



ACCESS **Mental Health CT**

ANNUAL PROGRESS REPORT

SFY 2019: July 1, 2018 - June 30, 2019



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Introduction

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

Data Sources

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

Methodology

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

The methodology for Enrollment remains unchanged. Any primary care practice treating youth under the age of 19 years of age, regardless of volume, is eligible to enroll in the program. This includes pediatric practices and practices that treat the lifespan population. At enrollment, practice sites were asked to identify if they were a stand-alone practice or a practice with a primary site and additional satellite sites that shared physicians, patients, and policies and procedures. Enrollment captures the total amount of sites. This helps to also assess the distribution of locations across the state.

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

This report was prepared by Beacon Health Options for the Department of Children and Families and summarizes the progress made by the ACCESS Mental Health CT program. The primary reporting period for this report is July 1, 2018 through June 30, 2019 (SFY 2019); in some metrics, totals covering the entire length of the program or "since inception" June 16, 2014 through June 30, 2019 are also provided. Most dashboards in this report allow the reader to change the date range by selecting the year(s) in the filter at the top of each dashboard. Date ranges are clearly labeled on each graph or table depicting the corresponding timeframes selected by the reader. Filters are also added to Hub specific dashboards to allow the reader to select and view data for each Hub team.

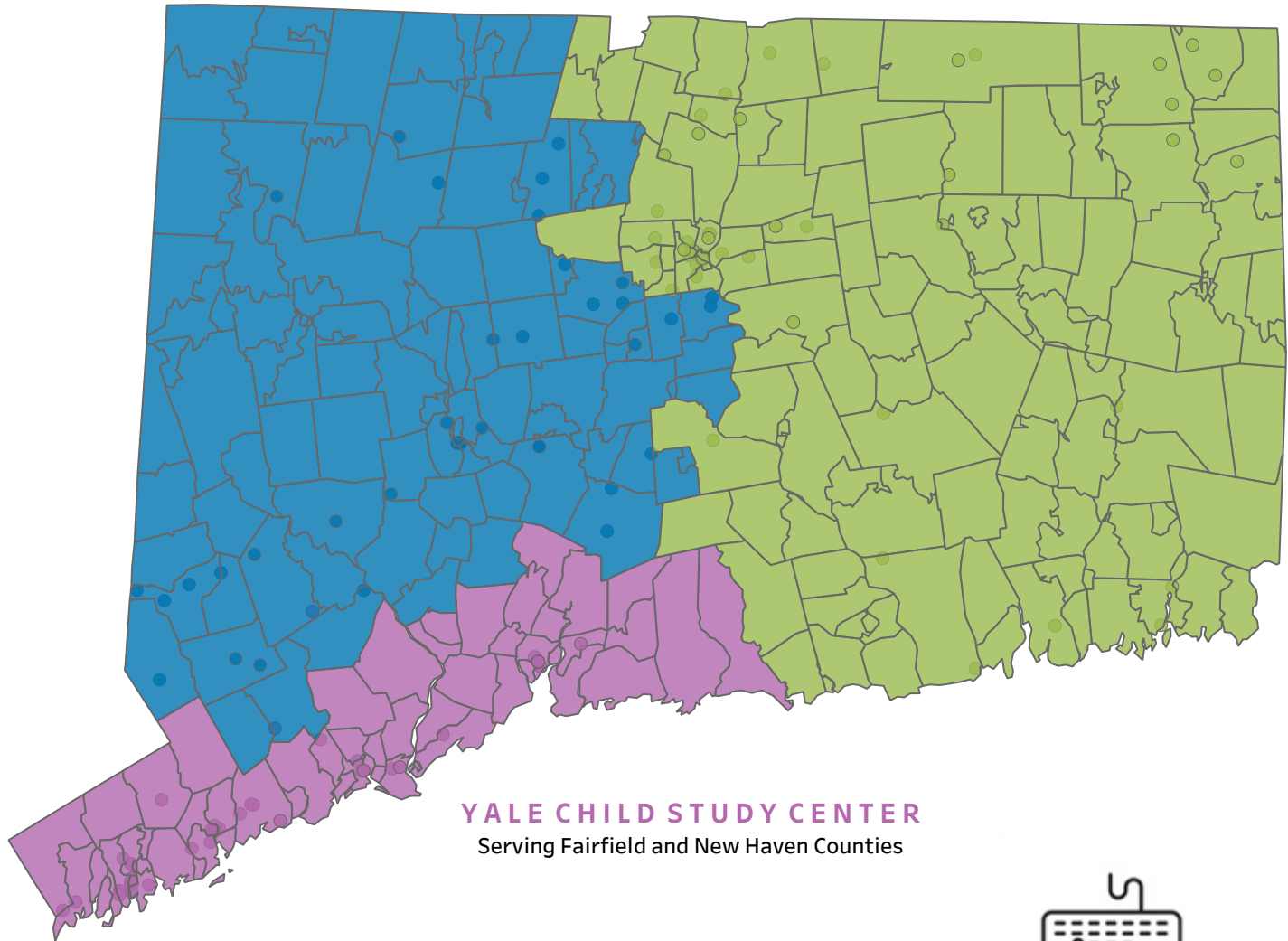
Hub Catchment Areas

WHEELER CLINIC, INC

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

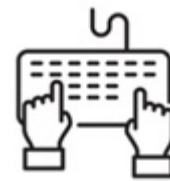
HARTFORD HOSPITAL

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



YALE CHILD STUDY CENTER

Serving Fairfield and New Haven Counties



Type a town to find the assigned HUB
No items highlighted

Beacon Health Options contracts with three behavioral health organizations to act as Hub teams and provide support across the state: Institute of Living at Hartford Hospital, Wheeler Clinic, and Yale Child Study Center. To ensure adequate coverage, the state was divided into three geographic service areas; approximately 272,000 youth per Hub.

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

Executive Summary

As the ACCESS Mental Health CT program wraps up its fifth full operational year, the program continues to make a positive impact by supporting pediatric and family care practices throughout Connecticut evidenced by the data showcased within this report. The Hub teams met and exceeded the program benchmarks set for this state fiscal year (SFY'19). Enrollment remains high and well distributed throughout the state and program satisfaction is extremely positive as PCPs continue to report changes in their comfort level while expressing gratitude for the program's support. For example, one of the program's enrolled PCPs shared in the SFY2019 Annual Survey, "It has been an amazing and extremely valuable asset to have ACCESS Mental Health help us with the management of our patients". An in-depth review of the program's progress can be found in the annual narrative sections of this report along with its corresponding dashboards.

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

The ACCESS Mental Health Hub teams have provided over 30,200 consultations supporting over 5,800 youth and their families from program inception to date (June 16, 2014 - June 30, 2019). The age of youth ranges from infancy through young adulthood; with adolescents representing the majority. Pediatricians and family care physicians are aware that the program is available to all youth under the age of 19 years, regardless of insurance. However, with at least 5% of the total volume of youth served each year, PCPs continue to call requesting much needed support for their young adult patients 19 to 26 years of age. Feedback from enrolled physicians continues to include the request for program expansion to support this young adult population.

An analysis comparing the race and ethnicity of youth served by the ACCESS Mental Health CT program relative to the youth living in Connecticut was completed again this state fiscal year and further discussed in the body of this report. As racial and ethnic disparities in accessing health care remain, it is imperative that developmental and behavioral health screening tools be utilized for all youth across the state as a standard of care. 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 for early intervention and treatment; regardless of racial and ethnic backgrounds.

With a slight drop in program utilization and consultation volume when compared to last state fiscal year, further analysis showed that the program supported more youth this year, but with fewer phone calls. Additionally, the majority of practices that did not use the program during this review period were practices that historically used the program sporadically. The core group of pediatricians and family care physicians who have come to rely on the program for support continue to do so.

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

Enrollment: All pediatric and family care practice sites providing primary care services to youth under the age of 19 years are eligible for enrollment in the program. The program uses the Immunization Tracking Registry System report (ITRS) provided by Connecticut's Chapter of the American Academy of Pediatrics (CT-AAP) as the starting source in identifying and locating these sites. However, it is also the work of the Hub teams and their outreach efforts that help to identify and track changes within the primary care provider landscape.

As the program ends its fifth operational year, a total of 428 pediatric and family care practice sites were identified as eligible for enrollment and approximately 86% (367 out of 428) of the eligible sites enrolled statewide (June 30, 2019). While this is comparable to last state fiscal year (86%, SFY'18), several practices changed this year. Practices merged with other practices, practices were acquired, PCPs changed practice sites, practices changed addresses, new practices enrolled and some closed. Given this fluctuation, the Hub teams will complete another formal review of the enrolled practice sites before the close of Q2 SFY'20.

Approximately 60% of the enrolled practice sites were identified as pediatric, all of which are equally distributed throughout the Hub teams. Approximately 36% were identified as family medicine practices treating the lifespan with the majority enrolled in Hartford Hospital's designated area. Approximately 3% of sites formed practice groups that included a combination of pediatric and family medicine sites, and 1% of practice sites were entered into the system without a specific provider type identified.

Hartford Hospital enrolled approximately 84% (153 out of 182) of the total eligible practice sites within their designated service area. Wheeler Clinic enrolled 91% (115 out of 127) of their total eligible practice sites and Yale Child Study Center enrolled approximately 83% (99 out of 119) of the total eligible practice sites within their designated service area. By selecting a specific Hub team in the Enrollment dashboard, a breakout of their respective practice sites will be showcased.

To date, approximately 14% (61) of primary care practices across the state are not interested in enrolling in the program. However, each Hub team continued to outreach to offer enrollment throughout the year. These efforts included outreach to both practices that had declined enrollment last year and those that were identified as a new practice site. Marketing strategies included phone calls, emails, and crafted letters to the targeted audience detailing a program description of services and program progress to date. Speaking engagements in the community, trainings, and webinars also included enrollment instruction information. For those that continue to decline program services, the top two reasons provided were "our practice treats very few children" or "we have behavioral health integrated within the practice".

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

Since inception of the program to date, June 16, 2014 through June 30, 2019, enrolled PCPs contacted their respective Hub teams requesting consultation for 5,891 unduplicated youth presenting with mental health concerns. The program served a total of 1,465 unique youth in SFY'19, this is a 6% increase (78 youth) as compared to the previous state fiscal year (1,387 unique youth in SFY'18). With no noted change, males continue to represent a slightly higher volume and the 13 to 18-year-old adolescent group continues to represent the largest volume by age.

While the program is designed to support youth under the age of 19 years, PCPs continue to request support for young adults. In SFY'19, the Hub teams supported 87 young adults between the ages of 19 and 24 years; this is comparable to last state fiscal year (SFY'18; 90 young adults served). Feedback from both pediatric and family care practice physicians continues to include the request for program expansion to support this young adult population. While the volume of young adults remains low, it continues to represent at least 5% of the total volume served each year. PCPs are aware of the age limit of the program, however, they are still reaching out for much needed support. Similar patterns can be seen across each Hub team and can be found in the Hub Demographic dashboard. Expansion of the program should be strongly considered.

Of the 1,465 unique youth served in SFY'19, the majority of youth served across all age groups were White, non-Hispanic youth (61% or 893 out of 1,465), with approximately 12% (181 out of 1,465) Black, non-Hispanic youth, 14% (200 out of 1,465) Hispanic youth, 2% (33 out of 1,465) Asian, non-Hispanic youth, 3% (45 out of 1,465) identified as other, and 8% (113 out of 1,465) of youth served by the program were identified as unknown.

Youth Demographics (continued) : 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. A table depicting 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, can be found on the Definitions section and a full list of the towns assigned to each Hub's designated area can be found in the Hub Service Area section of this report.

Due to a smaller number of individuals in some racial/ethnic groups including those that identify as multi-racial, it is necessary to group them together in the "other" category. The volume of youth identified as "unknown" in SFY'19 is also small. In order to assess how the ACCESS Mental Health program is serving the youth in Connecticut overall, the youth identified as "other" and "unknown" will be removed from this analysis; shifting the total number of youth served to 1,307 so that a clean comparison can be made to the groups identified on the 2010 Census.

Graphs found on the Race and Ethnicity dashboard demonstrate how each racial and ethnic group is being served by the program statewide and within each Hub team's designated area relative to the makeup of the overall population. As indicated above, the majority of youth served by the ACCESS Mental Health program in SFY'19 were White, non-Hispanic youth (68% or 893 out of 1,307 youth). This is a disproportionate 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'19 (14% or 181 out of 1,307 youth) are also disproportionately over-represented when compared to the 2010 Census. Of the youth served by the program in SFY'19, approximately 15% (200 out of 1,307) of youth were identified as Hispanic. This is a disproportionate under-representation as compared to the total volume of Hispanic youth living in Connecticut. Asian, non-Hispanic youth served by the program statewide in SFY'19 (3% or 33 out of 1,307 youth) were also disproportionately under-represented when compared to the 2010 Census. Similar patterns can be seen in previous state fiscal years.

When comparing the youth served in SFY'19 by the Hartford Hospital Hub team, White, non-Hispanic youth (70% or 317 out of 452) were disproportionately over-represented given the racial/ethnic makeup of youth within their designated area. Black, non-Hispanic youth (16% or 72 out of 452) were also disproportionately over-represented. Both Hispanic youth (12% or 65 out of 452) and Asian, non-Hispanic youth (2% or 8 out of 452) were under-represented in Hartford Hospital's designated area. When comparing the youth served in SFY'19 by the Wheeler Clinic's Hub team, White, non-Hispanic (71% or 347 out of 492), Black, non-Hispanic (7% or 35 out of 492), Hispanic (19% or 95 out of 492), and Asian, non-Hispanic (3% or 15 out of 492) youth mirrored the racial and ethnic makeup relative to the youth living within their designated area. When comparing the youth served in SFY'19 by the Yale Child Study Center's Hub team, White, non-Hispanic youth (63% or 229 out of 363) were disproportionately over-represented given the racial/ethnic makeup of youth within their designated area as were Black, non-Hispanic youth (20% or 74 out of 363). Hispanic youth (14% or 50 out of 363) and Asian, non-Hispanic youth (3% or 10 out of 363) were disproportionately under-represented in Yale Child Study Center's designated area.

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. This comparison is a small snapshot and limited when attempting to draw direct correlations to disparities in accessing health care. 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. Also, it is reasonable to assume that the information captured in the Encounter System is a small sample, not an exhaustive list of youth truly impacted by the program. As PCPs call for consultation on an individual youth, the results of that consultation are generalizable skills which can be applied not only to that respective youth, but can also benefit other patients under that PCP's direct care who are presenting with similar symptomatology.

Youth Demographics (continued) : Nonetheless, as racial and ethnic disparities in accessing health care remain, it is imperative that developmental and behavioral health screening tools be utilized for all youth across the state as a standard of care. 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.

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, 2019, the Hub teams have provided 30,288 consultative activities supporting PCPs treating youth within their primary care practice. This is an increase of 5,867 encounters since last state fiscal year when the program to date total was noted as 24,421 consultative activities.

The Consultative Activities dashboard shows the statewide volume of consultations over five years of programming depicting annually, quarterly, and monthly comparisons. In SFY'19, the program provided a total of 5,867 consultations with an average of 489 consultations per month and 1,467 consultations per quarter. This is a 14% decrease (934 consults) from last state fiscal year when the program provided a total of 6,801 consultations for the year with an average of 567 consultations per month and 1,700 consultations per quarter. While there were fewer consultations this year, the program supported more youth and families. After further analysis, it was determined that there were more youth requiring only one consultation in SFY'19 as compared to the youth served in SFY'18. This change in episode explains how the volume of youth served could increase while the volume of consultations provided by the program decreased.

Unlike last state fiscal year where the volume of consultations was fairly divided among each of the three Hub teams, there was a remarkable difference noted this state fiscal year (SFY'19). A breakout of the consultation volume by Hub can be found on the Hub Consultation dashboards.

Wheeler Clinic provided the highest volume of consults in SFY'19 with a total volume of 2,283 consultations or 39% (2,283 out of 5,867) of the total statewide volume. This is an increase of approximately 11% (229) in volume of consultations when compared to the volume of consultations provided by Wheeler Clinic last state fiscal year (2,054 in SFY'18).

In SFY'19, Hartford Hospital provided approximately 37% (2,189 out of 5,867) of the total statewide volume. However, this is a decrease of approximately 13% (319) of the consultations when comparing the volume of consultations provided by Hartford Hospital in SFY'18 (2,508).

The biggest shift noted was the decrease in consultations provided by Yale Child Study Center with approximately 24% of the total statewide volume of consultations provided in SFY'19 (1,395 out of 5,867). The most remarkable change (38%) was seen when comparing the volume of consultations provided by Yale Child Study Center last state fiscal year (2,239 in SFY'18). After further analysis, the central administration team found a 90% decrease in consultations provided by the Hub team peer specialist in Q3 SFY'19 when compared to the same time period in the previous year; raising questions as to whether there was a change in model delivery. Upon a thorough record review and further discussions with Yale Child Study Center, it was determined that the Hub team modified the model changing the point of entry in which the Hub team peer specialist engaged in conversations with families. This change not only impacted the total volume of consultations, but also the ability for the Hub team peer specialist to make a positive connection. This is further discussed below in the Care Coordination and Family Support section of this summary.

Direct PCP Consultations: Of the 5,867 consultations provided throughout the state in SFY'19, approximately 44% (2,598) were reported as direct contact with PCPs. This is approximately six percentage points higher as compared to SFY'18 (38%). This includes both initial inquiries and follow up phone calls to the PCP.

In SFY'19, per Hub team report, approximately 97% (1,666 out of 1,709) of initial PCP calls were answered by the Hub team's consulting psychiatrist within 30-minutes of the PCP's initial inquiry; 84% (1,401 out of 1,666) of which were connected directly at the time of the call. The program benchmark for year five 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.

Consultative Activities (continued):

Care Coordination and Family Support: While the primary function of the program is physician to physician consultation, care coordination and family support is also a significant component of the model. Navigating the behavioral health care system can be difficult. The program model requires that the Hub team works with the PCP, youth and family to learn more about the specific treatment needs in order to help support connection to care. The role of the family peer specialist is unique and fosters a connection with the family that often opens the door to a better understanding of their needs. This “warm hand-off” approach entails more than just providing phone numbers for service providers. They engage, educate and empower youth and their families, helping to resolve barriers that might otherwise prevent the youth from connecting to care. After confirming that the youth has connected to behavioral health treatment, the Hub team contacts the PCP with an update as to the status of the case and to close the loop; providing the name and contact information of the behavioral health provider from whom the youth will be receiving treatment. In the event the team does not receive a response from the family, despite multiple attempts, the Hub team contacts the PCP to share the details regarding the barriers to connect with the family and, if available, gather alternate means of contact.

Approximately 54% (3,190 out of 5,867) of the total consultative activities for SFY’19 were activities related to care coordination and direct family support. This is approximately six percentage points lower as compared to SFY’18 (60%). This decrease is expected given that there were more youth served during this time period noted having only one consultation; not requiring care coordination support.

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. It is important to note that the Hub teams report only on the cases in which they were able to directly connect with the family to confirm that they made it to their first appointment. In some cases, after the work to identify the best treatment plan and the first appointment is scheduled, the teams do not receive a response back from the family; despite multiple attempts. Because of this, it is suspected that the following connection rates are likely higher than what the teams were able to report.

Hartford Hospital reported a total of 318 youth referred for care coordination during SFY’19 and approximately 53% (170 out of 318) of youth and families confirmed that they successfully connected to their first appointment. Wheeler Clinic reported a total of 333 youth referred for care coordination and approximately 52% (174 out of 333) of youth and families confirmed that they successfully connected to care. Yale Child Study Center reported a total of 277 youth referred for care coordination in SFY’19, however, they were only able to confirm that approximately 23% (65 out of 277) of youth connected to their first behavioral health appointment. As noted above, Yale Child Study Center made a change at the start of this fiscal year which directly impacted their ability to confirm whether the youth and family connected to care. Instead of introducing the Hub team peer specialist at the start of the care coordination episode, they modified the model requiring the Hub team peer specialist to call the family only after the behavioral health appointment was scheduled. Again, 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. The first point of contact needs to happen at the start of the care coordination episode where they can offer that special parent to parent connection; not a cold call after the episode is over. As a direct result of this change, the Yale Child Study Center Hub team peer specialist was leaving messages for families and not receiving any return calls. In April 2019, the Yale Hub team worked with the central administration team to return the model back to its original design. Since then, the Hub team peer specialist is connecting to families at the start of the care coordination episode and working to help resolve any barriers that may impact the youth and family from connecting to care.

