



# ACCESS Mental Health for Youth

## ANNUAL PROGRESS REPORT

SFY 2025: July 1, 2024 - June 30, 2025



Report prepared by Caredon Behavioral Health for the Department of Children and Families  
Submitted August 29, 2025

**Submitted by:**

Andrea Goetz, Executive Director, Child & Family Division

**Created by:**

Elizabeth Garrigan, LPC, AVP, Child & Family Division

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

Amy Miller, MS, Director, Quality Analytics and Data Visualization

Avelyn Wolbach, Data Analyst II

Denise Perez, Data Analyst II

Michael Barron, Connecticut Data Analytics & Reporting Team Lead

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



A Carelon Behavioral Health Dashboard

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**Introduction:** ACCESS Mental Health for Youth is a statewide program funded by the Department of Children and Families (DCF) created to ensure that all individuals 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 individuals 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 for Youth 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 individuals 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 individuals 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 for Youth program. The primary reporting period for this report is July 1, 2024 through June 30, 2025 (SFY 2025); in some metrics, totals covering the entire length of the program or "since inception" June 16, 2014 through June 30, 2025 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.

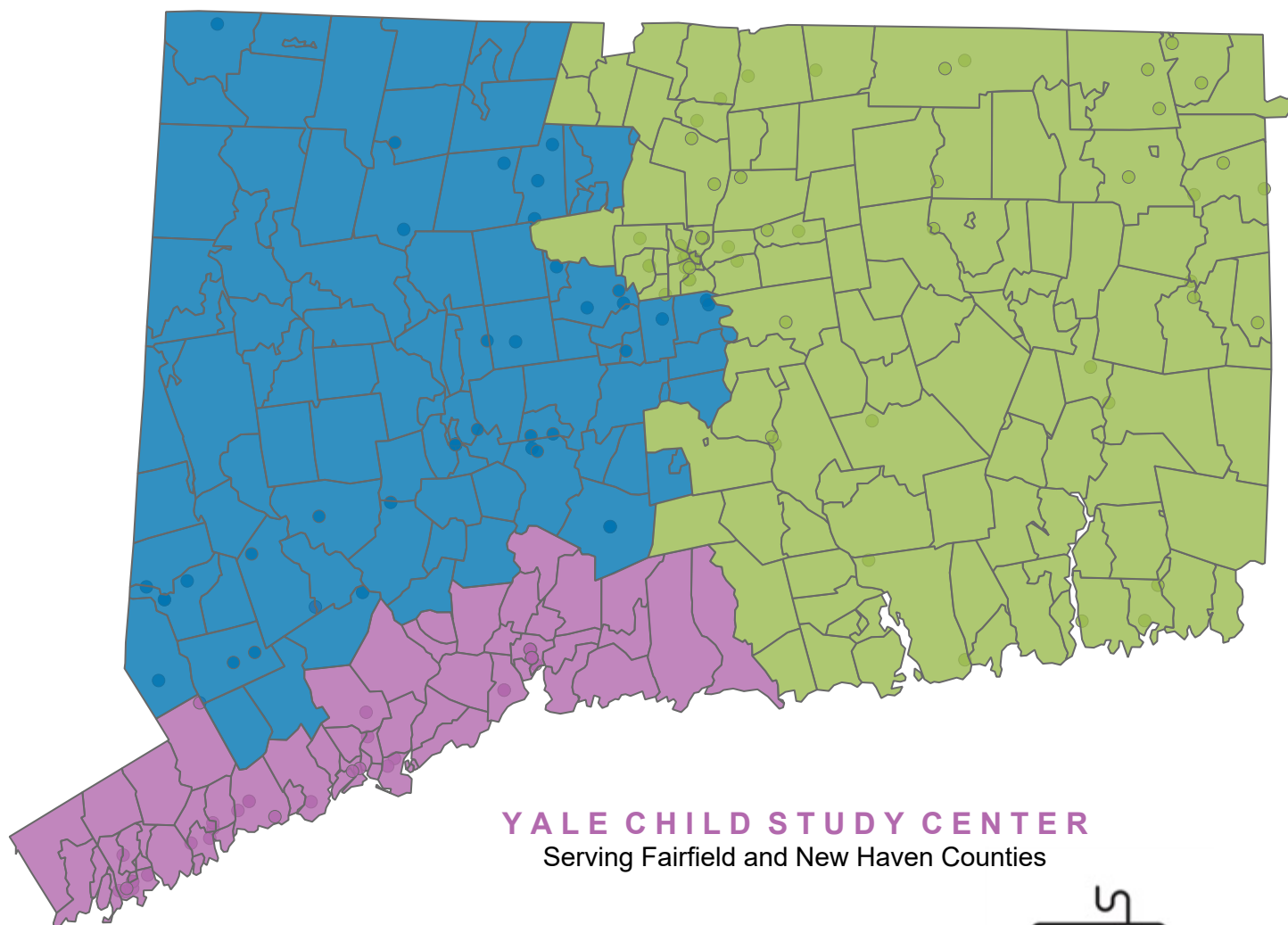
## Hub Catchment Areas

### 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 for Youth program reaches the conclusion of its eleventh operational year, it continues to positively impact pediatric and family care practices across Connecticut. This is evidenced by the data presented in this annual progress report. Enrollment remains robust and is well distributed throughout the state, with extremely positive program satisfaction. Primary Care Providers (PCPs) report improved comfort in identifying and treating mental health conditions and express 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.

The Hub teams met and exceeded all program benchmarks set for this state fiscal year (SFY'25). Approximately 94% of PCPs who responded to the program's annual survey reported agreeing that, as a result of ACCESS Mental Health for Youth, more of their pediatric patients received treatment for behavioral health conditions either in their office or from a behavioral health clinician.

*"AMH for Youth has transformed my practice and greatly strengthened my expertise and ability to provide care for patients. The timeliness of care cannot be beat. This is the best Pediatric service offered to Pediatricians, bar none."*  
~Participating PCP

In SFY'25, the Hub teams supported 1,911 unique individuals up to 22-years, reflecting a 2% increase from last year. Federal funding from the Health Resources and Services Administration (HRSA), beginning in January 2022, made it possible for young adults to make up roughly 10% of total recipients. The program provided 9,125 consultations—an increase of 3.8% from the previous year—with an average of 731 consultations monthly. This progress demonstrates the program's expanding reach and effectiveness.

A key to the program's success is staying current with 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 ongoing and upcoming statewide initiatives. Approximately 63% of consultations provided were for resource and referral support.

*"Your help is greatly appreciated, as I was not having any success on my own."* ~Parent after receiving AMH's resource and referral support.

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. Throughout this state fiscal year (SFY'25), approximately 10% 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. Although more individuals were offered bridge services compared to last year, the acceptance rate was lower. This reduction in acceptance is attributed to improved access to community-based care. With shorter wait times for ongoing therapy and enhanced availability of alternative services like enhanced care clinics, families often preferred to wait for long-term care rather than engage in interim solutions. These shared experiences reflect a positive shift towards more stable, long-term therapy options in the community, reducing the immediate need for bridge services.

Also, during this review period, the program celebrated its tenth anniversary with a special event. This event served as a platform to reflect on a decade of achievements, showcasing the program's year-to-year contributions through comprehensive data and feedback from PCPs and families.



The celebration honored the dedication and hard work of the Hub teams and was attended by an array of community partners, including participating PCPs, representatives from the Connecticut Chapter of the American Academy of Pediatrics (CT-AAP), Departments of Children and Families, Public Health (Title V), Mental Health and Addiction Services, as well as state legislators and community providers. A highlight of the celebration was receiving a certificate from Senator Blumenthal, acknowledging the program's decade of service and its transformative impact on youth, young adults and their families across the state.

This event provided an invaluable platform for demonstrating the program's accomplishments and its substantial outcomes. The insights shared highlighted how training and consultations extend the program's reach far beyond the thousands of direct individuals served, affecting many more through the generalizable skills taught to PCPs. The celebration also gave an opportunity to appreciate the hard work and dedication of the Hub teams who have been pivotal in the program's success across the state.

## Enrollment

A total of 368 practice sites are currently enrolled in the ACCESS MH program.

All pediatric and family care practice sites providing primary care services to individuals 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'25.

As the program ends its eleventh operational year, a total of 416 pediatric and family care practice sites were identified as eligible for enrollment and 88.5% (368 out of 416) of eligible sites were enrolled statewide as of June 30, 2025. This is a decrease of two percentage points when compared to last state fiscal year (90.6%, SFY'24). 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 85% (146 out of 172) of the total eligible practice sites within their designated service area. Wheeler Clinic enrolled 95% (114 out of 120) of their total eligible practice sites and Yale Child Study Center enrolled approximately 87% (108 out of 124) of the total eligible practice sites within their designated service area. To date, approximately 11% (48) of primary care practices across the state have declined enrollment in the program.

### Total Enrolled Practice Sites

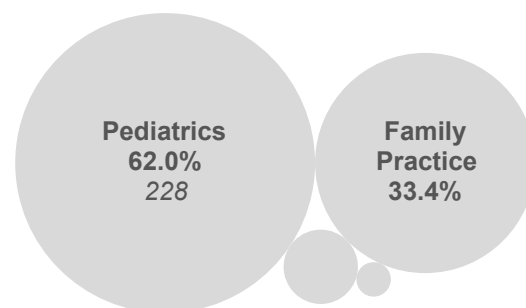
Select Hub Name for specific details



### Total Enrolled Practice Sites by Provider Type

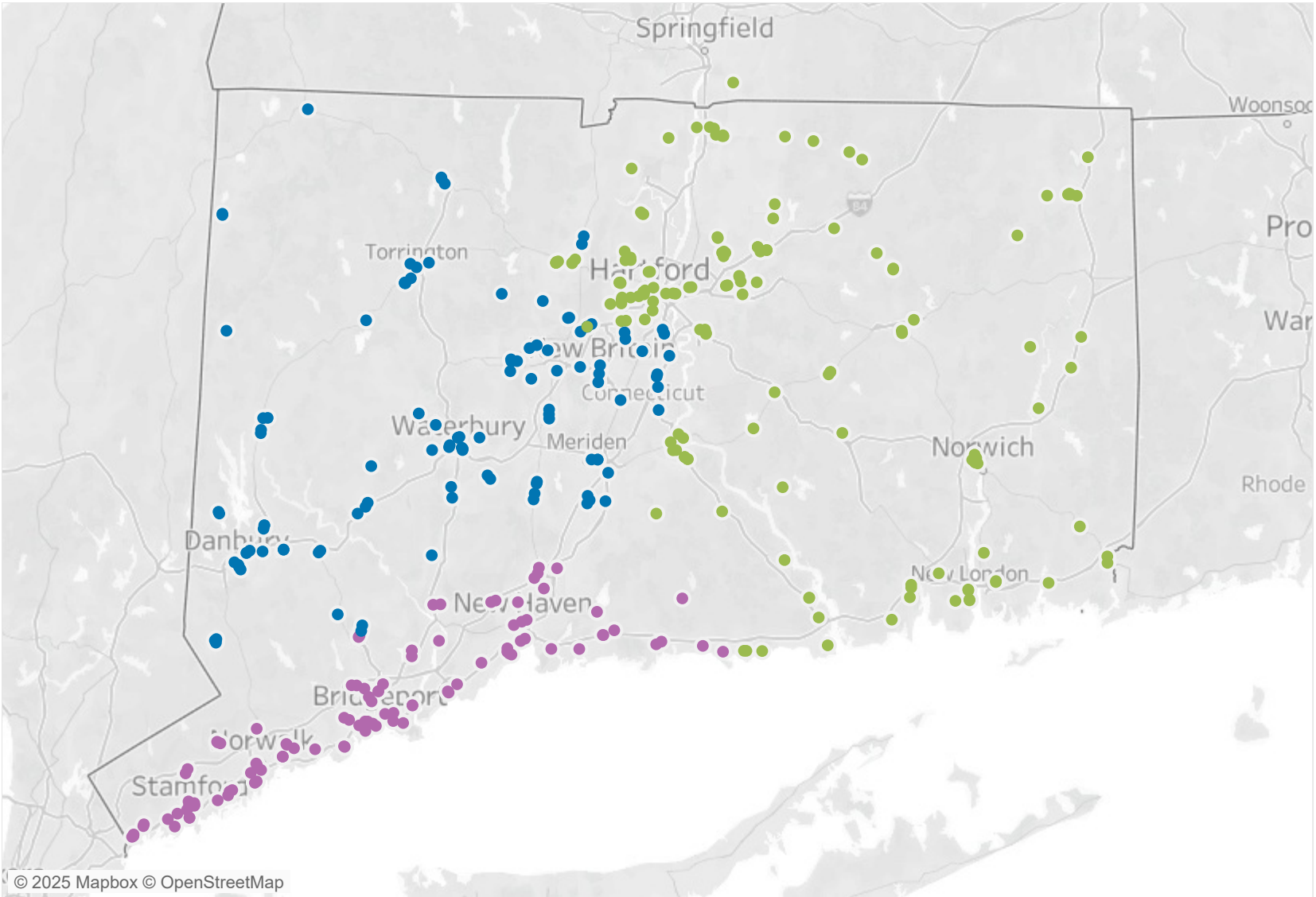
|                               | Hartford Hospital | Wheeler Clinic, Inc | Yale Child Study Center | Statewide |
|-------------------------------|-------------------|---------------------|-------------------------|-----------|
| Pediatrics                    | 67                | 71                  | 90                      | 228       |
| Family Practice               | 75                | 35                  | 13                      | 123       |
| Peds/Family                   | 2                 | 7                   | 5                       | 14        |
| Non Selected                  | 2                 | 1                   |                         | 3         |
| Total Enrolled                | 146               | 114                 | 108                     | 368       |
| Total Eligible Practice Sites | 172               | 120                 | 124                     | 416       |

### 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, ..  | (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 Health.. | 353 Pomfret St Pomfret CT, 06260          | (860) 928-1111 |
| All Ages Medical Cre            | 144 Morgan Street Suite 8 Stamford CT,..  | (203) 353-1123 |
| 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, 061..  | (860) 524-8747 |
| Andrea Needleman, MD            | 4 South Pomeroug Avenue Woodbury C..      | (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 |
| Appleseed Pediatric and Adol..  | 80 East Main Street Middletown CT, 064..  | (860) 740-7331 |
| Aspire Family Medicine          | 850 North Main Street Ext. Building 2 W.. | (203) 269-9778 |
| Associates in Family Practice   | 246 Federal Road Brookfield CT, 06804     | (203) 775-3290 |

## Individuals Served

The ACCESS Mental Health program served a total of 1,911 unique youth in SFY 2025.

Since the inception of the program on June 16, 2014 through June 30, 2025, enrolled PCPs have contacted their respective Hub teams to request consultation and support for 15,139 unique individuals presenting with mental health and/or substance use concerns.

In the program's eleventh operational year (SFY'25), the Hub teams supported a total of 1,911 unique individuals. This represents a 2% increase in the volume of individuals served (37 individuals) compared to the previous state fiscal year (1,882 unique individuals in SFY'24). It is the fourth highest annual volume since program inception and is 41% higher than the average annual volume of 1,352 individuals reported prior to the COVID-19 pandemic.

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

In SFY'25, adolescents aged 13 to 18 years continue to represent the majority, accounting for 41% of the total volume of individuals served this year (783 out of 1,911 individuals). Individuals aged 6 to 12 years represented the second largest age group, with approximately 38% (720 individuals). Approximately 11% (210 individuals) of the total volume of individuals served were under the age of six and approximately 10% of the individuals served this state fiscal year were young adults 19 years and older (198 young adults, SFY'25).

