

INDIVIDUAL AND ORGANIZATIONAL SAFETY IN THE FACE OF LOSS

National Alliance to End Homelessness
March 4, 2024

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AGENDA

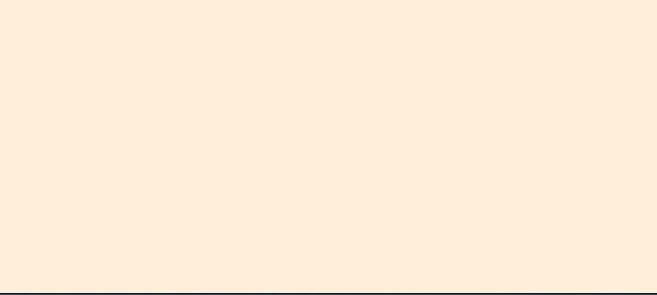
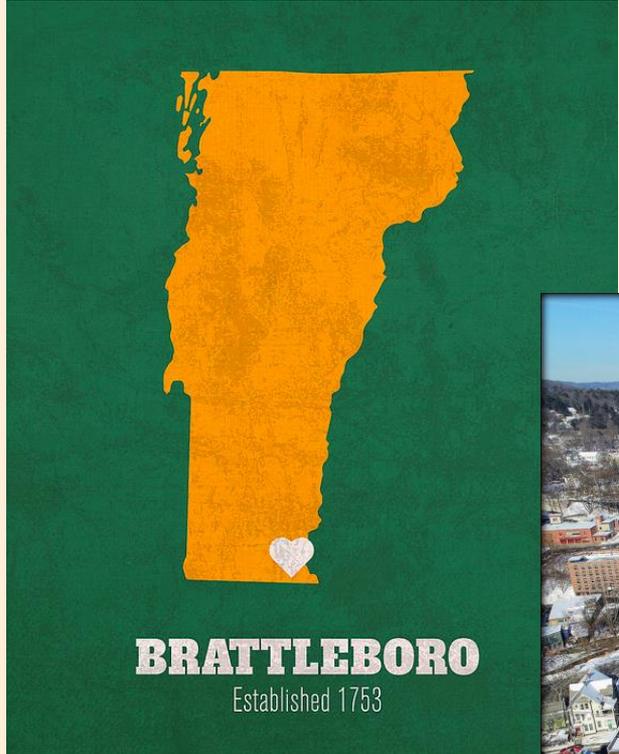
- Vermont context
- Groundworks Collaborative
- Share about a tragic event
- Describe our steps to address challenges and opportunities:
 - SAFETY
 - RESILIENCE
- Questions
- Reflection & Discussion

GOALS & OBJECTIVES

- Name the competing priorities of maintaining a client centered service approach within policy and practices.
- Identify a framework for building and maintaining an organizational wellness culture.
- Review available supports for coping with adverse events to support a path towards resilience.
- Reflect about wellness and resiliency for your organization.
- Name steps you can focus on in your respective orgs.

BEFORE WE GET STARTED...

- Trigger warning
- Client / People Centered
- Spirit of Vulnerability/Curiosity and Feedback

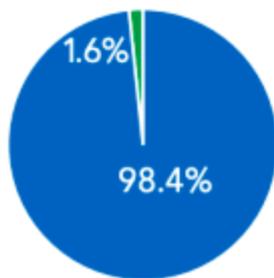


VERMONT



Total Homeless, 2022
2,780

43.1 in every **10,000**
people were experiencing
homelessness



■ Sheltered (2,735)
■ Unsheltered (45)