Face to Face Assessments: Approximately 1% (67 out of 5,867) of the total consultative activities in SFY’19 were one-time diagnostic and psychopharmacological assessments. This is a decrease of one percentage point when compared to SFY’18 (2%, 109 assessments). Hartford Hospital provided 17, Wheeler Clinic provided 32, and Yale Child Study Center provided 18 face to face assessments this year. When asked, the Hub teams provided two polarizing reasons for the decrease in face to face assessments seen this year. Some speculated that with five years of consultation and educational support, the PCPs are progressing and feeling more comfortable in telephonic consultations; needing fewer in-person second opinions. Conversely, other Hub team members questioned whether the reduction in face to face assessments was a direct result of the Hub teams’ psychiatry cross-coverage.

Consultative Activities (face to face assessments continued): As stated in previous reports, given the ongoing budgetary concerns within the state, the program's budget was reduced last state fiscal year (SFY'18). In order to absorb this reduction, the Hub teams were required to reduce psychiatric staff time per Hub team. In January 2018, Hub psychiatrists began covering additional call volume by providing cross-Hub team coverage. When one team psychiatrist is "off-shift", another team's psychiatrist covers calls for both teams ensuring that the PCPs have the same full-time access to consultation across the state. However, this change required the PCPs to develop new relationships with psychiatrists from outside of their designated Hub team area. The Hub team psychiatrists expressed several benefits of having an existing relationship with the PCP. As the PCP-Psychiatrist relationship develops over time, rapport and trust are built. Knowing the types of consultations and the level of complexity brought by the individual PCP allows the consulting psychiatrist to draw on and expand from previous successful consultations. This is also echoed by PCPs participating in the program's quarterly PCP Advisory Group meetings. When asked about the cross-hub coverage, a high-utilizing pediatrician said, "the psychiatrists that I have spoken to have been fine, but there is a loss in speaking to folks with whom you don't have a prior relationship". Without prior history, the covering Hub team psychiatrist is placed at a slight, albeit temporary, disadvantage. It will be important to continue to monitor this over the next state fiscal year. With time, the cross-covering Hub team psychiatrists will also build strong relationships with the PCPs outside of their designated Hub team area.

Consultations by Insurance Type: Affordable psychiatric treatment is limited for many 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 5,876 total consults provided in SFY'19, approximately 59% (3,454) were for youth with an identified commercial insurance plan such as Aetna or Anthem BCBS of CT; 41% (2,378) were for youth with HUSKY coverage and less than 1% (35) were identified as having no coverage at all. While there is some variation from year to year, the majority of the consultations provided across five years of programming were for youth with an identified commercial insurance plan. Similar statistics are noted across all three Hub teams and can be found in the Hub Specific Consultation dashboard.

Primary Care Prescribing: A subset of consultations includes the PCP reaching out to their respective team's child psychiatrist to discuss medications being initiated, managed or followed by the PCP. Consultations can also include general conversations related to medication. The top three medication classes discussed were: Selective Serotonergic Reuptake Inhibitors, Stimulants and Anti-Psychotics.

In five full years of programming, enrolled PCPs contacted their respective Hub team psychiatrist requesting a medication consultation for 2,544 unduplicated youth; 578 youth in SFY'19. Graphs showcasing the outcomes noted during the respective consultative episodes are highlighted in the Statewide and Hub PCP Prescribing dashboards.

For approximately 61% (354 out of 578) of youth whose PCP called to discuss medication in SFY'19, the resulting plan involved the PCP initiating or continuing as the primary prescriber. This is comparable to the previous state fiscal year (61%, 362 youth) and an important indicator that the program is meeting the stated goal of supporting PCPs as they continue to prescribe.

A referral to a community psychiatrist was determined as the most appropriate plan of care for approximately 34% (198 out of 578) 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 55% (109 out of 198) of youth waiting to transition to a psychiatrist in their community. This is also comparable to the previous state fiscal year when PCPs agreed to act as an interim bridge prescriber for 55% or 112 youth in SFY'18. This continues to demonstrate a comfort level for the PCP related to prescribing, as well as improved continuity of care for the youth served.

For 5% (26 out of 578) 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 comparable to last state fiscal year (5%, 29 youth in SFY'18).

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

Practice Utilization: At enrollment, practice sites were asked to identify if they were a stand-alone practice or a practice with a primary site and additional satellite sites that shared physicians, patients, and policies and procedures. To eliminate the possibility of inflation, practice utilization is measured by practice groups; a stand-alone practice is counted once and a practice with multiple sites is also counted once. As sites indicated their practice group status, approximately 318 practice groups with a total of 367 practice sites were formed. The graphs located in the Practice Utilization dashboard compare the rate of practice utilization by quarter. If a practice used the program at any time during the quarter it will be captured for that timeframe. 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.

In SFY'19, the statewide average utilization rate was approximately 32%. This is a decrease of two percentage points when compared to the average utilization rate reported in the previous fiscal year (34% in SFY'18). As noted in the Q1&Q2 SFY'19 semi-annual progress report, there was a notable drop in the number of utilizing practices both statewide and within each Hub team during the first six months of this state fiscal year.

It was first speculated that the drop in utilization was an organic evolution of the core high utilizing practices; decreasing their need and reliance on the program for support. However, less than 6% of the practices that were noted to not utilize the program in Q1&Q2 SFY'19 were moderate to high utilizing practices. The majority of the practices that did not use in the first six months of this state fiscal year were practices that have used the program sporadically since their enrollment in the program; the core utilizers continue to rely on the program for support.

The central administrative team worked with the Hub teams in Q3 SFY'19 to identify ways to increase utilization including targeted outreach and a marketing strategy campaign. Additionally, the Hub teams performed on-site visits to practices that showed a decrease in utilization spanning Q1 SFY'18 through Q2 SFY'19. The main theme across all three Hub team on-site visits was changes in PCPs within the practices. The PCPs that used the program previously had since retired; leaving new PCPs with a limited understanding of the scope and breadth of program services. The Hub teams also reported that each practice expressed great appreciation for program services. Over the last six months of this state fiscal year (Q3&Q4 SFY'19), the rate of utilization increased both statewide and within each Hub team; supporting the need for the Hub teams to continue their outreach efforts.

Youth Served by Practice: Another important way to measure utilization is to measure the volume of youth served by practice. The following graphs located in the Youth by Practice dashboard demonstrate, by Hub team, a breakout of utilization by number of youth served per practice in SFY'19. The graphs are sorted by highest volume of youth per practice.

In SFY'19, a total of 61 practice groups utilized Hartford Hospital's Hub team, requesting support for a total of 513 youth. Two of the practice groups called for the first time in SFY'19. Both CHC-Enfield and Pediatric Health Associates became new enrolled practice groups and used the program for the first time in July and October of 2018 respectively.

In SFY'19, a total of 53 practice groups utilized Wheeler Clinic's Hub team requesting support for a total of 574 youth. There were three practice groups that utilized the program for the first time in SFY'19. Dr. Foster Phillips used the program for the first time in October of 2018 after being enrolled for 40 months (June of 2015). Western CT Medical Group at New Milford Hospital used for the first time in April of 2019 after being enrolled in the program since inception (June of 2014). New Milford Medical Group became a new enrolled practice group and used the program for the first time in May of 2019.

In SFY'19, a total of 45 practice groups utilized Yale Child Study Center's Hub team requesting support for a total of 385 youth. There were two practice groups that utilized the program for the first time this year. Sanitas Medical Center enrolled and used the program for the first time in February of 2019 and Park Street Pediatrics used the program for the first time in April of 2019 after being enrolled for 52 months (December of 2014).

Practice Non-Utilization: In Q3 SFY'19, the Hub teams were provided a list of their respective enrolled non-using practice groups (68) and were asked to outreach to them to identify reasons for not using the program. As part of their outreach, the teams were asked to distribute reminder materials that contained program statistics and a description of services to help keep practices updated and aware of the program. The corresponding graphs located within the Non-Utilization dashboard depict the feedback from this outreach.

Approximately 25% (17) of the enrolled practice groups that had not yet utilized the program reported that they forgot the service was available to them. Approximately 18% (12) 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 18% (12) of the enrolled practice groups reported that they had not used the program yet because they did not have questions rising to the severity warranting the need for a consultation and roughly 9% (6) reported the reason for not using the program yet was due to the overall low volume of youth in their practice and not treating youth with identified mental health concerns since enrollment in the program. Approximately 31% (21) of the enrolled practice groups did not respond to provide a reason for not using the program despite multiple attempts made by the Hub team to connect.

Program Satisfaction: After every consultative activity, the Hub consultant enters the primary care provider's response to the question: "rate your satisfaction with the helpfulness of the ACCESS MH program" on a scale of 1-5; 5 being excellent. For SFY'19, 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 five was that 85% of participating PCPs that have used the program will rate their experience with an average score of 4 or greater. The Hub teams both collectively and individually far exceeded this target. A breakout of PCP satisfaction scores by Hub can be found on the Satisfaction dashboard.

PCP Annual Survey: In June 2019, the annual PCP satisfaction survey was sent to all enrolled primary care practice sites across the state. Outcomes of the survey as it compares to survey responses from the previous state fiscal years can be found in the Annual Survey dashboards.

Annual surveys were mailed and distributed via email and fax to 367 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 73 surveys were returned; approximately 18% (66 out of 367) of the practice sites completed at least one survey this year. The majority of responses were received via fax.

Approximately, 95% (69 out of 73) had used the service prior to completing the satisfaction survey and 83% (57 out of 69) of those said that they had often/sometimes used the service. It is important to note that less than 1% (4 out of 73) of respondents reported to never have used the service and therefore submitted "not applicable" to the answers on the survey and some respondents skipped questions on the survey.

Approximately 91% (63 out of 69) of respondents that used the program agreed/strongly agreed that with the support of the ACCESS Mental Health CT program they were able to meet the psychiatric needs of their patients; which is three percentage points higher when compared to the previous state fiscal year (SFY'18, 88%). Approximately 97% (67 out of 69) reported receiving a consultation from their ACCESS Mental Health CT Hub team in a timely manner. Approximately 96% (66 out of 69) respondents reported that they agreed/strongly agreed that the ACCESS Mental Health CT team was helpful; both questions yielded an increase in positive responses when compared to the previous state fiscal years.

In SFY'19, approximately 83% (57 out of 69) of the total respondents reported often using standardized behavioral health screening tool(s) during well child visits. This is a slight increase as compared to the previous state fiscal year (82% in SFY'18). Approximately 51% (35 out of 69) of respondents that used the program reported feeling more comfortable using screening tools since enrolling in the program. Feedback provided by respondents regarding screening tools included that they appreciated that the Hub team was available in the event they had questions and could access help connecting their patients to treatment when needed.

Program Satisfaction (PCP annual survey continued) : When asked “when appropriate for your patient, please check off the medications (Stimulants, SSRIs, Mood Stabilizers, Atypical Anti-Psychotics) for which you are the primary prescriber”, Stimulants yielded the most positive change from previous years. Approximately 84% (58 out of 69) of respondents reported that they were often the primary prescriber for Stimulants this year. This is a three percentage point increase when compared to the responses from last year’s survey (SFY’18, 81%) and a twenty-six percentage point increase when compared to survey responses from SFY’16 (58%).

Approximately 57% (39 out of 69) 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” or “disagree”, some commented that they needed more education and training before they felt they could change their prescribing patterns.

Education: All ACCESS Mental Health CT consultations strive to provide individualized, case-based education. The program also creates educational opportunities through traditional regionally based didactic learning sessions. In year five of the program, the Hub teams were each charged with providing a minimum of four behavioral health trainings throughout the contract year. Trainings were in the form of on-site practice based education, conference based lectures, and or webinars. Each Hub team met the SFY’19 contract target by providing trainings to enrolled PCPs throughout their designated service area.

Training topics covered this state fiscal year included: Screening Tools in Primary Care; Essentials of Behavioral Health; An Approach to the Co-Management of Anxiety and Depression with Primary Care; Identification, Treatment and Medication Management of Depression in Primary Care; Gaming Disorder: A Virtual Addiction; Update on Pharmacogenetics: What Should Pediatricians Know; Addressing Vaping & Juuling in Primary Care; Adjustment Disorder in Adolescents: Normal, Temporary Distress, or Something More Serious; and Coping with the (Not So) New Reality of School Shootings: Helping Children and Parents Cope with Anxiety.

Enrollment

A total of 367 practice sites are currently enrolled in the ACCESS MH program.

Total Enrolled Practice Sites

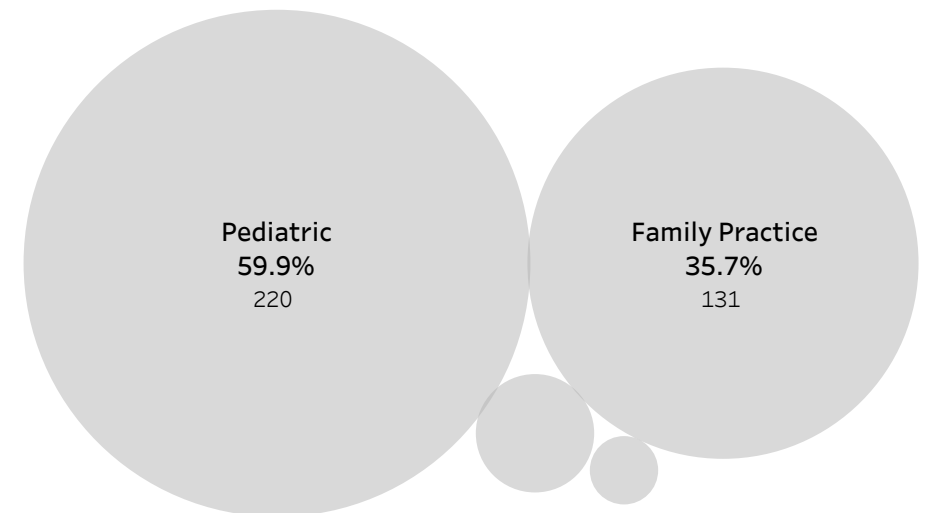
Select Hub Name for specific details



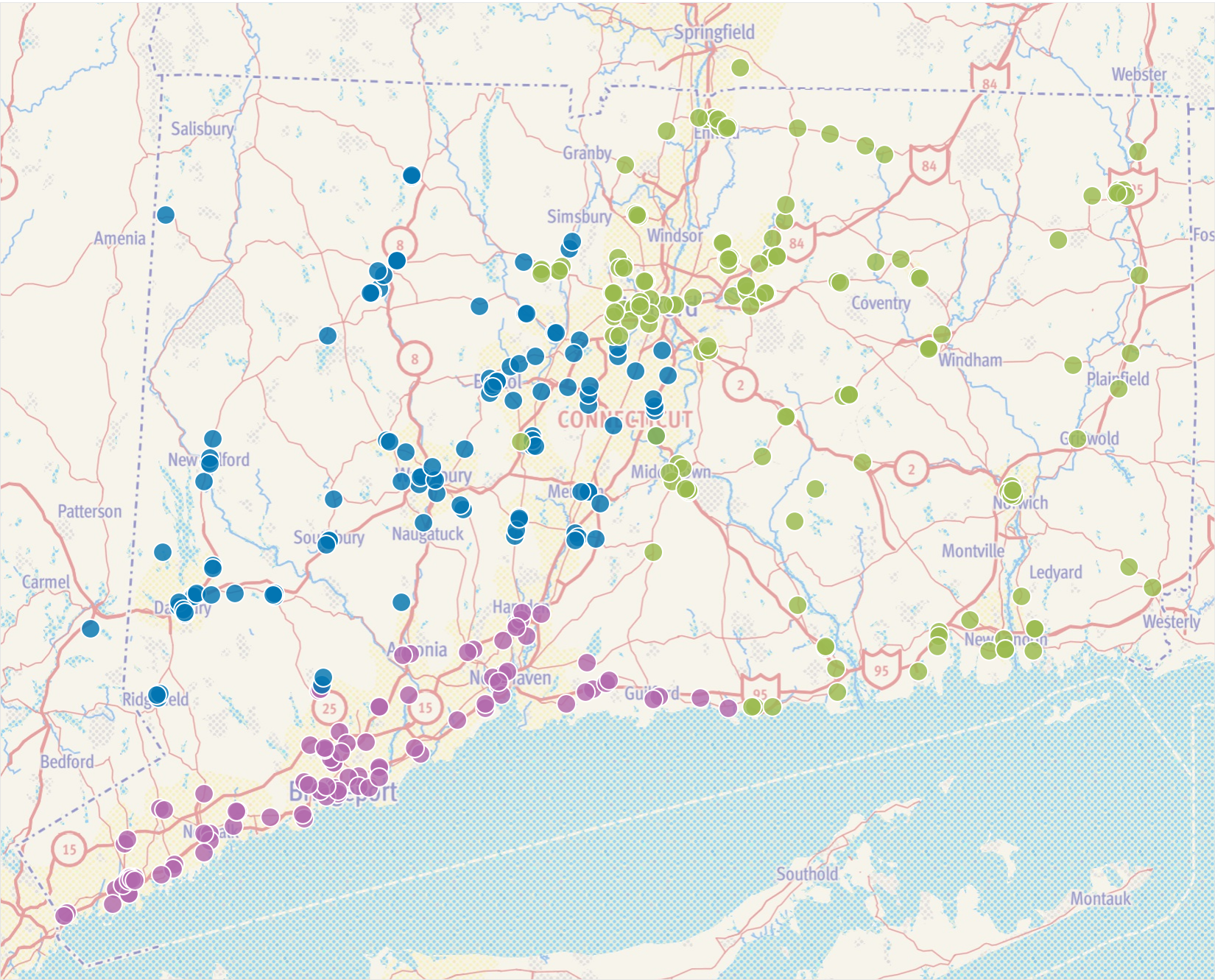
Total Enrolled Practice Sites by Provider Type

	Hartford Hospital	Wheeler Clinic, Inc	Yale Child Study Center	Statewide
Pediatric	68	71	81	220
Family Practice	83	36	12	131
Peds/Family	1	8	3	12
Non Selected	1		3	4
Total Enrolled	153	115	99	367
Total Eligible Practice Sites	182	127	119	428

Percent of Total Enrolled Practice Sites by Provider Type



Enrolled Practice Locations



HARTFORD HOSPITAL

855-561-7135

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

WHEELER CLINIC, INC

855-631-9835

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

YALE CHILD STUDY CENTER

844-751-8955

Serving Fairfield and New Haven Counties

Search for an enrolled practice site by town
All

Practice Name	Address	Primary Phone
ABC Pediatrics	945 Main St. Suite 212	860-649-6166
Abington Family Healthcare	5 Clinic Rd	860-974-0529
Access Priority Family Healthcare	353 Pomfret St	860-928-1111
Alliance Medical Group	1625 Straits Turnpike #302	203-759-0666
Amitabh R. Ram, MD, LLC	21 B Liberty Dive	860-228-9300
	21 Woodland St., #115	860-524-8747
Andrea Needleman, MD	4 South Pomperaug Avenue	203-263-2020
Andrew Adade	18 Hillandale Ave	203-327-9333
Andrew F Cutney, MD	4775 Main ST	203-371-0076
Anne Marie Villa, M.D., P.C.	150 Hazard Ave Unit B	860-749-3661
Aspire Family Medicine	850 North Main Street Ext. ...	203-269-9778

Youth Demographics

The ACCESS Mental Health program served a total of 1,465 unique youth in SFY 2019.

Since inception of the program to date, June 16, 2014 through June 30, 2019, the program served 5,891 unique youth.

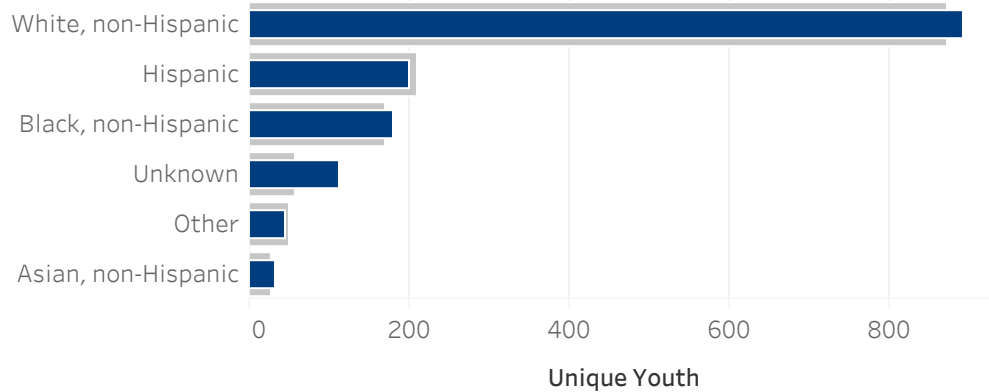
Current SFY Summary

Select for Current and/or Last Fiscal Year: All

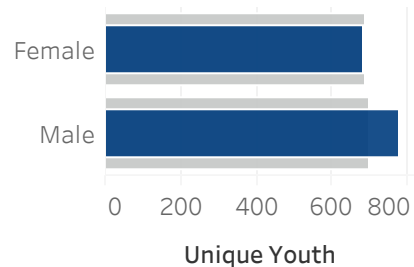
- ➔ 13-18 year-olds represented the largest portion in the current state fiscal year at **46.2%**.
- ➔ The majority of youth served were White, non-Hispanic at **61.0%**.
- ➔ Males accounted for **53.3%** of the unique youth served.