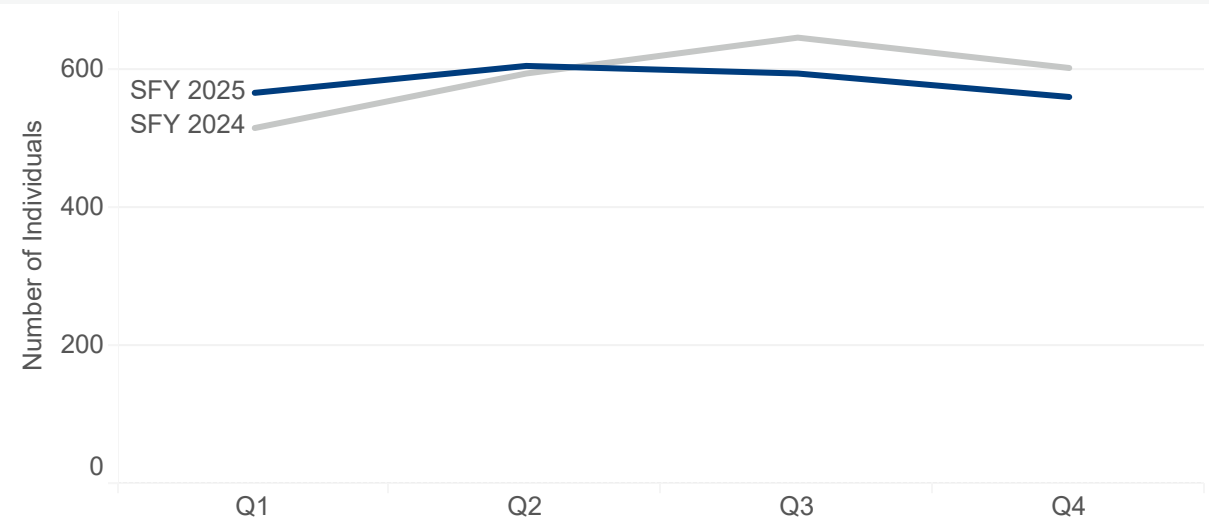
Ages of Individuals Served in the Current SFY 2025

| 0-5   | 6-12  | 13-18 | 19+   |
|-------|-------|-------|-------|
| 11.0% | 37.7% | 41.0% | 10.4% |

Select SFY  
Multiple values

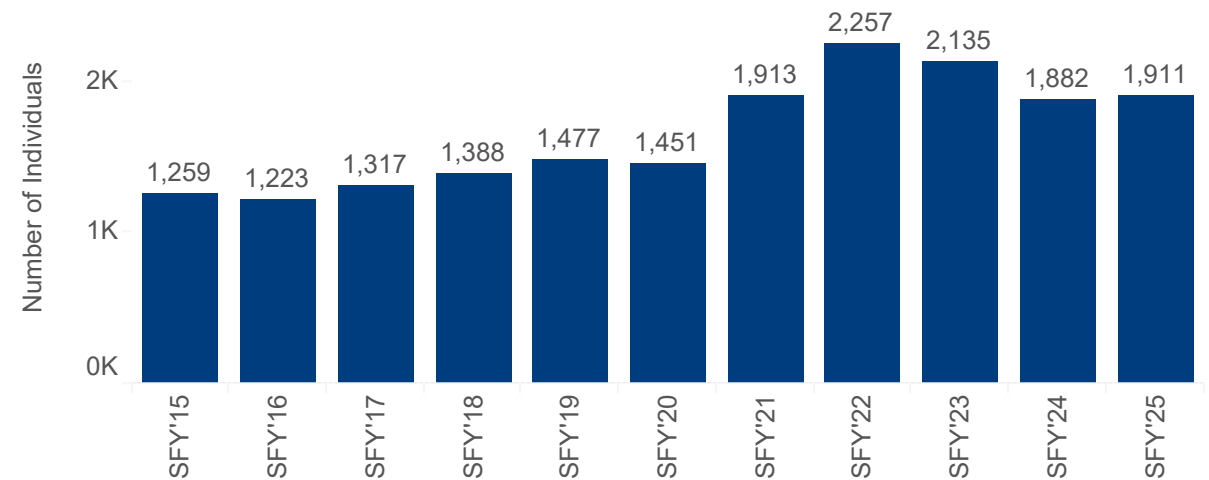
Individuals Served | Annual Comparison

Select View ▾ Annual Comparison



Individuals Served | Individuals by SFY

Select View ▾ Individuals by SFY



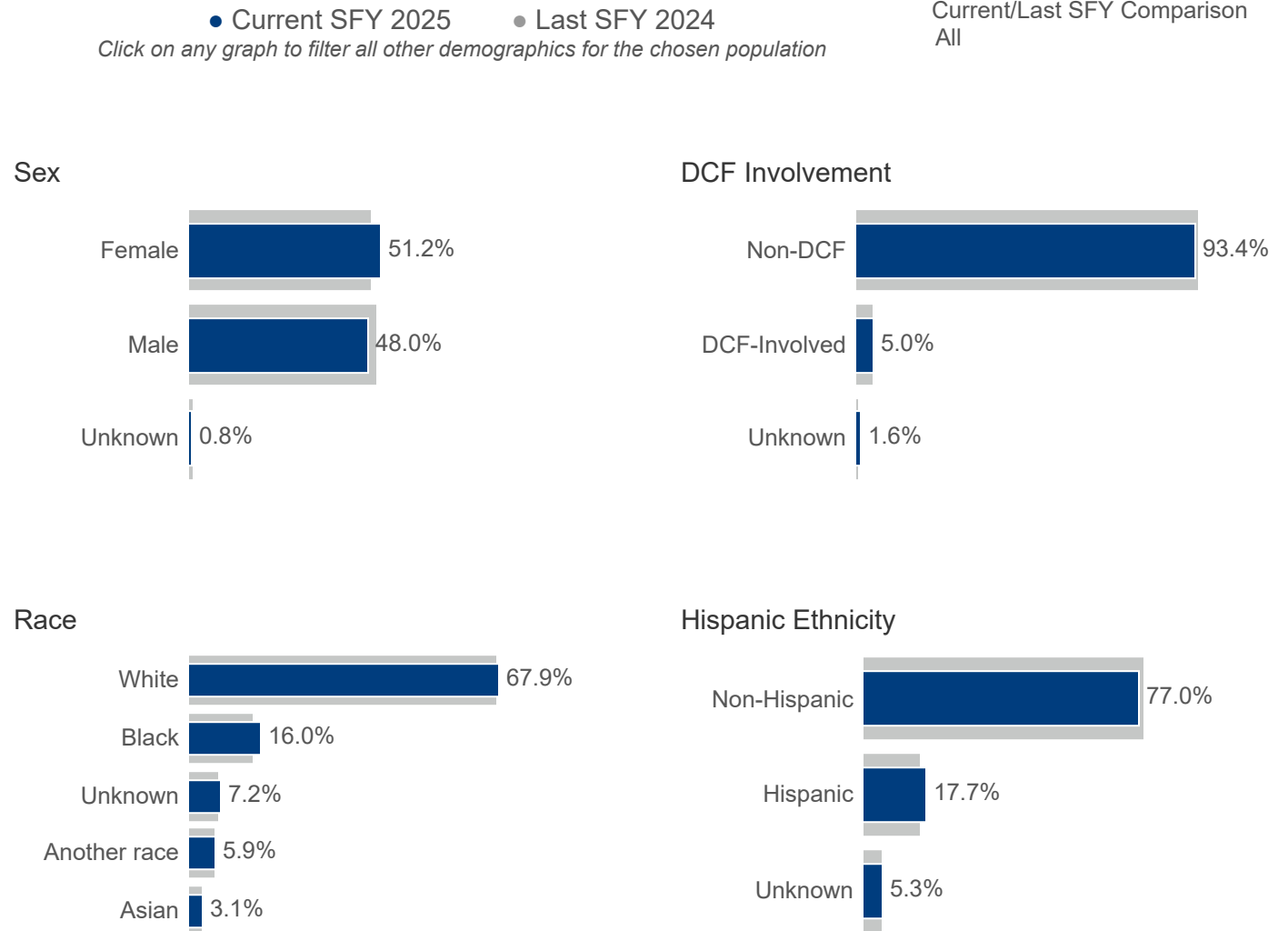
## Individuals Served



Of the total unique individuals served during this time period (1,911 individuals, SFY'25), approximately 51% of individuals identified as female (978) and 48% (917) identified as male. Approximately 1% (16 individuals) did not have a sex identified in the system.

Approximately 5% (96) of the individuals served by the program in SFY'25 were noted by their PCP to have DCF involvement. This is the same percentage when compared to the individuals noted to have DCF involvement in SFY'24 (5% or 95 individuals). Historically, this percentage has remained consistent, dating as far back as SFY'22.

Of the 1,911 unique individuals served in SFY'25, the majority across all age groups identified as White (68% or 1,298 individuals). Approximately 16% (305 individuals) identified as Black, 6% (112) identified as some other race, 3% (59) as Asian, and approximately 7% (137 individuals) were identified as unknown. Additionally, approximately 18% (338) of individuals served by the program identified as Hispanic.



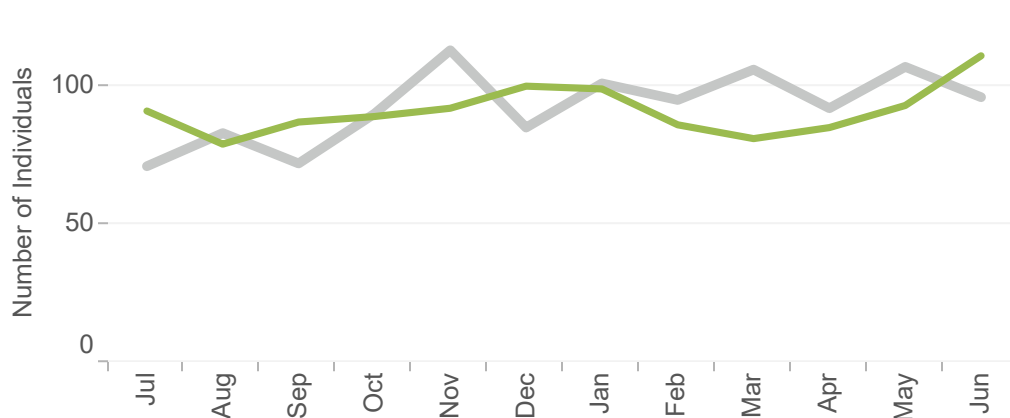
The Hartford Hospital Hub team served a total of 590 unique individuals in SFY'25, approximately 31% of the total volume of individuals (1,911). The following graphs demonstrate demographic details of the individuals served throughout this state fiscal year.

Demographic data for Hartford Hospital in SFY'25 was overall consistent with the rate in SFY'24 with one exception. Youth identifying as Hispanic increased by three percentage points (11.9% in SFY'24 compared to 14.9% in SFY'25).

## Hub-Specific Summary SFY 2025

- 17 year-olds represented the largest portion in the current state fiscal year at **8.5%**.
- Females accounted for **52.2%** of the unique individuals served.
- The majority of individuals served were White at **66.4%**.

### Volume of Individuals



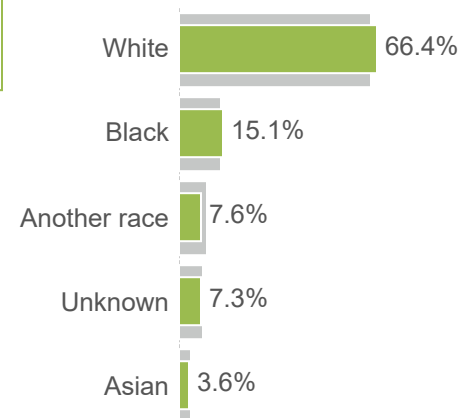
### Ages of Individuals Served in SFY 2025

| 0-5   | 6-12  | 13-18 | 19+   |
|-------|-------|-------|-------|
| 11.9% | 36.9% | 40.5% | 10.7% |

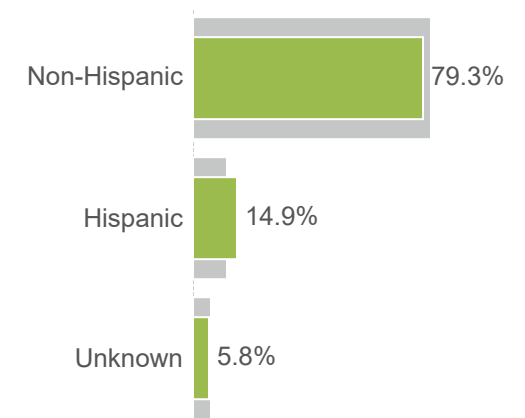
Select for Current and/or Last Fiscal Year:  
All

● Current SFY ● Last SFY  
Click on any graph to filter all other demographics for the chosen population

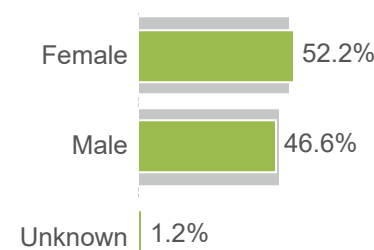
### Race



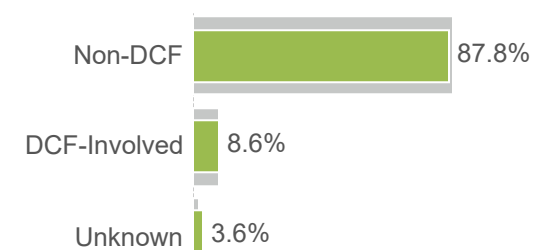
### Hispanic Ethnicity



### Sex



### DCF Involvement



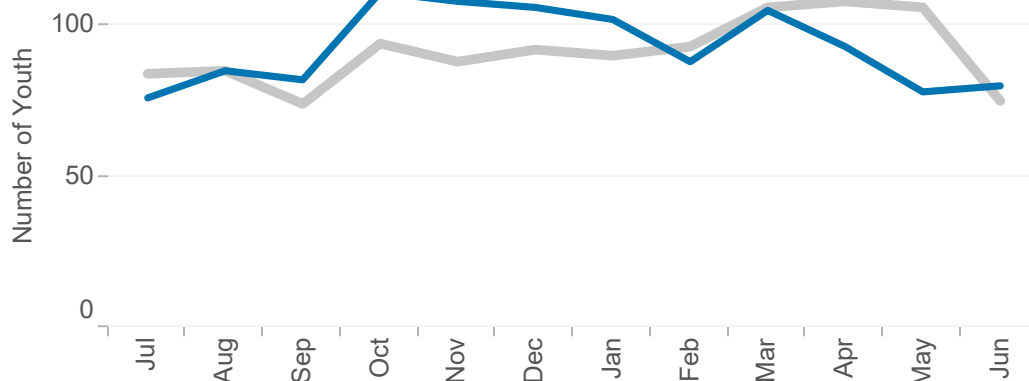
The Wheeler Clinic Hub team served 689 unique individuals, accounting for approximately 36% of the total 1,911 individuals served in SFY'25. The following graphs illustrate the demographic details of the individuals served throughout this fiscal year.

The most notable demographic change from SFY'24 to SFY'25 was observed in the category of sex. There was a three-percentage-point shift, with a decrease in the proportion of males and an increase in the proportion of females served in SFY'25.

## Hub-Specific Summary SFY 2025

- 17 year-olds represented the largest portion in the current state fiscal year at **8.1%**.
- Males accounted for **51.8%** of the unique individuals served.
- The majority of individuals served were White at **73.0%**.

### Volume of Individuals



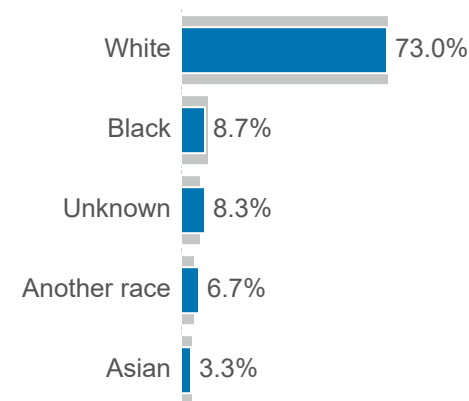
### Ages of Individuals Served in the Current SFY 2025

| 0-5   | 6-12  | 13-18 | 19+  |
|-------|-------|-------|------|
| 12.6% | 38.3% | 39.8% | 9.3% |

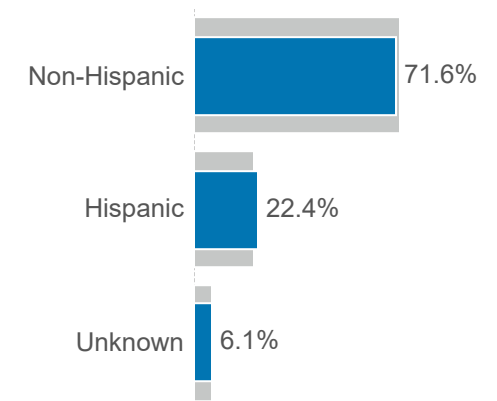
Select for Current and/or Last Fiscal Year:  
All

● Current SFY ● Last SFY  
Click on any graph to filter all other demographics for the chosen population

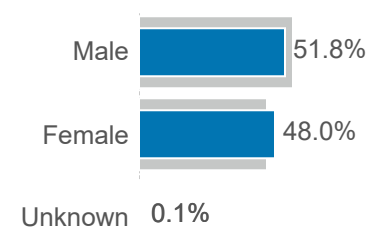
### Race



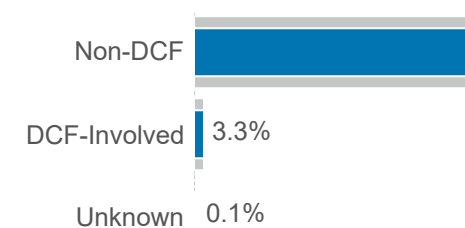
### Hispanic Ethnicity



### Sex



### DCF Involvement



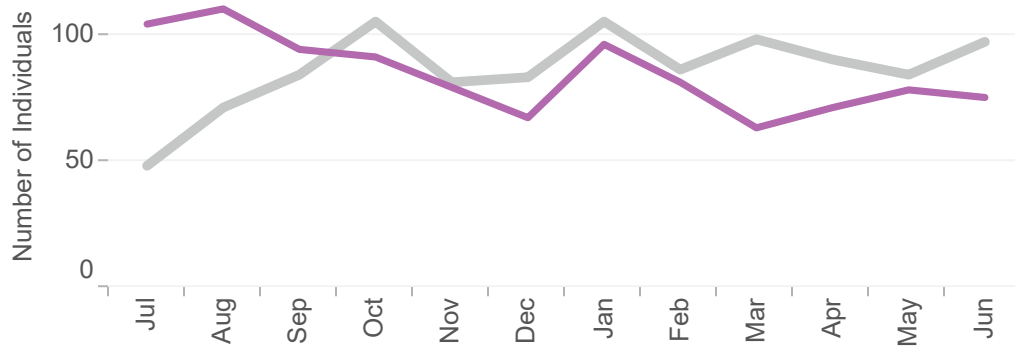
The Yale Child Study Center Hub team served a total of 632 unique individuals in SFY'25, approximately 33% of the total volume of individuals (1,911). The following graphs demonstrate demographic details of the individuals served throughout this state fiscal year.

Compared to SFY'24, the Yale team served a higher percentage of females, increasing from 49.8% in SFY'24 to 53.6% in SFY'25. Additionally, there was an increase in the proportion of youth who identified as Black, rising from 19.7% in SFY'24 to 24.7% in SFY'25.

## Hub-Specific Summary SFY 2025

- 16 year-olds represented the largest portion in the current state fiscal year at **9.7%**.
- Females accounted for **53.6%** of the unique individuals served.
- The majority of individuals served were White at **63.8%**.

