



ACCESS

Mental Health and Substance Use for Moms

SEMIANNUAL PROGRESS REPORT

Q1 & Q2 of SFY 2025: July 1, 2024-December 31, 2024



Report prepared by Carelon Behavioral Health for the Department of Mental Health and Addiction Services
Submitted February 28, 2025

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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) 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 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 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 AMHSU 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 AMHSU for Moms program.

The primary reporting period for this report is July 1, 2024 through December 31, 2024 (Q1&Q2 SFY'25); in some metrics, totals covering the entire length of the program or "since inception" (June 20, 2022 through December 31, 2024) are also provided.

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

The ACCESS Mental Health and Substance Use (AMHSU) for Moms program, launched in June 2022, is dedicated to enhancing the quality and accessibility of mental health and substance use treatment for pregnant and postpartum individuals throughout 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. The aim is to empower these providers to identify, diagnose, treat and connect their patients to additional appropriate behavioral health care.

As the program concludes the first half of its third operational year, its positive impact is evident through the extensive support offered to perinatal providers across the state. As detailed in this semiannual 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.

Remarkably, since the program's commencement, the AMHSU for Moms Hub team has facilitated over 2,660 consultations, addressing the needs of 439 unique perinatal individuals. In the first two quarters of SFY'25, the program served 213 individuals, reflecting a 180% increase from the same period in the previous fiscal year and a 26% rise compared to the preceding two quarters. Notably, the number of individuals served in just six months nearly matches the total for the entire previous fiscal year, demonstrating significant growth and increasing demand for the program's services.

The AMHSU for Moms program works to formally enroll obstetrical practices given that they treat the highest volume of perinatal individuals across the state and will likely use the program's full suite of services, i.e., telephonic psychiatric consultation, resource and referral support, and monthly training and education. During this reporting period, the program added one new obstetrical practice group and two site locations. As of December 31, 2024, a total of 60 obstetrical practice groups with 124 practice sites and 405 providers are enrolled.

The program acknowledges the importance of supporting all providers who care for pregnant and postpartum individuals, including those in pediatric, adult primary care, and psychiatric specialties. Psychiatrists often reach out to the program mainly for psychopharmacological consultations for their perinatal patients. On the other hand, mothers frequently seek care for their newborns while neglecting their own medical needs, placing pediatricians as the first line in identifying concerns. Pediatricians often contact the program for resource and referral assistance to connect the parents of their patients with essential mental health and substance use treatment. In the first half of this state fiscal year (July 1, 2024 – December 31, 2024), most perinatal individuals (60% or 127 out of 213) were under the care of their obstetrical provider. About 17% (36 out of 213) were under psychiatric care, seeking psychopharmacological advice. Another 16% (35 out of 213) were identified by pediatricians during well-child visits as needing support, and 9% (19 out of 213) were being treated by other healthcare providers such as pharmacists.

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, 20 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. As the program progresses, ongoing enhancements in data tracking and provider engagement continue to reinforce its impactful presence in the maternal healthcare landscape.

An in-depth review of the data for this semiannual reporting period (July 1, 2024 – December 31, 2024, Q1&Q2 SFY'25) can be found in the narrative sections of this report along with its 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 December 31, 2024, a total of 60 practice groups with 124 practice sites and 405 providers enrolled in the program. Of the 405 providers enrolled, approximately 70% (283) are medical physicians (MDs and DOs), approximately 16% (63) are certified nurse midwives (CNM), approximately 9% (35) are advanced practice nurse practitioners (APRN), 5% (21) are physician assistants (PA), and less than 1% (3) are registered nurses (RN).

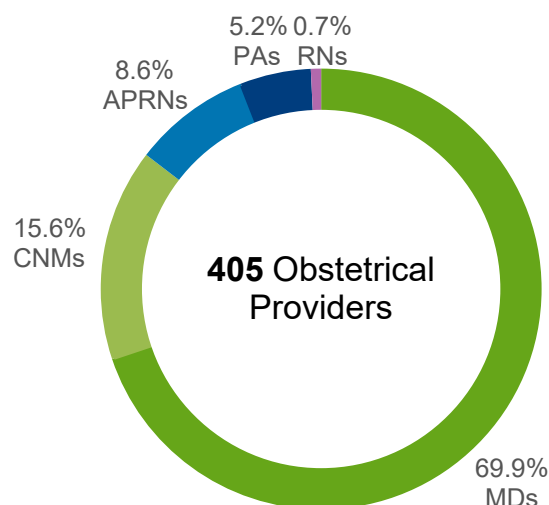
During Q1&Q2 SFY'25, the Hub team continued their marketing efforts to inform all perinatal practitioners about the AMHSU for Moms program. Since the last progress report (SFY'24 Annual Report), the team enrolled one new obstetrical practice group with two new practice sites.

Practice group information including site location and phone numbers can be found on the Map of Enrolled Practices dashboard within this report. 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.

