**VA GPD Low Demand - Fidelity Self-Assessment**

**Instructions**: We are assessing the implementation fidelity of VA GPD Low Demand programs and would like you to complete this survey to tell us more about your Low Demand program. Please type directly into this document, save the file, and email the completed instrument to [syoung1@usf.edu](mailto:syoung1@usf.edu) and [psmits@usf.edu](mailto:psmits@usf.edu). We are asking all Low Demand GPD programs that have been operating for at least six months to complete this survey in order to provide us with information on your facility, procedures, implementation progress, challenges, and ways we can assist your program. This is an annual process that will help us describe your programs and identify best practices and challenges that can be used to inform operations at other VA GPD Low Demand programs. The survey should be completed separately for each Low Demand facility that you oversee. If you oversee multiple facilities, then you should complete and submit a separate survey for each facility.

We are asking you to oversee completion of this tool for your respective GPD Low Demand Program facilities. To complete the measure, please consult with your program staff to arrive at one consensus score for each item that most accurately describes your GPD Low Demand program. **Although most items request information on how your facility CURRENTLY operates, the heading at the top of each table clearly dictates the timeframe of interest.**

Please answer each question in its entirety and provide additional feedback or comments where possible**.** The national GPD Office and staff affiliated with the VA’s National Center on Homelessness among Veterans will review your responses and may discuss them on future individual or conference calls. If you have any questions about the survey, if specific questions within the survey are unclear, or if you do not think you will be able to complete this in two weeks, please contact Dr. Scott Young ([syoung1@usf.edu](mailto:syoung1@usf.edu)) or Paul Smits ([psmits@usf.edu](mailto:psmits@usf.edu)) at your convenience. **Please email the completed file to** [**syoung1@usf.edu**](mailto:syoung1@usf.edu) **and** [**psmits@usf.edu**](mailto:psmits@usf.edu) **by COB July 21, 2020**

**Date That Tool Was Completed: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_**

**Name of GPD Low Demand Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City and State of GPD Low Demand Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please Specify All VA and Non-VA Staff Helping to Complete this Questionnaire:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Title** | **VA Staff Member**  **(Yes or NO)?** |
|  |  | Yes No |
|  |  | Yes No |
|  |  | Yes No |
|  |  | Yes No |
|  |  | Yes No |
|  |  | Yes No |

**Table 1**

**Characteristics of Veterans Served by VA GPD Low Demand Programs**

**Instructions**: Please provide a past-year estimate of the percentage of Veterans meeting the following demographic characteristics, the percentage of Veterans with behavioral health diagnoses, and the percentage of Veterans served with prior program involvement. You do not need to provide information for shaded cells.

|  |  |
| --- | --- |
|  | **Past Year Estimated %**  **of GPD Low Demand Veterans Served** |
| Veterans served with behavioral health diagnoses: |  |
| Substance use disorder(s) |  |
| Mental health disorder(s) |  |
| Co-occurring substance use and mental health disorder(s) |  |
| Veterans served with prior VA or non-VA **Homeless Program** involvement (should sum to 100%): |  |
| None |  |
| One program |  |
| Two to four programs |  |
| Five or more programs |  |

**Table 2**

**Descriptive Features of VA GPD Low Demand Programs – Physical Facility**

**Instructions**: Please complete the following table assessing the physical facility. Note that some cells only require checking yes or no while other cells require a written response. You do not need to provide information for shaded cells.

| **PLEASE REPORT ON YOUR CURRENT FACILITY CHARACTERISTICS** | | | |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Text Field** |
| Do individual staff offices lock individually? |  |  |  |
| Does the facility include the following common areas: |  |  |  |
| Kitchen |  |  |  |
| Dining room |  |  |  |
| Community room/common living areas |  |  |  |
| Overall, how many funded beds does the facility have? |  |  |  |
| How many beds are designated for VA GPD Low Demand? |  |  |  |
| Average daily census |  |  |  |
| Floors access: |  |  |  |
| Indicate number of floors |  |  |  |
| Is there an elevator? |  |  |  |
| Is there a lift? |  |  |  |
| Number of ADA accessible rooms |  |  |  |
| Number of private bedrooms |  |  |  |
| Number of private bathrooms |  |  |  |
| Square footage of facility (overall) |  |  |  |
| Is the GPD Low Demand Program physically separated from other programs in your facility (e.g.-door, wing, separated program area, or designated program area)? |  |  |  |
| If yes, please explain. |  | | |

