



# ACCESS Mental Health for Youth

## ANNUAL PROGRESS REPORT

SFY 2023: July 1, 2022 - June 30, 2023



Report prepared by Carelon Behavioral Health for the Department of Children and Families  
Submitted September 15, 2023

# Acknowledgements

State Fiscal Year 2023: July 1, 2022 - June 30, 2023

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A Carelon Behavioral Health 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. Carelon Behavioral Health (Carelon) 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. In some cases, bridging services may be available to help connect children and families to appropriate services.

**Data Sources:** The information included in this report represents the integration of data from multiple sources including data entered into Carelon's 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 Carelon Behavioral Health 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, 2022 through June 30, 2023 (SFY 2023); in some metrics, totals covering the entire length of the program or "since inception" June 16, 2014 through June 30, 2023 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.

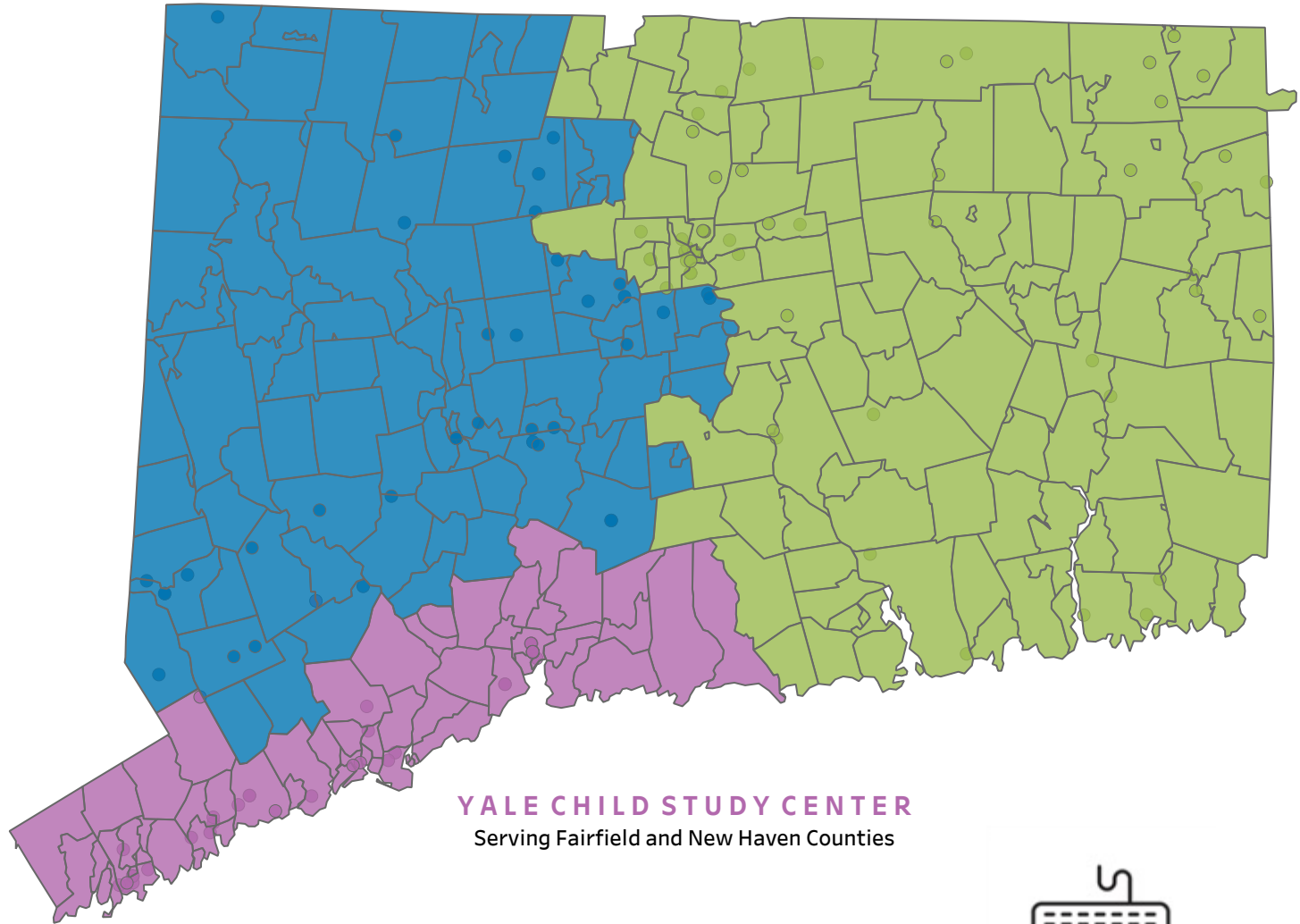
# Hub Catchment Areas

## 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

Carelon Behavioral Health 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/](http://www.accessmhct.com/youth/)

As the ACCESS Mental Health CT program concludes its ninth full operational year, the need for mental health care for youth in Connecticut continues to exceed the state's capacity to provide such services in a timely manner; proving that the program's support to pediatric primary care providers (PCPs) through consultation, training, and education remains a vital asset.

Evidenced throughout this report, the Hub teams met and exceeded all program benchmarks set for this state fiscal year (SFY'23). Enrollment remains well distributed throughout the state and program satisfaction is extremely positive. PCPs continue to report changes in their comfort level while expressing gratitude for the program's support. 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.

While program utilization continues to show little variation in nine fiscal years (46% of practice groups used the program at least once in SFY'23), consultation volume and volume of youth served have decreased since last year's record-breaking numbers. However, enrolled PCPs contacted their respective Hub team psychiatrist requesting a medication consultation for 781 unique youth in SFY'23, approximately 53% (411 out of 781) remained with their PCP as the primary prescriber and approximately 61% of the youth for whom a referral to a psychiatrist in the community was determined the most appropriate plan were supported by their PCP as an interim bridge prescriber until they connected to care.

"It was so helpful to discuss the medication, doses, how to titrate etc., I feel much more comfortable prescribing now."  
~PCP, Hartford Hub Team

"Primary care physicians are able to do psychopharmacological interventions much more confidently than they were able to in the past. They [PCPs] appreciate using ACCESS Mental Health if they cannot figure out things for themselves. When primary care physicians call now, asking questions, they will start with 'I have done this, this and this; where do I go from here now?' Physician to physician occasions are much more sophisticated, complicated and patient oriented." ~Hub Team Psychiatrist

As an additional support to youth and young adults for whom their PCP is the primary prescriber of psychotropic medication, CT state legislation allocated a portion of The American Rescue Plan Act (ARPA) funding to the AMH program, increasing the teams' capacity in offering telephonic bridge treatment sessions and care coordination support to youth and young adults referred by their primary care provider who is prescribing psychotropic medication, but their patient has yet to connect to counseling/psychotherapy services. Beginning in July 2022, Carelon's central administration and the AMH Hub teams worked to modify program operations in order to provide this service. Throughout this state fiscal year (SFY'23), approximately 9% of youth for whom the PCP and Hub team psychiatrist identified as meeting medical necessity for bridge treatment, agreed to and received bridge treatment from the Hub team clinician while they waited to connect to psychotherapy within their community.

In addition to the bridge treatment modifications made this state fiscal year, the Hub teams continued to support PCPs treating young adults up to 22-years (11% of the total volume of youth served in SFY'23), an expansion of the program made possible through federal funding provided by the Health Resources and Services Administration (HRSA) beginning in January 2022.

On Monday, October 24, 2022, a roundtable discussion was led by HRSA Administrator Johnson where U.S. Senator Chris Murphy, U.S. Senator Richard Blumenthal, U.S. Representative Jahana Hayes, DCF Commissioner Vanessa Dorantes, pediatric primary care providers and representatives from the Hub teams discussed the program's impact on Connecticut. Senator Murphy characterized the new legislation allowing the expansion of the ACCESS Mental Health program to support young adults as a "fantastic investment in children and families" because it builds linkages between mental health providers and the medical community.

Another key component to the continued success of the program is the work to stay current with the availability of mental health and substance use treatment and community resources for youth and young adults across the state. As part of this effort, the Hub teams outreach regularly to providers within their designated area, updating their resource and referral database(s) to reflect changes in scale, scope and availability of behavioral health services. Additionally, the Hub teams meet monthly with DCF and Carelon's central administration team and quarterly with CT's Department of Public Health's Title V Maternal Child Health Program and the Department of Mental Health and Addiction Services to gather information about on-going and upcoming statewide initiatives. The Departments of Public Health and Mental Health and Addiction Services meet quarterly with DCF and Carelon to discuss pertinent trainings available and ways to continue coordination of state efforts and resources.

Dr. Greg Germain, a pediatrician at Yale New Haven Children's Hospital and high utilizer of the ACCESS Mental Health program said, "We are seeing an unprecedented amount of anxiety, depression, disordered eating, drug use and drug abuse. This is overwhelming us but thank God for ACCESS Mental Health." He also said, "On Thursday of last week, I had a pretty typical day, my general pediatric practice, did my usual routine physicals and ear infections, and I had four separate patients in acute mental health crisis who came to my office that day. And I think it shows that we've pretty much saturated the community availability. So, our school systems are saturated, our community mental health providers are saturated. Our pediatric psychiatrists have been saturated for years." Dr. Germain said he turns to ACCESS Mental Health frequently for support.

"I can tell you that my practice [in] pediatrics is nothing today the way it looked 28 years ago," said Dr. Barbara Ziogas, a pediatrician with a private practice in Farmington and also a high utilizer of the AMH program. "I never was trained in mental health. Now at least 20% to 25% of patients that I see every day are kids that have behavioral issues. And if I look at all the screening I do when you screen these children, you open up Pandora's box." Dr. Ziogas credited the ACCESS Mental Health program for training her "in the nuances of what medication doesn't work, and when I have to cross-titrate medication, and when I'm having a side effect of the medication. I can't tell you how much they've supported me," she said. "I've had kids that are suicidal in my office, and I'm able to call a mobile crisis unit and I've made appointments at that moment. And I've made an appointment for them to come back to my office two days later. Because of ACCESS Mental Health, I know how to work the resources. They help me navigate the system."

In addition to the HRSA expansion award supporting PCPs treating young adults up to the age of 22 years old, HRSA also awarded funding to Connecticut's ACCESS Mental Health program to produce a series of psychoeducational videos for preschool, elementary and secondary school districts, emergency department personnel, and pediatric primary care practices to aid in their work in supporting parents/guardians and youth. Statewide dissemination of the psychoeducation videos and supporting materials is projected for spring/summer of SFY'24.

# Enrollment

A total of 362 practice sites are currently enrolled in the ACCESS MH program.

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. The Hub teams completed a formal review of the eligible and enrolled primary care sites starting in Q3 SFY'23.

As the program ends its ninth operational year, a total of 407 pediatric and family care practice sites were identified as eligible for enrollment and approximately 89% (362 out of 407) of eligible sites were enrolled statewide as of June 30, 2023. This is a 7% increase when compared to last state fiscal year (83%, SFY'22). The provider landscape continues to change as practices merge, PCPs change locations, practices change addresses, new practices enroll, and some close.

Hartford Hospital enrolled approximately 82% (146 out of 177) of the total eligible practice sites within their designated service area. Wheeler Clinic enrolled 96% (111 out of 116) of their total eligible practice sites and Yale Child Study Center enrolled approximately 92% (105 out of 114) of the total eligible practice sites within their designated service area.

To date, approximately 11% (45) of primary care practices across the state have declined enrollment in the program. This is a remarkable decrease compared to previous years and is likely due to the program's expansion to support PCPs treating young adults. Practices who declined in the past due to treating very few children are now interested in enrolling. The Hub teams will continue enrollment efforts in SFY'24.

## Total Enrolled Practice Sites

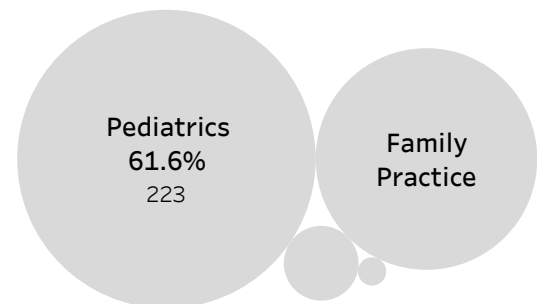
Select Hub Name for specific details



## Total Enrolled Practice Sites by Provider Type

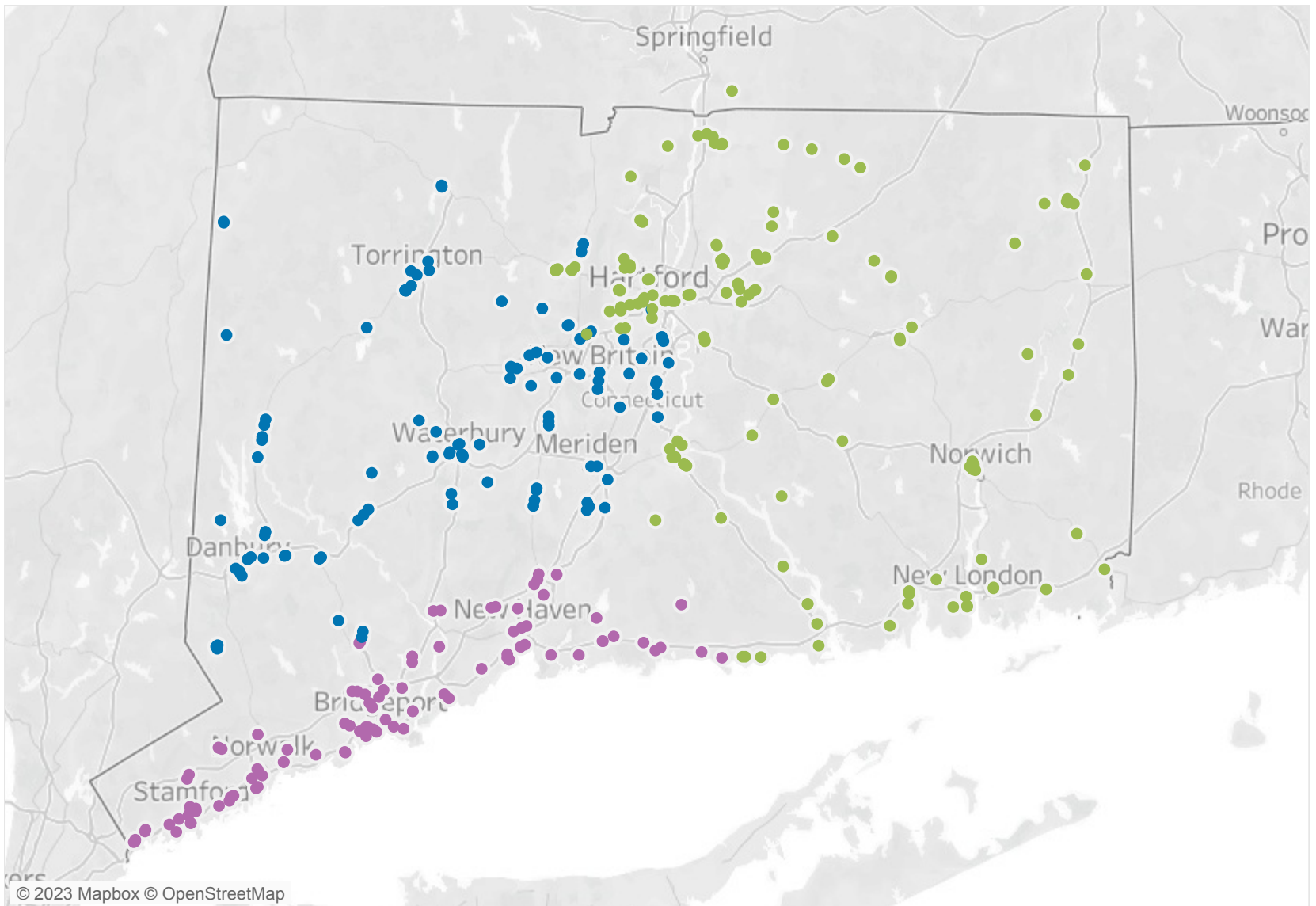
	Hartford Hospital	Wheeler Clinic, Inc	Yale Child Study Center	Statewide
Pediatrics	65	71	87	223
Family Practice	78	32	13	123
Peds/Family	2	7	5	14
Non Selected	1	1		2
<b>Total Enrolled</b>	<b>146</b>	<b>111</b>	<b>105</b>	<b>362</b>
<b>Total Eligible Practice Sites</b>	<b>177</b>	<b>116</b>	<b>114</b>	<b>407</b>

## 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

Practice 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 Healthcare	5 Clinic Rd Abington, CT 06230	(860) 974-0529
Access Priority Family Healthc..	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/NEMG	5520 Park Avenue Trumbull, CT 06611	(203) 371-0076
Anne Marie Villa, M.D., P.C.	150 Hazard Ave Unit B Enfield, CT 06082	(860) 749-3661
Applesed Pediatric and Adole..	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 Practice	246 Federal Road Brookfield, CT 06804	(203) 775-3290

# Youth Served

The ACCESS Mental Health program served a total of 2,130 unique youth in SFY 2023.

Since inception of the program to date, June 16, 2014 through June 30, 2023, enrolled PCPs contacted their respective Hub teams requesting consultation and support for 12,227 unique youth presenting with mental health and/or substance use concerns.

Select SFY ►  
Multiple values

In the program’s ninth operational year, the Hub teams supported a total of 2,130 unique youth (SFY’23). This is a 5.6% decrease in volume of youth served (127 youth) when compared to the previous state fiscal year (2,257 unique youth in SFY’22). However, it is 11.4% more youth served when compared to SFY’21 (1,912 youth served) and is the second highest annual volume of youth served since inception.

