



# **ACCESS** **Mental Health CT**

## **ANNUAL PROGRESS REPORT**

SFY 2021: July 1, 2020 - June 30, 2021



Report prepared by Beacon Health Options for the Department of Children and Families  
Submitted August 25, 2021

# Acknowledgements

State Fiscal Year 2021: July 1, 2020 - June 30, 2021

## Submitted by:

Lori Szczygiel, President of CT Market

## Created by:

Andrea Goetz, Chief Administrative Officer, Child & Family Division

David Aversa, MD, MPH, Chief Medical Director, Child & Family Division

Elizabeth Garrigan, LPC, Director, ACCESS Mental Health

Amanda Stango, MHA, Data Analyst

Carol Miranda, MPP, Data Analyst

Michael Barron, Connecticut Data Analytics & Reporting Team Lead

## Report Contributors:

Jay Palica, LPC, Director, Quality Analytics and Data Visualization

Christopher Bory, PsyD, AVP, Advanced Analytics and Data Visualization

Robert Plant, PhD, SVP, Analytics and Innovation

For inquiries, comments, or questions related to this report please contact Elizabeth Garrigan at [elizabeth.garrigan@beaconhealthoptions.com](mailto:elizabeth.garrigan@beaconhealthoptions.com)



A Beacon Health Options-CT Dashboard

Hub Service Areas

Executive Summary

Annual Narrative

Enrollment

Map of Enrolled Practices

Youth Demographics

- Statewide

- Hub Teams

- Race and Ethnicity Statewide Comparison

Consultative Activities

- Statewide

- Hub Teams

Primary Care Prescribing

- Statewide

- Hub Teams

Practice Utilization

- Statewide and Hub Quarterly Utilization Rates

- Practice Specific Utilization

- Volume of Youth Served by Practice

Practice Non-Utilization

Program Satisfaction

- PCP Satisfaction

- Annual Survey

- Program Feedback

Case Vignettes

Definitions

### 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, 2020 through June 30, 2021 (SFY 2021); in some metrics, totals covering the entire length of the program or "since inception" June 16, 2014 through June 30, 2021 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.

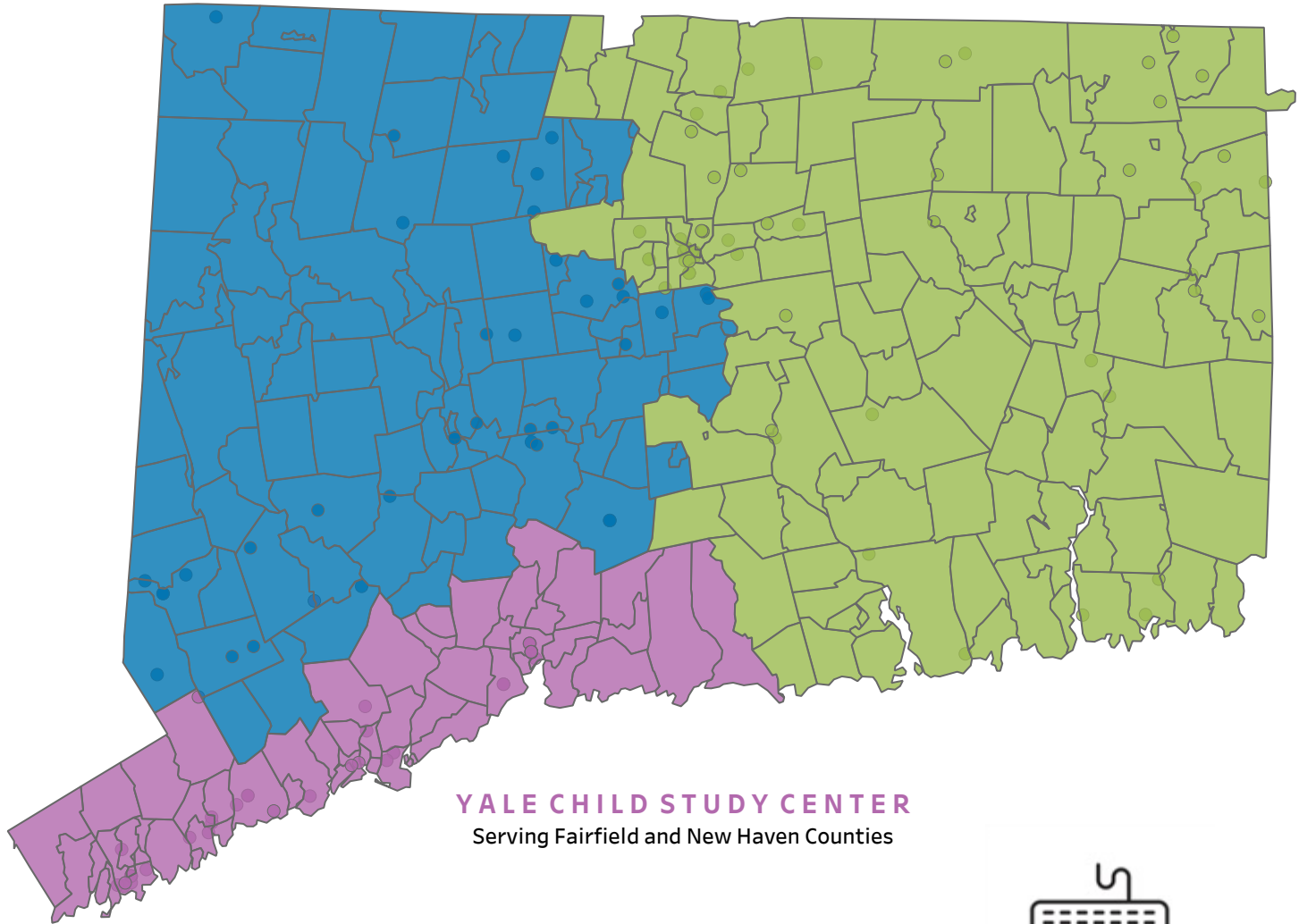
# Hub Catchment Areas

## 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

© 2021 Mapbox © OpenStreetMap

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](http://www.accessmhct.com)

### Executive Summary

As the ACCESS Mental Health CT program wraps up its seventh 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'21). Enrollment remains 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 as the state continues to navigate through the COVID-19 pandemic. For example, one of the PCP's enrolled in the program shared in the SFY'21 Annual Survey, "ACCESS Mental Health CT has been a lifeline for children, adolescents, and their families. The numbers of struggling children and families has soared during the past few years, and has only worsened with the pandemic. I am screening for behavioral health at every well visit and also when an issue is raised. The role of the general pediatrician has markedly changed over the years and we are doing more and more behavioral health. Had it not been for the support and training I have received from the child psychiatrists at AMH, many of my patients would not be receiving the care that they desperately need. I am a far better pediatrician because of ACCESS Mental Health. Please keep up the training webinars. I also am ever so grateful for all of the support and guidance given to me by the psychiatrists when I call them... CT children and their primary care providers are fortunate to have this service."

With the highest annual volume reported since the program started in 2014, the ACCESS Mental Health Hub teams provided 52% more consultations supporting 31% more youth and families during this state fiscal year compared to last. The age of youth continues to range 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; however, they continue to call requesting much needed support for their young adult patients. In June 2021, the Department of Children and Families collaborated with Beacon to submit a federal grant application for the "American Rescue Plan Act – Pediatric Mental Health Care Access- New Area Expansion", an opportunity offered by Health Resources and Services Administration (HRSA). If awarded, this five-year federal funding opportunity will allow the program to expand services to PCPs treating young adults 19 to 21 years of age. HRSA is expected to announce awardees in September 2021.

While consultation volume and volume of youth served have reached an all-time program high, program utilization has had little variation in the past four fiscal years (47% of practice groups used the program in SFY'21). The core group of pediatricians and family care physicians who have come to rely on the program for support continue to utilize it. Consultations between physicians are helping to identify, assess, and triage youth in need. Youth are appropriately triaged based on the capacity and comfortability of the PCPs accessing the program. When appropriate, more youth are staying with their PCP as their primary prescriber of psychotropic medication. For those youth that look outside of their PCP for medication management, they are being referred to specialty psychiatric services in the community. Another PCP shared in this year's annual survey, "AMH has been transformative for me and my partners. We have been better able to serve our families in need, especially during this MH epidemic, with the support of our hubs. Our patients and families are much better off due to the support you provide. Thank you!!"

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.

### 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. For the first time this year, the program used a supplemental report provided by the Department of Public Health generated directly from an online database called the CT WiZ System. The CT WiZ system is a statewide immunization information system designed to track immunizations administered in public health settings. While this new report is a good source for identifying and locating primary care sites across the state, regular outreach by the Hub teams is also needed to identify, update, and track practice site and PCP changes as they occur. Given the impact of COVID-19 and potential changes to the primary care landscape, the Hub teams completed a formal review of the eligible and enrolled primary care sites at the start of Q3 SFY'21.

As the program ends its seventh operational year, a total of 429 pediatric and family care practice sites were identified as eligible for enrollment and approximately 82% (353 out of 429) of eligible sites were enrolled statewide as of June 30, 2021. While this is a decrease when compared to last state fiscal year (85%, SFY'20), this change was expected. Not only did the Hub teams receive a new report generated from DPH's online system, 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.

Approximately 62% of the enrolled practice sites were identified as pediatric, all of which are equally distributed throughout the Hub teams. Approximately 34% 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 76% (144 out of 189) of the total eligible practice sites within their designated service area. Wheeler Clinic enrolled 87% (103 out of 118) of their total eligible practice sites and Yale Child Study Center enrolled approximately 87% (106 out of 122) 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 18% (76) 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'21. 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, 2021, enrolled PCPs contacted their respective Hub teams requesting consultation for 8,706 unique youth presenting with mental health concerns.

In SFY'21, the program served a total of 1,896 unique youth. This is a 31% increase (449 youth) in volume when compared to the previous state fiscal year (1,447 unique youth in SFY'20) and is the highest annual volume of youth served since inception of the program.

Adolescents 13 to 18-years old represented the majority with approximately 50% (944 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% (644 youth) and approximately 7% (129 youth) of the total volume of youth served in SFY'21 were under the age of six.

While the program is designed to support youth under the age of 19 years, PCPs continue to request support for young adults. In SFY'21, the Hub teams supported 179 young adults 19 years and older (9% of the total volume); this is a 47% increase in volume when compared to last state fiscal year (SFY'20; 122 young adults served). Additionally, the Hub teams supported two adults this year.

Youth Demographics (continued) : In March, a PCP called requesting psychiatric consultation and care coordination support for her 55-year-old patient in crisis. In May, a PCP called the Hub team psychiatrist requesting medication consultation for a 27-year-old non-verbal male with a rare developmental disorder that causes developmental delays and intellectual disabilities (Cri du chat syndrome). On both occasions, the Hub teams provided psychiatric consultation and care coordination support.

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. Again, 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.

In June 2021, the Department of Children and Families worked together with Beacon to submit a federal grant application for the “American Rescue Plan Act – Pediatric Mental Health Care Access- New Area Expansion”, an opportunity offered by Health Resources and Services Administration (HRSA). If awarded, this five-year federal funding opportunity will allow the program to expand services to PCPs treating young adults 19 to 21 years of age. HRSA is expected to announce awardees in September 2021.

Approximately 7% (134) of the youth served by the program in SFY’21 were noted by the PCP to have DCF involvement. While this is a 13% increase when compared to the youth noted to have DCF involvement in SFY’20 (8% or 119 youth) it is still remarkably low compared to the volume of DCF youth noted in previous years. As new programs continue to 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 to continue to decrease over time.

Of the 1,896 unique youth served in SFY’21, the majority of youth served across all age groups were White (74% or 1,407 youth), with approximately 12% (228) Black youth, 3% (55) Asian youth, 6% (122) identified as other, and 4% (84) of youth served by the program were identified as unknown. Approximately 15% (292) of youth served by the program were Hispanic youth.

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.

Based on 2019 American Community Survey population estimates, the United States Census Bureau reported that approximately 63% (580,509 out of 922,458) of youth from birth through 19 years of age living in Connecticut were White, non-Hispanic youth, 22% (198,417 out of 922,458) were Hispanic youth, 11% (104,756 out of 922,458) were Black, non-Hispanic youth, and 4% (38,776 out of 922,458) were Asian, non-Hispanic youth.

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 served by the program identified as “unknown” in SFY’21 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” are removed from this analysis; shifting the total number of youth served to 1,785, so that a clean comparison can be made to the groups identified on the 2019 Census projections.

As indicated above, the majority of youth served by the ACCESS Mental Health program in SFY’21 were White, non-Hispanic youth (69% or 1,231 out of 1,785 youth). This is a disproportionate over-representation when compared to the total volume of White, non-Hispanic youth living in Connecticut. The volume of Black, non-Hispanic youth served by the program statewide in SFY’21 (12%; 210 out of 1,785 youth) is comparable to the 2019 Census projections. Of the youth served by the program in SFY’21, approximately 16% (292 out of 1,785) 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’21 (3% or 52 out of 1,785 youth) were also slightly under-represented when compared to the 2019 Census projections. Similar patterns can be seen in previous state fiscal years.

The under-representation of Hispanic and Asian, non-Hispanic youth served by the ACCESS Mental Health program reported above is notable. However, it is important to continue 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 (1,785 compared to 922,458) 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. As noted in last year's annual report, 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.<sup>[1]</sup> 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'21, approximately 38% (725 out of 1,888) of youth served by the program came from Suburban communities with a slightly above average median family income and approximately 39% (739 out of 1,888) 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% (210 out of 1,888) of the total youth served by the program coming from communities with high poverty (Urban Core) and only 3% (65 out of 1,888) of the total youth served coming from Wealthy communities. This is comparable to previous state fiscal years and remains reasonable to assume families who can afford to pay out of pocket for specialty psychiatry will not seek behavioral health care from their pediatrician. In addition, families with fewer means and limited access are more likely to rely on urgent care and school-based clinics.

While some primary care practices across the state have not added behavioral health screening tools as a standard during well child visits, many have. Approximately 94% of enrolled PCPs who responded to the program's annual survey this year answered "often" when asked about the frequency in which they use a standardized behavioral health-screening tool during well child visits compared to 76% in SFY'17. 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. In addition, the Hub teams will continue to include mental health focused trainings with a health equity lens throughout the next state fiscal year. For example, Dr. Gurender Sahani is already preparing October's topic focused on "Understanding and Addressing Cultural Barriers to Meeting the Behavioral Health Needs of Asian Families".

**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, 2021, the Hub teams have provided 46,708 consultative activities supporting PCPs treating youth within their primary care practice. This is an increase of 9,898 encounters since last state fiscal year when the program to date total was noted as 36,810 consultative activities.

The Consultative Activities dashboard shows the statewide volume of consultations over seven years of programming depicting annually, quarterly, and monthly comparisons. In SFY'21, the program provided a total of 9,898 consultations with an average of 825 consultations per month and an average of 2,475 consultations per quarter. This is a 52% increase (3,392 consults) from last state fiscal year when the program provided a total of 6,506 (SFY'20) and is the highest annual volume since program inception.

<sup>[1]</sup> 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):** Hartford Hospital provided the highest volume of consults in SFY'21 with a total volume of 3,547 consultations or 36% of the total statewide volume. This is an increase of approximately 49% (1,160) in volume of consultations when compared to the volume of consultations provided by Hartford Hospital last state fiscal year (2,387 in SFY'20). Wheeler Clinic provided approximately 33% (3,287 out of 9,898) of the total statewide volume. This is also an increase of approximately 33% (821) in volume of consultations when compared to the volume of consultations provided by Wheeler Clinic in SFY'20 (2,466). Yale Child Study Center provided approximately 31% (3,064 out of 9,898) of the total statewide volume of consultations this state fiscal year. However, Yale Child Study Center had the largest increase in volume of consultations with a remarkable increase of 85% (1,411) when compared to their consultation volume last state fiscal year (1,653 in SFY'20).

**Direct PCP Consultations:** Of the 9,898 consultations provided throughout the state in SFY'21, approximately 37% (3,643 consultations) were reported as direct contact with PCPs. This is a decrease of one percentage point as compared to SFY'20 (2,498 consultations, or 38%). This includes both initial inquiries and follow up phone calls to the PCP.

In SFY'21, per Hub team report, approximately 99% (1,970 out of 1,996) of initial PCP calls were answered by the Hub team's consulting psychiatrist within 30-minutes of the PCP's initial inquiry; 82% (1,636 out of 1,996) of which were connected directly at the time of the call. The program benchmark for year seven 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. Despite the remarkable increase in call volume noted this state fiscal year, the Hub teams still 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 work 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 61% (6,072 out of 9,898) of the total consultative activities for SFY'21 were activities related to care coordination and direct family support. This is an increase of one percentage point when compared to SFY'20 (60% or 3,894 consultations). However, it is important to note that while the program provided 52% more consultations this state fiscal year, the percent of direct PCP contact and percent of care coordination and direct family support in SFY'21 is comparable to SFY'20.

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'21, Hartford Hospital reported a total of 458 youth referred for care coordination and approximately 54% (247 out of 458) of youth and families confirmed that they successfully connected to their first appointment. Wheeler Clinic reported a total of 484 youth referred for care coordination this state fiscal year and approximately 51% (247 out of 484) of youth and families confirmed that they connected successfully. Yale Child Study Center reported a total of 476 youth referred for care coordination and approximately 60% (287 out of 476) 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: finding prescribers, 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):** However, the Hub teams reported an exacerbation of these barriers due to the pandemic. Youth already engaged with a private psychotherapist needing medication management had even more difficulty this year finding private prescribers across the state who accept insurance. Clinic-based medication management providers are often not an option unless the youth agrees to also receive psychotherapy at the clinic. The Wheeler Clinic Hub team noted this year, in particular, having more difficulty finding private prescribers who accept HUSKY or Oxford insurance in the western part of the state. The Hartford Hospital Hub team identified difficulties especially with finding PHP/IOP for youth between the ages 10 and 12 years of age, noting that many intermediate programs start at age 13 years; the few programs who treat this age group experienced longer waitlists. Wheeler Clinic Hub team reported particular difficulty connecting youth and families needing enhanced care clinic services in the Monroe, Newtown, and New Milford areas during this fiscal year.

Lastly, the Hub teams acknowledged the positive impact that telehealth has had for many youth and families across the state who feel comfortable utilizing a virtual platform and have access to technology. Telehealth has opened doors to providers, who in the past have not been available due to catchment area restrictions and/or barriers with transportation. However, telehealth has also been a barrier to care because many private practice providers are not providing in-person care. This has been extremely challenging particularly for young children under six, youth with cognitive limitations and executive functioning difficulties, and those who struggle to engage in virtual treatment.

**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 included both in-person assessments and virtual assessments using telehealth platforms, such as Microsoft Teams.

Approximately 1% (62 out of 9,898) of the total consultative activities in SFY'21 were one-time diagnostic and psychopharmacological assessments. This is comparable to SFY'20 (1%, 82 assessments). Hartford Hospital provided 26 assessments, 16 of which were telehealth assessments. Wheeler Clinic provided 20 assessments, 8 of which were telehealth assessments. Yale Child Study Center provided 16 assessments, 11 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.

**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 9,898 total consults provided in SFY'21, approximately 60% (5,909) were for youth with an identified commercial insurance plan, such as Aetna or Anthem CT; 40% (3,942) were for youth with HUSKY coverage and less than 1% (47) were identified as having no coverage at all. While there is some variation from year to year, the majority of the consultations provided across seven 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. Given the continued cost-effective value and the positive impact this program has had on Connecticut's children's behavioral health system of care, conversations with Anthem CT resumed in the Spring of 2021 to continue to explore 3rd party reimbursement for the ACCESS Mental Health program.

**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 seven full years of programming, enrolled PCPs contacted their respective Hub team psychiatrist requesting a medication consultation for 4,123 unique youth; 721 youth in SFY'21. Graphs showcasing the outcomes noted during the respective consultative episodes are highlighted in the Statewide and Hub PCP Prescribing dashboards.

**Primary Care Prescribing (continued):** For approximately 50% (357 out of 721) of youth whose PCP called to discuss medication in SFY'21, the resulting plan involved the PCP initiating or continuing as the primary prescriber. This is an increase of approximately 4% of youth when compared to the previous state fiscal year (344 youth in SFY'20) and an important indicator that the program is meeting the stated goal of supporting PCPs as they continue to prescribe. For example, one of the PCPs enrolled in the program shared in the SFY'21 Annual Survey, "The ACCESS Mental Health program is consistently helpful with medication consults. Thank you!"

A referral to a community psychiatrist was determined as the most appropriate plan of care for approximately 47% (337 out of 721) 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% (179 out of 337) of youth waiting to transition to a psychiatrist in their community. This is a 15% increase in youth when compared to the previous state fiscal year when PCPs agreed to act as an interim bridge prescriber for 155 youth in SFY'20. This continues to demonstrate a comfort level for the PCP related to prescribing, as well as improved continuity of care for the youth served.

Approximately 4% (27 out of 721) 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 seven 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. Approximately 324 practice groups were noted as active and enrolled in the system throughout this state fiscal year (SFY'21). 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.

**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'21, approximately 47% (153 out of 324) of the practice groups enrolled in the program statewide used the program at least once during the year. While this is a one-percentage point increase when compared to last state fiscal year's annual rate (46% SFY'20), the statewide utilization rate has had little variation in four years.

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. While in-person visits were put on hold due to the COVID-19 pandemic, visits with the practice sites occurred using a virtual platform this year.

In January 2021, quarterly utilization data was reviewed with the Hub teams and each team identified a minimum of three practice groups to visit who showed a change in utilization. Recognizing the significant toll the pandemic has had, particularly on vulnerable, traumatized, and at-risk children and families, the Hub teams focused their outreach on practices who utilized the program prior to the start of the pandemic, however did not use the program for ten months following (March 2020 through January 2021).

In summary, the outreach yielded several explanations for the change in utilization. As expected, there was a precipitous drop in patient contact noted by all practices during the COVID pandemic. However, some practices are still not back to full capacity. For example, Samaritan Health noted that their patient utilization has been slow to recover, with many patients still reluctant to make appointments. Several practices noted having psychiatric resources in-house, no longer needing to call the program for support.

