

Safe Haven Community Meeting – February 20, 2007 CSB Responses to Issues Raised at Jan. 30, 2007 Community Meeting

Safety Concerns

Several questions at the Jan. 30 Community Meeting centered on the safety concerns of the neighbors.

- ✦ One community member asked for a comprehensive description of the screening process for those persons being considered for the Safe Haven.
 - **Handout A** (see handouts below) provides a comprehensive description of the screening process for consumers in all CSB programs. (Also see FAQ 10)
- ✦ Concerns were also expressed about curfews¹ and consumers' ability to move about the community after certain hours in the evening.
 - CSB staff explained that there will be an expectation that residents be in the facility at night by a certain hour and if they are not, there will be consequences as outlined in Question 19 of the FAQs. Staff also explained that the CSB is governed by State Human Rights regulations with respect to restricting consumers' movement throughout the community. [**Handout B** is a copy of the State Department of Mental Health, Mental Retardation and Substance Abuse Services' *Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers*, 12 VAC 35-115-100.]
- ✦ Concerns were raised about safety in the alley behind the building.
 - Staff will check with the City about installing street lights in the alley.
- ✦ In response to overall safety concerns of the neighbors, CSB staff met with the police to see if they could provide extra patrols around the neighborhood. While they are not able to provide additional officers, the police indicated that once they were notified that the program was operating, they would be willing to have the neighborhood patrol officer focus on the area around the building during his/her regular patrol of the neighborhood.

¹ A comment was made that the model Safe Haven in Honolulu has a curfew. After the community meeting, CSB staff spoke with the Honolulu Safe Haven's Executive Director, Pamela Menter, who said that there is not a curfew at the facility.

- ✦ In addition to increased police focus on the area, the CSB’s own Emergency Services staff, who make regular rounds to various locations throughout the community, have indicated that they could also check the neighborhood around the 115 N. Patrick Street site.
- ✦ Concerns were raised about increased drug trafficking in the area, as well as an “open air drug market” at Queen and Fayette.
 - Staff have asked the police to respond to this issue.
- ✦ A concern was raised that consumers would not be forced to take their medications.
 - As explained at the Jan. 30 meeting, no one will be admitted to the Safe Haven who is determined to be a risk to the community or him/herself. (See Handout A for a description of the screening process.)
 - While it is correct that Safe Haven residents will not be required to take medication, it is also correct that we do not and cannot require any resident of any of our residential facilities to take medication. (To give greater context to the issue of required medication compliance, it is important to note that except in relatively rare instances, even hospitals cannot force a psychiatric patient to take medication, even when that person may be an involuntarily court-committed patient).
 - If it is determined that a Safe Haven resident requires medication in order to be non-disruptive, staff may require medication compliance in order for that individual to remain in the program.
- ✦ A question was asked about whether there would be mandatory drug testing.
 - While there will not be mandatory drug testing of all Safe Haven residents, staff will have the ability to do random drug testing of individuals, as the CSB does in its other residential facilities.

Qualifications of Safe Haven Staff

- ✦ A question was raised about the screening process for persons who will be hired to work at the Safe Haven.
 - **Handout C** provides a description of the CSB’s hiring process, as well as an overview of the training requirements for staff.

Neighborhood Concerns

Concerns were raised about how neighbors could bring problems to the attention of staff and how problems (such as loitering, trash, etc...) would be resolved.

- ✦ Consistent with its customary practice when implementing new residential programs, the CSB has committed to develop and participate in a *Neighborhood Advisory Committee* to ensure a successful program for the residents and the community.
- ✦ Staff names and contact numbers will be provided to the community and, as in our existing residential programs, staff will respond swiftly to any neighbor's questions and will immediately address any concerns about the property or its occupants.
- ✦ Building and grounds maintenance staff are planned for the facility. We have received many compliments over the years from our neighbors at other CSB properties as to the excellent maintenance and upkeep of our properties.
- ✦ The CSB will agree to comply with the recommendations of other City Departments (such as Transportation and Environmental Services and Parks and Recreation) to provide such features as:
 - Landscaping in the patio area
 - Trash receptacle in the front of the building
 - Collection of litter on a regular basis

Roof Deck

Concerns were raised about potential problems with the roof deck (e.g., safety issues, as well as cigarette butts being thrown off of the roof).

- ✦ Please refer to model: There will be a sunken area for the deck/promenade. The height of the parapet walls and the set-back railing and deck provide for adequate safety of the residents and prevent any items from being thrown over.

Previous Properties Considered for Safe Haven

A question was raised about other properties looked at for housing the Safe Haven program. Information was posted to the website the following day.

