



Programming for Low Demand Housing Programs

M. Scott Young, PhD

Research Associate Professor
University of South Florida

Paul Smits, LCSW

Senior Policy Analyst
University of South Florida





Overview

- Core Values of Programming in Low Demand Programs
- A Programming Assumption to Avoid
- Are Groups and Classes Compulsory?
- Focus on Getting and Staying Housed Instead of Treatment
- Working with Vets in Earliest Stages of Recovery & Stages of Change
- Helping Veterans to Establish Personal and Workable Goals
- Assisting Veterans Who Have Lost Their Housing Multiple Times Due to Money Management Issues
- Programming in Low Demand Housing Programs
- Lessons from Ward Family Found. & 2021 Low Demand GPD Fidelity



Core Values of Programming in Low Demand Housing Programs

- Encourage
- Engage
- Motivate
- Reward Participation
- But Do Not Force or Apply Negative Sanctions



A Programming Assumption to Avoid

- Low Demand does not mean that clients are not interested in participating in services, classes, groups, meetings, and/or other structured activities
- Be proactive in providing a variety of meaningful activities; ask residents what they would like
- Routinely post, update, and announce the schedule activities
- Be proactive in engaging residents in services, classes, groups, meetings, and/or other activities



Are Groups and Classes Compulsory?

- A core value of the Low Demand Model is to encourage but not demand
- Negative sanctions, especially dismissal from the program, should not be used to motivate residents to attend programming
- Don't wait for residents to come to your group or class, reach out and engage them, make them feel welcome
- Help residents find groups and classes that are meaningful to them



Focus on Getting and Staying Housed Instead of Treatment

- Keep the program focused on Housing
- Assist Veterans with the challenges of accessing and getting what they need to move onto permanent housing
 - Housing application
 - Housing search
 - Finances
 - Resolving legal issues
 - Acquiring basic household items
 - Emotional and social support for the process



Working with Veterans in the Earliest Stages of Recovery and Stages of Change

- Listen to each resident's goals
- Build trust
- Keep the steps small and the goals realistic
- Reinforce the small steps of housing and recovery goals
- Support residents through predictable setbacks, and help them stay focused on **THEIR** goals



Helping Veterans to Establish Personal and Workable Goals

- Residents in early recovery are often in a pre-contemplative stage of change and often do not have many goals
- Be patient while residents determine if this program will work for them
- Listen to the resident's goals for achieving housing stability, as housing may be the only reason they joined your program
- Negotiate reasonable goals that can be achieved
- Seize opportunities to provide reinforcement and support for each small step of goal achievement
- Find meaningful rewards for goal attainment



Assisting Veterans Who Have Lost Their Housing Multiple Times Due to Money Management Issues

- Finances are a top reason that residents lose housing
- Offer budgeting and money management classes/assistance
- Harm reduction approaches to financial management
- Help residents accept fiduciary services

More details are contained on the GPD Low Demand resource page in a downloadable document: “A Quick Guide to Assist Homeless Veterans with Financial Management and Fiduciary Services”: <https://www.va.gov/HOMELESS/nchav/resources/docs/housing-programs/low-demand-gpd/Quick-Guide-Assist-Homeless-Veterans-with-Financial-Management-and-Fiduciary-Services-508.pdf>



Programming in Low Demand Housing Programs

Typically A Mix of services, classes, groups, meetings, outings, movie nights, & other structured activities, such as:

- Community Meetings
- Housing Options and Process
- Financial Management, Budgeting, and Repairing Credit
- Securing Income through Employment and/or Benefits
- Managing the Landlord/Tenant Relationship
- Securing Furniture and Household Items
- Legal Assistance and Resolving Warrants, Child Support Arrears, and Past Debts



Programming Continued

- Social Events and Outings
- Building a Satisfying Social Life and Leisure Time
- Nutrition and Cooking for One
- Daily Living Skills
- Anger Management
- Managing Addiction and Mental Health Issues
- Relapse Management
- Overdose Kits and Preventing Death from Overdoses
- Addressing Spiritual Needs



Pandemic Programming Issues

Routinely:

- Stay abreast of the latest Local Infection Rates and Trends in your community and program
- Listen to residents' concerns and ideas about staying safe and avoiding COVID
- Revisit program rules as needed to ensure safety
- Review safety practices and encourage vaccination
- Have discussions about COVID misinformation
- Provide support and understanding about the isolation that many are feeling during this pandemic
 - Try to reinforce a sense of community



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Lessons from Ward Family Foundation (WFF) National Survey of Safe Havens



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Ward Family Foundation, Inc.

Safe Haven Programs

Analysis of Strategies and Operating Practices

July, 2005

Ward Family Foundation: National Survey of 79 Low Demand Safe Haven Programs

<http://www.wardfamilyfoundation.org/wff-safehaven-programs.pdf>

Ward Family Foundation, 2005

Purpose of Report

Conscious decision not to look in any detail at the clinical symptoms of residents, and not to draw conclusions about impact that Safe Haven programs have on their recovery

Focused instead on whether Safe Havens are effective in moving residents into permanent housing, and identify best practices

Sample

Identified 118 HUD-funded Safe Haven programs

79 returned a completed survey via mail

Conclusion: Permanent Housing

Low Demand Safe Havens effectively engage and retain residents

More than half successfully transitioned into some type of permanent housing program:

- Approximately 30% exited to affordable perm. housing w/subsidy & supports (perm. supported housing)
- 13% to affordable permanent housing w/subsidy but without supports
- 7% to affordable permanent housing w/neither subsidy nor supports

Ward Family Foundation, 2005

Best Practices Benchmark (BPB)

Group of 15 programs with an 85.2% average exit to perm. housing, compared to 64 with a 41.6% rate

BPB Basic Program Description: More likely to be smaller programs, at full capacity, and offering more private accommodations

BPB Admission Criteria: more likely require diagnosis of SPMI + SUD for admission

BPB Admission Procedures: more likely to offer preadmission visits to assess if a good fit

BPB Daily Life: more likely to offer optional behavioral health activities

Ward Family Foundation, 2005

BPB Daily Life: more likely to bring in people with different areas of expertise to discuss topics of interest (health, benefits, family)

BPB Daily Life: more likely to offer activities of general interest (sports night, cooking classes, monthly birthday dinner)

BPB Daily Life: more likely to offer regular opportunities for program governance participation (weekly meetings, feedback session)

BPB Daily Life: more likely to offer senior residents opportunities for mentoring and positive support

Ward Family Foundation, 2005

BPB Rules and Expectations: more likely to given an **incentive to do chores** rather than forced to do them

BPB Staffing: **higher staffing** levels

BPB Services: more likely to offer a **psychiatrist on-site**

BPB Services: more likely to be clearly committed to **vocational training, though mostly offered off-site**



What sorts of activities are offered by your fellow Low Demand GPD programs?

