



# ACCESS Mental Health for Youth

## ANNUAL PROGRESS REPORT

SFY 2024: July 1, 2023 - June 30, 2024



Report prepared by Carelon Behavioral Health for the Department of Children and Families  
Submitted August 29, 2024

# Acknowledgements

State Fiscal Year 2024: July 1, 2023 - June 30, 2024

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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, 2023 through June 30, 2024 (SFY'24); in some metrics, totals covering the entire length of the program or "since inception" June 16, 2014 through June 30, 2024 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.

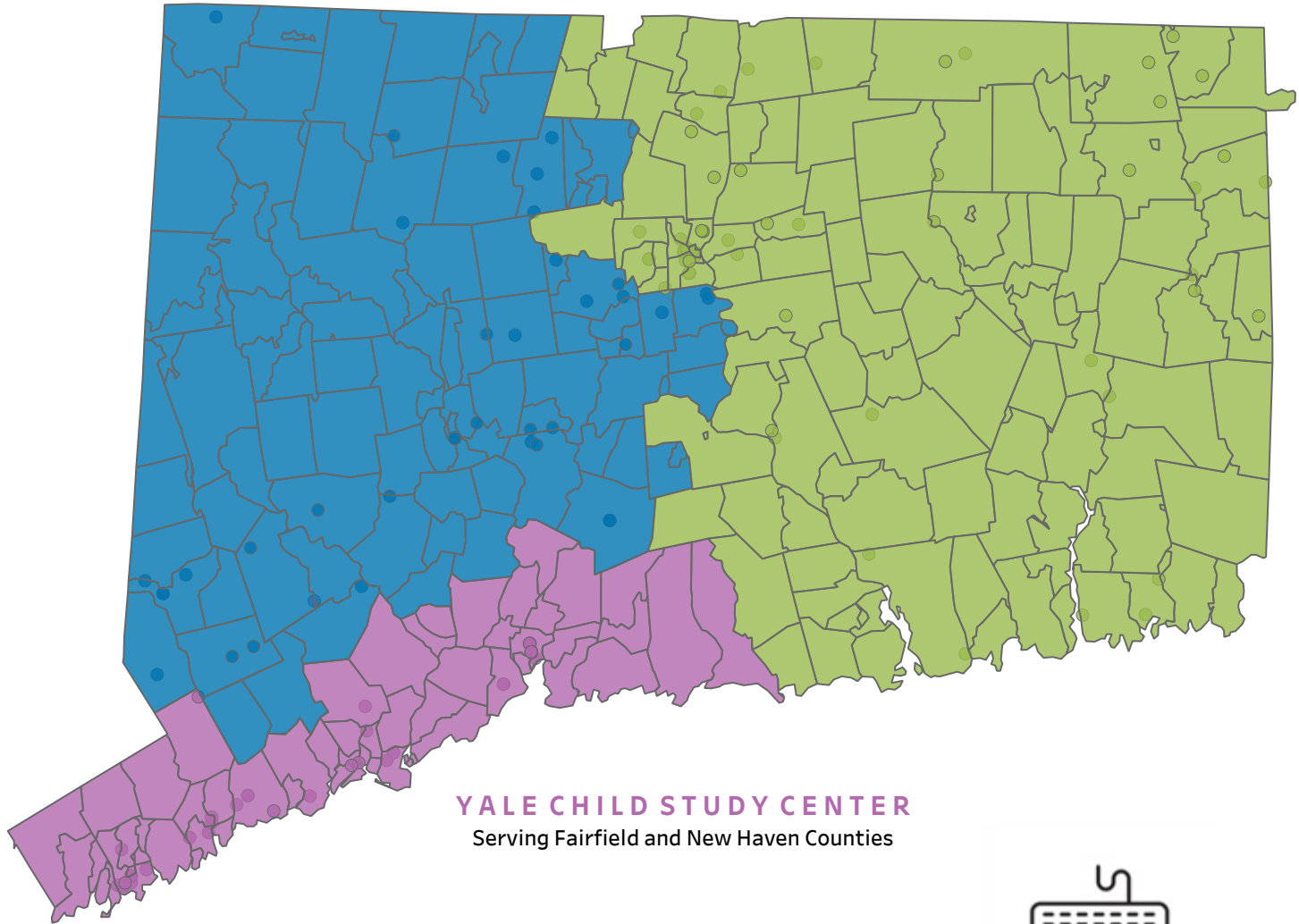
# Hub Catchment Areas

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

Evidenced throughout this report, the Hub teams met and exceeded all program benchmarks set for this state fiscal year (SFY'24). Enrollment remains well distributed throughout the state and program satisfaction is extremely positive. PCPs continue to report changes in their comfort level while expressing gratitude for the program's support. Approximately 89% 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." on the AMH for Youth SFY'24 annual survey.

*"This [AMH] is an amazing resource that has markedly enhanced the care that I provide to patients. More importantly, children are helped"*  
~Participating PCP

In SFY'24, the Hub teams supported a total of 1,874 unique individuals up to 22-years, approximately 11% of the total volume of individuals were young adults which was made possible through federal funding provided by the Health Resources and Services Administration (HRSA) beginning in January 2022. The program provided a total of 8,777 consultations in SFY'24, with an average of 731 consultations per month and an average of 2,194 consultations per quarter throughout this state fiscal year. Approximately 61% of the total consultations provided was resource and referral support.

*"...Thank you for all your help! It is reassuring to feel hope again. It's hard to watch your loved one struggle. I will forever be appreciative of your guidance."* ~Parent after receiving AMH's resource and referral support.

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

Approximately 55% (377 out of 692) of individuals whose PCP called to discuss medication in SFY'24, the resulting plan involved the PCP initiating or continuing as the primary prescriber. By providing support and education to PCPs through real-time consultation, case-based education, and didactic trainings throughout the past ten years, PCPs continue to report improvement in the access and quality of treatment for children with behavioral health concerns.

*"I am grateful to learn, people are really helped with me prescribing, they are living better lives because of that..."* ~Participating PCP

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'24), approximately 26% of youth for whom the PCP and Hub team psychiatrist identified as meeting medical necessity for bridge treatment, agreed to and received bridge treatment from the Hub team clinician while they waited to connect to psychotherapy within their community.

In addition to the HRSA expansion award supporting PCPs treating young adults up to the age of 22 years old, HRSA awarded funding to Connecticut's ACCESS Mental Health for Youth program to produce provider and parent educational materials. Throughout this state fiscal year, the program worked to develop a series of behavioral health education/training videos to preschool, elementary and secondary school districts, emergency department personnel, and pediatric primary care practices to aid in their work in supporting parents/guardians and individuals across the state of Connecticut. The series of educational videos will help parents/guardians, school personnel, emergency room personnel, and PCPs identify symptoms of mental health conditions in children, adolescents, and young adults. Each video will include an informational one-page fact sheet. Topics include general mental wellness throughout four developmental age groups (birth to five, elementary age 6-12, adolescence 13-18, and young adult), depression, anxiety, trauma and anti-bullying. Once complete, the education materials will be disseminated to preschool, elementary, secondary schools, emergency departments and pediatric primary care practices across the state to share with parents and guardians in need. Videos will be posted on multiple websites including the ACCESS Mental Health website for easy access and schools and primary care practices will also be encouraged to post on their websites as well. Dissemination is scheduled for Q1 SFY'25.

In addition to the parent video series, the team is working to develop provider toolkits specifically designed for pediatric and family care physicians that will provide actionable information, algorithms, and insights so that providers and practices can successfully address pediatric mental health and substance use conditions within their practice. Throughout this state fiscal year (SFY'24), the Hub team psychiatrists worked to develop three primary care provider toolkits that can aid in the identification and treatment of attention-deficit hyperactivity disorder (ADHD), anxiety and depression. Toolkits are slated to be posted on the program's website in Q1 SFY'25.

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.



# Enrollment

A total of 366 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'24.

As the program ends its tenth operational year, a total of 404 pediatric and family care practice sites were identified as eligible for enrollment and approximately 91% (366 out of 404) of eligible sites were enrolled statewide as of June 30, 2024. This is an increase of 1% when compared to last state fiscal year (362, SFY'23). 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 88% (147 out of 168) of the total eligible practice sites within their designated service area. Wheeler Clinic enrolled 93% (111 out of 119) of their total eligible practice sites and Yale Child Study Center enrolled approximately 92% (108 out of 117) of the total eligible practice sites within their designated service area.

To date, approximately 9% (38) of primary care practices across the state have declined enrollment in the program. This is a notable decrease compared to previous years and is likely due to the program's expansion to support PCPs treating young adults. Practices who declined in the past due to treating very few children are now interested in enrolling. The Hub teams will continue enrollment efforts in SFY'25.

## Total Enrolled Practice Sites

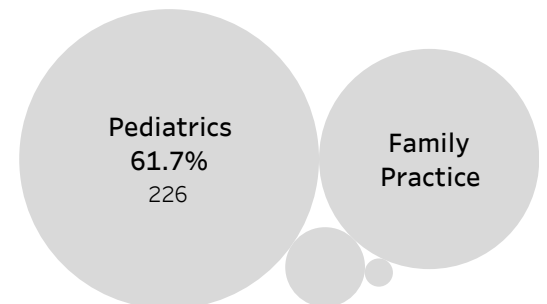
Select Hub Name for specific details



## Total Enrolled Practice Sites by Provider Type

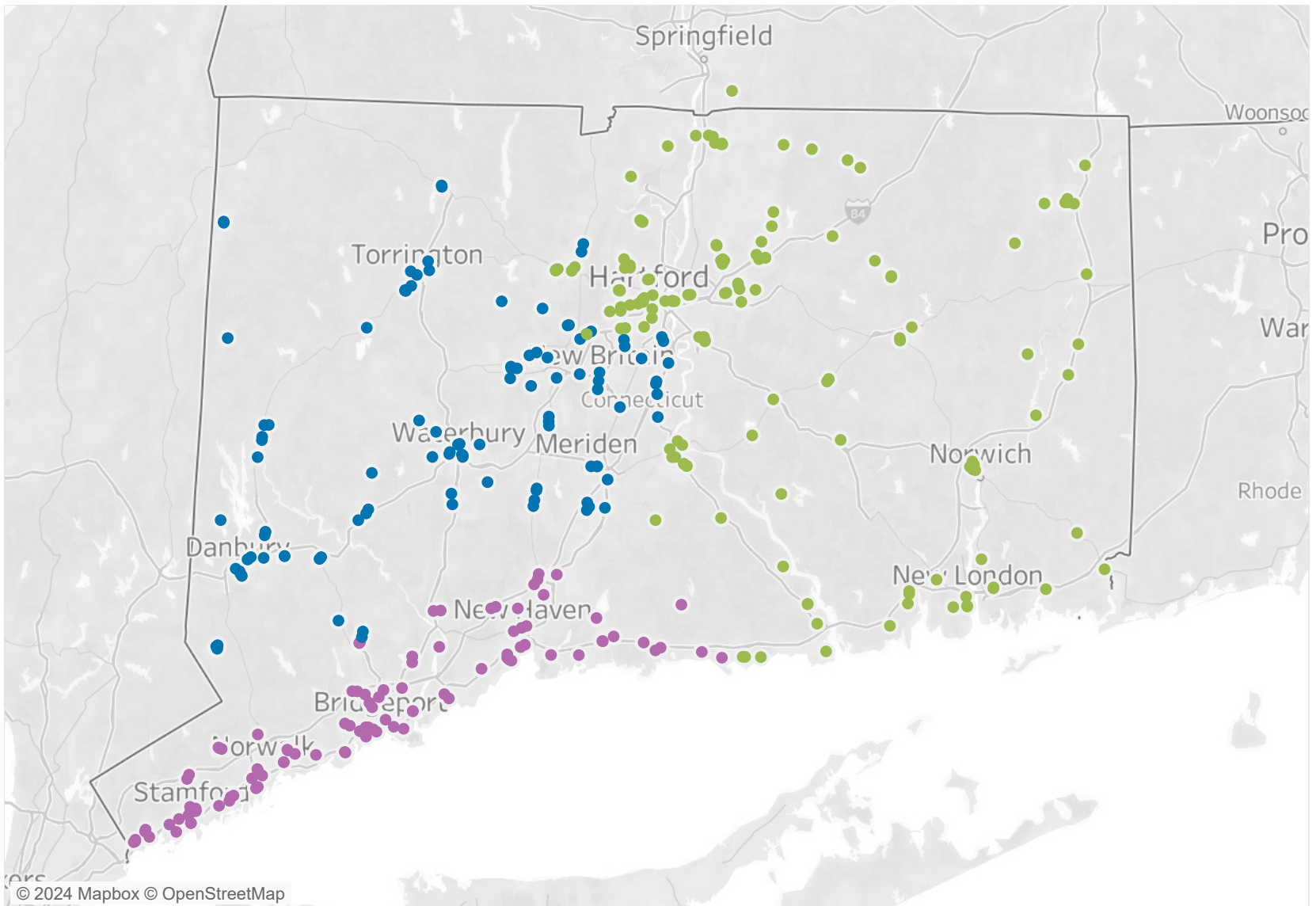
	Hartford Hospital	Wheeler Clinic, Inc	Yale Child Study Center	Statewide
Pediatrics	66	71	89	226
Family Practice	77	32	13	122
Peds/Family	3	7	6	16
Non Selected	1	1		2
<b>Total Enrolled</b>	<b>147</b>	<b>111</b>	<b>108</b>	<b>366</b>
<b>Total Eligible Practice Sites</b>	<b>168</b>	<b>119</b>	<b>117</b>	<b>404</b>

## Percent of Total Enrolled Practice Sites by Provider Type





# Enrolled Practice Locations



Select Map View  
Enrolled Practices

Search practice by town:  
All

## HARTFORD HOSPITAL 855-561-7135

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

## WHEELER CLINIC, INC 855-631-9835

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

## YALE CHILD STUDY CENTER 844-751-8955

Serving Fairfield and New Haven Counties

Practice Name	Address	Phone
ABC Pediatrics	945 Main St. Suite 212 Manchester, CT 06..	(860) 649-6166
ABC Pediatrics LLC	52 Peck Rd, STE G Torrington, CT 06790	(860) 582-1170
Abington Family Healthcare	5 Clinic Rd Abington, CT 06230	(860) 974-0529
Access Priority Family Healthc..	353 Pomfret St Pomfret, CT 06260	(860) 928-1111
All Ages Medical Cre	144 Morgan Street Suite 8 Stamford, CT 0..	(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 06105	(860) 524-8747
Andrea Needleman, MD	4 South Pomeroug Avenue Woodbury, CT ..	(203) 263-2020
Andrew Adade	18 Hillandale Ave Stamford, CT 06902	(203) 327-9333
Andrew F Cutney, MD/NEMG	5520 Park Avenue Trumbull, CT 06611	(203) 371-0076
Anne Marie Villa, M.D., P.C.	150 Hazard Ave Unit B Enfield, CT 06082	(860) 749-3661
Applesed Pediatric and Adole..	80 East Main Street Middletown, CT 06457	(860) 740-7331
Aspire Family Medicine	850 North Main Street Ext. Building 2 Wa	(203) 269-9778

# Individuals Served



The ACCESS Mental Health program served a total of 1,874 unique youth in SFY 2024.

Since inception of the program to date, June 16, 2014 through June 30, 2024, enrolled PCPs contacted their respective Hub teams requesting consultation and support for 13,680 unique individuals presenting with mental health and/or substance use concerns.

Select SFY  
Multiple values

In the program's tenth operational year, the Hub teams supported a total of 1,874 unique individuals (SFY'24). While this is a 12% decrease in volume of individuals served (260 individuals) when compared to the previous state fiscal year (2,134 unique individuals in SFY'23) it is the fourth highest annual volume since program inception and higher than volume reported prior to the COVID-19 pandemic.

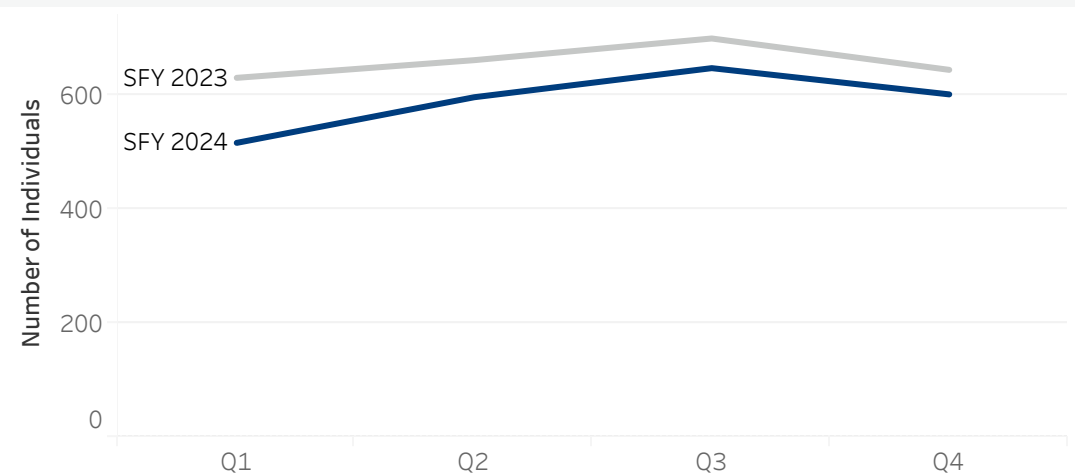
As noted in previous reports, trends in program use are often seasonal. Year over year, PCPs contact the program for support more often in the spring (March - May) and less often during the summer months (July and August). The Individuals Volume - Annual Comparison graph was created to demonstrate how these trends continue in this state fiscal year (SFY'24).

