



ACCESS

Mental Health and Substance Use for Moms

SEMIANNUAL PROGRESS REPORT

Q1 & Q2 SFY 2026: July 1, 2025 - December 31, 2025



Report prepared by Caredon Behavioral Health for the Department of Mental Health and Addiction Services
Submitted March 2, 2026

Acknowledgements

Submitted by:

Andrea Goetz, MSW, Executive Director, CT Child & Family Division

Created by:

Elizabeth Garrigan, LPC, AVP, CT Child & Family Division
Brian Keyes, MD, Associate Medical Director
Amy Miller, MS, Director, CFD Quality Analytics & Data Visualization
Avelyn Wolbach, Business Information Analyst II
Michael Barron, CT Data Analytics & Reporting Team Lead

For inquiries, comments, or questions related to this report please contact Elizabeth Garrigan at Elizabeth.Garrigan@carelon.com



A Carelon Behavioral Health Dashboard

Program Description	1
Executive Summary	2
Enrollment	3
Map of Enrolled Practice Locations	4
Utilization	5-7
Individuals Served	8-9
Consultations	10-13
Training and Satisfaction	14
Next Steps	15
Definitions	16

Introduction

ACCESS Mental Health and Substance Use for Moms (ACCESS for Moms) is a statewide program funded by the Department of Mental Health and Addiction Services (DMHAS) 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 substance use and/or mental health concerns, have real-time access to seasoned perinatal psychiatrists for consultation, education, and referral support.

Administered by Carelon Behavioral Health (Carelon), the ACCESS 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 information included in this semiannual 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 for Moms Hub team. Data is entered after every call, then de-identified and transferred to Carelon's data warehouse for analysis.

Methodology

The data contained in this semiannual report was prepared by Carelon for the CT Department of Mental Health and Addiction Services and summarizes progress made by the ACCESS for Moms program.

The primary reporting period for this report is July 1, 2025 through December 31, 2025 (Q1&Q2 SFY'26); in some metrics, totals covering the entire length of the program or "since inception" (June 20, 2022 through December 31, 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, when appropriate.

Launched in June 2022, the ACCESS Mental Health and Substance Use for Moms program continues to enhance access to perinatal mental health and substance use care across Connecticut. Led by experienced perinatal psychiatrists, the Hub team provides real-time psychiatric consultation and structured resource and referral support (RRS) to obstetrical, primary care, pediatric, and psychiatric providers. This model equips clinicians to identify, treat, and connect pregnant and postpartum individuals to appropriate mental health and substance use treatment services.

Since inception, the program has delivered 4,344 consultations supporting 706 unique perinatal individuals. During Q1&Q2 SFY'26 (July 1–December 31, 2025), 173 individuals were served through 688 consultations. While this reflects fewer individuals and consultations than the same period last fiscal year, consultation volume is directly tied to provider-initiated requests and may fluctuate based on referral patterns and clinical demand.

Consultation intensity demonstrates the program's flexible, on-demand design. On average, individuals received 4.0 consultations during this reporting period, with some cases resolved through a single interaction and others requiring multiple touchpoints as treatment plans evolved or connection to care required sustained follow-up. Resource and referral support remains central to the model: 76.3% of individuals served received RRS, and 63.5% of all consultations involved direct patient support activities. Individuals receiving referrals were provided an average of 8.2 vetted options tailored to insurance, availability, and perinatal specialization. Sixty-six individuals were confirmed to have connected to recommended services during this period, with additional outcomes anticipated as follow-up continues.

As of December 31, 2025, 64 practice groups representing 130 sites and 437 providers are enrolled. Although no new obstetrical practice groups formally enrolled during this six-month period, outreach efforts intensified through statewide mailings, professional conference engagement, five promotional videos generating over 300,000 YouTube views and 460,000 Facebook views, and media collaboration with National Public Radio. A newly formed advisory group of seven provider champions will begin meeting quarterly to strengthen long-term engagement and peer-to-peer promotion.

Utilization remains multidisciplinary. In Q1&Q2 SFY'26, 66.5% of individuals served were under the care of obstetrical providers, 14.5% through psychiatry, 14.5% through pediatrics, and approximately 5% through adult primary care and other providers. Among obstetrical consultations, nearly one-third (29.6%) involved medication-related questions, reflecting the program's role in supporting both psychopharmacology decision-making and care navigation.

The Clinical Conversations training series continues to expand provider capacity, with 31 sessions conducted and 549 providers trained to date. Five sessions were delivered during this reporting period. A post-session survey has been implemented to inform future topics. Satisfaction remains exceptionally high, with an overall average rating of 4.99 out of 5.

As the program advances, continued focus will include ongoing outreach to providers, strengthening provider champions, refining measurement of consultation intensity and duration of support, analyzing geographic utilization patterns, and expanding education in response to emerging perinatal mental health needs.

A detailed review of Q1&Q2 SFY'26 data and dashboards follows in this report.

The ACCESS for Moms program remains available to all perinatal practitioners statewide, with obstetrical providers serving as the primary focus of targeted outreach due to the high volume of perinatal individuals they serve.

As of December 31, 2025, a total of 64 practice groups with 130 practice sites and 437 providers enrolled in the program. Of the 437 providers enrolled, 67.3% (294) are medical physicians (MDs and DOs), 18.1% (79) are certified nurse midwives (CNM), 8.7% (38) are advanced practice nurse practitioners (APRN), 5.3% (23) are physician assistants (PA), and less than 1% (3) are registered nurses (RN). No additional obstetrical practice groups were formally enrolled during this six-month reporting period. Practices may access program services prior to completing formal enrollment, reflecting the program’s flexible access model. Practice group information including site location and phone numbers can be found on the Map of Enrolled Practices dashboard within this report.

Throughout Q1&Q2 SFY’26, efforts concentrated on expanding awareness, strengthening relationships, and cultivating future enrollment opportunities. A structured outreach cadence included a direct mailing to approximately 1,300 perinatal practitioners. In addition, five promotional videos were developed during this reporting period and disseminated across provider networks and digital platforms, generating more than 300,000 YouTube views and over 460,000 Facebook views statewide.

In addition to broad digital reach, program visibility was reinforced through direct engagement at key professional gatherings, including the Connecticut Chapter of the American Academy of Pediatrics, Connecticut State Medical Society, Connecticut Behavioral Health Partnership Nurturing Futures: Supporting Substance Use Recovery During Pregnancy and Beyond forum, Connecticut Hospital Association Maternal Warning Signs training, Hispanic Health Council Maternal Mental Health conference, and the Connecticut Academy of Family Physicians annual meeting. These engagements strengthened connections across obstetrics, pediatrics, family medicine, behavioral health, and hospital systems statewide.

This expanded visibility proved particularly important in October 2025, when heightened media attention surrounding a widely reported maternal mental health tragedy prompted the program to issue a timely statewide provider communication reinforcing ACCESS for Moms as a real-time psychiatric consultation resource for complex treatment decision-making during pregnancy and postpartum. The message emphasized the importance of evidence-based prescribing and consultation support. Media interest related to this event led to engagement with National Public Radio, with interviews initiated during this reporting period and continuing into the next quarter, further elevating awareness of ACCESS for Moms as a critical clinical support resource.

As part of a broader strategy to strengthen long-term provider engagement, the team convened a provider feedback and strategy session on December 2, 2025. This session led to the formation of the program’s advisory group, with seven committed providers representing diverse practice settings across the state agreeing to participate. The advisory group is expected to start in March 2026 and meet quarterly.

