

**MAY 2010 FAQ  
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## **Frequently Asked Questions (FAQs) for Safe Haven May 2010**

### **1. What is a Safe Haven?**

- The Safe Haven provides permanent housing and supportive services for homeless people with mental illness or a co-occurring mental illness and substance abuse disorder, who are on the streets and who cannot or do not use existing shelters.
- The Safe Haven is designed to fill a gap in Alexandria's services because the needs of many of these homeless people frequently cannot be met with existing shelter services that serve the general homeless population.
- The Safe Haven is a nationally recognized program model that incorporates several effective strategies to serve its intended population, including outreach, a low demand structure, a housing first approach, and support services. The Ward Family Foundation study in July 2005 identified 118 Safe Havens in 43 states nationwide, the oldest one having been started in 1984. The U.S. Department of Housing and Urban Development (HUD) has been funding Safe Haven projects for over 10 years.
- The Safe Haven on Patrick Street will provide permanent housing and services in three separate apartment units for up to twelve men and women.

### **2. Who will operate the Safe Haven?**

- The Alexandria Community Services Board (CSB), along with the City Manager, oversee the operations of the City Department of Mental Health, Mental Retardation and Substance Abuse (MH/MR/SA), which will operate the Safe Haven.

### **3. What experience does the CSB have in operating programs like the Safe Haven?**

- The CSB has been operating residential programs in Alexandria for over 28 years.
- Currently, the Board operates nine group homes and 54 single, double, and triple bedroom apartments with a total of 169 beds serving persons with mental health, intellectual disabilities, and substance use disorders.
- The CSB currently serves 39 individuals in 21 homes and condominiums that are reserved for homeless clients. This represents one third of all CSB residential properties. These programs are staffed with residential counselors who provide on-site supervision, support, and training.
- While the CSB's existing residential programs do not operate as Safe Havens, many of them do serve clients who have been homeless and who have mental illness and substance abuse disorders and who may or may not be on medication

and/or abstinent from drugs or alcohol while enrolled in the program.

- Since January 1998, when data collection was automated, the CSB has served over 1,000 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 types of problems that we encounter in operation of our residential programs tend to be nuisance behaviors like noise, smoking related issues, loitering, or unusual behaviors that have been swiftly addressed and residents have been removed when necessary.
- In addition to successfully expanding and operating a large residential program for over 28 years, since 2002, CSB staff members have been gathering information about the Safe Haven program model and operations. Staff has visited local Safe Havens and interviewed program managers about all aspects of operations; attended national trainings and conferences; read available literature on supportive housing models, homelessness, case management models, risk assessment; outcome measures, and best practice models of substance abuse service and Safe Haven programs; and consulted with other professionals and experts regarding fair housing, risk assessment, and property values.

#### **4. Where will the Safe Haven be located and why was that site selected?**

- The City's 115 North Patrick Street building has been renovated into a three-unit apartment facility to house the Safe Haven program.
- Prior to siting the Safe Haven, the CSB conducted an analysis of the dispersal of special needs housing throughout the City based on eight Board Housing Planning Areas. City staff analysis indicated that use of this site for a Safe Haven was consistent with the CSB's FY 2004-2008 Housing Plan (approved by Council June 24, 2003). 115 N. Patrick Street lies within the Board Planning Area that was the second priority for siting special needs apartments and is within one-half block of the Planning Area that was the first priority.
- The Patrick Street site is well-located for a Safe Haven because of its proximity to other community resources such as employment, social services and CSB services and its accessibility to public transportation.
- 115 North Patrick Street was formerly the location of the Board's Patrick Street Clubhouse program which, since 1980, provided day support to approximately 60 individuals with serious mental illness and substance use disorders.

The Clubhouse program relocated to a larger facility at 4480 King Street in August 2004.

- The Mixed-use Commercial Downtown (CD) zoning use designation allows for

congregate housing with a Special Use Permit. The Ward Family Foundation Study of July 2005 reports that over 62% of study respondents said that their Safe Haven was located within a mixed use, commercial/residential location.

