

# Connecticut Behavioral Health Partnership Provider Newsletter

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# Community Support and Personal Transformation: A Story of Resilience

In December 2024, the Carelon Behavioral Health of Connecticut (Carelon BH CT) Peer Support Team engaged with a remarkable member of the community, a 64-year-old grandmother who demonstrated resilience in the face of overwhelming life circumstances. Recently diagnosed with diabetes, she sought assistance in managing her overall health and requested help to find a therapist. As her story unfolded, her situation proved even more complex.

While her identity as a grandmother is significant, she also took on the responsibility of being the guardian of her 13-year-old twin granddaughters, who live with her full time. Adding to her emotional and physical load, she was involved in a custody battle with the children's mother, which required frequent court appearances. She also juggled the responsibilities of caring for her 94-year-old mother in hospice, ensuring her mother received the quality care she deserved.

In response to her immediate request, referrals were provided for therapists in her area. Although she has not yet engaged with these services, a therapist was secured for her granddaughters, and she found support through the provider. Reconnection with her church community and the hospice chaplain brought further solace and support. During a recent conversation, she acknowledged the potential benefits of working with her own therapist and set this as a goal for the upcoming new year.

Managing her diabetes proved to be an initial challenge. Her previous healthcare provider did not offer comprehensive care, which resulted in her not receiving essential diabetes services. She was also being prescribed opioids for her pain in a manner that wasn't suited to her

needs. Discomfited by the effects of the medication, she chose to not take them, and, due to system oversights, inadvertently accumulated a stockpile. This situation was resolved when she surrendered the medications at a police station, followed by a formal complaint against her provider.

Recognizing the need for coordinated care, the Carelon BH CT peer team requested medical intensive case management (ICM) services from Community Health Network (CHN). This became a catalyst for change, connecting her with a new Primary Care Provider (PCP) who facilitated referrals for diabetes, women's health, and rheumatology services. With support from the team, she attended her initial mammogram and rheumatology appointments and felt empowered to advocate for her health needs. She reports feeling better, with increased energy, and significantly reduced pain.

The collaborative relationship between the ICM and Carelon BH CT peer services has been pivotal in transforming this member's health journey. Constant communication and teamwork have forged a supportive network, highlighting the profound impact of community and healthcare collaboration on individual well-being. Her story is a testament to resilience, self-advocacy, and the power of a dedicated support network.

**For more information on peer support services, please visit [www.ctbhp.com](http://www.ctbhp.com), or call 1-877- 852-8247 for more information. You can also view our peer support brochure here: [Link](#)**

***Ver el folleto en español, [aquí](#).***

# Insights and Opportunities through the CCBHC Planning Grant

Connecticut has consistently been recognized as one of the "healthiest" states, boasting a top-tier healthcare system. However, a recent statewide needs assessment conducted as part of the Certified Community Behavioral Health Clinic (CCBHC) planning grant revealed significant disparities in behavioral health outcomes. The assessment - aimed at identifying gaps in services, will guide each selected CCBHC in tailoring services to its community's needs. Below are key findings and recommendations.

## Identified Gaps:

While Connecticut is celebrated for its healthcare system, there are critical areas needing attention:

- **Economic disparities:** Connecticut has one of the largest income gaps in the country. For example, Bridgeport's median income is \$46,662 compared to Fairfield at \$139,122. Individuals with lower income face barriers to quality healthcare and have limited resources, which can result in higher illness rates.
- **Access to quality healthcare:** Many residents face challenges in accessing necessary services.
- **Social Drivers of Health (SDoH):** Factors like housing, food security, and transportation significantly impact health outcomes.
- **Mental health (MH) and substance use disorder (SUD) services:** There is a need to enhance mental health and substance use disorder services, as 38% of HUSKY Health members have a MH diagnosis. Additionally, 18% of adults, 9% of older adults, and 8% of youth are diagnosed with an SUD.
- **Food security:** Food deserts—areas with limited access to healthy, affordable food—in some parts of the state hinders the ability to eat well.

We need your input! Scan the QR code to tell us how to prioritize these populations!



## Populations of Focus:

The needs assessment identified specific, diverse populations of focus facing distinct challenges for the CCBHC planning grant. Below are the populations in focus:

- **People experiencing unstable housing** have seen a 13% rise in homelessness since 2023, with over 3,400 individuals, including children and older adults, struggling for housing security.
- **Veterans**, numbering approximately 146,000 in Connecticut, face higher suicide risks than non-veterans.
- **LGBTQ+ youth** encounter significant barriers, with 55% expressing concerns about accessing care and only 30% feeling comfortable disclosing their identities at home.
- **Individuals with intellectual, physical, and developmental disabilities** need access to specially trained providers.
- **Older adults**, comprising 20% of the population, experience elevated rates of mental health issues and often lack access to cohesive services.
- **Young adults at clinical high risk for psychosis, and those with a First Episode Psychosis**, require substantial support to mitigate adverse outcomes.
- **Individuals with an Opioid Use Disorder** may have limited access to medications for opioid use disorder.
- **School-aged children** are at a higher risk for anxiety, depression, and traumatic stress, while **preschool children** are more vulnerable. Addressing these needs in young children can have life-long impacts.
- **Urban and rural residents living in regions designated as health professional shortage areas (HPSAs)** experience pronounced access disparities, as they have more limited access to quality care.

## Insights and Opportunities through the CCBHC Planning Grant - *continued*

### Structural Barriers and Opportunities:

The statewide needs assessment highlighted key barriers and opportunities for behavioral health care. A significant challenge is the influence of SDoH, as many adults experience financial, food, or housing insecurity, along with difficulties accessing treatment services, such as inadequate transportation. This underscores the need for targeted interventions. Workforce shortages in the mental health sector leave many needs unmet, posing challenges in staff retention and cultural responsiveness. Additionally, the diverse cultural composition, with many individuals speaking non-English languages at home, presents both challenges and opportunities, necessitating the need to expand on culturally specific solutions to effectively serve the community. Addressing these barriers can enhance health equity outcomes across the state.

