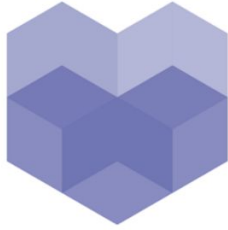# SAFETY & RESILIENCE IN THE FACE OF LOSS

National Healthcare for the Homeless Council
May 15, 2024

Libby Bennett, MA; Jessica Guardado, LICSW, LADC;
Kathleen McGraw MD, FHM, CPE

Agenda

- Introduce Groundworks Collaborative & Healthworks ACT
- Note safety risks in healthcare and homeless services
- Share about a tragic event
- Describe our steps to address challenges and opportunities:
  - SAFETY
  - RESILIENCE
- Questions
- Take Away: Reflection & Discussion within your organization

GOALS & OBJECTIVES

- Name competing priorities of maintaining a client-centered service approach within policy and practices
- Discuss ongoing demands for healthcare while supporting staff
- Identify a framework for building and maintaining an organizational wellness culture
- Review supports for coping with adverse events to support a path towards resilience
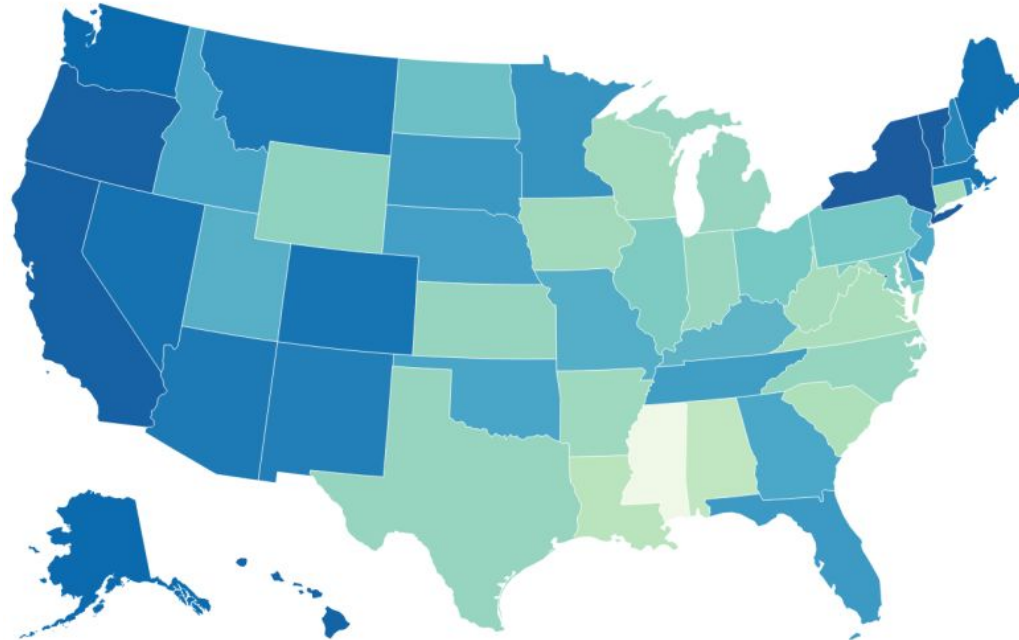- Reflect on wellness and resiliency for your organization

BEFORE WE GET STARTED…

- Trigger warning

- Client / People Centered

- Spirit of Vulnerability/Curiosity and Feedback

Homelessness by state

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

Number of people experiencing homelessness per 10,000 residents

3.34 — 72.49

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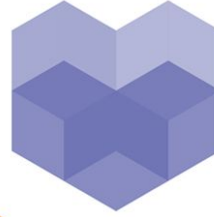
supportworks

