

Low Demand GPD Frequently Asked Questions (FAQs)

1. What are Low Demand housing programs?

- Community-Based Early Recovery Models
- Provide supportive housing and rely on harm reduction practices
- Serve hard-to-reach and hard-to-engage chronically homeless Veterans with severe mental health and/or substance use disorders
- Do not require sobriety or compliance with treatment for admission or continued stay
- For an overview of the Grant and Per Diem (GPD) Low Demand Model, visit [the National Center for Homelessness Among Veterans' website at: https://www.va.gov/HOMELESS/nchav/models/GPD-LD.asp](https://www.va.gov/HOMELESS/nchav/models/GPD-LD.asp)
- To learn about Education/Training, Literature Reviews, and Other Resources and details about the GPD-Low Demand program, [visit their page in the Resource Center of the Center's website at: https://www.va.gov/HOMELESS/nchav/resources/housing-programs/low-demand-gpd.asp](https://www.va.gov/HOMELESS/nchav/resources/housing-programs/low-demand-gpd.asp)

2. What are the core values of a Low Demand Homeless Programs?

Low Demand Programs:

- Do not require sobriety or compliance with treatment as a condition of admission or continued stay
- Do not include zero tolerance policies in program rules
- Keep demand and rules to a minimum
- Maintain an environment of care that is as non-intrusive as possible
- Focus the rules on staff and resident safety
- View resident episodes of intoxication, substance use, compliance problems, and rule infractions as opportunities to engage residents, NOT as reasons to discharge or impose sanctions
- Engage residents using harm reduction and motivational interviewing strategies with a primary focus of attaining and maintaining permanent housing
- Accept the fact that not all mental health and substance use problems can "be fixed"
- Characterized by the mantra, "Demands are low, but expectations are high."

3. What is the target population for admission to a Low Demand Homeless Program?

- Low Demand Programs Target
 - Chronically homeless individuals with mental illness and/or substance use problems
 - Individuals who have not fared well in traditional housing programs
 - Individuals who cannot, or will not, be fully compliant with the rules of a traditional homeless program, or who cannot, or will not, stay clean and sober
- Veterans admitted to the Low Demand Programs are not required to meet all the targets. The targets are not formal criteria but are intended to serve as a guide for admission.

4. When orienting new residents to our Low Demand Program, what is important to communicate to the Veteran about the program, and who should participate in the orientation?

- Orientation to the program does not differ from usual program orientation, but should include a discussion of some of the core values and nuances of the program.
- Residents should always be encouraged to come back to the program, even if they continue to drink, use, or relapse. This important principle should be instilled in residents as early as possible.

- Residents should be encouraged and expected to participate in program activities but made aware that their lack of participation will not result in their dismissal.
 - Residents must clearly understand the safety rules that have the potential for their removal from the program.
 - Use of senior program residents as peer mentors in the orientation of new residents is highly encouraged.
 - In cases where you have other housing programs operating in the same facility as your Low Demand Program, it is very important to inform residents of all programs about the Low Demand Program including how the rules differ, their target population, and why these programs are necessary for some individuals who are homeless.
5. Does Low Demand mean that staff should ignore residents who continue to drink and abuse drugs?
- Continued use, drinking, and relapse should be seen as opportunities for resident engagement.
 - Residents should not be threatened with program dismissal for substance use.
 - It is likely that many residents in Low Demand Programs are not yet thinking about changing their behavior. From a stages of change perspective, these individuals are referred to as being in the pre-contemplative stage of change. Such individuals should be encouraged to keep an open mind and reminded that help is available if and when they would like it, but they should not be threatened with consequences. During the pre-contemplative stage of change, residents may show ambivalence about the acceptance of help, test program staff by breaking rules, and appear unmotivated for change. Program staff should maintain consistent engagement and encourage residents to continue to make small steps toward their recovery and permanent housing goals.
 - Resident movement toward addressing continued substance use or behavioral problems should receive recognition and praise from staff.
 - Aligning GPD requirements of maintaining a safe and sober environment with the goals of Low Demand programs for providing a safe environment for residents and staff requires good planning. Grantees can accomplish this by implementing checks and balances to ensure that if drugs or alcohol are introduced into the facility, they are discovered and confiscated in a timely manner. To help with this, many programs periodically inspect residents' personal belongings and conduct bag checks when residents return to the facility. Many programs also provide amnesty boxes to provide an opportunity for residents to dispose of contraband when entering the facility (for more information, see "Managing Low Demand Housing Programs Safely").
 - Staff can improve their responses to and management of these very important and sensitive situations by rehearsing engagement techniques to use in scenarios where residents return to the facility impaired.
6. What treatment programs should Low Demand Programs offer, and must all Veterans participate in treatment?
- Low Demand Programs typically offer residents a wide range of therapeutic services.
 - Therapeutic services should be voluntary and not compulsory.
 - Program services and activities generally have a strong focus on helping residents obtain and maintain permanent housing.
 - Resident input should help inform the selection of services and activities offered.
 - Programs commonly provide small incentives and recognition to help boost participation.
7. I have heard that Low Demand Homeless Programs have a primary focus on obtaining and maintaining the Veteran in permanent housing. What does that mean?

