

# Transitions From Safe Havens



CHAPTER

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# TRANSITIONS FROM SAFE HAVENS

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**S**afe Havens offer a residence to people with mental illness who have been unwilling or unable to participate in other housing and services. The initial goal of the Safe Haven is to engage residents in living in the Safe Haven; the ultimate goal is to facilitate access to permanent housing.

Safe Havens must hold these two goals in balance. The engagement process, service program, policies and procedures, staffing patterns, and building design must be developed with both goals in mind. This chapter describes an approach to facilitate the transition of hard-to-engage homeless people with serious and persistent mental illness who are living in Safe Havens to other housing settings. Examples have been drawn from Safe Havens operating in Philadelphia, Chicago, Honolulu, New York, and Burlington, Vermont.

## THE LOW DEMAND MODEL AND TRANSITIONS

Low demand does not mean low expectations. The resident has a choice to engage and, therefore, the low demand model promotes a resident sense of autonomy, responsibility, and perception of himself or herself as having control over and being able to take action to positively influence his or her life.



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The involvement of the residents is critical in empowering them to exert control over the process of accessing housing. The length of stay at the Safe Haven is determined by the time it takes for each individual to complete the tasks necessary to access housing. There is no predetermined, standard time frame. For a successful transition, residents must have sufficient time to complete the tasks, develop the skills, and achieve the confidence necessary to move out of the Safe Haven.

## DEVELOPING LINKAGES

The ultimate goal of Safe Havens is to transition residents to the next stage of housing and all actions must be designed to achieve this goal. Programs need to ask two questions: (1) Where will Safe Haven residents move? (2) How can the program facilitate the transition?

In Philadelphia, Project H.O.M.E.'s Safe Haven regularly uses the sponsor organization's own supportive housing, as well as a range of other community options including Department of Veteran Affairs' sites, subsidized housing, other organizations' supportive housing, and some market rate housing.

An important first step for a Safe Haven is to establish linkages with other providers in the local Continuum of Care. Some communities, particularly large urban areas, may have a well-developed stock of supportive housing that includes a range of models serving a variety of needs. Smaller communities may need to rely on creative alternatives, such as developing relationships with for-profit landlords and developing their own supportive housing that meets the needs of their clientele. No matter how extensive or limited the local Continuum of Care, it is critical to identify and/or develop long-term and more permanent housing options for Safe Haven residents as the Safe Haven is being designed.

Safe Haven Honolulu is overcoming limited housing options in its community. Existing mental health housing is "high demand" and often unappealing to Safe Haven residents. Boarding homes are not safe. The Continuum of Care in Hawaii is still in development.

As an immediate alternative, the program is locating private landlords who will rent apartments that people can share and afford. Safe Haven Honolulu staff provide on-going support and case management to the residents once they are in these apartments. The program has also started a consortium of service providers to advocate for more housing options, particularly for people with co-occurring substance abuse disorders and those with medical needs.

## CREATING A CULTURE OF TRANSITION

Safe Havens strive to create a culture that supports movement into more permanent housing. The establishment of such a culture depends upon the clear definition, communication, and regular reinforcement of the goal of obtaining permanent housing. As soon as it is reasonable in this low-demand model, residents entering the Safe Haven for the first time should learn about the goal and be told that staff will assist them to move toward it at their own pace. This establishes clear expectations for the staff and program. For a successful transition, each group, case management service and activity should promote the resident's ability to obtain and maintain permanent housing.

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For example, discussions in a cooking class can focus on the menu planning and meal preparation skills residents will need when they have their own homes. A conflict between two residents can provide an opportunity to highlight and teach conflict resolution skills that residents will be able to use when they move on.

A culture that supports transition is also facilitated by building a system of rewards. Safe Havens can host public celebrations for residents who are moving into a new home and present a "move-in package" of personal items or household items for the new setting. Additional public acknowledgment can occur in groups or community meetings. Former residents who are successful in their new homes can be invited back to describe their experiences.

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## THE INDIVIDUAL HOUSING PLAN

Once a resident is aware of the available housing options, he/she can begin to develop an individualized housing plan. An assessment tool – which indexes the resident’s stability, medical status, daily and community living skills, motivation to obtain housing, substance use, entitlement status and housing history – is useful. The assessment tool captures the resident’s current level of readiness and indicates areas where additional skills are needed for the resident to be successful in a permanent supportive housing setting. This tool may also be used throughout to reflect the strengths and skills Safe Haven residents have developed that will serve them in accessing and maintaining a permanent living situation. (See Appendix A for more information.)

Having identified these skills and resources, the Safe Haven then must provide the residents with the opportunity to build and practice these skills and/or obtain additional resources. The program design must include these services: entitlement assistance, money/medication management, assistance in reducing and/or managing the symptoms of mental illness, training in the skills of daily living, training in interpersonal skills and conflict resolution, and substance abuse services.

