Low-Barrier Shelter: Policies into Practice

MARCH 2024

INTRODUCTION: Low-barrier shelters aim to provide shelter to individuals experiencing homelessness by using a harm reduction approach and removing or diminishing barriers to entry and continued residency. The model is particularly important for people who use drugs because they are often not served by traditional shelter models.

What Is a Low-Barrier Shelter?

- ✓ Low-barrier shelters focus on meeting people where they are and providing support around their identified goals;
- ✓ work to remove or diminish historical barriers to shelter entry, such as sobriety or identification requirements, strict curfews, and complex referral or intake processes; and
- ✓ aim to make remaining in the shelter easier by informing guests of the policies and requirements around safety and the process of addressing issues, should they arise, with the goal of discharge from the shelter used only as a last resort.

Low-barrier shelter models vary widely, but all work to respond to their community's unique needs and engage in ongoing program assessment to identify areas for improvement.

Components of a Low-Barrier Program: Policies and Procedures

The following policies and procedures are frequently identified as opportunities to decrease barriers to entering and remaining in a shelter. While policies provide overarching guidance for how a low-barrier shelter is run, it is within a shelter's day-to-day procedures that these policies are operationalized.

- **Intake:**
  - Policy Goal: The intake process is as simple as possible.
  - Procedure Examples
    - Entry to the shelter does not require identification, background checks, a lengthy application, or sobriety. People can present to the shelter at any time for shelter intake, provided beds are available.
    - Referrals are either not required or are provided through a process that facilitates quick shelter entry and addresses barriers such as transportation to the shelter.
- **Curfews and Bed Retention:**
  - Policy Goal: Eliminate strict and early curfews and policies that result in losing a bed or shelter residency after missing one night, which works to reduce barriers experienced in traditional shelter settings.
  - Procedure Examples
    - Low-barrier shelters use later or more flexible curfew policies (i.e., policies determining when a resident needs to be inside the shelter). They may even remain open 24 hours a day, allowing people to sustain employment and relationships and engage in other activities that are important to them. Most importantly, flexible curfews respect people's unique circumstances and autonomy.
    - Low-barrier models often also allow 3–5 missed days before discharging a person. This increases the likelihood of continued residency and provides continuity while balancing the need to make bed space available to others in need.
- **Safety:**
  - Policy Goal: The safety of all residents and staff remains paramount in low-barrier shelter settings. Shelter policies ensure that residents are informed of safety policies at admission and that this information is reinforced as needed. Low-barrier shelters work to decrease intrusive searches of belongings while maintaining safety standards.
  - Procedure Examples
    - Although weapons are not allowed on shelter premises, it is recognized that people experiencing homelessness have concerns about safety outside of the shelter and may carry weapons for self-defense.
    - Instead of searching a person's belongings, shelters may use amnesty boxes, conduct spot checks of the sleeping areas, and use metal detectors to ensure that weapons and other prohibited items are not present.
      - Amnesty boxes or lockers are typically located at the entrance to the shelter and allow guests to securely store items that are not allowed in the shelter, such as weapons or drug-use supplies.

- Verbal and physical altercations can also impact the physical safety of residents and staff. Low-barrier shelter staff are trained in de-escalation and when to intervene verbally versus calling law enforcement for support.
- Some shelters may employ security staff, provided they receive the same training as all shelter staff, including trauma-informed care, and be familiar with the shelter's low-barrier and harm-reduction philosophy.

- **Substance Use and Overdose Prevention and Response:**
  - Policy Goal: Shelters need to have plans in place and adequate staff training to prevent and respond to an overdose and to manage behavioral and behavioral health concerns related to substance use.
  - Procedure Examples
    - Access to low-barrier shelter is not contingent upon abstinence from substance use. Although there are currently no shelters in the United States that allow substance use on site, low-barrier shelters do allow entry to individuals who are under the influence of substances.
    - Overdose prevention supplies, most importantly naloxone, should be located throughout the building in clearly marked and easily accessible locations to all individuals, not only staff.
    - Overdose response training is provided to all staff and offered to shelter residents.
    - Sharps containers are located throughout the building. Although policies prohibit substance use within the shelter, if people use syringes for other medications, having sharps containers ensures safe disposal and prevents potential sharps injuries.
    - Safety checks and monitoring are implemented as standard practice for all residents with the aim of preventing overdoses and achieving safety; they are not designed to result in disciplinary action. Safety checks might include the following:
      - 15-minute bed checks, especially when facilities have non-congregate sleeping arrangements
      - 5-minute check-ins for the bathroom or shower
      - Reverse motion detectors that go off when doors are locked but motion is not detected for 3–5 minutes
      - Monitoring who is in or out of the building at any given time (this is especially important in settings that are open 24 hours)