Estimates of Homelessness

1,923 individuals

857 people in families
with children

145 unaccompanied
homeless youth

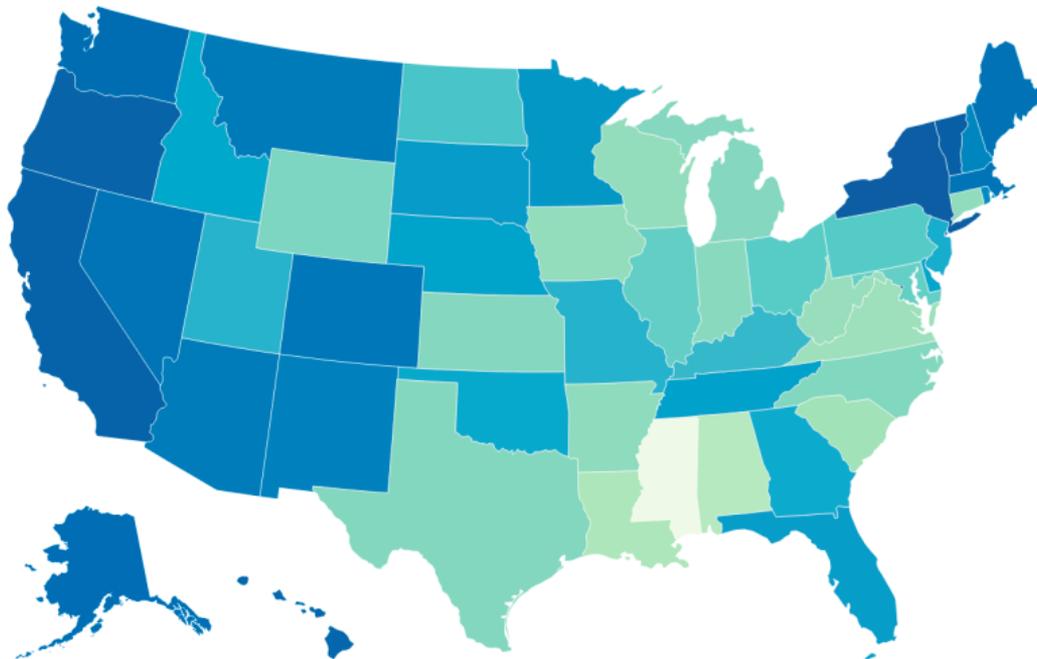
100 veterans

398 chronically homeless
individuals

Homelessness by state

Vermont had the second highest rate of people experiencing homelessness per capita...

Number of people experiencing homelessness per 10,000 residents



Based on a point-in-time count of people experiencing homelessness in each state by volunteers and service providers in early 2023.

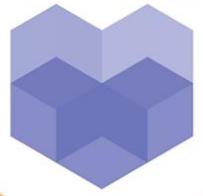
Map: Erin Petenko • Source: U.S. HUD Annual Homelessness Assessment Report • Created with Datawrapper

groundworks
COLLABORATIVE

supportworks



healthworks



foodworks



changeworks



housingworks



basic needs met with dignity



APRIL 3, 2023





PAUSE

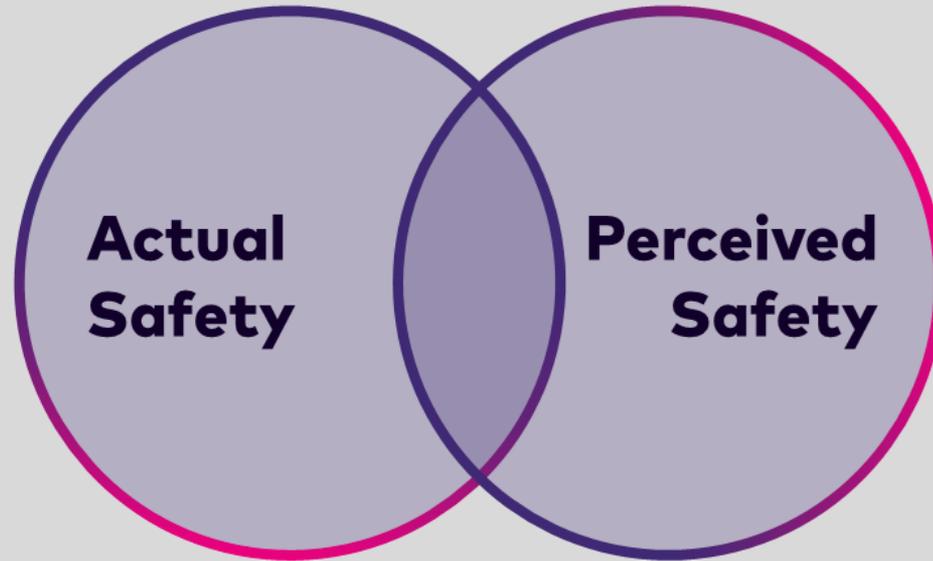
SAFETY

RESILIENCE

SAFETY

PRE	POST
One of many factors to consider	Primary focus and consideration in the work; discussed in training and supervision
“I feel fine” – “I know this client”	Familiarity / Comfort does not mean there is no risk: Use of Broset Violence Checklist
Focus on clients, less on environment and staff preparation	Programmatic boundaries – staff and clients
Lax training schedule	Robust Trainings: CPI, mental health, MI, substance use, trauma
Tracked critical incidents, but did not have thorough process & system	Expanded Event Report Structure and workflow
Boundaries varied with individual staff, different shifts.	Established communicated programmatic boundaries with restorative justice approach

