

Report Prepared By Beacon Health Options For the Department of Children and Families
Submitted May 31, 2016



ACCESS **Mental Health CT**

Quarterly Progress Report

January 1, 2016 – March 31, 2016



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Introduction

ACCESS Mental Health CT is a state funded program created to ensure that all youth under 19 years of age, irrespective of insurance coverage, have access to psychiatric and behavioral health services through contact with their primary care providers (PCP). The program is designed to increase PCPs' behavioral health knowledge base so they can identify and treat behavioral health disorders more effectively and expand their awareness of local resources. Beacon Health Options contracts with three behavioral health organizations to act as Hub teams and provide support across the state: Institute of Living at Hartford Hospital, Wheeler Clinic, and Yale Child Study Center. Each Hub team consists of board-certified child and adolescent psychiatrists, a behavioral health clinician, a program coordinator, and a half-time family peer specialist. The teams are charged with providing real-time psychiatric consultation and individualized, case-based education to PCPs over the phone. Phone conversations may entail diagnostic clarification, psychopharmacology recommendations, counseling recommendations and care coordination supporting youth and their family in connecting to community resources.

This report was prepared by Beacon Health Options for the Department of Children and Families and summarizes the progress made by the ACCESS Mental Health CT program. The primary reporting period for this report is January 1, 2016 through March 31, 2016 (Q3 FY'16); in some metrics, totals covering the entire length of the program or "since inception" June 16, 2014 through March 31, 2016 are also provided. Date ranges are clearly labeled on each graph or table depicting the corresponding timeframes.

Data Sources

The information included in this report represents data entered into Beacon Health Options' Encounter System showcasing ongoing activity provided by the three ACCESS Mental Health CT Hub teams.

The data and analyses in the body of this quarterly 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
CTAX14009:	Response Time by Activity
CTAX14011:	PCP Satisfaction Summary
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

Methodology

The data for this report is refreshed for each subsequent set of quarterly and annual progress reports. Due to late submissions of some data reflecting practice and PCP enrollment, number of youth served, consultative activities and satisfaction rates, the results may differ from the previously reported values. In most instances, the changes do not create significant differences in the reported conclusions. However, on some occasions there is sufficient variation that changes the analysis. Any analysis affected by these variations will be noted in the narrative and implications will be described.

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

Enrollment

By March 31, 2016, 476 pediatric and family care practice sites statewide were identified as eligible for enrollment; this is a slight change from previously reported totals due to the closing of sites (both enrolled and not enrolled) due to retirement or change in type of care the practice provides.

The corresponding table depicts enrollment information both on statewide and Hub specific levels. Approximately **82%** (388) of pediatric and family care practice sites enrolled in the program statewide. By the end of Q3 FY'16, one new practice enrolled and two enrolled practices closed. Collectively, the enrolled practices employ 1,472 prescribing primary care providers.

ACCESS Mental Health CT Enrolled Practice Sites: Breakout By Provider Type June 1, 2014 – March 31, 2016				
	Hartford Hospital	Wheeler Clinic	Yale Child Study Center	Statewide
Enrolled Practice Sites	163	123	102	388
Pediatrics	70	63	83	216
Family Practice	92	23	11	125
Pediatric/Family Practice	1	5	3	9
Not Specified	0	32	5	37

Approximately 56% (216) enrolled practice sites were identified as pediatric, 32% (125) identified as family medicine treating the lifespan, 2% (9) sites formed practice groups that included a combination of pediatric and family medicine sites, and 10% (37) practice sites were entered into the system without a specific provider type identified.

To date, approximately 18% (88) of primary care practices across the state are not interested in the program, however, outreach continues to offer enrollment. These efforts include outreach to both practices that had previously declined enrollment last year and those that had not yet decided. Marketing strategies include crafted letters to the targeted audience detailing a program description of services and program progress to date. Speaking engagements in the community, trainings, and webinars also include enrollment instruction information. Of note, the one new practice that enrolled this quarter was a practice that previously declined enrollment.

Youth Demographics

Collectively, the Hub teams are available to all youth in Connecticut. Demographic information is captured the first time the PCP calls requesting support on that respective youth and is then entered into the Encounter System.

Since inception of the program to date, June 16, 2014 through March 31, 2016, enrolled PCPs contacted their respective Hub teams requesting consultation for **1,996** unduplicated youth presenting with mental health concerns. This is an increase of 264 unique youth since last quarter where the program to date (June 16, 2014 – December 31, 2015) total was noted as 1,732 unduplicated youth.

The following table depicts a quarterly comparison of youth served by the program for this fiscal year; counts are unique to this fiscal year but are not unique since inception. As mentioned in previous reports, an area of data collection needing improvement is the identification of race of youth at the time the youth is first served by the program. Data entry errors were addressed during on-site visits with each Hub team during Q1 FY'16. In Q3 FY'16, approximately 11% (32) of youth were entered into the Encounter System with "other/unknown" race. While this is a slight increase as compared to the previous quarter, it is still a notable improvement as compared to Q1 FY'16 (34%).

Beacon Health Options' central administrative team has instructed the Hub teams to continue to improve data collection both at the point of first entry into the Encounter System, as well as follow up entries for that youth. It is expected that this measure will continue to show improvement, however, changes or updates will not be made on youth unless their PCP calls back for support on their care.