• Current SFY Comparison to • Last SFY

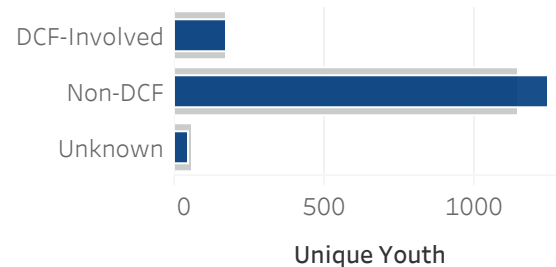
Race/Ethnicity



Gender



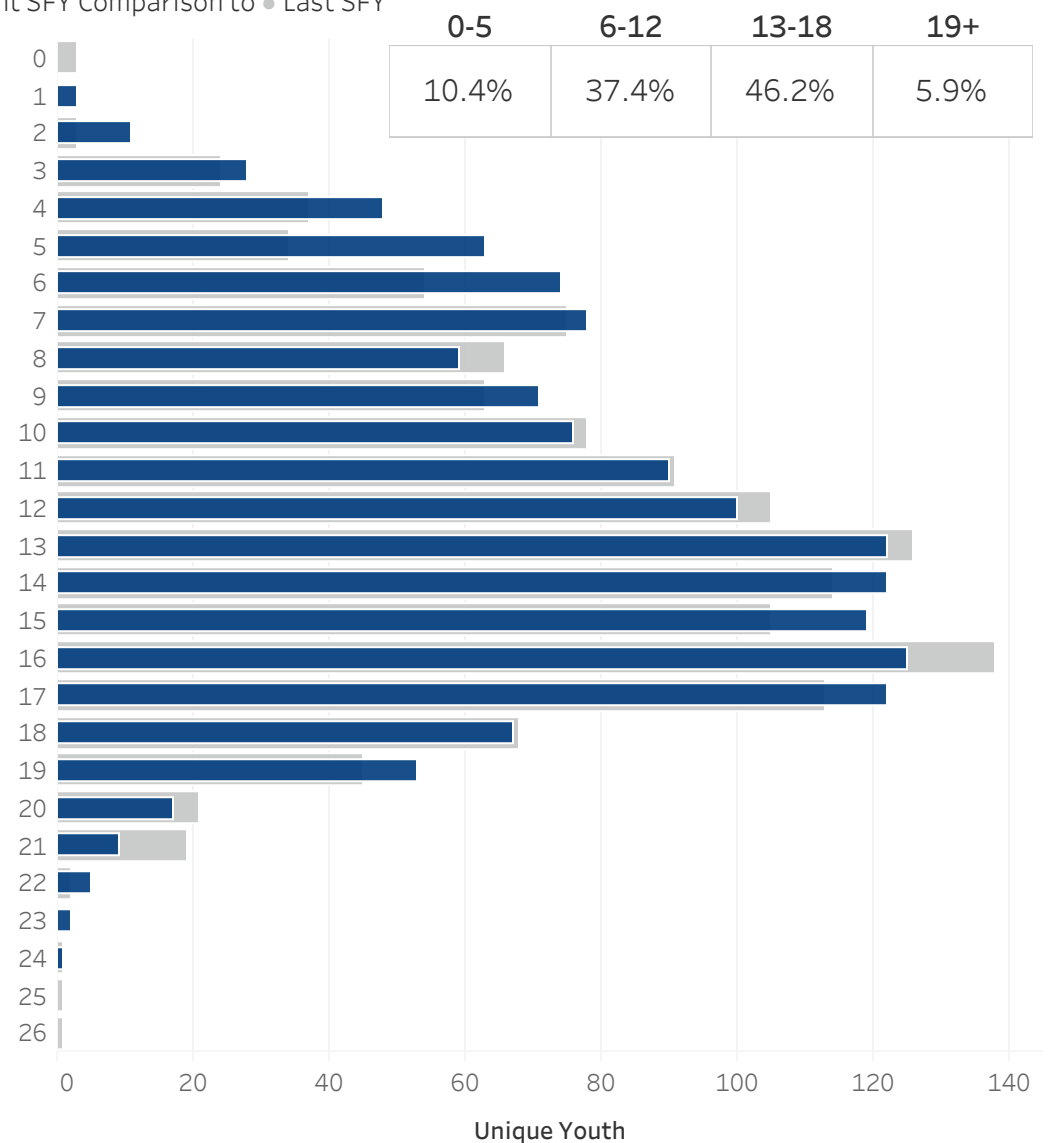
DCF Involvement



Distribution of Youth by Age

• Current SFY Comparison to • Last SFY

Youth Served in the Current SFY 2019





Youth Demographics

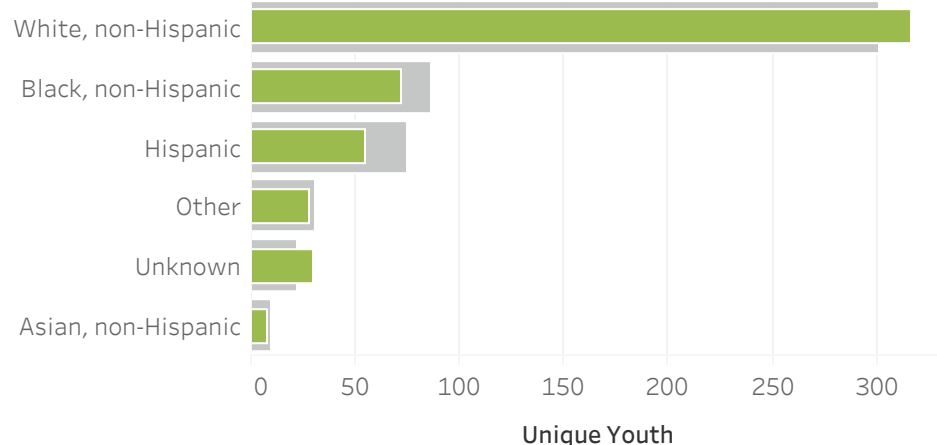
The Hartford Hospital Hub served a total of 510 unique youth in SFY 2019.

Hub-Specific Current SFY Summary

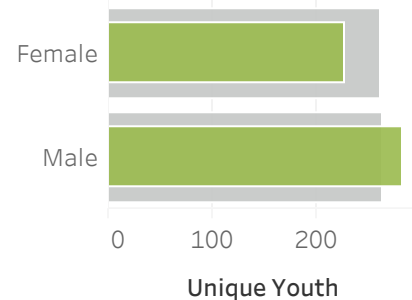
- 13-18 year-olds represented the largest portion in the current state fiscal year at **45.5%**.
- Males accounted for **55.5%** of the unique youth served.
- The majority of youth served were White, non-Hispanic at **62.2%**.

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

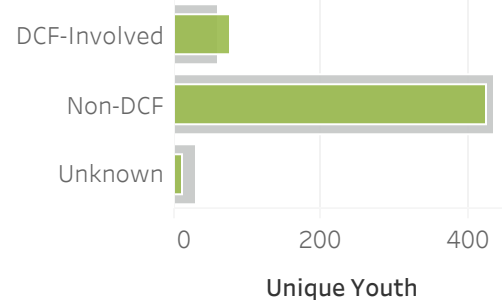
Race/Ethnicity



Gender



DCF Involvement



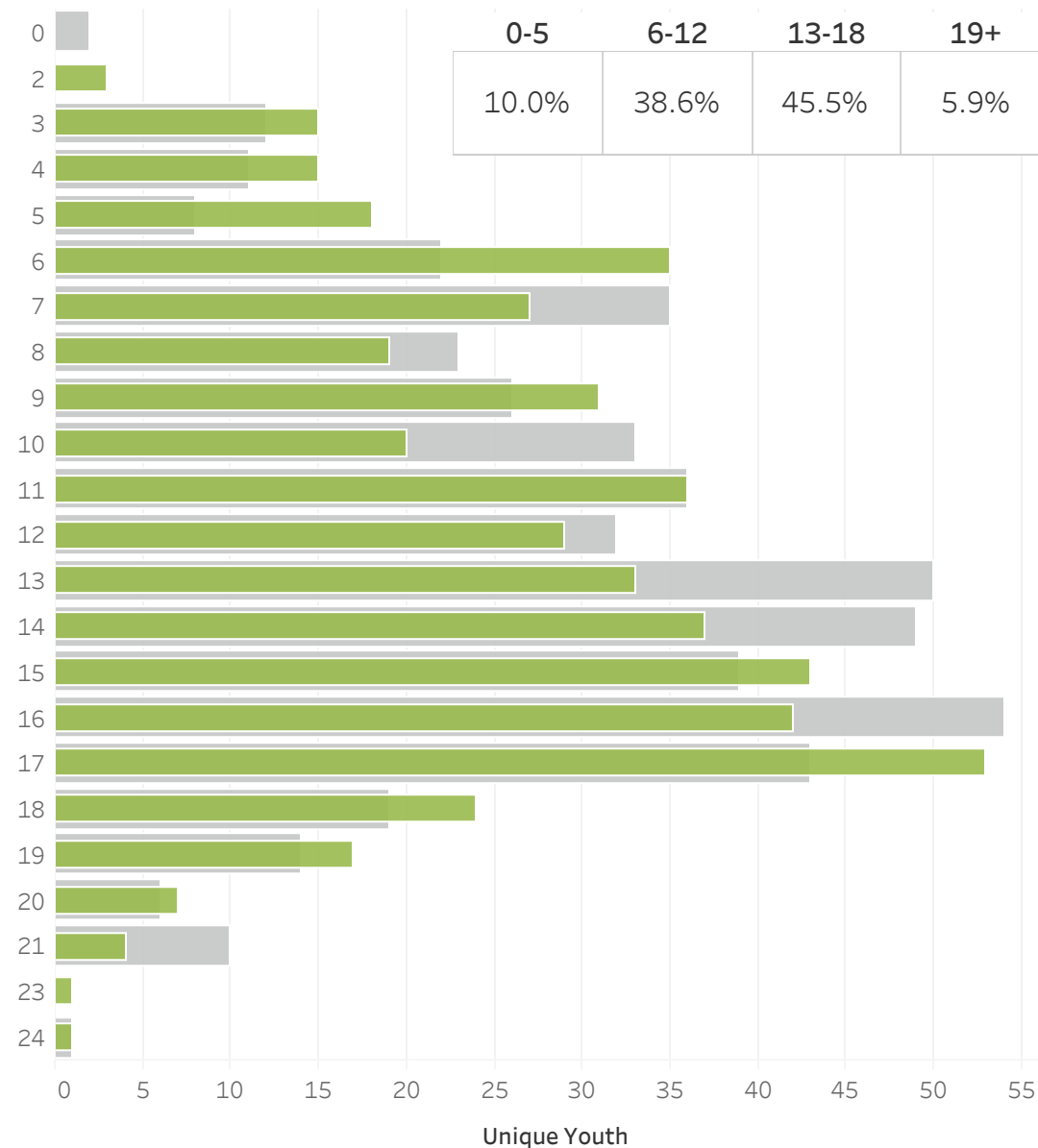
Hub Name Hartford Hospital

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

Distribution of Youth by Age

Current SFY Comparison to Last SFY (gray)

Youth Served in the Current SFY 2019





Youth Demographics

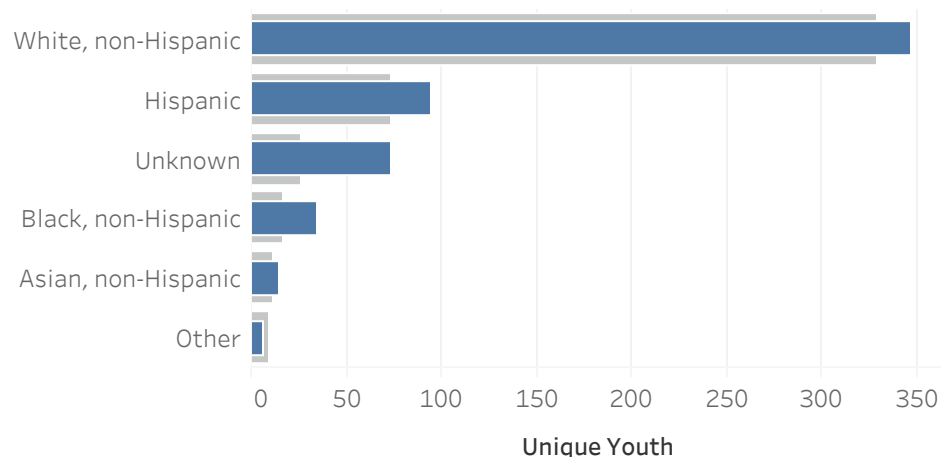
The Wheeler Clinic, Inc Hub served a total of 572 unique youth in SFY 2019.

Hub-Specific Current SFY Summary

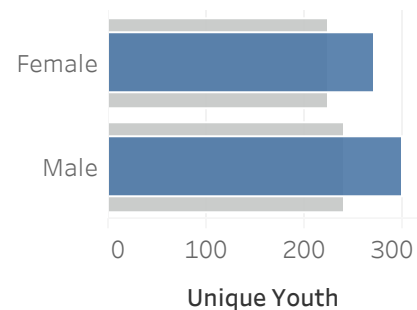
- 13-18 year-olds represented the largest portion in the current state fiscal year at **45.8%**.
- Males accounted for **52.6%** of the unique youth served.
- The majority of youth served were White, non-Hispanic at **60.7%**.

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

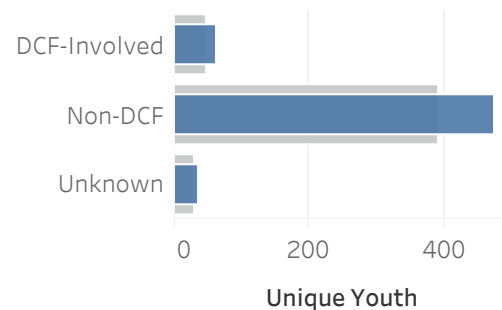
Race/Ethnicity



Gender



DCF Involvement



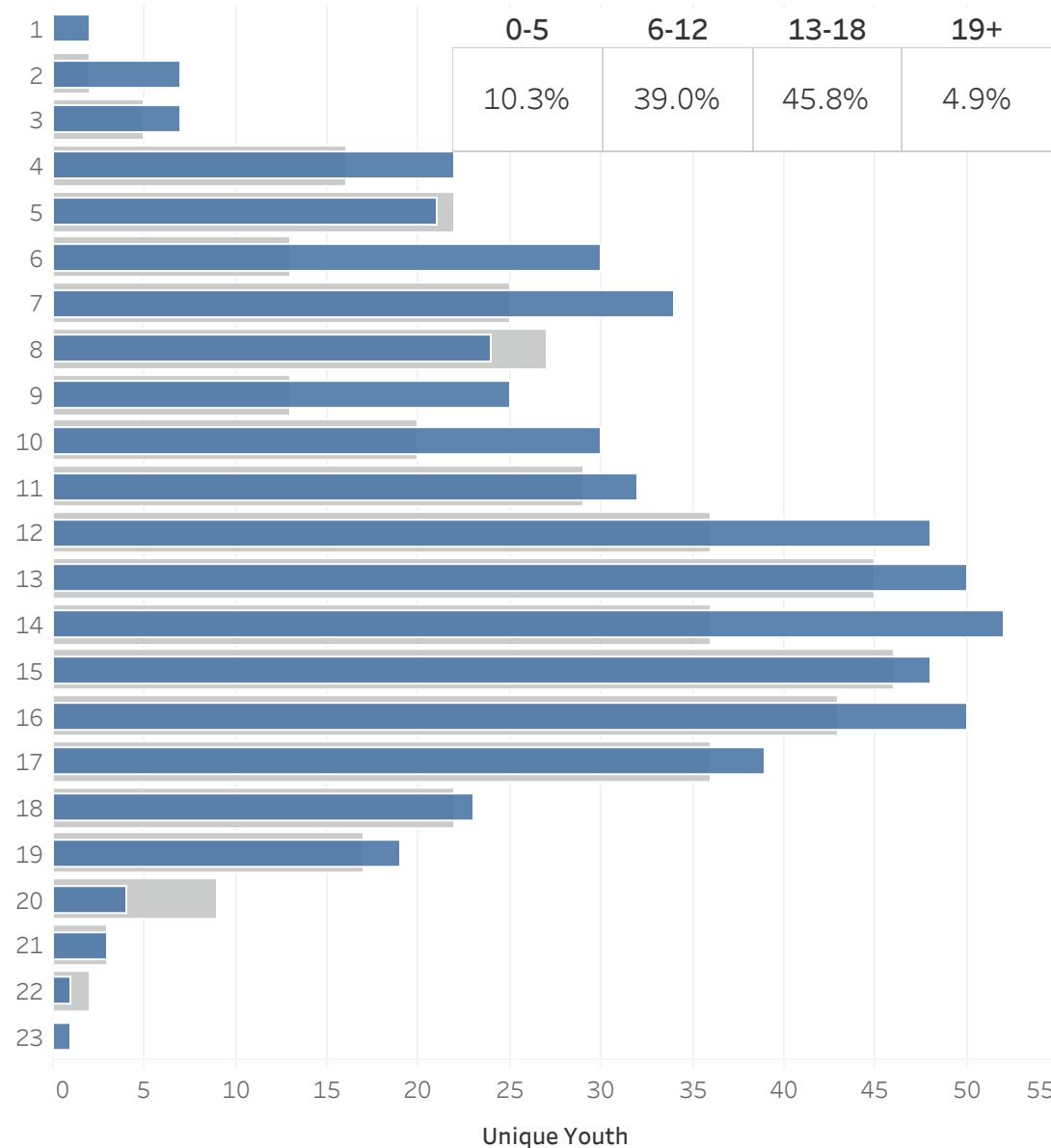
Hub Name Wheeler Clinic, Inc

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

Distribution of Youth by Age

Current SFY Comparison to Last SFY (gray)

Youth Served in the Current SFY 2019





Youth Demographics

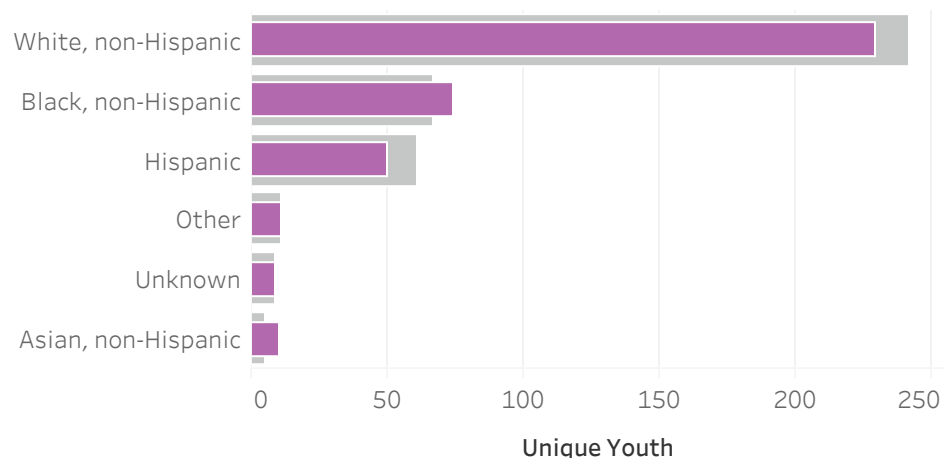
The Yale Child Study Center Hub served a total of 383 unique youth in SFY 2019.

Hub-Specific Current SFY Summary

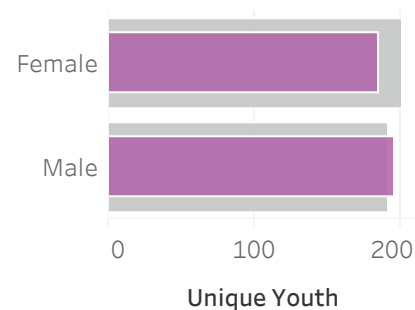
- 13-18 year-olds represented the largest portion in the current state fiscal year at **47.8%**.
- Males accounted for **51.4%** of the unique youth served.
- The majority of youth served were White, non-Hispanic at **59.8%**.

