

# **Adult Behavioral Health System: Multi-Agency and Multi-Branch Collaboration**

**Appropriations Committee**

**Adult Behavioral Health Forum**

**January 11, 2022**



# Department of Mental Health and Addiction Services

Interim Commissioner Nancy Navarretta



# Adult Behavioral Health (BH)

## Snapshot of Connecticut BH

### Behavioral Health in Connecticut

- **18.8% of adults in Connecticut suffer from any mental illness**, i.e., 526,000 people
- **8.43% of adults in Connecticut struggle with substance use**, i.e., 235,000 people
- Surveys found that during the pandemic in 2020, **rates of depression in the state increased 3x among minorities and low-income households** compared to 2018 rates
- There were **321 suicides among adults 18 and older in 2020**, a decrease of 16% from the previous year
- **1,378 fatal drug overdoses in 2020**, an increase of 14.6% from the previous year in Connecticut

### Access to BH Care in Connecticut

- **Connecticut was ranked #4 in the US for access to adult mental health care** by Mental Health America's 2022 report, an increase from CT's #13 ranking in 2021.
- **Connecticut was ranked #9 in the US for access to both adult and pediatric mental health care.**
- DMHAS funds and operates **3,332 BH beds**. More IP beds are funded by Medicaid and private insurance.
- DMHAS operates **hospital-level of care at 5 MH and 1 SUD facility**
- **DMHAS served 49,695 MH clients and 39,837 SUD clients** in SFY21. It served **10,573 forensic clients**.

Source: "2022 State of Mental Health in America", Mental Health America. "Mental Health in a Pandemic", CT Data Collaborative June 2020. CT DPH Drug Overdose Monthly Report Nov 2021. DPH Injury and Violence Surveillance Unit figures.

# Department of Mental Health & Addiction Services (DMHAS)

## Agency Snapshot



- **Lead state agency for adult mental health and substance use services**

- 99,715 clients served by DMHAS system of care in FY20
- Prevention, Treatment, and Recovery Support
  - Treatment and support for adults only (18+)
  - Prevention services across the lifespan

- **Operates and funds 3,334 beds**

- 547 MH hospital beds
- 1,221 MH residential beds
- 152 SUD hospital beds (including Withdrawal Management / Rehab Connecticut Valley Hospital)
- 1,414 SUD residential beds

- **Contracts with 134 non-profit agencies** to provide individuals with substance use and mental health services

- Approximately 80% of the DMHAS program budget addresses mental health (MH), 20% addresses substance use (SA). The 1115 Waiver and SABG will change this proportion.

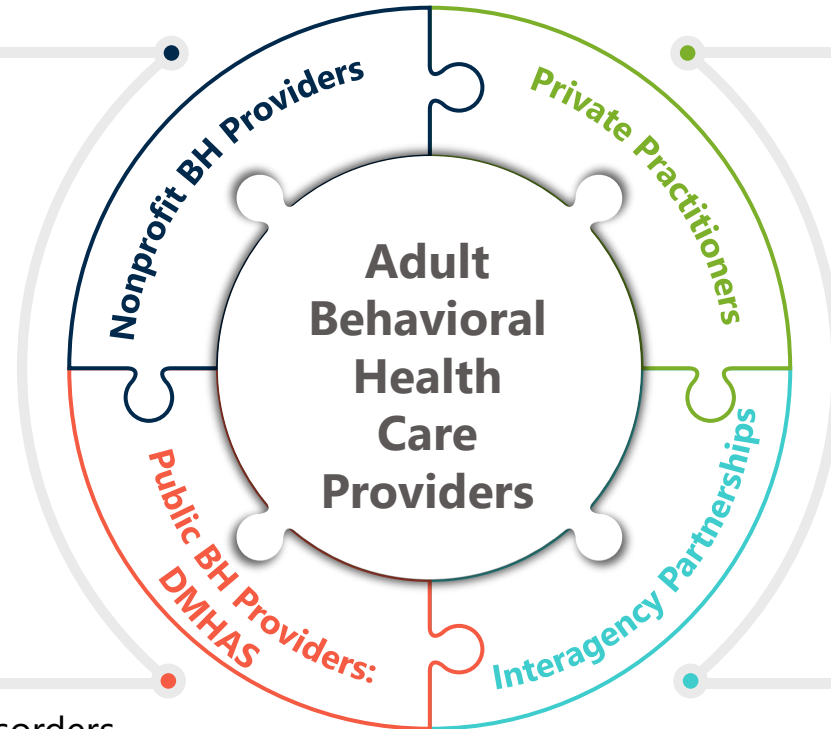
Source: DMHAS Annual Statistical Report SFY2020

# Behavioral Health Care Providers

## Adult System Overview

### Nonprofit Organizations

- **Clients served:** Lifespan BH
- **Main payors:** Commercial insurers, private pay, Medicaid
- **Provider types:** Private hospitals/health systems, nonprofit community providers



### Individual Private Practitioners

- **Main payors:** Commercial insurers, private pay
- **Provider types:** Licensed BH providers w private practices

### Public BH Providers (DMHAS)

- **Clients served:** People w complex BH disorders without means to pay for care required
- **Main payors:** Medicaid, state funding, federal block grants
- **Provider types:** Publicly funded DMHAS facilities (inpatient, residential, short term), DMHAS-contracted nonprofit providers

### Inter-Agency Partnerships

- Partnerships between DMHAS and Department of Correction, Department of Children and Families, Department of Housing, Department of Social Services to provide BH care and social services

Note: System above does not include primary care practices treating people for mild-moderate acuity BH issues (e.g., medication for anxiety/depression)



# Access to Behavioral Health Care

## Overview

There is “no wrong door” to access the DMHAS behavioral health system. The system has numerous points of access, each of which emphasize patient choice.



### Phone Access

- **24/7 Access Line for SUD** information, referrals, and connection to services with transportation: ~3,000 calls/month
- **211 / DMHAS ACTION Line** answered by CT United Way: ~5,000 calls/month
- National Suicide Prevention Lifeline (soon to be “988”)



### Online Access

- **Bed access webpages:** [www.ctaddictionservices.com](http://www.ctaddictionservices.com) and [www.ctmentalhealthservices.com](http://www.ctmentalhealthservices.com)
- DMHAS “**Finding Services**” webpage



### Programmatic Umbrella

- **13 Local Mental Health Authorities**, each with a general catchment area
- **Statewide programs:** SUD Withdrawal Management, Outpatient, Residential Treatment, Recovery Housing

# Young Adult Services (YAS)

## Program Summary

YAS serves acute, high-risk young adults between the ages of 18 and 25. YAS served 1,197 young adults out of ~12,000 DMHAS clients aged 18-25 in SFY20. This population includes youth transitioning out of Department of Children and Families' care, as well as young adults referred from CSSD, Beacon, and other community sources.

