



ACCESS Mental Health for Moms

ANNUAL PROGRESS REPORT

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



Report prepared by Carelon Behavioral Health for the Department of Mental Health and Addiction Services
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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, baseline data on the practitioners' experience with identifying and treating perinatal mental health and substance use comes from 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.

Methodology

The data contained in this first 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, 2022 through June 30, 2023 (SFY 2023).

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 women across the state of Connecticut suffering from significant 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.

National research indicates that between 10 and 20 percent of women who give birth experience significant symptoms of depression or anxiety during and/or after pregnancy, and the result of these disorders has a lasting and profoundly negative impact on both mothers and children.^{[1],[2]} In Connecticut, this translates to around 7,000-10,000 women affected every year.^[3] For women with low incomes, the estimate of postpartum depression and anxiety rises upwards of 40-60%.^[4] Nearly one-third of women who experience postpartum depression had a previous diagnosis of depression, and more than two-thirds also experienced clinically significant anxiety, leading to around one in five experiencing suicidal ideation.^[5] Estimates also indicate that over 4.4% of pregnant women use one or more addictive substances and use of alcohol, tobacco, and drugs during pregnancy is the leading preventable cause of mental, physical, and psychological impairments in children.^[6] Yet, pregnant women are significantly less likely to be diagnosed with depression and related behavioral health disorders and less likely to receive treatment, compared with other women. Barriers to treatment include cost, reluctance to engage in treatment, and stigma and these barriers are systemic – stemming from personal and individual-level disparities to provider-level barriers. Connecticut has a shortage of mental health professionals throughout the state – as a large majority of the state has been deemed a Health Professional Shortage Area by Health Resources and Services Administration – and data also shows that perinatal care providers themselves significantly lack confidence in their abilities to diagnose behavioral health conditions, and thus consistently request more guidance in doing so.^{[7] [8]} Thus, there is an opportunity to prevent the probability of increased symptomology and suicidal ideation through perinatal psychiatric consultation to obstetric providers.

The ACCESS Mental Health for Moms 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 first operational year, the Hub team provided a total of 333 consultations supporting a total of 68 pregnant and postpartum individuals (July 19, 2022 – June 30, 2023). While this is a baseline year, it is important highlight that a significant spike in both volume of individuals served and consultations provided was noted during the second half of this state fiscal year (January 1, 2023 – June 30, 2023, with an increase of 300% and 280% respectively) compared to the first half of the year (July 1, 2022 – December 31, 2022).

[1] American Academy of Pediatrics. (2010). Managing Maternal Depression Before and After Birth. October, 2010.

<http://pediatrics.aappublications.org/cgi/reprint/peds.2010-2348v1>

[2] Center for Medicare and Medicaid Services. (2016). Maternal Depression Screening and Treatment: A Critical Role for Medicaid in the Care of Mothers and Children. May, 2016. <https://www.medicare.gov/federal-policy-guidance/downloads/cib051116.pdf>

[3] CHDI. (2018). Addressing Maternal Depression.

<https://www.chdi.org/our-work/health/behavioral-health-primary-care/maternal-depression/>

[4] Earls, M. (2010). Clinical Report – Incorporating Recognition and Management of Perinatal and Postpartum Depression into Pediatric Practice, American Academy of Pediatrics. <http://pediatrics.aappublications.org/content/early/2010/10/25/peds.2010-2348>

[5] Wisner KL, Sit DKY, McShea MC, et al. Onset Timing, Thoughts of Self-harm, and Diagnoses in Postpartum Women With Screen-Positive Depression Findings. *JAMA Psychiatry*. 2013;70(5):490–498. doi:10.1001/jamapsychiatry.2013.87

[6] Wendell AD. Overview and epidemiology of substance abuse in pregnancy. *Clin Obstet Gynecol*. 2013; 56(1): 91-96. doi:10.1097/GRF.0b013e31827feeb9

[7] Health Resources and Services Administration: Data Warehouse HPSA Find. (2018). Retrieved from <https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>

[8] Leddy, M. A., Lawrence, H., & Schulkin, J. (2011). Obstetrician-Gynecologists and Women's Mental Health: Findings of the Collaborative Ambulatory Research Network 2005–2009. *Obstetrical & Gynecological Survey*, 66(5), 316-323.

doi:10.1097/ogx.0b013e31822785ee

Another highlight noted during the program's inaugural year includes the variation of perinatal providers who used the program. While 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), 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.

Of the 68 pregnant and postpartum individuals served, the majority (44) were patients being treated by their obstetrical provider.

"It [AMH for Moms] is an amazing service. To be able to get medication advice and referrals for patients with a single phone call is remarkable." ~APRN, Fairfield County

However, 12 individuals served were patients being treated by their psychiatrist, two were patients being treated by their adult primary care and 10 were identified needing support by their infant's pediatrician.

Psychiatric providers are more likely to contact the program primarily for psychopharmacological consultation for their perinatal patients. Whereas far too often, mothers are seeking care for their new baby, but are not following up with their own medical needs. Therefore, 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. We are fortunate in Connecticut to also have the ACCESS Mental Health for Youth program supporting pediatricians for the past nine years. Pediatricians are familiar with the ACCESS model and are grateful to now have support for their patients' pregnant and postpartum moms as well.

"As a pediatrician who screens for postpartum depression, it is wonderful to now have support in connecting my patients' moms to services. Thank you, AMH for Moms!" ~Pediatrician, Hartford County

"I have been struggling a tad. It's so hard to trust people. I'm having a hard time right now, struggling with postpartum and financially. There isn't much help out here. Kinda depressing. But I need someone to talk to so let's see what happens. You [AMH for Moms] are truly amazing for not giving up on me. Thank you💙" ~Mom, Fairfield County

An in-depth analysis of the program's first year and progress with enrollment, utilization, individuals served, consultation volume and program satisfaction is provided throughout this report.

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.

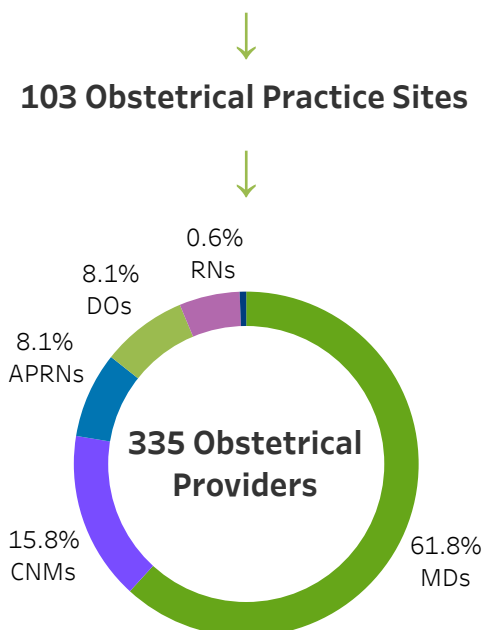
Starting in June 2022, the program used supplemental reports provided by the Department of Social Services and Community Health Network CT to identify obstetrical practices across Connecticut. Initially, 169 obstetrical practice groups were identified as potential participants to enroll in the program. However, through telephonic outreach, the Hub team identified that numerous practices were either closed or did not offer obstetrical services, reducing the total number of eligible obstetrical practice groups down to 138 across the state.

Throughout this inaugural year (SFY’23), the Hub team outreached to 100% of these practices; educating them about the program and inviting them to enroll. Outreach included telephonic, fax, electronic correspondence and virtual and in-person presentations at practice-level meetings, collaboratives, grand-rounds, as well as presentations at conferences. The Hub team proactively called all individual practices to provide program information and offer enrollment. The Hub team also worked to develop relationships with individual stakeholders and professional societies such as CT-American College of Obstetricians and Gynecologists (ACOG) to help facilitate broad engagement. Introductions to and information about the AMH for Moms program was distributed in their newsletters, email blasts, and other communications.

