

# Harm Reduction Housing Programs: Principles, Practices, and Programs

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

## History of Homeless Programs

- Early programs were heavily influenced by Elizabethan Poor Law which

## Harm Reduction: Practices Designed to Reduce Net Harms

# 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



- 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

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- 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



## 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:

- Individuals 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.



- 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.
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## 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.

- 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-

## Special Considerations for VA's Harm Reduction Housing Programs

- Size (typically 20 beds or less)
- Location
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- 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
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- 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



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.

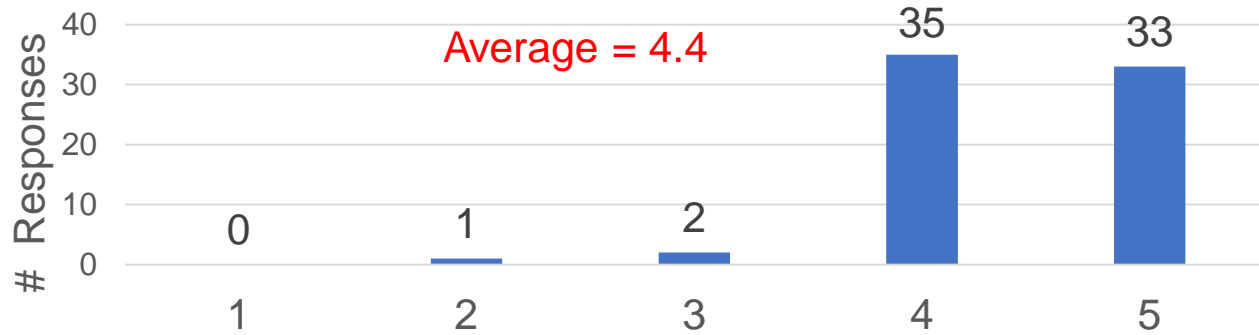


## Transitioning from a Traditional Model to a Harm Reduction Housing Program

- 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.
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- 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,

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
<b>SAFE ENVIRONMENT</b> 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?

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