DEFINING SAFETY

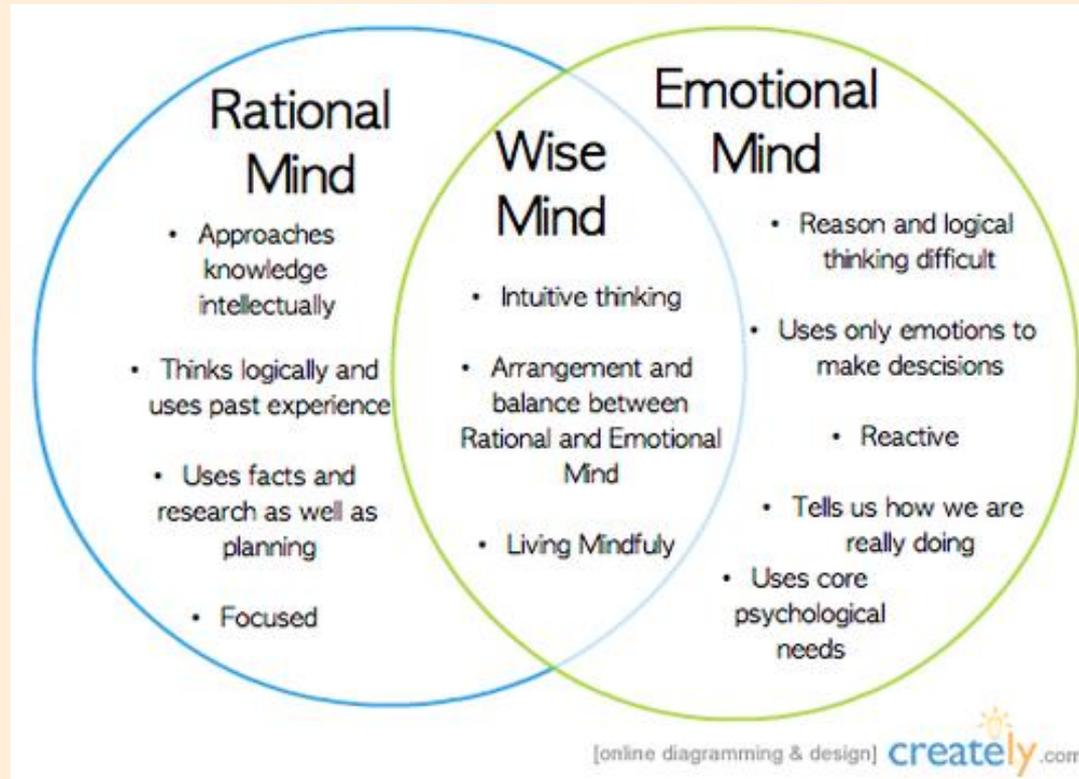


Basic definition of safety: the condition of being protected from or unlikely to cause danger, risk or injury

Safety is not an objective state, HOWEVER it is individually felt and shaped through individual worldview .

WATCHING FOR BIAS

The power of emotion in our initial experiences after Leah's death continues to hold an important frame for how we approach our work.



EVALUATING RISK

Goal to reduce risk – increase safety.

Decisions and policies adjusted post 4/3 were careful use language that left room for flexibility

Different individual risk tolerance

Different risk tolerance in our programs

Brøset Violence Checklist:

Behavior	Definition	Observed?
Confused	Appears obviously confused and disoriented. May be unaware of time, place or person	
Irritable	Easily annoyed or angered. Unable to tolerate the presence of others.	
Boisterous	Behavior is overtly 'loud' or noisy, e.g. slams doors, shouts out when talking, etc.	
Physically Threatening	Where there is a definite intent to physically threaten another person, e.g. the taking of an aggressive stance; the grabbing of another person's clothing; the raising of an arm, leg, making of a fist, or modeling of a head-butt directed at another	
Verbally Threatening	A verbal outburst which is more than just a raised voice; and where there is a definite intent to intimidate or threaten another person, e.g. verbal attacks, abuse, name-calling, verbally neutral comments uttered in a snarling aggressive manner	
Attacking Objects	An attack directed at an object and not an individual, e.g. the indiscriminate throwing of an object; banging or smashup windows; kicking, banging or head-butting an object; or the smashing of furniture	
Total		

Each item in the checklist is either present (1) or absent (0) in the scoring system and scoring is conducted in relation to the patient's normal baseline behavior.