- **Referrals and Other Supports:**
  - Policy Goal: Low-barrier shelters do not require that residents engage in treatment or other shelter activities, but a range of supports is provided. This includes referrals or direct provision of medical care, behavioral health care, substance use treatment, housing support, and other needed services.
  - Procedure Examples
    - Onsite supports and resources are designed to make a person's stay in a shelter rare and brief. These should include the following:

- Obtaining identification documents
- Legal assistance
- Job training and employment support
- Housing support and navigation
- Transportation support
- Access to mainstream benefits (e.g., SSI/SSDI, VA benefits, TANF, SNAP)

↘ Integrated health care helps address immediate health concerns, furthers the goals of reducing harms related to substance use, and creates opportunities to build relationships and establish regular health care. Ideally, services are provided onsite by an outreach or street medicine team or embedded clinics within the shelter. If these resources are unavailable, referrals can connect individuals with health care.

↘ Behavioral health services should include access to medications for opioid use disorder and mental health treatment that may also include medication.

Logistics and Space

Low-barrier shelters should also consider policies and procedures around logistics and space to ensure that they create a welcoming and inclusive environment and reduce barriers to entry.

- **Guests of Shelter Residents:** Monitoring the presence of guests is important for the safety of staff and shelter residents. Programs differ on guest policies; having and communicating specific policies is imperative. Some programs do not allow any resident guests, whereas others may have an approved guest list and policies related to visiting times.
- **Couples:** Many people do not use a shelter because they want to stay with a partner and cannot do so in gender-segregated shelter settings. Challenges around stigma and traditional shelter policies excluding couples can also affect same-sex and gender-non-conforming couples. Some low-barrier shelters have couples' accommodations to address this need; an example is Progress Haven in Philadelphia, Pennsylvania.
- **Pets:** Pets are another reason that people do not access a shelter. Some low-barrier shelters have kennel space to accommodate pets, allowing their owners to stay in the shelter and know their pet is safe nearby; an example is Camillus House in Miami, Florida.

Common Challenges

Challenges are inevitable in any service delivery model. Policies and procedures for addressing these challenges in low-barrier shelters are designed to promote autonomy, safety, and continued access to services. What follow are potential challenges and approaches to address them:

Behavior

Common Behavioral Challenges:	More Serious Behavioral Challenges:
• Smoking cigarettes inside or in non-designated areas • Verbal conflicts with other residents • Verbal conflicts with staff • Challenging behaviors related to substance use, such as distress, anxiety, and agitation while under the influence • Not using the shelter for multiple days in a row • Accidental overdose • Mishandling of sharps (syringes) on site (e.g., not using sharps containers)	• Violent behavior with staff or other residents • Serious threats made to staff or other residents • Using substances on site • Selling or buying illegal substances on site

SUBSTANCE USE BEHAVIORS

- **Use of substances on site:** Although low-barrier shelters acknowledge that people may be under the influence of substances on the premises, the use of substances onsite is not permitted and needs to be addressed to prevent future occurrences. It is best to respond from a harm-reduction approach and explore why the use occurred and what may be a workable solution to prevent future incidents. In low-barrier models, a person is not asked to leave the shelter after one occurrence of onsite use, although disciplinary action can include discharge as a last resort for repeated occurrences.
- **Selling illegal substances on site:** The sale of illegal substances on site is not permitted in low-barrier shelter models. Some programs follow a one-strike policy if drugs are sold onsite, whereas others address initial occurrences through collaborative planning with the resident to prevent recurrence. Discharge is used as a last resort if this behavior continues.
- **Intoxication:** When someone is under the influence of any substance, safety must be prioritized for the person who is intoxicated as well as the staff and other residents. A person may also have behavioral health needs during and after their period of intoxication that staff should be trained to address. Staff should be trained to identify overdoses and respond accordingly; they should also be able to support de-escalation and call in medical or behavioral health support when needed.

Learn more about supporting people with substance use disorders:

Supporting People Who Use Methamphetamine Online Course | HHRC [HTML]

Whole-Person Care for Opioid Use Disorder Online Course | HHRC [HTML]

STRATEGIES TO SUPPORT BEHAVIORAL MODIFICATION IN LOW-BARRIER SHELTER SETTINGS

Shelter residents who have difficulty following shelter policies may be offered support through interdisciplinary teams on site; program discharge should be used as a last resort. Behavior modification plans are developed collaboratively with the resident to support the goal of remaining in the shelter. Staff work together with residents to identify why the behavior occurred, when applicable, and employ strategies to avoid repeat occurrences.

