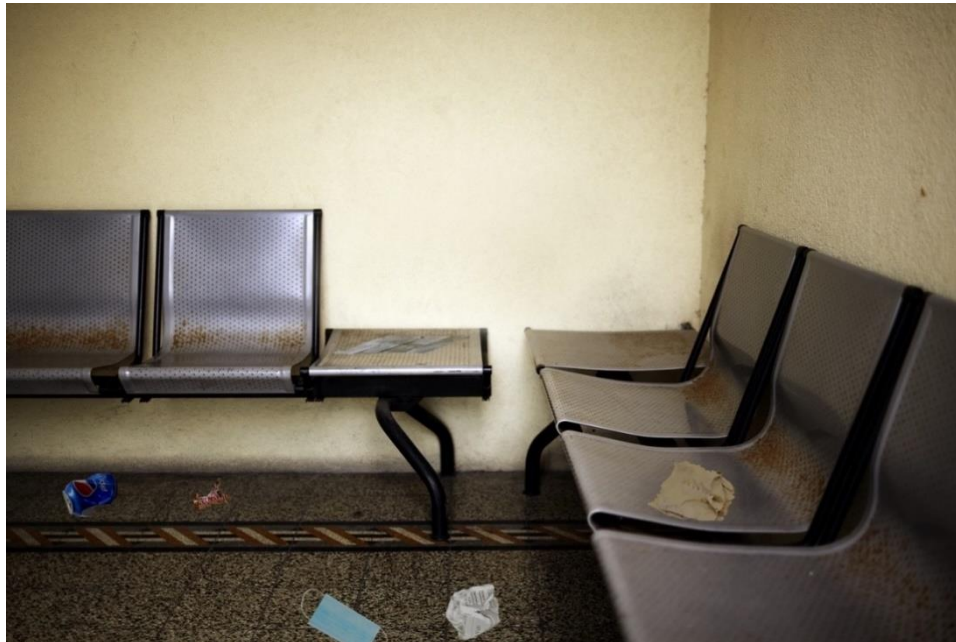


Welcoming or Wanting?

For many individuals seeking recovery from substance use disorders (SUDs), the lobby in which they wait for their assessment and intake appointment is their first impression of the helping program. This initial impression can be welcoming or wanting. The first impression will often come from the physical environment itself and the contacts they have with the various program representatives with whom they interact. The guidance below is offered for Tribal Opioid Response (TOR) grantees to consider when creating and sustaining a welcoming environment to continually engage these individuals and support their ongoing treatment and recovery.

Imagine being in distress and exhausted dealing with substance use and/or mental health disorders. You finally gather the necessary courage to go to a helping program despite fatigue, fear, discrimination, and other significant barriers. You spend hours trying to find a phone number for drug treatment and are unaware the term “behavioral health” includes programs that address substance use disorders (SUDs). After calling the behavioral health program, you are greeted by an automated message, must push a number of buttons, and after a lengthy hold, are greeted by a harried voice and given the first available assessment appointment two weeks out. While you must “wait” two weeks, your cravings won’t and you hope that you can avoid getting bad dope and overdosing during this difficult waiting period.

When the appointment day arrives, you find the intake and assessment program despite delays caused by



poor signage. When you walk through the door you see rusty metal chairs in a drab, barren, and dirty waiting room (see example in photo left). The indifferent intake receptionist does not greet you even when you stand in front of the reception window and you must stand and wait until he/she finally acknowledges you. You are instructed to take a

seat where you wait well beyond your appointment time with no acknowledgement of the delay. The waiting room’s only electrical outlet is not working and the battery in your cell phone is

running low. The lack of music, educational television, or reading materials to pass time more pleasantly makes this wait even more stressful. Other than signage that says: “Do **NOT** linger by the reception window” the walls are bare. The only sounds come from the receptionist who barks the first name of your fellow waiting room consumers from the reception door.

“For four hours, we sat on hard chairs in a small, cold intake room.”

Actual quote from a service recipient

If this is your experience, how do you think you would feel? Would you feel respected, valued, and welcomed? Would you look forward to coming back and having regular contact with this program?

Alternatively, let’s consider a different scenario. You are in distress and exhausted dealing with substance use and/or mental health disorders. You finally gather the necessary courage to go to a program for help despite fatigue, fear, discrimination, and other significant barriers. Now that you are ready, you know exactly where to go for help. You have seen posters and flyers in your local laundromat, grocery stores, foodbank, and IHS health center. The messages conveyed through these outreach materials and radio and television public service announcements provided clear contact information. These messages are also nonjudgmental, uplifting, and reminded you that as a Native person, you, like your ancestors, can use your courageous spirit to overcome this difficulty and that you are not alone.

