



ACCESS Mental Health for Moms

ANNUAL PROGRESS REPORT

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



Report prepared by Carelon Behavioral Health for the Department of Mental Health and Addiction Services
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A Carelon Behavioral Health Dashboard

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Introduction

ACCESS Mental Health for Moms is a statewide program funded by the Department of Mental Health and Addiction Services (DMHAS) created to ensure that all of Connecticut's perinatal practitioners (Obstetricians, Gynecologists, Midwives, Pediatric and Adult Primary Care Providers, and Psychiatric Providers), working with pregnant and postpartum individuals presenting with mental health and/or substance use concerns, have real-time access to seasoned psychiatrists for consultation, education, and referral support.

Administered by Carelon Behavioral Health (Carelon), the ACCESS Mental Health for Moms program consists of one statewide Hub team led by board-certified psychiatrists, specializing in perinatal psychiatry, from the Yale School of Medicine and is staffed with a licensed clinician and care coordinator to support perinatal practitioners and their patients connect to services. The Hub team provides real-time psychiatric consultation and individualized, case-based education to perinatal providers over the phone. Phone conversations may entail diagnostic clarification, psychopharmacology recommendations, counseling recommendations, and resources to help perinatal individuals connect to community resources.

Data Sources

A majority of the information included in this annual report represents data entered into Carelon's Encounter System; a HIPAA compliant platform designed specifically to capture curbside consultation and resource and referral support. Carelon's Encounter System is the primary platform used for all consultations provided by the ACCESS Mental Health for Moms Hub team. Data is entered after every call, then de-identified and transferred to Carelon's data warehouse for analysis. Additionally, survey data on the practitioners' experience with identifying and treating perinatal mental health and substance use is derived from the Practice Readiness to Evaluate and address Perinatal Depression (PREPD) Assessment being used in PRISM, a cluster randomized controlled trial of two active interventions addressing perinatal depression in obstetric settings.

Methodology

The data contained in this annual report was prepared by Carelon for DMHAS and summarizes progress made by the ACCESS Mental Health for Moms 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 20, 2022 through June 30, 2024) are also provided.

While viewing this report using the Tableau platform, dashboards allow the reader to filter the data by demographics, consultation types, and date ranges.

The ACCESS Mental Health (AMH) for Moms program, launched June 2022, is designed to improve the quality and access to mental health and substance use treatment for pregnant and postpartum individuals across the state of Connecticut presenting with symptoms of depression and anxiety, drug and alcohol use, and thoughts of suicide. Led by perinatal psychiatrists, the AMH for Moms Hub team provides real-time psychiatric consultation and individualized, case-based education to perinatal providers working in obstetric, primary care, and psychiatry settings seeking support in the treatment of their pregnant and postpartum patients. The AMH for Moms program works to not only equip perinatal providers in recognizing and diagnosing behavioral health problems in maternal populations, but also assists with connecting their pregnant and postpartum patients to appropriate to care.

Concluding its second operational year, data showcased in this progress report indicates that the AMH for Moms Hub team is continually and consistently adding value to the system of care by supporting perinatal providers and their patients across Connecticut.

Since program launch in June 2022, the AMH for Moms Hub team has provided 1,659 consultations supporting 272 pregnant and postpartum individuals (June 20, 2022 through June 30, 2024). The volume of perinatal individuals served greatly increased during this state fiscal year compared to last (219 individuals in SFY'24 compared to 68 individuals in SFY'23). On average, the hub staff supported 41 individuals a month in SFY'24 compared to an average of 12 a month in SFY'23.

Efforts to increase enrollment and utilization continued throughout this reporting period. With eight new obstetrical practice groups and 22 site locations added, a total of 59 obstetrical practice groups with 122 practice sites and 387 providers are enrolled in the program and are well distributed across the state.

Of the total individuals served (219), the majority, 53% (117), were patients being treated by their obstetrical provider, approximately 22% (48) of the individuals served were patients being treated by a psychiatrist requesting psychopharmacological consultation, 16% (34) of the individuals served were identified as needing support by their child's pediatrician during a well-child visit, and approximately 2% (5) of the individuals served were patients being treated by an adult primary care provider. New this year is the addition of "other" provider type group which includes self-referrals as well as pharmacists contacting the AMH for Moms program for support. As part of a Patient-Centered Outcomes Research Institute (PCORI)-funded study at Yale, pharmacists, in collaboration with an obstetrician, are being trained to screen and initiate pharmacological treatment for postpartum depression and anxiety. The goal is to build capacity to address depression and anxiety in postpartum individuals, by having pharmacists serve as physician extenders that can be incorporated into routine clinical care. Pharmacists serving in this role have contacted the program for clinical support for approximately 8% (17 perinatal individuals) since this initiative was launched in January 2024. Efforts to build on the depth and breadth of provider groups will continue in SFY'25.

Also new this year, the Hub team psychiatrists worked to incorporate the AMH for Moms contact information within Yale New Haven Health's electronic health record as a resource for all clinicians caring for pregnant and postpartum patients across the Yale New Haven health system. This innovation has increased awareness of the program and could ideally be replicated across other electronic health record platforms.

Throughout this reporting period (SFY'24), perinatal providers contacted the Hub team psychiatrist requesting a medication consultation for 79 individuals; antidepressant medications were most often discussed. For approximately 48% (38 out of 79) of the perinatal individuals whose provider called to discuss medication, the resulting plan involved the provider initiating or continuing as the primary prescriber.

The knowledge, skills, and comfort level of the calling provider is taken into consideration by the Hub team psychiatrist on each consultation and the teaching and case-based education is tailored to the provider seeking support. As the program continues to grow and providers continue to seek consultation and support, it is anticipated that their knowledge, skills, and comfort level will also grow, making them better equipped to manage the treatment of their patients with perinatal mental health concerns.

"I remember from last time you said that, so I was already anticipating having to go up on the dose" ~Obstetrician on prescribing SSRIs for their postpartum patient

"Whenever I have used this program, I have felt so reassured by the help I have received. Thank you!" ~Obstetrician, Windham County

Approximately 70% of the total consultations provided during this reporting period were consultations directly supporting 169 perinatal individuals helping them connect to resources in the community. On average, the resource and referral support (RRS) staff provided seven referrals, all of which were vetted by the RRS staff prior to communicating the information directly to the individual; five individuals received more than 20 vetted referrals during this state fiscal year. As of June 30, 2024, a total of 106 individuals who received resource and referral support, confirmed connection to mental health and/or substance use services within their community. Providers and their patients have expressed appreciation for the support.

“Finding psychiatric care in pregnancy was particularly difficult on my own- this service made the process much more streamlined and effective” ~Midwife, New Haven County

“...Thank you so much again. Just knowing your program exists made me feel less alone and gave me hope in my hardest days so far.” ~Mom after receiving resource and referral support, New Haven County

“...I am beyond grateful for you [AMH]. You have helped me out so much and I am glad I am able to trust you and that you are here to help me out with my needs. Thanks again!” ~Mom after receiving resource and referral support, New Haven County

“Resources are EXCELLENT!!!!” ~Obstetrician, Fairfield County

In addition to psychiatric consultation and resource and referral support, the Hub team psychiatrists started the ACCESS Mental Health for Moms Clinical Conversations series, a series of live, monthly webinars in November 2023. The team also completed the program’s first iteration of the ACCESS Mental Health for Moms Perinatal Mental Health Provider Toolkit during this reporting period. This toolkit provides actionable information, algorithms, and clinical pearls so that obstetric providers and practices can successfully address perinatal mental health conditions within their practice.

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. Overall, the program met and/or exceeded its goals this year. Perinatal providers are learning about the program through innovative marketing techniques, providers and their patients are making multiple calls to the Hub teams for consultation and support, and the website has grown into a bastion of information with the addition of the toolkit and recordings of the clinical conversation series. The program will build on this momentum in SFY’25.

Enrollment

The ACCESS Mental Health (AMH) for Moms program is available to all perinatal practitioners (Obstetricians, Gynecologists, Midwives, Pediatric and Adult Primary Care, and Psychiatric Providers). However, obstetrical providers treat the highest volume of perinatal individuals and therefore are the primary medical group who receive targeted outreach and formal enrollment efforts; including an invitation to meet directly with the Hub team’s psychiatrist to review program services.

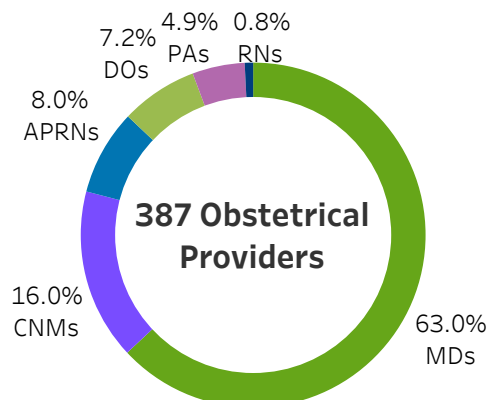
As of June 30, 2024, a total of 59 obstetrical practice groups with 122 practice sites and 387 providers were actively enrolled in the program. Of the 387 obstetrical providers enrolled, approximately 70% (272) are medical physicians (MDs and DOs), 16% (62) are certified nurse midwives (CNMs), 8% (31) are advanced practice nurse practitioners (APRNs), approximately 5% (19) are physician assistants (PAs), and less than 1% (3) are registered nurses (RNs). Practice group information including site location and phone numbers can be found on the Map of Enrolled Practices dashboard within this report. The map now includes the identification of practices newly enrolled during the reporting period. There were eight new obstetrical practices and 22 new obstetrical practice sites enrolled during this reporting period (SFY’24).