(0) – small risk of violence

(1-2) – moderate risk of violence

(>3) – very high risk of violence*

*very high risk resident – interventions should be implemented immediately to prevent a potential episode

EXPANDED EVENT REPORTING

PRE

- Significant incident – usually involving an act or threat of violence
- Program discharge
- Overdose

POST

- Calls to emergency service
- Calls to crisis
- Calls to police non emergency line
- Overdose
- Act or threat of violence
- Loud verbal confrontation
- Call to ACT
- Medical emergency
- Call for wellness check
- Program discharge
- Visitor asked to leave
- Facility issue – power outage for ext time
- Staff injury

Event Report Data Summary October 2023 to January 2024

*Client's departure from program without notice to staff - was excluded from below Data, there were 42 instances of that in the reporting period.

of Incidents by Location & Month

# of Incidents	Month				Grand Total
	October	November	December	January	
Location of Incident					
54 South Main Building and Campus (Not Drop-in Program Related)	2	3	2		7
Chalet	2	1	2	2	7
Drop-In Center Program	21	27	19	13	80
Foodworks				1	1
Great River Terrace	2		1	2	5
Motel		1	1	1	3
original incident occurred off property		1			1
Quality Inn	1				1
Grand Total	28	33	25	19	105

RESILIENCY



ENGAGEMENT



Engagement: Mutually beneficial interaction that results in participants feeling valued for their unique contribution

RESILIENCY

Engagement

Communication & Transparency

Collaborative Approach to Building Supports

Culture of Feedback & Learning

Great 1:1 Supervision

COMMUNICATION & TRANSPARENCY

- Daily Huddles
- Proactive in incident communications to all staff
- Debriefing: short, med and long term follow up post - incidents

- Leadership team to program meetings
- Client listening sessions
- Safety Working Group

COLLECTIVE APPROACH TO BUILDING SUPPORTS

Trauma Specialist

Mental Health Leave (40 hrs)