**4a. What other sites were considered for Safe Haven?**

- In the late 1990's, Alexandria's *Homeless Services Coordinating Committee* (HSCC), a coalition of 40 public and private agencies serving the homeless) began the search for a property to use for Safe Haven. (The HSCC had identified Safe Haven as a high priority need in 1997.) Several nonprofit organizations were contacted to determine their interest in opening a Safe Haven in Alexandria and there was a multi-year search for a property in a very tight housing market. Some sale properties identified turned over within a matter of days; furthermore, acquisition costs on most properties were prohibitive. (All would have also required significant renovation for use as a Safe Haven.)
- Some of the properties considered for a Safe Haven included: residential properties throughout the City; a wing of the Alexandria Community Shelter and the Detox Center at Mill Road; a former facility for youth on Seminary Road; property at Prince and West; a property on Wheeler Avenue; a CSB duplex on Four Mile Road; 1001 Duke Street; 200 block of South Patrick Street; a former Department of Human Services ARCH property on North Columbus Street; property on Mt. Vernon Avenue; and the former Jefferson Hospital.
- Some of these locations were deemed undesirable because they were not in an integrated community setting close to services. Most were not consistent with the CSB's Housing Policy for placement of the next special needs residence. In some cases it was determined that there was already a concentration of social services or special needs housing nearby. In one case (ARCH), the City Council chose to use the property for another purpose. As noted above, in some cases, acquisition costs were prohibitive on many properties and some of the properties did not lend themselves to appropriate renovation for a Safe Haven. Furthermore, for many years, properties were moving so fast that there was insufficient time to secure financing.
- The 115 N. Patrick Street location is one of the few properties examined that lent itself well to serving as many as 12 individuals in private apartments. The HSCC's and CSB's experience in looking for property in Alexandria suggested that to find another location for this program, purchase land and/or a building, and renovate it to serve 12 individuals, would cost as much as, if not more than, placing the program at the 115 N. Patrick Street site.

The CSB also analyzed the possibility of renting versus purchase and found that approach not to be cost-effective.

**5. What renovations were made at 115 North Patrick Street? What about parking?**

- Changing the building footprint was not necessary to convert the facility to three separate apartment units and staff offices.
- The outside of the building was modified to include a new front entryway and side doorways, removal of a ramp in the front of the building and a roof deck to provide for open space on the site. All modifications were approved by the City Board of Architectural Review (B.A.R.) in January 2006 with input from the neighbors.
- The parking requirement for the proposed building use is 2.2 parking spaces per apartment unit either on the property, adjacent to it, or directly across the street. Four units would require nine spaces. The CSB is currently allocated nine of the 19 parking spaces in the City-owned lot directly across the street from 115 North Patrick Street. We expect that these will more than adequately provide for staff parking. It is not anticipated that many of the residents will have cars.

**6. With all of the existing residential services in the city, why do we need a Safe Haven in Alexandria?**

- Despite an array of housing programs for Alexandria citizens, the City has recognized that there is a gap in services for homeless people, as evidenced by annual point-in-time counts of sheltered and unsheltered homeless individuals and an inventory of existing housing resources for the homeless.
- A January 2010 survey in Alexandria identified 359 homeless people in the City. Of that group, 145 individuals were identified as having severe mental illness, chronic substance abuse, or both disorders. Members of this group, who have been unable to benefit from traditional shelter and supportive housing services comprise the target population for the Safe Haven program.
- Existing homeless shelters often are not able to serve individuals with mental illness effectively due to a variety of factors. Shelters have requirements that residents promptly obtain jobs, save money, stay out of the building all day, etc. in order to rapidly gain self sufficiency. Many people with mental illness are not able to meet these expectations in the required time frames. In addition, shelter environments (lack of privacy, noisiness, rigid schedules, etc) are not hospitable to individuals with mental health problems.
- In response to the needs of Alexandria's homeless population, the City's Homeless Services Coordinating Committee (HSCC) has had a Safe Haven identified as a priority objective since 1997. The City incorporated the HSCC's recommended priority into its FY 2005-2010 Consolidated Plan for Housing and Community Development; and the Mayor and City Council's Strategic Plan.