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

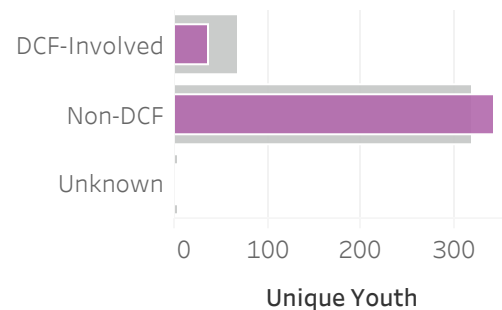
Race/Ethnicity



Gender



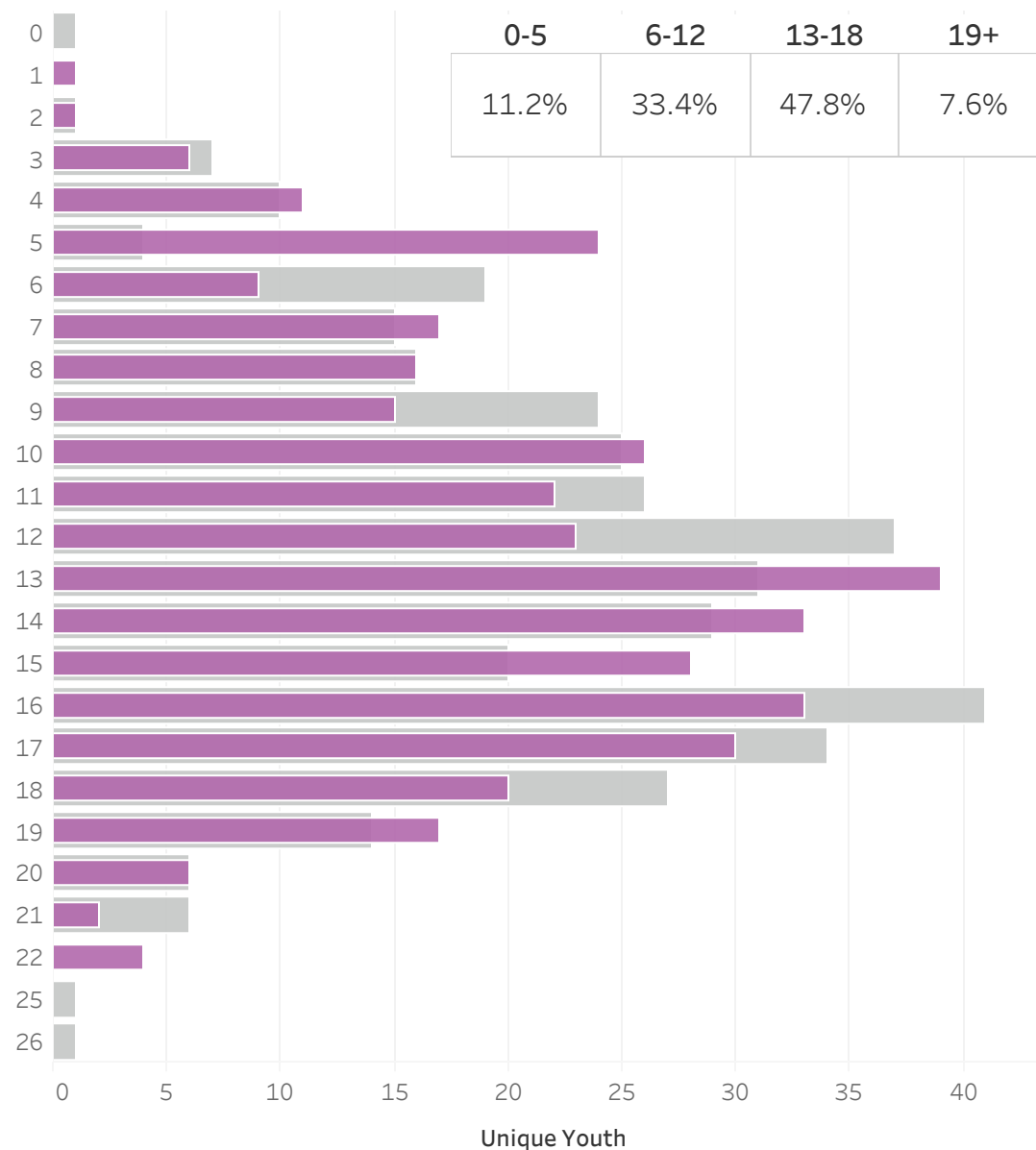
DCF Involvement



Distribution of Youth by Age

Current SFY Comparison to Last SFY (gray)

Youth Served in the Current SFY 2019



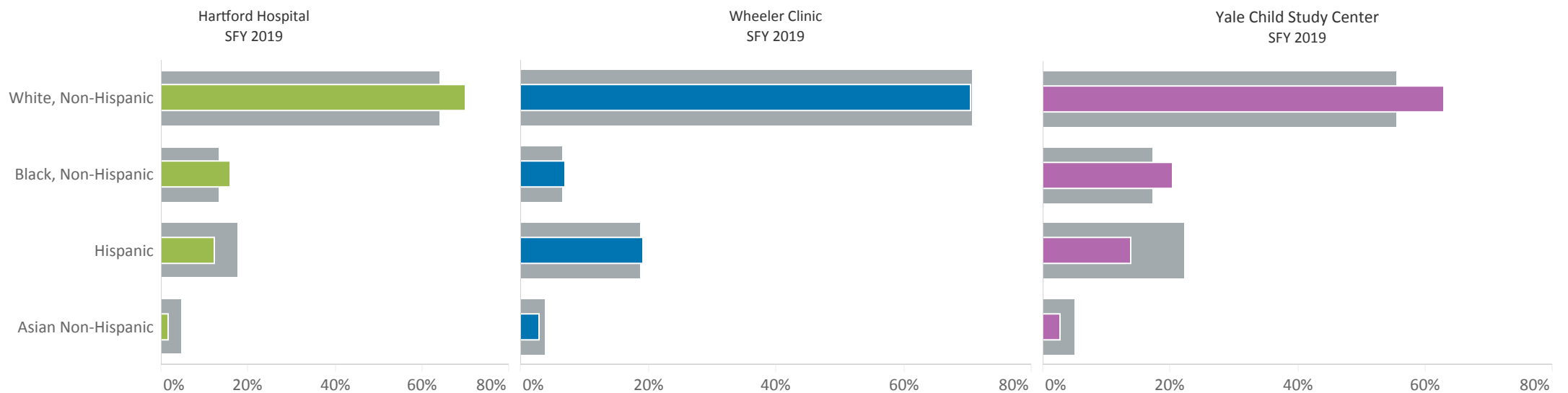
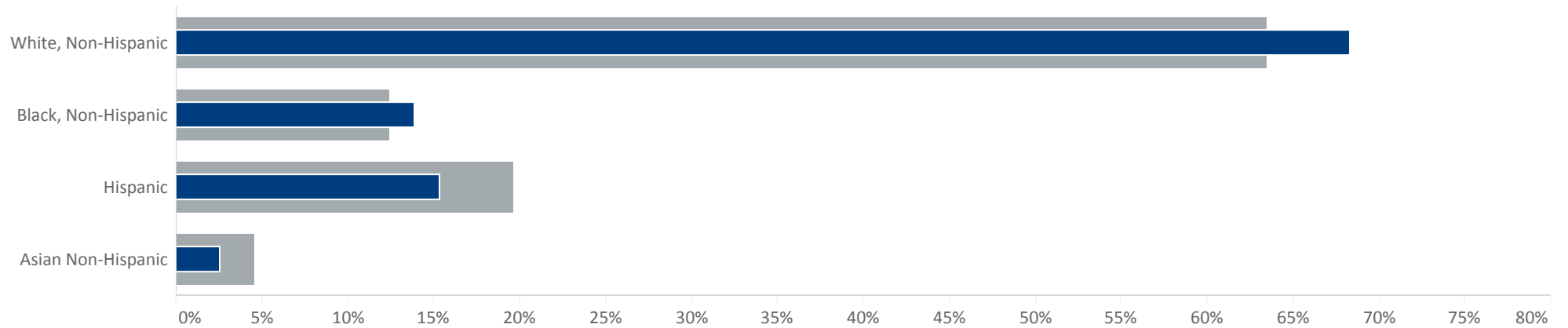
0-5	6-12	13-18	19+
11.2%	33.4%	47.8%	7.6%

Race and Ethnicity



State Fiscal Year
FY 2019

ACCESS Mental Health CT
Youth Demographics: Race and Ethnicity
Youth Served vs. Youth in Connecticut
Statewide
SFY 2019



*Youth Served by Program Comparison to Youth in Connecticut (gray)



Consultative Activities

The program provided a total of 5,867 consultations in SFY 2019.

Select SFY
FY 2019

Summary
for time range selected



Average of 489 consultations per month.



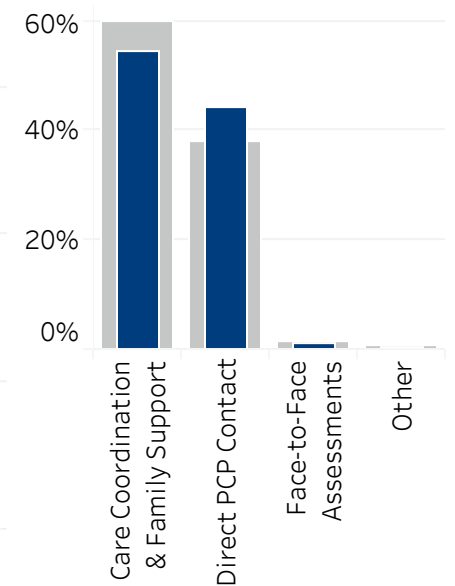
Average of 1,467 consultations per quarter.

Consultation Volume | Quarterly Over Time

Select View ▶ Quarterly Over Time

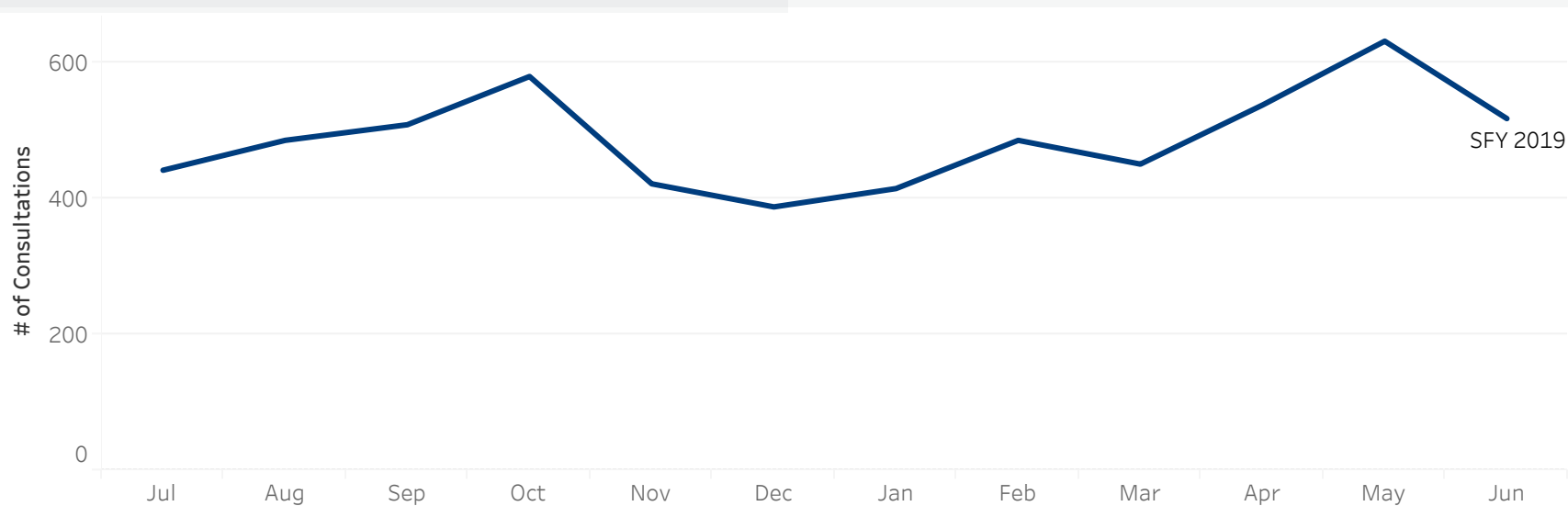


Consultation Types



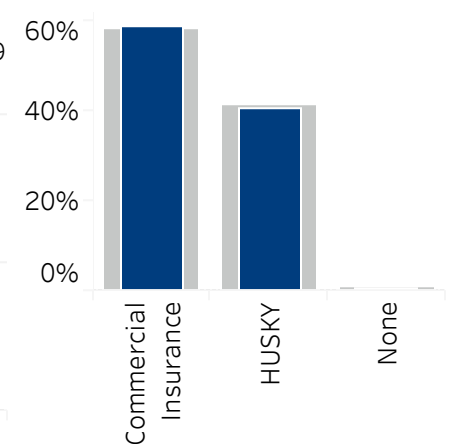
Consultation Volume | Annual Comparison by Month

Select View ▶ Annual Comparison by Month



■ Current SFY
■ Last SFY

Consultations by Insurance

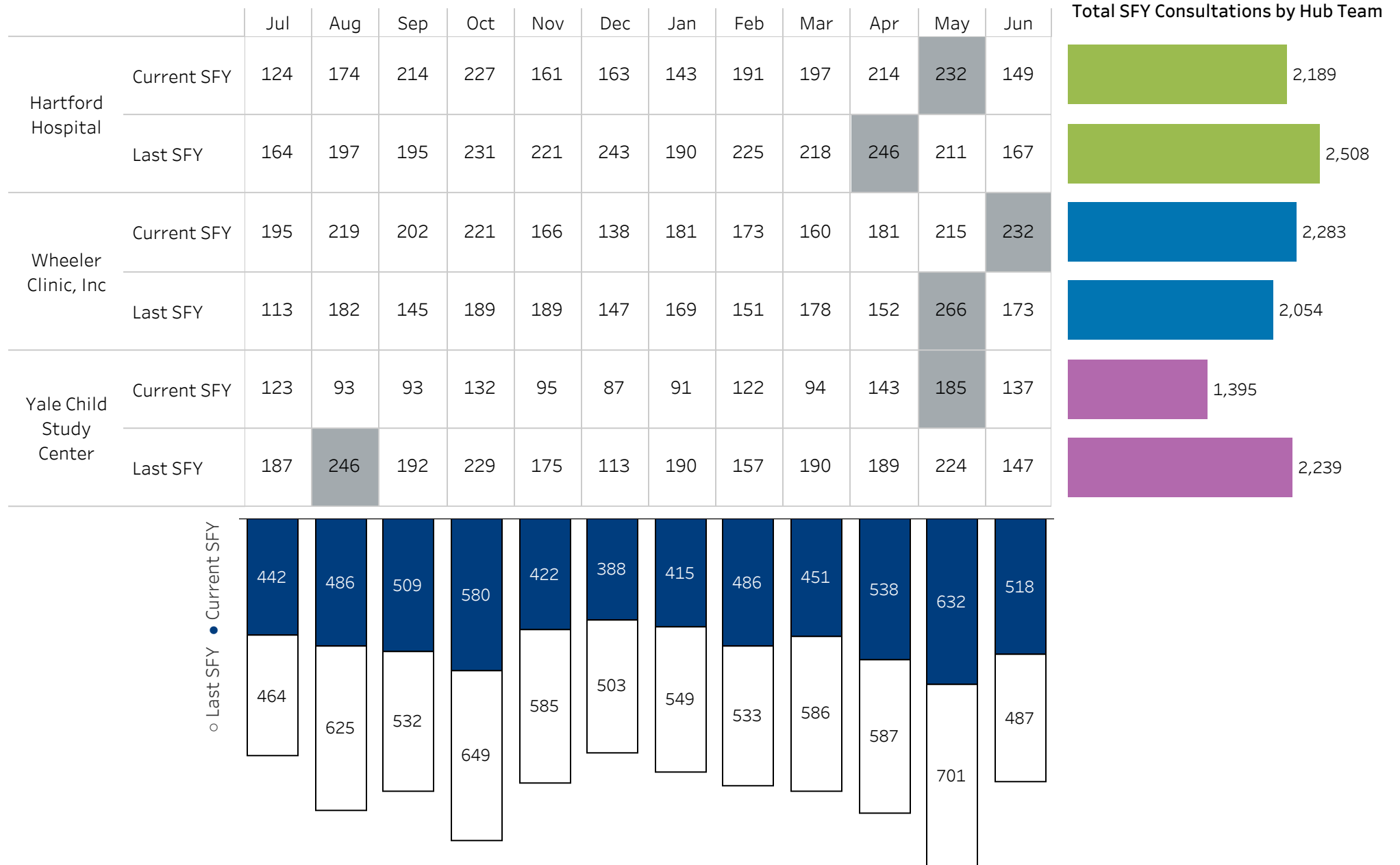


Consultative Activities

The program provided a total of 5,867 consultations in SFY 2019.

Monthly Consultations by Hub

- Month with the maximum consultations in the SFY



Consultative Activities

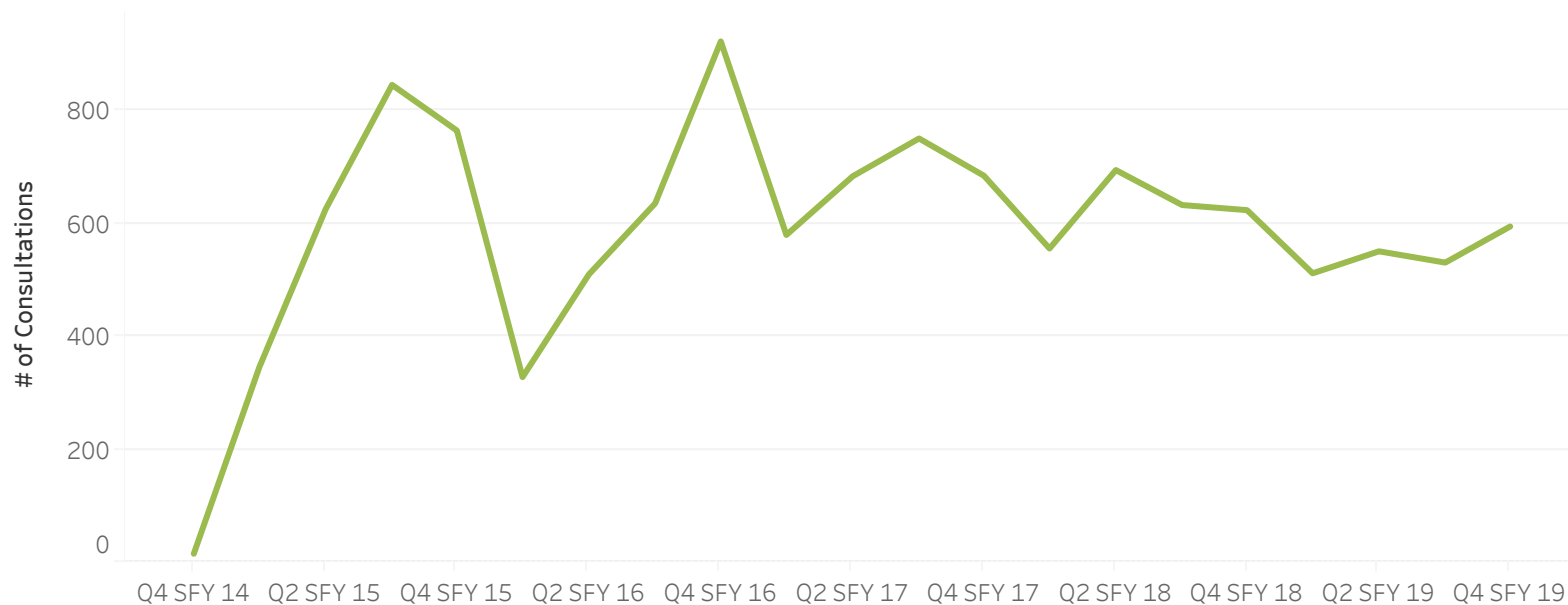
The Hartford Hospital Hub provided a total of 2,189 consultations in SFY 2019.

Hub Name
Hartford Hospital

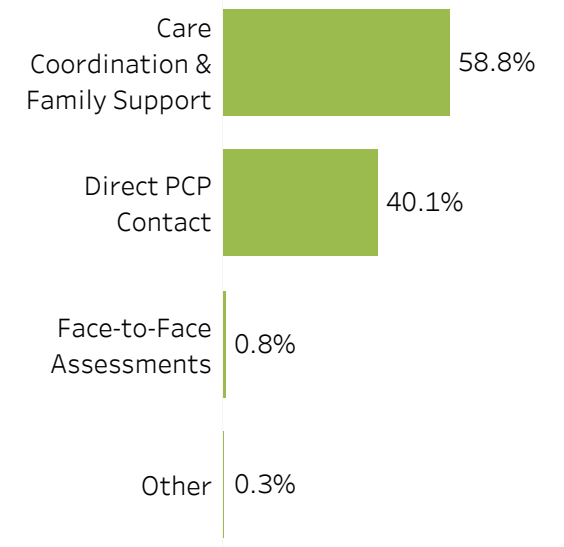
Summary for
Current SFY

→ Average of 182 consultations per month. → Average of 547 consultations per quarter.

