Connecticut Behavioral Health Partnership Provider Newsletter

Connecticut BHP
Supporting Health and Recovery

Administered by carelon Behavioral Health

Contents

The Right Provider Makes All the Difference – A Member's Story

When the Carelon Behavioral Health of Connecticut (Carelon BH CT) peer specialist first connected with the member, the peer specialist wasn't sure how to best offer support. The member spoke at a fast pace and communicated in ways that were unfamiliar to the peer specialist. It took some time to find the best way to support them. The peer specialist remained committed to meeting them where they were and focused on building trust through consistent, weekly phone calls.

Over time, the peer specialist learned that the member's difficulty trusting the healthcare system was connected to past experiences and trauma. When the peer specialist suggested additional support through the Intensive Care Management (ICM) Program, the member chose not to pursue that option at that time. The peer specialist respected the member's choice and continued providing peer support, which helped strengthen the relationship. As trust grew, they began sharing more about what they were experiencing and what they hoped for in the long term.

They described feeling frustrated and exhausted by frequent changes in their behavioral health providers within a large clinic setting. Their psychiatrist and therapist changed often, and they felt they had to repeatedly share their story during appointments. They shared that they did not feel heard or understood, and that these experiences negatively affected their emotional well-being. At times, they reported feeling so drained after appointments that they needed to rest and spent several days in bed.

Keeping their goals and preferences in mind, the peer specialist consulted with an intensive care manager to explore alternative provider options and referrals. After connecting with new services, they reported greater satisfaction with therapy. They also shared that virtual sessions were a better fit for them. Over time, they reported improved relationships with family members and a more hopeful outlook for the future.

They also expressed concerns about physical health and shared fears about dying at an early age. They described relying on fast food most days and feeling overwhelmed about how to make changes. A Community Health Network (CHN) dietitian connected with them and worked alongside them to create simple, realistic meal plans that fit their budget and preferences. With additional support, they obtained a treadmill and later reported using it daily.

Early in peer support conversations, they shared an interest in finding part-time work. For a period, that goal was set aside while they focused on building stability. In a more recent conversation, they shared with the peer specialist that they felt ready to work part-time and expressed interest in work that involved being outdoors and caring for plants. They also shared a goal of finding housing closer to family.

Through consistent, person-centered peer support and care coordination that honored their choices, they were able to identify goals, connect with providers who better matched their needs, and take meaningful steps toward improved well-being and greater stability.

For more information on peer support services, please visit www.ctbhp.com, or call 1-877- 852-8247. You can also view our peer support brochure here: Link

Ver el folleto en español, aquí.

Autism Awareness Month: Moving from Awareness to Action

Autism Awareness Month, observed each April, is a time dedicated to increasing public understanding of autism and amplifying the experiences of autistic people and their families. Many organizations and communities use the month to share educational resources, highlight strengths and needs across the autism spectrum, and encourage more inclusive attitudes in schools, workplaces, healthcare, and everyday life. At its best, Autism Awareness Month is not only about recognizing autism—it's a call to reduce stigma, improve access to appropriate supports, and strengthen a sense of belonging for autistic individuals year-round.

What autism is—and why "one story" doesn't fit everyone

Autism (autism spectrum disorder) is a complex, lifelong developmental condition that typically emerges in early childhood and can influence social communication, relationships, and self-regulation. Autism is described as a "spectrum" because it can look very different from person to person—differences may show up in communication style, sensory processing, routines, interests, and support needs. There is no single known cause of autism, and early identification can help connect individuals and families to resources and supports.

Why "awareness" alone isn't enough

Awareness can be a helpful starting point, but it can also stall at surface-level gestures—sharing a post, wearing a color, or repeating general facts—without changing the environments autistic people move through every day. A more meaningful approach is moving beyond awareness toward acceptance and action: listening to autistic voices, replacing assumptions with understanding, and making practical choices that reduce barriers in real settings.

What "action" can look like: practical steps that make inclusion real

Moving from awareness to action doesn't require a title or a platform. It requires intentional, repeatable behaviors that build access and respect.

- **Center autistic perspectives and lived experience.** Whenever possible, learn directly from autistic people—what supports are helpful, what feels overwhelming, and what "being included" actually means to them. When direct learning isn't available, seek out community conversations, support groups, and autistic-led perspectives to broaden understanding.
- **Build flexibility into how people participate.** Inclusion often comes down to options. In classrooms, workplaces, community events, and clinical settings, offer multiple ways to engage—for example: sit or stand, speak or type, participate live or contribute asynchronously, take a break or step out without penalty. These choices reduce pressure and make it easier for people with different communication and sensory needs to participate meaningfully.
- **Educate yourself—and share accurate information.** Action begins with replacing myths with accurate, respectful information. Continue learning about autism across the lifespan and share information that reduces stigma rather than reinforcing stereotypes.
- **Advocate for environments that fit neurodiversity.** Support inclusion in concrete ways: sensory-considerate spaces, predictable routines, when possible, clear expectations, and policies that ensure accommodations are available and respected in schools, workplaces, and community programs.