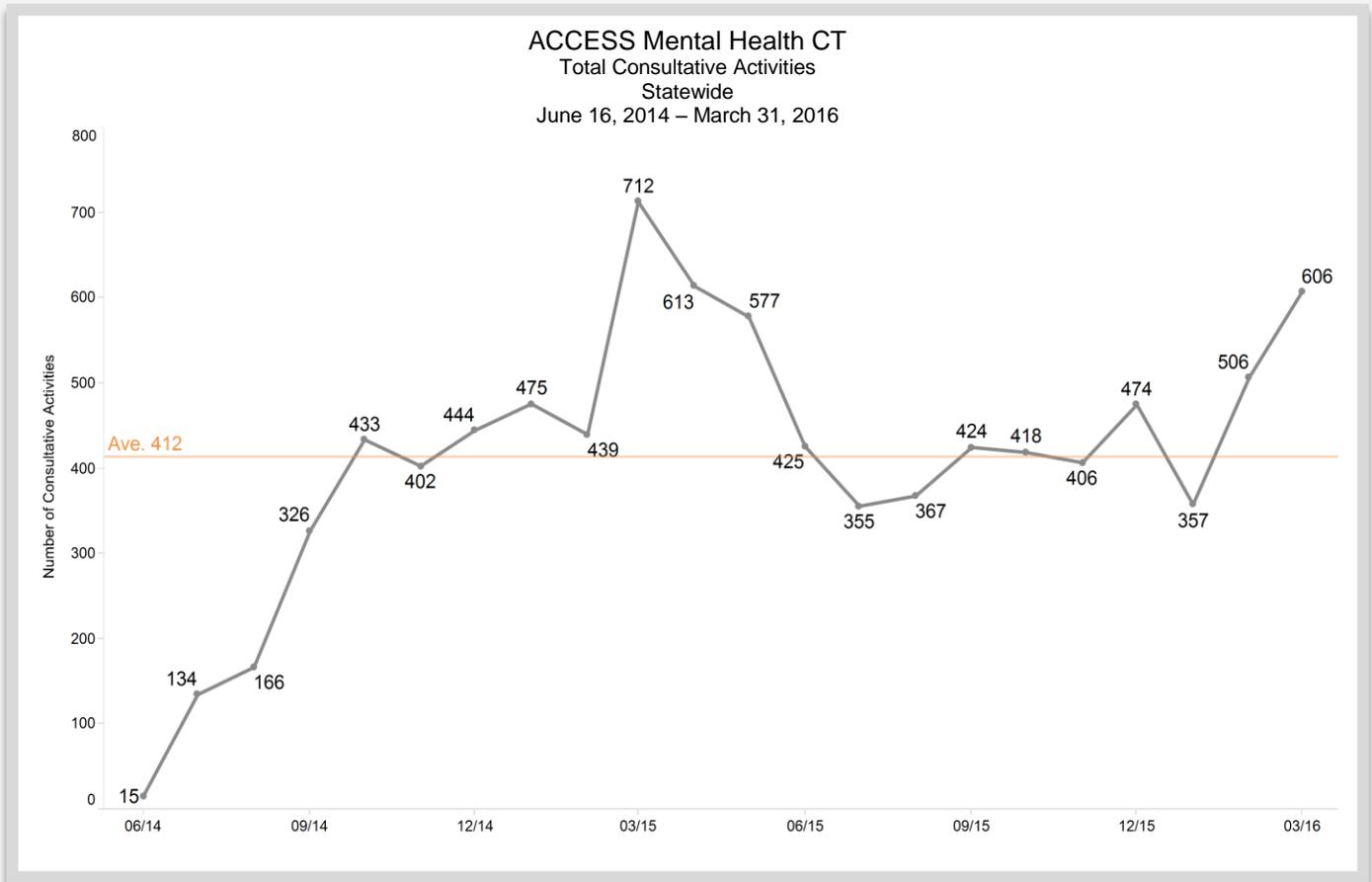
ACCESS Mental Health CT Statewide Youth Demographics July 1, 2015 – March 31, 2016								
	Q1 FY'16		Q2 FY'16		Q3 FY'16		YTD FY'16	
Total Youth Served*	305		276		283		864	
Gender	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.
Male	164	54%	150	54%	174	62%	488	56%
Female	141	46%	126	46%	109	38%	376	44%
Age								
0-5	25	8%	23	8%	25	9%	73	9%
6-12	120	40%	104	38%	107	38%	331	38%
13-18	156	51%	138	50%	130	46%	424	49%
19+	4	1%	11	4%	21	7%	36	4%
Race								
Caucasian	142	47%	187	68%	171	61%	500	58%
African American	34	11%	31	11%	37	13%	102	12%
Hispanic	22	7%	29	10%	37	13%	88	10%
Asian	2	1%	2	1%	6	2%	10	1%
Other/Unknown	105	34%	27	10%	32	11%	164	19%
DCF Involvement								
	40	13%	32	12%	38	13%	110	13%

*Quarterly counts represent unduplicated youth per quarter but are not unique across fiscal years.