**7. How do you know that this type of program is effective?**

- A variety of studies find that the key components of a Safe Haven model (low demand structure, housing first approach with support services, and outreach) are effective in getting people to agree to receive services and in keeping formerly homeless people housed.
- The National Alliance to End Homelessness states in the *Toolkit for Ending Homelessness* that supportive housing programs have proven to have powerful impacts, ending homelessness for the most chronically homeless people with severe disabilities, such as schizophrenia, addiction and HIV/AIDS. These programs relieve taxpayers of the expensive round of emergency services currently required. For homeless people with disabilities in their first year in permanent supportive housing:
  - Emergency room use in Baltimore dropped by over 75%
  - Emergency detoxification days in Minnesota dropped by 84%
  - Mental health hospitalizations in Seattle dropped by 89%, and arrests and incarcerations dropped by 93%.

In addition, state prison use in a New York City study dropped by 85%.

- According to University of Pennsylvania researcher Dennis P. Culhane, nationally recognized as the premier researcher on homeless issues, “Permanent supportive housing has emerged as a good investment because it is shown to substantially reduce the use of other publicly funded services. For those placed in the permanent supportive housing program, the reduced use of acute care services nearly offset the costs of the supportive housing.”

**8. Are there any other Safe Havens in our region?**

- Arlington County has operated a Safe Haven called Susan’s Place since 1997. Max’s Place has been operating in Fairfax County since 1999. Each provides permanent supportive housing for homeless men and women with mental illness and co-occurring substance abuse problems. Each facility accepts only residents of their respective jurisdictions.

**9. What can you tell me about the people who will live at the Safe Haven?**

- Prospective Safe Haven residents now live in the community, including Old Town, essentially with no supervision or regular support. All Safe Haven consumers will be residents of the City of Alexandria and many will have spent all or most of their lives in the City. The Safe Haven program will allow for far greater supervision and support of these individuals than is currently provided.
- Prospective Safe Haven residents will be known to the CSB. The CSB has two outreach workers who go out to streets and the shelters to establish relationships

with homeless individuals in need of services.

- Some of the approximately 60 people who used to attend the Patrick Street Clubhouse when it was located at 115 N. Patrick St. are people whom the Safe Haven would serve. And some of the current Clubhouse attendees also are prospective Safe Haven residents.
- An overview of prospective Safe Haven residents finds that:
  - Most have been in the City for years and some grew up here.
  - Most lived productive lives prior to the onset of their psychiatric disorders.
  - All have a mental illness such as schizophrenia or depression and more than half also have a substance abuse disability. Other primary psychiatric diagnoses of consumers who may be served in the program include delusional disorder and bi-polar disorder.
  - Many have chronic medical conditions.
  - All have been unable to use existing homeless shelters or permanent housing services due to the requirements of those programs.

#### **10. What are the admission and eligibility criteria for the Safe Haven?**

An eligible applicant will:

- Be an unaccompanied adult at least 18 years old.
- Be a resident of the City of Alexandria.
- Have a serious mental illness or co-occurring mental illness and substance use disorder.
- Be currently homeless.
- Agree to abide by health and safety rules as well as community laws.
- Not present an unmanageable risk to self or others.
- Be able to exit the facility independently in an emergency.
- Be able to manage any health conditions, chronic or otherwise, independently.
- Be compatible with current mix of residents.
- Commit to treatment or services as a condition of admission if necessary to address safety and health concerns.

An applicant is ineligible if, at the time of application or while in the program:

- Is unwilling to work with ACSB staff.
- Has a history of a sex offense, pedophilia, or arson.
- Has been assessed as having sociopathic or criminogenic behaviors.
- Is unable to demonstrate the safety awareness skills necessary to live in an apartment setting or is unable to exit the building without assistance.
- Exhibits unsafe, aggressive, or oppositional behaviors that have not responded to therapeutic consultations.
- Is unable to travel independently.
- Is required to wear a home electronic device.