- ✦ See **Addenda to FAQs, Item 4.a.**

Neighbor Visits to Other Safe Havens or to Meet Consumers

At the Jan. 30 meeting, it was suggested that some of the neighbors of 115 N. Patrick Street might want to visit a neighboring Safe Haven or meet with some of the CSB's consumers at the Clubhouse.

- ✦ Arrangements were made with *Max's Place*, a Safe Haven in Falls Church, and neighbors were provided the week after the community meeting with the contact information for both *Max's Place* and the CSB's *Clubhouse*. See **Handout D** for contact information.

Notification of Condominium Unit Purchases

A question was asked about notification of neighbors when the CSB purchases condominium units in a building.

- ✦ See **Handout E** for a description of the confidentiality issues surrounding such notification.

Report of individual loitering in neighborhood

A neighbor reported that a particular individual has been seen in the neighborhood, sometimes loitering at the 115 N. Patrick Street property, and sometimes panhandling. CSB staff addressed this issue the day after the Jan. 30 community meeting, but asks that neighbors please contact CSB staff if any other problems arise.

Contact Information

Contact Information: Carol Layer, Director, Extended Care Services Division, or Judy Carter, Assistant Director, Extended Care Services Division, at 703-838-5011 or email, carol.layer@alexandriava.gov or judy.carter@alexandriava.gov.

Additional, detailed information on Safe Haven can be found at: http://alexandriava.gov/safe_haven.html

Handout A

THE SCREENING PROCESS FOR SAFE HAVEN REFERRALS

Overview

The CSB screens all referrals for Residential services to ensure that program staff receive all pertinent information regarding a prospective participant and that the people who enter our programs understand the program and agree to program requirements; have the capacity to benefit from the program; are eligible for the program; are able to be served safely within the program; and are provided the appropriate type of residential service, based on their individual needs. The screening process will be applied to Safe Haven residents in the same manner that has proven effective in the other CSB operated residential programs over the past 25 years.

Referrals to the Safe Haven will come primarily from or through the CSB's Homeless Outreach staff. In most cases, the individuals will be known to the CSB through prior contacts with Homeless Outreach staff and/or prior treatment episodes or contacts with other CSB providers. Referrals will be screened by clinical program staff and will be reviewed by the service team, including the Safe Haven Program Manager and clinically licensed Team Supervisor. Specific admission, eligibility and ineligibility criteria can be found in the FAQs Question 10.

The screening process for the Safe Haven will include a review of written records and information from the referral source and others who know the consumer; an interview with the applicant; and a check of the Virginia sex offender registry. The prospective resident will also visit the site one or more times to ensure that the placement will be a good fit. In addition, any person to be admitted to a residential program is required to have a physical examination and TB screening within the 30 days prior to admission.

Review of written records and information from collateral sources

Staff will review documentation that exists in the CSB clinical record system. The CSB record may include dates of prior service, treatment plans, progress notes, medication records, records from psychiatric hospitals; records from medical hospital admissions; psychological testing results; and/or other diagnostic, social, or functional assessments.

Whenever possible, Safe Haven staff will obtain information from family members and services providers who know the applicant. In Alexandria, potential Safe Haven candidates often have received services from the Department of Human Services (DHS); Casey Clinic; Carpenter's Shelter; Alexandria Community Shelter (ACS); winter hypothermia programs; David's Place (a daytime drop-in center); and local meal programs. The CSB also collaborates with the Alexandria Police Department officers who work with the City's homeless people and will be able to provide additional information.

Clinical Interview

A licensed clinician will conduct an interview with the consumer as part of the screening process. The purpose of the interview is to assess the individual's strengths and needs; evaluate risk to self and others; formulate a diagnostic impression; and review with the person the recommendations and options for service and treatment. To these ends, the clinician collects history about the person, including information about family and relationships, health status, educational background, legal involvement, employment and finances, present and past substance use, and past mental health or substance abuse treatment, including the efficacy of any medication or other treatment. During the process of the interview, the clinician collects other information and assesses risk through a "mental status" examination of the individual. This involves asking about and observing such things as the person's recent sleeping and eating habits; thought content and process; insight and judgment; mood; affect; appearance; attitude; intellect; perceptions; consciousness; memory; general fund of knowledge; abstraction; motor activity and behavior; eye contact; rate, rhythm, and tone of speech; orientation; and any history, ideation, intent, means, or plan of harm to self or others.

In some cases, the clinician may recommend that the consumer meet with a psychiatrist or have a drug screen as part of the screening and assessment process.

Site Visit

Prospective Safe Haven residents will be required to visit the facility prior to any admission decision. They will have an opportunity to see the environment, ask questions, and review the program rules and expectations. The applicant will also be able to meet roommates and other Safe Haven residents to ensure that program residents are compatible.