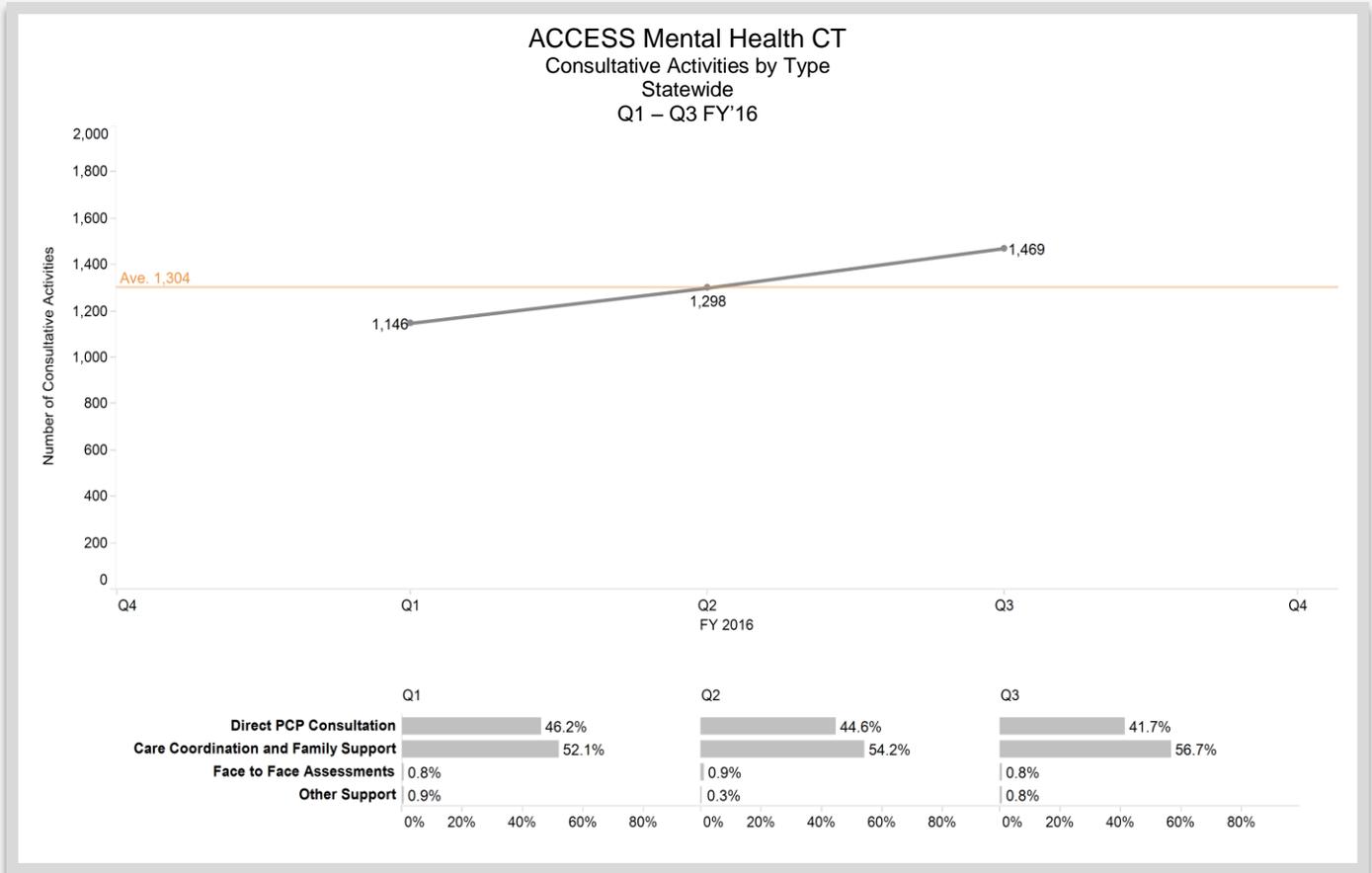
Consultative Activities

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 in this measure.

Since inception of the program to date, June 16, 2014 through March 31, 2016, the Hub teams have provided **9,074** consultative activities supporting PCPs treating youth within their medical home with an average of 412 consults per month. The spike in consults seen in March 2015 (712) was again seen in March 2016 (606). Of the 9,074 total consults provided, approximately 52% (4,726) were for youth with an identified commercial insurance plan such as Aetna or Anthem BCBS of CT; 35% (3,194) were for youth with HUSKY coverage. Approximately 12% (1,097) were consultative activities captured for youth with an unidentified insurance coverage and less than 1% (57) were identified as having no coverage at all.



Approximately 1,469 consults were provided in Q3 FY'16, which is an increase of 171 consults from last quarter (1,298) with a quarterly average of 1,304 consultative activities across the first three quarters of this fiscal year. The lower quadrant of the following graph provides a breakout of each consultative group. As previously reported, the definitions for each consultative activity group can be found in the definitions section at the end of this report.

