

**QUESTIONS FROM PARENTS IN THE NEIGHBORHOOD  
SURROUNDING 115 NO. PATRICK STREET  
JANUARY 2006**

**STANDARDS FOR ENTRY**

1. How is “persistent mental illness” defined?

*Persistent mental illness includes adults, 18 years of age or older, who have a severe mental illness that seriously impairs their ability to relate to others, care for themselves, live on their own, or work. The definition of severe mental illness includes three dimensions: the individuals’ diagnosis, their ability to meet their daily needs and life activities and an assessment of the likelihood of the condition to persist for a considerable amount of time. The diagnosis is usually some type of major mental illness such as schizophrenia or bipolar disorder (manic depression). Individuals must have significant limitations in their ability to manage major life activities such as employment, social and interpersonal relationships, and meeting their basic daily needs. Individuals with a serious mental illness are likely to need continuing treatment for a long period of time.*

2. What is the precise nature of the mental illnesses affecting the residents that will be housed there? Will there be individuals suffering from manic depression? Schizophrenia? Paranoid schizophrenia? What else?

*A recent study of 70 Safe Havens, done by the Ward Family Foundation<sup>1</sup> in July 2005, found that approximately 92.8% of current Safe Haven residents have a diagnosis of major mental illness like schizophrenia, bipolar disorder, depression, or schizoaffective disorder and 33% have a diagnosis of a major mental illness like obsessive compulsive disorder, or anxiety disorder.*

3. Will it be open to both men and women, or will it be a single gender home?

*The Safe Haven will serve men and women.*

4. Will Safe Haven conduct its own outreach (e.g. word on the street, visit parks, abandoned buildings, under bridges, etc.), or will prospective residents be referred to Safe Haven? Who will make any referrals (e.g. homeless shelters, soup kitchens, hospitals, police, city government officials)?

*No, Safe Haven staff will not conduct street outreach directly, but will work very closely as a team with the Alexandria Community Services Board’s homeless outreach staff. The ACSB homeless outreach staff works directly with homeless shelters, food programs, hospitals, police and City Department of Human Services staff and will be the primary source of referrals to the Safe Haven.*

5. What screening process will be used to determine whether a homeless individual should become a resident?

*The Safe Haven screening process will be similar to the current residential screening process for mental health and substance abuse programs. Prior to admission, a licensed clinical staff member will complete a clinical assessment to determine the person’s needs. The clinician examines such things as current thoughts and behaviors, diagnoses, extent and type of substance use, history of*

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<sup>1</sup> Safe Haven Programs- Analysis of Strategies and Operating Practices, July 2005. Ward Family Foundation, Inc. [info@wardfamilyfoundation.org](mailto:info@wardfamilyfoundation.org)

*legal involvement, history of harm to self or others or threats of harm, and treatment history, efficacy, compliance and strengths and preferences. The assessment is based on interviews with and observation of the client, referral information, records review, and information from others who know the client.*

6. How will the location, less than 3 blocks from an elementary school affect admission criteria?

*The specific location of the Safe Haven within the City is not a factor in establishing admission criteria.*

7. Will there be criminal background checks? Will past or current substance abuse be taken into account? Will problems and incidents from previous shelter stays, whether violent or not, be taken into account?

*The answer to question # 5 describes the Safe Haven screening process. We will review legal history in a variety of ways including reports from collateral sources (this includes written and verbal reports from family and other professionals who know or may have worked with the consumer); self report; review of CSB records (most of the individuals who will be served by the Safe Haven are already known to the CSB); or review of state sex offender registry. Criminal records checks may also be used, however they are limited in that they only include Virginia and do not include arrests, only convictions. All known past and current behaviors, symptoms, diagnoses, etc., will be taken into account.*

8. Will past felonies or prior sexual offenses bar an individual from admission to the program? Will current substance abuse or alcohol abuse bar admission?

*We will not admit people who have a history of arson or sex offenses. In fact, we will not admit anyone we believe, based on our clinical judgment, will be dangerous to other residents, staff or neighbors. Use of alcohol will not be permitted on the premises and no illegal activity (which includes use of street drugs) will be permitted on the premises. Current substance use, in and of itself, will not bar a consumer from admission to the program.*

9. Will residents be dual diagnosis individuals possibly suffering from other physical mental and/or emotional ailments (e.g., physical handicaps, AIDS, tuberculosis, mental retardation, childhood histories of abuse or neglect, substance abuse, alcoholism)? If so, what additional facilities and services will be provided to accommodate additional needs?