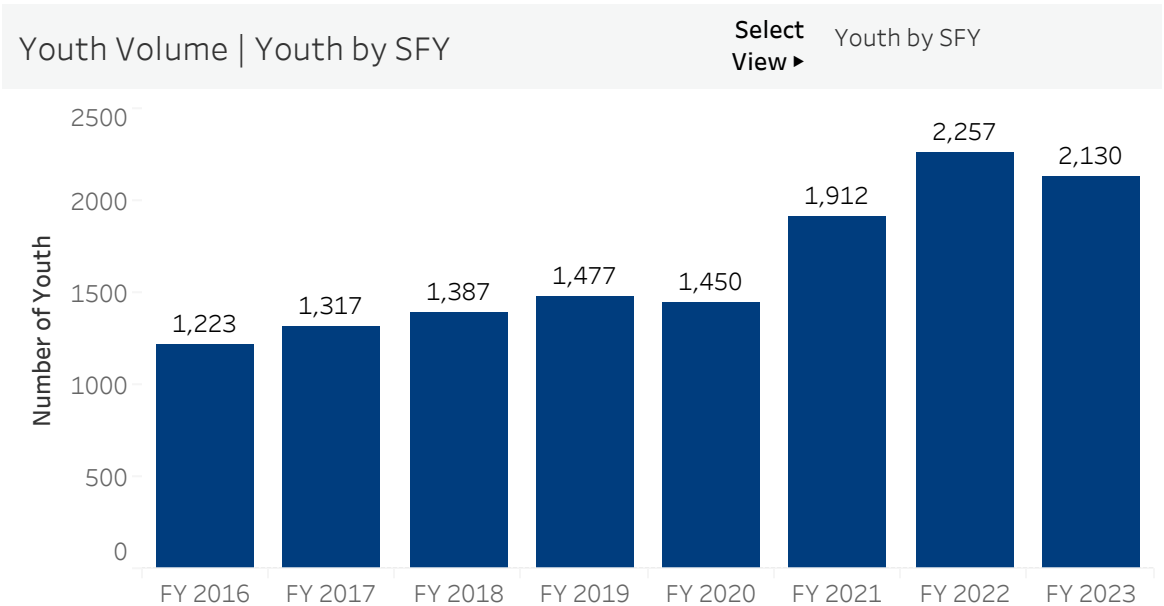
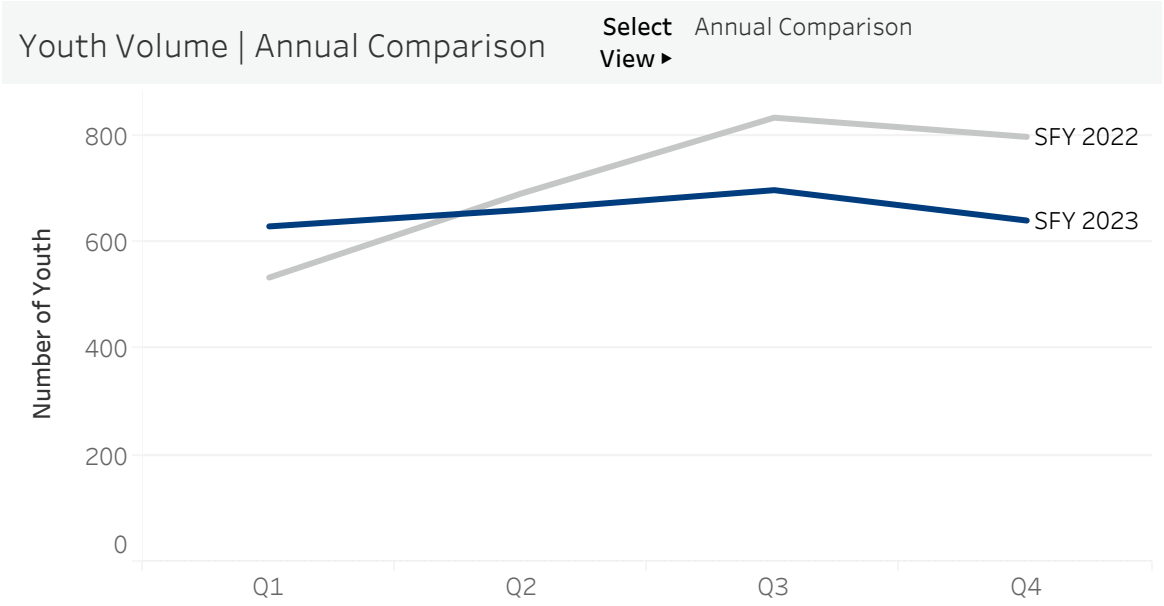
As noted in previous reports, trends in program use are often seasonal. Year over year, PCPs contact the program for support more often in the spring (March – May) and less often during the summer months (July and August). The Youth Volume – Annual Comparison graph was created to demonstrate how these trends continue in this state fiscal year (SFY’23).

Effective January 2022, the program expanded to support primary care providers treating young adults up to the age of 22 years. This program expansion was made possible through federal funding provided by the Health Resources and Services Administration (HRSA). Demographic information, including age of youth at the time of consultation, is captured the first time the PCP calls requesting support on that respective youth and is then entered into the Encounter System.

In SFY’23, adolescents 13 to 18-years old continue to represent the majority with approximately 47% of the total volume of youth served this year (1,004 out of 2,130 youth). Youth ages 6 to 12-years old represented the second largest age group with approximately 34% (731 youth), approximately 8% (169 youth) of the total volume of youth served were under the age of six and approximately 11% of the youth served this state fiscal year were young adults 19 years and older (226 young adults, SFY’23).

Youth Served in the Current SFY 2023

0-5	6-12	13-18	19+
7.9%	34.3%	47.1%	10.6%



# Youth Served



On October 24, 2022, the AMH team participated in a roundtable discussion led by HRSA Administrator Johnson, where U.S. Senator Chris Murphy, U.S. Senator Richard Blumenthal, U.S. Representative Jahana Hayes, DCF Commissioner Vanessa Dorantes, pediatric primary care providers and representatives from the Hub teams discussed the young adult expansion and the program's overall impact on Connecticut. Senator Murphy characterized the new legislation allowing the expansion of the ACCESS Mental Health program to support young adults as a "fantastic investment in children and families" because it builds linkages between mental health providers and the medical community. In SFY'23, the Hub teams supported 226 young adults 19 years and older (11% of the total volume); this is a 4% increase in volume when compared to last state fiscal year (SFY'22; 218 young adults served). Feedback from both pediatric and family care practice physicians regarding the program expansion remains positive.

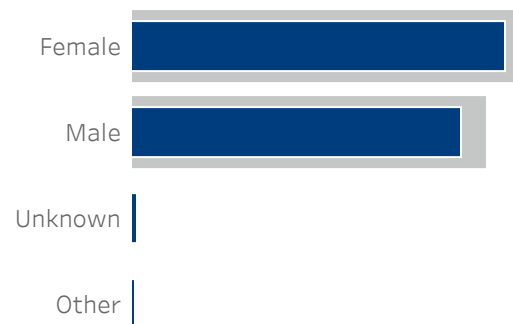
Of the total unique youth served during this time period (2,130 youth, SFY'23), approximately 53% (1,118) of youth identified as female and 46% (987) identified as male. In July 2022, "other" was added to the Encounter System in an effort to be more inclusive of transgender and nonbinary youth and young adults served by the program, approximately 1% (25) of the youth served during this state fiscal year were either noted as "other" or their gender was not noted in the system.

Approximately 5% (97) of the youth served by the program in SFY'23 were noted by the PCP to have DCF involvement. This is the same percentage when compared to the youth noted to have DCF involvement in SFY'22 (5% or 115 youth).

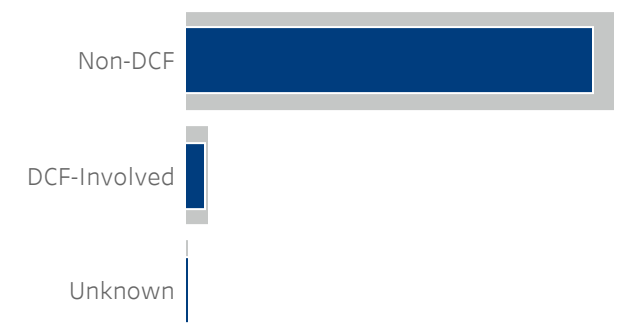
Of the 2,130 unique youth served in SFY'23, the majority of youth served across all age groups were identified as White (72% or 1,525 youth), with approximately 13% (279) Black youth, 4% (83) identified as some other race, 3% (69) Asian/Pacific Islander youth, and approximately 8% (174) of youth served by the program were identified as unknown. Approximately 15% (327) of youth served by the program identified as Hispanic.

● Current SFY 2023 ● Last SFY 2022  
 Click on any graph to filter all other demographics for the chosen population  
 Current/Last SFY Comparison  
 All

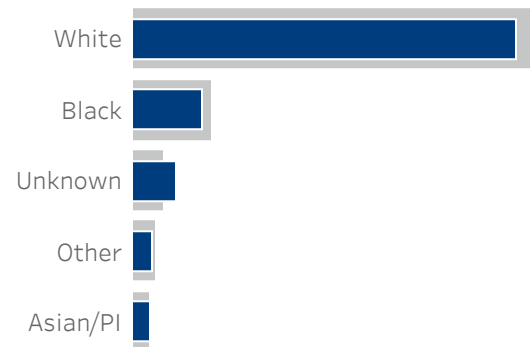
Gender



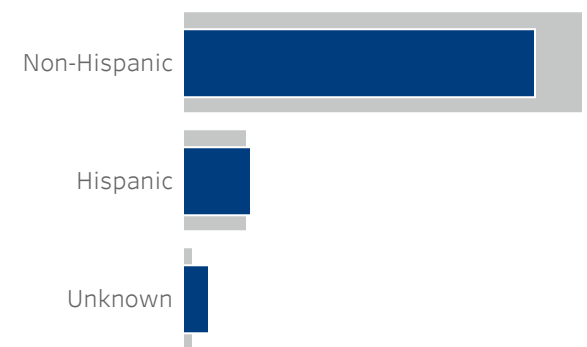
DCF Involvement



Race



Ethnicity



# Youth Served



The Hartford Hospital Hub team served a total of 674 unique youth in SFY'23; approximately 32% of the total volume of youth (2,130). The following graphs demonstrate demographic details of the youth served throughout this state fiscal year.

Select for Current and/or Last Fiscal Year:  
All

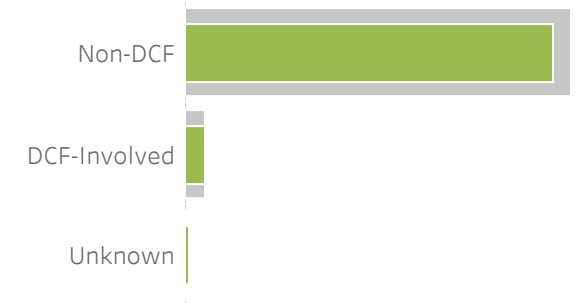
## Hub-Specific Current SFY Summary

- ➔ 16 year-olds represented the largest portion in the current state fiscal year at **10.5%**.
- ➔ Males accounted for **51.4%** of the unique youth served.
- ➔ The majority of youth served were White at **63.8%**.

## Gender



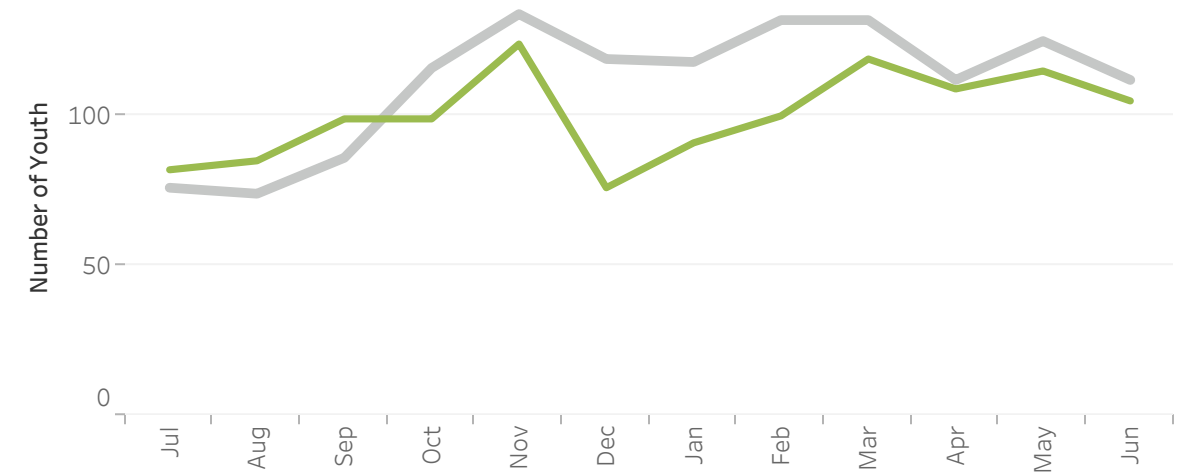
## DCF Involvement



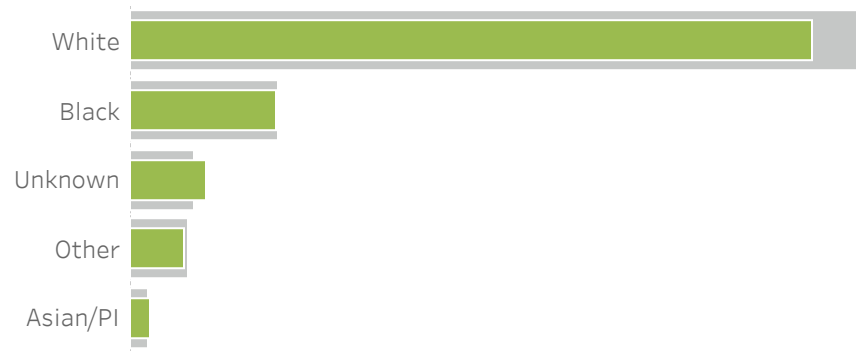
● Current SFY 2023 ● Last SFY 2022

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

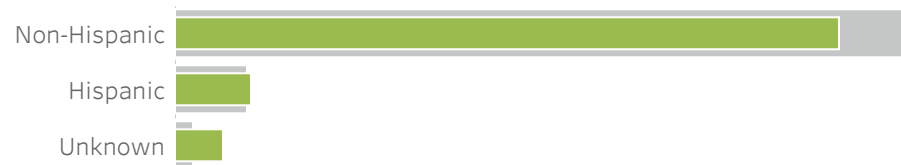
## Volume of Youth



## Race



## Ethnicity



## Youth Served in the Current SFY 2023

0-5	6-12	13-18	19+
8.0%	36.5%	45.8%	9.6%

# Youth Served



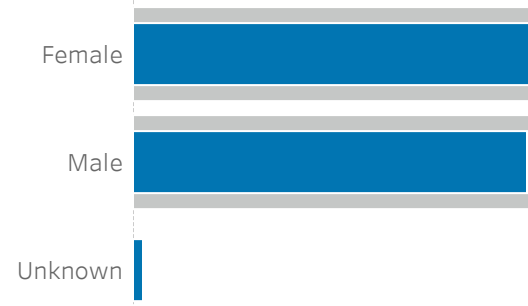
The Wheeler Clinic Hub team served a total of 705 unique youth in SFY'23; approximately 33% of the total volume of youth (2,130). The following graphs demonstrate demographic details of the youth served throughout this state fiscal year.

Select for Current and/or Last Fiscal Year:  
All

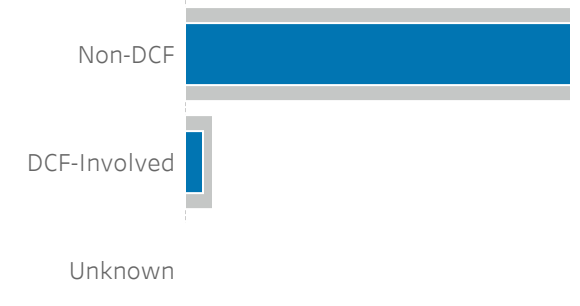
## Hub-Specific Current SFY Summary

- 16 year-olds represented the largest portion in the current state fiscal year at **10.2%**.
- Males accounted for **51.7%** of the unique youth served.
- The majority of youth served were White at **73.5%**.

## Gender



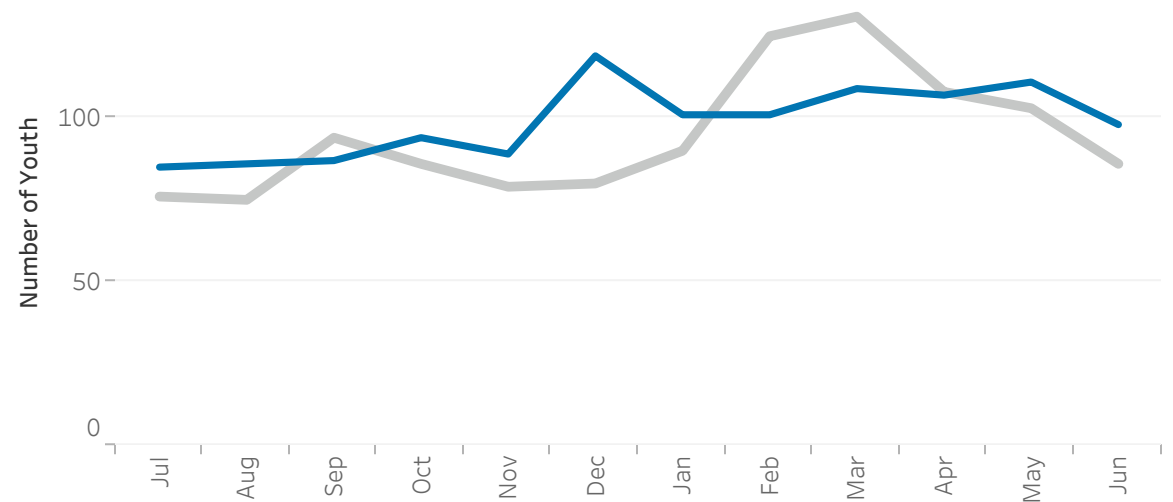
## DCF Involvement



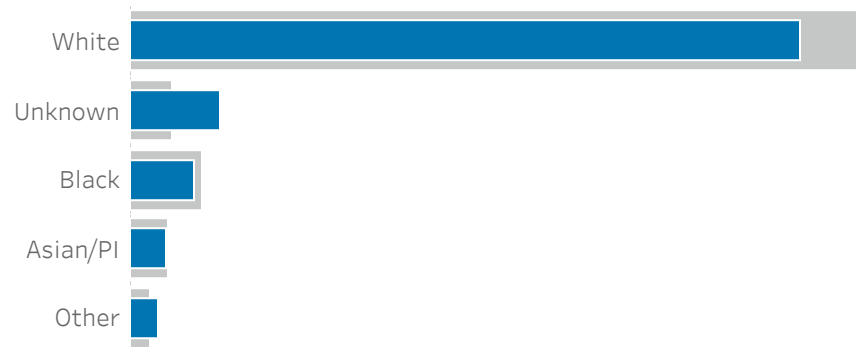
● Current SFY 2023    ● Last SFY 2022

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

## Volume of Youth



## Race



## Ethnicity



## Youth Served in the Current SFY 2023

0-5	6-12	13-18	19+
9.1%	34.5%	48.7%	7.8%

# Youth Served



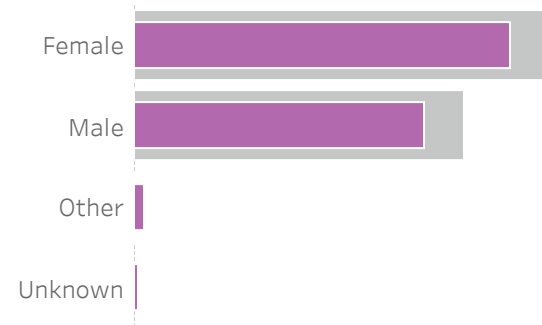
The Yale Child Study Center Hub team served a total of 751 unique youth in SFY'23; approximately 35% of the total volume of youth (2,130). The following graphs demonstrate demographic details of the youth served throughout this state fiscal year.

Select for Current and/or Last Fiscal Year:  
All

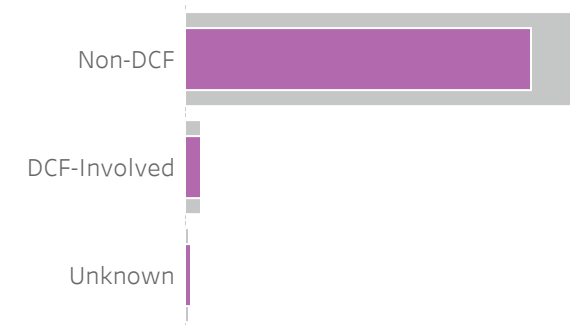
## Hub-Specific Current SFY Summary

- 16 year-olds represented the largest portion in the current state fiscal year at **9.5%**.
- Females accounted for **52.5%** of the unique youth served.
- The majority of youth served were White at **66.6%**.