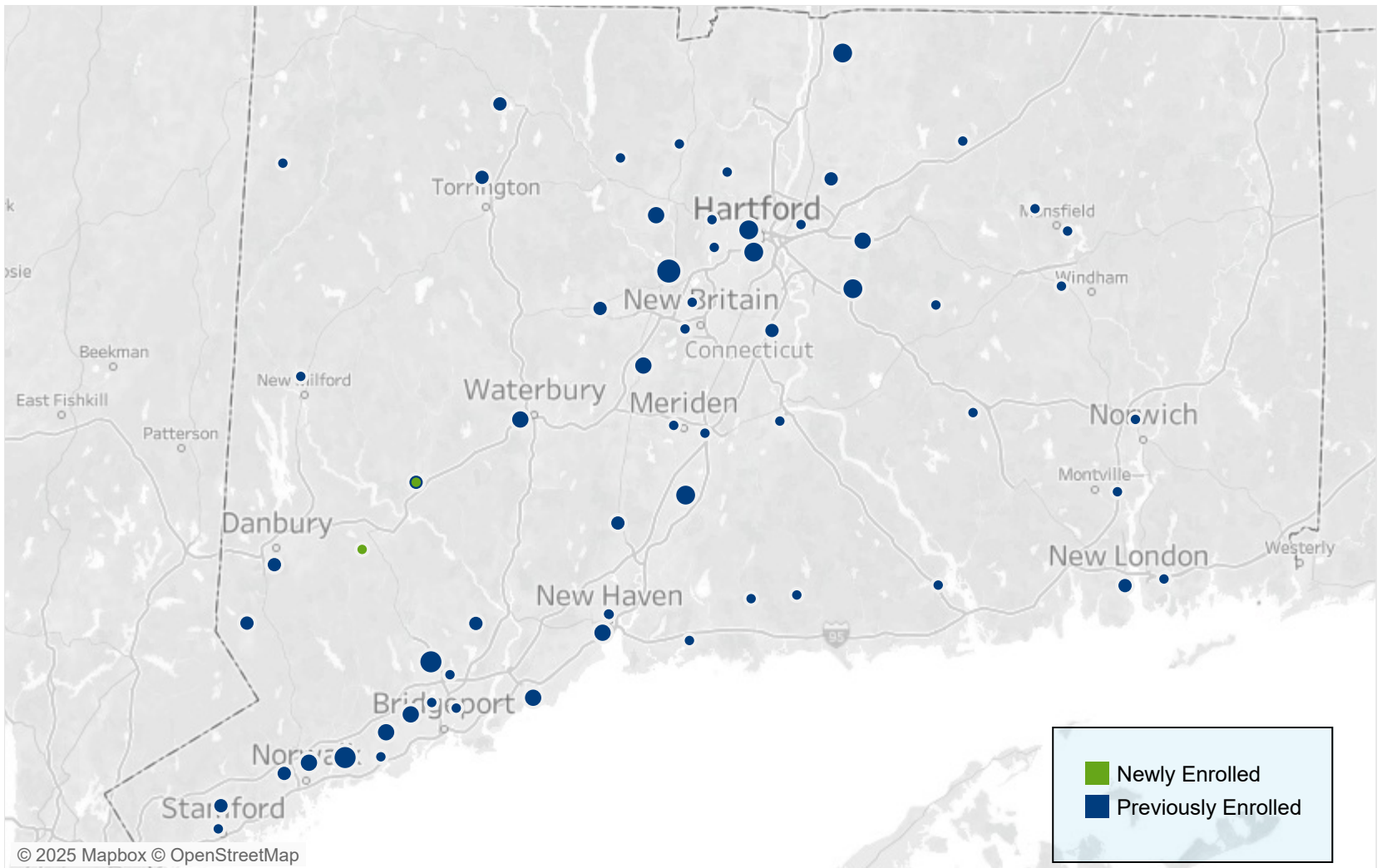
60 Obstetrical Practices Enrolled



124 Obstetrical Practice Sites



Enrolled Practice Locations



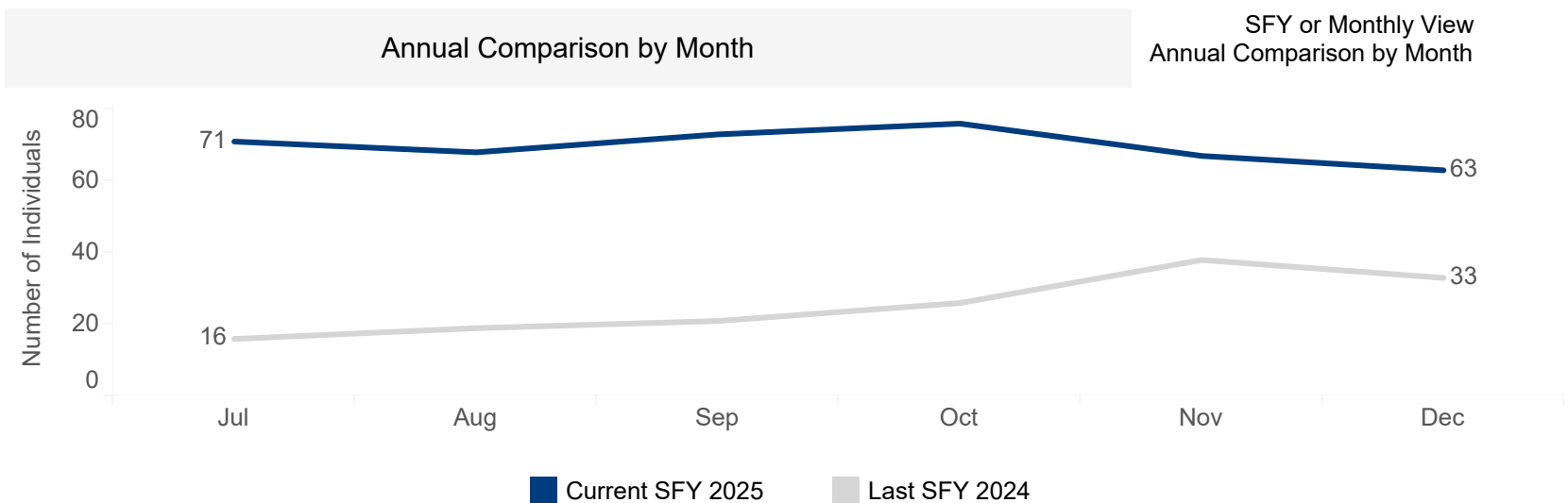
Select Practice Name by Town

All

Practice Name	Address	Phone
Bridgeport Hospital Women's Health Center	5520 Park Ave Trumbull, CT 06611	(203) 384-3233
	Bridgeport Hospital, Inpatient Services Bridgeport, CT 06610	(203) 384-3233
Center for Women's Health and Midwifery-Yale New Haven	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
Hartford Hospital Women's Ambulatory Health Services (..	474 Hudson St Hartford, CT 06106	(860) 972-2780
Hospital of Central Connecticut Women's Ambulatory Clinic	100 Grand St New Britain, CT 06052	(860) 224-5261
Maternal Fetal Care PC	1275 Summer Street, Ste 306 Stamford, CT 06905	(203) 978-5775
	440 Clark St Milford, CT 06460	(860) 883-4500

