

# GPD Low Demand Fidelity Review Feedback

## Challenges

- Helping staff who have worked in sobriety-based programs to embrace the Low Demand Model
- Moving from a sanctions-based response to infractions and substance use to an engagement-based response
- Client reluctance to leave
- Clients lacking financial resources to move in to permanent housing and asking to stay while they look for resources
- Severe MH issues interfering with stay and move to permanent housing
- Developing stronger guidelines and expectations for program residents
- Helping Veterans find housing when they are showing signs of alcohol abuse or using
- Finding permanent housing for Vets with criminal histories or who are sex offenders
- Lack of affordable housing for very low-income Vets
- Local HUD-VASH Program not following the Housing First model making it difficult to get LD clients place in permanent housing
- Finding appropriate responses for negative behaviors (consequences?)
- Targeting the Veterans who need the program most
- Need for more Low Demand beds
- Operating three different model programs at same site
- Vets who have high breathalyzers who refuse to go to the hospital
- Developing assertive approaches to work with the difficult to engage
- Providing good care for Veterans not eligible for VA services
- Getting Veterans to pursue permanent housing services before they get a housing voucher
- Working with staff to shift from a restrictive model to the Low Demand Model
- Veterans who are acutely mentally ill who refuse medication
- Getting Veterans to use the “sharps box”
- Reducing the number of AWOLs
- Getting Vets to engage when participation in case management is voluntary
- Program assistants working with Vets to clean and tidy their areas
- Coordinated Entry will only refer Veterans scoring in the Rapid Rehousing Range
- Veterans sharing meds
- Finding housing for Vets with multiple evictions
- Moving from the punitive model to the Service Intensive Model

- Staff having different philosophical Views about how Low Demand should be implemented
- Lack of transportation to VA for services
- Not enough money coming in to cover expenses
- Lack of substance use treatment beds at VA and in local community
- Local VA limiting referrals to Low Demand Program only to chronically homeless Veterans\*
- Dealing with increased violence from Vets using/intoxicated-could use more than one safe room
- Engaging Veterans immediately in programming and overcoming their housing barriers