3 weeks paid off

Group Processing

Individual Therapy

Massage

Yoga

Art Classes

Walk

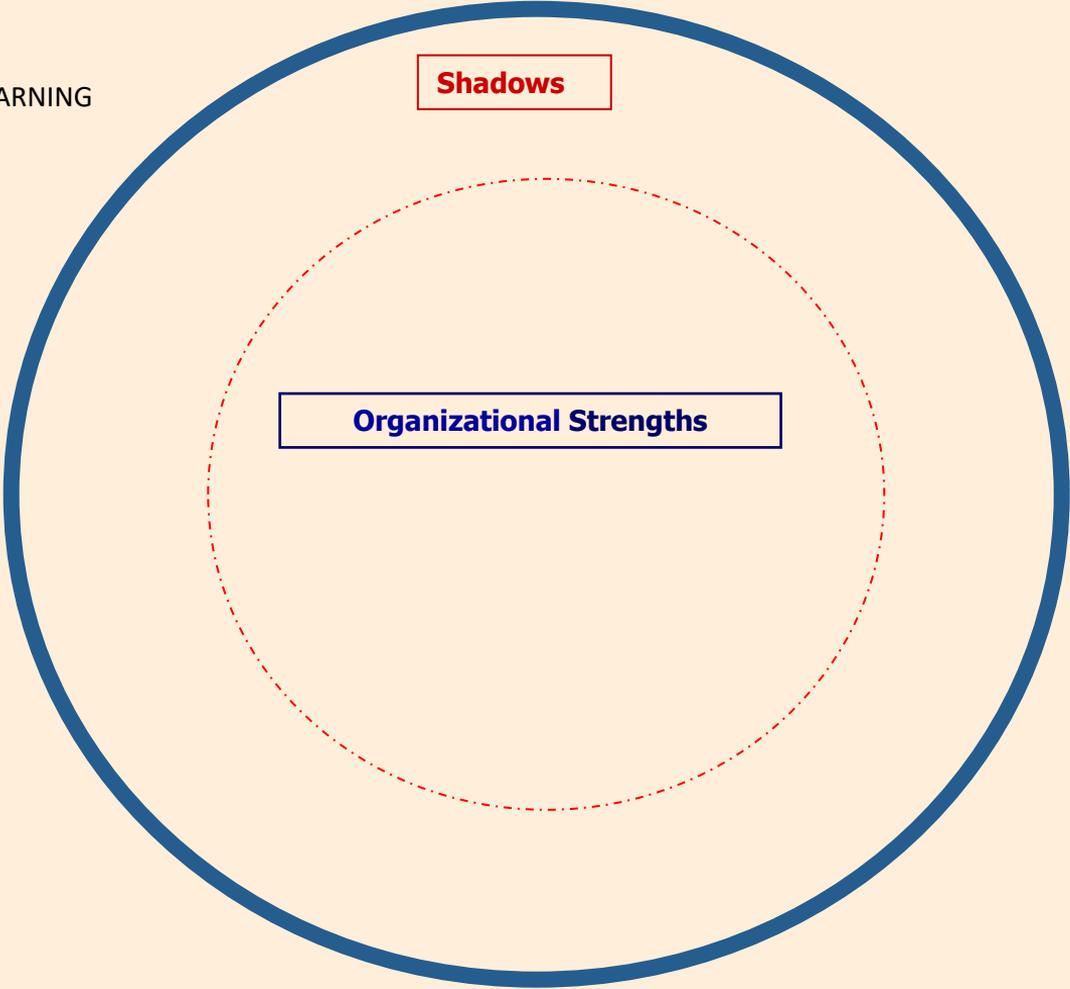
Big Day Out

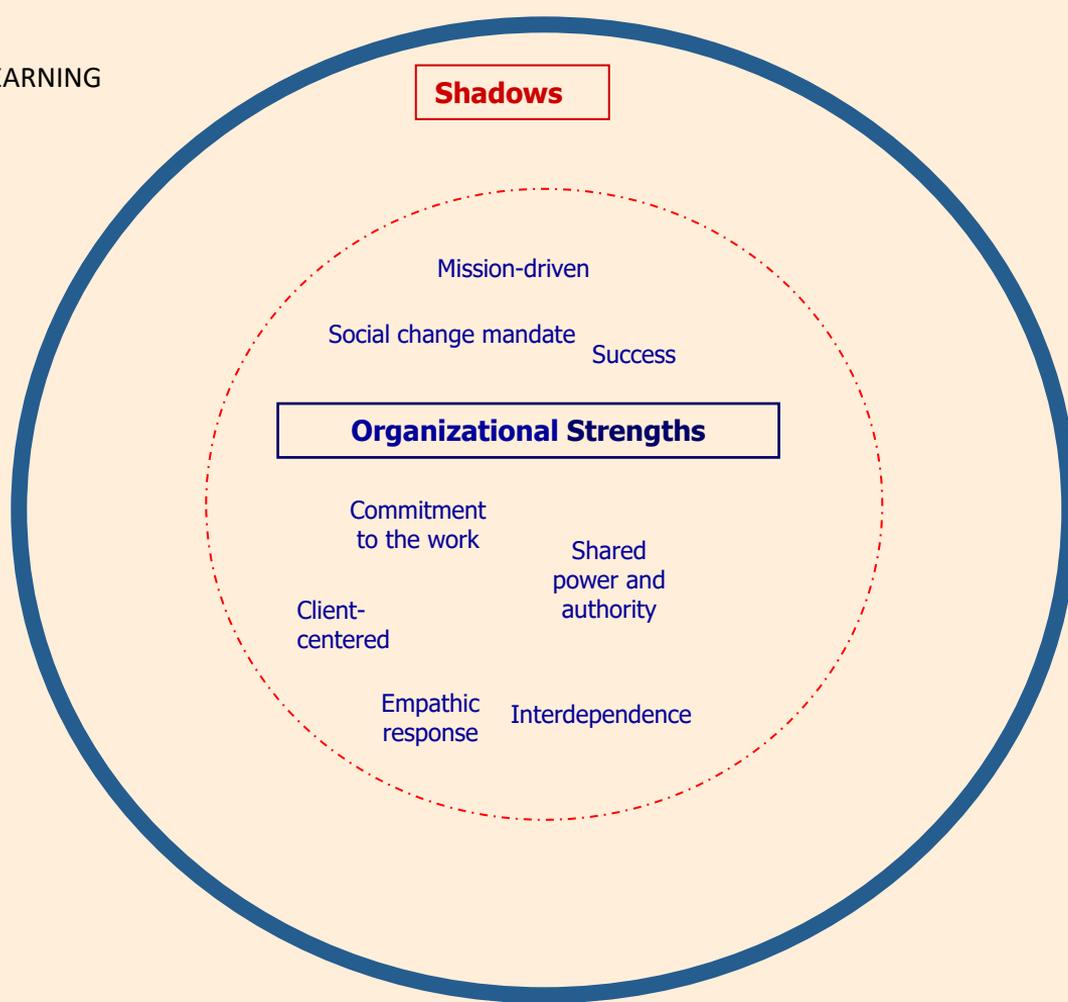
Additional Trainings

FOOOOOOD!