Utilization

Since inception of the program to date, June 20, 2022 through December 31, 2024, perinatal providers contacted the AMHSU for Moms Hub team requesting consultation and support for 439 unique pregnant and postpartum individuals presenting with mental health and/or substance use concerns. In the first two quarters of SFY'25, the program served a total of 213 perinatal individuals. This reflects a 180% increase compared to the same period in the previous state fiscal year (76 perinatal individuals in Q1&Q2 SFY'24) and a 26% rise from the preceding two quarters (169 individuals in Q3&Q4 SFY'24). Remarkably, the number of individuals served in just the first half of the current fiscal year nearly matches the total for the entire previous year, with 213 individuals served in Q1&Q2 SFY'25 compared to 219 throughout all of SFY'24. Further details, including the demographics of those served, are available in the demographic section of this report.

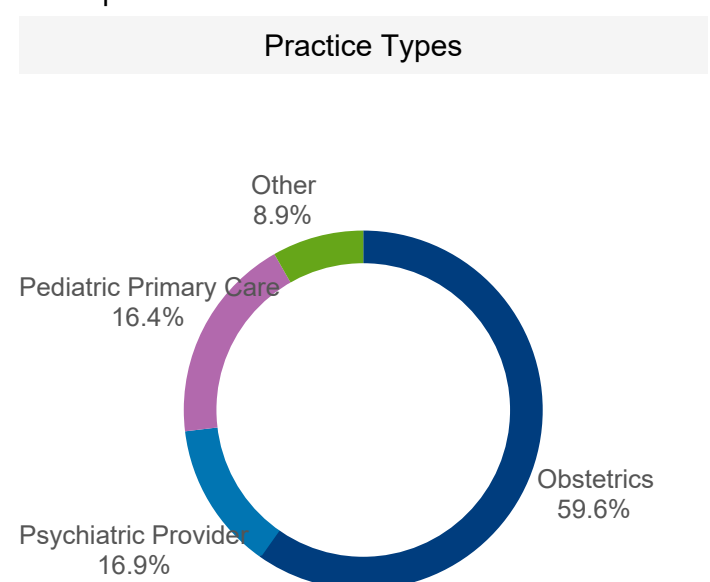


The program recognizes the importance of a comprehensive support network, extending its reach beyond obstetrics to include all healthcare providers who care for pregnant and postpartum individuals. To optimize and evaluate the program's effectiveness across various provider types, utilization dashboards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

In the first six months of state fiscal year 2025 (July 1, 2024 – December 31, 2024), the majority of perinatal individuals served (60% or 127 out of 213) 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 17% (36 out of 213) of the individuals served were patients being treated by psychiatrists who were predominantly seeking psychopharmacological consultations to better support the mental health needs of their perinatal patients. This reflects their critical role in managing complex psychiatric concerns during the perinatal period.

Approximately 16% (35 out of 213) of 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. Lastly, nearly 9% (19 out of 213) were patients being treated by 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.

