



Connecticut Behavioral Health Partnership Provider Newsletter

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Empowering Families Through Urgent Crisis Centers

Urgent Crisis Centers (UCCs) have emerged as vital resources for families of children and adolescents ages 18 and under, experiencing behavioral health crises. These centers offer needed assistance while avoiding emergency department care. Funded and licensed by the Department of Children and Families (DCF), UCCs operate as walk-in clinics, providing youth and their families access to critical resources when they need them most. Common situations include youth experiencing thoughts of suicide, self-injury, depression, anxiety, and substance misuse.

With a combined capacity of 72 daily slots, these centers are strategically located throughout Connecticut, ensuring accessibility to those in need. The centers are operated by renowned organizations, including **The Village for Families and Children in Hartford**, **Yale New Haven Hospital in New Haven**, **The Child and Family Agency of Southeastern Connecticut in New London**, and **Wellmore Behavioral Health in Waterbury**. At each location, trained staff are available to de-escalate a crisis, complete an evaluation and connect youth to appropriate services.

By providing timely support and effective interventions, UCCs are playing a crucial role in supporting the behavioral health of CT youth and their families. These centers not only offer immediate care, but also serve as a bridge towards long-term solutions for mental health challenges. Families can now rest assured that help is available during critical moments, ensuring a safer and healthier path for their loved ones.

The Department of Social Services (DSS) provider bulletin released in March 2024 outlined specific criteria for Provider Enrollment/Certification in Connecticut's Medical Assistance Program (CMAP). Only providers licensed by DCF as an Outpatient Psychiatric Clinic for Children and certified by DCF to deliver urgent mental health care for children can enroll and submit claims to DSS for these services. Providers must update their certification with DCF and maintain enrollment by complying with federal and state statutes, regulations, and operational procedures. Read the bulletin in its entirety here. [Connecticut Department of Social Services \(ctdssmap.com\)](https://www.ctdssmap.com)

Select the flyer to learn more about the available UCCs in Connecticut.



Urgent Crisis Center Resources:

[UCC Flyer](#)

Navigating the Path to Becoming an ASD HUSKY Health Provider

Even as the demand for quality autism spectrum disorder (ASD) services in Connecticut continues to rise, ASD providers seeking to enroll with the HUSKY Health provider network must still navigate a significant qualification process. This is outlined and overseen by Carelon Behavioral Health of Connecticut (Carelon BH CT), the state's designated Administrative Services Organization (ASO).

ASD providers interested in enrolling, whether independent or part of a clinical group practice, must meet specified qualifications mandated by Medicaid state regulations. These qualifications encompass **education, training, professional experience, licensure, certification, and a mandatory background check** conducted by the Department of Children and Families (DCF). To assess these, Carelon BH CT requires the submission of key documents for review. This process ensures that providers meet the criteria and have the expertise to deliver quality care to members.

In addition to the initial qualification process, Carelon BH CT emphasizes the significance of re-qualification for providers to maintain adherence to Medicaid regulations. Board Certified Behavioral Analysts (**BCBAs**) **are required to undergo re-qualification every two years**, while **behavioral health clinicians undergo the process every five years**. Carelon BH CT proactively supports providers in preparing for re-qualification by sending a reminder letter six (6) months before their re-enrollment date. Requalification requires updated proof of licensure, certification, and a current DCF background check.

Upon successful completion of both the initial qualification and/or re-qualification, an approval letter is issued to the provider and shared with the Department of Social Services (DSS) and Gainwell to facilitate completion of the enrollment or re-enrollment process.

More information on the above process is available on our website, along with qualification and enrollment resources. Please visit www.ctbhp.com, "For Providers," and select "Autism Spectrum Disorder Resources."

Missed any of CT BHP's ASD Learning Collaboratives? Watch the recordings here:

[Becoming an ASD Provider](#)
[Best Practices in Quality Assurance & Audit Protocols](#)
[Best Practices in Service Delivery](#)

Value of Becoming an ASD HUSKY Health Provider:

- ✓ simple enrollment process
- ✓ receive Care Coordinator and family peer support services
- ✓ self-service authorization process

Insights from the Follow-up After Hospitalization (FUH) Clinical Study: Addressing Disparities and Enhancing Care Continuity for HUSKY Health Members

To combat disparities in follow-up care for HUSKY Health members using behavioral health services, the Follow-up After Hospitalization (FUH) Clinical Study has been launched under the All-Administrative Service Organizations (ASOs) Health Equity Project. This collaborative effort involves Carelon Behavioral Health of Connecticut, Community Health Network of Connecticut, Inc., and the Connecticut Dental Health Partnership. The study addresses the critical issue of differences in follow-up care rates between Black and White individuals discharged from psychiatric hospitals. These discrepancies often lead to higher readmission rates, increased emergency visits, poor medication management, and deteriorating health outcomes.

