Report Prepared By Beacon Health Options For the Department of Children and Families
Submitted August 29, 2017

ACCESS Mental Health CT

Annual Progress Report

July 1, 2016 – June 30, 2017

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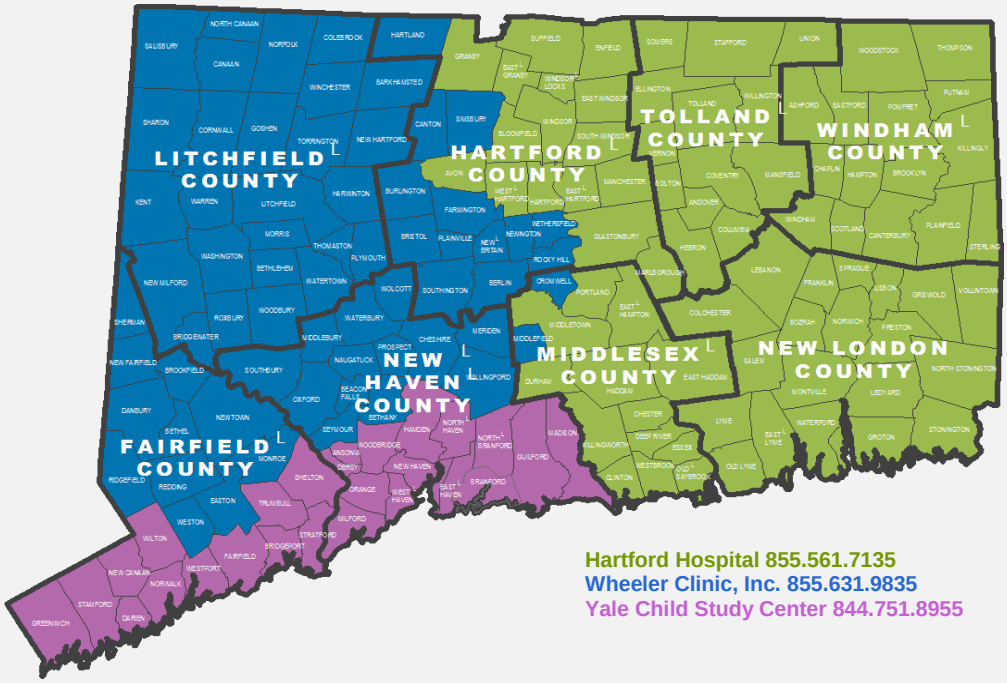
Introduction

ACCESS Mental Health CT is a state funded program created to ensure that all youth under 19 years of age, irrespective of insurance coverage, have access to psychiatric and behavioral health services through contact with their primary care providers (PCP). The program is designed to increase PCPs' behavioral health knowledge base so they can identify and treat behavioral health disorders more effectively and expand their awareness of local resources.

Beacon Health Options contracts with three behavioral health organizations to act as Hub teams and provide support across the state: Institute of Living at Hartford Hospital, Wheeler Clinic, and Yale Child Study Center. 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. All phone calls begin with a consultation between the PCP and Hub team psychiatrist. 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, 2016 through June 30, 2017 (SFY 2017); in some metrics, totals covering the entire length of the program or "since inception" June 16, 2014 through June 30, 2017 are also provided. Date ranges are clearly labeled on each graph or table depicting the corresponding timeframes.

Data Sources

The information included in this report represents 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
CTAX14007:	Episode of Care Report
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, 2017, 435 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 **88%** (384) of pediatric and family care practice sites enrolled in the program statewide. This is a five percentage point increase as compared to the previous year (83%, SFY'16). By the end of Q4 SFY'17, the enrolled practices collectively employ 1,593 prescribing primary care providers.

Approximately 57% (217) 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% (37) of practice sites were entered into the system without a specific provider type identified.

ACCESS Mental Health CT
Enrolled Practice Sites: Breakout by Provider Type
June 1, 2014 – June 30, 2017

	Hartford Hospital	Wheeler Clinic	Yale Child Study Center	Statewide
Total Eligible Practice Sites	178	146	111	435
Enrolled Practice Sites	**158**	**125**	**101**	**384**
Pediatrics	71	65	81	217
Family Practice	86	24	11	121
Pediatric/Family Practice	1	5	3	9
Not Specified	0	31	6	37

Hartford Hospital enrolled approximately 89% (158 out of 178) of the eligible practice sites within their designated service area. Wheeler Clinic enrolled 86% (125 out of 146) of their eligible practice sites and Yale Child Study Center enrolled approximately 91% (101 out of 111) of the eligible practice sites within their designated service area.

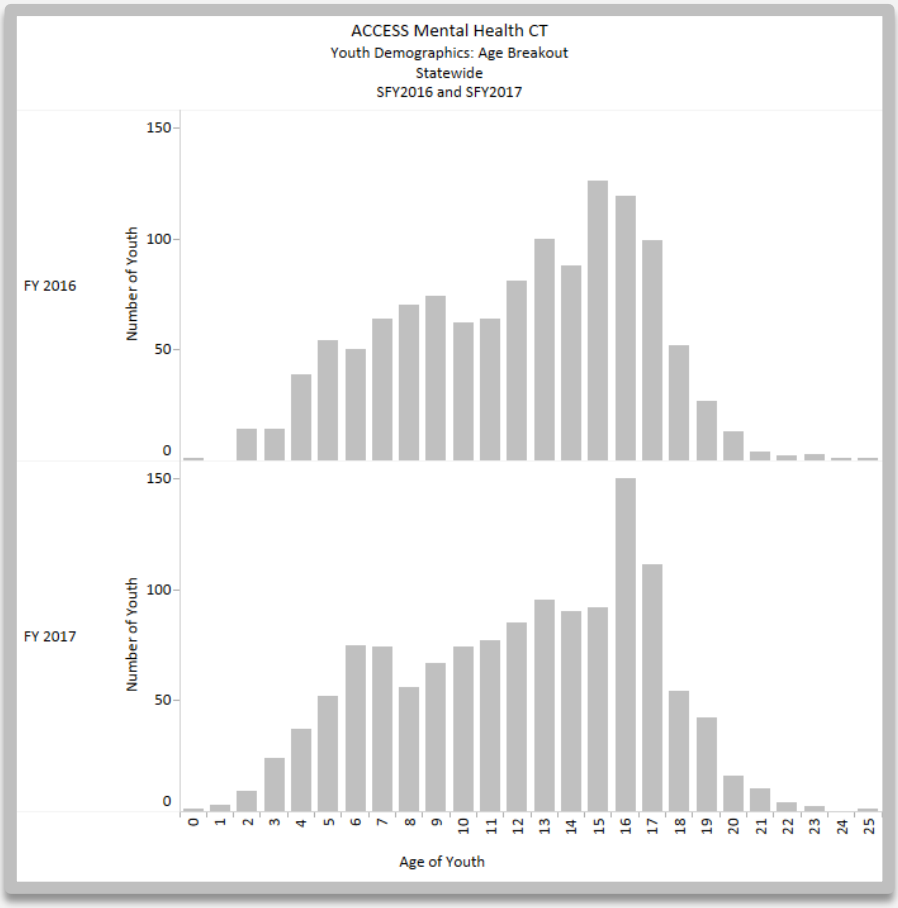
To date, approximately 12% (51) of primary care practices across the state are not interested in enrolling in the program. However, each Hub team continued outreach to offer enrollment throughout the year. These efforts included outreach to both practices that had declined enrollment last year and those 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. 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".

As described in previous reports, given each enrolled practice's location and catchment area, ACCESS Mental Health CT's enrollment is well distributed throughout the state.

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, 2017, enrolled PCPs contacted their respective Hub teams requesting consultation for **3,487** unduplicated youth presenting with mental health concerns. This is an increase of 299 unique youth since last quarter when the program to date (June 16, 2014 – March 31, 2017) total was noted as 3,188 unduplicated youth. Approximately 39% (1,354 out of 3,487) were supported by Hartford Hospital's Hub team, 37% (1,304 out of 3,487) by Wheeler Clinic and 24% (829 out of 3,487) by Yale Child Study Center's Hub team. The following graph depicts 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 across years.



The program served a total of 1,298 youth in SFY'17. 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 is at 14% (180 out of 1,298) in SFY'17. While the program is designed to support youth under the age of 19 years, PCPs continue to request support for young adults. In SFY'17, the Hub teams supported 73 young adults between the ages of 19 and 25 years; this is 43% increase in the volume as compared to SFY'16 (51). While the complexity of these cases continue to vary, the majority of these young adults were diagnosed with Neurodevelopmental Disorders such as Autistic Spectrum Disorders or Intellectual Developmental Disorders.

Of the 1,298 unique youth served in SFY'17, the majority of youth served across all age groups were White youth (64% or 824 out of 1,298), with approximately 12% (160 out of 1,298) Black youth, 15% (198 out of 1,298) Hispanic youth, 2% (27 out of 1,298) Asian youth, 3% (38 out of 1,298) identified as other, and 4% (51 out of 1,298) youth served by the program were identified as unknown.

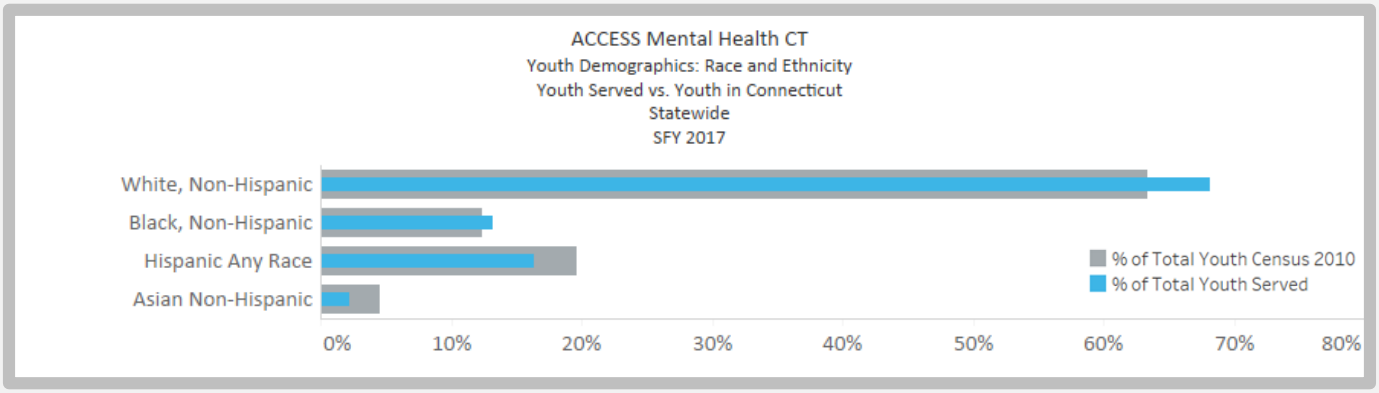
Based on the 2010 census, Connecticut's Department of Public Health reported that approximately 63% (577,807 out of 913,779) of youth from birth through 19 years of age living in Connecticut were White, Non-Hispanic youth, approximately 12% (113,282 out of 913,779) were Black, Non-Hispanic youth, 5% (41,226 out of 913,779) were Asian, Non-Hispanic youth, and 20% (178,690 out of 913,779) of the youth from birth through 19 years of age living in Connecticut were Hispanic youth.

The following table depicts the data reported by the state's Department of Public Health based on the 2010 Census, restricted to only include youth from birth through 19 years of age and then further aggregated by town into each of the Hub team's designated area. A full list of the towns assigned to each Hub's designated area can be found in the Hub Service Area section at the end of this report.

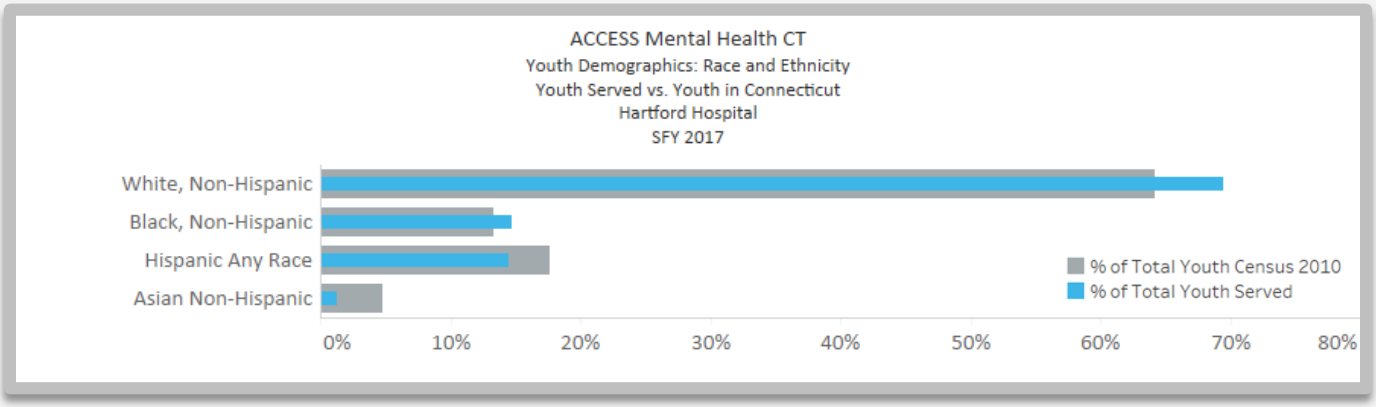
Connecticut State Population – Census 2010 0 through 19 Years of Age				
	Statewide	Hartford Hospital Designated Area	Wheeler Clinic Designated Area	Yale Child Study Center Designated Area
White, Non-Hispanic	577,807	194,777	213,431	169,599
Black, Non-Hispanic	113,282	40,509	19,952	52,821
Asian, Non-Hispanic	41,226	14,398	11,564	15,264
American Indian, Non-Hispanic	2,774	1,462	684	628
Hispanic, Any Race	178,690	53,704	56,861	68,125
Total Youth 0 through 19 years	913,779	304,850	302,492	306,437

Due to smaller number of individuals in some racial groups including those that identify as multi-racial, it is necessary to group them together in the "other" category. It is also important to note that as mentioned in previous reports, there's been remarkable improvement in the data collection of race/ethnicity across the three years of programming. The volume of youth identified as "unknown" in SFY'17 is down to 4% (51 out of 1,298) youth. However, in order to assess how the ACCESS Mental Health program is serving the youth in Connecticut overall, the "other" and "unknown" (7% or 89 out of 1,298) will be removed from the analysis; shifting the total number of youth served to 1,209 so that a clean comparison can be made to the groups identified on the 2010 Census.

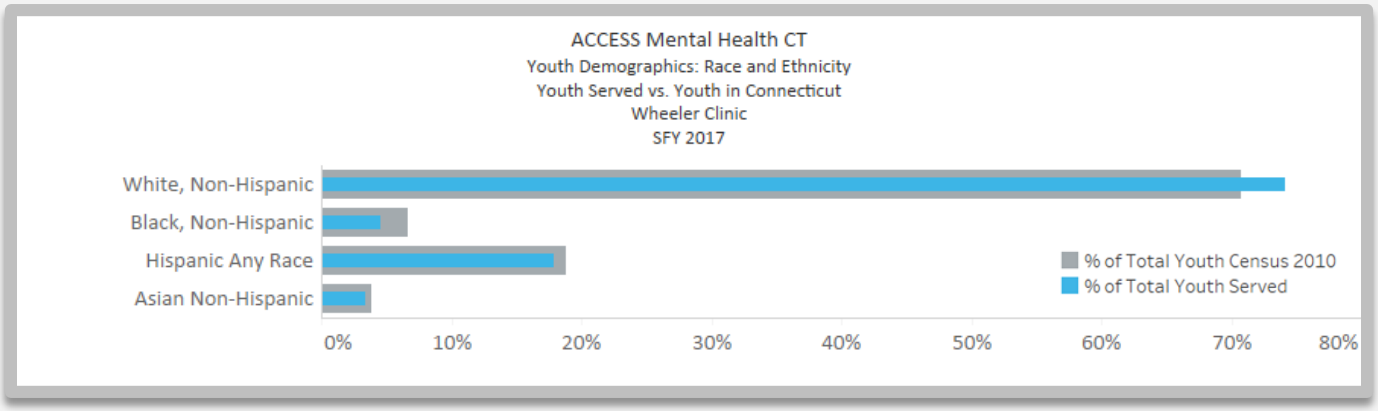
The following graph shows how each racial group is being served by the program statewide relative to their makeup of the overall population. As indicated above, the majority of youth served by the ACCESS Mental Health program in SFY'17 were White, Non-Hispanic youth (68% or 824 out of 1,209). This is an over-representation when compared to the total volume of White, Non-Hispanic youth living in Connecticut. Black, Non-Hispanic youth served by the program statewide in SFY'17 (13% or 160 out of 1,209) are also over-represented when compared to the 2010 Census. Of the youth served by the program in SFY'17, approximately 16% (198 out of 1,209) were identified as Hispanic. This is an under-representation as compared to the total volume of Hispanic youth living in Connecticut. Asian youth served by the program statewide in SFY'17 (2% or 27 out of 1,209) were also under-represented when compared to the 2010 Census.



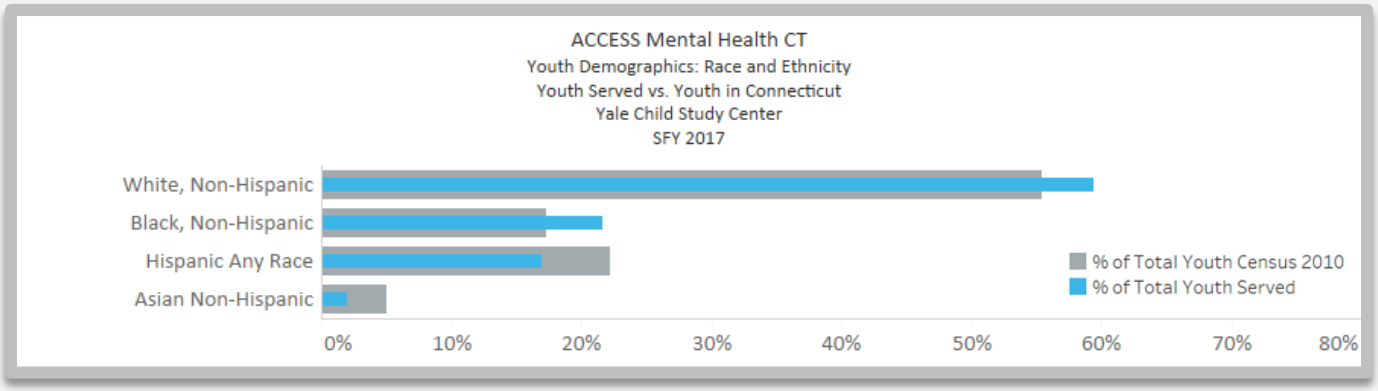
When comparing the youth served in SFY'17 by the Hartford Hospital Hub team, White, Non-Hispanic youth (69% or 311 out of 448) were disproportionally over-represented given the racial makeup of youth within their designated area. Black, Non-Hispanic youth (15% or 66 out of 448) were also disproportionally over-represented. Both Hispanic youth (15% or 65 out of 448) and Asian, Non-Hispanic youth (1% or 6 out of 448) were under-represented in Hartford Hospital's designated area.



When comparing the youth served in SFY'17 by the Wheeler Clinic's Hub team, White, Non-Hispanic youth (74% or 307 out of 414) were over-represented given the racial makeup of youth within their designated area. However, every other racial group was disproportionally under-represented within Wheeler Clinic's designated area. Black, Non-Hispanic youth (5% or 19 out of 414), Hispanic youth (18% or 74 out of 414) and Asian, Non-Hispanic youth (3% or 14 out of 414) all appear to be under-represented given the racial makeup of youth within their designated area.



