Mental Health

Connecticut Screening, Brief Intervention and Referral to Treatment (SBIRT)
Health Professions Training Program

The purpose of the project is to overcome institutional barriers to the implementation of the Screening, Brief Intervention, and Referral to Treatment into the nursing curriculum. This includes providing nursing faculty with SBIRT training sessions, monitoring progress of the program at the School of Nursing and assisting in the development of plans to sustain the SBIRT curriculum after the end of the grant.

“I CAN” Innovative Clinical-Academic Partnership to Enhance NP Preparation for Practice

The objective of the I CAN partnership is to increase the number of primary care (PC) nurse practitioners (NPs) who are prepared upon graduation to provide high-value (safe, quality, cost effective) care within complex health settings for medically underserved communities (MUCs). We want graduates who say, “I CAN provide primary care to medically underserved communities!” Thus, the purpose of this proposal is to obtain funding to implement an enhanced, innovative partnership between Community Health Centers, Inc. (CHCI) and the UConn School of Nursing. The enhanced I CAN partnership of two state-wide organizations will meet 3 goals: 1), increase training capacity for NP students in MUCs in Connecticut, (2) improve the quality of preceptor training, and (3) leverage communication in the CHCI-SON partnership to promote graduate NP readiness for the clinically complex, high performance practice required in MUCs.

ANE funding will support implementation of the enhanced I CAN partnership in the Master’s, BS-DNP, and post-MS Certificate programs at the SON to educate adult-gerontology and family primary care NPs. Preceptor training quality will be improved through implementing a modified preceptor training program and faculty support of NP student-preceptor dyads in the clinical setting. Training capacity for NP students will be increased by 16 per year through expanding training locations to 7 new primary care clinical sites in the CHCI state-wide network, and using creative scheduling to prevent student overlap and strain on the system. The innovative training model will promote graduate NP readiness for practice by providing purposeful experiences such as managing complex primary health care problems and enriching educational activities, working with interprofessional teams in a medical home community health care setting within a MUC, and expanding access to specialty care through creative programs. The partnership will be sustainable as it expands an existing relationship, will provide ongoing access to the preceptor training program through translation to an online format, will use currently untapped clinical site and preceptor resources, and will integrate ongoing rapid cycle quality improvement processes to identify and implement improvements for sustained success.

The I CAN partnership will provide these sustained deliverables: (1) 8 graduate PC NPs each year who are prepared to provide high-value care within complex health settings for MUCs; (2) innovative online preceptor training programs (initial and refresher courses) that provide continuing education credits; (3) online preceptor performance evaluation; (4) online competency-based student performance evaluation; (5) online clinical site evaluation; (6) new clinical placements in medically underserved communities for 16 students; (7) sustainable enriched curriculum to better prepare graduate NPs to provide high-value care within complex health settings for MUCs; and
(8) automated methods for credentialing and tracking students in state-wide Community Health Center, Inc. sites.

**Multicomponent Homecare Intervention for Older Adults with Heart Failure**

This study develops, implements, and tests the efficacy and feasibility of the Homecare Education, Assessment, Remote-monitoring, and Therapeutic activities (HEART) program. HEART is a nurse-led, multicomponent, home care intervention developed by the principal investigator (PI) that is grounded in the Self-Care in Heart Failure Model (Moser & Watkins, 2008). It combines evidence-based protocols and telemonitoring (TM) to teach heart failure (HF) self-management (Albert, 2006; Naylor et al., 2004; Riegel et al., 2009) and to alleviate depressive symptoms (Bruce et al., 2011; Ell et al., 2007). The goal of this research is to improve quality of life (QOL) and other outcomes for home care patients with HF. (Funded by Sigma Theta Tau International, Colleen Delaney, PI.

**Reducing Stress Among Correctional Nurses Through Focus Groups**

This pilot study is proposed to evaluate whether participation by correctional nurses in focus groups that elicit their job-related concerns and that are followed, when possible, by administrative response to those concerns will be associated with a subsequent reduction in their levels of stress. The focus groups will be conducted at three correctional facilities over a six-month period. Organizational support for the project and involvement from administrative leadership in it have been obtained along with a commitment to follow up quickly, when possible, on issues discussed in the focus groups. The Harris Nurse Stress Index will be administered prior to focus group participation and, again, 30 days later. Funded by Center for the Promotion of Health in the New England Workplace, Denise Panosky, PI.

**Connecticut Collaborative to Promote Mental Health Services Research in Corrections**

An existing public-academic research partnership between the Connecticut Department of Correction (CDOC), the University of Connecticut, and the University of Connecticut Health Center seek to continue research infrastructure development to achieve a transformational process where the research mission is consistent, well understood, accepted, and integrated into daily institutional practices of CDOC. Over the past eleven years, the role of research has been gaining attention for its ability to inform the CDOC system, leveraging quality improvement and organizational development for safe institutional environments and safe communities. This progress is impeded by the shifting ecology imposed by the economic and socio-political environment. This partnership seeks to move beyond demonstration projects or singular research projects and move toward a more integrated and widespread use of research findings in the system. Building upon the work of Fixsen, Blase, Duda, Metz, Naoom, and Van Dyke (2008) utilizing an implementation research model, this partnership seeks to create implementation capacity to allow innovations and demonstrations to be deployed effectively. Of particular interest is the deployment of evidence-based practices that have been tested in our clinical settings and are ready for system-wide implementation. In doing this, a new translational research model is proposed that fits the unique and shifting ecology of the Connecticut correctional research environment.

The three objectives include:
- a.) Build on existing foundations to create a sustainable environment/capacity for research;
b.) Link existing data from systems between correctional research partner agencies for the conduct of research;

c.) Create opportunities for future correctional researchers to maintain/sustain research infrastructure.

In keeping with Fixsen’s model, a research focused “transformation zone” will be created in which interdisciplinary and cross agency workgroups collaborate on each of the target objectives. The potential impact proposed by this partnership is to develop a new translational research model that fits the unique and contextually social responsive correctional research environment.

Three strategies for long term sustainability follow suggested essential implementation outcomes: to effect changes in adult professional behavior, changes in formal and informal organizational structures and cultures to support the changes in adult professional behavior; and, changes in relationships to consumers and stakeholders.

By aligning project activities with other agencies that have overlapping organizational strategic goals there can be a synergistic leveraging of resources to maximize quality improvement and organizational development to achieve a safer CDOC institutional environment and a safer Connecticut community. Future opportunities for collaboration with other states would maximize the system’s capacity to transform through dissemination and perpetuating excitement within the research community about achievements. Funded by National Institute of Mental Health, Deborah Shelton, PI.

**A Booster Intervention to Sustain Treatment Gains and to Support Community Re-entry in a Connecticut Correctional Institution: A Pilot Study.**

The goal of the study is to evaluate the effectiveness of a brief educational program to reinforce self care skills and to provide support as inmates prepare to return to the community.