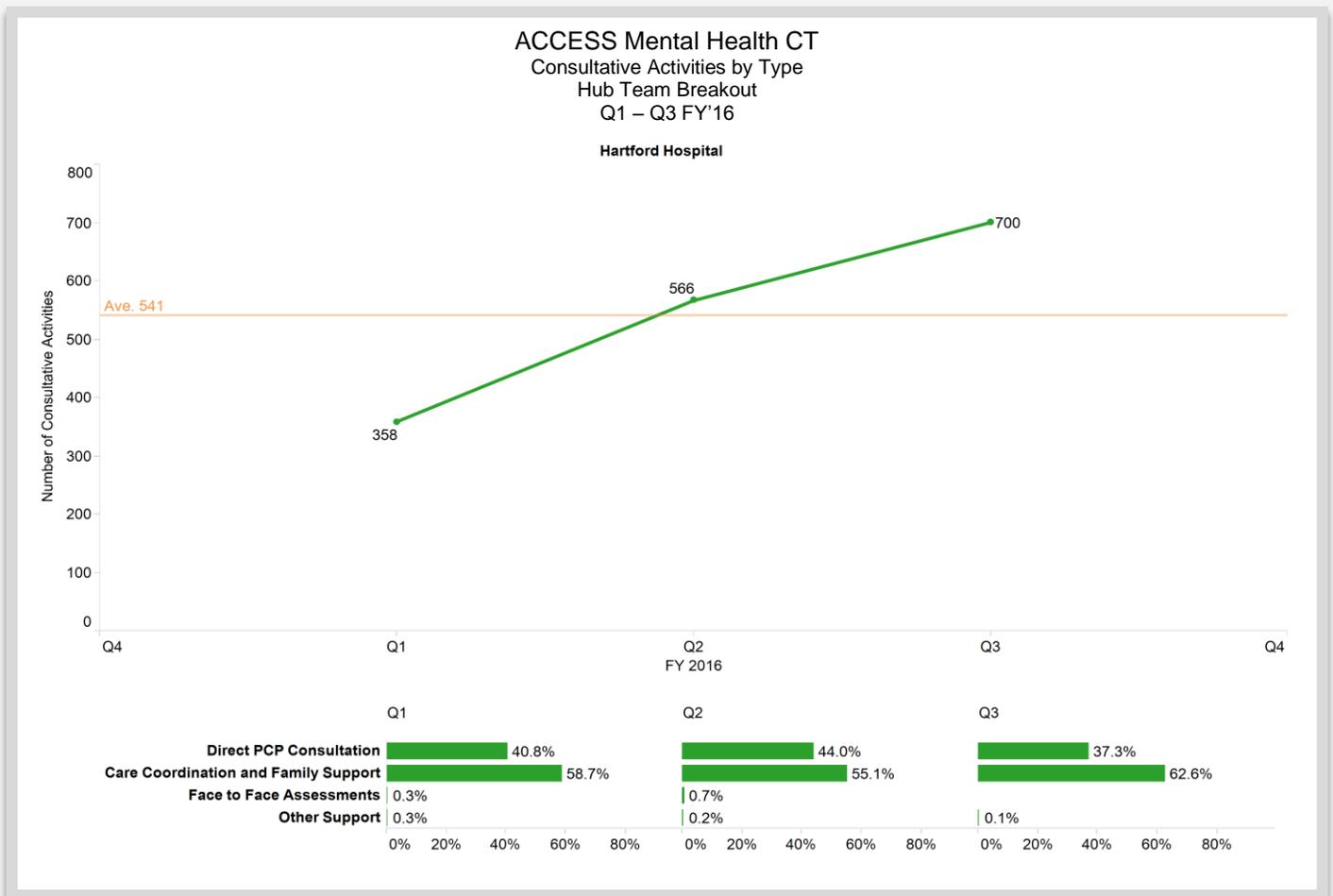


Direct PCP Consultations: Of the 1,469 consultative activities provided throughout the state in Q3 FY'16, approximately 42% (612) were reported as direct contact with the PCPs. This includes both initial inquiries and follow up phone calls to the PCP. Per Hub team report, approximately 96% (415 out of 432) of initial PCP calls were answered by the Hub team's consulting Psychiatrist within 30-minutes of the PCP's initial inquiry in Q3 FY'16; 71% (308 out of 432) of which were connected directly at the time of the call. The program benchmark for year two is that 95% of all initial PCP calls requiring a call back will be returned within 30 minutes of initial inquiry unless an alternative time was requested by the PCP. As of the close of Q3 FY'16, this annual target is on track.

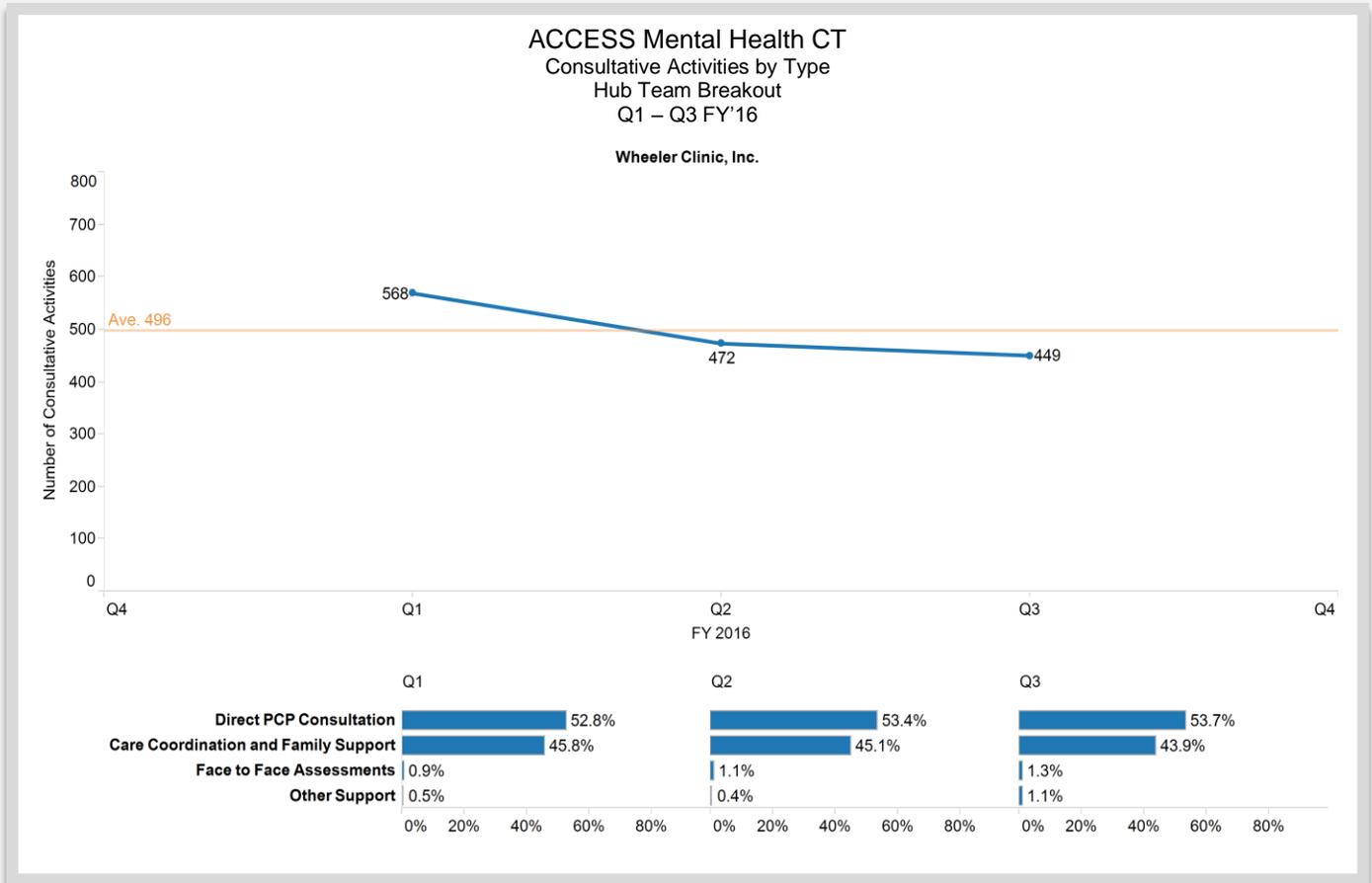
Care Coordination and Family Support: Approximately 57% (833 out of 1,469) of the total consultative activities for Q3 FY'16 were activities related to care coordination and direct family support.

Face to Face Assessments: Approximately 0.8% (12 out of 1,469) of the total consultative activities were one-time diagnostic and psychopharmacological assessments. Approximately 106 face to face assessments have occurred across the state since inception of the program.

