2023 VA Permanent Housing Conference

Safety Planning in Outreach and Home-Based Settings

Agenda

- Bias and Perception of Safety
  - Group Activity
- Safety in the Workplace and Situational Awareness
- Staff Support and Safety Planning

Who is in the room?

- SSVF Staff
- HUD-VASH Staff
- VA leadership

Bias and Perception of Safety

Understanding Equity

- **Equality is about sameness**; it focuses on making sure everyone gets the same thing.
- **Equity is about fairness** and making sure everyone has the opportunity to achieve positive outcomes; it ensures that each person/population gets what they need. It addresses the differences to achieving positive outcomes.
- **Equity is achieved when:**

  Traits such as gender, race, sexual orientation, age or disability status can no longer be used to predict outcomes.

Implicit and Explicit Bias

Implicit bias ("unconscious bias") refers to beliefs and attitudes that affect our understanding, actions and decisions in an unconscious way, making them difficult to control.

- Examples include bias towards or against different race, gender, and sexuality. It can also include bias towards or against socioeconomic status, substance use, ability, etc.
- Media, culture, and upbringing may contribute to the development of such biases.
- Implicit bias is more subtle and can be in direct contradiction to one's openly held beliefs.

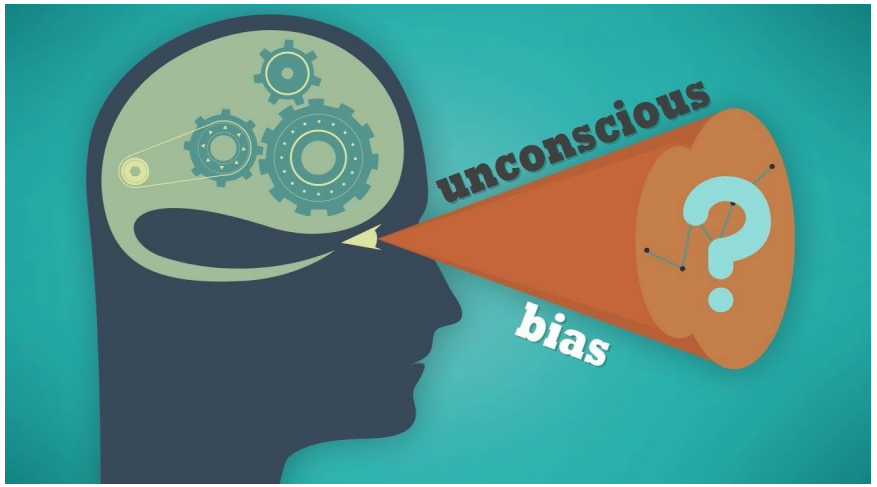
Explicit bias refers to the demonstration of conscious preference or aversion towards a person or group.

- With explicit bias, we are aware of the attitudes and beliefs we have towards others. These beliefs can be either positive or negative and can cause us to treat others unfairly.
- Any aspect of an individual's identity can become the target of explicit bias, including: age, gender, ethnicity, sexual orientation, socioeconomic status, ability, substance use, etc.
- Explicit bias is usually easier to identify.
- Manifestations of explicit bias may lead to discrimination, stereotyping, hate speech, violence, favoritism, lack of empathy and exclusionary practices.

Implicit Bias and Perception of Safety

Implicit/unconscious bias can impact our perception of whether a situation is safe or unsafe

This can result in who, where, and how outreach and services are offered and provided