As noted in the program’s semiannual report, provider feedback from all perinatal provider groups (obstetrical, primary care, and psychiatry groups) was overwhelmingly positive. Providers recognize delivering support, guidance, and appropriate intervention, particularly to the state’s most vulnerable residents, can have a long-term, sustainable impact, and can change the trajectory of a family’s life. However, barriers to engagement were encountered when approaching busy obstetrical practices, especially those without a pre-existing relationship, and despite desire to enroll in the program, getting them to commit to scheduling an enrollment meeting was challenging. Barriers were also encountered in practices with pre-existing mental health resources. For example, one of the largest obstetrical practice groups was reluctant to enroll in the program for fear the program would conflict with an existing contract they have with a vendor who provides outpatient mental health therapy. It took several meetings with their clinical leadership to help clarify that offering their obstetrical providers direct psychiatric consultation was an enhancement to their existing vendor agreement, not a conflict.

As of June 30, 2023, a total of 51 obstetrical practice groups with 103 practice sites and 335 providers were actively enrolled in the program. This is 37% (51) of the total (138) eligible obstetrical practice groups identified statewide. Of the 335 obstetrical providers enrolled, approximately 70% (234) are medical physicians (MDs and DOs), almost 16% (53) are certified nurse midwives (CNMs), 8% (27) are advanced practice nurse practitioners (APRNs), approximately 5% (19) are physician assistants (PAs), and less than 1% (2) 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.

51 Obstetrical Practices Enrolled



Enrollment

In addition to marketing efforts noted above, a dedicated ACCESS Mental Health for Moms website was created during this state fiscal year. 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.

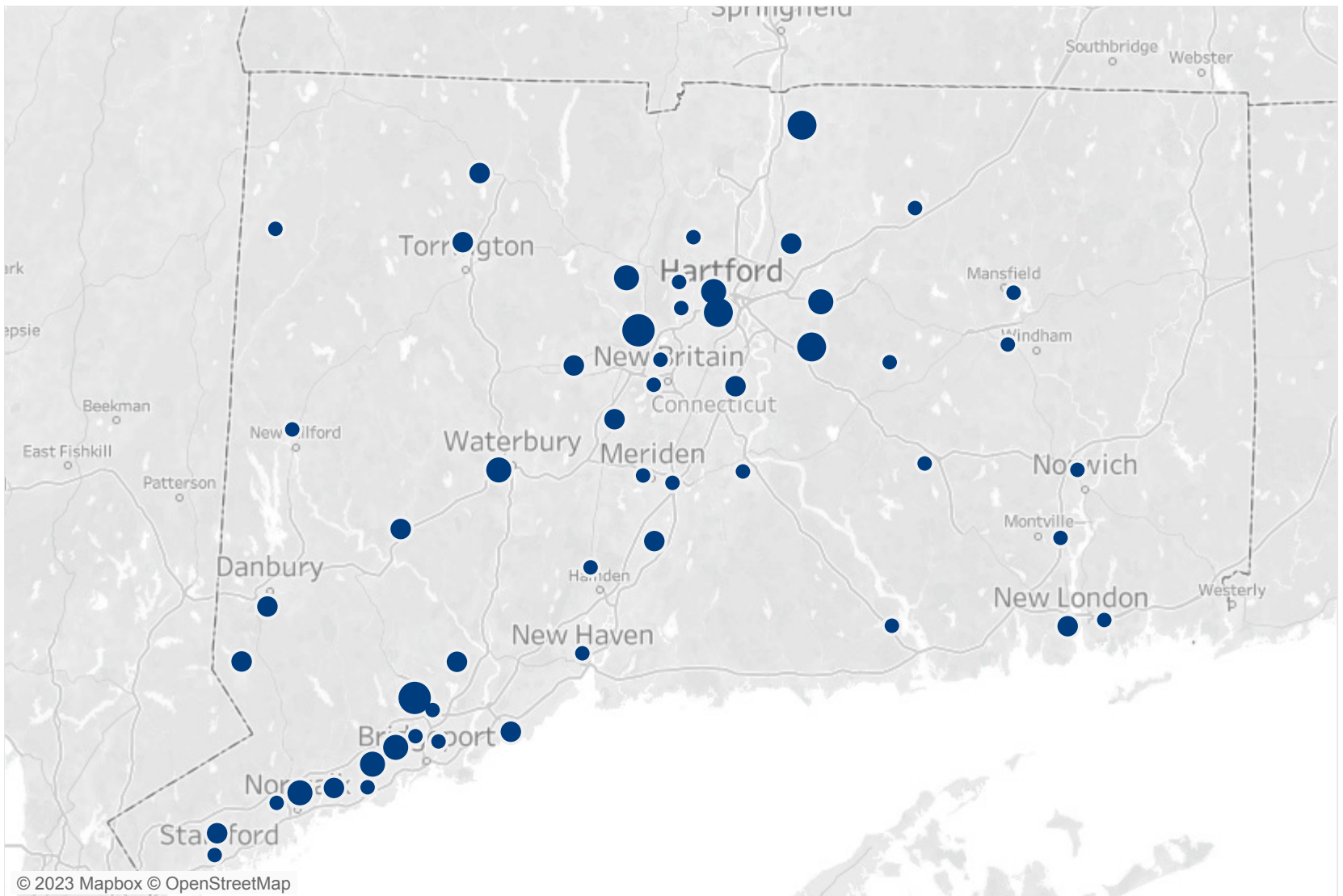
Google Analytics, a web analytics service offered by Google that tracks and reports website traffic, was used to gather traffic data for the AMH for Moms website. In the program's first operational year (SFY'23) Google Analytics reported a total of 991 users accessed the website, totaling 1,466 sessions (1.48 sessions/user) with a session duration averaging 1 minute, 46 seconds. The report also indicated an average of 298.7 views per month with an average of 2.44 pages per session. The highest number of visitors (144) were noted to visit the site in March 2023 followed by May 2023 (133 visitors).

Throughout the program's first operational year (SFY'23), the Hub team psychiatrists created the following provider trainings and toolkits:

- "Overview of Perinatal Mental Health for Obstetricians" – webinar and supplemental one-pager
- "Introduction to AMH for Moms Program and Overview of Perinatal Mental Health for Pediatricians" – webinar and supplemental one-pager.
- "Overview of Screening for Substance Use in Pregnancy: 5-part Training Series" – webinar

As the program continues to grow, the team expects to continue to develop and enhance the information and resources posted on the program's website and continue to develop additional provider training and toolkits.

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..	200 Orchard Street New Haven, CT 06511	(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
Hartford Hospital Women's Ambulatory Health Services ..	474 Hudson St Hartford, CT 06106	(860) 972-2780
Hospital of Central Connecticut Women's Ambulatory Cli..	100 Grand St New Britain, CT 06052	(860) 224-5261
Maternal Fetal Care PC	1275 Summer Street, Ste 306 Stamford, CT 06905	(203) 978-5775
NOVO Women's Health	140 Clark St Milford, CT 06460	(203) 693-4593
	2150 Black Rock Tpke Fairfield, CT 06825	(203) 693-4593
Norwalk Hospital Midwifery Service	30 Stevens Street Suite F Norwalk, CT 06856	(203) 852-3073
WHCT: Avery Center for Obstetrics and Gynecology	12 Avery Place Westport, CT 06880	(203) 227-5125
	40 Cross Street Suite 250 Norwalk, CT 06851	(203) 227-5125
	400 Stillson Road Fairfield, CT 06824	(203) 227-5125

