



ACCESS
Mental Health CT

ANNUAL PROGRESS REPORT

SFY 2020: July 1, 2019 - June 30, 2020



Acknowledgements

State Fiscal Year 2020: July 1, 2019 - June 30, 2020

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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, onsite 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, 2019 through June 30, 2020 (SFY 2020); in some metrics, totals covering the entire length of the program or "since inception" June 16, 2014 through June 30, 2020 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.

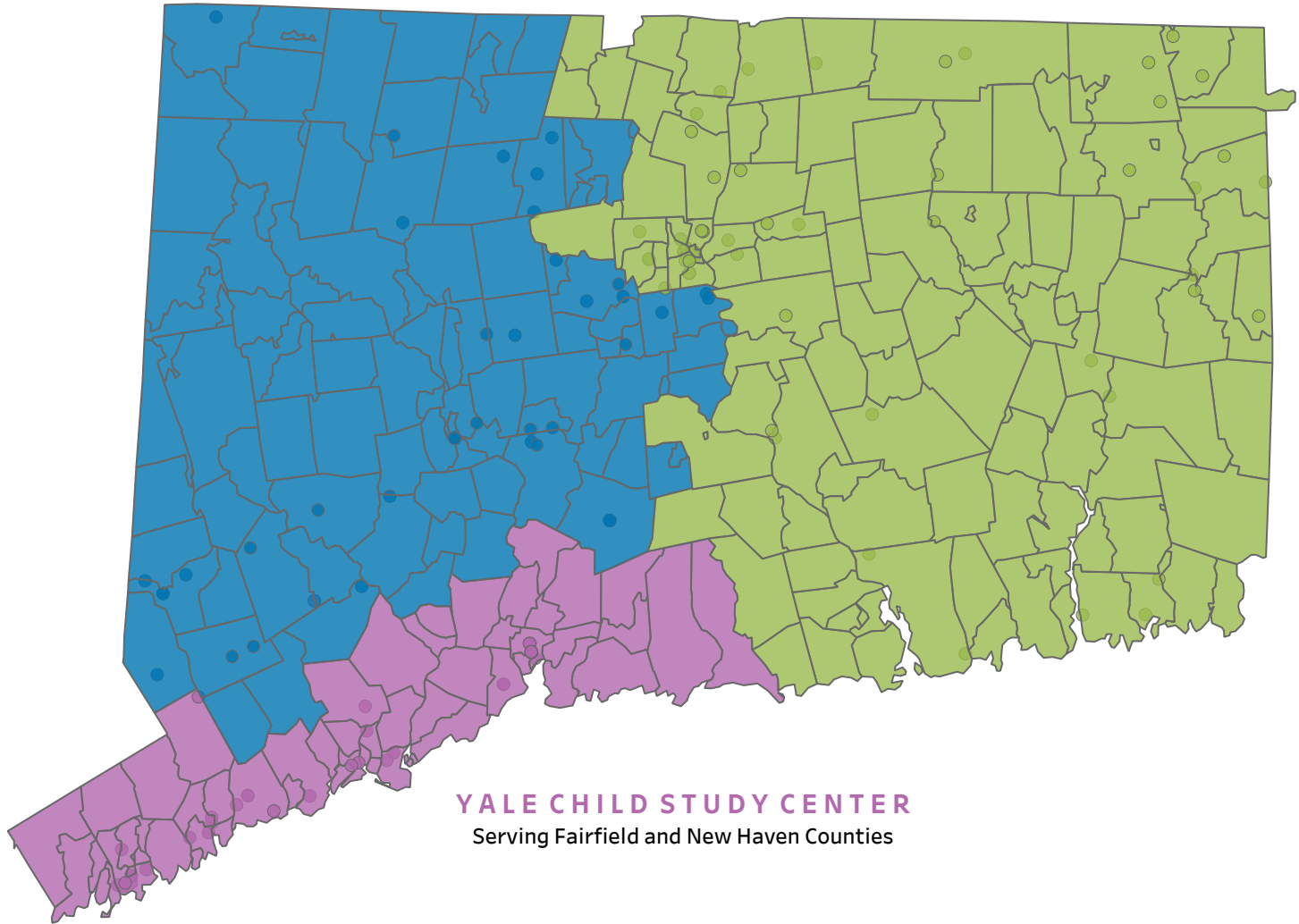
Hub Catchment Areas

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

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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 sixth 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'20). Enrollment remains high and well distributed throughout the state and program satisfaction is extremely positive. PCPs continue to report changes in their comfort level while expressing gratitude for the program's support, especially amid the COVID-19 pandemic. As the healthcare delivery system was in transition, the ACCESS Mental Health program stayed strong; proving invaluable to PCPs as they, too, adjusted. For example, one of the PCPs enrolled in the program shared in the SFY'20 Annual Survey, "ACCESS Mental Health has been a godsend. Especially during the pandemic. I have come to rely on my trusted colleagues for collaboration, support and continued teaching. Thank you all so much!!" 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.

As of June 30, 2020, with 85%, the majority of pediatric and family care practice sites in Connecticut treating youth under the age of 19 years 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 utilize the program.

The ACCESS Mental Health Hub teams have provided over 36,700 consultations supporting over 7,000 youth and their families from program inception to date (June 16, 2014 - June 30, 2020). 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.

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 are not, 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.

While the annual program utilization rate is trending down, consultation volume and volume of youth served are comparable to previous fiscal years. The core group of pediatricians and family care physicians who have come to rely on the program for support continue to utilize it. It is too soon to truly see the impact the COVID-19 pandemic has had on the primary care delivery system. It is reasonable to assume that enrollment will shift as practices are forced to close or merge with other practices due to financial distress. Utilization of services may also shift as the behavioral health delivery system changes. Given this uncertainty, it is even more imperative that the ACCESS Mental Health program continue to provide support and education to PCPs through real-time consultation, case-based education, and care coordination support.

ACCESS Mental Health is well positioned to lead the field in providing consultation to populations that are traditionally underserved. The impact of COVID-19 on children's behavioral health cannot be understated. Higher rates of coronavirus infection among Black and Hispanic communities compounded with school closings, loss of family income, housing instability, grief and loss, and social and physical isolation have taken a significant toll, particularly on vulnerable, traumatized, and at-risk children and families. As we anticipate schools re-opening in September, the behavioral healthcare system will need to make adjustments to meet the demand. In this current landscape, there are several areas where ACCESS Mental Health could significantly expand its reach. These areas include psychiatric consultation within the following areas: school-based health centers, OB/GYN offices, emergency departments, Court Supported Services Division/Juvenile Justice, the 19 to 26-year-old young adult population, and behavioral health urgent care centers; should they come to fruition in Connecticut.

Annual Narrative

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 sixth operational year, a total of 423 pediatric and family care practice sites were identified as eligible for enrollment and approximately 85% (361 out of 423) of eligible sites were enrolled statewide as of June 30, 2020. While this is a slight decrease when compared to last state fiscal year (86%, SFY'19), practice changes continued to occur throughout the year. Practices merged with other practices, practices were acquired, PCPs changed practice sites, practices changed addresses, new practices enrolled and some closed. Also, PCPs reported being financially impacted by the COVID-19 pandemic and Connecticut's "shelter in place" response. While some practices were able to apply for federal financial aid, some may not fully recover; forcing them to close or join with other practices. Given this uncertainty, the Hub teams will complete another formal review of the enrolled practice sites before the close of Q2 SFY'21.

Approximately 61% of the enrolled practice sites were identified as pediatric, all of which are equally distributed throughout the Hub teams. Approximately 35% were identified as family medicine practices treating the lifespan with the majority enrolled in Hartford Hospital's designated area. Approximately 3% of sites formed practice groups that included a combination of pediatric and family medicine sites, and less than 1% of practice sites were entered into the system without a specific provider type identified.

Hartford Hospital enrolled approximately 83% (149 out of 180) of the total eligible practice sites within their designated service area. Wheeler Clinic enrolled 90% (108 out of 120) of their total eligible practice sites and Yale Child Study Center enrolled approximately 85% (104 out of 123) 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 15% (62) of primary care practices across the state are not interested in enrolling in the program. However, each Hub team continued to outreach to offer enrollment throughout the year. These efforts included outreach to both practices that declined enrollment last year and those that were identified as a new practice site in SFY'20. 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 continued 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, 2020, enrolled PCPs contacted their respective Hub teams requesting consultation for 7,097 unique youth presenting with mental health concerns.

In SFY'20, the program served a total of 1,437 unique youth. This is a 3% decrease (39 youth) in volume when compared to the previous state fiscal year (1,476 unique youth in SFY'19). Adolescents 13 to 18-years old represented the majority with approximately 49% (706 youth) of the total volume of youth served this year. Youth ages 6 to 12-years old represented the second largest age group with approximately 34% (486 youth). Approximately 9% (123 youth) of the total volume of youth served in SFY'20 were under the age of six; two of whom were infants. In both instances, PCPs contacted the program requesting consultation and care coordination support for their mothers who were struggling with post-partum depression. It is important to note, with Hub team support, both mothers successfully connected to behavioral health care.

While the program is designed to support youth under the age of 19 years, PCPs continue to request support for young adults. In SFY'20, the Hub teams supported 122 young adults between the ages of 19 and 23 years (8% of the total volume); this is a 20% increase in volume when compared to last state fiscal year (SFY'19; 102 young adults served).

Youth Demographics (continued) : 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.

Approximately 8% (120) of the youth served by the program in SFY'20 were noted by the PCP to have DCF involvement. This is a 32% decrease when compared to the youth noted to have DCF involvement in SFY'19 (12% or 177 youth). This is also the lowest volume reported since inception of the program. As new programs develop across the state in support of diverting youth and families away from the Department, such as Integrated Family Care and Support (IFCS) and Voluntary Care Management, it is reasonable to expect the volume of youth served by the ACCESS Mental Health program noted with DCF involvement will continue to decrease over time. Additionally, due to COVID-19, children were at home rather than at school, participating in sports, or in the community, and overall referrals into the Careline decreased significantly during Q3 and Q4 of this state fiscal year.

Of the 1,437 unique youth served in SFY'20, the majority of youth served across all age groups were White (77% or 1,104 youth), with approximately 12% (167) Black youth, 2% (29) Asian youth, 5% (68) identified as other, and 5% (69) of youth served by the program were identified as unknown. Approximately 13% (187) of youth served by the program were Hispanic youth. This is the first time that ethnicity is broken out from race, allowing users to filter the corresponding dashboards by different demographic fields. For example, when selecting "Hispanic," users can then see the breakdown of race by ethnicity, and vice versa with each race field.

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, 20% (178,690 out of 913,779) were Hispanic youth, 12% (113,282 out of 913,779) were Black, non-Hispanic youth, and 5% (41,226 out of 913,779) were Asian, non-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'20 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 1,376 so that a clean comparison can be made to the groups identified on the 2010 Census.

Graphs found on the Race & 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 their makeup of the overall population. The data can be viewed by state fiscal year or since inception of the program. As indicated above, the majority of youth served by the ACCESS Mental Health program in SFY'20 were White, non-Hispanic youth (73% or 1,006 out of 1,376 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'20 (11%; 154 out of 1,376 youth) were slightly under-represented when compared to the 2010 Census. This is a shift from previous state fiscal years where the volume of Black, non-Hispanic youth served by the program were slightly over-represented when compared to the total volume of Black, non-Hispanic youth living in Connecticut.

Of the youth served by the program in SFY'20, approximately 14% (187 out of 1,376) of youth were identified as Hispanic. This is an 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'20 (2% or 29 out of 1,376 youth) were also slightly under-represented when compared to the 2010 Census. Similar patterns can be seen in previous state fiscal years.

The under-representation of Black, Hispanic, and Asian, non-Hispanic youth served by the ACCESS Mental Health program reported above is notable. However, it is important to highlight that this 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.

Youth Demographics (continued) : 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 (1,376 compared to 913,779) 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. Additionally, there are youth receiving medical care outside of a primary care setting, either through their school-based health centers or urgent and emergent care settings. Therefore, this analysis is limited in that it compares all youth living in Connecticut, when it would be best to compare against youth receiving their medical care within a primary care setting.

Sociodemographic factors may also contribute to where youth are receiving their care, both medical and behavioral health. It is well documented that race, ethnicity, poverty, education, housing, and many other socioeconomic indicators are not equally distributed throughout Connecticut. The Five Connecticut's, developed in 2000 by the University of Connecticut's Center for Population Research, provides a solution to compare communities throughout the state based on population density, median family income, and poverty; grouping Connecticut's 169 towns into the following five categories: Wealthy, Suburban, Rural, Urban Periphery and Urban Core. [\[1\]](#) New to this report, a breakout of youth served by the program and the communities in which they live are grouped based on the Five Connecticut methodology and is located on the Race & Ethnicity dashboard. A full list of the towns assigned to each of the Five Connecticut groups can be found in the Definitions section of this report.

In SFY'20, approximately 37% (529 out of 1,437) of youth served by the program came from Suburban communities with a slightly above average median family income and approximately 38% (552 out of 1,437) of youth came from Urban Periphery communities with a slightly below average median family income. On the other hand, a small percentage of youth served by the program live in really poor or really wealthy communities, with approximately 11% (154 out of 1,437) of the total youth served by the program coming from communities with high poverty (Urban Core) and only 4% (50 out of 1,437) of the total youth served coming from Wealthy communities. It is reasonable to assume families who can afford to pay out of pocket for specialty psychiatry will not seek behavioral health care from their pediatrician. Also, families with fewer means and limited access are more likely to rely on urgent care and school-based clinics.

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 for early intervention and treatment, regardless of their racial and ethnic backgrounds.

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, 2020, the Hub teams have provided 36,797 consultative activities supporting PCPs treating youth within their primary care practice. This is an increase of 6,495 consultations since last state fiscal year when the program to date total was noted as 30,302 consultative activities.

The Consultative Activities dashboard shows the statewide volume of consultations over six years of programming depicting annually, quarterly, and monthly comparisons. In SFY'20, the program provided a total of 6,495 consultations with an average of 541 consultations per month and an average of 1,624 consultations per quarter. This is a 10% increase (613 consults) from last state fiscal year when the program provided a total of 5,882 (SFY'19), but comparable to the total volume of consultations provided in SFY'18 and SFY'17 (6,800 and 6,833 respectively).

[\[1\]](#) Levy, Don, Orlando Rodriguez, and Wayne Villemez. 2004. The Changing Demographics of Connecticut - 1990 to 2000. Part 2: The Five Connecticut. Storrs, Connecticut: University of Connecticut, Center for Population Research, CPR Series, no. OP 2004-01.

Consultative Activities (continued): Wheeler Clinic provided the highest volume of consults in SFY'20 with a total volume of 2,466 consultations or 38% of the total statewide volume. This is an increase of approximately 8% (155) in volume of consultations when compared to the volume of consultations provided by Wheeler Clinic last state fiscal year (2,291 in SFY'19). Hartford Hospital provided approximately 37% (2,382 out of 6,495) of the total statewide volume. This is an increase of approximately 9% (189) in volume of consultations when compared to the volume of consultations provided by Hartford Hospital in SFY'19 (2,193). Yale Child Study Center provided approximately 25% (1,647 out of 6,495) of the total statewide volume of consultations this state fiscal year. This is also an increase from last state fiscal year of approximately 18% (249 in SFY'19).

Direct PCP Consultations: Of the 6,495 consultations provided throughout the state in SFY'20, approximately 38% (2,494 consultations) were reported as direct contact with PCPs. This is a decrease of approximately 4% as compared to SFY'19 (2,603 consultations, or 44%). This includes both initial inquiries and follow up phone calls to the PCP.

In SFY'20, per Hub team report, approximately 99% (1,587 out of 1,610) of initial PCP calls were answered by the Hub team's consulting psychiatrist within 30-minutes of the PCP's initial inquiry; 83% (1,311 out of 1,587) of which were connected directly at the time of the call. The program benchmark for year six 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: 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 healthcare 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 on 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 60% (3,886 out of 6,495) of the total consultative activities for SFY'20 were activities related to care coordination and direct family support. This is an increase of approximately 22% when compared to SFY'19 (54% or 3,198 consultations). This increase is expected given that there were more youth served during SFY'19 that only had one consultation (did not require care coordination support). The percent of care coordination and direct family support in SFY'20 is comparable to SFY'18 (60% or 4,064 consultations).

Each year the Hub teams are 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 who successfully connect 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 identifying 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.

In SFY'20, Hartford Hospital reported a total of 329 youth referred for care coordination and approximately 54% (178 out of 329) of youth and families confirmed that they successfully connected to their first appointment. Wheeler Clinic reported a total of 320 youth referred for care coordination this state fiscal year and approximately 52% (165 out of 320) of youth and families confirmed that they connected successfully. Yale Child Study Center reported a total of 312 youth referred for care coordination and approximately 52% (162 out of 312) of youth connected to their first behavioral health appointment.

When asked, the Hub teams reported several barriers to accessing care throughout the year. Many of these challenges were previously identified and include: medication management providers not accepting insurance, finding services for young children or youth with eating disorders, long waitlists for youth with verbal and cognitive limitations, and difficulties engaging young adults in the care coordination process.

Consultative Activities (continued): In March, as the entire state shifted to shelter-in-place in response to the COVID-19 pandemic, access to all routine behavioral health care was disrupted. As expected, it took providers time to adjust from direct client-facing care to virtual platforms. At that time, it was imperative that the ACCESS Mental Health program services continued without disruption. The Hub team program coordinators, clinicians, and family peer specialists worked together to gather status updates on the behavioral health services in each of their designated service areas; monitoring capacity and access throughout the rest of the year.

It is also important to note that at the same time all three Hub teams transitioned to working full-time at home. Toll-free numbers were forwarded to program cell phones so that the calls could be answered remotely. This was a relatively seamless transition, given that staff were already working remotely at times throughout the week.

Outreach and marketing to all enrolled primary care practices also occurred at this time. The Hub teams made phone calls, mailed letters, and the central administrative team sent email blasts through varied distributions including Connecticut's Chapter of American Academy of Pediatrics. For example, the following message was posted on the program's website landing page:

As the news surrounding COVID-19 unfolds, we want to remind everyone that ACCESS MH is here to provide support and guidance to the pediatric community during this time. Our phone consultation line continues to take calls for peer-to-peer consultation and will continue to do so without disruption. We will monitor what is happening in our communities across the state. Like you, we are uncertain what will stay open during this time. However, we will continue to provide community resources for your patients to the best of our ability.

Due to social distancing, our one time face-to-face consultations are shifting to a telehealth platform. Our psychiatry teams know how valuable these one-time visits can be for you and your patients and are committed to making this transition as easy and as smooth as possible. Our child and adolescent psychiatrists will continue to give guidance to you and your patients over the phone if a face-to-face or telehealth visit is not possible.

ACCESS MH is dedicated to support you and the families you serve. We understand that COVID-19 can affect family's mental health as well as physical health and we will continue to support your pediatric communities during this difficult time. Our phone lines are open Monday- Friday, 9:00 a.m. – 5:00 p.m. Stay safe.

Face-to-Face Assessments: The Hub teams provide one-time diagnostic and psychopharmacological assessments at the request of the PCP. Due to social distancing, these consultations shifted from a face-to-face assessment to a virtual assessment using telehealth platforms, such as Microsoft Teams. As with any new process there were some logistical details that needed to be worked out including: ensuring staff and clients could access and navigate the platform, learning how to schedule an appointment and send an invitation, and problem solving connectivity issues with audio and video.

Approximately 1% (83 out of 6,495) of the total consultative activities in SFY'20 were one-time diagnostic and psychopharmacological assessments. This is comparable to SFY'19 (1%, 69 assessments). Hartford Hospital provided 22 assessments, four of which were telehealth assessments. Wheeler Clinic provided 38 assessments, two of which were telehealth assessments. Yale Child Study Center provided 23 assessments, five of which were telehealth assessments during this state fiscal year.

While the volume of one-time diagnostic and psychopharmacological assessments remains consistently low each fiscal year, PCPs continued to express their appreciation for the support. For example, one of the program's enrolled PCPs shared in the SFY'20 Annual Survey, "I don't know what we did before we had Access Mental Health. It was a total mess. We couldn't get psychiatric evaluations or care for our patients for weeks or months. With this support we get assessments when we need them and with the training we have received we can initiate treatment. The care we provide has greatly improved and I believe we have possibly even saved lives." Additional PCP feedback can be found in the Program Feedback dashboards at the end of this report.

When asked, the Hub teams shared their experiences with telehealth services and reported that many families found telehealth more convenient as they did not have to travel and did not have to find child care; making it easier to schedule and follow through with appointments. The Hub team psychiatrists also reported another advantage to telehealth: gaining insight and a view into the home setting, which is not possible when assessments are completed in a clinic. However, the Hub teams also reported limitations with telehealth when working with shy youth or those with verbal or cognitive limitations, which made it difficult to engage over a virtual platform.

Consultative Activities (continued): As of June 30, 2020, all three Hub teams continued to offer assessments to families through telehealth. It is important to note that the Hub team psychiatrists gave guidance over the phone if a face-to-face or telehealth visit was declined by the family due to social distancing and COVID-19 concerns.

Consultations by Insurance Type: Affordable psychiatric treatment is limited for many children in Connecticut. As noted above, the Hub teams continue to report psychiatrists switching to a private pay model; reducing the number of providers who accept insurance. As a result, families who cannot afford to pay out of pocket are forced to rely on their trusted PCPs to provide behavioral health treatment.