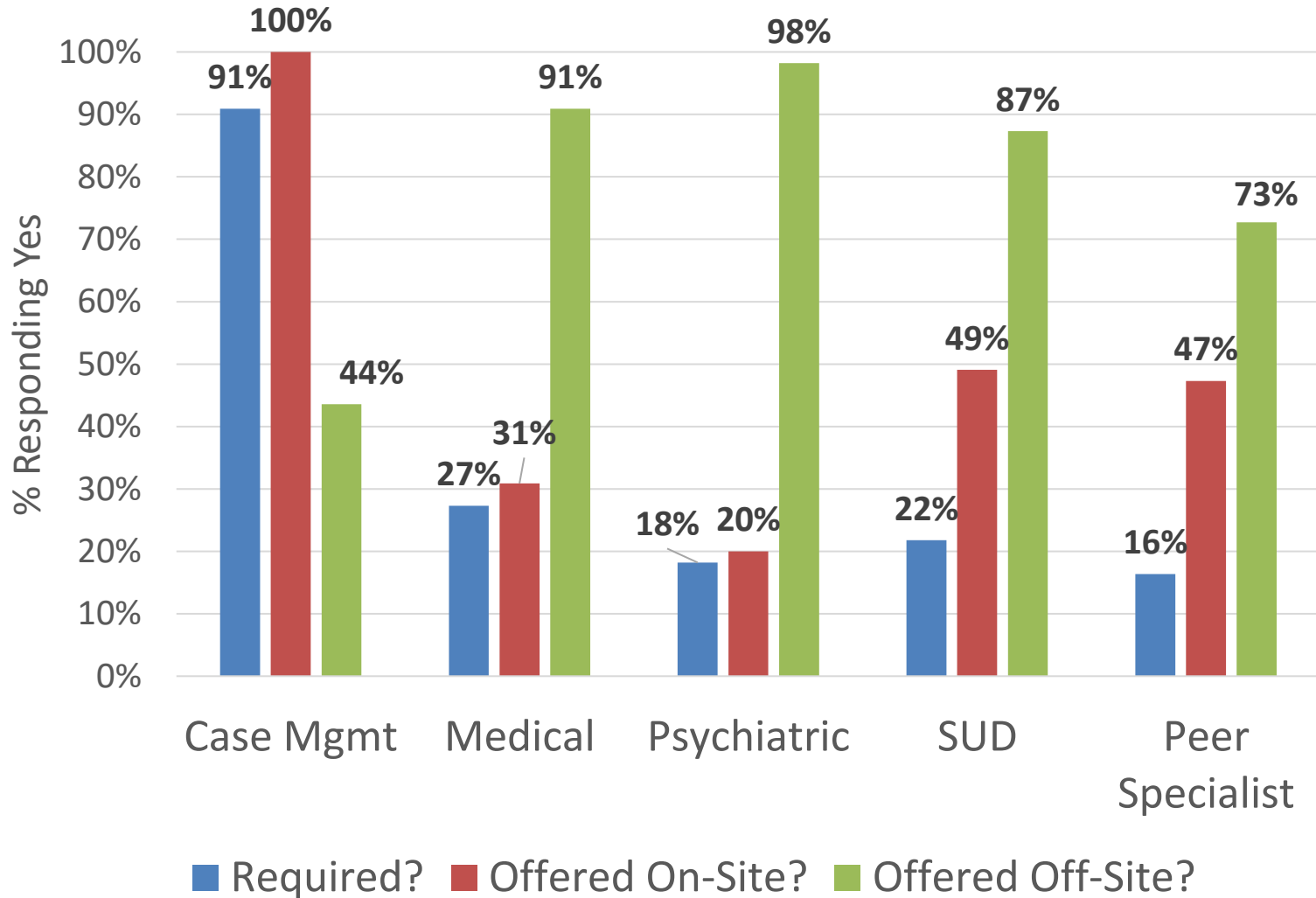
Findings regarding Programming from the 2021 Low Demand GPD Fidelity Review



Scope of the 2021 Survey / Framing

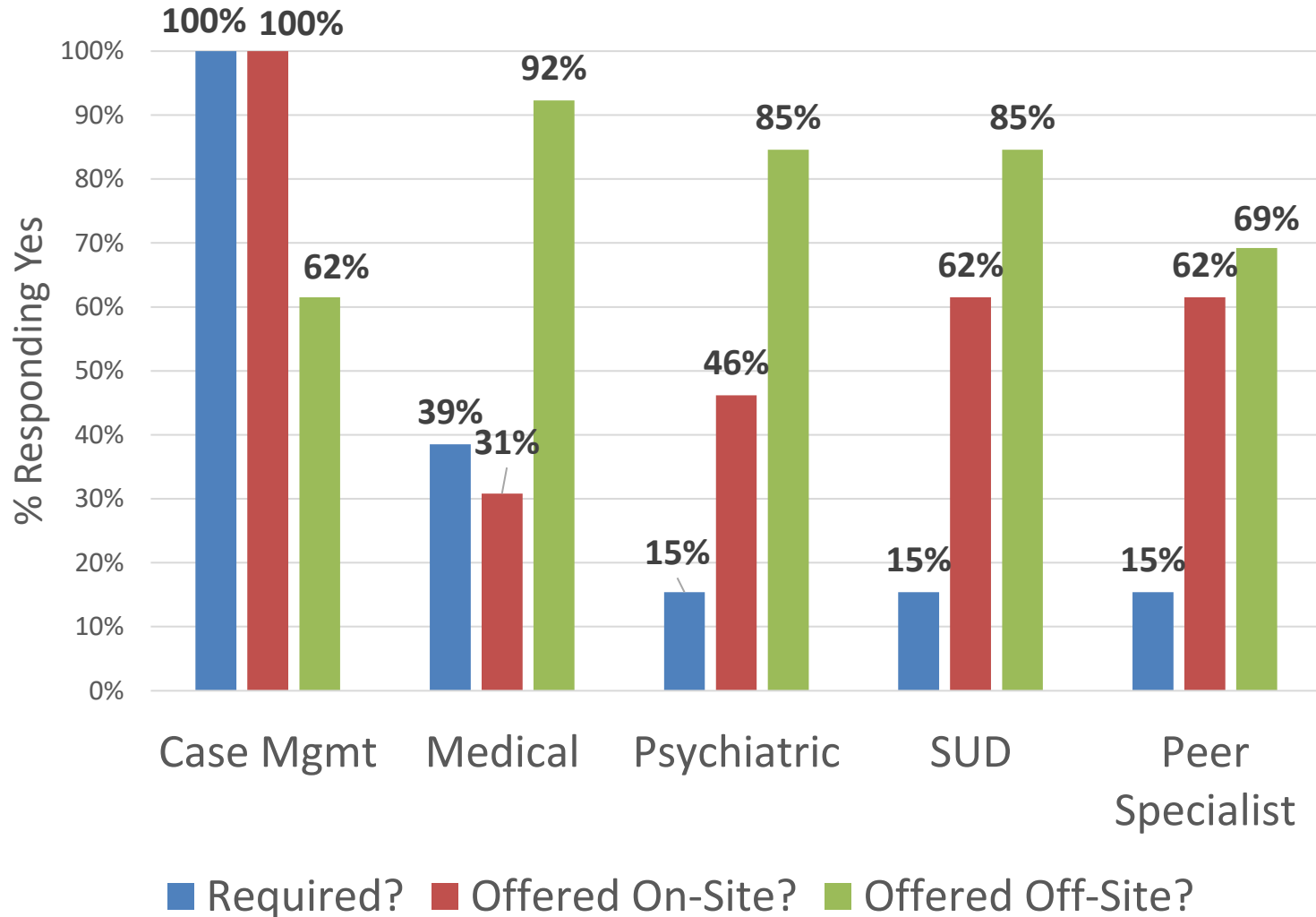
- 68 Low Demand GPD Programs completed a fidelity survey, representing facilities with a total of 1,382 Low Demand GPD Beds
- The 68 programs included:
 - 55 **ESTABLISHED** programs operating Low Demand for ≥ 6 months
 - 13 **NEW** programs operating as Low Demand less than 6 months
- The 2021 survey asked respondents to indicate how their Low Demand programs/beds currently operated.
 - Open-ended items at the end of 2021 survey asked about program changes resulting from COVID-19.
 - 2020 survey asked respondents to indicate how the Low Demand programs/beds were operating before the COVID-19 pandemic.