- Review the shelter rules and discuss with the resident why the behavior is an issue.
- Plan for alternative means of conflict resolution or support. For example, identify activities the resident can do when frustrated, make a safer substance use plan, and identify a safety plan or support network to call in times of distress.
- Provide referrals to behavioral health support.
- Ensure staff is aware of the resident's triggers or precursors to behavior before the escalation. Plan with staff to identify and name a resident's triggers or precursors to behaviors before they escalate.

Program Discharge: Some shelters use breaks out of the shelter, ranging from 1 hour to several days, as an alternative to discharge, with a path for the person to return based on behavior changes. When safety concerns or other serious issues make discharge necessary, referrals to alternative shelter options are provided whenever possible. Short-term bans from the program should be avoided as much as possible, and lifetime bans should be a last resort.

Trauma-informed approaches and policies support people who are actively using drugs to stay in shelters. Related behavioral issues are addressed collaboratively with the shelter resident rather than resulting in a punitive response or immediate discharge.

Community Concerns

Community members or businesses sometimes express concerns about harm-reduction or low-barrier models. Low-barrier shelter staff and residents have a role in educating the community about the necessity of shelter for all people and the value and success of harm reduction. Communities will benefit from understanding the purpose of low-barrier, harm-reduction-based shelter models and the positive impact they can have on the community.

DISCUSSING THE BENEFITS OF LOW-BARRIER SHELTERS

The following may help address community concerns:

- Low-barrier shelter options provide a safe place for a person to stay while experiencing homelessness. These models help people get off the street, a choice many could not make if no low-barrier options were available. Once the basic need for shelter is met, the resident can work to address their other needs, including permanent housing, health care, employment, and substance use treatment.
- Offering a variety of shelter types increases the likelihood that more people will come inside, which helps decrease unsheltered homelessness. Different types of programs are needed because everyone's needs are different.
- Substance use is a chronic health condition. Withholding services or shelter due to a medical condition will not make that condition go away; rather, it is likely to worsen. Low-barrier shelters give people the opportunity to address their substance use and other health needs in an open and supportive setting.

Supporting Staff

Working in a low-barrier setting can be challenging. Ongoing training and support around harm-reduction practices, self-care, overdose response, and de-escalation techniques are essential to offering successful services and ensuring that staff are supported. Supervision, case conferences, and staff-only spaces to discuss challenges are important. Staff should also be empowered to use their paid time off for self-care and recovery; this will require adequate staff coverage to ensure that all shelter services can continue functioning.

Learn more about staff support and supervision:

Building Resiliency: A Guide for Supervisors of Housing and Health Professionals | HHRC [HTML]

Promoting Self-Care and Resilience Among Supervisees: Infographic | HHRC [HTML]

Self-Care Assessment Tool | HHRC [HTML]

How to Start a Low-Barrier Program

Starting a low-barrier shelter program can feel daunting. Those who have done this work encourage others to start small with changes to existing processes (e.g., changing intake requirements or curfew). It may also be helpful to speak with shelter residents or those currently choosing not to enter a shelter, find out what they perceive as the barriers, and start there.

Resources

Webinars

Low Barrier Shelter Models for People Who Use Drugs | HHRC [HTML]

Webinar Series on Low-Barrier Shelters | National Alliance to End Homelessness [HTML]

Policies and Procedures

Guidelines for Operating Low-Barrier Overnight Shelters | City of Boston [PDF]

Sample Low-Barrier Shelter Policies and Procedures | National Alliance to End Homelessness [PDF]

Grant and Per-Diem/Low-Demand Program Model FAQs | U.S. Department of Veterans Affairs [PDF]

Managing Contraband and Use of Amnesty Boxes in Low-Demand Programs | U.S. Department of Veterans Affairs [Word]

Harm Reduction | National Health Care for the Homeless Council [PDF]

Program Examples

Prevention Point Philadelphia's Beacon House, Philadelphia, Pennsylvania

Camillus House, Miami, Florida

Boston Health Care for the Homeless Program, Boston, Massachusetts

Navigation Center, San Francisco, California

Springs Rescue Mission, Colorado Springs, Colorado

RISE Housing and Support Services, Saratoga Springs, New York

Learn More about the Homeless and Housing Resource Center

Providing high-quality, no-cost training for health and housing professionals in evidence-based practices that contributes to housing stability, recovery, and an end to homelessness.

Contact Us:

- hhrctraining.org
- info@hhrctraining.org

Disclaimer and Acknowledgments: This resource was supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services (HHS) under grant 1H79SM083003-01. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by SAMHSA/HHS or the U.S. Government. The Homeless and Housing Resource Center (HHRC) would like to thank The National Health Care for the Homeless Council for contributing their expertise to this resource.

Recommended Citation: Homeless and Housing Resource Center, *Low-Barrier Shelter: Policies into Practice*, 2024, https://hhrctraining.org/knowledge-resources