## Gender



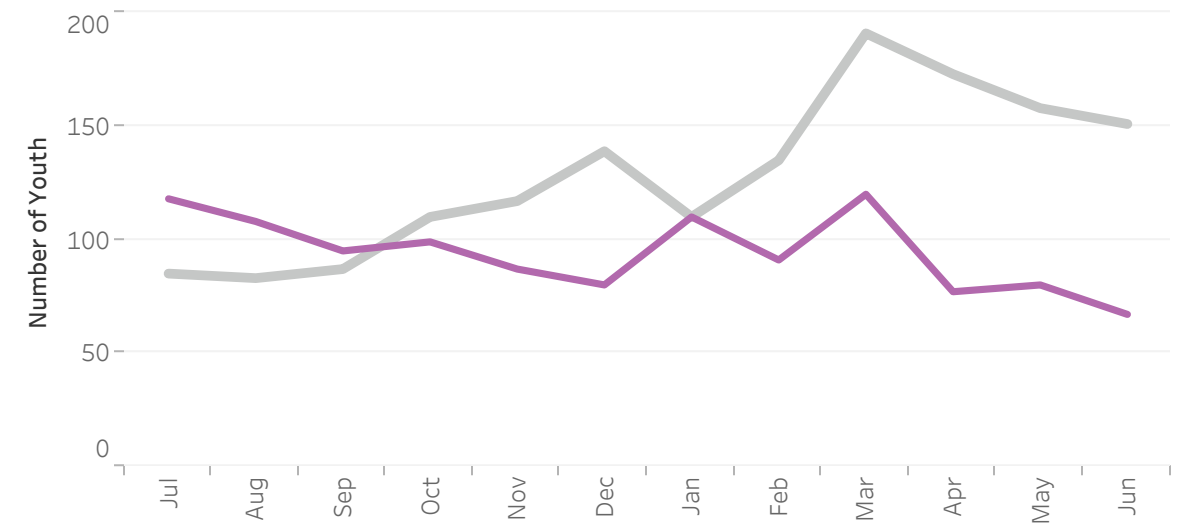
## DCF Involvement



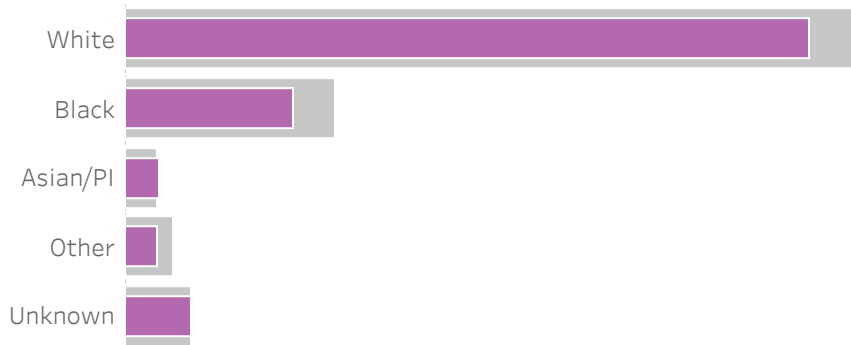
● Current SFY 2023 ● Last SFY 2022

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

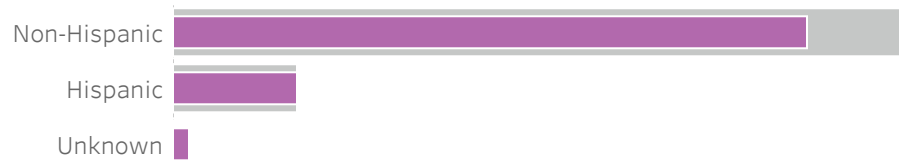
## Volume of Youth



## Race



## Ethnicity



## Youth Served in the Current SFY 2023

0-5	6-12	13-18	19+
6.8%	32.2%	46.9%	14.1%

## Youth Served



**Race and Ethnicity Comparison:** Historically, Carelon has used the American Community Survey (ACS) to inform the race and ethnicity comparison analysis. The ACS is an ongoing survey by the US Census Bureau (USCB) gathering information previously contained in the decennial census. The ACS tabulates the data by age and zip code allowing for geographical comparisons to youth living in Connecticut and youth served by the AMH program Hub teams within their designated service areas. However, when cross-tabulating race and ethnicity with age or sex, the data can only combine race and ethnicity for White, non-Hispanic youth; estimates for all other non-Hispanic race groups is not available. In previous analyses, Carelon reported using the race data (including Hispanic) for all races to be consistent, but this resulted in a duplication in the counts. When charting demographics with “Hispanic, any race” as another race category, they are not mutually exclusive. For example, a Black, Hispanic individual will be counted as both Black and Hispanic. This greatly increases the overall denominator and decreases the numerator or percentages for each category. Since the majority of Hispanic ethnicity individuals fall into the White race category, this category is impacted the most. Additionally, in previous reports, categories without an equivalent ACS category were excluded. Youth served by the AMH program who were identified in the system as “other”, or “unknown” when race or ethnicity was not provided to the Hub team, were excluded from the analysis. During SFY’23, almost 13% of the youth served were in one of these two race categories (other or unknown). Removing these youth decreases the overall denominator and increases the percent of youth in each remaining category, potentially creating erroneous disproportionate rates.

The National Center for Health Statistics (NCHS) has developed a method to produce annual estimates at the state and county levels by age, sex, race and Hispanic ethnicity (ASRH) using four single-race categories instead of the 31 single and multiple-race categories published by the U.S. Census in 2000 and 2010. The NCHS bridged estimates are created directly from the USCB’s annual post-censal estimates. Through a process known as ‘bridging’, the multiple race groups are partially reallocated into single race groups to produce annual post-censal population estimates using four mutually exclusive race categories (White, Black, American Indian/Alaskan Native, and Asian/Pacific Islander). NCHS’ bridged population estimates are particularly useful since many health data systems still collect information using single-race categories (White, Black, American Indian/Alaskan Native, and Asian/Pacific Islander). By providing these bridged race categories, Connecticut Department of Public Health (DPH) can calculate race-specific rates to monitor many health indicators that would have been difficult to evaluate using the unbridged, multiple race population estimates.<sup>[1]</sup>

After researching all of the available census related data sources, Carelon proposes to use the state-level bridged race estimates for Connecticut, prepared by DPH, as it is the most accurate for charting mutually exclusive categories and providing the ability to look at Hispanic versus Non-Hispanic representation. As mentioned previously, the biggest challenge with using US Census or American Community Survey data is the inability to separate the ethnicity categories from the race categories. Having youth counted in both the White and Hispanic category is problematic when trying to chart total percentages of each category for the population. The team feels it is important to use a data source that separates race and ethnicity to have the most accurate comparisons as well as being able to identify potential inequities in either category. It is important to note, however, the state-level bridged estimates are not available at the MCD (Town) level and therefore an analysis by the Hub team is not available. Also, combining the Asian race group with the Native Hawaiian and Other Pacific Islander race groups may be a limitation for some users.

[1] Backus, K and Mueller, L (v11/2016) Population Estimates for Connecticut, 2016, Connecticut Department of Public Health, Health Statistics & Surveillance, Statistics Analysis & Reporting, Hartford, CT. [www.ct.gov/DPH/POPULATIONDATA](http://www.ct.gov/DPH/POPULATIONDATA)

# Youth Served



As noted earlier in this report, approximately 72% (1,525) of the youth served by the AMH program this state fiscal year (SFY'23) were identified as White youth, this is an under-representation when compared to White youth living in CT using the state-level bridged race estimates (77%). Approximately 13% of the total volume of youth served by the program in SFY'23 were identified as Black youth. This is also an under-representation when compared to Black youth living in CT using the state-level bridged race estimates (16%). Youth served by the AMH program in SFY'23 who identified as Hispanic also appear to be under-represented when compared to the Hispanic youth living in CT (15% Hispanic youth served compared to 25% Hispanic youth in CT).

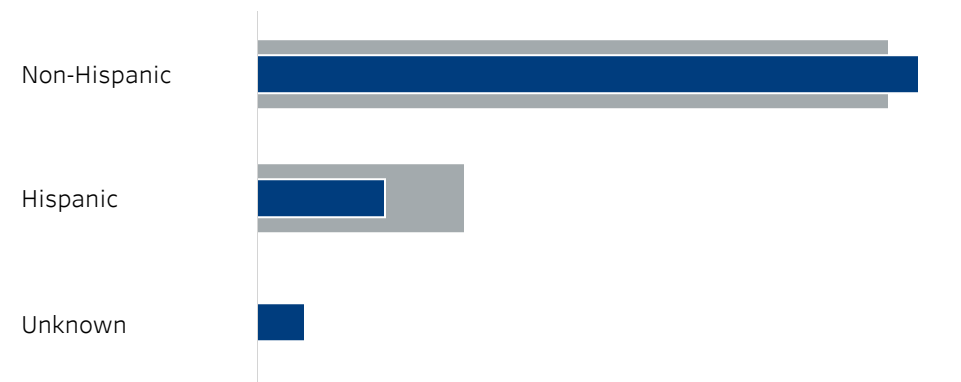
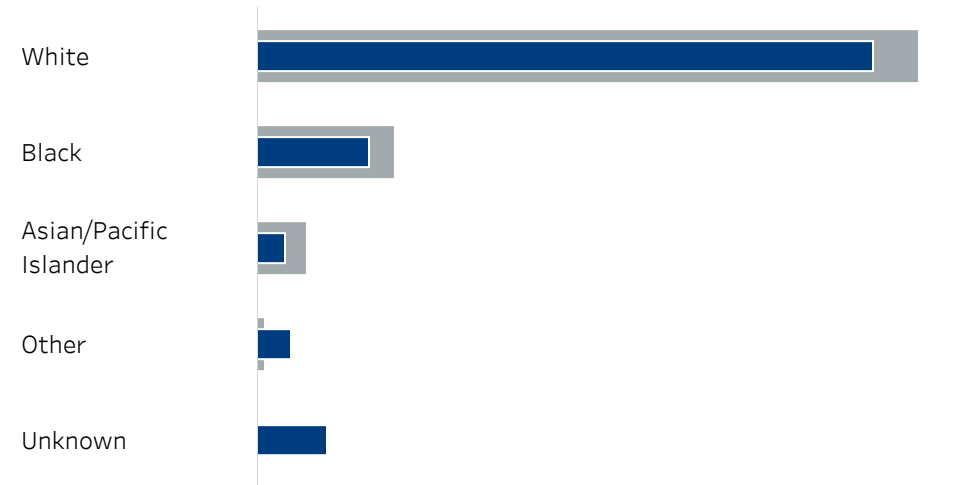
Approximately 4% of the total youth served by the AMH program during this state fiscal year were identified as "other" which is an over-representation when compared to the state-level bridged race estimates for youth living in CT (1%). This is expected, however, given that the state-level bridged data creates fewer demographic groups. In addition, while the bridged data reallocates "some other race" to better represent the Hispanic numbers (race often chosen by this population), we are unable to do this with the AMH youth data.

Lastly, the "unknown" group continues to be a challenge in this analysis as approximately 8% of the total youth served by the program did not have a race identified. Carelon's central administration team continues to emphasize the importance of accurate and complete documentation while also recognizing that the "unknown" group will never truly resolve given that sharing demographic information is voluntary for youth and their families.

Race and Ethnicity graphs to the right allow the reader to view comparisons using the state-level bridged race estimates for Connecticut for this current state fiscal year (SFY'23). The filter will also allow the reader to view previous analyses using the American Community Survey (ACS) to inform the race and ethnicity comparisons of youth served by the program in SFY'19 through SFY'22.

Select SFY  
SFY 2023

Race & Ethnicity:  
● Youth Served vs. ● Youth in CT\*  
Statewide  
SFY 2023



For SFY'23:

\*Backus, K (2020) State-level Bridged Race Estimates for Connecticut, 2019, Connecticut Department of Public Health, Health Statistics & Surveillance, Statistics Analysis & Reporting, Hartford, CT.

For SFY'19-'22:

\* US Census-American Community Survey data



# Youth Served



As mentioned in previous reports, state-level comparisons do not demonstrate the true impact the AMH program continues to have on youth and families in Connecticut. This analysis is limited in that it compares all youth living in Connecticut, including those receiving medical care outside of the primary care setting, i.e., school-based health centers or urgent and emergent care. Sociodemographic factors likely contribute to where youth receive their care, both medical and behavioral health and it is well documented that race, ethnicity, poverty, education, housing, and many other socioeconomic indicators are not equally distributed throughout Connecticut. The Five Connecticut's, developed in 2000 and updated in 2015 based on updated town data<sup>[2]</sup>, provides a solution to compare communities throughout the state based on population density, median family income, and poverty. The methodology groups Connecticut's 169 towns into the following five categories: Wealthy, Suburban, Rural, Urban Periphery and Urban Core. 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'23, approximately 38% (808) of youth served by the program live in suburban communities with a slightly above average median family income and approximately 38% (803) of youth live in 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% (240) of the total youth served by the program live in communities with high poverty (urban core) and only 4% (80) of the total youth served live in wealthy communities. There were 18 youth from areas that were unknown or living right outside of CT. Given that this is comparable to previous state fiscal years, it 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 health centers for their medical care.

While the state-level bridged estimates provide a more accurate comparison compared to the ACS estimates and the Five Connecticut's analysis helps to compare communities based on sociodemographic factors, this analysis is still incomplete. It would be best to compare the youth served against only those youth receiving their medical care within a primary care setting. In SFY'23, DCF and Carelon's central administration team set out to gather this data. Despite various attempts in gathering a full and complete dataset of all youth being treated within a primary care setting in Connecticut, the team was informed that this data does not exist. Determined, the team felt a sample of primary care practice demographic data would be the next best alternative in completing a more comparable analysis.

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 2023

## The Five Connecticut's Breakout by ACCESS MH CT Youth Served

Statewide  
SFY 2023

Volume of Youth Served  
4 671

	Wealthy	Suburban	Rural	Urban Periphery	Urban Core	Grand Total
White	61	671	151	528	99	1,510
Black	4	41	5	132	96	278
Other	6	19	6	38	14	83
Unknown	4	48	15	81	24	172
Asian/PI	5	29	4	24	7	69
<b>Grand Total</b>	<b>80</b>	<b>808</b>	<b>181</b>	<b>803</b>	<b>240</b>	<b>2,112</b>
Non-Hispanic	73	708	152	572	163	1,668
Hispanic	6	57	20	179	62	324
Unknown	1	43	9	52	15	120
<b>Grand Total</b>	<b>80</b>	<b>808</b>	<b>181</b>	<b>803</b>	<b>240</b>	<b>2,112</b>

<sup>[2]</sup> Levy, Don and DataHaven. (2015): Five Connecticut's 2010 Update. Produced for Siena College Research Institute and DataHaven based on the original method of assigning designations used in 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 SDC Series, no. OP 2004-01. Published by DataHaven.

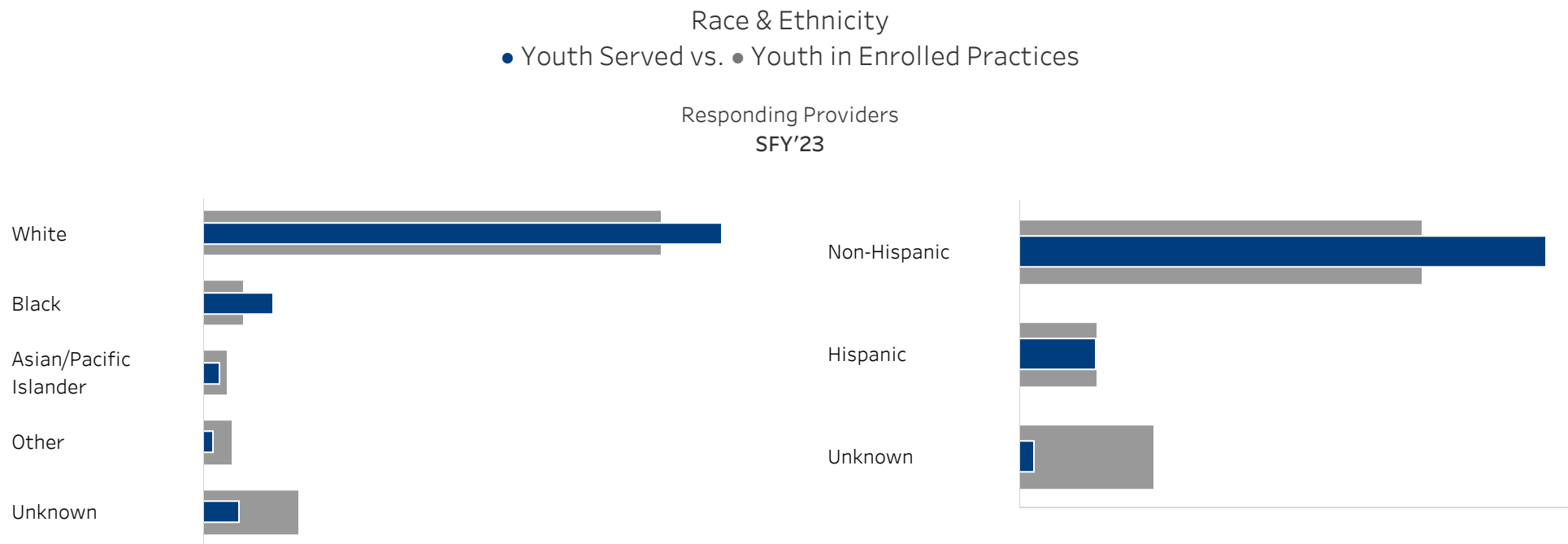
# Youth Served



**Practice-Specific Race and Ethnicity Comparison:** In Q4 SFY'23, Carelon created and distributed a brief demographic survey to 106 enrolled practice groups identified with moderate to high program utilization (50% utilization rate or higher). The survey asked the practices to submit demographic data for all of their patients treated within the last year. For convenience, the survey allowed practices to either manually enter demographic data directly into the survey or attach a report from their electronic health record database. Surveys were distributed via email and fax. Carelon's central administration team sent five subsequent push notifications seeking responses. The team also asked primary care champions to promote the survey.

Out of the 106 practice groups, Carelon received demographic data back from 11 practice groups. However, only four submissions included complete information, i.e., the total patient count equaled to the sum of the youth reported in the race and ethnicity groups and/or the total patient count was greater than the number of youth served by AMH program for that respective practice.

Due to the incomplete and disparate data, Carelon is hesitant to make any conclusions from this comparison. When asked to hypothesize as to why survey response rate was so low, the PCP advisory group reported survey fatigue as the greatest contributing factor. It is recommended to reissue the survey again this fall as another attempt in completing a more comparable race/ethnicity comparison.



# Consultations

The program provided a total of 9,044 consultations in SFY 2023.

## Summary

for time range selected



Average of 754 consultations per month.



Average of 2,261 consultations per quarter.

Select SFY ▶ FY 2023

Consultations are intended to serve as individualized, case-based education for providers and, when indicated, direct patient support in connecting to resources in the community. Consultation dashboards are created to showcase the number of consultations provided directly to PCPs and to their patients who need resource and referral support.

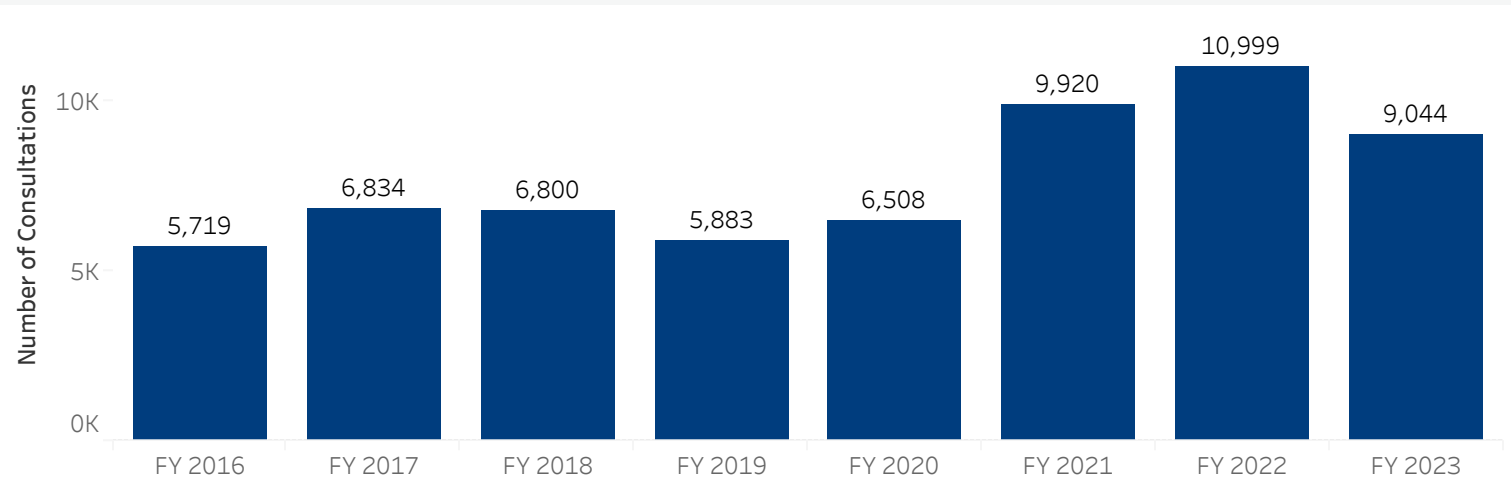
Since inception of the program to date, June 16, 2014 through June 30, 2023, the Hub teams have provided 66,776 total consultations supporting PCPs treating youth within their primary care practice. This is an increase of 9,044 consultations since last state fiscal year when the program to date total was noted as 57,732 consultations.

