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Introduction

Community Alternative Consortium is a specialized Assisted Living Facility (ALF), licensed by Virginia Department of Social Services. CAC has been licensed since 2010 and maintains a triennial license- in good standing. Located in Church Hill, CAC provides a unique experience for young adults ages 18 and 55 years of age. Service delivery includes room and board; meals; supervision; assistance with activities of daily living to include medication administration. As part of service delivery efforts, each resident is linked with the following services: Case Management through the local Community Services Board, Richmond Behavioral Health Authority. Other services are secured on behalf of each resident to include:

Psychosocial Rehabilitation Providers
Mental Health Skill Building Services
Psychiatry

Other service providers include the following credentialed professionals.

Licensed Mental Health Professionals,
Licensed Professional Counselors (LPC)
Licensed Clinical Social Workers (LCSW)

CAC's assisted living program harnesses one of the most plausible ways to serve young adults diagnosed with mental illness. As such, a conglomerate of needed services are offered in a structured manner by a collaborating interdisciplinary team of mental health professionals. This methodology ensures persons have a place to live; can have their basic needs met while simultaneously receiving mental health services.

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Community Alternatives Consortium offers disenfranchised mentally ill persons an opportunity for stability in the community through an interdisciplinary approach. This means persons, some who have traditionally been homeless or otherwise unstable can receive services in the community. Furthermore it promotes safety and addresses significant issues in human services -- how to provide services to mentally ill persons with limited income. When an individual's basic needs are met -- food, clothing, shelter, other needs can be met to include mental health diagnosis and intervention, physical health, and other social problems inherent to persons with limited income.

Goal

The goal of our addition and service expansion is to continue existing in a neighborhood established for families. Care will be taken in structural design to ensure our facility continues to coexist without the appearance of a large commercial structural intrusion in the midst of a single-family homes.

Community Alternative Consortium #1 (620 North 32nd Street) and Community Alternatives Contortion #2 (618 North 32nd Street) are free standing, individually licensed facilities with non conforming certificates of occupancy (CO). CAC is asking to join the two structures and make an addition to both buildings on the first and second floors. CAC #1 has accommodations for 12 people. CAC #2 has accommodations for (15) people. Provided the two structures can be joined CAC will have an opportunity to increase service delivery and provide residency to 50 residents rather than the current combined total of (27) residents. Being able to increase the number of persons served helps to promote quality residential services for mentally ill persons in the Richmond Metropolitan Area. Additions will allow for more office space so psychiatrists, case managers, mental health workers and other service providers can work on site. More multipurpose space will accommodate opportunities for indoor recreation. Should approvals be granted the staff to client ratio will increase; ensuring there's a ratio of one staff to every ten

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residents during the wake hours and two staff to every (25) residents at night with security personnel.

Operating Procedure (Overview)

CAC's program is highly structured, orchestrated by a daily schedule of activities. This provides staff, residents, and other stakeholders assurance of a guide to service delivery. Residents are awakened in the morning by staff as needed. Others wake independently. Residents are encouraged to complete hygiene tasks, are administered medication, and provided with breakfast. Residents are transported to day programming services or volunteer opportunities. Monday through Friday where they typically remain approximately to 3 or 4 p.m.

Upon returning home staff assist residents with re-assimilating to the residential milieu; assess needs and assist with any problems or issues that may have occurred. Residents have down time to relax. Dinner is served at 5:30 p.m. Residents are later encouraged to participate in activities such as playing board games, karaoke, arts and crafts, and or watching a movie. Staff assist residents with preparing for the evening by encouraging hygiene, offering snacks, and administering medications. CAC staff have been applauded for the ability to develop a rapport with the residents and continue enhancement for therapeutic relationships. CAC has a proven track record of providing services to difficult to serve mentally ill persons with success. CAC has an excellent retention rate of both staff and residents. Retention of staff ensures continuity and limited change for residents. Retention of residents often speaks to high quality of life for residents --- stability and happiness.

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Operating Procedure: Staff

CAC staff credentials includes an Administrator with nearly 20 years of experience working in the public and private sector of Human Services. The

Administrator is currently all but dissertation (ABD) towards a doctoral degree in clinical psychology (graduation projected the first quarter of 2016). CAC employs a roster of licensed medication aides (4), direct care staff (3); a registered nurse; and consults with a licensed Clinical Psychologist. CAC has a progressive training program which requires ongoing staff training and development to understand and implement the best practices when it comes to serving mentally ill persons in the community. Regular in-services and training are required for continued employment, and compliance with the regulatory authority. CAC staff supervise residents at the facility and on agency sponsored outings. CAC staff work in a concert with other service provider to ensure the health, welfare, safety, and security of mentally ill person under the agency's care.