- Low Demand GPD housing programs are transitional and time-limited in nature, meaning that Veterans cannot reside in them indefinitely. The expectation is that residents will use their time in the Low Demand program to make any changes needed in order for them to obtain and maintain permanent housing.
 - Although Low Demand Programs encourage participation in substance use and mental health treatment, they differ from traditional programs in that they do not require participation in these. Instead, Low Demand programs keep the main focus on obtaining and maintaining permanent housing.
 - The therapeutic programming offered in Low Demand Programs should be designed to help residents obtain and maintain permanent housing.
8. Do Low Demand Programs conduct drug and alcohol testing?
- Drug and alcohol testing are generally discouraged in Low Demand Programs.
 - If and when drug/alcohol testing are conducted, participation and results are used for assessment purposes only and are not used as a basis for removal from the program.
9. How are repeated instances of non-compliance handled in Low Demand Programs?
- Non-compliance with program rules should not be used to expel residents.
 - Residents are usually in the early stages of recovery and often have repeated non-compliance problems.
 - A guiding principle in early recovery is that change comes in small steps.
 - Early recovery interventions stress the importance of careful assessment of behavior and developing flexible alternatives for intervention in collaboration with the resident.
 - Interventions work best when staff and residents collaborate on their development.
 - Instances of non-compliance with program rules and expectations are used as opportunities to engage the resident in a non-confrontational intervention.
10. Do Low Demand Programs have curfews and how are curfew violations handled?
- Most Low Demand Programs use curfews, sign in, and sign out sheets to assist residents in meeting accountability expectations and program needs regarding resident safety.
 - Curfew and sign in and sign out requirements are not used as the basis for resident removal, but as opportunities for resident engagement and intervention.
11. What are Safe Rooms and Sobering Lounges, and how are they used?
- Safe Rooms and Sobering Lounges are designated areas of the facility where residents who return to the program in impaired condition, or who are having a behavioral crisis, can go in order to regain their composure and minimize disruption to fellow residents.
 - Safety checks are conducted on the residents every 15 minutes.
 - The environment of the Safe Room or Sobering Lounge is designed with safe furnishings and accommodations.
 - For more details on the use and design of Safe Rooms and Sobering Lounges, please see PowerPoint presentation “Managing Low Demand Housing Programs Safely.”
12. How are incidents of violence and threats of violence handled in a Low Demand Program?
- An immediate assessment is conducted.

- Minor incidents of pushing, shoving, and/or minor threats can typically be managed in the facility by initiating a safety plan, without the need to discharge any residents.
- More serious incidents may require immediate removal and/or the involvement of law enforcement to assist in hospitalizing or containing the resident.
- A critical incident debriefing with program staff should be conducted to discuss management of the incident.

13. Do Low Demand Programs have community meetings, and are residents asked to participate in chores and other activities?

- Regular (daily or weekly) community meetings are recommended to facilitate communication within and between residents and staff, to give residents a voice in the day-to-day program activities, to convey any programming or procedural updates, and to incentivize and reward participation.
- Low Demand housing programs expect residents to participate in chores, to maintain a clean environment, and to engage in program activities.

14. What are amnesty boxes, and how are they used in Low Demand Programs?

- Amnesty boxes are secure containers, typically placed at the facility entrance, to provide a safe and secure method for residents to dispose of contraband before entering the building.
- For more information on the use of amnesty boxes, see the resource titled “Managing Low Demand Housing Programs Safely.”

