

GPD Low Demand Fidelity Review Feedback

Lessons Learned

- Managing and clarifying expectations from Veterans who have been in traditional programs
- Never assuming clients enrolled in LD are unwilling to participate in programming
- Meeting clients where they are and helping them progress at THEIR pace
- The need to continue to train staff on low demand and harm reduction
- LD clients need more staff support to be successful
- Having a Safe Room available
- The importance of weekly staff meetings to discuss policy, concerns, and to share insights about how to resolve difficult client problems
- “More treatment isn’t always the best treatment” - finding the right counselor or group is more favorable than quantity
- The importance of having opioid rescue kits and having staff trained on the kits
- The importance of having a safety plan in place to deal with Vets who return intoxicated
- Having a harm reduction plan in place before incidents occur
- Refine screening to ensure that Vets meet the targets for the program
- Being patient!
- Value of using metal detectors at entrances
- Getting staff to engage with interventions without falling back on “kick them out”
- Change from 35 rules to 7 expectations
- Much higher demand for Low Demand beds than Bridge beds
- Results are better when staff work as partners with the Vet
- Harm reduction and motivational interviewing are the key to success
- Having a health and wellness group for increasing numbers of medically infirm Vets
- Achieved a 15 % increase in housing rates by only asking Vets who pose a safety risk to leave the program
- Having client face time during sign out/in
- The need for coordination and communication between all staff and providers
- The need for a fast response to incidents of violence for the security of staff and residents
- Collaboratively developing a Housing Stability Plan has been effective
- Installation of TV/camera security system has been helpful