Utilization

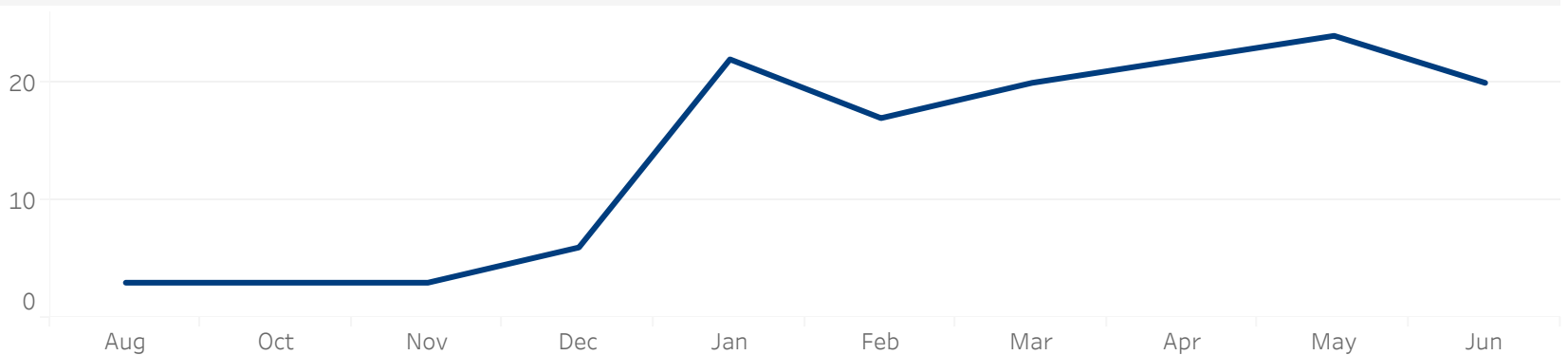
Individuals Served by Practice

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. Psychiatric providers are more likely to contact the program primarily for psychopharmacological consultation for their perinatal patients. Whereas far too often, mothers are seeking care for their new baby, but are not following up with their own medical needs. Therefore, 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. We are fortunate in Connecticut to also have the ACCESS Mental Health for Youth program supporting pediatricians for the past nine years. Pediatricians are familiar with the ACCESS model and are grateful to now have support for their patient's mom as well.

"As a pediatrician who screens for postpartum depression, it is wonderful to now have support in connecting my patients' moms to services. Thank you, AMH for Moms!" ~Pediatrician, Hartford County

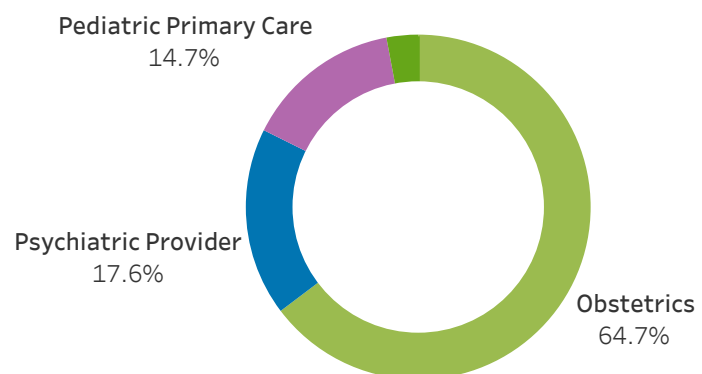
Throughout the program's first operational year (SFY '23), perinatal practitioners contacted the AMH for Moms Hub team requesting support for a total of 68 perinatal individuals presenting with mental health and/or substance use concerns. As indicated in the individuals served by month graph, the volume of perinatal individuals served greatly increased during the second half of the year. The total number served in January through June 2023 (60 individuals) was 300% more than the number of individuals served in the program's first half of the year (July through December 2022, 15 individuals served). Additional information, including details regarding the demographics of individuals served can be found in the demographic section of this report.

Number of Individuals Served by Month



Utilization dashboards are created to analyze program use by perinatal provider type (i.e., obstetrical, primary care, psychiatry). Of the total individuals served, the majority, approximately 65% (44), were patients being treated by their obstetrical provider, 17% (12) of the individuals served were patients being treated by a psychiatrist requesting psychopharmacological consultation, 15% (10) of the individuals served were identified as needing support by their child's pediatrician during a well-child visit, and approximately 3% (2) of the individuals served were patients being treated by an adult primary care provider.

Practice Types



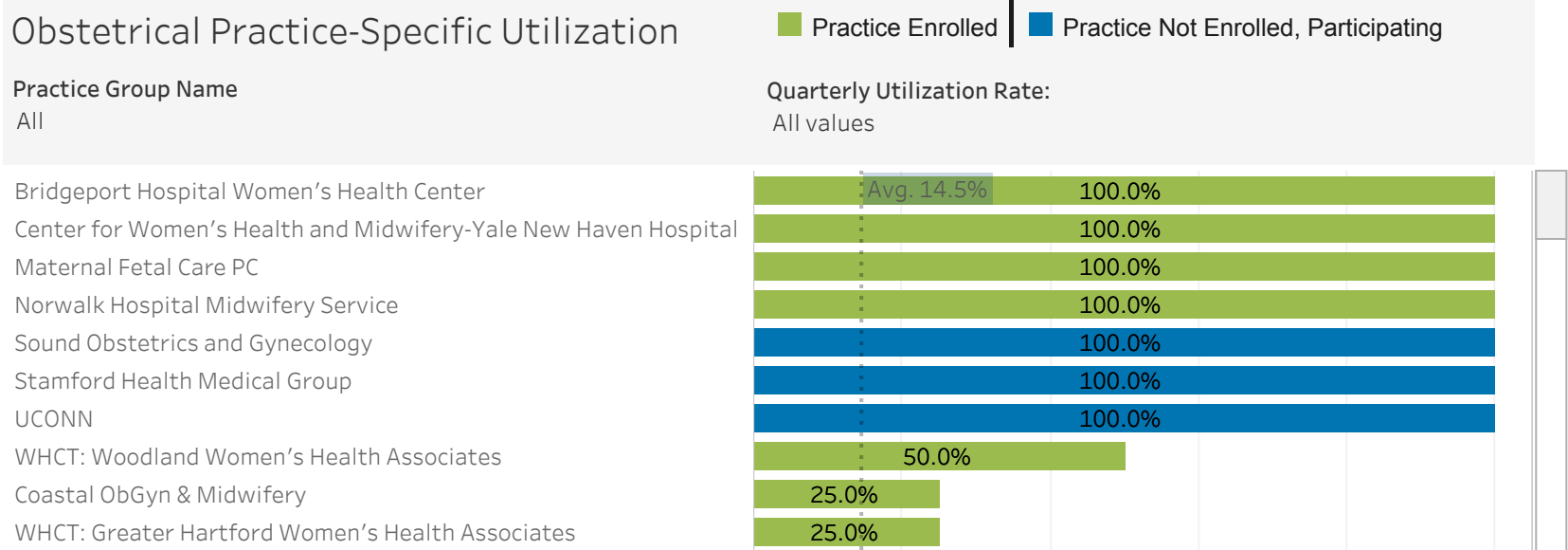
Utilization

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 (65%) of the individuals served during the program’s first operational year (SFY’23) were patients being treated by their obstetrical provider (44 out of 68 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 2022 (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 the program’s first operational year (51 practice groups, SFY’23), seven obstetrical practice groups used the program at least one time since their enrollment. There were four enrolled practice groups: Maternal Fetal Care PC (9 patients served), Center for Women’s Health and Midwifery – Yale New Haven Hospital (8 patients served), Bridgeport Hospital Women’s Health Center (8 patients served), and Norwalk Hospital Midwifery Service (5 patients served) noted to have used the program at least once per quarter for all quarters enrolled (100%) in this state fiscal year (SFY’23).

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 seven enrolled obstetrical practice groups who used the program in the first operational year (SFY’23), an additional four 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.