The following dashboards show the statewide volume of consultations over nine years of programming depicting annually, quarterly, and monthly comparisons. In SFY'23, the program provided a total of 9,044 consultations with an average of 754 consultations per month and an average of 2,261 consultations per quarter. While there was an 18% decrease in the volume of consultations in SFY '23 compared to last state fiscal year (10,999 in SFY'22), it was the third highest annual volume since program inception.

Consultation Volume | Quarterly Over Time **Select View ▶** Quarterly Over Time



Consultation Volume | Encounters by SFY **Select View ▶** Encounters by SFY

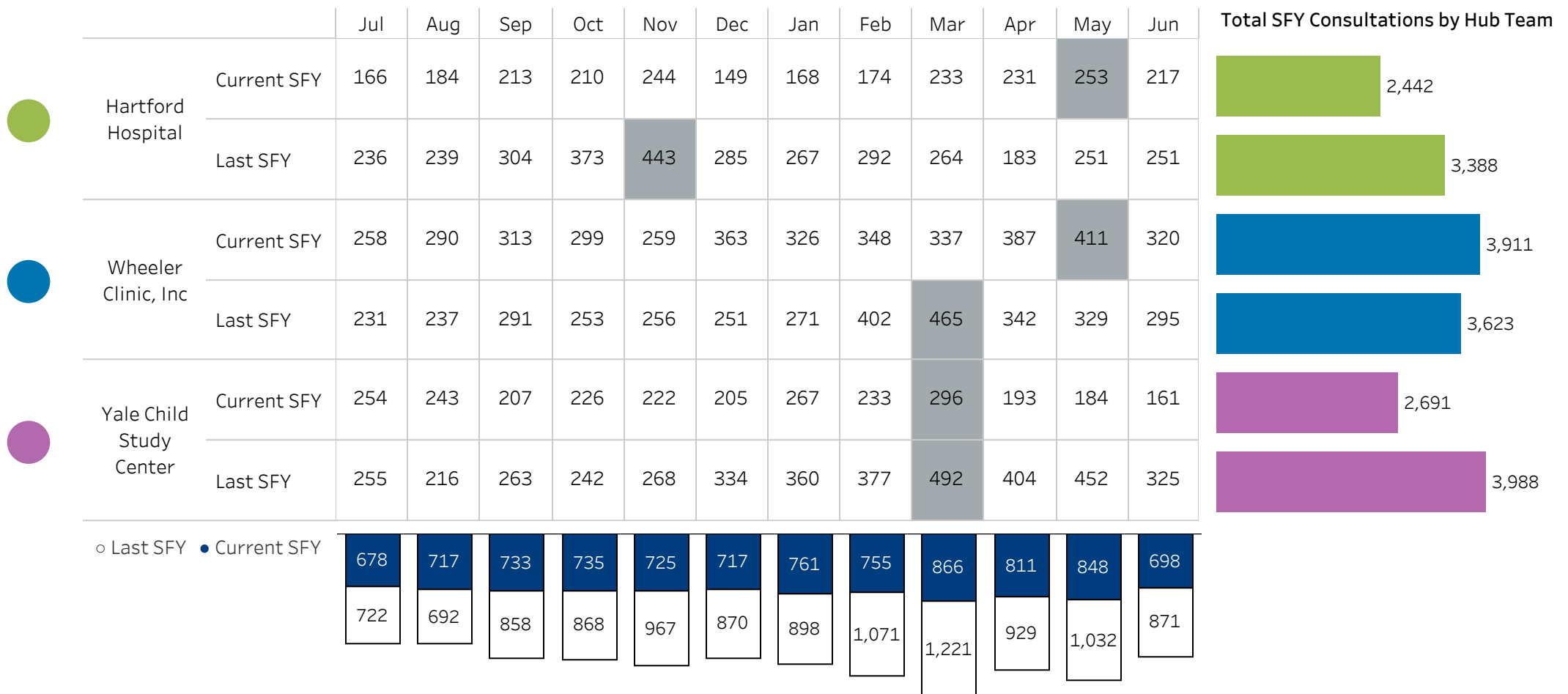


# Consultations

Of the 9,044 total consultations provided statewide in SFY'23, Hartford Hospital provided approximately 27% (2,442 out of 9,044) of the total statewide volume of consultations this state fiscal year. This is a 28% decrease in volume of consultations when compared to their consultation volume last state fiscal year (3,388 in SFY'22). Wheeler Clinic provided approximately 43% (3,911 out of 9,044) of the total statewide volume of consultations. This is an increase of approximately 8% (288) in volume of consultations when compared to the volume of consultations provided by Wheeler Clinic last state fiscal year (3,623 in SFY'22). Yale Child Study Center provided approximately 30% (2,691 out of 9,044) of the total statewide volume. This is a decrease of approximately 33% (1,297) in volume of consultations when compared to the volume of consultations provided by Yale Child Study Center in SFY'22 (3,988). Statewide, March continues to be the busiest month of the year with a total 866 consultations provided by all three Hub teams, however, May 2023 was noted as the month with the highest consultations for both Hartford Hospital and Wheeler Clinic individually.

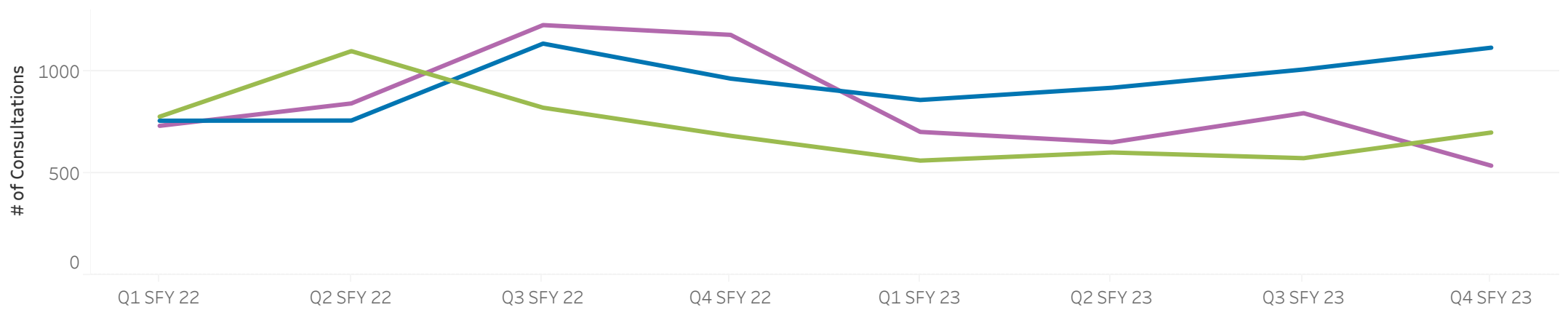
## Monthly Consultations by Hub

● Month with the maximum consultations in the SFY



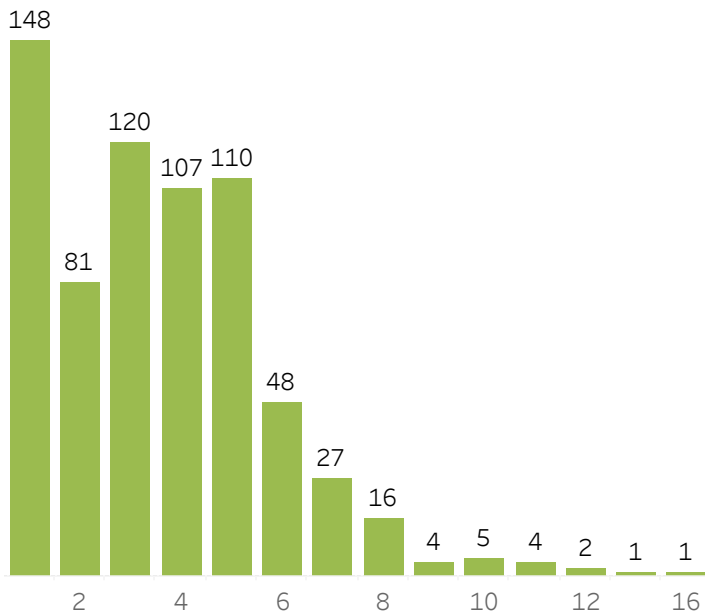
# Consultations

Quarterly Volume of Consultations

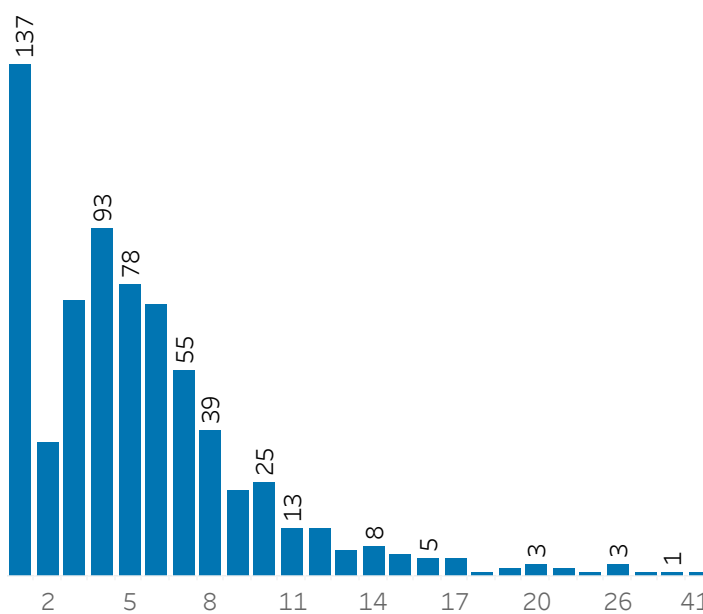


Select SFY ▶ FY 2023

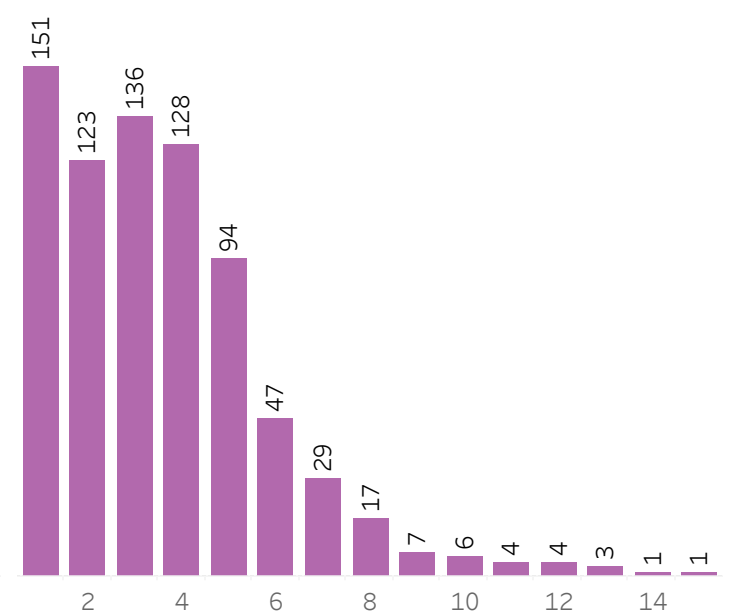
Hartford Hospital Consultation Frequency for SFY 2023



Wheeler Clinic, Inc Consultation Frequency for SFY 2023



Yale Child Study Center Consultation Frequency for SFY 2023



# Consultations



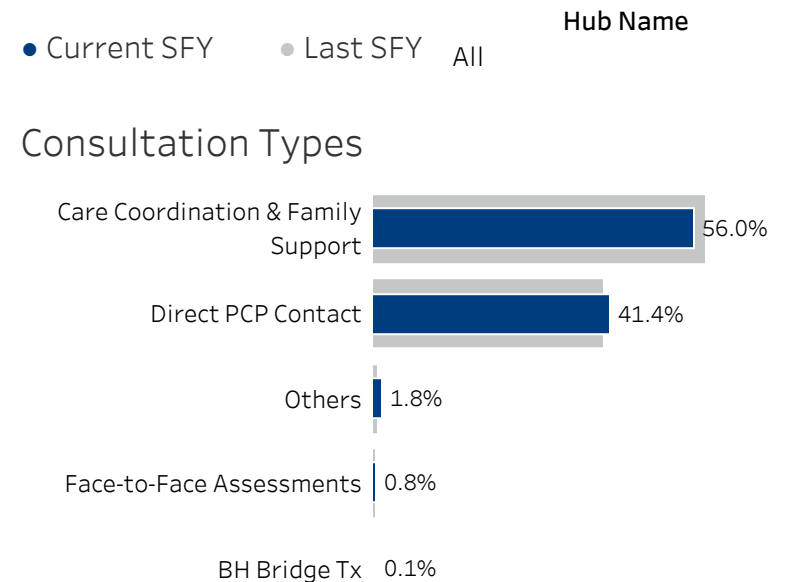
**Direct PCP Consultations:** Of the 9,044 consultations provided throughout the state in SFY'23, approximately 41% (3,742 consultations) were reported as direct contact with PCPs. The program benchmark for year nine was that 95% of all initial PCP calls requiring a call back will be returned within 30 minutes of initial inquiry unless an alternative time was requested by the PCP. Per Hub team report, 99.7% (2,305 out of 2,312) of initial PCP calls were answered by the Hub team's consulting psychiatrist within 30-minutes of the PCP's initial inquiry; approximately 89% (2,064 out of 2,312) of which were connected directly at the time of the call. The Hub teams exceeded this target in SFY'23.

**Care Coordination and Family Support:** While the primary function of the program is physician-to-physician consultation, care coordination and family support are also a significant component of the model. In SFY'23, approximately 56% of the total consultations provided were care coordination and family support. 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 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.

"I appreciate all of the support and guidance you have given me and my family. You made sure we were always informed and supported us all the way through the appt. Thank you, I am so grateful."  
~Parent, Wheeler Hub Team

"I think ACCESS Mental Health is truly an innovative and invaluable service for families. I believe that we help parents and families feel less overwhelmed and intimidated when trying to navigate the behavioral health/mental health system. We take some of the stress off their shoulders during a time that can be very difficult and emotional. We don't just provide resources, we become their support system and their advocates to help them get the best care for their families." ~Hub Team Clinician

**Referrals and Connect-to-Care:** 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. The encounter system was modified in July 2022, to better capture the work provided by the Hub care coordination and family support teams. The modifications included the ability to track the number of referrals provided to the youth and families at the time of care coordination support, as well as whether the youth successfully connected to services or not. Preliminary analysis showed, on average, the Hub team staff provided approximately two referrals, all of which were vetted prior to communicating the information directly to the youth and family; one individual received nine referrals during this state fiscal year. However, after further analysis, it was determined that the documentation was incomplete. The Hub teams did not consistently document the number of vetted referrals in the system, nor did they consistently use the connect-to-care follow-up section. Carelon's central administration team will work with the Hub teams to improve documentation for this measure in SFY'24.



# Consultations



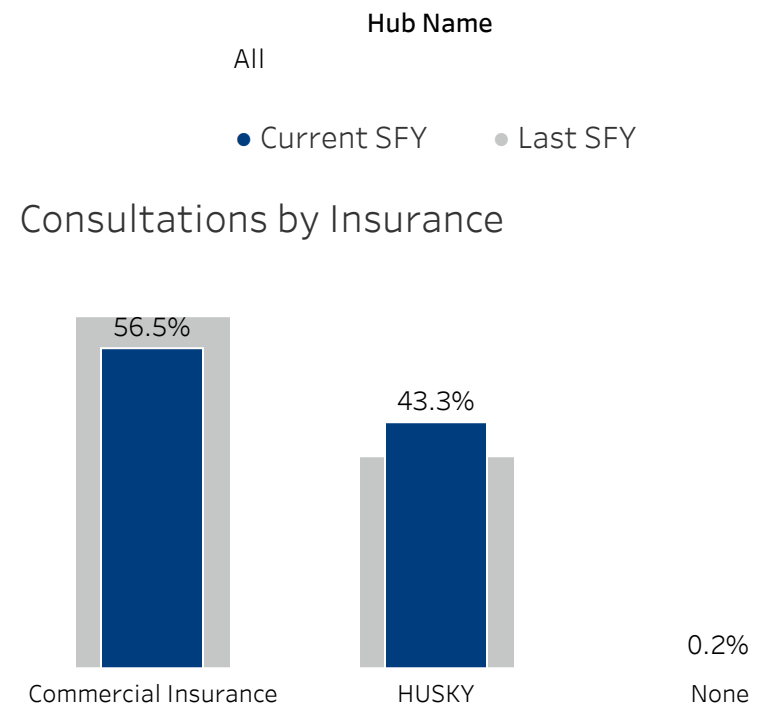
**Face-to-Face Assessments:** When telephonic consultation is not enough to answer the PCP’s question, the Hub team psychiatrist can provide a one-time, face-to-face diagnostic and psychopharmacological assessment with the PCP’s patient. Face-to-face assessments are scheduled as soon as possible, generally within two weeks from initial contact. Face-to-face assessments are intended to offer additional guidance and recommendations for treatment to be managed by the PCP or for a referral to a community provider. Recommendations are given to the PCP within 48hrs following the appointment. Approximately 1% (71 out of 9,044) of the total consultations in SFY’23 were one-time diagnostic and psychopharmacological assessments. This is comparable to SFY’22 (1%, 68 assessments). Hartford Hospital provided 36 assessments, Wheeler Clinic provided 25 assessments and Yale Child Study Center provided 10 assessments during this state fiscal year. While the volume of one-time diagnostic and psychopharmacological assessments remains consistently low each fiscal year, PCPs continue to express their appreciation for the support.

**Screening Tools:** As indicated earlier, modifications to the program’s Encounter System were made in July 2022 including the ability to track whether a PCP used a behavioral health screening tool prior to seeking psychiatric consultation for their patient. At the time of consultation between the PCP and Hub team psychiatrist, the Hub team psychiatrist asks if a screening tool was used in connection to the telephonic consultation. While this measure hopes to capture the types of screening tools used by primary care providers across the state, it is specific to that respective consultation. Throughout the program’s ninth operational year (SFY’23), PCPs noted to have used a screening tool prior to seeking a psychiatric consultation for a total of 387 youth, the Patient Health Questionnaire (PHQ-9 and PHQ-A) was noted as the most commonly used during this reporting period. This volume is expected to increase with time, given that this is a new measure.

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

Of the 9,044 total consults provided in SFY’23, approximately 57% (5,110) were for youth with an identified commercial insurance plan, such as Aetna or Anthem CT; 43% (3,912) were for youth with HUSKY coverage and less than 1% (22) were identified as having no coverage at all. While there is some variation from year to year, the majority of the consultations provided across nine years of programming were for youth with an identified commercial insurance plan. Similar statistics are noted across all three Hub teams.

As noted in previous reports, Carelon’s central administration team has been exploring possibilities for 3rd party reimbursement for AMH psychiatric consultation to PCPs given the continued cost-effective value and positive impact this program has had on youth and families across the state. An agreed upon CPT code as well as a non-diagnostic ICD code has been established. Carelon Behavioral Health and the Hub teams, including representatives from their billing and legal departments, have met and continue to collaborate fully implement this pilot. Barriers of accessibility, feasibility of billing, and no further cost to families are some of the main concerns being explored.



