 practice groups) called within the same month they enrolled.



Additionally, 58% (85 of 146) practice groups that had not used the program by June 30, 2015 were enrolled for 9-months or longer. The data suggests that if a PCP is going to use the program for the first time, it is more likely the call will occur shortly after enrollment. Practices with little to no prior knowledge of the ACCESS Mental Health CT program were reportedly harder to engage at enrollment and are more likely part of the non-utilizer group.

Program Satisfaction

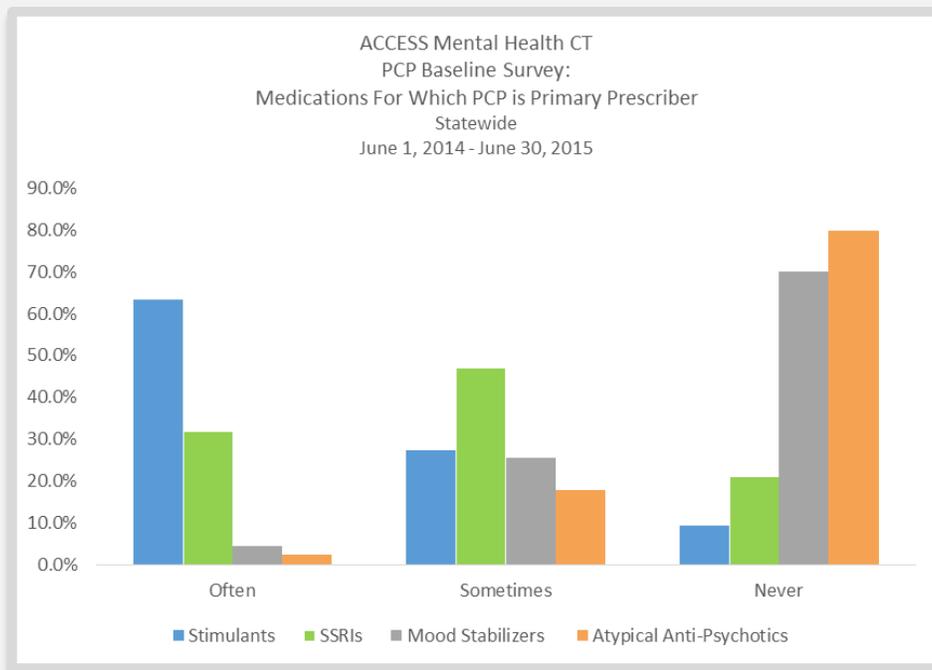
In order to track program satisfaction, the ACCESS Mental Health CT Hub teams collected data from two sources: a baseline satisfaction survey by primary care providers completed at enrollment, and surveys of the PCP immediately following each encounter with the Hub. Also as part of an annual summary, the Hub teams were asked to briefly describe their satisfaction of the program.

PCP Baseline Satisfaction Survey: A brief baseline survey was provided to all primary care providers attending the initial enrollment meeting. The survey measured perceptions of access to care, ability to meet the needs of patients' with mental health concerns, timeliness of access to a child psychiatrist and willingness to prescribe psychotropic medication. While the expectation was to collect as many surveys

as possible, physician response varied due to attendance at enrollment. Out of 327 primary care practice groups enrolled in the program, **203 (62%)** responded to the baseline survey. Some practice groups contributed surveys from multiple respondents.

A primary goal of the ACCESS Mental Health CT program is to improve access to behavioral health care by strengthening primary care providers' ability to identify and address behavioral health problems. Before enrollment in the program, 15% of respondents said they agreed or strongly agreed that they could meet the needs of children with behavioral health problems and 89% of respondents said they disagreed or strongly disagreed to feeling there was adequate access to child psychiatry in their community. Approximately 81% of the respondents also reported an inability to receive a timely psychiatric consultation when needed.

When asked “when appropriate for your patient, please check off the medications (Stimulants, SSRIs, Mood Stabilizers, Atypical Anti-Psychotics) for which you are the primary prescriber” 64% of the respondents reported often prescribing Stimulants, 47% reported sometimes prescribing SSRIs, 70% reported never prescribing Mood Stabilizers, and 80% of the respondents said they were never the primary prescriber of Atypical Anti-Psychotics.



