



Transitioning a Traditional GPD Program to Low Demand GPD

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Overview

- Examination of Zero Tolerance Policies
- Tailoring Rules, Policies, and Procedures for Veterans in Early Recovery
- What Rules Should a Low Demand Program Have?
- Curfews, Contraband, Visitors, and Monitoring Comings and Goings
- Breathalyzers and Drug Screens?
- When Can Staff be Flexible, and When Must Staff Be Firm?
- Grouping Low Demand Residents Together
- Explaining the Program to Your Other Residents
- Explaining the Program to the Local VA and the Community
- Structure of Low Demand GPD TA



First Thing First: Examination of Zero Tolerance Policies

- Review policies that call for dismissal of residents for infraction of rules, relapse, or unacceptable behavior
- These incidents are NOT ignored, but seen as need for the staff to engage the resident
- The review of policies and procedures about zero tolerance should be conducted with all facility staff engaged in resident care
- Make sure all staff are aware of this and onboard



Tailoring Rules, Policies, and Procedures for Veterans in Early Recovery

- Early recovery interventions stress importance of carefully assessing behavior and developing FLEXIBLE alternatives for intervention IN COLLABORATION with the resident
- A guiding principle in early recovery - **Resident Change Comes in Very Small Steps**
- This model works calls for staff working collaboratively with residents. Interventions work best when staff collaboratively develop an intervention approach, often using morning huddles, with clear communication to staff on all shifts



What Rules Should A Low Demand Program Have?

- Low Demand does NOT mean there are no rules
- Resident rules should be kept to a minimum, but expectations should be high
- Rules should focus on staff and resident safety
- Rules that apply to all Low Demand Programs
 - *No dealing or use of illicit drugs in the facility*
 - *No buying, selling, or use of alcohol or drugs in the facility*
 - *No sexual activity between residents*
 - *No violence or threats of violence*
- **Some** rule violations may call for dismissal



Curfews, Contraband, Visitors, and Monitoring Comings and Goings

- Curfews – most Low Demand Programs have curfews
- Contraband – most Low Demand programs do some form of contraband checks:
 - At entrance
 - Periodic locker and personal space checks
 - Amnesty boxes are used in many Low Demand programs
- Visitors – most Low Demand programs have visitation rules
- Check in and check out procedures- nearly all Low Demand programs have sign in/sign out or similar procedures to monitor resident comings and goings

Low Demand Programs Rarely Discharge Residents for Rule Violations of Curfews, Contraband, Visitor Policy, and Check In/Check Out



Breathalyzers and Drug Screens?

- Drug and alcohol testing is generally discouraged in Low Demand programs
- When drug and alcohol testing is conducted in Low Demand Programs, the participation in and results of testing are used **for assessment purposes only** and are **not used as a basis for removal** from the program



When Can Staff be Flexible, and When Must Staff Be Firm?

- Minor infractions and relapse should be managed as flexibly as possible with the incidents used as opportunities for resident engagement
- Safety and issues involving violence usually call for harsher interventions and sometimes discharge
- Striking a balance with regard to flexibility and firmness should always be achieved by seeking consensus on appropriate next steps through team discussion



Grouping Low Demand Residents Together

Low Demand programs operating different program models are Strongly Encouraged to group Low Demand residents together.

There is often a separate wing or floor designed for Low Demand residents, and it is ideal if this can be located near staff offices for more frequent engagement and oversight.

- Fosters a supportive community among Low Demand residents
- Reinforces the rule differences
- Minimizes potential disruption to other Veterans in sobriety-based programs



Explaining the Program to Your Other Residents

- Tell your other residents about Low Demand programs, how the rules differ, their target population, and why Low Demand programs are necessary for some individuals
- Addressing other residents' concerns about the Low Demand program's effect on their sobriety
- Transferring Veterans who relapse in sobriety-based programs into a Low Demand program is not recommended unless a clinical assessment is conducted and indicates that the resident is better suited for a Low Demand program



Explaining the Program to the Local VA and the Community

- Liaisons: Take a leadership role in explaining the Low Demand Program to your medical center staff who will be providing care for the program residents. This should include mental health and substance use staff.
- Liaisons and Program Staff: Take a leadership role in explaining the program to your community partners, especially the type of clients that you are targeting.
 - Also let neighbors know and ask them to call you first instead of the police, unless there is an immediate safety threat



Structure of Low Demand GPD Technical Assistance

- Conducted in Microsoft Teams on 1st and 3rd Tuesdays monthly
- 1st Tuesdays for program and VA staff from ALL Low Demand GPD programs
- 3rd Tuesdays devoted to reviewing Low Demand basics with:
 - Staff working with programs new to Low Demand GPD
 - New staff working with experienced Low Demand GPD
 - All other interested Low Demand GPD VA and program staff
- All materials and info will be distributed to entire list via email and Teams invitations



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Questions? / Discussion