As of June 30, 2023, 44 enrolled obstetrical practice groups had yet to use the program despite receiving targeted outreach throughout the year promoting program services. For example, Women’s Health CT is the largest group of obstetrical practices enrolled in the program, however, they have limited utilization. In SFY’23, the Hub team met with different members of the group’s leadership team promoting the benefits of the program and ways that the program can help the individual providers across the state. In addition to faxes and email blasts, the WHCT leadership also included program information in their internal communications throughout the year. Beginning in Q1 SFY’24, the Hub team will work to schedule another meeting with WHCT leadership to discuss additional ways to promote utilization. The Hub team will also 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 also help increase program utilization.

Demographics

The ACCESS Mental Health for Moms program served a total of 68 unique moms in SFY 2023.

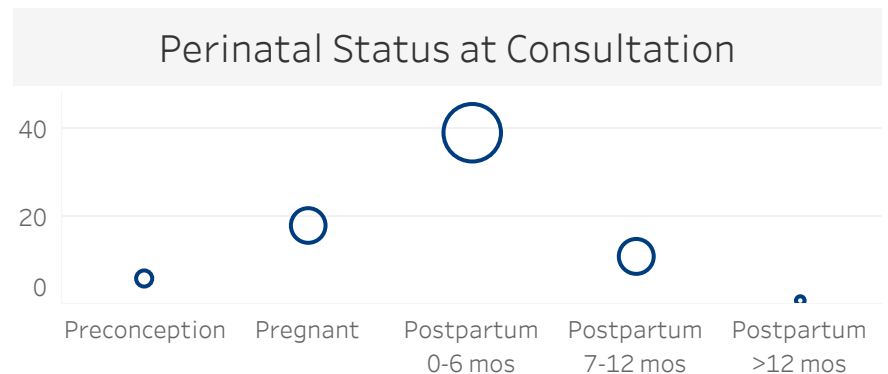
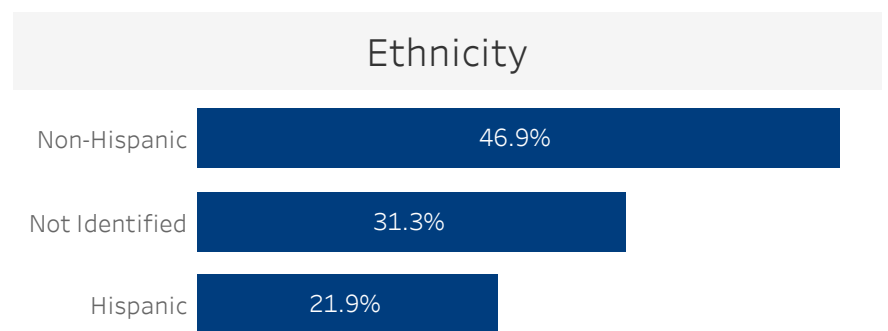
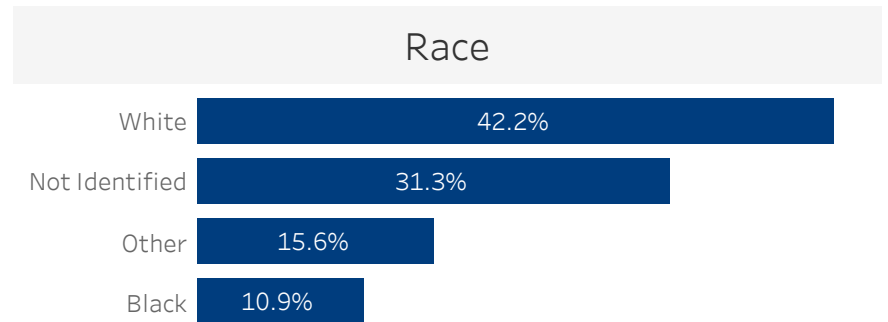
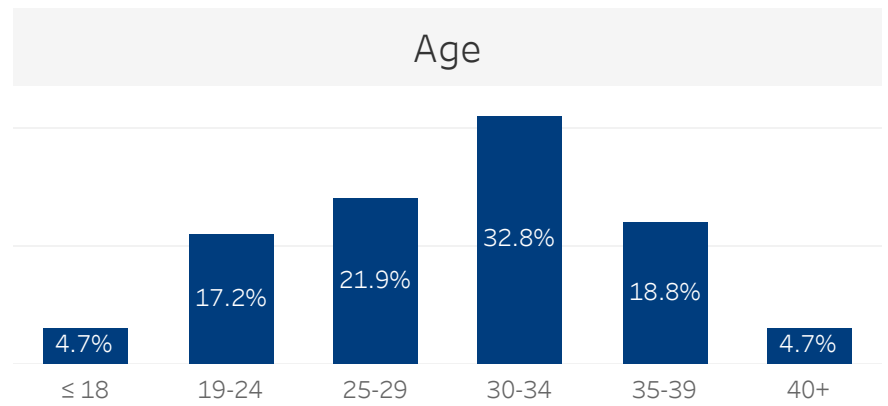
The AMH for Moms program supports practitioners treating all pregnant and postpartum patients up to 12 months post-delivery who are presenting with mental health and/or substance use concerns, regardless of insurance. Demographic dashboards are created to highlight individual characteristics (age, gender, 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 the program’s first operational year (SFY’23), providers requested consultation for a total of 68 individuals, 64 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’23, 100% identified as female. Approximately 33% (21 out of 64) of the unique individuals served were between the ages of 30 and 34 years old, 22% (14 out of 64) were between the ages of 25 and 29 years and 19% (12 out of 64) were 35 to 39 years old. Of the total unique individuals served by the program in this state fiscal year, three individuals were under 19 years old and three were over 40 years old.

Race and ethnicity are also requested the first time the provider calls requesting support. Of the 64 unique perinatal individuals served by the program during this reporting period, 42.2% (27) identified as White; 15.6% (10) identified as Multi-racial, Asian, or some other race; and 10.9% (7) identified as Black. Approximately 47% (30) of the individuals served identified as non-Hispanic and 22% (14) identified as Hispanic. There were 20 individuals (31.3%) served during the program’s first operational year (SFY’23) who were entered into the Encounter System without an identified race or ethnicity. While the percent of individuals entered without race or ethnicity decreased as the first year of operations progressed, Carelon’s central administration team will continue to work with the Hub team to improve the documentation of race and ethnicity of individuals served by the program in year two (SFY’24).