**Practice Utilization (continued):** For example, Pediatric & Adolescent Medicine of Orange noted that the practice had been able to service patients' needs through their own care or referrals in the community. However, the practice also noted a change in acuity and severity in the mental health needs in their patients due to the pandemic and was appreciative of the reminder call. Subsequently, the practice called several times after the outreach. CHC of Danbury reported the decreased utilization was due to the development of integrated behavioral health including a psychiatrist and APRN on staff. The outreach reminded the practice to call the program as needed such as assisting with referrals outside of their program. Dr. Needleman's decreased utilization was due to her patient population "aging out" of the program's range as she has been reducing her practice and wishes the program could extend services to young adults. Lastly, staff turnover continues to be a contributing factor. 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'22 with targeted outreach to practices showing decreased utilization.

**Practice Specific Utilization:** The Provider Specific Utilization dashboard depicts 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 (28 quarters enrolled) and used every quarter since enrollment, their utilization rate equals 100% (28 quarters enrolled, 28 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, 2021, a total of 104 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 40% quarters utilized, 18 practice groups fell in the high utilization group of 80% or greater, four 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 49% quarters utilized, 19 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, 2021, a total of 75 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.

In SFY'21, a total of 56 practice groups utilized Hartford Hospital's Hub team, requesting support for a total of 595 youth. Two of the practice groups called for the first time in SFY'21. Middlesex Hospital Primary Care-Middletown enrolled in September 2014 and used the program for the first time in April 2021. Prakash Pediatrics enrolled in April 2015 and used for this first time in November 2020.

A total of 49 practice groups utilized Wheeler Clinic's Hub team in SFY'21, requesting support for a total of 714 youth. Three of the practice groups called for the first time. Western CT Medical Group Newtown Primary Care NuVance Health enrolled in July 2016 and used the program for the first time in July 2020. Both Trinity Health of New England Family Medicine Farmington Primary Care and Trinity Health of New England Medical Group Family Health Center enrolled and used the program during this state fiscal year.

In SFY'21, a total of 48 practice groups utilized Yale Child Study Center's Hub team, requesting support for a total of 580 youth. There were three practice groups that utilized the program for the first time this year, two of which became a newly enrolled practice in SFY'21 and used for the first time (Norwalk Community Health Center and Bridgeport Family Medicine). Andrew F Cutney, MD/NEMG enrolled in the program in July of 2014 and used the program for the first time in June of 2021.

**Practice Non-Utilization:** In Q3 SFY'21, the Hub teams were provided a list of their respective enrolled non-utilizing practice groups (58) 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 22% (13) of the enrolled practice groups 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 19% (11) 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 14% (8) 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. Approximately 10% (6) of the enrolled practice groups that had not yet utilized the program reported that they forgot the service was available to them and roughly 35% (20) 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.

**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'21, 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 seven 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 2021, the annual PCP satisfaction survey was sent to all enrolled primary care practice sites across the state. Outcomes of the survey as it compares to survey responses from the previous state fiscal years can be found in the Annual Survey dashboards.

Annual surveys were distributed via email and faxed to 318 primary care practice groups with the option to complete the survey online or fax to the Central Administrative team at Beacon. A total of 82 surveys were returned; approximately 21% (68 out of 318) of the practice groups completed at least one survey this year.

Approximately, 96% (79 out of 82) used the service prior to completing the satisfaction survey and 79% (65 out of 82) of the respondents said that they had often or sometimes used the service. It is important to note that approximately 4% (3 out of 82) of respondents reported to never have used the service and therefore submitted "not applicable" to the answers on the survey, and some respondents skipped questions on the survey.

Approximately 92% (73 out of 79) 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 four percentage points lower when compared to the previous state fiscal year (SFY'20, 96%). Approximately 97% (76 out of 78) reported receiving a consultation from their ACCESS Mental Health CT Hub team in a timely manner. Approximately 96% (75 out of 78) 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'21, approximately 94% (72 out of 77) of the total respondents reported often using standardized behavioral health screening tool(s) during well-child visits. This is a ten percentage point increase when compared to the previous state fiscal year (84% in SFY'20). Approximately 60% (47 out of 78) of respondents that used the program reported feeling more comfortable using screening tools since enrolling in the program. This is a decrease of four percentage points when compared to last state fiscal year (64%, SFY'20). Feedback provided by respondents regarding screening tools included that they appreciated that the Hub team was available in the event they had questions and could access help connecting their patients to treatment when needed.

**Program Satisfaction (PCP annual survey continued)**: When asked “when appropriate for your patient, please check off the medications (stimulants, SSRIs, mood stabilizers, atypical anti-psychotics) for which you are the primary prescriber”, approximately 73% (58 out of 79) 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 ten percentage point increase from last state fiscal year (63%, SFY’20). 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 85% (66 out of 78) 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 PCP 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 seven 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 practice-based education, conference-based lectures, hospital grand rounds, and/or webinars. Training topics covered this state fiscal year included: Impact of COVID-19 to the Mental Health of Adolescents, Suicidality and Self-Injurious Behavior, Treatment for Depression and Anxiety in Children & Adolescents, Internet and Screen-based Addiction: An Emerging Area of Behavioral Addiction Medicine, Targets of Bias and Hate Speech & Youth Recruitment into Hate Groups, Screenagers: NEXT CHAPTER – How Online Habits Affect Depression & Anxiety in Adolescents,

The Hub teams far exceeded the SFY’21 contract target by not only providing the above trainings to enrolled PCPs throughout their designated service area, but also, together as a statewide team, the Hub team psychiatrists continued the zoom sessions started last April, shifting it to a monthly training series called “Clinical Conversations with ACCESS Mental Health”. This series is an educational discussion on a variety of behavioral health topics for pediatric primary care providers. Clinical Conversations with ACCESS Mental Health topics provided in SFY’21 included:

- August 11, 2020 “Returning to School: How to Help Prepare” with Dr. Dorothy Stubbe and Principal Gunsalus
- September 2, 2020 “Compassionate Care” with Dr. Sudeshna Basu
- October 1, 2020 “Anxiety: Initial Screening, Diagnosis and Referral” with Dr. Richard Miller
- November 5, 2020 “School Related Anxiety” with Dr. Dorothy Stubbe
- December 3, 2020 “Medication Management for Anxiety Disorders” with Dr. Paul Weigle
- January 7, 2021 “Treatment of ADHD with Poor Response to Treatment: Comorbid Anxiety, Depression, or Disruptive Behaviors” with Dr. Richard Miller
- February 4, 2021 “Neuropsychological and Autism Testing for PCPs: Introduction to Ordering and Interpreting” with Drs. Mcnaney and Miller
- March 4, 2021 “Cannabis and Psychosis” with Drs. Choi and Basu
- April 1, 2021 “Pediatric Suicide Evaluation, Management, and Postvention for PCPs” with Drs. Stubbe and Anand and Ann Dagle
- May 6, 2021 “Mood Dysregulation and Behavior Outbursts” with Dr. Dorothy Stubbe
- June 3, 2021 – Medication Management for Mood Disorders with Dr. Sudeshna Basu

Given the success of this method, we propose a continuation of the series throughout the next state fiscal year. The Hub team psychiatrists will continue to provide this ECHO-like series by providing a short, structured didactic followed by an open discussion with enrolled PCPs. The sessions will be hosted by Beacon through a virtual platform and attendance will be tracked each month. Knowing that primary care providers are busy and often find it difficult to attend every month, we will continue to record each session and post it on the program’s website. Topics scheduled for the first half of SFY’22 include:

- September 2, 2021 “Gender Non-conforming Children and Youth”
- October 7, 2021 “Understanding and Addressing Cultural Barriers to Meeting The Behavioral Health Needs of Asian Families”
- November 4, 2021 “First Episode Psychosis for Primary Care Providers”
- December 2, 2021 “Safety Risk Assessment for Primary Care Providers”
- January 6, 2022 “Deciphering the Alphabet Soup of In-Home and Evidenced Based Behavioral Services”

# Enrollment

A total of 353 practice sites are currently enrolled in the ACCESS MH program.

## Total Enrolled Practice Sites

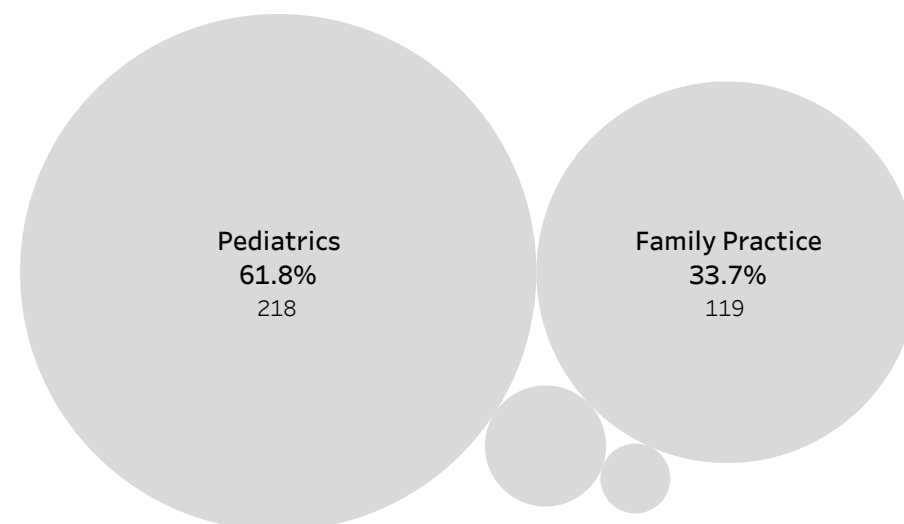
Select Hub Name for specific details



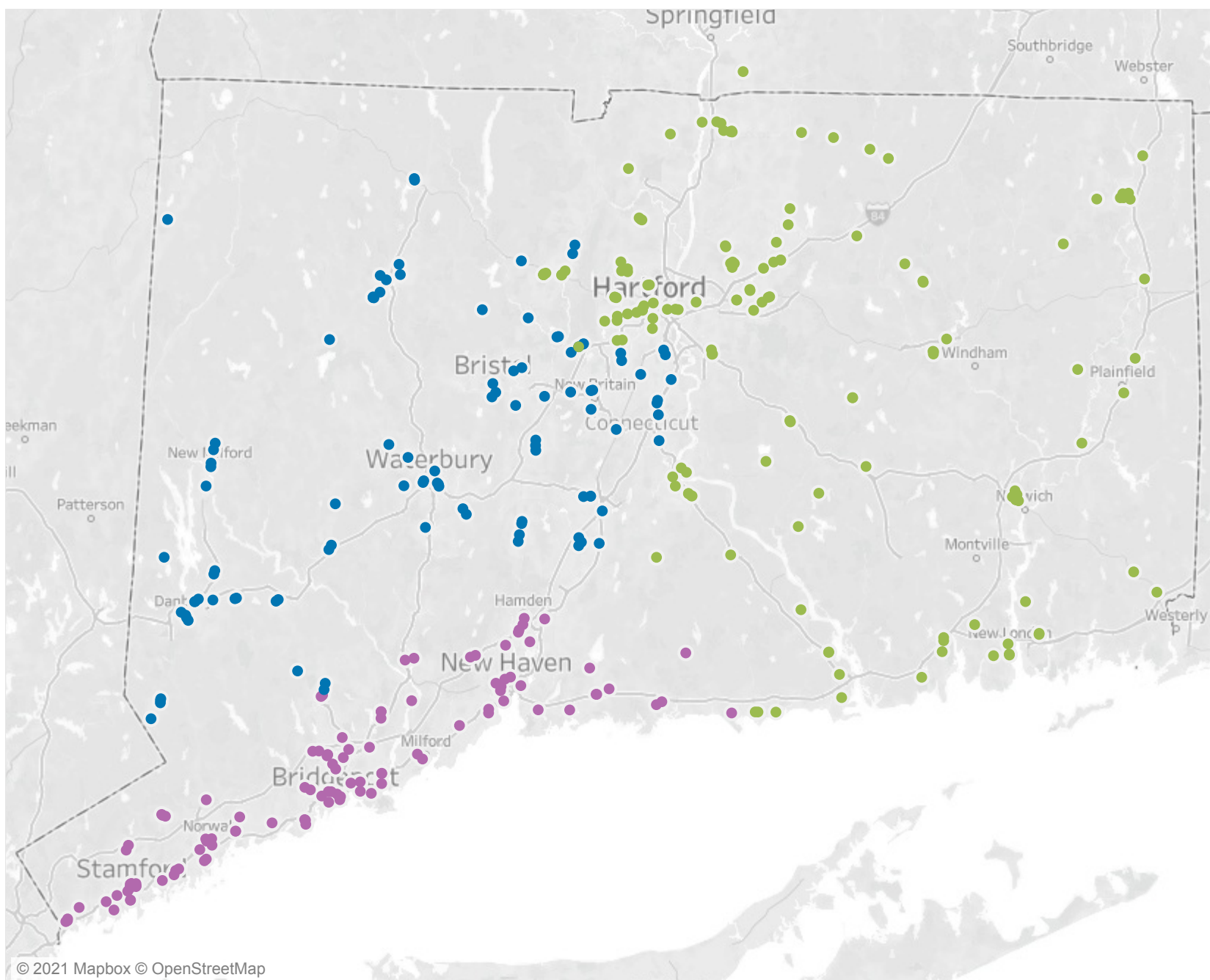
## Total Enrolled Practice Sites by Provider Type

	Hartford Hospital	Wheeler Clinic, Inc	Yale Child Study Center	Statewide
Pediatrics	65	66	87	218
Family Practice	78	28	13	119
Peds/Family	1	8	3	12
Non Selected		1	3	4
Total Enrolled	144	103	106	353
Total Eligible Practice Sites	189	118	122	429

## 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 Manches..	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 Mid..	203- 759- 0666
Amitabh R. Ram, MD, LLC	21 B Liberty Dive Hebron CT 062..	860- 228- 9300
	21 Woodland St., #115 Hartford ..	860- 524- 8747
Andrea Needleman, MD	4 South Pomeroug Avenue Wood..	203- 263- 2020
Andrew Adade	18 Hillandale Ave Stamford CT 0..	203- 327- 9333
Andrew F Cutney, MD/NEMG	5520 Park Avenue Trumbull CT 0..	203- 371- 0076
Anne Marie Villa, M.D., P.C.	150 Hazard Ave Unit B Enfield C..	860- 749- 3661
Aspire Family Medicine	850 North Main Street Ext. Build..	203- 269- 9778

# Youth Demographics

The ACCESS Mental Health program served a total of 1,896 unique youth in SFY 2021.

Since inception of the program to date, June 16, 2014 through June 30, 2021, the program served 8,706 unique youth.

## Current SFY Summary

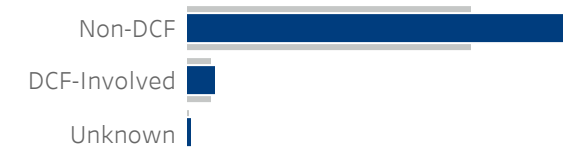
- 15 year-olds represented the largest portion in the current state fiscal year at **10.5%**.
- The majority of youth served were White at **74.2%**.
- Females accounted for **53.0%** of the unique youth served.

Select for Current and/or Last Fiscal Year:  
All

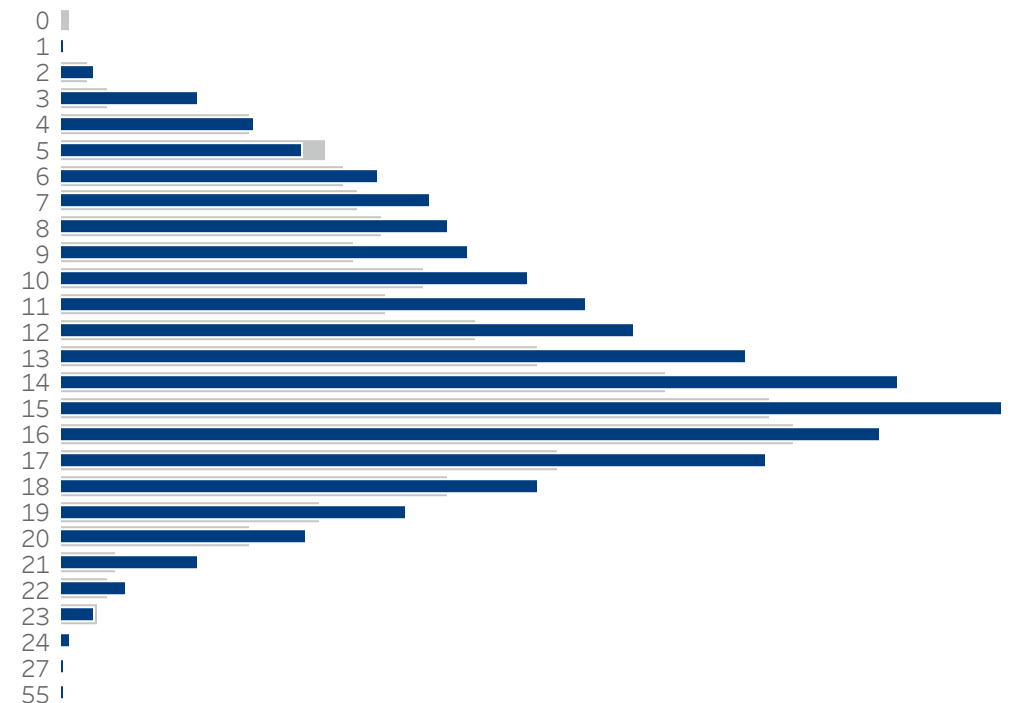
## Gender



## DCF Involvement



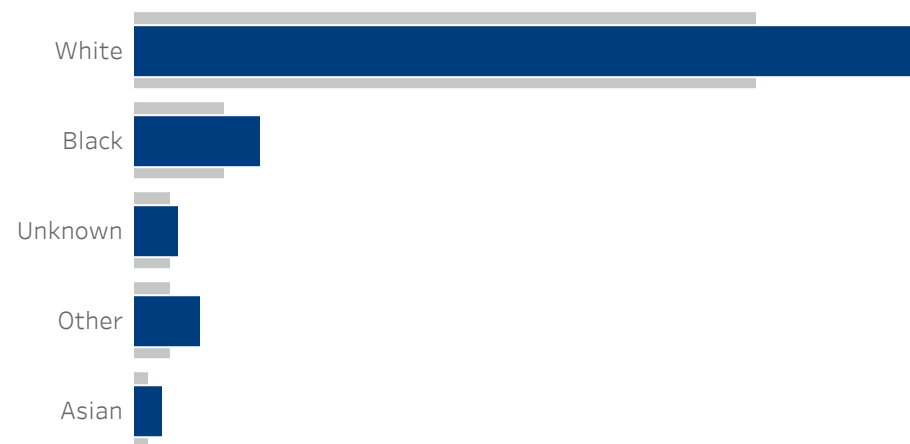
## Distribution of Youth by Age



● Current SFY 2021 ● Last SFY 2020

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

## Race



## Ethnicity



## Youth Served in the Current SFY 2021

0-5	6-12	13-18	19+
6.80%	33.97%	49.79%	9.44%



# Youth Demographics

The Hartford Hospital Hub served a total of 599 unique youth in SFY 2021.

## Hub-Specific Current SFY Summary

- 15 year-olds represented the largest portion in the current state fiscal year at **10.2%**.
- Females accounted for **50.8%** of the unique youth served.
- The majority of youth served were White at **65.6%**.

### Hub Name

Hartford Hospital

### Select for Current and/or Last Fiscal Year:

All

### Gender

Female

Male

### DCF Involvement

Non-DCF

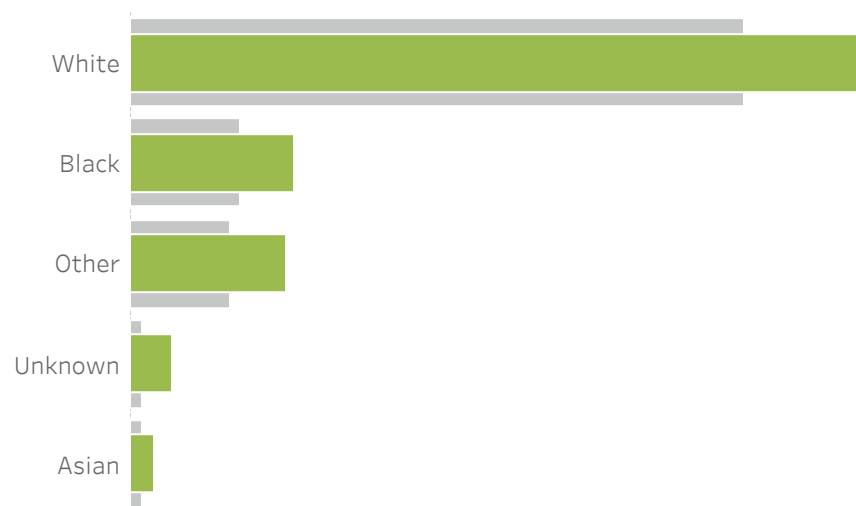
DCF-Involved

Unknown

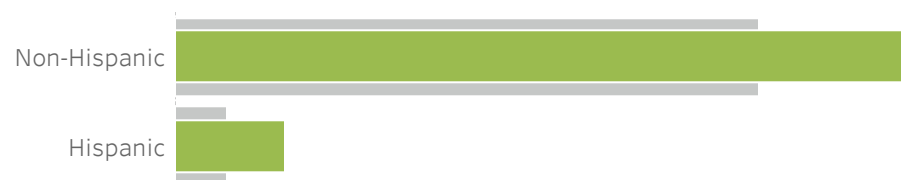
● Current SFY 2021 ● Last SFY 2020

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

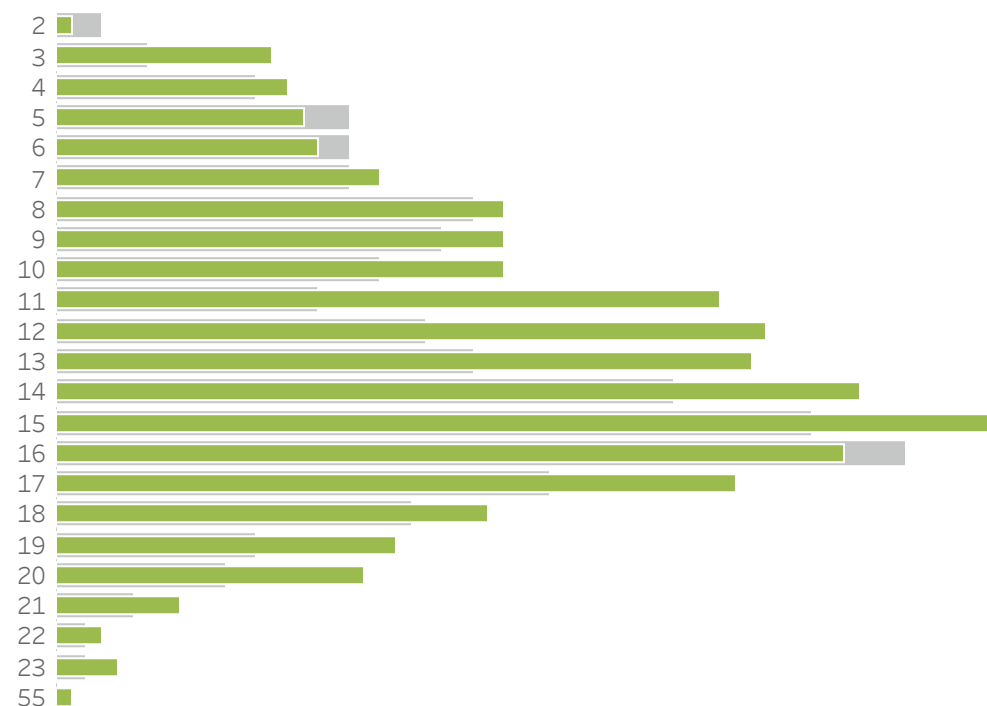
### Race



### Ethnicity



### Distribution of Youth by Age



### Youth Served in the Current SFY 2021

0-5	6-12	13-18	19+
7.68%	35.73%	46.91%	9.68%



# Youth Demographics

The Wheeler Clinic, Inc Hub served a total of 715 unique youth in SFY 2021.