## Volume of Individuals



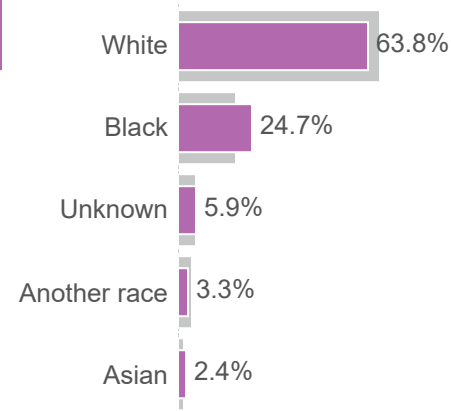
## Ages of Individuals Served in the Current SFY 2025

| 0-5  | 6-12  | 13-18 | 19+   |
|------|-------|-------|-------|
| 8.4% | 37.7% | 42.7% | 11.2% |

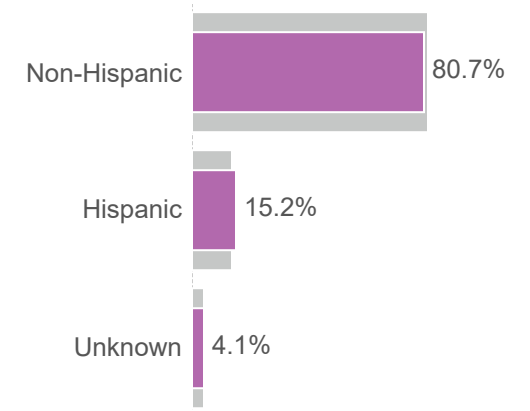
Select for Current and/or Last Fiscal Year:  
All

● Current SFY ● Last SFY  
Click on any graph to filter all other demographics for the chosen population

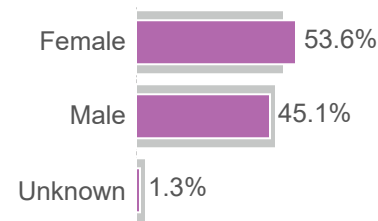
## Race



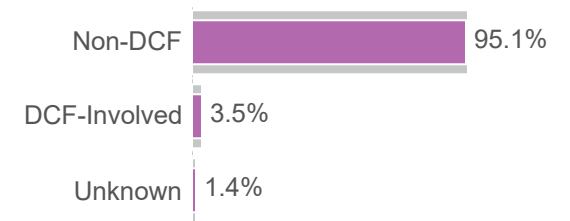
## Hispanic Ethnicity



## Sex



## DCF Involvement





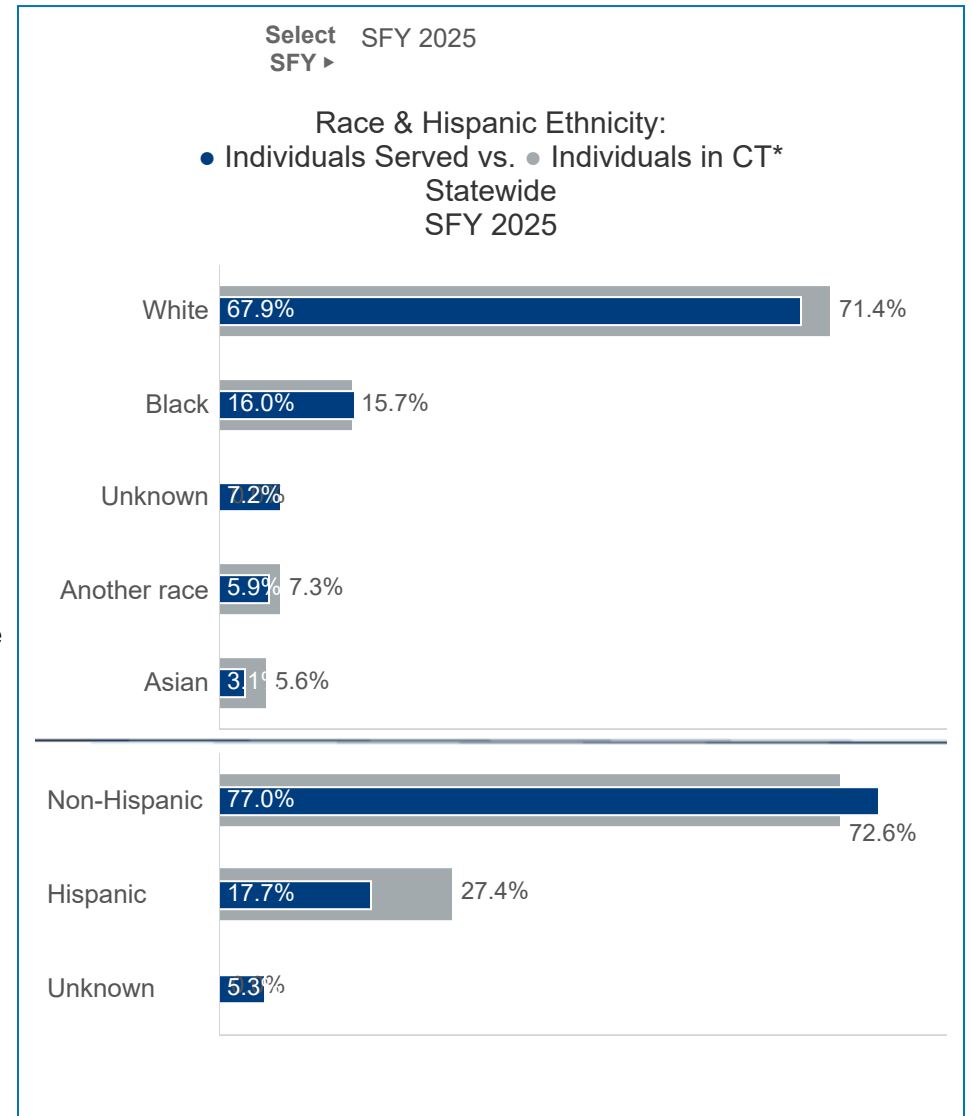


**Race and Ethnicity Comparison:** State and county population estimates by age, sex, race and Hispanic origin (ASRH) are produced annually by the US Census Bureau's Population Estimates Program. Connecticut's Department of Public Health (DPH) has adopted a new standard for reporting race and ethnicity in vital statistics reports. This new Single and Two or More (TOM) Race-Ethnicity Classification standard is effective for all vital statistics released by DPH in 2023 or later. In previous reports, persons who identified as two or more races were reassigned to a single race group through a process called bridging. In the new standard, persons who identified as two or more races are retained as a separate race group. Current race categories are: White, Black, American Indian/Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, and Two or More races[1]. The CT DPH updated the CT population estimates for 2020-2023 using this new standard. For the purposes of this report, the 2023 data is used for SFYs 2023-2025.

There are a few challenges associated with using this new classification system for the AMH for Youth program. First, the AMH for Youth Encounter System does not currently allow for selecting more than one race, nor does it include an option for multiracial identification. Additionally, while the program has some unknown race and ethnicity data, the state population data lacks this information. Lastly, while the volume is small and is expected to have little impact on the overall percentage calculations, it is important to note that the CT data only includes individuals up through 19 years of age. However, the program serves individuals older than 19.

Due to the small number of individuals categorized as American Indian/Alaska Native, Native Hawaiian or other Pacific Islander, and those identifying as another race, these categories have been grouped together, along with the "two or more races" from the CT DPH data, into the "another race" category in the chart.

Approximately 68% (1,298) of the individuals served by the AMH program this state fiscal year (SFY'25) were identified as White, which is an under-representation compared to White individuals living in CT according to the DPH data (71%). Approximately 16% of the total individuals served by the program in SFY'25 identified as Black, which is comparable to the CT DPH data (15.7%). These percentages are based on having 7.2% of the AMH youth with an unknown race. Having race data for those with an unknown race would impact the analysis. Individuals served by the AMH program in SFY'25 who identified as Hispanic also appear to be under-represented compared to the Hispanic individuals living in CT (18% Hispanic individuals served compared to 27% Hispanic individuals in CT).



\* Connecticut Department of Public Health (2024) Connecticut State and County-level Postcensal Population Estimates Series, 2020-2023, by age, sex, race, and Hispanic origin, sourced from U.S Census Bureau, Population Division.

[1] Surveillance Analysis and Reporting Unit, Health Statistics and Surveillance Section. Connecticut DPH Vital Statistics: Single and Two or More (TOM) Race-Ethnicity Classification, *Fact Sheet*. Hartford, CT: Connecticut Department of Public Health; 2023

## Individuals Served



As mentioned in previous reports, state-level comparisons do not fully demonstrate the impact that the AMH for Youth program continues to have on individuals and families in Connecticut. This analysis is limited because it includes all individuals living in Connecticut, including those receiving medical care outside of the primary care settings, such as school-based health centers or urgent and emergent care centers. Sociodemographic factors likely influence where individuals receive their medical and behavioral health care. 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 [2], 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'25, approximately 34% (638) of individuals served by the program live in suburban communities with a slightly above average median family income and approximately 41% (784) of individuals live in urban periphery communities with a slightly below average median family income. On the other hand, a small percentage of individuals served by the program live in communities with polarizing poverty and wealth, with approximately 12% (232) of the total individuals served by the program live in communities with high poverty (urban core) and only 4% (73) of the total individuals served live in wealthy communities. There were 13 individuals 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.

In an effort to learn more from enrolled primary care providers about addressing disproportionality in the children's behavioral health system of care, we added new questions to the AMH for Youth annual survey in SFY'24. During this reporting period (SFY'25), 86% of the respondents (37 out of 43) reported "strongly agree" or "agree" when asked, "As a result of participating in the ACCESS Mental Health for Youth program, I am better able to address health disparities in access to behavioral health care." This was approximately 23 percentage points higher than those who agreed or strongly agreed to this question in SFY'24.

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 2025

The Five Connecticut's Breakout by ACCESS MH CT  
Individuals Served  
Statewide  
SFY 2025

|              | Wealthy | Suburban | Rural | Urban Periphery | Urban Core | Grand Total |
|--------------|---------|----------|-------|-----------------|------------|-------------|
| White        | 62      | 492      | 145   | 496             | 94         | 1,289       |
| Black        | 2       | 55       | 10    | 139             | 99         | 305         |
| Unknown      | 7       | 36       | 8     | 62              | 20         | 133         |
| Another race | 2       | 30       | 5     | 58              | 17         | 112         |
| Asian        |         | 25       | 3     | 29              | 2          | 59          |
| Grand Total  | 73      | 638      | 171   | 784             | 232        | 1,898       |
| Non-Hispanic | 60      | 553      | 149   | 546             | 153        | 1,461       |
| Hispanic     | 6       | 55       | 12    | 195             | 70         | 338         |
| Unknown      | 7       | 30       | 10    | 43              | 9          | 99          |
| Grand Total  | 73      | 638      | 171   | 784             | 232        | 1,898       |

[2] 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.



In hopes to gather ideas on ways the program can help, an additional open-text question was added, “What would be helpful from ACCESS Mental Health for Youth to address health disparities in access to behavioral health care among your patients?” Respondents commented on the continued need for the program to help their patients gain access to mental health treatment when faced with insurance barriers. One respondent also commended a webinar led by Dr. Sahani on cultural differences and perceptions among Asian families, highlighting its effectiveness in enhancing their understanding of the complexities involved in treating a diverse patient population. The provider found the information both enlightening and beneficial, as it enriched their knowledge base and broadened their perspectives on issues that are not always immediately apparent. They expressed a strong interest in accessing more webinars that explore health disparities, emphasizing that such educational opportunities are instrumental in improving patient care across diverse cultural backgrounds.

It is also important to note that approximately 94% (44 out of 47 respondents) reported “strongly agree” or “agree” when asked “In the last 12 months, as a result of ACCESS Mental Health for Youth, more of my pediatric patients received treatment (e.g., counseling, medication) for a behavioral health condition either in my office or from a behavioral health clinician.”

## Consultations

The program provided a total of 9,125 consultations in SFY 2025.



Summary  
for time range selected



Average of 761 consultations per month



Average of 2,282 consultations per quarter

Select SFY ► FY 2025

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.

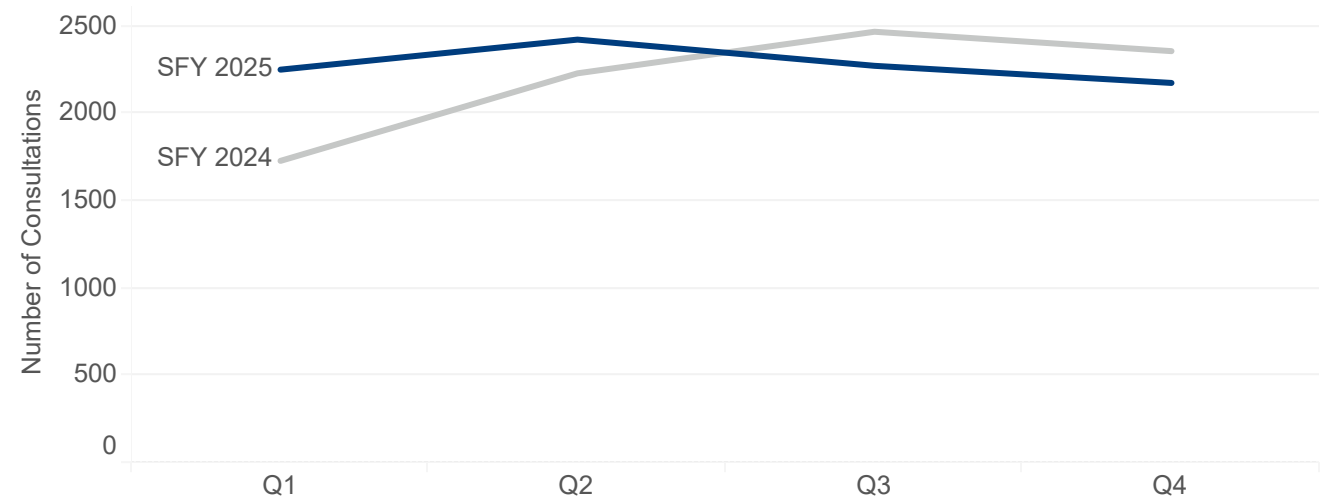
Since the inception of the program on June 16, 2014 through June 30, 2025, the Hub teams have provided a total of 84,714 consultations supporting PCPs treating individuals within their primary care practice. This is an increase of 9,125 consultations since last state fiscal year when the total consultations to date was noted as 75,589 consultations.

The following dashboards illustrate the statewide volume of consultations over 11 years, with comparisons made on an annual, quarterly, and monthly basis. In SFY'25, the program provided a total of 9,125 consultations, averaging 761 per month and 2,282 per quarter. This represents a 3.8% increase in consultation volume compared to last state fiscal year (8,788 in SFY'24), making it the third highest annual volume since program inception.

Consultation Volume | Annual Comparison by Quarter

Select View ►

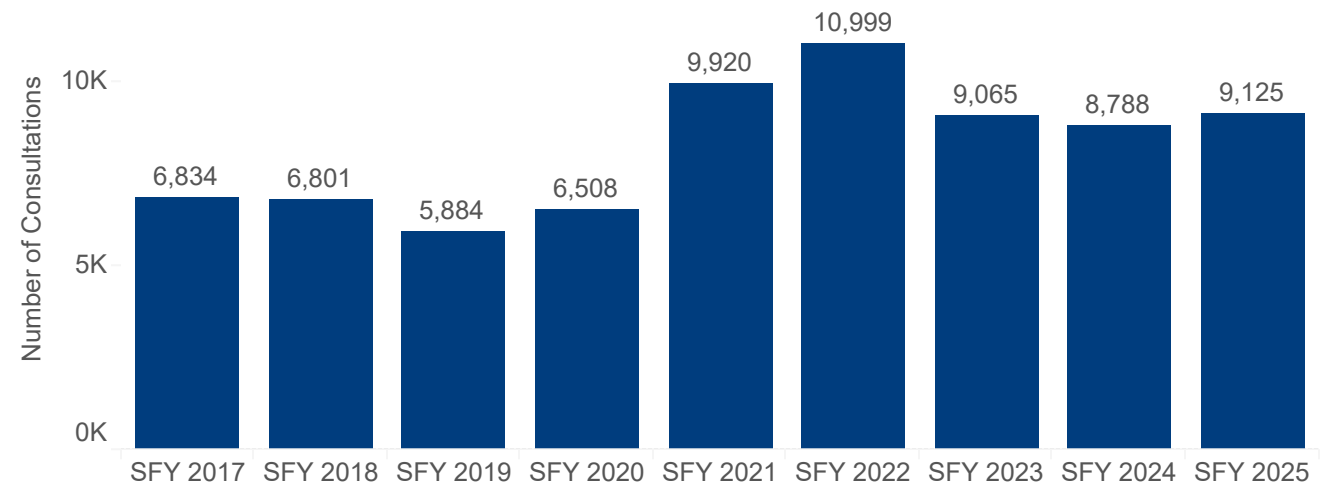
Annual Comparison by Quarter



Consultation Volume | Encounters by SFY

Select View ►

Encounters by SFY





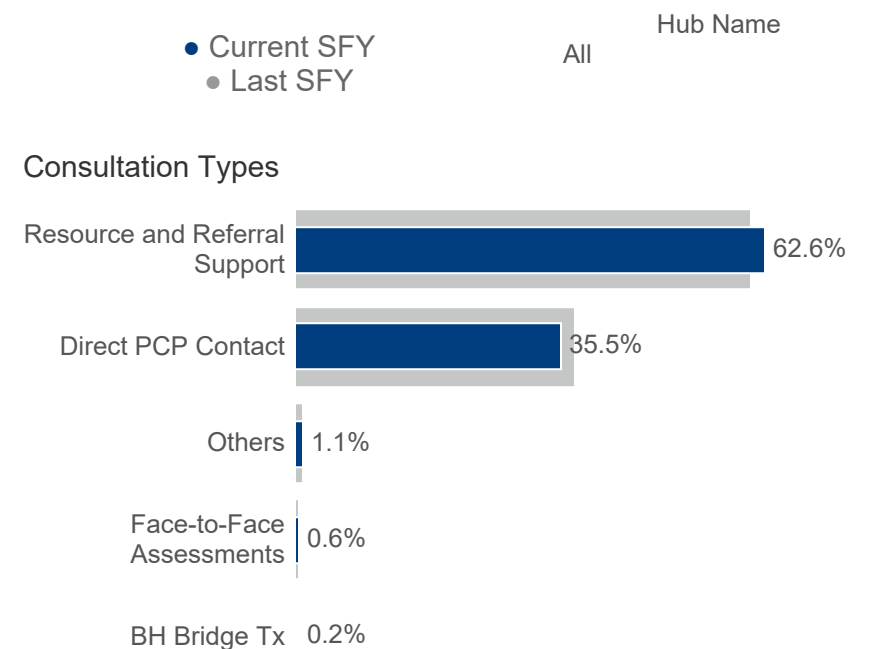
**Direct PCP Consultations:** Of the 9,125 consultations provided throughout the state in SFY'25, approximately 36% (3,241 consultations) were reported as direct contact with PCPs. The program benchmark for year eleven was that 95% of all initial PCP calls requiring a call back will be returned within 30 minutes of initial inquiry unless an alternative time was requested by the PCP. The Hub teams exceeded this target in SFY'25. Per Hub team report, 99.8% (2,001 out of 2,006) of initial PCP calls were answered by the Hub team's consulting psychiatrist within 30 minutes of the PCP's initial inquiry; approximately 91% (1,826 out of 2,006) of which were connected directly at the time of the call.