When comparing the youth served in SFY'17 by the Yale Child Study Center's Hub team, White, Non-Hispanic youth (59% or 206 out of 347) were over-represented given the racial makeup of youth within their designated area as were Black, Non-Hispanic youth (22% or 75 out of 347). Hispanic youth (17% or 59 out of 347) and Asian, Non-Hispanic youth (2% or 7 out of 347) were under-represented in Yale Child Study Center's designated area.



Racial and ethnic disparities are present across all age groups impacting children, youth, adults, and older adults. According to the Health Equity and Inequity in the Connecticut Medicaid Behavioral Health Service System clinical study (Plant, et al. 2015) the vast majority of research has focused on disparities experienced by Blacks and Hispanics although there has also been documentation of disparities experienced by Asians, American Indians, and Native Hawaiians/Pacific Islanders.

Research suggests that Blacks have the higher unmet need for mental health services compared to other racial or ethnic groups (Plant, et al. 2015, Johnson & Johnson, 2014). The rate of any mental health disorder is higher in Blacks than in Whites, yet Blacks are less likely to receive treatment. Hispanics wait significantly longer until symptoms have reached serious levels before seeking and accessing care due to system and structural barriers to access as well as high levels of self and external stigma (Plant, et al. 2015, Aguilar-Gaxiola, 2012). Hispanics are also less likely to receive evidence based treatments (Plant, et al. 2015, DHHS, 2001), less likely to receive appropriate care for depression (Plant, et al. 2015, Alegria, 2008), and tend to have worse clinical outcomes of care most often due to early termination). Asian Americans are one of the fastest growing racial minorities (Plant, et al. 2015, Wu & Blazer, 2015), and are often perceived as the "model" minority (Plant, et al. 2015, Anyon, Ong, & Whitaker, 2014). However, there are some indications that Asian adolescents are at higher risk for suicide, depression, and self-injury than their White counterparts. While typical Asian households provide some protective factors against mental illness or behavioral disorder (school connectedness, family and peer support, two-parent homes) they are also associated with some unique risk factors (intergenerational conflict, experience of discrimination, cultural and religious beliefs). (Plant, et al. 2015).

The disproportionate under-representation of Hispanic and Asian, Non-Hispanic youth served by the ACCESS Mental Health CT program reported above is notable. However, it is important to highlight that the ACCESS Mental Health CT program is not a treatment service, but an individual-case-based consultation service helping to educate primary care providers treating youth with behavioral health needs in Connecticut. The volume of youth is remarkably low compared to the population across the state and is dependent on the youth's PCP to initiate a consultation with their respective Hub teams. Given the research stated above and the concern that there are racial and ethnic disparities in accessing health care, it is imperative that developmental and behavioral health screening tools be utilized for all youth across the state as a standard of care.

In an effort to incentivize primary care providers in utilizing developmental and behavioral health screening tools, the Department of Social Services issued a change to the Medicaid fee schedule in CY2015 allowing PCPs to bill for developmental and behavioral health screening on youth with HUSKY coverage. The following table shows claims for HUSKY youth over the past three and a half years. As noted in the table, there is a growth in the use of behavioral health and developmental screens each year with a projected volume of claims submitted for 74,250 unique HUSKY youth by the end of CY2017.

2014		2015		2016		YTD 2017		2017 Estimate	
Unique Member Count	Provider Unique Count	Unique Member Count	Provider Unique Count	Unique Member Count	Provider Unique Count	Unique Member Count	Provider Unique Count	Unique Member Count	Provider Unique Count
16,142	494	40,528	692	55,370	875	46,178	913	74,250	1,468

While this is a snapshot only showing a small population of the youth in CT (HUSKY only) it also shows an increase in primary care practitioners submitting claims over time (provider count of 494 in CY'14 to 875 in CY'16). We can assume that if a primary care practitioner is screening their patients with HUSKY coverage, they are screening all of their patients within their practice.

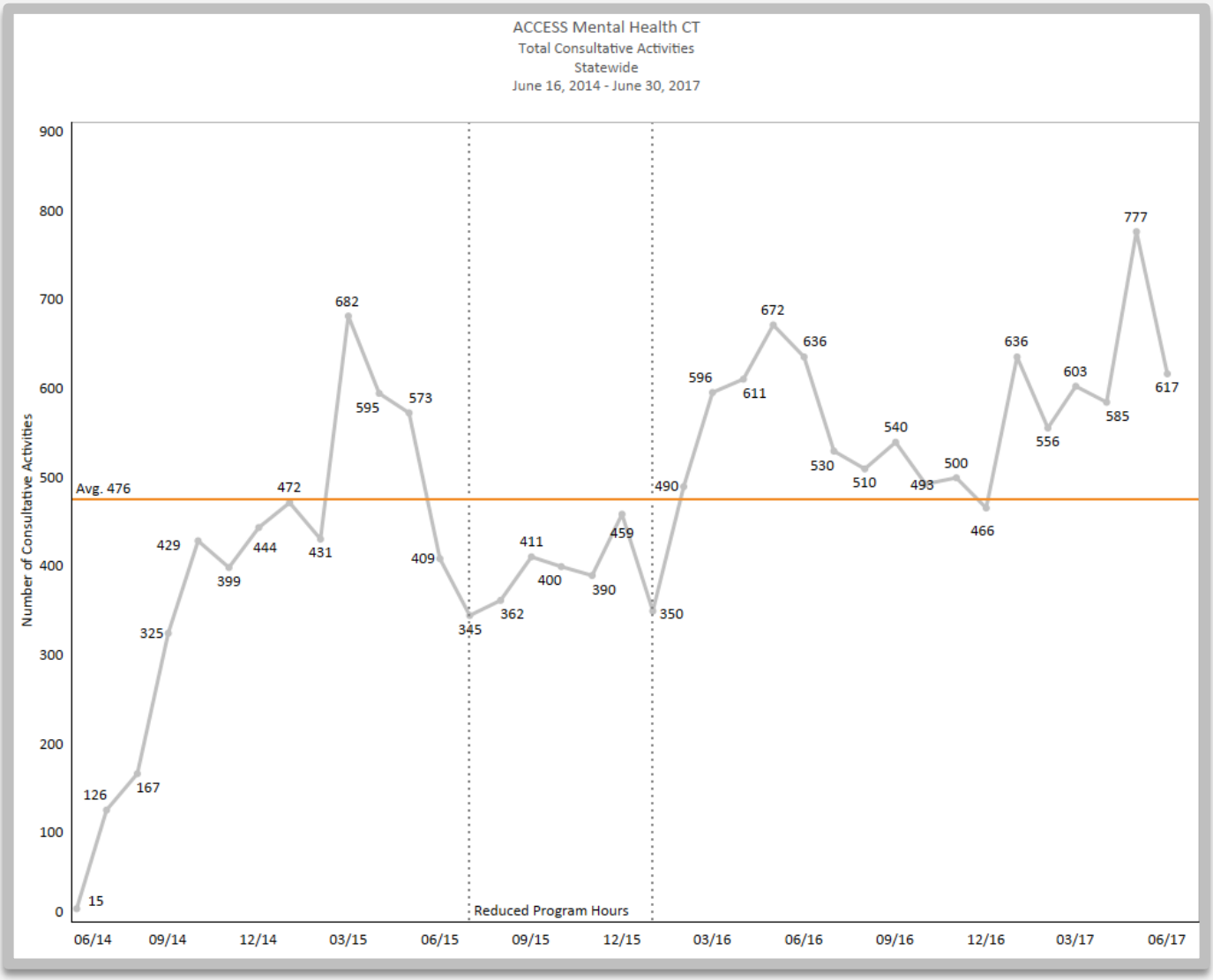
With the support of the ACCESS Mental Health CT program, PCPs can continue to learn more about behavioral health, expanding their scope and comfort, and administer more preventive measures like screening tools to help identify youth, regardless of racial and ethnic backgrounds, for early intervention and treatment. According to the ACCESS Mental Health PCP Satisfaction survey distributed in SFY'17, approximately 76% (110 out of 144) of the total respondents reported "often" using standardized behavioral health screening during well child visits. However, only 28% (107 out of 384) of the enrolled practice sites completed at least one survey. More details regarding this survey can be found in the PCP Satisfaction section at the end of this report. Before we determine next steps, we need to get a better statewide perspective on which practices are using screening tools. A goal for year four (SFY'18) is to assess all enrolled practice groups in order to evaluate the true volume of practices that have integrated behavioral health and developmental screening tools into their standard practice of care. Education on screening will also continue throughout the year.

Consultative Activities

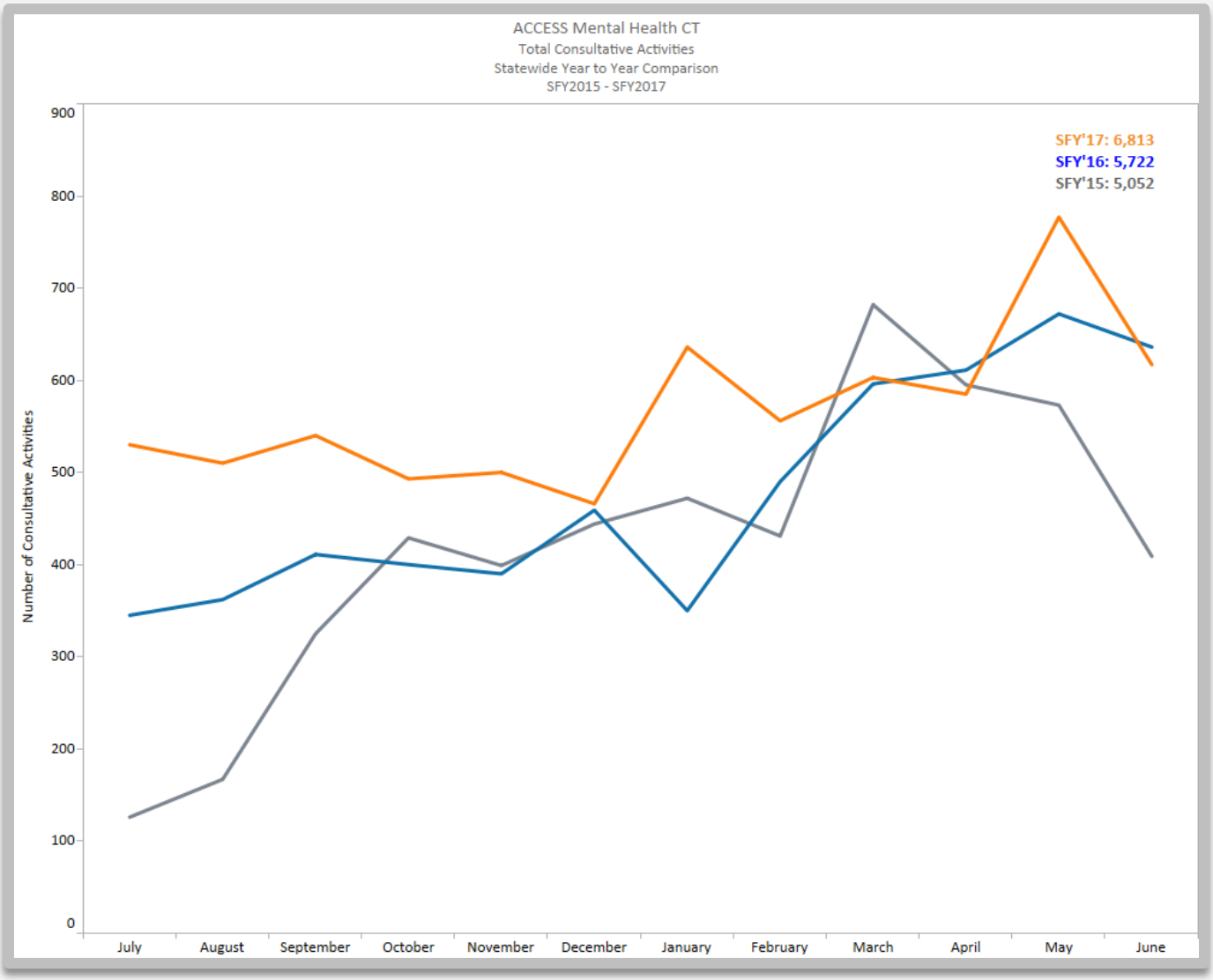
Consultative activities are calls that include: telephone consultation, assistance with finding community behavioral health services, and connect to care follow up. One-time diagnostic assessments are also included in this measure.

Since inception of the program to date, June 16, 2014 through June 30, 2017, the Hub teams have provided **17,602** consultative activities supporting PCPs treating youth within their medical home. This is an increase of 1,979 encounters since last quarter when the program to date (June 16, 2014 – March 31, 2017) total was noted as 15,623 consultative activities.

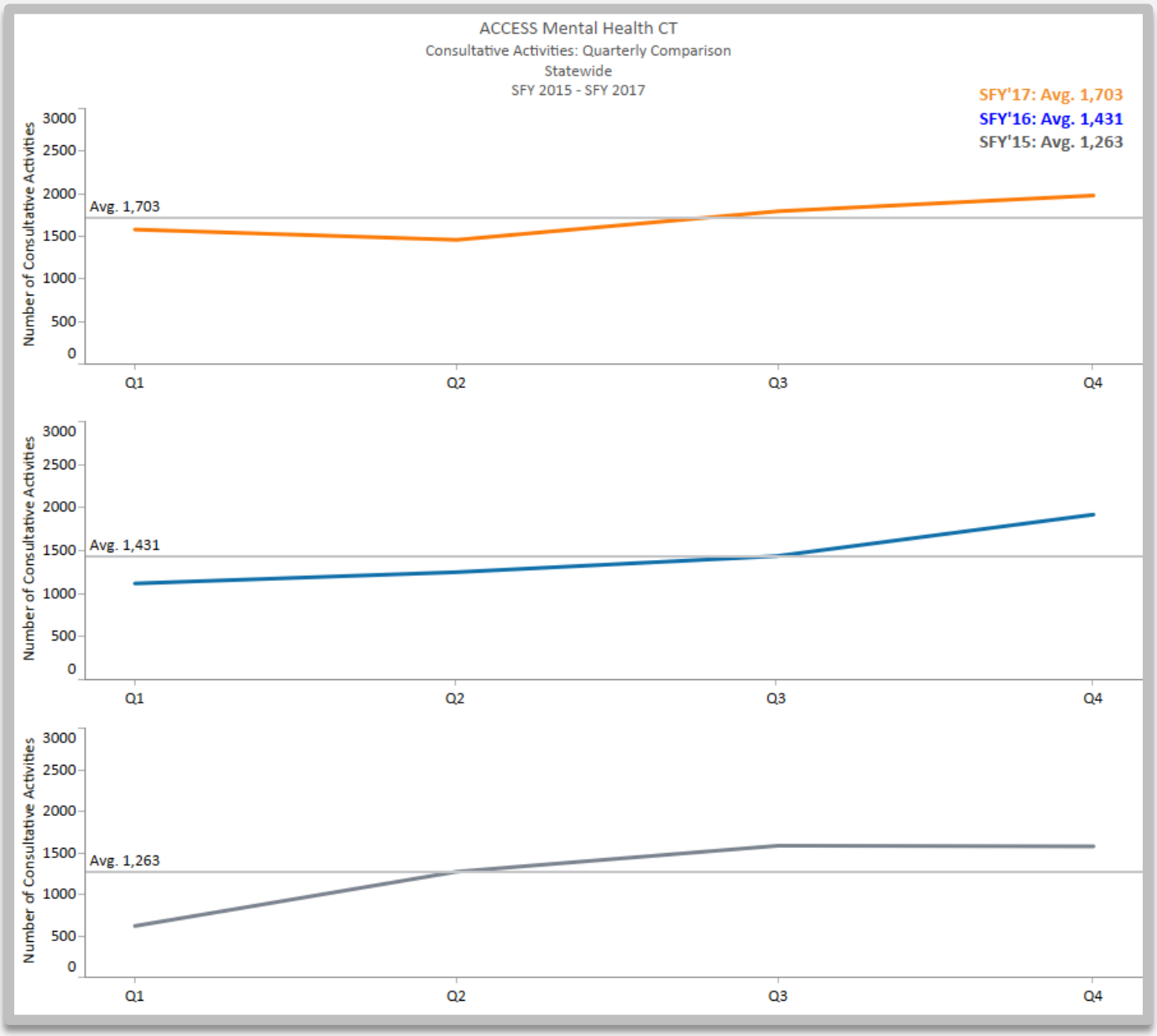
The following graph depicts a month to month comparison since inception of the program. As of June 30, 2017, the Hub teams provided an average of 476 consultative activities per month across the state. However, this includes low monthly rates at the start of the program and during year two of the program when the hours of operation were reduced due to a reduction in funding.



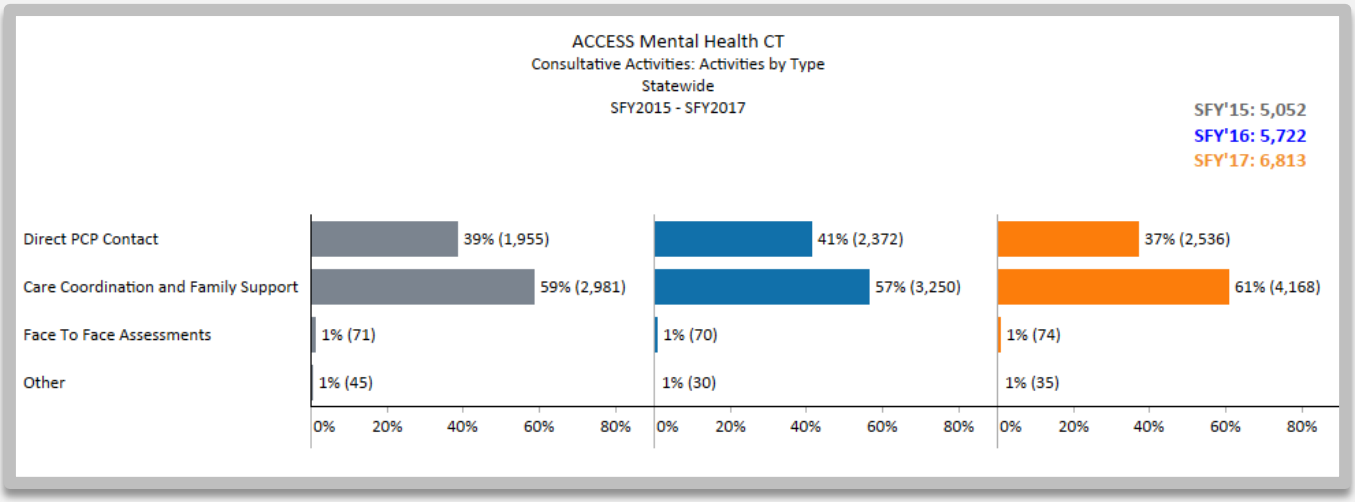
Using the same data depicted above, the following graph illustrates a year to year comparison (SFY'15 – SFY'17). The highest total volume of consultations was reported in year three with a total of 6,813 consultations (SFY'17), as compared to SFY'16 and SFY'15 with a total of 5,722 and 5,052 consultations respectively. This demonstrates that consultation volume increases as the program matures and has stable funding.



