Report Prepared By Beacon Health Options For the Department of Children and Families
Submitted August 29, 2016

ACCESS Mental Health CT

Annual Progress Report

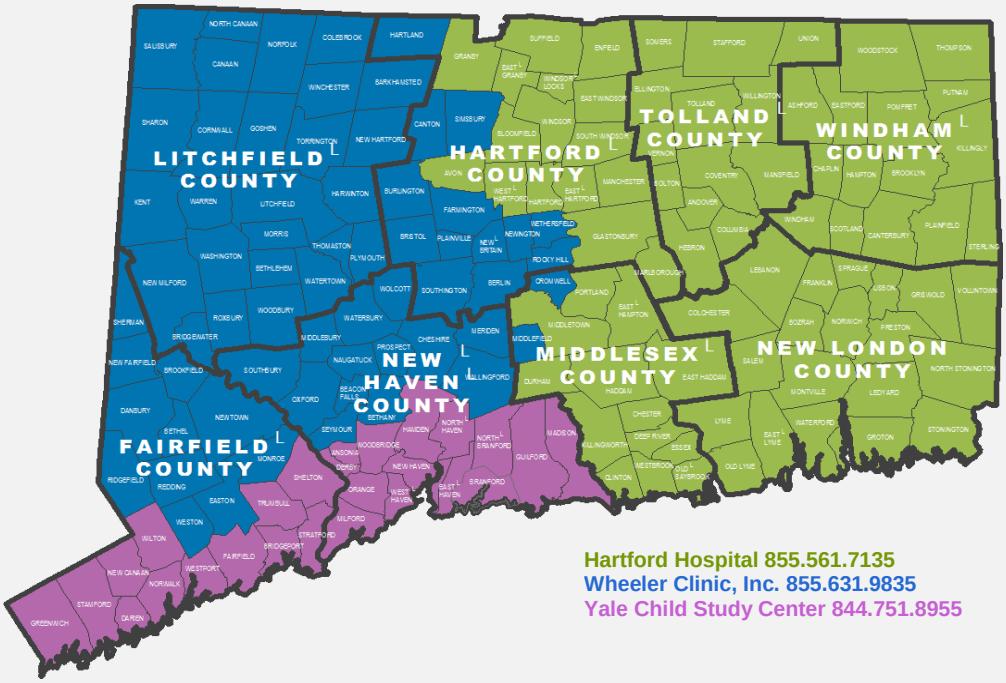
July 1, 2015 – June 30, 2016

Table of Contents

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. To ensure adequate coverage, the state was divided into three geographic service areas (approximately 272,000 youth per Hub).



Hartford Hospital 855.561.7135
Wheeler Clinic, Inc. 855.631.9835
Yale Child Study Center 844.751.8955

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. A program logic model can be found at the end of this report.

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 July 1, 2015 through June 30, 2016 (FY2016); in some metrics, totals covering the entire length of the program or "since inception" June 16, 2014 through June 30, 2016 are also provided. Date ranges are clearly labeled on each graph or table depicting the corresponding timeframes.

"ACCESS Mental Health CT is an invaluable resource for the doctors, children and families of Connecticut. It's great that you are always immediately available and ready to provide support to both clinicians and families. ACCESS has markedly enhanced my ability to take care of patients and families."

~Pediatrician, Farmington CT

Data Sources

The information included in this report represents the integration of data from multiple sources including: 1) data entered into Beacon Health Options' Encounter System showcasing ongoing activity provided by the three ACCESS Mental Health CT Hub teams, 2) Enrolled Practice Non-Utilization Outreach, 3) On-site Utilization Surveys, 4) PCP Satisfaction Surveys and 5) Year-End Summaries written by the Hub teams.

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
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
CTAX15008:	Episode of Care: Stay With PCP

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 June 30, 2016, 460 pediatric and family care practice sites were identified as eligible for enrollment across the state. This is a slight change from previously reported totals due to the closing of sites (both enrolled and not enrolled) because of retirement or change in type of care the practice provides.

Approximately **83%** (382) of pediatric and family care practice sites enrolled in the program statewide. By the end of Q4 FY'16, the enrolled practices collectively employ 1,504 prescribing primary care providers.

Approximately 57% (216) enrolled practice sites were identified as pediatric, all of which are equally distributed throughout the Hub teams. Approximately 32% (121) were identified as family medicine practices treating the lifespan with the majority (71% or 86 out of 121) enrolled in Hartford Hospital's designated area. Approximately 2% (9) of sites formed practice groups that included a combination of pediatric and family medicine sites, and 9% (36) of practice sites were entered into the system without a specific provider type identified.

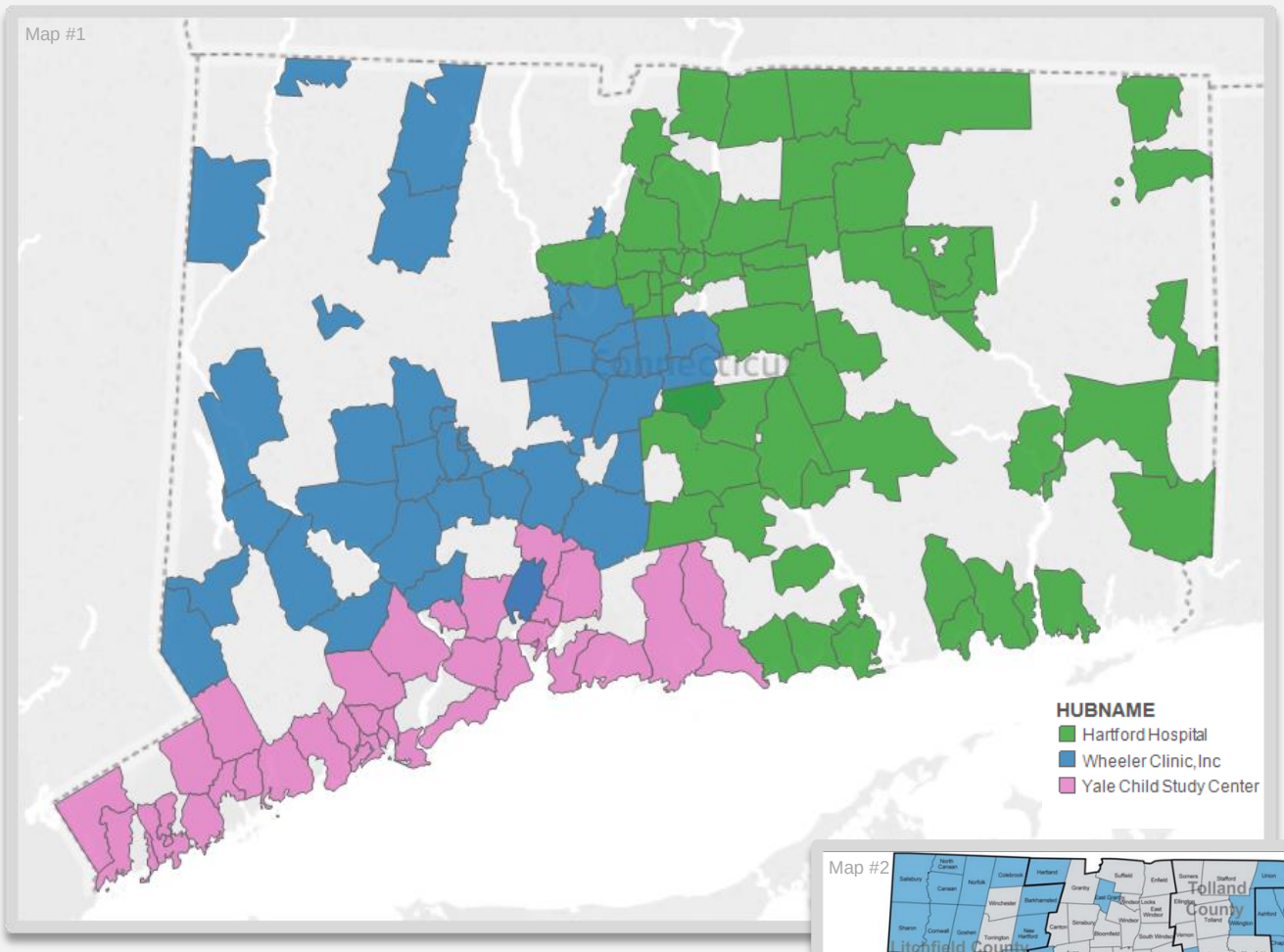
Table #1

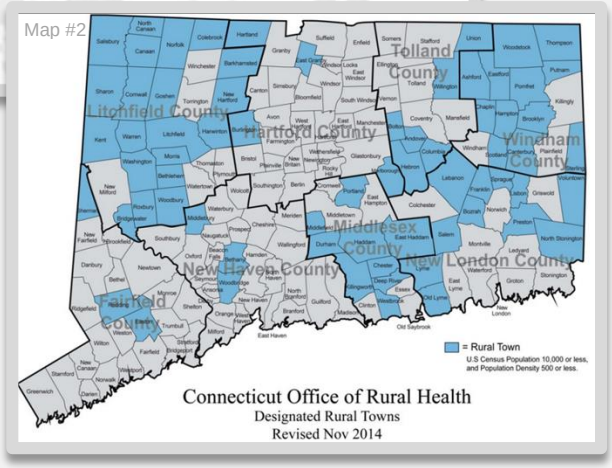
ACCESS Mental Health CT
Enrolled Practice Sites: Breakout By Provider Type
June 1, 2014 – June 30, 2016

	Hartford Hospital	Wheeler Clinic	Yale Child Study Center	Statewide
Enrolled Practice Sites	**158**	**126**	**98**	**382**
Pediatrics	71	66	79	216
Family Practice	86	24	11	121
Pediatric/Family Practice	1	5	3	9
Not Specified	0	31	5	36

To date, approximately 17% (78) of primary care practices across the state are not interested in enrolling in the program. However, each Hub team continued outreach to offer enrollment throughout the year. These efforts included outreach to both practices that had declined enrollment last year and those that had not yet decided. Marketing strategies included phone calls, emails and 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 included enrollment instruction information. Of note, five practices that previously declined enrollment in FY2015 enrolled in FY2016. This change can be directly attributed to Hub team outreach efforts. Also, Wheeler Clinic reports having scheduled enrollment visits in Q1 FY'17 with another five previously declined practices in their designated area. For those that continue to decline program services, the top two reasons provided were "our practice treats very few children" or "we have behavioral health integrated within the practice". The following map demonstrates the locations of each enrolled pediatric and family care practice site across the state.

ACCESS Mental Health CT
Map of Enrolled Practice Sites
Statewide

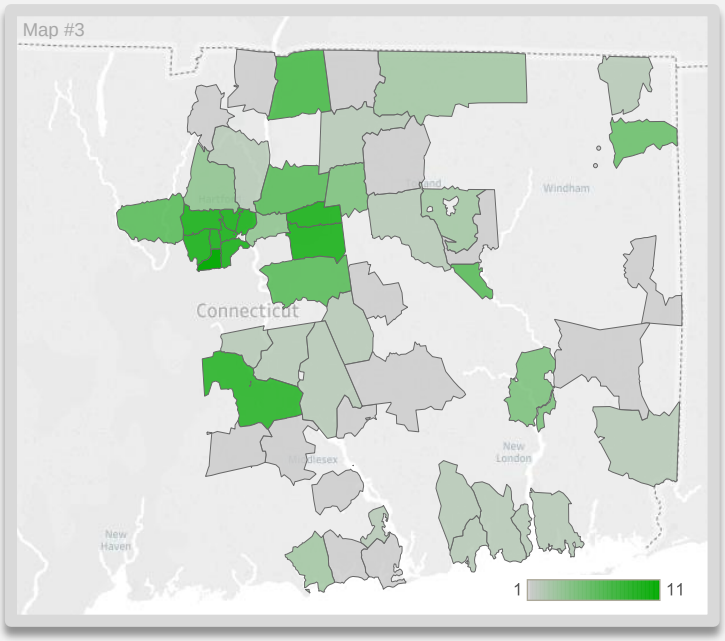




As a point of reference, a map from the Connecticut Office of Rural Health is included demonstrating that 40% of the towns in Connecticut are defined as rural. When comparing it to the ACCESS Mental Health CT enrolled practice site map, the majority of small pockets not colored on the enrollment map reflect rural areas across the state. Given an individual practice's location and catchment area, ACCESS Mental Health CT's enrollment is well distributed throughout the state.

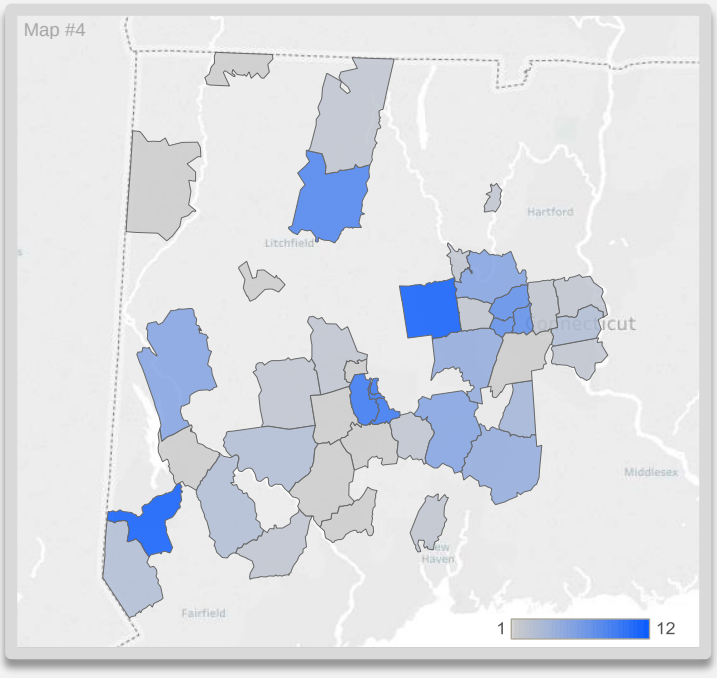
83% Pediatric and Family Care Practices Are Enrolled and Well Distributed Statewide

ACCESS Mental Health CT
Hartford Hospital Hub
Map of Enrolled Practice Sites



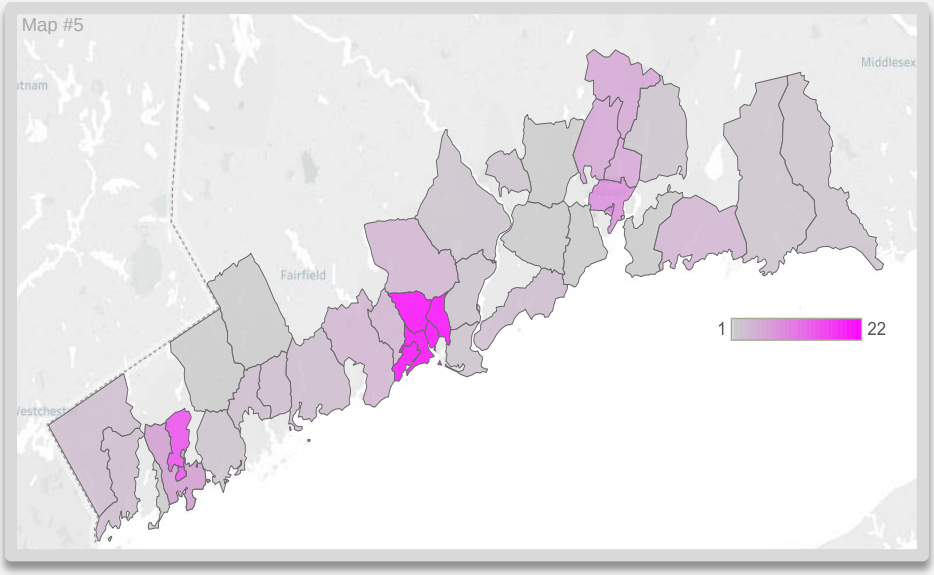
Hartford Hospital's designated service area contains both rural and urban towns. While the map appears to show a gap in enrolled service providers, the gap is predominately rural (towns with a population census of 10,000 or less and a population density of 500 or less people per square mile). Given each individual practice's location and catchment area, it is our estimation that this service area is well penetrated. The highest volume of enrolled sites are located in Hartford, West Hartford and Manchester each with 11 sites and Middletown with 10 sites.

ACCESS Mental Health CT
Wheeler Clinic Hub
Map of Enrolled Practice Sites



Wheeler Clinic's designated service area contains both rural and urban towns. While the map appears to show a gap in enrolled service providers, the gap is predominately rural and located in the Northwest area of the state. The highest volume of enrolled sites are located in Danbury and Bristol each with 12 sites, Waterbury with 10 sites, and Torrington with 9 sites. It is also important to note that Wheeler Clinic reported positive discussions with Western CT Health Network, which covers several towns throughout this area including the northwest. They are working on scheduling enrollment meetings for Q1 FY'17.

