Managing Low Demand
Housing Programs Safely

M. Scott Young, PhD
Research Associate Professor
University of South Florida

Paul Smits, LCSW
Senior Policy Analyst
University of South Florida

USF
UNIVERSITY OF SOUTH FLORIDA

1

Overview

- Special Challenges of Maintaining Safety in Low Demand Programs
- Low Demand/Low Barrier/Harm Reduction Principles
- Low Demand is NOT NO DEMAND
- Knowing Your Residents
- Use of Safe Rooms and Sobering Lounges
- Regularly Scheduled Community Meetings
- Managing Introduction of Contraband
- Commonly Used Safety Practices in Low Demand Programs
- Ensuring the Safety of Women and LGBTQ Veterans
- Use of Evidence-Based Practices
- Staff De-Escalation Techniques Training
- Opiate Overdose Intervention
- Special Safety Issues for the Pandemic

Special Challenges of Maintaining Safety in Low Demand Programs

- Residents may have had histories of violence

- May have been the victims of violence while living on the street

- Mental health problems and substance use disorders

- Residents' use of alcohol and drugs may reduce their ability to control their behavior

- Low Demand programs typically do not expel residents who abuse alcohol or drugs, are not compliant with mental health care, exhibit disruptive behavior, make threats, or engage in a "scuffle" with another resident that cause no injury

Low Demand/Low Barrier/Harm Reduction Principles

- 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

Low Demand is NOT NO DEMAND

- Low Demand/Harm Reduction programs keep rules and demands to a minimum

- Low Demand programs work as flexibly as possible with elimination of zero tolerance policies and punitive measures to enforce infraction of rules

HOWEVER:

- Low Demand is NOT No Demand

- Low Demand programs have rules, and the rules focus on resident safety

- When rules are broken, Low Demand staff use rule infractions as opportunities for engagement and intervention, but rarely to expel the resident

Knowing Your Residents

- All program staff must know the residents, their histories, their preferences, their use of alcohol and drugs, and especially problems they have had in the past with being able to negotiate stressful situations.

- All program staff should have access to the resident's histories, preferences, and assessments of how a resident handles stressful situations

- Good communication occurs between staff on each shift regarding changes in resident behavior, substance use, and/or events that occurred that could potentially upset a resident

- Regular care conferences between team members take place to discuss each resident's progress in the program

Use of Safe Rooms and Sobering Lounges

Many of the programs use Safe Rooms or Sobering Lounges where impaired residents or residents experiencing acute exacerbation of mental health symptoms can have a private safe space under the watchful eye of program staff to sober up or gain composure.

Purposes of Safe Rooms and Sobering Lounges include:

- To 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

More Reasons Why Providers Use Safe Rooms

- To provide an effective response for staff to use for aggressive behavior, intoxication, or drug-induced behavior at the facility
- To minimize disruptions to other residents
- To provide an alternative to police involvement / deterrent to police contact
- A desire to increase retention rates

A Safe Room Prototype

Typical Operation of the Safe Room

- Staff direct residents who are escalating to the Safe Room.

- Resident is instructed to spend 15 minutes in the Safe Room.

- Staff are able to observe residents in the Safe Room through a window on the door to the room.

- If a resident falls asleep in the room, staff make sure that the resident is in a recovery position.

- Resident is offered food and non-alcoholic beverages by staff.

- At the 15-minute mark, staff re-evaluate the resident and determine if the resident is appropriate to re-enter the community.

- If resident falls asleep, the resident is allowed to stay in the room for additional time if appropriate.

![VA NATIONAL CENTER ON HOMELESSNESS AMONG VETERANS — Promoting data-driven, evidence-based solutions to end Veteran homelessness]

Sobering Lounges

Sobering Lounges provide a congregate alternative to Safe Rooms.

A Sobering Lounge Prototype

Regularly Scheduled Community Meetings

Daily and weekly community meetings of residents are very useful in providing a routine forum for residents to discuss problems that are occurring between residents in the community, a time to air grievances about the program, and resolve any issues before they escalate into more serious conflicts.

These serve to:

- Clarify expectations about the Low Demand program

- Communicate a culture of non-violence

- Enhance communication between staff and residents

- Create a culture of resident empowerment and looking after each other

Managing Introduction of Contraband

Prevention of introduction of drugs and alcohol, weapons, or other harmful contraband is critical in Low Demand programs.

- Use of amnesty boxes for anonymous disposal of contraband at entrance to the facility

- Periodic bag checks for residents entering the facility

- Periodic checks of residents' personal space and lockers

- In most instances, Low Demand programs confiscate contraband without negative sanctions

- Infractions of contraband rules should be used as an opportunity to engage the resident about facility safety

Amnesty Boxes

Commonly Used Safety Practices in Low Demand Programs

- Sign in/Sign out (under staff observation)
- Curfews
- Room keys
- Security cameras
- Fixed or portable metal detectors
- Regularly occurring room checks
- Visitation policies (hours, rooms allowed to visit, etc.)