Types of Implicit Bias

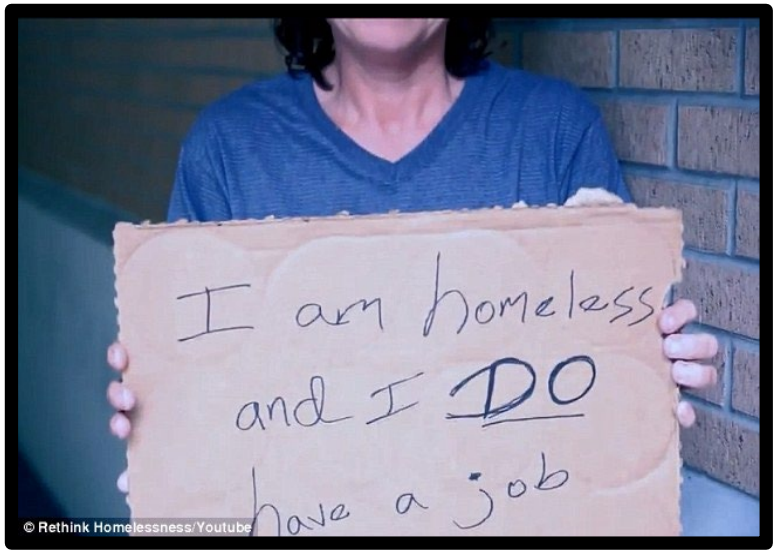
- **Affinity Bias**: The tendency to prefer or like those like oneself; this type of bias is understood through the lens of race, age, gender, religion, etc.
- **Halo Effect**: A tendency to use one trait about a person or thing to make an overall judgment.
- **Truth Illusion:** As we are exposed to a message repeatedly, it becomes more familiar. Because of the way our minds work, what is familiar seems true.
- **Confirmation Bias:** The tendency to search for, interpret, favor and recall information in a way that confirms one's preexisting beliefs or hypotheses while giving disproportionately less consideration to, or ignoring, information that challenges preconceived notions.
- **Priming Effect**: Priming is an implicit memory effect in which exposure to a stimulus influences a response to a later stimulus.

Implicit and Explicit Bias in serving the Homeless

Implicit and Explicit Bias

Attitudes towards homelessness…

1. Homelessness is caused by laziness
2. Homelessness is caused by substance abuse
3. Homelessness is caused by mental health issues
4. Homelessness is caused by a lack of governmental assistance
5. Homelessness presents a harmful impact on taxpayers
6. Being homeless means having an abundance of free time
7. I can identify a homeless person by appearance alone
8. Being homeless reduces everyday worries
9. The homeless are untrustworthy
10. The homeless are dangerous/engage in criminal behaviors
11. The homeless are deviant/ scam artists
12. The homeless are dirty and they are hoarders
13. You can't be homeless and have a job
14. Homeless people deserve to be homeless due to their behaviors



Strategies to Reduce Impact of Bias

- Understand who you are serving through data
  - Perform a project level and community-specific racial equity analyses (SSVF Equity Report and CoC Analysis Tool: Race and Ethnicity)
  - Leverage HMIS data to identify what demographics are having negative outcomes
- Assess whether/which contextual factors may be contributing to and confounding disparate impacts for race, gender, and sexuality including those with substance use and mental health issues
  - Client/provider rapport
  - Location of outreach and services
  - Training
  - Cultural competence of staff
- Create a Continuous Quality Improvement Plan

Strategies to Reduce Impact of Bias (cont.)

- Train staff in cultural humility and racial equity
- Discuss safety in supervision and how bias may be involved
- Include people with lived experience and peers in planning and outreach
- Hiring diverse staff (frontline and leadership) including Veterans with lived experience of homelessness

Safety in the Workplace and Situational Awareness

Safety in the Workplace

- Working in this field, you will encounter situations in which someone is agitated, escalated, or even in crisis.
- Being aware of your environment at all times assists you in knowing how to respond when things start to escalate.
- NASW survey found 44% of the respondents reported facing personal safety issues in their primary employment setting.
- 30% felt that their employers did not adequately address safety issues.

National Association of Social Workers (NASW). (n.d.). NASW - National Association of Social Workers. Retrieved October 22, 2021, from https://www.socialworkers.org/advocacy/policy-issues/social-worker-safety#:~:text=Far%20too%20many%20social%20workers%20and%20health%20professionals

Post Natural Disaster

- **Work in teams**
  - Safety in numbers
  - Multiple places to visit (Command center, shelters, going door to door)

- **Maintain contact with Command Center and Emergency Management on road conditions**
  - If unsure, turn around
  - Wear pants, closed toed shoes, carry minimal personal belongings
  - Ensure cell phones are charged, bring a portable charger
  - Pack a change of clothes and shoes in the car

- **Coordination with FEMA, State Emergency Management, Red Cross, HUD, PHA's, SSVF, other VISNs, close monitoring of Homeless Hotline calls**

- **Utilize an agreed upon template for tracking to maintain consistency and ensure no Veteran is 'lost.' (see attached)**

Natural Disaster Worksheet

Situational Awareness

Situational Awareness is being observant of the situation and being able to accurately identify potential future problems to enable a quick and effective response.