Veteran Services, Part 1 of 3: Established Programs



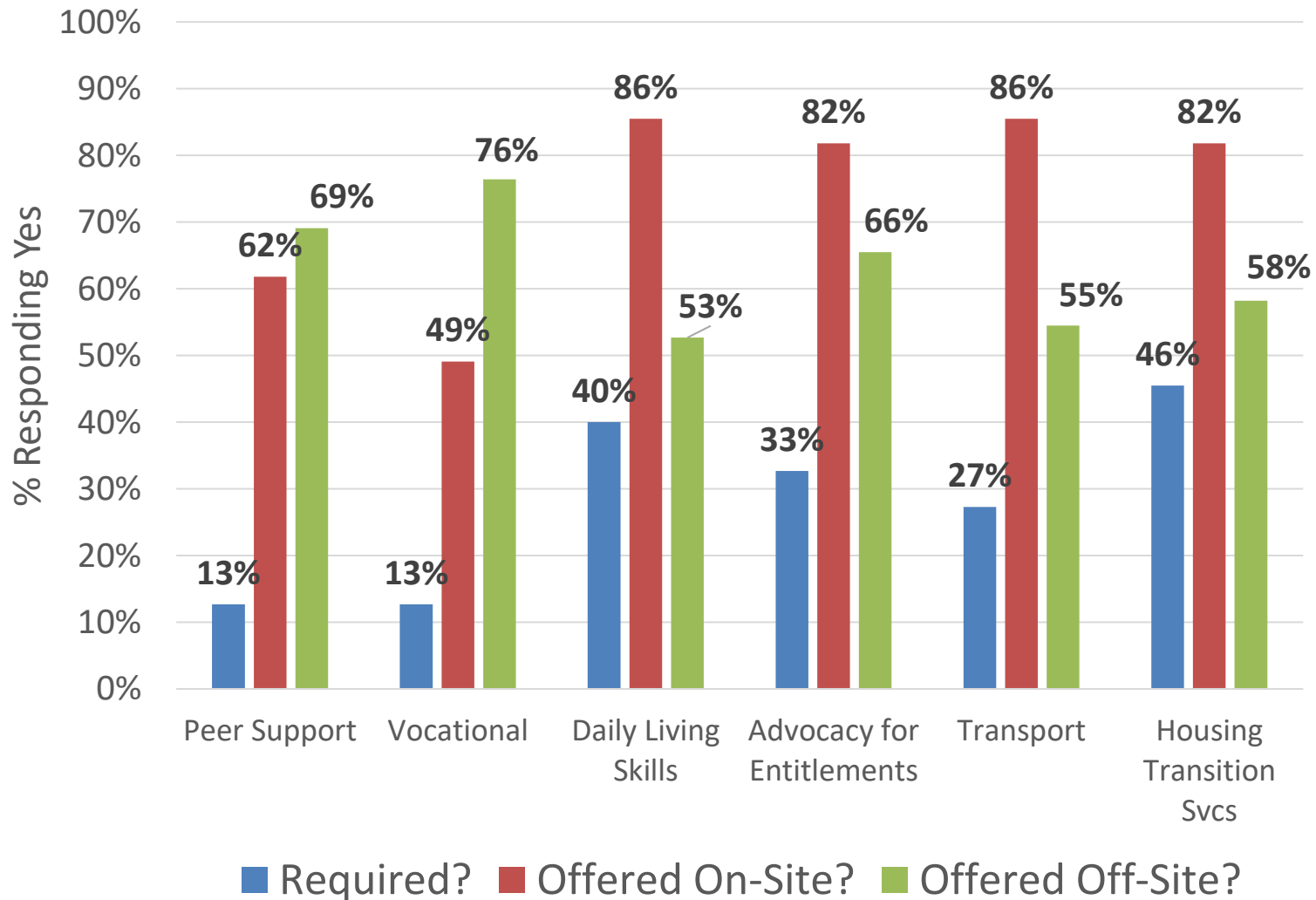
Information based on completed surveys from **55 Established programs.**