PCP Annual Satisfaction Survey: A survey will be distributed to participating PCPs each year. PCPs' perceptions of access to care, ability to meet the needs of patients' with mental health concerns, timeliness of access to child psychiatry and willingness to prescribe psychotropic medication are expected to change as the program continues to support them.

PCP Encounter Satisfaction Survey: After every consultative activity, the Hub consultant enters the primary care provider response to the question: “rate your satisfaction with the helpfulness of the ACCESS MH program” on a scale of 1-5; 5 being excellent. As of June 30, 2015, the average statewide satisfaction score was 4.9.

Statewide Average PCP Satisfaction Rate Was 4.9

PCP Advisory Group: Additionally, a PCP Advisory Group comprised of primary care physicians was established in August 2014. The physicians selected for this group are not only utilizers of the program, but also have leadership roles within the pediatric primary care community. To date, five meetings have occurred and their input has informed our understanding of some of the day to day issues impacting primary care practices throughout the state of Connecticut.

Hub Team Satisfaction: The Hub teams were asked to complete an annual summary capturing their experience providing ACCESS Mental Health CT services throughout the first year. Their submissions allowed them to highlight examples of success and provide them with an opportunity to document some of the challenges they faced throughout the year. The following are direct quotes from the Hub staff when asked to describe their overall experience this year.

“I have profound appreciation for the opportunity to work together with such a talented, hardworking interdisciplinary team and to participate in forging such an effective and important program that will reach and help kids in ways that I haven’t been able to address before”

“It has been a fantastic experience working with team members that are enthusiastic and willing to work collaboratively to solve problems together”

“Our hub works as a very well-connected and supportive team. We rely on each other’s knowledge and experience”

“Overall, this experience has broadened my horizons and changed my perspective regarding the behavioral health field”

“Primary care providers have been very appreciative of our efforts”

“In this year, I have seen a pattern of growth where PCPs first call wanting a referral to a psychiatrist or other treatment. Once they find us helpful, they call for more consultation, are gradually more willing and able to address behavioral issues and the scope of practice has begun to expand. We have only just begun yet it feels to me as if we are at the beginning of a profound change.”

“They have embraced it so nicely. PCPs feel comfortable picking up the phone and making that phone call. They have shown enthusiasm to maintain patients with behavioral health challenges in their practices knowing that ACCESS Mental Health CT is available to them.”

“We have also received lots of positive reactions from many families who have felt stuck, hesitant and/or overwhelmed with their children’s mental health or navigating the mental health system.”

“My team always respected me and utilized me as a resource for families needing a little extra support. Some of my best moments in the program have included connecting with and engaging parents as their peer.”

Education

All ACCESS Mental Health CT consultations strive to provide individualized, case-based education. The program also creates educational opportunities through traditional regionally based didactic learning sessions. Throughout the program's first year, the Hub teams' provided onsite practice based training, conference based lectures and webinars on the following behavioral health topics:

- Psychopharmacology
- Depression
- Anxiety
- School Avoidance
- Externalizing Disorders
- Attention Deficit Hyperactivity Disorder
- Behavioral Health Screening Tools
- Substance Abuse Screening Tools

Next Steps

1. While the majority of data received was correct and submitted on time, a notable percentage was either not received, or not identified correctly. In order to ensure the accuracy of the data, it is critical that Hub teams submit complete and timely information.

Recommendation 1: Provide ongoing training, technical assistance and enhanced oversight of the Hub teams regarding timely data submission and more accurate data entry.

2. This initial 13-month review of data is viewed as baseline performance focused on program implementation; as a result the report primarily showcases statewide outcomes. Hub specific utilization patterns were not included due to the program being in its infancy, and that it is too early to look for regional patterns or trends. Additionally, a spike in calls was seen in March 2015 with 708 calls, while the previous five months (October through February) averaged 435 calls; it is too early to know expected call volume that may then inform analysis of provider utilization.

Recommendation 2: Continue to monitor volume and utilization on a quarterly basis using comparative data from previous quarter(s) or month from the previous year. Continue monthly statewide Hub meetings to gain insight on program development and monitor variables that potentially may impact the program on statewide and Hub specific levels. Continue quarterly site visits at each Hub for ongoing troubleshooting and ensuring adherence to the model as well as accurate data collection. Continue quarterly PCP advisor group meetings for feedback and suggestions to help maintain successful functioning of the program.