ACCESS Mental Health CT
Yale Child Study Center Hub
Map of Enrolled Practice Sites



Enrolled practice sites are spread throughout Yale Child Study Hub team's designated area with the highest volume of sites located in Bridgeport with 22 sites, Stamford with 16 sites, and New Haven with 9 sites. During program start up, Yale Child Study Center reported difficulties enrolling providers in lower Fairfield County. This map highlights that enrollment is now well covered in this area.

"I had an incredible experience reaching out to ACCESS Mental Health CT for me and my teenage patients. I have since recommended the program to my colleagues."

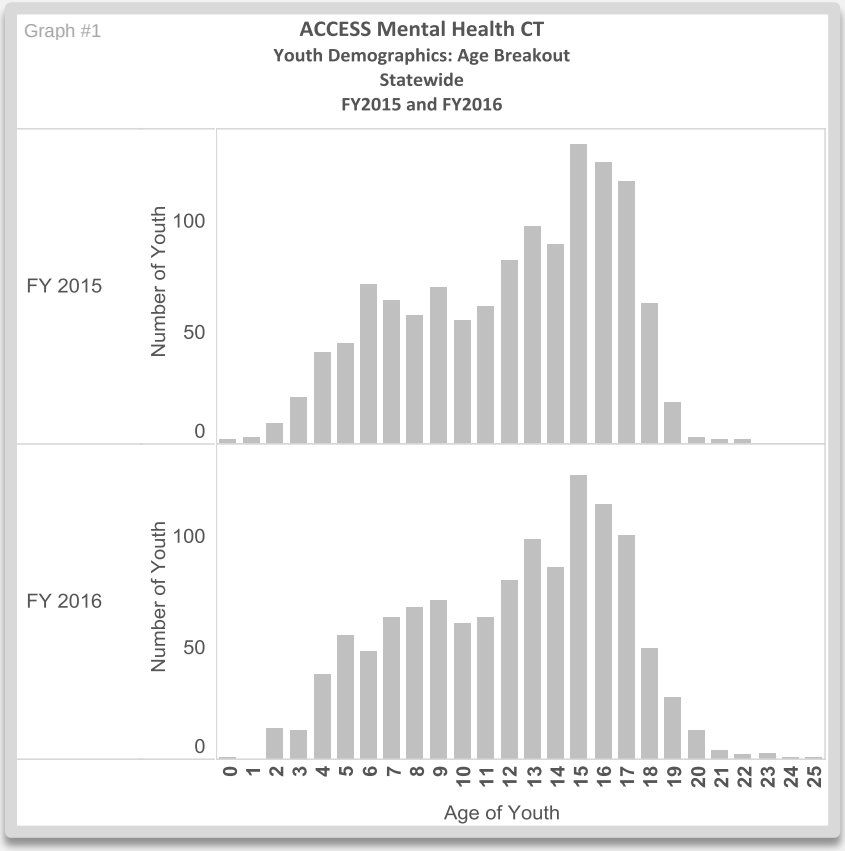
~Pediatrician, Greenwich CT

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 June 30, 2016, enrolled PCPs contacted their respective Hub teams requesting consultation for **2,331** unduplicated youth presenting with mental health concerns. This is an increase of 335 unique youth since last quarter where the program to date (June 16, 2014 – March 31, 2015) total was noted as 1,996 unduplicated youth. Approximately 40% (939) were supported by Hartford Hospital's Hub team, 39% (911) by Wheeler Clinic and 21% (481) by Yale Child Study Center's Hub team. The following graphs depict a year to year comparison of youth served by the program; counts are unique to the respective quarter within the fiscal year but are not unique since inception.

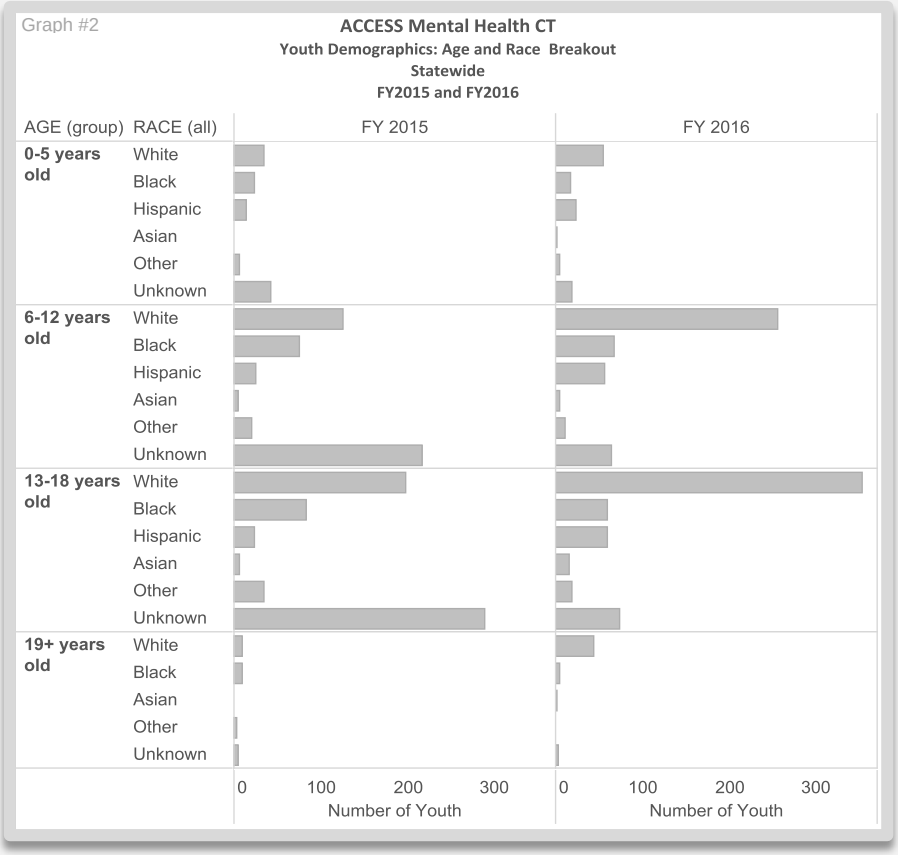
2,331 Unique Youth Served Statewide Since Inception

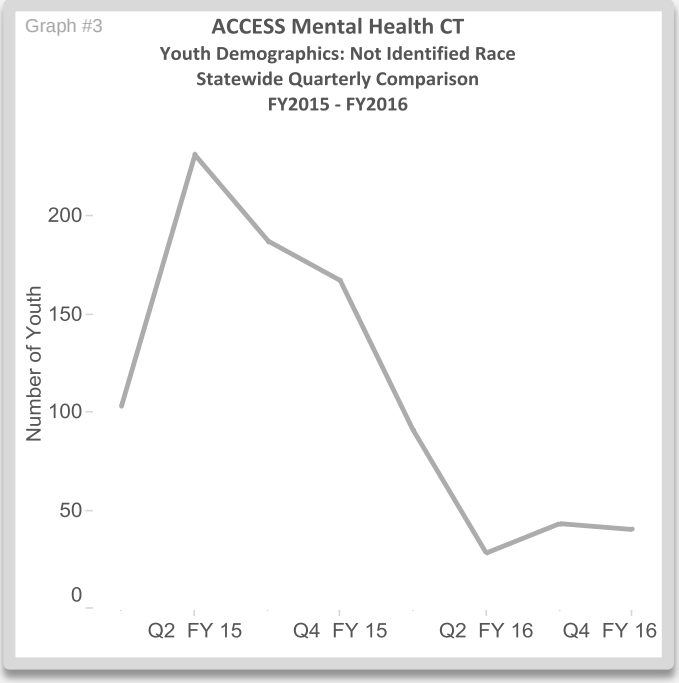


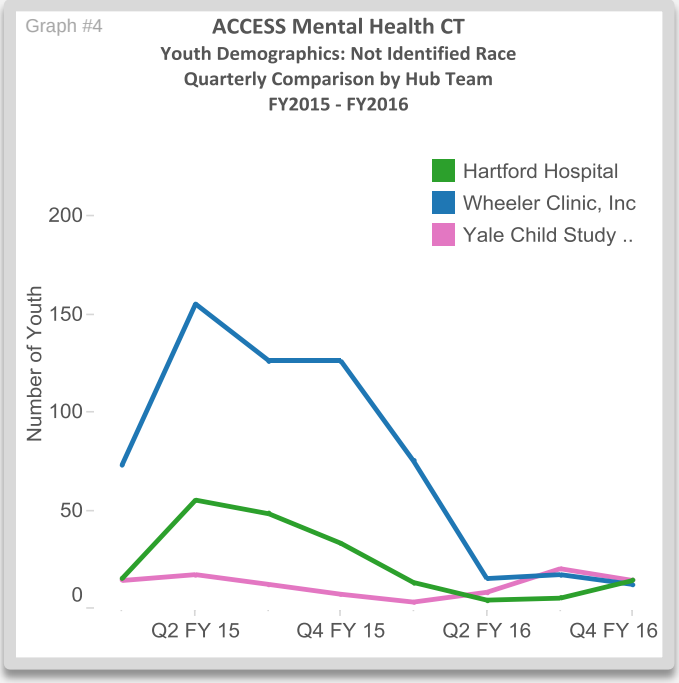
Approximately 1,212 youth were served by the program in FY'16. In a year to year comparison, a similar pattern was seen across all age sets. Adolescents continue to represent the largest volume by age across both years. The volume of youth with DCF involvement remains at 13% (159 out of 1,212) in FY'16. While the program is designed to support youth under the age of 19 years, PCPs continue to request support for young adults. In FY'16, the Hub teams supported 52 unique young adults between the ages of 19 and 25 years; this is double the volume compared to FY'15 (26). While the complexity of these cases varied, the majority of these young adults were diagnosed with Neurodevelopmental Disorders such as Autistic Spectrum Disorders or Intellectual Developmental Disorders.

In FY'16, the majority of youth served across all age groups were White youth (58% or 706 out of 1,212), with approximately 12% (149 out of 1,212) Black youth, 11% (139 out of 1,212) Hispanic youth, 2% (23 out of 1,212) Asian youth, 3% (35 out of 1,212) identified as Other, and 13% (160 out of 1,212) identified as unknown.

As mentioned in previous reports, an area of data collection that needed improvement was 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. As demonstrated in the graphs below, remarkable improvement was seen both on a statewide level and on the individual Hub team level.







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

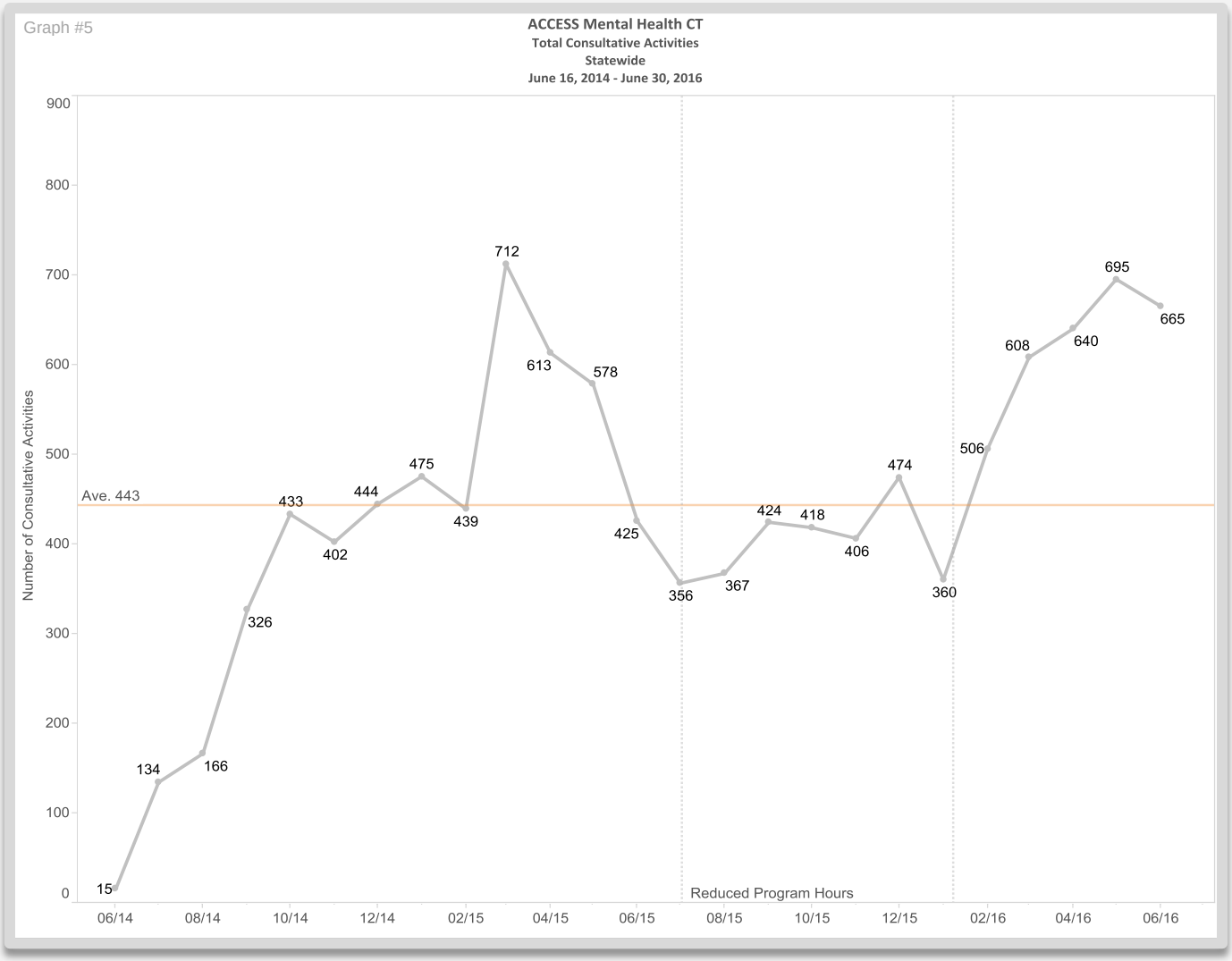
Consultative Activities

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 June 30, 2016, the Hub teams have provided **11,081** consultative activities supporting PCPs treating youth within their medical home with an average of 443 consults per month.

The spike in consults seen in March 2015 (712) was again seen in March 2016 (608). However, the drop noticed in April 2015 through June 2015 did not repeat again during the same timeframe this fiscal year; April 2016 through June 2016 held a notably high monthly average of 667 consultative activities. It is important to note that the program hours were reduced from July 2015 through December 2015, reducing the availability of psychiatry time from 40hrs per week down to 36hrs per week due to a reduction in funding. The program returned to full operating hours in January 2016 and is expected to continue into the FY'17 contract year. However, given Connecticut's state of financial uncertainty, it is imperative that we continue to seek additional funding sources.

