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CONTRA COSTA
2019 JUN -3 PM 12:17
APPLICATION & PERMIT CENTER

To whom it may concern- I am requesting an appeal of LP 18-2020 that was given a conditional approval by the Zoning Administrator 11/5/18 and which was later upheld by the Planning Commission 5/22/2019.

My grounds for appeal include by are not limited to the following concerns:

1. Onsite Physical Supervision and Onsite Physical Licensed Medical Staff Concern

“The program will be administered and managed by a program director and will employ two licensed therapists, a licensed nursing staff, and a licensed social worker. Not fewer than four staff members will be present during daytime and not fewer than three staff members will be present during evening and nighttime hours.”

A. Owner Dr. Gregory Braverman dba National Psychiatric Care and Rehabilitation Services, maintained that there would be a licensed professional medical doctor or nurse on the premise at all times. The applicant attested to the fact that “clients admitted to the proposed facility have a primary diagnosis of mental illness.” The project description as written does not specify that a licensed professional medical doctor or licensed nurse will be physically present on the premise and immediately available at all times for supervision and medical needs for the health; well being of the residents. For instance, Dr. Gregory Braverman dba National Psychiatric Care and Rehabilitation Services website states the Sacramento location team as being the Program Director, Intake Coordinator, Mental Health Worker, Lead Marriage Family Therapist and a Nurse Manager. The San Jose location team is written as two Psychiatrists, a Clinical Supervisor, one Licensed Psychiatric Technician and one Mental Health Worker.

B. National Psychiatric Care and Rehabilitation Services is affiliated with Kaiser Permanente. Dr. Braverman established and confirmed this affiliation. Given that Kaiser Permanente does provide a telepsychiatry platform for behavioral health services (since 2017) using Vidyo, video collaboration platform, will Dr. Braverman’s proposed facility be using videoconference technology as a vehicle

for “staff members being present”? The definition of “being present” has changed due to the technologies that allow us to interact and see each other. I am involved with videoconferencing and have been involved in this industry and have often said, “Yep, I’m present” when I’m thousands of miles away.

2. Public Protection Concern

“The proposed project will not require any increased public protection services. The project will not impact the County’s ability to maintain the standard of having 155 square feet of Sherriff’s facility per 1,000 members of the population.”

A. This decision was partly based on the “County’s ability to maintain the standard of having 155 square feet of Sheriff’s facility per 1,000 members of the population.” It is my understanding that no hard data was collected from the Contra Costa County Sheriff’s Department nor the City of Walnut Creek to determine if existing area social rehabilitation facilities do or do not generate a disproportional number of calls for law enforcement, thus my concern. An example of collected information is the Police Department for the City of Colton, CA (population 53,000+) collected data that included “calls for services and reports” over a specific time frame. Calls were related to aggressive behavior, missing residents and sexual assault. They determined that the proposed facility would significantly increase the needed resources to serve the residential neighborhood.

Having “graduated” from the CCC Sheriff’s Citizens Academy” I have a high respect for any law enforcement officer and what an increased responsibility might lend.

3. Length of Stay Concern / Confusion

Dr. Braverman attests in his Letter of Intent that he will not be servicing the homeless and per his “Pgm and Service Description” his clients have an average stay of 18 days. The project description states, “Under no circumstances may a client’s length of stay exceed 3 months.” The applicant estimates that the average length of stay is approximately 18 days. The applicant’s Admission Policy reads, “Length of stay will never exceed 3 months.”

A. I have found that on many occasions the residents have stayed longer than 3 months. One example: A client's Social Media Site he states with pictures that he has been a resident for 5 months. "It has been an amazing 5 months here in Sacramento." <https://www.imgrumweb.com/hashtag/npcrs>

B. What is the length? At the Planning Commission hearings, I have found Dr. Braverman not to be upfront with this.

3. Concern over the findings that *"The proposed project shall not create a nuisance and/or enforcement problem within the neighborhood or community."*

"The establishment of a social rehabilitation facility is not anticipated to create a crime or nuisance problem within the Walnut Creek area. Clients will be under the supervision of qualified staff members as required by State law. Clients will be accompanied by staff members whenever clients leave the facility property."

