

State of Connecticut
GENERAL ASSEMBLY



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

Healthcare Workforce Safety Working Group

Meeting Summary

Thursday, January 16, 2024

11:00 AM on Zoom and YouTube Live

I. Opening

- The meeting was convened by Sasa Harriott at 11:02 AM.
- Members present: Sasa Harriott, Tracy Wodatch, Teri Henning, Tyler Booth, John Brady, Julianne Giard, Angel Quiros, Barbara Cass, Anna Karabin, Sarah Gadsby, Kim Sandor, Stephen Magro, Benjamin Murphy, Eric Smullen, Lauren Nadeau.
- Guests: Nicole Hernandez
- Tracy Wodatch commented that after the last meeting there was major concern about repealing mandates and not replacing them. She stated that they are looking for some solution that is acceptable to all and thanked the Department of Mental Health and Addiction Services (DMHAS) for sharing information about risk assessment tools.

- Sarah Gadsby introduced herself and gave an overview of the screening tools used at DMHAS. She added that people can look much different than when they were screened, and members should keep that in mind.
- Tracy Wodatch stated that the tool shared by DMHAS is from Canada and agencies have been in touch with several companies related to safety. Two companies are from Canada and have a robust loan worker program and law.
- Teri Henning asked if anyone could speak in more detail about the actual implementation.
- Sarah Gadsby commented that they could only make recommendations as the tool wasn't created for DMHAS. She believes that their tool is designed for when there is a change in presentation of the individual.
- Tracy Wodatch stated that she has spoken about the different time points in home care and hospice and for these different time points they should include a clause regarding a change in presentation which could lead to a risk assessment.
- Teri Henning asked what the source material would be used for a history of violence.
- Sasa Harriott believes that they will have to define violence and they will have to figure out how to train all personal that deal with the community in how to handle a risk assessment. She would not like the tool to be limited and it should be used as a point of reference. She believes that they cannot always predict which individual will result in a violent situation and likes the DMHAS no hero policy. She would like to ensure that staff would not be penalized if they have the risk assessment wrong.
- Teri Henning believes that getting additional information from referral sources will be critical.
- Sasa Harriott commented on the various referral sources and how they were all situations which can end up with violence in the home. She asked Sarah Gadsby how often DMHAS runs community safety strategy trainings and if they were only for DMHAS staff. She also asked if there is a possibility for outside entities to be part of the training.
- Sarah Gadsby answered that the trainings are run monthly, and the training is three days focusing on outpatient and inpatient care. The training then goes down to a yearly refresher that has a focus on outpatient care. She stated that DMHAS is constantly looking at new models to stay up to date. She asked how many staff they estimate would need to be trained across Connecticut.

- Tracy Wodatch responded close to ten thousand staff, and she doesn't foresee that as a viable solution. She believes that section two of the law shouldn't be changed.
- Sasa Harriott commented that she primarily meant the behavioral health piece.
- Tracy Wodatch asked if she meant that this recommendation should be in place of the original recommendation of the behavioral health certification program.
- Sasa Harriott responded affirmatively.
- Kim Sandor asked if they are speaking about training on the tool versus the overall training. She believes that if they think creatively of different ways to handle the cost then the training is doable.
- Tracy Wodatch asked the Working Group their opinion on Sasa Harriott's new recommendation.
- Sasa Harriott asked if DMHAS only provides this training to the nurses or anyone who provides behavioral health services.
- Sarah Gadsby responded that the training is for anyone who provides services in the community.
- Sasa Harriott asked if the training is provided whether they have a risk of violence and if not, is the service provided to all.
- Sarah Gadsby responded that the training goes to all.
- Tracy Wodatch asked if the refresher training is standardized or if it is different for each year.
- Sarah Gadsby responded that all staff are trained yearly, and they have discussions daily about risk management with staff.
- Tracy Wodatch asked how long the annual training is.
- Sarah Gadsby responded that it is five and a quarter to five and a half hours long.
- Stephen Magro seconded Kim Sandor's logic and asked for the bill as passed to be shared again.
- Barbara Cass commented that it would be important to identify in their

recommendations how each recommendation is going to be anticipated.