Central to the FUH Clinical Study is a predictive model that identifies individuals at high risk of not engaging with outpatient care within seven days post-discharge. This model classifies members based on their demographics, socioeconomic status, and clinical history. Data from HUSKY Health members was analyzed using multivariate logistic regression to customize interventions aimed at improving access to aftercare.

For members identified at higher risk (designated as Tier 1 and 2), Intensive Care Managers (ICMs) are available to assist in facilitating connections to aftercare services. Additionally, Clinical Liaisons (CLs) support care connectivity post-discharge for those who decline ICM intervention, thus enhancing access to necessary treatment. Hospitals with higher rates of Tier 1 and 2 members receive tailored interventions, along with additional resources to address these challenges effectively. **(See figure 1 on page 6).**

A significant part of the strategy involves direct communication, education, and collaboration with hospital providers to ensure a seamless transition from inpatient to outpatient care. Connect-to-care meetings are being conducted with nine hospitals and 71 community providers to enhance cooperation and develop targeted interventions for hospitals with higher at-risk member rates. **(See figure 2 on page 6).**

The study emphasizes continuous monitoring of outcomes for Tier 1 and Tier 2 members to assess the effectiveness of these interventions. The ultimate goal is to expand predictive models across various levels of care, potentially offering scalable solutions that can positively impact the broader healthcare landscape.

Looking forward, the FUH Clinical Study aims to make significant strides in reducing disparities and improving care continuity for mental health patients, providing a framework for equitable healthcare outcomes for all community members. Ongoing data collection and evaluation of interventions are key components of this project, serving as a beacon of hope for achieving health equity.

For more information on how hospitals can connect members to ICM services, they are advised to reach out to their assigned Regional Network Manager or Clinical Care Manager or contact ctbhp@carelon.com.

Predictive Model at a Glance:

- ✓ Unit of analysis: HUSKY Health member's episode of care.
- ✓ Outcome variable: did or did not follow up.
- ✓ Independent variables: Gender, age, race, ethnicity, diagnosis, hospital of admission, Medicaid benefit, region, Behavioral Health Home (BHH) enrollment and Department of Children and Families (DCF) involvement.
- ✓ Model composed of four (4) tiers: 10% at greatest risk of not following up, 15% with elevated risk, 25% with moderate risk, and 50% with less than average risk.
- ✓ Increased risk factors in Tier 1 compared to overall sample include individuals identifying as Male, between ages 45-64, identifying as Black, members diagnosed with schizophrenia spectrum and other psychotic disorders, members experiencing homelessness or housing insecurity, and individuals residing in region 5.

Insights from the Follow-up After Hospitalization (FUH) Clinical Study: Addressing Disparities and Enhancing Care Continuity for HUSKY Health Members

ICM/Peer – Member Intervention

- Member intervention **may** include any of the following:
 - **Introduces self** and explains **purpose of contact**, quick rapport building
 - **Discusses treatment history** including any barriers to connecting to services in the past, **assesses for motivation to connect** to treatment using motivational interviewing approach
 - **Supports member in addressing any Social Determinants of Health (SDOH)** that may impact access to aftercare
 - **Ensures** member is fully **aware of aftercare appts** (where, when, why, how – including transportation)
 - Does member have any **family/friends** who are willing to support member in attending aftercare appts? **If yes and member agrees, obtain ROI** to communicate with the support person
 - **Follow-up** with member **post discharge to ensure connection to care**



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ICM/Peer – Member Specific Provider Intervention

- Provider intervention **may** include any of the following:
 - **ICM/Peer outreaches to provider** (clinical or UM staff), informs provider member has been identified as high risk to not connect to aftercare
 - **Discusses relevant treatment history** and inquires regarding **current discharge planning** efforts, **offers assistance connecting** to aftercare resources
 - **Obtains** best **contact info** for member/guardian
 - **Offers** to **schedule visit to the unit** to meet with member
 - If member is **BHH eligible - informs provider and educates** on steps to access BHH services
 - Coordinates member specific provider meetings if there are existing providers/state agencies involved



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Figure 1 - Member Intervention with ICM/Peer Support Strategies

Figure 2- Provider Intervention details of members with higher risk of not connecting to care.