The highest quarterly average was reported in SFY'17, with an average of 1,703 consults provided per quarter. The highest volume across all three years occurred in Q4 (April through June) with the lowest volume reported during the summer months of July through September (Q1). The low volume during the summer is consistent with a slower patient schedule seen in the primary care practices during this time.



The following graph provides a breakout of consultative activity groups by state 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 6,813 consultative activities provided throughout the state in SFY'17, approximately 37% (2,536) were reported as direct contact with PCPs. This is approximately four percentage points lower as compared to SFY'16 (41%). 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. The volume of direct PCP consultations varies by Hub team and is likely contributing to this change and will be discussed later in this report.

In SFY'17, per Hub team report, approximately 97% (1,385 out of 1,433) of initial PCP calls were answered by the Hub team's consulting Psychiatrist within 30-minutes of the PCP's initial inquiry; 57% (811 out of 1,433) of which were connected directly at the time of the call. The program benchmark for year three 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 61% (4,168 out of 6,813) of the total consultative activities for SFY'17 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. They continue to report similar themes across the state related to the shortage of prescribers who take insurance. However, the Hub teams report a significant reduction in the availability of some key referral resources over this past state fiscal year that were available previously. As a result, waitlists have lengthened. Several non-clinic-based practitioners providing psycho-pharmacological management and consultation have either closed the practice, moved, or are no longer accepting insurance. For those prescribers who continue to accept insurance, whether public or private, their availability to take new patients has decreased due to such high demand. Hartford Hospital's Hub team reports that some

specialty programs in their area such as Child First and Saint Francis Behavioral Health Group have waitlists of 3-4 months. They also report that those who treat youth with ASD have waitlists as long as 6 months, and those do not accept all insurances. There are very few prescribers in Windham and New London County for children with HUSKY; with a reported wait list of 3-6 months. In addition to waitlists for the initial appointment, Yale Child Study Center's Hub team reports an increased time delay from an intake appointment to direct access to the appropriate provider; stating that many clinics in their designated area are able to see a youth for an intake quickly, but there are often weeks before the family is contacted regarding the next strategies i.e. therapist assigned and even longer for medication assessment and treatment.

Hartford Hospital's Hub team reports that there is also a deficit in providers who are certified to meet the needs for youth who require habit reversal therapy or have neurological disorders or tics.

Wheeler Clinic's Hub team continues to find difficulty in finding medication-only prescribers in their designated area for youth who are non-verbal, on the Autism Spectrum, and therefore cannot participate in traditional, individual outpatient therapy. However, Yale Child Study Center's Hub team reports that there has been improvement with this in their area this year as Clifford Beers now offers comprehensive ASD services to verbal as well as non-verbal youth. Yale Child Study Center's Hub team reports that Clifford Beers will provide psychiatric assessments and medication treatment independent of a requirement for individual psychotherapy within the clinic; providing a treatment option for youth with significant cognitive and language impairments who would not be able to participate meaningfully in individual psychotherapy. Additionally, the Hub team reports that Clifford Beers' ASD program does not have limitations on insurance or catchment area.

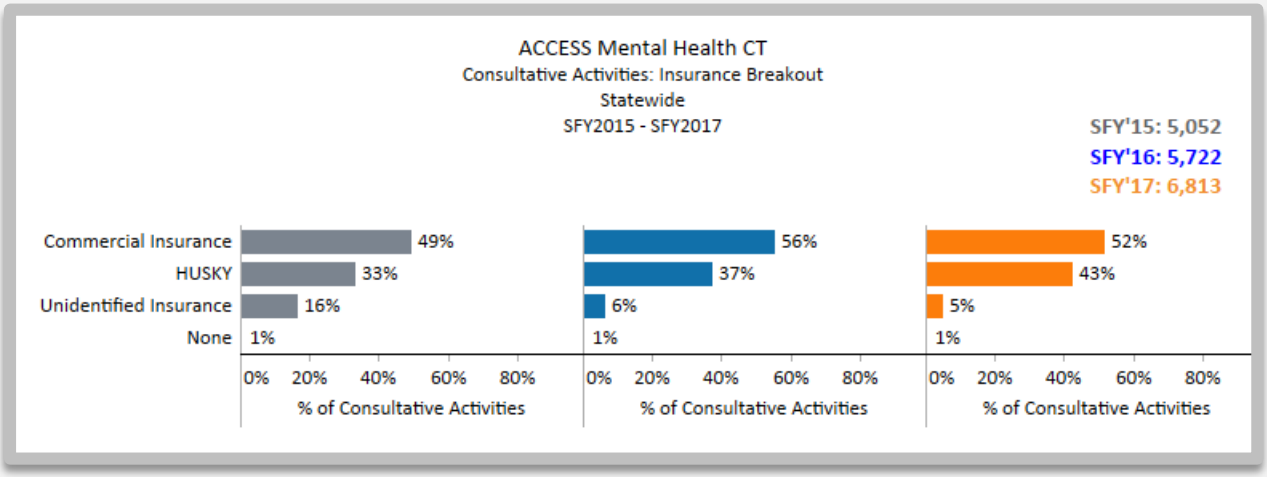
Navigating the behavioral health care system can be difficult. The program model requires that the Hub team works with the PCP, youth and family to learn more about the specific treatment needs in order to help support connection to care. The role of the family peer specialist is unique and fosters a 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 360 youth referred for care coordination during SFY'17 and approximately 67% (240 out of 360) successfully connected to their first appointment. Wheeler Clinic reported a total of 310 youth referred for care coordination and approximately 59% (182 out of 310) successfully connected and Yale Child Study Center reported a total of 367 youth referred for care coordination in SFY'17 and approximately 55% (203 out of 367) youth connected to their first behavioral health appointment.

Face to Face Assessments: Approximately 1% (74 out of 6,813) of the total consultative activities in SFY'17 were one-time diagnostic and psychopharmacological assessments. Approximately 217 face to face assessments have occurred across the state since inception of the program; Hartford Hospital provided 25, Wheeler Clinic provided 110, and Yale Child Study Center provided 82 face to face assessments.

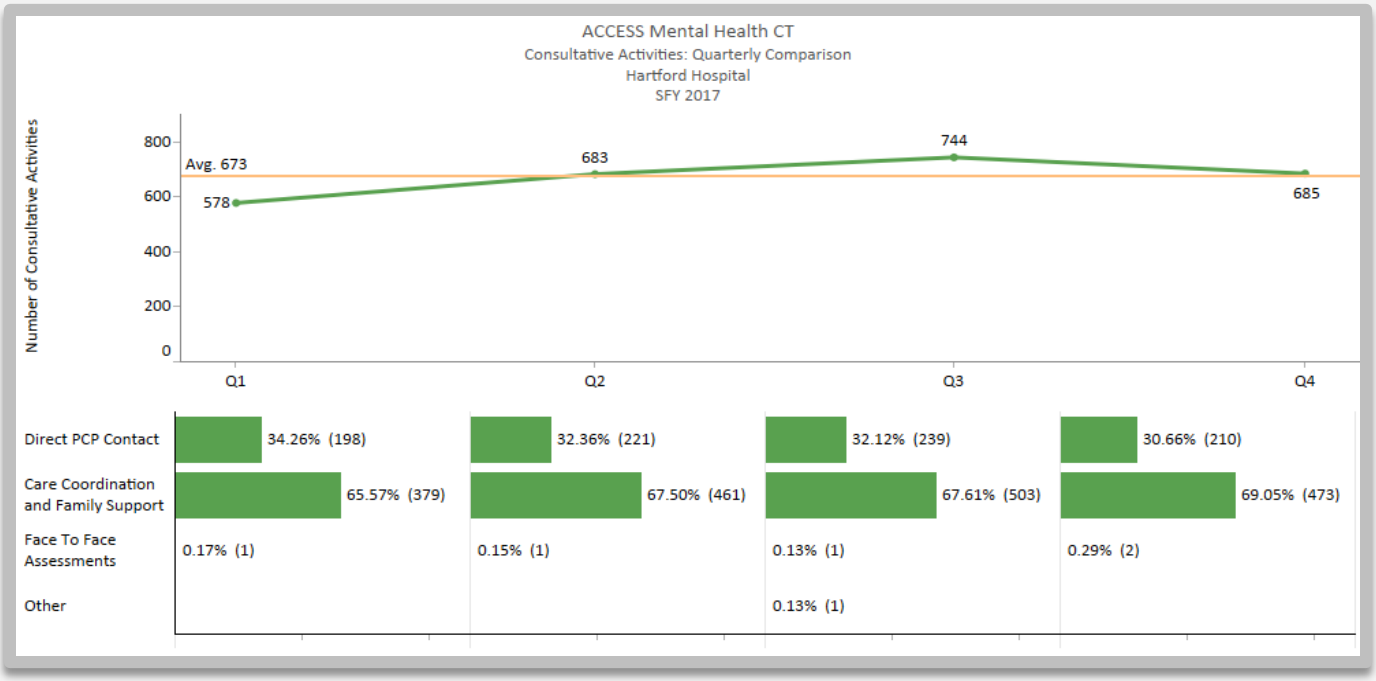
Of the 6,813 total consults provided in SFY'17, approximately 52% (3,518) were for youth with an identified commercial insurance plan such as Aetna or Anthem BCBS of CT; 43% (2,914) were for youth with HUSKY coverage. Approximately 5% (338) were consultative activities captured for youth with an unidentified insurance coverage and less than 1% (43) were identified as having no coverage at all. While there is some variation from year to year, the majority of the consultations provided across three years of programming were for youth with an identified commercial insurance plan.

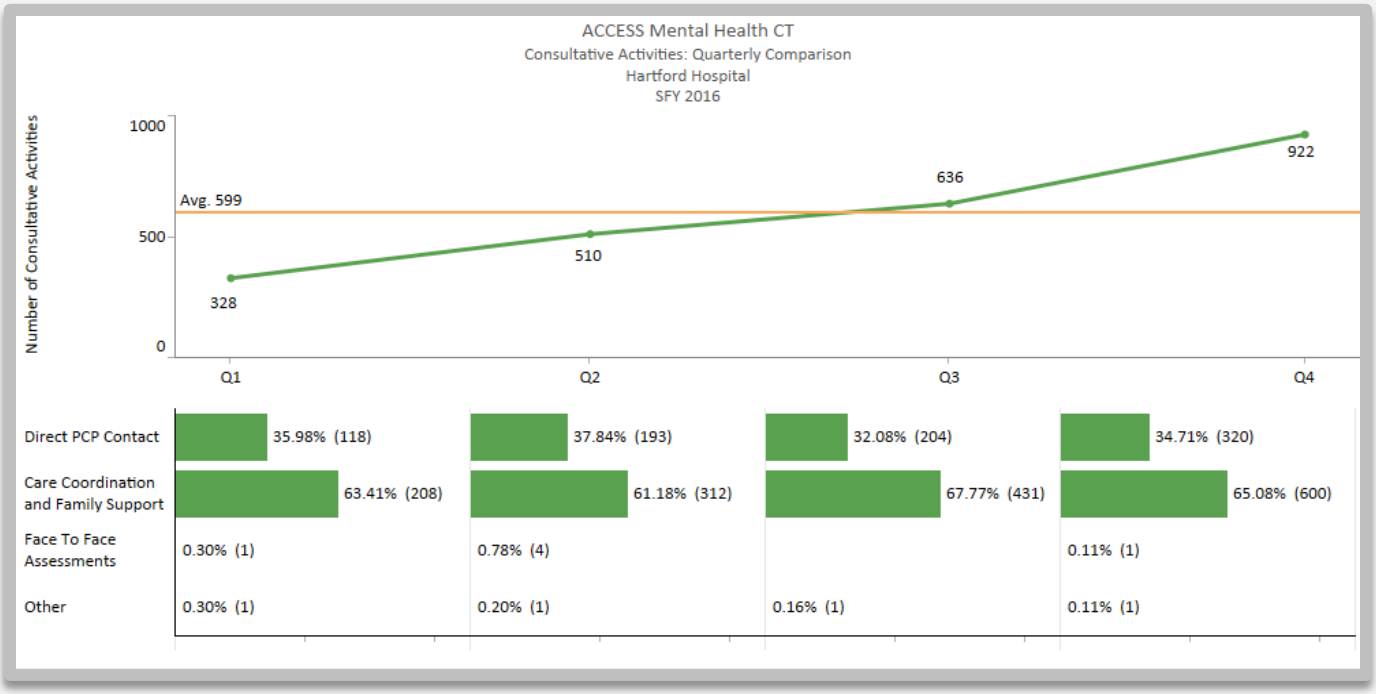


Affordable psychiatric treatment is especially limited for most children in Connecticut. The Hub teams report an increase in psychiatrists switching to a private pay model; reducing the number of providers who accept insurance. As a result, families who can't afford to pay out of pocket are forced to rely on their trusted PCPs to provide behavioral health treatment.

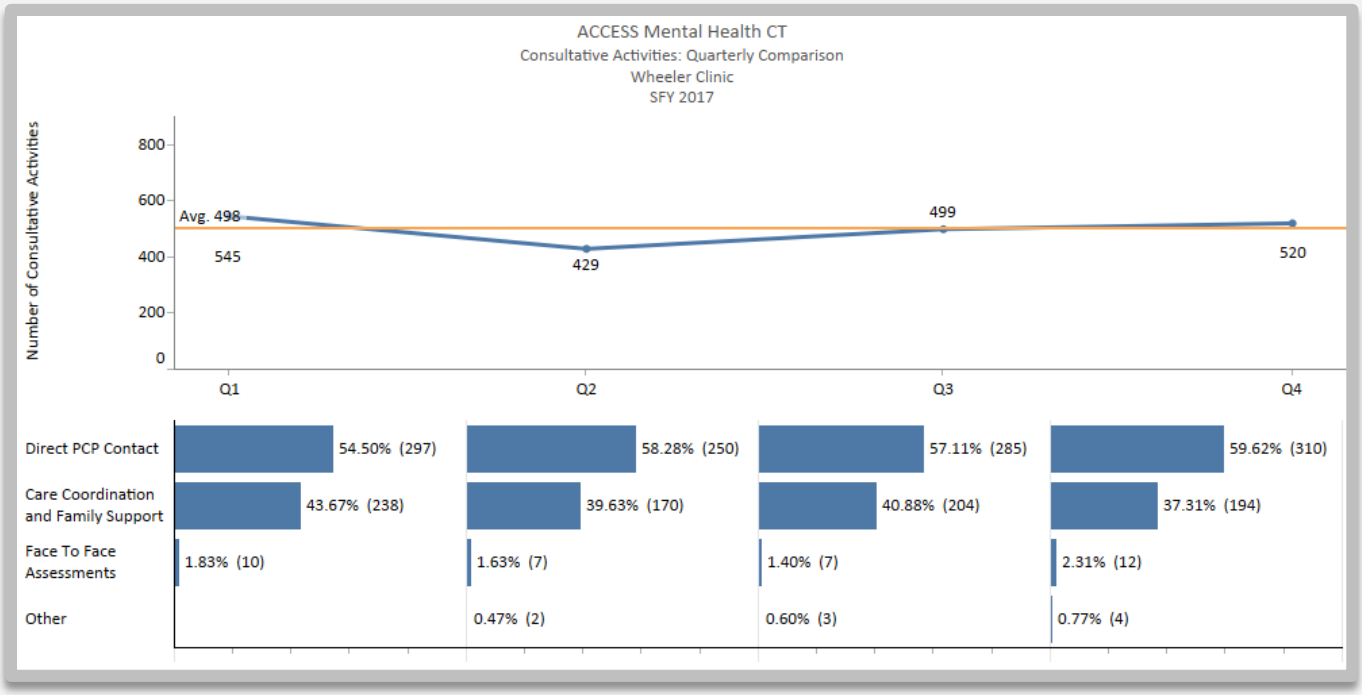
Of the 6,813 consults provided across the state in SFY'17, Hartford Hospital provided the highest volume with approximately 40% (2,690) of the total consultations for the year. Wheeler Clinic provided approximately 29% (1,993) of the total consultations and Yale Child Study Center provided 31% (2,130) of the total consults in SFY'17.

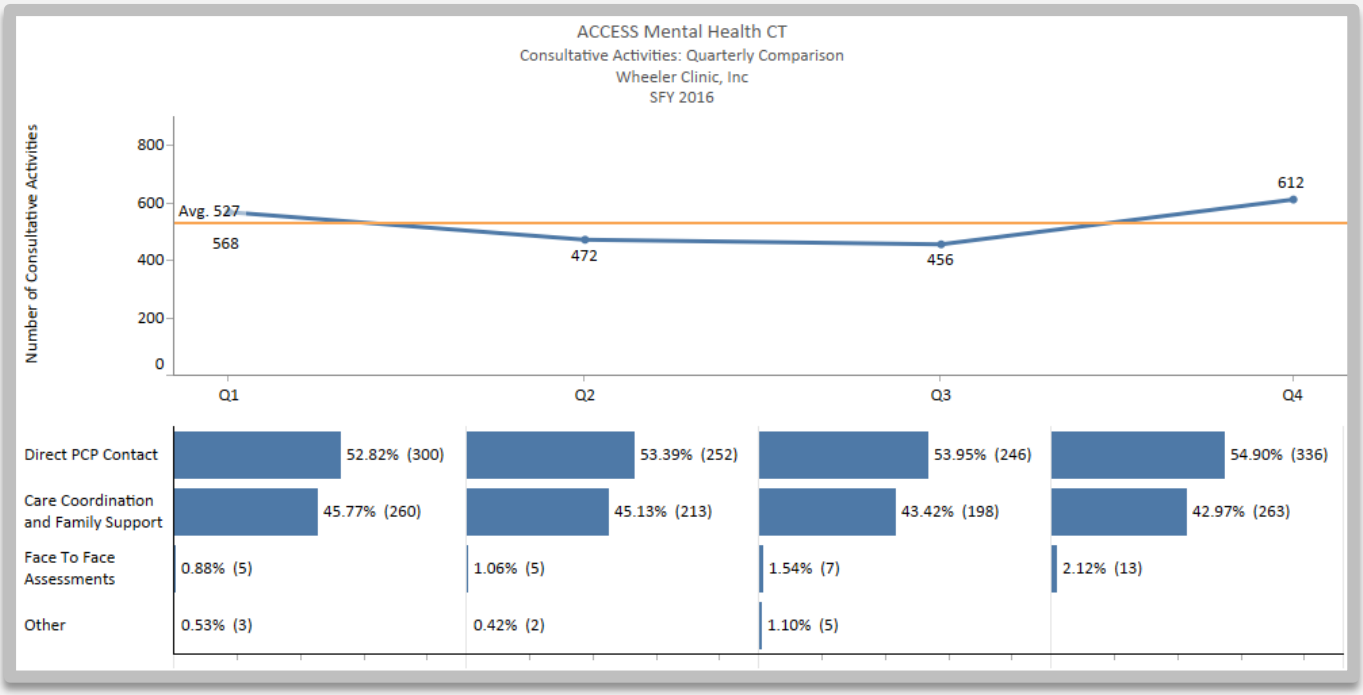
When comparing volume of consultative activities by Hub team, Hartford Hospital has the highest average per quarter with an average of approximately 673 consultative activities in SFY'17. This is a higher average as compared to the previous state fiscal year of 599 consults per quarter. As demonstrated 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.