OODA loop

- Observe
- Orient
- Decide
- Act

Personal Awareness

***Intuition** : A vital protective mechanism never to be ignored, deemed “silly” or “irrational”

- Take into consideration lighting and security
- Elevators, parking lots and isolated areas
- Subtle indoor signs of previous drug manufacturing?
- Be cognizant of weapons of opportunity
- Communication planning and distress phrases
- Establish a protocol while visiting Veterans in higher risk/ rural locations
- Be knowledgeable about de-escalation techniques (PMDB), use emotional intelligence

“Awareness is the greatest agent for change” -Eckhart Tolle

Safety: Ensuring Situational Awareness

- Most situations are not threatening but remain alert and observant throughout the engagement
- Make sure the environment is free of potential weapons and hazards
- Know your exits and keep a clear path to the exit
- Do not let your guard down
- Trust your intuition in situations but also be aware of potential bias
- Safety word among co-workers for when things escalate beyond your capacity to defuse
- Maintain personal and professional boundaries
- Continually assess everyone's emotional states

“Four at the Door” Personal Safety Tips

1. Distance is Always Your Friend
Knock and step back several feet.
Simply putting space between you and the door gives you more space and time to react if something dodgy happens. Police refer to this as the “reactionary gap,” or “reactionary cushion.”

2. Stay off the Center Line
Moving to the side takes you off the center line – and out of the central line of sight – which leaves you less vulnerable to something like a dog charging out the door.

3. Stand on the Hinge Side of the Door
As you step to the side, try whenever possible to *stand on the hinge side of the door frame.* This allows you to see more of the room behind the person opening the door, than if you were on the door handle side.

4. **Partially “Blade” Your Body**
This means to position your body at about a 45-degree angle towards the door, as opposed to facing it squarely with your shoulders. “Blade**” your body once you’re back and off to the hinge side of the frame. The advantage in standing at an angle, or partial “blading” is that this allows you to monitor what is going on behind you (your **blind spot)** as well as keeping an eye on the door. This position also allows you to quickly turn away from the door and leave if you need to.

Source: Social Workers and Nurses Personal Safety | The Personal Safety Group

Real Case Scenarios -- What would you do?

- **What if a Client is found deceased in their home?**
- **What if a weapon is clearly displayed in the Client's home?**
- **What if the Client is clearly under the influence of alcohol or drugs?**
- **What if you walk in on a drug deal taking place in a Client's home?**

Staff Support and Safety Planning

General Safety Considerations

Create a safety policy

- **Don’t “go in blind”, do your research before going to new locations, and if possible, engage local contacts who regularly engage with the individual in the initial visit**
- Team up, teams of two if possible (Partner with other outreach/agencies if needed)
- Team members should have identified division of labor
- Make sure you have phone service
- Ask permission to enter someone’s space
- Understand real vs. perceived threats
- Have staff text before and after to ensure safety
- Share location with others

General Outreach Do's and Don'ts

Do:

- Clearly identify yourself and your agency
- Be yourself
- Listen
- Respond, don't react
- Describe available resources and allow the Veteran to decide how to proceed
- Use Motivational Interviewing and Harm Reduction
- Make repeat visits to build trust and continue to offer resources and services

Don't:

- Sneak up or corner someone
- Don't invade someone's space
- Don't promise what can't be delivered
- Don't "case manage"
- Don't go alone
- Don't preach, pry or prod
- Don't go at 4 a.m.

Your Approach Matters

Development of staff training/protocols/practices in outreach and home visits are essential

Some examples include:

- Keep hands at your side
- Announce yourself from afar, and explain the purpose of your visit
- Get down to the individual's level
- Know your exit route in case you need to leave quickly
- Avoid complicated assessment of extensive information gathering on your first visit
- Track location, client description, time of day, etc. for follow up.

