



ACCESS
Mental Health CT

ANNUAL PROGRESS REPORT

SFY 2022: July 1, 2021 - June 30, 2022



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Acknowledgements

State Fiscal Year 2022: July 1, 2021 - June 30, 2022

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A Beacon Health Options-CT Dashboard

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Introduction

ACCESS Mental Health CT is a statewide program funded by the Department of Children and Families (DCF) created to ensure that all youth and young adults under 22 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 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 and young adults under the age of 22 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 share 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, 2021 through June 30, 2022 (SFY 2022); in some metrics, totals covering the entire length of the program or "since inception" June 16, 2014 through June 30, 2022 are also provided. Most dashboards in this report allow the reader to change the date range by selecting the year(s) in the filter at the top of each dashboard. Date ranges are clearly labeled on each graph or table depicting the corresponding timeframes selected by the reader. Filters are also added to Hub specific dashboards to allow the reader to select and view data for each Hub team.

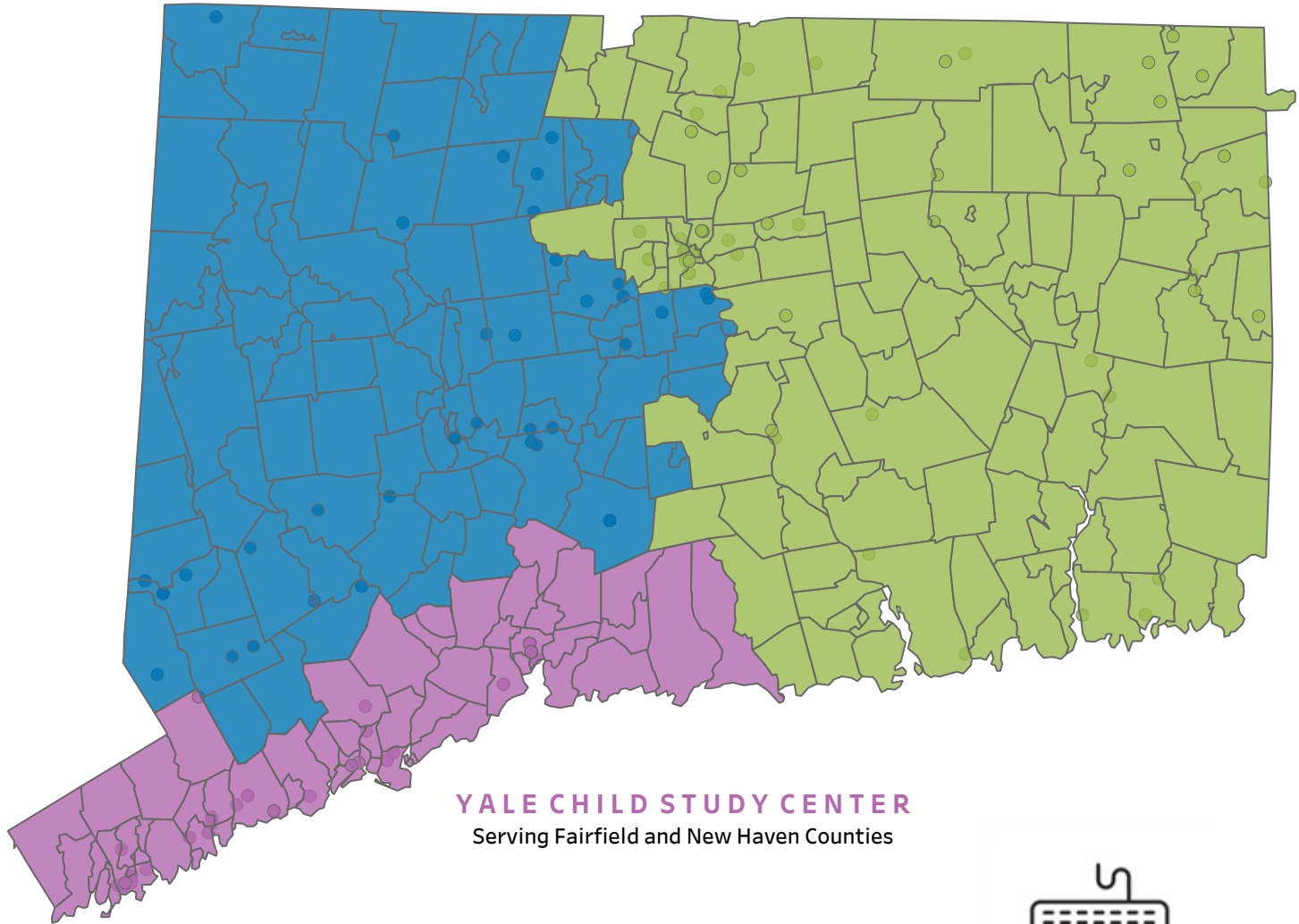
Hub Catchment Areas

WHEELER CLINIC, INC

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

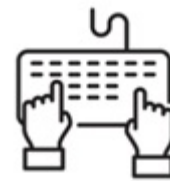
HARTFORD HOSPITAL

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



YALE CHILD STUDY CENTER

Serving Fairfield and New Haven Counties



Type a town to find the assigned HUB
No items highlighted

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

Primary Care providers treating youth and young adults under the age of 22 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/youth/

Executive Summary

As the ACCESS Mental Health CT program concludes its eighth full operational year, the need for mental health care for youth in Connecticut far exceeds the state's capacity to provide services in a timely manner due to unprecedented provider shortages. The ripple effect of the COVID-19 pandemic has led to a children's mental health state of crisis (American Academy Pediatrics-AAP), as well as significant increases in stress and high levels of provider fatigue. When asked to comment on the program's impact on pediatric primary care, Dr. Sandra Carbonari, Chair of the Advocacy Committee and Treasurer of the CT Chapter of the AAP, wrote:

"As a member of the team who developed the first iteration of the current ACCESS Mental Health program shortly after the Sandy Hook tragedy, I know that it has been of enormous benefit to pediatricians and the families they serve. The expansion of the program to include all pediatricians and their patients has made a very real difference in many lives. Knowing that a child psychiatrist was available by phone within minutes improved my ability to care for a patient in real time. The added benefit was the education from that one interaction improved my skills in caring for other patients with similar problems. Although retired from active practice, I am proud to continue to serve on the [ACCESS Mental Health] Medical Advisory Board. ACCESS Mental Health is the most effective state run program I have seen in my 40 years of pediatric practice."

As evidenced by the data showcased within this report, the ACCESS Mental Health (AMH) program remains a proven asset by providing vital support to pediatric primary care providers through consultation, training, and clinical conversation. The Hub teams met and exceeded the program benchmarks set for this state fiscal year (SFY'22). Enrollment remains well distributed throughout the state and program satisfaction is extremely positive. Primary Care Providers (PCPs) continue to report changes in their comfort level while expressing gratitude for the program's support.

While program utilization continues to show little variation in five fiscal years (48% of practice groups used the program at least once in SFY'22), consultation volume and volume of youth served have exceed last year's record breaking numbers. Additionally, enrolled PCPs contacted their respective Hub team psychiatrist requesting a medication consultation for 873 unique youth in SFY'22. This is a 20% increase in volume (148 youth) when compared to the previous state fiscal year (725 unique youth in SFY'21) and is the highest annual volume of youth subject to a medication consultation since inception of the program. A PCP shared in this year's annual survey:

"I have found ACCESS Mental Health to be an invaluable resource at extending my knowledge of psychopharmacology. They [Hub team psychiatrists] always listen thoughtfully to my patient histories and explain their reasoning behind their recommendations. With the help of ACCESS Mental Health, I have been able to provide more comprehensive care for my patients during a time when there is unprecedented need for mental health services. Thank you for being there!"

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 22 years are eligible for enrollment in the program. The program uses a supplemental report provided by the Department of Public Health generated directly from an online database called the CT WiZ System to help identify primary care practices across the state. The CT WiZ system is a statewide immunization information system designed to track immunizations administered in public health settings. While this 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 Q4 SFY'22.

As the program ends its eighth operational year, a total of 432 pediatric and family care practice sites were identified as eligible for enrollment and approximately 83% (357 out of 432) of eligible sites were enrolled statewide as of June 30, 2022. While this is comparable to last state fiscal year (82%, SFY'21), the provider landscape remains fluid as practices merge, PCPs change locations, practices change addresses, new practices enroll, and some close.

Approximately 62% of the enrolled practice sites were identified as pediatric, all of which are equally distributed throughout the Hub teams. Approximately 33% were identified as family medicine practices treating the lifespan with the majority enrolled in Hartford Hospital's designated area. Approximately 4% 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 71% (144 out of 203) of the total eligible practice sites within their designated service area. Wheeler Clinic enrolled 93% (107 out of 115) of their total eligible practice sites and Yale Child Study Center enrolled approximately 93% (106 out of 114) 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 17% (75) of primary care practices across the state are not enrolled in the program. The top two reasons provided were "our practice treats very few children" or "we have behavioral health integrated within the practice". However, in January 2022, the program expanded to support young adults up to 22 years of age. As the news regarding this young adult expansion spread, interest in enrollment increased. As a result, the Hub teams report multiple enrollment meetings scheduled in Q1 SFY'23.

Youth Demographics: Collectively, the Hub teams are available to all youth in Connecticut under the age of 22 years. 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, 2022, enrolled PCPs contacted their respective Hub teams requesting consultation for 10,576 unique youth presenting with mental health concerns.

In SFY'22, the program served a total of 2,254 unique youth. This is an 18% increase in volume (343 youth) when compared to the previous state fiscal year (1,911 unique youth in SFY'21) 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% (1,122 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 33% (752 youth) and approximately 7% (162 youth) of the total volume of youth served in SFY'22 were under the age of six.

While the program was originally designed to support youth under the age of 19 years, the Department of Children and Families (DCF), together with the Departments of Mental Health and Addiction Services (DMHAS) and Public Health (DPH), and Beacon, submitted 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) to allow the program to expand services to PCPs treating young adults 19 to 21 years of age. HRSA awarded this 5-year grant to Connecticut in September 2021 and the program expanded to support primary care providers treating young adults effective January 2022.

Youth Demographics (continued) : In SFY'22, the Hub teams supported 218 young adults 19 years and older (10% of the total volume); this is a 17% increase in volume when compared to last state fiscal year (SFY'21; 187 young adults served). Of the 218 young adults served, 23 were noted to be over the age of 21 years, with the oldest being a 28-year-old adult with an intellectual impairment needing a psychotropic medication consultation. It is important to note that the Hub teams provided psychiatric consultation and care coordination support for all 218 young adults.

Feedback from both pediatric and family care practice physicians regarding the program expansion has been overwhelmingly positive. For example, a PCP wrote in this year's annual PCP survey:

"Fantastic. Super helpful, easy to connect with. They [AMH psychiatrists] really help me feel more confident doing more psychiatric management because I know I can consult them anytime. Essential service for primary care. So happy about the program expansion to 19-21 year old patients!"

Approximately 5% (115) of the youth served by the program in SFY'22 were noted by the PCP to have DCF involvement. This is an 11% decrease when compared to the youth noted to have DCF involvement in SFY'21 (7% or 129 youth). As programs continue to divert 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 2,254 unique youth served in SFY'22, the majority of youth served across all age groups were identified as White (73% or 1,648 youth), with approximately 14% (317) Black youth, 3% (64) Asian youth, 4% (98) identified as other, and 6% (127) of youth served by the program were identified as unknown. Approximately 13% (303) 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 (ACS) 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 identified as White, 22% (198,417 out of 922,458) were Hispanic youth, 11% (104,756 out of 922,458) were identified as Black, and 4% (38,776 out of 922,458) were identified as Asian 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'22 is also small. In order to compare the race/ethnicity of the youth served by the ACCESS Mental Health program compared to the youth living in Connecticut, the youth identified as "other" and "unknown" are removed from this analysis. Also, the methodology built into the 2019 ACS calculations combine race and ethnicity together; those youth who identified as White, non-Hispanic and White, Hispanic are both included together in the White calculation, and all youth identified as Hispanic regardless of race are included in the Hispanic calculation. Therefore, the volume of youth served by the program is not a unique count; shifting the total number of youth served to 2,332, 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'22 were identified as White youth (71% or 1,648 out of 2,332 youth). This is an over-representation when compared to the total volume of White youth living in Connecticut. The volume of Black youth served by the program statewide in SFY'22 (14%; 317 out of 2,332 youth) is also slightly over-represented when compared to the 2019 Census projections. Of the youth served by the program in SFY'22, approximately 13% (303 out of 2,332) identified as Hispanic. This is an under-representation as compared to the total volume of Hispanic youth living in Connecticut. Asian youth served by the program statewide in SFY'22 (3% or 64 out of 2,332 youth) were also slightly under-represented when compared to the 2019 Census projections.

The under-representation of Hispanic and Asian 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 (2,332 compared to 922,458) and is dependent on the youth's PCP to initiate a consultation with their respective Hub teams. Also, when discussing the under-representation of youth of color served by the program, PCPs from the AMH PCP Advisory Group noted that this was just a subset of youth in which the PCP had questions and needed a psychiatric consultation. 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, as noted in previous reports, 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. However, that data is not available.

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.^[1] 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'22, approximately 40% (889) of youth served by the program came from Suburban communities with a slightly above average median family income and approximately 37% (834) 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 communities with polarizing poverty and wealth, with approximately 11% (237) of the total youth served by the program coming from communities with high poverty (Urban Core) and only 3% (78) 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 for their medical care. They are also more likely to experience unstable housing, resulting in numerous moves. Frequent moves make it harder to establish a long-term relationship with a primary care provider.

Representatives from the program's PCP Advisory Group noted that the length of time the PCP has treated the youth may also influence a PCP; hypothesizing that PCPs are more likely to notice a change in presentation for youth with whom they are familiar, regardless of race/ethnicity. They also speculated that parents are more likely to report mental health concerns in their child to a PCP with whom they have a trusted rapport.

Beginning in SFY'23, the Hub team psychiatrists will ask the PCP if a screening tool was used in hopes to promote the importance of universal screening to help to identify mental health and or substance use concerns in youth regardless if they are a new patient in the practice or a long-term patient. While some primary care practices across the state have not added behavioral health screening tools as a standard during well child visits, many have. With the support of the 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 and length of time in their care.

In addition, the Hub teams will continue to include mental health focused trainings with a health equity lens throughout the next state fiscal year.

^[1] 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.

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, 2022, the Hub teams have provided 57,727 consultative activities supporting PCPs treating youth within their primary care practice. This is an increase of 10,994 encounters since last state fiscal year when the program to date total was noted as 46,733 consultative activities.

The Consultative Activities dashboard shows the statewide volume of consultations over eight years of programming depicting annually, quarterly, and monthly comparisons. In SFY'22, the program provided a total of 10,994 consultations with an average of 916 consultations per month and an average of 2,749 consultations per quarter. March continues to be the busiest month of the year for consultations. This is the highest annual volume since program inception with an 11% increase (1,075 consults) from last state fiscal year when the program provided a total of 9,919 (SFY'21).

Yale Child Study provided the highest volume of consults in SFY'22 with a total volume of 3,986 consultations or 36% of the total statewide volume. This is an increase of approximately 30% (911) in volume of consultations when compared to the volume of consultations provided last state fiscal year (3,075 in SFY'21). Wheeler Clinic provided approximately 33% (3,621 out of 10,994) of the total statewide volume. This is also an increase of approximately 10% (330) in volume of consultations when compared to the volume of consultations provided by Wheeler Clinic in SFY'21 (3,291). Hartford Hospital provided approximately 31% (3,387 out of 10,994) of the total statewide volume of consultations this state fiscal year. However, this is a 5% decrease in volume of consultations when compared to their consultation volume last state fiscal year (3,553 in SFY'21).

Direct PCP Consultations: Of the 10,994 consultations provided throughout the state in SFY'22, approximately 40% (4,441 consultations) were reported as direct contact with PCPs. This is a 22% increase when compared to SFY'21 (3,653 consultations, or 37%). This includes both initial inquiries and follow up phone calls to the PCP.

In SFY'22, per Hub team report, approximately 97% (2,487 out of 2,562) of initial PCP calls were answered by the Hub team's consulting psychiatrist within 30-minutes of the PCP's initial inquiry; 84% (2,151 out of 2,562) of which were connected directly at the time of the call. The program benchmark for year eight 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; even more so since the pandemic. The program model requires that the Hub teams 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.

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. Approximately 58% (6,369 out of 10,994) of the total consultative activities for SFY'22 were activities related to care coordination and direct family support. Per Hub team report, a total of 1,784 youth were provided care coordination support and they were able to confirm connection to care for 721 youth. 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.

Consultative Activities (continued): In SFY'22, Hartford Hospital reported a total of 684 youth referred for care coordination and approximately 32% (216 out of 684) of youth and families confirmed that they successfully connected to their first appointment. Wheeler Clinic reported a total of 474 youth referred for care coordination this state fiscal year and approximately 43% (203 out of 474) of youth and families confirmed that they connected successfully. Yale Child Study Center reported a total of 626 youth referred for care coordination and approximately 48% (302 out of 626) of youth connected to their first behavioral health appointment.

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% (68 out of 10,994) of the total consultative activities in SFY'22 were one-time diagnostic and psychopharmacological assessments. This is comparable to SFY'21 (1%, 62 assessments). Hartford Hospital provided 32 assessments, Wheeler Clinic provided 23 assessments and Yale Child Study Center provided 13 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 10,994 total consults provided in SFY'22, approximately 62% (6,825) were for youth with an identified commercial insurance plan, such as Aetna or Anthem CT; 37% (4,116) were for youth with HUSKY coverage and less than 1% (53) were identified as having no coverage at all. While there is some variation from year to year, the majority of the consultations provided across eight 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, collaborative conversations with Elevance Health (formerly Anthem CT) continued throughout this state fiscal year further exploring the possibilities for 3rd party reimbursement for the ACCESS Mental Health psychiatric consultation to PCPs. Particular attention focused on the specific concerns raised by the current Hub providers to ensure that selected CPT codes would not indicate a behavioral health diagnosis, nor would they result in a cost to the patient. Further, Hub teams stressed the importance of not requiring PCPs to submit the claim. Beacon Health Options, Hub teams, and representatives from Elevance Health will continue to collaborate to fully implement this pilot. We are hopeful that we will be able to expand this pilot to all 3rd party insurers to ensure parity and continuity across the field.

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 medication classes discussed were: selective serotonergic reuptake inhibitors (SSRI - used for depression and anxiety) and stimulants (used for attention deficit/hyperactivity disorder - ADHD).

In eight full years of programming, enrolled PCPs contacted their respective Hub team psychiatrist requesting a medication consultation for 5,000 unique youth; 873 youth in SFY'22. This is a 20% increase in volume (148 youth) when compared to the previous state fiscal year (725 unique youth in SFY'21) and is the highest annual volume of youth subject to a medication consultation since inception of the program. Graphs showcasing the outcomes noted during the respective consultative episodes are highlighted in the Statewide and Hub PCP Prescribing dashboards.

For approximately 52% (454 out of 873) of youth whose PCP called to discuss medication in SFY'22, the resulting plan involved the PCP initiating or continuing as the primary prescriber. This is an increase of approximately 27% of youth when compared to the previous state fiscal year (357 youth in SFY'21) 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'22 Annual Survey, "Fantastic and super helpful, easy to connect with. They [AMH Psychiatrists] really help me feel more confident doing more psychiatric management because I know I can consult them anytime. Essential service for primary care".

Primary Care Prescribing (continued): A referral to a community psychiatrist was determined as the most appropriate plan of care for approximately 46% (400 out of 873) 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 61% (245 out of 400) of youth waiting to transition to a psychiatrist in their community. This is a 35% increase in youth when compared to the previous state fiscal year when PCPs agreed to act as an interim bridge prescriber for 182 youth in SFY'21. 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 2% (19 out of 873) 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 eight 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.

When asked to comment on the impact the ACCESS Mental Health program has had on primary care, a Pediatrician from Farmington, CT wrote the following:

"I am writing to let you know about the tremendous impact that ACCESS Mental Health has had in managing the behavioral health needs of my patients.

Pediatric practice has changed drastically over the past several years, and especially during the COVID pandemic. Gone are the days when I spent most of my time treating ear infections--with newer guidelines and improved vaccines, I rarely write a prescription for an antibiotic.

I routinely screen for behavioral health needs at all of our patients' health maintenance encounters, and as a result, I find myself managing mental health issues in patients even more often than infectious diseases. The numbers of children who have anxiety, depression, behavioral problems, and dark thoughts or suicidal ideation has been beyond my expectations, and has palpably increased with the current pandemic. We all understood that the isolation of remote learning was a blow to mental health of children, but I was unprepared and surprised with the additional surge in mental health problems faced by children as they went back to in-person learning.

The need for child psychiatrists and therapists far outstrips the availability of these providers. As a result, I have leaned heavily on ACCESS Mental Health Connecticut to provide necessary behavioral health care for children here in Connecticut.

The ways in which this organization have provided support are many.

- ACCESS Mental Health connects children to accessible therapists who not only have availability to provide services, but also accept the patient's insurance.

- Through ACCESS Mental Health I have been the beneficiary of endless hours of continuing medical education, and have even been visited in this office for lectures from a child psychiatrist..."

Primary Care Prescribing (continued):

"...ACCESS Mental Health has a consultation service that allows me to speak with a child psychiatrist about a patient, and to better manage the care of patients whether that be through a referral for diagnostic services, or managing medications

My patients have benefited greatly from my liaison with ACCESS Mental Health, and I have become a better provider of care as a result of my ability to work with ACCESS Mental Health. What has been difficult is that as pediatricians, many of us care for children until they are young adults, often until they have graduated from college. These young individuals are also struggling with anxiety and depression, and expansion of the program would be of great impact on these young adults. It is my fervent wish that ACCESS Mental Health be expanded to cover this age group who has also suffered greatly, especially during the pandemic.

I also want to share with you that I have lost several patients over the years to suicide, and these losses have left an indelible mark on families, on the community, and on me personally. I am committed to doing all that I can to screen for mental health issues, and to care for these patients to prevent any such tragedy. I have been fortunate to have ACCESS Mental Health at my side as I continue in this endeavor. Thank you for all that you have done for children, and to support me and this practice!"

