

# The Task Force to Study the Process for Bringing Criminal Cases in Situations of Violence Against Healthcare Workers:

Behavioral Health Presentation by the Alliance

# Questions to address:

- Is there any data on workplace violence available in BH settings, including trends over time?
- What are the requirements for residential facilities keeping residents with difficult behaviors, especially violent behaviors, in their facilities, or taking them back after a hospital stay or ER visit?
- What is the training for staff?
- What resources and services are available, or what are needed?



# Is there any data on workplace violence available in BH settings, including trends over time?

- There is currently no tracking mechanism for this data across the field. Most individual agencies do not track this data in a formal way.
- However, some agencies do have this data and are seeing the numbers increasing from one or two over several years at a facility, to now seeing maybe one a year. Other agencies concur that this is the trend they are seeing as well. Most incidents occur as client on residential direct care workers.
- There is agreement that there has been an increase in acuity of client needs and behaviors as well, “although the ER definition of acuity and the ones our folks deal with are different. We appear to have a much higher level of tolerance.”
- Agencies have also seen an increase on client-on-client assaults.



# What are the requirements for residential facilities keeping residents with difficult behaviors, especially violent behaviors, in their facilities?

- Residential facilities **MUST** take all referrals from the department. There is a process to request additional resources if there is a history of violence or high needs for one on one oversight. This is a point for negotiation between the provider and the department.
- However, there has not been consistent resources or reimbursement levels that allows community based programs to always provide the care necessary for high acuity and behaviorally challenged folks.
- Often, when the referral comes in there is also insufficient information to accurately meet the client needs.
- Many agencies have had to hire security firms to help provide safety on site and there is no easy way to be reimbursed for that.



# What are the requirements for residential facilities taking a violent patient back after a hospital stay or ER visit?

- There is no policy to pay for “bed hold” days. At times the agency is told to hold a bed, but this is inconsistent. At other times, residential facilities continue to receive referrals and take in new clients when someone goes to the hospital, so there is no guarantee of a bed when they are discharged.
- Of major concern is that someone being away for a few days or weeks in a hospital does not change the level of staff required at a residential facility, so to hold a bed would require some type of “empty bed hold” reimbursement.
- Being moved to a new facility can be very disruptive and can contribute to increased violence or acuity of a patient after hospital discharge as their prior routines cannot be re-established and they often have to settle into a new environment.
- Of concern also, is a client being immediately returned to a facility in which they did assault or threaten staff, as we have seen staff quit due to the fear of further assault.



# What is the training for staff in BH residential?

- Staff are routinely trained in nonviolent crisis resolution interventions and other crisis response techniques. They are also trained in many de-escalation techniques.
- Agencies make detailed plans to be prepared for violent or threatening moments and so they are usually addressed and de-escalated before they result in harm to staff.
- Clients that are disruptive or who threaten are usually managed through these techniques and through other behavior modification methods. Often the best answer is increased staffing to assure that a client has “eyes on them” at all times to act as a preventative.



# What resources and services are available, or what are needed?

- Additional staffing must be resourced to residential settings when high need clients are placed or discharged from hospital.
- Agencies need resources to build out safer facilities, with “safe” furniture that can be bolted down or secured, with locked doors or wings, or staffed up to be “staff secure”.
- Adults and children are often released back to a community treatment center or to their home or street with no support in place, no plan of long term care. They then wind up back in the ER in a more difficult and challenging state than they were before the initial visit to the ER or hospital.
- The answer to this is additional resources in the community - not additional regulations or strictures.



# Some examples of violent encounters:

- A recent case where a client punched one of our employees on her arm with enough force to knock her to the floor. This is an open worker's comp case still – primarily for muscle strain/sprain, but has now been referred out for a possible broken rib. Of equal relevance appears to be the level of trauma she experienced as a result of this event.
- Client seriously assaulted staff causing injury; staff had to flee building to get away. We added staff.
- Client seriously assaulted staff and damaged property including destroying computers and office; staff taken to hospital by ambulance, as was client. Client ended up being released back to program and we had to hire a security firm while we worked towards discharge as well as put the entire program on a modified lock down (which is very difficult to do in community). We also added staff.





# More examples:

- Client assaulted a staff member causing injury; staff had to flee building to get away (new egress had been added for this purpose. We also added staff).
- Client threatening staff with a knife. Staff escaped before injury and police were called.
- Very large client continually made violent threats against staff. We hired security guards to maintain safety.
- Client threatened staff with many outbursts of violent behavior, throwing chairs and tables around. Police were called numerous times. We hired security guards to maintain safety.