Operating Procedure: Parking

The current structures are remodeled multi-family dwellings. Due to most of our employees taking either public transportation or being dropped off there is currently no detrimental effect to adjacent properties ability to park their personal vehicles. With that being said, the limited number of staff vehicles parked on 32nd Street and M Street would remain consistent with the number of vehicles that would have previously been utilized in the area for typical residential capacity, with the approval of the Special Use Permit.

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Operating Procedure: Kitchens

Each freestanding building is licensed by the Virginia Department of Health. Each kitchen meets the requirements for commercial use.

Operating Procedure: Bathrooms

Each building currently has (4) full bathrooms. Additional bathrooms will be added to comply with DSS regulatory requirements/International Building Code for the ratio of bathrooms to residents, etc. if approved.

Operating Procedure: Fire and Safety

Each building has a sprinkler system, fire monitoring, fire extinguishers, lighted exit signs and smoke detectors per current fire code. The addition will comply with all current fire and building codes.

Operating Procedure: Surveillance

Cameras capture inside and outside of the facility in common areas only. This service will be extended to the addition if approved.

Operating Procedure: Emergency Systems

Each facility has a generator that automatically engages at the loss of power and is operated by an independent gas line. These services will be extended to the addition if approved.

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Community Relations

CAC remains in good standing and relation with neighbors. Neighbors adjacent to the facility have agency contact information to report complaints and concerns. CAC staff and residents participate in the annual block party and other festive activities in Church Hill. Many of the residents have associates in the community. Neighbors, church members, and others in the community often donate clothing for residents. Neighbors have often worked in concert with the agency's mission. For example neighbors learned about a resident who was missing and canvassed the neighborhood with staff and police to look for the resident. Other examples, include neighbors contacting the administrator to discuss how their church could help with providing clothing. The annual block party has been an enjoyable experience for the agency, residents, staff and community where familiarity continues as well as an appreciation for the diversity.

References, Brochure & Proposed Plans

See remaining sheets.

Conclusion

Community Alternatives Consortium Assisted Living Facility in advance would like to thank the City of Richmond, the Planning Commission in particular, for allowing us the opportunity to pursue our goals in providing our existing services and hopefully extended services to those who need it. We appreciate your continued support in our endeavor to assist the citizens of the City of Richmond.

Community

Alternatives Consortium

Visit us on the Web at www.cacofva.com



Assisted Living Facility Services



Specialized Services for Young Adults Ages
18-35

Licensed by the Virginia Department of Social Services
Serving Central Virginia

Community Alternatives Consortium I

620 N. 32nd St. Richmond VA, 23223

Community Alternatives Consortium II

618 North 32nd Street Richmond, Virginia 23223



Let's face it...when you think of Assisted Living Facility (ALF) services some of the first thoughts that come to mind are the aged, disabled or infirmed. While some ALFs provide services primarily to persons who might fit those stereotypical images we do not. Our services are tailored to fit younger people (ages 18-35.) For an array of reasons our clientele may need supports with transitioning to adulthood or ongoing supports to remain stable in the community. Other providers will have to take care of the "baby boomers". ***We have facebookers, tweeters, texters and IPod listeners with laptops in tow LOL (laughing out loud).***



Promoting Stability...

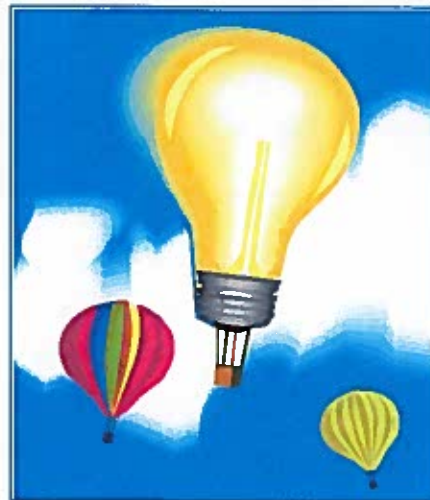
We are more than a mere place to call home...

Serious mental illnesses disrupt people's ability to carry out essential aspects of daily life, such as self care and household management. Mental illnesses may also prevent people from forming and maintaining stable relationships or cause people to misinterpret others' guidance and react irrationally. This often results in pushing away caregivers, family, and friends who may be the force keeping that person from becoming homeless. As a result of these factors

and the stresses of living with a mental disorder, people with mental illnesses are much more likely to become homeless than the general population (Library Index, 2009).

Community Alternatives Consortium uses a wrap around approach to service delivery that reflects the most recent literature. Understanding that stability for persons with mental illness is provoked by an array of factors we have several consultants to include licensed mental health professionals and a registered nurse. Our staff work in concert with other service providers such as case managers, mental health support workers, medical professionals, etc. to assist with stability and preventing psychiatric relapse.

We encourage residents to be active and develop the highest quality of life possible through meaningful experiences and relationships. Our staff assist residents with securing other needed services to include day support and mental health support services based on their need and preferences for services. These services help to buffer against psychiatric relapse and other unfavorable outcomes.