When you call for an appointment you are greeted by a friendly voice, not an automated message. While there is a one week wait for an appointment, when you express concern about being able to “wait” that long, you are given an immediate “walk-in” option to consider (with a variable wait time but guaranteed appointment). Concerned about overdosing if you keep using, you decide to take the walk-in option. From all the outreach activities in your tribal community, you know exactly where to go but, if you did not, clear signage would direct you accordingly. The photo on the following page depicts what you see when you open the waiting room door.

The room is warm and inviting; comfortable seating awaits you. The receptionist not only warmly greets you, but also compliments you on your bravery for taking this important step forward for help. You can’t remember the last time someone complimented you for anything and you feel a small twinge of optimism and hope. The walls showcase Native art and signage that directs you to a charging station for your phone or other electronic devices as well as to free commonly needed hygiene items and a coat rack. Moreover, you notice a suggestion box and a graph depicting transparency in recent program improvements made in response to consumer feedback. Available in the waiting room is a water cooler, healthy snacks donated from a food bank and local businesses, inspirational reading materials, and children’s toys and games.



While the wait is long for your walk-in appointment, the kind receptionist proactively provides you with routine updates about your appointment progress. Time passes more quickly than you expected as you learn important culturally relevant information from Native American GoodHealth TV and read success

stories in the waiting room offered by fellow Natives with lived experiences. Framed hopeful and inspirational messages from Tribal leaders and elders reminding you that you matter. When your name is called, you are greeted with warm smile and personally escorted to the assessment room. Upon leaving the program, you are given an opportunity to provide brief feedback about the quality of your experience and any suggestions for improvement.

If this is your experience, how do you think you would feel? Would you feel respected, valued, and welcomed? Would you look forward to coming back and having regular contact with this program?

The program environment sets the tone and delivers a strong message about practice attitudes, priorities, and competence. Providers with detached attitudes and unwelcoming environments can negatively impact the willingness of individuals to engage in assessment and treatment services. Feeling physically, socially, or emotionally unsafe may cause extreme anxiety in a person who has experienced trauma, potentially causing re-traumatization. Creating a safe environment is fundamental to successfully engaging patients in their care. Personnel such as front-desk workers, security guards, and drivers have often overlooked roles in patient engagement and in setting the tone of the environment. Greeting people in a welcoming manner when they first walk into the building may help foster feelings of safety and acceptance, initiate positive relationships, and increase the likelihood that they will engage in treatment and return for future appointments.¹

Note: The examples provided are illustrative examples only and may not reflect local or state regulatory requirements or those related to COVID-19.

Citations

1. Issue Brief Key Ingredients for Successful Trauma-Informed Care Implementation, April 2016. https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf

Checklist

Welcoming Environment Checklist: My Program...	Yes	No	Plans
Proactive and strategic outreach campaigns are in place with nonjudgmental, and uplifting messages about help for substance use and mental health challenges.			
Program contact information is easy to locate and follow.			
The program has clear signage identifying the program.			
Walk-in appointments are made available when needed.			
Friendly phone and/or text reminders (within regulatory guidelines) are provided for all scheduled appointments.			
Consumer barriers are assessed and barrier reduction is routinely provided.			
Trauma-informed training is provided for front-desk workers, clinicians, managers, security guards, drivers and other relevant staff to ensure they promote consumer safety and engagement and help set a positive tone			
When consumers first walk into the building and in other interactions, staff greet them in a welcoming manner.			
The program waiting room is warm and inviting.			
The program waiting room has Native art and other familiar cultural décor.			
The program waiting room has comfortable seating.			



<p>The program waiting room has drinks or snacks and other thoughtful items (e.g., a water cooler, healthy snacks, inspirational reading materials, device charging stations, a coat rack, hygiene supplies, and children's toys and games).</p>			
<p>Time spent in waiting room is informed by relevant educational messages (e.g., GoodHealth Tv, consumer handouts, inspirational messages from Tribal leaders and elders, and success stories from persons with lived behavioral health experience)</p>			
<p>Consumer perception of care data is gathered through surveys, suggestion boxes, or other feedback mechanisms.</p>			
<p>Consumer feedback about their perception of care is reviewed and acted upon with continuous quality improvement.</p>			