Efforts to increase enrollment and utilization continued throughout this state fiscal year. In addition to the Hub team psychiatrists outreaching to each obstetrical practice across the state educating them about program services and inviting them to enroll, the team also participated in several speaking engagements including the American College of Obstetricians and Gynecologists’ (ACOG) annual meeting, the Connecticut Coalition Against Domestic Violence (CCADV) seminar, and Postpartum Support International’s event at the capital in May 2024. Additionally, the team provided clinical presentations at various hospital rounds and distributed program flyers to all licensed obstetricians and midwives (over 1,300 providers) in Connecticut. While these efforts yielded positive responses that increased program awareness, enrollment, and utilization, it is important to note that many providers declined in-person meetings due to bandwidth and staffing shortages. Providers expressed excitement about the program’s services and requested to call when they needed support. Although face-to-face enrollment is best practice, we respect the challenges practice groups are facing and encourage all providers to utilize the AMH Moms program regardless of enrollment status.

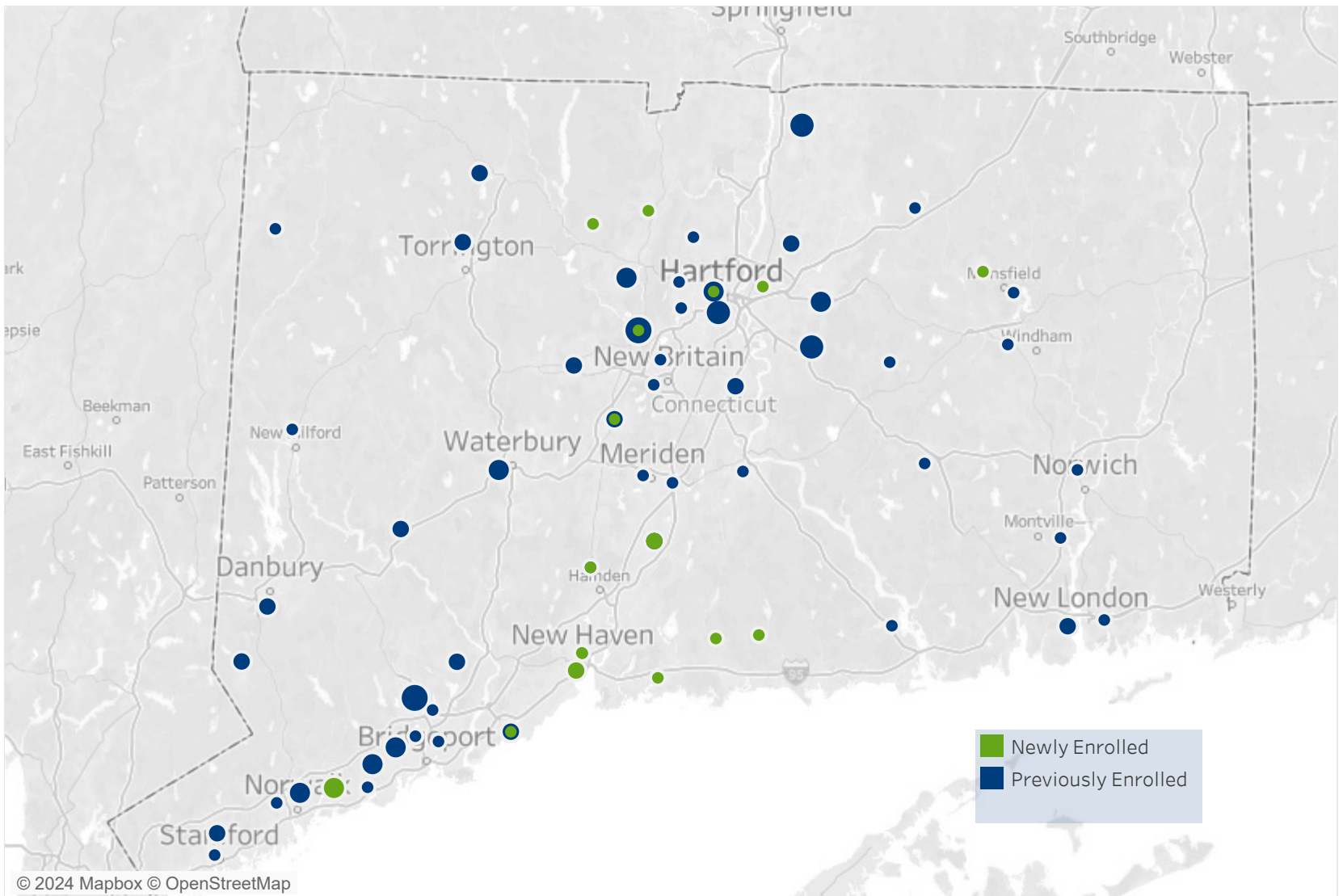
Additionally, within Yale’s electronic health record (Epic), the Yale New Haven Health Care Signature consists of clinical pathways designed for assimilating the evolving evidence and consensus, sharing of resources, and rapid deployment of new and more efficient models of care. Pathways provide all clinicians connected within Yale New Haven’s health system all the resources they need, when they’re needed, right in Epic. In the clinical pathways that touch on mental health and substance use treatment in pregnant patients, the contact information for ACCESS Mental Health for Moms was added in Q3 SFY’24 as a resource for all clinicians caring for pregnant and postpartum patients across the Yale New Haven health system.

59 Obstetrical Practices Enrolled

↓
122 Obstetrical Practice Sites



Enrolled Practice Locations



Search by Site Town

All

Practice	Address	Practice Phone
Bridgeport Hospital Women's Health Center	5520 Park Ave Trumbull, CT 06611	(203) 384-3233
	Bridgeport Hospital, Inpatient Services Bridgeport, CT 06610	(203) 384-3233
Center for Women's Health and Midwifery-Yale New Hav..	789 Howard Ave T-31a New Haven, CT 06519	(203) 789-3029
Coastal ObGyn & Midwifery	2 Sandy Desert Road Uncasville, CT 06382	(860) 443-4148
	3 Shaws Cove Suite 206 New London, CT 06320	(860) 443-4148
County OB/GYN	2 Samson Rock Madison, CT 06443	(203) 488-8306
	46 Prince Street Suite 403 New Haven, CT 06519	(203) 488-8306
	103 N Main Street Branford, CT 06405	(203) 488-8306
	1062 Barnes Road Wallingford, CT 06492	(203) 488-8306
Generations OBGYN	5 Durham Rd Bldg 2 Unit B-8 Guilford, CT 06437	(203) 248-4461
	46 Prince St New Haven, CT 06519	(203) 248-4461
	150 South Main St Wallingford, CT 06492	(203) 248-4461
	2446 Whitney Ave Hamden, CT 06518	(203) 248-4461
Greenwich Hospital Outpatient Center	75 Holly Hill Lane, Suite 102 Greenwich, CT 06880	(203) 863-3408

Utilization

Individuals Served by Practice

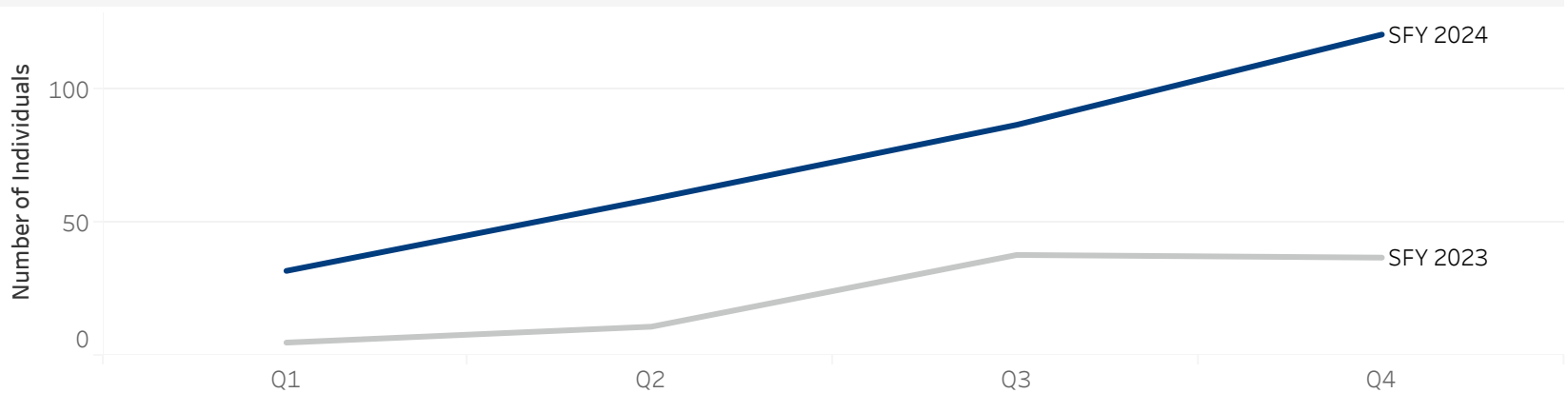
The AMH for Moms program works to formally enroll obstetrical practices given that they treat the highest volume of perinatal individuals across the state and will likely use the program’s full suite of services, i.e., telephonic psychiatric consultation, resource and referral support, and monthly training and education. However, the program also recognizes the value and need to support all providers who encounter pregnant and postpartum individuals in need, including pediatric and adult primary care and psychiatric providers. Pediatricians are often the first line of defense and are contacting the program primarily for resource and referral support in connecting their patient’s parent to much needed mental health and substance use treatment. Psychiatric providers are more likely to contact the program primarily for psychopharmacological consultation for their perinatal patients.

“I appreciate the supervision and recommendations by the reproductive psychiatrists who have all been really helpful in managing complex patients. As a psychiatrist providing consultation to patients connected in our OBGYN clinics, having this service helped me discuss cases and connect patients with care. This helps me focus on managing the patient’s psychiatric care and have more assistance in addressing my patients’ psychosocial needs...keep up the good work!” ~Psychiatrist, Fairfield County

Since inception of the program to date, June 20, 2022 through June 30, 2024, perinatal providers contacted the AMH for Moms Hub team requesting consultation and support for 272 unique pregnant and postpartum individuals presenting with mental health and/or substance use concerns; 219 perinatal individuals in SFY’24. As indicated in the number of individuals served by month, quarter, or year graph, the volume of perinatal individuals served greatly increased during this state fiscal year compared to last. On average, the hub staff supported 41 individuals a month in SFY’24 compared to an average of 12 a month in SFY’23. Additional information, including details regarding the demographics of individuals served, can be found in the demographic section of this report.