### Treatment

- Clinical assessment
- Individual and group therapy
- Residential services
- ARC trauma treatment framework

### Support Services

- Case management
- Transition services
- Residential support
- Life skills coaching



### Recovery

- Educational services
- Employment services
- Peer support
- Perinatal Support Program



### YAS Length of Stay & ED Management

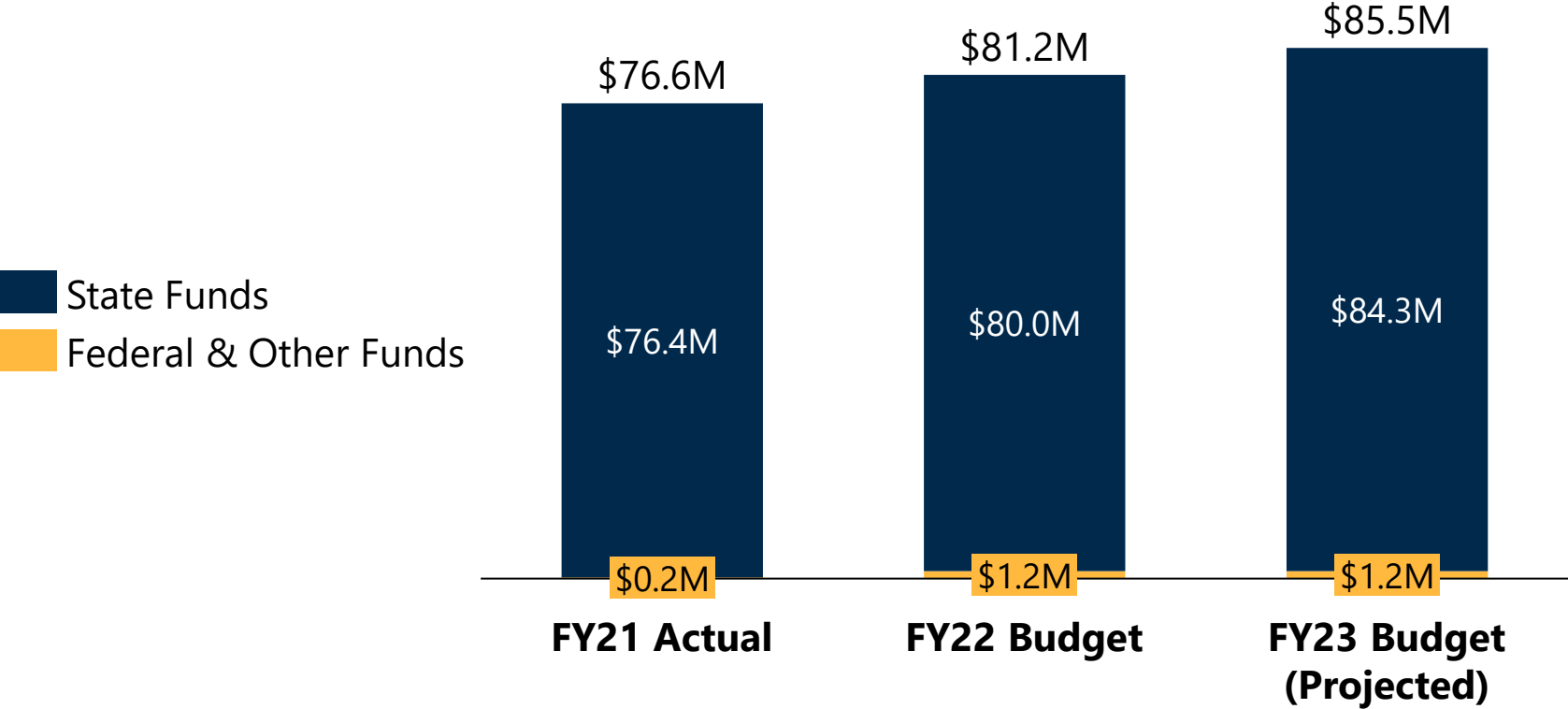
- Added 22 additional community-based residential beds to statewide YAS service system (6 pending), to become a total of 271 res. beds
- Hired statewide recovery support specialist and funded additional resources to provide both online and live support to young adults accessed through [turningpointct.org](https://turningpointct.org) website
- Developed MOAs with Beacon and CSSD (in addition to DCF) to allow for early engagement, assessment, and transition planning for this high-risk cohort of young adults.

# Young Adult Services (YAS)

## Budget Summary



**DMHAS YAS Annual Funding by Source**  
*SFY21 Actuals, SFY22 Budget, and SFY23 Projected Budget*





# Adult Mental Health (MH)

## Program Summary

DMHAS provides direct care and services for people with mental health disorders across inpatient, outpatient, emergency, and community-based settings. Individuals requiring services have access to a wide range of professionals with specialized training.

### Treatment

- Outpatient: Individual/group therapy and Medication Management
- Inpatient: Acute psychiatric, Intermediate, Sub-acute
- 10 Assertive Community Treatment (ACT) teams
- First Episode Psychosis programs

### Support Services

- 36 Community Support Program (CSP) Teams
- Case management
- Housing services
- Mobile Crisis Services
- Respite Programs
- Street Outreach



### Recovery

- **Peer Support**
- Employment Services
- Education Support
- Social Rehabilitation
- Residential Services, e.g., Intensive, Group Homes, Supervised Apartments, Transitional

