



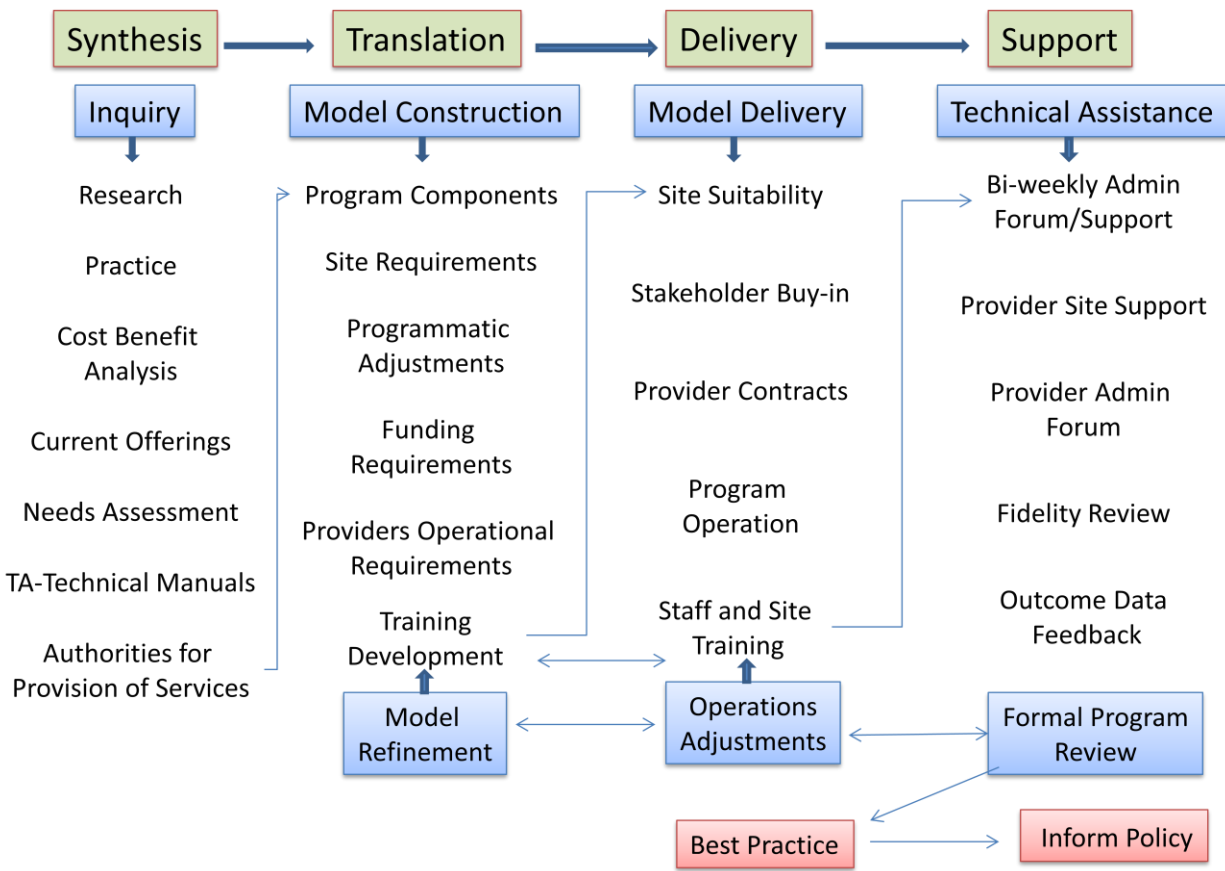
VA NATIONAL CENTER ON HOMELESSNESS AMONG VETERANS

Research-driven solutions to prevent and end homelessness

SAFE HAVENS MODEL: AN IMPLEMENTATION FRAMEWORK

A Safe Haven is a 24-hour/7-days-a-week community-based early recovery model of supportive housing that serves hard-to-reach, hard-to-engage homeless individuals with severe mental illness and substance use disorders. The program places no treatment participation demands on residents but expects them to transition from unsafe and unstable street life to permanent housing and re-engage with treatment services. In July 2010, under the leadership and direction of the VA National Center on Homelessness Among Veterans, the National Homeless Program Office funded four Safe Haven model development projects to develop and implement a model that could be replicated throughout the VA, broadening the agency's homeless continuum of care.