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Autism Awareness Month: Moving from Awareness to Action – *continued*

- **Support and invest in autistic people – not just messages.**
  Action can be community-based and practical: supporting autistic creators and businesses, donating to organizations that provide services and advocacy, or participating in local efforts that expand resources for autistic people and their families.

From awareness to action: a simple checklist for April (and beyond)

If you're wondering what to *do* during Autism Awareness Month, here's a practical starting point:

- **Listen first:** Make space for autistic perspectives and preferences.
- **Offer options:** Design spaces and interactions with multiple ways to communicate and participate.
- **Use respectful language and symbols:** Follow autistic-led guidance and evolving best practices.
- **Make inclusion concrete:** Advocate for policies and practices that reduce barriers.
- **Share supports:** Help connect people to credible resources and services when needs are identified.

What action ultimately means

Autism Awareness Month is most meaningful when it results in changed behavior—more flexible spaces, more informed conversations, and more consistent advocacy. Awareness tells us autism exists; action makes it easier for autistic people to belong.

References
Autism Learning Collaborative. (n.d.). Autism action awareness month: How you can take action to celebrate neurodiversity. https://www.autismlearningcollaborative.com/autism-action-awareness-month-how-you-can-take-action-to-celebrate-neurodiversity/
Autism Society. (n.d.). The autism experience. https://autismsociety.org/the-autism-experience/
Lighthouse Autism Center. (n.d.). Embracing autism acceptance month: Moving beyond awareness. https://lighthouseautismcenter.com/blog/embracing-autism-acceptance-month-moving-beyond-awareness/

HEDIS®, Why it Matters, and How it Can Strengthen Follow up After Hospitalization (FUH) for Behavioral Health

Behavioral health teams do life-saving work during inpatient stays—but some of the highest-risk days for patients come after discharge. A practical way to improve safety and continuity during this transition is by using **HEDIS®** as a shared quality framework, with a focus on **Follow-Up After Hospitalization for Mental Illness (FUH).**

What is HEDIS®?

HEDIS® (Healthcare Effectiveness Data and Information Set) is a standardized set of healthcare quality measures used widely across the United States—especially by health plans—to track how consistently patients receive recommended care. HEDIS® measures encompass prevention, chronic disease management, access to care, and behavioral health.

While health plans often report HEDIS® rates, providers influence the results every day through clinical workflows, scheduling, documentation, and care coordination. In short, **HEDIS® is the scorecard; providers are the players who can change the score.**

Why HEDIS® matters

HEDIS® is important because it turns broad goals like "better care" into measurable, comparable performance indicators. That matters for several reasons:

- **Accountability and operational focus:** HEDIS® provides a shared definition of quality and keeps improvement work focused on the processes that drive results.
- **Funding and partnerships:** Many payer contracts, incentives, and network decisions are influenced by quality performance, including HEDIS®.
- **Patient safety:** For behavioral health, measures tied to transitions of care support timely follow-up during a high-risk period after discharge - an area emphasized as a national quality priority.

FUH evaluates whether a patient who was hospitalized for a mental health condition receives an outpatient follow-up visit after discharge—typically tracked in two timeframes:

- **Follow-up within 7 days**
- **Follow-up within 30 days**

The **7-day** follow-up rate is often treated as the priority because it reflects rapid reconnection to care.

How HEDIS® can help inpatient behavioral health providers improve FUH

Even when inpatient facilities are not the entities reporting HEDIS®, they can improve FUH by designing discharge processes around what the measure is trying to achieve: **a fast, reliable connection to outpatient care**. Five HEDIS®-informed workflow practices can support better FUH performance:

Create a "schedule-before-discharge" standard

A reliable way to improve FUH is to ensure the follow-up appointment is scheduled before the patient leaves the inpatient unit, (including date, time, modality and location).

Practical tactics include:

- Reserving protected follow-up slots with outpatient partners.
- Setting up a direct scheduling pathway at discharge.
- Making a "warm handoff" call to the next provider while the patient is present.