healthworks

groundworks
COLLABORATIVE

foodworks

changeworks

housingworks

basic needs met with dignity

Healthworks ACT
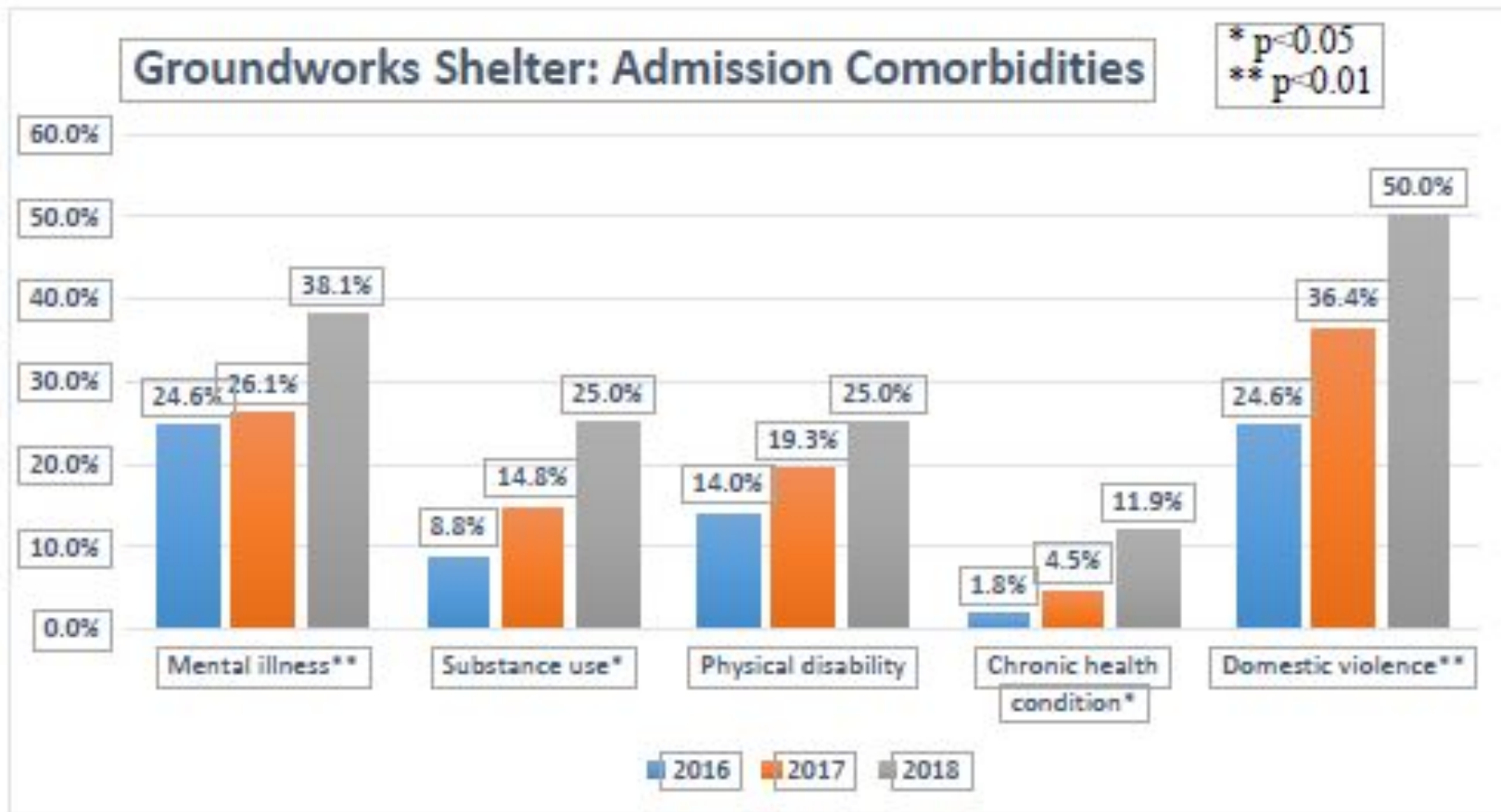
Collaboration by four organizations:

- Brattleboro Memorial Hospital
- Brattleboro Retreat
- HCRS (Designated Mental Health Agency)
- Groundworks Collaborative

Healthworks differs from traditional ACT in the following ways:
- Addition of Primary Care to the model
- Elevating peer voices to a leadership level
- Multi-agency collaboration; established LLC