Effective January 2022, the program expanded to support primary care providers treating young adults up to the age of 22 years. This program expansion was made possible through federal funding provided by the Health Resources and Services Administration (HRSA). Demographic information, including age of 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'24, adolescents 13 to 18-years old continue to represent the majority with 42% of the total volume of individuals served this year (788 out of 1,874 individuals). Individuals ages 6 to 12-years old represented the second largest age group with approximately 38% (714 individuals), approximately 9% (171 individuals) of the total volume of individuals served were under the age of six and approximately 11% of the individuals served this state fiscal year were young adults 19 years and older (201 young adults, SFY'24).

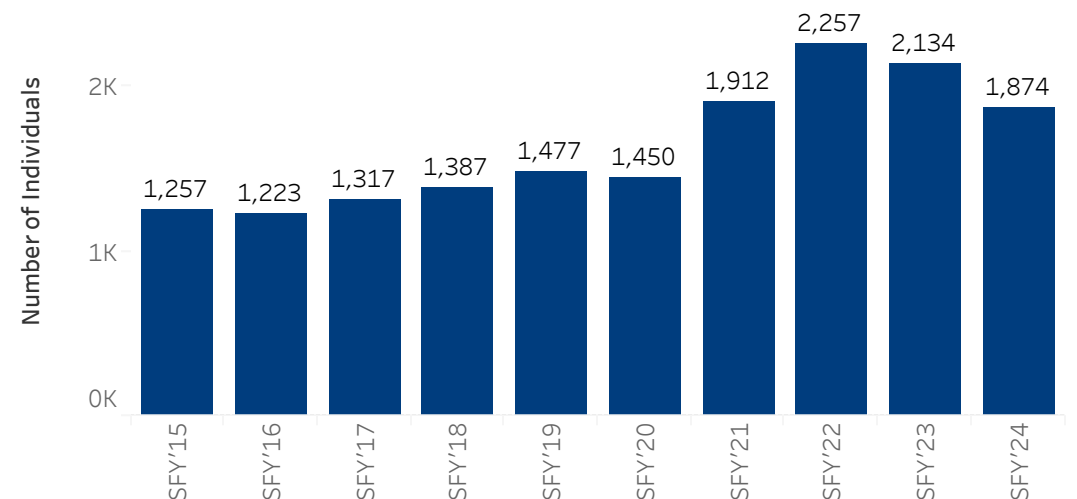
Individuals Volume | Annual Comparison

Select View  
Annual Comparison



Individuals Volume | Individuals by SFY

Select View  
Individuals by SFY



Individuals Served in the Current SFY 2024			
0-5	6-12	13-18	19+
9.1%	38.1%	42.0%	10.7%

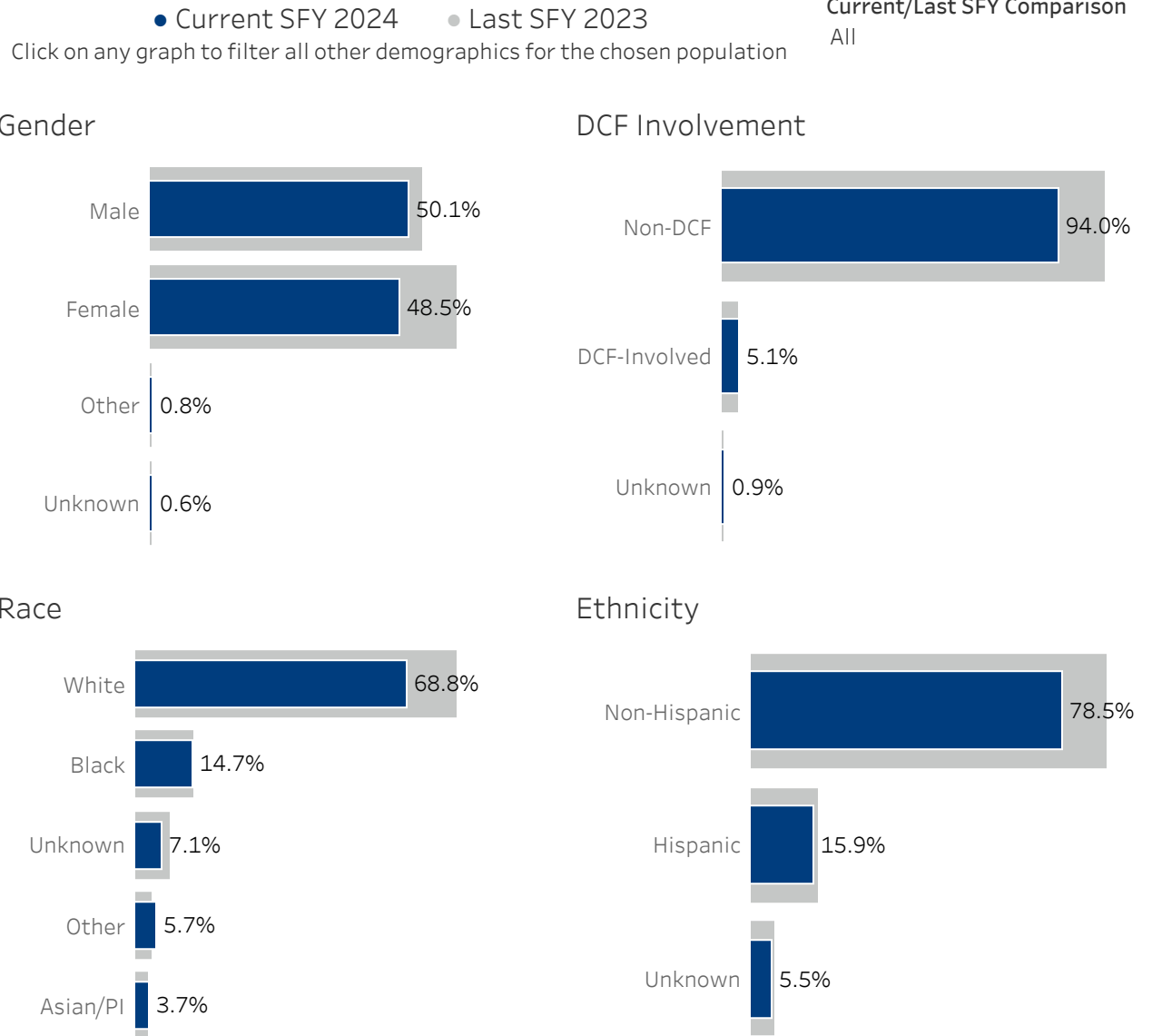
# Individuals Served



Of the total unique individuals served during this time period (1,874 individuals, SFY'24), approximately 50% of individuals identified as male (939) and approximately 49% (909) identified as female. In July 2022, "other" was added to the Encounter System in an effort to be more inclusive of transgender and nonbinary individuals served by the program, approximately 1% (26) of the individuals served during this state fiscal year were either noted as "other" or their gender was not noted in the system.

Approximately 5% (96) of the individuals served by the program in SFY'24 were noted by the PCP to have DCF involvement. This is the same percentage when compared to the individuals noted to have DCF involvement in SFY'23 (5% or 98 individuals).

Of the 1,874 unique individuals served in SFY'24, the majority of individuals served across all age groups were identified as White (69% or 1,289 individuals), with approximately 15% (276) Black individuals, 6% (107) identified as some other race, 4% (69) Asian/Pacific Islander individuals, and approximately 7% (133) of individuals served by the program were identified as unknown. Approximately 16% (298) of individuals served by the program identified as Hispanic, over 78% (1,472) of the individuals served identified as non-Hispanic, and almost 6% (104) had an unknown Hispanic ethnicity.



# Individuals Served



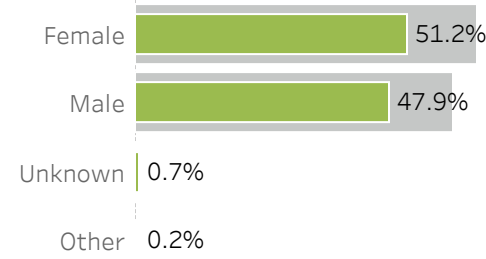
The Hartford Hospital Hub team served a total of 539 unique individuals in SFY'24, approximately 29% of the total volume of individuals (1,874). The following graphs demonstrate demographic details of the individuals served throughout this state fiscal year.

Select for Current and/or Last Fiscal Year:  
All

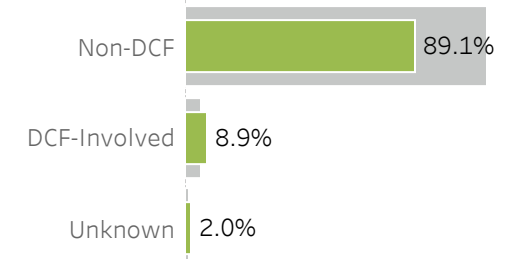
## Hub-Specific Current SFY Summary

- ➔ 17 year-olds represented the largest portion in the current state fiscal year at **9.3%**.
- ➔ Females accounted for **51.2%** of the unique individuals served.
- ➔ The majority of individuals served were White at **64.7%**.

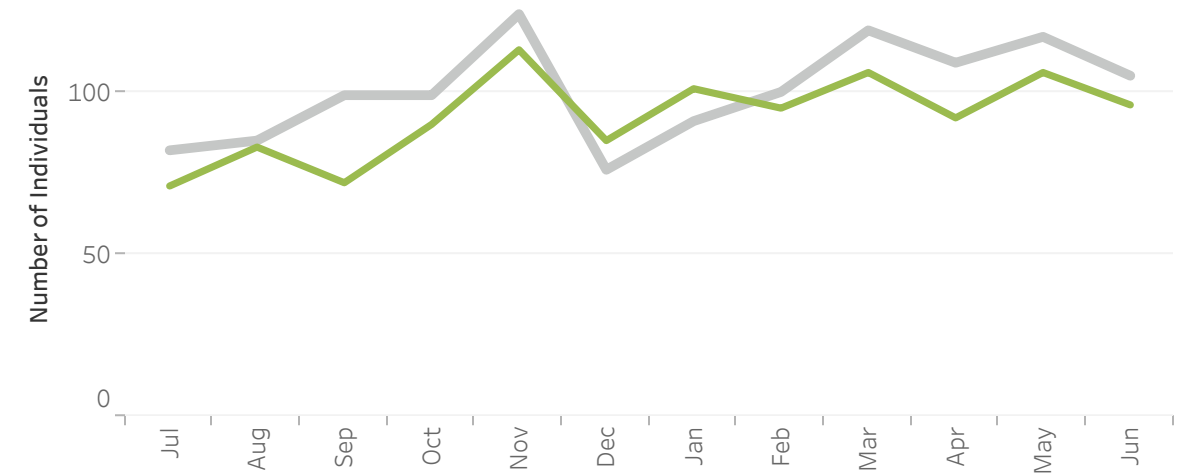
## Gender



## DCF Involvement



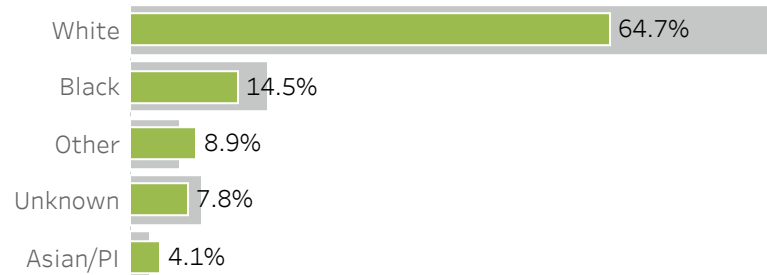
## Volume of Individuals



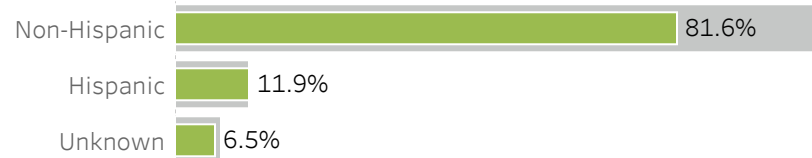
● Current SFY 2024    ● Last SFY 2023

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

## Race



## Ethnicity



## Individuals Served in the Current SFY 2024

0-5	6-12	13-18	19+
9.1%	39.0%	41.9%	10.0%

# Individuals Served



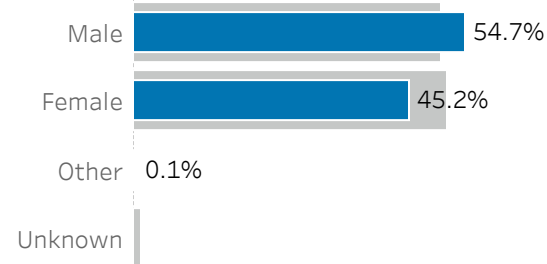
The Wheeler Clinic Hub team served a total of 684 unique individuals in SFY'24, approximately 37% of the total volume of individuals (1,874). The following graphs demonstrate demographic details of the individuals served throughout this state fiscal year.

Select for Current and/or Last Fiscal Year:  
All

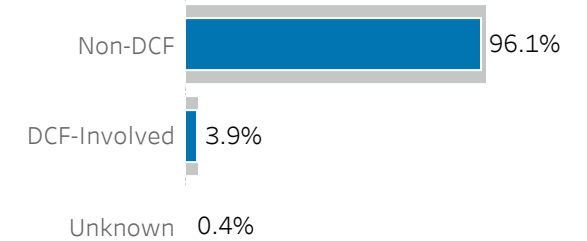
## Hub-Specific Current SFY Summary

- 9 year-olds represented the largest portion in the current state fiscal year at 7.6%.
- Males accounted for 54.7% of the unique individuals served.
- The majority of individuals served were White at 72.5%.

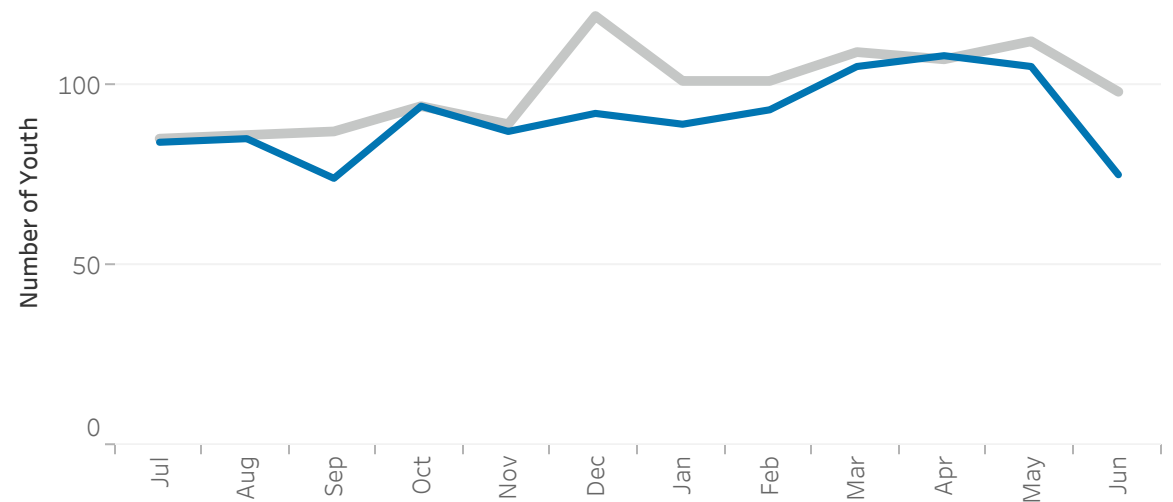
## Gender



## DCF Involvement



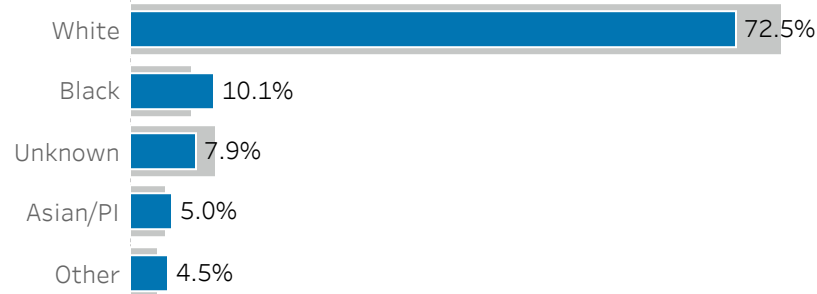
## Volume of Individuals



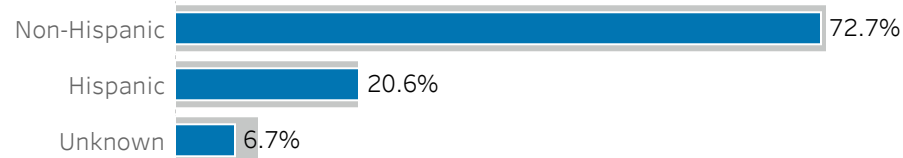
● Current SFY 2024 ● Last SFY 2023

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

## Race



## Ethnicity



## Individuals Served in the Current SFY 2024

0-5	6-12	13-18	19+
10.4%	38.7%	39.2%	11.7%

# Individuals Served



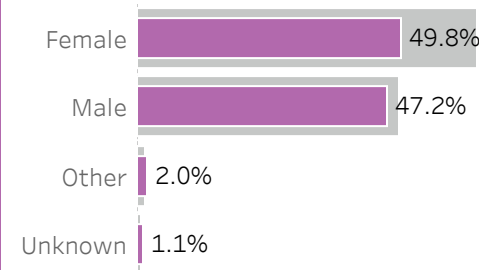
The Yale Child Study Center Hub team served a total of 651 unique individuals in SFY'24, approximately 35% of the total volume of individuals (1,874). The following graphs demonstrate demographic details of the individuals served throughout this state fiscal year.

