

## Exhibit 2: Supportive Housing Program- New Project

### 1. Project Narrative.

- a. **Applicant and sponsor names:** The Alexandria Community Services Board (ACSB) (a unit of local government, City of Alexandria, Virginia) will be both the applicant and sponsor of the project.
- b. **Program Component:** Safe Haven-Permanent Supportive Housing
- c. **Total SHP Request and Percent for Housing Activities:** The total SHP request for three years is \$163,824. The percent of this request for housing activities is 100%.
- d. **Type of Housing Proposed:** The ACSB is proposing to provide up to four supervised apartment units with a total of 12 beds.
- e. **Population to Be Served:** The ACSB proposes to serve twelve individuals who have a serious mental illness and/or co-occurring substance use disorders. At least 70% of the individuals will have been continuously homeless for over the previous year or have had four episodes of homelessness over the previous three years. The other 30% will have a serious mental illness and/or co-occurring substance use disorder and will also have been chronically or otherwise homeless.
- f. **Grant Term:** The ACSB is proposing a three year grant term.

### 2. Homeless Population to be served.

a. **Characteristics and Need for Housing and Supportive Services:** The Alexandria Community Services Board (ACSB), through the staff of the City of Alexandria's Department of Mental Health, Mental Retardation and Substance Abuse (DMHMRS), proposes to serve 12 homeless individuals with a serious mental illness and/ or co-occurring substance use disorder, who are unable to benefit from the current emergency shelter, transitional or permanent supportive housing programs available within the City of Alexandria. Specifically, the target population to be served is unaccompanied adults, 18 years old or older, who have been homeless for the previous year or have had four episodes of homelessness over the previous three years and who also have a serious mental illness and/ or co-occurring substance use disorder. All Safe Haven consumers will be residents of the City of Alexandria. Over the past seven months, the ACSB/DMHMRS outreach team has identified homeless disabled individuals, through the point-in-time count, as well as through other personal contacts, who could benefit from a Safe Haven housing program. The characteristics of these individuals are:

- ▶ Predominantly male.
- ▶ Approximately half African American and half Caucasian and very few Hispanic.
- ▶ Most have not had any type of stable housing for many years. There have been multiple attempts to live in rooming houses and with their families.
- ▶ Less than half have some type of involvement with the criminal justice system. Offenses include trespassing, drunk in public, assault and battery, drug possession, destruction of property, domestic violence, and robbery/ petty theft.
- ▶ Most have led productive lives prior to the onset of their psychiatric disorders. All have a psychiatric diagnosis such as schizophrenia, major depression or bi-polar disorders and some also have personality disorders.
- ▶ Most have lost the support of their families as well as other social supports.
- ▶ One fifth have been identified as veterans.
- ▶ Half have a substance use or dependence disorder, including alcohol or drug abuse and dependence as well as polysubstance abuse.
- ▶ Many have chronic health conditions such as hepatitis, diabetes, high blood pressure or have HIV/AIDS.
- ▶ Most are known to the ACSB/ DMHMRS homeless outreach team who have spent years attempting to establish a relationship with them.
- ▶ Many have agreed to enter the existing emergency shelter system on multiple occasions, but were unsuccessful. Despite the outreach efforts, all have been unable to use traditional homeless shelters.

Symptomology such as paranoia and delusions often prevent these individuals from agreeing to services, or even to “coming in off the streets.” Many individuals do not accept treatment because of the associated stigma or because prior treatment experiences have not been successful. Yet the City of Alexandria shelters and residential treatment programs require acceptance of treatment services as a condition of admission. The criminal histories of many individuals are also a barrier to shelter service and residential treatment because Alexandria’s existing shelters and residential services have prohibitions against serving people with histories of certain offenses. These individuals need a comprehensive, innovative, integrated approach to treatment for their mental health and substance use disorders including low demand housing options.

b. **Where they will come from.** Estimates on where potential Safe Haven participants may come from were based on the point-in-time survey conducted in January 2004 as well as staff knowledge of homeless individuals in the community. It is estimated that 82% of the homeless individuals to be served may come from the streets of Alexandria, hypothermia shelters or David’s Place, a drop-in day shelter. Approximately 14% may come from existing emergency shelters and 4% from transitional supportive housing programs. Some of the chronically homeless individuals with a serious mental illness may require a temporary, short-term, psychiatric hospitalization. These individuals may be eligible for the project if they were homeless (and meet the Safe Haven eligibility criteria) at time of admission to the hospital, have no subsequent residence identified while hospitalized and no resources or support networks to obtain housing at discharge.