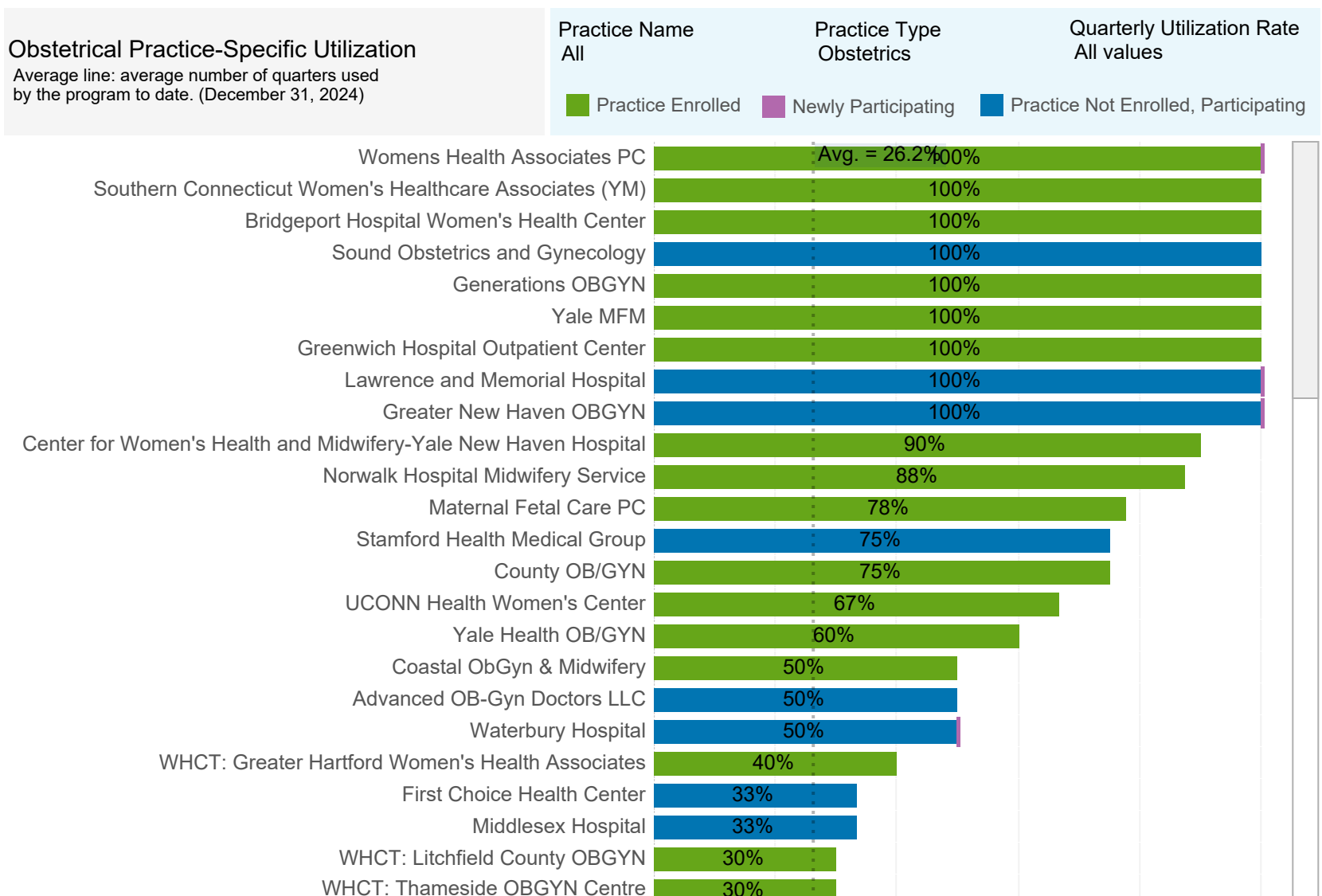


Utilization

The Obstetrical Practice-Specific Utilization graph 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. 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 June 2022 and has used the program every quarter will have a utilization rate of 100% (11 quarters enrolled, 11 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.

As of December 31, 2024, a total of 60 obstetrical practice groups were enrolled in the program and 22 used the program at least one time since their enrollment. Among these, Bridgeport Hospital Women's Health Center contacted the program requesting support for the largest number of individuals (51) while Yale Maternal Fetal Medicine requested support for the second highest volume (21), both noted to have used the program 100% of the time they've been enrolled in the program.

It is 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. As of December 31, 2024, nine not-yet enrolled obstetrical practice groups have taken advantage of this flexible approach and utilized the program. Notably, three of these groups used the program for the first time during this reporting period, underscoring the effectiveness of our outreach efforts.



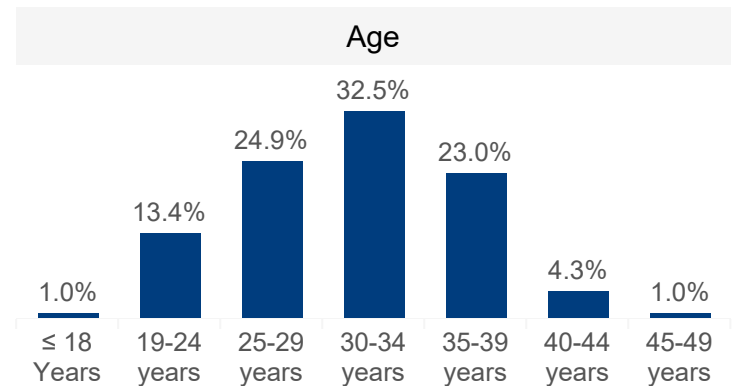
Demographics

The program served a total of 213 unique perinatal individuals in Q1 & Q2 SFY 2025

The AMHSU 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. Demographic dashboards are created to highlight individual characteristics (age, gender, race, Hispanic ethnicity, and perinatal period) of the individuals served by the program during the report period. Demographic information is captured the first time the provider calls requesting support on the respective individual and is then entered into the Encounter System. However, there are times in which the provider does not have permission to share demographic information and therefore the number of individuals captured in the demographic dashboard may differ from the total number of individuals served.

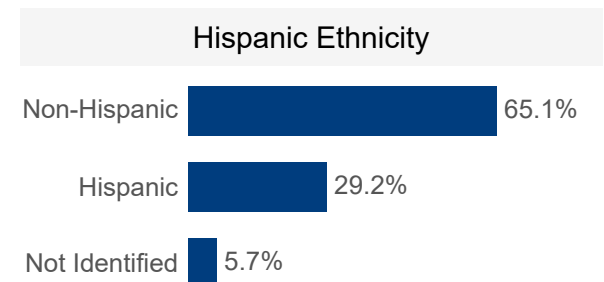
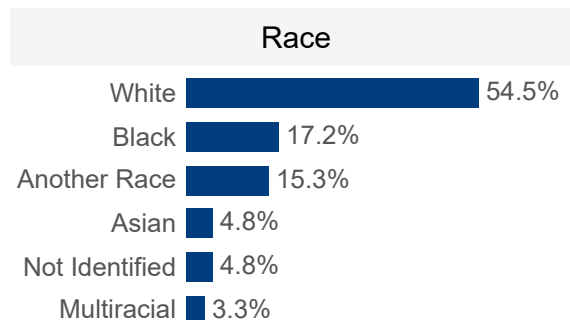
From July 1, 2024 through December 31, 2024, providers requested consultation for 213 pregnant and postpartum individuals. Of these, 209 gave permission to the provider to share their demographic information with the Hub team. The demographic details are highlighted below.

Of the perinatal individuals served by the program in Q1&Q2 SFY'25, 99.5% identified as female. One male, a father identified by his wife's obstetrician, received support for mental health needs. Age distribution among the 209 individuals served was as follows: approximately 33% (68 individuals) were aged 30 to 34, 25% (52 individuals) were aged 25 to 29, and 23% (48 individuals) were aged 35 to 39. Additionally, 13% (28 individuals) were between 19 and 24 years old, while 4% (9 individuals) were between 40 and 44 years old. Four individuals, approximately 2%, were either younger than 19 or older than 44 years old.



