2015 CPO Survey – Safety at HCH Sites

Information

The National Consumer Advisory Board and the National Health Care for the Homeless Council (the "researchers") are conducting this research to better understand what makes consumers feel safe and ensure HCH site are creating safe spaces. This survey asks questions about race, age, gender and then focuses on your opinions about what makes you feel safe or unsafe at your health care for the homeless site, Care for the Homeless. The survey should take no more than 15 minutes to complete.

The investigators conduct this survey only with individuals who have experienced homelessness because of the unique knowledge they have about issues of housing and health. Being "homeless" can mean living in shelters, transitional housing, treatment program, on the streets, or other unstable or non-permanent situation such as a friend or family member's house that you may have to leave at any time. The interviewers in this research study have experienced homelessness themselves.

Eligibility

Participant must answer yes to all of these questions to be eligible for the survey.

- Are you 18 years or older?
- Are you currently or formerly homeless? (see example above if there is confusion over the definition)
- Have you received services at the Health Care for the Homeless site, Care for the Homeless, in the last year?

Informed Consent (interviewers must get a verbal agreement)

Your participation in this survey is completely voluntary and all of your answers will remain confidential. Your decision to participate or not participate in the survey will not affect your eligibility for services in any way. There is no cost to survey participants for taking this survey and there is no payment. Your participation in this survey may benefit individuals experiencing homelessness by providing information to increase safety policies and procedures at HCH projects. The interviewer will read the survey questions out loud to you and mark your answers down on the survey itself. Please feel free to read along as well. Please complete the survey to the best of your ability and knowledge, and know that you may skip any question you do not want to answer. You also may stop taking the survey at any time for any reason.

To learn more about the project or the results of this study, you can contact Katherine Cavanaugh at (443) 703-1320, or kcavanaugh@nhchc.org or Joseph Benson at (832) 352-5438.

Identifying and Coping with Stress

Symptoms of Stress

- Physical
 - o Heart pounding or racing, shortness of breath, sleeplessness, fatigue, tight muscles, pain
- Emotional
 - o Irritability, sudden mood changes, anxious, depressed, abrasive, hostile, nervous
- Mental
 - o Loss of concentration, forgetfulness, poor judgment, lack of interest, fuzzy perception

Safe Coping Skills

Here are some various ways to cope with unsafe feelings, choose what works best for you.

- Ask for help
- List your options
- Take care of your body
- Show compassion, especially to yourself
- Listen to your needs
- Be aware of your reactions to stress
- Think of the consequences
- Reinforce positive self-statements
- Build support networks
- Develop assertive behaviors
- Recognize and accept your limits
- Set an action plan
- Setbacks are not failures, learn through your mistakes
- Structure your day
- Praise yourself for accomplishments
- Examine the evidence and evaluate both sides
- Build healthy boundaries
- Use kind language

For additional support

- Reach out to Care for the Homeless to see what services are available
- Find a professional that you trust to discuss these issues with

Consumer Participation Outreach Survey: Safety at HCH Sites

Age: Ethnicity (check all that apply): OHispanic/Latino Native American Other Gender Identity: Male Female Transgender M					White Other	Asia	an/Pacifi	c Islander
All of the following questions are in referen	ice to	your fee	lings of	safety at C	are for tl	ne Home	less.	
 What <u>TWO</u> factors are most important to your feeling a. Being treated with respect b. Knowing the individuals I am interacting with c. Being able to trust the individuals I am interaction d. Physical presence of security (i.e. guards or ple e. Controlled physical space (i.e. organized, calned for the controlled phy	cting v hysical n, well e?	vith I barrier	-					
3. Feelings of Safety	Stroi		Agree	Neutral/	Disagre			Not
a. Staff at the site treats me with respect.	Agr	ee		Unsure		Disag	gree /	Applicable
b. Staff is capable of calming down a tense situation.						_		
c. If a situation can't be calmed down by staff, police						_		
should be called in.								
d. Security staff at the site makes me feel safe.	 					-	-+	
e. Security starr at the site makes me feel safe (i.e.	 					_		
glass partitions, metal detectors, buzzed entry)								
<u>- </u>	-					_	-+	
f. Security staff carrying a weapon makes me feel safe.	 					\perp	-+	
g. Security staff in uniform makes me feel safe. Would you like to explain or expand on any of these topics								
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4. How often do you feel safe a. In the area surrounding the site (i.e. parking lot, sidewall	kc)	Always	IVIOS	t of the Tir	ne Son	netimes	Rarely	Never
b. In the Waiting Room	(3)							
c. With your provider(s)								
Would you like to explain or expand of any of these topics?	,		1		1			
5. Impact on Care			Never	1-2	3-5	6-9	Mc	re than 10
In the past year (12 months), at Care for the Homeless I have				times	times	time	:S	Times
a. Left an appointment because I felt unsafe.								
b. Not come to my appointment because I worried I would	feel u	nsafe.						
c. Come to the building but not entered because I felt unsa	fe.							
d. Been nervous or agitated because I felt unsafe.								
Would you like to explain or expand on any of these topics	?							

6. Are there other ways that your feelings of safety have impacted your care?									
Experiences wi	th Staff								
•		done to treat you with	respect? (check all that ap	ply)					
	at has staff at Care for the Homeless done to treat you with respect? (check all that apply) a. They are welcoming, they acknowledge me								
	o. They listen								
	d. They are concerned about me as a person, not just health or housing status								
	e. They speak with a pleasant tone								
f.	Nothing								
g.									
8. What has sta	ff done that made you feel	disrespected? (check all	that apply)						
a.	a. They are cold, unfriendly or ignored me								
	b. The give misinformation or lack of information								
C.									
d.	d. They are aggressive								
e.	e. They are dismissive of my opinions or needs								
f.	Nothing								
g.									
Preferences wi									
	Preferences with Staff 9. What skills do you think security staff should have? (check all that apply)								
	-								
	 a. Communication skills: listening, appropriate tone b. Cultural awareness/competency (the ability to respectfully interact with people of different cultures) 								
	d. How to be assertive without coming off aggressive								
	Calm a situation down res		C						
f.	·								
10. Who would you prefer respond to a conflict or incident at your site? (check all that apply)									
	a. Clinical Staff								
	b. Security Staff								
	c. Trained peer/consumer								
	d. Other								
	like to expand on any exper	iences or preferences w	vith staff that affect your fe	eelings of safety?					
Overall Feeling	s of Safety								
12. Has your id	entification with any of the	following characteristics	s negatively affected your	feelings of safety at Care for the					
	eck all that apply)	•							
	Ethnic identity/race	b. Gender identity	c. Sexual orientation	d. Physical disability status					
	Mental health status	f. Language		h. Cultural norms					
i.	none	j. Other							
13. If there was	a group focused on coping			want to learn?					
14. Please nam	e the top three things that	could improve your feeli	ings of safety at Care for th	ne Homeless?					
a.									
b.									
С.	<u> </u>								
15. Do you have	e other comments, concern	s or suggestions regardi	ng safety at Care for the H	omeless?					