Techniques that May Help De-Escalate a Crisis

- ✓ Keep your voice calm
- ✓ Avoid overreacting
- ✓ Listen to the person
- ✓ Express support and concern
- ✓ Avoid continuous eye contact
- ✓ Ask how you can help
- ✓ Keep stimulation level low
- ✓ Move slowly
- ✓ Offer options instead of trying to take control
- ✓ Avoid touching the person unless you ask permission
- ✓ Be patient
- ✓ Gently announce actions before initiating them
- ✓ Give them space, don't make them feel trapped

"Losing your head in a crisis
is a good way to become the crisis"
-C.J. Redwine

- ✗ Don't make judgmental comments
- ✗ Don't argue or try to reason with the person
- ✗ If you can't de-escalate the crisis yourself, you can seek additional help from mental health

Source: Navigating-A-Mental-Health-Crisis (nami.org)

Staff Support & Safety Protocols

Below are examples of protocols to support staff as they help Veterans end their homelessness crisis:

- **Address safety issues first** before attending to any other business. This keeps you and Veterans safe and can reinforce appropriate boundaries.
- **Operate as a team**! Always make sure someone knows where you are and when you're expecting to be done, i.e. daily team email.
- Always **attempt to schedule the appointment in advance** so that the Veteran is aware you are coming to their home versus drop-in visits. Reduce the chances of an unwelcome surprise- for both of you!
- **Normalize asking for help within your team-** don't hesitate to ask for a buddy on home visits when your clinical judgement tells you this is indicated, even if the team is busy and even if staffing is short.
- **Check in** following the last home visit of the day to confirm the visit is over and ended safely

Staff Support & Safety Protocols

- **Utilize Virtual Tools**
  - Case management appointments can be performed virtually via VVC or telephone in many situations:
  - Health/Safety Precaution- Example: Checking in on a Veteran who just tested + for COVID.
  - Veteran Preference
  - Access- valuable tool for Veterans in rural areas

- **Many safety concerns are clear-cut** but others may be informed by:
  - Bias, unconscious and explicit
  - Need for additional training and support
  - Need for consistent supervision to discuss safety concerns/issues and potential bias

- **Consult with colleagues and supervisor** to maintain perspective on safety issues and share creative strategies in challenging situations.

