

ACCESS Mental Health and Substance Use for Moms

ANNUAL PROGRESS REPORT

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



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A Carelon Behavioral Health Dashboard

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Introduction: ACCESS Mental Health and Substance Use (AMHSU) 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 AMHSU 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: The 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 AMHSU 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 AMHSU for Moms program. The primary reporting period for this report is July 1, 2024 through June 30, 2025 (SFY'25); in some metrics, totals covering the entire length of the program or "since inception" (June 20, 2022 through June 30, 2025) are also provided.

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

Launched in June 2022, the ACCESS Mental Health and Substance Use (AMHSU) for Moms program is dedicated to improving the quality and accessibility of mental health and substance use treatment for pregnant and postpartum individuals in Connecticut. Led by seasoned perinatal psychiatrists, the AMHSU for Moms Hub team offers real-time psychiatric consultation and personalized educational support to providers in obstetric, primary care, and psychiatry settings, empowering them to identify, diagnose, treat and connect their patients to appropriate behavioral health care.

As the program concludes its third operational year, its positive impact is evident through the extensive support offered to perinatal providers across the state. As detailed in this annual progress report, satisfaction with the program remains high, with both providers and individuals consistently reporting excellent feedback, and continuing efforts focus on expanding provider enrollment and utilization of the program's services.

Since inception, the AMHSU for Moms Hub team has facilitated over 3,600 consultations, supporting 588 pregnant and postpartum individuals (June 20, 2022 through June 30, 2025). During the current fiscal year, the number of individuals served rose by approximately 69% compared to the previous year, averaging 69 individuals per month in SFY'25, up from 41 individuals on average per month in SFY'24.

The majority of perinatal individuals served (63%), were patients being treated under the care of their obstetrical provider, making extensive use of the program's comprehensive suite of services. Approximately 16% of perinatal individuals were identified as needing support by their child's pediatrician during well-child visits, highlighting the program's role in bridging care gaps. Additionally, 15% of those served were under the care of psychiatrists seeking psychopharmacological consultations, underscoring the program's utility in managing complex psychiatric concerns. Another 8% were patients being treated by family medicine and other care providers, including pharmacists, demonstrating the program's broad reach and effectiveness across Connecticut's wide network.

Throughout SFY'25, perinatal providers contacted the Hub team psychiatrist for medication consultations for 113 individuals, primarily regarding antidepressants. For about 33% of these cases, the plan involved the provider continuing or initiating medication as the primary prescriber. The Hub team psychiatrist tailors teaching and case-based education during each consultation, considering the calling provider's knowledge, skills, and comfort level. As the program matures, these providers are expected to enhance their capabilities in managing perinatal mental health concerns.

"This is such a vital resource for pregnant and postpartum women! I have utilized this service several times and have been able to help my patients by managing medications and connecting them with a prescriber if it's out of my scope of practice. I cannot say enough good things about this program. Without it, patients are often left stranded with no one to help them during their pregnancy." ~Participating Obstetric Provider

During this period, 67% of consultations supported 310 individuals in accessing community resources, with the resource and referral support staff providing numerous vetted referrals. As of June 30, 2025, 162 individuals confirmed connections to mental health and/or substance use services.

"Thank you SO, SO much for all of your help - It's taken such a weight off of my shoulders to know these things are set up and that I'm on the road to being my best self for my little one. You have no idea how much it means to me." ~ Mom after receiving resource and referral support, New Haven County

In addition to psychiatric consultation and resource and referral support, the Hub team psychiatrists continued to provide comprehensive training and education, featuring the Clinical Conversations series. Since its introduction, 26 training sessions have been conducted, enhancing the clinical acumen of perinatal providers through topics like "Diagnosing and Treating PTSD" and "Opioid Use Disorder in Pregnancy." The program also updated its perinatal provider toolkit, integrating the latest clinical insights to fortify providers' capabilities in managing perinatal mental health and substance use disorders.

This comprehensive and strategic approach highlights the program's dedication to creating a cohesive support system that effectively meets the complex needs of perinatal behavioral healthcare, ultimately improving outcomes for pregnant and postpartum individuals across the state.

For a detailed review of this period's data (July 1, 2024 – June 30, 2025, SFY'25), please refer to the narrative sections of this report and the corresponding dashboards.

The AMHSU for Moms program is available to all perinatal practitioners (Obstetricians, Gynecologists, Midwives, Pediatric and Adult Primary Care, and Psychiatric Providers). However, obstetrical practitioners treat the highest volume of perinatal individuals and therefore are the primary medical group who receive targeted outreach. This strategic focus includes an invitation to meet directly with the Hub team's psychiatrist to ensure these practices are well-equipped to fully utilize the program's comprehensive services, such as telephonic psychiatric consultations, resource and referral support, and monthly training and education sessions.

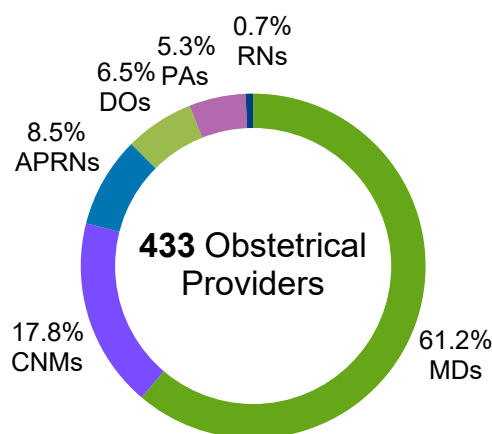
As of June 30, 2025, a total of 64 obstetrical practice groups with 130 practice sites and 433 providers were actively enrolled in the program. This includes four new obstetrical practice groups with six new sites added during this reporting period (SFY '25). Of the 433 obstetrical providers enrolled, approximately 68% (293) are medical physicians (MDs and DOs), 18% (77) are certified nurse midwives (CNMs), 9% (37) are advanced practice nurse practitioners (APRNs), approximately 5% (23) 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. Practice sites enrolled since the last progress report are shown on the map as green circles while previously enrolled practice sites are indicated in blue.

Efforts to increase enrollment and utilization continued throughout this state fiscal year. The Hub team psychiatrists reached out to all 69 not-yet enrolled obstetrical practice sites statewide, educating them about program services and inviting them to enroll. Additionally, the team delivered reminder packets to all enrolled program sites, including program flyers, magnets, and promotional pens to boost utilization. The team also engaged in several community events, including meetings of Connecticut's American Academy of Pediatrics and Academy of Family Physicians, as well as the Third Annual Mental Health & Wellness Day at The Capitol in May 2025.