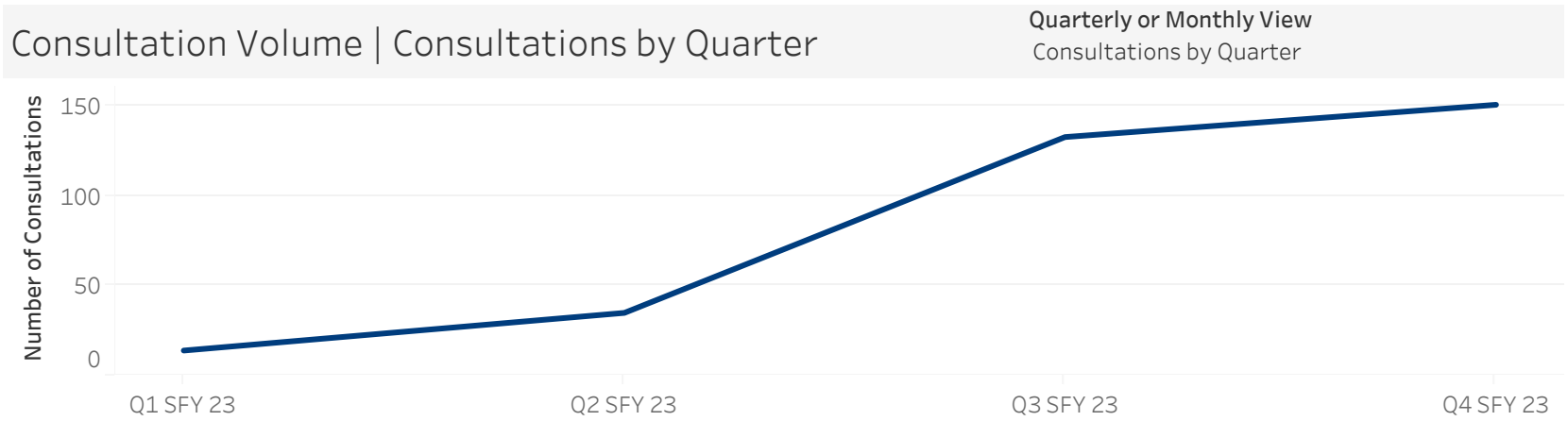
The perinatal status of the individuals served by the program is also captured at the time of each consultation. Depending on the length of time the program supported a respective individual, the individual can be counted in multiple groups and therefore the counts in the graph below are not unique. The placement of the circle in the graph indicates the number of individuals in each category and the size of the circles indicates the number of consultations provided. In SFY’23, the majority of individuals served (39) were postpartum 0-6 months. Eighteen were served while pregnant, 11 individuals received support 7-12 months postpartum, six individuals were in the preconception period at the time of consultation and one individual was served after the 12-month postpartum period.



Consultations

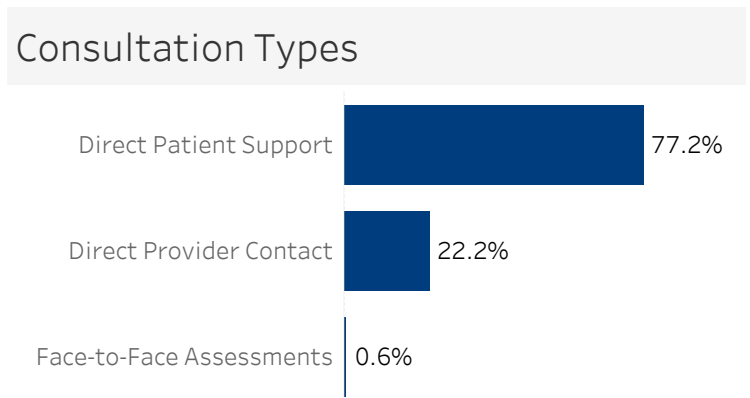
The program provided a total of 333 consultations in SFY 2023.

Consultations are intended to serve as individualized, case-based education for providers and, when indicated, direct patient support in connecting to resources in the community. Consultation dashboards are created to showcase the number of consultations provided directly to 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 first operational year, the Hub team provided a total of 333 consultations (July 19, 2022 – June 30, 2023). While this is a baseline year, it is important to note that the largest increase in consultation volume was noted when comparing consultation volume in Q2 compared to Q3 SFY’23 where the program provided 280% more consultations in Q3 SFY’23 compared to the previous quarter.



The Hub team estimates the length of time each consultation takes and documents it in the Encounter system. In SFY’23, consultations averaged 12 minutes in duration. Some discussions lasted only a few minutes and some (approximately 5% of consultations) were noted to be 45 minutes or greater in duration. Given that the program is still in its infancy, 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 have seen. The AMH for Moms program looks forward to continuing to grow and build on the progress achieved in the first year of operations.

Direct Provider Contact: Of the 333 consultations provided in SFY’23, approximately 22% (74) were reported as direct contact with providers. This includes both initial inquiries and follow up phone calls to the perinatal provider. Exceeding outcomes expectations, per Hub team report, 98.5% (66 out of 67) of initial provider calls were answered by the Hub team’s consulting psychiatrist within 30-minutes of the provider’s initial inquiry; 83.7% (56 out of 67) of which were connected directly at the time of the call. The program benchmark for year one is that 95% of all initial provider calls requiring a call back will be returned within 30 minutes of this initial inquiry unless an alternative time was requested by the provider.



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 system 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. 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.

Consultations

Resource and Referral Support (RRS) (continued) :

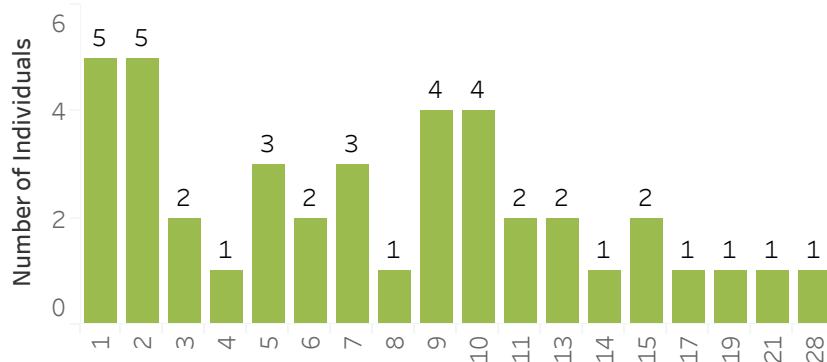
The RRS staff also communicate the availability of crisis services at each point of contact. After confirming that the perinatal individual has connected to treatment, the RRS staff contacts the calling provider with an update on the status of the case and to close the loop. In the event the team does 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.

"You [AMH for Moms] have been so helpful to me at a time in my life when I really needed it- so thank you. Sincerely thank you for continuing to check in with me because I probably would have never sought out the help I needed ." ~Mom, New London County

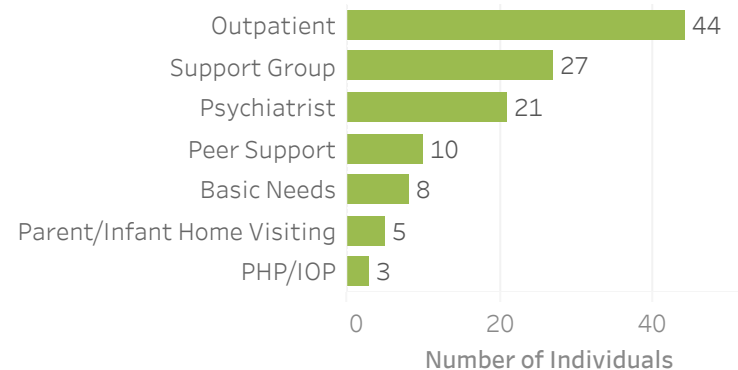
In the program's first operational year (SFY'23), approximately 77% (257 out of 333) of the total consultations provided were consultations directly supporting 44 perinatal individuals helping them connect to resources in the community. On average, the RRS staff provided 8 referrals, all of which were vetted by the RRS staff prior to communicating the information directly to the individual; one individual received 28 referrals during this state fiscal year. As of June 30, 2023, a total of 24 individuals who received resource and referral support confirmed connection to mental health and/or substance use services within their community.

Referrals are grouped by service type and highlighted in the graph below. Of the individuals served in SFY'23 who received resource and referral support, 100% (44) requested and received vetted referrals for outpatient mental health and/or substance use services, three individuals requested and received referrals for mental health and/or substance use services at the partial hospital level, 27 individuals requested and received referrals for local support groups, 21 individuals requested and received medication management referrals for a psychiatrist in their community, 10 individuals requested referrals for peer support, eight individuals requested and received basic needs support, and five individuals received parent/infant home visiting referrals. In SFY'24, the central administration team will make 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 will further breakout basic needs referrals to specifically identify individuals needing help with housing.