Entitlements advocacy and budgeting skills are two services identified as crucial by the Safe Havens we interviewed. Having enough money to meet

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basic living expenses helps people feel more secure and enables them to see housing as a real possibility. Also, obviously, without some form of income, the resident will not be able to pay rent in the new housing setting. Establishing a savings account while in the Safe Haven enables a resident to start budgeting and planning for a new home and the furnishings he/she will want and need.

In developing individual housing plans, providers take into consideration the resident’s housing preferences in regard to neighborhood, level of supervision, need for privacy etc. (See Appendix B for “Housing Preference Questions for Residents.”) Exploring the resident’s housing preferences is critical. It sends the message that the staff member sees the process and decision-making around the housing choice as mutual. It also provides residents with the opportunity to feel a sense of power and control over their lives and provides valuable information about their expectations. Then the staff member can narrow the housing search efforts to conform to the resident’s stated preferences and can work with the resident to clarify his/her preferences.

In developing the plan, the staff member also should explore the resident’s housing history and try to identify and raise awareness about any patterns between housing choice and homelessness. For example, a person might have become homeless because she did not take her medication and stopped paying her rent. This can indicate to the staff member and resident that a setting with medication supervision may be more helpful. It is also useful to identify components of the Safe Haven that have worked well for the resident. Has the resident enjoyed the opportunities for socialization, participated and learned from groups, and taken advantage of the meals that have been provided? If so, it is likely that the resident will continue to benefit from a setting that provides similar services.

## A HOUSING GROUP

Central to the process of assisting residents to transition to permanent housing is providing information to residents about the various housing models. One of the most effective methods is a Housing Group, which provides a regular public forum to engage Safe Haven residents in the discussion about housing. It also creates an opportunity for residents to motivate and educate one another. A group can facilitate

the process of peer support, as residents are often more amenable to information and suggestions from peers than they are from staff. Sometimes residents will even question each other's housing choice and stimulate thinking about the realities of these choices. However, as some residents are not comfortable in groups, some of this education will need to be done individually.

Curriculum for the Center for Urban Community Services, Transitional Living Community's weekly housing group includes: a presentation of one housing model per session detailing level of privacy, services offered, level of supervision, house rules, expectations of tenants, etc.; the displaying of photographs of actual residences where residents could move; tours of different housing options; preparation for and practicing the housing interview; budgeting workshops to help residents plan and save for needed furniture and other household items; and discussions with former residents who have made a successful transition

## Housing Focused on Transition

The physical design of the Safe Haven can be used to support residents' ability to achieve the goal of accessing housing. A clean, safe and well-designed Safe Haven can provide a powerful incentive to seek permanent housing. Living in such a setting raises residents' expectations for what is possible in permanent housing. Taking time with the design shows respect for the residents, who will then be more likely to believe that safe decent housing is a possibility. Safe Havens, which avoid an institutional feel in design and decoration and provide a more home-like setting, will be more appealing to residents. Involving residents in decorating the facility can prepare them for moving into and decorating their own homes, as well as empowering residents to think of the Safe Haven as their temporary home.

Since safety is a factor influencing whether people are willing to enter a Safe Haven, as well as one of the barriers people often identify about permanent housing, the Safe Haven must be vigilant in creating and enforcing safety and security standards that prevent hazardous conditions and prevent and contain psychiatric, medical and other emergencies which threaten the safety of the residents. For a more in-depth discussion of this point, please refer to Chapter 7 -- Program Rules and Expectations.

## OVERCOMING OBSTACLES TO THE TRANSITION

In helping people to access housing, numerous obstacles may need to be overcome. Service providers must be aware of possible obstacles, and the Safe Haven's activities must be designed to surmount them. Obstacles include the lack of affordable, safe housing and housing models for people with special needs. A major obstacle may be a resident's ineligibility for entitlements due to immigration status, diagnosis (such as a person with a primary diagnosis of substance abuse is no longer eligible to receive Supplemental Security Income benefits), or because government assistance has been cut or eliminated.

### THE FIVE KEYS TO MAKING SUCCESSFUL TRANSITIONS:

1. Identify affordable housing
2. Understand housing needs
3. Develop trust
4. Match the resident with a housing option
5. Address psychiatric stability

**1. Identify affordable housing.** Some barriers can only be overcome through the creation of housing that is more flexible and caters to the needs of Safe Haven residents. Several Safe Havens are themselves helping to create more housing options. The strategy used by Safe Haven Honolulu -- joining with other providers to advocate for more housing -- has proven effective. Coalitions of providers are more likely to be heard than an individual agency advocating alone. Safe Haven providers can contribute up-to-date, firsthand knowledge of the housing needs of homeless people with mental illness and important gaps in the continuum of care. This information makes Safe Haven an invaluable and critical resource for planning and collaboration.