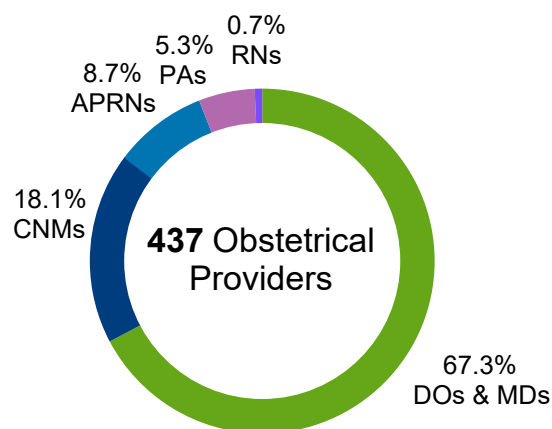
64 Obstetrical Practices Enrolled



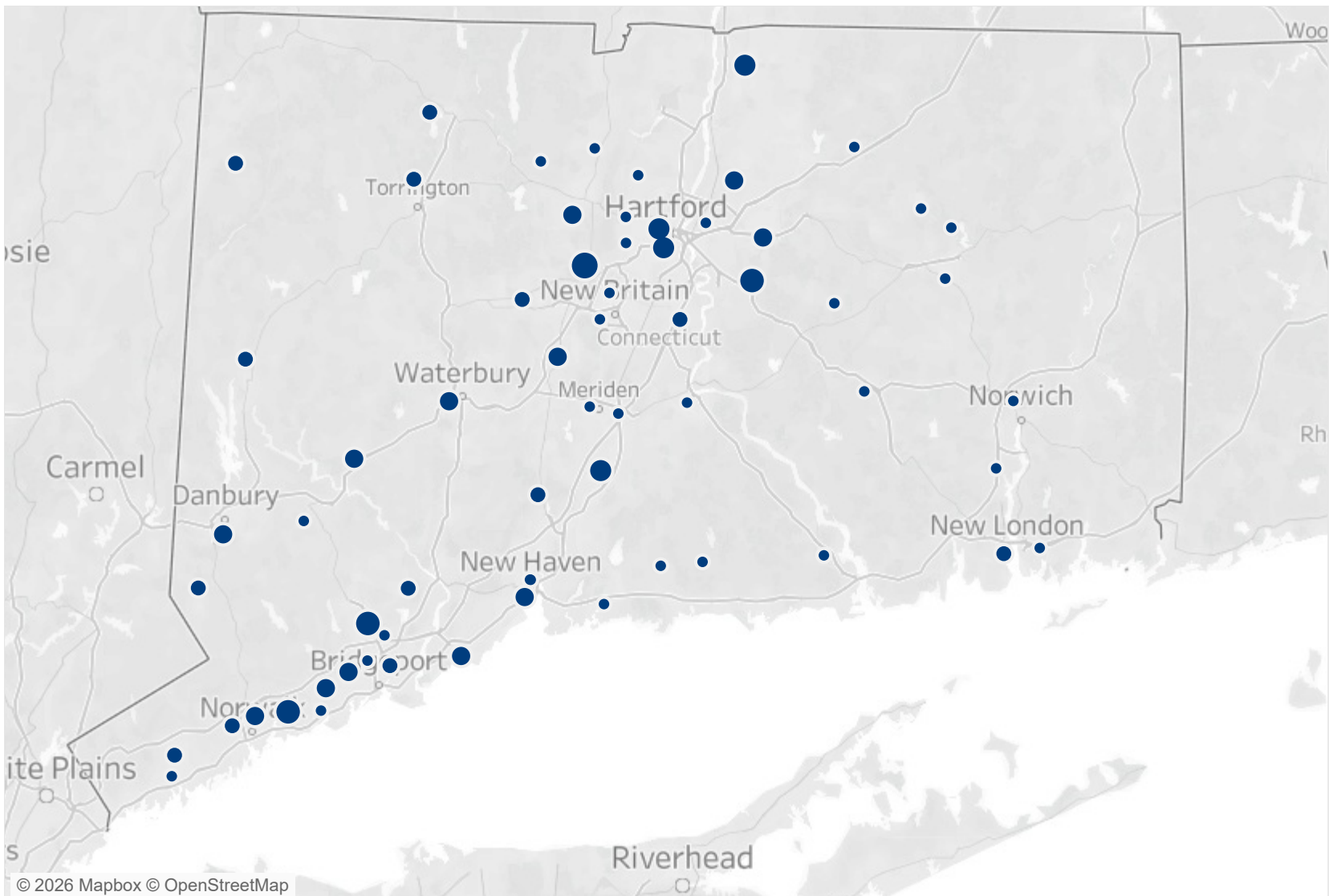
130 Obstetrical Practice Sites



Enrolled Obstetrical Providers



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) 384-3235
	267 Grant Street Bridgeport, CT 06610	(203) 384-3235
	5520 Park Avenue Trumbull, CT 06611	(203) 384-3235
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

Utilization Across All Provider Types:

The program recognizes the importance of a comprehensive support network and extends beyond obstetrics to include psychiatrists, pediatricians, family medicine providers, and other clinicians caring for pregnant and postpartum individuals. Utilization dashboards track provider engagement across disciplines to better understand how the program's services are accessed.

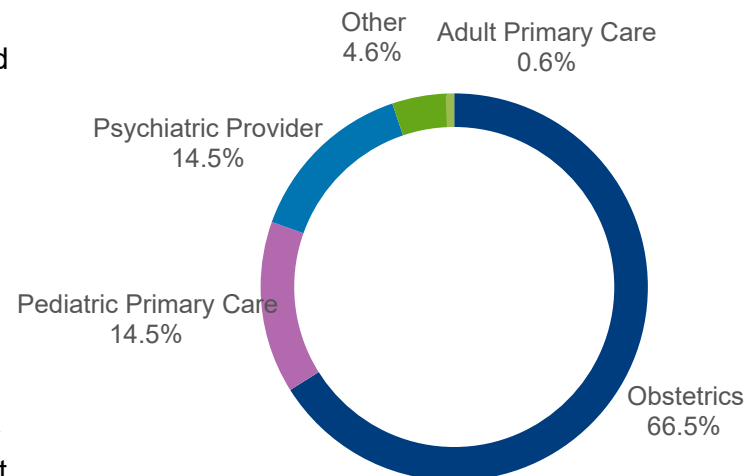
In Q1&Q2 SFY'26, 14.5% (25 of 173) of individuals served were patients being treated by psychiatrists, who primarily sought psychopharmacology consultation to support management of complex perinatal mental health conditions. An additional 14.5% (25 of 173) were identified through pediatric practices during well-child visits, where pediatricians engaged the program to connect mothers with mental health and substance use resources. Approximately 5% (9 of 173) were referred by adult primary care and other providers, including pharmacists and emergency department clinicians, reflecting cross-disciplinary utilization and reinforcing the program's reach across the broader perinatal care continuum.

The majority of individuals served during this reporting period (66.5%; 115 of 173) were patients being treated by their obstetrical provider, reflecting continued engagement within obstetric care settings. To better understand provider-specific utilization patterns, reason for contact was examined among obstetrical providers.