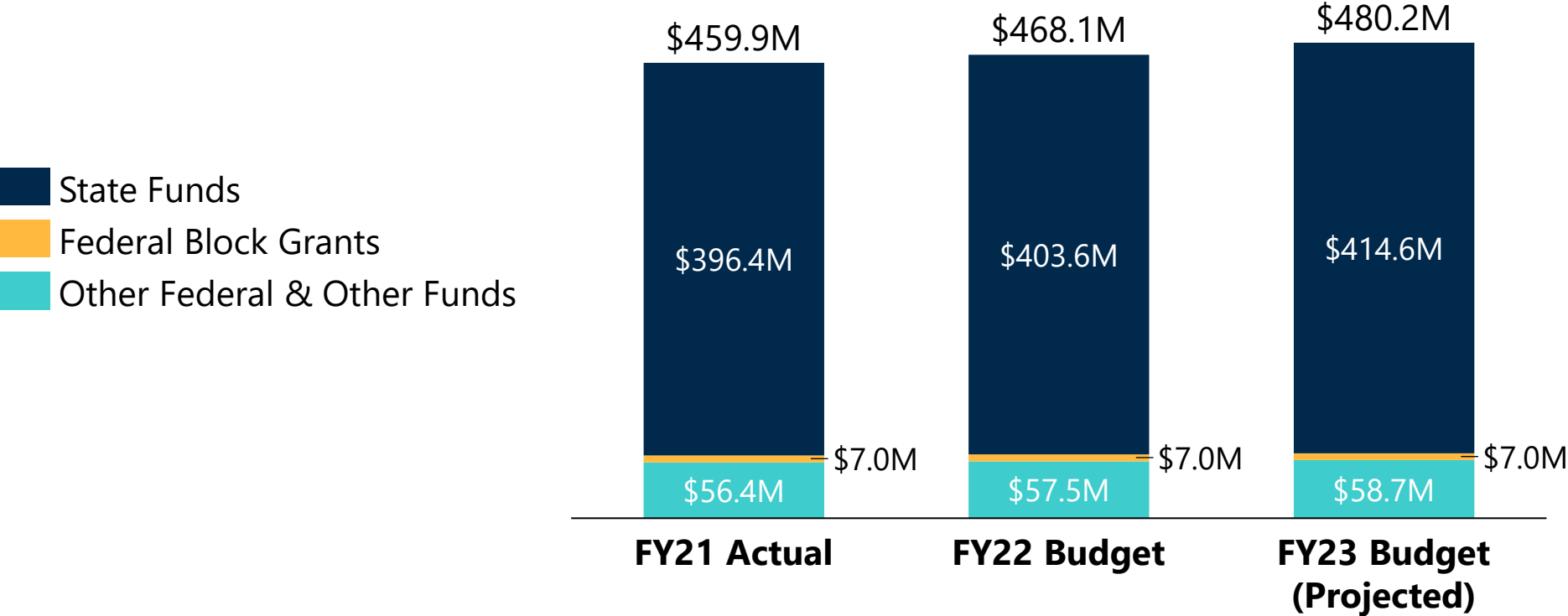


### Mobile Crisis Services

- 18 Mobile Crisis Teams respond to MH and SUD crises
- Expanding with state and federal dollars, including additional \$2.5M in FY22 and 23 budget.
- Approaching 24/7 mobile responses
- Strong collaborations with Law Enforcement
- Connected via the 24/7 DMHAS ACTION Line/Call Center at United Way/211

### DMHAS Mental Health Annual Funding by Source

*FY21 Actuals, FY22 Budget, and FY23 Projected Budget*



Notes: Figures include both state-operated and PNP services, including inpatient services. Figures do NOT include YAS or forensics.

# Adult Substance Use (SUD)

## Program Summary

DMHAS is the state's lead agency for the prevention and treatment of substance use, administering over 230 community-based substance use treatment programs and one SUD facility with hospital-level of care. DMHAS provided SUD services to 39,837 clients in SFY21.

### Treatment

- Residential treatment: Intensive, Intermediate, Long-term, and Transitional
- Outpatient and Intensive Outpatient Program (IOP)
- Medication Assisted Treatment (MAT): Methadone, Buprenorphine, Naltrexone and Mobile MAT

### Support Services

- Recovery Centers
- Case Management
- Naloxone distribution
- Transportation



### Recovery

- Recovery Coaches
- Recovery Housing
- Sober Housing
- Telephone Recovery Support Program
- Outreach and engagement

