Speaker 1:

The safety thing comes up on a pretty regular basis. I think from our standpoint, it is being able to work with our community stakeholders, police, EMS, fire, 911, to recognize that we've been doing this work without them for a very, very long time. Part of a sort of community treatment model, we're meeting people in the community. We're going into their housing, going into unhoused encampments, and engaging with people to see if they can meet a level of recovery, meet their level of recovery and support.

So this is not new to us, it's just the mechanism by which we're getting to those individuals. So I think we definitely are coming from it as like, "This is part of what social work is, and this is part of the population that we resonate with, that we enjoy working with." And that's part of it.

I will say that 911 and police have historically always been more concerned about my safety than I tend to be, which I appreciate. But also I think it's one of those ... I don't think we will ever balk at going to a call at the surface level. We're going to respond. And if it becomes one of those where we feel that there's a level of safety that needs to be escalated to adding police to that dynamic, then we'll respond as a co-response-type response.

But yeah, I think that the safety component is definitely one that comes up regularly, and we acknowledge it. And I think that's part of the training that we have is situational awareness and just being aware of your surroundings a little bit better, where you place yourself in situations that we may have taken for granted as case managers, but kind of get a better understanding of how, just to make sure that we're safe when we're in the community and things that we ... How do we look out for certain areas, and just to be aware of?

Speaker 2:

It really comes down to having the right triage system in 911. There's always unknowns, but if you are asking the right questions and assessing for risk and assessing for safety prior to dispatching a resource, you can make sure that you're sending the appropriate resource. And just to echo what Chris said, I've been doing this work for a number of years without a police radio where I press a little red button and cavalry comes to make sure that I'm safe. And we haven't had to do that. And I think that that shows that we're making it to the right calls. And there are always unknowns, but I think that kind of also comes back to having the right team on the van that feels capable in their deescalation skills and feels comfortable responding to 911 calls. It's not every clinician that wants to show up and deal with those unknowns.

Speaker 1:

A little bit of it is also just kind of a how we approach those situations. I mean, we're pretty familiar with the clientele that we engage with. People carry pocket knives on them for safety reasons, for their own wellbeing. And we just acknowledge that as just that's part of their daily activity. We don't view it as a danger to ourselves.

We're showing up in a much different dynamic also. I mean, we're usually rocking jeans and a T-shirt and just kind of coming out with a much different approach to individuals. That is kind of where the likelihood of someone having that animosity of why we're bothering them or having connection with them, it's a little bit different just on how we look and how we are presenting ourselves in that moment. And it's usually based on, we just want to see how we can help you. And if that person says no, then we're walking away. We don't have to force an issue that doesn't need to exist.