



Low Demand Model Development Initiatives in VA Homeless Programs

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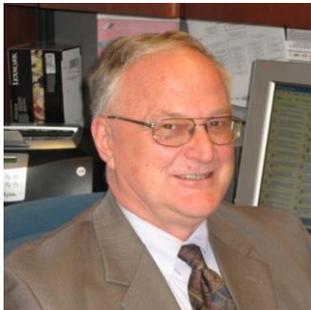
Presenters



Scott Young, PhD, is Research Assistant Professor in the Department of Mental Health Law and Policy at University of South Florida. His research examines homelessness, mental health, and substance use policy issues. His current work examines 1) alternatives to incarceration for individuals with behavior health challenges and 2) implementation of low demand housing models based on harm reduction principles for homeless individuals who cannot, or will not, cease substance use.



Roger Casey, PhD, LCSW, is the Director, Education and Dissemination of VA's National Center on Homelessness among Veterans. Dr. Casey holds a Doctoral Degree in Public Health and Master's Degree in Social Work. He has worked with VA homeless programs since 1986, providing direct services, implementing national pilot programs, and developing research initiatives regarding practice-informed residential treatment, housing, and case management design models.



Paul Smits, MSW, is currently the Senior Policy Analyst for the VA National Center on Homelessness among Veterans based at the University of South Florida. In his role for the National Center, he is currently guiding model development activities of several homeless programs. His area of expertise includes development and implementation of low demand/harm reduction programs that include Safe Haven Programs, Housing First, Low Demand Homeless Domiciliary and Grant and Per Diem Programs.



Overview

- What Are Low Demand Homeless Programs?
- The Three Model Development Initiatives
- The Evidence Base that Supports Low Demand
- Targeting the Veterans that Need Low Demand
- Implementing the Core Values of Low Demand
- Providing Technical Assistance to Front Line Staff
- Best Practices Used in Safe Havens and Low Demand Programs
- Transitioning a Traditional Model Program to Low Demand
- Fidelity Measurement
- Brief Review of Outcomes
- Introducing the Models Using an Implementation Science Framework



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



The History of Low Demand Outside of VA

- The Early Low Demand Homeless Programs were called Safe Havens
- First Safe Haven opened in 1984 (Privately Funded)
- 1992 Amendments to McKinney Homeless Assistance Act Authorized Federal Funding of Safe Havens
- McKinney Act defined Safe Havens as *a form of supportive housing that serves hard-to-reach homeless persons with severe mental illness who are on the street and have been unable or unwilling to participate in supportive services.*
- McKinney Act specified:
 - 24-hour residence for eligible persons who may reside for unspecified duration
 - private or semiprivate accommodations
 - overnight occupancy limited to 25 persons
 - low-demand services and referrals
 - supportive services to eligible persons



The Three VA Low Demand Model Development Initiatives

VA Safe Haven Program

A Health Care for Homeless Veteran Program that contracts with community based providers for Safe Haven Care

GPD Low Demand Program

A Grant and Per Diem Program that provides per diem payments community based providers to implement and provide low demand supportive transitional housing

Homeless Domiciliary Low Demand Program

A Domiciliary Low Demand Model Development Initiative that provides low demand residential services within the Domiciliary Homeless Program



The Evidence Base that Supports Low Demand

- GPD programs: Schinka, Kaspro, Casey, & Rosenheck (2011)
- HUD-VASH programs: Tsai, Kaspro, & Rosenheck (2014)
- Successful VA Low Demand pilot initiatives for Safe Havens and Low Demand GPD
- University of Michigan's Center for Local, State, and Urban Policy published a Policy Report (Gerber, Haradon, and Phinney, 2008)



Targeting Veterans Who Need Low Demand

- 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



The Core Values of Low Demand

A Low Demand Program:

- **Does not** require sobriety or compliance with treatment as a condition of admission or continued stay
- Demands are kept to a minimum
- Environment of care is non-intrusive as possible
- Trauma-Informed Environment of Care
- Rules focus on staff and resident safety
- Client episodes of intoxication, substance use, compliance problems, and rule infractions are seen as opportunities for client engagement, but NOT to discharge or impose sanctions
- Clients are engaged in harm reduction strategies with a primary focus of attaining and maintaining their housing
- Model is based on acceptance that not all mental health and substance use problems can "be fixed"



Staff Training and Technical Assistance

Skills Sets Needed by Staff

- Flexibility and adaptability
- Working knowledge of stages of change
- Working knowledge of principles of trauma-informed care
- Experience with motivational interviewing
 - Be encouraging but not insisting
 - Meet client where they are (pre-contemplation)
- Leave the rules of a sobriety-based program behind
- Use relapses and infractions as opportunities for engagement
- Patience and working with the client's recovery in very small steps
- Tolerance to minor infractions of rules (curfew, etc.)