Of the 6,495 total consults provided in SFY'20, approximately 63% (4,088) were for youth with an identified commercial insurance plan, such as Aetna or Anthem BCBS of CT; 37% (2,378) were for youth with HUSKY coverage and less than 1% (29) were identified as having no coverage at all. While there is some variation from year to year, the majority of the consultations provided across six 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 their PCP. Consultations can also include general conversations related to medication. The top three medication classes discussed were: selective serotonergic reuptake inhibitors (SSRI - used for depression and anxiety), stimulants (used for attention deficit/hyperactivity disorder - ADHD), and anti-psychotics (primarily used for mood stabilization).

In six full years of programming, enrolled PCPs contacted their respective Hub team psychiatrist requesting a medication consultation for 3,401 unique youth; 654 youth in SFY'20. Graphs showcasing the outcomes noted during the respective consultative episodes are highlighted in the Statewide and Hub PCP Prescribing dashboards.

For approximately 52% (343 out of 654) of youth whose PCP called to discuss medication in SFY'20, the resulting plan involved the PCP initiating or continuing as the primary prescriber. This is an increase of approximately 3% of youth when compared to the previous state fiscal year (51%, 334 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 45% (294 out of 654) 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 53% (155 out of 294) of youth waiting to transition to a psychiatrist in their community. This is an 11% increase when compared to the previous state fiscal year when PCPs agreed to act as an interim bridge prescriber for 48% (140 youth in SFY'19). 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 3% (17 out of 654) 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.

By providing support and education to PCPs through real-time consultation, case-based education, and didactic trainings throughout the past six 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 are not, 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 314 practice groups with a total of 361 practice sites were formed. Both volume of consultations 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. Three dashboards were created to demonstrate program utilization: Utilization Rate, Practice Specific Utilization, and Youth Served by Practice.

Practice Utilization (continued): Utilization Rate: Graphs located in the Utilization Rate dashboard show the average rate of utilization by quarter and by year on a statewide- and Hub-specific level. If a practice used the program at least once during the time period selected, it will be counted. The calculated rate depicts the number of practice groups that used the program compared to the total number of practice groups enrolled.

In SFY'20, approximately 46% (151 out of 327) of the practice groups enrolled in the program statewide used the program at least once during the year. This is a two percentage point decrease when compared to last state fiscal year's annual rate (48% SFY'19). When compared to previous state fiscal years, the annual rate of utilization has been trending down since SFY'15 (55%). This downward trend is also noted across all three Hub teams with the exception of Yale Child Study Center, which has maintained a steady rate around 55% since SFY'18. This is the first time that the program has been able to measure this rate on an annual level due to improvements to how the data is measured; previous reports depicted a quarterly average utilization only. Within the quarterly lens, which provides more context to view potential seasonal trends, the average utilization rate appears fairly stable over time.

Each year, the Hub teams are charged with completing onsite visits to enrolled practices throughout their designated area. Visits are determined based on the practice's use of the program. In January 2020, quarterly utilization data was reviewed with the Hub teams and each team identified a minimum of three practice groups to visit who showed a drop in utilization when compared to previous fiscal years. The data showcased not only the date the practice enrolled in the program, but each quarter the practice used the program from when they first enrolled. The focus of the onsite visits was to better understand this change in use. While some of the visits were put on hold due to the COVID-19 pandemic, a common trend for drop in utilization reported during these visits was, in fact, staff turnover. As new physicians join the practice, they are not aware of the services that the program provides. It is recommended that onsite surveys continue in SFY'21 with targeted outreach to practices showing decreased utilization.

Practice Specific Utilization: In response to the annual utilization rate showing a downward trend, the Provider Specific Utilization dashboard was developed and added to this report. The graphs depict all actively enrolled practice groups that have utilized the program since enrollment. The graphs are Hub specific and practices are sorted by the highest percent of quarters used over time. If the practice group used once during the quarter, it is counted and compared to the amount of quarters enrolled. For example, if a practice enrolled in July of 2014 (24 quarters enrolled) and used every quarter since enrollment, their utilization rate equals 100% (24 quarters enrolled, 24 quarters used). It is important to note that newly enrolled practices with consistent utilization will also show a high percentage rate (3 quarters enrolled, 3 quarters used is also 100%). This particular measure highlights consistency of the program's use over time. The quarterly utilization rate filter at the top of the dashboard can be adjusted to showcase low, moderate, and high utilizer groups.

As of June 30, 2020, a total of 103 primary care practice groups were identified as actively enrolled and utilized Hartford Hospital's Hub team at least one quarter since enrollment of the program. With an approximate average of 41% quarters utilized, 18 practice groups fell in the high utilization group of 80% or greater, six of which have used 100% of the time since enrolled.

A total of 74 primary care practices were identified as actively enrolled and utilized Wheeler Clinic's Hub team at least one quarter since enrollment of the program. With an approximate average of 48% quarters utilized, 17 practice groups fell in the high utilization group of 80% or greater, five of which have used 100% of the time since enrolled.

As of June 30, 2020, a total of 74 primary care practices were identified as actively enrolled and utilized Yale Child Study Center's Hub team at least one quarter since enrollment of the program. With an approximate average of 43% quarters utilized, 15 practice groups fell in the high utilization group of 80% or greater, seven of which have used the program 100% of the time since enrollment.

Youth Served by Practice: Another important way to measure utilization is to measure the volume of youth served by practice. While the Provider Specific Utilization dashboard depicts the percent of quarters utilized over time, the graphs located in the Youth Served by Practice dashboard demonstrate, by Hub team, the volume of youth served by practice groups. The graphs are sorted by highest volume of youth per practice and can be filtered by fiscal year or since inception.

Practice Utilization (continued): In SFY'20, a total of 56 practice groups utilized Hartford Hospital's Hub team, requesting support for a total of 444 youth. Three of the practice groups called for the first time in SFY'20. Both Dr. Beausoleil and HHC Medical Group of Manchester enrolled in the program in September and October 2014, respectively, but used the program for the first time this state fiscal year. Northwest Hills Pediatrics of Avon became a newly enrolled practice and used for the first time in June of 2020.

In SFY'20, a total of 47 practice groups utilized Wheeler Clinic's Hub team, requesting support for a total of 580 youth. There were no new users noted for this state fiscal year.

In SFY'20, a total of 47 practice groups utilized Yale Child Study Center's Hub team, requesting support for a total of 406 youth. There were six practice groups that utilized the program for the first time this year, five of which became a newly enrolled practice in SFY'20 and used for the first time (Fair Haven, Cornell Scott Hill Health Center, Global Pediatrics, Shelton Pediatrics, and Children's Medical Group of Greenwich). NEMG Family Medicine of Trumbull enrolled in the program in April of 2015 and used the program for the first time in February of 2020.

Practice Non-Utilization: In Q3 SFY'20, the Hub teams were provided a list of their respective enrolled non-utilizing practice groups (61) 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 16% (10) of the enrolled practice groups that had not yet utilized the program reported that they forgot the service was available to them. Approximately 13% (8) 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 enrolling in the program. Approximately 12% (7) of the enrolled practice groups reported that they had not used the program yet because they have access to behavioral health support either onsite within their practice or are utilizing the support of an identified behavioral healthcare provider in the community. Approximately 8% (5) 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 51% (31) of the enrolled practice groups did not provide a reason for not using the program despite multiple attempts made by the Hub team to connect. A fair amount of these outreach calls were made during the state's shelter-in-place orders, which contributed to the high volume of practices that could not be reached.

Program Satisfaction: After every consultative activity, the Hub 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'20, the average statewide satisfaction score is 4.99. While a small number of callers across the state rated single calls low, the overwhelming majority continued to find the program support to be "excellent".

The program benchmark for year six 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 Program Satisfaction dashboard.

PCP Annual Survey: In June 2020, 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 previous state fiscal years can be found in the Annual Survey dashboards.

Annual surveys were distributed via email and faxed to 314 primary care practice groups with the option to complete the survey online or fax to the Central Administrative team at Beacon. A total of 70 surveys were returned; approximately 18% (55 out of 314) of the practice groups completed at least one survey this year.

Approximately, 96% (67 out of 70) used the service prior to completing the satisfaction survey and 81% (57 out of 70) of the respondents said that they had often or sometimes used the service. It is important to note that approximately 4% (3 out of 70) 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.

Program Satisfaction (PCP annual survey continued): Approximately 96% (64 out of 67) of respondents that used the program agreed or strongly agreed that with the support of ACCESS Mental Health CT program they were able to meet the psychiatric needs of their patients; which is five percentage points higher when compared to the previous state fiscal year (SFY'19, 91%). Approximately 97% (65 out of 67) reported receiving a consultation from their ACCESS Mental Health CT Hub team in a timely manner. Approximately 96% (64 out of 67) respondents reported that they agreed or strongly agreed that the ACCESS Mental Health CT team was helpful; both questions yielded the same positive responses when compared to the previous state fiscal year.

In SFY'20, approximately 84% (56 out of 67) 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 (83% in SFY'19). Approximately 64% (43 out of 67) of respondents that used the program reported feeling more comfortable using screening tools since enrolling in the program. This is an increase of 13 percentage points when compared to last state fiscal year (51%, SFY'19). Feedback provided by respondents regarding screening tools included that they appreciated that the Hub team was available in the event they had questions and could access help connecting their patients to treatment when needed.

When asked "when appropriate for your patient, please check off the medications (stimulants, SSRIs, mood stabilizers, atypical anti-psychotics) for which you are the primary prescriber", approximately 63% (42 out of 67) 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. This is a six percentage point increase from last state fiscal year (57%, SFY'19). 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. With approximately 76% (50 out of 66) of respondents, stimulants continued to be the medication in which respondents reported that they were often the primary prescriber.

In addition to the above data, the annual survey also collected feedback on the program. This feedback can be found on the Program Feedback dashboards.

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 six 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 onsite practice-based education, conference-based lectures, and/or webinars. Training topics covered this state fiscal year included: Essentials of Behavioral Health for Primary Care, Vaping: An Adolescent Public Health Crisis, Screen Habits and Your Child's Mental Health: The Good, the Bad, and The Ugly, Gaming Disorders, Clinical Interventions for Children with Medical Conditions: An Update from Pediatric Psychology, Teens and Screens during COVID, Vaping & Juuling, Complicated ADHD, Anxiety & Medications, Addressing Behavioral Health needs in Primary Care & using AMH, Medical Marijuana & CBD, Bullying & Social Media, Refugee & Asylum-seeking Children: A Global Crisis, and Adolescent Suicide/Prevention.

The Hub teams far exceeded the SFY'20 contract target by not only providing trainings to enrolled PCPs throughout their designated service area, but also for establishing the ACCESS Mental Health weekly Zoom meetings to support enrolled PCPs through the COVID-19 pandemic.

Recognizing the significant impact shelter-in-place was having, not only on youth and families across the state, but also on primary care providers who were left without ways to monitor their high-risk patients, the Yale Hub team took the lead in constructing a weekly forum for PCPs to share their experience, discuss concerns, and get resources for their patients. Fear and unrest was evident and expressed during these weekly calls. Feedback from participating PCPs was overwhelmingly positive.

For example, one of the program's enrolled PCPs shared in the SFY2020 Annual Survey, "ACCESS Mental Health has been a godsend. Especially during the pandemic. I have come to rely on my trusted colleagues for collaboration, support and continued teaching. Thank you all so much!!!", another PCP wrote, "Since the COVID-19 pandemic, the Zoom meetings have been excellent and so helpful."

Education (continued) : The following schedule outlines the Zoom topics provided from April through June 2020:

- April 02, 2020 "Emotional Well-Being During COVID" with Dr. Dorothy Stubbe
- April 09, 2020 "Pediatric Behavioral Health Crisis Referrals & Support" with Dr. Dorothy Stubbe
- April 16, 2020 "Compassionate Care" with Drs. Andres Martin, Barbara Ziogas, Marguerite Dillaway and Signy Peck, LCSW
- April 30, 2020 "Keeping Kids Safe During COVID" with Dr. Andrea Asnes
- May 07, 2020 "Compassionate Care" with Dr. Dorothy Stubbe
- May 14, 2020 "Pediatric Anxiety During COVID" with Drs. Dorothy Stubbe and Mark Vincent
- May 21, 2020 "Understanding & Coping with Reactions in a Pandemic, Part I" with Dr: Steven Marans and Carrie Epstein
- May 28, 2020 "Understanding & Coping with Reactions in A Pandemic, Part II" with Dr. Steven Marans and Carrie Epstein
- June 4, 2020 "Talking to Children About Racism & Violence" with Drs. Dorothy Stubbe and Barbara Allen
- June 11, 2020 "Behavioral Disorders and Acting Out: Helping Parents" with Dr. Dorothy Stubbe
- June 18, 2020 "Teens, Screens & the Summer of COVID-19" with Dr. Paul Weigle
- June 25, 2020 "Signs & Symptoms of Compassion Fatigue" with Dr. Dorothy Stubbe and Heather Dowling, LCSW

This forum is expected to continue throughout SFY2021. The format will shift to a monthly cadence with a short didactic, followed by case discussions and led by all three Hub team psychiatrists.

Enrollment

A total of 361 practice sites are currently enrolled in the ACCESS MH program.

Total Enrolled Practice Sites

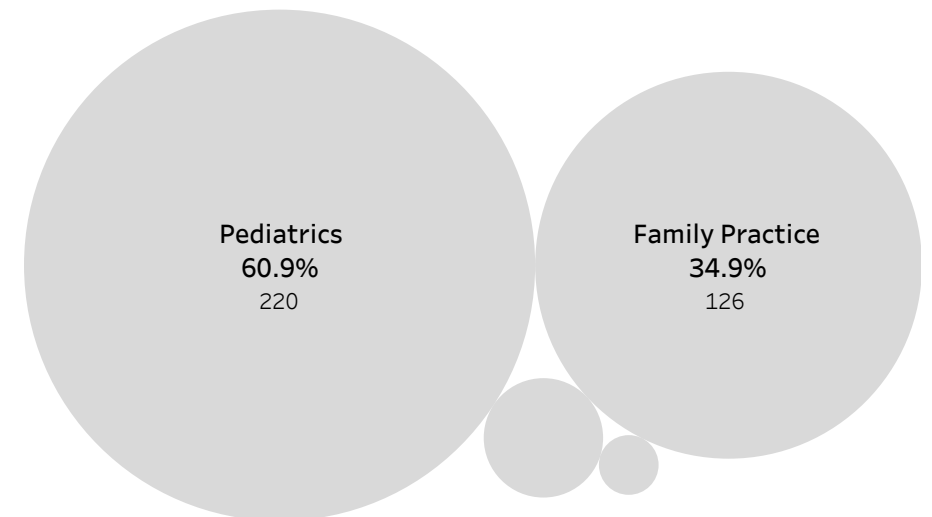
Select Hub Name for specific details



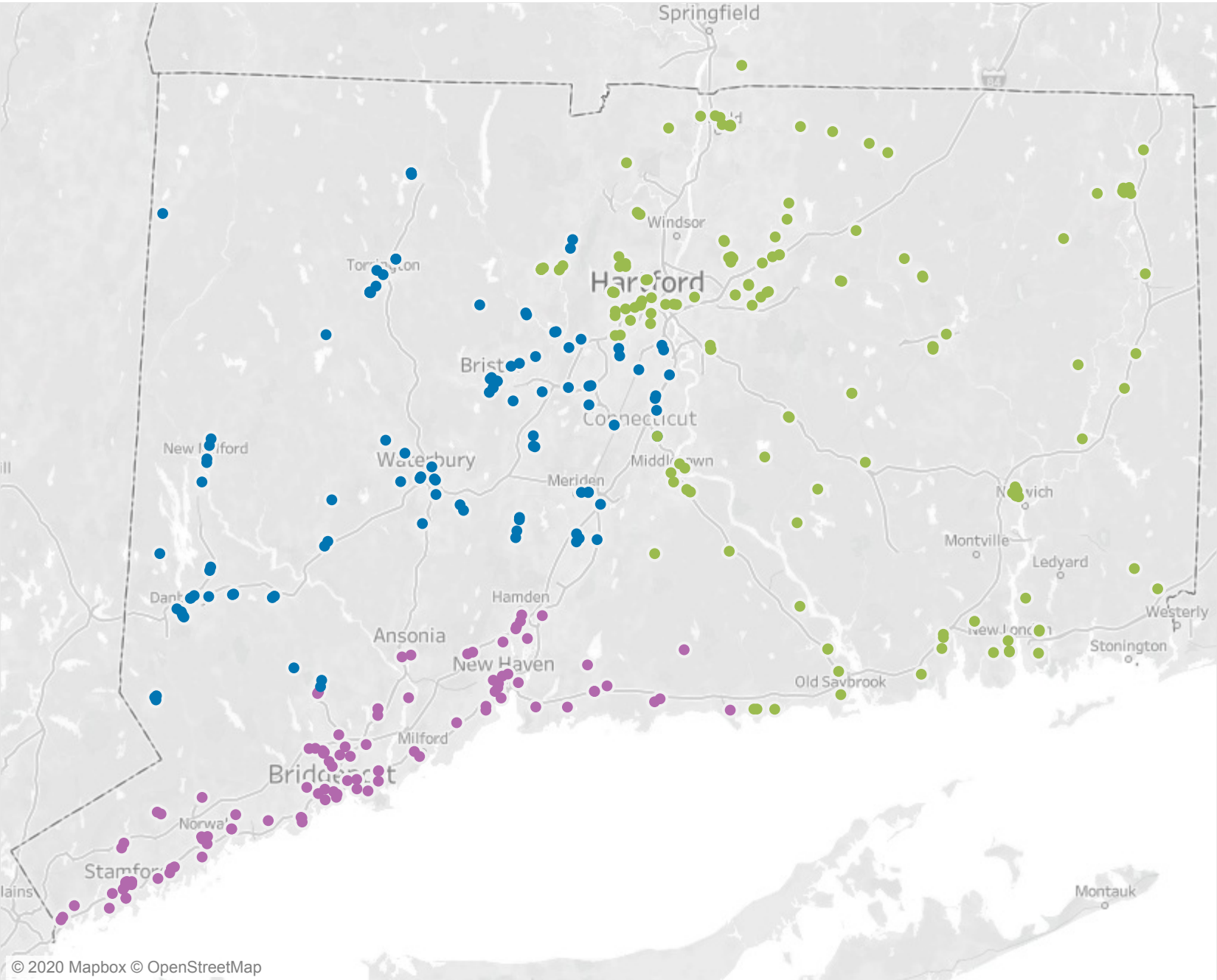
Total Enrolled Practice Sites by Provider Type

	Hartford Hospital	Wheeler Clinic, Inc	Yale Child Study Center	Statewide
Pediatrics	66	68	86	220
Family Practice	82	32	12	126
Peds/Family	1	8	3	12
Non Selected			3	3
Total Enrolled	149	108	104	361
Total Eligible Practice Sites	180	120	123	423

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 practice name by town:
All

Practice Name	Address	Phone
ABC Pediatrics	945 Main St. Suite 212 Mancheste..	860-649-6166
Abington Family Healthcare	5 Clinic Rd Abington CT 06230	860-974-0529
Access Priority Family Healthcare	353 Pomfret St Pomfret CT 06260	860-928-1111
Alliance Medical Group	1625 Straits Turnpike #302 Middl..	203-759-0666
Amitabh R. Ram, MD, LLC	21 B Liberty Dive Hebron CT 06248	860-228-9300
	21 Woodland St., #115 Hartford C..	860-524-8747
Andrea Needleman, MD	4 South Pomeroug Avenue Woodb..	203-263-2020
Andrew Adade	18 Hillandale Ave Stamford CT 069..	203-327-9333
Andrew F Cutney, MD/NEMG	5520 Park Avenue Trumbull CT 06..	203-371-0076
Anne Marie Villa, M.D., P.C.	150 Hazard Ave Unit B Enfield CT 0..	860-749-3661
Aspire Family Medicine	850 North Main Street Ext. Buildin..	203-269-9778

Youth Demographics

The ACCESS Mental Health program served a total of 1,437 unique youth in SFY 2020.

Since inception of the program to date, June 16, 2014 through June 30, 2020, the program served 7,097 unique youth.

Current SFY Summary

- 16 year-olds represented the largest portion in the current state fiscal year at **10.7%**.
- The majority of youth served were White at **76.8%**.
- Males accounted for **53.7%** of the unique youth served.