### Recommendations for Improvement:

- **Access to care:** Expand services in underserved areas, increase substance use disorder treatment options, and integrate behavioral health within primary care.
- **Care delivery:** Enhance continuity of care, integrate support for co-occurring conditions, and develop culturally specific programs.
- **Prevention:** Address social determinants, promote data sharing for coordination, and foster community and family engagement.
- **Workforce development:** Strengthen capacity, improve cultural competency, and leverage peer support networks.

Through the CCBHCs initiatives, Connecticut aims to bridge the identified gaps and promote a healthier, more inclusive community for all residents.

### Structural Barriers and Opportunities: The Facts

#### Social drivers of health:

- 40% of adults experienced financial, food and/or housing insecurity.
- 3% of CT HUSKY Health members experience unstable housing.
- There is a 20-year difference in life expectancy between people living in mostly Black/Hispanic urban neighborhoods and people living in affluent mostly white communities.
- It is estimated that 50,000-51,500 adults in Connecticut have unmet needs for mental health care.

#### Workforce Shortages

- Only 19% of the population's need for mental health professionals is met, while over 80% of nonprofit behavioral health providers report difficult retaining staff.

#### Cultural composition

- 22% of Connecticut residents speak a language other than English at home
- 17% of the Connecticut population identifies as Hispanic

# Enhancing Behavioral Health Care Coordination: Insights from the 2024 PAR Cycles

In the 2024 Provider Analysis and Reporting (PAR) cycles, Carelon Behavioral Health of Connecticut (Carelon BH CT) introduced strategic enhancements in care coordination for individuals with behavioral health and co-occurring disorders. By uniting staff from inpatient psychiatric facilities (IPF) and emergency departments (ED) within each hospital, this PAR cycle fostered collaboration to refine care coordination practices and improve member outcomes.

The PAR meetings underscored the importance of clear communication to address discharge-planning challenges, improve access to resources, and ensure effective follow-up post-discharge from IPF or the ED, particularly for members with high utilization of ED services and those dealing with substance use disorders. Efforts to streamline medications for substance use disorders and enhance patient engagement were emphasized, with a collaborative focus from both departments on ensuring continuity of care and seamless patient transitions. Initiatives like Community Care Teams (CCT) and partnerships with organizations such as the Connecticut Community for Addiction Recovery (CCAR) help to facilitate connections to post-discharge care, despite challenges like housing and transportation barriers.

## **Current Substance Use Trends**

Emergency Department visits for HUSKY Health members with a primary substance use disorder have seen a marked increase in cases involving

alcohol use disorder and the combined use of fentanyl and opioids. Rising marijuana use among youth further complicates screening efforts. Challenges such as vaping - which often goes undetected during screening - can mask other substance use or mental health issues, making diagnosis, treatment, and family intervention efforts more complex.

## **Coordination and Data Utilization**

To address these trends, significant emphasis was placed on comprehensive care coordination, and integrating substance use disorder (SUD) education upon initiation of Medications for Opioid Use Disorder (MOUD). Efforts to establish MOUD as a best practice are ongoing, where there is active training for providers to approach SUD as a treatable medical condition. This shift is creating a more compassionate treatment environment, reducing stigma, and supporting a broader acceptance of MOUD practices. Carelon BH CT's regional network management (RNM) team plays a pivotal role in supporting this shift through data tracking and education. Creating partnerships with organizations like CCAR further enhances resource provisioning and ensures consistent follow-up care after discharge. This collaborative approach between the ED and IPF prioritizes member health and recovery, aiming to create a continuum of care that minimizes treatment interruptions, thereby improving recovery chances and reducing relapse likelihood.

# Enhancing Behavioral Health Care Coordination: Insights from the 2024 PAR Cycles- *continued*

## Addressing Post-Discharge Barriers

Persistent obstacles include transportation, housing, and the timely linkage to outpatient services. Social drivers of health (SDoH) significantly affect readmission rates, particularly for patients discharged into homelessness. Electronic health record (EHR) systems capturing SDoH data have become instrumental in shaping care strategies, although barriers like staffing shortages and long wait times for appointments remain. These challenges underscore the need for improved interagency communication and the allocation of resources, with community network expansions offering potential solutions.

## Best Practices and Strategic Recommendations

Despite the hurdles in effective follow-up care, the 2024 PAR cycle has spotlighted numerous best practices shared between IPF and EDs:

- **Meds-to-Beds Program:** Supplying necessary medications at discharge to curb readmissions.
- **Community Collaborations:** Strengthening local provider networks like CCAR can enhance follow-up and aftercare engagement. Demonstrating this, CCAR supported 901 individuals in 2024 — a 61% increase from 2023.
- **Proactive Discharge Planning:** Involving patients and family members in aftercare plans can improve follow-up outcomes by fostering engagement in treatment plans.
- **Bridge Clinics:** These offer transitional support when standard coordination is lacking, ensuring follow-up within seven days of discharge.
- **Interdepartmental Support:** Enhanced coordination between IPF and ED

improves treatment initiation and continuity. The use of CCTs focuses on improving care coordination and reducing repeat admissions through regular interdisciplinary rounds and proactive interventions.

- **Education and Training:** Regular training programs for providers to deepen their understanding of SUD as a medical condition, diminish stigma, and encourage collaborative practice models.

These practices focus on enhanced communication to ensure smooth transitions from ED and inpatient stays to outpatient care and integrating SDoH data into discharge planning to address barriers like housing and transportation effectively.