Ensuring the Safety of Women and LGBTQ Veterans

- Women and LGBTQ Veterans have often been victimized or sexually harassed on the street.
    - Ensuring their safety and sense of security in Low Demand programs must be a high priority!
- Initiatives that can enhance their safety:
    - Room location (proximity close to staff offices)
    - Key access to room
    - Private bathroom and bathing facilities
    - Cell phones for emergency contact
    - Discussion of sexual harassment issues during orientation and community meetings

Use of Evidence-Based Practices

Low Demand programs have found the following evidence-based practices to be valuable in maintaining a safe program:

Seeking Safety

- Seeking Safety is an evidence-based, present-focused counseling model to help people attain safety from trauma and/or substance abuse
- http://www.treatment-innovations.org/seeking-safety.html

Trauma-Informed Care

- Trauma-Informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma.
- https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

Staff De-Escalation Techniques Training

Training staff in de-escalation techniques is very useful in maintaining a safe environment. Resources include:

Practice Guidelines: Core Elements for Responding to Mental Health Crisis

https://store.samhsa.gov/product/Core-Elements-for-Responding-to-Mental-Health-Crises/sma09-4427

What is CIT?

http://www.nami.org/Law-Enforcement-and-Mental-Health/What-Is-CIT

De-Escalation Tips: https://www.crisisprevention.com/Resources/Knowledge-Base/De-escalation-Tips

Opiate Overdose Intervention

- Residents of Low Demand programs frequently are provided Naloxone rescue kits by VA or community providers

- Many Low Demand programs have facility-based Naloxone rescue kits

- All Low Demand programs should have a plan in place to provide intervention services for residents who may overdose

- Facilities that have residents with overdose kits or facility-based kits should have:

    -All resident care staff trained on administration of the

     kits and post-rescue intervention

    -Procedures for kit storage, access, and expiration date checks

Special Safety Issues for the Pandemic

- COVID Testing

- Face Masks

- Social Distancing

- Special Cleaning and Disinfecting

- Quarantine of COVID positive and residents experiencing symptoms

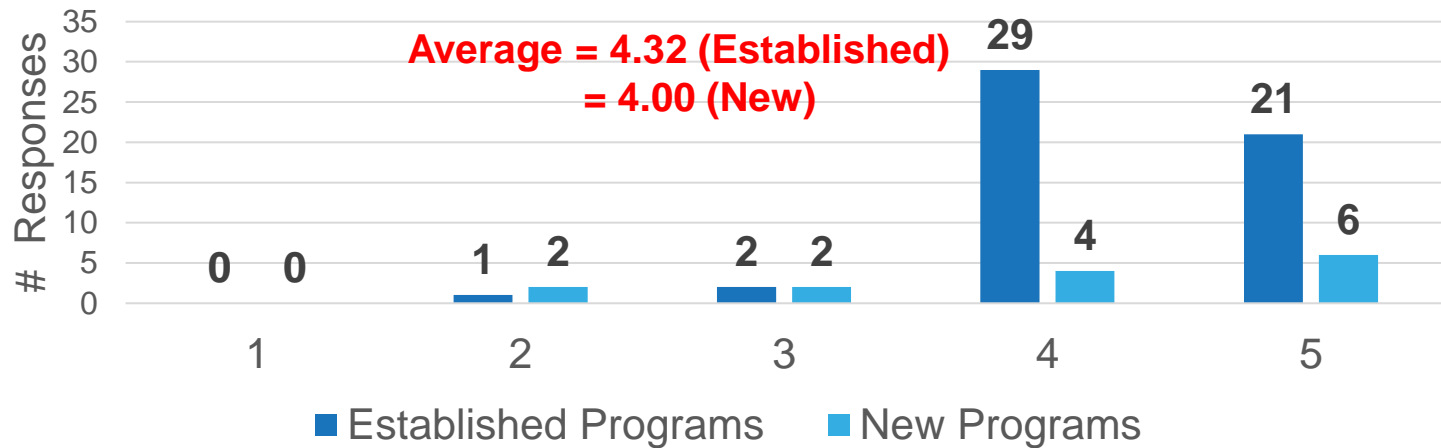- COVID vaccination of residents and staff

Data from the Most Recent Low Demand GPD Fidelity Assessment

Item Response Frequencies and Average Score

Average = 4.32 (Established) = 4.00 (New)

■ Established Programs ■ New Programs

SAFE ENVIRONMENT Staff feel their work and what they are asked to do is in a safe environment	1	2	3	4	5
	Staff/case managers feel their work and what they are asked to do is **almost never** in a safe environment	Staff/case managers feel their work and what they are asked to do is in a safe environment **some of the time**	Staff/case managers feel their work and what they are asked to do is in a safe environment about **half the time**	Staff/case managers feel their work and what they are asked to do is in a safe environment **most of the time**	Staff/case managers feel their work and what they are asked to do is in a safe environment **all of the time**

Questions and Discussion