

Safety Practices for Low Demand Programs

This document is a compilation of safety practices used by VA's Safe Haven Programs. Both the Safe Haven Liaisons and Providers contributed to this Guide.

The Challenges of Maintaining Safety in a Low Demand Homeless Program:

Maintaining safety in a low demand homeless program presents special challenges. Many of the residents may have had histories of violence or may have been the victims of violence while living on the street. Mental health problems and substance use disorders are common among the chronically homeless. The resident's use of alcohol and drugs may reduce their ability to control their behavior and can compound the problem of maintaining a safe environment. Many homeless programs expel residents who abuse alcohol or drugs, exhibit disruptive behavior, make threats, or engage in a "scuffle" with another resident that cause no injury. Low Demand Programs typically do not expel residents for incidents of this nature. However, Low Demand Programs are accustomed to managing problems of this nature and use a variety of safety practices designed to reduce disruptive behavioral incidents and manage the incidents with a goal of retaining residents who periodically have behavioral problems with practices that maintain the safety of the residents and staff. The following narrative is a compilation of safety practices that they regularly employ.

Low Demand Program Safety Practices

Knowing Your Residents

One of the most important factors that our liaisons and providers have found in maintaining safety in a Low Demand Program is having all program staff know the residents, their histories, their preferences, their use of alcohol and drugs, and especially problems they have had in the past with being able to negotiate stressful situations. Knowing the clients is one of the first tasks of a successful helping relationship and is a key factor in in maintain g a safe environment in Low Demand Programs.

Low Demand Program Managers should insure that:

- All resident care staff have access to the resident's histories, preferences, and assessments of how a resident handles stressful situations
- Good communication occurs between staff on each shift regarding changes in resident behavior, substance use, or events that occurred that could potentially upset a resident
- Regular care conferences between team members take place to discuss residents progress in the program that includes a discussion observations of behavioral changes, issues or events that may be upsetting the resident, and the resident's interpersonal adjustment in the Low Demand Program.

Use of Safe Rooms and Sobering Lounges

Low Demand Program Liaisons and Providers have developed a creative initiative for Veterans who return to the Low Demand Programs intoxicated or impaired by other substances but are not impaired to a level requiring detoxification or hospitalization. Residents in this condition can sometimes be disruptive to other residents and for their own safety require monitoring. Many of the programs use safe rooms or sobering lounges where impaired residents or residents experiencing acute exacerbation of mental health symptoms can have a private safe space under the watchful eye of program staff to sober up or gain their composure. The use of these rooms serve the following key purposes:

- To ensure client safety
- To monitor client health and behavior
- To provide private area for recovery from substance use, medication effects or unmanageable emotional distress
- To provide a private space for any client needing it.

The rooms are usually located near the 24-hour staff offices and safe comfortable furniture is provided in these rooms or lounges. Usually welfare checks are provided every fifteen minutes in the initial use of the room and then taper back as the resident sobers or gains control of their composure. The use of these rooms has allowed Low Demand Programs to safely retain residents who otherwise would often be discharged.

Please see the Power Point in Attachment A for more information on the use of safe rooms and sobering lounges.

Staff De-Escalation Techniques Training

Low Demand Program Liaisons and Providers have found that training staff in de-escalation techniques is very useful in maintaining a safe environment. Staff who understand and have been trained on the basics of crisis management and de-escalation techniques can usually resolve problems that residents may have or conflicts between residents and avoid physical conflicts or assaults. Basic techniques like clarification of the concerns, calming tone and language, avoiding expression of judgments, and maintaining appropriate interpersonal space are among the many techniques used de-escalate crises and maintain a safe environment.

Many training programs and materials are available on line and through organizations like the National Alliance on Mental Illness (NAMI), Substance Abuse and Mental Health Services Administration (SAMSHA), and the National Institute of Mental Health (NIMH). Some links to documents that liaisons and providers have found helpful are as follows:

Practice Guidelines: Core Elements for Responding to Mental Health Crisis

<http://store.samhsa.gov/shin/content/SMA09-4427/SMA09-4427.pdf>

What is CIT? <http://www.nami.org/Law-Enforcement-and-Mental-Health/What-Is-CIT>

De-escalation Tips <https://www.crisisprevention.com/Resources/Knowledge-Base/De-escalation-Tips>

Regularly Scheduled Community Meetings

Daily and weekly community meeting of residents are very useful in providing a forum for residents to discuss problems that are occurring between residents in the community, a time to air grievances about the program, and resolve any issues before they escalate into more serious conflicts. Liaisons and program managers have also found that community meetings are valuable for:

- Clarifying expectations about the Safe Haven Program
- Communicating a culture of non-violence
- Enhancing communication between staff and residents
- Creating a client of resident empowerment and looking after each other

Use of Evidence Based Practices

Liaisons and program managers have also found the following evidence based practices to be valuable in maintaining a safe program:

Seeking Safety

Seeking Safety is an evidence based, present-focused counseling model to help people attain safety from trauma and/or substance abuse. It can be conducted in group (any size) and/or individual modality. It is an extremely safe model as it directly addresses both trauma and addiction, but without requiring clients to delve into the trauma narrative (the detailed account of disturbing trauma memories), thus making it relevant to a very broad range of clients and easy to implement. Any provider can conduct it even without training; however, there are also many options for training. It has also been delivered successfully by peers in addition to professionals of all kinds and in all settings. It can be conducted over any number of sessions available although the more the better when possible.