# Consultations

**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).

“Primary care physicians are able to do psychopharmacological interventions much more confidently than they were able to in the past. They [PCPs] appreciate using ACCESS Mental Health if they cannot figure out things for themselves. When primary care physicians call now, asking questions, they will start with ‘I have done this, this and this; where do I go from here now?’ Physician to physician occasions are much more sophisticated, complicated and patient oriented.” ~Hub Team Psychiatrist

In nine full years of programming, enrolled PCPs contacted their respective Hub team psychiatrist requesting a medication consultation for 5,270 unique youth, 781 youth in SFY’23. While this is an 11% decrease in volume (93 youth) when compared to the previous state fiscal year (874 youth in SFY’22), this is the second highest annual volume of youth subject to a medication consultation since inception of the program.

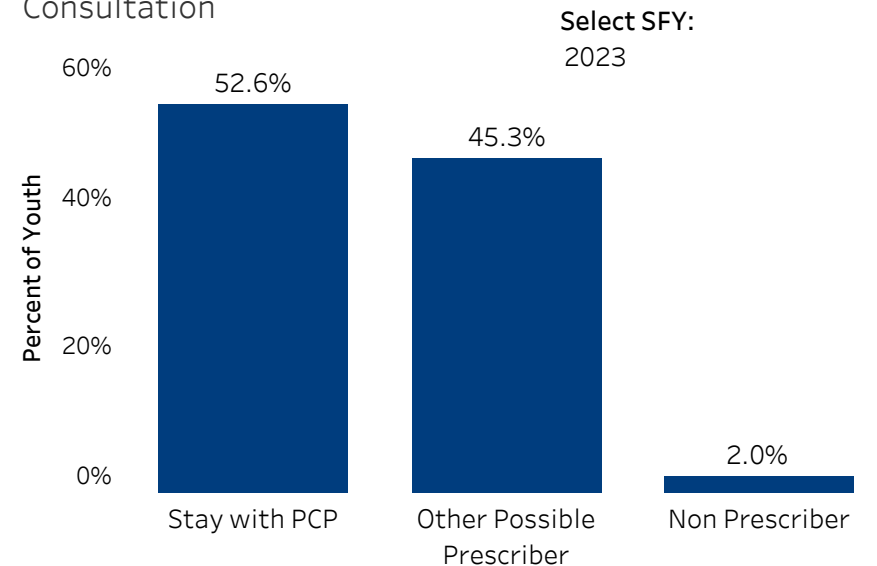
For approximately 53% (411 out of 781) of youth whose PCP called to discuss medication in SFY’23, the resulting plan involved the PCP initiating or continuing as the primary prescriber.

“It was so helpful to discuss the medication, doses, how to titrate etc., I feel much more comfortable prescribing now.” ~PCP, Hartford Hub Team

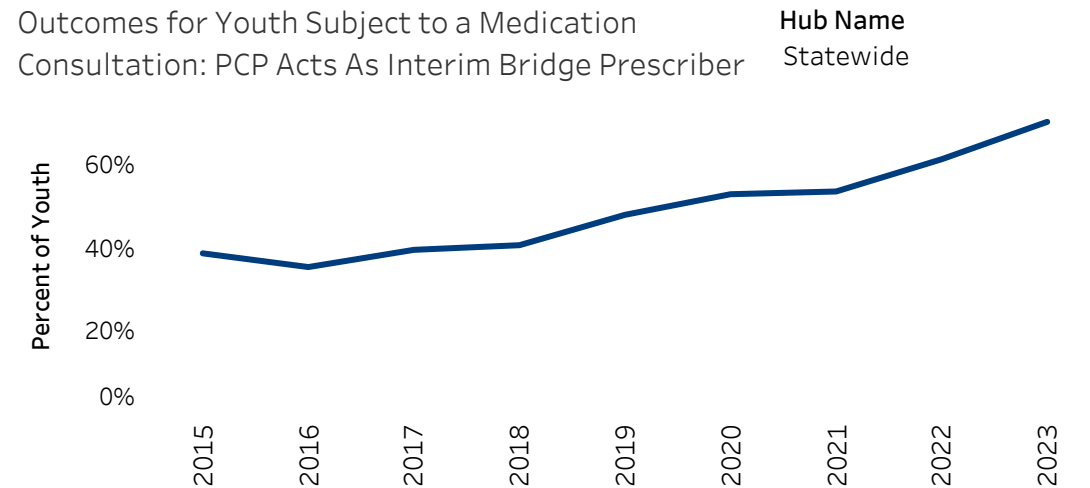
A referral to a community psychiatrist was determined as the most appropriate plan of care for approximately 45% (354 out of 781) of youth as a result of the discussion between PCP and Hub psychiatrist. Of note, PCPs agreed to act as an interim bridge prescriber for 70% (248 out of 354) of youth waiting to transition to a psychiatrist in their community. This is a 14% increase in the percent of youth served, compared to the previous state fiscal year, when PCPs agreed to act as an interim bridge prescriber for 61% (245) of the youth waiting to transition to a community psychiatrist. 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% (16 out of 781) 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.

Statewide Outcomes for Youth Subject to Medication Consultation



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





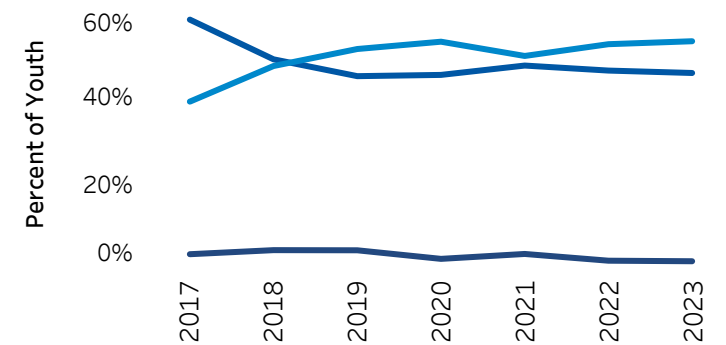
# Consultations

By providing support and education to PCPs through real-time consultation, case-based education, and didactic trainings throughout the past nine 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.

**Hub Name**  
Statewide

- Stay with PCP
- Other Possible Prescriber
- Non Prescriber

Outcomes for Youth Subject to Medication Consultation Over Time



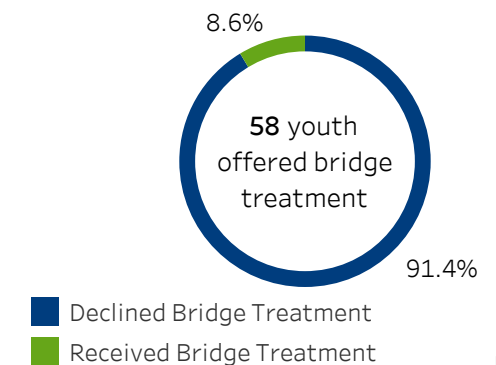
“Exceptional. AMH has made me a much better and more complete clinician. I am able to meet my patients’ needs better now than ever before.” ~PCP, Yale Hub Team

**Bridge Treatment:** In 2022, CT state legislation allocated a portion of The American Rescue Plan Act (ARPA) funding to the AMH program, increasing the teams’ capacity in offering telephonic bridge treatment sessions and care coordination support to youth and young adults referred by their primary care provider who is prescribing psychotropic medication, but their patient has yet to connect to counseling/psychotherapy services. Beginning in July 2022, the encounter system was modified to capture the bridge treatment and the work provided by the Hub care coordination and family support teams. Modifications included the ability to track the number of youth offered bridge treatment, those who received bridge treatment, the number of referrals provided to the youth and families at the time of care coordination support, as well as, whether the youth successfully connected to services or not. The Hub teams also worked to modify their team structure (freeing up their Hub team clinician in order to accommodate time for bridge services) and developed processes that aligned with their organizations clinical policies and guidelines.

It is important to note that while the original criteria for this service held very specific parameters that included a cohort of youth whose families qualified due to low income, living in a qualified census area of the state, or their primary caregiver lost employment due to the COVID-19 pandemic, the Hub teams felt it was important to expand the offering to all youth who met the clinical criteria regardless of financial status. Throughout this state fiscal year (SFY’23), PCPs and the Hub team psychiatrist identified 58 youth, regardless of financial status, who would benefit from telephonic clinical support by the Hub team clinician while they waited to connect to counseling services in their community. Of the 58 youth, 8.6% (5 out of 58) agreed to and received bridge treatment. When asked about their experience providing bridge treatment this year, the Hub teams reported feeling the service was valuable to the small cohort of youth and families for whom bridge treatment was clinically appropriate. For those that declined bridge treatment services, families often indicated that they preferred to wait for the service to become available in the community rather than having their child talk with someone short-term.

As noted in the referral and connect-to-care section, after further analysis, it was determined that documentation for bridge treatment was also incomplete. The Hub teams did not consistently document when a youth was identified as clinically appropriate for the team to offer bridge services. While the teams confirmed that the number of youth (5 youth) who received bridge treatment during this state fiscal year, the teams did not consistently document the number of sessions provided. Also, as noted above, the teams did not use the connect-to-care follow-up section consistently and underreported the number of vetted referrals provided to youth during this state fiscal year (SFY’23). Carelon’s central administration team will work with the Hub teams to improve documentation for this measure and expect to see the volume of bridge support to increase in SFY’24.

Bridge Treatment



# Utilization

At enrollment, practice sites were asked to identify if they were a stand-alone practice or a practice with a primary site and additional satellite sites that shared physicians, patients, and policies and procedures. To eliminate the possibility of inflation, practice utilization is measured by practice groups; a stand-alone practice is counted once and a practice with multiple sites is also counted once. As of June 30, 2023, 324 practice groups were noted as active and enrolled in the program.

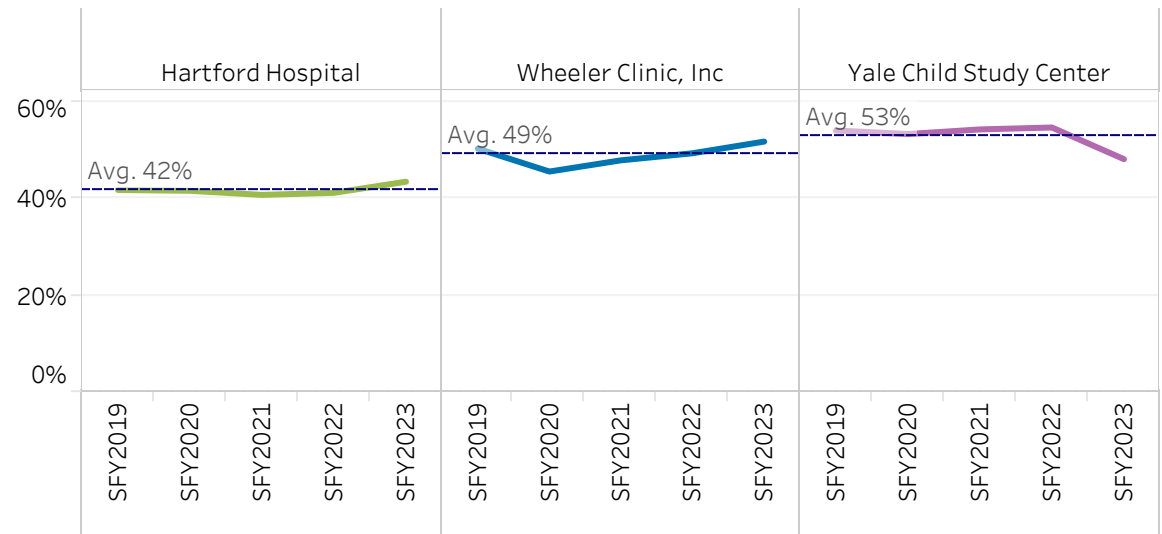
**Utilization Rate:** Graphs located on this dashboard show the average rate of utilization by quarter and by year on a statewide- and Hub-specific level. If a practice used the program at least once during the time period selected, it will be counted. The calculated rate depicts the number of practice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

In SFY'23, approximately 48% (154 out of 324) of the practice groups enrolled in the program statewide used the program at least once during the year. Showing little variation, this is comparable to the utilization rate year over year for the past five years.

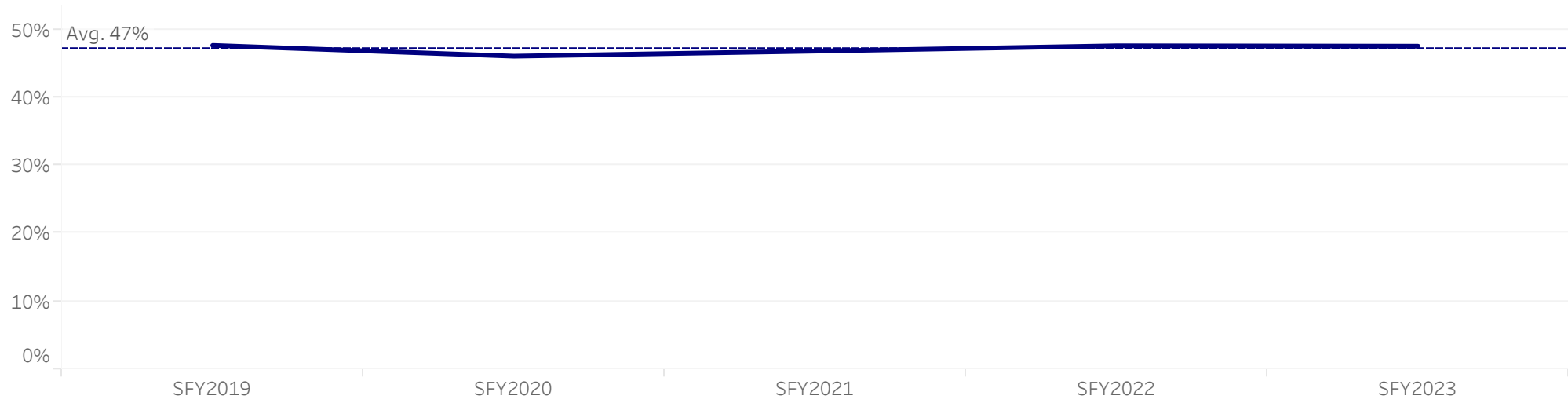
Select Date Format:  
Year

Select Quarter / Year:  
Multiple values

## Hub Specific Practice Group Utilization Rate



## Statewide Practice Group Utilization Rate



# Utilization

**Practice Specific Utilization:** This dashboard depicts all actively enrolled practice groups that have utilized the program since enrollment. The graphs can be 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 number of quarters enrolled. For example, if a practice enrolled in July of 2014 (36 quarters enrolled) and used every quarter since enrollment, their utilization rate equals 100% (36 quarters enrolled, 36 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, 2023, a total of 104 primary care practice groups were identified as actively enrolled and utilized Hartford Hospital’s Hub team at least one quarter since enrollment of the program. With an approximate average of 40% quarters utilized, 20 practice groups fell in the high utilization group of 80% or greater, six of which have used 100% of the time since enrolled.

A total of 78 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 50% quarters utilized, 22 practice groups fell in the high utilization group of 80% or greater, seven of which have used 100% of the time since enrolled.

As of June 30, 2023, a total of 73 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 44% quarters utilized, 15 practice groups fell in the high utilization group of 80% or greater, six of which have used the program 100% of the time since enrollment.

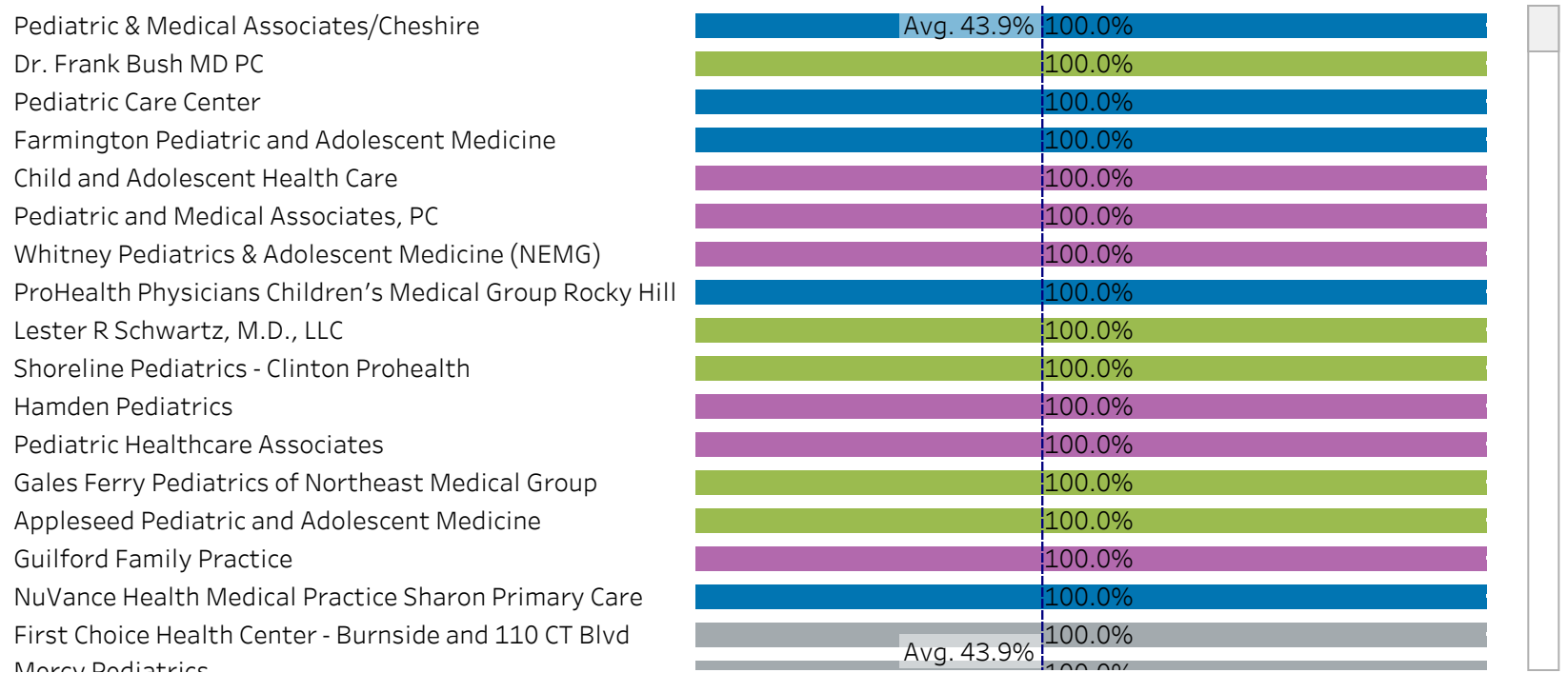
<b>Hub Name</b>	<b>New User in Current SFY</b>	<b>Practice Type Desc</b>	<b>Practice Name</b>
All	All	All	

**Quarterly Utilization Rate:**  
All values

Average line is the average number of quarters used by the program to date (June 30, 2023)

## Practice Utilization

● New User of Program



# Utilization

**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'23, a total of 58 enrolled practice groups utilized Hartford Hospital's Hub team, requesting support for a total of 665 youth. Five of the practice groups called for the first time in SFY'23. First Choice Health Center - Burnside and 110 CT Blvd enrolled and used the program for the first time in February 2023. ProHealth Physicians Vernon Pediatric and Family Medicine enrolled in September 2014 and used the program for the first time in May 2023. David Schwindt MD, LLC enrolled in June 2022 and used the program for the first time in October 2022. Hemant K. Panchal, M.D., F.A.A.P. enrolled in September 2014 and used the program for the first time in October 2022. Collins Medical Assoc - Blue Hills Family Medicine enrolled in November of 2014 and used the program for the first time in February 2023.