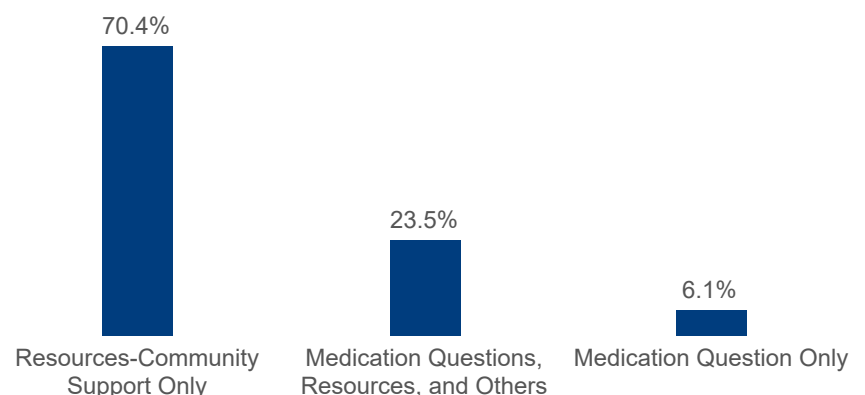
Among the 115 individuals served through consultations initiated by obstetrical providers in Q1&Q2 SFY'26, 70.4% (81 individuals) involved requests for resource and community support only. An additional 23.5% (27 individuals) reflected requests for both medication guidance and resource support, while 6.1% (7 individuals) involved medication-related questions only.

Overall, nearly one-third (29.6%; 34 of 115) of individuals whose obstetrical provider contacted the program involved medication questions in some capacity. While resource navigation remains the most common reason for contact, obstetrical providers also engaged the program for psychopharmacology support when clinically indicated. As utilization patterns evolve, reason for contact will continue to be tracked longitudinally, with more detailed comparative analysis presented in the SFY'26 annual report.

Individuals Served by Practice Type



Reason for Contact for Obstetric Providers



Utilization

Obstetrical Practice Utilization:

The Obstetrical Practice-Specific Utilization graph illustrates consistency of program use over time by measuring the percentage of quarters in which an obstetrical practice accessed services relative to the total number of quarters since enrollment. If an enrolled practice utilizes the program at least once during a quarter, that quarter is counted toward its utilization rate. For example, a practice enrolled for 15 quarters that accessed services in all 15 quarters would have a 100% utilization rate. Newly enrolled practices with consistent use may also reflect high percentages based on their duration of enrollment.

The graph includes two categories of obstetrical practices: those actively enrolled and utilizing the program, and those that have accessed services but are not yet formally enrolled. A filter allows users to examine utilization patterns across low-, moderate-, and high-utilization groups.

As of December 31, 2025, 37 obstetrical practices have utilized the program at least once since inception. Of these, 25 are actively enrolled and 12 have accessed services without completing formal enrollment.

Among the 25 enrolled obstetrical practices that have used the program since inception, two used for the first time during this reporting period. On average, enrolled practices have utilized the program in 55.3% of eligible quarters. Seven enrolled practices fall within the high-utilization category (80% or greater of quarters used), five of which have accessed services in 100% of quarters since enrollment. Two practices - WHCT: OBGYN and Midwifery of CT (Mansfield OB-GYN Associates) and WHCT: Women's Health Group - utilized the program for the first time in July 2025 and November 2025, respectively, after being enrolled since August 2022, representing initial use nearly three years following enrollment.

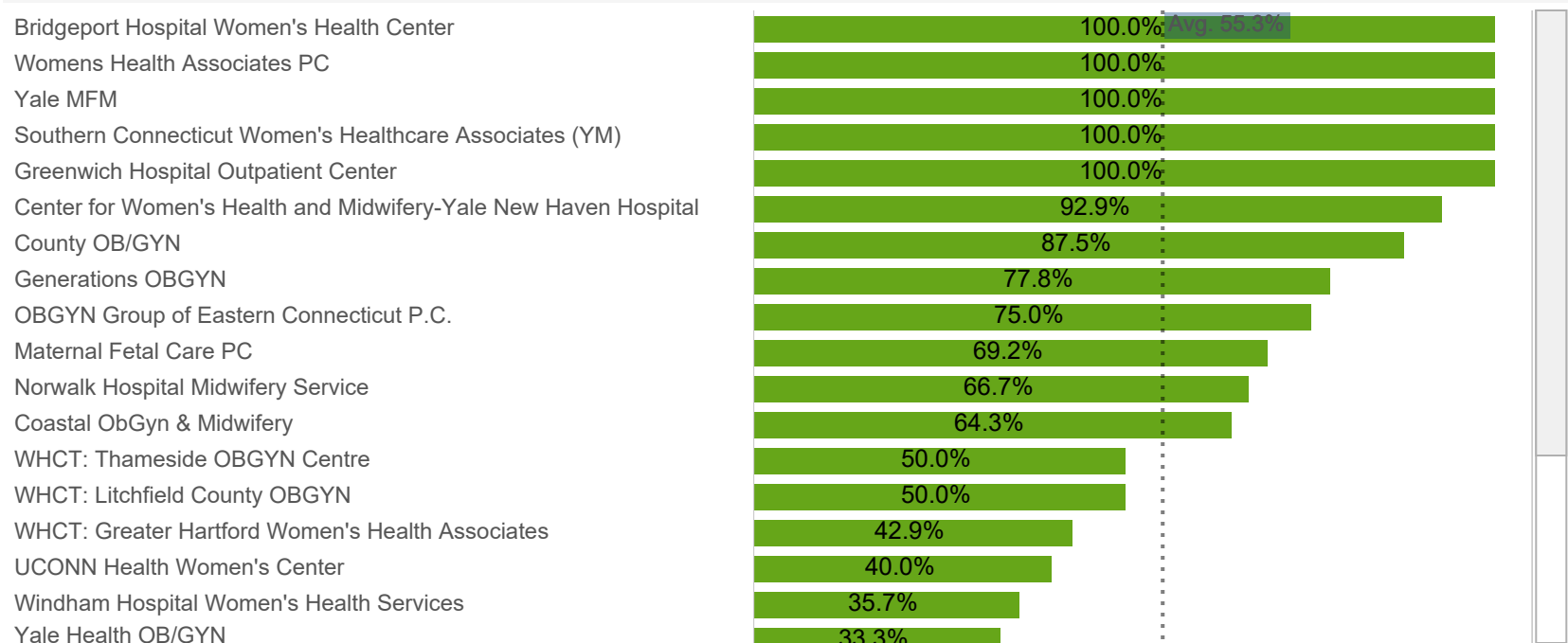
It is important to note that obstetrical practices may contact the program prior to completing the enrollment process and still receive services. As of December 31, 2025, 12 not-yet enrolled obstetrical practice groups have utilized the program under this flexible access model. One of these groups, Crescent St OBGYN, accessed services for the first time during this reporting period.

Practice Group Name	Practice Type	Quarterly Utilization Rate	Newly Participating	Practice Status
All	Obstetrics	1% to 100%	All	Enrolled

■ Practice Enrolled |
 ■ Newly Participating |
 ■ Practice Not Enrolled, Participating

Obstetrical Practice-Specific Utilization

Average line: average number of quarters used by the program to date. (December 31, 2025)