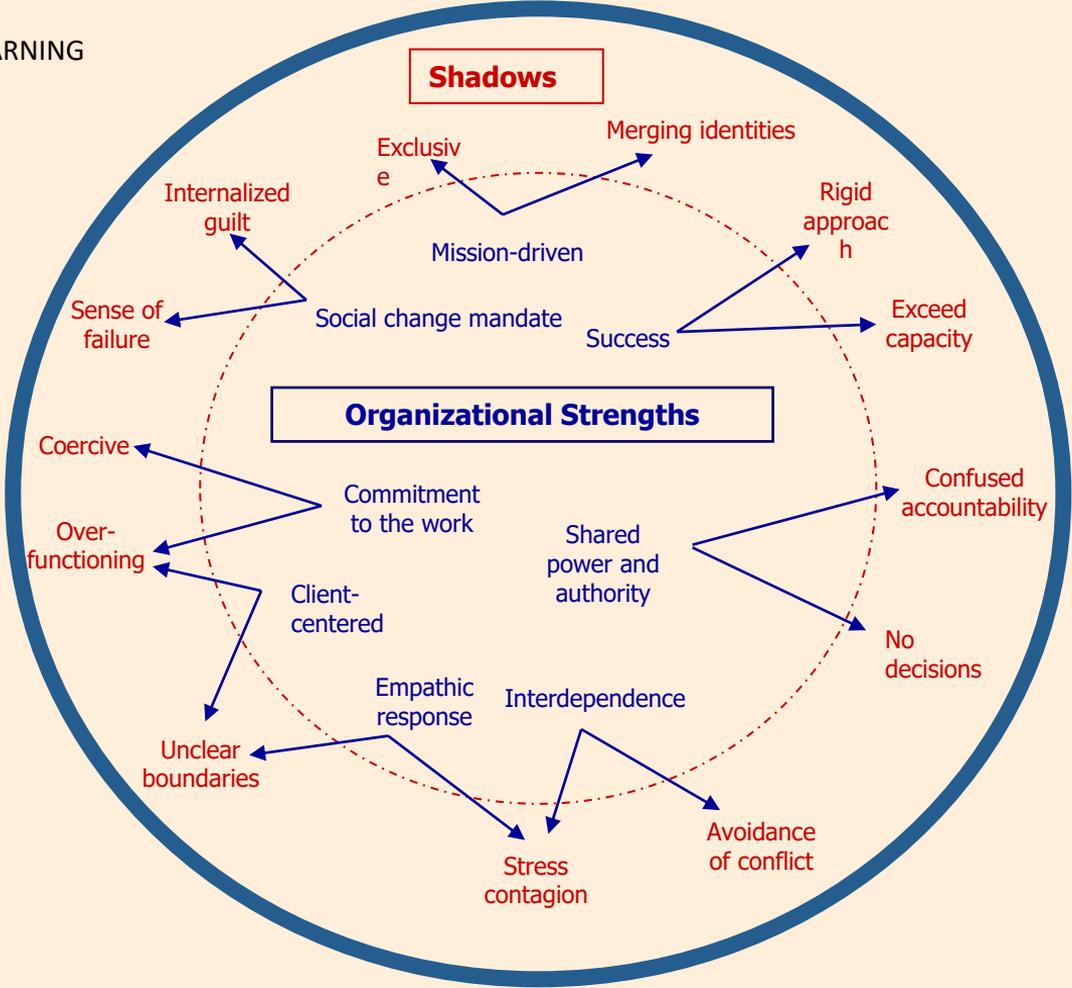


CULTURE OF FEEDBACK & LEARNING





CULTURE OF FEEDBACK & LEARNING



SUPERVISION



WHERE ARE WE NOW?

-

- New events to learn from always arising
- Staff Turnover
 - Agency overall on par w trend
 - Near full exit of MSH staff
 - Key leadership departure

+

- Plans for Morningside House rebuild underway
- 18 of 21 people from the M'side have been housed
- Confidence and clarity in who we are & what we do

Questions?

ACTIVE REFLECTION

Individual – Pair – Share

TASK – Individual task - Take 5-10 mins and reflect on the following two questions

SAFETY – What are aspects of your organization that would benefit from looking at with fresh eyes? Things accustomed to? Not talked about? Or met with that's just the way things are?