c. **Outreach Plan to bring them into the project.** The ACSB, through the staff of the Department of Mental Health, Mental Retardation and Substance Abuse (DMHM RSA), currently has three full time staff dedicated to providing outreach and initiating treatment services to individuals who are homeless and have a serious mental illnesses and/or co-occurring substance abuse disorders. A major barrier to services and treatment has been the homeless individual's unwillingness to be identified as needing mental health or substance abuse services. Identification and engagement of these individuals can only be achieved through assertive outreach that allows homeless persons to engage services on their own terms. Through a process of engagement these persons can begin to develop a relationship with service providers and consider the thought of life off the streets.

ACSB/DMHM RSA homeless outreach staff identify individuals living in camps, cars, and storefronts or who frequent free food programs at Meade Episcopal and Christ House, as well as libraries, and David’s Place, a day support drop-in center for the street homeless. On a very cold or very hot day, David’s Place may have up to 20 -25 homeless individuals come in from the weather, make calls, do laundry and talk with staff. This provides an opportunity for outreach staff to identify potential candidates for the Safe Haven (or other services), establish a personal relationship and begin the slow process of establishing trust. Outreach staff slowly introduce services, only as the homeless individual is able to accept them. While outreach staff often are successful in linking these individuals with necessary mainstream services, there still remains a gap in low demand residential services. If homeless individuals are unable or unwilling to accept treatment as a pre-requisite for admission to shelters or other residential treatment programs, they will not be admitted. With the establishment of the Safe Haven, outreach staff will have the ability to refer to a program with low demand. The Safe Haven will utilize a “housing first” approach, in that potential participants will not be expected to be housing ready at time of admission. Participants will not be required to be engaged in treatment services as a pre-requisite for admission. However, some conditions may be required to address safety and health. Best practice and experience has demonstrated that providing stable housing will typically lead to service acceptance.

All Safe Haven participants will have a comprehensive clinical assessment as part of the outreach and engagement process. The assessment process will be modified to meet the needs of potential Safe Haven participants. Information may be collected from collateral sources, and homeless outreach workers and may be gathered over multiple clinical interviews that are conducted in shelters, drop-in centers, soup kitchens or on the streets. In addition to the comprehensive clinical assessment, a thorough risk assessment will also be completed. Once the assessment process is completed, an individualized service plan is developed with the homeless outreach worker and the potential Safe Haven participant. The service plan is based on the needs identified and the preferences of the

individual and is entered into a single clinical record. Based on the needs and preferences of the potential Safe Haven participant, referrals are made to the appropriate resources and the homeless outreach worker ensures the potential Safe Haven participant is linked and follows up. The successful Safe Haven applicant will not present an unmanageable risk to self or others, will be compatible with the current mix of participants, has not been convicted of pedophilia or arson, can exit the facility independently in case of emergency, and can manage any health condition independently. Homeless Individuals who have had difficulty benefitting or utilizing previous treatment services will be the target population for the program.

The ACSB/DMHM RSA utilizes a HIPAA compliant, automated clinical record system that includes assessments, treatment planning and client data collection. This automated system can be accessed by ACSB/DMHM RSA clinical staff at different facilities throughout the City of Alexandria, resulting in immediate access to the most up to date clinical information available for any consumer of the Department, while maintaining security and access to only those staff having a need to know. Safe Haven staff will have access to the automated clinical record system.

### 3. Housing Where Participants will Reside.

a. **Type and Scale of Proposed Housing:** The ACSB proposes to convert an existing City-owned 4,000 square foot building into four apartment units to serve 12 individuals, four in each unit. One unit will be for the program staff. The facility and at least one apartment unit, serving four participants, will be fully accessible to individuals with mobility impairments, and will meet visitability and ADA standards. Assistive technologies will be utilized for participants with special needs. Each unit will have four bedrooms, allowing each participant to have his or her own private locking room. Each private room will have a small refrigerator for the participant to utilize, as well as maximum built-in storage space. Each apartment unit will have two full bathrooms with showers, minimizing the need to share. Kitchen facilities will provide a basic microwave, refrigerator and locking kitchen cabinets for participants to store their own food. It is anticipated that participants will do minimal food preparation, with dinner being provided by the program. Staff will monitor a single point of entry 24 hours a day, seven days a week to provide a safe, quiet environment. A common lobby area will give participants and staff an opportunity to be together for social activities. A patio and roof deck will provide access to the outside for socialization and smoking.