Utilization

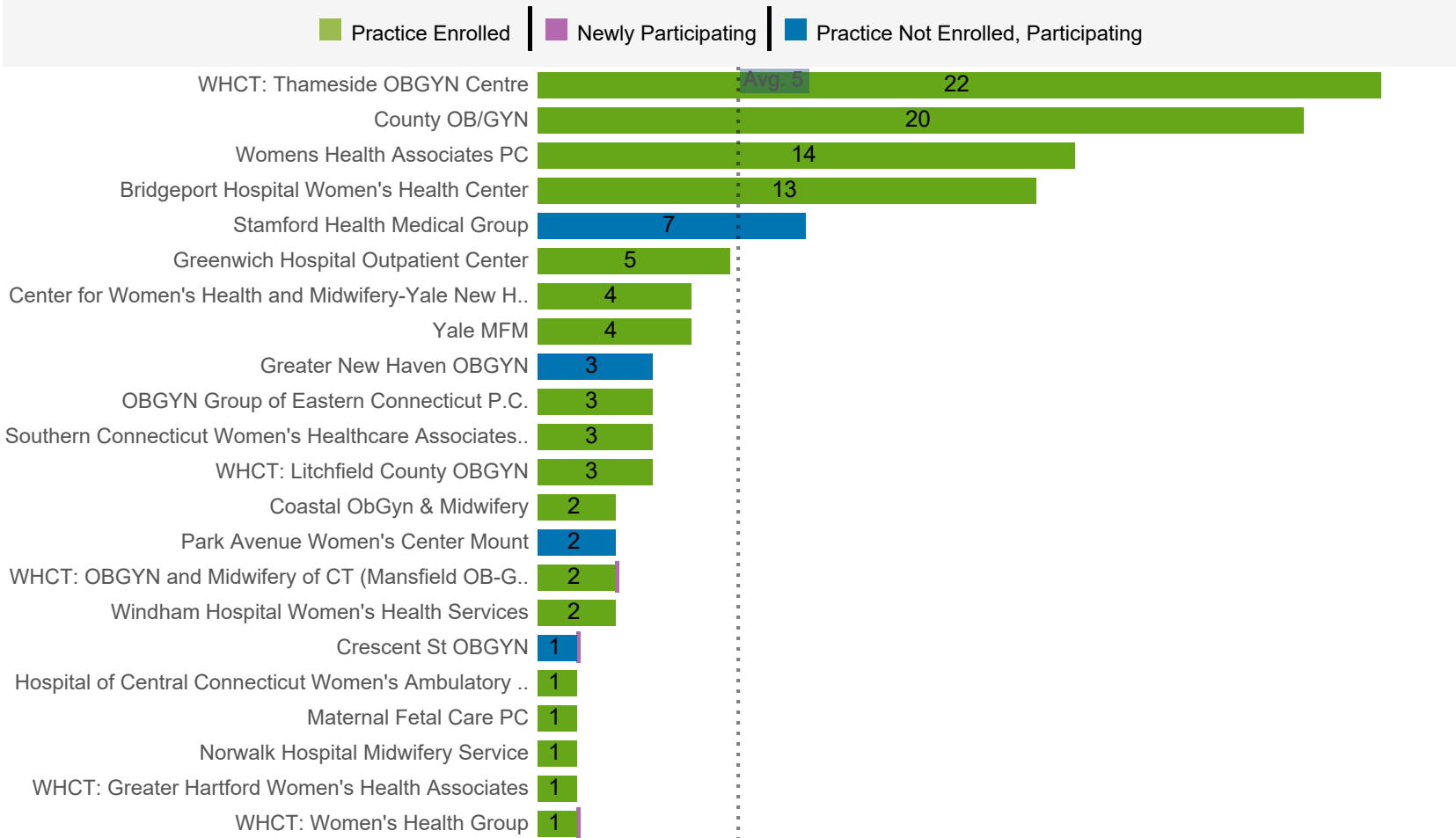
Individuals Served by Obstetrical Practice:

Another important way to measure utilization is to measure the volume of individuals served by practice. While the Obstetrical Practice-Specific Utilization dashboard depicts the percent of quarters utilized over time, the graphs located in the Individuals Served by Obstetrical Practice dashboard demonstrate a breakout of utilization by number of individuals served per practice in this reporting period. The graphs are sorted by highest volume of individuals per practice.

Of the 37 obstetrical practices that have used the program since inception, 22 accessed services during this six-month period. WHCT: Thameside OBGYN Centre requested consultation for the highest number of individuals (22), followed by County OB/GYN (20 individuals). Stamford Health Medical Group, which is not yet formally enrolled, contacted the program requesting support for seven individuals during this reporting period.

Individuals Served by Obstetrical Practice

Average line: average number of individuals served by the program for the current reporting period. (July 1, 2025 - December 31, 2025)



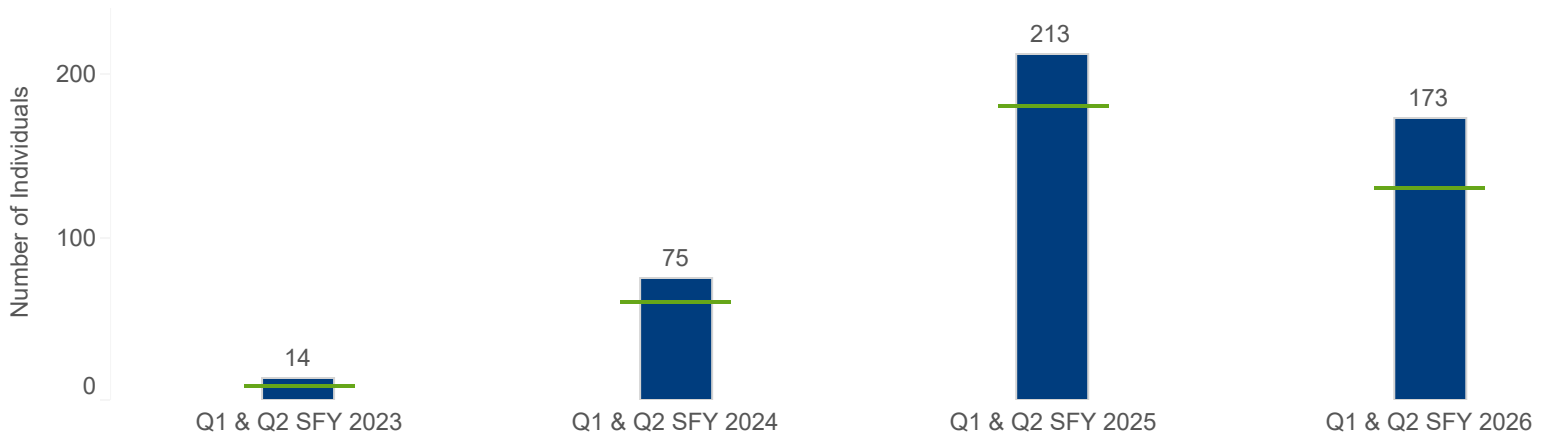
Individuals Served

The ACCESS for Moms program supports perinatal practitioners treating all pregnant and postpartum patients up to 12 months post-delivery who are presenting with substance use and/or mental health concerns, regardless of insurance.

Since inception of the program to date (June 20, 2022 through December 31, 2025), perinatal providers contacted the ACCESS for Moms Hub team requesting consultation and support for 706 unique pregnant and postpartum individuals presenting with mental health and/or substance use concerns.

In the first two quarters of SFY'26, the program served a total of 173 perinatal individuals. This represents fewer individuals for whom providers requested consultation compared to the same period in SFY'25 (213 individuals) and the preceding two quarters (207 individuals in Q3&Q4 SFY'25). As a referral-based consultation model, the number of individuals supported may vary across reporting periods based on provider engagement patterns and clinical demand. Trends will continue to be monitored longitudinally.