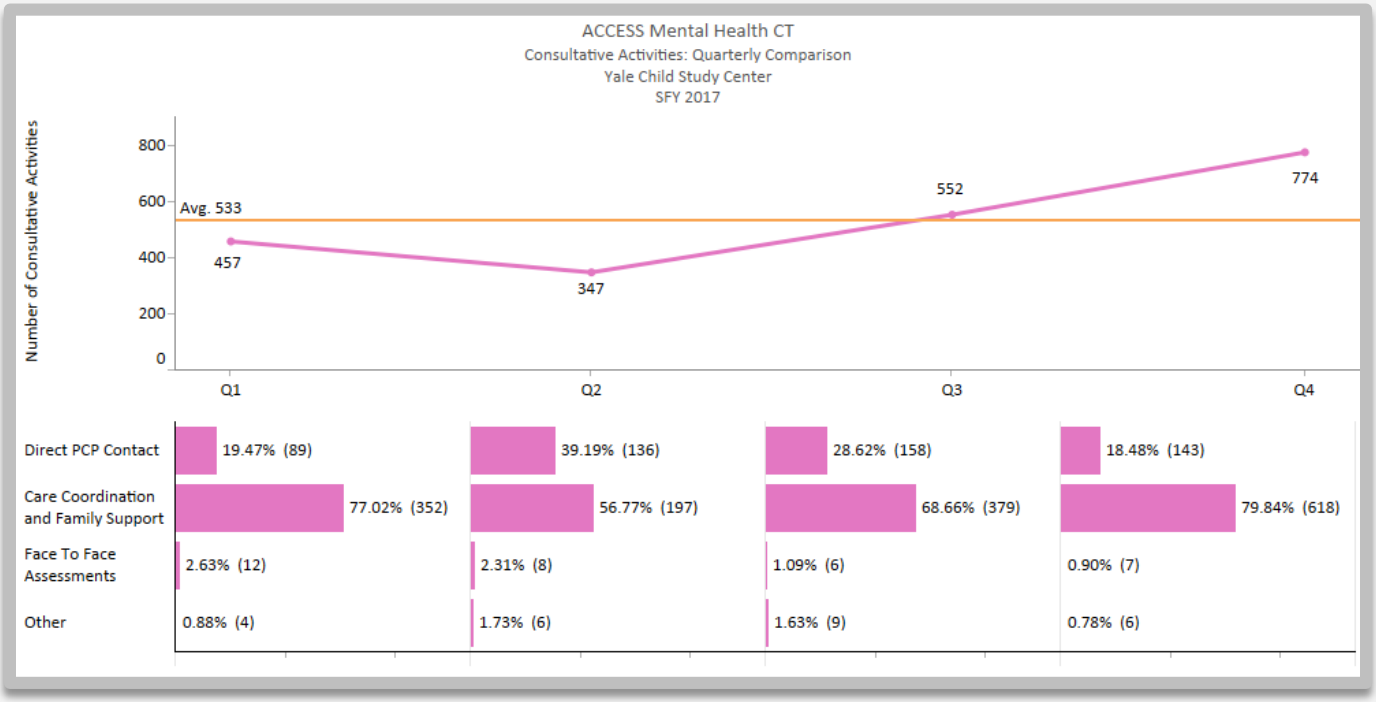


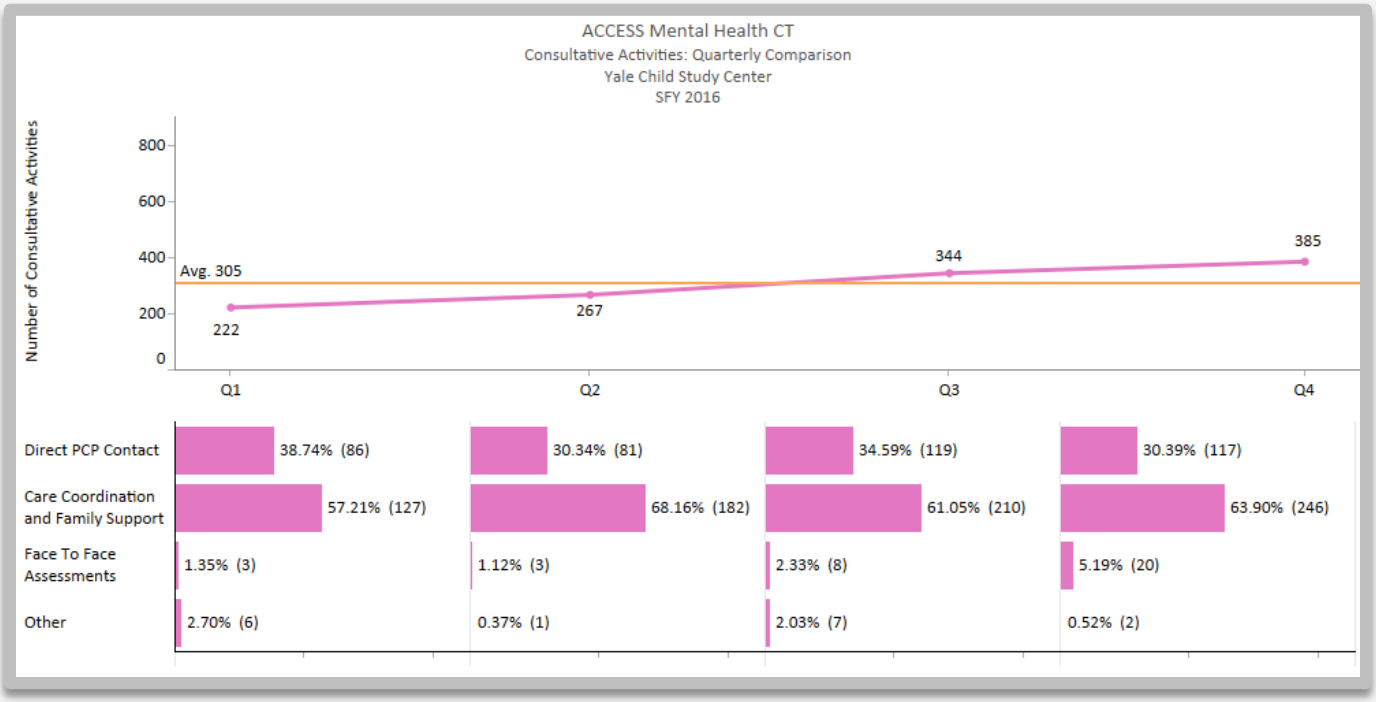
Wheeler Clinic's Hub team provided the lowest quarterly average of consultative activities in comparison to the other two Hub teams with an average quarterly rate of 498 consultative activities in SFY'17. This is a decrease as compared to the previous state fiscal year of 527 consults per quarter in SFY'16. 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. Given that Wheeler's Hub team consistently provides a higher percentage of direct PCP consultations as compared to the other two Hub teams and their volume of encounters is lower this SFY'17, it is appropriate to assume that this is contributing to the decrease seen in the statewide percentage of direct PCP consultations noted earlier in this report.





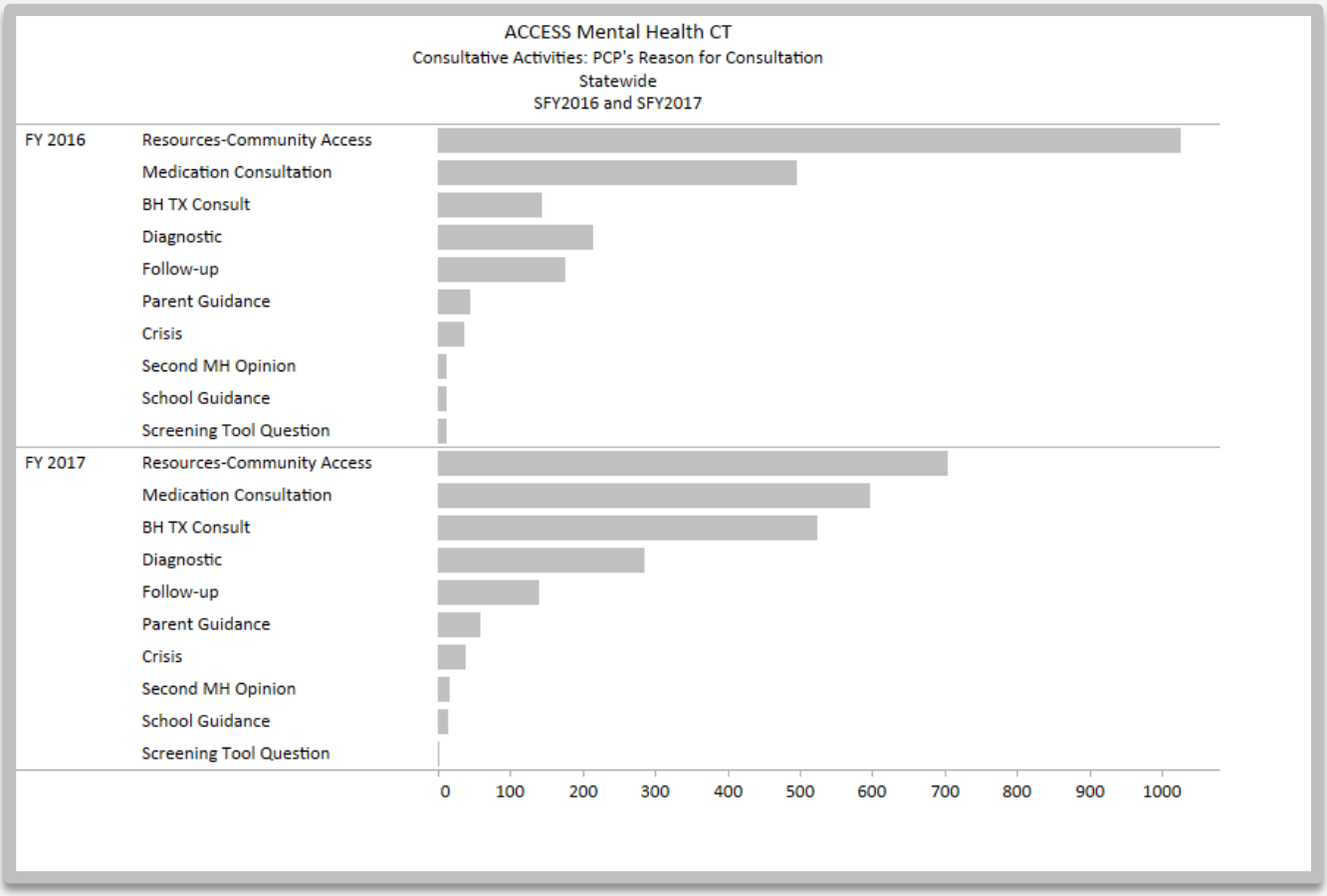
Yale Child Study Center's Hub team provided consultations to their designated primary care practices on an average quarterly rate of 533 consultative activities in SFY'17. This is a remarkable increase as compared to the previous state fiscal year of 305 consults per quarter in SFY'16. As demonstrated 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.





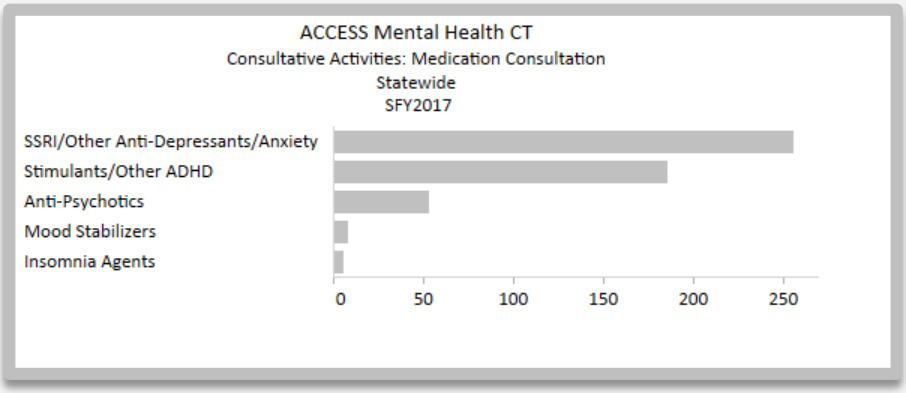
As shown in the graphs above, the difference in call volume between Hub teams is notable. As indicated in enrollment numbers, Hartford Hospital's designated area supports more enrolled primary care practices as compared to the other two Hub teams. However, more youth live in Yale Child Study Center's 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. The increase in volume from SFY'16 to SFY'17 is remarkable and comparable to the other two teams for the first time in three years of programming. It will be important to continue to monitor this change and see if this is the new volume for the Yale Child Study Center Hub team. 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 two reasons PCPs contacted their Hub team in both SFY'16 and SFY'17 were to obtain assistance with linkage to behavioral health treatment and medication consultation. However, there were two changes of note during this time frame. First, there was a marked decrease in calls for linkage to care (1,027 requests in SFY'16 compared to 704 requests in SFY'17); and, there were more than 3.5 times as many requests in SFY'17 for consultation on behavioral health treatment (143 to 524). Requests for medication consultations increased as well in SFY'17 from 495 to 597, a 20.6% increase. As case-based education/consultation is the primary function of the program's model and care coordination is secondary, this shift in type of requests suggests forward progression of the program.

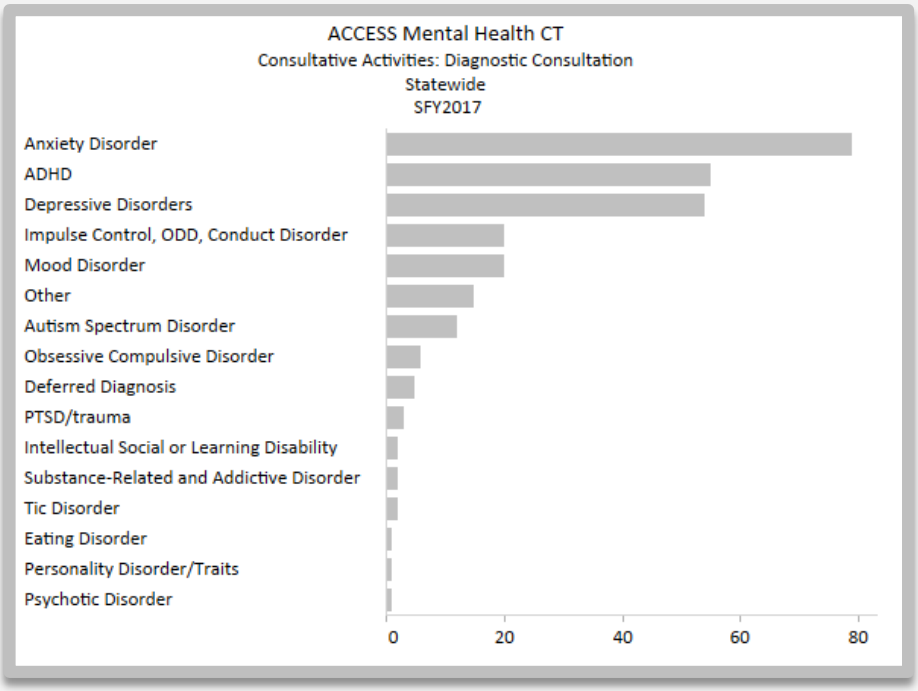


*PCPs may make contact for multiple reasons; selections are not unique

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.



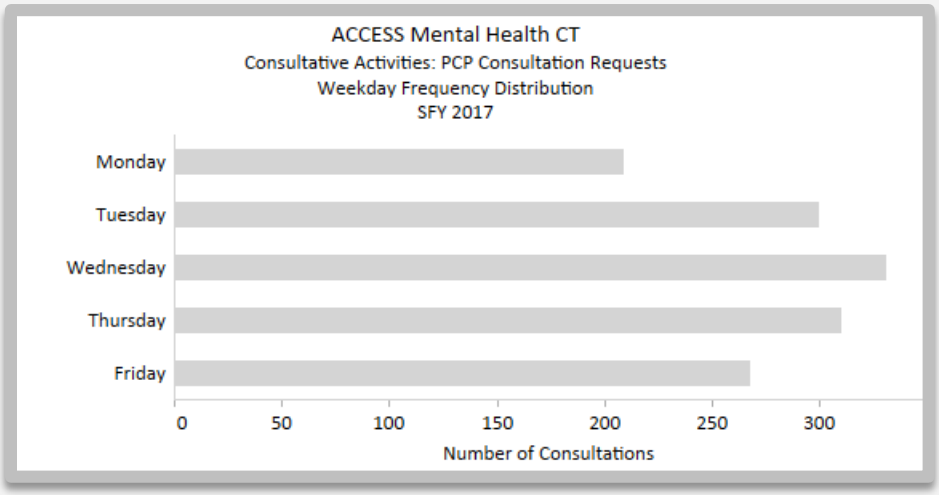
*PCPs may request a consult on multiple medications; selections are not unique



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

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

After further analysis of initial PCP calls made in SFY'17, Wednesdays are the most popular day of the week across all three Hub teams, followed by Thursday.



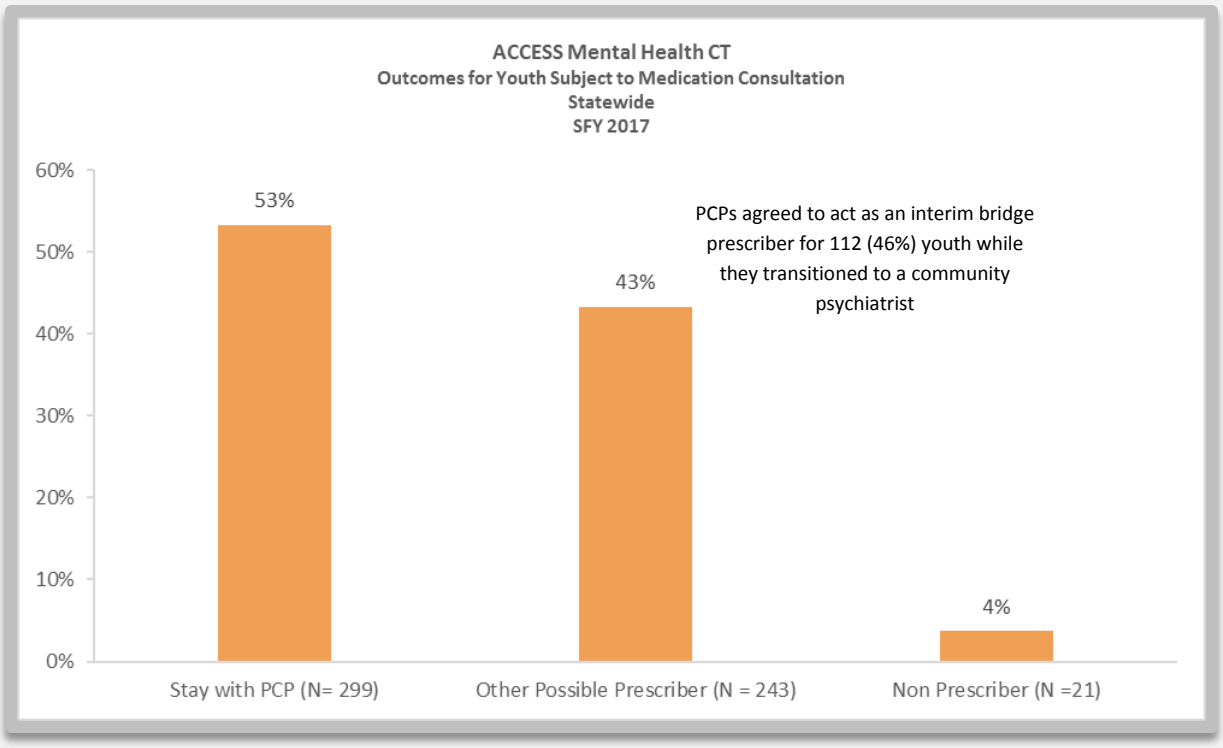
Primary Care Prescribing

In the third year of the program (SFY'17), enrolled PCPs contacted their respective Hub team psychiatrist requesting a medication consultation for 561 unduplicated youth. This is an increase of 93 youth as compared to SFY'16 (468). The corresponding graph depicts the outcomes resulting from this type of consultation.

