

# Staffing Issues



CHAPTER

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# STAFFING ISSUES

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BY SHARAN LONDON

The Safe Haven's low demand environment for residents can create a high demand and high stress environment for staff. Staff members have the challenge of maximizing benefits for the most difficult to engage homeless persons. This can lead to burnout – which can be prevented, or at least ameliorated, by focusing on staffing issues. Remembering and recognizing how far residents have come in the program helps staff focus on the positives and not be burdened with the negatives.

## STAFFING PATTERNS

Staffing patterns vary at Safe Havens. They, of course, are influenced by the program's funding and any requirements the funding agency may have. A program design is also impacted by the available staff, their skills, and the division of responsibilities among staff members.

In Safe Havens, positions and staffing levels vary around the country. Some programs may have a program manager, case managers and case aides, while others combine job responsibilities so that all of the major elements of each position are covered. All staff act cooperatively, sharing information to maximize the benefit to the client.



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**Program manager.** The program manager or program director is usually responsible for the administrative functions associated with a Safe Haven. This person may be responsible for other programs within a larger organization or may be hired solely to run the Safe Haven. A program manager may not have the responsibility for the program's finances if the Safe Haven is managed by a larger organization that has overall fiduciary responsibility.

Program managers have administrative and programmatic oversight of the Safe Haven. They have operational, reporting, and staffing responsibilities – recruiting, hiring, supervising and terminating staff. A manager needs to have the ability to successfully carry out programmatic and administrative duties.

**Case managers.** An in-house case management staff can offer a program many benefits. A case aide can handle many of the daily activities, but the case manager is charged with the development and implementation of an ongoing treatment and transition plan for the Safe Haven resident. The case manager can interact with other agencies and service providers and act as the advocate for the clients as they attempt to negotiate the web of services. The case manager can be the resource specialist for entitlements, day programs, treatment alternatives and housing. In addition, they can act as the intermediary with psychiatrists or other mental health service providers, assist in filling prescriptions, and help clients with transportation to appointments. The on-site case manager can also help provide double coverage during the day, an important consideration when clients may need to be transported, when a crisis occurs, or when other staff are off-site.

**Case aides.** Staff charged with the everyday interaction with residents vary in background as well as title. Whether they are called case aides, shelter workers, residential assistants or community integration specialists, people in these line staff positions are the ones who oversee the activities of daily living in the Safe Haven. Some Safe Havens include these positions as well as extensive funding for case management. Where Safe Havens do not have on-site case managers, the role of the case aides is expanded, and the case aides act as advocates for the residents with outside agencies and perform some of the functions of a case manager. Many Safe Havens recognize that case aides have a very important role. Case aides regularly and con-

tinuously interact with residents and, therefore, often have the most intense relationships with them. Case aides often share meals with residents and help them with their medications. These kinds of activities provide opportunities in which residents are more likely to give feedback on the program. The level of intimacy that is created in that day-to-day living environment may lead to the development of the trust relationships that are so vital to the success of a Safe Haven. Also, case aides often lead house meetings that allow clients to address ongoing issues relating to the management and maintenance of the Safe Haven.

Case aides are also often responsible for the routine maintenance of the facility, including supervision of the cooking and cleaning. However, resources dictate how shopping and general maintenance are performed. Some programs rely heavily on donated meals that are prepared and delivered to the site. Other programs expect residents to cook for themselves or for the group. Some sites have the staff prepare meals for the entire population. Maintenance can be performed by contract, and the responsibility for making those contacts fall to either the program manager or the staff person on-site.

**Staff coverage.** All Safe Havens need to have 24-hour staff coverage, but programs have the liberty to adjust supplementary staff to specific needs. Most programs do not have double coverage, but many programs expressed an interest in increasing their available staff.

- In Maryland, the Montgomery County Coalition for the Homeless doubles staff coverage during day hours but not at night; Safe Haven Honolulu has double coverage on all shifts.
- In Morristown, New Jersey, the Morris Shelter has 24-hour coverage by one male and one female staff member – this arrangement helps protect the program from potential sexual harassment charges in a direct, but costly, way.

Safe Havens do not have a universal requirement that staff must remain awake overnight, but it is a common practice. Several facilities have live-in residential managers who are not required to stay awake overnight, but who are obligated to respond to any emergencies that may arise.

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All Safe Haven staff members are expected to offer support to residents and should always be available to residents in distress. Sometimes, the mere presence of a staff person provides this service. No matter how casual the interaction with a resident is, each program manager, case manager, or residential assistant is responsible for modeling appropriate behavior. Opportunities regularly occur to respectfully educate residents about the activities of daily living.

## STAFF BACKGROUND AND QUALIFICATIONS

A person's ability to understand and adapt to the Safe Haven philosophy is the paramount consideration during hiring. Most of the Safe Haven design is non-traditional, and the employee's open-mindedness and flexibility to adapt are often the greatest indications of his or her chances of success. For example, a social worker trained in a traditional academic setting, where the emphasis is on being proactive and causing change, may find it difficult to allow a Safe Haven resident time until he or she is ready to engage.