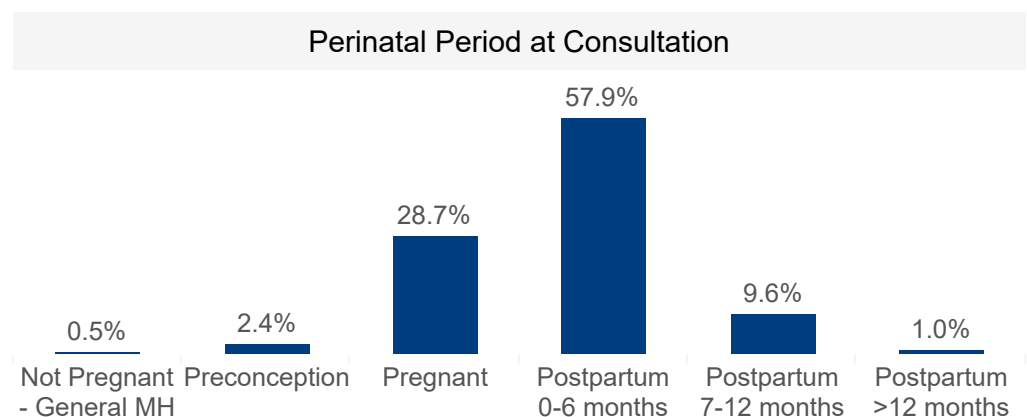
Race and Hispanic ethnicity are also requested the first time the provider calls requesting support. Of the 209 unique perinatal individuals served by the program during this reporting period, approximately 55% (114 individuals) identified as White; approximately 23% (49 individuals) identified as multi-racial, Asian, or belonging to another race; and approximately 17% (36 individuals) identified as Black. Additionally, approximately 65% (136 individuals) identified as non-Hispanic, whereas approximately 29% (61 individuals) identified as Hispanic.

During this reporting period, approximately 91% of perinatal individuals identified English as their primary language. Other primary languages reported included Spanish, Portuguese, and Pashto.



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 Q1&Q2 SFY'25, the majority of individuals served (121) were postpartum 0-6 months, 60 individuals were served while pregnant, 20 individuals received support 7-12 months postpartum, five individuals were in the preconception period at the time of their first consultation, two were past the 12-month postpartum period, and one was not pregnant and received a general mental health consultation.



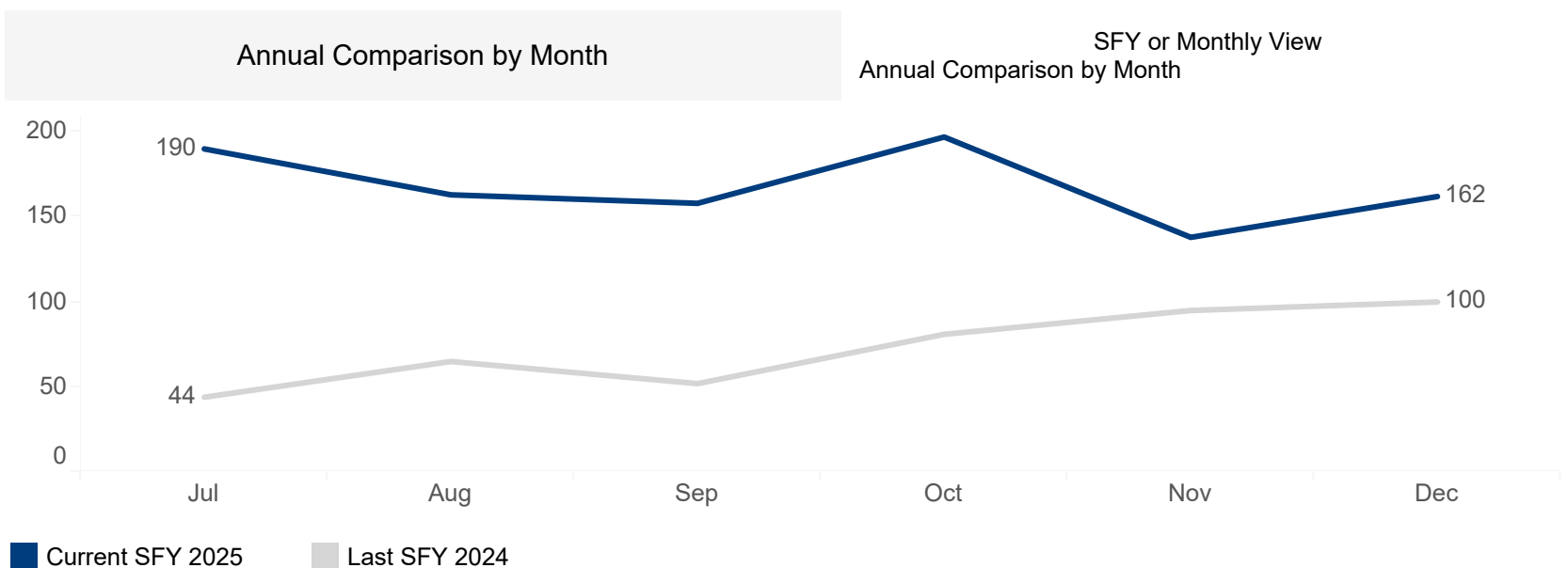
Consultations

The program provided a total of 1,008 consultations in Q1&Q2 SFY 2025

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.

Since inception of the program, the AMHSU for Moms Hub team has provided 2,667 consultations supporting providers and their perinatal patients presenting with mental health and/or substance use concerns (June 20, 2022-December 31, 2024).

In Q1&Q2 SFY'25, the program provided 1,008 consultations with an average of 168 consultations per month and 504 consultations per quarter. This is a 131% increase in volume of consultations as compared to the same time-period in the previous state fiscal year (437 consultations; Q1&Q2 SFY'24) and a 13% increase compared to the previous two quarters (889 consultations, Q3&Q4 SFY'24).