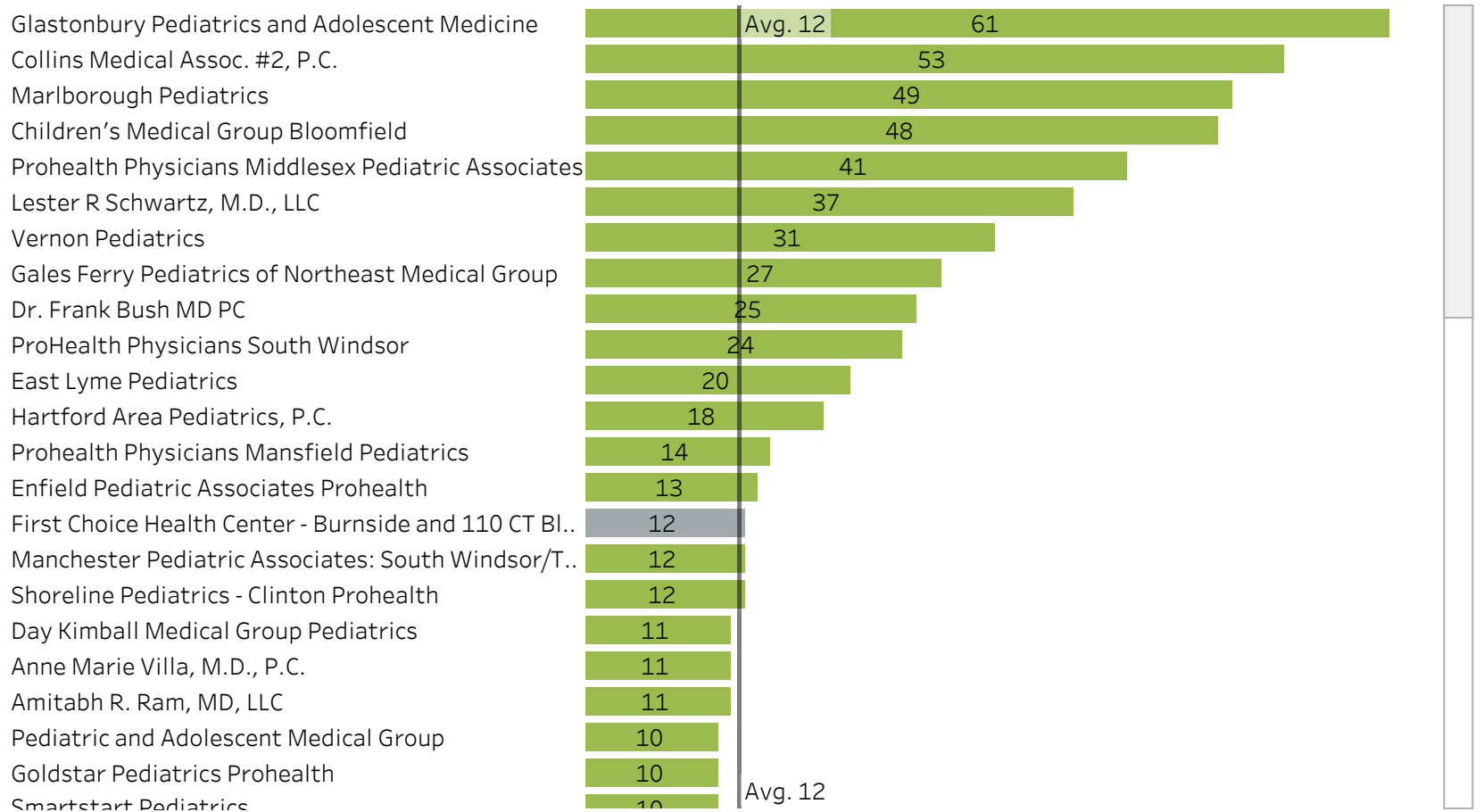
Select SFY: FY 2023      New User in Current SFY: All      Practice Type: All      Practice Name: All

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

Total Practices Used in selected SFY	58	Total Youth Served by all practices in selected SFY	665
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## Number of Youth Served by Practice-Hartford Hospital

● New User of Program



# Utilization

**Youth Served by Practice:** A total of 54 enrolled practice groups utilized Wheeler Clinic’s Hub team in SFY’23, requesting support for a total of 705 youth. Four of the practice groups called for the first time. Mercy Pediatrics and Healthy Children Pediatrics, LLC both enrolled in April 2023 and used the program for the first time in May 2023. Mobile Care Partners of CT enrolled and the use the program for the first time in November 2022. Community Health and Wellness Center enrolled in July 2014 and first used the program in December 2022.

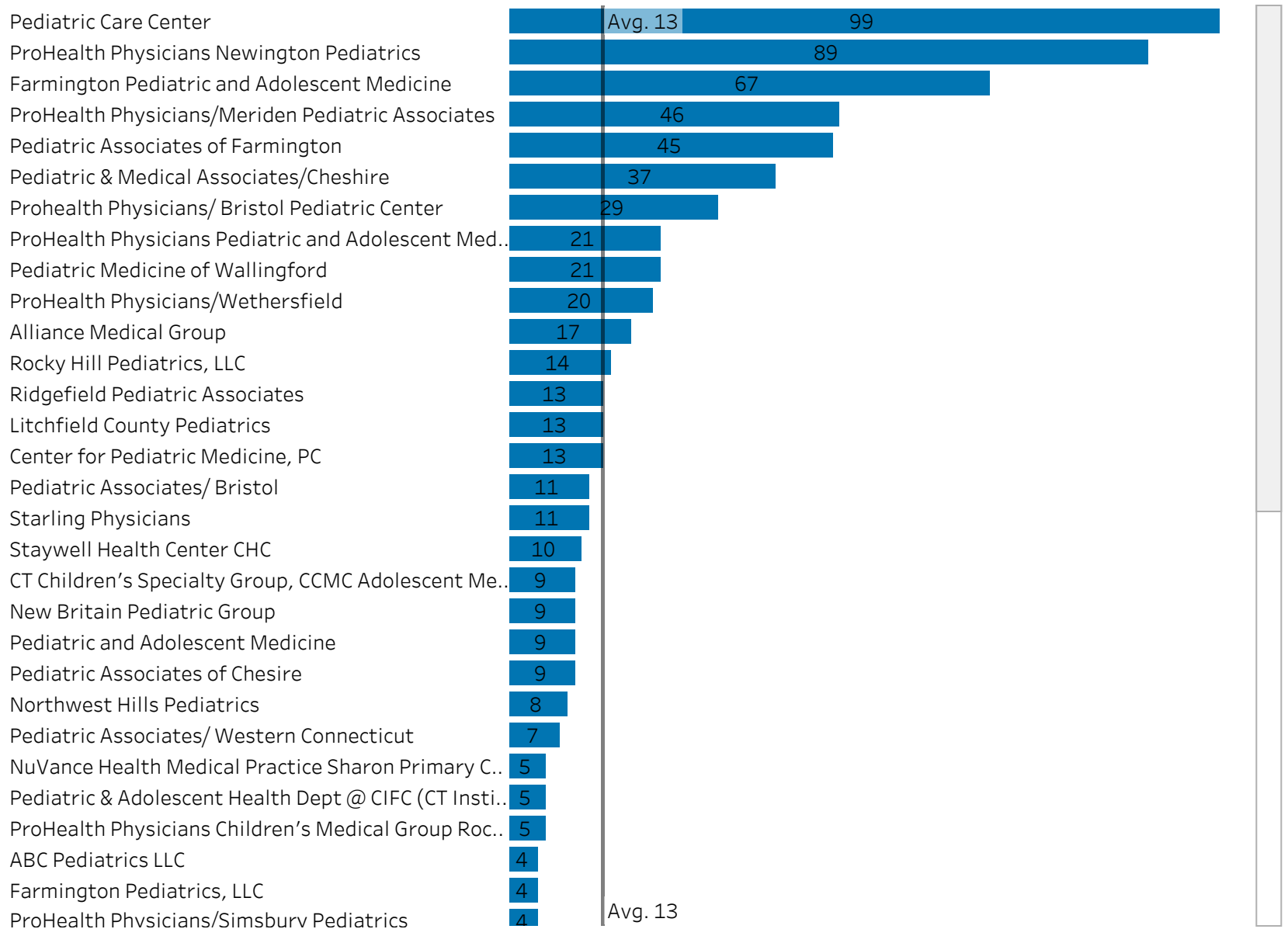
**Select SFY:** FY 2023      **New User in Current SFY:** All      **Practice Type:** All      **Practice Name:** All

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

Total Practices Used in selected SFY	<b>54</b>	Total Youth Served by all practices in selected SFY	<b>705</b>
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## Number of Youth Served by Practice-Wheeler Clinic

● New User of Program



# Utilization

**Youth Served by Practice:** In SFY'23, a total of 42 enrolled practice groups utilized Yale Child Study Center's Hub team, requesting support for a total of 750 youth. There were no new users noted for this state fiscal year.

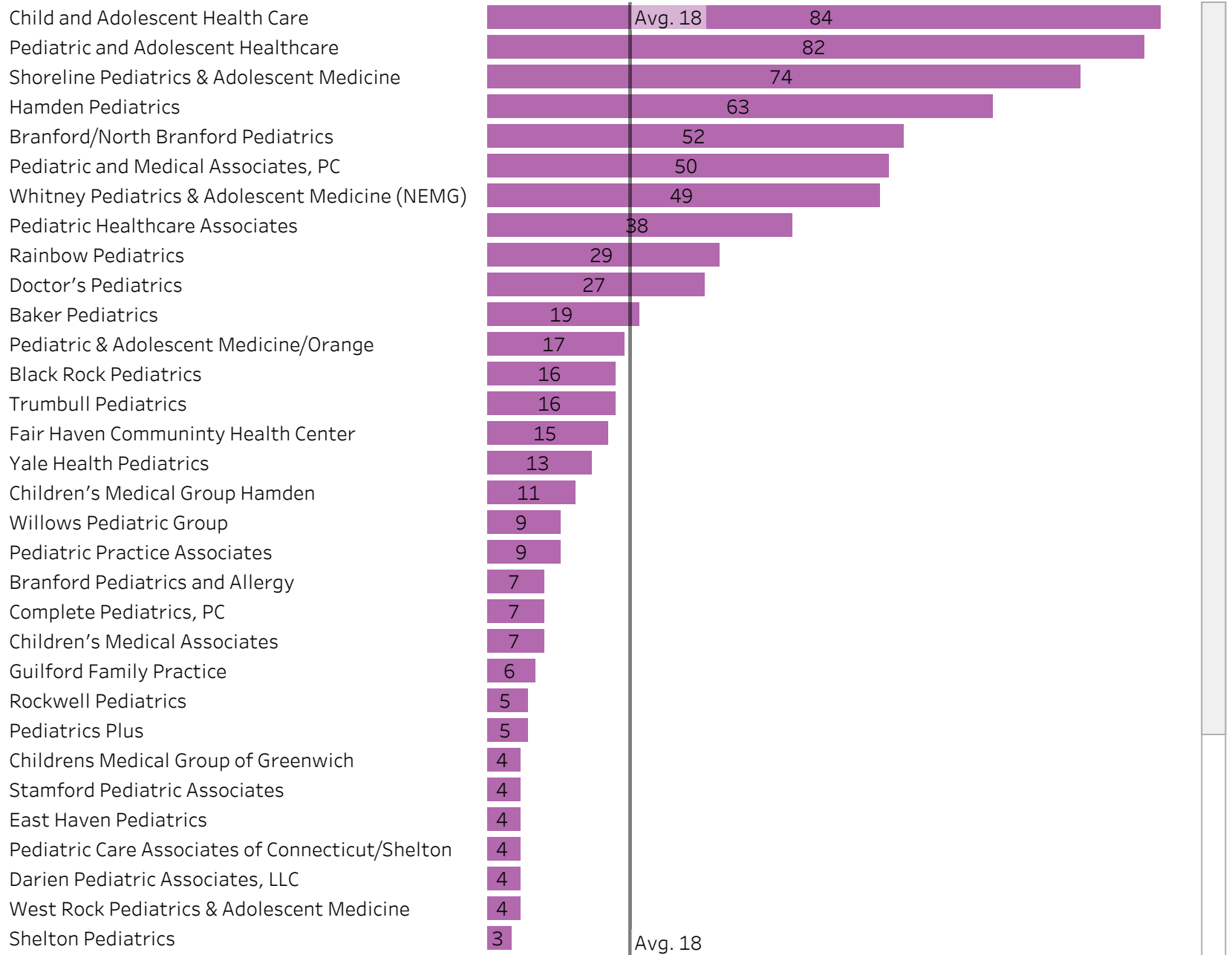
Select SFY: FY 2023      New User in Current SFY: All      Practice Type: All      Practice Name: All

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

Total Practices Used in selected SFY	42	Total Youth Served by all practices in selected SFY	750
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## Number of Youth Served by Practice-Yale Child Study Center

● New User of Program



# Utilization

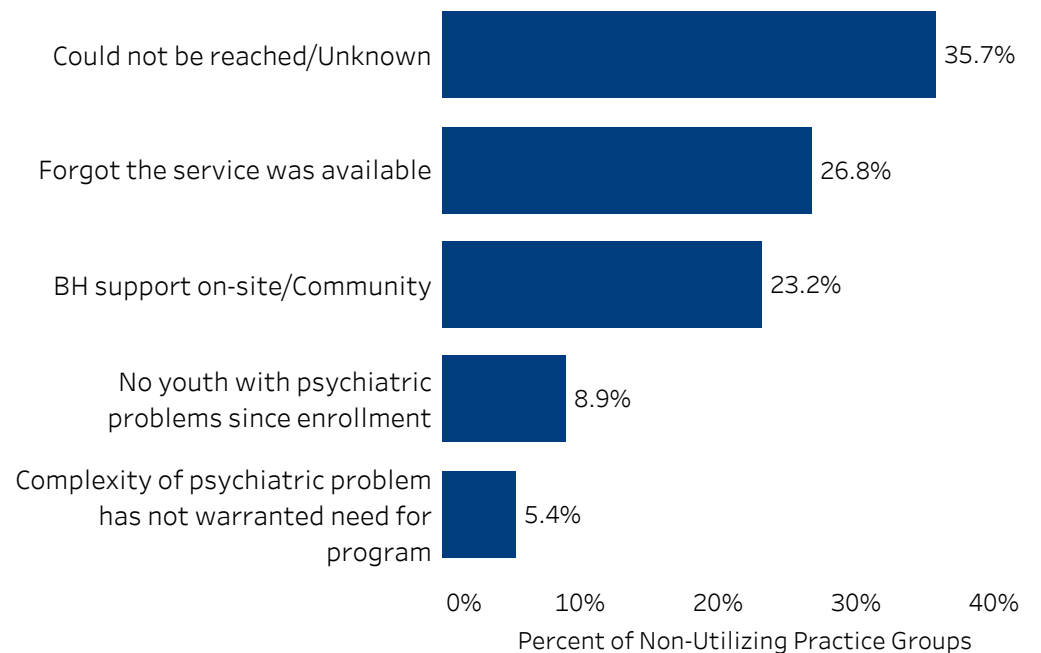
Each year, the Hub teams are charged with outreaching to enrolled practice groups throughout their designated area to better understand their utilization. In April 2023, utilization data was reviewed with the Hub teams. Recognizing the significant toll the pandemic has had, particularly on vulnerable, traumatized, and at-risk children and families, the Hub teams focused their outreach on practices who had prior utilization, but did not use the program for six months. For practices who showed a drop in utilization, the Hub team identified a minimum of three practice groups to visit. Connecting with practices to schedule meetings, either in-person, virtual, or by telephone, has been challenging especially since the pandemic, however, the Hub teams expressed even more difficulty connecting with the low-utilizing providers identified this state fiscal year. While some meetings occurred, several did not, despite multiple attempts by the Hub team psychiatrists. Of the meetings that occurred this year, staff turnover was identified as the strongest contributing factor to the change in utilization. Several physicians who had previously used the program retired this state fiscal year and physicians new to the practice were unaware of the program's services. Some practices reported that their primary use of the program in the past was to aid their patients in connecting to resources in the community and they've found mental health treatment providers in their community have been easier to access since the pandemic and therefore have not needed to call AMH for help. Some practices noted that their change in utilization was due to now having direct access to clinical services, including psychiatric services, within the practice.

While the Hub teams struggled to connect with all of the practices identified with a drop in utilization, the outreach that did occur yielded positive outcomes. Practices were reminded of the program's expansion to include support for their young adult patients, new physicians learned about the program's full suite of services, and practices with direct access to clinical services in-house were reminded of the program's education and training series.

**Practice Non-Utilization:** In Q3 SFY'23, the Hub teams were provided a list of their respective enrolled non-utilizing practice groups (56) 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 this dashboard depict the feedback from this outreach.

While approximately 36% (20) of the enrolled non-utilizing practice groups could not be reached for comment despite multiple attempts made by the Hub teams, approximately 27% (15) of the enrolled non-utilizing practice groups reported that they had not yet utilized the program because they forgot the service was available to them. Approximately 23% (13) of the enrolled non-utilizing 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 9% (5) 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 and 5% (3) reported that they had not used the program yet because they did not have questions rising to the severity warranting the need for a consultation.

Practice Group Non-Utilization Reasons SFY 2023

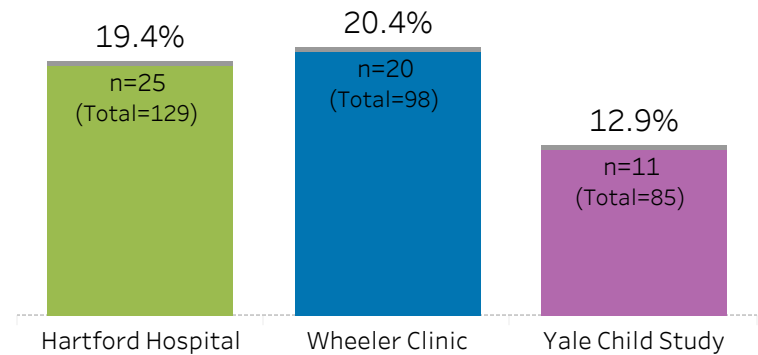


# Utilization

It is recommended that onsite surveys to practices showing decreased utilization and outreach to non-utilizing practice groups continue in SFY'24. Despite barriers faced in connecting with low-using and non-using practices this year, the Hub team psychiatrists noted that practices all benefit from targeted outreach. Conversations about practice utilization allows the team to educate providers about the multiple facets offered. Beginning in Q1 SFY'24, Carelon's central administration team will work together with the Hub teams to determine additional strategies in increasing utilization across all practice groups, including increasing marketing efforts to a more frequent cadence promoting the program's services throughout the state.

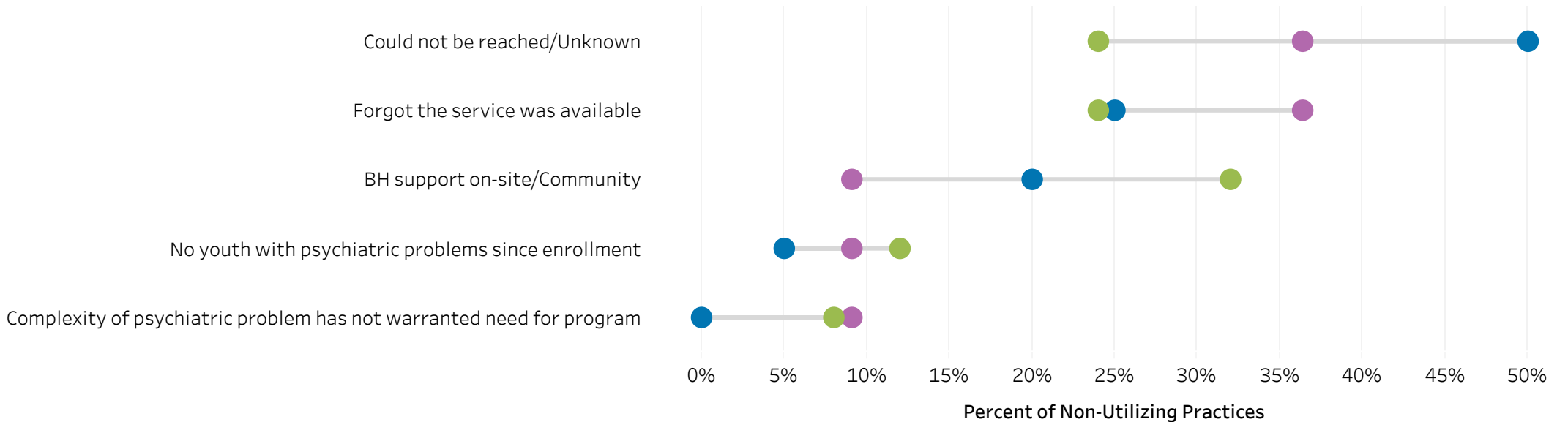
Practice non-utilization rates and reasons by Hub can be seen in the charts to the right and below.