The building proposed for use as a Safe Haven is located on a major thoroughfare through downtown Alexandria and has been owned by the City for well over 100 years. Originally built as a fire station, the building has most recently been used as the City's psychosocial rehabilitation program for individuals with a serious mental illness. The psychosocial program has recently moved to a new location, freeing up the current building for another use. A preliminary architectural feasibility study found the building ideally suited for conversion to a multi-family residential facility. Current zoning of commercial downtown allows multi-family residences by right and does not require a special use permit.

The Safe Haven permanent housing project will require all participants to sign a residential agreement. Participants may remain in the program for as long as they want, as long as they continue to abide by the rules and responsibilities. The residential agreement specifies the amount of the residential fee to be paid by the participant as well as outlines the rules and responsibilities expected of each participant to maintain the health and safety standards. All participants will have access to the ACSB/DMHM RSA residential program appeal process protecting tenant rights and responsibilities available to all Department residential program participants. Participants will also have access to the ACSB/DMHM RSA human rights process.

Preliminary rules have been developed by the program design team. Although participants will not be required to be engaged in services as a pre-requisite for admission, they will be expected to meet health and safety expectations outlined below. The Safe Haven design team is composed of the director of residential services, director of day support services, director of case management services, the senior division director, and the homeless outreach team (one member is a formerly homeless individual who is also on the City of Alexandria's Homeless Services Coordinating Committee and the state of Virginia's Homeless Policy Academy). It is anticipated that participants of

the Safe Haven will participate in and be expected to develop additional program rules and expectations once the program becomes operational, providing increased opportunities for meaningful, direct involvement in the program's daily operations. Although the rules and responsibilities will be kept to a minimum, they will include:

- ▶ Treat others with respect and dignity.
- ▶ Refrain from behavior that causes or can contribute to physical harm, or the threat of physical harm.
- ▶ Comply with laws. No weapons are allowed in the building. Certain items may be required to be secured by staff.
- ▶ Ensure own behavior and interpersonal relationships remain non-disruptive. No loitering around the outside of the premises at any time. All visitors must sign-in and no overnight visitors allowed.
- ▶ No illegal drugs or alcohol will be allowed on the property. If drugs or alcohol are used by an individual off site, they need to manage use in such a way that does not interfere or conflict with the treatment or services being provided and in a way that is not disruptive to any treatment setting.
- ▶ Smoke only in the designated smoking area outside of the building. There is no smoking inside of the building.
- ▶ Make the agreed upon residential fee on time.

b. **Community Amenities.** The current identified site for the Safe Haven is within a block of a major east- west bus route of the Alexandria DASH bus system and the regional METRO bus system. It is also within two blocks of the DASH and METRO major transfer points for Old Town Alexandria and easy walking distance to the Metro subway system. The site is in a mixed commercial and residential neighborhood, on a major north- south commuting artery. All City services, including mental health and substance abuse services, as well as entitlement programs and job training, are within a short walk or bus ride. Inova Alexandria Hospital, the Queen Street Clinic, Alexandria Health Department's Casey Clinic, and the Arlandria Neighborhood Health Clinic are all a short bus ride from the identified site. Recreational facilities, as well as movie theaters and shopping centers and grocery stores, are all easily accessible by walking or a short bus ride. Old Town Alexandria offers many shops, eating establishments and recreational opportunities within walking distance. The identified site is also approximately seven blocks from Carpenter's Shelter and David's Place, a primary referral site for the Safe Haven.

c., d. and e. Not Applicable.

#### 4. Supportive Services the Participants will Receive.

##### a. Type and Scale of Supportive Services.

Support services provided to the participants of the Safe Haven will be focused on obtaining and maintaining permanent housing, increasing skills and/ or income, and achieving greater self-determination. All services available to participants of the Safe Haven will be evidence-based (or adapted from them) and comprehensive. Services offered will be consumer driven, individualized, based on a comprehensive clinical assessment and documented in an individual service plan (ISP) with measurable goals and objectives. The frequency and duration of services will be determined by the participant and the case manager. Services will be provided by a multi-disciplinary team and substance abuse and mental health treatment will be integrated.