Veteran Services, Part 1 of 3: New Programs



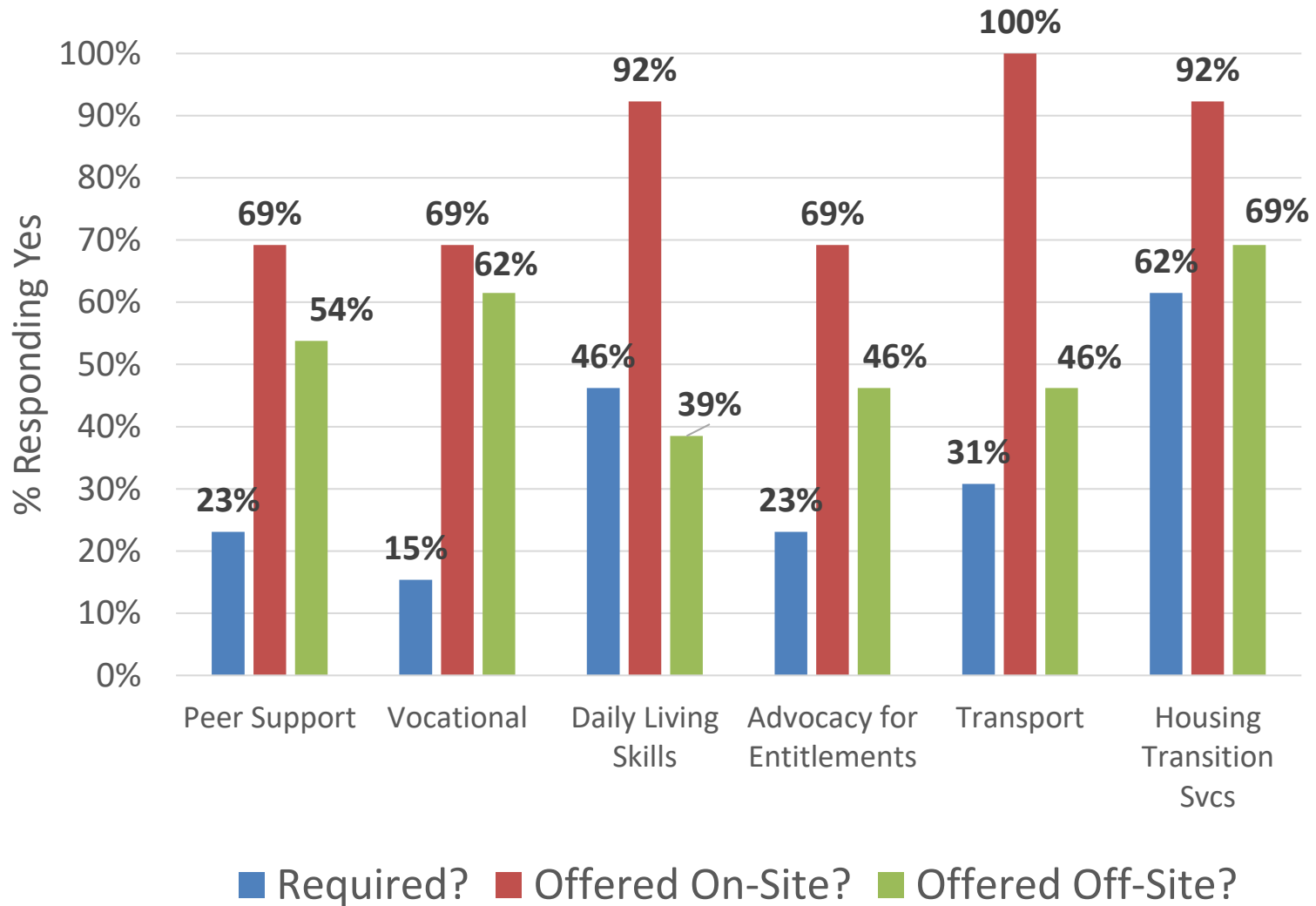
Information based on completed surveys from **13 New programs.**

Veteran Services, Part 2 of 3: Established Programs



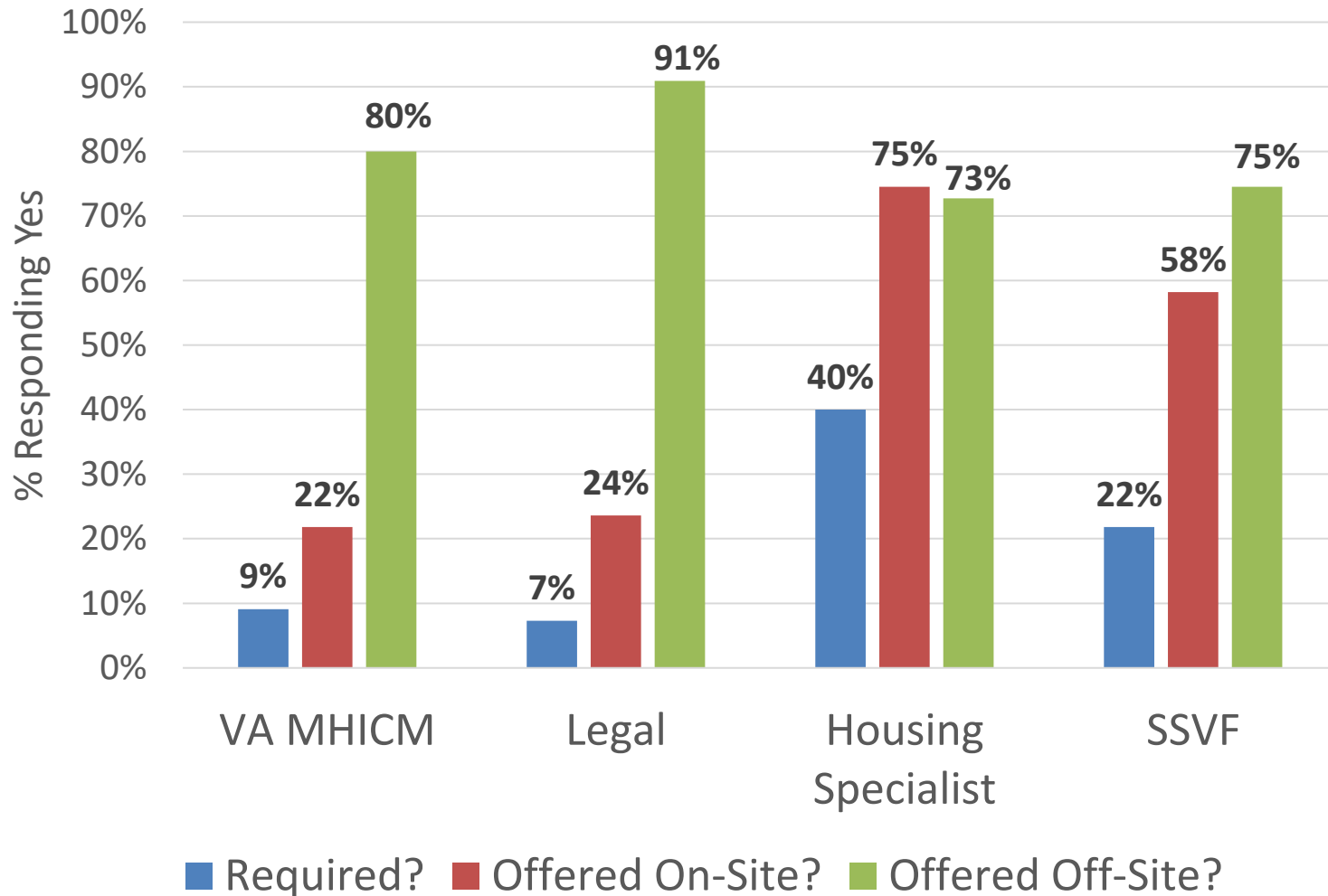
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Veteran Services, Part 2 of 3: New Programs