Increasing presentation complexity: 2016-18

Groundworks Shelter: Admission Comorbidities

* p<0.05
** p<0.01

	Mental illness**	Substance use*	Physical disability	Chronic health condition*	Domestic violence**
2016	24.6%	8.8%	14.0%	1.8%	24.6%
2017	26.1%	14.8%	19.3%	4.5%	36.4%
2018	38.1%	25.0%	25.0%	11.9%	50.0%

Prevalence of Violence in the Work
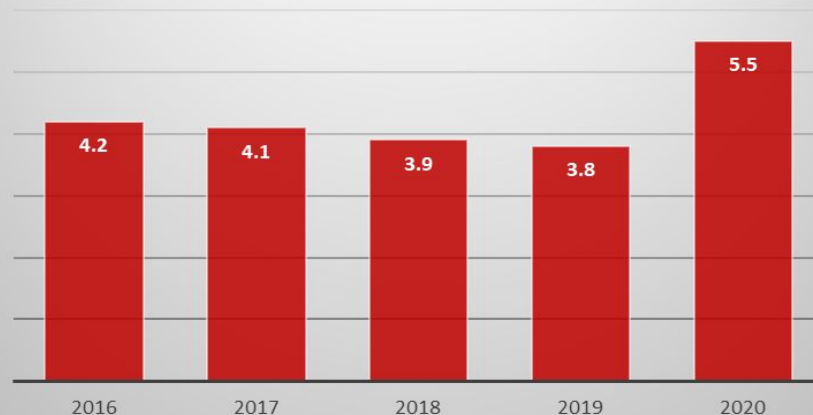
https://www.osha.gov/sites/default/files/publications/osha3148.pdf
Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers U.S. Department of Labor Occupational Safety and Health Administration OSHA 3148-06R 2016

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

Burnout in Healthcare

- Moral distress and injury:
  - The struggle and inability to do what is believed to be ethically correct
  - Demoralization by systems perceived as putting profits ahead of people
  - Creates a sense for staff that they have betrayed their own ethical code.
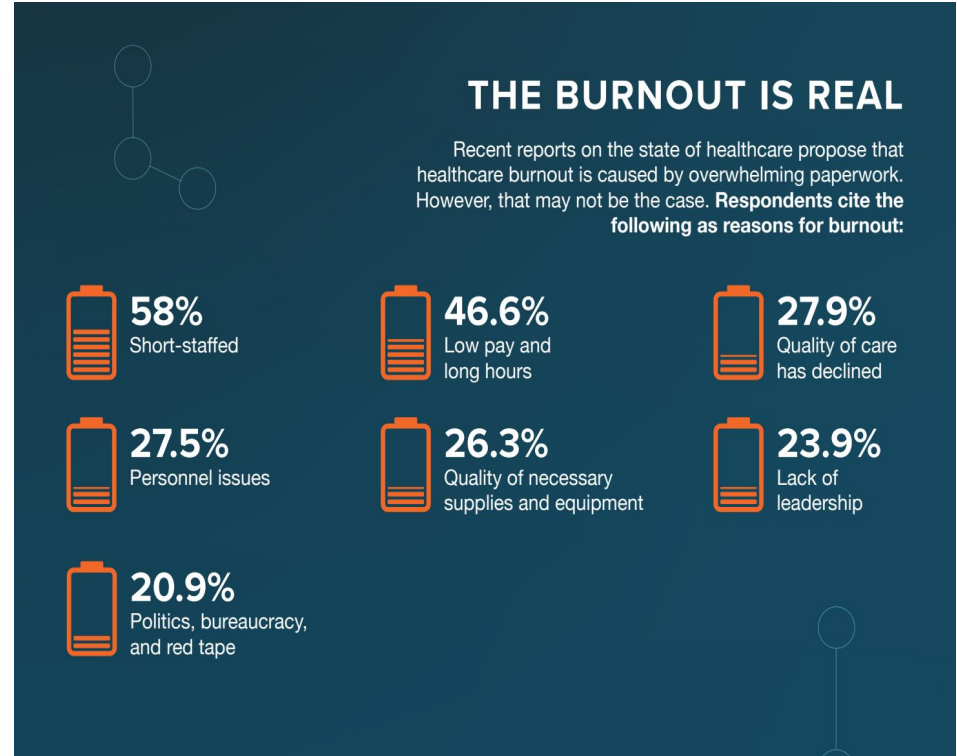
- Can't be fixed solely by staff efforts (i.e. "more mindfulness and yoga")
  - Reduce cognitive load
  - Reduce the low level impediments
  - Use more ethics consults
  - Create alliances between administrators and front line staff.