## Hub-Specific Current SFY Summary

- 15 year-olds represented the largest portion in the current state fiscal year at **10.9%**.
- Females accounted for **50.6%** of the unique youth served.
- The majority of youth served were White at **83.4%**.

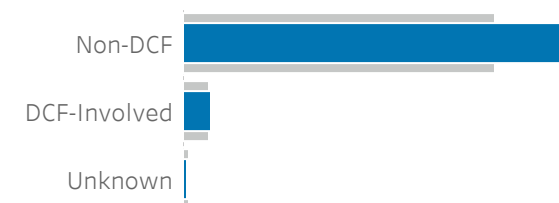
Hub Name  
Wheeler Clinic, Inc

Select for Current and/or Last Fiscal Year:  
All

## Gender



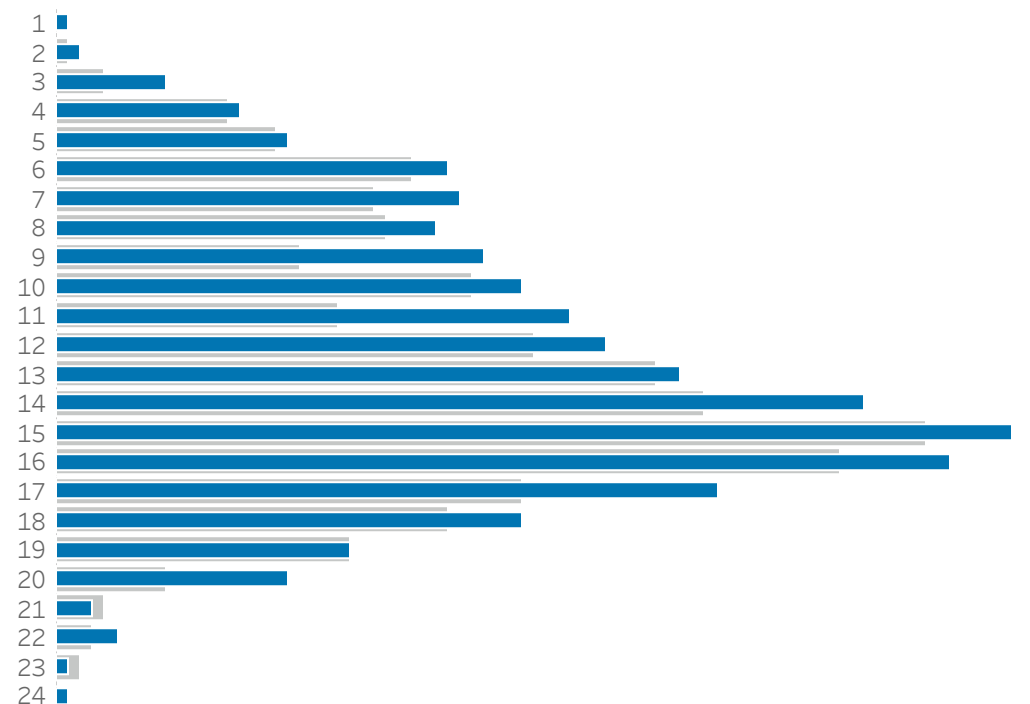
## DCF Involvement



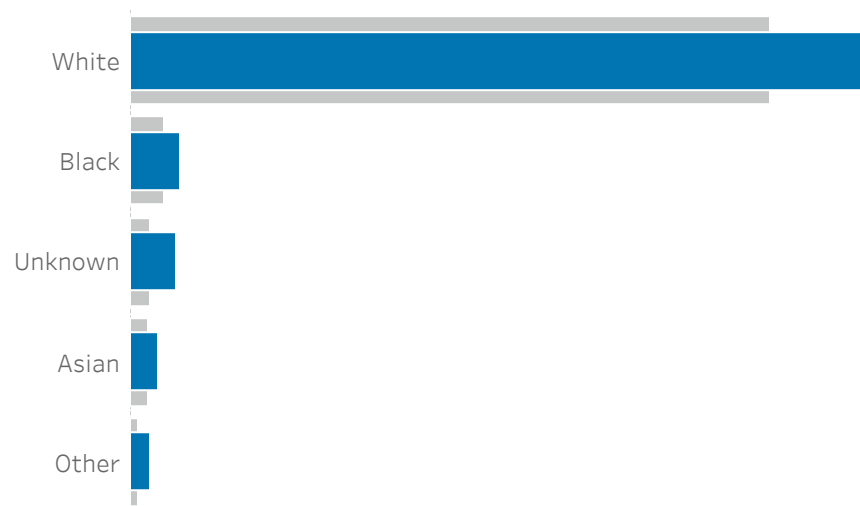
● Current SFY 2021 ● Last SFY 2020

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

## Distribution of Youth by Age



## Race



## Ethnicity



## Youth Served in the Current SFY 2021

0-5	6-12	13-18	19+
6.43%	35.80%	50.35%	7.41%



# Youth Demographics

The Yale Child Study Center Hub served a total of 582 unique youth in SFY 2021.

## Hub-Specific Current SFY Summary

- 15 year-olds represented the largest portion in the current state fiscal year at **10.3%**.
- Females accounted for **58.1%** of the unique youth served.
- The majority of youth served were White at **71.8%**.

### Hub Name

Yale Child Study Center

### Select for Current and/or Last Fiscal Year:

All

### Gender

Female

Male

### DCF Involvement

Non-DCF

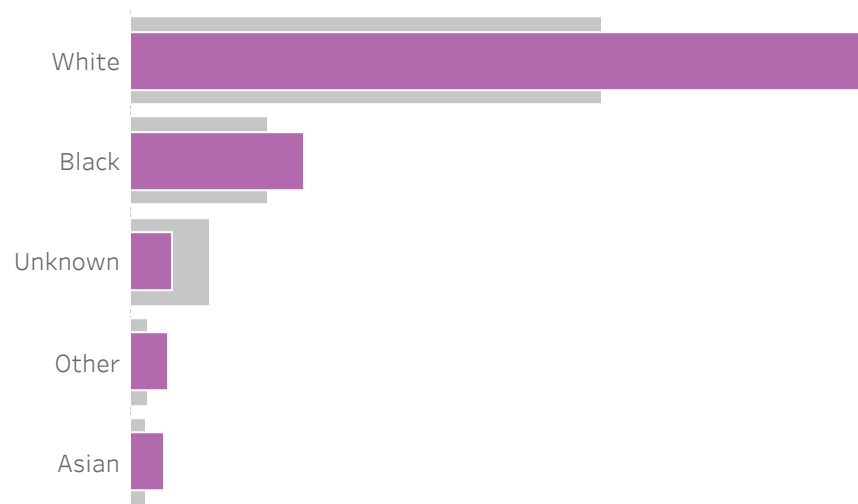
DCF-Involved

Unknown

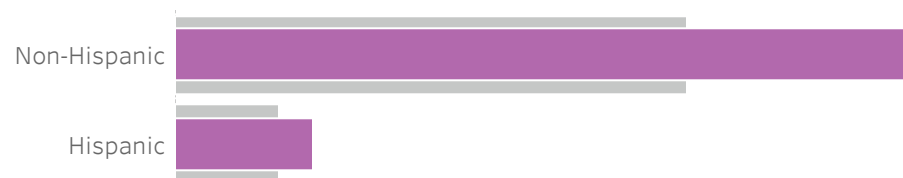
● Current SFY 2021 ● Last SFY 2020

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

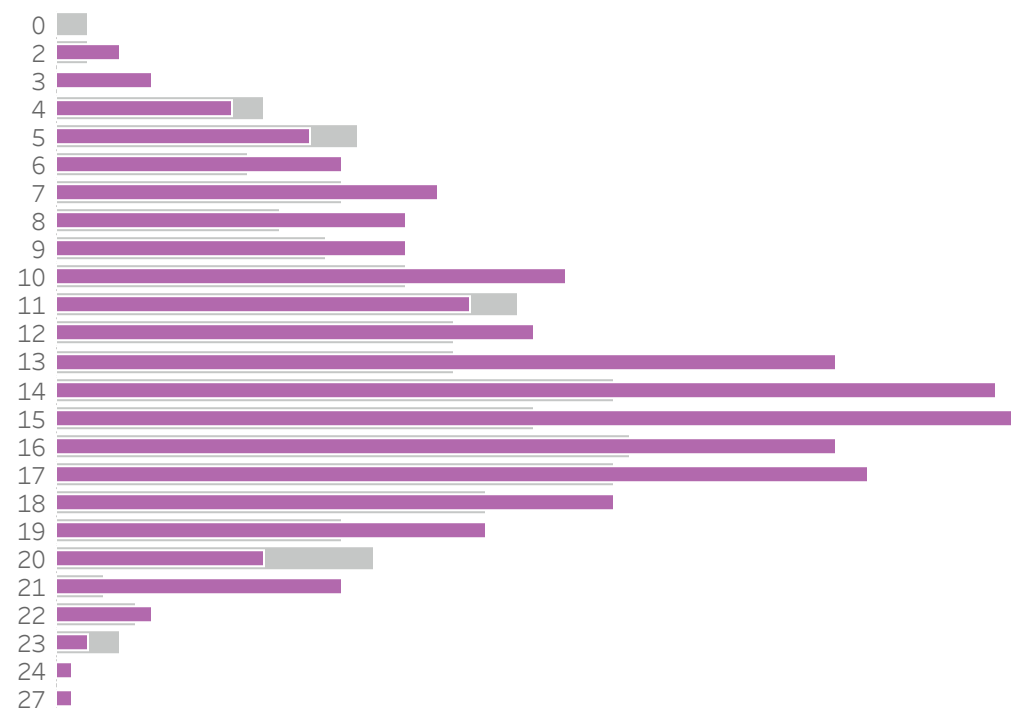
### Race



### Ethnicity



### Distribution of Youth by Age



### Youth Served in the Current SFY 2021

0-5	6-12	13-18	19+
6.36%	29.90%	52.06%	11.68%

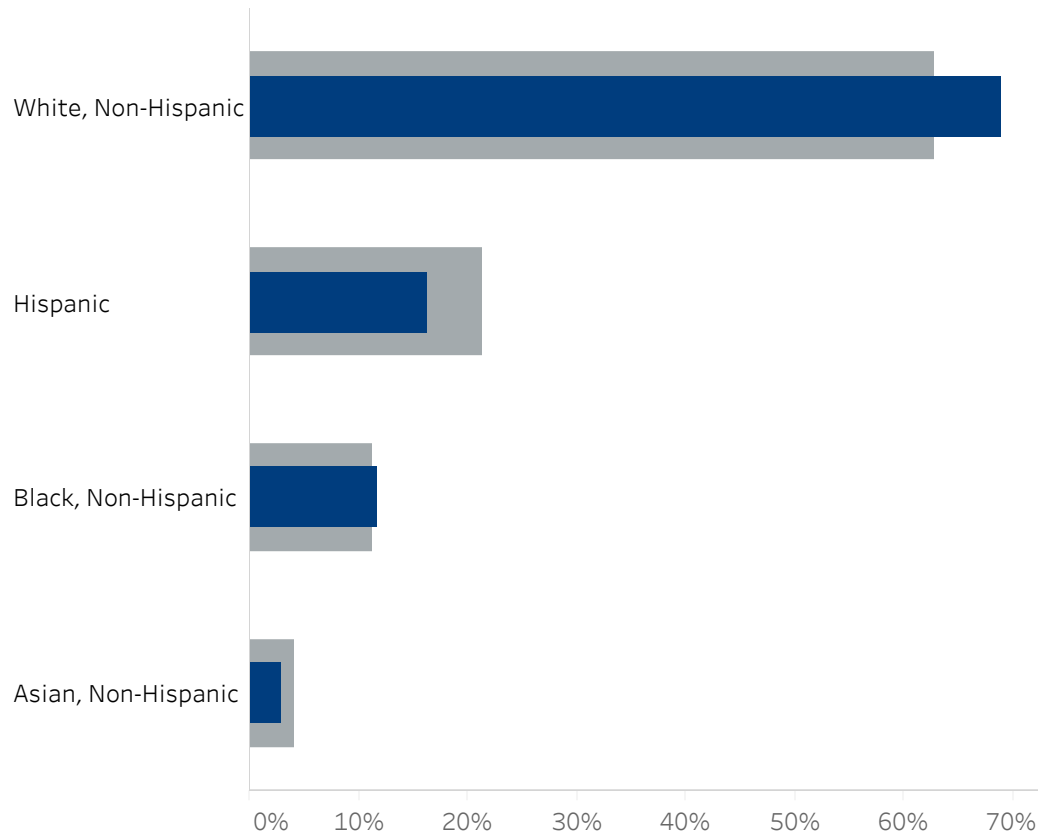
# Race & Ethnicity Comparison



Select SFY  
SFY 2021

Select Hub  
Statewide

Race & Ethnicity: Youth Served vs. Youth in CT (2019 American Community Survey)  
Statewide  
SFY 2021



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 2021

The Five Connecticut's Breakout by ACCESS MH CT Youth Served  
Statewide  
FY 2021

	Wealthy	Suburban	Rural	Urban periphery	Urban core	Grand Total
White, Non-Hispanic	54	590	121	416	45	1,226
Black, Non-Hispanic	2	30	10	98	67	207
Hispanic	6	45	13	151	77	292
Asian, Non-Hispanic	3	15	3	26	5	52
Other, Non-Hispanic		21	1	21	7	50
Unknown, Non-Hispanic		24	1	27	9	61
Grand Total	65	725	149	739	210	1,888



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



# Consultative Activities

The program provided a total of 9,898 consultations in SFY 2021.

Select SFY  
FY 2021

Summary  
for time range selected



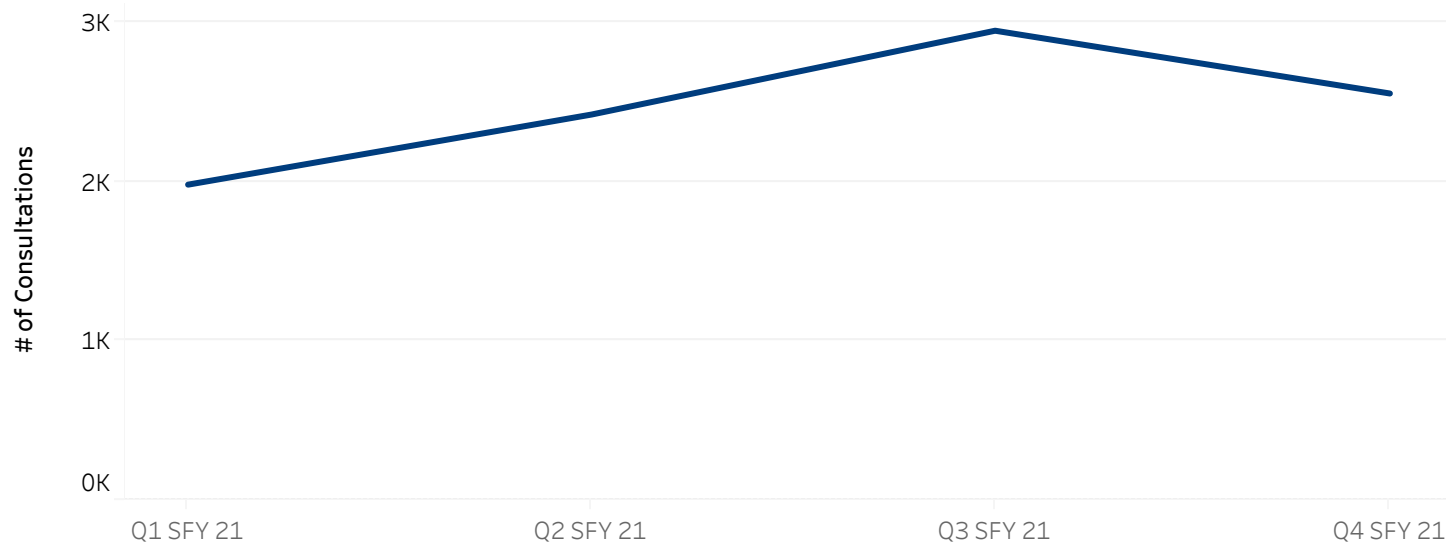
Average of 825 consultations per month.



Average of 2,475 consultations per quarter.

## Consultation Volume | Quarterly Over Time

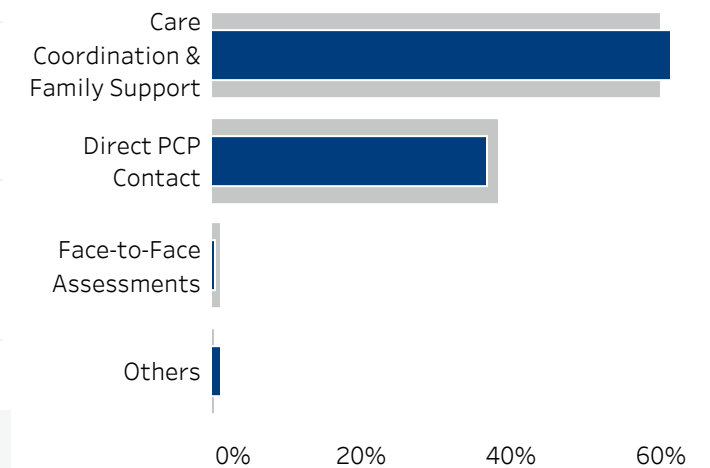
Select View ▶ Quarterly Over Time



● Current SFY ● Last SFY

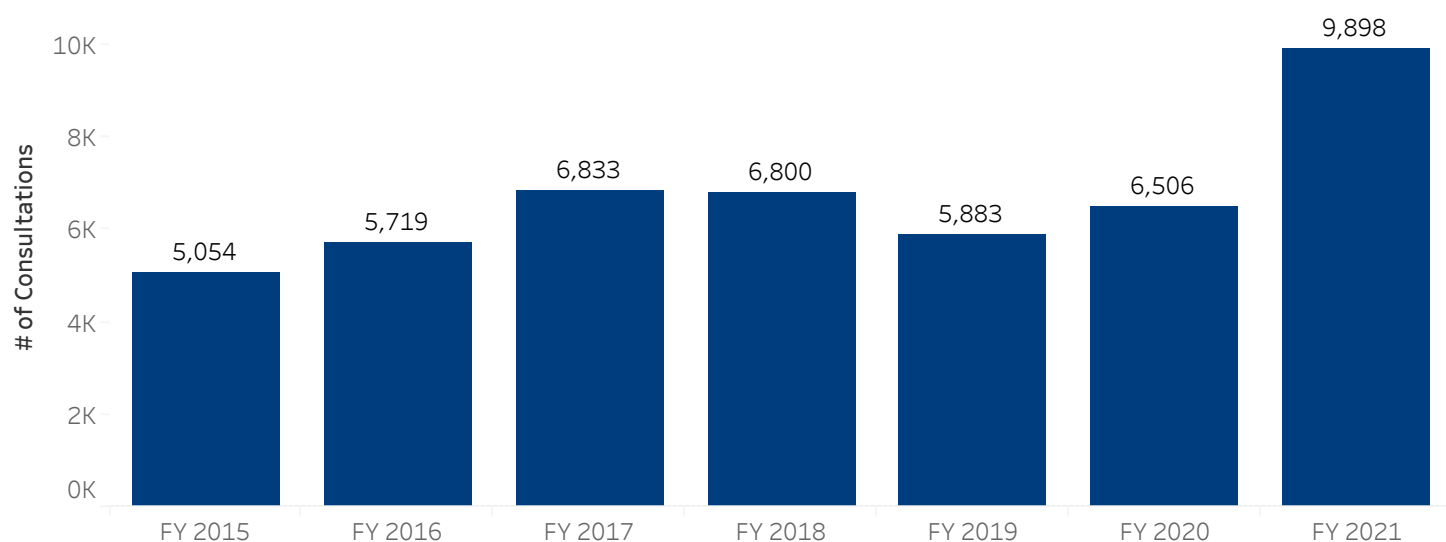
Click on a bar graph to filter the line graphs for the chosen "Consultation Type" or "Consultations by Insurance."