Special Considerations for Low Demand Housing Programs

- Size (typically 20 beds or less)
- Location
- Physical separation from sobriety based programs
- On site staffing 24/7 at same location as residents
- Resident Orientation to the program, designed to set the expectations
- Monitoring comings and goings
- Management of introduction of contraband



More Considerations

- Case management is highly encouraged
- Mental health and substance use treatment are optional but encouraged
- Integration with Sobriety Based Programs
 - How do I explain the rules of this program to residents in other programs?
 - Modifying SOPs and Rules for the New Program
 - Low Demand and Zero Tolerance Policies
- Develop housing plan versus treatment plan



More Considerations

- Safe Medication Practices for Low Demand Programs
- Management of Clients Who Return Impaired
- AWOLs and Continuous Engagement



More Considerations

- Management of Violence and Threats of Violence
- Handling Introduction of Drugs and Alcohol
- Introduction of Weapons
- Amnesty Boxes



Low Demand Program Best Practices

- Safe Rooms / Sober Lounge Observation Areas
- Amnesty Boxes for Contraband Management
- Empower Veterans
- Incentivize Participation
- Utilize Peer Support during Orientation



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Low Demand Program Best Practices Use of Safe Rooms





Providers' Experiences with Safe Rooms: Why were they created?

- Response to aggressive behavior, intoxication, or drug induced behavior at the facility
- Effort to minimize disruptions
- Alternative to police involvement / Deterrent to police contact
 - Motivation of program staff and administration
- Desire to increase retention rates



Providers' Experiences with Safe Rooms: What is their purpose?

- Ensure client safety
- To monitor client health and behavior
- To provide private area for recovery from substance use, medication effects, or unmanageable emotional distress
- To provide a private space for any client needing it



Amnesty Boxes

Allows residents to safely dispose of contraband. These boxes are usually positioned in the entrance to the program to remind residents of their responsibilities for maintaining safety.





More Best Practices of High Performing Low Demand Programs

- Empower Veterans
- Incentivize participation
- Use peer support for orientation and assistance
- Give residents a voice (e.g., resident council, community meetings)



Transitioning a Traditional Model Program to Low Demand

- Conduct a comprehensive review **with staff** of all facility “zero tolerance policies”
- Train staff on core values of Low Demand
- Train staff on low demand engagement and harm reduction interventions
- Review all resident incidents with staff and solicit staff input on how to best manage the incidents using a low demand/harm reduction approach
- Participate in technical assistance with other providers transforming their facilities to low demand
- *Be patient- most programs talk about a one year learning curve*



Fidelity Review

- Fidelity to the low demand model is measured annually by the National Center using a fidelity instrument developed by the National Center
- Each program's key staff participate in the reviews, and results are shared with each site
- Programs are encouraged to use the results to make adjustments in their programs
- Results indicate that programs are adhering closely to the model, though there is variability
- Results are used to foster discussion



Brief Review of Outcomes Measurement

- Outcomes Data is collected through HOMES
- # Veterans Served in FY16: Safe Haven (n=1,967); GPD (n=207); Domiciliary (n=154)
- Benchmark Data from non-VA studies indicates that 50% of clients in Low Demand Programs are able to sustain permanent housing placement
- VA outcomes data indicates that slightly over 50% of the clients complete Low Demand Programs and are permanently housed



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Developing New Homeless Program Models Using An Implementation Science Framework

