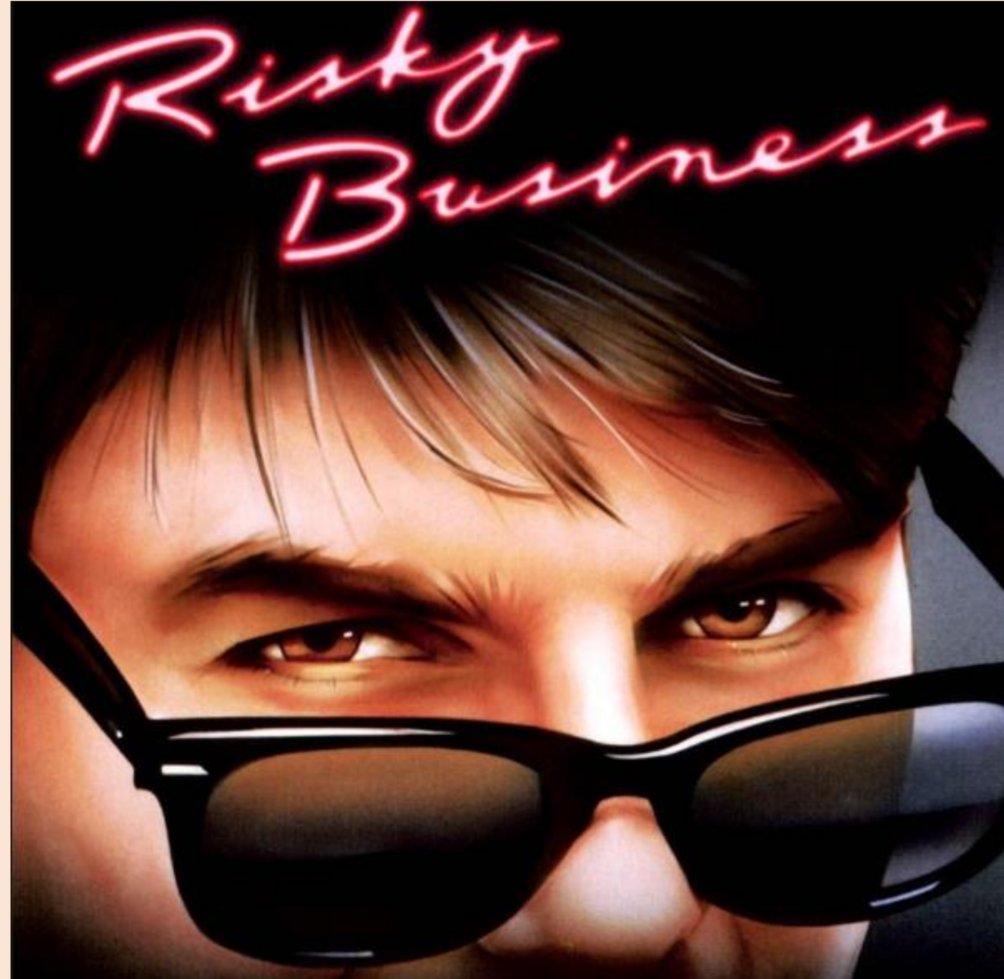
Safety and Security in Medical Respite Programs