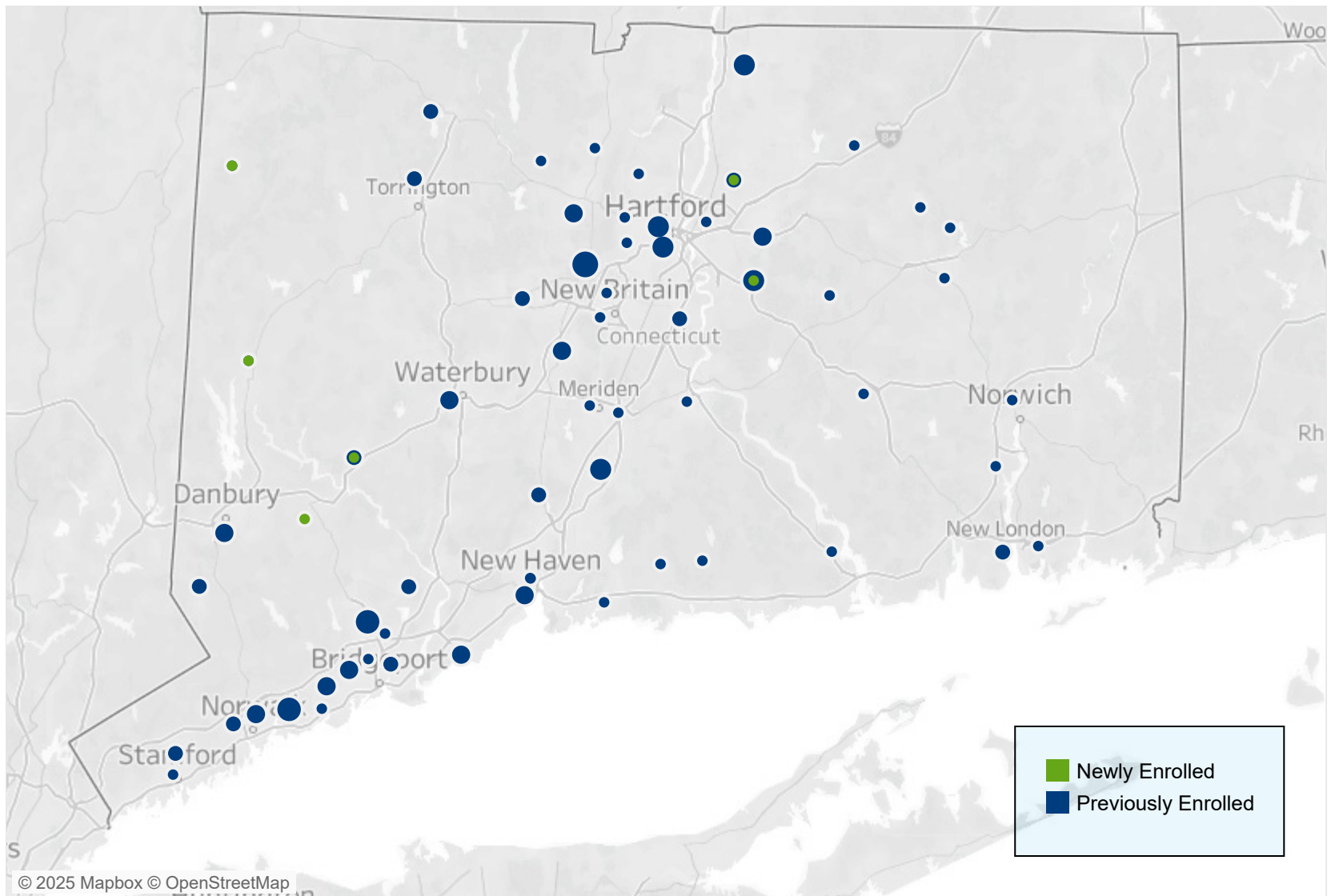
64 Obstetrical Practices Enrolled



130 Obstetrical Practice Sites



Enrolled Practice Locations



Select Practice Name by Town
All

Practice	Address	Practice Phone
Bridgeport Hospital Women's Health Center	226 Mill Hill Avenue Bridgeport, CT 06610	(203) 384-3233
	267 Grant Street Bridgeport, CT 06610	(203) 384-3233
	5520 Park Avenue Trumbull, CT 06611	(203) 384-3233
CT Birth Center Danbury Midwifery group	94 Locust Ave Danbury, CT 06810	(203) 748-6000
Center for Women's Health and Midwifery-Yale New H..	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

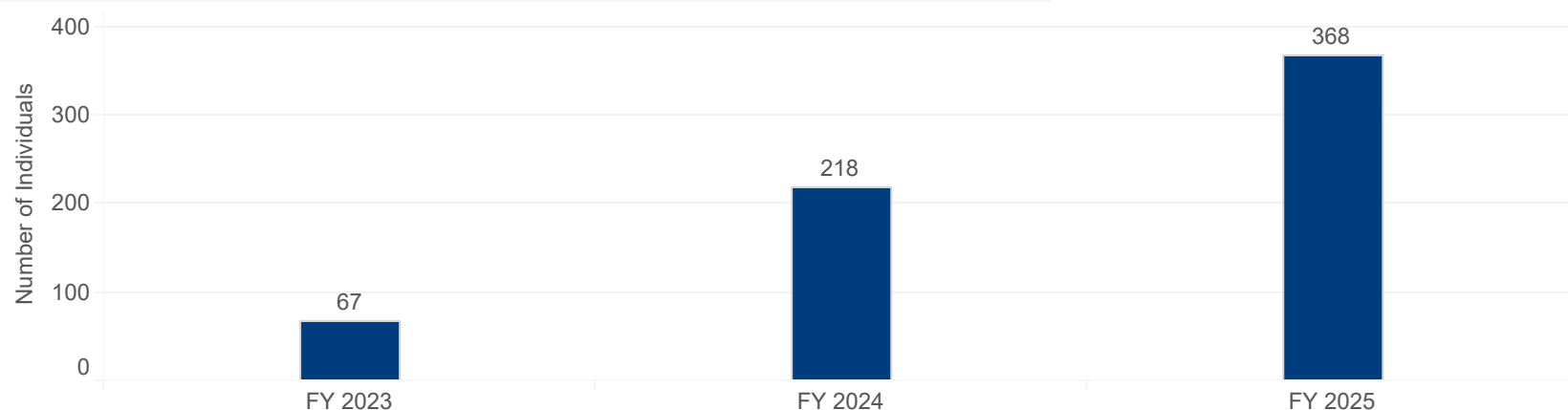
Utilization

Since inception of the program on June 20, 2022 through June 30, 2025, perinatal providers contacted the AMHSU for Moms Hub team requesting consultation and support for 588 unique pregnant and postpartum individuals presenting with mental health and/or substance use concerns. In SFY'25, the program served a total of 368 perinatal individuals, marking a 68.8% increase compared to last state fiscal year (218 perinatal individuals served in SFY'24). On average, the hub staff supported 69 individuals per month in SFY'25, up from 41 individuals per month in the previous year. Additional information, including details regarding the demographics of individuals served, can be found in the demographic section of this report.

The program recognizes the importance of a comprehensive support network, extending its reach beyond obstetrics to include all healthcare providers who care for pregnant and postpartum individuals. To optimize and evaluate the program's effectiveness across various provider types, utilization dashboards track and analyze provider engagement with the program's services.

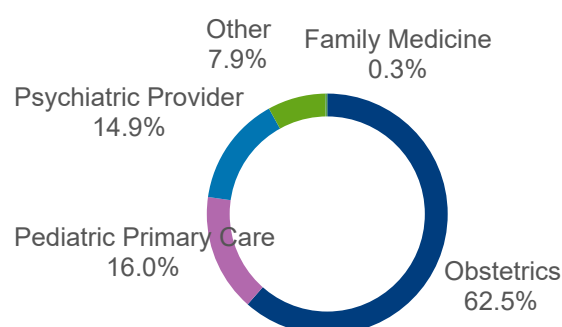
Number of Individuals by Year

Monthly, Quarterly, or SFY Individuals
Individuals by SFY



From July 1, 2024 through June 30, 2025, the majority of perinatal individuals served (63% or 230 out of 368), were patients being treated by their obstetrical provider. This group extensively utilizes the program's suite of services, which includes telephonic psychiatric consultations, resource and referral support, as well as monthly training and education sessions. Approximately 16% (59) of the individuals served during this reporting period were identified as needing support by their child's pediatrician during well-child visits. Pediatricians frequently use the program to connect parents with essential mental health and substance use resources, addressing gaps in care where mothers might neglect their own health in favor of focusing on their newborn's needs. Approximately 15% (55) of the individuals served were patients treated by psychiatrists who primarily sought psychopharmacological consultations to better support and manage complex psychiatric concerns during the perinatal period. Lastly, over 8% (30) were patients being treated by family medicine and other care providers, including pharmacists, demonstrating the program's reach across a comprehensive provider network and underscoring its effectiveness in fostering a well-rounded support system for improving perinatal healthcare outcomes.

Practice Types



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 above, the majority (63%) of the individuals served during this reporting period (SFY'25) were patients being treated by their obstetrical provider.

The Obstetrical Provider-Specific Utilization graph on the next page is designed to show consistency of the program's use over time. It includes two categories of obstetrical practice groups: those actively enrolled and utilizing the program, and those who have utilized the program but are not yet enrolled. A filter at the top of the graph allows users to adjust the quarterly utilization rate to focus on groups with low, moderate, and high utilization.

