



ACCESS **Mental Health CT**

ANNUAL PROGRESS REPORT

SFY 2018: July 1, 2017 - June 30, 2018



Report prepared by Beacon Health Options for the Department of Children and Families
Submitted August 29, 2018

Acknowledgements

State Fiscal Year 2018: July 1, 2017 - June 30, 2018

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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 (Beacon) 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.

Data Sources

The information included in this report represents the integration of data from multiple sources including: data entered into Beacon Health Options' Encounter System showcasing ongoing activity provided by the three ACCESS Mental Health CT Hub teams, enrolled practice non-utilization outreach, on-site utilization surveys, PCP satisfaction surveys, and year-end summaries written by the Hub teams.

Methodology

The data contained in this report is refreshed for each set of progress reports. The results may differ from previously reported values due to late submissions of some data reflecting practice and PCP enrollment, number of youth served, consultative activities, and satisfaction rates. 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 methodology for Enrollment remains unchanged. Any primary care practice treating youth under the age of 19 years of age, regardless of volume, is eligible to enroll in the program. This includes pediatric practices and practices that treat the lifespan population. 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. Enrollment captures the total amount of sites. This helps to also assess the distribution of locations across the state.

The methodology for Utilization also remains unchanged. In order to eliminate the possibility of inflation, the methodology for Utilization captures the total amount of practice groups; a stand alone practice is counted once and a practice with multiple sites is also counted once. For instance, if a practice shares physicians, patients, policies and procedures across multiple sites, we group the site locations together and count that practice once within the time period.

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, 2017 through June 30, 2018 (SFY 2018); in some metrics, totals covering the entire length of the program or "since inception" June 16, 2014 through June 30, 2018 are also provided. Most dashboards in this report allow the reader to change the date range by selecting the year(s) in the filter at the top of each dashboard. Date ranges are clearly labeled on each graph or table depicting the corresponding timeframes selected by the reader. Filters are also added to Hub specific dashboards to allow the reader to select and view data for each Hub team.

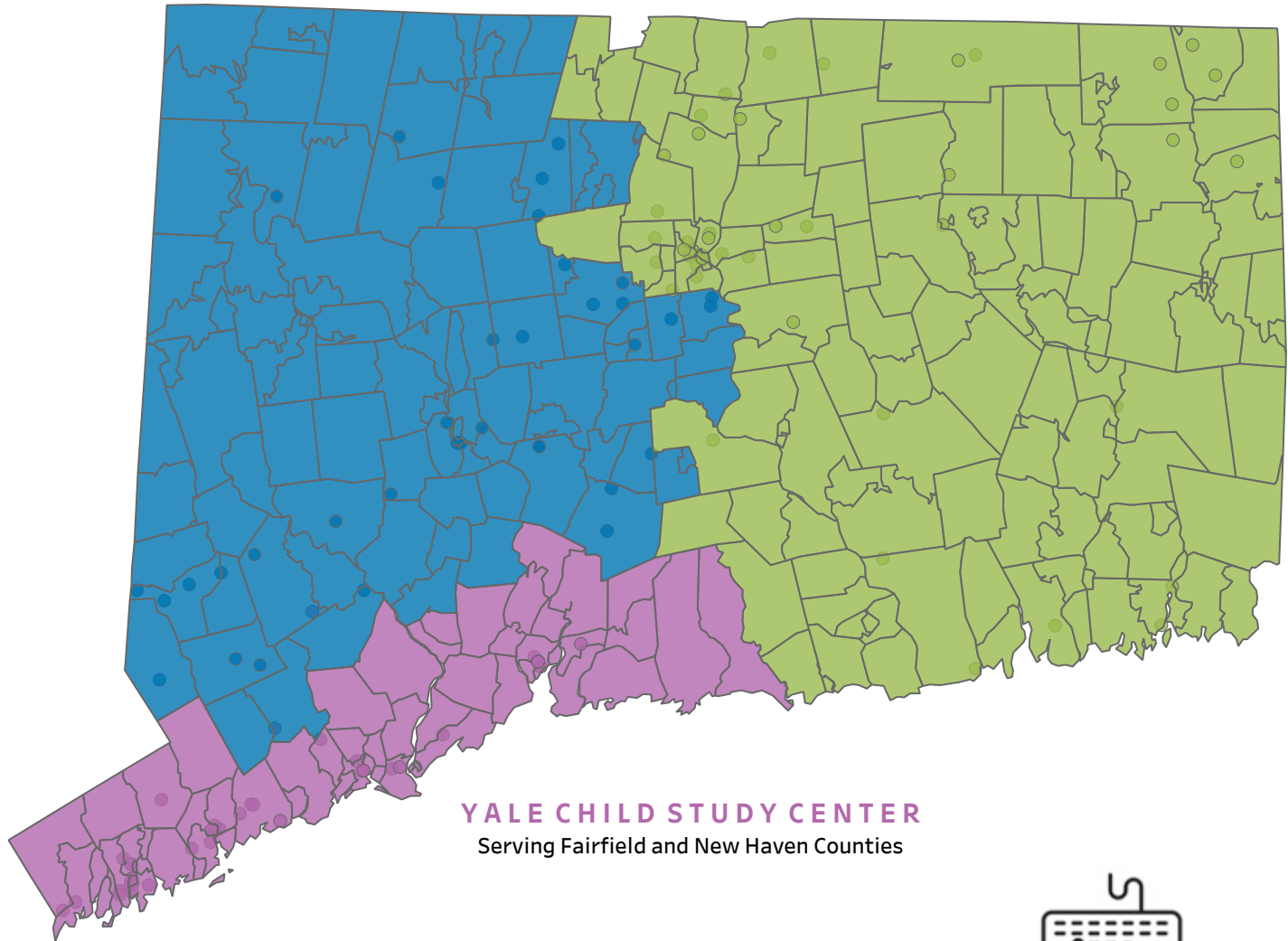
Hub Catchment Areas

WHEELER CLINIC, INC

Serving Fairfield, Hartford, Litchfield, Middlesex,
and New Haven Counties

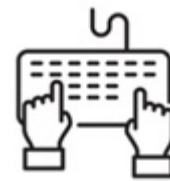
HARTFORD HOSPITAL

Serving Hartford, Middlesex, New London,
Tolland, and Windham Counties



YALE CHILD STUDY CENTER

Serving Fairfield and New Haven Counties



Type a town to find the assigned HUB
No items highlighted

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.

Primary Care providers treating youth under the age of 19 years of age are eligible for enrollment. Practice location determines Hub team assignment. For more information about the program and enrollment please visit www.accessmhct.com

Executive Summary

State Fiscal Year 2018: July 1, 2017 - June 30, 2018

As the ACCESS Mental Health CT program wraps up its fourth full operational year, the program continues to make a positive impact by supporting pediatric and family care practices throughout Connecticut evidenced by the data showcased throughout this report. Enrollment is high and well distributed throughout the state, utilization is strong and stable, and program satisfaction is extremely positive as PCPs continue to report changes in their comfort level while expressing gratitude for the program's support.

With 86 percent, the majority of the pediatric and family care practice sites in Connecticut are enrolled in the program. Those that have declined enrollment report that they either treat a low volume of youth or are getting their needs met through other avenues such as integrated behavioral health supports within their practice. This is also true for a fair amount of the practices that are enrolled, but have yet to use the program. Given the constant changing landscape and uncertainty of the state's budget, it is important that we continue to offer the availability of the program's services should the needs of these practices change.

With a volume of over 4,600 youth served by the program to date, the age of youth ranges from infancy through young adulthood; with adolescents representing the majority. Pediatricians and family care physicians are aware that the program is available to all youth under the age of 19 years, regardless of insurance. However, they continue to call requesting much needed support for their young adult patients. Feedback from enrolled physicians continues to include the request for program expansion to support this young adult population and should be strongly considered.

As stated in previous reports, with stable funding and program maturity consultation volume is expected to grow. However, the program's budget was cut again this state fiscal year. In order to absorb this cut, the Hub teams were required to reduce psychiatric staff time per Hub team. It was the dedication and commitment to the mission and success of this program from all three teams that made it possible to reduce the staff time while maintaining the same full-time access to consultation to PCPs across the state. In January 2018, Hub psychiatrists began covering additional call volume by providing cross-Hub team coverage. When one team psychiatrist was "off-shift", another team's psychiatrist covered calls for both teams.

Consistent utilization is noted both across the state and individually across Hub teams. Satisfaction of the support provided also remains high. Complex cases requiring specialty psychiatric treatment is expected to remain. However, as the Hub teams note, waitlists continue across the state for psychiatric prescribers who take insurance, therefore, the reliance on PCPs to provide this treatment continues to grow. By providing support and education to PCPs through real-time consultation, case-based education, and didactic trainings throughout the past four years, the program's goal of improving the access and quality of treatment for children with behavioral health concerns is being realized. This is especially highlighted in the PCP Prescribing dashboards in this report. Consultations between physicians are helping to identify, assess, and triage youth in need. Youth are being appropriately triaged based on the capacity and comfortability of the PCPs using the program. When appropriate, more youth are staying with their PCP as the primary prescriber and for those that aren't, they are being referred to specialty psychiatric services in the community. The data also shows that due to the long waitlists, PCPs agreed to act as a bridge prescriber for more youth as they waited for treatment in the community, further demonstrating their comfort level to continue to prescribe with the support of the program.

As waitlists continue grow, it will be even more important for PCPs to have access to consultations in real-time. It is recommended that program funding for SFY'19 be restored to the full operating budget, and pending additional resources and based on the recommendations of the physicians, be expanded to cover the young adult population. Therefore, the Hub teams can provide individual-case-based education and consultation without interruption.

Enrollment: By June 30, 2018, a total of 441 pediatric and family care practice sites were identified as eligible for enrollment across the state. This is a change from previously reported totals due to the closing of sites and the addition of seven practice sites pulled from the January 2018 Immunization Tracking Registry System (ITRS) Report provided by Connecticut's Chapter of the American Academy of Pediatrics (CT-AAP).

Approximately 86% of pediatric and family care practice sites enrolled in the program statewide. This is a two percentage point decrease as compared to the previous year (88%, SFY'17). This decrease is expected given that new practices were identified on the ITRS report provided by CT-AAP.

Approximately 60% of the enrolled practice sites were identified as pediatric, all of which are equally distributed throughout the Hub teams. Approximately 35% were identified as family medicine practices treating the lifespan with the majority enrolled in Hartford Hospital's designated area. Approximately 3% of sites formed practice groups that included a combination of pediatric and family medicine sites, and 1% of practice sites were entered into the system without a specific provider type identified.

Hartford Hospital enrolled approximately 88% (160 out of 182) of the eligible practice sites within their designated service area. Wheeler Clinic enrolled 87% (119 out of 137) of their eligible practice sites and Yale Child Study Center enrolled approximately 82% (100 out of 122) of the eligible practice sites within their designated service area. By selecting a specific Hub team in the Enrollment dashboard, a breakout of their respective practice sites will be showcased.

To date, approximately 14% (62) of primary care practices across the state are not interested in enrolling in the program. However, each Hub team continued to outreach to offer enrollment throughout the year. These efforts included outreach to both practices that had declined enrollment last year and those that were identified as a new practice site. 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. Some of the practice sites reported interest in enrolling and are working out dates for their onsite visit with their respective Hub team. 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".

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, 2018, enrolled PCPs contacted their respective Hub teams requesting consultation for 4,667 unduplicated youth presenting with mental health concerns.

The program served a total of 1,364 unique youth in SFY'18. In a year to year comparison, adolescents continue to represent the largest volume by age for the past two state fiscal years. The thirteen year old age group increased by approximately two percentage points as compared to last state fiscal year, while the sixteen year old age group decreased by two percentage points this state fiscal year. It is important to note, that in SFY'18 there were three infants supported by the program. Upon further review, it was discovered that the PCPs called with questions regarding the behavioral health treatment for the mothers of each of these infants.

While the program is designed to support youth under the age of 19 years, PCPs continue to request support for young adults. In SFY'18, the Hub teams supported 88 young adults between the ages of 19 and 26 years; this is a 16% increase in the volume as compared to SFY'17 (76). Feedback from both pediatric and family care practice physicians continues to include the request for program expansion to support this young adult population. While the volume of young adults remains low, it continues to increase each year. PCPs are aware of the age limit of the program, however, they are still reaching out for much needed support.

Similar patterns can be seen across each Hub team and can be found in the Hub Demographic dashboard. Expansion of the program should continue to be strongly considered.

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, 2018, the Hub teams have provided 24,386 consultative activities supporting PCPs treating youth within their medical home. This is an increase of 6,766 encounters since last state fiscal year when the program to date total was noted as 17,620 consultative activities.

The Consultative Activities dashboard shows the volume of consultations over four years of programming depicting annually, quarterly, and monthly comparisons. In SFY'18 the program provided a total of 6,766 consultations with an average of 564 consultations per month and 1,692 consultations per quarter. This is a slight decrease (64 consults) from last state fiscal year when the program provided a total of 6,830 consultations for the year with an average of 569 consultations per month and 1,708 consultations per quarter.

A breakout of the consultation volume by Hub can be found on the Hub Consultation dashboard. While Hartford Hospital provided the highest volume of consultations throughout SFY'18 with approximately 37% (2,497), the difference in volume across the three teams is not remarkable; with Wheeler Clinic and Yale Child Study Center providing approximately 30% (2,034) and 33% (2,235) of the total consults respectively.

Direct PCP Consultations: Of the 6,766 consultative activities provided throughout the state in SFY'18, approximately 38% (2,576) were reported as direct contact with PCPs. This is approximately one percentage point higher as compared to SFY'17 (37%). This includes both initial inquiries and follow up phone calls to the PCP.

In SFY'18, per Hub team report, approximately 98% (1,525 out of 1,542) of initial PCP calls were answered by the Hub team's consulting Psychiatrist within 30-minutes of the PCP's initial inquiry; 79% (1,206 out of 1,525) of which were connected directly at the time of the call. The program benchmark for year four 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 exceeded this target.

Care Coordination and Family Support: Approximately 60% (4,049 out of 6,776) of the total consultative activities for SFY'18 were activities related to care coordination and direct family support. 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. 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. After confirming that the youth has connected to behavioral health treatment, the Hub team contacts the PCP with an update as to the status of the case and to close the loop; providing the name and contact information of the behavioral health provider from whom the youth will be receiving treatment. In the event the team does not receive a response from the family, despite multiple attempts, the Hub team contacts the PCP to share the details regarding the barriers to connect with the family and, if available, gather alternate means of contact.

The Hub teams were asked to track their efforts in providing this "warm hand-off" approach and measure the percent of youth referred for care coordination and family support that were successfully connected to their first behavioral health appointment. Hartford Hospital reported a total of 308 youth referred for care coordination during SFY'18 and approximately 70% (215 out of 308) successfully connected to their first appointment. Wheeler Clinic reported a total of 285 youth referred for care coordination and approximately 54% (155 out of 285) successfully connected and Yale Child Study Center reported a total of 369 youth referred for care coordination in SFY'18 and approximately 65% (239 out of 369) youth connected to their first behavioral health appointment.

Consultative Activities (continued)

Face to Face Assessments: Approximately 2% (103 out of 6,776) of the total consultative activities in SFY'18 were one-time diagnostic and psychopharmacological assessments. Hartford Hospital provided 19, Wheeler Clinic provided 54, and Yale Child Study Center provided 30 face to face assessments this year.

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.

Of the 6,776 total consults provided in SFY'18, approximately 58% (3,934) were for youth with an identified commercial insurance plan such as Aetna or Anthem BCBS of CT; 41% (2,785) were for youth with HUSKY coverage and less than 1% (47) were identified as having no coverage at all. While there is some variation from year to year, the majority of the consultations provided across four years of programming were for youth with an identified commercial insurance plan. Similar statistics are noted across all three Hub teams and can be found in the Hub Specific Consultation dashboard.

On a statewide basis, the top two reasons PCPs continue to contact their Hub teams across the four years of programming were to obtain assistance with linkage to behavioral health treatment and medication consultation. The top three diagnoses discussed with the team psychiatrist were: Anxiety Disorder, Attention Deficit Hyperactivity Disorder, and Depressive Disorder.

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.

Primary Care Prescribing: In four full years of programming, enrolled PCPs contacted their respective Hub team psychiatrist requesting a medication consultation for 2,009 unduplicated youth; 585 youth in SFY'18. Graphs showcasing the outcomes noted during the respective consultative episodes are highlighted in the Statewide/Hub PCP Prescribing dashboards.

For approximately 61% (356 out of 588) of youth whose PCP called to discuss medication in SFY'18, the resulting plan involved the PCP initiating or continuing as the primary prescriber. This is a nine percentage point increase from the previous state fiscal year (52%, 282 youth) and an important indicator that the program is meeting the stated goal of supporting PCP's to continue to prescribe.

A referral to a community psychiatrist was determined as the most appropriate plan of care for approximately 35% (203) 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 56% (114 out of 203) of youth waiting to transition to a psychiatrist in their community. This is an increase of ten percentage points as compared to the previous state fiscal year when PCPs agreed to act as an interim bridge prescriber for 46% (109) youth. This indicates both an increase in comfort level for the PCP related to prescribing, as well as improved continuity of care for the youth served.

For 5% (29) 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. This is also an increase from last state fiscal year of one percentage point (4%, 22 in SFY'17).

By providing support and education to PCPs through real-time consultation, case-based education, and didactic trainings throughout the past four years, the program's goal of improving the access and quality of treatment for children with behavioral health concerns is highlighted in the PCP Prescribing dashboards. Consultations between physicians are helping to identify, assess, and triage. Youth are being appropriately triaged based on the capacity and comfortability of the PCPs using the program. When appropriate, more youth are staying with their PCP as the primary prescriber and for those that aren't, they are connected to specialty psychiatric services in the community.