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HEDIS®, Why it Matters, and How it Can Strengthen Follow up After Hospitalization (FUH) for Behavioral Health – *continued*

Make follow-up easy to complete

Inpatient teams can increase completion rates by reducing common barriers:

- Offering telehealth follow-up when appropriate.
- Confirming transportation and addressing access needs.
- Ensuring patients leave with clear next-step instructions and contact information.
- Verifying preferred language and arranging interpreter support if needed.

Build stronger handoffs and information flow

Standardize timely handoffs so outpatient teams can act quickly, including

- Discharge summary and diagnosis.
- Medication list and recent changes.
- Safety plan/crisis plan.
- Recommended level of care and follow-up timeframe.

Standardizing these elements supports faster follow-up and stronger continuity of care.

Ensure the follow-up "counts" by aligning documentation and communication

Follow-ups may occur but not be captured cleanly in claims/encounter data. Inpatient teams can help by:

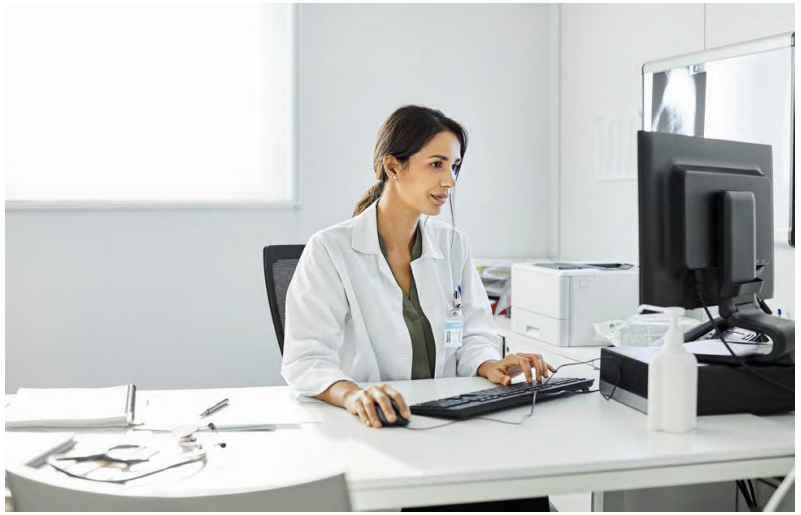
- Documenting discharge details clearly (including discharge date/time and disposition).
- Using consistent referral pathways that support tracking, such as electronic health record (EHR) referral orders, secure messaging, or established handoff forms.

Use FUH performance as a learning loop

HEDIS® measures work best when they're used for continuous improvement, not just reporting. Inpatient leaders can partner with outpatient clinics and health plans to review:

- Which patients didn't complete follow-up within 7 days.
- Why (no appointment availability, unreachable, no-show, transportation barriers, etc.).
- Which process changes will prevent the same misses next month.

HEDIS® provides a common, standardized way to measure healthcare quality—and **FUH is one of the most actionable measures for inpatient behavioral health**, because it focuses on safe, timely transitions after discharge. By aligning discharge planning to FUH's timelines, strengthening handoffs, reducing barriers, and partnering closely with outpatient providers and payers, inpatient teams can increase follow-up completion and support safer continuity of care.



For more information on FUH, please visit ctbhp.com, for providers, quality improvement

References

Centers for Medicare & Medicaid Services. (n.d.). *Improving behavioral health follow-up care*. Medicaid.gov. https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/behavioral-health-learning-collaborative (medicaid.gov)

Health Equity Dashboard: New Tools to Support Consistent, Actionable Disparities Analysis

To better support Connecticut's Medicaid provider network, Carelon Behavioral Health of Connecticut (Carelon BH CT) developed the **Health Equity Dashboard** to implement consistent methodologies for **describing, reporting, and analyzing member outcomes** while identifying **potential disparities**. It helps provide consistent data and information across the Connecticut Behavioral Health Partnership (CT BHP) programs and supplements existing data sets used to inform our work with providers. The data is derived from monitoring subpopulations within the Substance Use Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) Act demonstration, identifying the specific needs of members receiving substance use disorder (SUD) treatment or recovery services. The overall goal is to build Connecticut's collaborative approach to improve HUSKY Health members' quality of life.

The dashboard strengthens comparisons across subpopulations through enhanced demographic views and new measures designed to improve disparities identification:

- **Proportional Disparity Index (PDI):** Indicates whether a subpopulation is **under or overrepresented** within a specified group, supporting deeper analysis of potential inequities.
- **Area Deprivation Index (ADI):** Ranks neighborhoods by **state-level socioeconomic disadvantage** using a **decile score (1–10)**, enabling state-level comparisons.