RESILIENCE – Does your organization have an approach that is rooted in Self care or resilience based approach? What are areas to deepen? How could you go about it, from your respective role in your org?

DISCUSSION

- Turn to your neighbor, as a pair or triad, take 10 minutes to share and discuss your response.
- As time allows, we'll share a couple responses with the room.

“And when great souls die,
After a period peace blooms,
Slowly and always
Irregularly. Spaces fill
With a kind of
soothing electric vibration.
Our senses, restored, never
To be the same, whisper to us.
They existed. They existed.
We can be. Be and be
Better. For they existed”



M. Angelou
When Great Trees Fall

RESOURCES AND REFERENCES:

NAEH:

https://endhomelessness.org/wp-content/uploads/2023/12/Working-in-Homeless-Services-A-Survey-of-the-Field_12-5-23_FINAL.pdf

NHCHC Resiliency Toolkit:

<https://nhchc.org/wp-content/uploads/2023/01/Organizational-Leadership-and-Resiliency-Toolkit-2022-New.pdf>

OSHA: Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers

<https://www.osha.gov/sites/default/files/publications/osha3148.pdf>

National Coalition for the Homeless: Vulnerable to Hate: A Survey of Bias Motivated Violence towards People Experiencing Homelessness in 2016-17.

https://nationalhomeless.org/wp-content/uploads/2018/12/hate-crimes-2016-17-final_for-web.pdf

Trauma and Organizations

<http://organizationaltraumaandhealing.com/resources>

Supervision

https://hbr.org/2022/11/make-the-most-of-your-one-on-one-meetings?ab=at_art_art_1x4_s04

CONTACT INFORMATION

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PROGRAMMATIC BOUNDARIES

PRE	POST
Stress to flex – can't say no	Define and hold clear limits
Martyrs for our work to meet clients (culture of exhaustion and busyness as success?)	Partnership: practice in boundaries – time off celebrated
Boundary Resistant: Limits felt taxing.	Evidence that we can take space, say no
Boundaries varied with individual staff, different shifts.	Clarity established and consistency was reinforced
Flex to meet individual needs – inconsistent, frustration, equity	Holding clear and communicated boundaries and predictability to meet client needs; involve clients in regularly in contributions and feedback

COMMUNICATION & TRANSPARENCY

Daily Huddles

Events post 4/3 presented with staff often experiencing heightened reactivity and emotions in the aftermath of an incident.

Learned to be proactive with communication in order to achieve transparency

Identified process for of short, medium and long term processing after an incident with individual staff and teams.

*Debriefing: Value of prompting staff for potential ripples after an incident

Listening sessions with clients

PREVALENCE OF VIOLENCE IN THE WORK

Healthcare workers face significant risks of job-related violence



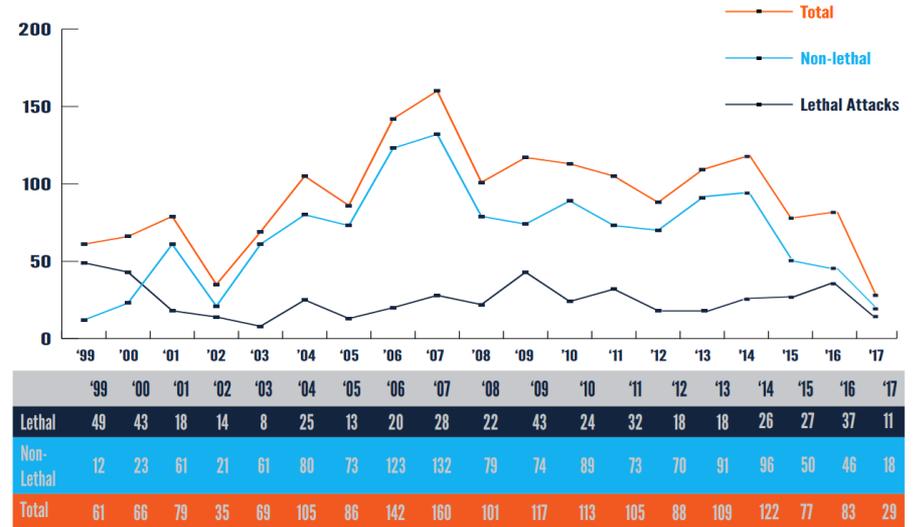
While under 20% of all workplace injuries happen to healthcare workers...



Healthcare workers suffer 50% of all assaults.