Non-Utilization by Hub for SFY 2023



Practice Group Non-Utilization Reasons by Hub for SFY 2023

● Hartford Hospital ● Wheeler Clinic ● Yale Child Study





# 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 nine 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: Understanding Video Games: A Child and Adolescent Psychiatrist's Call of Duty; How Social Media Impacts Mental Health and What Clinicians Should Do About It; TikTok Teens: New Research Reveals How Social Media Affects Mental Health; Pediatric Anxiety Disorders: Assessment and Treatment; Sexts, Lies & Video stream : Adolescents & Pornography; Gaming Disorder; Depression and Suicidality for Schools; Medication Tips (SSRIs) for General Pediatrics; and Caring for Gender Diverse Youth: An Evidence-Based Approach.

The Hub teams far exceeded the SFY'23 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'23 included:

- "Suicide Risk Assessment in Primary Care" September 1, 2022
- "Overview of Early Childhood Programs in CT" October 6, 2022
- "School Avoidance: A Practical Approach" November 3, 2022
- "Psychiatric Emergencies: What Pediatricians Need to Know" December 1, 2022
- "Advancing Pediatric Mental Health Clinical Research" January 5, 2023
- "Introduction to AMH for Moms Program and Overview of Perinatal Mental Health for PCPs" February 2, 2023
- "Mental Health Impact of Exposure to Online Sexually Explicit Materials" March 2, 2023
- "Assessment of Sleep Disorders and Treatment of Insomnia in Primary Care" April 6, 2023
- "Bipolar Disorder: Diagnosis and Treatment in Pediatrics" May 4, 2023
- "Autism Spectrum Disorder: An Overview for PCPs" June 1, 2023

While the team is still developing the full list of topics for the upcoming state fiscal year, some topics proposed include the impact of Covid on youth mental health, intimate partner violence, and substance use disorders and resources in CT.

Additionally, in SFY'24 the ACCESS Mental Health for Youth team will be working to produce a series of behavioral health education/training videos to preschool, elementary and secondary school districts, emergency department personnel, and pediatric primary care practices to aid in their work in supporting parents/guardians and youth across the state of Connecticut. The series of educational videos will help parents/guardians, school personnel, emergency room personnel, and PCPs identify symptoms of mental health conditions in children, adolescents, and young adults. Each video will include an informational one-page fact sheet. Proposed topics will include general mental wellness, depression, anxiety, trauma and anti-bullying. Education materials will be disseminated to preschool, elementary, secondary schools, emergency departments and pediatric primary care practices across the state to share with parents and guardians in need. Videos will be posted on multiple websites including the ACCESS Mental Health website for easy access and schools and primary care practices will be encouraged to post on their websites as well.

# Program Feedback

After every consultation, the Hub teams ask the primary care provider and youth/family to “rate your satisfaction with the helpfulness of the ACCESS Mental Health for Youth program” on a scale of 1-5; 5 being excellent. For SFY’23, the overall average satisfaction score was 4.99. While a small number of callers across the state rated single calls low, the overwhelming majority continued to find the program support to be “excellent”. The program benchmark for year nine 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 program satisfaction scores by month can be seen below. Additionally, program specific feedback is captured at the end of this report.

Click to view Hub details ▼

## PCP Satisfaction Scores



	Q1 SFY 22	Q2 SFY 22	Q3 SFY 22	Q4 SFY 22	Q1 SFY 23	Q2 SFY 23	Q3 SFY 23	Q4 SFY 23
Hartford Hospital	4.98	4.98	4.98	4.97	4.95	4.94	4.97	4.96
Wheeler Clinic, Inc	4.99	5.00	5.00	5.00	5.00	5.00	5.00	5.00
Yale Child Study Center	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00
<b>Grand Total</b>	<b>4.99</b>	<b>4.99</b>	<b>4.99</b>	<b>4.99</b>	<b>4.99</b>	<b>4.98</b>	<b>4.99</b>	<b>4.99</b>

## Count per PCP Score for All

- 99% or more received a score of 5

Satisfaction Score

	Q1 SFY 22	Q2 SFY 22	Q3 SFY 22	Q4 SFY 22	Q1 SFY 23	Q2 SFY 23	Q3 SFY 23	Q4 SFY 23
1						2		
3		2	1		2	2		2
4	26	26	17	24	25	26	16	23
5	2,246	2,677	3,172	2,808	2,101	2,147	2,366	2,332
<b>Grand Total</b>	<b>2,272</b>	<b>2,705</b>	<b>3,190</b>	<b>2,832</b>	<b>2,128</b>	<b>2,177</b>	<b>2,382</b>	<b>2,357</b>

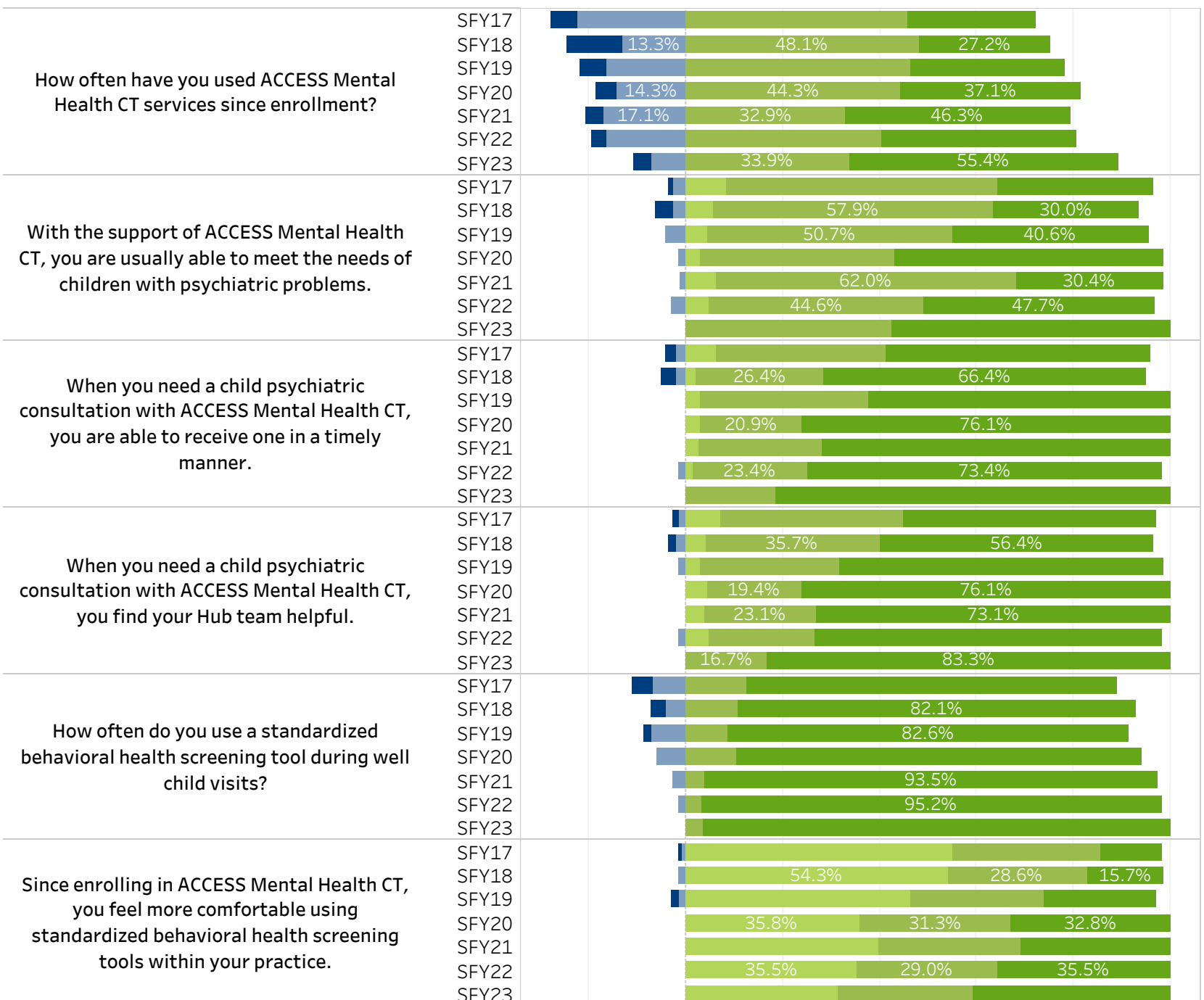
# Program Feedback

**PCP Annual Survey:** 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 312 primary care practice groups with the option to complete the survey online or fax to Carelon's central administration team. A total of 56 surveys representing approximately 13% of the practice groups (40 out of 312) were completed this year; some of the surveys were submitted anonymously.

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

## Access to and Use of ACCESS MH Services - Since Inception



# Program Feedback

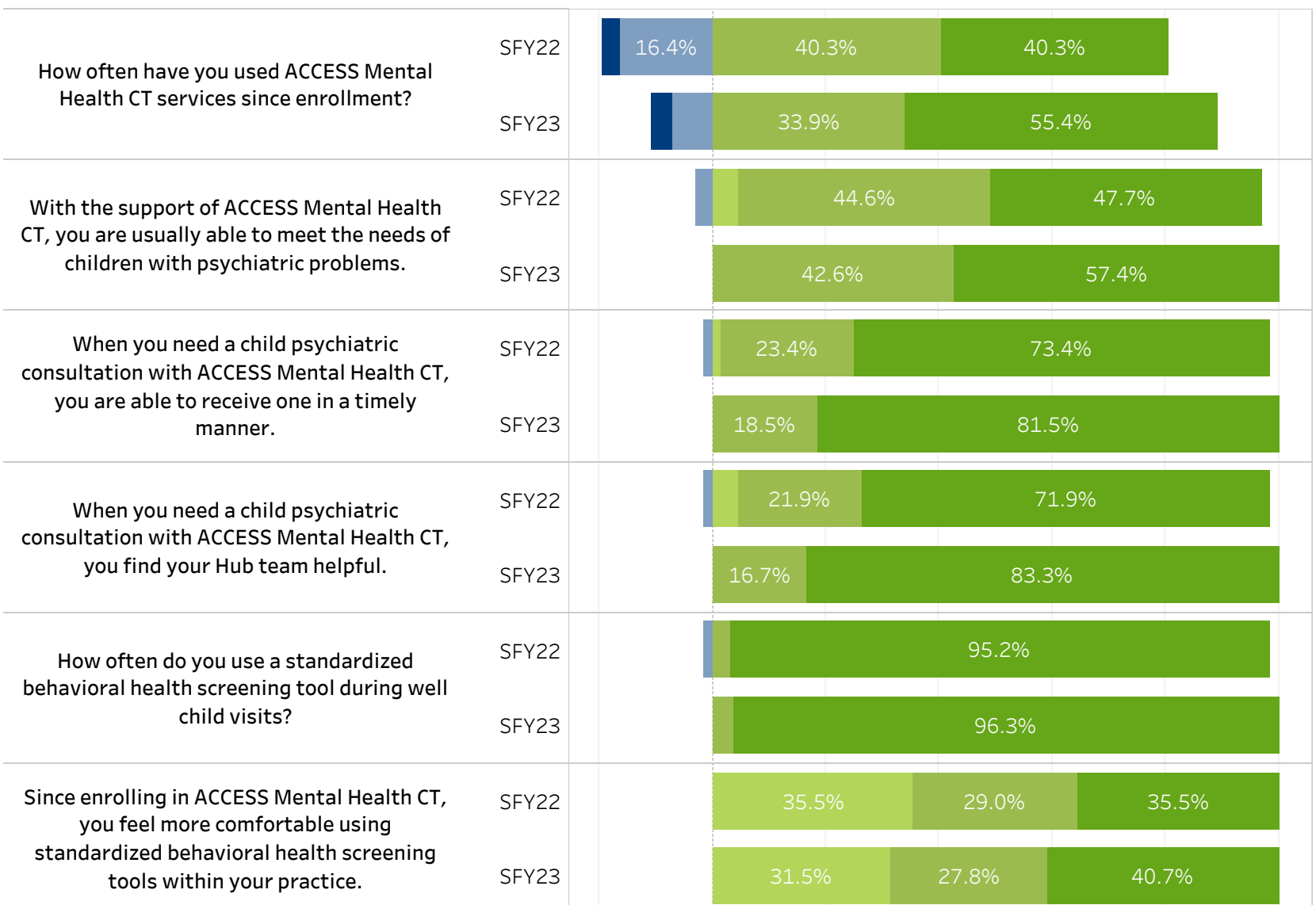
Approximately, 96% (54 out of 56) used the service prior to completing the satisfaction survey and over 89% (50 out of 56) of the respondents said that they had often or sometimes used the service. It is important to note that almost 4% (2 out of 56) of respondents reported to never have used the service yet answered most of the questions.

Of the respondents that used the program, 100% (54 out of 54) 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 greater than the previous state fiscal year (SFY'22, 92%). In addition, 100% (54 out of 54) reported receiving a consultation from their ACCESS Mental Health CT Hub team in a timely manner. Lastly, 100% (54 out of 54) reported that they agreed or strongly agreed that the ACCESS Mental Health CT team was helpful; both questions yielded more positive responses when compared to the previous state fiscal year.

In SFY'23, approximately 96% (52 out of 54) of the total respondents reported often using standardized behavioral health screening tool(s) during well-child visits. This is greater than the previous state fiscal year (95% in SFY'22). Approximately 69% (37 out of 54) of respondents that used the program reported feeling more comfortable using screening tools since enrolling in the program. This is a 6% increase compared to the last state fiscal year (65%, SFY'22).

- Strongly Disagree/Never
- Disagree/Seldom
- Neither Agree Nor Disagree
- Agree/Sometimes

## Access to and Use of ACCESS MH Services - SFY '22 & '23



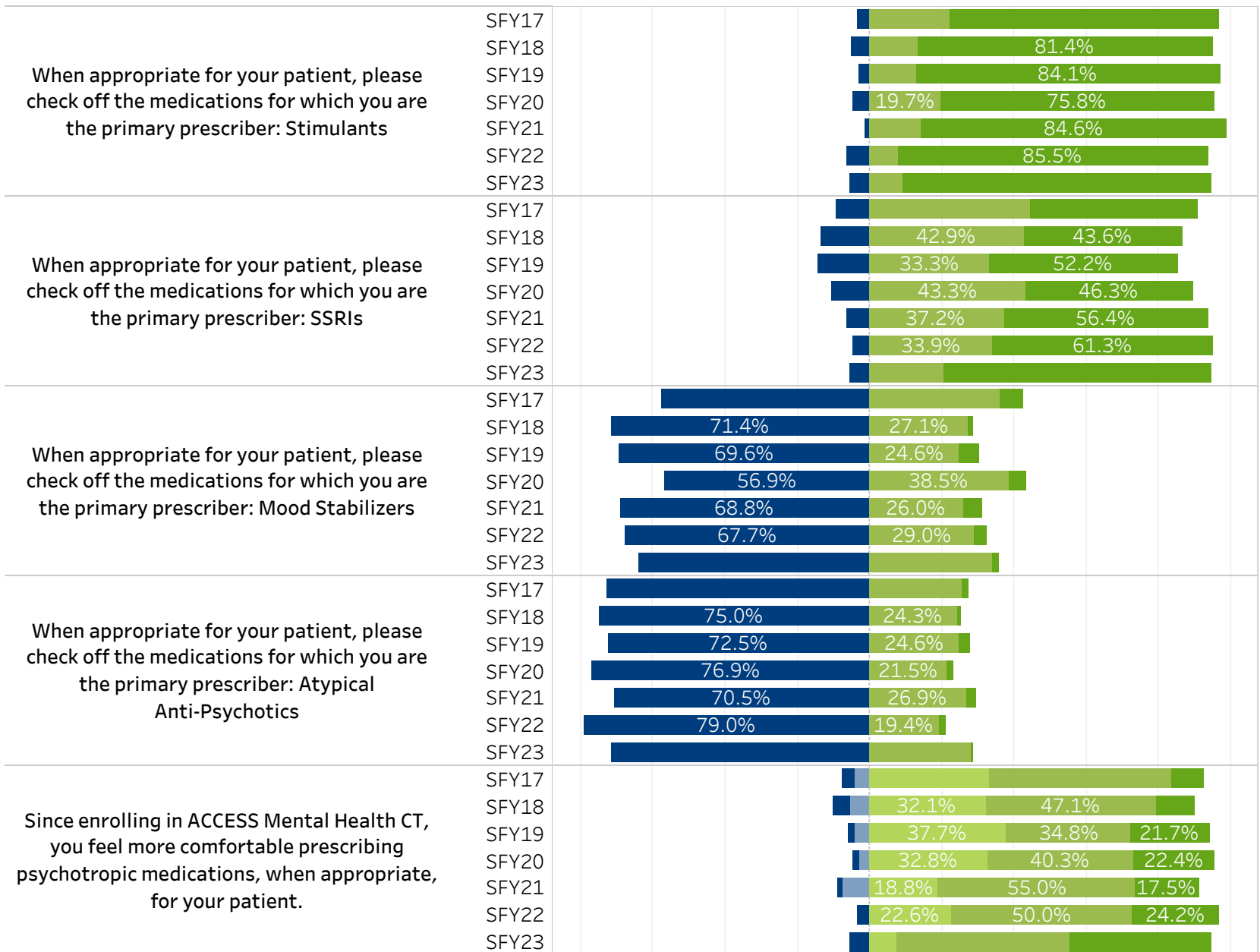
# Annual Satisfaction Survey

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 87% (47 out of 54) 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 an 18% increase compared to last state fiscal year (74%, SFY’22).

For respondents who selected “no change” or “strongly disagree”, some commented that they are uncomfortable with it, feel it’s not needed for their patients, or don’t have time for the education needed to help them be more comfortable. For approximately 85% (46 out of 54) of respondents, stimulants continued to be the medication in which most respondents reported that they were often the primary prescriber.



## Access to and Use of ACCESS MH Services



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.

# Program Feedback

**Provider Feedback:** Program feedback was captured by the Hub team staff throughout the program's ninth operational year (SFY'23) during direct consultations with providers and with youth and families served by the program. Additionally, providers offered feedback in the annual survey.