Number of Referrals



Type of Referrals



"I have enjoyed being a part of the ACCESS Mental Health for Moms team this past year. Postpartum mood and anxiety disorders are so common and so infrequently talked about. Often times moms feel like they have to suffer in silence. Taking care of a newborn is demanding and chaotic. To be able to support moms in connecting them to care has been humbling. They have been very appreciative for the support being offered to them. Starting therapy can be intimidating, moms are tired, and all the phone calls they need to make to find a provider can be overwhelming, especially if they don't call you back. I am happy to be able to help moms and remind them that while they are doing important work caring for their newborn, they are important too." ~Hub Team Resource and Referral Support Clinician

Face-to-face Assessments: When telephonic consultation is not enough to answer the calling provider's question, the Hub team psychiatrist can provide a one-time, face-to-face diagnostic and psychopharmacological assessment with the calling 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 first operational year (SFY'23), the Hub team psychiatrists provided two face-to-face diagnostic and psychopharmacological assessments.

Consultations

Insurance Breakout: Of the 333 total consultations provided in SFY'23, approximately 53% (177) were for perinatal individuals with Medicaid insurance; 46% (152) of the consultations were for individuals with an identified commercial insurance plan such as Aetna, Anthem BCBS of CT, or Tricare and approximately 1% (4) of the consultations were provided to an individual without an insurance coverage identified.

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 Contact Reason graph shows the breakout of reasons for the current reporting period.

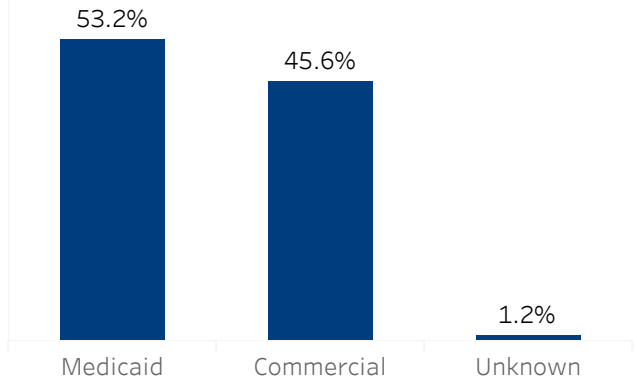
In the program's first operational year (SFY'23), providers contacted the program requesting help with prescribing psychotropic medication, diagnostic support, and finding resources for approximately 35% of the total individuals served (24 out of 68). Providers contacted the program solely for resource and referral support for 23 individuals (approximately 34%) and solely for medication questions for 21 individuals (approximately 31%).

Additionally, the Hub team captures the "presenting problem" discussed at the time of consultation. The Presenting Problem 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'23 were problems with mood (83.8% of the individuals served) and anxiety or worries (66.2% of the individuals served). Approximately 7% (five individuals served) were noted to also have substance use as a presenting concern; opioid use and cocaine use were the top substances discussed.

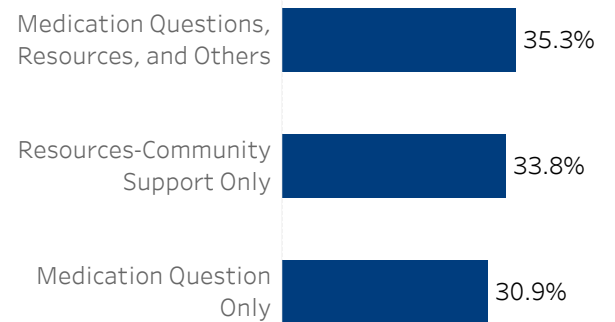
Presenting Problems	
Problems with Mood	83.8%
Anxiety or Worries	66.2%
Social Issues	14.7%
Other	13.2%
Changes in Sleep	10.3%
Substance Use	7.4%
Attention Issues	5.9%
Suicidal Ideation	5.9%
Psychotic/Delusional Thinking	2.9%
Compulsive/Repetitive Behaviors	1.5%
Hyperactivity	1.5%
Self-injurious Behavior	1.5%

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 the program's first operational year (SFY'23), calling providers noted to have used a screening tool prior to the request of a psychiatric consultation for 23 perinatal individuals served; the Edinburgh Postnatal Depression Scale (EPDS) was noted to be the most commonly used during this reporting period (20 out of 23 individuals in SFY'23).

Consultations by Insurance



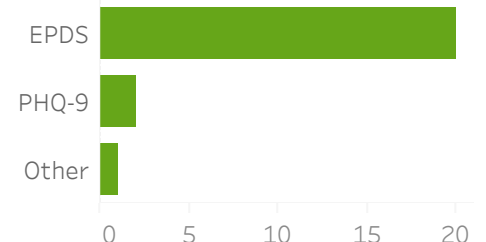
Reason for Consultation



Substances Discussed

Opioid Use	3
Cocaine Use	2
Cannabis Use	1
Alcohol Use	1

Screening Tools Used



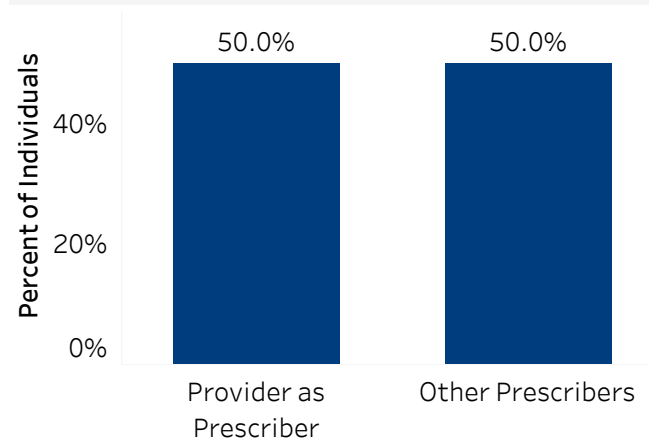
Consultations

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 the first operational year (SFY’23), perinatal providers contacted the Hub team psychiatrist requesting a medication consultation for 40 individuals; antidepressant medications were most often discussed. For approximately 50% (20 out of 40) 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 45% (18 out of 40) 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 11 of the individuals waiting to transition to a psychiatrist in their community.

By building the capacity of frontline medical providers in effectively identifying and treating pregnant and postpartum women struggling with mental health and substance use concerns, the AMH for Moms program aims to improve the health and wellness of our state’s most vulnerable. 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.

Outcomes of Medication Consultation



“It [AMH for Moms] is an amazing service. To be able to get medication advice and referrals for patients with a single phone call is remarkable.” ~APRN, Fairfield County

As the program continues to grow and providers continue to seek consultation and support, 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.

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’23, the overall average satisfaction score was 5.0. While a small number of callers across the state rated single calls low, the overwhelming majority continued to find the program support to be “excellent”. 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	4.9	4.8	5.0	5.0	5.0	4.9	4.9	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
2									1			
3									1			
4				1	2		2		1	3	2	
5	1	12	1	8	11	13	43	41	44	43	54	49
Grand Total	1	12	1	9	13	13	45	41	47	46	56	49