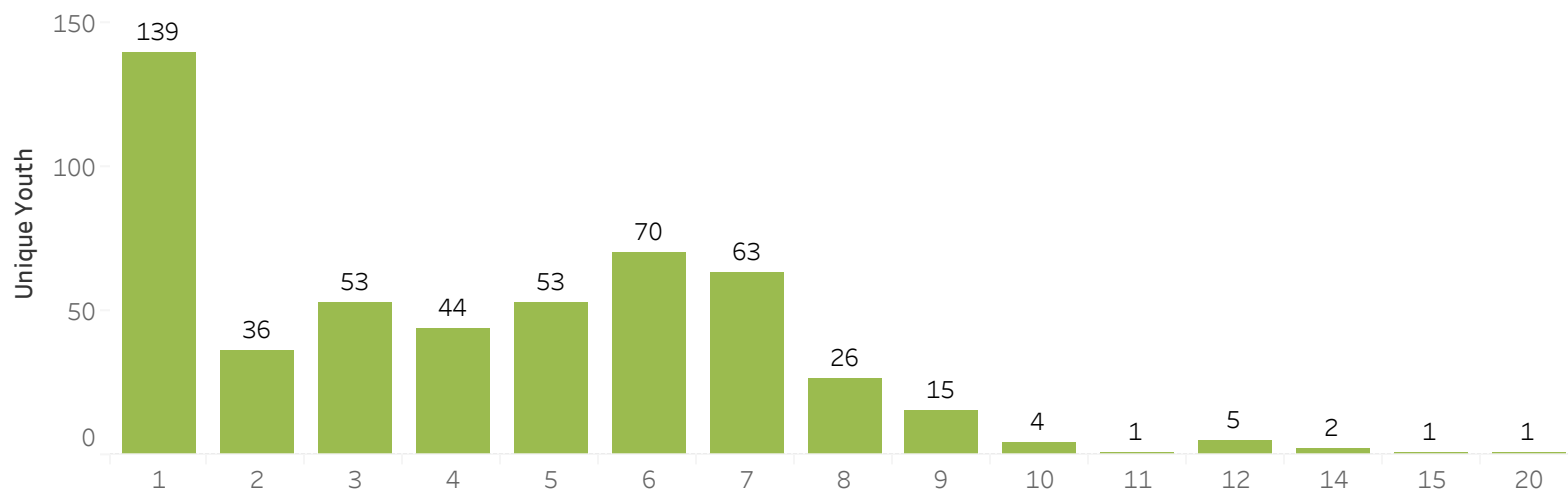
Hartford Hospital Quarterly Volume of Consultations



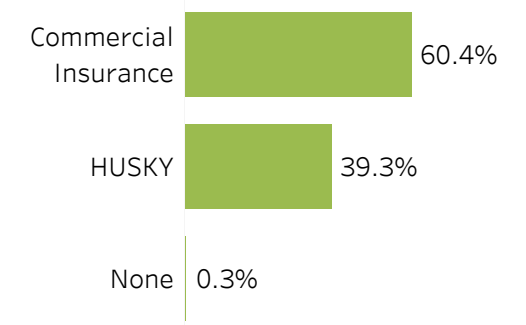
Hartford Hospital Consultation Types for Current SFY



Hartford Hospital Consultation Frequency for Current SFY



Hartford Hospital Consultations by Insurance for Current SFY



Consultative Activities

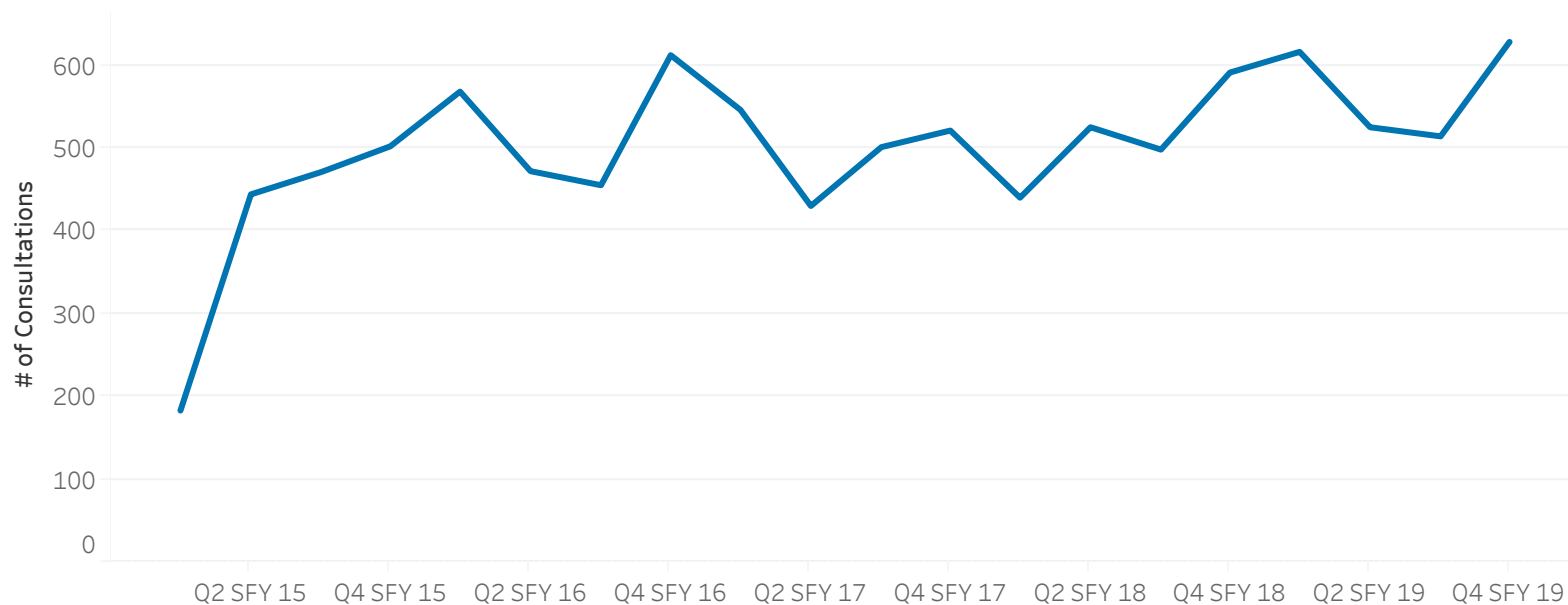
The Wheeler Clinic, Inc Hub provided a total of 2,283 consultations in SFY 2019.

Hub Name
Wheeler Clinic, Inc

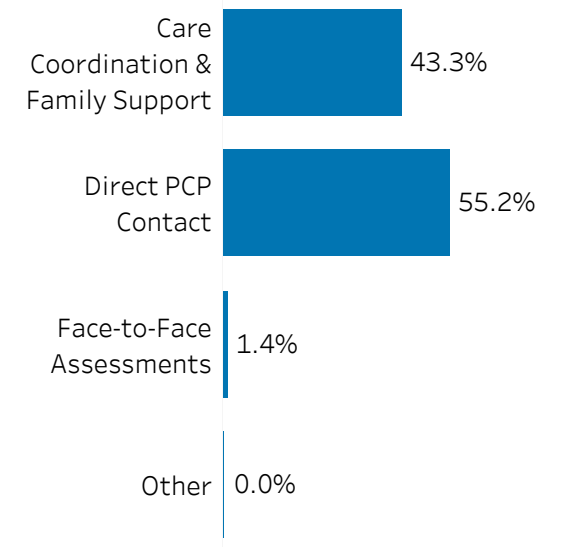
Summary for
Current SFY

→ Average of 190 consultations per month. → Average of 571 consultations per quarter.

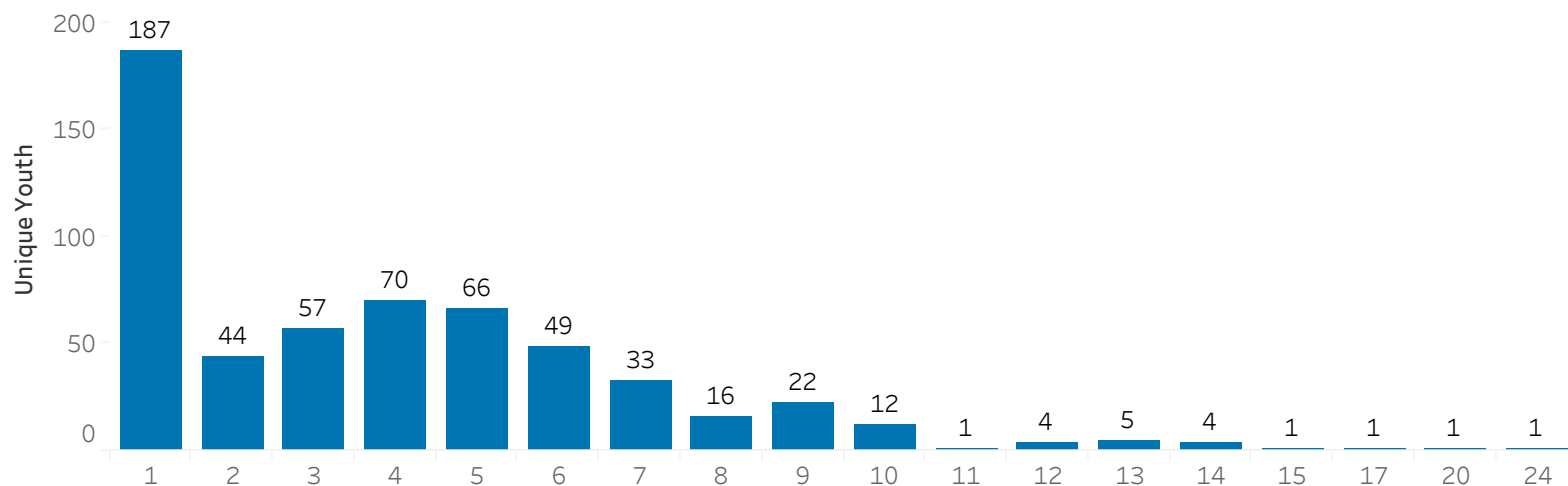
Wheeler Clinic, Inc Quarterly Volume of Consultations



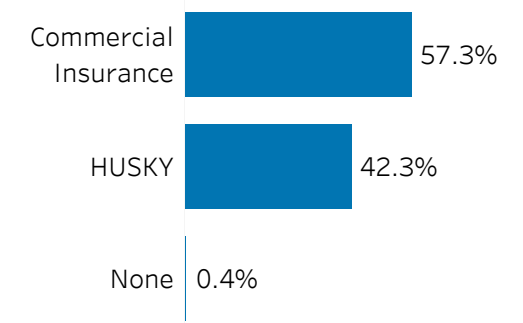
Wheeler Clinic, Inc Consultation Types for Current SFY



Wheeler Clinic, Inc Consultation Frequency for Current SFY



Wheeler Clinic, Inc Consultations by Insurance for Current SFY



Consultative Activities

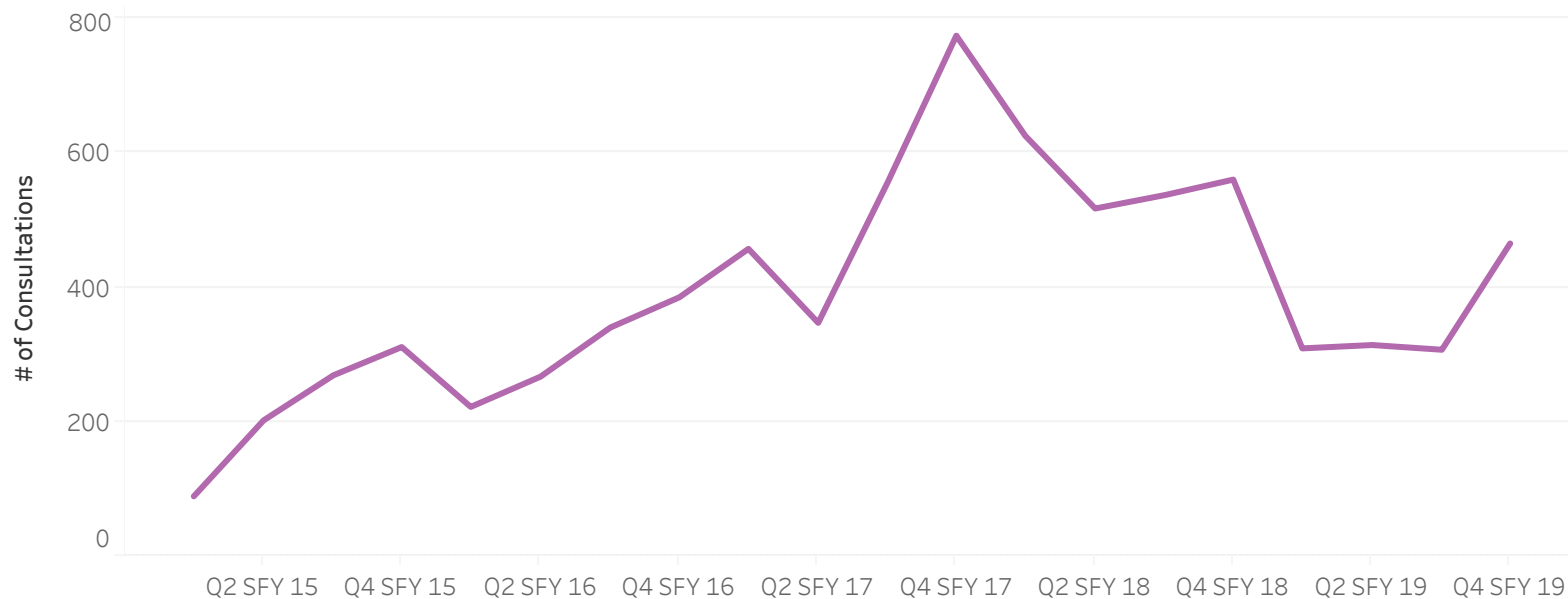
The Yale Child Study Center Hub provided a total of 1,395 consultations in SFY 2019.

Hub Name
Yale Child Study Center

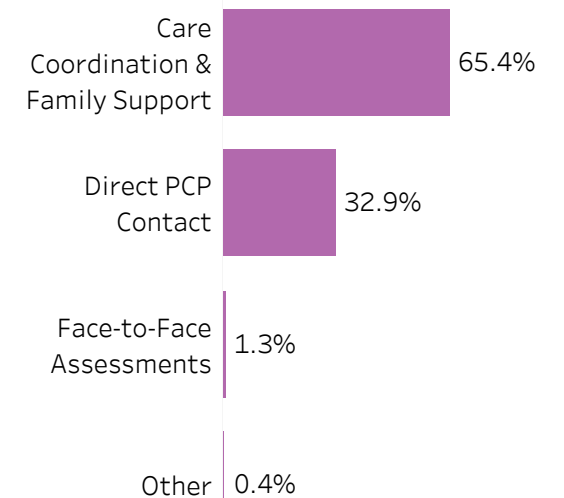
Summary for
Current SFY

→ Average of 116 consultations per month. → Average of 349 consultations per quarter.

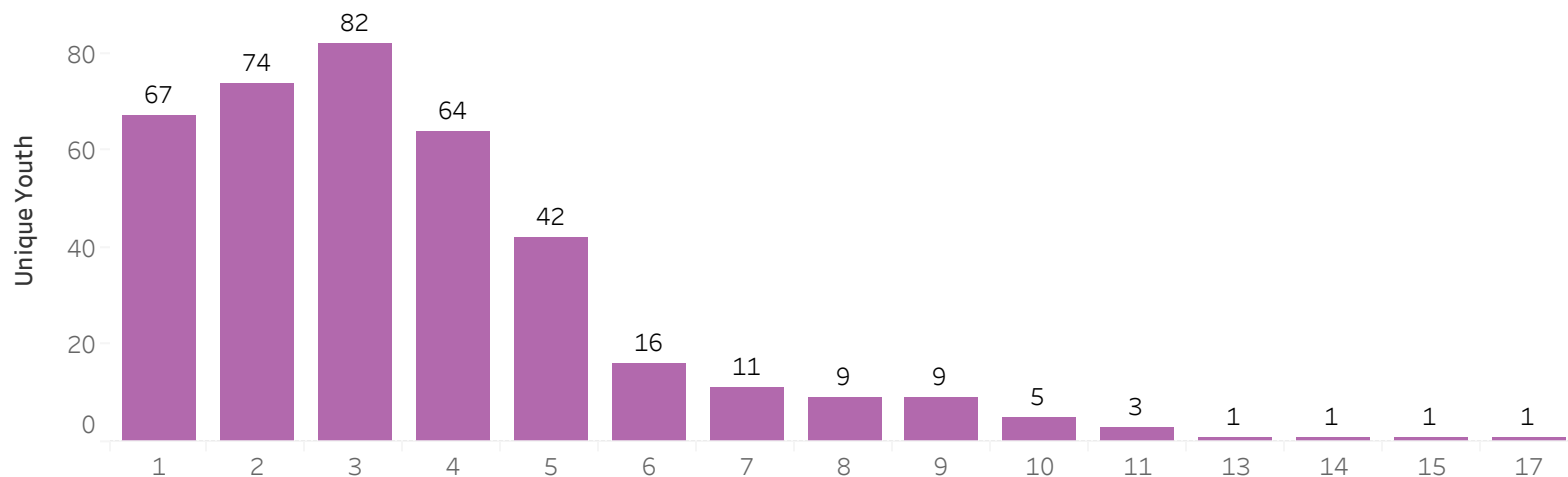
Yale Child Study Center Quarterly Volume of Consultations



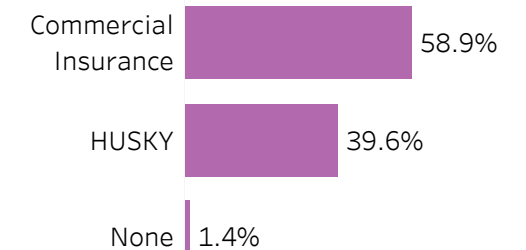
Yale Child Study Center
Consultation Types for Current SFY



Yale Child Study Center Consultation Frequency for Current SFY



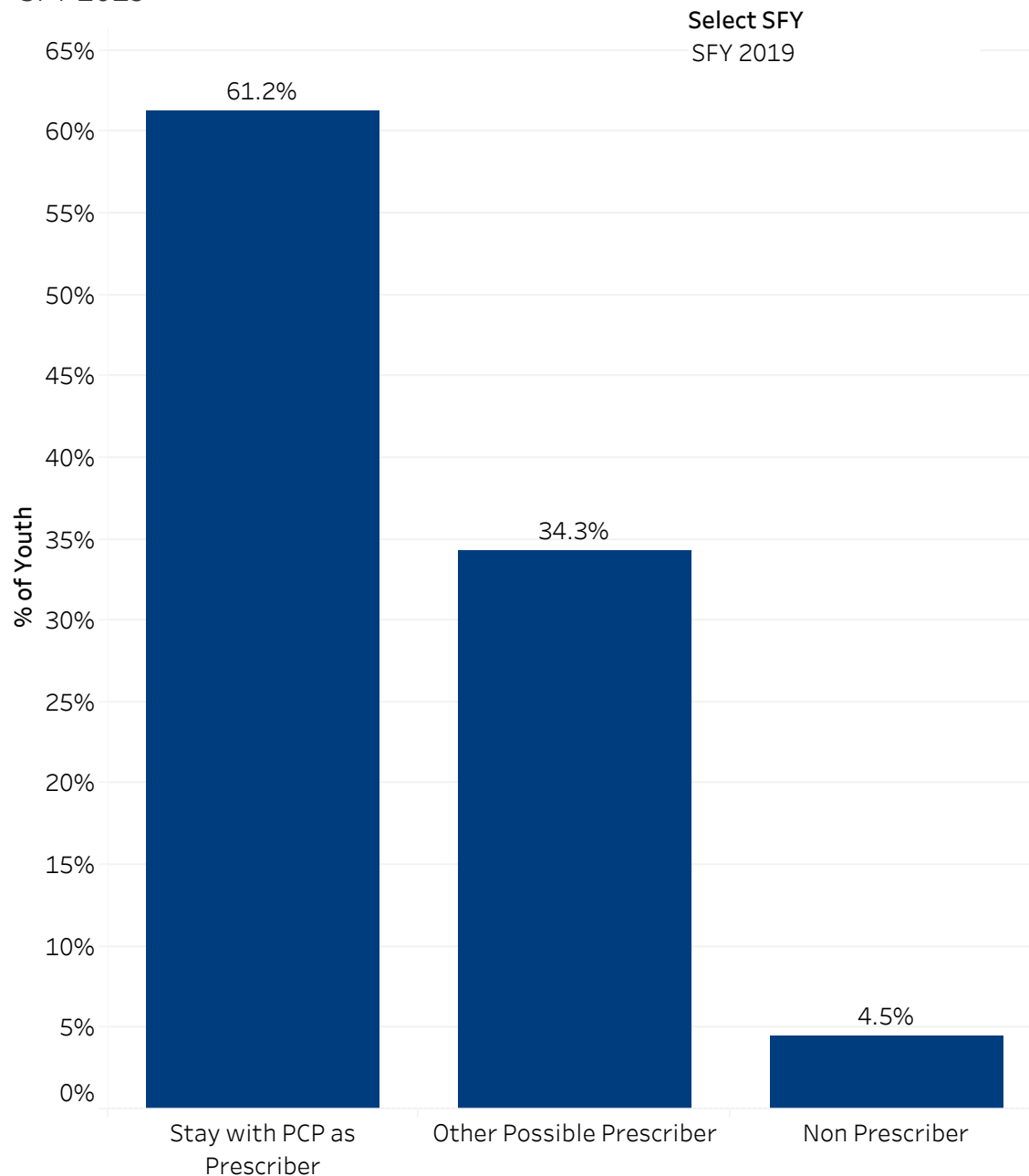
Yale Child Study Center
Consultations by Insurance for
Current SFY