Select for Current and/or Last Fiscal Year:
All

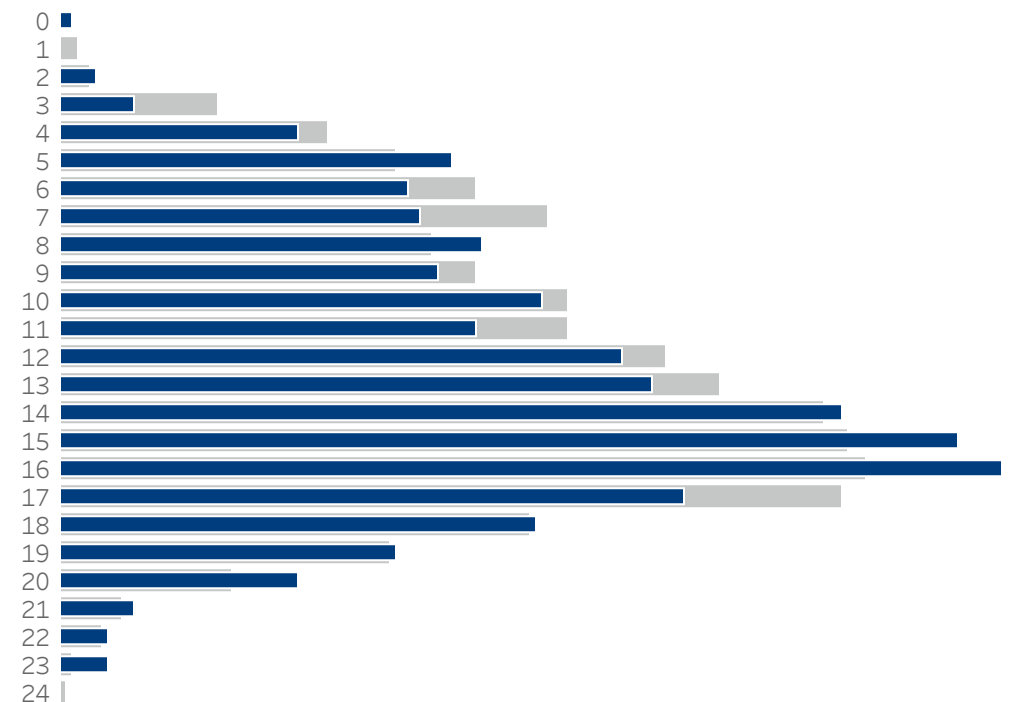
Gender



DCF Involvement



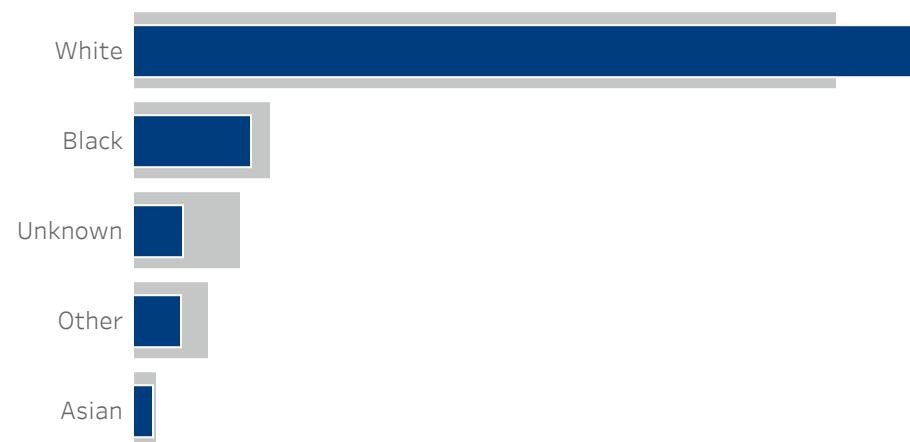
Distribution of Youth by Age



● Current SFY ● Last SFY

Click on any graph to filter all other demographics for the chosen population

Race



Ethnicity



Youth Served in the Current SFY 2020

0-5	6-12	13-18	19+
8.56%	33.82%	49.13%	8.49%



Youth Demographics

The Hartford Hospital Hub served a total of 447 unique youth in SFY 2020.

Hub-Specific Current SFY Summary

- 16 year-olds represented the largest portion in the current state fiscal year at **11.9%**.
- Males accounted for **53.0%** of the unique youth served.
- The majority of youth served were White at **72.5%**.

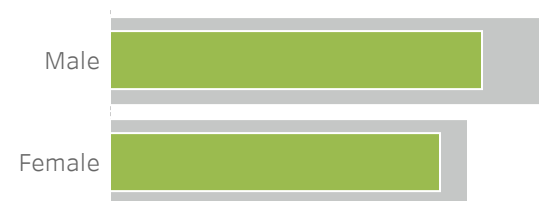
Hub Name

Hartford Hospital

Select for Current and/or Last Fiscal Year:

All

Gender



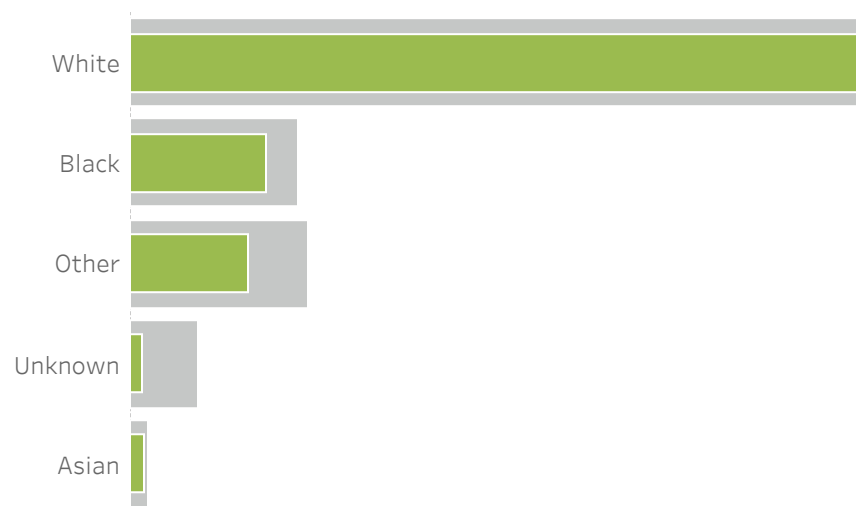
DCF Involvement



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

Click on any graph to filter all other demographics for the chosen population

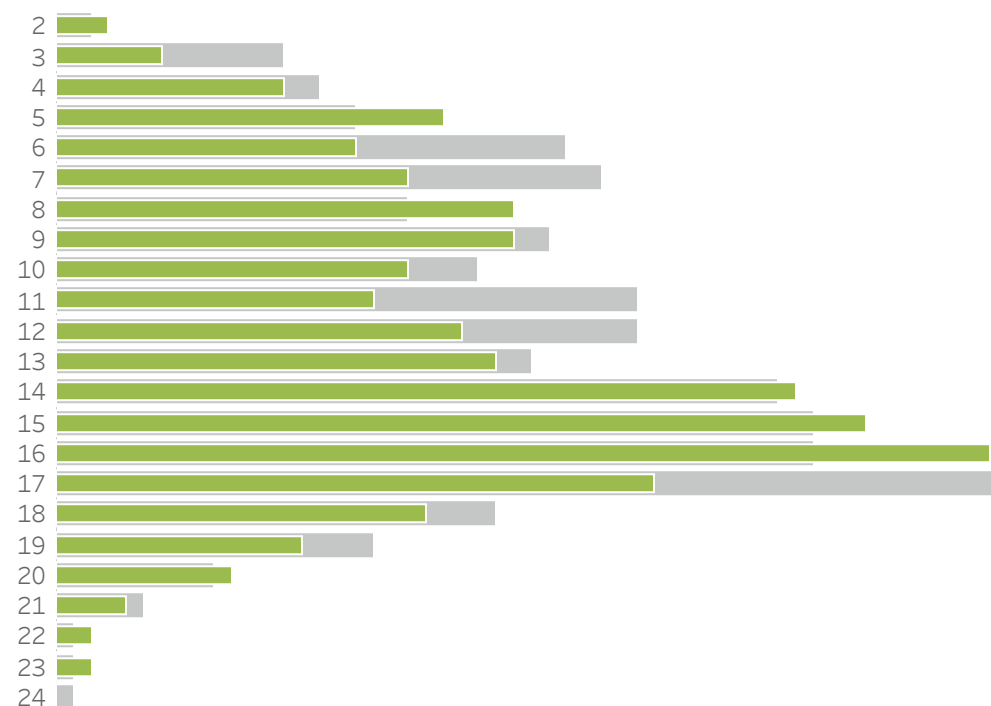
Race



Ethnicity



Distribution of Youth by Age



Youth Served in the Current SFY 2020

0-5	6-12	13-18	19+
9.84%	33.56%	49.44%	7.16%



Youth Demographics

The Wheeler Clinic, Inc Hub served a total of 584 unique youth in SFY 2020.

Hub-Specific Current SFY Summary

- 15 year-olds represented the largest portion in the current state fiscal year at **12.0%**.
- Males accounted for **53.3%** of the unique youth served.
- The majority of youth served were White at **88.4%**.

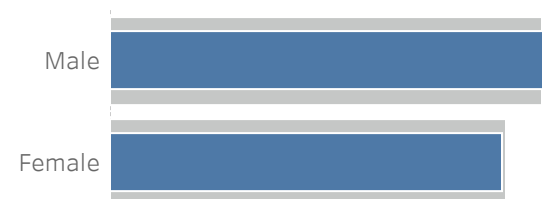
Hub Name

Wheeler Clinic, Inc

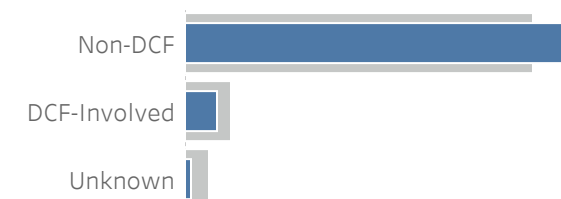
Select for Current and/or Last Fiscal Year:

All

Gender



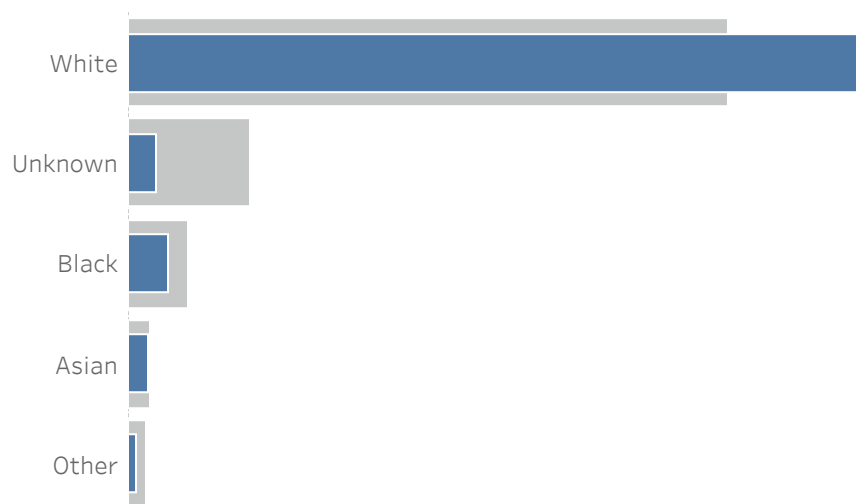
DCF Involvement



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

Click on any graph to filter all other demographics for the chosen population

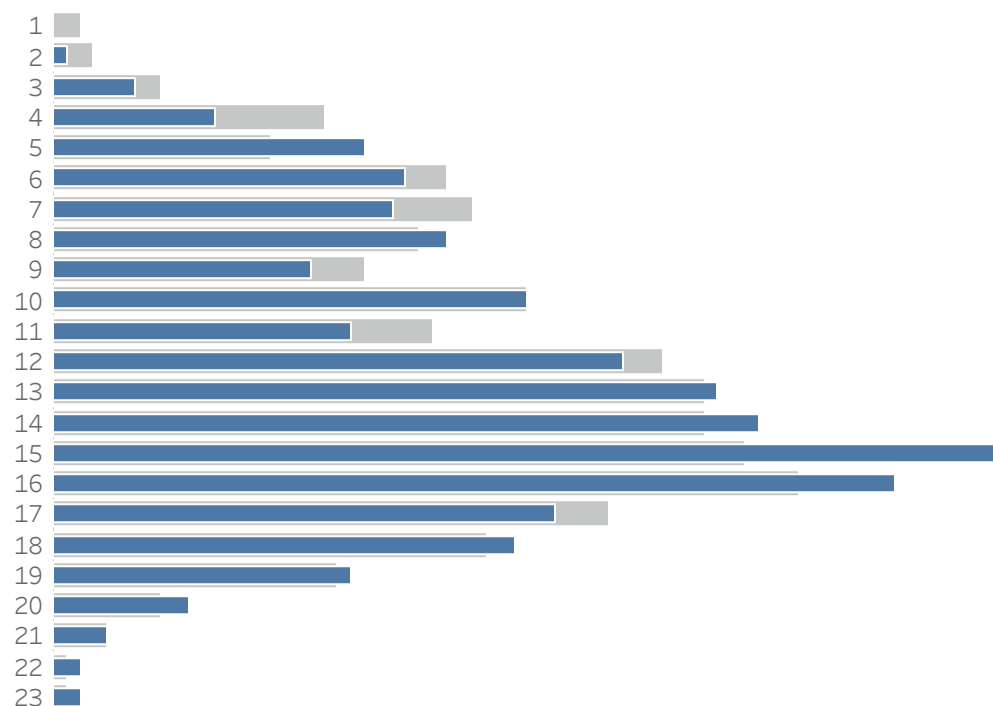
Race



Ethnicity



Distribution of Youth by Age



Youth Served in the Current SFY 2020

0-5	6-12	13-18	19+
7.19%	33.90%	52.05%	6.85%



Youth Demographics

The Yale Child Study Center Hub served a total of 406 unique youth in SFY 2020.

Hub-Specific Current SFY Summary

- 16 year-olds represented the largest portion in the current state fiscal year at **9.6%**.
- Males accounted for **54.9%** of the unique youth served.
- The majority of youth served were White at **65.0%**.

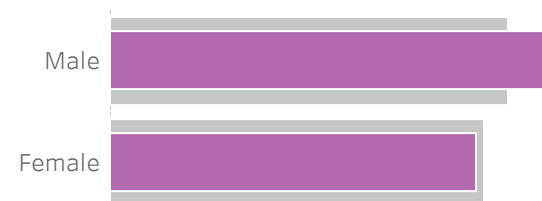
Hub Name

Yale Child Study Center

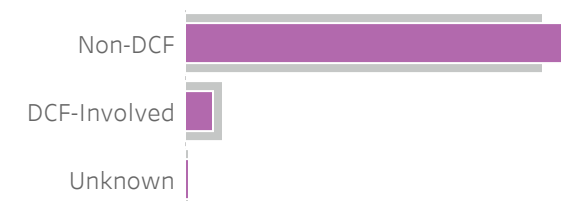
Select for Current and/or Last Fiscal Year:

All

Gender



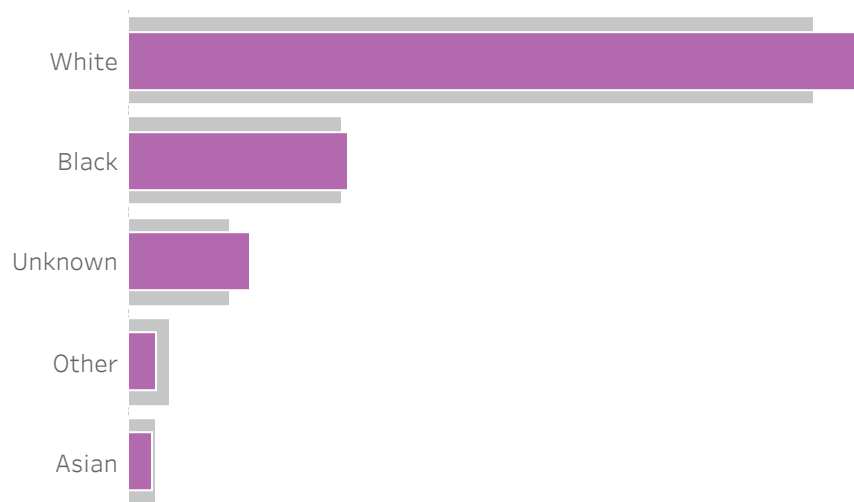
DCF Involvement



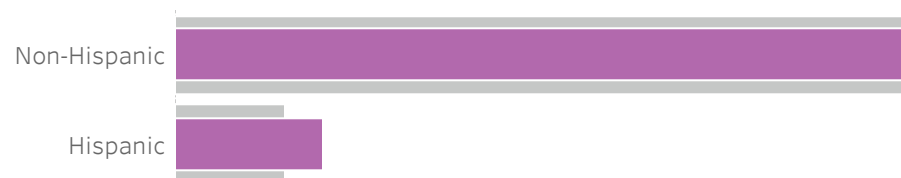
Hub's Current SFY Comparison to Last SFY (gray)

Click on any graph to filter all other demographics for the chosen population

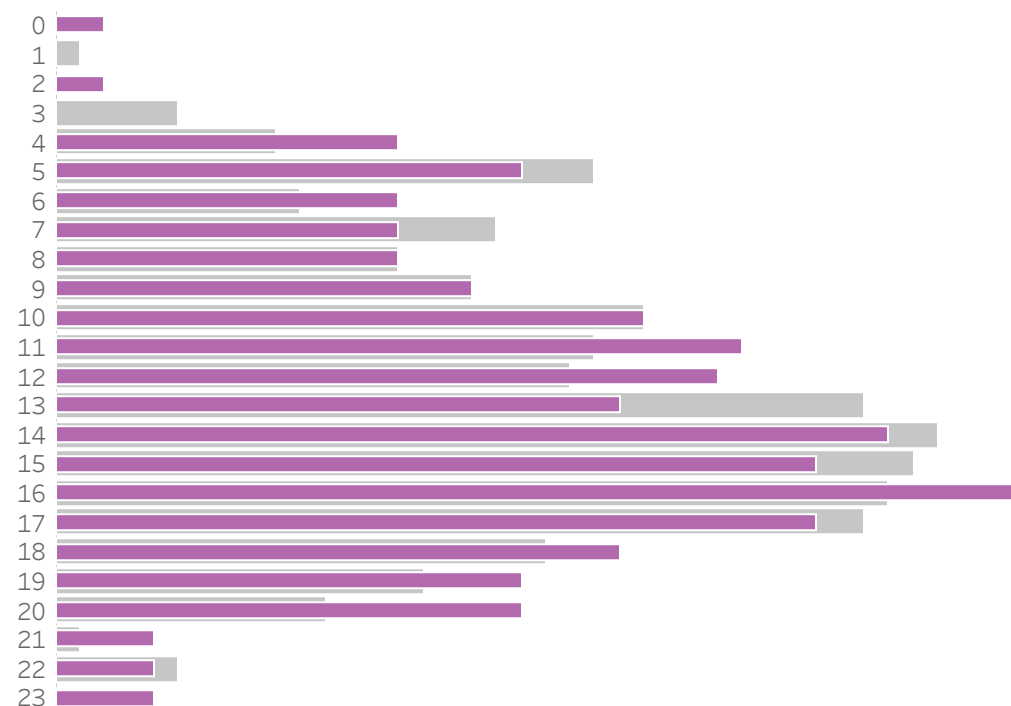
Race



Ethnicity



Distribution of Youth by Age



Youth Served in the Current SFY 2020

0-5	6-12	13-18	19+
9.11%	33.99%	44.58%	12.32%

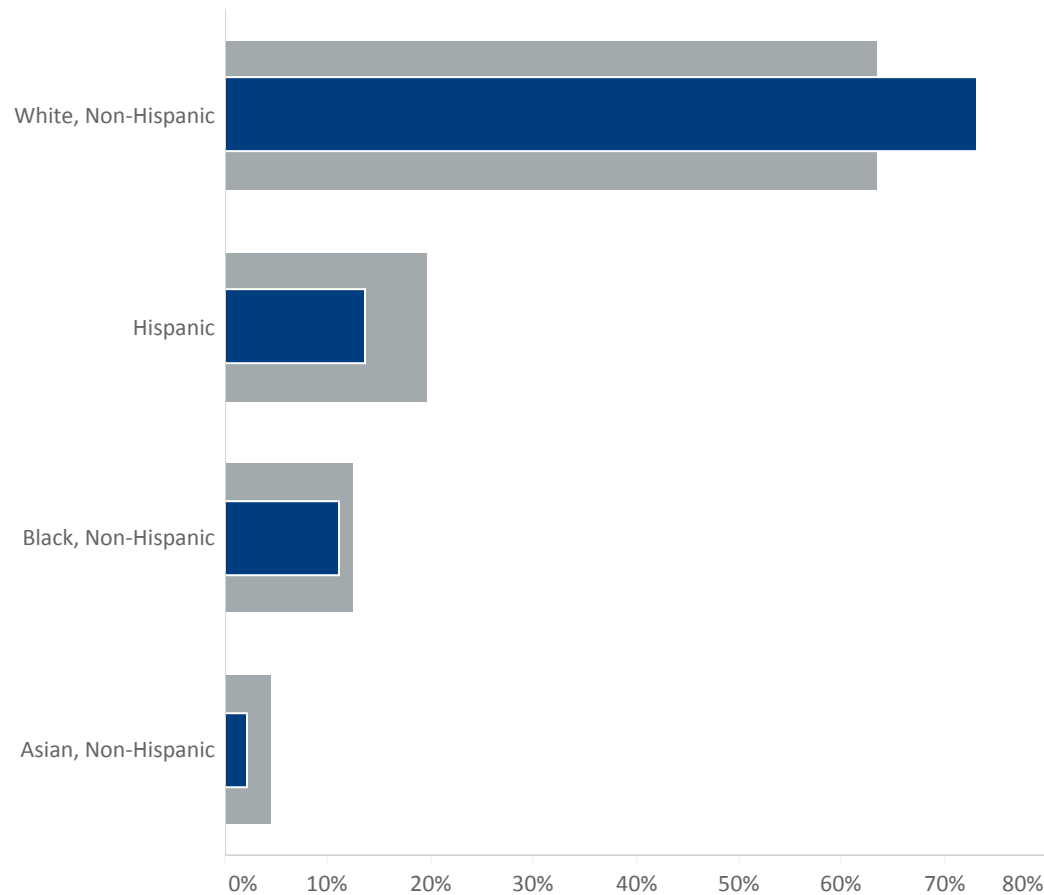
Race & Ethnicity Comparison



Select SFY
SFY 2020

Hubname
Statewide

Race & Ethnicity: Youth Served vs. Youth in CT (2010 Census)
Statewide
SFY 2020



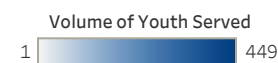
The Five Connecticut's methodology categorizes Connecticut's 169 towns into five groups based on population density, median family income, and poverty.