## Consultation Types

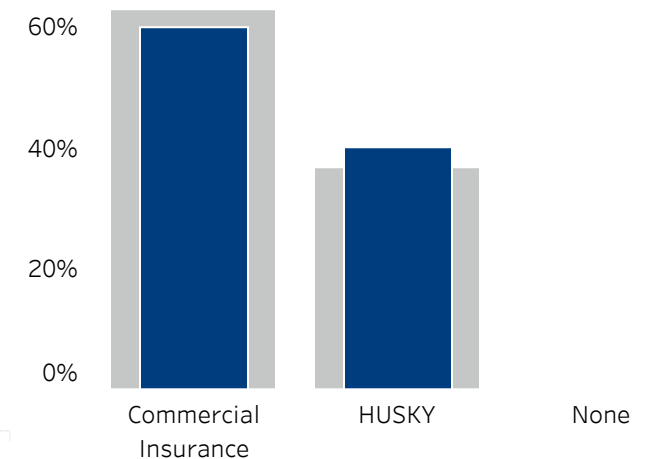


## Consultation Volume | Encounters by SFY

Select View ▶ Encounters by SFY



## Consultations by Insurance



# Consultative Activities

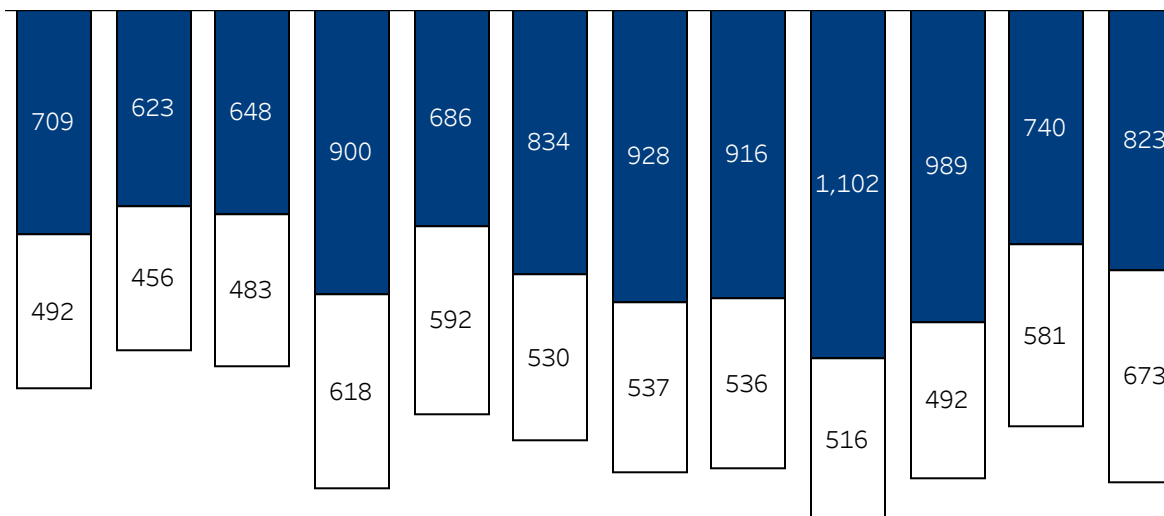
The program provided a total of 9,898 consultations in SFY 2021.

## 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	282	285	280	323	209	270	281	280	383	375	280	299	3,547
	Last SFY	157	111	127	249	171	242	219	217	200	228	244	222	2,387
Wheeler Clinic, Inc	Current SFY	222	151	205	259	232	307	359	388	402	307	245	210	3,287
	Last SFY	208	225	211	207	270	147	181	180	220	136	210	271	2,466
Yale Child Study Center	Current SFY	205	187	163	318	245	257	288	248	317	307	215	314	3,064
	Last SFY	127	120	145	162	151	141	137	139	96	128	127	180	1,653

○ Last SFY ● Current SFY



# Consultative Activities

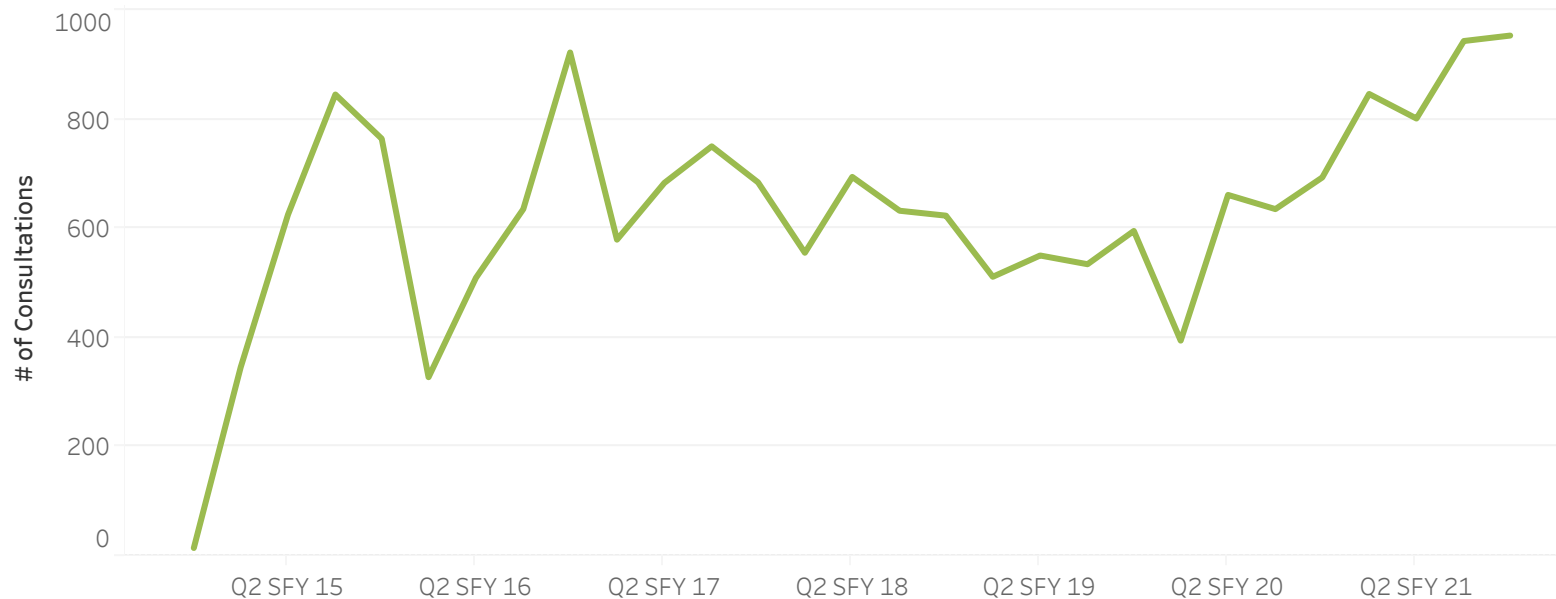
The Hartford Hospital Hub provided a total of 3,547 consultations in SFY 2021.

Hub Name  
Hartford Hospital

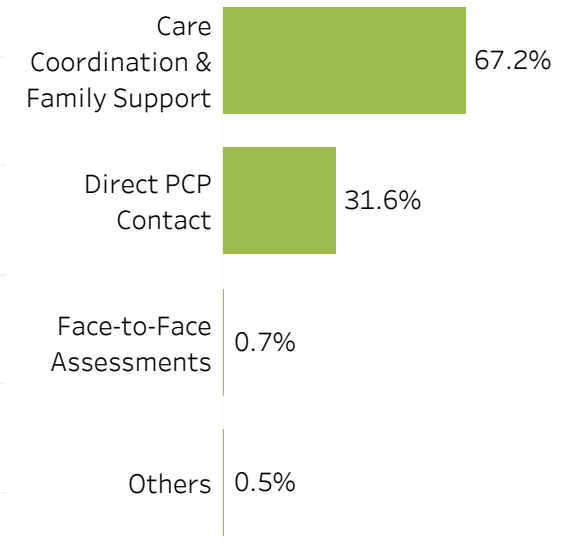
Summary for  
Current SFY

→ Average of 296 consultations per month. → Average of 887 consultations per quarter.

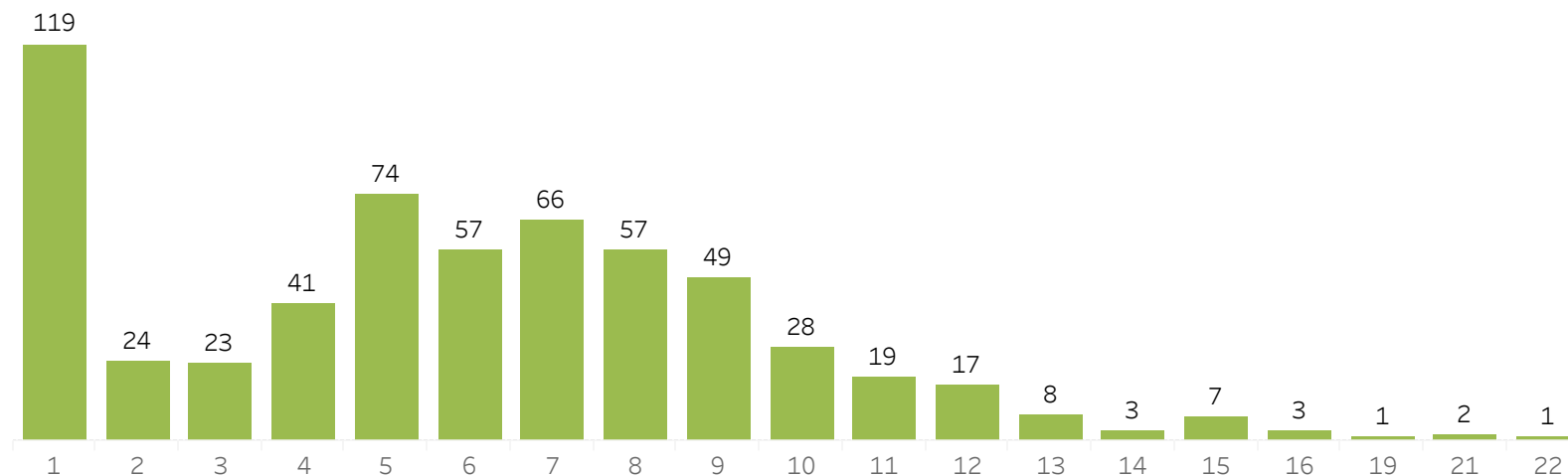
Hartford Hospital Quarterly Volume of Consultations



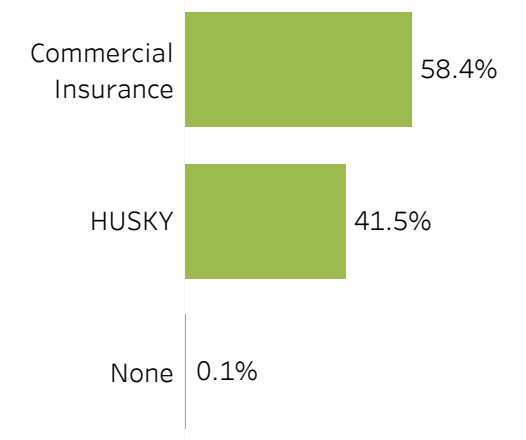
Hartford Hospital Consultation Types for Current SFY



Hartford Hospital Consultation Frequency for Current SFY



Hartford Hospital Consultations by Insurance for Current SFY



# Consultative Activities

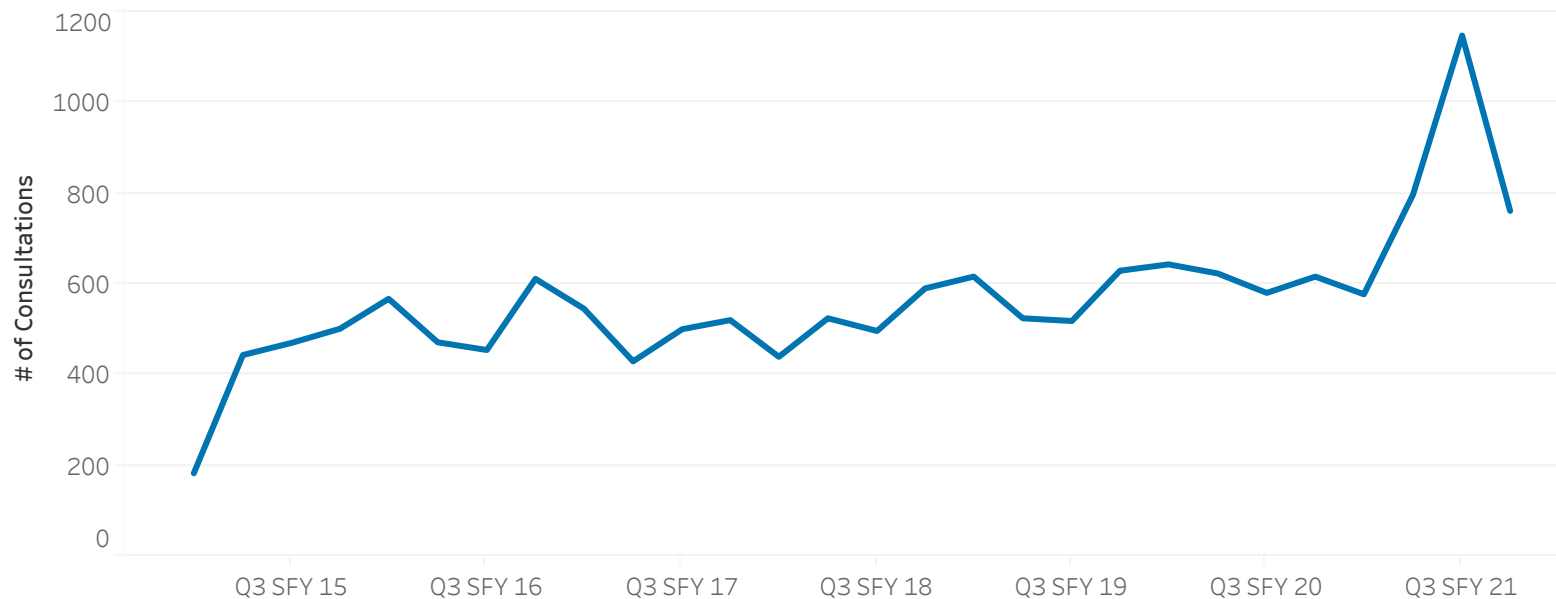
The Wheeler Clinic, Inc Hub provided a total of 3,287 consultations in SFY 2021.

Hub Name  
Wheeler Clinic, Inc

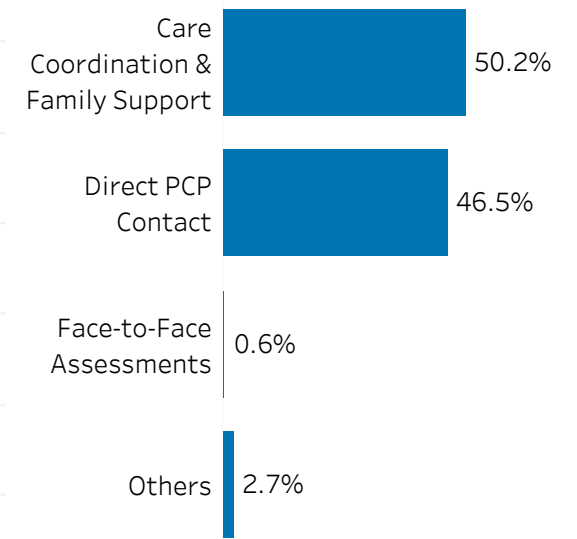
Summary for  
Current SFY

→ Average of 274 consultations per month. → Average of 822 consultations per quarter.

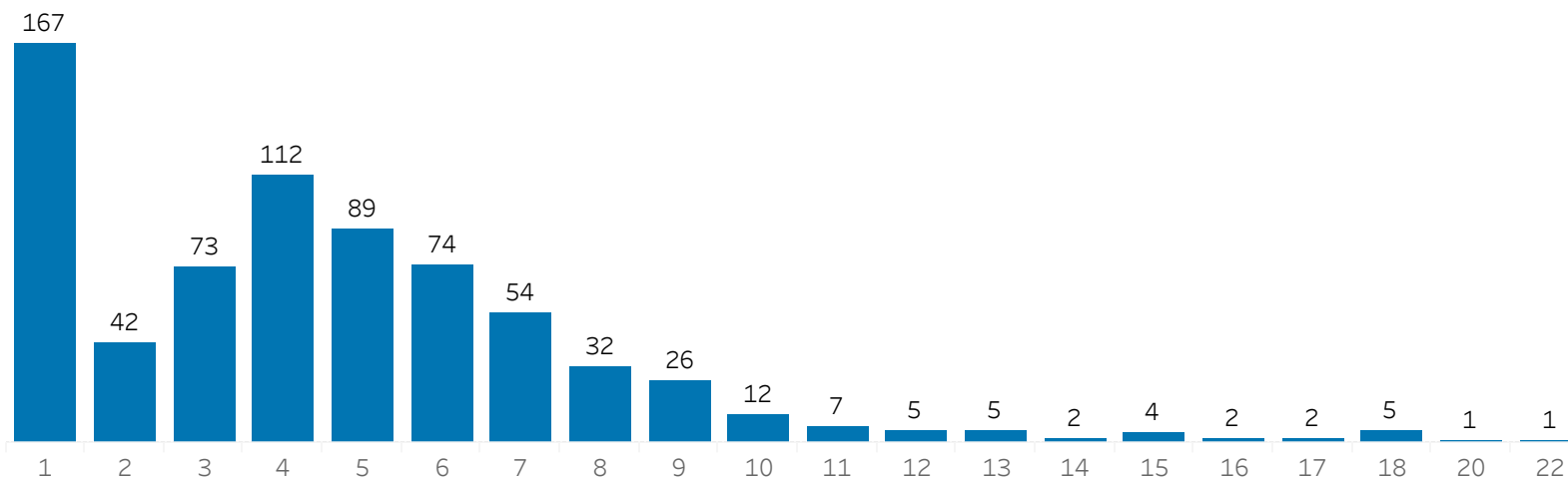
Wheeler Clinic, Inc Quarterly Volume of Consultations



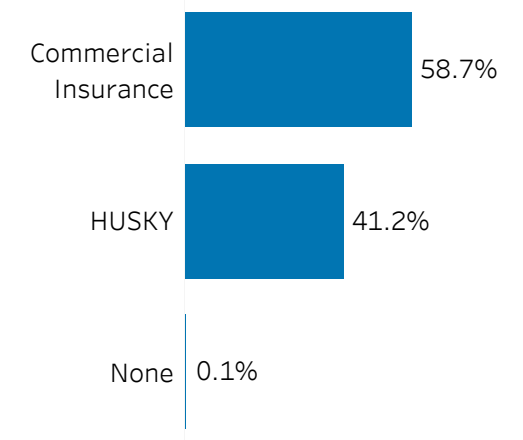
Wheeler Clinic, Inc Consultation Types for Current SFY



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 3,064 consultations in SFY 2021.

Hub Name  
Yale Child Study Center

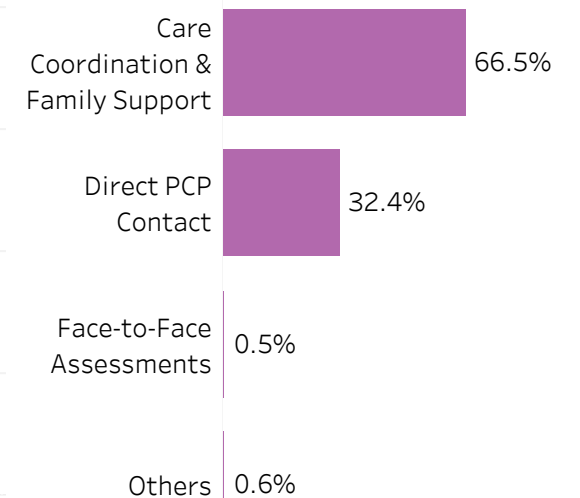
Summary for  
Current SFY

→ Average of 255 consultations per month. → Average of 766 consultations per quarter.