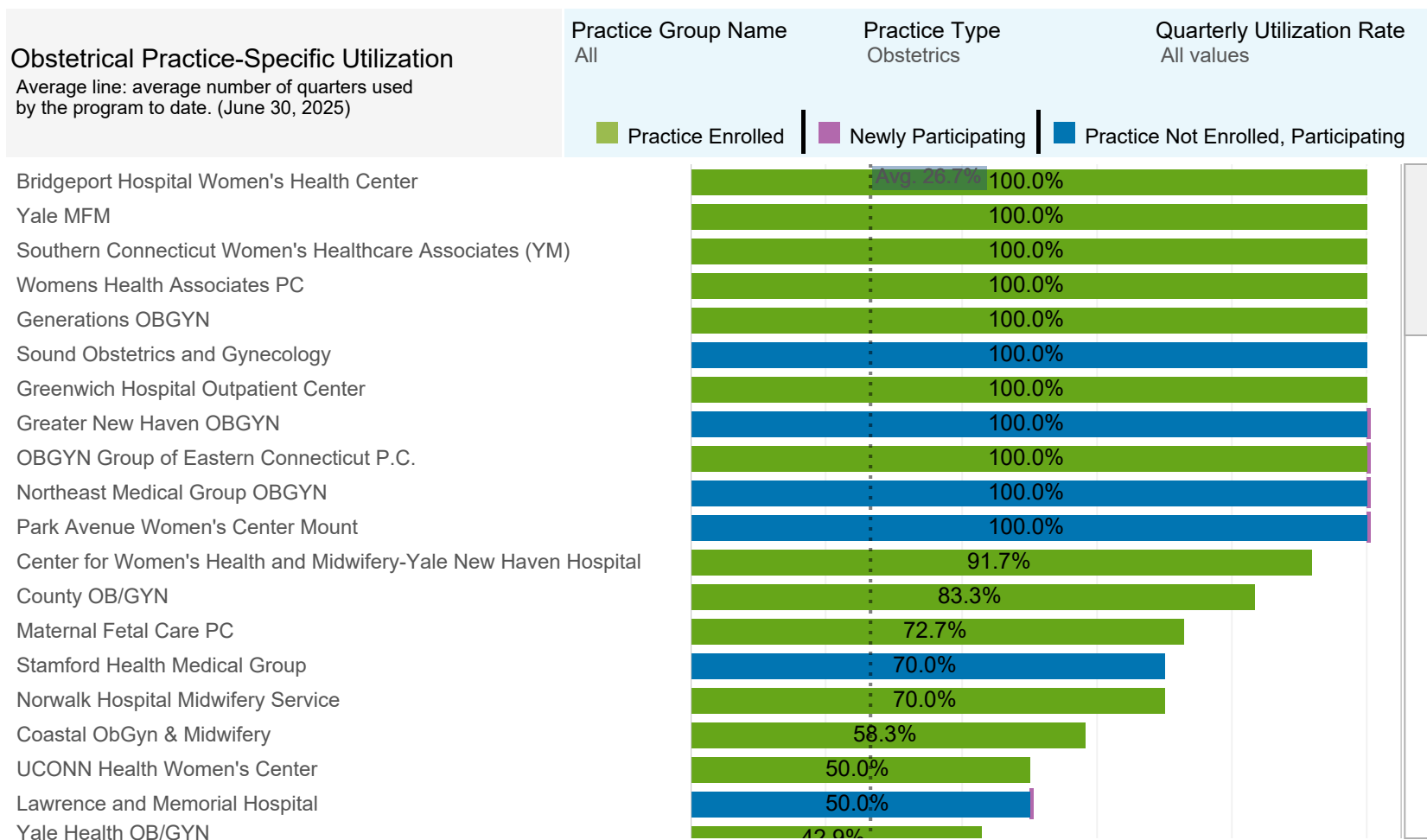
Utilization

The graph is sorted by the highest percent of quarters used over time. If the enrolled obstetrical practice group used at least once during the quarter, it is counted and compared to total quarters enrolled. For instance, a practice that enrolled in July 2022 and has used the program every quarter will have a utilization rate of 100% (12 quarters enrolled, 12 quarters used). Newly enrolled practices with consistent utilization will also appear with a high percentage rate (e.g., 1 quarter enrolled, 1 quarter used equals 100%). The graph additionally emphasizes enrolled obstetrical practices that have not yet used the program.

Of the total obstetrical practice groups enrolled in the program at the close of this fiscal year (64 practice groups), 23 obstetrical practice groups used the program at least one time since their enrollment, four of these used it for the first time this year. There were seven enrolled practice groups: Bridgeport Hospital Women's Health Center (64 patients served), Yale MFM (25 patients served), Southern Connecticut Women's Healthcare Associates (19 patients served), Women's Health Associates PC (19 patients served), Generations OBGYN (12 patients served), Greenwich Hospital Outpatient Center (7 patients served), and OBGYN Group of Eastern Connecticut P.C. (3 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'25).

While the Utilization graph effectively shows consistency over time, it's also important to highlight some nuances in usage patterns. Specifically, WHCT: Thameside OBGYN Centre shows a utilization rate of 41.7% (5 quarters used out of 12 enrolled); however, they have requested consultation on the second highest number of patients compared to all obstetrical practices, with 43 patients served. This lower percentage is attributed to a delayed start in utilizing the program post-enrollment, spotlighting their substantial engagement after their first consultation.

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 23 enrolled obstetrical practice groups who used the program, an additional 11 not-yet enrolled obstetrical practice groups have taken advantage of this flexible approach. Notably, five of these not yet enrolled groups used the program for the first time during this reporting period, emphasizing the effectiveness of the Hub team's outreach efforts.



Demographics

The program served a total of 368 unique perinatal individuals in SFY 2025.

The AMHSU 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. To gain insights during the reporting period, demographic dashboards are created, focusing on characteristics such as age, sex, race, ethnicity, and pregnancy status.

Demographic information is collected when a provider first calls to request support for an individual, and this data is entered into the Encounter System. However, there are times in which the provider does not have permission to share demographic information. As a result, the number of individuals reflected in the demographic dashboard may be different from the total number of individuals actually served by the program.

During this fiscal year, providers requested consultations for a total of 368 individuals, with 358 consenting to share their demographic information with the Hub team. Of those who provided consent, 99.7% (357 individuals) identified as female, while one individual was a father identified as needing mental health treatment by his wife's obstetrician during a follow-up visit.

Of the 358 unique individuals who shared their demographic information, approximately 32% (116 individuals) were between the ages of 30 and 34 years old, 26% (93 individuals) were between the ages of 25 and 29 years and approximately 22% (79 individuals) were 35 to 39 years old. Additionally, three individuals were under 19 years old, 47 were between 19 and 24 years old, and 20 individuals were over 40 years old.

Race and ethnicity are also requested the first time the provider calls requesting support. Of the 358 unique perinatal individuals served by the program during this reporting period, 55.6% (199 individuals) identified as White; 20.1% (72 individuals) identified as multi-racial, Asian, or belonging to another race; and 17.9% (64 individuals) identified as Black.

Additionally, approximately 67% (240 individuals) identified as non-Hispanic and 28% (99 individuals) identified as Hispanic. Notably, there were only 10 individuals served this year for whom both race and ethnicity were not identified.

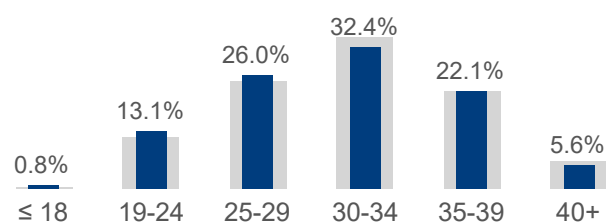
During this reporting period, approximately 94% of perinatal individuals identified English as their primary language. Other primary languages reported included Spanish, Portuguese, and Pashto. For 6% of individuals served whose primary language was not English, interpretation services were utilized for all who required resource and referral support.

The perinatal period of the individuals served by the program is also captured at the time of each consultation. Depending on how long an individual is supported by the program, they may be categorized into multiple perinatal period groups.

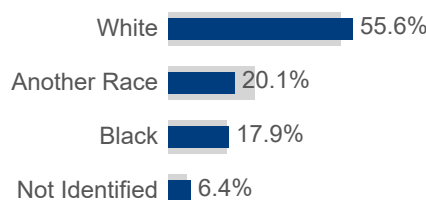
The graph to the right demonstrates the perinatal period first reported for the individual during the reporting period. In SFY'25, the majority of individuals served (215) were postpartum 0-6 months. Additionally, 104 received support while pregnant, 28 individuals were 7-12 months postpartum, seven individuals were in the preconception period at the time of consultation, three individuals were served beyond the 12-month postpartum period, and one individual was not pregnant and received general mental health support.

■ Current SFY 2025 ■ Last SFY 2024

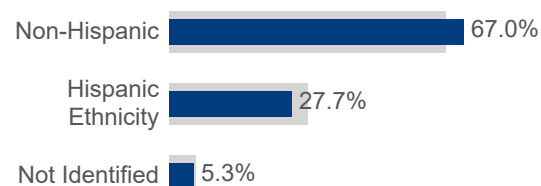
Age



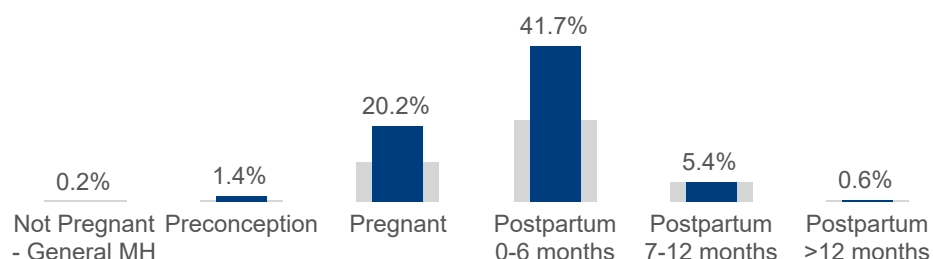
Race



Hispanic Ethnicity



Perinatal Period at Consultation



New in this year's report, we conducted a comprehensive analysis of the demographic data from individuals served by the AMHSU for Moms program, comparing this with data on pregnant individuals who had live births in Connecticut. This analysis aimed to assess the program's reach and identify any disparities in the populations we served. CT data is sourced from the Centers for Disease Control and Prevention National Vital Statistics System, accessible via the CDC WONDER online database. Our comparisons for SFY'24 and SFY'25 are based on the most recent data available from birth certificates issued in 2023.