Select SFY
FY 2020

The Five Connecticut's Breakout by ACCESS MH CT Youth Served
Statewide
FY 2020

	Wealthy	Suburban	Rural	Urban periphery	Urban core	Grand Total
White, Non-Hispanic	40	449	137	344	36	1,006
Black, Non-Hispanic	3	22	2	74	53	154
Hispanic	4	30	5	94	54	187
Asian, Non-Hispanic	2	12	1	11	3	29
Other, Non-Hispanic		13	4	16	4	37
Unknown, Non-Hispanic	1	3	3	13	4	24
Grand Total	50	529	152	552	154	1,437

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





Consultative Activities

The program provided a total of 6,495 consultations in SFY 2020.

Select SFY
FY 2020

Summary
for time range selected



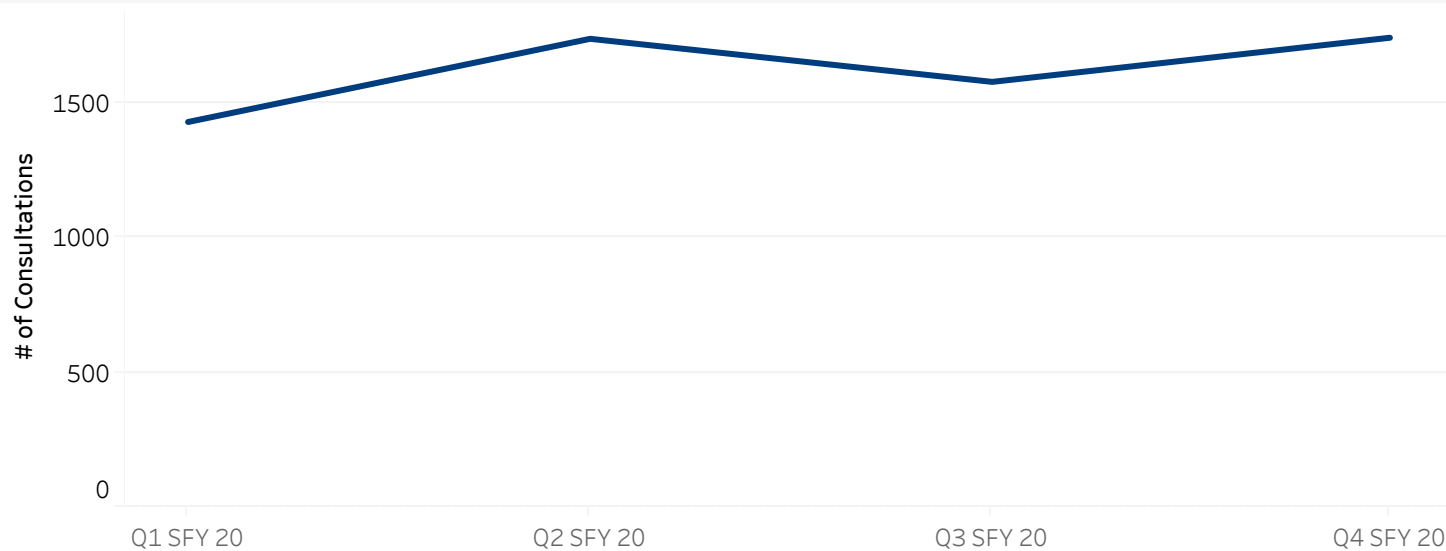
Average of 541 consultations per month.



Average of 1,624 consultations per quarter.

Consultation Volume | Quarterly Over Time

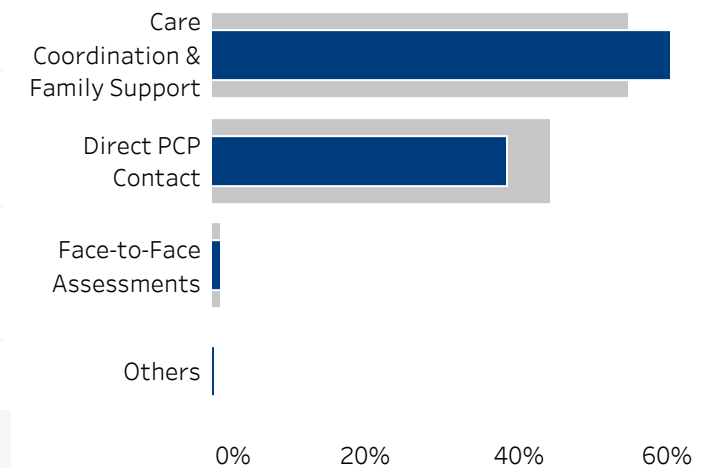
Select View ▶ Quarterly Over Time



● Current SFY ● Last SFY

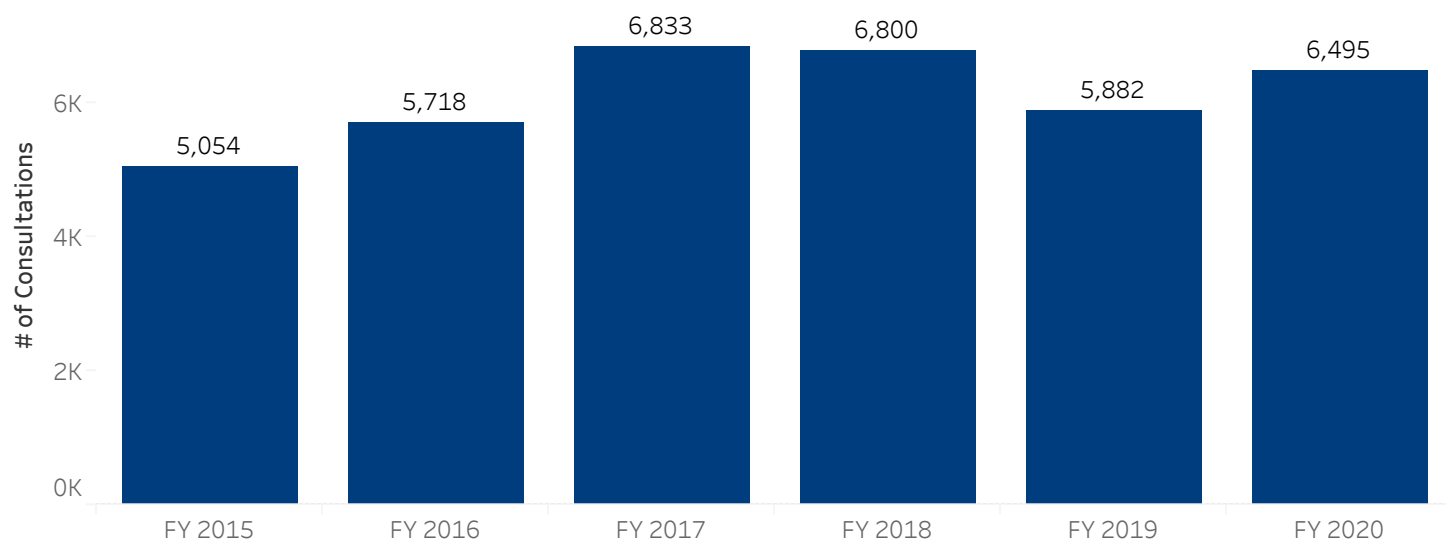
Click on a bar graph to filter the line graphs for the chosen "Consultation Type" or "Consultations by Insurance."

Consultation Types

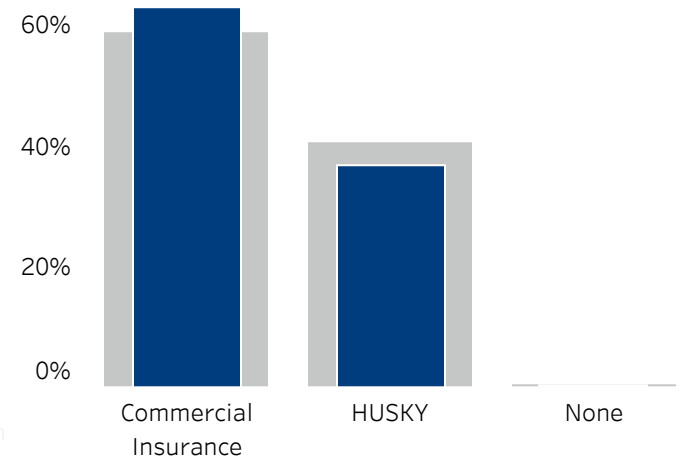


Consultation Volume | Encounters by SFY

Select View ▶ Encounters by SFY



Consultations by Insurance



Consultative Activities

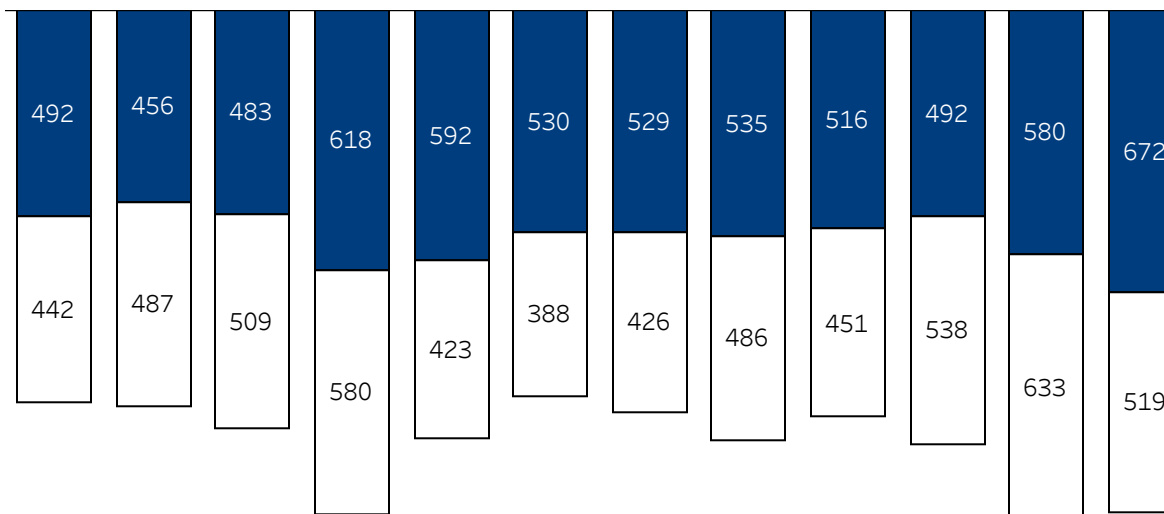
The program provided a total of 6,495 consultations in SFY 2020.

Monthly Consultations by Hub

- Month with the maximum consultations in the SFY

		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total SFY Consultations by Hub Team
Hartford Hospital	Current SFY	157	111	127	249	171	242	216	216	200	228	243	222	2,382
	Last SFY	124	174	214	227	161	163	147	191	197	214	232	149	2,193
Wheeler Clinic, Inc	Current SFY	208	225	211	207	270	147	181	180	220	136	210	271	2,466
	Last SFY	195	220	202	221	166	138	186	173	160	181	216	233	2,291
Yale Child Study Center	Current SFY	127	120	145	162	151	141	132	139	96	128	127	179	1,647
	Last SFY	123	93	93	132	96	87	93	122	94	143	185	137	1,398

○ Last SFY ● Current SFY



Consultative Activities

The Hartford Hospital Hub provided a total of 2,382 consultations in SFY 2020.

Hub Name
Hartford Hospital

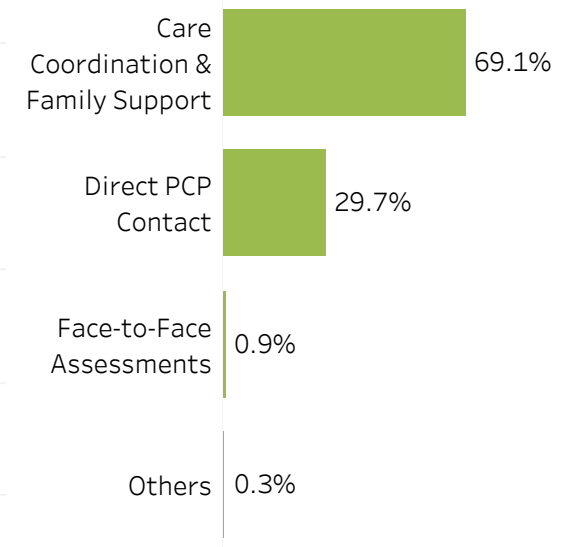
Summary for
Current SFY

→ Average of 199 consultations per month. → Average of 596 consultations per quarter.

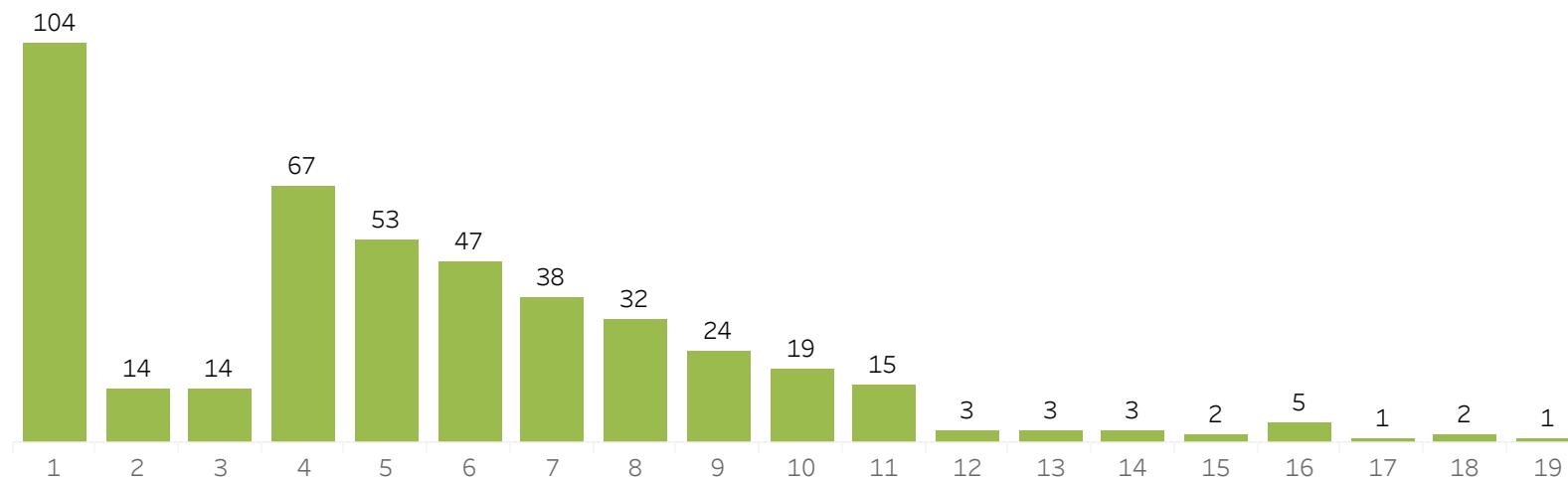
Hartford Hospital Quarterly Volume of Consultations



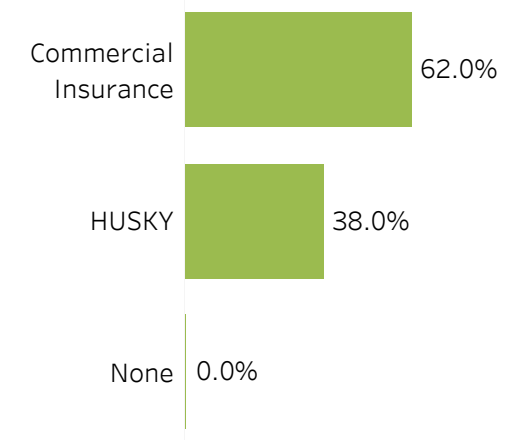
Hartford Hospital Consultation Types for Current SFY



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 2,466 consultations in SFY 2020.

Hub Name
Wheeler Clinic, Inc

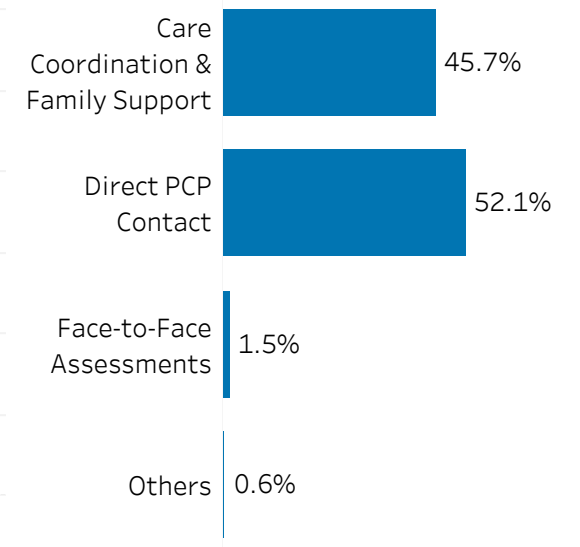
Summary for
Current SFY

→ Average of 206 consultations per month. → Average of 617 consultations per quarter.

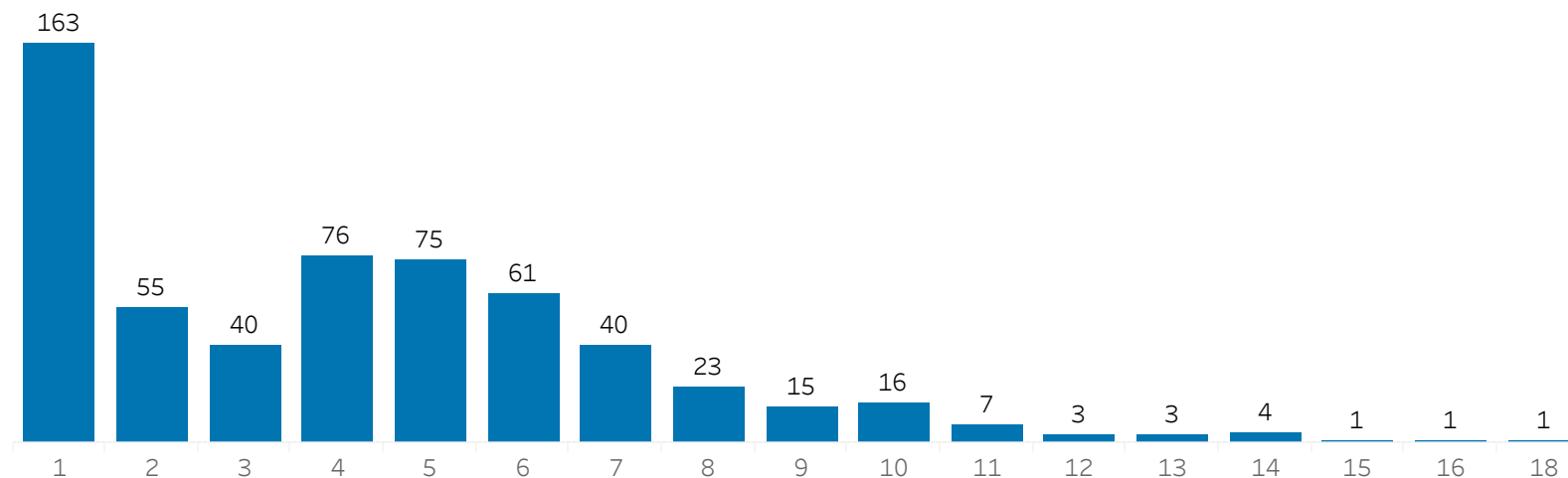
Wheeler Clinic, Inc Quarterly Volume of Consultations



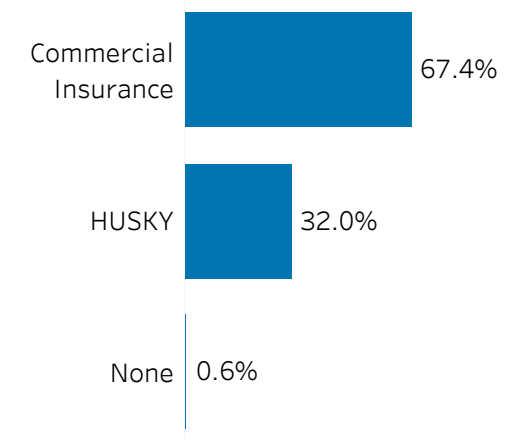
Wheeler Clinic, Inc Consultation Types for Current SFY



Wheeler Clinic, Inc Consultation Frequency for Current SFY



Wheeler Clinic, Inc Consultations by Insurance for Current SFY



Consultative Activities

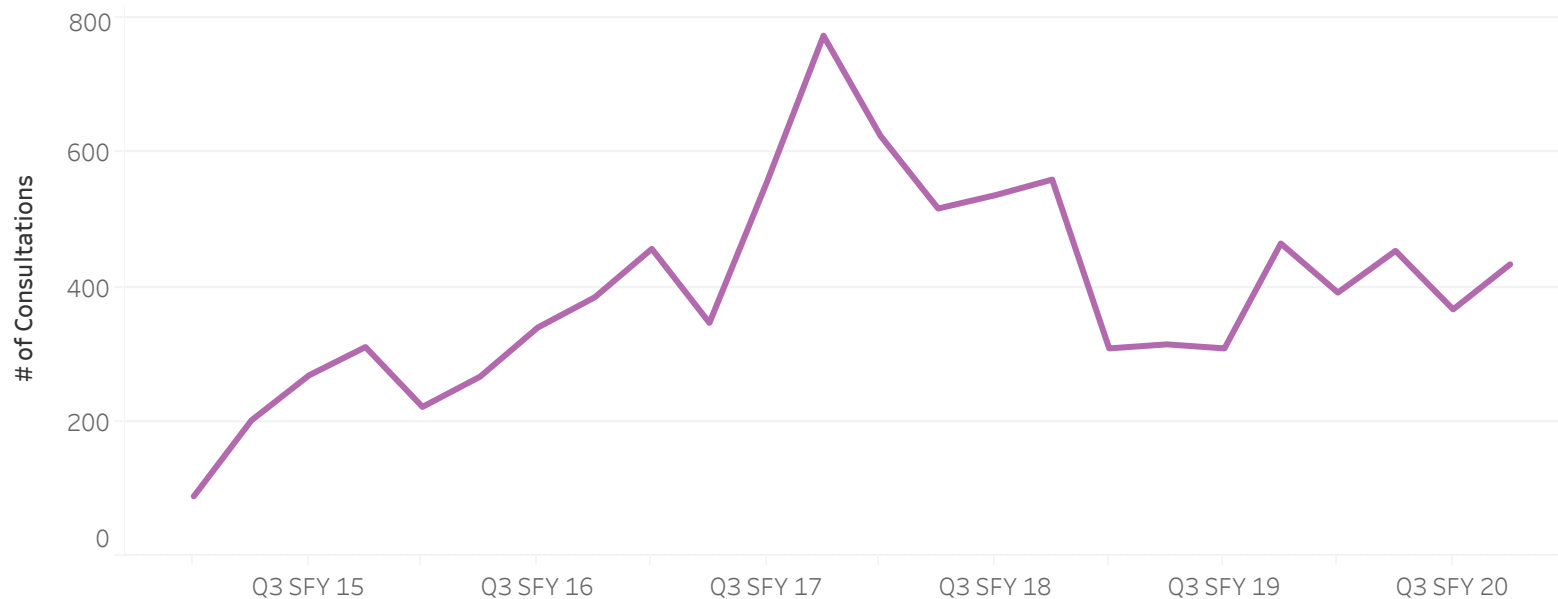
The Yale Child Study Center Hub provided a total of 1,647 consultations in SFY 2020.