To promote the integration of research findings and evidence into implementation of homeless services policy and practice, the National Center has developed an implementation science framework model. There are four key steps in most implementation science models. The model detailed below summarizes the key steps and processes for implementation of a Safe Haven. The first step begins with synthesis (inquiry), the process of compiling and summarizing information about innovations. The next step is translation (model development), the process of converting scientific knowledge into a practitioner friendly service delivery model. The third step, delivery (model delivery), outlines the specific actions of launching the program in the settings chosen for implementation of the model. The final step, support (technical assistance), details the activities necessary to sustain the model through the process of implementation, refinement, and evaluation of the model. The model is dynamic and interactive, based on the emerging field of implementation science.



SYNTHESIS

Inquiry

Click on link for Safe Haven program specific criteria and process

Research: evidence in peer reviewed or other professional journals or publications that directly references the program model, or components of the model, and discusses process, outcome, utilization, effect, etc.

Practice: discussion, presentation in publications or web that cites the model, or components of the model, practice evidence, or model design.

Cost-benefit Analysis: review of literature or existing program evaluation studies that demonstrate costs associated with program outcomes; and/or those costs associated with similar programs, costs associated with the lack of or ineffective programs, or use of alternative services.

Current Offerings: list, description, or discussion of sites or agencies using the model, or components of the model, and, if available, presentation of effect or impact.

Needs Assessment: formal or non-structured assessment through VA or other agency, or combination, providing evidence of value of implementing model.

Technical Manuals: presentation of the model or components of the model, in publication or web, as implemented under other funding authorities or agencies presenting description of operational specifics for program managers.

[Authorities for Services Provision:](#) public law, directives, manuals, circulars, or other documents to authorize services, including EDMs and other internal documents.

TRANSLATION

Model Construction

Click on link for Safe Haven program specific criteria and process

[Program Components:](#) key program operational principles and components, including intent, population served, course of treatment, outcomes and expected utilization and work load.

[Site Requirements:](#) necessary elements to implement at sites, general and not specific to individual sites, includes requirement specifics but general enough to list for all sites.

[Programmatic Adjustments:](#) modifications of model, moving from 'perfect' model, based on research and practice, to a model that retains core components but satisfies unique aspects of VA or site.

[Funding Requirements:](#) developed based on constructed model, needs assessment, funding availability, and developing site priority – the estimated total for each site and estimated total for all sites, considering start up costs, prorated for implementation date, and possible readjustment of funds once sites are operational.

[Operational Requirements for Providers:](#) recognizes the VA requirements and, if providers are a component of the model, the provider requirements such as education, facility structure, contractual agreements, etc.

[Training Development:](#) based on an assessment of design newness and current knowledge of site management and core staff, the necessary elements in educational curriculum development.

DELIVERY

Model Delivery

Click on link for Safe Haven program specific criteria and process

[Site Suitability:](#) the necessary infrastructure and support, including ability to obtain facility, contract (if necessary), access, feasibility of location within community.

[Stakeholder Buy In:](#) stakeholder commitment, including VA upper, mid, line level staff support as well as community support including political, community provider, continuum, coalition leaders and staff.

[Provider Contracts:](#) (if necessary) the contractual arrangements that providers may have existing or in the past and developing those contracts through processes necessary.

[Program Operation:](#) initial operational challenges and participant impact.

[Staff and Site Training:](#) initial educational scheme, including curriculum and method of delivery, to inform stakeholders through overview, and line level VA and community staff.

SUPPORT

Technical Assistance

Click on link for Safe Haven program specific criteria and process

[Bi-Weekly Admin Forum/Support:](#) bi-weekly calls for management and line staff, VA.

[Provider Site Support:](#) calls with individual sites to address unique challenges.