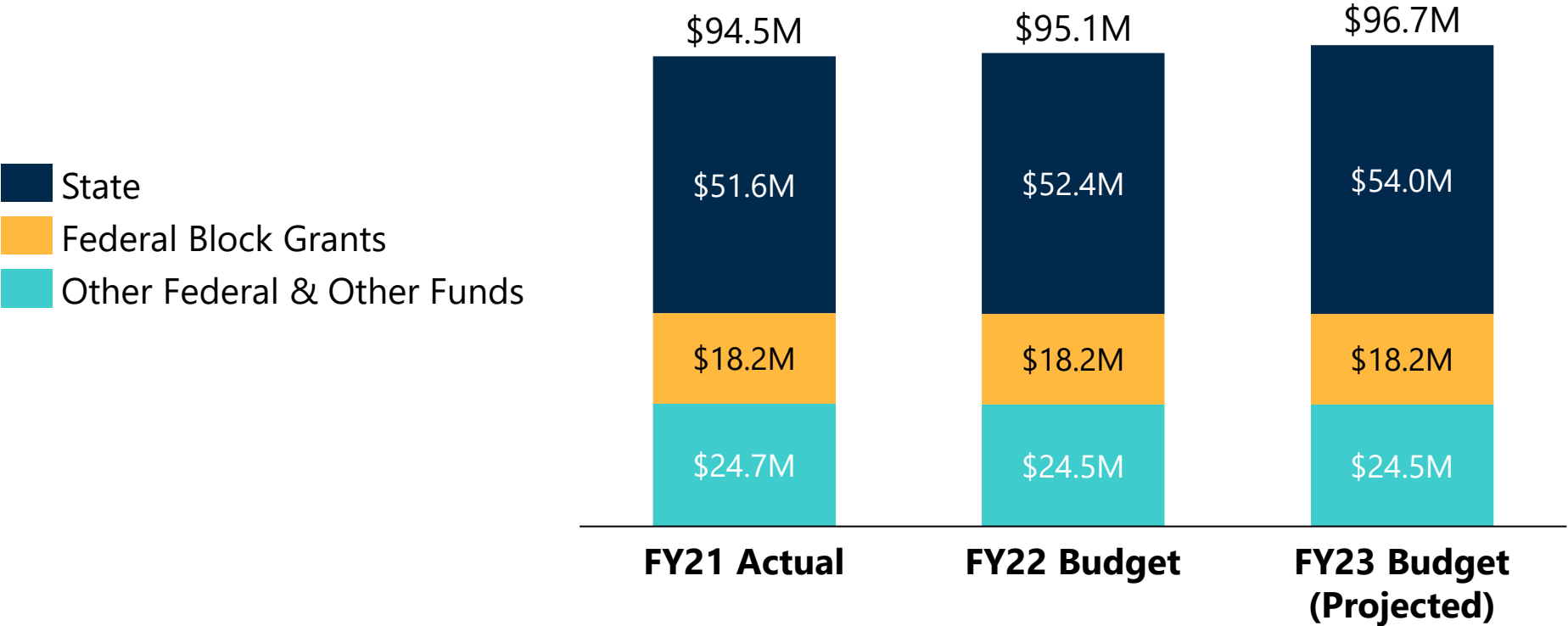


### Peer Support

- Recovery Coaches with lived experience provide outreach and support in hospital EDs to people with substance use disorders, including opioid and alcohol use disorders
- Achieved 90% connection to post-hospital services
- Other peer support programs include REACH Navigators
  - 20 navigators w statewide coverage
  - 1,500 clients since March 2019
- Peer supports are integrated at every level of DMHAS services
- Contact: [Cheri.Bragg@ct.gov](mailto:Cheri.Bragg@ct.gov)

### DMHAS Substance Use Annual Funding by Source

*FY21 Actuals, FY22 Budget, and FY23 Projected Budget*



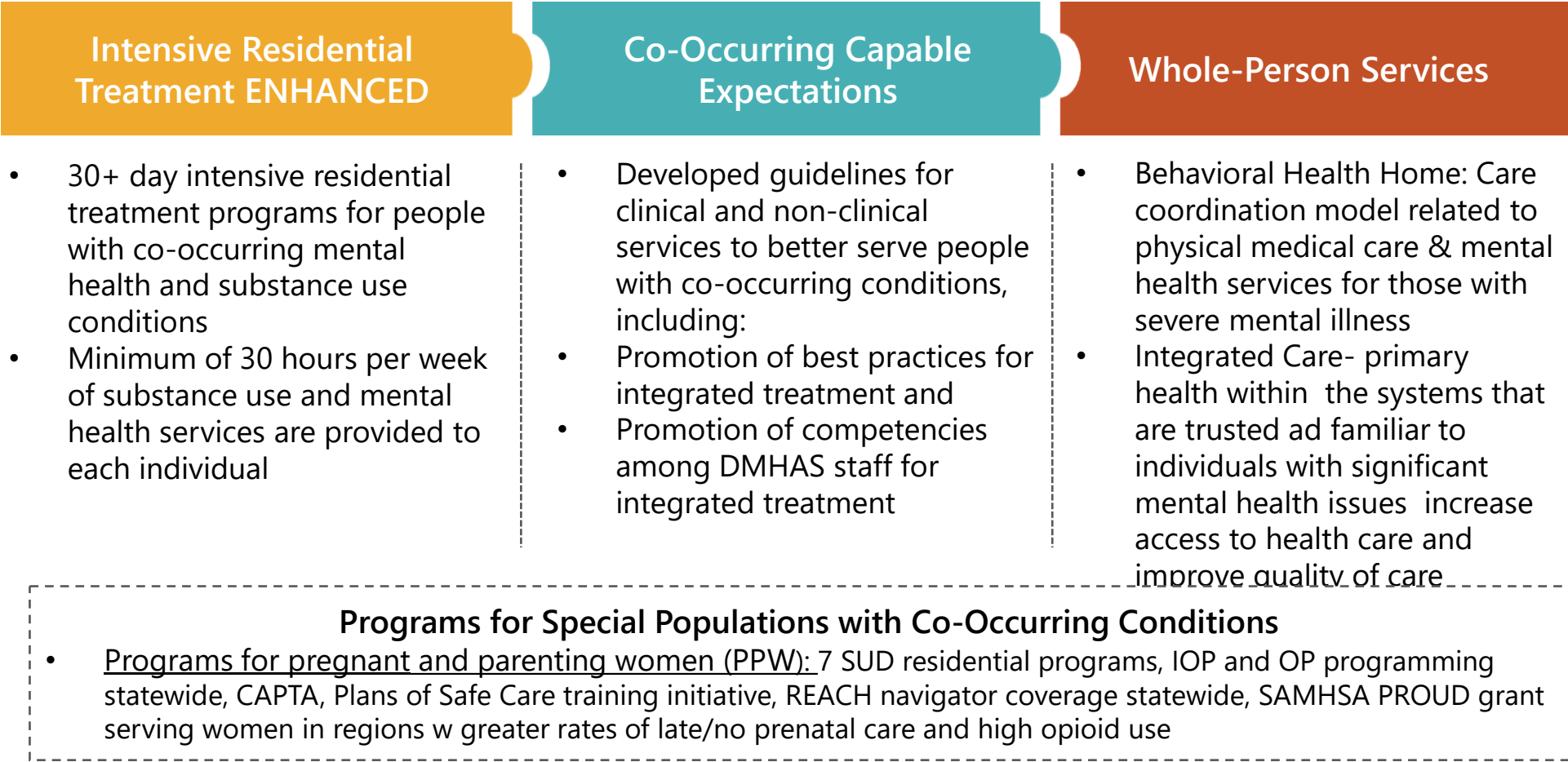
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# Integrated Care for Co-Occurring Conditions

Mental Health, Substance Use, and Physical Health

In addition to screening and treating clients for co-occurring conditions across all DMHAS levels of care, DMHAS has developed services for people with co-occurring conditions and implemented best practices for integrated care across its system.



# Adult Forensic Services

## Program Summary

DMHAS cares for people with serious mental illnesses and/or substance use disorders who become involved in the criminal justice system. These services promote recovery and decriminalization of behavioral health, while protecting public safety.