*The residents of the Safe Haven may have physical illnesses or disabilities, histories of abuse or neglect, or substance abuse. The building is required to be designed in conformance with the Americans with Disabilities Act (ADA) standards, which means it will be accessible to individuals with mobility impairments or other physical disabilities. All residents of the Safe Haven will receive case management services from a licensed clinician who is knowledgeable about resources within the CSB and the greater community to meet the needs of the consumers.*

10. Who will evaluate and diagnose potential residents to determine whether they should be admitted into the program? What training/experience do these individuals have in such evaluations and diagnoses?

*The answer to question # 5 describes the Safe Haven screening process. A clinician licensed by the Commonwealth will evaluate and diagnose prospective residents. The position requires at least two*

*years of postgraduate work experience in providing direct clinical services to consumers having psychiatric and emotional disorders and satisfactory completion of Federal Criminal Records check and child abuse registry.*

11. Will there be ongoing periodic evaluations to ensure that the individual should remain at the home? What form will periodic evaluation take? What means will be available to remove residents?

*Residents will be monitored daily by staff on the premises who will be able to determine if there is any change in the resident's condition or behavior. A case manager and program manager will also see residents nearly every day. In addition, the residents may be involved in other activities and services that allow for staff to observe and evaluate how they are doing. Evaluations of residents may be formal (such as a structured interview with the resident) and/or informal (assessment of resident based on more routine daily interactions with staff). If it is determined that a consumer should not remain at the home, there are a variety of alternatives to get the resident to a more appropriate setting. Staff has access to: contract respite and crisis care services; police assistance; emergency medical assistance; detoxification services; and emergency mental health services (to arrange for voluntary and involuntary psychiatric hospitalization).*

## **ONGOING OPERATIONS**

12. What will be the training and experience of the on-site personnel? Will all on-site personnel be required to possess a minimum level of training and experience, even those on duty at night? What is that minimum level?

*All direct service staff (that is, staff who work directly with the clients), including those on at night and on weekends, will have, at a minimum, the trainings required by the state Department of Mental Health, Mental Retardation, and Substance Abuse Services, and the Community Services Board. These include training on health and safety, human rights, non-violent crisis intervention. All staff will have experience in working with adults with mental illness and some staff will have a clinical license from the Commonwealth of Virginia.*

13. What will be the staff to resident ratio?

*The program, when full, will have 12 residents. The program overall is staffed with 10 full time equivalent positions (7 counselors; 1 case manager, 1 program manager, 1 PT janitor, and 1 PT account clerk). There will be no fewer than 2 direct services staff on duty, in the building, at any time, so at a minimum, there will be a 1:6 staff to resident ratio. The Ward Family Foundation study states the average Best Practices Benchmark has approximately .5 full time staff for every resident. The CSB Safe Haven will exceed the Best Practices Benchmark with .83 full time equivalent staff for each resident.*

14. Will there be a live-in attendant, or will the facility be staffed through shift workers only?

*Staff will cover shifts.*

15. What experience does CSB have in operating facilities of this type? Has CSB consulted operators of similar facilities? What other facilities or groups have provided advice and guidance? What was the advice and guidance?

*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 25 years. The ACSB 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. Since January 1998, when data collection was automated, the CSB has served a total of 560 clients in our residential programs with no significant community incidents and a high degree of success as measured, in part, by consumers' movement to more independent living.*

*The ACSB has been awarded grants to develop and operate housing with support for homeless persons since 1988. Twenty-one of the properties are reserved for homeless consumers. The ACSB has demonstrated the 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.*

*CSB program managers have over 25 years experience developing and operating residential programs that have served homeless individuals with mental health and substance abuse disorders. For over four years, CSB staff has been reading and attending conferences related to Safe Havens. In addition, staff has consulted with staff of the Department of Housing and Urban Development (HUD, Community Residences and New Hope Housing. Advice and guidance has primarily focused on program operations, relationships with neighbors, crime and layout of the home and residents' needs.*

16. Did CSB investigate the experiences of other groups that provide a similar program? Has there been an increase in crime in the area surrounding any such program?