Hub Name
Yale Child Study Center

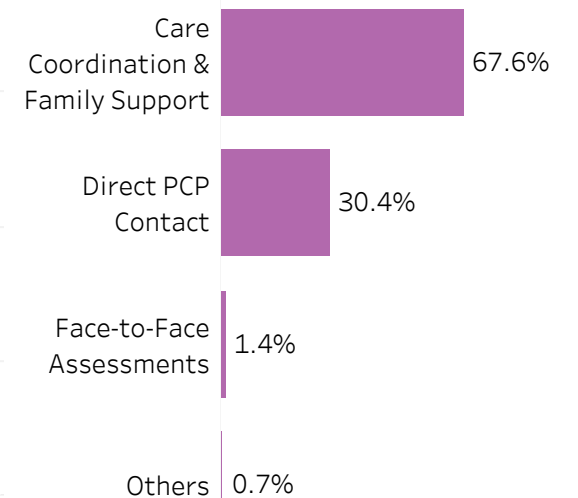
Summary for
Current SFY

→ Average of 137 consultations per month. → Average of 412 consultations per quarter.

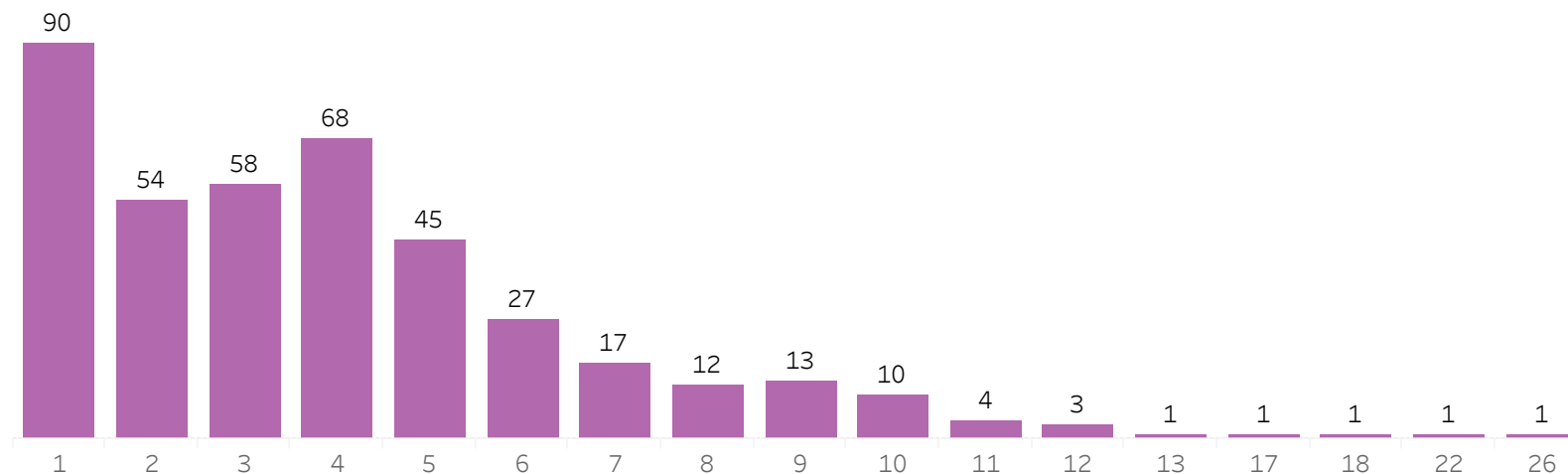
Yale Child Study Center Quarterly Volume of Consultations



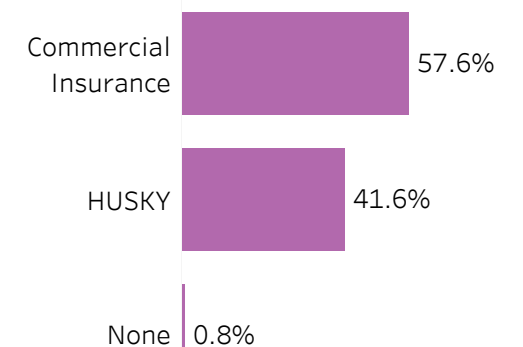
Yale Child Study Center
Consultation Types for Current SFY



Yale Child Study Center Consultation Frequency for Current SFY



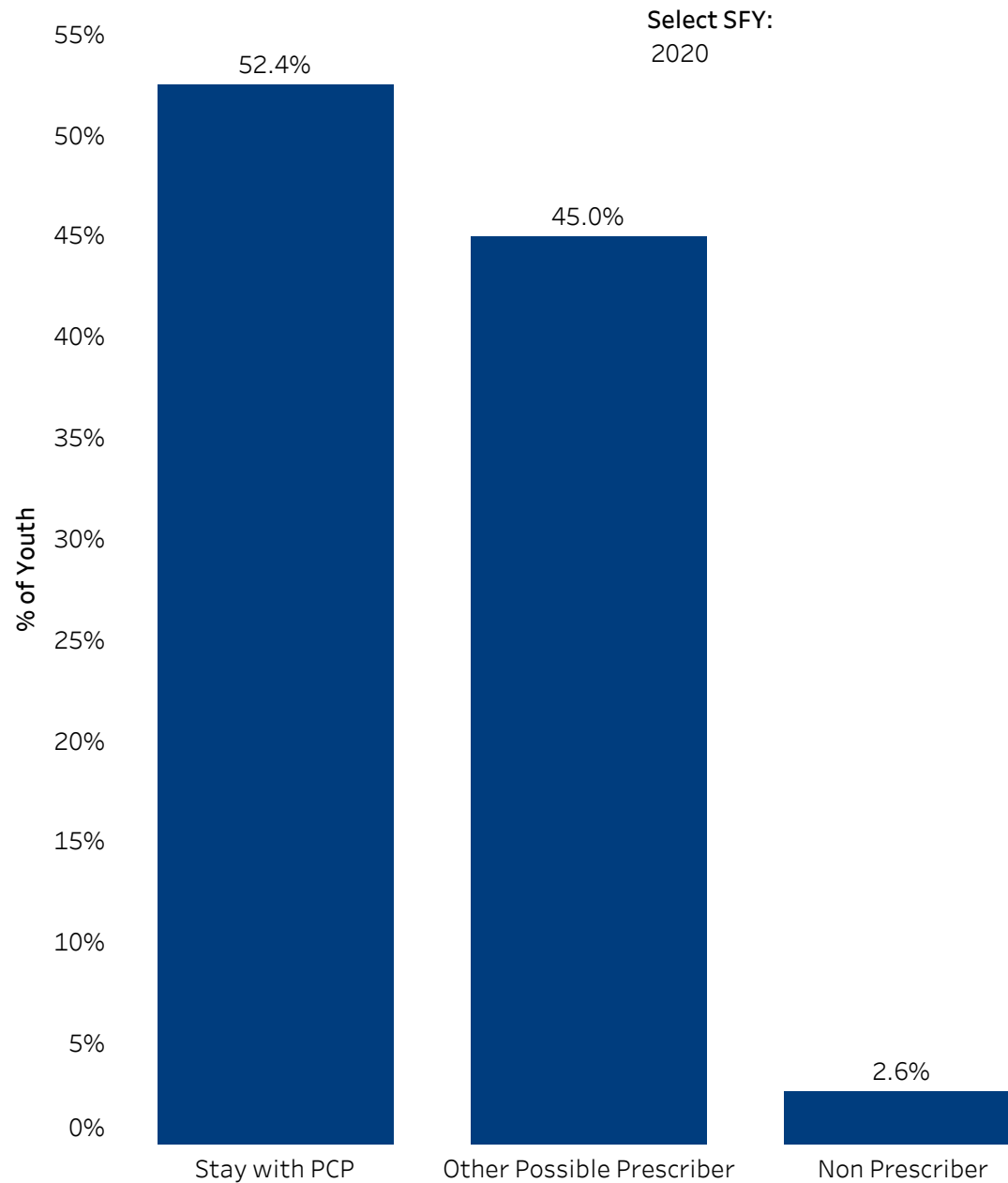
Yale Child Study Center
Consultations by Insurance for Current SFY



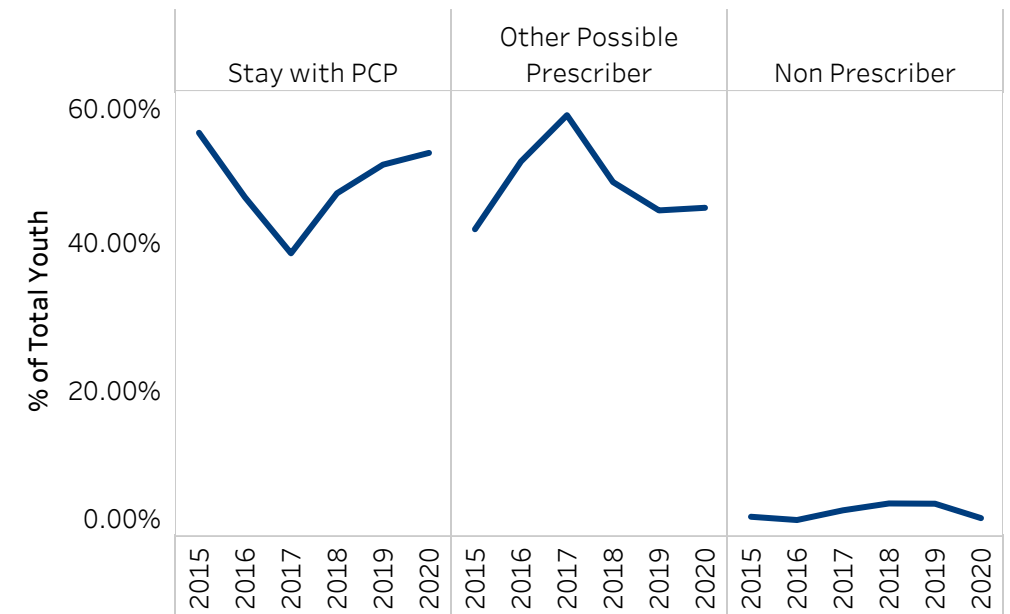
Primary Care Prescribing

STATEWIDE

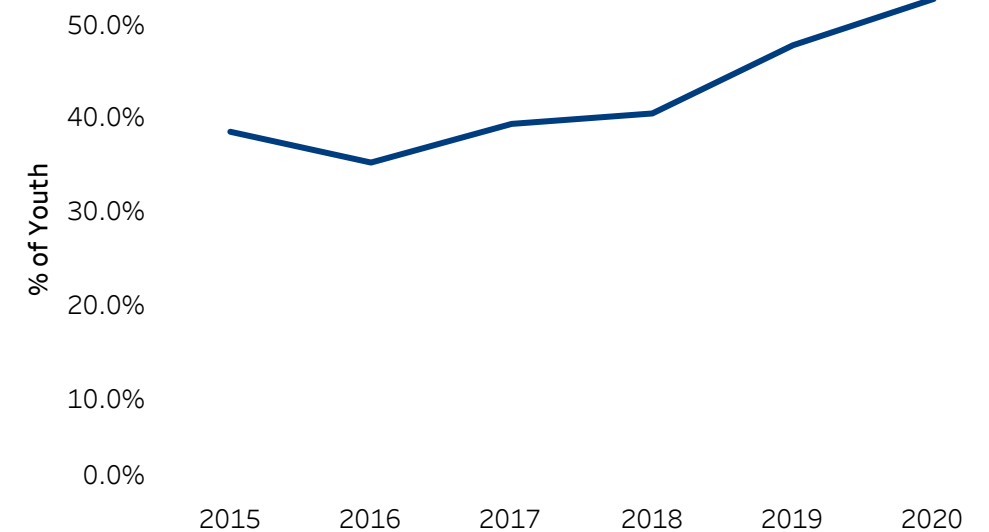
Statewide Outcomes for Youth Subject to Medication Consultation



Outcomes for Youth Subject to Medication Consultation Over Time



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



Primary Care Prescribing

HUB SPECIFIC

Select SFY:
2020

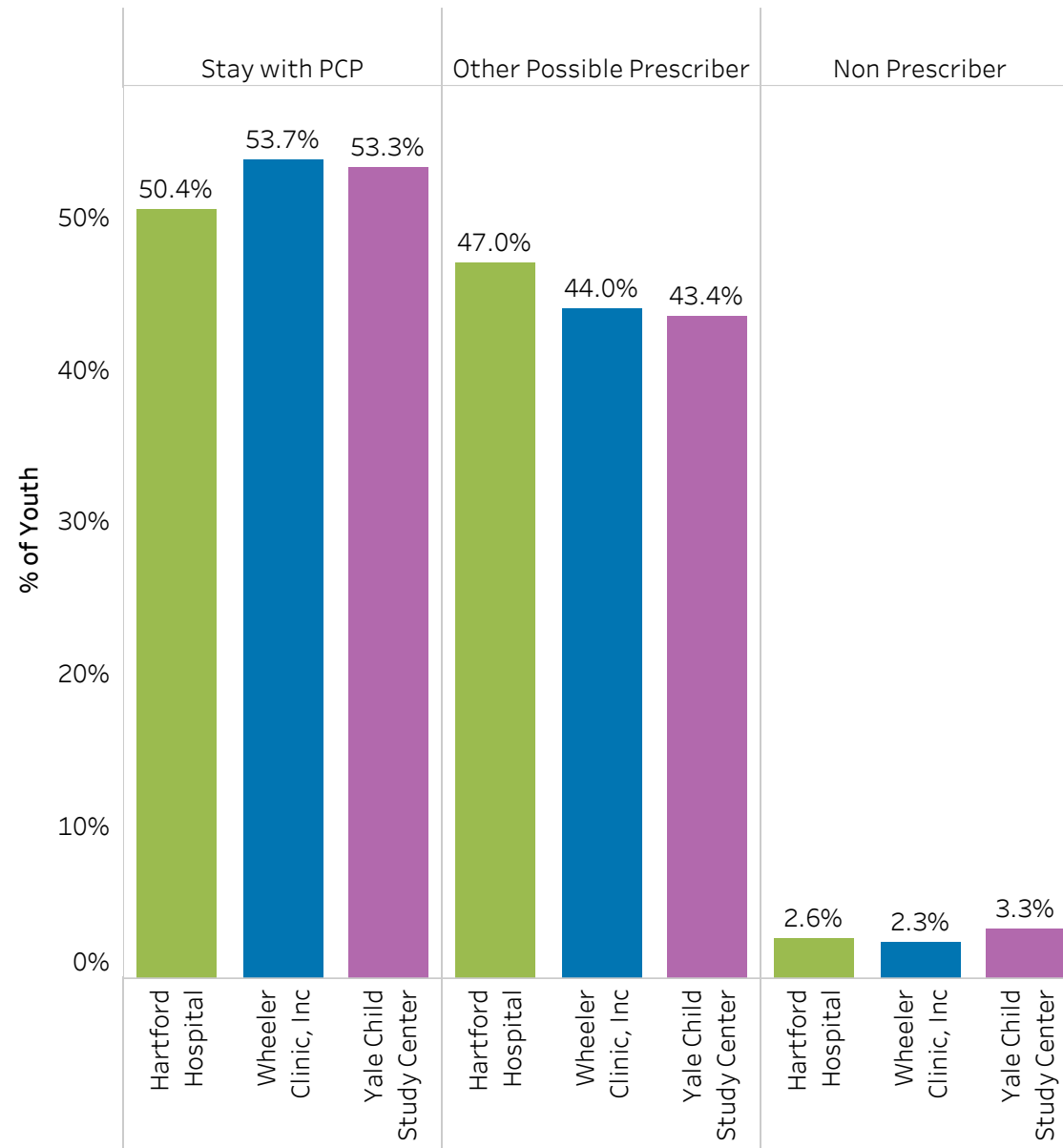
Hubname

Hartford Hospital

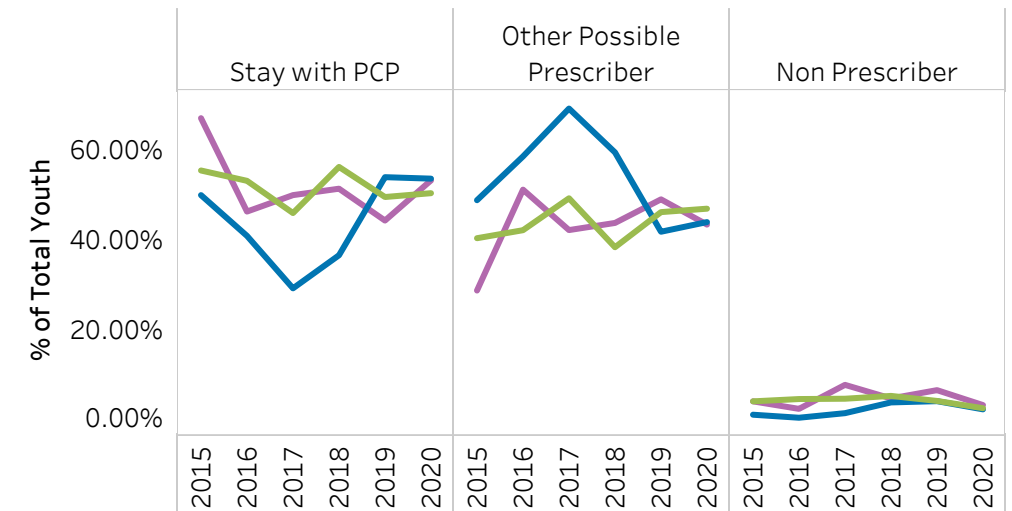
Wheeler Clinic, Inc

Yale Child Study Center

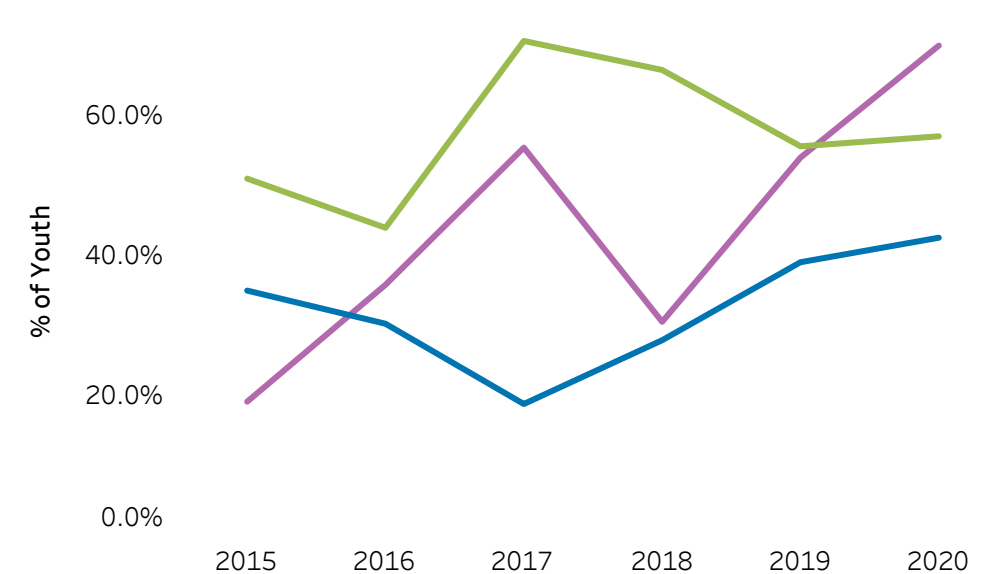
Statewide Outcomes for Youth Subject to Medication Consultation