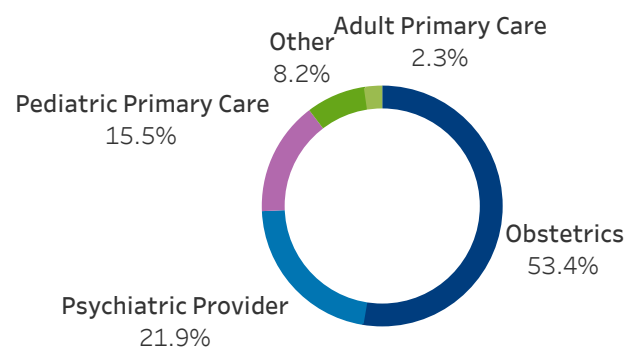
Number of Individuals by Quarter

Monthly, Quarterly, or SFY Individuals
Individuals by Quarter



Utilization dashboards are created to analyze program use by perinatal provider type (i.e., obstetrical, primary care, psychiatry). Of the total individuals served (219), the majority, 53% (117), were patients being treated by their obstetrical provider, approximately 22% (48) of the individuals served were patients being treated by a psychiatrist requesting psychopharmacological consultation, 16% (34) of the individuals served were identified as needing support by their child’s pediatrician during a well-child visit, and approximately 2% (5) of the individuals served were patients being treated by an adult primary care provider. New this year is the addition of “other” provider type group which includes self-referrals as well as pharmacists contacting the AMH for Moms program for support. As part of a Patient-Centered Outcomes Research Institute (PCORI)-funded study at Yale, pharmacists, in collaboration with an obstetrician, are being trained to screen and initiate pharmacological treatment for postpartum depression and anxiety. The goal is to build capacity to address depression and anxiety in postpartum individuals, by having pharmacists serve as physician extenders that can be incorporated into routine clinical care. Pharmacists serving in this role have contacted the program for clinical support for approximately 8% (17 perinatal individuals) since this initiative was launched in January 2024.

Practice Types



Utilization

Obstetrical Practice Utilization

While utilization across all perinatal providers is important to showcase, utilization specific to obstetrical practices seeks to further analyze how obstetricians are using the program. As noted earlier in this report, the majority (53%) of the individuals served during this reporting period (SFY'24) were patients being treated by their obstetrical provider (117 out of 219 perinatal individuals served).

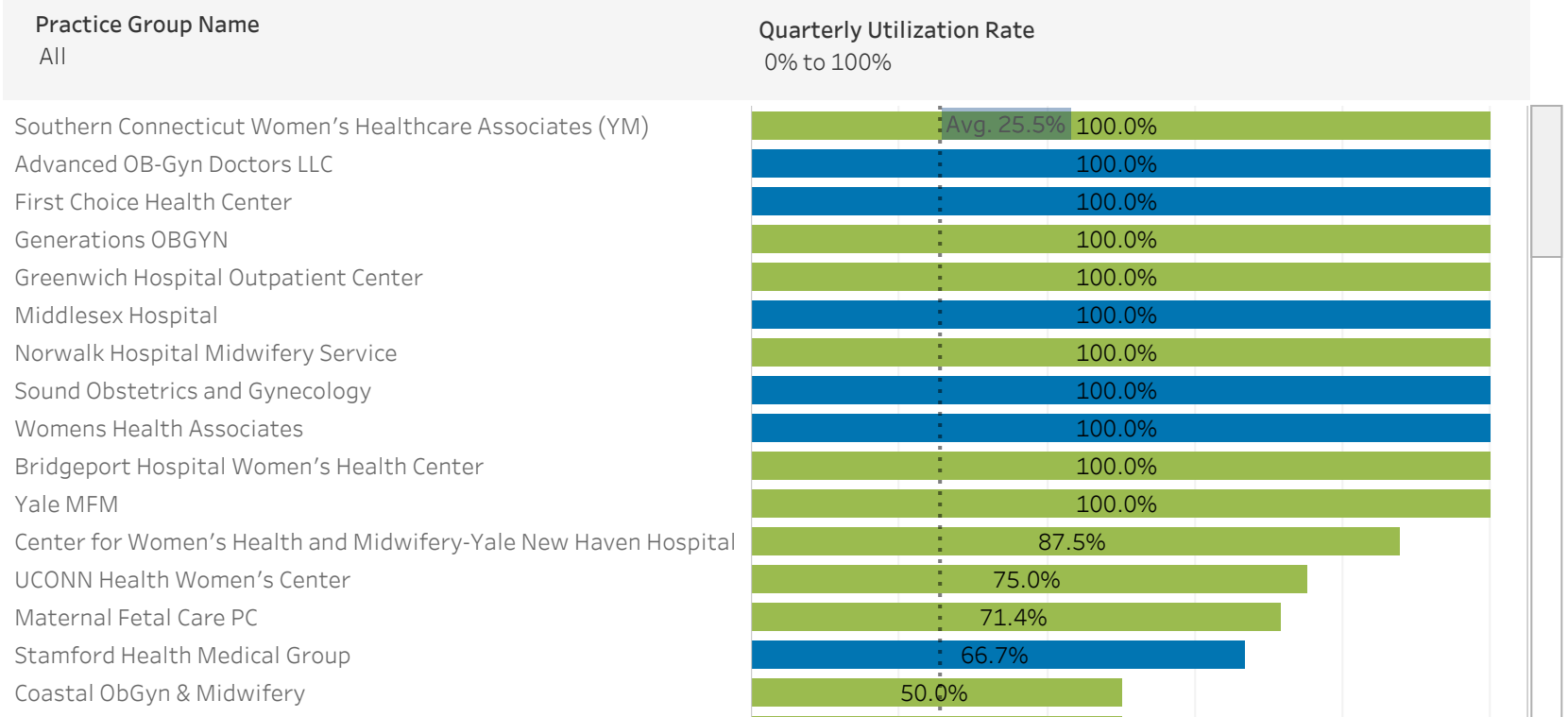
The Obstetrical Provider-Specific Utilization graph below depicts the number of obstetrical practice groups that used the program compared to the total number of obstetrical practice groups enrolled. The practice group utilization graph is created to showcase consistency of the program's use over time. The graph depicts both actively enrolled and utilizing obstetrical practice groups (denoted in green) as well as obstetrical practice groups who have utilized the program and are not yet enrolled (denoted in blue). If the enrolled obstetrical practice group used once during the quarter, it is counted and compared to total quarters enrolled. For example, if an obstetrical practice enrolled in July of 2023 (4 quarters enrolled) and used every quarter since enrollment, their utilization rate equals 100% (4 quarters enrolled, 4 quarters used). It is important to note that newly enrolled practices with consistent utilization will also show a high percentage rate (1 quarter enrolled, 1 quarter used is also 100%). The graph also highlights enrolled obstetrical practices who have yet to use the program.

Of the total obstetrical practice groups enrolled in the program at the close of this fiscal year (59 practice groups), 18 obstetrical practice groups used the program at least one time since their enrollment. There were six enrolled practice groups: Bridgeport Hospital Women's Health Center (31 patients served), Generations OBGYN (7 patients served), Greenwich Hospital Outpatient Center (3 patients served), Norwalk Hospital Midwifery Service (9 patients served), Southern Connecticut Women's Healthcare Associates (7 patients served), and Yale MFM (12 patients served) noted to have used the program at least once per quarter for all quarters enrolled (100%) through the end of this state fiscal year (SFY'24).

It is also important to note that while the program is working to actively enroll all obstetrical practices across the state, a practice can contact the program prior to completing the enrollment process and still receive program services. In addition to the 18 enrolled obstetrical practice groups who used the program, an additional seven obstetrical practice groups used the program but were not yet enrolled. The Hub team continues to actively outreach to these practices to schedule enrollment meetings, however, the team is respectful and mindful that the providers' capacity to hold enrollment meetings are scant.

Obstetrical Practice-Specific Utilization

■ Practice Enrolled | ■ Practice Not Enrolled, Participating



Demographics

The ACCESS Mental Health for Moms program served a total of 219 unique moms in SFY 2024.

The AMH for Moms program supports practitioners treating all pregnant and postpartum patients up to 12 months post-delivery who are presenting with mental health and/or substance use concerns, regardless of insurance. Demographic dashboards are created to highlight individual characteristics (age, gender, race, ethnicity, and pregnancy status) of the individuals served by the program during the report period. Demographic information is captured the first time the provider calls requesting support on the respective individual and is then entered into the Encounter System.

During this fiscal year, providers requested consultation for a total of 219 individuals, 203 of whom gave permission to the provider to share their demographic information with the Hub team and demographic details are highlighted below.