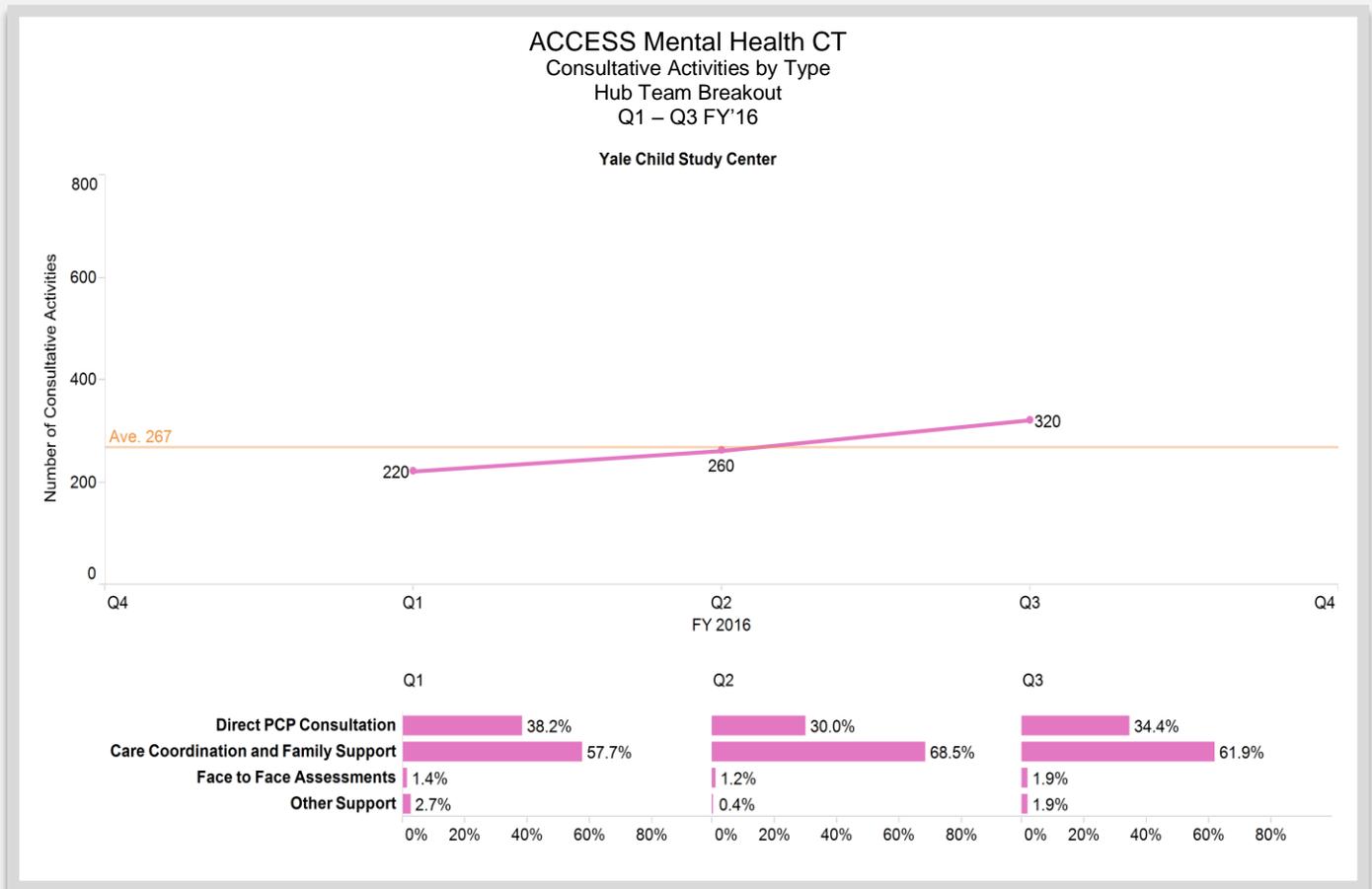
When comparing volume of consultative activities by Hub team, Hartford Hospital has the highest average per quarter with an average of approximately 541 consultative activities from Q1 through Q3 FY'16. As demonstrated in the lower quadrant of this graph, Hartford Hospital's Hub team is providing a consistently higher percentage of care coordination and family support consultations.



Wheeler Clinic's Hub team provided consultations to their designated primary care practices on an average quarterly rate of 496 consultative activities from Q1 through Q3 FY'16 with the highest volume being in the first quarter. Unlike the other two Hub teams, Wheeler Clinic's Hub team experienced a decrease in their consultations during Q3 FY'16 as compared to the previous two quarters. However, it is important to note that an increase in consultations in March 2016 was seen by all three teams. As demonstrated in the lower quadrant of this graph, Wheeler Clinic's Hub team is providing a consistently higher percentage of direct PCP consultations than care coordination and family support consultations.



With the lowest quarterly average of consultative activities in comparison to the other two Hub teams, Yale Child Study Center's Hub team provided consultations to their designated primary care practices on an average quarterly rate of 267 consultative activities from Q1 through Q3 FY'16 with the highest volume being in the third quarter. As demonstrated in the lower quadrant of this graph, Yale Child Study Center's Hub team is providing a consistently higher percentage of care coordination and family support consultations.



As shown in the graphs above, the difference in call volume between Hub teams is notable. As indicated in enrollment numbers, Hartford Hospital's designated area supports more enrolled primary care practices as compared to the other two Hub teams. However, more youth live in Yale Child Study Center's designated area. Continued analysis to better understand the differences in utilization patterns across the state is essential. Preliminary hypotheses include missed data entries by Hub staff resulting in under-reported values, as well as assumptions that pockets of lower Fairfield County contain more PCPs resistant to integrating mental health within their medical home, therefore, not seeking educational support from the ACCESS Mental Health program. Yale Child Study Center Hub team in collaboration with Beacon Health Options' central administrative team will continue to develop ways to outreach and engage the PCPs in these areas.

Consultative Episodes

A consultative episode captures the time from when a PCP first contacts their respective Hub team either by phone or in person and includes all consultative activities provided by the team necessary to support the PCP, the youth and their family. The end of an episode is determined once 60-days has passed without any Hub team support. At times, additional episodes occur for the youth. In the event a youth is noted to have multiple episodes, it means there was a period of 60 days that passed without needing Hub team support. Consultative episodes are intended to demonstrate average length of time and average number of consultative activities provided to support an individual youth.