### Treatment

- Consultation and evaluation services
- Inpatient acute and rehabilitative services (Whiting Forensic Hospital)
- Community-based treatment
- DOC Medication Assisted Treatment services

### Diversion

- MH Jail Diversion/Court Liaison Program
- Women's Jail Diversion
- Veteran's Jail Diversion
- Alternative Drug Intervention
- Pretrial Interventions



### Recovery

- Transitional services
- CT Offender Re-entry Program
- Transitional Case Management
- Conditional Release Services Unit
- Advanced Supervision and Intervention Support Team

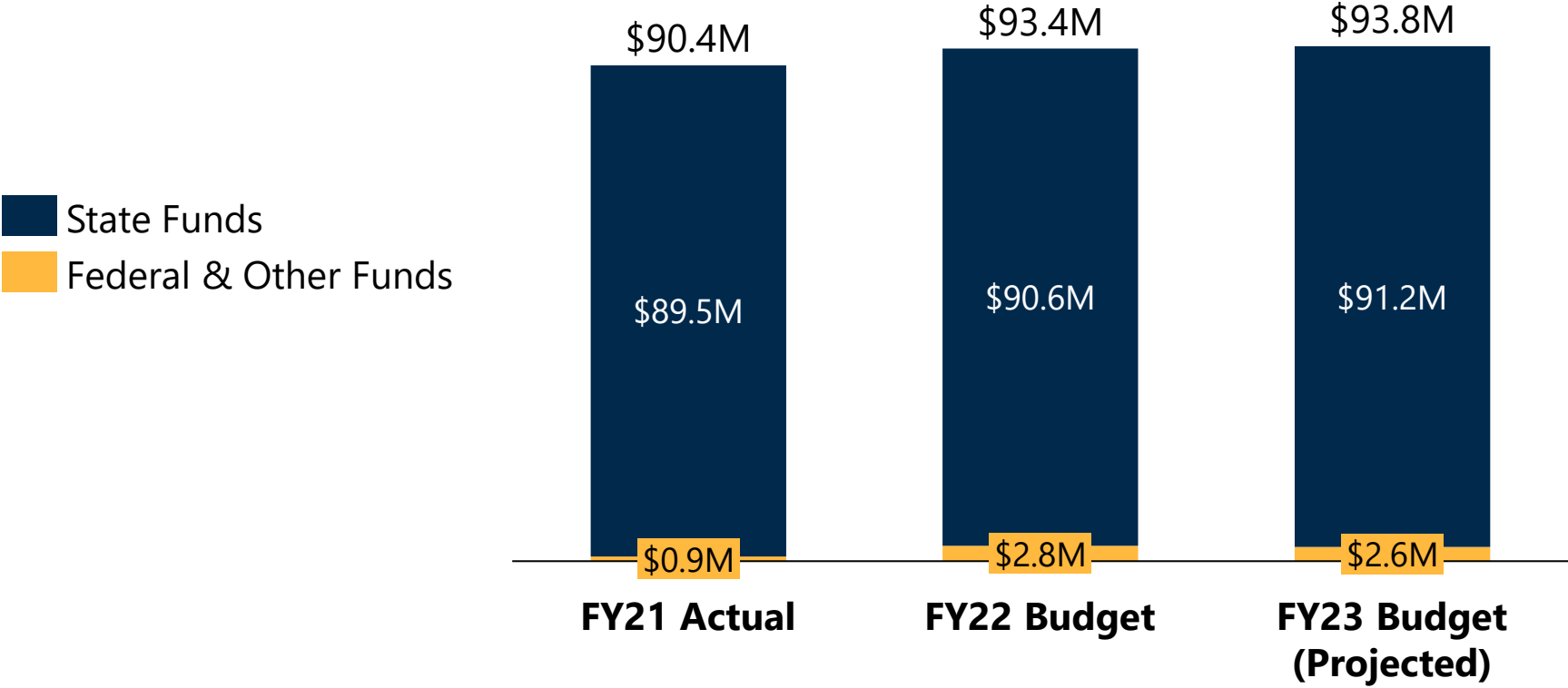


### Partnerships w Department of Correction

- **Competency to Stand Trial (CTS):** Partnerships between DMHAS, DOC, and the Judicial Branch enabled DMHAS to complete an average of 8.5 evaluations per week, during the pandemic
- **Enhanced Forensic Respite Bed:** DMHAS, DOC, Judicial, RNP partnership diverts clients from incarceration and hospitalization while reducing the numbers of Competency To Stand Trial orders

### DMHAS Forensics Annual Funding by Source

*FY21 Actuals, FY22 Budget, and FY23 Projected Budget*



Notes: Figures include inpatient services.



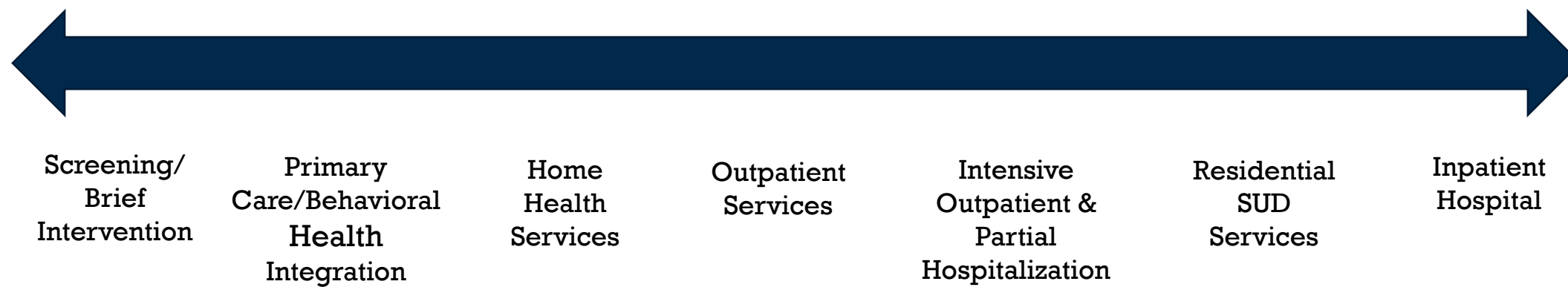
# Adult Behavioral Health System: Medicaid Response

**Deidre S. Gifford**  
**DSS Commissioner**





# Assessment of the Entire Continuum



## Current or Short-Term Initiatives

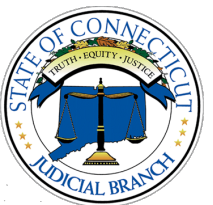
Initiative	Status
Expanded Enhanced Care Clinic Sites	<ul style="list-style-type: none"> <li>Implemented November 2021</li> </ul>
Expedited Eligibility for Individuals Released from DOC	<ul style="list-style-type: none"> <li>Standard operating procedures</li> </ul>
4% Rate Enhancement for Employee Compensation	<ul style="list-style-type: none"> <li>Implemented in November 2021</li> </ul>
Substance Use Disorder Residential Treatment	<ul style="list-style-type: none"> <li>All waiver forms/documents submitted to CMS</li> <li>Subject to CMS approval, expected implementation in final quarter of SFY 2022</li> </ul>