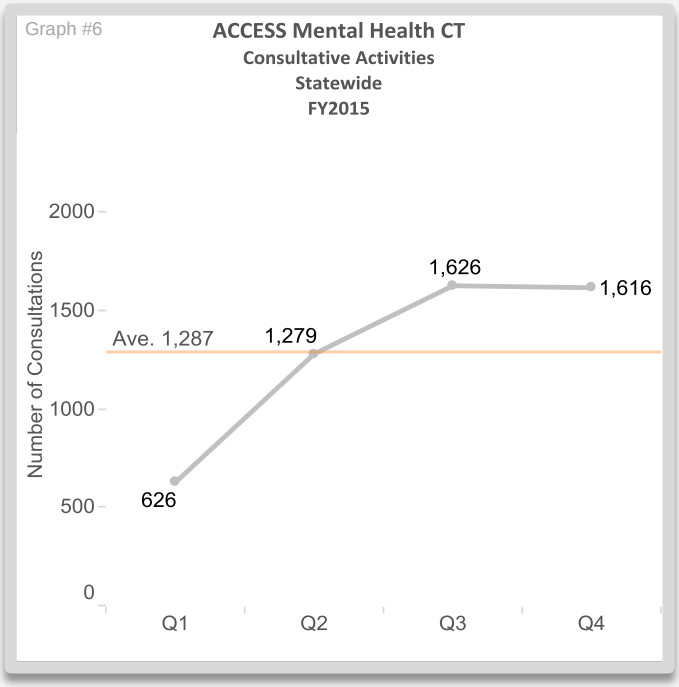
"If funding is cut, it would be terrible! Horrible!" **~Pediatrician, Bristol CT**

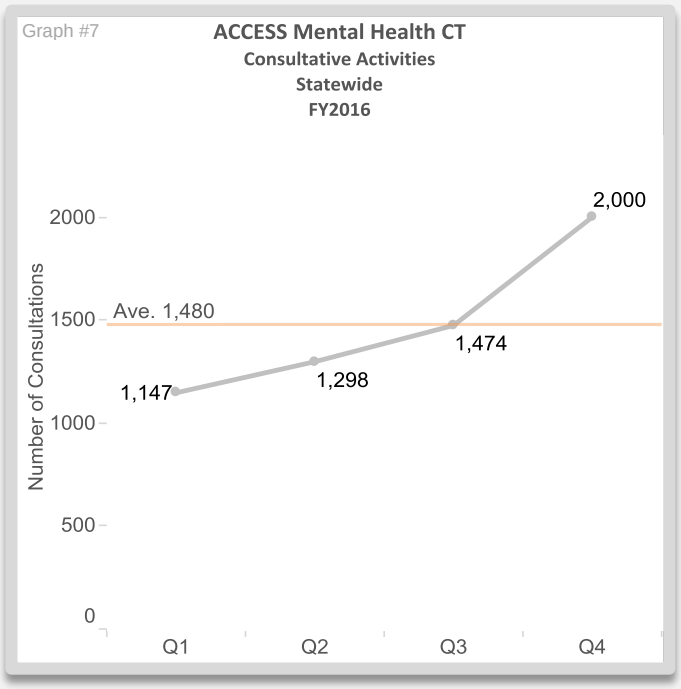
It is too soon to know if the monthly average of 667 experienced over the past three months will be the new average or if seasonal trends are emerging.



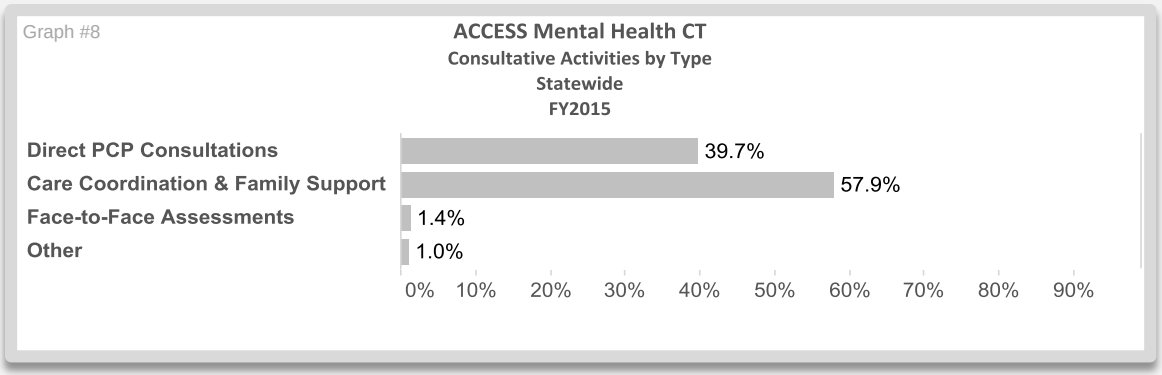
11,081 Consultative Activities Completed Since Inception

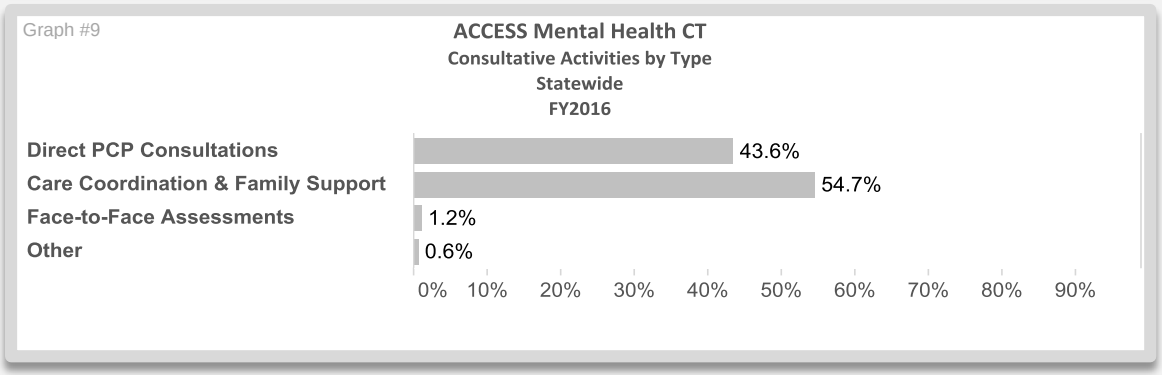
In FY'15, a total of 5,147 consultations were provided across the state, with an average of 1,287 consults per quarter. In FY'16, the total of statewide consultations was 5,919, with a slightly higher quarterly average of 1,480. Again, Q1 & Q2 FY'16 are lower than Q3 & Q4 FY'16 and appear to mimic the same timeframe as FY'15. However, the lower consultative volume may be attributed to program start up in FY'15 and reduction to program hours in FY'16 instead of seasonal trends.





The following graphs provide a breakout of consultative activity groups by fiscal year. 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 5,919 consultative activities provided throughout the state in FY'16, approximately 44% (2,579) were reported as direct contact with the PCPs. This is approximately four percentage points higher as compared to FY'15 (40%). This includes both initial inquiries and follow up phone calls to the PCP. While the primary function of the program is physician to physician consultation, care coordination and family support is also a significant component of the model. Anecdotally, the Hub teams have seen a shift in some of their recurrent utilizers of the program; PCPs are recognizing that there is more breadth to the services outside of linkage to care. As the program matures, we estimate that a more notable shift will be seen in this consultative activity group.

In FY'16, per Hub team report, approximately 97% (1,703 out of 1,756) of initial PCP calls were answered by the Hub team's consulting Psychiatrist within 30-minutes of the PCP's initial inquiry; 69% (1,217 out of 1,756) of which were connected directly at the time of the call. The program benchmark for year two was 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. Together as a statewide team and individually, the Hub teams far exceeded this target.

Care Coordination and Family Support: Approximately 55% (3,238 out of 5,919) of the total consultative activities for FY'16 were activities related to care coordination and direct family support. The Hub teams were asked to describe specific challenges with connecting youth and families to care and similar themes were seen across the state. Per Hub team report, finding a prescriber that is willing to provide "medication management only" has been challenging. Most often the business model impacts the availability of care; a practice can only support the paperwork and collateral requirements via teamwork including the therapist and psychiatrist within that practice. However, there are complex cases that require planning outside of the traditional model. Two common examples are when non-verbal youth need a prescriber but traditional talk therapy is not applicable and when youth who are already engaged with a private practice therapist, but also need a prescriber that is not available at the existing practice. The Hub teams have also described that finding providers who are willing to work with youth under 5 years old, outside of programs like Child First, is still challenging. Finding local providers for patients that live in rural areas is challenging as waitlists for the closest clinic can be long and alternatives require the families to travel far distances. And finally, the most prevalent barrier to care remains finding providers who accept insurance, requiring many families to pay out of pocket for behavioral health services. This is seen not only for child and adolescent psychiatry but also for specialty Autism Spectrum Disorder services such as Applied Behavior Analysis.

Navigating the behavioral health care system can be difficult. The program model requires that the Hub team works with the PCP, youth and family to learn more about the specific treatment needs in order to help support connection to care. The role of the family peer specialist is unique and fosters a connection with the family that often opens the door to a better understanding of their needs. This "warm hand-off" approach entails more than just providing phone numbers for service providers. They engage, educate and empower youth and their families, helping to resolve barriers that might otherwise prevent the youth from connecting to care.

"I never would have been able to find the appropriate therapy for my child unless your program was involved"

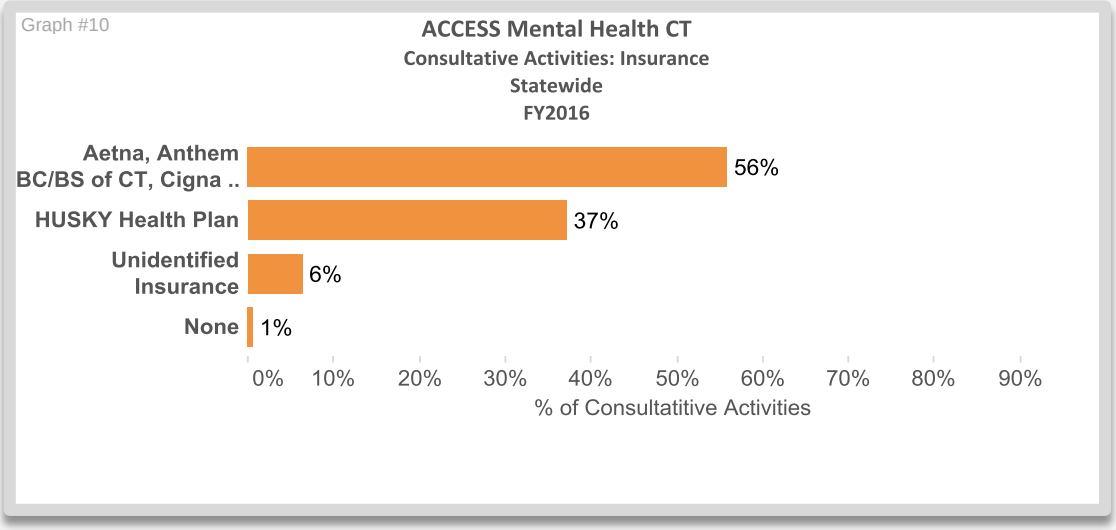
~Parent from Wheeler Clinic Hub

"ACCESS Mental Health CT is awesome and your follow up with both PCPs and families is very dependable. You get the job done!!"

~Pediatrician, Farmington CT

Face to Face Assessments: Approximately 1% (69 out of 5,919) of the total consultative activities in FY'16 were one-time diagnostic and psychopharmacological assessments. Approximately 141 face to face assessments have occurred across the state since inception of the program; Hartford Hospital provided 19, Wheeler Clinic 73, and Yale Child Study Center 49.

Of the 5,919 total consults provided in FY'16, approximately 56% (3,310) were for youth with an identified commercial insurance plan such as Aetna or Anthem BCBS of CT; 37% (2,197) were for youth with HUSKY coverage. Approximately 6% (381) were consultative activities captured for youth with an unidentified insurance coverage and less than 1% (31) were identified as having no coverage at all. Affordable psychiatric treatment is especially limited for most children in Connecticut. The Hub teams report an increase in psychiatrists switching to a private pay model; reducing the number of providers who accept insurance. As a result, families who can't afford to pay out of pocket are forced to rely on their trusted PCPs to provide behavioral health treatment.

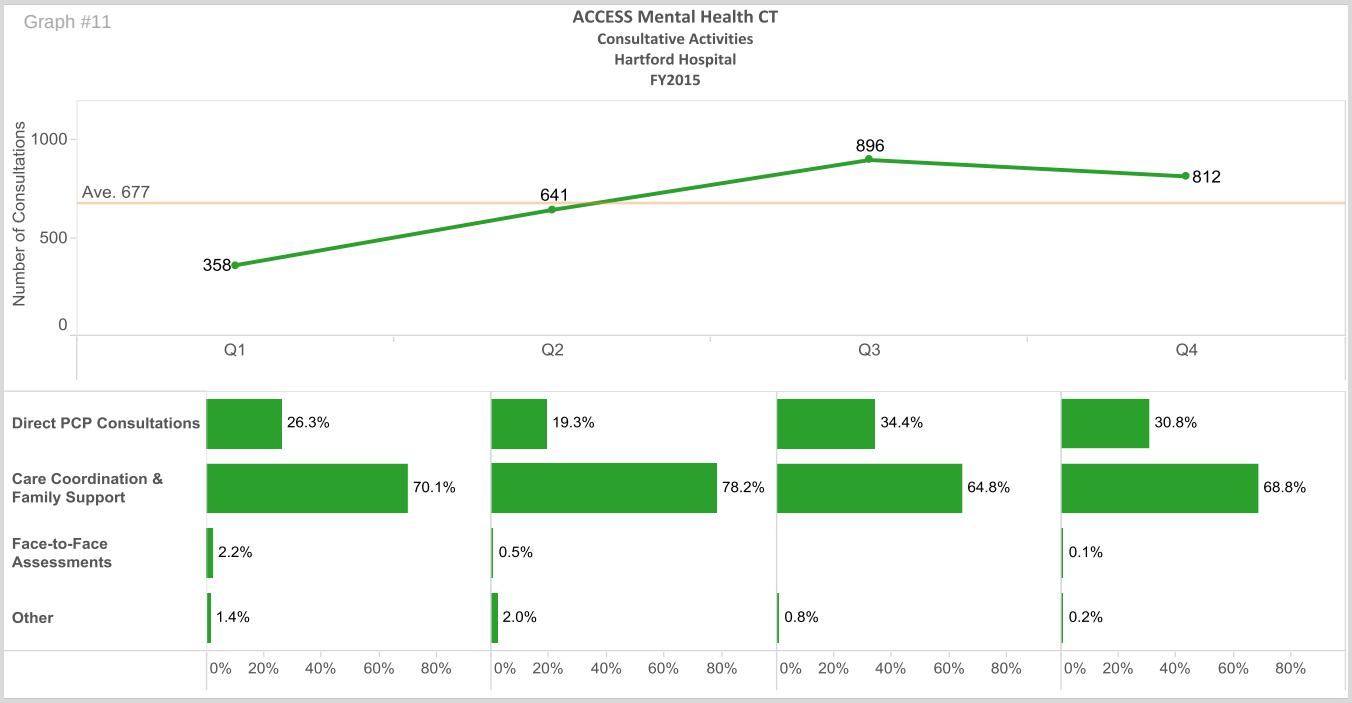


"Every call is an opportunity for education and expansion of the PCP's competence, scope of practice, and willingness to screen, diagnose, treat and refer youth. Their comfort is due to knowing that they are not alone and that the ACCESS team is there to support them at a moment's notice whenever they need our support."

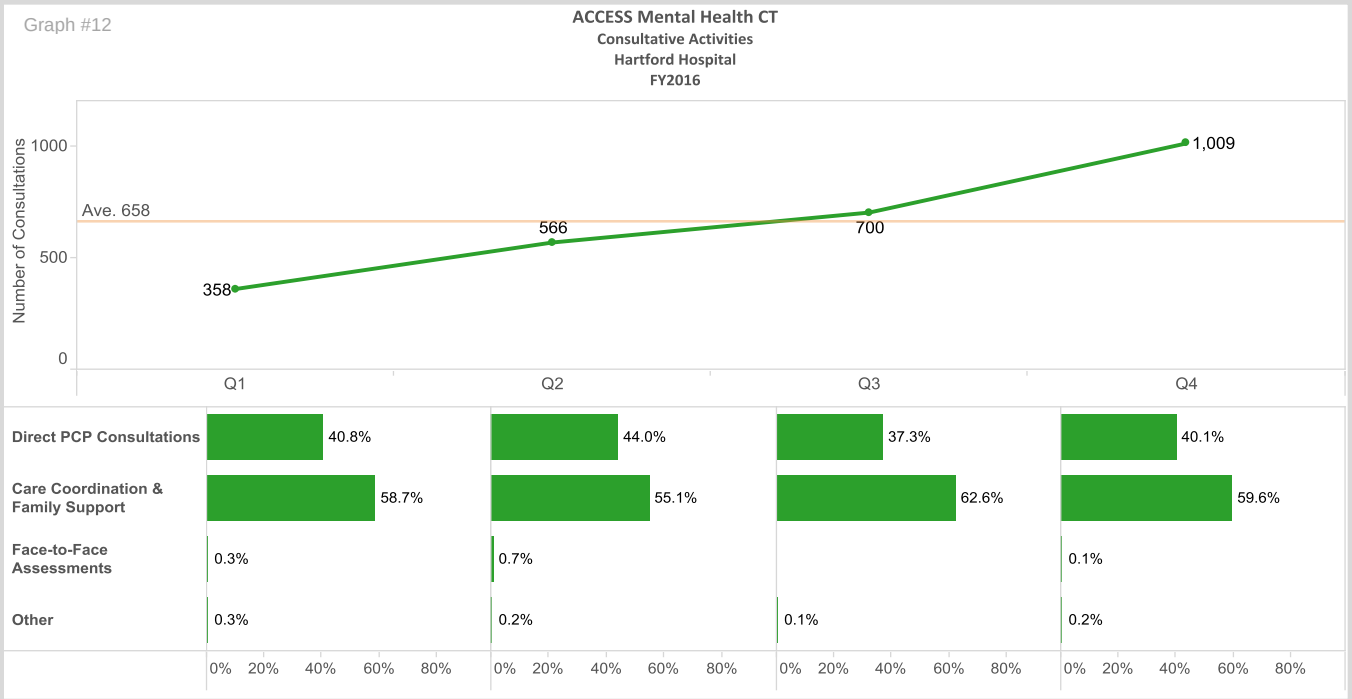
~Hub Team Psychiatrist, Wheeler Clinic

When comparing volume of consultative activities by Hub team, Hartford Hospital has the highest average per quarter with an average of approximately 658 consultative activities in FY'16. While this is a slightly lower average as compared to the previous fiscal year of 677 consults per quarter, Q4 FY'16 closed with the highest quarterly average (1,009) across both years. As demonstrated in the lower half of this graph, Hartford Hospital's Hub team is providing a consistently higher percentage of care coordination and family support consultations.