- Is unable to manage health conditions, chronic or otherwise, independently.
  - Presents an unmanageable risk to self or others.
  - Has a need that cannot be met with available resources.
  - Does not abide by the lease agreement.
- Although applicants will not be required to agree to treatment as a condition of admission, residents must be agreeable to meeting with program staff on a regular basis to monitor their well being and offer/ provide services. Based on clinical presentation and needs, specific conditions may be required of a resident at time of admission to address safety or health issues. For example, a consumer with severe diabetes may be required to share the results of daily blood sugar monitoring with Safe Haven staff. Or, a consumer who might be paranoid and suspicious of others and have difficulty tolerating interactions with roommates might be asked to agree to accept medication.
  - All prospective residents will be required to visit the program prior to accepting admission in order to ensure a good fit.

**11. Where do potential Safe Haven residents live now?**

- These men and women have lived either in winter hypothermia shelters, outdoors, in parking garages, abandoned buildings, storefronts, parks, the river front, parked cars or other places not meant for human habitation.
- Most have used the winter “Hypothermia” shelter, which is strictly a shelter of overnight beds available on a nightly basis to the homeless during the winter months.

**12. What type of legal histories will Safe Haven residents have?**

- The backgrounds of the Safe Haven residents will be similar to those of the clients who attended the Patrick Street Clubhouse at 115 North Patrick Street for the roughly 20 years that the Clubhouse was located at that site. The Clubhouse moved to a larger facility in the West End in August 2004.

**13. How many people will be coming to Safe Haven and how will they get to their daily activities such as service providers, doctors’ appointments, employment, etc.?**

- Up to twelve residents will reside at the Safe Haven at any given time.
- The majority of residents will walk, use public transportation (bus, subway), bicycles, and City vehicles driven by City staff as their primary mode of transportation.
- As part of the supportive services offered, counselors will provide travel training

to residents, if needed to enable them to use public transportation.

**14. What kinds of activities and services will be offered at the Safe Haven?**

- Staff will provide monitoring and observation of residents and will have at least daily face-to-face interaction with all residents.
- All residents will participate in development of their individualized service plan. Staff will be able to assist residents in: linkage to entitlements; teaching and training in activities of daily living and self-care; interpersonal skill-building; symptom reduction; obtaining medical attention; re-connecting with family; maintaining abstinence from drugs or alcohol; building social supports in the community; engaging in a satisfying daily activity such as psychosocial rehabilitation or employment; or other things that the resident may identify as a treatment goal.
- Once these individuals are provided a stable and safe living arrangement, staff expects and regularly will encourage residents to develop a plan of care with their case manager which will address the need for a daily activity. This may include employment training, employment, day support, or volunteer work.
- The Safe Haven will remain open and staffed during the day for those residents who are not ready for a regular daily activity.

**15. How long do residents receive housing services in the Safe Haven?**

- The Safe Haven is a permanent supportive housing program which incorporates the expectation that participants will achieve and maintain greater stability and avail themselves of mainstream resources. Some may choose to move on to more independent housing. Residents may stay in the program as long as they choose.

**16. How will the Safe Haven be staffed?**

- A minimum of two direct service staff will be scheduled to provide supervision and supportive services 24 hours per day as well as facility management and security monitoring, seven days per week, including awake overnight coverage.
- In total, there will be 11 full-time equivalent positions providing around the clock supervision seven days a week; building and grounds maintenance; clinical supervision and program management; and administrative support.

**17. What are the qualifications of staff?**

- On-site staff will have the knowledge, skills, and abilities to assess behaviors, determine appropriate interventions, and provide crisis intervention.

- As in all of the CSB residential programs, all of the Department’s professional resources can be accessed in support of consumers in the Safe Haven, including: Emergency Services; psychiatrists and psychiatric nurses; behavioral consultants; clinical supervisors; and administrative support.
- Staff will complete the extensive training required by the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services for licensed facilities, and mandatory trainings for all Community Services Board staff.
- Supervision of the provision of mental health and substance abuse services will be provided by a clinician licensed by the Commonwealth of Virginia.