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 329 practice groups with a total of 379 practice sites were formed. The graphs located in the Practice Utilization dashboard 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 SFY'18, the statewide average utilization rate was approximately 34%. This is an increase of one percentage point when compared to the average utilization rate reported in the previous fiscal year (33% in SFY'17). 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.

Another important way to measure utilization is to measure the volume of youth served by practice. The following graphs located in the Youth by Practice dashboard demonstrate, by Hub team, a breakout of utilization by number of youth served per practice in SFY'18. The graphs are sorted by highest volume of youth per practice.

In SFY'18, a total of 67 practice groups utilized Hartford Hospital's Hub team, requesting support for a total of 515 youth. Four of these practice groups called for the first time in SFY'18. Gales Ferry Pediatrics of Northeast Medical Group became a new enrolled practice group and used the program for the first time in November of 2017. ECHN Eastern Connecticut Medical Professionals used the program for the first time in July of 2017 after being enrolled in the program 29 months. Both Abington Family Healthcare and Middlesex Hospital Family Medicine-East Hampton enrolled in the program in September of 2014 and used for the first time in September of 2017 and November of 2017 respectively.

In SFY'18, a total of 54 practice groups utilized Wheeler Clinic's Hub team requesting support for a total of 459 youth. There were four practice groups that utilized the program for the first time in SFY'18. Both Manchester Pediatric Associates of Torrington and Brookfield Children's Physicians practice groups enrolled and utilized the program in SFY'18. Pediatric Health Center used the program for the first time in May of 2018 after being enrolled in the program for 44 months and RTR called for support in June of 2018 after being enrolled 24 months.

In SFY'18, a total of 45 practice groups utilized Yale Child Study Center's Hub team requesting support for a total of 391 youth. There were four practice groups that utilized the program for the first time in SFY'18. Center for Advanced Pediatrics joined and used for the first time this year. New Canaan Pediatrics used the program for the first time in November of 2017 after being enrolled for 30 months. Dr. Boris Mayzler enrolled in the program in April of 2015 and called for the first time 27 months later in July of 2017. After being enrolled in the program for 46 months, Bridgeport Pediatrics requested support for the first time in May of 2018.

Practice Non-Utilization: In Q3 SFY'18, the Hub teams were provided a list of their respective enrolled non-using practice groups (77) and were asked to outreach to them to identify reasons for not using the program. As part of their outreach, the teams were asked to distribute reminder materials that contained program statistics and a description of services to help keep practices updated and aware of the program. The corresponding graphs located within the Non-Utilization dashboard depict the feedback from this outreach.

Approximately 20% (15) of the enrolled practice groups that had not yet utilized the program reported that they forgot the service was available to them. Approximately 9% (7) of the enrolled practice groups reported that they had not used the program yet because they have access to behavioral health support either on-site within their practice or are utilizing the support of an identified behavioral health provider in the community. Approximately 4% (3) 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 and roughly 8% (6) reported the reason for not using the program yet was due to the overall low volume of youth in their practice and not treating youth with mental health problems since enrollment in the program. Approximately 60% (46) of the enrolled practice groups did not provide a reason for not using the program. However, the majority of the practices (28) within this category did not receive an outreach call due to an error made by the Wheeler Hub team. Instead of outreaching to those practices with no use, the team focused on outreaching to practices that had only used the program a few times over the years in an effort to remind them of program services and increase their utilization. In Q1 SFY'19, Beacon's Central Administrative team will work with the Wheeler Hub team to identify next steps in outreaching to their respective non-utilizing practice groups.

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 SFY'18, the average statewide satisfaction score is 4.99. 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 four 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. A breakout of PCP satisfaction scores by Hub can be found on the Satisfaction dashboard.

PCP Annual Survey: In June 2018, the annual PCP satisfaction survey was sent to all enrolled PCPs across the state. Outcomes of the survey as it compares to survey responses from the previous state fiscal years can be found in the Annual Survey dashboards.

A total of 1,563 surveys were mailed and distributed via email and fax to 379 primary care practice sites with the option to complete the survey on-line, mail back, or fax to the Central Administrative team at Beacon. A total of 158 surveys were returned; approximately 27% (103 out of 379) of the practice sites completed at least one survey this year. The majority of responses were received via fax.

Approximately, 89% (140 out of 158) had used the service prior to completing the satisfaction survey and 85% (119 out of 140) of those said that they had often/sometimes used the service. It is important to note that 11% (18 out of 158) of respondents reported to never have used the service and therefore submitted "not applicable" to the answers on the survey and some respondents skipped questions on the survey.

Approximately 88% (123 out of 140) 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; which is the same response as the previous state fiscal year (SFY'17, 88%). Approximately 93% (130 out of 140) reported receiving a consultation from their ACCESS Mental Health CT Hub team in a timely manner. Approximately 92% (129 out of 140) respondents reported that they agreed/strongly agreed that the ACCESS Mental Health CT team was helpful; both questions yielded an increase in positive responses when compared to the previous state fiscal year.

In SFY'18, approximately 82% (115 out of 140) of the total respondents reported often using standardized behavioral health screening tool(s) during well child visits. This is 6 percentage point increase as compared to the previous state fiscal year (76%). Approximately 44% (62 out of 140) of respondents that used the program reported feeling more comfortable using screening tools since enrolling in the program. Feedback provided by respondents regarding screening tools included that they appreciated that the Hub team was available in the event they had questions and could access help connecting their patients to treatment when needed.

When asked "when appropriate for your patient, please check off the medications (Stimulants, SSRIs, Mood Stabilizers, Atypical Anti-Psychotics) for which you are the primary prescriber", Stimulants yielded the most positive change from previous years. Approximately 81% (114 out of 140) of respondents reported that they were often the primary prescriber for Stimulants this year. This is a seven percentage point increase when compared to the responses from last year's survey (SFY'17, 74%) and a twenty-three percentage point increase when compared to survey responses from SFY'16 (58%).

Approximately 58% (81 out of 140) 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. For respondents who selected "no change", some commented that they needed more education and training before they felt they could change their prescribing patterns.

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 four of the program, the Hub teams were each charged with providing a minimum of four 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 SFY'18 contract target by providing trainings to enrolled PCPs throughout their designated service area. Training topics covered this state fiscal year included: Screening Tools in Primary Care; Identification, Treatment and Medication Management of ADHD, Anxiety, Depression in Primary Care; Agitated Pediatric Psychiatric Patient in Primary Care; Pharmacogenetics: What Should Pediatricians Know; Addressing Vaping & Juuling in Primary Care; and Bereavement and Fostering Resilience in Children.

Enrollment

A total of 379 practice sites are currently enrolled in the ACCESS MH program.

Total Enrolled Practice Sites

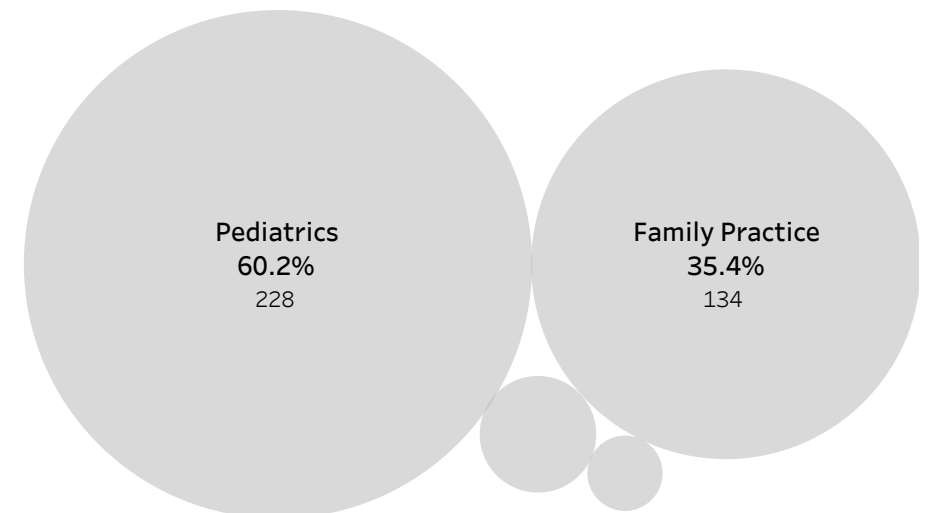
Select Hub Name for specific details



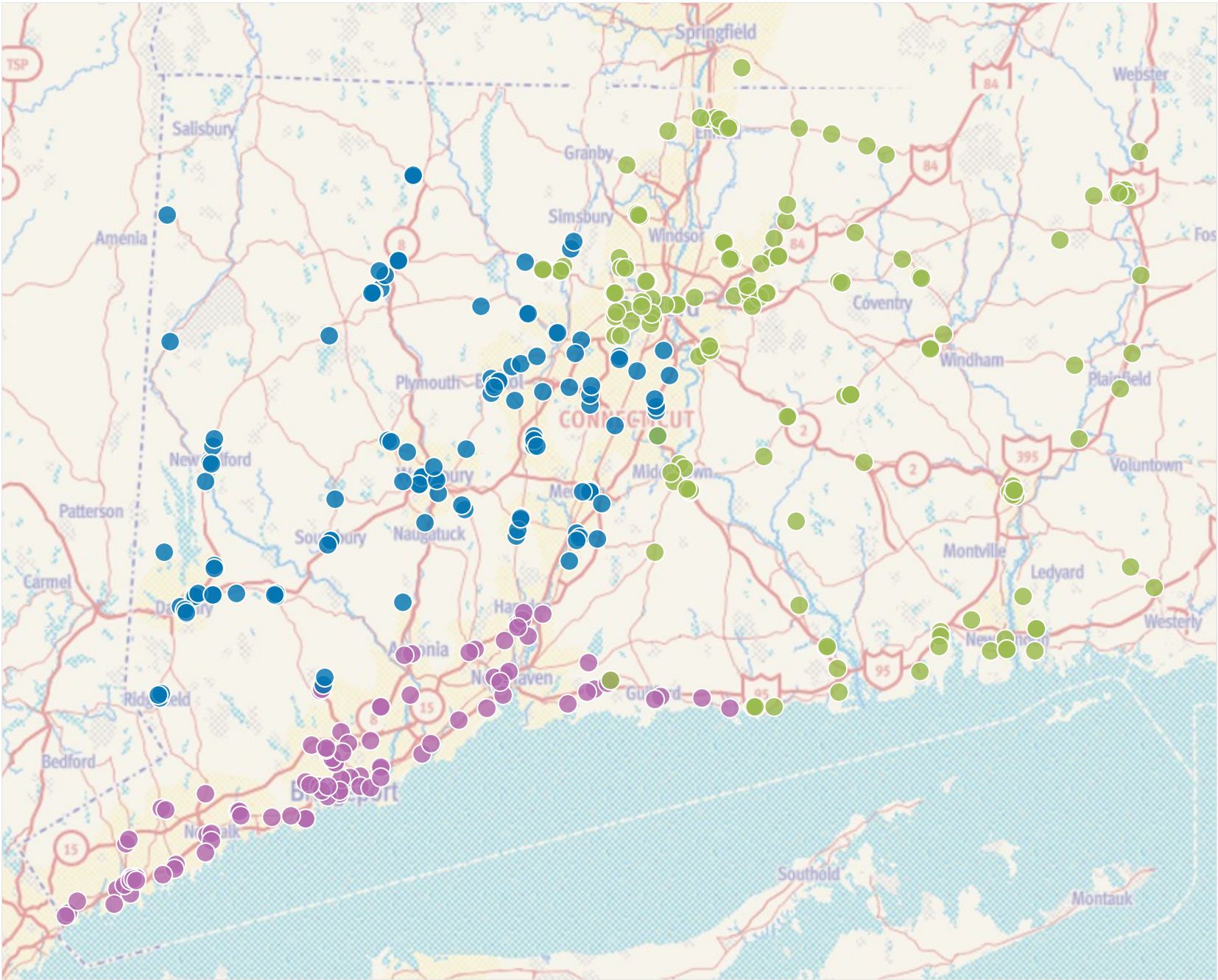
Total Enrolled Practice Sites by Provider Type

	Hartford Hospital	Wheeler Clinic, Inc	Yale Child Study Center	Statewide
Pediatrics	73	74	81	228
Family Practice	86	37	11	134
Peds/Family	1	8	3	12
Non Selected			5	5
Total Enrolled	160	119	100	379
Total Eligible Practice Sites	182	137	122	441

Percent of Total Enrolled Practice Sites by Provider Type



Enrolled Practice Locations



HARTFORD HOSPITAL

855-561-7135

Serving Hartford, Middlesex, New London, Tolland, and Windham Counties

WHEELER CLINIC, INC

855-631-9835

Serving Fairfield, Hartford, Litchfield, Middlesex, and New Haven Counties

YALE CHILD STUDY CENTER

844-751-8955

Serving Fairfield and New Haven Counties

Search for an enrolled practice site by town
All

Practice Name	Address	Primary Phone	
ABC Pediatrics	945 Main St. Suite 212	8606496166	
Abington Family Healthcare	5 Clinic Rd	8609740529	
Access Priority Family Healthcare	353 Pomfret St	8609281111	
Alliance Medical Group	1625 Straits Turnpike #302	2037590666	
Amitabh R. Ram, MD, LLC	21 B Liberty Dive	8602289300	
	21 Woodland St., #115	8605248747	
Andrea Needleman, MD	4 South Pomperaug Avenue	2032632020	
Andrew Adade	18 Hillandale Ave	2033279333	
Andrew F Cutney, MD	4775 Main ST	2033710076	
Anne Marie Villa, M.D., P.C.	150 Hazard Ave Unit B	8607493661	
Aspire Family Medicine	850 North Main Street Ext. ...	2032699778	

Youth Demographics

The ACCESS Mental Health program served a total of 1,364 unique youth in SFY 2018.

Since inception of the program to date, June 16, 2014 through June 30, 2018, the program served 4,667 unique youth.

Current SFY Summary

Select for Current and/or Last Fiscal Year: All

- 13-18 year-olds represented the largest portion in the current state fiscal year at **47.4%**.
- The majority of youth served were Caucasian at **62.8%**.
- Males accounted for **50.5%** of the unique youth served.

● Current SFY Comparison to ● Last SFY

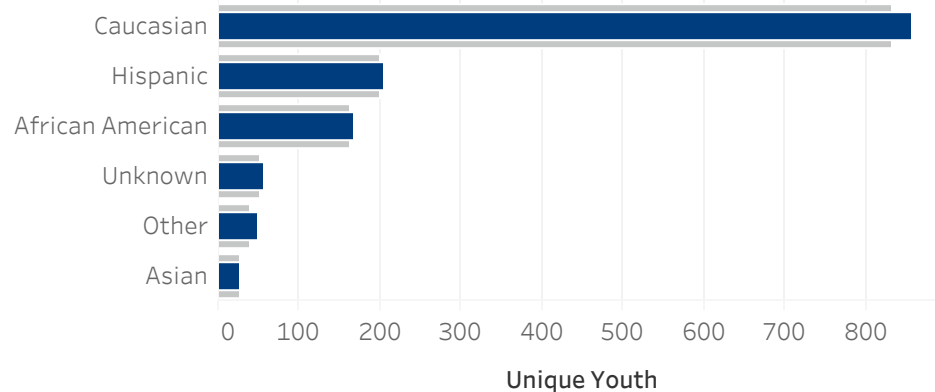
Distribution of Youth by Age

● Current SFY Comparison to ● Last SFY

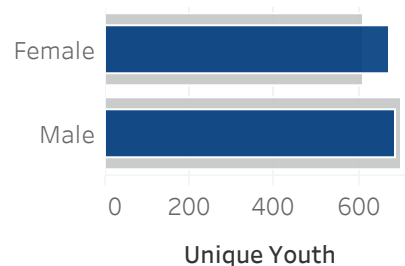
Youth Served in the Current SFY 2018

0-5	6-12	13-18	19+
7.3%	38.9%	47.4%	6.5%

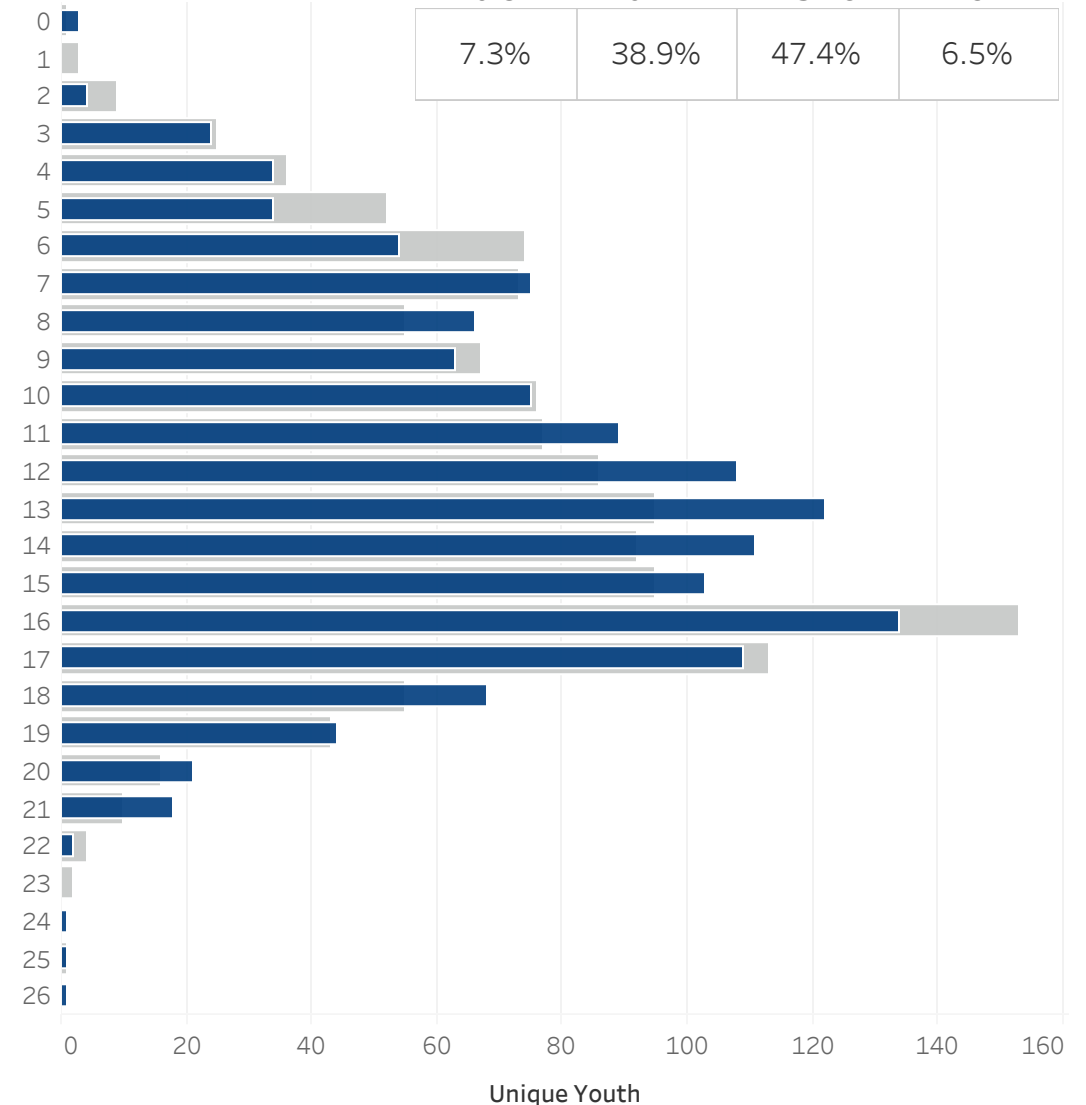
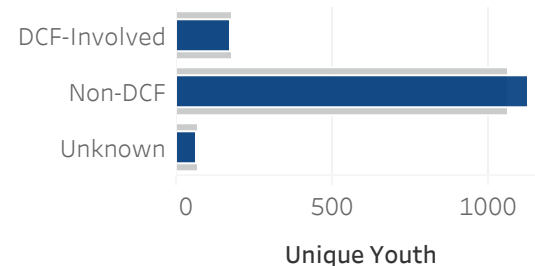
Race/Ethnicity



