

Kelly Garrison
Pam DaGrossa
Anthropology 200
Fieldwork Project
Rough Draft

Safe Haven Transitional Shelter

Established in 1995, Safe Haven Transitional Shelter (simply known as Safe Haven) is a treatment, rehabilitation and support center for individuals who are homeless, with severe mental illnesses, from the surrounding community. Located in the downtown area, Safe Haven (SH) is easy to find and able to reach more of their targeted community who need their specialized services. Working in conjunction with their parent organization, Mental Health Kookia, SH is able to provide invaluable services to the mentally-ill homeless community by making a number of benefits available to those who qualify in the screening process. With state and county support through subsidization, the shelter is able to offer an alternative to the streets with a secure, non-threatening, supportive environment to those who need it the most.

In this state alone, “there are on average 6,000 homeless individuals on a daily basis and upwards of 15,000 who experience homelessness throughout the year,” according to one case worker. With a maximum capacity of only 25 beds, the screening and referral process at SH is meticulous. To be considered for screening, the individual must first be homeless or frequently homeless and must have a severe or persistent mental illness such as schizophrenia, bi-polar disorder or major depression. Other prerequisites to the screening procedure include: needs assistance when applying for benefits, getting clothing, finding housing and/or vulnerability to victimization as a result

of their mental illness. According to SH referral guidelines, the most appropriate people to refer to SH are people who need mental health services but do not want to go into treatment.

The program director at SH, Pamela Menter, has written a program summary with the hopes of further encouraging those who already contribute and educating more to join in the process of funding this one of a kind program here in Hawaii. In this summary called the Program Narrative (PN), Menter says, “Three full-time outreach case managers meet with homeless persons and provide basic triage services to assess the need for services as well as emergency supplies, medical care and/or crisis intervention. Homeless persons are engaged initially by the provision of items like food, first-aid kits, personal hygiene items, vitamins, condoms, sunscreen and other supplies. The intent is to increase potential to increase residents’ awareness that SH is a consistent and reliable resource, which in turn will allow them to develop trust for the staff and what is being offered by the facility.”

The screening process normally takes an hour or so (on a walk-in basis). If it is determined the client meets the guidelines for service, upon completion of the screening process and mutual acceptance into the program, the individual becomes a client and resident of the SH. They can begin immediately with all services offered and are assigned his or her own room. Their rooms are their sanctuary for sleep and to store their personal possessions. Sam, one of the case managers says, “SH offers its clients single private rooms with shared bathrooms and dining room. People with severe mental illness frequently display bizarre behavior that would disturb a roommate and therefore require a private room.” However, for their safety and the safety of others, the rooms are closely

monitored and inspected by staff members with hourly room checks. Residents are not allowed to have visitors or food in their rooms at any time. Once settled into their rooms, the residents are introduced to the components of SH such as clinical services, residential services and the activity center.

“SH residents have access to and are encouraged to use on-site services: case management, nursing, psychiatry, psycho-social rehabilitation and provision of food and clothing,” says Alan, activities director. Each individual has different needs and through these programs the staff is able to learn what those needs are, both mental and physical. With this information, case managers can focus on those needs and proceed forward. Also, through these different interview and screening processes the staff is able to determine potential medicinal needs the client may have. Yet the uniqueness of SH is that the clients are *not required* to take their medications. The choice is completely up to the client. The staff is not allowed to force the residents to do anything.

However, there is an incentive of money offered to those who do take their medication. For those who qualify, the primary source of money is Social Security. For some, there are also family members who give money to SH to be managed by case managers for their loved one. Some clients find employment to supplement their needs as well. For those who have income, there is a 30% requirement of that income to be paid as rent and the rest is rationed out. The money comes in once a month via an allotment. So for the resident who believes she is a prisoner of war, the incentive of money could encourage her to take her medications to make her life seemingly better.

While interviewing one of the case managers, a woman came in and asked him for her money “before the government comes and closes you down. I want my money.”

She was told she would “have to take the shot before she was given the money.” She said, “I will come back after lunch and take the shot. Give me the money now and I will come back.” She was told by the nurse, “No, you have to get your shot first and then get the money.” She stormed out the front door. It was later revealed the woman was a schizophrenic and she always did this same thing and was notorious for not coming back. They had to stop giving her money first because she would take the money and would not come back to take the shot.

The entire SH program is designed to increase clients’ self-sufficiency. From the moment of mutual acceptance of residency, the client is encouraged by the treatment team to take advantage of all the programs offered. According to many of the employees, the team teaches living and social skills which clients will need to live independently. Sunday through Thursday, rehabilitation specialists hold a variety of classes to help them hone their skills in different areas. There are classes such as personal interaction, personal hygiene, houseplant care, art, games, etc. These classes are designed to help each individual learn to focus in one way or another. The end goal is to give these individuals the skills to go out into the world and function while still offering them the programs of SH.

The PN also states, “Although SH has no mandatory length of stay, clients are encouraged to move to less service-intensive housing as soon as the treatment team determines that they are ready and able to do so.” The average stay for a resident is from one to two years. In this time, they are encouraged to take advantage of the programs being offered. If the SH teams realizes there is a client not following the program, not participating in activities and not trying to benefit from the system, they are told they

have to leave. To stay at SH, the client must show they are trying to better themselves, trying to learn life skills to get them to the next stage of the program; living on their own while being able to function in the world. If they aren't doing their part, there is someone else waiting for that bed who does want the opportunity to change their lives.

The mission statement reads: Safe Haven's mission is to provide persons with serious mental illnesses, who have been living on the streets, a secure, non-threatening, residential environment. More specifically, as part of a continuum of care, it serves as the point of contact for engaging this population in treatment, rehabilitation, and supportive services. With such services, it is expected that persons who have been homeless and are mentally ill will be able to move to more traditional housing resources in community settings.

Since opening its doors in December of 1995, SH has treated approximately 200 residents and many more outreach clients. Over 90 percent of clients placed in housing by the program have remained in housing for at least a year. Through this combination of services, SH is able to better prepare their clients to accept psychiatric treatment, assist them in accessing their benefits, increase their living and social skills and gain residential stability. With a proven track record over the last ten years, Safe Haven has demonstrated their program works and is vital to the community by providing services not available anywhere else on the island.

Menter, Pamela. (2006). Program Narrative: Mental Health Kokua/Safe Haven.

Honolulu, Hi. Menter. Eds.1. 9 Apr. 2006.