

Harm Reduction Housing Programs: Principles, Practices, and Programs

M. Scott Young, PhD
Research Associate Professor
University of South Florida

Paul Smits, LCSW
Senior Policy Analyst
University of South Florida

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VA NATIONAL CENTER ON HOMELESSNESS AMONG VETERANS

Promoting data-driven, evidence-based solutions to end Veteran homelessness



**UNIVERSITY of
SOUTH FLORIDA**

Presenters



Scott Young, PhD, is Research Associate Professor in the Department of Mental Health Law and Policy at University of South Florida. His research examines homelessness, mental health, and substance use policy issues. His current work examines: 1) alternatives to incarceration for individuals with behavior health challenges and 2) implementation of Low Demand housing models based on harm reduction principles for homeless individuals who cannot, or will not, cease substance use.



Paul Smits, MSW, is currently a policy analyst based at the University of South Florida. In his work with the VA National Center on Homelessness among Veterans (NCHAV), he is currently guiding model development activities of several homeless programs. His area of expertise includes development and implementation of Low Demand/harm reduction programs that include Safe Haven Programs, Housing First, Low Demand Homeless Domiciliary, and Grant and Per Diem Programs.

Agenda

- Background on Harm Reduction Housing Programs
 - Why Evolved, Terms, Why Need Them, History, Evidence in VA
- Targeting Individuals Who Need These Programs
- Core Values
- Common Misconceptions
- Program Development Considerations
 - Staff Training & TA, Special Planning Considerations, Best Practices, Transitioning from Traditional Model to Harm Reduction Housing Program
- Implementation Within VA
 - Fidelity & Outcomes Monitoring, Brief Review of Outcomes, NCHAV Support
- Relationship to Unsheltered Homeless Initiative

Why Low Barrier, Low Demand, Harm Reduction Homeless Programs Evolved

History of Homeless Programs

- Early programs were heavily influenced by Elizabethan Poor Law which categorized homeless citizens as “deserving and undeserving”
- A pervasive belief that the only way to end a person’s homelessness was through achieving sobriety, absence from drugs, and full compliance with care
- Early programs required sobriety, abstinence from drugs, and full compliance with care for substance use and mental health for admission and for continued stay
- In the 1990s new homeless programs evolved based on research evidence that some people who were homeless would not or could not meet these requirements, but could be successfully provided services to end their homelessness

Terminology: Let's Start with Harm Reduction

Harm Reduction: Practices Designed to Reduce Net Harms

- Wide range of harms
 - Examples: Incarceration, overdose deaths, disease transmission and unwanted pregnancies
- Diverse set of practices ranging from conservative to extreme
 - Examples: overdose kits, needle exchange, drug/fentanyl testing kits and supervised injection rooms or consumption sites
- VA's harm reduction housing programs provide supportive housing and rely on selected harm reduction practices that minimize health and social effects of risky behavior.

Terminology: Now onto Low Barrier & Low Demand

Both Low Barrier and Low Demand housing programs incorporate some, but not all, harm reduction principles.

Low Barrier Housing Programs

- Work to reduce or eliminate program admission requirements, obstacles and barriers
- Focus on minimizing “housing readiness” issues
- Minimize both resident- and system-level obstacles
 - Resident Example: Do not require sobriety or compliance with treatment for admission.
 - System Example: Minimize delay between eligibility screening and admission.

Terminology: More about Low Demand

Low Demand Housing Programs

- Work to reduce or eliminate requirements, obstacles and barriers to continued stay
- Focus on minimizing day-to-day resident demands
 - Low Demand is not No Demand
- Have rules, but they focus on safety
- Minimize both resident- and system-level considerations
 - Resident: Do not require sobriety or compliance with treatment for continued stay.
 - System: Keep bed open for a limited amount of time after absences without leave (AWOLs) in the hopes that the resident returns.

Common Features of Harm Reduction, Low Barrier, and Low Demand Housing Programs

- All are community-based early recovery models.
- All serve hard-to-reach and hard-to-engage chronically homeless individuals with severe mental illness and/or substance use disorders.

Why We Need Low Barrier and Low Demand Harm Reduction Housing Programs

- Some homeless individuals cannot, or will not, be able to attain sobriety, be abstinent from drugs or be compliant with medical, substance use, or mental health care for entrance to a homeless program or for remaining in a homeless program or permanent housing.
- But they can be successfully housed in these homeless programs and be engaged in wraparound services that will help end their homelessness.

History of Harm Reduction Housing Outside of VA

- The early harm reduction homeless programs were called Safe Havens
- First Safe Haven opened in 1984 (Privately Funded)
- 1992 Amendments to McKinney-Vento Homeless Assistance Act authorized federal funding of Safe Havens
- McKinney-Vento Act defined Safe Havens as *a form of supportive housing that serves hard-to-reach homeless persons with severe mental illness who are on the street and have been unable or unwilling to participate in supportive services*.
- McKinney-Vento Act specified:
 - 24-hour residence for eligible persons who may reside for unspecified duration
 - Private or semiprivate accommodations
 - Overnight occupancy limited to 25 persons
 - Low Demand services and referrals
 - Supportive services to eligible persons

Two of VA's Harm Reduction Housing Model Development Initiatives

VA has developed and implemented the following two models that provide transitional supportive housing services based on harm reduction principles.