Graph #11

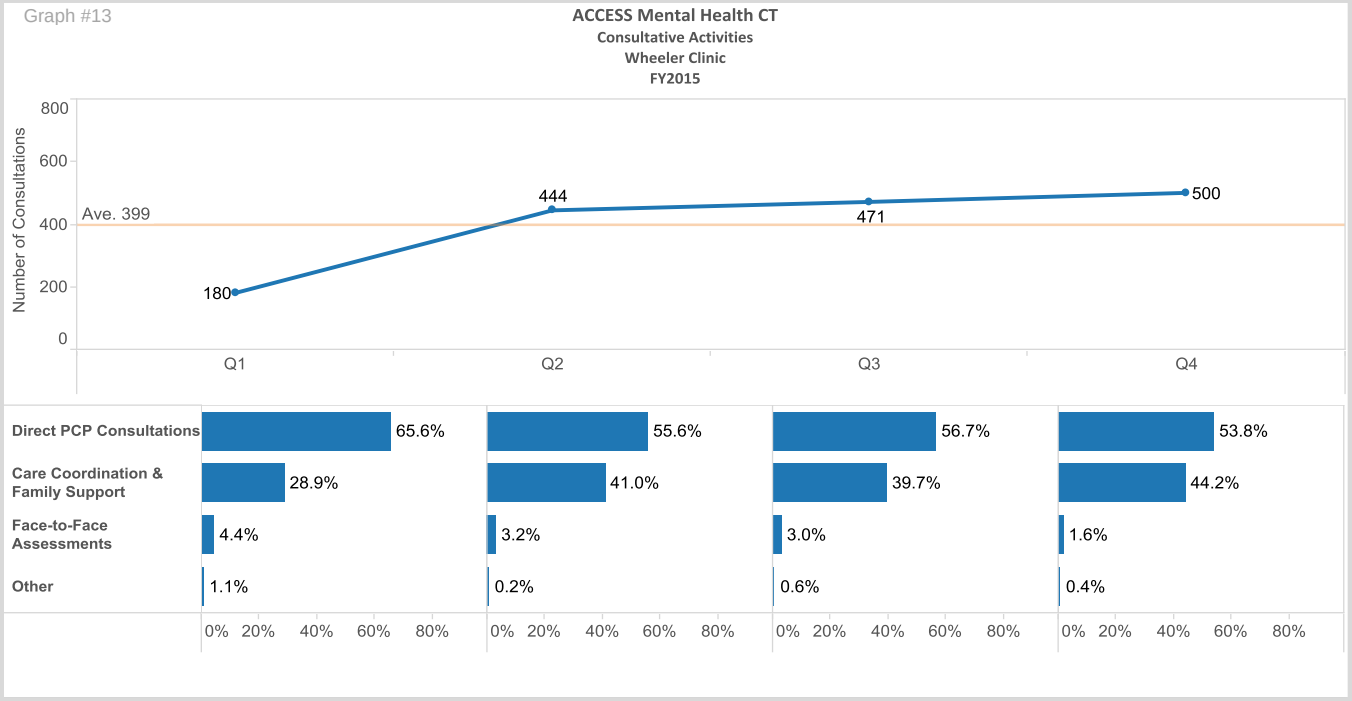


Graph #12

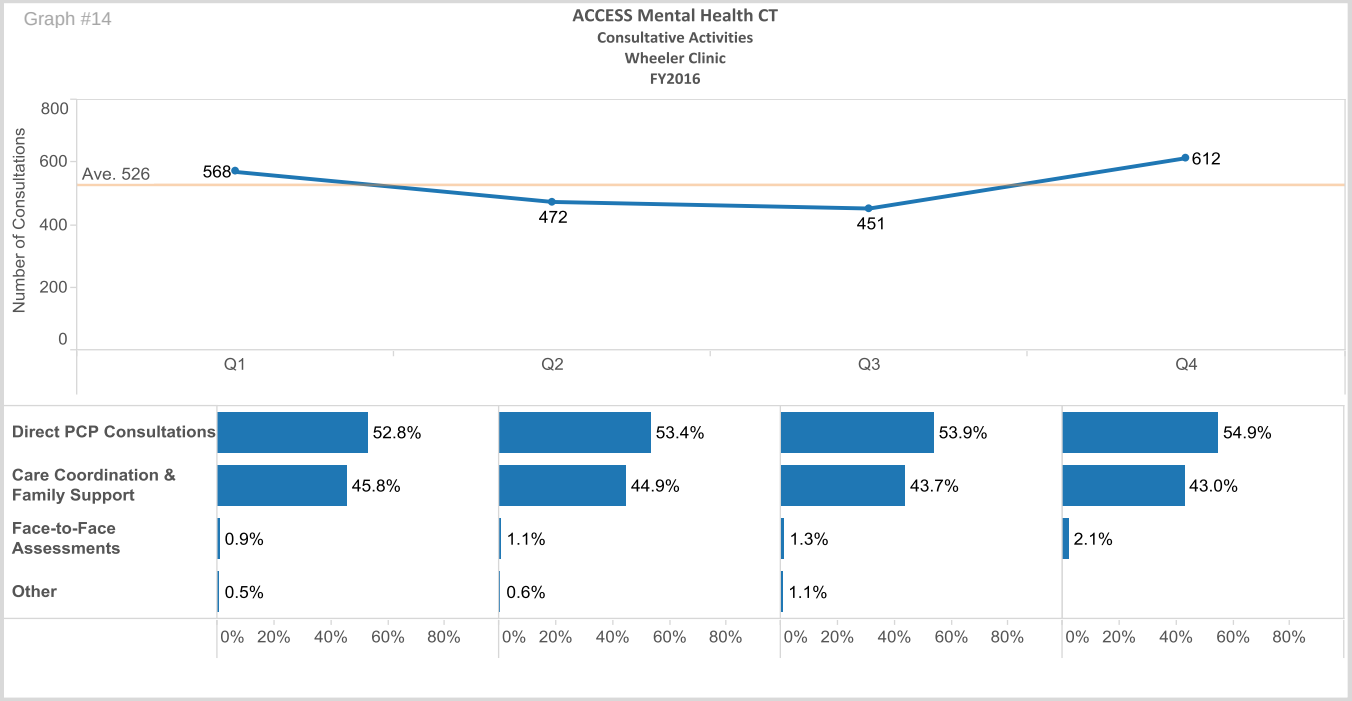


Wheeler Clinic's Hub team provided consultations to their designated primary care practices on an average quarterly rate of 526 consultative activities in FY'16, with the highest volume being in Q4 FY'16. Unlike the other two Hub teams, Wheeler Clinic's Hub team experienced a decrease in their consultations 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 half 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.

Graph #13

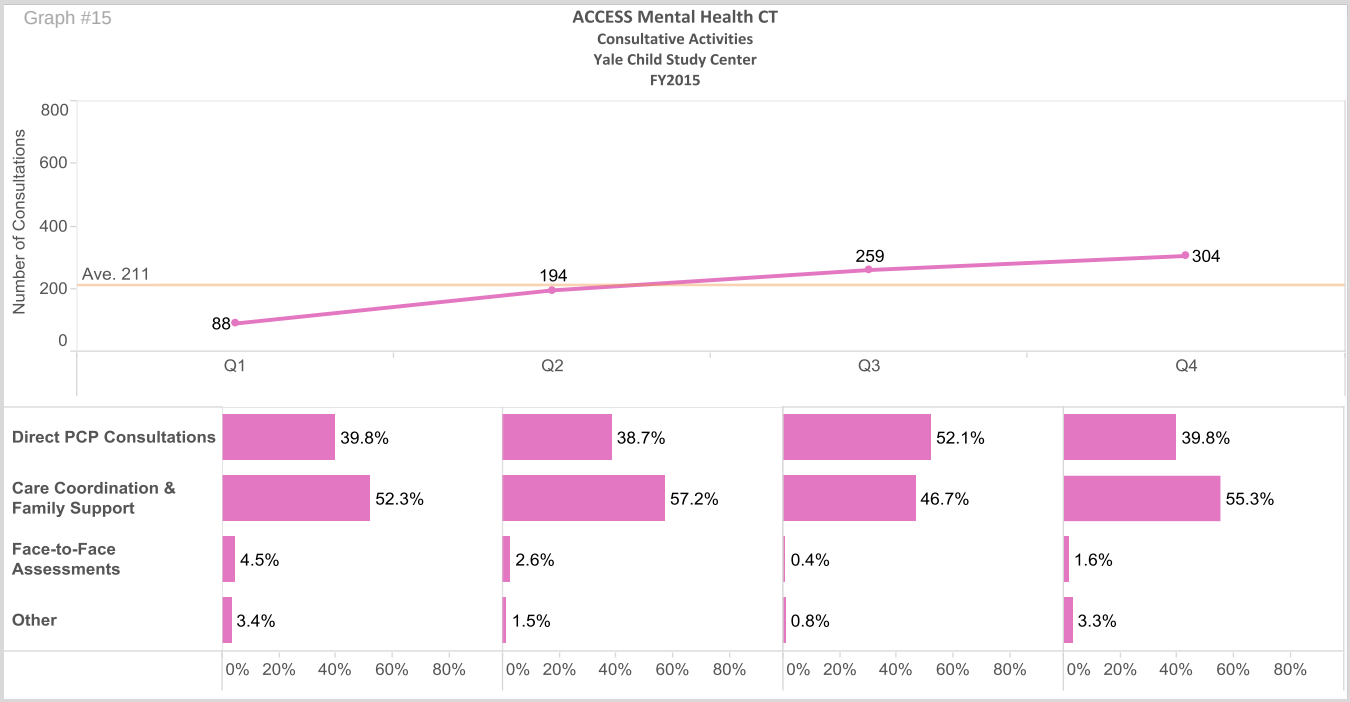


Graph #14

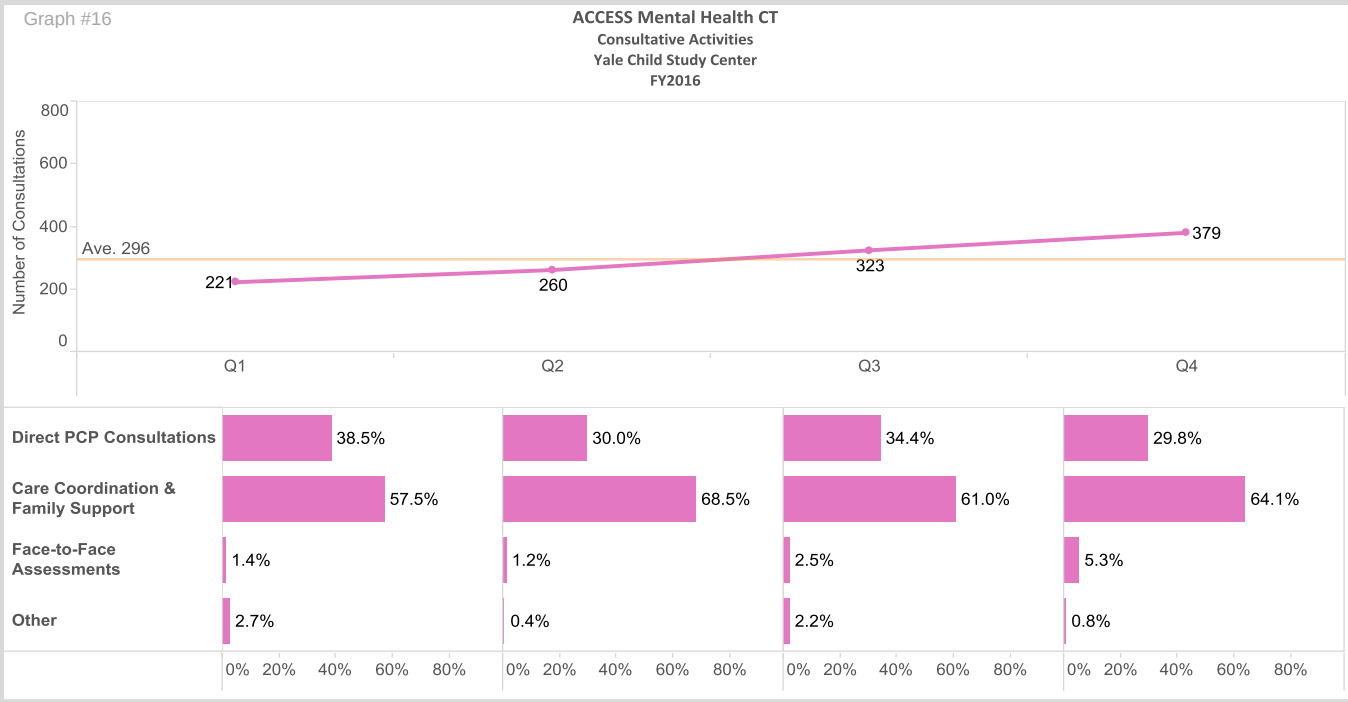


With the lowest quarterly average of consultative activities in comparison to the other two Hub teams, Yale Child Study Center's Hub team provided consultations to their designated primary care practices on an average quarterly rate of 296 consultative activities in FY'16. Again, the highest volume was seen in Q4 FY'16. As demonstrated in the lower half of this graph, Yale Child Study Center's Hub team is providing a consistently higher percentage of care coordination and family support consultations.

Graph #15

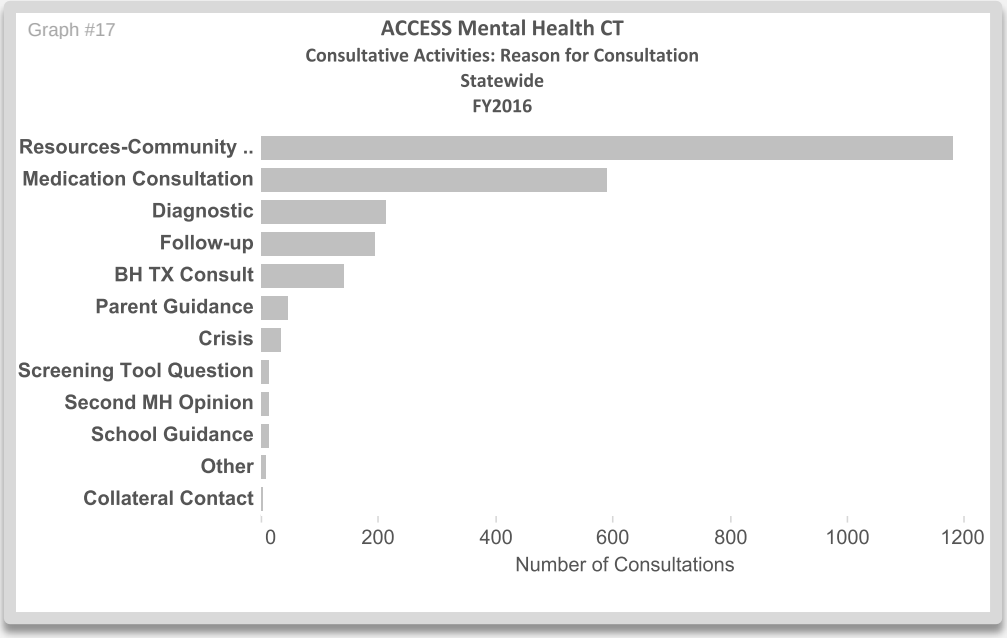


Graph #16



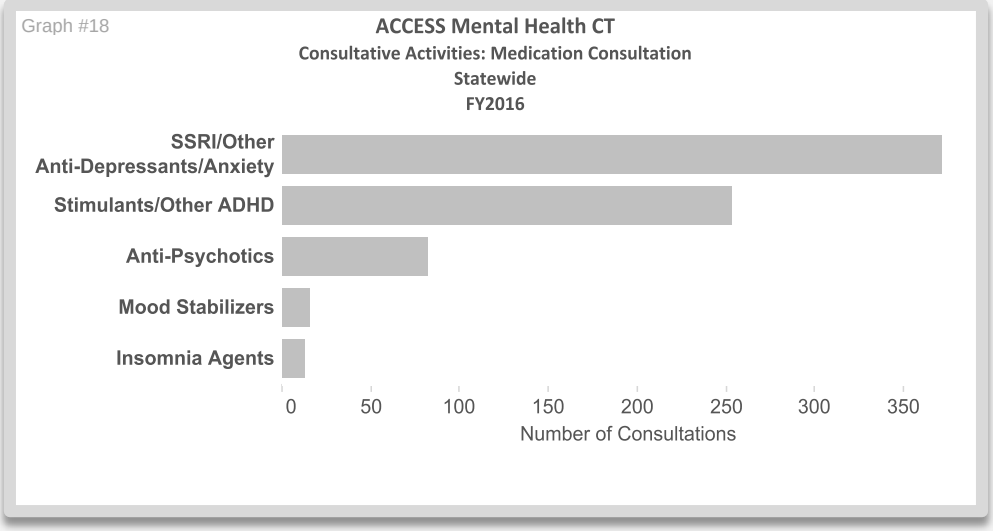
As shown in the graphs above, the difference in call volume between Hub teams is notable. As indicated in enrollment numbers, Hartford Hospital's designated area supports more enrolled primary care practices as compared to the other two Hub teams. However, more youth live in Yale Child Study Center's designated area. As indicated in previous reports, hypotheses have included 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 reports an additional hypothesis. As stated above, the changing landscape of psychiatric providers shifting more to a private pay model significantly impacts families seeking psychiatric care across the state. Yale Child Study Center notes that some of their designated area contains a higher volume of affluent towns and paying "out of pocket" is not a concern for many families. Therefore, they are not as reliant on their PCPs for behavioral health care. Yale Child Study Center Hub team states that their enrolled PCPs are more likely to call for support on very complicated cases either due to complex medical/behavioral health needs requiring highly specialized care or complicated cases needing complex care coordination for undocumented youth with no insurance. It's important to note that similar cases are occurring across the state, not solely within Yale Child Study Center's designated area. Volume of consultative activities is only one piece of the story, it's also important to look at program utilization patterns which will be discussed later in this report.

