

# EXPAND SERVICES TO SAVE LIVES

Public sector safety net healthcare services exist to make sure no one – regardless of race, gender, zip code, immigration status, or insurance coverage – is turned away from the lifesaving care they need. Austerity policies, privatization and attrition have downsized critical public services – creating a staffing emergency across state agencies and major gaps in services that Connecticut’s most vulnerable residents rely on.

Right now, one of every three healthcare positions are unfilled in state agencies creating a vacuum of lifesaving services. Currently, the state’s nationally renowned women’s rehab in-patient clinics are closed, children in need of mental health therapy are waiting in emergency rooms, and residents in dire need of critical services are sitting on long waiting lists. They are disproportionately Black and Latino individuals, who cannot afford to receive care elsewhere and live in marginalized and underserved communities. They require acute, long-term, and often highly specialized wraparound care and depend on public services.

With billions of dollars available in the state’s budget surplus and the rainy-day fund, it’s time to invest in a fully expanded, well-coordinated healthcare safety net anchored by a robust public healthcare sector. Connecticut can be a model state in truly taking care of its people. We should – and can – restore and expand services to save lives.

## 1. **Address the State Healthcare Worker Staffing Crisis: Recruitment, Retention, and “Grow Our Own” Nursing Pipeline**

- Allocate \$30 million for recruitment and retention to address the staffing crisis in public sector healthcare services through mechanisms including but not limited to compensation, premium pay, etc.
- Establish an understaffing stipend/differential at state healthcare agencies to encourage state agencies to recruit and retain the staff needed to achieve safe staffing levels and ensure quality and uninterrupted provision of services.
- Require any unused funds in agencies providing critical services be used for the purposes of recruitment and retention in state healthcare services.
- Develop “Grow Our Own” state nursing pipeline and establish pathways between CSCU programs and public sector nursing jobs through the creation of clinical placements and internships in public sector facilities, funding for preceptor programs, reserved slots for current state employees, loan forgiveness, and enhanced funding for faculty recruitment to expand capacity at CSCU nursing programs.

## 2. **Add \$80 million to Expand Social Safety Net Services So No One Falls Through the Cracks**

### **Department of Mental Health and Addiction Services**

- Allocate \$7 million (for 100 additional social workers, case managers, recovery support specialists, and other clinicians) to expand DMHAS clinical services, including outpatient services: mobile crisis, respite services, care management services and bilingual services line the Hispanic Clinic; and inpatient services: General Psychiatry Division and Addiction Services Division
- Allocate \$3 million (for 45 staff) to expand capacity in DMHAS-run Addictions Services Division to serve an additional 40 patients
- Allocate \$2 million to Young Adult Services line item (for 29 staff) to expand publicly run Young Adult Services to restore the 16-hour residential site in Bridgeport and establish new residential locations in New Haven, Waterbury and Danbury.



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- Increase On-Campus Vocational Opportunities for Long-Term Patients at Whiting Forensic Hospital
- Establish peer-run respite centers in every DMHAS region and expand publicly run respite centers in every DMHAS region.

#### ***Department of Developmental Services***

- Allocate \$2.5 million (for 50 healthcare staff) to expand respite services available to families caring for loved ones with developmental disabilities to be accessible 4 times a year instead of once a year
- Allocate \$3 million (for 60 healthcare staff) to expand access to individual family support programs
- Allocate \$3.5 million (for 50 healthcare staff) to expand access to therapeutic clinical services (PT, OT, Speech, Nursing) in public sector to provide services to public and private sectors

#### ***Department of Children and Families***

- Allocate \$3 million (for 36 healthcare staff) to open an admissions unit (the "Pueblo" unit) to serve 8 additional children at Solnit South

#### ***Department Of Corrections***

- Allocate \$20 million to DOC Healthcare line item to address systemic understaffing of inmate medical services, expand access, and improve the quality of healthcare and mental healthcare services for the incarcerated
  - Increase the number of licensed mental health staff to reduce patient ratios and improve quality and increase access to mental health services.
  - Require all mental health staff be certified in trauma-based treatments.
  - Increase the number of medical providers (12+) in order to provide medical assessment within 14 days of intake and ensure a maximum patient to provider ratio of 1:600.
  - Increase the number of dentists and support staff (by 34) to provide annual dental screenings, ensure treatment plans are followed, and provide intake screening
  - Increase the number of OBGYNs (5+) and assist staff to ensure full coverage on weekends, holidays, and additional care as needed.
  - Improve and expand discharge planning to improve communication, coordination, and provision of services internal to DOC and upon re-entry.
  - Increasing the number of discharge planners (by 8)
  - Establish a system for conservatorships to be reviewed and approved weekly
  - Require all discharged inmates be provided with state ID and medical records.
  - Ensure coordination and access for community health workers to work with individuals preparing for release.
- Increase funding for and create a dedicated stream of funding for USD #1 and other educational programs in DOC.
- Establish a regulatory/oversight body over the DOC Healthcare
- Establish comprehensive discharge planning including: release of medical records, issuing state ID, education on insurance options post incarceration and education on healthcare supports in the community they are returning to.
- Include the Building Trades in the Vocational Village within DOC and work with the CT State Building Trades Training Institute to support Apprenticeship programs and job placement upon re-entry. Work with the Building Trades to pass policy that would reduce the impact of background checks on the ability to find stable employment as people return to their communities.

#### ***Department of Public Health***

- Allocate \$5 million to the Personal Services line item within the Department of Public Health to hire and train 50 formerly-incarcerated community health workers through DPH to be embedded in community health centers statewide, connecting recently-incarcerated patients with health and social services through outreach, educational, and advocacy efforts, as modeled by the national, empirically-proven Transitions model.