

One Health Center's Framework for a Safe and Healthy Environment

March 8, 2018

2:00 pm (Central)



2018 Spring Virtual Training

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Disclaimer

- This activity is made possible by the Health Resources and Services Administration, Bureau of Primary Health Care. Its contents are solely the responsibility of the presenters and do not necessarily represent the official views of HRSA.



Learning Objectives

Participants will:

- Be able to build a framework of action steps to create a safe and healthy HCH environment.
- Be able to identify 3-5 systems or actions to create a safer and trauma-informed environment.
- Be able to name measurable indicators for validating increased safety.



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Presenter

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A Note on Context & Timing

- Recent events and national narrative shifts
- Universal precautions and preparedness with no guarantees
- Many approaches, practices, this is just an example of what we've chosen and implemented



HCH is Unconventional by Definition

- Approaches
- Settings
- Person-Centered and Understanding of Circumstances
- Inherently less structure, more public, uncontained
- This is why this topic is so crucial



Albuquerque, NM



- Largest city in the state, population approximately 560k (900k MSA)
- Economic, population, services center of NM
- At the crossroads of I-25 & I-40
- Border state, vast space, low per capita
- Small town, rural feel to Greater Metro area: Sandia Mountains, West Mesa, and a river runs through it...



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Albuquerque, NM

- Albuquerque's poverty rate ranges around 20%
- NM consistently takes one of the top spots for national poverty rates
- At least 11% of the population is foreign-born; nearly 30% of households speak other than English as a primary language
- Minority-majority state
- 2014 Medicaid expansion halved the uninsured rate; 54% public health insurance
- 3,600 point-in-time, 10,000-16,000 per year experience homelessness

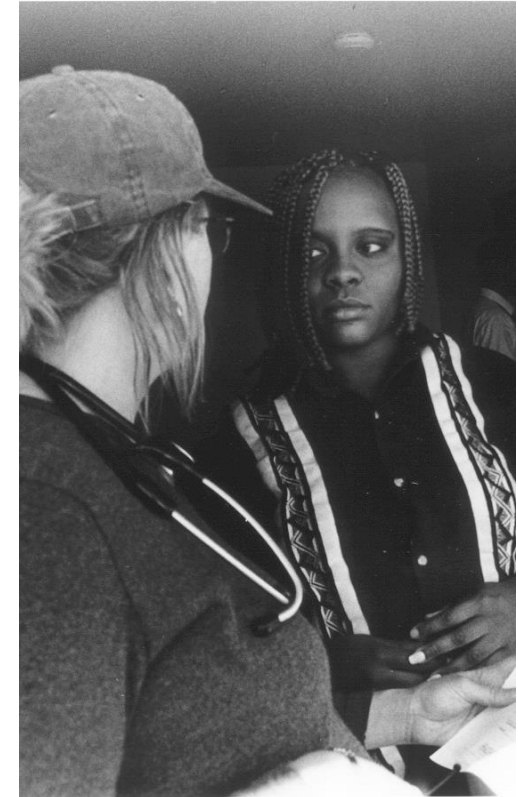


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Overview 1985 to Present: Albuquerque Health Care for the Homeless, Inc.

- One of 19 original HCH grantees (RWJ & Pew)
- The Stewart B. McKinney Act of 1987 established the federal HCH program as part of the Health Center (330) Program.
- AHCH funded and becomes a freestanding, Federally Qualified Health Center and Health Care for the Homeless project, providing integrated primary medical and dental, behavioral health and social services through extensive outreach and at its central services campus.



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AHCH Today

Understanding Your Legal Rights Is The First Step To Defending Them

YOU'RE INVITED:

Know Your Rights Forum

AHCH Resource Center
February 23
11 a.m. to 1 p.m.

Interpreters and Translators will be available



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History:

AHCH's Health and Safe Environment Framework

- Prior to April 2016: Tensions, questions, responsibility
- April 2016: Crisis
- Since April 2016: Impact



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The AHCH Framework

Living, Refining, Guiding

PREVENTION

- Routines
 - Proactive Engagement
 - Beginning Intervention
 - Crisis Intervention

INTERVENTION



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The AHCH Framework

Very broadly...Every day we:

- Say hello, greet and welcome people, let know that they can be here
- Wander around, are present (everyone's job is engagement)
- Direct people
- Use signage (passive)
- Offer shaded space
- Create pleasant space
- Wear badges
- Generate ownership of space
- Resource, Resource Center + 8,600 ft sq, populated with community partners
- Contracted high quality security company, due diligence



The AHCH Framework

Proactive engagement...

More actively and assertively we:

- Provide trauma-informed care and Mental Health First Aid training to all employees
- Implement a problem-solving approach/calming engagement
- Hand-off warmly
- Provide services outside of building
- Converse
- Extend waiting areas to courtyard
- Create cooling off space/pause place
- Offer meeting space, relational space
- Accept that homelessness generates transactional space
- Have stated/reviewed Client Rights and Responsibilities and formal grievance policy
- Neighborhood outreach
- Work with APD Valley Area Command in its community policing and problem-solving capacity
- Active Engagement on campus, Engagement Specialist role
- Monitor all incidents, trending and management response



The AHCH Framework

Beginning intervention...