**Resource and Referral Support:** While the primary function of the program is physician-to-physician consultation, resource and referral support is also an important component of the model. In SFY'25, approximately 63% of the total consultations provided was resource and referral support. The complexities of the behavioral healthcare system can present significant challenges for patients and families. The program model requires that the Hub teams work with the PCP, individuals, and family to learn more about the specific treatment needs in order to help support connection to care. 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.

In Connecticut, our approach stands out because we reach out directly to patients and their families, rather than simply transmitting information to providers. Our team includes a family peer specialist, who offers a unique perspective by leveraging their own experience in supporting a family member with mental health and substance use challenges. This lived experience often helps them connect with families on a personal level, leading to a deeper understanding of their needs.

Our "warm hand-off" approach is more than just providing contact details for service providers. It is designed to engage, educate, and empower individuals and their families, helping them overcome barriers that might otherwise impede access to care. Additionally, our Hub team keeps the calling provider informed once an individual has successfully connected with treatment, thereby closing the loop by providing the name and contact information of the behavioral health provider involved. If the Hub team cannot reach the family after multiple attempts, they contact the primary care provider (PCP) to discuss the barriers encountered and, if possible, obtain alternative contact information.

**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 individuals referred for resource and referral 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 resource and referral support teams. The modifications included the ability to track the number of referrals provided to the individuals and families at the time of support, as well as whether the individuals successfully connected to services or not. In SFY'25, the Hub teams provided referrals to 1,114 individuals, 614 (55%) of which were confirmed to be connected to care.





### **Referrals and Connect-to-Care (*continued*):**

The Hartford Hospital Hub team provided 2,274 vetted referrals to 363 individuals, which was a 172% increase in the number of referrals given when compared to last year (835 in SFY'24). Wheeler Clinic Hub provided 872 vetted referrals to 379 individuals, and the Yale Child Study Center Hub team provided 796 vetted referrals to 372 individuals throughout this state fiscal year (SFY'25).

**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% (53 out of 9,125) of the total consultations in SFY'25 were one-time diagnostic and psychopharmacological assessments. This is comparable to SFY'24 (1%, 47 assessments). Hartford Hospital provided 12 assessments, Wheeler Clinic provided 26 assessments and Yale Child Study Center provided 15 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.

*"I love when the program is able to provide one-time evaluations for patients. Sometimes this is enough for me to feel confident to prescribe medications."  
~Participating PCP*

**Screening Tools:** As indicated in previous reports, 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 eleventh operational year (SFY'25), PCPs noted having used a screening tool prior to seeking a psychiatric consultation for a total of 428 individuals. This is approximately 23% of the total individuals served by the program this state fiscal year (450 out of 1,911) and approximately 5% more individuals than the previous year (428 individuals in SFY'24). The Patient Health Questionnaire (PHQ-9 and PHQ-A) was noted as the most commonly used screening tool during this reporting period.





**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 9,125 total consultations provided in SFY'25, approximately 52% (4,760) were for individuals with an identified commercial insurance plan, such as Aetna or Anthem Blue Cross and Blue Shield of CT; 48% (4,355) were for individuals with HUSKY coverage and less than 1% (10) were identified as having no coverage at all. While there is some variation from year to year, the majority of the consultations provided across 11 years of programming were for individuals with an identified commercial insurance plan. Similar statistics are noted across all three Hub teams.

As the program enhances the skills and comfort level of PCPs by engaging in the consultative process, the program has become essential for many providers, offering valuable consultations that assist in patient assessment and triaging, free from insurance constraints.

These consultations not only address individual cases but also equip providers with skills that can benefit other patients with similar symptoms. This approach suggests a broader funding strategy, involving contributions from third-party insurers, given the positive impact on Connecticut residents as a whole.

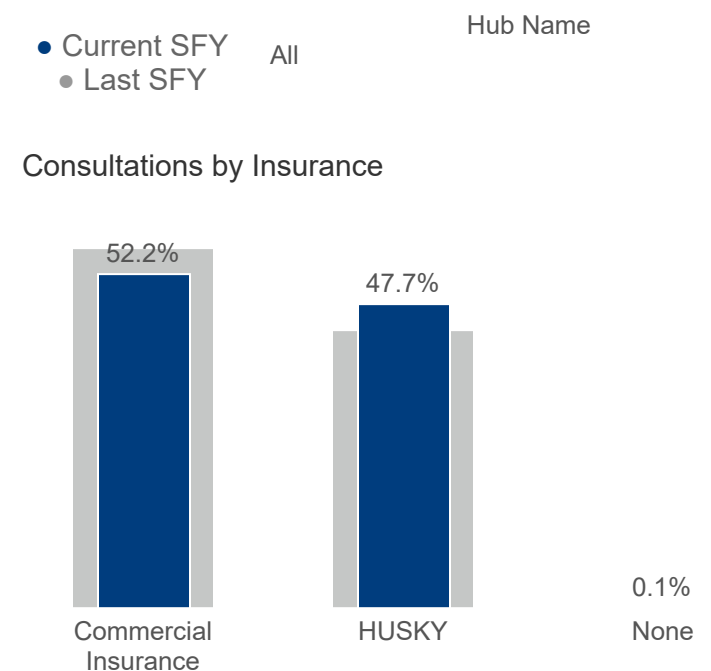
For several years, we have actively advocated for the involvement of third-party insurers in our program. As highlighted in previous reports, our efforts successfully garnered the attention of Anthem Blue Cross Blue Shield of CT in May 2021, leading them to commend the program's efficacy in supporting pediatric and family care providers within their network.

We reached an agreement with Anthem on a pilot initiative that enables the Hub psychiatrists to submit claims for curbside telephonic consultations. In collaboration with Carelon, Anthem, and the Hub teams, a process was devised using a specific CPT code (99451) and ICD code (Z13.30) for these consultations. This approach ensures that psychiatrists can bill Anthem CT directly at no cost to patients. Furthermore, it empowers PCPs to make psychiatric diagnoses, with guidance from Hub psychiatrists who provide support rather than direct treatment.

Despite the promising collaboration, the pilot has yet to launch. Delays have been caused by the need for system reconfigurations to prevent patient copays, modifications to electronic health records for tracking without initiating full treatment plans, and policy adaptations originally designed for direct patient treatment to suit the unique nature of telephonic consultations.

As of June 30, 2025, Anthem BCBS CT is implementing enhancements to their system and preparing for a test batch. Some hurdles remain as the teams will need to operationalize this while keeping the administrative burden low. This pilot program is expected to launch late summer/early fall with one Hub team.

While we remain cautiously optimistic, we recognize that this is a fee-for-service pilot and does not support all of the individuals who are impacted across the state. Efforts to engage third-party insurers to contribute funding based on the portion of the total population needs to continue.

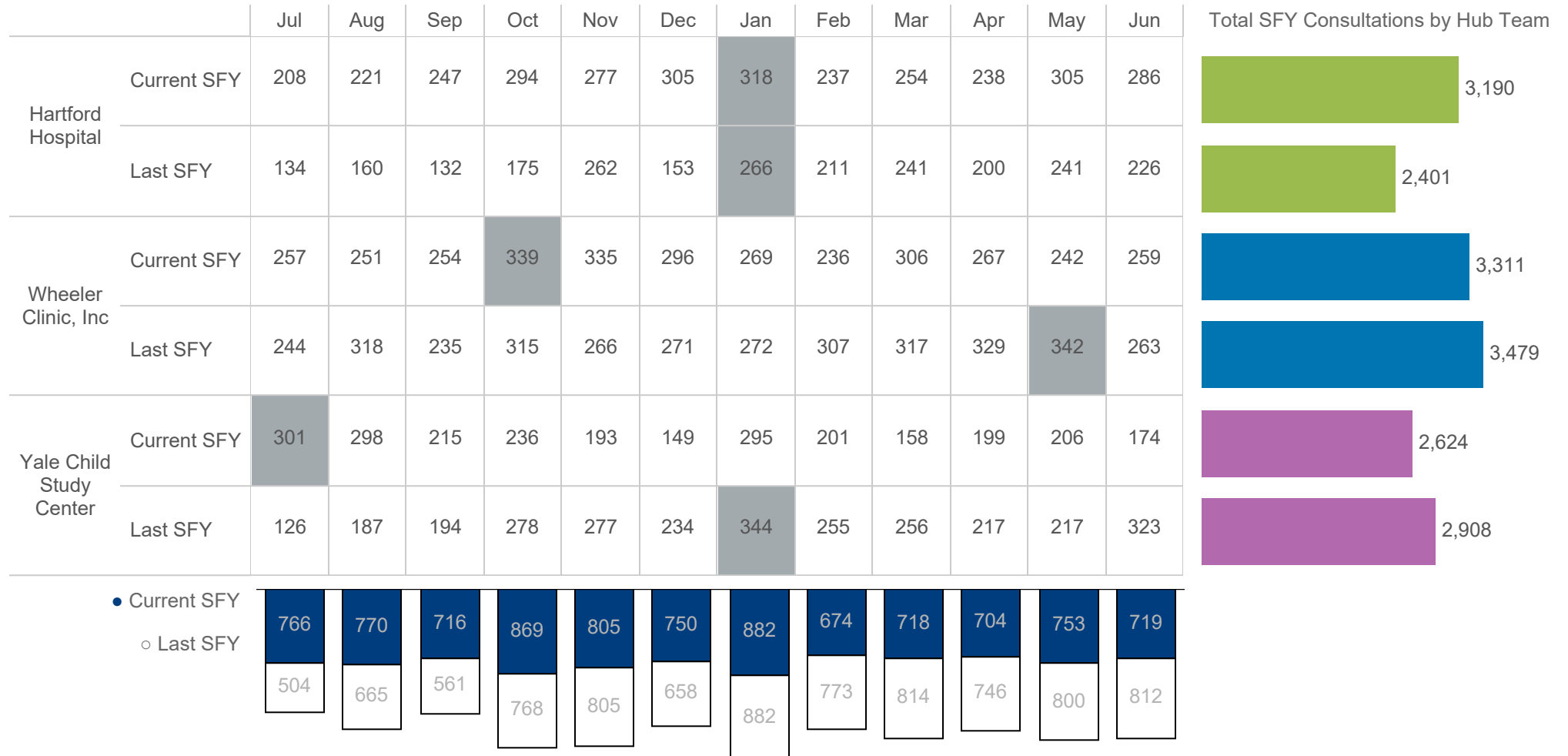


## Consultations

Of the 9,125 total consultations provided statewide in SFY'25, Hartford Hospital provided approximately 35% (3,190 out of 9,125) of the total statewide volume of consultations this state fiscal year. This is a 33% percent increase in volume of consultations when compared to their consultation volume last state fiscal year (2,401 in SFY'24). Wheeler Clinic provided approximately 36% (3,311 out of 9,125) of the total statewide volume of consultations. This is a decrease of approximately 5% (168) in volume of consultations when compared to the volume of consultations provided by Wheeler Clinic last state fiscal year (3,479 in SFY'24). Yale Child Study Center provided approximately 29% (2,624 out of 9,125) of the total statewide volume. This is a decrease of approximately 10% (284) in volume of consultations compared to the volume of consultations provided by Yale Child Study Center in SFY'24 (2,908).

### Monthly Consultations by Hub

- Month with the maximum consultations in the SFY



## 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. In SFY'25, PCPs contacted the program seeking medication guidance for approximately 35% (669 out of 1,911) of individuals. 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).

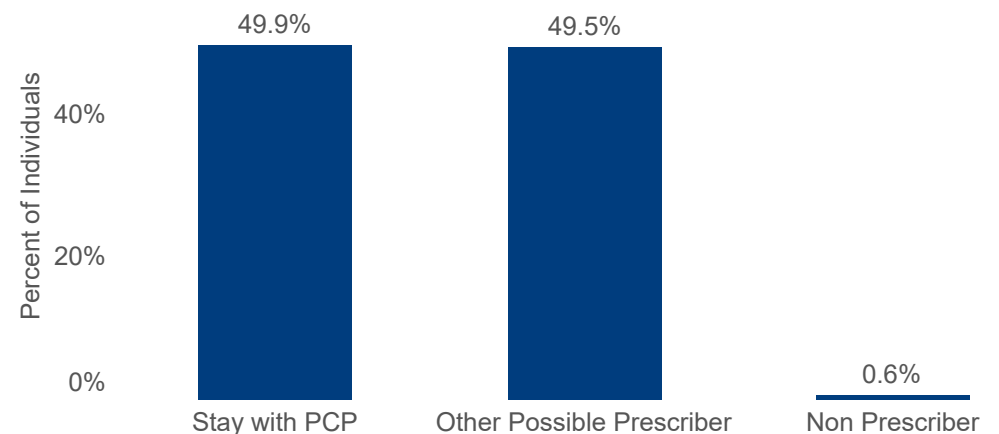
For approximately 50% (334 out of 669) of individuals whose PCP called to discuss medication in SFY'25, the resulting plan involved the PCP initiating or continuing as the primary prescriber. A referral to a community psychiatrist was determined as the most appropriate plan of care for approximately 49% (331 out of 669) of individuals as a result of the discussion between PCP and Hub psychiatrist. Of note, PCPs agreed to act as an interim bridge prescriber for 62% (206 out of 334) of individuals waiting to transition to a psychiatrist in their community. This represents a slight increase from the previous state fiscal year, during which PCPs acted as interim bridge prescribers for 61% (189) of individuals awaiting transition to a community psychiatrist. It also marks the second highest percentage since the program's inception. This trend highlights an increased comfort level among PCPs with prescribing responsibilities and reflects improved continuity of care for the individuals served. For approximately 1% (4 out of 669) of individuals whose PCP initially identified psychiatric medication as the topic to be discussed with the Hub psychiatrist, further consideration at the time of consultation resulted in a trial of counseling/psychotherapy instead.

By providing support and education to PCPs through real-time consultation, case-based education, and didactic trainings throughout the past 11 years, PCPs continue to report improvement in the access and quality of treatment for children with behavioral health concerns.

**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 individuals referred by their primary care provider who is prescribing psychotropic medication, but their patient has yet to connect to counseling/psychotherapy services. It is important to note that while the original criteria for this service held very specific parameters that included a cohort of individuals 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 program expanded the offering to all individuals who met the clinical criteria regardless of financial/socio-economic status.

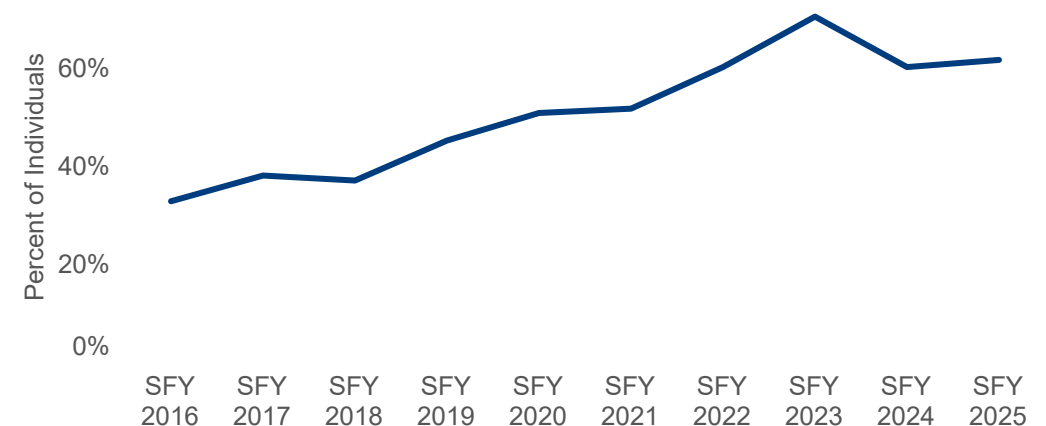
Statewide Outcomes for Individuals Subject to Medication Consultation

Hub Name  
All



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

Hub Name  
All



## Consultations

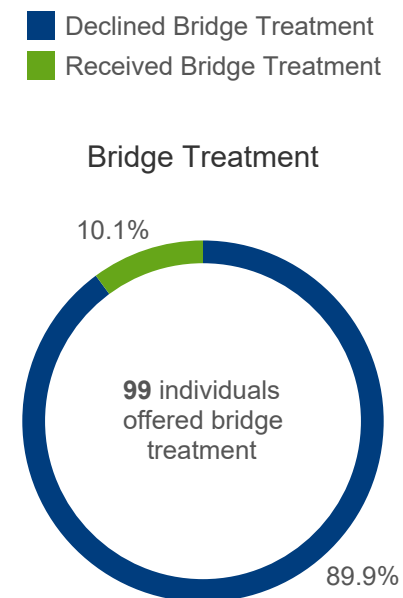
**Bridge Treatment (*continued*):** In SFY'25, 99 individuals were offered bridge treatment, with 10 accepting the service, compared to SFY'24 where 54 individuals were offered, and 14 accepted. Although more individuals were offered bridge services this year, the acceptance rate was lower. This reduction in acceptance is likely due to shorter wait lists for community services. Many families opted to wait for more stable, long-term therapy rather than start short-term treatment with the Hub team clinician.