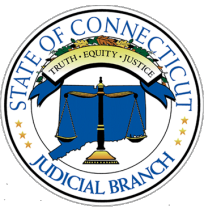
## Medium-Term Initiatives

Initiative	Status
Mobile Crisis Enhancement	Medicaid enhanced match for improved and enhanced mobile crisis system effective 4/1/22
Outpatient Alternative Payment Model (APM)/Care Management Entity Development	Multi-state agency workgroup developing outpatient APM/care management entity concept
Behavioral Health Integration in Primary Care (expand capacity of primary care providers to deliver behavioral health services)	Ongoing and specific to provider type policy guidance for FQHCs and non-FQHCs



# Judicial Branch Court Support Services Division

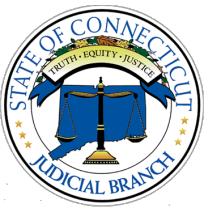




# Judicial Branch Adult Services

## Pretrial and Adult Probation

- Pretrial defendants, 18 and older
- In FY 2020-21, 19,428 arraignments
- In FY 2020-21, 22,815 domestic violence arraignments
  - 12,928 post-arraignment assessments
- Adult probation, 18 and older
- Current adult probation population 29,514
- Mental Health Probation caseload last day of FY 21 - 963
- Supervised Diversion Program (SDP) caseload last day of FY 21 - 562



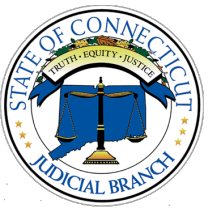
# Adult Pretrial Supervision Services

## **Supervised Diversionary Program (SDP)**

- A pretrial diversionary program available to defendants with mental health issues including serious mental illness (SMI)
- Defendants screened through a behavioral health provider to determine eligibility
- Defendants found eligible for the program receive enhanced supervision and mental health treatment
- FY 20-21, there were 437 referrals by the court to JBCSSD ABHS contracted programs to determine SDP eligibility. Prior to COVID (3/1/19 – 2/28/20), there were 1,318 referrals by the court for SDP eligibility determinations made to JBCSSD ABHS contracted programs

## **Jail Diversion**

- A Department of Mental Health and Addiction Services (DMHAS) program available to defendants with SMI that utilize court-based clinicians to assess a defendant being held in custody and, if appropriate develop a community-based treatment plan



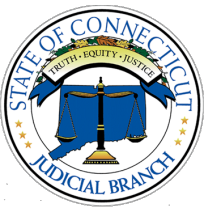
# Adult Pretrial Supervision Services

## Advanced Supervision and Intervention Support Team (ASIST)

- Interagency, (Judicial Branch, Department of Correction (DOC), and DMHAS) collaborative available to defendants with moderate to serious mental illness. Utilizing contracted providers to deliver intensive clinical case management, psychiatric support services, medication management and mental health treatment
- FY 20-21, there were 237 pre-trial and post conviction referrals to JBCSSD ASIST programs. Prior to COVID (3/1/19 – 2/28/20), there were 493 referrals made to JBCSSD ASIST contracted programs
- Currently, this is only available in 10 court locations

## Adult Behavioral Health Contracted Services (ABHS)

- Integrated substance use and mental health evaluation
- Individual counseling
- Group therapy
  - Mental health, substance use, anger management, co-occurring and relapse prevention
- Intensive Outpatient Treatment (IOP)
- Medication evaluation and Medication Management
- FY 20-21, there were 10,615 pre-trial and post convictions referrals to JBCSSD ABHS programs. Prior to COVID (3/1/19 – 2/28/20), there were 19,381 referrals made to JBCSSD ABHS contracted programs



# Adult Post Conviction Supervision Services

## Adult Probation Assessment of Behavioral Health Needs

- Adult probation has a standard procedure for identifying the risk and needs of each probation client utilizing the Level of Service Inventory R (LSI-R), and the Adult Substance Use Survey R (ASUS-R). This includes domains that assess for mental health including emotional, personal, and mood disorders. Clients assessed through this process and/or with previously identified mental illness will be referred for evaluation through JBCSSD or DMHAS contracted services.
- Mental health disorders/trauma are high in the adult criminal justice population as well as co-occurring and substance use disorders.
- Complete expedited benefit applications to obtain insurance coverage

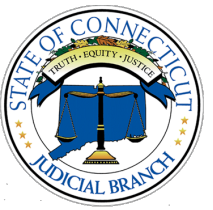




# Adult Post Conviction Supervision Services

## Mental Health Supervision

- Specially trained adult probation officers with capped caseloads of 25-35
- Providing enhanced supervision
- Refer and collaborate closely with local contracted providers



# Adult Post Conviction Treatment Services

## **Advanced Supervision and Intervention Support Team (ASIST)**

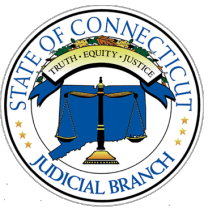
- Interagency, (Judicial Branch, Department Of Correction (DOC), and DMHAS) collaborative available to probationers with moderate to serious mental illness. Utilizing contracted providers to deliver intensive clinical case management, psychiatric support services, medication management and mental health treatment
- FY 20-21, there were 237 pre-trial and post conviction referrals to JBCSSD ASIST programs. Prior to COVID (3/1/19 – 2/28/20), there were 493 referrals made to JBCSSD ASIST contracted programs
- Currently, this is only available in 10 court locations

## **Adult Behavioral Health Contracted Services (ABHS)**

- Integrated substance use and mental health evaluation
- Individual counseling
- Group therapy
  - Mental health, trauma, substance use, anger management, co-occurring and relapse prevention
- Intensive Outpatient Treatment (IOP)
- Medication evaluation and Medication Management
- FY 20-21, there were 10,615 pre-trial and post convictions referrals to JBCSSD ABHS programs. Prior to COVID (3/1/19 – 2/28/20), there were 19,381 referrals made to JBCSSD ABHS contracted programs.