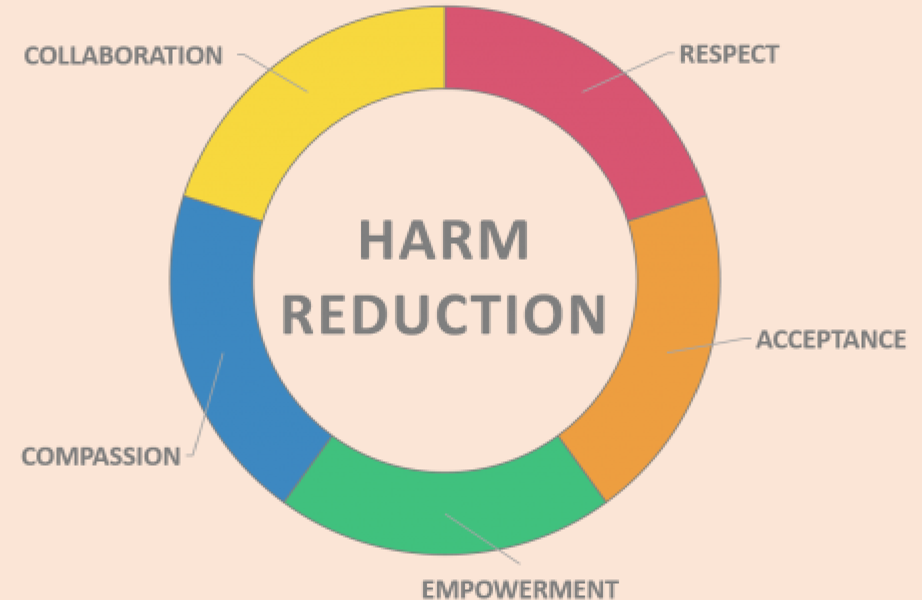


Types of Safety Risks in the Respite Setting

- Verbal threats
- Between clients
  - Current relationships
  - Past relationships
  - Respite romances
- Between staff and client
- Weapons
- Theft
- Physical violence

Harm Reduction and Safety

- 90% of our clients have a substance use disorder
- Managing substance use safely in the Respite setting
  - Behavioral focus
  - Environmental considerations
  - Naloxone



Past Security Experiences

- Shelter Based
  - Security was on site
  - “Mark’s drawer”
  - 2nd site security issues
- 2009 Move
  - Staff chose not to have security on site to maintain therapeutic environment
- 2017 expansion of services
  - Changing client population, needs
  - Sobering Center initiatives
- The “Incident”

The Defining Incident

- Triangle of conflict between Respite clients
- Allegations of bullying
- Mr. A punched Mr. B in the dining room during lunch
- No insight
- Mr. A and the discharging provider
- We had his knife
- Both other clients remained at Respite

So How Do You Address These Issues and Still Maintain a Therapeutic Environment?

- Staff and clients feel safe
  - Individual perceptions of safety
- Trauma Informed Care, Environment
  - Policies grounded in harm reduction
  - Respectful belongings searches
- Security considerations
  - Security, law enforcement can be triggering
- Sheriff or Law enforcement relationship

What We Did

- Primary Care Leadership came to meet staff
  - Respite
  - Sobering
  - CATS (CBO)
- Debrief with clients in community meeting
- All these meetings yielded differing opinions

Safety Matrix

Facility • **3 different security camera systems** • **Additional areas for monitoring** • **Missing duress buttons** • **Missing emergency buttons in bathrooms** • **Monitoring sharps containers in the bathroom**	**Training** • **De-escalation (and booster trainings)** • **Active shooter** • **Trauma Informed System** • **Vicarious Trauma**
Policy and Procedure • **Reviewed existing behavioral management policies** • **Creation of d/c checklist for behavioral discharges** • **Weapons policy** • **Safety Committee**	Personnel • **Security: what kind?** • **Reinforcing relationship with ZSFG and roving Sheriff**

Results

- Development of a Safety Committee
  - Create uniform guidelines for behavioral issues
  - Review incidents that created safety concerns
  - Engaged Risk Management: UO reporting for documentation
- Increase in trainings
- Scheduled walk throughs with DPH head of security
- Currently advocating for funding for facility upgrades

Individual Apartments for Each Respite Client
One-Bedroom Unit, Shared Laundry

Our Respite Patients are Ambulatory

Our Admission Criteria:

- Homeless or in Emergency Shelter
- Independent in ADLs
- Independent in Medication Administration
- Independent in Mobility
- Continent
- No IV lines
- Doesn't require Long Term Care

What We Do:

- Daily checks by Nurse / Behavioral Health / Case Manager.
- Wound care.
- Behavioral Health counseling.
- Transport / accompany to PCP and specialty and OT/PT appointments.
- Evaluate and support ADLs.
- Assist with applications for SSI/SSDI, Basic Food and other federal/state benefits.
- Facilitate family interaction when possible.
- Initiate housing stabilization.
- Provide discharge summary to patient /PCP at time of respite exit.