Breaking it down by Hub team, in SFY'25, Hartford Hospital offered services to seven individuals, with none accepting, resulting in an acceptance rate of 0%. The Wheeler Clinic Hub team identified and offered bridge services to 20 individuals, with one accepting, resulting in an acceptance rate of 5%. Yale identified and offered services to 72 individuals, with nine accepting, leading to an acceptance rate of approximately 12.5%.

Compared to SFY'24, Hartford Hospital offered services to five individuals, with one accepting, giving an acceptance rate of 20%. Wheeler Clinic offered services to 30 individuals, with 11 accepting, resulting in a 36.7% acceptance rate. Yale offered services to 19 individuals, with two accepting, for an acceptance rate of approximately 10.5%. This comparison shows a decrease in acceptance rates for Hartford and Wheeler, while Yale's acceptance rate slightly increased despite a larger pool of individuals offered services. Across the Hub teams, there was a general trend of decreased utilization of bridge therapy services, attributed primarily to improved access to community-based care. With shorter wait times for ongoing therapy and enhanced availability of alternative services like enhanced care clinics and mobile crisis intervention services, families often preferred to wait for long-term care rather than engage in interim solutions.

All teams noted that bridge services were most successful and beneficial for young adults and older teenagers. This demographic could more easily accommodate appointments and engage with therapy. However, challenges were noted with college students who became harder to reach once they returned to school. Parents of younger children were occasionally hesitant to begin therapy knowing that a transition to a community provider would soon occur.

These shared experiences reflect a positive shift towards more stable, long-term therapy options in the community, reducing the immediate need for bridge services.



## Utilization

At enrollment, practice sites are 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, 2025, 320 practice groups were noted as active and enrolled in the program.

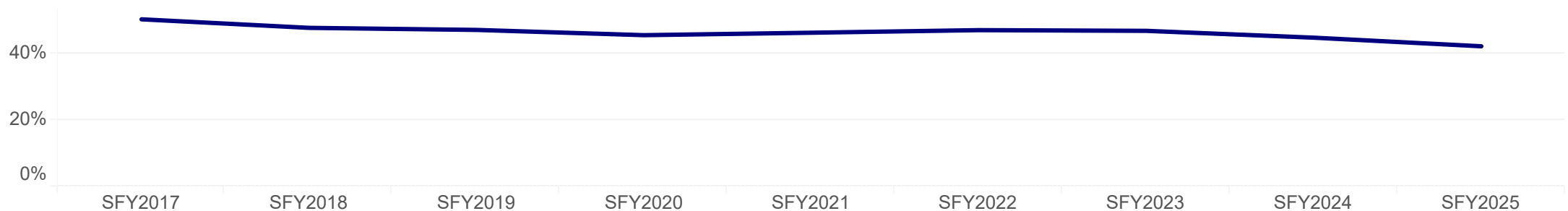
**Utilization Rate:** Graphs located on this dashboard illustrate the average utilization rates both quarterly and annually, at the statewide level and specifically for each Hub team. A practice is considered in the utilization count if it uses the program at least once during the selected time period. The utilization rate is calculated by comparing the number of practice groups that used the program to the total number of groups enrolled.

In SFY'25, approximately 42% (140 out of 331) of the practice groups enrolled in the program statewide at some point in the year, 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.

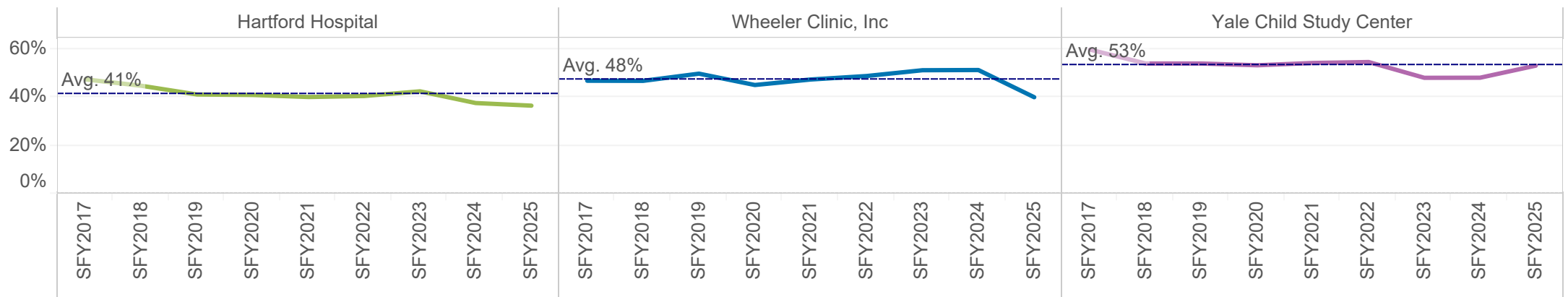
Select Date Format:  
Year

Select Quarter/Year:  
Multiple values

Statewide Practice Group Utilization Rate



Hub Specific 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 are Hub specific, and practices are sorted by the highest percent of quarters used over time. If the practice group used once during the quarter, it is counted and compared to the number of quarters enrolled. For example, if a practice enrolled in July of 2014 (44 quarters enrolled) and used every quarter since enrollment, their utilization rate equals 100% (44 quarters enrolled, 44 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, 2025, a total of 106 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 38% quarters utilized, 19 practice groups fell in the high utilization group of 80% or greater, three of which have used 100% of the time since enrolled.

A total of 82 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 44% quarters utilized, 17 practice groups fell in the high utilization group of 80% or greater, three of which have used 100% of the time since enrolled.

As of June 30, 2025, a total of 75 primary care practices were identified as actively enrolled and utilized Yale Child Study Center's Hub team at least one quarter since enrollment of the program. With an approximate average of 44% quarters utilized, 14 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.

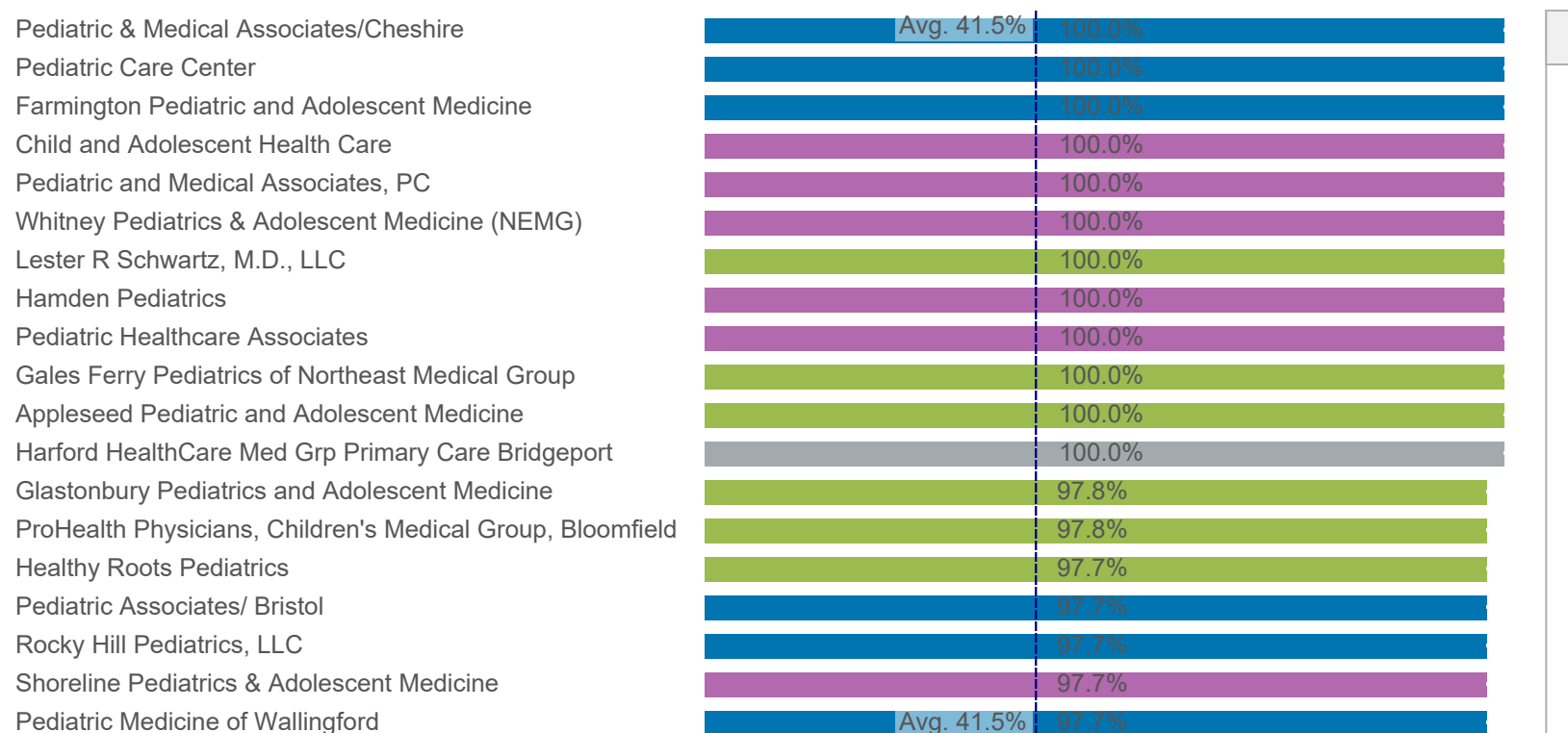
|          |                         |                           |               |
|----------|-------------------------|---------------------------|---------------|
| Hub Name | New User in Current SFY | Practice Type Description | Practice Name |
| All      | All                     | All                       |               |

Quarterly Utilization Rate:  
All values

Average line is the average number of quarters used by the program to date (June 30, 2025)

### Practice Utilization

#### • New User of Program





## Utilization

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

In SFY'25, a total of 51 enrolled practice groups utilized Hartford Hospital's Hub team, requesting support for a total of 584 individuals. Fig Health Pediatrics enrolled in May 2024 but made their first member-specific call this state fiscal year.

Practice Type  
All

New User in Current SFY  
All

Practice Name  
All

Select SFY:  
FY 2025

Total Practices  
Used in selected  
SFY

51

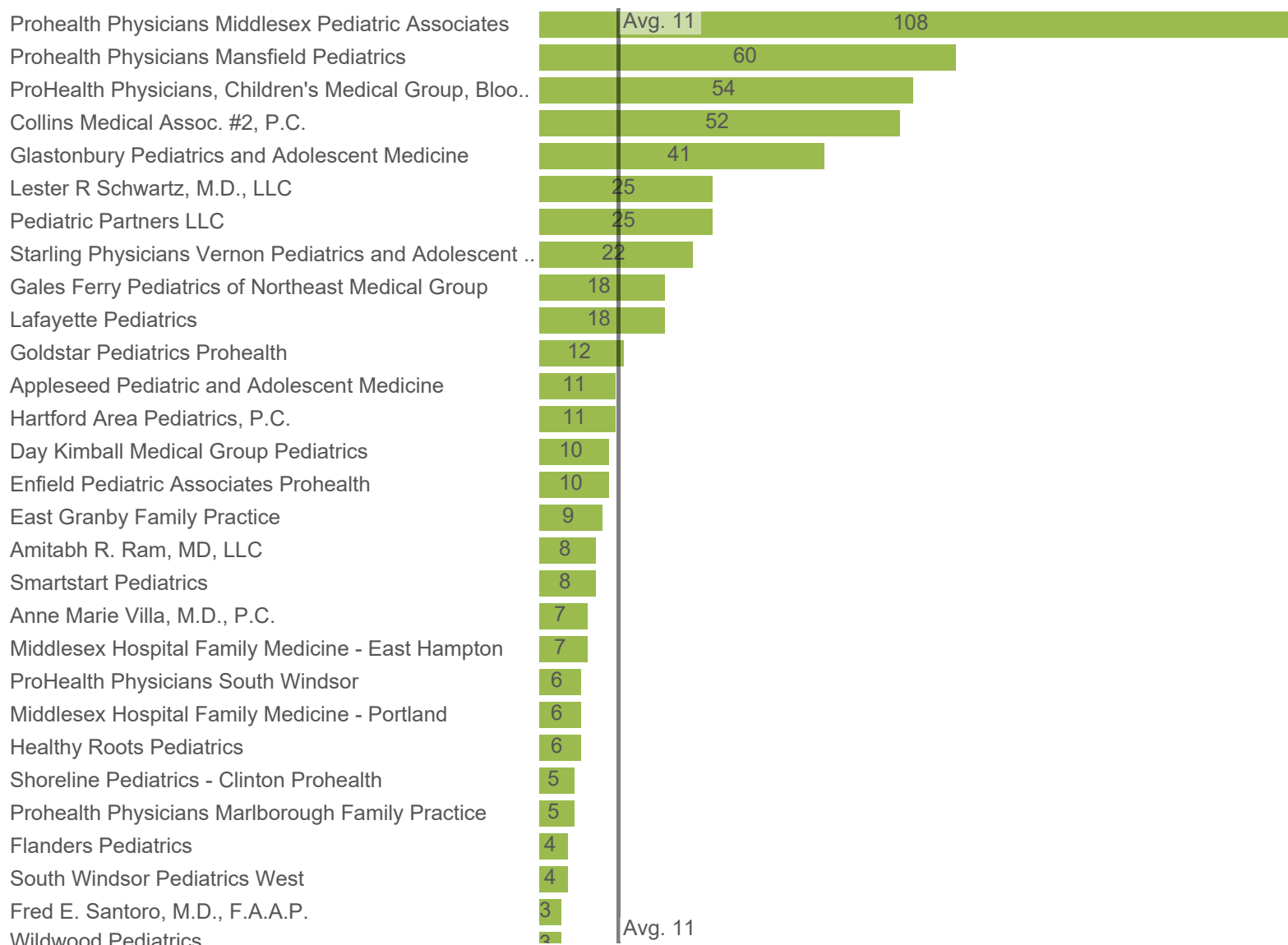
Total Individuals Served by  
all Enrolled Practices in  
selected SFY

584

### Number of Individuals Served by Practice - SFY 2025

● New User of Program

Average line is the average number of individuals served by all practices for SFY'25.



Avg. 11

## Utilization

**Individuals Served by Practice:** A total of 41 enrolled practice groups utilized Wheeler Clinic's Hub team in SFY'25, requesting support for a total of 689 individuals. Hartford HealthCare Medical Group Primary Care in Prospect enrolled and called for the first time during SFY'25.

New User in Current SFY  
All

Practice Type  
All

Practice Name  
All

Select SFY:  
FY 2025

Total Practices  
Used in selected  
SFY

41

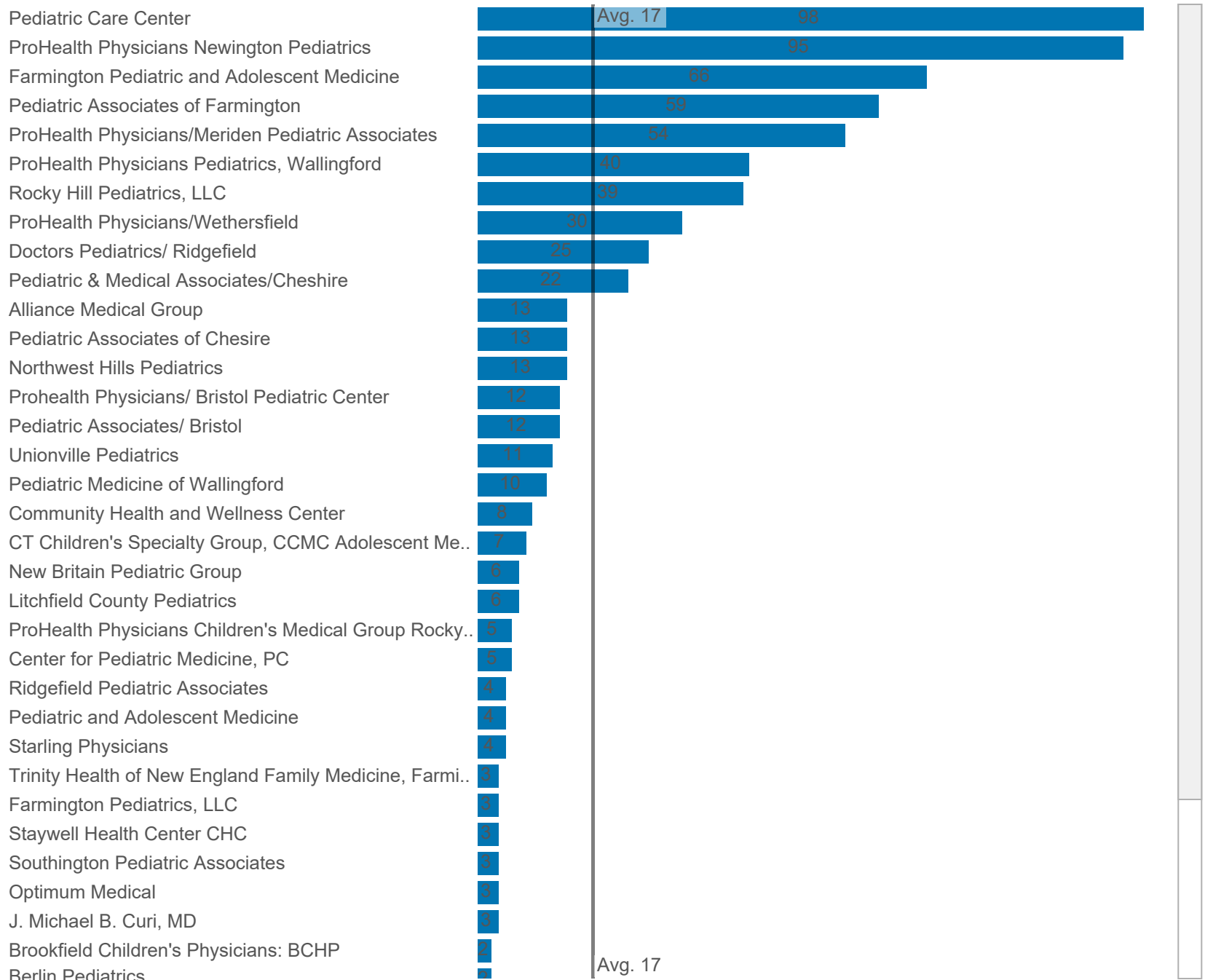
Total Individuals Served by  
all Enrolled Practices in  
selected SFY

689

### Number of Individuals Served by Practice - SFY 2025

● New User of Program

Average line is the average number of individuals served by all practices for SFY'25.