Outcomes for Youth Subject to Medication Consultation Over Time



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

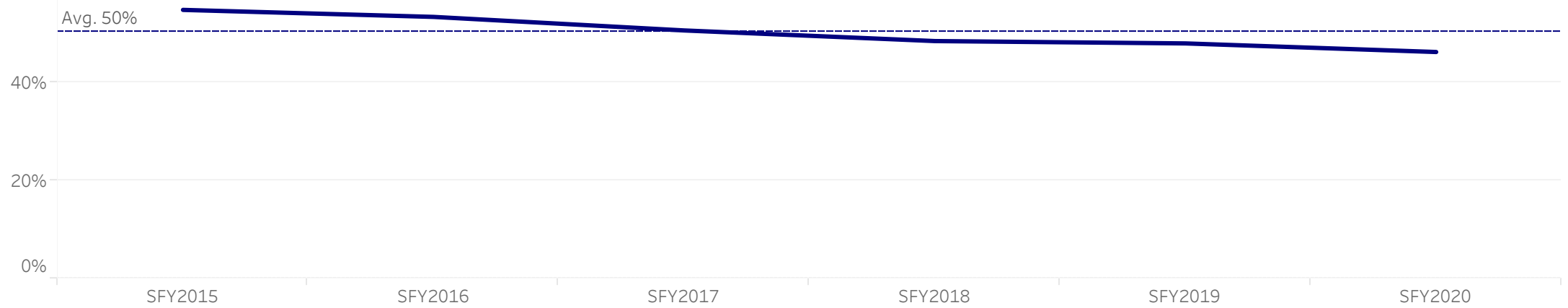


Utilization Rate

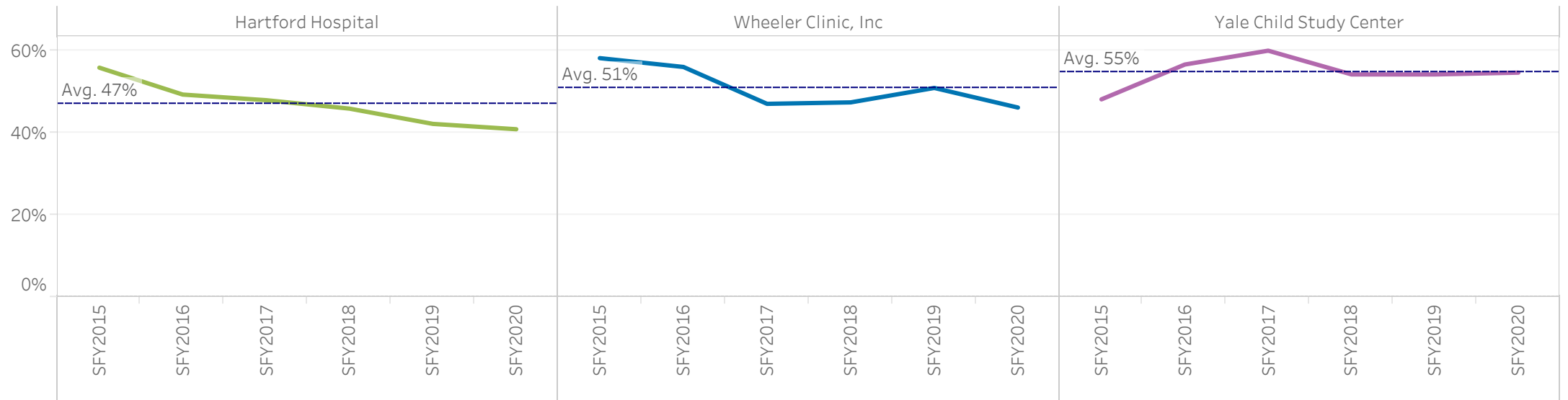
Select Date Format:
Year

Select Quarter / Year:
Multiple values

Statewide Practice Group Utilization Rate



Hub Specific Practice Group Utilization Rate



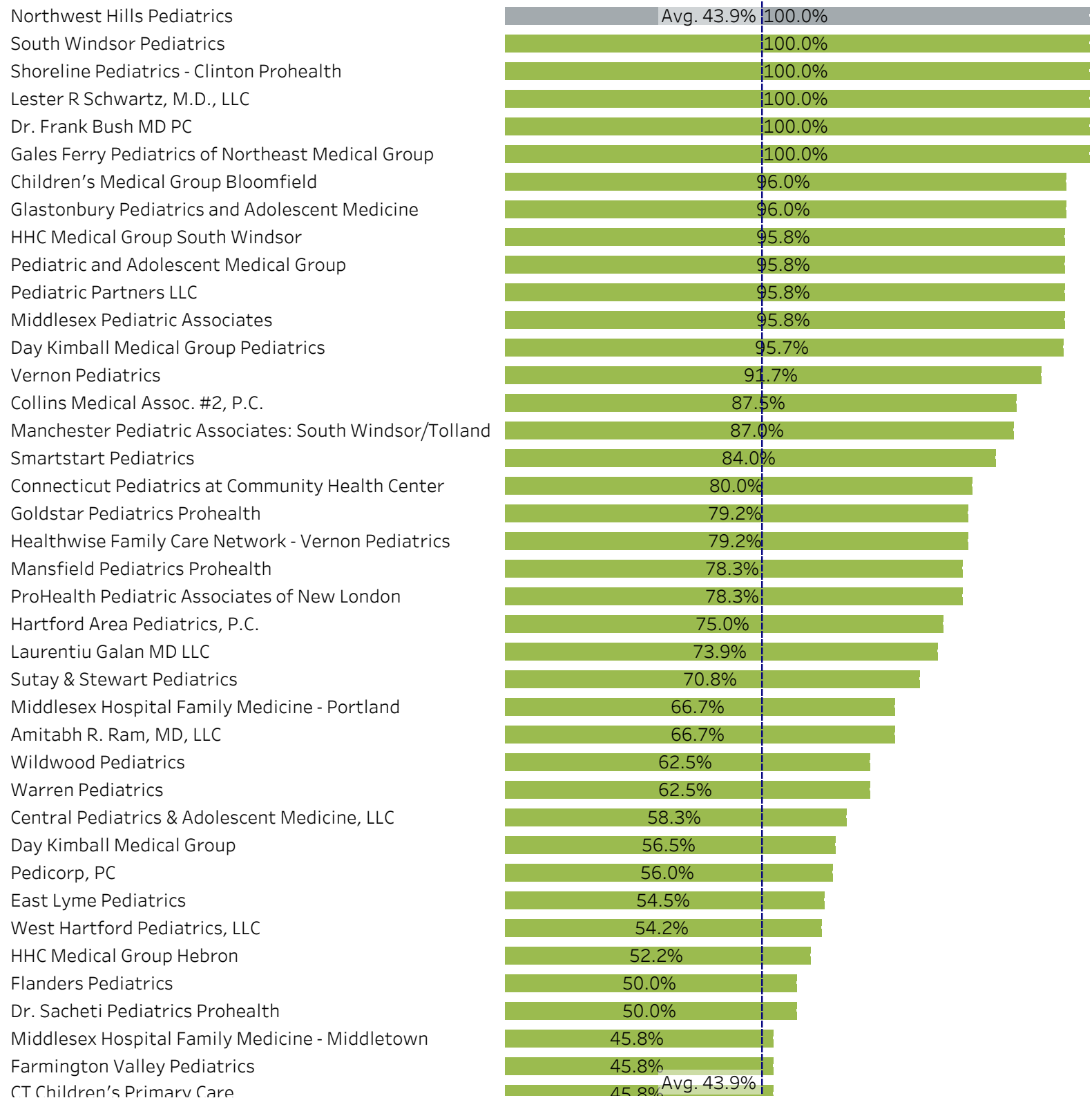
Practice-Specific Utilization

Hub Name	Practice Type Desc	New User in Current SFY	Practice
Hartford Hospital	All	All	All

Quarterly Utilization Rate:
4.2% to 100.0%

Average line is the average number of quarters used by the program to date (June 30, 2020)

● New User of Program



Practice-Specific Utilization

Hub Name
Wheeler Clinic, Inc

Practice Type Desc
All

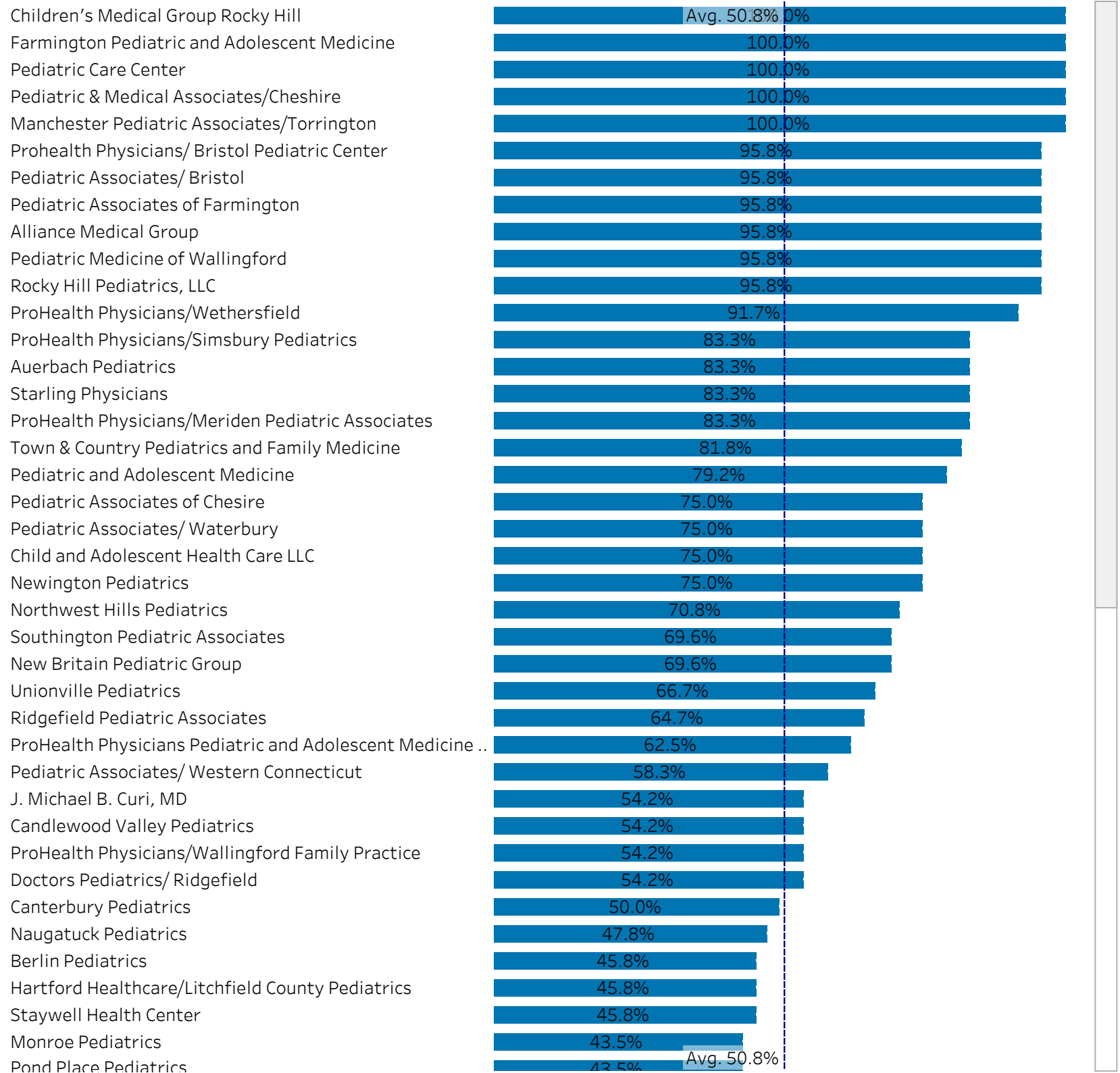
New User in Current SFY
All

Practice
All

Quarterly Utilization Rate:
4.2% to 100.0%

Average line is the average number of quarters used by the program to date (June 30, 2020)

● New User of Program



Practice-Specific Utilization

Hub Name	Practice Type Desc	New User in Current SFY	Practice
Yale Child Study Center	All	All	All

Quarterly Utilization Rate:
4.2% to 100.0%

Average line is the average number of quarters used by the program to date (June 30, 2020)

● New User of Program



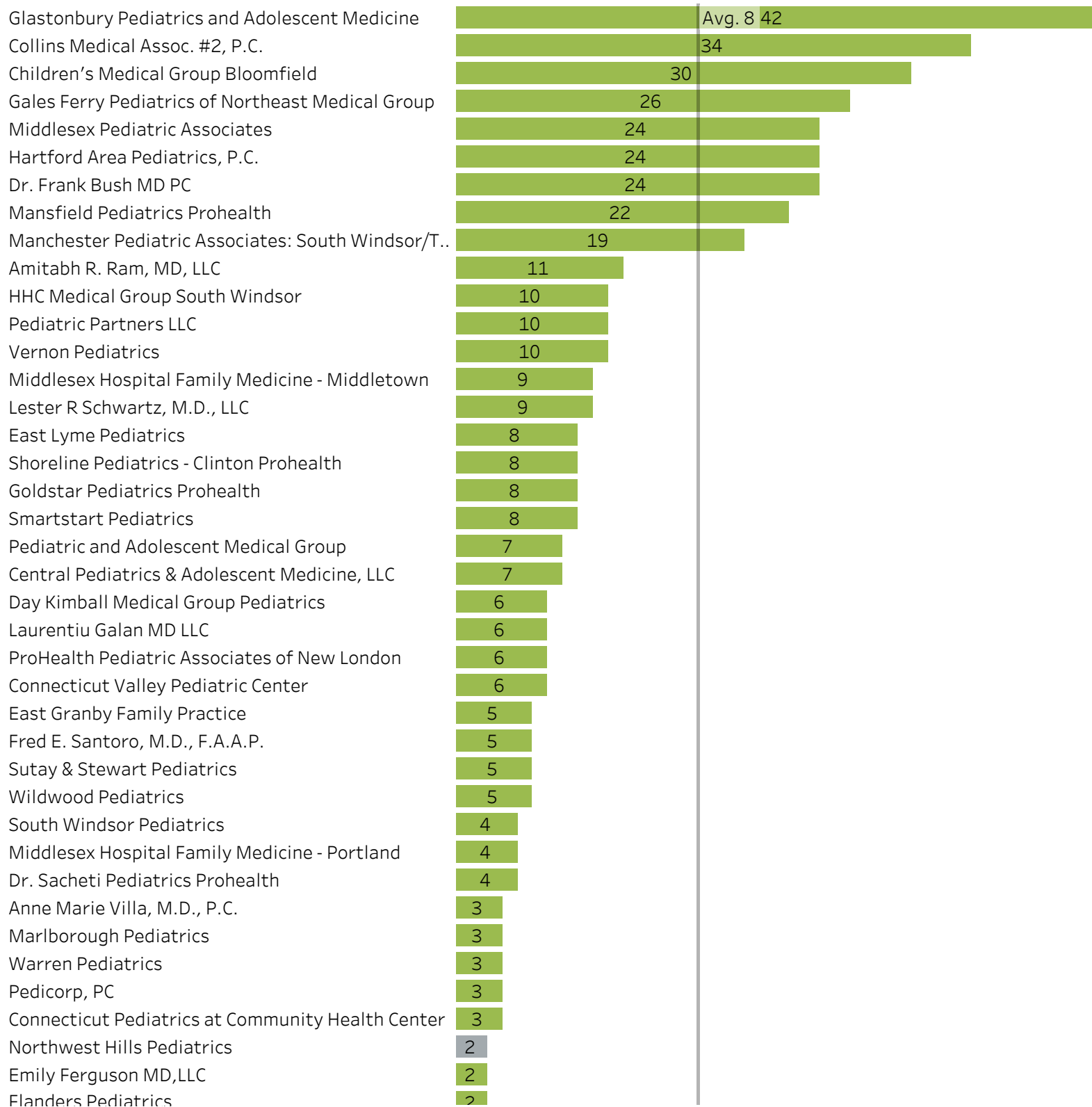
Youth Served by Practice

Hub Name Practice Type New User in Current SFY Select Practice Select SFY:
Hartford Hospital All All All FY 2020

Average line is the average number of youth served by all practices for the state fiscal years selected.

Number of Youth Served by Practice

● New User of Program



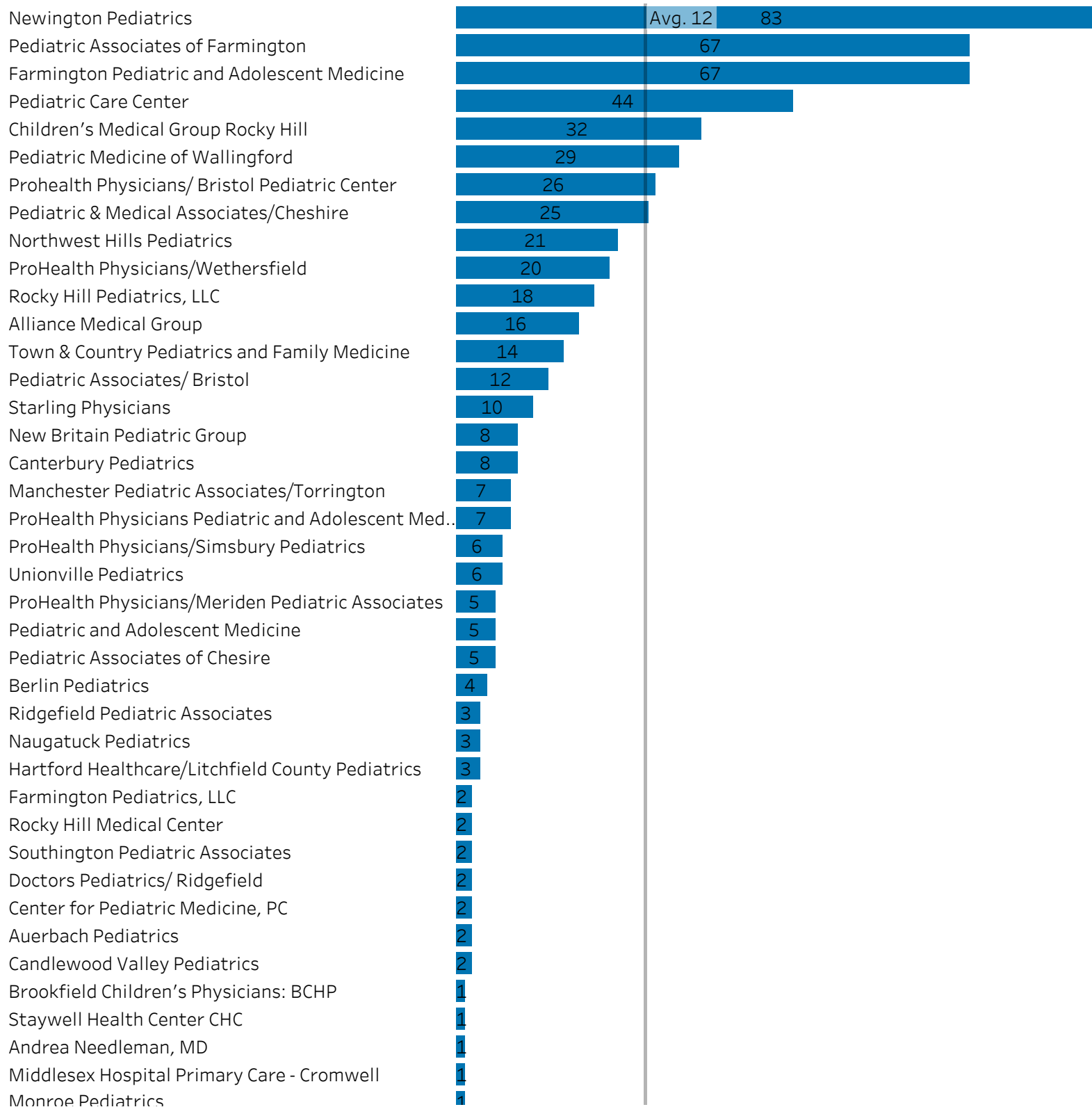
Youth Served by Practice

Hub Name Practice Type New User in Current SFY Select Practice Select SFY:
Wheeler Clinic, Inc All All All FY 2020

Average line is the average number of youth served by all practices for the state fiscal years selected.

