

State of Connecticut
GENERAL ASSEMBLY



PUBLIC HEALTH COMMITTEE
LEGISLATIVE OFFICE BUILDING HARTFORD,
CT 06106-1591

Healthcare Workforce Safety Working Group

Meeting Summary

Tuesday, November 12, 2024

2:30 PM on Zoom and YouTube Live

I. Welcome

- The meeting was convened by Tracy Wodatch at 2:33 PM.
- Members present: Sasa Harriott, Tracy Wodatch, Teri Henning, Jenn LeDuc, Chris Pankratz, Tyler Booth, John Clark, John Brady, Julianne Giard, Rhianna Gingras, Ronald Cotta, Barbara Cass, David Bothwell, Matthew Festa, Lauren Nadeau, Angel Quiros, Anna Karabin, Auden C. Grogins, Carl Schiessl, Sarah Gadsby, Eric Smullen, Benjamin Murphy, Karen Buckley, Karen Enders.
- Guests: Michael Mascari, Cassandra Esposito, DeVaughn Ward
- Tracy Wodatch introduced herself and announced to providers of the Working Group that a subgroup meeting of providers will meet November 19th at 2:30. She also went over the timetable of the Working Group.

II. Presentations

- DPH: Barbara Cass
 - Barbara Cass introduced herself and went over a summary of what the Department of Public Health (DPH) does in regard to community visits / private home visits. She went into the various programs that DPH does like Home Health Agency and Clinic inspections as well as home visits to support patients with HIV, STD, or TB.
 - Tracy Wodatch asked Barbara Cass to expound on who is included under the Home Health Care Agencies and indicated that hospice is under that.
 - Barbara Cass confirmed that hospice is included in the Home Health Agency sector, and they cover home health, hospice, homemaker companion and assisted living services. She also estimated that they have five to six hundred licenses for agencies in that sector that DPH has to inspect.
 - Tracy Wodatch asked Barbara Cass if DPH has a particular program for extensive training of field staff for safety as it was mentioned.
 - Barbara Cass responded that training is specific for the HIV program and will share that training with the Working Group. She also answered that in terms of facility licensing they do a training with their survey staff, but it is not a formal program. She stated that if any staff feel unsafe then DPH encourages their staff to follow their best judgement and not go.
 - Sasa Harriott asked Barbara Cass if Emergency Medical Services (EMS) is licensed under DPH.
 - Barbara Cass responded that EMS providers are currently licensed under DPH but they do not license the agency. They license the individual practitioners, so paramedics are licensed, Emergency Medical Technicians (EMT) are certified, and agencies maintain a relationship with DPH.
 - Sasa Harriott asked if Barbara Cass is familiar with any of the protocols that EMS staff have to consider in regard to safety when responding to calls.
 - Barbara Cass answered that they are dispatched through the 911 system with medical control, and she will connect with the director of EMS to acquire information about training of staff. She added that

they often are accompanied with law enforcement.

- Correction Ombudsman: Devaughn Ward
 - Devaughn Ward introduced himself and summarized the position of the Correction Ombudsman. He believes that the assessment tools that the Department of Correction (DOC) uses like a score tool could assist healthcare staff when they make home visits. He highlighted the DOC willingness to help and would be happy to streamline and facilitate conversations between DOC and stakeholders.
 - Tracy Wodatch commented that she wasn't aware that the law brought forward the position of Correction Ombudsman. She asked Devaughn Ward if he is only going into facilities and is only a liaison for the incarcerated and not for the community.
 - Devaughn Ward clarified that he oversees the population in halfway homes, on parole and supervised release.
 - Eric Smullen asked Devaughn Ward to expound on the classification scores and what is the difference between an internal DOC score and a public score.
 - Devaughn Ward answered that classification scores are ranked one through five where they factor mental health, medical score and sexual assault.
 - Tracy Wodatch asked if they only factored sexual assault or violent tendencies.
 - Angel Quiros answered that a classification score has a treatment side and an operational side. The treatment side consists of mental health and medical where it ranges from a score from one to five. A score of one indicates that the individual has no mental health issues or health issues. If they have some form of mental health issue or physical issue, then the individual gets a score of three. An individual where they are scored a five by statute the DOC requires some discharge planning coordination with services and if the individual cannot be connected to services they are discharged to an emergency room. An individual who is discharged with a score of five may have three to five different illnesses. They have a confinement score which is based on the length of a sentence. A score of one means that a sentence is less than a year while a score of four means they could be sentenced to ten plus years. They have a severe violence score where it depends on the charges that the individual was booked on. An individual booked with murder, sexual

assault first degree, burglary first degree will end up with a score of four. They have a sex score that depends if you were arrested on a sex charge. A seventeen-year-old individual who is dating a thirteen-year-old individual will have a sexual score of two or three and if they have a sexual assault the score will be four or five. They have a discipline score that's based on when the individual was incarcerated with the DOC and any discipline problems could raise the score. An overall classification takes everything into factor and individuals have opportunities to reduce their classification. He stated that the DOC can give some information to providers to assist them. He added that the system is old and outdated which contributes to the problem of sharing of information.