Visit our website at [After Care Follow Up \(AFU\) | CTBHP Providers](#) for more information on Provider Support and Intervention guidelines and resources.

Unlocking Insights, Shaping Practices: Enhancing Provider Performance in Connecticut's Behavioral Health System Through the Provider Analysis and Reporting (PAR) Program

The CT BHP Provider Analysis and Reporting (PAR) Program by Carelon Behavioral Health of Connecticut (Carelon BH CT) aims to enhance provider performance for HUSKY Health members. Utilizing Tableau visualization dashboards, this initiative encourages conversations around specific provider data, such as average length of stay and readmission rates. By examining this information, Carelon BH CT and providers gain valuable insights into how utilization differs among providers, allowing for targeted strategies to enhance practices and ensure quality care. This promotes ongoing improvements in provider performance, benefiting the HUSKY Health community in Connecticut.

PAR Program Highlight: 2023 Adult and Youth Emergency Department Services:

In 2023, Carelon BH CT conducted two Emergency Department (ED) PAR Programs for Adults and Youth, fostering collaboration between EDs and various treatment partners. The initiative aimed to improve operational efficiency through data sharing and communication to reduce wait times, expedite care access, and lower return visits. It specifically addressed throughput challenges in pediatric EDs, which saw 12,540 behavioral health visits in 2022. The strategy also focused on substance use disorder (SUD) treatment and health equity for vulnerable populations, highlighting the need for ongoing improvements in screening and treatment practices due to rising behavioral health ED visits linked to SUD diagnoses.

To respond to these insights, Carelon BH CT addressed the adult needs by promoting [Medications for Opioid Use Disorder \(MOUD\)](#) and implemented the Changing Pathways model in Emergency Departments. Collaborations with Nuvance Health and various hospitals led to successful pilot initiatives that optimized referral processes and enhanced provider accessibility. A statewide Community Care Team (CCT) Forum, organized with the Connecticut Hospital Association, gathered stakeholders to discuss CCT sustainability, data collection, and improved provider collaboration, emphasizing the importance of cross-sector partnerships in behavioral health care.

For youth, the focus was on improving system efficiency for HUSKY Health members to enhance navigation, engagement, and treatment for substance use disorders. Carelon BH CT has facilitated this through Connect-to-Care meetings that bring together pediatric hospitals, community providers, and regional stakeholders.

Adults

Members identified as having a primary SUD diagnosis increased 6.9% from CY 2018.
(Carelon BH CT on behalf of the CT BHP, 2023)

Youth

Members identified as having a primary SUD diagnosis increased 2.4% from CY 2018.
(Carelon BH CT on behalf of the CT BHP, 2023)

Unlocking Insights, Shaping Practices: Enhancing Provider Performance in Connecticut's Behavioral Health System Through the Provider Analysis and Reporting (PAR) Program

Both adult and youth initiatives prioritized smooth transitions from Emergency Departments to appropriate care settings and **highlighted the need to address health disparities and promote health equity** * through ongoing stakeholder engagement and sharing best practices.

**In 2023, an analysis compared demographic data with the rates of individuals seeking inpatient services immediately or the day after behavioral health emergency department visits in 2022. The bars in the analysis figures below (figures 5 & 6) reflect the proportion of adults/youth by race and ethnicity rather than the quantity of admissions. The findings highlight racial and ethnic differences in adult and youth visits, particularly those admitted for inpatient care shortly after their emergency department visit, providing insights into disparities in the use of inpatient services for mental health treatment.*

Both adult and youth interventions emphasize building collaborative partnerships with treatment providers and community organizations to enhance communication, reduce emergency department wait times, and minimize repeat visits. They prioritize data-driven decision-making to ensure timely access to care and improve screening, assessment, and treatment for substance use disorders, while also addressing health disparities for equitable care delivery. Carelon BH CT's ED PAR program aims to tackle systemic challenges, fostering provider collaboration and focusing on the needs of at-risk populations to enhance overall behavioral health care quality.

Provider Resources related to PAR ED Strategies:

[Changing Pathways Provider Toolkit](#)
[Adolescent Substance Use Screening Tools](#)
[CT BHP Brochures](#)

For more information on this and other PAR Programs, please reach out to Carelon BH CT's Regional Network Management Team at CTBHPRegionalNetworkManagement@carelon.com.

