Health Care for the Homeless Network
401 Fifth Avenue, Suite 1000
Seattle, WA 98104-1818
206-296-5091 Fax 206-205-6236
TTY Relay: 711
www.kingcounty.gov/health

Public Health
Seattle & King County

HEALTH CARE FOR THE HOMELESS NETWORK PHILOSOPHY OF CARE

Health Care for the Homeless Network (HCHN) supports the right to quality health care for all people, with particular emphasis on access to all aspects of health care for people living in poverty, and experiencing isolation and displacement. Staff and programs recognize the importance of providing integrated care through interdisciplinary treatment teams that coordinate primary medical and dental care, access to a health care home, mental health treatment and substance use disorder treatment, affordable housing, food programs, family and community support, and benefits and entitlements.

All services are intended to promote human dignity, to empower participants and improve health and housing outcomes. Most are community-based and strive to be culturally and linguistically appropriate. Evidence-based practices and promising practices are incorporated into a model of care that emphasizes the importance of developing a relationship with each participant. This model recognizes that participants are experts about themselves, that participants and staff each bring experience, skills, tools, knowledge of services and expertise to the relationship, and that this relationship takes place within the context of an organization that has both assets and limitations as dictated by policy, law and funding.

As the coordinating body for this work, HCHN is responsible for identifying and supporting evidence-based practices that contribute to successful program outcomes, such as providing resources on adapting care for homeless people in recognition of their living circumstances, and providing and encouraging ongoing training in best practices. In particular, HCHN promotes a trauma-informed approach and the evidence-based practices of motivational interviewing and harm reduction. Services are organized through partnerships with other systems of service and other funders to leverage collective resources, create a diversity of approaches and options, and create a system that helps people link to health care providers and health care homes that are a good match for them. Seattle/King County's HCHN is a network, built upon partnerships with community and public health clinics, and mental health, substance use disorder and social service and housing agencies. These collaborative relationships are the cornerstone of the Network. Organizations that agree to be part of the network do so with the understanding that they are making the choice to accept, and abide by program expectations and contract requirements.

The following core principles guide service delivery throughout the programs of the Network:

Human Rights

Each and every human being has the right to belong to a community without experiencing discrimination, isolation, or fear; the right to speak from a position of equality and power; the right to make choices; the right to impact how services are provided; and the right to develop the skills and supports necessary to improve and sustain quality of life. To promote human rights, in addition to providing direct care to program participants, Network staff act as client advocates within service systems and the community at large. To ensure that each and every action we take promotes human rights, HCHN and its partners strive to:

- Offer and provide care in a manner that enhances participants' dignity;
- Recognize the need to address and work toward the elimination of institutional racism in our community and within our organizations;
- Ensure participants understand their rights in order to facilitate access to safe and affordable housing, health care, employment services, a living wage, benefits and entitlements, and other supportive services;
- Educate program participants about the availability of services;
- Offer participants access to information about evidence-based and promising practices, and help them to explore choices;
- Create opportunities for participants to organize and advocate on their own behalf;
- Promote an organizational culture of transparency and accountability by seeking input from and collaborating with participants in developing the most appropriate plan of action or care plan; and
- Ensure program policies and responsibilities of staff and participants take into account the rights of the individual while respecting the needs and well-being of our communities.

Invite, Recognize, and Embrace Differences

The success of our programs depends on our ability to tailor relationships, interventions, staff, and services to the individual participant, family, or community. No one model of care or provider will be effective in all settings or with all individuals. Our philosophy of care invites and welcomes diversity. These differences may include race, ethnicity, national origin, socioeconomic status, gender, sexual orientation, gender identity, age, disability, religion, education, definition of family, and experience of recovery, health, and treatment. To strengthen our commitment to diversity, HCHN and its partners strive to:

- Create a culture within our programs where differences are welcome and celebrated, and where intolerance and discrimination are stopped when/if they occur;
- Discourage inaccurate assumptions and biases that affect the participant-provider relationship, and encourage participants to teach us about themselves and their needs;
- Employ staff who reflect the diversity of the participants we serve, who are curious about differences, and who are open to learning what our participants teach us about diversity;
- Recognize that there may be indigenous practices and treatment modes that are accepted, respected, and chosen by participants and seek to provide complementary or integrated care;
- Understand that participants are experts about themselves, giving the participant control when possible; and
- Create relationships and opportunities that promote equality, freedom from fear and oppression, and rebalance the power dynamic between participants and staff or perceived authority figures.