## Future Directions and Conclusion

The 2024 PAR cycles underscore the importance of standardizing successful practices and ongoing provider education for consistent care delivery. By integrating IPF and ED teams for PAR meetings, this PAR cycle marks significant progress in behavioral health care coordination. Emphasizing collaboration and strategic adjustments, hospitals are better positioned to meet the needs of patients with co-occurring disorders, ensuring timely and comprehensive care.

# Enhancing Behavioral Health Care Coordination: Insights from the 2024 PAR Cycles-references

## Tableau Workbook Examples – Emergency Department (ED) Visits and Connect to Care (C2C) Rates

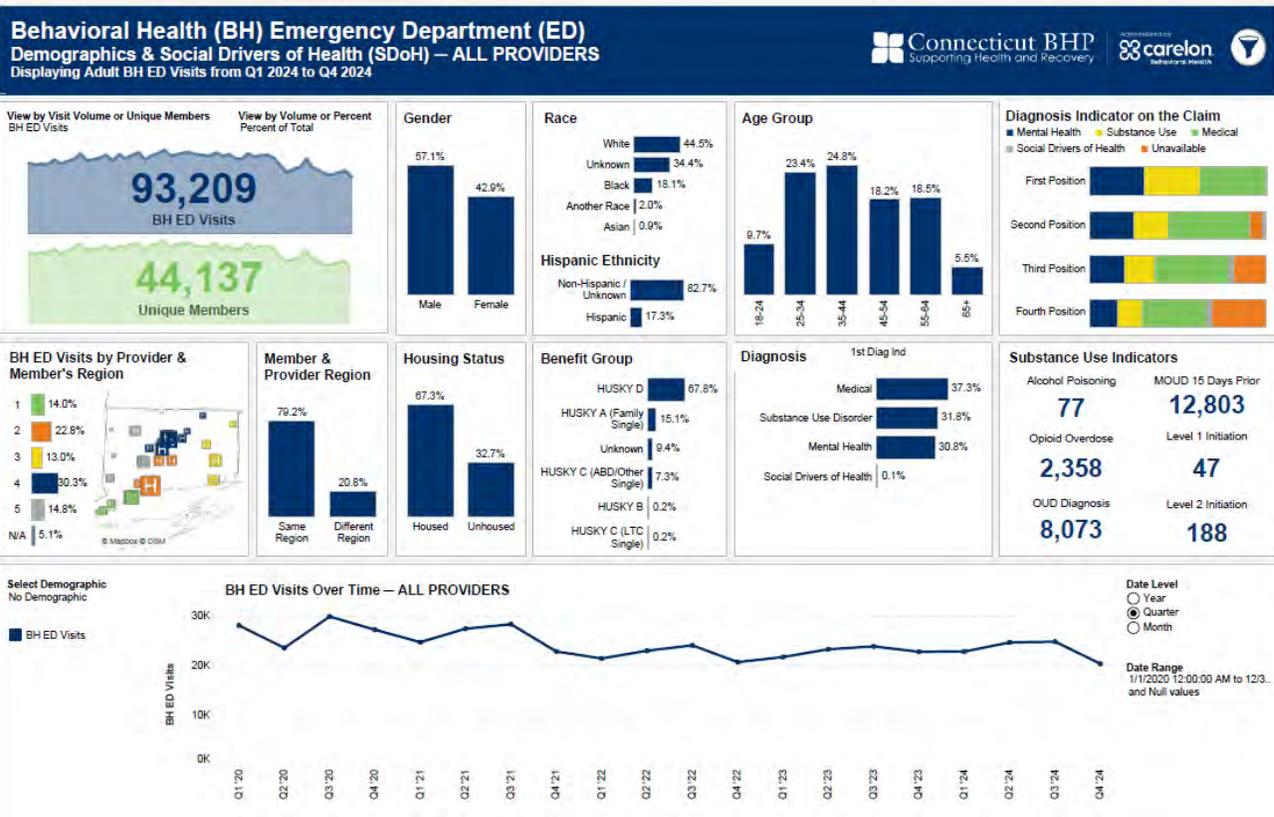


Figure 1 –Adult BH ED visits, demographics and SDoH

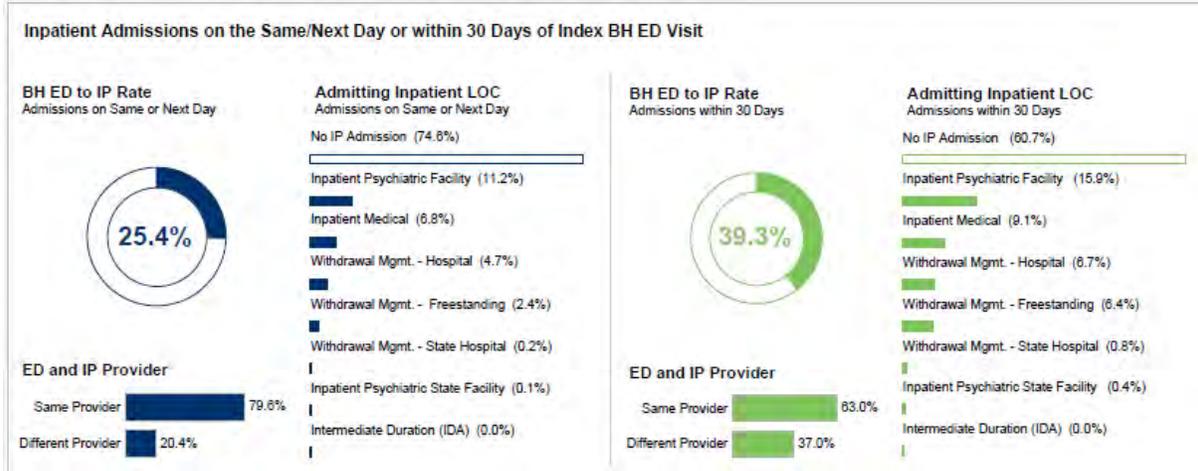


Figure 2 – Adult INP admissions on the same/next day or within 30 days of BH ED visit