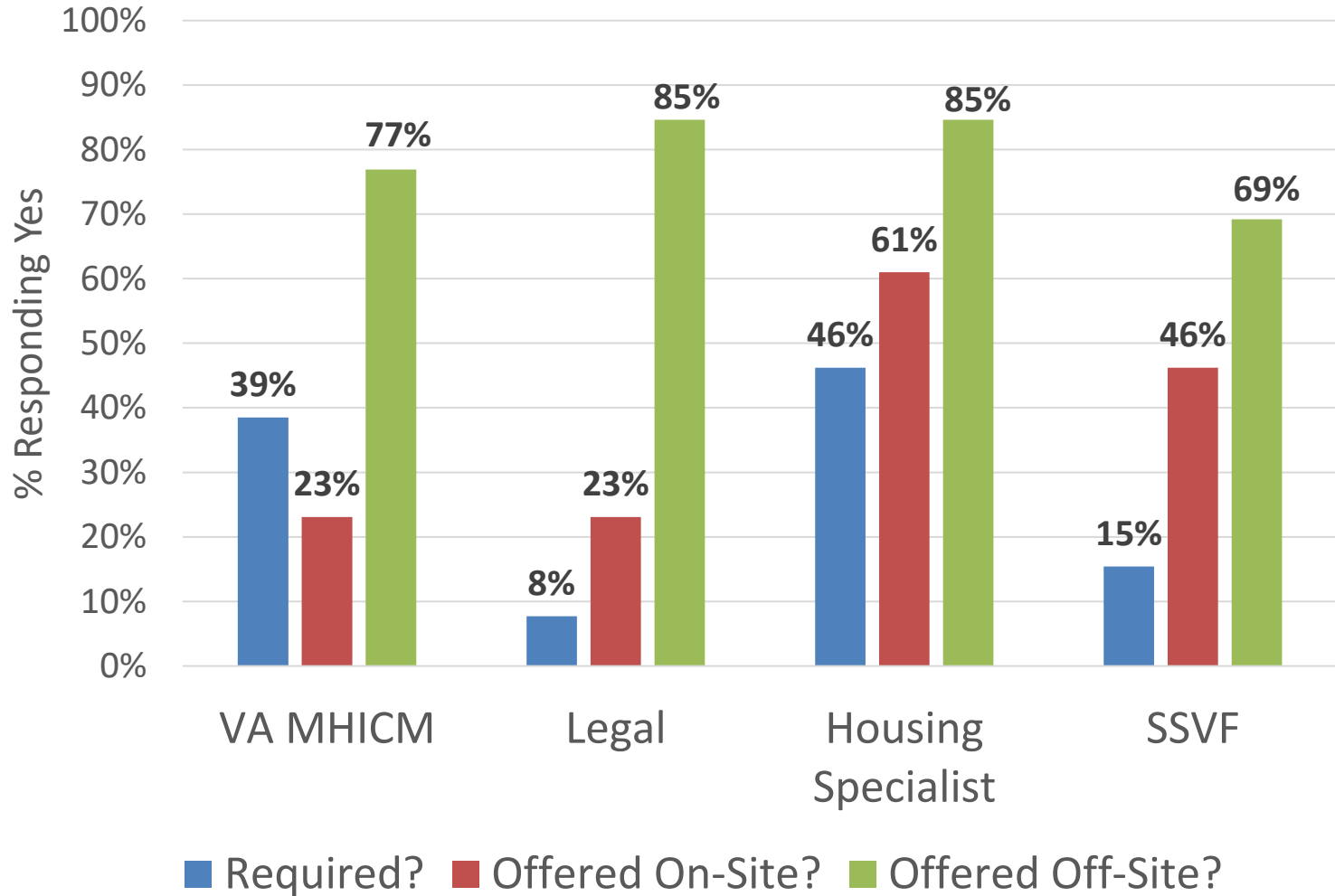
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Veteran Services, Part 3 of 3: Established Programs



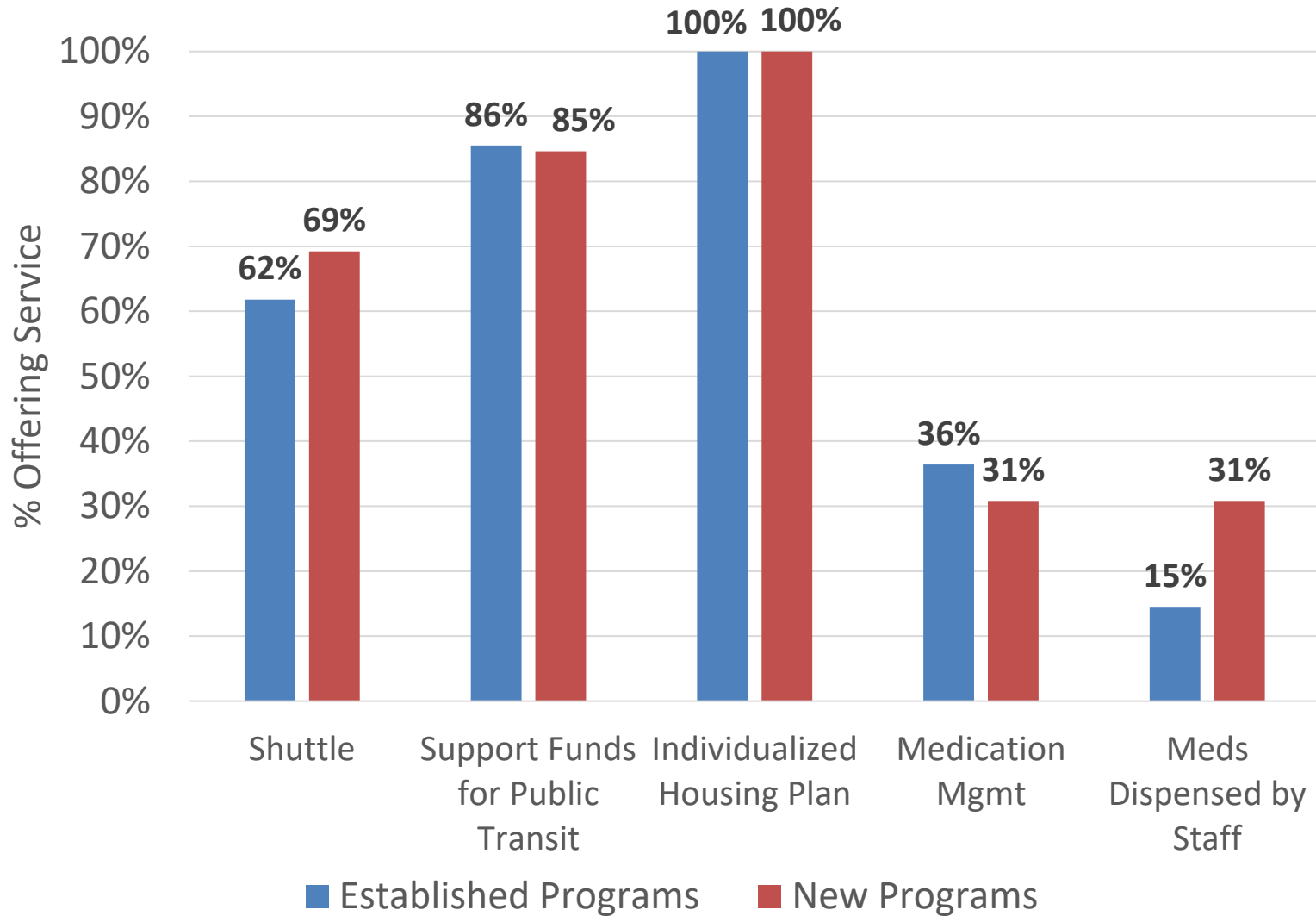
Information based on completed surveys from **55 Established programs**. 26