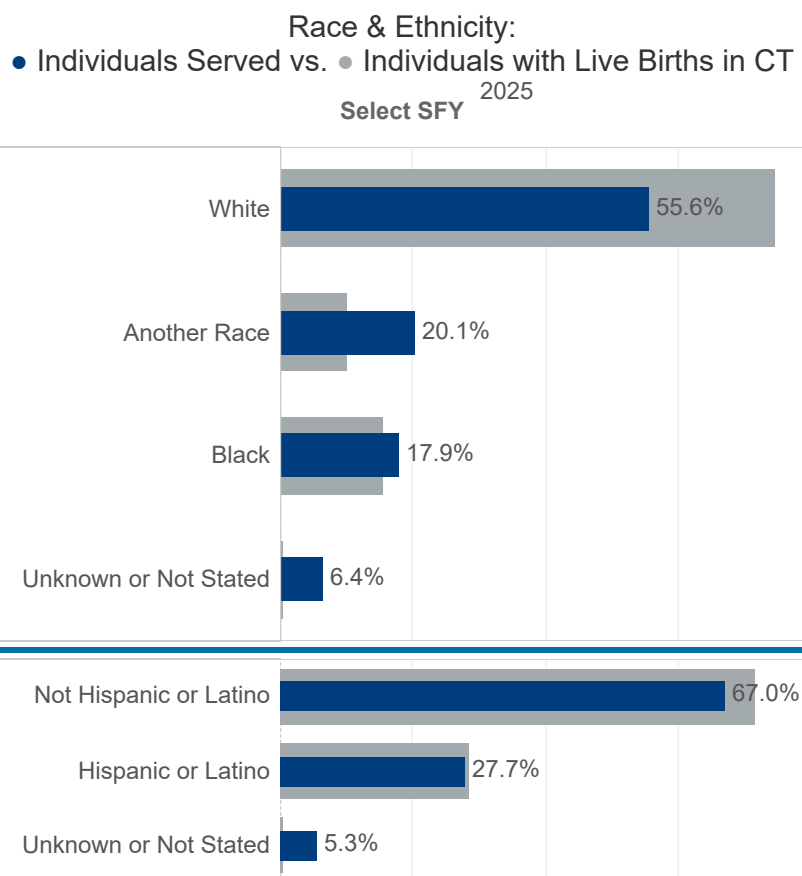
To align with our demographic data collection categories, we utilized the six race categories from the WONDER database: American Indian or Alaska Native (AIAN); Asian; Black or African American; more than one race; Native Hawaiian or Other Pacific Islander (NHOPI); White; and unknown or not stated. Given the small number of individuals in some groups served by the AMHSU for Moms program, we've combined AIAN, Asian, more than one race, and NHOPI into an "another race" category. Rates of Hispanic origin are also provided.

For SFY'25, individuals served in the AMHSU for Moms program that identified as White were underrepresented when compared to the number of live births among White individuals in CT (56% compared to 75%) while individuals identifying as Black were slightly overrepresented (18% compared to 15%). Those identifying as another race made up 20% of the AMHSU for Moms population served, which was higher than the state's 10%. The CDC data lacked individuals with unknown race, thus, this category has no comparison; still, we included all data from AMHSU for Moms to ensure full representation.

In terms of Hispanic ethnicity, 67% of individuals served by the program identified as non-Hispanic, which was lower than the state rate for live births for non-Hispanic individuals, which was approximately 72%. Additionally, 5.3% of individuals served by the program had an unknown ethnicity. Although the CDC data reported 11 live births in Connecticut with unknown ethnicity, this percentage is so minimal that it is not visible on the chart.

Nationally, data shows significant disparities in perinatal mental health conditions. Up to 20% of pregnant and postpartum women experience these conditions, but this rate can increase to 40% among Black and Indigenous populations. Despite their heightened risk, Black and Indigenous birthing individuals are half as likely to receive necessary care[1]. This underscores the importance of targeted efforts within programs like AMHSU for Moms to effectively address these inequities.

While our findings highlight the program's commitment to serving a diverse community and ensuring equitable distribution of benefits across racial and ethnic groups, it's important to acknowledge that the individuals directly served by the program represent only a fraction of its overall impact. Providers contact the program for consultations and apply what they learn to other patients within their practice, thus extending the program's influence beyond direct service metrics. This broader impact is not fully captured in our data, presenting some limitations in this analysis. Nonetheless, conducting these comparisons remains crucial to understanding and improving our comprehensive reach.



Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Natality on CDC WONDER Online Database. Data are from the Natality Records 2016-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/natality-expanded-current.html>

[1] MMHLA. (2023, July). *Black women, birthing people, and maternal mental health: Fact sheet*. Retrieved from <https://static1.squarespace.com/static/637b72cb2e3c555fa412eaf0/t/66d87cd57b639f7d160705be/1725463771059/FINAL+-+Black+Women,+Birthing+People,+and+Maternal+Mental+Health+-+Fact+Sheet+-+July+2023.pdf>

Consultations

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 number of consultations provided each month, quarter and year is illustrated in the graph below.

Since inception of the program, the AMHSU for Moms Hub team has provided a total of 3,656 consultations supporting providers and their perinatal patients presenting with mental health and/or substance use concerns (June 20, 2022–June 30, 2025). In SFY'25 alone, the team provided 1,997 consultations, marking a 50.6% increase compared to the 1,326 consultations in SFY'24. On average, the volume of consultations provided per quarter in SFY'25 was 499, showing an increase from the quarterly average of 332 consultations provided in SFY'24. This reflects substantial growth despite a decline in consultations noted in Q4 — from 483 in SFY'24 to 434 in SFY'25. This annual growth indicates that other quarters experienced substantial increases in consultation volume, boosting the overall average. Although there was a noticeable decrease in consultations in May and June of 2025 compared to the previous year, the full-year growth highlights effective program utilization that eclipses the decline in those specific months. Monitoring these decreases, however, will be important to pinpoint contributing factors, such as seasonal trends, birth volume fluctuations, or changes in provider capacity. The team will continue to analyze these trends in SFY'26 to ensure strategic improvements and sustained success.

Direct Provider Contact:

Of the 1,997 consultations provided in SFY'25, approximately 33% (664) 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 three is to ensure that 95% of all initial provider calls requiring a call back are returned within 30 minutes, unless an alternative timeframe is requested by the provider. Per Hub team report,

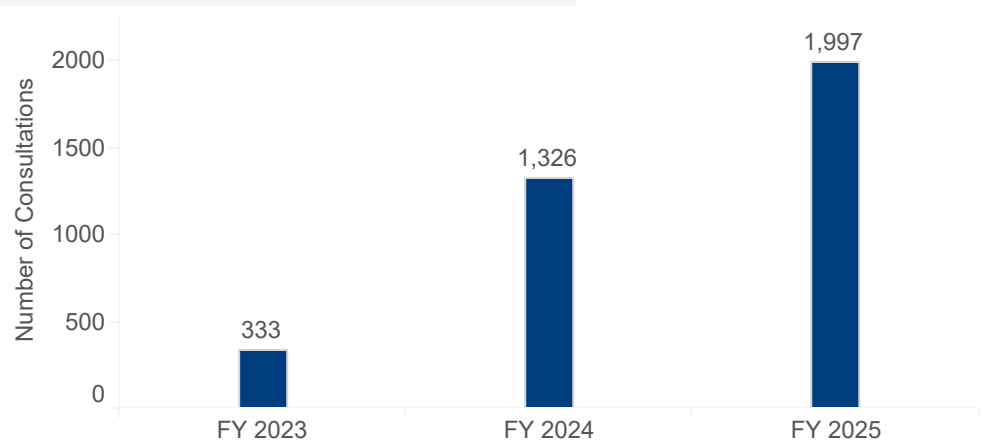
99.7% (343 out of 344) of initial provider calls were answered by the Hub team's consulting psychiatrist within 30 minutes of the provider's initial inquiry; 88.4% (306 out of 344) of which were connected directly at the time of the call.

Direct Patient Support-Resource and Referral Support (RRS):

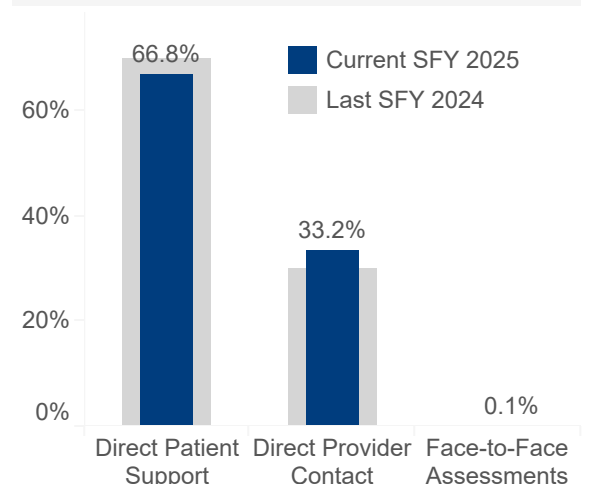
While the primary function of the program is physician-to-physician consultation, resource and referral support (RRS) stands as a vital component of our model. Navigating the behavioral healthcare system can be difficult, especially for new parents, which is why our RRS staff provides tailored assistance unique in Connecticut. Unlike many other perinatal access programs nationwide, our RRS staff engages directly with individuals over the phone, fostering connections that provide a deeper understanding of their needs.