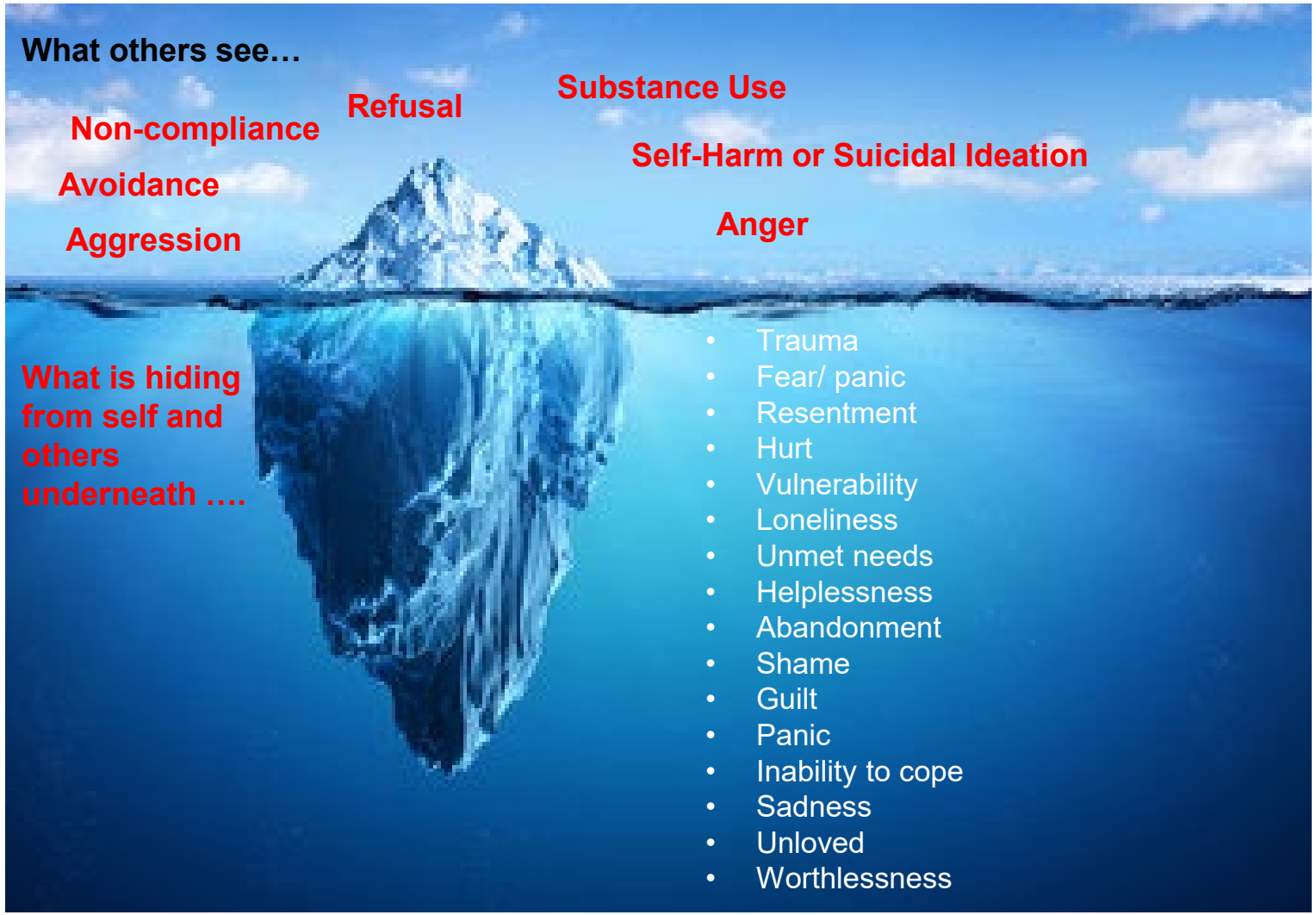
Compassion Fatigue

Compassion Fatigue is the physical, emotional, and psychological impact of helping others — often through experiences of stress or trauma.

Preventing Compassion Fatigue

- Programs **should acknowledge and hold space for the upsetting and traumatic events that staff witness and/or experience**. This work is hard and we are human.
- When staff witness death or experience a loss, it is recommended that leadership is aware of resources available such as VA Chaplain Services and the *Employee Assistance Program*.
- Increase awareness of compassion fatigue and introduce programmatic supports to increase wellness.
- Share and celebrate successes.
- Actively encourage self-care…and model it!