## **Multisystemic Therapy- Emerging Adult (MST-EA)**

- MST-EA provides intensive individual, in-home treatment for young adults with significant mental health impairment and other high-risk behaviors within the community through intensive multi-weekly treatment sessions for up to twelve months. There were 142 referrals made in FY 2020-21



# Adult Residential and Housing Services

## **Sierra Center**

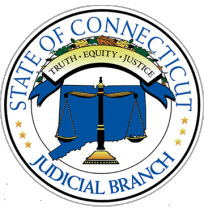
- 23 bed residential program for both pretrial and probation clients with primary diagnosis of mental health (14 beds JBCSSD, 9 beds DMHAS)
- Provides intensive case management and supervision
- Utilizes CMHC and JBCSSD contracted treatment providers
- FY 20-21, there were 85 referrals and 33 admissions. Prior to COVID (3/1/19 – 2/28/20), there were 159 referrals and 42 admissions

## **DMHAS Collaborative**

- Provides access to 167 residential drug treatment beds for clients with co-occurring disorders
- FY 20-21, there were 1,209 referrals and 509 admissions. Prior to COVID (3/1/19 – 2/28/20), there were 2,402 referrals and 906 admissions

## **Transitional Housing**

- Short term 30 - 90 day staff secured housing with case management
- Works with clients with minor to moderate mental health issues currently engaged in outpatient treatment and who are medication compliant
- FY 20-21, there were 912 referrals and 357 admissions. Prior to COVID (3/1/19 – 2/28/20), there were 1,867 referrals and 951 admissions



# Judicial Branch Adult Services

## Need to Improve Access and Outcomes

- Competitive wages – to recruit and retain qualified, licensed clinicians
- Peer support – recovery coaches in ABHS contracts
- Recovery Houses – A step down from residential treatment
- ASIST statewide expansion to additional court locations (\$125,000)
- Treatment Pathway Program expansion statewide – Will have 8 sites by July 2022 and the Branch would need an additional 9 (\$160,000)
- Transitional Housing, Rapid Rehousing and REACH bed expansion - It is anticipated there will be a need for more beds with the implementation of the 1115 Demonstration Waiver



# Mental Health Services at the Connecticut Department of Correction

**Thomas Kocienda, Psy.D.**

**Director of Behavioral Health Services, CTDOC**

**Craig G. Burns, M.D.**

**Chief Mental Health Officer, CTDOC**





## Classification of Inmate Mental Health Needs

- **MH5:** acute/emergent mental health care (Infirmary)
- **MH4:** intensive, milieu-based, outpatient mental health care with dedicated housing (MH4 Housing)
- **MH3:** "standard" outpatient mental health care (General Population)
- **MH2:** History of mental health treatment, not currently active, but can develop increased service need (General Population)
- **MH1:** No history, no evidence of symptoms, no need, no interest (General Population)



## Mental Health Services for People in Custody

- **MH5:** inpatient, infirmary care, 24 hr. Nursing, frequent mental health contacts (potentially daily, with multiple discipline involvement), involuntary medication panel hearings
  - Objective: eliminate dangerousness and be able to populate as a MH4 or MH3
- **MH4:** Care is the daily focus; daily groupwork, weekly individual care, intensive psychopharmacological interventions and adjustments
  - Objective: further stabilization, functionality determination, probable improvement to MH3
- **MH3:** Rehabilitation is the focus and mental health care is a part of that; group and individual psychotherapy treatment offerings, medication management at least once every 90 days.
  - Objective: Establish and enhance effective coping and internalization of mental health resources (resilience)



## Mental Health Services for People in Custody

- **MH2:** Dynamic; known psychiatric histories, some may temporarily need higher level of care (MH3), or experience a crisis that increases service need
  - Objective: maintain effective coping and manage crises
- **MH1:** Generally limited to no involvement with MH, exception: acute crisis (occasional)
  - Objective: staff availability for requests or crisis





## Individuals in Custody Receiving Mental Health Care

MH Service Level	# of individuals	% of population
5	52	1%
4	455	5%
3	2543	27%
2	3846	41%
1	2594	27%

**MH2-MH5 comprise 73% of the current DOC population**



## Current Challenges

- Already Increasing numbers/percentage of persons in custody in need of mental health services, now escalating due to COVID related issues
- Impact of the "dual pandemic" (COVID and its impact on mental health):stressors and increased isolation of COVID impacting everyone, but especially the seriously mentally ill
- COVID impact on DOC Operations and these effects on individuals in custody.
- Significant increase in mental health service requests from individuals in custody; some factors include unit/facility quarantine needs, reduced visiting and family contact, longer periods to resolve legal issues



## Current Challenges

- Mental health is a people/human connection dependent endeavor
- Certain staff take years to develop
- Recruitment of MH prescribing staff (Psychiatrists/MH APRNs)
- Recruitment of Psychologists
- Core issue: Overall Compensation package (salaries and benefits) of job postings is often significantly below community market value for similar private hospital/private sector employment, yet with greater personal risk due to correctional setting.



# Coordination of Mental Health Care for Returning Citizens to the Community

- Multi-Agency Re-Entry Advisory Group (MARAG) (high risk)
  - Attended by DMHAS, DDS, CSSD, VA, DESPP, PCS
- DMHAS/DOC Collaborative High Utilizer Discharge Meeting
  - Attended by DOC, PCS, BOPP, CSSD, DMHAS, DDS, DMHAS LMHA's, contracted providers
- Regular DMHAS/DOC case conferences for returning individuals in custody to the community with ongoing intensive MH needs
  - Attended by DOC, DMHAS, LMHA's, CSSD, PCS
- Regular petitions to probate for commitment, guardianship and conservatorship to support transitions for significantly impaired returning citizens



# Coordination of Mental Health Care for Returning Citizens to the Community

- DOC participation in DMHAS Federally funded telehealth grant.
- Jail Diversion/Re-Entry:
  - Referrals for newly arraigned individuals to community based inpatient psychiatric services
  - Jail Diversion and DOC DC Planner collaboration around incoming individuals for continuity of care
- Dedicated, Masters Prepared/Licensed, DOC Discharge Planners (MH5, MH4, MH3)



# Department of Developmental Services

# Department of Developmental Services:

## *Statutory Definition of Eligibility*



### **Sec. 1-1g. "Intellectual disability" defined**

- means a significant limitation in intellectual functioning existing concurrently with deficits in adaptive behavior that originated during the developmental period before eighteen years of age.
- intelligence quotient more than two standard deviations below the mean as measured by tests of general intellectual functioning that are individualized, standardized and clinically and culturally appropriate to the individual.
- "adaptive behavior" means the effectiveness or degree with which an individual meets the standards of personal independence and social responsibility expected for the individual's age and cultural group as measured by tests that are individualized, standardized and clinically and culturally appropriate to the individual.