Handout B

VIRGINIA DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

RULES AND REGULATIONS TO ASSURE THE RIGHTS OF INDIVIDUALS RECEIVING SERVICES FROM PROVIDERS OF MENTAL HEALTH, MENTAL RETARDATION, AND SUBSTANCE ABUSE SERVICES

Source: <http://www.dmhmrzas.virginia.gov/OHR-RulesRegulations.htm>

12 VAC 35-115-100. Restrictions on freedoms of everyday life.

A. From admission until discharge from a service, each individual is entitled to:

1. Enjoy all the freedoms of everyday life that are consistent with his need for services, his protection, and the protection of others, and that do not interfere with his services or the services of others. These freedoms include the following:

- a. Freedom to move within the service setting, its grounds and the community.
- b. Freedom to communicate, associate, and meet privately with anyone the individual chooses.
- c. Freedom to have and spend personal money.
- d. Freedom to see, hear, or receive television, radio, books, and newspapers whether privately owned or in a library or public area of the service setting.
- e. Freedom to keep and use personal clothing and other personal items.
- f. Freedom to use recreational facilities and enjoy the outdoors.
- g. Freedom to make purchases in canteens, vending machines or stores selling a basic selection of food and clothing.

2. Receive services in that setting and under those conditions that are least restrictive of his freedom.

B. The provider's duties.

1. Providers shall encourage each individual's participation in normal activities and conditions of everyday living and support each individual's freedoms.
2. Providers shall not limit or restrict any individual's freedom more than is needed to achieve a therapeutic benefit, maintain a safe and orderly environment, or intervene in an emergency.
3. Providers shall not impose any restriction on an individual unless the restriction is justified and carried out according to these regulations.
4. Providers shall make sure that a qualified professional regularly reviews every restriction and that the restriction is discontinued when the individual has met the criteria for removal.
5. Providers shall not place any restriction on the physical or personal freedom of any individual solely because criminal or delinquency charges are pending against that individual, except in the situation where the individual is transferred directly from jail or detention for the purpose of receiving an evaluation or treatment.

C. Exceptions and conditions on the provider's duties.

1. Except as provided in 12VAC 35-115-50 E, providers may impose restrictions if a qualified professional involved in providing services to the individual has, in advance:
 - a. Assessed and documented all possible alternatives to the proposed restriction, taking into account the individual's medical and mental condition, behavior, preferences, nursing and medication needs, and the ability to function independently;

- b. Determined that the proposed restriction is necessary for effective treatment of the individual or to protect him or others from personal harm, injury or death;
 - c. Documented in the individual's services record the specific reason for the restriction; and
 - d. Explained, so the individual can understand, the reason for the restriction, the criteria for removal, and the individual's right to a fair review of whether the restriction is permissible.
2. Providers may impose a restriction if a court has ordered the provider to impose the restriction or if the provider is otherwise required by law to impose such restriction. Such restriction shall be documented in the individual's services record.
3. Providers may develop and enforce written rules of conduct, but only if the rules do not conflict with these regulations or any individual's services plan, and the rules are needed to maintain a safe and orderly environment.
4. Providers shall, in the development of these rules of conduct:
- a. Get as many suggestions as possible from all individuals who are expected to obey the rules.
 - b. Apply these rules in the same way to each individual.
 - c. Give the rules to and review them with each individual and his legally authorized representative in a way that the individual can understand them. This includes explaining possible consequences for violating the rules.
 - d. Post the rules in summary form in all areas to which individuals and their families have regular access.
 - e. Submit the rules to the LHRC* for review and approval before putting them into effect, before any changes are made to the rules, and upon request of the advocate or LHRC.
 - f. Prohibit individuals from disciplining other individuals, except as part of an organized self-government program conducted according to a written policy approved in advance by the LHRC.

*Local Human Rights Committee

Handout C

SAFE HAVEN STAFF CREDENTIALS AND OTHER REQUIREMENTS

All CSB residential staff must meet certain minimum qualifications and must have certain pre-employment screenings as well as post-employment orientations, trainings, and certifications, some which must be renewed periodically. Some of these requirements are dictated by our licensing bodies, the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) or the Virginia Department of Social Services (DSS). Others are required by accreditation or regulatory bodies (i.e., the Health Department), and some are required by the City. The City and the Department also support employees' continued training and education and offer a variety of ongoing, optional training opportunities.

The principal Safe Haven direct care staffing will comprise a Clinical Case Manager and Residential Counselors.

To be hired as a **Clinical Case Manager** for the Safe Haven, an applicant must demonstrate thorough knowledge of individual and group behavior; diagnosis and treatment of psychiatric problems and dual-diagnosis disorders; crisis intervention; psychopharmacology; and issues related to homelessness.