Veteran Services, Part 3 of 3: New Programs



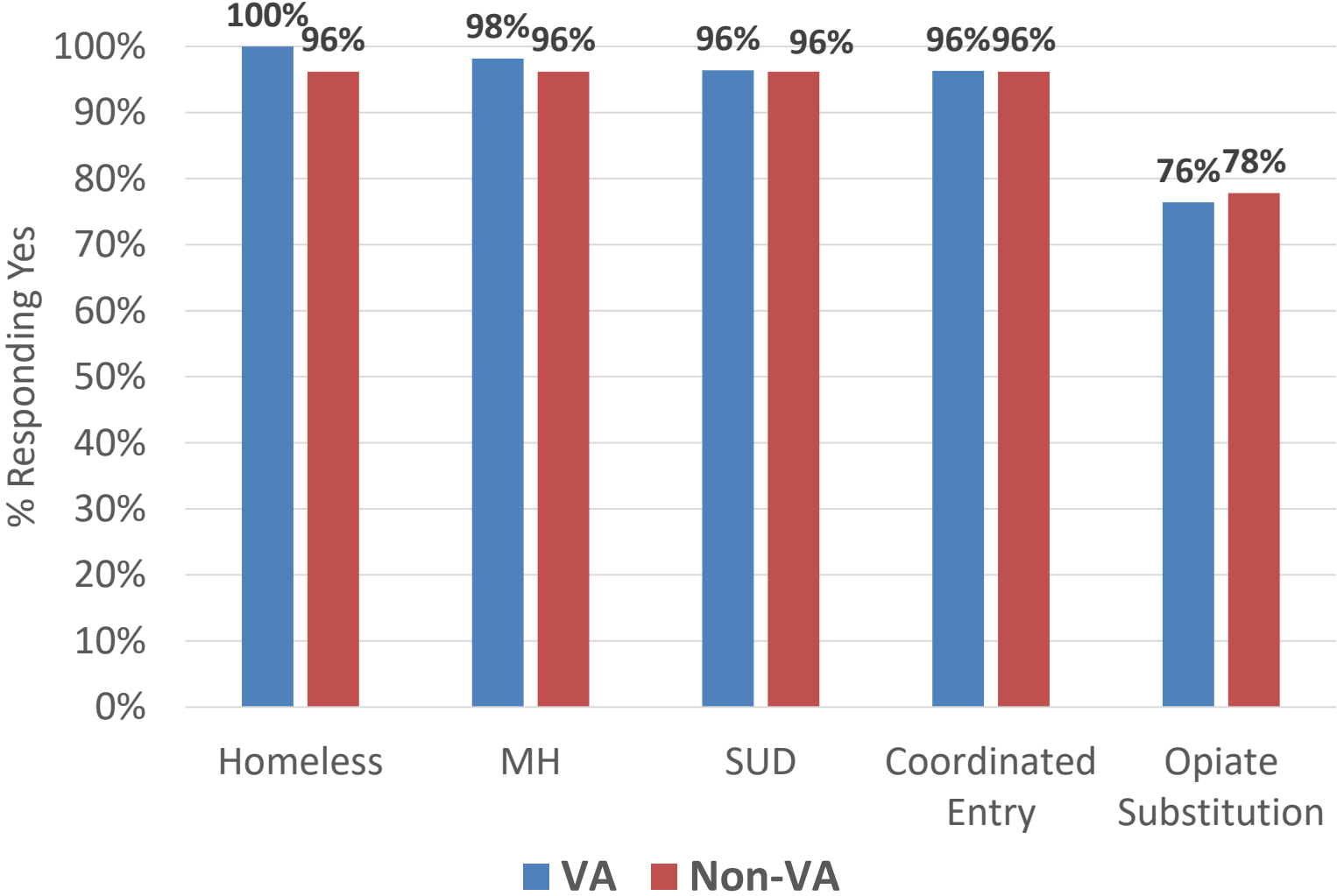
Information based on completed surveys from **13 New programs**.

Additional Service Offerings



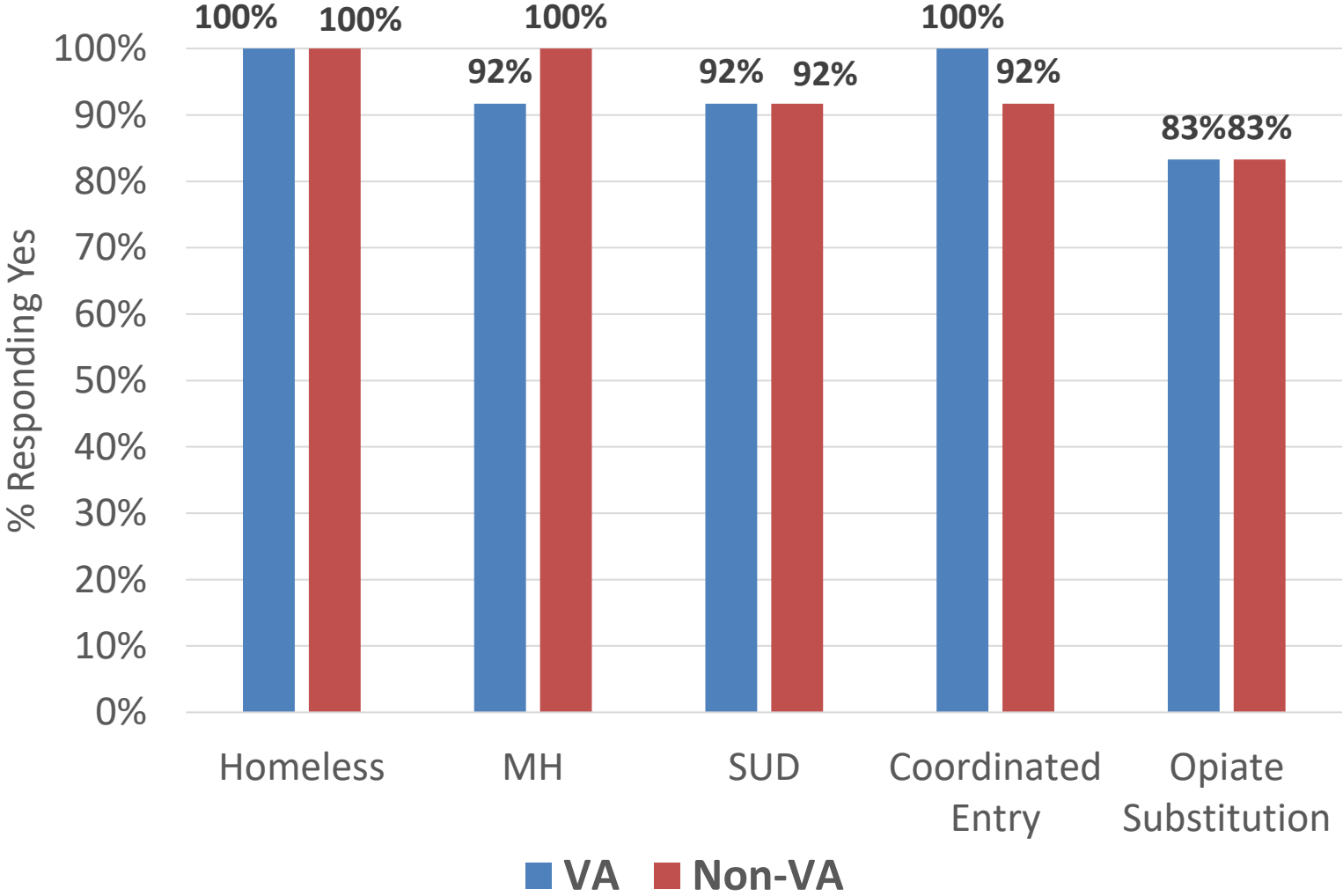
Information based on completed surveys from **55 Established and 13 New programs.**

