

Grant and Per Diem / Low Demand Program Model

FAQ's

1. What are low demand homeless 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 illness and/or substance use disorders
- Do not require sobriety or compliance with treatment for admission or continued stay

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
- The demands and rules are kept to a minimum
- The environment of care is as non-intrusive as possible
- The rules focus on staff and resident safety
- The client episodes of intoxication, substance use, compliance problems, and rule infractions are used as opportunities for client engagement, but NOT to discharge or impose sanctions
- The clients are engaged in harm reduction strategies with a primary focus of attaining and maintaining their housing
- The model is based on acceptance that not all mental health and substance use problems can "be fixed"

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

- Targets *chronically homeless* with mental illness and/or substance use problems
- Targets individuals who have not been successful in traditional programs
- Targets 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

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 of the program
- Residents should be encouraged to always come back to the program, even if they continue to drink or use or relapse
- Residents should be encouraged and expected to participate in services of the GPD Low Demand Program, 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 removal from the program
- Use of senior program residents in the orientation of new residents is highly encouraged

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
 - Many residents are likely to be in the pre-contemplative stages of change and should be encouraged to seek help, but not threatened with consequences
 - Resident movement toward addressing continued substance use or behavioral problems should receive recognition and praise from staff
 - GPD regulations requiring grantees to maintain a safe and sober environment still apply. As always grantees can accomplish this by implementing checks and balances to ensure that if drugs or alcohol are introduced into the facility they are discovered in a timely manner.

6. What treatment programs should a low demand program offer and must all Veterans participate in treatment?
 - Low Demand Programs typically offer a wide range of therapeutic programs for their residents
 - The therapeutic programs should be voluntary and not compulsory
 - The programs offered generally have a strong focus on helping residents get and maintain permanent housing

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?
 - Getting and maintaining housing is a primary focus of the therapeutic programming that is offered in Low Demand Programs
 - Unlike traditional homeless programs, Low Demand Programs encourage substance use and mental health treatment, but do not have these interventions as the primary focus of intervention; attendance and participation in these programs is always voluntary

8. Do Low Demand Programs conduct drug and alcohol testing?
 - Drug and alcohol testing is generally discouraged in Low Demand Programs
 - When drug and alcohol testing is conducted in Low Demand Programs, the participation and results of testing are not used as a basis for removal from the program

9. How are repeated instances of non-compliance handled in Low Demand Programs?
 - Low Demand Program residents are usually in the early stages of recovery and often have repeated non-compliance problems
 - Instances of Non-compliance with the 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 an opportunity for resident engagement and intervention

11. What are safe rooms and safe lounges and how are they used?

- Safe rooms and safe lounges are facilities where residents who return to the program in impaired condition or who are having a behavioral crisis, can go to regain their composure and minimize disruption to the other residents of the program
- Safety checks are conducted on the residents in the room every 15 minutes
- The environment of the safe room or safe lounge is designed with safe furnishings and accommodations
- For more details on safe rooms and their use and design, please see Power Point presentation “Low Demand Model Development Initiatives in VA Homeless Programs” on the National Center for Homelessness Amongst Veterans Website:
<https://www.va.gov/HOMELESS/nchav/models/GPD-LD.asp>

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, or minor threats may be managed in the facility without removal from the facility with a safety plan initiated
- More serious incidents may require immediate removal and/or the involvement of law enforcement to assist in hospitalizing or containing the patient
- 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, to give residents a voice in the day to day activities of the program, and to incentivize participation
- Chores, maintenance of the environment, and engagement and support of program activities are normal expectations of Low Demand Programs

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

- Amnesty boxes are secure containers that are placed at the entrance of the facility and provide a safe, secure means for the resident to dispose of contraband before entering the building
- For more information on amnesty box use, please see “Managing Contraband and Use of Amnesty Boxes in Low Demand Programs” on the National Center for Homelessness Amongst Veterans Website: <https://www.va.gov/HOMELESS/nchav/models/GPD-LD.asp>

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 periodic reminders of the rules should be made in resident community meetings.
- Most facilities inspect items brought into the facility during admission of the resident.
- Some facilities conduct bag searches when residents are returning to the facility.
- Many facilities also conduct periodic inspection of resident’s personal belongings
- For more information on management of contraband, please see “Managing Contraband and Use of Amnesty Boxes in Low Demand Programs” on the National Center for Homelessness Amongst Veterans Website: <https://www.va.gov/HOMELESS/nchav/models/GPD-LD.asp>

16. Should low demand programs readmit residents if they fail or leave the program?
- Residents in early recovery often leave programs prematurely, and should be encouraged to come back to the program, and in most cases readmitted if space is available
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
 - A waiver is needed for any episodes of GPD care after the third episode. Please speak with your GPD Liaison to request a waiver.
18. What performance standards must I meet in a Low Demand GPD Program?
- Programs must continue to comply with GPD regulations and will continue to be inspected to the same standards as all other GPD programs. Please 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?
- Bi-monthly technical assistance and training conference calls are being provided by the National Grant and Per Diem Office and the VA National Center on Homelessness among Veterans
 - Program staff should participate in the calls. Staff who are not on duty during the calls should review recordings of the call on the Grant and Per Diem web site
20. 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 sending an e-mail to 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.