Gender



DCF Involvement





Youth Demographics

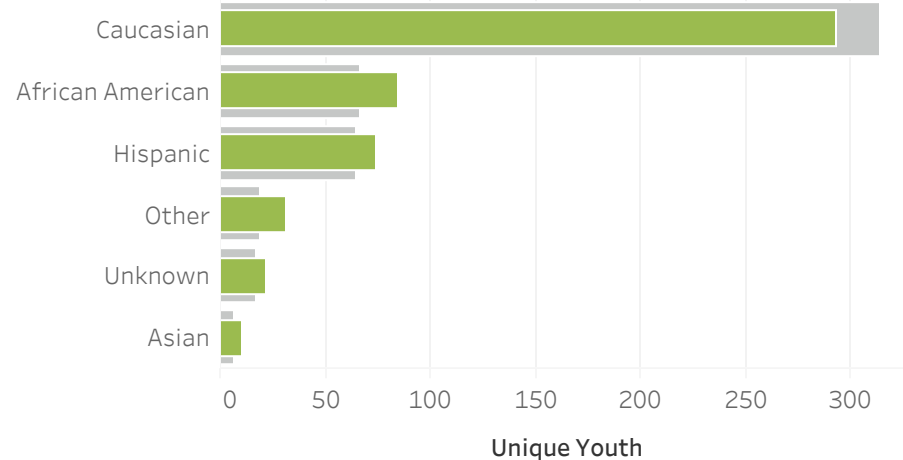
The Hartford Hospital Hub served a total of 515 unique youth in SFY 2018.

Hub-Specific Current SFY Summary

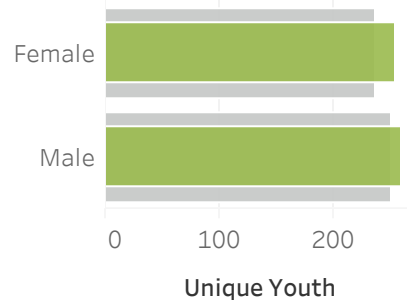
- 13-18 year-olds represented the largest portion in the current state fiscal year at **47.4%**.
- Males accounted for **50.5%** of the unique youth served.
- The majority of youth served were Caucasian at **56.9%**.

Hub's Current SFY Comparison to Last SFY (gray)

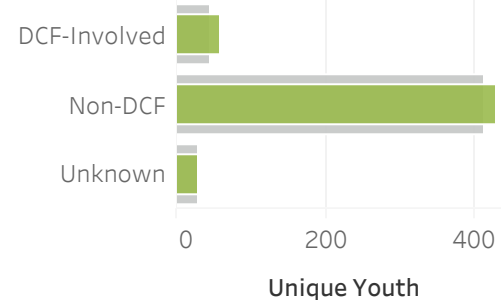
Race/Ethnicity



Gender



DCF Involvement



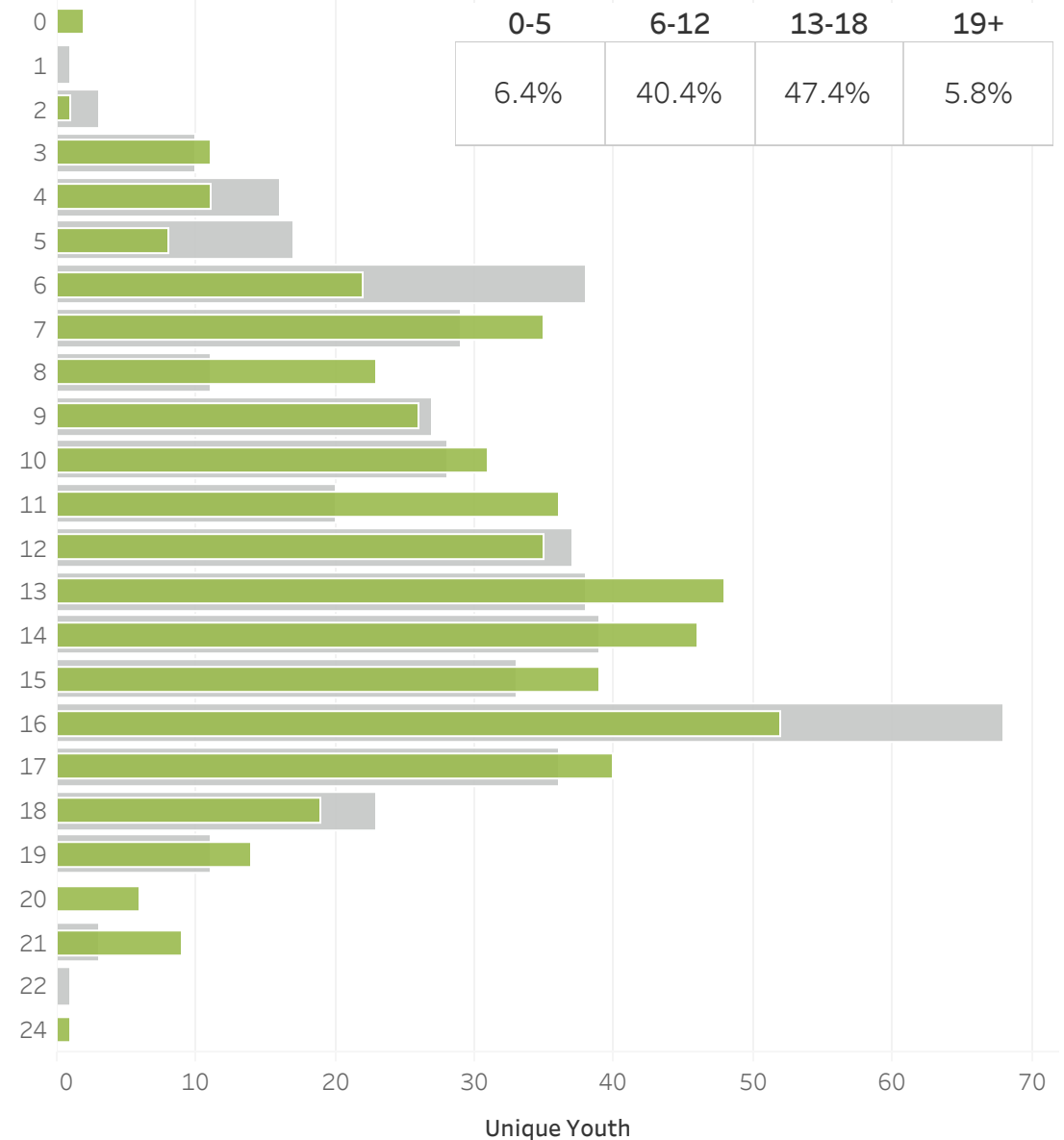
Hub Name Hartford Hospital

Select to view Current and/or Last Fiscal Year: All

Distribution of Youth by Age

Current SFY Comparison to Last SFY (gray)

Youth Served in the Current SFY 2018





Youth Demographics

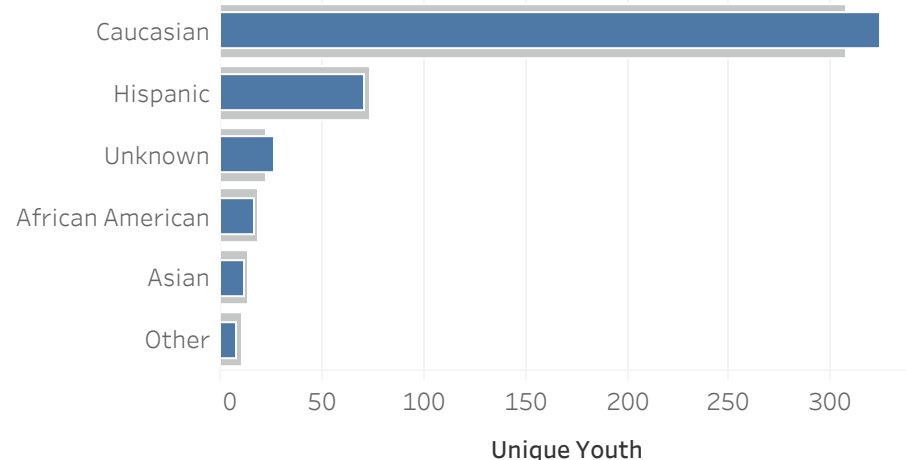
The Wheeler Clinic, Inc Hub served a total of 459 unique youth in SFY 2018.

Hub-Specific Current SFY Summary

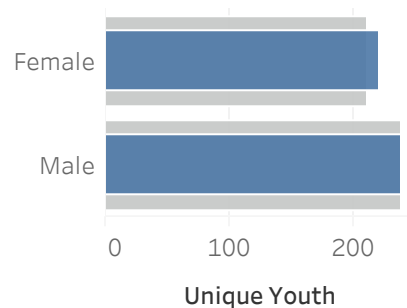
- 13-18 year-olds represented the largest portion in the current state fiscal year at **48.6%**.
- Males accounted for **51.9%** of the unique youth served.
- The majority of youth served were Caucasian at **70.6%**.

Hub's Current SFY Comparison to Last SFY (gray)

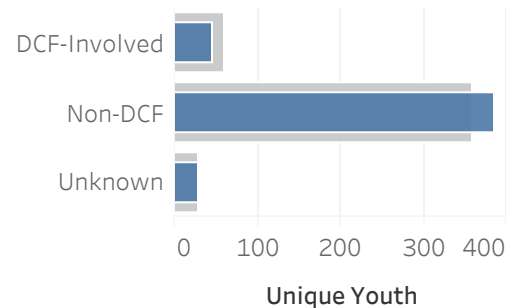
Race/Ethnicity



Gender



DCF Involvement



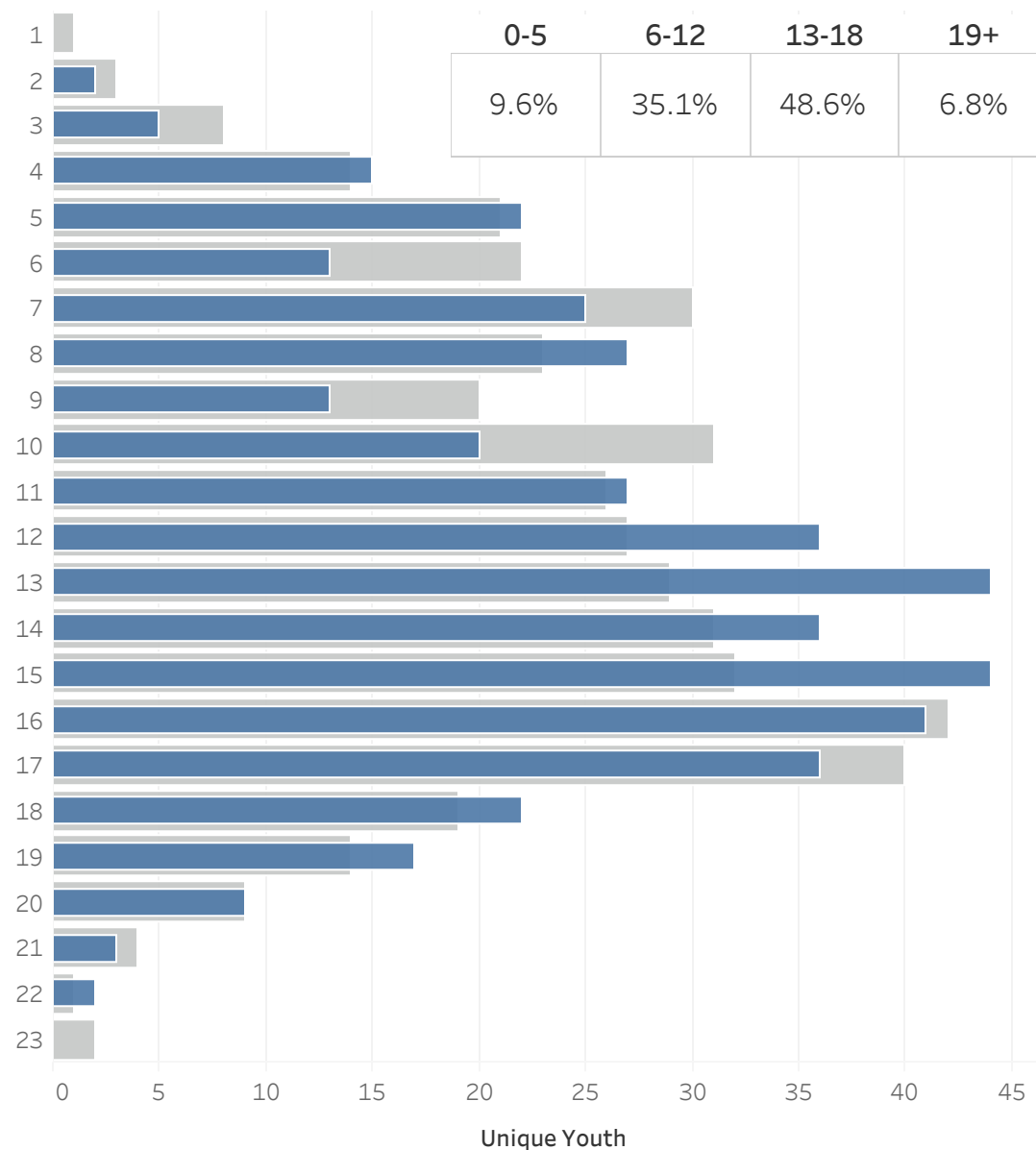
Hub Name Wheeler Clinic, Inc

Select to view Current and/or Last Fiscal Year: All

Distribution of Youth by Age

Current SFY Comparison to Last SFY (gray)

Youth Served in the Current SFY 2018





Youth Demographics

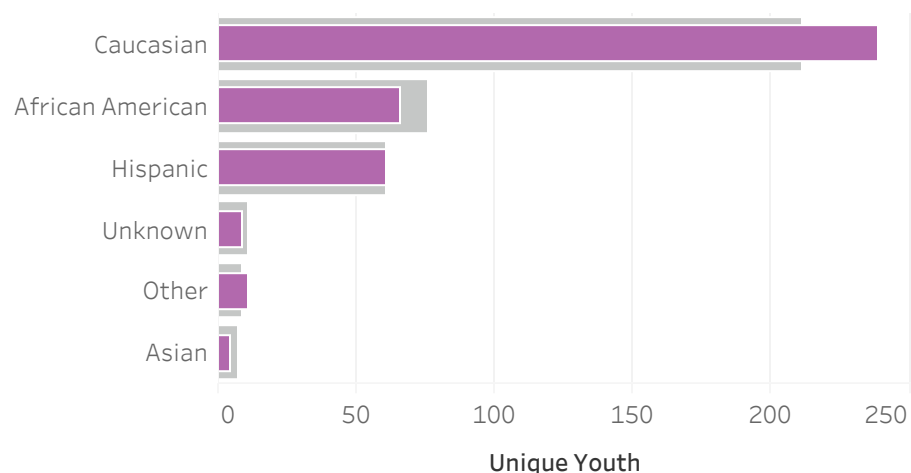
The Yale Child Study Center Hub served a total of 390 unique youth in SFY 2018.