Source: Bureau of Labor Statistics

TABLE 2: NUMBER OF INCIDENTS RECORDED



<https://www.osha.gov/sites/default/files/publications/osha3148.pdf>

Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers U.S. Department of Labor Occupational Safety and Health Administration OSHA 3148-06R 2016

<https://nationalhomeless.org/vulnerable-to-hate-2016-2017/>

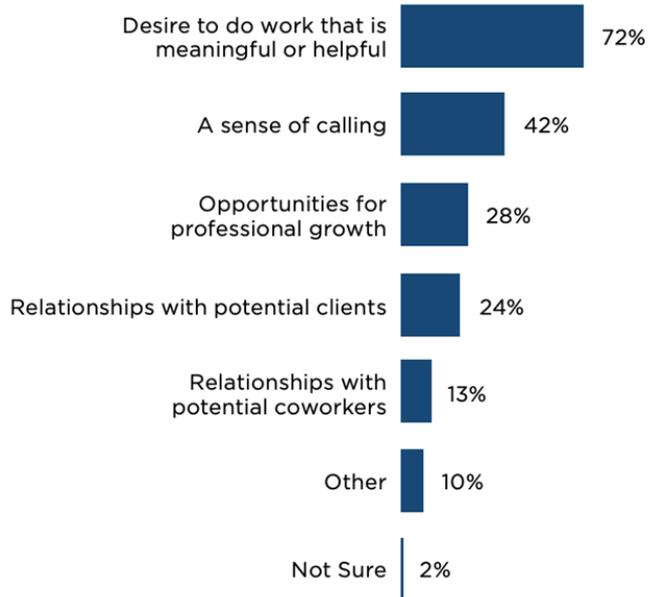
RESILIENCY

PRE	POST
Organizational culture - strong but scrappy!	Org Culture – Engagement: Debriefing & Safety Working Group
Self – Care Approach	Organization and Individual responsibility Collaborative Approach to Supports Focus on strong management
Feedback: not welcome, unskillful, unidirectional	Culture of feedback – SHADOWS Have to ask for it! Regular practice in supervision
Martyrs for our work to meet clients (culture of exhaustion and busyness as success?)	Partnership: practice in boundaries – time off celebrated
Communication? Safety working group	Some staff need to complete healing elsewhere – human centered HR practices

12/2023 NAEH SURVEY: WORKING IN HOMELESS SERVICES FIELD

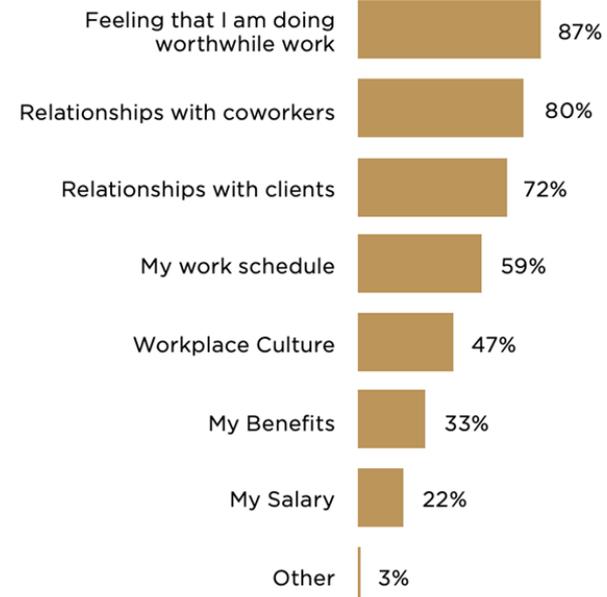
Reasons for Working in the Homelessness Workforce

Why I Started Working in Homelessness



The answer options for these two questions were similar but not identical. Please see [the appendix](#) for the exact wording of the questions.

What I Now Like About My Job



FATIGUE VS RESILIENCY

Within my current job, I am experiencing the following challenges...

Frustration (Can't give more people housing and services)	69%
Stress/worry about the well-being of clients	60%
Being overworked	46%
Limited rewards or wins tied to work	37%
Overly burdensome paperwork requirements	36%
Limited opportunities to advance in my career	35%
Limited authority to make decisions	25%
Lack of respect for my opinions and contributions	21%
Fears for my safety	13%
None of these	9%
Other	6%
Discrimination or uncomfortable situations (Race/Ethnicity)	6%
Discrimination or uncomfortable situations (Gender)	5%
Discrimination or uncomfortable situations (LGBTQ Identity)	3%