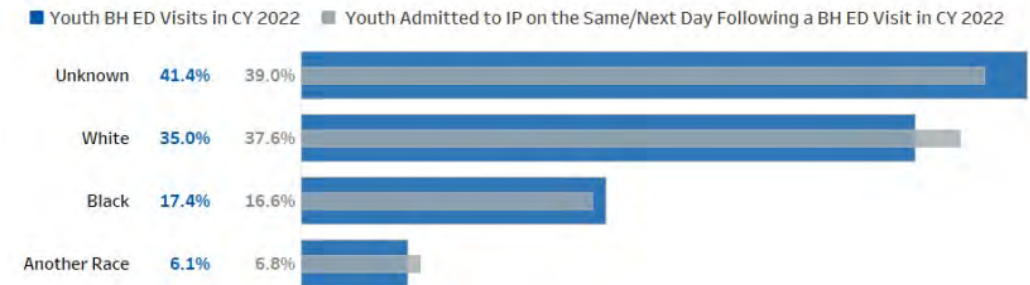


Figure 5 - Youth BH ED visits admitted to IP same or next day by race/ethnicity.

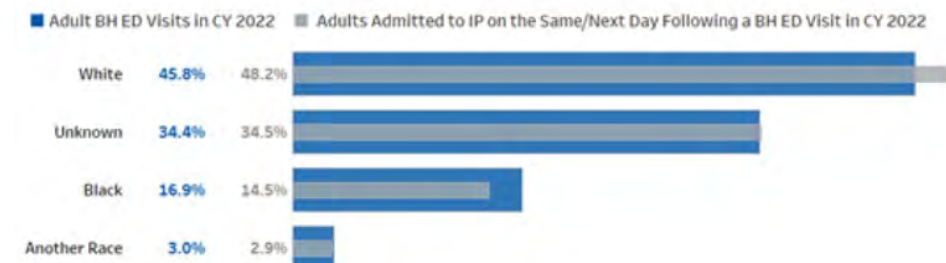


Figure 6 – Adult BH ED visits admitted to IP same or next day by race/ethnicity.

CT BHP Training Series Highlights



Crisis Support and Suicide Prevention for Individuals with Autism

Carelon Behavioral Health CT recently hosted a three-part training series titled "Crisis Support and Suicide Prevention for Individuals with Autism," attracting over 1,000 participants from all 50 states. Led by expert Lisa Morgan, MSW, M.Ed. CAS, a trauma-informed consultant and founder of the Autism and Suicide Prevention Workgroup, the series focused on autism-specific resources for crisis communication and support. Lisa, a passionate self-advocate and author, offers her insights through her website: www.autismcrisissupport.com.

Session Highlights:

- ✓ Research and Risk Factors: Lisa discussed the link between autism and suicide, highlighting unique risk factors, the impact of "masking," stigma, and potential harm within the autistic community.
- ✓ Communication and Support in Crisis: This session provided strategies for effectively engaging with distressed autistic individuals, recognizing suicide warning signs, and evaluating the use of the 988 lifeline. The 'Reasons for Living' resource was introduced as a vital suicide prevention tool.
- ✓ Fireside Chat Hosted by Jennifer Krom: The final session featured a discussion on key insights and strategies for supporting individuals with autism in crisis.

Participant Feedback:

"The presenter was very knowledgeable and thorough with her work. Also, as an autistic person, I appreciated seeing another autistic person discussing this topic."

"I am a mother of an autistic son, and I am constantly trying to learn more and find resources to deal and communicate with my child to help support him. Navigating this terrain as a parent is difficult and this was very helpful for me both professionally and in my personal life."

CT BHP Training Series Highlights

Educational Forum: Healing Journeys Post – Incarceration: Integrating Clinical Insights and Lived Experience

On September 17th, the Connecticut Behavioral Health Partnership (CT BHP) and the Connecticut Hospital Association hosted a virtual forum to enhance access to behavioral health treatment for individuals with substance use disorders reintegrating post-incarceration. The event, which attracted over 350 participants nationwide, focused on strategies for successful reintegration, combining clinical insights with firsthand experiences to promote health equity and recovery.

Dr. Kimberly Sue from Yale University highlighted the severe impacts of mass incarceration, particularly on women, and its ties to systemic racism in drug policies. She noted that the U.S. has the highest incarceration rates globally, with many imprisoned for nonviolent substance-related offenses, and called for systemic changes to address healthcare deficiencies in prisons.