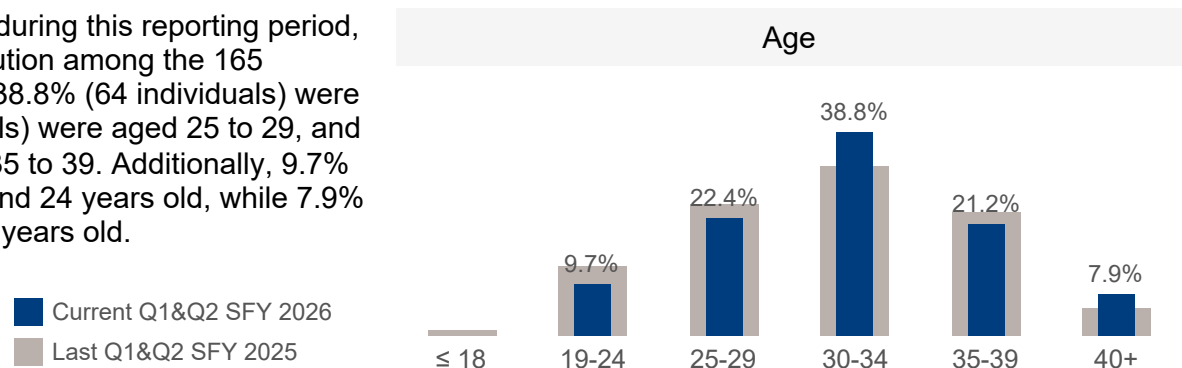
Individuals by SFY ■ Individuals Receiving Resource and Referral Support SFY or Monthly View
Individuals Served by SFY



As reflected in the updated Individuals Served bar graph, 76.3% (132 of 173) of individuals received support from the program’s resource and referral team. Resource and referral navigation remains a central component of the program model and plays a critical role in connecting patients to behavioral health treatment, substance use services, and community-based supports identified during consultation.

From July 1, 2025 through December 31, 2025, providers requested consultation for 173 pregnant and postpartum individuals. Of these, 165 individuals gave permission for demographic information to be shared and entered in the Encounter System. As a result, demographic dashboards reflect fewer individuals than the total served.

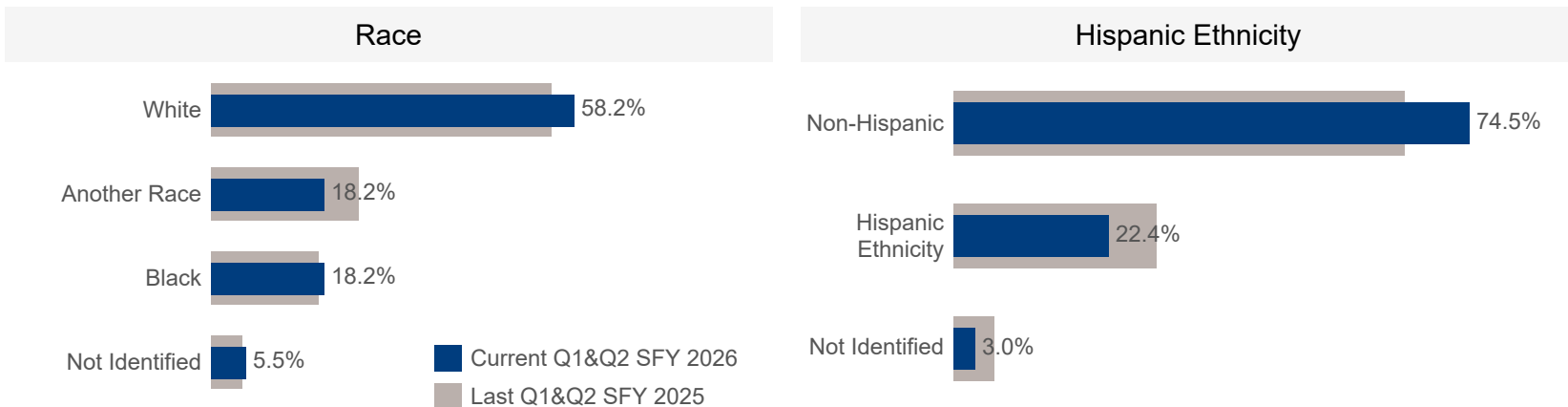
Of the perinatal individuals served during this reporting period, all identified as female. Age distribution among the 165 individuals served was as follows: 38.8% (64 individuals) were aged 30 to 34, 22.4% (37 individuals) were aged 25 to 29, and 21.2% (35 individuals) were aged 35 to 39. Additionally, 9.7% (16 individuals) were between 19 and 24 years old, while 7.9% (13 individuals) were older than 40 years old.



Individuals Served

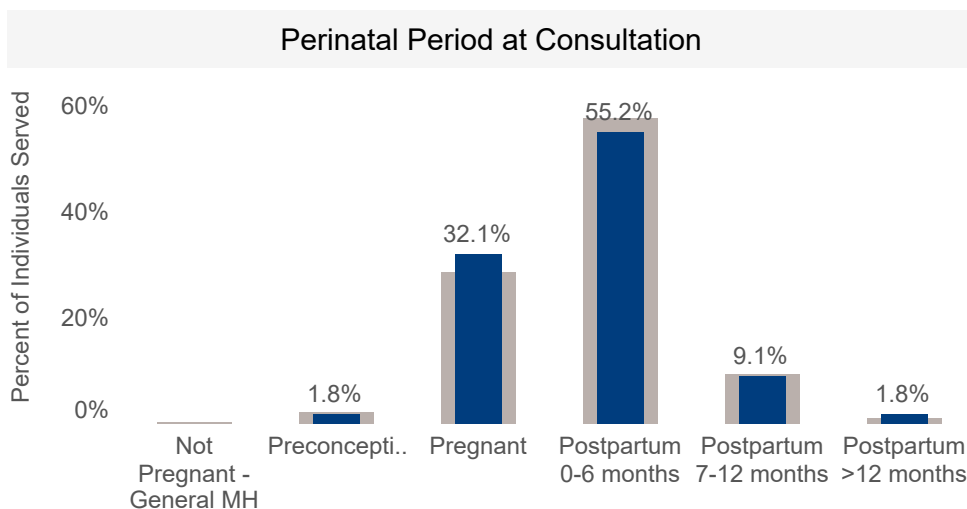
The program served a total of 173 unique perinatal individuals in Q1 & Q2 SFY2026.

Race and Hispanic ethnicity are also requested the first time the provider calls requesting support. Of the 165 unique perinatal individuals served by the program during this reporting period, 58.2% (96 individuals) identified as White; 18.2% (30 individuals) identified as multi-racial, Asian, or belonging to another race; and 18.2% (30 individuals) identified as Black. Additionally, 74.5% (123 individuals) identified as non-Hispanic, whereas 22.4% (37 individuals) identified as Hispanic.



During this reporting period, 89.7% of individuals identified English as their primary language. Other reported primary languages included Spanish, Portuguese, and French Creole. Interpretation services were utilized for all individuals requiring resource and referral support when English was not the primary language.

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 demonstrates the perinatal period first reported for the individual during the reporting period. In Q1&Q2 SFY'26, the majority (55.2%) of individuals served were postpartum 0-6 months, 32.1% were pregnant, 9.1% received support 7-12 months postpartum, 1.8% were in the preconception period at the time of their first consultation, and 1.8% were past the 12-month postpartum period.



Consultations

Consultations:

Consultations are designed to provide individualized, case-based guidance to providers and, when indicated, direct telephonic support to their patients in connecting to community resources. Consultation dashboards track the number of consultations delivered to providers and the number of consultations involving resource and referral support (RRS).

Since the program's inception (June 20, 2022 – December 31, 2025), the ACCESS for Moms Hub team has provided 4,344 consultations supporting providers and their perinatal patients presenting with mental health and/or substance use concerns.

During Q1&Q2 SFY'26, the program provided 688 consultations, averaging 115 consultations per month and 344 consultations per quarter. This reflects fewer consultations than both the same period in SFY'25 (1,088 consultations in Q1&Q2) and the preceding two quarters (989 consultations in Q3&Q4 SFY'25). Because consultations occur when providers request support for individual patients, the decrease in consultations during this period aligns with the lower number of individuals served.