To address potential escalation and/or emerging crises, we:

- 1st Responders (internal, trained team)
- Write down license plate #s
- Nose around, confront/ask questions
- Request different behaviors
 - *(Q: Do we establish expectations for behavioral norms?)**
- Provide de-escalation training to all employees
- Intentional continuity in physical presence of staff
- Contract security, presence
- Ask people to leave for the day
- Assign therapist-of-the-day
- COEs
- Code Blue



The AHCH Framework

Crisis intervention...

To handle actual crises, when all else fails, we:

- Call CIT, or 911, or 242-cops non-emergency line
- Implement separation
- Obtain restraining orders (legal) and criminal trespass orders
- Evacuate or lockdown
- Security intervention



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The Process

Leadership Team (All Supervisors)

Workplace and Industry Practices

Local Resources and Partners

Values-Based Decision Making



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Domains for Action: Essential Elements

Elevate institutionally, create a Safety Initiative

Research: Recommended practices, what others are doing

Create a Plan

- Choose a format that works for you
- Develop with critical stakeholders
- Share/Communicate widely



Domains for Action: Essential Elements

Consumer input

- Client Leadership Committee of the Board of Directors (monthly and ad hoc)
- ArtStreet Community Advisory Council (weekly)
- Client Experience Surveys, Focus Groups, Ad Hoc “Town Halls” (semi-annually and ad hoc)
- Invitation to the conversation for people who are NOT accessing our services



Domains for Action: Essential Elements Structure (& Clear Roles)

- Board Risk and Quality Oversight via Committees
 - Executive, Finance, Program Review, Client Leadership Committees
- Senior Management as Compliance Committee
- Safety Committee (managers, cross-department)
- First Responders (internal)
- Client Behavior Review Committee
- Security Contract (training, engagement with clients, due diligence!!)
- Daily Working Relationships: Law Enforcement, Neighborhood Associations, other community members, elected officials, other service providers



Domains for Action: Essential Elements Codify

- Put policies, procedures, etc. in place
 - Including mechanisms for client complaints, feedback, issues resolution, grievances, etc. *This will in itself prevent escalation.*
- Crisis Codes: Code Blue, First Responders, Lockdown, Active Shooter
- Trainings for all staff
 - De-Escalation
 - Mental Health First Aid
 - Philosophy of Care: Trauma-Informed Care, Harm Reduction, Engagement, etc.
 - Cultural Humility/Anti-Oppression/Equity
- Practice/Drills



Domains for Action: Essential Elements

Monitor/Performance Improvement

- Generate data for monitoring trends and outcomes
- Share through the structure for transparency and accountability
- Use Performance Improvement methods (e.g., Plan Do Study Act)



Domains for Action: Essential Elements

Space Matters

- Built environment
- Flow
- Community/Gathering spaces
- Openness (reduce messages in glass barriers, roped lines, etc.)
- Create nimble engagement team concept (Community Health Workers, Navigators, Engagement Specialists, Client Advocates work together throughout health campus as central team anchoring *all* staff)



Domains for Action: Essential Elements

Converse & Communicate

Be willing to have deep conversations

Reflection & Action

- **Reactive, Proactive, Inactive, Active**



The Indicators

- Quarterly incident reports

- Reduced number of internal First Responders calls within 6 months and have maintained for over a year.

- Client Access

- Increased total users by 12.8% within a year.

- Patient/Client satisfaction

- Surveys
- Focus groups
- Monthly Client Leadership Committee “Campus Vibe” Agenda Item & Check-In



The Indicators

- Neighborhood Relations

- Regular formal and informal meetings with neighborhood representatives.

- Albuquerque Police Department

- Review of calls for service in the neighborhoods we serve.

- City Council

- Constituent calls to Council Services/Staff
- Solutions Response Work Groups/Task Forces and neighborhood and merchant feedback ongoing





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Tensions (Or: The Reality of the “ands”)

- Perception & defining collective safety
- What could happen & what actually has happened
- Open, welcoming environment & ensuring safety
- Empathy & boundaries and rules
- Being trauma-informed organization for clients, **and** staff, **and** other community members
 - There are varying understandings of what this means, and how it is accomplished
- Hands-on or hands-off



Tensions

- One person holding two perspectives (e.g., uniforms)
- Identity conundrums
 - Law enforcement?
 - Boundaries?
 - Trust?
 - Judgement?
- Flexibility & consistency
- Leadership and uncertainty
 - (these are really big stakes, how do we do the right thing?)



An Example



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The Work Going Forward

1. Be impeccable and consistent. Tend to it.
2. Monitor. Via data and communication.
3. Continue to get feedback from stakeholders.
4. Learn more (from others, from the evidence).
5. Celebrate safety.
6. **AMPLIFY:** Share the lessons and essential elements.



References



- [Creating a Culture of Safety: A Guide for Health Centers](#), National Consumer Advisory Board, National Health Care for the Homeless Council, December 2017.
- [Safety in the Health Care for the Homeless Settings: Consumer Perceptions and Advice](#), National Consumer Advisory Board, National Health Care for the Homeless Council, September 2016.



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Q&A



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