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 330 practice groups were noted as active and enrolled in the system throughout this state fiscal year (SFY'22). 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'22, approximately 48% (158 out of 330) 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 (47% SFY'21), the statewide utilization rate has had little variation in five 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. In March 2022, quarterly utilization data was reviewed with the Hub teams and each team identified a minimum of three practice groups to visit who showed a drop in utilization. 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 has prior utilization, but did not use the program for the past 12 months.

In summary, the outreach yielded several explanations for the change in utilization. While a few practices noted having psychiatric resources in-house, no longer needing to call the program for support, staff turnover continues to be a contributing factor to change in utilization. As new physicians join the practice, they are not aware of the services that the program provides. PCPs also noted apprehension in calling the program due to the increase in mental health concerns and need for support with their patients. For example, one PCP noted feeling hesitant in calling due to not wanting to interrupt the Hub team psychiatrist. He was pleased when he was reminded that the program was structured so that the psychiatrist time is reserved specifically to take PCP calls.

Practice Utilization (continued): Similarly, he was also not fully aware of the care coordination services provided by the program and again noted that he was hesitant “to bother us” unless he was stuck. He was pleased and surprised to learn that the team has dedicated staff available to assist him and his families with connecting to care.

The Hub teams also promoted the program’s Clinical Conversations series during visits this year. Some had not been aware, but were pleased that these were recorded and available online. One PCP noted that he was aware of the training series but noted he had not been participating in part because he thought they were introductory level topics and was surprised to learn that many of the attendees were high utilizers of the program. Lastly, the teams also promoted the program’s expansion to support young adults 19 through 21 years of age.

It is recommended that onsite surveys continue in SFY’23 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 (32 quarters enrolled) and used every quarter since enrollment, their utilization rate equals 100% (32 quarters enrolled, 32 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, 2022, a total of 102 primary care practice groups were identified as actively enrolled and utilized Hartford Hospital’s Hub team at least one quarter since enrollment of the program. With an approximate average of 41% quarters utilized, 19 practice groups fell in the high utilization group of 80% or greater, five of which have used 100% of the time since enrolled.

A total of 75 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, 20 practice groups fell in the high utilization group of 80% or greater, four of which have used 100% of the time since enrolled.

As of June 30, 2022, a total of 74 primary care practices were identified as actively enrolled and utilized Yale Child Study Center’s Hub team at least one quarter since enrollment of the program. With an approximate average of 45% quarters utilized, 18 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 enrolled 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’22, a total of 57 enrolled practice groups utilized Hartford Hospital’s Hub team, requesting support for a total of 698 youth. Two of the practice groups called for the first time in SFY’22. Dr. Mary Eslick’s practice enrolled in January 2015 and used the program for the first time in January 2022. Appleseed Pediatric and Adolescent Medicine enrolled and used the program in December of this state fiscal year.

A total of 48 enrolled practice groups utilized Wheeler Clinic’s Hub team in SFY’22, requesting support for a total of 717 youth. Two of the practice groups called for the first time. CT Children’s Specialty Group: CCMC Adolescent Medicine Clinic Farmington and Bristol Health Medical Group Pediatrics enrolled and used the program during this state fiscal year.

In SFY’22, a total of 51 enrolled practice groups utilized Yale Child Study Center’s Hub team, requesting support for a total of 833 youth. There were four practice groups that utilized the program for the first time this year, three of which became a newly enrolled practice in SFY’22 and used for the first time (Guilford Family Practice, Dr. Chioma Nwokolo-Nwangwu’s practice and the practice of Lauren Janush, APRN). Rockwell Pediatrics enrolled in the program in January of 2021 and used the program for the first time in February of 2022.

Practice Non-Utilization: In Q3 SFY'22, 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 10% (6) 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 17% (10) 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 21% (12) of the enrolled practice groups that had not yet utilized the program reported that they forgot the service was available to them and roughly 52% (30) 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'22, the average statewide satisfaction score is 4.97. 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 eight 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 July 2022, the annual PCP satisfaction survey was sent to all enrolled primary care practice groups 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 fax to 302 primary care practice groups with the option to complete the survey online or fax to the Central Administrative team at Beacon. A total of 67 surveys representing approximately 17% of the practice groups (52 out of 302) were completed this year; some of the surveys were submitted anonymously.

Approximately, 97% (65 out of 67) used the service prior to completing the satisfaction survey and 81% (54 out of 67) of the respondents said that they had often or sometimes used the service. It is important to note that approximately 3% (2 out of 67) 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% (60 out of 65) 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 comparable to the previous state fiscal year (SFY'21, 92%). Approximately 97% (62 out of 64) reported receiving a consultation from their ACCESS Mental Health CT Hub team in a timely manner. Approximately 94% (60 out of 64) 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'22, approximately 95% (59 out of 62) of the total respondents reported often using standardized behavioral health screening tool(s) during well-child visits. This is comparable to the previous state fiscal year (94% in SFY'21). Approximately 65% (40 out of 62) of respondents that used the program reported feeling more comfortable using screening tools since enrolling in the program. This is an increase of five percentage points when compared to last state fiscal year (60%, SFY'21).

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 74% (46 out of 62) 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 comparable to last state fiscal year (73%, SFY'21).

[Program Satisfaction \(PCP annual survey continued\)](#) : 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. For approximately 86% (53 out of 62) 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 at the end of this report.

[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 eight 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: Youth Screen Time and Mental Health, Adolescent Pornography Use; Challenges and Opportunities, Prescribing Psychotropic in Children, Top 10 Consult Questions, Gaming Disorder: a Virtual Addiction, Political Extremism and Hate Group Recruitment, Impact of COVID-19 to the Mental Health of Adolescents, Suicidality and Self-Injurious Behavior, Treatment for Depression, Anxiety, and Attention Deficit Disorder in Children & Adolescents.

The Hub teams far exceeded the SFY’22 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 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. Sessions are offered live and are recorded. All recorded sessions are posted on the program’s website. Clinical Conversations with ACCESS Mental Health topics provided in SFY’22 included:

- September 2, 2021 “Caring for Transgender and Gender Non-conforming Youth in Primary Care”
- November 4, 2021 “The Basics of Early Psychosis for Primary Care Providers”
- January 6, 2022 “Top 10 Questions PCPs Ask About Prescribing Psychotropic Medication”
- February 3, 2022 “Deciphering the Alphabet Soup of In-Home and Evidenced Based Behavioral Services in CT”
- March 3, 2022 “Understanding and Addressing Cultural Barriers to Meeting The Behavioral Health Needs of Asian Families”
- April 7, 2022 “Peek Into a Child’s Mind: Using Drawing and Writing in Primary Care Settings”
- April 14, 2022 “Assessing and Treating Anxiety Disorders”
- May 5, 2022 “Assessing and Treating Somatic Symptoms in Children and Youth”
- May 24, 2022 “Psychopharmacological Management of ADHD”
- June 2, 2022 “Assessing and Treating Eating Disorders in Diverse Pediatric Settings”
- June 23, 2022 “Assessing and Treating Depression in Children and Adolescents”

Enrollment

A total of 357 practice sites are currently enrolled in the ACCESS MH program.

Total Enrolled Practice Sites

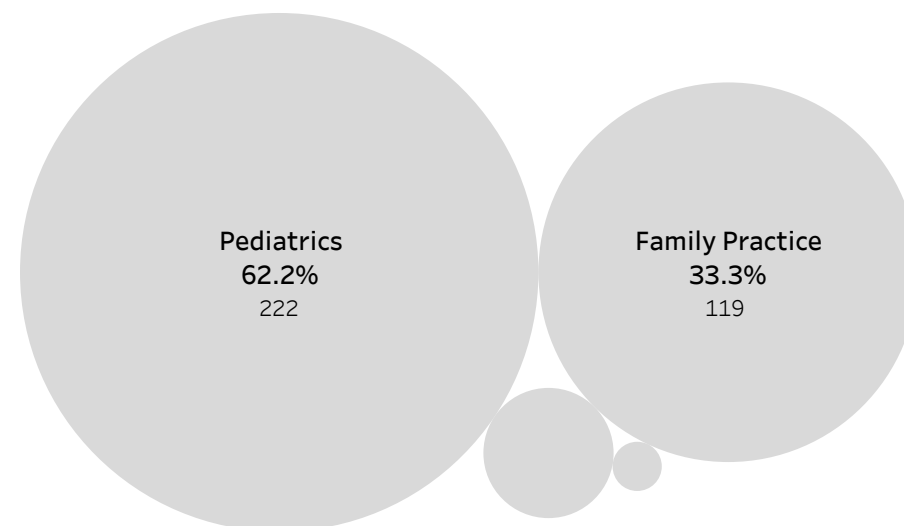
Select Hub Name for specific details



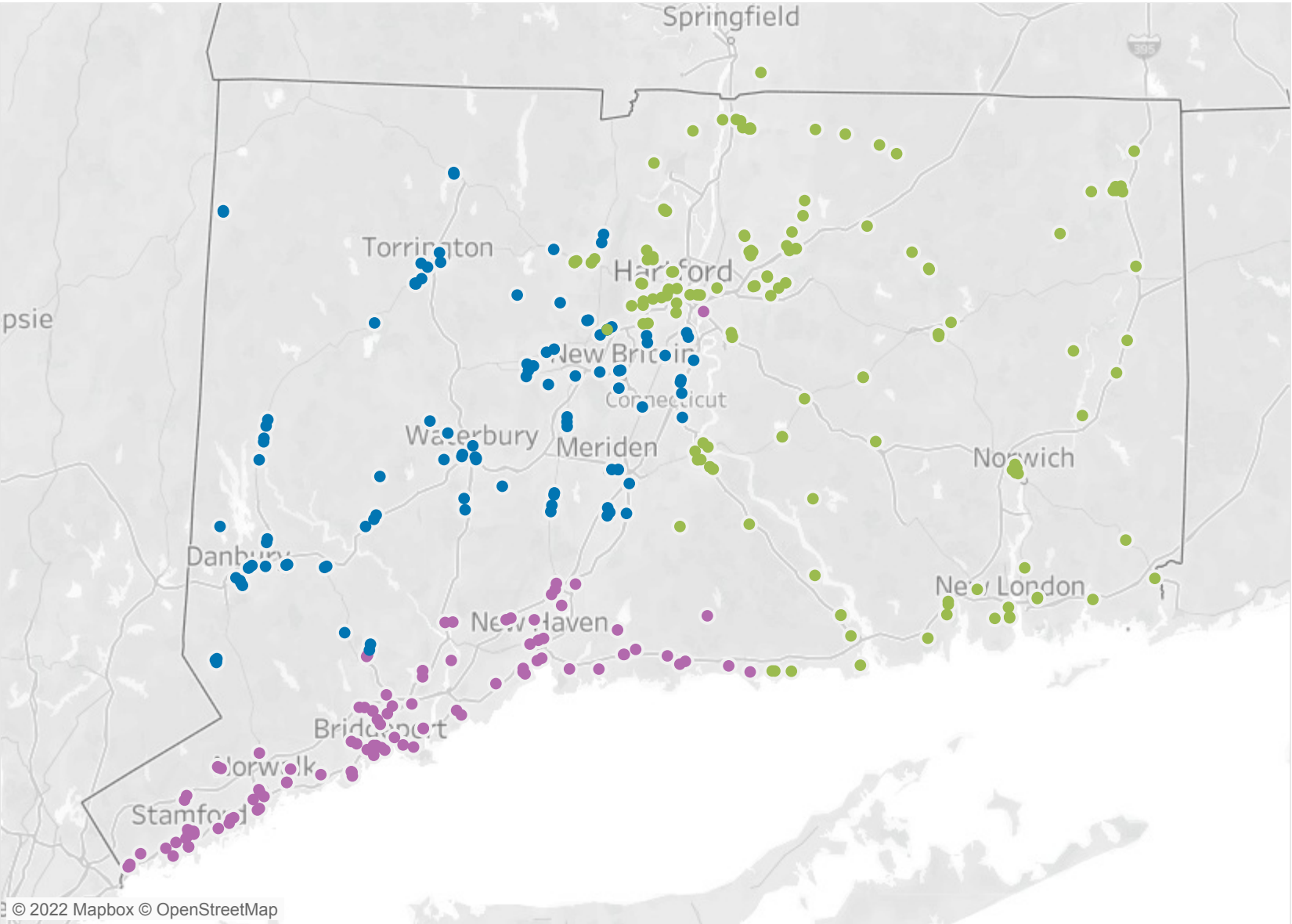
Total Enrolled Practice Sites by Provider Type

	Hartford Hospital	Wheeler Clinic, Inc	Yale Child Study Center	Statewide
Pediatrics	66	69	87	222
Family Practice	76	29	14	119
Peds/Family	1	8	5	14
Non Selected	1	1		2
Total Enrolled	144	107	106	357
Total Eligible Practice Sites	203	115	114	432

Percent of Total Enrolled Practice Sites by Provider Type



Enrolled Practice Locations



Select Map View
Enrolled Practices

Search practice by town:
All

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

Name	Address	Phone
ABC Pediatrics	945 Main St. Suite 212 Manchester, CT 06..	(860) 649-6166
ABC Pediatrics LLC	52 Peck Rd, STE G Torrington, CT 06790	(860) 582-1170
Abington Family Healthc..	5 Clinic Rd Abington, CT 06230	(860) 974-0529
Access Priority Family He..	353 Pomfret St Pomfret, CT 06260	(860) 928-1111
Alliance Medical Group	690 Main St Southbury, CT 06448	(203) 264-6503
	1625 Straits Turnpike #302 Middlebury, ..	(203) 759-0666
Amitabh R. Ram, MD, LLC	21 B Liberty Dive Hebron, CT 06248	(860) 228-9300
	21 Woodland St., #115 Hartford, CT 06105	(860) 524-8747
Andrea Needleman, MD	4 South Pomeroug Avenue Woodbury, CT ..	(203) 263-2020
Andrew Adade	18 Hillandale Ave Stamford, CT 06902	(203) 327-9333
Andrew F Cutney, MD/NE..	5520 Park Avenue Trumbull, CT 06611	(203) 371-0076
Anne Marie Villa, M.D., P...	150 Hazard Ave Unit B Enfield, CT 06082	(860) 749-3661
Appleseed Pediatric and ..	80 East Main Street Middletown, CT 06457	(860) 740-7331
Aspire Family Medicine	850 North Main Street Ext. Building 2 Wa..	(203) 269-9778
Associates in Family Prac..	246 Federal Road Brookfield, CT 06804	(203) 775-3290

Youth Demographics

The ACCESS Mental Health program served a total of 2,254 unique youth in SFY 2022.

Since inception of the program to date, June 16, 2014 through June 30, 2022, the program served 10,576 unique youth.

Current SFY Summary

- 16 year-olds represented the largest portion in the current state fiscal year at **10.1%**.
- The majority of youth served were White at **73.1%**.
- Females accounted for **52.9%** of the unique youth served.

Select for Current and/or Last Fiscal Year:
All

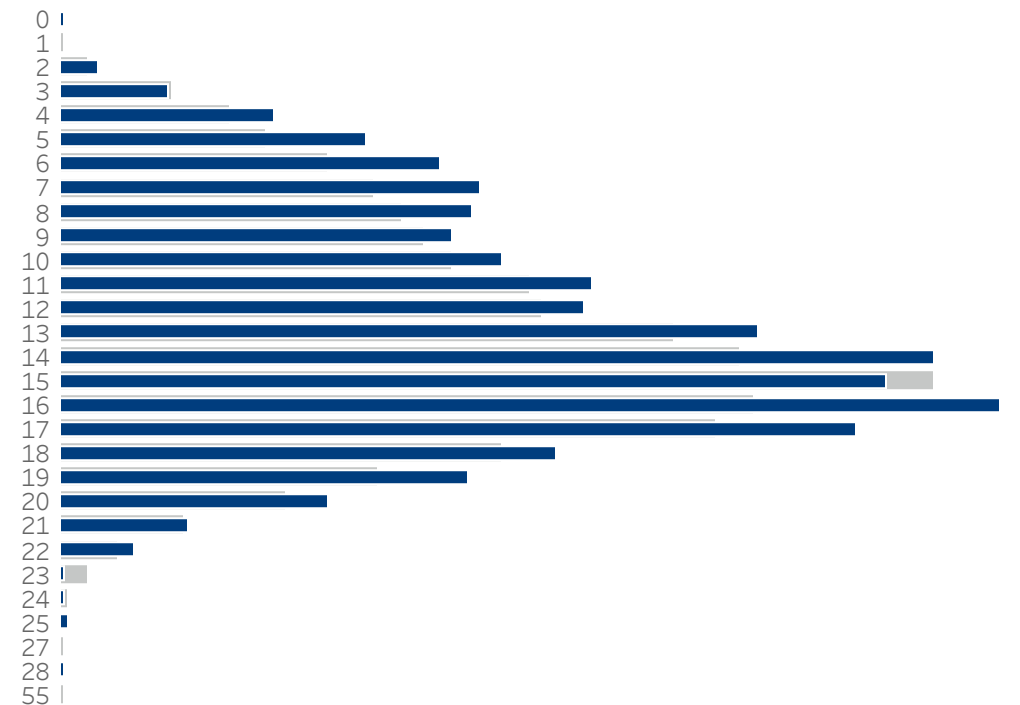
Gender



DCF Involvement



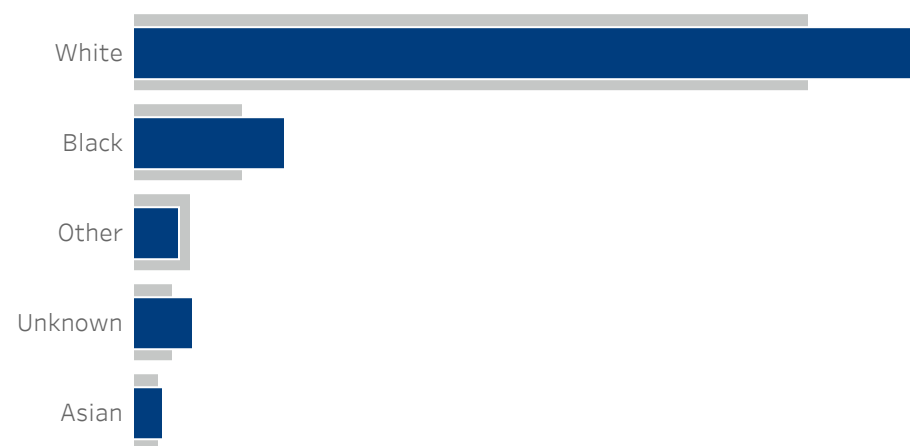
Distribution of Youth by Age



● Current SFY 2022 ● Last SFY 2021

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

Race



Ethnicity



Youth Served in the Current SFY 2022

0-5	6-12	13-18	19+
7.19%	33.36%	49.78%	9.67%



Youth Demographics

The Hartford Hospital Hub served a total of 704 unique youth in SFY 2022.

Hub-Specific Current SFY Summary

- 16 year-olds represented the largest portion in the current state fiscal year at **10.4%**.
- Females accounted for **51.7%** of the unique youth served.
- The majority of youth served were White at **71.9%**.

Hub Name

Hartford Hospital

Select for Current and/or Last Fiscal Year:

All

Gender

Female

Male

DCF Involvement

Non-DCF

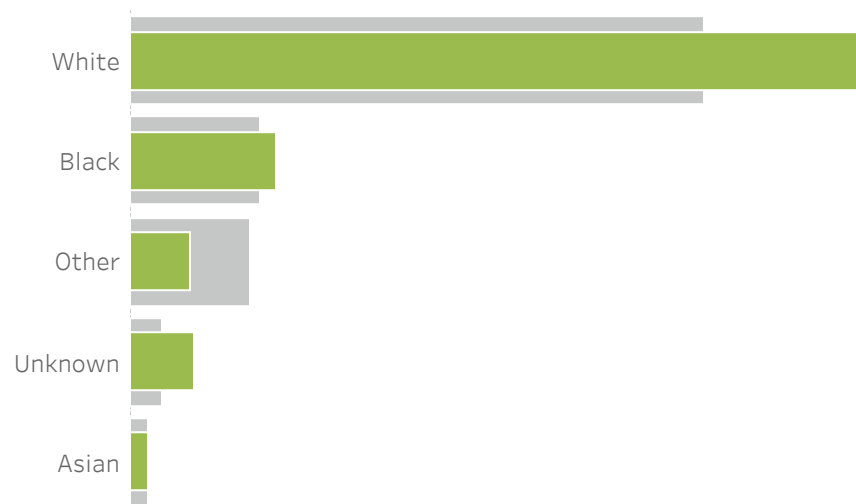
DCF-Involved

Unknown

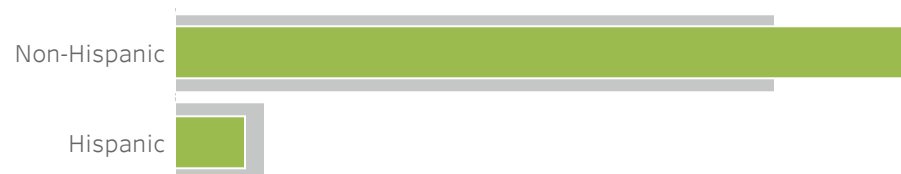
● Current SFY 2022 ● Last SFY 2021

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

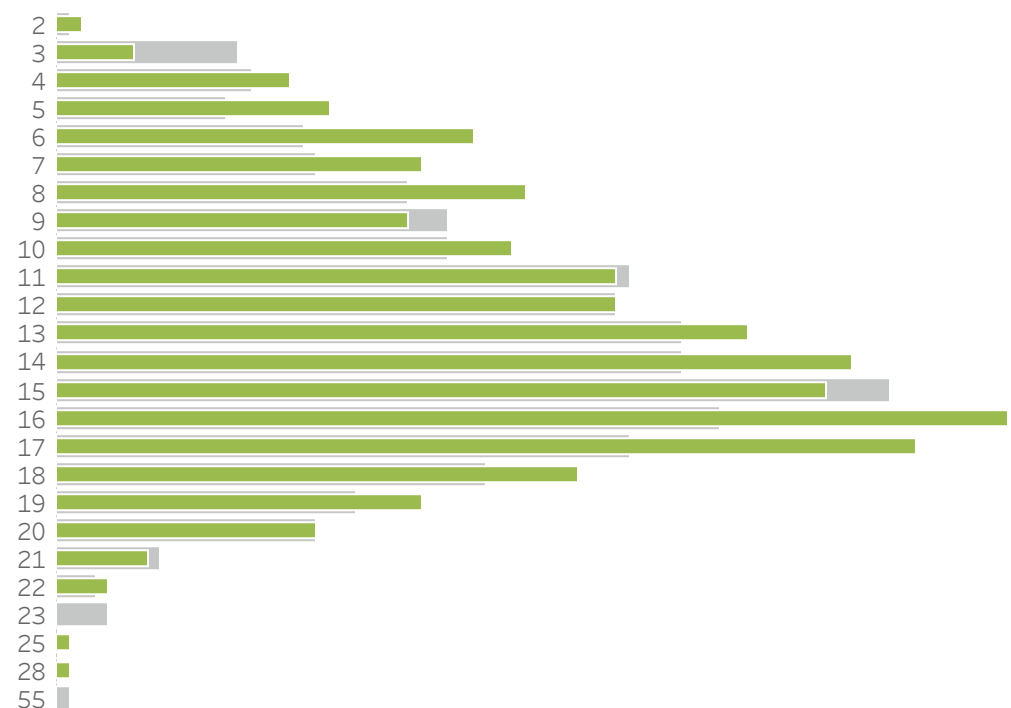
Race



Ethnicity



Distribution of Youth by Age



Youth Served in the Current SFY 2022

0-5	6-12	13-18	19+
6.68%	34.66%	50.00%	8.66%



Youth Demographics

The Wheeler Clinic, Inc Hub served a total of 717 unique youth in SFY 2022.