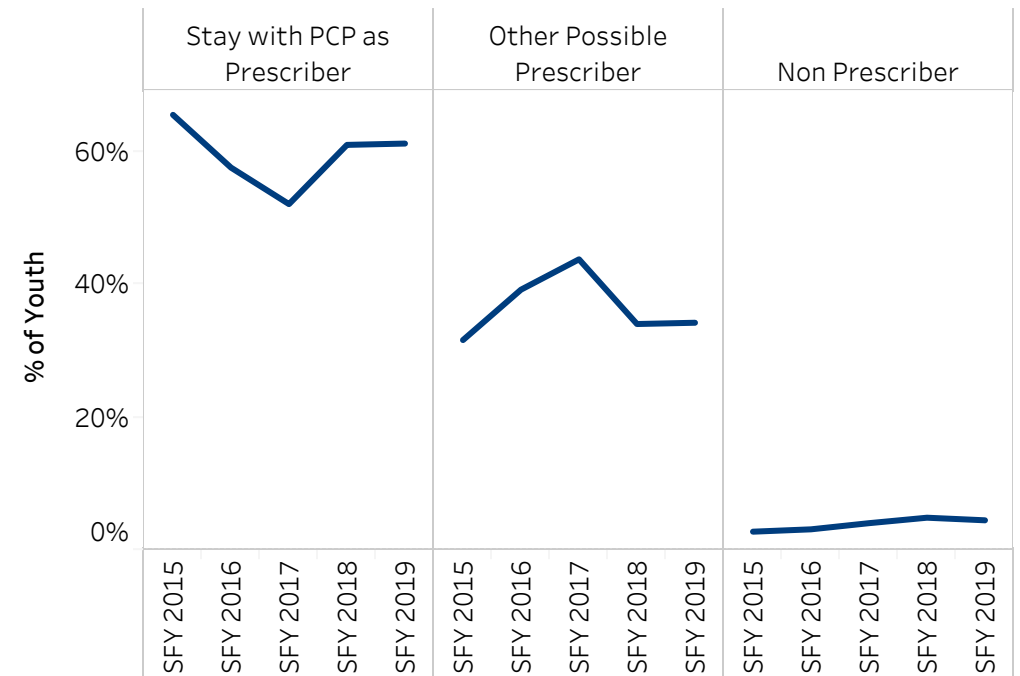
Primary Care Prescribing

STATEWIDE

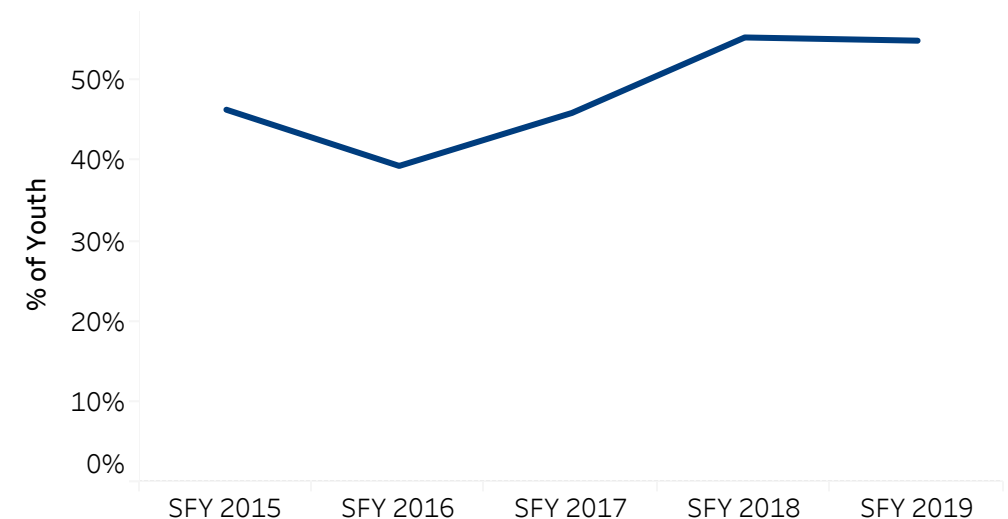
Statewide Outcomes for Youth Subject to Medication Consultation
SFY 2019



Outcomes for Youth Subject to Medication Consultation



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



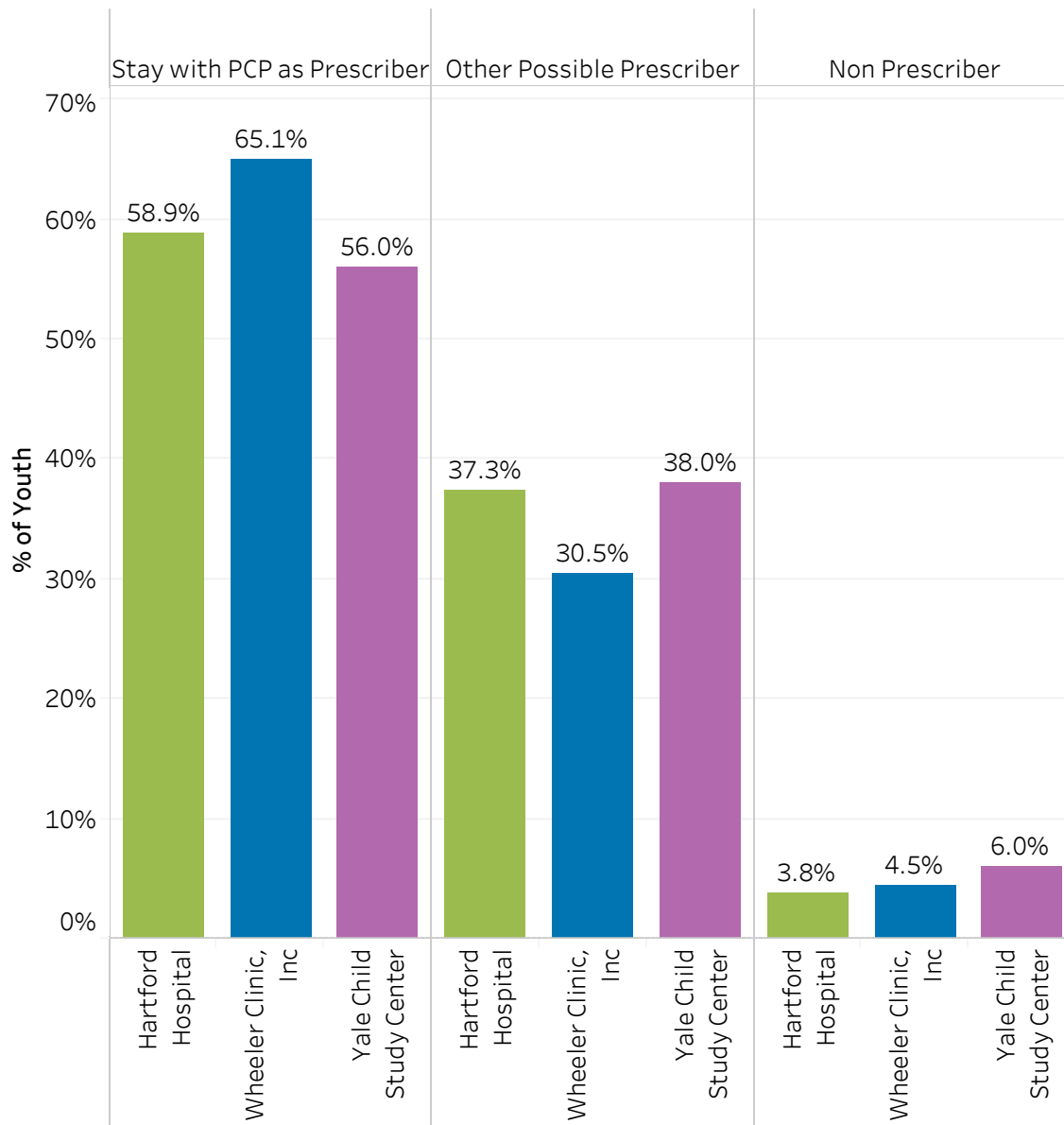
Primary Care Prescribing

HUB SPECIFIC

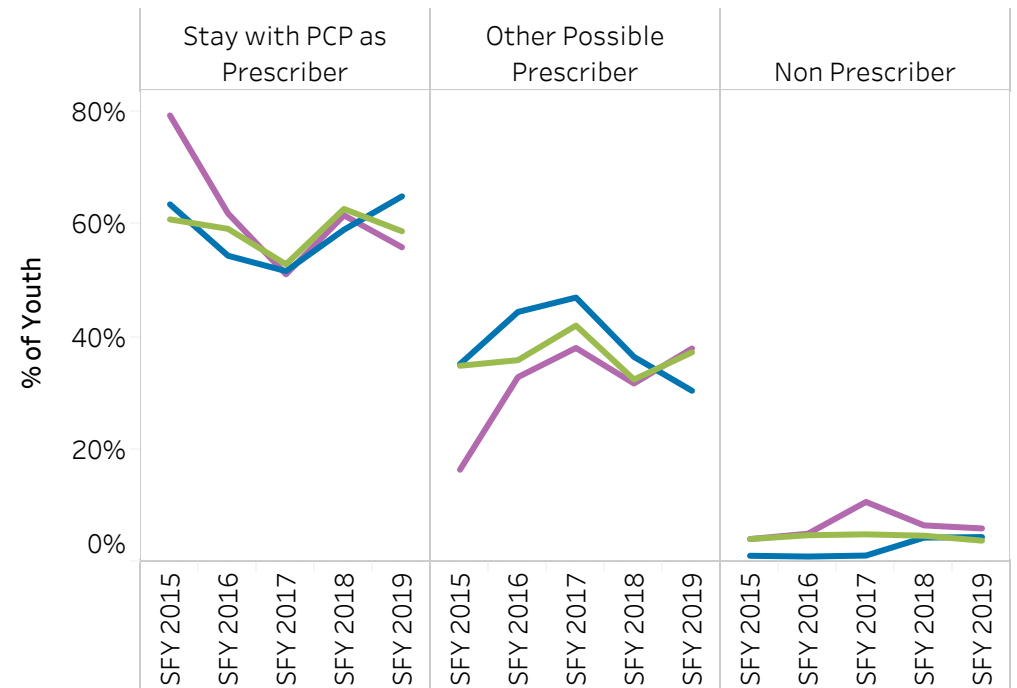
Select SFY
SFY 2019

■ Hartford Hospital
 ■ Wheeler Clinic, Inc
 ■ Yale Child Study Center

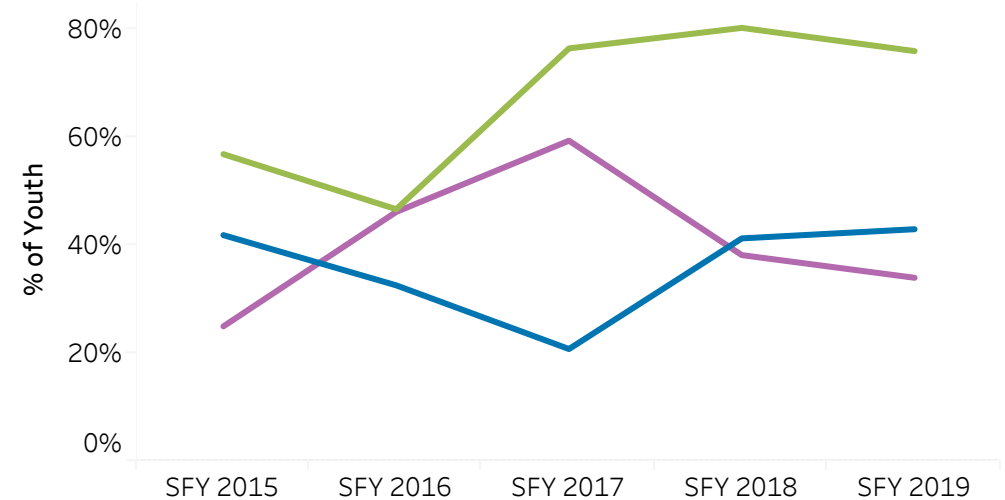
Outcomes for Youth Subject to Medication Consultation
SFY 2019



Outcomes for Youth Subject to Medication Consultation



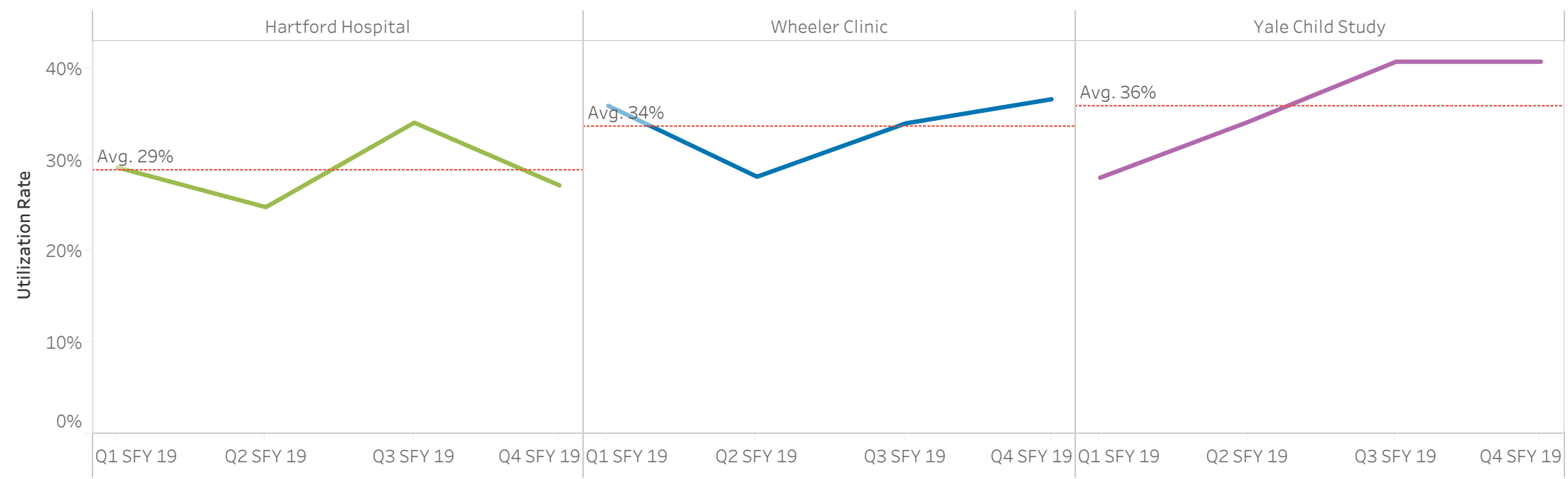
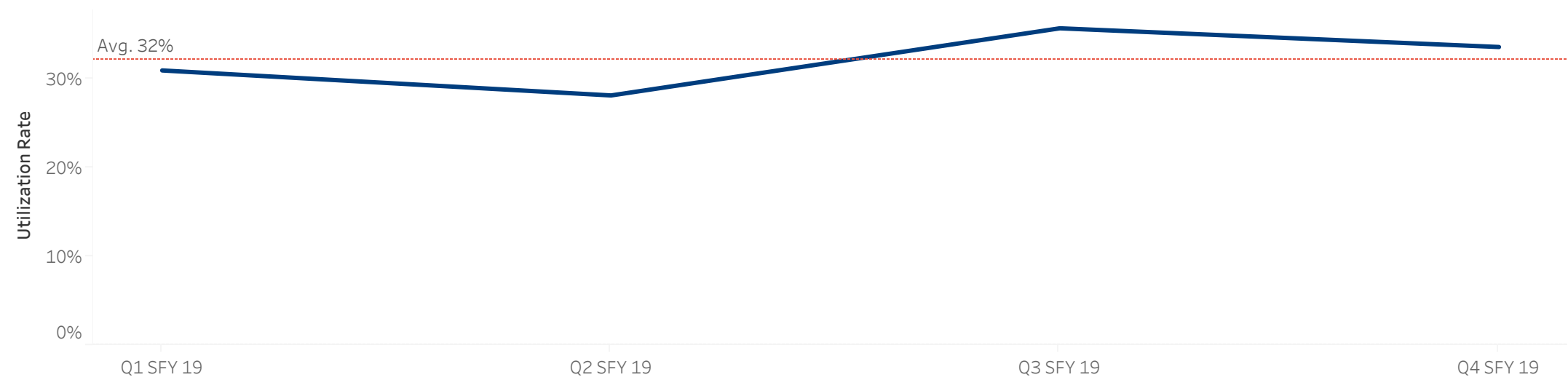
Outcomes for Youth Subject to a Medication Consultation: PCP Acts As Interim Bridge Prescriber