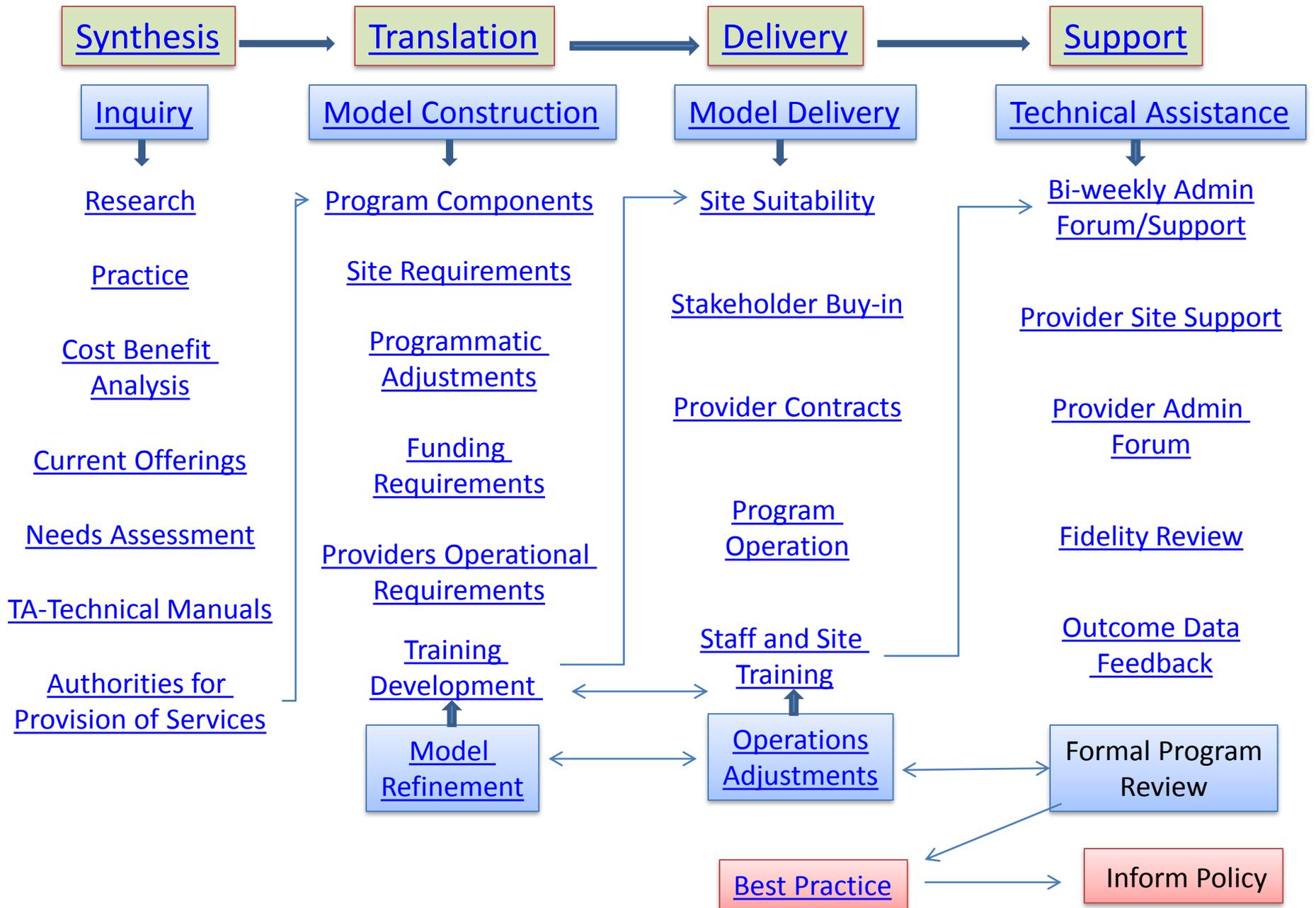
The Four Phases of Implementation:
A Implementation Science Logic Model

Synthesis
System

Translation
System

Delivery
System

Support
System





The VA National Center on Homeless Among Veterans

Est. 2009

- To promote policy that is effective in offering coordinated services that are of high quality and cost effective and focused on ending homeless among our nation veterans.
- To collect information and offer clearinghouse services on innovations, best practices, program effectiveness, theory, development and design.
- To complement existing evaluations efforts and explore best practices, program designs, and other research questions related to homelessness and service-efficacy.
- To improve the delivery of services to homeless veterans and to obtain uniform standards of care across the nation through best practices, mentoring and program development.
- To improve access to information and enhance educational opportunities through remote and interactive learning and other web-based technological learning enhancements.



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In 2016 legislation was passed by the 114th Congress that directed the Secretary of VA to establish and operate a National Center on Homelessness Among Veterans which shall carry out research into the causes of and contributing factors to veteran homelessness, assess the effectiveness of VA homeless veterans programs, and serve as a center for the exchange of information regarding activities carried out by the VA and by other federal and non-federal entities for veteran homelessness.