Safe Haven staff will offer a variety of *on-site* supportive services to participants, with the goal of increasing life skills and self-esteem, and maintaining permanent housing, including:

- around the clock supervision to ensure health and safety;
- training in daily living skills, e.g. personal hygiene, clothes washing, dressing appropriately;
- training in interpersonal skills and conflict resolution;
- counseling to manage or reduce the symptoms of mental illness;
- nutrition, e.g. food shopping, menu planning, meal preparation;

- case management, e.g. including service plan development, linkage and follow up to services and entitlements;
- psychiatric evaluation and medication monitoring;
- substance abuse counseling, e.g. motivational interviewing, linking to 12 step programs, finding a sponsor and developing a support network;
- supportive mental health and substance abuse counseling;
- crisis intervention;
- financial management and training, e.g. linkage with representative payees, budgeting skills, money management; and
- medical or health care monitoring, e.g. monitoring health care needs and linkage to health care providers.

Around the clock, on-site residential counselors will be available to provide training, education and support to all participants as they make the difficult transition from the streets to stable, permanent housing. There will be a full-time, licensed therapist available to provide intensive case management for participants and clinical consultation to the on-site residential counselors. Case management will include assessing, planning, linking to mainstream resources and services, and monitoring of all individualized service plans of all Safe Haven participants. The licensed therapist will ensure individualized service plan goals and objectives are monitored at least every three months and revised as necessary.

The individual service plan (ISP) will include consumer needs and strengths, goals, measurable objectives and interventions. Interventions, or support services, are required by the automated system to specify the duration and frequency of the service as a part of the ISP. The duration and frequency are determined by the consumer, the case manager or the service provider depending on the consumer's needs and preferences. The ISP developed at admission can be modified at any time, is required to be reviewed every three months and rewritten at least annually. As the Safe Haven participant begins to gain trust and confidence in themselves as well as service providers, new goals and services can be added to the individual service plan. Participants may be ready to accept treatment for dealing with substance abuse problems, serious childhood trauma or lack of education and job skills. Developing job skills will involve referrals to the ACSB/DMHM RSA supported employment program or the Department of Rehabilitative Services. Supported employment will teach the Safe Haven participants the necessary vocational skills and provide them with appropriate job placement and follow along services necessary to become self-sufficient. The psychosocial rehabilitation program can also provide an opportunity for participants to develop new, successful interpersonal relationships. Participants with a limited English proficiency (LEP) can be assisted with linkages to LEP programs, interpreter services and culturally relevant support groups. Family members of Safe Haven participants will be encouraged to join the Families Organized for Caring, Understanding and Support (FOCUS), a support group jointly run by ACSB/DMHM RSA and the Northern Virginia Alliance for the Mentally Ill. This group meets monthly. Participants with a substance use disorder will also be encouraged to attend 12-step meetings, find a sponsor and develop a support network to help maintain a sober lifestyle.

All services operated by the ACSB/DMHM RSA are licensed by the state of Virginia. In addition, a majority of services have recently received a three year CARF accreditation, including: case management, social detoxification, psychosocial rehabilitation, opioid replacement therapy, supported employment, prevention and training services.

**b. Where Supportive Services will be Provided and Type of Transportation Available.** Services offered by the Safe Haven staff will be provided on-site at the Safe Haven facility. For those supportive services identified in the individual service plan not provided by Safe Haven staff, the case manager and the Safe Haven participant will determine where the service will be accessed. ACSB/DMHM RSA services such as psychiatric evaluations, medication management, psychosocial rehabilitation (including job development and follow along), individual or group mental health therapy and substance abuse counseling, social detoxification, substance abuse day support or inpatient psychiatric services are provided at a variety of sites within easy access to the Safe Haven facility. It is anticipated that the Safe Haven will have an assigned vehicle enabling staff to provide transportation when necessary. Tokens, Metro or DASH passes, or cab vouchers will also be available to assist participants access

services in the most independent mode. The main ACSB/DMHM RSA service site is seven blocks from the Safe Haven site, easily accessible by walking. Twelve step programs are available throughout the City of Alexandria and can be found in the “where when” book available on site.