## Utilization

**Individuals Served by Practice:** In SFY'25, a total of 49 enrolled practice groups utilized Yale Child Study Center's Hub team, requesting support for a total of 632 individuals. There were three practice groups that enrolled and used for the first time in SFY'25: Hartford HealthCare Med Grp Primary Care Bridgeport, Yale Children's Primary Care Center in Bridgeport, and Saugatuck Pediatrics.

New User in Current SFY  
All

Practice Type  
All

Practice Name  
All

Select SFY:  
FY 2025

Total Practices  
Used in selected  
SFY

49

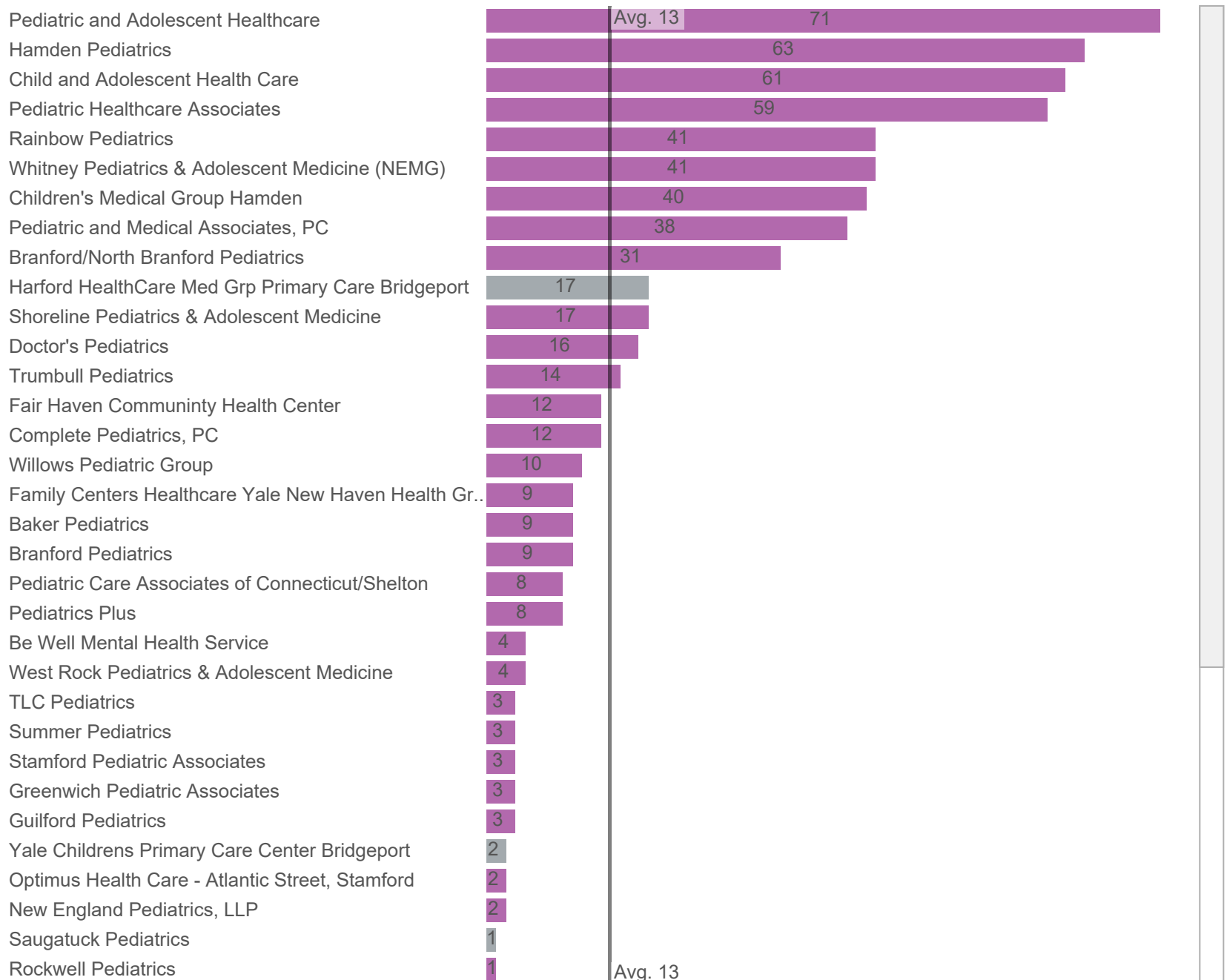
Total Individuals Served by all  
Enrolled Practices in selected  
SFY

632

### Number of Individuals Served by Practice - SFY 2025

● New User of Program

Average line is the average number of individuals served by all practices for SFY'25.



## Utilization

Each year, the Hub teams engage in outreach to practice groups to gain insights into their program utilization patterns. In April 2025, the review of utilization data directed the Hub teams to focus on practices that had previously used the program but ceased utilization for six months.

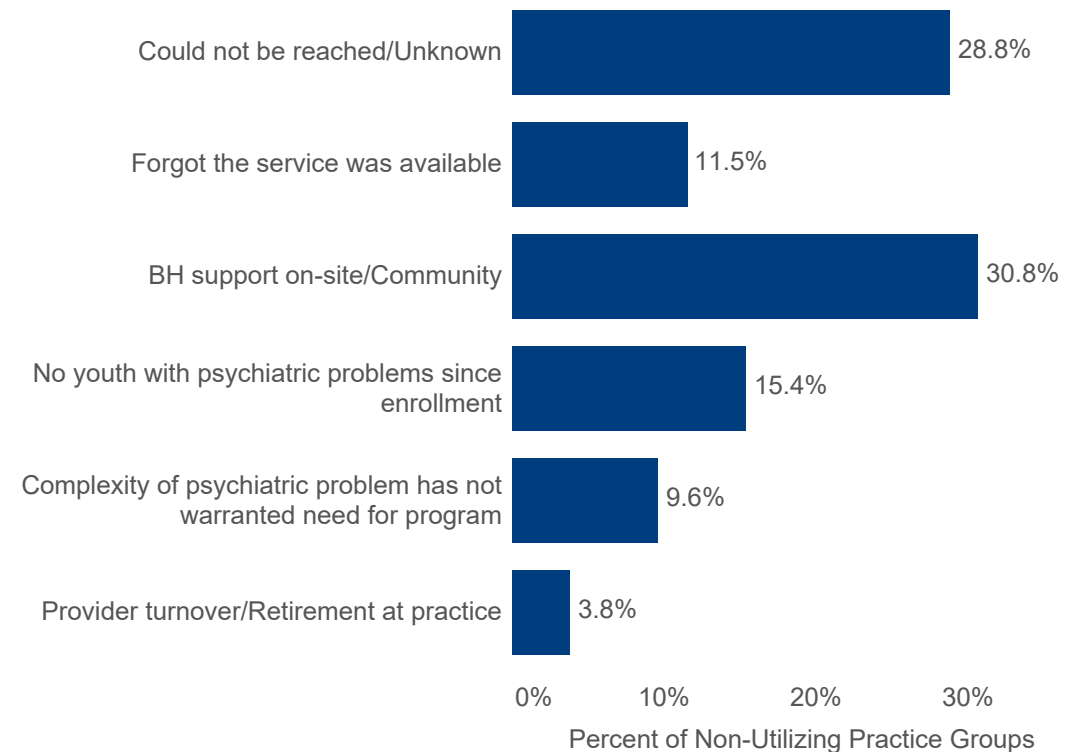
Themes learned during Hub team on-site visits this year included an increasing confidence among providers in managing basic psychiatric care, which has led to reduced reliance on the program for straightforward cases. Nonetheless, these practices reported that they continue to value the program's availability for more complex cases and crisis discussions. Another key observation was the impact of personnel changes within practices, which disrupts utilization. Outreach efforts have been instrumental in reintroducing new staff to the suite of services offered by the program, ensuring continuity of knowledge and utilization. Another important insight gained from the outreach this year was the ongoing challenge practices faced in accessing referrals compatible with patients' insurance plans, highlighting the continued need for the teams' direct resource and referral support.

While onsite visits focusing on practices with decreased utilization have yielded valuable information, it may also be fruitful to gather more insight from those frequently prescribing medications. Understanding their experiences and challenges can provide valuable information for program enhancement. Additionally, examining practices where the calling provider is one individual among several physicians can uncover patterns of utilization and identify opportunities to increase awareness and engagement with AMH services among all medical staff within the practice. This dual approach can help tailor support efforts and ensure comprehensive access to the program's benefits.

**Practice Non-Utilization:** In Q3 SFY'25, the Hub teams were provided a list of their respective enrolled non-utilizing practice groups (52) 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 29% (15) of the enrolled non-utilizing practice groups could not be reached for comment despite multiple attempts made by the Hub teams, approximately 12% (6) 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 and about 4% (2) experienced provider turnover resulting in staff being unaware of the services. Approximately 31% (16) 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 15% (8) reported the reason for not using the program yet was due to the overall low volume of youth in their practice and not treating youth with identified mental health concerns since enrolling in the program and 9.6% (5) 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 2025

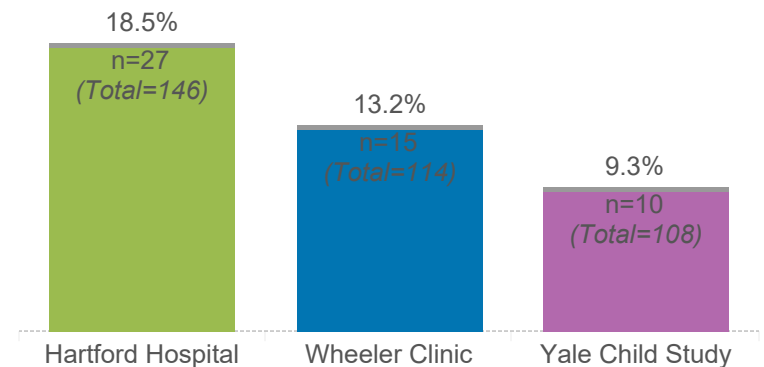


## Utilization

It is recommended that onsite surveys to practices and outreach to non-utilizing practice groups continue in SFY'26. Conversations about practice utilization allows the team to educate providers about the multiple facets offered. Beginning in Q1 SFY'26, 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. It is important to note that exhibit tables have been purchased for both Connecticut Chapters of American Academy of Pediatrics and American Academy of Family Physicians annual conferences scheduled in Q1 SFY'26.

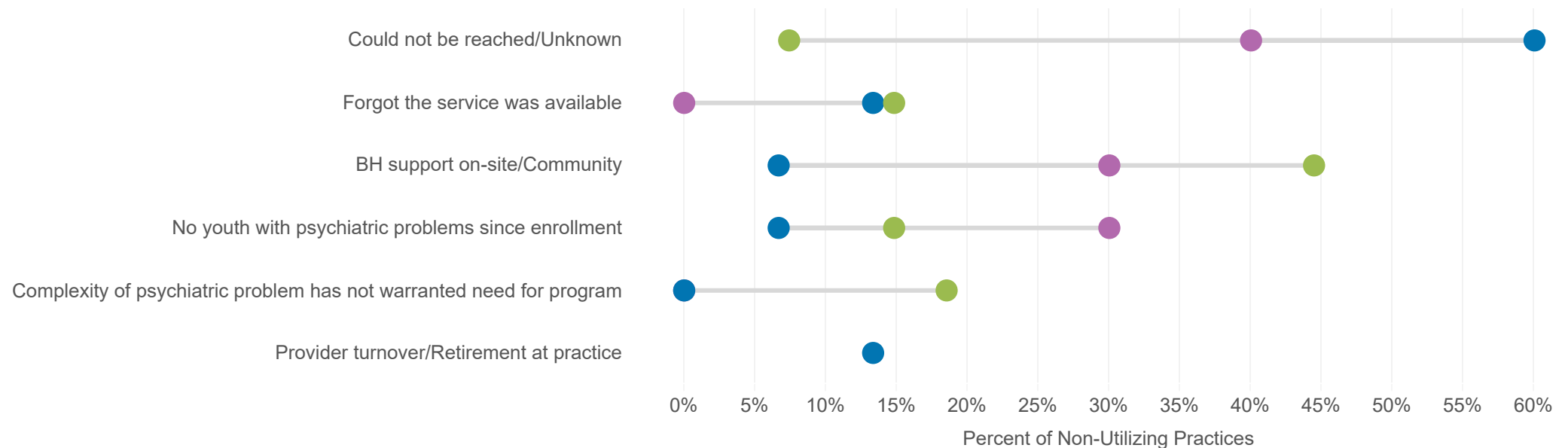
Practice non-utilization rates and reasons by Hub can be seen in the charts to the right and below.

Non-Utilization by Hub for SFY 2025



Practice Group Non-Utilization Reasons by Hub for SFY 2025

● Hartford Hospital ● Wheeler Clinic ● Yale Child Study



All ACCESS Mental Health for Youth consultations strive to provide individualized, case-based education. The program also creates educational opportunities through traditional regionally based didactic learning sessions. In year 11 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: "Diagnosis TikTok: How Social Media Impacts Mental Health", "Wired Minds: Clinical Strategies for Problematic Internet and Social Media Use", "Screen Time and Youth Mental Health", "Gaming and Mental Health", "Screen Media & Mental Health", "Gaming disorder: a Virtual Addiction", "Social Media & Mental Health", "Video Games, Gamers, & Gaming Disorder", "Understanding Video Games: A Pediatrician's Call of Duty", "Understanding Gaming Disorder: A Child Psychiatrist's Call of Duty", "Preventing and Treating Adolescent Gaming Disorder", "Gaming Disorder and Substance Use Disorder", "How Social Media Impacts Mental Health", "Paging Doctor TikTok: Social Media Psychoeducation, Misinformation, & Contagion", "Social Media & Mental Health: Making Sense of the Research", "How Social Media Impacts Mental Health, and What Clinicians Should Do About It", "AACAP Debate: Did Social Media Cause the Adolescent Mental Health Crisis?", "Screen Media Behavior Patterns Impact Psychiatric Outcomes and Inform Innovative Interventions", "Diagnosis TikTok: When Screen Media Impacts Mental Health", "Understanding and treating youth who identify as LGBTQ+ and/or gender non-conforming presentations, and their primary caregivers".

The Hub teams far exceeded the SFY'25 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'25 included:

- September 5, 2024 "Borderline Personality Disorder in Adolescence" Dr. Milind Kale
- October 17, 2024 "Overview of Transcranial Magnetic Stimulation for Primary Care" Dr. Scott Berman
- November 7, 2024 "Well-Being for Providers" Dr. Jennifer Ferrand
- December 5, 2024 "Assisting Families with School Advocacy" Attorney Kathryn Meyer Esq.
- January 2, 2025 "ADHD and Anxiety: Differentiating and Comorbidity" Dr. Dorothy Stubbe
- February 6, 2025 "Cannabis Use Among Adolescents in the Era of Legalization" Dr. Christopher Hammond
- March 6, 2025 "Understanding Video Games: A Pediatrician's Call of Duty" Dr. Paul Weigle
- April 3, 2025 "State Plan Services and Care Coordination for HUSKY Health Members with Autistic Spectrum Disorder" Jennifer Krom, LPC
- May 1, 2025 "Leaving the Nest Without Crashing: Transitioning our Patients to College" Dr. Richard Miller and Bill Kania, LMFT
- June 5, 2025 "The Vital Role of Outplacement & Therapeutic Schools in Special Education" Dr. Neal Pearson

*"Always informative and useful." ~Participating PCP about the AMH for Youth Clinical Conversation monthly webinar series*

*"I love these! Thank you for making them accessible online for when I cannot attend!" ~Participating PCP about the AMH for Youth Clinical Conversation monthly webinar series*

As noted in previous reports, HRSA awarded funding to Connecticut's ACCESS Mental Health program to produce provider and parent educational materials in addition to the HRSA expansion award supporting PCPs treating young adults up to the age of 22 years old.

Throughout the last state fiscal year, the program developed a series of behavioral health education/training 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 individuals across the state of Connecticut.