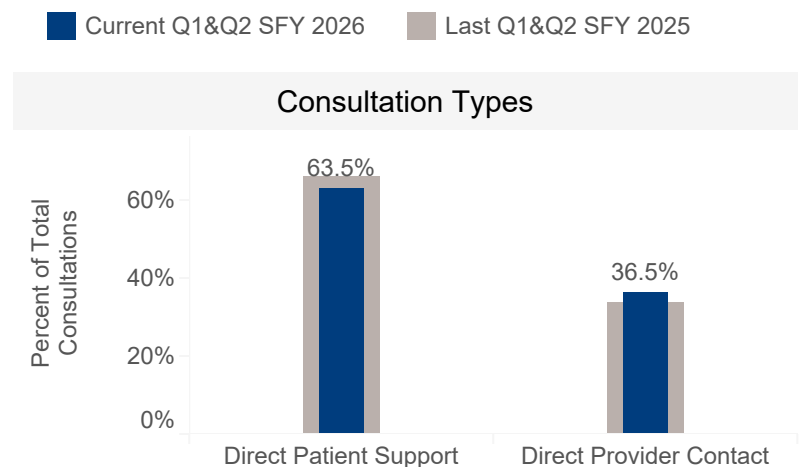
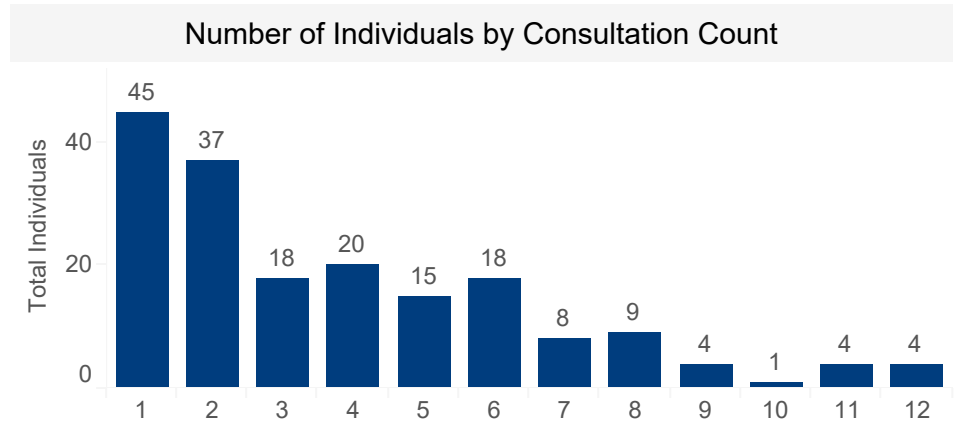
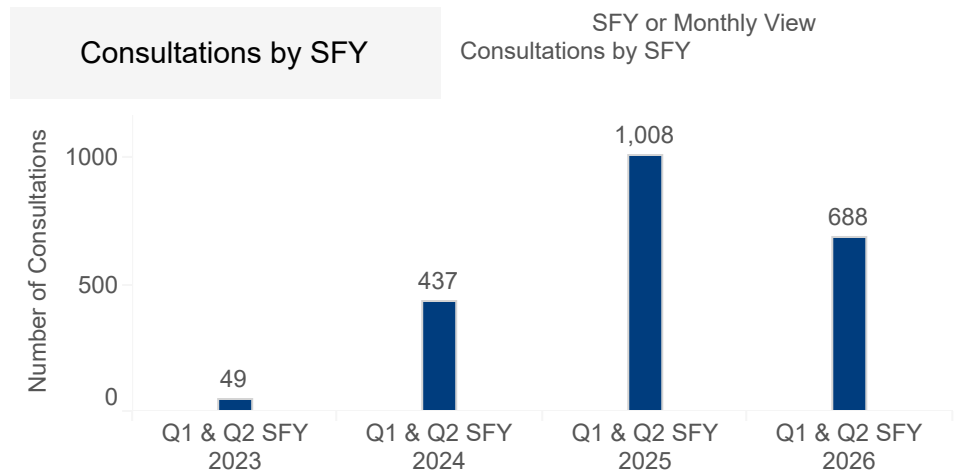
On average, individuals received 4.0 consultations during Q1&Q2 SFY'26. While 45 individuals required only a single consultation to address a discrete clinical question, others required multiple touchpoints over weeks or months. In these instances, the calling provider may seek additional guidance as treatment plans evolve, symptoms change, or new clinical considerations arise. At the same time, individuals receiving RRS may require continued outreach and follow-up before successfully connecting to appropriate community-based services.

Because ACCESS for Moms is designed for use as needed rather than through defined episodes of care, engagement varies based on both the provider's clinical needs and the individual's progress in accessing treatment. Some cases are resolved quickly, while others involve sustained consultation and care navigation support over time. A more comprehensive utilization framework will be introduced in the upcoming annual report to better represent both consultation frequency and the duration of active engagement.

Direct Provider Contact:

Of the 688 consultations provided throughout the state in Q1&Q2 SFY'26, 36.5% (251) were reported as direct contact with providers. This includes both initial inquiries and follow-up phone calls to the perinatal provider.

The program's year-four benchmark is to ensure that 95% of all initial provider calls requiring a callback are returned within 30 minutes, unless an alternative timeframe is requested. During this reporting period, 100% (130 of 130) of initial provider calls were returned within the 30-minute benchmark. Of those calls, 90% (117 of 130) were connected directly at the time of the initial inquiry, demonstrating continued responsiveness and timely clinical support.



Consultations

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

While ACCESS for Moms is widely recognized for providing real-time consultation to providers, resource and referral support (RRS) is a central component of the program model.

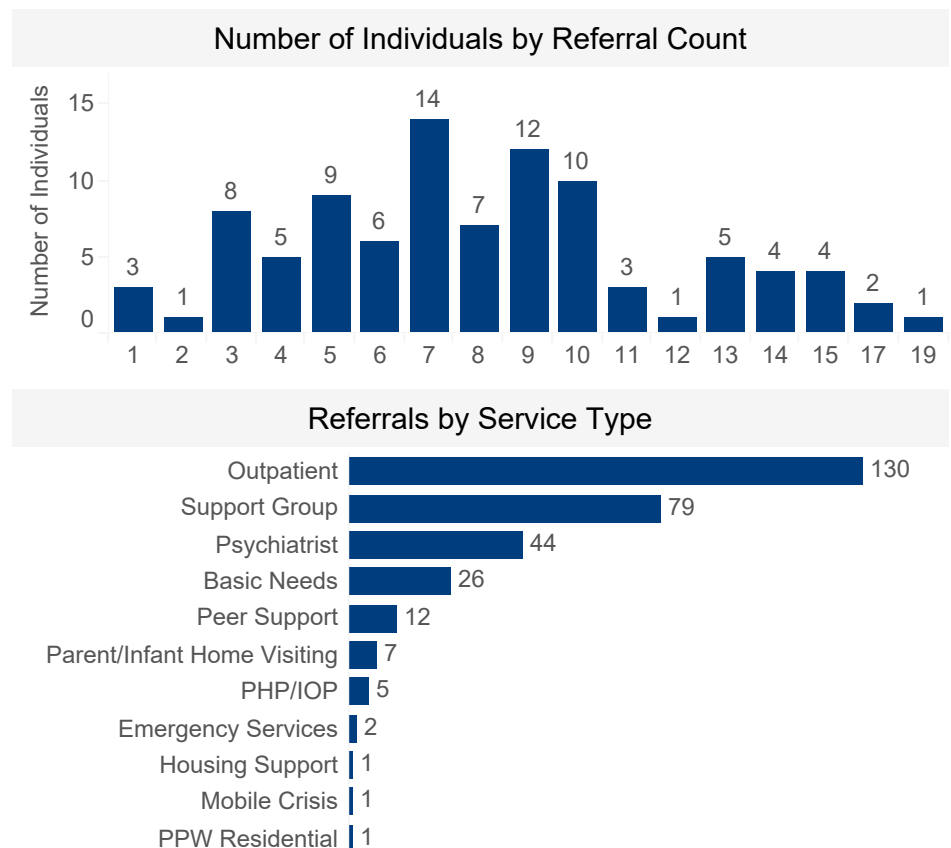
RRS staff work directly over the phone with perinatal individuals to foster a supportive connection that often opens the door to a deeper understanding of their needs. This approach entails far more than providing a list of phone numbers. RRS staff engage, educate, and help resolve barriers that might otherwise prevent an individual from connecting to care. They take the time to listen, identify specific clinical and practical needs, and often take on the legwork of locating treatment providers and services that are affordable, accessible, and aligned with the individual's insurance, language preference, geographic location, and level-of-care requirements.