Hub-Specific Current SFY Summary

- 14 year-olds represented the largest portion in the current state fiscal year at **10.2%**.
- Females accounted for **50.2%** of the unique youth served.
- The majority of youth served were White at **81.0%**.

Hub Name

Wheeler Clinic, Inc

Select for Current and/or Last Fiscal Year:

All

Gender

Female

Male

DCF Involvement

Non-DCF

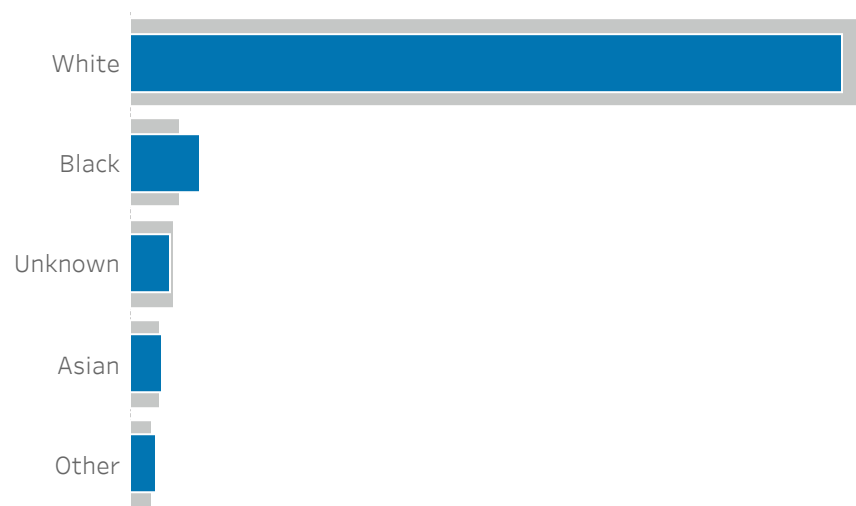
DCF-Involved

Unknown

● Current SFY 2022 ● Last SFY 2021

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

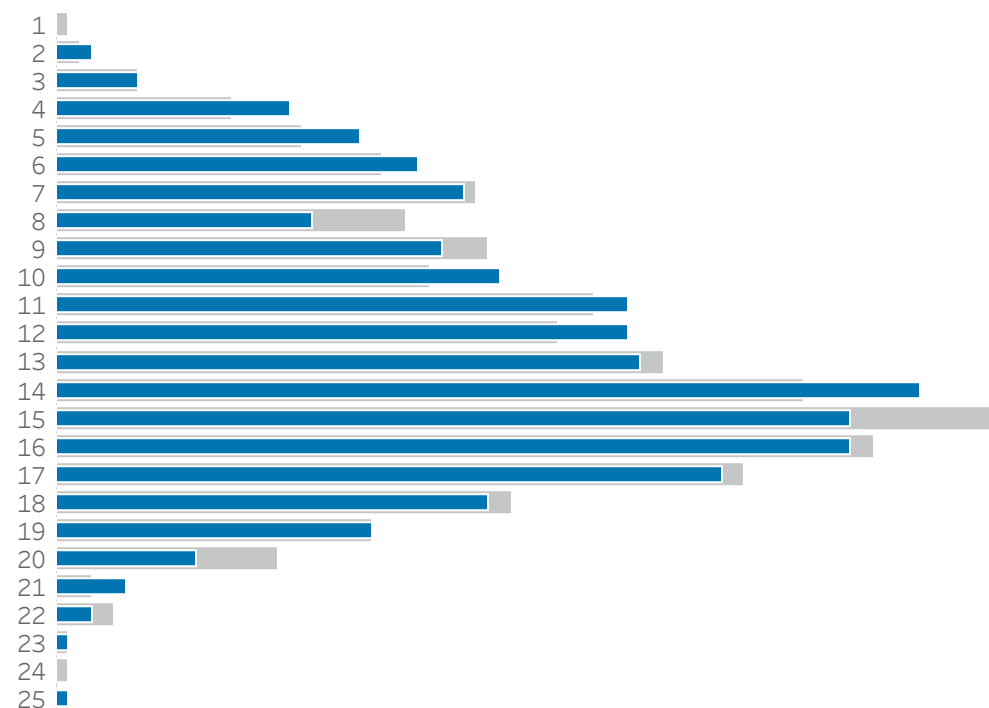
Race



Ethnicity



Distribution of Youth by Age



Youth Served in the Current SFY 2022

0-5	6-12	13-18	19+
7.81%	35.84%	49.37%	6.97%



Youth Demographics

The Yale Child Study Center Hub served a total of 833 unique youth in SFY 2022.

Hub-Specific Current SFY Summary

- 16 year-olds represented the largest portion in the current state fiscal year at **10.4%**.
- Females accounted for **56.2%** of the unique youth served.
- The majority of youth served were White at **67.3%**.

Hub Name

Yale Child Study Center

Select for Current and/or Last Fiscal Year:

All

Gender

Female

Male

DCF Involvement

Non-DCF

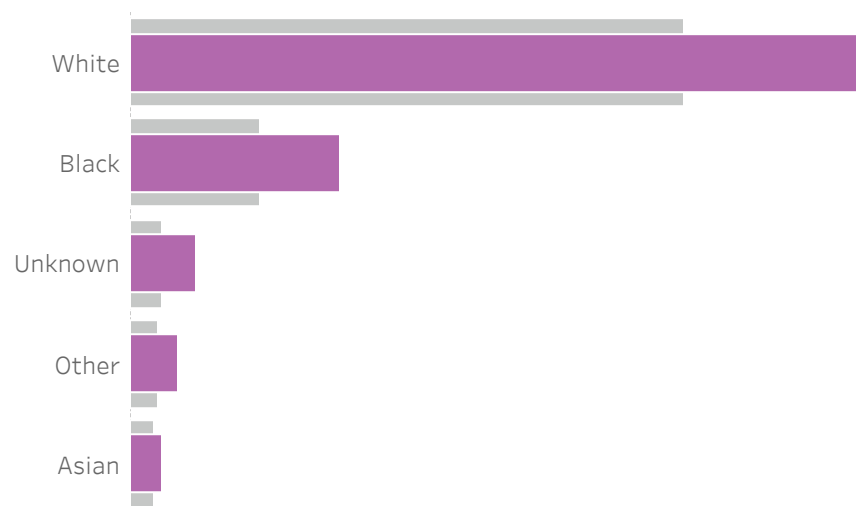
DCF-Involved

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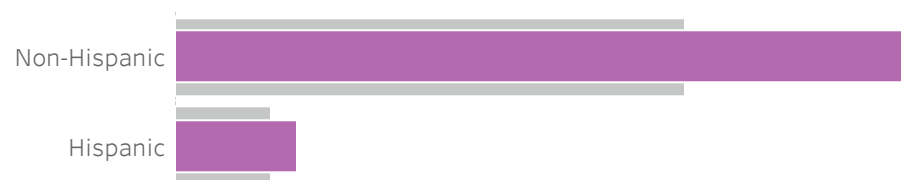
● Current SFY 2022 ● Last SFY 2021

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

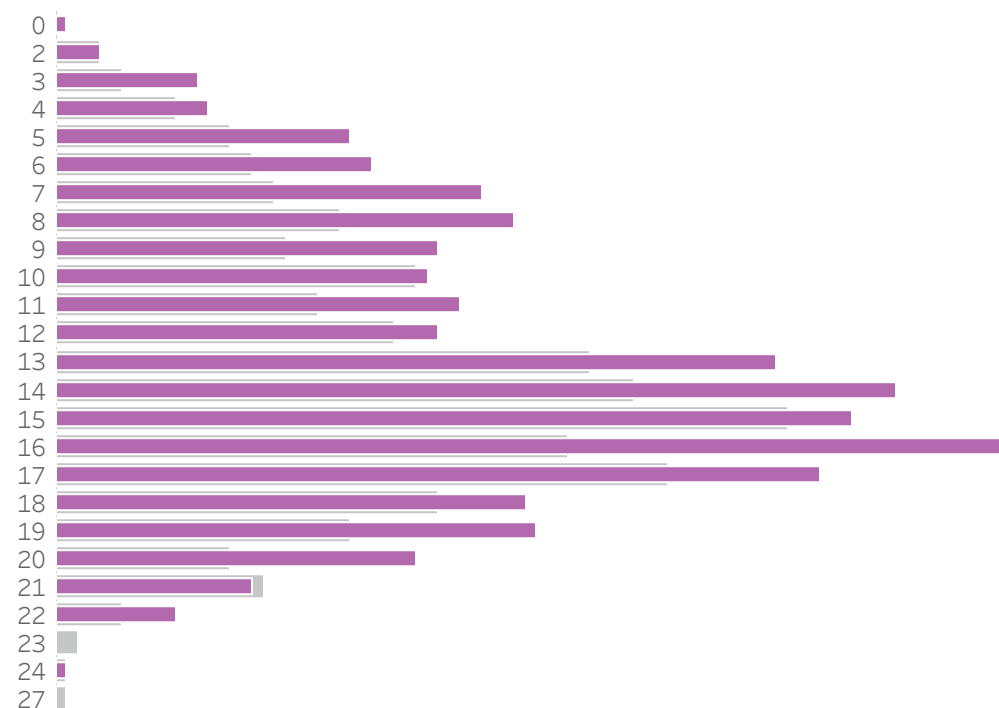
Race



Ethnicity



Distribution of Youth by Age



Youth Served in the Current SFY 2022

0-5	6-12	13-18	19+
7.08%	30.13%	49.94%	12.85%

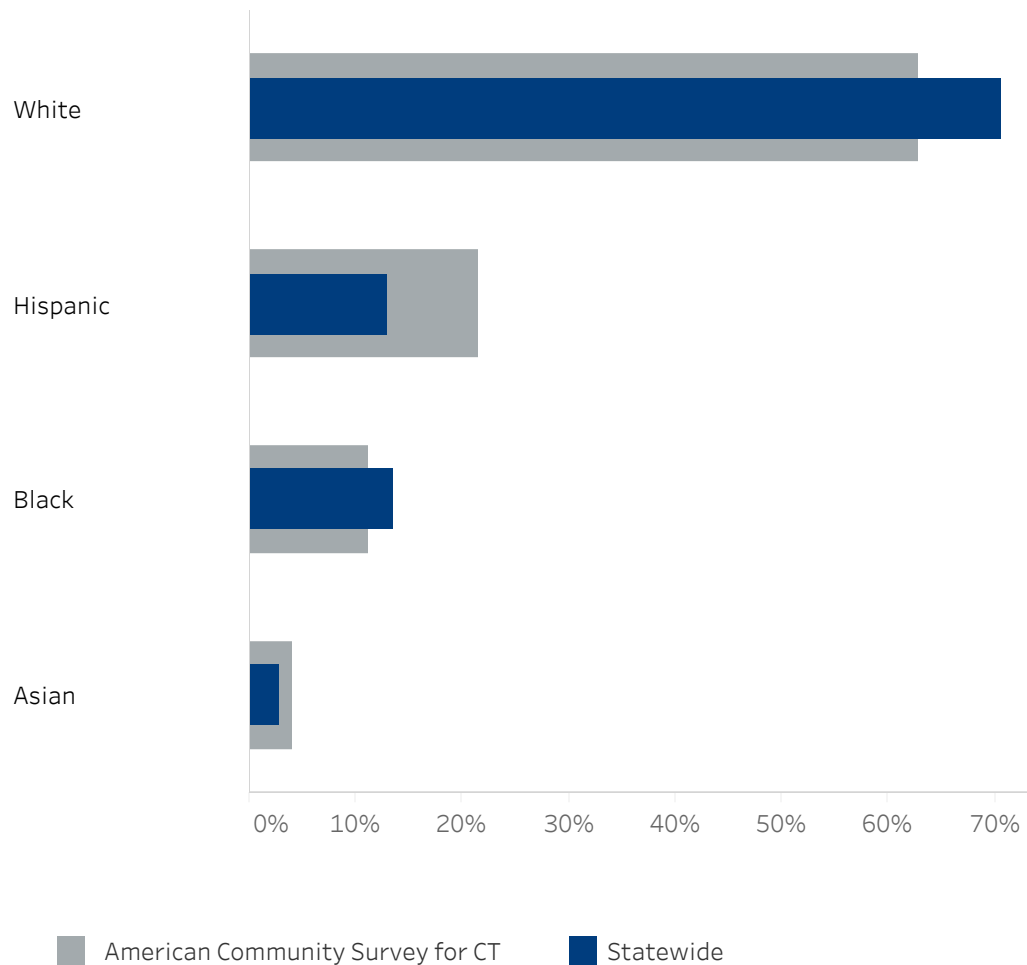
Race & Ethnicity Comparison



Select SFY
SFY 2022

Select Hub
Statewide

Race & Ethnicity: Youth Served vs. Youth in CT (2019 American Community Survey)
Statewide
SFY 2022

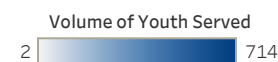


The Five Connecticut's methodology categorizes Connecticut's 169 towns into five groups based on population density, median family income, and poverty.

Select SFY
FY 2022

The Five Connecticut's Breakout by ACCESS MH CT Youth Served
Statewide
FY 2022

	Wealthy	Suburban	Rural	Urban periphery	Urban core	Grand Total
White, Non-Hispanic	58	714	171	460	50	1,453
Black, Non-Hispanic	6	50	10	140	92	298
Hispanic	5	45	14	160	78	302
Asian, Non-Hispanic	5	29	2	22	3	61
Other, Non-Hispanic	2	22	2	15	5	46
Unknown, Non-Hispanic	2	29	10	37	9	87
Grand Total	78	889	209	834	237	2,247



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



Consultative Activities

The program provided a total of 10,994 consultations in SFY 2022.

Select SFY
FY 2022

Summary
for time range selected



Average of 916 consultations per month.



Average of 2,749 consultations per quarter.

Consultation Volume | Quarterly Over Time

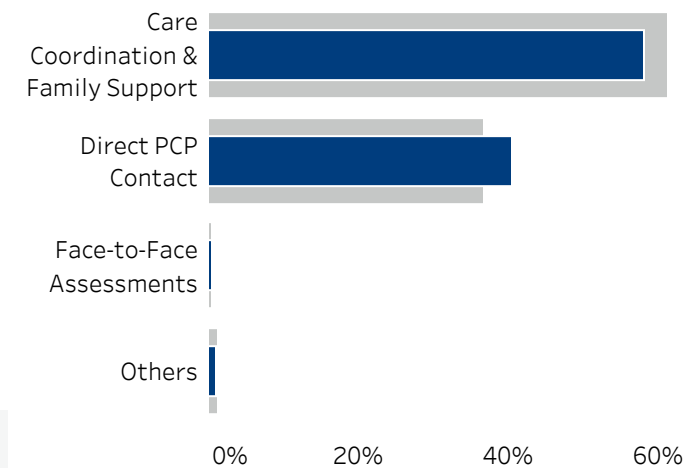
Select View ▶ Quarterly Over Time



● Current SFY ● Last SFY

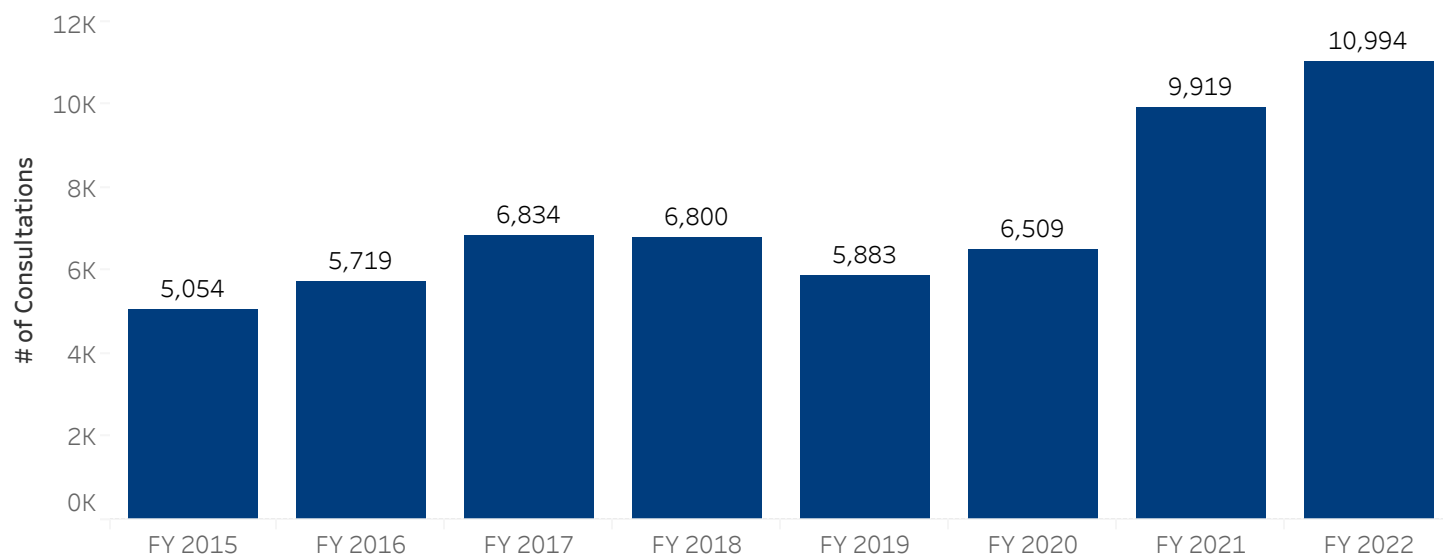
Click on a bar graph to filter the line graphs for the chosen "Consultation Type" or "Consultations by Insurance."

Consultation Types

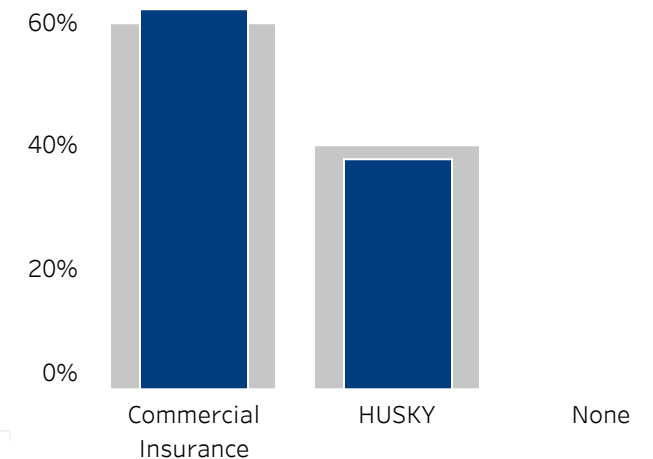


Consultation Volume | Encounters by SFY

Select View ▶ Encounters by SFY



Consultations by Insurance



Consultative Activities

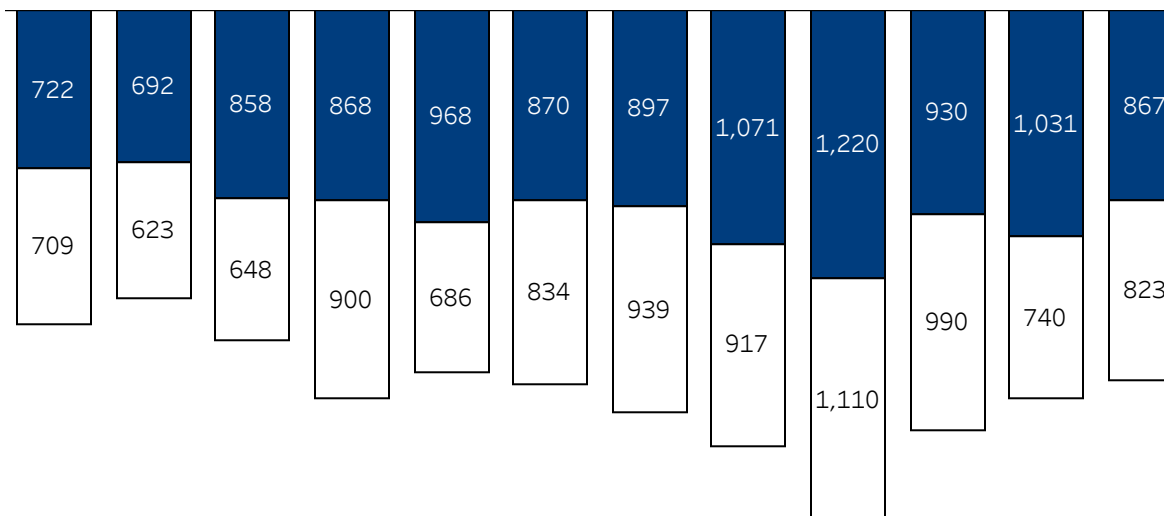
The program provided a total of 10,994 consultations in SFY 2022.