**Table 3**

**Descriptive Features of VA GPD Low Demand Programs – Staffing**

**Instructions**: Please complete the following table assessing GPD Low Demand staffing patterns. Note that some cells only require checking yes or no while other cells require a written response. You do not need to provide information for shaded cells.

| **PLEASE REPORT ON YOUR CURRENT STAFFING PATTERNS** | | | |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Text Field** |
| On-Site 24 Hour Staffing: |  |  |  |
| Is there 24 hour staffing on-site on weekdays? |  |  |  |
| Is there 24 hour staffing on-site on weekends? |  |  |  |
| Is there 24 hour staffing on-site on holidays? |  |  |  |
| Do you have on-site medical staff? |  |  |  |
| If yes, please specify the titles/qualifications of the medical staff |  | | |
| Do you coordinate medical care with non-VA health care providers? |  |  |  |
| If yes, please describe |  | | |
| Do you coordinate medical care with VA health care providers? |  |  |  |
| If yes, please describe |  | | |
| In the space below, please describe how medications are handled, including procedures for controlled and non-controlled medications: | | | |

**Table 4**

**Key Features of VA GPD Low Demand Programs – Eligibility Criteria**

**Instructions**: Please rate the following factors currently used when deciding whether a Veteran is suitable for being enrolled in your GPD Low Demand Program from 1 (*Not Important*) to5(*Very Important*).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Factors That Can Currently Affect Eligibility** | **Type Response into This Column** | **Response Options** | | | | |
| **Not Important**  **(1)** | **(2)** | **(3)** | **(4)** | **Very Important**  **(5)** |
| Patient preference |  | 1 | 2 | 3 | 4 | 5 |
| Housing status (homeless) |  | 1 | 2 | 3 | 4 | 5 |
| Participation in VA homeless programming |  | 1 | 2 | 3 | 4 | 5 |
| Repeated unsuccessful attempts to quit / stop using |  | 1 | 2 | 3 | 4 | 5 |
| Chronic homelessness status |  | 1 | 2 | 3 | 4 | 5 |
| At-risk for homelessness positive screen |  | 1 | 2 | 3 | 4 | 5 |
| Unstable chronic disease care |  | 1 | 2 | 3 | 4 | 5 |
| Unstable mental health care |  | 1 | 2 | 3 | 4 | 5 |
| Not enrolled in primary care |  | 1 | 2 | 3 | 4 | 5 |
| Active substance use |  | 1 | 2 | 3 | 4 | 5 |
| Chronic pain management |  | 1 | 2 | 3 | 4 | 5 |
| Veteran intention to stay in area |  | 1 | 2 | 3 | 4 | 5 |
| Unsuccessful previous homeless programs |  | 1 | 2 | 3 | 4 | 5 |
| Enrolment in opiate substitution program (Methadone, Suboxone) |  | 1 | 2 | 3 | 4 | 5 |
| Other (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  | 1 | 2 | 3 | 4 | 5 |

**Table 5**

**Key Features of VA GPD Low Demand Programs – Approach to Substance Use**

**Instructions**: Please complete the following table describing your GPD Low Demand program’s **current** approach to substance use by checking yes or no. You do not need to provide information for shaded cells.