For approximately 53% (299) of youth whose PCP called to discuss medication in SFY'17, 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 43% (243) 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 46% (112 out of 243) youth waiting to transition to a psychiatrist in their community. This is an increase of six percentage points as compared to the previous state fiscal year when PCPs agreed to act as an interim bridge prescriber for 40% (73) youth.

For 4% (21) 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 two percentage points (2%, 11 in SFY'16).



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 **2,954** consultative episodes occurred since inception of the program (June 16, 2014 - June 30, 2017). This is an increase of approximately 290 episodes since last quarter where the program to date (June 16, 2014 – March 31, 2017) total was noted as 2,664 episodes. The statewide range of days per episode is 1 day to 172 days, with an average of 18 days per episode. The range of activities per episode is 1-30, with an average of 4 activities per episode across the state. As indicated in the table below, Hartford Hospital provided episodes of care with higher average number of days per episode as compared to the other two Hub teams. When looking further at the frequency distribution, Hartford has three times as many episodes of 90 days or longer than either of the other two Hub teams. However, when looking at the length of time, all three teams are fairly similar in range of days per episode.

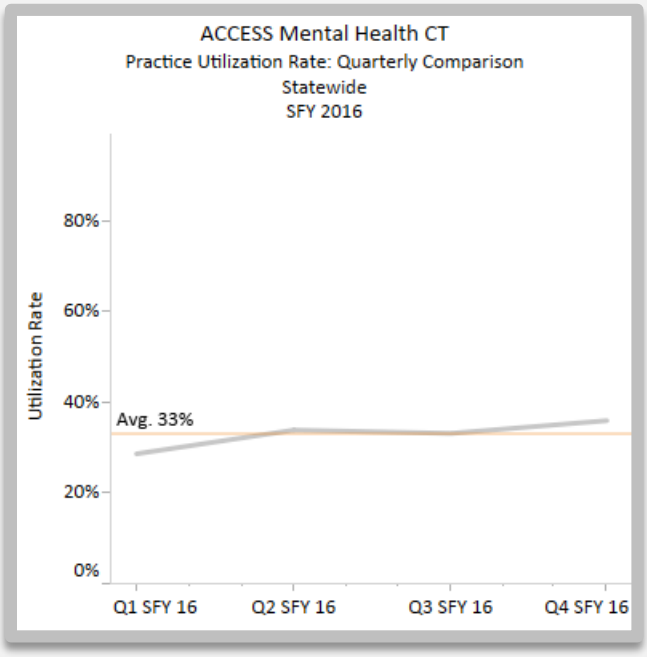
ACCESS Mental Health CT Consultative Episodes June 16, 2014 – June 30, 2017				
	Hartford Hospital	Wheeler Clinic	Yale Child Study Center	Statewide
Number of Youth with 1 Episode	1,005	985	575	2,565
Number of Youth with 2 Episodes	69	60	30	159
Number of Youth with 3 Episodes	4	3	1	8
Number of Youth with 4 Episodes	0	1	0	1
Total Number of Episodes	1,170	1,140	644	**2,954**
Average Number of Days per Episode	21	15	16	**18**
Average Number of Consultative Activities per Episode	5	4	4	**4**

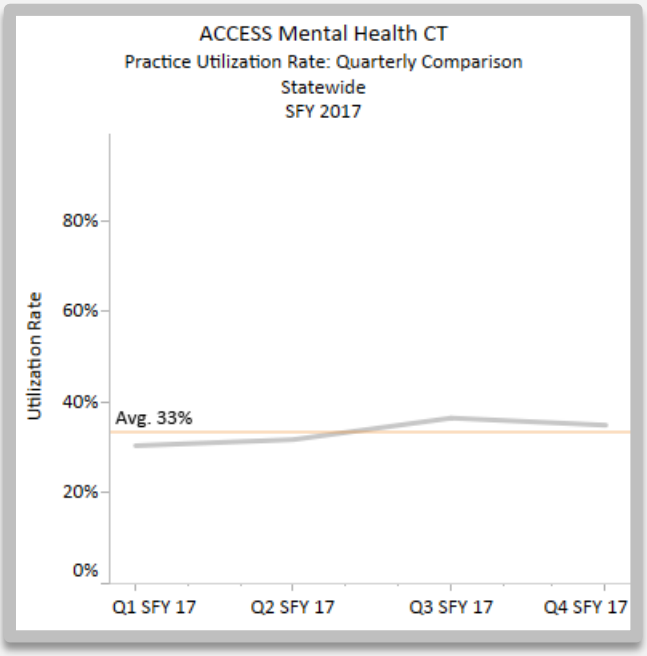
Practice Utilization

At enrollment, practice sites were asked to identify if they were a stand-alone practice or a practice with a primary site and additional satellite sites that shared physicians, patients, and policies and procedures. To eliminate the possibility of inflation, practice utilization is measured by practice groups; a stand-alone practice is counted once and a practice with multiple sites is also counted once. As sites indicated their practice group status, approximately **335 practice groups** with a total of 384 practice sites were formed.

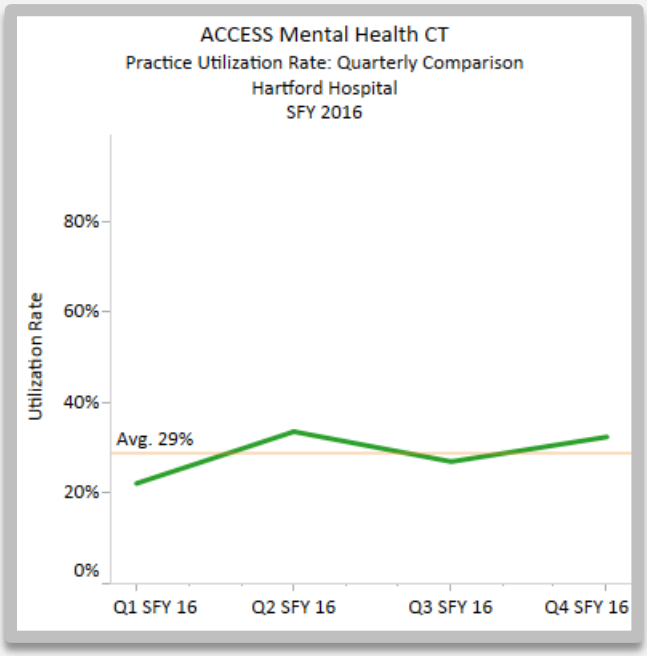
From program inception to date, June 16, 2014 through June 30, 2017, approximately **76%** (254 out of 335) of the enrolled primary care practice groups utilized the program at least one time. This is a 7 percentage point increase in the utilization rate compared to last fiscal year's rate of 69% (229 out of 334).

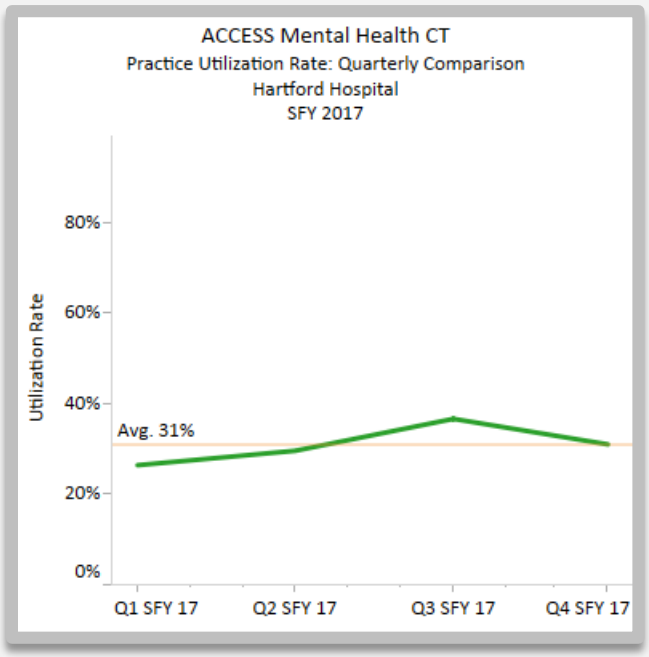
The following graphs compare the rate of practice utilization by quarter. If a practice used the program at any time during the quarter it will be captured for that timeframe. In SFY'17 the statewide average utilization rate was approximately 33%. This is equal to average utilization rate reported in the previous fiscal year (33% in SFY'16). With a utilization rate of 36% (123 out of 337), Q3 SFY'17 had the highest quarterly rate across both years. As indicated in the Consultation section of this report, it was Q4 not Q3 that was noted to have the highest volume of consultations across all three years. 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.



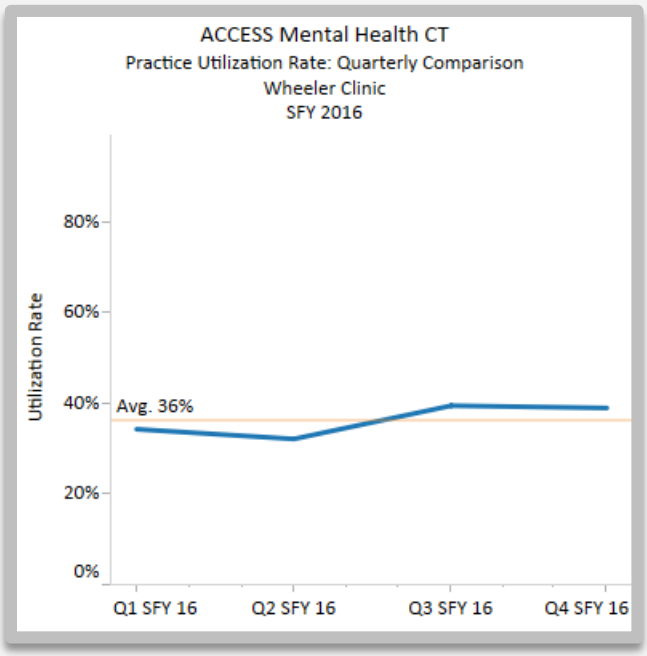


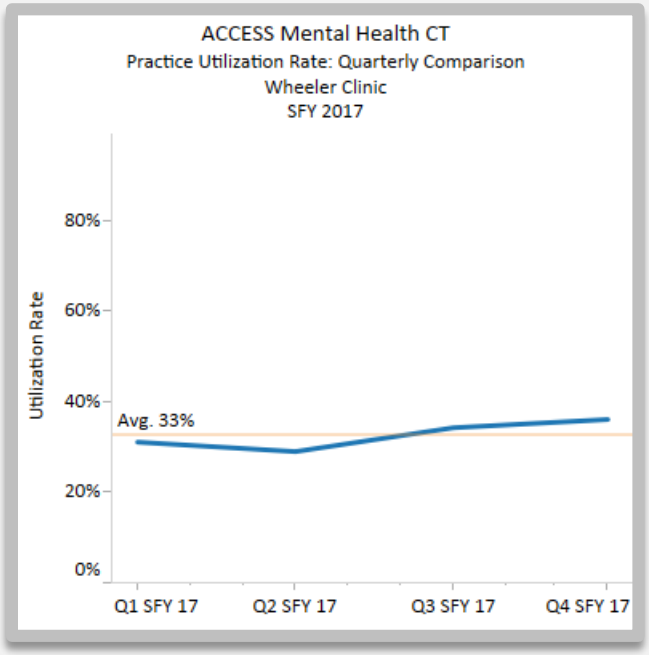
Hartford Hospital's practice utilization rate increased in SFY'17 by two percentage points (31%) as compared to the previous year's annual average rate of 29%. With a utilization rate of 37% (52 out of 142), Q3 SFY'17 had the highest quarterly rate across both years.



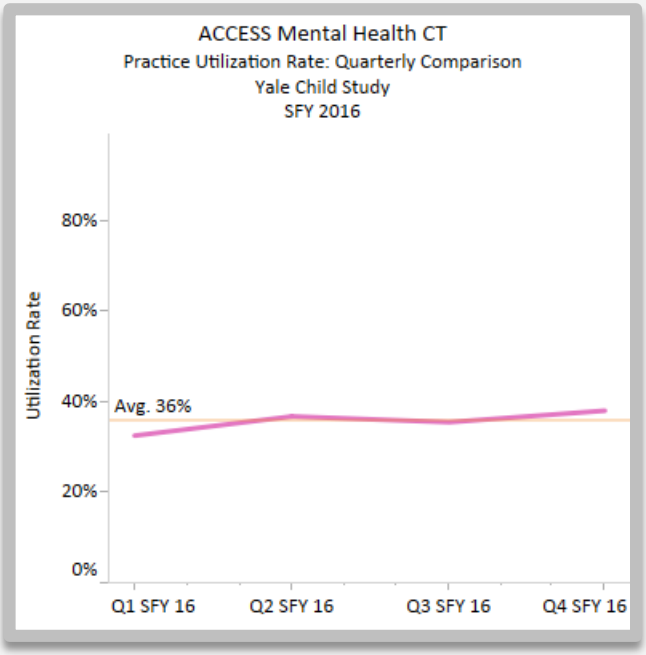


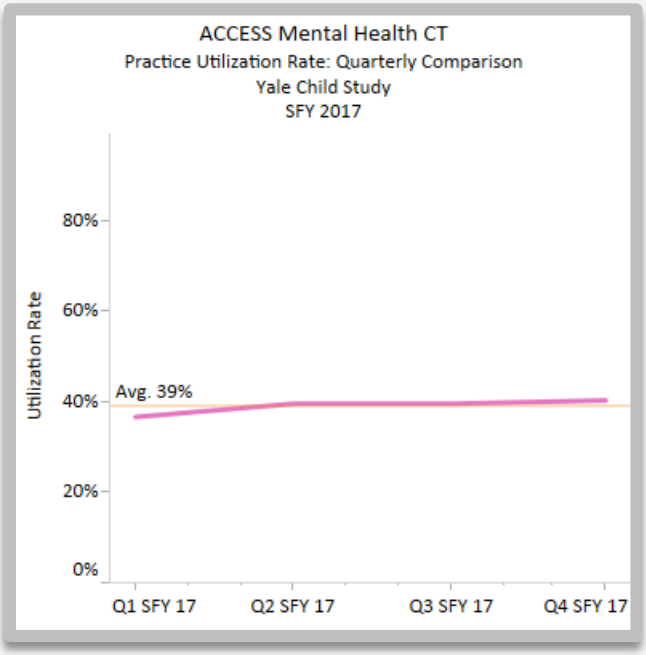
Wheeler Clinic's practice utilization rate decreased in SFY'17 by three percentage points (33%) as compared to the previous year's annual average rate of 36%. However, as indicated in the Consultation section of this report, Wheeler Clinic's volume of consultations also decreased in SFY'17 as compared to SFY'16; both the volume of consultations and the volume of practices utilized decreased this fiscal year. It will be important to continue to monitor this in SFY'18 to see if this trend continues.





Yale Child Study Center's practice utilization rate increased in SFY'17 by three percentage points (39%) as compared to the previous year's annual average rate of 36%. With a utilization rate of 40%, both Q3 and Q4 SFY'17 had the highest quarterly rates across both years.