- Eric Smullen asked Angel Quiros that when he made the old and outdated comment if he was talking about if there was a different conventional thinking of the rating scores or of the systemic nature of the state.
- Angel Quiros responded that he was speaking of the latter. Even if they made a new system, he stated that the scores would stay the same, it would just make the system more efficient.
- Tracy Wodatch asked if they are able to report out individuals with a classification score of one or two.
- Angel Quiros stated that they could and that an individual with a classification score of a four or a five would be situated in a higher secure facility where they are able to treat their needs. He reiterated that when it is time for discharge and the individual still has a score of four or five and they can't connect to services then that individual will be discharged to an emergency room.
- Sasa Harriott asks how providers can know the staffing ratios of a halfway house or who to reach out to know what to expect in these facilities.
- Angel Quiros answered that Rhianna Gingras would be the contact person and the nonprofits contracted with DOC need to report their staffing levels.
- Rhianna Gingras added that all of the halfway houses are staffed and there is a high staffing rate compared to the community.
- Sasa Harriott asked what type of technology can providers expect to be utilized at the halfway homes.

- Rhianna Gingras responded that they use cameras and healthcare providers do come into the halfway houses. Home visits are usually conducted in a common area, and they typically go out to a medical provider for services that require more privacy.
- Sasa Harriott asked if there were any safety measure changes over the past year for halfway homes or residential facilities.
- Rhianna Gingras responded no to her knowledge and that there have been no issues reported in how the halfway houses are run. She added that fifteen out of the twenty halfway houses have some sort of home health care and there have been no issues reported.
- Sasa Harriott asked Devaughn Ward if an individual is incarcerated and is discharged but while waiting for a provider to begin care they experience harm or injury if providers are liable for medical malpractice.
- Devaughn Ward asked Sasa Harriott if the individual being discharged is on parole or leaving DOC.
- Sasa Harriott answered that they would be in a halfway house and a provider would need to look up information.
- Devaughn Ward responded that if they are in a halfway house then they are under the custody of the DOC and so DOC still has a legal obligation to provide medical care. What medical care that will be provided is a constitutional grey area. He stated that DOC will be liable for any alleged denial or delay in medical care.
- Sasa Harriott asked what would happen if the individual is on parole and part of their discharge plan is to have agency A service the individual but would agency A still be liable if they are now required to collect information of the individual and they experience a harm or injury or would DOC be liable.
- Devaughn Ward responded that when an individual is under parole, they are still under the custody of DOC just only in the community. When someone is under parole, whoever is liable is still a grey area and would depend on the fact matter.
- Rhianna Gingras reiterated that when an individual is under parole, they are still under the custody of DOC just only in the community and they ensure that individuals are getting the services they need when being discharged. She added that if an individual's disease develops when they are out, wherever the individual is in regard to

services that service will refer them just like a discharge plan. She added that halfway houses are subcontracted, and staff are not DOC as well as stating that they have safety measures in place. She stated that they do not have as much control over what is going on in individuals homes out in the community. So, when they investigate a home and make sure that the home is safe for the resident to reside in, that is to the extent their knowledge of the home. She stated that DOC would do their best to help the providers get that information and she believes that information comes from the primary care doctor or nursing home at that point. She added that the health care providers they work with have a good relationship with the parole officers and that they do not know the information they are giving when they are out of DOC as they do not handle those referrals.

- Sasa Harriott commented that sometimes providers could be confused of treating someone in a supervised home as the provider wouldn't know if the home is under the supervision of DOC vs a rooming house.
- Tracy Wodatch asked Rhianna Gingras if an individual is transitioning to the community, and they need care DOC would be responsible for referring and arranging those services but if they are transitioned already into a community that's where the community referral piece picks up.
- Rhianna Gingras responded that is correct and they are still involved to a degree. She stated that in some cases DOC has to be more involved and will be in communication and consultation with a provider. She added that parole officers are pretty involved with a supervised person, and they facilitate help. She stated that DOC does have some involvement with helping supervised individuals with medical care, but they may not be the referral source.
- Eric Smullen asked what the process of sharing information looks like between DOC and a provider.
- Rhianna Gingras answered that it depends on the information of the individual you are looking for. She added that the information is protected by HIPPA like most and if the individual signs a release of information, then they would be able to share certain information as well if the individual pulls the ability to release information, then DOC is limited.
- Eric Smullen asked if at least some sorts of information related to safety are sharable to providers even if an individual disagrees.