The employee also must have a graduate degree in a behavioral health field, as well as post-graduate work experience providing direct clinical services to consumers having substance abuse and psychiatric disorders. The Clinical Case Manager will be required to have a valid clinical license in Virginia. Clinical licensure requires extensive post-graduate work experience under the documented supervision of a licensed clinician, and successful completion of a state-administered exam.

To be hired as a **Residential Counselor** for the Safe Haven, an applicant must demonstrate knowledge and experience in provision of residential services; knowledge of the nature of mental illness and substance abuse and the role of residential support services; ability to identify the need for and provide crisis intervention; ability to plan and supervise the work of clients; ability to instruct clients in basic living skills and to identify progress and learning requirements; and the ability to obtain the cooperation of clients in difficult situations.

The Residential Counselor also must have experience providing direct services to clients with mental illness and/or substance abuse and a minimum of a Bachelor's degree in a behavioral health field.

The specific screening, orientation, credential, and training requirements for all Safe Haven direct care staff include but are not limited to:

Child Abuse Registry Check
State Police and FBI Review
TB Test
Pre-employment Drug Screen
First Aid and CPR Certificate (American Red Cross)
AED certification
Nonviolent crisis intervention
OSHA training
Medication administration training
Safety Orientation

Handout D

Safe Haven and Clubhouse Tours

At the Safe Haven community meeting on January 30, it was suggested that some of the neighbors of 115 N. Patrick Street might want to visit a neighboring Safe Haven or meet with some of the CSB's consumers at the Clubhouse.

Arrangements were made with *Max's Place*, a Safe Haven in Falls Church, and neighbors were provided the week after the community meeting with the contact information below for both *Max's Place* and the CSB's *Clubhouse*. Staff at *Max's Place* offered to provide tours of their facility and have neighbors speak with some of their residents, should residents be available and willing. *Max's Place* is located off Route 7 in Bailey's Crossroads and the CSB's *West End Clubhouse* is at 4480 King Street.

Max's Place

Susan Keenan, Residential Program Director, New Hope Housing, Inc.
(703) 799-2293, ext. 13.

Please Note:

Groups should be kept to less than five to minimize disruption to the home. Susan is more than happy to arrange more than one tour, so everyone doesn't have to go at the same time.

West End Clubhouse

Wendy Vaughan, West End Clubhouse, CSB Team Supervisor
(703) 838-4706.

Wendy will arrange tours of the West End Clubhouse and arrange opportunities to speak with Clubhouse members.

Cathy Coone-McCrary has offered to be a point of contact to make arrangements for the tours. You may contact Cathy at cathryn.coonemccrary@gmail.com

Handout E

Community Notification – Purchase of Condominiums

A question was asked at the Safe Haven community meeting on January 30, 2007 about notification of neighbors when the CSB purchases condominium units in a building. It was noted that community members would be interested in and willing to assist CSB residents in the case of an emergency and therefore, it would be prudent for the CSB to notify the community of the CSB consumers' presence.

In purchasing a condominium unit, the CSB follows all of the condominium and/or homeowners' association rules (e.g., notifying the management office of tenant names, registering with the office to obtain pass keys/access codes, etc.); however, the neighbors in the condominium community are not notified.

The CSB is governed by strict confidentiality rules concerning consumers. Both Federal and State regulations limit disclosure of information about a consumer's mental health status or substance use disorder and treatment, e.g., the *Health Insurance Portability and Accountability Act of 1996* (HIPAA) prohibits us from disclosing consumers' protected health information. This extends to acknowledgement that an individual is a consumer of CSB services. The CSB has interpreted confidentiality rules to extend to community notification of the purchase of identifiable units in an apartment building or condominium complex because CSB consumers would then be identifiable.

The CSB must also comply with fair housing principles. The Fair Housing Act prohibits a jurisdiction from implementing any policies that discriminate against individuals with disabilities or other protected classes. The Act also requires that local government make reasonable accommodations in policies and practices when accommodations are necessary to provide equal housing opportunities. Under Fair Housing law, if notification would not be required for purchase of a property for persons without disabilities, then notification for persons with disabilities would not be in keeping with the intent of Fair Housing legislation.

We very much appreciate the concern expressed at the community meeting about the CSB residents and the community's willingness to offer assistance should it be needed. CSB consumers who are placed in individual apartments within the community have been carefully assessed by clinical staff and a determination made that they are capable of caring for themselves on a daily basis, as well as in the event of an emergency. Of course, in an emergency situation, any one of us would like to have the support of our neighbors and our hope is that the CSB consumers throughout the City have been successfully integrated into the fabric of their surroundings so that they would be provided such support, as would any other neighbor, should they require it.