[Provider Admin Forum:](#) calls with core administration and program leads.

[Fidelity Review:](#) on-site or tele-com reviews of model design through methods developed to determine model adoption and adherence.

[Outcome Data/Feedback:](#) reviews of participant outcomes – meeting, achieving model intent, and effect.

Formal Program Review: on-site reviews by team staff, to review fidelity, outcomes, community integration, participant process and outcome measures.

REFERENCES

[*Click on link for Safe Haven program references*](#)

SAFE HAVENS MODEL IMPLEMENTATION FRAMEWORK DETAIL

SYNTHESIS

Inquiry

Inquiry-Research

- Safe Havens provide an effective link between street homelessness and permanent supportive housing. The Ward Family Foundation (2005) conducted a national survey of 79 Safe Havens, which indicated that Safe Havens effectively engage and retain residents, with more than half of the residents successfully transitioning into some type of permanent housing program. More specifically, approximately 30% of those leaving the Safe Havens exited to affordable permanent housing with both subsidy and supports (permanent supported housing); 13% exited to affordable permanent housing with a subsidy but without supports; and 7% went to affordable permanent housing with neither subsidy nor supports. Although most (72%) of the Safe Havens reported that they did not impose any time limit on length of stay, the average length of stay was 262 days.
- Other large-scale studies also support the effectiveness of offering housing services using a low-demand approach. Schinka, Casey, Kaspro, and Rosenheck (2011) examined whether sobriety at program entry affected outcomes among Veterans in VA Grant and Per Diem transitional housing programs. Data included information from 3,188 Veteran records representing 1,250 housing programs that required sobriety and 1,938 programs that did not. Study outcomes were length of stay, program completion, recidivism to homelessness, housing status, and employment status. Results indicated that sobriety at program entry was not a critical variable in predicting outcomes.
- Leff and colleagues (2009) conducted a meta-analysis of 44 housing programs serving 13,436 individuals. They categorized each program into one of four types: 1) residential care and treatment, 2) residential continuum, 3) permanent supported housing, and 4) non-model housing. The first two models were considered high-demand housing programs, and low-demand programs were classified under the permanent supported housing model. Non-model programs consisted of arrangements with individuals living on the streets, using shelters, or residing in housing that is described simply as part of “treatment as usual.” Although all three housing models achieved significantly greater housing stability than non-model housing programs, low-demand programs out-performed the other types with regard to reduction in hospitalization and consumer satisfaction.
- Researchers at the University of Michigan’s Center for Local, State, and Urban Policy published a Policy Report that reviewed the literature on housing and housing arrangements for homeless populations (Gerber, Haradon, & Phinney, 2008). The report cited 65 articles and technical reports, concluding that low-demand programs demonstrate outcomes pertaining to substance use and participation in mental health services comparable with traditional housing programs that require abstinence and treatment compliance.

Inquiry-Practice

- Safe Havens, initially authorized by the McKinney-Vento Act of 1994 with funding provided by the U.S. Department of Housing and Urban Development’s (HUD) Permanent Supportive

Housing Program, serve dually diagnosed, chronically homeless individuals who are often ineffectively served by traditional homeless programs. A Safe Haven is a 24-hour/7-days-a-week, community-based early recovery model of supportive housing that serves hard-to-reach, hard-to-engage homeless individuals with severe mental illness and substance use disorders. The programs place no treatment participation demands on residents but expect them to transition from unsafe and unstable street life to permanent housing and re-engage with treatment services.

Inquiry-Cost Benefit Analysis

- A review of literature comparing various approaches was conducted to determine cost benefit analysis. A groundbreaking study released in 2001 documented substantial cost savings from community-based care compared to shelters, jails, and hospital beds (Culhane et al., 2001).
- Annual per capita costs of Pathways To Housing, a New York City based Housing First Program, are \$22,500 compared with \$40,000 to \$50,000 for treatment first congregate housing programs, \$85,000 for a jail bed, and \$175,000 for a state psychiatric hospital bed (Anderson, 2005). This research and success with non-VA supportive housing programs influenced the decision to establish a Safe haven program for chronically homeless Veterans.
- Safe Havens allow clients to leave the street more rapidly, reduce their dependence on emergency services, jails, and inpatient psychiatric facilities, and provide support to transition to permanent housing programs like Housing First and HUD-VASH. This substantially reduces cost to the system for their care.