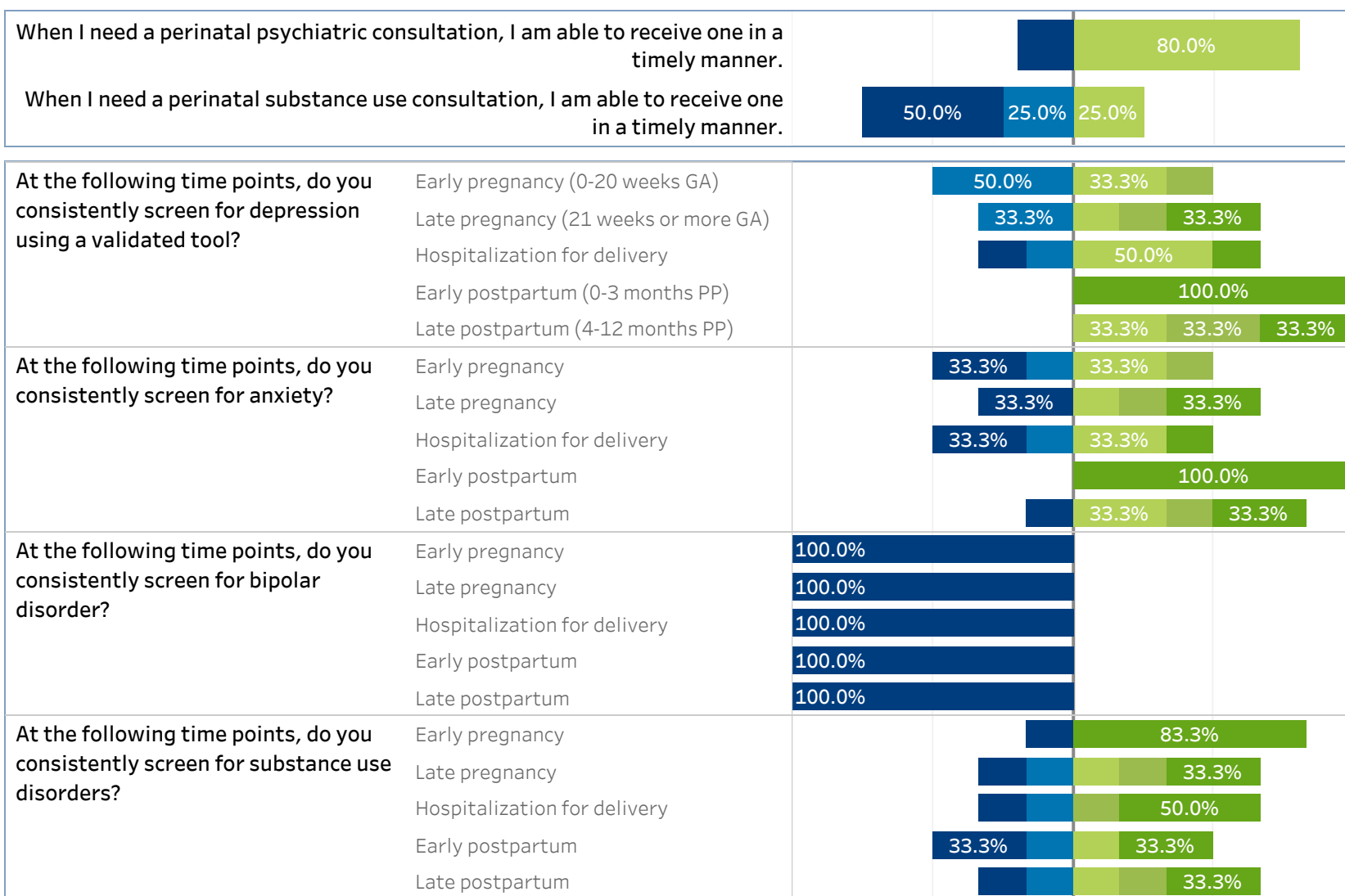
Baseline Survey

At the start of the program’s first operational year (SFY’23), a baseline survey was developed in order 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.

Baseline surveys were distributed electronically via email and fax to 51 enrolled practice groups and two practice groups who had used the program prior to the close of this state fiscal year but had yet to complete enrollment paperwork. A total of six surveys from five practice groups were completed for SFY’23. This represented approximately 9% of the practices (5 out of 53). Of the six respondents, three reported that they had used the program prior to completing the baseline survey and three had not yet used.

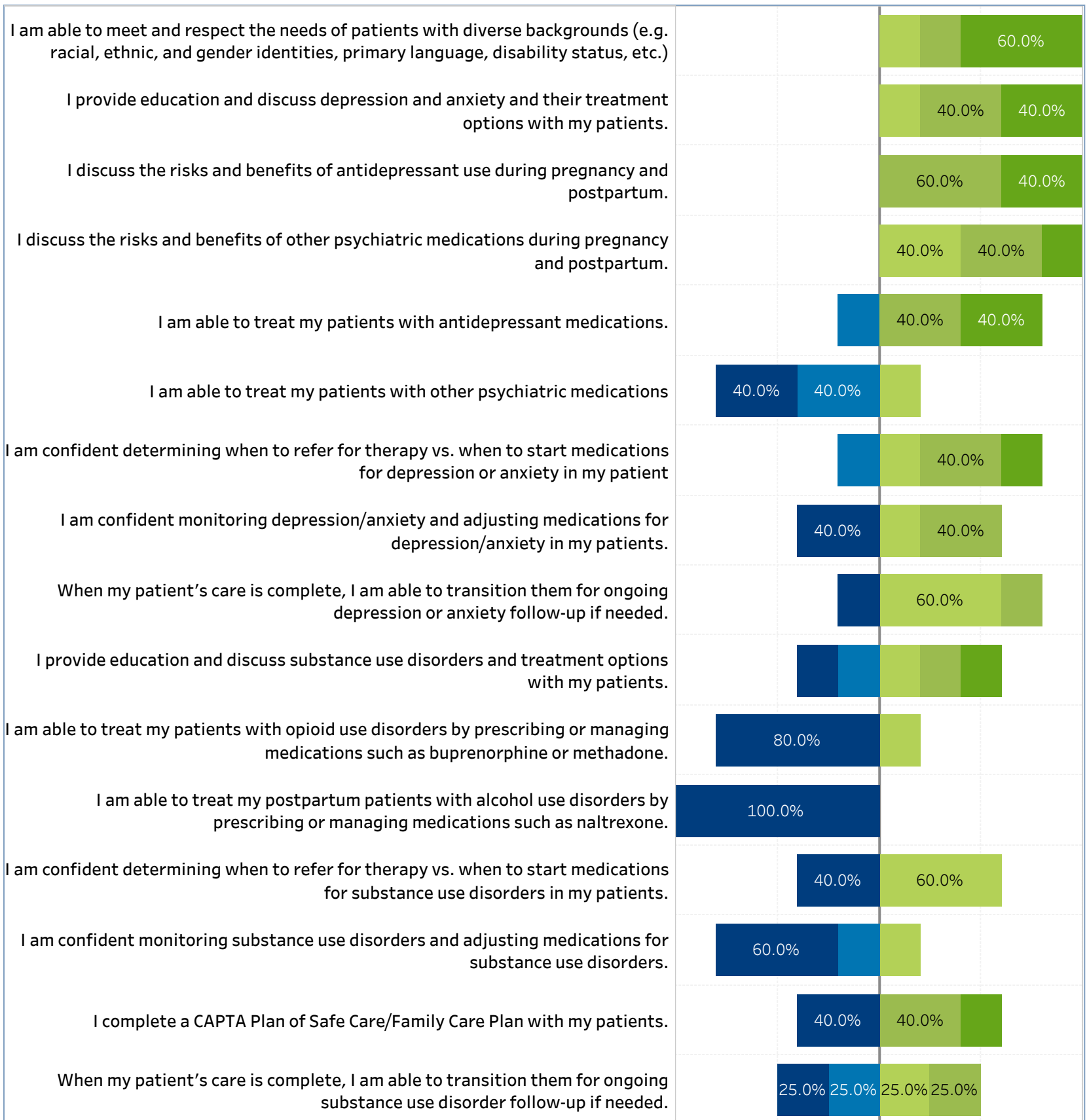
The following graphs were created to showcase provider experience in treating pregnant and postpartum patients prior to using the AMH for Moms program. Graphs are grouped to showcase three main themes: provider experience in obtaining timely psychiatric consultation for their perinatal patients, provider 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. However, the number of responses (6) is low and not representative, therefore, an in-depth analysis is premature. Beginning in Q1 SFY’24, the Hub team will work to gather additional baseline surveys from enrolled practice groups and an analysis will be provided in subsequent reports.