15. How do Low Demand Programs manage residents who introduce contraband into their living area?

- Rules regarding contraband should be made clear during resident orientation, and reminders should be routinely made in resident community meetings and other forums.
- Most facilities inspect items brought into the facility during resident admission procedures.
- Some facilities conduct bag searches every time residents return to the facility. Some facilities also search visitors’ bags.
- Many facilities also conduct periodic inspection of residents’ personal belongings.
- For more information on management of contraband, please see “Managing Low Demand Housing Programs Safely.”

16. Should Low Demand Programs readmit residents if they do not successfully complete the program, or if they leave it?

- Residents in early recovery often leave programs prematurely and/or have repeated non-compliance problems, so they should be encouraged to come back to the program, and in most cases readmitted if space is available.
- Residents should always be encouraged to come back to the program, even if they continue to drink, use, or relapse. This important principle should be instilled in residents as early as possible.
- Instances of non-compliance with program rules and expectations should be used as opportunities to engage residents in a non-confrontational intervention.

17. How often can a program readmit a resident?

- There is no limit on readmissions, but assessment should occur during readmission to determine if the Program is the best alternative for the resident.

18. What performance standards must I meet in a Low Demand GPD Program?
- Programs must continue to comply with GPD regulations, and Low Demand GPD Programs should refer to the specific standards referenced in the Notice of Funding Opportunity. Please also reference the GPD recipient guide for additional information regarding performance expectations.
19. How should staff be oriented to the Low Demand Model, and what resources are available to train the staff?
- Twice monthly technical assistance (TA) and training calls are provided by the National GPD Office, the VA National Center on Homelessness Among Veterans, and the TA contractors at University of South Florida.
 - The first call of the month is for all GPD Low Demand Programs.
 - The second call of the month is designed primarily for programs fairly new to the Low Demand GPD Model, but new staff and other Low Demand GPD Programs looking for a “refresher” or having an interest in the topic being discussed are also encouraged to attend.
 - Low Demand Program staff and Grant and Per Diem Liaisons should participate in the TA calls. Staff who are not on duty during the calls should be provided with the relevant training materials for their review.
20. What Evidence-Based Practices do programs find helpful when implementing the Low Demand Model?
- Motivational Interviewing: <https://www.youtube.com/watch?v=s3MCJZ7OGRk>
 - Stages of Change: <https://store.samhsa.gov/sites/default/files/d7/priv/sma12-4097.pdf>
 - Trauma Informed Care <https://www.samhsa.gov/resource/dbhis/trauma-informed-care-webpage>
21. Are there other training materials that may be helpful to program staff?
- Harm Reduction (The National Health Care for Homeless Council): <https://harmreduction.org/about-us/principles-of-harm-reduction/>
 - The training modules of the technical assistance calls located in the **Low Demand GPD Resource Center: <https://www.va.gov/HOMELESS/nchav/resources/housing-programs/low-demand-gpd.asp>**
22. I understand that implementing and maintaining fidelity to the Low Demand Model is very important to having a successful Low Demand GPD Program. How is that measured?
- After six months of operation and then on a yearly basis, each Low Demand GPD Program is asked to complete a Fidelity and Process Measure Review of their program. In addition to helping you measure the fidelity of your program, this annual process also helps to describe your programs and to identify best practices and challenges that can be used to inform operations at other programs.
 - More information about the Fidelity and Process Measure Reviews can be found in the **Low Demand GPD Resource Center: <https://www.va.gov/HOMELESS/nchav/resources/housing-programs/low-demand-gpd.asp>**
23. What kind of safety measures do Low Demand Programs use to ensure that a safe environment is maintained for all residents and staff?
- Low Demand Programs use curfews, periodic locker and personal space inspections, bag inspections, sign-in/sign-out procedures, amnesty boxes, and a number of other measures detailed in the document titled “Managing Low Demand Housing Programs Safely.”

- Low Demand Programs do not typically use violations of curfew or other safety measures to discharge residents; rather, they use these infractions as opportunities to engage residents and foster better future compliance.

24. Where can I get help if I have questions about the Low Demand Model or problems implementing it in my program?

- Assistance for clinical and program questions can be obtained by emailing Dr. Scott Young (SYoung1@usf.edu) and Paul Smits (psmits@usf.edu).
- Assistance with Grant and Per Diem Program regulatory requirements and VA policy should be addressed to the VA Grant and Per Diem National Program Office GPDGrants@VA.gov.