A total of **1,594** consultative episodes occurred between June 16, 2014 and March 31, 2016. This is an increase of approximately 251 episodes since last quarter where the program to date (June 16, 2014 – December 31, 2015) total was noted as 1,343 episodes. While the range of days per episode remained the same (1 day to 172 days), the statewide average number of days per episode decreased by one day with an average of 16 days per episode by the close of this quarter.

ACCESS Mental Health CT Consultative Episodes June 16, 2014 – March 31, 2016				
	Hartford Hospital	Wheeler Clinic	Yale Child Study Center	Statewide
Number of Youth with 1 Episode	547	616	292	1,455
Number of Youth with 2 Episodes	21	21	13	55
Number of Youth with 3 Episodes	0	2	0	2
Total Number of Episodes				
	603	670	321	1,594
Average Number of Days per Episode				
	17	16	16	16
Average Number of Consultative Activities per Episode				
	5	4	3	4

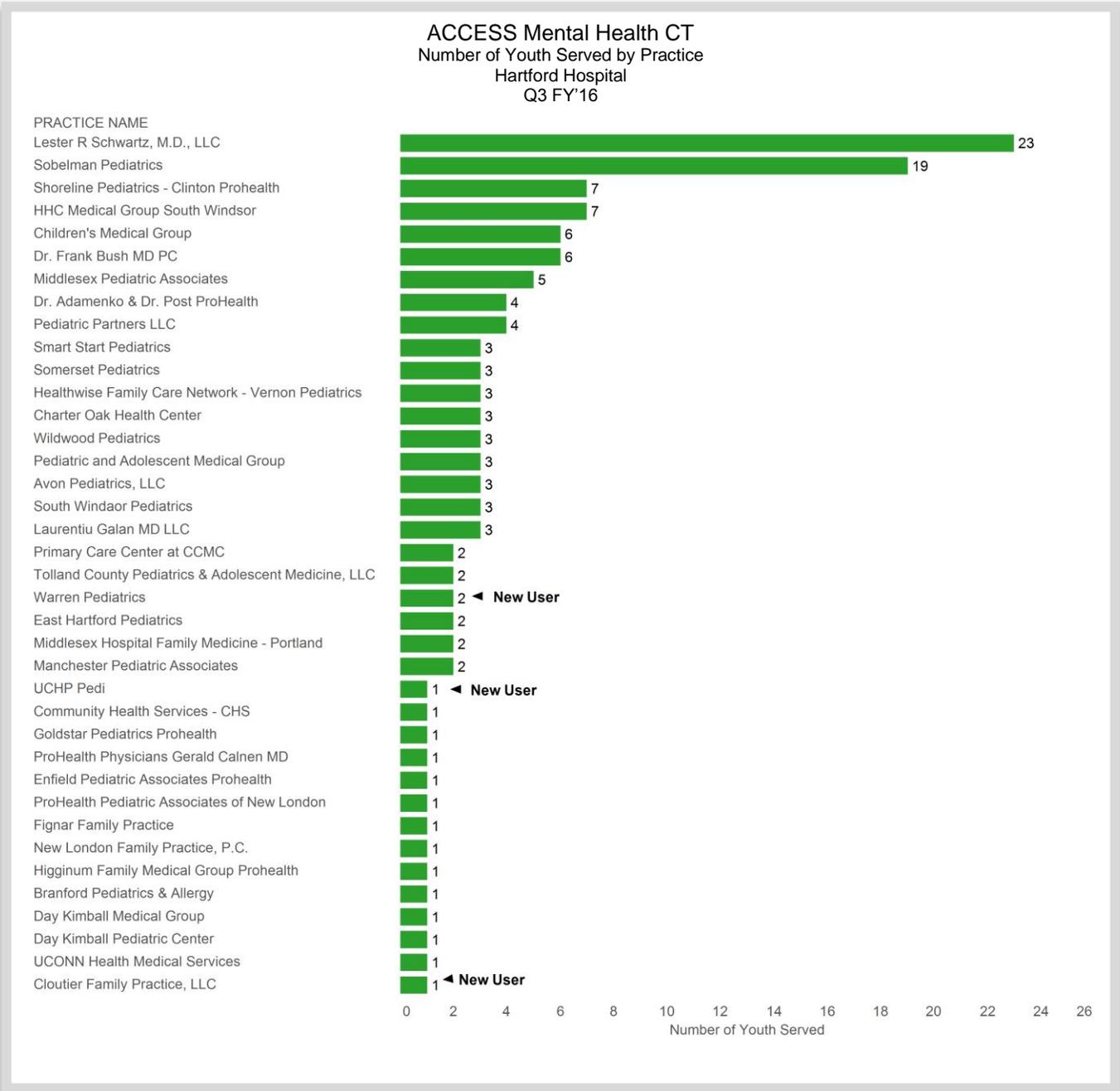
Practice Utilization

At enrollment, practice sites were asked to identify if they were a stand-alone practice or a practice with a primary site and additional satellite sites that shared physicians, patients, and policies and procedures. To eliminate the possibility of inflation, practice utilization is measured by practice groups; a stand-alone practice is counted once and a practice with multiple sites is also counted once. As sites indicated their practice group status, approximately **335 practice groups** with a total of 388 practice sites were formed.