On a statewide basis, the top three reasons PCPs contacted their Hub team in FY'16 were to obtain: assistance with linkage to behavioral health treatment, medication consultation, and diagnostic clarification.

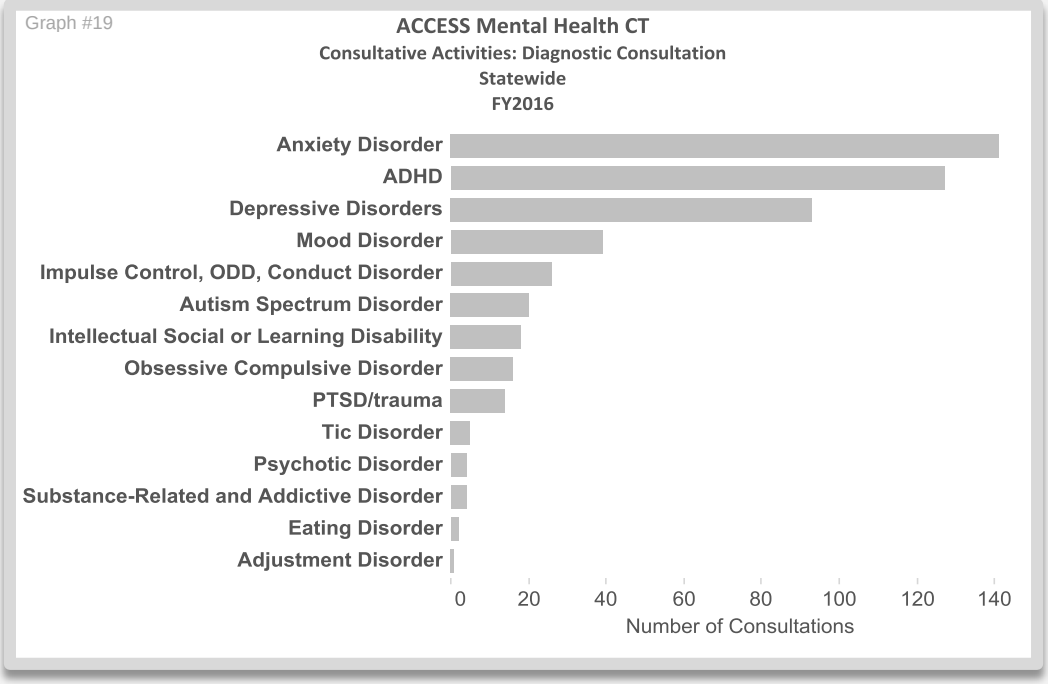


*PCPs may make contact for multiple reasons; selections are not unique

A subset of 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 three medication classes discussed were: Selective Serotonergic Reuptake Inhibitors, Stimulants and Anti-Psychotics.



*PCPs may request consult on multiple medications; selections are not unique



The top three diagnoses discussed with the team psychiatrist were: Anxiety Disorder, Attention Deficit Hyperactivity Disorder and Depressive Disorder.

*PCPs may request consult on multiple diagnoses; selections are not unique

"See this is why we need you guys! So I can keep my patient in the medical home."

~Pediatrician, Hartford CT

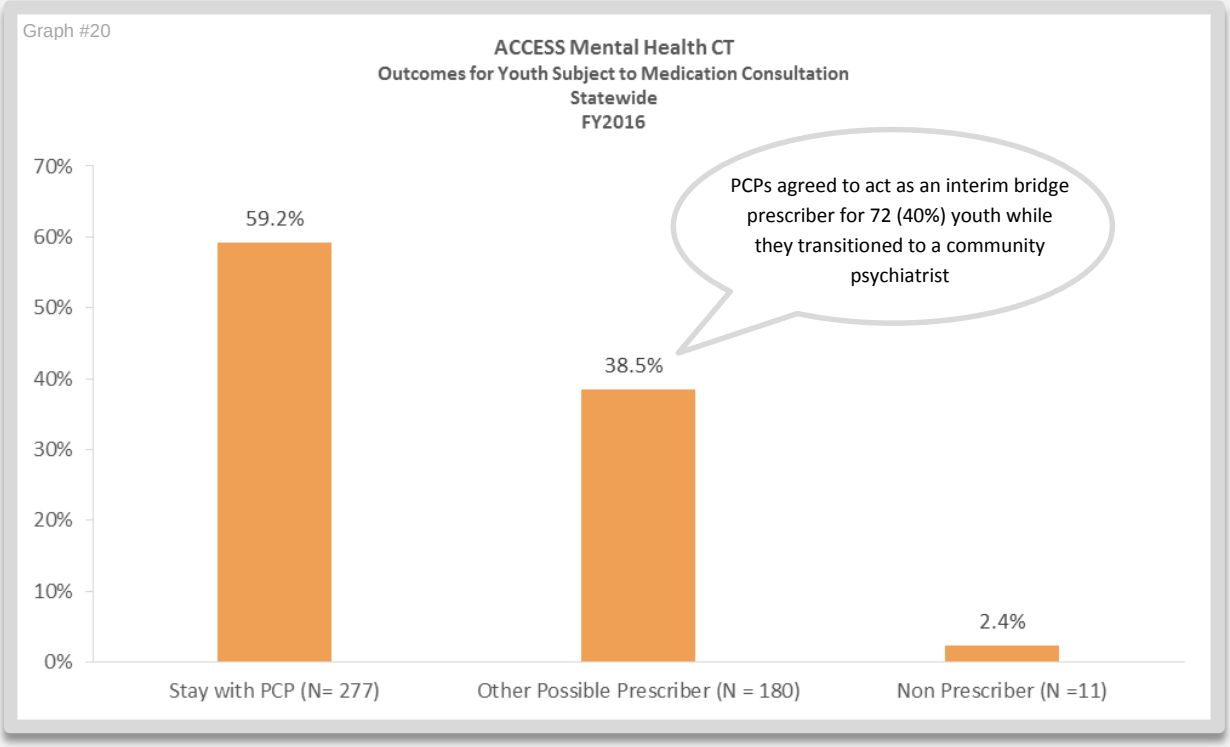
Primary Care Prescribing

In FY'16, the second year of the program, enrolled PCPs contacted their respective Hub team psychiatrist requesting a medication consultation for 468 unduplicated youth. This is an increase of 80 youth as compared to FY'15 (388). The corresponding graph depicts the outcomes resulting from this type of consultation.

For approximately 59% (277) of youth whose PCP called to discuss medication in FY'16, 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 approximately 39% (180) of youth as a result of the discussion between PCP and Hub psychiatrist. Of note, PCPs agreed to act as an interim bridge prescriber for 40% (72 out of 180) youth waiting to transition to a psychiatrist in their community.

For 2% (11) of youth whose PCP initially identified psychiatric medication as the topic to be discussed with the Hub psychiatrist, further consideration at the time of consultation resulted in a trial of counseling/psychotherapy instead.



"For PCPs inclined to treat mental health issues, this [ACCESS Mental Health CT] will give you a level of comfort you haven't had because you are working with a psychiatrist who answers the phone promptly, provides advice and guidance, and can provide follow up"

~Pediatrician, Glastonbury CT

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 **1,861** consultative episodes occurred since inception of the program (June 16, 2014 - June 30, 2016). This is an increase of approximately 267 episodes since last quarter where the program to date (June 16, 2014 – March 31, 2016) total was noted as 1,594 episodes. The statewide range of days per episode is 1 day to 172 days, with an average of 16 days per episode. The range of activities per episode is 1-30, with an average of 4 activities per episode across the state.

Table #2

ACCESS Mental Health CT
Consultative Episodes
June 16, 2014 – June 30, 2016

	Hartford Hospital	Wheeler Clinic	Yale Child Study Center	Statewide
Number of Youth with 1 Episode	634	696	350	1,680
Number of Youth with 2 Episodes	30	29	16	75
Number of Youth with 3 Episodes	1	2	0	3
Total Number of Episodes	710	766	385	**1,861**
Average Number of Days per Episode	18	15	15	**16**
Average Number of Consultative Activities per Episode	5	4	4	**4**

"ACCESS Mental Health CT is great! You answer right when I call, do even more than what I ask, do it right away, and then get back to me"

~Pediatrician, Wallingford CT

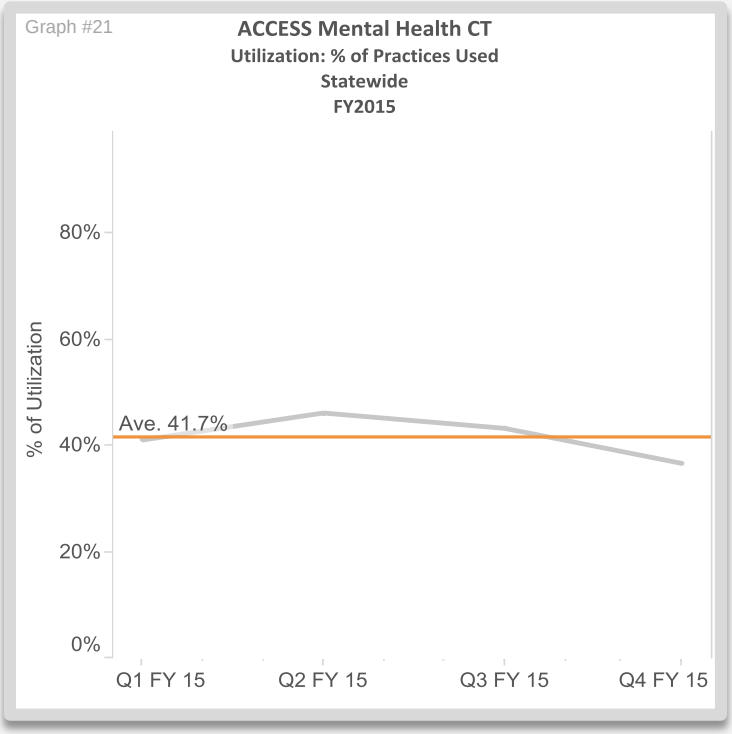
Practice Utilization

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 **334 practice groups** with a total of 382 practice sites were formed.

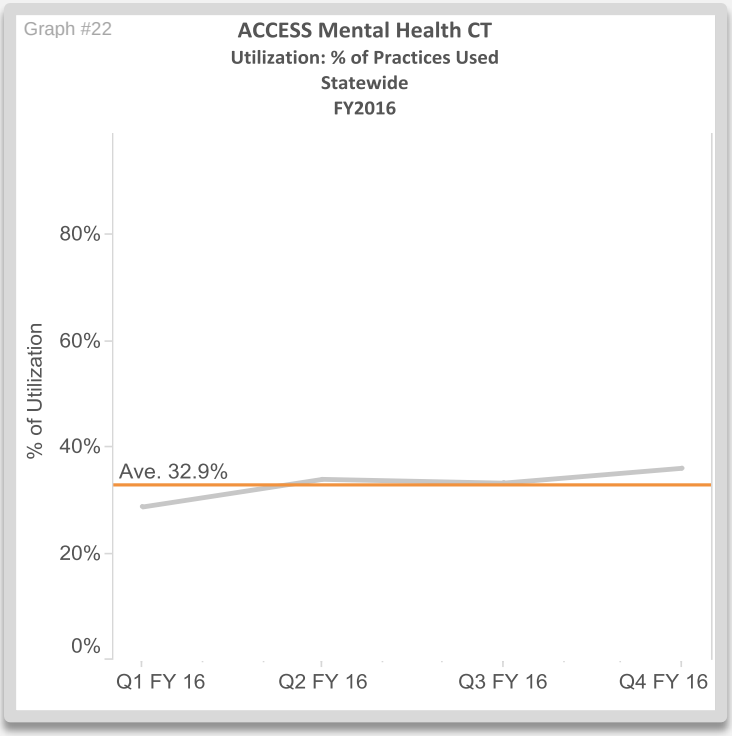
From program inception to date, June 16, 2014 through June 30, 2016, approximately **69%** (229 out of 334) of the enrolled primary care practice groups utilized the program at least one time. This is a 14 percentage point increase in the utilization rate compared to last fiscal year's rate of 55% (181 out of 327).

The following graphs compare the rate of practice utilization by quarter. If a practice used the program at any time during the quarter it will be captured for that timeframe. In FY'16 the statewide average utilization rate was approximately 33%. This is 9 percentage points lower than the previous fiscal year (42% in FY'15). With a utilization rate of 46% (122 out of 265), Q2 FY'15 had the highest quarterly rate across both years. As indicated in the Consultation section of this report, it was Q3 not Q2 of FY'15 that was noted to having the highest volume of consultations (1,626), specifically with 712 in March 2015. Both volume of consults and volume of providers using the program are important as there are times when a PCP calls requesting a single consultation and times when support is needed for more than one youth. This particular measure demonstrates a consistency of program use across quarters. While the rate was noted to be higher in FY'15, it is important to note that the volume of newly enrolled practice groups leveled off in FY'16. Therefore, it is estimated that FY'16 is a better representation of practice utilization.