A similarity in values seems to provide the cohesion needed in a good staff and the supportive environment that leads to success for the residents. At the very least, the staff in the programs should reflect the ethnic, racial and sexual diversity of the population served by the Safe Haven. It is imperative that the manager successfully transmits the values and philosophy of the program and that all employees understand and implement those values.

The background, experiences and qualifications of persons filling program positions vary within each Safe Haven environment. Based on the staffing pattern, the responsibility of any of these positions may be expanded so most positions have an educational requirement of a bachelor's degree, such as in social work or psychology. This requirement may be seen as a way to assure a minimum level of understanding about mental health issues.

In some cases, however, an advanced degree may not be as important as experience in the delivery of human service and a personal value system that is in concert with the Safe Haven's philosophy. Many programs have successfully hired employees who are formerly homeless, in recovery, or consumers of mental health services. Consumers of mental health

and addiction services, as well as formerly homeless persons, can increase the ability of the staff to relate to the clients because they "speak the same language" and may share experiences. However, before hiring, some length of "clean time" or period of recovery should be required to avoid stressing an employee and causing a situation that may lead to relapse. Also, those who do not have formal mental health education may need additional training, education and supervision. Finally, while it is important to hire consumers, it is just as important not to label them as "consumer staff."

The hiring process serves as a screening tool. It is during this time that an employer gets a sense of the applicant's value system, flexibility, adaptability, and other qualities. Dialogue with open-ended questions and asking the applicant to respond to "how would you handle this" scenarios are good ways to learn about how the applicant may react to the Safe Haven environment. Interviews tend to be stressful, so it may be helpful to allow the applicant to meet some clients in an informal setting. Also, it may be useful to ask a person to work on a temporary, hourly basis to assess his or her skills over a 60- to 90-day probationary period, allowing the employer time to evaluate an employee's abilities.

## STAFF TRAINING

The unique qualities of the Safe Haven philosophy make staff training very important. Training serves the dual purpose of teaching staff to work with residents and making staff feel more secure in a Safe Haven environment.

Some Safe Haven-specific training elements are:

- Low-demand, high expectation approach
- Life on the street
- Stable, secure, highly supportive environment
- Portal of entry concept
- Continuum of Care
- Transition to permanent or permanent supportive housing

A Safe Haven operates outside the traditional psychiatric models. Accordingly, the process and outcome may differ from an employee's past experience. Staff

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will be asked to operate and respond in a manner that may be unfamiliar to them. Staff needs to understand and envelop this philosophy. Residents are not medicated into compliance, so staff need to handle their feelings of not having total control. They also have to learn to redefine success for this population because, for Safe Haven residents, success may not be permanent housing right away.

Some mental health-specific training elements are:

- Recognizing signs of mental illness
- Suggestions for dealing with behaviors
- Medication usage and disposal
- Knowing medication names, expected outcomes, and side effects
- Signs of decompensation
- Techniques for de-escalating violence
- Dual diagnosis

Training on dual diagnosis is important because many residents of Safe Havens are dually diagnosed. For staff that approach their work from a recovery perspective, the training explains how a client's mental illness may preclude his or her participation in traditional support groups such as AA or NA.

Staff may be apprehensive in working with homeless people who come directly from life on the streets. Residents needed certain behaviors to cope while on the street, and the staff need to understand where the residents are coming from. Staff members that can recognize, handle, and diffuse crisis can increase safety for themselves and for clients.

Some training elements specifically for staff members dealing with life on the streets residents are:

- CPR and first aid
- Preventing disease transmission
- Intervention strategies and when it's appropriate to use them (see Chapter 5)
- Need for staff and client boundaries, how to set them, and how to ensure that they are respected

Resource manuals and training manuals are used in many Safe Havens to give staff clear directions to follow when problems may occur, which is especially

important due to the low-demand nature of programs. They should know the steps to be followed when resolving problem behaviors or managing a crisis.

Employee manuals that explain personnel policies should be complemented by an operating manual that includes policies and procedures in the operation of the facility. Personnel policies should include protocol on client confidentiality, use of client funds, sexual harassment concerning clients and staff relationships, and for a drug-free workplace and an employee assistance program.

Staff also need to know about community resources. As information is compiled about various community programs, it should be presented to the staff as well. Staff should be able to access those resources or, at the very least, know where to find information.

## STAFF SUPPORT AND SUPERVISION

Continuing support of staff is imperative. Staff meetings and case reviews should allow all staff to provide input and to see that their contribution is valued. Sharing information about experiences with clients gives staff the chance to see how residents are interacting with other staff, to see what techniques may be working best with each client, and to work as a team to develop expectations for that person. Sharing frustrations and brainstorming solutions allows staff to acknowledge the tensions of the job and potentially decrease burnout. Also, staff meetings are a great forum to recognize successes by clients as well as staff.