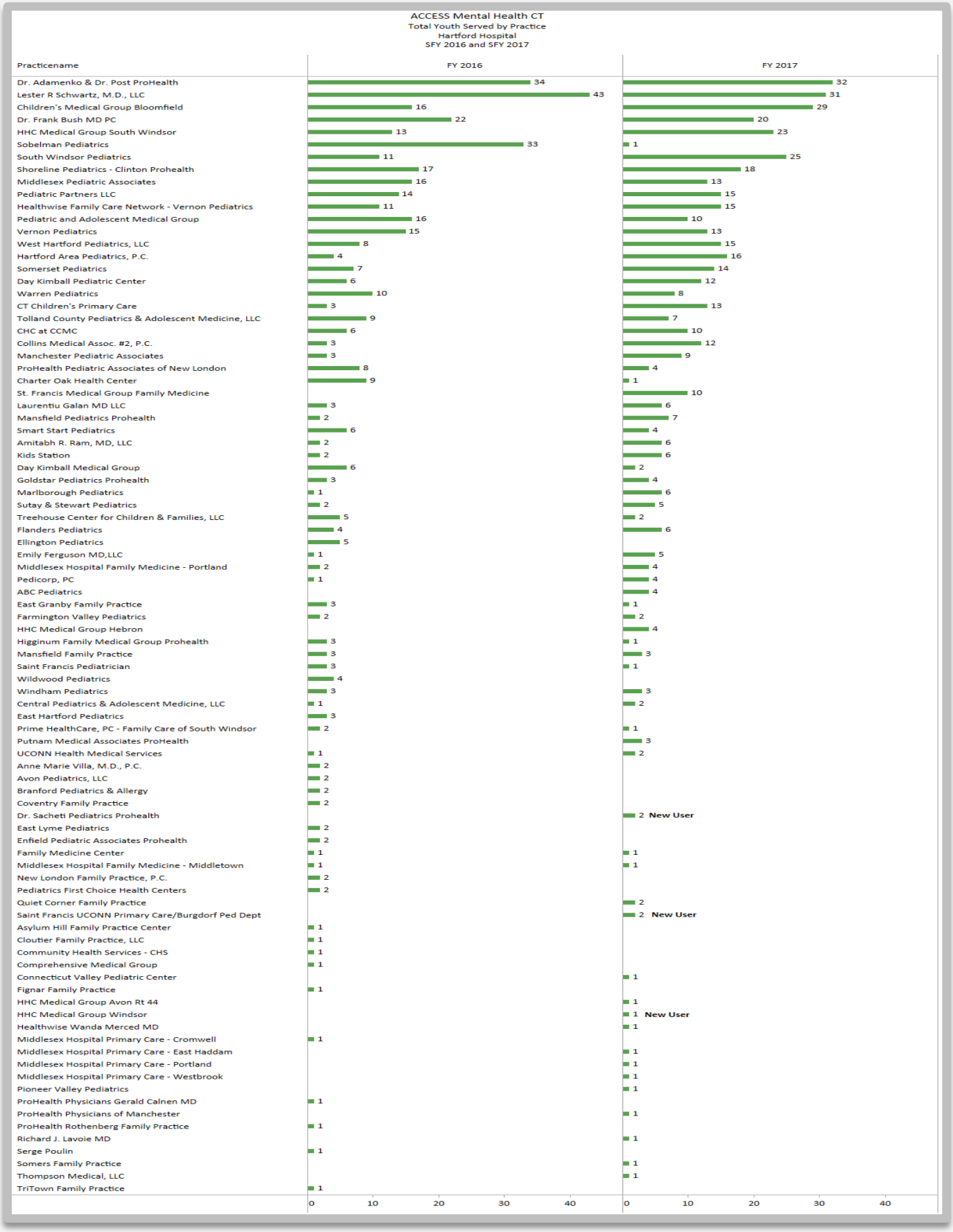


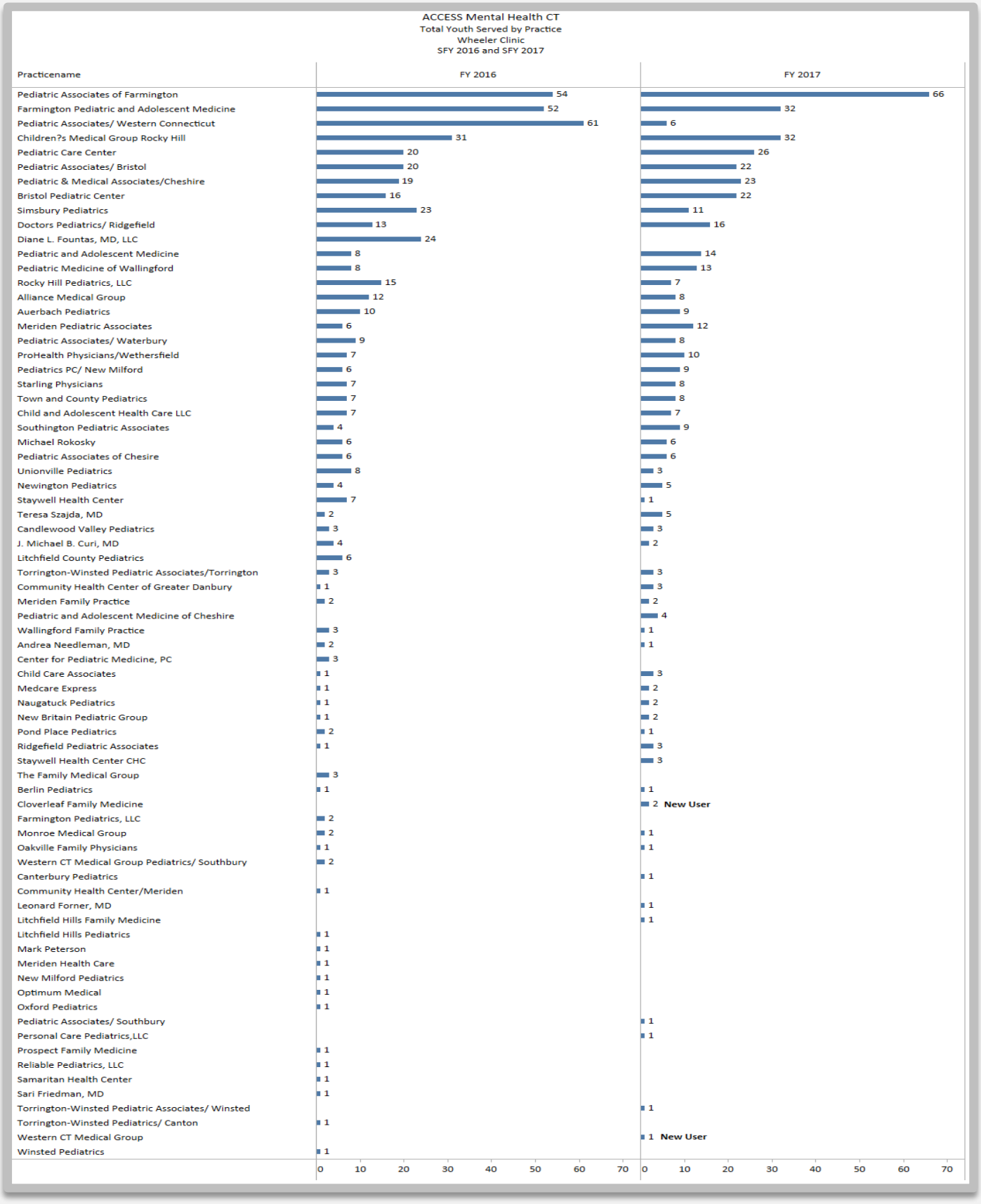
Another important way to measure utilization is to measure the volume of youth served by practice. The following graphs demonstrate, by Hub team, a breakout of utilization by number of youth served per practice in SFY'16 and SFY'17. The graphs are sorted by highest volume of youth per practice across both years. It is important to note that there are times when a PCP calls back on the same youth, so the counts depicted below are not unique across state fiscal years.

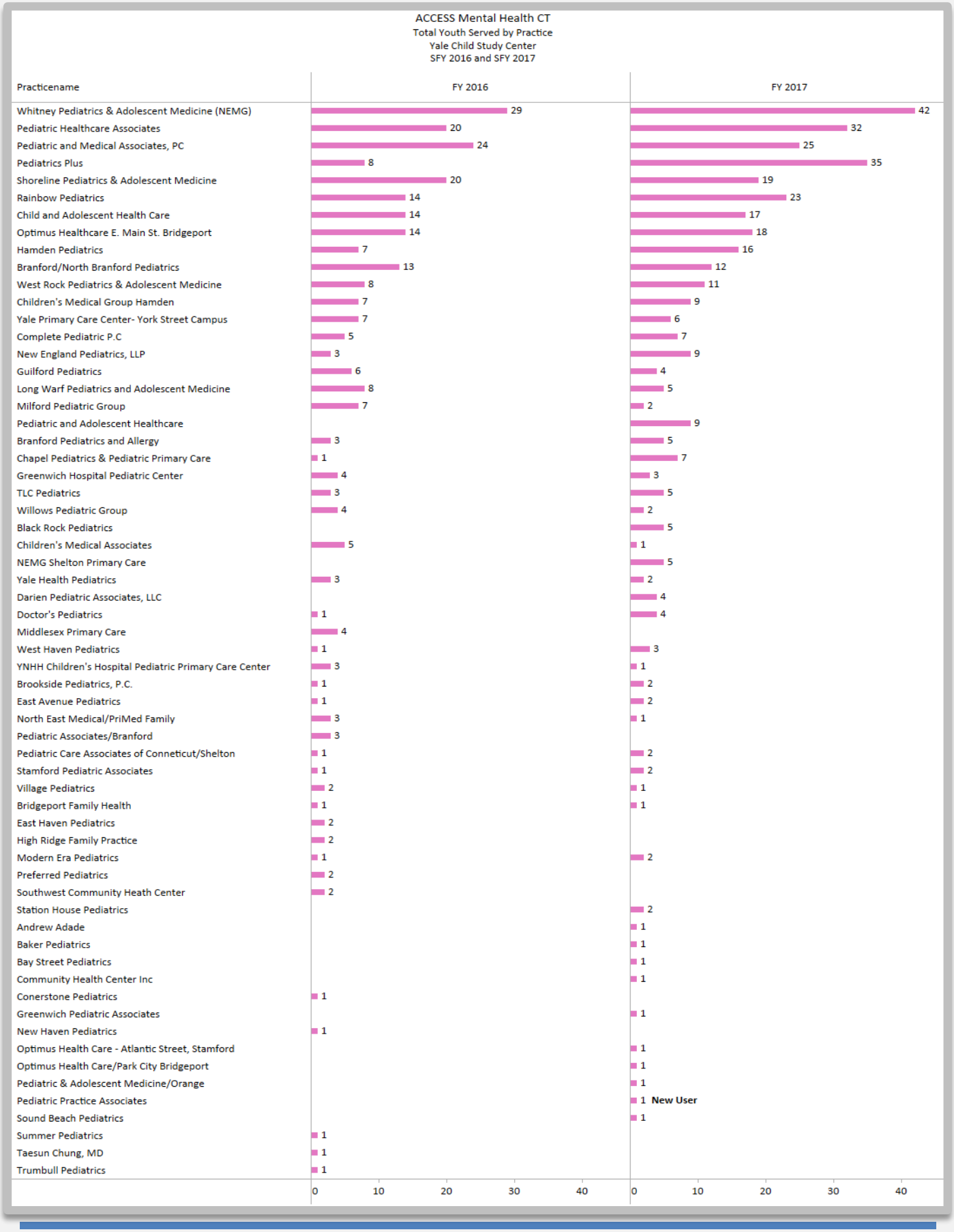
In SFY'17, a total of 69 practice groups utilized Hartford Hospital's Hub team, requesting support for a total of 487 youth. This is an increase of seven practice groups as compared to the SFY'16. Three of these practice groups called during Q4 SFY'17. HHC Medical Group called the program for the first time in May 2017 after being enrolled in the program for 33 months. Dr. Sacheti Pediatrics ProHealth and Saint Francis UCONN Primary Care/Burgdorf Pediatric Department both utilized the program for the first time in June of 2017 after being enrolled in the program 35 and 36 months respectively.

In SFY'17, a total of 56 practice groups utilized Wheeler Clinic's Hub team requesting support for a total of 451 youth. This is a decrease of nine practice groups as compared to last state fiscal year (65, SFY'16). There were two practice groups that utilized the program for the first time in Q4 SFY'17. After being enrolled in the program for 28 months, Cloverleaf Family Medicine called for the first time requesting support in April 2017. Western CT Medical Group became a new enrolled practice group and utilized the program in June 2017.

In SFY'17, a total of 52 practice groups utilized Yale Child Study Center's Hub team requesting support for a total of 377 youth. This is an increase of four practice groups as compared to last state fiscal year (48, SFY'16). There was one practice group that used for the first time in Q4 FY'16. After being enrolled in the program for 32 months, Pediatric Practice Associates requested support for the first time in May 2017.


ACCESS Mental Health CT
Total Youth Served by Practice
Hartford Hospital
SFY 2016 and SFY 2017
Practicename
FY 2016
FY 2017
Dr. Adamenko & Dr. Post ProHealth 34 32
Lester R Schwartz, M.D., LLC 43 31
Children's Medical Group Bloomfield 16 29
Dr. Frank Bush MD PC 22 20
HHC Medical Group South Windsor 13 23
Sobelman Pediatrics 33 1
South Windsor Pediatrics 11 25
Shoreline Pediatrics - Clinton Prohealth 17 18
Middlesex Pediatric Associates 16 13
Pediatric Partners LLC 14 15
Healthwise Family Care Network - Vernon Pediatrics 11 15
Pediatric and Adolescent Medical Group 16 10
Vernon Pediatrics 15 13
West Hartford Pediatrics, LLC 8 15
Hartford Area Pediatrics, P.C. 4 16
Somerset Pediatrics 7 14
Day Kimball Pediatric Center 6 12
Warren Pediatrics 10 8
CT Children's Primary Care 3 13
Tolland County Pediatrics & Adolescent Medicine, LLC 9 7
CHC at CCMC 6 10
Collins Medical Assoc. #2, P.C. 3 12
Manchester Pediatric Associates 3 9
ProHealth Pediatric Associates of New London 8 4
Charter Oak Health Center 9 1
St. Francis Medical Group Family Medicine 10
Laurentiu Galan MD LLC 3 6
Mansfield Pediatrics Prohealth 2 7
Smart Start Pediatrics 6 4
Amitabh R. Ram, MD, LLC 2 6
Kids Station 2 6
Day Kimball Medical Group 6 2
Goldstar Pediatrics Prohealth 3 4
Marlborough Pediatrics 1 6
Sutay & Stewart Pediatrics 2 5
Treehouse Center for Children & Families, LLC 5 2
Flanders Pediatrics 4 6
Ellington Pediatrics 5
Emily Ferguson MD,LLC 1 5
Middlesex Hospital Family Medicine - Portland 2 4
Pedicorp, PC 1 4
ABC Pediatrics 4
East Granby Family Practice 3 1
Farmington Valley Pediatrics 2 2
HHC Medical Group Hebron 4
Higginum Family Medical Group Prohealth 3 1
Mansfield Family Practice 3 3
Saint Francis Pediatrician 3 1
Wildwood Pediatrics 4
Windham Pediatrics 3 3
Central Pediatrics & Adolescent Medicine, LLC 1 2
East Hartford Pediatrics 3
Prime HealthCare, PC - Family Care of South Windsor 2 1
Putnam Medical Associates ProHealth 3
UCONN Health Medical Services 1 2
Anne Marie Villa, M.D., P.C. 2
Avon Pediatrics, LLC 2
Branford Pediatrics & Allergy 2
Coventry Family Practice 2
Dr. Sacheti Pediatrics Prohealth 2 New User
East Lyme Pediatrics 2
Enfield Pediatric Associates Prohealth 2
Family Medicine Center 1 1
Middlesex Hospital Family Medicine - Middletown 1 1
New London Family Practice, P.C. 2
Pediatrics First Choice Health Centers 2
Quiet Corner Family Practice 2
Saint Francis UCONN Primary Care/Burgdorf Ped Dept 2 New User
Asylum Hill Family Practice Center 1
Cloutier Family Practice, LLC 1
Community Health Services - CHS 1
Comprehensive Medical Group 1
Connecticut Valley Pediatric Center 1
Fignar Family Practice 1
HHC Medical Group Avon Rt 44 1
HHC Medical Group Windsor 1 New User
Healthwise Wanda Merced MD 1
Middlesex Hospital Primary Care - Cromwell 1
Middlesex Hospital Primary Care - East Haddam 1
Middlesex Hospital Primary Care - Portland 1
Middlesex Hospital Primary Care - Westbrook 1
Pioneer Valley Pediatrics 1
ProHealth Physicians Gerald Calnen MD 1
ProHealth Physicians of Manchester 1
ProHealth Rothenberg Family Practice 1
Richard J. Lavoie MD 1
Serge Poulin 1
Somers Family Practice 1
Thompson Medical, LLC 1
TriTown Family Practice 1
0 10 20 30 40
0 10 20 30 40


ACCESS Mental Health CT
Total Youth Served by Practice
Wheeler Clinic
SFY 2016 and SFY 2017
Practicename
FY 2016
FY 2017
Pediatric Associates of Farmington 54 66
Farmington Pediatric and Adolescent Medicine 52 32
Pediatric Associates/ Western Connecticut 61 6
Children?s Medical Group Rocky Hill 31 32
Pediatric Care Center 20 26
Pediatric Associates/ Bristol 20 22
Pediatric & Medical Associates/Cheshire 19 23
Bristol Pediatric Center 16 22
Simsbury Pediatrics 23 11
Doctors Pediatrics/ Ridgefield 13 16
Diane L. Fountas, MD, LLC 24
Pediatric and Adolescent Medicine 8 14
Pediatric Medicine of Wallingford 8 13
Rocky Hill Pediatrics, LLC 15 7
Alliance Medical Group 12 8
Auerbach Pediatrics 10 9
Meriden Pediatric Associates 6 12
Pediatric Associates/ Waterbury 9 8
ProHealth Physicians/Wethersfield 7 10
Pediatrics PC/ New Milford 6 9
Starling Physicians 7 8
Town and County Pediatrics 7 8
Child and Adolescent Health Care LLC 7 7
Southington Pediatric Associates 4 9
Michael Rokosky 6 6
Pediatric Associates of Chesire 6 6
Unionville Pediatrics 8 3
Newington Pediatrics 4 5
Staywell Health Center 7 1
Teresa Szajda, MD 2 5
Candlewood Valley Pediatrics 3 3
J. Michael B. Curi, MD 4 2
Litchfield County Pediatrics 6
Torrington-Winsted Pediatric Associates/Torrington 3 3
Community Health Center of Greater Danbury 1 3
Meriden Family Practice 2 2
Pediatric and Adolescent Medicine of Cheshire 4
Wallingford Family Practice 3 1
Andrea Needleman, MD 2 1
Center for Pediatric Medicine, PC 3
Child Care Associates 1 3
Medcare Express 1 2
Naugatuck Pediatrics 1 2
New Britain Pediatric Group 1 2
Pond Place Pediatrics 2 1
Ridgefield Pediatric Associates 1 3
Staywell Health Center CHC 3
The Family Medical Group 3
Berlin Pediatrics 1 1
Cloverleaf Family Medicine 2 New User
Farmington Pediatrics, LLC 2
Monroe Medical Group 2 1
Oakville Family Physicians 1 1
Western CT Medical Group Pediatrics/ Southbury 2
Canterbury Pediatrics 1
Community Health Center/Meriden 1
Leonard Forner, MD 1
Litchfield Hills Family Medicine 1
Litchfield Hills Pediatrics 1
Mark Peterson 1
Meriden Health Care 1
New Milford Pediatrics 1
Optimum Medical 1
Oxford Pediatrics 1
Pediatric Associates/ Southbury 1
Personal Care Pediatrics,LLC 1
Prospect Family Medicine 1
Reliable Pediatrics, LLC 1
Samaritan Health Center 1
Sari Friedman, MD 1
Torrington-Winsted Pediatric Associates/ Winsted 1
Torrington-Winsted Pediatrics/ Canton 1
Western CT Medical Group 1 New User
Winsted Pediatrics 1
0 10 20 30 40 50 60 70
0 10 20 30 40 50 60 70


ACCESS Mental Health CT
Total Youth Served by Practice
Yale Child Study Center
SFY 2016 and SFY 2017
Practicename
FY 2016
FY 2017
Whitney Pediatrics & Adolescent Medicine (NEMG) 29 42
Pediatric Healthcare Associates 20 32
Pediatric and Medical Associates, PC 24 25
Pediatrics Plus 8 35
Shoreline Pediatrics & Adolescent Medicine 20 19
Rainbow Pediatrics 14 23
Child and Adolescent Health Care 14 17
Optimus Healthcare E. Main St. Bridgeport 14 18
Hamden Pediatrics 7 16
Branford/North Branford Pediatrics 13 12
West Rock Pediatrics & Adolescent Medicine 8 11
Children's Medical Group Hamden 7 9
Yale Primary Care Center- York Street Campus 7 6
Complete Pediatric P.C 5 7
New England Pediatrics, LLP 3 9
Guilford Pediatrics 6 4
Long Warf Pediatrics and Adolescent Medicine 8 5
Milford Pediatric Group 7 2
Pediatric and Adolescent Healthcare 9
Branford Pediatrics and Allergy 3 5
Chapel Pediatrics & Pediatric Primary Care 1 7
Greenwich Hospital Pediatric Center 4 3
TLC Pediatrics 3 5
Willows Pediatric Group 4 2
Black Rock Pediatrics 5
Children's Medical Associates 5 1
NEMG Shelton Primary Care 5
Yale Health Pediatrics 3 2
Darien Pediatric Associates, LLC 4
Doctor's Pediatrics 1 4
Middlesex Primary Care 4
West Haven Pediatrics 1 3
YNHH Children's Hospital Pediatric Primary Care Center 3 1
Brookside Pediatrics, P.C. 1 2
East Avenue Pediatrics 1 2
North East Medical/PriMed Family 3 1
Pediatric Associates/Branford 3
Pediatric Care Associates of Conneticut/Shelton 1 2
Stamford Pediatric Associates 1 2
Village Pediatrics 2 1
Bridgeport Family Health 1 1
East Haven Pediatrics 2
High Ridge Family Practice 2
Modern Era Pediatrics 1 2
Preferred Pediatrics 2
Southwest Community Heath Center 2
Station House Pediatrics 2
Andrew Adade 1
Baker Pediatrics 1
Bay Street Pediatrics 1
Community Health Center Inc 1
Conerstone Pediatrics 1
Greenwich Pediatric Associates 1
New Haven Pediatrics 1
Optimus Health Care - Atlantic Street, Stamford 1
Optimus Health Care/Park City Bridgeport 1
Pediatric & Adolescent Medicine/Orange 1
Pediatric Practice Associates 1 New User
Sound Beach Pediatrics 1
Summer Pediatrics 1
Taesun Chung, MD 1
Trumbull Pediatrics 1
0 10 20 30 40
0 10 20 30 40

In Q2 SFY'17, the Hub teams were provided a list of their respective enrolled practice groups that were noted to have used the program in year one, but did not use the program in year two. The Hub teams were asked to schedule onsite visits with each of these practices to better understand the change in their utilization patterns.