Select for Current and/or Last Fiscal Year:  
All

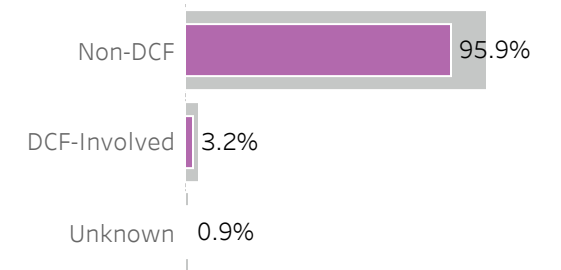
## Hub-Specific Current SFY Summary

- ➔ 17 year-olds represented the largest portion in the current state fiscal year at **9.4%**.
- ➔ Females accounted for **49.8%** of the unique individuals served.
- ➔ The majority of individuals served were White at **68.2%**.

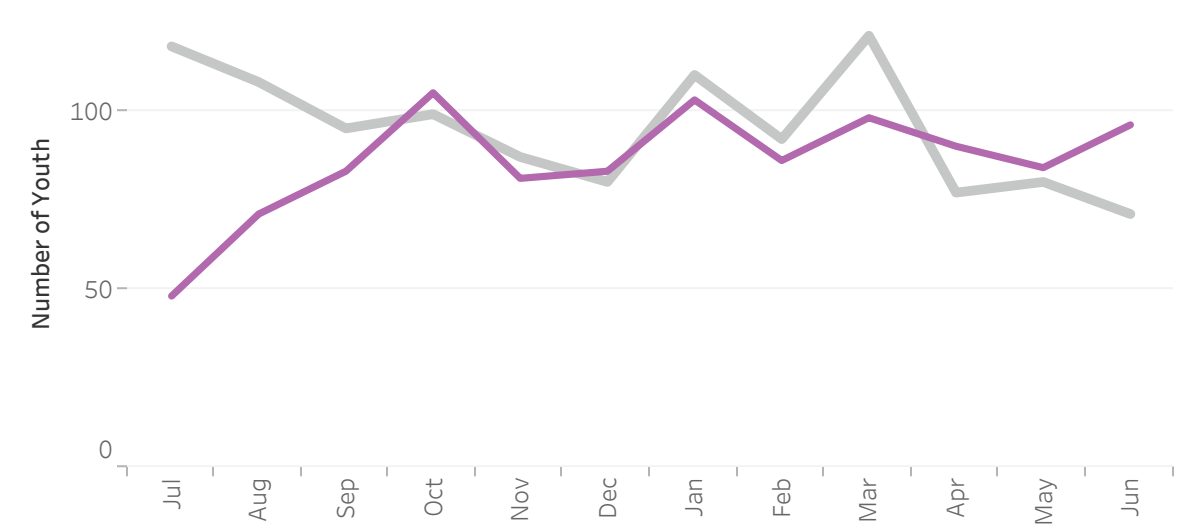
## Gender



## DCF Involvement



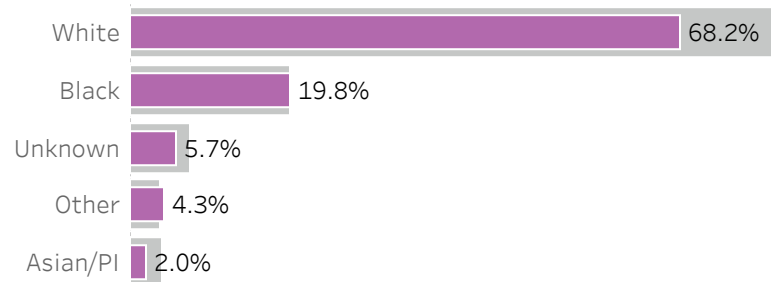
## Volume of Individuals



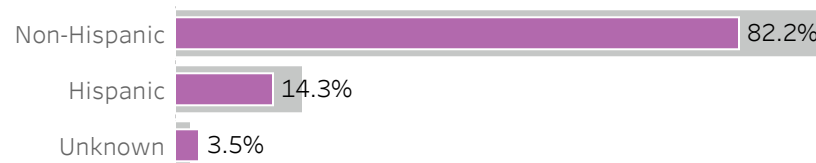
● Current SFY 2024 ● Last SFY 2023

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

## Race



## Ethnicity



## Individuals Served in the Current SFY 2024

0-5	6-12	13-18	19+
7.8%	36.7%	45.2%	10.3%

# Individuals Served

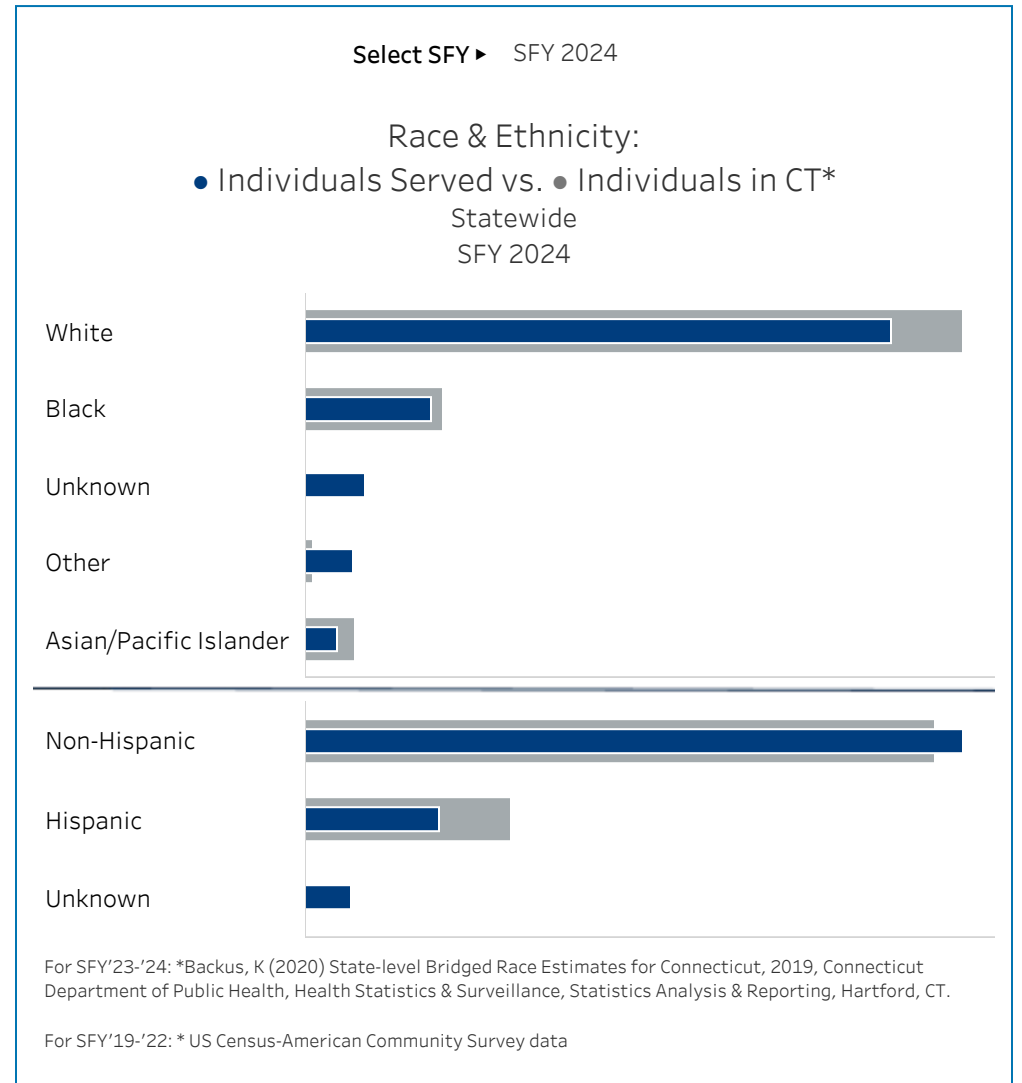


**Race and Ethnicity Comparison:** The National Center for Health Statistics (NCHS) developed a method to produce annual estimates at the state and county levels by age, sex, race and Hispanic ethnicity (ASRH) using four single-race categories instead of the 31 single and multiple-race categories published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

As noted earlier in this report, approximately 69% (1,289) of the individuals served by the AMH program this state fiscal year (SFY'24) were identified as White individuals, this is an under-representation when compared to White individuals living in CT using the state-level bridged race estimates (77%). Approximately 15% of the total volume of individuals served by the program in SFY'24 were identified as Black individuals. This is also an under-representation when compared to Black individuals living in CT using the state-level bridged race estimates (16%). Individuals served by the AMH program in SFY'24 who identified as Hispanic also appear to be under-represented when compared to the Hispanic individuals living in CT (16% Hispanic individuals served compared to 25% Hispanic individuals in CT).

Approximately 6% of the total individuals served by the AMH program during this state fiscal year were identified as "other" which is an over-representation when compared to the state-level bridged race estimates for individuals living in CT (1%). However, this is expected given that the state-level bridged data creates fewer demographic groups. In addition, while the bridged data reallocates "some other race" to better represent the Hispanic numbers (race often chosen by this population), we are unable to do this with the AMH data.

Race and Ethnicity graphs to the right allow the reader to view comparisons using the state-level bridged race estimates for Connecticut for this current state fiscal year (SFY'24). The filter will also allow the reader to view previous analyses using the American Community Survey (ACS) to inform the race and ethnicity comparisons of individuals served by the program in SFY'19 through SFY'22.



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



# Individuals Served



As mentioned in previous reports, state-level comparisons do not demonstrate the true impact the AMH program continues to have on individuals and families in Connecticut. This analysis is limited in that it compares all individuals living in Connecticut, including those receiving medical care outside of the primary care setting, i.e., school-based health centers or urgent and emergent care. Sociodemographic factors likely contribute to where individuals receive their care, both medical and behavioral health and it is well documented that race, ethnicity, poverty, education, housing, and many other socioeconomic indicators are not equally distributed throughout Connecticut. The Five Connecticut's, developed in 2000 and updated in 2015 based on updated town data<sup>[2]</sup>, provides a solution to compare communities throughout the state based on population density, median family income, and poverty. The methodology groups Connecticut's 169 towns into the following five categories: Wealthy, Suburban, Rural, Urban Periphery and Urban Core. A full list of the towns assigned to each of the Five Connecticut groups can be found in the Definitions section of this report.

In SFY'24, approximately 37% (681) of individuals served by the program live in suburban communities with a slightly above average median family income and approximately 43% (796) 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 10% (187) of the total individuals served by the program live in communities with high poverty (urban core) and only 4% (81) of the total individuals served live in wealthy communities. There were 10 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.

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 2024

The Five Connecticut's Breakout by ACCESS MH CT

Individuals Served  
Statewide  
SFY 2024

Volume of Individuals Served  
2 552

	Wealthy	Suburban	Rural	Urban Periphery	Urban Core	Grand Total
White	66	552	97	493	76	1,284
Black	2	40	4	149	81	276
Unknown	4	41	9	65	9	128
Other	3	24	6	56	18	107
Asian/PI	6	24	3	33	3	69
<b>Grand Total</b>	<b>81</b>	<b>681</b>	<b>119</b>	<b>796</b>	<b>187</b>	<b>1,864</b>
Non-Hispanic	74	596	96	577	122	1,465
Hispanic	3	53	15	169	58	298
Unknown	4	32	8	50	7	101
<b>Grand Total</b>	<b>81</b>	<b>681</b>	<b>119</b>	<b>796</b>	<b>187</b>	<b>1,864</b>

<sup>[2]</sup> Levy, Don and DataHaven. (2015): Five Connecticut's 2010 Update. Produced for Siena College Research Institute and DataHaven based on the original method of assigning designations used in Levy, Don, Orlando Rodriguez, and Wayne Villemez. 2004. The Changing Demographics of Connecticut - 1990 to 2000. Part 2: The Five Connecticut's. Storrs, Connecticut: University of Connecticut SDC Series, no. OP 2004-01. Published by DataHaven.

## Individuals Served



In an effort to learn more from enrolled primary care providers, we added new questions to the SFY'24 AMH for Youth annual survey. Approximately 63% of the respondents (29 out of 46) 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.”, approximately 26% (12 out of 46) responded “neither agree or disagree” and 11% (5 out of 46) responded “strongly disagree” or “disagree”.

However, it is important to note that approximately 89% (41 out of 46 respondents) also 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.”

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?”. The majority of respondents commented on mental health workforce shortages and finding qualified mental health therapists across the state, cost of care for those with high-deductibles or limited mental health care coverage, and shortages in specific specialized treatment areas such as eating disorder treatment and treatment for children under the age of five; some requested support from AMH in embedding mental health clinicians within their practice.

*“More mental health providers, more providers who accept Medicaid, and social workers in every primary care office. I think ACCESS Mental Health is doing a very good job considering the obstacles.” ~PCP respondent, SFY'24 annual survey*

*“ACCESS Mental Health is not the issue. The issue is to have access to mental health services that patients can utilize. Having someone to talk to on the phone does not increase the availability of services in the community” ~PCP respondent, SFY'24 annual survey*

*“There are disparities in access to behavioral health care. I AGREE. HOWEVER, what I am observing now is that the 'low middle class' is hurting the most now. In our practice, at least 50% of children have HUSKY as their primary insurance. We can work with HUSKY, there are more resources now, which was not the case in the past. Those families don't have to worry about expensive co-pays or deductibles. Their only issue is they usually have to go on a 'long waiting list' to receive the needed mental health services. However, low-income families with PRIVATE INSURANCE, whose jobs offer them insurance and thus do not qualify for HUSKY, can not afford high deductibles or high co-pays and are struggling the most. Mental Health Services are more accessible for those who can pay in cash, as many good psychiatrists and therapists don't work with insurance plans. But the middle class that does not qualify for HUSKY, and can not afford to pay cash, is suffering the most now. I see it time after time, at every level.” ~PCP respondent, SFY'24 annual survey*

*“I think ACCESS Mental Health is a wonderful program, that over the years has really strived to improve their services. Often, the options given to a patient are limited for therapists, especially if they have HUSKY. I would love to see ACCESS Mental Health work on providing some embedded providers in private offices.” ~PCP respondent, SFY'24 annual survey*

# Consultations

The program provided a total of 8,777 consultations in SFY 2024.

## Summary

for time range selected



Average of 731 consultations per month.



Average of 2,194 consultations per quarter.

Select SFY ▶ FY 2024

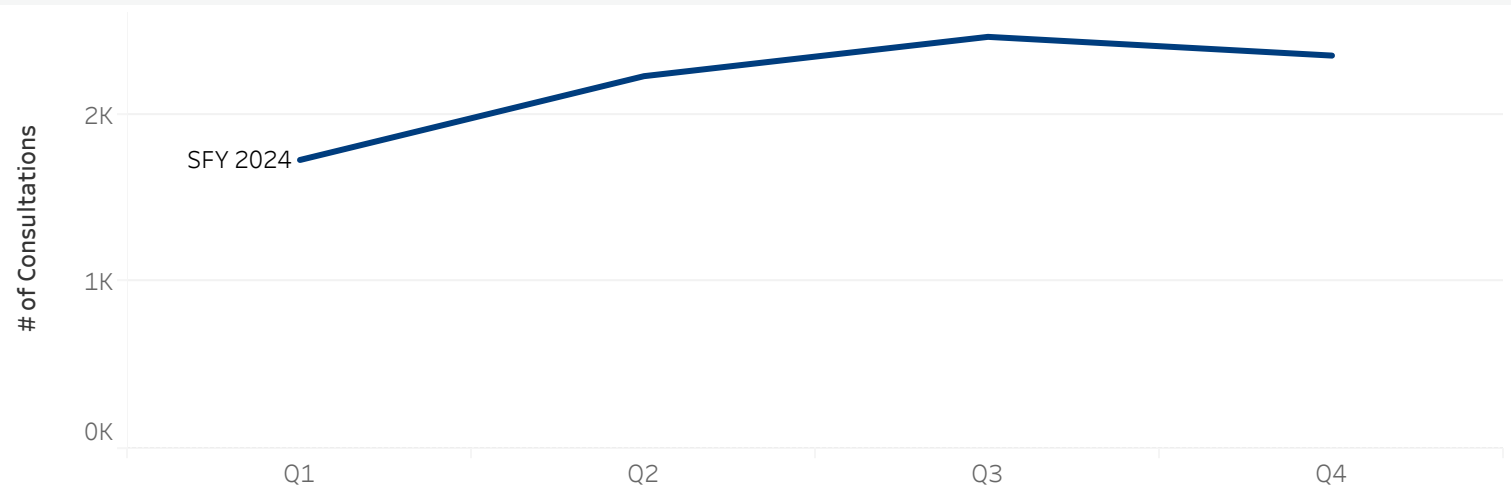
Consultations are intended to serve as individualized, case-based education for providers and, when indicated, direct patient support in connecting to resources in the community. Consultation dashboards are created to showcase the number of consultations provided directly to PCPs and to their patients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

Since inception of the program to date, June 16, 2014 through June 30, 2024, the Hub teams have provided 75,574 total consultations supporting PCPs treating individuals within their primary care practice. This is an increase of 8,777 consultations since last state fiscal year when the program to date total was noted as 66,797 consultations.