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**2. Understand housing needs.** Miscommunication between a staff member and resident over housing needs occurs frequently. It is common for residents who are unfamiliar with the process of accessing permanent housing to refuse to consider any other option than residing in their own apartment. This kind of statement by a resident should be explored by the staff member to better understand its meaning. The staff member can ask the resident to articulate what the type of housing he prefers symbolizes to him. For example, a resident who wants his own apartment may see this choice as evidence that he is getting better and is no longer in need of psychiatric or supportive services. Another resident might not feel comfortable around other people and needs private space with a door that can be locked. By exploring the meaning of the housing preference, the staff member can determine how best to assist the resident to meet subsequent housing needs.

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For many Safe Haven residents, issues of freedom are paramount in their housing preferences. Staff members should help these residents to find settings that accommodates these preferences. Again, it is critical that staff explore exactly what “freedom” means to each resident. Is it freedom to come and go as one pleases? Is it the freedom not to have to attend a day program? Once staff understand the meaning of freedom to the individual, settings that accommodate these needs can be sought. In some cases, the resident may be more willing to consider a supportive residence if he sees it as an intermediate step toward a more independent living situation.

The staff member will want to link the proposed option to the resident’s aspirations. For example, if a resident has expressed a desire to find part-time work, the staff member might point out the advantage of living in a residence that has vocational training and/or some type of employment program. A preference for a hous-

ing option that requires a great deal of independence also presents an opportunity to help the resident see the need to improve skills. For example, if a resident who wants to live in a particular residence has poor hygiene and lice, she might be motivated to bathe and delouse to gain access to the housing.

**3. Develop trust.** Another frequent obstacle is a lack of trust in the staff member or in the Safe Haven itself. It takes time for people to share personal information with others, and it can be a particularly lengthy process with people who may be guarded because of mental illness or because they have had negative experiences when they have trusted service providers in the past. It is most important that the worker and program allow residents time to build trust and to feel safe in the relationship. The most effective means of overcoming this obstacle is to make consistent, regular outreach efforts while allowing residents to control the length and content of the interactions.

It may be necessary for program staff to spend long periods of time with some residents engaging in non-threatening activities, such as watching television or eating together so that they can begin to tolerate the staff member’s presence. Staff members can also look for opportunities to respond to the residents’ needs for clothing, food, or physical comfort. The staff member should always follow-up on tasks they have undertaken to build the resident’s trust. Finally, staff should also learn about the residents’ interests and draw them into discussion around these topics.

**4. Match the resident with a housing option.** Active substance abuse can be a particularly difficult obstacle. Most housing providers require that applicants have a period of documented abstinence before allowing them to move into the residence. Safe Haven staff can address substance abuse by exploring with the resident what he is gaining from use. People with mental illness use substances for a variety of reasons that include the need to medicate their psychoses or secondary symptoms, the desire to feel normal, and the increased ability to socialize. Having identified the adaptive functions of the drug, the staff member can help the resident to find less destructive replacements. These might include a medication change or new socialization opportunities.

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Simultaneously, staff must also elicit any negative consequences the resident may be experiencing as a result of the drug use. Again, there is a wide range of possible consequences. It is critical that the staff member understand the consequences that are meaningful to the resident. For example, a resident may not like it that she cannot access her preferred housing option because she smokes marijuana. Another resident may dislike being sick with a hangover every morning. Staff should help residents to explore any negative consequences in a nonjudgmental and nonconfrontational manner, so that the residents do not feel so threatened that they cut themselves off from the staff.

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Some housing options may not require total abstinence from alcohol and other drugs, but consequences of use that may interfere with meeting tenancy obligations will need to be addressed. We have found two theories to be especially useful in negotiating this barrier: Prochaska and DiClemente's Stages of Change<sup>1</sup> and Miller and Rollnick's Motivational Interviewing<sup>2</sup>. The first provides a schema for assessing resident's readiness to change problem behavior and suggests interventions that are effective at each stage. For example, if a resident is unwilling even to discuss any negative consequences of substance use, it is of little use to give them a list of AA meetings in the area. It might be more effective to point out that the resident has been coughing a lot or seems tired all the time. This may raise awareness of the negative consequences of the use and could increase motivation for change. Miller and Rollnick provide specific tools to help motivate residents to address problems particularly when they are ambivalent about change.

**5. Address psychiatric ability.** Active psychoses in a resident can also delay the transition. Currently, most of the debilitating psychotic symptoms that would make it impossible for a person to live in supportive housing can be managed with appropriate medication. The task is to help the resident to see a *need* to take medication and then to adhere to a prescribed medication regime.