Hub-Specific Current SFY Summary

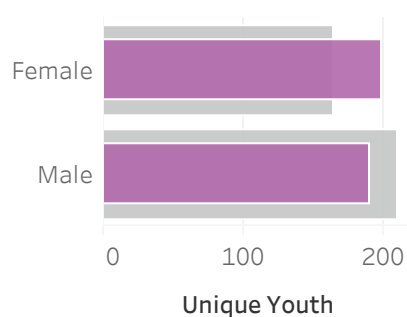
- 13-18 year-olds represented the largest portion in the current state fiscal year at **46.2%**.
- Females accounted for **51.0%** of the unique youth served.
- The majority of youth served were Caucasian at **61.3%**.

Hub's Current SFY Comparison to Last SFY (gray)

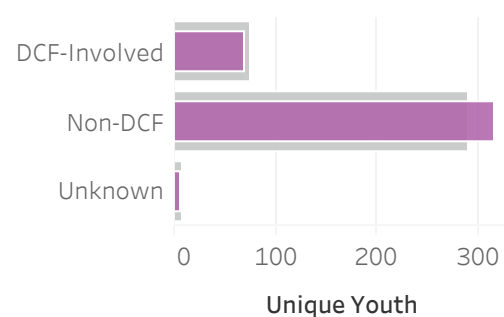
Race/Ethnicity



Gender



DCF Involvement



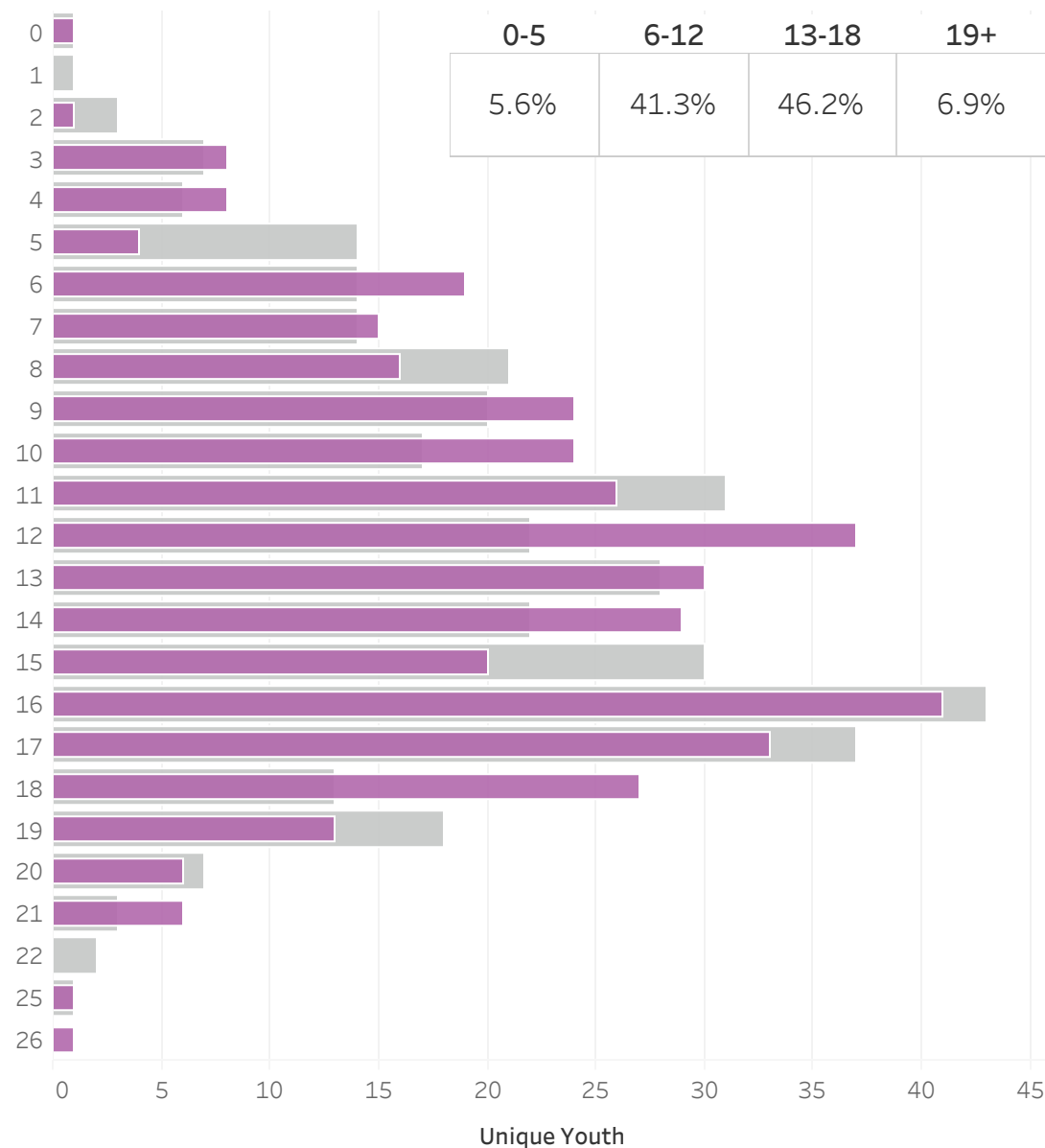
Hub Name Yale Child Study Center

Select to view Current and/or Last Fiscal Year: All

Distribution of Youth by Age

Current SFY Comparison to Last SFY (gray)

Youth Served in the Current SFY 2018





Consultative Activities

The program provided a total of 6,766 consultations in SFY 2018.

Select SFY
FY 2018

Summary
for time range selected



Average of 564 consultations per month.



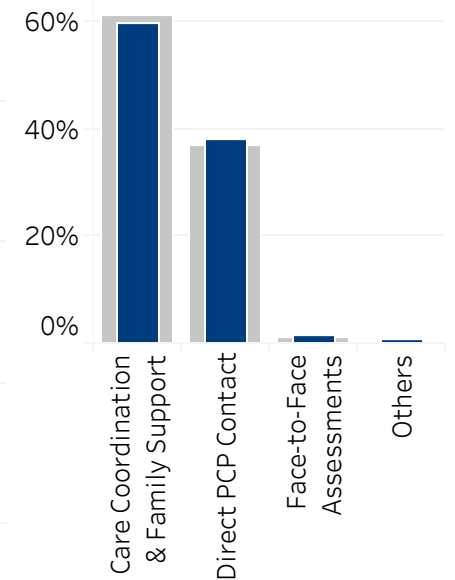
Average of 1,692 consultations per quarter.

Consultation Volume | Quarterly Over Time

Select View ▶ Quarterly Over Time



Consultation Types



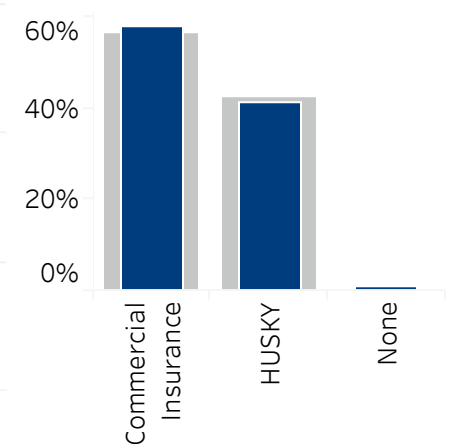
Consultation Volume | Monthly Over Time

Select View ▶ Monthly Over Time



■ Current SFY
■ Last SFY

Consultations by Insurance

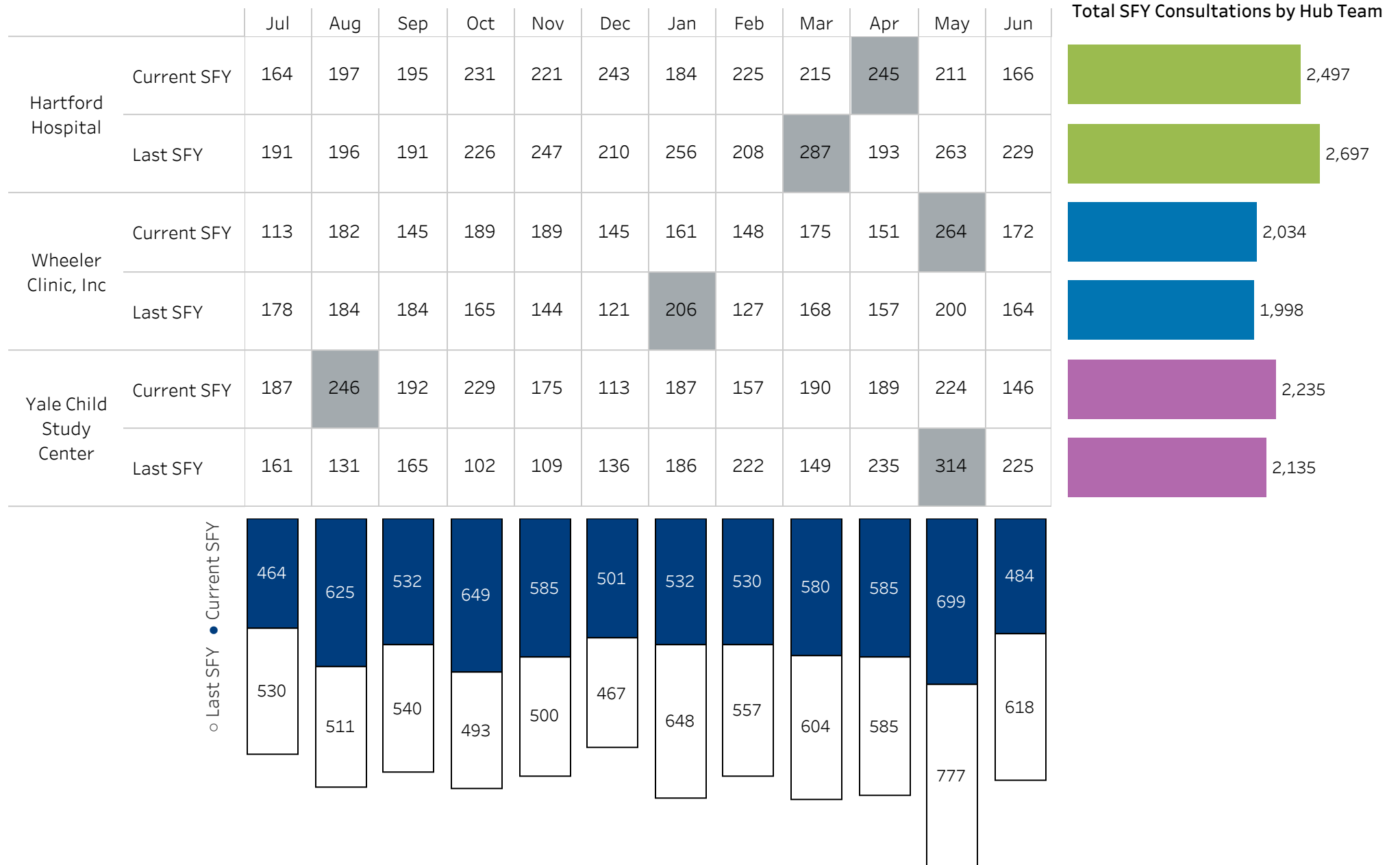


Consultative Activities

The program provided a total of 6,766 consultations in SFY 2018.

Monthly Consultations by Hub

- Month with the maximum consultations in the SFY



Consultative Activities

The Hartford Hospital Hub provided a total of 2,497 consultations in SFY 2018.

Hub Name
Hartford Hospital

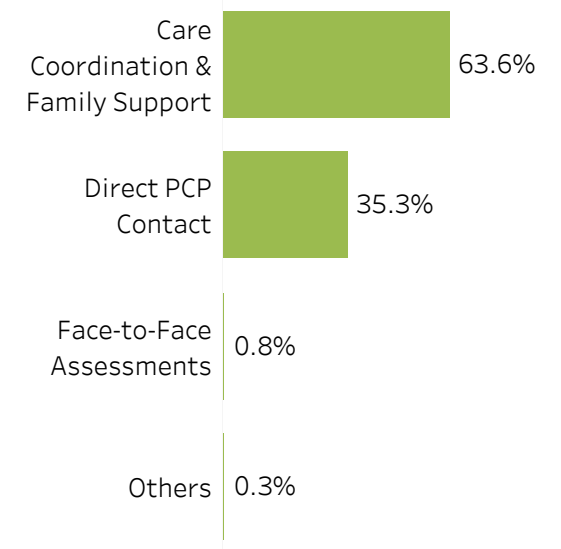
Summary for
Current SFY

→ Average of 208 consultations per month. → Average of 624 consultations per quarter.

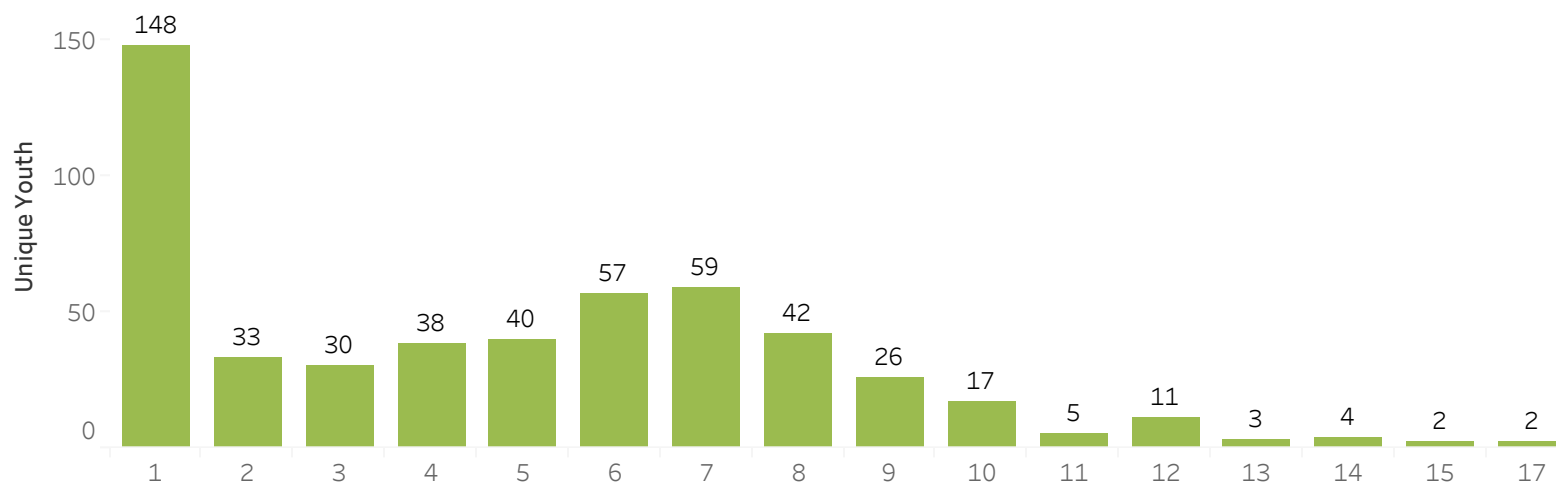
Hartford Hospital Quarterly Volume of Consultations



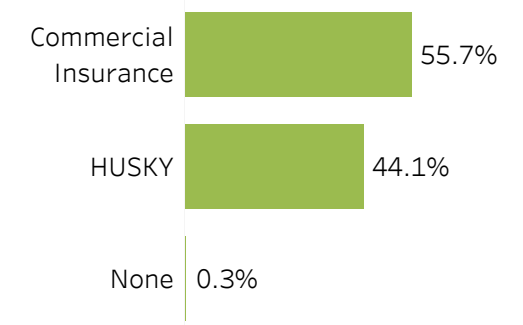
Hartford Hospital Consultation Types for Current SFY



Hartford Hospital Consultation Frequency for Current SFY



Hartford Hospital Consultations by Insurance for Current SFY



Consultative Activities

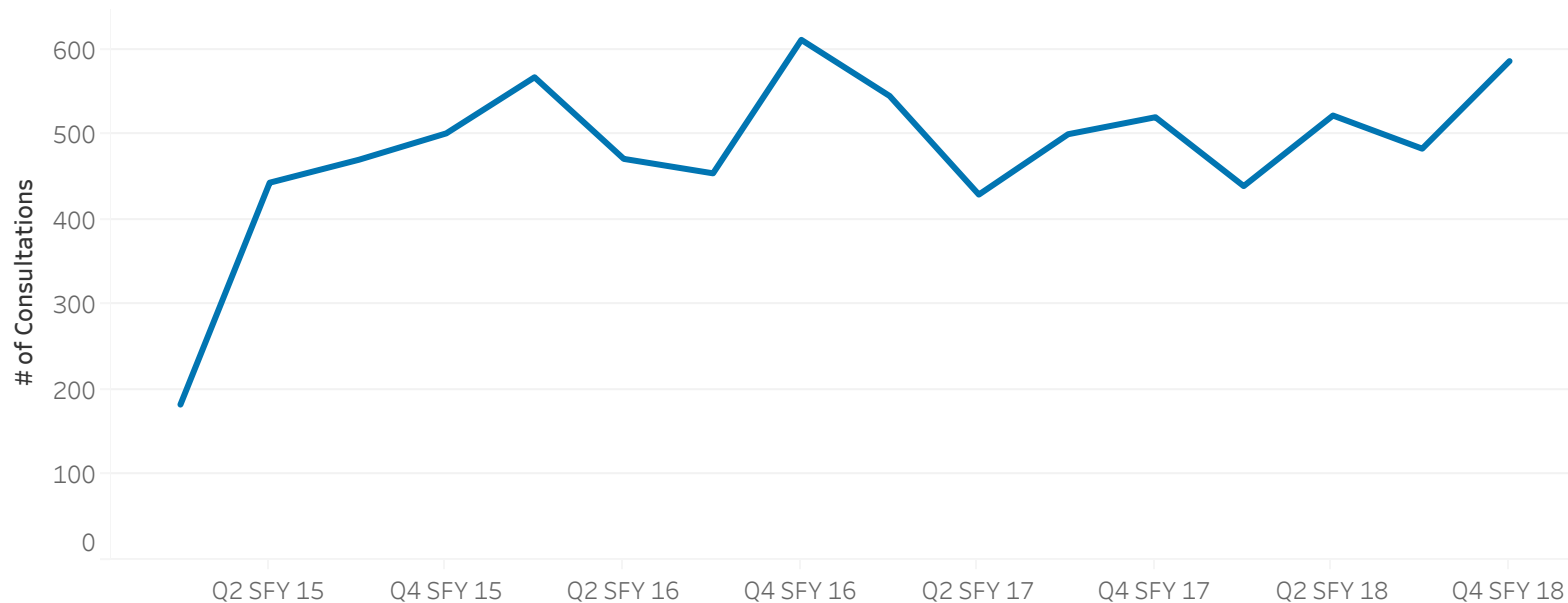
The Wheeler Clinic, Inc Hub provided a total of 2,034 consultations in SFY 2018.