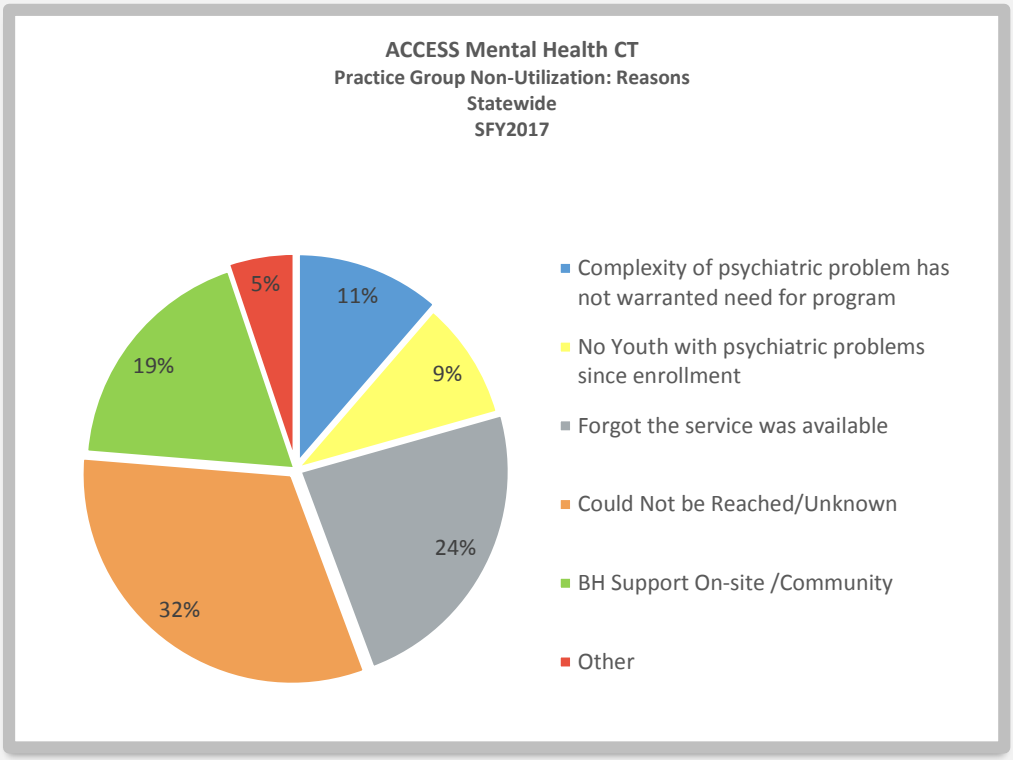
The Hub teams reported similar trends as a result of their onsite meetings. During these visits, the Hub teams highlighted the program's services, enhanced relationships with their respective primary care practices, provided topics for future education and reviewed some cases right onsite. Discussions included the role of screening tools for those who did not have that standard of care and how to utilize results in determining when to contact the ACCESS Mental Health program. When asked about their reasons for not using in year two, some PCPs thought ACCESS Mental Health CT was for medication consultations only and were not aware of the availability of care coordination. In some practices there were new providers who had not been around for the initial enrollment, so were unaware of the program. Some of the primary care practices visited do not treat many children and reported not needing to call the program in year two. Some believed that the program was for HUSKY youth only and stopped calling because they were no longer taking Medicaid patients. Some practices were calling Wheeler's outpatient clinic called "Open Access", thinking they were using the ACCESS Mental Health program. Some believed that the calls to the program would take too long and felt they didn't have the time to call. Lastly, some PCPs reported not being comfortable with pediatric psychopharmacology and believed they would be pressured into prescribing medication if they called in for support; one PCP stressed that PCPs are "already being asked to do too much".

The teams' overall impressions were that the visits were much needed and that the lack of use seemed to be related to a lack of knowledge of the program. After submitting their surveys to the Central Administrative team, all three teams agreed that regular onsite visits to practices during the year helps to better understand the different needs of practices. It also helps to continue to build rapport with PCPs and helps to clarify any misunderstanding or misperceptions the PCPs may have about the program's services. In addition to continued onsite visits, the Hub teams also agreed that distributing frequent reminders of the program will help to keep ACCESS Mental Health "top of mind" for some of the low-utilizing and non-utilizing practices who forget that the program is available.

Practice Non-Utilization

In Q2 SFY'17, the Hub teams were provided a list of their respective enrolled non-using practice groups (97) 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 24% (23) of the enrolled practice groups that had not yet utilized the program reported that they forgot the service was available to them. Approximately 19% (18) 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 11% (11) 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 9% (9) 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 and 32% (31) 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. There were 5 practice groups (5%) who reported other reasons for not yet using the program, some reported that they were preparing to retire.



It's important to note that **11** 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'17, 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 three 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.

ACCESS Mental Health CT Satisfaction Scores: Statewide Quarterly Comparison FY2017				
	Q1 SFY'17	Q2 SFY'17	Q3 SFY'17	Q4 SFY'17
Average Satisfaction Score	4.99	4.98	4.99	4.99
Maximum Satisfaction Score	5	5	5	5
Minimum Satisfaction Score	3	3	3	3

ACCESS Mental Health CT Satisfaction Scores: Hub and Statewide Annual Comparison FY2017				
	Hartford Hospital	Wheeler Clinic	Yale Child Study Center	Statewide
Average Satisfaction Score	4.98	4.99	5.00	**4.99**
Maximum Satisfaction Score	5	5	5	5
Minimum Satisfaction Score	3	3	3	3

PCP Annual Satisfaction Survey: In June 2017, 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?
- 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?
- 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?

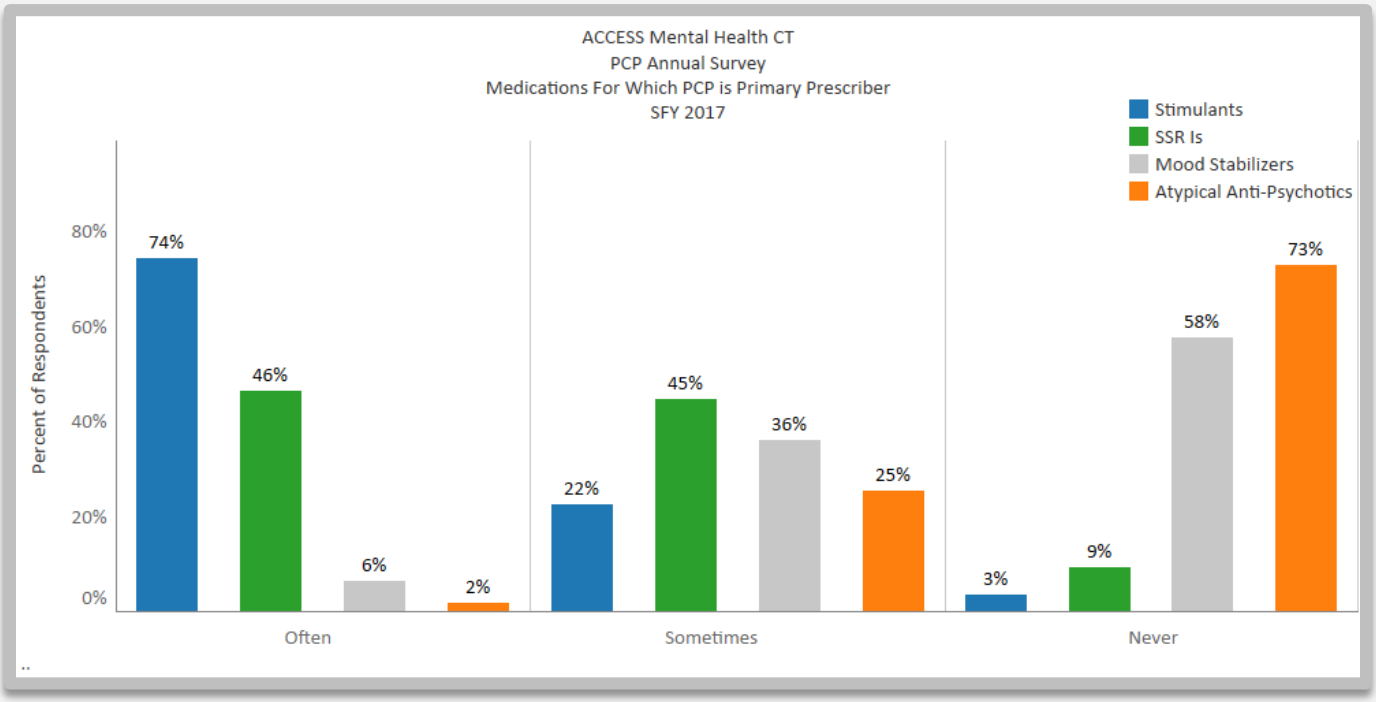
A total of 1,524 surveys were mailed and distributed via email to 384 primary care practice sites with the option to complete the survey on-line, mail back, or fax to the Central Administrative team at Beacon. A total of 151 surveys were submitted; approximately **28%** (107 out of 384) of the practice sites completed at least one survey. The majority of responses were received via fax.

Approximately, 95% (143 out of 151) had used the service prior to completing the satisfaction survey and 76% (109 out of 143) of those said that they had often/sometimes used the service. It is important to note that 5% (8 out of 151) of respondents reported to never have used the service and therefore submitted “not applicable” to the answers on the survey. Some respondents skipped questions on the survey; the total number of respondents will be clearly marked in this analysis.

Approximately **88%** (126 out of 143) 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 90% (128 out of 143) reported receiving a consultation from their ACCESS Mental Health CT Hub team in a timely manner. Approximately 90% (126 out of 140) respondents reported that they agreed/strongly agreed that the ACCESS Mental Health CT team was helpful.

Approximately 76% (110 out of 144) of the total respondents reported often using standardized behavioral health screening during well child visits and 43% (52 out of 120) 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” 74% (86 out of 116) respondents reported often prescribing Stimulants, 46% (51 out of 110) reported often prescribing SSRIs, 36% (40 out of 111) reported sometimes prescribing Mood Stabilizers, and 25% (28 out of 110) of the respondents said that they were the primary prescriber of Atypical Anti-Psychotics some of the time.



Approximately 59% (69 out of 117) 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.

Quotes

“ACCESS Mental Health has been a valuable resource for me and I am always grateful for their help and insight” – Pediatrician, Bridgeport CT

“THANK YOU ACCESS MENTAL HEALTH – you change lives every day and have made immense improvements in the quality of care that CT children receive!!” – Pediatrician, Farmington CT

“Thank you for your great help with my caring for the two children we discussed this week. They’ve been on my mind for so long. I am very grateful. I will be calling you again. I think I’ve done pretty well so far with pharmacological treatment, however, sometimes I need some expert guidance. Thanks!!” – Pediatrician, Farmington CT

“ACCESS Mental Health is a fantastic program that I use frequently. Great help identifying and coordinating care. While I don’t feel any more comfortable prescribing medication due to ACCESS Mental Health, it is very nice knowing I can get a phone consultation in a timely manner if needed.” – Pediatrician, Bloomfield CT

“Thank you, I couldn’t do this without you.” – Pediatrician, Meriden CT

“Glad this service is available – I would not feel comfortable prescribing any psych meds if this was not available” – APRN, Bristol CT

“Dr. Stubbe is awesome. So helpful!!” – Pediatrician, Madison CT

“ACCESS Mental Health is an invaluable service in primary care. We don’t know all of the psych practitioners out there and in this fractured society the need is great.” – APRN, Stratford CT

“Awesome! Always helpful and excellent follow-up” – Pediatrician, New Haven CT

“ACCESS Mental Health is an invaluable program for pediatric providers who are deluged with patients who have trouble gaining access to mental health services in the state. I can better serve and take care of my patients with the backup I receive from Drs. Miller and Sahani. I appreciate the immediate response I can get from them as many mental health issues need immediate action…it would be hard for me to practice without the support from ACCESS Mental Health.” – Pediatrician, Wethersfield CT

“Doing a great job!” – Pediatrician, Southington CT

“The program is excellent! Very responsive providers with helpful guidance. I need to use the service more. My partners are not using it much yet because I think they forget about it as an option. Thank you!” – Pediatrician, Litchfield CT

“Thank you for all of your help!” – Pediatrician, Torrington CT

“I wish we had similar support for my young adults over 18yo. This group is much neglected. Thank you!!” – Family Physician, Putnam CT

“Excellent resource!!” – Pediatrician, Hebron CT

“ACCESS is Wonderful, Wonderful, Wonderful. Your whole staff is always so helpful. I have come to rely on ACCESS MH. I would have a hard time practicing without you.” – Pediatrician, Bristol CT

“I have had a great experience so far. Only called twice, but was amazed at how quickly I reached someone and got to speak with a psychiatrist. Very useful program!” – Pediatrician, Middletown CT

“Don’t cut funding!!” – Pediatrician, Manchester CT

“Please continue this important service to our ever growing population of children/adolescents with mental health issues” – Pediatrician, Bloomfield CT

“ACCESS Mental Health Drs. Miller and Sahani have been extremely helpful and effective in assisting with direction with medications…Thanks!” – APRN, Bristol CT

“Excellent program, I rely on it a lot and have learned a lot!” – Pediatrician, Bristol CT

“Thank you for all of your support. Your work is wonderful and important!” – Pediatrician, Cheshire CT

“We really like the services you provide. You are open and willing to talk to us, have thoughtful insights, and help us help our children and families.” – Pediatrician, Waterbury CT

“Sometimes I forget that it is there, but when reminded it is great! I’m still uncomfortable initiating mood stabilizers and atypical anti-psychotics because I do not have integration with counselors.” – Pediatrician, New Britain CT

“We were up against a wall. You broke down the walls for us” – Parent from Yale Child Study Center Hub

“You are a fool not to take advantage of the ACCESS Mental Health program” – Pediatrician, Bristol CT

“Making this call to you decreased my own anxiety.” – Pediatrician, Branford CT

“ACCESS has been so very helpful and supportive. It is sometimes hard for me to find the 15 or 20 minutes to call, but when I do I get immediate assistance and it is always well worth it.” – Pediatrician, Middlebury CT

“The last two patients of mine that ACCESS Mental Health has consulted on are doing very well – you guys are wonderful!” – Pediatrician, Fairfield CT

“This is so fantastic, you just helped me with these three patients that I didn’t know what to do with or how to help and now we have them all taken care of.” – Pediatrician, Plainville CT

“I have realized that when I see and treat a patient, I impact only one patient and family at a time. However, changing PCP’s assessment, management and prescribing habits has far reaching effect.” – Hub Team Psychiatrist, Wheeler Clinic

“We strive to put forth our best effort to exhaust all alternatives in order to meet the ultimate needs of our clients, and to ensure that they are connected to care where possible, despite the challenges that have arisen.” – Hub Team Clinician, Wheeler Clinic

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 three of the program, the Hub teams were each charged with providing a minimum of six (6) behavioral health trainings, one (1) specific to identifying and addressing substance use, 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’17 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.

Hartford Hospital Hub behavioral health trainings:

Screening And Treatment Of Mild Depression In The Primary Care Office
Webinar- 9/16/2016
Presenter: Kim Brownell, MD
Attendees: 50

Screening For Substance Abuse In Adolescents In Primary Care
CT AAP Webinar- 10/19/2016
Presenter: Kim Brownell, MD
Attendees: Unknown

RELAX: First Aid For Pediatric Anxiety In The Primary Care Office It Is As Easy As A B C
Webinar- 12/16/2016
Presenter: Kim Brownell, MD
Attendees: 93

Screening For Substance Abuse In Adolescents In Primary Care
Webinar- 10/21/2016
Presenter: Kim Brownell, MD
Attendees: 50

SBIRT In Primary Care Practices
Webinar- 11/3/2016
Presenter: Kim Brownell, MD
Attendees: 50

Identifying Mental Health Issues In Young Children And Adolescents
Marriott Hotel, Trumbull, CT- 11/5/2016
Presenter: Kim Brownell, MD
Attendees: CAFAF Foster Parent Forum/Pediatric Health Care Providers

Pediatric Behavioral Health
Marriott Hotel, Hartford, CT- 11/10/2016
Presenter: Kim Brownell, MD
Attendees: Farmington CT Center for Primary Care and the Primary Care Coalition of CT

Substance Abuse & SBIRT
Middlesex Family Practice- 12/21/2016
Presenter: Kim Brownell, MD & Raleigh Leggett
Attendees: Middlesex Family Practice Residents

Depression Screening And Treatment of Depression in the pediatrician's Office
Mansfield Family Practice- 1/13/2017
Presenter: Paul Weigle, MD
Attendees: 7

Treatment of Depression in the pediatrician's Office
Coventry Family Practice- 2/17/2017
Presenter: Paul Weigle, MD
Attendees: 2

Treatment of Depression in the pediatrician's Office
Cloutier Family Practice- 2/24/2017
Presenter: Paul Weigle, MD
Attendees: 2

13 Reasons Why You Should Screen For Depression In Primary Care
CT AAP Webinar- 6/21/2017
Presenter: Lisa Namerow, MD
Attendees: 85

Wheeler Clinic Hub behavioral health trainings:

Pharmacology & Screening for Anxiety Disorders
Bristol Pediatrics - 09/26/2016
Presenter: Dr. Miller
Attendees: 5

Intro to AMH program & ADHD
Bristol Health & Wellness -11/11/2016 & 11/18/16
Presenter: Dr. Sahani
Attendees:2

Anxiety
Alliance Medical Group of Greater Waterbury -11/15/2016
Presenter: Dr. Miller
Attendees: 5

Stimulants/ADD Medications
Auerbach Pediatrics -11/17/2016
Presenter: Dr. Miller
Attendees: 2

Depression & Anxiety
Bristol Health & Wellness - 11/18/2016 & 11/11/17
Presenter: Dr. Sahani
Attendees: 2

Prescribing Antidepressants
Rocky Hill Pediatrics - 12/06/2016
Presenter: Dr. Miller
Attendees: 3

Identifying and Addressing Adverse Childhood Events & Trauma Related Symptoms in Primary Care Settings
CT AAP Webinar – 12/13/2016
Presenter: Dr. Miller and Bethany Gallant
Attendees: Unknown

Anti-Depressants
Pediatric Associates - 02/06/2017
Presenter: Dr. Miller
Attendees: 8

Identifying and Addressing Behavioral Health Issues in Primary Care and Utilization of ACCESS Mental Health Services
Cheshire Family Practice - 02/28/2017
Presenter: Dr. Miller
Attendees: 4

Anti-Depressants
Pediatric & Medical Assoc. - 03/06/2017
Presenter: Dr. Miller
Attendees: 8

Substance Use
Berlin Pediatrics - 03/29/2017
Presenter: Dr. Sahani
Attendees: 2

Substance Use
Pediatric & Adolescent Medicine of Cheshire/Jeannette Chinchilla, MD - 03/31/2017
Presenter: Dr. Sahani
Attendees: 1

Substance Use
Reliable Pediatrics - 04/05/2017
Presenter: Dr. Sahani
Attendees: 1

Substance Use
Pediatric Associates/Bristol - 04/18/2017
Presenter: Dr. Miller
Attendees: 5

Substance Use
Samaritan Health Center - 04/26/2017
Presenter: Dr. Sahani
Attendees: 5

Identifying and Addressing Behavioral Health Issues in Primary Care and Utilization of ACCESS Mental Health Services
Cloverleaf Family Health Care - 05/15/2017
Presenter: Dr. Miller
Attendees: 7

Substance Use
Child & Adolescent Health Care - 05/18/2017
Presenter: Dr. Miller
Attendees: 5

Yale Child Study Center Hub behavioral health trainings:

Evaluation and Treatment of Depression in Children & Adolescent: Essentials for Primary Care Provider
Stamford Hospital Grand Rounds - 9/29/2016
Presenter: Andrew Lustbader, MD & Signy Peck, LCSW
Attendees: 23

Self-Injury and the Pediatric Patient: Office Management Strategies
CT AAP Webinar - 2/21/2017
Presenter: Laine Taylor, DO & Heather Dowling, LCSW
Attendees: 118

Child & Adolescent Suicide: Risk Assessment & Treatment
Greenwich Hospital Pediatric Grand Rounds - 3/16/2016
Presenter: Dorothy Stubbe, MD
Attendees: 14

Screening for Adolescent & Young Adult Substance Use
Yale New Haven Children's Hospital for New Haven area pediatric practices - 3/30/2017
Presenter: Dorothy Stubbe, MD & Andy Baccaro, MA
Attendees: 8

Use of Community Resources
Shoreline Pediatrics - 3/30/2016
Presenter: Laine Taylor, DO
Attendees: 7

13 Reasons Why You Should Screen for Depression in Primary Care
CT AAP Webinar - 6/21/2017
Presenter: Dorothy Stubbe, MD & Lisa Namerow, MD
Attendees: 85

Case Vignettes

The Hub teams were asked to submit examples of consultations provided during the SFY'17 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.