Graph #21

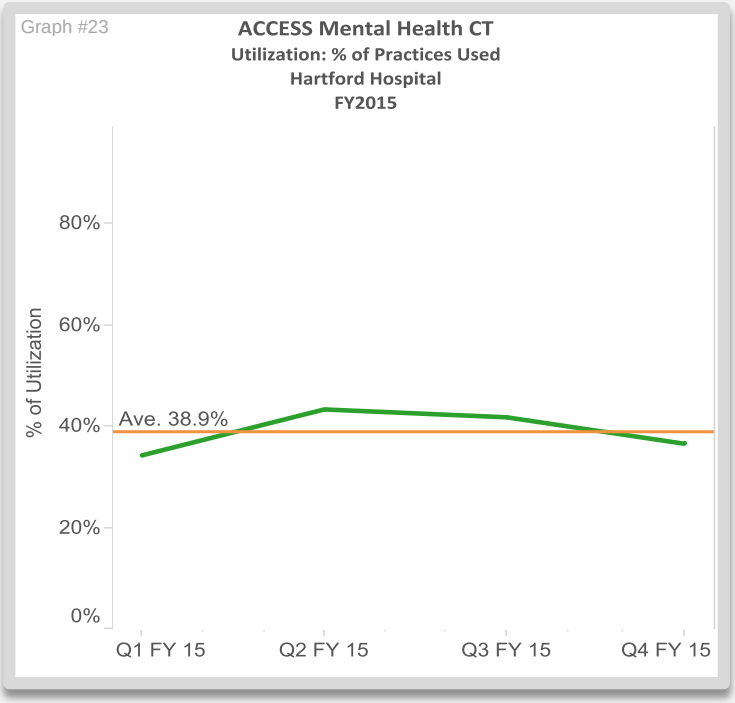


Graph #22

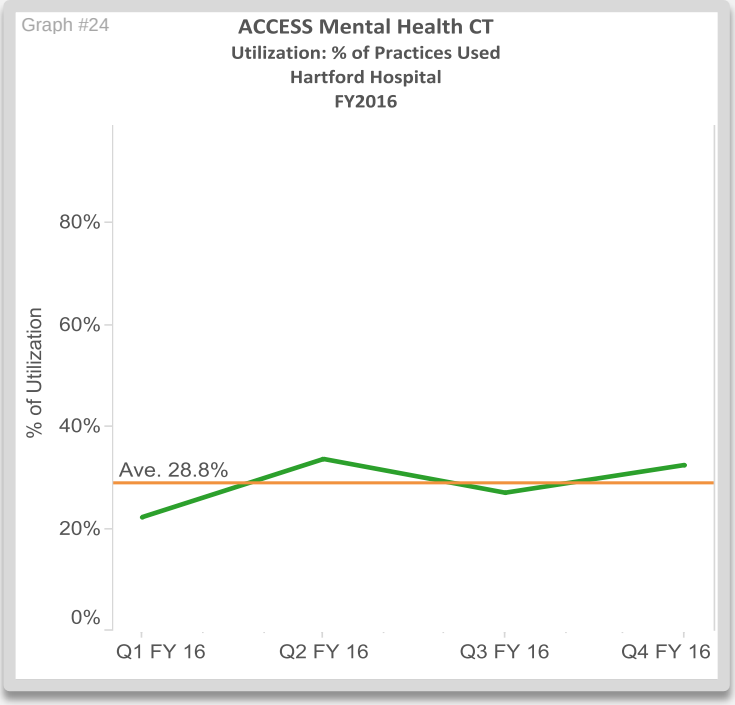


Hartford Hospital's practice utilization rate also changed from FY'15 to FY'16, with an annual average utilization rate of 39% in FY'15 to 29% in FY'16. However, given the fluctuation of enrollment in FY'15 where a change of enrolled practice groups went from 82 in Q1 FY'15 to 140 in Q4 FY'15, Hartford Hospital's utilization rate in FY'16 is a better representation. The volume of enrolled practices only increased by two practice groups from Q1 FY'16 to Q4 FY'16.

Graph #23

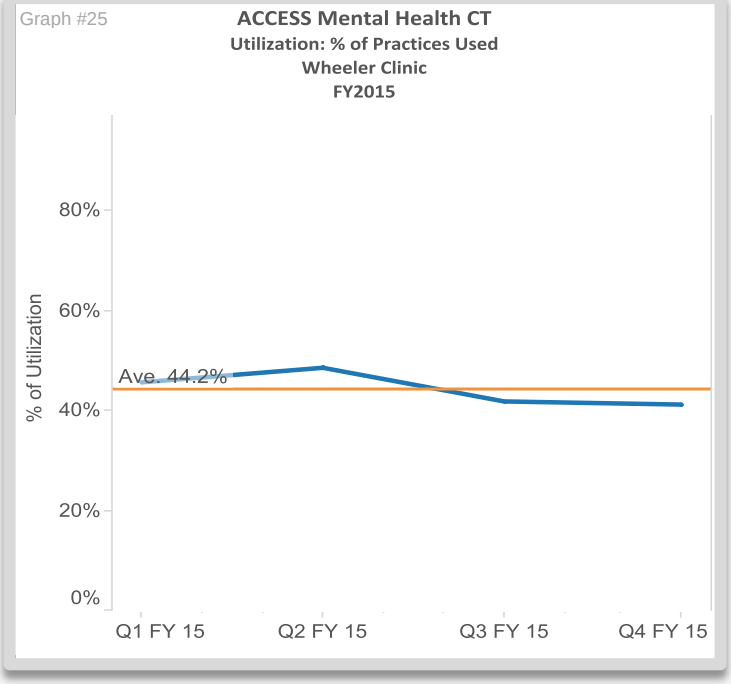


Graph #24

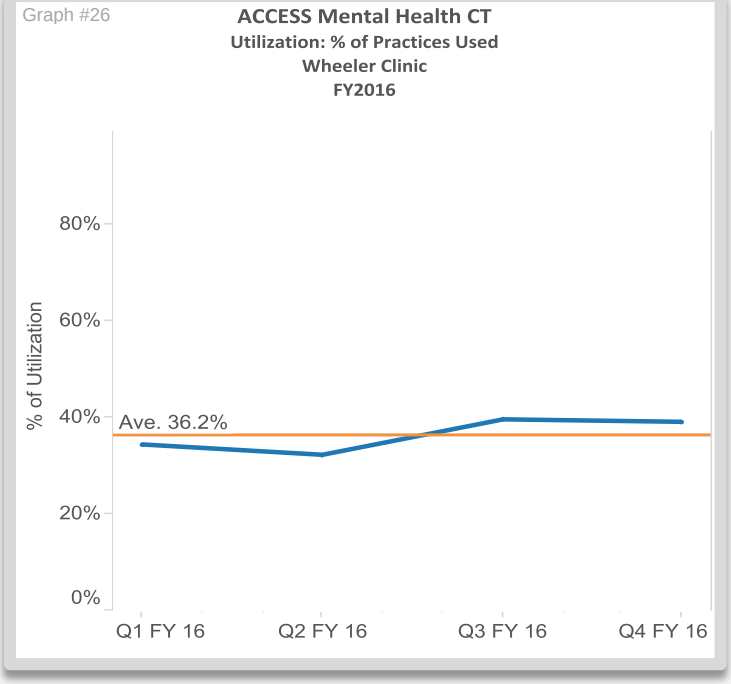


Wheeler Clinic's practice utilization rate decreased in FY'16 by 8 percentage points (38%) as compared to the previous year's annual average rate of 44%. Again, Wheeler Clinic's FY'16 utilization rate is a better representation as enrollment leveled off in the second year. The volume of enrolled practice groups increased only by 5 from Q1 FY'16 to Q4 FY'16. Whereas the change in volume of enrolled

Graph #25

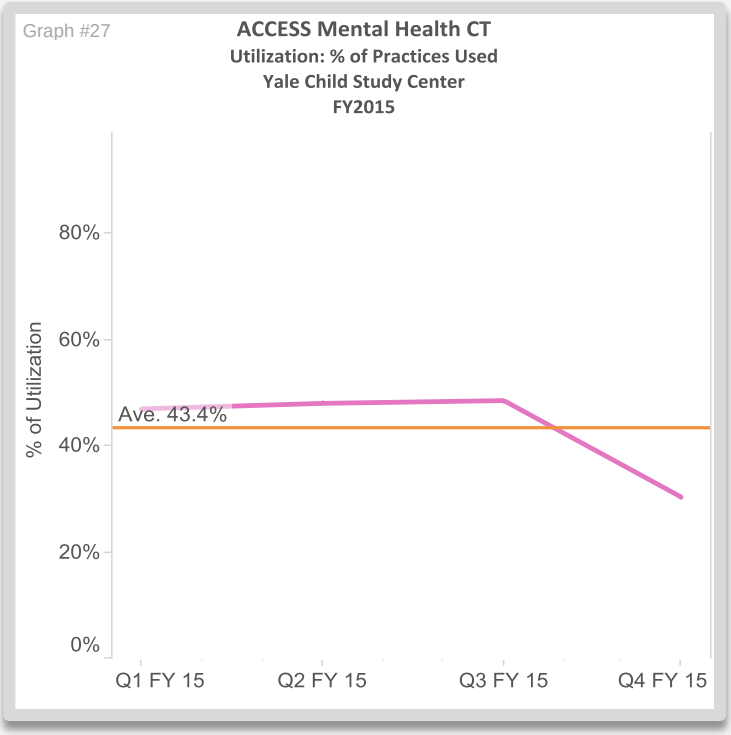


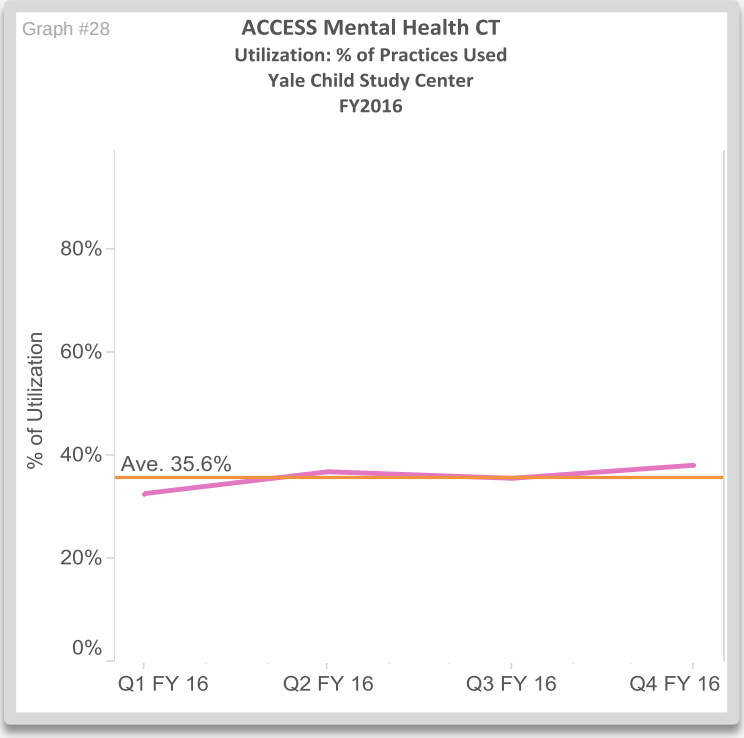
Graph #26



practice groups in the previous year increased from 79 in Q1 FY'15 to 107 in Q4 FY'15, a difference of 28 practice groups.

Yale Child Study Center's practice utilization rate also changed from FY'15 to FY'16, with an annual average utilization rate of 43% in FY'15 to 36% in FY'16. However, given the fluctuation of enrollment in FY'15 where a change of enrolled practice groups went from 32 in Q1 FY'15 to 76 in Q4 FY'15, Yale Child Study Center's utilization rate in FY'16 is a better representation. The volume of enrolled practices only increased by two practice groups from Q1 FY'16 to Q4 FY'16.





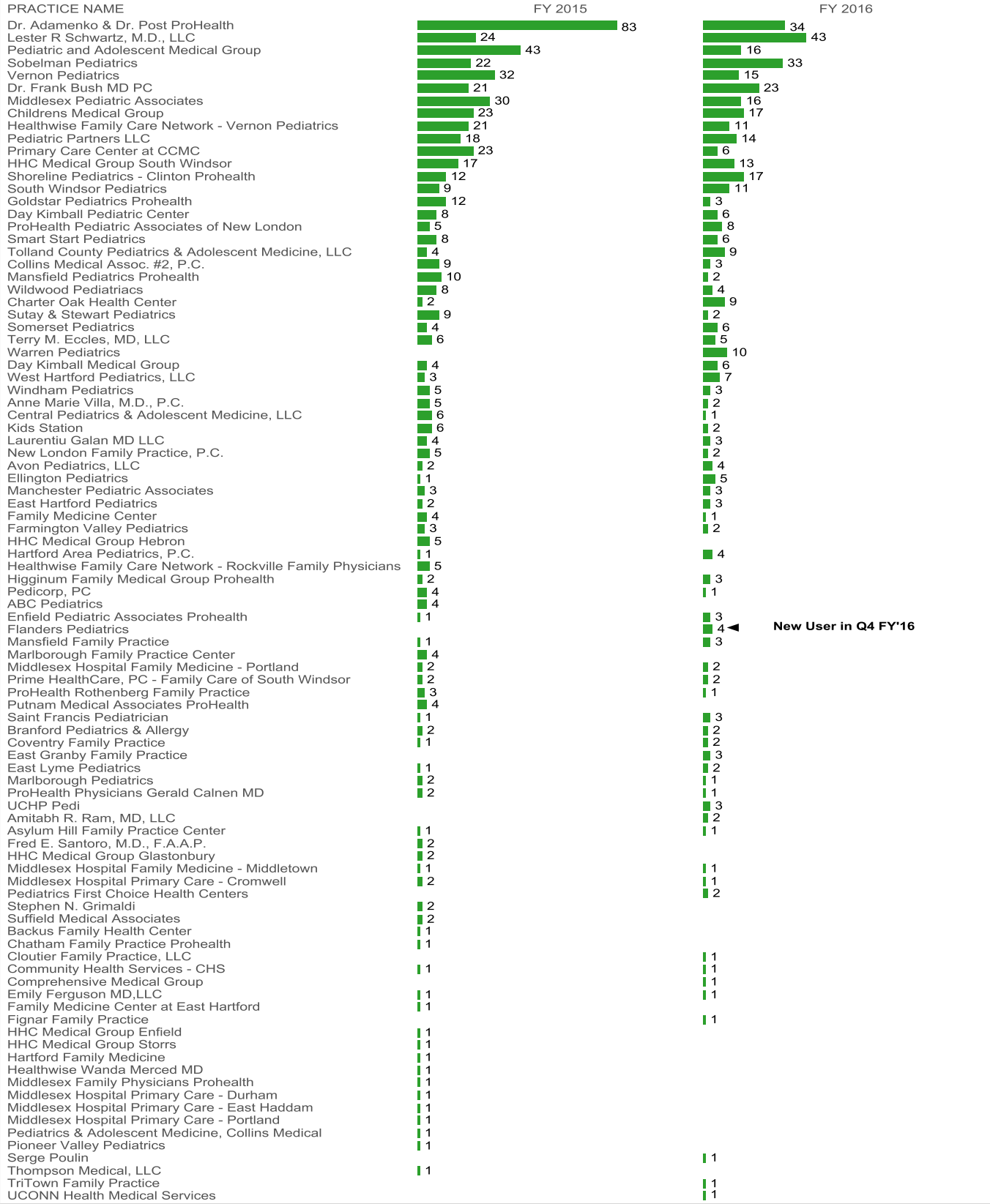
Another important way to measure utilization is to measure the volume of youth served by practice. The following graphs demonstrate, by Hub team, a breakout of utilization by number of youth served per practice. The graphs are sorted by highest volume of youth per practice across both fiscal years. Enrolled practice groups that called in Q4 FY'16 requesting support for the first time since enrollment are also noted on each graph.

In FY'16, a total of 71 practice groups utilized Hartford Hospital's Hub team requesting support for a total of 441 youth. There were 12 practice groups that utilized the program for the first time this year. After being enrolled in the program for 23 months, Flanders Pediatrics called for the first time requesting support on 4 youth in Q4 FY'16.

Drs. Adamenko and Post, ProHealth, requested support on the most youth over the two years of programming with a total of 117 youth. During an on-site visit with Hartford Hospital Hub team, Dr. Adamenko reported that with the support of the ACCESS Mental Health CT program, he is doing more behavioral health screening in his practice which has been helpful in identifying those that could benefit from intervention.

Graph #29

ACCESS Mental Health CT
Number of Youth Served by Practice
Hartford Hospital
FY2015 and FY2016



Hartford Hospital also visited several practice groups with low rates of utilization and indicated that these practices either have access to behavioral health services within their building or treat the lifespan and have a low volume of youth within their practice, therefore, did not need the support of the program as often. Despite their infrequent use of the program, however, they each reported appreciation of the program's services including the on-site training component.

It is important to note, there were 23 enrolled practice groups within Hartford Hospital's designated area that used the program in FY'15 that did not use again in FY'16.

In FY'16, a total of 64 practice groups utilized Wheeler Clinic's Hub team requesting support for a total of 527 youth. There were 16 practice groups that utilized the program for the first time this year, two of which used for the first time in Q4 FY'16. After being enrolled in the program for 22 months, Litchfield Hills Pediatrics called for the first time requesting support on one youth. Ridgefield Pediatric Associates became a new enrolled practice group and utilized the program in June 2016.

Farmington Pediatric and Adolescent Medicine requested support on the most youth over the two years of programming with a total of 85 youth. During an on-site visit with the Wheeler Clinic Hub team, Dr. Ziogas reported feeling more confident in addressing behavioral health needs knowing that ACCESS Mental Health CT was there to guide her with best practices and standards of care.

Wheeler Clinic also visited both practice groups with utilization rates on the high and low end of the spectrum and indicated the most common theme across all visits was the need to establish a strong trusting partnership between the Hub team and PCP practice. The practice groups with low rates of utilization reported using the program for linkage to care only either because they are not yet interested in expanding the scope of their practice or not realizing the breadth of services beyond linkage to care. Whereas the practice groups with high rates of utilization reported excitement about opportunities to expand their practice scope.