Susan Burton, founder of "A New Way of Life," shared her journey from addiction and incarceration to advocacy. Her organization provides essential reentry support for women, including housing, family reunification, workforce development, and legal assistance, successfully reuniting over 400 families since 1998.

Both speakers stressed the urgent need for criminal justice reforms, particularly in improving healthcare access in prisons and using compassionate, trauma-informed approaches for those with substance use disorders. They highlighted the benefits of comprehensive support, like peer recovery programs that offer safe housing, education, and legal aid. These initiatives can reduce reoffending, promote health equity, and support long-term recovery.

Participant Feedback:

“Susan was amazing. Her inspirational story is the definition of why many of us choose to work in this field and help others. . . . [She] reminds me of Maya Angelou because they have the same will to help others even though their prior... [paths were very challenging], but they made the choice to be different and help others with their struggles.”

“I really enjoyed and appreciated the woman who shared with us her story, experiences, and accomplishments. It helped connect the dots with the information provided from the other facilitators. I also learn better that way. So, thank you!”

CT BHP Training Series Highlights

For information on these educational forums, recordings, and information on past and upcoming training opportunities from Carelon Behavioral Health CT, visit the below website links:

Educational Forums

<https://providers.ctbhp.com/providers/educational-forums/>

Events and Trainings

<https://providers.ctbhp.com/providers/events-trainings-publications-2/>



Provider Data Verification Poll – Training Interest in Substance Use Disorder Treatment

To support workforce development in substance use disorder (SUD) training, the Connecticut Behavioral Health Partnership (CT BHP) SUPPORT team and Carelon Behavioral Health of Connecticut (Carelon BH CT) Provider Relations team included survey questions in the pre-existing [Provider Data Verification Survey](#). These questions aim to gather information on the training needs and interests of providers. The responses will help shape future training sessions and ensure the availability of relevant resources.

The top three categories chosen by group practices and independent practitioners include:

- ✓ **harm reduction approaches to the treatment of SUD**
- ✓ **non-pharmacological interventions for SUD**
- ✓ **standardized SUD screening tools**

For additional information on Screening, Brief Intervention and Referral to Treatment (SBIRT) and Adolescent-SBIRT including trainings, resources, and materials, please visit the following website.

<https://health.uconn.edu/sbirtacademy/ct-sbirt-program/>

For additional information on harm reduction including trainings, resources, and materials, please visit the following website:

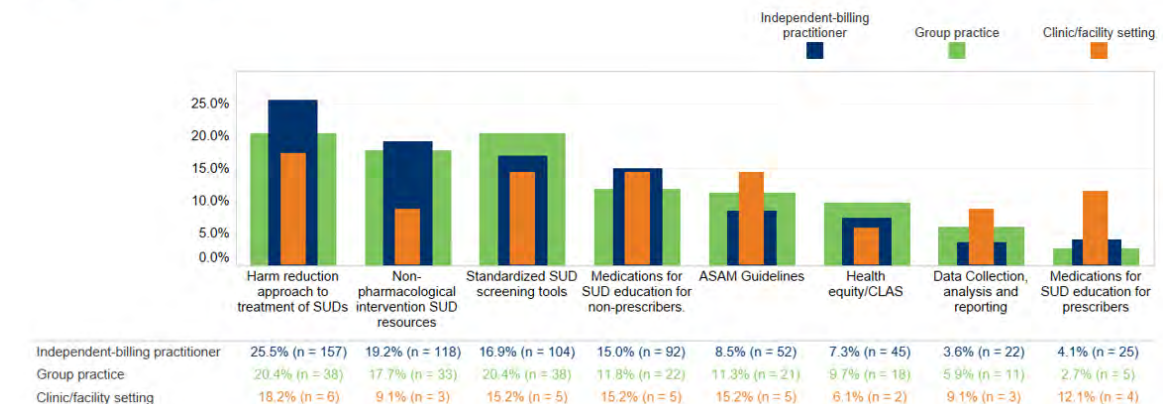
<https://portal.ct.gov/dmhas/initiatives/dmhas-initiatives/harm-reduction>

Additionally, please look for upcoming CT BHP educational forums and community trainings that will support some of the other areas of interest! Email invites are sent in advance, and you can also access upcoming trainings and past recordings here:

<https://providers.ctbhp.com/providers/educational-forums/>

Thank you for all the work that you do to support our HUSKY Health members in CT!