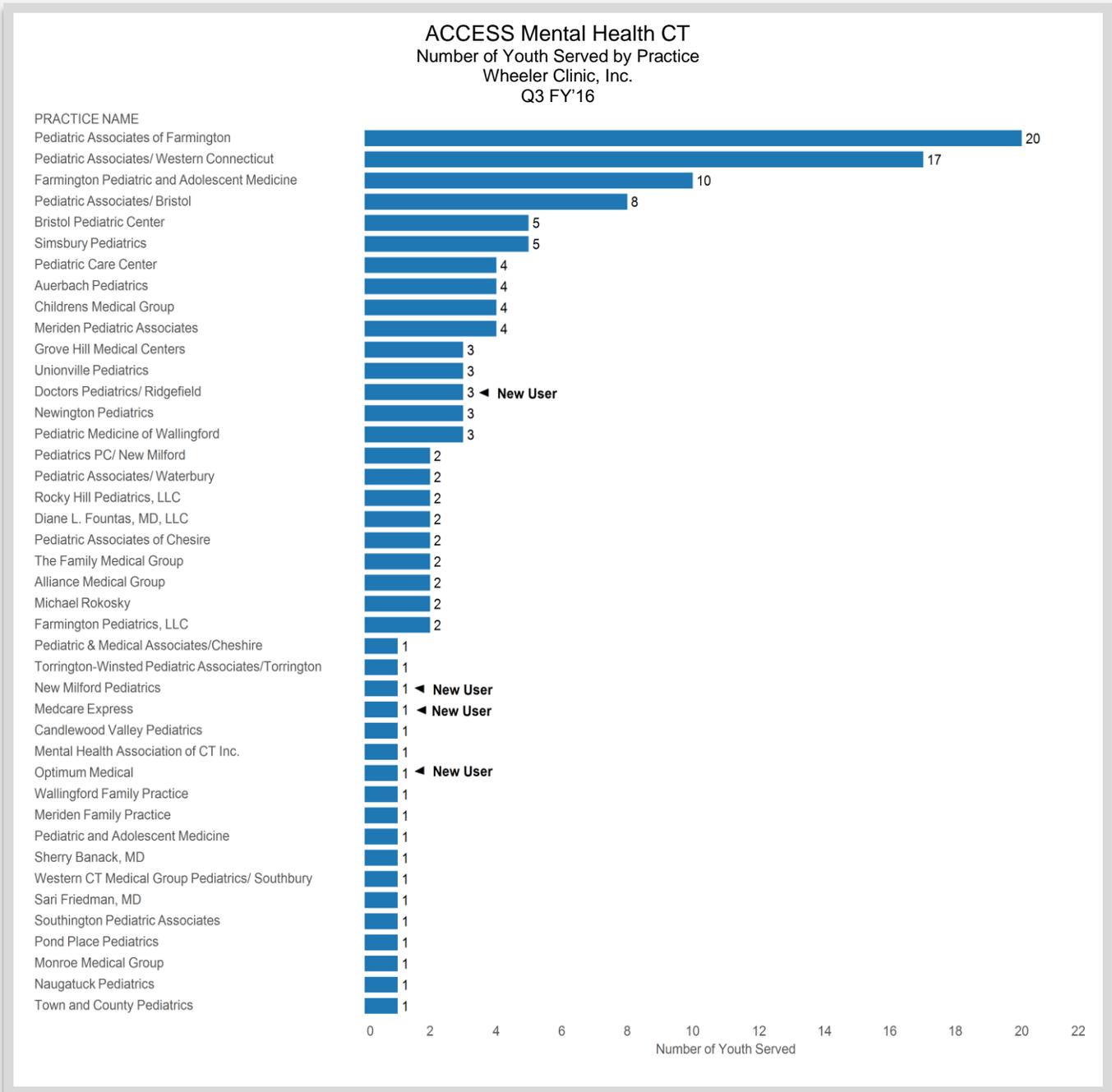
From program inception to date, June 16, 2014 through March 31, 2016, approximately **64%** (215 out of 335) of the enrolled primary care practice groups utilized the program at least one time. This is a 3 percentage point increase in the utilization rate compared to last quarter's rate of 61% (204 out of 336).

The following graphs demonstrate both practices that continue to utilize the program during Q3 FY'16 as well as practices that utilized the program for the first time during this quarter.

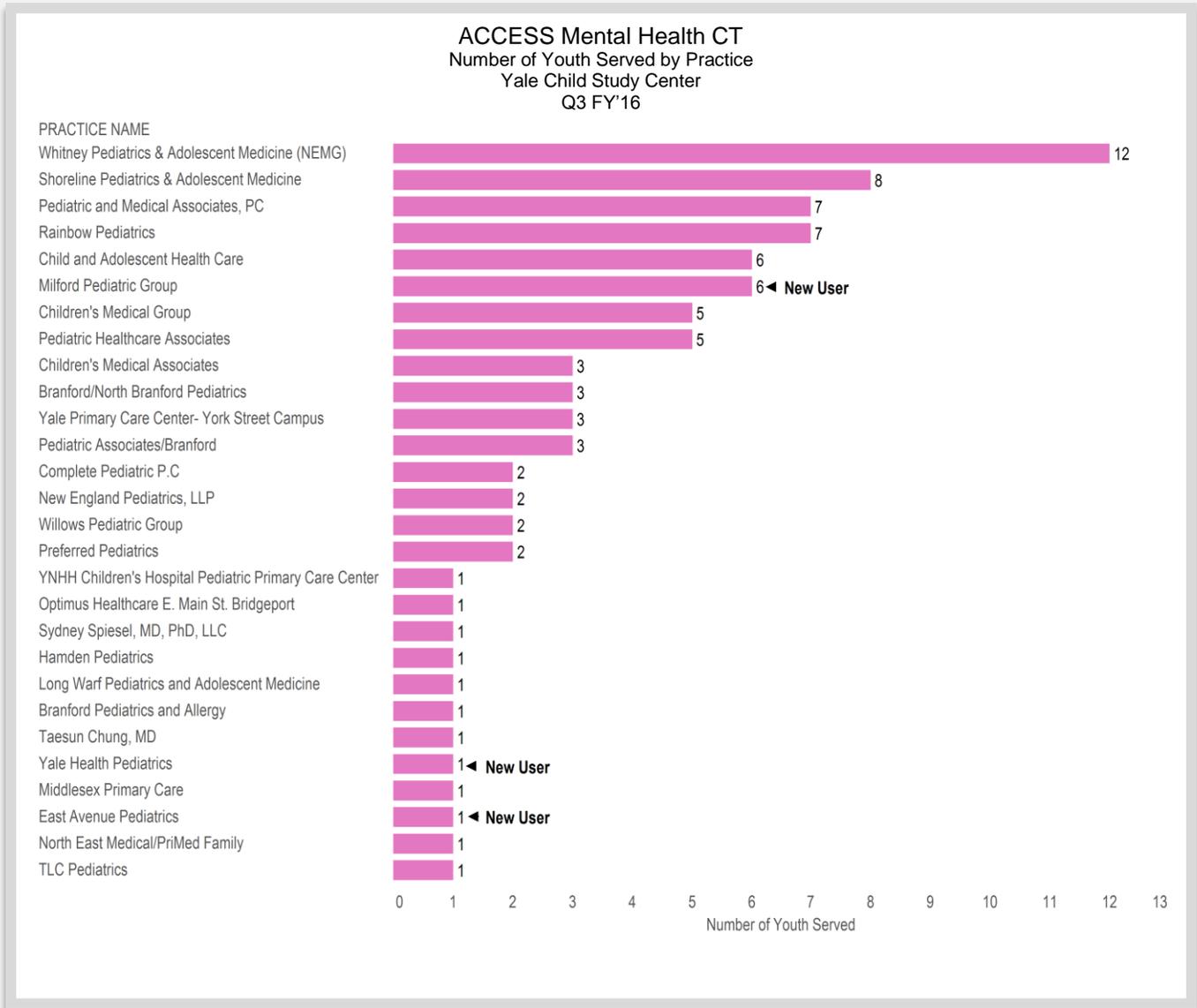
In Q3 FY'16, a total of 38 practice groups utilized Hartford Hospital's Hub team; 3 of which were identified as first time utilizers of the program. After being enrolled in the program for 21 months, Warren Pediatrics called for the first time in March 2016 requesting support on two youth. UCHP Pedi also called the program for the first time in March 2016 after also having been enrolled for 21 months. Cloutier Family Practice enrolled in the program in February 2015, but did not use until February of the following year.