# Department of Developmental Services:

## *Eligibility Criteria*



- **Eligibility determination based on record review (i.e., developmental history, psychometric evaluations, school performance measures) conducted by DDS psychologists**
- **Valid full-scale IQ that is two standard deviations below the mean**
  - **For most test measures = 69 or below**
  - **Discrepancies of more than 1.5 standard deviations between IQ indices (verbal comprehension, perceptual reasoning, working memory, processing speed) may invalidate the test → in which case, more specific measures are used to assess**
- **Concurrent deficits in adaptive functioning**
  - **Main domains: practical (e.g., self-care), conceptual (e.g., money), and social skills**
- **All of this must be evidenced during the developmental period from birth to 18 years**



## **Treating Behavioral and Mental Health Issues in the Context of ID**

- Those with ID experience a full range of co-occurring psychiatric disorders. There is a 3 to 6 times higher prevalence rate when compared to the general population.
- **Diagnostic Overshadowing Bias:** Clinicians tend to overlook mental health signs and symptoms and/or attribute them to the presence of ID.
- Under-recognition of MH conditions is exacerbated by a systemic over-reliance on verbal communication to achieve a diagnosis (e.g., poor expressive language, problems with complexity and abstraction, endorse vs. report symptoms, and psychosocial masking)
- Importance of a trauma-informed/sensitive approach, given that those with I/DD are highly vulnerable to abusive and adverse life events.

# Department of Developmental Services: *Behavioral & Mental Health Services*



## Overview of DDS Behavioral and Mental Health Services

- ▶ Clinical Directors provide regional oversight
- ▶ Programmatic Review Committee:
  - One-third of individuals served by DDS
  - Ensure comprehensive care including behavioral supports
  - Incentivizing the reduction of intra- and inter-class polypharmacy
  - Expectations for clinical-behavioral supports and restraint prevention measures into policy

## **DDS Partnerships**

- **New collaboration with DMHAS on Residential Pilot to serve MH and ID**
- **Basics and Beyond: Psychotropic Medication Presentation (CT Women's Consortium in March)**
- **Positive Behavior Support with Autism for First Responders**
- **Interagency collaboration on competency to stand trial restoration**



# Office of Workforce Strategy



# COVID-19 has exacerbated a pre-existing workforce shortage in mental health and nursing.

- CT was already short on registered nurses but COVID-19 has increased the demand by over 100%
- The length of mental health and nursing degrees, which are typically 4-year bachelors degrees, make it challenging to address this immediate crisis
- The problem is getting worse as these workers are leaving their jobs due to burnout, mandated scheduling, and other factors
- These degree pathways are expensive and often preclude underrepresented populations from gaining the same access to these careers
- Critical faculty shortages exist that prevent needed additional enrollment capacity at our institutions

# Action can be taken to mitigate the pandemic's impact on the mental health workforce.

<u>Gaps</u>	Students are not enrolling in mental health-related educational programs at a rate that matches the current demand from employers		Most occupations in the mental health industry rely on expensive 4-year degrees but there is an immediate demand that must be filled	
<u>Proposed Solutions</u>	<b>Work directly with employers to provide incentives for mental health professionals to relocate their practice to CT</b>	<b>Develop alternative postsecondary pathways for individuals to earn a degree in these fields (e.g., accelerated BA programs, apprenticeships, etc.)</b>	<b>Offer scholarships (e.g., for graduates to practice in state, loan forgiveness, promise programs) for students to enroll in mental health BA pathways</b>	<b>Identify individuals who hold appropriate degrees in key fields but who did not pursue licensure to practice</b>
<u>Perceived Barriers</u>	Employers must be willing to provide additional funding to incentivize individuals	Determining the level of effort this would require for educational institutions	Carve out additional state or federal dollars to go towards these scholarships	Offering the right level of incentives for these individuals to re-enroll into a postsecondary program
<u>Keys to Success</u>	Determining whether the state can offer matching funds to employers to incentivize their participation	Engaging private colleges and public universities quickly while researching out of state models/curriculum to leverage	Determining whether higher ed institutions can offer matching funds to students	Developing a mechanism for identifying these types of individuals
<u>Anticipated Cost</u>	\$                      \$\$\$		\$\$\$\$\$                      \$	

# Similar challenges exist in developing a stronger pipeline for nurses in Connecticut.

## Nursing Faculty Shortage

- Over 7,000 qualified nursing students were denied admission to registered nursing programs because of nursing faculty shortages across the state
- Section 20-90-51 of the general statutes allow a temporary or permanent waiver removing the requirements that nursing faculty need to have advanced degrees. Currently educational institutions are only allowed to have 10% of their faculty from a waiver

## Nursing Practitioner Shortage

- The pandemic has exacerbated the need for nurses in CT
- Nursing degrees are typically four years and expensive but there is an immediate hiring need from employers
- Only 8% (584) of students enrolled in RN education were enrolled in an accelerated BA program and only 34% (2,435) are in an associate's degree program

## Proposed Solutions

- Survey schools to determine current and forecasted faculty and what the needs would be to grow the size of the nursing workforce
- Utilize the state's licensing system to recruit retired nurses as part-time faculty using CT's Clinical Faculty Prep Course
- Develop a statewide marketing campaign for nurse faculty
- Modernize the waiver process to be more flexible and increase the percentage of faculty at institutions who can have a waiver
- Pilot a program where individuals who have earned 9 credits in their nursing master's program could be hired to teach while finishing their graduate degree
- Augment existing fast-track program for LPN students to enter AA programs since LPNs would only need one year to be an RN
- Increase enrollment in accelerated RN programs, which allows someone to be an RN in 12-15 months if they have a BA plus credits
- Partner with employers to develop hiring practices focused on 2-yr degrees to alleviate short-term needs while giving these workers the flexibility to continue to earn academic credit while employed
- Develop programs for incumbent nurses to engage in academic progression in specialty areas, maximizing retention
- Competitive salaries for entry level positions
- Explore benefits cliff relief for entry level workers that are upskilling

The Office of Workforce Strategy is currently partnering with the CT League of Nursing and the CT Center for Nursing Workforce to develop a budget for implementing these recommendations.