- Tracy Wodatch asked if they would be able to share the violence score or if an individual has a certain level of violence or history thereof.
- Rhianna Gingras answered that they are constrained on releasing that information.
- Angel Quiros added that an individual that comes with a violence score of four during their incarceration they are able to lower there score, so an individual that came in with a score of four could leave incarceration with a score of one.
- Devaughn Ward added that the issue of releasing a DOC classification score is a legal one and that releasing a classification score could be confusing as a provider could be servicing an individual with a score of one that has been convicted of murder.
- Tracy Wodatch asked if the Judicial Website only has cases that date back ten years.
- Devaughn Ward added that it doesn't include individuals in the interstate compact and only includes convictions done in Connecticut.
- Rhianna Gingras added that the score relates more to institutional behavior then how they may function within the community, and she wouldn't want providers to falsely depend on a score. She also responded to Eric Smullen that if there is a risk or concern then she hopes there would be communication and discussion between providers and DOC as well as bringing up a past example.
- Eric Smullen stated that is his concern as DOC makes decisions based on information that providers don't have, and he would like to bridge that information gap.
- Anna Karabin asked DOC that when they are discharging an inmate and making a referral to a home health agency at that time if they are disclosing a specific charge or just disclosing what medical care they need.
- Rhianna Gingras read some notes from a DOC discharge planner but refrained from answering as she doesn't want to answer without having the complete answer and asked Angel Quiros if they should bring a discharge planner to a meeting.
- Angel Quiros responded that they should and reiterated that this is

public information and doesn't see any reason in precluding DOC from informing an agency of an individual's charge. He reiterated that an individual that came in with a violence score of four is able to reduce that score to one.

- Tracy Wodatch commented that the notes that Rhianna Gingras was reading is information that providers are required to look up now. She also reminded that Senate Bill One requires that home health agency staff are provided the most current available crime report and help them understand it.
- DESSP: Dr Michael Mascari
 - Michael Mascari introduced himself and went over a summary of the Crime in Connecticut report.
 - Tracy Wodatch commented that she finds it challenging that providers are now required to access the report as she believes that providers know generally the crime rates between towns but that doesn't mean that the risk is any different. She stated that the report looks like the data is town only and asked if there is a breakdown of regions within towns like neighborhoods.
 - Michael Mascari responded that the report doesn't breakdown the information below town level and he can talk to the Crimes Analysis Unit to see if they can help the Working Group in what they are looking for.
 - Tracy Wodatch added that local police will present later, and they can be part of the solution. She stated that it's all about communication and now patients will have to wait longer as providers are required to collect all this new information. She believes that providers not being able to access the data they are required to get is the biggest barrier.
 - Sasa Harriott echoes Tracy Wodatch's comments and believes that the data may give a false sense of security as an individual may present a risk as there are even more factors to consider.
 - Eric Smullen asked Michael Mascari where the violent hotspots are.
 - Michael Mascari answered that the lowest level data they produce is town level data and that doesn't mean that they don't collect lower levels of data but perhaps its not as reliable. He stated that he wants to make data as accurate, timely and understandable as it can be. He also added that he can reach out to the Crimes Analysis Unit to

acquire data about hotspots and share with the group.

- Sasa Harriott asked what gaps they can recognize based on what the providers are required to do based on Senate Bill One and what they currently have with this software.
- Michael Mascari asked if they can explain Senate Bill One.
- Sasa Harriott explained Senate Bill One and the information providers are required to collect.
- Tracy Wodatch explained that Senate Bill One mentions the Annual Crime Report and the Judicial Branch Website.
- Michael Mascari thanked them for explaining and answered that the report is comprehensive and is one year behind. He stated that the crimes are typically consistent and the ability to compare regions within the same town might be a limitation. He stated that one strength the report provides is the ability to tailor prevention and education methods to staff based on the crimes that occur in a town. He believes that they may miss the opportunity of saying that crimes in a certain block of town are different from another block of town but there is data in the report that can help staff.
- Chris Pankratz asked Michael Mascari if the report is comprehensive for all towns in Connecticut.
- Michael Mascari responded that the report is comprehensive and the reason why some of the data is separated as some towns are covered by just the State Police while others have Local Police and others a mix.
- Chris Pankratz thanked Michael Mascari and believes that there could be some misleading aspects of using data on crime rates for areas that might not actually reflect the risk or specific needs of an area and that this is an issue that the Working Group will need to look at.
- Anna Karabin asked if they can increase communication with Local Police departments as when she worked at the Department of Children and Families (DCF) they were given shot spotter reports.
- Tracy Wodatch agreed with Anna Karabin about increasing communication with Local Police.
- Local Police: Deputy Chief Murphy (East Windsor) and Sergeant Josh Clark