Vignette #1

"The following vignette involved all members from our ACCESS Mental Health Hub team, highlights a number of the challenges that our families, PCPs and Hub team encounter, as well as how the ACCESS Mental Health program provided supports that made a significant difference. To date we have had 18 encounters with this family and PCP.

Our first encounter with "T" occurred in early March 2017 when his PCP called ACCESS about a 13-year-old patient with severe Autism Spectrum Disorder (ASD), low verbal skills and aggressive behavior that had been discharged precipitously from his psychiatrist's practice due to complications in managing the patient in the office, the parent's request to discuss treatment options without patient present, as well as he was closing the practice. This was the second psychiatrist that had discharged "T" for either the level of difficulty encountered or closing their practice. "T" has had trials of many different medications with minimum benefit and was currently on Abilify 15mg a day. Prior to terminating, the previous psychiatrist was considering the addition of another mood stabilizing medication. The PCP was concerned about the child and family, she felt he was unstable, at risk of hospitalization, and not doing well on the current medication regimen, but felt that the medications and severity of the "T's" difficulties were well beyond her scope of practice. "T" attended a therapeutic school; however, medication management was not available through their program. PCP reviewed the current medications with our Hub psychiatrist and our Hub clinician began searching for a psychiatrist.

Shortly after the onset of our involvement, "T" was able to be placed on a waiting list for a hospital specializing in the treatment for youth with Autism Spectrum Disorders. We all felt that this hospital was an excellent clinical fit. However, we subsequently found out that there would be a three month wait until he could be seen. At the PCP's request, our team continued to search exhaustively around the state and was unable to find a psychiatrist or APRN that would take the case; who would accept their insurance. Luckily, other non-prescribing clinical services including ABA were provided through his therapeutic school. Despite this, his aggressive outbursts were increasing and his mother felt that the other siblings in the home were increasingly stressed and at risk. Given her previous positive experience with ACCESS Mental Health CT, the PCP agreed to consider bridging medication management with further support of the ACCESS Mental Health Hub team and we subsequently set up a Face-to-Face consultation for the following week (mother's first availability). In the meantime, safety plans including the use of emergency services such as EMPS were reviewed.

Significantly, just prior to our consultation, "T" had to go to the emergency room due to a fractured wrist that had occurred during a particularly difficult restraint at school. Mother and "T" were still able to make it to the ACCESS Mental Health CT face-to-face consultation. Medication history was reviewed and clinical findings supported the ASD diagnosis. In addition, "T" was noted to have dystonia on his current dosage of Abilify 15mg. His increased agitation correlated with the increases in this medication

though it was uncertain which was the cause and which was the effect. No labs had ever been obtained to monitor his medications (not even during his visit to the ED).

Following our face-to-face consultation, medication options and monitoring recommendations were discussed with PCP and the PCP was comfortable with continuing to bridge the medications with close ACCESS Mental Health Hub team support including checking in with periodic calls. The Abilify was adjusted (to reduce the adverse effects) and a new medication (anticonvulsant-mood stabilizer) was added and titrated and the Abilify has been subsequently decreased with some improvement and stabilization.

In the meantime, our ACCESS Mental Health CT Hub team clinician and peer specialist have kept in touch with the family, providing guidance and support. Regular monitoring for adverse effects including laboratory tests have been obtained and reviewed with the Hub team psychiatrist.

Shortly before the anticipated intake in June at the hospital specializing in youth with ASD, the hospital notified the family that the doctor who was going to see them had resigned and "T's" intake was now on a waiting list for another 2-3 months.

The ACCESS Mental Health CT Hub team psychiatrist confirmed this with the PCP who agreed to continue to bridge, knowing that she can continue to call anytime with questions. In fact, the PCP called just last week to discuss results from the (finally obtained) lab work.

Although the family still prefers to wait for the hospital intake, our Hub team peer specialist continues to check in while she and our hub staff continue working on lining up other referral options.

Through effective use of ACCESS Mental Health telephonic and face-to-face consultation services, we have been able to help one of our PCPs provide bridging psychotropic management services, increasing her scope of practice and provide appropriate care for this very complicated patient while continuing to work towards linking with the best available longer term treatment option. We feel the PCP's personal trust, rapport with our team, and availability provided the support needed for her to go beyond her previous scope of practice in order to provide the best possible care for this child and family in a difficult situation. Our Hub team clinician and peer specialist have provided critical supports to the family as well as assistance in linking to needed services. Neither the PCP nor the family felt alone as we worked together for the best outcome for "T".

Since our involvement, "T's" clinical stability has improved and both the family and PCP feel he would likely have required hospitalization and at least for now are not considering residential treatment."

Vignette #2

"A PCP called our ACCESS Mental Health Hub team regarding a 6-year-old boy "M" with hearing loss and behavioral problems in both school and home including hyperactivity, lack of focus, anxiety, and aggression with his 10-month-old baby sister. The child's medical history included a diagnosis of Megdel Syndrome- a progressive genetic disorder associated with hearing loss, brain dysfunction, liver disease and muscle impairment. "M" was being seen by multiple medical providers for this disorder, in addition to receiving speech therapy and other supports in school. Additionally, the family had lost one

child to this disease at the age of 18 months. Lastly, the family was from Pakistan and only the father spoke English.

After speaking with the PCP, the ACCESS Mental Health Hub team came together to identify the best approach for this complex case. We connected the family to our Hub outpatient clinic for evaluation, in addition to referring the family to the local community collaborative for WRAP- around services. We communicated with “M’s” speech therapist at school to better understand school-based needs and services. Our Hub team peer specialist spoke with “M’s” father by phone on a frequent basis to better understand the impact of Megdel Syndrome on their lives, given the loss of one child and the progressive nature of this chronic disease with “M”.

In our efforts to obtain care for “M”, our Hub team and the child’s father found many roadblocks to care with comments including, “M” ‘…has too many underlying medical problems, he belongs at a speech and language clinic- not a mental health facility, we do not provide services for families who live in that town, there is a 6-8 week waiting period for that service, and he needs an official mental health diagnosis to receive care coordination.’

Despite these barriers, our Hub team obtained in-home services for “M” including our Hub Pediatric IICAPS program for children with medical and psychiatric disorders, and care coordination through Family Centered Services- the Medical Home Initiative in our region. The IICAPS workers- an APRN and behavioral health specialist- met twice a week with “M” and the family. Services provided to the family included individual therapy for “M”, family therapy, parenting skills training, case management and family advocacy. The IICAPS workers, as well as the care coordinator from Family Centered Services, attended “M’s” end of school year PPT meeting. They advocated for a psycho-educational evaluation for “M” and more extensive school based services.

The Family Centered Services care coordinator worked behind the scenes with “M’s” multiple medical providers including hematologist, ENT and genetic specialist. She communicated regularly with the pediatrician to keep him informed of the care provided to “M”. The care coordinator also obtained speech therapy, occupational therapy and neurologic consultation for “M” while encouraging collaboration among all providers. Additionally, she began the application process for DDS and SSDI.

The ACCESS Mental Health’s Hub peer specialist was the ongoing and consistent contact with the father while our Hub team consulted on this case. Some of the comments the father shared with the peer specialist included, “Thank you for making sure that we are doing ok”, “You are the only one who calls us back”, “I am so grateful that you listen to me, Miss A.”, and “I don’t know how we could do this without you”. When the peer specialist spoke to the father for the last follow-up call, he said, “You never gave up on us. You were angels in a dark place for our family. We are beginning to understand more about Megdel syndrome and what the future holds for “M”. My wife and I are learning how to deal with our own grief and help our family. You never stopped calling to see how we were doing and to be sure that we were ok. We are so grateful to you, and now to all the people who are coming into our home to help us. We wish that we could meet you, and are sad that you can only be the ‘sweet lady on the phone.”

Vignette #3

“The PCP called AMH regarding “R”, a seventeen-year-old, Caucasian female who had been experiencing increased mood fluctuations as well as impulsive and self-destructive behaviors (had been caught shop lifting) in the months prior to the consultation call. During this time of increased impulsive behaviors “R” had also switched her SSRI to Lexapro, raising concerns of possible activation connected to this medication change. There was also a family history of bipolar disorder, contributing to concerns of possible activation or “switching” to mania. “R” had also started taking Accutane for acne during this period, and there were questions as to whether that medication might have been impacting her mood as well. The PCP had been prescribing the Lexapro, but was not wishing to manage “R’s” medications long term. “R’s” mother had been attempting to find a medication provider to consult with, but as the family has commercial insurance and the mother reported having difficulty finding a medication provider they could see in-network.

The ACCESS Mental Health Hub team offered a face-to-face, one-time evaluation. The family was elated to be offered this opportunity to consult with AMH. The client’s mother expressed in a call with the Hub team clinician “you must love your job, providing such a needed and valuable service.” After meeting with “R”, the Hub team psychiatrist did think that “R” had potentially been activated by the Lexapro (which Rachel had self-discontinued) and recommended that the PCP start her on Lamotrigine to target “R’s” mood lability. The PCP had not prescribed Lamotrigine prior, but was willing to do so with the Hub team psychiatrist’s support and knowing that the Hub team would work to identify an in-network medication provider while the PCP bridged the medication. We were able to identify an APRN not far from the family’s home who was in network, who was a good fit, and able to take on management of “R’s” medications.”

Vignette #4

“During a recent medication consultation discussing the long-term impact of continuing Guanfacine for a 7 year old with separation anxiety and school refusal, not only did the pediatrician ask about how to best medically monitor the medication, but she then asked what issues she should monitor as this patient grows older given her history. The pediatrician was not only able to use ACCESS MH-CT for a medication consultation but also able to expand her knowledge on the child’s developmental psychopathology. This allows for primary prevention as well. When this conversation was completed, the pediatrician said, “to have this service is invaluable.”

Year-End Summary

The vast majority of primary care practice sites treating youth in Connecticut are enrolled in the program. Those that have declined enrollment indicate 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.

Outreach efforts to those declined as well as the enrolled non-utilizing practices will continue throughout year four of 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.

The volume of youth served by the program continues to increase, including an increase in young adults. While this volume of young adults is still low, it continues to increase year to year. The Hub teams currently have the capacity to support this young adult population given its low volume. However, it is recommended that this continue to be monitored and modified should resources shift.

As indicated in the demographic section, the disproportionate under-representation of Asian, Non-Hispanic youth and Hispanic youth is remarkable across all three Hub teams when compared to the total volume of youth in Connecticut. However, before additional steps are determined, it is imperative that we review the use of screening tools as a standard practice of care across all primary care practices treating youth in Connecticut.

With stable funding and program maturity, the volume of consultations continues to grow. The type of requests for consultations is also changing as more requests are focused on learning about medication and behavioral health treatment than straight referrals to specialty care. Full program hours and educational trainings in the community will only continue to bolster this evolution. Frequent reminders of the program's breadth of services will also help.

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, there is an increase in waitlists across the state for psychiatric prescribers who take insurance, therefore, the reliance on PCPs to provide this treatment continues to grow. This can also be seen in the Primary Care Prescribing section of this report as the volume of youth subject to a medication consultation increased this year and PCPs agreed to act as a bridge prescriber for more youth as they waited for psychiatric prescribers in the community. 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'18 and SFY'19 be restored to the full operating budget. Therefore, the Hub teams can continue to provide individual-case-based education without interruption.

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.

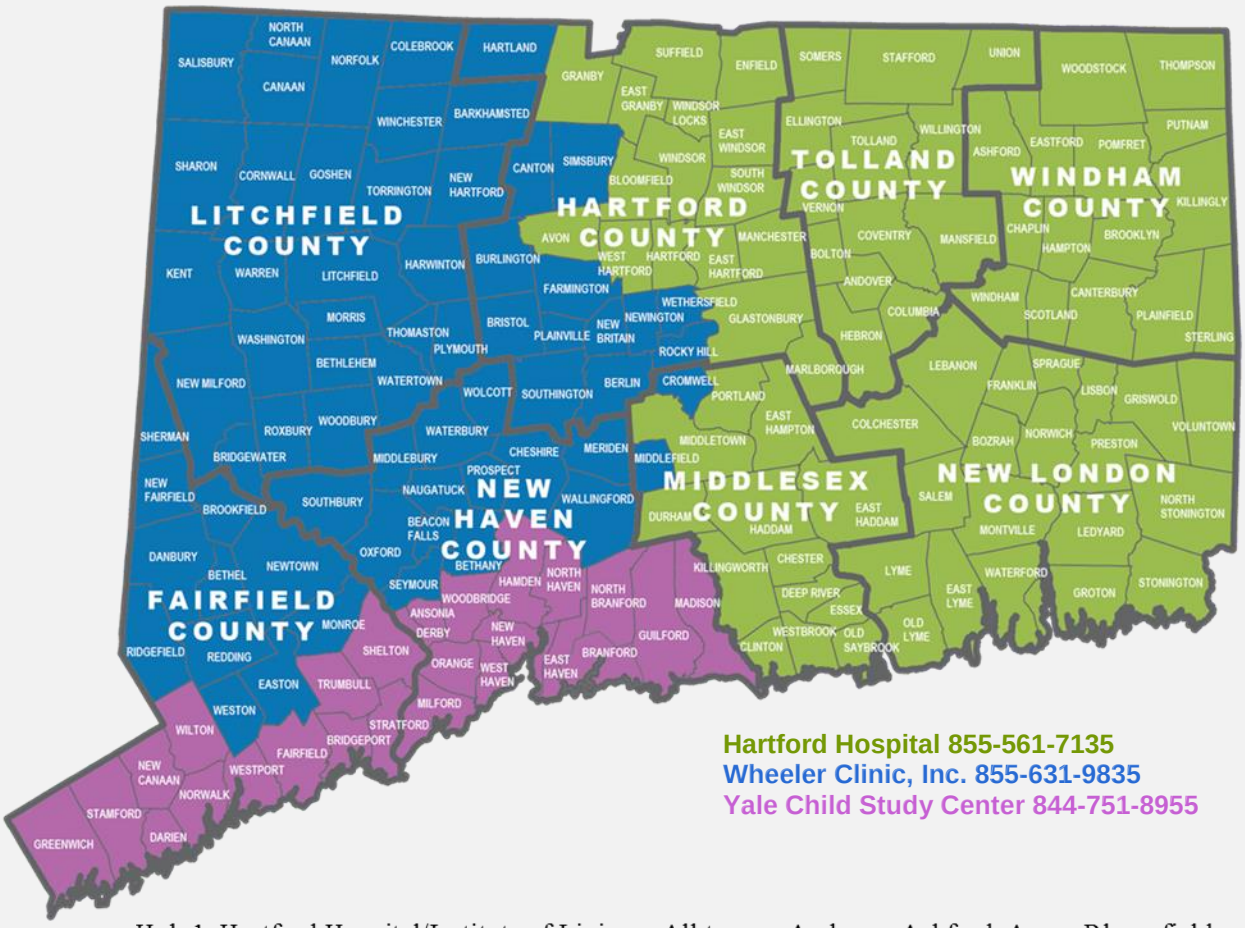
- Primary Care Practice Groups Utilized: any practice group noted having at least one consultative activity during the reporting period.

- 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



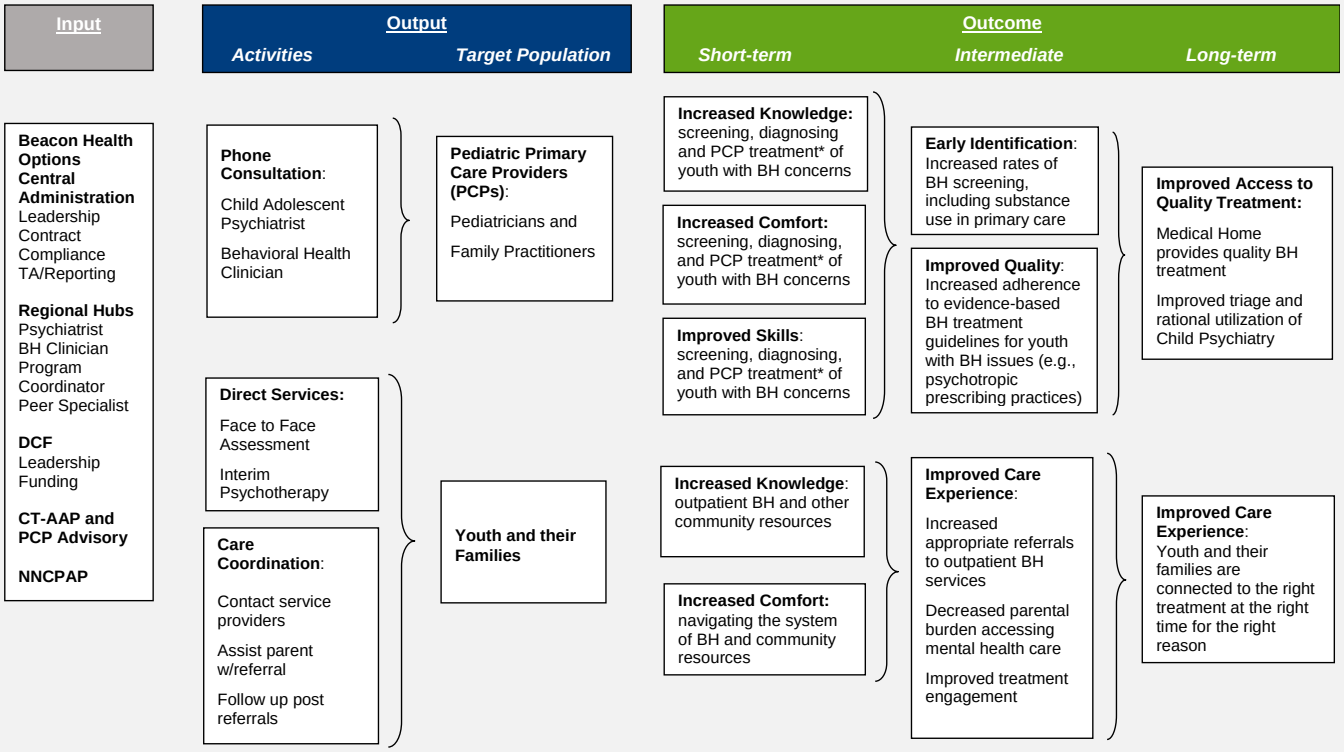
Hub 1: Hartford Hospital/Institute of Living – All towns: Andover, Ashford, Avon, Bloomfield, Bolton, Bozrah, Brooklyn, , Canterbury, Chaplin, Chester, Clinton, Colchester, Columbia, Coventry, Deep River, Durham, East Granby, East Haddam, East Hampton, East Hartford, East Lyme, East Windsor, Eastford, 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.