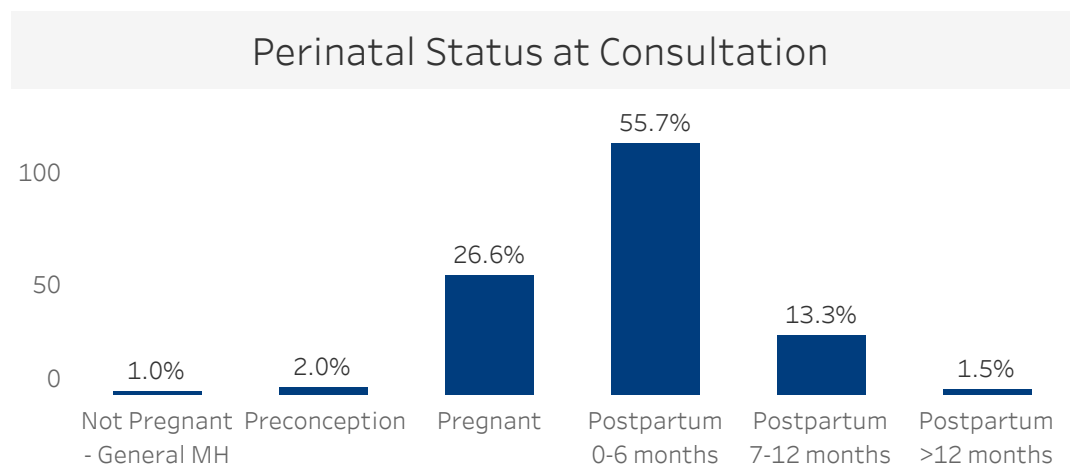
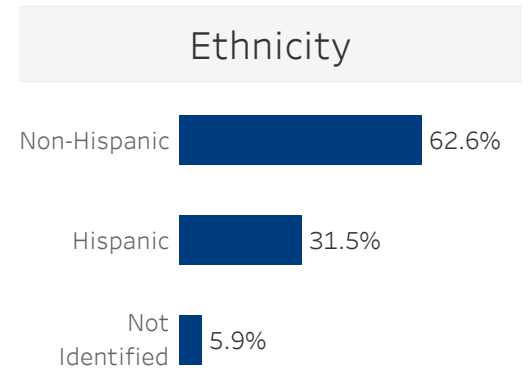
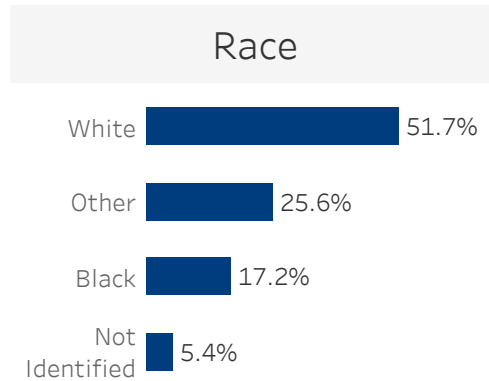
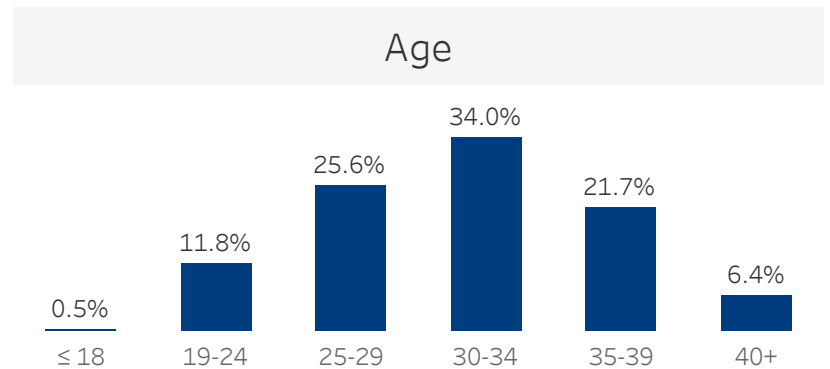
Of the total unique individuals served by the program in SFY'24 who gave permission to share their demographic information, 99.5% (202) identified as female. One individual was a father identified as needing mental health treatment by his child's pediatrician during a newborn visit.

Of the 203 unique individuals who gave permission to share their demographic information, approximately 34% (69 out of 203) were between the ages of 30 and 34 years old, 26% (52 out of 203) were between the ages of 25 and 29 years and approximately 22% (44 out of 203) were 35 to 39 years old. Of the total unique individuals served by the program in this state fiscal year, one individual was under 19 years old, 24 were between 19 and 24 years old, and there were 13 individuals over 40 years old.

Race and ethnicity are also requested the first time the provider calls requesting support. Of the 203 unique perinatal individuals served by the program during this reporting period, 51.7% (105) identified as White; 25.6% (52) identified as Multi-racial, Asian, or some other race; and 17.2% (35) identified as Black. Approximately 63% (127) of the individuals served identified as non-Hispanic and 31% (64) identified as Hispanic. There were 12 individuals (6%) served during this fiscal year (SFY'24) who were entered

into the Encounter System without an identified race and/or ethnicity. While the percent of individuals entered with race or ethnicity data has greatly increased, Carelon's central administration team continues to work with the Hub team to improve the documentation of race and ethnicity of individuals served by the program.

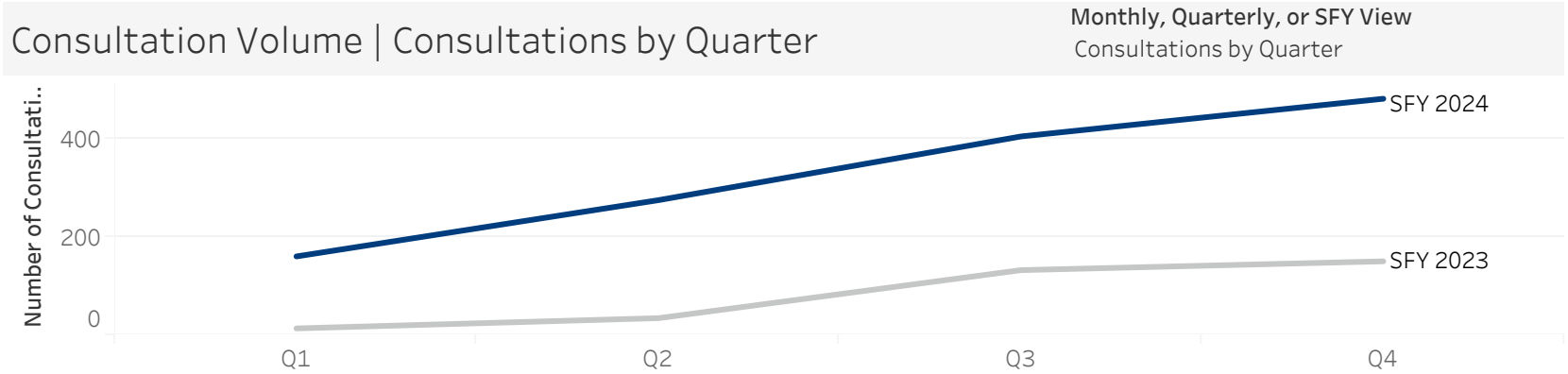
The perinatal status of the individuals served by the program is also captured at the time of each consultation. Depending on the length of time the program supported a respective individual, the individual can be supported during different perinatal periods. The graph to the right demonstrates the perinatal period first reported for the individual during the reporting period. In SFY'24, the majority of individuals served (113) were postpartum 0-6 months. Fifty-four were served while pregnant, 27 individuals received support 7-12 months postpartum, four individuals were in the preconception period at the time of consultation, three individuals were served after the 12-month postpartum period, and two individuals were not pregnant and received general mental health consultation.



Consultations

The program provided a total of 1,326 consultations in SFY 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 providers and to their patients who need resource and referral support. The program went live June 20, 2022, and the first request for psychiatric consultation took place on July 19, 2022. From that time until the end for the program's second operational year, the Hub team provided a total of 1,659 consultations (July 19, 2022 – June 30, 2024). During this reporting year (SFY'24), the Hub team provided a total of 1,326 consultations.

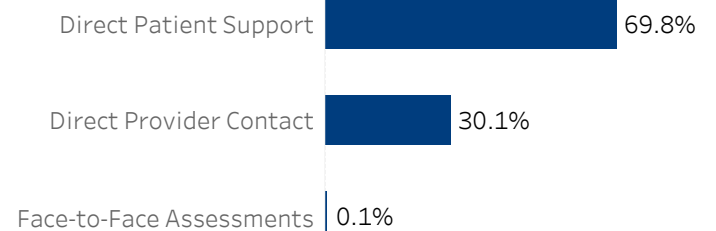


The Hub team estimates the length of time each consultation takes and documents it in the Encounter System. In SFY'24, consultations averaged 10 minutes in duration. Some discussions lasted only a few minutes, and some (approximately 3% of consultations) were noted to be 45 minutes or greater in duration. The majority of consultations (48% or 636) lasted five minutes.

Consultations by month, quarter, and year are available in the line graph above. The Hub team provided a total of 889 consultations in Q3&Q4 SFY'24, this is a 103% increase in consultation volume compared to the total volume of consultations provided in the previous six-month period (437 in Q1&Q2 SFY'24). Given that the program just completed its second operational year, it is too soon to identify call patterns (i.e., time of day/day of week) and whether consultation requests will have seasonal trends similar to what other states with more established programs have seen. However, a spike in volume during quarter four (April, May, and June) in both SFY'23 and SFY'24 is notable and will continue to be monitored in SFY'25.

Direct Provider Contact: Of the 1,326 consultations provided in SFY'24, approximately 30% (399) were reported as direct contact with providers. This includes both initial inquiries and follow up phone calls to the provider. The program benchmark for year two is that 95% of all initial provider calls requiring a call back will be returned within 30 minutes of the initial inquiry unless an alternative time was requested by the provider. Exceeding expectations, per Hub team report, 100% (224 out of 224) of initial provider calls were answered by the Hub team's consulting psychiatrist within 30-minutes of the provider's initial inquiry; 87.1% (195 out of 224) of which were connected directly at the time of the call.

Consultation Types



Direct Patient Support-Resource and Referral Support (RRS): While the primary function of the program is physician-to-physician consultation, resource and referral support (RRS) is also a significant component of the model. Navigating the behavioral health and infant support systems of care can be difficult, even more so for a new parent. The program model requires that the Hub team works with the calling provider and their patient to learn more about their specific treatment needs in order to help support connection to care. The role of the RRS staff is to foster a connection with the perinatal individual that often opens the door to a better understanding of their needs. This approach entails more than just providing phone numbers for service providers. The RRS staff engage, educate, and help to resolve barriers that might otherwise prevent the perinatal individual from connecting to care. The RRS staff take the time to listen and identify specific treatment needs and often take on the leg work of finding treatment providers and services for the perinatal individual that are affordable and accessible. The RRS staff share resources verbally and in writing for easy reference post phone discussions. Many times, the RRS team joins the parent in making the call, when that level of support is needed. The RRS staff also communicate the availability of crisis services at each point of contact.