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	236	239	304	373	443	285	267	292	263	183	251	251	3,387
	Last SFY	282	285	280	323	209	270	283	281	386	375	280	299	3,553
Wheeler Clinic, Inc	Current SFY	231	237	291	253	256	251	270	402	465	342	328	295	3,621
	Last SFY	222	151	205	259	232	307	361	388	404	307	245	210	3,291
Yale Child Study Center	Current SFY	255	216	263	242	269	334	360	377	492	405	452	321	3,986
	Last SFY	205	187	163	318	245	257	295	248	320	308	215	314	3,075

○ Last SFY ● Current SFY



Consultative Activities

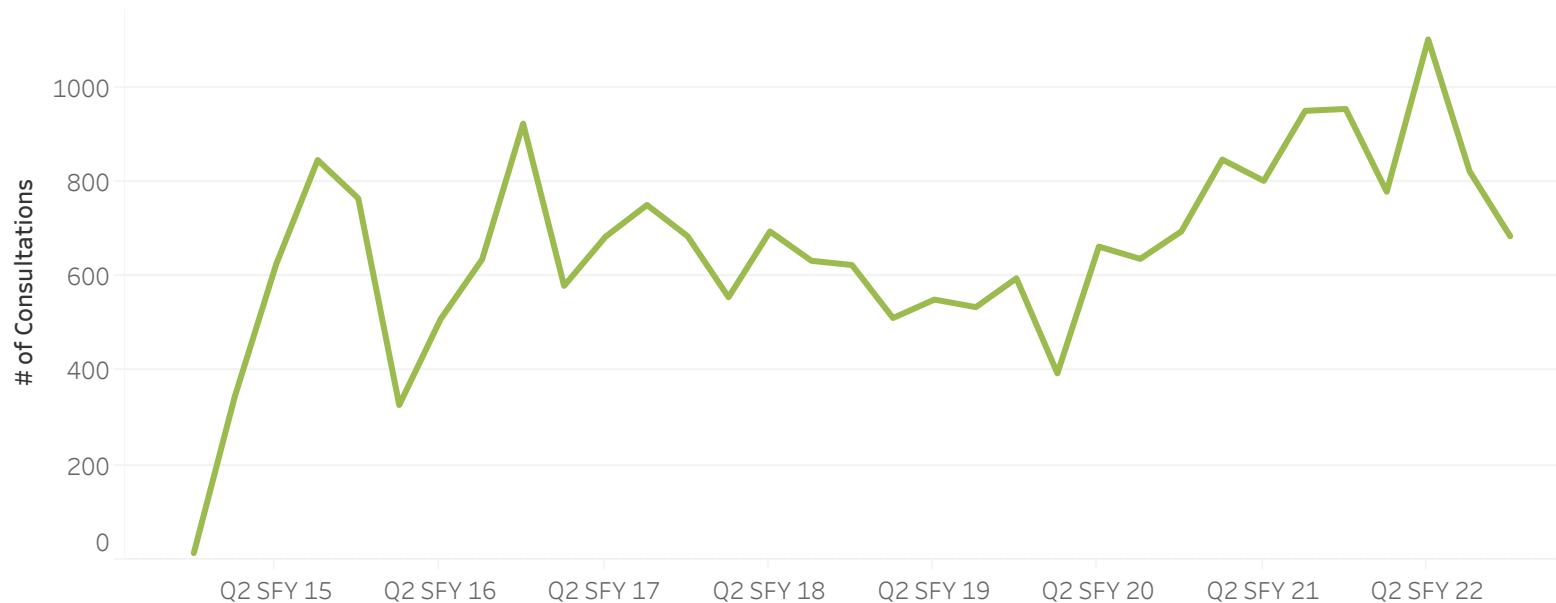
The Hartford Hospital Hub provided a total of 3,387 consultations in SFY 2022.

Hub Name
Hartford Hospital

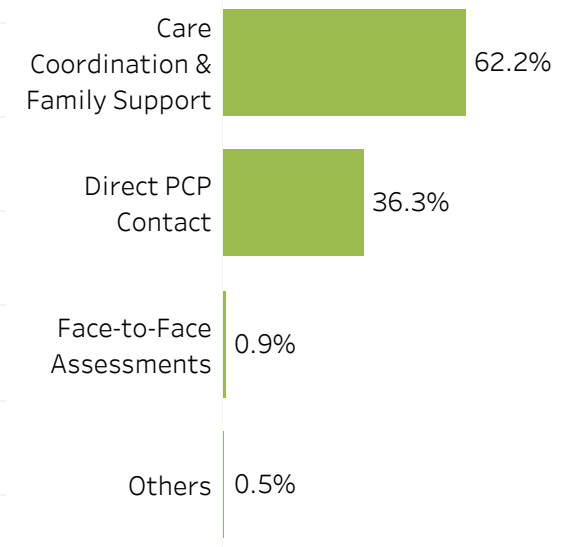
Summary for
Current SFY

→ Average of 282 consultations per month. → Average of 847 consultations per quarter.

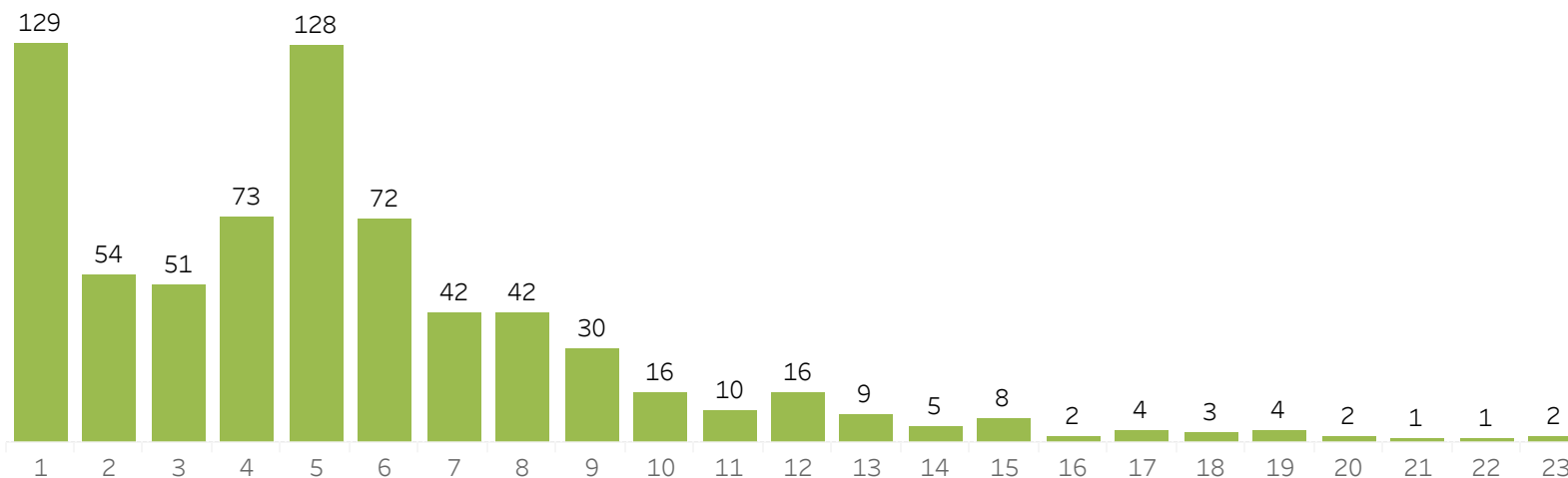
Hartford Hospital Quarterly Volume of Consultations



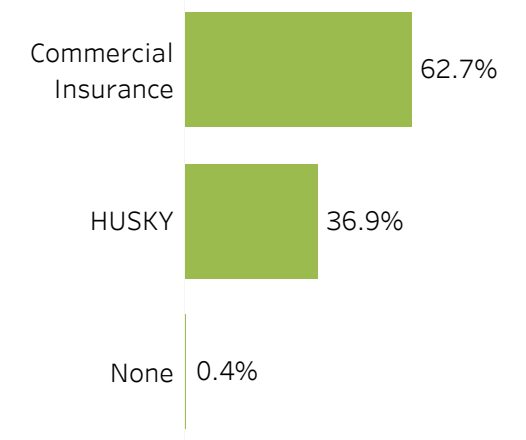
Hartford Hospital Consultation Types for Current SFY



Hartford Hospital Consultation Frequency for Current SFY



Hartford Hospital Consultations by Insurance for Current SFY



Consultative Activities

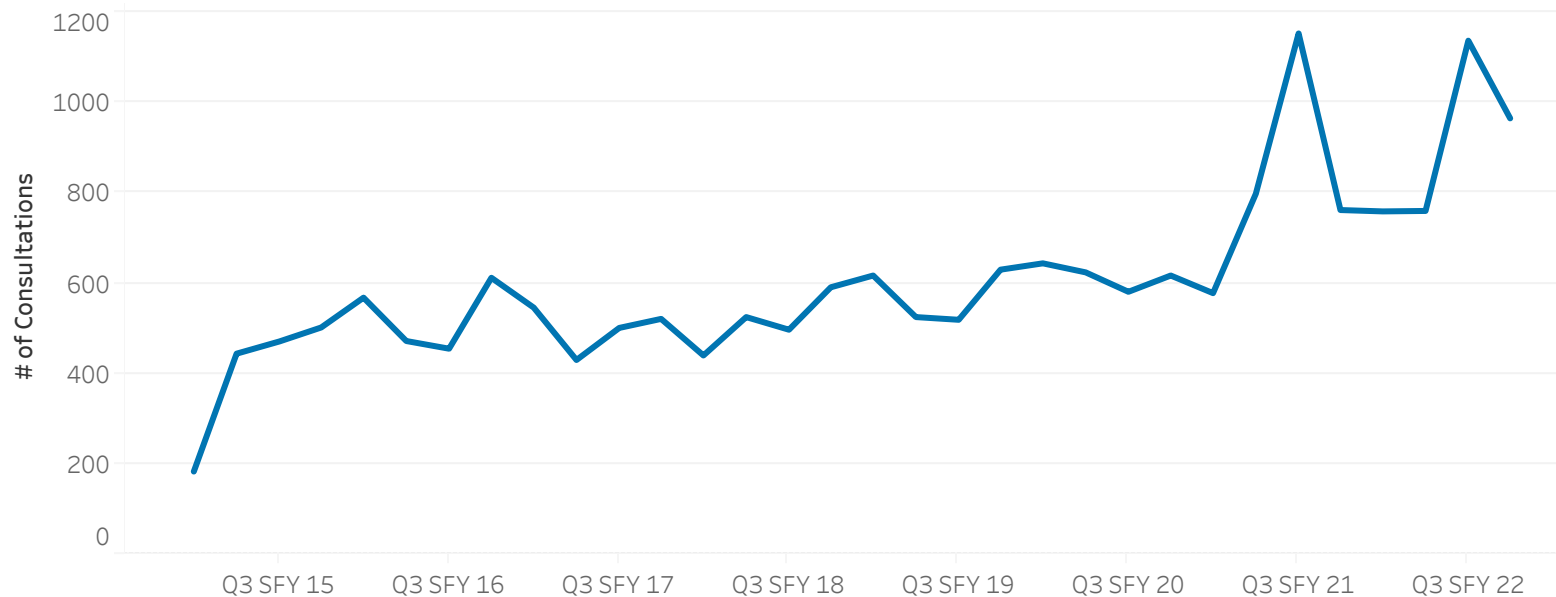
The Wheeler Clinic, Inc Hub provided a total of 3,621 consultations in SFY 2022.

Hub Name
Wheeler Clinic, Inc

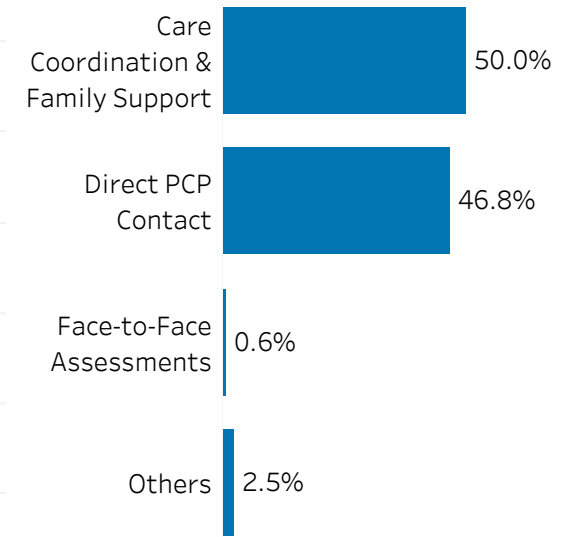
Summary for
Current SFY

→ Average of 302 consultations per month. → Average of 905 consultations per quarter.

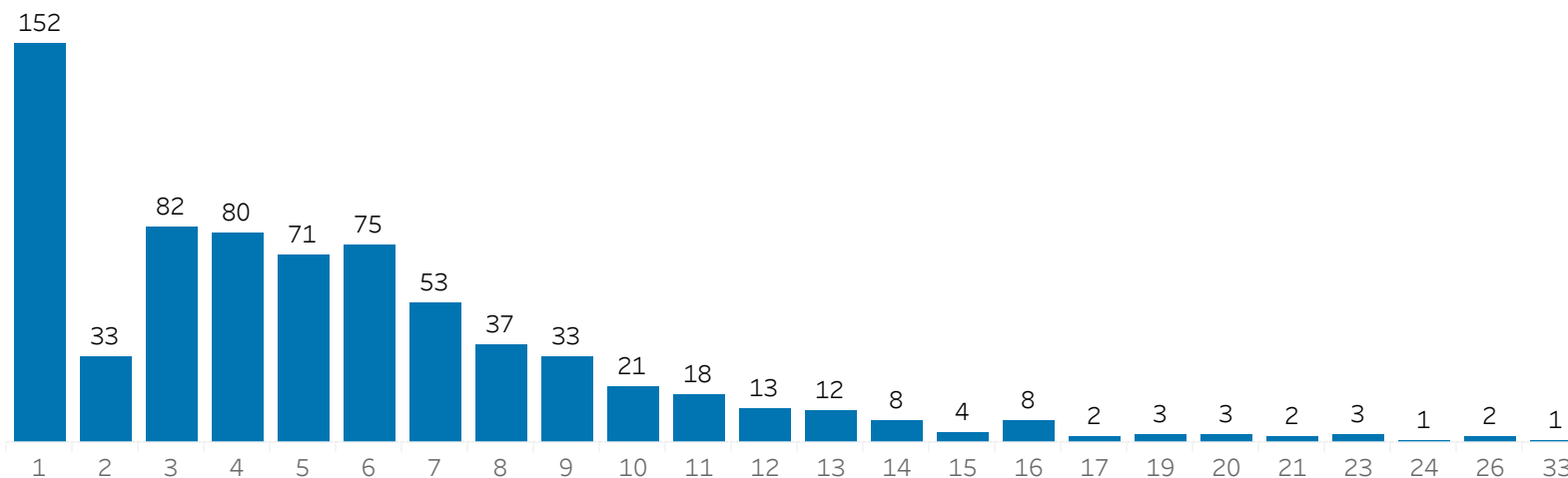
Wheeler Clinic, Inc Quarterly Volume of Consultations



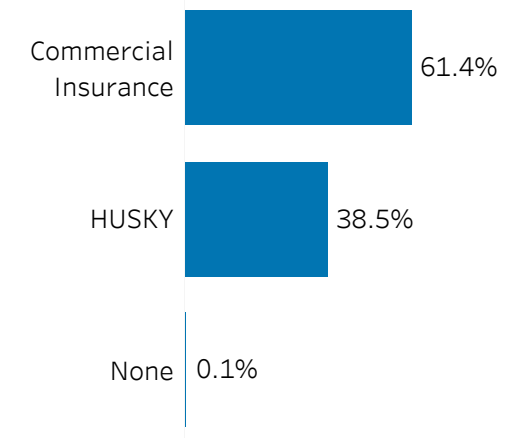
Wheeler Clinic, Inc Consultation Types for Current SFY



Wheeler Clinic, Inc Consultation Frequency for Current SFY



Wheeler Clinic, Inc Consultations by Insurance for Current SFY



Consultative Activities

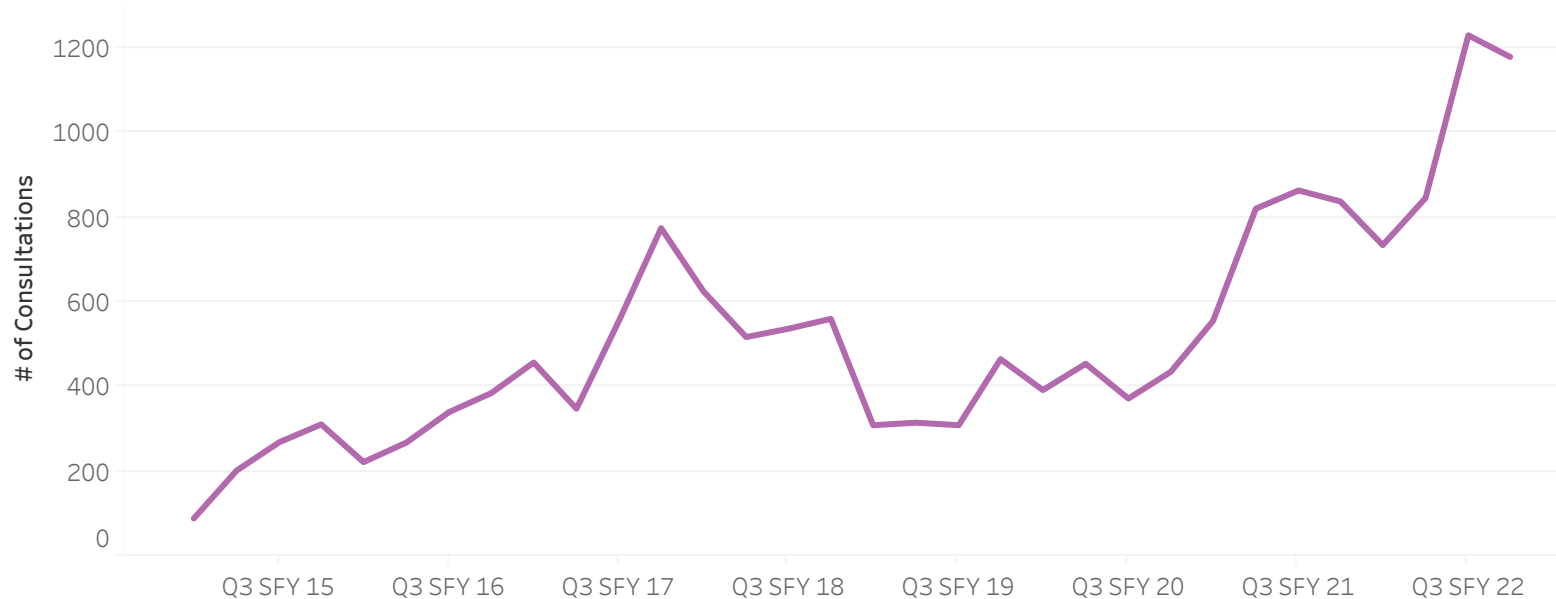
The Yale Child Study Center Hub provided a total of 3,986 consultations in SFY 2022.

Hub Name
Yale Child Study Center

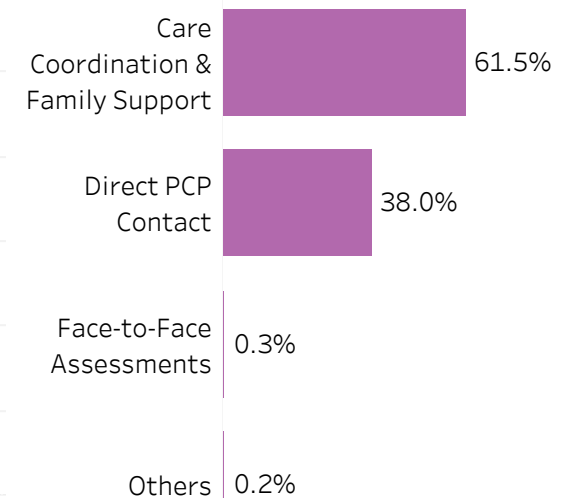
Summary for
Current SFY

→ Average of 332 consultations per month. → Average of 997 consultations per quarter.

