



Safe Havens and Homeless Vets

Low Demand/Safe Haven Programs

Paul Smits

Senior Policy Analyst

VA National Center on Homelessness Among
Veterans

Florida Mental Health Institute

University Of South Florida



Why Do We Need New Approaches like Safe Havens?



The Chronically Homeless and Traditional Homeless Programs

- Require sobriety and compliance with TX as a condition of admission
- Require sobriety and compliance with TX as a condition of continued stay



The Low Demand/Safe Haven Model

- Targets chronically homeless with mental illness and substance use problems
- Targets Veterans who have failed in traditional programs
- Does **not** require sobriety or compliance with MH TX as a condition of admission
- Does **not** require sobriety or compliance with MH TX as a condition of continued stay
- Demands are kept to a minimum
- Environment of care is non-intrusive as possible
- Rules focus on staff and resident safety



What? No Rules?



What are the rules?

- No dealing or use of illicit drugs in the facility
- No buying or selling of alcohol or drugs in the facility
- No sexual activity between residents
- No violence or threats of violence



House Rules and Expectations

- Rules are kept to a minimum
- Simple and easily understood
- Focus on safety of residents and staff
- Infractions are used to engage residents



Demands are Minimal But Expectations Are High

Focus on Keeping the Resident Stably Housed



The Four Demonstration Model Programs

- Bedford/Boston
- Bronx
- Philadelphia
- Tampa/Bay Pines

Key Differences in VA's Safe Haven Program

- Program is a Model Development Initiative
- HCHV contract funding authority is used to support the program
- Program has time limits
- Carries the expectation that veterans and their families will transition to permanent housing
- Program effectiveness and fidelity will be measured on an ongoing basis



Are Safe Havens Effective?

- The Ward Family Foundation Study
- Review of 79 Safe Haven Programs
- Identified Best Practices of Safe Havens

- Further Reference:
<http://www.wardfamilyfoundation.org/shp24.shtml>

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Best Practices of Safe Havens

- Smaller is better
- Privacy (private room) is desired by both residents and staff
- Best facilities stayed fully occupied 80% of time



More Best Practices

- **Admission Practices**

- Staff assist residents with admission forms
- Facility allowed trial visits to see if there was a “good fit”

- **Admission Criteria**

- Will not accept unless truly homeless
- Target dually diagnosed chronic homeless
- Targets those who cannot or will not be served by other homeless programs



More Best Practices

- **Services Available to Residents**
 - Case Management Services
 - Mental Health and Substance Abuse Treatment
 - Vocational Services
- ***Services are not a condition of admission or continued stay**



More Best Practices

- **Daily Life**

- Opportunities available for residents to participate in program governance
- Senior residents provide mentoring and positive support to new residents
- Facility provided programs of general interest (sports, cooking classes, birthday parties, etc)
- Facility provided incentives for doing daily chores



Serving the Hard to Serve

- New Models
- New Approaches
- Innovation