**18. Will the Safe Haven be open all the time? Will it be disruptive to the neighborhood?**

- The Safe Haven will be home to the clients and, as such, will be open to its residents at all times. As a residential facility of the City, it will be staffed 24 hours a day, 7 days a week. State human rights regulations state that “each individual is entitled to enjoy all of 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.” This includes the freedom to “move within the service setting, its grounds and the community.”
- Residents and visitors will not be permitted to disturb the neighbors in any way as they enter and exit the Safe Haven and there will be no loitering allowed.
- The population that the Safe Haven will serve includes individuals served in Alexandria’s winter hypothermia program. Each winter, hundreds of individuals and family members are served in the hypothermia shelter system. The winter shelter coordinator has reported no problems with shelter users’ behaviors and that there have been no reports of disruptive activity in the neighborhood related to the shelter users.
- Rules will address that residents respect quiet hours between 11:00 PM- 7:00 AM and that they may at no time be disruptive in the neighborhood.
- A change in use of 115 North Patrick Street from the Clubhouse Day Support Program to a Safe Haven will result in a reduction in pedestrian and vehicle traffic at the facility as approximately 60 consumers and 30 staff members previously used the facility on a daily basis.
- Staff will respond swiftly to any question or concern from neighbors.

**19. What are the rules and the consequences of rule infractions?**

- The Safe Haven proposes the following rules and consequences for the residents:
  - Participate in the development of your service plan and comply with that plan.
  - Treat others with respect and dignity which includes preserving the confidentiality of other consumers.
  - Participate in all program activities and communicate appropriately with staff regarding situations that affect your program participation/attendance.
  - Refrain from behavior that causes or can contribute to physical harm, or the threat of physical harm.
  - Comply with all laws and posted regulations when in any CSB building and when on any CSB property. In residential sites, staff may search personal possessions if rule violations or illegal behavior is suspected. You may choose whether or not to be present during a search of your personal belongings.
  - Ensure that your own behavior and interpersonal relationships remain non-disruptive to any treatment program or setting.
  - Cooperate with any safety procedures or emergency preparation procedures initiated by staff to protect or promote your well-being or that of other consumers.
  - Behave in a socially appropriate manner when in or around CSB programs.
  - Provide treating staff all information that might be relevant to giving you treatment or services (this includes financial information, information about other services or treatment received, information pertaining to personal health, such as pregnancy, etc.).
  - Make the agreed upon payments on time.
  - No weapons are allowed in the building or on the property. Certain items may be required to be secured by staff.
  - No loitering around the outside of the premises at any time.
  - All visitors must be approved 24 hours in advance and must sign-in. No overnight visitors allowed.
  - No illegal or non-prescribed drugs or alcohol are allowed on the premises.
  - Smoking is allowed on the roof deck between sunrise and dusk. Smoking is allowed with staff supervision on the roof deck between dusk and dawn. At no time may cigarette butts be thrown from the roof deck. Smoking is allowed on the back patio. There is no smoking inside of the building.
  - Respect quiet hours between 11 p.m. and 7 a.m.
  - Notify staff in advance if returning to the facility after 11:00 PM
  
- Rule infractions have different consequences depending on the circumstances. Rule infractions are addressed, whenever possible, through appropriate modifications to the individualized service plan or other reasonable interventions. (For example, if a resident is playing music that his roommates find disruptive, staff might problem solve with the consumer to find ways to address this, such as the individual's use of headphones.

Or if there are disruptive disagreements between apartment roommates, something might be added to the service plans of the involved residents to address their development of conflict resolution skills). A single serious rule violation, or a pattern of less serious rule violations may result in application of a more serious consequence. Seriousness is determined by consideration of the all following: the impact or potential impact of the rule infraction; the number of others who were affected or might have been affected by the rule violation; the frequency and recency of any other rule infraction(s); other contributing circumstances. Possible consequences include:

- Assignment of a special task such as a presentation to a group or counselor or a meeting with a supervisor;
  - A verbal or written warning;
  - Temporary suspension of services until there is reasonable assurance that the behavior in question is resolved and will not re-occur;
  - Termination of services.
- Some situations or actions by residents will always result in discharge from the program. These include: any acts of physical aggression within the program; any acts of fire setting or commission of any sex offense; any illegal activities on the Safe Haven premises; abandonment of the placement for more than seven days without notification to staff; or having a need that cannot be met with available resources.