A. "Not anticipated..." Again, where is the data has I expressed in my previous concern to substantiated the "Not anticipated"? I didn't anticipate the following crimes in the neighborhood but they recently occurred.

VC 10851 - STOLEN VEHICLE

20XX TICE VALLEY

May 28, 2019 at 10:10 am

VC 10851 - STOLEN VEHICLE

14XX CREEKSIDE DR

May 21, 2019 at 10:00 pm

IMPOUND TOW

ROSSMOOR PK / OLD OAK DR

May 22, 2019 at 2:20 pm

TRAFFIC ACCIDENT NON INJURY

4XX MONTECILLO DR

May 21, 2019 at 8:35 am

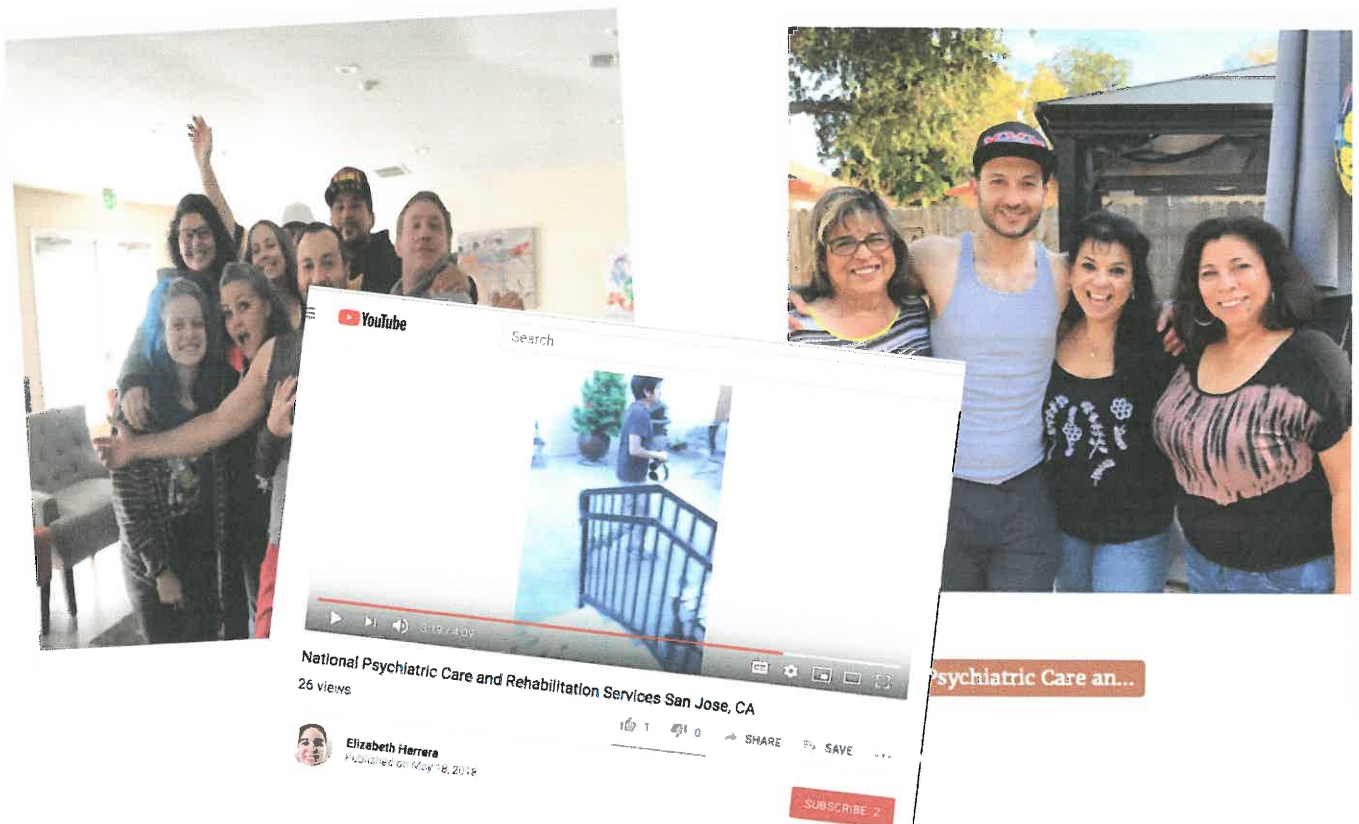
"Clients will be accompanied by staff members whenever clients leave the facility property. Conditions related to ongoing monitoring, maintenance of State licenses, reporting requirements, and a neighbor complaint policy will ensure that the facility is operated in a safe manner within the community."