**c. Plan to Ensure Benefits are Received.** Each Safe Haven participant will have an individual service plan (ISP) identifying the entitlements the participant will apply for and the process required to secure those benefits. The ACSB/DMHM RSA homeless outreach workers and case managers have many years experience helping DMHM RSA consumers determine their eligibility for and access to many entitlement programs. The years of experience enable relationships to be developed with eligibility workers at the Department of Human Services (DHS), Social Security Administration, Department of Veterans Affairs and Department of Rehabilitative Services. Staff have received training in presumptive disability in applying for social security disability benefits which can also speed up the approval process for consumers.. Staff will also work with consumers to overcome the many barriers that prohibit or delay the application entitlement process such as: lost or misplaced personal identification, financial, and/or medical information; limited English proficiency; or lack of a permanent address. Recent changes in Virginia state laws require new additional documentation to secure identification, such as a drivers license or walkers ID, that may be required to receive some benefits. Staff have learned a variety of successful ways to assist consumers in obtaining documentation such as birth certificates, school records or social security numbers that are necessary to apply for entitlements.

To improve access to entitlements for ACSB/DMHM RSA consumers, the City of Alexandria’s Department of Human Services (DHS) has provided an eligibility worker on site at the main ACSB/DMHM RSA facility. DHS is responsible for taking applications for Medicaid, Medicare, TANF, Food Stamps, SCHIP, and the Workforce Investment Act. This eligibility worker can meet with a new consumer, on site, not requiring a trip across the City to DHS, increasing the likelihood of follow through by the consumer. DMHM RSA services are based on an ability to pay. A negotiated payment schedule (NPS) is based on an individuals income. Proof of insurance is not a requirement to receive services, thus reducing another significant barrier for many homeless individuals accessing services.

Each participant of the Safe Haven will have the same assigned case manager who will be the single point of contact for monitoring the individual service plans and referrals. If a participant becomes incarcerated, is admitted to a psychiatric hospital or receives a redetermination of financial eligibility request, the case manager will continue to follow the case and work with other service providers to ensure a coordinated re-entry plan. The ACSB/DMHM RSA discharge planning staff are assigned to provide discharge planning services to all DMHM RSA consumers who are hospitalized in psychiatric facilities and coordinate with service providers in the community. DMHM RSA also has clinical staff within the Alexandria Detention Center who continue treatment services such as mental health counseling, medication and substance abuse treatment while incarcerated. ACSB/DMHM RSA case managers are assigned to the Alexandria Detention Center to provide discharge planning services for those individuals being released from the Detention Center and ensure linkage with resources in the community. Coordination of services between Safe Haven case manager and other service providers ensures the continuity of benefits.

**5. Accessing permanent housing.** The Safe Haven program being proposed is permanent supportive housing, meaning participants can remain in the program as long as they wish to and as long as they continue to abide by the low demand rules and responsibilities. ACSB/DMHM RSA homeless outreach staff will be able to make direct referrals to the Safe Haven permanent supportive housing program. Supportive services described in 4 a. above will provide the necessary skill building to assist the Safe Haven remain in permanent housing, no matter where they may choose to live. It is expected that, at some point in time in the future, participants may choose to move into other permanent supportive housing programs (described in the following Experience Narrative on page 10) operated by the ACSB/DMHM RSA or move out on their own. Each participant and their case manager will develop a permanent housing plan as part of their individual service plan (ISP) that will take into consideration each individuals skills, abilities and preferences. One option available to participants is the ACSB/DMHM RSA operated a supported living

program, which controls over 40 Section 8 vouchers that are issued to individuals who meet the income eligibility requirements and also have a serious mental illness or co-occurring substance use disorder. Staff provide in-home support and training in daily living skills in order to help the individual remain successful in the community. Safe Haven participants may decide they would like to live one of the Department's permanent supportive housing condominiums that are integrated throughout the City of Alexandria in a variety of complexes and also provide on-site supportive services and training in daily living skills. Or participants may choose to apply for Housing Choice vouchers and find an apartment to live on their own. There are no single room occupancy or boarding house facilities within the City of Alexandria. As identified in the *City of Alexandria's Ten Year Plan to End Chronic and Other Forms of Homelessness*, affordable housing within the City of Alexandria, is a major barrier to independence and residential stability for many homeless individuals, especially those who may also have a serious mental illness and/ or co-occurring substance abuse disorder. Evidence suggests chronically homeless individuals can transition to productive community living when they receive stable housing and a wide array of support services.