Current Service Offerings, Part 1 of 2: Established Programs



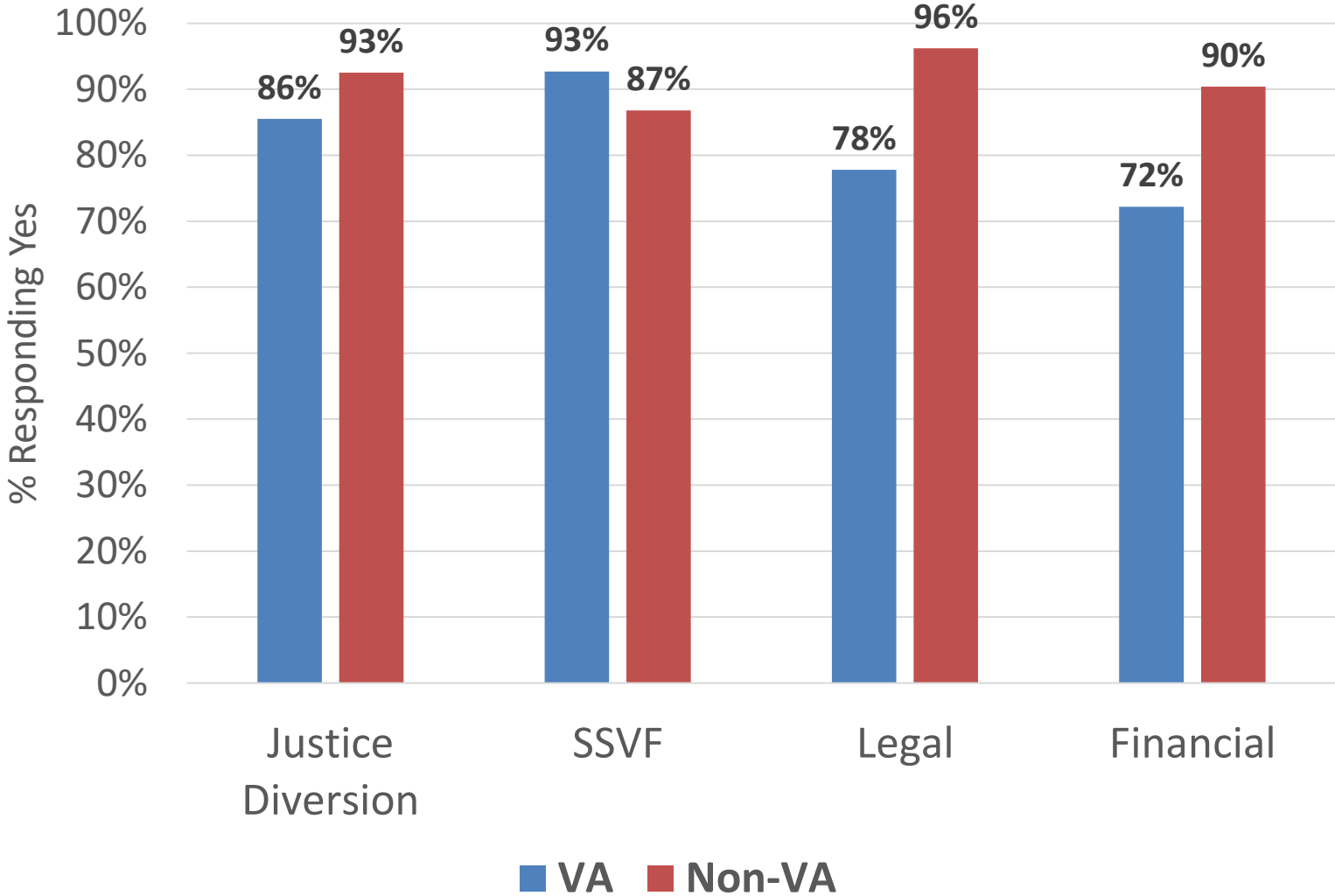
Information based on completed surveys from **55 Established programs.** 29