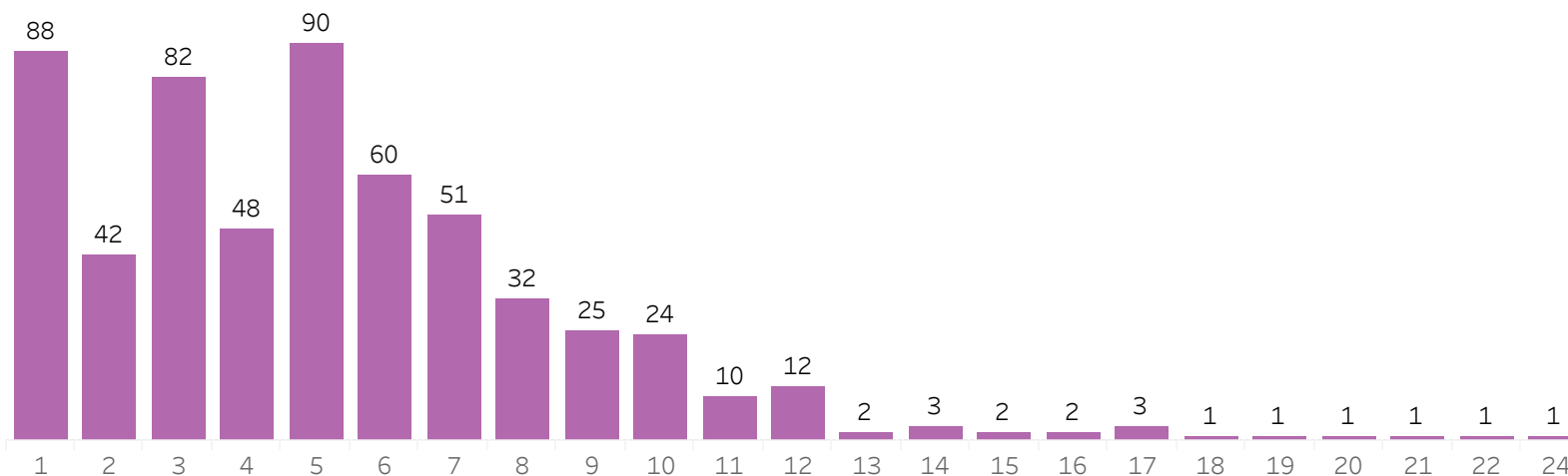
Yale Child Study Center Quarterly Volume of Consultations



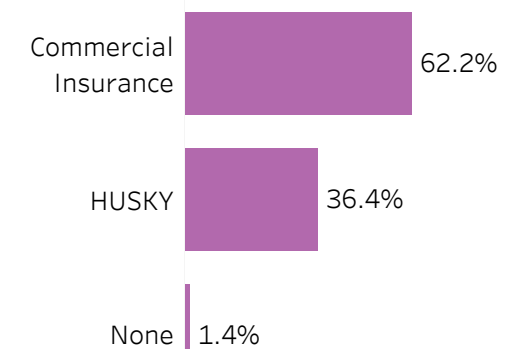
Yale Child Study Center  
Consultation Types for Current SFY



Yale Child Study Center Consultation Frequency for Current SFY



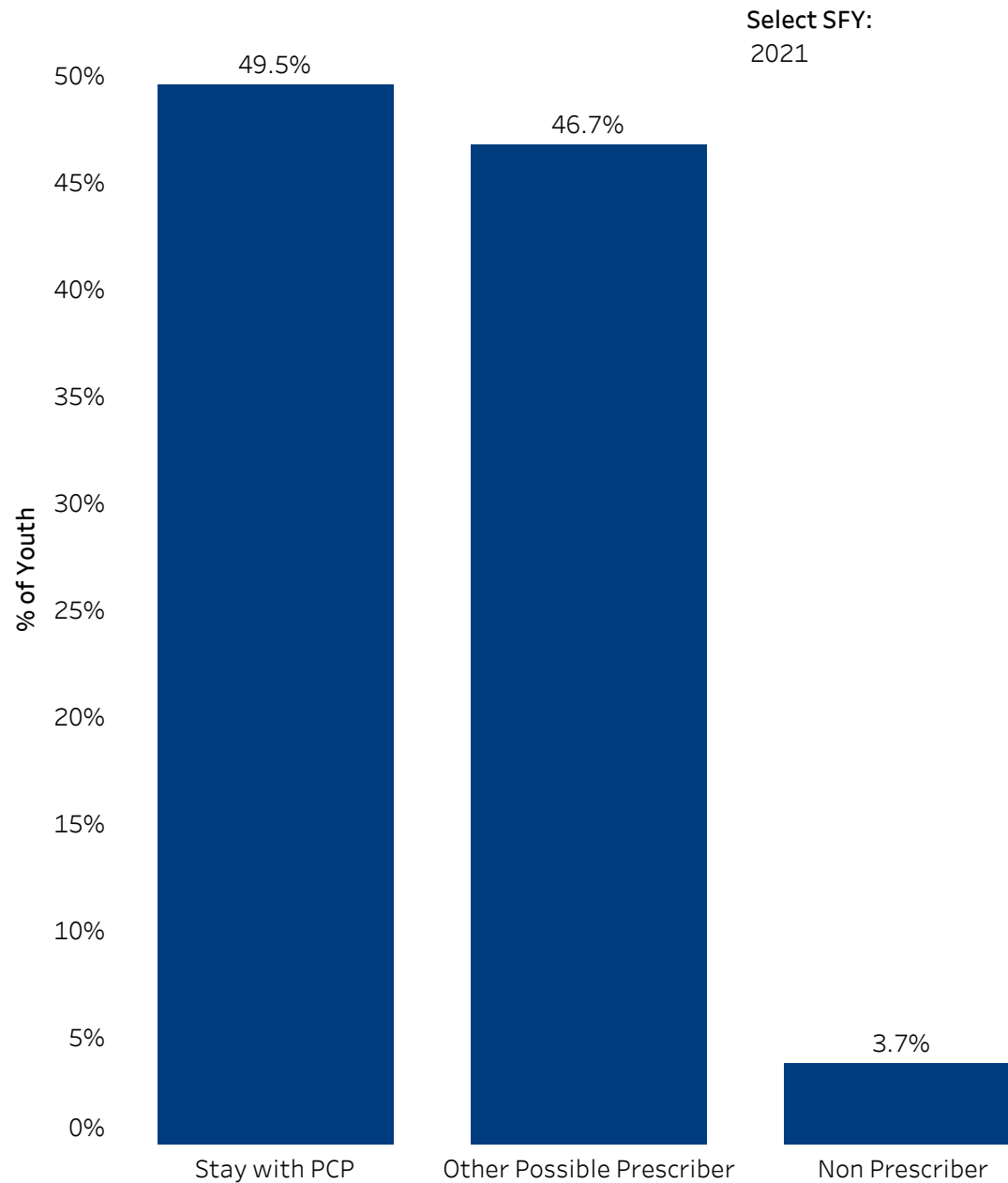
Yale Child Study Center  
Consultations by Insurance for Current SFY



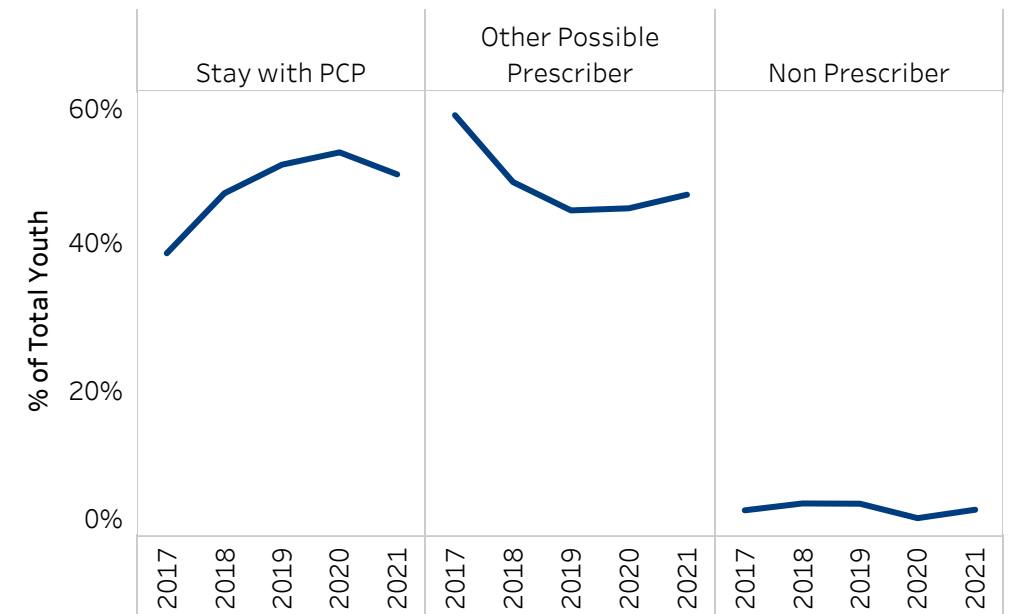
# Primary Care Prescribing

STATEWIDE

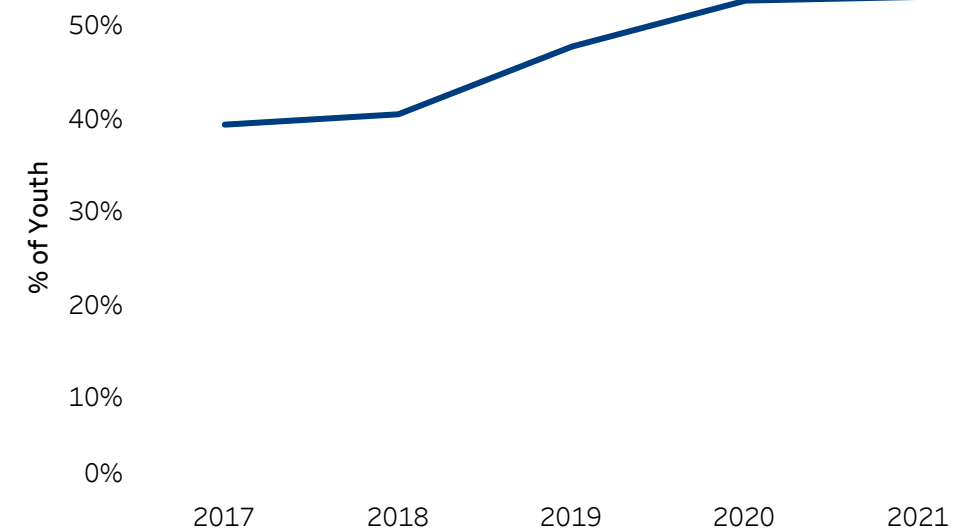
Statewide Outcomes for Youth Subject to Medication Consultation



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:  
2021

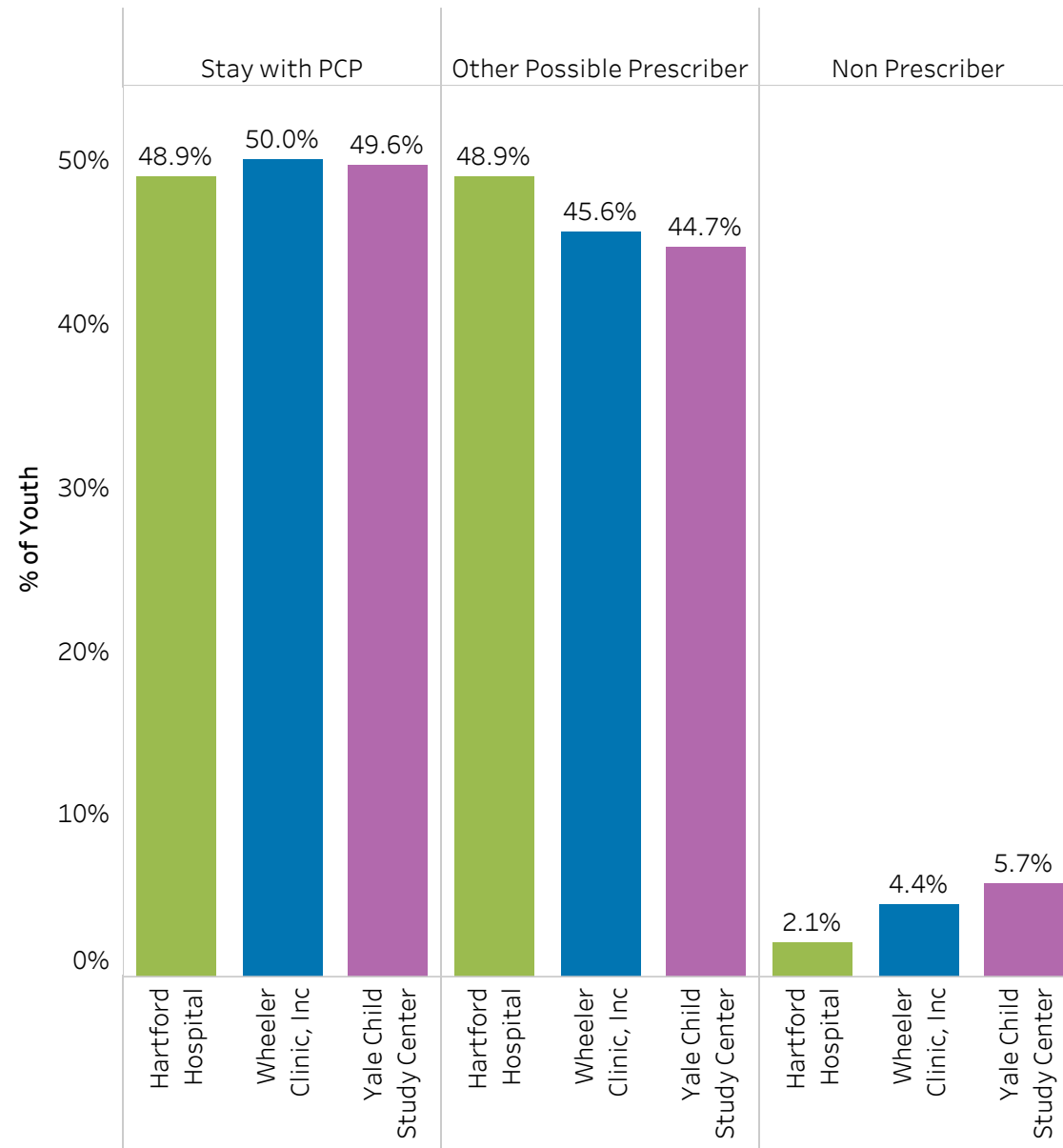
Hub Name

Hartford Hospital

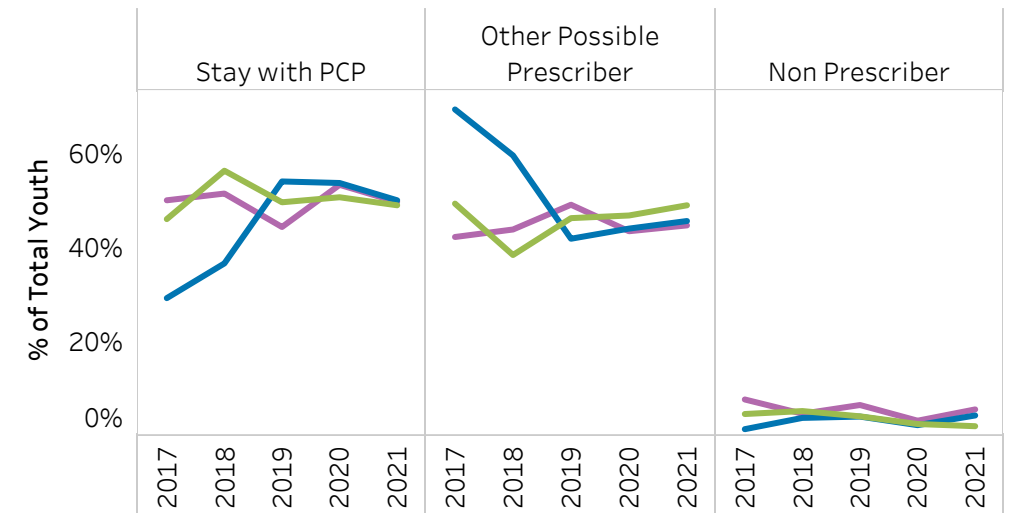
Wheeler Clinic, Inc

Yale Child Study Center

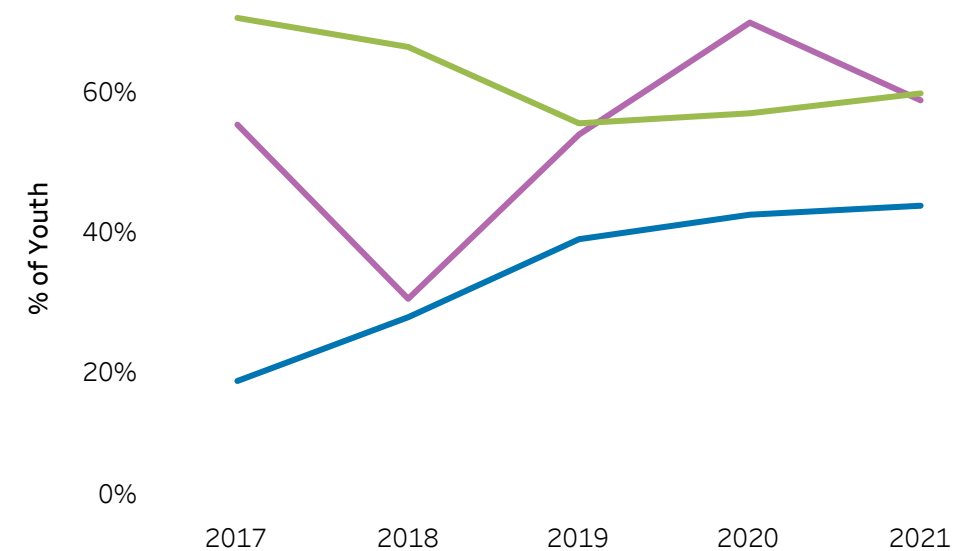
Statewide Outcomes for Youth Subject to Medication Consultation



Outcomes for Youth Subject to Medication Consultation Over Time



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

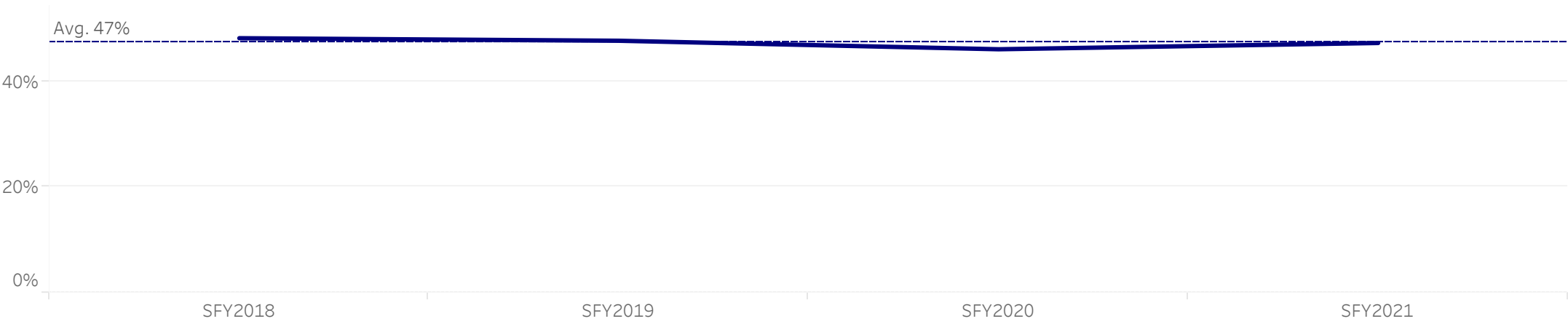


# Utilization Rate

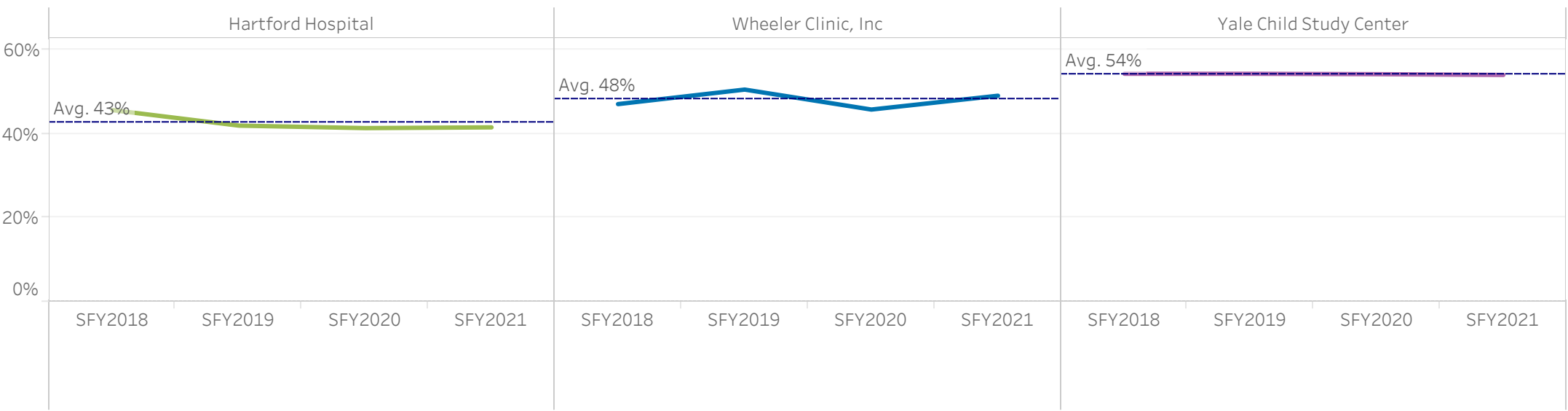
Select Date Format:  
Year

Select Quarter / Year:  
Multiple values

Statewide Practice Group Utilization Rate



Hub Specific Practice Group Utilization Rate



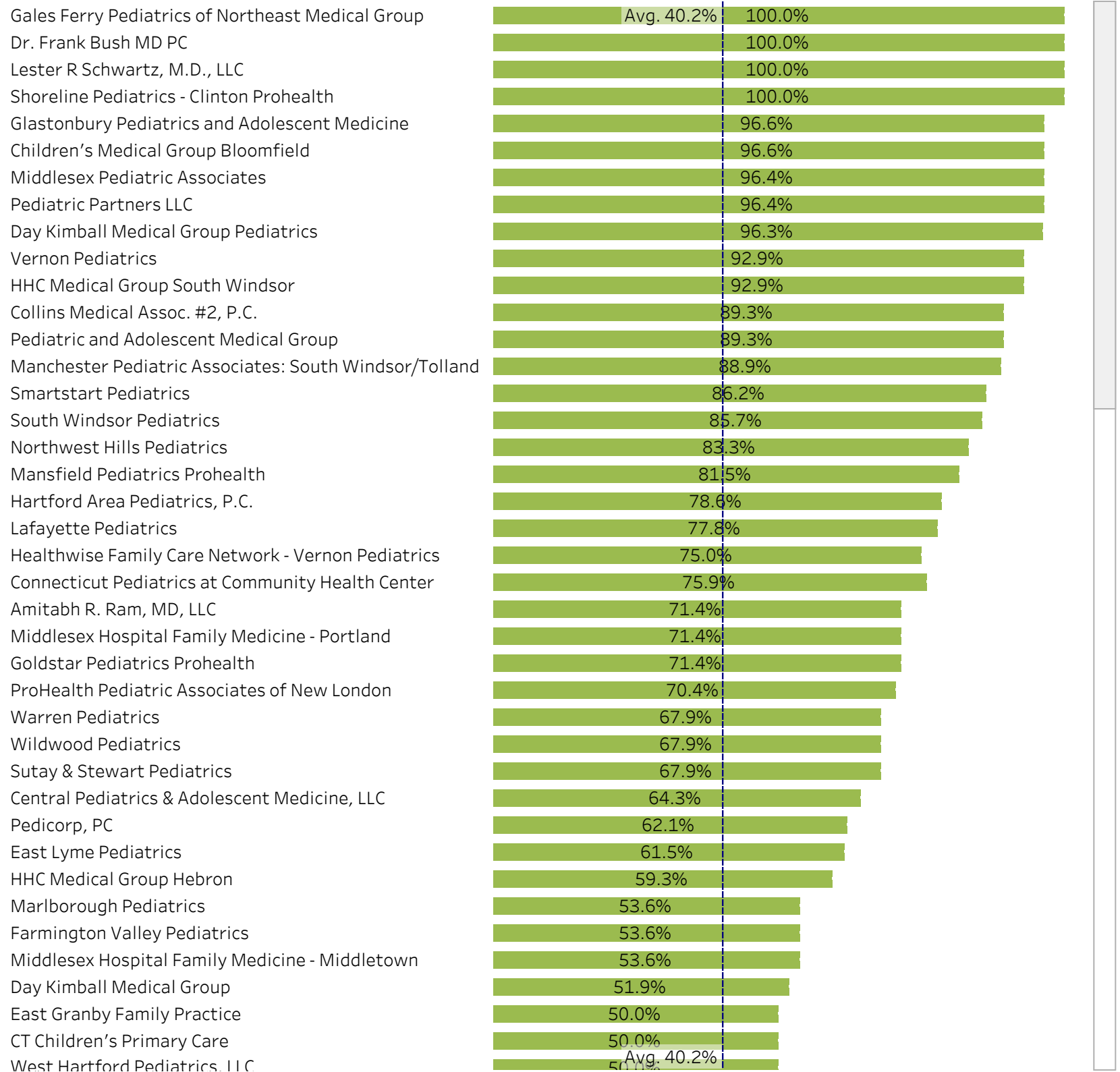
# Practice-Specific Utilization

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

**Quarterly Utilization Rate:**  
3.4% to 100.0%

Average line is the average number of quarters used by the program to date (June 30, 2021)