THE BURNOUT IS REAL

Recent reports on the state of healthcare propose that healthcare burnout is caused by overwhelming paperwork. However, that may not be the case. **Respondents cite the following as reasons for burnout:**

58% Short-staffed

46.6% Low pay and long hours

27.9% Quality of care has declined

27.5% Personnel issues

26.3% Quality of necessary supplies and equipment

23.9% Lack of leadership

20.9% Politics, bureaucracy, and red tape

Nurse Shortage, Burnout, AI Top Concerns for Healthcare Workers (hitconsultant.net)

PAUSE

Healthworks Pause

- HW staff continued in the work
- Supported those most impacted
- Paused new admissions to program
- Invited to all Groundworks activities
- No effective means to participate in Groundworks activities
  - Coverage
  - Increased effective workload
- Culture of healthcare: we work through crises
  - Could ongoing demands have been met through other means?
- Re-Traumatization - COVID

healthworks

SAFETY   RESILIENCE

SAFETY IN THE CULTURE AT GROUNDWORKS

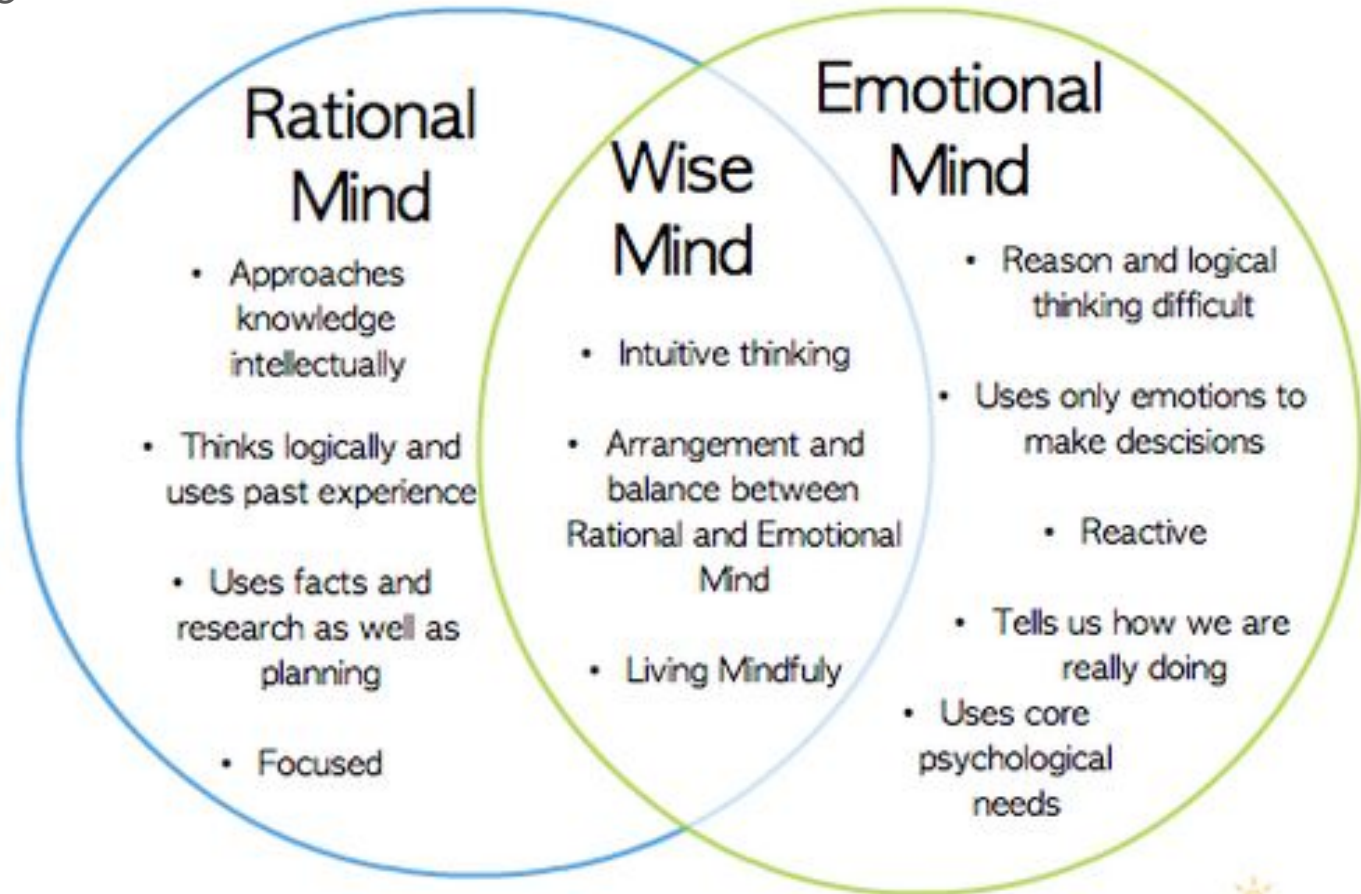| PRE	POST
One of many factors to consider	Primary focus and consideration in the work; discussed in training and supervision
"I feel fine" – "I know this client" Subjectivity of clinical judgement	Familiarity / Comfort does not mean there is no risk: Use of Broset Violence Checklist
Focus on clients,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