Hub Name
Wheeler Clinic, Inc

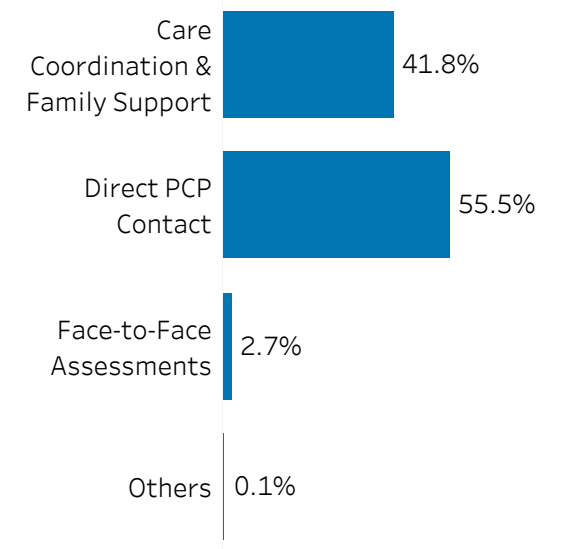
Summary for
Current SFY

→ Average of 170 consultations per month. → Average of 509 consultations per quarter.

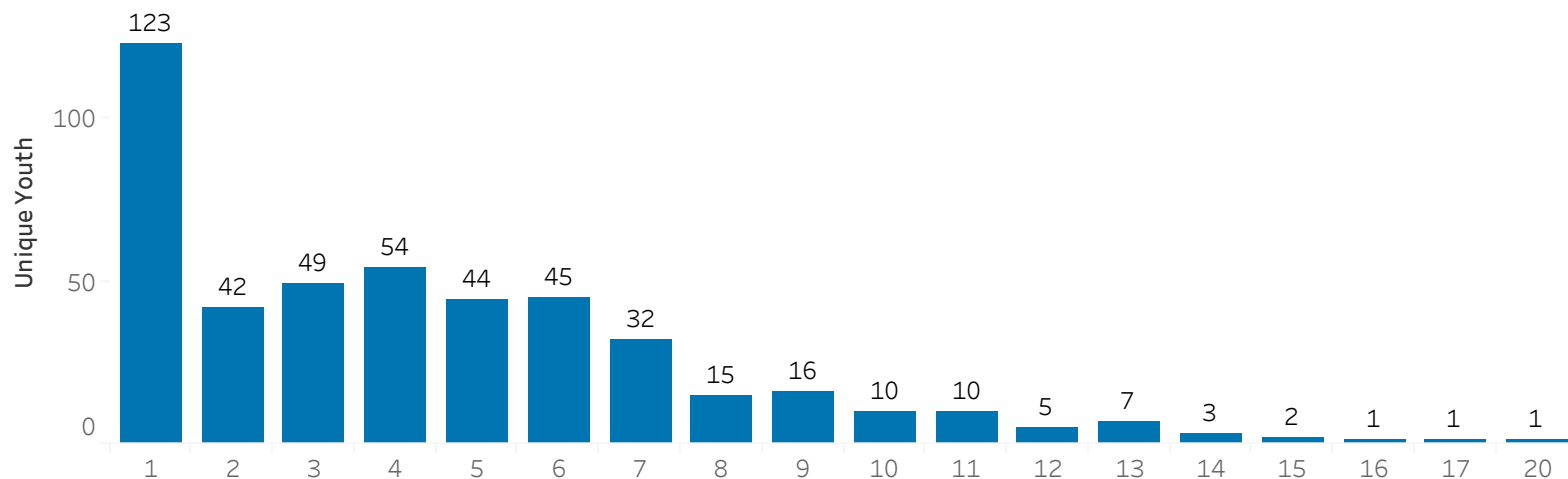
Wheeler Clinic, Inc Quarterly Volume of Consultations



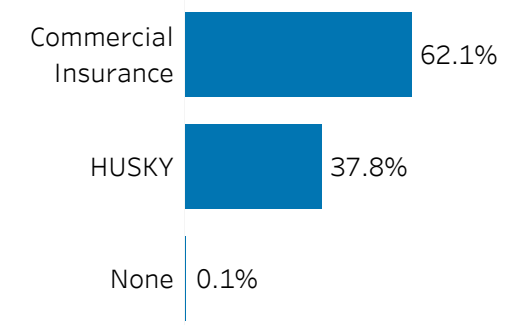
Wheeler Clinic, Inc Consultation Types for Current SFY



Wheeler Clinic, Inc Consultation Frequency for Current SFY



Wheeler Clinic, Inc Consultations by Insurance for Current SFY



Consultative Activities

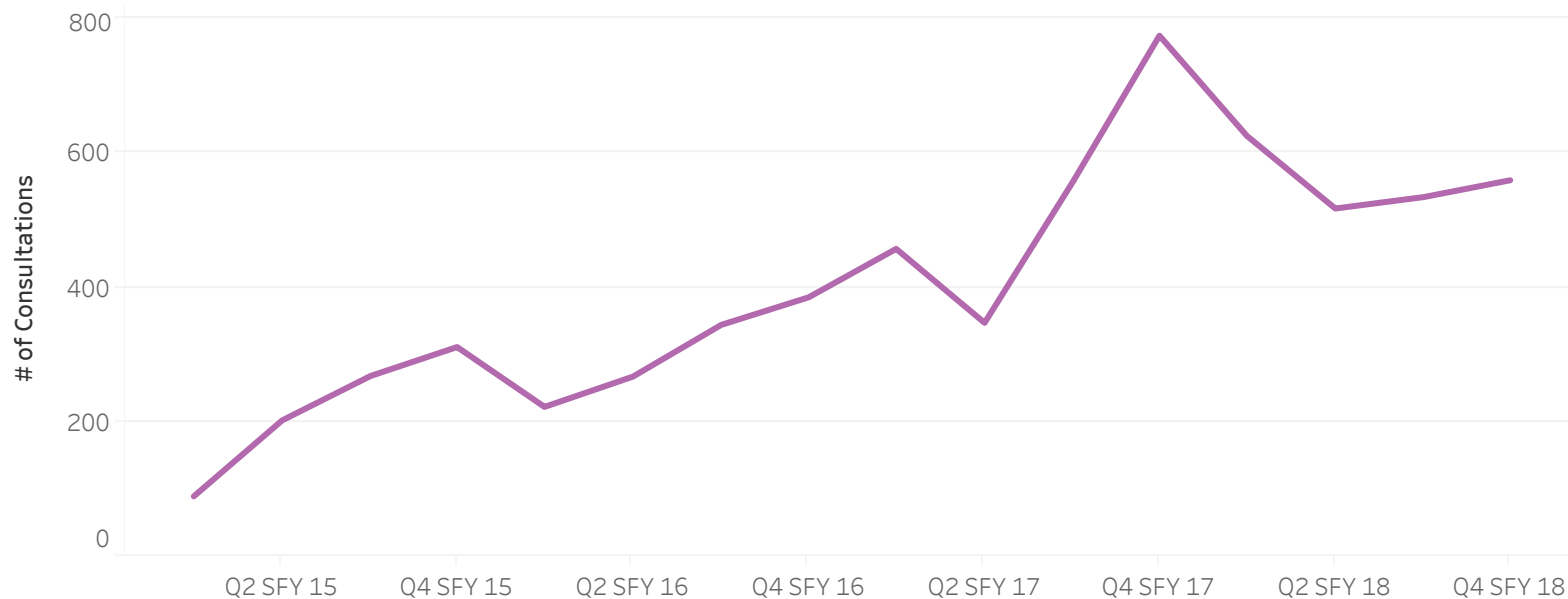
The Yale Child Study Center Hub provided a total of 2,235 consultations in SFY 2018.

Hub Name
Yale Child Study Center

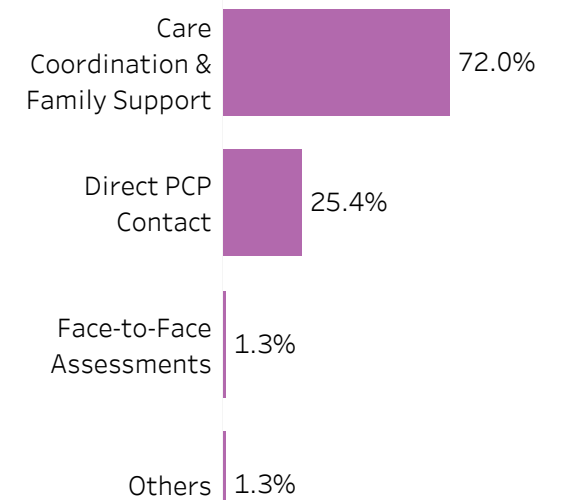
Summary for
Current SFY

→ Average of 186 consultations per month. → Average of 559 consultations per quarter.

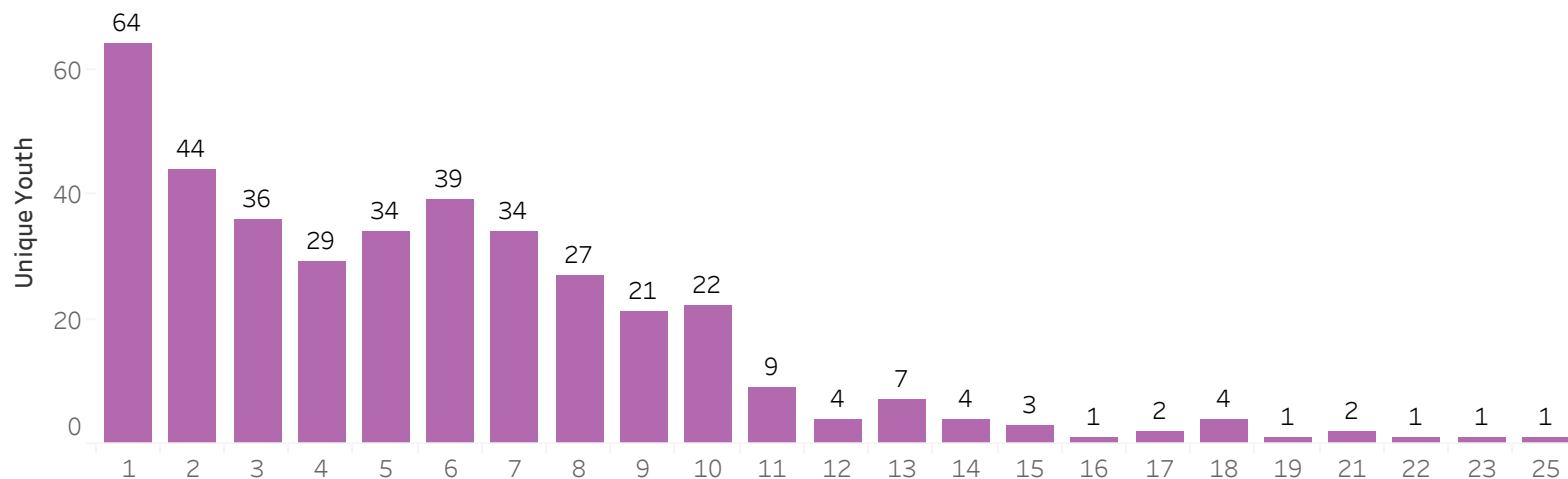
Yale Child Study Center Quarterly Volume of Consultations



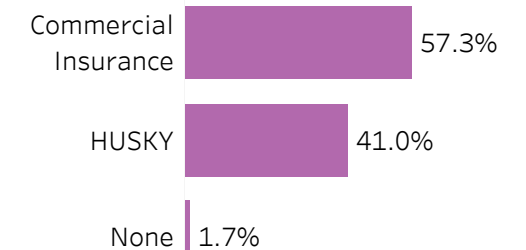
Yale Child Study Center
Consultation Types for Current SFY



Yale Child Study Center Consultation Frequency for Current SFY



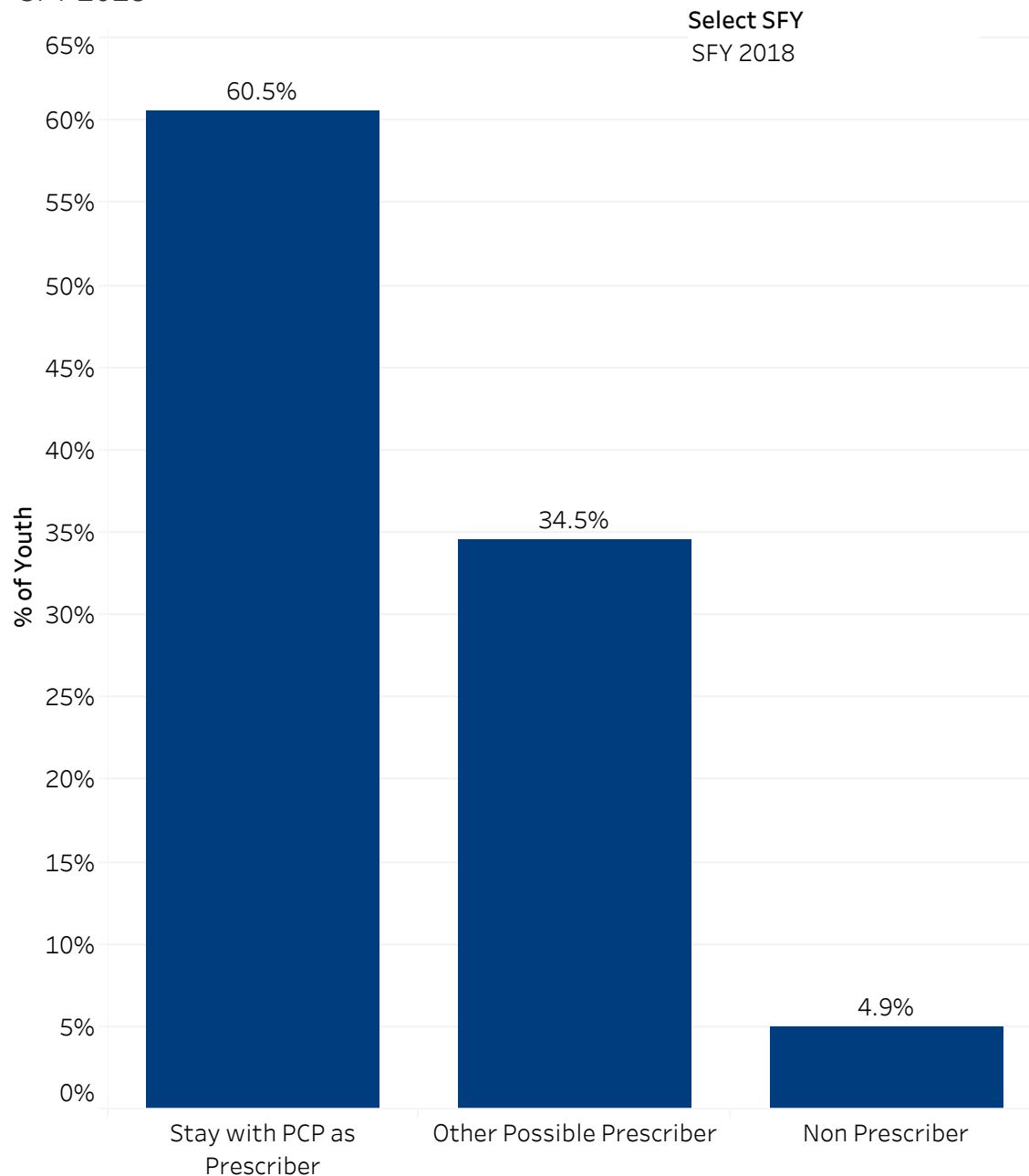
Yale Child Study Center
Consultations by Insurance for
Current SFY