● New User of Program



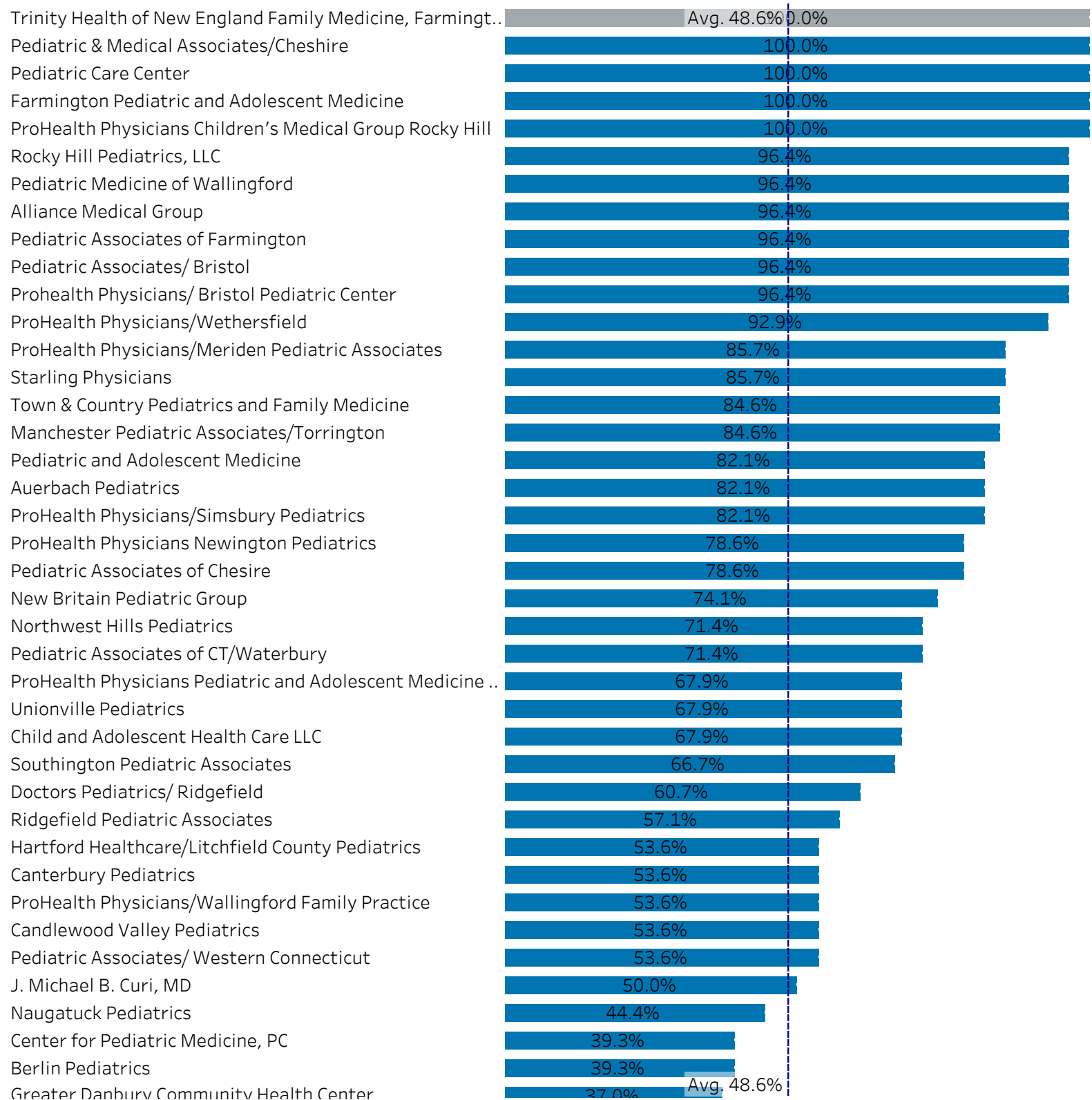
# Practice-Specific Utilization

Hub Name	Practice Type Desc	New User in Current SFY	Practice Name
Wheeler Clinic, Inc	All	All	All

**Quarterly Utilization Rate:**  
3.4% to 100.0%

Average line is the average number of quarters used by the program to date (June 30, 2021)

● New User of Program



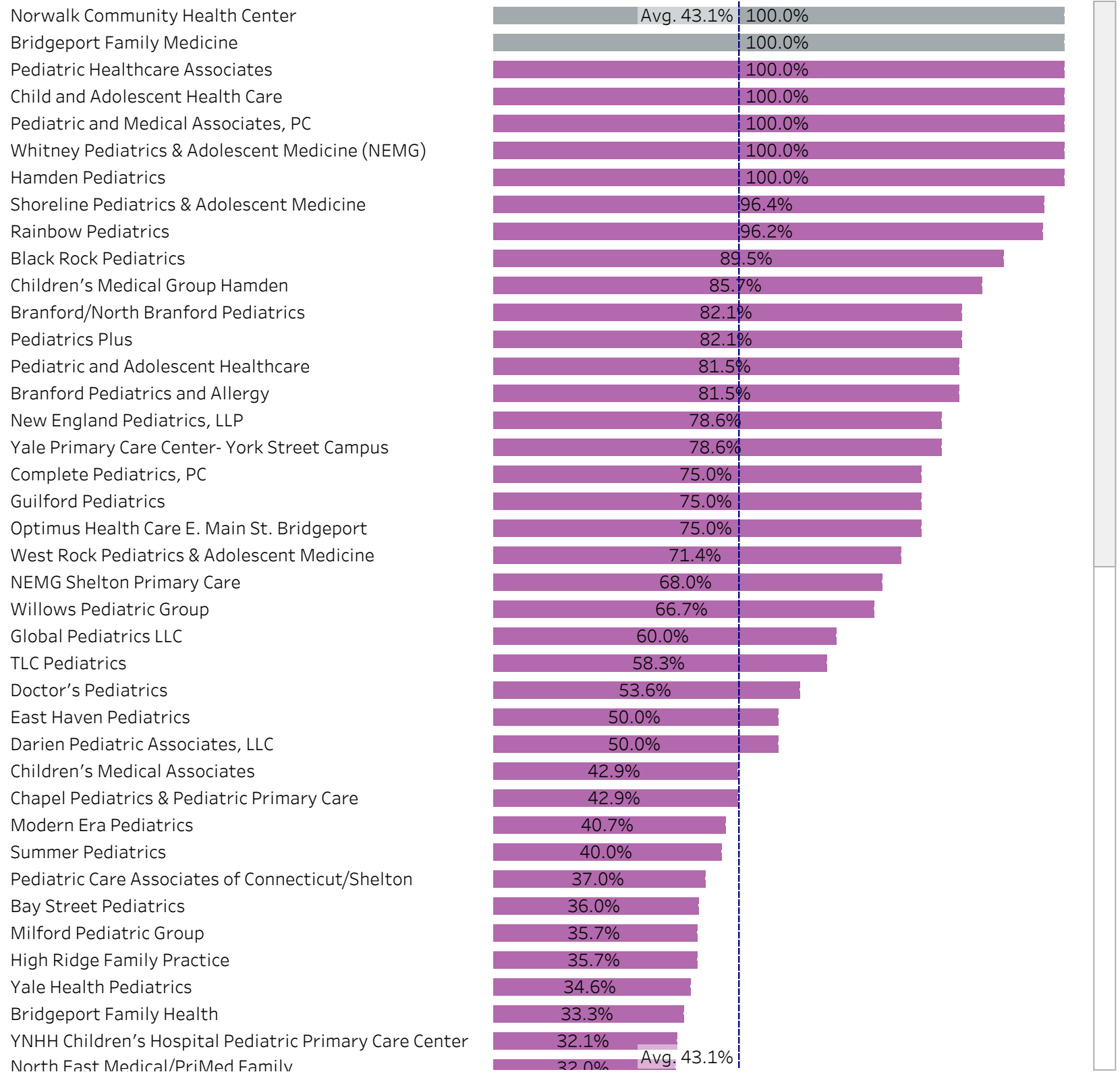
# Practice-Specific Utilization

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

**Quarterly Utilization Rate:**  
3.4% to 100.0%

Average line is the average number of quarters used by the program to date (June 30, 2021)

● New User of Program



# Youth Served by Practice

Hub Name Practice Type Practice Name New User in Current SFY Select SFY:  
Hartford Hospital All All All FY 2021

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

Total Practices Used  
in selected SFY

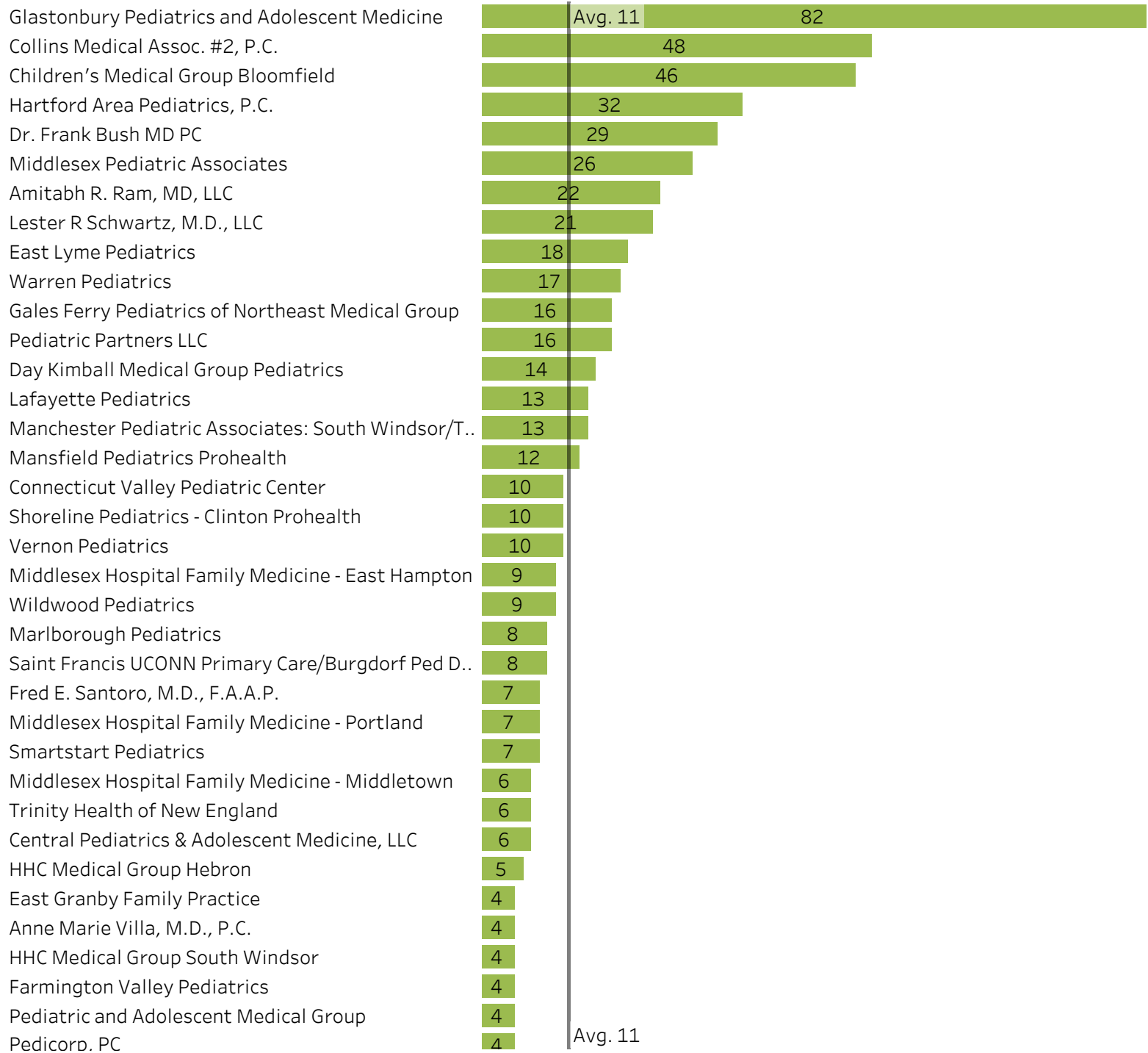
56

Total Youth Served by all  
practices in selected SFY

595

## Number of Youth Served by Practice

• New User of Program



# Youth Served by Practice

Hub Name: Wheeler Clinic, Inc      Practice Type: All      Practice Name: All      New User in Current SFY: All      Select SFY: FY 2021

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

Total Practices Used  
in selected SFY

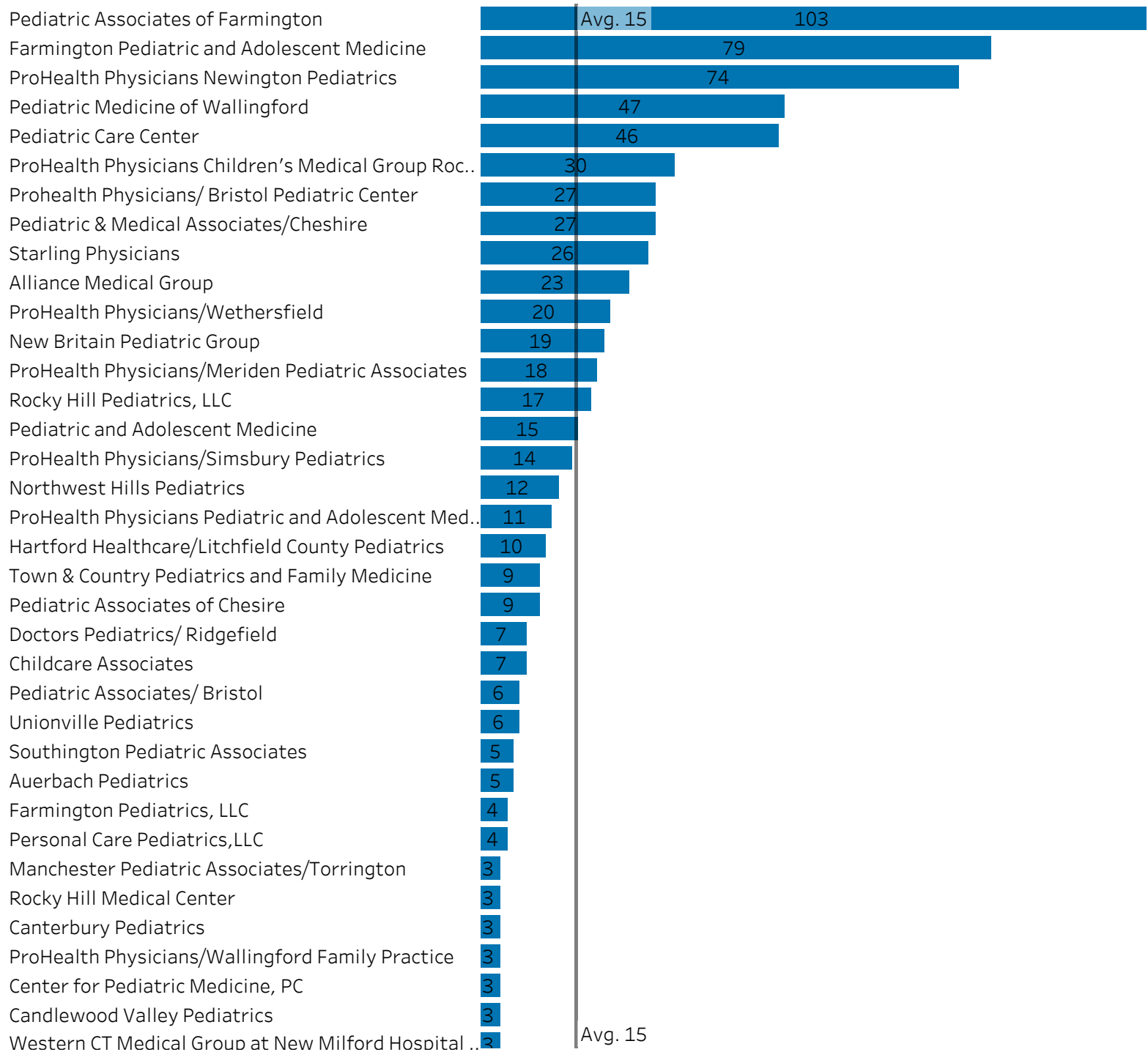
49

Total Youth Served by all  
practices in selected SFY

714

## Number of Youth Served by Practice

● New User of Program



# Youth Served by Practice

Hub Name Practice Type Practice Name New User in Current SFY Select SFY:  
 Yale Child Study Center All All All FY 2021