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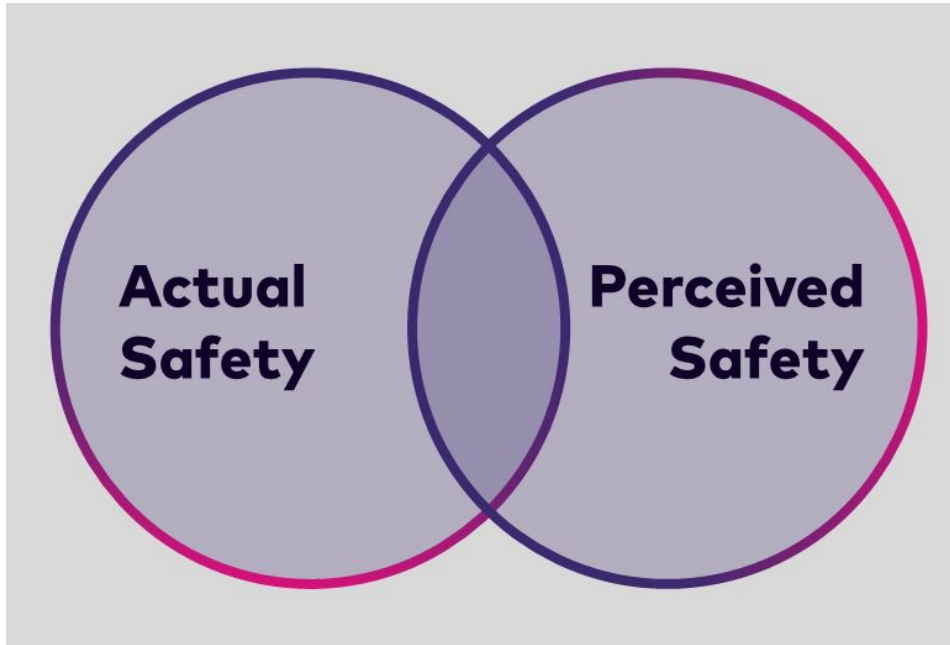
Basic definition of safety: the condition of being protected from or unlikely to cause danger, risk or injury

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

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

Rational Mind

- Approaches knowledge intellectually
- Thinks logically and uses past experience
- Uses facts and research as well as planning
- Focused