This approach involves more than merely sharing provider contact information. The RRS staff engages, educates, and actively works to resolve barriers that might otherwise hinder individuals from accessing care. They take the time to listen and identify specific treatment needs, often handling the legwork of finding affordable and accessible treatment providers and services. This includes ensuring that providers are accepting new patients, are within the individual's catchment area, accept their insurance, and meet any specific preferences such as preferred language or appointment format (in-person vs. virtual). Resources are shared both verbally and in writing to ensure individuals have easy access to information after discussions. Often, the RRS staff joins the perinatal individual in making calls when that level of support is needed. The RRS staff also communicates the availability of crisis services at each point of contact.

Consultation Volume | Yearly Encounters



Consultation Types



Consultations

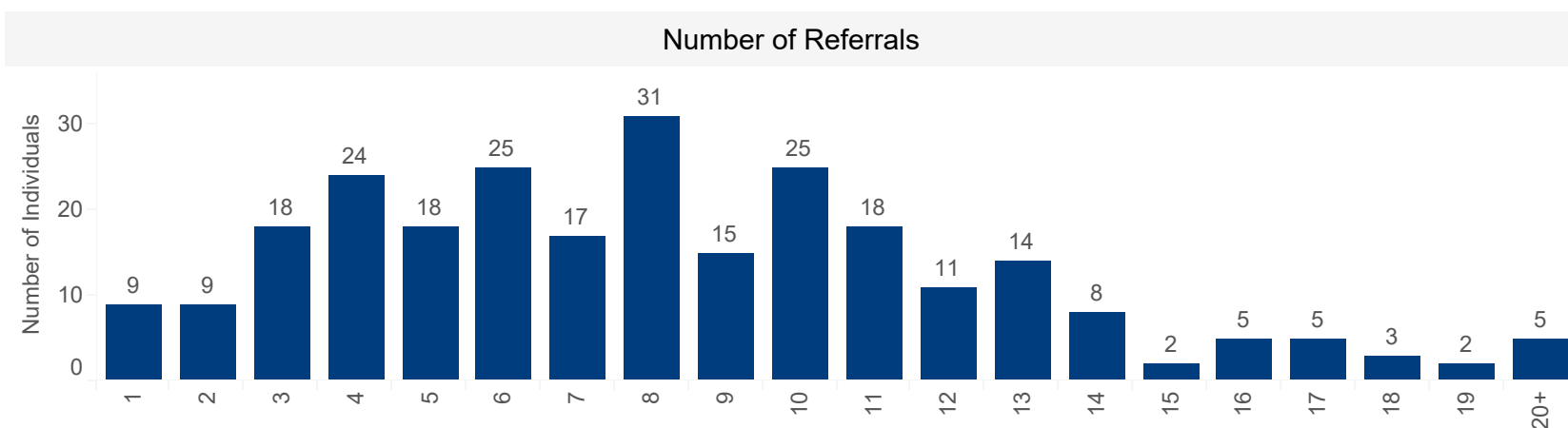
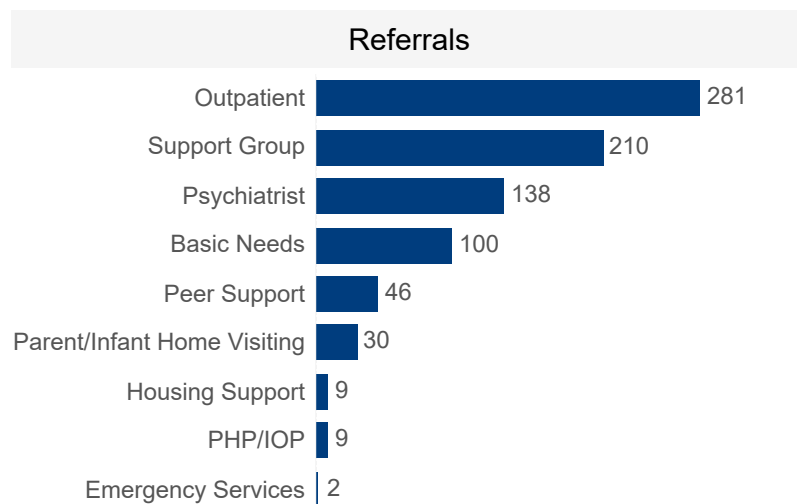
Resource and Referral Support (RRS) (*continued*):

After confirming that the perinatal individual has connected to treatment, the RRS staff contacts the calling provider with an update on the individual's status 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 details regarding barriers to connection and gather alternate contact information if available. In such cases, the RRS staff also provides referrals directly to the calling provider, ensuring they have the necessary resources to continue supporting the individual.

Approximately 67% (1,333) of the total consultations provided during this reporting period were consultations directly supporting 310 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'25 who received resource and referral support, approximately 87% (281) requested and received vetted referrals for outpatient services, seven individuals were noted to receive referrals for outpatient services that were focused on both mental health and substance use treatment. Nine individuals requested and received referrals at the partial hospital level and 210 individuals requested and received referrals for local support groups. One hundred and thirty-eight (138) individuals requested and received medication management referrals for a psychiatrist in their community, three 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, 100 individuals requested and received basic needs support, 46 individuals requested referrals for peer support, 30 individuals received parent/infant home visiting referrals, and nine individuals received housing support information.

On average, the RRS staff provided eight 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, 2025, a total of 162 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.



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. These assessments are scheduled promptly, typically within two weeks of the initial contact. The goal of these face-to-face evaluations is to provide further guidance and treatment recommendations, either for management by the calling provider or for referral to a community provider. The recommendations are shared with the calling provider within 48 hours of the assessment. Notably, during this reporting period, no face-to-face assessments were required.

Consultations

Reason for Contact:

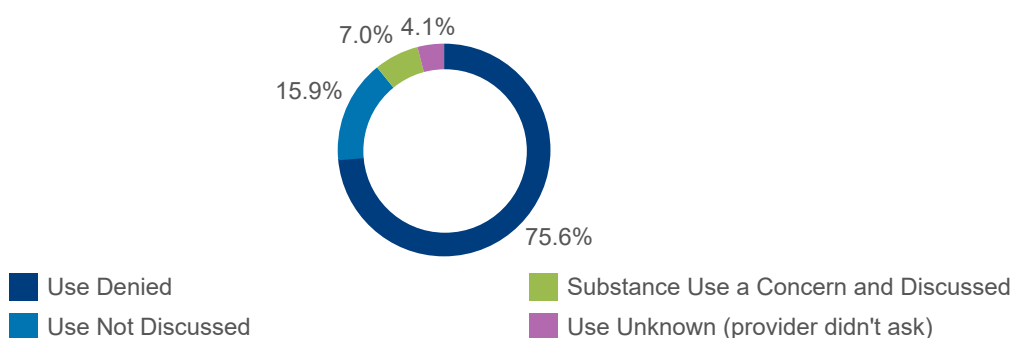
The reason for contact is captured on every consultation and often includes multiple reasons. For example, a provider may contact the program solely for guidance with prescribing psychotropic medication or solely for help with finding resources. On the other hand, providers may need help with both prescribing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

Throughout SFY'25, providers frequently sought assistance with prescribing psychotropic medication, obtaining diagnostic support, and accessing resources. These reasons accounted for approximately 31% of the total individuals served (115 individuals). Interestingly, while the majority of perinatal individuals served were primarily through their obstetrical providers, it was evident that a substantial number of consultations — approximately 57% (209 individuals) — focused solely on resource and referral support, stressing the program's role in bridging critical care gaps. Additionally, 12% of the consultations (43 individuals) were solely for medication-related questions, highlighting the ongoing demand for expertise in managing psychopharmacological needs of perinatal individuals.

Presenting Problems:

In addition to the reason for consultation, the Hub team captures the “presenting problem” discussed at the time of consultation. The Presenting Problems and Substances Discussed tables show the concerns addressed per individual, with multiple concerns potentially noted per individual; hence, counts are not distinct. The top two presenting concerns noted in SFY'25 were anxiety or worries (83% of the individuals served) and problems with mood (73% of the individuals served).