# Enhancing Behavioral Health Care Coordination: Insights from the 2024 PAR Cycles-*references*

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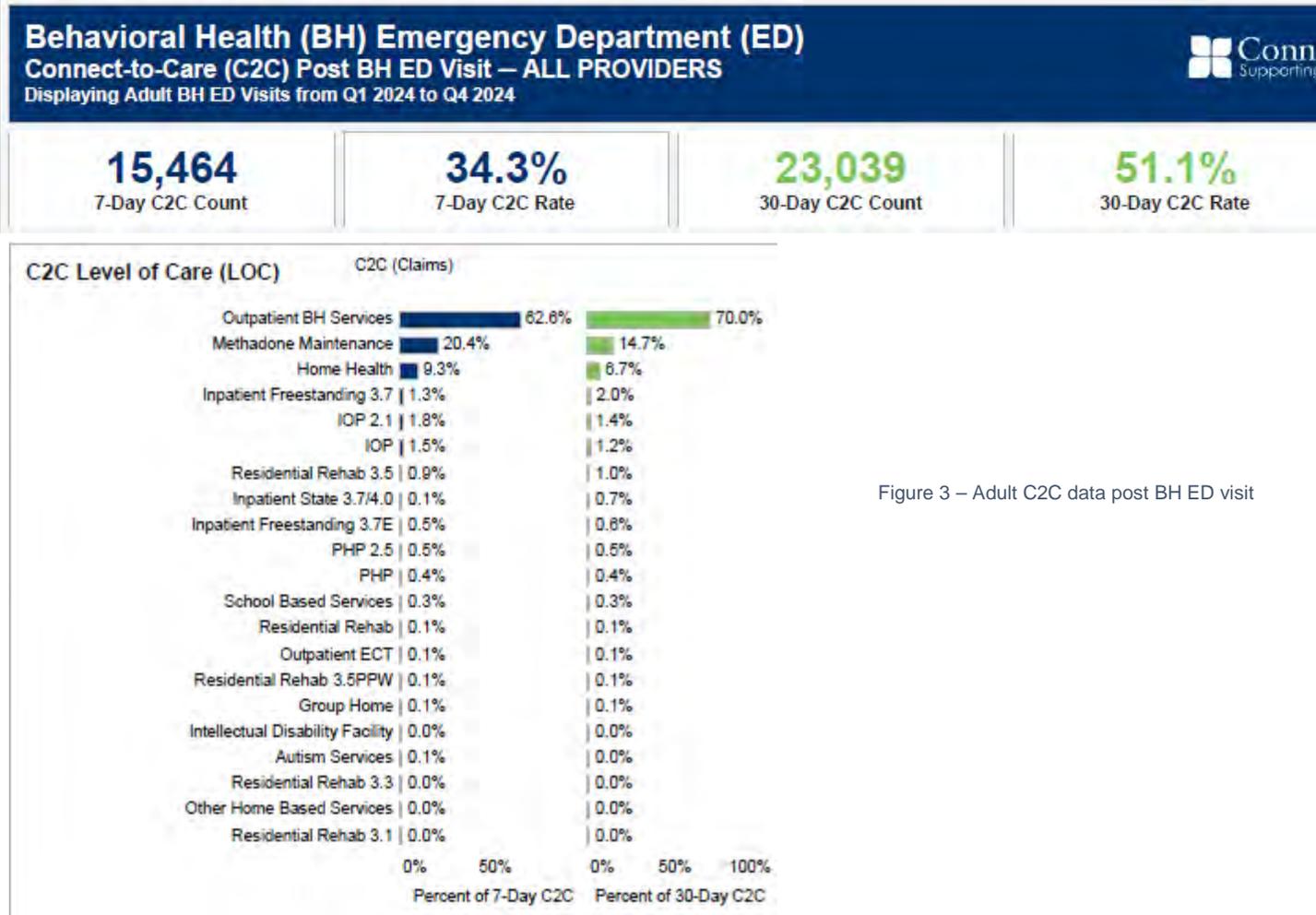