Beginning in Q1 SFY'25, a marketing strategy using email campaigns, newsletters, social media, and fax was launched to distribute the video series and corresponding handouts through schools, care networks, and organizations like FAVOR, aiming to reach families across Connecticut. Materials were provided to school counselors, family engagement staff, social workers, superintendents, Emergency Departments, Psychiatric Residential Treatment Facilities, and Intensive Outpatient Programs.



## Program Feedback

In October 2024, all resources were made available on the program's family resource page on its website. Comparing the eight months before and after these resources became available, the family resource page experienced a 436% increase in views.

Additionally, the videos and corresponding handouts were shared through Connecticut's Connecting-to-Care Facebook and Instagram pages. This social media campaign initially concentrated on posting video clips, with weekly postings, however, in February 2025, the strategy expanded to include feedback quotations from healthcare providers and caregivers using the materials. Throughout SFY'25, the campaign achieved an average reach of approximately 37.2 per post for English content and 10.7 for Spanish content, demonstrating effective engagement on the platforms. The program is committed to continuing this approach, with continued distribution of materials, both virtually and in-person at collaborative meetings, and all materials readily accessible on the program's website.


In addition to the parent video series, the team continues to develop provider toolkits specifically designed for pediatric and family care physicians to provide actionable information, algorithms, and insights for successfully addressing pediatric mental health and substance use conditions within their practice. During this reporting period, the Hub team psychiatrists are creating content which will aid in the identification and treatment of autism spectrum disorder (ASD), bipolar disorder, and traumatic stress disorders. These additional toolkits are slated to be posted on the program's website in Q1 SFY'26.

**Program Feedback-Satisfaction:** After each consultation, the Hub records the primary care provider's response to the question: "How satisfied are you with the helpfulness of the ACCESS MH program?" This is rated on a scale from 1 to 5, with 5 being excellent. During SFY'25, 99.8% of all encounters (9,004 out of 9,125) were rated with a score of 4 or greater. The program benchmark is that 85% of participating PCPs that have used the program will rate their experience with an average score of 4 or greater.

With an average satisfaction score of 4.94 throughout this state fiscal year (SFY'25), and 4.98 since inception, the Hub teams have exceeded this target year over year for 11 years, both collectively and individually. A breakout of program satisfaction scores by quarter 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 24 | Q2 SFY 24 | Q3 SFY 24 | Q4 SFY 24 | Q1 SFY 25 | Q2 SFY 25 | Q3 SFY 25 | Q4 SFY 25 |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
|  <b>Hartford Hospital</b>       | 4.93      | 4.89      | 4.93      | 4.92      | 4.83      | 4.82      | 4.85      | 4.80      |
|  <b>Wheeler Clinic, Inc</b>     | 5.00      | 5.00      | 5.00      | 5.00      | 5.00      | 5.00      | 5.00      | 5.00      |
|  <b>Yale Child Study Center</b> | 4.99      | 5.00      | 5.00      | 5.00      | 5.00      | 5.00      | 5.00      | 5.00      |
| <b>Grand Total</b>   | 4.98      | 4.97      | 4.98      | 4.98      | 4.95      | 4.94      | 4.94      | 4.92      |

### Count per PCP Score for All

● 99% or more received a score of 5

Satisfaction Score

|                    | Q1 SFY 24 | Q2 SFY 24 | Q3 SFY 24 | Q4 SFY 24 | Q1 SFY 25 | Q2 SFY 25 | Q3 SFY 25 | Q4 SFY 25 |
|--------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>3</b>           |           | 6         | 5         | 2         | 7         | 11        | 1         | 2         |
| <b>4</b>           | 32        | 52        | 42        | 54        | 105       | 133       | 129       | 160       |
| <b>5</b>           | 1,698     | 2,173     | 2,422     | 2,302     | 2,140     | 2,280     | 2,144     | 2,014     |
| <b>Grand Total</b> | 1,730     | 2,231     | 2,469     | 2,358     | 2,252     | 2,424     | 2,274     | 2,176     |

## Program Feedback

**PCP Annual Survey:** The annual PCP satisfaction survey was sent to all enrolled primary care practice groups statewide. The outcomes of the SFY'25 annual survey, along with comparative data from previous state fiscal years, can be found in the Annual Survey dashboards.

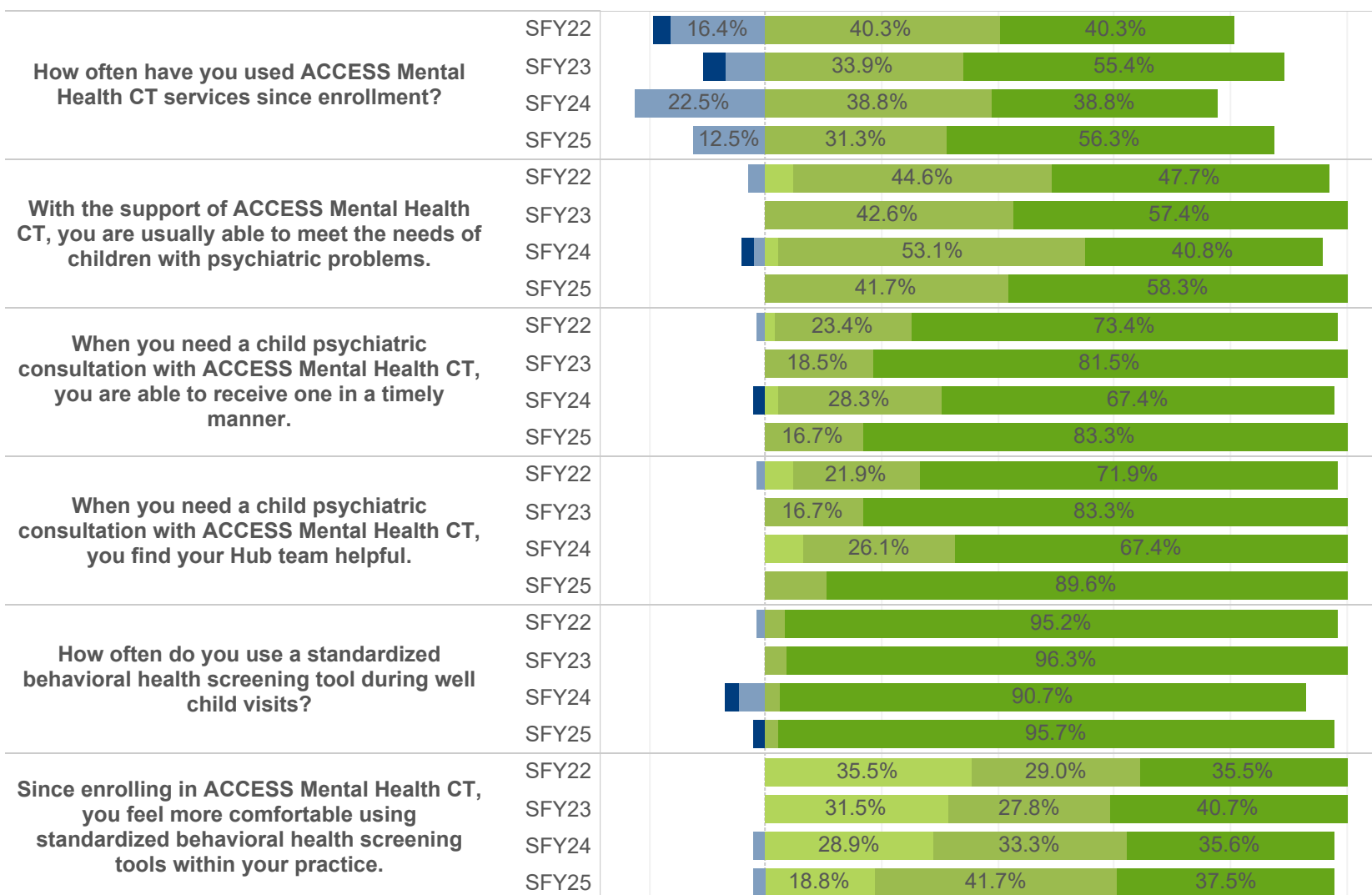
SFY'25 annual surveys were distributed via email and fax to 321 primary care practice groups with the option to complete the survey online or fax to Carelon's central administration team. A total of 48 surveys representing approximately 10% of the practice groups (33 out of 321) were completed; all of the practice groups reported using the service prior to completion.

In SFY'25, approximately 88% (42 out of 48) of the respondents said that they had often or sometimes used the service. Approximately 100% (48 out of 48) agreed or strongly agreed that with the support of the ACCESS Mental Health for Youth program they were able to meet the psychiatric needs of their patients and 100% (48 out of 48) reported receiving a consultation from their ACCESS Mental Health for Youth Hub team in a timely manner. Lastly, 100% (48 out of 48) reported that they agreed or strongly agreed that the ACCESS Mental Health for Youth team was helpful.

In SFY'25, approximately 96% (45 out of 47) of the total respondents reported often using standardized behavioral health screening tool(s) during well-child visits. Approximately 79% (38 out of 48) of respondents reported feeling more comfortable using screening tools since enrolling in the program and 19% (9 out of 48) stated there was no change in their level of comfort with using screening tools.

Select SFY  
Multiple values

Strongly Disagree/Never ● Strongly Agree/Often  
Disagree/Seldom ● Agree/Sometimes  
Neither Agree Nor Disagree/No Change

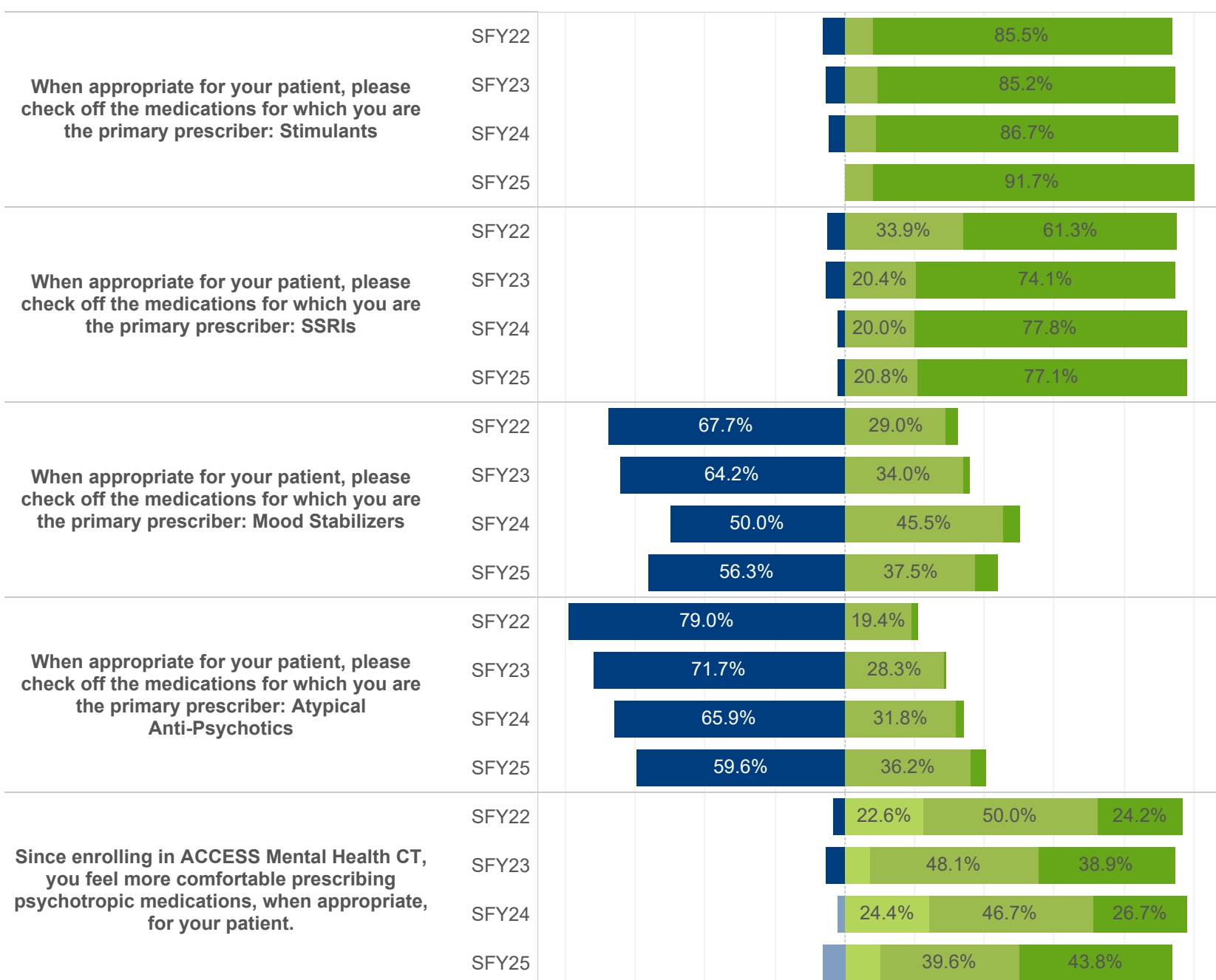


## Program Feedback

When asked to identify the psychotropic medications for which they served as the primary prescriber (including stimulants, SSRIs, mood stabilizers, and atypical antipsychotics), approximately 83% (40 out of 48) of respondents who used the program reported feeling more comfortable prescribing psychotropic medications since having the support of the program. This is a ten-percentage point increase compared to last year. For those who selected “no change” or “disagree” some expressed ongoing discomfort with prescribing psychotropic medications, particularly for patients with complex conditions and multiple comorbidities, as they feel it extends beyond their comfort and scope. It is important to honor this perspective, as the program's aim is not to supplant specialty psychiatry, but to assist PCPs in treating patients they feel equipped to manage. Notably, approximately 92% (44 out of 48) of respondents, stimulants continued to be the medication category for which they were most frequently the primary prescriber.

Select SFY  
Multiple values

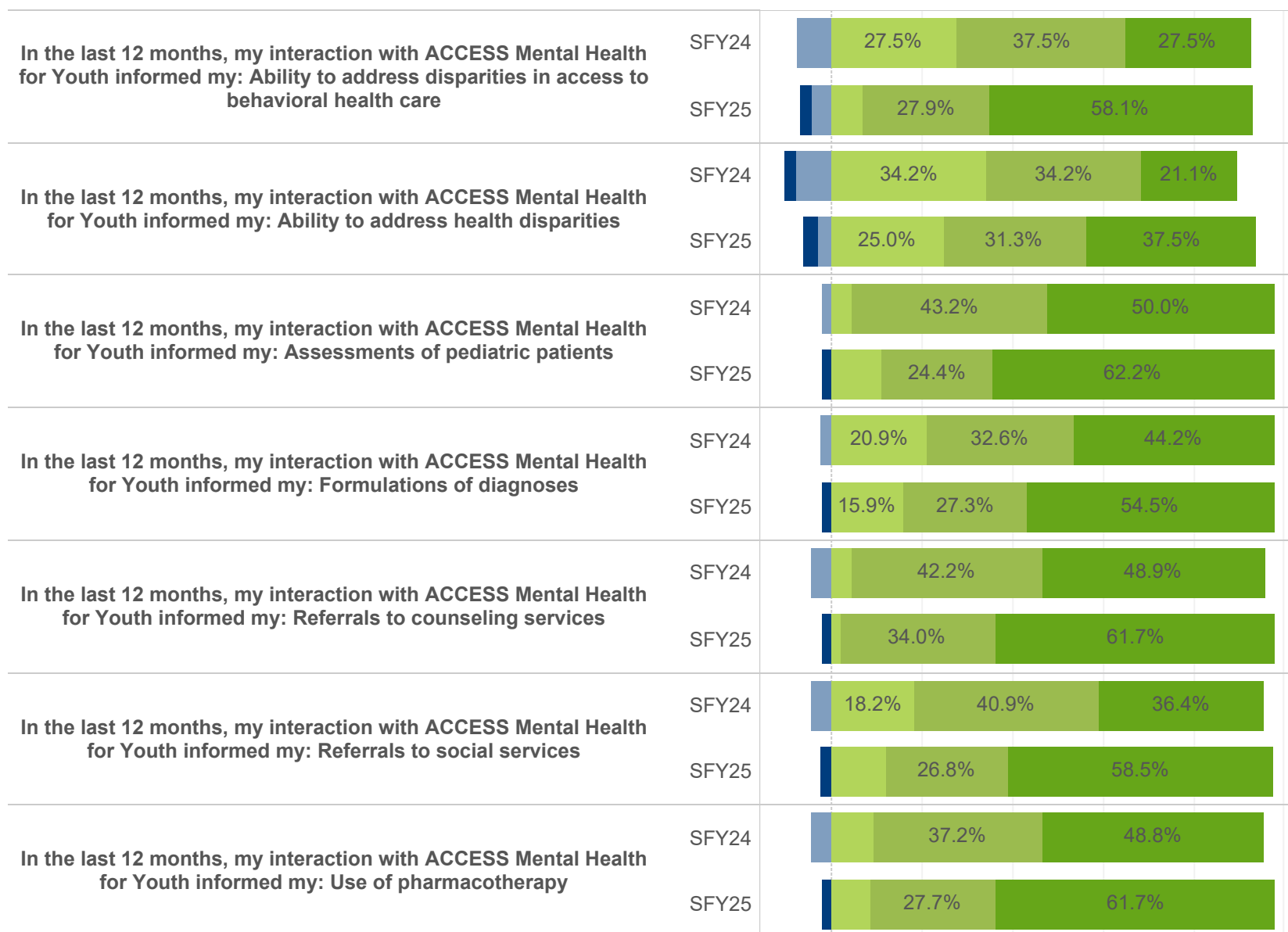
Strongly Disagree/Never ● Strongly Agree/Often ●  
Disagree/Seldom ● Agree/Sometimes ● Neither Agree Nor Disagree/No Change ●



## Program Feedback

In an effort to learn more from enrolled primary care providers, we added new questions to the SFY'24 AMH for Youth annual survey. Additional survey responses regarding health disparities can be found in the Race/Ethnicity section of this report. Approximately 87% of the respondents (39 out of 45) reported “strongly agree” or “agree” when asked, “In the last 12 months, my interaction with ACCESS Mental Health for Youth informed my assessments of pediatric patients”. Approximately 82% of the respondents (36 out of 44) reported “strongly agree” or “agree” when asked, “In the last 12 months, my interaction with ACCESS Mental Health for Youth informed my formulations of diagnoses”; approximately 16% responded “neither agree nor disagree”. Approximately 89% of the respondents (42 out of 47) reported “strongly agree” or “agree” when asked, “In the last 12 months, my interaction with ACCESS Mental Health for Youth informed my use of pharmacotherapy”. Approximately 96% of the respondents (45 out of 47) reported “strongly agree” or “agree” when asked, “In the last 12 months, my interaction with ACCESS Mental Health for Youth informed my referrals to counseling services”.