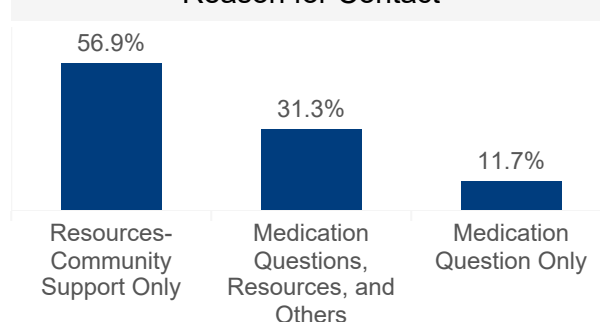
Substance Use Concerns



When asked by the psychiatrist, the calling providers identified around 7% of individuals served during this state fiscal year as having a substance use concern. As shown in the accompanying table, cannabis emerged as the most frequently discussed substance during consultations. Notably, approximately 76% of individuals served denied use at the time of consultation.

Recognizing the importance of consistently inquiring about substance use, Carelon's central administration team modified the Encounter System platform in November 2024 to better capture whether substance use is an identified concern at the time of consultation. Previously, when providers either did not ask the patient about substance use or regarded it as unlikely given the patient's clinical picture, it was recorded as "use not discussed." Now the system includes an option for "use unknown to provider," better indicating when screening wasn't conducted prior to consultation. This update helps the team psychiatrists by prompting specific talking points to enhance screening practices. Approximately 4% of individuals served during SFY'25 were those for whom the calling provider did not inquire about their substance use prior to the consultation.

Reason for Contact



Presenting Problems

Anxiety or Worries	82.9%
Problems with Mood	72.6%
Social Issues	11.7%
Other	7.0%
Attention Issues	4.6%
Substance Use	3.5%
Changes in Sleep	3.3%
Compulsive/Repetitive Behaviors	1.4%
Aggressive Behavior	1.1%
Psychotic/Delusional Thinking	1.1%
Suicidal Ideation	1.1%
Changes in Weight/Appetite	0.8%
Legal Issues	0.8%
Hyperactivity	0.3%

Substances Discussed

Cannabis Use	13
Opioid Use	5
Cocaine Use	4
Alcohol Use	3
Tobacco Use	3
Benzodiazepine Use	2
Other Use	2
Amphetamine Use	1

Consultations

Insurance Breakout:

Of the 1,997 total consultations provided in SFY'25, approximately 51% (1,025) were for individuals with an identified commercial insurance plan such as Aetna or Anthem BCBS of CT; 46% (924) of the consultations were for perinatal individuals with Medicaid insurance, 2% (39) of the consultations were provided to individuals without insurance coverage identified, and approximately 1% (9) of the consultations were with individuals with no insurance coverage.

Screening Tools:

At the time of consultation between the calling provider and Hub team psychiatrist, the Hub team psychiatrist asks if mental health and substance use screening tools were 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 162 perinatal individuals served; the Edinburgh Postnatal Depression Scale (EPDS) was noted to be the most commonly used during this reporting period (141 out of 162 individuals in SFY'25).

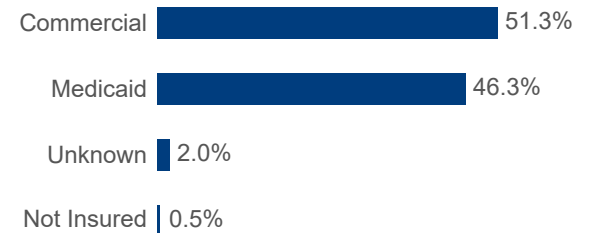
Provider Prescribing:

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.

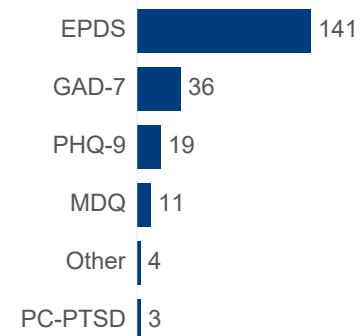
Throughout this reporting period (SFY'25), perinatal providers contacted the Hub team psychiatrist requesting a medication consultation for 113 individuals; antidepressant medications were most often discussed. For approximately 33% (37 out of 113) of the perinatal individuals whose provider called to 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 64% (72 out of 113) 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 49 of the individuals waiting to transition to a psychiatrist in their community.

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.

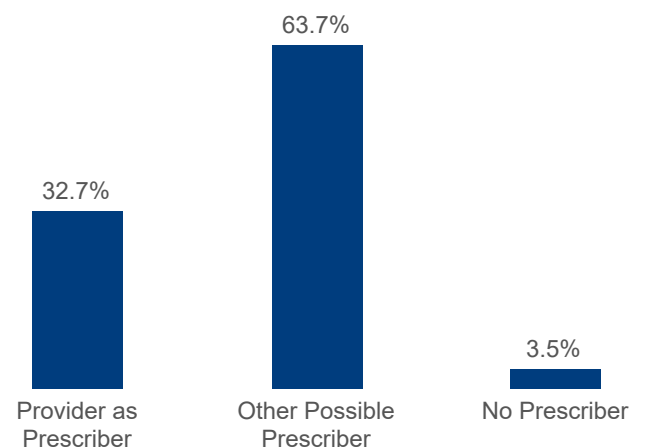
Consultations by Insurance



Screening Tools Used



Outcomes of Medication Consultation



Program Feedback

Training: The Hub team psychiatrists started the ACCESS Mental Health and Substance Use 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 and Substance Use for Moms Clinical Conversations webinars provided in SFY'25 included:

- "Medications and Breastfeeding" July 11, 2024
- "Caring for Patients Who Have Experienced Trauma" August 8, 2024
- "Diagnosing and Treating PTSD" September 12, 2024
- "CT Coalition Against Domestic Violence presentation" October 10, 2024
- "Best Practices for Screening of Substance Use in Pregnancy" November 14, 2024
- "Opioid Use Disorder in Pregnancy" December 12, 2024
- "Cannabis in Pregnancy" January 9, 2025
- "Psychotic Disorders in Pregnancy and Postpartum Psychosis" February 20, 2025
- "Disparities in Perinatal Mental Health" March 13, 2025
- "The Effects of Substance Use on Pregnancy and Infant Outcomes" April 10, 2025
- "Management of Substance Use Disorders in Pregnancy and Postpartum: A How-To Guide for Clinicians" May 8, 2025
- "What to Do When Someone Screens Positive for Hypomania?" June 12, 2025

In conjunction with the ACCESS Mental Health and Substance Use for Moms Clinical Conversations Series, the Hub team psychiatrists updated the program's provider toolkit during this review period, incorporating new clinical guidance on identifying and treating substance use in the perinatal period. This comprehensive toolkit offers perinatal providers actionable information, detailed algorithms, and valuable clinical insights, empowering them to effectively manage perinatal mental health and substance use conditions within their practice.

The dedicated AMHSU 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 AMHSU for Moms website. During this reporting period (SFY'25), Google Analytics reported a total of 3,422 users accessed the website, totaling 8,302 views (2.43 views/user) with a session duration averaging 33 seconds. The program's home page and training page were the top two pages most frequently viewed.

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 and Substance Use for Moms program" on a scale of 1-5; 5 being excellent. For SFY'25, the overall average satisfaction score was 5.0. A breakout of provider satisfaction scores by month can be seen to the right. 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	4.9	4.9	5.0	5.0	5.0	5.0	4.9	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				1							1	
4	5	2	4	2	7	10		4	2	5	5	7
5	185	161	154	194	131	152	190	168	191	142	126	148
Grand Total	190	163	158	197	138	162	190	172	193	147	132	155

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 concerns prior to using the AMHSU 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. In SFY'24, additional questions were added to gather feedback on the program's clinical conversations training series as well as the provider toolkit.

Survey 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. Filters at the top allow the user to view all responses or to filter the responses by type of provider (obstetric, non-obstetric) and whether or not they've used the program. Survey year can also be filtered by SFY'25 or combined with last year's data.

The SFY'25 annual survey was distributed via email and fax to all 64 enrolled obstetric groups, offering the option to complete the survey online or return it via fax to Carelon's central administration team. Additionally, the survey was shared with non-obstetric providers who utilized the program. To enhance the response rate, follow-up reminders, outreach calls, and prompts during consultations were employed. At the time of this report, a total of 24 survey responses were received: 14 from obstetric providers, 7 from psychiatric providers, 2 from primary care providers, and 1 from a pharmacist. It is important to note that the obstetric providers represented 9.3% (6 out of 64) enrolled obstetric groups.

Of the total responses received (24) in SFY'25, regardless of provider type, 14 were for providers who had never utilized the program or used it once, while 10 responses were from providers who had utilized the program a few times or often. For those that used the program more than one time, 100% rated their experience a 5 (best).

While the responses varied with regards to screening for depression throughout the perinatal period, approximately 92% (22 respondents) reported "often" or "always" to screening immediately post-delivery (0-3 months) and approximately 83% (20 respondents) reported "often" or "always" to screening for anxiety during this early postpartum (0-3 months) period, with 100% stating that they "often" or "always" provide education and discuss treatment options for depression and anxiety with their patients.