Consultations

Resource and Referral Support (RRS) (continued) :

After confirming that the perinatal individual has connected to treatment, the RRS staff contacts the calling provider with an update on the status of the individual and to close the loop. In the event the team does not receive a response from the perinatal individual, despite multiple attempts, the RRS staff contacts the provider to share the details regarding the barriers to connect with the patient and, if available, gather alternate means of contact.

During this reporting period (SFY'24), the central administration team made modifications to the Encounter System to further differentiate whether referrals were specifically supporting mental health, substance use or co-occurring treatment. Additionally, modifications to the system breakout referrals specifically supporting individuals needing help with housing. Approximately 70% (926 out of 1,326) of the total consultations provided during this reporting period were consultations directly supporting 169 perinatal individuals helping them connect to resources in the community. Referrals are grouped by service type and highlighted in the graph below.

Of the individuals served in SFY'24 who received resource and referral support, approximately 84% (141) requested and received vetted referrals for outpatient services, four individuals were noted to receive referrals for outpatient services that were focused on both mental health and substance use treatment. Two individuals requested and received referrals at the partial hospital level and 103 individuals requested and received referrals for local support groups. Eighty-three (83) individuals requested and received medication management referrals for a psychiatrist in their community, four individuals were noted to receive referrals for psychiatry that were focused on both mental health and substance use treatment. Of the individuals noted to have received resource and referral support during this review, 55 individuals requested and received basic needs support, 39 individuals requested referrals for peer support, 26 individuals received parent/infant home visiting referrals, and 10 individuals received housing support information.

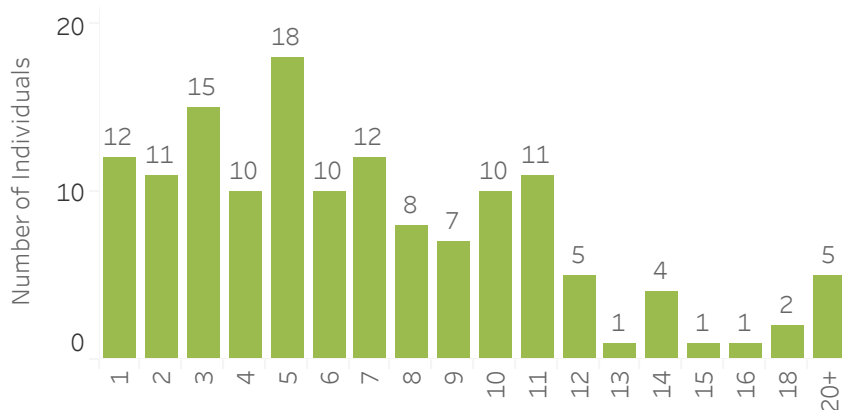
On average, the RRS staff provided seven referrals, all of which were vetted by the RRS staff prior to communicating the information directly to the individual; five individuals received more than 20 vetted referrals during this state fiscal year. As of June 30, 2024, a total of 106 individuals who received resource and referral support, confirmed connection to mental health and/or substance use services within their community by the end of this reporting period.

“With both of those people in place I feel like I’m in a good spot. Thank you so much again. Just knowing your program exists made me feel less alone and gave me hope in my hardest days so far.” ~Mom, New Haven County

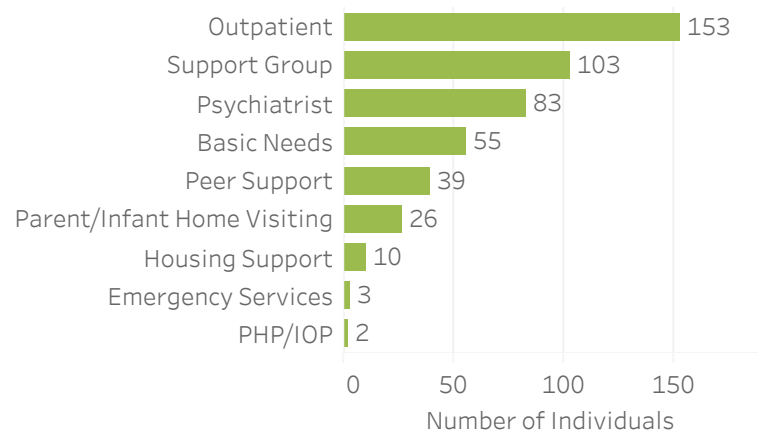
“...It is no surprise that life and its everyday stressors can become barriers to accessing treatment. Part of my work is to provide support and an empathetic ear to address barriers and problem solve how to move forward. It has been very rewarding to support each mom in her journey to accessing treatment as she meets every small success... As a mom myself, I know how hard it can be to put our needs first. I am excited to come to work every day and share the message with each mom I work with that the work they do as a mother is important AND they and their needs are important too!” ~Hub Team Resource and Referral Staff

“...I am beyond grateful for you [AMH]. You have helped me out so much and I am glad I am able to trust you and that you are here to help me out with my needs. Thanks again!” ~Mom, New Haven County

Number of Referrals



Type of Referrals

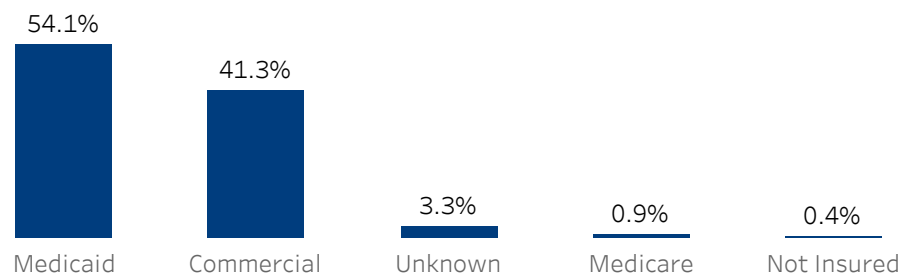


Consultations

Face-to-face Assessments: When telephonic consultation is not enough to answer the calling provider’s question, the Hub team psychiatrist offers a one-time, face-to-face diagnostic and psychopharmacological assessment with the provider’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 calling provider or for a referral to a community provider. Recommendations are given to the calling provider within 48hrs following the appointment. During this reporting period (SFY’24), the Hub team psychiatrists provided one face-to-face diagnostic and psychopharmacological assessment.

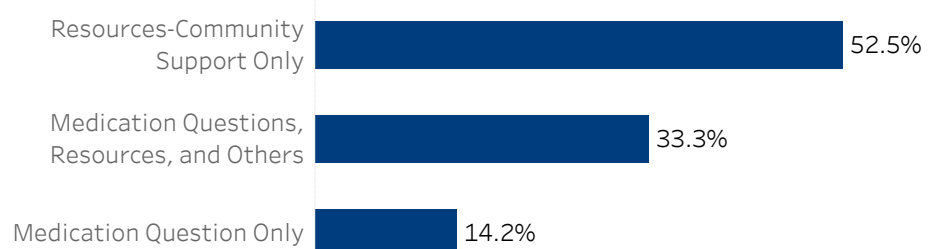
Insurance Breakout: Of the 1,326 total consultations provided in SFY’24, approximately 54% (717) were for perinatal individuals with Medicaid insurance; 41% (548) of the consultations were for individuals with an identified commercial insurance plan such as Aetna or Anthem BCBS of CT, 3% (44) of the consultations were provided to an individual without an insurance coverage identified, approximately 1% (12) of the consultations were for one individual with a disability who has Medicare, and less than 1% (5) of consultations were with individuals with no insurance coverage.

Consultations by Insurance



Reason for Contact: The reason for contact is captured on every consultation and can include multiple reasons. For example, a provider may contact the program solely for guidance with prescribing psychotropic medication or solely for help with finding resources. On the other hand, providers may need help with both prescribing and finding resources. The Reason for Consultation graph shows the breakout of reasons for the current reporting period.

Reason for Consultation



During this reporting period (SFY’24), providers contacted the program requesting help with prescribing psychotropic medication, diagnostic support, and finding resources for approximately 33% of the total individuals served (73 out of 219). Providers contacted the program solely for resource and referral support for 115 individuals (approximately 53%) and solely for medication questions for 31 individuals (approximately 14%).

Additionally, the Hub team captures the “presenting problem” discussed at the time of consultation. The Presenting Problems and Substances Discussed tables show the concerns discussed per individual, multiple concerns can be noted per individual therefore counts are not distinct.

The top two presenting concerns noted during SFY’24 were problems with mood (81% of the individuals served) and anxiety or worries (63% of the individuals served). Approximately 4% (nine individuals served) were noted to also have substance use as a presenting concern. Substance use was discussed for a total of 13 distinct individuals, regardless of the presenting problem, with cannabis and opioids being the top substances discussed.

Substances Discussed

Cannabis Use	6
Opioid Use	5
Alcohol Use	3
Cocaine Use	3
Benzodiazepine Use	1
Other Use	1
Tobacco Use	1

Presenting Problems

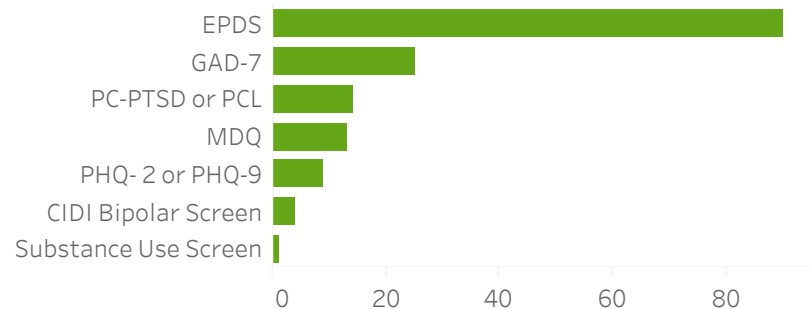
Problems with Mood	80.7%
Anxiety or Worries	63.3%
Social Issues	22.0%
Attention Issues	6.0%
Other	5.5%
Suicidal Ideation	5.0%
Changes in Sleep	4.6%
Substance Use	4.1%
Compulsive/Repetitive Behaviors	2.8%
Changes in Weight/Appetite	1.8%
Legal Issues	1.8%
Psychotic/Delusional Thinking	1.4%
Aggressive Behavior	0.9%
Hyperactivity	0.5%
Self-injurious Behavior	0.5%

Consultations

Screening Tools

At the time of consultation between the calling provider 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 across all provider types, it is specific to that respective consultation. Throughout this reporting period, calling providers noted to have used a screening tool prior to the request of a psychiatric consultation for 100 perinatal individuals served; the Edinburgh Postnatal Depression Scale (EPDS) was noted to be the most commonly used during this reporting period (90 out of 100 individuals in SFY'24).