VA Safe Haven Program

- A Health Care for Homeless Veteran (HCHV) Program that contracts with community-based providers for Safe Haven Care
- Model Development Initiative launched in 2010

Grant and Per Diem (GPD) Low Demand Program

- GPD Program that provides per diem payments to community providers to implement and provide Low Demand supportive transitional housing
- Model Development Initiative launched in 2015

Evidence Supporting Harm Reduction Housing Principles and Programs in VA

GPD: Schinka, Kaspro, Casey, & Rosenheck (2011)

- 3,188 GPD admissions and discharges 2003-05
- Compared 49 programs requiring sobriety at admission to 59 programs without requirement
- “Sobriety on program entry is not a critical variable in determining outcomes for individuals in transitional housing”

Evidence Supporting Harm Reduction Housing Principles and Programs in VA

U.S. Department of Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH): Tsai, Kaspro, & Rosenheck (2014)

- 29,143 homeless Veterans in HUD-VASH
- Compared Veterans without substance use disorder (SUD) to those with SUDs
- Controlling for differences between groups at baseline, there were no differences in housing outcomes
- All groups experienced improved Global Assessment of Functioning (GAF) scores, quality of life and housing
- “Despite strong associations between SUD & homelessness, HUD-VASH program is able to successfully house homeless Veterans with SUD”

Targeting Individuals Who Need Harm Reduction Housing Programs

VA's Programs Target:

- *Chronically homeless* with mental illness and/or substance use problems in the early stages of recovery.
- Individuals who have not been successful in traditional programs.
- Individuals who cannot, or will not, be fully compliant with the rules of a traditional homeless program or who cannot, or will not, abstain from alcohol and drugs.

Are Harm Reduction Housing Programs for Everyone?

- No! Most homeless individuals are well served by programs that have sobriety and compliance with treatment requirements. Abstaining from drugs and alcohol and being compliant with care has helped many homeless individuals end their homelessness.
- Harm Reduction Housing programs are an alternative for homeless individuals who have difficulty with those requirements.

Core Values of VA's Harm Reduction Housing Programs

- **Do Not** require sobriety or compliance with treatment as a condition of admission or continued stay.
- Demands are kept to a minimum.
 - Example: Low Demand is not No Demand
- Environment of care is as non-intrusive as possible.
- Trauma-Informed environment of care
- Rules focus on staff and resident safety.

- Client episodes of intoxication, substance use, compliance problems and rule infractions are seen as opportunities for client engagement but NOT to discharge or impose sanctions.
- Punitive responses to infractions are avoided.
- Clients are engaged in harm reduction strategies with a primary focus of attaining and maintaining their housing.
- Model is based on acceptance that not all mental health and substance use problems can "be fixed."

Common Misconceptions about VA's Harm Reduction Housing Programs

- There are no rules.
- Infractions and problems are ignored.
- Relapsing residents will cause others to relapse.
- Because residents may not face punitive consequences for relapse or problem behaviors, they have no incentive to change.
- Harm reduction housing programs have little structure, programs or therapeutic intervention programs.
- Harm reduction housing programs are dangerous places to work.

Skills Sets Needed by Staff

- Flexibility and adaptability
- Working knowledge of stages of change
- Working knowledge of principles of trauma-informed care
- Experience with motivational interviewing
 - Be encouraging but not insisting
 - Meet client where they are (pre-contemplation)
- Leave the rules of a sobriety-based program behind.
- Use relapses and infractions as opportunities for engagement.
- Patience and working with the client's recovery in very small steps
- Tolerance to minor infractions of rules (curfew, etc.)

Special Considerations for VA's Harm Reduction Housing Programs

- Size (typically 20 beds or less)
- Location
- Physical separation from sobriety-based programs
- On site staffing 24/7 at same location as residents
- Resident orientation to the program, designed to set the expectations
- Monitoring comings and goings
- Management of introduction of contraband

- Case management is highly encouraged.
- Mental health and substance use treatment are optional but encouraged.
- Integration with sobriety-based programs:
 - How do I explain the rules of this harm reduction housing program to residents in other programs?
 - Modifying Standard Operating Procedures and Rules for the harm reduction housing program
 - Low Demand and Zero Tolerance Policies
- Develop housing plan versus treatment plan

- Safe medication practices
- Management of clients who return impaired
- AWOLs and continuous engagement
- Management of violence and threats of violence
- Handling introduction of drugs and alcohol
- Introduction of weapons
- Amnesty boxes
- Staff training and support

VA's Harm Reduction Housing Program Best Practices

- Incorporate Safe Rooms / Sober Lounge observation areas.
- Use Amnesty Boxes for contraband management.
- Empower residents.
- Incentivize participation.
- Utilize peer support / mentoring during orientation.
- Give residents a voice (e.g., resident council, community meetings).