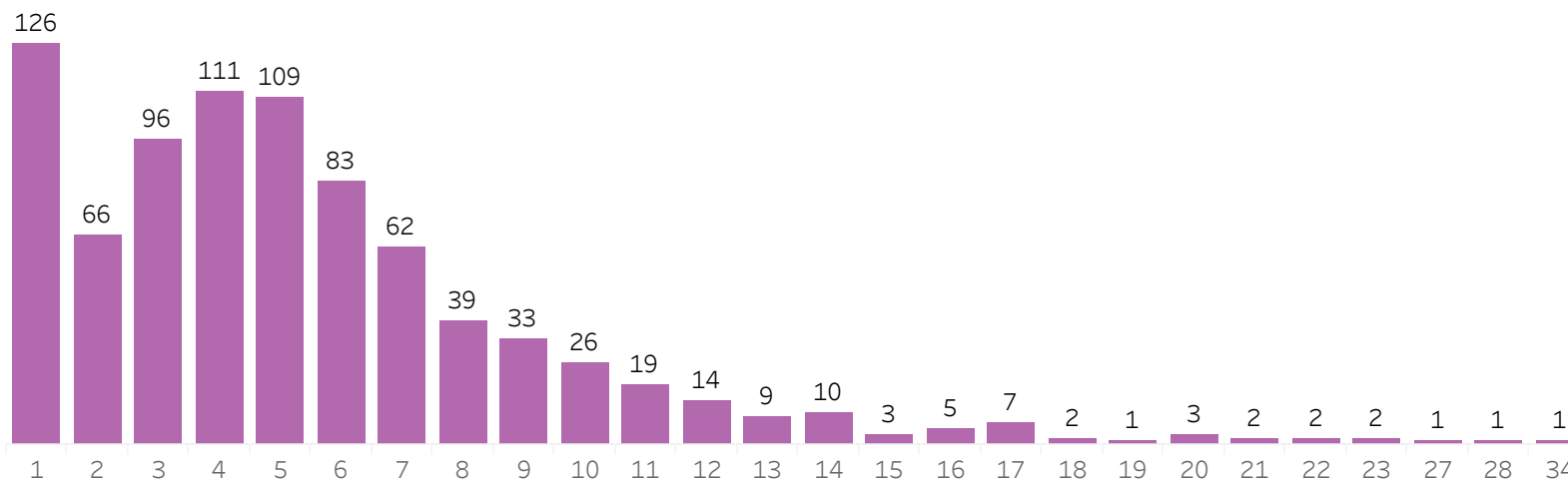
Yale Child Study Center Quarterly Volume of Consultations



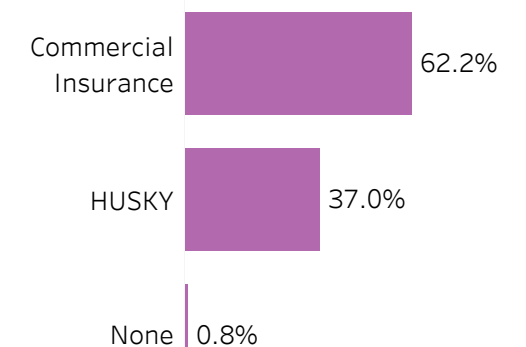
Yale Child Study Center
Consultation Types for Current SFY



Yale Child Study Center Consultation Frequency for Current SFY



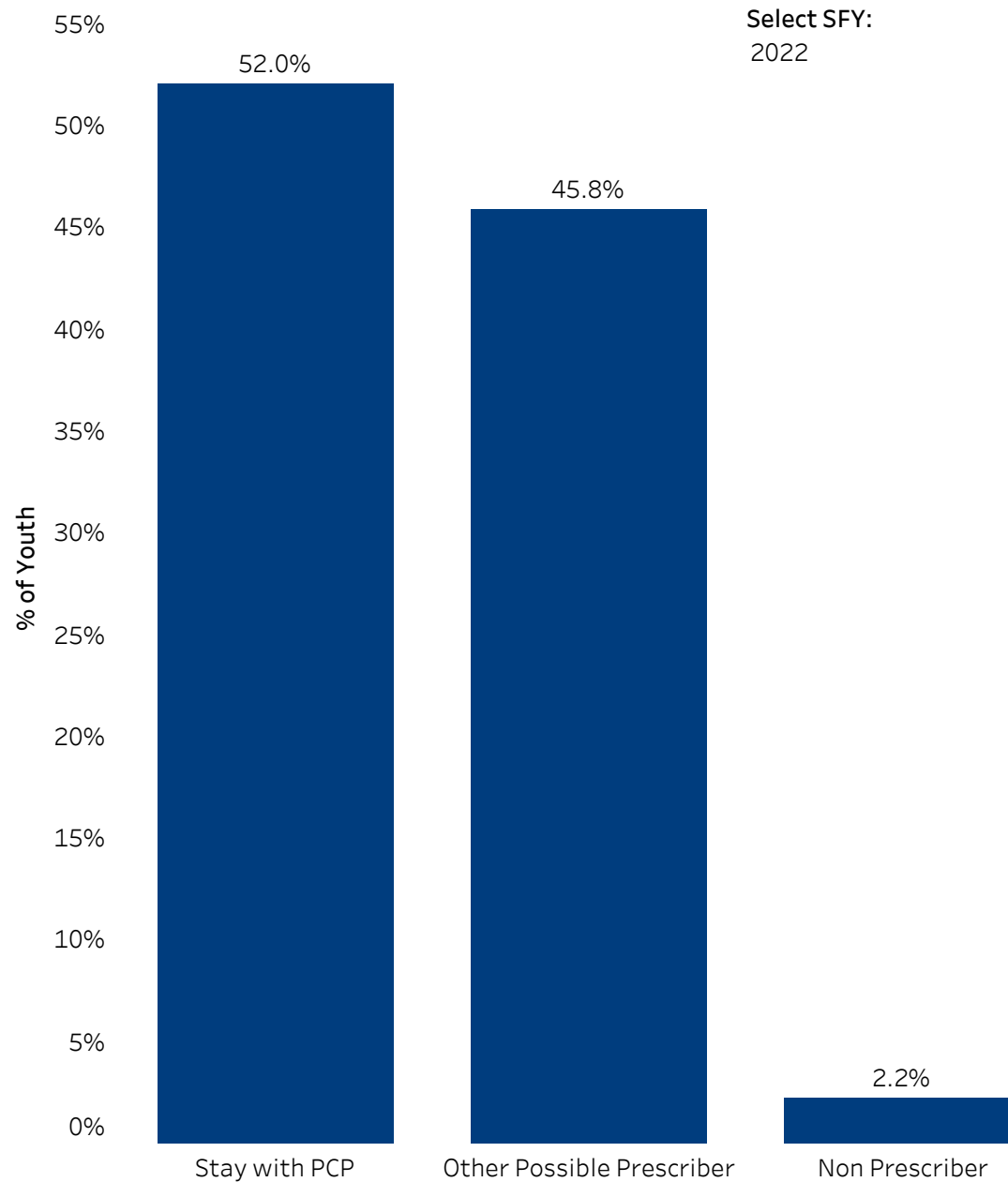
Yale Child Study Center
Consultations by Insurance for
Current SFY



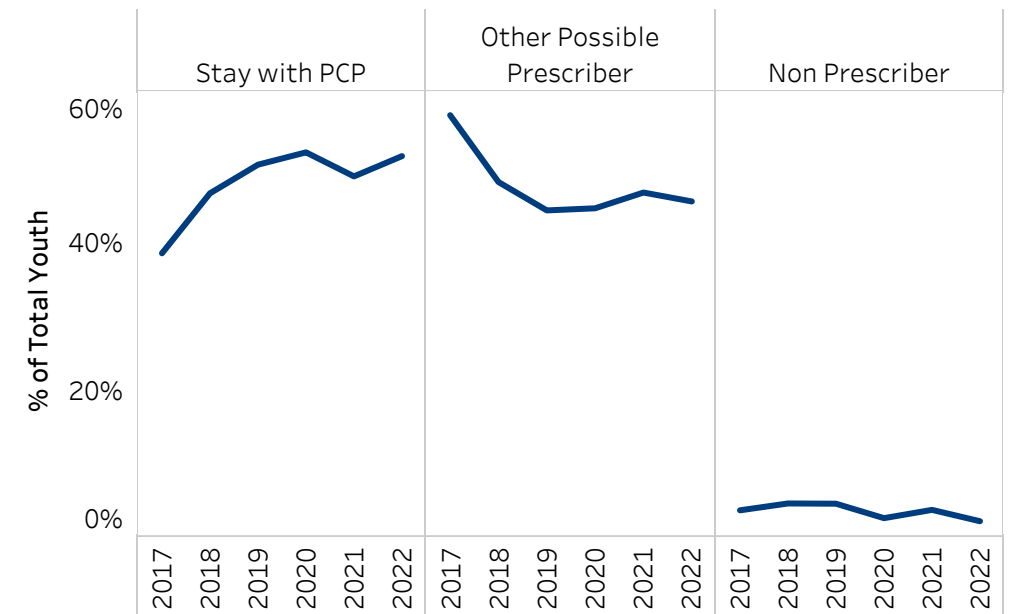
Primary Care Prescribing

STATEWIDE

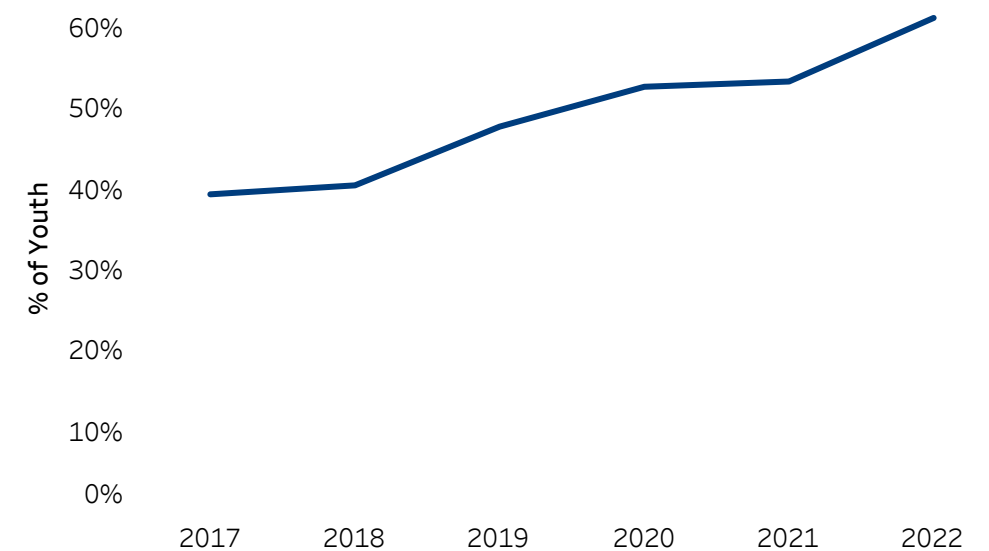
Statewide Outcomes for Youth Subject to Medication Consultation



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:
2022

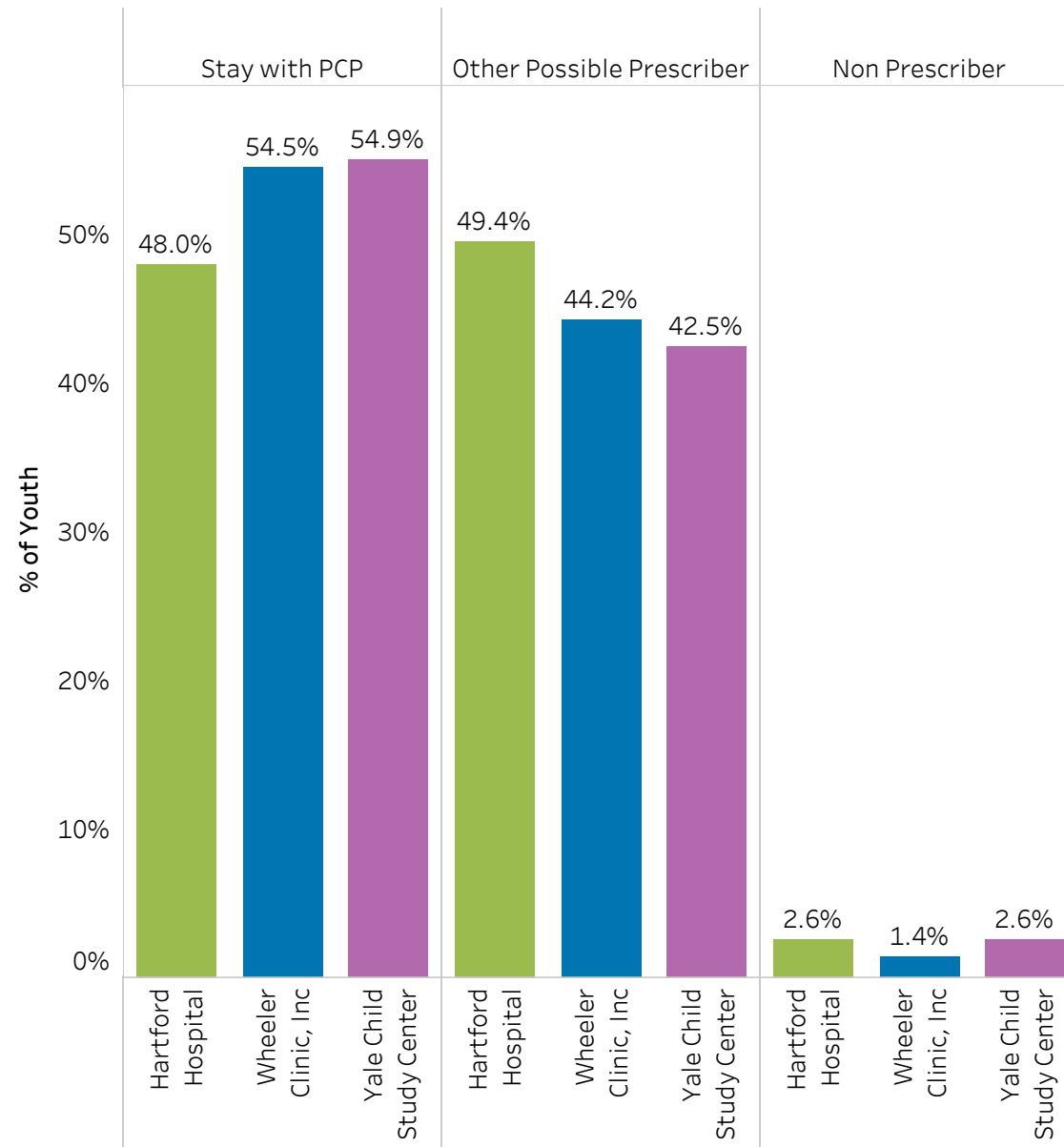
Hub Name

Hartford Hospital

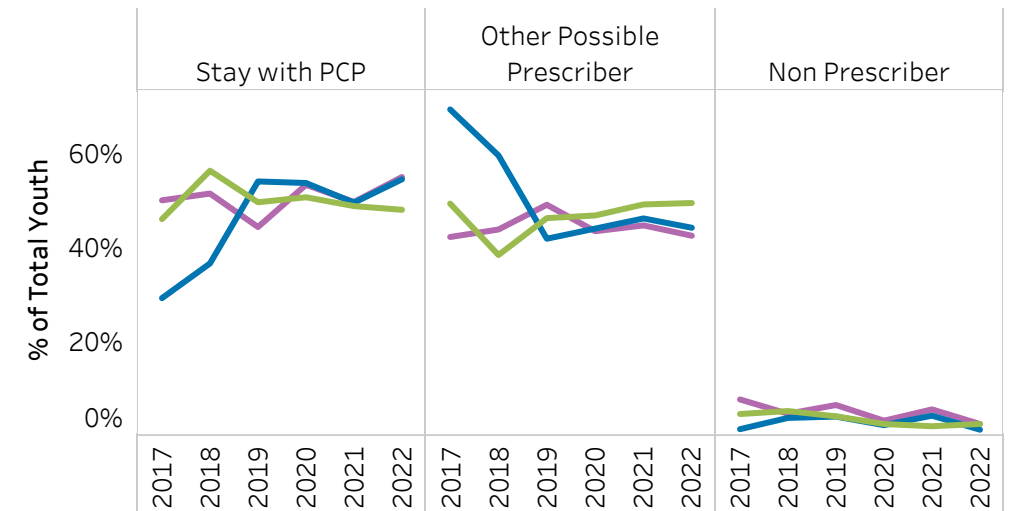
Wheeler Clinic, Inc

Yale Child Study Center

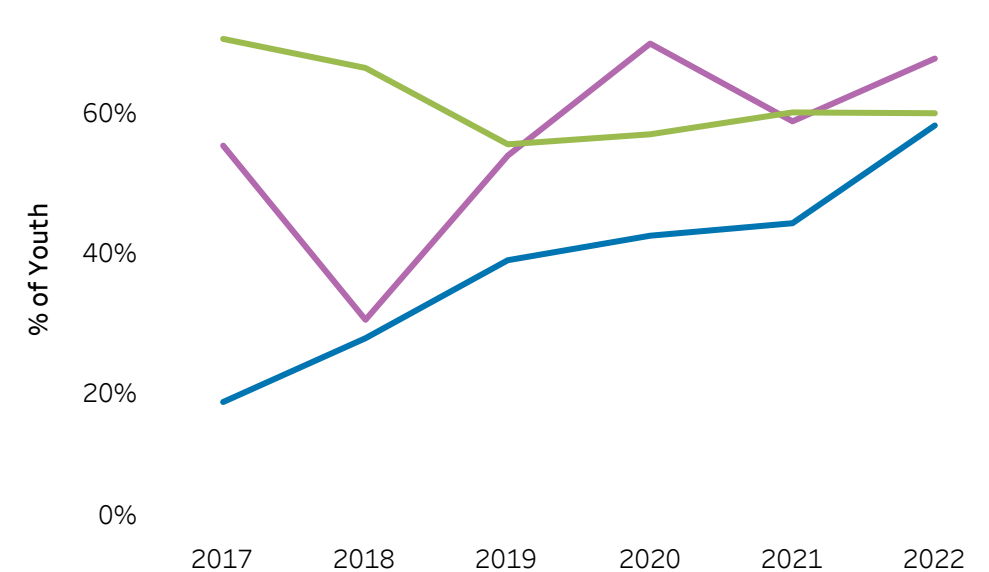
Statewide Outcomes for Youth Subject to Medication Consultation



Outcomes for Youth Subject to Medication Consultation Over Time



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

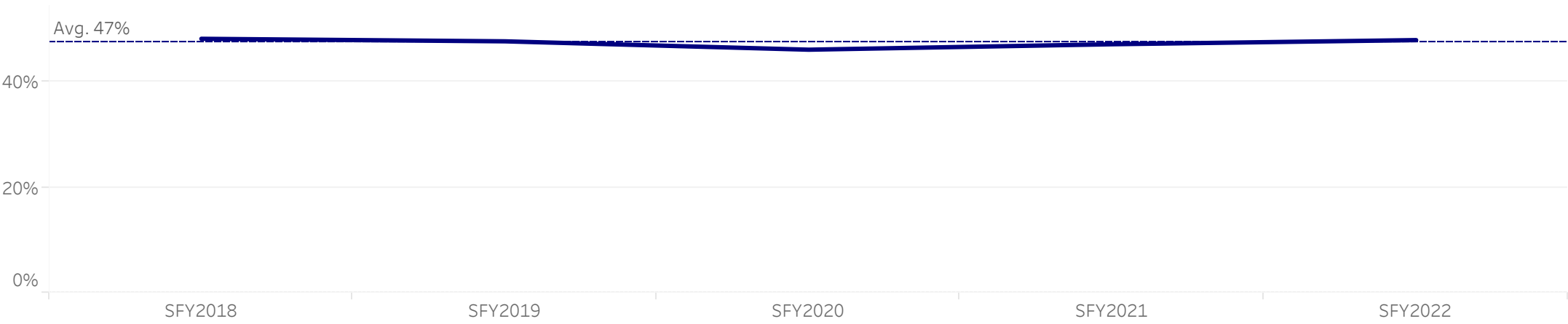


Utilization Rate

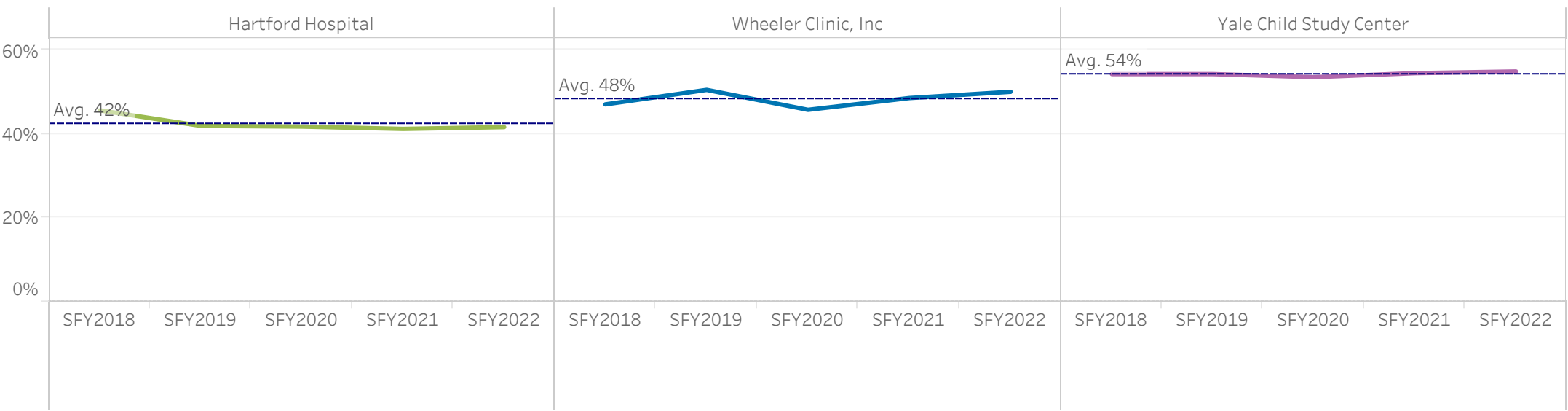
Select Date Format:
Year

Select Quarter / Year:
Multiple values

Statewide Practice Group Utilization Rate



Hub Specific Practice Group Utilization Rate



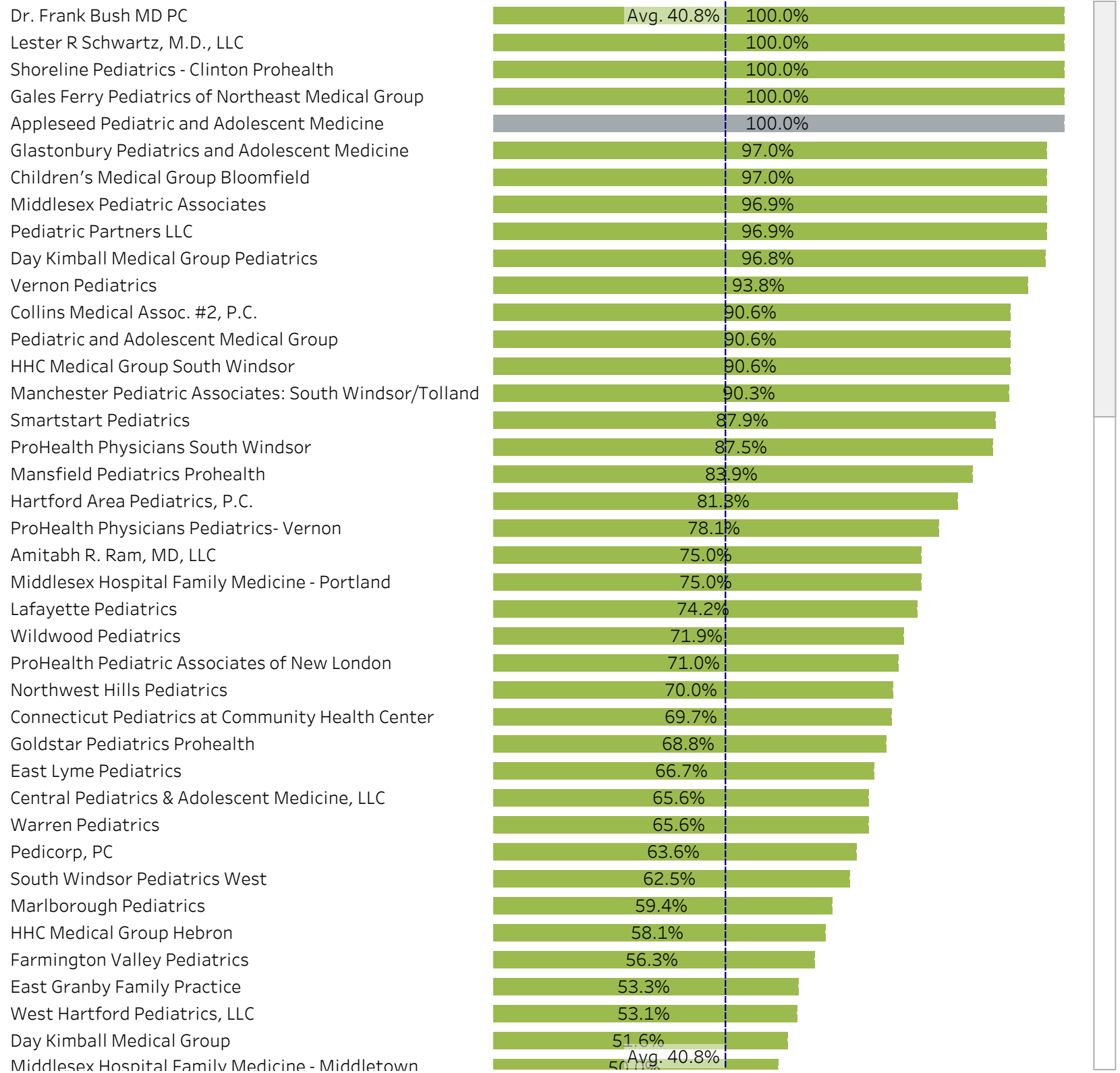
Practice-Specific Utilization

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

Quarterly Utilization Rate:
3.1% to 100.0%

Average line is the average number of quarters used by the program to date (June 30, 2022)