Figure 3 – Adult C2C data post BH ED visit

# Enhancing Behavioral Health Care Coordination: Insights from the 2024 PAR Cycles-references

## Tableau Workbook Examples – Emergency Department (ED) Visits and Connect to Care (C2C) Rates

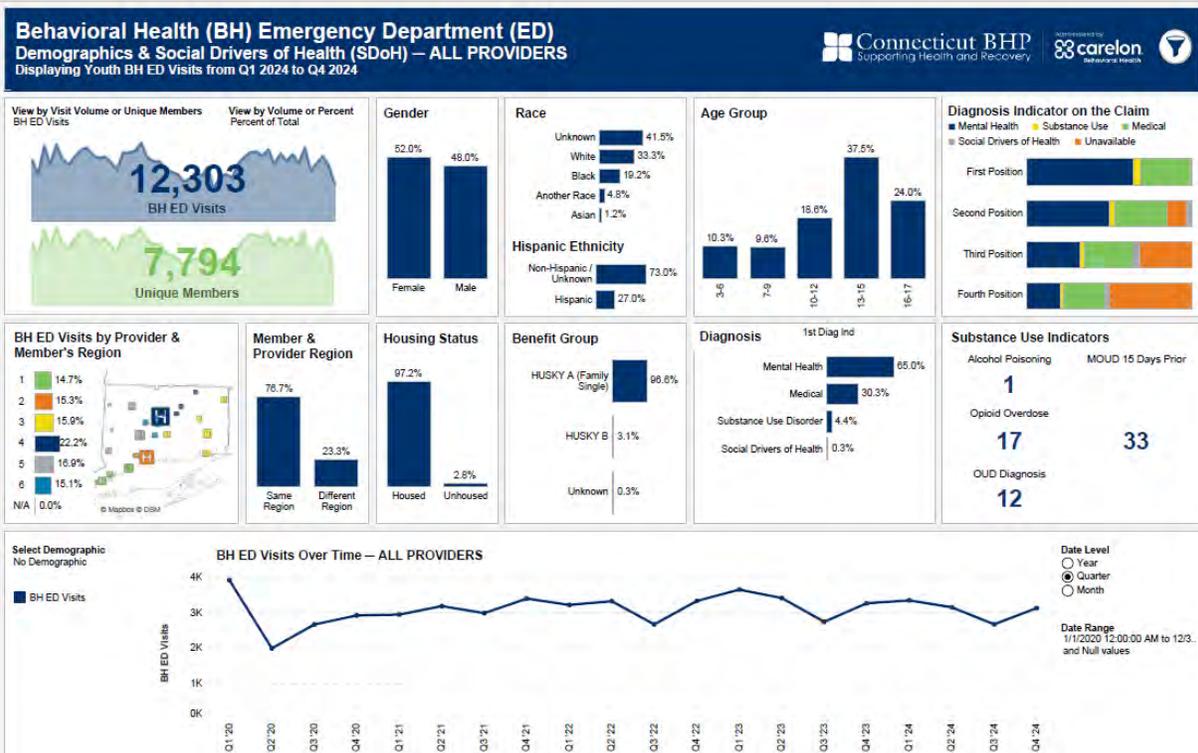


Figure 1 –Youth BH ED visits, demographics and SDoH

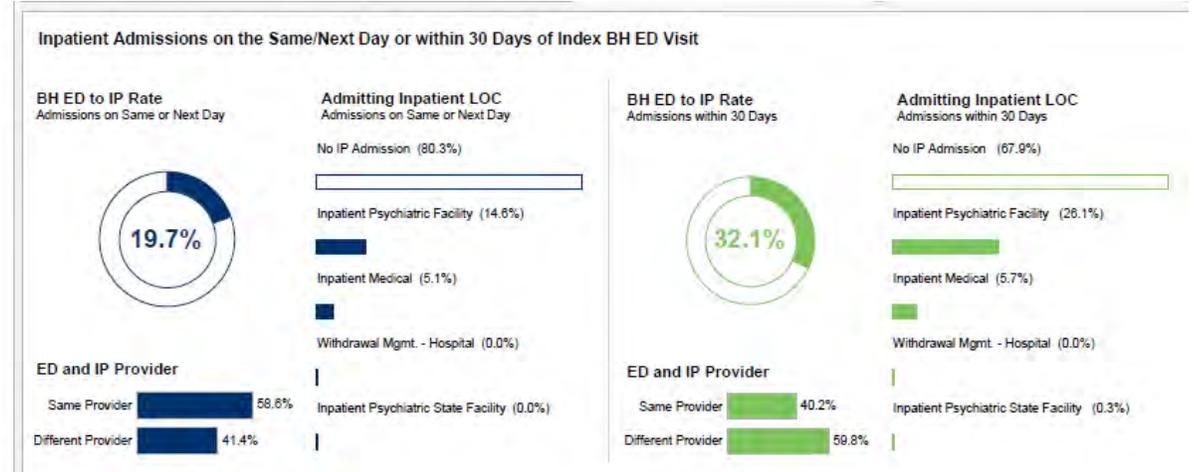


Figure 2 –Youth INP admissions on the same/next day or within 30 days of BH ED visit