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Individual meetings between staff and the supervisor allows the program manager to work with each employee. During weekly sessions, a staff member can raise issues and the supervisor can give feedback on his/her performance. These meetings also allow the supervisor to educate individual staff about the Safe Haven philosophy and its practical application.

Regularly scheduled meetings of all staff encourage employees to save noncritical issues for the weekly meeting, which can empower staff to resolve non-crisis issues on their own and keep the supervisor

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out of the day-to-day conflicts. The program manager can use the time to provide additional education about psychiatric issues as well.

Program managers or directors may supervise the direct service staff, but it is imperative that they are also given this opportunity for supervision themselves. If program managers are not responsible to another more senior staff person in the Safe Haven or parent organization, it is important to build in this type of support. When no direct supervisor is available, it may be necessary to use mental health consultants, such as psychiatrists, to allow program managers the same support.

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Managers have to continually work to minimize turnover and burnout by educating the staff about stress reduction. When staff members can achieve balance in and out of the workplace they are better able to function as employees. It is incumbent upon the manager to encourage and model that balance. This may require a greater number of leave days or flexible scheduling that acknowledges the extra hours often required of the positions. Appropriate use of compensatory time and responsible scheduling may also decrease burnout. Staff retreats and celebrations are important to continually energize the staff.

It is imperative to acknowledge the individual and collective contributions of all employees. Staff who have worked in the delivery of human services generally have some idea of the scope of their responsibility and the level of intensity. For employees who are in recovery, it may be useful to make attendance at meetings part of their job duties. The on-call nature of positions needs to be clarified to allow employees to take leave time when needed and it is important that awake time is compensated in facilities where overnight staff sleep, but can be awakened in the middle of the night.

## OTHER CONSIDERATIONS

**Outreach staff.** Outreach is an essential component of Safe Havens because the program serves homeless persons living on the streets. In cases where the Safe Haven provides community outreach, staffing patterns have to reflect the need for someone on the streets. This function can be performed by existing staff with accommodations made for the need to be out of the facility during certain hours. Again, the performance of this role is often a function of the funding and other resources available within a community. For example, if a community has a well-established outreach mechanism, it may not be to the advantage of the Safe Haven to employ someone solely for that purpose. Using existing resources has the additional benefit of fostering cooperative arrangements with other service providers.

**Consultants.** Some Safe Havens grants include clauses concerning the use of outside consultants for supportive services. The use of consultants ranges from the provision of somatic medical care, psychiatric coverage for medication monitoring, consultations and group and individual therapy, case management services, vocational training and counseling, psychiatric rehabilitation services and job placement and coaching. Consultants can be utilized as funds become available and when the services to be provided are not considered for full-time employees. If funds were available, it is possible to incorporate some of these consulting positions into regular staffing patterns.

**Volunteers.** Volunteers are used in varying degrees within existing programs. While the use of volunteers instead of staff is not recommended, they can be used to supplement staff. Volunteers can help provide transportation, food, or clerical support. Volunteer boards are important for fund raising and community relations. The support of local communities, congregations or service organizations often eases the establishment of a Safe Haven. Volunteers with experience in the mental health field can provide much needed services that would not otherwise be available.

**Students.** Student interns are another potential source of additional coverage. The facility may be located near a school with a graduate program in either psychology or social work where students are often required to intern. Without having to pay even a stipend, the program has access to an additional

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employee. Similarly, programs such as AmeriCorps or church-sponsored volunteer programs can be a good resource for staff at a reduced rate.

**Space.** Many Safe Havens are located in existing facilities, and changing the interior design may not be feasible. Safe Havens should assure handicap access to facilities. Many program directors recognized the need for private office space that can be locked – allowing for the storage of medication and confidential files and for a private meeting space. Private space is especially important because programs often maintain logs on clients and may be trying to secure services that require discussing private and confidential client information. One facility accommodates not just the Safe Haven administrative staff, but also the parent organization staff. This sharing of space provides additional staff for coverage, if needed, and gives clients an opportunity to interact with other community members.

**Facility.** The facility does not have to have a staff kitchen or bedroom, but at a minimum should include space for staff to store personal belongings that are needed for job performance. Unless the program employs residential managers who expect their own room in exchange for salary, a private bedroom does not seem reasonable. Most programs indicated that their overnight staff does not sleep anyway and the presence of a bed may be too enticing. If sleeping is allowed, a pull-out sofa can be used as an office furnishing and can provide a place for staff to rest or sleep.

The staffing patterns and physical space of existing Safe Havens are as varied as the locations. What may be considered exemplary staffing patterns and practices for one site may not be realistic for another. The Safe Havens philosophy is the common thread among all of the programs and should be referred to by all programs when deciding how to handle these issues.

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