3. While the program is designed to support all youth under the age of 19 years, approximately 2% of youth served by the program were between the ages of 19-22 years; 18 youth were 19 years old. Hub team consultants have reported several requests to support older youth and youth aging out of the program while still remaining a patient within the medical home.

Recommendation 3: In order to better understand the volume and needs of this group, we need to continue to track the volume of youth served by the program that fall within this young adult bracket. Consider a method to track youth that meet the appropriate age criteria for the program at the initial

start of their episode and then age out as compared to youth served by the program outside the age criteria at initial inquiry.

Definitions

- Consultative Activities: any activity provided by Hub team staff entered into the Encounter system including incoming/outgoing calls to PCPs, BH providers, and Family; face to face assessments provided by Hub staff.

Consultative Activities/Type of Call are grouped by:

- Phone PCP (PCP phone office, Phone PCP Follow up, and Hallway PCP Office): direct phone contact with the primary care provider
 - Care Coordination (Care coordination, Care coordination follow up, Case Conference, Phone Member Family, and Peer Specialist follow up): direct phone contact with the youth and their family or providers involved in the behavioral health care provided to the youth
 - Face to Face (Face to Face visit and Tele-Psychiatry): a face-to-face diagnostic evaluation or psychopharmacological consultation provided by the Hub psychiatrist or clinician.
 - Other (Phone other, Materials request, BH network management, Hallway other, Office Education)
- Encounter System: a secure, HIPAA compliant online data system that houses structured electronic forms. Hub staff enter information provided by the PCP for every encounter/consultative activity into this online database. The encounter data fields include: the date, the primary care practice/provider from which the call originates, demographics of the youth subject of the call, encounter type, response time, reason for contact, presenting mental health concerns, diagnosis, medication and outcome of the call.
 - Enrollment: a formal relationship between the primary care practice and Hub team formed after the Hub psychiatrist meets with the primary care practice's medical director and any PCPs available for an onsite visit. At that time the Hub team psychiatrist explains what the program does/does not provide and an enrollment agreement form is signed.
 - Consultative Episode: methodology includes a "starter activity": Phone PCP Office or Hallway PCP Office. These two activities are entered into the Encounter system by the Hub staff. They are defined as starters because they are the only two activities that are selected when the PCP initiates support from the Hub – either by phone or hallway (in person). This starter activity can stand alone to equal an episode or can be paired with one or more additional activities to equal an episode. An episode is closed once 60-days has passed without any Hub team support.
 - First Year of The Program: refers to the initial 13-month review ranging from June 1, 2014 – June 30, 2015.
 - Hub Team: the behavioral health personnel contracted to provide ACCESS Mental Health CT services. Each Hub team consists of a full-time equivalent board certified child and adolescent psychiatrist(s), licensed masters' level behavioral health clinician(s), program coordinator, and a half-time family peer specialist.

- PCP: an individual primary care clinician employed by a primary care practice. A PCP may be a pediatrician, family physician, nurse practitioner, or physician assistant.
- Primary Care Practice Group: a primary care practice that identifies itself as a group by listing a primary site and additional satellite practice sites; sharing physicians, patients, and policies and procedures. In this measure a group is captured as a count of one regardless of how many sites are listed in the group.
- Primary Care Practice Groups Utilized: any practice group noted having at least one consultative activity during the reporting period.
- Primary Care Practice Site: an individual primary care office; uniquely identified by address.
- Youth Served: An unduplicated count of all youth served by the ACCESS Mental Health CT program captured on a member specific encounter form entered by the Hub staff into the Encounter System during the reporting period.

| ACRONYMS | |
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| ACCESS | Access to all of C onnecticut's C hildren of E very S ocioeconomic S tatus |
| BH | Behavioral Health |
| CT | Connecticut |
| DCF | Department of Children and Families |
| DX | Diagnosis |
| MH | Mental Health |
| PCP | Primary Care Provider |
| VO | ValueOptions |
| SA | Substance Abuse |
| TX | Treatment |