# Enhancing Behavioral Health Care Coordination: Insights from the 2024 PAR Cycles-*references*

## Tableau Workbook Examples – Emergency Department (ED) Visits and Connect to Care (C2C) Rates

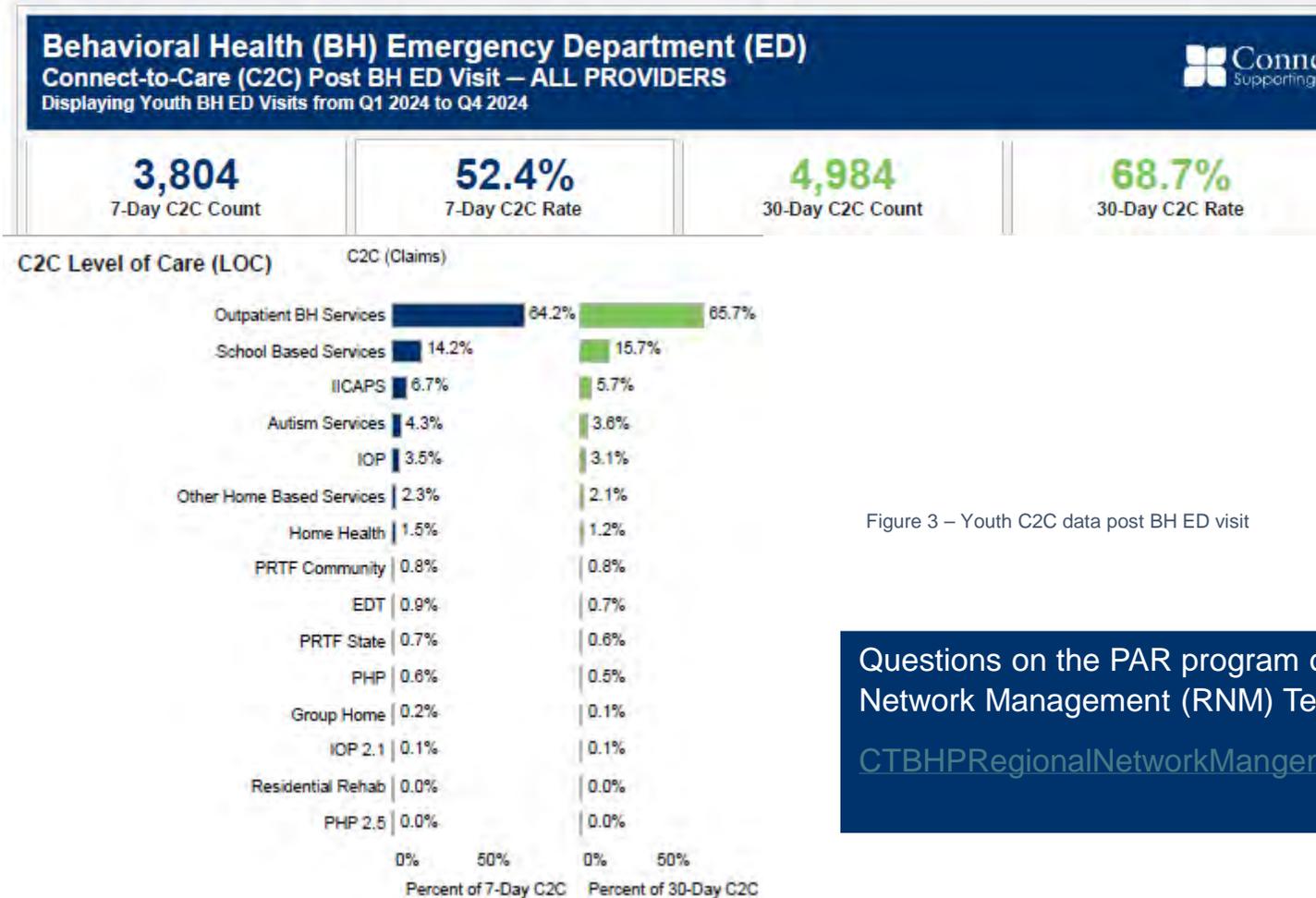


Figure 3 – Youth C2C data post BH ED visit

Questions on the PAR program or any data shared, please contact the Regional Network Management (RNM) Team for more information.

[CTBHPRRegionalNetworkMangement@carelon.com](mailto:CTBHPRRegionalNetworkMangement@carelon.com) – RNM Team

# Educational Forum: Nurturing Futures: Supporting Substance Use Recovery During Pregnancy and Beyond

On September 23, 2025, over 460 participants from Connecticut and beyond came together for a virtual forum hosted by the Connecticut Behavioral Health Partnership (CT BHP). This event, dedicated to understanding and supporting individuals affected by substance use during the perinatal period, emphasized compassionate practices to aid recovery.

Dr. Hendrée E. Jones, a licensed psychologist and professor at the University of North Carolina at Chapel Hill, led the discussion. She shared her extensive knowledge and highlighted the importance of incorporating lived experiences into her work with those navigating substance use challenges. Attendees explored best practices to ensure continuous, empathetic care and to address and overcome the stigma associated with perinatal substance use.

The second hour featured an interactive Q&A session moderated by Kimberly Haugabook, AVP of Health Equity & Special Projects at Celeron Behavioral Health of Connecticut. The panel included voices of persons with lived experience, who openly shared their recovery journeys and their work with pregnant and parenting individuals. One participant reflected, "Finding the Horizons program was transformative. Their supportive approach helped me realize I could seek help and maintain hope for my future and my baby."

Dr. Ariadna Forray from Yale School of Medicine and Shelly Nolan from the Department of Mental Health and Addiction Services also joined the panel, highlighting the essential role of peer support in fostering recovery and emotional well-being during and after pregnancy.

Panelists shared various local and national resources tailored for perinatal individuals dealing with substance use. Feedback from 234 attendees, including those pursuing National Association of Social Workers (NASW) Continuing Education Credits, revealed high satisfaction, with scores averaging between 4.56 and 4.68 out of 5. As one attendee noted, "The panel discussion was inspiring! Such positive energy and motivation from a remarkable group of individuals. Dr. Jones brings so much understanding and compassion to this critical topic."

The forum aimed to encourage empathetic and effective practices in supporting substance use recovery during pregnancy and beyond. For more information, including a recording of the forum, Dr. Jones's presentation, and a comprehensive resource guide, please visit the CT BHP website by selecting this link: [Educational Forums | CTBHP Providers](#).

For more information on this topic and other educational forums, please visit [www.ctbhp.com](http://www.ctbhp.com), [For Providers](#), [Educational Forums](#).

# Fostering Holistic Maternal Care: Enrich Health's Commitment to Equity and Emotional Well-Being

Enrich Health is a clinic in Connecticut dedicated to supporting the well-being of expectant mothers, particularly addressing the racial disparities faced by Black women in maternal care. Co-founded by Dr. Monique Rainford, the clinic emphasizes a compassionate approach by using group prenatal sessions called "motherhood circles" and pairing each mother with a doula. These methods foster community support and encourage open communication, helping to reduce stress and promote emotional well-being alongside physical health

benefits. Supported by progressive state policies, Enrich Health is committed to creating a nurturing environment that values both health outcomes and the holistic recovery of every mother in their care.

Please see the full article here, originally posted in the CT Mirror:  
<https://ctmirror.org/2025/10/30/maternal-care-husky-enrich-health-hamden/>



# The 10<sup>th</sup> Annual iCAN Conference Promotes Behavioral Health Awareness

The Consumer and Family Advisory Council of the Connecticut Behavioral Health Partnership (CT BHP), administered by Carelon Behavioral Health of Connecticut (Carelon BH CT), hosted its tenth annual iCAN Conference at the Artists Collective in Hartford on September 25<sup>th</sup>, 2025. This consumer-focused annual event highlights mental health (MH) and substance use disorder (SUD) services available to residents statewide, emphasizing collaborative efforts among members, agencies, providers, and community partners to enhance the behavioral health system.