Trauma Informed Care



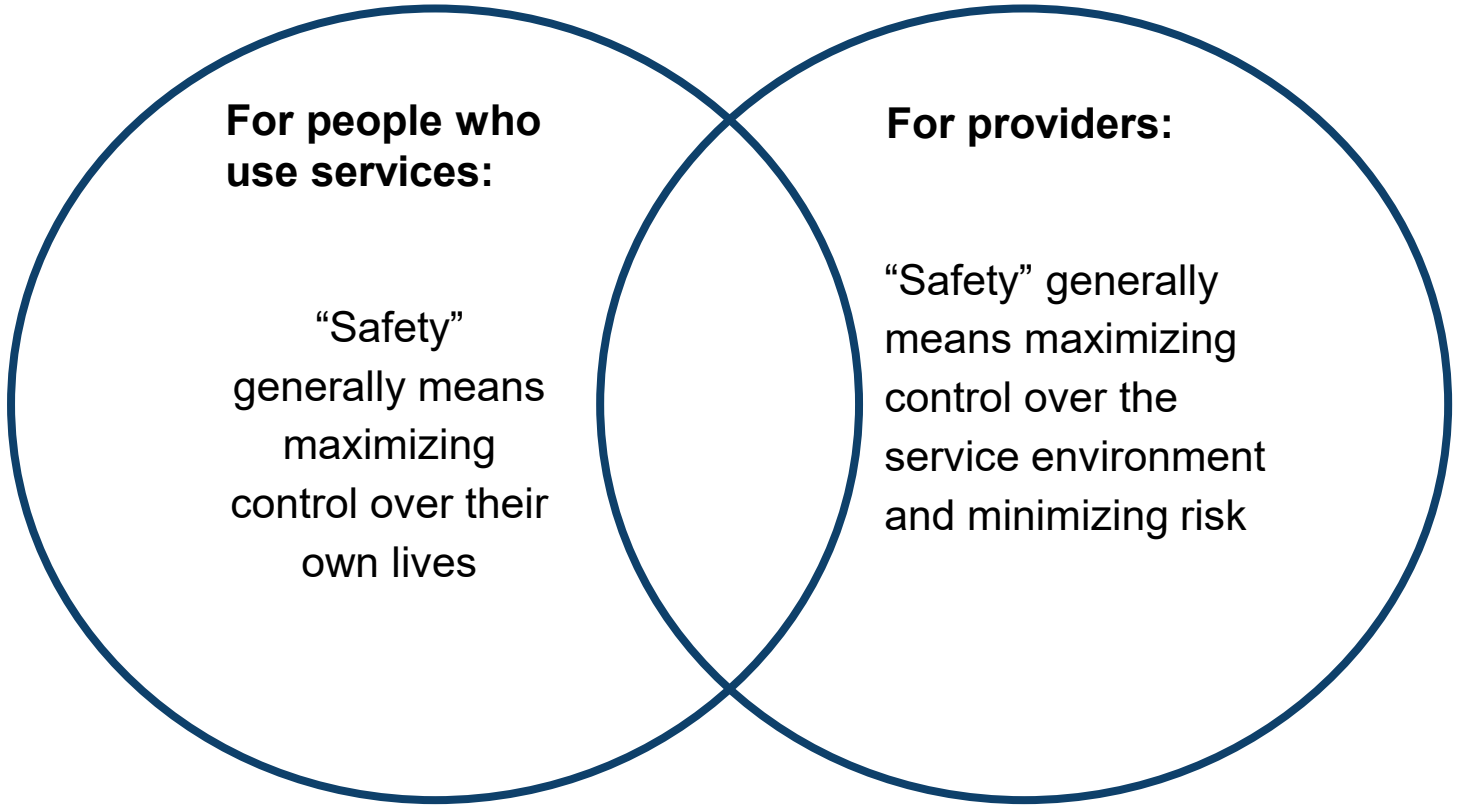
Adapted from Gottman Institute

Examining the behaviors to determine response

- Every behavior serves a function. Behavior IS communication: What is it communicating?
- Trying to meet needs:
  - Connection
  - Love/Belonging
  - Avoidance
  - Control/Power
  - Unmet basic needs

Balancing Safety and Managing Risks

Who Defines Safety?



Managing Risks

Enhances autonomy

Risk assessment is always appropriate

Restrictive measures only used when there is imminent risk

Key Skills to Increase Safety

- Trauma informed Care
- Motivational Interviewing
- De-escalation
- Harm Reduction
- Progressive Engagement
- Cultural Humility & Racial Equity
- Suicide Prevention (S.A.V.E.)

Resources

Equity and Trauma-Informed Care

- HUD Racial Trauma and Trauma Informed Services
- Target Universalism Video
- SAMHSA Concept of Trauma and Guidance for a Trauma-Informed Approach
- SSVF Removing Stigma Through Inclusive Care
- SSVF Equity: Data and Practice
  - SSVF Providers: For access to the SSVF Equity Report email ssvfhmis@abtassoc.com.

Harm Reduction

- SAMHSA-Harm Reduction
- National Harm Reduction Coalition

Progressive Engagement

- NAEH Fact Sheet

Motivational Interviewing

- SAMHSA Motivational Interviewing Webinar

Suicide Prevention

- S.A.V.E. Training
- SSVF Webinar Series: Suicide Prevention

Small Group Discussion

Discussion

- What strategies have helped increase staff safety?
- What protocols/policies have you created to promote staff safety?
- What challenges still persist?
- How do you balance staff safety with providing access and services to all veterans?

Report Out and Wrap-Up