"It is hard to describe how much ACCESS Mental Health has helped me help my patients. In primary care pediatrics we are overwhelmed with mental health issues on a daily basis. The kids would never get the help they needed if I tried to set them all up with mental health providers. Drs. Sahani and Miller are amazing, they are my heroes!!! They take my calls and listen to me stumble around a presentation and give me advice to do the right treatment for my patient, never making me feel inadequate. This program has done so much to help the children of CT" ~PCP, Wheeler Hub Team

"AMH has been invaluable to me and my partners over the years, and the state should do everything in its power to continue to build on this terrific resource!" ~PCP, Yale Hub Team

"It was so helpful to discuss the medication, doses, how to titrate etc., I feel much more comfortable prescribing now". ~PCP, Hartford Hub Team

"ACCESS Mental Health is a tremendous help to our practice. The team at Wheeler go above and beyond to help our patients and accommodate our needs. I also cannot thank Dr. Sahani and Dr. Miller enough for their help and support. Thanks to this program we are able to be better providers and better serve our patients." ~PCP, Wheeler Hub Team

"I find ACCESS Mental Health extremely helpful, especially when I feel I am stuck and need a professional to collaborate with." ~PCP, Hartford Hub Team

"Exceptional. AMH has made me a much better and more complete clinician. I am able to meet my patients' needs better now than ever before." ~PCP, Yale Hub Team

"Wonderful. Very easy to speak with a provider. Always helpful. Appreciate the faxed updates about their follow up calls with my patients. Truly an invaluable resource." ~PCP, Wheeler Hub Team

"Dr Stubbe you have an amazing program – I am able to help my patients because of AMH" ~PCP, Yale Hub Team

"Outstanding! The children and pediatricians of Connecticut are incredibly fortunate to have this wonderful resource." ~PCP, Hartford Hub Team

"Thank you for all your help. I couldn't do this without you." ~PCP, Hartford Hub Team

"It's been a fantastic experience and invaluable resource. I don't know how I survived without it." ~PCP, Wheeler Hub Team

"This [AMH] is such a great resource for us" ~PCP, Yale Hub Team

"We work with so many situations that we haven't had to deal with before. I think AMH is a fantastic resource and they make it so much easier to provide the care that comes our way in primary care." ~PCP, Wheeler Hub Team

"Overall, AMH CT provides invaluable service to our patients, and my experience has been extremely positive." ~PCP, Wheeler Hub Team

"Very good" ~PCP, Yale Hub Team

"Excellent and a lifeline for us in rural Northwestern CT. Without this team, we would have no support or guidance." ~PCP, Wheeler Hub Team

# Program Feedback

## Provider Feedback (continued) :

"I am relocating and going to miss ACCESS. There is no other service like this. You guys are amazing." ~PCP, Hartford Hub Team

"Excellent! They are a lifeline for us in rural CT where we have zero psychiatric specialists" ~PCP, Wheeler Hub Team

"This program is invaluable to my practice. All the child psychiatry providers, especially Dr. Sahani, haven't been invaluable in assisting with prescribing meds as I have no extensive education in this specialty. Invaluable services for providers in the State of CT!!" ~PCP, Wheeler Hub Team

"I thank you for your help. It is always informative and educational." ~PCP, Hartford Hub Team

"Excellent much needed service. Please, please, please continue this excellent program." ~PCP, Wheeler Hub Team

"That [medication consultation] was so helpful – you are wonderful." ~PCP, Yale Hub Team

"Dr. George is always so informative!" ~PCP, Hartford Hub Team

"Great team. Essential to our managing patients safely and in timely manner. Thank you for all that you do!" ~PCP, Wheeler Hub Team

"It is priceless-so helpful. thank you" ~PCP, Yale Hub Team

"That is very helpful. Thank you very much for your time." ~PCP, Hartford Hub Team

"I so appreciate this service with you helping and guiding me. I really appreciate it." ~PCP, Hartford Hub Team

"Informative and helps with my patients" ~PCP, Hartford Hub Team

"Excellent resource for PCP" ~PCP, Hartford Hub Team

"Fantastic" ~PCP, Wheeler Hub Team

"I usually use ACCESS Mental Health when considering a medication I don't typically initiate or if I'm having trouble with escalation of care. It has been super helpful in these scenarios." ~PCP, Wheeler Hub Team

"10/10...always helpful!" ~PCP, Yale Hub Team

"Excellent" ~PCP, Wheeler Hub Team

"Outstanding" ~PCP, Hartford Hub Team

"I really appreciate you taking this call. This is one of the great things about ACCESS." ~PCP, Hartford Hub Team

"Outstanding, I really have no recommendations for improvement." ~PCP, Wheeler Hub Team

"This is a great service, you are always so helpful, and I learn so much every time I call." ~PCP, Wheeler Hub Team

"Thank you for the articles you sent and your guidance by phone today. Helpful!" ~PCP, Wheeler Hub Team

"I find it very helpful for med consultation. It's timely and I'm able to help my patients. However my experience has been different with finding my patients a prescriber or even a therapist at times. If I have had difficulty, often they have too. It's more a system issue but it's still frustrating." ~PCP, Yale Hub Team

# Program Feedback

## Provider Feedback (continued) :

"Excellent and important, thank you!" ~PCP, Wheeler Hub Team

"Outstanding" ~PCP, Hartford Hub Team

"Super helpful, as usual." ~PCP, Hartford Hub Team

"Excellent. Keep doing what you are doing. Perhaps you could create an online link for patients to find therapists and psychiatrists without us calling you" ~PCP, Wheeler Hub Team

"GOOD AND THANK YOU" ~PCP, Wheeler Hub Team

"You guys are wonderful" ~PCP, Yale Hub Team

"Excellent" ~PCP, Wheeler Hub Team

"Outstanding!" ~PCP, Hartford Hub Team

"Overall very helpful, both with care coordination and medication consults. Follow-up communication has also improved." ~PCP, Hartford Hub Team

"Excellent- I guess my only complaint is finding time in an over packed day to make the call is challenging- if our staff could make call and give demographics for us, then we could get online when psychiatrist is actually on the line— that would help. We are expected to see these patients in less than 20 min!!!" ~PCP, Yale Hub Team

"Very helpful" ~PCP, Hartford Hub Team

"It has been a god-send. My major concern lies in lack of training in adequate diagnosis. However, I find the referral portion of ACCESS Mental Health for counseling very helpful. Patient and parental compliance is very difficult and I am not skilled enough in knowing when I can do no more which leaves me in a constant state of feeling like I am practicing outside my area of expertise." ~PCP, Hartford Hub Team

"Excellent" ~PCP, Yale Hub Team

"Everyone I talk to is always so kind." ~PCP, Hartford Hub Team

"The single time I used it— it was very helpful." ~PCP, Yale Hub Team

"Dr. Moreno thank you - you are always so helpful - I really appreciate it" ~PCP, Yale Hub Team

"Excellent" ~PCP, Hartford Hub Team

"You're always so kind no matter how many times I call." ~PCP, Hartford Hub Team

"Excellent" ~PCP, Wheeler Hub Team

"Very good" ~PCP, Yale Hub Team

"Very good" ~PCP, Wheeler Hub Team



# Program Feedback

## Provider Feedback (continued) :

In addition to feedback gathered on the program's annual survey, the AMH team also participated in a roundtable discussion on Monday, October 24, 2022, led by HRSA Administrator Johnson where U.S. Senator Chris Murphy, U.S. Senator Richard Blumenthal, U.S. Representative Jahana Hayes, DCF Commissioner Vannessa Dorantes, pediatric primary care providers and representatives from the Hub teams (psychiatrists and peers) discussed the program's impact on Connecticut.

Senator Murphy characterized the new legislation allowing the expansion of the ACCESS Mental Health program to support young adults as a "fantastic investment in children and families" because it builds linkages between mental health providers and the medical community.

Dr. Greg Germain, a pediatrician at Yale New Haven Children's Hospital and high utilizer of the ACCESS Mental Health program said, "We are seeing an unprecedented amount of anxiety, depression, disordered eating, drug use and drug abuse. This is overwhelming us but thank God for ACCESS Mental Health." He also said, "On Thursday of last week, I had a pretty typical day, my general pediatric practice, did my usual routine physicals and ear infections, and I had four separate patients in acute mental health crisis who came to my office that day. And I think it shows that we've pretty much saturated the community availability. So, our school systems are saturated, our community mental health providers are saturated. Our pediatric psychiatrists have been saturated for years." Dr. Germain said he turns to ACCESS Mental Health frequently for support.

"I can tell you that my practice [in] pediatrics is nothing today the way it looked 28 years ago," said Dr. Barbara Ziogas, a pediatrician with a private practice in Farmington and also a high utilizer of the AMH program. "I never was trained in mental health. Now at least 20% to 25% of patients that I see every day are kids that have behavioral issues. And if I look at all the screening I do when you screen these children, you open up Pandora's box." Dr. Ziogas credited the ACCESS Mental Health program for training her "in the nuances of what medication doesn't work, and when I have to cross-titrate medication, and when I'm having a side effect of the medication. I can't tell you how much they've supported me," she said. "I've had kids that are suicidal in my office, and I'm able to call a mobile crisis unit and I've made appointments at that moment. And I've made an appointment for them to come back to my office two days later. Because of ACCESS Mental Health, I know how to work the resources. They help me navigate the system."

## Youth and Family Feedback:

"I can't say enough about how helpful Access Mental Health has been. I know a lot of people with BH issues that struggle to find care. Many people are so confused they don't even begin the process and suffer in silence." ~Parent, Wheeler Hub Team

"Thank you SO SO SO much, we need it even more now than before, so this timing is perfect. Thank you." ~Parent, Hartford Hub Team

"I appreciate all of the support and guidance you have given me and my family. You made sure we were always informed and supported us all the way through the appt. Thank you, I am so grateful." ~Parent, Wheeler Hub Team

"Today went really well, I felt very comfortable with the therapist and I think it's going to be very helpful." ~Parent, Yale Hub Team

"Dr. Miller was very kind and warm and made my daughter feel comfortable talking about some very difficult stuff" ~Parent, Wheeler Hub Team

"I thank you guys for giving me clarity into what my son was feeling." ~Parent, Hartford Hub Team

"I am so appreciative of all your efforts to help connect me to the best resources available." ~Parent, Hartford Hub Team

"I can't thank you enough for sticking with me through all of this, and I just had to tell you right away when we had the appt." ~Parent, Wheeler Hub Team

"Thanks again for all your assistance and amazing customer service. You are so professional, and I appreciated working with you." ~Parent, Hartford Hub Team

# Program Feedback

## Youth and Family Feedback (continued) :

"I was just telling another mom how awesome it is that you guys are helping me like this! Finding the locations is half the battle!  
~Parent, Hartford Hub Team

"It's really amazing how you guys follow up. It's great to know we have you as a safety net." ~Parent, Wheeler Hub Team

"Thank you so much, I will absolutely most certainly reach out the second I schedule an appointment. 😊 Thank you so much for the encouraging words and we will speak soon! Have a blessed and fantastic day." ~Parent, Yale Hub Team

"Thank you so much. This is exactly what I was hoping for." ~Parent, Hartford Hub Team

"I appreciate this list very much." ~Parent, Hartford Hub Team

"I really appreciate you staying diligent with this and continuing to follow up." ~ Parent, Wheeler Hub Team

"This is really nice that you do the leg work because nobody called me back." ~Parent, Hartford Hub Team

"This is so great; I never knew this service was out there." ~Parent, Hartford Hub Team

"Greatly appreciate all your efforts!" ~Parent, Hartford Hub Team

"Thank you so much for checking in, it is very thoughtful!" ~Parent, Yale Hub Team

"This is great, thank you for this." ~Parent, Hartford Hub Team

"This is really cool that you guys do this" ~Parent, Hartford Hub Team

"I can't thank you enough for your help!!! You are wonderful!" ~Parent, Yale Hub Team

"I am so grateful for you guys." ~Parent, Hartford Hub Team

"You're awesome, thank you!" ~Parent, Hartford Hub Team

# Case Vignettes

The following vignettes were provided by the Hub teams as part of their SFY'23 annual assessment submissions to Carelon's Central Administrative Team

## Vignette #1

A PCP called to consult regarding an eighteen-year-old, Hispanic male. During a recent visit with the PCP, the patient scored positive for depressive symptoms on the PHQ-9 screen, and he acknowledged frequent episodes of low mood and low energy level with occasional suicidal ideation. He had a history of depressive symptoms and times when his functioning had been hampered by his mood. The patient was in his first year of college and had been feeling socially isolated. While there were no academic concerns, he was not feeling motivated to continue college. In addition to concerns about his mood, there were questions as to whether the patient was experiencing issues related to undiagnosed attention-deficit hyperactivity disorder (ADHD).

The PCP believed an anti-depressant medication would be warranted but expressed concern about possibility of bipolar disorder and requested guidance before prescribing. The AMH team, in consultation with the PCP, concluded that a one-time evaluation would assist the PCP with a more complete diagnosis and medication treatment recommendations. The patient also was a candidate for bridge therapy with an AMH clinician due to wait times to connect him to individual therapy.

During the evaluation the patient discussed feeling the COVID pandemic had a major impact on his level of commitment to academics. In addition, he had previously received trauma-focused treatment following a violent incident he experienced. He discussed his belief that he likely suffers from ADHD, as his focus, organization and motivation were poor. He has struggled to connect with mental health providers in the past and has not consistently remained in therapy.

Upon conclusion of the evaluation the Hub psychiatrist felt the patient best fit the diagnostic criteria for major depressive disorder (MDD). Recommendations included:

- 1) Start both therapy and medication, as his symptoms have caused him significant distress and impairment over the past four years. His PCP was amenable to prescribing with the recommendations by the AMH Hub psychiatrist. Recommendations for antidepressants were given and he was referred back to his PCP for medication management.
- 2) AMH Hub team searched for appropriate therapy services, but the waiting lists were long. AMH Hub clinician offered sessions of "bridge therapy" to help provide psychoeducation and work on coping skills while he waited to connect to therapy in his community.

The patient engaged in bridge therapy sessions. He co-constructed a treatment plan with the Hub team clinician, engaged in CBT therapy, and met in-person and video for a total of three sessions. He reported using CBT based strategies independently when presented with unhelpful thoughts or when mood is low. The patient felt that he had sufficiently improved such that he did not feel that he required medication. His career plans changed, and he was planning to move to pursue a career opportunity. He thus, also did not require an individual therapist in Connecticut. He reported improved mood and sustained improvement. Parent reported noticing similar improvement in the young man's mood. The Hub team clinician shared resources that the youth could access independently to continue practicing adaptive coping methods.

## Vignette #2

A PCP called the AMH Hub team psychiatrist seeking assistance with diagnostic and treatment recommendations for this 16-year-old patient with multiple complex medical, psychiatric, educational, and systemic issues. He had a congenital degenerative neuromuscular disease, was wheelchair bound (electric, self, and other controlled with a robotic arm) as well as a ventilator and feeding tube. He was cared for by mother with nursing support and is an excellent student despite being only able to attend school three days a week (depending on good weather) due to staffing shortages at school.

The patient has had depression since middle school and had been improving with therapy and a selective serotonin re-uptake inhibitor (SSRI) and sleep medication prescribed by his PCP. However, he had been increasingly depressed, voicing suicidal ideation despite increasing medication. Therapist called PCP with concerns that the patient might have a bipolar disorder or seasonal affective disorder. The AMH psychiatric and PCP, concluded that a one-time evaluation would assist the PCP with a more complete diagnosis and medication treatment recommendations.

## Case Vignettes

**Vignette #2 (continued)** : During the consultation it came to light that the patient is homebound and not able to attend school in person at all during the winter due to mobility and other issues. As such he became socially isolated, did not do as well academically and increasingly depressed. Bipolar disorder was ruled out; however, the patient was diagnosed with seasonal affective disorder with exacerbation by environmental factors including social isolation and limited physical activity.

In consultation with family and PCP, his medication regimen was modified to better address his mood disorder and decreased energy and sleep issues taking into account the limitations presented by his reliance on feeding tube. We discussed addressing sleep disturbance with modification of sleep hours and use of phototherapy (including using full spectrum lighting in the morning and suggested using a light box- Hub team psychiatrist explained how it works and how to use it). The Hub team reviewed social interventions with the patient and family such as arranging in person visits from friends, connecting with on-line support groups. Patient and family responded very positively to these recommendations.

Given the complexity of the patient's medical and psychiatric issues, maintaining his behavioral health care in the medical home provided the optimal care. The PCP was willing to continue to treat this medically complex youth. In fact, the PCP noted that prior to ACCESS Mental Health they did not prescribe any psychotropic medication besides stimulants but now, with continued AMH collaboration they felt competent to continue to manage even complex patients. This illustrates many of the unique aspects of the ACCESS Mental Health program, improving the behavioral health knowledge and skillset of our primary care providers, supporting families, and coordinating mental health, medical, educational and social resources.

### **Vignette #3**

A PCP called AMH regarding a 14-year-old patient, who jumped off 1-84 as a way of attempting suicide. The patient was now wheelchair bound, obese, increasingly depressed, and refusing to go to school. According to the family he was discharged from the hospital without any services. The PCP was rightfully very concerned and overwhelmed due to the limited resources in the area. On top of all these stressors, the family only speaks Spanish and has had difficulty connecting to services due to the language barrier.

The AMH Hub team used interpreter services to connect with the family and suggested Intensive In-home Child & Adolescent Psychiatric Services (IICAPS) as well as outpatient therapy in the interim while on the waitlist. The family was very grateful for our assistance and was interested in both these services but stated that they had previously called the clinic and were told that they did not have any services appropriate for their son. The Hub team offered to conference call the clinic with the family to help figure out the miscommunication or misunderstanding. After a few phone calls, the family was able to get an appointment and start services within a couple weeks.

Not only does this case highlight the acuity of the calls we receive but it also highlights the role we play in helping the family navigate the mental health system. Even without language barriers, families are not always well versed in the language, terminology and acronyms used within the mental health field and can easily misunderstand what they are being told and be left without any services.

# 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 (2010)	Total Pop (2010)	Race/Ethnic Profile (2010)	Sociodemographic Factors		
				Population Density	Median Family Income	Poverty
Group 1 - Wealthy	9	200,884	85.4% White 6.2% Hispanic 1.2% Black	Moderate	Exceptionally High	Low
Group 2 - Suburban	64	1,001,215	87.3% White 4.9% Hispanic 2.9% Black	Moderate	Above Average	Low
Group 3 - Rural	60	453,663	88.2% White 4.6% Hispanic 2.1% Black	Lowest	Average	Below Average
Group 4 - Urban Periphery*	30	1,323,329	66.2% White 16.1% Hispanic 10.9% Black	High	Below Average	Average
Group 5 - Urban Core	6	612,962	30.5% White 35.7% Hispanic 29.6% 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 and DataHaven. (2015): Five Connecticut's 2010 Update. Produced for Siena College Research Institute and DataHaven based on the original method of assigning designations used in 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 SDC Series, no. OP 2004-01. Published by DataHaven.

# 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	Bridgewater		East Hartford	Westport
Chaplin	Brookfield		East Haven	Wilton
Colebrook	Burlington		Enfield	Woodbridge
Cornwall	Canton		Groton	
Coventry	Cheshire		Hamden	
Deep River	Chester		Manchester	
East Haddam	Clinton		Meriden	
East Lyme	Colchester		Middletown	
East Windsor	Columbia		Milford	
Eastford	Cromwell		Naugatuck	
Goshen	Durham		Newington	
Griswold	East Granby		Norwalk	
Hampton	East Hampton		Norwich	
Hartland	Ellington		Plainville	
Harwinton	Essex		Rocky Hill	
Kent	Fairfield		Stamford	
Killingly	Farmington		Stratford	
Lebanon	Glastonbury		Torrington	
Ledyard	Granby		Vernon	
Lisbon	Guilford		West Hartford	
Litchfield	Haddam		West Haven	
Mansfield	Hebron		Wethersfield	
Montville	Killingworth		Windham	
Morris	Lyme		Windsor Locks	
New Milford	Madison			
Norfolk	Marlborough			
North Stonington	Middlebury			
Plainfield	Middlefield			
Plymouth	Monroe			
Pomfret	New Fairfield			
Portland	New Hartford			
Preston	Newtown			
Putnam	North Branford			
Salisbury	North Haven			
Scotland	Old Lyme			
Seymour	Old Saybrook			
Sprague	Orange			
Stafford	Oxford			
Sterling	Prospect			
Stonington	Redding			
Thomaston	Salem			
Thompson	Shelton			
Union	Sherman			
Voluntown	Simsbury			
Warren	Somers			
Washington	South Windsor			
Waterford	Southbury			
Willington	Southington			
Winchester	Suffield			
Woodstock	Tolland			
	Trumbull			
	Wallingford			
	Watertown			
	Westbrook			
	Windsor			
	Wolcott			
	Woodbury			