A resident who is so severely psychotic that he is in danger of hurting himself or others may need to be hospitalized. A hospitalization often presents an opportunity to stabilize a person on medication and to possibly house them directly upon discharge. For less psychotic residents, staff will need to rely on engagement practices and form a relationship with the resident that can provide the context for discussing the need for medication and other treatment.

In helping a resident to accept psychiatric treatment, the staff member will need to destigmatize and normalize the mental illness; have frank and ongoing discussions about the resident's illness to heighten awareness about it; explore the resident's fears, feelings and history of treatment; and help the resident to connect her goals and/or other needs to obtaining psychiatric treatment. The staff member may also act as a liaison between the psychiatrist and resident by accompanying her to the clinic, encouraging her to talk to the psychiatrist about the benefits and side effects of the medication, interpreting the psychiatrist's instructions, closely monitoring the resident's reactions and responses to the medication, and by helping the resident to advocate for any needed changes. The staff member will also want to help the resident to identify any positive changes related to the medication. People do not have to be symptom-free to live in supportive housing. The focus should be on reducing or eliminating those symptoms that interfere with the person's ability to access and maintain housing.

## SUPPORT THROUGH THE TRANSITION

The successful placement of residents from the Safe Haven to permanent housing requires that the program provide support to residents through the transition period. Stress management groups and other strategies to help residents manage anxiety about change can be used. Staff should also anticipate that some residents will have fears about failing. Staff can provide opportunities for residents to discuss these fears, offer assistance and strategies to manage these feelings, and help residents to develop a plan to get support once they are in the new setting. For many residents, knowing they have the option to return to the Safe Haven if the new setting does not work helps to relieve anxiety. Additionally, "failures" can be re-framed as learning opportunities that will help residents learn more about their housing needs and preferences.

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Staff also need to be alert to the process of termination and anticipate feelings, such as sadness and anger, in the face of transition. The staff member's task is to help the resident talk about their grief over leaving the staff, friends or community to which they have become attached. It is important for residents to give voice to their fears about moving from a setting in which they have felt safe and "at home," to an unknown setting where everything and everyone may be new.

Additionally, tangible supports that can be put in place to assist a resident in the transition include touring the new neighborhood to learn where to shop, identifying goals that continue after moving into housing and providing follow-up support for a period after the individual has left the Safe Haven. Residents can feel much more secure about moving if they know they will continue to have contact with the Safe Haven.

Safe Havens have developed a variety of mechanisms to follow up with residents who have made the transition. Programs differ depending on available staff and where people move. Follow-up can be an informal process in which the former residents visit the Safe Haven for support and help, as in the Project H.O.M.E. Safe Haven. In the model developed by The Howard Center for Human Services residents are linked with case managers from a community-based agency as soon as they arrive at the Safe Haven. This case manager continues to work with them after they transition. Staff from Safe Haven Honolulu visit residents in their new homes once they have moved and provide ongoing case management services.

Residents will almost surely experience some anxiety over making the transition to permanent housing. They may fear of losing what they have gained in the Safe Haven and what they will encounter in a new setting. The resident may need time and opportunity to grieve

the loss of relationships and sense of safety they have gained in the Safe Haven. They will also need to discuss any specific fears they have of the new setting, so that staff and peers can help to problem-solve about how to manage them. The continual focus on housing as the goal of the Safe Haven will mitigate some of this anxiety as the residents are continually reminded that the Safe Haven is a means to an end and the focus is on planning for the future. Additionally, it is helpful for residents to focus on the skills and strengths they have developed in the Safe Haven and to identify how these skills and strengths will assist them in managing the transition into their new living situation.

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. . . the Safe Haven is a means to an end and the focus is on planning for the future.

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The paradox of an effective Safe Haven is also its greatest strength: In creating a warm, accepting, engaging environment where residents feel respected and secure, the Safe Haven will be creating an environment that residents will not want to leave. Without such an environment, however, residents cannot gain a sense that safe, secure housing is possible. That is, they must experience it to know that it is real and that they are entitled to it. A resident we knew once said that she would miss everyone when she moved, but that being a part of something there made her believe she could be part of something again. She said she was not scared to move, but was able to see this as a good thing. She believed she would be an asset to her new home, and so did we.

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#### REFERENCES:

<sup>1</sup> Prochaska JO, DiClemente CC, Norcross JC: In Search of How People Change: Applications to Addictive Behaviors. *American Psychologist* 47:1102-1114, 1992

<sup>2</sup> Miller WR, Rollnick S: *Motivational Interviewing: Preparing People to Change Addictive Behavior*. New York, The Guilford Press, 1991