Screening for substance use in early pregnancy yielded the most responses compared to screening for substance use during any other perinatal period, 50% (12 respondents) reported "often" or "always" to screening for substance use in early pregnancy. However, only 33% (7 respondents) reported that they "often" or "always" provide education and discuss treatment options for substance use disorders with their patients. Additionally, screening for bipolar disorder, regardless of the perinatal period, yielded "rarely" or "never" for the majority of respondents.

While the obstetric practice response rate this year was 9.3%, it remains remarkably low. Therefore, caution should be exercised when interpreting the results to avoid making broad inferences applicable to all obstetric practices across the state.

Program Feedback

Never ●

Rarely ●

Sometimes ●

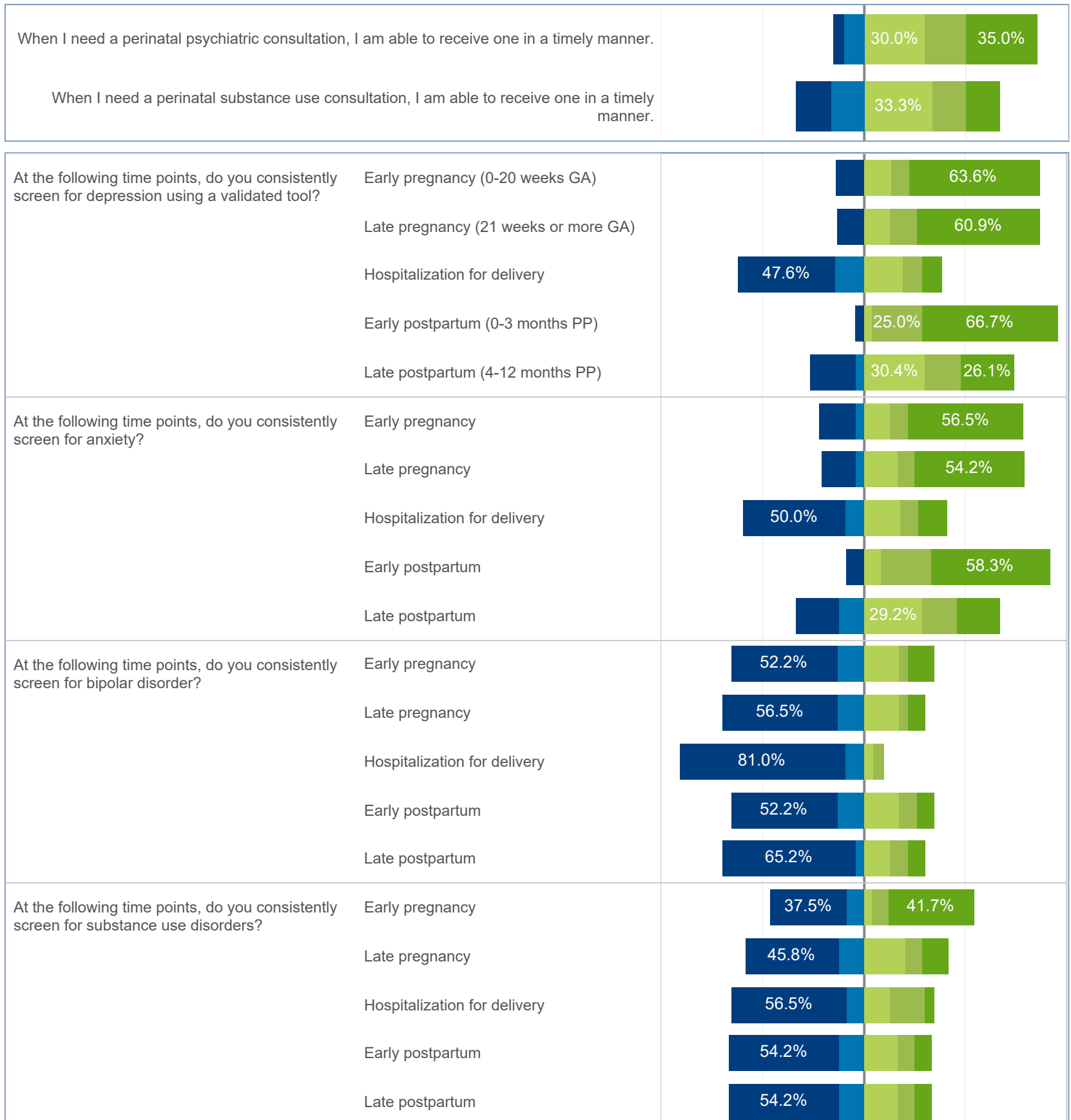
Often ●

Always ●

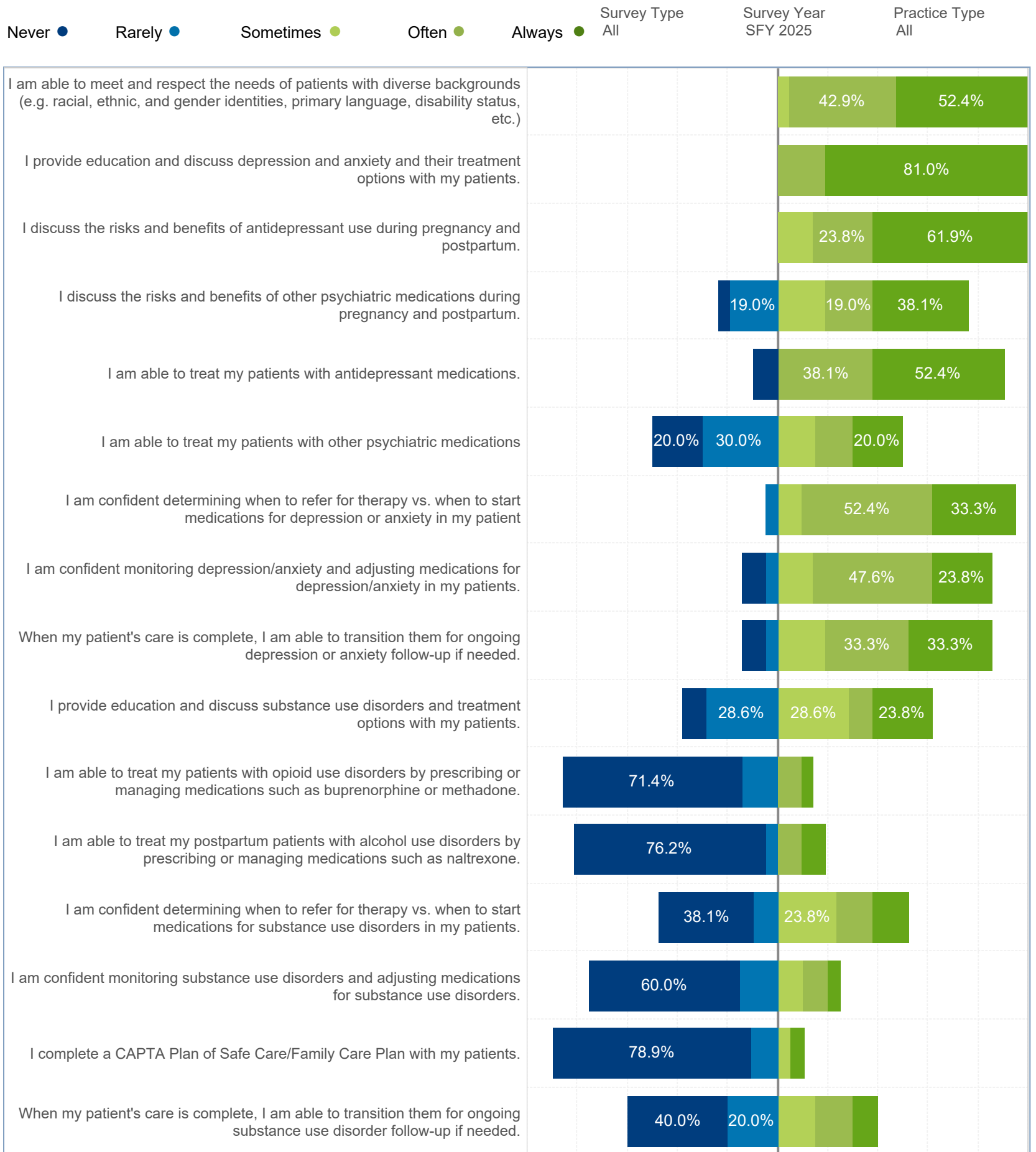
Survey Type
All

Survey Year
SFY 2025

Practice Type
All



Program Feedback



Program Feedback

Program feedback was captured by the Hub team staff throughout this reporting period (SFY'25) during direct consultations with providers and with perinatal individuals served by the program. Additionally, providers offered feedback on the annual survey.