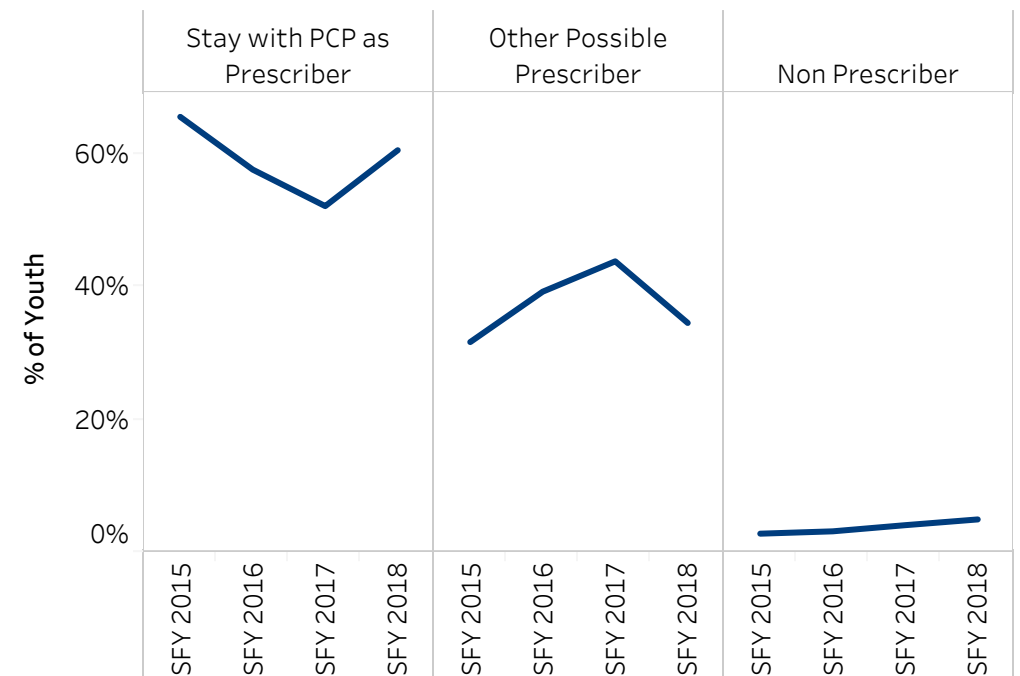
Primary Care Prescribing

STATEWIDE

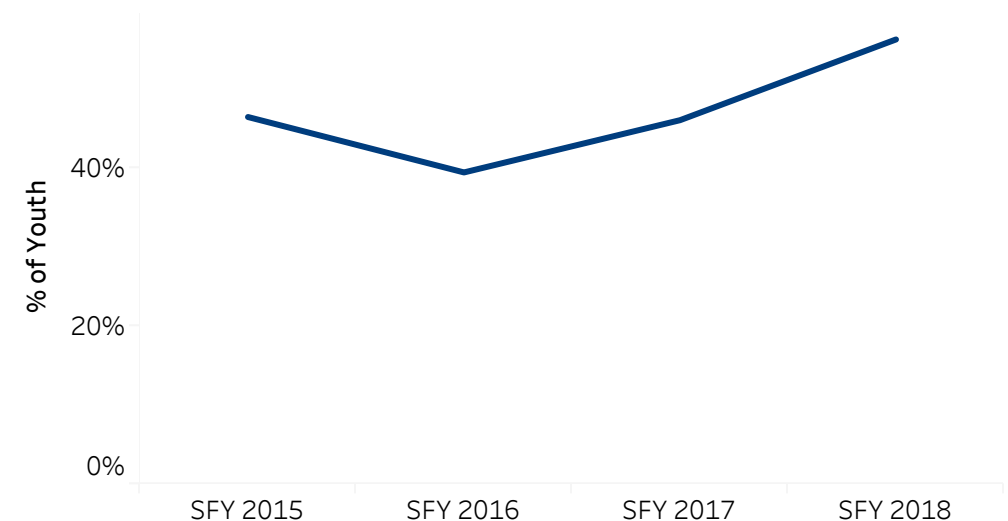
Statewide Outcomes for Youth Subject to Medication Consultation
SFY 2018



Outcomes for Youth Subject to Medication Consultation



Outcomes for Youth Subject to a Medication Consultation: PCP Acts As Interim Bridge Prescriber



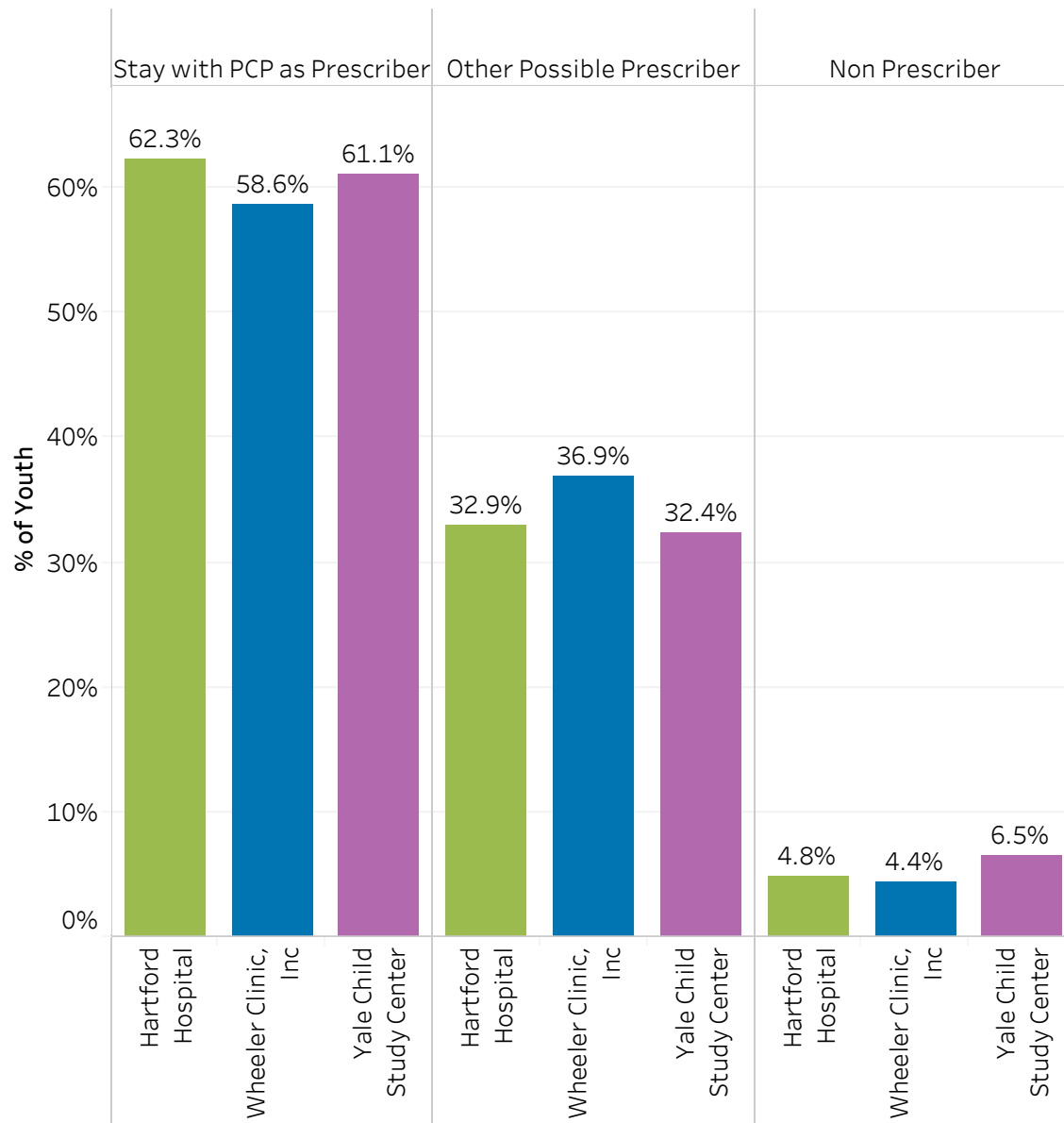
Primary Care Prescribing

HUB SPECIFIC

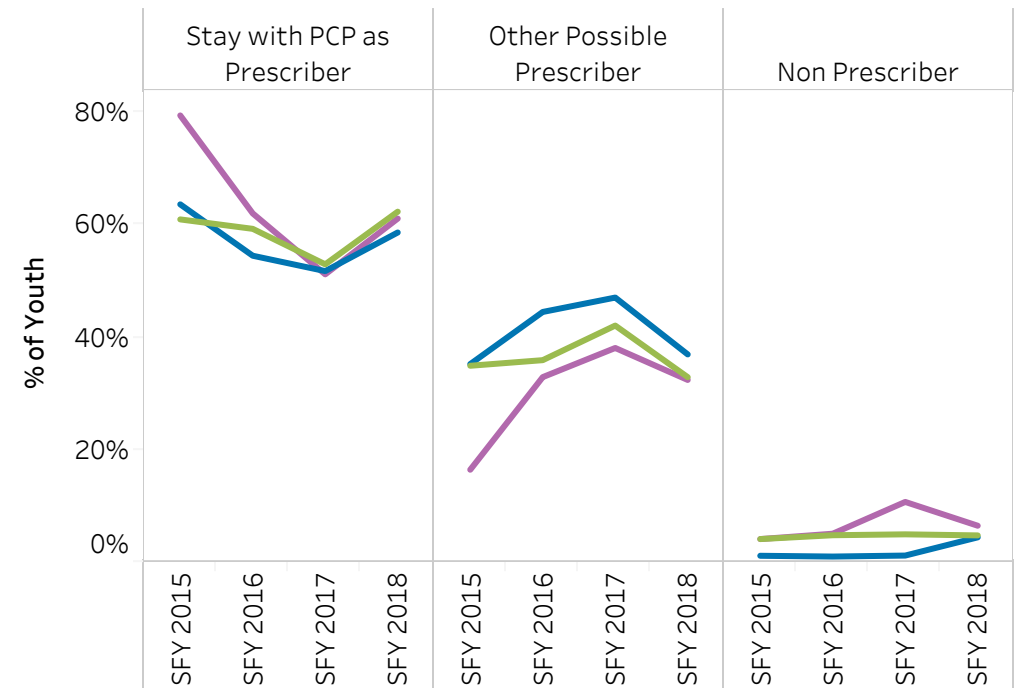
Select SFY
SFY 2018

Hartford Hospital Wheeler Clinic, Inc Yale Child Study Center

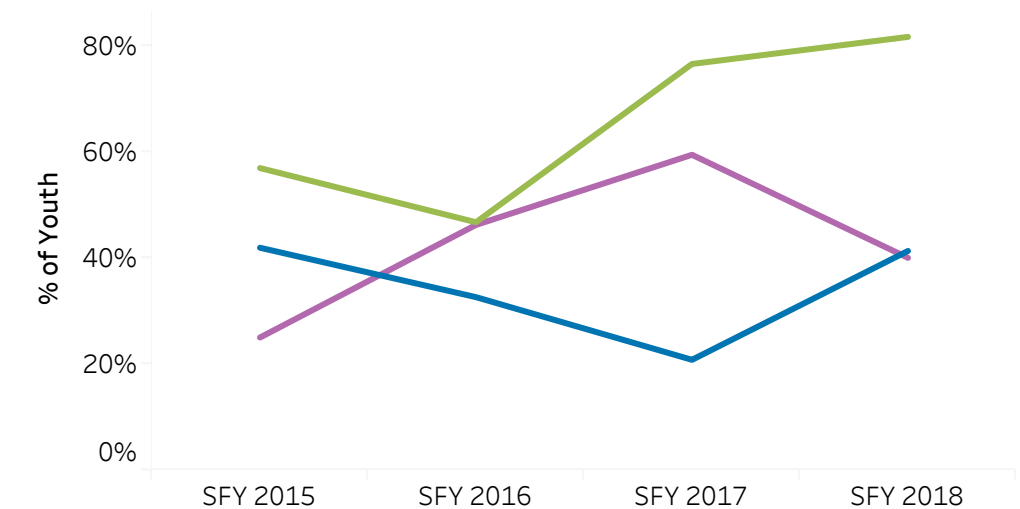
Outcomes for Youth Subject to Medication Consultation
SFY 2018



Outcomes for Youth Subject to Medication Consultation



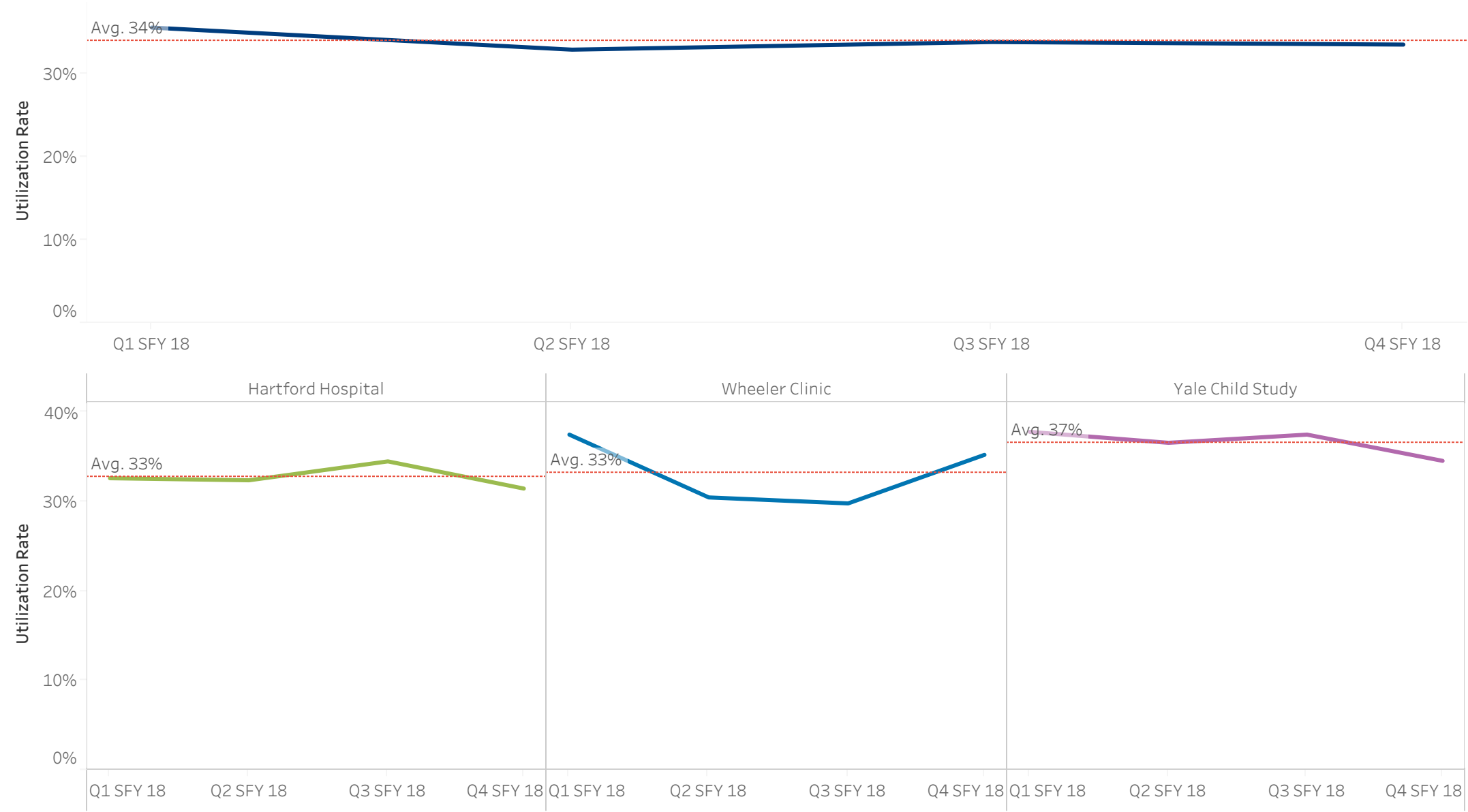
Outcomes for Youth Subject to a Medication Consultation: PCP Acts As Interim Bridge Prescriber