Inquiry-Current Offerings

- In preparation for implementation of the Safe Haven model, VA reviewed its current offerings of housing alternatives for homeless Veterans. This review was a necessary step in the model development process to determine the need for the new program, to determine “fit” with existing programs, and to avoid duplication of programs already offered.
- VA currently provides the following programs that offer permanent, transitional, or temporary residential treatment and respite for homeless Veterans:
 - HUD-VASH: The HUD-VASH program offers permanent housing with case management/supportive services in a joint partnership with HUD. The program targets chronically homeless Veterans and families, and provides the Veterans with placement in permanent housing of the Veteran’s choice thru a Housing Choice voucher.
 - Grant and Per Diem: This grant program provides transitional housing and supportive services to homeless Veterans via grants and per diem payments to non-profit community providers.
 - HCHV Contract Residential Treatment: This VA program provides contract time limited residential
 - HCHV Contract Residential Treatment: This VA program provides contract time limited residential treatment services with community based providers for homeless Veterans. VA operates a Safe Haven model development program for chronically homeless Veterans under the authorities provided for this program.
 - Domiciliary Care for Homeless Veteran Programs: This VA program offers time limited residential treatment services to homeless Veterans. The facilities are usually on the

grounds of the VA Medical Centers and have capacity to provide care for Veterans with mental illness and substance abuse treatment issues.

- A review of the offerings determined that many of the programs did not offer a low demand approach, often required sobriety and compliance with mental health treatment as a condition of admission or continued stay. The review indicated that implementation of a Safe Haven model would provide chronically homeless Veterans with a desirable and needed alternative.

Inquiry-Needs Assessment

- A review of VA's current programs in 2010 found that VA had approximately 46,000 homeless Veterans who were classified chronically homeless.
- Many of these Veterans had difficulty accessing homeless services because of a history of past failures in traditional homeless programs, many of which required the Veteran to be clean and sober for admission or continued stay.

Inquiry-Technical Manuals

- The Center has utilized the Safe Haven Tool Kit Manual, Developing and Operating Safe Haven Programs, developed by HUD and the Substance Abuse and Mental Health Services Administration (SAMSHA) as a guide for both VA and community providers. This tool kit has been very helpful for the VA and provider staff managing the Safe Havens.
- A copy of the tool kit is available at:
<https://www.onecpd.info/resources/documents/SafeHavens.pdf>

Inquiry-Authorities for Provision of Services

- The authority for provision of residential treatment services for homeless Veterans is authorized by Public Law 100-6, passed into law in 1987. The law was broadened later and the VA program authorized by this legislation came to be known as The Health Care for Homeless Veteran Program (HCHV). As currently authorized by 38 U.S.C. § 2031 the HCHV program may provide outreach as well as "care, treatment, and rehabilitative services (directly or by contract in community-based treatment facilities, including halfway houses)" to Veterans defined as homeless by the McKinney Act.

TRANSLATION

Model Construction

Model Construction-Program Components

- The Safe Haven must comply with all Supportive Housing requirements in addition to specific Safe Haven requirements:
 - Serve hard-to-reach homeless persons with severe mental illnesses who are on the streets and have been unable or unwilling to participate in supportive services
 - Allow 24-hour residence for an unspecified duration
 - Offer private or semi-private accommodations

- Limit overnight occupancy to no more than 25 persons
- May include a drop-in center as part of outreach activities
- Operate as a low demand facility where participants have access to needed services but are not required to utilize them

Model Construction-Site Requirements

- VA facilities planning to establish a Safe Haven Program should recruit experienced Safe Haven providers or providers that are committed to establishing a low-demand model. Smaller sites that do not exceed a total of 25 homeless Veterans are preferred. Sites must also be able to accommodate women Veterans and provide segregate, safe accommodations that support their security and well-being.
- Provide 24/7 “awake” supervision of residents.
- Deliver case management services to all Veterans living at the facility.
- Coordinate admission and discharge of residents with the appointed VA liaison.