In Q3 FY'16, a total of 42 practice groups utilized Wheeler Clinic's Hub team; 4 of which were identified as first time utilizers of the program. After being enrolled in the program for 20 months, Doctors Pediatrics called for the first time in March 2016 requesting support on three youth. New Milford Pediatrics called the program for the first time in February 2016 after having been enrolled for 21 months. Both Medicare Express and Optimum Medical used the program for the first time in March 2016 after enrolling in July and August 2014 respectively.



In Q3 FY'16, a total of 28 practice groups utilized Yale Child Study Center's Hub team; 3 of which were identified as first time utilizers of the program. After being enrolled in the program for 19 months, Milford Pediatric Group called for the first time in January 2016 requesting support on six youth during this quarter. Yale Health Pediatrics called the program for the first time in February 2016 after having been enrolled for 14 months. East Avenue Pediatrics enrolled in the program in March 2015, but did not use until March of the following year.



With ten practice groups identified as new utilizers to the program, it is notable that all ten had been enrolled in the program for 12 months or longer; these were not newly enrolled practice groups. During this quarter, each Hub team made several outreach efforts in order to connect with their enrolled practices regardless of their utilization patterns. Reminder letters were mailed and phone calls were made detailing the program's description of services and program progress to date. These efforts have resulted in not only continued utilization but also new utilization in this quarter.

In order to learn more about utilization, one of the FY2016 targets includes on-site visits to a minimum of six utilizing practice groups. A detailed summary will be included in the annual progress report.

Practice Non-Utilization

Last quarter, the Hub teams were provided a list of their respective enrolled non-using practice groups and were asked to outreach to them to identify reasons for not using the program. Included in the outreach, the teams also distributed reminder materials that contained program statistics and a description of services to help keep practices updated and aware of the program. A summary of their findings will be included in the annual report. However, as indicated in the Utilization section above, ten practice groups previously identified on last quarter’s non-utilization report have since utilized the program. This change can be directly attributed to Hub team outreach efforts.

Program Satisfaction

After every consultative activity, the Hub consultant enters the primary care provider’s response to the question: “rate your satisfaction with the helpfulness of the ACCESS MH program” on a scale of 1-5; 5 being excellent. For Q3 FY’16, the average statewide satisfaction score is **4.97**. While a small number of callers across the state rated single calls low, the overwhelming majority continue to find the program support to be “excellent”.

The program benchmark for year two is that 85% of participating PCPs that have used the program will rate their experience with an average score of 4 or greater. Beacon Health Options’ central administrative team and the Hub teams will continue to monitor this monthly. As of the close of Q3 FY’16, this annual target is on track.

ACCESS Mental Health CT Satisfaction Scores: Statewide Quarterly Comparison Q1 – Q3 FY’16			
	Q1 FY’16	Q2 FY’16	Q3 FY’16
Average Satisfaction Score	4.96	4.96	4.97
Maximum Satisfaction Score	5	5	5
Minimum Satisfaction Score	3	1	3

ACCESS Mental Health CT Satisfaction Scores: Hub Breakout Q3 FY’16			
	Hartford Hospital	Wheeler Clinic	Yale Child Study Center
Average Satisfaction Score	4.95	5.00	4.99
Maximum Satisfaction Score	5	5	5
Minimum Satisfaction Score	3	4	4

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. In year two of the program, the Hub teams are each charged with providing a minimum of five (5) behavioral health trainings throughout the contract year. Trainings may be in the form of on-site practice based education, conference based lectures, or webinars. A detailed summary will be included in the annual progress report.

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, as well as face to face assessments provided by Hub staff.

Consultative Activities/Type of Call are grouped by:

- **Direct PCP Consultations** (PCP Phone Office, Phone PCP Follow up, and Hallway PCP Office): direct phone contact with the primary care provider
 - **Care Coordination & Family Support** (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 Assessments** (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 on-site 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.

- **Hub Team:** the behavioral health personnel contracted to provide ACCESS Mental Health CT services. Each Hub team consists of board certified child and adolescent psychiatrists, licensed masters’ level behavioral health clinician, 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

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	Beacon Health Options
SA	Substance Abuse
TX	Treatment

Hub Service Areas