Practice Utilization

Select Fiscal Year(s)
FY 2018

Statewide Quarterly Practice Group Utilization Rate
Q1 SFY 18 to Q4 SFY 18



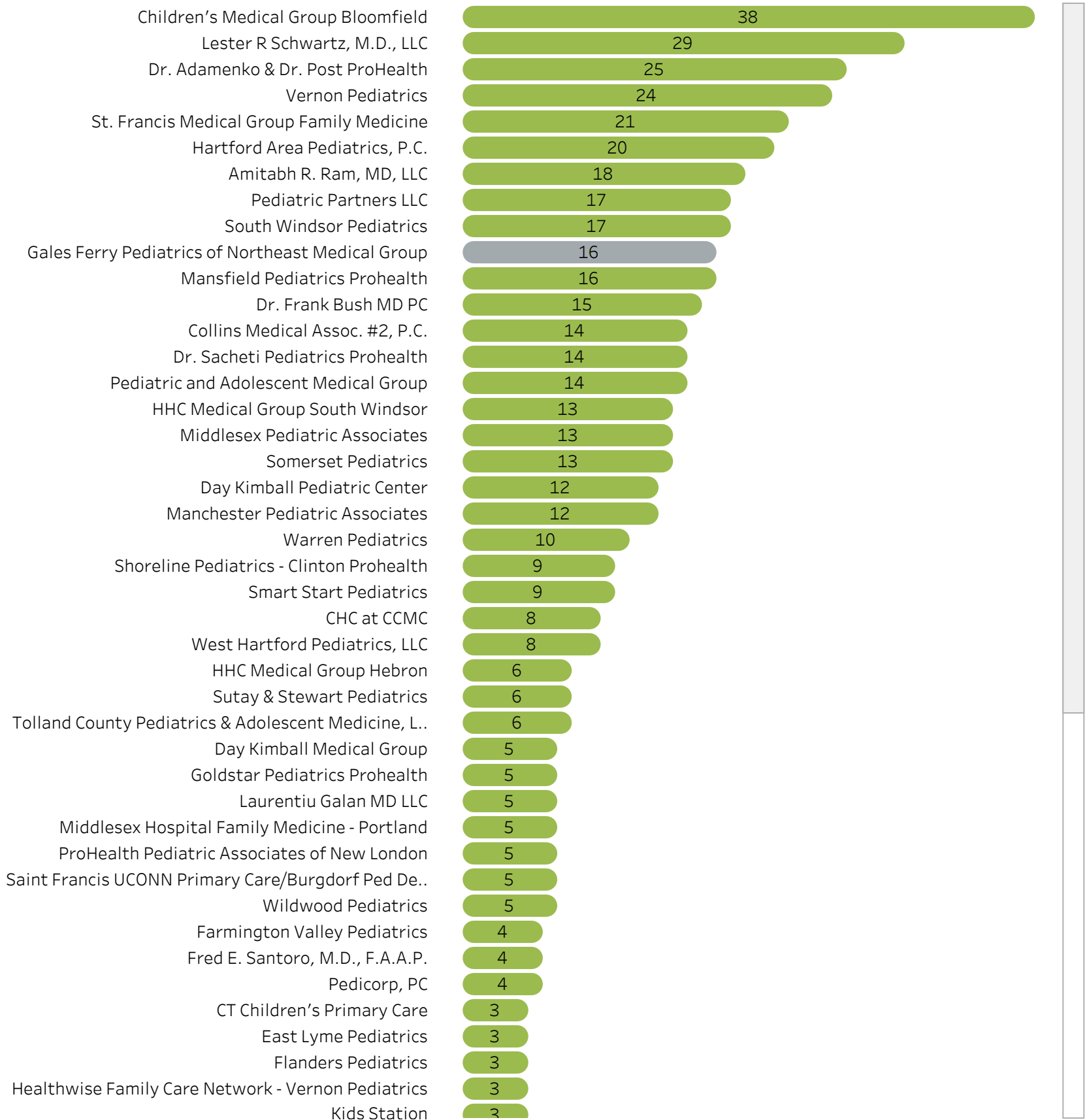
Youth Served by Practice

Hub Name Hartford Hospital

Hartford Hospital

Number of Youth Served by Practice - SFY 2018

• New User of Program



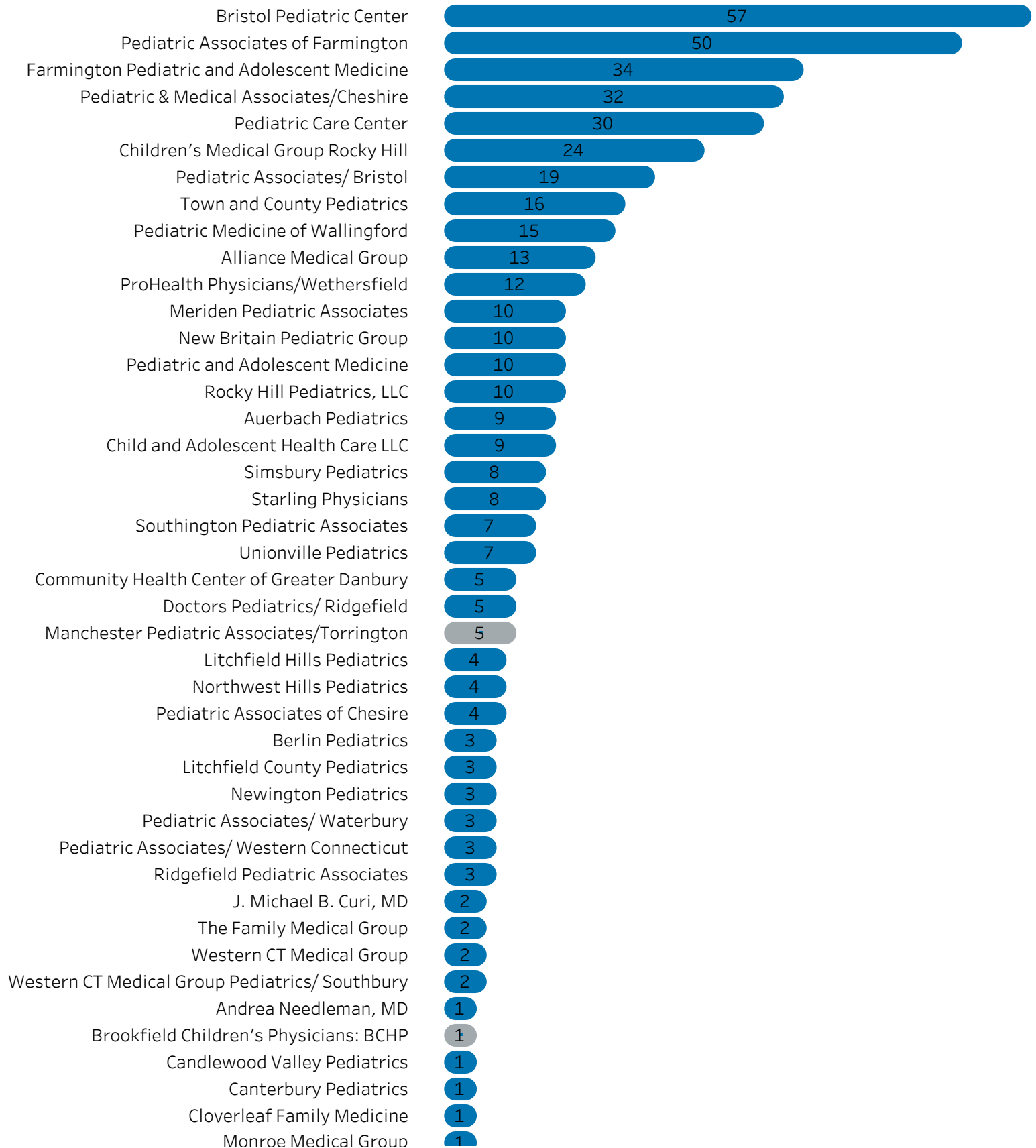
Youth Served by Practice

Hub Name Wheeler Clinic, Inc

Wheeler Clinic, Inc

Number of Youth Served by Practice - SFY 2018

• New User of Program



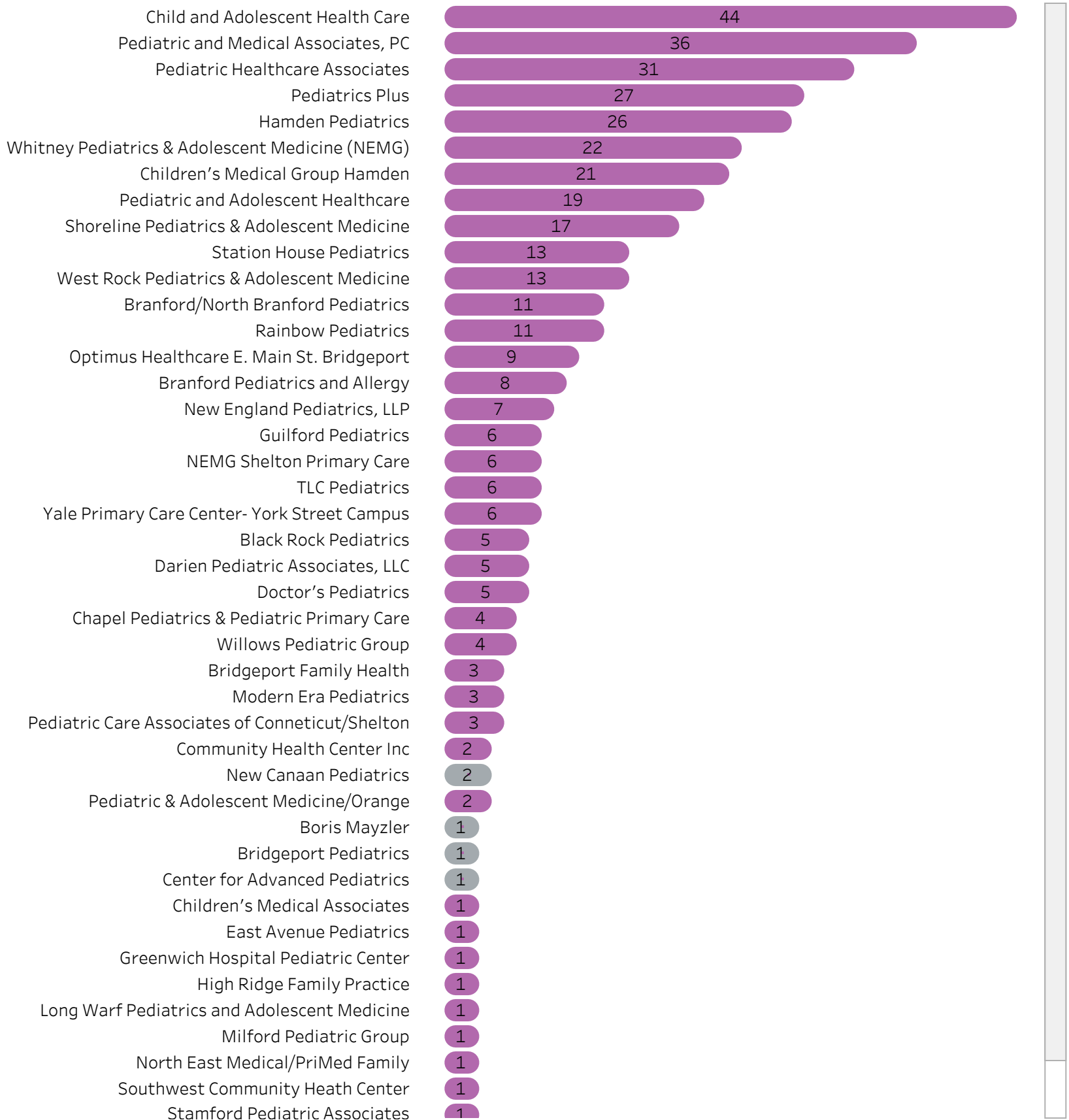
Youth Served by Practice

Hub Name Yale Child Study Center

Yale Child Study Center

Number of Youth Served by Practice - SFY 2018

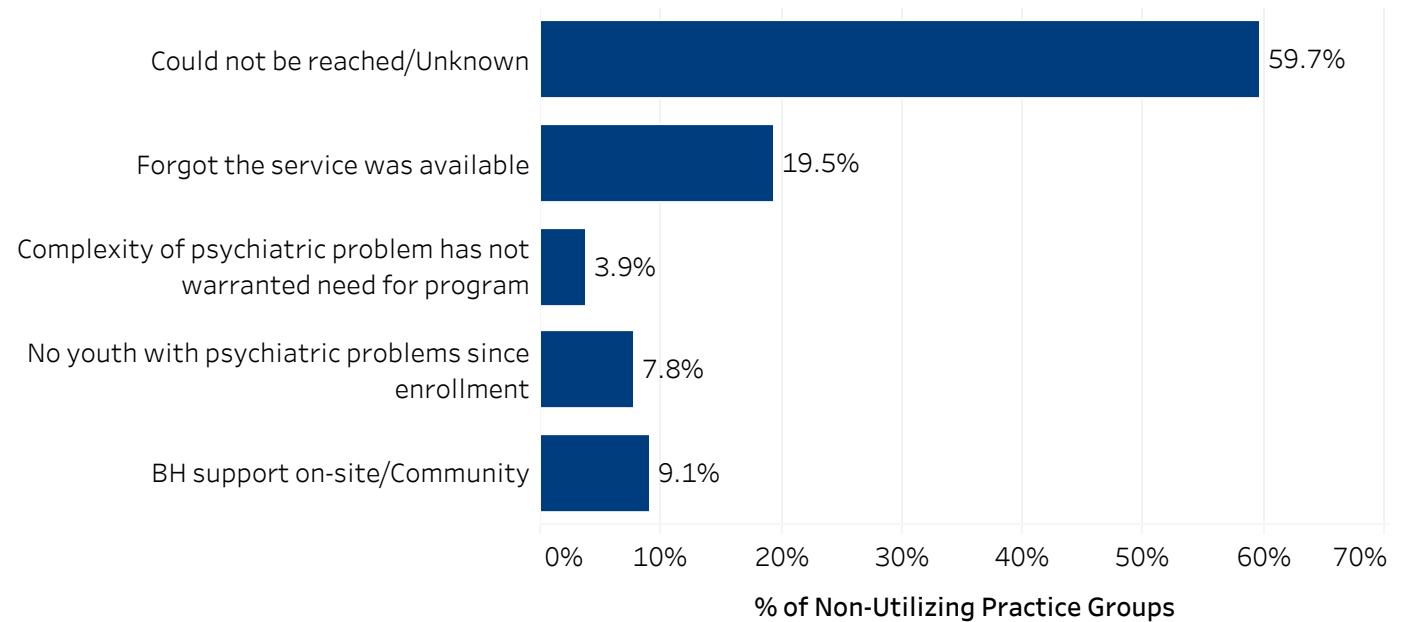
• New User of Program



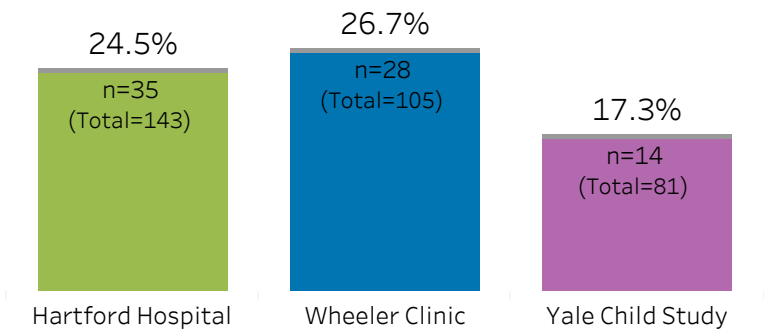
Practice Non-Utilization

Of all enrolled practice groups in SFY 2018 (329),
23.4%
 (77 practices) did not utilize the service.

Practice Group Non-Utilization Reasons SFY 2018

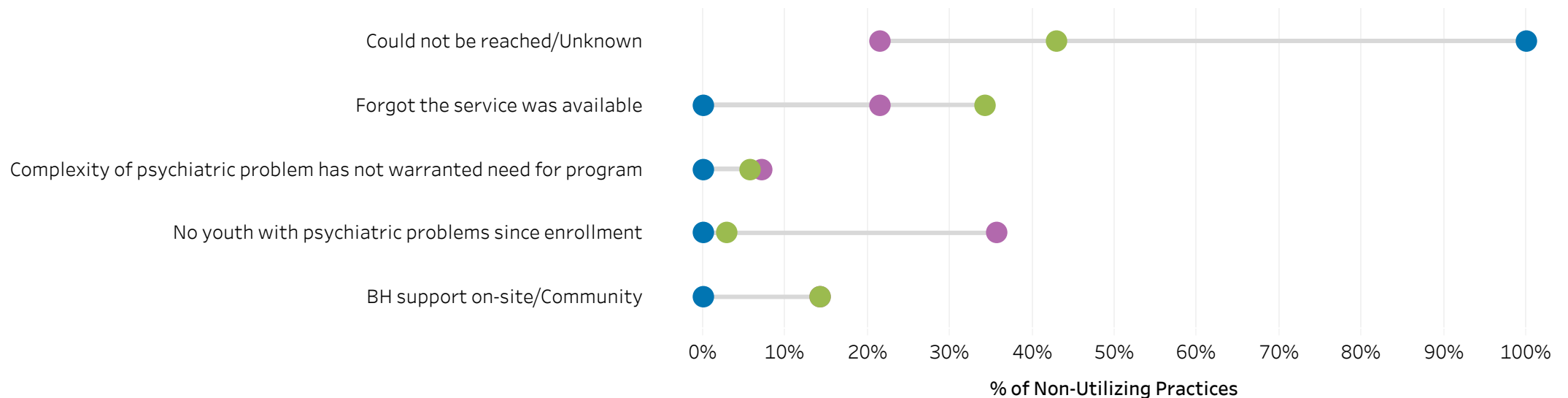


Non-Utilization by Hub for SFY 2018



Practice Group Non-Utilization Reasons by Hub for SFY 2018

● Hartford Hospital ● Wheeler Clinic ● Yale Child Study



Program Satisfaction

Click to
view Hub
details



PCP Satisfaction Scores

● Average score of 5 (≥ 4.995)

	Q1 SFY 17	Q2 SFY 17	Q3 SFY 17	Q4 SFY 17	Q1 SFY 18	Q2 SFY 18	Q3 SFY 18	Q4 SFY 18
Hartford Hospital	5.00	4.98	4.97	4.98	4.99	4.99	5.00	4.99
Wheeler Clinic, Inc	4.99	4.99	5.00	5.00	4.99	5.00	5.00	5.00
Yale Child Study Center	5.00	5.00	5.00	5.00	5.00	5.00	5.00	4.99
Grand Total	4.99	4.99	4.98	5.00	4.99	5.00	5.00	4.99