Model Construction-Programmatic Adjustments

- VA closely modeled its Safe Haven Program on HUD’s Safe Haven Program, with the following notable differences:
 - VA Safe Haven is a Model Development Initiative
 - HCHV contract funding authority is used to support the program
 - Program has time limits
 - There is an expectation that Veterans will transition to permanent housing
 - Program effectiveness and fidelity are regularly measured

Model Construction-Funding Requirements

- The average per diem cost of operating a Safe Haven ranges from \$80 to \$120 per day.
- The cost of operating a 25-bed Safe Haven facility at 85% occupancy with a per diem cost of \$100 is \$730,000 per year.

Model Construction-Provider Operational Requirements

- Safe Haven providers are required to have 24-hour staffing with a desired staffing ratio on all shifts of 1 staff to 15 Veterans.
- Case managers should be available on all day shifts seven days per week.
- Safe Haven providers are encouraged to utilize peer support staff to augment outreach activities, transportation services, housing specialist services, and other services where utilization of a formerly homeless Veteran peer may be especially beneficial to enhancing the care of chronically homeless Veterans.
- Each Safe Haven program should have a VA liaison, usually a clinical social worker, who coordinates admissions, and primary, mental health, and substance abuse care from VHA with the provider.

Model Construction-Training Development

- VA conducted an intense two day training program for both VA Safe Haven liaisons and Safe Haven provider staff. The agenda for the training is summarized in *Delivery – Staff and Site Training*.

DELIVERY

Model Delivery

Model Delivery-Site Suitability

- Facilities with a chronic homeless Veteran population of more than 400 in their local metropolitan area should consider development of a Safe Haven.
- Facilities with high rates of chronically homeless Veterans and very limited resources to serve this population—particularly those facilities that specified a need in their five year plan to end homelessness among Veterans—should consider development of a Safe Haven program.
- Facilities will also need infrastructure and support necessary to obtain a location for the Safe Haven program, contract with providers to staff the program, and access chronically homeless Veterans who are eligible and suitable to participate in the program.

Model Delivery-Stakeholder Buy-In

- Implementation of the Safe Haven model requires a high degree of collaboration and stakeholder buy-in. Several steps are undertaken to facilitate the process.
 - First, the Deputy Under Secretary for Health for Operations and Management (10N) sent a letter explaining the opportunity to Network Directors (10N1-23) and Chief Medical Officers (10N1-23).
 - Facilities interested in establishing a Safe Haven submitted a brief Memorandum of Interest with concurrence through their Network Offices.
 - A national conference call was held with those who submitted a Memorandum of Interest. Information on requirements was provided during this call, and time was also taken to field and answer questions.
 - Networks that submitted a Memorandum of Interest were provided further instruction on how to submit a formal request for Safe Haven funding by VHA's Homeless Program Office. Specifically, those interested were asked to submit letters addressing the following:
 - Information on local chronic homeless Veteran population and need for the program
 - Plan for targeting and outreach to the Safe Haven clients
 - Information on potential local Safe Haven community providers
 - Anticipated workload volume and funding request
 - Plan for implementation of a low-demand approach
 - Commitment to participate in monthly technical assistance calls and periodic fidelity reviews

- Plan for contracting with local provider and time frame for having Safe Haven program fully operational.

Model Delivery-Provider Contracts

- Safe Haven services are provided by contracts for residential treatment services authorized by Public Law 100-6 now known as authorization to support the services provided under VA's Health Care for Homeless Veteran Program. Contracts typically cost \$70 to \$100 per day per Veteran.