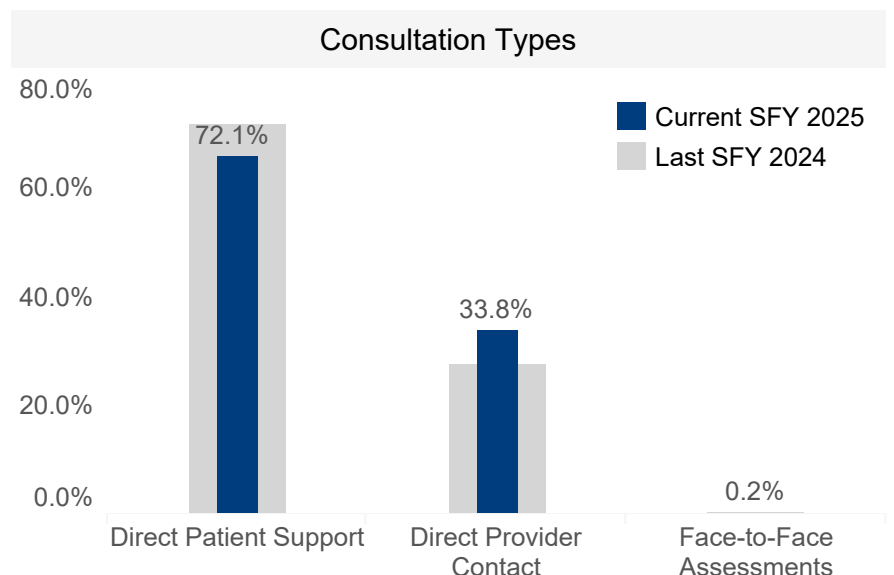
Direct Provider Contact

Of the 1,008 consultations provided throughout the state in Q1&Q2 SFY'25, approximately 34% (341) were reported as direct contact with providers. This includes both initial inquiries and follow up phone calls to the perinatal provider.

The program's benchmark for year three is to ensure that 95% of all initial provider calls requiring a callback are returned within 30 minutes, unless an alternative timeframe is requested by the provider. According to the Hub team report, 99.5% (181 out of 182) of initial provider calls were returned by the Hub team's consulting psychiatrist within this 30-minute window; 89.6% (163 out of 182) of these calls were connected directly at the time of the initial inquiry.

Direct Patient Support-Resource and Referral Support (RRS)

While the primary function of the program is physician-to-physician consultation, resource and referral support (RRS) is also a significant component of the model. Navigating the system can be difficult, even more so for a new parent.



Consultations

The program provided a total of 1,008 consultations in Q1&Q2 SFY 2025

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

The program model requires that the Hub team works with the calling provider and their patient to learn more about their specific treatment needs in order to help support connection to care. The role of the RRS staff is to foster a connection with the perinatal individual that often opens the door to a better understanding of their needs. This approach entails more than just providing phone numbers for service providers. The RRS staff engage, educate, and help to resolve barriers that might otherwise prevent the perinatal individual from connecting to care. RRS staff take the time to listen and identify specific treatment needs and often take on the leg work of finding treatment providers and services for the perinatal individual that are affordable and accessible. The RRS staff share resources verbally and in writing for easy reference post phone discussions. The RRS staff also communicate the availability of crisis services at each point of contact.

After confirming that the perinatal individual has connected to treatment, the RRS staff contacts the calling provider with an update on the status of the case and to close the loop. In the event the team does not receive a response from the perinatal individual, despite multiple attempts, the RRS staff contacts the provider to share the details regarding the barriers to connect with the patient and, if available, gather alternate means of contact. Approximately 66% (667 out of 1,008) of the total consultations during this reporting period were activities related to direct patient support.

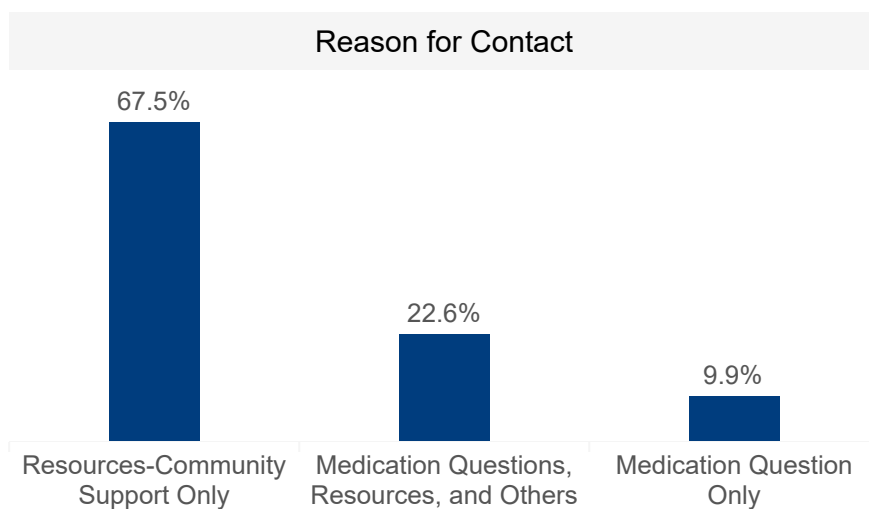
Face-to-face Assessments

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.

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 details the distribution of these reasons for the current reporting period. In Q1&Q2 SFY'25, providers frequently sought assistance with prescribing psychotropic medication, obtaining diagnostic support, and accessing resources. These reasons accounted for about 23% of the interactions (48 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 68% (143 individuals) — focused solely on resource and referral support, underscoring the program's role in bridging critical care gaps. Additionally, 10% of the consultations (21 individuals) were solely for medication-related questions, underscoring the ongoing demand for expertise in managing psychopharmacological needs.



Consultations

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 Q1&Q2 SFY’25 were anxiety or worries (82% of the individuals served) and problems with mood (71% of the individuals served).

When asked by the psychiatrist, the calling providers identified around 7% of individuals served during this six-month period as having substance use as a concern. As shown in the accompanying table, cannabis emerged as the most frequently discussed substance during consultations. Notably, approximately 67% of individuals served denied use at the time of consultation. However, the topic of use was not addressed between the calling provider and Hub team psychiatrist at the time of consultation for approximately 25% of the individuals served during this reporting period.