Number of Youth Served by Practice

● New User of Program



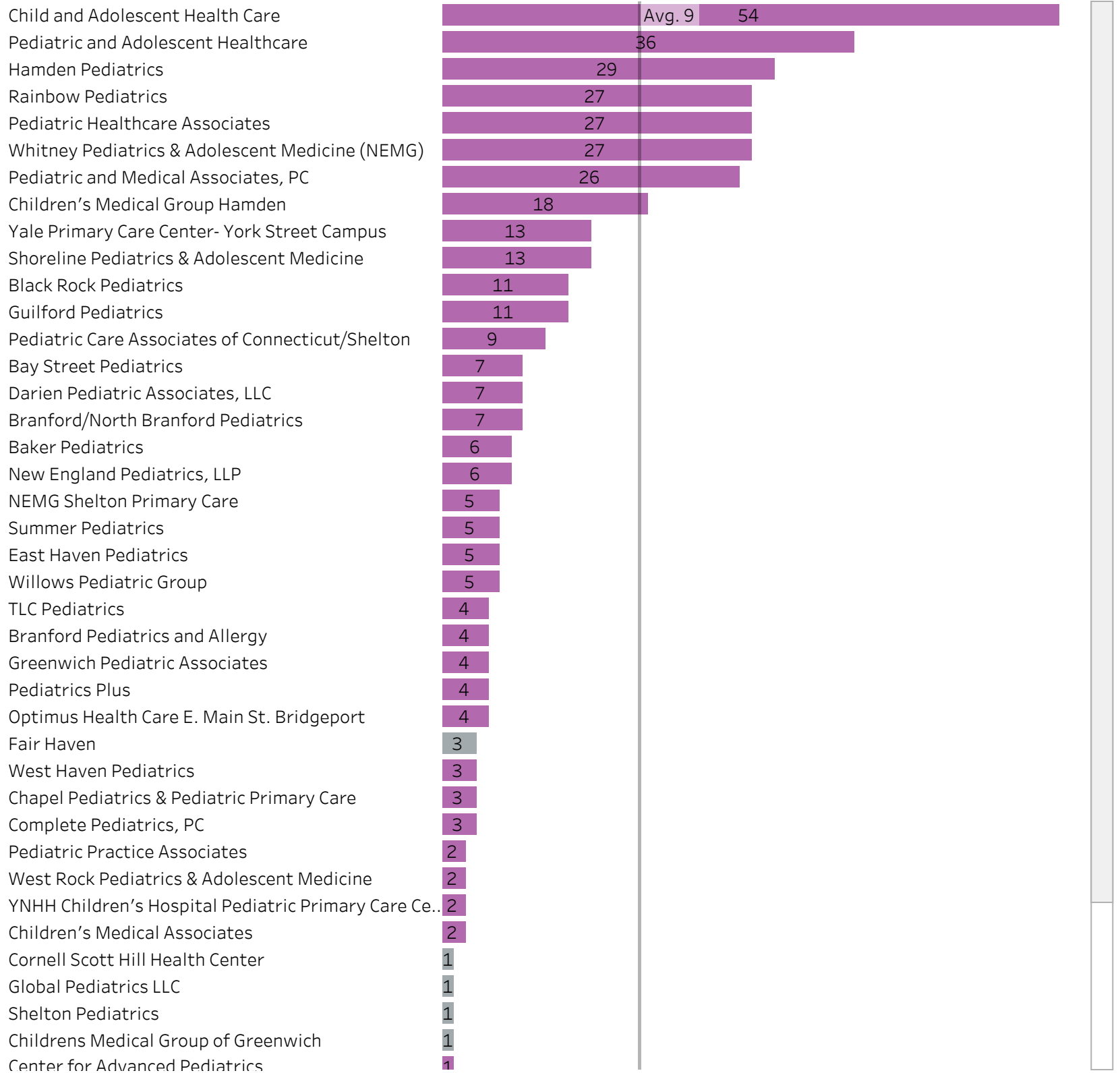
Youth Served by Practice

Hub Name Practice Type New User in Current SFY Select Practice Select SFY:
 Yale Child Study Center All All All FY 2020

Average line is the average number of youth served by all practices for the state fiscal years selected.

Number of Youth Served by Practice

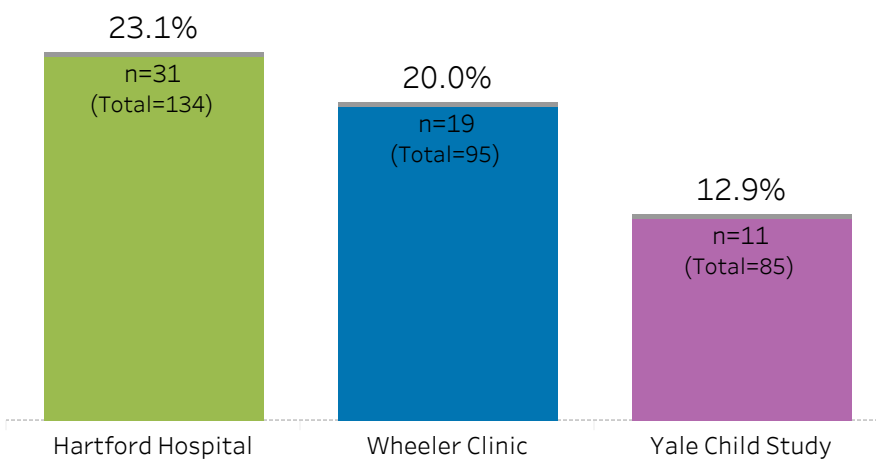
● New User of Program



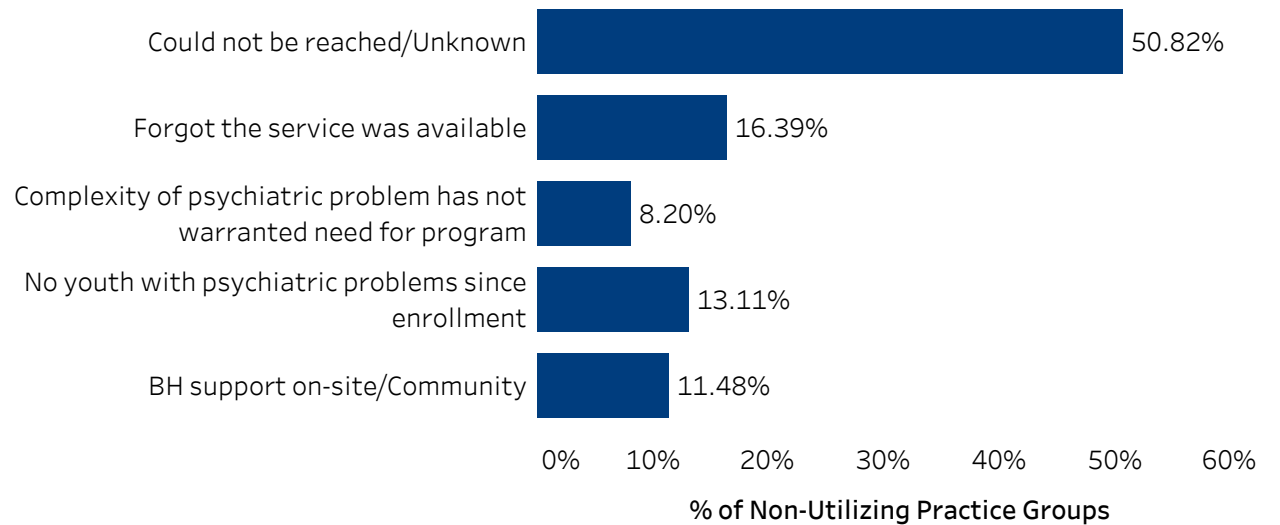
Practice Non-Utilization

As of June 30, 2020, a total of 314 practice groups enrolled, **19.4%** (61 practices) did not utilize the service.

Non-Utilization by Hub for SFY 2020

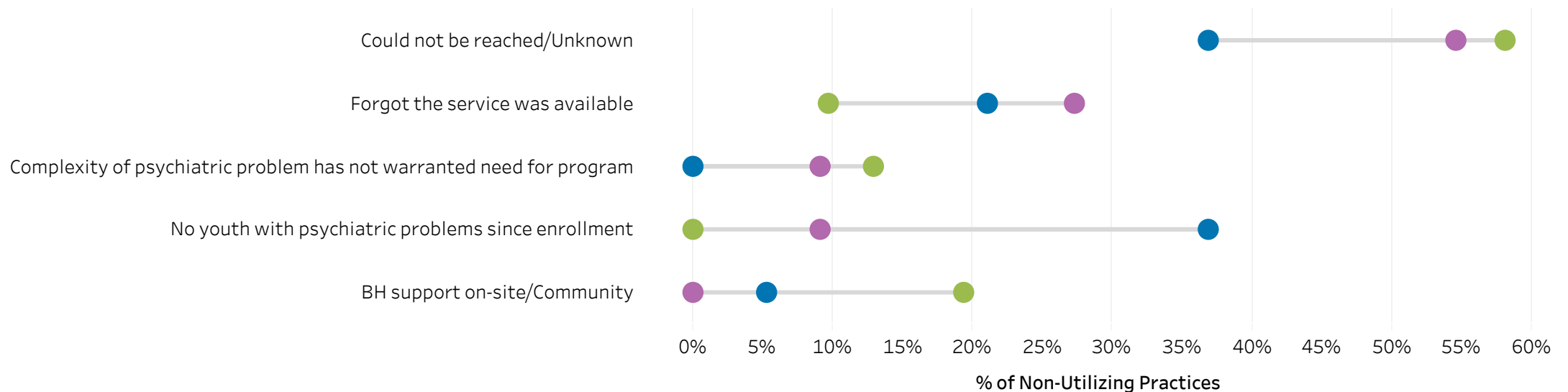


Practice Group Non-Utilization Reasons SFY 2020



Practice Group Non-Utilization Reasons by Hub for SFY 2020




● Hartford Hospital ● Wheeler Clinic ● Yale Child Study



Program Satisfaction

Click to
view Hub
details
▼

PCP Satisfaction Scores

	Q1 SFY 19	Q2 SFY 19	Q3 SFY 19	Q4 SFY 19	Q1 SFY 20	Q2 SFY 20	Q3 SFY 20	Q4 SFY 20
 Hartford Hospital	4.99	4.98	4.99	4.98	4.97	4.94	4.99	4.95
 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	4.97	5.00	5.00	5.00	5.00	4.99
Grand Total	4.99	4.99	4.99	4.99	4.99	4.98	5.00	4.99

Count per PCP Score for All

● 99% or more received a score of 5

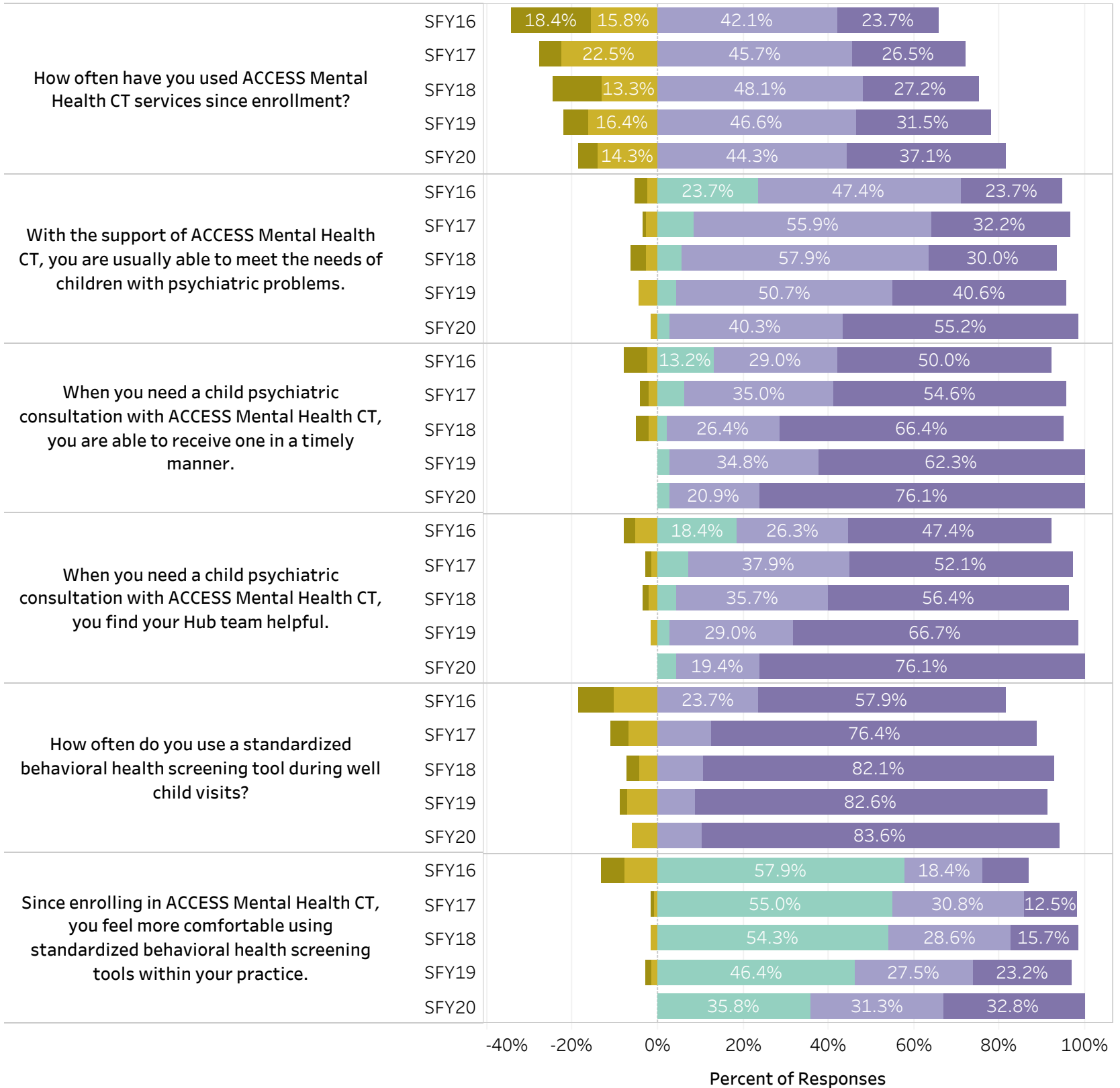
Satisfaction Score

	Q1 SFY 19	Q2 SFY 19	Q3 SFY 19	Q4 SFY 19	Q1 SFY 20	Q2 SFY 20	Q3 SFY 20	Q4 SFY 20
3	2	1			1			1
4	5	3	10	6	7	15	7	12
5	1,431	1,387	1,353	1,684	1,423	1,725	1,573	1,731
Grand Total	1,438	1,391	1,363	1,690	1,431	1,740	1,580	1,744

Annual Survey

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

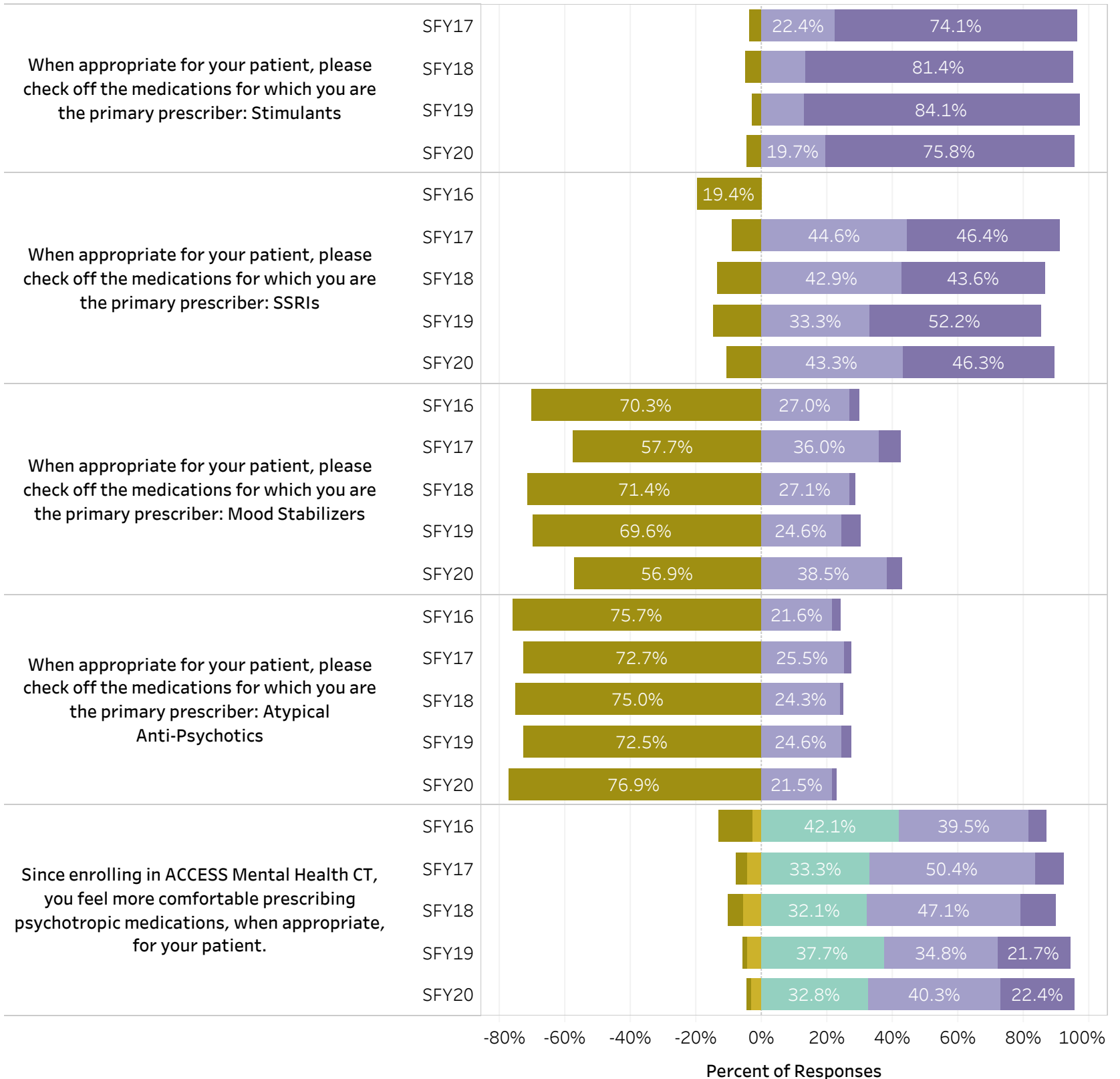
Access to and Use of ACCESS MH Services



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'20 annual surveys, practice onsite visits, and case-specific consultations throughout the year.