Never ● Rarely ● Sometimes ● Often ● Always ●



Baseline Survey

Never ● Rarely ● Sometimes ● Often ● Always ●



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.

"It's [AMH for Moms] an amazing service. To be able to get medication advice and referrals for patients with a single phone call is remarkable." ~APRN, Fairfield County

"The ability to call and get guidance has been a game changer for me!" ~ Midwife, Fairfield County

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

"As a pediatrician who screens for postpartum depression, it is wonderful to now have support in connecting my patients' moms to services. Thank you, AMH for Moms!" ~Pediatrician, Hartford County

"This program [AMH for Moms] has been immensely helpful for a pregnant patient I had with self-cutting behavior. 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 for all of you help! I am so excited to have ACCESS to work with, and still in a bit of shock there was a miraculous opening today." ~Midwife, Fairfield County

"You are my new best friend, this [AMH for Moms] is so helpful! I will call back because I have a few other patients that I want to discuss." ~Obstetrical Provider served by AMH for Moms program.

"... I'm so happy things are finally falling into place...I have to really thank you [AMH for Moms] for not giving up on me and being persistent and helping me out! I can't thank you enough!" ~ Postpartum Mom served by AMH for Moms program.

"You [AMH for Moms] have been so helpful to me at a time in my life when I really needed it- so thank you. Sincerely thank you for continuing to check in with me because I probably would have never sought out the help I needed." ~Mom, New London County

"I have to really thank you [AMH for Moms] for not giving up on me and being persistent and helping me out! I can't thank you enough!" ~Mom, New Haven County

"I have been struggling a tad. It's so hard to trust people. I'm having a hard time right now, struggling with postpartum and financially. There isn't much help out here. Kinda depressing. But I need someone to talk to so let's see what happens. You [AMH for Moms] are truly amazing for not giving up on me. Thank you 🍀" ~Mom, Fairfield County

"Thank you for your support, patience and understanding. It is greatly appreciated." ~Mom, Hartford County

"Thanks for always checking in and hanging in there with me even when I shut down. I appreciate you [AMH for Moms] 10x. Thank you!" ~Mom, Fairfield County

"It was nice to have to support when doing things for myself was getting put on the back burner. This made the whole process a little easier." ~Mom, Fairfield County

"You [AMH for Moms] have been so helpful to me at a time in my life when I really needed it- so thank you. Sincerely thank you for continuing to check in with me because I probably would have never sought out the help I needed." ~Mom, New London County

"I have to really thank you [AMH for Moms] for not giving up on me and being persistent and helping me out! I can't thank you enough!" ~Mom, New Haven County

Program Feedback

"ACCESS Mental Health for Moms program is a much-needed resource in CT to support providers caring for pregnant and postpartum women. It is so satisfying to be able to work with a provider to find the best way to help their perinatal patient struggling with mental health issues. It is particularly rewarding to see the shift in providers from feeling overwhelmed to feeling capable of supporting their perinatal patients. The positive impact of the program is further enhanced by having a resource specialist that can work directly with a patient as they navigate referrals and resources. This is such a critical part of the program. I am proud of the work we do and look forward to continuing to support patients and providers alike." ~Hub Team Psychiatrist

"I have enjoyed being able to provide consultation to providers who have expressed the great need for our services and are very enthusiastic and grateful for the program." ~Hub Team Psychiatrist

"I find working with ACCESS to be so rewarding, from both a professional and personal perspective. The providers who call in are often anxious about whether they are providing the best care for the moms, and it's such a privilege to not only share wisdom but to also validate and support them through their burnout, too. The hotline is not only improving mental healthcare for moms, it's also building a robust community of support for providers who do this important work." ~Hub Team Psychiatrist

"I have sincerely enjoyed participating in the AMH4M program. It has been wonderful to collaborate with like-minded colleagues, and I have enjoyed reaching diverse & different patient populations than I am able to reach in my small private practice. I have loved interacting with the providers calling in, all of whom thus far have expressed sincere gratitude for the services AMH4M provides. Overall, it is clear to me that this program is providing high quality consultation in real-time and expeditious connection to treatment in the community that would be incredibly difficult for patients to navigate on their own. I have personally derived increased job satisfaction from my participation, thus far, and look forward to ongoing work as the program grows!" ~Hub Team Psychiatrist

"I have enjoyed being a part of the ACCESS Mental Health for Moms team this past year. Postpartum mood and anxiety disorders are so common and so infrequently talked about. Often times moms feel like they have to suffer in silence. Taking care of a newborn is demanding and chaotic. To be able to support moms in connecting them to care has been humbling. They have been very appreciative for the support being offered to them. Starting therapy can be intimidating, moms are tired, and all the phone calls they need to make to find a provider can be overwhelming, especially if they don't call you back. I am happy to be able to help moms and remind them that while they are doing important work caring for their newborn, they are important too." ~Hub Team Resource and Referral Support Staff

"It has been an incredible learning experience working for ACCESS Mental Health for MOMS. This program is giving pregnant and postpartum women supports and services they wouldn't otherwise have. We are making an impact every day. It is wonderful to be able to help moms. I have enjoyed developing relationships with the providers calling into the ACCESS Line for consults. I appreciate the opportunity for growth and development through talking with the psychiatrists and specialized trainings." ~Hub Team Resource and Referral Support Staff

Next Steps

As the program wraps up its first operational year, opportunities to increase enrollment and utilization, improve and enhance documentation and data collection, and train providers are top priorities in SFY'2024. Based on the challenges 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 increase in SFY'24. Together with Carelon's central administration team, the Hub team psychiatrists will develop a tactical strategy for deployment to practices across the state while maintaining contractual obligations. Marketing materials in the form of flyers, magnets, and pens promoting the program will 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 other professional gatherings such as ACOG's annual meeting in October. We have ascertained that it is critical to engage executive level leadership of both providers and professional associations in the enrollment process, and we will collaborate with our DMHAS partners to connect with the decision makers and influencers to support the program and endorse enrollment.

Utilization: As noted throughout the program feedback section, providers who have used the program have expressed great satisfaction with the consultation and support they received throughout this state fiscal year. Marketing will include testimonials from providers and individuals served by the program. The Hub team psychiatrists will also 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.

Professional organizations like ACOG have issued a bulletin expounding on the benefits of psychiatric consultation for obstetric providers with patients with substance use and mental health concerns. We will build on this in our marketing to increase utilization.

Carelon's central administration team and Hub team psychiatrists will meet with leadership from various groups i.e. CT ACOG, State Medical Society, Connecticut Hospital Association as well as with WHCT leadership to discuss additional ways to promote utilization in addition to including program information in their internal communications throughout the year.

Data collection: Carelon's central administration team will work with the Hub team to continue to improve documentation of race and ethnicity of individuals served. In the event the calling provider does not have demographic information for the individual, the Hub team will outreach to the practice following the consultation to gather the additional information and update the encounter system.

Carelon's central administration team will modify the encounter system in order to further differentiate whether referrals were specifically supporting mental health, substance use or co-occurring treatment. Modifications to the system will also further breakout referrals specifically supporting individuals needing support related to social determinants of health, including housing.

The Hub team will reissue baseline surveys to providers who enrolled in the program in SFY'23. The team will also promote the survey during individual consultation as well as monthly Clinical Conversation trainings. As noted in the survey response section of this report, baseline response rates were too low to draw on, however, one question on the survey asks providers to share suggestions for any future mental health and substance use training topics they would like to receive and all responses included requests for screening tool support, therefore, the first Clinical Conversations session will target screening tools.

Training: The Hub team psychiatrists plan to begin ACCESS Mental Health for Moms Clinical Conversations series starting 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 will be virtual through Webex platform and will provide a short, structured didactic followed by an open discussion. The trainings will be recorded and posted on the program's website and will be accompanied by supplemental information and tools to support providers in early identification, screening, and treatment.

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