New visual tools and enhanced functionality

In addition to the new metrics, the dashboard includes intersectionality scatterplots that show how outcomes vary across combinations of race, gender, age, and living conditions, which illustrates the impact of intersecting identities.

It also includes ADI + planning region mapping to visualize member residences by planning region and neighborhood deprivation level in relation to selected outcomes. Additional features include outcome prevalence rates, multi-demographic views, and expanded maternal and infant health statistics, along with disparity-focused sections, guiding text, and topic-based workbooks.

Looking ahead

Over the next two years, Carelon BH CT will continue monitoring SUPPORT subpopulations with a focus on **pregnant members, postpartum members, substance-exposed infants, and young adults**. Future analysis will examine differences in **emergency department visits, overdose occurrences, and geographic variation** across demographic groups. The dashboard's intersectionality views will also support deeper understanding of how **socioeconomic status, community, and multiple identity factors** may amplify or reduce differences in outcomes, helping us detect potential disparities and develop targeted recommendations to close gaps.

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Health Equity Dashboard: New Tools to Support Consistent, Actionable Disparities Analysis- *continued*

Example insight: SUD prevalence in pregnancy and postpartum

As shown in **Figure 1**, SUD prevalence rates for pregnant (8.3%) and postpartum (8.6%) members were lower than the total HUSKY Health membership (9.6%). When filtered by race differences emerged: White pregnant members had a rate of 13.0% (3.4 percentage points higher than the total HUSKY Health rate), while Black pregnant members had a rate of 9.5% (comparable to the total membership).

Common diagnoses included cannabis-related, other SUD-related, and alcohol-related diagnoses. Young adults (2.4%) had a lower SUD rate, with cannabis-related diagnoses most prevalent.