Because perinatal mental health and substance use treatment often requires specialized expertise, RRS staff prioritize identifying providers and programs experienced in working with pregnant and postpartum individuals whenever possible. Resources are shared both verbally and in writing to ensure clarity and ease of follow-up. At each point of contact, RRS staff also communicate the availability of crisis services and appropriate next steps should urgent concerns arise.

Notably, 63.5% (437 of 688) of all consultations during this reporting period involved direct patient support activities through RRS. This reflects the program's dual function: supporting providers through psychiatric consultation while simultaneously delivering hands-on care navigation to help perinatal individuals access timely and appropriate services.

Referrals by Service Type:

Referral categories are not mutually exclusive, as individuals may receive multiple types of support based on their clinical needs. During Q1&Q2 SFY'26, the RRS team provided individualized, vetted referrals following direct conversations with perinatal individuals. On average, each individual who received referrals was provided 8.2 vetted referral options. The number of referrals per individual ranged from 1 to 19 during this reporting period, reflecting the variability in clinical complexity and the persistence required to identify appropriate, available, and accessible services. Referrals are grouped by service type and illustrated in the Referrals by Service Type graph.



For individuals presenting with acute or complex symptoms, consultation with the Hub psychiatrist guides providers toward appropriate levels of care when clinically indicated. During this reporting period, three individuals required urgent evaluation based on presentations that included acute mania, suicidal ideation, and alcohol use paired with homicidal ideation toward an infant. In these instances, the Hub psychiatrist provided immediate clinical guidance to facilitate emergency evaluation and ensure appropriate safety assessment.

Structured levels of care were also recommended when appropriate, including referrals to partial hospitalization or intensive outpatient programs (5 referrals) and Pregnant and Parenting Women Residential Services (1 referral).

The majority of referrals supported outpatient mental health and substance use treatment and community-based services. A total of 130 outpatient mental health and/or substance use referrals were provided, along with 44 referrals for community-based psychiatric medication management. Additional referrals included 79 support group referrals, 12 peer support referrals, seven parent/infant home visiting referrals, 26 referrals addressing basic needs, and one housing referral.

Consultations

Referrals by Service Type (continued):

During this reporting period, 66 individuals were confirmed to have attended appointments and connected to recommended services. As many individuals are still receiving active resource and referral support, this figure represents interim outcomes and is expected to increase as ongoing follow-up is completed.

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.

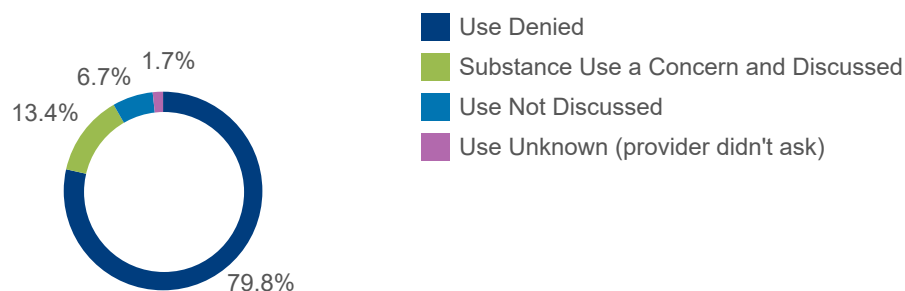
Presenting Problems:

In addition to the reason for consultation, presenting problems discussed during each consultation are also captured. The Presenting Problems and Substances Discussed tables reflect concerns identified per individual, and because multiple concerns may be noted for a single individual, counts are not mutually exclusive. In Q1&Q2 SFY'26, the most frequently identified presenting concerns were mood-related problems (76.3% of individuals served) and anxiety or excessive worry (73.4%).

When asked by the psychiatrist, the calling providers identified 13.4% of individuals served during this six-month period as having substance use as a concern, an increase from approximately 7% in Q1&Q2 SFY'25. As shown in the accompanying table, cannabis emerged as the most frequently discussed substance during consultations. Notably, 79.8% of individuals served denied use at the time of consultation. For only a small number of individuals (1.7%) the calling provider had not inquired about substance use at the time of discussion.

Presenting Problems	
Problems with Mood	76.3%
Anxiety or Worries	73.4%
Social Issues	11.6%
Other	5.8%
Substance Use	4.0%
Suicidal Ideation	2.9%
Attention Issues	2.3%
Changes in Sleep	2.3%
Psychotic/Delusional Thinking	2.3%
Changes in Weight/Appetite	1.2%
Hyperactivity	0.6%

Substance Use Concerns



Substances Discussed

Cannabis Use	9
Opioid Use	3
Alcohol Use	2
Benzodiazepine Use	2
Cocaine Use	2
Tobacco Use	2

Consultations

Insurance Breakout:

Of the 788 total consultations provided in Q1&Q2 SFY'26, 60.8% (418) were for individuals with an identified commercial insurance plan such as Aetna or Anthem BCBS of CT, 36.6% (252) of the consultations were for individuals with Medicaid, 1.5% (10) were for individuals with no insurance coverage, and 1.2% (8) were for individuals without coverage identified. In contrast to Q1&Q2 SFY'25, which reflected a nearly even distribution between Medicaid (49%) and commercial coverage (48%), this reporting period shows a greater proportion of consultations for commercially insured individuals compared to Medicaid beneficiaries, while continuing to include a small percentage of uninsured individuals or those without identified 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 frequency and types of screening tools used across all provider types, it is specific to that respective consultation. Throughout Q1&Q2 SFY'26, calling providers noted having used a screening tool prior to the request of a psychiatric consultation for 57 perinatal individuals served; the Edinburgh Postnatal Depression Scale (EPDS) was noted to be the most commonly used during this reporting period (48 out of 57 individuals).

Provider Prescribing:

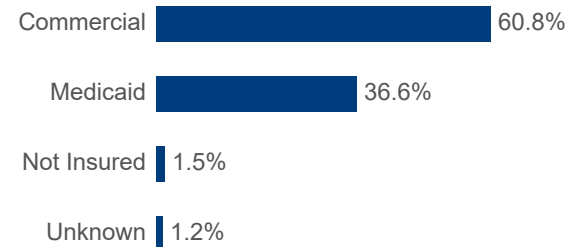
A subset of consultations includes the perinatal provider reaching out to the program's psychiatrist to discuss medications being initiated, managed or followed by the provider. Consultations can also include general conversations related to medication.

During Q1&Q2 SFY'26, perinatal providers requested medication consultation for 32 individuals, with antidepressant medications most frequently discussed. Following consultation, 46.9% (15 of 32) of individuals had a plan for the perinatal provider to initiate or continue serving as the primary prescriber. In 50.0% (16 of 32) of cases, referral to a community psychiatrist was determined to be the most appropriate next step in care.