The following dashboards show the statewide volume of consultations over ten years of programming depicting annually, quarterly, and monthly comparisons. In SFY'24, the program provided a total of 8,777 consultations with an average of 731 consultations per month and an average of 2,194 consultations per quarter. Per Hub team report, Thursday afternoons are the busiest. While there was a 3% decrease in the volume of consultations in SFY '24 compared to last state fiscal year (9,064 in SFY'23), it was the fourth 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



# Consultations



**Direct PCP Consultations:** Of the 8,777 consultations provided throughout the state in SFY'24, approximately 37% (3,280 consultations) were reported as direct contact with PCPs. The program benchmark for year ten was that 95% of all initial PCP calls requiring a call back will be returned within 30 minutes of initial inquiry unless an alternative time was requested by the PCP. Per Hub team report, 99.6% (2,027 out of 2,035) of initial PCP calls were answered by the Hub team's consulting psychiatrist within 30-minutes of the PCP's initial inquiry; approximately 91% (1,845 out of 2,035) of which were connected directly at the time of the call. The Hub teams exceeded this target in SFY'24.

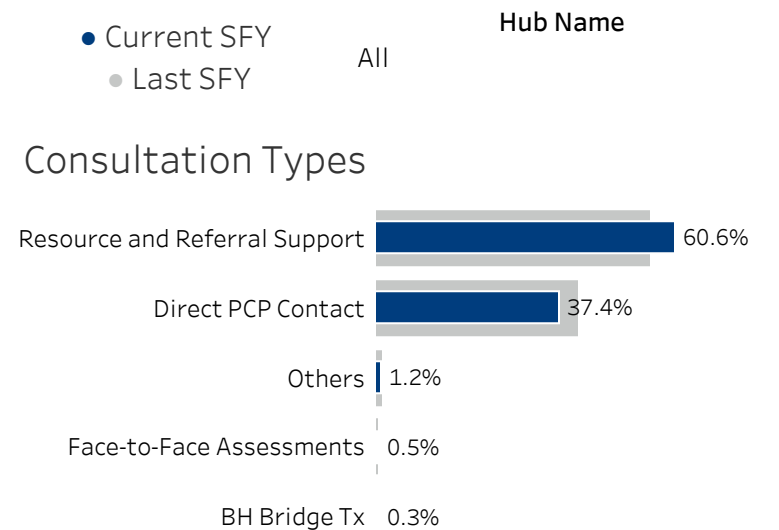
**Resource and Referral Support:** While the primary function of the program is physician-to-physician consultation, resource and referral support is also a significant component of the model. In SFY'24, approximately 61% of the total consultations provided was resource and referral support. Navigating the behavioral healthcare system can be difficult, even more so since the pandemic. The program model requires that the Hub teams work with the PCP, 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.

Additionally, the role of the family peer specialist is unique and fosters a connection with the family that often opens the door to a better understanding of their needs. This "warm hand-off" approach entails more than just providing phone numbers for service providers. They engage, educate, and empower individuals and their families, helping to resolve barriers that might otherwise prevent the individuals from connecting to care. After confirming that the individual has connected to treatment, the Hub team contacts the PCP with an update on the status of the case and to close the loop; providing the name and contact information of the behavioral health provider from whom the individual will be receiving treatment. In the event the team does not receive a response from the family, despite multiple attempts, the Hub team contacts the PCP to share the details regarding the barriers to connect with the family and, if available, gather alternate means of contact.

*"...Thank you for all your help! It is reassuring to feel hope again. It's hard to watch your loved one struggle. I will forever be appreciative of your guidance." ~Parent after receiving AMH's resource and referral support.*

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

*"If you ever question your job and whether you make a difference, know that today you have." ~Parent after receiving AMH's resource and referral support*



# Consultations



**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’24, the Hub teams provided referrals to 869 individuals, 469 (54%) of which were confirmed to be connected to care.

The Hartford Hospital Hub team provided 835 vetted referrals to 128 individuals, Wheeler Clinic Hub provided 976 vetted referrals to 385 individuals, and the Yale Child Study Center Hub team provided 745 vetted referrals to 356 individuals throughout this state fiscal year (SFY’24).

**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% (47 out of 8,777) of the total consultations in SFY’24 were one-time diagnostic and psychopharmacological assessments. This is comparable to SFY’23 (1%, 71 assessments). Hartford Hospital provided 12 assessments, Wheeler Clinic provided 28 assessments and Yale Child Study Center provided 7 assessments during this state fiscal year. While the volume of one-time diagnostic and psychopharmacological assessments remains consistently low each fiscal year, PCPs continue to express their appreciation for the support.

**Screening Tools:** As indicated 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 tenth operational year (SFY’24), PCPs noted to have 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 (428 out of 1,874) and approximately 11% more individuals than the previous year (387 individuals in SFY’23). The Patient Health Questionnaire (PHQ-9 and PHQ-A) was noted as the most commonly used screening tool during this reporting period.

# Consultations



**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 8,777 total consults provided in SFY'24, approximately 56% (4,947) were for individuals with an identified commercial insurance plan, such as Aetna or Anthem CT; 44% (3,816) were for individuals with HUSKY coverage and less than 1% (14) were identified as having no coverage at all. While there is some variation from year to year, the majority of the consultations provided across ten years of programming were for individuals with an identified commercial insurance plan. Similar statistics are noted across all three Hub teams.

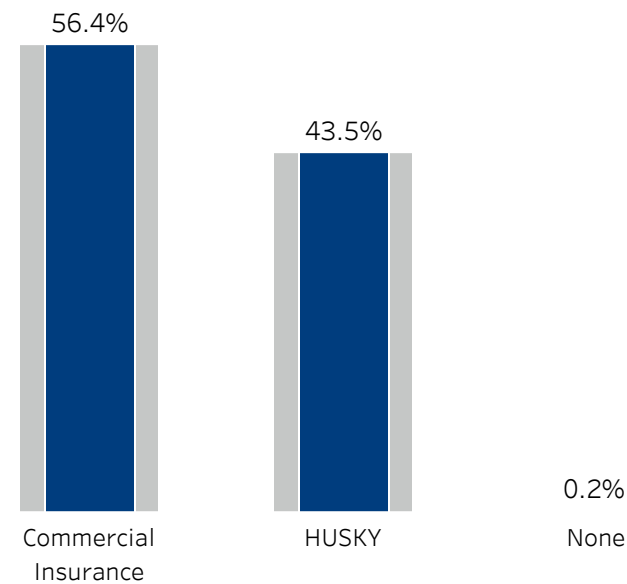
As noted in previous reports, Carelon's central administration team has been exploring possibilities for third party reimbursement for AMH psychiatric consultation to PCPs given the continued cost-effective value and positive impact this program has had on individuals and families across the state. Pediatricians and family care physicians have come to rely on the program for support. Consultations between physicians are helping to identify, assess, and triage patients in need, regardless of insurance, and are appropriately triaged based on the capacity and comfortability of the PCPs accessing the program. It is important to highlight that as PCPs call for consultation on an individual patient, the results of that consultation are generalizable skills which can be applied not only to that respective individual but can also benefit other patients under that PCP's direct care who are presenting with similar symptomatology. This public health model approach to consultation indicates a similar approach to funding and sustainability. As such, we strongly believe that third party insurers should contribute to the funding and support of the program. The value added to the providers has a positive ripple effect and impact on all residents in Connecticut, not just those served through a specific consultation. We have been advocating for involvement by third party insurers for several years. Our efforts captured the attention of Anthem Blue Cross Blue Shield of CT, who issued a press release on May 10, 2021, praising the program and its efficacy. Since then, we have been convening with Anthem and have agreed on a pilot program that would allow the Hub psychiatrist to submit a claim for the psychiatric consultation provided to the PCP over the phone. It is important to note that this is not an eConsult. It is identified as a telephonic curbside consultation and is different than the collaborative care process in which the PCP takes the lead in submitting for reimbursement.

Carelon, together with Anthem and the AMH Hub teams worked to create a process for which MD-to-MD curbside psychiatric consultation would use one CPT code (99451) and one ICD code for general mental health screening (Z13.30). This allows the psychiatrist to submit to Anthem CT for reimbursement without incurring any cost to the patient and allows the treating provider (PCP) to determine if and when a psychiatric diagnosis is clinically appropriate, not the Hub team psychiatrist.

At the time of this report, 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 by Insurance

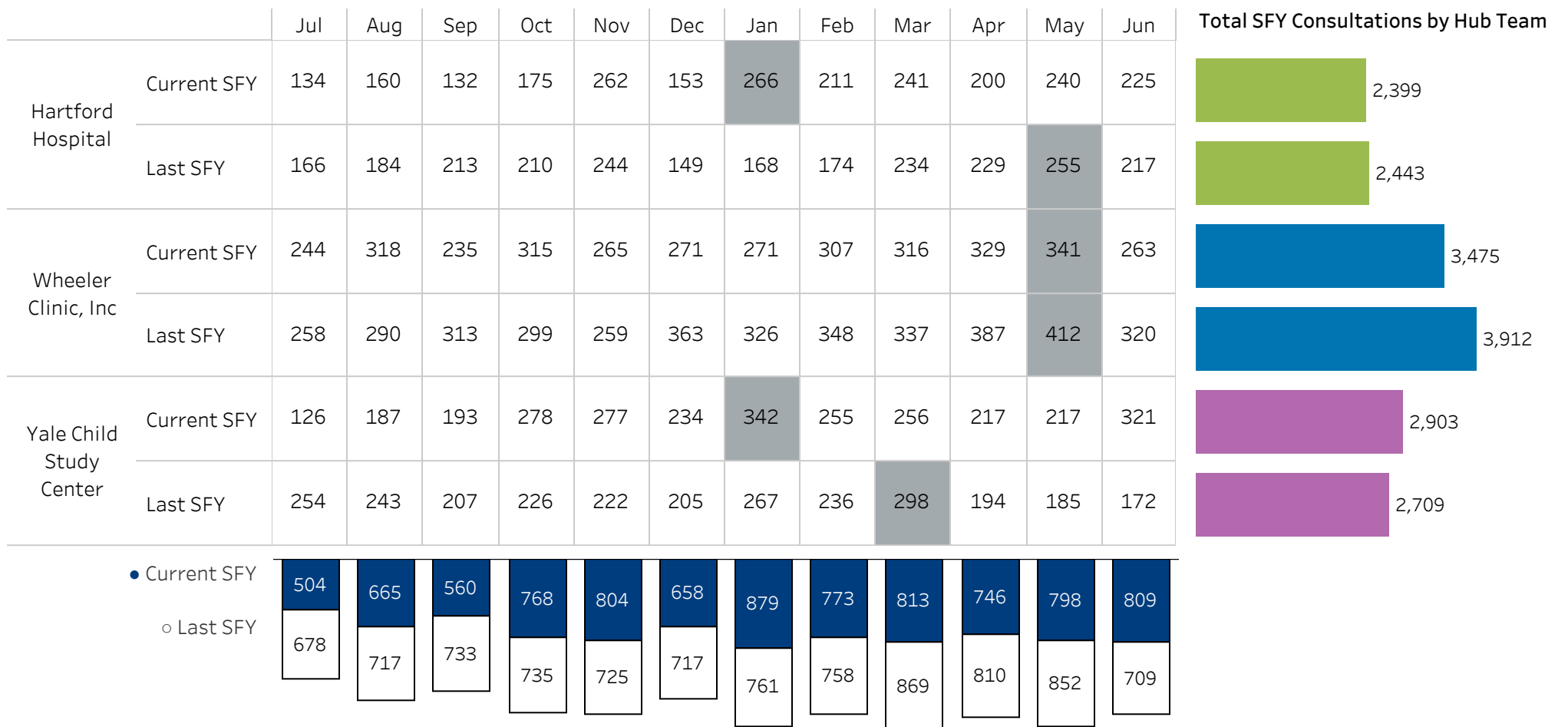


# Consultations

Of the 8,777 total consultations provided statewide in SFY'24, Hartford Hospital provided approximately 27% (2,399 out of 8,777) of the total statewide volume of consultations this state fiscal year. This is a 2% decrease in volume of consultations when compared to their consultation volume last state fiscal year (2,443 in SFY'23). Wheeler Clinic provided approximately 40% (3,475 out of 8,777) of the total statewide volume of consultations. This is a decrease of approximately 11% (437) in volume of consultations when compared to the volume of consultations provided by Wheeler Clinic last state fiscal year (3,912 in SFY'23). Yale Child Study Center provided approximately 33% (2,903 out of 8,777) of the total statewide volume. This is an increase of approximately 7% (194) in volume of consultations when compared to the volume of consultations provided by Yale Child Study Center in SFY'23 (2,709). Statewide, January is the busiest month of the year with a total 879 consultations provided by all three Hub teams. Wheeler Clinic, however, had the most consultations in May 2024.

## Monthly Consultations by Hub

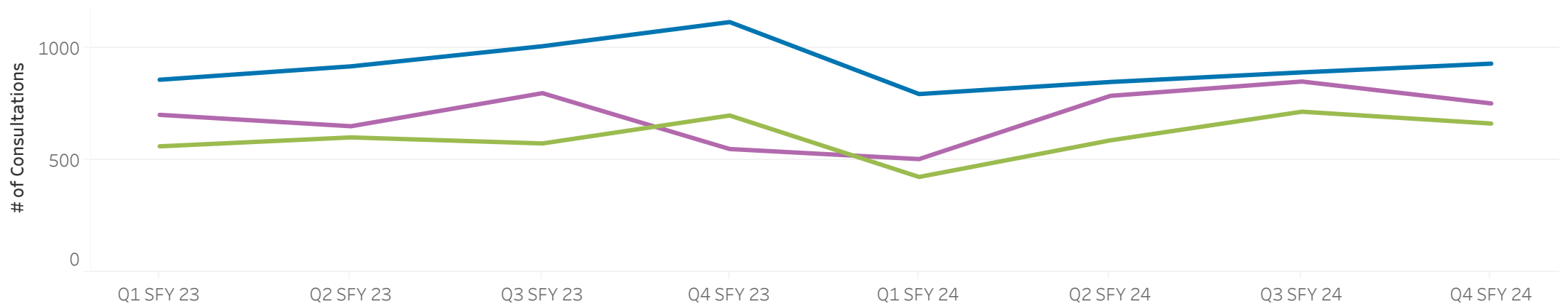
- Month with the maximum consultations in the SFY





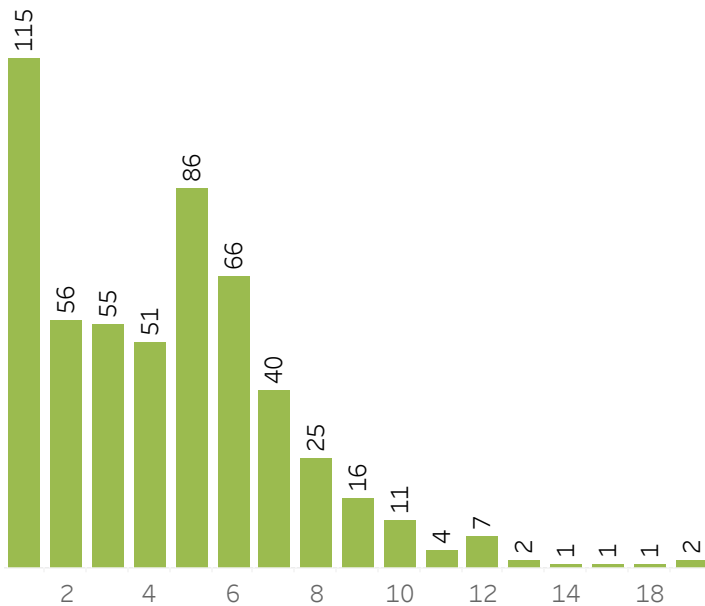
# Consultations

Quarterly Volume of Consultations

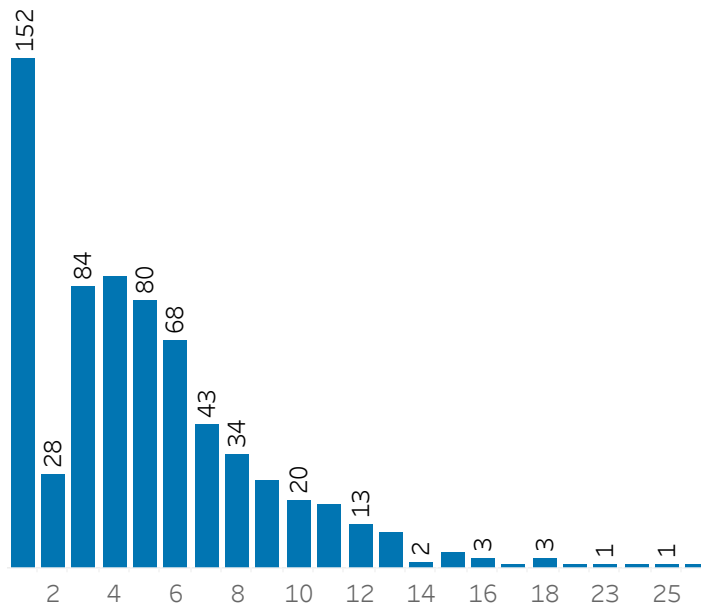


Select SFY ► FY 2024

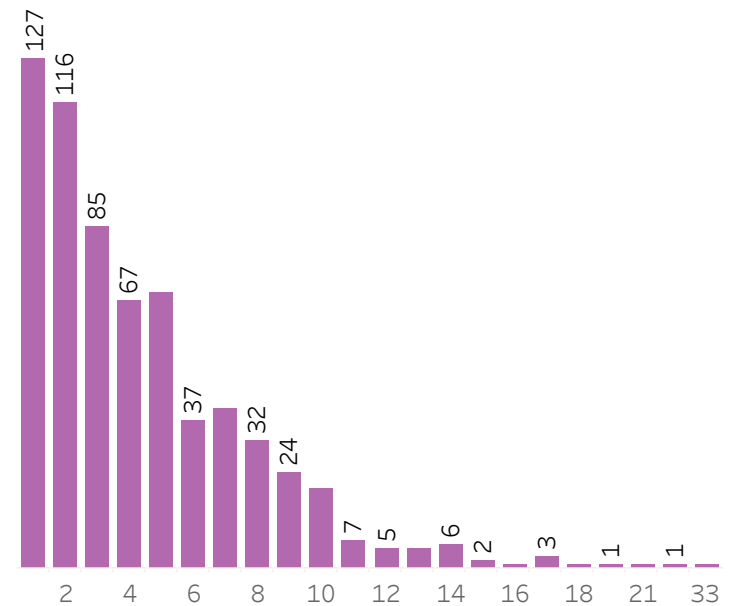
Hartford Hospital Consultation Frequency for SFY 2024



Wheeler Clinic, Inc Consultation Frequency for SFY 2024



Yale Child Study Center Consultation Frequency for SFY 2024



# 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’24, PCPs contacted the program seeking medication guidance for approximately 37% (692 out of 1,874 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 55% (377 out of 692) of individuals whose PCP called to discuss medication in SFY’24, 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 45% (311 out of 692) 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 61% (189 out of 311) of individuals waiting to transition to a psychiatrist in their community. Although this is a 31% decrease in the percent of individuals served compared to the previous state fiscal year, when PCPs agreed to act as an interim bridge prescriber for 71% (273) of the individuals waiting to transition to a community psychiatrist, it is the second highest year of percent of individuals since program inception. This continues to demonstrate a comfort level for the PCP related to prescribing, as well as improved continuity of care for the individuals served. Approximately 1% (4 out of 692) 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 ten years, PCPs continue to report improvement in the access and quality of treatment for children with behavioral health concerns.