Count per PCP Score for All

● 99% or more received a score of 5

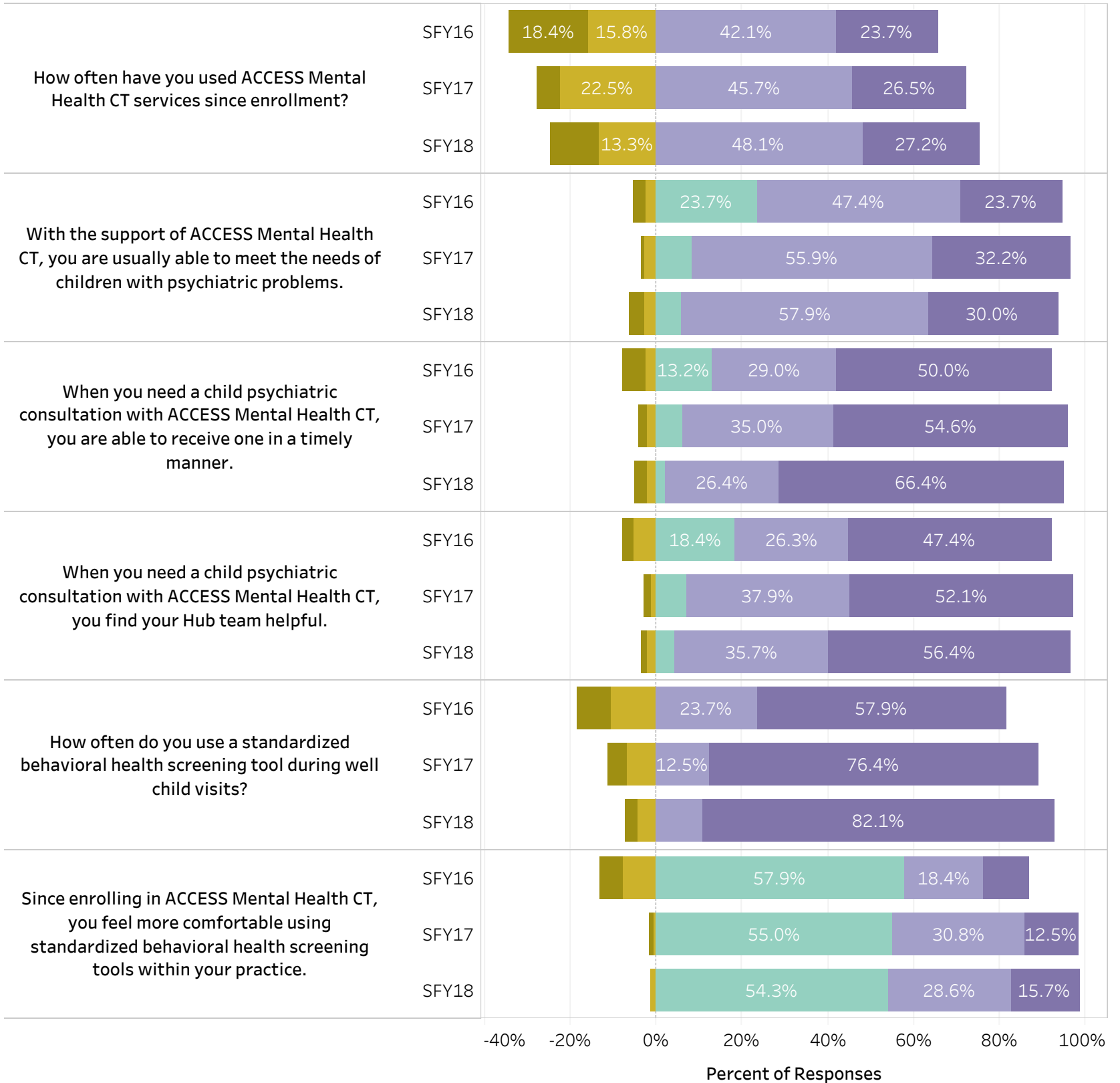
Satisfaction Score

	Q1 SFY 17	Q2 SFY 17	Q3 SFY 17	Q4 SFY 17	Q1 SFY 18	Q2 SFY 18	Q3 SFY 18	Q4 SFY 18
3	1	1	3	5		3		1
4	12	20	13	14	23	3	6	13
5	1,568	1,439	1,793	1,961	1,598	1,729	1,636	1,754
Grand Total	1,581	1,460	1,809	1,980	1,621	1,735	1,642	1,768

Annual Survey

Disagree/Seldom ● Strongly Agree/Often
Strongly Disagree/Never ● Agree/Sometimes
● Neither Agree Nor Disagree

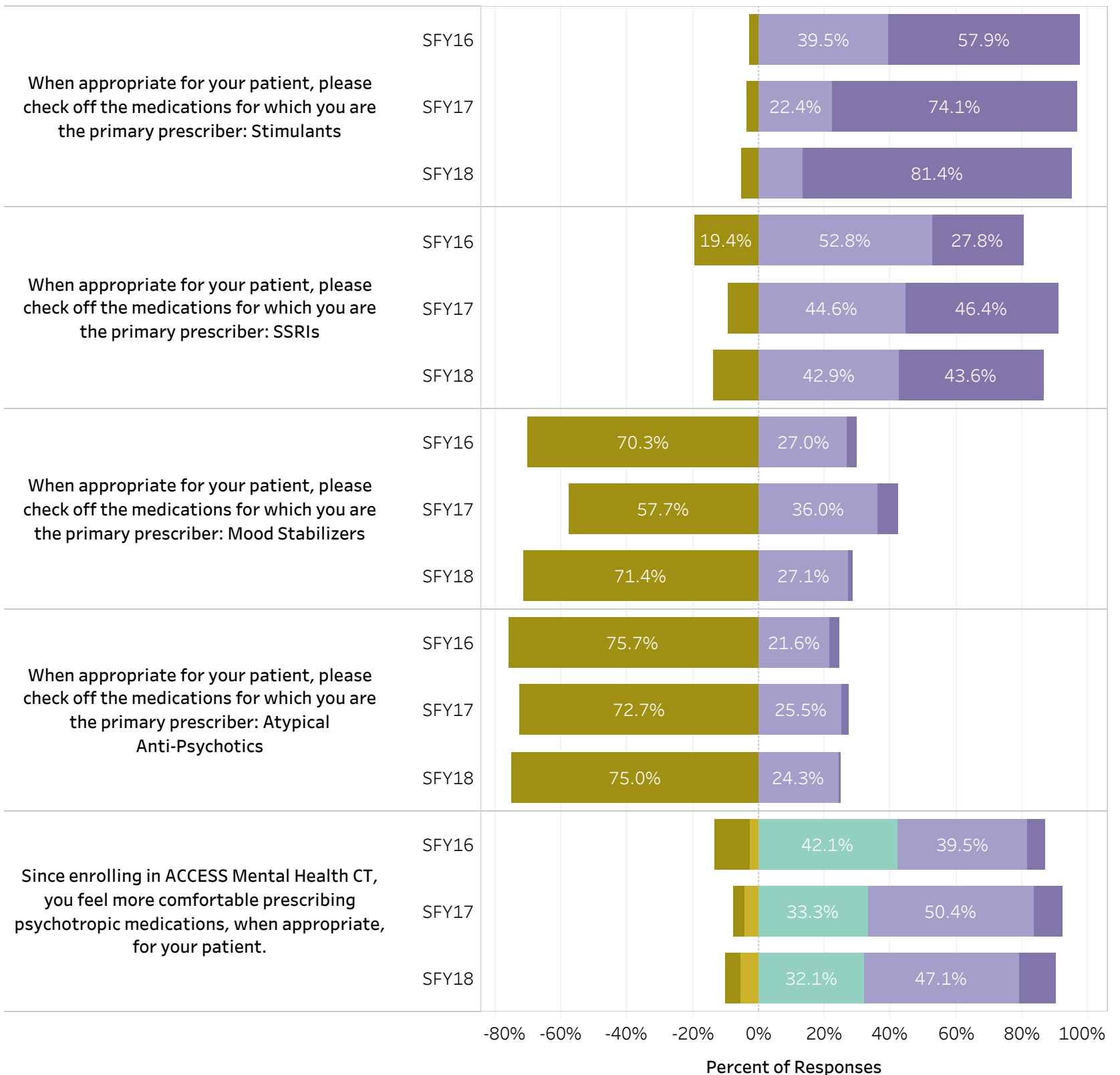
Access to and Use of ACCESS MH Services



Annual Satisfaction Survey

Disagree/Seldom ● Strongly Agree/Often
 Strongly Disagree/Never ● Agree/Sometimes
 Neither Agree Nor Disagree

Access to and Use of ACCESS MH Services



Program Feedback

The following feedback was gathered from the SFY'18 annual surveys, practice on-site visits, and case specific consultations throughout the year:

"The program is excellent and, as far as I'm concerned, needs no change. Keep up the GREAT work!" ~ Pediatrician, Bloomfield CT

"You guys (at ACCESS MH) are awesome, the only way you could be more awesome is to also help with young adults!" ~PCP, New Britain CT

"Very helpful!! Thank you so much!!" ~Pediatrician, Darien CT

"I'm generally pleased and grateful to have ACCESS Mental Health available. The consultations are always helpful." ~ Pediatrician, Woodbridge CT

"I have found it extremely helpful to use ACCESS MH when I find myself unable to access a provider in a timely manner, or when I have difficult decisions to "run by" a psychiatrist. Thank you for your commitment to the community physicians." ~ Pediatrician, West Hartford CT

"Honestly, I didn't even know you guys exist but the fact that you called me three times to follow up and offer support was amazing. Otherwise I would feel lost." ~Parent, Wheeler Clinic Hub Area

"Your help has been invaluable in helping our kids get care. When I make my referrals to you I know my families will be in good hands. Thank you!" ~ APRN, Stratford CT

"Thank you so much for all of your help and follow-up, we were becoming so frustrated and discouraged when attempting to find resources and are happy that we can connect with you to help us through this process." ~ Family, Hartford Hospital Hub Area

"ACCESS MH has made me more cognizant to address issues of my patients with behavioral health. Knowing that I have a psychiatrist available to call and consult with makes me confident to prescribe medications under their guidance" ~PCP, Bristol CT

"Excellent Program!! Would like to have them personally evaluate more patients even if for 2-3 visits." ~Pediatrician, Norwalk CT

"Keep it up!!!" ~ Pediatrician, Putnam CT

"I believe that this service is one of a kind" ~ Pediatrician, Farmington CT

"This program service is invaluable. Always have had prompt responses from the intake personnel and psychiatrists." ~ APRN, Bloomfield CT

"Excellent! Thank you!" ~ Pediatrician, Fairfield CT

Program Feedback

"I really appreciate your support and was amazed with how quickly you reached out and how you continue to follow-up. If I ever win the lottery your program would be one of the first I donate to." ~Family, Hartford Hospital Hub Team

"It's wonderful to have immediate medication consultation and assistance of medication initiation. There's still lack of access to a continuum of services for more complex patients" ~ Pediatrician, Avon CT

"Our Hub psychiatrist was able to help me decide on the appropriate medication and a plan for initiating the medication. More than just telling me to start a particular medication, she listened to me and we had a collegial discussion. I will feel more confident when faced with a similar patient in the future." ~Pediatrician, Hartford Hub Area

"I feel like I'm being heard with you guys (ACCESS MH) and I'm not on some list and forgotten about, I appreciate you checking in with me." ~Parent, Wheeler Clinic Hub Area

"Very helpful!!!!" ~ Pediatrician, Vernon CT

"I feel like I have better resources at my disposal now when screens are positive" ~ Pediatrician, Madison CT

"If you guys go away, I would cry!" ~Pediatrician, Rocky Hill CT

"I would like to acknowledge our Hub psychiatrist for the professional and thoughtful manner she has assisted me in the care of my patients. I am a pediatrician practicing in Mansfield Connecticut and behavioral health resources are limited in my area. Having our Hub psychiatrist available through the ACCESS Mental Health program has allowed me to help my patient without having them travel a great distance or wait a long time. Every provider I have come in contact through the program has been great. Thank you."
~Pediatrician, Mansfield CT

"5 Stars! I don't know how to thank you enough for finding/helping with access to mental health" ~ Pediatrician, Woodbridge CT

"I am very grateful for the (ACCESS MH) support and services" ~Parent, Yale Child Study Center Hub Area

"You guys are just amazing. I could not imagine doing the medication for my patients and understanding my genomic testing if I could not call into you. Thank you so much." ~PCP, Hartford Hospital Hub Area

"ACCESS MH has an enormously positive impact on the lives of children. This service is invaluable! I am very grateful to have this access - Thank you!!" ~ Pediatrician, Farmington CT

"Been great - helpful, timely, been able to fit in one time evaluations which have been wonderful - patients and families are so thankful and love the AMH providers. This has been a great asset! I feel like I can provide better care and support to my patients." ~ Pediatrician, Weatogue CT

Case Vignettes

The following vignettes were provided by the Hub teams as part of their SFY'18 annual assessment submissions to Beacon's Central Administrative Team

Case #1

Pediatrician called about a 13 year old female struggling with significant anxiety resulting in nausea and increasing food avoidance. PCP reported that she had recently lost 5-6 pounds and her BMI was 14.5. PCP had already referred patient to therapy and nutrition and planned to see patient every 1-2 weeks for a weight check. PCP had spoken to the therapist who suggested a medication trial and PCP called ACCESS to review SSRIs and to consider options and how to best titrate. ACCESS MD reviewed options and PCP felt most comfortable with Lexapro. They reviewed a standard titration schedule starting with 1cc for the first week, 2cc for the second week and 2.5cc thereafter. ACCESS MD also reviewed how to discuss the black box warning, how to review side effects, how to assess risk and how to follow-up as per standards of care. PCP assessed for risk and for SI, which was not present. ACCESS MD also reviewed criteria for more intensive care, if needed, and how to determine if patient was also struggling with Avoidant Restrictive Food Intake Disorder.

Case #2

PCP called ACCESS MD about seeking appropriate services for a 16-year-old patient due to issues of depression and anxiety and intrusive thoughts. It was unclear if these intrusive thoughts were due to anxiety or psychosis. Face to face consultation was arranged to assist with diagnostic clarification and treatment recommendations. Patient had been getting increasingly anxious over the course of last few months and had "issues with food." She had stopped eating food from outside as she was fearful that it may be bad or even poisoned. She would take food from home to eat during lunch in school. Even if she had to buy food in school it had to be packaged and sealed and she would not eat food that was cooked and being soaked in the kitchen of cafeteria in school. She was even questioning the food being cooked in her home by her parent. She reported anxiety attacks happening frequently along with multiple worries. She was on the swim team of her high school and was excessively worried before swim meets. She worried that her swimming accessories would break and fall while she was swimming.

Though initially it was difficult to tease out anxiety versus psychosis, upon detailed history taking it became evident that intense anxiety was the primary cause of her "paranoia." After the consultation clarifying diagnosis and treatment options the PCP agreed to continue to manage medication with ACCESS MD consultative support. The patient was started on SSRI and PCP later reported that the response was favorable with medication and therapy.

This is a typical example of how the availability of prompt face to face consultation helps to increase the PCP's comfort and skill set to identify and manage even complex behavioral health issues and treatment in the primary care setting while maintaining a high quality of care.

Case #3

PCP contacted ACCESS MD requesting support for an adolescent male, who had been diagnosed with ADHD. He had been referred previously for therapy and medication management however, his guardianship had recently changed, and his newest guardian did not pursue resources. As a result, he began to encounter social issues as well as increased anxiety and his academic performance began to decline. ACCESS Clinician spoke with his guardian to help connect him to a local enhanced care clinic. The ACCESS Peer Specialist followed up with his guardian and in their conversations, his guardian expressed concerns of how overwhelming navigating the mental and behavioral health system can be. She disclosed that English is her second language and at times she did not understand the acronyms, policies and specific verbiage used frequently by the staff she had encountered previously at the various treatment programs he had participated in. With this information, the ACCESS Peer Specialist helped her understand the acronyms she did not understand and to explain the intake process, so she would know what to expect upon their appointment. The ACCESS Peer Specialist explained the intake process in detail, the specific documents they would need to bring with them at the intake appointment (i.e. Insurance card, I.D), and relayed support and guidance from a place of lived experience.

Case Vignettes

Case #3 continued ...

After communicating with his guardian and listening as well as validating her concerns, communication with her became routine and ACCESS Peer Specialist maintained contact and support throughout the initial appointments. Not only was the PCP thankful that he finally connected to needed services, his guardian also expressed gratitude for ACCESS Mental Health support.

This case demonstrates the unique role of the family peer specialist in providing compassion, understanding and support to families from a unique perspective of lived experience. In connecting with the guardian, underlying concerns that initially prevented him from receiving services were disclosed and validated. By forming a relationship with the guardian and answering questions and providing guidance and empathy, his guardian was able to gain the confidence needed to advocate for him.

Case #4

Pediatrician called ACCESS MD to consult on a ten-year-old African American male with no significant prior psychiatric history. He had experienced a new onset of facial and neck tics, as well as whole body twitching and a twenty-minute episode of what was described as a staring spell in school where he was unable to move his legs. The pediatrician had ordered a series of tests to rule out a physiological cause. These symptoms seemed to coincide with being struck in his neck by a ball at school. Given the lack of objective medical findings (neurological evaluation, lab work, EEG, MRI and trial of Kepra), alternative explanations were sought.

The ACCESS MD completed a face-to-face evaluation which resulted in the team's assessment that he had likely suffered from a mild facial (lip) tic for several years, without impairment. He had demonstrated anxiety and escalating preoccupations, particularly with death and disability. The deaths of close family and friends of the family over the prior months had seemingly heightened his anxiety, which currently centered on his fear of injury and death. The trigger of these symptoms seemed to have been being hit by a ball, which likely was frightening for him considering his excessive concern about disability, injury and death. His previously likely very mild motor tic disorder was exacerbated into more notable facial and neck tics. The tics were pronounced on initial greetings and then, once he concentrated on an activity, they significantly improved, which is often seen with tics. In addition, he reported some relief (feels good) after having a tic. The stresses of deaths of close family/friends of the family, conflict with a teacher and peer, and his difficulties being able to verbalize his anxieties and needs, put him at increased risk of social-emotional symptoms. The other symptoms (temporary leg paralysis and body twitching) were thought to be more likely conversion symptoms related to anxiety. These symptoms did not follow a physiological pattern. For example, when he had a staring episode at school, he was able to blink to follow commands. These symptoms began to resolve when family members came to take him home and resolved completely when he got home.

At the time of the evaluation, he seemed to lack the coping skills to manage the stresses and fears he was experiencing. When faced with a great deal of stress, he had not been able to process or talk about it, and this stress and anxiety had, for him, manifested as physical symptoms.

From this formulation, the ACCESS team recommended: medication to assist with sleep, tics and hyperarousal; psychotherapy to help him express his worries and concerns more adaptively—also to include a family component; and collaboration with school, PCP, and neurology to formulate a school re-entry plan. ACCESS MD also called the school directly to assist the school in developing a re-entry plan and provided ideas about on-going supports that would be helpful for him in school.

This is an example of a complex clinical case where the Hub team was able to conduct a one-time face to face evaluation, consult with the school to assist in the development of an Individualized Education Plan (IEP), and find a therapist in the community who took the family's insurance. The PCP and Hub team collaborated well and, after the face-to-face evaluation, the PCP provided on-going medication management.

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 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 Connecticut's Children of Every Socioeconomic Status
BH - Behavioral Health
CT - Connecticut
DCF - Department of Children and Families
DX - Diagnosis

MH - Mental Health
PCP - Primary Care Provider
SA - Substance Abuse
TX - Treatment