Of note, Winsted Pediatrics used the program more often in FY'15 compared to FY'16. During the on-site visit, Wheeler Clinic learned that the practice is highly satisfied with the support provided. Dr. Khera reported that the program has increased his confidence in managing the behavioral health issues of his patients and that the decline in call volume was due to less frequent need.

Wheeler Clinic had 15 practice groups within their designated service area that used the program in FY'15 that did not use again in FY'16.

Graph #30

ACCESS Mental Health CT
Number of Youth Served by Practice
Wheeler Clinic
FY2015 and FY2016

PRACTICE NAME	FY 2015	FY 2016	
Farmington Pediatric and Adolescent Medicine	33	52	
Pediatric Associates of Farmington	14	53	
Pediatric Associates/ Western Connecticut	3	60	
Simsbury Pediatrics	30	23	
Children's Medical Group	23	31	
Diane L. Fountas, MD, LLC	23	24	
Pediatric Associates/ Bristol	12	20	
Pediatric & Medical Associates/Cheshire	16	19	
Starling Physicians	23	7	
Alliance Medical Group	20	12	
Pediatric Care Center	11	20	
Rocky Hill Peditrics, LLC	17	15	
Bristol Pediatric Center	10	16	
Pediatric and Adolescent Medicine	17	8	
Newington Pediatrics	18	4	
Meriden Pediatric Associates	15	6	
Pediatric Associates/ Waterbury	12	9	
Child and Adolescent Health Care LLC	13	7	
Pediatric Associates of Chesire	10	6	
Pediatric Medicine of Wallingford	7	8	
Unionville Pediatrics	7	8	
Auerbach Pediatrics	5	10	
Doctors Pediatrics/ Ridgefield		13	
Sherry Banack, MD	8	6	
Michael Rokosky	6	6	
Southington Pediatric Associates	6	4	
Staywell Health Center	3	7	
Center for Pediatric Medicine, PC	6	3	
Litchfield County Pediattrics	3	6	
New Britain Pediatric Group	7	1	
Candlewood Valley Pediatrics	4	3	
Town and County Pediatrics		7	
J. Michael B. Curi, MD	2	4	
Pediatrics PC/ New Milford		6	
The Family Medical Group	3	3	
Torrington-Winsted Pediatric Associates/Torrington	3	3	
Wallingford Family Practice	3	3	
Winsted Pediatrics	5	1	
Monroe Medical Group	3	2	
Berlin Pediatrics	3	1	
Community Health Center of Greater Danbury	4	1	
Meriden Family Practice	3	2	
Meriden Health Care	4	1	
Pond Place Pediatrics	3	2	
Canterbury Pediatrics	3		
Leonard Forner, MD	3		
Naugatuck Pediatrics	2	1	
Sari Friedman, MD	2	1	
Teresa Szajda, MD	1	2	
Andrea Needleman, MD		2	
Community Health Center/ Waterbury	2		
Community Health Center/Meriden	1	1	
Family Healthcare/ Newtown	2		
Farmington Pediatrics, LLC		2	
Oakville Family Physicains	2	1	
Oxford Pediatrics	1	1	
Pediatric Associates/ Southbury	2		
Pediatric and Adolescent Medicine of Cheshire	2		
Personal Care Pediatrics,LLC	2		
Regional Health Care Associates	2		
Reliable Pediatrics, LLC	1	1	
Western CT Medical Group Pediatrics/ Southbury		2	
Middlesex Hospital Primary Care - Cromwell	1		
Child Care Associates		1	
Equal Health	1		
Family Medical Associates	1		
Litchfield Hills Pediatrics		1	**New User in Q4 FY'16**
Mark Peterson		1	
Medcare Express		1	
New Milford Pediatrics		1	
Newtown Center Pediatrics	1		
Optimum Medical		1	
Prospect Family Medicine		1	
Ridgefield Pediatric Associates		1	**New User in Q4 FY'16**
Samaritan Health Center		1	
Torrington-Winsted Pediatric Associates/ Winsted	1		
Torrington-Winsted Pediatrics/ Canton		1	
Western CT Medical Group/ Southbury	1		

In FY'16, a total of 47 practice groups utilized Yale Child Study Center's Hub team requesting support for a total of 267 youth. There were 17 practice groups that utilized the program for the first time this year, two of which used for the first time in Q4 FY'16. After being enrolled in the program for 21 months or longer, both Doctor's Pediatrics and Modern Era Pediatrics called for the first time each requesting support on one youth.

Pediatric Healthcare Associates requested support on the most youth over the two years of programming with a total of 58 youth. During an on-site visit with the Yale Child Study Center Hub team, the practice provided feedback stating that there were times when the outcome of a case was unclear and times when it was clear that their patient connected to care. Further discussion led the Hub team to improve their feedback loop, including determining the expectations at the start of the call. For example, some PCPs would like frequent updates regarding the status of care coordination in addition to the final outcome. Additional feedback included the wish for the contract to expand to young adults as well as wanting the program to be available more hours per week to include early morning and early evening hours.

Yale Child Study Center had 9 practice groups within their designated service area that used in FY'15 that did not use again in FY'16.

On-site visits to a minimum of six utilizing practice groups was one of the targets set for the FY'16 contract year. Beacon Health Options central administrative team, DCF, and the three Hub teams will look further into the 47 practices that used in FY'15, but stopped using program services in FY'16. To better understand the break in utilization, this may be a focus for the on-site visits in FY'17 contract year.

Graph #31

ACCESS Mental Health CT
Number of Youth Served by Practice
Yale Child Study Center
FY2015 and FY2016

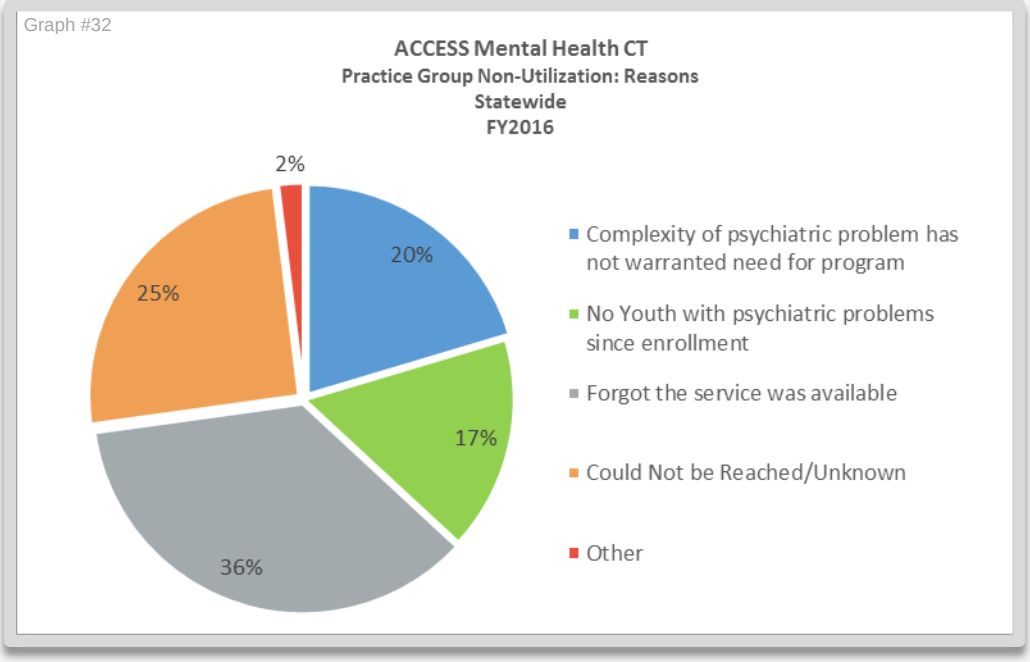
PRACTICE NAME	FY 2015	FY 2016	
Pediatric Healthcare Associates	38	20	
Whitney Pediatrics & Adolescent Medicine (NEMG)	14	29	
Optimus Healthcare E. Main St. Bridgeport	28	14	
Shoreline Pediatrics & Adolescent Medicine	22	20	
Child and Adolescent Health Care	21	14	
Pediatric and Medical Associates, PC	14	23	
Hamden Pediatrics	20	7	
Branford/North Branford Pediatrics	12	12	
Complete Pediatric P.C	16	5	
Rainbow Pediatrics	4	14	
Sydney Spiesel, MD, PhD, LLC	11	7	
Pediatrics Plus	7	8	
Long Wharf Pediatrics and Adolescent Medicine	4	7	
Yale Primary Care Center- York Street Campus	4	7	
Guilford Pediatrics	6	6	
Childrens Medical Group	3	6	
Pediatric and Adolescent Healthcare	8		
Children's Medical Associates	2	5	
Milford Pediatric Group		7	
New England Pediatrics, LLP	3	3	
Pediatric & Adolescent Medicine/Orange	6		
Branford Pediatrics and Allergy	2	3	
YNHH Children's Hospital Pediatric Primary Care Center	2	3	
East Haven Pediatrics	2	2	
Greenwich Hospital Pediatric Center		4	
High Ridge Family Practice	2	2	
Middlesex Primary Care		4	
Willows Pediatric Group		4	
Bridgeport Family Health	3	1	
Chapel Pediatrics & Pediatric Primary Care	2	1	
Community Health Center Inc	3		
North East Medical/PriMed Family		3	
Pediatric Associates/Branford	1	3	
Yale Health Pediatrics		3	
Brookside Pediatrics, P.C.	2	1	
New Haven Pediatrics	2	1	
Preferred Pediatrics		2	
Southwest Community Heath Center		2	
Station House Pediatrics	2		
TLC Pediatrics		2	
Taesun Chung, MD	2	1	
Village Pediatrics	1	2	
Conerstone Pediatrics		1	
Doctor's Pediatrics		1◄	**New User in Q4 FY'16**
East Avenue Pediatrics		1	
Modern Era Pediatrics		1◄	**New User in Q4 FY'16**
Mukesh H. Shah	1		
Pediatric Care Associates of Conneticut/Shelton		1	
Penfield Pediatrics	1		
Primed: Trumbull: Esposito	1		
Stamford Pediatric Associates		1	
Summer Pediatrics	1	1	
The Healthy Child	1		
The Pediatric Center	1		
Trumbull Pediatrics		1	
West Haven Pediatrics		1	

Practice Non-Utilization

In Q2 FY'16, 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. As part of their 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. The corresponding graph depicts the feedback from this outreach.

Approximately 36% (37) of the enrolled practice groups that had not yet utilized the program reported that they forgot the service was available to them. For example, New England Medical Group, PriMed Shelton, enrolled in June 2015 and has yet to use the program. During an on-site visit with Yale Child Study Center Hub team, the practice reported being very busy and forgetting that ACCESS Mental Health CT was an available resource to them. However, they reported that the presenting mental health issues in the clinic are becoming more complex and that they were not able to keep up with the literature and knowledge-base in this area.

Approximately 20% (21) 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. Roughly 17% (17) reported the reason for not using the program yet was due to not treating youth with mental health problems since enrollment in the program and 25% (26) 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.



It's important to note that **20** practice groups identified on December's non-utilization report have since utilized the program. This change can be directly attributed to Hub team outreach efforts.

Program Satisfaction

PCP Encounter Satisfaction Survey: 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 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 was that 85% of participating PCPs that have used the program will rate their experience with an average score of 4 or greater. The Hub teams both collectively and individually far exceeded this target.

Table #3

ACCESS Mental Health CT
Satisfaction Scores: Statewide Quarterly Comparison
FY2016

	Q1 FY'16	Q2 FY'16	Q3 FY'16	Q4 FY'16
Average Satisfaction Score	4.96	4.96	4.97	4.97
Maximum Satisfaction Score	5	5	5	5
Minimum Satisfaction Score	3	1	3	3

Table #4

ACCESS Mental Health CT
Satisfaction Scores: Hub and Statewide Annual Comparison
FY2016

	Hartford Hospital	Wheeler Clinic	Yale Child Study Center	Statewide
Average Satisfaction Score	4.95	4.97	4.99	**4.97**
Maximum Satisfaction Score	5	5	5	5
Minimum Satisfaction Score	3	3	1	1

PCP Annual Satisfaction Survey: In May 2016, the annual PCP satisfaction survey was sent to all enrolled PCPs across the state.

The following questions were included on the survey:

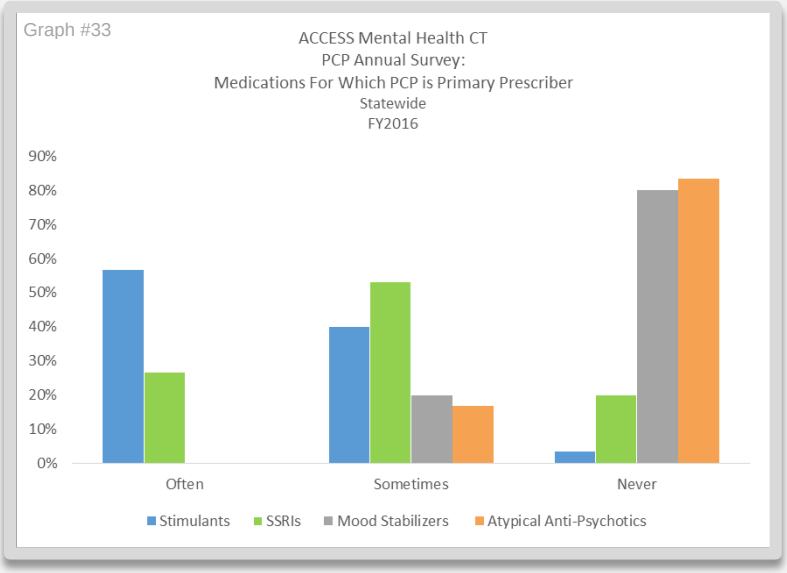
- How often have you used ACCESS Mental Health CT services since enrollment?
- In your experience, there is adequate access to child psychiatry for your patients.
- With the support of ACCESS Mental Health CT, you are usually able to meet the needs of children with psychiatric problems.
- When you need a child psychiatric consultation (curbside or phone) with ACCESS Mental Health CT, you are able to receive one in a timely manner.
- When you need a child psychiatric consultation (curbside or phone) with ACCESS Mental Health CT, you find your Hub team helpful.
- How often do you use a standardized behavioral health screening tool during well child visits?
- Since enrolling in ACCESS Mental Health CT, you feel more comfortable using standardized behavioral health screening tools within your practice.
- If you are using behavioral health screening tools, which screening tools do you use?
- Are you using the Developmental & Behavioral Screening Tool Kit provided by The CT Chapter of the American Academy of Pediatrics and the Foundation for Children?

- When appropriate for your patient, please check off the medications for which you are the primary prescriber:
    - Stimulants
    - SSRIs
    - Mood Stabilizers
    - Atypical Anti-Psychotics
- Since enrolling in ACCESS Mental Health CT, you feel more comfortable prescribing psychotropic medications, when appropriate, for your patient.
- How many behavioral health training(s) have you received, from any source, in the last year?
- What future behavioral health training topics are of interest to you?
- Do you have access to behavioral health therapists within your practice?
- Do you have access to a child psychiatrist within your practice?

With a 2% (30) return rate, 87% had used the service prior to completing the satisfaction survey. Approximately 88% of respondents that used the program agreed/strongly agreed that with the support of ACCESS Mental Health CT program they were able to meet the psychiatric needs of their patients and 96% reported receiving a consultation from their ACCESS Mental Health CT Hub team in a timely manner. Approximately 92% reported that they agreed/strongly agreed that the ACCESS Mental Health CT team was helpful.

Approximately 63% of the total respondents reported using standardized behavioral health screening during well child visits and 38% of respondents that used the program reported feeling more comfortable using screening tools since enrolling in the program.

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" 57% reported often prescribing Stimulants, 27% reported often prescribing SSRIs, 20% reported sometimes prescribing Mood Stabilizers, and 17% of the respondents said that they were the primary prescriber of Atypical Anti-Psychotics some of the time. Approximately 50% of the respondents that used the program reported feeling more comfortable prescribing psychotropic medications since having the support of the ACCESS Mental Health CT program.



"ACCESS Mental Health CT is so valuable! You have been extremely helpful with medication management, referrals for care and sage advice."

~Pediatrician, New Haven CT

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 were each charged with providing a minimum of five (5) behavioral health trainings throughout the contract year. Trainings were in the form of on-site practice based education, conference based lectures, and or webinars. Each Hub team met the FY'16 contract target by providing trainings to enrolled PCPs throughout their designated service area. The following list represents a summary of behavioral health topics adapted for Primary Care; many were provided multiple times throughout the year.