| **Current Approach** | **Yes** | **No** |
| --- | --- | --- |
| Are there sobriety requirements? |  |  |
| Response to intoxication: |  |  |
| Is there a Safe Room where Veterans can remain upon entering the facility until sobering up? |  |  |
| Is there a Sober Lounge where Veterans can remain upon entering the facility until sobering up (if not unruly enough  to warrant placement in Safe Room)? |  |  |
| Alcohol and drug testing: |  |  |
| On-site alcohol testing with Breathalyzer |  |  |
| On-site drug testing |  |  |
| Do Veterans in your program have opiate rescue kits (Naloxone)? |  |  |
| Do staff have access to opiate rescue kits in a centralized location? |  |  |
| Have staff been trained on use of opiate rescue kits? |  |  |
| What type of opiate rescue kits are used in your program: |  |  |
| Nasal spray kits? |  |  |
| Auto-injector kits? |  |  |
| Have program staff been involved in an opiate rescue with Naloxone? |  |  |
| Do Veterans complete a relapse prevention form or plan: |  |  |
| For alcohol? |  |  |
| For drugs? |  |  |

**Table 6**

**Key Features of VA GPD Low Demand Programs - Veteran Services**

**Instructions**: Please complete the following table assessing Veteran services. For each item indicate the following three things:

**A)** Whether Veterans and **currently required** to participate in services (in Part 1),

**B)** Place a check to indicate which services, if any, are currently delivered on-site at the GPD Low Demand facility (in Part 2), and

**C)** Place a check to indicate which services, if any, are currently delivered off-site at the VA or other community providers (in Part 2).

If services are delivered both on- and off-site, please check both boxes for Parts B and C.

| **Veteran Services** | **Part 1** | | **Part 2** | |
| --- | --- | --- | --- | --- |
| **Services Currently Required (A)** | | **Services Currently Delivered** | |
| **Yes** | **No** | **On-Site (B)** | **Off-Site (C)** |
| Case management |  |  |  |  |
| Medical services |  |  |  |  |
| Psychiatric services |  |  |  |  |
| Substance abuse services |  |  |  |  |
| Peer specialist services |  |  |  |  |
| Peer support groups |  |  |  |  |
| Vocational services |  |  |  |  |
| Daily living skills training and counseling |  |  |  |  |
| Advocacy for entitlement services |  |  |  |  |
| Transportation services |  |  |  |  |
| Housing transition services |  |  |  |  |
| VA Mental Health Intensive Case Management |  |  |  |  |
| Legal Services |  |  |  |  |
| Housing Specialist Services |  |  |  |  |
| SSVF |  |  |  |  |
| Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

**Table 7**

**Key Features of VA GPD Low Demand Programs – Services**

Instructions: Please complete the following table describing your GPD Low Demand program’s current service offerings. Note that some cells only require checking yes or no while other cells require a written response. You do not need to provide information for shaded cells.

| **Current Service Offerings** | **Yes** | **No** | **Text Field** |
| --- | --- | --- | --- |
| Transportation: |  |  |  |
| Shuttle services provided |  |  |  |
| Support funds for public transportation |  |  |  |
| Contact with counselors: |  |  |  |
| On average, how often do Veterans meet with staff, including program staff and VA staff? (select one) |  |  |  |
| Daily |  |  |  |
| Two to three times a week |  |  |  |
| Once per week |  |  |  |
| Two times per month |  |  |  |
| Once per month |  |  |  |
| Less than once per month |  |  |  |
| Average monthly hours of staff contact with each Veteran |  |  |  |
| Money management: Do all Veterans manage their own money? |  |  |  |
| Housing plan: |  |  |  |
| Do all Veterans have an individualized housing plan? |  |  |  |
| If so, how often are they updated? |  |  |  |
| Is some sort of independent living plan developed with each Veteran? |  |  |  |
| If so, how often are they updated? |  |  |  |
| Does the program offer medication management? |  |  |  |
| If so, are medications dispensed by program staff? |  |  |  |