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

Total Practices Used  
in selected SFY

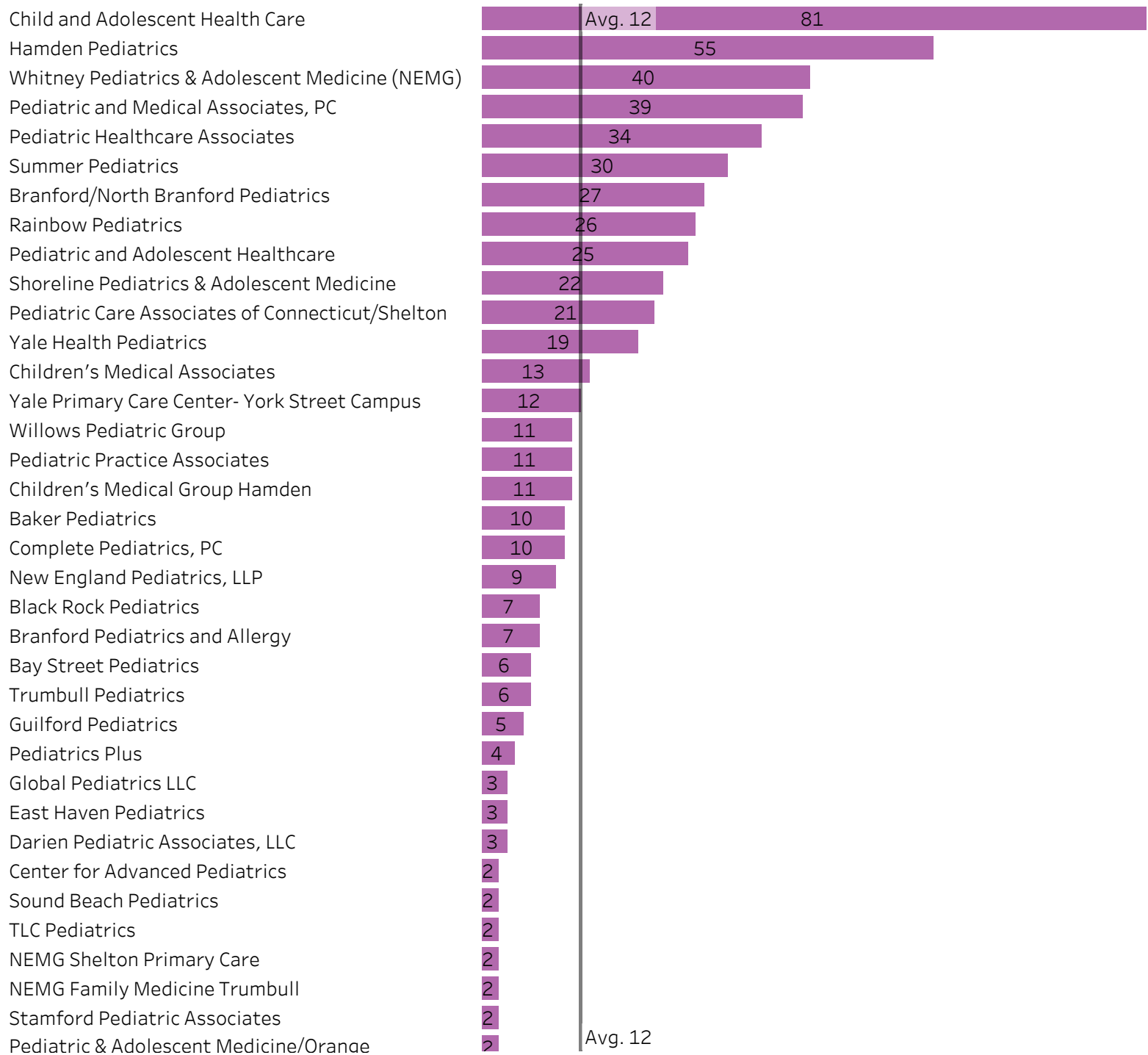
48

Total Youth Served by all  
practices in selected SFY

580

## Number of Youth Served by Practice

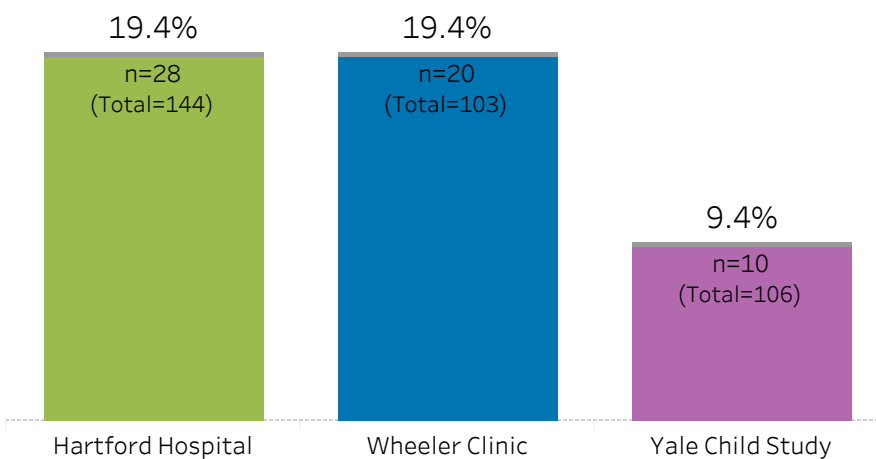
● New User of Program



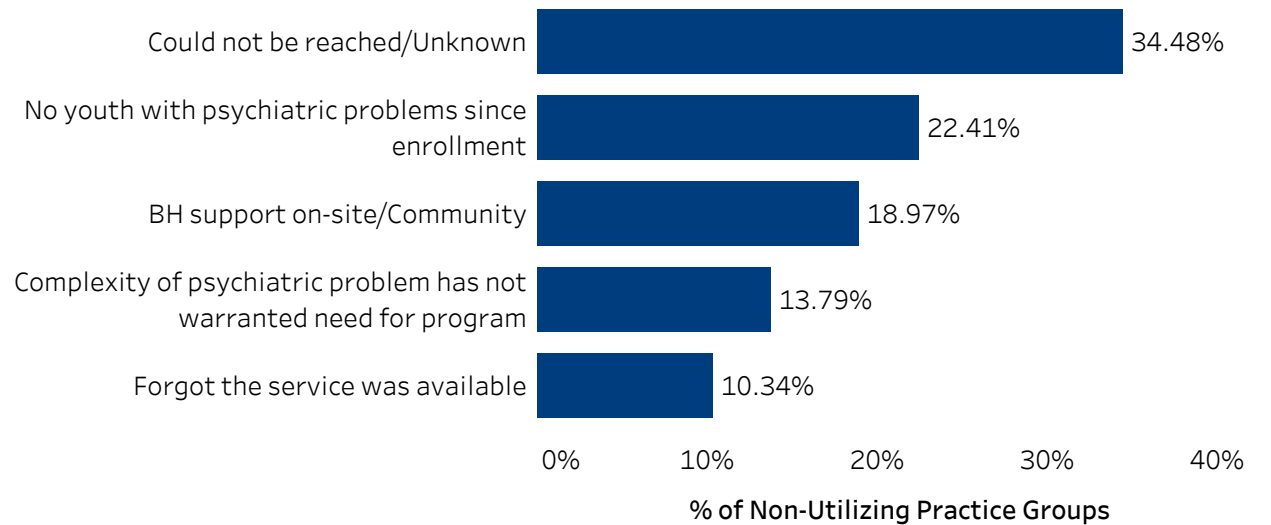
# Practice Non-Utilization

As of June 30, 2021, a total of 353 practice groups enrolled, **16.4%** (58 practices) did not utilize the service.

Non-Utilization by Hub for SFY 2021

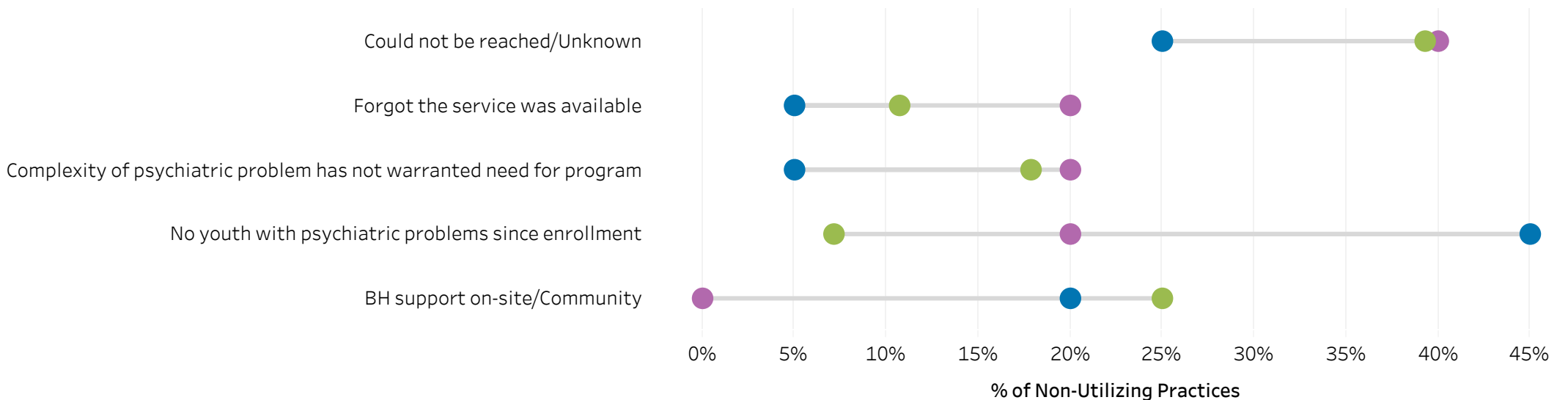


Practice Group Non-Utilization Reasons SFY 2021



Practice Group Non-Utilization Reasons by Hub for SFY 2021




● Hartford Hospital ● Wheeler Clinic ● Yale Child Study



# Program Satisfaction

Click to  
view Hub  
details  
▼

## PCP Satisfaction Scores

	Q1 SFY 20	Q2 SFY 20	Q3 SFY 20	Q4 SFY 20	Q1 SFY 21	Q2 SFY 21	Q3 SFY 21	Q4 SFY 21
 Hartford Hospital	4.97	4.94	4.99	4.95	4.93	5.00	4.96	4.95
 Wheeler Clinic, Inc	5.00	5.00	5.00	5.00	5.00	4.98	4.99	5.00
 Yale Child Study Center	5.00	5.00	5.00	4.99	4.98	4.99	5.00	5.00
Grand Total	4.99	4.98	5.00	4.99	4.97	4.99	4.98	4.99

## Count per PCP Score for All

● 99% or more received a score of 5

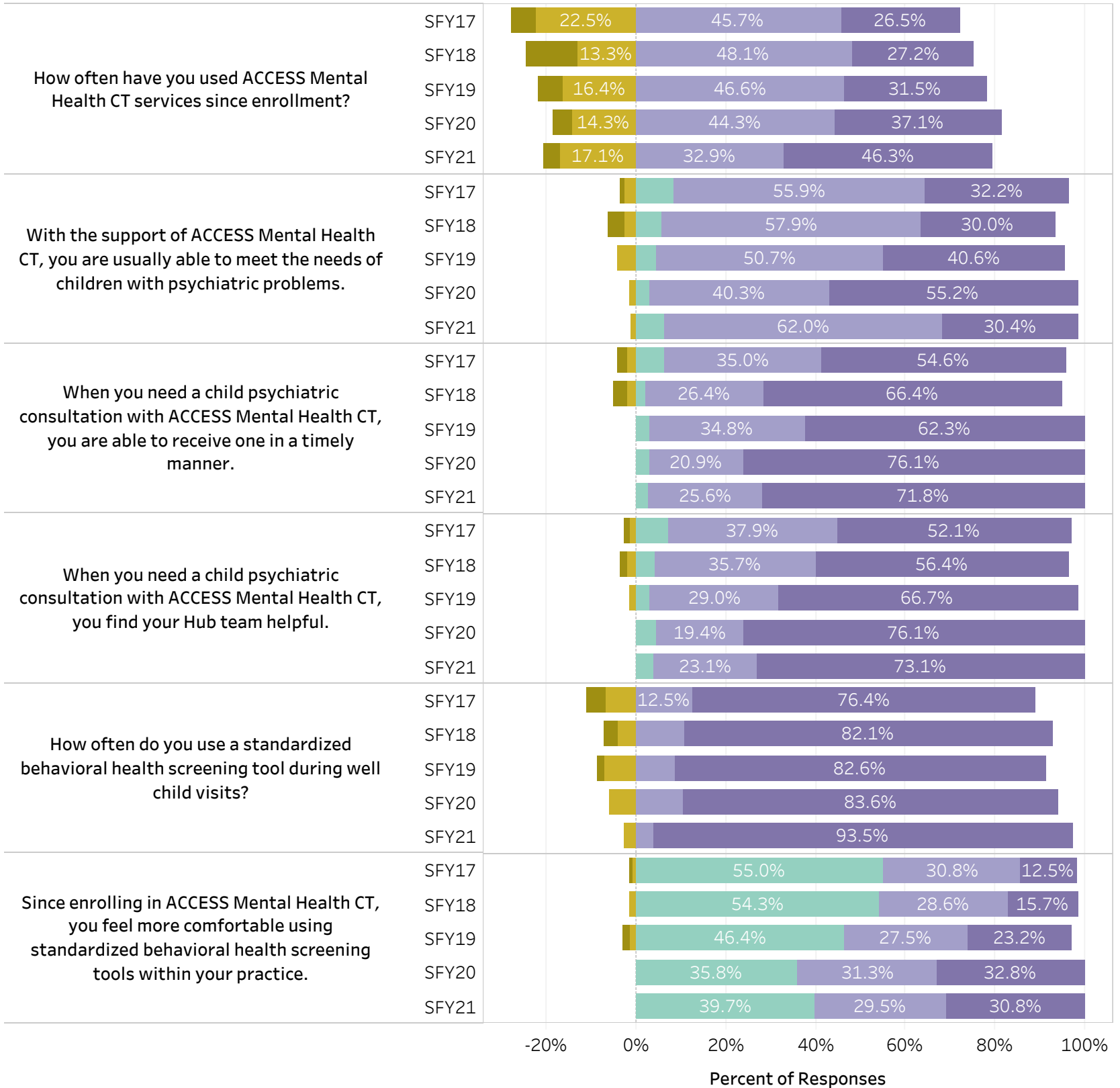
Satisfaction Score

	Q1 SFY 20	Q2 SFY 20	Q3 SFY 20	Q4 SFY 20	Q1 SFY 21	Q2 SFY 21	Q3 SFY 21	Q4 SFY 21
3	1			1			2	2
4	7	15	7	12	20	21	17	18
5	1,423	1,725	1,582	1,733	1,960	2,399	2,927	2,532
Grand Total	1,431	1,740	1,589	1,746	1,980	2,420	2,946	2,552

# Annual Survey

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

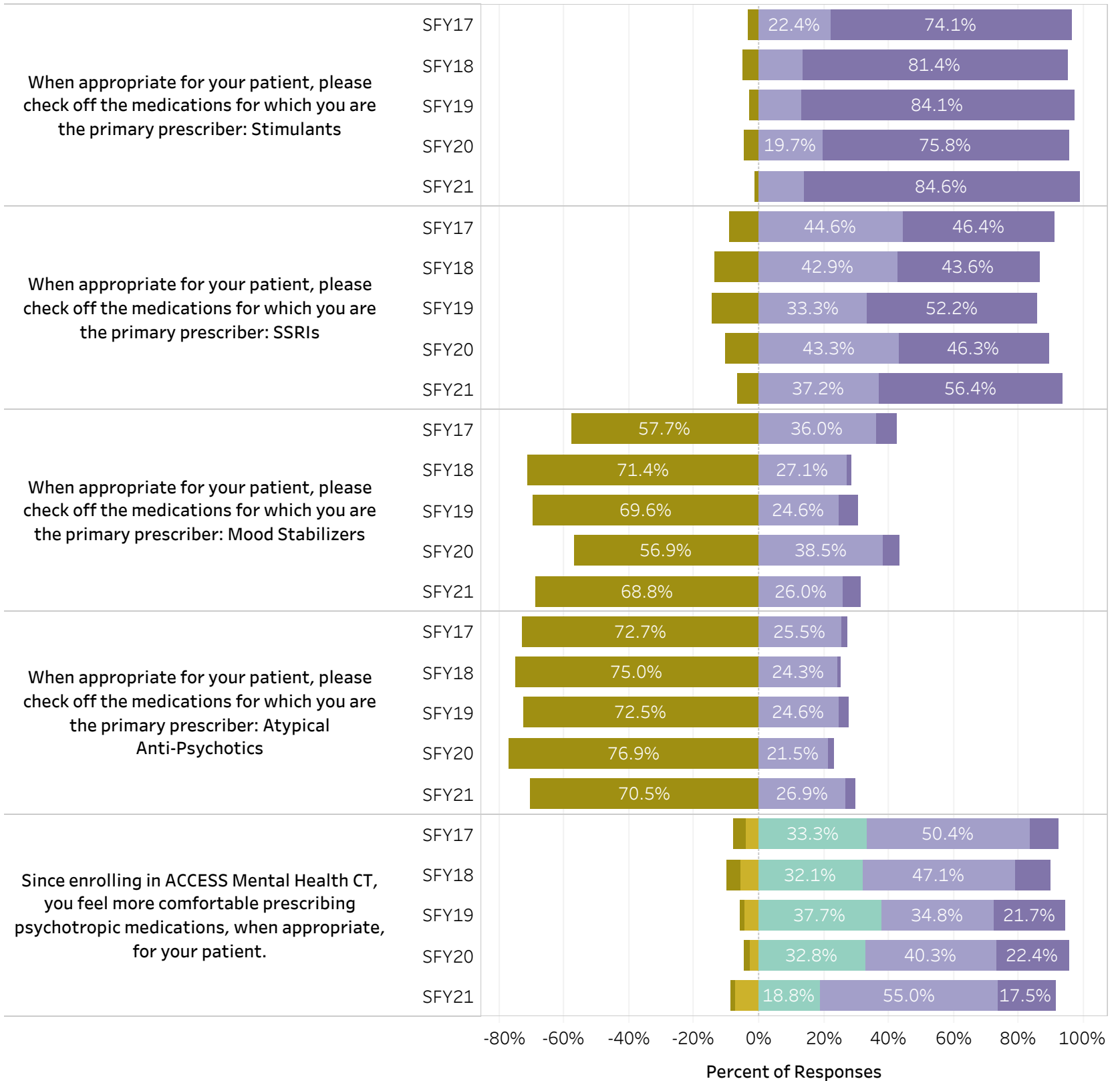
## Access to and Use of ACCESS MH Services



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

## Quotes from enrolled PCPs:

"This program is the best thing that has happened to Connecticut" ~PCP, Hartford Hospital Hub Team

"AMH has saved lives, thank you!" ~PCP, Wheeler Clinic Hub Team

"Very important resource for our practice" ~PCP, Wheeler Clinic Hub Team

"AMH has been transformative for me and my partners. We have been better able to serve our families in need, especially during this MH epidemic, with the support of our hubs. Our patients and families are much better off due to the support you provide. Thank you!!"  
~PCP, Yale Child Study Center Hub Team

"ACCESS Mental Health CT has been a lifeline for children, adolescents, and their families. The numbers of struggling children and families has soared during the past few years, and has only worsened with the pandemic. I am screening for behavioral health at every well visit and also when an issue is raised. The role of the general pediatrician has markedly changed over the years and we are doing more and more behavioral health. Had it not been for the support and training I have received from the child psychiatrists at AMH, many of my patients would not be receiving the care that they desperately need. I am a far better pediatrician because of ACCESS Mental Health. Please keep up the training webinars. I also am ever so grateful for all of the support and guidance given to me by the psychiatrists when I call them. According to reports from Colorado, numbers of children in trouble with mental health issues are climbing so rapidly that they have termed this a crisis. CT children and their primary care providers are fortunate to have this service."  
~PCP, Wheeler Clinic Hub Team

"One of the best services for mental health for pediatrics in the state. Priceless!! Please continue this program!" ~PCP, Wheeler Clinic Hub Team

"Very helpful, but the biggest problem is getting more therapists and child psychiatrists for patients to see" ~PCP, Yale Child Study Center Hub Team

"This program has been fantastic." ~PCP, Wheeler Clinic Hub Team

"Superb-it is VITAL for pediatrician and therefore our patients." ~PCP, Yale Child Study Center Hub Team

"Excellent consultation services" ~PCP, Hartford Hospital Hub Team

"As a primary care physician in today's current environment, I could not take care of my patients' psychiatric needs without having ACCESS Mental Health on call. They have been invaluable in connecting patients to care in addition to answering my medication questions. Their expertise and accessibility are truly invaluable to my practice." ~PCP, Wheeler Clinic Hub Team

"ACCESS Mental Health has definitely been of great benefit. I am learning more about the drugs that I have prescribed and their potential side effects. I am not as comfortable manipulating dosing without conversations with MH clinicians. I strongly encourage more webinars and I appreciate the multiple notices of when they are. Your communication about the webinars has been good." PCP, Yale Child Study Center Hub Team

"Very positive experience...excellent program" ~PCP, Wheeler Clinic Hub Team

"Your web meetings are during my office hours so I can't participate. It would be a big incentive if they provided CME credit" ~PCP, Hartford Hospital Hub Team

"AMH is an invaluable resource. Don't know what we would do without you." ~PCP, Wheeler Clinic Hub Team

# Program Feedback

## Quotes from enrolled PCPs (continued):

"Great!!" ~PCP, Yale Child Study Center Hub Team

"Consistently helpful medication consults. Also helpful when I need a patient to elevate their level of care." ~PCP, Hartford Hospital Hub Team

"Excellent! Help is only a phone call away! I really appreciate being able to speak with the psychiatrist on call. Most importantly, my patients are plugged into behavioral therapy in a timely manner." ~PCP, Yale Child Study Center Hub Team

"Excellent, I always receive help" ~PCP, Wheeler Clinic Hub Team

"Overall experience has been very good. Response was timely and I am impressed that I am so supported in prescribing and remaining in control of my patients' care. Thank you." ~PCP, Hartford Hospital Hub Team

"Excellent, but wish there was more availability for child psychiatrists who can see and then manage our patients in an efficient way" ~PCP, Yale Child Study Center Hub Team

"Excellent! Such a helpful program." ~PCP, Hartford Hospital Hub Team

"It would be nice if the parent/guardian could call directly" ~PCP, Yale Child Study Center Hub Team

"Thank you for this service- helpful non-judgmental feedback which allows me to learn and better care for my patients. A win-win. Thank you! ~PCP, Wheeler Clinic Hub Team

"AMH has been very helpful, especially for med consults, but also to help families find therapists that take their insurance." ~PCP, Yale Child Study Center Hub Team

"Excellent. I use them often and have received excellent help and support. Can't imagine not having them there." ~PCP, Hartford Hospital Hub Team

"They have been most helpful identifying therapists for patients based on clinical need and insurance" ~PCP, Yale Child Study Center Hub Team

"Excellent program. Much needed resource" ~PCP, Wheeler Clinic Hub Team

"Very helpful" ~PCP, Yale Child Study Center Hub Team

"Very helpful in helping me manage/start meds in an urgent situation. Ideally, we still need help getting patients into psychiatrists." ~PCP, Wheeler Clinic Hub Team

"Responsive, quick and always helpful" ~PCP, Yale Child Study Center Hub Team

"Great- always helpful" ~PCP, Hartford Hospital Hub Team

"Excellent! Always helpful. Great follow up and communication" ~PCP, Yale Child Study Center Hub Team

"Excellent!!! Very grateful to have this service and support" ~PCP, Hartford Hospital Hub Team

"I have had two great experiences and will be using it a lot more in the future. The ability to ask a psychiatrist right away about medication management has been great and they've been able to find help for two really difficult to manage patients who did not meet criteria for hospitalization" ~PCP, Yale Child Study Center Hub Team

# Program Feedback

## Quotes from enrolled PCPs (continued):

"Thank you for your help. I keep calling because I am afraid one day, they will say this service is no longer available." ~PCP, Hartford Hospital Hub Team

"You guys are awesome as always." ~PCP, Hartford Hospital Hub Team

"9 of 10--easy access and always have been able to speak with someone about a case. Most times, Access Mental Health has been able to achieve what I could not. Other times, at least they have been able to help me stabilize a patient by getting them started on medication, if needed, and coming up with a management plan based on the curbside consult format. Have used them in waves... definitely appreciate the service and their professional input. Everyone has always been so courteous and easy to work with there! THANK YOU!!" ~PCP, Wheeler Clinic Hub Team

"Good points. Thank you. You guys are so helpful." ~PCP, Hartford Hospital Hub Team

"Thank you for input and being available right away. It makes it easier for us to manage the patient." ~PCP, Hartford Hospital Hub Team