Practice Utilization

Select Fiscal Year(s)
FY 2019

Statewide Quarterly Practice Group Utilization Rate
SFY 2019



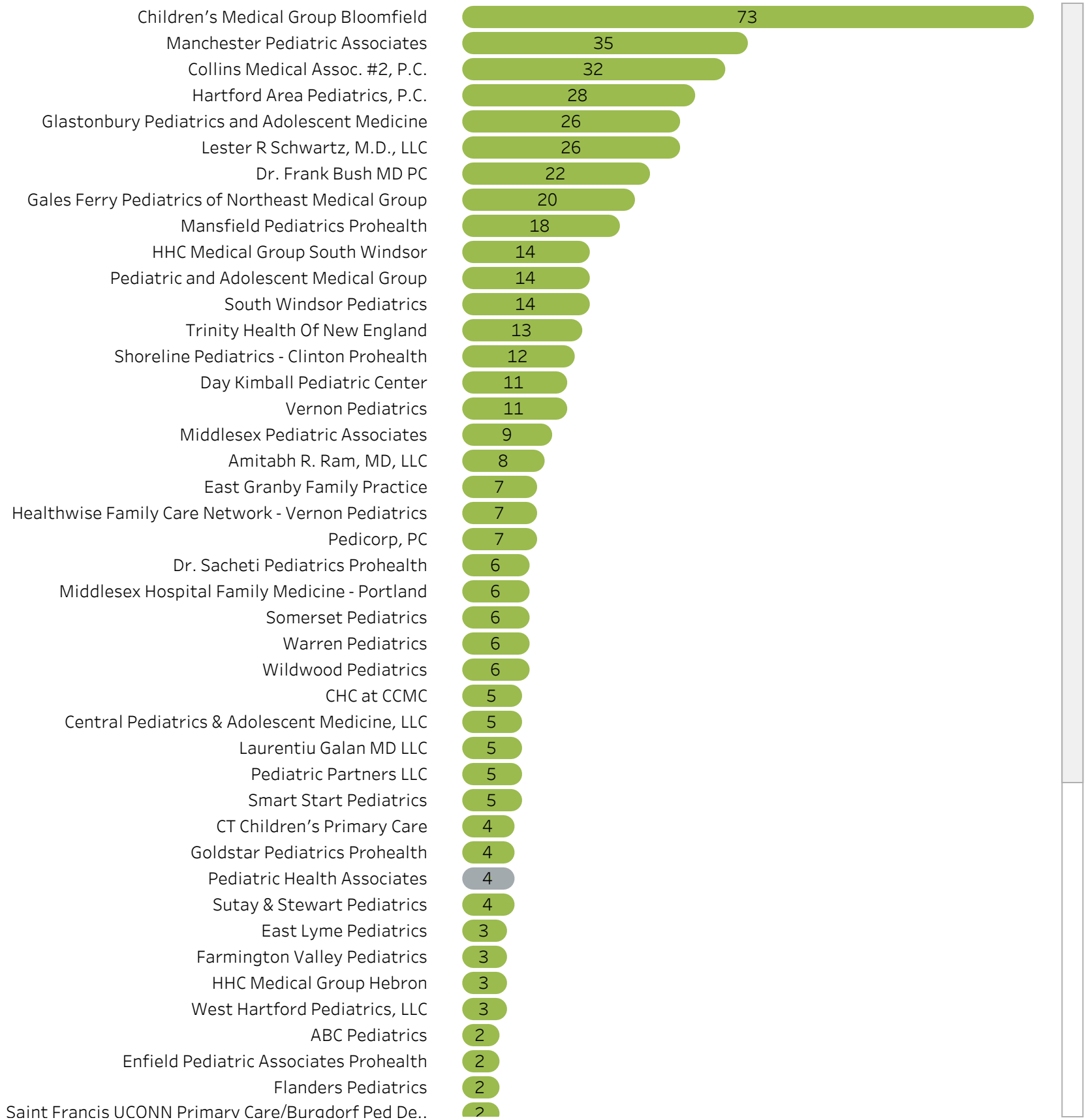
Youth Served by Practice

Hub Name Hartford Hospital

Hartford Hospital

Number of Youth Served by Practice - SFY 2019

• New User of Program



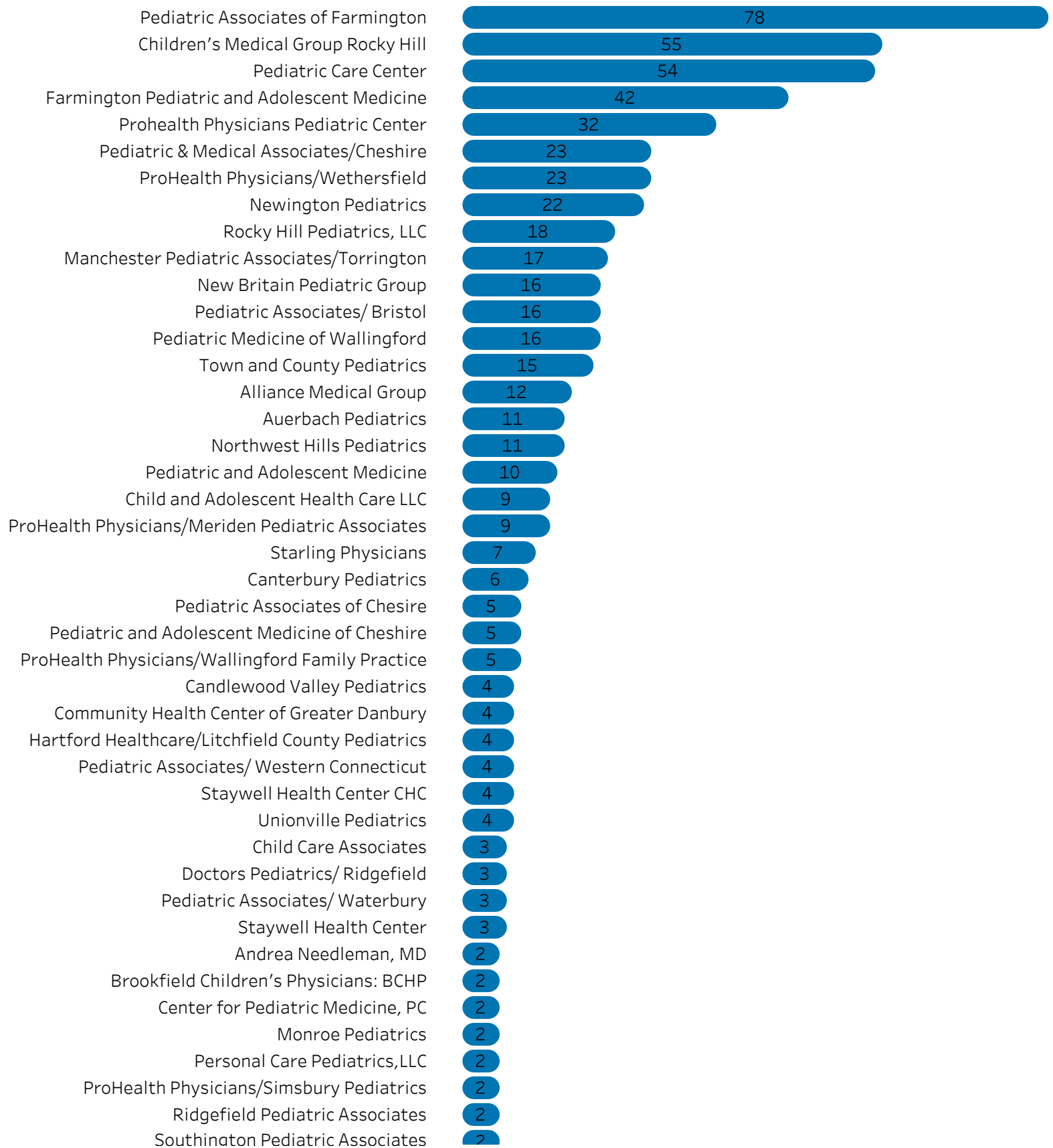
Youth Served by Practice

Hub Name Wheeler Clinic, Inc

Wheeler Clinic, Inc

Number of Youth Served by Practice - SFY 2019

• New User of Program



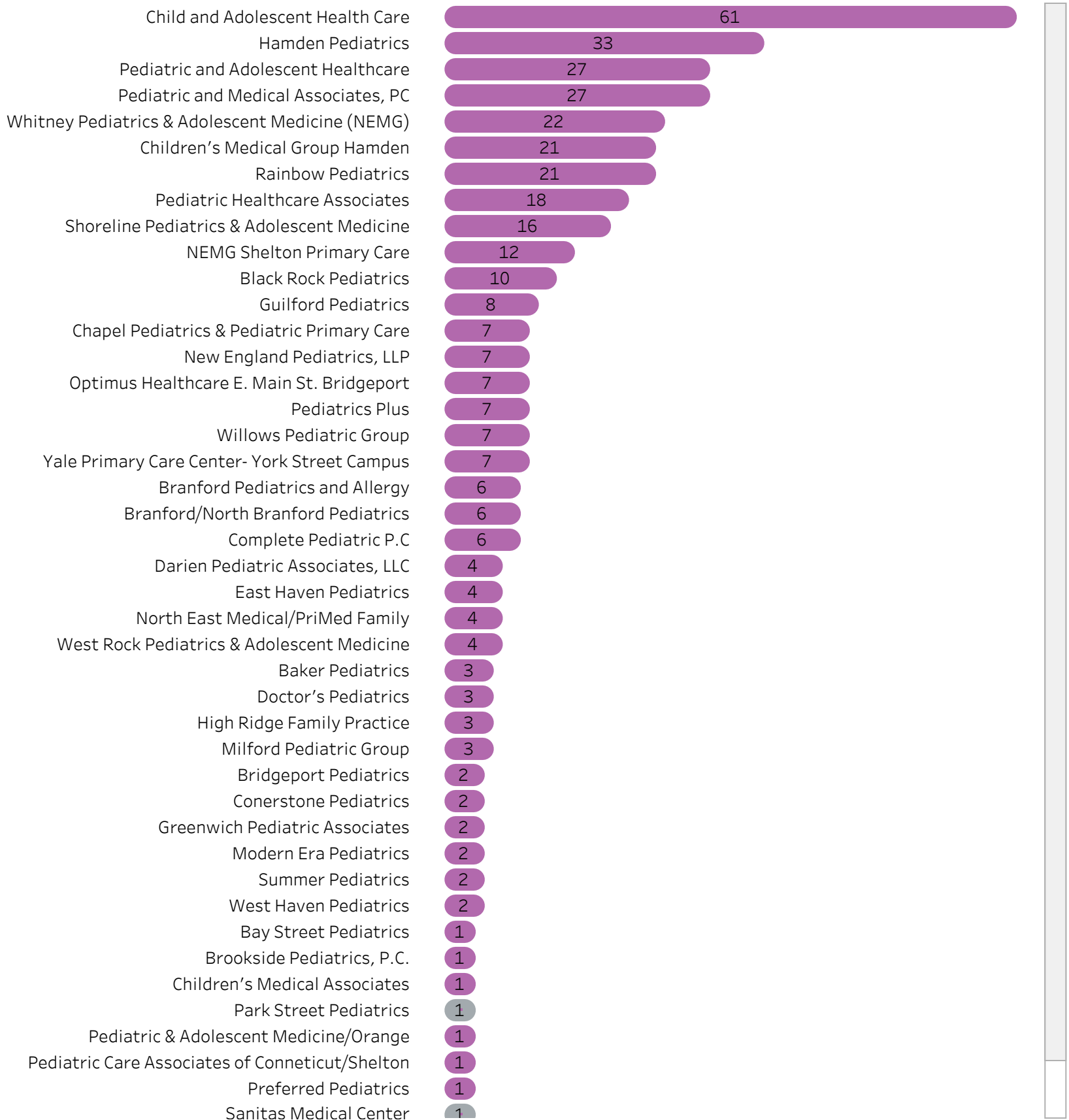
Youth Served by Practice

Hub Name Yale Child Study Center

Yale Child Study Center

Number of Youth Served by Practice - SFY 2019

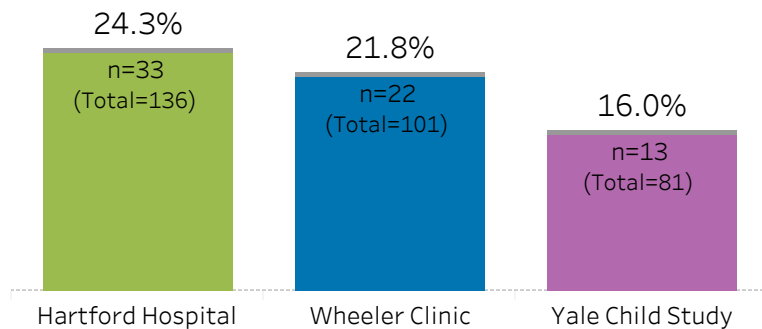
● New User of Program



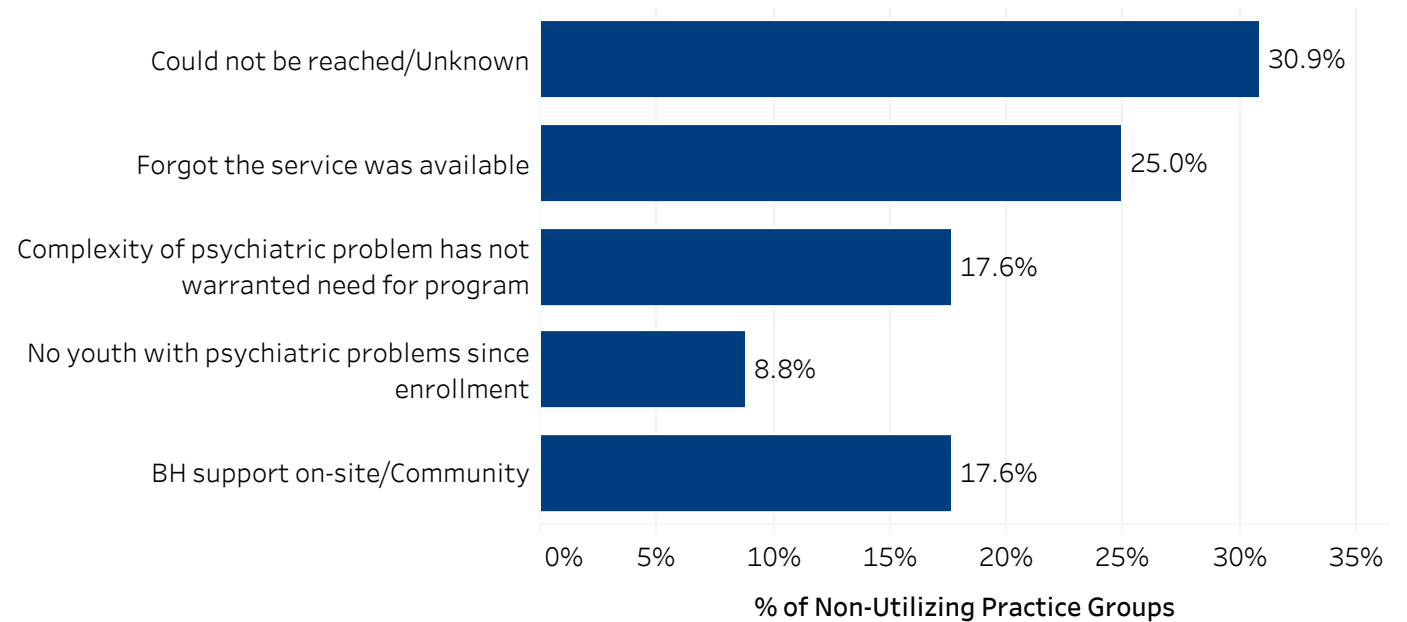
Practice Non-Utilization

Of all enrolled practice groups in SFY 2019 (318),
21.4%
 (68 practices) did not utilize the service.

Non-Utilization by Hub for SFY 2019

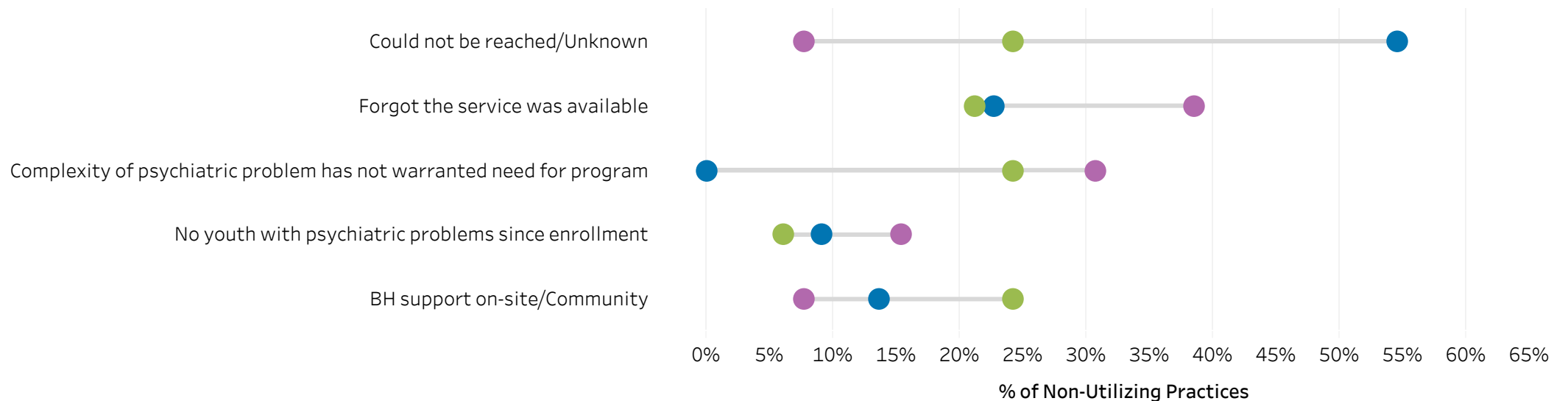


Practice Group Non-Utilization Reasons SFY 2019



Practice Group Non-Utilization Reasons by Hub for SFY 2019

● Hartford Hospital ● Wheeler Clinic ● Yale Child Study



Program Satisfaction

Click to
view Hub
details



PCP Satisfaction Scores

● Average score of 5 (≥ 4.995)

	Q1 SFY 18	Q2 SFY 18	Q3 SFY 18	Q4 SFY 18	Q1 SFY 19	Q2 SFY 19	Q3 SFY 19	Q4 SFY 19
Hartford Hospital	4.99	4.99	5.00	4.99	5.00	4.98	4.99	4.98
Wheeler Clinic, Inc	4.99	5.00	5.00	5.00	5.00	5.00	5.00	5.00
Yale Child Study Center	5.00	5.00	5.00	4.99	5.00	5.00	4.97	5.00
Grand Total	4.99	5.00	5.00	4.99	5.00	4.99	4.99	4.99

Count per PCP Score for All

● 99% or more received a score of 5

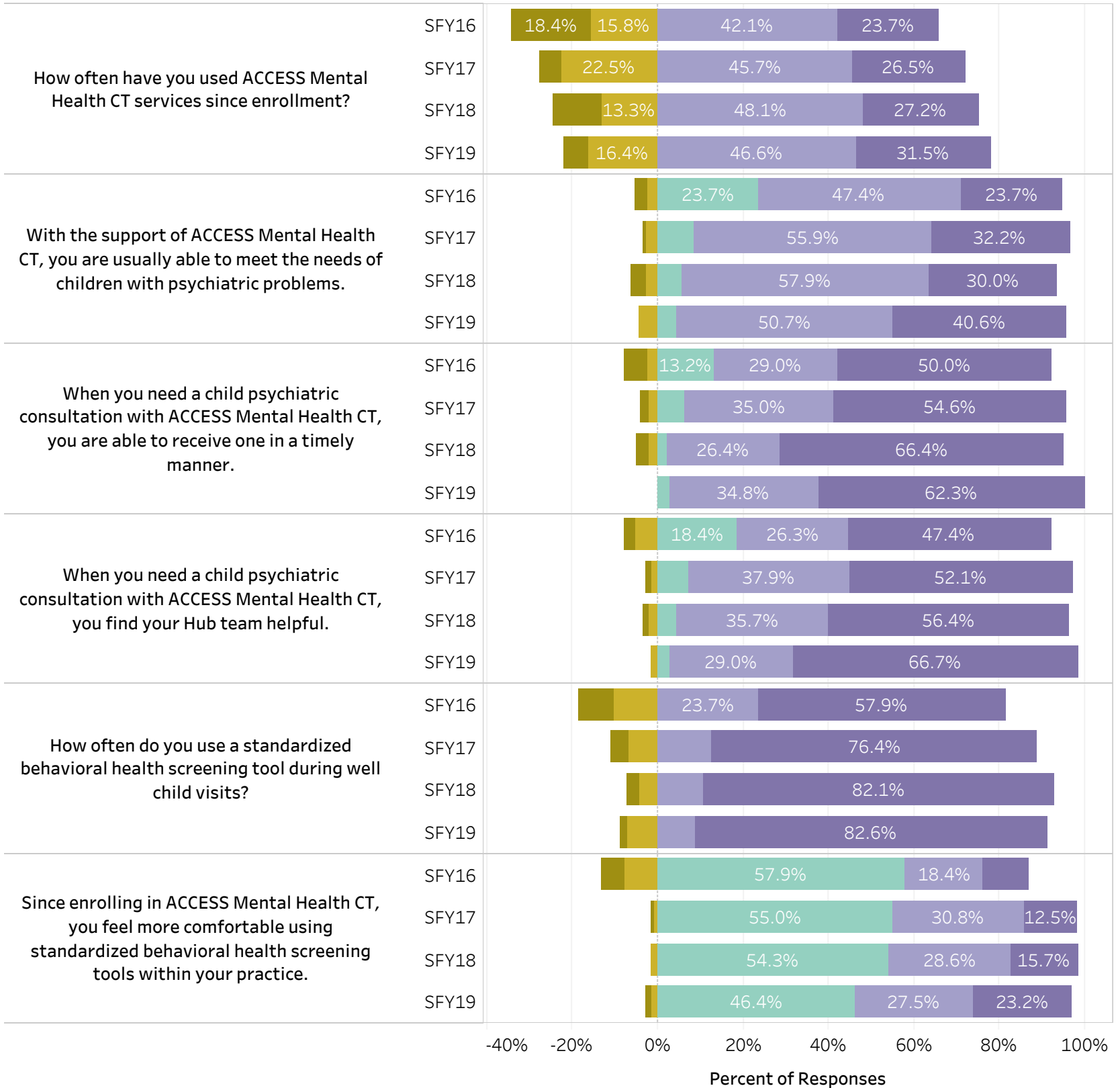
Satisfaction Score

	Q1 SFY 18	Q2 SFY 18	Q3 SFY 18	Q4 SFY 18	Q1 SFY 19	Q2 SFY 19	Q3 SFY 19	Q4 SFY 19
3		3		1	2	1		
4	23	3	6	13	5	3	10	6
5	1,598	1,731	1,662	1,761	1,430	1,386	1,342	1,682
Grand Total	1,621	1,737	1,668	1,775	1,437	1,390	1,352	1,688

Annual Survey

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

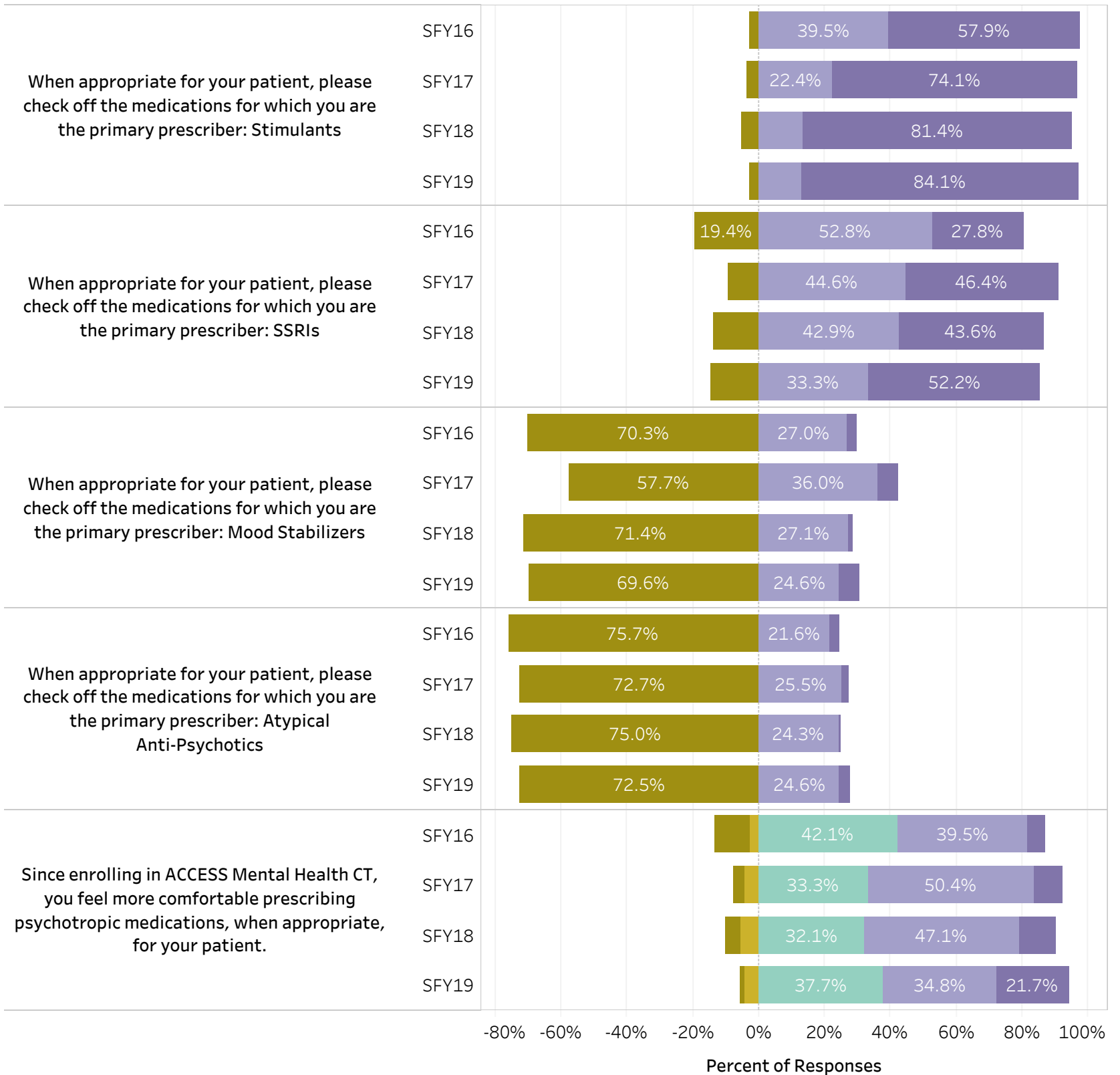
Access to and Use of ACCESS MH Services



Annual Satisfaction Survey

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

Access to and Use of ACCESS MH Services



Program Feedback

The following feedback from PCPs, Youth, Families and Hub Teams was gathered from the SFY'19 annual surveys, practice on-site visits, and case specific consultations throughout the year.