(Willimantic)

- Benjamin Murphy and Josh Clark introduced themselves.
- Benjamin Murphy believes that they did not have a conversation between the delineation of safety risk that the environment and the actual client bring to the provider. He added that Local Police notification should be key and that if an agency requests protection then where he served he saw that they were given an officer. He added that it's no harm to a provider to call dispatch and notify them of what they are doing and where they are going. Also flagging addresses is something done all the time in law enforcement, and he encouraged providers to let law enforcement know of any problematic clients. He shared an example of where a facility brought officers in where clients on end-of-life care who have violent tendencies resided and officers knew that information. He believes that providers should be mandated to notify someone of what they are doing and where they are going when they are in the service of providing home health care. He added that providers should bring another person with them to a visit if they believe that the visit will be risky. He mentioned that if providers have concerns about parking, then they should call police ahead and communicate with them. He reiterated the overall message of reporting and seeing something then saying something. He added that Local Police would be glad to train staff in various trainings to help providers keep themselves safe. He mentioned several ways that providers can keep themselves safe like keeping a phone or flashlight on your body. He believes it is important to mention that providers are responsible for their own safety until police arrive and that agencies have to develop protocols and policies that are in line with the vision of keeping their staff safe.
- Josh Clark answered that crime rates don't capture the full picture and that hotspots vary widely. He reiterated Benjamin Murphy's point of contacting dispatch and flagging an address. He added that they are mandated to produce annual reporting and that legislation can be looked at to make a report quarterly or semi-annually of hotspot areas which can be more information that can help. He reiterated Benjamin Murphy's point of parking and communicating with local authorities. He stated that he believes that the DOC classification system is good, but that the score doesn't state the propensity to commit crime and that healthcare workers would be better off knowing that information. He reiterated that Local Police would be glad to teach healthcare staff different trainings.
- Jenn LeDuc stated that her region doesn't have a huge police

presence and asked about response times as police may take an hour to respond to a call for help from one of her providers. She mentioned an example that showed the challenge between the delineation between State and Local Police. She asked what recommendation they have for areas like hers where it is more rural and sparsely populated.

- Josh Clark responded that Willimantic and Windham are two separate things as Willimantic is a service district that is covered by Local Police and Windham is covered by State Police which may contribute to the confusion of jurisdictional boundaries. He added that Local Police have mutual aid agreements with towns.
- Benjamin Murphy stated that his town has mutual aid agreements with other Local Police departments and that is more reason for the need for providers to notify Local Police of where they are going which can reduce response times. He reiterated that he believes that training staff members to a certain degree is necessary. He responded that his recommendations are notifying dispatch and training staff members.
- Tracy Wodatch commented that the training piece is part of Senate Bill One.
- Angel Quiros thanked Benjamin Murphy and Josh Clark. He reiterated that when he means that the system is antiquated that the classification system has been ruled by courts to be an objective classification that takes many factors into consideration, and they will be using that into the future. The antiquated system he is referring to is the technology piece.
- Tracy Wodatch thanked Angel Quiros for reinforcing that point. She asked that when a provider calls dispatch and isn't aware of the jurisdictional differences would dispatch guide them to the correct police department.
- Josh Clark stated that dispatch would guide providers to the correct department.
- Eric Smullen thanked Benjamin Murphy and Josh Clark. He commented that his staff have some retired law enforcement and that there will be layers of solutions.
- Tracy Wodatch reiterated that the Provider Subgroup will meet November 19th at 2:30 as well as mentioning the timetable and logistics of the full Working Group.

- Sasa Harriott echoed Tracy Wodatch's comments.

III. Recommendations to consider

- Review New Laws within PA 24-19 –barriers/challenges/changes?
- Who's the audience?—home health, hospice, home care? Or more comprehensive?
- Agency Best Practices
 - Safety as core value, safety teams, QAPI process
 - Standard Risk Assessment tool and ratings
 - Education/training
 - Care Coordination across settings
 - Implications of Social Determinants of Health
 - Access to community supports
 - Safety, risk mitigation tools/tactics and funding
- Others?

IV. Adjournment

- The meeting adjourned at 4:34 PM.