For more information on Seeking Safety please see the following web sites:

<http://www.nattc.org/userfiles/file/MidAmerica/TreatmentModalities%26SupportTools.pdf>

<http://www.treatment-innovations.org/seeking-safety.html>

Trauma Informed Care

Trauma Informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma Informed Care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.

For more information on Trauma Informed Care please see the following web sites:

<https://www.samhsa.gov/nctic/trauma-interventions>

<https://www.thenationalcouncil.org/areas-of-expertise/trauma-informed-behavioral-healthcare/>

http://www.socialworktoday.com/archive/exc_012014.shtml

<https://www.nasmhpd.org/content/national-center-trauma-informed-care-nctic-0>

VA's Patient Flag System

The Patients Record Flag System (PRF) was developed for the specific purpose of improving safety in providing health care to patients who are identified as posing an unusual risk for violence. PRFs are to be used very judiciously and approved either by appropriate local or VHA authorities. For ethical reasons, it is inappropriate to use a PRF in the absence of a clear risk to safety.

However, the use of PRF can be ethically problematic for two reasons. First, a PRF stigmatizes patients, labeling them as difficult, whether for clinical or behavioral reasons. Second, a PRF compromises privacy because it reveals private patient information to anyone who opens the patient's chart, regardless of whether that person has the need to know that would normally justify revealing such information. Accordingly, a PRF must only be used for a compelling safety reason which outweighs these ethical concerns. PRF's should be used as a valuable communication device regarding Veterans who have had histories of violence in the past and the circumstances under which that violence occurred. For that reason, it is important for the liaisons of low demand programs to participate and support the PRF Program.

It should also be noted that a PRF may not be used to deny care to a Veteran. Consultation with the patients' mental health team or the local Medical Center's Disruptive Behavior Board is strongly advised if there are concerns about admitting a Veteran with a PRF.

For more information on VHA's Patient Record Flags, please see VHA DIRECTIVE 2010-053, dated December 3, 2010. A link to the directive is provided below:

<file:///C:/Users/Owner1/Downloads/12010053.pdf>

Insuring the Safety of Women Veterans in Low Demand Programs

Insuring the safety of women Veterans in Safe Haven Programs presents a special challenge in Low Demand Programs. Women who have been homeless and on the street have often been victims of physical and sexual abuse. With the exception of specialized homeless programs for women, female residents may often be a small minority or sometimes the only female resident of the program, often contributing to feelings of insecurity and isolation. Other homeless residents in the early stages of recovery may be more likely to engage in harassing behavior toward female residents of the Low Demand Program. Special care should be taken by Low Demand Program liaisons and program managers to ensure the safety of women residents in their programs and to prevent sexual harassment.

Key Access to Rooms

It is recommended that all women residents have a key to their room to ensure their safety and to assist them in feeling secure in the Low Demand Program.

Private Bathroom and Bathing Facilities

It is recommended that women have private bathrooms and bathing facilities for their safety and privacy.

Room Location

Rooms of women residents should be in close proximity to the staff offices that supervise the facility on a 24 hour basis.

Discussing Sexual Harassment Issues with Residents

It is further recommended that liaisons and program managers conduct frequent community meetings where sexual harassment, including what constitutes sexual harassment, including belittling and bullying behavior is discussed.

When episodes of sexual harassment occur, the incidents should be addressed promptly. These episodes can be used as opportunities to help residents understand how sexual harassment, belittling, and bullying can threaten their fellow Veteran's recovery and contribute to hostile living environment. Sometimes progressive sanctions should be applied to stop the behavior. Unlike some traditional model programs, Low Demand Programs do not resort to expelling residents for this type of behavior except in extreme circumstances.

Cell Phones

Many programs have been able to provide limited access cell phones to female residents. The residents can use these cell phones at any time they feel threatened or have a personal crisis. Provision of limited use cell phones adds an additional level of safety for female residents.

Female Staff Mentors

The availability of female staff to act as mentors and counselors to women residents received high marks in increasing female resident satisfaction and general sense of well-being of women program residents.

Attachment A:



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