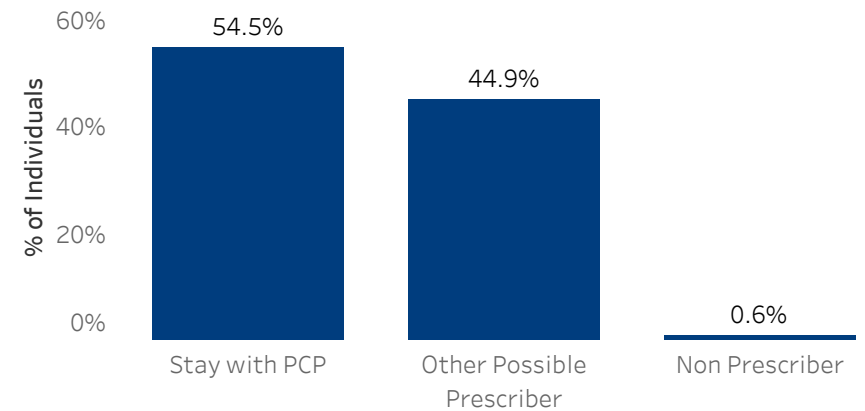
*“That’s why I call you, I learn so much – I feel comfortable prescribing because I have AMH to call – there are times when I don’t need to call since you have taught me so much” ~Participating PCP*

*“...I want to take this opportunity to shout out for the primary care providers we work with. I am in awe of the providers who call us. The time they give, dedication, concern, and relationships they develop with the children and families they serve. The ACCESS Mental Health program gives them critical support so that they can meet the needs of these patients while increasing their own understanding and capacity...” ~Hub Team Psychiatrist*

*“I am grateful to learn, people are really helped with me prescribing, they are living better lives because of that...” ~Participating PCP*

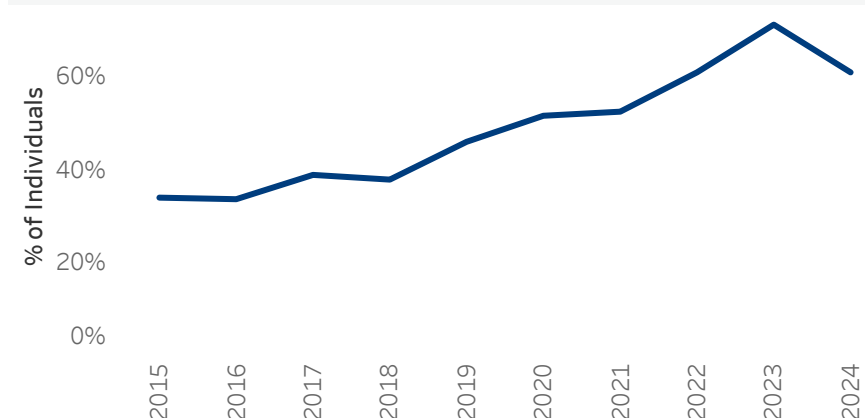
Statewide Outcomes for Individuals Subject to Medication Consultation

Hub Name  
All



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

Hub Name  
All



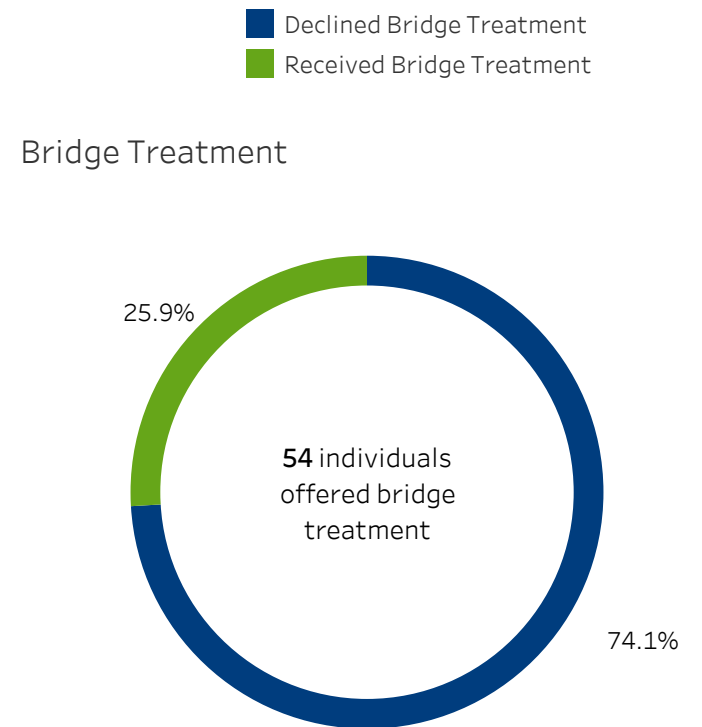
# Consultations

In SFY'25, a further analysis of prescribing patterns is recommended, if possible, to better understand the impact consultations have had at an individual practice-level. Investing in meaningful data mining, analysis, and visualization would be incredibly impactful to the sustainability and return on investment of the model. However, the team will need to develop methodology that analyzes provider diagnosing and prescribing pre-and-post program implementation and compare that with existing provider utilization data, this may require claims data for this type of analysis. Once methodology is determined, the team could develop practice-specific dashboards showcasing how individual practices/providers are changing over time.

**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 status.

Throughout this state fiscal year (SFY'24), PCPs and the Hub team psychiatrist identified 54 individuals, regardless of financial status, who would benefit from telephonic clinical support by the Hub team clinician while they waited to connect to counseling services in their community. Of the 54 individuals, approximately 26% (14 out of 54) agreed to and received bridge treatment; one with Hartford Hospital Hub team, eleven with Wheeler Clinic, and two with Yale. For those that declined bridge treatment services, families often indicated that they preferred to wait for the service to become available in the community rather than having their child talk with someone over the phone for short-term.

While this is an increase of 180% compared to last state fiscal year (14 individuals compared to 5 individuals in SFY'23), the utilization of bridge treatment continues to be lower than originally expected. When asked about their experience providing bridge treatment this year, the Hub teams reported feeling it was valuable to the small cohort of individuals and families for whom bridge treatment was clinically appropriate. For individuals in acute situations requiring emergent evaluations, the Hub teams continued to support referrals to urgent crisis centers (UCCs) or mobile crisis intervention services (MCIS) across the state.



# Utilization

At enrollment, practice sites were asked to identify if they were a stand-alone practice or a practice with a primary site and additional satellite sites that shared physicians, patients, and policies and procedures. To eliminate the possibility of inflation, practice utilization is measured by practice groups; a stand-alone practice is counted once and a practice with multiple sites is also counted once. In SFY'24, 318 practice groups were noted as active and enrolled in the program.

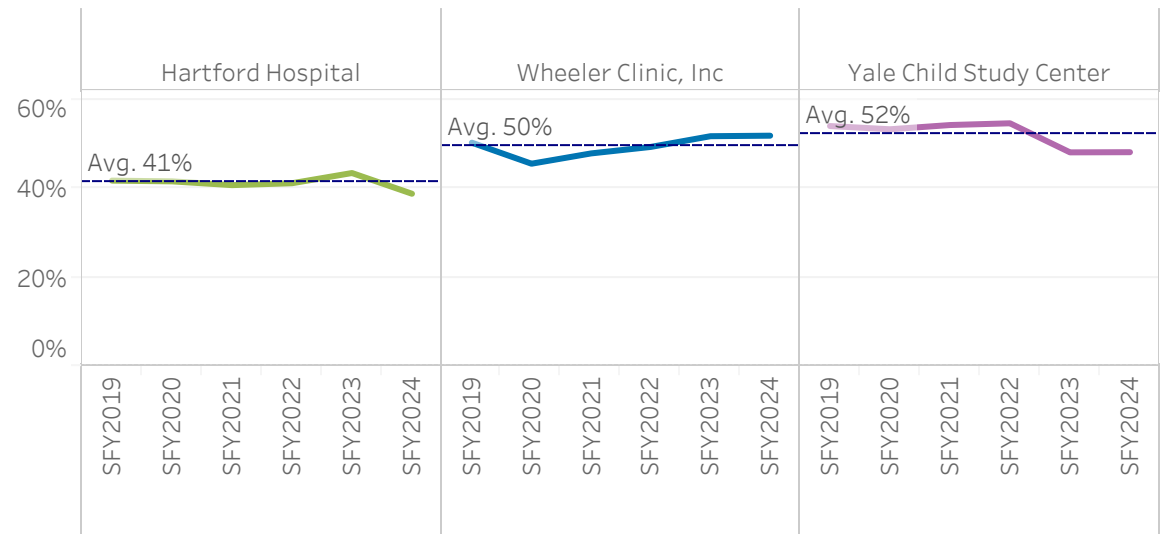
**Utilization Rate:** Graphs located on this dashboard show the average rate of utilization by quarter and by year on a statewide- and Hub-specific level. If a practice used the program at least once during the time period selected, it will be counted. The calculated rate depicts the number of practice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

In SFY'24, approximately 46% (145 out of 318) of the practice groups enrolled in the program statewide used the program at least once during the year. Showing little variation, this is comparable to the utilization rate year over year for the past five years.

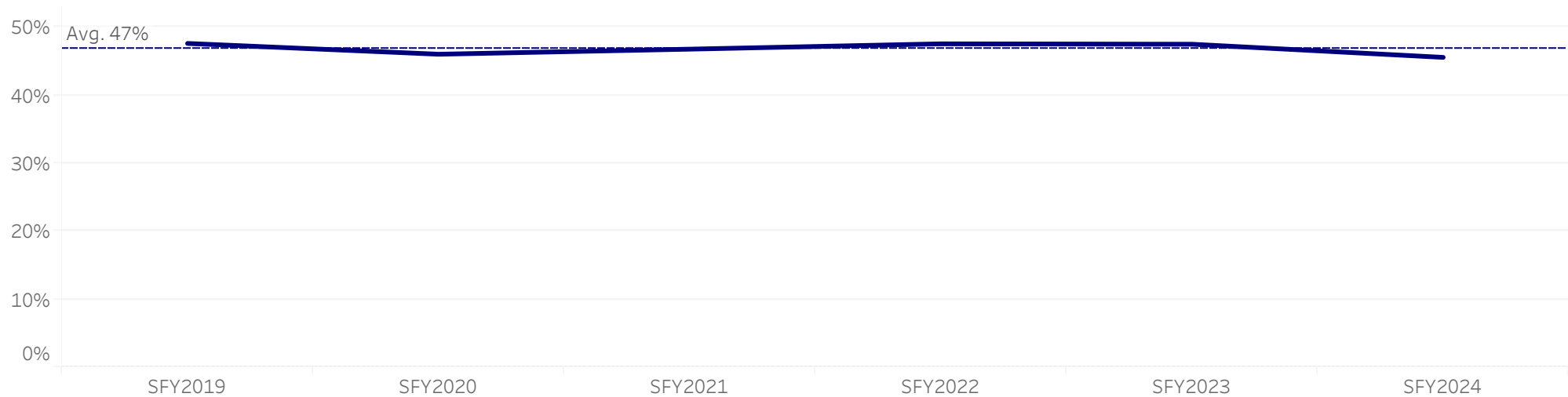
Select Date Format:  
Year

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## Hub Specific Practice Group Utilization Rate



## Statewide Practice Group Utilization Rate



# Utilization

**Practice Specific Utilization:** This dashboard depicts all actively enrolled practice groups that have utilized the program since enrollment. The graphs can be Hub-specific, and practices are sorted by the highest percent of quarters used over time. If the practice group used once during the quarter, it is counted and compared to the number of quarters enrolled. For example, if a practice enrolled in July of 2014 (40 quarters enrolled) and used every quarter since enrollment, their utilization rate equals 100% (40 quarters enrolled, 40 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, 2024, a total of 105 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 39% quarters utilized, 20 practice groups fell in the high utilization group of 80% or greater, six of which have used 100% of the time since enrolled.

A total of 81 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 46% quarters utilized, 18 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, 2024, 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, 15 practice groups fell in the high utilization group of 80% or greater, six of which have used the program 100% of the time since enrollment.

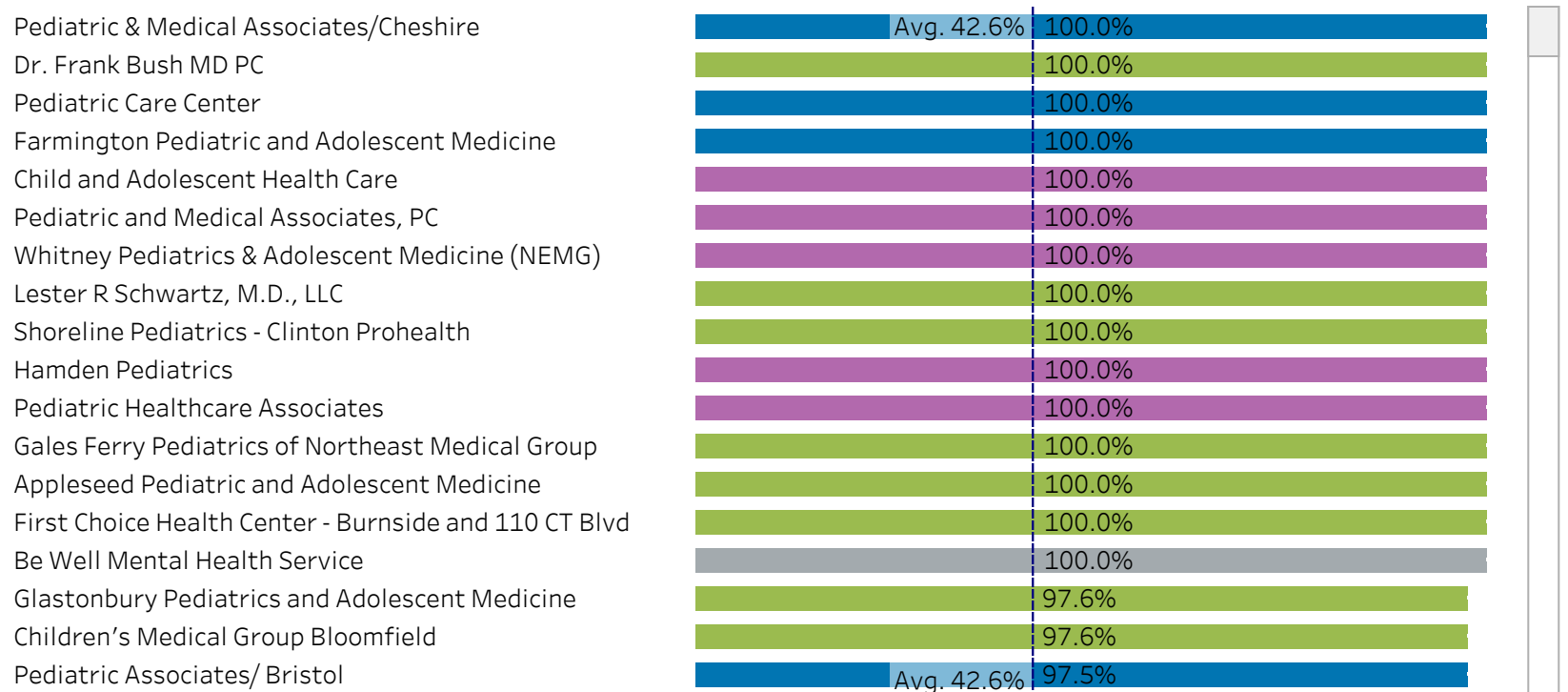
Hub Name	New User in Current SFY	Practice Type Desc	Practice Name
All	All	All	

**Quarterly Utilization Rate:**  
All values

Average line is the average number of quarters used by the program to date (June 30, 2024)

## 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 highest volume of individuals per practice and can be filtered by fiscal year or since inception.

In SFY'24, a total of 51 enrolled practice groups utilized Hartford Hospital's Hub team, requesting support for a total of 527 individuals. HHC Medical Group Storrs enrolled in September 2014 but made their first member-specific call this state fiscal year. Prime Healthcare – Greater Hartford Family Medicine enrolled in March 2023 and called for the first time in May 2024.