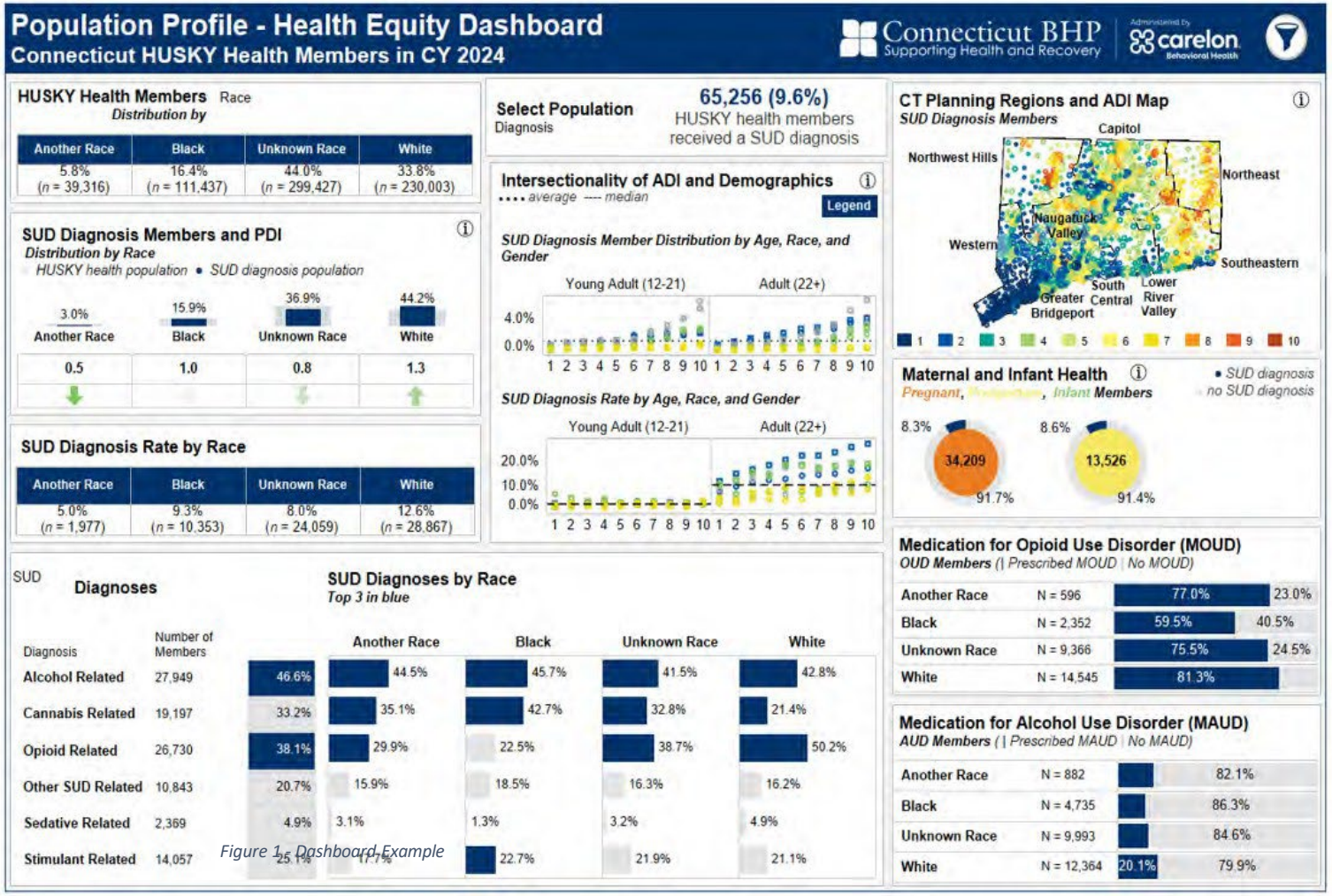

Figure 1. Dashboard Example

Partnering with Faith Leaders to Address the Opioid Epidemic

The Connecticut Behavioral Health Partnership (CT BHP) is at the forefront of promoting faith leaders as an important resource for increasing access to care for individuals with substance use disorder (SUD) and their families, while working to reduce disparities in the support and services they receive.

The Creating New Pathways: A Faith Leaders' Toolkit is designed to enhance faith leaders' understanding of substance use, mental health, trauma, and stigma, while also increasing their knowledge of community resources and how to foster connections to care for individuals with opioid use disorder (OUD) and their families. In doing so, it reinforces faith leaders and congregations as trusted partners on the path to recovery.

The Toolkit is also a practical resource for providers to strengthen trauma-informed care through a faith-based lens. It offers insights to integrate spiritual assessment into intake and ongoing sessions. This helps identify strengths and stressors and—with client consent-- coordinate with a trusted faith leader as part of a broader support plan. Although focused on OUD, these principles apply broadly across SUD treatment.

Background

In September 2021, Connecticut was selected as one of five states to participate in a 36-month Post-Planning Demonstration Project under Section 1003 of the Substance Use Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act.

Exploring a Faith-Based Response to Opioid Use Disorder (OUD)

The SUPPORT project began with statewide engagement of individuals and families receiving SUD services, community providers, and other stakeholders. A survey of HUSKY Health members and families in recovery indicated 61.3% identified the faith community as their source of primary, non-clinical support. Because an estimated 94% of individuals with SUD do not receive treatment[1], faith leaders can serve as a critical access point for non-clinical, judgement-free support in settings people already trust.

In 2023, CT BHP convened faith leaders to gather their perspectives on supporting individuals with SUD. Participants expressed strong interest in creating supportive, nonjudgmental environments and deepening their understanding of behavioral health resources. They also voiced a desire to strengthen collaboration with providers and community organizations.

Subsequently, the project team hosted the virtual forum, Integration of the Faith Community in Substance Use Recovery, attended by 215 participants. The event focused on education and mobilization. Feedback highlighted the need for a culturally sensitive, faith-informed toolkit encompassing SUD education, trauma, and equity—laying the groundwork for continued collaboration. Select here and scroll down to access the slides and the recording for *The Integration of the Faith Community in Substance Use Recovery - November 1, 2023.*

The SUPPORT project goals were to:

- Improve the quality of care for HUSKY Health members with OUD and their families across the lifespan.
- Identify the unique needs of HUSKY Health subpopulations.
- Recommend infrastructure improvements to strengthen OUD treatment and recovery service delivery in Connecticut.

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Partnering with Faith Leaders to Address the Opioid Epidemic – *continued*

Addressing SUD Health Disparities Through Faith Partnerships

Substance use has long been linked to social inequality, poverty, racism, and other systemic factors. For example, policies that criminalized substance use disproportionately harmed underserved communities and contributed to long-term cycles of incarceration and family disruption.

Recent Connecticut data highlights these SUD-associated health disparities. The state's Drug Overdose Mortality Rates by Race/Ethnicity Report (CY 2023)[2] showed increasing overdose death rates among Hispanic and Black populations, even as rates began to decline among White, non-Hispanic residents. The overdose death rate per 100,000 residents increased from 37.9 to 48.3 among Hispanic populations between 2020 and 2022. Among Black residents, the rate rose from 48.8 to 74.4 during the same period.

The COVID-19 pandemic exposed and worsened longstanding health and social disparities, particularly among Black, Indigenous, and other underserved populations. These communities experienced higher rates of illness and loss, along with increased economic stress, mental health challenges, and substance use risk.