B. What is the guarantee that the number of staff remaining at the facility is within the law of the number of staff physically onsite?

C. Tice Valley area cellular connectivity whether AT&T, Verizon, Comcast and beyond is poor. In the project description I don't see where there has been a Field Test to determine signal strength in the immediate area (accurate strength is not number of bars on your phone). Has there been one? Residents are walking and there is an emergency it is often hard to reach emergency services.

D. What is the National Psychiatric Care and Rehabilitation Services employee social media policy and training to help ensure the safety of the facility, clients and neighborhood? Without a policy and training my concern is that not only the staff but also residents (they are allowed to have cell phones, Wi-Fi, computers) could undermine the neighborhood and neighborhood individuals with negative social media posts and images. Clients can photograph or videotape their peers and upload the content to social media sites immediately. Do most residential treatment providers allow mobile phones, Internet access etc. or prohibit entirely or only allow their use in very specific time frames?

E. Privacy violations have occurred in Dr. Braverman's facilities including comments in which patients are described with sufficient detail to be identified, referring to patients, posting videos and photos of patients. Concern again is for patient privacy and well as the neighborhood privacy. Examples gathered:



F. In today's number of social media outlets, how will Dr. Braverman and/or the proposed facility react/handle the "Nextdoor Tice Valley," the social network that could profile facility interactions, conditions and clients (it already has). On the "Nextdoor Tice Valley" and other "Nextdoor" area networks there are postings about suspicious individuals and groups walking the neighborhood almost daily. Does the staff have some sort of identification on such walks? If proposed facility plans go forward will there be an educational neighborhood meeting to give a better understanding of the facility and operation? Perhaps the area crime specialist could be involved as well as the faculty.

G. Will the residents have education regarding the immediate neighborhood such as Rossmoor or about the homeless encampment above the proposed facility by the Rossmoor Garden Club. As cited in Rossmoor news "There are considerations regarding mitigating homeless encampments in the area...." According to neighbors that have walked their dogs up around that area, the encampments seem to be in the caves.

H. Where is the neighborhood complaint policy? How do individuals contact the facility in case of emergencies?

I. Dr. Braverman stated at the May 22, 2019 hearing that he has purchased four other facilities and there have not been any problems. In researching, I cannot find one piece of evidence to substantiate the purchases or any indication that counties or cities have given a "green light" to these proposed facilities. He had plenty of time to mention these facilities in the last few months and that there has not been any operational "green light" which gives concern is over Dr. Braverman's truthfulness.

In conclusion, I believe there to be a number of concerns regarding the placement of a Social Rehabilitation Facility in the Tice Valley R-20. I do wish the entire Planning Commission would take a "field trip" to the proposed location to view many of the concerns I have brought forth and by others. Although be careful at the bend of the road where the proposed facility sits with the large permanent road hazard image.

Respectfully submitted,

Linda Unrenholt