Quotes from enrolled PCPs:

"ACCESS Mental Health CT has transformed our practice! Prior to using this service, I spent endless hours on the internet trying to compile lists of therapists for my patients, and this was often a futile endeavor. My patients now have uniformly connected to therapy with positive results. The tenacity of follow-up from my HUB is amazing, taking this burden from me and ensuring the safety of my patients. The education and support I have received is amazing, enhancing the care of my patients. I am and will be forever grateful for AMH. Especially in the days of this pandemic, their services have been immensely important for children and adolescents." ~PCP, Wheeler Clinic Hub Team Area

"AMH has been a godsend. Especially during the pandemic. I have come to rely on my trusted colleagues for collaboration, support and continued teaching. Thank you all so much!!" ~PCP, Yale Hub Team Area

"How high do the ratings go? From 0-10, I'd give AMH a 12!" ~PCP, Yale Hub Team Area

"ACCESS Mental Health allows me to practice and treat so many kids with mental health problems as they are there to support me with medication management, diagnostic workups, and connecting my patients to local resources. I could NOT practice without them!!" ~PCP, Wheeler Clinic Hub Team Area

"I would rate my overall experience with ACCESS Mental Health CT- excellent, indispensable, fantastic, extremely helpful, and dependable. I would like to send a huge thank you to Dr. Stubbe, Nancy and the whole AMH staff. They helped me a ton with guidance and recommendations for my patients' mental health issues (it just "exploded" during this COVID pandemic) whenever I needed (and I needed a lot!); also I would like to send a huge thank you for the Zoom meetings, these meetings were very informative but mostly "therapeutic" for myself, I didn't feel "isolated and alone" in this craziness, so the Zoom meetings "rescued my mental sanity", I really felt we were supporting each other, even though I didn't show my face, but I was there and I love it!" ~PCP, Yale Hub Team Area

"Coming from a state that did not have a program similar to ACCESS Mental Health, I have really loved the service. Especially as a new provider to the area, it has helped me find my patients access to psychiatrists and therapists when needed, without me having to build up my own referral list. Thank you for all you are doing, it is an invaluable service." ~PCP, Wheeler Clinic Hub Team Area

"We are so grateful to AMH, you are always there for us. Thank you for being so persistent." ~PCP, Hartford Hospital Hub Team Area

"A welcome beacon in the desert of inadequate mental health access to care; a safety net that I can rely on when I am faced with a patient who needs more than I can provide. I always look forward to discussing my patients plight with Drs. Sahani and Miller" ~PCP, Wheeler Clinic Hub Team Area

"I appreciate both the timely consult and coordination available. I think a little more focused teaching would be helpful." ~PCP, Hartford Hospital Hub Team Area

"AMH has been a life saver. At a time that behavioral health needs have been a priority, AMH has been there to help me and my patients. I am grateful and indebted." ~PCP, Yale Hub Team Area

"Thank you so much for taking my call. You guys don't realize how helpful this service is for us." ~PCP, Hartford Hospital Hub Team Area

"It has been and continues to be an excellent experience. Without AMH, Wheeler Team, it would be impossible for me to take care of the mental health needs of my pediatric patients. Thank you so much!!" ~PCP, Wheeler Clinic Hub Team Area

"Really helpful with both care coordination and medication consults. Also appreciate how you try to follow up and try to reach patients" ~PCP, Hartford Hospital Hub Team Area

Program Feedback

Quotes from enrolled PCPs (continued):

"Appreciate the timely help, especially with medication management and access to community services when needed. Outstanding resource, essential to our practice!!!" ~PCP, Wheeler Clinic Hub Team Area

"I am so appreciative of ACCESS Mental Health. You guys have helped me and many of my families." ~PCP, Hartford Hospital Hub Team Area

"ACCESS Mental Health has been very helpful and has allowed me to feel much more comfortable treating more complex psychiatric disorders. I still feel, however, that access to trained psychiatrists for diagnosis and treatment management is often necessary but hard to come by." ~PCP, Hartford Hospital Hub Team Area

"Excellent, timely, very helpful and informative. AMH definitely helps me to provide better mental health care to patients. It is a wonderful program." ~PCP, Yale Hub Team Area

"Very helpful with case formulations, med discussions, and getting access to services for patients. Would love to partner with behavioral health site to provide easier access for referrals." ~PCP, Hartford Hospital Hub Team Area

"Excellent - I call them several times a month. Could not do without them." ~PCP, Hartford Hospital Hub Team Area

"Good experience, but identifying specific problems is sometimes difficult. Perhaps monthly class instruction perhaps during lunch time." ~PCP, Hartford Hospital Hub Team Area

"Excellent. It is especially helpful in locating therapists for my patients when my patient has been unable to." ~PCP, Yale Hub Team Area

"ACCESS providers have been instrumental in my practice!!! They guide me in the administration of care of the various psychiatric illnesses affecting children today which are in my opinion EPIDEMIC!" ~PCP, Wheeler Clinic Hub Team Area

"When I have called, the staff and psychiatrist have been extremely responsive and helpful. I had a very difficult to manage autistic patient who received a psychiatric consult quickly after having tried a long time to get that done." ~PCP, Wheeler Clinic Hub Team Area

"Excellent program. I feel that I should use it more than I do." ~PCP, Yale Hub Team Area

"As primary care providers, having no psychiatric support in the area, we have welcomed ACCESS mental health." ~PCP, Hartford Hospital Hub Team Area

"I appreciate the ease to speak with a child psychiatrist and their help is very valuable." ~PCP, Wheeler Clinic Hub Team Area

"Excellent. It's still the paucity of child mental health providers in the region, the abysmal insurance coverage of mental health services, and the long wait times for mental health evaluations that constitute the major obstacles to care." ~PCP, Yale Hub Team Area

"Great experience so far! It has been really helpful to speak with a pediatric psychiatrist over the phone regarding medication management of ADHD and depression." ~PCP, Wheeler Clinic Hub Team Area

"My experience has been excellent. I have felt very supported. Thank you to everyone!" ~PCP, Yale Hub Team Area

"We don't use ACCESS Mental Health CT much, but when we've needed to, it's been timely and thorough." ~PCP, Wheeler Clinic Hub Team Area

"Extremely high. Immediate attention and advice. Sometimes they have been the only resource I can find for my patients." ~PCP, Yale Hub Team Area

Program Feedback

Quotes from enrolled PCPs (continued):

"Wonderful! They provide expert advice and also are great with helping families finding mental health providers for therapy. It is a fabulous service for pediatricians and families. They are filling such a need. Thank you." ~PCP, Yale Hub Team Area

"This is really helpful. I learn something every time I call!" ~PCP, Wheeler Clinic Hub Team Area

"You (ACCESS Mental Health) are truly an invaluable resource for us. When I talk to other pediatricians, we don't know how we used to manage to do things without you." ~PCP, Wheeler Clinic Hub Team Area

"You guys are awesome. I never had any problem reaching you, you answer right away and are always helpful." ~PCP, Wheeler Clinic Hub Team Area

"Thank you so much for taking the time to speak with me. I have learned so much." ~PCP, Hartford Hospital Hub Team Area

Quotes from Youth and Families:

"Thank you. Thank you for everything. I mean it. If you guys did not keep calling me every week to check in, I wouldn't have done it. I appreciate what you have done for my family." ~Parent, Hartford Hospital Hub Team Area

"You have been wonderful. You are one of the few people who really follows through with everything." ~Parent, Wheeler Clinic Hub Team Area

"The referral was great! It was a perfect fit. I really appreciate your help and follow up." ~Parent, Wheeler Clinic Hub Team Area

"Thank you so much for calling me. I haven't scheduled the appointment yet, but if it wasn't for your follow up calls, I would forget. Please call me next week to keep me on track." ~Parent, Hartford Hospital Hub Team Area

"Dr. Basu was really nice and I liked how the PCP called me immediately to discuss the medication recommendations." ~Parent, Hartford Hospital Hub Team Area

"I am very appreciative of your services. Thank you for checking in on my family." ~Parent, Hartford Hospital Hub Team Area

"The face to face evaluation went great and we got a lot out of it. Dr. George was so nice and got a really good handle on our family dynamics which we appreciated. She obviously spoke to the PCP immediately because he called us that same night, which was incredible." ~Parent, Hartford Hospital Hub Team Area

"You guys are awesome, thank you for the follow up!" ~Parent, Hartford Hospital Hub Team Area

"This is so good, what a great resource." ~Parent, Hartford Hospital Hub Team Area

"Dr. Namerow is just fabulous. I was very happy with the evaluation. I already connected with my PCP and my son will be starting the recommended medication tomorrow." ~Parent, Hartford Hospital Hub Team Area

"Thank you so much for checking in." ~Parent, Hartford Hospital Hub Team Area

"Maria, I appreciate what you and Jasmine have done for me. You guys have been wonderful." ~Parent, Hartford Hospital Hub Team Area

"I have to tell you I am very impressed with AMH. Signy was wonderful and you are as well!" ~Parent, Yale Hub Team Area

"Muchas, muchas, muchas, muchas gracias!" ~Parent, Yale Hub Team Area

Program Feedback

Quotes from ACCESS Hub Teams:

"Cross coverage when started a few years ago took some time to start working seamlessly. After initial glitches of connecting primary care physicians from different Hubs, it has enriched the program. Working with primary care providers from different hubs with different styles of working helps in communicating. Interacting with more primary caregivers has led to discussions which has helped me as a child psychiatrist be aware of issues that primary care physicians face in their clinical setting. Working in different geographical areas of the state, with different availability of resources, finding behavioral health services for patients has been challenging and fulfilling at the same time." ~Hub Team Psychiatrist

"Hearing the gratitude from many providers across hubs for Access MH's availability and responsiveness despite the public health crisis has been really encouraging in these times. PCPs have expressed relief that we remain their partners in these times and to me this really has reinforced the importance of the service that we provide to our pediatric colleagues." ~Hub Team Psychiatrist

"It has been a pleasure working directly with PCPs, providing support and psychoeducation not only on medication management but also with patient and family dynamics and challenges. I truly feel the appreciation from the PCPs and how they are better able to support their patients" ~Hub Team Psychiatrist

"During the short time that I have been working with Access MH, it has been a rewarding experience thus far. PCPs have been very appreciative for not only direct guidance regarding medication consultation and treatment planning, but also for the existence of this resource (Access MH) and the assistance that it provides with care coordination. The team works very cohesively and extremely supportive of each other. There is never any hesitation when requests are made for collaboration or coverage. I have experienced willingness on the part of my colleagues to brainstorm together, share their opinions and uplift each other during challenging situations." ~Hub Team Psychiatrist

"Many PCPs were pressed to handle more psychiatric issues than they had before COVID, so they depended on and appreciated our support all the more. They also had much more difficulty finding appropriate mental health referrals for their patients in need as many were closed, and the PCPs did not know which were seeing patients and which were not. I project that there will be an increase in psychiatric problems towards the end of the summer as more and more patients are negatively impacted by lack of structure, excessive screen time, decreased socialization, and unregulated sleep. I also anticipate a spike in calls in September and October, when patients who have not been in school for many months are forced to return and expectations increase sharply. This is typically a difficult time, but it will be more so for many youth whose social anxiety would have increased in the months of quarantined, and will be put to the test with return to school." ~Hub Team Psychiatrist

"I was very excited for the opportunity to join our AMH team this year and be able to support them in the wonderful work they do. It has certainly been a busy year, full of staffing and program transitions due to attrition and the COVID-19 Pandemic. The flexibility, humor, dedication, patience, and expertise of our hub team allowed the integrity of the program to remain intact while seamlessly navigating these transitions. It has been a pleasure to witness the great work this team does each day. They are providing an invaluable and highly needed service to Pediatricians and their patients." ~Hub Team Administrator

"I think AMH is truly an innovative and invaluable service for families. I believe that we help parents and families feel less overwhelmed and intimidated when trying to navigate the behavioral health/mental health system. We don't just provide resources, we become their support system and their advocates to help get the best care for their families." ~Hub Team Clinician

Case Vignettes

The following vignettes were provided by the Hub teams as part of their SFY'20 annual assessment submissions to Beacon's Central Administrative Team

Case #1

PCP called AMH at the beginning of the school year with medication questions relating to a nine-year-old adopted male with a history of perinatal drug exposure and diagnosed with attention deficit/hyperactivity disorder (ADHD). The patient had a poor response to medication trials in terms of significant adverse effects and minimal, if any, benefit from two medication trials. The patient had previously been followed by one of the senior physicians of the practice who felt comfortable prescribing psychotropic medications, but had since retired. The diagnosis of ADHD had previously been confirmed by neuropsychological testing. He was first started on Concerta (methylphenidate stimulant medication) three years ago with equivocal response and adverse effects. He was switched to Vyvanse (amphetamine salt stimulant medication) when he started school, but it was evident it was not helpful. In addition to lack of efficacy, treatment was complicated by multiple adverse reactions including emergence of tics, decreased appetite with weight loss and growth suppression. Side effects were attempted to be treated using dosage changes, appetite stimulants and human growth hormone prescribed by a pediatric endocrinologist. PCP initially called Access Mental Health (AMH) requesting referral to a psychiatric provider as he felt the clinical needs exceeded his skillset. However, after discussion, we agreed to a face-to-face consultation with the Hub team psychiatrist to clarify diagnosis and provide treatment recommendations.

The face-to-face consultation confirmed the diagnosis of ADHD as well as tic disorder predominantly co-occurring with stimulant treatment (r/o Tourette's) and mild situational anxiety. After discussion of the diagnosis and medication strategies, the PCP was willing to continue to prescribe with continued AMH Hub team support.

During our discussions, the PCP noted that there had been a significant turnover in the practice. Three senior pediatricians had recently left the practice. Those pediatricians were more comfortable with diagnosing mental health issues and prescribing psychotropic medications. The newer PCPs felt much less familiar with assessment and management of mental health issues and felt they did not have the skillset needed. As a result, the Hub team psychiatrist provided an in-office training with the topic of addressing ADHD in primary care settings with an additional focus on medication management of cases complicated by non-responders or adverse effects.

This vignette illustrates how the various portions of the AMH program work together and have significant impact on the mental health skillset of primary care providers, improving access to care as well as quality of care within the primary care practice. Our surveys found that practitioner turnover was a major factor in decreased utilization. Additionally, the in-office trainings allow a greater comfort of practitioners with AMH staff and subsequent willingness to stretch and enhance their skillset with AMH support.

Case #2

In June of 2020, a PCP called AMH to consult on an eight-year-old white male presenting with an increase in aggressive outbursts at home. His behavior had been escalating, likely due to lack of structure at home since the COVID-19 shut-down. He was reportedly not listening and not following his parents' instructions. His behavior regression was characterized by throwing his toys and household objects or by hitting his parents. At school, he receives Section 504 Accommodations due to disruptive behavior and anxiety, behaviors which are now increasingly present at home. The Section 504 plan was put in place to help him manage his emotions more adaptively within the school setting. Additionally, he was described as having a history of poor ability to read social cues and few friends at school. He also reportedly had sensory issues around his food and clothing. On a positive note, his parents report that people gravitate towards him due to his charismatic demeanor, "he knows how to make everyone laugh, he enjoys dancing and loves life."

He is an only child. His father is a local police officer and his mother had her own hair salon. Since the pandemic of COVID-19, his mother has had to close her business and is home full-time while his father has been picking up extra shifts and working overtime. His mother reported her own history of anxiety. She noted that her anxiety "has gone through the roof" since COVID-19. The parents reported that the whole family system is under stress because of the changes occurring with the pandemic. His parents attempted to create structure at home and arrange socially distanced play dates. He has perseverated on wanting siblings. When he is calm and "on," his parents report that he is articulate and charming. When he is frustrated, he reacts angrily and impulsively.

Case Vignettes

Case #2 (continued)

The AMH Hub team called the family and discussed their thoughts and concerns. The family and PCP discussed wanting an additional assessment for him, to give diagnostic impressions and suggestions for therapy. The consulting Hub psychiatrist discussed preliminarily with the PCP the potential of a recommendation for medication. The PCP stated he would be comfortable starting medications, if needed, to support him. The face-to-face evaluation took place via telehealth platform. He was reluctant to engage initially. He later was more engage-able, showing the evaluators his pets, and flitting from activity to activity. He was hyper-motoric and became increasingly silly. He was preoccupied with video games and asked his mother if he could play with them repeatedly during the assessment. Eye contact was intermittent. He was quite conversant when talking about “Roblox” video game. The AMH Hub team gave the diagnostic impression of attention deficit hyperactivity disorder (ADHD), an anxiety disorder, and possibly an autism spectrum disorder (ASD - Asperger’s Syndrome/mild ASD). Individual or group therapy, Parent-Management Training, and possibly medication for ADHD and Anxiety, were recommended.

The AMH Hub team was able to quickly connect the family to a local mental health clinic. The parents were very pleased with the ACCESS mental health evaluation, and shared it with their new treatment providers. The parents weren’t sure if they wanted him to take medication yet, and were going to engage in therapy while they assessed this further. The PCP agreed that he may consider a trial of guanfacine (alpha-2 agonist/non-stimulant used for ADHD and tics) for ADHD and anxiety/sleep issues. The coordination with the trusted pediatrician was comforting to the family, and they, and the PCP were comforted to know that the PCP can call back to consult for additional support from AMH, as needed. This vignette provides a demonstration of the multiple stressors impacting families and children during the pandemic.

Case #3

A 13-year-old girl who was struggling to function at school and home was referred to AMH for a one-time face-to-face evaluation to help with diagnostic clarification as well as treatment recommendations. The family was in distress and requested that the evaluation occur in person despite concerns about the ongoing public health crisis. This request was accommodated with preventive measures taken to decrease any risk of exposure to family or staff such as health assessment screens, temperature checks, sanitation measures, etc. Patient received an extensive psychiatric evaluation and was diagnosed with history of significant depression, anxiety with underlying concerns about inattentive ADHD. Both the family and the primary care physician were provided with treatment recommendations to help this child. Family was also provided psychoeducation to help them understand patient’s symptoms and behaviors. The detailed written report as well as verbal communication with pediatrician was completed the day of the evaluation. A day later, the family was contacted by the pediatrician’s office and the patient started on medications based on recommendations from the evaluation.

The family expressed their gratitude for the smooth and seamless process as well as quick turnaround time from assessment to treatment. The Pediatrician expressed confidence in the evaluation report and recommendations provided by the AMH team and felt no hesitation in putting the plan into action. Thus, ACCESS Mental Health successfully partnered with the pediatrician’s practice in providing thoughtful and timely care for their patients. It is notable that this was achieved during the current public health crisis and that this crisis did not in any way impact care.

Definitions

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

Consultative Activities/Type of Call are grouped by:

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

Encounter System: a secure, HIPAA-compliant online data system that houses structured electronic forms. Hub staff enter information provided by the PCP for every encounter/consultative activity into this online database. The encounter data fields include: the date, the primary care practice/provider from which the call originates, demographics of the youth subject of the call, encounter type, response time, reason for contact, presenting mental health concerns, diagnosis, medication, and outcome of the call.

Enrollment: a formal relationship between the primary care practice and Hub team formed after the Hub psychiatrist meets with the primary care practice's medical director and any PCPs available for an on-site visit. At that time the Hub team psychiatrist explains what the program does/does not provide and an enrollment agreement form is signed.

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

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

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

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

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

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

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

Acronyms

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

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

Definitions

The Five Connecticut's Methodology

Created by UCONN's Center for Population Research, the Five Connecticut's provides a way to more fairly compare communities across the state using three sociodemographic factors: population density, median family income, and poverty.

The creators of this model (see citation below) state that "[it] is well documented that race, ethnicity, poverty, education, housing, and many other social and economic indicators are not balanced throughout the state." As a result, this measure allows for more adequate comparisons to be made across the state.

Please see the table below for the original study's racial and ethnicity breakdown when using the three sociodemographic factors:

Town Grouping	No. of Towns (2000)	Total Pop (2000)	Race/Ethnic Profile (2000)	Sociodemographic Factors		
				Population Density	Median Family Income	Poverty
Group 1 - Wealthy	13	184,437	91.9% White 3.4% Hispanic 1.2% Black	Moderate	Exceptionally High	Low
Group 2 - Suburban	61	894,213	93.2% White 2.4% Hispanic 2.3% Black	Moderate	Above Average	Low
Group 3 - Rural	63	457,770	93.4% White 2.4% Hispanic 2.2% Black	Lowest	Average	Below Average
Group 4 - Urban Periphery*	30	1,222,572	78.5% White 8.9% Hispanic 2.2% Black	High	Below Average	Average
Group 5 - Urban Core	7	641,573	42.3% White 26.9% Hispanic 27.3% Black	Highest	Lowest	Highest

*The racial/ethnic composition of Group 4 – Urban Periphery is most similar to the statewide averages.

View the towns associated with each of the Five Connecticut's on the next dashboard.

Citation: Levy, Don, Orlando Rodriguez, and Wayne Villemez. 2004. The Changing Demographics of Connecticut - 1990 to 2000. Part 2: The Five Connecticut's. Storrs, Connecticut: University of Connecticut, Center for Population Research, CPR Series, no. OP 2004-01.

Definitions

The Five Connecticut's Town Groupings:

<u>Rural</u>	<u>Suburban</u>	<u>Urban core</u>	<u>Urban periphery</u>	<u>Wealthy</u>
Andover	Avon	Bridgeport	Ansonia	Darien
Ashford	Barkhamsted	Hartford	Bloomfield	Easton
Beacon Falls	Berlin	New Britain	Branford	Greenwich
Bethlehem	Bethany	New Haven	Bristol	New Canaan
Bozrah	Bethel	New London	Danbury	Ridgefield
Brooklyn	Bolton	Waterbury	Derby	Weston
Canaan	Brookfield		East Hartford	Westport
Chaplin	Burlington		East Haven	Wilton
Colebrook	Canton		Enfield	Woodbridge
Cornwall	Cheshire		Groton	
Coventry	Chester		Hamden	
Deep River	Clinton		Manchester	
East Haddam	Colchester		Meriden	
East Lyme	Columbia		Middletown	
East Windsor	Cromwell		Milford	
Eastford	Durham		Naugatuck	
Goshen	East Granby		Newington	
Griswold	East Hampton		Norwalk	
Hampton	Ellington		Norwich	
Hartland	Essex		Plainville	
Harwinton	Fairfield		Rocky Hill	
Kent	Farmington		Stamford	
Killingly	Glastonbury		Stratford	
Lebanon	Granby		Torrington	
Ledyard	Guilford		Vernon	
Lisbon	Haddam		West Hartford	
Litchfield	Hebron		West Haven	
Mansfield	Killingworth		Wethersfield	
Montville	Lyme		Windham	
Morris	Madison		Windsor Locks	
New Milford	Marlborough			
Norfolk	Middlebury			
North Stonington	Middlefield			
Plainfield	Monroe			
Plymouth	New Fairfield			
Pomfret	New Hartford			
Portland	Newtown			
Preston	North Branford			
Putnam	North Haven			
Scotland	Old Lyme			
Seymour	Old Saybrook			
Sprague	Orange			
Stafford	Oxford			
Sterling	Prospect			
Stonington	Redding			
Thomaston	Salem			
Thompson	Shelton			
Union	Sherman			
Voluntown	Simsbury			
Warren	Somers			
Washington	South Windsor			
Waterford	Southbury			
Willington	Southington			
Winchester	Suffield			
Woodstock	Tolland			
	Trumbull			
	Wallingford			
	Watertown			
	Westbrook			
	Windsor			
	Wolcott			
	Woodbury			