Stigma continues to be a major barrier to care, often increasing the marginalization of vulnerable communities. Trauma, grief, and isolation further compound risk and underscore the need for compassionate, culturally responsive, and community-based approaches to recovery support.

The Substance Abuse and Mental Health Services Administration (SAMHSA) emphasizes partnership with faith communities as an effective strategy for increasing SUD awareness, education, and connection to treatment.

Faith leaders are uniquely positioned to support individuals, families and communities impacted by SUD, often serving as critical support, especially during crises. They counsel individuals affected by generational trauma, substance use, and incarceration. They extend the healing ministry of faith through compassionate care that meets people where they are, while offering dignity and hope.

A Faith-Based Initiative and the Provider's Role

CT BHP produced the Creating New Pathways: A Faith Leaders' Toolkit in collaboration with the Opioid Response Network (ORN) in response to faith leader requests statewide. It is part of an overall faith-based initiative to:

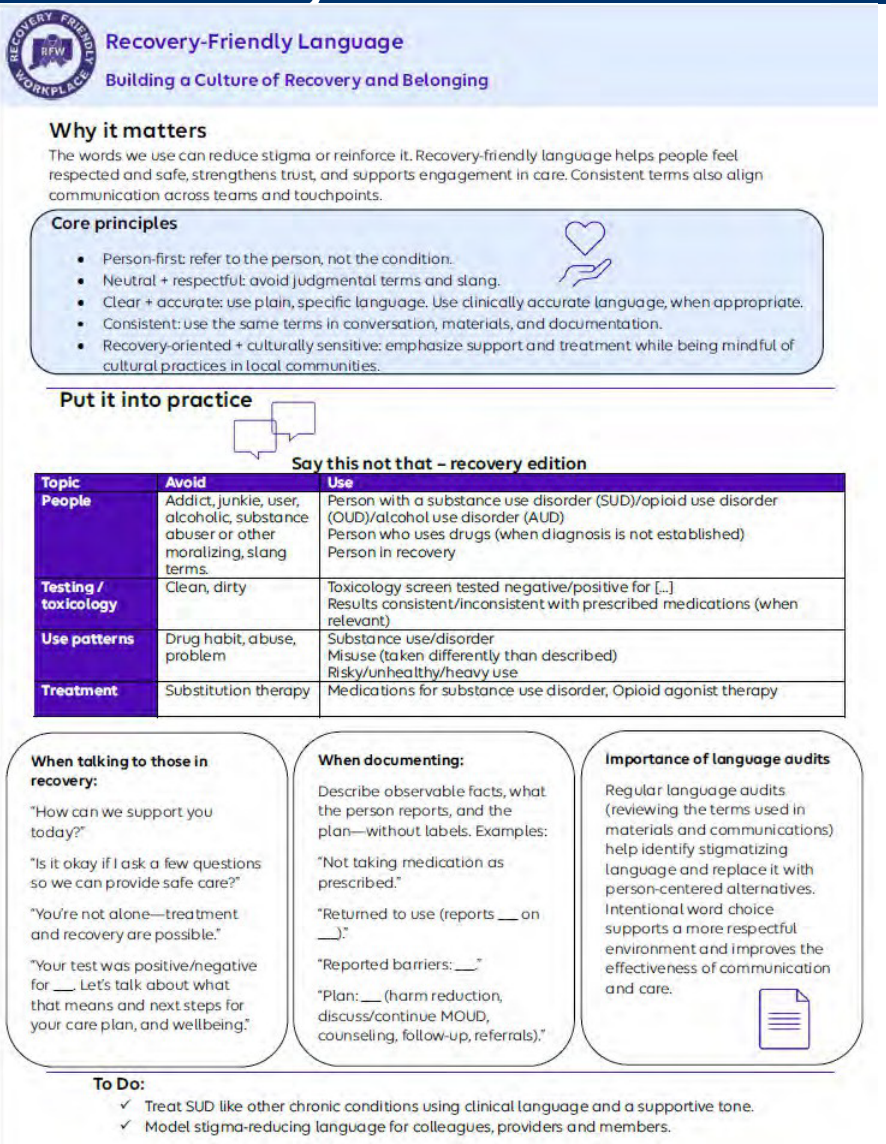
- Build partnerships with faith communities.
- Increase awareness of substance use, mental health, and trauma.
- Reduce stigma.
- Strengthen connections to care for individuals with SUD and their families through trusted community partners.