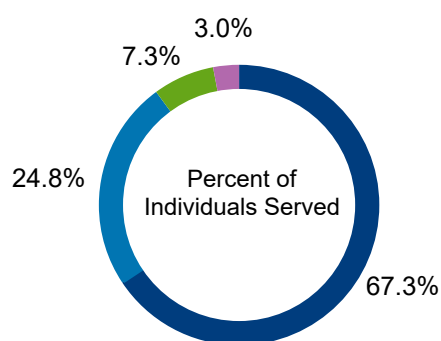
Recognizing the importance of consistently inquiring about substance use, Carelon’s central administration team modified the Encounter System platform in November 2024 to better capture whether substance use is an identified concern at the time of consultation. Previously, when providers either did not 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.

While current data shows substance use wasn’t discussed in 25% of individuals, the new “use unknown to provider” category added in November now accounts for approximately 3% of cases. This enhancement in tracking should provide more clarity when screenings aren’t conducted prior to consultation. Further review and analysis will be provided in the program’s SFY’25 annual report.

Presenting Problems

Anxiety or worries	81.7%
Problems with mood	70.9%
Social issues	11.7%
Other	8.5%
Attention issues	4.2%
Substance use	3.3%
Compulsive/Repetitive behaviors	2.3%
Psychotic/Delusional thinking	1.9%
Changes in sleep	0.9%
Changes in weight/appetite	0.9%
Legal issues	0.9%
Suicidal ideation	0.9%
Aggressive behavior	0.5%
Hyperactivity	0.5%

Substance Use Concerns



- Use Denied
- Use Not Discussed
- Substance Use a Concern and Discussed
- Use Unknown (provider didn't ask)

Substances Discussed

Cannabis use	6
Alcohol use	3
Cocaine use	3
Opioid use	3
Benzodiazepine use	2
Other use	2
Tobacco use	2
Amphetamine use	1
Grand Total	12

Consultations

Insurance Breakout

Of the 1,008 total consultations provided in Q1&Q2 SFY'25, approximately 49% (491) were for individuals with Medicaid insurance, approximately 48% (482) of the consultations were for individuals with an identified commercial insurance plan such as Aetna or Anthem BCBS of CT, and approximately 3% (34) of the consultations were provided to individuals without an insurance coverage identified. This distribution illustrates a fairly comparable split between Medicaid and commercial insurance, while also accounting for a small percentage of cases without identified coverage.

Screenings

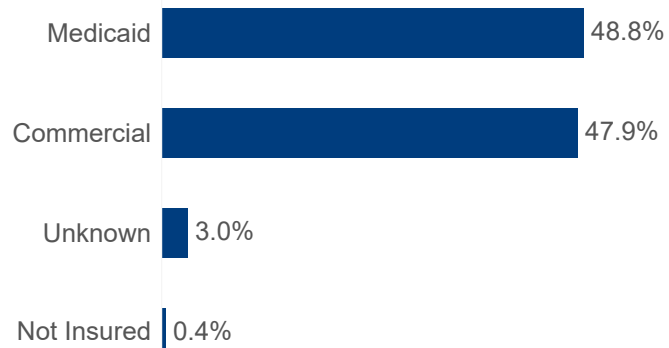
At the time of consultation between the calling provider and Hub team psychiatrist, the Hub team psychiatrist asks if mental health and substance use screening tools were used in connection to the telephonic consultation. While this measure hopes to capture the types of screening tools used across all provider types, it is specific to that respective consultation. Throughout Q1&Q2 SFY'25, calling providers noted having used a screening tool prior to the request of a psychiatric consultation for 80 perinatal individuals served; the Edinburgh Postnatal Depression Scale (EPDS) was noted to be the most commonly used during this reporting period (70 out of 80 individuals).

Referrals

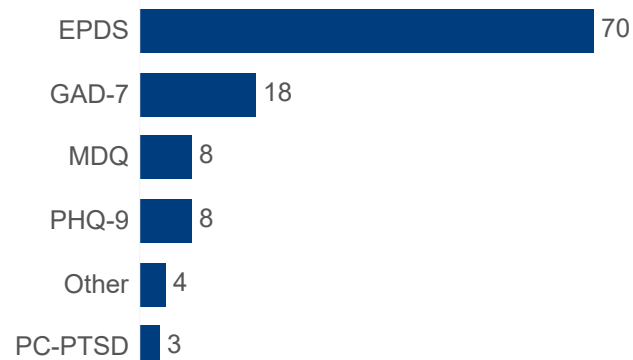
Referrals are grouped by service type and highlighted in the Referrals graph. Of the individuals served in Q1&Q2 SFY'25 who received resource and referral support, 159 individuals requested vetted referrals for outpatient mental health and/or substance use services, seven individuals requested referrals for mental health and/or substance use services at the partial hospital level, 112 individuals requested referrals for local support groups, 84 individuals requested medication management referrals for a psychiatrist in their community, 24 individuals requested parent/infant home visiting referrals, 64 individuals requested basic needs support, 37 individuals requested referrals for peer support, and 8 individuals requested housing referral support. In addition to providing referrals, the RRS staff continue to engage, educate, and help resolve barriers that might otherwise prevent the perinatal individual from connecting to care. Notably, support from seasoned psychiatric expertise ensures that providers can recommend appropriate levels of care based on the specific symptoms their patients are experiencing. This guidance is crucial, particularly for complex cases like when

a provider's patient requires an evaluation by emergency department staff to properly assess for psychosis. Throughout this reporting period, it was confirmed that 76 individuals had kept their appointments and connected to care, demonstrating the impact of informed and targeted referrals in effectively addressing mental health and substance use needs.

