H.74

Requires departments/programs under contract with the Agency of Human Services to create safety protocols for social workers, mental health workers.

We understand that the community is concerned about the health and safety of the public, our staff and clients. However, we have, as I'll explain in a moment, an extensive training program to protect staff and clients.

Having said that, we acknowledge that we work in high-risk settings and can't always guarantee everyone's safety. The fact is that some of our client's have psychological, health and cognitive conditions that may result in actions that create safety risks. We work hard to balance the need to protect our clients and staff from harm with our commitment to promote our clients' ability to lead active, integrated lives in their communities. We do our best to provide our staff with the skills necessary to work in a dangerous field, and to help our client's cope with significant mental health and cognitive challenges, by teaching social skills and self regulation.

We, as a DA system, are unsure of what unmet need this legislation proposes to remediate. It appears to be based on an assumption that the providers do not already have safety protocols in place, or that they require additional motivation to ensure the efficacy of those protocols.

The Incident Record is largely redundant with the existing Critical Incident Reporting Requirements. It is our belief that the demand on administrative resources would far outweigh any potential benefit.

We currently report safety training and protocol data in a myriad of ways

1) To DMH, as an integral part of the re-designation process,
2) To OSHA to remain in compliance with workplace safety statutes and best practices
3) To our worker's comp carriers, to record any incident in the workplace involving care 'beyond first aid, and to comply with annual audits and reviews of classification codes.
4) To our insurance carriers; upon annual review of insured products including; worker's comp, and general liability incidents to determine appropriate coverage and premiums.
5) To our internal stakeholders; including internal safety committees, who review claims/safety incidents to ensure that we correct any deficiencies, to our clinical teams who review injuries/incidents to better support staff and clients, modify behavioral plans, suggest additional trainings etc.

If your concern is having access to these records, or assurance that they exist we would be willing to share our files to assure you that we have highly developed tracking systems to meet the needs of the stakeholders listed above, and would welcome an opportunity to highlight the processes already in place.

We appreciate the committee's willingness to work with us towards establishing some general topics that you'd like addressed, but would respectfully request that you allow the DAs to develop the specific training required to keep our community safe. Our clinical expertise is invaluable in designing de-

escalation techniques and safety protocols, based on years of real-life experience working in extremely challenging, and at times, dangerous situations.

We conducted a survey and all agencies responded that they have safety protocols and a system of incident reporting in place. While there is variation in the 'product used' all agencies have developed and offer staff safety training. Our data also shows that our treatment models are successful in reducing aggressive behavior.

At WCMHS we use the NAPPI (Non Abusive Psychological and Physical Intervention) training system. I am a certified trainer in this product.

Some of the topics of psychological de-escalation include;

- SMART Principles (Stay One Step Ahead) (Move one step at a time) (Always make it safer) (Together with TLC)
- Generating Cooperation

We also teach physical and self –protection skills such as;

- Wrist release
- Front choke escape
- Trainers are also taught restraint techniques, although not all staff learn these skills – it's population specific

In addition we have offered our community safety training across the DA system, statewide and to other community organizations and non-profit providers such as local libraries, and the Community College of Vermont. Modules include:

- Threat Assessment,
- Personal Safety and visiting clients in the Community, and
- Office Safety Set Up.

Closing

In closing, the safety of every life we touch is of the utmost importance to us in our work. We strive to create a respectful, safe working and living environment for staff and clients.

We appreciate the challenges of responding to community concerns and look forward to partnering with you on ways to meet the needs of the legislature without imposing an unnecessary duplication of efforts of our recordkeeping and training protocols.

If this bill is passed, DAs will be required to perform more administrative work. If passed we'd request that an appropriation be added to cover these additional incurred costs.

The DA crisis teams have said: “yes we are very concerned about our safety. If you want to help us with that, please don’t increase the amount of time we have to spend filling out incident reports. Please Do give us the ability to hire and retain staff to do the work on the ground, where we can be most effective.”

This is a tough and emotional issue because, as we are acutely aware from daily events working in the community, literally anything could happen at any time. While the bill will redirect resources to review things that occur, I don't think it will prevent them from happening. In reality, the more training, experience, etc. people have the better they are able to deal with unusual events so resources to sustain the workforce and ensure adequate training would be more helpful than adding to our administrative burden. We’d prefer to have adequate resources allocated by the state to address the level of staffing that designated agencies require in order to safely support clients in our services.

Susan Loynd, Director of Human Resources and Administrative Operations,

Washington County Mental Health