Quotes from enrolled PCPs:

"This is one of the best programs to help primary care manage the tsunami of patients with behavioral health problems. Vital program to providing and managing our patient and family needs at the primary care site." ~PCP, Hartford Hub Team Area

"I have found it very helpful and my patients have also found it very helpful!" ~PCP, Yale Hub Team Area

"Thank you for your service! I just got off the phone with the team's psychiatrist and she was GREAT!" ~PCP, Hartford Hub Team Area

"This program has been very helpful. It has enabled me to initiate helpful treatments without having to wait for a pediatric psychiatrist to be available." ~PCP, Wheeler Hub Team Area

"Fantastic - very helpful and educational. ACCESS has really allowed me to help patients get treatment." ~PCP, Yale Hub Team Area

"Excellent. Can't imagine working without their support" ~PCP, Hartford Hub Team Area

"I spoke with a psychiatrist from Hartford (cross-covering) and he was excellent. The Yale team is always excellent and helpful" ~PCP, Yale Hub Team Area

"You have taught me so well that I don't need to call you about the simple ones anymore. However, I am calling today because this child is very complex, and I really appreciate your help." ~PCP, Wheeler Hub Team Area

"As always thanks to the ACCESS team for supporting me and our families." ~PCP, Hartford Hub Team Area

"It has been an amazing and extremely valuable asset to have ACCESS help us with the management of our patients." ~PCP, Yale Hub Team Area

"ACCESS is always very helpful. Parents are reassured and really appreciate it when I tell them that I have reviewed the treatment with our consulting child psychiatrist. ACCESS is invaluable to me and all the providers in my practice." ~PCP, Wheeler Hub Team Area

"This is excellent. I recently moved here from Virginia and they don't have anything like this." ~PCP, Hartford Hub Team Area

PCP called about a sibling of a child previously called into ACCESS. Hub team psychiatrist asked for follow up on the sibling and PCP noted that; "It worked out well". That ACCESS "nailed it" and was very helpful in clarifying the diagnoses of Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal infection (PANDAS) and Autism Spectrum Disorder. The team helped to get him into the right services and provided guidance and support to the PCP and family during the time it took while he was on the waiting list for the recommended services. ~PCP, Wheeler Hub Team Area

"We do not know what we would do without ACCESS Mental Health." ~PCP, Yale Hub Team Area

"Great!" PCP, Wheeler Hub Team Area

"This has been a very helpful consultation, so helpful in managing issues that come up when I'm prescribing these types of medications." ~PCP, Yale Hub Team Area

"Superb! Need to expand to young adults." ~PCP, Hartford Hub Team Area

"Very thorough and immediate attention" ~PCP, Yale Hub Team Area

"Excellent!!!! Very responsive, prompt, very helpful" ~PCP, Wheeler Hub Team Area

Program Feedback

Quotes from Youth and Families:

"Thank you for being a listening ear and allowing me to unload my frustrations on you. This process is not easy and has been difficult for my family. I am forever grateful for all that your team has done." ~Parent, Hartford Hub Team Area

"You stuck with me & I thank you from the bottom of my heart. What you do really matters. If it wasn't for you, we wouldn't be in the place we are now. My girls are getting the help they need." ~Parent, Wheeler Hub Team Area

"Thanks so much for keeping up and making sure I'm ok, super awesome of you!" ~Youth, Yale Hub Team Area

"Your team's psychiatrist was simply fantastic. My family has never participated in a psychiatric evaluation and this was a great first experience." ~Parent, Hartford Hub Team Area

"Thank you for the recommendations! My daughter connected with the therapist immediately. She opened up more in the first session with the new provider than she ever did with her previous therapist." ~Parent, Hartford Hub Team Area

"Your team's psychiatrist was fantastic, incredibly supportive and informative. I think we have a clear view of what our next steps are. Thank you guys so much for the support." ~Parent, Hartford Hub Team Area

"How happy I am to finally be able to speak Mom to Mom about my child's struggle with OCD." ~Parent, Yale Hub Team Area

"Thank you so much for the support. I truly mean it. I wish ACCESS was around when I was looking for services for my oldest daughter." ~Parent, Hartford Hub Team Area

"Thank you guys so much for connecting my family to Ashley. My daughter connected extremely well with her and even scheduled her next appointment independently." ~Parent, Hartford Hub Team Area

Program Feedback

Quotes from ACCESS Hub Teams:

"I continue to feel honored to have the opportunity to provide 1:1 teaching with each phone consultation to such enthusiastic and appreciative adult learners (the PCPs)." ~Hub Team Psychiatrist

"I received so much positive feedback from grateful PCPs this year. Many times the PCPs feel alone in handling situations for which they are untrained and unprepared and having someone to call to discuss and help with planning disposition often takes a huge burden off their shoulders, and helps resolve very difficult situations in the safest and most helpful manner. Many of the cases are at subacute risk, and need a higher level of care than primary care providers are accustomed to referring their patients for. It's a rewarding experience coaching our primary care colleagues to best help their patients in need." ~Hub Team Psychiatrist

"PCPs feel grateful for our consultation and being of service to them has brought a sense of immense satisfaction." ~Hub Team Psychiatrist

"Together we have made a significant impact on the mental health of our state's children. PCPs are more able to identify and initiate appropriate treatment and we are more able to connect kids and families to appropriate care, even with the increased discontinuity, complexity and barriers that continue to afflict behavioral health care." ~Hub Team Psychiatrist

"I continue to see an evolution in the practices and practitioners I work with. Our frequent utilizers have become increasingly knowledgeable in diagnosing and treating mental health and substance abuse issues. When this group calls, they tend to call with more difficult scenarios and ask more challenging questions than before." ~Hub Team Psychiatrist

"ACCESS MH CT is awesome and has far-reaching direct and indirect effects that greatly improve the lives of children and families in CT and the practitioners who serve them. It is a privilege to be part of this program." ~Hub Team Psychiatrist

"I have been affiliated with ACCESS MH CT since its inception. Throughout my work as a child psychiatrist, I always felt that there was a gap in providing care to pediatric patients with behavioral health issues. ACCESS MH CT has provided a platform that has significantly improved patient care across the state by improving communication and teamwork between primary care providers and behavioral healthcare providers. Over the span of five years since ACCESS MH CT was formulated, primary care physicians have become empowered to provide care and to prescribe psychotropic medications knowing that ACCESS expertise is a phone call away. They also feel comfortable addressing the behavioral health issues of their patients because of confidence that ACCESS will provide support with care coordination." ~Hub Team Psychiatrist

"As we are in our fifth year working with our PCPs, we find the interaction with the practices to be more intimate with our team members, less formal, and often the calls are more efficient since the PCPs feel more comfortable with mental health issues generally, and are able to target their questions and needs more effectively. Often, PCPs apologize for calling so often, despite reassurance that we welcome and encourage their calls." ~Hub Team Psychiatrist

"As the Hub Team's Peer Specialist, I am able to utilize my lived experience to establish a unique relationship with families and assist them in gaining the confidence needed to navigate the mental and behavioral healthcare system and to educate, advocate and provide a sense of hope that their loved one can enjoy an improved quality of life." ~Hub Team Peer Specialist

"With the families, we've heard many times how grateful the parents are to have someone to talk with who has experience raising a child with mental illness. We can hear their frustration in having to call providers on their own and not to receive any response. Being engaged with the ACCESS Mental Health program is reassuring and provides support for parents with children who are struggling" ~Hub Team Peer Specialist

Case Vignettes

The following vignettes were provided by the Hub teams as part of their SFY'19 annual assessment submissions to Beacon's Central Administrative Team

Case #1

A PCP called requesting consultation regarding an 11 year old with relatively new onset anxiety and depression for whom he was seeking treatment with both a therapist and psychiatrist. After discussing the possible contributors to the anxiety and depression, we talked about a school-based evaluation in case there is an ADHD picture contributing to the anxiety. After we were done talking, the PCP said the he would consider the medication options if the ACCESS team would help find a therapist. Two years ago, this PCP would not have been comfortable enough to do that type of primary care based evaluation and treatment. This is a great example showcasing the partnership between PCP and Psychiatrist and how continued consultation and case-based education leads to an increase in knowledge and comfort.

Case #2

A PCP called requesting consultation regarding medication management for a 13 year old with high functioning autism and a history of anxiety. The child had developed more severe obsessive compulsive disorder (OCD) symptoms during the Spring. He was home schooled, had a previous diagnosis of Autism Spectrum Disorder, and had been in treatment for separation anxiety disorder. He also had a long-standing history of tree nut and peanut allergies, but had not had any difficulty since early childhood. He had little anxiety with food other than the occasional fears of eating almost everything. He would ask parents if a food was safe to eat, then once reassured, would be fine. However, in March he suddenly developed a marked fear of having an allergic reaction which rapidly progressed to a multitude of OCD symptoms including fear of contamination (first from nuts and then from germs), repetitive hand and utensil washing (he even would unwrap paper from straws and need to wash them before use). He became food restrictive such that he lost 10-20 pounds over two months. The PCP had started him on an SSRI, but wondered if the obsessive symptoms were related to the autism or an exacerbation of the pre-existing anxiety disorder. Following our discussion we concluded that the OCD symptoms were severe enough to refer for specialized treatment. We reviewed titration options for the SSRI and reviewed options of adding other psychiatric medications; encouraging the PCP to call with any follow-up questions or concerns. In addition, we discussed the possibility of a diagnosis of PANS/PANDAS given the rapid change in symptoms especially with new obsessive compulsive symptoms including eating compulsions. The PCP agreed to obtain labs including ASO and Strep cultures. She declined the option of a face-to-face consultation at the time, but agreed to call again if there were any further questions or concerns. Guidelines for diagnosis, work up and treatment for PANS/PANDAS were sent to the PCP.

The Hub team clinician then called the patient's parents to clarify and verify parental concerns about the child, including the degree to which the patient's compulsive and repetitive behaviors affected both the patient's and family's quality of life. The clinician ascertained family needs and preferences for care in relation to the recommendations resulting from the initial conversation between the PCP and the Hub team psychiatrist. The Hub team clinician informed the parents of recommendations for PHP/IOP specializing in Anxiety Disorders, as well as potential barriers to accessing care, including waitlists. Additionally, the Hub team clinician proposed alternative ways to access this level of care, including alternative clinics also specializing in Anxiety Disorders, if the family were willing to travel. Mom agreed to call the resources herself. Upon follow up with the family, the Hub team clinician was informed of a 3-month waitlist at the clinic in their area, leading the parents to believe that this clinic was no longer an option and therefore did not place the child's name on the waitlist. After further discussion and encouragement from the Hub team clinician, Mom contacted the clinic again and added her child's name to the list.

The PCP called back with additional concerns and spoke with a cross-covering Hub team psychiatrist. The PCP reported that while the family was given an appointment for earlier than the initially reported waitlist, the child was unable to attend the appointment due to an exacerbation of "germophobia". In light of the positive findings of a Strep culture, the cross-covering Hub team psychiatrist seamlessly covered the case and, in accordance with the previous plan, recommended a face-to-face evaluation to clarify the diagnosis and provide treatment recommendations due to the possibility of a PANDAS diagnosis.

The patient and family were seen for a face-to-face consultation with the Hub team psychiatrist a few days later. The diagnostic impression supported Autism Spectrum Disorder (high functioning needing minimal support) and long-standing Separation Anxiety Disorder. Specialized treatment follow up was recommended including a referral to an infectious disease or immunology specialist, specialized OCD treatment, and psychiatric medication management.

Case Vignettes

Case #2 (continued)

After the Hub team psychiatrist and PCP connected regarding the results of the face-to-face consultation, the PCP felt comfortable to continue the complex medication plan with the support of the ACCESS Hub team psychiatrist. The PCP modified the psychiatric medication regimen and prescribed a 5-day course of an antibiotic. The Hub team then worked closely with the PCP and parents in helping them to schedule and follow up with the various referrals. The Hub team maintained regular contact with the family and PCP until all facets of the medical and psychiatric treatment were in place. All in all, there were 25 consultations spanning over 4 months. Several months later the PCP called again with questions about medication management of the patient's sister. When asked about follow-up on this patient the PCP stated "it worked out well, you nailed it" and "You were very helpful in diagnosing the PANDAS with the Autism and getting him into the right services and providing guidance and support to me (the PCP) and family during the time it took while he was waiting for the recommended services."

In summary, this complex case illustrates the unique strengths of the ACCESS MH Program. In this one case we:

- Provided medication and diagnostic consultations that helped the PCP expand her skill set and comfort (antipsychotic medication and diagnosing PANS) such that she could effectively provide complex medication management until specialty treatment was available.
- Provided a face-to-face psychiatric consultation that was instrumental in clarifying the diagnosis and treatment needs, coordinated with multiple specialties and facilitated the referral process.
- Worked across Hub team Psychiatrists; seamlessly cross-covering despite the complexity of the case.

We were able to effectively collaborate with the PCP, the family, several medical specialists, and several behavioral health services such that this child and family had a comprehensive and coordinated treatment team before we completed the episode of service. Working together to make a profound difference for this child and family.

Case #3

A PCP called requesting a consultation regarding a ten-year-old boy with a history of diagnosed ADHD, social difficulties, symptoms related to anxiety and some learning issues. The PCP had been prescribing a stimulant medication for the ADHD. She contacted ACCESS Mental Health with a request for a face-to-face evaluation to assist her in addressing recent negative physical and behavioral symptoms the child was experiencing. These symptoms included irritability, avoidance of loud social activities, an increase in school-related anxiety, and more oppositional behavior at home. The PCP wondered if these symptoms were related to the prescribed stimulant medications or suggestive of co-occurring disorders. The PCP requested diagnostic clarification and recommendations regarding appropriate medication and non-medication treatment.

The face to face psychiatric assessment included a parent interview, child interview and rating scales (SNAP-90). The diagnostic impressions concluded that this child's symptoms did not fit into one diagnostic category. His symptoms of ADHD were impairing, and the diagnosis of ADHD, Combined Type, was continued. In addition, he was noted to demonstrate symptoms of an Anxiety Disorder, with notable social anxiety features. The Hub team psychiatrist noted that some anxious children may increase symptoms of chewing and picking behaviors as a side effect of stimulant medication. This was the likely situation for this child. In addition, social skills deficits were noted, which likely impact his comfort in school, crowded situations, and his ability to make and keep friends.

After the Hub team psychiatrist and PCP connected regarding the results of the face to face assessment, psychiatric medication adjustments were recommended to target ADHD symptoms and decrease symptoms of chewing/irritability, referrals to individual and family therapy to target symptoms of anxiety and poor social and coping skills, and in-school/after-school activities such as a social skills group and recreational team sports were also recommended to help him with peer building skills.

At a one-month follow up, the Hub team Peer Specialist spoke with mom who reported improvements with the medication adjustments (mom clarified that she thought the real test with the new medications would occur in the fall when he returned to school) and she reported that they connected well with the individual/family therapist. The Hub team Peer Specialist encouraged mom to reach out as needed and mom expressed being very appreciative of the assistance from the ACCESS MH Hub team.

This case provides an example of a PCP needing diagnostic clarification, as well as, guidance to adjust and continue prescribing her patients' medications. In the past, this PCP had been reluctant to continue medication for a child with co-occurring disorders. However, she felt that with this evaluation and the support of the ACCESS MH Hub team, she was more comfortable managing his ongoing psychiatric medication needs.

Definitions

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

Consultative Activities/Type of Call are grouped by:

- **Direct PCP Consultations** (PCP Phone Office, Phone PCP Follow up, and Hallway PCP Office): direct contact with the primary care provider
- **Care Coordination & Family Support** (Care Coordination, Care Coordination Follow Up, Case Conference, Phone Member Family, and Peer Specialist Follow Up): direct phone contact with the youth and their family or providers involved in the behavioral health care provided to the youth
- **Face to Face Assessments** (Face-to-Face visit and Tele-Psychiatry): a face-to-face diagnostic evaluation or psychopharmacological consultation provided by the Hub psychiatrist or clinician.
- **Other** (Phone Other, Materials Request, BH Network Management, Hallway Other, Office Education)

Encounter System: a secure, HIPAA-compliant online data system that houses structured electronic forms. Hub staff enter information provided by the PCP for every encounter/consultative activity into this online database. The encounter data fields include: the date, the primary care practice/provider from which the call originates, demographics of the youth subject of the call, encounter type, response time, reason for contact, presenting mental health concerns, diagnosis, medication, and outcome of the call. **Enrollment:** a formal relationship between the primary care practice and Hub team formed after the Hub psychiatrist meets with the primary care practice's medical director and any PCPs available for an on-site visit. At that time the Hub team psychiatrist explains what the program does/does not provide and an enrollment agreement form is signed.

Consultative Episode: methodology includes a "starter activity" – Phone PCP Office or Hallway PCP Office. These two activities are entered into the Encounter system by the Hub staff. They are defined as starters because they are the only two activities that are selected when the PCP initiates support from the Hub – either by phone or hallway (in person). This starter activity can stand alone to equal an episode or can be paired with one or more additional activities to equal an episode. An episode is closed once 60 days has passed without any Hub team support.

Hub Team: the behavioral health personnel contracted to provide ACCESS Mental Health CT services. Each Hub team consists of board certified child and adolescent psychiatrists, licensed masters' level behavioral health clinician, program coordinator, and a half-time family peer specialist.

PCP: an individual primary care clinician employed by a primary care practice. A PCP may be a pediatrician, family physician, nurse practitioner, or physician assistant.

Primary Care Practice Group: a primary care practice that identifies itself as a group by listing a primary site and additional satellite practice sites; sharing physicians, patients, and policies and procedures. In this measure, a group is captured as a count of one regardless of how many sites are listed in the group.

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

Primary Care Practice Site: an individual primary care office; uniquely identified by address.

Youth Served: an unduplicated count of all youth served by the ACCESS Mental Health CT program captured on a member specific encounter form entered by the Hub staff into the Encounter System during the reporting period.

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