"ACCESS is a necessary resource for the pediatrics. I really would like to attend the talks given on Thursdays. We have lunch off from 12 to 1pm. We start seeing patients at 1pm. I can't participate because of the times. Perhaps it could rotate with a 5 to 6pm talk and a 12 to 1pm talk. That way people who can't make it at lunch would have an opportunity on another date to participate in an evening talk." PCP, Yale Child Study Center Hub Team

"Us pediatricians are very appreciative of ACCESS; you guys are very helpful." ~PCP, Hartford Hospital Hub Team

"Thank you for everything you do we greatly appreciate it." ~PCP, Hartford Hospital Hub Team

"AMH has been extremely helpful especially when parents can't find help." ~PCP, Wheeler Clinic Hub Team

"This was great. Thank you for talking the case out with me." ~PCP, Hartford Hospital Hub Team

"ACCESS-Mental Health is the greatest thing around!" ~PCP, Yale Child Study Center Hub Team

"It is so great that you can find care for patients in need. That's the magic of ACCESS." ~PCP, Hartford Hospital Hub Team

"The psychiatric (face to face) consultations are so informative, it has helped me treat more patients and give better care. This is now an essential part of my practice. My patients and families are always so positive after the appointments". ~PCP, Wheeler Clinic Hub Team

"I am extremely grateful for the work that you guys do. I always have a great experience and find your service to be immensely helpful." ~PCP, Hartford Hospital Hub Team

"Thank you for all of your ACCESS services, it has been a lifesaver." ~PCP, Hartford Hospital Hub Team

"Jodi and all the ACCESS staff are amazing, efficient and communicate with us and families and always follow up". ~PCP, Wheeler Clinic Hub Team

"I am very pleased with this consultation. Thank you so much for all that you do." ~PCP, Hartford Hospital Hub Team

"I really rely on ACCESS Mental Health so much. We could not do what we do without you." ~PCP, Wheeler Clinic Hub Team

"Thank goodness for ACCESS-Mental Health" ~PCP, Yale Child Study Center Hub Team

# Program Feedback

## Quotes from enrolled PCPs (continued):

- "All the pediatricians I talk with at meetings are always so enthusiastic about the ACCESS Program." ~PCP, Wheeler Clinic Hub Team
- "This is my first time working with ACCESS and I appreciate the thoroughness." ~PCP, Hartford Hospital Hub Team
- "After hearing Dr. Lustbader speak at Stamford Grand Rounds, I am now prescribing for my patients and feel that it is doable as I know I have support from AMH!" ~PCP, Yale Child Study Center Hub Team
- "I was skeptical about the cross coverage from psychiatrists I did not know, but it has worked very well." ~PCP, Wheeler Clinic Hub Team
- "What a fantastic resource AMH is." ~PCP, Yale Child Study Center Hub Team
- "You all are always so helpful." ~PCP, Hartford Hospital Hub Team
- "An invaluable service that is more & more needed in this post COVID mental health pandemic." ~PCP, Wheeler Clinic Hub Team
- "You (AMH) are my saviors" ~PCP, Yale Child Study Center Hub Team
- "Access Mental Health is extremely helpful especially with medication management and I've learned a lot! Also, very helpful with resources and connecting to care." ~PCP, Wheeler Clinic Hub Team
- "I don't call often since I've learned so much from Dr. Stubbe" ~PCP, Yale Child Study Center Hub Team
- "You are amazingly wonderful and can't even describe how helpful you are especially in Litchfield County." ~PCP, Wheeler Clinic Hub Team
- "Thank you. You guys help us so much every time!" ~PCP, Hartford Hospital Hub Team
- "Thank you, as usual, you guys help me so much all the time." ~PCP, Wheeler Clinic Hub Team
- "It is such a comfort that we have AMH to call to assist us whenever we need help – don't know what we would do without you!" ~PCP, Yale Child Study Center Hub Team
- "When I call, you are always helpful, and you never say no." ~PCP, Wheeler Clinic Hub Team
- "We try and help as many children as we can – having AMH to help us has been wonderful!" ~PCP, Yale Child Study Center Hub Team
- "I love you being out there! When I need you, it's wonderful" ~PCP, Wheeler Clinic Hub Team

## Quotes from Youth and Families:

- "ACCESS Mental Health is phenomenal, and my family is impressed by what your team has done for us." ~Parent, Hartford Hospital Hub Team
- "You are really keeping me in check with these follow ups and I appreciate that because that is what I need, I just have so much going on right now." ~Young Adult, Wheeler Clinic Hub Team
- "First, I wanted to thank you again for helping us find someone for our daughter to speak with. She was able to get an appointment this week with a therapist. I will touch base with you to let you know how they connected. Thank you so much!" ~Parent, Yale Child Study Center Hub Team

# Program Feedback

## Quotes from Youth and Families (continued) :

"Everything went great. Dr. Basu was very thorough and explained everything to us. She was absolutely fabulous!" ~Parent, Hartford Hospital Hub Team

"You guys are great. We wouldn't have gotten this close, this soon with an appointment without your help." ~Parent, Wheeler Clinic Hub Team

"I am grateful from the bottom of my heart. When we spoke on the phone, I wanted to express how impactful is the difference you make on our lives and my child's health. You have gone above and beyond to provide professional, kind and calming guidance and information. I am not very good with words, so pardon my stumbling, but this world is better because of you and all the help ACCESS Mental Health offers. You are quite literally saving lives!!!!!" ~Parent, Hartford Hospital Hub Team

"I wanted to inform you that I was able to schedule an appointment for my child. Thank you again for all your kindness and assistance." ~Parent, Yale Child Study Center Hub Team

"Please tell your team I said thank you, you were a godsend." ~Parent, Hartford Hospital Hub Team

"Thank you so much, I appreciate you getting back to me and for all your help." ~Parent, Yale Child Study Center Hub Team

"Thank you for all of your help with our child. I am so appreciative for everything you did to help and guide us. My child adores the therapist you connected her to, and is feeling like she is a great fit for her. She is looking forward to her 3rd session with her today. Her dad and I met with her as well and we loved her too! Thank you again for everything!" ~Parent, Yale Child Study Center Hub Team

"Thank you honestly for everything, your program is amazing." ~Parent, Hartford Hospital Hub Team

## Quotes from ACCESS Hub Teams:

"Partnering with our pediatric colleagues has never been more important than this past year when the need for mental health services rose significantly and the availability of these services declined in context of the public health crisis. The ACCESS MH team worked hard to find and connect families with services despite these challenges. This diligence has been recognized by the providers enrolled with AMH with more calls and consultations requested as well as gratitude for the support. Providing psychoeducation to pediatricians is also highly rewarding as they continue to request more education and feel more confident with psychotropic medications." ~Hub Team Psychiatrist

"The past year has been particularly challenging for not only patients, but providers as well. It has been rewarding for me to be of service to my pediatric colleagues and be able to help them care for their patients through education, discussion, and direct guidance. On occasion, I have also utilized the opportunity to provide encouragement because it has, understandably, been overwhelming for them as they try to meet a higher volume of mental health needs in the primary care setting. Also, I am grateful to be a part of a team that works so seamlessly together. I will never always have all the answers. It is nice to know that my hub team members are gladly willing to answer questions, provide support and offer other perspectives when requested." ~Hub Team Psychiatrist

"This year we've seen a massive increase in PCP utilization of ACCESS for a wide variety of purposes. The pandemic has been related to great increases in rates of mental illness among children and teens, and an unprecedented increase in referrals for mental health care, including presentations to primary care providers. One PCP told me "I used to handle sore throats and asthma, now all of my patients are here for depression and anxiety." Since mental health specialists have been overwhelmed by referrals, it has fallen upon PCPs to provide more mental health care than ever before, and it has been more challenging to connect their patients with needed referrals. When I expressed to a PCP that ACCESS can arrange a timely and appropriate referral, she expressed "It's so great that you can find care for patients in need. That's the magic of ACCESS." We've also seen increased sophistication amount PCPs in handling mental health issues, bolstered by educational efforts like the clinical conversation series. Several times I've had PCPs cite information they gleaned from the clinical conversation series. Recently a PCP expressed to me that he intended to increase the dose of a bulimic patient's SSRI because of a study finding higher doses work better for those with bulimia. I was unaware of such a study but looked it up and found it. The PCP taught me in this case, but I was able to use my experience to guide him how best to accomplish his goal." ~Hub Team Psychiatrist

# Program Feedback

## Quotes from ACCESS Hub Teams (continued) :

"It has been a wonderful experience this past year. I thoroughly enjoy speaking with PCPs and providing support and psychoeducation on a variety of topics. I truly get a sense of value in the work that we do and appreciate the difference we are trying to make. The opportunity for PCPs to reach out to us for collaboration has allowed for more opportunities for patients to receive mental health treatment." ~Hub Team Psychiatrist

"During a most challenging year with the impact of the COVID-19 pandemic, I am proud to be a part of a team that has continued to overcome the hurdles and provide ongoing support to families and PCPs. The hub team quickly adjusted to working remotely, use of telehealth services, and maintaining connections with PCP offices. In addition to working remotely, with the onboarding of new staff joining the team they were able to support each other and build a team rapport through the video and telephone. This team rapport has continued to grow through a now hybrid in office schedule providing the team the chance to connect with each other face to face. With the COVID-19 pandemic came an increase in the acuity of presenting concerns with patients and an increase in call volume. The team seamlessly worked together to maintain the constant communication and outreach to community providers to confirm their acceptance of clients and if they were working remotely and accepting new clients. In addition to this, they worked through program waitlists and still connected families to resources. An additional way they maintained community collaboration was attending the community collaborative meetings held virtually. Reflecting back on the past year, I am impressed with the quick responses and transitions the team made. It is evident in the quotes provided that families and PCPs greatly appreciated the hub's efforts, support, and reliability." ~Hub Team Administrator

"The COVID-19 Pandemic hit during the last quarter of the last year. The effect and stress that this has caused for patients and our practices has been protean. Practices initially had minimal contact with patients with decreased volume and had to lay off staff. Many of our PCPs were not sure whether they would have to close their practices. However most persevered and found a way to address and adapt to video and virtual medicine technique. Understandably, at first, mental health seemed to take a back seat to public health concerns. Over the course of this year there has been a slow and uneven recovery with transitions from distance to hybrid and in person schooling and medical appointments. Overtime the mental health impact of the pandemic has become increasingly apparent. As one of our practitioners stated, "We are increasingly confronting a post COVID pandemic mental health pandemic." ACCESS Mental Health responded to support our practices through monthly ZOOM conferences supporting practices and this evolved into our monthly "Clinical Conversations," providing a professional community forum for both ongoing support and behavioral health training. We also checked in with PCPs when they called and provided support where indicated. ACCESS Mental Health transitioned back to a hybrid or on site and remote/televideo conferencing allowing us to maximize the flexibility advantages of both. As noted, initially our volume of ACCESS Mental Health calls decreased dramatically in the first months of the pandemic as children, families, and practitioners tried to cope with challenges presented by COVID-19 including distance learning, isolation, health, and financial hardships. The volume of calls began increasing again in June 2020. This is likely due to the PCPs decreased volume and office hours as well as the nature and gradual resumption of the patient contacts. Surprisingly, for the most part the calls that we received did not change substantially in that they were predominantly clinical questions or care coordination. The trend that we have seen over the past year also progressed in that the nature of the questions from our providers reflected increasing familiarity, skill, and comfort in identifying and addressing mental health questions. How to screen has become how to address concerning or apparently discrepant score. Medication related questions also reflect greater skill set of our PCPs with increasing number of questions about addressing treatment non responders or complex medication regimens. Over the course of the year the volume as well as the complexity of calls have continually increased. For instance, care coordination not only increased in number but became more complex. ACCESS staff would check with practices as to who was accepting patients, who was providing in person vs telemedical services. It took many more calls to close each case and calls were often not returned as quickly. This added up to a dramatic increase in the workload in order to provide the level of service our families and practitioners needed. Despite this, throughout the pandemic we continued to answer questions when asked and connect children and families to appropriate care in-person or via video. Another trend was that there was a significant increase in calls pertaining to anxiety and depression in older teens and young adults, PCPs calling about the numerous college students who returned home due to campus closures and or transition to distance learning. We had many calls from PCPs struggling to help youth beyond our contract age limit of 18 years. Needless to say we provided help and support when called, though we limited the amount of care coordination and follow up as required. This going above and beyond was greatly appreciated by our PCPs. Many made requests for our expanding our age range to young adults or at least to 21 (as do our pediatricians). Our pediatricians expressed great appreciation that ACCESS Mental Health was always there, always answering their calls and immediately helpful and supportive throughout the pandemic stating things such as "you are always there when I needed" and "one less thing to worry about..."

# Program Feedback

## Quotes from ACCESS Hub Teams (continued) :

"...ACCESS Mental Health continues to make a profound difference in the lives of families and the identification, delivery, and access to children's mental health services. I continue to be awed and humbled by the professionalism and dedication of the practices and staff with whom we have the privilege to work." ~Hub Team Psychiatrist

"I have been associated with the novel idea of ACCESS Mental Health since it became operational in 2014. Program bridges the gap of behavioral health access to pediatric age group. Program covers the entire state of Connecticut through 3 hubs providing access to mental health expertise to primary care physicians through child psychiatrists. Over the course of last 7 years relationships between hub staff and primary care physicians has matured. Primary care providers feel much more comfortable dealing and addressing issues of mental health issues and their offices. Gone are days when primary care physicians felt intimidated to address mental health issues in their practices. Encounters with primary care physicians are now at much advanced levels for both psychopharmacological intervention and care coordination. Their calls are more about complicated and complex patients then straightforward management of ADHD, anxiety, or depression. Now they call us with queries as to what needs to be done going forward as they have already tried a few things before they picked up the phone and called ACCESS Mental Health. Knowing that ACCESS Mental Health provides them psychiatric expert and is a phone call away they are more open to try managing patients with behavioral health in their own offices rather than asking for care coordination and link up of behavioral health services. The COVID-19 pandemic has impacted the number of face-to-face encounters though the acuity of mental health needs has gone up in the pediatric patients. Primary care physicians have called more often regarding mood and anxiety issues impacting pediatric age group due to COVID-19 pandemic and virtual learning in school." ~Hub Team Psychiatrist

"This past year was definitely one for the books. I had just joined the team and then a couple weeks later we had to transition to remote work. We continued to maintain the integrity of the program, collaborate, and attend both internal meetings and external community collaborative meetings virtually. During the pandemic we experienced a higher number of calls and were still able to connect families to resources in a timely manner all while being down a Peer Support Specialist. In the second half of the FY we had our Peer Support Specialist join the team, she has been a wonderful addition. It has been great having her experiences, expertise, and bilingual abilities. We have since started transitioning back to the office and now maintain a hybrid work schedule which keeps the functionality of the program intact. During this challenging and ever-changing year, the team has remained cohesive, supportive, and operation has continued as usual. I think ACCESS Mental Health 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 take some of the stress off their shoulders during a time that can be very difficult and emotional. We don't just provide resources, we become their support system and their advocates to help them get the best care for their families." ~Hub Team Clinician

"As Program Coordinator and front line to answering the phones, I have continued to develop relationships with the PCPs as they call in. The PCPs continue to express their appreciation and relief in having ACCESS Mental Health available as a resource. They feel supported and are very thankful for the hub's timely communications informing them of the resources given to the patients along with information on the patients' connection to care. Through the pandemic, the team has continued to maintain the high standards of care our providers and families are accustomed to. The cross-coverage process among the three hubs have also continued seamlessly and the process itself has become more efficient than ever. It is clear how important this program is for the PCPs, their patients, and families and it continues to be an honor to be part of this process." ~Hub Team Program Coordinator

"I joined the ACCESS Mental team in January 2021. It was a whirlwind of a time. The office was not operating at full capacity, so most of my training was done virtually. I was able to learn and grow quickly with the incredible support of my colleagues Jodi and Jessica. Their leadership, organization, and kindness allowed me to feel connected and at home in my new position, even from the confines of the screens we communicated through. Our ability to adapt quickly as a team continues to shine as we transition to a hybrid model. As a Peer Support Specialist, I have the unique opportunity to use my own personal experience navigating the behavioral health world. I assist families that are beginning their own journeys in behavioral health. It has been so fulfilling to help families feel less alone as they are connected with mental health care. It is a privilege to work for an organization that makes such a difference in the lives of so many families." ~Hub Team Peer Specialist

# Case Vignettes

The following vignettes were provided by the Hub teams as part of their SFY'21 annual assessment submissions to Beacon's Central Administrative Team

## Vignette #1

A PCP called AMH psychiatrist with concerns about a 15-year-old female with a history of anxiety. While pharmacological interventions were discussed in the past, her parents declined with the hope that weekly individual outpatient psychotherapy would be enough to treat her anxiety. At the time of the phone consultation to AMH, she was at the PCP's office endorsing worsening anxiety and depression. She reported passive suicidal thoughts of "why am I here?" and "I would be better off dead". She denied active suicidal plans or intent. She endorsed urges to "hurt" herself and stated that she last cut herself one week ago.

The following recommendations were discussed with the PCP:

- PCP was advised to gather more detailed information regarding suicidality, self-injurious thoughts and to examine her self-inflicted wounds. If safety concerns are higher after re-evaluation, PCP will refer the patient to the emergency department for crisis stabilization.
- PCP was advised to also contact the patient's therapist for additional information, to provide an update, and to recommend an increase in frequency of sessions.
- AMH care coordination team will connect youth to an intensive outpatient program (IOP).
- PCP will start Zoloft 25mg x 1 week, then increase Zoloft to 50mg daily. She will continue to bridge the medications until IOP starts.

The information initially presented in this case was vague regarding suicidality. After further questioning and discussion with the PCP, she stated that it was very helpful to be provided with examples of the types of questions that could be asked to obtain more detail about suicidal ideation and intent, as well as additional information that could be gleaned from inquiring about self-injurious thoughts and intent and examination of wounds.

## Vignette #2

A PCP called AMH psychiatrist with concerns regarding a 15-year-old male of Pakistani descent who was struggling with worsening depression, experiencing hallucinations, and running away from home. He was also struggling academically. Despite a recent inpatient psychiatric hospital admission, he was refusing medication management and psychotherapy post discharge from the hospital and was continuing to decompensate. The PCP contacted the AMH program in hopes of helping this youth connect to much needed mental health treatment.

After contacting his mother, the AMH psychiatrist learned of additional barriers to accessing mental health services including a language barrier, financial stressors, and a family history of mental health issues. The AMH psychiatrist worked as an interpreter and assisted the youth and family in connecting to in-home therapy and medication management.

## Vignette #3

A five-year-old male who was struggling with dysregulated mood, hyperactivity and out-of-control behaviors was referred to AMH for a one-time face-to-face evaluation to help with diagnostic clarification as well as treatment recommendations.

At the time of referral, he had a Section 504 Accommodation Plan at school, but was not attending as he was unable to manage the in-person kindergarten setting. Social stressors included remote schooling and difficulty engaging with school in the conventional way. His mother reported that he was becoming increasingly emotionally dysregulated and aggressive. Things she had done in the past to assist him were no longer working and at times he was "trashing his room" and becoming aggressive when frustrated and angry. The pediatrician had diagnosed him with Attention-deficit Hyperactivity Disorder, Combine Presentation (ADHD). Medication trials of guanfacine and methylphenidate had been unsuccessful. Biological vulnerabilities included reports of in-utero exposure to alcohol. Further biological family psychiatric history was unknown. Additionally, he displayed chronic hyperactivity, immature social skills, and special interests that predominated his time. His strengths included presenting as a bright, knowledgeable, curious, and creative boy.

# Case Vignettes

## Vignette #3 (continued)

The Childhood Autism Rating Scale (CARS) was completed during his evaluation. He presented with notable characteristics of ASD, including difficulties interacting with peers, missing social cues, and becoming easily frustrated and dysregulated. However, he also demonstrated the ability to engage with some reciprocity. The AMH psychiatrist discussed with his parents following the evaluation that his presentation did not fit neatly into any diagnosis. His symptoms included ADHD (with inattention, hyperactivity, and impulsivity), mild Autism Spectrum Disorder (or ASD traits), and symptoms of disruptive mood dysregulation disorder, DMDD.

The following recommendations were discussed with the family and pediatrician following the evaluation:

- Requesting further evaluation by school to determine eligibility for special education, with the psychiatry report provided by AMH providing supporting documentation for this.
- A trial of low-dosage risperidone to assist with unsafe emotional regulation and aggression. It was agreed that the PCP would begin this medication and serve as a bridge prescriber while the more lengthy process of procuring more focused and specialized mental health treatment was accessed.
- The AMH Team provided a referral for specialized mental health therapy and psychoeducational support for his parents, as well as psychopharmacology treaters.

At time of follow-up with the family they had successfully accessed psychosocial therapy and psychopharmacology consultation. He was provided with and a special education Individualized Education Program (IEP) at school, which assisted in re-engaging him to attend school in person. The family and PCP were quite satisfied and appreciative of the support as he was making notable progress behaviorally and academically following the consultation.

# 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 Ashford Bozrah Brooklyn Chaplin Colebrook Cornwall Coventry Deep River East Haddam East Lyme East Windsor Eastford Griswold Hampton Hartland Harwinton Killingly Lebanon Ledyard Lisbon Litchfield Mansfield Montville North Stonington Plainfield Plymouth Pomfret Portland Preston Putnam Scotland Sprague Stafford Sterling Stonington Thomaston Thompson Union Voluntown Waterford Willington Winchester Woodstock	Avon Barkhamsted Berlin Bolton Burlington Canton Chester Clinton Colchester Columbia Cromwell Durham East Granby East Hampton Ellington Essex Farmington Glastonbury Granby Haddam Hebron Killingworth Lyme Madison Marlborough Middlefield New Hartford North Branford Old Lyme Old Saybrook Salem Simsbury Somers South Windsor Southington Suffield Tolland Wallingford Westbrook Windsor	Hartford New Britain New London	Bloomfield Bristol East Hartford Enfield Groton Manchester Meriden Middletown Newington Norwich Plainville Rocky Hill Vernon West Hartford Wethersfield Windham Windsor Locks	Easton Greenwich