Wise Mind

- Intuitive thinking
- Arrangement and balance between Rational and Emotional Mind
- Living Mindfuly

Emotional Mind

- Reason and logical thinking difficult
- Uses only emotions to make descisions
- Reactive
- Tells us how we are really doing
- Uses core psychological needs

Goal: To reduce risk & increase safety

Decisions and policies adjusted after April 3rd were careful to 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 – ex. power outage for extended time
- Staff injury

RESILIENCY

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

Resiliency

Pre	Post
Organizational Culture: Strong and scrappy, gritty and tenacious, martyrs for the cause	Organizational Culture: Strong, because we uphold boundaries determined, resourceful, tenacious, creative, and resilient
Wellness Approach: Self-Care was a buzzword and a personal responsibility	Collaborative Approach to Wellness & Community Partnership Supports: Organizational framework that supports individual needs (for staff and clients)
Feedback: not always welcome, unskillful, unidirectional "My door is always open."	Embrace Culture of FEEDBACK & LEARNING Focus on effective <u>SUPERVISION</u>
Communication lacked structure	<u>COMMUNICATION AND TRANSPARENCY</u> for organization-wide risk reduction Organization-wide focus on Engagement: Event Debriefing & Safety Working Group

COMMUNICATION & TRANSPARENCY

- Daily Huddles/DASH Meetings
- Emergency notification text and email alerts to all staff at multiple worksites (AlertAware)
- Debriefing: short-, medium-, and long-term follow up post incidents
- Leadership Team to program meetings
- Client Listening Sessions
- Safety Working Group

Collective Approach to Building Supports

Trauma Specialists

3 weeks paid off

Mental Health Leave (40 hrs)

Group Processing AND Individual Therapy

Donations of Massage, Yoga, Art Classes
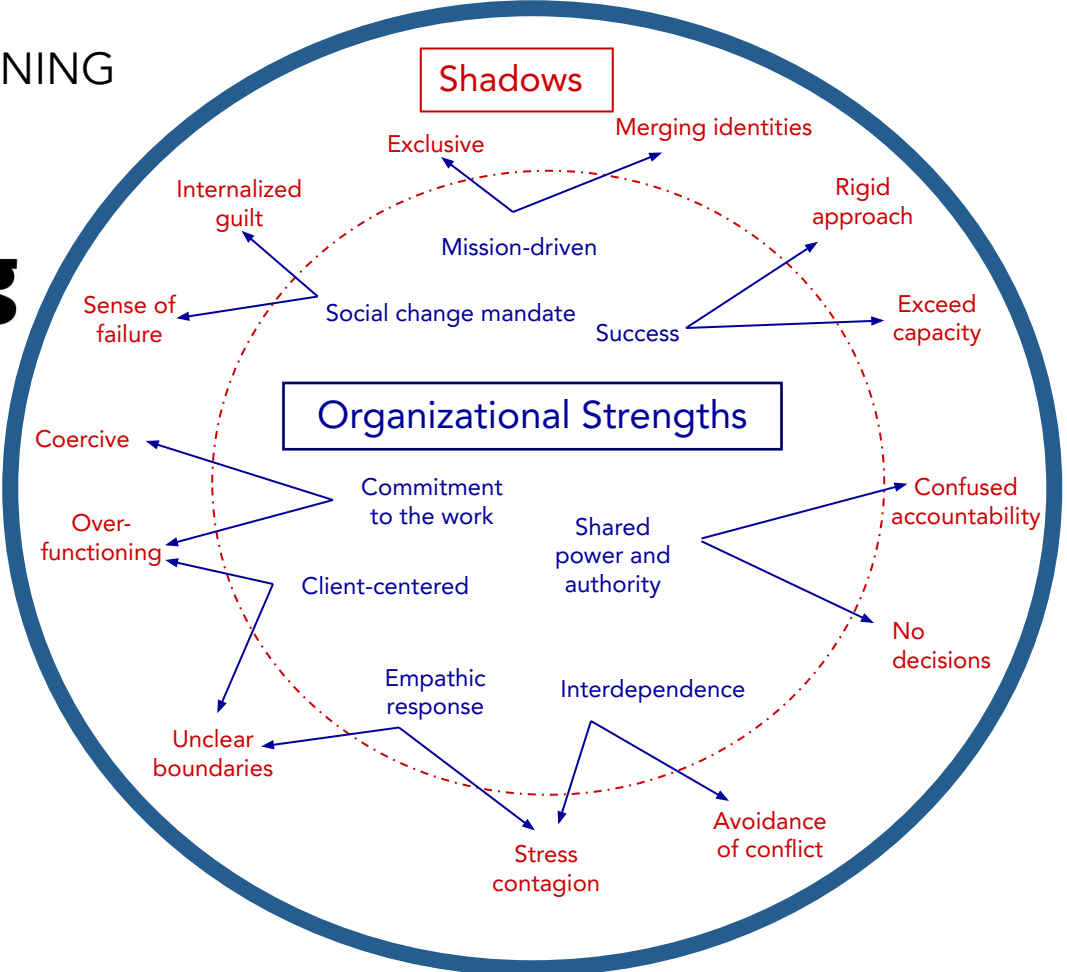
Walks