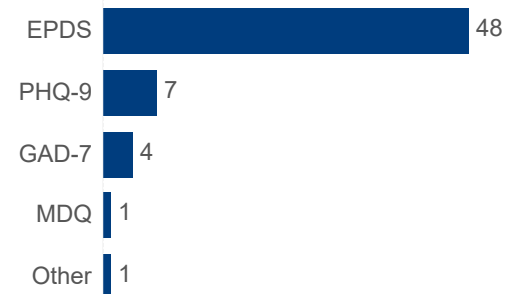
Notably, in 11 of the individuals referred to community psychiatry, the perinatal provider agreed to serve as an interim bridge prescriber while the individual awaited specialty psychiatric care. This reflects both the collaborative nature of the consultation model and the important role perinatal providers play in maintaining treatment continuity during periods of transition.

During each medication consultation, the Hub team psychiatrist tailors case-based education and prescribing guidance to the knowledge, experience, and comfort level of the calling provider. Through this ongoing consultation support, providers strengthen their capacity to manage perinatal mental health conditions within their own practices, expanding access to evidence-informed care across the system.

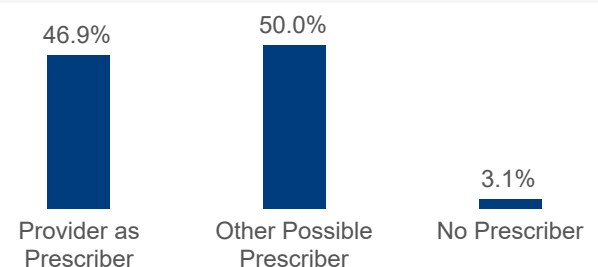
Consultations by Insurance



Screening Tools Used



Outcomes of Medication Consultation



Training and Satisfaction

Training:

The Hub team psychiatrists launched the *ACCESS Mental Health and Substance Use for Moms Clinical Conversations* series in November 2023. This free, monthly virtual training series addresses a wide range of perinatal mental health and substance use topics relevant to frontline providers. Each session, hosted via Webex, includes a brief, structured didactic presentation followed by an interactive discussion designed to encourage case-based learning and peer exchange.

All sessions are recorded and posted to the ACCESS for Moms website, along with supplemental resources and practical tools to support screening, early identification, and treatment of perinatal mental health and substance use conditions. As of December 31, 2025, the ACCESS for Moms website has received 22,581 views, reflecting sustained provider engagement with program resources.

Since the inception of the series, 31 training sessions have been conducted and recorded, with a total of 549 providers trained. Five sessions were delivered during this reporting period:

- **“Alcohol Use in Pregnancy and Postpartum”** – July 10, 2025
- **“Are Stimulants ‘Safe’ to Prescribe in Pregnancy?”** – August 14, 2025
- **“How Do You Prescribe Lithium During Pregnancy?”** – September 11, 2025
- **“Antipsychotics in Pregnancy 101”** – November 13, 2025
- **“How Do You Prescribe Lamotrigine in Pregnancy?”** – December 11, 2025

These sessions focused on high-impact pharmacologic and substance use topics frequently encountered in clinical practice, equipping providers with evidence-informed guidance to support safe and effective treatment decisions during pregnancy and postpartum.

In conjunction with the Clinical Conversations series, the ACCESS for Moms team continued to promote the program’s Provider Toolkit throughout this reporting period. The comprehensive toolkit offers actionable screening recommendations, detailed treatment algorithms, and practical prescribing guidance to support early identification and management of perinatal mental health and substance use conditions. Ongoing promotion of this resource helps ensure providers remain aware of and utilize evidence-informed tools to strengthen care within their practices.

Program Satisfaction:

After every consultation, the Hub team asks the provider and perinatal individual to “rate your satisfaction with the helpfulness of the ACCESS for Moms program” using a scale from 1 to 5, where 5 indicates excellent satisfaction.

For Q1&Q2 SFY’26, the overall average satisfaction score was 4.99. A breakout of average provider satisfaction scores by quarter as well as the scores per consultation by quarter can be seen below.

Program Satisfaction Scores						
	Q1 SFY 25	Q2 SFY 25	Q3 SFY 25	Q4 SFY 25	Q1 SFY 26	Q2 SFY 26
Average Score	4.98	4.96	4.99	4.96	4.98	4.99

Score per Consultation

- 99% or more received a score of 5

	Q1 SFY 25	Q2 SFY 25	Q3 SFY 25	Q4 SFY 25	Q1 SFY 26	Q2 SFY 26
3		1		1		
4	11	19	6	17	7	2
5	500	477	549	416	361	318
Grand Total	511	497	555	434	368	320

Next Steps

Building on progress observed during Q1&Q2 SFY'26, the ACCESS for Moms program will continue to strengthen provider engagement, enhance measurement of program impact, and expand clinical education in response to emerging needs.

During this reporting period, the team convened a provider feedback and strategy session that led to the formation of a quarterly advisory group composed of seven committed providers representing diverse practice settings across the state. This group will serve as clinical champions, offering ongoing input on workflow integration, outreach strategies, and barriers to utilization, while supporting peer-to-peer promotion of the program.

In addition to advisory group engagement, targeted provider meetings will continue, including an exhibit presence at the UConn Maternal Mental Health Conference to further expand visibility and direct outreach to frontline clinicians. The program will also continue engagement with National Public Radio, an opportunity that emerged during this reporting period to highlight the value of ACCESS for Moms and elevate awareness of perinatal mental health support statewide.

As the program continues to mature, additional work is underway to enhance how engagement intensity and duration are measured. Because ACCESS for Moms is designed for on-demand use rather than defined episodes of care, individuals may engage intermittently over weeks or months depending on clinical need. Traditional "length of stay" measures do not accurately capture this model.

Planned enhancements include development of a frequency distribution of consultations per individual and a methodology to more clearly represent the duration of resource and referral support (RRS) engagement. In many cases, perinatal individuals receive multiple vetted referrals and require ongoing follow-up before successfully connecting to the appropriate level of care. When initial referrals do not result in successful engagement, RRS staff reassess needs, identify additional referral options, and continue outreach to address barriers such as insurance constraints, waitlists, transportation challenges, or provider fit.

This sustained involvement may extend over several weeks or months. Future reporting will aim to quantify both the frequency of consultations and the span of time over which RRS staff remain actively engaged, providing a more complete and accurate picture of the intensity and persistence of care navigation support delivered through the program.

The team also plans to analyze obstetrical practice utilization geographically to better understand regional engagement patterns and identify opportunities for targeted outreach in lower-utilizing areas.

Recent consultations have included support for individuals experiencing perinatal loss, highlighting the need for additional provider education in trauma-informed care and grief-related mental health conditions. In response, the Clinical Conversations Series has been expanded to include a two-part webinar focused on perinatal loss and post-traumatic stress, along with additional topics addressing evolving areas of need.

Upcoming training topics include:

- Perinatal Loss and Management of Perinatal PTSD (Part 1)
- Hope After Loss: Resources for Perinatal Loss (Part 2)
- Paternal Mental Health in the Perinatal Period
- Pre-natal and Post-natal Screening and Testing for Substance Use
- Benzodiazepines in the Perinatal Period
- Is This Depression or Something Else?
- Caring for Transgender and Gender Nonconforming Patients in Pregnancy and Postpartum

To further strengthen the quality and relevance of educational offerings, a brief post-session survey has been implemented following each Clinical Conversations session. This survey gathers participant feedback, identifies emerging topic interests, and informs future training development to ensure alignment with provider 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 ACCESS for Moms services. The Hub team consists of board-certified psychiatrists specializing in perinatal psychiatry, a licensed master's level behavioral health clinician and a program coordinator. The ACCESS 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 ACCESS 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 ACCESS 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 which share 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 "another 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 greater than 12 months).

Consultation: discussions with perinatal providers and their patients provided by the ACCESS 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)