*The CSB has spoken with other the staff at other Safe Havens and they do not report a problem with increased crime in the area related to their program. We do not have police reports from those areas by which to compare crime statistics. You may be interested to know that the report from the Police Reporting area for 115 N. Patrick Street reflected that the number of crimes was lower when the Patrick Street Clubhouse was operating there than after the program relocated in August of 2004. The Patrick Street Clubhouse served approximately 65 individuals per day with serious mental illness and/or substance abuse disorders.*

17. Is CSB aware of any similar program that is located in such close proximity to an elementary school (5 blocks to Jefferson Houston)? If so, what is the similar program and what problems have arisen?

*The Safe Haven operated by New Hope Housing in Fairfax County since 1999 is located directly across the street from a Catholic elementary school. No problems have occurred and the director of the Safe Haven reports that they have formed a close and supportive relationship with the school.*

18. Is CSB aware of any similar program that is located in such close proximity to households with children (many small children and teens live within 1 block)? If so, what is the similar program and what problems have arisen?

*Both the Arlington and Fairfax County Safe Havens are located in residential neighborhoods. We do not have statistics on the number of children and teens in those neighborhoods. There have been no problems reported.*

19. Is CSB aware of any similar program that is located within a business district with shops and restaurants? If so, what is the similar program and what problems have arisen?

*The Ward Family Foundation study indicates a majority (62%) of Safe Havens surveyed are located in mixed-use residential and commercial neighborhoods. Interestingly, the study did not identify any*

*Safe Havens that were isolated from residential or commercial neighborhoods. We don't know what problems arose in those neighborhoods.*

20. How will CSB attempt to integrate new residents? Will an outreach worker familiar with the resident remain involved for a period of time? Will there be a “buddy system” which pairs new residents with experienced residents until a new resident is acclimated?

*The Safe Haven program staff will ensure all residents are oriented to the program, facility and the neighborhood in a manner that is clear and understandable to the individual. We may consider implementing such a process. It is always good clinical practice to ensure transition from one service or staff member is planned and coordinated.*

21. What will be the policy, on possession of weapons? How will compliance with that policy be monitored? What happens when that policy is violated?

*Weapons are not permitted on the premises. Violations of the policy will be managed in accordance with the Department of Mental Health, Mental Retardation and Substance Abuse policy. Consequences depend on the type of violation and may lead to immediate termination from the program. To address the safety of consumers, staff and the public, the belongings of consumers in CSB residential properties will be searched for firearms and weapons on admission, upon moving to another CSB residential property, and when staff has reasonable cause to believe that the resident may have in his or her possession, or have access to, a firearm or weapon. Residential consumers must review and sign program rules that address the requirements and consequences of violating the policy as part of the orientation process.*

22. What will be the policy on possession or use of controlled substances and alcohol? How will compliance with that policy be monitored? What happens when that policy is violated?

*Drug or alcohol use will not be permitted on the premises. Monitoring and consequences will be handled the same as for weapons (see #21).*

23. What will be the visitation policy? Will there be a limit on the times at which visitors may be at the facility? Will there be a limit on the number of visitors at a particular time? Will visitors be allowed to stay overnight? Will visitors be monitored to ensure they comply with the rules and safeguards established by CSB for the group home? How will visitors be monitored?

*All visitors will be monitored, be required to sign-in and comply with the same rules and expectations as the residents of the Safe Haven. Safe Haven residents will be directly involved in providing input into the decisions effecting the program's operations, including rules managing visitors. Visitors will not be allowed to stay overnight.*

24. Will residents be required to take prescribed medications? What will happen if a resident refuses to take medications intended to regulate mental illness (such as paranoid Schizophrenia)?

*State licensing regulations prohibit staff from forcing any consumer to take medications. See the answer to question #11.*

25. Will there be regular medical care? How will that be provided?

*Safe Haven residents in need medical care will be linked with local community resources.*

26. Will there be regular psychiatric care and evaluation? How will that be provided? Will a change of a condition (for better or for worse) cause a resident to lose eligibility for residence?

*Safe Haven residents in need of psychiatric care and evaluation will be linked with those services in the community. There are many reasons that a resident's condition may change. See answer to question 11.*

27. What safeguards will be taken to ensure the children at Jefferson Houston Elementary School and within our neighborhood? Who will pay for the safeguards taken by our neighborhood elementary school? How will the safeguards be policed? Will CSB agree to written, legally binding assurances with regard to the safeguards?