## **20. How do we keep the program and surrounding community safe?**

- We will not admit or serve any individual who presents a risk to themselves, the safety of other residents, staff, or neighbors. We will not admit any pedophiles or other sex offenders, fire setters, individuals under Home Electronic Monitoring; or anyone who is not compatible with the current mix of residents.
- Referrals to the program will be screened in a face-to-face interview by a licensed clinician who thoroughly understands the Safe Haven program and its operations. Screenings will include a comprehensive clinical risk assessment. The referral information also will be reviewed by a clinical team and Program Director and/or other manager(s).
- Every resident must agree to and abide by the health and safety rules of the Safe Haven; exit the facility independently in an emergency; and manage his own health conditions independently.
- The Safe Haven will be staffed by mental health and substance abuse professionals who are experienced and specially trained to identify, assess and manage any safety or security concerns in our client population.

- Prior to accepting someone into the program, licensed clinical staff review all referrals and perform an admission screening, which addresses the risk of harm to self and/or others. In addition, staff review written records about the client and speak with referral sources for additional information. Criminal/legal history is included as part of this assessment.
- All referrals to the Safe Haven will be of clients known to the CSB through prior outreach, treatment or service delivery. The residents of the Safe Haven will not be transients about whom we do not have reliable history.
- The direct-service staff to consumer ratio is at least 1:6, which allows for close and frequent observation.
- At least two program staff are always scheduled (24/7 awake coverage) and will monitor a single point of entry at all times. Staff monitor the building, including all entry and exit points and surrounding area to promote security.
- As in all current CSB services, if a problem arises, staff will have immediate access to the CSB crisis intervention services including additional clinical support and consultation and emergency mental health and substance abuse intervention. In addition, Alexandria Emergency Medical Services, and/or the Alexandria police will be utilized if needed.
- We respond immediately to any communication from the community about observations that are cause for concern.
- Among other rules, consumers and visitors will not be permitted to possess or use drugs or alcohol while in the Safe Haven or to possess any weapons.
- Safe Haven staff communicate closely with other Department staff and staff of City agencies to monitor each resident's progress and evaluate risk on an ongoing basis.
- The program is not a "drop-in" center. Only program residents, staff and expected visitors will be permitted in the building, so there are no people unknown to us in the facility. All requests for visitors will need to be made 24 hours in advance.
- While there is no way to predict anyone's future behavior with 100% accuracy, program staff are trained to evaluate a variety of factors in order to determine potential risk. Prior to admission, a licensed clinical staff member will administer a risk assessment to the potential resident. The clinician examines such things as current thought content and process, current behaviors, diagnoses, insight, judgment, orientation, cognitive ability, extent and type of substance use, history of legal involvement, history of harm to self or others or threats of harm, and

treatment history, efficacy, and compliance.

The risk assessment is based on interviews with and observation of the client, referral information, records review, and information from others who know the client. A criminal record check may be requested if information learned during the screening indicates that further details about criminal history are needed.

- Once admitted, risk assessment is achieved through daily observation and communication with the resident, other service providers, and others with whom the resident might have contact.

**21. What outcome measures will the CSB use to assess the effectiveness of the Safe Haven?**

- Prior to opening the Safe Haven, the CSB will develop specific outcome measures that incorporate requirements for State reporting, HUD reporting, and reporting for any accreditation bodies. Outcome measures may include such things as: reducing days of homelessness for individuals; residents movement to permanent housing upon discharge; achievement of individual treatment goals; establishment of a stable source of income; engagement of residents in other Department services; increasing residents' periods of abstinence from substance use; and resident satisfaction with services.

**22. What effect will the Safe Haven have on the property values in my neighborhood?**

- In November 2006, the City commissioned a study by a certified real estate appraiser to determine if there was a negative impact on adjacent housing prices and marketing trends near supported housing programs like the Safe Haven. The study concluded that the conversion of the building at 115 N. Patrick Street to a Safe Haven facility would have no discernable or measurable impact on housing prices in the neighborhood.
- The Alexandria CSB values its reputation as a good neighbor and takes seriously the careful upkeep of our residential facilities and responsible management of our programs.
- All exterior modifications to the building were approved by the BAR with input from neighbors.