**6. Self-Sufficiency.** All participants of the Safe Haven will have an individual service plan that identifies the participants' goals and objectives for the future, including increasing income and living independently in permanent housing in the community. All participants will be assisted to apply for the benefits and entitlements they might be eligible to receive to provide them with an income and medical insurance as well as medical and support services. These include SSI, SSDI, Medicaid, Medicare, TANF, Food Stamps, SCHIP, veterans benefits and the Workforce Investment Act. The participant and the assigned case manager work together with all service providers to support the individual in developing the ability to live as independently as possible in the community. It is anticipated that many of the Safe Haven participants may take years to develop the necessary skills to become totally self-sufficient. Because the Safe Haven is a permanent supportive housing program, the participant may remain in the program until the participant chooses to leave. The ACSB/DMHM RSA has a comprehensive array of licensed and accredited services available to help the participants learn the skills necessary to maximize their independence. A major referral program will be the ACSB/DMHM RSA psychosocial rehabilitation program, the West End Club. This program is designed to provide individuals with a serious mental illness and often co-occurring substance abuse disorder opportunities to learn interpersonal, pre-vocational and vocational skills to enable them to work in paid employment. The West End Club also operates a supported employment program that offers vocational assessment, pre-vocational job seekers skills group, job development, job placement and on-going follow along services. The state's Department of Rehabilitative Services (DRS) has a representative on-site at the West End Club twice a month to coordinate DRS employment services, including situational assessments, vocational assessments, job development, placement and follow along with West End vocational staff and Safe Haven participants. The DRS representative is also on-site at the main ACSB/DMHM RSA facility on a monthly basis. By assisting the Safe Haven participant to develop successful employment skills, the participant can increase his or her income as well as his or her self-esteem. Increased income will provide the participant the financial resources to remain in permanent housing of his or her choice.

Staff will also teach participants ways in which to manage their own illness, including relapse prevention. Utilizing best practice models will include principles of recovery. By fostering the development of a natural support system, new interpersonal relationships can be developed outside of the service system.

Providing treatment and services to chronically homeless individuals will take a uniquely qualified staff. The ACSB/DMHM RSA has a CARF accredited program that will provide training for Safe Haven staff. The staff of the Safe Haven will require a specialized set of knowledge, skills and abilities. The emphasis will be on solving problems, removing barriers and being creative in developing solutions to problems that will enable participants to remain in the program rather than be terminated for "non-compliance" like in more traditional residential program models. It is the intention to hire formerly homeless individuals to provide a peer counseling role model for participants of the program. All staff will be trained in stages of change, motivational interviewing as well as dialectical behavioral treatment (DBT) as well as cultural competency.

**7. Not Applicable.**

**8. Discharge Policy.**

The Alexandria Community Services Board (ACSB), which provides policy direction and fiscal oversight of the City of Alexandria's Department of Mental Health, Mental Retardation and Substance Abuse (DMHRMSA), is the local government agency responsible for the implementation of state policies governing the discharge of individuals from state psychiatric facilities. The ACSB, as mandated by state code, is also the entry point for screening individuals in need of hospitalization at state psychiatric facilities. As a result, the Board is a part of the discharge planning process from the moment an individual is determined to be in need of admission to a state facility.

Since the submission of the 2003 HUD application, the ACSB and the state psychiatric facilities, the Northern Virginia Mental Health Institute (NVMHI) and Western State Hospital (WSH) have maintained a signed cooperative agreement that outlines each facility's roles and responsibilities. The ACSB also has maintained a signed cooperative agreement with Inova Alexandria Hospital that outlines both facilities roles and responsibilities as they pertain to the admission and discharge of individuals from the hospital's psychiatric unit (the only inpatient psychiatric unit in Alexandria, Virginia as of July 2004). Although Inova Alexandria Hospital is closing the inpatient psychiatric unit in August 2004, the ACSB has signed agreements with Inova Mt. Vernon Hospital and Northern Virginia Community Hospital in place for continuing these services.