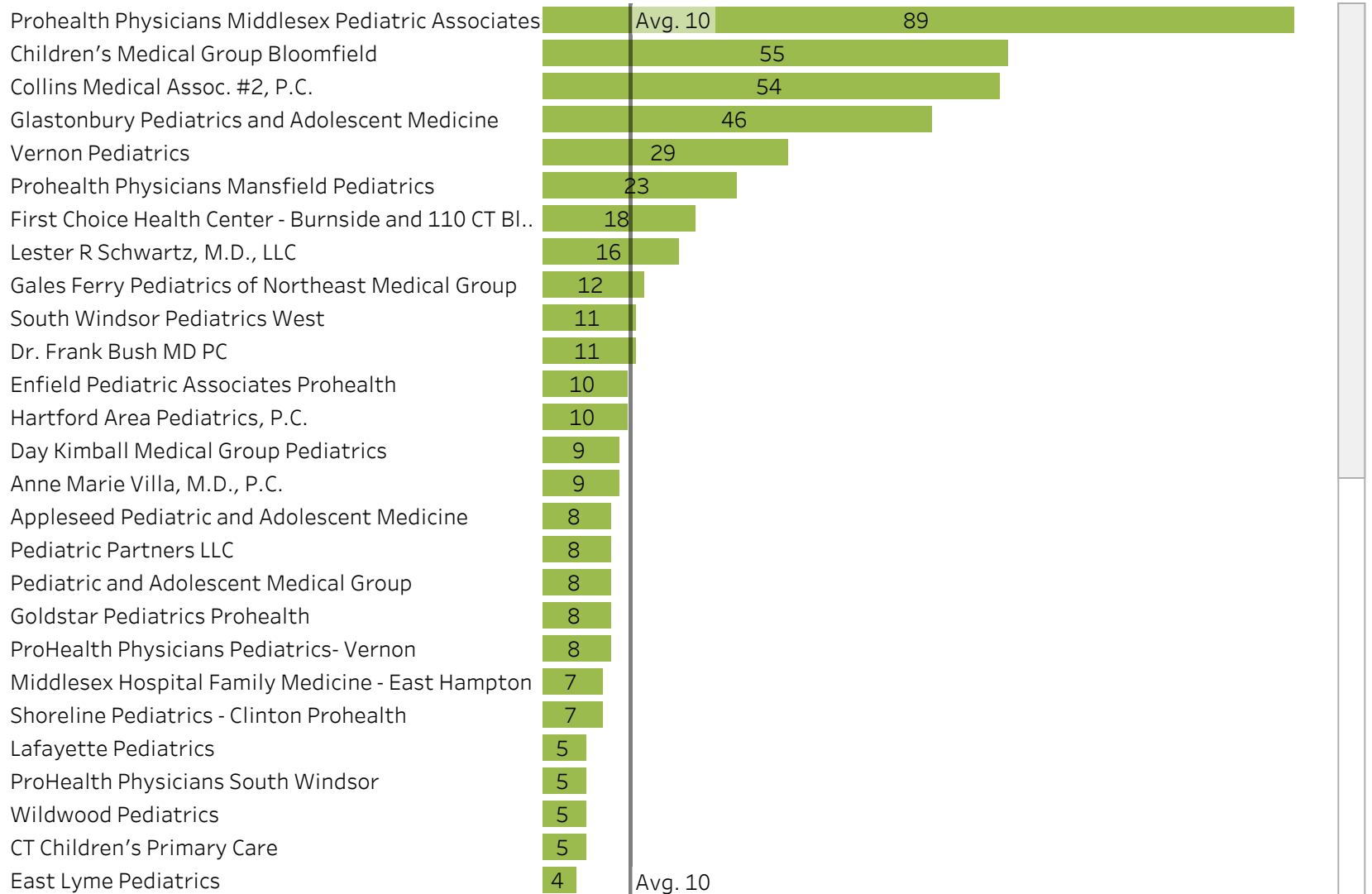
Select SFY: FY 2024      New User in Current SFY: All      Practice Type: All      Practice Name: All

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

Total Practices Used in selected SFY	51	Total Individuals Served by all practices in selected SFY	527
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## Number of Individuals Served by Practice-Hartford Hospital

● New User of Program



# Utilization

**Individuals Served by Practice:** A total of 51 enrolled practice groups utilized Wheeler Clinic’s Hub team in SFY’24, requesting support for a total of 684 individuals. Three of the practice groups called for the first time. Lifespring Pediatrics and ProHealth Physicians of Farmington were enrolled in 2014 and called for the first time in May and June 2024, respectively. Patience Pediatrics enrolled July 2018 and called for the first time October 2023.

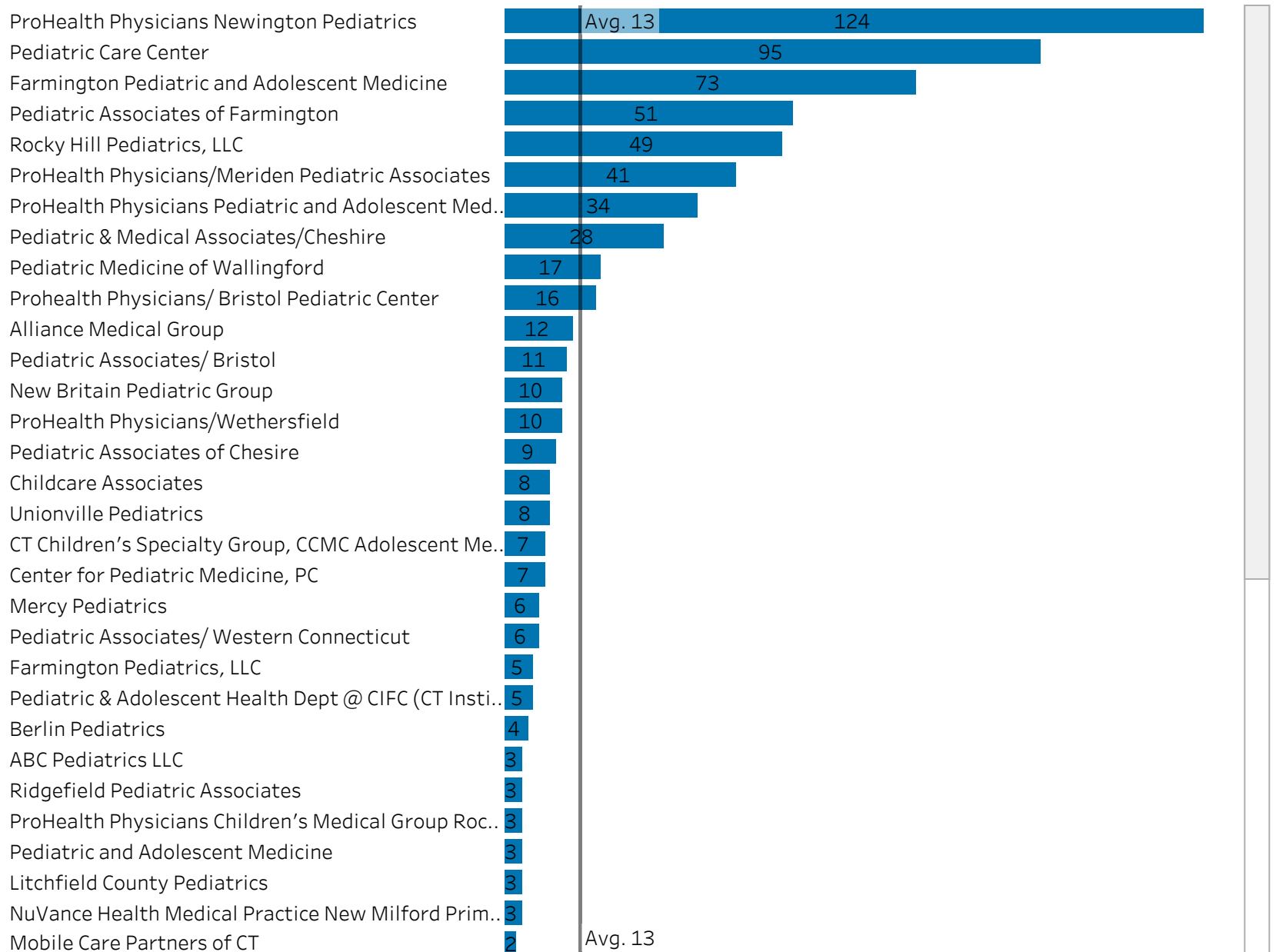
Select SFY: FY 2024      New User in Current SFY: All      Practice Type: All      Practice Name: All

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

Total Practices Used in selected SFY	<b>51</b>	Total Individuals Served by all practices in selected SFY	<b>684</b>
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## Number of Individuals Served by Practice-Wheeler Clinic

● New User of Program





# Utilization

**Individuals Served by Practice:** In SFY'24, a total of 42 enrolled practice groups utilized Yale Child Study Center's Hub team, requesting support for a total of 650 individuals. Be Well Mental Health Service enrolled and called for the first time October 2023, serving five individuals. Greenwich Hospital Pediatric Outpatient Clinic was enrolled June 2021 and called for the first time in June 2024, serving two individuals.

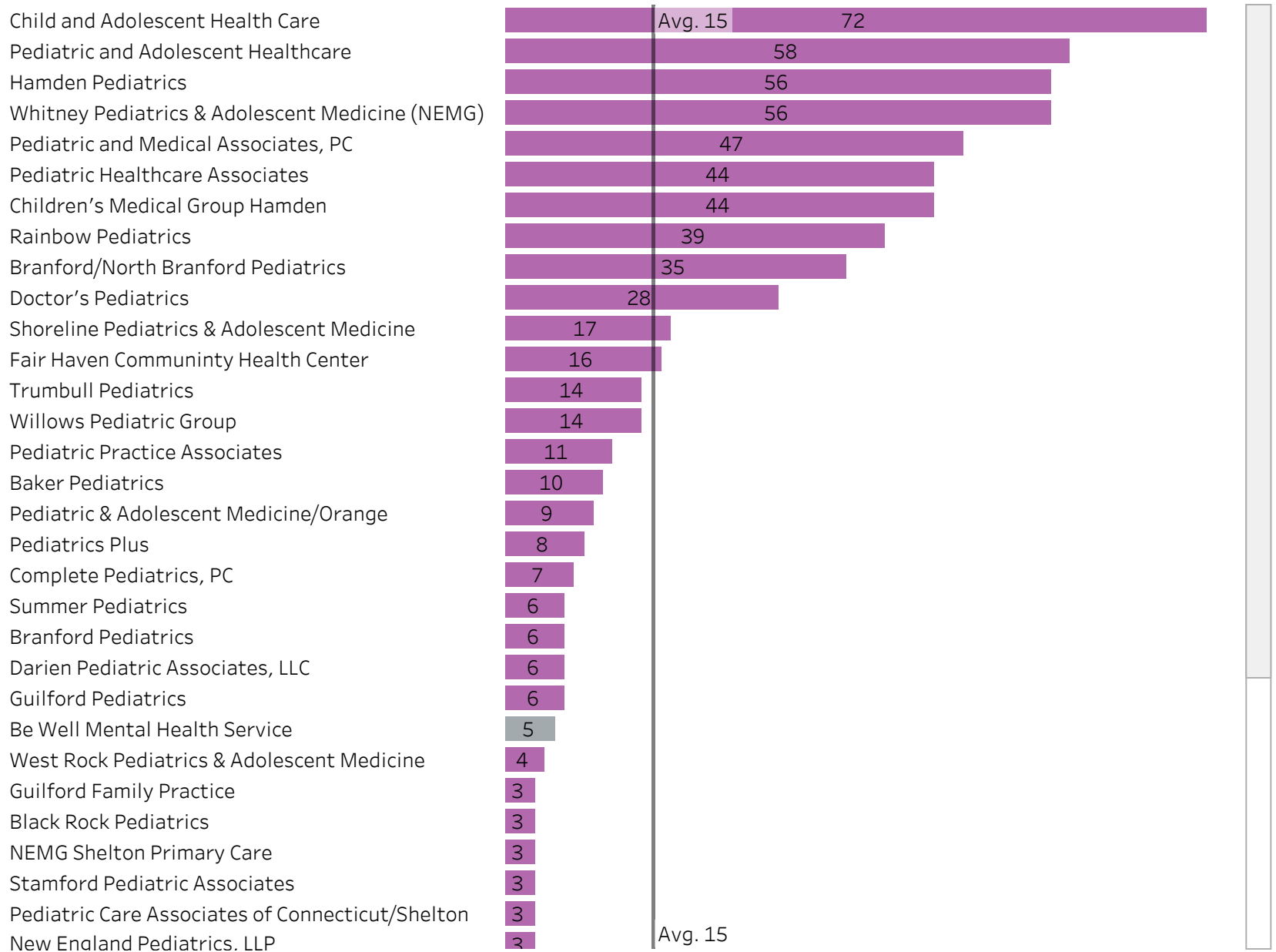
Select SFY: FY 2024      New User in Current SFY: All      Practice Type: All      Practice Name: All

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

Total Practices Used in selected SFY: **43**      Total Individuals Served by all practices in selected SFY: **651**

## Number of Individuals Served by Practice-Yale Child Study Center

• New User of Program



# Utilization

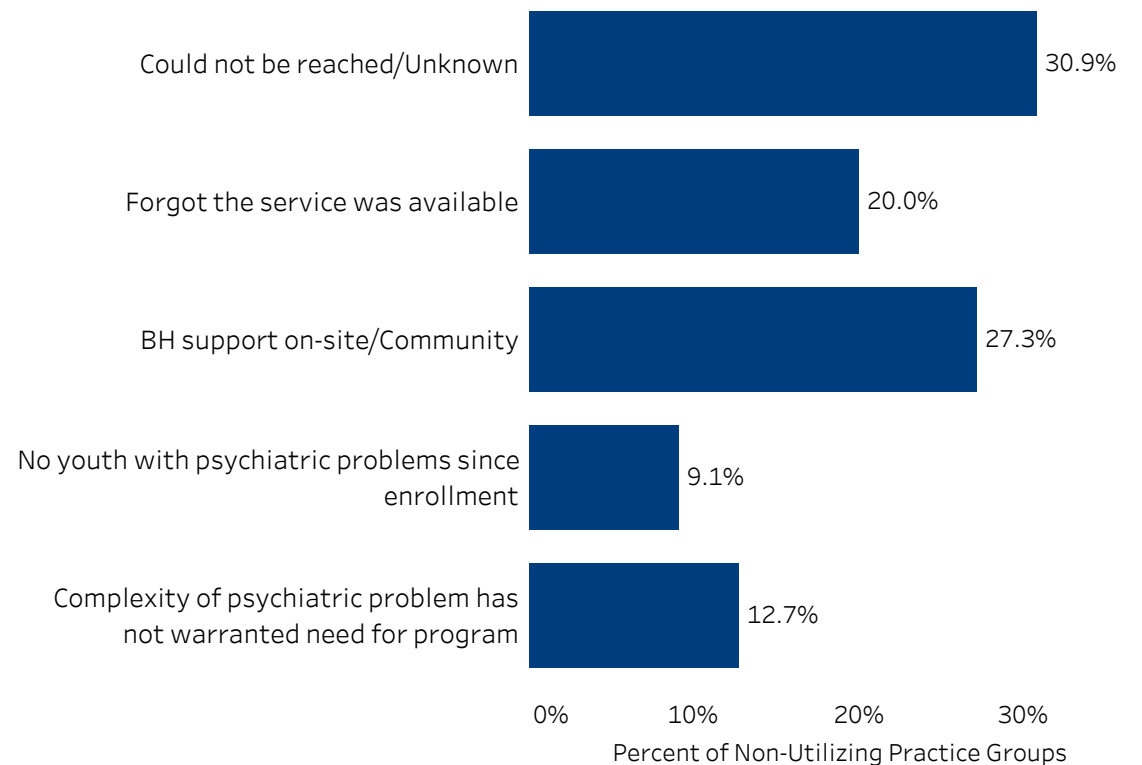
Each year, the Hub teams are charged with outreaching to enrolled practice groups throughout their designated area to better understand their utilization. In April 2024, utilization data was reviewed with the Hub teams. Recognizing the significant toll the pandemic has had, particularly on vulnerable, traumatized, and at-risk children and families, the Hub teams continued to focus their outreach on practices who had prior utilization but did not use the program for six months. For practices who showed a drop in utilization, the Hub team identified a minimum of three practice groups to visit. Of the meetings that occurred this year, staff turnover was identified as the strongest contributing factor to the change in utilization. Several physicians who had previously used the program retired this state fiscal year and physicians new to the practice were unaware of the program's services. Some practices reported that their primary use of the program in the past was to aid their patients in connecting to resources in the community and they've found mental health treatment providers in their community have been easier to access since the pandemic and therefore have not needed to call AMH for help. Some practices noted that their change in utilization was due to now having direct access to clinical services, including psychiatric services, within the practice.

Outreach visits continue to hold value as it affords the teams opportunity to learn directly from the providers about utilization; new physicians learn about the program's full suite of services, and practices with direct access to clinical services in-house are reminded of the program's education and training series. While monitoring practices who show a drop in utilization is important, the type of program service utilized by practice (i.e. requests for medication guidance versus requests for referrals in the community) may also prove valuable.