Strength-Based Assessment and Intervention

Providing care from a strength-based perspective requires us to see the potential and capabilities our participants possess. HCHN emphasizes a holistic approach that builds on the positive factors each individual or family brings to the relationship, rather than focusing solely

on what is missing. We understand that these strengths have helped our participants survive illness, loss, and trauma. Our programs and interventions are designed to reinforce these adaptive attributes, enhance and build skills, and emphasize resilience. To achieve this, HCHN and its partners strive to:

- Help participants identify and build upon their adaptive skills and strengths, and generalize them to other parts of their lives;
- Help participants learn how to break the cycle of living from crisis to crisis and to move from survival mode to planned efforts to improve quality of life by collaborating with participants to develop interventions and plans that are realistic and achievable and that are determined by both the participants' goals and recommended service options; and
- Build upon the participant's internal resources to develop his or her support system to create sustainable change, while reducing reliance on the program, provider, organization, or other like services when possible.

Harm Reduction

Harm reduction is a set of practical strategies and principles intended to reduce the negative consequences to an individual that are associated with high risk behaviors. These strategies guide providers in meeting people "where they are," and addressing conditions and motivations of risky behaviors. Harm reduction acknowledges an individual's ability to take responsibility for their own behavior. Harm reduction has most commonly been applied to behaviors related to drug and alcohol use including safer use, managed use, and non-punitive treatment. This approach fosters an environment where individuals can openly discuss substance use without fear of judgment or reprisal, by neither condoning nor condemning drug use. Staff who work in a harm reduction setting can establish a partnership with clients, and are expected to respond directly to unacceptable behaviors, whether or not the behaviors are related to substance use. The harm reduction model has also been successfully broadened to reducing harms related to overall health as well as many other issues.

As a harm reduction oriented program our responsibility includes balancing the need of the individual with that of the community to ensure our services remain accessible and harm-free for all participants and staff. To achieve this goal, HCHN and its partners strive to:

- Develop and offer a wide range of options and choices to facilitate positive change and seek to expand access to such options;
- Explore with participants the benefits of changing, reducing or eliminating high-risk behaviors;
- Establish and maintain relationships with participants who continue to engage in high-risk behaviors;
- Continually and collaboratively define and redefine success;
- Reach out to help participants engage in services, build motivation, and recognize that ambivalence is integral to the process of change; and

  Be genuine, non-judgmental partners in the change process, recognizing that the decision-making power rests with the participant, while staff continue to provide encouragement and compassionate guidance.

Trauma-Informed Care Organization

Because so many participants served by HCHN are survivors of some form of trauma, the network's service approach is based on a trauma-informed model. Trauma comes in many forms including community violence, poverty, personal violence, torture, loss of homeland, war, fear, homelessness, oppression, imprisonment, racism and environmental degradation. A trauma-informed approach means that HCHN and its partners strive to:

- Revise policies and practices to reduce or eliminate barriers that prevent trauma survivors from engaging in services, seeking or maintaining employment, or actively participating in the program;
- Ask participants about their experience of trauma when assessing them for services and help participants discuss their experiences at their own pace and plan appropriately;
- Recognize and respect when participants are not ready to talk or re-experience their trauma and provide participants with the opportunity to discuss and master their experiences in a way that empowers them;
- Offer access to specific trauma-informed treatment interventions or to appropriate services when needed;
- Assess participants' current safety and enhance participant skills to establish and maintain safety;
- Acknowledge participants' resilience and strength as trauma survivors;
- Develop and promote training for staff on Trauma Informed Care; and
- Develop and promote training and support mechanisms for staff to prevent and/or address the signs and symptoms of secondary, vicarious trauma among themselves.