60 patients stayed 1,311 Days
Average Length of Stay 21 days

Length of Stay	People	Reason for Respite Needed
One Week or Less	17%	Pneumonia, cellulitis, MAT induction
1 to 2 weeks	21%	Abscess, COPD, mental health, gangrene, cellulitis
2 – 4 weeks	27%	Fractures, surgery recovery, cellulitis
4 weeks or longer	21%	Gunshot wound, endocarditis, surgical recovery, fractures, MAT stabilization

Security with No On-sight Resident Manager

During Business Hours

Housing First Model approach

Daily visits at random times

Participation Agreement to Manage Expectations:

- ➢Clearly state respite is short-term stay for medical purposes, not permanent housing.
- ➢Daily contact required with health care team.
- ➢No weapons or illegal drugs allowed in units.
- ➢No overnight guests.
- ➢Service animals allowed, not other guests…
- ➢Don’t tamper with smoke detectors or carbon monoxide alarms.

AFTER Hours

- Case Managers are on-call after hours (rotate weekly).
- “Respite Welcome” is posted on the back of every client’s door.
- Clients encouraged to call about suspicious activity.
- Curfews don’t work !

RESPITE WELCOME

To YNHS/Neighborhood Connections Respite program
Your expected exit date is ____________________________

IN CASE OF AN EMERGENCY CALL **911**

Your address location is **207 south 4th Street #**____(MAIL DOES NOT STOP AT THIS ADDRESS, DO NOT USE AS A MAILING ADDRESS).

If you are a patient of YNHS to make or confirm an appointment call:

Yakima Neighborhood Health Services **509-454-4143**
Neighborhood Connections **509-834-2098**
Your primary care provider is _________________________Phone __________

If you have a medical problem and the clinic is closed:

A medical condition that can’t wait Dial **509-577-5172**

Maintenance problem: Ben **509-654-8004**

Transportation through People for People: **509-248-6793**
(*Have your medical coupon available*)

Yakima Neighborhood Health Services Outreach Staff:

Jesus, Case Manager **509-949-1937**
Jean, HCH Nurse **509-945-6143**

Annette Rodriguez **509-949-9122**
Homeless Services Director

WHAT HAPPENS
WHEN
THE RULES ARE BROKEN??

Termination Policies & Procedures (same as organizational termination policies)

- Behaviors determined to be dangerous:
  - Presenting with a weapon of any kind
  - Threatening violence toward staff, clients, or visitors
  - Exhibiting repeated verbal threats or attacks toward staff, clients or visitors (absent any physical or mental disorders prompting these threats)
- Falsifying identity.
- Performing illegal activity on YNHS property (burglary, theft, vandalism).
- (Non-compliance is <u>NOT</u> a reason for program termination)

Lessons Learned

- ✓ Trauma Informed Care / Housing First doesn’t mean “No Rules”.
- ✓ Take time to set expectations.   Beware of “nesting”.
- ✓ Daily contact with a consistent Case Manager – trusting relationships.
- ✓ Short stays (average LOS 22 days) makes “Neighborhood Watch” difficult but worth trying.
- ✓ Curfews don’t work in programs without Resident Managers.
- ✓ Vacant units are most vulnerable for vandalism. Minimize / shield vacancies when possible.
- ✓ Have a GREAT relationships with your local Police… be on a first name basis if possible !

What Would YOU Do ?

Scenario One

- Case Manager and Outreach RN visit patient in the Medical Respite apartment and find illegal drug paraphernalia and drugs on the counter in unit. Patient does not appear to be under the influence of any substance.

What Would

YOU

Do ?

- (Would it make a difference if the patient was under the influence?)

Scenario Two

- Medical respite patient calls you, the Respite Program Manager, and reports the patient in the next unit has a shotgun in her unit and other residents are talking about it. The person who called you is worried either the woman is going to use the gun, or other residents are going to try and steal it. At any rate, she fears someone is going to get hurt.

What Would

YOU

Do ?

Your Scenarios – Break Outs

In smaller groups,

- What are the safety / security issues you are most concerned about ?

- Do you have a security plan currently ? What gaps do you see ?