● New User of Program



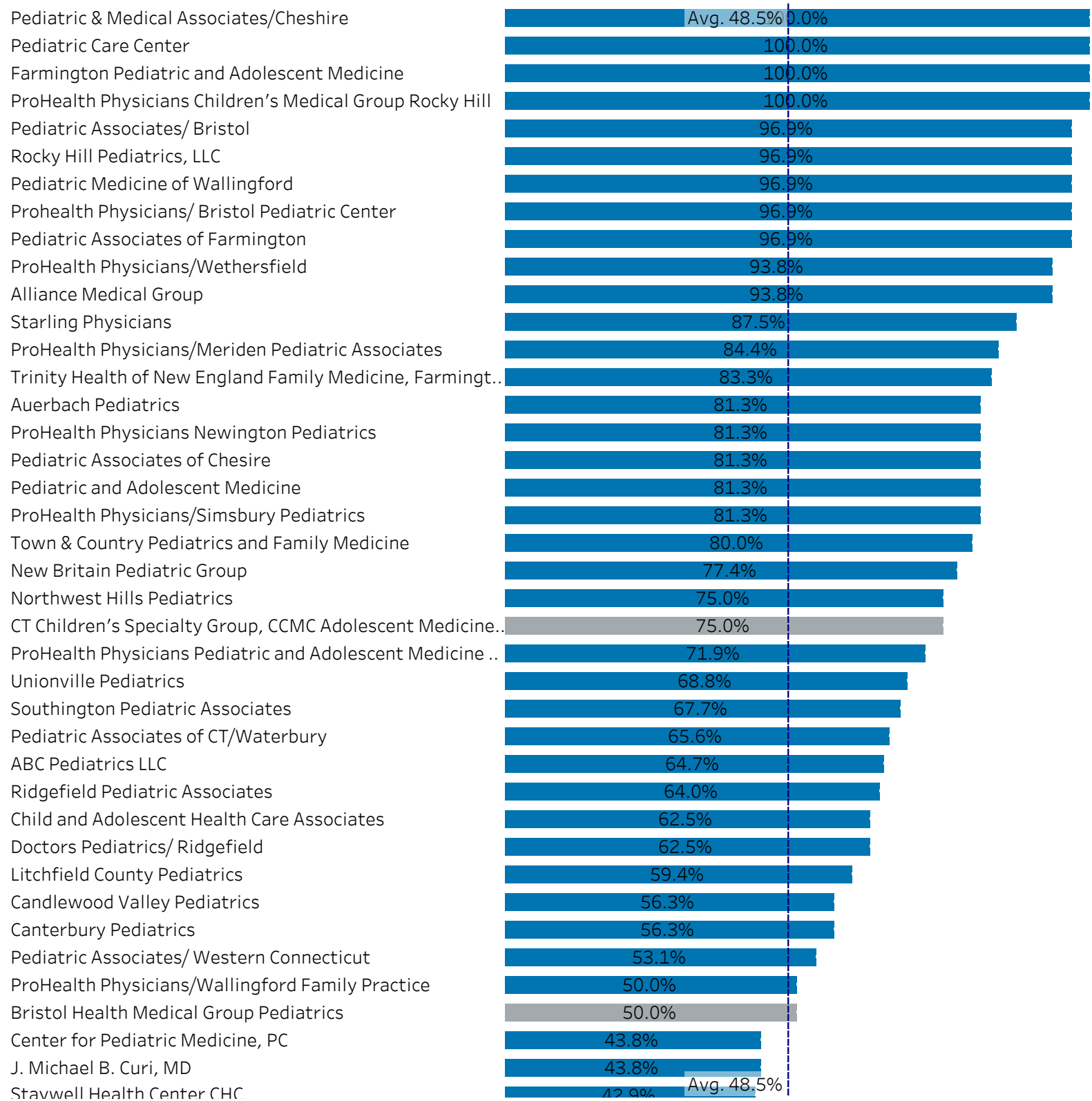
Practice-Specific Utilization

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

Quarterly Utilization Rate:
3.1% to 100.0%

Average line is the average number of quarters used by the program to date (June 30, 2022)

● New User of Program



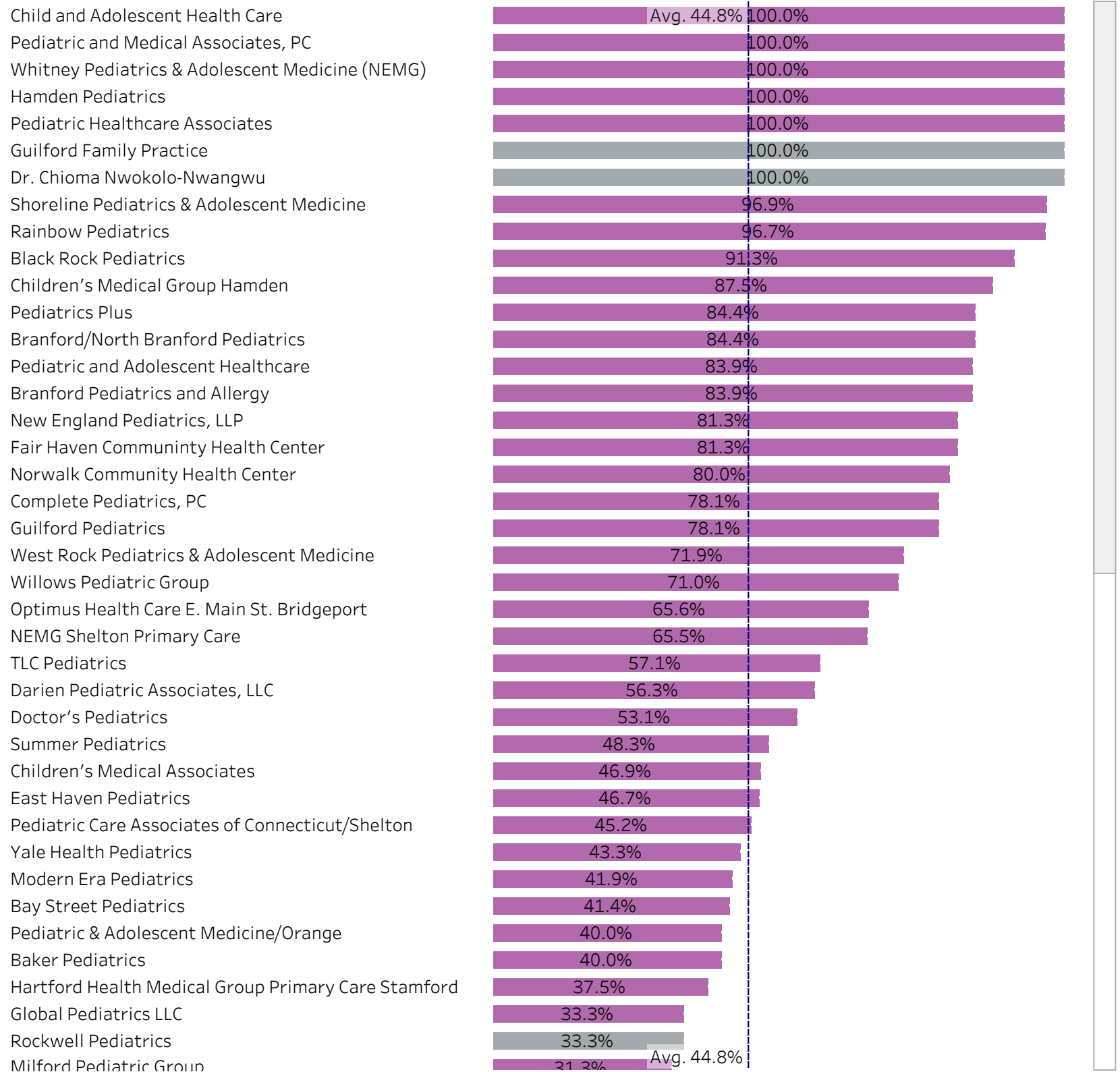
Practice-Specific Utilization

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

Quarterly Utilization Rate:
3.1% to 100.0%

Average line is the average number of quarters used by the program to date (June 30, 2022)