Provider Feedback :

"This is such a vital resource for pregnant and postpartum women! I have utilized this service several times and have been able to help my patients by managing medications and connecting them with a prescriber if it's out of my scope of practice. I cannot say enough good things about this program. Without it, patients are often left stranded with no one to help them during their pregnancy." ~Participating Provider

"You guys have magical powers. Thank you for finding a unicorn therapist for my patient. I'm so grateful for you." ~Participating Provider

"I can't tell you how grateful I am to have you guys and to have your expert brains! You're just always a delight. Thank you so much." ~Participating Provider

"Thank you so much for all of your great work!! I just met with my patient and she said that you were so helpful in helping her connect to treatment." ~Participating Provider

"This whole thing saved me hours of paperwork. Bless you. This all happened very quickly and I was worried about her. I am glad she was able to get connected so fast." ~Participating Provider

"The phone consultations are always extremely helpful and have increased my confidence knowing I can get a fast second opinion." ~Participating Provider

"Consulting providers have given clear rationale for recommendations providing education surrounding screening tools and medication management, which has made me more comfortable. Thank you!" ~Participating Provider

"Provider consultation is informative and helped provide clear rationale for recommendations, further solidifying my comfort in using screening tools." ~Participating Provider

"I really appreciate this service. I'm so grateful you guys are around." ~Participating Provider

"My colleague told me about this program. I didn't know what to expect, but this was great." ~Participating Provider

"I have had great success with this program. I am really glad I found you guys." ~Participating Provider

"I have used the program several times and have greatly benefited from the information and resources provided." ~Participating Provider

"This is my first time calling and I'm glad I did! This was so helpful." ~Participating Provider

"AMHSU for Moms is a really helpful and vital program for our patients." ~Participating Provider

"AMHSU for Moms has been incredibly helpful." ~Participating Provider

"You guys are a hot commodity!" ~Participating Provider

"Thank you SO much for all that you do!" ~Participating Provider

"Thank you for the webinar information. I will access the website later today. Great work you are doing!" ~Participating Provider

"5 stars!" ~Participating Provider

"Very helpful!" ~Participating Provider

Program Feedback

Perinatal Individual Feedback:

"Thank you SO, SO much for all of your help - It's taken such a weight off of my shoulders to know these things are set up and that I'm on the road to being my best self for my little one. You have no idea how much it means to me." ~Participating Perinatal Individual

"I can't thank you enough for all of your help during this journey. You've been vital in helping me navigate what's going on and have placed me with great therapists that are ultimately helping me be a better human for my little man." ~Participating Perinatal Individual

"Thank you so much for everything!!! I think we're all good. They (resources) are wonderful so far and exactly what I needed! I really appreciate everything you have done and checking in on us so frequently" ~Participating Perinatal Individual

"Thank you so much for finding her (therapist). She is wonderful, a perfect match. And thank you for checking in with me through the process." ~Participating Perinatal Individual

"Thank you so much for everything. Honestly, I really appreciate all your help and hard work contacting providers on my behalf. Thank you so much for helping me also! This is all new to me and I'm really thankful for your help." ~Participating Perinatal Individual

"Thank you so much again for your help! I already feel so much better knowing I have the tools I need to be my best self for myself and my daughter." ~Participating Perinatal Individual

"Thank you so much for these referrals. I never realized how overwhelming it can be finding a therapist and you have been very supportive and helpful." ~Participating Perinatal Individual

"I just wanted to thank you again for connecting me to treatment. After a bit of re-scheduling last week due to her not feeling well, we were finally able to meet today. Everything is all set, and she'll be helping me with medication management and some other diagnoses. I really appreciate your support throughout this process!" ~Participating Perinatal Individual

"You have been really, really helpful. I don't think I would have been able to find a provider on my own." ~Participating Perinatal Individual

"Thank you for your persistence in helping me. It really has made the difference in terms of me following through." ~Participating Perinatal Individual

"You are amazing at your job." ~Participating Perinatal Individual

"Thank you for being persistent. Thank you so much for not forgetting about me." ~Participating Perinatal Individual

"Thanks for all your support throughout this journey. Your work is really important and I appreciate you." ~Participating Perinatal Individual

"I can tell you are passionate about what you do. I appreciate you didn't let me fall through the cracks." ~Participating Perinatal Individual

"Thank you so much for your patience and helping me find providers, it's appreciated more than you know!" ~Participating Perinatal Individual

"I'm so sorry I haven't answered, we've had a lot going on with the babies. I did connect with the prescriber for medication management. You are amazing and thank you so much for your help." ~Participating Perinatal Individual

"It's been so nice to have someone to talk through this all with. Your following up has given me motivation to make an appointment." ~Participating Perinatal Individual

Program Feedback

Perinatal Individual Feedback (*continued*):

“Ohhhh I just love you, you’re such a fresh breath of air. I appreciate your concerns so much! Thank you for always thinking of me and you are absolutely right!” ~Participating Perinatal Individual

“I’m not quite ready yet, but when the time comes, I’m looking forward to exploring the resources for parents and those support groups. I have that email saved and will definitely be revisiting it. Thanks again for everything!” ~Participating Perinatal Individual

“Thank you for your support and you’re amazing at what you do!” ~Participating Perinatal Individual

“I appreciate your help with all of this, it has made life a lot easier!” ~Participating Perinatal Individual

“Thank you so much for all of your support and for following up with me. I have truly appreciated your help so much.” ~Participating Perinatal Individual

Next Steps

Evidenced within this annual report, progress in areas related to data collection, provider training and support, and meaningful gains in increasing provider enrollment and utilization were noted throughout SFY'25. The AMHSU for Moms program will continue this focus.

Enrollment and Utilization: During this reporting period, the team successfully enrolled four new obstetrical practice groups across six site locations. In addition, eleven practice groups — including five first-time providers — participated without formal enrollment, underscoring the importance of making program support accessible regardless of enrollment status.

Looking ahead, the team has developed a multi-pronged marketing and promotional strategy for Q1 of SFY'26 aimed at increasing awareness and utilization. Planned activities include:

- Targeted outreach campaigns for Connecticut prescribing providers.
- Educational and promotional materials tailored for pregnant and newly parenting individuals.
- Enhanced event presence, with upgraded materials and giveaways, such as stress balls, hand sanitizers, and diaper bags with essentials for parents and newborns.

The program will also have a visible presence at major professional gatherings, including the CT Chapter of the American Academy of Pediatrics annual meeting in September and the CT Chapter of Family Physicians two-day symposium in October. Additionally, the team will deepen engagement with the Connecticut State Medical Society (CSMS) through silver sponsorship of its annual meeting and advertising placements across its newsletter, website, and social media channels—leveraging CSMS's extensive statewide reach to perinatal providers.

To broaden reach and appeal, the team is partnering with two marketing agencies to produce social media content and YouTube short films, ensuring wide dissemination through established networks. Collectively, these efforts are designed to boost enrollment, enhance program visibility, and sustain growth throughout SFY'26.

In addition to the marketing and promotional strategy outlined above, it will be important to monitor program utilization. As noted earlier in this report, a decrease in consultation volume was observed in May and June of this year. While this decline's significance isn't fully clear and could be minimal, examining potential influences is important. Though overall growth has been strong enough to counterbalance these declines, continued analysis is essential to explore factors such as reduced birth rates or seasonal patterns. The team is committed to evaluating these trends in SFY'26 to support strategic planning and ensure ongoing success.

Training and Education: The Hub team psychiatrists will continue to provide monthly trainings through the program's Clinical Conversations Series. Proposed topics for the first six months of state fiscal 2026 include:

- "Alcohol Use in Pregnancy and Postpartum"
- "Are Stimulants Safe to Prescribe in Pregnancy?"
- "Prescribing Lithium in Pregnancy"
- "Benzodiazepines in Pregnancy"
- "Prescribing Antipsychotics in Pregnancy"
- "Prescribing Lamotrigine in Pregnancy"

Provider participation and traffic to the program's website will continue to be reviewed throughout SFY'26.

Program Feedback and Annual Surveys: Engaging feedback from the perinatal provider network is vital for the program's ongoing success. With survey response rates remaining low, the team will assess factors impacting participation, including survey length, distribution timing, methods (fax, mail, online), and potential engagement incentives. Tailoring the survey into focused sections could improve response rates by addressing distinct areas such as screening practices, provider comfort in treatment, and feedback on webinars and toolkits. Beginning in Q1 of SFY'26, the team will conduct a comprehensive review and collaborate with other perinatal access programs nationwide to gather insights and best practices. Moreover, the team plans to assemble a diverse group of perinatal providers from obstetrics, primary care, and psychiatry, recognizing that practice settings — whether hospital or community-based — may influence their engagement with the program and their perspectives on collaboration. This approach will guide the development of more effective strategies for improving survey responses and refining the program to meet diverse needs.

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 AMHSU 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 AMHSU 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 AMHSU 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 AMHSU 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 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 AMHSU 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
AMHSU – ACCESS Mental Health and Substance Use
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