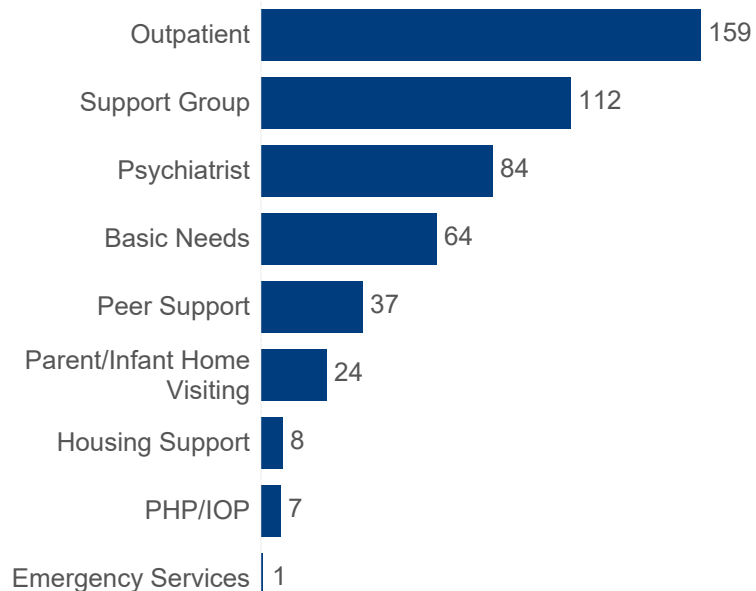
Consultations by Insurance



Screening Tool Used



Referrals



Program Satisfaction and Training

Program Satisfaction

After every consultation, the Hub team asks the provider and perinatal individual to “rate your satisfaction with the helpfulness of the AMHSU for Moms program” using a scale from 1 to 5, where 5 indicates excellent satisfaction. For Q1&Q2 SFY’25, the overall average satisfaction score was 5. A breakout of average provider satisfaction scores by quarter as well as the scores per consultation by quarter can be seen below.

Average Program Satisfaction Scores

Q1 SFY 23	Q2 SFY 23	Q3 SFY 23	Q4 SFY 23	Q1 SFY 24	Q2 SFY 24	Q3 SFY 24	Q4 SFY 24	Q1 SFY 25	Q2 SFY 25
5.00	4.91	4.94	4.97	4.99	4.98	4.97	4.99	4.98	4.96

Score per Consultation

● 99% or more received a score of 5

Provider satisfaction score	Q1 SFY 23	Q2 SFY 23	Q3 SFY 23	Q4 SFY 23	Q1 SFY 24	Q2 SFY 24	Q3 SFY 24	Q4 SFY 24	Q1 SFY 25	Q2 SFY 25
2			1							
3			1				2	1		1
4		3	3	5	2	5	7	3	11	19
5	14	32	128	146	159	271	397	479	500	477
Grand Total	14	35	133	151	161	276	406	483	511	497

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 consists of 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 presentation 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. As of December 31, 2024, the ACCESS Mental Health and Substance Use for Moms program website has received 13,942 views. A total of 250 providers have been trained with 20 training sessions conducted and recorded since the start of the series. Six of these sessions occurred during this reporting period:

- “Medications and Breastfeeding” July 11, 2024
- “Caring for Patients That Have Experienced Trauma” August 8, 2024
- “Diagnosing and Treating PTSD” September 12, 2024
- “Intimate Partner Violence: Screening and Interventions for Health Professionals” October 10, 2024
- “Best Practices for Screening for Substance Use in Pregnancy” November 14, 2024
- “Opioid Use Disorder in Pregnancy” December 12, 2024

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 now 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.

Next Steps

Evidenced within this semiannual report, progress in areas related to data collection, provider training and support, and meaningful gains in increasing provider enrollment and utilization were noted throughout Q1&Q2 SFY'25. The AMHSU for Moms program will continue this focus.

Enrollment and Utilization

During this reporting period, the team successfully enrolled one new obstetrical practice group with two site locations. Additionally, three practice groups that have not yet formally enrolled also participated in the program for the first time. While formal enrollment is a core component to the model, it is equally important to allow providers to access the program's support regardless of their enrollment status. To boost awareness and encourage formal enrollment, the team will continue leveraging promotional strategies like emails, faxes, and clinical presentations during grand rounds and professional events. Additionally, in Q3 of SFY'25, the team plans to conduct another targeted mailing, featuring one-page sheets from the provider toolkit, to further support this effort. We anticipate these efforts will continue to lead to increased provider enrollment and greater program utilization.

Starting in Q1 of SFY'25, the CT Behavioral Health Partnership's regional network managers (RNMs) introduced AMHSU for Moms marketing materials as a valuable resource for emergency department (ED) staff during their annual ED Provider Analysis and Reporting (PAR) cycle. In this effort, RNMs delved into the reasons why pregnant individuals with substance use disorder (SUD) visit the ED, assessed the various challenges and barriers they encounter, and discussed their access to Medication for Opioid Use Disorder (MOUD) and aftercare services. The team actively promoted the utilization of AMHSU for Moms services among ED personnel to better support these individuals.

Further analysis of these developments will be included in the program's SFY'25 annual report.

Data collection

As noted above, 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. The system now includes an option for 'use unknown to provider' which more clearly indicates when screening wasn't conducted prior to consultation. This enhancement in tracking should provide greater clarity in such cases and will allow the Hub team psychiatrists the opportunity to further educate calling providers on the importance of universal screening. Promoting the updated provider toolkit and Clinical Conversations series during consultations will further expand providers' capacity to effectively recognize and treat perinatal substance use disorders. Further review and analysis will be provided in the program's SFY'25 annual report.

Training and Education

The Hub team psychiatrists will continue to provide monthly trainings through the program's Clinical Conversations Series. Proposed topics for the next six-months of this state fiscal year include:

- "Cannabis Use in the Perinatal Period"
- "Psychotic Disorders in Pregnancy and Postpartum Psychosis"
- "Disparities in Perinatal Mental Health"
- "The Effects of Substance Use on Pregnancy and Infant Outcomes"
- "Management of Substance Use Disorder in Pregnancy and Postpartum: A How to Guide for Clinicians"
- "Alcohol Use in Pregnancy"

Provider participation and traffic to the program's website will continue to be reviewed in the program's SFY'25 annual report.

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 master's 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 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 "other" race category includes: American Indian or Alaskan Native, Native Hawaiian/Other Pacific Islander, multiracial, and any race identified as "other" in the encounter system.

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

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