**Table 8**

**Key Features of VA GPD Low Demand Programs – Coordination with Other Services**

Instructions: Please indicate whether your GPD Low Demand program currently coordinates care with any of the **VA services in Part A**, and then do the same for coordination with **Non-VA services in Part B**. Each row should have one checkmark for part A and one checkmark for part B.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Services** | **Does Your GPD Low Demand Program Currently Coordinate With?** | | | |
| **Part A:**  **VA Services** | | **Part B:**  **Non-VA Services** | |
| **Yes** | **No** | **Yes** | **No** |
| Emergency department |  |  |  |  |
| Homeless programs |  |  |  |  |
| Mental health |  |  |  |  |
| Substance abuse |  |  |  |  |
| Inpatient (med/surg) |  |  |  |  |
| Specialty service |  |  |  |  |
| Pharmacy |  |  |  |  |
| Laboratory |  |  |  |  |
| Diagnostic imaging |  |  |  |  |
| Suicide prevention |  |  |  |  |
| Housing/Social services |  |  |  |  |
| Community coordinated entry |  |  |  |  |
| Opiate substitution programs |  |  |  |  |
| Justice diversion programs including probation/parole |  |  |  |  |
| SSVF |  |  |  |  |
| Legal services |  |  |  |  |
| Financial management services |  |  |  |  |
| Other: specify (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |  |  |  |
| Other: specify (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |  |  |  |
| Other: specify (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |  |  |  |

**Table 9**

**Key Features of VA GPD Low Demand Programs - Rules and Explanations**

Instructions: Please complete the following table assessing your current GPD Low Demand rules and explanations. Note that some cells only require checking yes or no while other cells require a written response. You do not need to provide information for shaded cells.

| **Current Program Rules** | **Yes** | **No** | **Text Field** |
| --- | --- | --- | --- |
| Are chores optional, but not incentivized? |  |  |  |
| Are chores optional, but incentivized? |  |  |  |
| If yes, how are they incentivized? |  |  |  |
| Are chores required? |  |  |  |
| If required, are there consequences for lack of compliance? |  |  |  |
| If yes, what are the consequences for lack of compliance? |  |  |  |
| Are there consequences of Veteran alcohol use in community? |  |  |  |
| If yes, do consequences include the following: |  |  |  |
| Completion of substance abuse acknowledgement form? |  |  |  |
| Eviction upon first use? |  |  |  |
| Eviction after repeated use? |  |  |  |
| Put on probationary period? |  |  |  |
| Other (please fill-in)? |  |  |  |
| Are there consequences of Veteran alcohol use in facility? |  |  |  |
| If yes, do consequences include the following: |  |  |  |
| Completion of substance abuse acknowledgement form? |  |  |  |
| Eviction upon first use? |  |  |  |
| Eviction after repeated use? |  |  |  |
| Put on probationary period? |  |  |  |
| Confiscation of alcohol? |  |  |  |
| Other (please fill-in)? |  |  |  |
| Are these consequences of Veteran drug use in community? |  |  |  |
| If yes, do consequences include the following: |  |  |  |
| Completion of substance abuse acknowledgement form? |  |  |  |
| Eviction upon first use? |  |  |  |
| Eviction after repeated use? |  |  |  |
| Put on probationary period? |  |  |  |
| Other (please fill-in)? |  |  |  |
| Are these consequences of Veteran drug use in facility? |  |  |  |
| If yes, do consequences include the following: |  |  |  |
| Completion of substance abuse acknowledgement form? |  |  |  |
| Eviction upon first use? |  |  |  |
| Eviction after repeated use? |  |  |  |
| Put on probationary period? |  |  |  |
| Confiscation of drugs? |  |  |  |
| Other (please fill-in)? |  |  |  |
| Can Veterans be in common areas of the facility after hours? |  |  |  |
| Can Veterans have pets? |  |  |  |
| If yes, what pets? |  |  |  |
| Are room inspections conducted? |  |  |  |
| Regarding room inspections: |  |  |  |
| Do Veterans always have the option to be present? |  |  |  |
| Are they always conducted with Veterans present? |  |  |  |
| Are room inspections always announced in advance? |  |  |  |
| If always announced in advance, how far in advance? |  |  |  |
| How often are room inspections conducted? |  |  |  |
| Meals: |  |  |  |
| Is there communal eating at meal times? |  |  |  |
| Do residents help with food preparation? |  |  |  |
| If residents help with food preparation, how do they do this? |  |  |  |