Current Service Offerings, Part 1 of 2: New Programs



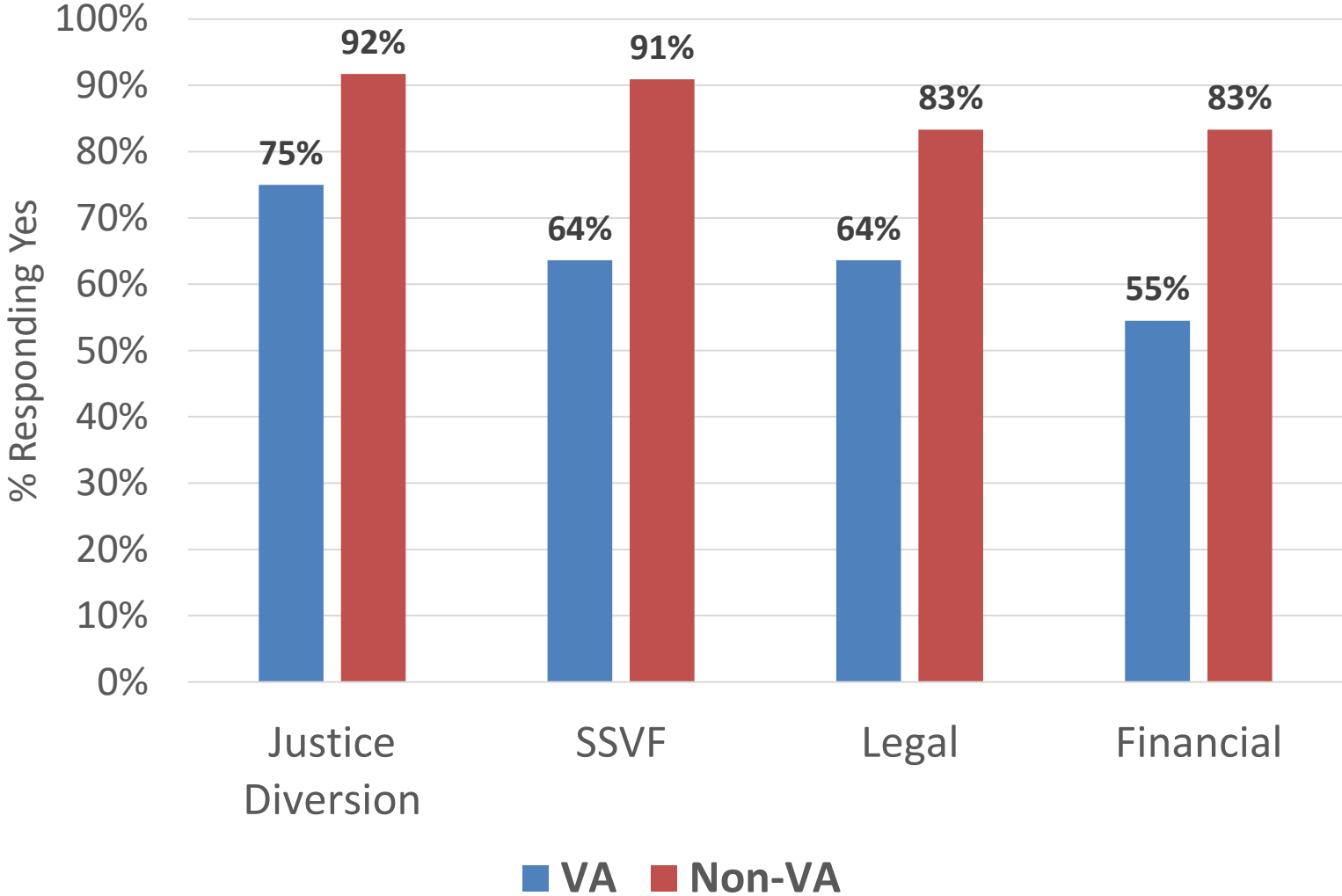
Information based on completed surveys from **12 New programs**.

Current Service Offerings, Part 2 of 2: Established Programs



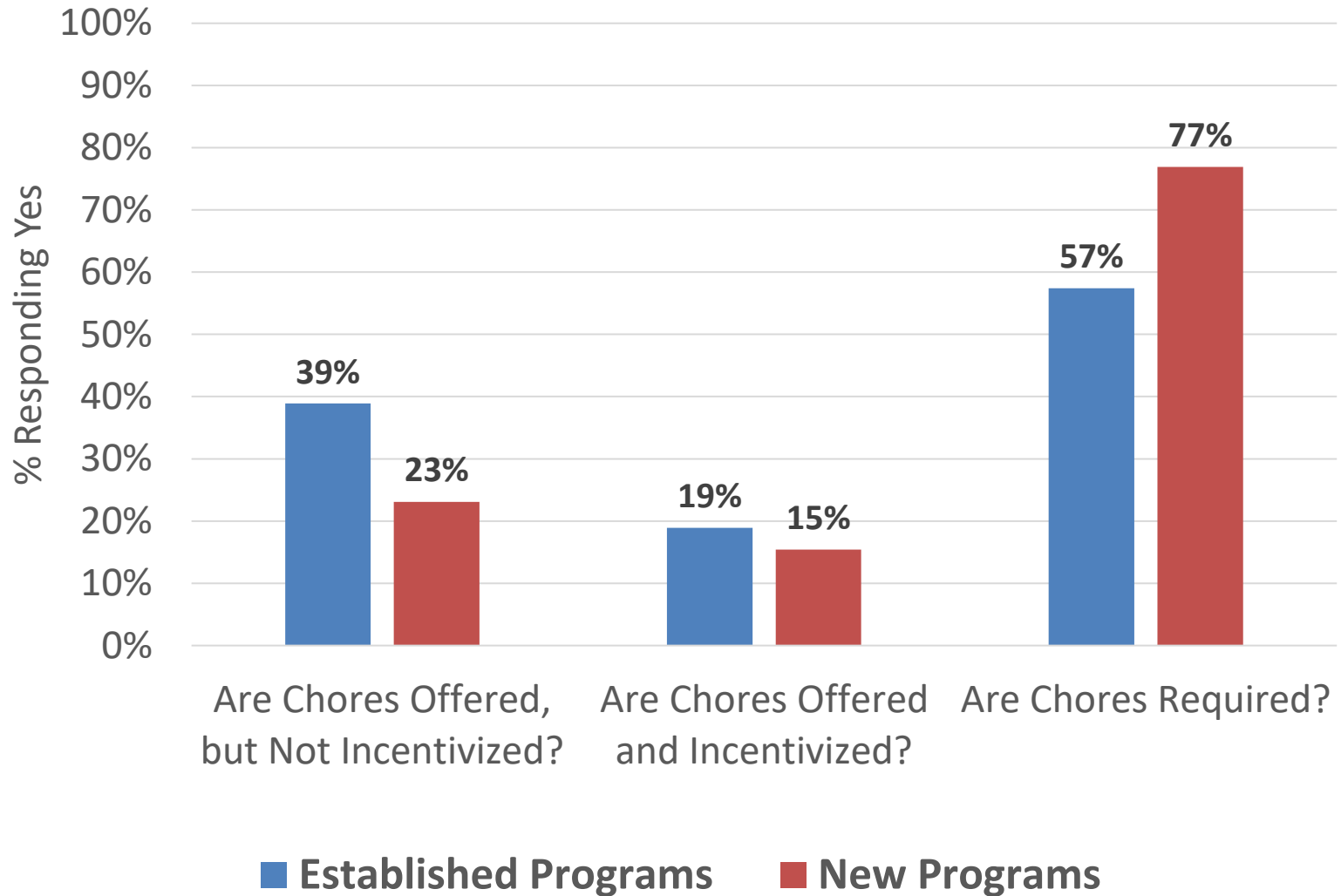
Information based on completed surveys from **55 Established programs.**

Current Service Offerings, Part 2 of 2: New Programs



Information based on completed surveys from **12 New programs**.

Chores



Information based on completed surveys from **54 Established and 13 New programs.**



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Questions? / Discussion