Figure 1 Percent of total responses to the question “What types of SUD Training(s) are you interested in?” by training topic and provider type



While the clinic/facility setting responses were lower, they also indicated harm reduction approaches to SUD as a primary training interest topic.

The SUPPORT team is a grant program defined as the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act: Section 1003.

Provider Data Verification Poll – Training Interest in Substance Use Disorder Treatment

Culturally and Linguistically Appropriate Services & Language Best Practices

Developed by the Office of Minority Health at the U.S. Department of Health and Human Services, Culturally and Linguistically Appropriate Services (CLAS) standards offer a blueprint for organizations to improve the quality of their care and services, and to address health care disparities. They also help organizations meet legislative, regulatory and accreditation mandates. Best practices in language services continue to be highlighted as an area of interest and need by our provider network in CT. To support this, please see the materials made available for your use via the links below.

<https://www.connectingtocarect.org/wp-content/uploads/2024/10/Resources-for-Communication-and-Languages.-updated-9.2024.pdf>

[CLAS STANDARDS Language Services \(connectingtocarect.org\)](https://www.connectingtocarect.org)

The Connecting to Care initiative is a statewide effort to blend and integrate all child-serving systems in the state into one Network of Care that serves all children and families equally and effectively. At the same time, it aligns the national CLAS standards with the Department of Children and Families' (DCF) statewide racial justice framework. Through Connecting to Care, Carelon Behavioral Health CT supports the provider community in the implementation of CLAS standards and development of health equity plans.

The ConnectingtoCareCT.org website now has a **new** Health Equity section which can be found here! <https://www.connectingtocarect.org/about-us/health-equity/> It includes a CLAS Library page to help providers develop, enhance, and evaluate Health Equity Plans. Additionally, the website can now be translated into multiple languages, increasing access to available resources and information.



Did you know?

Individuals who receive effective language and communication services are more likely to follow treatment recommendations and plans, improve their health and be more overall satisfied with care. ([Think Cultural Health: Guide to Providing Effective Communication and Language Assistance Services](#)).

Ninth Annual CT BHP iCAN Conference Returns to In-Person Format, Showcases Behavioral Health Services and Resources Available throughout State

The Consumer and Family Advisory Council of the Connecticut Behavioral Health Partnership (CT BHP), administered by Carelon Behavioral Health, returned to an in-person format for its ninth annual iCAN Conference. It took place September 26, 2024, at the Artists Collective in Hartford, CT. This event is the region's only consumer-driven conference focusing on behavioral health services. Its goal is to demonstrate the many services available to HUSKY Health members, and to showcase the power of partnership when members, agencies, and providers work together to shape the system.

This year's conference began with comments from commissioners or leads from the Partnership's state partners: the Department of Mental Health and Addiction Services (DMHAS), the Department of Children and Families (DCF), and the Department of Social Services (DSS), as well as from the CEO of Carelon BH CT, the Partnership's administrative services organization (ASO). These were followed by comments from Governor Ned Lamont and a key panel composed of community and systems leaders addressing the state's behavioral health landscape.

This year's conference offered several workshops which aligned with its theme, "Mental Health and Addiction Recovery Continuum of Care: Partnering for the Improvement of Behavioral Health Outcomes." These included everything from "Self-Care: Supporting Individuals Who Are Supporting Others" to "Bullying and Violence in Schools Prevention Training." With over 285 attendees and over 15 community and provider sponsors, the event demonstrated community partnership in action.

Conference feedback survey responses indicated that most attendees had a very favorable experience.

"We were gratified with the number of corporate and industry sponsors participating this year, said Carrie Bourdon, CEO of Carelon BH CT. "They were invested in educating HUSKY Health members about the robust services we have in CT, as well as shaping the behavioral system to meeting the needs of our future."

Select here to watch the Governor's opening Remarks:
<https://vimeo.com/1019968483/2bc43ca005?share=copy>



Quick Clicks

[Bulletin Rewind](#) – Select here to review news and events this past year.

Community and Awareness Months

- National Alzheimer's Awareness Month – November 2024
- National Family Caregivers Month – November 2024
- National Safe Toys and Gifts Month – December 2024
- International Day of Persons with Disability – December 3, 2024
- National Blood Donor Month - January 2025
- American Heart Month - February 2025

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.**