**The Community Alternatives Consortium
Difference...**

Our agency takes a supportive housing approach to stability and preventing psychiatric relapse. Research has shown that supported housing is effective for people with mental illnesses (National Mental Health Association, 2006). In addition to housing, supported housing programs according to The National Mental Health Association should offer services such as mental health treatment; physical health care; education and employment opportunities; peer support; daily living and money management skills training. The agency provides some of these services internally, consults and/or secures services from other reputable providers. Our agency is moving forward with employing evidenced based practices. We currently utilize interventions that are empirically supported.

Independence and Transition:

Stability + Supports + Vocational Training/Work=Independence



At times we recognize that residents may not be as prepared for the real world as they may think. When residents have a desire to transition from the facility and on their own a specialized plan of care is developed. This plan will be developed collaboratively with other providers who support the resident. The specialized plan of care will most likely focus on employability, housing and enhancing independent living skills for self-sufficiency. The transition period will offer ample opportunity for the resident to demonstrate many of the skills needed to be independent prior to discharge. This time will assist with confidence building and ensuring they are prepared for independence. Aftercare services will be provided to monitor the

resident's success or other services such as mental health support will be secured to assist the resident with maintaining independence.

Service Description:

When home care or other residential placements are no longer viable alternatives, Community Alternatives Consortium offers a safe, secure and homelike environment where our residents live and enjoy the company of neighbors, friends, and family. Family members are encouraged to visit often and participate in planned activities. We encourage family, friends and neighbors to join our caregivers in creating a community that celebrates each day.

Community Alternatives Consortium offers a wonderful place for people to grow and appreciate life. The facilities are nestled in inviting environments that foster person-centered services. Every feature of the facilities and programming have been designed to promote safety, comfort and ease anxiety.

Services are provided to adults who need assistance with activities of daily living and instrumental activities of daily living. Room and board are included with an array of other services. Residents are assisted with medication administration; transportation and support to medical appointments. Residents are prompted and encouraged to bathe and dress in socially appropriate ways.

Throughout our lives, eating together becomes a time of enjoyment and interaction. The cooks at Community Alternatives Consortium prepare nutritional, home-style meals in an inviting dining atmosphere. Resident choice is incorporated in menu planning. Meals reflect USDA recommended nutritional values and adherence to any specialized diets.

Our charming facilities provide stimulating activities and foster resident interaction. Family style dining and an array of activities makes Community Alternatives Consortium an enjoyable place to live. A variety of activities are available each day. These activities

foster physical, social, cognitive/intellectual/creative, productive, sensory, reflective/contemplative, outdoor, and nature/natural world categories. Community resources as well as facility resources are used for activities. The focus is to help residents achieve and maintain their overall well being.



Staff Credentials:

Community Alternatives Consortium employs an array of degreed and non-degreed professionals with a host of professional experiences and passion to work in human services. The following credentials are represented throughout our staff Bachelor of Arts Psychology, Master of Arts Human Services with a Specialization in Marriage and Family Therapy, Clinical Psychology ABD Status; Registered Nurse, Licensed Medication Aides, State Board Certified Nursing Assistants and Direct Care Staff. All staff are trained in CPR/First Aid and Crisis Prevention Intervention (CPI).



Eligibility:

- We accept women or men 18-35 years of age
- We accept people diagnosed with mild intellectual disabilities and/or mental illness with demonstrated stability
- We accept people who are compliant with medication regimens and physician's orders
- We accept people free of substance abuse problems or in treatment
- We do not accept people with a history of physical aggression within the last 90 days
- We do not accept sex offenders
- We accept people who need assistance with activities of daily living
- The agency is a level 11 facility—this means anyone we accept has to have a score of 11 on the Uniform Assessment Instrument—residents have to be relatively independent and mostly need verbal prompting and encouragement
- We accept people free of Communicable Disease
- Residents can sign in and out therefore they must have the cognitive ability to be safe in the community



Items Needed for Admission:

- Application for Admission
- Medications and Physician's Orders
- List of Doctors
- Support Systems contacts
- Uniform Assessment Instrument
- AG information, application filed or Private Pay Agreement
- Medicaid Number
- Other Providers—mental health support workers, day programs, etc.
- Social History Information

- Psychological or Psychiatric Evaluations as Appropriate
- Copies of Identification Card, Social Security Card and/or Birth Certificate
- Copy of Physical Examination and Tuberculosis Screening

Finding a place to live is not easy! It can be one of the most difficult decisions one will have to make. We recognize the distress and anxiety that may arise from having to make such a decision. Our staff are professional and compassionate. We will be glad to talk with you about our services, send information or provide tours of our facilities.



References:

Library Index. "The Health of the Homeless – The Mental Health of Homeless People." 2009. Available from <http://www.libraryindex.com>.

National Mental Health Association. "Ending Homelessness for People With Mental Illnesses and Co-Occurring Disorders." Apr. 2006. Available from <http://www.nmha.org>.