**Practice Non-Utilization:** In Q3 SFY'24, the Hub teams were provided a list of their respective enrolled non-utilizing practice groups (55) 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 31% (17) of the enrolled non-utilizing practice groups could not be reached for comment despite multiple attempts made by the Hub teams, approximately 20% (11) of the enrolled non-utilizing practice groups reported that they had not yet utilized the program because they forgot the service was available to them. Approximately 27% (15) of the enrolled non-utilizing practice groups reported that they had not used the program yet because they have access to behavioral health support either onsite within their practice or are utilizing the support of an identified behavioral healthcare provider in the community. Approximately 9% (5) reported the reason for not using the program yet was due to the overall low volume of youth in their practice and not treating youth with identified mental health concerns since enrolling in the program and 13% (7) 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 2024

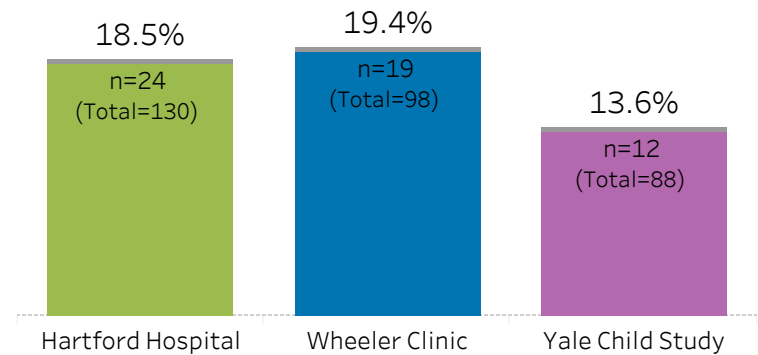


# Utilization

It is recommended that onsite surveys to practices and outreach to non-utilizing practice groups continue in SFY'25. Conversations about practice utilization allows the team to educate providers about the multiple facets offered. Beginning in Q1 SFY'25, 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'25.

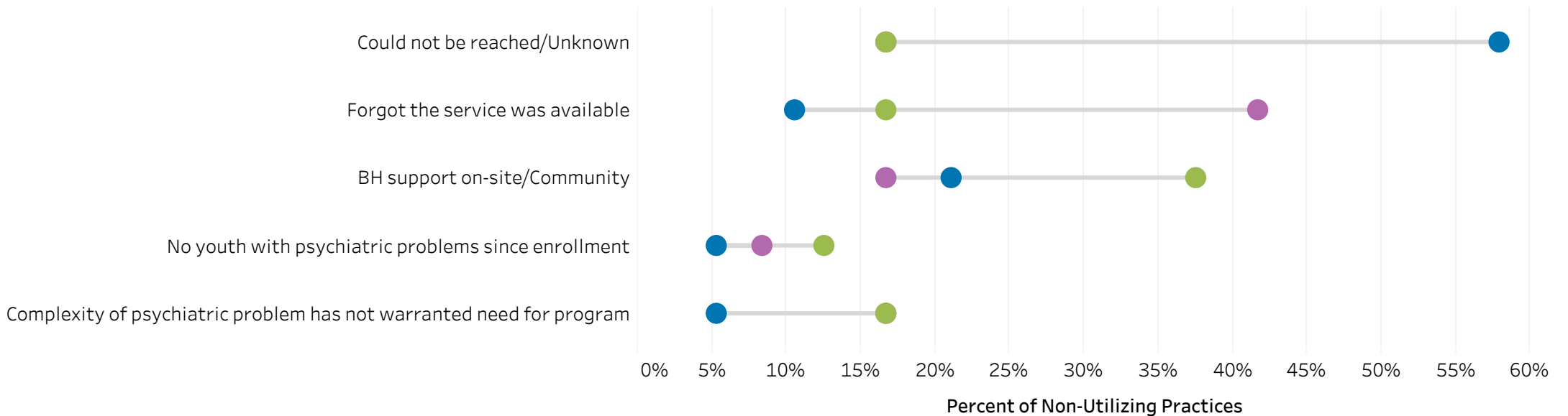
Practice non-utilization rates and reasons by Hub can be seen in the charts to the right and below.

Non-Utilization by Hub for SFY 2024



Practice Group Non-Utilization Reasons by Hub for SFY 2024

● Hartford Hospital ● Wheeler Clinic ● Yale Child Study



# Education

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 ten 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:

“Paging Dr. TikTok: Social Media, Mental Health & Self-Diagnosis”, “Should Pediatricians Advocate Banning Screens from Bedrooms?”, “10 Questions Primary Care Providers Have About Prescribing Psychotropics”, “When Social Media Impacts Mental Health”, “Understanding Video Games: A Child and Adolescent Psychiatrist’s Call of Duty”, “Sexts, Lies & Video Stream: Adolescent Sexuality Online”, “Cyber Mirrors: Reflecting on Online Behaviors and Offline Realities”, “ACCESSible - Expanding Child and Adolescent Mental Health Services Through Pediatrician Partnerships”, “Caring for Gender Diverse Youth, with a Review of Scientific Evidence”, “Case Presentation About Transgender Adolescents with Discussion of Medical, Psychiatric and Social Issues”, “Treatment Decision Making and Informed Consent Issues When Working with Transgender Youth and Their Families”, Anxiety Disorders in Children and Adolescents”

The Hub teams far exceeded the SFY’24 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’24 included:

- “Covid-19 Addressing the Mental Health Crisis in Children and Adolescents” September 7, 2023
- “Gender Non-Conforming Youth: What Pediatricians Need to Know” October 5, 2023
- “Introduction to Human Trafficking in Connecticut” November 2, 2023
- “Intimate Partner Violence Screening and Intervention for Health Professionals” December 7, 2023
- “Recognizing and Responding to Youth Substance Use in Primary Care Settings: An Introduction to Adolescent Screening, Brief Intervention and Referral to Treatment (A-SBIRT)” January 4, 2024
- “Diagnosis TikTok, When Social Media Impacts Mental Health” February 1, 2024
- “Care Coordination in Connecticut: What Is It and How Do I Connect My Patient and Their Family?” March 7, 2024
- “Crisis Services in Connecticut: When and How to Choose” April 4, 2024
- “Neuropsychological Testing” May 2, 2024
- “Current Trends in Substance Use Among Teenagers in Connecticut” June 6, 2024

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 this state fiscal year, the program worked to develop a series of behavioral health education/training videos to preschool, elementary and secondary school districts, emergency department personnel, and pediatric primary care practices to aid in their work in supporting parents/guardians and individuals across the state of Connecticut. The series of educational videos will help parents/guardians, school personnel, emergency room personnel, and PCPs identify symptoms of mental health conditions in children, adolescents, and young adults. Each video will include an informational one-page fact sheet. Topics include general mental wellness throughout four developmental age groups (birth to five, elementary age 6-12, adolescence 13-18, and young adult), depression, anxiety, trauma and anti-bullying. Once complete, the education materials will be disseminated to preschool, elementary, secondary schools, emergency departments and pediatric primary care practices across the state to share with parents and guardians in need. Videos will be posted on multiple websites including the ACCESS Mental Health website for easy access and schools and primary care practices will also be encouraged to post on their websites as well. Dissemination is scheduled for Q1 SFY’25.

In addition to the parent video series, the team is working to develop provider toolkits specifically designed for pediatric and family care physicians that will provide actionable information, algorithms, and insights so that providers and practices can successfully address pediatric mental health and substance use conditions within their practice. Throughout this state fiscal year (SFY’24), the Hub team psychiatrists worked to develop three primary care provider toolkits that can aid in the identification and treatment of attention-deficit hyperactivity disorder (ADHD), anxiety and depression. Toolkits are slated to be posted on the program’s website in Q1 SFY’25.

# Program Feedback

After every consultation, the Hub teams ask the primary care provider and individual/family to “rate your satisfaction with the helpfulness of the ACCESS Mental Health for Youth program” on a scale of 1-5; 5 being excellent. 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 4.98 throughout this state fiscal year (SFY'24), the Hub teams have exceeded this target year over year for ten years, both collectively and individually. A breakout of program satisfaction scores by month can be seen below. Additionally, program specific feedback is captured at the end of this report.

Click to view Hub details  
▼

## PCP Satisfaction Scores



	Q1 SFY 23	Q2 SFY 23	Q3 SFY 23	Q4 SFY 23	Q1 SFY 24	Q2 SFY 24	Q3 SFY 24	Q4 SFY 24
Hartford Hospital	4.95	4.94	4.97	4.96	4.93	4.89	4.93	4.92
Wheeler Clinic, Inc	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00
Yale Child Study Center	5.00	5.00	5.00	5.00	4.99	5.00	5.00	5.00
<b>Grand Total</b>	<b>4.99</b>	<b>4.98</b>	<b>4.99</b>	<b>4.99</b>	<b>4.98</b>	<b>4.97</b>	<b>4.98</b>	<b>4.98</b>

## Count per PCP Score for All

- 99% or more received a score of 5

Satisfaction Score

	Q1 SFY 23	Q2 SFY 23	Q3 SFY 23	Q4 SFY 23	Q1 SFY 24	Q2 SFY 24	Q3 SFY 24	Q4 SFY 24
1		2						
3	2	2		2		6	5	2
4	25	26	16	23	32	52	42	54
5	2,101	2,147	2,372	2,346	1,697	2,172	2,418	2,297
<b>Grand Total</b>	<b>2,128</b>	<b>2,177</b>	<b>2,388</b>	<b>2,371</b>	<b>1,729</b>	<b>2,230</b>	<b>2,465</b>	<b>2,353</b>

# Program Feedback

**PCP Annual Survey:** The annual PCP satisfaction survey was sent to all enrolled primary care practice groups across the state. Outcomes of the SFY'24 annual survey as it compares to survey responses from the previous state fiscal years can be found in the Annual Survey dashboards.

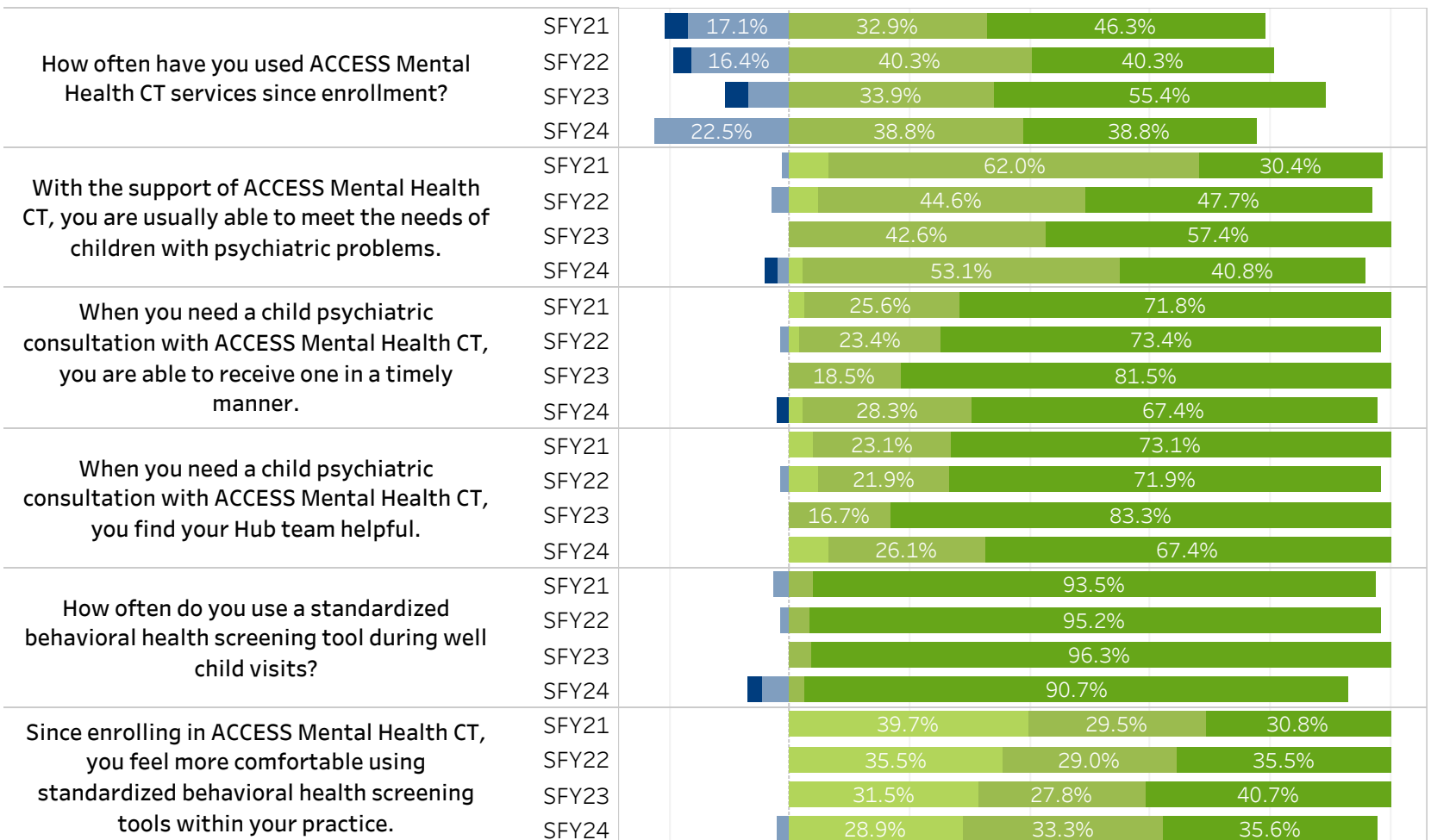
SFY'24 annual surveys were distributed via email and fax to 316 primary care practice groups with the option to complete the survey online or fax to Carelon's central administration team. A total of 49 surveys representing approximately 12% of the practice groups (39 out of 316) were completed; all of the practice groups reported using the service prior to completion.

In SFY'24, approximately 78% (38 out of 49) of the respondents said that they had often or sometimes used the service. Approximately 94% (46 out of 49) 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 approximately 96% (44 out of 46) reported receiving a consultation from their ACCESS Mental Health for Youth Hub team in a timely manner. Lastly, approximately 93% (43 out of 46) reported that they agreed or strongly agreed that the ACCESS Mental Health for Youth team was helpful.

In SFY'24, approximately 91% (39 out of 49) of the total respondents reported often using standardized behavioral health screening tool(s) during well-child visits and approximately 69% (31 out of 45) of respondents reported feeling more comfortable using screening tools since enrolling in the program.

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

Select SFY  
Multiple values

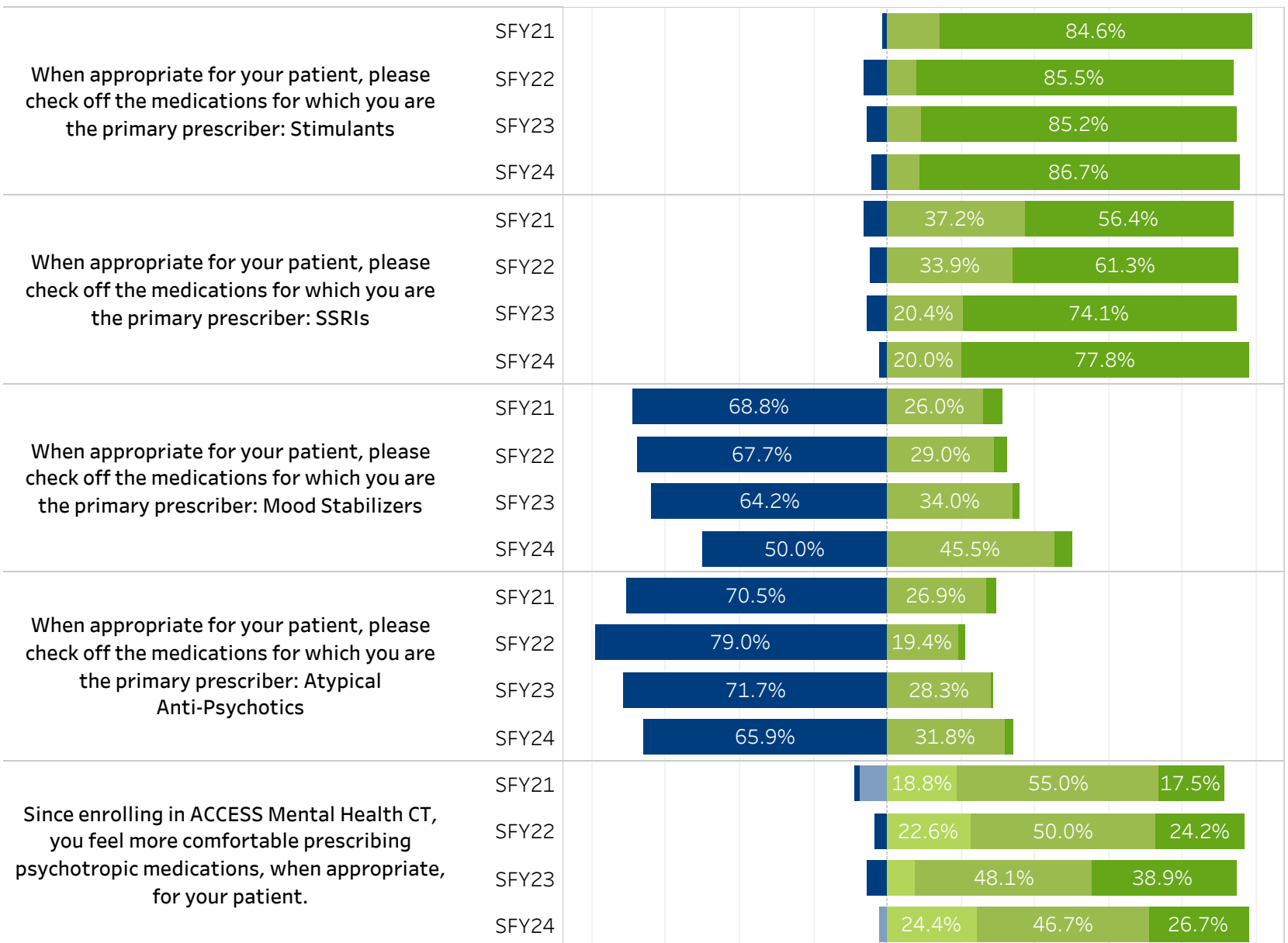


# Program Feedback

When asked “when appropriate for your patient, please check off the medications (stimulants, SSRIs, mood stabilizers, atypical anti-psychotics) for which you are the primary prescriber”, approximately 73% (33 out of 45) of the respondents that used the program reported feeling more comfortable prescribing psychotropic medications since having the support of the ACCESS Mental Health CT program. For respondents who selected “no change” or “disagree”, some commented they prefer a psychiatrist prescribe that drug class. For approximately 87% (39 out of 45) of respondents, stimulants continued to be the medication in which most respondents reported that they were often the primary prescriber.