● 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 2022

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

Total Practices Used
in selected SFY

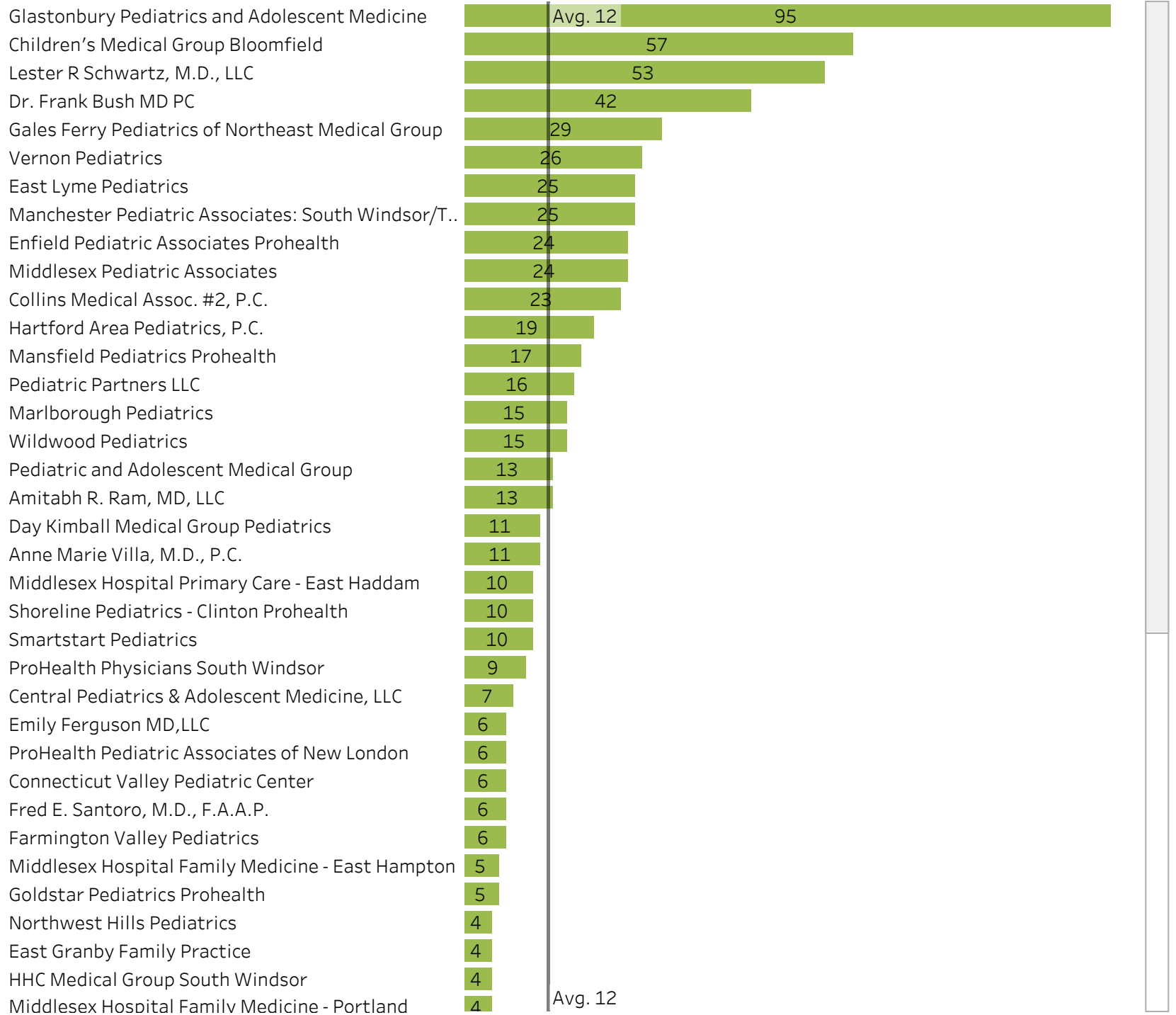
57

Total Youth Served by all
practices in selected SFY

698

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 2022

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

Total Practices Used
in selected SFY

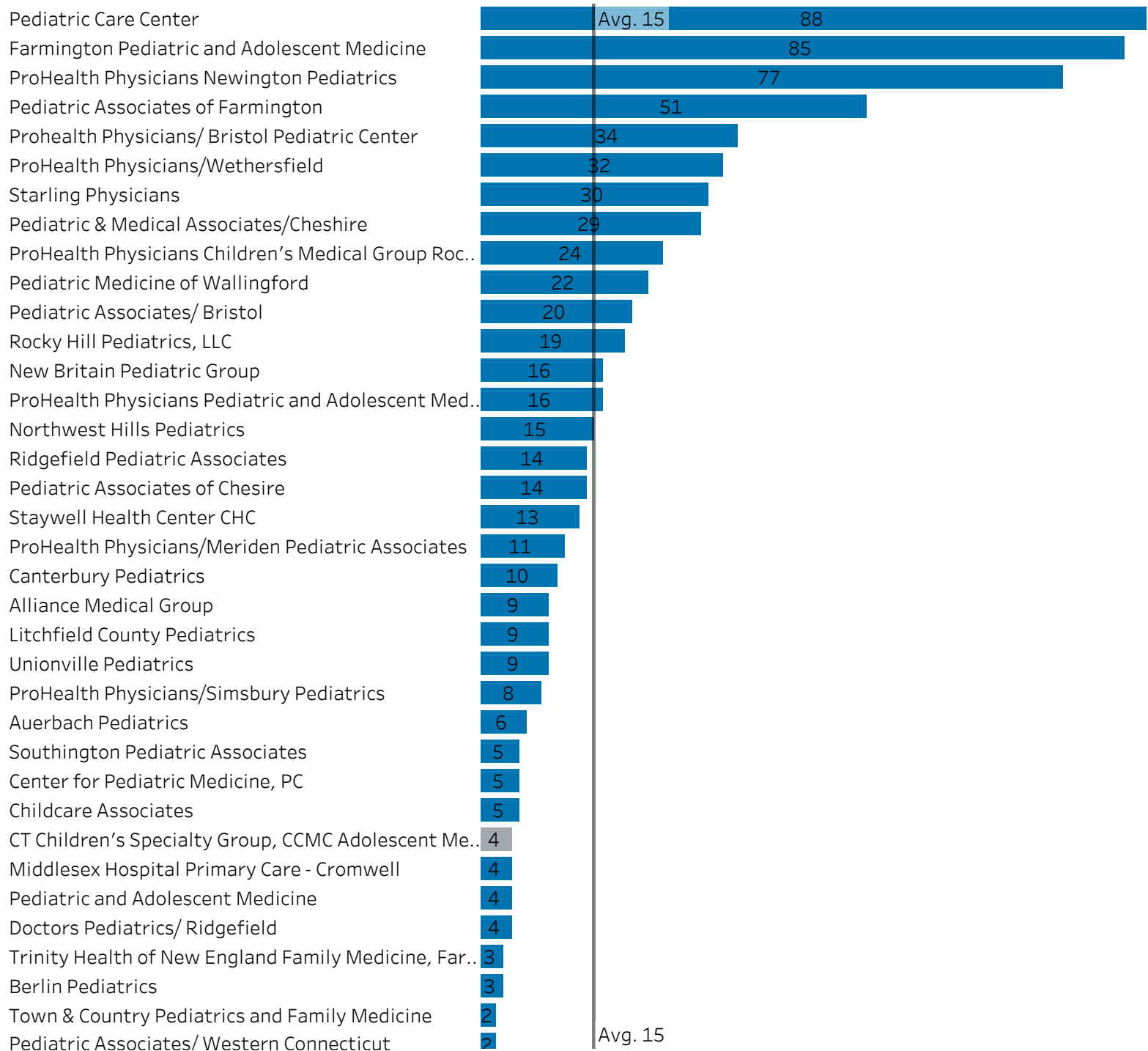
48

Total Youth Served by all
practices in selected SFY

717

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 2022

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

Total Practices Used
in selected SFY

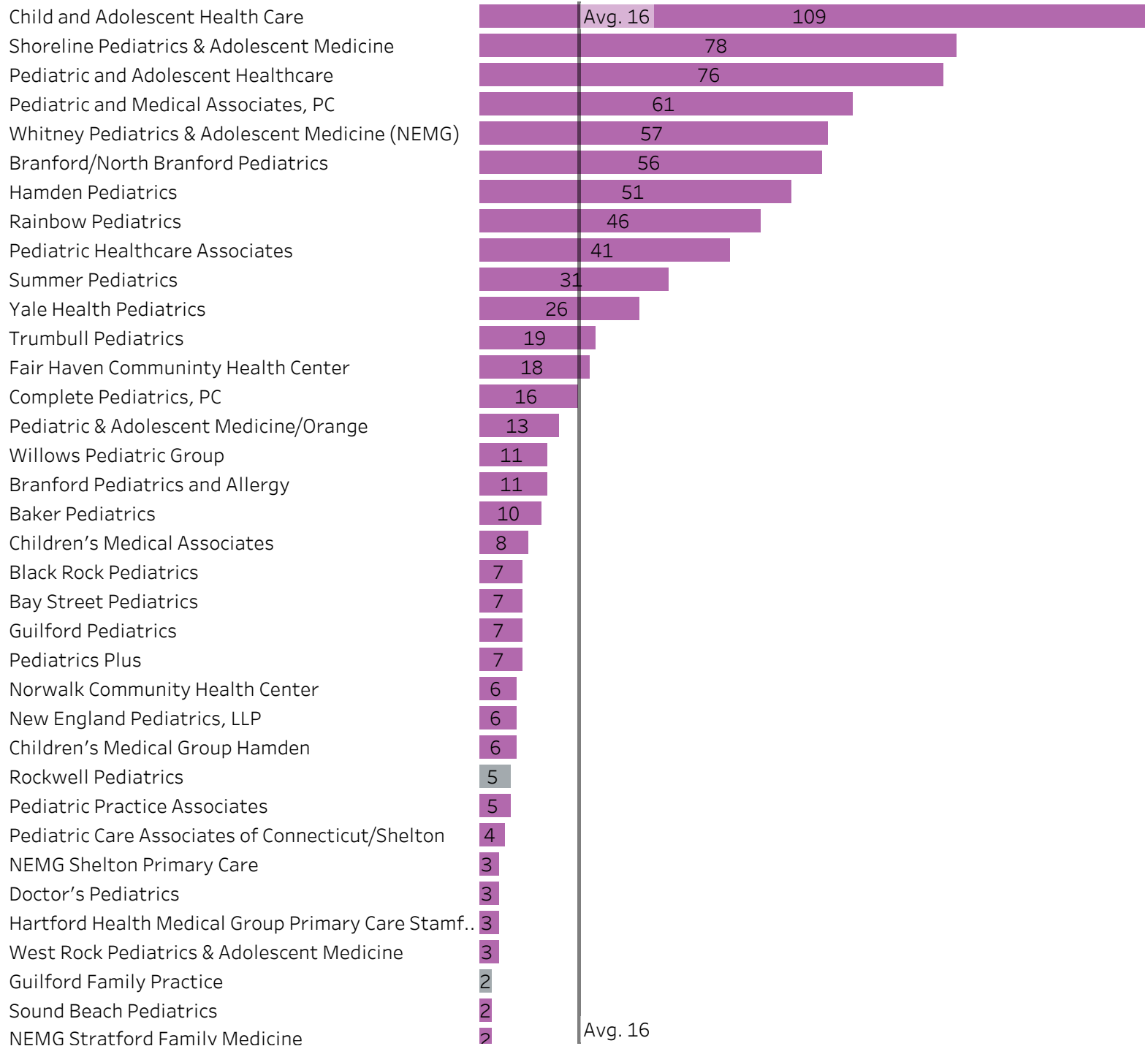
51

Total Youth Served by all
practices in selected SFY

833

Number of Youth Served by Practice

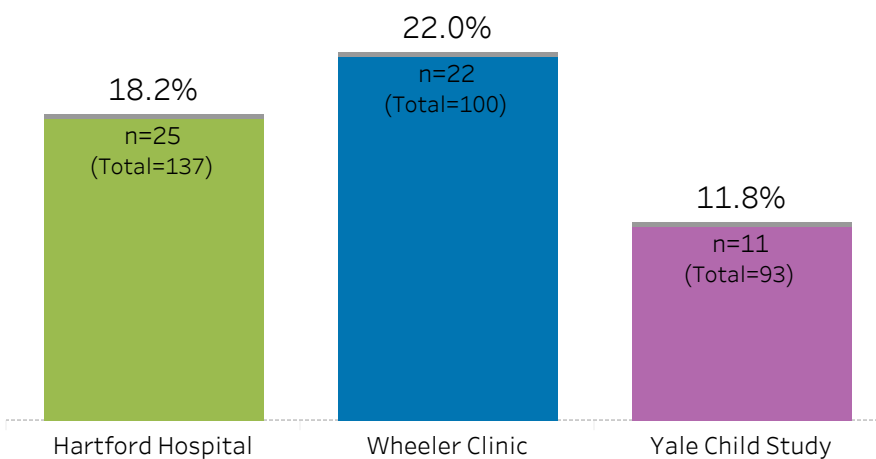
• New User of Program



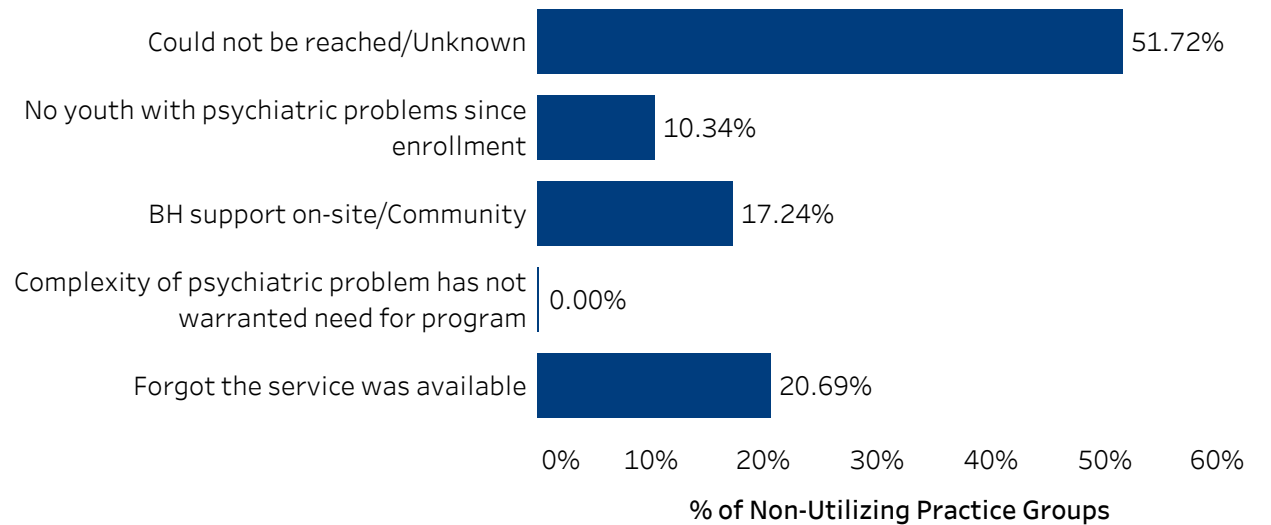
Practice Non-Utilization

As of June 30, 2022, a total of 330 practice groups enrolled, **17.6%** (58 practices) did not utilize the service.

Non-Utilization by Hub for SFY 2022

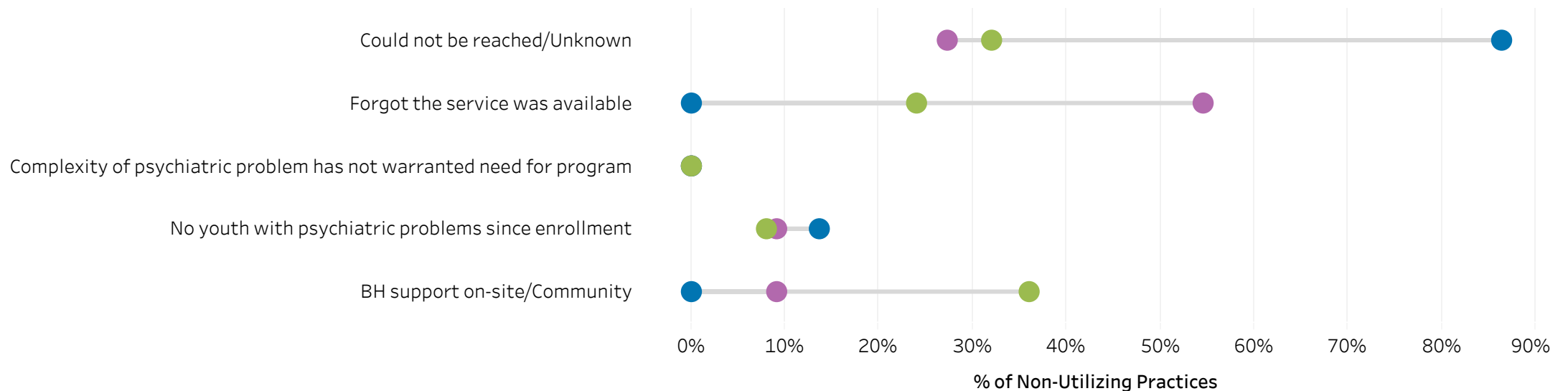


Practice Group Non-Utilization Reasons SFY 2022



Practice Group Non-Utilization Reasons by Hub for SFY 2022




● Hartford Hospital ● Wheeler Clinic ● Yale Child Study



Program Satisfaction

Click to
view Hub
details
▼

PCP Satisfaction Scores

	Q1 SFY 21	Q2 SFY 21	Q3 SFY 21	Q4 SFY 21	Q1 SFY 22	Q2 SFY 22	Q3 SFY 22	Q4 SFY 22
 Hartford Hospital	4.93	5.00	4.96	4.95	4.93	4.97	4.94	4.91
 Wheeler Clinic, Inc	5.00	4.98	4.99	5.00	4.95	4.99	5.00	5.00
 Yale Child Study Center	4.98	4.99	5.00	5.00	5.00	5.00	5.00	5.00
Grand Total	4.97	4.99	4.98	4.99	4.95	4.98	4.98	4.97

Count per PCP Score for All

● 99% or more received a score of 5

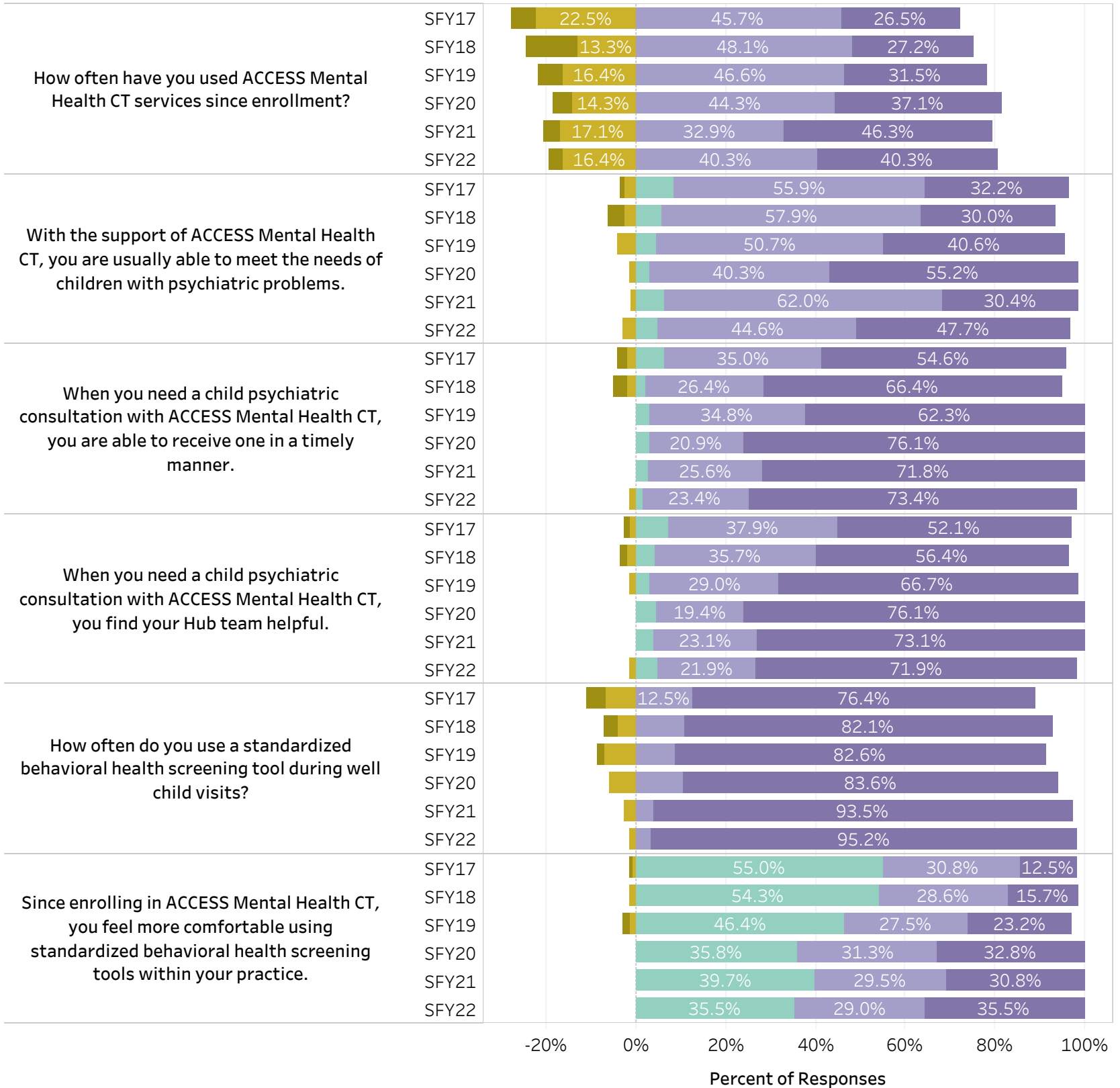
Satisfaction Score

	Q1 SFY 21	Q2 SFY 21	Q3 SFY 21	Q4 SFY 21	Q1 SFY 22	Q2 SFY 22	Q3 SFY 22	Q4 SFY 22
3			2	2		2	1	
4	20	21	19	18	26	26	17	24
5	1,960	2,399	2,945	2,533	2,246	2,678	3,170	2,804
Grand Total	1,980	2,420	2,966	2,553	2,272	2,706	3,188	2,828

Annual Survey

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

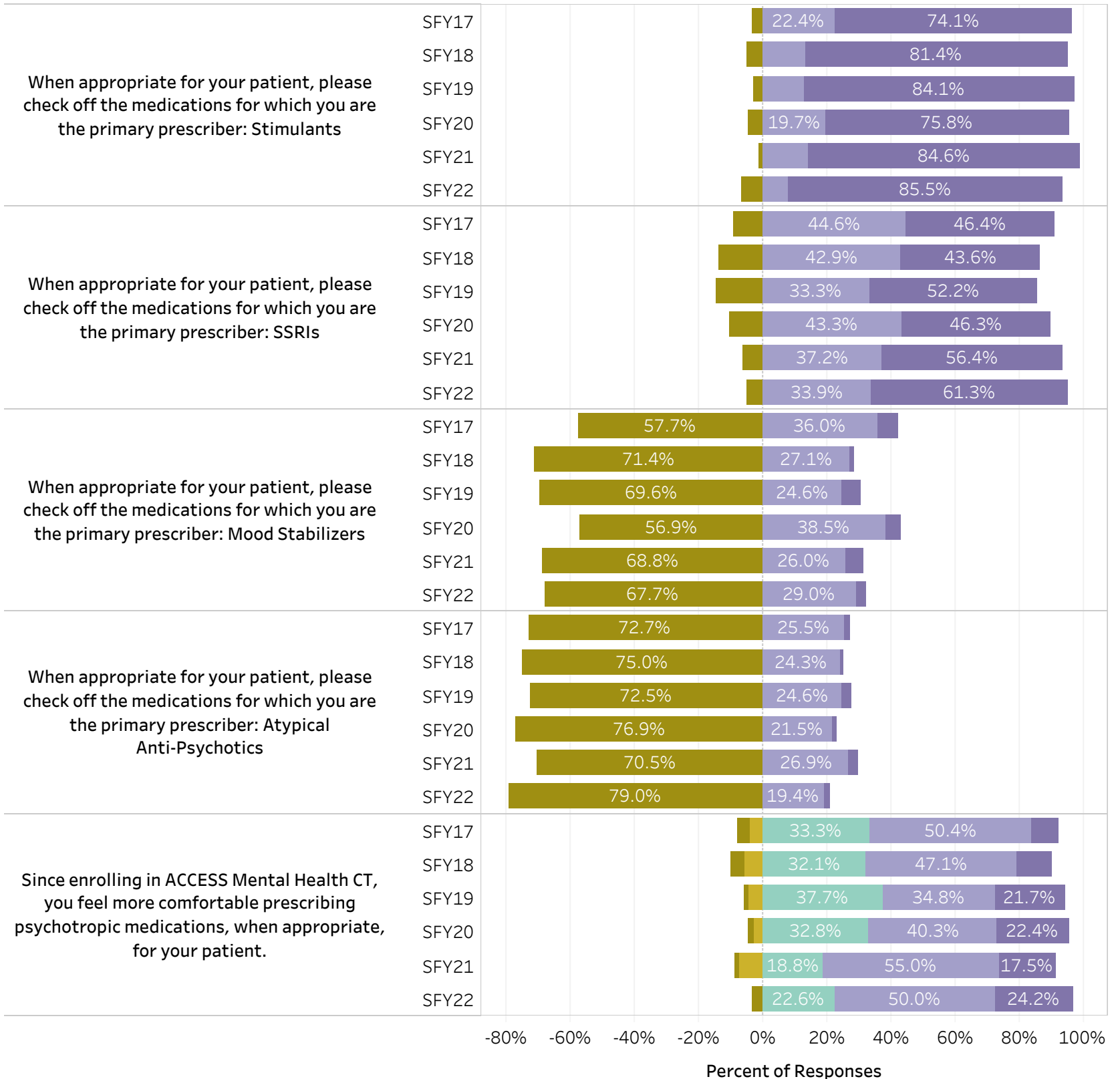
Access to and Use of ACCESS MH Services



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 and Families was gathered from the SFY'22 annual surveys, practice onsite visits, and case-specific consultations throughout the year.

Quotes from enrolled PCPs:

Below are testimonials from primary care providers sharing the impact of the ACCESS Mental Health program on their medical practice:

"As a member of the team who developed the first iteration of the current ACCESS-Mental Health program shortly after the Sandy Hook tragedy, I know that it has been of enormous benefit to pediatricians and the families they serve. The expansion of the program to include all pediatricians and their patients has made a very real difference in many lives. Knowing that a child psychiatrist was available by phone within minutes improved my ability to care for a patient in real time. The added benefit was the education from that one interaction improved my skills in caring for other patients with similar problems. Although retired from active practice, I am proud to continue to serve on the Medical Advisory Board. ACCESS-MH is the most effective state run program I have seen in my 40 years of pediatric practice." ~ Sandra Carbonari, M.D. FAAP, Chair, Advocacy Committee and Treasurer of the CT Chapter of the American Academy of Pediatrics- May 19, 2022

"I am writing to let you know about the tremendous impact that Access Mental Health has had in managing the behavioral health needs of my patients.

Pediatric practice has changed drastically over the past several years, and especially during the COVID pandemic. Gone are the days when I spent most of my time treating ear infections--with newer guidelines and improved vaccines, I rarely write a prescription for an antibiotic.

I routinely screen for behavioral health needs at all of our patients' health maintenance encounters, and as a result, I find myself managing mental health issues in patients even more often than infectious diseases. The numbers of children who have anxiety, depression, behavioral problems, and dark thoughts or suicidal ideation has been beyond my expectations, and has palpably increased with the current pandemic. We all understood that the isolation of remote learning was a blow to mental health of children, but I was unprepared and surprised with the additional surge in mental health problems faced by children as they went back to in-person learning.

The need for child psychiatrists and therapists far outstrips the availability of these providers. As a result, I have leaned heavily on Access Mental Health Connecticut to provide necessary behavioral health care for children here in Connecticut.

The ways in which this organization have provided support are many.

Access Mental Health connects children to accessible therapists who not only have availability to provide services, but also accept the patient's insurance.

Through Access Mental Health I have been the beneficiary of endless hours of continuing medical education, and have even been visited in this office for lectures from a child psychiatrist

Access Mental Health has a consultation service that allows me to speak with a child psychiatrist about a patient, and to better manage the care of patients whether that be through a referral for diagnostic services, or managing medications

My patients have benefited greatly from my liaison with Access Mental Health, and I have become a better provider of care as a result of my ability to work with Access Mental Health. What has been difficult is that as pediatricians, many of us care for children until they are young adults, often until they have graduated from college. These young individuals are also struggling with anxiety and depression, and expansion of the program would be of great impact on these young adults. It is my fervent wish that Access Mental Health be expanded to cover this age group who has also suffered greatly, especially during the pandemic..."

Program Feedback

Quotes from enrolled PCPs (continued): "...I also want to share with you that I have lost several patients over the years to suicide, and these losses have left an indelible mark on families, on the community, and on me personally. I am committed to doing all that I can to screen for mental health issues, and to care for these patients to prevent any such tragedy. I have been fortunate to have Access Mental Health at my side as I continue in this endeavor. Thank you for all that you have done for children, and to support me and this practice!" ~ Barbara Ziogas, M.D., Farmington Pediatric & Adolescent Medicine - May 18, 2022

"Access Mental Health (AMH) CT has truly transformed the way I practice Pediatric medicine. As we negotiate the greatest behavioral health epidemic in State history, I look back to the frequent calls I have made to AMH and the sage wisdom I have tapped into and wonder how I practiced without such support.

Just think...one of the State's best Child Psychiatrists at your beck and call...within minutes, all with the patient sitting comfortably in your office. How is that possible? I know it is possible because it works every time I call.

I estimate I call AMH for help on an average of once weekly. The clinical staff of AMH are warm, friendly voices whom I have gotten to know well. I honestly feel that AMH is a trusted clinical home for me and my patients.

True, AMH helps me find critically scarce services and resources. And, yes, the Child Psychiatrists have taught me the ins and outs of medication management of meds I now feel comfortable managing myself. But my favorite part of AMH is the written follow-up. In a day and age that behavior health clinicians and medical professionals seldom collaborate, I know that with each referral I make to AMH, with each emergency one-time consult I make and with each resource connection that is created, I can count on written follow-up that is accurate, timely and complete. That alone sets AMH apart from other medical services I deal with daily.