For over twenty-five years, the Commonwealth of Virginia has had in place a set of guidelines called *Discharge Protocols for Community Services Boards and State Mental Health Facilities*. These protocols are designed to provide consistent direction and coordination of those activities required of state facilities and community services boards in the development and implementation of discharge planning from state psychiatric hospitals. Virginia protocols require state psychiatric facilities to include housing as a part of the discharge plans. The activities delineated in these protocols are based on or referenced in the *Code of Virginia* or the Continuity of Care Procedures in the Community Services Performance Contract. (The Community Services Boards must agree to follow these protocols as part of their annual performance contract with the state.) The ACSB/DMHRMSA has had policies and protocols in place for many years, specifically addressing the roles and responsibilities in providing community support services for individuals who are hospitalized in state psychiatric institutions. The DMHRMSA makes every effort to link homeless individuals with appropriate residential services and uses homeless shelters only as a last resort or when an individual refuses residential placements offered to them and chooses to live in a shelter. In fact, the Department, using a variety of state and local resources, has significantly expanded its own continuum of supportive residential placements over the past twenty years.

For the past 12 years, the ACSB/DMHRMSA has been actively involved in a regional effort with four other northern Virginia Community Services Boards to obtain and provide community resources to support the successful discharge and placement of state hospital patients whose special needs have prevented placement in the community and for whom specialized supports and targeted funding are needed for successful community placement. This regional effort, Discharge Assistance Programs (DAP), has created highly intensive supportive residential services and innovative treatment programs across northern Virginia, using state and local resources. These intensive community support services help prevent and reduce chronic homelessness of individuals with a serious mental illness who enter state psychiatric facilities by providing the necessary residential and support services necessary to live as independently as possible in the community. As of July 1, 2004, an additional \$900,000 has been allocated by the state of Virginia to the five northern Virginia community services boards for the development of additional regional programs to assist individuals with a serious mental illness who have significant barriers to discharge and prevent homelessness.

As part of the strategic planning process, the Homeless Services Coordinating Committee identified two special populations leaving state facilities and systems of care that had not been directly addressed in the previous Continuum of Care: youth aging out of foster care and individuals leaving state and local correctional facilities. The

HSCC has worked closely with the City of Alexandria's Department of Human Services (DHS), Alexandria Community Services Board (ACSB) through the staff of the Department of Mental Health, Mental Retardation and Substance Abuse (DMHM RSA), and supported the efforts of a newly re-formed non-profit corporation, Guest House, Inc., to address the needs of these two special needs populations. Since June 2003, these agencies have made significant accomplishments addressing the needs of youth aging out of foster care, individuals with a serious mental illness and/ or co-occurring substance abuse disorders leaving the Alexandria Detention Center and women ex-offenders leaving the state criminal justice system.

***Residential Support Services for Youth Aging out of Foster Care:*** DHS identified a growing problem of youth leaving the foster care system unequipped with the necessary skills to live independently, which may result in greater risk of homelessness. In June 2003, DHS received approval and funding from the Alexandria City Council to open a residential mentoring program for four youth aging out of the foster care system. This program, opened in April 2004, provides supportive residential services for those youths needing additional support and training to live independently and successfully in the community upon their graduation. By teaching these youths the necessary independent living skills, DHS hopes to prevent the likelihood of future homelessness.

***Discharge Assistance for Individuals with a Serious Mental Illness and / or Co-occurring Substance Abuse Disorder leaving Alexandria Detention Center:*** Although the DMHM RSA has been providing mental health and substance abuse treatment services within the Alexandria Detention Center for almost 20 years, staff have not been able to provide necessary case management and follow along services to inmates being released into the community by the courts. In order to address this need, DMHM RSA added additional resources to the mental health and substance abuse treatment program located within the City of Alexandria Detention Center. The addition of community based case management services has assisted DMHM RSA Detention Center staff link those individuals being released by the courts into the community with necessary support and follow along service with the goal of preventing recidivism and homelessness.

***Residential Services for Women Ex-Offenders:*** During 2003, local community activists were able to organize and seek new funding for a program that had provided an important link in preventing homelessness for over twenty-five years. Guest House re-opened its doors in April 2004, serving its first consumers May 31, 2004, after being closed for two years due to lack of funds. This program provides residential and support services to nine women ex-offenders returning to the community after incarceration. By providing counseling, housing and linkage to other necessary support services, Guest House has closed an important gap in preventing homelessness in ex-offenders.