Screening Tools Used

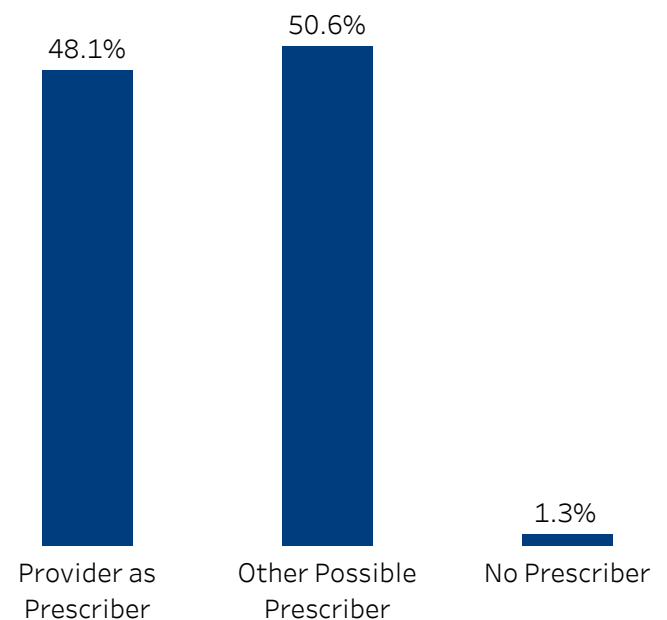


Provider Prescribing

A subset of consultations includes the perinatal provider reaching out to the program's psychiatrist to discuss medications being initiated, managed or followed by the provider. Consultations can also include general conversations related to medication.

Throughout this reporting period (SFY'24), perinatal providers contacted the Hub team psychiatrist requesting a medication consultation for 79 individuals; antidepressant medications were most often discussed. For approximately 48% (38 out of 79) of the perinatal individuals whose provider called to discuss medication, the resulting plan involved the provider initiating or continuing as the primary prescriber. A referral to a community psychiatrist was determined as the most appropriate plan of care for approximately 51% (40 out of 79) of the perinatal individuals as a result of the discussion between the perinatal provider and the Hub team psychiatrist. Of note, perinatal providers agreed to act as an interim bridge prescriber for 27 of the individuals waiting to transition to a psychiatrist in their community.

Outcomes of Medication Consultation



The knowledge, skills, and comfort level of the calling provider is taken into consideration by the Hub team psychiatrist on each consultation and the teaching and case-based education is tailored to the provider seeking support. As the program continues to grow and providers continue to seek consultation and support, it is anticipated that their knowledge, skills, and comfort level will also grow, making them better equipped to manage the treatment of their patients with perinatal mental health concerns.

"I remember from last time you said that, so I was already anticipating having to go up on the dose" ~Obstetrician on prescribing SSRIs for their postpartum patient

"It has been wonderful to see the utilization of the program take off this last year and to be able to support so many different types of providers. The most rewarding thing has been to see the growth and learning that happens as providers become regular callers." ~Dr. Ariadna Forray, Hub Team Medical Director

"Whenever I have used this program, I have felt so reassured by the help I have received. Thank you!" ~Obstetrician, Windham County

Training and Resources

The Hub team psychiatrists started the ACCESS Mental Health for Moms Clinical Conversations series in November 2023. The program's Clinical Conversations series are free, monthly trainings on a variety of perinatal mental health and substance use topics. Monthly trainings are virtual through Webex platform and provide a short, structured didactic followed by an open discussion. The trainings are recorded and posted on the program's website and include supplemental information and tools to support providers in early identification, screening, and treatment.

ACCESS Mental Health for Moms Clinical Conversations webinars provided in SFY'24 included:

- "Introduction to Perinatal Mental Health Screening" November 9, 2023
- "Introduction to Mood Disorders in the Perinatal Period" December 14, 2023
- "Introduction to Anxiety Disorders in the Perinatal Period" January 11, 2024
- "Introduction to Bipolar Disorders in the Perinatal Period" February 8, 2024
- "Introduction to Substance Use Disorders in the Perinatal Period" March 14, 2024
- "Prescribing Psychotropics in Pregnancy 101" April 11, 2024
- "Intrusive Thoughts: OCD vs. Postpartum Psychosis" May 9, 2024
- "Zuranolone: The New Treatment for Postpartum Depression" June 13, 2024

In addition to the ACCESS Mental Health for Moms Clinical Conversations Series, the Hub team psychiatrists created the program's first iteration of the ACCESS Mental Health for Moms Perinatal Mental Health Provider Toolkit during this reporting period. This toolkit provides actionable information, algorithms, and clinical pearls so that obstetric providers and practices can successfully address perinatal mental health conditions within their practice. The team is working to improve the toolkit by adding additional clinical guidance on identifying and treating substance use in the perinatal period. The updated toolkit is targeted for release September 2024.

The dedicated ACCESS Mental Health for Moms website was updated throughout this state fiscal year as new information and resources became available. The website houses programmatic details including information for providers interested in enrolling in the program; training and toolkits; and resources for both providers and pregnant and parenting individuals.

Google Analytics, a web analytics service offered by Google that tracks and reports website traffic, was used to gather traffic data for the AMH for Moms website. During this reporting period (SFY'24), Google Analytics reported a total of 2,920 users accessed the website, totaling 7,814 views (2.68 views/user) with a session duration averaging 46 seconds. The program's home page and training page were the top two pages most frequently viewed.

Program Feedback

At the start of the program's first operational year (SFY'23), a baseline survey was developed to capture the providers' experience with identifying and treating perinatal mental health and substance use prior to using the AMH for Moms program. The tool was developed using questions pulled from a set of evaluation tools derived from the Practice Readiness to Evaluate and address Perinatal Depression (PREPD) Assessment being used in PRISM, a cluster randomized controlled trial of two active interventions addressing perinatal depression in obstetric settings.

During this reporting period (SFY'24), the survey was updated to add additional questions to gather feedback on access and experience with the clinical conversations, the toolkit, and overall comfort with screening patients since enrolling with AMH for Moms. The survey was administered to all enrolled and participating practice groups. When asked about their overall experience, 100% of the providers who have utilized the program rated their overall experience with AMH for Moms as a 5 (best).

The following graphs were created to showcase provider experience in treating pregnant and postpartum patients prior to using the AMH for Moms program. Graphs are grouped to showcase three main themes: provider experience in obtaining timely psychiatric consultation for their perinatal patients, provider use of screening tools throughout the perinatal period, and provider experience and comfort in treating their pregnant and postpartum patients with mental health and substance use concerns. Due to the overall small number of total responses (24 responses), results have been combined in the charts. Out of the 24 responses, 13 were for providers who had never utilized the program or used it once, while 11 responses were from providers who had utilized the program a few times or often. Charts can be filtered by provider group (utilizers/non-utilizers).

While the responses varied with regards to screening for depression throughout the perinatal period, 100% (24 respondents) reported "often" or "always" to screening immediately post-delivery (0-3months) and approximately 96% (23 respondents) reported "often" or "always" to screening for anxiety during this early postpartum (0-3 months) period. Screening for bipolar disorder, regardless of the perinatal period, yielded "rarely" or "never" for the majority of respondents. Screening for substance in early pregnancy yielded the most responses compared to screening for substance use during any other perinatal period, approximately 83% (20 respondents) reported "often" or "always" to screening for substance use in early pregnancy.

The AMH for Moms program aims to build the capacity of frontline medical providers in effectively identifying and treating pregnant and postpartum patients struggling with mental health and substance use concerns. By providing access to seasoned experts who offer clinical guidance and training as well as resource and referral support for patients needing help in finding treatment, the health and wellness of our state's pregnant and postpartum individuals will improve.

