Targeting Veterans Who Need Low Demand Programs

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Overview

- Veterans Who Need Low Demand Programs
  - Chronically Homeless
  - Veterans Who Cannot, or Will Not, Stay Clean and Sober or Compliant with Care
  - Multiple Unsuccessful Attempts in Traditional Programs
- Admission, Readmission, and Readmission...
- Orientation of New Residents to the Low Demand Program
- The Big Challenge of Veteran Retention and Getting Veterans to Stay with the Program
Target Groups

• There is **No Requirement** to meet all target groups for an admission

• Target groups should be used to guide your admission selections

• Target groups should **NOT** be used in a way that would exclude a Veteran who needs a Low Demand program

• Admission decisions should always involve program staff, VA staff/GPD Liaison, and the Veteran
Chronically Homeless Veterans

(HUD Definition)

To be considered chronically homeless:

(1) A person must have a disability and have been living in a place not meant for human habitation, in an emergency shelter, or a safe haven for at least 12 months continuously or on at least four occasions in the last three years where those occasions cumulatively total at least 12 months

(2) An individual who has been residing in an institutional care facility for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility
Chronic Homelessness (Continued)

- **Four episodes** of homelessness in **three years** must total 12 months.

- Occasion is defined by a break of at least **seven nights** not residing in an emergency shelter or safe haven, or residing in a place meant for human habitation.
Veterans Who Cannot, or Will Not, Stay Clean and Sober or Compliant with Care

• The challenge of admitting Veterans under this target may be the hardest to accept for staff who have worked in traditional housing or substance use programs

• The Low Demand Core Value – *Not All Problems Can Be Fixed, but all Veterans Deserve to be Housed*
Multiple Unsuccessful Attempts in Traditional Programs

- Repeated episodes of homelessness due to unsuccessful efforts to participate in traditional programs
- Have histories of being expelled for rule infractions
Admissions & Eligibility: Appropriate Program Model Placement

Section 3: GPD Model-Specific Considerations

The GPD model-specific questions below are intended to assist VA staff with placement decisions in GPD projects. In general, Veterans should be aligned with the housing model that most appropriately meets their needs; however, since bed availability and access to all housing models does not exist in every community, not all models listed below may be an option for the Veteran.

This guidance should not replace good clinical judgement regarding the most appropriate housing option for a Veteran given the available resources.

Low Demand (LD)

1. Does the Veteran suffer from a serious mental health or substance abuse diagnosis, or is the Veteran chronically homeless?
   - YES
   - NO

2. Has the Veteran been unsuccessful in prior treatment programs?
   - YES
   - NO

3. Does the Veteran desire clinical treatment for the above condition(s)?
   - YES
   - NO

Go to ADMISSION

Explore alternative options

Hospital to Housing (H2H)

1. Is the Veteran being discharged from an inpatient hospital stay?
   - YES
   - NO

2. Is this placement being made to avoid hospitalization?
   - YES
   - NO

3. Does the Veteran need a higher level of care (hospital, detox, NH, ALF)?
   - YES
   - NO

4. Is the Veteran in need of the collaborative VA services offered in the H2H MOU?
   - YES
   - NO

Go to ADMISSION

Explore alternative options

Clinical Treatment (CT)

1. Does the Veteran suffer from a mental health or substance abuse diagnosis?
   - YES
   - NO

2. Does the Veteran desire clinical treatment for this diagnosis?
   - YES
   - NO

3. Does the GPD grantee offer treatment for this diagnosis?
   - YES
   - NO

Go to ADMISSION

Explore alternative options

This figure is from the GPD Liaison Training Library.
Admissions & Eligibility: Appropriate Program Model Placement

Bridge Housing (BH)
1. Has the Veteran already been accepted into a housing intervention (SSVF, HUD-VASH, local housing authority, other community intervention)?
   - YES: Go to ADMISSION
   - NO: Explore alternative options

Transition In Place (TIP)
1. Does the Veteran have the ability to become self-sufficient and take over the lease to the unit within 6-9 months without another subsidy such as HUD-VASH?
   - YES: Go to ADMISSION
   - NO: Explore alternative options

Service-Intensive (SI)
1. Is it more likely than not that the Veteran will benefit from the services offered by this grantee?
   - YES: Go to ADMISSION
   - NO: Explore alternative options

ADMISSION
Does the grantee have bed availability and is the GPD housing style (apartment, SRO, shared housing) appropriate to meet the individual needs of the Veteran?
   - YES: Admit to GPD
   - NO: Explore alternative options

This figure is from the GPD Liaison Training Library.
What about Veterans with Histories of Suicide?

• Low Demand Programs frequently admit Veterans with histories of suicide
• Veterans with active suicidal ideation should be immediately referred to VA Mental Health, and the VA Liaison should be engaged regarding long-term resolution
Bringing Veterans into Low Demand Programs

• Make sure your community partners and outreach staff know about Low Demand and your target groups
• Trial visits
• The “welcoming new home”
• Early introduction to helpful peers who “know the program”
• Help them understand the Low Demand culture
Orienting New Residents to the Low Demand Program

• Explain the differences between a Low Demand and a Traditional Program

• Always come back to the program, “even when you mess up or make mistakes”

• Get as much information from new residents as you can about where they go when they are homeless so that you can proactively reach out to re-engage them if they leave prematurely

• Use senior residents to supplement staff orientation and to serve as mentors
A core value of Low Demand is acceptance that Veterans in early recovery may not make good decisions about leaving the program.

Low Demand Programs frequently readmit Veterans a second, third, or multiple times.
When In Doubt About Admission

- When in doubt about admission, seek consultation, work toward consensus with GPD Liaison, and if possible, give the Veteran the benefit of the doubt in favor of admission.

- Remember that when admission is not granted, it is incumbent on those involved in the decision to collaboratively find a suitable alternative that will serve the homeless Veteran.
The Big Challenge of Veteran Retention

- A welcoming environment
- Establishing trust that you really are Low Demand
- Keeping demands low but maintaining high engagement alongside high expectations
- Reviewing resident incidents with staff with a goal of developing new approaches and retaining residents
Questions? / Discussion