**23. What happens if a neighbor has questions or concerns?**

- We very much want to hear from neighbors about any and all concerns both in the planning of the Safe Haven and once the program is operational.

- Consistent with its customary practice when implementing new residential programs, the CSB has committed to develop and participate in a Neighborhood Advisory Committee (NAC) to coordinate information about the Safe Haven’s start-up and ongoing operation to ensure a successful program for the residents and the community. The NAC had the first meeting on April 12, 2010. All notices, minutes and information about the NAC may be accessed through the Department’s website <http://alexandriava.gov/mhmrsa/default.aspx>.
- As in our existing residential and other programs, staff will respond swiftly to any neighbor’s questions and will immediately address any concerns about the property or its occupants. Contact information to report concerns can also be found on the Department’s website as well as in question 27 below.

**24. How much will the Safe Haven cost?**

- The total budgeted FY 2010 cost to the City to serve 12 Safe Haven residents is \$111,891.
- The total ongoing operating budget for the Safe Haven, once fully operational, is \$647,758. This includes \$606,724 for personnel costs and \$41,034 for non-personnel.
- The City was awarded a grant from the U. S. Department of Housing and Urban Development to partially finance the operating costs of the Safe Haven for \$54,608 per year for a three-year period (a total of \$163,824). Like all of our other HUD grants, funding is renewable and ongoing. All revenue sources that fund the project are as follows:

U.S. Department of Housing and Urban Development	\$54,608
Consumer fees	\$16,750
Medicaid	\$189,805
State	\$274,704
City	\$111,891
 Total	 \$647,758

- The City had originally budgeted \$795,000 in Capital Improvement Program funds for renovation of 115 N. Patrick when it was intended that the site would remain an office building. In the intervening time, the City has identified additional monies totaling \$2.055 million to fund the renovation of the building for its use as a Safe Haven. The total capital project budget is \$2.85 million.

- The budget for the Safe Haven is comparable to that of existing CSB residential programs that provide a similar level of staffing. Assuming that CSB programs run at capacity, the annual per-resident cost of the Safe Haven would be less than similarly staffed programs.

25. **Why should we spend that much money to serve only 12 people?**

According to a report by the U.S. Department of Health and Human Services, *Blueprint for Change: Ending Chronic Homelessness for Persons with Serious Mental Illness and/or Co-Occurring Substance Use Disorders*, “...recent studies reveal that the cost of providing permanent supportive housing for people with serious mental illnesses is more than offset by savings incurred by the public hospital, prison, and shelter systems. When nothing is done, people with serious mental illnesses and/or co-occurring substance use disorders who are homeless often cycle between the streets, jails, and high-cost care, including emergency rooms and psychiatric hospitals.”

- While it costs the community money to serve homeless people with mental illness, it also costs the community money not to serve them. A 2001 report, *The Impact of Supportive Housing for Homeless People with Severe Mental Illness on the Utilization of the Public Health, Corrections and Emergency Shelter Systems: The New York-New York Initiative*, found that “...homeless people placed in supportive housing experience marked reductions in shelter use, hospitalizations (regardless of type), length of stay per hospitalization and time incarcerated. Prior to placement in housing, homeless people with severe mental illness used an average of \$40,449 per person per year in such services (in 1999 dollars).” (\$44,655 in 2003 dollars). The cost per person of providing housing is \$43,932.

26. **What is the time line for starting operations?**

- Building renovations are completed and expected program opening is in late June or early July 2010.

27. **Whom may I contact if I have questions?**

You may contact Carol Layer, Director, Extended Care Services Division (703-746-3406) or Judy Carter, Assistant Director, Extended Care Services Division, (703-746-3381) or email, respectively [carol.layer@alexandriava.gov](mailto:carol.layer@alexandriava.gov) or [judy.carter@alexandriava.gov](mailto:judy.carter@alexandriava.gov).

Additional information can also be found on [http://alexandriava.gov/safe\\_haven.html](http://alexandriava.gov/safe_haven.html).

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