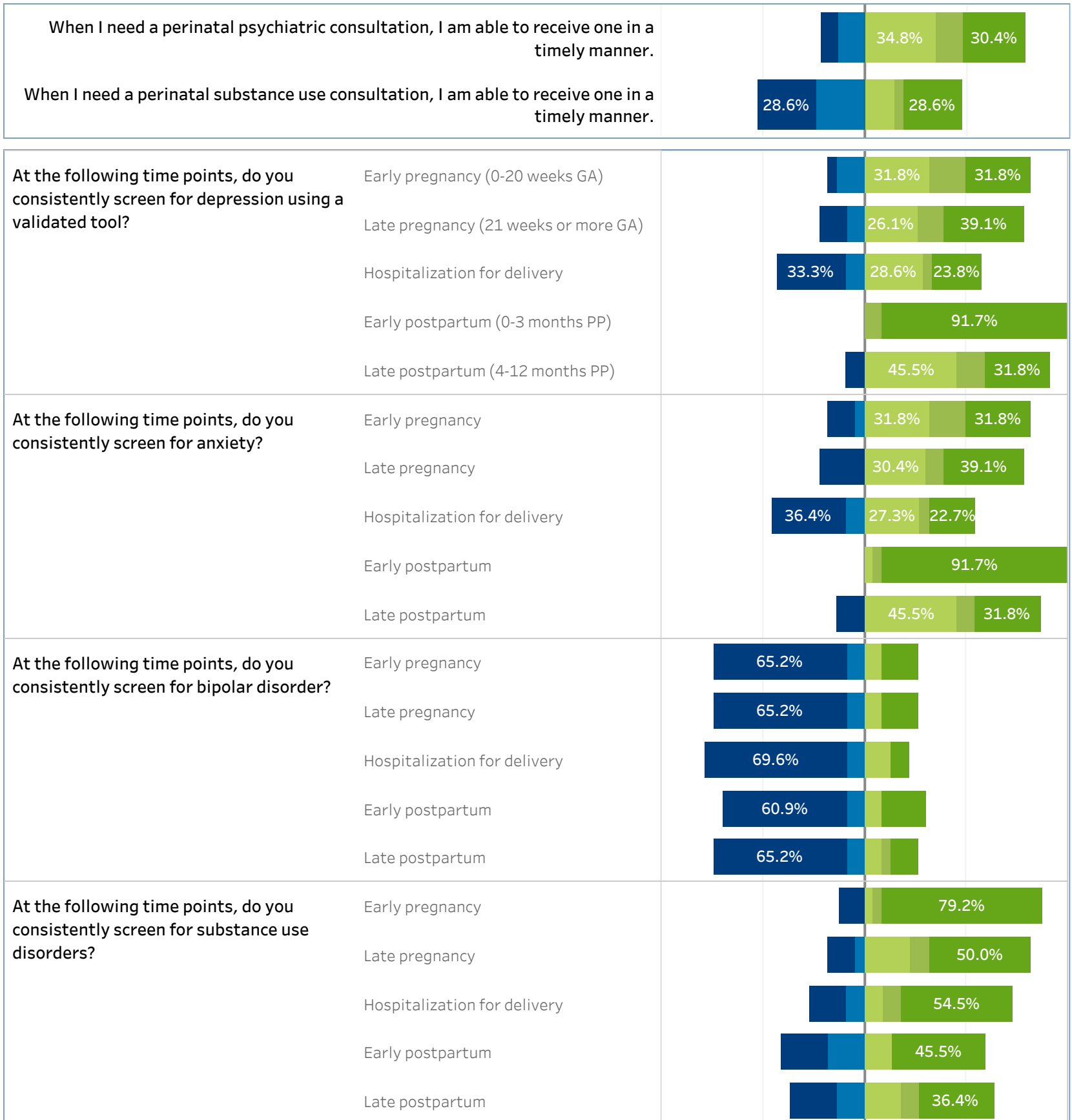
"I feel better about knowing how to respond to a positive screen" ~Midwife, Fairfield County

"Feel [sic] more confident if I have an abnormal score that I now have the resources of ACCESS Mental Health." ~NP-C, New Haven County

Program Feedback

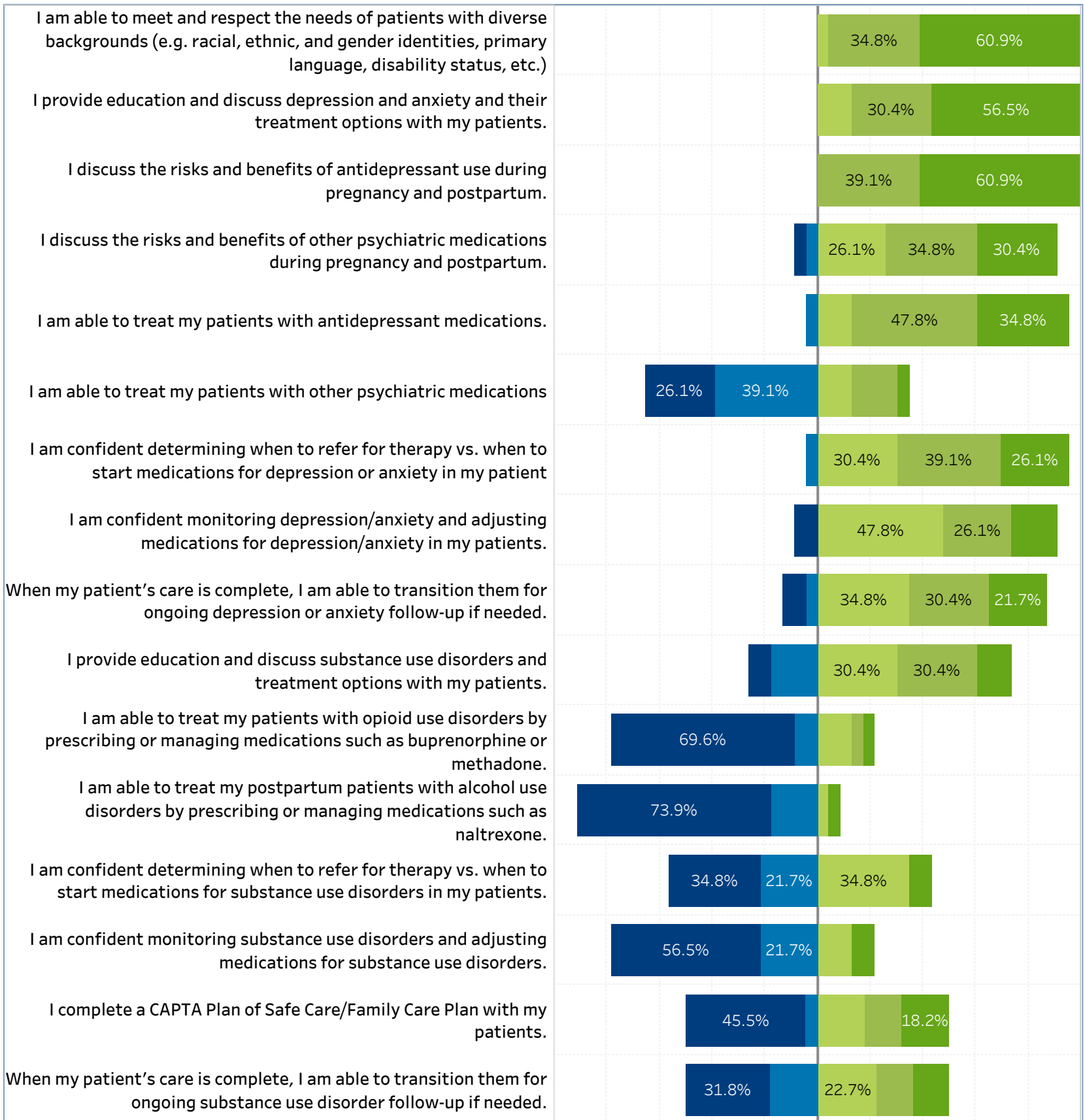
Never ● Rarely ● Sometimes ● Often ● Always ●

Survey Type ^{All}



Program Feedback

Never ● Rarely ● Sometimes ● Often ● Always ● Survey Type All



Program Feedback

Program Satisfaction: After every consultation, the Hub team asks the provider and perinatal individual to “rate your satisfaction with the helpfulness of the ACCESS Mental Health for Moms program” on a scale of 1-5; 5 being excellent. For SFY’24, the overall average satisfaction score was 5.0. A breakout of provider satisfaction scores by month can be seen below. Additionally, program specific feedback is captured at the end of this report.

Program Satisfaction Scores

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Average Score	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0

Score per Consultation

- 99% or more received a score of 5

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
3									2	1		
4	2			3		2	1	4	2	2		1
5	42	65	52	78	95	98	121	133	143	139	160	180
Grand Total	44	65	52	81	95	100	122	137	147	142	160	181

Program Feedback

Program feedback was captured by the Hub team staff throughout the program's first operational year (SFY'23) during direct consultations with providers and with perinatal individuals served by the program. Additionally, providers offered feedback on the baseline survey. Hub team staff also provided feedback on their experience this state fiscal year.

"I had a very positive experience with connecting a patient to therapeutic care and getting advice from psychiatrist on medication management" ~Obstetrician, New Haven County

"I remember from last time you said that, so I was already anticipating having to go up on the dose" ~Obstetrician, New Haven County

"Whenever I have used this program, I have felt so reassured by the help I have received. Thank you!" ~Obstetrician, Windham County

"Finding psychiatric care in pregnancy was particularly difficult on my own- this service made the process much more streamlined and effective" ~Midwife, New Haven County

"This was my first time calling, thank you so much, this was super helpful." ~Midwife, New Haven County

"I feel better about knowing how to respond to a positive screen" ~Midwife, Fairfield County

"Resources are EXCELLENT!!!!" ~Obstetrician, Fairfield County

"I appreciate the supervision and recommendation by the reproductive psychiatrists who have all been really helpful in managing complex patients. As a psychiatrist providing consultation to patients connected in our OBGYN clinics, having this service helped me discuss cases and connect patients with care. This helps me focus on managing the patient's psychiatric care and have more assistance in addressing my patients' psychosocial needs. Keep up the good work!" ~Psychiatrist, Fairfield County

"Feel [sic] more confident if I have an abnormal score that I now have the resources of ACCESS Mental Health." ~NP-C, New Haven County

"Thank you so much. I really, really appreciate you guys [AMH for Moms]. This is so helpful. I am also going to check out your website for the webinar recordings." ~Midwife, New Haven County

"Thank you for providing a wonderful service!" ~Obstetrician, Fairfield County

"Very responsive, supportive and pleasure to use!" ~NP-C, Middlesex County

"I'm so grateful for you guys [AMH for Moms]. I hope this program can continue indefinitely!" ~Midwife, Fairfield County

"She [AMH for Moms Hub team psychiatrist] was amazing. That was one of the best experiences consulting. She was kind, intelligent and had so much wisdom to share." ~ Obstetrician, New Haven County

"Everything you say has been so helpful. I'm truly thankful of how understanding you are and that you give me time and space. You are wonderful at what you do. That makes sense about my e-mails being lost. And yeah right now it definitely feels like one more thing to do even though I know it will help. If I don't call and leave a voicemail by tomorrow I think I'll take you up on calling together. Thank you again" ~Mom, New Haven County

"Thanks for checking in on me. I was just confirmed for a therapy appointment. That was so fast and painless. I truly appreciate your help in getting me there." ~Mom, New Haven County

"...I am beyond grateful for you [AMH]. You have helped me out so much and I am glad I am able to trust you and that you are here to help me out with my needs. Thanks again!" ~Mom, New Haven County