Hartford Hospital Hub team's training topics included:

- Psychopharmacology Update
- Anxiety
- Attention Deficit Hyperactivity Disorder
- Depression
- Screening for Adolescent Substance Abuse
- Gambling Disorder
- Internet Gaming Disorder
- Seasonal Affective Disorder
- Behavioral Health Screening
- Psychotic Disorders
- Personality Disorders
- Integrating Behavioral Health into Primary Care

Wheeler Clinic Hub team's training topics included:

- Anxiety
- Depression
- Attention Deficit Hyperactivity Disorder (Including Poor Response to Treatment)
- Disruptive Disorder
- Practice Readiness for Mental Health
- Community Behavioral Health Resources
- Behavioral Health Crisis Management

Yale Child Study Center Hub team's training topics included:

- Anxiety
- School Refusal
- Attention Deficit Hyperactivity Disorder
- Depression

Case Vignettes

The Hub teams were asked to submit examples of consultations provided during the FY'16 contract year. PCPs are challenged daily with youth and families seeking help with their behavioral health needs. The following vignettes provide a small snapshot of the complexity and the support provided by the ACCESS Mental Health CT program.

"A PCP called regarding a 10-year-old male who had been diagnosed by a behavioral pediatrician with ADHD at age 6 and was treated with stimulants with initial success. However, over the last year he has had increasing difficulty with anger outbursts, irritability and emotional lability. His difficulties worsened despite increasing his Vyvanse to 70mg. His mother and pediatrician were concerned that he may have a bipolar disorder and the PCP wanted assistance with linkage to appropriate therapy. The family initially wanted a referral to a psychiatrist for medication management but were relieved to have the option to complete a face-to-face consult with AMHCT the following Thursday (when mom could get off from work). The result of the assessment did not support a bipolar disorder diagnosis, rather that his increased reactivity was likely related to a previously undiagnosed tic disorder as well as the higher doses of amphetamine.

I reviewed the impressions with the mother and informed her that I would be reviewing treatment options with his pediatrician and that they would decide on the course of action. Our clinician met with him and his mother and began the process of linking them to clinical services near their home while I spoke with the PCP immediately following the consultation. The PCP felt the assessment made sense and we discussed the differences between his pattern and that of a bipolar disorder. We reviewed treatment recommendations including medication options. She was very comfortable with the recommendations and pleased to continue to prescribe and monitor his tics as well his impulsivity and mood issues. The PCP will call us if there are any further questions or concerns. Based on our discussion she decided to continue to treat and to start with adding an alpha agonist and decreasing the stimulant as tolerated. The full report was sent to the PCP the same day as the consult."

"A PCP was calling urgently with a 15-year-old girl who was having a panic attack in the office. The patient had recently started outpatient therapy for anxiety and mom called stating that the therapist had referred her to her PCP for possible medication management. With the patient in the PCP's office, I reviewed with the PCP some strategies to reassure the patient and help her calm down. Once the patient was no longer in crisis, we reviewed the history of escalating debilitating anxiety and the advent of panic attacks. We discussed medication indication and strategies. We reviewed the uses of SSRIs for anxiety (and that CBT was the primary treatment), how to start and titrate the medication, and that it would take a long time before benefits would be evident. Given the panic attacks, we discussed the use of benzodiazepines to bridge, other medications recommended, and how to monitor and titrate. After reviewing this, the PCP felt that she would be willing to try this with our support. We agreed on a plan where the patient and mother will call the PCP back after the first dose and based on the patient's response to medication the PCP will decide on dosage and follow up as reviewed. If there were any questions the PCP would call us back. When asked, the PCP felt very comfortable in continuing to treat the patient with ongoing support from AMHCT. She noted that she had become comfortable with prescribing SSRIs over the past year or so (with our support) and was pleased to be continuing to expand her scope of practice. She will ask her colleagues if they would be interested in our coming out

to talk about the assessment and treatment of anxiety. We also discussed the use of screening tools (SCARED) to use in following up with the patient, and I sent them updated SCARED forms."

"A PCP called the ACCESS-Mental Health Hub in the fall of 2015 with a referral to mental health care for an adolescent girl that was quite depressed. This youth had been in psychotherapy for about five sessions six months prior, but had stopped going. The pediatrician was requesting new mental health services for this adolescent who was resistant to psychotherapy and "didn't open up to the therapist," hoping that another therapist would be a better fit. Reviewing the insurance and speaking with the parent, several referral recommendations were made. Subsequently, around eight calls over the course of several weeks to months, were made to the family who did not return calls. Thus, it was not clear if the adolescent had connected to care. This information was shared with the pediatrician, who was hoping that the case would have gone more smoothly (that the youth had been connected to care), but agreed to re-contact us if there was more that we could do to be helpful.

The pediatrician re-contacted us in late spring of 2016.The adolescent had scored very high on a depression screening tool given during a routine visit. The family admitted that the girl had not followed up with treatment. The PCP did not know what to do, but was concerned that the adolescent had not answered a question about suicide until really prodded—and then said she was not. But the PCP was concerned. The youth reported that she still was not interested in therapy or medication. With the ACCESS-Mental Health consultation with the youth and parent in the office, the PCP, parent and I decided to try a one-time face-to-face evaluation to help clarify diagnosis, acuity of symptoms, and to make treatment recommendations.

The adolescent came to the appointment with her mother several days later. Her mother was quite concerned about how withdrawn and moody her daughter was. Upon assessment, we learned that a potentially fatal genetic problem of her younger brother paired with family stress, a family dynamic of not talking about problems or concerns (the family did not speak of the brother's disability until he was 7 years of age, although he was clearly quite delayed), the father's stigma regarding mental health issues, and the adolescent's concerns that she would be more upset if she talked about problems all contributed to her resistance to treatment. A frank discussion with the adolescent and her mother about her diagnosis (anxiety and depression), causes (stress and biology), the potential treatments, and her resistance to treatment followed the initial assessment. We made a recommendation for a specific therapist (who would understand the family's culture and had been quite responsive to ACCESS-MH previously—and was called and agreed to see this youth and family), a specific medication (Lexapro), and addressed her reticence for treatment and resistance to medication. Upon follow-up with the family, they did answer the phone and had made an appointment with the therapist, but were still considering medication (which the PCP said she would prescribe).

Avoidant behaviors, stigma, family dynamics and other potential barriers to accessing care can be complex and resistant to rapid resolution. However, in this case, it seemed that the face-to-face psychiatric assessment, with direct discussion about resistances to care, fears, and mixed messages from her parents was helpful in allowing the adolescent to engage in mental health treatment now, when she was not able to in the past. Further results remain to be assessed. However, the parent, adolescent and pediatrician were satisfied with this intervention."

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, a licensed masters' level behavioral health clinician, a 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.

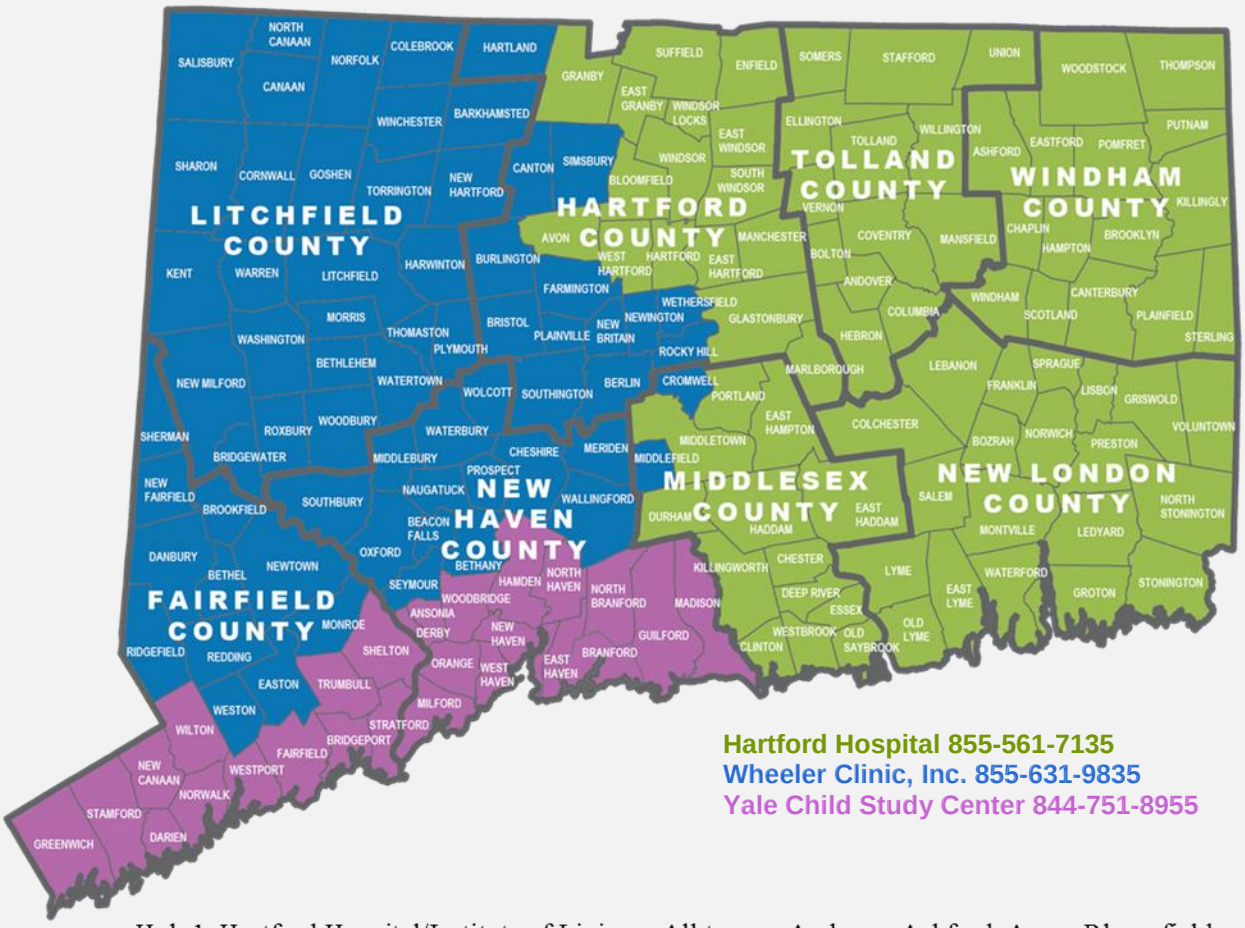
- Primary Care Practice Groups Utilized: any practice group noted having at least one consultative activity during the reporting period.

- 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	**A**ccess 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



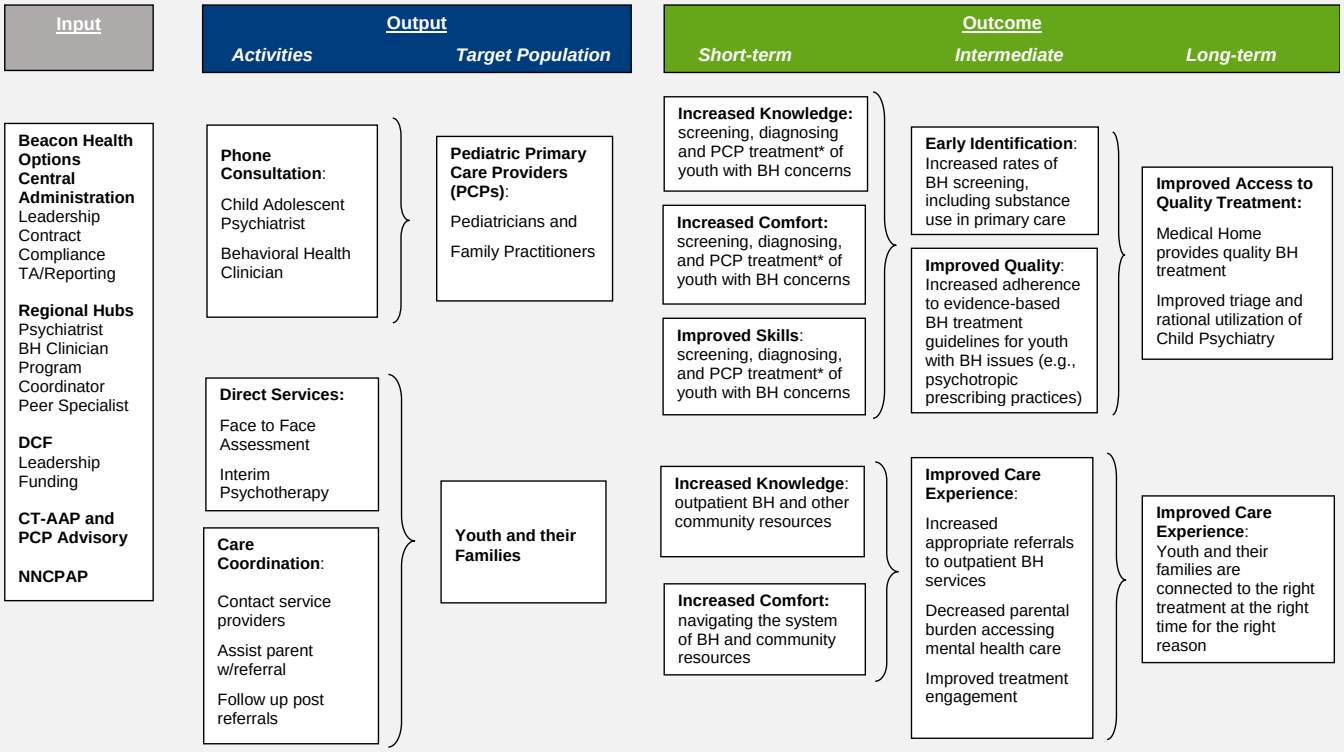
Hub 1: Hartford Hospital/Institute of Living – All towns: Andover, Ashford, Avon, Bloomfield, Bolton, Bozrah, Brooklyn, , Canterbury, Chaplin, Chester, Clinton, Colchester, Columbia, Coventry, Deep River, Durham, East Granby, East Haddam, East Hampton, East Hartford, East Lyme, East Windsor, Eastford, Ellington, Enfield, Essex, Franklin, Glastonbury, Granby, Griswold, Groton, Haddam, Hampton, Hartford, Hebron, Killingly, Killingworth, Lebanon, Ledyard, Lisbon, Lyme, Manchester, Mansfield, Marlborough, Middletown, Montville, New London, North Stonington, Norwich, Old Lyme, Old Saybrook, Plainfield, Pomfret, Portland, Preston, Putnam, Salem, Scotland, Somers, South Windsor, Sprague, Stafford, Sterling, Stonington, Suffield, Thompson, Tolland, Union, Vernon, Voluntown, Waterford, West Hartford, Westbrook, Willington, Windham, Windsor, Windsor Locks, Woodstock (per 2010 census- 271,833 lives).

Hub 2: Wheeler Clinic – All towns: Barkhamsted, Beacon Falls, Berlin, Bethany, Bethel, Bethlehem, Bridgewater, Bristol, Brookfield, Burlington, Canaan, Canton, Cheshire, Colebrook, Cornwall, Cromwell, Danbury, Easton, Farmington, Goshen, Hartland, Harwinton, Kent, Litchfield, Meriden, Middlebury, Middlefield, Monroe, Morris, Naugatuck, New Britain, New Fairfield, New Hartford, New Milford, Newington, Newtown, Norfolk, North Canaan, Oxford, Plainville, Plymouth, Prospect, Redding, Ridgefield, Rocky Hill, Roxbury, Salisbury, Seymour, Sharon, Sherman, Simsbury, Southbury, Southington, Thomaston, Torrington, Wallingford, Warren, Washington, Waterbury, Watertown, Weston, Wethersfield, Winchester, Wolcott, Woodbury (per 2010 census – 271,405 lives).

Hub 3: Yale Child Study – All towns: Ansonia, Branford, Bridgeport, Darien, Derby, East Haven, Fairfield, Greenwich, Guilford, Hamden, Madison, Milford, New Canaan, New Haven, North Branford, North Haven, Norwalk, Orange, Shelton, Stamford, Stratford, Trumbull, West Haven, Westport, Wilton, Woodbridge (per 2010 census – 273,777 lives).

Program Logic Model

ACCESS Mental Health CT Logic Model



Assumptions:
Child Adolescent Psychiatrists are a scarce resource in CT and ACCESS MH should promote their rational utilization for youth with serious and complex psychiatric illness.

PCPs can effectively and safely treat youth with certain psychiatric illnesses in primary care when supported by ACCESS MH.

*treatment in this logic model refers to behavioral health treatment appropriate for PCPs to provide in primary care settings.