*We are not aware of any need or plans to change security at Jefferson Houston Elementary School.*

28. Will there be a requirement that residents be employed or actively seeking employment?

*No.*

29. Will residents be required to pay rent or to assist in the operations and maintenance of the facility (e.g. household chores, etc.) to earn their keep? Will residents that are able to contribute to household costs such as food be required to make such contributions?

*All residents are expected to pay 30% of their income towards their residential fees. One of the program goals is to teach residents how to manage living in an apartment with others. Residents will be strongly encouraged to participate in the upkeep of their home; however, there will be a custodian to ensure that the interior and exterior of the facility are well maintained.*

30. How “structured” will days and evenings be for the residents at this group home?

*A variety of social, educational, and treatment activities will be made available to residents of the Safe Haven (which is NOT a group home, but three supervised apartments).*

31. Will there be limitations on the comings and goings of the residents (e.g. will there be a curfew, etc.)?

*There will not be a curfew; the same as in all CSB operated supervised apartments. Residents will be expected to maintain quiet hours and ensure their behavior does not interfere with the residents or with the neighbors.*

32. What is the expected average length of stay for residents? How will CSB determine when its time for a resident to move on? Will CSB ensure that a resident has a place to go before they are released from the program? Can a resident simply withdraw from the program?

*The Safe Haven provides permanent housing, which means that there is no requirement for residents to leave after a certain length of time. However, based on our experience in operating residential programs and base on statistics from other Safe Havens, we expect that most residents will want to move on at some time. The average length of stay for a resident in a Safe Haven is 262.4 days. Discharge and transition planning is an important component of providing services. It is our hope and expectation that residents will move on to other residential programs operated by the Board or into their own residence. Because the program is voluntary, the residents may leave the program at any time.*

33. What liability insurance will Safe Haven carry? Has it been obtained? What does it cover?

*The City is self-insured.*

34. What mechanism will be available for the airing of complaints concerning residents? Who will be the contact point at Safe Haven for neighbors having problems and concerns? Will that contact be available 24 hours a day?

*Over the past 25 years, the CSB has found that establishing neighborhood advisory councils is an effective mechanism for communicating with the neighbors and resolving issues regarding program operations. There will be a Safe Haven program coordinator that will be the point person for neighbors to contact during regular business hours. There will always be staff on site and awake 24 hours a day and will ensure any concern is directed to the appropriate staff member.*

### **APPLICATION PROCESS**

35. When was 115 N. Patrick Street first identified by CSB as a possible site for the proposed group home?

*Patrick Street was identified as a possible site for the Safe Haven approximately in June 2003. The Safe Haven will not be a group home, but three supervised apartments.*

36. What evaluations, studies or analyses were made with regard to the suitability or unsuitability of this location for the proposed purpose? Are any in written form? What factors were considered?

*A feasibility study was completed in November 2003 and can be found in the City Council Docket Item dated 6-16-04 on the City's web site <http://dockets.alexandriava.gov/fy04/062204rm/di35.pdf>*

37. Was there an analysis on the impact on the local community – both residential and business? Was there an analysis of the impact on the residents of being placed in a potentially hostile environment due to the proximity to an elementary school?

*The analysis completed in November 2003 focused on the use of the building, the feasibility of the building to be renovated into apartments, and the applicability of the program model. The Homeless Services Coordinating Committee (HSCC) completes an analysis annually on the impact of homelessness on individuals and families in the City of Alexandria and identifies service gaps and needs. The Office of Housing completes a Consolidated Plan every five years and updates the plan annually. This Plan addresses a wide variety of housing and economic development needs in the City of Alexandria, the impact on the community and includes the housing needs of homeless individuals and families.*

38. What other locations were considered as possible sites for this group home and why were they rejected?

Seven locations were looked at as possible sites for the Safe Haven program. The sites were rejected either because the CSB did not have acquisition money, the facility did not lend itself to conversion into apartments, the property was in litigation, there was already a concentration of social service programs nearby or because City Council chose to use the site for another purpose.

39. What if any steps were taken to obtain community input from the school and nearby community? When were those steps taken?