**Table 10**

**Key Features of VA GPD Low Demand Programs – Program Rules**

Instructions: Please complete the following table describing GPD Low Demand program’s current rules. Note that some cells only require checking yes or no while other cells require a written response. You do not need to provide information for shaded cells.

| **Current Program Rules** | **Yes** | **No** | **Text Field** |
| --- | --- | --- | --- |
| Is the purpose of program rules to ensure safety? |  |  |  |
| If there are additional purposes of program rules, please specify: |  |  |  |
| Is there a curfew? |  |  |  |
| If so, what days and times? |  |  |  |
| If so, how is it enforced? |  |  |  |
| If so, what are consequences of violation? |  |  |  |
| Visitation: |  |  |  |
| Are Veterans allowed to have visitors at the facility? |  |  |  |
| Designated visitation hours? |  |  |  |
| Visitors allowed in bedrooms? |  |  |  |
| Visitors allowed after curfew? |  |  |  |
| Visitors allowed for non-clinical purposes? |  |  |  |

**Table 11**

**Key Features of VA GPD Low Demand Programs - Facility Entry and Exit Procedures**

Instructions: Please complete the following table assessing your GPD Low Demand facility’s current entry and exit procedures by checking yes or no for each item. You do not need to provide information for shaded cells.

| **Current Facility Entrance & Exit Procedures** | **Yes** | **No** |
| --- | --- | --- |
| Are bag checks conducted for Veterans? |  |  |
| If yes, when? (check Yes to one or more of the following): |  |  |
| At every time a Veterans enters the facility? |  |  |
| At every time a Veterans exits the facility? |  |  |
| Upon suspicion when a Veteran enters the facility? |  |  |
| Upon suspicion when a Veteran exits the facility? |  |  |
| Are bag checks conducted for guests / visitors? |  |  |
| If yes, when? (check Yes to one or more of the following): |  |  |
| At every time a guest enters the facility? |  |  |
| At every time a guest exits the facility? |  |  |
| Upon suspicion when a guest enters the facility? |  |  |
| Upon suspicion when a guest exits the facility? |  |  |
| Are Veterans personally searched (e.g., emptying of pockets, etc.) when entering the facility? |  |  |
| If yes, when? (check Yes to one or more of the following): |  |  |
| At every time a Veterans enters the facility? |  |  |
| Upon suspicion when a Veteran enters the facility? |  |  |
| Are visitors or guests personally searched (e.g., emptying of pockets, etc.) when entering the facility? |  |  |
| If yes, when? (check Yes to one or more of the following): |  |  |
| At every time a guest enters the facility? |  |  |
| Upon suspicion when a guest enters the facility? |  |  |
| Do Veterans have a key to the facility? |  |  |
| Do Veterans have a key to their room? |  |  |
| Are Veterans required to sign out every time they leave the facility? |  |  |
| Are Veterans required to sign in every time they enter the facility? |  |  |
| Are guests required to sign out every time they leave the facility? |  |  |
| Are guests required to sign in every time they enter the facility? |  |  |
| Are walk-through metal detectors used at the facility? |  |  |
| Are hand wand metal detectors used at the facility? |  |  |

**Open-Ended Feedback: Implementation Challenges, Obstacles, Solutions**

1. **Please provide any additional comments on specific challenges, obstacles, solutions, and needs your GPD Low Demand Program may have experienced.**
2. **Please note any Lessons Learned since you have started operating your program, and describe any resulting changes that were implemented.**
3. **What are your goals? What do you hope to be working on with your GPD Low Demand Program this upcoming year?**
4. **Has your program identified additional needs for support during the current pandemic? Please describe those needs.**
5. **What changes to your program, policies, or procedures have you made because of the pandemic?**
6. **Do you have any further additional comments, questions or concerns?**

**Thank you very much for taking the time to complete this survey and help us learn about your program.**