The City of Alexandria has only one local community inpatient medical facility, Inova Alexandria Hospital. Although the numbers are few, the local community hospital continues to discharge homeless individuals with medical conditions into the local emergency shelters because there is no other option available. The HSCC has identified this as a problem and has its resolution as a goal in the City of Alexandria's *Ten-Year Plan to End Chronic Homelessness* (Goal 3, Action Step 3). DHS has two eligibility workers who provide liaison with the Inova Alexandria Hospital and the Alexandria Health Department's Casey Clinic to follow up on and to take applications for Medicaid, TANF and other entitlement programs. DHS also is responsible for interviewing patients and completing Uniform Assessment Instruments on all individuals in need of care in assisted living facilities as well as nursing homes. If approved, DHS provides auxiliary grant subsidies to qualified individuals.

## Experience Narrative

### 1. Type and Length of Experience.

Alexandria Community Services Board (ACSB) has significant experience in the provision of residential services to individuals with mental health, mental retardation and substance abuse over the past 20 years. The ACSB and Sheltered Homes of Alexandria (SHA) have worked together since 1983 to meet housing and supportive services needs of Alexandrians with mental health, mental retardation and substance abuse problems. The Sheltered Homes of Alexandria (SHA), is a private, not-for-profit organization founded in 1974. (A formerly homeless individual has a seat on the SHA board.) SHA contracts with the ACSB, the governing board of Alexandria's Department of Mental Health Mental Retardation and Substance Abuse (DMHM RSA), who operates the programs and provides direct services. In addition to the collaborative projects with SHA, the ACSB has been awarded grants to develop and operate housing with support for homeless persons since 1988.

Currently, SHA owns 46 properties in Alexandria which are leased to the City for use by the DMHM RSA. Altogether, the DMHM RSA operates 10 group homes and 53 single, double and triple bedroom apartments with a total of 174 beds serving persons with mental health, mental retardation or substance abuse problems. Twenty two of the properties are reserved for homeless consumers. Together, SHA, the ACSB and DMHM RSA have demonstrated their ability to acquire and successfully operate housing and support programs for homeless and non-homeless persons with mental illness, substance abuse and/or mental retardation. The ACSB and DMHM RSA continue to successfully manage annual budgets, hire staff, and collect data and report outcome measures in Annual Progress Reports to U.S. Department of Housing and Urban Development (HUD).

### 2. Experience in Contracting and Rehabilitation.

The Safe Haven project is not requesting acquisition, construction or rehabilitation funds from HUD, although the project will be undergoing significant rehabilitation to adapt its use to residential, make it ADA accessible and meet building code requirements. The ACSB, through the DMHM RSA and the City of Alexandria's General Services Administration has significant experience managing large and small rehabilitation and new construction projects. The HUD-funded Men's Recovery Home transitional housing project was new construction. The Columbus Street Permanent Supportive Housing project completely reconstructed a blighted, condemned Victorian house into two apartments for seven homeless residents. The Notabene Permanent Supportive Housing project renovated a 10-unit apartment building, including a large recreation/ meeting room on the site. Canterbury and Mayflower Permanent Supportive Housing completed rehabilitation that included making the condominium accessible to individuals with mobility impairments.

### 3. HUD Grants Received Since 1998.

Properties that were acquired and operated by the project sponsors using grant money and funding from HUD and other agencies include: year awarded, grant number, grant amount, and amounts spent to date.

Project Name	Year Awarded	Grant Number	Grant Amount	Amount Spent to Date
Aspen St. TH	1988	VA-39B303006	\$29,814	\$137,659
Canterbury Mayflower PH	1989	VA-39B303005	\$77,749	\$224,704
Columbus St. PH	1993	VA-39B303002	\$89,288	\$384,490
Men's Recovery Home TH	1997	VA-39B303003	\$98,150	\$187,017

<b>Project Name</b>	<b>Year Awarded</b>	<b>Grant Number</b>	<b>Grant Amount</b>	<b>Amount Spent to Date</b>
Notabene and Family Condo. PH	1998	VA-39B303001	\$131,643	\$434,86

**4. Delays in Implementing Grants.**

There have been no delays in implementing any of the HUD grants.

**5. Unresolved HUD Findings.**

There have been no unresolved HUD findings on any HUD grants awarded.

**6. Sponsor Eligibility.**

The Alexandria Community Services Board (ACSB) is the applicant and the sponsor of the Safe Haven Permanent Supportive Housing project. The ACSB is a unit of the City of Alexandria, Virginia municipal government.