For providers, the Toolkit offers the following engagement strategies:

- Provider Relevance and Whole-Health Alignment with SAMHSA Wellness Framework.
- Spiritual Humility and A Culturally Responsive Practice by deepening understanding of clients' beliefs and traditions, strengthening rapport, expanding referral options, and better aligning care with what matters most to each client.
- Clinical Application and Faith-Community Partnerships by exploring how faith and spirituality influence coping, purpose, and treatment engagement.

References
[1]Substance Abuse and Mental Health Services Administration. (2021). *National Survey on Drug Use and Health (NSDUH) national releases: 2021*. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases/2021
[2]Connecticut Department of Public Health. (n.d.). *Opioid and drug overdose statistics*. https://portal.ct.gov/DPH/Health-Education-Management--Surveillance/The-Office-of-Injury-Prevention/Opioid-and-Drug-Overdose-Statistics?language=en_US (portal.ct.gov)

Recovery-Friendly Language One-Pager: Why We Created It – and Why It Matters



Recovery-Friendly Language

Building a Culture of Recovery and Belonging

Why it matters

The words we use can reduce stigma or reinforce it. Recovery-friendly language helps people feel respected and safe, strengthens trust, and supports engagement in care. Consistent terms also align communication across teams and touchpoints.

Core principles

- Person-first: refer to the person, not the condition.
- Neutral + respectful: avoid judgmental terms and slang.
- Clear + accurate: use plain, specific language. Use clinically accurate language, when appropriate.
- Consistent: use the same terms in conversation, materials, and documentation.
- Recovery-oriented + culturally sensitive: emphasize support and treatment while being mindful of cultural practices in local communities.

Put it into practice

Say this not that – recovery edition

Topic	Avoid	Use
People	Addict, junkie, user, alcoholic, substance abuser or other moralizing, slang terms.	Person with a substance use disorder (SUD)/opioid use disorder (OUD)/alcohol use disorder (AUD) Person who uses drugs (when diagnosis is not established) Person in recovery
Testing / toxicology	Clean, dirty	Toxicology screen tested negative/positive for [...] Results consistent/inconsistent with prescribed medications (when relevant)
Use patterns	Drug habit, abuse, problem	Substance use/disorder Misuse (taken differently than described) Risky/unhealthy/heavy use
Treatment	Substitution therapy	Medications for substance use disorder, Opioid agonist therapy

When talking to those in recovery:

"How can we support you today?"

"Is it okay if I ask a few questions so we can provide safe care?"

"You're not alone—treatment and recovery are possible."

"Your test was positive/negative for ___. Let's talk about what that means and next steps for your care plan, and wellbeing."

When documenting:

Describe observable facts, what the person reports, and the plan—without labels. Examples:

"Not taking medication as prescribed."

"Returned to use (reports ___ on ___)."

"Reported barriers: ___"

"Plan: ___ (harm reduction, discuss/continue MOUD, counseling, follow-up, referrals)."

Importance of language audits

Regular language audits (reviewing the terms used in materials and communications) help identify stigmatizing language and replace it with person-centered alternatives. Intentional word choice supports a more respectful environment and improves the effectiveness of communication and care.

To Do:

- ✓ Treat SUD like other chronic conditions using clinical language and a supportive tone.
- ✓ Model stigma-reducing language for colleagues, providers and members.

Carelon Behavioral Health of Connecticut (Carelon BH CT), through its Recovery Friendly Workplace (RFW) committee, has developed a recovery-friendly language one-pager to share with those who work with members in recovery. This one-pager was developed to give clinical staff—and the support teams who partner with them—a shared, practical reference for using recovery-friendly, person-first language with members impacted by substance use. In fast-moving workflows (intake, care coordination, follow-up outreach, and documentation), teams can default to inconsistent or outdated terms. This one-pager was created to standardize communication across conversations, materials, and documentation so our language stays neutral, respectful, clear, and clinically accurate, while remaining recovery-oriented and culturally sensitive.

Why it matters

Language directly affects care. The document reinforces that the words we use can either reduce stigma or reinforce it—influencing whether members feel respected and safe, whether they disclose concerns, and whether they stay engaged in treatment. Consistent, supportive terminology also improves collaboration across multidisciplinary teams and reduces misunderstandings at handoffs.

The one-pager emphasizes documenting care in a way that focuses on observable facts, member-reported information, and the care plan—without labels. It also encourages routine language audits to identify stigmatizing terms in internal and member-facing materials and replace them with person-centered alternatives. Over time, intentional word choice helps build a culture of recovery and belonging, strengthens trust, and supports more effective communication and treatment.