Model Delivery-Program Operation

- Each selected facility will receive funding to hire 1 full-time equivalent GS-12 case manager who will manage and provide oversight of the program.
- Programs are expected to operate 10 to 25 beds under contract and offer a 24-hour staffed transitional residence for eligible Veterans.
- Facilities must be able to accommodate both male and female Veterans. If the residence cannot accommodate both male and female Veterans at one location, the provider must make equivalent facilities and services available for the opposite gender.
- Programs must provide onsite laundry, meals, and computer access for Veterans.

Model Delivery-Staff and Site Training

- The Center has utilized the Safe Haven Tool Kit Manual, Developing and Operating Safe Haven Programs, developed by HUD and the Substance Abuse and Mental Health Services Administration (SAMSHA) as a guide for both VA and community providers. This tool kit has been very helpful for the VA and provider staff managing the Safe Havens. A copy of the tool kit is available at: <https://www.onecpd.info/resources/documents/SafeHavens.pdf>.
- VA conducted an intense two day training program for both VA and provider staff. Topics included:
 - Introduction to the low demand / Safe Haven model of care
 - Day-to-Day Issues of Managing a Safe Haven: Managing the Balance between Low Demand and Safety
 - Substance Abuse/ Harm Reduction Models
 - Safe Havens: What We Have Learned So Far
 - Motivational Interviewing
 - Review of the Program Guide for Safe Havens
 - VA's Homeless Programs and The Five Year Plan
 - Stages of Change
 - Basic Requirements of the HCHV Program
 - Program Evaluation/Fidelity Requirements
 - Research on Placement of Veterans that are Drinking and Using
 - Transitions to Permanent Housing/HUD-VASH

- Ongoing training has been provided through biweekly calls with VA Safe Haven staff and quarterly calls with the Safe Haven providers. Teleconferencing and individual consultation have also been provided on an as-needed basis.

SUPPORT

Technical Assistance

Support-Bi-Weekly Admin Forum/Support

- Ongoing technical assistance has been provided through biweekly conference calls with VA Safe Haven staff from each facility. These calls have been facilitated by staff affiliated with the VA National Center for Homelessness Among Veterans. Standing agenda items include a review of each site's workload, operational issues, and status updates. The calls also provide a forum to plan for and provide informational updates concerning the mandatory data and annual fidelity reviews. Additional individual consultation is also provided on an as-needed basis.

Support-Provider Site Support

- VA's National Center for Homelessness Among Veterans provides technical assistance, site support, and program evaluation to establish ongoing mentoring for the management of the Safe Haven's operations.

Support-Provider Admin Forum

- Quarterly conference calls are held with providers contracting with VA to implement Safe Haven programs. The call's discussion topics are identified in advance through conversations between the Safe Haven Liaisons and their local providers. Additional individual consultation is also provided on an as-needed basis. Safe Haven Liaisons provide ongoing monitoring of provider concerns, successes, and challenges, and they relay this information to VA National Center staff so that assistance or recognition can be provided as appropriate.

Support-Fidelity Review

- Although Safe Havens are a very important component in the continuum of care for individuals who are homeless, programs differ in the specific ways in which they implement the model. Results from a large-scale study of 79 Safe Havens across the United States indicate that there is significant program variability that includes differences in admission criteria, length of stay, staffing, rules and expectations, service offerings, program structure, funding, and effectiveness (Ward Family Foundation, 2005).
- Because of this demonstrated variability, annual fidelity reviews are conducted with each Safe Haven facility to ensure that they are operating in a manner consistent with a low demand approach. These are accomplished during site visits led by staff affiliated with the National Center on Homelessness Among Veterans.
- The fidelity visits were designed to occur approximately six months after each Safe Haven program began operating in order to allow a reasonable start-up period. A Safe Haven Fidelity Tool was developed to help document various aspects of the Safe Haven programs. Activities for each fidelity review include:
 - conducting interviews with VA and Safe Haven staff

- touring the facilities
- reviewing program materials
- observing program activities

Support-Outcome Data Feedback

- Biweekly calls also provide a forum to discuss data reporting requirements, including procedures to assist with mandatory submission of HOMES data. Data are compiled by VA staff and periodically reviewed during the biweekly calls.

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