Program Feedback

"I really appreciate you checking in, it really helps me to stay on track with everything that's going on." ~Mom, Hartford County

"With both of those people in place I feel like I'm in a good spot. Thank you so much again. Just knowing your program exists made me feel less alone and gave me hope in my hardest days so far." ~Mom, New Haven County

"...I want to say thank you for finding me a therapist. I reported this to my doctor (she's the one that found this resource). She wanted me to let her know if this resource helped (I was the first patient she has referred this too) and let her know how it goes so she can continue to recommend it to other mothers/patients. Thank you, I just want to say I appreciate it. If there's anyone looking for a great resource, I'll recommend this program and also reach out. I hope you have a great day." ~Mom, Hartford County

"I'm more than happy with your help. There were so many times when I felt hopeless and you've always been there to help me every step of the way." ~Mom, New Haven County

"You have been wonderful and have helped with so much!! I truly appreciate you getting me in contact with a therapist. I finally feel on good footing there!" ~Mom, New Haven County

"Ohhhh thank you, I really appreciate your help in getting me in the right direction at my lowest point. Thank you" ~Mom, Hartford County

"Thank you for your support and encouragement to talk to a therapist as well as a psychiatrist. I don't think there's anything else I need help with at this time." ~Mom, Fairfield County

"Thank you so much for all the work you did for me, I can't thank you enough." ~Mom, New Haven County

"You made my life better. Thank you for all the work you did for me." ~Mom, New Haven County

"Thanks for not giving up on me and guiding me. It's a lot. My mindset was so unexpected. I appreciated you just being there for me. This was a huge help for me." ~Mom, New Haven County

"Thank you so much for your call!!! Definitely a light at the end of the tunnel." ~Mom, Fairfield County

"Thank you so much for the tools and resources you have supplied me with. You have been a great help to me and my family and I couldn't thank you enough." ~Mom, Fairfield County

"Thanks again for being a cheerleader. I appreciate it." ~Mom, New Haven County

"It has been wonderful to see the utilization of the program take off this last year and to be able to support so many different types of providers. The most rewarding thing has been to see the growth and learning that happens as providers become regular callers." ~Hub team Psychiatrist

"Participating in the ACCESS Mental Health for MOMS program has been both rewarding and uplifting." ~Hub Team Resource and Referral Staff

Program Feedback

"It has been a busy and rewarding year working with moms. As the volume of calls increases, the number of moms I have supported has also increased. However, my support to moms continues to be tailored to each mom's needs. I am honored every time a mom takes the time to be vulnerable and share her story with me. I take the time to understand mom's current situation and the resources she is looking for so that I can find the best providers/resources to meet her needs. I continue to outreach to providers regarding their availability to ensure that I am providing moms with confirmed referrals with openings. I also offer support by offering to make the first phone call with mom if that is helpful to her. It is no surprise that life and it's every day stressors can become barriers to accessing treatment. Part of my work is to provide support and an empathetic ear to address barriers and problem solve how to move forward. It has been very rewarding to support each mom in her journey to accessing treatment as she meets every small success- identifying her needs, looking through options of providers, outreaching to providers, scheduling an appointment, and attending the appointment. It has also been particularly rewarding to hear from moms after I have closed their case to share in their successes and be a reliable and trustworthy resource for them. As a mom myself, I know how hard it can be to put our needs first. I am excited to come to work every day and share the message with each mom I work with that the work they do as a mother is important AND they and their needs are important too!" ~Hub Team Resource and Referral Staff

Next Steps

Increasing enrollment and utilization, improving and enhancing documentation and data collection, training providers, and creating the toolkit were top priorities in SFY'24. Building upon these efforts and responding to the data and feedback highlighted throughout the report, Carelon proposes the following next steps for the upcoming year.

Enrollment: Opportunities to engage obstetrical practices in-person are expected to continue in SFY'25. We will strive to find an appropriate balance for providers that have clearly declined in-person meetings due to staffing and resource scarcity. We will ensure that all providers, regardless of enrollment status, are aware of the benefits and opportunities within the ACCESS Mental Health for Moms program. We will also continue to emphasize the resource of face-to-face psychiatric consultation to providers whose patients may need more in-depth consultation and support. Marketing materials in the form of flyers, magnets, and pens promoting the program will continue to be distributed in-person and through a series of mailings. The team will also continue to promote the program through email, fax, social media, and clinical presentations offered through grand rounds and professional events.

As mentioned in the Enrollment section of this report, the team worked to incorporate the AMH for Moms contact information within Yale New Haven Health's electronic health record as a resource for all clinicians caring for pregnant and postpartum patients across the Yale New Haven health system. In SFY'25, the Hub team will identify key contacts within other healthcare systems and propose a similar addition within their electronic health record.

Utilization: Efforts to increase enrollment and utilization will continue throughout SFY'25. The Hub team psychiatrists will continue to work to identify an obstetrical provider who has used the program and who might be willing to become a program champion, sharing their experience, colleague-to-colleague, to help increase program utilization. The team also plans to promote the program's services with exhibit tables at the CT Chapter of American Academy of Pediatrics annual meeting in September 2024, and CT Chapter of Family Physicians annual meeting in October. Additionally, as part of Public Act 23-41 - An Act Concerning Access To Reproductive Health Care By Students At Public Institutions Of Higher Education, the team will continue working with administration at UConn's Student Health and Wellness to ensure providers are aware of the AMH for Moms program, training series, and toolkits. Lastly, central administration will work with Carelon's CT BHP Regional Network Management team to promote the program's services to the emergency departments throughout the state during their provider analysis and reporting (PAR) cycle in Q1 SFY'25.

As practice utilization strengthens, it will be important to understand more about the obstetrical practices using the program. As noted in the utilization section above, six obstetrical practices were reported to have used the program at least once every quarter they were enrolled. All six practice groups are located within New Haven and Fairfield counties. However, this is a cursory review and only accounts for practices with 100% utilization rate. Further analysis regarding the location of the providers using the program and if there are any patterns or themes by geographic region will be completed in SFY'25.

Training: As noted in the Annual Survey section of this report, some respondents reported "rarely" or "never" when asked about their consistent screening practices for mental health and substance use throughout the perinatal period. The updated provider toolkit with additional clinical guidance on identifying and treating substance use in the perinatal period is targeted for release September 2024. The updated toolkit along with dedicated trainings on screening best practices, such as the screening best practices for substance use training scheduled for November 14th noted below are efforts to improve early identification and treatment.

The Hub team psychiatrists will continue the ACCESS Mental Health for Moms Clinical Conversations series throughout SFY'25, proposed topics include:

- September 12, 2024: Diagnosing and Treating Post-Traumatic Stress Disorder
- October 10, 2024: CT Coalition Against Domestic Violence
- November 14, 2024: Best Practices for Screening of Substance Use in Pregnancy
- December 12, 2024: Opioid Use Disorder in Pregnancy
- January 9, 2025: Cannabis in Pregnancy
- February 13, 2025: Psychotic Disorders in Pregnancy and Postpartum Psychosis
- March 13, 2025: Disparities in Perinatal Mental Health

Definitions

Encounter System: a secure, HIPAA-compliant online data system developed by Carelon that houses structured electronic forms. Hub staff enter information for every consultation into this database.

Enrollment: a formal relationship between the obstetrical practice and Hub team formed after the Hub team psychiatrist meets with the practice's medical director and providers of the practice. The Hub team psychiatrist explains what the program does/does not provide and an enrollment agreement form is signed.

Hub Team: the behavioral health personnel providing AMH for Moms services. The Hub team consists of board-certified psychiatrists specializing in perinatal psychiatry, a licensed masters' level behavioral health clinician and a program coordinator. The AMH for Moms program has one Hub team to cover the entire state of Connecticut.

Perinatal Individuals/Individuals Served: a pregnant or postpartum individual up to 12 months post-delivery supported by the AMH for Moms program. Individuals can be the subject of a psychiatric consultation and not receive direct resource and referral support and still be considered served by the program.

Perinatal Provider/Practitioner: an individual provider who contacts the AMH for Moms program seeking consultation and/or resource support for their pregnant or postpartum patient.

Practice Site: an individual obstetrical office; uniquely identified by address.

Practice Group: an obstetrical practice that identifies itself as a group by listing a primary site and additional satellite practice sites; sharing physicians, patients, and policies and procedures.

Practice Groups Utilized: any practice group noted having at least one consultative activity during the reporting period. In this measure, a group is captured as a count of one regardless of how many sites are listed in the group.

Race: the race of the perinatal individual identified during the consultation, if provided. The "other" race category includes: American Indian or Alaskan Native, Native Hawaiian/Other Pacific Islander, multiracial, and any race identified as "other" in the Encounter System.

Perinatal Period: the stage of the individual at the time of the consultation including preconception, pregnant (1st trimester, 2nd trimester, and 3rd trimester), postpartum (0-3 months, 4-6 months, 7-9 months, 10-12 months and postpartum greater than 12 months).

Consultation: discussions with perinatal providers and their patients provided by the AMH for Moms Hub staff and entered into the Encounter system. This also includes face-to-face assessments provided by Hub staff.

Consultations are grouped by:

- Direct Provider Contacts: (Phone from Provider, Phone to Provider, On the Fly Consult): direct contact with the perinatal provider
- Resource and Referral Support: direct phone contact with the perinatal individual needing support in connecting to mental health and or substance use services in the community
- Face to Face Assessments: a face-to-face diagnostic evaluation or psychopharmacological consultation provided by the Hub psychiatrist
- Other (Phone Other, Materials Request, BH Network Management, Hallway Other, Office Education)

Acronyms

DMHAS – Department of Mental Health and Addiction Services
Carelon – Carelon Behavioral Health
AMH – ACCESS Mental Health
CT – Connecticut
MD – Doctor of Medicine

DO – Doctor of Osteopathic Medicine
CNM – Certified Nurse Midwife
APRN – Advanced Practice Registered Nurse
PA – Physician Assistant
RN – Registered Nurse