VA's Harm Reduction Housing Program Best Practices



Providers' Experiences with Safe Rooms: Why Were They Created?

- Response to aggressive behavior, intoxication or drug induced behavior at the facility
- Effort to minimize disruptions
- Alternative to police involvement; deterrent to police contact
 - Motivation of program staff and administration
- Desire to increase retention rates

Providers' Experiences with Safe Rooms: What is Their Purpose?

- To ensure client safety
- To monitor client health and behavior
- To provide private area for recovery from substance use, medication effects or unmanageable emotional distress
- To provide a private space for any client needing it

Amnesty Boxes allow residents to safely dispose of contraband. They are usually positioned at the program entrance to remind residents of their responsibilities for maintaining safety.



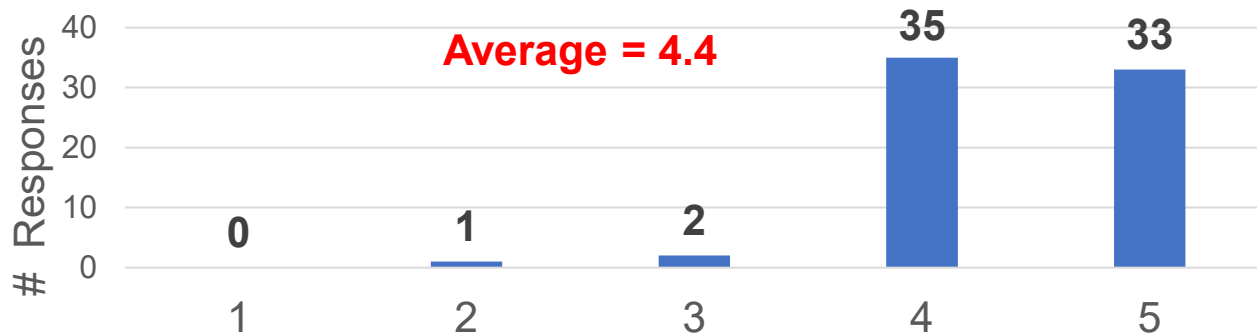
Transitioning from a Traditional Model to a Harm Reduction Housing Program

- Conduct a comprehensive review **with staff** of all facility “zero tolerance policies.”
- Train staff on core values.
- Train staff on engagement, motivational interviewing, de-escalation, and harm reduction interventions.
- Review all resident incidents with staff and solicit input on how to best manage them using a reasonable harm reduction approach.
- Participate in TA with a peer group of other providers experienced with the model and those transitioning to it.
- *Be patient - most programs talk about a one-year learning curve.*

Annual Fidelity Review

- Fidelity to VA's harm reduction housing model is measured annually by the NCHAV, USF, and National GPD Office using surveys.
- Each program's key staff participate in the reviews.
- Aggregate results are reviewed and shared with all sites.
- Programs are encouraged to use the results to inform program adjustments.
- Results are used to foster discussion and guide TA.
- Results indicate that programs are adhering closely to the model, though there is variability.

Item Response Frequencies and Average Score Overwhelmingly Indicate That Staff Feel Like They Work in a Safe Environment Most or All of the Time.



	1	2	3	4	5
SAFE ENVIRONMENT Staff feel their work and what they are asked to do is in safe environment	Almost Never	Some of the Time	About Half the Time	Most of the Time	All of the Time

82 programs were invited to participate, 71 responded.

Grant and Per Diem Low Demand / Harm Reduction Model

- Currently, the GPD program has 327 grants with 82 Low Demand programs nationwide.
- In FY22, over 1,800 Veterans were served by Low Demand GPD sites.
- FY22 Homeless Scorecard Performance Measure Data:
 - 61.7% of Low Demand GPD Veterans successfully discharged to permanent housing, exceeding the target goal of 60% for this model.

Health Care for Homeless Veterans Residential Services: Low Demand Safe Haven (LDSH) Harm Reduction Model

- Currently, VA has 21 LDSH sites nationwide.
- FY22 Data Indicate:
 - Close to 1,000 Veterans were served by LDSH sites.
 - Close to 500 Veterans successfully completed the program and secured permanent housing.

NCHAV Support for VA Harm Reduction Housing Model Development Programs

- Staff and provider training on VA's Harm Reduction Housing Program Model (8 Sessions)
- Technical Assistance via bi-monthly Microsoft Teams calls
- Individual consultation and support
- Annual fidelity review process

Low Demand / Harm Reduction Programs and the VA Initiative to Address People Experiencing Unsheltered Homelessness

- People experiencing unsheltered homelessness tend to have multiple episodes of homelessness and tend to be untrusting of staff and agencies that are trying to help them.
- The Low Demand / Harm Reduction Program Models are ideally positioned to provide outreach and services to people experiencing unsheltered homelessness.

Thank you for joining us.

Questions?

Comments?

For additional information, contact Scott Young (syoung1@usf.edu) and/or
Paul Smits (psmits@usf.edu).