The 10<sup>th</sup> anniversary conference began with remarks from state Commissioners and/or designees from the Partnerships' state partners, the Department of Social Services (DSS), the Department of Mental Health and Addiction Services (DMHAS), and the Department of Children and Families (DCF), as well as from the CEO of the CT BHP Division of Carelon BH CT, the Partnership's administrator of behavioral health services. Attorney General William Tong concluded the opening remarks, followed by an opening key panel composed of community and systems leaders addressing the topic, Cultivating Community Wellness through Solidarity: Building a Healthier Society Together.

This year's conference offered an array of workshops aligned with its theme, "Partnering for the Improvement of Mental Health and Substance Use Disorder Services While Facing Adversity." These included "Optimizing Recovery and Whole Person Care: Navigating the Complexities of SUD, MH, and Social Drivers of Health", "Faith, Spirituality, and Wellness", "Leading with Resilience: Building Resilience in Uncertain Times", and "Supporting Recovery During the Transition to Adulthood". More than 15 providers and community partners exhibited or sponsored the event.

"Too many Connecticut families, young adults and youth receiving Medicaid services experience frequent transitions within our mental health and recovery services because they are not accessing appropriate resources," said a member of the Consumer and Family Advisory Council. "In reality, Connecticut has an array of behavioral health and recovery programs, but consumers, agencies and providers may not always be aware of them, or they just don't share the information with each other."

Feedback survey responses indicated the vast majority of attendees experienced a satisfying or extremely satisfying experience. "I can't think of a more fitting conference theme at this time than partnering to improve MH/SUD services while facing adversity," said Carrie Bourdon, CEO of the CT BHP Division of Carelon BH CT. "And as we have learned over the past ten years addressing issues such as the opioid epidemic and COVID, when all of us – consumers, providers, advocates, and policymakers—work together, we can face any challenges the future may hold."



# Understanding the New CMS-0057-F Rule: Preparing for Changes in Carelon BH CT Service Requests

## Overview of the New Prior Authorization Policy

The Centers for Medicare & Medicaid Services (CMS) has rolled out the CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F), to enhance electronic healthcare data exchange and improve the efficiency of prior authorization processes. This rule aims to optimize service delivery by reducing delays in approval times, a change that directly affects Carelon Behavioral Health Connecticut (Carelon BH CT).

## Key Policy Changes for Carelon BH CT

### 1. Revised Decision Timeframes

Under the new rule, Carelon BH CT must adhere to the following decision-making timelines for prior authorization requests:

- **Expedited (Urgent) Requests:** Providers must receive a decision within 72 hours.
- **Standard (Non-Urgent) Requests:** A decision must be made within seven calendar days.

The urgency of a request is determined by the required level of care, as outlined in the [Provider Handbook](#).

### 2. Enhanced Communication and Transparency

Carelon BH CT must provide specific reasons for any denials of prior

authorization requests. This applies to all forms of communication, including portal, fax, email, mail, or phone. This transparency is crucial for providers to understand the basis for a denial and take appropriate action.

## Preparing for the New Rule

For providers working with Carelon BH CT, understanding and implementing these changes are essential. Here are some steps to help you prepare:

- **Stay Informed on Authorization Protocols:** Educate your staff on the prior authorization processes. Resources and training sessions are available on the [CT BHP website](#) to help staff navigate these changes efficiently.
- **Comprehensive Information Submission:** Ensure that all clinical information submitted with service authorization requests is thorough. Refer to [the Level of Care Manuals](#) for examples of comprehensive clinical narratives. This practice minimizes re-evaluations and the risk of authorization denials.
- **Effective Communication:** Work closely with CT BHP utilization management clinical care managers (CCMs) to keep communication lines open. Prompt responses, especially ahead of weekends and holidays, can prevent delays in authorization and support compliance with the new timeframes.
- **Monitor Regulatory Updates:** Stay up to date with any changes in CMS regulations and guidance to ensure a smooth transition. Signing up for [CMS](#) and the [Department of Social Services](#) (DSS) email updates will keep you informed of any developments that may impact your practice.

By aligning with these new protocols and fostering efficient communication with Carelon BH CT, providers can optimize the authorization process, ensuring timely services and improved care.

# ProviderConnect Corner

## Online Provider Connect Registration Now Available!

Good news for HUSKY Health providers! There's now an easier way to request login credentials for ProviderConnect with a recent update. You can now submit login requests directly through an online account request page, making the process quicker and paperless.

**Providers still have the option to use the [ProviderConnect Online Services Account Request Form](#) if preferred to request user credentials.**

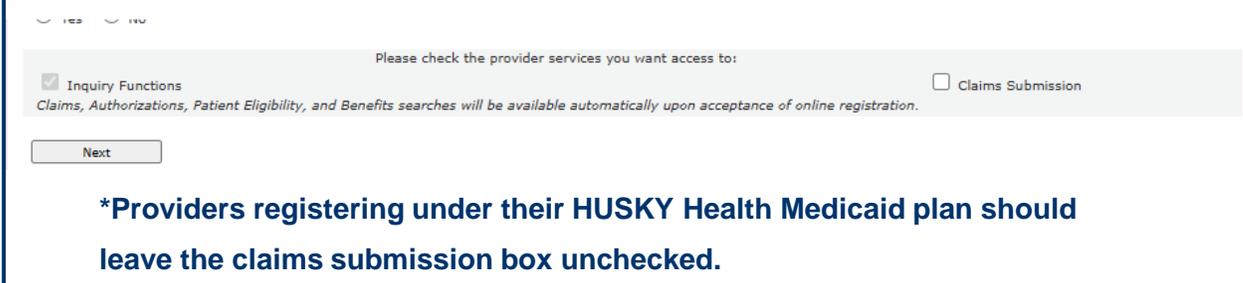
For those opting to go fully digital, using the online account request page significantly streamlines the process and removes the hassle of managing paperwork.