AMH, all I can say is thank you for elevating the care of my patients. Thank you for helping me keep my patients out of the ED. And thank you for making me a more complete Pediatrician than I would have been without your guidance." ~ Gregory Germain, M.D., Associate Chief of Children's Services at Yale Pediatrics, Yale-New Haven Children's Hospital- May 18, 2022

"My experience with ACCESS mental health has been great. I have always been connected with a provider immediately on calling and I am able to get the information that I need. I have used it mostly for guidance with medication - either because they are not doing well with what I usually prescribe and now I am not sure what to do or medication that was started by someone else (mostly hospital inpatient) and I am not totally comfortable with dosage. I know that my pediatric partners in my practice have all had similar positive experiences." ~ Erin Rice, M.D., Branford Pediatrics & Allergy - May 18, 2022

"As a member of the ACCESS Mental Health Advisory Board and a practicing pediatrician I would like to take this opportunity to attest to the incredible importance and service that ACCESS Mental Health provides to practitioners and families in the State of Connecticut. For a number of years prior to and increasing during the pandemic, we have unfortunately witnessed an increasing number and severity of children with mental health and behavioral health needs. Most primary care practitioners had limited training in the appropriate use of psychotropic medications. Due to the lack of accessible and affordable referral psychiatrists—the burden of evaluating and treating a number of these children and adolescents has fallen to pediatric providers. The consultation and care coordination provided by ACCESS Mental Health has been invaluable and critical to the ability of many of us to continue to provide timely and appropriate care to many children who otherwise would not be able to obtain these services." Ken Spiegelman, M.D. - May 18, 2022

Additional Quotes from Primary Care Providers:

"As a primary care pediatrician in Bloomfield, I have found Access Mental Health CT immensely helpful in coordinating mental health referrals for dozens of children, adolescents, and now young adults as well. Access takes calls from pediatricians (not from parents or young adult patients), who consult by phone with a child psychiatrist to discuss the case and jointly decide what referrals/level of care are appropriate. The psychiatrist will also advise on specific medication when appropriate for a pediatrician (such as myself) who feels comfortable prescribing psychotropics and monitoring patients. Access consistently follows through with parents very promptly (within a day or two) and provides them with the names of therapists who participate with their insurance. I have also had many patients receive a one-time diagnostic psychiatric evaluation within a week or so! Please pass this invaluable information on to your readers." ~PCP, Hartford Hospital Hub Team in a letter written to Hartford Courant editor

Program Feedback

Quotes from enrolled PCPs (continued): “Everyone in the community (of pediatricians) believes this program is a Godsend. That I can just call and get a consult right away or get help getting a patient in an IOP is almost unbelievable. I can’t even get through to other physicians or APRN’s in the community.” ~PCP, Wheeler Clinic Hub Team

“You (AMH) are very appreciated – our jobs would be so much harder without you!” ~PCP, Yale Child Study Center Hub Team

“AMH is a transformative program that has made me a much better primary care physician. I am so grateful for their access and expertise.” ~PCP, Hartford Hospital Hub Team

“I have found Access Mental Health to be an invaluable resource at extending my knowledge of psychopharmacology. Drs. Miller and Sahani are generally available with little to no wait, always listen thoughtfully to my patient histories, and explain their reasoning behind their recommendations. With the help of Access Mental Health, I have been able to provide more comprehensive care for my patients during a time when there is unprecedented need for mental health services. Thank you for being there!” ~PCP, Wheeler Clinic Hub Team

“I am so happy – I was able to prescribe medications for a patient successfully without calling AMH because you have taught me so much!” ~PCP, Yale Child Study Center Hub Team

“You are so incredibly helpful. It is always a pleasure to speak with you. Thank you so much” ~PCP, Hartford Hospital Hub Team

“AMH is an amazing service! We have someone to call and help us figure out psychiatric diagnosis, treatment, and resources for our families. This is huge especially during the current pediatric mental health crisis.” ~PCP, Wheeler Clinic Hub Team

“You are just wonderful, so helpful every pediatrician should be calling you – what a great service!” ~PCP, Yale Child Study Center Hub Team

“Your service is always so helpful” ~PCP, Hartford Hospital Hub Team

“I am thankful for you (AMH) trying to make miracles happen – you are our little bit of hope” ~PCP, Yale Child Study Center Hub Team

“That’s exactly what I wanted to know. You guys (AMH) make it so easy!” ~PCP, Hartford Hospital Hub Team

“Excellent. My questions and patient problems were always taken seriously whenever I called. I was offered short and long term solutions.” ~PCP, Yale Child Study Center Hub Team

“It’s always helpful to talk a case out with you.” ~PCP, Hartford Hospital Hub Team

“Access Mental Health is basically a life saver!!!! Dr Sahani and Dr Rich are the best!!! Also Jodi and her team are amazing when it comes to helping families connect with therapists” ~PCP, Wheeler Clinic Hub Team

“You guys are awesome!!!!” ~PCP, Yale Child Study Center Hub Team

“You guys continue to be on top of everything.” ~PCP, Hartford Hospital Hub Team

“AMH is one of the best resources in CT.” ~PCP, Wheeler Clinic Hub Team

“You guys are heroes, so helpful!” ~PCP, Yale Child Study Center Hub Team

“You (AMH) are always so very helpful, thank you!” ~PCP, Yale Child Study Center Hub Team

“Thank you for calling and following up. I really appreciate all you guys do.” ~PCP, Hartford Hospital Hub Team

Program Feedback

[Quotes from enrolled PCPs \(continued\)](#): “Very thankful to have this program available to us. Just takes one phone call! Very helpful and responsive.” ~PCP, Yale Child Study Center Hub Team

“This service is absolutely awesome and I appreciate that I can always call back for more help with medication.” ~PCP, Wheeler Clinic Hub Team

“Oh Nancy you all are just wonderful – I have been here 1 ½ years and you are so helpful so thank you!” ~PCP, Yale Child Study Center Hub Team

“I’m so thankful for your program. I know resources are so limited.” ~PCP, Hartford Hospital Hub Team

“This is so helpful! You explained everything and I know what to do. I really appreciate all you do. It’s a wonderful program and makes such a difference.” ~PCP, Wheeler Clinic Hub Team

“Thank you, Nancy, and all of you who took part in this challenging case.” ~PCP, Yale Child Study Center Hub Team

“Thank you so much. I really appreciate your time and expertise.” ~PCP, Hartford Hospital Hub Team

“Great- they are always helpful in finding resources for my patients when I have hit dead ends” ~PCP, Yale Child Study Center Hub Team

“Thank you so much for your help. I really appreciate your input. I appreciate this service so much.” ~PCP, Hartford Hospital Hub Team

“The team is very responsive and make every effort to contact patients. However it’s very difficult at times when the patients don’t follow through and I think because of the demand, your service is unable to continue follow up if the response from the patient is not good” ~PCP, Yale Child Study Center Hub Team

“This is very helpful. I appreciate your time. Thank you for your wisdom.” ~PCP, Hartford Hospital Hub Team

“Your service is indispensable.” ~PCP, Wheeler Clinic Hub Team

“I am so grateful for the help I have gotten from the providers. Sincere thanks to Dr Szilagyi, such a great help to me. Thanks to Nancy too.” ~PCP, Yale Child Study Center Hub Team

“I really appreciate all your help.” ~PCP, Hartford Hospital Hub Team

“This is hugely helpful! To be able to call someone, speak to them right away, get advice and then have all the follow up. This is wonderful!” ~PCP, Wheeler Clinic Hub Team

“You are doing an excellent job. There is a great need for more education and training for community pediatricians to be comfortable evaluating, diagnosing, managing patients with behavior and emotional concerns. We need more information on community resources. Thank you!” ~PCP, Yale Child Study Center Hub Team

“The mental health talk that your colleagues gave was very good. I really appreciated it.” ~PCP, Hartford Hospital Hub Team

“Thank you so much for your service here, this hotline has been a life-saver for my practice!” ~PCP, Wheeler Clinic Hub Team

“Wonderful to be able to contact and obtain resources and information. There is still an enormous void of mental health providers in the community to refer to though” ~PCP, Yale Child Study Center Hub Team

“Thank you Dr. March. You are helpful as always.” ~PCP, Hartford Hospital Hub Team

“AMH is wonderful and so helpful in managing the increase of mental health issues in our practice after Covid. I really appreciate being able to call and get advice right away at the minute I need it.” ~PCP, Wheeler Clinic Hub Team

Program Feedback

Quotes from enrolled PCPs (continued) : “Very good, most recently I attended to PPP program which Yale supported which was very helpful” ~PCP, Yale Child Study Center Hub Team

“This is a great resource. Thank you so much.” ~PCP, Hartford Hospital Hub Team

“You are one of the best resources especially for the Litchfield County.....we need you guys!” ~PCP, Wheeler Clinic Hub Team

“Outstanding!” ~PCP, Yale Child Study Center Hub Team

“This is very helpful. Thank you.” ~PCP, Hartford Hospital Hub Team

“Helpful experience!” ~PCP, Wheeler Clinic Hub Team

“Terrific. I really appreciate the input and discussion. I am interested in the in service. Is it recorded?” ~PCP, Yale Child Study Center Hub Team

“Thank you very much for your therapeutic help to another provider” ~PCP, Hartford Hospital Hub Team

“Very Good!” ~PCP, Wheeler Clinic Hub Team

“It is outstanding and vital to our ability to care for patients-especially with escalation of mental health issues and limited availability of care” ~PCP, Yale Child Study Center Hub Team

“It is wonderful what you guys do!” ~PCP, Hartford Hospital Hub Team

“AMH is a great asset to us” ~PCP, Wheeler Clinic Hub Team

“Very helpful whenever assistance requested. Could use ongoing educational sessions about ins and outs of med prescription. Also could use more help finding therapists for Husky patients (maybe if you guys went to state, they’d find more funding??)” ~PCP, Yale Child Study Center Hub Team

“I greatly appreciate your help because I am at a loss with this patient and family. Thank you so much! You have made my day easier.” ~PCP, Hartford Hospital Hub Team

“Great! Could not do what I do without them in terms of mental health support to the degree I do it. Very helpful for families. The only thing is that there is a shortage of mental health providers and we need a better emergent system for behavioral/mental health acute crisis” ~PCP, Wheeler Clinic Hub Team

“My experience has been excellent...has really allowed me to start treatment for affected kids in a timely way and in a way I am comfortable and confident.” ~PCP, Yale Child Study Center Hub Team

“Excellent, thanks!” ~PCP, Hartford Hospital Hub Team

“Very good” ~PCP, Wheeler Clinic Hub Team

“Excellent - they are a lifesaver!!” ~PCP, Yale Child Study Center Hub Team

“Excellent!” ~PCP, Hartford Hospital Hub Team

“Very helpful useful program. Much needed. Please continue.” ~PCP, Wheeler Clinic Hub Team

“Fantastic. Super helpful, easy to connect with. They really help me feel more confident doing more psychiatric management because I know I can consult them anytime. Essential service for primary care. So happy about the program expansion to 19-21 year old patients!” ~PCP, Yale Child Study Center Hub Team

Program Feedback

[Quotes from enrolled PCPs \(continued\)](#) : "Great service especially when help needed acutely" ~PCP, Hartford Hospital Hub Team

"AWESOME!" ~PCP, Wheeler Clinic Hub Team

"Amazing! So, so helpful. I cannot say enough positive things about my experience with them. They've helped me with numerous age groups and issues from med management to finding a prescriber to finding a therapist - they are always available and never make you feel like you are interrupting them - 5 stars from me!" ~PCP, Yale Child Study Center Hub Team

"Excellent" ~PCP, Hartford Hospital Hub Team

"I feel the program is very helpful. Unfortunately, the role of the PCP has taken a lot of the mental health burden due to inability of patients to access appropriate mental health support. Not being trained in pharmacology management and given that psych is a specific specialty, I am concerned for the pediatric patient population getting appropriate med management and counseling. The PCP is put in a very difficult position, as sometimes patients cannot get medications prescribed by a trained mental health provider. It increases our liability as well as compromises our patient's care." ~PCP, Wheeler Clinic Hub Team

"I love the access to a psychiatrist." ~PCP, Yale Child Study Center Hub Team

"Amazing. Grateful." ~PCP, Hartford Hospital Hub Team

"Excellent - Grateful and fortunate (for my patients and myself)" ~PCP, Wheeler Clinic Hub Team

"Wonderful 10/10" ~PCP, Yale Child Study Center Hub Team

"Amazing!!!" ~PCP, Hartford Hospital Hub Team

"Excellent. Drs. Sahani and Miller have been wonderful. I would have liked to attend the zoom meetings. ACCESS Mental Health CT is a great service!" ~PCP, Wheeler Clinic Hub Team

"Always helpful. Thanks!" ~PCP, Yale Child Study Center Hub Team

"Wonderful!" ~PCP, Hartford Hospital Hub Team

"GREAT!! Dr. Sahani, Dr. Miller and Jodi are Great!!" ~PCP, Wheeler Clinic Hub Team

"The teams have been wonderfully supportive and accessible. There have been cases where they were unable to identify an appropriate psychiatrist, though not for lack of trying." ~PCP, Yale Child Study Center Hub Team

[Quotes from Youth and Families:](#)

"This is so helpful. Thank you so much for your time and expertise" ~Parent, Hartford Hospital Hub Team

"I really appreciate everything you guys are doing, calling and checking in, your program is a god send. I am very appreciative of all the work you guys are doing because it is not easy these days." ~Parent, Wheeler Clinic Hub Team

"Thank you so much for checking in. It means a lot in this chaotic world, and especially regarding mental health... Again, thank you so much for helping, and caring." ~Parent, Yale Child Study Center Hub Team

"I wish I knew about you before. I am going to pass on this information to my friend who is also struggling with her child so she can call his PCP." ~Parent, Hartford Hospital Hub Team

"You have a great system, so great to have you guys there for us as parents. It's not easy to talk about our kids and you allow me to talk freely about what is really going on. Thank you so much." ~Parent, Wheeler Clinic Hub Team

Program Feedback

Quotes from Youth and Families (continued) :

"I'm so appreciative of all the follow up." ~Parent, Hartford Hospital Hub Team

"Thank you for all your help. You are the reason we were able to find somewhere to get him an appointment." ~Parent, Wheeler Clinic Hub Team

"Thank you for what you do and your total assistance." ~Parent, Hartford Hospital Hub Team

"I am so thankful for you guys for your help, and especially for following up." ~Parent, Wheeler Clinic Hub Team

"My son felt heard. Dr. March is amazing and had patience." ~Parent, Hartford Hospital Hub Team

"Thank you for helping my son, thank you for helping him to find an appointment. He needs help so bad, thank you so much for everything." ~Parent, Wheeler Clinic Hub Team

"Very pleased with the face to face. My child was very comfortable and really liked Dr. George." ~Parent, Hartford Hospital Hub Team

"I am so grateful you guys call and check-in because if something goes awry, I know I have you guys as support and a back-up plan." ~Parent, Wheeler Clinic Hub Team

"You're ANGELS!" ~Parent, Hartford Hospital Hub Team

"We appreciate you guys." ~Parent, Hartford Hospital Hub Team

"All of you guys are great. Maria is a gem." ~Parent, Hartford Hospital Hub Team

"Thank you so much for all your help. I will be referring your team to families because I did not know of AMH before my son's doctor referred and you guys have been a Godsend." ~Parent, Hartford Hospital Hub Team

"I really appreciate you being so consistent and following up." ~Parent, Wheeler Clinic Hub Team

"Thank you so much for connecting me to Walden because it is so hard trying to find help with eating disorders for teenagers, I am relieved." ~Parent, Hartford Hospital Hub Team

"I wish I knew about you guys sooner. You guys are so great and helpful. Thank you." ~Parent, Wheeler Clinic Hub Team

"I am so glad my daughter's doctor referred me to you guys." ~Parent, Hartford Hospital Hub Team

"You and your team are such angels to me." ~Parent, Hartford Hospital Hub Team

"Thank you guys so much! All my prayers have been answered." ~Parent, Hartford Hospital Hub Team

Case Vignettes

The following vignettes were provided by the Hub teams as part of their SFY'22 annual assessment submissions to Beacon's Central Administrative Team

Vignette #1

A pediatrician called to consult regarding an eighteen-year-old, Caucasian male, who had returned home from college during the academic year, as he has been depressed, experiencing suicidal ideation, and had a near suicide attempt. Considering this, the pediatrician had begun prescribing antidepressant and had called the ACCESS Mental Health Hub team to further consult about both his medications and ongoing mental health treatment. In consultation with the AMH-psychiatrist it was decided a face-to-face evaluation would assist to further understand him diagnostically, assess medication possibilities and recommend an appropriate level of care.

Upon meeting for the face-to-face evaluation, he presented as somewhat tired and lethargic. He noted he was not sleeping well at night and was sleeping more during the daytime. Other symptoms endorsed were lacking motivation, suicidal ideation, feelings of inadequacy, worthlessness, guilt, low energy, hopelessness, and decreased appetite. He also endorsed GI symptoms that seemed to be linked to anxiety.

The patient and his parents stated he had therapy in the past in seventh grade when he became depressed after the death of his grandmother. He was also assessed for attention deficit/hyperactivity disorder (ADHD) at that time, but that diagnosis was not endorsed. The patient and his parents described him as having a long-standing history with procrastination around schoolwork. Family history was positive for anxiety, depression, and substance use.

The patient discussed having enjoyed the social aspect of college but was struggling with academics. He needed to drop his participation in the school's tennis team due to his academic difficulties and his grade average falling below the level needed to participate. He said he was still in contact with friends from college and was seeing some friends from high school now that he was home. He noted that he enjoyed video games and still enjoyed following professional tennis.

After meeting, the AMH team diagnosed the patient with a major depressive disorder (MDD), single episode; and generalized anxiety disorder (GAD). The team made the following recommendations:

- 1) Changing the current antidepressant to another that may provide more consistent levels of medication when doses are forgotten (which the patient did, not infrequently).
- 2) Starting an intensive outpatient program-IOP, with AMH assisting with the referrals.
- 3) Continue to monitor and supervise for safety, and a safety plan was formulated that included mobile crisis, telling family if feeling unsafe, and ED contemplating suicide.
- 4) Continue with outpatient therapy upon completion of the IOP program (which AMH would also assist with accessing).

Vignette #2

PCP called the ACCESS Mental Health Hub team psychiatrist for a psychiatric consultation on a 15-year-old female with a history of depression, anxiety and gender dysphoria. The patient was recently hospitalized on an adolescent inpatient psychiatric unit for a suicide attempt by overdose with antidepressant. The patient was stabilized and discharged on another antidepressant. She is currently on a low dose of this new medication and was discharged to follow up with a therapist only. PCP is willing to bridge medications but would prefer for the care to be transferred to a psychiatrist. The patient is also interested in obtaining a new therapist. Patient refuses to attend any group therapy.

The AMH team made the following recommendations:

- 1) Refer to a psychiatric provider for ongoing medication management (which AMH would assist with accessing).
- 2) Refer to a community provider for individual therapy (which AMH would assist with accessing).

Case Vignettes

Vignette #2 (continued) : This case had a significant impact on the Pediatrician. PCP reported having extensive experience and feeling very competent in providing mental health treatment to her patients. However, this was the first time of one of her patients attempted suicide. She was shaken by it and her beliefs were challenged. After discussing the case and plan, the rest of the call was spent providing support and encouragement to her. Now, she more fully appreciates the depth and complexities that embodies psychiatric training, education, and treatment.

Vignette #3

PCP called the ACCESS Mental Health Hub team psychiatrist for a psychiatric consultation to assist her with a 5-year-old female with significant behavioral difficulties and attention deficit/hyperactivity disorder (ADHD), living with biological mother who had significant physical limitations. Patient was difficult to manage for both medication management, providing psychotherapy and support to the mother who had significant physical disability. Primary care physician was ready to manage this patient's medication as mother was unable to get to a behavioral health provider due to her physical limitations. A combination of psychostimulant and alpha adrenergic was prescribed by primary care physician under the guidance of AMH psychiatrist. Patient was underweight and was not responding appropriately to single medication regimen. Slow and closely supervised titration of medications significantly improved behavioral difficulties and ADHD symptoms. Also with the assistance of AMH, behavioral health services in the form of in-home intensive programming was made available to the parent.

Vignette #4

PCP called ACCESS Mental Health Hub team psychiatrist for a psychiatric consultation on a female college freshman who had increased anxiety and depression and "residual eating disorder". The patient had been in therapy but had made inconsistent progress and therapist was leaving on family leave. The PCP was comfortable in management of depression with AMH support. The PCP had recently started patient on an atypical antidepressant because the patient was concerned about possible weight gain from previous antidepressant.

On follow up the patient had not improved, had increased mood lability and PCP appropriately called AMH for advice. In consultation with the AMH-psychiatrist it was decided a face-to-face evaluation would assist to further clarify diagnosis and treatment.

The results of the consultation revealed a very complex clinical picture with long-standing anxiety and depression, a history of trauma, non-suicidal self-injury and high risk sexual and other behaviors, unstable intense interpersonal relationships and mood swings. AMH psychiatrist diagnosed the patient with Bipolar 2 disorder, post-traumatic stress disorder, an eating disorder in partial remission and borderline personality traits (r/o disorder). Diagnosis and treatment recommendations were explained to patient and family who agreed and were relieved in that it made sense and gave her and family and understanding of her issues and effective treatment.

The AMH team made the following recommendations:

- 1) Changes in medication management were recommended and reviewed including stopping the atypical antidepressant and starting appropriate mood stabilizing medications along with therapy including DBT. While an intensive outpatient program (IOP) would have been recommended, it was not available due to decreased availability secondary to COVID and it would have required taking time off from school.
- 2) PCP expressed willingness to continue to bridge treatment with continued ACCESS MH support, but the AMH team will help connect patient to psychiatrist in her community.

Though resources were scarce and this young woman's needs were high, the AMH team was able to identify and work with the family and providers to address these barriers. This is a good example of the challenges and successes of working with young adults in this post pandemic mental health pandemic with decreased resources and increased need. AMH was able to reassess the patient's diagnosis and treatment needs and work with the PCP, patient and family to establish appropriate and flexible treatment despite numerous barriers. It is unlikely that the patient would have been able to find these services without the support of AMH.

Case Vignettes

Vignette #5:

In January 2022, AMH received a call about a 19-year-old patient from his PCP, who was looking for therapy and a medication provider/management. The patient struggled with significant depression and suicidal ideation, affecting daily activities and family interactions. The patient, being an adult, had difficulty calling for help from the resources provided due to his anxiety and depression. His mother was heavily involved in seeking care for her son; however, since scheduling and attending appointments were ultimately up to him, she felt stuck. The role of a peer support specialist was vital for this family, especially since the support went to the patient and the mother. This case remained open for nearly three months, even though he called and left messages to the resources. Unfortunately, the patient needed AMH's motivation to connect to a provider and therapist. One of the recommendations was a clinic setting with walk-in hours, and AMH was able to obtain the days/hours for him and continue to show AMH is invested in him finding care. Over a short time, the lack of connection to care appeared to be related to the inconsistencies of wanting/needing help, which can be common with those struggling with possible mental health concerns. After collaborating with the AMH team, the determination was to assist in calling the clinic in a conference call with the patient. Through this encouragement, the patient scheduled an appointment and AMH continued to follow up with support until and after the appointment. The patient followed through with the appointment and was happy with the person who worked with him, and he scheduled two follow-up appointments. AMH spoke to patient and his mother separately, and both expressed gratitude for helping him find someone to assist with his struggles while maintaining his autonomy and needs.

Vignette #6:

PCP called the ACCESS Mental Health Hub team psychiatrist for a psychiatric consultation on a 16-year-old female with a long history of depression and anxiety, as well as related irritable bowel syndrome and tics. Patient currently takes six medications to control these symptoms; including an antidepressant (which she has been on for years) and an alpha-2 agonist. She has a grandmother who suffered from schizophrenia. Recently the patient has expressed concern that she has bipolar disorder or borderline personality disorder. She had a therapist she was seeing virtually, but the therapist discontinued her care after she revealed that she was picking the hair from her eyebrows. Primary care provider examination revealed no bald patches on her eyebrows or elsewhere. She has never made any suicide attempts or self-harm and denies any recent thoughts of suicidality. Her school functioning is good.

PCP was hoping to further understand the nature of her adolescent onset tics and numerous diagnostic concerns and was questioning whether she is susceptible to social contagion caused by social media depictions of these illnesses. In consultation with the AMH-psychiatrist it was decided a face-to-face evaluation would assist to further understand and clarify diagnosis and make treatment recommendations. In addition, PCP was asking for help connecting the patient to an individual therapist, which could be virtual or in person, in order to learn coping skills and give needed support.

A face-to-face evaluation was completed with this patient and it became evident that the variety of symptoms could be all explained with the diagnosis of posttraumatic stress disorder (PTSD). The MD had a lengthy conversation with PCP about this; discussed the traumatic event and how the multiple symptoms of mood, anxiety and somatic complaints related to this. This provided an opportunity to teach the PCP how trauma can present in a variety of ways in the child and adolescent population and how to best treat it.

Definitions

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

Consultative Activities/Type of Call are grouped by:

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

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

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

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

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

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

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

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

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

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

Acronyms

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

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

Definitions

The Five Connecticut's Methodology

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

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

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

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

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

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

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

Definitions

The Five Connecticut's Town Groupings:

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