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

Select SFY  
 Multiple values



# 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 93% of the respondents (41 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 assessments of pediatric patients”. Approximately 79% of the respondents (34 out of 43) 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 21% responded “neither agree nor disagree”. Approximately 86% of the respondents (37 out of 43) 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 91% of the respondents (41 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 referrals to counseling services”.

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

In the last 12 months, my interaction with ACCESS Mental Health for Youth informed my: Ability to address disparities in access to behavioral health care	SFY24	27.5%	37.5%	27.5%
In the last 12 months, my interaction with ACCESS Mental Health for Youth informed my: Ability to address health disparities	SFY24	34.2%	34.2%	21.1%
In the last 12 months, my interaction with ACCESS Mental Health for Youth informed my: Assessments of pediatric patients	SFY24	43.2%	50.0%	
In the last 12 months, my interaction with ACCESS Mental Health for Youth informed my: Formulations of diagnoses	SFY24	20.9%	32.6%	44.2%
In the last 12 months, my interaction with ACCESS Mental Health for Youth informed my: Referrals to counseling services	SFY24	42.2%	48.9%	
In the last 12 months, my interaction with ACCESS Mental Health for Youth informed my: Referrals to social services	SFY24	18.2%	40.9%	36.4%
In the last 12 months, my interaction with ACCESS Mental Health for Youth informed my: Use of pharmacotherapy	SFY24	37.2%	48.8%	



# Program Feedback

**Provider Feedback:** Program feedback was captured by the Hub team staff throughout the program's tenth operational year (SFY'24) during direct consultations with providers and with individuals and families served by the program. Additionally, providers offered feedback in the annual survey.

"The services provided by ACCESS are critical and practice transforming. ACCESS has helped me become a better clinician and has kept my patients and families out of the ED." ~Participating PCP

"I consider myself so fortunate to be able to work with all of the experts at AMH. They have supported my professional growth and helped care for countless patients of mine in crisis." ~Participating PCP

"I didn't sleep last night because of this patient. I really appreciate AMH because they always provide great support that we do not get anywhere else." ~Participating PCP

"I owe a great deal of thanks to ACCESS mental health. These services are incredible and have helped me tremendously to provide my patients with the best care possible or get them into a facility that can help! Dr. Sahani and Dr. Miller are life-savers!" ~Participating PCP

"Excellent. I am so grateful to have ACCESS Mental Health available to help me manage my patients with mental health issues." ~Participating PCP

"Excellent. Great resource for pediatricians." ~Participating PCP

"Always helpful with medication management and picking up the baton for care coordination in the community." ~Participating PCP

"Excellent! Always prompt, helpful response." ~Participating PCP

"I always find ACCESS Mental Health so helpful and I am so grateful for your services!" ~Participating PCP

"I am writing to show my deep appreciation to all and each one of you at ACCESS Mental Health for being available in managing difficult psychiatric patients and providing appropriate resources and care in short notice. It would have been almost impossible to manage our patients without your professional input." ~Participating PCP

"Excellent! Jodie and MDs are great" ~Participating PCP

"10/10 - would love help with getting an embedded therapist" ~Participating PCP

"Excellent" ~Participating PCP

"Very helpful when I call. Would be great to have an online referral form to help get patients linked with therapists and psychiatrists. (and evaluations for diagnosis too!!)" ~Participating PCP

"It is very needed and a great resource" ~Participating PCP

"I call AMH because I know you guys will have the answers and I always feel so much better after I talk with you." ~Participating PCP

"Helpful" ~Participating PCP

"I love them [AMH]! I try to only use them for my most difficult patients, so I don't burn them out!" ~Participating PCP

"This is an amazing resource that has markedly enhanced the care that I provide to patients. More importantly, children are helped" ~Participating PCP

"Excellent!" ~Participating PCP

# Program Feedback

## Provider Feedback (continued) :

"This is so helpful, after calling I no longer feel very stressed about this child and know what to ask, what to do and how to help."  
~Participating PCP

"EXCELLENT" ~Participating PCP

"Excellent" ~Participating PCP

"This is an essential service and they [AMH] do a fantastic job connecting PCPs and patients to resources." ~Participating PCP

"Excellent. A much needed and helpful resource." ~Participating PCP

"That's why I call you, I learn so much – I feel comfortable prescribing because I have AMH to call – there are times when I don't need to call since you have taught me so much" ~Participating PCP

"Excellent. Very positive experience." ~Participating PCP

"Wow, thank you for getting back to me so quickly. You have been really helpful and I appreciate AMH support." ~Participating PCP

"I can't think of suggestions to improve. I have always found ACCESS helpful." ~Participating PCP

"We are so lucky to have this service in Connecticut. This is so helpful." ~Participating PCP

"Some of the patients that I have taken over from my colleagues have been pretty complicated. I always appreciate your [AMH] help and guidance with these families." ~Participating PCP

"Thank you [AMH] for your help. I usually feel like I know what the next step should be until I speak with you guys and then I am able to receive more pointed and direct care [for the patient]. Thank you very much." ~Participating PCP

"Always helpful....you're the best!" ~Participating PCP

"We appreciate your help with the many patients we have called you about." ~Participating PCP

"AMH is doing a great job and I couldn't live without them...keep it up." ~Participating PCP

"This is my first time calling, my colleagues call often and recommended that I call you - you are a great resource – thank you!"  
~Participating PCP

"You guys are wonderful & amazing – so helpful" ~Participating PCP

"I am grateful to learn, people are really helped with me prescribing, they are living better lives because of that – learning from you Dr. Stubbe, all the work you do goes right to helping people live better lives, you [AMH] are making a huge difference in people's lives." ~Participating PCP

"Very good" ~Participating PCP

"Overall lifesaving, yet more assistance for younger patients is needed." ~Participating PCP

"Outstanding" ~Participating PCP

"Keep it going. Please provide more immediate access to therapists." ~Participating PCP

# Program Feedback

## Provider Feedback (continued) :

"Great" ~Participating PCP

"Very helpful when needed and accessed" ~Participating PCP

"Outstanding" ~Participating PCP

"Excellent- we are so grateful for their help" ~Participating PCP

"Great experience" ~Participating PCP

## Individual and Family Feedback:

"If you ever question your job and whether you make a difference, know that today you have." ~Participating Parent

"I appreciate you checking in, there is a lot going on right now and I am happy for the support." ~Participating Parent

"You are so great and have been so amazing. You have really helped keep this whole process on track." ~Participating Parent

"Thank you, thank you, a bazillion times thank you. I have had to do the leg work before and it's hard." ~Participating Parent

"Wow, I am so grateful for your help. Thank you for including the ASD places along with the list of therapists." ~Participating Parent

"Thank you so very much for these wonderful resources. I plan to reach out to some of these clinicians in the morning. We have been so thankful for the help this week and last. Everything is starting to fall into place and we are grateful, thank you again."  
~Participating Parent

"Thank you very much for all the good work you do." ~Participating Parent

"I want to thank you for this email. It's very thorough and informative and very much appreciated!! We will be reviewing together & reaching out to a few of these in the next 24 hours." ~Participating Parent

"Many thanks for this information! We will begin our research on the providers suggested." ~Participating Parent

"This is so great, thank you so much for explaining how all this works." ~Participating Parent

"You guys have been so great. From the time Maria called, you all have been so helpful and responsive. Thank you." ~Participating Parent

"The meeting went great. Thank you for the call & please thank Dr. George for us again." ~Participating Parent

"Thank you for calling me back. That is nice of you to give me more options." ~Participating Parent

"Thanks to you guys, I feel everything is beginning to work out." ~Participating Parent

"Thank you so much for taking the time out to provide resources for my daughter. I am so grateful for this program." ~Participating Parent

"Thank you for helping me find a therapist that is likeminded and listening to my daughter. We are really appreciative of your help."  
~Participating Parent

"Wow you guys do everything we used to have to do as parents." ~Participating Parent

# Program Feedback

## Individual and Family Feedback (continued) :

"This is wonderful, thank you so much." ~Participating Parent

"I raved about you guys to our PCP, about all your help and follow up. I never would have found this resource without you. You guys alleviated a lot of stress." ~Participating Parent

"I'm grateful for having such well researched recommendations" ~Participating Parent

"Wanted to say Ty for ur time. It was honestly one of the nicest conversations I had all day." ~Participating Parent

"I really appreciate you listening to me, not many people listen like you did today, thank you so much" ~Participating Parent

"Thank you for making sure I got the appointment" ~Participating Parent

"I appreciate you for taking the time to listen to me" ~Participating Parent

"Good morning! All went very well so far, and we were warmly welcomed at the clinic. I am hoping this will continue to be a good fit for our family. Thank you!" ~Participating Parent

"I appreciate your follow up! I'm very pleased and impressed with the level of service offered from your support via ACCESS Mental Health. Is there a survey or way I can share my positive feedback on your behalf? Have a great day!" ~Participating Parent

"Wonderful, thank you so much. I'm in a meeting right now but would love to follow up on your behalf. You really helped me feel at ease and encouraged while dealing with challenging circumstances. I appreciate that kindness, which goes far above and beyond, and is an all too rare quality these days!! Many thanks!!" ~Participating Parent

"Your ears must have been ringing. I was telling someone about how wonderful you are." ~Participating Parent

"Thank you so much for all your help and guidance. I can't tell you how grateful we are." ~Participating Parent

"You've been instrumental in the process." ~Participating Parent

"...Thank you for all your help! It is reassuring to feel hope again. It's hard to watch your loved one struggle. I will forever be appreciative of your guidance." ~Participating Parent

# Vignettes

The following vignettes were provided by the Hub teams as part of their SFY'24 annual assessment submissions to Carelon's Central Administrative Team.

## Vignette #1

A PCP contacted the AMH Hub team psychiatrist requesting clinical guidance for a six-year-old patient diagnosed with attention-deficit, hyperactivity disorder (ADHD). At the time of consultation, the patient had been taking a stimulant and alpha-2 agonist which have both been very helpful. However, a recent uptick in out-of-control behaviors both at school and at home were reported. PCP describes the behaviors often triggered by the patient not getting what he needs in the moment. No acute safety concerns were reported. The PCP had increased the stimulant, however, it did not appear to have had any further benefit. The PCP is inquiring about treatment recommendations.

Discussion with PCP: Although impulse control is large component of behaviors, it does appear that patient may be experiencing something else. PCP also reported that patient has been in foster care. Discussed the possibility of underlying anxiety associated with attachment issues and a sense of not feeling in control in certain situations leading to emotional and behavioral dysregulation. Discussed the urgent need for individual therapy. PCP reports that mother insists the medication needs to be changed. Discussed with PCP the need to provide psychoeducation to mother about other possibly underlying causes for behaviors and the role of therapy versus medications in this case. Also discussed that PCP can change stimulant; however, instructed PCP to discuss the expectations from medication changes as it may not help if anxiety versus ADHD symptoms. Offered care coordination for individual therapy.

## Vignette #2

A PCP contacted the AMH Hub team psychiatrist requesting clinical guidance for a 20-year-old young adult patient assigned male at birth who was diagnosed with high functioning Autism Spectrum Disorder. The patient identifies as female and expressed wishes to pursue male to female gender transition. The PCP requested help in obtaining a psychiatric evaluation of the patient's capacity for medical decision making and treatment with a certified gender-based therapist as required by the gender clinic. During the clinical consultation, the PCP expressed concerns about finding an evaluator and treatment provider familiar with the complexities presented by the ASD and gender issues.

ACCESS MH staff identified two specialty clinics who confirmed they would be able to provide these services. Moreover, they offered to have a program peer associate work with the patient and family to facilitate the intake and treatment. ACCESS MH staff reviewed with the patient and with the family, this and other available programs and with follow up support and (several) calls, the patient chose to pursue treatment. At their intake appointment, the patient indicated that they were interested in pursuing gender transition. The treatment plan included helping patient to engage with support systems and medical professionals regarding their transition.

This vignette highlights some of the unique strengths of the ACCESS MH program. The PCP called for assistance with one aspect of a complex problem and in talking with us we were able to come up with a more comprehensive plan, connected with the potential referral sources to confirm the availability of care, set up a peer support specialist to assist patient and family with the options available and made extra individualized steps to successfully facilitate referral, intake, and treatment process.

## Vignette #3

A PCP contacted the AMH Hub team psychiatrist requesting clinical guidance for an 18-year-old young adult patient who experienced a decline in mental health over the course of a 5-year period precipitated by what is reported to have been a suicide attempt involving an accident with a bus. This incident resulted in traumatic brain injury (TBI) and a lengthy hospitalization. Following his discharge from the hospital, the patient started using substances followed by selling substances which led to legal involvement, incarceration, and probation. At the time of consultation, the patient was preparing for discharge from a substance use disorder program and was very anxious and worried about returning to his previous lifestyle.

# Vignettes

## **Vignette #3 (continued)**

As part of the Hub's intervention, bridge therapy was offered to the patient to assist with his transition from the substance use disorder program to an Intensive Outpatient Program (IOP). The bridge treatment included: discussing treatment options, helping him connect to a dual diagnosis IOP to address both mental health and substance use concerns, supporting his anxieties and concerns around possible relapse and assisting with scheduling an intake with the IOP. The Hub team also collaborated with the public defender and the IOP to ensure completion of intake and start of the program. The Hub team provided the public defender with a letter confirming the completion of intake and acceptance in the program as well as information regarding the start date, location, and schedule of the program at the public defender's request due to requirements under court monitoring program. At the end of the bridge treatment with the Hub team clinician, the team confirmed connection to IOP.

# Definitions

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

Consultative Activities/Type of Call are grouped by:

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

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

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

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

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

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

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

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

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

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

## Acronyms

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

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

# Definitions

## The Five Connecticut's Methodology

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

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

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

Town Grouping	No. of Towns (2010)	Total Pop (2010)	Race/Ethnic Profile (2010)	Sociodemographic Factors		
				Population Density	Median Family Income	Poverty
Group 1 - Wealthy	9	200,884	85.4% White 6.2% Hispanic 1.2% Black	Moderate	Exceptionally High	Low
Group 2 - Suburban	64	1,001,215	87.3% White 4.9% Hispanic 2.9% Black	Moderate	Above Average	Low
Group 3 - Rural	60	453,663	88.2% White 4.6% Hispanic 2.1% Black	Lowest	Average	Below Average
Group 4 - Urban Periphery*	30	1,323,329	66.2% White 16.1% Hispanic 10.9% Black	High	Below Average	Average
Group 5 - Urban Core	6	612,962	30.5% White 35.7% Hispanic 29.6% Black	Highest	Lowest	Highest

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

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

**Citation:** Levy, Don and DataHaven. (2015): Five Connecticut's 2010 Update. Produced for Siena College Research Institute and DataHaven based on the original method of assigning designations used in Levy, Don, Orlando Rodriguez, and Wayne Villemez. 2004. The Changing Demographics of Connecticut - 1990 to 2000. Part 2: The Five Connecticut's. Storrs, Connecticut: University of Connecticut SDC Series, no. OP 2004-01. Published by DataHaven.



# Definitions

## The Five Connecticut's Town Groupings:

<u>Rural</u>	<u>Suburban</u>	<u>Urban Core</u>	<u>Urban Periphery</u>	<u>Wealthy</u>
Andover	Avon	Bridgeport	Ansonia	Darien
Ashford	Barkhamsted	Hartford	Bloomfield	Easton
Beacon Falls	Berlin	New Britain	Branford	Greenwich
Bethlehem	Bethany	New Haven	Bristol	New Canaan
Bozrah	Bethel	New London	Danbury	Ridgefield
Brooklyn	Bolton	Waterbury	Derby	Weston
Canaan	Bridgewater		East Hartford	Westport
Canterbury	Brookfield		East Haven	Wilton
Chaplin	Burlington		Enfield	Woodbridge
Colebrook	Canton		Groton	
Cornwall	Cheshire		Hamden	
Coventry	Chester		Manchester	
Deep River	Clinton		Meriden	
East Haddam	Colchester		Middletown	
East Lyme	Columbia		Milford	
East Windsor	Cromwell		Naugatuck	
Eastford	Durham		Newington	
Goshen	East Granby		Norwalk	
Griswold	East Hampton		Norwich	
Hampton	Ellington		Plainville	
Hartland	Essex		Rocky Hill	
Harwinton	Fairfield		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			
Scotland	Old Saybrook			
Seymour	Orange			
Sprague	Oxford			
Stafford	Prospect			
Sterling	Redding			
Stonington	Salem			
Thomaston	Shelton			
Thompson	Sherman			
Union	Simsbury			
Voluntown	Somers			
Warren	South Windsor			
Washington	Southbury			
Waterford	Southington			
Willington	Suffield			
Winchester	Tolland			
Woodstock	Trumbull			
	Wallingford			
	Watertown			
	Westbrook			
	Windsor			
	Wolcott			
	Woodbury			