### Important Note:

- **Provider ID:** You'll need the ID assigned when Carelon Behavioral Health CT (Carelon BH CT) builds your profile. This ID starts with 'CBHP'.
- **Last Name:** Ensure this matches exactly as it appears in the Carelon BH CT system.
- **Contact Name:** This will be the users' first and last name

To obtain your Provider ID (also known as your CBHP ID) and confirm the exact listing of your last name, please contact CT BHP at 877-552-8247 or via email at [ctbhp@carelon.com](mailto:ctbhp@carelon.com). Having this information ready will ensure you complete your registration smoothly.

**Please be reminded that HUSKY Health providers should not use this request page for claims submission\*.** This update focuses on making prior authorization and registration processes more efficient and accessible.



The screenshot shows a registration step titled "Please check the provider services you want access to:". There are two checkboxes: "Inquiry Functions" (checked) and "Claims Submission" (unchecked). Below the checkboxes is a "Next" button. A note states: "Claims, Authorizations, Patient Eligibility, and Benefits searches will be available automatically upon acceptance of online registration." Below the form, a blue text box contains the instruction: "\*Providers registering under their HUSKY Health Medicaid plan should leave the claims submission box unchecked."

Whether you choose to go digital or stick with the traditional form, our aim is to support your needs in the most convenient way possible. If you have any questions or require assistance, please get in touch with Carelon BH CT. We're here to help!



# ProviderConnect Corner

## Important Reminders for Service Start Dates and Billing

### Start Date Clarification

When submitting your registration or authorization service requests in the ProviderConnect portal, please remember that the 'start date' field will either automatically populate with the date of submission or remain blank. It is crucial for accuracy and compliance that the date you enter here reflects the actual start date of the service. Before hitting submit, double-check this information to ensure it is correct.

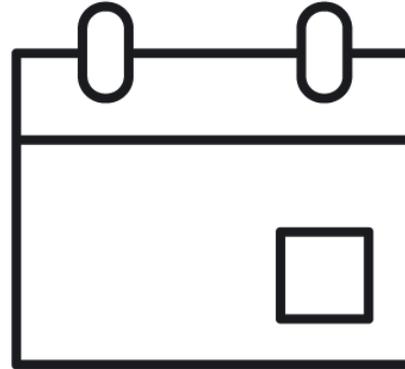
### Action Required:

- Verify that the 'start date' entered is the true commencement date of service.
- If the auto-populated date is incorrect, please change it to the accurate start date.

### Billing Process:

To prevent any billing discrepancies, we kindly ask you to wait two (2) business days after submitting registrations/authorizations or making changes to end dates, unit counts, voids, and similar transactions, before proceeding with billing to Gainwell Technologies, the fiscal agent for HUSKY Health.

These reminders ensure a smooth and accurate billing cycle, which benefits both providers and clients. Thank you for your continued attention to these details and your commitment to providing excellent service.



Want more information on ProviderConnect?  
Follow this online tutorial: [ProviderConnect Basics](#)

# Enhancing Mental Health Care for Transgender and Non-Binary Individuals: Insights from a Gender Affirming Care Study

November 13 – 19<sup>th</sup> marked Transgender Awareness week, recognizing Transgender, non-binary, and gender expansive (TNG) individuals' experiences. This community can experience disproportionately higher rates of mental health symptomatology and face unique barriers to accessing care (e.g., concerns about experiencing non-affirming care). One pilot study, published in the *Journal of Primary Care & Community Health* and conducted at the University of Pennsylvania, aimed to address the demonstrated barriers by exploring the integration of gender-affirming psychiatric care within primary care settings for TNG individuals. The findings reveal significant improvements in mental health symptoms, underscoring the potential benefits of this integrated care model. It highlights the importance of culturally competent care and clinician-patient concordance. Particularly relevant during Transgender Awareness Week, the study emphasizes the critical need to increase visibility and understanding of the unique healthcare needs of TNG individuals, aiming to reduce health disparities and promote more inclusive, stigma-free access to health services. For a comprehensive exploration of these findings and their implications, access the [full article here](#).

## Reference

Goetz, T. G., Kishton, R., & Wolk, C. B. (2025). Integrating Psychiatric Care With Gender-Affirming Primary Care to Meet Transgender, Non-Binary, and Gender Expansive Mental Health Needs: A Pilot Study. *Journal of primary care & community health*, 16, 21501319251357728.  
<https://doi.org/10.1177/21501319251357728>



# Quick Clicks

- [Bulletin Rewind](#) – Select here to review news and events this past year.
- **Community and Awareness Months**
  - November 2025:
    - Native American and Alaska Native Heritage Month
    - International Stress Awareness Week – *November 3, 2025-November 7, 2025*
    - Transgender Awareness Week – *November 13, 2025 – November 19, 2025*
  - December 2025:
    - International Day of Persons with Disabilities – *December 3, 2025*
  - January 2026:
    - Mental Wellness Month
  - February 2026:
    - Black History Month
    - Heart Health Month
    - Eating Disorders Awareness and Screening Week – *February 24, 2026 – March 2, 2026*

## 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](mailto:ctbhp@carelon.com).**



# Thank you

 **Connecticut BHP**  
Supporting Health and Recovery

Administered by  
 **carelon.**  
Behavioral Health