Strongly Disagree ● Strongly Agree  
Disagree ● Agree  
● Neither Agree Nor Disagree



## Program Feedback

**Provider Feedback:** Program feedback was captured by the Hub team staff throughout the program's eleventh operational year (SFY'25) during direct consultations with providers and with individuals and families served by the program. Additionally, providers offered feedback in the annual survey.

"AMH for Youth has transformed my practice and greatly strengthened my expertise and ability to provide care for patients. My patients would be inadequately cared for without access to the services AMH provides. The timeliness of care cannot be beat. I still can't believe I can contact and access the best care in the State with a single phone call. This is the best Pediatric service offered to Pediatricians, bar none." ~Participating PCP

"Outstanding. ACCESS MENTAL HEALTH for Youth has greatly enhanced my practice and has greatly benefited my patients. I am far more confident and competent in delivering behavioral healthcare to my patients because of ACCESS MENTAL HEALTH!" ~Participating PCP

"My extensive and frequent experience with ACCESS has resulted in my feeling the program has already achieved near perfection." ~Participating PCP

"Amazing. They are a lifeline. Essential to successful pediatric practice." ~Participating PCP

"ACCESS Mental Health staff are the angels of young people's mental health." ~Participating PCP

"You guys basically changed our patients' lives. Now with your support we can offer treatment that was not available ourselves and you can find them other help when they need it." ~Participating PCP

"...I want whatever audience there is to know what an invaluable resource ACCESS is to the pediatrician in the "trenches."" ~Participating PCP

"10 out of 10! I am so grateful for this service. The psychiatrists have significantly helped me with my tough cases. My need for ACCESS Mental Health support waxes and wanes. I've used them twice in the last 2 weeks!" ~Participating PCP

"I love when the program is able to provide one-time evaluations for patients. Sometimes this is enough for me to feel confident to prescribe medications." ~Participating PCP

"We have learned so much from you in this practice around medication, especially because it is so hard to get a psychiatrist. We even know what better questions to ask too." ~Participating PCP

"I found the webinar given by Dr Sahani, cultural differences and perceptions amongst Asian families to be quite informative and most helpful to understanding the complexities we face in dealing with our diverse patient population. The information provided in that collector was most helpful to me and increased my knowledge, and opened my eyes to issues that I may not always understand. I would find more of these webinars that discuss health disparities beneficial." ~Participating PCP

"AMH has been INVALUABLE to providing good mental health care to my patients." ~Participating PCP

"Accessibility, good psychiatrists, very helpful." ~Participating PCP

"Incredible, very helpful. The psychiatrists are amazing and continually educate me, and the hub team is wonderful. I suggest expanding hours of operation or make it so we can leave a message, and you call us back." ~Participating PCP

"Amazing, including HUB staff follow-up with parents/patients and with me." ~Participating PCP

"Great program. Helps to bridge the gap in mental health access. As a pediatrician, I appreciate the support I receive from Access Mental Health. Thank you!" ~Participating PCP

"I am grateful for the availability of support, principally to identify therapists or psychiatric providers for my patients. The team is always eager to help." ~Participating PCP

"Thank you so much. I appreciate your help so much as always." ~Participating PCP

## Program Feedback

### **Provider Feedback (*continued*):**

“My calls to you are always very helpful, I learn a lot every time.” ~Participating PCP

“Thank you so much, you are always such a valuable resource.” ~Participating PCP

“I really appreciate your guidance. Super helpful.” ~Participating PCP

“You made a very good point. Thank you so much. I appreciate all of your help.” ~Participating PCP

“I am very pleased with how you have helped me with all of my patients.” ~Participating PCP

“I know I call a lot, but you are always so helpful.” ~Participating PCP

“You are amazing, simply amazing.” ~Participating PCP

“So grateful for your services.” ~Participating PCP

“I can’t thank you all enough for the great care you have given my patients over the years.” ~Participating PCP

“It is nice to be able to talk to an expert!” ~Participating PCP

“Accessible, good psychiatrists, very helpful.” ~Participating PCP

“Outstanding!” ~Participating PCP

“Outstanding-thank you!” ~Participating PCP

“Excellent! Couldn’t survive without them.” ~Participating PCP

“Excellent! I am so grateful for this program.” ~Participating PCP

“Excellent! Always helpful.” ~Participating PCP

“Excellent, super helpful!” ~Participating PCP

“Excellent!! They are an invaluable resource.” ~Participating PCP

“EXCELLENT! I am so grateful for this program.” ~Participating PCP

“Excellent.” ~Participating PCP

“Excellent!” ~Participating PCP

“Excellent. Five stars.” ~Participating PCP

“Very helpful.” ~Participating PCP

“Very helpful!!!” ~Participating PCP

“Great resource.” ~Participating PCP

“Great.” ~Participating PCP

“Great program!” ~Participating PCP

“They are always accessible and helpful. I’m grateful for the program!” ~Participating PCP

## Program Feedback

### **Provider Feedback (*continued*):**

"This is a fantastic program. There is always a psychiatrist ready to help in a very timely manner with my questions around diagnosis and medication management." ~Participating PCP

"Thank you so much for taking my call. This service is always so great and helpful." ~Participating PCP

"You are always fabulous." ~Participating PCP

"I am so grateful for AMH. Don't ever stop doing what you do, because I don't know what I would do without you."  
~Participating PCP

"I am so glad we have access to you guys." ~Participating PCP

### **Individual and Family Feedback:**

"Wow, you do all that?! You guys are a godsend to do all the work. That is awesome. Yes, I accept!" ~Participating Parent

"Thank you for your help, you have saved me so much time locating a psychiatrist for my daughter." ~Participating Parent

"Thank you so much. You are the best. I am so glad I connected with your services. You are all so helpful." ~Participating Parent

"Thank you all so much. You are really great at communicating and I appreciate everything you've done for my son."  
~Participating Parent

"Your help is greatly appreciated, as I was not having any success on my own." ~Participating Parent

"You guys are awesome. Thank you so much for all of your work and help. It is so hard to find help." ~Participating Parent

"Thank you so much for taking all this time to review things with me. I have spoken to many people and forgotten some things, so I have to write things down." ~Participating Parent

"I don't have any questions. Maria was so helpful. She answered my questions, and I am so thankful for your help."  
~Participating Parent

"I think this program is so great." ~Participating Parent

"Thank you for your help, what a good service you've got going there." ~Participating Parent

"This is a great service, especially for a mom with ADHD." ~Participating Parent

"I really appreciate you guys for everything." ~Participating Parent

"This is fantastic. I am so thankful for your help." ~Participating Parent

"Thank you guys so much. Your program is amazing." ~Participating Parent

"I appreciate you guys doing this and finding someone for us." ~Participating Parent

"It's amazing that you do all of this for us." ~Participating Parent

"This is great, thanks for helping me with this." ~Participating Parent

"This is great, it's so amazing." ~Participating Parent

"Thank you so much for all of your work and help." ~Participating Parent



## Vignettes

The following vignettes were provided by the Hub teams as part of their SFY'25 annual assessment submissions to Carelon's Central Administrative Team.

### **Vignette #1**

A PCP contacted the AMH for Youth Hub team psychiatrist seeking consultation on their 16-year-old patient. The patient has a history of depression, anxiety, and trauma, having been sexually abused by a family member at age 8, which was remembered at age 13, causing family strife. Recently, their academic performance declined, and their mood became persistently depressed despite weekly therapy. They were prescribed three different medications without good effect and relapsed into cutting and suicidal thoughts. After a psychiatric consultation with the AMH for Youth Hub team, the resource and referral support staff helped connect the youth to an intensive outpatient program, where they started treatment 9 days later. The patient engaged well, changed medications quickly, and reported improved mood and sleep, a resolution of suicidality, and no self-harm in the following weeks.

### **Vignette #2**

A PCP contacted the AMH for Youth Hub team psychiatrist seeking consultation on their 13-year-old patient, an adopted youth of a single parent, with developmental disabilities including intellectual disability, attention deficit hyperactivity disorder (ADHD), and possible autism (ASD). The father was distraught due to frequent calls from the school about behavioral issues. Despite being on two ADHD medications, both the PCP and father felt they were insufficient. The youth had a previous ASD diagnosis, but the school did not classify him under special education for autism. On a six-month waitlist for neuropsychological testing, the family struggled to find therapy due to the youth's complex issues, with a pending PPT as well.

Given the father's distress, the PCP called the AMH for Youth team for assistance while he was in the PCP's office. The AMH team offered to coordinate appropriate neuropsychological and autism testing, behavioral therapy, and suggested connecting with Carelon's Autism program. The team assured collaboration with the pediatrician and availability for a face-to-face consultation.

The AMH for Youth team continued working with the family, successfully facilitating referrals, therapy connections, obtaining neuropsychological and autism evaluations, and coordinating with the school to find a suitable therapeutic program. The PCP managed the medication without needing further psychiatric consultation. The father expressed gratitude for the real-time consultation, noting it was a remarkable service. The PCP also noted that the consultation and follow up was "incredibly effective and made all of the difference in the world" for this youth and family. The combined efforts of the AMH for Youth team, PCP, and family resulted in achieving the needed outcomes for the youth.

### **Vignette #3**

A PCP contacted the AMH for Youth Hub team psychiatrist seeking consultation on their 6-year-old patient, a boy with a history of congenital sensorineural hearing loss. His hearing issues were identified shortly after birth, and he has been wearing assisted hearing devices since the age of four months. He received early intervention through Birth to Three services for speech and American Sign Language and was making good progress until the age of two, when the COVID-19 pandemic resulted in remote provision of speech and language services. Remote services were ineffective for him, despite his parents' efforts to supplement them at home.

He began demonstrating difficulties with hyperactivity, impulsivity, and emotional dysregulation, exhibiting oppositional and disruptive behavior at home when denied preferred activities or toys. In his first year of preschool, he demonstrated poor impulse control, difficulty following directions, difficulty sharing with peers, and poor frustration tolerance when he did not get what he wanted. He was found eligible for special education services for hearing impairment. With significant structure, he began to adapt to his school routine and became less disruptive. However, he continued to have difficulties with anxiety and disruptive behavior with changes in routine, in loud settings, and when unable to access preferred activities. He was also noted to be a "picky" eater and became easily anxious and overwhelmed, with difficulties settling for and going to sleep at night.

### Vignette #3 (continued)

Diagnosed with asthma as a young child and later with attention deficit hyperactivity disorder (ADHD), he faced ongoing challenges. Due to his anxiety, sleep issues, behavioral dysregulation, sensory sensitivities, and social anxiety, the PCP called the AMH for Youth Hub team for a medication consultation and requested an assessment regarding possible autism spectrum disorder (ASD). With consultation from the AMH for Youth team, his PCP started a medication for ADHD and sleep difficulties, which had a positive effect. He showed reduced impulsivity and hyperactivity, with less frequent and shorter behavioral outbursts. Despite some improvements with the medication treatment, he continued to exhibit concerning behaviors, including issues with special interests, difficulties reading social cues, challenges with cooperative play, sensory sensitivities, and a poor ability to manage changes in routine.

The PCP and his parents requested an in-person evaluation for diagnostic clarification and additional treatment recommendations. The youth and his parents were seen by the AMH for Youth Hub team, which included a clinical interview and rating scales. The evaluation confirmed the diagnosis of ADHD and anxiety and raised the possibility of autism spectrum disorder.

The AMH for Youth team reviewed the findings with the PCP and the parents, discussing recommendations for a formal diagnostic evaluation (ADE) that included the Autism Diagnostic Observation Schedule (ADOS), a definitive diagnostic tool for ASD. Additionally, the AMH for Youth team provided recommendations, including medication adjustments, therapy for the youth, parent support, parenting recommendations, sleep hygiene recommendations, pro-social extracurricular activities, and school accommodations.

Following the evaluation, the AMH for Youth team connected him with a community child guidance clinic, where he and his family reportedly engaged well with the individual and parenting components of therapy. His medication management was transferred to the clinic, and he received a formal autism diagnostic evaluation (ADE) with a developmental pediatrician, who ultimately determined that he met criteria for ASD. The PCP and family were very satisfied with the assistance provided by the AMH for Youth Hub program.

## Definitions

**Consultations:** 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.

Consultations/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
- **Resource and Referral Support** (Care Coordination, Care Coordination Follow Up, Case Conference, Phone Member Family, and Peer Specialist Follow Up): direct phone contact with the individuals and their family or providers involved in the behavioral health care provided to the individuals
- **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 individuals 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.

**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 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.

**Individuals Served:** an unduplicated count of all individuals 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  
SU - Substance Use  
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<br>6.2% Hispanic<br>1.2% Black   | Moderate                 | Exceptionally High   | Low           |
| Group 2 - Suburban         | 64                  | 1,001,215        | 87.3% White<br>4.9% Hispanic<br>2.9% Black   | Moderate                 | Above Average        | Low           |
| Group 3 - Rural            | 60                  | 453,663          | 88.2% White<br>4.6% Hispanic<br>2.1% Black   | Lowest                   | Average              | Below Average |
| Group 4 - Urban Periphery* | 30                  | 1,323,329        | 66.2% White<br>16.1% Hispanic<br>10.9% Black | High                     | Below Average        | Average       |
| Group 5 - Urban Core       | 6                   | 612,962          | 30.5% White<br>35.7% Hispanic<br>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          | Scotland   | Avon            | Old Saybrook  | Bridgeport        | Ansonia                | Darien         |
| Ashford          | Seymour    | Barkhamsted     | Orange        | Hartford          | Bloomfield             | Easton         |
| Beacon Falls     | Sharon     | Berlin          | Oxford        | New Britain       | Branford               | Greenwich      |
| Bethlehem        | Sprague    | Bethany         | Prospect      | New Haven         | Bristol                | New Canaan     |
| Bozrah           | Stafford   | Bethel          | Redding       | New London        | Danbury                | Ridgefield     |
| Brooklyn         | Sterling   | Bolton          | Salem         | Waterbury         | Derby                  | Weston         |
| Canaan           | Stonington | Bridgewater     | Shelton       |                   | East Hartford          | Westport       |
| Canterbury       | Thomaston  | Brookfield      | Sherman       |                   | East Haven             | Wilton         |
| Chaplin          | Thompson   | Burlington      | Simsbury      |                   | Enfield                | Woodbridge     |
| Colebrook        | Union      | Canton          | Somers        |                   | Groton                 |                |
| Cornwall         | Voluntown  | Cheshire        | South Windsor |                   | Hamden                 |                |
| Coventry         | Warren     | Chester         | Southbury     |                   | Manchester             |                |
| Deep River       | Washington | Clinton         | Southington   |                   | Meriden                |                |
| East Haddam      | Waterford  | Colchester      | Suffield      |                   | Middletown             |                |
| East Lyme        | Willington | Columbia        | Tolland       |                   | Milford                |                |
| East Windsor     | Winchester | Cromwell        | Trumbull      |                   | Naugatuck              |                |
| Eastford         | Woodstock  | Durham          | Wallingford   |                   | Newington              |                |
| Goshen           |            | East Granby     | Watertown     |                   | Norwalk                |                |
| Griswold         |            | East Hampton    | Westbrook     |                   | Norwich                |                |
| Hampton          |            | Ellington       | Windsor       |                   | Plainville             |                |
| Hartland         |            | Essex           | Wolcott       |                   | Rocky Hill             |                |
| Harwinton        |            | Fairfield       | Woodbury      |                   | Stamford               |                |
| Kent             |            | Farmington      |               |                   | Stratford              |                |
| Killingly        |            | Glastonbury     |               |                   | Torrington             |                |
| Lebanon          |            | Granby          |               |                   | Vernon                 |                |
| Ledyard          |            | Guilford        |               |                   | West Hartford          |                |
| Lisbon           |            | Haddam          |               |                   | West Haven             |                |
| Litchfield       |            | Hebron          |               |                   | Wethersfield           |                |
| Mansfield        |            | Killingworth    |               |                   | Windham                |                |
| Montville        |            | Lyme            |               |                   | Windsor Locks          |                |
| Morris           |            | Madison         |               |                   |                        |                |
| New Milford      |            | Marlborough     |               |                   |                        |                |
| Norfolk          |            | Middlebury      |               |                   |                        |                |
| North Stonington |            | Middlefield     |               |                   |                        |                |
| Plainfield       |            | Monroe          |               |                   |                        |                |
| Plymouth         |            | New Fairfield   |               |                   |                        |                |
| Pomfret          |            | New Hartford    |               |                   |                        |                |
| Portland         |            | Newtown         |               |                   |                        |                |
| Preston          |            | North Branford  |               |                   |                        |                |
| Putnam           |            | North Haven     |               |                   |                        |                |
| Salisbury        |            | Old Lyme        |               |                   |                        |                |