Big Day Out

Additional Trainings

FOOOOOOOD!

CULTURE OF FEEDBACK & LEARNING

Trauma and Healing in Organizations

Vivian & Hormann, 2002

Shadows

Merging identities
Exclusive
Internalized guilt
Rigid approach
Mission-driven
Sense of failure
Social change mandate
Success
Exceed capacity

Organizational Strengths

Coercive
Commitment to the work
Shared power and authority
Confused accountability
Over-functioning
Client-centered
No decisions
Empathic response
Interdependence
Unclear boundaries
Stress contagion
Avoidance of conflict

SUPERVISION

HEALTHWORKS ACTIONS & OUTCOMES

healthworks

- Implemented enhanced safety,
  - 2 person staff team,
  - ceased driving clients,
  - used the Broset,
  - initiated START assessment
- Recognized need for additional policies in the still new program
- Places where pause could be realized gave some improvement

And yet…

- Burnout and "lean in" approaches in healthcare prevented staff from effectively evaluating what they might need
- Pauses were reactive not proactive
- Decreased resiliency made more difficult responsiveness to challenges
- Cases of underworking vs overworking vs missed opportunities to adapt
- Multiple agencies accentuated differences in approaches

WHERE ARE WE NOW?
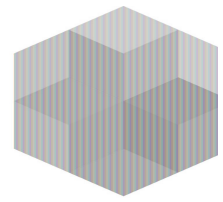
Achievements

- 18 of 21 people from the Morningside have been housed
- Marked 1 year anniversary with former & current staff & clients
- Confidence and clarity in who we are & what we do

Sticky Wickets

- New events to learn from are always arising
- Staff Turnover
  - Agency overall on par with trends
  - Near full exit of Morningside staff
  - Key leadership transition

On the Horizon

- Plans to reimagine Morningside House and bring back beds & services
- Facilities upgrades for safety
- Leadership transition and restructure
- Team building
- Ongoing adaptability

groundwo
COLLABORATI

WHERE ARE WE NOW?

healthworks

Achievements

- Clients continued to receive services during the pause
- Reorganization of program leadership
- Program is still open despite major staff turnover
- Beginning to see intrinsic building of flexibility and resilience

Sticky Wickets

- Significant staff turnover
- Trauma in a new team
- Martyr syndrome & burnout
- Ongoing proximity to client deaths and violence

On the Horizon

- Team recomposition allowing for fresh start to continue the work
- Building trust
- Knowing it's not if, but when the next event will come
- Managing the challenges & pressure of 24/7 healthcare demands

TAKE AWAY: ACTIVE REFLECTION WITHIN YOUR ORGANIZATION

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 organization?

Questions?

"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:

National Alliance to End Homelessness:

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 20016-17.

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

Trauma and Organizations Article: Vivian & Hormann, 2002

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

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