Select here to download a copy: recovery friendly language one-pager

For any questions on this one-pager, please contact Carelon BH CT at ctbhp@carelon.com. For information on Recovery Friendly Workplace initiatives, select here: https://providers.ctbhp.com/providers/recovery-and-wellness-new/

Gender Affirming Care Educational Forum - Highlights

On December 16, 2025, Carelon Behavioral Health of Connecticut (Carelon BH CT), along with the Connecticut Behavioral Health Partnership (CT BHP), hosted a training titled *Gender-Affirming Care: Overview and Recommendations for Providers.* The training was led by Robin P. McHaelen, MSW, founder and former Executive Director of True Colors, Inc., and a longtime LGBTQIA+ youth advocate and educator. She has provided training for educators, health and behavioral health providers, and other helping professionals and currently serves as an adjunct professor at Central Connecticut State University.

This two-hour training was approved by the National Association of Social Workers of Connecticut (NASW CT) for two (2) cultural competence continuing education credits. Participants learned how to define foundational gender identity and expression terminology, and how to demonstrate respectful, affirming communication practices with transgender and gender-diverse clients. The training explored common experiences and barriers faced by transgender and nonbinary individuals in healthcare and mental health settings, including stigma, discrimination, and minority stress. Robin's engaging, organized, and compassionate training style—grounded in real-life practice examples—helped attendees connect the content to their daily work and strengthened confidence in providing gender-affirming services. Participants were also provided with practical strategies, actionable steps for integrating best practices into clinical work, and LGBTQIA+ resources to support their work with members who face significant barriers to care. As one attendee shared, "This was a very helpful training for me, and it gave me practical ways to apply gender-affirming care and language to use when writing reports."

With more than 700 registrants and nearly 400 attendees, this vital educational training was a success, with participants describing the session as informative, relevant, and immediately applicable across a range of provider roles and settings. One participant noted, "Excellent presentation. I appreciated the guidance of 'don't have to keep up, have to keep open' and 'don't have to understand, have to accept and respect.'"

For more information on this topic and other educational forums, please visit this link: Educational Forums.

ProviderConnect Corner

Enhance Your Practice's Visibility with HUSKY Health Members: Complete the Provider Data Verification Form!

At the Connecticut Behavioral Health Partnership (CT BHP), we value your contribution to HUSKY Health. To strengthen your member connections, complete our Provider Data Verification (PDV) form. Accurate and updated information ensures correct service listings, helps members access your care easily and keeps you informed about policy and training updates.

Benefits of Completing the Form:

Accurate Listings: Boost member referrals with correct practice information.
Stay Updated: Get timely policy and training updates.
Inclusive Care: Support diverse member needs and promote equitable care.

Your participation bridges the gap between members and essential services. Access the form here: PDV Form. It takes just a few minutes and connects members to your exceptional care.

Thank you for partnering with us.

Provider Spotlight: YALE PRIME Clinic

Provider Spotlight: YALE PRIME Clinic

Do you have concerns for someone experiencing changes in mood, thoughts, anxiety, or day-to-day functioning?

Early evaluation can make a life-changing difference.

Yale School of Medicine's **PRIME Clinic** is offering **FREE, confidential mental health assessments** for young people **ages 17–30** in the **greater New Haven area — no insurance required.**

Call 203-200-8987 to learn more or schedule.

Please share to help someone get support sooner.

Quick Clicks

- Bulletin Rewind – Select here to review news and events this past year.

- **Community and Awareness Months**

  - March 2026:
    - International Women's Day – *March 8, 2026*
    - LGBTQAI+ Health Awareness Week - *March 8, 2026, to March 14, 2026*
    - International Transgender Day of Visibility – *March 31, 2026*
    - Women's History Month
  - April 2026:
    - National Public Health Week – *April 6, 2026, to April 12, 2026*
    - National Stress Awareness Month
    - Alcohol Awareness Month
    - Autism Awareness Month
  - May 2026:
    - World No Tobacco Day – *May 31, 2026*
    - Mental Health Month
    - Asian American and Pacific Islander Heritage Month

We Want to Hear from You!

Do you have an article, opinion piece, or provider event you would like to submit to the CT Behavioral Health Partnership Newsletter? We would be delighted to hear from you.

We aim to ensure that our tri-annual newsletter offers articles that cover topics related to our providers' work with children and adults, as well as special features that reflect ongoing developments in our families, communities, and state.

We encourage you to share your thoughts, ideas, comments, suggestions, and information about upcoming events and community developments. **Submit them to ctbhp@carelon.com.**

Thank you

Connecticut BHP
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