*The Safe Haven, a multi-family “by right” project, has complied with all applicable zoning and code requirements. The residential use proposed for the building is in compliance with zoning and building codes, and because there is more than adequate parking at the facility, there is no further land use approval required for the use of the 115 North Patrick Street site for a Safe Haven. No Special Use Permit (SUP) is required. The CSB has gone through all of the processes that would be required of any other housing provider or property owner. The City web site has a summary of all the community meetings and communications with neighbors to solicit comments and input since June 2004. [http://alexandriava.gov/mhmrsa/safehaven\\_info\\_summary.pdf](http://alexandriava.gov/mhmrsa/safehaven_info_summary.pdf)*

40. What are the steps required by HUD to obtain approval for a project like this and were those required steps satisfied? How were they satisfied? Where can we find a copy of the “HUD requirements”?

*The Department of Housing and Urban Development (HUD) has an annual grant application process. HUD places significant emphasis on each community developing a “continuum of care” for homeless services including prevention, outreach, transitional and permanent supportive housing. The Homeless Services Coordinating Committee (HSCC) in Alexandria is responsible for developing this continuum and identifying gaps in services and determining priorities. The HSCC first identified the need for a Safe Haven in Alexandria in 1997. Once the grant application is submitted to HUD, reviewers rank each proposal and determine if it meets the cut off criteria. You can access HUD’s website at HUD.gov.*

41. Was there a requirement for a public hearing? Did it take place? When? How was the public informed of the hearing? Who was invited/present? How many block surrounding 115 N. Patrick Street were contacted?

*See the answer to question 39.*

42. When was the HUD application submitted? Is the grant site specific?

*The HUD grant for the Safe Haven was submitted in June 2004. The site was described in the application, but no address was required.*

43. We understand that group homes of this type normally should be located away from busy roads? Was that considered in the decision to select this site, located right on Route 1?

*The Safe Haven is not a group home, but three apartments. The Patrick Street Clubhouse had been located at this site for over 25 years and served a very similar population without any incidents involving traffic on Route 1.*

44. What is the basis of the grant amount? Has the budget been prepared?

*A budget is required to be submitted with the grant technical submission. Personnel and non-personnel expenditures determine the basis for the budget.*

45. Can we have copies of the HUD application and grant? Will you make it necessary to make a request under the Freedom of Information Act?

We have placed the 2004 HUD grant application Exhibit 1- Continuum of Care and Exhibit 2- Safe Haven on the City's web site. [http://alexandriava.gov/mhmrsa/safe\\_haven.html](http://alexandriava.gov/mhmrsa/safe_haven.html)

46. What, if anything, was the involvement of City of Alexandria officials, both elected and non-elected) in any approval or review process?

*The Alexandria Community Services Board (CSB) is a volunteer board appointed by City Council. The CSB identified the need for a Safe Haven in its strategic plan. On June 23, 2003, the City Council approved the CSB's Five Year Housing Plan that included the need for a Safe Haven. In 2004, the City Council included the Safe Haven in the City of Alexandria's Strategic Plan. On June 3, 2004, the CSB approved staff submission of the HUD grant for funding of a Safe Haven. On June 22, 2004, City Council approved the Community Services Board's request to submit the HUD grant and on March 8, 2005 City Council approved the acceptance of the HUD grant. In 2000 the Safe Haven was incorporated as a priority objective into the City's **Consolidated Plan for Housing and Community Development, 2000 – 2005**. On February 28, 2005 Alexandria's City Council adopted a **Ten Year Plan to End Chronic Homelessness** in Alexandria, with Safe Haven being one of the key features of the plan. The Safe Haven Information Summary on the City's website includes a chronology of reviews and approvals.*

47. What support has been committed to the project from other city departments? What other community-based organizations have committed support? How did CSB obtain these commitments of support?

*The Homeless Services Coordinating Committee (HSCC) consists of 40 different city departments, non-profits, faith-based organizations and service providers. There is a list of the HSCC members in the HUD Exhibit 1 on the City's website. CSB staff are members of the HSCC. As described question #40, the HSCC identified the need for the Safe Haven and ranked it the number one priority. Also see answer to questions # 45 and #46.*

48. Have there been any studies of the needs of this target group and the existing local facilities and services available to them? Can we have copies?

*The HSCC completes an annual point-in-time count of sheltered and unsheltered homeless individuals and families. The HSCC also completes an annual exhaustive analysis of all of the needs and services available to homeless individuals and families in Alexandria based on the point-in-time count. The analysis is included in the HUD grant application Exhibit 1- Continuum of Care, see question # 45 for website address.*