- Sasa Harriott believes that agencies will take the lead.
- Tracy Wodatch believes that they will have to look at the training as it is a huge cost and an insurmountable cost.
- Sasa Harriott asked Sarah Gadsby for more information on the training and if DMHAS can make a commitment as well.
- Eric Smullen supports the objectives of training but doesn't believe that the training DMHAS offers is applicable to everyone. He believes that all their staff should be educated but they must be prepared for the individual unique events.
- Tracy Wodatch shared that state regulations require home health and hospice agencies to ensure that whatever services they provide that their staff are appropriately trained for those services. She stated that Elara Caring has an individualized training for behavioral health for their staff and the training can be an option instead of mandated.
- Kim Sandor commented about the differences between individualized training versus the need to provide uniform training at low cost and that the Working Group must decide on an option.
- Lauren Nadeau likes Sasa Harriott's recommendation and would like trainers to go to these trainings so that they can train staff at agencies, however, she wouldn't want the cost to be passed to agencies. She also likes Eric Smullen's point about individualizing the training.
- Tracy Wodatch asked Lauren Nadeau if she is thinking of training the trainer.
- Lauren Nadeau responded affirmatively.
- Sarah Gadsby asked if the group would consider looking at different vendors that provides safety training. She stated that DMHAS reached out to different vendors when they were improving their training and that they already have the trainer model.
- Tracy Wodatch went over section two of Public Act 24-19 and thought that they were going to keep this section and believes that it sets a standard.
- Stephen Magro asked if their recommendations will supplement sections one and two not replace them.
- Tracy Wodatch stated that they would like to repeal certain portions of

sections and replace them with several recommendations like a uniform risk assessment tool or best practice policies. She stated that members have concerns with certain referral sources that they are mandated to check like the judicial branch website.

- Stephen Magro commented that their changes are level up changes not level down changes.
- Tracy Wodatch stated that they are balancing the two ultimate goals of protecting the workers and ensuring access to care.
- Sasa Harriott reiterated the concerns of being mandated to check certain sources and to ensure that they keep the balance. She commented that larger agencies may have the resources to follow these requirements, but smaller agencies do not. She believes that they must have a minimum standard as there are communication issues within the field.
- Teri Henning asked what their thoughts are about revising the recommendations in term of risk assessment and if they are shifting away from recommending creating a centralized risk assessment website.
- Tracy Wodatch stated that the cost of creating a central repository was prohibitive and she believes it would be helpful to recommend a validated risk tool that all agencies are trained on and recommending best practices.
- Teri Henning asked if there are changes on the table to the training section.
- Tracy Wodatch answered that they are keeping the training piece for the general population and Sasa Harriott is making a recommendation regarding behavioral health training. She asked members their thoughts about adopting a validated risk assessment tool.
- Eric Smullen stated that his agency has already put in a risk assessment tool and believes many other agencies have done the same. He believes that there is risk in the variability in tools, but believes they are similar when aggregated. He would like for the recommendation not to mandate using a specific tool.
- Tracy Wodatch asked if the recommendation should be mandating that the best practice policy be that an agency adopt a risk assessment tool.
- Eric Smullen responded affirmatively.
- Sasa Harriott asked if Eric Smullen can share his risk assessment tool.
- Eric Smullen responded affirmatively.

- Sasa Harriott stated that she would like to see the minimum of what is in a risk assessment tool.
- Tracy Wodatch stated that Elara Caring has one as well and would try to share that with the group.
- Eric Smullen stated that it includes elements that were discussed in the meetings and additional elements like if the patient has a pet in the home.
- John Brady believes that the DMHAS risk assessment tool is good for reassessments and stated that an individual must go into a home to do an assessment and that is why some portions of section one exists. He stated that if the judicial branch website presents issues to the members, then they should replace it with something else.
- Sasa Harriott agrees with John Brady and stated that the intake process and risk assessment process are two separate things.
- Kim Sandor agrees with the need to individualize training and suggested the Head Start regulations to follow and would be happy to share those. She stated that they can mandate certain criteria instead of specific tools.
- Sasa Harriott agrees with Kim Sandor about creating a minimum standard.
- Barbara Cass stated that the regulatory process may already cover that on a high level and will get a definitive answer to the group.
- Tracy Wodatch believes that what Barbara Cass stated is already true and is hopeful that her information supports that statement. She stated that she will work with Sasa Harriott to redraft the recommendations and will share that with the Working Group.

II. Adjournment

- The meeting adjourned at 12:00 PM.